

NORTH DAKOTA

State SSA Director

Ms. JoAnne Hoesel, Director
Division of Mental Health and Substance Abuse Services
North Dakota Department of Human Services
1237 W. Divide Avenue, Suite 1C
Bismarck, ND 58501-1208

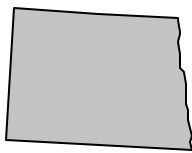
Phone: 701-328-8924

Fax: 701-328-8969

E-mail: sohoej@state.nd.us

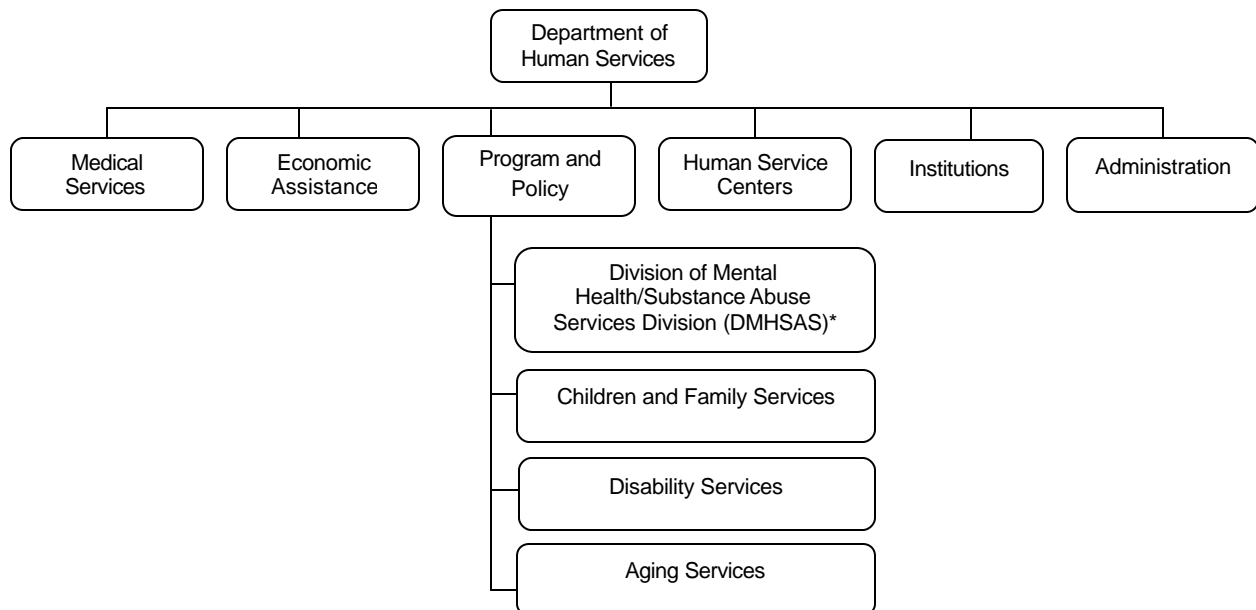
Web site: www.state.nd.us/humanservices/services/mentalhealth

Structure and Function



The Department of Human Services, Mental Health and Substance Abuse Services Division (DMHSAS) is the designated Single State Agency (SSA) that provides leadership for the planning, development, and oversight of a system of care for children, adults, and families with severe emotional disorders, mental illness, and/or substance abuse issues. Mental health and substance abuse services are delivered through eight Regional Human Service Centers and the North Dakota State Hospital in Jamestown. DMHSAS also contracts with four Native American Tribes for reservation services. The regional centers serve designated multicounty areas and provide substance abuse treatment and other core services. The North Dakota Commission on Drug and Alcohol Abuse Comprehensive Three-Year Plan for Prevention, Treatment and Enforcement also includes the State's comprehensive statewide plan for substance abuse prevention.

Single State Agency Structure

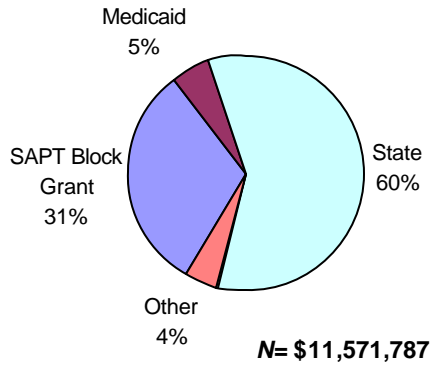


* Program Divisions have oversight responsibility for county social services.

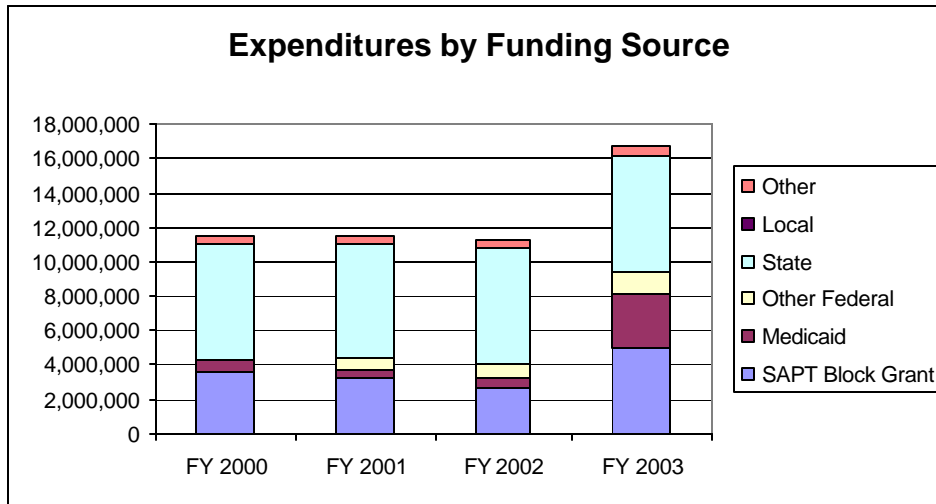
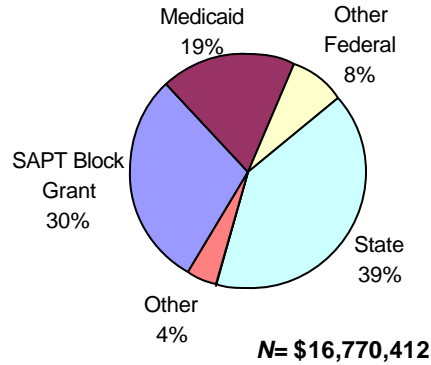
Single State Agency Funding Overview

SSA total expenditures for North Dakota increased from nearly \$11.6 in FY 2000 to nearly \$16.8 in FY 2003. State funding remained relatively stable in dollar value between those two periods but declined in proportion (from about 60 percent to 39 percent of total expenditures). Block Grant funding increased somewhat in dollar value but remained relatively stable in proportion (at about 30–31 percent of total expenditures). Medicaid and other Federal funding sources increased, both in dollar value and in proportion. Nevertheless, State funding continues to be the largest funding source.

FY 2000 Expenditures by Funding Source



FY 2003 Expenditures by Funding Source



Single State Agency Expenditures From All Funding Sources

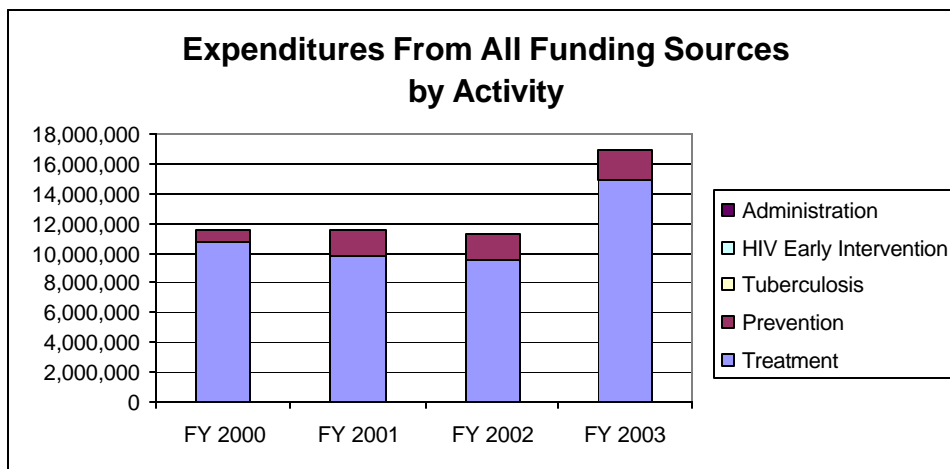
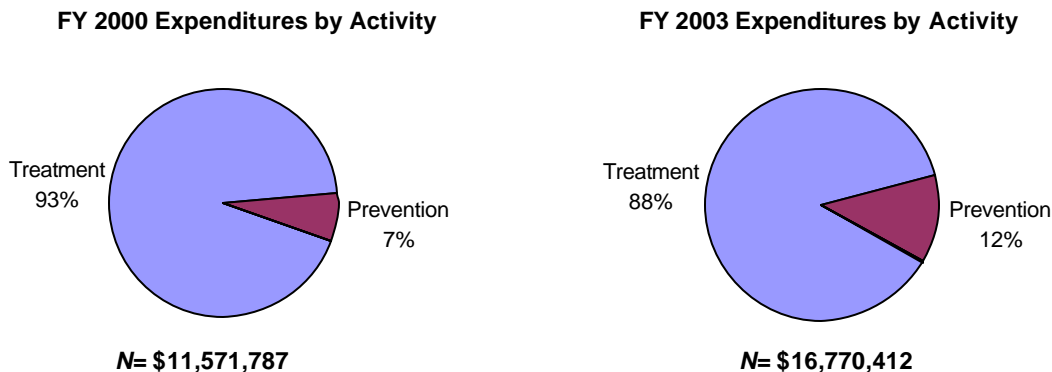
Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	3,627,405	31	3,174,888	27	2,663,625	23	4,984,093	30
Medicaid	609,494	5	530,188	5	569,841	5	3,133,330	19
Other Federal	5,461	0	671,898	6	809,010	7	1,263,949	8
State	6,825,322	59	6,725,635	58	6,822,700	60	6,721,455	40
Local	0	0	0	0	0	0	0	0
Other	504,105	4	450,370	4	477,238	4	667,585	4
Total*	11,571,787	100	11,552,979	100	11,342,414	100	16,770,412	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Activities and Expenditures From All Funding Sources

Treatment activities continue to account for the vast majority of SSA expenditures. That majority, however, shrank between FYs 2000 and 2003 (from 93 percent to 88 percent), while prevention activities increased, both in proportion and dollar value.



Single State Agency Expenditures From All Funding Sources by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	9,439,930	83	14,874,104	89
Alcohol Treatment	3,834,254	33	2,680,091	23				
Drug Treatment	6,963,424	60	7,246,169	63				
Prevention	774,109	7	1,626,719	14	1,902,484	17	2,044,914	12
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	31,394	0
Total*	11,571,787	100	11,552,979	100	11,342,414	100	16,770,412	101

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

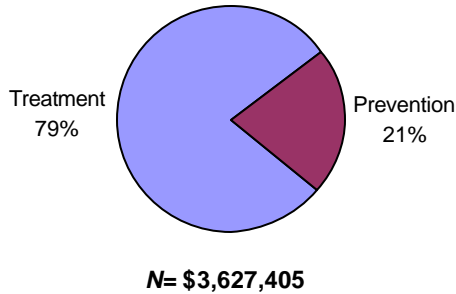
* Totals may not equal 100 percent due to rounding.

Expenditures of Block Grant and State Funds

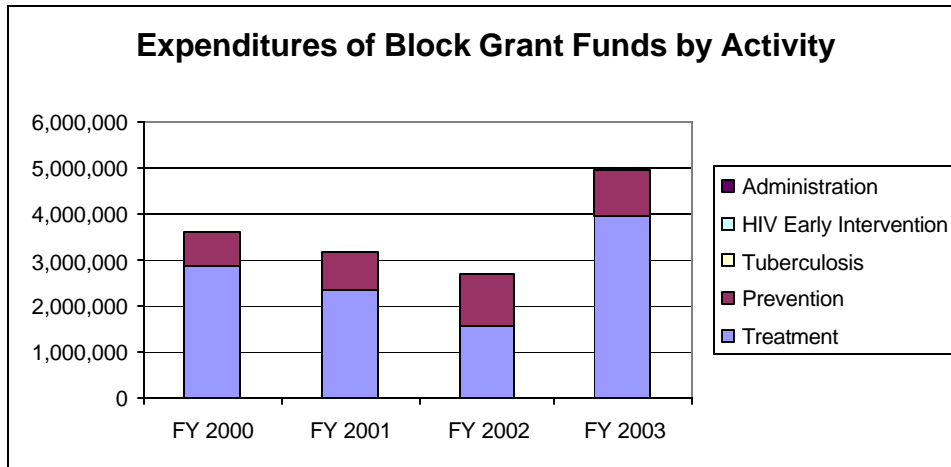
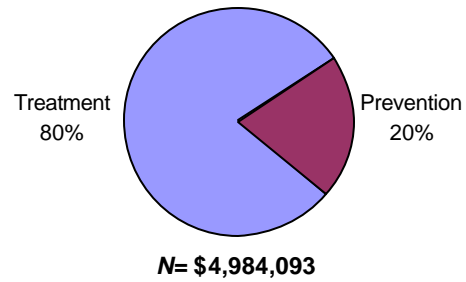
Expenditures of Block Grant Funds

Block Grant funding in North Dakota increased from about \$3.6 million in FY 2000 to nearly \$5 million in FY 2003. Approximately 80 percent of those dollars continued to fund treatment activities, while approximately 20 percent continued to fund prevention activities.

FY 2000 Block Grant Expenditures by Activity



FY 2003 Block Grant Expenditures by Activity



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	1,565,708	59	3,970,641	80
Alcohol Treatment	1,013,204	28	630,604	20				
Drug Treatment	1,840,092	51	1,704,965	54				
Prevention	774,109	21	839,319	26	1,097,917	41	1,013,452	20
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	0	0
Total*	3,627,405	100	3,174,888	100	2,663,625	100	4,984,093	100

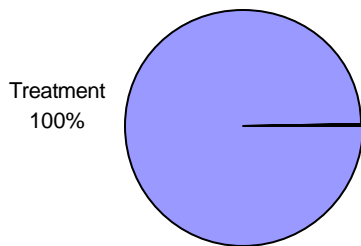
SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Expenditures of State Funds

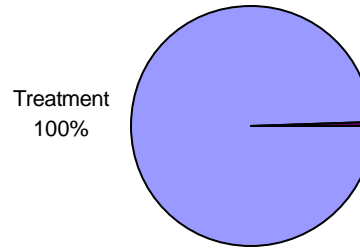
State funding in North Dakota remained relatively stable between FYs 2000 and 2003, at about \$6.7–\$6.8 million. All of those funds were spent on treatment activities.

FY 2000 State Expenditures by Activity

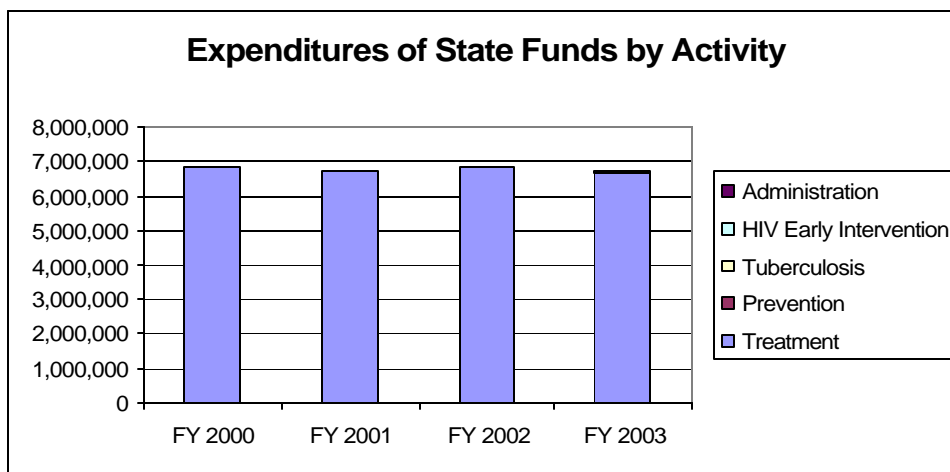


N= \$6,825,322

FY 2003 State Expenditures by Activity



N= \$6,721,455



Single State Agency Expenditures of Block Grant Funds by Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Treatment and Rehabilitation	0	0	0	0	6,822,700	100	6,690,061	100
Alcohol Treatment	2,423,672	36	1,815,921	27				
Drug Treatment	4,401,650	64	4,909,714	73				
Prevention	0	0	0	0	0	0	0	0
Tuberculosis	0	0	0	0	0	0	0	0
HIV Early Intervention	0	0	0	0	0	0	0	0
Administration	0	0	0	0	0	0	31,394	0
Total*	6,825,322	100	6,725,635	100	6,822,700	100	6,721,455	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4; States were not required to report separate expenditures for alcohol and drug treatment for FYs 2002 and 2003.

* Totals may not equal 100 percent due to rounding.

Prevention Services

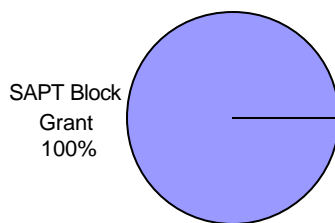
Eight regional and four Tribal area Regional Prevention Coordination entities are contracted to build comprehensive community coalitions, provide technical assistance, and develop strategic plans for implementation of science-based model prevention programs and activities that will prevent the abuse of alcohol, tobacco, and other (ATOD) drugs. The Division distributes prevention funds using a competitive process to address the six core prevention strategies. A North Dakota Prevention Resource Center maintains a large library of written and video materials covering a wide range of topics. Items are loaned to any citizen free of charge.

Prevention Funding and Expenditures

Prevention funding in North Dakota increased sharply between FYs 2000 and 2003 (from about \$7.7 million to more than \$2 million). About half of the FY 2003 funding came from the Block Grant, and the other half came from other Federal sources—a change from FY 2000, when the Block Grant funded all prevention expenditures.

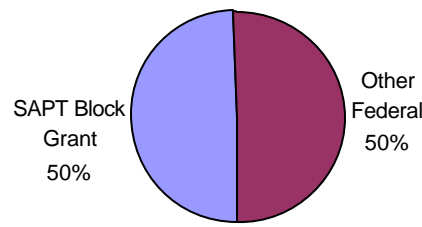
Per capita, Block Grant prevention expenditures increased from \$1.21 to \$1.60 between those two periods.

FY 2000 Prevention Expenditures by Funding Source

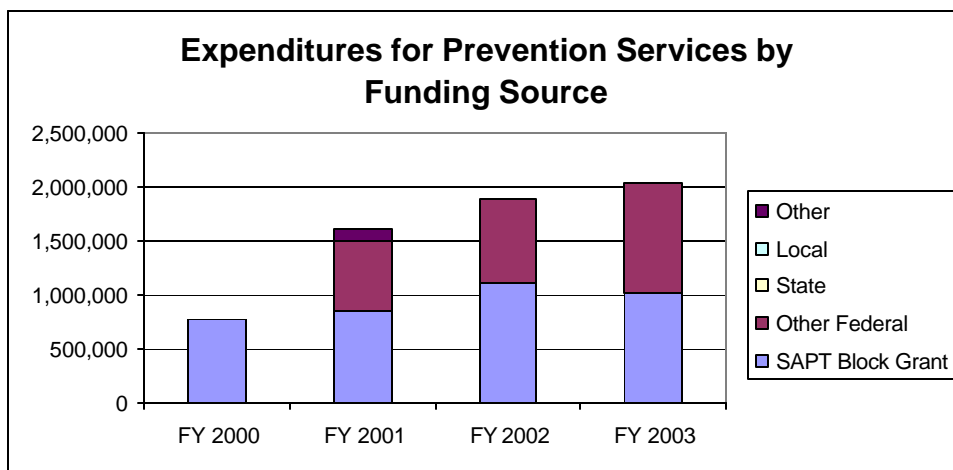


N= \$774,109

FY 2003 Prevention Expenditures by Funding Source



N= \$2,044,914



Single State Agency Expenditures for Prevention Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	774,109	100	839,319	52	1,097,917	58	1,013,452	50
Other Federal	0	0	668,473	41	804,567	42	1,031,462	50
State	0	0	0	0	0	0	0	0
Local	0	0	0	0	0	0	0	0
Other	0	0	118,927	7	0	0	0	0
Total*	774,109	100	1,626,719	100	1,902,484	100	2,044,914	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Core Strategies

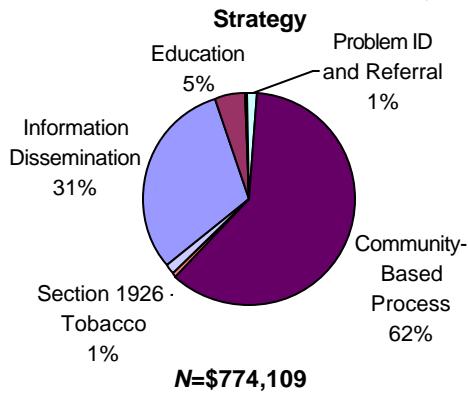
Examples of core prevention strategies supported by Block Grant funds include:

Core Strategy	Examples of Activities
Information Dissemination	The Prevention Resource Center lends videos, books, curricula, and other materials to schools, law enforcement agencies, churches, social service agencies, and others.
Education	DMHSAS collaborates with the Central CAPT for trainings to prevention specialists. Training is offered to substance abuse professionals at conferences.
Alternatives	Alternatives include teen centers, afterschool and tutoring programs, and youth mentoring programs.
Community-Based Processes	Regional prevention coordinators identify community resources and engage in coalition and community team building.
Environmental	Technical assistance is offered to communities to conduct surveys and work with coalitions. Funding provides support for tobacco enforcement programs.
Problem Identification and Referral	Funding supports juvenile drug court programs, use of Prime for Life curriculum for driving under intoxication (DUI) offenders, and Families and Schools Together for hospitals.

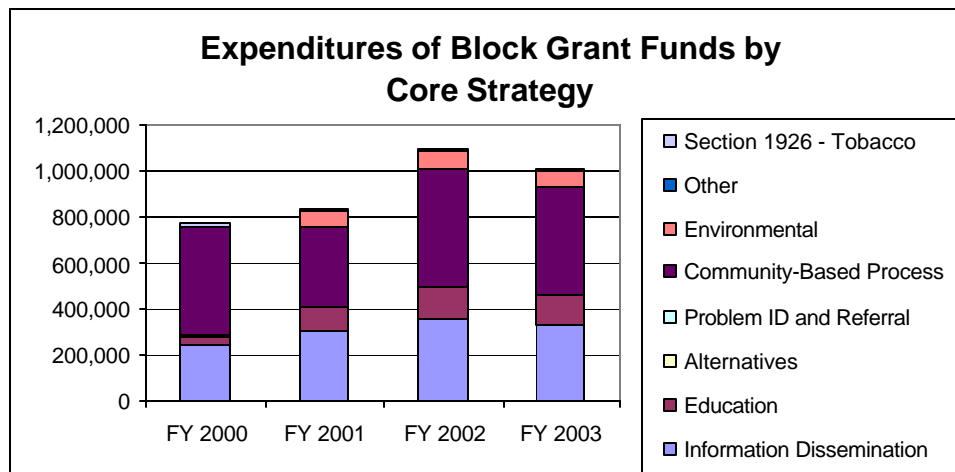
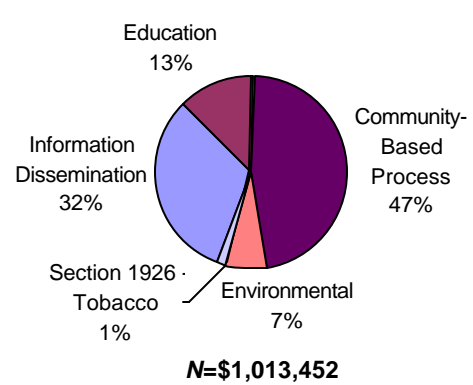
Expenditures of Block Grant Funds for Core Strategies

Nearly half (47 percent) of the \$1 million in Block Grant funding for core prevention strategies in FY 2003 was allocated to community-based process strategies—lower than the 62 percent allocated in FY 2000, but stable in dollar value. Nearly one-third of the FY 2003 funding went toward information dissemination, similar to the FY 2000 allocation. Education strategies increased between the two periods, both in dollar value and proportion, accounting for 13 percent of Block Grant prevention funding in FY 2003.

FY 2000 Block Grant Expenditures by Core Strategy



FY 2003 Block Grant Expenditures by Core Strategy



Single State Agency Expenditures of Block Grant Funds by Core Strategy

Strategy	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Information Dissemination	238,696	31	297,953	35	353,000	32	324,628	32
Education	36,521	5	112,000	13	138,101	13	129,154	13
Alternatives	1,523	0	0	0	0	0	0	0
Problem ID and Referral	10,862	1	0	0	1,000	0	1,000	0
Community-Based Process	471,701	61	353,672	42	514,944	47	473,726	47
Environmental	3,465	0	62,413	7	76,872	7	70,944	7
Other	0	0	0	0	0	0	0	0
Section 1926 - Tobacco	11,341	1	13,281	2	14,000	1	14,000	1
Total*	774,109	100	839,319	100	1,097,917	100	1,013,452	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4a

* Totals may not equal 100 percent due to rounding.

Treatment and Rehabilitation Services

The State provides a continuum of care based on the ASAM levels of care, which includes the following types of treatment: assessment and early intervention, clinically managed low-intensity residential, clinically managed high-intensity, medically monitored intensive inpatient, partial hospitalization/day treatment, intensive outpatient, outpatient, social detoxification, and medically monitored inpatient detoxification. Adolescents and adults receive a full array of services based on their needs at the eight regional human service centers. Increases in SAPT Block Grant funds are distributed to the service centers for specific populations found to be in high need and that are underserved. These increases include services for adolescents and Native Americans and additional residential treatment services.

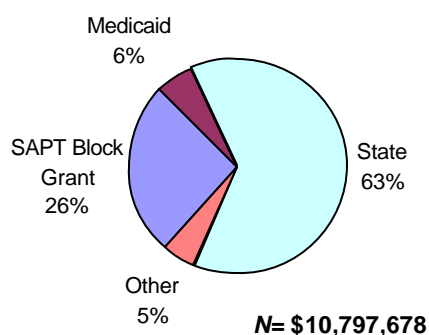
DMHSAS/DHS is piloting a SAMHSA evidenced-based model of integrated dual disorder treatment at the Southeast Human Services Center. State legislation in 2005 funded a residential treatment program (ASAM 111.5 or 111.1) specifically for individuals dependent upon methamphetamine. This will provide individualized residential services using the MATRIX model. DMHSAS contracts for this service and is grant manager.

Treatment Funding and Expenditures

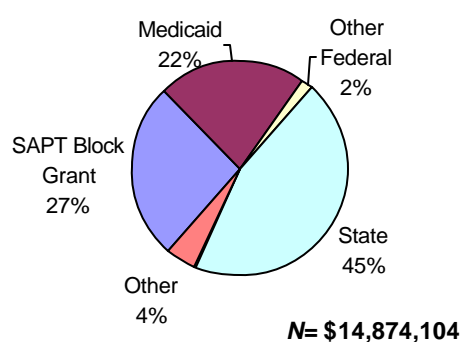
Treatment funding in North Dakota increased considerably between FYs 2000 and 2003, from about \$10.8 to nearly \$14.9 million. State funding dollars remained relatively level between those two periods but declined in proportion (from 63 percent of FY 2000 treatment expenditures to 45 percent of FY 2003 expenditures), primarily due to increased Medicaid funding. Block Grant dollars increased but continued to account for slightly more than one-quarter of treatment expenditures.

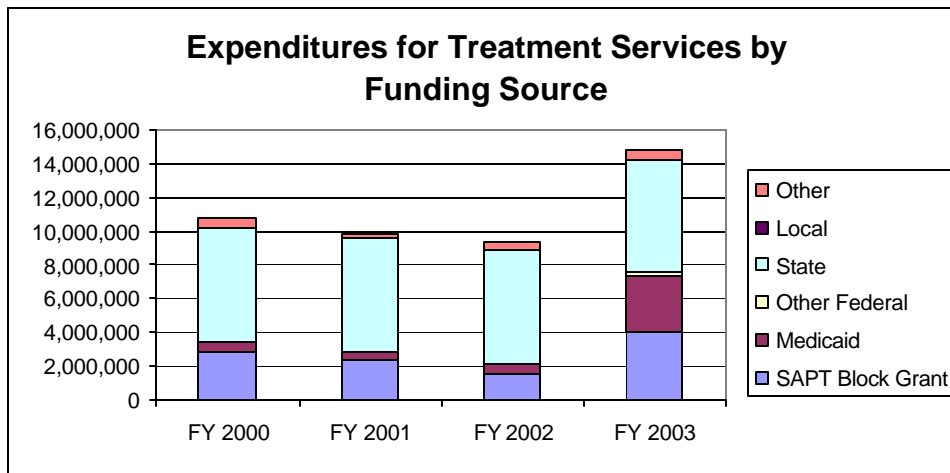
Per capita, Block Grant treatment funding in North Dakota varied widely over the last several years. Between FYs 2000 and 2001, it decreased from \$4.45 to \$3.67 and then to \$2.47 in FY 2002. In FY 2003, Block Grant funding rebounded to \$6.26 per capita.

FY 2000 Treatment Expenditures by Funding Source



FY 2003 Treatment Expenditures by Funding Source





Single State Agency Expenditures for Treatment Services From All Funding Sources

Funding Source	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
SAPT Block Grant	2,853,296	26	2,335,569	24	1,565,708	17	3,970,641	27
Medicaid	609,494	6	530,188	5	569,841	6	3,313,330	22
Other Federal	5,461	0	3,425	0	4,443	0	232,487	2
State	6,825,322	63	6,725,635	68	6,822,700	72	6,690,061	45
Local	0	0	0	0	0	0	0	0
Other	504,105	5	331,443	3	477,238	5	667,585	4
Total*	10,797,678	100	9,926,260	100	9,439,930	100	14,874,104	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4

* Totals may not equal 100 percent due to rounding.

Admissions

North Dakota’s SAPT Block Grant application indicates that nearly 14,000 persons were admitted to treatment during FY 2002.

Number of Persons Admitted by Type of Treatment Care

Type of Care	Total Number Admissions by Primary Diagnosis (N=13,720)		
	Alcohol Problems	Drug Problems	None Indicated
Detoxification (24-hour care)			
Hospital inpatient	268	160	71
Free-standing residential	178	106	39
Rehabilitation/Residential			
Hospital inpatient (rehabilitation)	230	151	35
Short-term residential	478	226	132
Long-term residential	54	38	9
Ambulatory (Outpatient)			
Outpatient (methadone)	0	0	0
Outpatient (non-methadone)	4,811	3,244	2,047
Intensive outpatient	915	567	104
Detoxification (outpatient)	0	0	0
Total	6,934	4,386	2,400

SOURCE: FY 2005 SAPT Block Grant Application Form 7a; Reported data for State FY 2002

Treatment Episode Data Set (TEDS) data indicate more than 3,200 admissions (where at least one substance is known). Calculations (with imputation) from TEDS data show that approximately 36 percent of persons admitted to treatment programs reported a psychiatric problem combined with alcohol or drug use. This rate varied slightly when separating out alcohol-only abuse versus abuse of alcohol in combination with other drugs. Approximately 31 percent of persons admitted for abusing alcohol only were diagnosed with a psychiatric problem and 38 percent of persons admitted for abusing alcohol in combination with other drugs were diagnosed as having a psychiatric problem. (For a discussion of the different data sources, see Appendix D: Methodology.)

Percent of Admissions with a Psychiatric Problem by Primary Diagnosis

Admissions	2002	
	Admissions Where at Least One Substance Is Known	% with Psychiatric Problem*
Alcohol only	959	31.2
Alcohol in combination with other drugs	2,288	37.8
Total	3,247	35.9

SOURCE: Treatment Episode Data Set, 2002

*Values are imputed for admission records with missing information on other psychiatric diagnoses.

According to the National Survey of Drug Use and Health, 52,000 persons aged 12 and older (9.9 percent of North Dakota's population) needed, but did not receive, treatment for alcohol use and 14,000 persons (2.6 percent) needed, but did not receive, treatment for illicit drug use in North Dakota.

Treatment Gap by Age Group

Measure	% 12 and older	% 12-17	% 18-25	% 26 and older
Needing but not receiving treatment for alcohol use	9.91	9.46	25.71	6.66
Needing but not receiving treatment for illicit drug use	2.59	5.37	6.90	1.31

SOURCE: National Survey on Drug Use and Health; combined data for 2002 and 2003

Resource Development Activities

Planning and Needs Assessment

The North Dakota Commission on Alcohol and Drug Abuse holds stakeholder meetings to develop the comprehensive 3-year plan for prevention, treatment, and enforcement. The State conducts the Youth Risk Behavior Study (YRBS) and the Telephone Household Survey. These data, together with social indicator data and State Outcome Measures (SOMMS) from each of the eight human service regions, are used to determine areas of highest need in the State.

Traditionally, the State has used a formula for distribution of base funding for treatment to each region. The formula takes into account special populations. Prevention funds are distributed evenly to the substate planning areas that correspond with the eight regional service center regions and four tribal service areas. The State plans to distribute prevention funds based on a formula similar to that used for treatment.

Evaluation

The Treatment Outcomes Performance Pilot Studies (TOPPS) examine outcomes resulting from addiction treatment received at the North Dakota State Hospital. Results of the study are used in planning future service delivery. All regional service centers receive a biennial licensure review and independent peer review. They are monitored for compliance with SAPT Block grant requirements. The State recently revamped its evaluation process and will be able to report on the National Outcome Measures (NOMS).

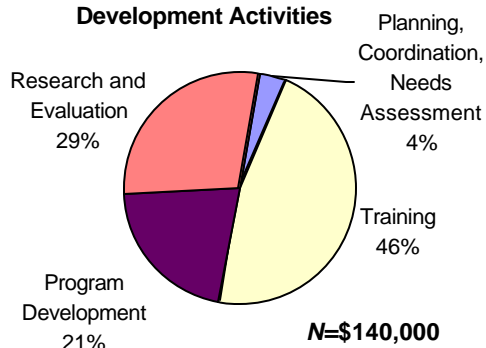
Training and Assistance

DMHSAS sponsors or co-sponsors training activities for treatment providers that include the Alcohol and Substance Abuse Summit, the Dual Diagnosis Conference, cross-training for substance abuse and vocational rehabilitation staff, and the promotion of referrals. Prevention providers receive training at the Annual Prevention Conference, the Kids at Risk Conference, and the Roughrider Health Promotion Conference. Other trainings are offered through Drug Free North Dakota and from the Central CAPT, covering evidence-based models, Project Northland, prevention competencies, and the DUI Seminar/Prime for Life program, among others. DMHSAS is also planning statewide training in the MATRIX model.

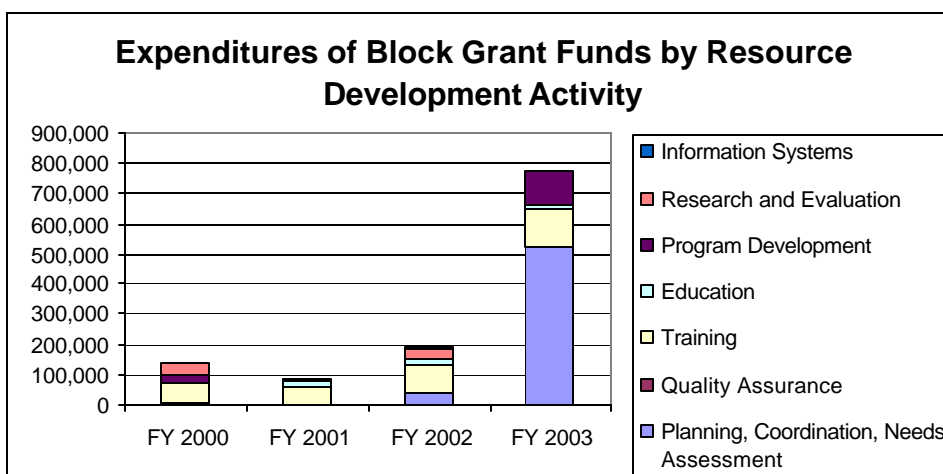
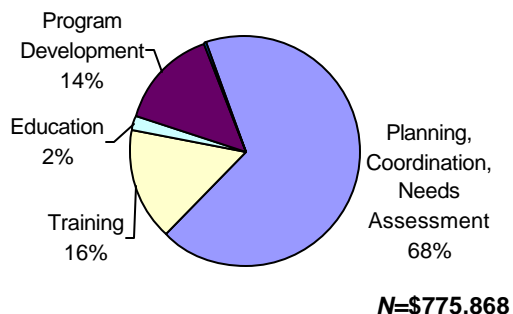
Expenditures of Block Grant Funds for Resource Development Activities

Block Grant funding for resource development activities in North Dakota increased sharply (from \$140,000 to more than \$775,000) between FYs 2000 and 2003. Distribution of those funds changed dramatically between the two periods: planning, coordination, and needs assessment activities replaced the earlier focus on training, program development, and research and evaluation.

FY 2000 Block Grant Expenditures on Resource Development Activities



FY 2003 Block Grant Expenditures on Resource Development Activities



Single State Agency Expenditures of Block Grant Funds by Resource Development Activity

Activity	FY 2000		FY 2001		FY 2002		FY 2003	
	\$ Spent	%	\$ Spent	%	\$ Spent	%	\$ Spent	%
Planning, Coordination, Needs Assessment	5,000	4	0	0	42,575	22	525,330	68
Quality Assurance	0	0	0	0	0	0	0	0
Training	65,000	46	58,536	67	91,900	48	124,274	16
Education	0	0	21,000	24	18,750	10	14,250	2
Program Development	30,000	21	0	0	0	0	110,044	14
Research and Evaluation	40,000	29	0	0	28,000	15	0	0
Information Systems	0	0	8,476	10	11,500	6	1,970	0
Total*	140,000	100	88,012	100	192,725	100	775,868	100

SOURCE: FYs 2003–2006 SAPT Block Grant Applications, Form 4b

* Totals may not equal 100 percent due to rounding.

Discretionary Funding

Center for Substance Abuse Prevention

North Dakota received two grants for drug-free communities, totaling \$147,196 in Center for Substance Abuse Prevention (CSAP) discretionary funding in FY 2004.

Center for Substance Abuse Prevention Discretionary Awards for FY 2004

CSAP Discretionary Grant	Number of Awards	Total \$ Amount
Drug Free Communities	2	147,196
Total	2	147,196

SOURCE: www.samhsa.gov

Center for Substance Abuse Treatment

North Dakota did not receive any discretionary grants from Center for Substance Abuse Treatment (CSAT) in FY 2004.