

**TESTIMONY  
BUDGET COMMITTEE ON GOVERNMENT SERVICES  
REPRESENTATIVE CARLSON, CHAIRMAN  
MAY 16, 2006**

Chairman Carlson, members of the Budget Committee on Government Services, I am JoAnne Hoesel, Director of the Division of Mental Health & Substance Abuse for the Department of Human Services. I am here today to provide a status report on 2005 Senate Bill 2373.

Senate Bill 2373 funded a residential treatment program for individuals who are chemically dependent upon methamphetamine or other controlled substances. This legislation directed the Department of Human Services to implement a substance abuse treatment pilot program consisting of up to 20 beds through a request for proposal (RFP) process. Five hundred thousand dollars in general funds were appropriated with up to an additional \$800,000 from other sources for implementation.

The Department initiated the RFP process in August of 2005 with a contract awarded to ShareHouse in Fargo in October of 2005. The total cost proposal was \$785,858. The \$285,585 will come from insurance, self-pay, and ShareHouse reserves. The contract purchases 9,307 treatment days and at 85% occupancy rate results in a cost of \$85 per day. The contract for a twenty-bed residential treatment program began January 3, 2006. ShareHouse refers to this program as the Robinson Recovery Center.

As of the week of May 5, 2006, the program had sixty-two (62) referrals, and sixteen (16) individuals in treatment. Admission data indicates that the average age of those admitted is twenty-seven (27), with a 50/50 male/female ratio. The youngest person is eighteen (18) and oldest is forty-two (42) years of age. Six (6) were unemployed, eight (8) worked full time, and two (2) part time at the time of admission. Twelve (12) have a high school degree/GED and four (4) did not complete high school. One (1) is a home owner and twelve (12) are homeless, meaning they do not have the financial means to live on their own. Eight (8) are on probation and four (4) have no past legal involvement. Nine (9) of the admission have involvement with child protection services.

This program uses the MATRIX model of treatment which is an evidenced-based treatment model showing effectiveness with individuals dependent upon methamphetamine. This model was developed and researched by UCLA. There is no identified average length of stay with this program as it is individually based on the mode of ingestion, frequency and length of use, and cognitive abilities of the client.

Referrals for this program are processed through the eight Regional Human Service Centers located in Williston, Minot, Devils Lake, Grand Forks, Fargo, Jamestown, Bismarck, and Dickinson. However, referrals can also be received from private interested parties (i.e. family members). The intent of this legislation is to provide the opportunity for treatment of

methamphetamines to the constituents of North Dakota that are not affiliated with the corrections system. Those on probation and are first time offenders can be admitted, however.

Robinson Recovery Center is staffed 24 hours a day with residential house supervisors. Clinical Staff includes 2 full time Licensed Addiction Counselors, 1 full time Licensed Social Worker, and a case manager. Andi Johnson, LAC, Director of Operations, provides Clinical Supervision.

The majority of referrals have come from Region IV, V, and VIII (Grand Forks, Fargo, and Dickinson). At a future committee meeting, additional information will be available. The [handout](#) identifies the data reporting requirements of this contract.

The Department can arrange for the Robinson Recovery Center to appear before your committee, if it would be seen as helpful. Six months or more of experience and history will provide the committee with enhanced information.

I will answer your questions at this time. Thank you.