



Executive Summary: **2009 Department of Human Services Employee Stakeholder Meetings Comments** *February 17, 2010*

Employees provided comments about regional needs, as well as systemic issues during staff meetings held in October and November 2009. This document summarizes common concerns raised in at least three regions. To get a more complete perspective, please see the Executive Summary of the Public Stakeholder Meetings too, which document the concerns of attendees, which included providers and advocates, as well as some consumers and families.

Aging Services are particularly needed for those less able to direct their own services and supports

- Department staff would like DHS to pilot **resource coordinator** or **case management services** for frail older individuals who lack family and other social supports and who don't qualify for county case management, publicly-funded home and community-based services, or the Family Caregiver support program.
 - These older individuals need help finding and accessing services to address needs, as well as regular on-going contact to check on their well-being and help them remain at home.
 - The Aging and Disability Center Pilot Project will help address this in Region VII.
- Current level of funding for **Vulnerable Adult Protective Services (VAPS)** and Ombudsman Services needs to be increased, especially since the responsibility for serving residents of assisted living facilities was added.
- There is a gap in residential services for **people with serious mental illnesses who are becoming elderly**. They need a level of care between basic living and skilled nursing facility care and don't fit current residential options. Finding appropriate placements is difficult.
- The increase of Family Caregiver Support program utilization and lack of resources are also a concern.

Disability services are being reshaped by changing federal requirements and changing needs.

- The Developmental Disability Waiver renewal, the related increased documentation requirements for federal reimbursement, and the implementation of evidence-based practices have led to **substantial systemic changes in intakes and documentation**.
 - The amount of change is causing stress, impacting morale, and there is a desire for DHS Central Office Divisions to work more closely with the Regional Human Service Center staffs to:
 - tailor consultants' recommendations and practices to fit ND's service delivery systems;
 - streamline paperwork and computer system data entry;
 - address confusion about documentation requirements and licensing standards, and
 - ensure more time for direct client contact and services

- **Guardianship services** for vulnerable persons are recognized as a significant unmet need.
 - This is handled appropriately by the Developmental Disabilities system (contract with Catholic Charities).
 - The \$40,000 allocated this biennium to serve other vulnerable persons doesn't meet the needs.
 - Establishing guardianships is a legal process and many families don't have the resources needed to pay legal fees.
 - It is very difficult to find guardians.
 - Being a guardian takes time and currently guardians are not paid for their work (exception: DD system).
 - These factors should be re-evaluated by the Legislature.
- Client cost sharing requirements at the **Regional Human Service Centers** are prohibiting some people who need services from accessing them.
 - The fee schedule needs to be reviewed and updated. (*COMPLETED*)
 - Some clients don't have the resources to pay a cost share.
 - Some people drop out of services when they get their first bill.
 - Important for clinicians need to have a say in fee waivers. (*They do.*)
- Mental Health **Peer Support** – The Regional Human Service Centers (HSC) would like to see more funding to support the expansion of this service offered through the psycho-social centers with HSC support.

There are gaps in the Substance Abuse Treatment Services and Supports

- North Dakota needs to **develop increased capacity to provide longer-term treatment and long-term structured residential services** and supports for people with chemical dependencies including chronic cases and those dually diagnosed with mental illness and chemical dependence.
 - Impacts people who come out of the Corrections system and lack housing options because of felony offenses.
 - Consider more intensive case management and the resources needed to support that.
 - Understand and address recidivism and work to end the ongoing cycling of people from communities to the State Hospital and back again.
 - Address social detox and medical detox needs raised in Fargo and Grand Forks.

The public Mental Health system has gaps.

- North Dakota needs to address the **shortage of inpatient capacity** to serve seriously mentally ill individuals.
 - Need more **beds at the State Hospital**.
 - Need to **review contracts with private hospitals** and increase reimbursement to serve people in their communities.
 - **Transportation** is an issue especially for those communities that do not have inpatient capacity when they need to transport people to the State Hospital or to other providers.
 - Impacts law enforcement resources

- To address the **shortage of Mental Health professionals**, the Department and state should support efforts to grow our own workforce by supporting training and education through tuition assistance, stipends, and on-line education/degrees.
 - The Southeast region is particularly stressed by a shortage of case managers and other clinical staff and wait times are a concern for staff, providers, advocates, and others.

Transition-Age Youth continue to face gaps in services

- Need **long-term specialized community residential options** for hard-to-serve adolescents whose needs cross into multiple systems.
 - They should not be placed with children or adults.
- They need **independent living skills training and employment services**, as well as access to medical coverage to pay for prescriptions and other needs that can keep them in the community setting.
- There are concerns about the ability to effectively serve individuals with **Autism Spectrum Disorders** who are transitioning out of children's services.
 - Appreciate Medicaid waiver to serve those ages 0-5 years
 - Concerned about resources to serve transition-age youth and adults with these diagnoses. (Identified needs include day supports, structured programs, respite for caregivers, and employment services.)
 - Desire training in effective treatment, behavior management, and service delivery.

Staff from each of the Department's eight regional human service centers, its Central Office Divisions, and the two institutions: the State Hospital and N.D. Developmental Center were invited to share comments and concerns. Comments were provided at meetings and by e-mail.