Testimony
Department of Human Services
Human Services Committee
Representative Damschen, Chairman
July 30, 2013

Representative Damschen and members of the Human Services Committee, I am JoAnne Hoesel, Director of the Division of Mental Health and Substance Abuse, Department of Human Services (DHS). I am here to provide information regarding the legislative management study on behavioral health needs of youth and adults.

People can experience different types of mental health and substance abuse problems. Some can occur for a short time, and some are ongoing. Just as other health conditions, these are real and diagnosable health conditions. They affect the functioning of the brain, an organ of the body just like the kidney, liver, or heart. Behavioral health problems affect your thinking, mood, and behavior. Most people who experience mental illnesses and substance use disorders will improve if they receive appropriate services at the right time. Both conditions take a tremendous toll on our communities. Mental illness and substance use conditions often co-occur. In other words, individuals with substance use conditions often have a mental health condition at the same time, and persons with mental health problems often abuse substances or experience addiction at the same time. A combined mental health and substance abuse planning council was formed in 2013 to view the system from the perspective of both conditions and the service system from a comprehensive view.

The DHS provides services across the mental health and substance abuse (or behavioral health) spectrum. DHS provides prevention through a

technical assistance team and the Prevention Resource and Media Center; and mental health and substance abuse treatment services through the eight regional human service centers (HSCs) and the North Dakota State Hospital. Contracts for services with private providers are in place through all HSCs and the Division of Mental Health and Substance Abuse. Services are delivered at the HSCs, through outreach offices, traveling to schools, nursing homes, individual homes, and through telehealth or electronic means.

DHS submits a combined application for the Substance Abuse Prevention and Treatment Block Grant (SABG) and the Community Mental Health Services Block Grant (MHBG) bi-annually. This application serves as the public behavioral health plan.

Prevention

The current North Dakota Substance Abuse Prevention System is data-driven and science-based. Along with the state Training and Technical Assistance services, Tribal substance abuse prevention coordination programs are in place on all four reservations. The prevention system follows a public health approach and focuses on changing the environment that supports substance use. I've included a copy of our latest data booklet to provide you a sample of recent material used in prevention. I encourage you to visit www.nd.gov/dhs/prevention and www.ParentsLead.org to gain more information on current prevention efforts.

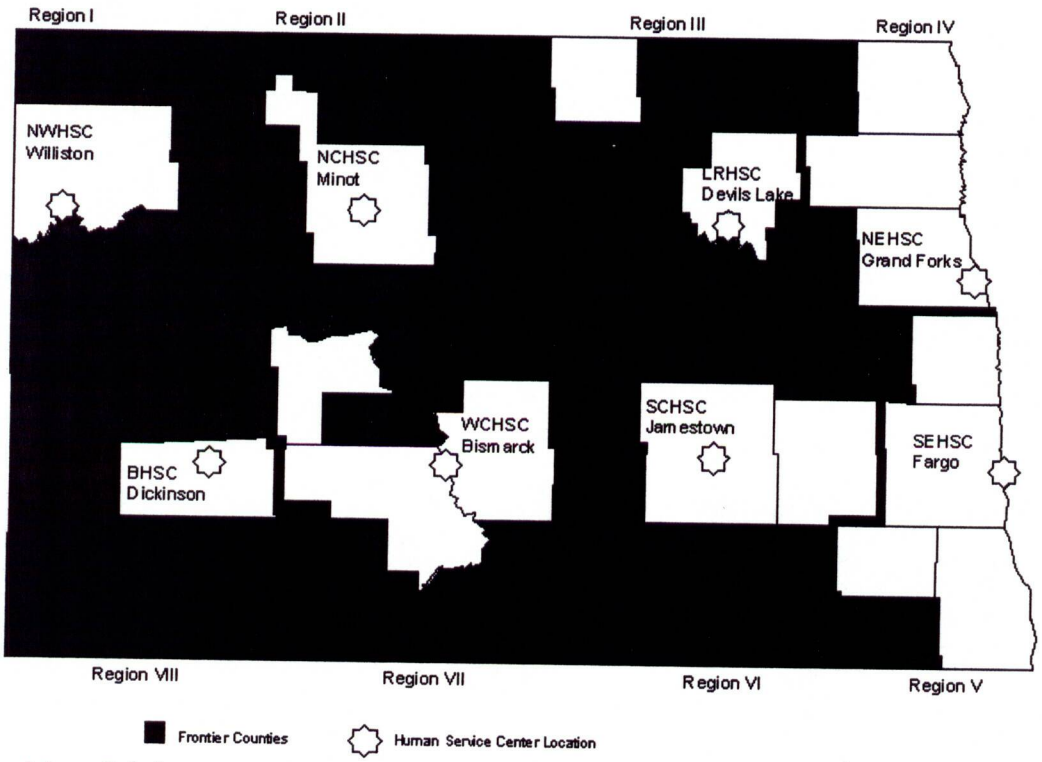
Treatment

Services at the HSCs are provided to all clients regardless of race, color, religion, national origin, sex, age, political beliefs, or disability in accordance with federal and state laws. Services are provided to Native Americans living on or off Tribal land. The exact service mix delivered at

each center is determined by specific needs of clients in the region, resources of the HSCs, as well as other resources available within the region from private and other public providers.

Each HSC provides common core services as prescribed by DHS policy. Core services at the regional HSCs include the following:

- Aging Services
- Developmental Disabilities
- Vocational Rehabilitation
- Child Welfare Services
- Children's Mental Health
- Serious Mental Illness Extended Care Coordination)
- Acute Clinical Services
- Substance Abuse Treatment Services
- Outpatient Sex Offender Treatment
- Crisis/Emergency
- Response Services



Each HSC provides 24-hour, seven days per week crisis assistance to address emergencies. This Regional Intervention Service (RIS) is able to provide

crisis intervention including short-term crisis residential placement and immediate access to a range of housing, medical, and counseling services within the community. South East Human Services (SEHSC), in Fargo, recently implemented a mobile crisis unit via contract with Solutions, Inc. This unit assists clients in the SE region who come into contact with law enforcement or local medical facilities while in a mental health crisis. The mobile team is sent directly to the person in crisis and works with the client until the crisis is over. This intervention is beneficial to the health of the client and prevents the utilization of more restrictive and costly means of treatment and intervention.

RIS is also responsible for evaluating individuals who may need services at the North Dakota State Hospital. The North Dakota State Hospital, located in Jamestown, was established in 1883 and is the only state-owned and operated hospital in North Dakota. It is fully accredited by the Joint Commission on Accreditation of Health Care Organizations and is also Medicare certified. RIS responsibility is to ensure that least restrictive treatment environment is accessed prior to institutionalization. Each HSC has an aftercare coordinator, who coordinates discharge planning with the North Dakota State Hospital to provide smooth transitions and greater community linkage to the consumer upon return to their region. DHS continues to fund contracts with private hospitals to serve individuals with serious mental illness who can be stabilized in the community.

Homelessness continues to be an issue in North Dakota. The most recent Point-In-Time Survey (January 25, 2012) found 972 homeless persons in North Dakota including 708 adults, 189 children and 75 persons for whom age was unknown. Of these, 229 people were long-term homeless.

Thirty-six percent of individuals noted a history of substance abuse while 35 percent indicated mental health issues. Eight HSC coordinators funded partially under the Projects for Assistance in Transition from Homelessness (PATH) Grant provide persons who are homeless or at-risk of homelessness and are mentally ill or have a co-occurring mental illness and substance use disorder; with intensive case management services.

DHS is adding 16 geriatric-psychiatric beds at the Prince of Peace Skilled Nursing Center in Ellendale to address the continued growth in geriatric psychiatric caseload. The DHS will then have 32 beds at the Sheyenne Care Center and 16 beds at the Prince of Peace Center.

Outreach is done routinely and extensively through the HSCs. Attachment B provides a summary of work done outside the office by HSC staff.

North Dakota has made great strides in providing quality community-based behavioral health care. A number of evidence-based practices are used across North Dakota. Some highlights are:

- Integrated Dual Disorder Treatment (IDDT): For the past six years, Southeast Human Service Center has provided IDDT programming for clients diagnosed with serious mental illness and co-occurring substance use disorders. Annual fidelity reviews and consultation continue to be conducted by consultants from the Center for Evidence-Based Practices at Case Western Reserve University. Lake Region, West Central, Badlands and South Central Human Service Centers have begun implementation efforts as well. All HSCs will ultimately offer IDDT. In a 2012 analysis, of one group served between 2010

and 2012, there was a 48 percent decrease from year 1 to year 2 in the number of Emergency Room admissions.

- MATRIX model. Seven HSCs are currently nationally certified MATRIX programs. MATRIX provides substance abuse treatment in a way that better meets the need of people who have brain damage caused by methamphetamine and chronic alcohol use.
- Treatment Collaborative for Traumatized Youth: In conjunction with Dr. Steve Wonderlich from National Research Institute in Fargo. Clinicians from each HSC are trained in the treatment method of Alternative for Families – Cognitive Behavioral (AF-CBT) and two other evidence-based trauma service methods. These services are particularly targeted to families involved with county social services.
- Services to transition-age youth: The 2010 Census estimates revealed that the transition-aged youth population between the ages of 15 and 24 is at 114,481, which is an increase of 5,481 from the 2006 Census estimate of 109,000. It is estimated that 6-12 percent of transition-age youth and young adults struggle with a serious mental health condition. Mental health problems often begin at an early age and become more significant during adolescence and young adulthood. Half of adult mental health problems begin before age 14, and three-quarters begin before age 24. With the passing of HB 1044 in the 2011 Legislative session, DHS implemented the Transition to Independence Program (TIP). TIP provides services to transition-aged individuals between the ages of 14-24 who are at risk and who do not qualify for other case management services. As of June 1, 2013, TIP has assisted 267 youth transition into adulthood. The DHS has developed eight regional TIP Subcommittees that report quarterly to the State Wide TIP Interagency Advisory Council.

Other services provided in the public system through contract or fee for service are:

- Compulsive gambling treatment
- High-risk sex offender community treatment
- Traumatic brain injury support services
- Residential treatment for those with methamphetamine and other controlled substances use disorders
- Psychiatric residential treatment centers

DHS works closely with the Department of Corrections and Rehabilitation to ensure that individuals who have a serious mental illness and substance use disorders and are in prison have a smooth transition once released to the community. Through the Release and Integration Program, HSC staff meet with inmates a few months prior to their scheduled parole to begin preliminary work on securing housing and any other needed assistance.

Recovery

The concept of recovery is the guiding principle for the public system of care. Through the HSCs, NDSH, private agencies and consumer-run services, these recovery services and supports identify and build upon each individual's strengths and areas of health. Recovery Centers in each region provide community supports in an informal setting. The "Recoveree Connection" is a telephone recovery support program implemented statewide in June 2008. The DHS contracts with Rehab Services, a private agency located in Minot, to administer the program. The Recoveree Connection is a non-clinical, volunteer based, support service whereby individuals in recovery from substance use disorders receive telephone calls from trained telephone recovery support

specialists, most of whom are peers in the process of recovering themselves. For the year ending June 30, 2012 there were 3,878 calls made to 1,133 individuals in recovery. DHS formed a recovery council in 2007 to promote and grow recovery supports in ND. HSCs have begun using recovery coaches and case aides to extend services.

I hope this overview assisted you in understanding the public behavioral health system and in your study on behavioral health services in North Dakota. Alex Schweitzer, field services director, and I are available to provide additional information or assistance as the study continues.