

**Department of Human Services
Human Services Committee
Representative Damschen, Chairman
January 7, 2014**

Chairman Damschen, members of the Human Services Committee, I am Alex C. Schweitzer, Director of Field Services for the Department of Human Services. I am here today to testify on behavioral health services provided by the Department of Human Services (DHS).

DHS Behavioral Health Services Client Demographic Information:

Table #1
Unduplicated Client Count by Gender
SFY 2012

Center	Female	Male	No Gender Recorded	Total
NWHSC	883	945	5	1,833
NCHSC	1,627	1,694	77	3,398
LRHSC	1,149	1,194	30	2,373
NEHSC	1,497	1,832	27	3,356
SEHSC	2,213	2,706	30	4,949
SCHSC	1,535	1,639	8	3,182
WCHSC	2,539	2,963	30	5,532
BLHSC	945	925	1	1,871
Statewide Totals	12,388	13,898	208	26,494

Table #2
Unduplicated Client Count by Youth and Adult
SFY 2012

Center	Youth (0-18)	Adult	No DOB	Total
NWHSC	377	1,451	5	1,833
NCHSC	864	2,528	6	3,398
LRHSC	517	1,844	12	2,373
NEHSC	752	2,600	4	3,356
SEHSC	1,101	3,846	2	4,949
SCHSC	738	2,440	4	3,182
WCHSC	1,176	4,350	6	5,532
BLHSC	484	1,383	4	1,871
Statewide Totals	6,009	20,442	43	26,494

Table #3
Unduplicated Client Count by Age Group
SFY 2012

Age	NW	NC	LR	NE	SE	SC	WC	BL	Total
0-2	33	166	75	182	283	90	405	144	1,378
3-5	34	74	37	94	110	53	101	51	554
6-12	120	296	193	190	294	268	271	148	1,780
13-17	189	328	207	285	403	321	398	141	2,272
18-25	339	623	437	606	695	480	1,087	293	4,560
26-39	487	848	597	829	1,113	658	1,553	441	6,526
40-59	486	840	559	902	1,434	814	1,404	471	6,910
60-79	115	205	153	247	311	343	288	147	1,809
80+	13	10	84	11	13	112	10	28	281
Not Recorded	17	8	31	10	293	43	15	7	424
Total	1,833	3,398	2,373	3,356	4,949	3,182	5,532	1,871	26,494

Table #4
Unduplicated Client Count – Race
SFY – 2012

Race	NWHSC	NCHSC	LRHSC	NEHSC	SEHSC	SCHSC	WCHSC	BLHSC	Total
White	1,471	2,576	1,108	2,739	3,750	2,667	4,207	1,619	20,137
Black	7	47	9	63	107	30	65	14	342
Native American	93	315	982	253	240	89	706	76	2,754
Asian		2	7	2	4		10		25
Alaska Native							2	3	5
Chinese						1			1
Filipino	1				1			2	4
Japanese		1		1					2
Korean			1	1	1				3
Vietnamese				2	5		3	1	11
Pacific Islander		2	2	1	3		4		12
Other Asian	3	5	2	1	24	3	7	2	47
Hawaiian					2		1		3
Samoan					2		1		3
Other	15	44	41	113	108	30	101	46	498
Not Recorded	243	406	221	180	702	362	425	108	2,647
Total	1,833	3,398	2,373	3,356	4,949	3,182	5,532	1,871	26,494

Table #5
Unduplicated Client Count by Living Arrangement
SFY – 2012

Arrangement	NWHSC	NCHSC	LRHSC	NEHSC	SEHSC	SCHSC	WCHSC	BLHSC	Total
Assisted Living	6	3	4	12	30	9	21	8	93
Foster Care	23	51	45	26	58	41	57	25	326
Residential Facility	82	137	91	243	273	146	405	78	1,455
Homeless Shelter	5	27	10	86	93	8	46	12	287
Correctional Facility	55	74	87	35	74	12	132	22	491
Nursing Home	5	6	95	23	14	185	21	7	356
Other Long Term Residential	21	68	50	63	75	21	100	35	433
Other Institutional Setting	3	12	14	12	20	10	19	6	96
With Extended Family	21	112	235	91	181	29	74	55	798
Own Home	1,271	2,048	1,326	2,108	2,639	1,907	3,434	1,289	16,022
Client Inactive	244	429	221	190	369	365	452	110	2,380
N/A Client Deceased				1		2			3
Enrolled in DD Only	71	422	158	446	733	369	647	213	3,059
Not Recorded	26	9	37	20	390	78	124	11	695
Total	1,833	3,398	2,373	3,356	4,949	3,182	5,532	1,871	26,494

DHS Behavioral Health Services Major Cost and Usage Changes:

The DHS – Field Services Division expended \$155,131,561 dollars in the 2011–2013 biennium while providing all services in the eight regional human service centers. Of that total, \$102,696,046 (66.2%) were expended for community-based behavioral health services. See [Appendix A](#).

The 2013–2015 appropriation for all services in the eight regional human service centers is \$181,075,261 dollars. Of that amount, \$123,906,923 (68.43%) is for community-based behavioral health services, which is an increase of 20.65%.

Mental Health and Substance Abuse Division Changes: 2013–2015

Biennium:

- \$0.3 million increase to enhance services at the Robinson Recovery Center.
- \$0.3 million general fund increase for the community-based high-risk sex offender treatment program administered by the DHS, in collaboration with the Department of Corrections and Rehabilitation.
- \$0.3 million general fund increase for facilitators to act as a resource for TBI patients so they can access appropriate care timely.
- \$0.15 million general fund for the operation of the 2-1-1 crisis line. (Additional funding of \$285,000 for 2-1-1 line was included in 2013 Senate Bill 2205).

Human Service Centers Changes: 2013–2015 Biennium:

- \$2.2 million (\$1.4 million general fund) for additional bed capacity for the transitional living program and long-term residential program for individuals with mental illness, and/or chemical dependency issues, to help reduce the admissions and lengths of stay at the State Hospital.

- \$.09 million increase (\$.08 million general fund) to provide funding for two developmental disabilities case managers to meet licensure requirements, one FTE to the Partnership program, the conversion of three temporary employees to FTEs, and to maintain temporary staff to address the increased need for services in the Southeast region.

Trends in Behavioral Health Services:

- Emphasis on evidence-based practices.
- Movement toward mobile crisis teams to reduce admissions of clients to inpatient and residential facilities, as the service is provided in the client's place of residence.
- Increased need for human services in the oil patch and select other human service regions across the state.
- Clients are having difficulty securing permanent and affordable housing, especially in the area of supportive housing and for the homeless.
- Increased need for crisis residential beds for clients with mental illness, to minimize the time spent in inpatient settings.
- Increased need for addiction services, particularly with youth and IV users.

- There is an increasing need to collaborate with health partners to address mental health and physical health needs.
- Need for more psychiatrists in the recruitment pool, who are interested in working in the public behavioral health services sector.
- Lack of licensed addiction counselors.

Information on the Estimated Fiscal Impact of Decreasing Private Insurance Coverage for Behavioral Health Services

The Departments of Treasury, Labor and Health and Human Services issued a final rule on Friday November 8, 2013, in respect to the implementation of the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act (MHPAEA). Further analysis is required to digest the complexities of the 200 page rule.

At this time, the DHS is unable to determine a fiscal impact of this final parity rule or changes in private insurance coverage. If private insurance companies disallow residential and intensive outpatient care, it will basically exclude key portions of the continuum of care for behavioral health treatment.

This will likely result in people delaying treatment until a higher level of care is required (inpatient hospitalization, emergency room visits or detoxification services) or they may seek services at the regional human service centers.

The regional human service center, as the public sector provider of services, could see an increase in referrals from individuals that are now accessing care from private providers. If the later would occur, this may result in increased needs at the human service centers and the DHS would need to address staff and service capacity in future bienniums.

I would be glad to answer any questions.