

**Testimony**  
**Senate Bill 2012 – Department of Human Services**  
**Senate Appropriations**  
**Senator Holmberg, Chairman**  
**January 18, 2011**

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

**Programs**

The Division of Mental Health & Substance Abuse provides regulation, grants management, reporting, technical assistance, training, and development and implementation of appropriate mental health & substance abuse services throughout the state. This division also is charged with department-wide data analysis and research support. In addition, I serve as the Chairperson of the Governing Board of the North Dakota State Hospital. Division staff provide support to the Mental Health Planning Council in its required oversight for the statewide plan for mental health services. The division is also charged with writing both annual federal block grants for mental health treatment and promotion and substance abuse prevention and treatment, and the grant for individuals in transition from homelessness. The division is responsible for the annual Synar study and report which measures compliance in tobacco sales.

Service programs directly managed by the Division are compulsive gambling treatment, community-based high-risk sex offender treatment, statewide prevention specialists, and long-term methamphetamine & other controlled substance residential treatment.

The Division manages the Governor's Prevention Advisory Council and I serve as the chairperson. This Council, established by executive order in 2007, leads multisystem prevention efforts drawing upon the resources and talents at the community, state, and federal levels. The Division also manages the Autism Spectrum Disorder (ASD) Task Force formed through 2009 legislation and as its chairperson, facilitated the initial state plan for ASD in 2010. The Prevention Resource & Media Center (PRMC) is a clearinghouse and library providing free materials and resources to North Dakota residents regarding substance abuse prevention.

### **Caseload / Customer Base**

During SFY 2010 the public mental health system provided services to 14,465 children, youth, and adults and the public substance abuse system provided services to 4,542 adolescents and adults. The Division licenses 81 substance abuse treatment programs, 37 DUI seminar providers, eight regional human service centers, and six psychiatric residential treatment facilities for children and adolescents.

### **Program Trends**

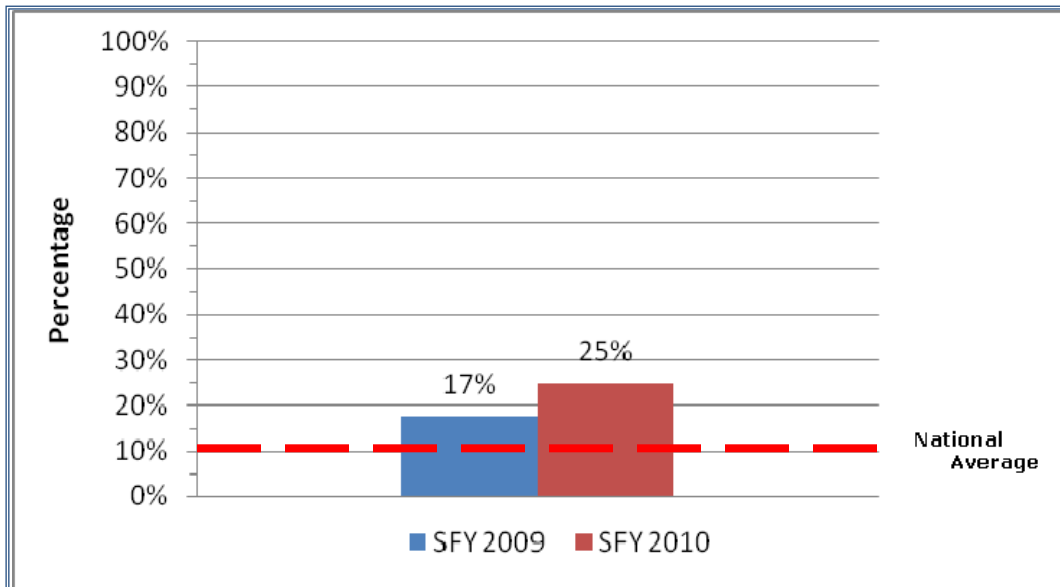
#### **Individualized treatment approaches and outcome reporting**

With the advancement of research, effective medication management, public education, targeted services methods, focus on service outcomes, North Dakota's public system offers a broad array of services many of which can be individualized to best meet the needs of the clients leading to best outcomes.

What we know about effective treatment services has expanded greatly over the last years. Several of these evidenced-based methods are implemented and showing positive results. Methods are

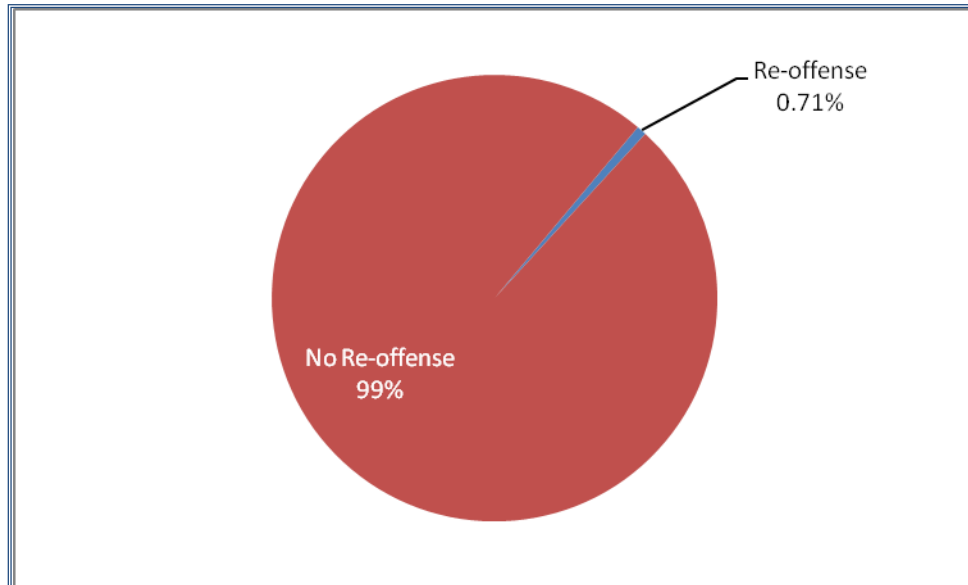
currently in place to treat individuals addicted to methamphetamine and opiates, those who have experienced traumatic situations, those with both a severe mental illness and a chronic substance abuse disorder, those who have never had employment due to their mental illness or substance abuse disorders, and those who are new to recovery.

**Employment increases for individuals with serious mental illness.**



Percent of adults in North Dakota who receive public mental health services, are diagnosed with a serious mental illness, and are employed. Source: FY 2011 Community Mental Health Services Block Grant Application for the State of North Dakota.

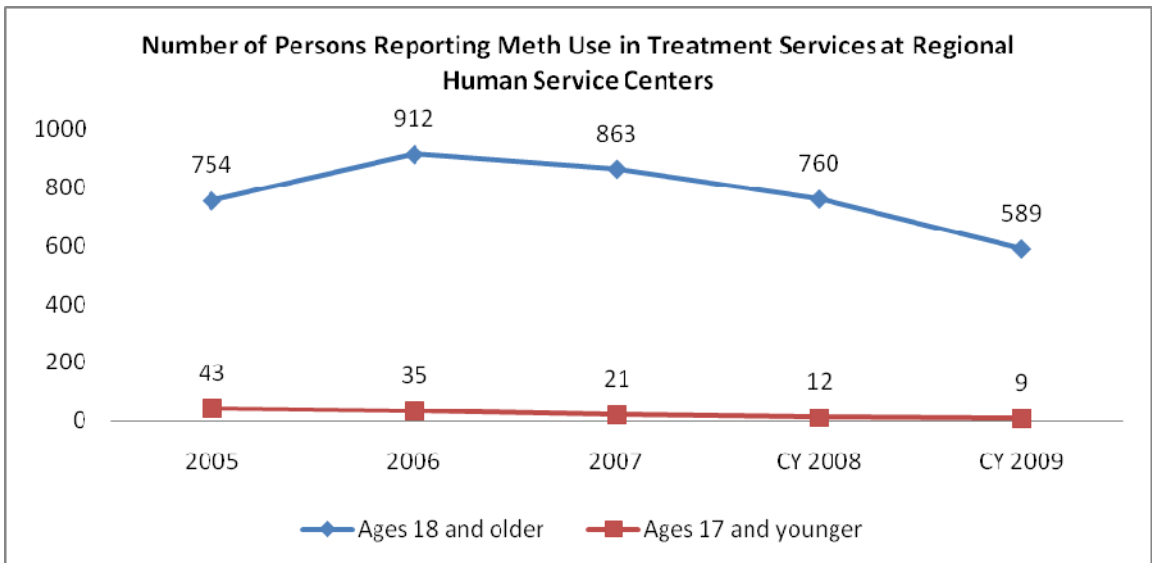
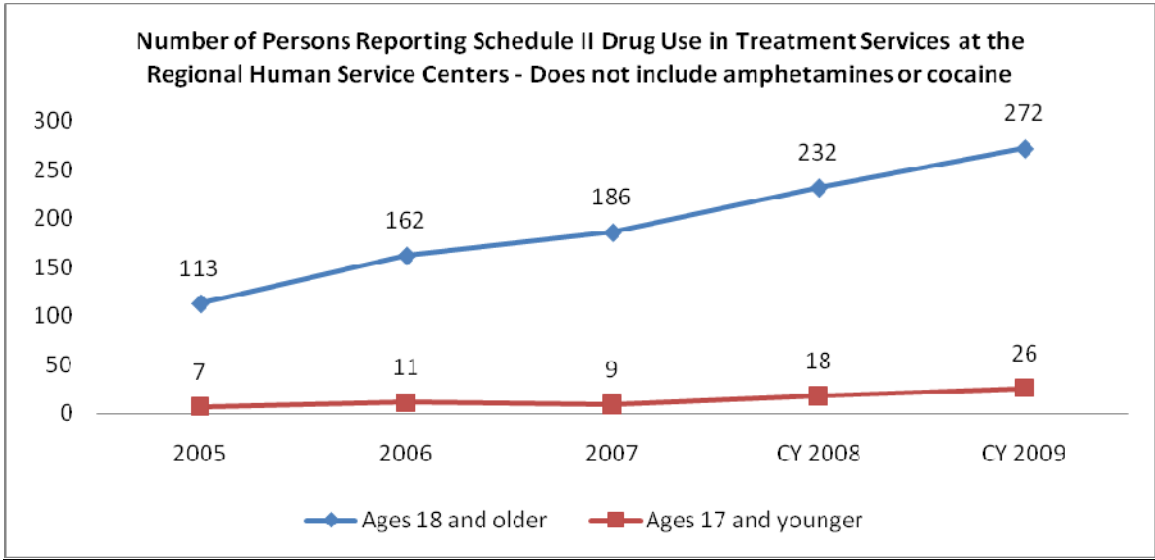
## High Risk Sex Offender Treatment Program – Recidivism Rate



Since the program's inception, 1 out of 140 individuals in the program have had a sexual re-offense. That is 0.71% of the total population involved with treatment.

### **Prescription Drug Abuse Climbing**

Prescription drugs that are abused or used for nonmedical reasons can alter brain activity and lead to dependence. Commonly abused classes of prescription drugs include opioids (often prescribed to treat pain), central nervous system depressants (often prescribed to treat anxiety and sleep disorders), and stimulants (prescribed to treat narcolepsy, ADHD, and obesity).



## Substance Use Trends

Rank	1/1/2005- 12/31/2005		1/1/2008 – 12/31/2008		1/1/2009- 12/31/2009		1/1/2010- 9/30/2010	
#1	Alcohol	55.6%	Alcohol	59.6%	Alcohol	59.3%	Alcohol	58.3%
#2	Marijuana	21.4%	Marijuana	25.8%	Marijuana	27.8%	Marijuana	27.4%
#3	Meth	13.3%	Meth	7.3%	Meth	5.2%	Opiates	6.1%
#4	Other Amph	4.6%	Opiates	4.1%	Opiates	4.8%	Meth	5.6%

Using 2005 as the baseline year, alcohol continues to be the primary substance reported by those in treatment. Marijuana continues to hold second place but in 2010 opiates are now in third place followed by methamphetamine.

This trend line reflects regional trends except for Northwest, Southeast, and Southcentral, where methamphetamine is in third place and opiates in fourth.

## Major Program Changes

### 1. Extended Services

This division, along with the Vocational Rehabilitation Division, is reviewing the current method of providing employment supports for those with mental illness, traumatic brain injuries, and types of autistic disorders. Over the next months, the Division will work with consumers and providers to arrive at best methods to support individual employment goals. Most people who work show improvement in their mental health and greater satisfaction with their lives. With the national unemployment rate for persons with serious mental illnesses hovering at 90 percent, the goal is to positively impact this outcome for North Dakotans with targeted adjustments to this program.

## **2. Substance Abuse Prevention System Changes**

North Dakota has among the highest rates in the nation in recent alcohol use and binge drinking, regardless of age group. For example, among North Dakotans aged 12 to 20 years old, 40 percent consumed alcohol in the past 30 days and 29.5 percent engaged in binge drinking use in the last 30 days (Hughes et al., 2009) North Dakotans rank near the bottom among U.S. states regarding the percentage of persons who perceive great harm associated with consuming five or more drinks at a time once or twice a week (Hughes et al., 2009).

### **Alcohol Consequences**

- In 2009, 5,819 arrests were made for driving under the influence of alcohol.
- It is estimated that 23 percent of assaults, 30 percent of physical assaults, and three percent of burglaries are related to alcohol use. (SAMHSA, 2006b).
- In March 2010, upon admission to the ND State Penitentiary, 77% of males and 74% of females had a drug and/or alcohol abuse/dependence diagnosis. (DOCR)
- 46.1% of all arrests in 2008 were for DUI, liquor law, and drug abuse violations. (BCI, 2009)

Domestic violence, alcohol spectrum disorder (fetal alcohol syndrome), alcohol-related motor vehicle crashes and fatalities, school expulsions, and mortality rates all have significant ties to alcohol use.

North Dakota's underage drinking and binge drinking numbers are not changing. There is a saying that "If you keep doing what you've been

doing, you keep getting what you've been getting". So we have changed the entire prevention system. This is what's happening:

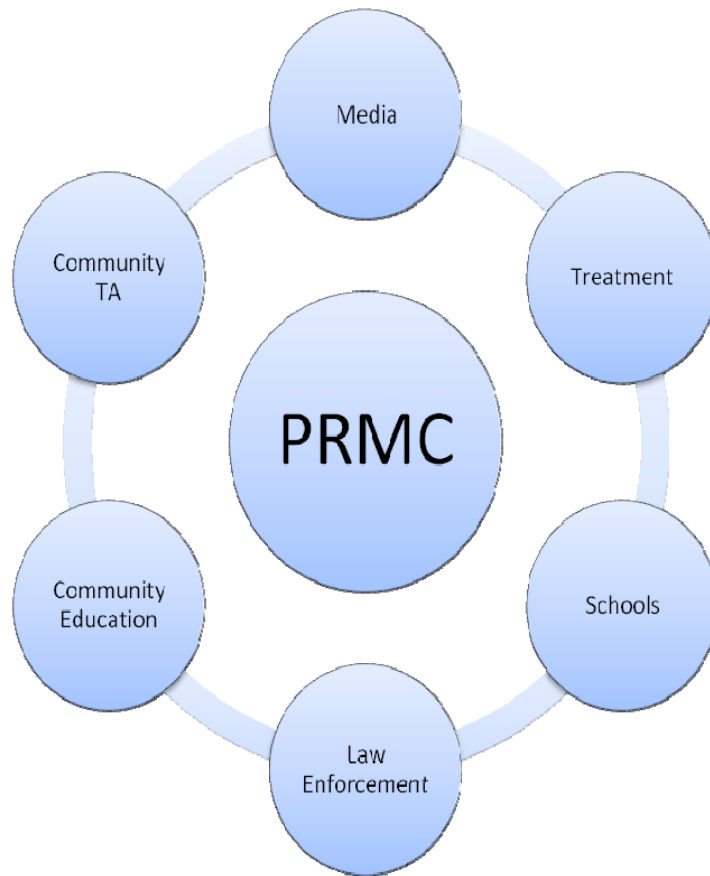
**Completed a Statewide readiness survey**

- The readiness survey showed that some North Dakotans hear these numbers and recognize that alcohol and other drug use is a local problem, but there is no immediate motivation to do anything about it.
- From this survey and related information, each region and Tribal area will have their own data booklet to drive decisions on the best prevention strategies.

**Transformed from a regional –based system to a role-based prevention system**

- The substance abuse prevention system has been coalition-based for over 15 years. Prior to 2004, there were 75 substance abuse community coalitions in North Dakota, in 2010, there were 22 coalitions statewide. The previous infrastructure was based on locating one coordinator in each of eight regions. This coordinator was identified as the overall expert in prevention. With the current system, communities have the time and talents of staff in the areas of law enforcement, media, treatment, education, and local level expertise. The specialists are able to identify and implement effective prevention strategies customized to each communities needs.





**Transformed the prevention resource and media center (PRMC) from a passive library to an active media and resource-rich center for communities**

- The PRMC has campaigns, toolkits, and resource guides on alcohol, prescription drugs, server training, refusal skills, community prevention ideas, plus supplies and information for prevention activities held around the state.

**Use of environmental prevention strategies**

- Historically, alcohol education and prevention has focused on changing behavior of individuals. The thought being: if people know risks, they will change behavior. This is not the case.

- Environmental prevention targets entire communities rather than individuals. It has the potential to bring sustainable reductions to problems. (Attachment A)
- By making changes in the environment, people are given better choices. Tobacco use reduction uses environmental prevention strategies. By reducing where people can use tobacco, significant reductions in tobacco have occurred.
- A 14 year old, if given a choice between an apple and a Snickers bar, will most likely choose the Snickers bar. But if the choice is between an apple and a cheese stick, they have been provided with better choices. This is an environmental strategy.
- A Serving-Size campaign planned for this spring is based on environmental change. A drink is not a drink – is not a drink. By choosing a 6 oz glass of wine versus a Long Island tea, a person has consumed one drink versus the equivalent of five drinks.
- Currently, five communities are involved in the ‘targeted’ community initiative, where the resources from the statewide team are individualized to their culture and needs.
- 40 communities chose to participate in new ways to address the culture of drinking in North Dakota.

**This was all done with cost neutrality and the entire process involves tracking impact and outcomes.**

### **Strategic Prevention Framework State Incentive Grant**

- DHS was recently awarded a prevention grant applied for three years ago, that was initially denied. The strategic prevention framework state incentive grant’s (SPF-SIG) will move 85% of

the grant funds to targeted communities using prevention strategies. With this national grant award, all 50 states now have a SPF-SIG grant. The SPF-SIG is advised by the Governor’s prevention advisory council. The grant’s structure requires the prevention process described earlier but will help condense the time to implement across the state and enable significant resources to move to communities. Communities will walk through five phases of strategic planning, implementation and evaluation grounded in prevention science.

- This one time grant and the prevention framework described will impact the state by combining strategic consultation, training, and research-based tools.

**Overview of Budget Changes**

Description	2009 - 2011 Budget	2011 - 2013 Budget	Increase/ Decrease
Salary and Wages	2,489,443	3,592,202	1,102,759
Operating	8,637,130	11,687,985	3,050,855
Grants	2,382,446	4,445,584	2,063,138
Total	13,509,019	19,725,771	6,216,752
General Fund	6,180,518	7,128,641	948,123
Federal Funds	6,743,842	12,026,270	5,282,428
Other Funds	584,659	570,860	(13,799)
Total	13,509,019	19,725,771	6,216,752
FTE	18.00	24.00	6.00

The Salary and Wages line item increased by \$1,102,759 and can be attributed to the following:

- \$189,556 in total funds of which \$63,938 is general fund needed to fund the Governor’s salary package for state employees.

- \$49,827 in total funds of which \$32,764 is general fund needed to fund the second-year employee increase for 24 months versus the 12 months that are contained in the current budget.
- \$837,637 in federal funds represents a move from the operating-purchase of service contract area in the 2009-2011 biennium to six (6) FTE in salary for prevention specialists.
- The remaining increase of \$25,739 includes a combination of increases and decreases needed to sustain the salary of 24 FTE in this area of the budget.

The Operating line item shows a net increase of \$3,050,855 for a variety of reasons:

- Increase in travel of \$82,944 driven by the move from the operating-purchase of service contract area for the prevention specialists. All federal funds.
- Decrease of \$155,717 in supplies and a decrease of \$88,569 in miscellaneous supplies are both driven by the loss of the Safe & Drug Free Schools and Communities grant and increased use of electronic and web-based resources which is all federal funds.
- Increase of \$60,340 in printing is driven by the change in the prevention system previously paid through contract which is all federal funds.
- Decrease of \$43,274 in Professional Development driven by the loss of the Safe and Drug Free Schools and Communities grant which is all federal funds.
- Increase of \$3,180,088 of federal funds in operating fees and services which is a result of being awarded the strategic prevention framework grant.

## **Grants**

The Grants line shows a net \$2,063,138 increase of which 86.6% is federal funds. The increase is mainly due to a combination of reasons; with the major driving force being spending authority for the next traumatic brain injury grant (\$1,069,397) anticipated to be submitted in the next biennium and an increase in extended services which purchases job coaching for individuals with serious mental illness (\$755,383). In addition, \$230,923 is due to contracts previously in the operating line being more correctly reflected as grants.

This concludes my testimony on the 2011 – 2013 budget request for Division Mental Health & Substance Abuse Services. I would be happy to answer any questions.