2009 HOUSE HUMAN SERVICES

HB 1573

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1573

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: January 28, 2009

Recorder Job Number: 8007

Committee Clerk Signature Vicky Crabtree

Minutes:

Chairman Weisz called the hearing to order on HB 1573.

Rep. Hofstad from District 13 sponsored and introduced the bill.

Chairman Weisz: Explain how voucher works.

Rep. Hofstad: Experts behind me can do that.

Robert Spencer read Dr. Karen Walton's a licensed practitioner in Grand Forks: See Attached Testimony #1.

Chairman Weisz: If states only reimbursing for 3 weeks currently, are we looking at an increase in cost if we go to a voucher system?

Robert Spencer: Not in my opinion. We are allowing participating providers to provide that service.

Rep. Holman: You said 3 weeks, is that a state regulation for all services?

Robert Spencer: Medicaid allows 21 days for treatment. In most cases 21 days particularly the duo diagnosed cases, doesn't begin to provide sufficient coverage.

Rep. Holman: It seems like a separate issue. This is outlining a study which would (inaudible) the time limit doesn't seem like something (inaudible).

Robert Spencer: Part of it concerns (drops sentence).

Rep. Kilichowski: After the 21 days, and you are looking at vouchers and continuing care, is that through an outpatient program or back at the facility?

Robert Spencer: The Dept. of Human Services regulations require that any participating facility treat both Medicaid, Medicare and private paid clients, exactly the same in terms of length of stay and services provided. If a Medicaid patient stays longer than 21 days for treatment, the provider eats that.

Rep. Holman: I've seen that extended period of time by using another program to keep the person in contact with the addiction counselor.

Robert Spencer: In certain cases the state may or may not allow an additional nine days after the 21.

JoAnne Hoesel, Director of Mental Health and Substance Abuse Division of Dept. of H.S.: Testified in support. **See Testimony #2.**

Rep. Uglem: Do other states allow more than 21 days?

JoAnne Hoesel: We are talking about two things. The licensing of the program and reimbursement of services. Depends on coverage person has that dictates coverage. Several addiction providers, because they cliniced,are reimbursed through Medicaid. There are five levels of care in ND. From most restrictive and intense to aftercare. Rare for Medicaid to approve in-patient care.

Rep. Hofstad: You talked about the voucher program's intent to (inaudible) consumer choice and outcome (inaudible) Could you elaborate on your goals and how you will strive to achieve them?

JoAnne Hoesel: North Dakota is one of the states that through our substance abuse (inaudible) block grant are required to report federal outcomes. There is a list of national outcome measures. We report our outcomes. They tend to report how a person is functioning are they employed, living in a home, are the continuing or not to be in criminal activity, that kind of thing. We report on both intake and discharge. Have other subprograms such as the matrix model and in (inaudible) treatment for those that have both mental illness and substance abuse. On consumer choice and access, for

consumer choice we look at a public private partnership in the state. Also recognize we need an infrastructure. North Dakota is considered a minimum allotment state in the federal block grant. We look at human service centers as the core, but within those human service centers, they contract with private providers as well. Access, we continue to strive to keep people in treatment longer.

Rep. Conrad: Will vouchers improve our system?

JoAnne Hoesel: I believe it will.

Rep. Potter: Could you tell me an example of special services?

JoAnne Hoesel: I'm not sure what you are referring to. Vouchers tend to be used, substance abuse concept. I'm not sure what else that might be. Maybe psychological or psychiatric consultations.

Rep. Kilichowski: Has this voucher program been working in other states?

JoAnne Hoesel: Texas is one of the original ones that was funded. Two major challenges, first was no upfront money to providers; reconciliation from issuance to usage of voucher. Second was the management of it. Have been good things also. In 2007, 24 states were awarded second round.

Rep. Frantsvog: If someone wants to use a voucher, do they have to come to your department to get the voucher to go where they want to go to?

JoAnne Hoesel: I believe it would be. Depends on how set up and there are a number of ways to do that.

Donna Hastings from Grand Forks: testified in support and told story of her son's mental illness and the struggles they had sending him even out of state and the financial burden on them. (See recording 32 min. 25 sec.)

Kurt Snyder, Executive Director of Heartview Foundation: Testified in support. **See Testimony #3.**

Rep. Conrad: Some cities have limited services. In those four regions do you think the private sector will be interested in the voucher system?

Kurt Snyder: There are private facilities in those areas, but they are limited. A voucher system would allow for more clients coming through their door and help them to treat people.

Rep. Conklin: Does the human services not pay enough to go through your treatment programs?

Kurt Snyder: Talking about 21 day treatment? That's a separate issue. We are a Medicaid approved facility. A lot of people go through human service centers don't have Medicaid services. Our fee structure dictated by what patient can pay. There's a barrier for underinsured or not insured people.

Rep. Conklin: Don't understand. Would you take a patient if you lose money and why would you?

Kurt Snyder: We are non-profit and our mission is to provide service for those in need. We would help those people.

Glenda Spencer a licensed addiction counselor and Director, Center for Solutions in Cando: Testified in support. **See Testimony #4**

Mary Beth Traynor from Fargo ND: Testified in support. **See Testimony #5.**

NO OPPOSITION.

Chairman Weisz closed the hearing.

2009 HOUSE STANDING COMMITTEE MINUTES

Bill/Resolution No. 1573

House Human Services Committee

☐ Check here for Conference Committee

Hearing Date: February 9, 2009

Recorder Job Number: 9030

Committee Clerk Signature Vicky Crabtree

Minutes:

Chairman Weisz: Let's take up HB 1573.

Rep. Porter: Move we amend 1573 Line 5, overstrike "shall" and insert "may" and on Line 12, overstrike "shall" and insert "may".

Rep. Pietsch: Second.

Rep. Potter: Would you explain why you want the change?

Rep. Porter: It's a study resolution and Legislative Council is responsible for picking which studies to look at.

Voice Vote: 13 yeas, 0 nays, 0 absent.

MOTION CARRIED TO AMEND BILL.

Rep. Kilichowski: I have a note here that 24 seats were awarded to Grafton in '07. How big of a grant budget?

Rep. Conrad: (Inaudible). Then they didn't submit one in 2007.

Rep. Porter: Motion for a DO PASS as amended.

Rep. Frantsvog: Second.

Roll Call Vote on DO PASS AS AMENDED: 13 yes, 0 no, 0 absent.

MOTION CARRIED ON A DO PASS AS AMENDED.

BILL CARRIER: Rep. Hofstad.

Adopted by the Human Services Committee
February 10, 2009

VK
2/10/09

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1573

Page 1, line 5, replace "conduct" with "consider conducting"

Renumber accordingly

Date: 2-9-09

Roll Call Vote #:

2009 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 1573

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☒ Do Pass ☐ Do Not Pass ☒ Amended

Motion Made By Rep Porter Seconded By Rep. Pietsch

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN ROBIN WEISZ	✓		REP. TOM CONKLIN	✓	
VICE-CHAIR VONNIE PIETSCH	✓		REP. KARI L CONRAD	✓	
REP. CHUCK DAMSCHEN	✓		REP. RICHARD HOLMAN	✓	
REP. ROBERT FRANTSVOG	✓		REP. ROBERT KILICHOWSKI	✓	
REP. CURT HOFSTAD	✓		REP. LOUISE POTTER	✓	
REP. MICHAEL R. NATHE	✓				
REP. TODD PORTER	✓				
REP. GERRY UGLEM	✓				

Total (Yes) 13 No 0

Absent 0

Bill Carrier Rep Hofstad

If the vote is on an amendment, briefly indicate intent:

Lines overstrike shall, insert May
Line 12 overstrike shall, insert May

Motion carried on
DO PASS

REPORT OF STANDING COMMITTEE

HB 1573: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). HB 1573 was placed on the Sixth order on the calendar.

Page 1, line 5, replace "conduct" with "consider conducting"

Renumber accordingly

2009 SENATE HUMAN SERVICES

HB 1573

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1573

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 3/18/09

Recorder Job Number: 11173

Committee Clerk Signature Mary K Monson

Minutes:

Senator J. Lee opened the hearing on HB 1573 to provide for a legislative council study of voucher use and provider choice for clients in human services and other programs.

Representative Curt Hofstad (District 15) introduced HB 1573. This provides for a study by the legislative council for the use of vouchers for clients within the human services programs. The intent of a voucher system is to increase access, provide consumers a choice, and ultimately a better outcome.

Senator Heckaman asked if other states are using or considering this.

Rep. Hofstad didn't know the answer.

Senator J. Lee said the hearing would be kept open for those who could not be present at this time.

There was no other supporting testimony at this time.

There was no opposing testimony at this time.

Don Wright (Assistant Director, Division of Mental Health and Substance Abuse, Dept. of Human Services) was present on behalf of JoAnne Hoesel and presented neutral testimony. Attachment #1

Senator Heckaman referred to the travel to use the voucher and asked what they do now.

Mr. Wright replied that is part of the access to services. (Meter 10:00)

Senator J. Lee talked about telemedicine and asked if there are some options that can be explored in order to provide services in substance abuse and addiction that work well for this.

Mr. Wright thought addiction services would be more challenging in that setting. A group setting works best.

Senator J. Lee recessed the hearing.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1573

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 3/23/09

Recorder Job Number: 11391

Committee Clerk Signature Mary K Monson

Minutes:

Senator J. Lee reopened the hearing on HB 1573 relating to voucher use and provider choice for clients in human services and other programs.

Kurt Snyder (Executive Director, Heartview Foundation) voiced his support for HB 1573. Attachment #2

Senator J. Lee asked if he visualized how this would work.

Mr. Snyder said the general concept would be that the vouchers or money would follow the patient. (Meter 04:00) The voucher system could extend the services. Those that could be served in the privates could be referred there lessening the load of human service centers. He pointed out that the Division of Substance Abuse and Mental Health is part of the Dept. of Human Services and oversees the human service centers. The division is also supposed to represent the private providers as well. (Meter 05:35)

Senator J. Lee asked if there would be any kind of issue on the part of the private providers as far as the reimbursement goes.

Mr. Snyder replied that they have worked with many different reimbursing parties. The reimbursement rate varies a lot between them. He didn't see it being an obstacle.

Senator Dever asked if they keep statistics on success rates and if the department does that and if there is any real way of comparing.

Mr. Snyder replied that as a profession they hadn't done very well with tracking their outcomes. (Meter 10:25)

Glenda Spencer (licensed addiction counselor) spoke in support of HB 1573. Attachment #3

Donna Hastings (Grand Forks) encourage support for HB 1573 in her testimony. See attachment #4.

Senator J. Lee asked if there are any private facilities in the state that would be capable of providing the services that her son needs.

Ms. Hastings said, no, he needed long term programs.

Discussion followed that children with legal issues have places to go but if there are no legal issues they don't fit into the program. Both the human service centers and privates are running into this issue.

JoAnne Hoesel (Dept. of Human Services) spoke about a law on the books called the "Voluntary Treatment Program" designed for youth that have an emotional disturbance and are in need of out of home treatment. It does allow a small amount of money to pay for the treatments and allows a family to access the program without relinquishing custody. It is only for those with Medicaid reimbursement and up to the age of 18.

Senator J. Lee thought they had fixed the deal about having to give up custody in order to get services.

Ms. Hoesel replied that it is tied to those with Medicaid funds.

She wanted to clarify that the voucher program is different than Medicaid reimbursement. She felt that was a critical issue (meter 40:50).

Senator J. Lee asked her to explain why they could provide services for "not for profit" and they can't provide the same services for "for profit".

Ms. Hoesel - it's in the state plan. She didn't know how it got it there.

Senator J. Lee said that could be addressed in a study.

Ms. Hoesel replied that was the clarification she was trying to make. If there was a study to study the voucher program that doesn't say that they are going to study Medicaid reimbursement.

Senator J. Lee said then they needed to rework the language to evaluate the various sources of funding and the various programs available and how the private providers can be considered as well as the regional human service centers.

Some discussion followed on possible wording for the study.

The hearing on HB 1573 was closed and the intern was asked to draft an amendment to consider.

2009 SENATE STANDING COMMITTEE MINUTES

Bill/Resolution No. HB 1573

Senate Human Services Committee

☐ Check here for Conference Committee

Hearing Date: 3/24/09

Recorder Job Number: 11468, 11503

Committee Clerk Signature Mary K Morson

Minutes:

Senator J. Lee opened committee work on HB 1573. (Meter 04:43)

Senator Pomeroy moved a **Do Pass on HB 1573**.

Second by **Senator Dever**.

After a short discussion and a realization that they were waiting for wording for a proposed amendment the motion and second was withdrawn.

Job #11503

Senator J. Lee presented the committee with the proposed amendment dated 3/24/09.

Attachment #5.

Senator Erbele moved to adopt the amendment dated 3/24/09.

Second by **Senator Heckaman**.

There was discussion that the amendment actually provided for two studies and they should be combined into one.

The motion to adopt the amendment was withdrawn so the correct wording could be prepared.

Senator Erbele moved to **accept the revised amendment dated 3/24/09.**

Second by **Senator Heckaman.**

Roll call vote 5-0-1. (Senator Dever) Amendment adopted.

Senator Erbele moved a **Do Pass as Amended.**

Second by **Senator Heckaman.**

Roll call vote 5-0-1. (Senator Dever) Motion carried.

Carrier is Senator Heckaman.

Date: 3-24-09

Roll Call Vote #: 1

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1573

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken ☒ Do Pass ☐ Do Not Pass ☐ Amended ☐ Rerefer to Appropriations

☐ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Pomeroy Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman			Senator Joan Heckaman		
Senator Robert Erbele, V.Chair			Senator Richard Marcellais		
Senator Dick Dever			Senator Jim Pomeroy		

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Withdrawn

Date: 3/24/09

Roll Call Vote #: 2

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1573

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 3-24-09 #5

Action Taken ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Rerefer to Appropriations

☒ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Erbele Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman			Senator Joan Heckaman		
Senator Robert Erbele, V.Chair			Senator Richard Marcellais		
Senator Dick Dever			Senator Jim Pomeroy		

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

withdrawn

revised 3-24-09

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1573

Page 1, line 2, after "programs" insert " and for funding of human services and other state programs"

Page 1, line 12, after the period insert "The study must also include a comprehensive study of funding for human services and other state programs, focusing on the feasibility of improving access to care and provider choice for clients by use of a voucher system, including programs related to mental health services, addiction treatment, counseling services, and transition services."

Renumber accordingly

90940.0201
Title.0300

Adopted by the Human Services Committee
March 25, 2009

3/25/09

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1573

Page 1, line 2, after "programs" insert "and for funding of human services and other state programs"

Page 1, line 12, after the period insert "The study also must include a comprehensive review of funding for human services and other state programs, focusing on the feasibility of improving access to care and providers for clients through the use of a voucher system, including programs related to mental health services, addiction treatment, counseling services, and transition services."

Renumber accordingly

Date: 3/24/09

Roll Call Vote #: 3

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1573

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Revised 3-24-09

Action Taken ☐ Do Pass ☐ Do Not Pass ☐ Amended ☐ Rerefer to Appropriations

☒ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Erbele Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever			Senator Jim Pomeroy	✓	

Total (Yes) 5 No 0

Absent 1

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Date: 3/24/09

Roll Call Vote #: 4

2009 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1573

Senate Human Services Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number 90940.0201

Action Taken ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Rerefer to Appropriations

☐ Adopt Amendment ☐ Reconsider

Motion Made By Sen. Erbele Seconded By Sen. Heckaman

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee, Chairman	✓		Senator Joan Heckaman	✓	
Senator Robert Erbele, V.Chair	✓		Senator Richard Marcellais	✓	
Senator Dick Dever			Senator Jim Pomeroy	✓	

Total (Yes) 5 No 0

Absent 1

Floor Assignment Senator Heckaman

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

HB 1573, as engrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 1 ABSENT AND NOT VOTING). Engrossed HB 1573 was placed on the Sixth order on the calendar.

Page 1, line 2, after "programs" insert "and for funding of human services and other state programs"

Page 1, line 12, after the period insert "The study also must include a comprehensive review of funding for human services and other state programs, focusing on the feasibility of improving access to care and providers for clients through the use of a voucher system, including programs related to mental health services, addiction treatment, counseling services, and transition services."

Renumber accordingly

2009 TESTIMONY

HB 1573

#1

TESTIMONY TO HOUSE HUMAN SERVICES COMMITTEE
In support of HB - 1573
Dr. Karin Walton
JANUARY 28, 2009

Mr. Chairman and members of the Committee,

For the record, my name is Bob Spencer, and I am providing testimony for Dr. Karin Walton. Dr. Walton was unable to attend this hearing today but asked me to provide the following testimony on her behalf in support of House Bill No. 1573 which requests a legislative council study of voucher use and provider choice for clients in human services and other programs.

I am Dr. Karin Walton and I am providing this written testimony both as a licensed practitioner and concerned parent in Grand Forks, ND.

I am a North Dakota Licensed Addiction Counselor and Licensed Professional Clinical Counselor. I provide services in a State Licensed Low Intensity Outpatient Treatment Program at Agassiz Associates, PLLC part-time. The Department of Human Services Division of Mental Health and Substance Abuse Services has licensed this program. With that site license I am able to provide addiction services to both adults and adolescents. Because of my reputation in the field, I receive many referrals to provide services for dual disordered clients (clients that may have a substance related disorder and mental illness or a mental illness with substance abuse). However, unless the client has insurance, I would not be reimbursed for providing services unless the client pays out of pocket. This includes Medicad or Medicare subsidized clients. Medicad or Medicare clients are not covered by services provided in the program I run, licensed by DHS, because unless I am connected to a medical center or human service center I cannot receive Medicad or Medicare reimbursement for providing addiction and mental health services. However, the Human Service Centers are eligible for reimbursement though Medicad or Medicare. This does not appear to be a consistent delivery of services to the individual, specifically because both programs are licensed by the same entity – the Department of Human Services. My point is that DHS has the same license standards and expectations for both my program and the Human Service Center program in providing addiction services. However the reimbursement for each is different.

To demonstrate this double standard when clients are referred to me for services, at times they are turned down because of lack of funding. As a result, in some cases, the only referral option would be the Human Service Center. Additionally, access to treatment may be delayed because of long waiting lists for services at the Human Service Center. In my 20 years of experience I have found that to have a client wait for services creates a risk of losing the opportunity to treat the client. And a missed opportunity, in this field, could be the difference between life and death.

A voucher payment system, identified in this bill, for treatment services would mean the opportunity for ND citizens to receive treatment at the (participating) agency of his/her choice and in a timely manner. The voucher system will allow payment to the private provider at rates consistent with the States' cost of providing chemical dependency and mental health services. It is my understanding that the Department of Human Services applied for the Federal Access to Treatment Grant in 2004. This grant was for a voucher payment system so individuals would have a choice about treatment provider as well as assistance to access treatment. At that time, it was my understanding that the state would not receive the money the first year, however would have the opportunity to receive the grant funding the following year, if an application was submitted. To my knowledge a second application was not submitted. If funding had been received it would have provided the opportunity today to review data to evaluate the efficacy of a voucher payment system and whether it would be a viable option for our state.

On a final note, I am also a parent of a daughter who was in need of treatment services almost 2 years ago. Because of her treatment needs and my professional status in this community and her concern about the relationship that I have with my colleagues, her treatment options were limited. She received treatment in a private facility; however the state only paid for 21 of the days of the three months she received treatment. She needed three months to treat her underlying issues, not the three weeks the state paid for. Additionally, upon returning home she did not have continuing care options to assist her in maintaining the progress she made in treatment.

Mr. Chairman and members of the Committee – the passing of this bill will not only assist us in identifying the most efficient and cost effective manner of delivering services to ND citizens but may also provide an opportunity if any of your children are in need of treatment services. I encourage your support in passing House Bill No. 1573.

Thank you for the opportunity to be heard today. Please accept my apologies for not being able to be there today to answer any questions.

Testimony

House Bill 1573 – Department of Human Services

House Human Services Committee

Representative Weisz, Chairman

January 28, 2009

Same given to Senate.

Chairman Weisz and members of the House Human Service Committee, I am JoAnne Hoesel, Director of Mental Health & Substance Abuse Division of the Department of Human Services. I am here to provide the committee information on voucher programs.

The Department applied for an Access to Recovery grant (ATR) through the Substance Abuse Mental Health Services Administration (SAMHSA). The intent of the ATR grant was to establish a vouchering program for addiction services with in the state. This vouchering program's intent is to increase access, consumer choice, and outcome orientation.

The Division of Mental Health and Substance abuse brought together a group to address the ATR grant application. The group consisted of public and private providers, representation form the faith community and Tribal treatment program among others.

The task of the group was to assist the Division in developing the blue print for the design and administration of a voucher program.

North Dakota was not successful in the grant application but has continued contact with states that were awarded and through its national associations stays aware of current status.

There have been many lessons learned at the Federal and State level since the inception of this grant program in 2004 and adjustments were made in

the second round of ATR grants in 2007. Details to consider when developing a voucher program are reimbursement rates, monitoring services delivered, access and awareness of the voucher program, disbursement process of the voucher, maintaining treatment infrastructure, and reconciling issued vouchers with those outstanding.

The Substance Abuse Prevention Treatment Block Grant, with its required State maintenance of effort, provides the basic state addiction treatment infrastructure. A voucher system would add value to the system with increased access and choice.

The Division licenses 85 substance abuse programs, 8 human service centers, and 6 psychiatric residential treatment centers. In some regions of the state, a voucher system may provide more options to individuals seeking services. In Regions 1, 3, 6, and 8 there are very limited services (addiction and mental health). In these regions it is very likely that a consumer would need to travel to another region to use a voucher. From experience we know that travel to treatment within regions is a barrier to treatment.

As the Department, through this Division, serves as the state authority in both substance abuse and mental health through SAMHSA, the Division is very interested in participating in the study if the committee chooses to support its continuation.

Thank you for your time.

#3

HEARTVIEW FOUNDATION

101 E. Broadway • Bismarck, N.D. 58501
701-222-0386 • 800-337-3160 • FAX 701-255-4891

1/28/09

Dear Mr. Chairman and Members of the Committee:

My name is Kurt Snyder and I am the Executive Director of the Heartview Foundation. The Heartview Foundation was established in 1964 and is the oldest private, non-profit substance abuse treatment center in the state of North Dakota. In our 45 years of operation, we have served over 23,000 patients and their families.

I am here today to voice my support for house bill 1573. A voucher system could make a substantial difference in the service delivery system for substance abuse treatment in the state of North Dakota. Research is clear that easy access to treatment results in a higher show rate for appointments, higher percentage of patients completing treatment services, and most importantly more successful outcomes.

North Dakota has a limited workforce, especially in human service centers and rural agencies. A voucher system would help extend the service delivery system by allowing the citizens of North Dakota to work with their provider of choice. By allowing people a choice in their provider, they feel more empowered and have more control in a system that can be intimidating and scary.

North Dakota has a combination of public and private providers that offer quality services. A voucher system would give the citizens of North Dakota easy access to the provider of their choice.

Sincerely,

Kurt Snyder
Executive Director
Heartview Foundation
701-222-0386
e-mail: heartview.midconetwork.com
web: www.heartviewfoundation.org

#4

Testimony of Glenda Springsted Spencer, MS, LAC
In support of HB 1573
House Human Services Committee
January 28, 2009

Mr. Chairman and members of the House Human Services Committee. My name is Glenda Spencer and I appear before you as a licensed addiction counselor and the program director for Center for Solutions in Cando. I stand before you to encourage your support of HB 1573.

Center for Solutions is a residential-based drug and alcohol addiction treatment facility, drawing clients from a large geographic area. We have clients from virtually every corner of North Dakota, along with Montana and Minnesota. Our clients range in age from 15 to 75 years old. They are your neighbors, your mothers, fathers, sisters, brothers, co-workers and your boss. They could be the attorney you consult, the doctor that provides your healthcare, your children's teacher, or your banker. It could be you, or it could be me. Most of Center for Solution's clients have one thing in common: they have a dual diagnosis that contributes to their drug or alcohol problem and complicates their treatment. In addition to their addiction diagnosis, they typically are experiencing depression, anxiety, ADD, ADHD, PTSD, OCD, or have a general conduct disorder. Treating the addiction without addressing and treating those underlying disorders is like building a house without a foundation. The house may last for a period of time, but eventually everything is going to fall in. People respond the same.

People travel all the way to Cando for treatment because we offer them a treatment modality not available from every treatment facility. We concentrate not only on the addiction by providing over 30 hours of group therapy per week, but utilize psychological and psychiatric testing extensively. It is the psychological and psychiatric testing and the resulting treatment that helps us build the foundation for successful outcomes. By the time Center for Solutions clients are discharged from the program, which is typically 6 to 8 weeks, they have a good understanding of themselves, their underlying problems, have

developed coping skills, have broken old habits, and are ready to start the process of re-integrating themselves back into a normal routine.

I have given you this background information to set the stage for your support of HB 1573. Prior to discharging patients, our case managers work with each patient to coordinate a program of continued care services in the region they live. That discharge planning process is particularly important because of the wide geographic area we draw from. If we don't assist in the continuing care plan, those clients often drop through the cracks when they return home. Those continued care services can be as simple as aftercare groups that meet weekly, or can be as extensive as ongoing psychological or psychiatric care. Our experience has been that problems frequently arise when patients try to access those services through one of the regional human service centers. The problem occurs not because the human service center is incapable of providing quality care, but because the demand for services is simply too great for them to meet. It is like pouring water through a funnel...regardless of how fast you pour the water into the funnel, it only flows through the stem so fast. I view the purpose of HB 1573 to be one means to identify ways to increase the size of the funnel stem.

Our experience is that when we attempt to schedule continuing care services through one of the human service centers we frequently receive the response that it will be 6 to 8 weeks before there will be an opening. The delay is typically even longer for psychological or psychiatric services. That delay is far too long and can result in patient relapse, or at the minimum a disruption in the progress the patient is making.

An example of the importance of continuing care is the knee replacement surgery my mother recently had. The surgery went well, with no complications, and was a complete success. Like treatment, the surgery was the easy part...it is the following rehab work that is difficult. Without the appropriate rehab following surgery, her new knee and leg would have been useless... if she had to wait 4 weeks for rehab therapy the entire cost of the surgery would have been wasted. The same theory apples to follow-up rehab

after addiction treatment...if you don't provide for a continuum of care, the progress the patient has made can be lost.

One of the uses of HB 1573 will be to identify what options to treatment can be made available. In other words, is it possible to access those services from private providers without additional costs to the state? Each of us would like those healthcare services to be readily available to those in crisis; after all, healthcare services delayed are healthcare service denied.

Patient choice is another reason to support HB 1573. None of us like to be told what to do...especially as we access the healthcare system. It has been shown that patients are much more likely to be successful when they participate in their healthcare decisions as opposed to having those decisions made by the system. What we have in North Dakota when it comes to accessing the Human Service Centers is something similar to the Canadian healthcare system. You stand in line and wait for service, and then you take what the government healthcare system is prepared to provide. That may be the most efficient from a providers perspective, and may be the most cost effective from the governments perspective, but has not been proven to be a system that provides the best outcomes for patients, and isn't a system most of us in the United States are ready to subscribe to.

Another aspect of HB1573 is to identify the opportunity to broaden the scope of services available to individuals. Examples are wide ranging, but because my field is addiction treatment, I will use my own. We receive calls regularly from patients who are too well off to qualify for medical assistance, but do not have adequate health insurance coverage. Because the human service centers are able to accept payment using a sliding fee scale, a human service center is their only option for treatment. Whether or not the human service center is the best option is a personal choice. Most people today have researched the options and have a basic understanding of the difference in treatment programs before they are admitted. But for those receiving state assistance, there is no patient choice.

The opposite is often the case – a human service center will call us to take a case they don't feel they have the resources to handle. These are typically complex cases that have been through multiple treatments without success. We feel challenged by the opportunity to take those difficult cases, but have to do so knowing there will be little or no compensation. The meth addict we accepted for treatment in August 2007 is a good example.

The meth addict qualified for Medicaid so we were able to bill for a total of 30 days of treatment. The problem is that she was in treatment for 3 ½ months, not the 4 weeks Medicaid would pay. Between psychiatry, psychology and addiction treatment, the cost of her treatment was over $37,000. Medicaid paid $6,400 of the $37,000 bill. It is interesting that the Department of Human Services' rules require that "providers must treat Medicaid clients and private-pay clients equally in terms of scope, quality, duration, and method of delivery of services." (Reference page 8, General Information for Providers – Medicaid and Other Medical Assistance Programs" published August 2008 by the North Dakota DHS). Providers must treat patients equally, and we do, even though Medicaid doesn't seem to recognize that the length and complexity of treatment relates directly to the provider's cost of providing that treatment.

Unfortunately, the number of those cases is growing. We all understand the trends as they relate to addiction. There is nothing on the horizon to indicate the need for addiction treatment, or mental health services in general, will be declining in the foreseeable future. I believe one of the challenges HB 1573 addresses is how the state of North Dakota can continue to provide a safety net of mental health services without simply increasing the size and scope of state government. The alternative to increasing the size of the Department of Human Services is to explore ways of delivering that safety net of services in a new way. Nobody believes it is a good idea to dismantle the Department of Human Services, but each of us has an obligation to assure the citizens of North Dakota that we are providing state services in the most efficient and cost effective manner. I see that as another purpose of HB 1573.

It is natural for legislators to ask the question, "Does a study make dollars and sense?" I believe that when you examine the systems in place in other states and study the trends in mental healthcare, you will conclude that it does. One example I am familiar with is the state of Minnesota. For the past 6 years, Center for Solutions has had an addiction treatment contract with Polk County and the Minnesota Department of Human Services. While the North Dakota Department of Human Services is focused on providing "hands on" mental health services, the Minnesota Department of Human Services concentrates on making sure those services are readily available and making sure their citizens are not falling through the cracks. I believe the Minnesota DHS is every bit as concerned over budget constraints as is the North Dakota DHS. What I cannot get my brain around is why the same North Dakota providers who are treating Minnesota residents are excluded by the North Dakota Department of Human Services from treating a large portion of the North Dakota mental health market.

That comment deserves repeating. The North Dakota Department of Human Services excludes, by virtue of the rules and regulations they have published, many private providers in North Dakota from serving the needs of our residents. On one hand DHS licenses all addiction treatment facilities in the state of North Dakota and sets the standards by which they operate. On the other hand, their rules require an organization to be non-profit to accept Medicaid patients. I am referring to page 67 of the DHS publication "General Information for Providers – Medicaid and Other Medical Assistance Programs". Center for Solutions served the public as a non-profit organization until the 4th quarter of 2008. At that time the organization converted to a for-profit organization. Everything basically stayed the same: same staff, same program, same management, same facilities, same location, DHS is still the licensing department, same everything. The only difference is that ND Medicaid cannot pay Center for Solutions the "for-profit organization" for providing the same treatment services that Center for Solutions the "non-profit organization" provided. Center for Solutions can contract with the Minnesota Department of Human Services, but is excluded from contracting with North Dakota's version of the same agency. I have yet to

find anyone who understands, or can identify any benefit created for the citizens of North Dakota by that rule. Again, is it in the best interests of the citizens of the state of North Dakota to arbitrarily restrict access to mental health treatment?

Mr. Chairman and members of the Committee, I encourage you to support the passage of HB 1573. Thank you.

I am prepared to respond to any questions you may have.

#5

Testimony

House Bill 1573
January 28th, 2009

Good Morning Chairman Weisz and members of the House and Human Services Committee. My name is Mary Beth Traynor and I am from Fargo, ND. I am here in support of House Bill 1573 and I will explain to you why. I have been a school nurse for ten years in Fargo and I serve over 1,000 students in Kindergarten through grade 12. In 2003, I joined the Mayor's Task Force on Underage Drinking. I also was a member of the steering committee for the Healthy Committee initiative in the Fargo- Moorhead area. The focus of these committees was on the youth of Fargo-Moorhead and how the community can be involved with our youth to promote healthy living and healthy choices. Despite efforts in communities across North Dakota, adolescent continue to have difficulties usually concurrent with mental health or addiction issues.

The National Institute of Mental Health reports that 1 out 10 adolescents suffer from mental illness; severe enough to result in significant impairment. What does that translate to- take suicide. Suicide is the 3rd leading cause of death among 15-24 year olds. Depression and suicide are treatable mental illness disorders, particularity if treated early. Closer to home- the North Dakota Youth Risk Behavior Survey reports for 2007 that 10.1% of students in grades 9-12 have seriously considered suicide. 17.4% of students in grades 7-8 report considering suicide. These are staggering numbers for TREATABLE disorders.

One of the main barriers for adolescents seeking treatment is ACCESS. With the crisis in healthcare and decrease in reimbursement for mental health conditions, particularly adolescents with mental health issues, it is difficult for individuals to receive timely intervention. Again, these are treatable conditions especially if treated early. House Bill 1573 would address this issue and allow families to access services of their choice for their adolescent in a timely manner. More choices will mean more survivors.

My son is 18 years old. He has a drug addiction. He has been in and out of drug treatment for 2 ½ years. Currently he has been in treatment for 3 months and is nearing discharge. This is the longest he has been sober in 3 years. He has used up all of his resources to pay for treatment. He has no more insurance coverage and he has used all of his college money. What now we ask? Aftercare is essential for his continued sobriety. The treatment center recommends a structured aftercare program with a similar philosophy to ensure continuity of care. What can he do-his only choice is to go down to the Human Services Center and get in line for help. This seems so disjointed. How can we ensure individuals get the appropriate services in a timely manner. House Bill 1573 would allow him to access the recommended aftercare program and continue the process that is familiar to him and is his choice. He could start the program as soon as he is discharged. Isn't this what we want and what is best for the patients.

I stand before you today asking for your support of House Bill 1573. Thank you

#2

3/23/09

Dear Madam Chair and Members of the Committee:

My name is Kurt Snyder and I am the Executive Director of the Heartview Foundation. I am a Licensed Addiction Counselor, Licensed Social Worker and I have a Masters in Management. The Heartview Foundation was established in 1964 and is the oldest private non-profit substance abuse treatment center in the state of North Dakota. In our 45 years of service, we have served over 23,000 patients and their families.

I am here today to voice my support for house bill 1573. A voucher system could make a substantial difference in the service delivery system for substance abuse treatment in the state of North Dakota. Research is clear that easy access to treatment results in a higher show rate for appointments, higher percentage of patients completing treatment services, and most importantly more successful outcomes.

North Dakota has a limited work force, especially in human service centers and rural agencies. A voucher system would help extend the service delivery system by allowing the citizens of North Dakota to work with their provider of choice. By allowing people a choice in their provider, they feel more empowered and have more control in a system that can be intimidating and scary.

North Dakota has a combination of public and private providers that offer quality services. A voucher system would give the citizens of North Dakota access to the provider of their choice.

Sincerely,

Kurt Snyder
Executive Director
Heartview Foundation
701-222-0386
e-mail: heartview.midconetwork.com
web: www.heartviewfoundation.org

#3

Testimony of Glenda Springsted Spencer, MS, LAC
In support of HB 1573
Senate Human Services Committee
March 23, 2009

Madam Chairman and members of the Senate Human Services Committee. My name is Glenda Spencer and I appear before you as a licensed addiction counselor and the program director for Center for Solutions in Cando. I stand before you to encourage your support of HB 1573.

Center for Solutions is a residential-based drug and alcohol addiction treatment facility, drawing clients from a large geographic area. We have clients from virtually every corner of North Dakota, along with Montana and Minnesota. Our clients are both male and female and range in age from 15 to 75 years old. They are your neighbors, your mothers, fathers, sisters, brothers, co-workers and your boss. They could be the attorney you consult, the doctor that provides your healthcare, your children's teacher, or your banker. It could be you, or it could be me. Most of Center for Solution's clients have one thing in common: they have a dual diagnosis that contributes to their drug or alcohol problem and complicates their treatment. In addition to their addiction diagnosis, they typically are experiencing depression, anxiety, ADD, ADHD, PTSD, OCD, or have a general conduct disorder. Treating the addiction without addressing and treating those underlying disorders is like building a house without a foundation. The house may last for a period of time, but eventually everything is going to fall in. People respond the same.

People travel all the way to Cando for treatment because we offer them a treatment modality not available from every treatment facility. We concentrate not only on the addiction by providing over 30 hours of group therapy per week, but utilize psychological and psychiatric testing extensively. It is the psychological and psychiatric testing and the resulting treatment that helps us build the foundation for successful outcomes. By the time Center for Solutions clients are discharged from the program, which is typically 6 to 8 weeks, they have a good understanding of themselves, their underlying problems, have

developed coping skills, have broken old habits, and are ready to start the process of re-integrating themselves back into a normal routine.

I have given you this background information to set the stage for your support of HB 1573. Prior to discharging patients, our case managers work with each patient to coordinate a program of continued care services in the region they live. That discharge planning process is particularly important because of the wide geographic area we draw from. If we don't assist in the continuing care plan, those clients often drop through the cracks when they return home. Those continued care services can be as simple as aftercare groups that meet weekly, or can be as extensive as ongoing psychological or psychiatric care. Our experience has been that problems frequently arise when patients try to access those services through one of the regional human service centers. The problem occurs not because the human service center is incapable of providing quality care, but because the demand for services is simply too great for them to meet. It is like pouring water through a funnel...regardless of how fast you pour the water into the funnel, it only flows through the stem so fast. I view the purpose of HB 1573 to be one means to identify ways to increase the size of the funnel stem.

Our experience is that when we attempt to schedule continuing care services through one of the human service centers, we frequently receive the response that it will be 6 to 8 weeks before there will be an opening. The delay is typically even longer for psychological or psychiatric services. That delay is far too long and can result in patient relapse, or at the minimum a disruption in the progress the patient is making.

An example of the importance of continuing care is the knee replacement surgery my mother recently had. The surgery went well, with no complications, and was a complete success. Like treatment, the surgery was the easy part...it is the following rehab work that is difficult. Without the appropriate rehab following surgery, her new knee and leg would have been useless... if she had to wait 4 weeks for rehab therapy the entire cost of the surgery would have been wasted. The same theory apples to follow-up rehab

after addiction treatment...if you don't provide for a continuum of care, the progress the patient made during treatment is at risk.

One of the uses of HB 1573 will be to identify what options to treatment can be made available. In other words, is it possible to access those services from private providers without additional costs to the state? Each of us would like those healthcare services to be readily available to those in crisis; after all, healthcare services delayed are healthcare service denied.

Patient choice is another reason to support HB 1573. None of us like to be told what to do...especially as we access the healthcare system. It has been shown that patients are much more likely to be successful when they participate in their healthcare decisions as opposed to having those decisions made by the system. What we have in North Dakota when it comes to accessing the Human Service Centers is something similar to the Canadian healthcare system. You stand in line and wait for service, and then you take what the government healthcare system is prepared to provide. That may be the most efficient from a providers perspective, and may be the most cost effective from the governments perspective, but has not been proven to be a system that provides the best outcomes for patients, and isn't a system most of us in the United States are ready to subscribe to.

Another aspect of HB1573 is to identify the opportunity to broaden the scope of services available to individuals. Examples are wide ranging, but because my field is addiction treatment, I will use my own. We receive calls regularly from patients who are too well off to qualify for medical assistance, but do not have adequate health insurance coverage. Because the human service centers are able to accept payment using a sliding fee scale, a human service center is their only option for treatment. Whether or not the human service center is the best option is a personal choice. Most people today have researched the options and have a basic understanding of the difference in treatment programs before they are admitted. But for those receiving state assistance, there is no patient choice.

The opposite is often the case – a human service center will call us to take a case they don't feel they have the resources to handle. These are typically complex cases that have been through multiple treatments without success. We feel challenged by the opportunity to take those difficult cases, but have to do so knowing there will be little or no compensation. The meth addict we accepted for treatment in August 2007 is a good example.

The meth addict qualified for Medicaid so we were able to bill for a total of 30 days of treatment. The problem is that she was in treatment for 3 ½ months, not the 4 weeks Medicaid would pay. Between psychiatry, psychology and addiction treatment, the cost of her treatment was over $37,000. Medicaid paid $6,400 of the $37,000 bill. It is interesting that the Department of Human Services' rules require that "providers must treat Medicaid clients and private-pay clients equally in terms of scope, quality, duration, and method of delivery of services." (Reference page 8, General Information for Providers – Medicaid and Other Medical Assistance Programs" published August 2008 by the North Dakota DHS). Providers must treat patients equally, and we do, even though Medicaid doesn't seem to recognize that the length and complexity of treatment relates directly to the provider's cost of providing that treatment.

Unfortunately, the number of those cases is growing. We all understand the trends as they relate to addiction. There is nothing on the horizon to indicate the need for addiction treatment, or mental health services in general, will be declining in the foreseeable future. I believe one of the challenges HB 1573 addresses is how the state of North Dakota can continue to provide a safety net of mental health services without simply increasing the size and scope of state government. The alternative to increasing the size of the Department of Human Services is to explore ways of delivering that safety net of services in a new way. Nobody believes it is a good idea to dismantle the Department of Human Services, but each of us has an obligation to assure the citizens of North Dakota that we are providing state services in the most efficient and cost effective manner. I see that as another purpose of HB 1573.

It is natural for legislators to ask the question, "Does a study make dollars and sense?" I believe that when you examine the systems in place in other states and study the trends in mental healthcare, you will conclude that it does. One example I am familiar with is the state of Minnesota. For the past 6 years, Center for Solutions has had an addiction treatment contract with Polk County and the Minnesota Department of Human Services. While the North Dakota Department of Human Services is focused on providing "hands on" mental health services, the Minnesota Department of Human Services concentrates on making sure those services are readily available and making sure their citizens are not falling through the cracks. I believe the Minnesota DHS is every bit as concerned over budget constraints as is the North Dakota DHS. What I cannot get my brain around is why the same North Dakota providers who are treating Minnesota residents are excluded by the North Dakota Department of Human Services from treating a large portion of the North Dakota mental health market.

That comment deserves repeating. The North Dakota Department of Human Services excludes, by virtue of the rules and regulations they have published, many private providers in North Dakota from serving the needs of our residents. On one hand DHS licenses all addiction treatment facilities in the state of North Dakota and sets the standards by which they operate. On the other hand, their rules require an organization to be non-profit to accept Medicaid patients. I am referring to page 67 of the DHS publication "General Information for Providers – Medicaid and Other Medical Assistance Programs". Center for Solutions served the public as a non-profit organization until the 4th quarter of 2008. At that time the organization converted to a for-profit organization. Everything basically stayed the same: same staff, same program, same management, same facilities, same location, DHS is still the licensing department, same everything. The only difference is that ND Medicaid cannot pay Center for Solutions the "for-profit organization" for providing the same treatment services that Center for Solutions the "non-profit organization" provided. Center for Solutions can contract with the Minnesota Department of Human Services, but is excluded from contracting with North Dakota's version of the same agency. I have yet to

find anyone who understands that rule, or can identify any benefit created for the citizens of North Dakota. Again, is it in the best interests of the citizens of the state of North Dakota to arbitrarily restrict access to mental health treatment?

Madam Chairman and members of the Committee, I encourage you to support the passage of HB 1573. Thank you.

I am prepared to respond to any questions you may have.

#4

Testimony of Donna Hastings
In support of HB 1573
Senate Human Services Committee
March 23, 2009

Mr. Chairman and members of the Senate Human Services Committee. My name is Donna Hastings I live in Grand Forks and I am here to encourage your support of HB 1573.

I am a mother of a teenage son who has been struggling with mental illness and chemical dependency for the past few years. I have experienced, first hand, the limits that the health care system has been able to provide our son and consequently, our family.

Last year we exhausted all of the Blue Cross Blue Shield services allowed to one family but we were still in need of more. Our son was in the psychiatric ward at Altru three times last year for various suicide attempts. He was in one outpatient treatment program and three in-treatment programs. After a total of five months in-treatment programs and after trying to commit suicide a third time, we realized he needed to be in a longer care therapeutic program. He did not meet the criteria to be sent to the Boys Ranch or YCC and because there are no other long term care therapeutic programs in North Dakota we were forced to borrow money against our house and send him to a long care program in California where we pay $7500 a month to make sure he is safe, monitor his medications, assist him towards graduating from high school and help him learn to function in society.

He has been there nearly six months and he will be there for another four to six months. Our family is missing out on his growth at this time; we are missing out on visitations; we are missing out on being his advocate while he works with people we don't know; we are missing out being able to attend family meetings to help transition him back into our family when he finally returns home. He needed/needs a transitional living program where he can live in North Dakota and there is nothing like that here.

Donna Hastings, 701-787-9294, dhastings@cafanet.com

Even though our family could not benefit from the voucher system proposed in this bill I still drove all the way from Grand Forks to support HB 1573 because of the following:

- A voucher system would indirectly benefit families like ours because the system would encourage **competition** amongst private sector programs and agencies. Suddenly there would be more choices for families of young adults who need a long term structured program, who need to live in a safe environment, need to learn vital life skills and who need a mental health component in their program.
- A voucher system would encourage **diversity**. Presently if an agency or private organization wants to guarantee that they will receive state funding then the only programs they will design are those programs that are identified by the state that are worthy of state funds. Talk about designing something because the buck stops here. What did Albert Einstein once say? "The definition of insanity is doing the same thing over and over again and expecting different results". No programs in North Dakota will be daring, creative, or cutting edge if the people designing it cannot make it fit into the parameters of what is predefined by the Department of Human Services as what is needed.
- The voucher system would encourage **creativity** –along with accountability. Programs would be created to meet the changing conditions and if, by chance, the organization incorrectly assessed the needs –and people failed to utilize the new/creative program then it would be changed/tweaked to more accurately meet the needs of the client base. Darwin's theory of evolution would be working overtime with only those groups who had their finger on the pulse of their client

base –only those programs where the staff assessed their clients' needs accurately, would be around to face another fiscal year.

- The voucher system would allow the state to **better determine what is needed** all across the state by creating a system where those who are working in the trenches/working with their clients everyday start to see needs/trends and design programs to deal with those erupting issues. In essence allowing the grass roots to design what is needed instead of the state dictating what is needed/what programs are offered.
- The voucher system would allow the state to free up some of the previously earmarked monies to be used to **monitor** what programs are in existence, how effective are they, how well are they utilized and where are the areas where needs are not being met. It will allow the state to be a clearing house of issues of the day, statistical trends and a resource of information for private and public funded organizations. They could be a Sam Walton, 'Just in Time' resource for those who are on the front line.
- Finally the voucher system would allow people like my family to enjoy a state of the art, **cafeteria of choices** so we can choose the right programs for our children—so we will no longer have to leave this great state of North Dakota to meet the unique needs of our children. Thank you.

Donna Hastings, 701-787-9294, dhastings@cafanet.com

3-24-09 #5

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1573

Page 1, line 2, after "programs" insert " and for funding of human services and other state programs"

Page 1, after line 14, insert:

"**SECTION 2. LEGISLATIVE COUNCIL STUDY – FUNDING FOR HUMAN SERVICES AND OTHER STATE PROGRAMS.** During the 2009-10 Interim, the legislative council shall consider conducting a comprehensive study of funding for human services and other state programs. The study would focus on the feasibility of improving access to care and provider choice for clients by use of a voucher system, including programs related to mental health services, addiction treatment, counseling services, and transition services."

Renumber accordingly