2023 SENATE HUMAN SERVICES

SB 2322

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2322
1/25/2023

Relating to the mental health and well-being advisory committee; to provide for a legislative management report; and to provide an appropriation.

10:02 AM **Madam Chair Lee** called the hearing to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics:

- Mental needs public and private
- Mental health partnerships
- Critical mental health crisis

10:03 AM **Senator Kathy Hogan District #21** Introduced SB 2322 testimony in favor #16412

10:04 AM **Patrick Traynor, Executive Director, North Dakota Medical Foundation** online testimony neutral #16655, #16656

10:31 AM **Madam Chair Lee** closed the hearing.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2322
2/1/2023

Relating to the mental health and well-being advisory committee; to provide for a legislative management report; and to provide an appropriation.

3:00 PM **Madam Chair Lee** called the committee to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics:

- Mental needs public and private
- Dollar match
- Implement rural and urban setting

Senator Lee asks for discussion

3:13 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2322
2/6/2023

Relating to the mental health and well-being advisory committee; to provide for a legislative management report; and to provide an appropriation.

9:49 AM **Madam Chair Lee** called the committee to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics:

- Healthy education programs
- Evidence based curriculum
- Parent education programming

Senator Lee asks for discussion.

Senator Hogan discussed the initiated education proposal and proposed an Amendment 23.1042.01001 #19268.

10:24 AM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2322
2/6/2023

Relating to the mental health and well-being advisory committee; to provide for a legislative management report; and to provide an appropriation.

11:03 AM **Madam Chair Lee** called the committee to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston, Hogan** are present.

Discussion Topics:

- Mental health promotion
- Grant program
- Flexibility in communities
- Coordinating body

Senator Lee asks for discussion.

11:00 AM **Pam Sagness, Executive Director, Behavioral Health Division, North Dakota Department of Health and Human Services provided** additional information verbally. #19299.

Additional Written Testimony:
Jim Vetter, in favor #19283

11:23 AM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

2023 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Lincoln Room, State Capitol

SB 2322
2/6/2023

Relating to the mental health and well-being advisory committee; to provide for a legislative management report; and to provide an appropriation.

4:03 PM **Madam Chair Lee** called the meeting to order. **Senators Lee, Cleary, Clemens, K. Roers, Weston** were present**. Senator Hogan** was absent.

Discussion Topics:

- Prevention initiatives
- Grants for Community and organizations
- Implementing technology
- Dollar amount

Senator Lee asked for discussion.

4:03 PM **Pam Sagness, Executive Director of Behavioral Health Division ND Department of Health and Human Services,** provided an updated amendment. #19379

Senator Cleary moved Amendment with strike out of – and to public foundations to develop or utilize existing curriculum to implement a safe technology use in page 2 line 23.

Senator Clemens seconded.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	AB
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion Passed 5-0-1.

Senator K. Roers moved to further AMEND. LC 23.1042.01002

Senator Cleary seconded.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	Y
Senator David A. Clemens	Y
Senator Kathy Hogan	AB
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 5-0-1.

Senator K. Roers moves DO PASS as Amended and REFERRED APPROPORATIONS.

Senator Lee seconded.

Roll call vote.

Senators	Vote
Senator Judy Lee	Y
Senator Sean Cleary	N
Senator David A. Clemens	Y
Senator Kathy Hogan	AB
Senator Kristin Roers	Y
Senator Kent Weston	Y

Motion passed 4-1-1.

Senator Lee carries SB 2322

4:28 PM **Madam Chair Lee** closed the meeting.

Patricia Lahr, Committee Clerk

23.1042.01002
Title.02000

Adopted by the Senate Human Services Committee

February 6, 2023

DK
1 of 1
2-6-2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2322

Page 1, line 1, remove "create and enact a new section to chapter 50-06 of the North Dakota"

Page 1, remove line 2

Page 1, line 3, remove "legislative management report; and to"

Page 1, line 3, after "appropriation" insert "to the department of health and human services for behavioral health primary prevention initiatives; and to provide an appropriation for a full time employee"

Page 1, remove lines 5 through 23

Page 2, remove lines 1 through 18

Page 2, line 20, replace "**MENTAL**" with "**BEHAVIORAL**"

Page 2, line 20, replace "**AND WELL-BEING**" with "**INITIATIVE GRANTS**"

Page 2, line 22, replace "$50,000,000" with "$5,000,000"

Page 2, line 23, remove "and implementing programming to address"

Page 2, remove line 24

Page 2, line 25, replace "advisory committee" with "to community organizations and public foundations for implementation of behavioral health primary prevention initiatives following an application process defined by the department"

Page 2, line 25, remove "A grant"

Page 2, remove line 26

Page 2, after line 27, insert:

"**SECTION 2. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - FULL-TIME EMPLOYEE.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, to the department of health and human services for the purpose of providing and managing behavioural health initiative grants under this Act, for the biennium beginning July 1, 2023, and ending June 30, 2025, as follows:

Salaries and wages	$219,368
Full-time equivalent position	1.00"

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2322: Human Services Committee (Sen. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (4 YEAS, 1 NAY, 1 ABSENT AND NOT VOTING). SB 2322 was placed on the Sixth order on the calendar. This bill does not affect workforce development.

Page 1, line 1, remove "create and enact a new section to chapter 50-06 of the North Dakota"

Page 1, remove line 2

Page 1, line 3, remove "legislative management report; and to"

Page 1, line 3, after "appropriation" insert "to the department of health and human services for behavioral health primary prevention initiatives; and to provide an appropriation for a full time employee"

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Page 2, after line 27, insert:

"**SECTION 2. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - FULL-TIME EMPLOYEE.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, to the department of health and human services for the purpose of providing and managing behavioural health initiative grants under this Act, for the biennium beginning July 1, 2023, and ending June 30, 2025, as follows:

Salaries and wages	$219,368
Full-time equivalent position	1.00"

Renumber accordingly

2023 SENATE APPROPRIATIONS

SB 2322

2023 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

2322
2/15/2023

A BILL for an Act to provide an appropriation to the department of health and human services for behavioral health primary prevention initiative grants.

11:51 AM Chairman Bekkedahl opened meeting. **Senators Bekkedahl, Krebsbach, Burckhard, Davison, Dever, Dwyer, Erbele, Kreun, Meyer, Roers, Schaible, Sorvaag, Vedaa, Wanzek, Rust, Mathern** are present.

Discussion Topics:

- Committee actions

11:57 AM Senator Dever moved **DO PASS**.

Senator Mathern seconded.

Roll call vote.

Senators	Vote
Senator Brad Bekkedahl	N
Senator Karen K. Krebsbach	N
Senator Randy A. Burckhard	N
Senator Kyle Davison	N
Senator Dick Dever	Y
Senator Michael Dwyer	N
Senator Robert Erbele	N
Senator Curt Kreun	N
Senator Tim Mathern	Y
Senator Scott Meyer	N
Senator Jim P. Roers	Y
Senator Donald Schaible	N
Senator Ronald Sorvaag	N
Senator Shawn Vedaa	N
Senator Terry M. Wanzek	N
Senator David Rust	N

Motion failed 3-13-0.

11:58 Senator Schaible moves **DO NOT PASS**.

Senator Vedaa seconded.

Roll call vote.

Senators	Vote
Senator Brad Bekkedahl	Y
Senator Karen K. Krebsbach	Y
Senator Randy A. Burckhard	Y
Senator Kyle Davison	Y
Senator Dick Dever	N
Senator Michael Dwyer	Y
Senator Robert Erbele	Y
Senator Curt Kreun	Y
Senator Tim Mathern	N
Senator Scott Meyer	Y
Senator Jim P. Roers	N
Senator Donald Schaible	Y
Senator Ronald Sorvaag	Y
Senator Shawn Vedaa	Y
Senator Terry M. Wanzek	Y

Motion Passed 13-3-0.

11:59 AM **Senator Davison** will carry.

12:00 PM **Senator Bekkedahl** closed the meeting.

Justin Boone on behalf of Kathleen Hall, Committee Clerk

REPORT OF STANDING COMMITTEE

SB 2322, as engrossed: Appropriations Committee (Sen. Bekkedahl, Chairman) recommends **DO NOT PASS** (13 YEAS, 3 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2322 was placed on the Eleventh order on the calendar. This bill does not affect workforce development.

TESTIMONY

SB 2322

Senate Human Services Committee
January 25, 2023
SB 2322
Senator Kathy Hogan

Chair Lee and members of the Senate Human Services Committee, my name is Kathy Hogan, and I represent District 21.

Senate bill 2322 is a concept bill to expand involvement and create innovative local efforts to respond to the critical mental health crisis across ND. This crisis invites us to consider ways to build public and private partnerships throughout the state's churches, businesses, schools, and neighborhoods to understand and address mental health needs.

This is a vision bill and over the last year, the Dakota Medical Foundation has been actively engaged in assessing the mental health needs and framing priorities. This bill is designed to be a platform to frame a privately facilitated process for systemic change.

Madam Chair, I am more than willing to answer any questions.

2022
An Overview of the DMF Wellness Survey

Mental, Physical, and Social Health in North Dakota and Northwest Minnesota

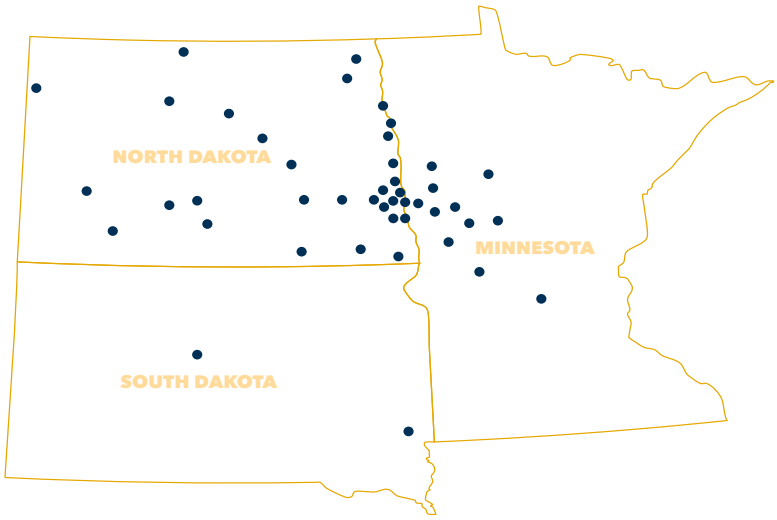
About the Survey

Guided by a group of providers, Dakota Medical Foundation distributes a survey to parents and service providers across North Dakota and Northwest Minnesota to help gauge the mental, physical, and social health of both children and adults in the region. It is distributed via legacy and social media, email, and personal asks and is completed by caring adults and professionals ranging from psychiatrists to licensed social workers to school principals, among many others.

This overview highlights some of the most noteworthy findings from the 2022 survey and provides some insights from survey-takers into the root causes of and potential solutions to the mental health epidemic affecting our region. This report is not designed to be scientific in nature, nor is its intent to replace or diminish the work of any other regional organizations doing research, data collection, or public health messaging. We view our role as a convener of those closest to these challenges, an aggregator of potential solutions, and an igniter of action.

Who Took the Survey

121 service providers and 195 parents



MENTAL HEALTH

83.4% of service providers surveyed felt the mental health of **YOUTH** in their community has **DECLINED** in the past 12 months.

76.1% of service providers surveyed felt the mental health of **ADULTS** in their community has **DECLINED** in the past 12 months.

STRESS

76.9% of service providers surveyed felt **YOUTH** in their community have **DECLINED** in their ability to cope with stress in the past 12 months.

67.7% of service providers surveyed felt **ADULTS** in their community have **DECLINED** in their ability to cope with stress in the past 12 months.

SUICIDE

70.2% of service providers surveyed felt the number of **YOUTH** in their community experiencing thoughts of self-harm or suicide has **INCREASED** in the past 12 months.

60.3% of service providers surveyed felt the number of **ADULTS** in their community experiencing thoughts of self-harm or suicide has I**NCREASED** in the past 12 months.

Presented by DMF Dakota Medical Foundation

Sponsored by MATTO

DEVICE AND SOCIAL MEDIA USE

80.2% of service providers surveyed felt **YOUTH** in their community have **DECLINED** in the healthy use of electronic devices and/or social media.

68.6% of service providers surveyed felt **ADULTS** in their community have **DECLINED** in the healthy use of electronic devices and/or social media.

SOCIAL INTERACTION

57.3% of service providers surveyed felt **YOUTH** in their community have **DECLINED** in getting enough face-to-face social interaction with peers in the past 12 months.

51.3% of service providers surveyed felt **ADULTS** in their community have **DECLINED** in getting enough face-to-face social interaction with peers in the past 12 months.

53.7% of service providers surveyed felt **YOUTH** in their community have **DECLINED** in getting enough face-to-face social interaction with caring adults in the past 12 months.

PARENT SURVEY*

Of parents surveyed, about **70%** felt there are **INADEQUATE SERVICES AND SUPPORT** in their community for **YOUTH AND ADULTS** experiencing mental and behavioral health challenges.

**Parent responses showed similar results as provider survey*

SUBSTANCE ABUSE

76.1% of service providers surveyed felt the number of **YOUTH** in their community using substances (nicotine, alcohol, cannabis, and other drugs not prescribed to them) has **INCREASED** in the past 12 months.

64.5% of service providers surveyed felt the number of **ADULTS** in their community using substances (nicotine, alcohol, cannabis, and other drugs not prescribed to them) has **INCREASED** in the past 12 months.

ACCESS TO CARE AND WORKFORCE

86.8% of service providers surveyed said **DEMAND** for mental and behavioral health services from their organization has **INCREASED** in the past 12 months.

75.2% of service providers surveyed said **WAIT TIMES** to receive mental and behavioral health services from their organization have **INCREASED** in the past 12 months.

90.1% of service providers surveyed felt there are **INADEQUATE SERVICES AND SUPPORT** in their community for **YOUTH** experiencing mental and behavioral health challenges.

80.2% of service providers surveyed felt there are **INADEQUATE SERVICES AND SUPPORT** in their community for **ADULTS** experiencing mental and behavioral health challenges.

PANEL DISCUSSION

On November 2, 2022, Dakota Medical Foundation held a mental health event and panel discussion, sponsored by Matto Foundation, centered around the findings of this survey. It served as a forum for panelists and community members to discuss the significant challenges identified among kids and families in our region and to identify promising solutions going forward.

PANEL TAKEAWAYS

- *More community-wide parent education*
- *More events to meaningfully connect people*
- *Consider retention strategies for providers, not just recruitment*
- *Develop education on healthy technology use*
- *Educators are not trained to be mental health providers*
- *Re-activate churches and community groups*

Panelists included (L to R): Dan Borsheim (Valley Christian Counseling Center), Kathy Hogan (ND Senate), Dr. Andrew McLean (UND School of Medicine & Health Sciences), Patti Senn (Soul Solutions Recovery Center), Judy Lee (ND Senate), and Pat Traynor (DMF).

Service Providers Survey

WHICH POSITIONS HAS YOUR ORGANIZATION HAD DIFFICULTY SECURING?*

**In no particular order*

1. Counselor
2. Para-educator
3. Support staff
4. Teacher
5. Special ed. counselor
6. Therapist (licensed and those working toward licensure)
7. Social worker
8. Volunteer
9. Substitute teacher
10. Childcare worker
11. Troop engagement specialist
12. Membership specialist
13. Mental health tech
14. Nurse
15. Licensed Clinical Social Worker (LCSW)
16. Medication management provider
17. Psychologist
18. Counselor
19. Case aide for drug court
20. Behavior interventionist
21. Case manager
22. Front desk/receptionist
23. Office coordinator
24. Intensive behavioral intervention provider
25. Early intensive developmental and behavioral interventionist
26. Children's therapeutic service support
27. School psychologist
28. Speech language pathologist
29. Behavioral health technician
30. Advanced clinical specialist

What are the **TOP CHALLENGES** currently facing your organization as it relates to providing mental and behavioral health services, including any barriers to accessing care?*

**This question was asked to ONLY service providers.*

Access to Care and Workforce

- Patient volume substantially increased
- Lack of providers/services available
- Administrative staff shortages
- All staff retention
- Recruitment barriers: Complexity of credentialing, licensing, reciprocity
- Provider burnout
- Excessive wait times
- Lack of telehealth options and deficiencies in delivery
- Lack of coordination of care
- Lack of mental health screenings
- Transportation/rural access to care
- Access to ER but very little follow up care available
- Stigma of seeking out services
- Cultural barriers (language)
- Restricted service hours
- Lack of substance use disorder (SUD) services
- Providers want flexible schedules

Funding and Reimbursement

- Insufficient reimbursement rates – private insurers
- Insufficient reimbursement rates – Medicaid
- Private practices not accepting Medicaid
- Unaffordability/lack of insurance coverage/high deductibles
- Insurance regulations
- Schools unable to bill Medicaid
- Mental health services reimbursement rates differ between insurance companies and states

Collaboration and Coordination of Care

- Schools aren't designed to be "therapy centers" & care coordinators
- Lack of information/awareness about where to refer people in need of help

In your opinion, what are the **ROOT CAUSES** of the declining mental health status of adults and kids?*

**This question was asked to both service providers and parents.*

Parents, Guardians, and Family Structure

- Unhealthy home environment
- Lack of parental involvement and engagement
- Parents' mental health struggles spill over to kids
- Parents not in a 'healthy state' to help their children get services needed
- Breakdown of the nuclear family - parents, guardians, family unit
- Busy parents not being able to give kids the time and energy they need
- Family systems are dissolving, natural support systems are no longer in place, whether it is at the family level, neighborhood level, or community level
- Cultural shift toward godlessness, lack of spirituality and faith in the home
- Untreated childhood trauma
- Not having a deep connection with community
- Decline in parental responsibility for their own kids
- Lack of learned coping mechanisms
- Attempting to fix adults instead of raise children up the adequate way

Device and Social Media Use

- Social media/device over-use
- Too much screen time = poor interpersonal communication & conflict resolution skills
- Bullying and the inability to escape it
- Lack of youth self-confidence
- Effect of pop culture and mass media (culture of disrespect)
- Overstimulation – too much to do and not enough hours in the day
- Isolating behaviors – lack of face-to-face interaction and connection, loneliness

Diet, Exercise, and Sleep

- Lack of proper nutrition, sleep, and exercise
- Not enough time spent in nature

Economy and State of the World

- Access to too much information they can't process appropriately
- Little agreement on reality/facts within mass media and about politics and culture
- Financial hardship, inflation, war
- Residual effects of COVID
- Free-floating anxiety caused by general state of the world
- Fear-based media coverage 24/7
- Significant increase in hard drug use

Community

- Reduced opportunities to participate in meaningful community activities
- Lack of discipline in school, courts, & home
- Lack of love for people
- Systems that enable instead of empowering adults to improve themselves and the lives of their families

Please identify some **POTENTIAL SOLUTIONS** to the challenges.*

**This question was asked to both service providers and parents.*

Device and Social Media Use

- Prioritize protecting kids on social media
- Limit screen time
- Remove phones from the schools and workplace meetings
- Reduce device use at home and school
- Create and distribute educational curriculum on the dangers of excessive social media and screen time to parents, churches, schools, businesses, etc.

Access to Care and Workforce

- Improve and redesign reimbursement system for mental healthcare
- Reimbursement for mental health care coordination and licensed behavior analysts
- Revamp ND mental health billing system to include children & adult case managers
- Consider reimbursement for in-school therapy services through Medicaid and private payers
- Build fundraising systems and capabilities for mental health providers
- Recruitment and retention grants for government & nonprofit providers
- Build long-term workforce pipeline strategy
- Training to help employees with early identification and resource availability for co-workers
- Scholarships/loan forgiveness for behavioral healthcare workforce
- Develop intermediary care between ER and out-of-home placement
- Transportation options for kids to attend therapy after school
- Consider innovative approaches and models to the delivery of mental health services
- Decreased COVID restriction requirements in healthcare field
- Train pastors and clergy to better handle front-end problems

Parents, Guardians, and Family Structure

- Earlier intervention at home by the parents
- Re-introduce concept of responsibility & duty to the family and one another via parenting classes
- Education on the dangers of social media and benefits of in-person social interactions
- More quality, present family time
- Adults setting healthy example of device use
- Making time for gratitude and reflection

Community

- Mentorship programs for youth and adults
- Work to connect people to purpose and meaning via volunteer and service opportunities
- Bring people together more regularly face-to-face
- Enlist churches and civic organizations to foster togetherness
- Normalize preventive mental health services

Diet, Exercise, and Sleep

- Create an environment to encourage increased physical activity and better diet
- Prioritize rest as being a necessity to a healthy life
- Consider less extracurricular involvement for overscheduled individuals

Schools

- Communities determining whether schools should be “therapy centers”
- More community partnerships with schools and mental healthcare providers
- Streamlined referral system within the schools
- Fund transportation for students in need to get to mental health services

2022 Mental Health Working Group

We would like to extend a special note of gratitude to the following service providers for their help throughout the year. They have guided our efforts every step of the way, from serving on our work group to crafting survey questions to helping distribute the survey across their networks. We are grateful for their service to our region.

Anne Carlsen Center
Catholic Charities North Dakota
Dakota Boys and Girls Ranch
Dakota Family Services
Essentia Health
Fraser Ltd.
Nexus-PATH
Prairie St. John's
Rape & Abuse Crisis Center
Red River Children's Advocacy Center
Sanford Ambulance
Sanford Health
Solutions Behavioral Healthcare Professionals
Soul Solutions Recovery Center
Southeast Human Service Center
St. Sophie's Psychiatric Center
The Village Family Service Center
UND School of Medicine and Health Sciences
Valley Christian Counseling Center

Working Draft 1/25/23

Dakota Medical Foundation's Behavioral Health Briefing

This briefing highlights and expands upon findings and recommendations from the 2022 DMF Wellness Survey along with studies and statistics from national databases that address five specific areas:

1. Preventing Behavioral Health Problems
2. Healthy Technology Use
3. Early Intervention
4. Treatment and Recovery
5. Workforce Development

I. Preventing Behavioral Health Problems

Good mental and behavioral health includes tending to our emotional, psychological, social, and spiritual well-being. When combined, behaviors like exercising, eating right, sleeping soundly, and having great relationships have been shown to profoundly affect how we think, feel, and act as we navigate life. These behaviors also help to determine how we handle stress, relate to others, and make choices. As a result, they are important at every stage of life, from childhood and adolescence through adulthood and aging.

Behaviors of Concern

- **Physical Activity:** Less than a quarter of Americans (22.9%) get the minimum amount of exercise recommended by federal guidelines. (1)
- **Nutrition and Weight:** 41.9 percent of adults are obese (2)
- **Alcohol Use:** One in six US adults binge drinks (consuming 5+ drinks at a time), with 25% doing so at least weekly. (3)
- **Sleep:** 70% of adults report that they obtain insufficient sleep at least one night a month, and 11% report insufficient sleep every night. (4)
- **Relationships:** The number of close friendships that Americans have has declined over the past several decades. In 1991, 63% reported having five or more close friends. In 2021, that number declined alarmingly to 38%. (5)
- **Worship:** In 2020, 47% of U.S. adults belonged to a church, synagogue, or mosque. This is down more than 20 percentage points (67%) from 2000. (6)

Why These Statistics Matters: To prevent a multitude of mental health concerns, research suggests that six specific behaviors must be addressed. These essential behaviors include:

1. Being physically active
2. Eating healthy
3. Limiting alcohol use
4. Getting sufficient sleep
5. Maintaining high-quality relationships
6. Participating in communities of faith

Consider the following:

- Research shows that **exercise** is an effective treatment for depression. In fact, for many people it works as well as antidepressants. (7)

- Studies have compared **whole-foods diets** (e.g., the Mediterranean diet) to a typical US diet and the results have shown that the risk of depression is 25% to 35% lower in those who eat more nutritious foods. (8)

- Depression and sleep problems are closely linked. People with insomnia, for example, may have a tenfold higher risk of developing depression than people who get a **good night's sleep**. And among people with depression, 75 percent have trouble falling asleep or staying asleep. (9)

- **Alcohol use** disorder and depression are two conditions that often occur together. What's more, alcohol use can cause or worsen symptoms of mood disorders. (10)

- **Good relationships** don't just protect our bodies; they protect our brains. In fact, the world's longest running study has identified that the single biggest predictor of a long and happy life is the quality of one's relationships. (11)

- Throughout the years, scholars have routinely documented an unwavering link between greater happiness, less anxiety, tranquility, and **faith** both at the aggregate and individual levels. (12)

Urgent State Prevention Related Developments:

- 25.5% of North Dakotan's reported doing **no physical activity or exercise** other than their regular job in the past 30 days. (13)

- North Dakota has the **11th highest adult obesity rate** in the entire U.S. at 33.9%. (14) obesity trends here

- Use of alcohol, tobacco, and illicit drugs exact a heavy toll on the lives and families of North Dakotans and the economy of the state. North Dakota has among the **highest rates** in the nation in recent **alcohol use and binge drinking**, regardless of age group. (15)

- **One third** of North Dakotan's report **not getting enough sleep** on a consistent basis. (16)

- In a 2022 survey of select North Dakota parents, some **33+%** reported both themselves and the youth in their home have **DECLINED in getting adequate exercise or physical activity in the past 12 months**. (18)

What Works?

Preventing depression, anxiety, and other mental health problems requires a multifaceted approach with efforts from policymakers, state and local government, health care, schools, childcare, employers, communities of faith, families, and individuals to ensure that the best choices are the easiest choices.

Specifically, there are four strategies recommended by nation experts that have strong evidence of effectiveness. These include:

1. School and Youth Programs

Well-designed physical education in schools has been shown to increase the level of moderate-and vigorous-intensity physical activity among young people. Proven strategies include physical education curricula that increase physical activity knowledge and skills among students, modify traditional games so that more students are active for longer periods of time, substitute less active games with more active ones, and train teachers how to develop and implement lesson plans that include activity. (17)

2. Community-Wide Campaigns

Community-wide campaigns are sustained, high-intensity efforts designed to reach large numbers of people from a wide range of groups based on social, economic, and other factors, including age, sex, race, and ethnicity. They seek to promote physical activity by combining several strategies, such as media coverage and promotions, risk factor screening and education, community events, and policy and environmental changes. Community-wide campaigns typically include general and targeted media outreach, contests, counseling, support groups, and programmatic offerings such as classes. (17)

3. Social Support

These strategies build support for social networks and friendships to help people start, maintain, or increase physical activity. They include group activities such as buddy systems and walking and activity clubs (e.g., hiking, cycling, trekking). For example, Walk with a Doc was formed by a doctor to encourage his patients to walk more by hosting walking sessions and serving as an active role model. It has since grown to over 500 chapters worldwide, including groups led by medical students. (17)

4. Individual Supports

Individual supports or individually adapted health behavior change strategies focus on the specific needs of individuals and are delivered to individuals or groups. They build on a long history of effective behavior change interventions and are important

complements to population-level strategies. They provide frequent feedback and various levels of reinforcement to help participants build skills, set goals, and solve problems. (17)

II. Promoting Healthy Technology Use

In our ever-changing world, the use of technology is continuously expanding. It now influences every area of our lives, from our ability to communicate with others to how we access information. Unfortunately, we have also seen a number of negative effects of technology on mental health as well. If we are to thrive in the coming years, it's essential that we interact with technology in the healthiest ways possible.

Access To Mobile Devices and Social Media

- **Access to Mobile Devices:**
  - In 2018, 97% of adults owned a cellphone of some kind. Remarkably, 95% of teens reported that they have their own mobile devices (or have access to one) with internet and online capabilities. (1)
- **Access to Social Media:**
  - 72% of adults use some type of social media. With respect to kids, 75% of teens report having at least one active social media profile, and 51% report visiting a social media site at least daily. (2)

Behaviors of Concern

- **Amount of Time Spent Online:**
  - In 2021, adults in the U.S. spent an average of 485 minutes (eight hours and five minutes) with digital media each day. **Teenagers (ages 13-18) use an average of nine hours of entertainment media per day** and tweens (ages 8-12) use an average of six hours a day (not including time spent using media for school or homework) (3)
  - What's more, according to Pew Research, 45% of teens reported in 2018 that they were online on a near-constant basis. This is compared to only 24% in 2015. (4)
  - Media use in tweens and teens has grown faster since the start of the pandemic than it has over the four years prior to the pandemic. (5)
  - Researchers have found that the "sweet spot" for daily technology use is between 2.5 and 3.5 hours. Above those levels, detrimental physical, emotional, and psychological effects are felt. (6)
  - In a **2022 survey** of select North Dakota's parents, 55.9% reported the youth in their home have **declined in the healthy use of electronic devices** and social media in the past 12 months. (14)

Why These Statistics Matters:

Over-reliance on technology use, social media, and dependence on mobile devices often lead to psychological and physical issues and can contribute to more serious health conditions, such as anxiety, depression, and self-harm. The overuse of technology has a more significant impact on developing children and teenagers.

Here some of the ways this happens:

- Connecting with people online is less emotionally fulfilling than connecting in person (leaving everyone feeling socially isolated—especially teens). (7)
- Being deluged by a tidal wave of "perfect people" photos makes people (especially teens and girls) view themselves negatively. (8)
- Spending more time online reduces the frequency of healthier pursuits that truly make people feel good (e.g., exercising, music, hobbies, etc.) (9)
- Increased utilization of electronic media leads to less restorative sleep—especially in kids. (10)
- Important patterns of concentration (e.g., work and studying) are significantly disrupted by repeated distractions—thus leading to poorer performance and increased anxiety (especially in kids). (11)
- More time spent online encourages people to eat less healthy, thus leading to a lack of mood stability. (12)
- Because people are fiercely social beings, social media can lead to intense rumination and anxiety with respect to FOMO—Fear of missing out. This is more pronounced in kids (13)
- Cyberbullying (which, unlike traditional bullying, can occur at any time, day, or night, and be perpetrated by anonymous sources) is particularly concerning in that it can lead to relentless anxiety and severe self-doubt.

What Works?

The most promising, effective, and urgent strategies for promoting healthy technology use are centered on enabling teachers, educating parents, and empowering teens:

1. Parenting Education

The skills that parents must possess include:

- Modeling good behavior
- Establishing ground rules
- Knowing how to implement parental controls (e.g., monitoring and blocking)
- Arranging homes and living areas for online safety
- Protecting vulnerable spaces (e.g., bedrooms, meals, etc.)

2. Teacher and Teen Education

The skills that teachers must know, and teens must possess include:

- Establishing safe passwords
- Using reporting tools to monitor who is following and friending
- Learning how to be good digital citizens (school-based curricula)
- Knowing how to maintain positive and healthy online relationships
- Knowing how to make friends and build relationships in person
- Reporting bullying and other dangerous encounters

III. Intervening Early on Behavioral Health Problems

Definition of Early Intervention: Early intervention is the process of providing specialized support to a person who is experiencing or demonstrating any of the early symptoms of mental illness—most notably suicidal tendencies.

Behaviors of Concern

- **U.S. Annual Suicide Attempts:** In the US, 1.2 million people attempt suicide each year (1)
- **U.S. Suicides:** 46,000 attempts are successful. It is now the 10th leading cause of death. (1)
- **Help Lines:** There are about 2 million calls each year to the National Suicide Prevention Lifeline. (2)
- **Warning Sign Detection:** The vast majority of the population have a woefully limited understanding of how to detect the warning signs for mental health problems or how to intervene if a friend or family member is showing signs of risk—especially suicide. (3)
- **The Average Wait Time to Access Behavioral Health Services:** The average wait time to access behavioral health services is about six weeks. But if the goal is to identify specialists, wait times can stretch into months and even years. (4)

Why These Statistics Matter

It is estimated that more than 94 million Americans have had to wait longer than one week for mental health services. For every one day of wait time, 1% of willing patients are lost. So if you have a 21-day wait, 21 percent of the patients seeking care will just give up and quit trying to see someone. (5)

This is of enormous concern because early intervention is not only critical for reducing the progress of a mental illness, but for improving a person's mental and physical health, community participation, and socioeconomic outcomes far into the future.

And because the first onset of mental illness is most often between the ages of 14-24, intervening early is particularly important for children and young people, for whom mental illness can have profound, long-term consequence and be quite costly.

Urgent National and State Early Intervention Related Developments:

- From 2019 to 2021, emergency department visits for suspected suicide attempts increased by 51% for girls and 4% for adolescent boys. (6)
- In 2021, the American Academy of Pediatrics declared a state of emergency regarding child and adolescent mental health and research has suggested significantly increased rates of successful youth suicides during the COVID-19 pandemic as compared with rates in 2019. (7)
- In a 2022 survey of select parents in North Dakota 31.8% reported that the mental health of the youth in their home has declined in the past 12 months. (9)
- In 2020, the suicide rate in North Dakota was 18.1 people per 100,000, compared to 13.5 people per 100,000 across the United States. In rural counties, the suicide rate is even higher.
- Nearly half of the state's population of about 780,000 lives in rural counties, where the suicide rate is 20.6 people per 100,000. (8)
- In a 2022 survey of North Dakota's behavioral health service providers, 80.2% reported there were inadequate services and support in their community for adults and youth experiencing mental and behavioral health challenges. (9)

What Works

There is emerging research that highlights promising best practices in early intervention.

1. Life skills training

Because most of the population cannot accurately identify the early warning signs of depression, suicide, or other anxiety disorders, it is vital to begin by educating parents, teachers, coaches, allied health professionals, physicians, law enforcement, youth leaders, and business professionals about the signs and symptoms of mental health concerns and, more importantly, how to take action.

2. Public Information Campaigns

In addition to targeted life skills training, raising the general public's awareness and understanding of various mental health concerns should also be a crucial part of the efforts to reduce the toll of mental health problems in North Dakota. These campaigns should utilize a broad variety of media with careful attention being place on the action that needs to be taken when encountering these issues.

3. Help Lines

Mental health struggles require support from others. While friends and family are integral, their strong emotional attachment and lack of training can cloud their advice and hinder their ability to sufficiently help in a moment of crisis. National mental health hotlines provide trained, unbiased volunteers and mental health professionals who offer empathy and defuse crisis situations.

Of particular note, evidence increasingly shows that preventing and intervening early for young people with mental health problems, especially depression and first onset psychosis, can dramatically improve immediate and long term outcomes.

4. Timely Referral

Each presenting individual should be afforded the opportunity to receive the appropriate assistance from qualified professionals. Unfortunately, we face a serious provider shortage and as a result, there are significant wait times to obtain needed treatment.

IV. Treating and Recovering From Behavioral Health Problems

Behavioral treatment and recovery services focus on whole-body, whole-person health. This means ensuring patients are provided readily-available, evidence-based behavioral health services so they can live a full and satisfying life.

Positive behavioral and mental health treatment allows people to work more productively, cope better with everyday stress, maintain a positive outlook, and engage in meaningful pursuits.

Behaviors of Concern

- **US Lifetime Prevalence:** More than 50% of Americans will be diagnosed with a mental illness or disorder at some point in their lifetime (1).
- **US Annual Prevalence:** 1 in 5 Americans will experience a mental illness in a given year (1).
- **US Adolescent Prevalence:** 1 in 5 children, either currently or at some point during their life, have had a seriously debilitating mental illness (1).
- **Extent of Concern:** 1 in 25 Americans now live with a serious mental illness, such as schizophrenia, bipolar disorder, or major depression (1).
- **Impact on Healthcare:** Estimates have been cited that as many as 60% of healthcare (patient-provider) encounters are related to mental health issues. (2)
- **North Dakota Prevalence:** The share of adults in North Dakota with any mental illness was 20.5% in 2018-2019, which was similar to the U.S. share (19.9%) (5)

Why These Statistics Matters:

Social Isolation: Poor mental health leads to problems such as social isolation, which disrupts a person's communication and interactions with others. This can have particularly harmful effects on children and adolescents whose development depends on forming bonds with their family members and peers. (3)

Educational Success: Evidence suggests that poor mental health affects people's educational success. In fact, the suspension/expulsion rate for students with emotional disturbances, for example, is 64 percent. (3)

Occupational Success: Mental health issues can also lead to struggles at work including poor concentration and absenteeism which in turn lead to job loss, loss of health insurance and a whole host of negative cascading events that follow. (3)

Substance Use: A clear relationship exists between mental health issues and substance misuse. Each can lead to the other. In fact, one in four people with a serious

mental illness also has a substance use disorder, according to the National Institute on Drug Abuse. (3)

Illness and Life Expectancy: Mental health issues influence the onset, development, and effects of physical illnesses. Research also indicates that mental illness could reduce life expectancy by 20 years. (3)

Urgent State and National Treatment and Recovery-Related Developments:

- Already, more than 150 million people live in federally designated mental health professional shortage areas. Within a few years, the country will be short between 14,280 and 31,109 psychiatrists. Psychologists, social workers, and others will be overextended as well. (4)
- Leading up to the pandemic, large shares of adults with mental illness did not receive care. In North Dakota, 61.1% (33,000) of adults with mild mental illness, 56.1% (18,000) of adults with moderate mental illness, and 19.7% (5,000) of adults with serious mental illness in the past year did not receive mental health treatment. (5)
- In a 2022 survey of service providers in North Dakota, 61.9% reported that the average **WAIT PERIOD** for a client to receive mental and behavioral health services (excluding ER services) from their organization was **ONE MONTH OR MORE**. (6)
- North Dakota currently ranks 50th out of 52 states (includes Washington, D.C., and national rate) for private insurance that covers mental or emotional problems for kids. (7)

What Works?

Evidence demonstrates that to successfully address mental health concerns in a statewide population, four major barriers will need to be addressed and/or removed. These include:

- Significantly expanding the mental health workforce.
- Increasing the number of certified treatment facilities who practice evidence-based protocols.
- Expanding private insurance and Medicaid assistance to cover the cost.
- Encouraging the development of new approaches to recovery and aftercare.

V. Developing North Dakota's Behavioral Health Workforce

The Importance of Workforce Development: Across the United States and especially North Dakota there is a profound shortage of behavioral health workers. These workers play an integral role in supporting those struggling with mental health conditions, a role that has become even more important in the wake of today's turbulent times.

Behavioral Health Providers Defined: The broadest definition of the behavioral health workforce includes not only providers of substance abuse and mental health services, but also providers who deliver behavioral health services in a supportive role in various settings. (1)

The Current Number of US Behavioral Health Providers: It is estimated there were approximately 776,445 US behavioral health providers in 2020. (2)

The Current Number of US Behavioral Health Providers Needed: It is estimated that the number of US behavioral health providers that will be needed in the US will 868,180. This an alarming 11% increase from today's numbers. (2)

The Need for Psychiatrists: It is estimated that the US will be short between 14,280 and 31,109 psychiatrists. With not enough of this specialty to go around, an additional burden will be placed on already overextended psychologists, social workers, and other allied health professionals. What's more, the gap between need and access for more behavioral health providers is far greater in rural areas. In fact, more than half of U.S. counties lack a single psychiatrist. (3)

Psychiatrists in North Dakota: As of 2018, North Dakota had 88 psychiatrists with a mean age of 51. This translates into 1.16 psychiatrists for every 10,000 residents. 84.1% of ND's psychiatrists work in urban areas. This means that 46 of ND's 53 counties have no psychiatrist within their geographical proximity. (7)

Urgent State and National Mental-Related Developments:

- In recent 2022 statewide survey of select behavioral health providers, respondents reported that one of the top challenges currently facing their organization was a severe lack of providers and services available. (8)

Why These Statistics Matter

With stats like these, it is apparent that an already strained mental health infrastructure is destined to collapse if no additional support is provided. Despite the exhaustive efforts of our mental health workers to expand their hours and caseloads, many

vulnerable people in ND communities will not have adequate access to the critical mental health services they need if things do not change.

What Works

Developing ND's Behavioral Health Workforce is vitally important to the future health of all the State's citizens. Specifically, there are four crucial areas that must be addressed.

1. Training and Recruiting More Behavioral Health Professionals

To meet North Dakota's behavioral health demand, more providers—especially psychiatrists—will need to trained and/or recruited. Strategies that will assist include: 1) expanding the existing Behavioral Health Loan Repayment Program which repays the student loans of those providers who establish their services in North Dakota and/or 2) providing significantly more residency training slots through ND's medical schools. (4, 5)

2. Building the Pipeline by Elevating the Value of Paraprofessionals Through Training, Support, and Recognition

Any development of the state's behavioral health workforce will need to establish a strong paraprofessional base by strengthening the process for entry into the workforce and developing avenues for advancement up the career ladder and recognition along the way. Paraprofessionals do not have a license in North Dakota and are unable to function independently. Instead, they work under the supervision of a licensed professional. North Dakota does not have a well-defined entry level or beginning to a career in the behavioral health field or established career ladders for advancement. (4)

3. Recruiting and Developing Peer Support Workers

Peer support workers are individuals with direct or indirect lived experience of a mental health condition, substance use disorder, or both, who provide non-clinical support to others undergoing the recovery process. They bring their personal knowledge of mental health conditions and substance use disorder and share experiential information to support people's progress towards recovery. Peer support workers play a critical role in helping to reduce hospitalizations and other high-cost services by helping those they support to stay engaged in the recovery process. Though they offer a high return on investment in behavioral health services, peer support workers are often stuck in low-wage roles with limited opportunity for career progression. To best leverage the power of peer support, it is critical to standardize and formalize the field of peer support and bolster career pathways. (5)

In a 2020 report, the Substance Abuse and Mental Health Services Administration (SAMHSA) projected the U.S. would need over 1.1 million peer support workers, with 70 percent focusing on mental health and 30 percent on substance use disorder to address rising behavioral health needs.

In stark contrast, an estimate of total certified peer support workers across the U.S. from April 2016 was estimated to be just over 23,500. (6)

4. Ensuring the Wellness of All Behavioral Health Providers

As the demand for behavioral health services becomes overwhelming in scale, and significant health concerns over mental health professional burnout reach an all-time high, it's urgently important that we recognize the pandemic's latent and lasting implications on mental health care workers in North Dakota.

This means providing world-class training and ongoing support for North Dakota's providers. Currently there is no single entity tasked with this responsibility.

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23.1042.01001
Title.

Prepared by the Legislative Council staff for
Senator Hogan
February 3, 2023

PROPOSED AMENDMENTS TO SENATE BILL NO. 2322

Page 1, line 1, remove "create and enact a new section to chapter 50-06 of the North Dakota"

Page 1, remove line 2

Page 1, line 3, remove "legislative management report; and to"

Page 1, line 3, after "appropriation" insert "to the department of health and human services for behavioral health primary prevention initiatives"

Page 1, remove lines 5 through 23

Page 2, remove lines 1 through 18

Page 2, line 20 replace "**MENTAL**" with "**BEHAVIORAL**"

Page 2, line 20, replace "**AND WELL BEING**" with "**INITIATIVES**"

Page 2, line 22, replace "$50,000,000" with "$10,000,000"

Page 2, line 23, remove "and implementing programming to address"

Page 2, remove line 24

Page 2, line 25, replace "advisory committee" with "to public foundations with demonstrated experience in leading statewide initiatives for planning and implementing behavioral health primary prevention initiatives, including parent education courses, healthy technology use education, development of primary prevention purpose curriculum and assessment, and annual statewide behavioral health summits"

Page 2, line 26, replace "ten percent" with "$1,500,000 of"

Page 2, line 26, replace "for any funding received" with "to receive a grant"

Page 2, line 27, after the period insert "The department of health and human services shall seek input from the behavioral health planning council and the behavioral health division of the department of health and human services regarding the selection of the public foundation recipients."

Renumber accordingly

North Dakota Behavioral Health Primary Prevention Initiatives and Metrics of Success

The Department of Human Services shall be granted authority to distribute this funding to a public foundation with demonstrated experience in distributing grants and leading statewide initiatives. The Department of Human Services will be directed by the Behavioral Health Council and Department of Health and Human Services, Director of Behavioral Health Services, or a designee.

Key metrics of success will be established for each initiative and be approved by the Behavioral Health Council and the Director of Behavioral Health Services. The funding recipient organization will report quarterly initiative progress to the Behavioral Health Council. This will be a one-time grant.

Initiative:

Parent Education Courses

Because a child's behavioral development is most dependent on the care they receive directly from their parents, parenting education courses will be developed and delivered across the state of North Dakota. These courses will expand upon Parents Lead, a credible resource for parents in North Dakota.

These courses will be delivered in a variety of formats including both face-to-face and online delivery systems. To sustain the initiative for years to come, a "Train-the-Trainer" model will be implemented across the state to identify, educate, empower, and support the very best and most talented instructors. These trainers could include adults from the following categories: community leaders, parents, teachers, law enforcement, service clubs, nonprofits, businesses, churches, healthcare providers, youth-serving organizations, and policymakers at the local and state level.

To ensure scientific-rigor as well as participant engagement, RFP's will be developed and widely-circulated to well qualified developers and implementers and will center on the most effective, evidenced-based characteristics of curriculum development that guarantee quality outcomes.

Metrics of Success

1. A comprehensive parenting course will be available in the public domain by the end of year one (In-person and online offerings)
2. 100+ trainers will be certified in the first two years
3. 2,000+ parents will complete the course in the first two years. (90+% of all course completers will rate the experience as excellent)

Metrics of Success

1. Comprehensive, multi-grade, healthy technology use courses will be developed and available in the public domain for widespread use across all schools and youth-service organizations in ND and a companion curriculum for parents by the end of year one
2. 100+ trainers will be certified by the end of year two
3. 2,000+ students and 1,000+ parents will complete the various courses by the end of year two (90+% of all course completers will rate the experience as excellent)

Budget: $3.5M (24 months)

Curriculum Development: $500,000
Videography/Design: $250,000
Marketing/Social Media: $250,000
FTEs: $1.2M (4 External FTEs + 1 Coordinator FTE + Benefits + Operating Expenses)
Travel/Event Costs: $800,000
Trainer Contracts/Stipends: $400,000
Website: $100,000

Initiative:

Develop Primary Prevention Purpose Curriculum and Assessment

Having a purpose in life is one of the most fundamental human needs. For most people, finding purpose in life is not obvious and nearly 60% of Americans regularly contemplate how they can find more meaning and purpose in their life.

In fact, having a purpose in life has been proven to help in overcoming stress, depression, anxiety, and other psychological challenges. A unique benefit of this "purposeful" approach is that it focuses on factors that support health and well-being, instead of only factors that cause disease. This asset-based approach is appropriate and effective for people of all ages, especially young people.

In light of this, a primary prevention course will be developed and designed to help all North Dakotans identify and live out their purpose.

To do this, every North Dakotan will be afforded the opportunity to:

1) Formally assess their primary purpose

2. Bring all key constituents together to learn, listen, dialogue, and facilitate the strengthening of community ties around behavioral health issues
3. Raise the collective awareness around vitally important behavioral health issues
4. Discuss and recommend cost effective strategies, tactics, practices, and resources that communities can leverage to address and prevent various mental health concerns among people of all ages.
5. Offer training from local and nationwide experts in behavioral health

When completed, these Summits will serve as a powerful catalyst to align leaders, develop solutions to problems, introduce new strategies, and fuel collaboration on behavioral health issues throughout ND communities.

Metrics of Success

1. A one day Behavioral Health Summit with be held in 5 - 8 different communities across ND by end of year two
2. Hundreds of providers, community leaders, and concerned citizens will attend in person each year
3. Dashboard of key behavioral health indicators/statistics will be maintained annually to compare year to year progress or lack thereof

Budget: $1M (24 months)

Events (Venue, Marketing, Speakers, Materials, Catering): $800,000
Event Coordination: $100,000
Travel/lodging: $100,000

DAKOTA™ BOYS AND GIRLS RANCH

1227 35th Street N. | Bismarck, ND 58501
701.224.1789 | 800.593.3098

February 1st, 2023

SB 2322

Dear Senator Lee,

I am Jim Vetter, Vice President of Treatment Services and Government Relations at Dakota Boys and Girls Ranch. I would like to express Dakota Boys and Girls Ranch's support of SB 2322 to aid with the critical mental health crisis in North Dakota. The Ranch is willing to help in any way we can to assist in this process. I believe this public/private partnership is what's needed to drive systemic change.

I do have a couple of comments on the bill. The membership part should spell out selection of private mental health providers. Private provider of children's mental health services, private provider of adult mental health services. There needs to be two or three private providers to make the public/private partnership work. They need to be truly private entities not just currently government granted privates.

10% matching funds for the grant would be a lot for a private provider. For instance, if the Ranch receives a million-dollar grant, we must then raise $100,000 in cash. An in-kind match may work better but would be challenging.

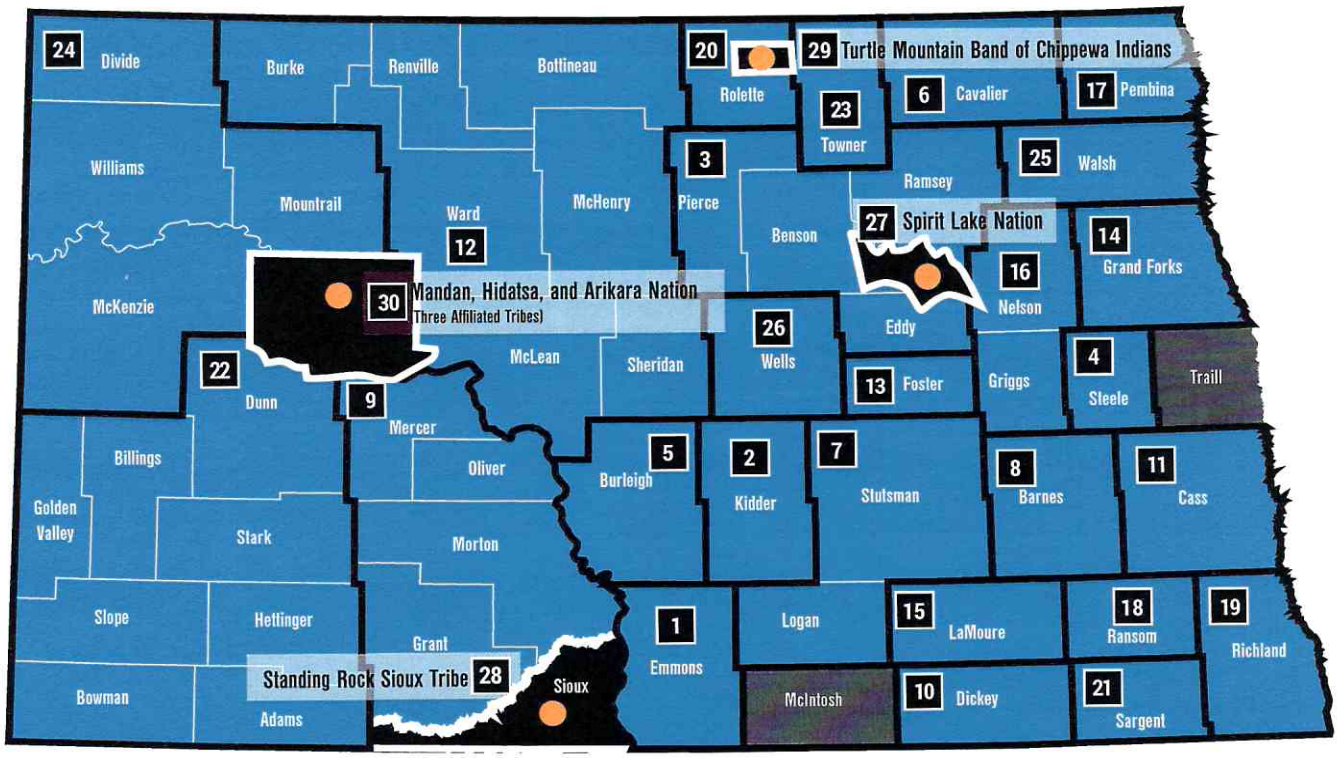
I would recommend the advisory committee be part of the grant awarding process. The DHHS standard RFP process restricts the granting practice. I would also recommend having someone from fiscal management, or perhaps the State Bank, review the RFP so that it is financially viable for the private provider within the terms of the grant.

Thank you for considering my comments. I greatly appreciate your service to all citizens of North Dakota.

The mission of Dakota Boys and Girls Ranch is to help at-risk children and their families succeed in the name of Christ.

Substance Use Prevention Community Funding Distribution

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES' BEHAVIORAL HEALTH DIVISION



Local Public Health Units

1. Emmons County *(Custer Health Collaborative)*
2. Kidder County *(Custer Health Collaborative)*
3. Lake Region District Health Unit
4. Steele County Public Health Department
5. Bismarck-Burleigh Public Health
6. Cavalier County Health District
7. Central Valley Health Unit
8. City-County Health Department
9. Custer Health
10. Dickey County Health District
11. Fargo-Cass Public Health Unit
12. First District Health Unit
13. Foster County Health Department
14. Grand Forks Public Health Unit
15. LaMoure County Public Health Department
16. Nelson-Griggs District Health Unit
17. Pembina County Health Department
18. Ransom County Public Health
19. Richland County Health Department
20. Rolette County Public Health Unit
21. Sargent County District Health Unit
22. Southwestern District Health Unit
23. Towner County Public
24. Upper Missouri District Health Unit
25. Walsh County Health Department
26. Wells County District Health Unit

Tribes

27. Spirit Lake Nation
28. Standing Rock Sioux Tribe
29. Turtle Mountain Band of Chippewa Indians
30. Manda, Hidatsa, and Arikara Nation (Three Affiliated Tribes)

BG **Substance Abuse Prevention and Treatment Block Grant**
Substance Abuse Prevention Community and Tribal Grants
Total award for October 1, 2022 - September 30, 2023 reporting period: $1,762,500
Priority: Prevention of underage drinking and adult binge drinking

SOR **State Opioid Response Grant (SOR) Community Implementation Grant**
Total SOR award for Federal Fiscal Year 2022: $4,000,000
Priority: Prevention, harm reduction, treatment, and recovery related to opioid and stimulant use and misuse

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NORTH Dakota Be Legendary. | Behavioral Health
HEALTH & HUMAN SERVICES

PROPOSED AMENDMENTS TO SENATE BILL NO. 2322

Page 1, line 1, remove "create and enact a new section to chapter 50-06 of the North Dakota"

Page 1, remove line 2

Page 1, line 3, remove "legislative management report; and to"

Page 1, line 3, after "appropriation" insert "to the department of health and human services for behavioral health primary prevention initiatives"

Page 1, remove lines 5 through 23

Page 1, remove lines 1 through 18

Page 2, line 20, replace "**MENTAL**" with "**BEHAVIORAL**"

Page 2, line 20, replace "**AND WELL BEING**" with "**INIATIVES**"

Page 2, line 22, replace "$50,000,000" with "$10,000,000"

Page 2, line 23, replace "and implementing programming to address" with "to community organizations and public foundations for implementation of behavioral health primary prevention initiatives and to public foundations to develop or utilize existing curriculum to implement a safe technology use, following an application process defined by the department"

Page 2, remove line 24

Page 2, line 25, remove "advisory committee"

Page 2, line 25, remove "A grant"

Page 2, remove line 26

Page 2, after line 27, insert:

"**SECTION 3. APPROPRIATION – FULL-TIME EQUIVALENT.** The funds provided in this section, or so much of the funds as may be necessary, are appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, to the department of health and human services for the purpose of providing and managing grants under this Act, for the biennium beginning July 1, 2023, and ending June 30, 2025, as follows:

Salaries and wages	$219,368
Full-time equivalent position	1.00"

Renumber accordingly