

Testimony
Health and Human Services Committee
Representative Weisz, Chairman
August 5, 2010

Chairman Weisz, members of the Health and Human Services Committee, I am Nancy McKenzie, Statewide Director of the Regional Human Service Centers (HSCs) for the Department of Human Services (DHS). I am here today at the committee's request to provide follow-up information concerning services to Native American citizens, HSC referral sources, stakeholder input regarding major service issues, mental health crisis bed availability, and cost of mental health and substance abuse services in North Dakota compared to other states.

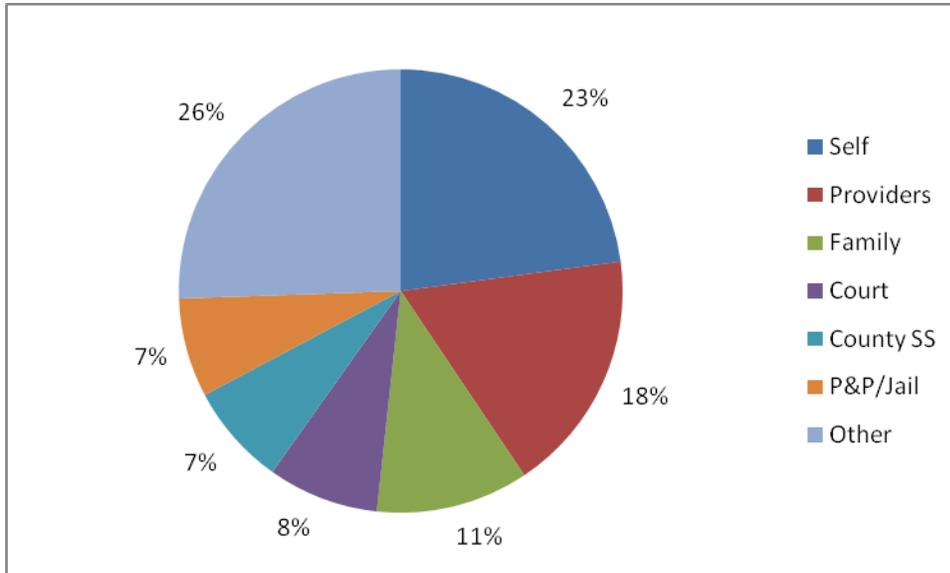
Services to Native Americans

In my testimony to this committee on June 16, 2010, I reported that as a percentage of clients served in the Human Service Centers, Native Americans accounted for 10.6% of those served in 2008 and 11.1% of those served in 2009. The committee asked for the number of those individuals who live on a reservation compared to the number living off a reservation; however, we do not record that information. Clients receiving service at the HSCs are recorded by county of residence only.

Referral Sources

The electronic medical record system in the HSC's does record referral sources for individuals receiving mental health and substance abuse services for each center. [Attachment A](#), "Referral Sources by Youth/Adult and Gender for SFY 2009 for RHSCS" (Regional Human Service Centers) identifies these multiple referral sources for the 11,156 individuals served in

SFY 2009. The chart below shows the percentage of referral sources by category:



Major Areas of Stakeholder Input

[Attachment B](#) is "Executive Summary: Major Themes/Issues Identified at the 2009 Public Stakeholder Meetings." Highlighted on page 2 of that summary are those key areas discussed at last fall's stakeholder meetings regarding mental health and substance abuse services issues.

In addition to the statewide stakeholder meetings, additional sessions were held with representatives of private hospitals with behavioral healthcare services, several legislators, and DHS management staff. Key issues/recommendations for consideration arising from those groups included:

- Develop a standard purchase of service agreement between DHS and private hospitals;

- Need to establish one contracted rate for services; this is recommended to be at the Medicaid daily rate;
- Enhance available crisis and residential beds in the state to assure treatment at the appropriate level of care;
- Explore alternative models of crisis intervention and case management, particularly for after-hours services; and,
- Expanded use of telemedicine to increase client access.

All of these will serve as a foundation for discussion/prioritization in the Department's strategic plan and 2011-2013 budget development.

Mental Health Crisis Beds in North Dakota

The committee requested information regarding the availability of mental health-related crisis beds in the state. [Attachment D](#) identifies, by region and statewide, the residential bed capacity for both mental health and substance abuse populations, which includes crisis beds. You will note that we use available beds flexibly wherever possible, to allow for normal fluctuation in the need for various types of beds and levels of care.

Cost of Services in North Dakota and Other States

The Committee has requested information comparing the per capita cost of mental health and substance abuse service in North Dakota to other states.

Please note that cross-State comparisons of data reported to the Block Grant are hazardous and generally not entirely what they seem due to different reporting requirements, policies, agency infrastructure and data systems, etc. This is the best we have from two solid sources, the Center for Substance Abuse Treatment (CSAT), SAMHSA and the National Research

Institute, National Association of State Mental Health Program Administrators.

[Attachment C](#), "Form 4 Expenditure Data (Per Capita): Application Year 2010" shows the funding per capita for substance abuse treatment.

[Attachment E](#), "Mental Health State Expenditures Per Capita (most recent) by state" gives the shows the mental health expenditures per capita.

This completes my prepared testimony; I would be happy to answer any questions.