

Testimony
Senate Bill 2012 – Department of Human Services
House Appropriations Committee, Human Resources Division
Representative Chet Pollert, Chair

Chairman Pollert, members of the Human Resources Division, I am Sandi Marshall, President of the North Dakota Association of Community Providers (NDACP), and Chief Executive Officer of Development Homes, a large non-profit DD provider agency in Grand Forks. Thank you for the opportunity afforded to NDACP to provide information today relative to the needs of our industry, particularly on behalf of both the people we serve and the many citizens of North Dakota that we employ to provide those services.

First, I would like to recognize the significant increases in support of this industry resulting from the 2009 legislative session. In addition to increases in provider reimbursement and hourly staff wages, the final appropriation included \$4.2 million in additional new funds to address critical needs of people we serve who present the most severe medical and behavioral challenges. These funds have gone a long ways towards addressing the costs associated with the staffing and program needs of our most vulnerable citizens, and represent a real commitment to quality and humane supports.

NDACP supports the continuation of the critical needs funding for severe medical and behavioral needs that is included in the Governor's budget for the Department of Human Services. These funds are distributed to providers based on individual consumer scores obtained using a standard assessment

tool, and supplement the regular provider rate-setting mechanism. The funds, called “bucket funds”, allow for critical client needs to be met in a much more responsive manner than before. These funds reduce the need for providers to augment state funds with other charitable donations in order to adequately serve people in the community.

The critical needs funding helps to address increased needs as the people we serve age and lose skills, or as medical conditions deteriorate. For example, many people with Down Syndrome become afflicted with Alzheimer’s disease as they age, and require a greater level of care over time. It is important that the critical needs funding is available in the 2011-2013 biennium, while the state continues to explore replacement of the current client assessment and rate-setting processes, as proposed in SB 2043.

NDACP supports enhancing the Department’s budget as it relates to transitioning individuals from the Developmental Center to the community in the next biennium. It is anticipated that 95 individuals will reside at the center as of July 1, 2011, with plans to further reduce the population to 67 by July 1, 2013. Regrettably, the funds to support this movement are not included in the proposed budget, but are noted in un-funded OAR 407.

The 2005 legislature required the Department of Human Services to work with the DD provider community to develop a plan for further deinstitutionalization. A Transition to the Community Task Force was assembled and has supported the movement of many individuals into community life. It is recognized that now our system is at a cross-roads. The mechanisms for planning and implementing deinstitutionalization that were

developed in the 1980's are no longer adequate to create the community capacity needed to get to the next level. Consequently, the task force created a Centralized Project Development Team to encourage the development of this capacity.

Utilizing this team, the provider community has the ability to propose special projects in their communities designed around the specialized needs of small groupings of people with similar needs who now live in the institution. This is a much more focused effort than the old strategy of fitting people into existing living options. It allows for and facilitates state-of-the-art thinking in our field to be implemented that transcends the old models of 8-bed group homes, and provides for more specialized environments than typical apartments in the community.

For example, my agency, Development Homes, Inc. just opened a newly constructed apartment building designed to house 5 young adults with autism spectrum disorders. This project is extremely unique in North Dakota; no other program exists that is specially designed to serve adults with autism. The building is designed to take into consideration the significant sensory needs of people with autism, and the staff have specialized training in autism.

DHI was fortunate to have the construction of this project, called "Columbia Place" funded almost entirely by HUD, which includes a tenant rental assistance contract. This was a very competitive grant process that was very cumbersome and time-consuming, taking over 3 years from start to finish.

In order to more quickly develop new housing, such as new or remodeled duplexes, small group homes, or specialized apartment buildings, we need creative funding sources. NDACP has been in contact with officials from the Bank of North Dakota to review options for low-interest loans to augment those available from local lenders. We are hopeful that with existing programs like Flex Pace we will be able to build the community capacity needed to serve the more specialized needs demonstrated by the next wave of deinstitutionalization. However, accessing housing options is only one piece, and it is imperative that funds are available to provide ongoing services for people who move into our communities throughout the next biennium.

Governor Dalrymple stated in his budget address that a society is best measured by the way it treats its most vulnerable. We are appreciative of the recognition of the citizens we serve and the thousands of people who work in this industry in North Dakota. Our collective quality of life is well-served by supporting all our citizens to contribute to community life. Thank you.