

Testimony
House Bill 1012 – Department of Human Services
House Appropriations – Human Resources Division
Representative Pollert, Chairman
January 13, 2009

Chairman Pollert, members of the House Appropriations Human Resources Committee, I am JoAnne Hoesel of the Department of Human Services. I am here today to provide you an overview of the Division of Mental Health & Substance Abuse for the Department of Human Services.

Programs

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

Service programs directly managed by the Division are Compulsive Gambling Treatment, Community-Based High-Risk Sex Offender Treatment, Regional Prevention Coordination and Model programs, and Methamphetamine Residential Treatment.

Customer Base

During SFY 2008 the public mental health system provided services to 17,388 children, youth, and adults. For the same time period, the public substance abuse system provided services to 6,290 adolescents and adults. The Division is responsible for licensure of 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 and distributes educational products annually in the areas of developmental disabilities, mental health, and substance abuse. The Division provided private and public workforce development training in the areas of substance abuse and mental health.

Program Trends / Major Program Changes

Recovery Model – Mental health – The Division continues its transition to a recovery approach in service delivery which shifts emphasis from ‘symptom control’ to prevention and recovery for those with mental illness. Person centered treatment planning, recovery model training, training of peers to support those in treatment, and integrated dual disorder treatment are just a few of the specific techniques in place, which give consumers primary control for their wellness. The result is significant life enhancement, gains in self-esteem, and self confidence as they become contributing members of the community. This approach is in contrast to traditional models of service delivery where consumers are instructed what to do or simply have things done for them. The Recovery Model’s goal is that individuals with mental illness have greater control and choice in their treatment, which leads to their enhanced ability to take increased responsibility in their lives.

Substance Abuse services have enhanced their recovery approach by the continued use of the MATRIX model, which acknowledges the impact of methamphetamine and other drug use on the brain in its design. Two human service centers have recently achieved national certification in the MATRIX model through the University of California – Los Angeles. This certification means their programs maintain the model's approach and fidelity. Other centers are currently in the process of review for certification.

The Division recently began a telephone recovery program, which provides ongoing telephone support after completion of traditional treatment. This program is designed to provide support to those who may not have access to support groups or other community supports due to isolation and transportation problems at a critical time in their recovery.

Returning Veterans – North Dakota has the highest number of Army National Guard soldiers per 100,000. North Dakota's rate is 51.52 whereas, the national average of the 50 states is 11.46. In order to address the needs of returning veterans seeking service in the public sector, the Division participates in the Inter-service Family Assistance Committee (ISFAC), a collaborative effort with community agencies to assist in promoting quality of life for returning soldiers and their families. With Traumatic Brain Injury (TBI) being the signature injury sustained in the Iraq and Afghanistan wars, training through the Division's TBI grant is being provided to regional human service centers on screening techniques and other TBI treatment related changes. The

National Guard provided statewide training at the annual Clinical Forum conference and a TBI advisory committee was formed with representation from the Veterans Administration (VA). North Dakota has had 400 returning veterans' with positive first level TBI screens. The regional human service centers are reporting an increase in veterans seeking services. At the regional human service centers in calendar year 2007, alcohol was the **primary substance** in 57% of admissions (2,252), marijuana was 25% of admissions (1,001), and methamphetamine was 12% of admissions (462). 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.

Trauma Informed Systems – Unresolved trauma severely impacts a person's ability to maintain positive mental health and their ability to recovery from a psychiatric illness. Given the importance of addressing trauma, the Division has partnered with UND-Neuropsychiatric Research Institute (NRI) and is part

of their Treatment Collaborative for Traumatized Youth (TCTY) project. Each regional human service center plus additional private providers across the state have staff specially trained in evidence-based treatments to traumatized youth. In the first NRI TCTY report regarding DHS clients, 67 children completed the program and had a wide array of trauma experiences (physical neglect, sexual abuse, physical abuse, and domestic violence). Most children experienced multiple traumatic events with an average of six per child but over 10% of the children reported 10 or more traumatic incidents or types of trauma. Improvement in the children's psychological functioning was reported as outcomes in this initial report.

DD/MI – Individuals with both a developmental disability and a mental illness continue to challenge the system, especially adolescents and those in transition to adult services. Either the youth are too low functioning for the mental health system or too high functioning for the developmental disabilities system. The Department is currently studying options for integrating treatment services.

Community Readiness Survey – In the spring of 2008, the Division contracted with the Rural Crime and Justice Center at Minot State University to gauge the perceptions of alcohol and other drug use of North Dakota citizens. The survey results will be used by the Department's prevention coordinators, Division, and other agencies to target prevention strategies based on the

level of readiness of communities to address their underage drinking problem. 45.3 percent of community members perceived 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. This illustrates the state's challenge that despite data showing persons aged 12 – 20 are ranked number two nationally in alcohol use 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.

Overview of Budget Changes

Description	2007 - 2009 Budget	2009 - 2011 Budget	Increase/ Decrease
Salary and Wages	2,305,342	2,586,907	281,565
Operating	5,988,903	8,620,910	2,632,007
Grants	4,256,644	1,599,006	(2,657,638)
Total	12,550,889	12,806,823	255,934
General Funds	5,700,420	5,950,416	249,996
Federal Funds	6,345,413	6,441,815	96,402
Other Funds	505,056	414,592	(90,464)
Total	12,550,889	12,806,823	255,934
FTE	19.00	19.00	0.00

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 and the majority is reflected by an increase in substance abuse and mental health program licensing work, 29,705, increased traveling in the prevention programming, 45,208, travel for the Decision Support Services unit, 32,844, and State epidemiology outcome workgroup travel, 17,997.
- Increase in supply/material- professional of \$8,204, all federal funds reflects work planned for the enforcing underage drinking laws grant.
- Increase of \$20,040 in building rent due to a shift in cost allocation and an increase in rent.
- Increase of \$4,794,599 in operating fees and services, this reflects \$80,000 for the Governor's Prevention Advisory Council support, \$300,000 general fund for an increase in

the Compulsive Gambling treatment program, \$1,653,764 in federal dollars, moves the prevention coordinators contracts from grant line to operating fees and services, \$82,990 for the Traumatic Brain Injury Grant, all federal, \$220,922 in federal funds moves efforts with Enforcing Underage Drinking from grants to operating fees and services, \$145,810 reflects the 7% inflationary increase in each year of the biennium for the Methamphetamine treatment program, \$146,191 for mental health evidence-based treatment training, and \$225,500 federal funds for the State Epidemiology Outcome Workgroup.

- Decrease of (12,245) for postage in the Prevention Resource Center
- Decrease of (37,807) in professional development
- Decrease of (17,500) in printing in PRC represents the Division spending plan and is 100% federal.
- Decrease of (911,507) 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.

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

- Decrease of (807,174) 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

- Increase of \$200,000 for grants awarded from the Governor's Prevention Advisory Council.

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