

FISCAL NOTE
Requested by Legislative Council
12/23/2016

Amendment to: SB 2039

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2015-2017 Biennium		2017-2019 Biennium		2019-2021 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues				\$(3,593)		\$9,930
Expenditures			\$(16,128)	\$(3,593)	\$56,842	\$9,930
Appropriations			\$(16,128)	\$(3,593)	\$56,842	\$9,930

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2015-2017 Biennium	2017-2019 Biennium	2019-2021 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

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- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Section 6 of SB2039 requires the accreditation of each HSC in the Department of Human Services with an effective date in section 15 of August 1, 2021. There would be no additional cost for the accreditation in the 2017-2019 biennium budget, but there would an increase in expenditures in the 2019-2021 biennium of \$66,772, of which \$56,842 is general fund.

Section 7 of SB2039 changes the membership of each HSC Advisory group. Currently each group consists of 13 members to include two current county commissioners and one current county social service board member to serve. New membership would include the county social service and public health directors of the region served and 5 additional appointed members. Compensation for attendance would be given to the 5 appointed members only. This results in a one-time reduction of board member stipend/travel costs of (\$19,721), of which (\$16,128) is general fund, to the base level budget (HB1012) and the executive budget recommendation (HB1072) for the 2017-2019 biennium.

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Name: Jennifer Scheet

Agency: Dept of Human Services

Telephone: 701-328-4608

Date Prepared: 01/06/2017

FISCAL NOTE
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Name: Jennifer Scheet

Agency: Dept of Human Services

Telephone: 701-328-4608

Date Prepared: 01/06/2017

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Bill/Resolution No.: SB 2039

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Date Prepared: 01/06/2017

2017 SENATE HUMAN SERVICES

SB 2039

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2039
1/9/2017
Job # 26685

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature

Emmery Probert

Explanation or reason for introduction of bill/resolution:

A bill relating to placement of children, behavioral and mental health services revision, additional hospital

Minutes:

Attachment: #1

Senator Lee: Opened the hearing on SB 2039.

Representative Hogan introduced SB 2039 (See Attachment #1).

(17:00) **Senator Heckaman:** Have you looked at the fiscal note?

Representative Hogan: That would be within the department's umbrella and the date would be August 1st, 2017.

Senator Heckaman: How does this move into the Indian Health Services and Social Services on tribal lands? Who has jurisdiction?

Representative Hogan: We heard some of the major concerns but in this section we did not address any of those cross jurisdictional issues because it was too complicated.

(19:50) **Senator Piepkorn:** How many legislative members were involved?

Representative Hogan: 18 members of the interim committee and it was collaborative and bipartisan.

Senator Anderson: What is the future of regulations in 2017?

Pam Sagness, Director of Behavioral Health Davison, Department of Human Services:
The issue came up that the state was regulating itself so we are moving towards accreditation. The reason there would be a delayed implementation is because in order to reach accreditation, many steps have to occur relating to the human service centers. Part of that is changing from 8 centers to 1 comprehensive health care system involving the state

hospital. There will be a time frame needed for the implementation and accreditation. At that time, we will have to discuss administrative code, and the section relating to century code.

Senator Anderson: Once you are accredited we would automatically license you?

Pam Sagness: We will still have to revise administrative code and look at some of the areas requiring oversight but the accreditation would take the place of looking at the quality standards.

Maggie Anderson, Department of Human Services: Explained the fiscal note. The reason there is no fiscal impact is indicated in item 2.B. of the fiscal note. In our version of a total evaluation, we are proposing to remove that sentence. While there may be a service gap that isn't specifically related to residential care, we have removed it from HB 1136 so there is an inconsistency with HB 1136 and SB 2039 because the fiscal effect does not include us doing an RFP.

Senator Lee: Do you recommend an amendment?

Maggie Anderson: This committee came out of the interim. We had provided the information about the RFP. It is ultimately a policy decision, I just wanted to make sure you aware our version of a rewrite does not include that sentence. What this version is simply strike "Before January 1st of 2016. The staff in the Human Service Centers have indicated they don't believe the volume of services would support an RFP and that we would address those situations as they come up.

Senator Lee indicated she would speak with Representative Weisz.

Jim Vetter, Dakota Boys and Girls Ranch: Currently the number of kids in need of sex offender treatment fluctuates so it's a challenge to allocate resources.

Senator Lee: Do you feel about us removing the sentence that talks about having a designated state program?

Jim Vetter: Yes, I'd be comfortable.

Senator Lee: Closed the hearing on SB 2039.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2039
1/9/2017
Job # 26698

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature

Emmey B. Patton

Explanation or reason for introduction of bill/resolution:

A bill relating to placement of children, behavioral and mental health services revision, additional hospital

Minutes:

Attachment: #1 - #3

Committee discussion on SB 2039.

Senator Heckaman said she would like to wait before making a motion on the bill.

Pam Sagness, Department of Human Services, Behavioral Health Division: We worked closely with the committee during the interim so the language specific to the different divisions of behavioral health. We have focused on creating clarity in this chapter.

Senator Lee: There was a lot of interaction between the legislative interim committee and the department.

Senator Anderson: Are the advisory groups helpful? I have served on an advisory group and it didn't accomplish much. Will this advisory group be similar?

Pam Sagness: The role of these advisory groups has been two-fold; the groups have an opportunity to talk about the local needs and as we look towards the future, they will be instrumental in guiding local needs versus a state-wide perspective.

Committee Discussion: The committee discussed going through the bill in more detail and Senator Lee went through the bill section by section. The committee referenced pages of century code (See Attachments #1 - #3).

(15:08) **Senator Lee:** Do we need to change the language to "substance use disorder?" (page 4, line 21).

Pam Sagness: If we are talking about someone who has a diagnosis, we would use the term "substance use disorder." However, there are things in our society that are substance abuse

related that are not because of the diagnosis. Since the term is meant to be more global, the term "substance abuse" is preferred.

Senator Larsen: Is gambling compulsion and disorder under a different insurance payout?

Pam Sagness: Gambling disorder has been updated to "disorder" and is no longer "compulsive" or "problem." The majority of insurance does not pay for behavior addictions.

Senator Piepkorn: What is the impact of the language change?

Pam Sagness: The language "disorder" is not ND specific. It is language tied to billing and insurance coverage. It follows national guiding principals.

(19:25) **Committee Discussion:** The committee went through the bill section by section and discussed language changes. They discussed the advisory boards and members.

(32:30) **Senator Heckaman:** Line 13-16 on page 14, you indicate to remove this section?

Senator Lee: That's correct. We will include an amendment.

Senator Lee closed the discussion on SB 2039.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2039
1/10/2017
Job Number 26758

☐ Subcommittee
☐ Conference Committee

Mame Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to the placement of children in the least restrictive environment; relating to the structure and duties of the department of human services with respect to behavioral health; relating to mental health services, the additional location for a hospital for the mentally ill, and the assumption of duties by the department of human services; to provide for transition; and to provide an effective date.

Minutes:

0 attachments.

Chair J. Lee brought the meeting to order.
All members were present.

Senator Heckaman: I move the amendment to SB 2039 section 11 removing last sentence

Senator Larsen: I second.

A roll call vote was taken. 7 yeas, 0 nays, motion carried. Amendment adopted.

Senator Larsen: I move do pass on bill as amended.

Senator Anderson: I second.

Committee recognizes the hard work of Rep. Hogan as chair of the interim committee.

Senator Heckaman: Do we need to amend the intro to the bill?

Senator Lee: No, the language is fine.

A roll call vote was taken. 7 yeas, 0 nays, motion carried. Committee recommends Do Pass as Amended.

Senator Lee will carry the bill.

Chair Lee: closed the hearing.

January 10, 2017

ET
1-10-17
pg 1 of 1

PROPOSED AMENDMENTS TO SENATE BILL NO. 2039

Page 14, line 13, remove "The department of human"

Page 14, remove lines 14 through 16

Renumber accordingly

Date: 1/10 2017
Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2039

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 17-0204-03001

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐

Motion Made By Sen. Heckaman Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 1/10 2017
Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2039

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. Larsen Seconded By Sen. Anderson

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	<u>X</u>		Senator Joan Heckaman	<u>X</u>	
Senator Oley Larsen (Vice-Chair)	<u>X</u>		Senator Merrill Piepkorn	<u>X</u>	
Senator Howard C. Anderson, Jr.	<u>X</u>				
Senator David A. Clemens	<u>X</u>				
Senator Curt Kreun	<u>X</u>				

Total (Yes) 7 No 0

Absent 0

Floor Assignment Sen. J. Lee

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2039: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (7 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2039 was placed on the Sixth order on the calendar.

Page 14, line 13, remove "The department of human"

Page 14, remove lines 14 through 16

Renumber accordingly

2017 HOUSE HUMAN SERVICES

SB 2039

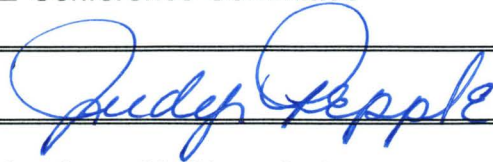
2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee Fort Union Room, State Capitol

SB 2039
2/13/2017
28303

- ☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to mental health services, the additional location for a hospital for the mentally ill, and the assumption of duties by the department of human services; to provide for transition; and to provide an effective date.

Minutes:

1

Chairman Weisz: Called the committee to order and opened the hearing on SB 2039

Rep. Hogan
(Attachment 1)
12:27

Chairman Weisz: Are there any questions from the committee?
The language you added on page 14 section 11. Was that necessary from the standpoint of kinship care? Don't we do that already?

Rep. Hogan: Yes, we do kinship care options. It was just moved from the back to the front. It is a location issue. It is identical language.

Vice Chairman Rohr: Were the changes in 7 and 8 made based on feedback from the council members or is that something the committee discussed?

Rep. Hogan: The sections on 7 and 8 came from a number of prior discussions about integration and how human service centers integrate with other community providers. The original image of the human service advisory council was that would be the place that the community would have input into the structure. There were concerns about community integration and we thought this was the place to put that concern and that this was a way to help address that issue. It was more from the feeling in the committee that we don't feel connected. Public health didn't necessarily feel connected, corrections didn't feel connected. We were trying to build a relationship.

Vice Chairman Rohr: So you are saying that it wasn't in existence prior to this change?

Rep Hogan: The human services advisory committees have been in place since 1981. The membership, roll and function. They have been in place, but we are just trying to make them more effective.

Representative McWilliams: Where can I find the previous definition of human services?

I am looking here and it looks fairly expansive and even includes education, housing among other things in the definition of human services. I am wondering if that is expanding the definition of human services. Page 2 line 22

Rep. Hogan: Section 4 regarding the definition of the department of human services I think is the current vision statement.

Representative McWilliams: I was looking at section 3 under the amendment.

Rep. Hogan: Again that came from council when we did the writing of it. I think it comes from current standards, but that is a good question. That was the code writers again.

Chairman Weisz: What was your reasoning for adding the language requiring quarterly reporting.

Rep. Hogan: Coming out of the Schulte Report we were looking for data on numbers of clients served and the types of services. During the report, there was difficulty getting access to data. In the budget section two years ago we added a whole series of reports from the human services centers on the quarterly budget inflates which I think many of you use regularly. We have not had behavioral health data before, so the idea was to make behavioral health data like other things because it is such a big piece of the department. It is just adding that.

Representative Devlin: I am trying to understand and maybe you just moved it. But you took the county commissioners off completely? Page 11 line 19 is where they were taken off. I see you replaced them since with county social service and public health directors. Are commissioners out of it completely?

Rep. Hogan: Several counties had trouble getting someone to serve, so that is why we took them off.

Further questions from the committee? Seeing none, thank you.

Chairman Weisz: Further testimony in support of SB 2039?
Is there any opposition to SB 2039?

Chairman Weisz: I have some questions for the department. I am not sure who you want to send up there. On page 6 #15 where "being so far as staff resources permit" was removed and also in section 14 the whole section was removed. The comment was that it was removed to be consistent with other areas. I am kind of asking if that is the way you see it. How would you interpret that and how does it affect other areas?

J. Alm, Attorney for the Dept. of Human Services

The way that I would look at it is TANF and some of the other programs have federal requirements of some of the services you have to provide, and the individuals that come in have to qualify, so to do all that the staffing has to be there. It runs on what staff we have available

Chairman Weisz: Does the dept. see an issue with the page 4 number 2?

J. Alm: It was part of section 24 last time, so it was just moving it around.

Chairman Weisz: Are there any more questions?

Chairman Weisz: Further testimony in support of SB 2039?

Closed the hearing on SB 2039

Representative P. Anderson: Would it be appropriate for a motion to do pass on SB 2039?

Chairman Weisz: There are some issues we need to discuss first.

Committee adjourned until tomorrow afternoon.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2039
3/8/2017
28933

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to mental health services, the additional location for a hospital for the mentally ill,

Minutes:

Chairman Weisz: opened the discussion on SB 2039. This is kind of a clean-up bill.

Representative Devlin: I think most of my problem centered on page 11. The overstrike language on lines 19 – 23. They took out the county commissioners on this board. Those are the only elected people that serve on this board. They are the ones that have to do something about the funding to pay for it at their county level. I served on this regional board. I think commissioners bring a perspective to it that you would not have if you didn't have anyone that was elected that is answerable to the tax payers. I would like to see us remove the overstrike on line 19 to 23 and put the commissioners back on the board.

Representative Porter: I Second that.

Representative Devlin: I don't know if that changes anything else or not.

Chairman Weisz: I don't think it does.

Vice Chairman Rohr: Do you think they did that without consulting the county commissioners?

Representative Devlin: They said they had trouble getting county commissioners to attending. My thought is that they should be going back to county government and saying we need people at this board. If the county commissioner from a county doesn't want to show up, then they better look at appointing someone else.

Chairman Weisz: Further discussion on the amendment?
We will take a voice vote to adopt the amendment.
Motion carried to adopt the amendment to SB 2039.

Representative Devlin: I would like to further amend this to say that all three groups need to be on the board.

Chairman Weisz: I think your amendment does that. The language is not very clear though. It would be more correct to say "consisting of two county commissioners and the social service and public health directors. Do you want to make that a motion?

Representative Devlin: I would make a motion that on line 16 we would say, "an advisory group consisting of county commissioners, county social service board members and public health directors of the region served".

Representative Porter: second

Chairman Weisz: Ok the motion is, "each human service center shall have a group consisting of county commissioners, county social services and public health director". Does everyone understand the amendment?

Chairman Weisz: Voice vote to further amend this bill.

Chairman Weisz: Motion carried.

Chairman Weisz: Further discussion?

Representative Porter: Just so that everyone is kind of aware of what this one does on the last page, 15 section 15. It makes the accreditation component effective in the 19 – 21 biennium which then triggers the \$60,000 fiscal note of spending money to get accredited. I am not in opposition to accreditation, because it is a standard that is worth obtaining, but I don't know that we should make policy that spends money into the future when they don't come back in front of us. I don't know what the finances and the budget will look like going forward, but it pretty much makes an automatic appropriation in 2 years.

Chairman Weisz: Appropriations is looking at this too, so it probably will be coming to us next biennium with a proposal for that. I guess the other issue is on page 4 number 2 where they are mandating the report and they want to know why when it is a practice that they already send out a quarterly report for us on their own it is not mandated anywhere in code. They already do the report and they would just add this. They are questioning why we are putting this in code. They instituted it on their own for us.

Chairman Weisz: Does someone want to offer an amendment for this.

Representative Porter: I will offer the first one. I am not sure I understand what you are saying. On page 15 I move we amend line 3 and after the word, "effective" replace "2021" with "upon funding of the sixty-sixth legislative assembly" and then overstrike "on August 1,". So it has to be funded by the next legislative assembly.

Vice Chairman Rohr: Second

Chairman Weisz: Further discussion? It is basically saying that they have to come back in 2 years or there is no money. Any further discussion?

Voice vote to adopt the amendment. Motion carried.

Chairman Weisz: Ok referring back to page 4 of the bill starting on line 15 – 21. This is mandating the report.

Representative P. Anderson: I have a note as to part of why this is in here. This is one of the issues we have with behavioral health. They have some data and then they don't have some data. This would require them to capture that data and make it useful.

Chairman Weisz: Yes, it would, but they already do this report on all the other areas now and they are saying they are going to add it. Do you want to make it century code? It is policy now and it is not in century code for anyone else.

Representative P. Anderson: Do you think they will do it?

Chairman Weisz: I have no doubt that they will do it.

Representative P. Anderson: If you have that background and think it will get done I will accept that. It just seems to me that the health department is a little scattered, but if you are convinced of that I am good.

Representative Schneider: I feel better that there is a new person in charge.

Vice Chairman Rohr: This section we are talking about was part of section 12 last time and it was moved. Do we know why?

Chairman Weisz: I don't know. That is a good question. I have no idea what she meant by that.

Vice Chairman Rohr: I move to remove subsection 2 and renumber.

Chairman Weisz: So we would be removing lines 15 – 21.

Representative Seibel: second

Chairman Weisz: Further discussion?

Voice vote taken to accept this amendment.

Voice vote carried.

Chairman Weisz: Further discussion or amendments?

Representative McWilliams: It seems that we are asking for all kinds of reports. When I had a business I kept asking for reports and pretty soon I had to hire another sales person because she didn't have time to do all the reports. I think sometimes when we want reports to show how things are going and how they are working we keep that department from

actually doing its job because they are so busy doing reports. In the end it just costs us more money. I just think that is something we need to be mindful of.

Chairman Weisz: This leaves the flexibility if we don't find it useful in the future we can tell them that they don't have to do it anymore.

Vice Chairman Rohr: I have written here about some questions on line 14 page 6.

Chairman Weisz: Oh yes, thank you for bringing that up. On line 14 of page 6 if you remove "in so far as resources permit" basically what you are saying is that they have to do it regardless of the appropriation that this body gives. That could put them in a real bind, because they are not allowed to spend money that is not appropriated. In general that is the language we use and it should stay in there. If we take that out someone can argue that you have to provide this, whether or not you have money to do it.

Representative Skroch: I move that we remove the striking on lines 14 -22 and on line 26.

Representative McWilliams: second

Chairman Weisz: Discussion?

Voice vote to accept motion.

Motioned carried.

Chairman Weisz: Further discussion?

Vice Chairman Rohr: Just for clarification Rep. Hogan said she wanted it put back in.

Chairman Weisz: I don't know about her, but the department had real concerns about it.

Representative P. Anderson: So if the staff doesn't have the resources when requested by a judge in a criminal case they don't have to do it? Or if it is requested by a judge in a juvenile court?

Chairman Weisz: Where the judge compels, that wouldn't be affected.

Representative Schneider: If there is a federal lawsuit they will zero in on that. They will say that no matter what you will do this whether you have the resources or not. They can say we don't care, this is what you need to do and we don't care if you don't have the resources.

Chairman Weisz: Yes, if we get sued it could happen.

Chairman Weisz: Further discussion? What are the committees wishes?

Vice Chairman Rohr: I make a motion for a do pass as amended

Representative Skroch: second

Chairman Weisz: Representative Porter: your amendment really kicked the can down the road.

Representative Porter: It would go into effect when the sixty-sixth legislature.

Chairman Weisz: Ok you are correct. It will still work.

Chairman Weisz: Questions? If not the clerk will call the roll.

Roll call vote taken on a do pass on engrossed amended on SB 2039

Roll call taken. Yes 14 No 0 Absent 0

Motion passed for a do pass on engrossed, amended SB 2039

Chairman Weisz: Do I have a volunteer to carry this one? It is a little complicated, but then maybe they won't ask you anything on the floor.

Representative Porter: I will carry it.

Adjourned

March 10, 2017

3/10/17
192

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2039

Page 1, line 3, remove "subsection 5 of section 14-09-08.4, subsections 4 and 5 of section 50-01.2-03,"

Page 1, line 4, remove "50-06-05.1,"

Page 1, line 10, after the semicolon insert "to provide a statement of legislative intent;"

Page 1, remove lines 12 through 23

Page 2, remove lines 1 through 9

Page 4, remove lines 15 through 21

Page 4, line 22, remove the overstrike over "2."

Page 4, line 22, remove "3."

Page 4, remove lines 30 and 31

Page 5, remove lines 1 through 31

Page 6, remove lines 1 through 31

Page 7, remove lines 1 through 31

Page 8, remove lines 1 through 30

Page 9, remove lines 1 through 25

Page 11, line 15, replace "shall" with "must"

Page 11, line 16, replace "and" with "directors of the region served, the"

Page 11, line 17, replace ". The regional director shall appoint" with ", two current county commissioners appointed by the executive director of the department, and"

Page 11, line 18, replace "to the advisory group" with "appointed by the executive director of the department"

Page 11, line 18, after "Each" insert "advisory"

Page 11, line 24, replace "two" with "three"

Page 11, line 25, replace "three" with "four"

Page 11, line 26, replace "two" with "three"

Page 11, line 27, replace "three" with "four"

Page 12, line 2, after "The" insert "executive"

Page 12, line 3, after "director" insert "of the department"

Page 12, line 4, after "The" insert "executive"

Page 12, line 4, after "director" insert "of the department"

Page 15, after line 2, insert:

"SECTION 14. LEGISLATIVE INTENT. It is the intent of the sixty-fifth legislative assembly that the sixty-sixth legislative assembly appropriate funds to the department of human services to help defray the cost of the accreditation of regional human services centers required under section 3 of this Act."

Page 15, line 3, replace "6" with "3"

Renumber accordingly

Date: 3-8-17
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. S.B. 2039

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Remove overstrike on page 11, lines 19-23

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Devlin Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-8-17
Roll Call Vote #: 2

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. S.B. 2039

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Devlin Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

voice vote to adopt amend. motion carried

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Page 11, line 16 after "of" insert "the appointed county commissioners, and"

Date: 3-8-17
Roll Call Vote #: 3

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB 3039

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Porter Seconded By Rep. Roke

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent: Page 15, line 3-REMOVE,

"on August 1" on line 4 replace "2021" with
"upon funding of the sixty-sixth legislative
assembly"

Date: 3-8-17
Roll Call Vote #: 4

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. S.B. 2039

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Remove lines 15-21 on page 4

Recommendation: ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions: ☐ Reconsider ☐

Motion Made By Rep. Roke Seconded By Rep. Seibel

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-8-17
Roll Call Vote #: 5

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. S.B. 2039

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description:

Remove overstrike on lines 14-22
and line 26 (page 6)

Recommendation:

- ☒ Adopt Amendment
☐ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☐ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar

Other Actions:

☐ Reconsider

☐

Motion Made By

Rep. Skroch

Seconded By

Rep. McWilliams

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-8-17
Roll Call Vote #: 6

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. S.B. 2039

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

Recommendation: ☐ Adopt Amendment
☒ Do Pass ☐ Do Not Pass ☐ Without Committee Recommendation
☒ As Amended ☐ Rerefer to Appropriations
☐ Place on Consent Calendar
Other Actions: ☐ Reconsider ☐ _____

Motion Made By Rep. Roke Seconded By Rep. Skroch

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	✓				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	✓				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Rep. Porter

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2039, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2039 was placed on the Sixth order on the calendar.

Page 1, line 3, remove "subsection 5 of section 14-09-08.4, subsections 4 and 5 of section 50-01.2-03,"

Page 1, line 4, remove "50-06-05.1,"

Page 1, line 10, after the semicolon insert "to provide a statement of legislative intent;"

Page 1, remove lines 12 through 23

Page 2, remove lines 1 through 9

Page 4, remove lines 15 through 21

Page 4, line 22, remove the overstrike over "2."

Page 4, line 22, remove "3."

Page 4, remove lines 30 and 31

Page 5, remove lines 1 through 31

Page 6, remove lines 1 through 31

Page 7, remove lines 1 through 31

Page 8, remove lines 1 through 30

Page 9, remove lines 1 through 25

Page 11, line 15, replace "shall" with "must"

Page 11, line 16, replace "and" with "directors of the region served, the"

Page 11, line 17, replace ". The regional director shall appoint" with ". two current county commissioners appointed by the executive director of the department, and"

Page 11, line 18, replace "to the advisory group" with "appointed by the executive director of the department"

Page 11, line 18, after "Each" insert "advisory"

Page 11, line 24, replace "two" with "three"

Page 11, line 25, replace "three" with "four"

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Page 12, line 3, after "director" insert "of the department"

Page 12, line 4, after "The" insert "executive"

Page 12, line 4, after "director" insert "of the department"

Page 15, after line 2, insert:

"SECTION 14. LEGISLATIVE INTENT. It is the intent of the sixty-fifth legislative assembly that the sixty-sixth legislative assembly appropriate funds to the department of human services to help defray the cost of the accreditation of regional human services centers required under section 3 of this Act."

Page 15, line 3, replace "6" with "3"

Renumber accordingly

2017 CONFERENCE COMMITTEE

SB 2039

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2039
4/7/2017
Job Number 29991

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature

Maune Johnson

Explanation or reason for introduction of bill/resolution:

Placement of children, behavioral and mental health services revision, additional hospital.

Minutes:

No attachments

Chair J. Lee: Opened the conference committee hearing on SB 2039, all members were present: Senator Lee, Senator Kreun, Senator Heckaman; Representative Devlin, Representative Bert Anderson, and Representative Damschen.

Representative Devlin: If you look at your engrossed bill, 05000, page 4, lines 15-21, the first change, we hadn't seen in statute where they had to publish report, they said they publish now, it's part of policy, pg 6, line 22-26 we remove overstrike staff resources permit, everything we do for any of these department, if resources aren't there it's tough to do them. Page 11 we added two county commissioners back into the regional board, I think the people that pay the bills write the checks, the county commissioners need to be involved, the statement we had was they couldn't get some commissioners to come, then they need to find another commissioner. They provide a valuable service to the board. When we got down to the funding we had to add section 14 just to provide some legislative intent, so the next legislative assembly needs to provide the funds to help defray the cost of accreditation for the regional centers.

Chair J. Lee: 5001 should have the amendment in Christmas Tree form., I had a question, about now section 12, can we obligate future legislatures?

Representative Devlin: We think legislative intent is clear here, they need to help defray the cost of accreditation.

Chair J. Lee: I understand about the data, there were a couple of people wanted it in statute.

Representative Devlin: We had conversations with the Department with members of both parties in our committee, when we got done with it we were all comfortable that the policy was there and being taken care of.

Senator Heckaman: The last page, section 3 is effective 2021?

Representative Devlin: It was our understanding that's when it would take place.

Maggie Anderson, DHS: That is correct, it has to do with pushing that effective date out for accreditation. The Department is actively working on that, as the bill stood it would have become effective, this allows us to provide updates to the next session, and that intent language would give us funding to pay for the accreditation.

Chair J. Lee: There's pretty general support for that? Is that everything?

Representative Devlin: Just that it be subject to available resources, which we do to everything.

Senator Heckaman: I move to accede to the House Amendments.

Senator Kreun: Second

A roll call vote was taken.

Motion passes 6-0-0.

Chair J. Lee: Closed the hearing.

Date: 4/7
Roll Call Vote #: 1

**2017 SENATE CONFERENCE COMMITTEE
ROLL CALL VOTES**

BILL/RESOLUTION NO. SB 2039 as (re) engrossed

Senate Human Services Conference Committee

- Action Taken ☒ **SENATE accede to House Amendments**
☐ **SENATE accede to House Amendments and further amend**
☐ **HOUSE recede from House amendments**
☐ **HOUSE recede from House amendments and amend as follows**

☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Sen. Heckaman Seconded by: Sen. Kreun

Senators	<u>4/7</u>			Yes	No		Representatives	<u>4/7</u>			Yes	No
Senator J. Lee	<u>X</u>			<u>X</u>			Rep. Devlin	<u>X</u>			<u>X</u>	
Senator Kreun	<u>X</u>			<u>X</u>			Rep. B. Anderson	<u>X</u>			<u>X</u>	
Senator Heckaman	<u>X</u>			<u>X</u>			Rep. Damschen	<u>X</u>			<u>X</u>	
Total Senate Vote							Total Rep. Vote					

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier Sen. J Lee House Carrier Rep. Devlin

LC Number _____ of amendment

LC Number _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

REPORT OF CONFERENCE COMMITTEE

SB 2039, as engrossed: Your conference committee (Sens. J. Lee, Kreun, Heckaman and Reps. Devlin, B. Anderson, Damschen) recommends that the **SENATE ACCEDE** to the House amendments as printed on SJ pages 949-950 and place SB 2039 on the Seventh order.

Engrossed SB 2039 was placed on the Seventh order of business on the calendar.

2017 TESTIMONY

SB 2039

TESTIMONY**SB 2039****House Human Service Committee****January 9, 2017****Representative Kathy Hogan**

Chairman Lee and Members of the Senate Human Service Committee, my name is Representative Kathy Hogan, and I chaired the interim human service committee. This is a major policy and structure bill regarding the roles and responsibilities of the ND Department of Human Services related to behavioral health.

During the interim session, the human service committee reviewed the current century code regarding the roles and responsibilities of the ND Department of Human Services and its various divisions and programs. Based on the 2014 Renee Schulte study of behavioral health in ND, it was recommended that this was a major area of focus. This bill draft was done in collaboration with the ND Department of Human Services as they have been reframing their vision for both policy and operations of behavioral health services and infrastructure. It is the first comprehensive re-write of the behavioral health policy and structure since the early 1980's.

Let me review the various sections of the bill:

Sections 1 and 2 simply numbering changes

Section 3 Definitions

Modifies definitions to reflect current practice

Section 4 Structure of DHS

Replaces current role definitions for the department which separates mental health and substance abuse into a broader behavioral health umbrella and separates the policy and operational responsibilities. This structure addresses the concerns identified in the Schulte report regarding role clarifications. This section also moves data reporting requirements that are currently in a budget bill into permanent code. These data requirements were implemented this biennium.

Section 5 Duties and powers of the ND DHS

This is a broad re-write of the roles and duties of the ND Department of Human Services, particularly the human service centers. Two key components of this draft are the elimination of the "insofar as staff resources permit" language. In most human service code, the standards

are the standards. It was unclear why this language was added in some areas and not in others. To assure more consistency in services, it was removed in this draft. The second major change is on page 6 starting on line 14 which takes out a very broad language on a range of services that could be provided but it appears to permit almost any level or type of human service. This section should have major discussion.

Section 6 Licensure and Accreditation

Would require that by 2021 – the Human Service Centers would be required to be accredited by an external accrediting agency. Again a specific Schulte recommendation. The significant time delay in this section would allow clarification and implementation of the new model or structure for service delivery to be implemented over a 4 year process prior to having external formal review.

Section 7 Membership of the Human Service Center advisory councils

Modifies language about the role of the HSC and the membership of the regional human service center advisory board to focus on increased collaboration with other key public sector partners including corrections, public health and social services.

Section 8 Role of the Human Service Center Advisory Councils

Broadens the role of human service center advisory councils.

Section 9 Broadens eligibility for Medical Assistance funding

Current law allows access to MA funding for behavioral health services for mental health clinic services to be focused at the human service centers. This section would broaden that availability to designated behavioral health providers. Similar to the voucher system. The Department would have the authority to define designation and build a structure but it would allow opportunities for expansion of private providers to support direct services and fund through Medical Assistance.

Section 10 Restructures definition of continuum of services for individuals with serious and persistent mental illness.

This section updates language and broadens understanding of the full continuum of care for children and adults including both housing and peer and recovery support. It also clarifies the responsibilities for the provision of crisis services.

Section 11 Least restrictive care

During the interim, one group of youth, those with a history of sexual offenses were identified as being seriously underserved. This section, focuses the responsibility for the development of an integrated plan to address the needs of these youth while protecting the safety of the community.

Section 12 Renumbering only

Section 13 Repeals old sections

I urge you to review those sections and I have attached copies for your information.

Section 14 Outlines the time frame for implementation of changes to the human service center advisory membership

Section 15 – delays effective date of section 5

Personally, my concern is that because we are restructuring a range of interrelated services, this proposal may have unintended reductions or elimination of key services or policies that are essential to public human services beyond behavioral health. For example, by focusing on serious and persistent mental illness, may we eliminate the need to provide parental capacity evaluations for child welfare or court ordered addiction assessment.

Finally, I need to thank DHS and Legislative Council staff for many hours of work in preparing this bill draft. It is complicated and very important that as policy makers, the legislature sets the framework for the role of the state in the provision of behavioral health services

Thank you for considering this bill. If you have any questions I am more than willing to answer them.

**CHAPTER 25-02
STATE HOSPITAL****25-02-01. State hospital for the mentally ill - Location - Title - Administration and control.**

An institution for the care of the mentally ill must be maintained at the city of Jamestown and must be known as the state hospital. The department of human services shall administer and control the state hospital.

25-02-01.1. Maintenance of state hospital accreditation - Governing body membership - Rulemaking authority.

1. The department of human services shall seek appropriations and resources sufficient to ensure maintenance of the state hospital's accreditation by the joint commission on accreditation of health care organizations and certification by the health care financing administration or by similar accrediting and certifying organizations and agencies possessing hospital standards recognized by the health care industry and accepted by the department.
2. The department, in consultation with the state hospital, shall create a state hospital governing body and shall by rules describe the powers and duties of the governing body. The department shall compensate members not employed by the department in the amount of one hundred dollars per day and reimburse members for expenses incurred in attending meetings in the amounts provided by sections 44-08-04 and 54-06-09.
3. The governing body must be composed of the executive director of the department of human services; the director of the division of mental health services of the department, who shall serve as chairman of the governing body; the state hospital superintendent; the state hospital medical director; a representative of the fiscal management of the state hospital; a mental health services consumer selected by the mental health association; and a legislator selected by the legislative management. The governing body may include other persons as appointed by the governing body.

25-02-02. Additional hospital for mentally ill located at Rugby.

The additional hospital for the mentally ill authorized by section 13 of article IX of the Constitution of North Dakota must be located at or near Rugby, North Dakota.

25-02-03. Object of state hospital.

The state hospital is an institution for mental diseases serving specialized populations of the mentally ill, including persons suffering from drug addiction or alcoholism. The state hospital is one component of the North Dakota mental health delivery system and serves as a resource to community-based treatment programs. The state hospital shall, pursuant to rules adopted by the department of human services, receive and care for all mentally ill persons, including persons suffering from drug addiction or alcoholism, residing within this state in accordance with this title, and shall furnish to those mentally ill persons all needed food, shelter, treatment, and support that may tend to restore their mental health or to alleviate their illness or suffering.

25-02-04. Superintendent to possess certain qualifications - Medical director - Employees.

The superintendent of the state hospital must be a skilled health care administrator with professional training and experience relating to the management of facilities for mentally ill and chemically dependent persons and relating to the needs of the mentally ill and chemically dependent persons. The medical director, who must be a licensed physician and board-certified psychiatrist, shall recommend appointment of all physicians and clinical staff, define their qualifications and duties, and have final authority for the organization and delivery of all medical and clinical services delivered to patients at the state hospital. The state hospital governing body has final approval of all physician and clinical staff appointments to the state hospital. The

superintendent shall appoint the medical director in consultation with the supervising officer and with the approval of the governing body. If the superintendent is not a licensed physician and board-certified psychiatrist, the medical director, or a qualified designee of the medical director, shall act as the superintendent's designee in all matters in which the superintendent's opinion on medical or clinical treatment is required by law. Every physician on the professional staff must have a license issued by the North Dakota board of medicine.

25-02-05. Superintendent to furnish forms and bylaws to county mental health boards.

Repealed by S.L. 1977, ch. 239, § 48.

25-02-05.1. Specialists.

Repealed by S.L. 1957, ch. 196, § 22.

25-02-06. Nonresidents admitted to state hospital.

A resident of another state or territory may be admitted to the state hospital upon payment of the full cost of treatment of such nonresident, but no resident of another state or territory may be received for treatment to the exclusion of any resident of this state.

25-02-06.1. Disposition of nonresidents - Exceptions - Reciprocal agreements.

If a person who has no legal residence in this state or whose residence is unknown is found to be a person requiring treatment in the state hospital, the person must be sent to the state hospital in the same manner, and accompanied by the same documents, as in the case of a resident of this state. The supervising department shall immediately inquire as to the residence of the person, and, if the residence is found to be in another state or country, the supervising department may arrange for transportation of the person to the place of legal residence or legal settlement. The supervising department may enter into reciprocal agreements with other states regarding the mutual exchange, return, and transportation of persons requiring treatment who are within one state but have legal residence or legal settlement in another state. The agreements may not contain any provision conflicting with any law of this state.

25-02-07. Disposition of mentally ill nonresident.

Repealed by S.L. 1961, ch. 211, § 9.

25-02-08. Expense for care of patient.

Repealed by S.L. 1961, ch. 211, § 9.

25-02-09. Care of patients to be impartial.

All patients at the state hospital must be provided with equal care and treatment in accordance with the different degrees or conditions of mental and physical health.

25-02-10. Attorney general to bring action against county.

Repealed by S.L. 1961, ch. 211, § 9.

25-02-11. County mental health board - Members, appointment, term, quorum.

Repealed by S.L. 1977, ch. 239, § 48.

25-02-12. Oath required of appointive members.

Repealed by S.L. 1977, ch. 239, § 48.

25-02-13. Meetings of county mental health board.

Repealed by S.L. 1977, ch. 239, § 48.

25-02-14. Duties of chairman of county mental health board.

Repealed by S.L. 1977, ch. 239, § 48.

25-02-15. Absence of member of county mental health board - Substitute.

Repealed by S.L. 1977, ch. 239, § 48.

25-02-16. Powers of county mental health board.

Repealed by S.L. 1977, ch. 239, § 48.

25-02-17. Compensation and expenses of county mental health board.

Repealed by S.L. 1977, ch. 239, § 48.

25-02-18. Nonliability of certain officers for detention of mentally ill persons.

Repealed by S.L. 1977, ch. 239, § 48.

CHAPTER 25-10 MENTAL HEALTH SERVICES

25-10-01. Mental health services.

The department of human services shall perform the following functions in the field of mental health:

1. Cooperate in providing services to state and local departments and agencies and other groups for programs of prevention of mental illness, and other psychiatric disabilities.
2. Assist in providing informational and educational services regarding mental health to the public and lay and professional groups.
3. Assist in providing consultative services to schools, courts, and health and human service agencies, both public and private.
4. Assist in providing outpatient diagnostic and treatment services.
5. Assist in providing rehabilitation services for patients suffering from mental or emotional disorders and other psychiatric conditions, particularly those who have received prior treatment in an inpatient facility.

The above services must be undertaken by the department to the extent funds are available to the department for the performance of these functions.

25-10-01.1. Unified mental health delivery system.

The division of mental health services shall plan, develop, implement, and supervise a unified mental health delivery system. The system must include the mental health services provided by the regional human service centers, the state hospital, and contracted services with providers in accordance with the state mental health plan.

25-10-02. Psychiatric clinic.

Repealed by S.L. 1987, ch. 570, § 45.

25-10-03. Mental health coordinating committee - Membership - Purpose.

Repealed by S.L. 1971, ch. 276, § 1.

25-10-04. Transfer of institutions under the director of institutions.

Repealed by S.L. 1985, ch. 82, § 162.

25-10-05. Mental health and retardation service units.

Repealed by S.L. 1981, ch. 486, § 37.

CHAPTER 50-06
DEPARTMENT OF HUMAN SERVICES

50-06-01. Definition.

As used in this chapter, unless the context otherwise requires, "department" means the department of human services.

50-06-01.1. Department of human services to be substituted for public welfare board of North Dakota and social service board of North Dakota, members of board, and executive director.

When the terms "public welfare board of North Dakota", "social service board of North Dakota", "executive director of the public welfare board", "executive director of the social service board", "member of the public welfare board", or "member of the social service board", or any derivative of those terms which, when used in context indicates an intention to refer to those persons or that board, appear in the North Dakota Century Code, the term "department of human services", or the term "executive director of the department of human services", as the case may be, must be substituted therefor. It is the intent of the legislative assembly that the department of human services must be substituted for, shall take any action previously to be taken by, and shall perform any duties previously to be performed by the public welfare board of North Dakota or by the social service board of North Dakota.

50-06-01.2. Department of human services - Creation.

The department of human services is created to assume the functions, powers, and duties of the following governmental agencies:

1. The social service board of North Dakota, including all of the statutory authority and responsibilities set out in chapters 27-21, 50-06, 50-06.1, 50-09, 50-11, 50-11.1, 50-12, 50-18, 50-19, 50-21, 50-24.1, and 50-25.1.
2. The mental health and retardation division of the state department of health as established by chapter 25-10, including the state hospital and any other institutions under the jurisdiction of the mental health and retardation division.
3. The division of alcoholism and drug abuse of the state department of health as established by chapter 54-38.
4. The state council on developmental disabilities as established by section 25-01-01.1.

50-06-01.3. Appointment of executive director - Compensation.

The governor shall appoint the executive director of the department who shall serve at the pleasure of the governor. The executive director shall take the oath of office required of civil officers by section 44-01-05. The executive director is entitled to receive compensation in the amount established by the governor within the limits of legislative appropriations.

50-06-01.4. Structure of the department.

1. The department includes the state hospital, the regional human service centers, a vocational rehabilitation unit, and other units or offices and administrative and fiscal support services as the executive director determines necessary. The department must be structured to promote efficient and effective operations and, consistent with fulfilling its prescribed statutory duties, shall act as the official agency of the state in the discharge of the following functions not otherwise by law made the responsibility of another state agency:
 - a. Administration of programs for children and families, including adoption services and the licensure of child-placing agencies, foster care services and the licensure of foster care arrangements, child protection services, children's trust fund, state youth authority, licensure of day care homes and facilities, services to unmarried parents, refugee services, in-home community-based services, and administration of the interstate compacts on the placement of children and juveniles.

- b. Administration of programs for individuals with developmental disabilities, including licensure of facilities and services, and the design and implementation of a community-based service system for persons in need of habilitation.
 - c. Administration of aging service programs, including nutrition, transportation, advocacy, social, ombudsman, recreation, and related services funded under the Older Americans Act of 1965 [42 U.S.C. 3001 et seq.], home and community-based services, licensure of adult family care homes, committee on aging, and the fund matching program for city or county tax levies for senior citizen activities and services.
 - d. Administration of mental health programs, including planning and implementing preventive, consultative, diagnostic, treatment, and rehabilitative services for persons with mental or emotional disorders and psychiatric conditions.
 - e. Administration of alcohol and drug abuse programs, including establishing quality assurance standards for the licensure of programs, services, and facilities, planning and coordinating a system of prevention, intervention, and treatment services, providing policy leadership in cooperation with other public and private agencies, and disseminating information to local service providers and the general public.
 - f. Administration of economic assistance programs, including temporary assistance for needy families, the supplemental nutrition assistance program, fuel assistance, child support enforcement, refugee assistance, work experience, work incentive, and quality control.
 - g. Administration of medical service programs, including medical assistance for needy persons, early and periodic screening, diagnosis and treatment, utilization control, and claims processing.
2. The executive director shall consult with and maintain a close working relationship with the state department of health; with the department of corrections and rehabilitation and the superintendents of the school for the deaf and the North Dakota vision services - school for the blind to develop programs for individuals with developmental disabilities; and with the superintendent of public instruction to maximize the use of resource persons in regional human service centers in the provision of special education services. The executive director shall also maintain a close liaison with county social service agencies.

50-06-01.5. Office and office equipment.

The department must be provided with suitable offices in the state capitol. The department may purchase through the office of management and budget, out of the funds appropriated, any furniture, office and filing equipment, office supplies, stationery, and postage necessary for the efficient conduct of department business.

50-06-01.6. Human services advisory board - Membership - Meetings - Compensation and expenses - Responsibilities.

Repealed by S.L. 1995, ch. 457, § 6.

50-06-01.7. Mental health division - Administration.

The department of human services shall administratively restructure the mental health division to require the division to develop and revise, when necessary, the state mental health plan and provide the mental health division the authority to implement and supervise a unified mental health delivery system and to assure the mental health services provided by the human service centers, the state hospital, and contracted services are in accordance with the state plan.

Att. 1
SB 2039
2/13/17

TESTIMONY

SB 2039

House Human Service Committee

February 13, 2017

Representative Kathy Hogan

Chairman Weisz and Members of the Senate Human Service Committee, my name is Representative Kathy Hogan, and I chaired the interim human service committee. This is a major policy and structure bill regarding the roles and responsibilities of the ND Department of Human Services related to behavioral health.

During the interim session, the human service committee reviewed the current century code regarding the roles and responsibilities of the ND Department of Human Services and its various divisions and programs. Based on the 2014 Renee Schulte study of behavioral health in ND, it was recommended that this was a major area of focus. This bill draft was done in collaboration with the ND Department of Human Services as they have been reframing their vision for both policy and operations of behavioral health services and infrastructure. It is the first comprehensive re-write of the behavioral health policy and structure since the early 1980's.

Let me review the various sections of the bill:

Sections 1 and 2 simply numbering changes

Section 3 Definitions

Modifies definitions to reflect current practice

Section 4 Structure of DHS

Replaces current role definitions for the department which separates mental health and substance abuse into a broader behavioral health umbrella and separates the policy and operational responsibilities. This structure addresses the concerns identified in the Schulte report regarding role clarifications. This

section also moves data reporting requirements that are currently in a budget bill into permanent code. These data requirements were implemented this biennium.

Section 5 Duties and powers of the ND DHS

This is a broad re-write of the roles and duties of the ND Department of Human Services, particularly the human service centers. Two key components of this draft are the elimination of the "insofar as staff resources permit" language. In most human service code, the standards are the standards. It was unclear why this language was added in some areas and not in others. To assure more consistency in services, it was removed in this draft. The second major change is on page 6 starting on line 14 which takes out a very broad language on a range of services that could be provided but it appears to permit almost any level or type of human service. This section should have major discussion.

Section 6 Licensure and Accreditation

Would require that by 2021 – the Human Service Centers would be required to be accredited by an external accrediting agency. Again a specific Schulte recommendation. The significant time delay in this section would allow clarification and implementation of the new model or structure for service delivery to be implemented over a 4 year process prior to having external formal review.

Section 7 Membership of the Human Service Center advisory councils

Modifies language about the role of the HSC and the membership of the regional human service center advisory board to focus on increased collaboration with other key public sector partners including corrections, public health and social services.

Section 8 Role of the Human Service Center Advisory Councils

Broadens the role of human service center advisory councils.

Section 9 Broadens eligibility for Medical Assistance funding

Current law allows access to MA funding for behavioral health services for mental health clinic services to be focused at the human service centers. This section would broaden that availability to designated behavioral health providers. Similar to the voucher system. The Department would have the authority to define designation and build a structure but it would allow opportunities for expansion of private providers to support direct services and fund through Medical Assistance.

Section 10 Restructures definition of continuum of services for individuals with serious and persistent mental illness.

This section updates language and broadens understanding of the full continuum of care for children and adults including both housing and peer and recovery support. It also clarifies the responsibilities for the provision of crisis services.

Section 11 Least restrictive care

During the interim, one group of youth, those with a history of sexual offenses were identified as being seriously underserved. This section, focuses the responsibility for the development of an integrated plan to address the needs of these youth while protecting the safety of the community.

Section 12 Renumbering only

Section 13 Repeals old sections

I urge you to review those sections and I have attached copies for your information.

Section 14 Outlines the time frame for implementation of changes to the human service center advisory membership

Section 15 – delays effective date of section 6

Personally, my concern is that because we are restructuring a range of interrelated services, this proposal may have unintended reductions or elimination of key services or policies that are essential to public human services beyond behavioral health. For example, by focusing on serious and persistent mental illness, may we eliminate the need to provide parental capacity evaluations for child welfare or court ordered addiction assessment.

Finally, I need to thank DHS and Legislative Council staff for many hours of work in preparing this bill draft. It is complicated and very important that as policy makers, the legislature sets the framework for the role of the state in the provision of behavioral health services

Thank you for considering this bill. If you have any questions I am more than willing to answer them.

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CHAPTER 25-02 STATE HOSPITAL

25-02-01. State hospital for the mentally ill - Location - Title - Administration and control.

An institution for the care of the mentally ill must be maintained at the city of Jamestown and must be known as the state hospital. The department of human services shall administer and control the state hospital.

25-02-01.1. Maintenance of state hospital accreditation - Governing body membership - Rulemaking authority.

1. The department of human services shall seek appropriations and resources sufficient to ensure maintenance of the state hospital's accreditation by the joint commission on accreditation of health care organizations and certification by the health care financing administration or by similar accrediting and certifying organizations and agencies possessing hospital standards recognized by the health care industry and accepted by the department.
2. The department, in consultation with the state hospital, shall create a state hospital governing body and shall by rules describe the powers and duties of the governing body. The department shall compensate members not employed by the department in the amount of one hundred dollars per day and reimburse members for expenses incurred in attending meetings in the amounts provided by sections 44-08-04 and 54-06-09.
3. The governing body must be composed of the executive director of the department of human services; the director of the division of mental health services of the department, who shall serve as chairman of the governing body; the state hospital superintendent; the state hospital medical director; a representative of the fiscal management of the state hospital; a mental health services consumer selected by the mental health association; and a legislator selected by the legislative management. The governing body may include other persons as appointed by the governing body.

25-02-02. Additional hospital for mentally ill located at Rugby.

The additional hospital for the mentally ill authorized by section 13 of article IX of the Constitution of North Dakota must be located at or near Rugby, North Dakota.

25-02-03. Object of state hospital.

The state hospital is an institution for mental diseases serving specialized populations of the mentally ill, including persons suffering from drug addiction or alcoholism. The state hospital is one component of the North Dakota mental health delivery system and serves as a resource to community-based treatment programs. The state hospital shall, pursuant to rules adopted by the department of human services, receive and care for all mentally ill persons, including persons suffering from drug addiction or alcoholism, residing within this state in accordance with this title, and shall furnish to those mentally ill persons all needed food, shelter, treatment, and support that may tend to restore their mental health or to alleviate their illness or suffering.

25-02-04. Superintendent to possess certain qualifications - Medical director - Employees.

The superintendent of the state hospital must be a skilled health care administrator with professional training and experience relating to the management of facilities for mentally ill and chemically dependent persons and relating to the needs of the mentally ill and chemically dependent persons. The medical director, who must be a licensed physician and board-certified psychiatrist, shall recommend appointment of all physicians and clinical staff, define their qualifications and duties, and have final authority for the organization and delivery of all medical and clinical services delivered to patients at the state hospital. The state hospital governing body has final approval of all physician and clinical staff appointments to the state hospital. The

CHAPTER 50-06
DEPARTMENT OF HUMAN SERVICES

50-06-01. Definition.

As used in this chapter, unless the context otherwise requires, "department" means the department of human services.

50-06-01.1. Department of human services to be substituted for public welfare board of North Dakota and social service board of North Dakota, members of board, and executive director.

When the terms "public welfare board of North Dakota", "social service board of North Dakota", "executive director of the public welfare board", "executive director of the social service board", "member of the public welfare board", or "member of the social service board", or any derivative of those terms which, when used in context indicates an intention to refer to those persons or that board, appear in the North Dakota Century Code, the term "department of human services", or the term "executive director of the department of human services", as the case may be, must be substituted therefor. It is the intent of the legislative assembly that the department of human services must be substituted for, shall take any action previously to be taken by, and shall perform any duties previously to be performed by the public welfare board of North Dakota or by the social service board of North Dakota.

50-06-01.2. Department of human services - Creation.

The department of human services is created to assume the functions, powers, and duties of the following governmental agencies:

1. The social service board of North Dakota, including all of the statutory authority and responsibilities set out in chapters 27-21, 50-06, 50-06.1, 50-09, 50-11, 50-11.1, 50-12, 50-18, 50-19, 50-21, 50-24.1, and 50-25.1.
2. The mental health and retardation division of the state department of health as established by chapter 25-10, including the state hospital and any other institutions under the jurisdiction of the mental health and retardation division.
3. The division of alcoholism and drug abuse of the state department of health as established by chapter 54-38.
4. The state council on developmental disabilities as established by section 25-01-01.1.

50-06-01.3. Appointment of executive director - Compensation.

The governor shall appoint the executive director of the department who shall serve at the pleasure of the governor. The executive director shall take the oath of office required of civil officers by section 44-01-05. The executive director is entitled to receive compensation in the amount established by the governor within the limits of legislative appropriations.

50-06-01.4. Structure of the department.

1. The department includes the state hospital, the regional human service centers, a vocational rehabilitation unit, and other units or offices and administrative and fiscal support services as the executive director determines necessary. The department must be structured to promote efficient and effective operations and, consistent with fulfilling its prescribed statutory duties, shall act as the official agency of the state in the discharge of the following functions not otherwise by law made the responsibility of another state agency:
 - a. Administration of programs for children and families, including adoption services and the licensure of child-placing agencies, foster care services and the licensure of foster care arrangements, child protection services, children's trust fund, state youth authority, licensure of day care homes and facilities, services to unmarried parents, refugee services, in-home community-based services, and administration of the interstate compacts on the placement of children and juveniles.

50-06-23. Placement of children - Least restrictive care.

The department and county social service boards shall thoroughly explore the option of kinship care when a child is unable to return home due to safety concerns. Absent kinship options, the department and county social service boards shall provide permanency options that are in the least restrictive care and near the family's home as required by the federal Adoption and Safe Family Act of 1997 [Pub. L. 105-89; 111 Stat. 2115; 42 U.S.C. 671]. Before January 1, 2006, the department of human services shall issue a request for proposal for the provision of residential treatment services to meet the needs of youth with a history of sexual offenses within the state and explore options of therapeutic foster care for those youth who would benefit from this service level.

50-06-24. Guardianship services.

The department of human services may create and coordinate a unified system for the provision of guardianship services to vulnerable adults who are ineligible for developmental disabilities case management services. The system must include a base unit funding level at the same level as developmental disability corporate guardianship rates, provider standards, staff competency requirements, and guidelines and training for guardians. The department shall adopt rules for guardianship services to vulnerable adults which are consistent with chapters 30.1-26, 30.1-28, and 30.1-29.

50-06-25. Biennial report on programs and services.

Expired under S.L. 2005, ch. 411, § 3.

50-06-26. Alternatives-to-abortion services program.

The department of human services shall disburse funds available through title IV-A of the Social Security Act [42 U.S.C. 601 et seq.] to nongovernmental entities that provide alternatives-to-abortion services and expend funds to inform the public about this program. The services must be outcome-based with positive outcome-based results. The department, in consultation with a nongovernmental entity that provides alternatives-to-abortion services, shall contract to inform the public about this program. For purposes of this section, "alternatives-to-abortion services" are those services that promote childbirth instead of abortion by providing information, counseling, and support services that assist pregnant women or women who believe they may be pregnant to choose childbirth and to make informed decisions regarding the choice of adoption or parenting with respect to their children.

50-06-27. Prescription drug monitoring program.

Repealed by S.L. 2007, ch. 212, § 2.

50-06-28. Substance abuse treatment pilot program.

Expired under S.L. 2005, ch. 414, § 4.

50-06-29. Application for aging and disability resource center funding.

No later than December 31, 2007, the department of human services shall seek federal funds for the planning and implementation of an aging and disability resource center for the state. The resource center will be a single point of information program at the community level which will help people make informed decisions about the full range of long-term care service and support options, including both institutional and home and community-based care, and which will provide unbiased information and assistance to individuals needing either public or private resources, to professionals seeking assistance on behalf of their clients, and to individuals planning for their future long-term care needs. Upon receipt of federal funds, the department of human services may establish the aging and disability resource center or it may request bids and award a contract for the provision of this service. The duties of the aging and disability resource center must include all duties required to receive federal funds, including providing information about the full range of long-term care service and support options available in the state to assure that consumers may make informed decisions about their care.