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## HUMAN SERVICES COMMITTEE

Monday, April 8, 2024  
Roughrider Room, State Capitol  
Bismarck, North Dakota

Representative Matthew Ruby, Chairman, called the meeting to order at 9:30 a.m.

**Members present:** Representatives Matthew Ruby, Karen A. Anderson, Mike Beltz, Jayme Davis, Kathy Frelich, Dwight Kiefert, Alisa Mitskog, Brandon Prichard, Karen M. Rohr, Mary Schneider, Michelle Strinden; Senators Kyle Davison, Dick Dever, Kathy Hogan, Judy Lee, Kent Weston

**Members absent:** Representative Greg Stemen; Senator Sean Cleary

**Others present:** Senator Tim Mathern, Fargo, member of the Legislative Management Marnie Walth, Michael Salwei, Kathryn Norby, and Lacey Armstrong, Sanford Health; Bevin Croft, Human Services Research Institute; Pamela Sagness, Daniel Cramer, and Sarah Aker, Department of Health and Human Services; Alex Hennix, Kenmare Public School; Ty Hegland, Prairie St. John's; Reier Thompson, Missouri Slope  
See [Appendix A](#) for additional persons present.

**It was moved by Senator Dever, seconded by Senator Davison, and carried on a voice vote that the minutes of the December 18, 2023, meeting be approved as distributed.**

### STUDY OF IMPLEMENTATION OF RECOMMENDATIONS OF PREVIOUS BEHAVIORAL HEALTH SYSTEM STUDIES

Ms. Marnie Walth, Government Relations, Sanford Health Bismarck, introduced Mr. Michael Salwei, Behavioral Health Executive Director, Sanford Health Bismarck, Ms. Kathryn Norby, Behavioral Health Executive Director, Sanford Health Fargo, and Dr. Lacey Armstrong, Adult Psychiatrist, Sanford Health Bismarck, to present information ([Appendix B](#)) regarding Sanford Health's behavioral health continuum of care services and strategies. They noted:

- The benefits, challenges, and continuing investment in partnerships with schools, long-term care facilities, foundations, universities, and community organizations.
- Sanford Health has 14 behavioral health locations in the state and employs 78 social workers and counselors, 53 psychologists, 26 psychiatrists, 17 psychiatric mental health nurse practitioners, and over 12,000 front-line employees providing a team-based approach to behavioral health care. Over 13,000 telehealth visits were provided statewide during calendar year 2023.
- A variety of providers and specialty clinics in the state provide outpatient behavioral health care and inpatient psychiatric health care which includes 13 beds in Bismarck, 20 beds in Fargo, an 8-bed eating disorder unit in Fargo, a 32-bed medical behavioral unit in Fargo, and dedicated behavioral health rooms at emergency and trauma centers.
- Sanford Health utilizes workforce initiatives and research opportunities, including a psychiatry residency program, student-led clinics, Sanford REACH, and project HEAL.

Dr. Bevin Croft, Research Associate, Human Services Research Institute, presented information ([Appendix C](#)) regarding the status of implementation of recommendations of the 2018 behavioral health system study. She noted:

- Achievement of the 13 recommendations established by the study relating to strategic planning, prevention, access, community supports, system of care for children and youth, criminal justice, workforce, telebehavioral health, values, community partnerships, American Indian health, financing, and data and quality.

- Future initiatives include bringing certified community behavioral health clinics into the state and expanding the telebehavioral health crisis service system from 18 counties to statewide.

Ms. Pamela Sagness, Executive Director, Behavioral Health, Department of Health and Human Services, presented information ([Appendix D](#)) regarding the status of implementation of recommendations of the 2022 acute psychiatric and residential needs study. She noted:

- The department completed the predesign phase for a new state hospital.
- Residential addiction services will be moved outside the State Hospital and included within community-based services.

### **STUDY OF MENTAL HEALTH CARE FOR CHILDREN**

Ms. Sagness, and Dr. Daniel Cramer, Clinical Director, Regional Human Service Centers, presented information ([Appendix E](#)) regarding programs and services relating to mental health care for children administered by the department. They noted:

- The State Hospital, human service centers, and behavioral health have been integrated into one division within the department.
- Education and behavioral health initiatives include B-HERO, behavioral health school grants, the prevention and intervention pilot program, and Kognito.
- Progress of treatment and recovery services has been made through the North Dakota System of Care grant, voluntary treatment program, residential addiction services for youth, and Medicaid 1915(i) state plan amendment.
- North Dakota law changed on August 1, 2021, removing the requirement of individuals charged with a minor in possession to participate in an early intervention education program.
- In 2023, human service centers provided 38,959 outpatient services to 1,741 youth.
- Outcomes of daily living assessment and status of youth and family fidelity-based services include multisystem therapy, first episode psychosis, and upcoming functional family therapy.

Mr. Greg Kasowski, Executive Director, Children's Advocacy Centers of North Dakota, provided comments ([Appendix F](#)) regarding mental services for children offered by the organization's 10 locations.

Ms. Alex Hennix, Superintendent, Kenmare Public School, provided comments ([Appendix G](#)) regarding challenges the school encounters reporting child abuse or neglect to social services to ensure the safety and well-being of students. She suggested enhanced protocols will allow for more proactive and responsive support for vulnerable children.

### **INSTITUTIONS FOR MENTAL DISEASE**

Mr. Ty Hegland, Chief Executive Officer, Prairie St. John's, presented information ([Appendix H](#)) regarding the Institution for Mental Disease (IMD) exclusion impact and options. He noted:

- Prairie St. John's is the only freestanding psychiatric hospital in the state with 132 acute psychiatric inpatient beds.
- IMD exclusion prohibits Medicaid funds from being used for the cost of care for individuals who are 21 to 64 years of age and receiving services at institutions for mental disease.
- Consequences of the IMD exclusion include limiting the ability of patients to access services in a timely manner, penalizing IMD providers financially, inhibiting IMD providers to grow and meet community needs, and shifting costs to more expensive types of care.
- IMD providers have opportunities to receive payments through changes in legislation including a Section 1115 waiver, Medicaid expansion through "in lieu of" contracts, and Medicaid disproportionate share payments.

Ms. Joy Froelich, Executive Director, Mandan, Hidatsa, and Arikara Nation Recovery Services, and Mr. Jasten Schock, Executive Director, Good Road Recovery Center, provided comments ([Appendix I](#)) supporting legislation to obtain an IMD exclusion Section 1115 waiver for substance use disorder (SUD). They noted a waiver would enable the Mandan, Hidatsa, and Arikara Nation to provide Medicaid coverage and receive federal reimbursement for SUD treatment for Native American patients treated in qualified tribal facilities with more than 16 beds.

Mr. Jeremy Traen, President and Chief Executive Officer, ShareHouse, provided comments ([Appendix J](#)) regarding the SUD voucher and the workforce shortage for licensed addiction counselors. He noted the SUD voucher provides coverage for residential services but does not cover medical services or mental health medications, and the number of licensed addiction counselors has decreased by 10 percent in the last 2 years.

Mr. Dave Marion, Business Development Director, Prairie Recovery Center, commented regarding barriers for IMD providers providing SUD treatment to receive Medicaid coverage and reimbursement and expressed support for legislation to remove the barriers.

Ms. Carlotta McCleary, Executive Director, Mental Health America of North Dakota and the North Dakota Federation of Families for Children's Mental Health, provided comments ([Appendix K](#)) in opposition to any proposal to repeal the IMD exclusion through an IMD exclusion waiver. She noted the provision of additional community-based mental health services, efforts toward the implementation of certified community behavioral health clinics, and the 1915(i) plan will lead to improvements in the mental health service delivery system in North Dakota and would be more fiscally sound for taxpayers.

Ms. Sarah Aker, Executive Director, Medical Services, Department of Health and Human Services, provided comments regarding IMD exclusion and the department's pursuit of an IMD exclusion waiver.

### **GERIATRIC PSYCHIATRIC CARE**

Ms. Nikki Wegner, President, North Dakota Long Term Care Association, introduced Ms. Maren Gemar, Chief Executive Officer/Administrator, SMP Health - St. Raphael. Ms. Gemar presented information ([Appendix L](#)) regarding geriatric psychiatric nursing facilities in the state. She noted:

- Geriatric psychiatric care requires mental health care services and differs from traditional long-term care.
- Geriatric psychiatric nursing facilities providing specialized mental health services is a growing need due to the increasing elderly population.
- Challenges and issues include staffing shortages, financial sustainability and reimbursement, and access to acute specialized services and resources.

Mr. Reier Thompson, President and Chief Executive Officer, Missouri Slope, presented information ([Appendix M](#)) relating to long-term care facility issues when caring for individuals with behavioral and mental health issues. He noted employees may experience injury when caring for individuals with behavioral health issues and facilities must consider potential behavior conflicts to keep residents safe.

Ms. Sagness provided an update ([Appendix N](#)) regarding the department's long-term care and psychiatric facility collaborative. She noted the purpose is to identify and address behavioral health specific issues impacting populations served by long-term care facilities and psychiatric facilities.

Ms. Karla Backman, State Long-Term Care Ombudsman, Department of Health and Human Services, provided comments regarding placement and treatment of individuals with behavioral health issues.

### **COMMITTEE DISCUSSION**

Committee members suggested the committee receive information at future meetings from the Department of Health and Human Services relating to:

- IMD exclusion issues and alternatives;
- Mental health issues at schools and mandatory reporter training; and
- The long-term care and psychiatric facility collaborative.

Chairman Ruby announced the next committee meeting will be a 2-day meeting in Minot with tours of Trinity Health and Kalix and is tentatively scheduled for June 2024.

No further business appearing, Chairman Ruby adjourned the meeting at 3:41 p.m.

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Toby S. Mertz  
Fiscal Analyst

ATTACH:14