

Testimony
Engrossed House Bill 1012 – Department of Human Services
Senate Appropriations
Senator Holmberg, Chairman
March 15, 2017

Chairman Holmberg, and members of the Senate Appropriations, I am Pamela Sagness, Director of the Behavioral Health Division for the Department of Human Services (Department). I am here today to provide you an overview of the programs and services that form the budget request for the Behavioral Health Division (Division).

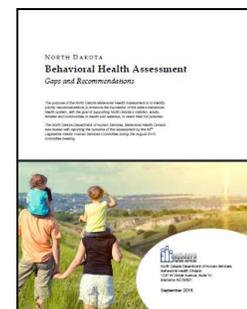


Programs

The role of the Division is to provide leadership for the planning, development, and oversight of the State's behavioral health system. The Division works with partners within the Department and the state behavioral health system to improve access to services, address behavioral health workforce needs, develop policy, and ensure quality services are available for those with behavioral health needs.

In recent years, the State's behavioral health system has received much attention and review, with stakeholders from multiple disciplines coming together and initiating a dialogue.

Numerous suggestions, recommendations and priorities have been identified and the Division has built upon this important work by publishing the Behavioral Health Assessment in September 2016. The assessment identifies global



recommendations, which when implemented, will set the foundation to support enhancements to the State’s behavioral health system in a comprehensive, efficient, and effective way.

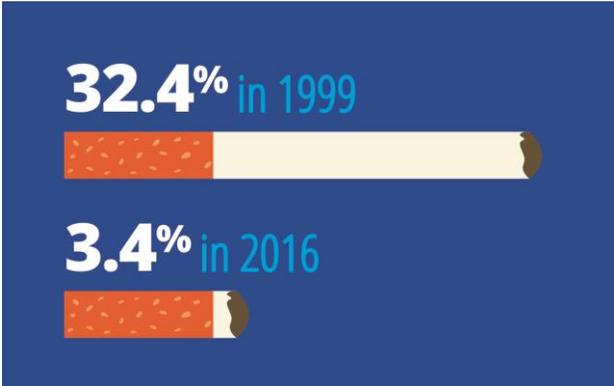
One way the Division accomplishes its role is through **regulation**. The Division is responsible for developing and enforcing administrative code for licensing substance abuse treatment programs, Opioid Treatment Programs (OTP), Driving Under the Influence (DUI) education programs, Psychiatric Residential Treatment Facilities (PRTF), and the regional human service centers. The Division is also responsible to review complaints a client or stakeholder may have regarding the licensed programs and perform investigations as needed. Conditions commonly identified during licensing visits or investigations are issues related to discharge planning, client rights, or documentation standards.

Program Type	Number of Licensed Programs
Adult Substance Abuse Treatment Programs	80
Adolescent Substance Abuse Treatment Programs	49
Opioid Treatment Programs (OTP)	1
DUI Education Programs	45
Psychiatric Residential Treatment Facilities (PRTF)	6
Human Service Centers	8

Another way the Division accomplishes its role is through **program administration**. The Division is responsible for administering state and federal funds that support programs that aim to ensure a full continuum of care in North Dakota’s behavioral health system. Federal funding includes the Substance Abuse Prevention and Treatment Block Grant (SAPT BG), the Mental Health Block Grant (MHBG), and Project for Assistance in Transition from Homelessness (PATH). State-funded

programs include brain injury programs, gambling prevention and treatment, telephone resource and referral (211), Robinson Recovery substance abuse treatment, the Substance Use Disorder Voucher, and extended services.

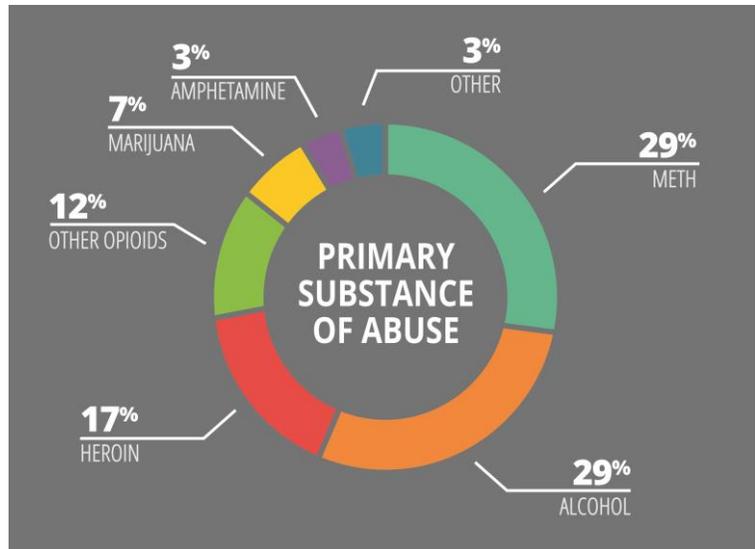
One example of program administration includes the Synar program, administered through the SAPT BG, which is an evidence-based, multifaceted program aimed at decreasing youth access to tobacco.¹ This program, consisting of tobacco retailer education, enforcement, and compliance surveys, has been successful. The percentage of retailers who violated tobacco access laws were at a high of 32.4% in 1999. The 2016 rate was 3.4%. As a result of the Synar Program, along with efforts of tobacco partners, the percentage of students in grades nine through 12 who currently smoke cigarettes decreased from 40.6% in 1999 to 11.7% in 2015 (ND Youth Risk Behavior Survey).



The Division also administers Robinson Recovery program funding through a contract with ShareHouse, Inc. of Fargo. Robinson Recovery allows individuals with limited resources access to residential treatment to engage in recovery and ultimately make improvements in their quality of life.

¹ Evidence of the Synar Program’s Success; Substance Abuse and Mental Health Services Administration (SAMHSA). 2014; <http://www.samhsa.gov/synar/success>

On average, individuals who complete the program receive 94 service days. Fifty seven percent (57%) of admissions to Robinson Recovery are individuals 26-39 years of age and 53% are male. Approximately



29% of individuals report either methamphetamine or alcohol as being the primary substance of abuse (October 2016). 134 individuals accessed Robinson Recovery services in 2016.

SUD VOUCHER

The Division developed administrative rules and launched the Substance Use Disorder (SUD) Voucher program during the current biennium. As of March 13, 2017, eight substance use disorder treatment programs have been approved as providers of SUD Voucher services and nine programs are working towards certification. One hundred eighteen individuals have been approved to receive services under the SUD Voucher.



The Extended Services Program assists individuals with a qualifying disability (i.e. serious mental illness, brain



injury) to maintain integrated, competitive, community-based employment achieved during their time spent under Vocational Rehabilitation’s Supported Employment Program. Individuals participating in the program earn on average \$1.62 for every \$1.00 invested in the program (2015-2017 biennium).

The ND Cares Coalition includes a broad spectrum of more than 45 military and civilian professionals dedicated to the support of North Dakota Service Members, Veterans, Families, and Survivors



(SMVFS). The Division, in partnership with the ND Cares Coalition, develops and disseminates the North Dakota Military Data Book. The Division also provides training and technical assistance opportunities for public and private behavioral health providers working with the SMVFS population.

Training and Technical Assistance (T/TA) is another role of the Behavioral Health Division with the goal of enhancing the State’s capacity to implement evidence-based behavioral health services. The Division provides T/TA to professionals, providers, individuals and communities across the state. The Division implements T/TA as a

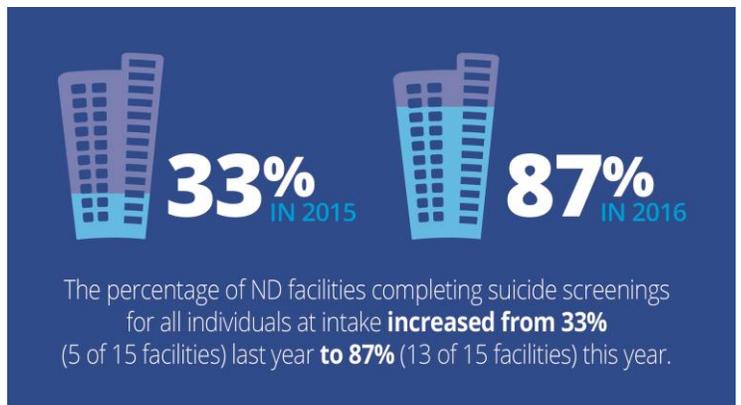
collaborative process of providing targeted assistance and support and is based on proven core principles.

The Division has been experiencing increased requests for behavioral health assistance and resources. As a result of these efforts, evidence-based practices and strategies are being implemented across the state.

The T/TA provided through the Strategic Prevention Framework State Incentive Grant (SPF SIG) alone, impacted approximately 641,640 individuals throughout the state, or 89% of the state population.²



In addition, the Division also manages a contract for Performance-based Standards (PbS) which provides training and a data collection process that allows psychiatric residential treatment facilities (PRTF's) and residential child care facilities (RCCF's) to ensure the highest standards for operations, programs, and services. Through PbS, facilities can identify successes, challenges, concerns and trends that impact safety and the quality of services in the licensed residential facilities for children. When concerns or trends are identified, a Facility Improvement Plan (FIP) is created to support continuous quality improvement for the facility.



² 2013 Census; 25 SPF SIG community grantee service areas

Currently PbS provides more than 60 outcome measures for residential programs to evaluate their internal services offered to best meet the needs of children.

Through **collaboration**, the Division aims to gather stakeholder feedback, address service gaps, develop partnerships, and avoid duplication. The Division works with partners within the Department and the state behavioral health system to address individual needs, gather data, and leverage resources. Examples of these Division facilitated collaborations include the Governor’s Prevention Advisory Council, the Mental Health and Substance Abuse Planning Council, and the Problem Gambling Advisory Council.

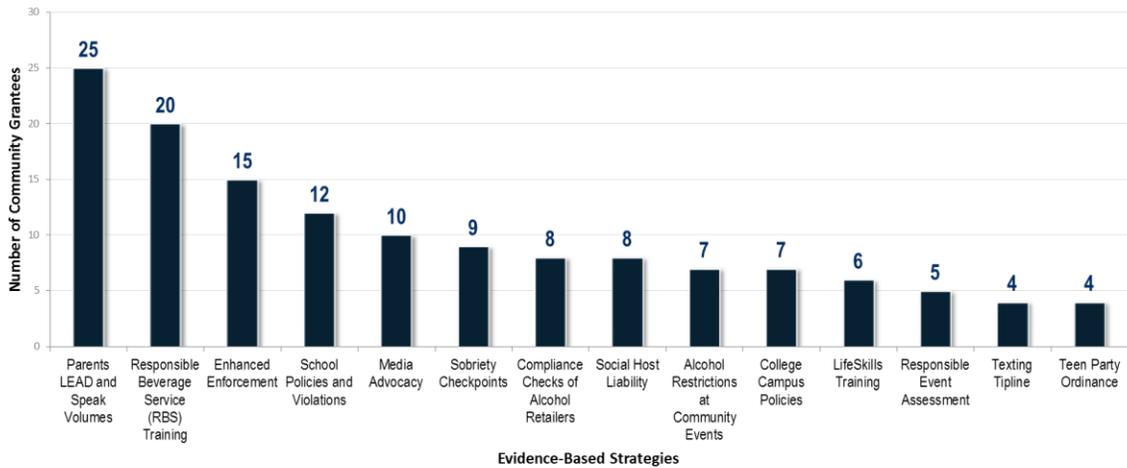
The Division oversees the State’s **substance abuse prevention** system and administers funding to



develop the State’s infrastructure in an effort to develop evidence-based prevention in North Dakota. The Division has received \$17.9 million in federal discretionary funds over the past six years to develop local prevention infrastructure and decrease underage drinking, adult binge drinking, and related consequences. Examples of these efforts include the SPF SIG, and Partnership For Success.

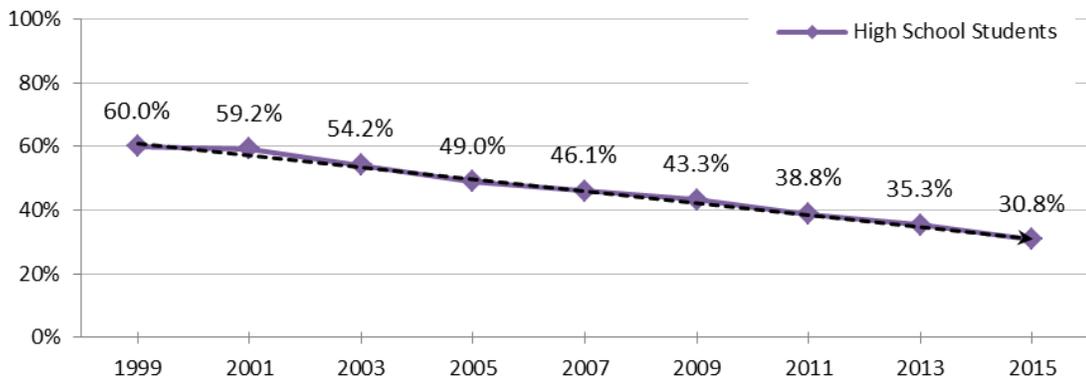
Through September 2016, the Division funded 25 communities (21 local public health units and 4 tribes) through the SPF SIG to implement evidence-based prevention strategies targeting underage drinking and adult binge drinking.

SPF SIG Community Implementation of Evidence-Based Strategies



The initial outcome evaluation of the SPF SIG shows promise as youth consumption continues to decline and decreases are also evident in the areas of youth drinking and driving (ND Youth Risk Behavior Survey).

High School Student Past 30-Day Alcohol Use YRBS, 1999-2015



The Division continues to develop, promote, and sustain the Parents Lead



(www.parentslead.org) program. Parents Lead is an evidence-based underage drinking prevention program targeting North Dakota parents through statewide, web-based communication, and workforce

development of multi-disciplinary professionals working with parents and families. The program was developed in partnership with the North Dakota Department of Transportation, North Dakota University System, and North Dakota State University Extension Service.

Parents Lead has been proven to prevent underage drinking and underage binge drinking by increasing protective parental behaviors (ongoing conversations, positive role-modeling, monitoring and engagement).³

PARENTS LEAD GOALS	OUTCOMES
 Increase Parental Monitoring	Approximately one in three (32.3%) parents said they were being more careful about monitoring their child.
 Increase Ongoing Conversations	Almost half (45.2%) said they are now having ongoing conversations about underage drinking.
 Increase Healthy Role-Modeling	Just over half (52.7%) of the respondents said they are more conscious of role modeling around their child as a result of the Parents LEAD website.

Underage drinking in the state has steadily decreased from 60% of high school students reporting current alcohol use (past 30 days) in 1999 to approximately 31% in 2015 (ND Youth Risk Behavior Survey).

³ NDSU Evaluation of Parents LEAD and Parents LEAD for Professionals; Online Survey Conducted November-December 2014

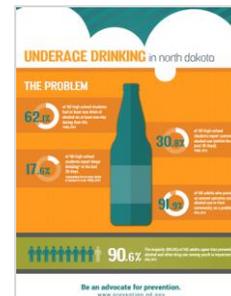
The Division, in partnership with the Reducing Pharmaceutical Narcotics Task Force, administers *Stop Overdose*, an evidence-based overdose prevention effort developed in response to the increasing overdose deaths in the state.⁴ The goal



is to raise awareness of the risk and signs of overdose, safe ways to respond, and best practices in prescribing, treatment, and recovery practices for professionals. Through the *Stop Overdose* effort, 362 professionals across the state have an increased capacity to address the opioid crisis by attending the 2016 Opioid Symposiums.

The implementation of prevention efforts is a vital piece of the behavioral health continuum of care. And, these evidence-based practices have been proven to be cost-effective, saving up to \$64 dollars for every dollar invested.⁵

Lastly, research has shown the importance of using data to guide effective and targeted behavioral health efforts. Because of this, the Division facilitates the State Epidemiological Outcomes Workgroup (SEOW), which consists of data experts and behavioral health stakeholders. The SEOW works to identify, analyze and



⁴ Overdose deaths in North Dakota increased from 20 deaths in 2013 to 43 deaths in 2014; CDC/NCHS, National Vital Statistics System, Mortality

⁵ Washington State Institute for Public Policy. (2016). Benefit-cost results. Retrieved from [http:// www.wsipp.wa.gov/BenefitCost?topicId=](http://www.wsipp.wa.gov/BenefitCost?topicId=). Accessed on September 26, 2016.

communicate key substance abuse and related behavioral health data to guide programs, policies and practices. The SEOW develops and disseminates resources supporting data-driven planning including a statewide Epidemiological Profile, data briefs, and the Substance Use North Dakota (www.sund.nd.gov) website. All data resources are available at www.prevention.nd.gov/data.

Program Trends/Major Program Changes

The Division's primary changes this past biennium include the addition of the SUD Voucher program and the launch of the first OTP in Minot. Currently there are other OTP programs, in different stages of application, being considered both in Bismarck and Fargo.

In order to most effectively address the current opioid crisis in North Dakota, the Division is assisting communities in developing effective community based strategies to prevent opioid use and opioid overdose in North Dakota, providing training to substance abuse providers in the state regarding best practices in the treatment of opioid use disorder, and creating public awareness of this public health concern impacting the state.

The Department will be submitting an application for State Targeted Response to the Opioid Crisis grant funding through the Substance Abuse and Mental Health Services Administration (SAMHSA). Applications are due February 17 and the Division will be applying for \$2 million to identify gaps within the treatment system and develop a strategic way to address them, including training treatment professionals and others, such as law

enforcement and emergency responders. The Department expects a second round of funding next year, which is why we are requesting the addition of \$4 million in authority be added to the Department’s 2017-2019 budget. There are no matching funds or ongoing sustainability requirements.

Overview of Budget Changes

Description	2015-2017 Budget	Increase / (Decrease)	2017-2019 Executive Budget	House Changes	2017-2019 Budget To Senate
Salary and Wages	3,257,989	(84,236)	3,173,753	(13,055)	3,160,698
Operating	16,000,379	4,316,784	20,317,163	(300,420)	20,016,743
Grants	1,358,440	750,000	2,108,440	(1,356,000)	752,440
Total	20,616,808	4,982,548	25,599,356	(1,669,475)	23,929,881
General Fund	9,133,139	1,443,824	10,576,963	(1,666,334)	8,910,629
Federal Funds	10,818,374	3,341,439	14,159,813	(3,141)	14,156,672
Other Funds	665,295	197,285	862,580	0	862,580
Total	20,616,808	4,982,548	25,599,356	(1,669,475)	23,929,881

Full Time Equivalent (FTE)	18	0	18	0	18
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Budget Changes from Current Budget to the Executive Budget:

The Salary and Wages line item decreased by \$84,236 and can be attributed to the following

- \$64,571 in general fund needed to fund the Governor’s compensation package for state employees.
- \$10,336, in total funds, of which \$9,829 is general fund needed to sustain the employee increases approved by the last Legislative Assembly.
- \$93,785 decrease, which includes a decrease of \$107,323 in general fund and increase of \$13,538 in federal funds to

reclassify a position from a Licensed Psychologist II to a Human Services Program Administrator IV.

- The remaining \$65,358 decrease is a combination of increases and decreases needed to sustain the salary and benefits of the 18 FTE in this area of the budget.

The Operating line item increased by \$4,316,784 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:

- A decrease of \$3,700,000 due to the Strategic Prevention Framework State Incentive Grant, which ended September 30, 2016.
- Increase of \$3,269,824, all federal funds, for the Strategic Prevention Framework Partnership for Success Grant.
- Increase of \$743,232, all federal funds, for the Strategic Prevention Framework for Prescription Drugs Grant.
- Increase of \$3,000,000, all federal funds, to fund SAMHSA's children behavioral health system of care grant.
- Increase of \$1,027,703, all federal funds, for the Substance Abuse Block Grant, Prevention set-aside to ensure compliance with federal regulations.

The Grants line item increased by \$750,000, all state general fund, to fund the Substance Use Disorder (SUD) Voucher Program for 24 months.

The general fund request increased by \$1,443,824 due to the SUD Voucher program funds, and the reallocation of federal funds.

The net change of the federal funds and other funds is mainly due to new federal grants, including SPF-PFS, SPF-RX, and System of Care.

House Changes from Executive Budget:

- \$13,055 decrease in Salary and Wages, of which all is general fund, due to the elimination of the 1% salary increase that had been proposed for the second year of the biennium.
- \$28,259 decrease in Operating expenses of which \$25,118 is general fund due to the elimination of the 1% inflationary increase for providers that had been proposed for the second year of the biennium.
- \$237,673 general fund decrease in problem gambling which is \$50 more than what is in the program. According to the problem gambling vendor, Lutheran Social Services, this decrease will result in the elimination of public awareness programming and efforts. They also report treatment services may be impacted.
- \$1,125,000 general fund decrease in the SUD Voucher program, leaving a balance of \$375,000. As of March 13, 2017 95% of the SUD voucher funds have been obligated. In January alone, \$110,000 was obligated. At this rate current voucher funds will be obligated by mid-March. During the 2015-2017 biennium the SUD Voucher was funded at \$750,000 for one year, due to the development of administrative rules. That amount was then decreased by the allotment to \$375,000. At the funding level recommended by the House, voucher services for 2017-2019 will

be available for less than 4 months of the biennium. Providers report “this is an option to help individuals that fall through the cracks to get services.”

- \$34,488 decrease in operating expenses. This decrease will result in the elimination of a contract for professional licensing services. The Division currently contracts with three Licensed Addiction Counselors to assist in the licensing of Substance Abuse Treatment programs in the state. This reduction will result in the elimination of these contracted professionals who assist with licensing duties. Division staff will need to absorb these licensing duties which will lead to longer time frames for new programs to become licensed and reduced availability for staff to provide technical assistance to programs working to achieve licensed status.
- \$231,000 general fund decrease in the evidence based Parents LEAD program which provides resources to parents and professionals regarding substance abuse prevention and other behavioral health issues. This program has been evaluated to be effective in addressing risk and protective factors for alcohol abuse in children. Parents LEAD was initially funded at \$360,000 several biennia ago as part of the effort to impact the drinking and driving (DUI) issues in the state. During the 2015-2017 biennium the program was decreased in the savings plan from \$360,000 to \$231,000, which is the amount proposed in the executive budget. The Division operates the ND Prevention Resource and Media Center (PRMC) which provides free prevention resources to schools, parents, community coalitions, providers, partners, local public health, tribal programs and citizens. In 2016, 40% (55,643) of the printed materials

requested from the PRMC were Parents LEAD products. The elimination of the program will result in a lack of access to evidence-based and effective resources. This includes online resources and the print materials purchased in bulk for statewide distribution with the current program. The program is utilized statewide by schools, parents, local prevention programs, tribal programs, and other state programs, such as suicide prevention and Drug Free Community Grantees. The elimination of the program will also result in these programs needing to develop and provide their own resources resulting in additional costs for the programs and fragmented efforts. Currently, 1430 parents in North Dakota have signed up to receive monthly emails specific to the age and needs of their children, 364 professionals have signed up to receive update emails of the resources available, 2618 people follow Parents LEAD Facebook page, and 455 individuals follow the Parents LEAD Twitter account.

In February 2017, the BHD applied for the State Targeted Response to the Opioid Crisis Grants, and requested \$2 million in funding to address the opioid crisis by increasing access to treatment, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder. We expect to receive notice of receipt of the funding in April 2017 and expect the first expenditures to be in August 2017. The Department also expects a second round of grants for an additional \$2 million to continue to efforts of the first year. Currently, there is enough federal authority within Engrossed HB 1012, and the BHD would be able to use that federal authority to receive and spend the funding received from this grant in 2017-2019.

On March 3, 2017 the Department was notified by Sharehouse, Inc. the current Robinson Recovery vendor that they will not continue to provide the contracted services at the current rate of \$190 per day. This rate was re-negotiated from \$65 to \$190 per day starting January 2017. I would like to propose the following language regarding the Robinson Recovery Center funding to ensure the Department has an opportunity to ensure services are available in North Dakota to the individuals needing them.

SECTION __. ROBINSON RECOVERY CENTER FUNDING.

Notwithstanding the designation of funding for the Robinson Recovery Center in the appropriation for the Department of Human Services in Section 1 of this Act, the department may engage with providers to provide substance use disorder treatment services if the current contractor is unable to provide the services anticipated under the current contract for the biennium beginning July 1, 2017, and ending June 30, 2019. Funding otherwise designated for the Robinson Recovery Center may be used to support the costs of substance use disorder treatment services.

This concludes my testimony on the 2017–2019 budget request for The Behavioral Health Division of the Department. I would be happy to answer any questions.