Final Summary Report: 2007 Public Stakeholder Meetings

Themes and issues shared by stakeholders at public Stakeholder Meetings hosted by the N.D. Department of Human Services in the fall of 2007.

Issue/Concern	Bismarck	Devils Lake	Dickinson	Fargo	Grand Forks	Jamestown	Minot	Williston
Aging/Adult Protective Services – Need to support these services adequately as demand is growing.	X							
Aging/Vulnerable Adults – Want assistance to hire or contract for "visitors" (legal term) to provide a form of assessment for adults/elderly.							X	
Aging/Dementia – Need to ensure quality services for people with dementia.	X							
Aging/OAA Outreach Services – Increase funding to meet growing demand and high travel costs in rural areas (cover travel time and mileage)	X	X		X	X	X	X	
Aging/OAA Outreach Service– DHS should return to its pre-2006 practice of allocating based on need and performance. Under current formula, some counties are running out of funds and some cannot spend all of their allocated funds. *Note: DHS is addressing this concern in the next contract cycle*						X		
Aging/Outreach – Increase access by piloting creative ideas to meet needs.							X	
Aging/OAA Services – Increase funding each biennium (especially state matching funds). Funding isn't keeping pace with costs.	X	X	X	X	X	X	X	
Aging/OAA Services – Seniors are donating less toward meals and other services. Increases in food costs, gas, heating fuels, health insurance, etc. are making it harder for them to make ends meet.						X		
Aging/OAA Services – Thankful for increase in funding for OAA services, but need is ongoing. Costs keep rising.	X				X	X		
Aging/OAA Services – New menu requirements in the nutrition program will cost about 25 cents per meal. Local funding has accounted for most of the funding increases in the past 20 years and is reaching its limit. More state support is needed.						X		
Aging – Need medication set-up or supervision/management services				X			X	
Aging – Pembina area contracted funding is static while caseloads are growing. Use up funds and have to resort to mil levy structure. Lack funding for needed services.					X			
Aging – Thanked DHS for guidance and training on SAMS system (System ND uses for required federal reporting)					X			
Aging – Concerned about time it takes to input program reporting data in SAMS	X				X		X	
Aging – Demand for home visits is growing (and costs). People cannot afford to travel to services due to high gas prices	X			X	X			
Aging - Medicare Part D (FEDERAL) – Seeing people with higher drug costs in Pembina area. They aren't coming in for services because they lack money.					X			

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Aging/Mental Health needs – Growing area of service need. Need more DHS resources to help providers.				X		X		
Aging/Mental Health – Create a pool of funding that nursing homes could draw on for general behavioral health consultations (from psychologists, grad students, or behavioral analysts						X		
Background Checks – Required for child welfare (kinship care, foster care, child care), and direct care providers (DD) – (Adam Walsh ruling impact) Can't get them in a timely manner; takes months (involves law enforcement systems and resources). Lose job applicants before they can be hired.	X				X			
Child Adoption – Fully fund Adults Adopting Special Kids (AASK) program to place foster children into adoptive homes if parents' rights are terminated. Lack of resources is creating waiting lists.				X				
Child Adoption – Contracted AASK program provider did not receive provider 4% and 5% increases in its contract. Treat providers equally.				X				
Child Adoption – Fully fund adoption subsidy program				X				
Child Adoption – Fully fund post-adoption services next biennium				X				
Child Care – Access is an issue. Need more quality licensed providers. Hampers job development. Don't have child care to support the workforce.	X							
Child Care – Costs too high for families (GF region has the highest cost in the state according to United Way). Middle income families need two incomes, and still struggle to afford a modest home and child care.					X			
Child Care/Early Head Start – Have a waiting list for services and ongoing staff turnover. Need increased funding (100% federally funded)							X	
Child Care/Early Head Start – Need these services in the region. Child care access is an issue in Trenton.								X
Child Care/Early Care and Education – Need to look at ND's policies and see what we could change to help low-income children thrive (full-day kindergarten, pre-K, etc.) Prevention saves other system costs later (e.g. Corrections)	X							X
Child Care Assistance – Restore ability of parents who are college students to access child care assistance. Other college costs are up. Need an education to become self-sufficient.							X	
Child Care/Children's Mental Health – Need behavioral specialists available to consult with child care providers. Young children with mental health needs are being expelled from child care.	X							
Child and Family Advocates are needed to help families understand the system, agency roles, and their rights.								X
Child/Infant Development – Need more funding for Right Track services (serves 0-3-year-olds)	X							

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Child Abuse Prevention – Combine efforts of all state systems involved and affected by children and families experiencing abuse to develop a State Child Abuse Prevention Plan (DHS, DPI, Corrections and public/private partners). Prevention efforts are fragmented and resources inadequate.	X[47]							
Child and Family Services Review (CFSR) – Finished QA process and would like to suggest using immediate feedback for improving the process	X							
Child Placements – When youth are placed in group homes, gate keeping process delays CCWIPS input. Approvals happen after placements. Review and consider revising this.	X							
Child Protective Services – Need alternative response options (current standards are too burdensome and adversarial)				X				
Child Protection Services – Appreciate OAR and resulting increased reimbursement to counties for child abuse and neglect assessments						X		
Children – ND should restore funding for Children's Services Coordinating Committees – supported prevention focused services locally					X			
Children and Adults with Disabilities – Growing number of children/teens with co-occurring significant developmental disabilities – lack comparable services and supports in adult system to serve this population				X		X		
Children's Mental Health/Human Service Centers (HSC) – Increase outreach services. Families have to transport children many miles for therapy.							X	X
Children's Mental Health – Need education and community services for children with serious mental illness	X							
Children's Mental Health – Need day treatment options for children needing maximum ED support. Currently this is available in only four regions.	X							
Children's Mental Health – Lack inpatient and/or residential services in region		X	X[14]					X[26]
Children's Mental Health / State Hospital – Increase inpatient capacity at the hospital's Adolescent Unit so don't have to send kids out of the region or state.						X		
Children's Mental Health/State Hospital – Retain Adolescent Unit. It is needed due to lack of community inpatient care capacity.						X		
Children's Mental Health – Gaps exist in continuum of care. Need services to sustain kids in their homes or until they can access HSC screening, intensive in-home services, or other needs.	X	X	X	X				X[28]
Children's Mental Health – Increase intensive in-home for juvenile court and DJS families							X	
Children's Mental Health – Need more case aide services in region for Partnerships families						X		
Children's Mental Health – Increase funding for Voluntary Treatment Program Current funding won't cover biennium.	X			X				
Children's Mental Health – Concern there is a fiscal incentive for schools to	X							

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place kids in institutions. Would like DHS to work with DPI to address this.								
Children's Mental Health – Trauma Training (SPARCS) – Appreciate specialized training; benefits kids. Please expand and provide trauma-related services to adults.						X		
Children's Mental Health – Provide flexible funding so families can participate in treatment while their child is in a PRTF	X							
Children's Mental Health – Need fiscal support for diversion and outreach services to reduce usage of more restrictive levels of care	X							
Children With Disabilities – Offer services and programming for autism spectrum disorders	X			X				
Children/Youth Transitioning – Address gaps in services and lack of transitional or supported housing for older teens with disabilities and those turning 18 who are leaving foster care. (DD case management, mental health services, housing, aftercare services, or other supports)	X	X	X	X				X
Children/Youth Transitioning from Foster Care – Address gap in health coverage; Need Medicaid through age 21.		X	X					X
Children/Youth Transitioning from Foster Care – Need community supports and services for kids transitioning from facilities back to communities	X	X	X					
Children/Youth Transitioning from Foster Care – Appreciate education and training vouchers, but would like ND to explore tuition waivers. Some states do this.		X	X					
Children/Youth Transitioning from Foster Care – Some kids needs support until 21 such as optional case manager or permanent connections to supportive adults.		X	X					
Children/Youth Transitioning from Foster Care – Provide options for "Holiday Homes" for older foster youth attending college who have no families to go home to for the season			X					
Children/Youth Transitioning from Foster Care – Foster youths can't get drivers licenses. Address liability issue.		X	X					
Children/Youth - Need placement options for youth with dual diagnosis, mental retardation, or developmental delay	X							
Child Sexual Abuse – There is a need in the region for a resource like the Children's Advocacy Centers. Would appreciate DHS support.							X	X
Child Support Enforcement – Appreciate DHS/state taking over administration responsibility and cost of the regional child support enforcement units				X		X		
Child Welfare – Need expert help (perhaps legal) with Indian Child Welfare Act compliance	X							
Child Welfare – Counties need more funding to provide child welfare services. ND should spend more general funds for this.			X	X			X[42]	X[25]

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Child Welfare – ND's services are strong. Other states are amazed at what we do in ND system.		X						
Child Welfare – Need more crisis residential and shelter care beds for youth	X	X	X	X[43]			X[10]	X
Child Welfare – Increase family preservation services so fewer kids have to be placed in foster care. Funding should increase if caseloads grow.	X			X				
Child Welfare – Need to reduce caseloads and need multiple visits per month							X	
Child Welfare – Need more shelter care, attendant care, and foster care for children and teens	X	X[10]	X	X			X	
Child Welfare/Child Support – Once parent starts paying child support, the grandparent who has custody may lose child care assistance. Child care help is so needed and so important.					X			
Child Welfare/Child Support – Explore support and single-parent families with children in foster care. Garnishing single parents' wages excessively adversely affects family reunification efforts.							X	
Child Welfare/Foster Care – Need to address shortage of foster homes created by adoptions (of foster children)		X						
Child Welfare/Foster Care – Focus on recruitment AND retention of foster homes. Counties struggle to find homes.	X	X					X	
Child Welfare/Foster Care – Need to increase access to therapeutic foster homes for children exiting PRTF. This is causing longer lengths of stay in treatment facilities.	X							
Child Welfare/Foster Care – Need to increase foster care rates	X[38]		X	X		X[33]		
Child Welfare/Foster Care – Need help to recruit Native American foster homes – like the Bismarck pilot. Incentives are needed.		X						
Child Welfare/Foster Care – Need to develop agreements with the Tribes to work together and share Native American foster homes and to license, recruit and retain them. We need a seamless approach.		X						
Child Welfare/Foster Care – Impressed with Independent Living Coordinator		X						
Child Welfare/Foster Care – Need full-time IL coordinator for region due to caseload and travel time. Drive time and lack of adequate staff resources affects ability to serve kids and meet Child & Family Service Review permanency goal.		X	X					
Child Welfare/Foster Care – Need information about resources available to foster children							X	
Child Welfare/Information Technology (IT) – Need to balance gathering of data vs. serving people. Appreciate the effort to develop a Front End system for child welfare reporting (SPOC and CCWIPS). Will help LSWs.	X	X	X	X	X		X	X
Child Welfare/IT – Integrate child abuse/neglect reporting into a comprehensive child welfare system (Front end)				X				

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Child Welfare/Kinship Care – Growth is good. Good alternative to foster care, but need to provide more support for the relatives, especially grandparents. Once county no longer has custody of a child, the extra financial help drops off stressing families.					X		X	
Counties – Need DHS support for more state funding for core social services administered by the counties			X	X		X	X	
County Administative Costs – Recommend DHS fund at least 50% of all county administrative costs for all mandated programs and services (including foster care, subsidized adoptions, other child welfare services, and HCBS case management.				X				
Developmental Center – Appreciate the Developmental Center's deinstitution-alization effort; need funding to assure community success.	X[36]			X	X	X		
Developmental Disabilities (DD) – Need to increase capacity of adult foster care					X			
DD – Need more funding for day supports					X			
DD – Need more respite care and support services to families; access is limited			X		X		X[9]	
DD/Vocational Rehabilitation (VR) – Need access to VR; people are being screened out of supported employment.				X	X	X		
DD – Difficult to secure or develop work opportunities in rural areas				X		X		
DD – Cavalier area needs residential services and supports					X			
DD – Concern that key DHS DD staff are retiring and not being replaced at state office and HSCs.					X			
DD – Need to increase administrative allocation for Independent Supported Living Arrangement (ISLA) service units; it is a disincentive to serve those with higher needs.	X			X	X	X		
DD – Need to simplify and streamline the rate setting process – especially rates for non-facility day supports	X				X			
DD Case Management – Ratio is too high.			X		X	X		
DD Case Management – Are concerns related to federal waiver review	X[48]							
DD Client Needs – need better access to psychiatric and psychological services				X		X		
DD Client Needs – DHS should increase ability to respond to the need for staffing enhancements, as people in the community get in crisis or have behavioral or medical needs. Population served in the community is becoming more complex.	X							
DD/ Disability Determination/ VR – Each serves unique populations and need strong oversight. Concerned about DHS management restructuring/realignment.			X		X			

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DD Providers – Appreciate increases legislators gave	X			X	X	X		
DD Provider – Concern about the fees charged for certification by the Council on Quality and Leadership						X		
DD Providers – Requirements for budget submission are more detailed than they need to be. Association has ideas to simplify the process while maintaining its integrity.	X							
DD Transition Effort – Each region needs to develop the safety net/crisis management capacity such as what exists in Bismarck	X			X	X	X		
DHS Administration – So large. Need a director's round table with representation from across the state to increase understanding of issues statewide and to respond to them.		X						
DHS Administration – Praised DHS effort to align divisions and services and to see those working together. Cabinet structure change positive.			X					
Disability Services – Expand ISLA services and programming beyond MFP grant and usual allocation	X							
Disability Services – ND has not statewide registry of interpreters. Could use technology of IVN or closed captioning services to provide qualified interpreters. UND Disability Support Services could facilitate.					X			
Disability Services/VR – Increase funding for supported employment; remove bias against crew placements				X			X	
Disability Services/VR – Address referral (from schools) to increase access to VR services				X				
Disability Services/VR – Add funds to budget for extended supports. Current amount is too limited	X[45]							
Economic Assistance (EAP)/Information Technology - IT infrastructure needs to be addressed. Need one eligibility system for public assistance programs. Eligibility workers deal with four systems, and it is difficult.	X	X	X	X	X	X	X	X
EAP – Appreciate DHS continued support for an emergency cooling assistance program				X				
EAP – Appreciate EAP help desk and regional reps. They do good work.	X							
EAP – Appreciate Food Stamp Showcase training				X				
EAP - Program requirements are more complex. Have programs within programs (e.g. TANF) and care concerned that error rates will increase. Need more frequent training.	X	X	X	X	X	X	X	X
EAP – Implement one method of issuing policy changes	X						X	
EAP - Hold policy changes to a minimum						X[32]	X	
EAP – Integrate program policies. Programs are becoming less sensitive to policy change impact on other benefit programs. Many people receive help from multiple programs.				X				

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EAP - Eligibility Task Force – Good to involve county workers in program/system development, but their suggestions are often not implemented because of fiscal reasons (or short staffing at ITD and the Help Desk).	X	X			X			
EAP Temporary Assistance for Needy Families (TANF) program – Need more supported employment/training options for clients with functioning abilities below 8th-grade level so they can succeed.		X						
Gambling Addiction – Need more treatment funds							X	
Guardianship Services – Need to fund guardianship services for vulnerable adults and elderly. Access is an issue and demand is high.	X[39]		X	X				
Homelessness – Is a growing problem that is straining public and private service providers				X				
Housing – Deinstitutionalization is affecting federally rent-subsidized housing. "Independent living" requires appropriate support and staffing. Is cheaper than institutional; need to work together to serve people appropriately					X		X[13]	
Housing – Increase capacity. Need supportive housing for people with chronic serious mental illness (and/or chemical dependency)	X			X[21]	X[20]		X	
Housing – Need low-income housing for elderly and affordable or subsidized assisted living	X		X	X	X			
Housing – Need affordable housing for young people aging out of foster care – have problems renting due to age and cost			X					
Housing – DHS case managers and counties should document unmet housing needs and communicate findings	X							
Housing/Transportation – Can DHS focus SPED, HCBS Medicaid Waiver, MFP to maximize resources of transportation and housing authorities?	X							
Human Service Centers (HSC) – Provider(s) stated have a good relationship with the HSC in their region	X	X		X	X[1]	X	X	
HSC – Appreciate availability of EAP and Child Welfare regional reps at HSC				X				
HSC – Appreciate flexibility and that people can access services at other HSCs (out of region) if choose						X		
HSC – Advisory Board structure works well and gives counties representation.						X		
HSC – Provide marital counseling services			X					
HSC/Mental Health – Appreciate that staff is available if a person has a mental health need; HSC gets them in for appointments.		X		X			X[12]	
HSC/Mental Health – Women and children in local shelter have mental health needs. Provider lacks expertise. Wishes HSC outreach could be increased.				X				
HSC/Mental Health – Address wait times for outpatient mental health services – impacts provider that serves meth clients				X				
HSC/Mental Health – Need to increase time/access to family therapy services to prevent a placement or to shorten a placement		X					X	

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HSC/Mental Health – Area residents need access to more therapy groups. There is only one domestic violence group for men and private nonprofit does it; too costly for many. Other groups are held inconsistently, and it hampers treatment. Could co-leaders help this?	X							
HSC/Mental Health – Staff shortages are creating wait times. DHS could explore using case aids and paraprofessionals to stretch budget and meet needs	X							
HSC/Mental Health – Ensure appropriate confidential MH intake process				X				
HSC/Outreach – Would like to see more outreach on the reservation – tribes lack resources to meet mental health and substance abuse needs	X						X	
HSC/Outreach – Appreciate HSC outreach to rural areas				X			X	
HSC/ Substance Abuse Treatment – Need LACs specialized in dealing with youth; HSC has experienced turnover.						X		
Human Services – Department staffing impacts nonprofits. Some serve as training ground for DHS because the state has better benefits (health)					X			
Human Services/ Prevention - Need to focus as a society on prevention. Identify people at risk using school and other assessments and provide supports and mentors. Could downsize the Penitentiary and State Hospital and reduce foster care demand.		X	X	X				
Indian Country – Have finite local resources; need more state support to serve reservation populations	X	X						
Information and Assistance – First Link needs DHS support to be sustained				X				
Information Technology – Appreciate cost share opportunities for computers for child welfare personnel				X				
Long-Term Care (LTC) Home and Community-Based Services (HCBS) – appreciate qualified service provider (QSP) increases		X		X				X
LTC Continuum – Need Assisted Living "assistance program" so it is affordable; MN provides it. Why can't ND?	X				X[3]			
LTC HCBS – Lower ADL and IADL requirements for HCBS programs so could get services in earlier and maintain people in homes longer						X		
LTC HCBS – Need more funding/services to support people in their homes (HCBS). People need choices.	X				X	X[29]	X[7]	X
LTC HCBS – Appreciates DHS's continued support for HCBS training that is relevant, comprehensive, and recognizes personnel (Traill)				X				
LTC Continuum - QSP numbers in GF County good; rural areas have shortages. Could QSPs be shared? Could LTC facilities provide needed in-home services? Work together to meet needs.					X			
LTC HCBS – Need a statewide registry of QSPs to locate services (*Will be part of the Aging and Disability Resource LINK Web site now under development in*					X			

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DHS Aging Services)								
LTC HCBS – Need a help desk for QSPs and HCBS case managers to deal with billing and reimburse and related issues (and/or training)	X		X	X			X	X
LTC HCBS – Private pay clients have to pay more for QSP services after July 2007 when the new Medicaid rates for QSPs went into effect. (*Can't charge Medicaid more than they charge private pay*)					X			
LTC HCBS – Service unit reimbursement should be comparable to service provided and based on need; address caps/limits	X[37]	X	X	X	X	X[30]		X
LTC – SPED – Eliminate county share of SPED program costs. Counties pay 5% and have limited control of costs.				X				
LTC HCBS (SPED) – Reconsider how assets are treated. People who sold farms or businesses may not qualify because of assets, but people who kept land (which has value) can qualify. It isn't counted, just the income generated from it. This isn't fair.			X					
LTC/ Nursing Homes – Want access to DHS resources to help address mental health needs of residents through training (State Hospital and HSCs)						X		
LTC/ Nursing Homes – Most residents can't live in their own homes or don't want to be isolated and prefer a group setting. Many people want to live in basic care or assisted living settings.					X			
LTC/ Nursing Homes – Address bed limits. Can't place people into facilities in larger cities because there are not beds. Extra bed capacity is in rural areas. This is a hardship for families.	X[41]							
LTC Supports – Coordinate local services and resources better	X[34]						X[8]	
Medicaid – Income eligibility limits are too low.		X						
Medicaid – Increase Medically Needy income level. This is a hardship for people with recipient liability; they can't meet their basic needs.	X	X	X	X				X
Medicaid/ Dental – Reimbursement levels need to be increased. Most dentists won't see Medicaid clients, and foster kids have limited access to care.					X			
Medicaid/ Dental Access – DD clients on Medicaid have hardest time accessing dental services. If need anesthesia, must travel to Bismarck. One dentist will treat them.					X			
Medicaid/Medicaid Management Information System (MMIS) – Will new MMIS help professionals locate primary care physicians and other available resources? *(Yes)*					X			
Medicaid/ MMIS – Update requested (*and provided*)						X		
Medicaid – Out-of-state referral process is too slow and cumbersome. Affects access to specialized care.		X						
Medicaid – Counties need additional guidance to bill properly for wraparound case management and foster care targeted case management. Good sources					X			

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of income, but counties can't bill for some of the things they previously could.								
Medicaid Medical Transportation – Allow family members to be medical transportation providers. (*Currently DHS doesn't reimburse them.* Many family members lose income when taking time to drive a relative to appointments. This is a hardship. Out-of-state travel is another matter.					X			
Medicaid Medical Transportation – Hard for people to access transportation because of complex regulations and low reimbursement				X				
Medicaid – increase provider inflators to a more reasonable level	X							
Mental Health/Eating Disorders – State lacks treatment expertise in the public sector – low-income persons have access issues – collaborate better	X							
Mental Health – Support Peer Support programs to promote recovery				X[19]			X	
Mental Health – Need more front-end assessment and treatment services for children and families to prevent or reduce use of child welfare system.				X				
Mental Health – Need job development and employment support services for adult SMI population (similar to DD system)				X	X	X	X	
Mental Health – Need geropsych services						X	X	
Mental Health – Confidentiality policies (HIPAA) restricts family access to needed information on vulnerable adult loved ones				X				
Mental Health – Increase residential bed capacity in western N.D. for people with chronic mental illness and/or addiction							X	X
Mental Health – Educate public and consumers about the recovery model				X[23]				
Mental Health – Fund State Hospital alternatives adequately – especially inpatient mental health and detox services provided at community hospitals – need continuum of services and supports				X		X	X[6]	
Mental Health – Divert people from corrections by training law enforcement personnel and coordinating with mental health system. Treat people instead of incarcerating them.				X[22]			X	
Mental Health/ Law Enforcement – Transporting people to services is a huge issue. Jail is not the right place. Local resources are lacking and State Hospital is full.			X	X[16]				
Mental Health – Fund Psycho-social centers adequately	X[46]		X	X[18]				
Refugee services – Provide more social supports and case management to ensure long term self sufficiency.				X				
Representative Payees are needed to help vulnerable individuals pay their bills and manage finances. Funding was cut. Needed service and people can't afford to pay for the service.			X					
Rural Access – Use technology like telemedicine to get expertise to rural areas			X[15]					X
Rural – Lack of services to transition people with serious mental illness (SMI), DD, and elders to community LTC services. Need medication management						X	X	

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and transportation services								
Sex Offenders in Nursing Homes – DHS needs to provide supportive services (e.g. staff training) to nursing facilities						X		
Sexual Offending Behaviors in Traumatic Brain Injured (TBI)/DD population – Providers need access to consultation and supportive services from the Developmental Center or State Hospital.						X		
Sexual Abuse – Adult and child victims need access to treatment.			X					
Sexual Abuse – Need specialized treatment available for adolescent perpetrators			X			X[31]		
State Children's Health Insurance (SCHIP) – Concern children might lose coverage due to federal conflict	X		X					
State Hospital – Would benefit from publication of strategic planning process	X							
State Hospital– Add more beds for acute mental health and substance abuse and address hospital waiting list				X[17]			X	X
Substance Abuse – Need more front-end assessment and treatment services for children and families to prevent or reduce use of child welfare system.				X				
Substance Abuse – Dual Diagnosis population needs transition to community services and long- term residential housing and supports.								X[4]
Substance Abuse – Financially support peer support programs for kids with drug and alcohol issues							X	
Substance Abuse – Improve drug and alcohol programs (best practices)				X				
Substance Abuse – Provide meth treatment that is longer than 30 days.				X[24]				
Substance Abuse – Need culturally appropriate treatment for Native American youth and families	X							
Tri-County Collaboration – May impact access to Indian Country funding (other two counties that go in with Benson may qualify) and this may affect DHS budget.		X						
Tri-County Collaboration – Salaries and benefit difference between counties need to be worked out before can apply to DHS.		X						
Transportation – Needs are unmet. Public transportation is limited, high cost, etc.		X[44]		X			X	
Transportation – Shifted from DHS Aging Services to DOT and serves more than the elderly. Some can't afford the fares. Can TANF funds be used to help those in need?	X	X						
Transportation – Needs growing for adults with DD as their parents age	X				X[35]			
Transportation – DHS and home and community-based group setting providers (serve DD clients) need to meet with paratransit provider to reach an under-standing about who is responsible for paying for client transportation (provider, the client, or paratransit system) and to explore funding options.				X[2]				

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Traumatic Brain Injury/Mental Health – Need more services (day, residential, vocational) for returning Iraq veterans to supplement VA , and for other North Dakotans with TBI				X		X	X	
Uninsured – Need to address the needs of these state residents	X							
Workforce – Appreciate training opportunities and stipends for county staff				X				
Workforce/ Direct Care Staff – Agencies can't fill vacancies. Used to have turnover. Now have ongoing open positions.	X[40]		X	X				X[27]
Workforce - DD – Providers find it hard to recruit staff, even with increase legislators approved; dwindling work force (low unemployment/state demographics)	X			X	X	X		
Workforce – Need to increase social work (LSW) salaries, offer student loan forgiveness, and stipends so graduates consider working in ND					X			
Workforce – Rural counties can't find staff to provide homemaker services to elders and people with disabilities.							X[11]	X
Workforce – Need more access to child psychiatrists and psychologists; lack of access in regions affects children and families negatively.			X					X
Workforce – Need psychiatrists to serve communities			X					
Workforce – Gap between county and state employee compensation is growing. State pay needs to rise to compete for new hires and retain experienced staff. New LSW graduates (pay grade 9) hired by the county are paid more than DHS state employees (MSW in grade 11 with over a decade of experience and positive performance reviews)				X				
Workforce – Many DHS clinical professionals are set to retire, yet wages lag at DHS, the State Hospital and the Developmental Center. You can't replace years of experience with "newbies," yet DHS can't afford to attract qualified experienced applicants, and has problems retaining experienced professionals. Legislature needs to correct this, said a former employee who is a clinician.						X		

NOTES

1 DD provider appreciated NEHSC's case management, behavioral analysts, and state office staff.
2 The burden of transportation costs is falling on the local paratransit provider to subsidize many rides linked to human service agencies. Usage and costs are growing and impacting city resources. One area of concern is the rides to/from the DAC day programs for people who live in TCLF and MSLA living arrangements.
3 MN previously accepted ND residents into its assisted care program and people crossed the river from ND to MN in the northeast region. MN is tightening up on this and people are either being discharged, or can't find appropriate level of placement. ND is going to see too many end up in nursing facilities at a higher level of care than they need because we don't have options (affordable assisted living) for them.
4 For people in the Williston region, the closest residential facility is 120 miles away. A 15-20 bed residential facility would benefit the region.
5 Children's mental health caseloads are too high (10 families now) in the Williston region. Need consistency of services across the state.
6 Trinity is impacted by involuntary commitment volume and currently receives $200,000. If state wants community hospitals to provide the service, should shift the funding to the community for that service.
7 Rugby used to have a community companion program that helped with grocery shopping, errands and companionship. Lost funding. Helped people stay in their homes.

8 United Way senior companion services could help other seniors remain in their homes if it was coordinated with the department and the human service center.
9 Gap exists in services for older children. Providers are licensed to care for children through age 12. The other services are for those 18 and older. DHS should address licensure issues. Can Medicaid be used to access child care for DD children for respite?
10 Devils Lake - Need a resource for placements up to and beyond 30 days and need more financial resources from the state.
11 Mountrail County had no homemaker services provider applicants at $9/hr.
12 IHS provider in New Town thanked NCHSC for serving 80 individuals they referred.
13 Agencies need to explore collaborating to be competitive with housing grants. Working through NCHSC (which serves the region) might be the best approach.
14 Dickinson region needs crisis beds for children and adolescents with mental health needs. The hospital closed its inpatient mental health unit in August 2007. As a result, the community also lost a nurse practitioner who specialized in children and adolescent mental health. Transporting people to services is an identified concern.
15 Dickinson healthcare facility has telemedicine infrastructure. Could it be used to provide psychiatric and other mental health services? Medicare reimbursement (to the facility) is the issue. (*Medicare is a federal program and is not administered by ND DHS.*)
16 Fargo law enforcement representative did not think local hospitals with inpatient mental health services were appropriate. The state (DHS) should increase its facility capacity to serve people with mental illness. Preferred institutional vs. community service delivery model.
17 Make sure state isn't putting inappropriate pressure on community facilities; ensure we have adequate State Hospital beds.
18 Mental Health America – North Dakota (MHAND) urged DHS to establish baseline criteria to ensure that psycho-social services were delivered consistently across regions.
19 MHAND identified Williston peer support program as a model to emulate across the state.
20 Human Service Center (HSC) has a waiting list for supported housing for people with mental illness.
21 Fargo has a concern that homelessness may be growing and supported housing could address the needs of people with chronic serious mental illness.
22 Need crisis management services for people with mental illness. Do not exist.
23 Curriculum exists and DHS has it.
24 NOTE: DHS substance abuse treatment model is individualized – not based on days of treatment. The goal is to provide the right treatment at the right time for the right duration according to the individual's unique needs.
25 Williston suggested looking at service requirements and staffing required to carry it out, and said county resources were limited.
26 There is only one residential treatment provider in the state that serves children 10 and younger who have serious mental health needs: Manchester House. Have to send many kids out-of-state.
27 Agencies can sustain people living independently in accessible apartments if QSP services aren't available. Workforce shortage hampers ability to provide services in the least restrictive setting.
28 No psychiatry services are available for children in the Williston region. For hospitalization and medication needs, children have to travel to services in Bismarck or Minot.
29 Nursing facility would consider providing HCBS, but funding doesn't meet cost of windshield time and transportation costs. Need to increase reimbursement and address gap in affordable HCBS for those who don't qualify for Medicaid.
30 Logan County said service unit caps limit QSP reimbursement, and family member QSPs can't afford to provide care. Care needs often prevent them from working in addition to being a caregiver, and caregiver reimbursement isn't enough to meet needs. Service unit caps affect supply of individual family/neighbor QSPs.
31 PATH commented that ND needs intensive outpatient services for adolescents with sexual offending behaviors in <u>all</u> regions (available in Fargo and Bismarck currently).
32 Jamestown said EAP Regional Rep responsiveness is declining because of the volume of policy changes and the volume of questions generated by those changes.
33 Jamestown foster parent observed that the rate is $18/day or 53 cents/hour for infants 0-3. Diapers are expensive and don't get reimbursed enough to address time needed away from job to take children to needed appointments.
34 Eligibility for HCBS and coordination of services takes too long. MDs just discharge to LTC (nursing) facilities because it is faster and easier.
35 Pembina area lacks transportation to day services for adults with DD.
36 Developmental Center transition model could benefit the State Hospital.
37 Protection and Advocacy expressed that they did not agree that the cost of providing home and community-based services should be below the cost of institutional care in order to provide HCBS services to people with disabilities. *(NOTE: Cost neutrality is a federal Medicaid requirement.)* P & A said caps on HCBS should equal services in institutions (e.g. 12 hour daily limit on personal care services vs. current 8-hour limit for HCBS).
38 Asked DHS to explore tying foster care reimbursement rates to the needs of the child rather than the license of the home. Rates could be higher for more involved children. Huge disparity between PATH and county reimbursement. Need a seamless foster care program in ND. Level the field for maintenance and training.
39 Foster parents are being asked to provide guardianship of older foster youth. Many don't want to adopt or go for guardianships because they don't get the supports the children need after that status changes.
40 Could bring in foreign workers. Language would be a barrier. Would need additional services (English as a Second Language) for this.

41 ND LTC Association representative volunteered that there are 166 beds waiting to be put into service in Bismarck, Minot, Fargo, and Grand Forks (through bed buy program). Providers are expanding in the urban areas and buying up extra bed capacity from rural facilities. (N.D. has a moratorium on long term care beds.)
42 Funding is needed to reduce caseloads of county social workers.
43 Traill County was collaborating with the Northwood hospital, rural banks, and Dakota Medical Foundation to explore the development of a rural shelter care/assessment center in eastern N.D. to serve children in crisis. The tornado has affected that planning.
44 Devils Lake region reported that families and children can't get to therapy and treatment services due to cost and limited access to transportation services.
45 Focus extended supports on people with DD, TBI, and those receiving SMI case management. The current appropriation doesn't meet need and seems to be used on first come, first served. Prioritize funding – perhaps people eligible for SPED, HCBS waiver, formerly on DD, TBI, or SMI and consider whether respective case manager should manage the services. Document needs. May be an appropriate OAR for next biennium.
46 Enhance psycho-social services with paraprofessionals (e.g. case aides).
47 Prevent Child Abuse North Dakota is willing to begin laying the ground work for developing a comprehensive plan across the systems that serve children and families, and to help implement it statewide in order to strengthen families and support children who have been mistreated.
48 Provider Assoc. would like dialogue with DHS regarding roles of internal and external case management. This has not occurred since the system was established in the 1980s and could be valuable prior to next Medicaid waiver submission in 2009.