

Testimony
House Bill 1012 – Department of Human Services
Senate Appropriations
Senator Holmberg, Chairman
March 4, 2009

Chairman Holmberg, members of the Senate Appropriations Committee, I am JoAnne Hoesel, a Division Director, for the Department of Human Services. I am here today to provide you with an overview of the Mental Health & Substance Abuse area.

Programs

The Division of Mental Health & Substance Abuse provides education, regulation, technical assistance, training for public and private service providers, federal and state reporting and department-wide data analysis and research support.

Service programs directly managed by the Division are compulsive gambling treatment, community-based high-risk sex offender treatment, regional prevention coordination, and long-term methamphetamine residential treatment.

Customer Base

During SFY 2008 the public mental health system provided services to 17,388 children, youth, and adults and the public substance abuse system provided services to 6,290 adolescents and adults. The Division licenses 84 substance abuse treatment programs, 38 DUI seminar providers, eight regional human service centers, and six psychiatric residential treatment facilities for children and adolescents. The Prevention Resource Center is a lending and resource library located in the Division that distributes educational products covering developmental

disabilities, mental health, and substance abuse. The Division also provides private and public system workforce training.

Program Trends / Major Program Changes

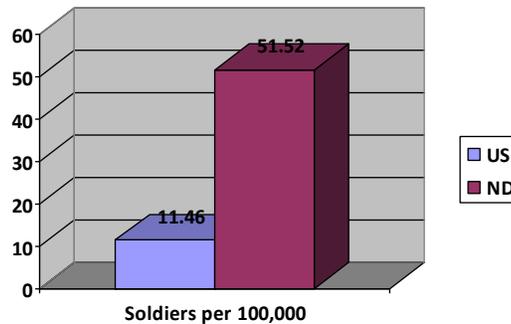
Recovery Model – Mental health – The public mental health system continues its transition to a recovery approach which shifts emphasis from ‘symptom control’ to that of prevention and recovery. Person-centered treatment planning, recovery model training, training of peers support workers, and integrated dual disorder treatment are a few techniques implemented. The **Recovery Model’s** goal is that individuals with mental illness have greater control and choice in their treatment, leading to increased personal responsibility and better outcomes in school, home, work, and community.

The public substance abuse system offers a full array of services from outpatient to residential. Included in the offerings is the use of the **MATRIX** model. This is a method effective with those who have brain damage from meth or other drug use. Those with meth dependence can benefit from treatment and in ND do every day. Two human service centers have achieved national certification in this MATRIX model through the UCLA -University of California – Los Angeles. This certification means their MATRIX program meets the standards to be listed as an official MATRIX program. The remaining human service centers are in the process of review for certification.

The Division contracts with a private agency to provide a **telephone recovery program**. Transportation can make a difference between sobriety and continued drug use. Isolation often leads to relapses. This telephone recovery program provides telephone support to those

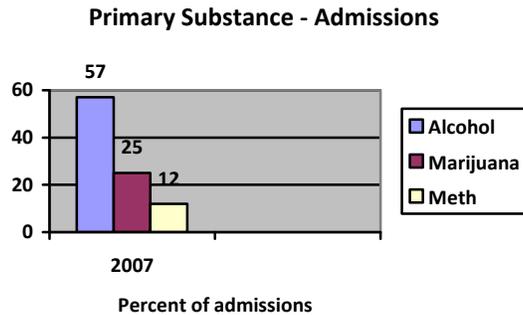
who do not have access to support groups or other community supports.

Returning Veterans – North Dakota has the highest number of Army National Guard soldiers per 100,000. The national average is 11.46; North Dakota’s rate is 51.52.

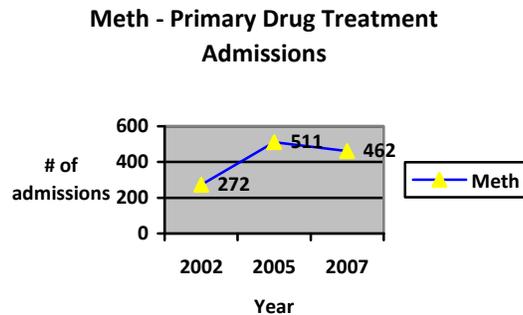


Veterans are returning from the Iraq and Afghanistan wars with **traumatic head injury (TBI)**. This is the ‘signature’ injury sustained. North Dakota has had over 400 returning veterans’ with positive first level TBI screens. The Division participates in the Inter-Service Family Assistance Committee (ISFAC), a collaborative effort with community agencies to address quality of life issues for returning soldiers and their families. The Division’s TBI grant provides training to regional human service center staff. Staff learn how to screen for this disorder as TBI is often unknown or not disclosed. TBI can affect the effectiveness of treatment unless treatment methods are adjusted. The National Guard provided training at the Division’s annual mental health conference and a TBI advisory committee is in place with representation from the Veterans Administration (VA). The regional human service centers are reporting an increase in veterans seeking services.

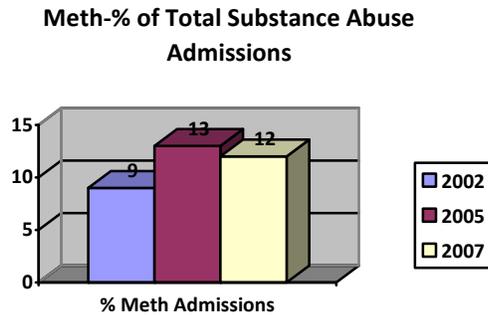
In the public substance abuse system in calendar year 2007, alcohol was the **primary substance** with 57% of admissions (2,252), marijuana was 25% of admissions (1,001), and methamphetamine was 12% of admissions (462) to treatment.



Treatment admissions for those with primary methamphetamine dependence equaled 272 in 2002, 511 in 2005, and 462 in 2007. From 2005 to 2007 there was a decrease of 9.5% in the number of admissions for methamphetamine dependence.

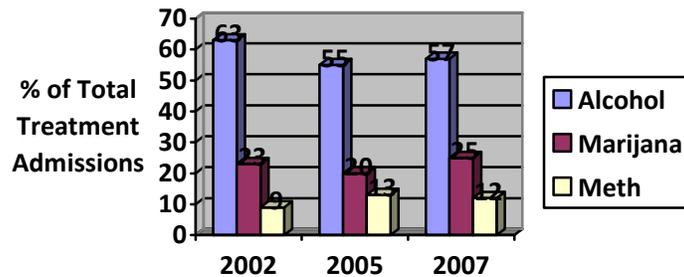


As a percent of total substance abuse admissions, methamphetamine admission trend was 9% in 2002; 13% in 2005; and 12% in 2007.



At the same time, alcohol and marijuana trends as percents of total substance abuse admissions are as follows: Alcohol from 63% in 2002; 55% in 2005; 57% in 2007, and marijuana was 23% in 2002; 20% in 2005, and 25% in 2007. Abuse of prescription drugs appears to now be the current upward substance abuse trend.

Primary Drug Treatment Admission



Trauma – Trauma comes in many forms (physical neglect, sexual abuse, physical abuse, and domestic violence) and if unresolved can severely impact a person’s ability to recover from a psychiatric illness or a substance abuse disorder. The Division is working with UND-Neuropsychiatric Research Institute (NRI) and is part of the Treatment Collaborative for Traumatized Youth (TCTY) project. Each regional human service center plus private providers have specially trained

staff in treatments proven effective for traumatized youth. In the first project outcome report on DHS clients, the majority of children experienced multiple traumatic events with an average of six (6) events per child. But 10% of the group of these North Dakota children experienced ten (10) or more traumatic incidents or types of trauma. The outcome for the first year showed improvements for the children and their psychological functioning. This means they did better in school, home, and/or community places.

Prevention - The Division worked with the Rural Crime and Justice Center at Minot State University to learn how people in North Dakota, in every region, view alcohol and other drug use by youth. The result is a **community readiness survey** completed in the fall of 2008. This survey helps regional prevention coordinators, community leaders, concerned parents, and agencies choose the best prevention methods to match their area of the state. The community readiness survey showed that 45.3 percent of community members view alcohol use by youth as a minor-moderate problem and 49.9 percent of community members believed that alcohol/drugs were only minor or moderate contributing factors in crashes or injuries. In reality, individuals who are between the ages of 12 – 20 are ranked number two nationally in the number that used alcohol in the past month (OAS, 2007) and from 1998 to 2006, a total of 971 persons died in 827 crashes, and 437 or 45 percent of these deaths were a result of alcohol-related crashes (NDDOT, 2007). There is a misperception of alcohol's impact. This example of the survey results show how big of a challenge prevention work is for North Dakota.

The **Epidemiology Work Group** brings all agencies with data related to alcohol or other drug use together and with the help of UND and

NDSU puts North Dakota’s data about alcohol use and its consequences into one place – the Epi Profile. The **Governor’s Prevention Advisory Council**, formed by the 2007 Legislative session, used this information to target its appropriation toward six local programs. North Dakota’s data shows youth using at younger ages. As a result the Council targeted the funded programs toward youth in first through fifth grades along with their parents. In its first official year, this Council developed a road map for North Dakota prevention efforts, a prevention service gap analysis, plus a funding matrix of prevention programs across state agencies.

Overview of Budget Changes

Description	2007 - 2009 Budget	Increase/ Decrease	2009 - 2011 Budget	House Changes	To Senate
Salary and Wages	2,305,342	281,565	2,586,907	(24,181)	2,562,726
Operating	5,988,903	2,632,007	8,620,910	(232,794)	8,388,116
Grants	4,256,644	(2,657,638)	1,599,006	(200,000)	1,399,006
Total	12,550,889	255,934	12,806,823	(456,975)	12,349,848
General Funds	5,700,420	249,996	5,950,416	(395,019)	5,555,397
Federal Funds	6,345,413	96,402	6,441,815	(51,768)	6,390,047
Other Funds	505,056	(90,464)	414,592	(10,188)	404,404
Total	12,550,889	255,934	12,806,823	(456,975)	12,349,848
FTE	19.00	0.00	19.00	0.00	19.00

Budget Changes from Current Budget to Executive Budget:

The Salary and Wages line item increased by \$281,565 and can be attributed to the following:

- \$226,691 in total funds, of which \$164,047 is general fund, for the Governor’s salary package for state employees.
- The cost to continue the 4% salary increase for the last year of the 07-09 biennium is \$37,474 of which \$35,634 is general fund.

- The remaining \$17,400, of which \$1,812 is general fund, is a combination of increases and decreases needed to sustain the salary of the 19 FTE in this area of the budget.

The Operating line item shows a net increase of \$2,632,007 for a variety of reasons:

- Increase in travel of \$131,884, of which \$52,591 is general funds. The increases are as follows:
 - \$29,705 increase in substance abuse and mental health program licensing, of which \$21,609 are general funds;
 - \$45,208 increase in the prevention programming, which is all federal funds;
 - \$32,844 increase for the Decision Support Services unit, of which \$29,206 are general funds;
 - \$17,997 increase for the State epidemiology outcome workgroup, which is all federal funds
 - \$6,130 increase for the sexual offender treatment program, the traumatic brain injury program and the compulsive gambling program, of which \$1,776 are general funds.
- Increase in supply/material- professional of \$8,204, all federal funds reflects work planned for the enforcing underage drinking laws grant.
- Increase in rent of \$20,040, of which \$19,614 is general funds. Increase in rent is due to staff that were relocated to Prairie Hills Plaza during the 2007-2009 biennium and a rate increase in rent.

- Increase of \$2,534,847 in operating fees and services and other fees, of which (\$241,853) is a decrease in general funds.

Increases and decreases are as follows:

- \$80,000 increase for Governor's Prevention Advisory Council support, which is all general funds;
- \$300,000 increase for the Compulsive Gambling treatment program, which is all general funds;
- \$1,634,410 increase due to transfer of the prevention coordinators contracts from the grants line to the operating line, which is all federal funds;
- \$546,340 increase due to transfer of the Safe and Drug Free Schools and Community programs from the grants line to the operating line, which is all federal funds;
- \$82,990 increase for the Traumatic Brain Injury grant, which is all federal;
- \$220,922 increase due to transfer of the Enforcing Underage Drinking Laws grant from the grants line to the operating line, which is all federal funds;
- \$145,810 increase reflects the 7% inflationary increase in each year of the biennium for the Methamphetamine treatment program, which is all general funds;
- \$146,191 increase for mental health evidence-based treatment training, of which \$86,746 is general funds;
- \$225,500 increase for the State Epidemiology Outcome Workgroup, which is all federal funds;
- \$40,098 increase for training contract for Substance Abuse programs, which is all general funds;
- \$24,093 increase in other programs, which is all federal funds;

- o (\$911,507) decrease for the sex offender treatment program, reflecting projected numbers of offenders to be referred by the Department of Corrections and Rehabilitation and the State Hospital, of which (\$894,507) is general funds.
- Decrease of (\$12,245) for postage in the Prevention Resource Center, which is all federal funds.
- Decrease of (\$37,807) in professional development, of which \$5,800 is general funds.
- Decrease of (\$12,916) in other operating costs, of which \$61,395 is an increase in general funds due to a funding source change.

Grants resulted in a net decrease of (\$2,657,638) of which (\$2,808,594) is federal funds and \$150,956 is general funds.

- (\$807,174) decrease, of which (\$260,834) reflects a decrease in federal funds and the remaining (\$546,340) is shifted to the operating fees and services line for the Safe and Drug Free Schools and Community Funds.
- (\$272,000) decrease due to transfer of Enforcing Underage Drinking Laws program grant from the grants line to the operating line, which is all federal funds.
- (\$125,000) decrease due to transfer of Mental Health contracts from the grants line to the operating line, of which (\$32,291) are general funds.
- (\$1,634,410) decrease due to transfer of prevention coordinators contracts from the grants line to the operation line, which is all federal funds.

- (\$19,354) decrease due to transfer of prevention funds from the grants line to the operating line for travel and supplies, of which (\$17,000) are general funds.
- \$200,000 increase for grants awarded from the Governor's Prevention Advisory Council.
- \$300 increase for miscellaneous grants, of which \$247 are general funds.

House Changes:

The House underfunding of salaries for anticipated savings from vacant positions and employee turnover for this area of the budget is \$7,940 - general fund and \$16,241 - federal and other funds for a total of \$24,181.

The House reduced 50% of the department-wide travel increase. Mental Health & Substance Abuse Divisions' share of this decrease is \$61,557 total funds; \$15,842 – general fund.

In Operating Fees and Services, the inflationary increase for the contract with ShareHouse-Robinson Recovery Center was reduced from the 7% & 7% increase to 6% & 6% resulting in a decrease of \$21,237. \$150,000 was reduced from the Compulsive Gambling Treatment Program. Both reductions are general fund decreases.

In the grants line, all funding for the Governor's Prevention Advisory Council was removed resulting in a general fund decrease of \$200,000.

This concludes my testimony on the 2009 – 2011 budget request for Mental Health & Substance Abuse Division of the Department. I would be happy to answer any questions.