

Summary of N.D. Department of Human Services Stakeholder/Public Meetings

January – February 2006

NOTE: An "X" with a footnote indicates that further detail is available in the Notes section at the end of this document.

Issue/ Concern	Bismarck	Devils Lake	Dickinson	Fargo	Grand Forks	James-town	Minot	Williston
Budget – DHS needs flexible general funds for issues that come up					X			
Bureaucracy – improve and flatten management to provide better services to clients	X							
Child care – shortage of providers		X	X					
Child care – need grants for in-home child care providers for start-up costs (available for centers); low pay causes shortage		X						
Child care resource and referral – need locally funded program to support recruitment and retention and equipment rental (have to drive to Fargo to get a playpen or bassinet – providers buy, but many can't afford)		X						
Child care assistance – funding doesn't meet need		X ²⁶	X					
Child & Family - early intervention program linking nurses and high-risk pregnant women should be financially supported by state and other levels of government – should expand it throughout the state				X				
Child & Family Services – cut over time – need more (examples – case aids, etc.)					X			X
Child – Head Start – 3 & 4 year olds having more behavioral issues								X
Child protection services – system strained				X				
Child welfare services – many providers need more collaboration and more focus on kids instead of turf	X							
Child welfare services – more funding needed for prevention – seeing 2 nd and 3 rd generations				X			X	
Child welfare services – more funding needed for prevention – fund efforts like Healthy Families Project that serves families at risk and keep kids out of ICFMRs					X			
Child welfare services – need staff training and better access to specialized services for children in rural areas – especially for very young and for children who are sexual perpetrators						X		
Child welfare services – what is the recidivism rate?					X			
Child welfare services – counties need more funding for		X	X	X	X	X		

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child protection services, child welfare case management, foster care, and child care licensing – more mandates from feds (ASFA, CFSR), and federal funding is decreasing								
Child welfare – state mandates – counties don't have funding to provide mandated supervisory position		X						
Child welfare - foster care shortage – homes and residential placement beds (appropriate level of care)	X ¹⁰		X ³⁸			X ²⁰	X ³	X ¹⁴
Child welfare - foster care caseloads and methamphetamine – concern about capacity				X			X	
Child welfare - foster care – minimize multiple placements by increasing provider capacity							X	
Child welfare - foster care – need more child and family treatment services (case aide and intensive in-home services, etc.) to prevent foster care and to support reunification efforts – service capacity and eligibility are issues	X ⁹			X			X	
Child welfare - foster care – need transition care for older foster kids who are aging out of services. Some don't qualify for adult services, but without services and supports end up in Corrections or Seriously Mentally Ill (SMI) population	X							
Child welfare – need more kinship care – alternative to foster care	X							
Child welfare - paperwork – merge the foster/adoption assessment tools (SPOC & CCWIP)		X						X
Children with special health care needs – gaps exist in services/assistance – requesting a Governor's Commission to focus agencies, advocates, and families on building a better service delivery system	X					X		
Children with special health care needs – would like ND to adopt the Family Opportunity Act, a Medicaid buy-in program for families of children with special health care needs or some other way to help families meet costs of care	X					X		
Children's Special Health Services – add an independent survey and quality review component for existing programs						X		
Children's mental health – voluntary placements are lacking – parents have to give up custody of children to obtain treatment – need a waiver	X							
Children's mental health – need psychiatrist/psychiatric services	X		X				X	X
Children's mental health – lack of community-based	X							

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services								
Children's mental health – need residential services (intensive, short-term, etc.)							X	X
Children's services – need a single point of entry into services	X							
Children's services – need more to meet the needs of children and adolescents with mental health, substance abuse, or sexual abuse treatment needs – access is an issue	X	X						
Client & family input – seek it – consumers need training on directing and being involved with their care decisions					X			
Collaboration/communication – increase sharing between agencies (like children's services coordinating committees) – need funding		X			X			
Corrections – concentrating on the State Pen and not the play pen in ND		X						
Corrections population – referrals to the human service centers from DOCR are increasing – impacts resources available to serve traditional client population		X				X ¹⁹	X	
Corrections population – have no resources when they are released to address their housing needs, medication, etc.	X		X	X				
Corrections population – DOCR seeing increase in inmates on psychotropic meds, those with developmental disabilities (DD), and drug and alcohol problems. Unmet needs contribute to growth in this corrections population.						X		
Corrections – strengthen communication and coordination between DOCR and DHS to address problems with mental health/criminal offender		X						
Corrections – Local law enforcement losing grant funding for drug task forces – impact on other systems								X
Cross-sector approaches – lack of resources available to local communities to explore this	X							
Counties – lack adequate local funding for needed services such as foster care and other services		X	X	X		X		
Culturally appropriate/sensitive service delivery needs state level support	X							
Developmental Center – close it and shift people to community placements – need transition funding and policy				X ²¹	X			
Developmental Center – provider commented that they partner with the Dev Center – very positive – Dev Center needs flexible funding, emergency funding, and transition					X			

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funds to serve people with DD better								
Developmental disabilities (DD) population – need supportive housing with on-site case management – clients get kicked out of public housing.						X		
DD population – need transition funding to help people move to the community and independent placements and need 24-hour staffing supports and employment supports to keep them in the community					X	X		
DD case management services – lack adequate number to serve needs	X				X			
DD direct service workers needed – low wages and high turnover impact quality	X	X	X	X		X		
DD child population – lack of after-school programming for teens							X	
DD child population – increase the budget for home and community-based services – autism is up					X			
DD child population – service gaps – explore obtaining additional federal funds				X ²⁴		X		
DD child population – problems with case management – lack of coordination of services – confusion about how to access services for children with dual diagnosis – DD and MH				X				
DD population – high proportion of termination of parental rights cases – need reunification/transition services for DD parents with children in foster care				X			X	
DD population – need to revive community companion program							X	
DD population - Supported employment – lack of funding							X	
DD providers – need inflation increases written into law					X			
DD providers – don't like budget process they must follow					X			
DD services – High cost of accreditation by the Council on Quality and Leadership - increased in 2005 – other options?		X						
DD services – need more funding	X							
Disability services – support early intervention services for young children at risk of delays				X				
Disability services – VR – high medical costs		X						
Disability services – infant development – service gap exists – serves 1 to 3-year-olds, then no services until are school age				X	X			

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Disability services – older blind services – lack center-based training – used to have – is more intensive – restore – now seek services in MN and SD				X				
Disability services - older blind services – VR services aren't meeting consumer needs – want more funding to provide more services promoting independence				X				
Disability services – Social Security determination takes too long							X	
Economic assistance program eligibility systems – DHS should explore merging data/eligibility systems				X				
Economic assistance policy – reestablish welfare fraud unit – scrutinize cases more – some misuse – others don't come forward to seek needed services because of stigma		X		X				
Economic assistance – TANF and meeting JOBS requirements – one-stop shop with Job Service and HSC in Rolette works – brings needed service to the people – should rollout statewide		X						
Economic independence – do more to help working poor – support services		X						
Early childhood Alliance of the <i>Healthy ND Initiative</i> - DHS should provide support and leadership	X							
Guardianship services for elders/others is limited – waiting lists – need adequate funding for the courts for guardians	X			X	X	X		X ¹⁶
Guardianships (subsidized) – need more slots for younger children (age limit is 15 and older)	X		X			X	X	
Guardianship – need review process to make sure a guardian is fulfilling needs; client choice respected	X					X		
Health – partner with health nurses – can work with human service center and help serve rural areas		X						
Health – take care of the uninsured	X							
Health care program costs are rising (Medicare/Medicaid) – concern about how this might shortchange mental health centers and other human service providers						X		
Home & community-based services – shortage of qualified service providers (QSP) – low reimbursements	X	X	X	X	X	X	X ⁴	X
Home & community-based services – speed up processing time for QSPs so services can start sooner and case management timelines are met				X				
Home & community-based services – ND praised for allowing individuals to be QSPs . MN is looking at ND's					X			

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model that supports neighbors helping neighbors and family members helping their loved ones								
Home & community-based services – address pay disparity between QSPs and other direct care workers who are employed by other providers (LTC facilities, DD group homes)				X		X		
Home & community-based services – disparity exists between funding for institutions and HCBS				X	X	X		X
Home & community-based services – Family QSPs feel they are held to a higher standard when applying and are treated differently			X					
Home & community-based services – Family Caregiver Program – respite service has a waiting list			X					
Home & community-based services – Reduce system fragmentation from the different funding streams. Address disconnect between social model and medical model – Medicaid State Plan has different guidelines and forms – clients face different care plans and different authorization if receive services from different funding streams (example – Medicaid pays for medication administration, but not supervision)				X				
Home & community-based case management services – counties are underfunded			X					
Home health care services – lack of services – gap in medical-related services						X	X	X
Homelessness – people at risk of becoming homeless due to rising rents		X	X		X			X
Homeless shelter – has waiting list							X	X ⁴⁰
Housing for low-income persons, DD population, and adult mentally ill population is lacking	X ³⁷		X		X ³⁰		X	X
Housing – no shelter available for women and children	X							
Housing – need continuum	X	X		X	X ³¹			
Housing (Transitional) – needed							X	
Hours of operation – expand to meet client needs at county offices and human service centers							X	
Human Service Centers – capacity concerns – access	X ¹¹					X	X ⁴¹	
Human Service Center Core Services – need equity across regions (concern pilots aren't available statewide)	X							
Human Service Center – appreciated						X		

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Human Service Center – consumer representative or liaison at center would be beneficial					X			
Human Service Center – shared management reduces center director ability to be involved in community committees					X			
Independent Living Services – build capacity and increase resources	X		X ³⁹					X
Indian Country – Can't access a variety of support services		X						
Indian Country – IHS discharge planners have trouble lining up support services – meals, mental health case managers, adult protection services		X						
Interagency agreements – review, update, and develop them to enhance efficiency, effectiveness, coordination and collaboration among state agencies	X							
Intervention/Prevention programs and services lack adequate funding	X					X		
Institution – definition varies				X				
Job training and independent living services provided by human service centers need to be maintained to serve people with severe mental illness residing in supportive housing								X
Long-term care – assisted living needs to be funded more – beds lacking	X				X			
Long-term care – low-income persons lack access to assisted living services	X	X			X	X		
Long-term care facilities – occupancy rates are falling						X		
Long-term care continuum gaps – could nursing homes be more mobile in delivery of services in rural areas?					X		X	
Long-term care continuum needs to be strengthened and to shift from institutional bias (in funding and requirements)					X	X		X
Long-term care provider that offers a continuum of services said applauded DHS – difficult job determining where funds should go – resources are limited					X			
Long-term care – survey nursing home residents about desire to move out					X			
Long-term care – need more capacity for special populations to serve people with mental illness or behavior issues					X	X		
Long-term care – nursing home reimbursement low	X	X				X ²⁵		
Long-term care – nursing homes – inflation factor needs to		X						

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be raised								
Long-term care – nursing homes – need more funding to update facilities and build new ones	X							
Long-term care – single point of entry with assessment needed to refer people to appropriate service (long-term care continuum, other services) – database needed	X				X	X	X	
Long-term care – staffing shortages/wage concerns					X	X		X
Long-term care – staffing/workforce issue – people lose public assistance if work too much – sliding scale an option?					X			
Medicaid – look back period changes at federal level – impact on continuum of care						X		
Medicaid waiver – Money Follows the Client – ND needs to follow through						X		
Medicaid – need Medicaid Management Information System (MMIS)			X					
Medicaid – over utilizing ER – set limits – moms bring kids in after hours – more expensive – only have after-hours clinic MTW – educate recipients about costs		X						
Medicaid recipient liability costs too high – people can't pay for medications – impacts all, but especially aging DD population, people going without needed services due to cost	X			X			X	X
Medicaid won't provide adaptive equipment so visually impaired person can read blood sugar monitor				X				
Medicaid personal care services – counties not accustomed to providing case management to seriously mentally ill – counties prefer human service centers serve these clients				X				
Medicare Part D outreach and enrollment help funding from DHS will run out this summer – people will still need help				X				
Medication management services needed to keep people in community/homes							X	
Medication – non-elderly low-income adults can't afford it	X							
Mental health services – access/capacity issues exist - wait times	X ³⁶		X	X ²²				
Mental health – community companion program needed							X	
Mental health – system needs more resources							X	X
Mental health services needed for elders – (whether residing at home or in nursing homes)	X				X		X	
Mental health services – continue exploring the use of tech-		X			X	X	X	

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nology/teleconferenc/telemedicine to reach rural areas – humanize it								
Mental health – limited access to adult psychiatric and mental health services			X ¹			X		
Mental health – need to expand case aide services and use more case managers	X	X		X				
Mental health – need personal care waivers for this population				X				
Mental health – prevention services are needed to keep kids whose parents have mental illness out of the child welfare system and out-of-state-placements								X
Mental health – need flexible funding to support socialization								X
Mental health – suicide prevention – rate highest among men 65+ – no services exist for this group				X				
Mental health – need jail diversion				X ²³				
Mentally ill population – need basic care (LTC continuum) services specific for this population – basic care staff also need training to serve this population	X							
Mentally ill population - need services and supports so they can work and not lose access to services	X							X
Outreach services – human service center and service delivery in rural areas is needed – fund this need	X			X	X		X ⁵	X ¹³
Paperwork (fed/state) load – too much (child welfare, home & community based services, long-term care admissions)		X	X		X		X	
Paperwork generated for treatment services is overwhelming (addiction and mental health) – What happens to the data? feedback		X			X			
Plans – need to implement – do focus groups, state plans, and strategic plans – don't see results – examples: HCBS and transportation					X			
Plan – Olmstead – What is happening?					X			
Population growing – planning for impact on services?	X							
Power of Attorney for health care for elderly who don't have anyone – strengthen			X					
Prevention services – no funding is available (substance abuse? Child welfare?)		X						
Provider database – is needed					X			
Psychosocial clubs – thanked DHS for supporting				X				

Issue/ Concern	Bismarck	Devils Lake	Dickinson	Fargo	Grand Forks	Jamestown	Minot	Williston
Psychosocial center – funding is not keeping up with costs			X					X
Psychosocial centers – need funding to enhance supports								X
Psychosocial rehab center licensure standards for hours of operation should be consumer driven			X					
Regulations burdensome – health-related / long-term care related						X		
Research – Institutional Review Board approval process needs to be streamlined – there are delays					X			
Research – collect, centralize, and align the research and data reflecting community needs by region to assist policymakers and grant writers	X							
Senior meals (home delivered, etc.) and Older Americans Act funded outreach services – funding does <u>not</u> meet need – discontent with outreach contract	X	X	X		X	X ¹⁷		X
Senior meals – people under age 60 can't get them – should if need them			X					
Senior services – lack information on resources/contacts in different communities	X							
Senior services – DHS should have one person oversee all aging issues	X							
Senior resources and services are limited – access problems	X		X					
Sex abuse treatment – services lacking	X ⁷	X ²⁷	X					
Sex offender, DUI, and mental competency evaluations – not completed in a timely manner							X	
Sex offenders – Human Services (not DOCR) should provide risk assessments to the courts	X							
Sex offenders – lack housing, jobs, supervision, and treatment when they leave Corrections	X							
Sex offender treatment – Does Jamestown Region plan to provide community treatment of offenders?						X ¹⁸		
Sex offenders who are children – lack of treatment centers and follow-up care once they return to the community	X							
Sexual perpetrators who are children/minors are served by one program in ND – local group and family aftercare treatment lacking	X		X			X		X
Staffing shortages – esp. social workers – in rural areas			X				X ⁶	
Staffing shortages/turnover – due to low pay / travel								X
Staffing shortage – due to oil boom – hard to fill vacancies			X					

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Staffing at DHS – department needs to support training and retention			X					
State Hospital intake – transportation backtracking when have to go to HSC – would like emergency committal screenings to also be done at the State Hospital. Can nurses in rural areas be trained to do assessments?		X ²⁸						
State Hospital – transporting people there is problematic							X	
State Hospital – lack of beds – people who need services can't access them		X		X			X ²	
Substance abuse – want drug courts implemented locally							X	
Substance abuse – shortage of licensed addiction counselors (LAC) – 9-month internships are currently unfunded, pay is low		X		X		X		
Substance abuse – lack of resources for detox – short & long term		X ³³		X		X		X ¹⁵
Substance abuse – need more crisis beds								X
Substance abuse – alcohol – need new treatment programs – other approaches besides 12-step exist.				X		X		
Substance abuse – Courts lost money for DOCR drug screening – community service program – can state dollars and others contribute – statewide positions could cover several counties		X						
Substance abuse – need more resources for prevention – especially meth public education and awareness in the community						X		
Substance abuse – treatment services – access/limited capacity	X ¹²		X					
Substance abuse – need more treatment resources at the Human Service Centers	X						X	
Substance abuse – need more chemical dependence screening	X							
Substance abuse – youth and children's services (beds, detox) and supports (NA, AA) are needed – capacity issue	X ⁸	X	X				X	
Substance abuse – youth – need inpatient and outpatient services for dually-diagnosed – there is no place to send children		X ²⁹						
Substance abuse treatment – need halfway house after people finish inpatient treatment in order to transition to the community	X							X

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Substance abuse treatment – need a wet house – people with addictions can't get into shelters – are dying in the streets				X				
Substance abuse treatment – for meth – need more			X	X ³⁵		X		X
Substance abuse treatment – need family support services (example = more case managers) post substance abuse treatment		X		X		X	X	
System change – ND should apply for federal Money Follows the Person funding				X		X		
Traumatic Brain Injury (TBI) services – lack of funding to address community-based needs and other needs	X					X		
Transportation needs exist. People can't get to services – especially in rural areas	X	X	X	X	X ³²	X		X
Turf/territorialism among state agencies and between departments, divisions and counties affects service delivery	X							
Vulnerable adult protective services – access and funding issues		X		X				
Young adult services – lacking – systems serve elders and children, but not young single people with needs (dev disabled or seriously mentally ill)	X			X				

NOTES

- 1 Hospital is willing to partner on recruitment of psychiatrist and nurse practitioner.
- 2 Private hospital has to hold people in its in-patient unit up to 6 days or more. Is reimbursement possible if State Hospital admission delays continue?
- 3 A county director indicated that out-of-state residential care for children may be less expensive and could be explored. Impact on child?
- 4 Rugby provider gave up providing home care services because of paperwork and inability to fund salaries based on reimbursement.
- 5 North Central Human Service Center will have a counselor in Rugby beginning Feb. 1.
- 6 There is a shortage of nurses in rural areas to work in long-term care or home-care settings.
- 7 Referrals for non-offending spouses and sex abuse groups are low at times, but need exists. Awareness issue?
- 8 Region VII needs community-based treatment services for youth.
- 9 WCHSC has two people serving 10 counties; access is a problem.
- 10 Voluntary placement program for foster care is under funded; foster care payment rates are too low.
- 11 Bismarck/Mandan population is growing rapidly; resources are already strained. Planning is needed to meet future needs.
- 12 Advocate using polycom/technology to provide addiction treatment services.
- 13 During budget building process, remember travel costs for centers providing rural outreach/services.
- 14 Lack of foster care capacity causes children to be separated from siblings.
- 15 Mercy Hospital in Williston is not compensated for detox clients – must write expense off.
- 16 Guardianship caseloads are full. Lawyers work pro-bono. No funding is available. Training is limited.

- 17 Region VI providers have concerns specifically about funding for senior outreach services. Federal-only funding is not enough. Senior center has to do fundraising.
- 18 Nancy McKenzie explained to the DOCR official who asked the question that sex offender treatment is not a core service of the human service centers. No human service center is planning to add community-treatment services for sex offenders released to the community at this point.
- 19 Rick Hoekstra of DOCR said ND was selected to receive technical assistance in transferring offenders back to communities. Work is progressing, but is long-term. Need better use of resources between all agencies that serve these individuals. Joe Kroeber, Representative of District 12, reported that there is an Interim Committee on Alternatives to Incarceration. They have looked at the Bismarck Transition Center as a model. Facility residents work and can save money to help their transition to the community.
- 20 Dickey/LaMoure County Social Services can't meet the demand for services.
- 21 Alex Schweitzer said a task force is looking into helping people move to community placements.
- 22 MeritCare and other private providers are providing more inpatient services – lack capacity and have some patients on medical floors. Described case management as having limitations and asked DHS to look at how the system is meeting the needs of the chronic population. An advocate thought Fargo needed to double its crisis bed capacity to 16 beds.
- 23 Fargo is developing a crisis intervention team; members will attend training this spring.
- 24 Gap exists for young people with developmental disabilities who are age 18-21; they have complex needs and are straining the system. They are often placed in group homes, but they could stay at home with proper services and supports.
- 25 Inflation factors are important. Legislature should look at rates on an actuarial basis.
- 26 When a family gets three paychecks during long months, the extra income cuts their day care assistance. There is a gap. This is a disincentive for parents to work more and earn more.
- 27 Find a way to provide specialized training to existing therapists in the region so that young victims can get treatment services. Drive distances to get treatment now.
- 28 Attendee suggested that nurses in rural health facilities could be trained in emergency committal process and do assessments/intakes.
- 29 State policymaker asked if the 40-bed facility in Rugby could assist in serving children. Urged lobbyists to help educate legislators about human services needs and the human services budget.
- 30 Provider indicated that case management isn't as effective as it could be because case managers have to spend time trying to take care of basic needs like shelter, food, and medical care.
- 31 Clients don't qualify for housing because of drug or felony issues.
- 32 DD clients can't participate in evening activities because of lack of affordable public transportation options during evening hours.
- 33 Needed for adolescents
- 34 Want benchmark outcome evidence.
- 35 Meth – parents addicted - stressing child welfare services
- 36 Need more beds for adult extended care population with services for mental illness.
- 37 Young adults leave child welfare system or children's care system and lack housing and supports and end up on the streets.
- 38 Need Native American Foster Care homes.
- 39 Funding should go to all ISLA providers to pay staff at a rate comparable to the staff at the Developmental Center.
- 40 Can't take kids. Using crisis residential for homeless and substance addiction clients because lack shelter resources.
- 41 18-year-olds wait for treatment.