

**LEGISLATIVE TESTIMONY
SENATE BILL 2373
HOUSE JUDICIARY COMMITTEE
REPRESENTATIVE DEKREY, CHAIRMAN**

March 9, 2005

Chairman DeKrey and members of the committee, my name is Kerry Wicks and I am the director of the Chemical Dependency Services at the North Dakota State Hospital. I have been asked by the sponsors of Senate Bill 2373 to give input to this committee and then be available to answer questions you may have.

The Chemical Dependency Services proposed in SB 2373 can operate as a clinically managed residential program that includes very structured care similar to the Tompkins Rehabilitation Center in design. The model is designed for cost efficiency and uses interventions shown to be most effective in best practices research.

Please refer to the fiscal note for the cost estimate to provide this level of treatment at the North Dakota State Hospital. The cost of providing residential level of care is \$77.43 per day. This contrasts with the average rate for chemical dependency inpatient care in North Dakota of \$526.00 per day.

There are three issues I would like to address that I believe will be important in the success of this project.

- 1. Senate Bill 2373 as amended exempts individuals committed under this bill from the screening process contained in NDCC 25-03.1-04. We recommend that the current process of human service centers screening appropriate referrals be restored, so the admissions are a 'good fit' clinically for this level of treatment. The Department of Human Services has developed administrative rules for the licensure of programs that lends itself extremely well to this referral process. With a limit of 50**

beds, it will be necessary to go through the current referral system to prioritize needs statewide. Additionally, there are solid clinical reasons for matching individuals to the appropriate level of care.

2. The initial cost of starting the program at the ND State Hospital would need to include \$475,000 for the upgrades necessary to use the building for patient care. These upgrades are primarily to meet fire code and improve air handling and air conditioning.

3. In planning this service, the Hospital would expect to have referrals come through the traditional Chemical Dependency Services at the ND State Hospital to be stabilized including detox. Patients would then be transferred to the residential setting for a long-term program. Treatment would be provided by a multidisciplinary team that includes: Licensed Addiction Counselors, Occupational Therapy, Recreation Therapy, Vocational Counseling, Registered Nurses, Licensed Practical Nurses, Mental Health Care Specialists, Adult Education and Chaplaincy, as well as access to other services in the Hospital, including psychiatry and psychology.

This concludes my testimony, I would be happy to answer any questions you may have.