

**2019 SENATE HUMAN SERVICES COMMITTEE**

**SB 2028**

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Red River Room, State Capitol

2028

1/15/2019

Job # 30774

Subcommittee

Conference Committee

Committee Clerk: Mary Jo Wocken for Justin Velez
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## Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the Department of Human Services for behavioral health prevention and early intervention services.

## Minutes:

Attachment #1 Sen. Kathy Hogan Attachment #2 Pam Sagness Attachment #3 Handout Attachment #4 Handout Attachment #5 Jessica Thomasson
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**Madam Chair Lee:** Opens the hearing on SB 2028.

(0:24-2:10) **Senator Hogan:** Introduces SB 2028. Please see Attachment #1 for testimony.

(2:25-7:54) **Pam Sagness, Director of the Division of Behavioral Health** with the Department of Human Services. Testifying in favor of SB 2028. Please see Attachments 2-4 for testimony.

**Senator Hogan:** The Parent Leap program is multi-faceted isn't it? **Ms. Sagness** replied correct. **Senator Hogan:** So it's not one strategy, but many strategies? What strategies do you think have the biggest impact?

**Ms. Sagness:** Parents Lead has two focuses. One is that we recognize that there are a lot of parents seeking age specific prevention. We speak prevention at the age that parent can relate to. The second component is that often the parent that most need this information who won't seek it. So just having a web site that has great information for people who are never going to look at it, is not helpful. So we wanted to have information available to the general public, but our key focus is getting tools to the people who work mostly with high risk families. So getting Parents Leap for Professionals which is a link that would give direct information to people like social workers and addiction counselors. People that are working in social services and other high risk areas and educators. Those tools are specifically written for identifying symptoms in the classroom. So you can go and look at these resources and actually get specifically help you in your job today. I think focusing on that population that isn't going to seek out the information and trying to find a way to reach them is the second most important component of the program.

**Senator Hogan:** If you haven't had a chance to look at this packet of material, it has a deck of cards with questions that you talk to your children about, and my 7 year old granddaughter often says, let's play Parent Lead. It's her backup go to and it's very creative use of interaction and teaching.

**Madam Chair Lee:** So you can order them on line.

**Ms. Pam Sagness:** We do have an on-line ordering system at our prevention and resource media center on the Behavioral Health Division website. The cards are actually called conversation starters and some of the most meaningful times for me, also has been three generations of conversation starters. Playing Parents Lead with Grandma, my Mom and myself, actually 4 generations as it includes my children too.

**Senator Hogan:** If everyone knew that we could play Parent Lead, with every family dinner, it's very helpful.

**Madam Chair Lee:** I recognize that. But the point is we know about Parents Lead, even if I haven't played it. I think making people aware of it by putting a face on it, by having your four generation family or another one like yours is playing for the kids and a great learning opportunity. That kind of stuff is a good way to get the word out to service clubs and churches and marketing is my job today.

(13:00-14:15) **Carlotta McCleary, Executive Director for Mental Health Americas** as well as the **North Dakota Federation of Families for Children's Mental Health**. I don't have any prepared testimony for this because I thought what am I going to get up and say Yes, do this. But certainly we see that we want a full and functional continuum of care. Often times were here for kids with SED which is kind of the later stage of things. SED is for Serious Emotional Disturbance for Children and that's when things have gotten pretty chronic for children in families that are having difficulty functioning in multi-areas for their family. One thing that Mental Health America has said is this is the only chronic condition that wait for Stage 4 before we do anything about it and certainly this piece of legislation would allow us to do something before Stage 4. Yes!

(14:50-20:46) **Jessica Thomasson** CEO Lutheran Social Services of North Dakota. Testifying in favor of SB 2028. Please see Attachment #5 for testimony.

**Senator Hogan:** How many childcare inclusion specialists does ND have?

**Ms. Jessica Thomasson:** We have two. One full time for the eastern side of the state and one full time for the western side of the state that serve all the child care providers in the state.

**Madam Chair Lee:** It seems to me that it's another example of where our community health care workers and other types of peer support individuals can be so valuable. You all need to sign up I guess in order to have enough of them, but to have someone that the parents can call when they might not be able to reach a high level professional at that particular time, but can ask the person that's been there and done that, with their own kids. In some other states they have some successful networking groups like that particularly for foster parents which

brings some particularly challenges in their difficulties. Also for those foster parents who are dealing with challenges they never dreamed they would encounter even if they are trained to do this. To have somebody else who has been through similar incidents has really been helpful in these other states. Maybe someday we will be able to work it out too.

**Ms. Jessica Thomasson:** Your exactly right. We are kind of experimenting with some parent café's and family café's that do just that, that where people have been there. So there is that early point of contact and maybe encouraging a person to reach out when they are sometimes least likely to do so because they are feeling overwhelmed by the situation that is maybe on the horizon.

(23:00-23:40) **Gerry Tievens, Special Education Director for the Department of Public Instruction.** The Department supports this bill and the efforts of the Department of Human Services to improve services within the communities where our schools are located. I bring this message today.

**Madam Chair Lee:** With this overlap which Ms. Teivens is discussing too, Jessica Thomasson and I were both part of an effort in SE North Dakota with a group of school districts to determine how to cope with this and lots of people who tried hard and came from different perspectives sat together and we gained a lot of information and came up with no firm conclusion because there is no one answer. The challenge is everybody has a little different perspective on how it's got to work.

**Madam Chair Lee:** Asked for opposition and neutral testimony on 2028. No one came forward. The public hearing was closed on 2028.

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Red River Room, State Capitol

SB 2028  
1/15/2019  
30777 & 30779

- Subcommittee  
 Conference Committee

Committee Clerk: Justin Velez
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## Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human service for behavioral health prevention and early intervention services.

## Minutes:

No Attachments
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**Madam Chair Lee:** We are not going to whip through that with any great speed and efficiency and I know that, but if we could get some of the rest of these out of the way, we will be able to spend a lot of time of that. So anyways, any particular questions that you might have after the discussion we have already have I'm anxious to hear and permit Senator Anderson and Senator O. Larsen to vote when they come back again.

**Senator K. Roers:** I feel like of all of the bills that we have with appropriations this is quite possibly the most straight forward one we have. I move a **DO PASS, RE-REFER TO APPROPRIATIONS.**

**Seconded by Senator Hogan.**

**Roll call vote was taken:**

**5 YEA, 1 NAY, 0 Absent**

**Senator Clemens will carry SB 2028 to the floor.**

**Job #30779 (00:00-01:35) Senator O. Larsen's vote NAY on SB 2028**

**2019 SENATE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2628**

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. Roers Seconded By Sen. Hogan

Senators	Yes	No	Senators	Yes	No
Chair Lee	X		Senator Hogan	X	
Vice Chair Larsen		X			
Senator Anderson	X				
Senator Clemens	X				
Senator Roers	X				

Total (Yes) 5 No 1

Absent 0

Floor Assignment Sen. Clemens

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

**REPORT OF STANDING COMMITTEE**

**SB 2028: Human Services Committee (Sen. J. Lee, Chairman)** recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (5 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SB 2028 was rereferred to the **Appropriations Committee**.

**2019 SENATE APPROPRIATIONS**

**SB 2028**

# 2019 SENATE STANDING COMMITTEE MINUTES

## Appropriations Committee Harvest Room, State Capitol

SB 2028  
1/23/2019  
JOB 31295

- Subcommittee  
 Conference Committee

Committee Clerk Signature Alice Delzer / Pam Dever
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### Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the department of human services for behavioral health prevention and early intervention services

### Minutes:

- |                                                                                                                                                                         |
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| <ol style="list-style-type: none"><li>1. Testimony of Senator Kathy Hogan</li><li>2. Testimony of Carlotta McCleary</li><li>3. Testimony of Jessica Thomasson</li></ol> |
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**Chairman Holmberg:** Called the Committee to order on SB 2028 at 11:15 am. All committee members were present. Brady Larson, Legislative Council and Larry Martin, OMB were also present. Open the hearing.

**Senator Kathy Hogan, District 21, Fargo:** testified in favor of SB 2028 and provided Attachment # 1, which states this bill relates to Prevention and Early Interventions. This is the third bill on the subject. The committee agreed that those funds that were targeted at the Parent's Lead Program should be restored. If we can do it on substance abuse disorder, then why not on mental health issues. **(2.10-2.43)** Any questions?

**Senator Dever:** We are looking at several standalone bills that all deal with behavioral health. Do they really stand alone or are they interconnected?

**Senator Hogan:** They are all interconnected. This behavioral health dilemma is a 10,000-piece puzzle. This is one little corner of that piece. When we started this 6 years ago, we had 1,000 pieces around the state. Now, we have 3,000-4,000. But we are still missing 6,000 or 7,000. The challenge is looking at what is prevention and what is intervention and putting all the pieces together. The interim committee tried to put together a master plan and it is pretty good. We know where the holes are.

**Senator Dever:** Together, it is a comprehensive plan. **(4.44)** But we are not considering them together.

**Senator Hogan:** That's your challenge. Thank you.

**Pam Sagness, Director of Behavioral Health in DHS: (5.29)** I did not recopy my testimony from last week. It is vital that we have a full continuum of services. That is four components:

prevention, early intervention, support treatment, and recovery. This bill is for early intervention and prevention gaps in our system. We have a gap in our early intervention system. We currently have \$100,000 in our department budget for substance abuse prevention. That is general funds. We have had federal grants over the last years which helped decrease our underage drinking rates. We cut them in half. We went from 60% to 29.1% which is great improvement. It is important that we identify and provide services to the point of symptom. Instead of waiting for a diagnosis. We call that the window of opportunity. We want to support treatment and recovery services. On the mental health side, we increased, year after year, the suicidal attempts and depression among our youth. It is important that we invest also in mental health prevention. There is a return on investment when we invest in prevention and early intervention programs. Every dollar invested can save \$65 of those higher level treatments expenses. This mirrors the plan that I laid out last week.

**V. Chairman Wanzek:** When I look at the two previous bills, free to recovery; we are spending money to address the problem. You want \$600,000. Should we get more out of the prevention programs before people get to the point of treatment? Can you help me understand what kind of service you are talking about?

**Pam:** I appreciate the comment that we invest a lot of money in treatment. When we look to the continuum as a whole, we can see how much we spend in each area. Treatment is where we spend the most money. Treatment services just in Medicaid and in Human Services, are \$59 million and \$19 million. When we ask for funding in recovery, that is actually filling the gap in the recovery system. As we have been working to fill this full continuum, prevention is absolutely one of the things we should be investing more in. I can't speak to the dollar amount, because the interim committee has identified the dollar amount. It will not meet all needs. **(9.44)** It is a starting place. We have to support provider to become early intervention providers. So there is capacity building in workforce that does not currently exist. We don't license early interventionists in substance abuse. Some are parts of other components. Last session we proposed doing first offender or minor in possession early intervention classes. We just started training local public health. The two-year timeframe just to get workforce and a system developed will take some time. The funding is not adequate.

**Senator Mathern: (10.39)** The department was responsible for the governor's budget. I wonder what is in the executive budget that is in fact primary prevention? I know what is in there for treatment. It goes all the way to other way in the continuum. What is on the front end for primary prevention?

**Pam:** There are two specific areas in the executive budget that were optional adjustment requests. One was to restore parents lead to its full funding. That was \$360,000. The governor did include \$100,000 to increase that program. The governor's budget proposes to double that to \$200,000. To fully restore the program, it would be \$360,000. Parents are vital in providing resources and is the key to prevention with children. The school behavioral health pilot program the school. HB 1040 had developed the \$150,000 funds to develop that pilot. That is prevention in early intervention. **(12.28)** There is a request for \$300,000 in Governor's budget. That would be \$150,000 to continue the current work and expand in a few more schools. We receive a federal block grant. That is the substance abuse prevention and treatment block grant. It has a 20% set aside which is required to go into prevention funding. That is 100% federal funding. We use that for underage drinking programs. It funds the tribes,

and community grassroots stuff around underage drinking. We have increased that to be 25% of the grant. We are allocating more to prevention instead of treatment. We had a few policy bills to help with access and training.

**Senator Robinson:** Can you get us a list of the various treatment programs in ND today? I always hear that we struggle with more facilities. I hear there is a serious need for programs that are all encompassing.

**Pam:** On two things, we have a website that has all the licenses programs, by region, and by the level of service. There is a requirement in administrative rules that treatment providers can't not have a set length of stay for individuals. **(14.59)**

**Senator Dever:** Most people are not aware that we are dealing with addiction issues in middle school and mental health issues in elementary school. The Governor put \$300,000 of general fund, \$563,000 of other funds in his budget for this. Regarding the \$300,000, does that go to the same program or how would that program come about?

**Pam: (15.39)** Since the information in ex budget is to continue the current pilot, but then to expand in additional schools. We had to apply, there is criteria, and we are looking for readiness for schools to implement. This bill interim for the \$600,000, does not have a prescriptive establishment of how the funding would be used. We know there is a mental health crisis right now in our schools. It would make sense to consider the opportunity for early intervention programs to be with private providers partnering with schools and addressing problems where most relevant. I have to go back to the HSRI study, and say we have some clear recommendations of our first few steps. There is nothing prescriptive at this point for the \$600,000.

**Senator Dever:** The money for school behavioral health is pilot. What would it cost to expand to cover the whole state?

**Pam:** The pilot just started in December. It is premature what the costs are. This is not ongoing funding. Partnering with Sanford and doing services that are billable, is one of the things. Partnering to make sure when Medicaid reimbursement services are needed we are doing that.

**Chairman Holmberg:** How do you plan to bring on other schools to see that it is helpful. Maybe they would remove some of the barriers that they have for people coming into the school and asking for services? Is there a plan? **(18.13)**

**Pam:** One of the reasons that the pilot is just getting started, is when the funding was passed last session, it was clear that the behavioral and educational system are very separate. We actually took the first year to work with schools, administrators, council of education leaders, school psychologists, universities that train and tried to pull in a group that included all plus the DPI. We developed a frame work that spoke to address issues before we asked for funding. We did not want to throw money out there and say hire someone. We have already engaged other schools. We said that whoever gets the grant, has to provide training and technical assistance to other schools. We are developing a sustainable pilot with tools that can be replicated and the school has said that they will come forward and train other schools.

We have worked closely with the REAs. They represent multiple schools. Rural and urban schools are different so we have to address that, too. **(19.58)**

**Senator Dever:** The people involved in the pilot are really committed and really good. As it is, there needs to be the same level of expertise.

**Pam:** There is a lot of feedback that this bill is slow. But slow is better than writing a grant every year.

**Senator Robinson:** We have a significant population in department of corrections. To what extend is department of corrections involved in their treatment? Are we in human services working together with them?

**Pam:** I have to say one of my closest partners is Dr. Peterson from Dept. of Corrections and Rehabilitation. We work on the free through recovery program. We talk about how to better have community based services for those leaving the institution. We need to better support families and the children, when parents are coming out of incarceration.

**Senator Mathern:** What I really appreciate is the greater attention the department places on outcomes. What kind of resources do you have to measure outcomes and is it sufficient? Who do you use as an independent body to measure?

**Pam:** We internally, do not have enough resources in order to meet the need of evaluating all t of our programs and using outcome based measures. This body had included this process that outcome measures must be reported to that. We appreciated that. Because we continue to take additional program we have seen an increase in work volume. We have less time to do the things to make sure we are moving in the right direction. We do have 7 contracts with the center for mental health at UND. We also contract with human services research institute. Whenever possible, we contract. we also sometimes need to contract with people who understand different payment models. However, we still have to have someone who talks to these peoples. Some people cannot reach us because we do not have the resources. Resources are an issue. **(24.21)**

**Senator Dever:** As nurses consider the future direction of their careers, do you have any recommendations for them in the behavioral health area?

**Pam:** Behavioral health is health. Until we start to actually treat people who are sick and recognize that behavioral health has an impact on physical health and vice versa. We will not move the needle. #1 learn about behavioral health, and integrated into curriculums and programs. There are huge opportunities for nurses and all in health care. Primary care is behavioral health. We need to do comprehensive care or we will never see a change. **(25.41)**

**Chairman Holmberg:** Who else wants to comment on 2028?

**Matthew McCleary:** testified in favor of SB 2028 and provided Attachment # 2, from Carlotta McCleary who represents the N.D. Federation of Families for Children's Mental Health, Mental Health of N.D.: He read her testimony. **(27.00-28.34)** Any questions?

**Jessica Thomasson, CEO for Lutheran Social Services of North Dakota: (29.13-33.25)** testified in favor of SB 2028 and provided Attachment # 3 which is a request for funding that supports behavioral health related prevention and early intervention services. **(32.31)** I have to say that I am very heartened and encouraged by the conversation I have heard here today. The line of questions is insightful. I recognized what we have found ourselves in the midst of. I often wonder, why are we watching so many bills? It is because of all the families and children that we serve. I hear that you see that as well. Any questions?

**Caroline Coppinger, (33.41)** testified in favor of SB 2028 and shared her experience with her younger brother having behavioral health issues and how this division of DHS is very instrumental in helping families and children cope with these issues. He was showing the signs in school. Teachers see things. There is lots of dysfunction out there. My parents were sent disciplinary notes home. I was found crying in school. Child support services and the police show up. She stated the priority should be the children and meeting their needs. She strongly supports this particular work that DHS does and asks the committee to consider this bill. Children should be a priority. **(36.10)**

**Emma Quinn: (36.32-37.46)** I live with bipolar disorder. Those signs started to show by the time I was a 12-year-old. By 13 I wanted to take my own life. Early prevention is extremely important. Putting it into schools, and getting it where we can head off the problem before it becomes the crisis is extremely important. I am a mother to an 11-year-old boy. He just entered middle school, and at a PTA meeting we were discussing about who to bring in. I brought up mental health, and the Vice Principle jumped out of her chair because that was a major issue to address at their school. They need people to come in and help with their mental health crisis. Our kids are experiencing anxiety and depression at record numbers. Parents Lead has been a great resource for me and it's the only program that my child really enjoys. It's been a great program for our family. Any questions?

**Gerry Teevens, Special Education Director, Department of Public Instruction:** testified in favor of SB 2028. I am here to offer support from DPI for SB 2028. We appreciate the partnership we have with you. I had an opportunity to listen to a presentation by the school staff who are involved in this school pilot, and their dedication to this is amazing. Without the additional funds to help them bring the community partners together to the school, it would have been more difficult. Again, it gets back to the dedication and passion of our professionals in our community and in our agencies. We offer support for this bill and hope that you'll give it strong consideration. Any questions? **(39.10)**

**Chairman Holmberg:** There are a number of cultural differences has already been mentioned between public schools and the human service areas that need to be bridged. I came from the school systems, and I know they are there. We have walls. **(39.26)**

**Gerry Teevens:** You are correct. And as Pam mentioned earlier, it has been a growing learning experience over the last couple years to understand the differences in our agencies and education and behavioral health. I really do feel excited about that we are getting closer to understanding each other.

**Chairman Holmberg:** Thank-you very much. Any more testimony? We will close the hearing on SB 2028.

# 2019 SENATE STANDING COMMITTEE MINUTES

**Appropriations Committee**  
Harvest Room, State Capitol

SB 2028  
2/14/2019  
JOB # 32820

Subcommittee  
 Conference Committee

Committee Clerk: Alice Delzer
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## **Explanation or reason for introduction of bill/resolution:**

A Subcommittee hearing during the hearing for DHS (SB 2012) concerning the Behavioral Health and Early Intervention bill listed above.(Do Not Pass.)

## **Minutes:**

No testimony submitted
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**Senator Dever:** opened the subcommittee hearing for SB 2028 during the subcommittee hearing for SB 2012. Senator Erbele and Senator Mathern were also present. Brady Larson, Legislative Council and Stephanie Gullickson, OMB were also present.

It is recorded on JOB # 32819 in the SB 2012 minutes recorded in the pm on 02-14-19 that Senator Mathern moved to take the amount of dollars in SB 2028 related to behavioral health and early intervention be moved into SB 2012. It was seconded by Senator Erbele. A Roll Call vote was taken. Yea: 3; Nay: 0; Absent: 0. It carried.

The new job listed above Job # 32820 (43 seconds) is the vote for a Do Not Pass on SB 2028.

**Senator Erbele Moved a Do Not Pass on SB 2028. 2<sup>nd</sup> by Senator Mathern.**

**Senator Dever:** We have a motion and a second on a Do Not Pass. I will ask the clerk to call the roll on a Do Not Pass recommendation on SB 2028.

**A Roll Call vote was taken. Yea: 3; Nay: 0; Absent:**

**Senator Dever:** closed the hearing on SB 2028.

# 2019 SENATE STANDING COMMITTEE MINUTES

**Appropriations Committee**  
Harvest Room, State Capitol

SB 2028  
2/15/2019  
JOB # 32827

- Subcommittee  
 Conference Committee

Committee Clerk: Alice Delzer
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## Explanation or reason for introduction of bill/resolution:

A Bill for DHS regarding Behavioral Health Prevention & Early Intervention Services (Do Not Pass).

## Minutes:

No testimony submitted
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**Chairman Holmberg:** Called the Committee to order on SB 2026. All committee members were present. Adam Mathiak, Legislative Council and Becky Deichert, OMB were also present.

**Chairman Holmberg:** We're following the model we did two years ago, when we had that duplicative series of bills, they were all Appropriation bills and the rules do not allow for that, but the rules are suspendable. So last time, what happened is we brought 25 bills up to the floor, the motion was Senator Klein moved to suspend Joint Rule 206 through the 17<sup>th</sup> legislative day, which motion prevailed, and then the second reading of Senate bills on the consent calendar for all 24 votes went as one vote and we were done. My understanding according to talking to John Bjornson this morning is we can in committee have a motion that we would list the bills that we are putting on the consent calendar for a Do Not Pass and then we would vote on that, one vote, and then they would go up on the consent calendar. If you recall, we also have two bills in there that had been signed and they had to do with the Attorney General's budget that the items were folded into the budget. So, before we do it we need to have someone from the committee move that we do a Do Not Pass and place these bills on the consent calendar, as these bills are now duplicative to SB 2012.

The list is as follows:

- SB 2026 - Do Not Pass – Improving Mental Health Services
- SB 2028 - Do Not Pass - Behavioral Health Prevention & Early Intervention Services
- SB 2029 - Do Not Pass – Implementation of Community Behavioral Health Program
- SB 2030 - Do Not Pass - Relating to State's Behavioral Health System
- SB 2031 - Do Not Pass - Targeted Case Management Services
- SB 2032 - Do Not Pass - Peer Support Specialist Certification
- SB 2168 - Do Not Pass - Adjustments to QSP Rates
- SB 2175 - Do Not Pass - Substance Use Disorder Treatment Voucher System
- SB 2298 - Do Not Pass - 1915(i) Medicaid State Plan Amendment for Children
- SB 2242 - Do Not Pass – Grants to children's advocacy centers.

**Chairman Holmberg:** Committee members you may think when the budget comes it is rich, but the bottom line is they are putting the entire issues regarding these bills on the same table. If someone would make the following motion that the Appropriations Committee put a Do Not Pass and place on the consent calendar.

**V. Chairman Wanzek: Moved a Do Not Pass and place on the consent calendar on the afore-mentioned bills. 2<sup>nd</sup> by V. Chairman Krebsbach.**

**Chairman Holmberg:** Call the roll on a Do Not Pass and place them on the consent calendar on the afore-mentioned bills.

**A Roll Call vote was taken. Yea: 14; Nay: 0; Absent: 0.**

**Chairman Holmberg:** I did talk to John in Legislative Council and if the front desk has a problem have them call up to Legislative Council and they will say it is fine. **I Will carry the consent calendar.**

**Senator Dever:** This will be on Monday but SB 2012 will be on Tuesday.

**Chairman Holmberg:** The only other thing with this is, keep in mind that any senator has the right to pull a bill off the consent calendar and have a debate on this. the two from the Attorney General are already on the consent calendar. This will just join them. I believe there are two more bills that you passed, SB 2106 and SB 2191, Let's hear about them. (These bills were assigned to new jobs.)

The hearing was closed.

Date: 2-14-19  
 Roll Call Vote #: 1

**2019 SENATE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2028**

Senate Appropriations 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 Erbele Seconded By Mathern

Senators	Yes	No	Senators	Yes	No
Senator Holmberg			Senator Mathern	✓	
Senator Krebsbach			Senator Grabinger		
Senator Wanzek			Senator Robinson		
Senator Erbele	✓				
Senator Poolman					
Senator Bekkedahl					
Senator G. Lee					
Senator Dever	✓				
Senator Sorvaag					
Senator Oehlke					
Senator Hogue					

Total (Yes) 3 No 0

Absent 0

Floor Assignment \_\_\_\_\_

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

Date: 2-15-2019

Roll Call Vote #: 1

**2019 SENATE STANDING COMMITTEE  
ROLL CALL VOTES  
BILL/RESOLUTION NO. 2028**

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: 2026, 2028, 2029, 2030, 2031, 2032  
2168, 2175, 2298, 2242

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 Wanzek Seconded By Krebsbach

Senators	Yes	No	Senators	Yes	No
Senator Holmberg	✓		Senator Mathern	✓	
Senator Krebsbach	✓		Senator Grabinger	✓	
Senator Wanzek	✓		Senator Robinson	✓	
Senator Erbele	✓				
Senator Poolman	✓				
Senator Bekkedahl	✓				
Senator G. Lee	✓				
Senator Dever	✓				
Senator Sorvaag	✓				
Senator Oehlke	✓				
Senator Hogue	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Holmberg

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

**REPORT OF STANDING COMMITTEE**

**SB 2028: Appropriations Committee (Sen. Holmberg, Chairman) recommends DO NOT PASS and BE PLACED ON THE CONSENT CALENDAR (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2028 was placed on the Tenth order on the calendar.**

**2019 TESTIMONY**

**SB 2028**

**TESTIMONY**  
**Senate Human Services Committee**  
**SB 2028**  
**January 15, 2019**  
**Senator Kathy Hogan**

Chairman Lee and members of the Senate Human Service Committee, my name is Kathy Hogan.

SB 2028 is the fourth of the interim human services behavioral health bills. This bill is related to Prevention and Early Intervention. During the interim, there was considerable discussion on how we may prevent or reduce the impact of mental health issues particularly for children and adolescents. Over the years, there has been demonstrated success in lowering substance use through prevention activities aimed at teens and parents. Despite demonstrated success, those funds were reduced in the 2017-2019 budget. The committee agreed that those funds should be restored and that these approaches could and should be applied to the many children's mental health issues.

Thank you, Madam Chair, I would be more than willing to answer any questions.

HSRI Goal 2

**Testimony**  
**Senate Bill 2028 - Department of Human Services**  
**Senate Human Services**  
**Senator Judy Lee, Chairman**

January 15, 2019

Chairman Lee and members of the Senate Human Services Committee, I am Pamela Sagness, Director of the Behavioral Health Division of the Department of Human Services (Department). I appear today to provide testimony in support of Senate Bill 2028.

Senate Bill 2028 provides an appropriation to the Department for the purpose of providing behavioral health prevention and early intervention services. In addition, it specifies that half of the allocation be utilized for prevention and early intervention efforts in mental health.

The Behavioral Health System Study published April of 2018 noted an overarching theme, that North Dakota's behavioral health system—like many others throughout the country—spends a majority of its resources on residential, inpatient, and other institution-based services with relatively fewer dollars invested in prevention and community-based services. Studies of primary prevention activities have documented benefit-per-dollar cost ratios as high as \$64 per each dollar invested. Failing to prevent and intervene represents a lost opportunity to avoid the enormous personal and societal costs associated with behavioral health conditions. The Behavioral Health System Study noted that stakeholders emphasized a need for more state investments in prevention given the potential return on investment for these strategies.

The Behavioral Health System Study also noted most of the current prevention activities in North Dakota are focused on substance use prevention, with fewer initiatives promoting social and emotional wellness and mental health-specific

prevention strategies. The 65th Legislative Assembly passed House Bill 1040 appropriating \$150,000 to the Department for the purpose of establishing a children's prevention and early intervention behavioral health services pilot project in the school system; including services to children suffering from the effects of behavioral health issues. Although focused on the entire continuum of care, this pilot project focuses on prevention and early intervention. This work is expected to broaden implementation of early intervention efforts in order to identify the "silent kids" in our school systems at risk of developing a behavioral health disorder. 2017 House Bill 1040 funding ends June 30, 2019.

The Behavioral Health Division oversees the state's substance abuse prevention system and administers funding to build community infrastructure surrounding the implementation of evidence-based prevention strategies. For the 2017-2019 biennium only \$100,000 of state general fund dollars were appropriated for primary prevention. This was a reduction from the previously appropriated \$360,000 during the 2015-2017 biennium for the state's Parent's Lead program which has shown positive outcomes.

In conclusion, preventing behavioral health problems before they occur offers the greatest return on investment because of its potential to head off the significant costs associated with behavioral health conditions over the lifetime.

This appropriation to the Department for behavioral health prevention and early intervention services has the potential to address Human Services Research Institute (HSRI) goals #2, 3, 5, 9, 10, 11, 12, and 13.

This concludes my testimony, and I am happy to answer any questions.

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## ABOUT

Parents Lead is an evidence-based prevention program that provides parents and caregivers with the support, tools and resources needed to best promote the behavioral health of their children.

Research continually shows healthy bonding and attachment between parent and child is a key factor in preventing behavioral health issues like substance abuse, depression, anxiety, and suicidal thoughts.



## Positive outcomes have resulted from exposure to Parents Lead in the four primary goals of the program

Of parents and caregivers exposed to Parents Lead who completed an online survey<sup>1</sup>:

### ONGOING CONVERSATIONS

**OUTCOME:**

Nearly 60% (57.5%) are having increased ongoing conversations about behavioral health.

### EFFECTIVE MONITORING

**OUTCOME:**

40.4% are being more careful about monitoring their children.

### POSITIVE ROLE-MODELING

**OUTCOME:**

Almost half (47.9%) are being more conscious of role-modeling around their children.

### SUPPORT AND ENGAGEMENT

**OUTCOME:**

Over 40% (41.5%) are spending more quality time with their children.

These outcomes have been achieved through community implementation, professional support, and comprehensive statewide communication.

The North Dakota Behavioral Health Systems Study 2018 recommends expansion of existing substance use prevention efforts, including restoration of funding for the Parents Lead program (Recommendation 2.2).

<sup>1</sup>BHD Parents Lead Parent Survey, 2018

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## Community Implementation

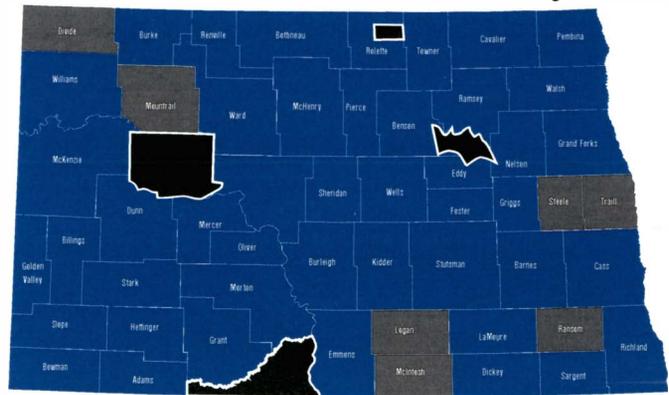
Parents Lead is being implemented locally in nearly every county across North Dakota<sup>2</sup>.

### Of local public health units and tribes implementing Parents Lead:

Nearly  $\frac{2}{3}$  (65.5%) are incorporating Parents Lead into already existing organizational programs.

Almost  $\frac{3}{4}$  (72.4%) are using Parents Lead to support professionals within their organizations.

69% are working directly with local schools.



<sup>2</sup>Map illustrates all local public health units and tribes funded by BHD who implement Parents Lead.

## Professional Support

Over 400 professionals are utilizing Parents Lead tools and resources through ongoing website engagement.

Ten local public schools were awarded a \$1,000 Parents Lead Mini grant to weave Parents Lead into schools during the 2017-2018 school year.

NDSU Extension is incorporating Parents Lead messages into parent programs, including those for incarcerated or divorcing parents.

## Statewide Communication

Between May 2018 and September 2018, Parents Lead enhanced marketing placement on digital communication resulting in widespread exposure to the program.

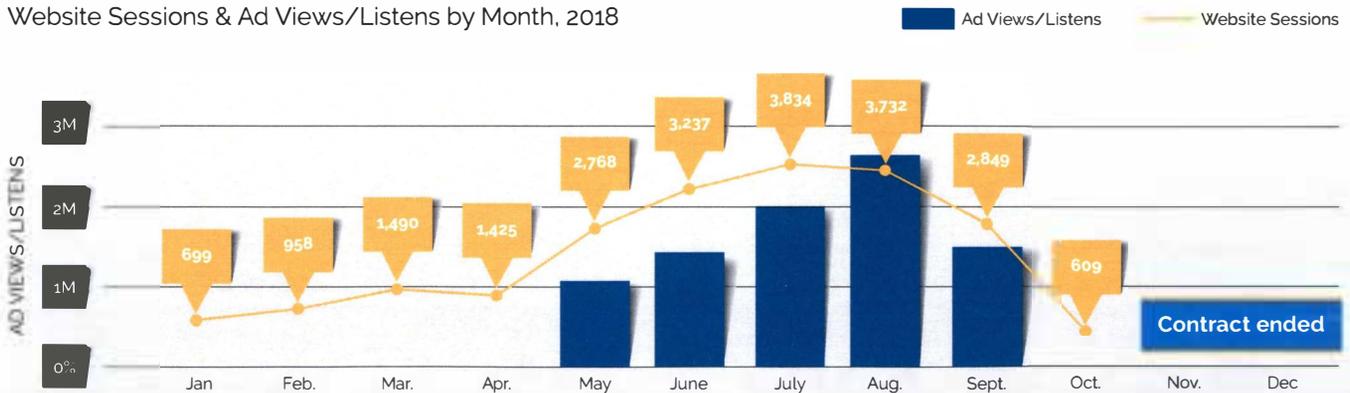
Parents Lead messages were seen or heard **8.7 million times**

Digital messages were clicked on **16.4 thousand times**

Video was viewed **1.2 million times**

Engagement with the Parents Lead website increased as a result of viewing or hearing Parents Lead messages.

Website Sessions & Ad Views/Listens by Month, 2018



## Parents Lead Funding Sources

- State General Funds: \$100,000 for 2017-2019 biennium
- Department of Transportation NHTSA grant: \$50,000 in 2017 and 2018
- SAMHSA Substance Abuse Prevention and Treatment Block Grant (SAPT BG): Prevention dollars up to \$200,000



# Substance Abuse Prevention:

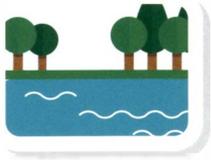
What it is,  
Why it Matters &  
What Works

There's an often-told parable about a person, fishing along the banks of a river. Suddenly, he sees a woman drowning in the water. The fisherman acts quickly, jumping into the water pulling her out to safety. Once ashore, he notices another person in the river in need of help. Again he reacts and jumps in to save this drowning victim. Before long, the river is filled with drowning people and the fisherman is struggling. After several hours, he is exhausted and defeated because he is unable to save everyone.

At that point, the fisherman makes the decision to walk upstream to determine why people are falling into the river in the first place. While walking upstream, the fisherman notices the bridge leading across the river has a large hole through which people are falling. He realizes that fixing the hole in the bridge will prevent many people from ever falling into the river in the first place. This is prevention.

## What is Prevention?

Prevention is going upstream to identify the cause of a problem.



- Prevention is a proactive approach; creating an environment that promotes the health and wellbeing of individuals and communities, which prevents problems before they occur.

## Why is it Important?

Fixing the bridge is effective and efficient.



- Prevention is cost-effective; saving \$10 for every \$1 invested (on average).
- Prevention improves the health of individuals, families and communities.
- Prevention decreases consequences and saves lives.

## How Does it Work?

Fixing the bridge requires following a set of principles and practices.



- Prevention is **rooted in science**, supported by decades of research.
- Prevention follows the **Public Health Model**, focusing on **population-level change**.
  - Some of the most effective prevention strategies are the least expensive. For example, changing a law is very inexpensive and can be very effective in supporting long-term behavior change.
- Prevention follows a **data-driven process** to assess, plan, implement and evaluate outcomes, also known as the Strategic Prevention Framework (SPF).
- Prevention focuses on **reducing risk factors, strengthening protective factors** and **building resiliency** of individuals, families and communities.
- Prevention is most effective when stakeholders and community members work together to take action, emphasizing **collaboration** and **community mobilization**.
- Prevention requires a **multi-faceted approach**, implementing a variety of evidence-based strategies working toward a common goal.
- Prevention must be **relevant to the community**, including local conditions and diverse demographics.
- Prevention is most effective when it impacts individuals **across the lifespan**.
- It **can take time** to see the results of prevention.
- Prevention is an important component of the continuum of care, which represents a **comprehensive approach to behavioral health**.

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**SENATE HUMAN SERVICES COMMITTEE**

**TESTIMONY IN SUPPORT OF SB2028  
“Prevention and Early Intervention Services”**

**Senator Lee and Committee Members.** My name is Jessica Thomasson, and I serve as CEO for Lutheran Social Services of North Dakota. I am here to support the request outlined in SB2028 for funding that supports behavioral health-related prevention and early intervention services.

**Prevention** efforts occur prior to a behavior, diagnosis, or crisis. They involve health-promoting activities that affect an entire population and often involve building protective factors and skills, increasing support, and reducing risk factors or stressors. **Early intervention** addresses a condition early in its manifestation, is relatively low intensity and short duration (usually less than one year) and has the goal of supporting well-being, avoiding the need for more extensive services. Prevention and Early Intervention programs are most often provided in places where services are not traditionally given, such as schools, community centers, and faith-based organizations.

As so much of our work at Lutheran Social Services has been in prevention and early intervention, we have spent a lot of time thinking about what it takes to be effective.

First, having a broad understanding of who can and should do the work is essential. This means finding ways to engage a wide range of people in prevention and early intervention work - from community behavioral health workers (home visitors, peer support specialists, facilitators, care coordinators) to credentialed therapists and counselors.

Second, and equally important is the commitment to delivering services where families and children are – in homes and in communities – because that is where you are most likely to

encounter people in a ready state. The best, most cost-effective place to stop crises from occurring is before they happen. As such, we must find ways to be present at these critical junctures in a person's journey – at these transition moments between times of stability and times of crisis. A few examples of what this can look like from our work.

We know that **in-home mental health supports**, like the work of home visiting for families of infants and toddlers, or like our family-focused diversion work for teens and pre-teens, can be some of the most impactful work we can do. Why? Because for people to live and be well, they have to develop skills to navigate their environment. Not the relatively safe, controlled environments that characterize treatment and therapeutic settings.

It is the most compelling reason for making sure as much work as possible in behavioral health is home and community based. The skills one learns in good, sound behavioral health treatment settings need to be honed and developed in real life settings, amidst the realities that trigger behaviors, breakdowns, and substance abuse.

**Restorative practices** (ex, re-integration circles, victim empathy seminars) are currently not considered part of the traditional behavioral health system. However, I offer this example because, our experience is that this type of focused, respectful relationship re-building is highly impactful and is in fact, foundational to healing and better wellbeing. Strong relationships and a sense of belonging and personal agency are protective factors that lead to greater personal and familial resilience. And resilience, if of course what we often think of as a “vaccine against adversity”.

In keeping with the principles noted above, delivery of restorative practices can happen just about anywhere, by a wide range of people (professional and paraprofessional, volunteer and paid). It is cost effective. And it makes a difference. But, without a systemic focus on prevention

and early intervention - without a tacit recognition of the value of healing past harm and of rebuilding broken relationships as being essential to a person's ultimate health and well-being - the work cannot and will not happen in any consistent fashion.

**Child Care Inclusion** is another area that doesn't always come to mind when people think about behavioral health prevention and early intervention efforts. But when you think about it more closely, the inclusion specialist is often the very first person that a family has an opportunity to interact with, who has specific training that can help them better understand and address their child's challenging behaviors. These "behaviors" are often some of the earliest signs of mental health needs that, if left unaddressed, will almost certainly manifest themselves later in school and other settings.

So what do these early interventionists do? They deliver direct support to child care providers when they find themselves caring for a child who is struggling to succeed in a child care setting due to "challenging" behaviors. They help the child care provider develop alternative approaches for use in the child care setting and help connect the family with resources that may allow them to get help for their child early -- before they face their first negative consequence (which is most often, expulsion from the child care setting).

The investment of resources contemplated in SB2028 can be part of making sure North Dakota has a behavioral health delivery system that values all components of the continuum, is broadly defined, rooted in communities, centered on families, and able to be delivered effectively across the state.

Thank you for the opportunity to speak to you today. I would be happy to answer any questions you have for me.

*Jessica Thomasson, CEO, Lutheran Social Services of North Dakota  
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**TESTIMONY**  
**Senate Appropriations Committee**  
**SB 2028**  
**January 23, 2019**  
**Senator Kathy Hogan**

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Kathy Hogan.

SB 2028 is the third of the interim human service's behavioral health bills. This bill is related to Prevention and Early Intervention. During the interim, there was considerable discussion on how we may prevent or reduce the impact of mental health issues particularly for children and adolescents. Over the years, there has been demonstrated success in lowering substance use through prevention activities aimed at teens and parents. Despite demonstrated success, those funds were reduced in the 2017-2019 budget. The committee agreed that those funds that were targeted at the Parent's Lead Program should be restored and that these approaches could and should be applied to the many children's mental health issues.

Thank you, Chairman Holmberg, I would be more than willing to answer any questions.

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**Testimony SB 2028  
Appropriations Committee  
Senator Ray Holmberg, Chairman  
January 23, 2019**

Chairman Holmberg and members of the committee, my name is Carlotta McCleary. I am the Executive Director of the ND Federation of Families for Children's Mental Health (NDFFCMH), which is a parent run organization that focuses on the needs of children and youth with emotional, behavioral, or mental health needs and their families. I am also the Executive Director for MHAND, whose mission is to promote mental health through education, advocacy, understanding, and access to quality care for all individuals.

Today we are here to speak in support of SB 2028. NDFFCMH and MHAND support a full and functional continuum of care for mental health service delivery. Half of Americans will meet the criteria for a diagnosable mental health condition sometime in their life, and half of those people will develop conditions by the age of 14. Children in North Dakota should not have to wait because they are not sick enough to receive access to care. Mental health is the only chronic health condition where we wait until Stage 4 to do anything about it. We know that the sooner we treat to the onset of symptoms of mental health that it lessens the severity of the disorder. Therefore, we support SB 2028 and we ask you to support it and let us do something before Stage 4.

Thank you for time. I would be happy to answer any questions that you may have.

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**SENATE APPROPRIATIONS COMMITTEE**

**TESTIMONY IN SUPPORT OF SB2028  
“Prevention and Early Intervention Services”**

*January 23, 2019*

**Senator Holmberg and Committee Members.** My name is Jessica Thomasson, and I serve as CEO for Lutheran Social Services of North Dakota. I am here to support the request outlined in SB2028 for funding that supports behavioral health-related prevention and early intervention services.

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First, having a *broad understanding of who can and should do the work* is essential. This means finding ways to engage a wide range of people in prevention and early intervention work - from community behavioral health workers (home visitors, peer support specialists, facilitators, care coordinators) to credentialed therapists and counselors.

Second, and equally important is the commitment to *delivering services where families and children are* - in homes and in communities - because that is where you are most likely to

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encounter people in a ready state. The best, most cost-effective place to stop crises from occurring is before they happen. As such, we must find ways to be present at these critical junctures in a person's journey – at these transition moments between times of stability and times of crisis.

**Child Care Inclusion** is an area of work that doesn't always come to mind when people think about behavioral health prevention and early intervention efforts. But when you think about it more closely, the inclusion specialist is often the very first person that a family has an opportunity to interact with, who has specific training that can help them better understand and address their child's challenging behaviors. These "behaviors" are often some of the earliest signs of mental health needs that, if left unaddressed, will almost certainly manifest themselves later in school and other settings.

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The investment of resources contemplated in SB2028 can be part of making sure North Dakota has a behavioral health delivery system that values all components of the continuum, is broadly defined, rooted in communities, centered on families, and able to be delivered effectively across the state. Thank you for the opportunity to speak to you today. I would be happy to answer any questions you have for me.

*Jessica Thomasson, CEO, Lutheran Social Services of North Dakota  
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