



ACUTE PSYCHIATRIC TREATMENT COMMITTEE

Wednesday, June 15, 2022
Harvest 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 Dick Dever, Kathy Hogan, Tim Mathern

Member absent: Senator Kyle Davison

Others present: Senators Judy Lee, West Fargo and Kristin Roers, Fargo
See [Appendix A](#) for additional persons present.

**Attended remotely*

It was moved by Representative O'Brien, seconded by Senator Mathern, and carried on a voice vote that the minutes of the April 28, 2022, meeting be approved as distributed.

ACUTE PSYCHIATRIC HOSPITALIZATION AND RESIDENTIAL CARE STUDY **Department of Human Services**

Ms. Pamela Sagness, Director, Behavioral Health Division, Department of Human Services, presented information ([Appendix B](#)) regarding a potential plan to implement recommendations included in the Renee Schulte Consulting, LLC, final report, including suggestions for recommendations prioritization. She noted the Department of Human Services (DHS):

- Supports the recommendation to build a new state hospital with 75 to 85 beds for adult services and will work with local providers in the Jamestown and Devils Lake regions to provide short-term acute psychiatric services to citizens rather than the State Hospital;
- Will continue to partner with critical access hospitals as crisis stabilization services are expanded;
- Supports recommendations to increase tribal care assessment and capacity coordination with private providers;
- Believes a collaborative workgroup should be established to address recommendations related to geropsychiatric services;
- Supports the recommendation to increase residential substance use disorder treatment program capacity rather than those services being provided at the State Hospital and will suggest changes to administrative rules to address this recommendation;
- Supports recommendations to update statutory references regarding definitions and the purpose of the State Hospital and human service centers;
- Requested examples of no eject/no reject contract language from Renee Schulte Consulting, LLC, and are reviewing those examples;
- Agrees with data management recommendations and could provide proposals to identify investments in infrastructure to increase capacity for data collection, management, and analysis;
- Agrees with recommendations to increase financial accountability and transparency and requests these efforts be led by an individual or organization with health care expertise so operational efficiencies are the primary focus, rather than a financial audit;

- Supports the recommendation to encourage all public and private providers to use Medicaid when possible and has encouraged the use of Medicaid through the Medicaid 1915(i) state plan amendment;
- Agrees with the recommendation to codify mental health levels of care and is willing to provide examples of potential mental health level language;
- Supports recommendations to increase use of telepsychiatry, particularly in correctional facilities; and
- Agrees with recommendations to reduce licensing barriers for behavioral health practitioners to increase behavioral health workforce.

In response to questions from committee members, Ms. Sagness noted:

- The department and private providers are seeking guidance from the Legislative Assembly regarding whether children and adolescent inpatient services should be provided at the State Hospital or by private providers;
- There is interest among private providers to provide additional children and adolescent inpatient services which may be a better option than re-establishing a children and adolescent unit at the State Hospital; and
- The department will continue to pursue the expansion of inpatient beds in areas of the state in most need, as recommended in the Renee Schulte Consulting, LLC, final report.

It was moved by Senator Mathern, seconded by Representative O'Brien, and carried on a roll call vote to request the Legislative Management Chairman to encourage DHS to form behavioral health task forces with public and private organizations to implement acute psychiatric hospitalization, crisis stabilization, and geropsychiatric recommendations included in the Renee Schulte Consulting, LLC, final report at the State Hospital, critical access hospitals, and other provider facilities. Representatives Nelson, O'Brien, Schobinger, and Strinden and Senators Dever, Hogan, and Mathern voted "aye." No negative votes were cast.

It was moved by Senator Hogan, seconded by Representative O'Brien, and carried on a roll call vote that the committee support DHS providing the committee with suggested statutory changes to the definition and purpose of the State Hospital and human service centers consistent with recommendations included in the Renee Schulte Consulting, LLC, final report. Representatives Nelson, O'Brien, Schobinger, and Strinden and Senators Dever, Hogan, and Mathern voted "aye." No negative votes were cast.

Integrated Telehealth Partners

Mr. Doug Wilson, President, Integrated Telehealth Partners, presented information ([Appendix C](#)) regarding telepsychiatry services the organization provides and services available to North Dakota providers. He noted:

- Integrated Telehealth Partners provides telepsychiatry services in North Dakota, Iowa, Minnesota, Nebraska, Illinois, Wisconsin, Idaho, and West Virginia, including crisis and emergency response, outpatient, inpatient, substance abuse, forensic, emergent, and incarceration and jail services; and employs psychiatric providers licensed to practice in 40 states;
- Integrated Telehealth Partners receives funding from the State of Iowa and bills Medicaid, Medicare, and private insurance companies for telepsychiatry services; and
- Incarceration and jail services for residents can be scheduled any day of the week, urgent appointments can be held within 24 hours of scheduling, and medications can be prescribed to patients as needed.

In response to a question from a committee member, Mr. Wilson noted there have been studies that have indicated telepsychiatry is as effective as in-person psychiatry services.

Critical Access Hospitals

Mr. Tim Blasl, President, North Dakota Hospital Association, and Mr. Jac McTaggart, Senior Director and Chief Executive Officer, Sanford Mayville Medical Center and Sanford Hillsboro Medical Center, presented information ([Appendix D](#)) regarding the role of rural providers providing behavioral health services in the state and comments regarding recommendations included in the Renee Schulte Consulting, LLC, final report. Mr. McTaggart noted:

- Behavioral health services provided at Sanford Mayville and Sanford Hillsboro locations include depression screenings; integrated health therapist services; bridging center program; better health, better choices program; senior life solutions outpatient group therapy program; community health programs; and telepsychiatry services;
- Rural health providers are supportive of the Renee Schulte Consulting, LLC, recommendation to increase access to telepsychiatry services;

- Lack of available staff is the primary reason for rural health providers assessing, stabilizing, and transferring patients needing acute psychiatric services to other facilities rather than providing those services at rural access hospitals; and
- The cost to convert a general hospital bed to an inpatient psychiatric bed is approximately \$100,000.

In response to a question from a committee member, Mr. McTaggart noted the need for inpatient psychiatric beds in critical access hospitals in the Hillsboro and Mayville areas is 0 to 1 beds because these beds are more appropriately located at other provider facilities.

Dr. Matthew Viscito, Chief Medical Officer, Grafton Unity Medical Center, presented information ([Appendix E](#)) regarding the role of rural providers providing behavioral health services in the state and comments regarding recommendations included in the Renee Schulte Consulting, LLC, final report. He noted:

- There is a lack of behavioral and mental health professionals, particularly counselors and psychologists, available to meet demand in rural areas of the state;
- Most physicians and nurses are not trained to determine if patients need acute psychiatric hospitalization services and as a result, it would not be appropriate to require rural critical access hospitals to provide behavioral and mental health services when qualified professionals are not available to provide those services; and
- Additional emergency crisis services are needed in the state to assist critical access hospitals to screen and stabilize individuals in acute psychiatric crisis and locate an available inpatient bed.

Blue Cross Blue Shield of North Dakota

Ms. Megan Houn, Director of Government Relations, Blue Cross Blue Shield of North Dakota, presented information ([Appendix F](#)) regarding the organization's role in the behavioral health system in the state and comments regarding recommendations included in the Renee Schulte Consulting, LLC, final report. She noted:

- Blue Cross Blue Shield of North Dakota reviewed the Renee Schulte Consulting, LLC, final report and agrees with many of the report recommendations;
- Blue Cross Blue Shield of North Dakota supports North Dakota joining the psychology interjurisdictional compact, also known as PSYPACT; and
- Youth mental health needs in the state include additional crisis management services to provide flexibility to address hospital bed shortages, home-based crisis intervention services, and suicide prevention programs.

National Council for Mental Wellbeing

Ms. Rebecca Farley David, Senior Advisor of Public Policy and Special Initiatives, National Council for Mental Wellbeing, presented information ([Appendix G](#)) regarding certified community behavioral health clinic (CCBHC) models. She noted:

- CCBHCs are a new model of structuring and paying for outpatient services that provide screening, assessment, and diagnosis services; patient treatment plans; outpatient mental health and substance use disorder treatment programs, and crisis services to adults and children but does not provide inpatient or residential services;
- There are more than 430 CCBHCs in 42 states and Guam; and
- States can implement CCBHCs without direct federal authority through Medicaid state plan amendments.

A committee member noted DHS has applied to certify three of the human service centers as CCBHCs.

State Hospital

Dr. Rosalie Etherington, Chief Clinics Officer/State Hospital Superintendent, Department of Human Services, presented information ([Appendix H](#)) regarding regional crisis service data for adults and youth and assessment data at each human service center. She reviewed 24/7 centralized call center, crisis intervention, mobile crisis response, and crisis stabilization services at each human service center.

IMPLEMENTATION OF EXPANDED BEHAVIORAL HEALTH SERVICES STUDY

Ms. Monica Haugen, Behavioral Health Administrator, Department of Human Services, presented information ([Appendix I](#)) regarding the status of Medicaid Section 1915(i) waiver implementation. She noted:

- To be eligible for a 1915(i) waiver an individual must be enrolled in North Dakota Medicaid or Medicaid Expansion; have household income at or below 150 percent of the federal poverty level; have a qualifying substance use, mental health, or brain injury diagnosis; have a World Health Organization Disability Assessment Schedule score of at least 25; and reside in and receive services in a setting meeting the federal home- and community-based settings rule;
- The number of enrolled individuals, enrolled providers, and providers delivering services has continually increased since March 2021;
- The department has increased promotion of the 1915(i) waiver and provided technical assistance training for stakeholders and care coordinators; and
- Future implementation steps include establishing rural differential rates, updating the payment methodology for nonmedical transportation services, negotiating additional exceptions to conflict-of-interest rules with the Centers for Medicare and Medicaid Services, identifying barriers to individual and provider enrollment, continuing to provide information to community referral sources and potential providers, and providing additional care coordinator training.

BEHAVIORAL HEALTH NEEDS OF INCARCERATED ADULTS STUDY

Mr. Patrick Bohn, Director, Parole and Probation Division, Department of Corrections and Rehabilitation, presented information regarding community behavioral health services in correctional facilities. He noted:

- The department is working to provide more individuals with chemical addiction assessment, treatment, and aftercare program services through in-person and telehealth services; and
- Behavioral health and substance use issues are the primary reason for incarcerated individuals' deaths.

Ms. Rachele Juntunen, Warden, Dakota Women's Correctional Rehabilitation Center, presented information ([Appendix J](#)) regarding behavioral health services available at the Dakota Women's Correctional and Rehabilitation Center (DWCRC). She noted:

- DWCRC is in need of a mental health unit to provide psychiatric crisis services to residents;
- As of June 14, 2022, 61 of the 126 DWCRC residents had a mentally ill diagnosis, such as depression, posttraumatic stress disorder, borderline personality disorder, bipolar disorder, and schizophrenia;
- Despite the opening of the Heart River Correctional Center (HRCC) in Mandan, the needs of DWCRC have not changed due to an increase in the number of residents needing mental health or substance abuse treatment; and
- The Southwest Multi-County Correction Center has a contract with the Department of Corrections and Rehabilitation to provide addiction services to parole and probation clients in southwest North Dakota.

Ms. Connie Hackman Rivinius, Warden, Heart River Correctional Center, Department of Corrections and Rehabilitation, presented information regarding behavioral health services available at HRCC. She noted:

- Since HRCC opened in June 2021, 62 women residents received substance abuse, trauma, and other treatment services; and
- HRCC is a minimum security prison that is not equipped to treat residents with acute psychiatric diagnoses but the department is working with a vendor on a potential plan for a new facility that would include a unit to treat residents with acute psychiatric diagnoses.

Comments by Interested Persons

Mr. Anthony Dumas, Chief of Police, Grafton Police Department, presented information ([Appendix K](#)) regarding behavioral health and substance abuse treatment needs in the state.

No further business appearing, Chairman Nelson adjourned the meeting at 3:36 p.m.

Levi Kinnischtzke
Senior Fiscal Analyst

ATTACH:11