

Testimony
Engrossed Senate Bill 2012 – Department of Human Services
House Appropriations – Human Resources Division
Representative Pollert, Chairman
March 6, 2015

Chairman Pollert, members of the House Appropriations Committee – Human Resources Division, I am JoAnne Hoesel, Director of the Division of Mental Health and Substance Abuse Services (Division) of the Department of Human Services (DHS). I am here today to provide an overview of programs and services that make up the budget request for the Mental Health and Substance Abuse Division.

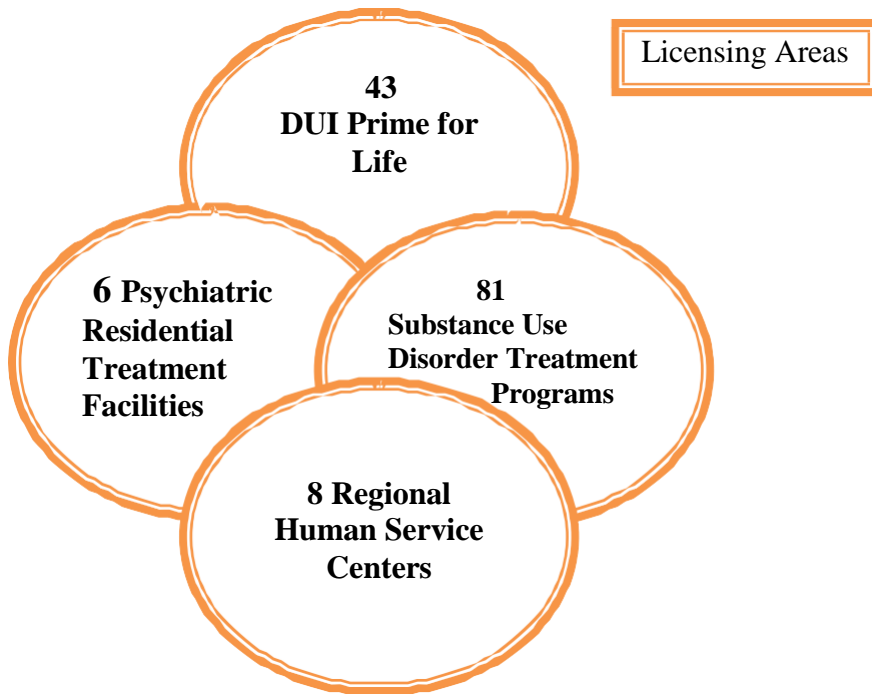
Role of the Mental Health and Substance Abuse Division

The mission of DHS is to provide quality, efficient, and effective human services, which improve the lives of people. The Division's role in accomplishing the Department's mission falls into three areas, each involving specific functions.

1. HEALTH AND SAFETY

Licensing, administrative rule and code updates, contract management, and certification are activities in this area.

The Division certifies all mental health technicians who provide case aide services reimbursed through the Medicaid program. Since the inception of the certifications in 2008, 776 individuals have been certified, representing 27 different agencies.



2. ACCESS TO SERVICES

Increasing access through telehealth, contracting with private providers, enhanced recruitment and retention approaches, are strategies DHS has implemented to increase access. Access to effective services is critical as well. The Division focuses on implementing science-based services and monitors through fidelity reviews and training/technical assistance.

To improve how services are delivered, the Division has provided technical assistance using the NIATx process. This process seeks to decrease waiting time for services and reduce the number of people that do not show up for appointments. The current initiative resulted in each human service center implementing a walk-in clinic. People get an appointment immediately which eliminates no-shows and wait time.

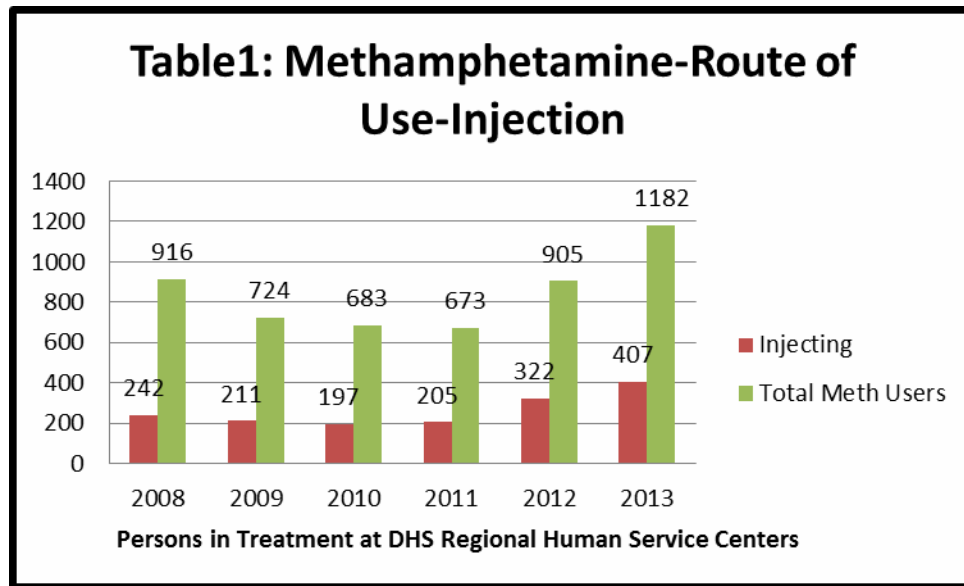
ACCESS TO SERVICES

- Priority Populations
 - Early Psychosis-1st Episode

PRIORITY POPULATIONS

The Division assures that pregnant women who use alcohol/drugs and people who inject drugs get priority for services. Federal law requires treatment preference be given to those that inject drugs. Injecting drugs puts them at high risk for HIV and Hepatitis.

There is an increase of people in treatment who report injecting drugs.



FIRST EPISODE

The Early Psychosis-First Episode initiative focuses on young adults who had their first psychotic episode. This program's goal is to minimize the negative effects of medication, emphasize job skill training, and family support. The result being less long term disabilities and greater independence. The first phase is focused on training and technical assistance to prepare for implementing this model. This program is required by the mental health block grant.

ACCESS TO SERVICES

- Trauma-Informed System Initiative
- TBI Services
- Prescription Drug Abuse Initiative

TRAUMA

Trauma is an event that is physically or emotionally harmful. It becomes traumatic when it overwhelms a person's system for coping with stress. If untreated, this has lasting and devastating effects. (Substance Abuse Mental Health Services Administration SAMHSA, 2014)

In both human and economic terms, the cost of not addressing the traumatic stress associated with adverse experiences is significant: impacts are seen in the health care, employment, child welfare, homelessness, criminal justice, and education systems. The extraordinary toll that traumatic stress and interpersonal violence can take on individuals and society requires us to address trauma—and its impact—across all service systems.

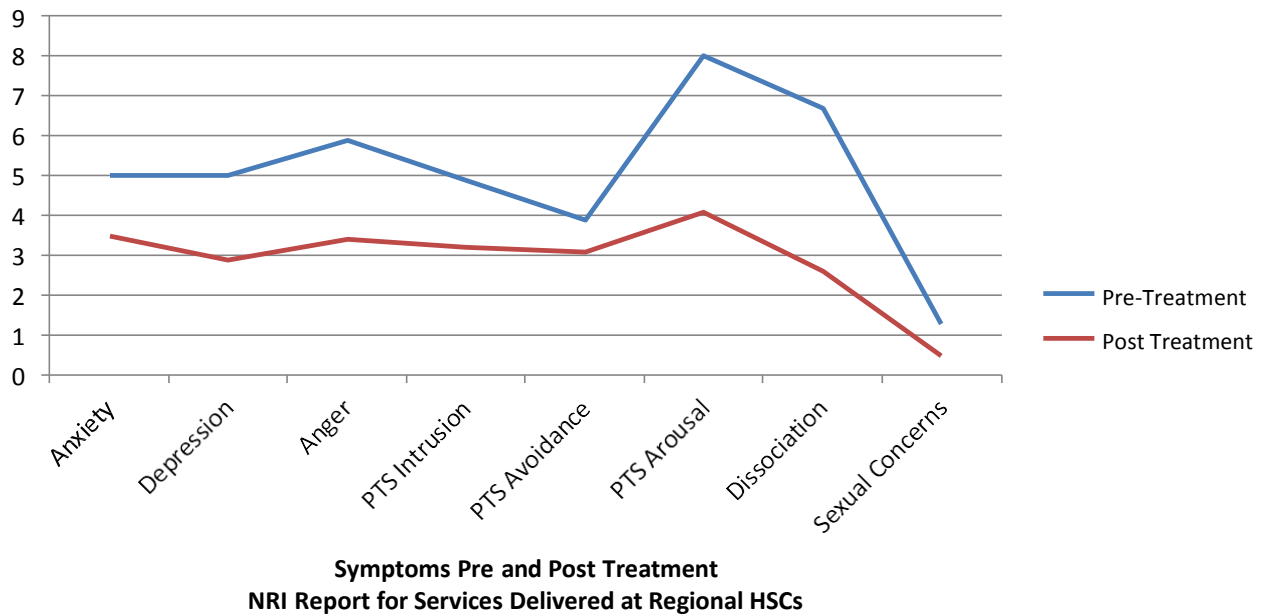
Of the 362 children involved in the Partnerships Program, 73% had at least one traumatic event.

The average number of traumatic events experienced was three, 2013

The Division secured a SAMHSA grant in 2013 and has trained county social service workers, human service center staff and residential service providers on becoming aware of the impact of trauma. The Division also provides training through the Neuropsychiatric Research Institute (NRI), UND, for clinicians to be trained in science-based trauma treatments. Since 2009, 84

clinicians have been trained and 422 children served. Outcomes show that the children who receive the science-based trauma treatments get better and their trauma has less impact in their lives. Training and screening youth for trauma will continue in multiple systems: mental health, substance abuse, child welfare, and juvenile corrections.

Table 2: Trauma Symptom Checklist Scores for Young Children



Traumatic Brain Injury (TBI)

TBI is one of the leading causes of death and life-long disability. Through targeted funding for TBI, more people with a TBI are receiving support.

- ND Brain Injury Network contract: resource facilitation, mentoring, information and referral, and public awareness and education.
- Contracts are also in place for social/recreational and pre-vocational supports.

ND Brain Injury Network - Total Client Contacts	
Aug 2013-Nov 2013	8
Dec 2013-March 2014	35
April 2014-June 2014	186
July 2014-Sept 2014	210

TBI screenings continue at the regional human service centers. These screenings help quantify how many people are affected and provide critical information to clinicians who serve them. From July 1, 2013, to September 29, 2014, 6,890 screenings were completed. Of these, there were 1,807 that indicated a mild, moderate, or severe TBI.

PRESCRIPTION DRUG ABUSE INITIATIVE

Prescription drug abuse is on the rise in North Dakota. Abuse results when prescriptions are used for non-prescribed purposes. While opioids have been used for decades to treat chronic pain and end-stage cancer, concerns about prescription opioid abuse have increased nationally and in state. News reports are increasing for overdoses and abuse.

1 in 7 N.D. High School Students (17.6%) reported taking prescription drugs without a doctor's prescription in 2013.

N.D. Youth Risk Behavior Survey (YRBS), 2013

95% increase in those that are in treatment at the regional human service centers that have any opioid pain reliever abuse (316 – 616). (HSC data, 2012)

According to National Survey on Drug Use and Health, 2012, 69% of people who abuse prescription pain relievers obtain them from a friend or relative. Decreasing access to prescription drugs will decrease abuse and related consequences.

The Division is developing policy-focused on best practices relating to prescription drug disposal in all substance use disorder treatment programs and public behavioral health facilities. Also, the Division licensors currently educate licensees regarding the North Dakota Take Back Programs.

One key relevant partnership, the Reducing Pharmaceutical Narcotics in Our Communities Task Force, has developed action plans surrounding four areas: 1) Education/Awareness; 2) Law Enforcement; 3) Prescription Drug Monitoring Program (PDMP); and 4) Prescription Drug Take Back Program. A recent Division co-sponsored Prescription Drug Summit, helped focus the group's efforts regarding policies relating to: increasing access to naloxone in the state, increased utilization of the PDMP, expansion of the state's Good Samaritan law to include other substances (specifically prescription drugs) and expanded capacity to safe prescription drug disposal options.



ACCESS TO SERVICES

- Substance Abuse Prevention
- Parents LEAD

Prevention efforts are focused on raising awareness of prescription drug abuse and decreasing access. The Division is actively preparing tool kits, data summaries, providing community technical assistance, and partnering with multiple systems.

SUBSTANCE USE PREVENTION

The prevention program specialists are actively working with 22 public health units and the four tribes regarding the Strategic Prevention Framework State Incentive Grant (SPF SIG). The SPF SIG is a SAMHSA infrastructure grant which supports an array of activities to help grantees build a solid foundation for delivering and sustaining effective substance abuse prevention.

The Division was awarded the SPF SIG, a \$9.7 million, five-year (ending September 30, 2015) grant to address North Dakota's substance abuse prevention priority issues. A total of 85% of the funds go directly to community-level implementation. The remaining 15% is utilized for evaluation, technical assistance provision, and to support the North Dakota State Epidemiology Outcome Workgroup (SEOW).

As required, the State's prevention priority issues were identified by the SEOW and Governor's Prevention Advisory Council (GPAC) through a data-driven decision-making process and are: 1) Underage drinking (age ≤20), and 2) Adult binge drinking (age 21+).

SPF SIG funds will be directed towards the prevention of these two priority issues while simultaneously enhancing state and local prevention infrastructure. Guided by the SPF model, North Dakota community grantees will complete the following three project phases:

- Phase I: Assessment
- Phase II: Planning
- Phase III: Implementation

All grantees have completed the first two phases and are active in the third phase which involves implementing evidence-based prevention strategies in their communities. ([Attachment A](#))



Parents LEAD (www.parentslead.org) is an evidence-based prevention program, focused on shared risk and protective factors, targeting parents through statewide, web-based communication. Parents LEAD offers a professional portal on the website to assist teachers, counselors, addiction counselors, and social workers by providing up-to-date materials and resources on a variety of topics.

CHILDRENS SYSTEM INITIATIVE

The Division leads a core group of agency partners intending to impact the number of youth going to out of state facilities and reduce multiple placements. As of November 2014, the out of state placements were:

- 8 children placed in PRTFs,
- 51 youth placed in group/residential child care facilities, and
- 23 children placed in foster homes provided through a licensed child placing agency.

ACCESS TO SERVICES

- Children's System Initiative
- YES

The majority of these children have had multiple placements, which further traumatizes them. Multiple strategies are at varied stages of implementation with the goal of impacting this situation:

1) Revamping the out of state approval process, 2) providing trauma training for facilities, 3) providing continuous quality improvement program to facilities, 4) providing consultative services to facilities and custodial agencies, 5) working with the Centers for Medicare and Medicaid Services (CMS) to use residential treatment dollars to fund community-based services, and 6) providing intensive in-home services to families sooner.

Youth Evaluation Service (YES)

One key strategy in the children's system initiative is the recently implemented YES. This strategy will make evaluations more accessible and include robust service recommendations to guide custodians, parents, and clinicians. "... accurate assessment of a child's need and risk in relation to caregiver capacities is critical. Placement changes affect the well-being of children putting them at heightened risk for poor outcomes." (Child Welfare: Journal of Policy, Vol. 84; Mental Health Services Research 2004, Vol. 6)

Consultative services will also be available to county social services, human service centers, and the juvenile court officers in order to assist in making informed decisions on the best services for children, many of whom have serious emotional disturbances.

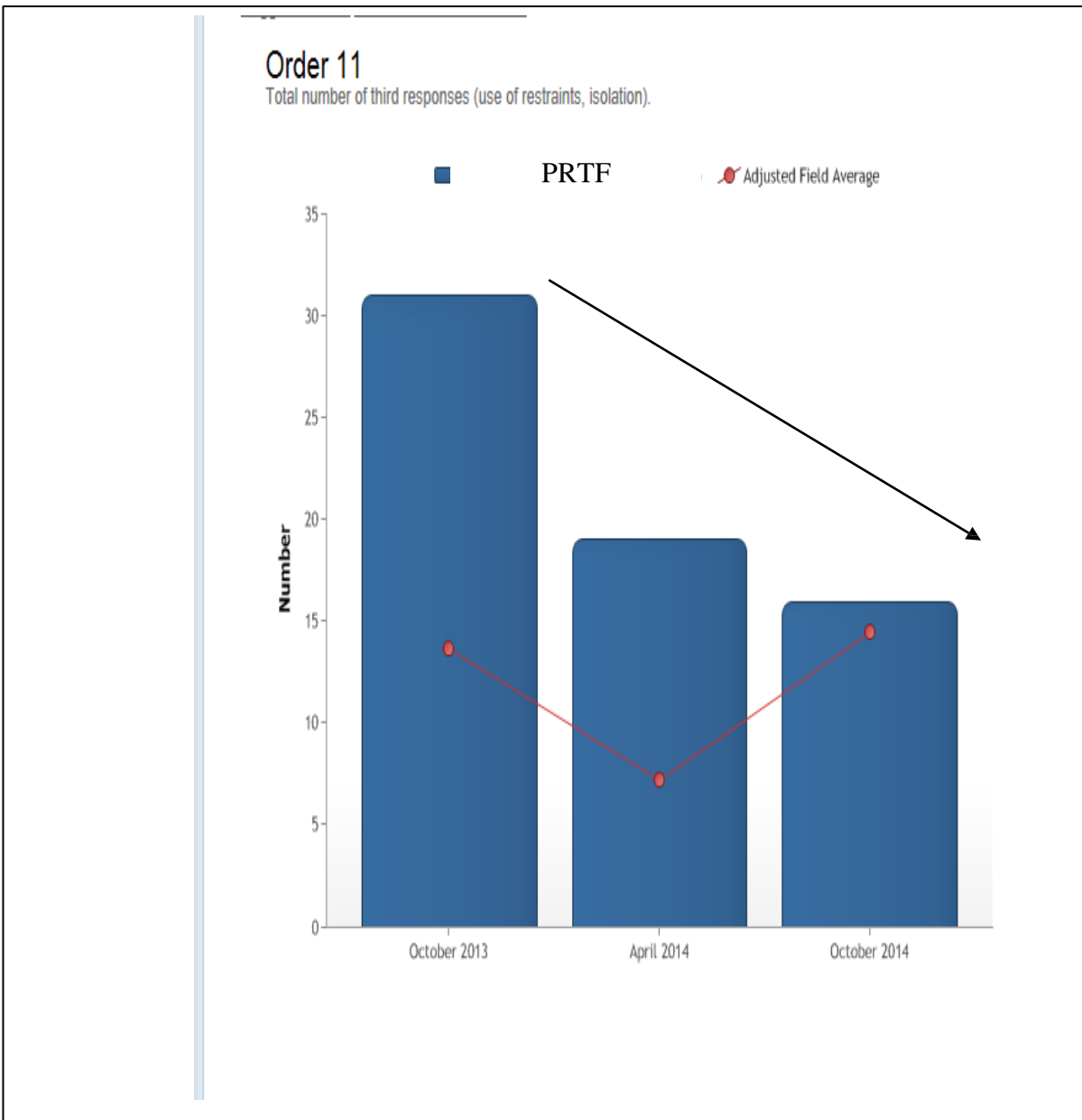
3. QUALITY

Fidelity, outcome-based contracts, evidence-based treatment, tool kits, and workforce development are key activities in this area.

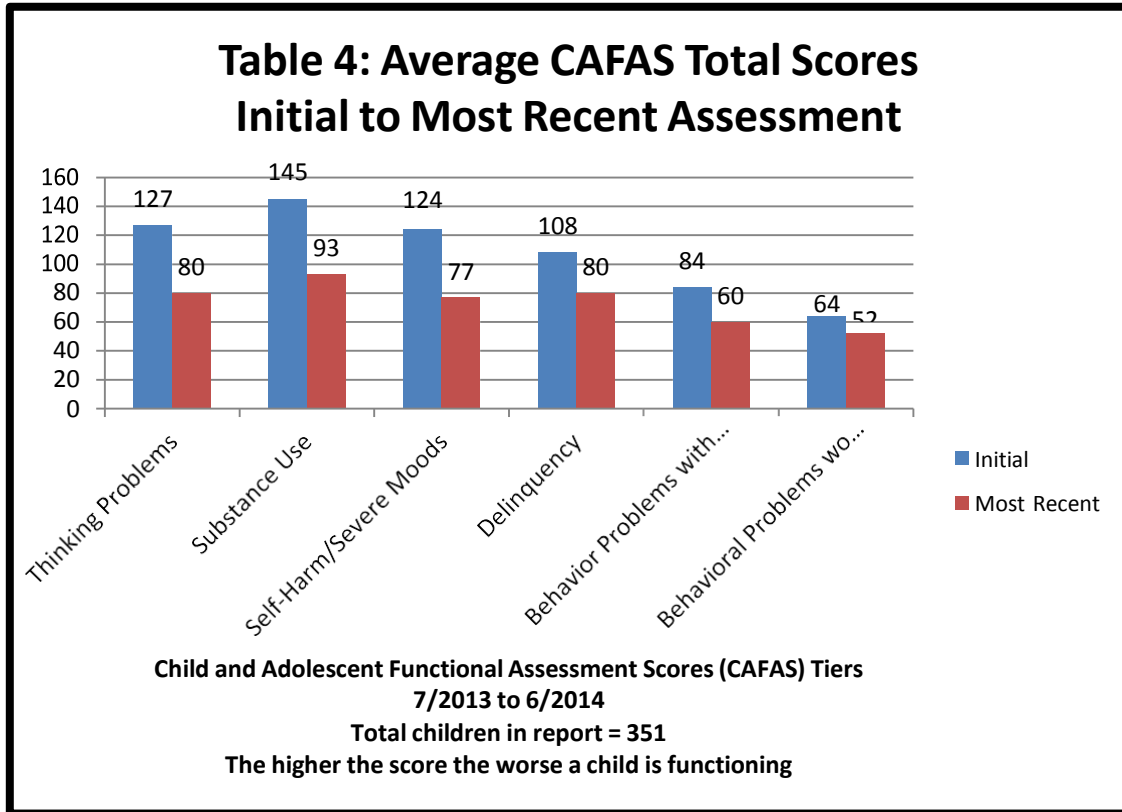
OUTCOMES

The Division partnered with the Department's Children and Family Services Division and the Division of Juvenile Services and implemented a continuous quality improvement program, Community-Based Standards (CbS) in each residential treatment program. CbS is a data collection process that identifies what the facilities do well and what areas they can improve. An example of the survey data shows how using the data and implementing program changes leads to improvements for children.

Table 3: Number of Restraints and seclusion at one Psychiatric Residential Treatment Facility



The children’s mental health case management program- Partnerships - continues to provide effective services to children with serious emotional disturbances.

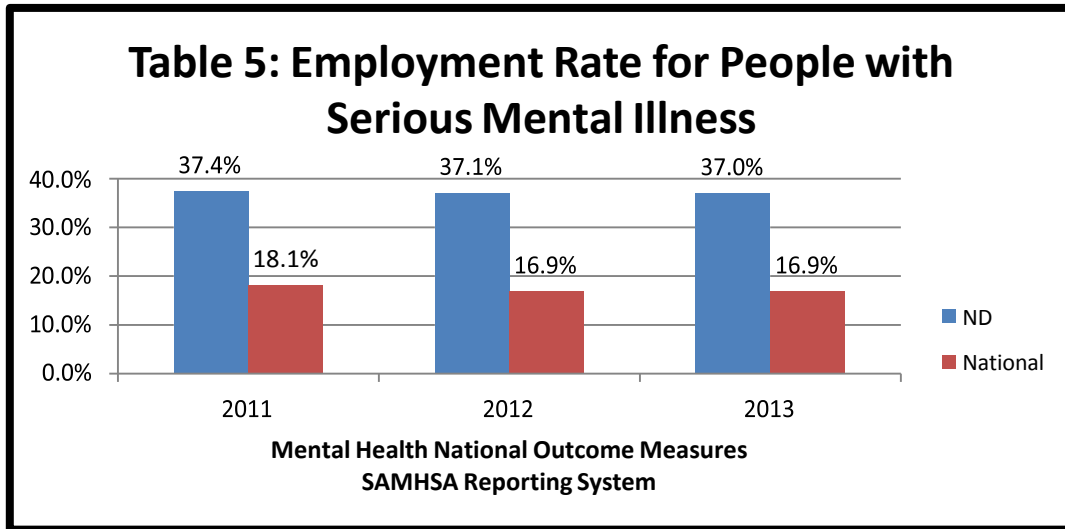


Extended Services

Extended Services provides job coaching for people diagnosed with a serious mental illness (SMI). This helps them keep a job, which helps with their illness recovery. Job coaches – employees of community rehabilitation providers - provide 1:1 support and training to individuals to assist them with meeting the requirements of the job or learning new skills to help them maintain employment.

- The goal at any given time is to have the intervention cost less than the salary earned.

- Cost of Intervention versus Total Consumer Income (CITI Ratio) = \$1.81. For every dollar spent on job coaching, the consumer on average earns \$1.81.
- 37% of individuals diagnosed with a SMI in North Dakota are employed. The national average is far less.



Employment for people with SMI involved at the Regional Human Service Centers

TRENDS:

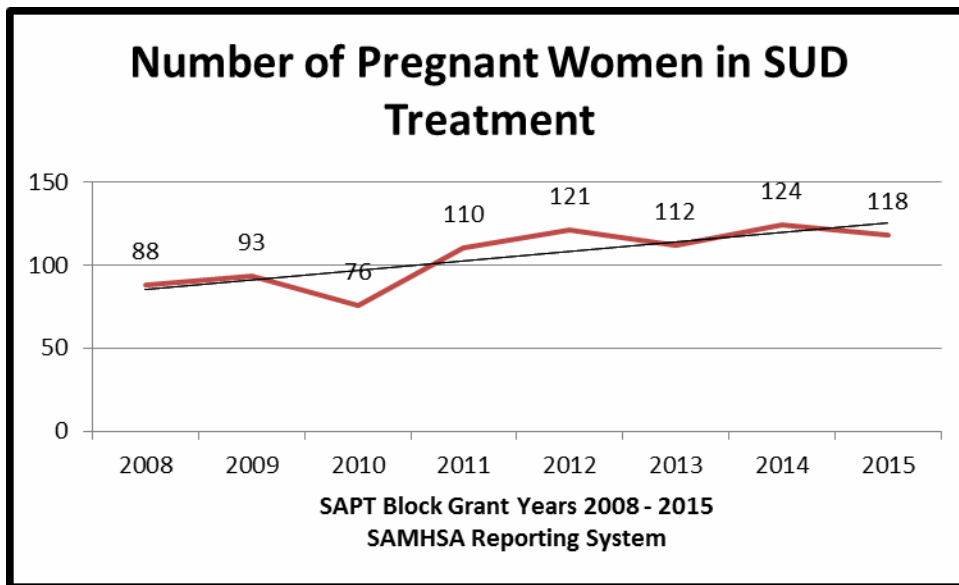
Alcohol and other drug use

Alcohol continues to be the primary drug used by those entering substance abuse disorder treatment in North Dakota’s public treatment system. The percentage overall, however, is declining. The percentage decline is due to increased use of methamphetamine and other opioid pain relievers. Marijuana continues its steady ranking as the second most common primary drug used.

The major take away from the most recently compiled North Dakota data is that methamphetamine use in those seeking treatment at the public substance abuse treatment centers has reestablished and increased over

the low in 2009. 2005 was the highest ranking year for meth as the primary drug of those in treatment at 13.3%. The percentage declined through 2009 (5.2%). Starting in 2010, meth use began increasing to the current statewide percent of 12%.

As the chart shows, the number of pregnant women coming into treatment is rising.



It is good that they are seeking treatment; however, it could indicate overall increase in drug use during pregnancy. This is concerning because of the impact of exposure to the unborn child and risk of life-long disabilities and challenges for the child. The Division directs block grant funding through the regional human service centers for two women's substance abuse treatment programs which are in Minot and Grand Forks.

Overview of Budget Changes

Description	2013–2015 Budget	Increase / (Decrease)	2015–2017 Executive Budget	Senate Changes	2015-2017 Budget To House
Salary and Wages	2,979,884	539,904	3,519,788	(60,302)	3,459,486
Operating	17,311,591	(2,452,657)	14,858,934	182,794	15,041,728
Grants	1,403,440	45,452	1,448,892	1,410,000	2,858,892
Total	21,694,915	(1,867,301)	19,827,614	1,532,492	21,360,106
General Fund	6,323,734	2,409,635	8,733,369	1,546,062	10,279,431
Federal Funds	14,800,321	(4,148,791)	10,651,530	(12,821)	10,638,709
Other Funds	570,860	(128,145)	442,715	(749)	441,966
Total	21,694,915	(1,867,301)	19,827,614	1,532,492	21,360,106
Full Time Equivalent (FTE)	19.0	0.0	19.0	0.0	19.0

Budget Changes from Current Budget to the Executive Budget:

The Salary and Wages line item increased by \$539,904 and can be attributed to the following:

- \$269,307 in total funds of which \$264,343 is general fund needed to fund the Governor’s compensation package.
- \$49,255, in total funds, of which \$11,624 is general fund needed to sustain the employee increases approved by the last Legislative Assembly.
- \$176,158 in total funds, of which \$64,161 is general fund, needed to support a Licensed Psychologist position which is focusing on the children system initiative, providing oversight to the various strategies with the goal to reduce out of state and multiple placements of children. The FTE was transferred from another area within the Department during the current biennium. This budget is not requesting the authorization of an additional FTE.

- The remaining \$45,184 increase is a combination of increases and decreases needed to sustain the salary and benefits of the 19 FTE in this area of the budget.

The Operating line item decreased by \$2,452,657 and is mainly attributed to the changes in Operating Fees and Services as follows:

- \$554,989 increase for 50 additional slots for individuals with a SMI to access employment services through extended services.
- \$480,492 increase for Substance Use Disorder Innovation which will incentivize the substance abuse treatment field to implement cutting edge research-based approaches with emphasis on recovery support.
- \$422,000 increase for 26 additional slots for prevocational skill services to those with TBI.
- \$300,000 increase in total funds, for a Child and Adolescent Team to assess and evaluate children with mental health issues.
- \$287,630 increase to fund a trauma informed system of care to provide training and consultation to child welfare providers to reduce out of state placements and create trauma-informed system.
- \$216,688 for contracted provider inflationary increases.
- \$130,000 increase for ND Cares to strengthen a network of support for service members and their families.
- Decrease of \$195,452 as public information on where to obtain gambling treatment services is budgeted in the grants line.
- Decrease of \$4,900,000 due to the Strategic Prevention Framework State Incentive Grant (SPF SIG), which was implemented to build a

foundation for delivering and sustaining effective substance abuse health services. The Grant will be ending on September 30, 2015.

The Grants line item increased by \$45,452 and can be attributed to the following:

- Increase of \$195,452 for problem gambling treatment to inform the public on where to obtain gambling treatment services. This was previously budgeted for in the operating line.
- Decrease of \$150,000 due to the Employment Development Initiative grant funding ending.

The general fund request increased by \$2,409,635 with \$1,936,783 or 80% of the increase related to additional slots for extended services and TBI prevocational skills, as well as a trauma-informed system of care, ND Cares, 4% inflation each year of the biennium, county share of grants, and the Governor's compensation package. The remaining \$472,852 or 20% of the increase is related to other salary and operating changes as described above.

The net change of the federal funds is mainly due to the decrease in SPF SIG funding as described above. The decrease in other funds is due to the counties no longer being responsible for their share of the Voluntary Treatment Program effective January 1, 2016.

Senate Changes:

\$60,302 in total funds, of which \$48,881 is general fund to decrease the Governor's compensation package to reflect a change in the state employee performance increase from 3% - 5% to 2% - 4%, remove market policy point equity increase, and to remove the 1% retirement contribution.

\$54,706 in total funds, of which \$52,557 is general fund to decrease the provider inflation from 4% to 3% each year of the biennium.

Increase of \$410,000 in general fund for Parent-to-Parent Support and Family-to-Family Health Information.

Increase of \$237,500 in general fund for Robinson Recovery.

Increase of \$1,000,000 in general fund for indigent care services and acute hospitalization and recovery services relating to substance abuse, however these monies should be included in the Statewide Human Service Center Division.

This concludes my testimony on the 2015–2017 budget request for Mental Health Substance Abuse Division of the Department. I would be happy to answer any questions.