Department of Human Services
Energy Development and Transmission Committee
Senator Rich Wardner, Chairman
October 14, 2015

Chairman Wardner, and members of the Energy Development and Transmission Committee, I am Laurie Gotvaslee, Director of Northwest Human Service Center (NWHSC) and North Central Human Service Center (NCHSC) for the Department of Human Services (DHS). I am here today to provide you an overview of the behavioral health programs and services of the Human Service Centers in western North Dakota.

The DHS mission is to "provide quality, efficient, and effective human services, which improve the lives of people." The human service centers (HSCs) are a network of public outpatient clinics that provides directly or through contracts, a full continuum of integrated behavioral health services. They provide outpatient and residential services to a broad range of people with mental illness and substance use disorders. The exact service mix is determined by the specific needs of clients in the region, resources of the HSCs, as well as other resources available within the region through local private providers. The HSCs provide community safety net services for the state's most vulnerable citizens. DHS places a high value on alignment across the regions, operating as one system that shares resources as needs and demands shift.

Each HSC provides core services as prescribed by DHS. The following core behavioral health services are provided at each of the regional HSCs:

Children's Mental Health

- Care Coordination
- Case Aide Services
- Crisis Residential/Safety beds

- Transition to Independence Program (TIP)

Serious Mental Illness (Extended Care Coordination)

- Care Coordination
- Case Aide Services
- Needs-based array of residential services
- Community Support Services
- Medication Management
- Acute/Clinical Services as deemed clinically appropriate
- Integrated Dual Disorder Treatment (IDDT)

Substance Abuse Services

- Adults and Adolescents
- Care Coordination/Case Aide
- Evaluation
- Social and Medical Detoxification Services
- Needs based array of primary treatment services
    - Low intensity outpatient
    - Intensive outpatient
    - Day treatment
    - Residential Treatment
- Residential Services
- Drug Courts

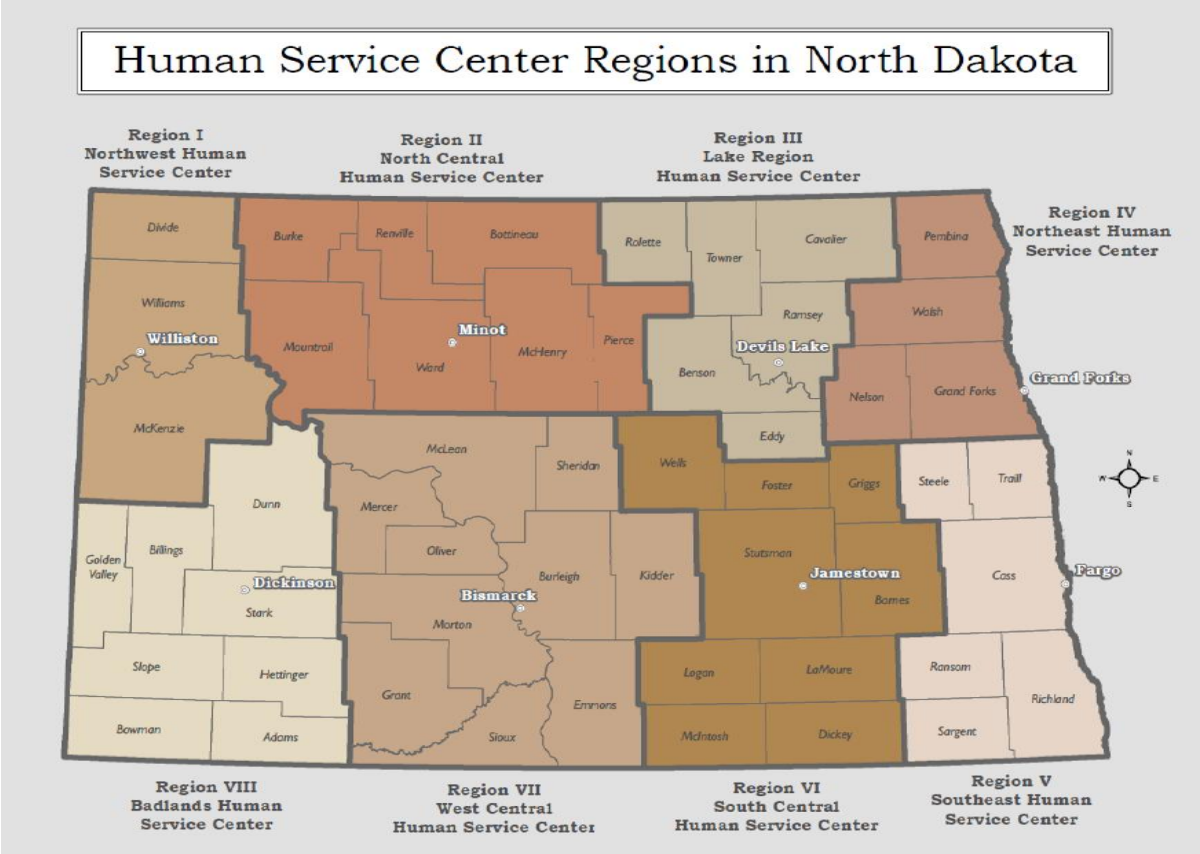
Crisis/Emergency Response Services

- 24-hour a day/7-days a week crisis call response from a designated, trained center employee
- Regional Intervention Services
    - Screening to the North Dakota State Hospital

- Gatekeeping/referral to North Dakota State Hospital and private hospitals
- Aftercare coordination for clients discharged from the North Dakota State Hospital

- Information and Referral

Location of Services:

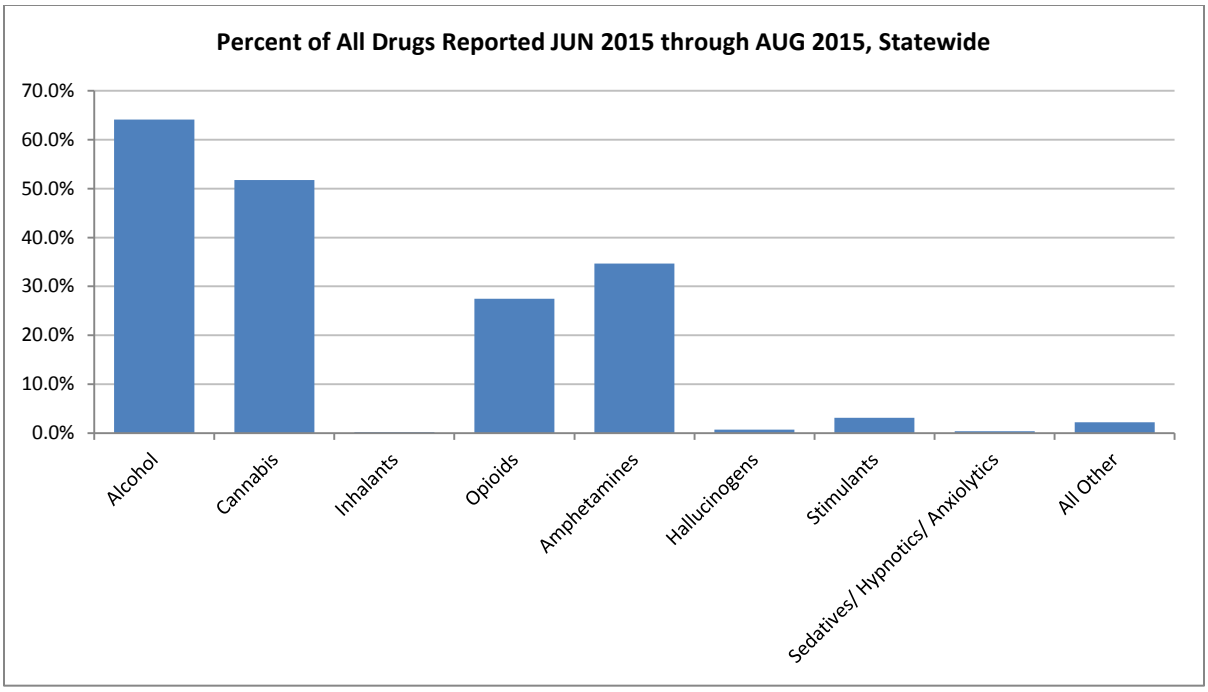


Services are provided within the clinic/HSC setting, rural outreach centers, client homes, or other community settings, and include 24-hour emergency services as well as follow-up services. Telemedicine services are being provided across the state to improve client access and the expansion of these capabilities is allowing DHS more flexible use of medical staff resources.

All eight of the HSCs have been providing "open access" for addiction evaluations since the fall of 2014, which has drastically reduced the no-show rate and has increased the timely response to clients requesting addiction services. The table below shows the total number of persons presenting at the addiction open access and the total number of addiction evaluation complete as a result of open access. The difference between the number of contacts and the number of completed evaluations are clients that were referred out to other agencies, given appointment times or had information/referral questions.

Region (months providing open access service)	**Total number of contacts/completed evaluations**	**Average per month contacts/completed evaluations**	**Number of days per week for open access**
I-Williston (10 months)	384/250	38.4/25	4
II-Minot (13 months)	631/403	48.5/31	2
VII-Bismarck (12 months)	340/279	28.3/23.25	1
VIII- Dickinson (9 months)	106/69	12/8	1

When clients seek addiction services they indicate their "primary drug of choice." The chart below provides a statewide overview of the reported drugs of choice. As you can see, alcohol and marijuana continue to be the drugs of choice statewide, but in recent months amphetamines (meth) has surpassed marijuana in western regions, closely followed by opioids (heroin).



NWHSC began providing "open access" services for mental health three days a week on September 15, 2015. NWHSC restructured the Intake/Triage to function like a Behavioral Health Emergency Room. Triage staff determine who is eligible to access services, the risk level of the client and which type of provider the client needs to be scheduled with. In addition to open access, triage staff responds to all calls inquiring about services or outside agencies referring clients to services, assists families with court committal processes, provides brief intervention for those not ready to engage in services and assists with North Dakota State Hospital Screenings.

In the nine days available for open access in the month of September 2015, 30 new clients were seen for mental health services. These 30 clients would have previously been scheduled out for 4-6 weeks for an intake appointment. Our previous no show rates for intakes (initial appointment) was 50-75%. The open access has allowed clients to be

seen when at the HSC when they are in need and motivated to make to accept assistance. This reduces the risk of symptoms worsening, therefore needing a higher level of service, motivation decreasing or clients moving before they can be seen by a professional at the HSC. Over the next couple of months our plan is to also implement a process to assist clients in seeing medication providers within 3-7 days of referral.

Regions I and VIII (Williston and Dickinson) do not have inpatient behavioral health services, which leads to increased numbers of clients utilizing the behavioral health services of the hospitals in Bismarck and Minot as well as the North Dakota State Hospital. The majority of the clients needing inpatient care are on an emergency court order, therefore they need to be transported by law enforcement, which in turn ties up valuable law enforcement time. Also, clients from Region I in need of addiction residential are transferred to Region II (Minot) for addiction residential services from NCHSC.

Region II (Minot) is in the process of procuring the 10 bed crisis residential/transitional living facility that was funded during this past legislative session. Region VII (Bismarck) is in the process of procuring the Mobile Crisis On-Call Crisis Intervention Services also funded this past session. Region VII is also in the process of adding the four additional beds to their current crisis residential unit. The anticipated start date for these added beds/services is January 1, 2016.

Outreach Services

Each HSC has established outreach services, which include providers being on site in the outreach offices on a limited basis. Case

managers, clinicians/medication providers and program staff also travel to deliver outreach services throughout the region to clients in their homes. The western region outreach offices are located in the following locations:

Region I: Watford City has a full time on site therapist/licensed addiction counselor, as well as medication management one day per month and Crosby has medication management one day per month.

Region II: Stanley has therapy two days per week, New Town has therapy one day per week and Rugby has therapy one day per week.

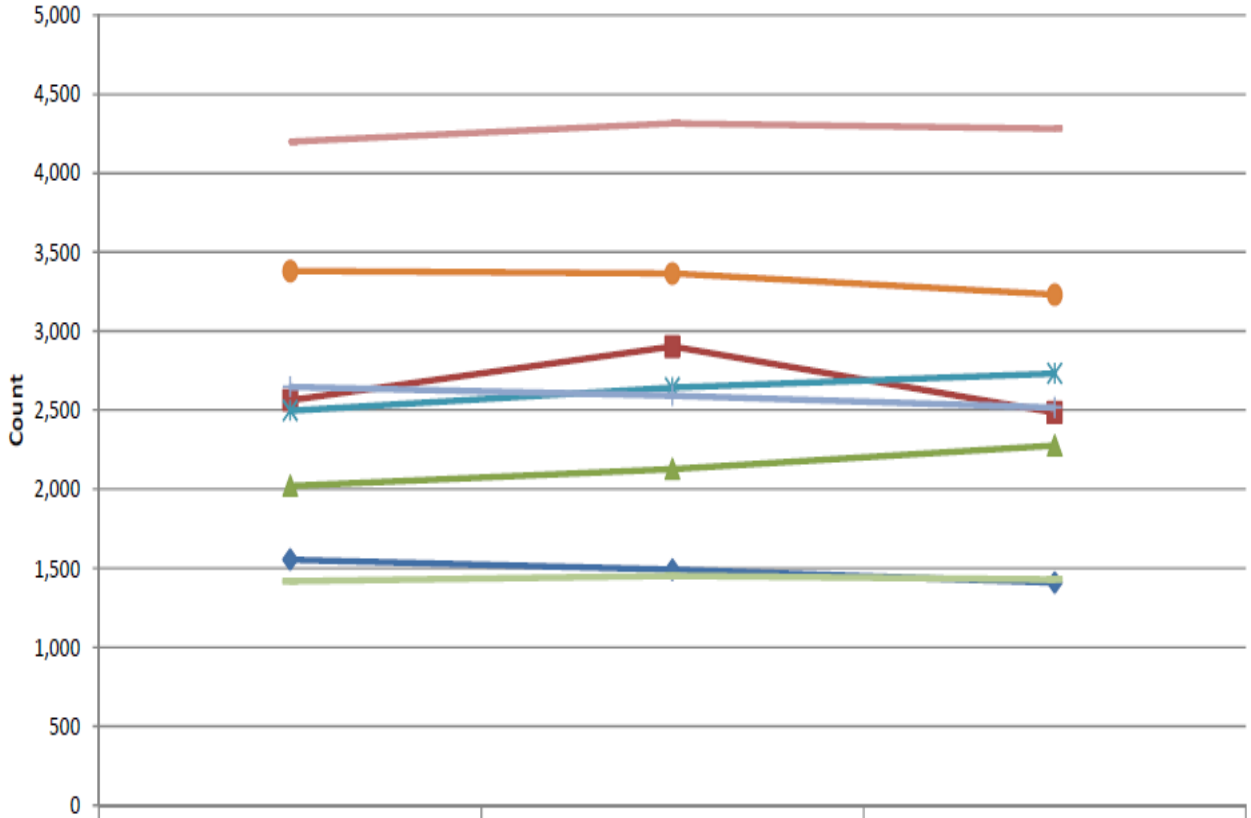
Region VII: Fort Yates has therapy one day per week.

Region VIII: Beach, Hettinger and Mott have therapy one day per week and Bowman has therapy two days per week.

The HSCs in western North Dakota also work with the local jails to provide services such as medication management, psychological evaluations and addiction evaluation of inmates, either onsite at the jail or at the HSC. Region II (Bismarck) provides programming in collaboration with the Department of Corrections to assist in reintegration of identified at-risk inmates who have behavioral health issues and are being released from the North Dakota State Penitentiary.

Caseload/Customer Base:

Unduplicated Count of Clients
by Human Service Center by State Fiscal Year (SFY)
SFYs 2012 – 2014
(Counts do not include clients receiving Developmental Disabilities services)



	2012	2013	2014
NWHSC	1,554	1,491	1,408
NCHSC	2,563	2,902	2,486
LRHSC	2,021	2,128	2,277
NEHSC	2,497	2,642	2,732
SEHSC	3,380	3,365	3,231
SCHSC	2,648	2,592	2,517
WCHSC	4,199	4,315	4,282
BLHSC	1,417	1,450	1,429
Statewide totals	19,656	20,130	19,617

Unduplicated Counts of Clients by Selected Programs Across the Human Service Centers July 2013 through June 2014

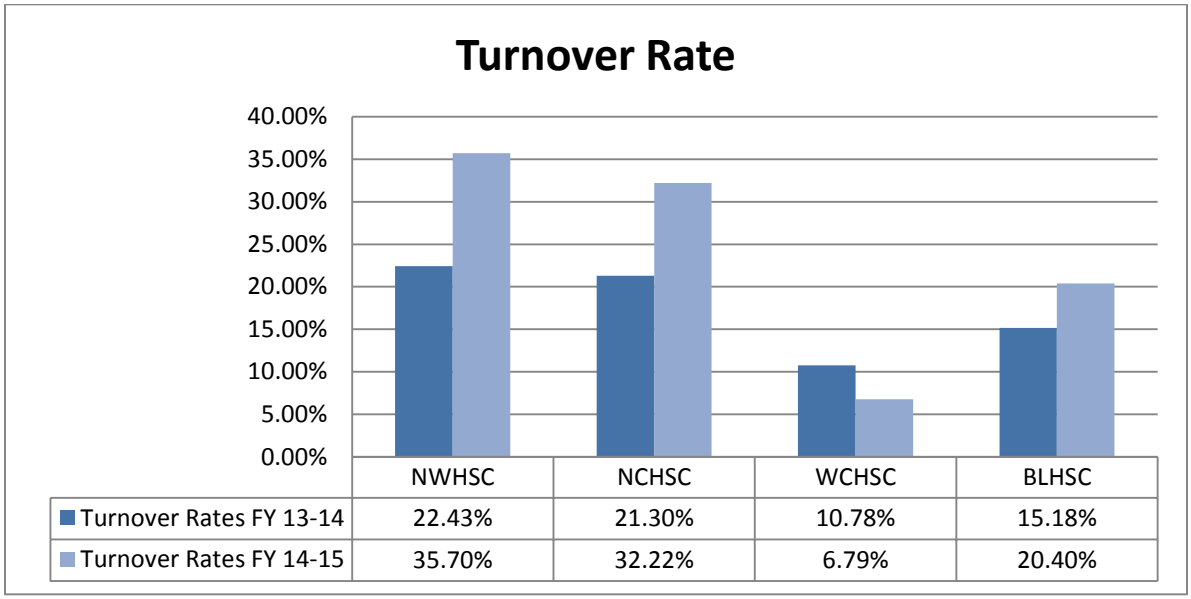
	NWHSC	NCHSC	LRHSC	NEHSC	SEHSC	SCHSC	WCHSC	BLHSC
Chemical Dependency	215	538	755	940	1162	387	1193	165
SMI Extended Care	88	174	92	420	724	249	359	102
Medical Services	708	1351	861	1270	1674	1157	1634	632
Outpatient Services	344	811	956	1252	1322	1078	1577	758
Children's Partnership Program	1	108	16	130	186	20	173	10
Low Intensity Offender Treatment		17	3	48	106		114	36

ROAP Program Enrollment Extract for SFY 2014. The data excludes program enrollments for Adolescent Treatment Center, Developmental Disabilities, Dual Disordered (Intellectual Disabilities/Mentally Ill), Health Tracks, Infant Development, and Supported Employment.

Staffing:

Western North Dakota continues to have difficulty hiring staff when positions become vacant. The chart below shows the overall turnover rate that the HSCs in western North Dakota have experienced in the past two years. The high turnover rate significantly impacts services. Although this trend is across the board for most positions, the vacant positions that have had the greatest impact on services are medication providers, psychologists, and licensed addiction counselors (LACs). Some of these positions have remained vacant without eligible candidates from one to two years. The two larger centers (WCHSC and NCHSC) have assisted the smaller centers (BLHSC and NWHSC) by sharing staff between centers. A number of staff either travel or utilize telehealth service. These include directors, fiscal managers, human resources,

clinical directors, psychiatrists, psychologists, licensed addictions counselors and unit supervisors. In addition, WCHSC is the only HSC in western North Dakota that employs a psychologist who completes sex offender evaluations.



	NWHSC	NCHSC	WCHSC	BLHSC
Turnover Rates FY 13-14	22.43%	21.30%	10.78%	15.18%
Turnover Rates FY 14-15	35.70%	32.22%	6.79%	20.40%

Barriers:

In addition to the staffing issues western North Dakota continues to see barriers such as affordable housing and transportation for clients. The lack of inpatient behavioral health in Regions I (Williston) and VIII (Dickinson) is a significant barrier, not just because of the travel time to the nearest hospital, but because there are times the behavioral health beds in that hospital are full. It is not uncommon to hold individuals with mental health issues in the local jail waiting for a mental health bed.

Another barrier, specific to addiction treatment is the difficulty in obtaining options for chemical detox. Any form of detox beds whether it be medical detox (in a hospital setting) or withdrawal management (in a social setting) is non-existent in some Regions. Region VIII (Dickinson) has withdrawal management within their crisis residential program; however, medical detox is limited in the Dickinson area.

This completes my testimony and I would be happy to answer any questions you may have about behavioral health services in western North Dakota.