



---

## **ACUTE PSYCHIATRIC TREATMENT COMMITTEE**

Thursday, April 28, 2022  
Roughrider Room, State Capitol  
Bismarck, North Dakota

Representative Jon O. Nelson, Chairman, called the meeting to order at 9:00 a.m.

**Members present:** Representatives Jon O. Nelson, Emily O'Brien, Randy A. Schobinger, Michelle Strinden; Senators Kyle Davison, Dick Dever, Kathy Hogan, Tim Mathern

**Members absent:** None

**Others present:** Senator Judy Lee, West Fargo  
See [Appendix A](#) for additional persons present.

**It was moved by Senator Mathern, seconded by Representative O'Brien, and carried on a voice vote that the minutes of the April 5, 2022, meeting be approved as distributed.**

### **MENTAL AND BEHAVIORAL HEALTH SERVICES OF OCCUPATIONAL BOARDS**

Mr. Levi Kinnischtzke, Senior Fiscal Analyst, Legislative Council, presented a bill draft [[23.0059.01000](#)] regarding administration of occupational boards. He noted the bill draft allows the Governor's office to provide administrative services to the State Board of Psychologist Examiners, North Dakota Board of Social Work Examiners, Board of Addiction Counseling Examiners, Board of Counselor Examiners, and North Dakota Marriage and Family Therapy Licensure Board.

#### **Attorney General**

Ms. Mary Kae Kelsch, Director, State and Local Division, Attorney General's office, presented information regarding the bill draft. She noted:

- While the Attorney General does not support or oppose the bill draft, the Attorney General is in favor of providing support for behavioral health occupational boards; and
- The Attorney General often collaborates with boards and private businesses that provide administrative services to occupational boards.

In response to a question from a committee member, Ms. Kelsch noted if the bill draft were amended to require the Attorney General provide administrative services for behavioral health occupational boards rather than the Governor's office, additional funding and staff would be needed to operate a new division of the office, which would be necessary to provide separation from legal services provided to the boards.

#### **Governor's Office**

Ms. Maria Neset, Policy Advisor, Governor's office, presented information ([Appendix B](#)) regarding the bill draft. She noted:

- While the Governor supports efforts to find administrative efficiencies among behavioral health occupational boards, adding licensure flexibility, and moving toward universal licensure, the Governor does not support the bill draft because the Governor's office does not have adequate resources to provide administrative services to occupational boards;
- The Office of Management and Budget and Information Technology Department provide limited administrative services for certain boards; and

- The Department of Commerce has worked with the North Dakota Workforce Development Council and a subcommittee of legislators, private sector businesses, and interested individuals to address behavioral health licensure concerns with goals of removing unnecessary barriers to employment and increasing workforce participation.

### Information Technology Department

Mr. Greg Hoffman, Deputy Chief Information Officer, Information Technology Department, presented information ([Appendix C](#)) regarding the bill draft. He noted:

- The Information Technology Department recently conducted a survey of approximately 160 boards and commissions, which received 90 responses to determine how they receive information technology services, how confidential data is received and submitted, and other information;
- The Information Technology Department provides email, virtual private network access, and file sharing and storing services to behavioral health occupational boards, including the State Board of Psychologist Examiners, Board of Addiction Counseling Examiners, Board of Counselor Examiners, and North Dakota Board of Social Work Examiners; and
- Other services could be provided to behavioral health occupational boards, such as providing physical computer hardware, hardware replacements, and scheduled software updates to increase the boards' data security.

### Comments by Interested Persons

The following individuals provided comments opposing the bill draft:

- Pastor Larry J. Giese, Bismarck
- Bill Kalanek, Chief Executive Officer, APT Solutions, Inc.

## ACUTE PSYCHIATRIC HOSPITALIZATION AND RESIDENTIAL CARE

### Department of Human Services

Dr. Rosalie Etherington, Chief Clinics Officer/State Hospital Superintendent, Department of Human Services, presented information ([Appendix D](#)) regarding data on critical access hospitals providing telepsychiatry behavioral health services and mobile crisis response services and agreements between critical access hospitals and mobile crisis units for telehealth crisis services. She noted:

- There are eight crisis stabilization facilities in the state which the public has access to for walk-in or drop-off crisis services that are available anytime;
- The eight human service centers provide crisis services to the public Monday through Friday; and
- The number of individuals receiving crisis services in the state increased 65 percent from April 2021 to March 2022.

In response to a question from a committee member, Dr. Etherington noted crisis responses are organized within 45-mile crisis service areas but in rare circumstances, crisis response teams may exceed the 45-mile service area if necessary to respond to a community disaster in another crisis area, such as a suicide that has left individuals in a crisis situation.

Mr. Brad Brown, Director, West Central Human Service Center, Department of Human Services, presented information ([Appendix E](#)) regarding crisis services and locations. He noted:

- The West Central Human Service Center provides crisis intervention, diagnostic assessment, crisis psychotherapy, peer support, and emergency screening, triage, and referral services; and
- Of the 1,397 individuals provided services during 2021, approximately 38 percent received services at the West Central Human Service Center and 62 percent received services in inpatient psychiatric facilities, inpatient hospitals, homeless shelters, group homes, courts and jails, assisted living facilities, patient homes, and other locations.

Dr. Etherington presented information ([Appendix F](#)) regarding acute psychiatric hospital and residential care services and programs available at the Southeast Human Service Center and recommendations of additional services and needs. She noted:

- The Southeast Human Service Center contracts with Sanford Hospital Psychiatric Unit, Prairie St. Johns Psychiatric Hospital, and Clay County Detox Center for local hospital services; and

- Residential services provided at the Southeast Human Service Center include a 15-bed crisis stabilization facility, an 8-bed transitional living facility for individuals with mental illness, and two facilities totaling 23 beds for individuals in need of substance use disorder services.

Mr. Christopher D. Jones, Executive Director, Department of Human Services, presented information ([Appendix G](#)) regarding Medicaid Expansion reimbursement in North Dakota and Minnesota. He noted:

- North Dakota contracts with and pays insurance premiums to a managed care organization but does not determine Medicaid Expansion reimbursement rates for inpatient psychiatric services; and
- North Dakota's Medicaid Expansion costs through the managed care service averaged \$14,107 per member per year in 2019, which was the highest rate in the nation.

### **North Dakota Hospital Association**

Mr. Tim Blasl, President, North Dakota Hospital Association, presented information ([Appendix H](#)) regarding acute hospital inpatient psychiatric beds in the state and data regarding out-of-state patients treated in North Dakota hospitals. He noted:

- There are 113 acute hospital inpatient psychiatric beds in Grand Forks, Fargo, Bismarck, and Minot at the state's 5 largest hospitals, 120 beds in the state's private psychiatric services hospital, and 10 beds at the Fargo Medical Center;
- Approximately 8 percent of hospital patients in Bismarck are not from North Dakota and of the 8 percent, the majority of those patients are from South Dakota;
- Approximately 33 percent to 50 percent of Fargo hospital patients are from Minnesota; and
- Approximately 15 percent of hospital patients in Grand Forks are not from North Dakota and of the 15 percent, the majority of those patients are from Minnesota.

### **Fargo Medical Center**

Ms. Sarah Kemp Tabbut, Community Engagement and Partnership Coordinator, Fargo Medical Center, United States Department of Veterans Affairs, presented information ([Appendix I](#)) regarding federal suicide prevention and treatment programs available to North Dakota veterans and any additional service needs. She noted:

- The United States Department of Veterans Affairs is considered the national leader in suicide prevention and the nation's largest integrated health care system;
- In the United States, one out of seven individuals, or 14.2 percent, who died by suicide received inpatient mental health services in the year before their death; and
- There were 399 fewer veterans who died of suicide in 2019 than in 2018.

### **Information Technology Department**

Ms. Shila Blend, Director, Health Information Technology, Information Technology Department, presented information ([Appendix J](#)) regarding availability of behavioral health data shared on the North Dakota Health Information Network, capabilities of the network, and any limitation for sharing behavioral health data. She noted:

- All North Dakota acute care hospitals, federally qualified health centers, and rural health clinics and 71 percent of local public health units submit information through the North Dakota Health Information Network;
- Other health care providers, such as chiropractic clinics, public health clinics, and emergency medical service facilities are being added to the network; and
- Behavioral health data on the network includes information from tertiary and critical access hospitals, the State Hospital, human service centers, and behavioral health clinics, but does not include substance use disorder data due to conflicts with the federal Health Insurance Portability and Accountability Act.

### **Renee Schulte Consulting, LLC**

Ms. Renee Schulte, Project Director and Senior Consultant, and Mr. Jason Haglund, Senior Consultant, Renee Schulte Consulting, LLC, presented information ([Appendix K](#)) regarding a final report ([Appendix L](#)) of recommendations related to the committee's study of acute psychiatric hospitalization and residential care. Ms. Schulte noted the following recommendations were added to the final report after the committee's April 5, 2022, meeting:

- Update North Dakota Administrative Code Chapter 33-07-01.1 to address psychiatric treatment needs for emergency stabilization in the state;
- Require the Department of Human Services to develop a plan to continue and increase use of coordinated care agreements with the federal Indian Health Service and other stakeholders; and
- Clarify underserved minority populations needing acute psychiatric services include all races and ethnicity, rather than only Native American individuals;

Mr. Haglund noted:

- The last three pages of the final report summarize all recommendations for the committee to consider, including short-term recommendations the committee can implement or start immediately and long-term recommendations to consider later;
- Administrative Code Chapter 33-07-01.1 appears to indicate critical access hospitals cannot provide behavioral health services, which is contrary to federal law and is why amendments to this chapter are recommended in the final report;
- Mental health levels of care should be defined in the Administrative Code with federal Substance Abuse and Mental Health Services Administration guidelines similar to how substance use disorder levels of care have been defined in the Administrative Code using American Society of Addiction Medicine guidelines; and
- Crisis systems will not be successful unless the state and private providers have strong relationships with law enforcement and jail systems.

In response to a question from a committee member, Mr. Haglund noted certain recommendations should be implemented concurrently, such as redefining the purpose of the State Hospital and human service centers while also beginning the process of building a new State Hospital.

**It was moved by Representative Strinden, seconded by Senator Hogan, and carried on a roll call vote that the committee accept the final report submitted by Renee Schulte Consulting, LLC.** Representatives Nelson, O'Brien, Schobinger, and Strinden and Senators Davison, Dever, Hogan, and Mathern voted "aye." No negative votes were cast.

#### **Comments by Interested Persons**

The following individuals provided information regarding the committee's study of acute psychiatric hospitalization and residential care:

- Ms. Jeanne Anderson and Ms. Rebecca Anderson, Moorhead, Minnesota, ([Appendix M](#))
- Ms. Carlotta McCleary, Executive Director, Mental Health America North Dakota and Executive Director, North Dakota Federation of Families for Children's Mental Health, ([Appendix N](#))

No further business appearing, Chairman Nelson adjourned the meeting at 4:06 p.m.

---

Levi Kinnischtzke  
Senior Fiscal Analyst

ATTACH: 14