Testimony
House Bill 1012 – Department of Human Services
House Appropriations - Human Resources Division
Representative Pollert, Chairman
January 14, 2013

Chairman Pollert, members of the House Appropriations Committee - Human Resources Division, I am JoAnne Hoesel, Director of the Division of Mental Health and Substance Abuse Services (Division) of the Department of Human Services (DHS). I am here today to provide you an overview of the Division.

Programs

The Division promotes the use of best practices and ensures quality care through the service delivery system for North Dakota families who have struggled or are struggling with mental health and/or addiction disorders. This Division is the single state authority responsible for overseeing a statewide network of substance abuse and mental health treatment, recovery support services, mental health promotion, and substance abuse prevention services. This translates into licensing, training, development, and implementation of appropriate mental health and substance abuse services throughout the state. The Division writes the combined federal block grant applications for mental health, substance abuse treatment, and substance use prevention, monitors the grant activities for compliance, and reports on challenges, accomplishments, and client and program outcomes.

The Division manages the traumatic brain injury (TBI) efforts, community-based high-risk sex offender treatment, problem

gambling treatment, the contract for long-term residential treatment services for individuals addicted to methamphetamine and other controlled substances, and licenses psychiatric residential treatment centers and regional human service centers. As division director, I chair the Governor's Prevention Advisory Council on Alcohol and Drugs and the Autism Spectrum Disorder Task Force. The Division provides prevention specialist services to targeted communities, implements population-focused prevention strategies, and offers a clearinghouse of prevention materials on substance abuse.

Customer Base

The Division licensed 84 substance abuse treatment programs (an increase of three programs since last biennium), 44 DUI education programs (an increase of seven programs), eight regional human service centers, and six psychiatric residential treatment facilities for children and adolescents.

Program Trends/Major Program Changes

Alcohol and other drug use

Using 2005 as the baseline year, alcohol continued to be the primary substance reported through 2011 by those in treatment. There is evidence that alcohol use and abuse is generational in North Dakota. Children and young adults are following the example of the state's adults who use and abuse alcohol at rates that are high relative to other states. North Dakota children and young adults, who are not of legal drinking age, engage in recent and binge alcohol use at elevated frequency (SAMHSA, 2011). Further, North Dakota students grades 9-

12 are substantially more likely than their U.S. counterparts to have recently driven a vehicle after consuming alcohol (Youth Risk Behavior Survey, YRBS, 2011).

In Calendar Year (CY) 2011, the ranking for the primary drugs of addiction for those in treatment at the regional human service centers was: alcohol, marijuana, followed by opioids and methamphetamine close in 3rd and 4th place. In CY 2010 opioids (prescription pain medications) were in third place followed by methamphetamine. Arrests in North Dakota associated with illicit drug use have increased by 13.8 percent from 2,339 in 2010 to 2,662 in 2011. Methamphetamine continues to be a problem in North Dakota, but to a lesser extent than in 2005. In recent years, meth lab incidents have been drastically reduced (236 in 2004 to 8 in 2011). This state ranking reflects regional trends except for Northwest, Southeast, and Badlands regions, where methamphetamine was in third place and opioids in fourth (2011).

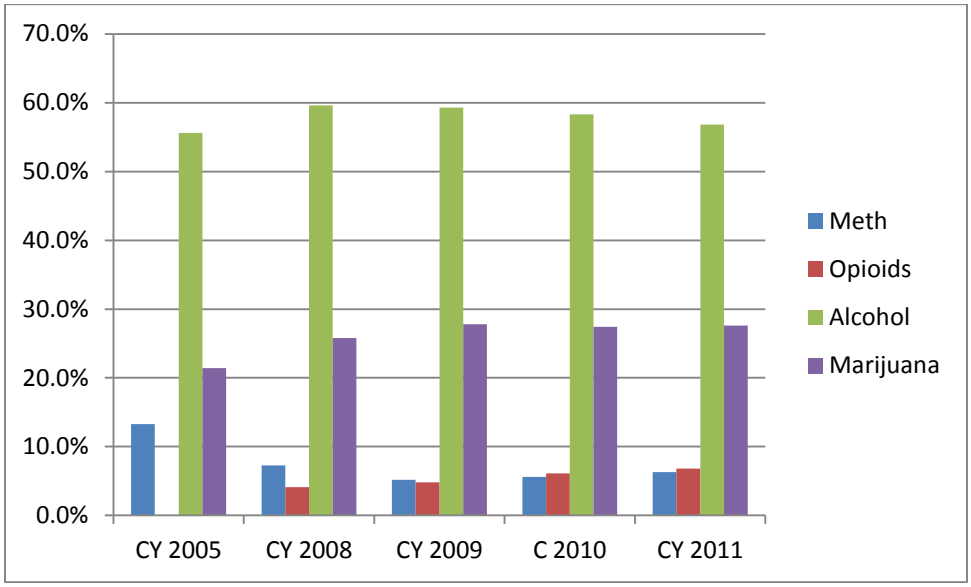


Table 1: Primary Substances Reported At Admission –State Data

Severe Behaviors of Youth

Children and youth, in the human service system, have presented increasingly difficult and challenging behaviors over the past years. DHS has noted a pattern of youth experiencing multiple out-of-home placements. Of the youth in out-of-state treatment facilities in October 2012, 21 youth had four in-state treatment placements prior to their current out-of-state placement. Studies show that children who experience behavior-related placement changes receive double the outpatient mental health visits than children who experience placement changes for other reasons. The number of previous out-of-home placements tends to be higher with increased levels of psychiatric symptoms and can be used to predict treatment response. Placement changes affect the well-being of children putting them at heightened risk for poor outcomes. Therefore, accurate assessment of a child's need and risk in relation to caregiver capacities is critical. (Child Welfare: Journal of Policy, Vol. 84; Mental Health Services Research 2004, Vol. 6)

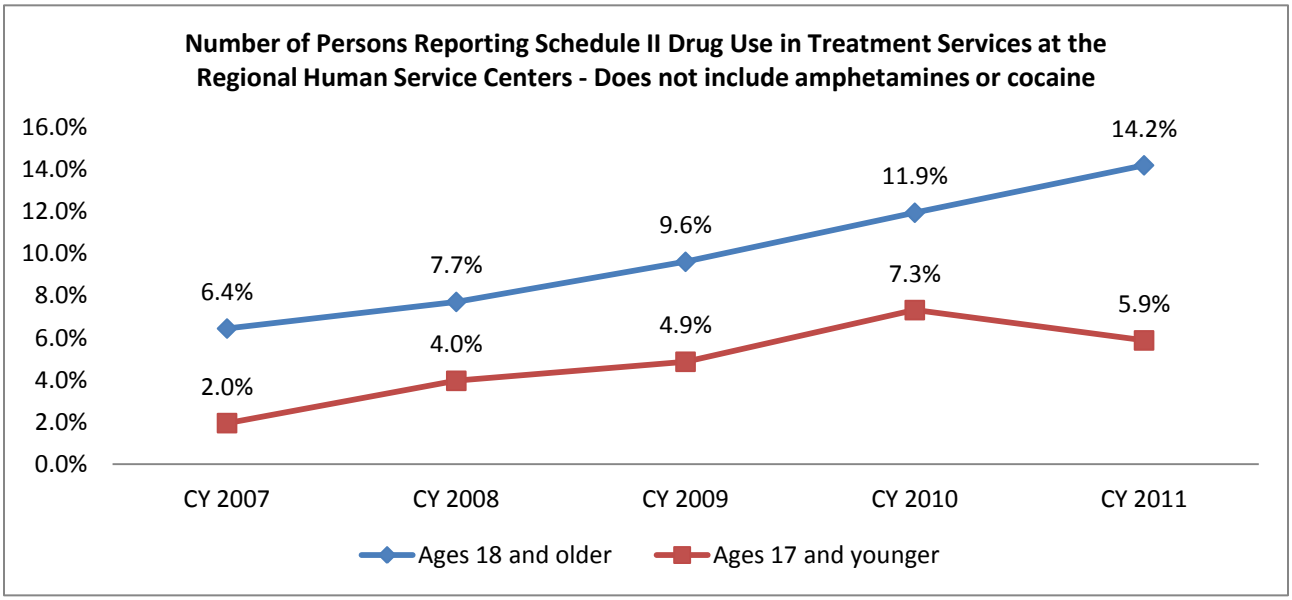
As a multi-divisional effort, DHS is implementing strategies to lower the number of multiple placements for youth. One major strategy this Division has implemented, in two Psychiatric Residential Treatment Facilities (PRTF), is the community-based standards (CbS), a continuous quality improvement process. Due to the positive results, the remaining facilities will implement this improvement process during the upcoming biennium. This process provides facilities with information on strengths and identifies areas needing attention. Technical assistance and training opportunities are included. The Division will provide

targeted training on proven methods to manage and decrease aggressive behaviors, which often lead to multiple placements.

Prescription Drug Abuse

While opioids have been used for decades to treat chronic pain, concerns about prescription opioid abuse have increased recently. The trend for abuse of prescription drug pain relievers and use of heroin (both opioids) in North Dakota continues to rise. Treatment admissions for primary abuse of prescription pain relievers have increased. Furthermore, the number of unintentional overdose deaths from prescription pain relievers has quadrupled in the U.S. since 1999.

There is a high rate of relapse for opiate addiction. Due to the problematic and dangerous detoxification process, one year after stopping opioids, there is an 85 percent chance of relapse. Fortunately, there are three medications that are highly effective in reducing the rate of opioid addiction relapse. Buprenorphine, already used by physicians in North Dakota, along with the other two medications, Methadone and Naltrexone, will increase successful treatment options for opioid addiction in the state. Their use will also address the need of individuals from other states moving here already on these treatment medications but having few options in North Dakota. The Department has introduced House Bill 1101 which gives the Department the authority to license opioid treatment programs.



Prescription Drug Abuse (continued)

- **1 in 6** North Dakota high school students (16.7 percent) reported taking prescription drugs without a doctor's prescription in 2011 (N.D. Youth Risk Behavior Survey (YRBS), 2011)
- **11 percent** of all substance abuse evaluations referred to treatment in North Dakota involved prescription drug abuse (Treatment Episode Data Set (TEDS), 2009-2011)
- **4.7 percent** of middle school students have used prescription drugs without a prescription (YRBS, 2011)
- **71 percent** of people who abuse prescription pain relievers obtain them from a friend or relative (National Survey on Drug Use and Health (NSDUH) national findings, 2010)

In North Dakota, unintentional poisonings from pain relievers, sedatives, antidepressants, and narcotics, were the fourth leading cause of injury-related mortality from 2004 to 2008 (ND Division of Injury Prevention and Control, 2011). According to federal vital

records, the total number of unintentional poisoning deaths in North Dakota substantially increased over the years to its highest total of 46 deaths in 2008 (CDC Wonder, 2012).

Due to this information, prevention efforts areas are focusing on raising awareness of prescription drug abuse and decreasing access. See Attachment A. The Division director also formed a multi-agency workgroup to develop a comprehensive strategy for this issue.

Peer Support

Peer support specialists are individuals in recovery from mental illness who draw upon their experiences to help their peers move forward in their personal recovery. Because of their life experience, such persons have expertise that professional training cannot replicate.

Peer support specialists engage with peers in the regional recovery centers, through community activities, or over the telephone. They work with individuals one-on-one and in group settings. Peer support specialists complete a training and certification process prior to providing services. When provided in addition to traditional mental health services, most studies show peer support improves psychological outcomes such as empowerment. Studies also show improvement in clinical outcomes, such as reduced hospitalization, beyond what is attributable to only traditional mental health services.

The Department is implementing a tiered treatment and support approach for those with serious mental illness where services, including peer support, are assigned based on the level of

functioning of the person. This will allow better alignment of services and extends current resources to more individuals.

Prevention

Prevention specialists provide training and technical assistance regarding substance abuse prevention. They provide strategies for media, enforcement, access, policy, environment, and community-based approaches. The targeted-community program focuses on prevention efforts at the community level. The following communities have participated in the program since 2010:

- Bottineau County
- Foster County
- McKenzie County
- Minot
- Mohall-Lansford-Sherwood School District

The Division contracts with tribes and local tribal agencies to provide culturally appropriate technical assistance and resources to schools, law enforcement, tribal health programs, and other persons or groups interested in prevention. These programs work cooperatively with the Tribal Tobacco Prevention Program.

Fidelity Reviews

A key factor in the provision of best practices is to deliver them in the manner intended and in the manner that resulted in positive research outcomes. The Division monitors programs through fidelity reviews to determine the degree of compliance and need for training. Fidelity reviews were completed in the fall of 2012 at

seven human service centers to determine if their delivery of the MATRIX model for individuals addicted to methamphetamine or having other chronic addictions was being done according to best practice guidelines. The MATRIX institute recognized six of the seven centers for excellence and received three-year certification with the highest possible degree of fidelity. The seventh center received a two- year certification with fidelity. Another practice review in the area of dual disorders resulted in Southeast Human Service Center receiving a national award for excellence.

Trauma

There are significant differences in mental health outcomes based on the type of trauma experienced.

The physical trauma of traumatic brain injury (TBI) is one of the leading causes of death and life-long disability. The impact of TBI on the person and family caregivers is significant and long-term, such that many persons with TBI require continuing support and care in various aspects of their lives many years after the injury. Family caregivers also require ongoing support. Mental illness is one aspect that greatly impacts the lives of these people.

The TBI screening tool was implemented at all regional human service centers in March 2011. The Ohio State University TBI Identification Method—Short Form is used to collect data about TBIs (Corrigan, J.D., & Bogner, J. (2007). All individuals applying for services are screened as part of the intake process unless the individual is in need of services only for a developmental disability. The purpose of the screening is to identify individuals who have sustained a TBI, but more importantly, to assist staff and clients in determining appropriate treatment strategies

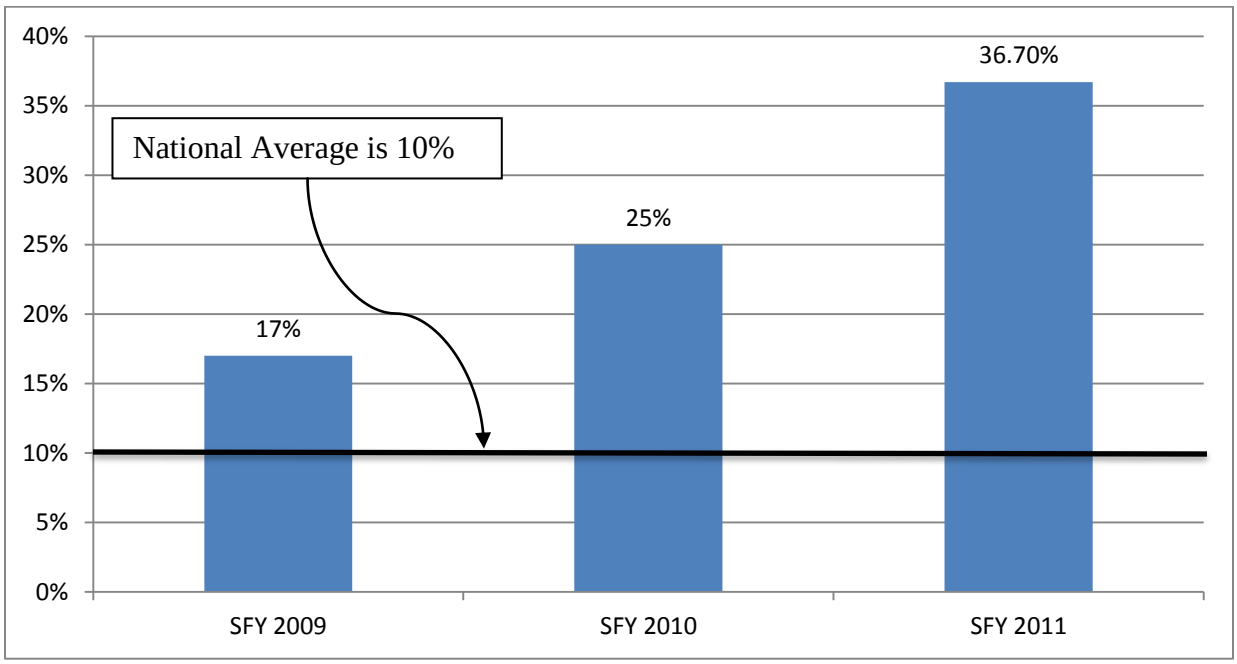
and goals that lead to more positive client outcomes. Services can then be provided with a much clearer understanding of each client's level of functioning.

Individuals identified as having a TBI are provided with information about community services specifically for social/recreational services, pre-vocational skills services and mentoring, home and community-based services, informal supports, and peer mentoring services. There may be instances when a client may need a referral for further evaluation and other services. If an individual has moderate to serious difficulty with cognitive functioning, behavioral and emotional difficulties and has not ever had a neuropsychological evaluation, human service staff may make a referral. A neuropsychological assessment provides the individual and other service providers with important details about the extent of brain damage and what particular areas of the brain were damaged. More importantly, the assessment provides valuable information about the individual's behavior, cognitive functioning, emotional health, and recommended interventions and treatment. From March 14, 2011, to March 22, 2012, 13,683 screens were completed. Of these, there were 4,882 positive screens or 35 percent.

Extended Services

The national unemployment rate for people with serious mental illnesses hovers at 90 percent. The goal of Extended Services is to positively impact employment outcomes for North Dakotans. Two strategies were implemented this biennium. One was to strengthen and enhance North Dakota's Extended Services program for individuals with serious mental illness (SMI), utilizing the Substance Abuse and Mental Health Services Administration (SAMHSA) evidence-based

practice model for supported employment. Secondly, a targeted effort was implemented between January and September 2012 that focused on providing personalized benefits counseling and training on job seeking skills. This helped people understand how employment could affect public benefits and helped people find employment. To allow for continued use, an E-learning module was developed. This efficient web-based tool allows for wide-spread and ongoing education. Specialists provided 100 one-on-one coaching sessions to 43 individuals, as well as eight group coaching sessions to 91 individuals with SMI. Participants used what they learned to successfully gain employment and the self-confidence needed to pursue employment.



Percent of adults in North Dakota who receive public mental health services, are diagnosed with a serious mental illness, and are employed.

Overview of Budget Changes

Description	2011 - 2013 Budget	2013 - 2015 Budget	Increase / (Decrease)
Salary and Wages	2,565,400	2,655,235	89,835
Operating	12,807,494	18,943,515	6,136,021
Grants	3,156,502	1,613,440	(1,543,062)
Total	18,529,396	23,212,190	4,682,794
General Funds	6,379,168	7,872,760	1,493,592
Federal Funds	11,579,368	14,768,570	3,189,202
Other Funds	570,860	570,860	0
Total	18,529,396	23,212,190	4,682,794

FTE	17.00	17.00	-

The Salary and Wages line item increased by $89,835 and can be attributed to the following:

- $57,878 in total funds, of which $56,144 is general fund needed to fund the Governor's benefit package for health insurance and retirement for state employees.
- $55,776 in total funds, of which $15,467 is general fund needed to fund the employee increases approved by the last Legislative Assembly.
- $47,124, increase of which $6,900 is general fund to add a temporary position for the peer support program.
- The remaining $70,943 decrease is a combination of increases and decreases needed to sustain the salary and benefits of the 17 FTEs in this area of the budget.

The Operating line item increased by $6,136,021 and is a combination of the increases and decreases expected next biennium. The majority

of the increase is due to the changes in operating fees and services as follows:

- An increase of $4,483,289, all federal, due to the Strategic Prevention Framework State Incentive Grant, which was new in 2011-2013 and is being carried forward to the 2013-2015 biennium.
- $313,883 increase all of which is general fund dollars for community-based high-risk sex offender treatment.
- $300,000 increase all of which is general fund dollars for the peer support program.
- $320,000 increase all of which is general fund for facilitators to act as a resource for TBI patients so they can access appropriate care timely.
- $150,000 increase all of which is general fund for 2-1-1 services.
- $316,861 increase all of which is general fund, for contracted provider inflationary increases.
- Decrease of $112,872 due to the end of Enforcing Underage Drinking Laws money from the federal government.
- $240,000 decrease due to the end of the Safe and Drug Free Schools funding from the federal government.
- Increase of $288,564 for the State Outcome Measure and Management from the Strategic Prevention Framework State Incentive Grant carry forward.

The Grants line item decreased by $1,543,062 and can be attributed to the following:

- Decrease of $400,000 due to the end of Enforcing Underage Drinking Laws funding from the federal government.

- Decrease of $1,022,857 due to not receiving TBI funding from the federal government. The authority was included in the 2011-2013 budget but there was no federal award.

This concludes my testimony on the 2013–2015 budget request for Mental Health Substance Abuse Division of the Department. I would be happy to answer any questions.