

SB 2012

Senate Appropriations Committee Senator Bekkedahl, Chairman



Health & Human Services

Who we are

resource to the network of approximately 120 private residential facilities and thousands of families who have a loved one with an intellectual or developmental disability for whom they are a caregiver or guardian.

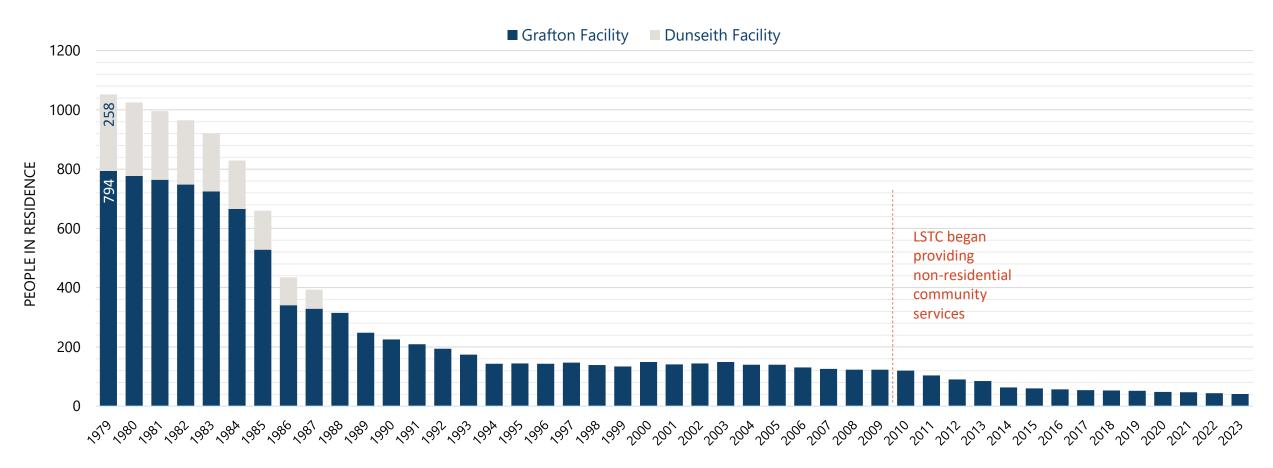
Who we serve

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

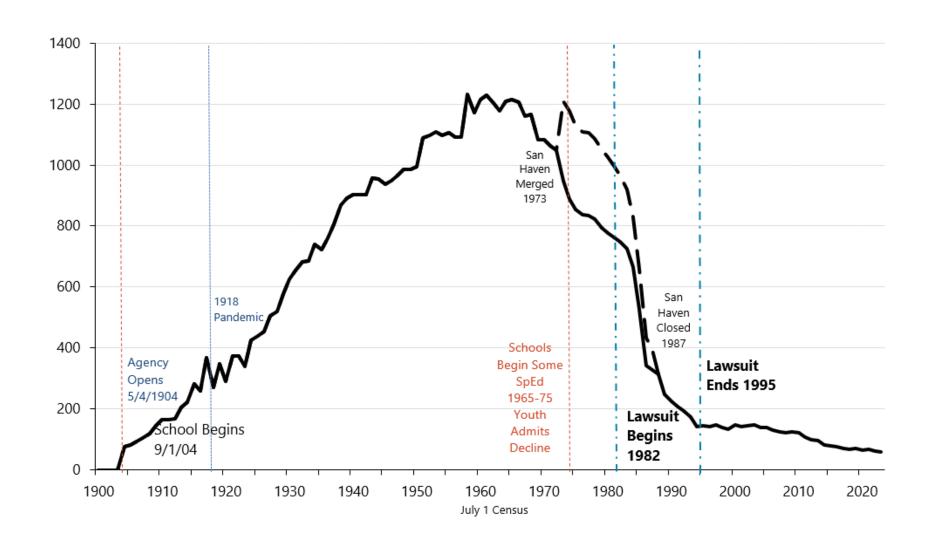


LSTC's role in ND has changed significantly in the last 40 years

1979 -2023 CENSUS | GRAFTON & DUNSEITH



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





LSTC Program & Services

What we do

Provide specialty care and support for people experiencing crisis and/or who need stabilization; work together with guardians to identify opportunities for each person to live in a community setting of their choice wherever and whenever possible.

RESIDENTIAL Crisis / Stabilization

(Specialized ICF)

Crisis Residential

Short-term Stabilization Residential

Transitioning to Community
Residential

Vocational Services

Long-term specialized residential

NON-RESIDENTIAL Statewide Stabilization Supports

Applied Behavioral Analysts

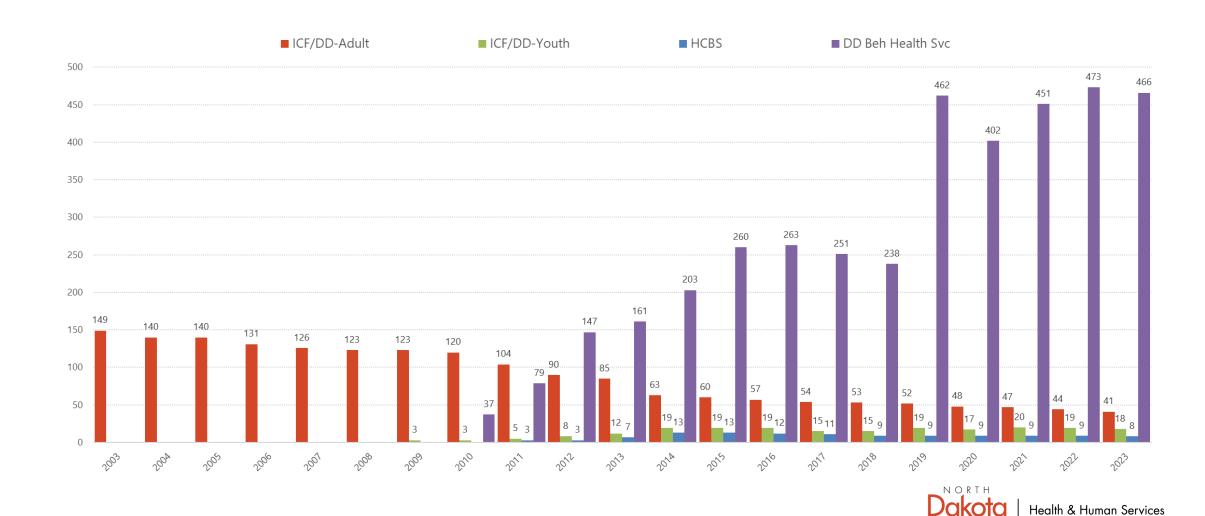
Statewide crisis/stabilization team

Therapeutic Clinic

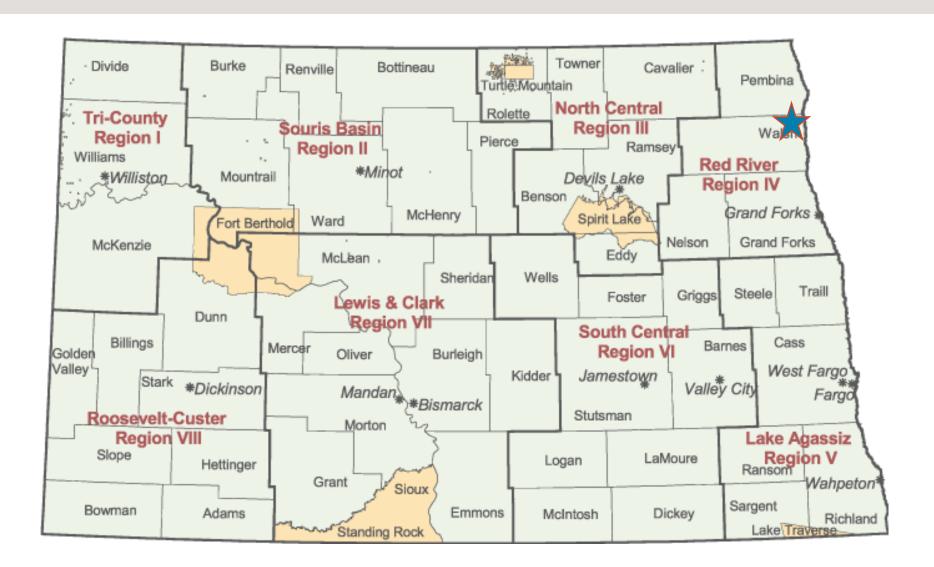
Adaptive Equipment Center



Role of LSTC in state DD system continues to evolve with greater investment in community supports

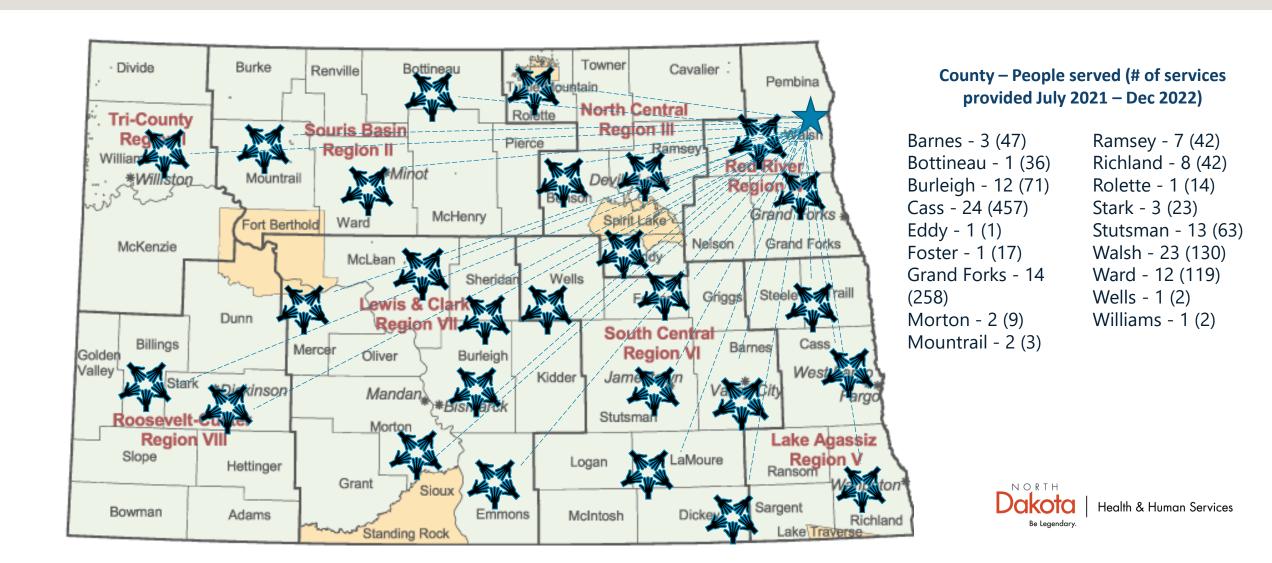


Historically LSTC was a campus-based residential facility

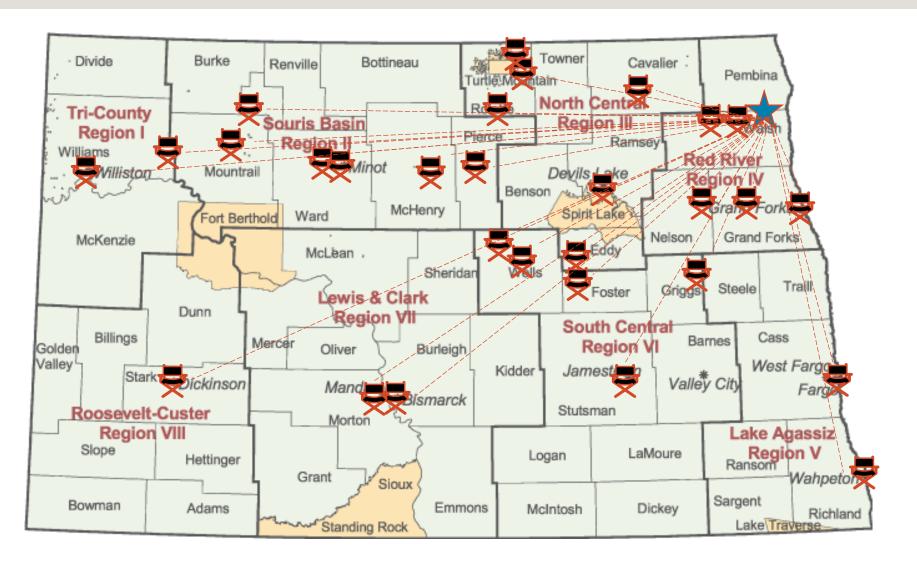




LSTC provided in-community transition and stabilization support to 129 people living in 21 different communities



219 people had their ability to move about their home and community enhanced by LSTC's Customized Adaptive Equipment service



Customized Adaptive Equipment July 2021 – Dec 2022

Aneta Kenmare
Arvilla Langdon
Bismarck Mandan
Burlington Minot
Carrington New Rockford
Cooperstown Park River

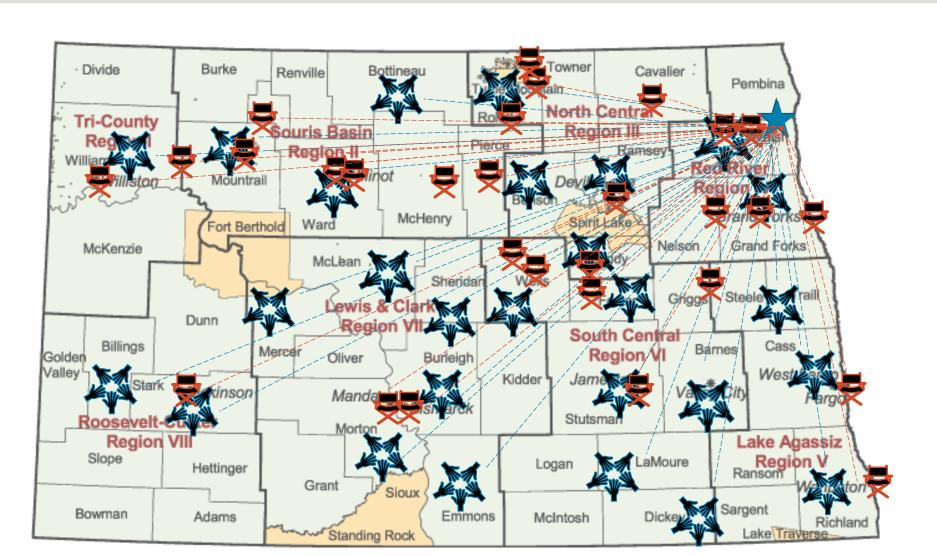
Devils Lake
Dickinson
Edinburg
Fargo
Fargo
Grafton
Grand Forks

Rolette
Rolla
Rugby
St. John
Stanley
Tioga
Velva

Harvey Wahpeton Jamestown Williston



LSTC provided in-community transition and stabilization support to 500 people living in communities across ND





Customized Adaptive Equipment

(assessment, fitting, design, development, delivery)



Stabilization Supports

(transition follow-up, transition TA, assessment, observation, crisis calls, crisis assistance)

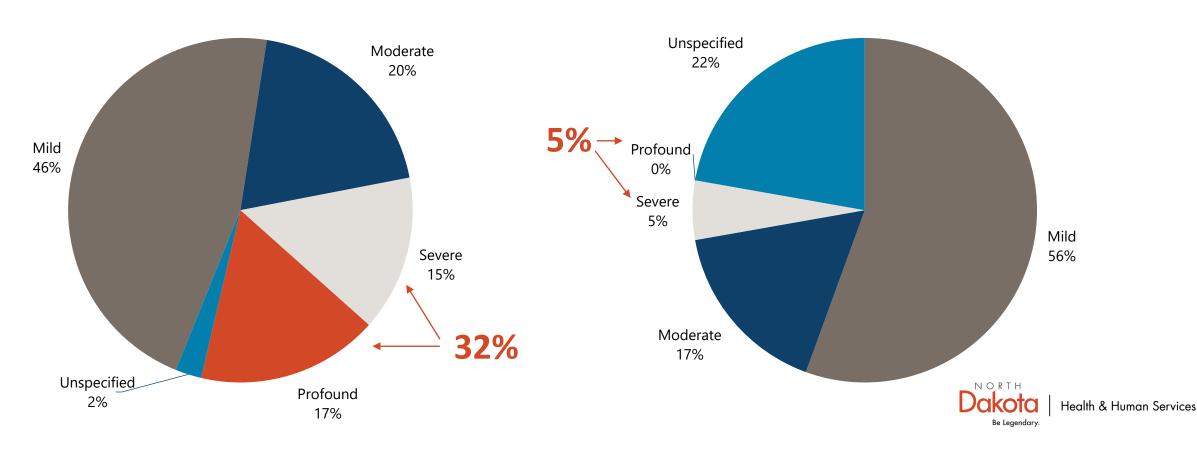


Prevalence of Severe and Profound Intellectual Disability is low for youth Disability Level – Adult and Youth

Disability Level Madit and Touti

2023 LSTC **Adult** by Level of Intellectual and Dev. Disability

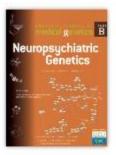
2023 LSTC **Youth** by Level of Intellectual & Dev. Disability



Increasing prevalence of autism is due, in part, to changing diagnoses



- Overall = 65% of increase in ASD attributable to decrease in ID
- 8 year olds = 59% of increase in ASD attributable to decrease in ID
- 15 year olds = 97% of increase in ASD attributable to decrease in ID



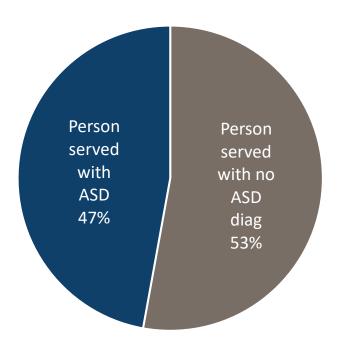
Volume 168, Issue 7 October 2015 Pages 600-608



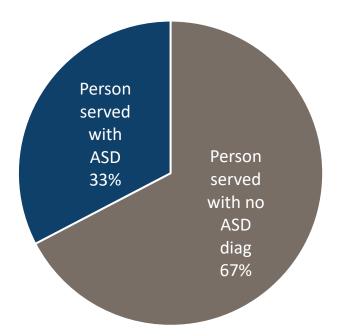
Prevalence of Autism Spectrum disorder is much higher for youth than adult

Prevalence of Autism Spectrum Diagnoses (ASD) | 2022

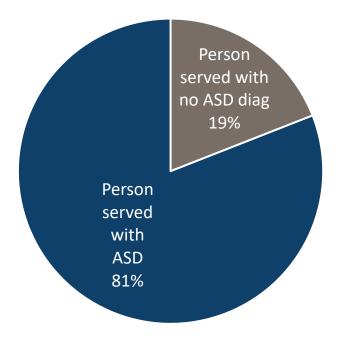
Proportion of TOTAL LSTC Population July 2022 (n=70)



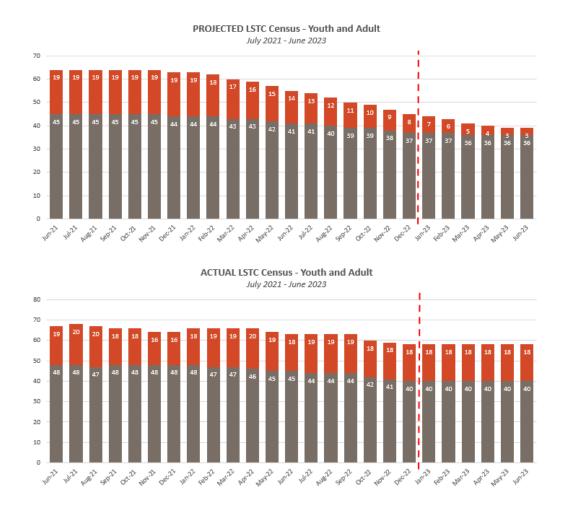
Proportion of ADULT LSTC Population July 2022 (n=49)



Proportion of YOUTH LSTC Population July 2022 (n=21)



Admissions to LSTCs Residential Services have many behavioral attributes in common



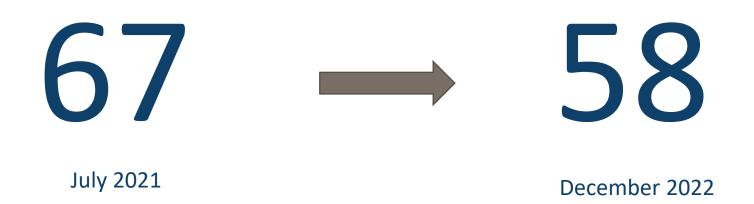
Reasons provided for admission by those referring the person

(people admitted to LSTC as of July 2022)

- Harm to Self 25%
- Harm to Others 82%
- Harm to Property 4%
 (> \$20,000 in one case)
- Elopement 6%
- Sexual Offending 9%

Progress?

"Census" is More than a Number...



Progress? "Census" is More than a Number...

+13
Admissions

-17

Transitions Completed

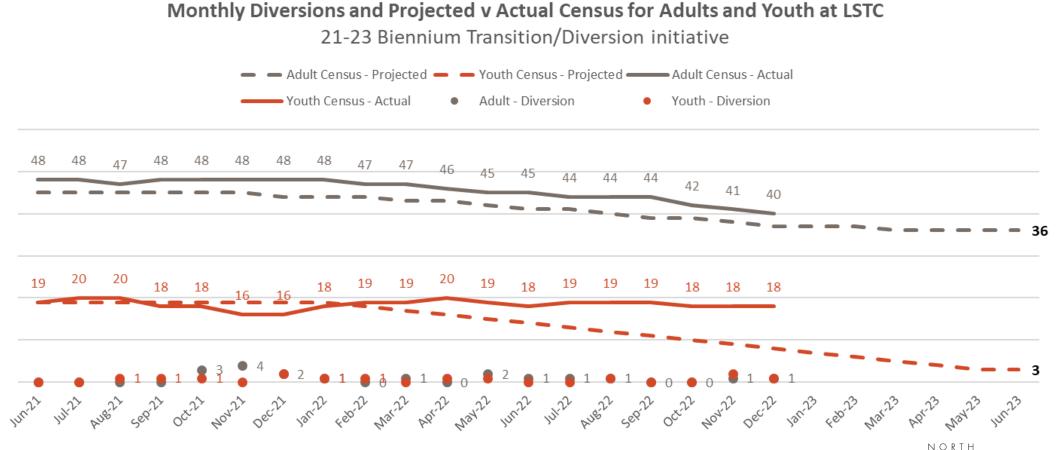
-5

Deaths

-31
Admissions
Diverted

Transitions Planned /
On Hold / Cancelled

Movement through Transition & Diversion



Improving the lives of North Dakotans

Our "Everyday Philosophy" for Services & Supports







People are served in the lowest level of care necessary which will return better outcomes.

People have the opportunity to learn about their options and make an informed choice about the most integrated setting that is right for them

System partners work together to create robust options for non-institutional living, optimizing autonomy, choice, self-direction and community integration.



LSTC: Overview of budget changes

Description	202	1 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	\$	40,600,567	\$ 14,670,358	\$ 55,270,925
Operating		7,787,912	 1,591,286	 9,379,198
IT Services		212,392	 (15,500)	 196,892
Capital Asset Expense		638,076	 44,903	 682,979
Capital Assets		208,055	 (44,903)	 163,152
Grants		-	-	-
Total	\$	49,447,002	\$ 16,246,144	\$ 65,693,146
General Fund	\$	22,312,455	\$ 6,418,086	\$ 28,730,541
Federal Funds		24,572,832	9,471,983	34,044,815
Other Funds		2,561,715	356,075	2,917,790
Total Funds	\$	49,447,002	\$ 16,246,144	\$ 65,693,146
Full Time Equivalent (FTE)		303.34	-	303.34

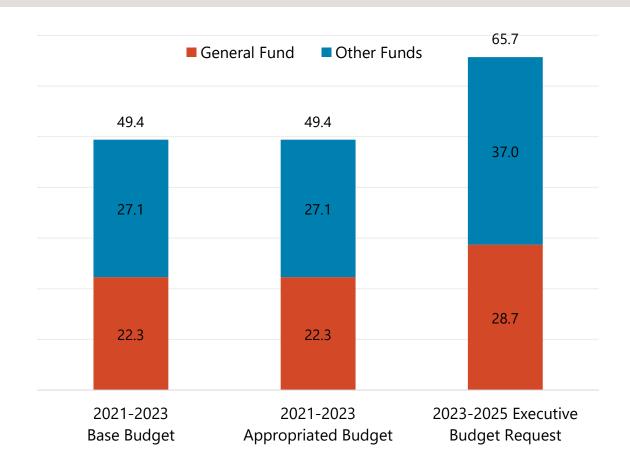


LSTC: Overview of budget changes (IN MILLIONS)

INCREASE FROM BASE TO EXECUTIVE RECOMMENDATION \$ 16.2 MILLION

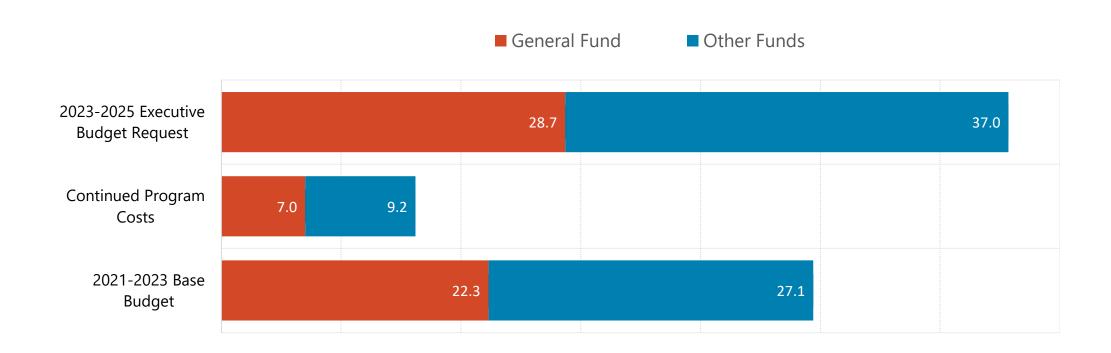
LSTC Budget includes 280.64 FTE

- Salaries \$55.2 million (84%) of total budget
 - Salaries-Other includes shift differential for staff working nights and weekends
 - Temp-status employees in a variety of positions (direct care staff who cover sick leave and vacations of the full-time direct care staff, activity assistants)
 - Salaries include no under-fund to allow for possible salary roll-up
- Operating costs \$9.57million (15%) of total budget
 - Food & Clothing
 - Utilities
 - Operating Fees & Services (Contracts & Bed Assessment)
 - Pharmacy
- Capital repairs & equipment >\$5,000 \$846,131 (1%) of budget





LSTC: Overview of budget changes (IN MILLIONS)



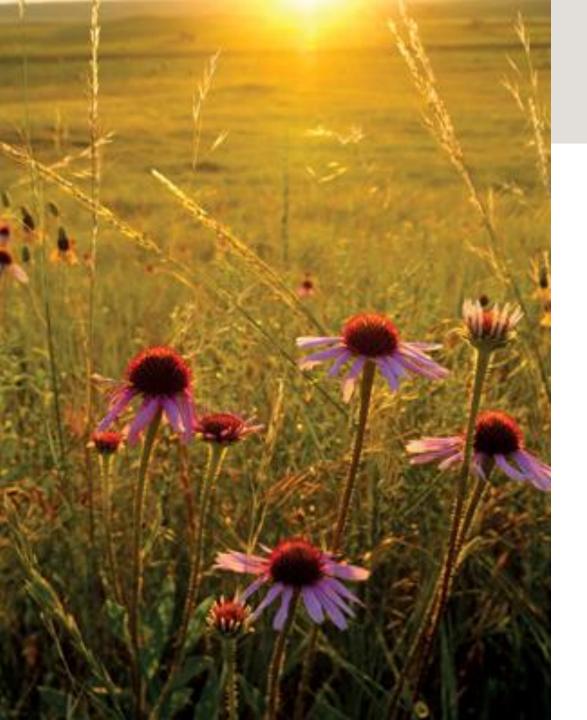


Continued progress includes an enhanced focus on crisis/stabilization resources across North Dakota

- Community Settings with capacity for people with complex care needs
- Build Capacity for LSTC to focus more Heavily on Stabilization and diversion
- Inter-connected and aligned discharge/transition/diversion planning







Contact information

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Appendix: Summary of HHS Strategy for LSTC Transformation

We can't achieve our stated policy goals until...

1

We have community settings with capacity for clients with complex care needs.

2

We have interconnected and aligned discharge and diversion planning.

3

We build capacity for LSTC to focus more heavily on stabilization and diversion.



Health & Human Services

We have Community settings with capacity for clients with complex care needs

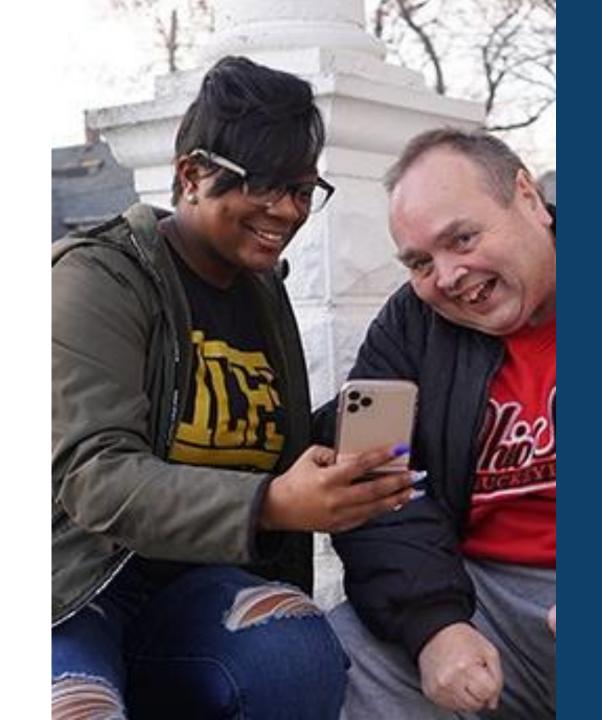
- Enhanced shared living options
- Places that offer short-term crisis stabilization
- Stronger in-community system supports
 - Informal support networks
 - Educational services
 - Special needs child care
 - Rental assistance
 - Transition supports
 - Mobile crisis
 - Team composition
- Payment options to support return to home post-crisis
- Open the door to non-institutional living arrangements wherever appropriate



2

We Embrace interconnected and aligned discharge / transition / diversion planning

- Formalize expectation of transition supports from LSTC / SH to community setting
- Infuse case management practices with tools, approaches and skills that support early identification of triggering events
- Establish expectations for Medicaid providers related to discharge and admission
- Examine policies related to intervention strategies providers can use to appropriately de-escalate emergent situations



We build capacity for LSTC to focus more heavily on stabilization and diversion

- Refine admission criteria to further define role of LSTC
- Build staffing model and operational processes to support admission to LSTC within 48 hours
- Build LSTC crisis support team capacity to provide on-site response to emergency crisis in various community settings within 24 hours
- Communicate clearly the options for crisis and pre-crisis services that are available to people in the I/DD system (including but not limited to LSTC)

