

Testimony
House Bill 1573 – Department of Human Services
House Human Services Committee
Representative Weisz, Chairman
January 28, 2009

Chairman Weisz and members of the House Human Service Committee, I am JoAnne Hoesel, Director of Mental Health & Substance Abuse Division of the Department of Human Services. I am here to provide the committee information on voucher programs.

The Department applied for an Access to Recovery grant (ATR) through the Substance Abuse Mental Health Services Administration (SAMHSA). The intent of the ATR grant was to establish a vouchering program for addiction services with in the state. This vouchering program's intent is to increase access, consumer choice, and outcome orientation.

The Division of Mental Health and Substance abuse brought together a group to address the ATR grant application. The group consisted of public and private providers, representation form the faith community and Tribal treatment program among others.

The task of the group was to assist the Division in developing the blue print for the design and administration of a voucher program.

North Dakota was not successful in the grant application but has continued contact with states that were awarded and through its national associations stays aware of current status.

There have been many lessons learned at the Federal and State level since the inception of this grant program in 2004 and adjustments were made in

the second round of ATR grants in 2007. Details to consider when developing a voucher program are reimbursement rates, monitoring services delivered, access and awareness of the voucher program, disbursement process of the voucher, maintaining treatment infrastructure, and reconciling issued vouchers with those outstanding.

The Substance Abuse Prevention Treatment Block Grant, with its required State maintenance of effort, provides the basic state addiction treatment infrastructure. A voucher system would add value to the system with increased access and choice.

The Division licenses 85 substance abuse programs, 8 human service centers, and 6 psychiatric residential treatment centers. In some regions of the state, a voucher system may provide more options to individuals seeking services. In Regions 1, 3, 6, and 8 there are very limited services (addiction and mental health). In these regions it is very likely that a consumer would need to travel to another region to use a voucher. From experience we know that travel to treatment within regions is a barrier to treatment.

As the Department, through this Division, serves as the state authority in both substance abuse and mental health through SAMHSA, the Division is very interested in participating in the study if the committee chooses to support its continuation.

Thank you for your time.