

June 2001

## RISK-ASSOCIATED BEHAVIOR PROGRAMS - BACKGROUND MEMORANDUM

Section 6 of 2001 Senate Bill No. 2380 directs the Legislative Council to study programs dealing with the prevention and treatment of alcohol, tobacco, and drug abuse and other kinds of risk-associated behavior which are operated by various state agencies, including the Department of Corrections and Rehabilitation, the Attorney General, the State Department of Health, the Department of Human Services, the Department of Public Instruction, the Department of Transportation, the National Guard, and the Supreme Court, and whether better coordination among the programs within those agencies may lead to a more effective and cost-efficient way of operating the programs and providing services. Section 2 of 2001 Senate Bill No. 2380 also directs the State Health Officer to provide reports to the Legislative Council regarding the implementation of the community health grant program no later than December 31, 2001, and November 1, 2002. A copy of Senate Bill No. 2380 is attached as Appendix A. The Budget Committee on Government Services has been assigned these responsibilities for the 2001-02 interim.

The primary purpose of the community health program, as established in 2001 Senate Bill No. 2380, is to reduce tobacco usage by strengthening community-based public health programs and by providing assistance to public health units and communities throughout the state. Funds appropriated for the community health grant program are to be allocated as follows:

- Forty percent for grants to develop, with student participation, school preventive health programs to reduce student tobacco use.
- Forty percent for grants to public health units to develop, in cooperation with local elected officials, community programs to reduce tobacco use by the residents living in the counties served by the public health units. The plan may include other chronic disease programs. In addition to any grants received under this subdivision, each county with a population of less than 10,000 must receive \$5,000 per biennium to be used to implement the county's program.
- Twenty percent for grants to public health units to supplement existing state aid from other sources. Each public health unit must receive one percent of the amount allocated under this subdivision for each county within the unit, and the remaining amount must be distributed to each unit on a per capita basis.

The Community Health Grant Program Advisory Committee shall be established to advise the State Department of Health in developing the community health grant program. The committee is to consist of the following members:

1. The State Health Officer (chairman).
2. The state tobacco control administrator appointed by the State Health Officer.
3. One high school student appointed by the State Health Officer.
4. One student of a postsecondary institution in the state appointed by the State Health Officer.
5. One representative of a nongovernmental tobacco control organization appointed by the State Health Officer.
6. One law enforcement officer appointed by the State Health Officer.
7. One individual appointed by the North Dakota Indian Affairs Commission.
8. One individual appointed by the North Dakota Public Health Association.
9. The Superintendent of Public Instruction (or designee).
10. An academic researcher with expertise in tobacco control and health promotion intervention appointed by the dean of the University of North Dakota School of Medicine and Health Sciences.
11. One physician appointed by the North Dakota Medical Association.

### PREVIOUS STUDIES

1993-94

#### Budget Committee on Youth Services

##### Youth Services

The interim Budget Committee on Youth Services studied, pursuant to Legislative Council directive, children and youth services in North Dakota. The study included an examination of services for children, problems of and resources available to meet the needs of North Dakota youth aged 17 through 21 who are released from the foster care or court system, the hiring of a consultant to assist in a study of children and youth services in the state, and reports from the Children's Services Coordinating Committee on the status of the implementation of the state's children's services plan.

## Recommendations

The Budget Committee on Youth Services, based on the findings from the consultant, recommended the following bills relating to risk-associated behavior:

1. Senate Bill No. 2047, which was not approved by the 1995 Legislative Assembly, reduces the alcohol concentration level for individuals under the age of 21 to be charged with driving while under the influence from .10 to .02 percent and reduces the level for which individuals under the age of 21 will lose their hunting and motorboat operating privileges from .10 to .02 percent.
2. Senate Bill No. 2046, which was not approved by the 1995 Legislative Assembly, requires each public school district to establish a voluntary tobacco usage cessation program pursuant to guidelines adopted by the Superintendent of Public Instruction. The bill would have required the Department of Public Instruction to provide an annual training program for teachers on the identification and assessment of youth who may be potential suicide victims.

## 1999-2000

### Budget Committee on Health Care

#### Community Health Trust Fund

The interim Budget Committee on Health Care studied, pursuant to Legislative Council directive, the State Department of Health plan for a community health grant program. North Dakota Century Code (NDCC) Section 54-27-25 created by 1999 House Bill No. 1475 established a tobacco settlement trust fund for the deposit of all tobacco settlement moneys obtained by the state. Moneys in the fund must be transferred as follows, within 30 days of their deposit in the fund:

- Ten percent to the community health trust fund.
- Forty-five percent to the water development trust fund.
- Forty-five percent to the common schools trust fund.

The community health grant program is to use moneys available in the community health trust fund. The State Department of Health may use the moneys in the community health trust fund, as appropriated by the Legislative Assembly, for community-based and other public health grant programs, including those with an emphasis on preventing or reducing tobacco usage. The interest earned on moneys in the community health trust fund is deposited in the general fund.

#### Centers for Disease Control and Prevention

The study examined the United States Centers for Disease Control and Prevention "best practices" guidelines to help states plan and carry out effective tobacco use and prevention control programs. A copy of the

guidelines is attached as Appendix B. The Centers for Disease Control and Prevention also established recommended funding ranges to guide states in the development of these programs. Each funding range is calculated based on a formula established by the Centers for Disease Control and Prevention using a combination of minimum or base funding and per capita funding based on the state's population. For North Dakota, the proposed funding ranges for all components total \$12.73 to \$25.82 per capita, or approximately \$8.2 to \$16.5 million, per year.

#### State Department of Health Plan and Responses

The State Department of Health reported to the Budget Committee on Health Care on alternative uses for moneys in the community health trust fund, including:

1. Implementing the recommendations of the United States Centers for Disease Control and Prevention relating to the establishment of a comprehensive statewide tobacco use prevention and control program.
2. Increasing state aid to local public health units.
3. Developing a comprehensive community or school health grant program.
4. Funding a preventive medicine center of excellence at the University of North Dakota School of Medicine and Health Sciences.
5. Enhancing emergency medical services.
6. Increasing state funding for immunization programs.
7. Providing additional epidemiological support to local public health units.
8. Providing funding for the employment of four additional environmental health practitioners to support local public health units.
9. Providing funding for the Family HealthCare Center in Fargo.
10. Developing a statewide public health data management system.
11. Providing a contingency fund for public health emergencies.
12. Developing elderly health programs.

Regarding the use of moneys to be deposited in the community health trust fund during the 2001-03 and future bienniums, the State Department of Health plan provided that an estimated \$5 million per biennium be used for:

1. A Healthy Schools grant program funded at \$2 million per biennium, or approximately \$9 per student per year.
2. A Healthy Families grant program funded at \$2 million per biennium, or approximately \$1.50 per state resident per year.
3. A Healthy Communities grant program funded at \$1 million per biennium.

**Recommendations**

The interim Committee on Health Care made the following recommendations:

1. Senate Bill No. 2028, which was not approved by the 2001 Legislative Assembly, provided that interest earned on moneys deposited in the community health trust fund remain in that fund. Currently the interest is deposited in the general fund. It was estimated that based on an average balance of \$5.2 million in the fund, the community health trust fund will generate interest income of approximately \$510,000 per biennium, assuming a rate of return of 4.9 percent per year.
2. Senate Bill No. 2029, which was not approved by the 2001 Legislative Assembly, provided that interest earned on moneys deposited in the water development trust fund be transferred to the community health trust fund. Currently the interest is deposited in the general fund. It was estimated that based on an average balance of \$23.5 million, the water development trust fund will generate interest income of approximately \$2.3 million per biennium,

assuming a rate of return of 4.9 percent per year.

3. That the State Department of Health plan for the establishment of Healthy Schools, Healthy Families, and Healthy Communities grant programs with moneys to be deposited in the community health trust fund during the 2001-03 biennium.
4. That a portion of the moneys accumulating in the community health trust fund for statewide tobacco countermarketing programs and training and educational program materials for schools and communities to assist in the establishment and operation of tobacco use prevention and cessation education programs.

**2001-03 BIENNIUM ALCOHOL, DRUG, AND TOBACCO PROGRAM FUNDING ANALYSIS**

Based on estimates from agencies, funding for alcohol, drug, and tobacco related programs for the 2001-03 biennium is as follows:

Agency	General Fund	Federal and Special Funds	Total Funds
<b>Attorney General's office</b>			
Drug Abuse Resistance Education (D.A.R.E.) - A children's educational program aimed at preventing drug use, usually conducted in grades 5 and 6		\$15,000	\$15,000
CounterAct - Drug prevention programs aimed at grades 4 through 6. The fund is used to train local law enforcement officers and to provide classroom materials.		90,000	90,000
Residential substance abuse treatment for state prisoners grant - A passthrough grant for addiction treatment of state prisoners		564,557	564,557
Narcotics section - Includes all the state's drug task forces and investigations of drug crimes, dealers, and manufacturers	\$3,287,499		3,287,499
Marijuana eradication - A federal grant used for marijuana enforcement and elimination		200,000	200,000
Midwest high-intensity drug trafficking area - A federal grant aimed at the growing methamphetamine problem in this region		2,049,064	2,049,064
Edward Byrne memorial state and local law enforcement assistance formula grant program - Federal funding used at the state and local level for antidrug abuse programs		6,917,216	6,917,216
<b>Total Attorney General's office</b>	<b>\$3,287,499</b>	<b>\$9,835,837</b>	<b>\$13,123,336</b>
<b>Department of Corrections and Rehabilitation</b>			
Drug court - An adult services program in Burleigh and Morton Counties that handles drug (90%) and driving under the influence (DUI) (10%) cases		\$234,467	\$234,467

Alternative to incarceration - Programs providing alternatives to incarceration, including halfway houses, treatment, and home reporting	\$2,320,060	734,400	3,054,460
Department of Corrections and Rehabilitation juvenile services grants - Title II and Title V juvenile delinquency prevention grants and the juvenile accountability incentive block grant. The majority of this funding is provided to political subdivisions for juvenile programs and are not required to be used for drug or alcohol programs. (This amount is an estimate from the department and depends on the federal grants available.)		1,700,000	1,700,000
Mental health unit - Conducts assessments and provides treatment for inmates with addiction problems	886,676		886,676
DUI offender treatment program - Provides for the department to contract with the State Hospital to establish a DUI offender treatment program that will result in 25 inmates per month being housed at the State Hospital rather than being incarcerated in a Department of Corrections and Rehabilitation facility or being housed in a contract jail	1,600,000 <sup>1</sup>		1,600,000 <sup>1</sup>
Youth Correctional Center treatment program - Provides treatment services for youth	93,000		93,000
<b>Total Department of Corrections and Rehabilitation</b>	<b>\$4,899,736</b>	<b>\$2,668,867</b>	<b>\$7,568,603</b>
<b>State Department of Health</b>			
Community health trust fund - Funding used for tobacco prevention programs		\$4,700,000	\$4,700,000
Community health trust fund - Community health grants		350,000	350,000
Centers for Disease Control and Prevention - Federal funding used for tobacco prevention programs		2,369,934	2,369,934
<b>Total State Department of Health</b>	<b>\$0</b>	<b>\$7,419,934</b>	<b>\$7,419,934</b>
<b>Department of Human Services</b>			
Prevention and treatment services - Prevention and treatment services provided at the human service centers, State Hospital, and Developmental Center	\$7,466,117	\$15,958,879	\$23,424,996
Governor's fund for safe and drug-free schools and communities - Funding is provided as grants to high-risk areas for enforcement and education.		857,000	857,000
Department of Justice underage drinking grant - Funding is used for underage drinking prevention programs.		720,000	720,000
Native American youth alcohol and drug prevention program - Funding is used for youth alcohol and drug prevention programs for Native Americans.		200,000	200,000
<b>Total Department of Human Services</b>	<b>\$7,466,117</b>	<b>\$17,735,879</b>	<b>\$25,201,996</b>
<b>Department of Transportation</b>			
402 Highway traffic safety - Funding is used for fake ID training, teen court, students against drunk driving, and the cops-in-shops programs.		\$312,000	\$312,000
410 alcohol incentive grant - Funding is used for alcohol countermeasure activities and other programs discouraging drinking and driving.		500,000	500,000
<b>Total Department of Transportation</b>	<b>\$0</b>	<b>\$812,000</b>	<b>\$812,000</b>

<b>Department of Public Instruction</b> Title V drug-free school program - Funding for reducing drug, alcohol, and tobacco use through education and prevention activities	\$0	\$3,428,692	\$3,428,692
<b>Supreme Court</b> Juvenile drug court - Funding is used for a youth treatment program to intervene in alcohol and drug use through court intervention.	\$33,466	\$264,640	\$298,106
<b>National Guard</b> State military operations - Funding is used for a number of programs, including education programs and the counter drug fly program that assists law enforcement by utilizing military helicopters in drug enforcement efforts.		\$2,352,000 <sup>2</sup>	\$2,352,000 <sup>2</sup>
<b>GRAND TOTAL</b>	<b>\$15,686,818</b>	<b>\$44,517,849</b>	<b>\$60,204,667</b>

<sup>1</sup> The amount is also included in the Department of Human Services prevention and treatment services as special funds.

<sup>2</sup> The amount shown is based on the National Guard's federal fiscal year 2001 funding allocation also being available at the same level for federal fiscal year 2002.

### STUDY OUTLINE

The committee may wish to proceed with this study as follows:

1. Receive testimony from representatives of each listed agency on programs offered for alcohol, drug, and tobacco prevention and treatment.
2. Receive testimony from the State Health Officer on the implementation of the community health grant program and uses of funds from the community health trust fund and the Centers for Disease Control and Prevention, and any legislation planned for introduction that the Community Health Grant Program Advisory Committee considers appropriate to improve the program. The 2001 Legislative Assembly appropriated a total of \$5,344,755 from the community health trust fund for the 2001-03 biennium. An analysis of the community health trust fund is attached as Appendix C.
3. Receive testimony from other interested persons, including private sector organizations, regarding programs dealing with the prevention and treatment of alcohol, tobacco, and drug abuse and other kinds of risk-associated behavior.
4. Develop committee recommendations and any related bill drafts regarding the coordination of alcohol, tobacco, and drug abuse programs among state agencies for a more effective and cost-efficient way of operating the programs and providing services.
5. Prepare a final report for submission to the Legislative Council.

ATTACH:3