

**Testimony**  
**Health and Human Services Committee**  
**Representative Weisz, Chairman**  
**August 5, 2010**

Chairman Weisz, members of the Health and Human Services Committee, I am Nancy McKenzie, Statewide Director of the Regional Human Service Centers (HSCs) for the Department of Human Services (DHS). I am here today at the committee's request to provide follow-up information concerning services to Native American citizens, HSC referral sources, stakeholder input regarding major service issues, mental health crisis bed availability, and cost of mental health and substance abuse services in North Dakota compared to other states.

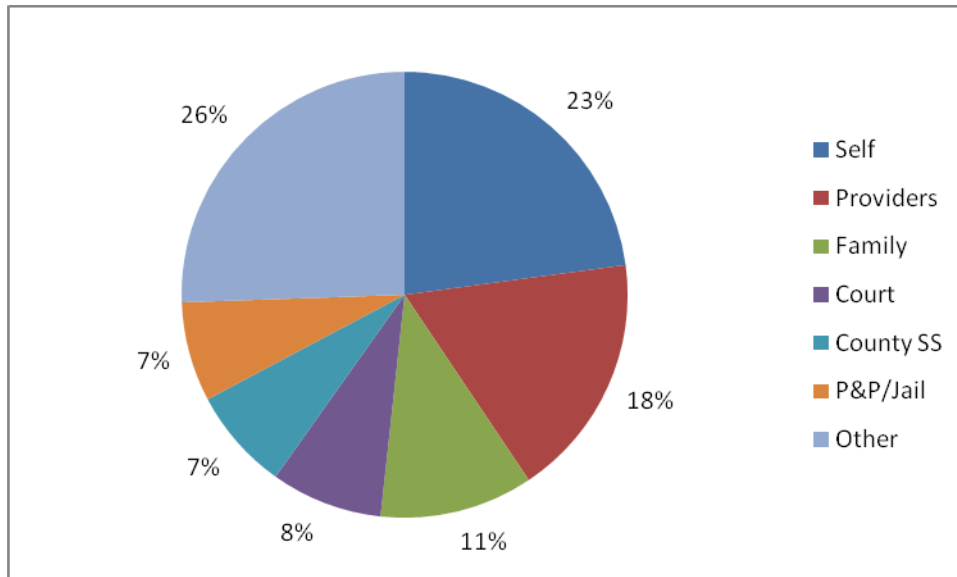
**Services to Native Americans**

In my testimony to this committee on June 16, 2010, I reported that as a percentage of clients served in the Human Service Centers, Native Americans accounted for 10.6% of those served in 2008 and 11.1% of those served in 2009. The committee asked for the number of those individuals who live on a reservation compared to the number living off a reservation; however, we do not record that information. Clients receiving service at the HSCs are recorded by county of residence only.

**Referral Sources**

The electronic medical record system in the HSC's does record referral sources for individuals receiving mental health and substance abuse services for each center. [Attachment A](#), "Referral Sources by Youth/Adult and Gender for SFY 2009 for RHSCS" (Regional Human Service Centers) identifies these multiple referral sources for the 11,156 individuals served in

SFY 2009. The chart below shows the percentage of referral sources by category:



### Major Areas of Stakeholder Input

[Attachment B](#) is "Executive Summary: Major Themes/Issues Identified at the 2009 Public Stakeholder Meetings." Highlighted on page 2 of that summary are those key areas discussed at last fall's stakeholder meetings regarding mental health and substance abuse services issues.

In addition to the statewide stakeholder meetings, additional sessions were held with representatives of private hospitals with behavioral healthcare services, several legislators, and DHS management staff. Key issues/recommendations for consideration arising from those groups included:

- Develop a standard purchase of service agreement between DHS and private hospitals;

- Need to establish one contracted rate for services; this is recommended to be at the Medicaid daily rate;
- Enhance available crisis and residential beds in the state to assure treatment at the appropriate level of care;
- Explore alternative models of crisis intervention and case management, particularly for after-hours services; and,
- Expanded use of telemedicine to increase client access.

All of these will serve as a foundation for discussion/prioritization in the Department's strategic plan and 2011-2013 budget development.

### **Mental Health Crisis Beds in North Dakota**

The committee requested information regarding the availability of mental health-related crisis beds in the state. [Attachment D](#) identifies, by region and statewide, the residential bed capacity for both mental health and substance abuse populations, which includes crisis beds. You will note that we use available beds flexibly wherever possible, to allow for normal fluctuation in the need for various types of beds and levels of care.

### **Cost of Services in North Dakota and Other States**

The Committee has requested information comparing the per capita cost of mental health and substance abuse service in North Dakota to other states.

Please note that cross-State comparisons of data reported to the Block Grant are hazardous and generally not entirely what they seem due to different reporting requirements, policies, agency infrastructure and data systems, etc. This is the best we have from two solid sources, the Center for Substance Abuse Treatment (CSAT), SAMHSA and the National Research

Institute, National Association of State Mental Health Program Administrators.

[Attachment C](#), "Form 4 Expenditure Data (Per Capita): Application Year 2010" shows the funding per capita for substance abuse treatment.

[Attachment E](#), "Mental Health State Expenditures Per Capita (most recent by state" gives the shows the mental health expenditures per capita.

This completes my prepared testimony; I would be happy to answer any questions.

## Attachment A

## REFERRAL SOURCES BY YOUTH/ADULT AND GENDER FOR SFY 2009 FOR RHSCS

Referral Source counted by Youth and Adult		NWHSC			NCHSC			LRHSC			NEHSC			SEHSC		
	Undupl # client IDs counted for contact during SFY2008	TTL	Youth	Adult	TTL	Youth	Adult	TTL	Youth	Adult	TTL	Youth	Adult	TTL	Youth	Adult
Alcohol/Drug Service Provider		12	2	10	14	4	10	17	3	14	53	9	44	38	3	35
Community Referral		1		1	7	2	5	2	1	1	1		1	12	2	10
County Social Service Agency		81	45	36	85	42	43	80	37	43	275	99	176	120	39	81
Court		24	7	17	51	3	48	7	4	3	16	9	7	7	4	3
Diversionary Program		0			0			0			0			5		5
Division Of Juvenile Services		1	1		5	3	2	6	6		13	12	1	9	6	3
Drug Court		0			8	2	6	0			17	1	16	6	1	5
DUI/DWI		6		6	130	2	128	88	1	87	129	3	126	42	2	40
Employer/EAP		1		1	0			2		2	2		2	0		
Family		149	103	46	202	171	31	152	101	51	148	97	51	193	163	30
Friend		0			0			1	1		1		1	5		5
Health Care Provider		3		3	14	1	13	9	2	7	23	2	21	59		59
In House Referral		6	1	5	5	1	4	13	4	9	18	4	14	30	2	28
Indian Organization/Agency		0			1		1	1		1	0			0		
Intra-agency		0			0			0			0			1		1
Juvenile Court		8	8		52	46	6	23	23		82	72	10	48	46	2
Mental Health/Sub Abuse/Medicl		50	9	41	159	17	142	116	43	73	144	20	124	138	16	122
Other		108	48	60	186	95	91	149	78	71	121	37	84	240	121	119
Other Court Agency		7		7	1		1	3		3	11		11	17		17
Other Recognized Legal Entity		0			0			2		2	2	1	1	9		9
Physician		26	5	21	15	6	9	14	2	12	35	5	30	18	5	13
Prison/Jail		1		1	5		5	1		1	11		11	8		8
Private Hospital		20	1	19	31	5	26	6	3	3	11	2	9	13	6	7
Private Provider		13	6	7	30	8	22	91	64	27	26	7	19	219	23	196
Probation/Parole		10		10	59	1	58	88	2	86	130	8	122	167	2	165
Public Human Service Agency		0			0			0			0			1		1
School		0			7	5	2	1		1	1		1	0		
Self Referred		235	13	222	462	18	444	260	9	251	323	11	312	572	13	559
State Hospital		0			1		1	9		9	4		4	24		24
State/Federal Court		10		10	81		81	42	1	41	50		50	31		31
Tribal court		0			7	1	6	31	2	29	0			1		1
Unknown		7	3	4	3		3	11	2	9	5	2	3	5		5
<b>TOTAL Undupl # client IDs counted for contact</b>		<b>779</b>	<b>252</b>	<b>527</b>	<b>1,621</b>	<b>433</b>	<b>1,188</b>	<b>1,225</b>	<b>389</b>	<b>836</b>	<b>1,652</b>	<b>401</b>	<b>1,251</b>	<b>2,038</b>	<b>454</b>	<b>1,584</b>

NOTE Referral Sources were obtained from MH Intake, AD Evaluation, and Initial Contact Records completed in SFY 2009 only.  
 Client counts may be duplicated as each new contact or admission was counted.  
 Some Initial Contact Records are missing gender and/or date of birth.  
 Those Records are not included in these counts.

## Attachment A

## REFERRAL SOURCES BY YOUTH/ADULT AND GENDER FOR SFY 2009 FOR RHSCS

Referral Source counted by Youth and Adult		SCHSC			WCHSC			BLHSC			Statewide		
	Undupl # client IDs counted for contact during SFY2008	TTL	Youth	Adult	TTL	Youth	Adult	TTL	Youth	Adult	TTL	Youth	Adult
	Alcohol/Drug Service Provider	14	2	12	28	6	22	12		12	188	29	159
	Community Referral	3		3	17	4	13	0			43	9	34
	County Social Service Agency	77	42	35	168	76	92	86	40	46	972	420	552
	Court	17	7	10	17		17	18	4	14	157	38	119
	Diversionary Program	0			4	4		0			9	4	5
	Division Of Juvenile Services	5	5		16	14	2	5	5		60	52	8
	Drug Court	1	1		11		11	0			43	5	38
	DUI/DWI	39		39	287	1	286	62		62	783	9	774
	Employer/EAP	0			1		1	0			6		6
	Family	172	135	37	296	207	89	147	98	49	1,459	1,075	384
	Friend	0			4		4	1		1	12	1	11
	Health Care Provider	2		2	19	2	17	6		6	135	7	128
	In House Referral	20	1	19	15	5	10	4	1	3	111	19	92
	Indian Organization/Agency	0			0			0			2		2
	Intra-agency	2		2	0			0			3		3
	Juvenile Court	23	21	2	83	73	10	33	32	1	352	321	31
	Mental Health/Sub Abuse/Medicl	51	4	47	274	42	232	98	22	76	1,030	173	857
	Other	122	70	52	495	240	255	226	133	93	1,647	822	825
	Other Court Agency	1		1	17	2	15	0			57	2	55
	Other Recognized Legal Entity	2		2	10		10	0			25	1	24
	Physician	22	5	17	38	1	37	24	6	18	192	35	157
	Prison/Jail	2		2	2		2	2		2	32		32
	Private Hospital	7	2	5	21		21	7	1	6	116	20	96
	Private Provider	143	67	76	128	94	34	10	3	7	660	272	388
	Probation/Parole	49	11	38	383	28	355	30	1	29	916	53	863
	Public Human Service Agency	0			0			0			1		1
	School	1	1		2		2	1		1	13	6	7
	Self Referred	279	14	265	657	14	643	209	12	197	2,997	104	2,893
	State Hospital	35	1	34	5		5	3		3	81	1	80
	State/Federal Court	41		41	55	1	54	5		5	315	2	313
	Tribal court	0			4		4	0			43	3	40
	Unknown	0			14		14	4	3	1	49	10	39
TOTAL Undupl # client IDs counted for contact		1,130	389	741	3,071	814	2,257	993	361	632	12,509	3,493	9,016

NOTE Referral Sources were obtained from MH Intake, AD Evaluation, and Initial Contact Records completed in SFY 2009 only.  
 Client counts may be duplicated as each new contact or admission was counted.  
 Some Initial Contact Records are missing gender and/or date of birth.  
 Those Records are not included in these counts.



## EXECUTIVE SUMMARY: Major Themes/Issues Identified at the 2009 Public Stakeholder Meetings

*Held in Bismarck, Devils Lake, Dickinson, Fargo,  
Grand Forks, Jamestown, Minot, and Williston*

### Meeting the Needs of an Aging Population Could Reshape the Service Delivery System

- There is interest in **Aging and Disability Resource Centers (ADRC)**.
  - Centers for Independent Living or Older Americans Act (OAA) Outreach Service Providers said they should be involved in any ADRC in their regions.
  - There is a need to reassess reimbursement for **OAA Outreach Services** that help people remain in their homes by connecting them to services, which helps support the options counseling and application assistance functions of an ADRC.
  - Valley City Medical Community advocated for **care/case managers for elderly who do not have family** or other informal supports to help them locate and access services and to regularly check in with them to help them remain in their homes.
  - Some concern was expressed that a one-size fits all model would emerge.
- Adding **Medication Management** services to all Home and Community-Based Services could help people remain in their homes longer.
  - Stakeholders want it provided by Qualified Service Providers (QSPs) and reimbursable.
- Increasing the **medical cost cap/medical deduction for the Service Payments for the Elderly and Disabled (SPED) program** would benefit consumers by reducing fees.
  - *Note in June 2009, 15% of SPED clients had a cost share. On July 1, 2009, the revised sliding fee schedule went into effect, further reducing fees.*
- **Older Americans Act (OAA) Service Providers** appreciate the additional funding the Governor and Legislators provided for senior meals, but are requesting full reimbursement for **nutrition, outreach, and health maintenance services**.
  - Local cost sharing resources and individual voluntary contributions are becoming more limited.
  - There are added costs of meeting needs in rural areas.
  - Transportation reimbursement for outreach workers would help.

### Child Welfare could be enhanced with more funding for prevention-focused services

- **Parent Education** and **Parent Resource Centers** were widely supported as a way to strengthen families and to prevent child abuse and neglect.
- Need to provide more financial support for **Intensive In-Home Services** and **Family-Group Decision Making** to support at-risk families and to keep children safe.
  - Region VIII would like funding and access for intensive in-home services restored.
- Representatives from rural counties that are part of **multi-county child protection projects** want **more funding** from DHS to provide a full-time specialist for each project so they can attract and retain this expertise.
  - Changing reimbursement to base it on child protective services reports was not well received.

### County partners have recommendations to further support them in the delivery of direct services to our shared clients.

- Counties requested one public assistance eligibility **computer system** (Repeat from 2007).
- Counties would like **more frequent training** on economic assistance policy changes (2007).
- Counties requested more state funding for **administrative costs** related to child welfare services.
- Counties would like DHS to recognize and provide funding for **indirect costs** (overhead).

- Counties expressed **appreciation** for the support and services Department staff at the regional human service centers provide.

### Enhancing services for vulnerable people with disabilities

- **Improve access to case management services** so there is more parity with the Developmental Disability (DD) system. Lack of parity impacts people with serious mental illness, traumatic brain injuries, and others who don't meet DD criteria.
- Providers and advocates are seeing an increased number of persons who need services and supports, but **who are part of a gap group that does not qualify for Developmental Disabilities case management** and other services. This is stressing the resources of community providers.
- The lack of **access to Guardianship services** for vulnerable persons is a concern shared by advocates, providers, and court representatives across the state.
  - Requested funding to pay costs associated with establishing guardianships.
  - Requested payment/reimbursement for guardians/conservators.
  - Recommended the development of a system.

### Enhancing access to health services

- **Access to dental services** is impacting the quality of life for Medicaid clients of all ages.
- **Dental providers** attended meetings in the state's four largest communities and raised concerns about **client no-shows, reimbursement rates, and the timeliness of claims processing**.
- Transportation providers reported that getting reimbursed for **Medicaid medical transportation** is difficult and time consuming; some providers have stopped providing services to client or don't attempt to secure reimbursement.

### Capacity continues to be a concern across the state's mental health system

- There is an acute **shortage of mental health professionals** (counselors, psychologists, and psychiatrists) specializing in children's mental health services.
  - ND should explore ways to "grow our own."
- ND needs to develop more **inpatient bed capacity** at the State Hospital and through contracted providers and to support more crisis beds in communities.
  - Increase the reimbursement to contracted providers.
- ND needs **more residential options** for adults and children with significant mental illness and behavioral issues.
- Continue to support recovery by funding **Peer Support**.

### Serving young people transitioning into adult services remains a challenge

- There is a gap in services for **individuals who don't meet case management criteria**, but who need supports and services to achieve independence (Repeat from 2007).
- **Supported housing and other housing** remains an unmet need especially for youth aging out of foster care (2007).

### Other issues impact Department clients

- Access to **accessible and affordable housing** affects human service clients and others in communities across the state.
- Some rural residents and others face challenges **accessing transportation** to get them to needed human services (Repeat from 2007).

The full report is available online at [www.nd.gov/dhs/about/](http://www.nd.gov/dhs/about/).



	RESIDENTIAL BED CAPACITY BY REGION																			
		NWHSC		NCHSC		LRHSC		NEHSC		SEHSC		SCHSC		WCHSC		BHSC		STATEWIDE		
		Beds	Flex	Beds	Flex	Beds	Flex	Beds	Flex	Beds	Flex	Beds	Flex	Beds	Flex	Beds	Flex	Beds	Flex	
MENTAL HEALTH	Adult TL	2	2	10 <sup>2</sup>				9				24		10		11	2	66	4	
	Adult Long-Term	15 <sup>1</sup>	7			21 <sup>4</sup>		31 <sup>8</sup>				20		8				95	7	
	Adult Crisis	4	4			3 <sup>5</sup>		12 <sup>9</sup>	2		15 <sup>11</sup>		16 <sup>12</sup>	10	10 <sup>13</sup>	1		30	47	
	Child Respite			2				12				1						15		
	Child Crisis/Safe Beds			2		1 <sup>6</sup>		2 <sup>10</sup>		2		3		3				13		
	Transition Aged Youth																			
SUBSTANCE ABUSE	Adult Residential ASAM III.5 Short-Term			27 <sup>3</sup>		20 <sup>7</sup>												47		
	Adult Residential ASAM III.1 Long-Term	8		9 <sup>3</sup>		3		14				16		20 <sup>14</sup>	10 <sup>13</sup>	4		74	10	
	Detox Services ASAM III.2D			3 <sup>3</sup>							15 <sup>11</sup>			10 <sup>13</sup>	10 <sup>13</sup>			13	10	
	Adolescent Residential ASAM III.5 Short-Term							8										8		
	Adolescent Residential ASAM III.1 Long-Term									3				3				6		

<sup>1</sup> Include eight Section 811 beds

<sup>2</sup> Dakota Transitional Home: Six beds have been occupied for more than 2 years (4 are transitioning now to apartments, two are considered long-term). The four remaining are considered respite beds.

<sup>3</sup> Brooklyn Flats (11 level III.5 and 1 level III.2D), Recovery House (6 level III.5 and 1 level III.2d), New Hope (10 level III.5), Hopes House (9 level III.1 and 1 level III.2D)

<sup>4</sup> Prairie Heights

<sup>5</sup> There are 10 ATOD adult beds at the Rolla CRU and 15 adult MH/SA beds at the Devils Lake CRU (13 targeted to AOD but are flexible). There is one bed for close observation for either MH or SA.

<sup>6</sup> Emergency shelter care

<sup>7</sup> Ten beds in Rolla and 10 beds in Devils Lake. Detox beds are located within the 23 level III.1 and III.5 beds.

<sup>8</sup> Through Prairie Harvest Foundation

<sup>9</sup> Five foster homes accounting for twelve beds.

<sup>10</sup> LSS contract.

<sup>11</sup> Fifteen total beds at the crisis unit that on any given day are split between mental health crisis stabilization and social detox. Note: These are not included in the statewide total for Detox Services but are included in the Adult Crisis statewide total.

<sup>12</sup> Includes eight beds for Adult Crisis, six beds for Adult Residential (ASAM III.1) and two beds for Social Detox (ASAM III.2D)

<sup>13</sup> ACS

<sup>14</sup> Ten beds at Heritage and ten beds at ACS

Form 4 Expenditure Data (Per Capita): Application Year 2010

STATE_NAME	GRAND TOTALS PER CAPITA	2007 STATE POPULATION
Central Region		
Illinois	\$20.46	12,779,417
Indiana	\$7.22	6,346,113
Iowa	\$13.58	2,978,719
Michigan	\$11.58	10,050,847
Minnesota	\$28.13	5,191,206
North Dakota	\$27.88	638,202
Ohio	\$15.99	11,520,815
South Dakota	\$18.56	797,035
Wisconsin	\$5.31	5,601,571
Northeast Region		
Connecticut	\$52.98	3,488,633
Delaware	\$23.82	864,896
Maine	\$29.76	1,317,308
Maryland	\$22.00	5,634,242
Massachusetts	\$33.82	6,499,275
New Hampshire	\$13.16	1,317,343
New Jersey	\$16.37	8,636,043
New York	\$28.02	19,422,777
Pennsylvania	\$9.15	12,522,531
Rhode Island	\$26.46	1,055,009
Vermont	\$45.32	620,460
Southeast Region		
Alabama	\$8.14	4,637,904
District of Columbia	\$61.67	586,409
Florida	\$11.50	18,277,888
Georgia	\$11.23	9,533,761
Kentucky	\$9.24	4,256,278
Mississippi	\$6.78	2,921,723
North Carolina	\$14.23	9,064,074
South Carolina	\$8.40	4,424,232
Tennessee	\$8.37	6,172,862
Virginia	\$11.92	7,719,749
West Virginia	\$9.50	1,811,198
Southwest Region		
Arkansas	\$7.90	2,842,194
Colorado	\$10.38	4,842,259
Kansas	\$15.77	2,775,586
Louisiana	\$20.00	4,376,122
Missouri	\$17.03	5,909,824
Nebraska	\$19.84	1,769,912
New Mexico	\$26.36	1,968,731
Oklahoma	\$19.79	3,612,186
Texas	\$7.74	23,837,701
Western Region		
Alaska	\$59.45	682,297
Arizona	\$20.18	6,362,241
California	\$18.04	36,226,122
Hawaii	\$21.08	1,276,832
Idaho	\$12.80	1,499,245
Montana	\$22.20	957,225
Nevada	\$11.49	2,567,752
Oregon	\$11.43	3,732,957
Utah	\$13.54	2,663,796
Washington	\$27.59	6,464,979
Wyoming	\$72.11	523,414
TOTALS	\$16.44	301579895

## [Health Statistics](#) > Mental Health > State Expenditures Per Capita (most recent) by state

Showing latest available data.

Rank	<a href="#">States</a>		<a href="#">Amount</a> ▼
# 1	<a href="#">District of Columbia:</a>	\$398.00	
# 2	<a href="#">New York:</a>		\$176.00
# 3	<a href="#">Hawaii:</a>	\$175.00	
# 4	<a href="#">Pennsylvania:</a>		\$152.00
# 5	<a href="#">Vermont:</a>	\$130.00	
# 6	<a href="#">Connecticut:</a>		\$129.00
# 7	<a href="#">Maryland:</a>	\$127.00	
# 8	<a href="#">Montana:</a>		\$124.00
# 9	<a href="#">New Hampshire:</a>	\$112.00	
= 10	<a href="#">Massachusetts:</a>		\$107.00
= 10	<a href="#">Maine:</a>	\$107.00	
# 12	<a href="#">Minnesota:</a>		\$105.00
# 13	<a href="#">Oregon:</a>	\$97.00	
# 14	<a href="#">Delaware:</a>		\$93.00
# 15	<a href="#">California:</a>	\$92.00	
= 16	<a href="#">New Jersey:</a>		\$90.00
= 16	<a href="#">Michigan:</a>	\$90.00	
# 18	<a href="#">Arizona:</a>		\$89.00
= 19	<a href="#">Washington:</a>	\$88.00	
= 19	<a href="#">Rhode Island:</a>		\$88.00
# 21	<a href="#">Mississippi:</a>	\$87.00	
# 22	<a href="#">Alaska:</a>		\$81.00
# 23	<a href="#">North Dakota:</a>	\$79.00	
# 24	<a href="#">North Carolina:</a>		\$76.00
# 25	<a href="#">South Carolina:</a>	\$74.00	
# 26	<a href="#">Iowa:</a>		\$73.00
# 27	<a href="#">Wisconsin:</a>	\$72.00	
# 28	<a href="#">Tennessee:</a>		\$69.00
= 29	<a href="#">Virginia:</a>	\$65.00	
= 29	<a href="#">Indiana:</a>		\$65.00

Rank	States		Amount ▼
= 31	<a href="#"><u>Colorado:</u></a>	\$64.00	
= 31	<a href="#"><u>Illinois:</u></a>		\$64.00
= 33	<a href="#"><u>Ohio:</u></a>	\$61.00	
= 33	<a href="#"><u>South Dakota:</u></a>		\$61.00
= 33	<a href="#"><u>Wyoming:</u></a>	\$61.00	
= 36	<a href="#"><u>Kansas:</u></a>		\$60.00
= 36	<a href="#"><u>Missouri:</u></a>	\$60.00	
= 38	<a href="#"><u>Alabama:</u></a>		\$57.00
= 38	<a href="#"><u>Nevada:</u></a>	\$57.00	
# 40	<a href="#"><u>Nebraska:</u></a>		\$51.00
# 41	<a href="#"><u>Kentucky:</u></a>	\$49.00	
= 42	<a href="#"><u>Idaho:</u></a>		\$46.00
= 42	<a href="#"><u>Georgia:</u></a>	\$46.00	
# 44	<a href="#"><u>Louisiana:</u></a>		\$45.00
# 45	<a href="#"><u>Oklahoma:</u></a>	\$39.00	
# 46	<a href="#"><u>Texas:</u></a>		\$38.00
# 47	<a href="#"><u>Florida:</u></a>	\$35.00	
= 48	<a href="#"><u>Utah:</u></a>		\$33.00
= 48	<a href="#"><u>New Mexico:</u></a>	\$33.00	
# 50	<a href="#"><u>Arkansas:</u></a>		\$28.00
# 51	<a href="#"><u>West Virginia:</u></a>	\$26.00	
	<b>Weighted average:</b>		\$84.78

**DEFINITION:** State Mental Health Agency, Mental Health Per Capita Expenditures, 2001

**SOURCE:** [statehealthfacts.org](http://statehealthfacts.org) via StateMaster