

STUDY OF BEHAVIORAL HEALTH NEEDS - BACKGROUND MEMORANDUM

Section 7 of 2015 Senate Bill No. 2048 ([Appendix A](#)) provides for a Legislative Management study of behavioral health needs. The study must include consideration of behavioral health needs of youth and adults and access, availability, and delivery of services. The study must include a review of services related to [autism spectrum disorder](#). The study must include input from stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, tribal government, and state and local agencies and institutions. The study must also include the monitoring and reviewing of strategies to improve behavioral health services implemented pursuant to legislation enacted by the 64th Legislative Assembly and other behavioral health-related recommendations presented to the 2013-14 interim Human Services Committee.

In addition to the behavioral health needs study, the Human Services Committee has also been assigned to the following items related to behavioral health needs for the 2015-16 interim:

- Receive a report from the Board of Addiction Counseling Examiners, Board of Counselor Examiners, North Dakota Board of Social Work Examiners, State Board of Psychologist Examiners, State Board of Medical Examiners, and North Dakota Marriage and Family Therapy Licensure Board regarding plans and any legislative changes necessary to implement those plans for administration and implementation of licensing and reciprocity standards for licensees (Section 1 of 2015 House Bill No. 1048 ([Appendix B](#))).
- Receive a report from the Board of Addiction Counseling Examiners regarding the status of the periodic evaluation of the initial licensure coursework requirements and clinical training requirements (Section 4 of 2015 House Bill No. 1049 ([Appendix C](#))).
- Receive a report from the Department of Human Services regarding its quarterly behavioral health services reports (Section 26 of 2015 Senate Bill No. 2012 ([Appendix D](#))).
- Receive a report from the Department of Human Services regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs (Section 4 of 2015 Senate Bill No. 2048 ([Appendix E](#))).
- Receive a report from the Department of Public Instruction regarding mental health training provided by school districts (Section 5 of 2015 Senate Bill No. 2048 ([Appendix F](#))).
- Receive a report from the Department of Human Services regarding the outcomes of the study of statutory references to mental health professionals to determine whether changes in the law may help to more fully utilize these professionals within their scope of practice, as it relates to the responsibilities of the department to provide services or license facilities together with any recommendations (Section 1 of 2015 Senate Bill No. 2049 ([Appendix G](#))).

BACKGROUND

Department of Human Services

The Department of Human Services provides behavioral health services through its Behavioral Health Services Division, the State Hospital, and the eight human service centers located throughout the state.

Behavioral Health Services Division

The Behavioral Health Services Division is responsible for overseeing a statewide network of substance abuse and mental health treatment, recovery support services, mental health promotion, and substance abuse prevention services. During the 2013-15 biennium, the division licensed 81 substance abuse treatment programs, 43 driving under the influence (DUI) education programs, 8 regional human service centers, and 6 psychiatric residential treatment facilities for children and adolescents.

State Hospital

The State Hospital, located in Jamestown, provides traditional and secure services to adult patients. Traditional services include short-term acute inpatient psychiatric and substance abuse treatment, intermediate psycho-social rehabilitation services, forensic services, and safety net services for the adult patients. Secure services include inpatient evaluation and treatment services for sexually dangerous individuals. The State Hospital utilizes 304 beds as follows:

- 105 beds for addiction services to 60 male and 30 female offenders at the Tompkins Rehabilitation and Corrections Center;

- 123 beds for acute inpatient and intermediate psycho-social rehabilitation services; and
- 76 beds in the secure services unit (sex offender program).

Human Service Centers

The Department of Human Services operates eight regional human service centers in Williston, Minot, Devils Lake, Grand Forks, Fargo, Jamestown, Bismarck, and Dickinson. The human service centers provide core services, including:

- Aging services;
- Developmental disabilities;
- Vocational rehabilitation;
- Child welfare services;
- Children's mental health;
- Serious mental illness (Extended Care Coordination);
- Acute clinical services;
- Substance abuse services;
- Low intensity sex offender treatment; and
- Crisis/emergency response services.

The human service center services are provided in public outpatient clinic settings, rural outreach centers, client homes, or other community settings. The human service centers served 19,617 clients in fiscal year 2014, a reduction of 513 clients from fiscal year 2013.

Department of Corrections and Rehabilitation

The Department of Corrections and Rehabilitation provides behavioral health services through its Division of Adult Services and Division of Juvenile Services.

Division of Adult Services

The Division of Adult Services treatment department provides for the development of personal growth and rehabilitation programs for inmates. Mental health programs are provided to assist inmates with mental health concerns through counseling, psychological services, and psychiatric services. In addition, the State Penitentiary is a licensed addiction treatment center which staffs licensed addiction counselors, licensed social workers, and paraprofessionals to assist inmates in overcoming addictions and personal problems.

Approximately 3 percent of inmates have been identified as particularly vulnerable adults due to cognitive impairment. The State Penitentiary has allocated eight beds to serve inmates with special mental health and vulnerability concerns who cannot reside in general housing. The James River Correctional Center has a 26-bed mental health unit that allocates additional staff resources to managing the behavior and treatment of offenders with serious mental illness, chronic suicidal tendencies, or vulnerability concerns who cannot reside in general housing.

Division of Juvenile Services

The Division of Juvenile Services includes the Youth Correctional Center and eight regional community-based services offices located throughout the state. The division provides comprehensive case management, treatment, and supervision programs for troubled adolescents. Treatment programs for juveniles include:

- Group counseling;
- Individual counseling;
- Substance abuse education;
- Cognitive-behavioral classes;
- Recovery and relapse prevention counseling;
- Grief/loss counseling;

- Victim impact programming;
- Security intervention (gang) classes;
- Physical fitness;
- Spirituality;
- Health; and
- Work.

Sixty-three percent of youth in the juvenile correctional system have mental health concerns, and 74 percent have a substance abuse diagnosis.

FUNDING

The 2015 Legislative Assembly provided funding as follows for programs and services relating to behavioral health needs:

	General Fund (In Millions)	Other Funds (In Millions)	Total (In Millions)
Department of Human Services			
Behavioral Health Services Division	\$9.2	\$11.0	\$20.2
State Hospital - Traditional services	50.0	21.5	71.5
Human service centers	117.4	81.3	198.7
Total Department of Human Services	\$176.6	\$113.8	\$290.4
Department of Corrections and Rehabilitation			
Division of Adult Services	\$8.6	\$0.0	\$8.6
Division of Juvenile Services	4.0	\$2.1	6.1
Total Department of Corrections and Rehabilitation	\$12.6	\$2.1	\$14.7

PREVIOUS LEGISLATIVE STUDIES

2009-10 Interim

Mental Health and Substance Abuse Treatment Services and Limitations

During the 2009-10 interim, the Health and Human Services Committee received information on mental health and substance abuse treatment services and limitations, which included the following:

- **Human Service Centers** - The committee learned the availability of services and providers varies across the state and each of the human service centers provides some direct services while contracting with private providers for other services. The human service centers budgeted \$97.8 million for mental health and substance abuse services for fiscal year 2009, of which \$26.5 million, or 27 percent, was for contracted services. During this time, 25,289 clients received mental health and substance abuse services at human service centers, of which 2,803, or 11.1 percent, of the total clients served were Native Americans.
- **Cost-Based Rates** - The committee received information regarding cost-based rates for services provided by staff at selected human service centers and the contract rate for similar services when the department contracts for the service in the same human service region. The committee learned the statewide rate and the contract rates are submitted to Medicaid for reimbursement. Contracted rates include all of the costs to operate the facility and provide the service while the human service center rate is computed statewide and is determined by dividing all of the costs the state incurs to provide that service, including designated staff and supervision, by the total units provided by the state. The committee learned Medicaid requires the state to charge a consistent rate based on cost. As a result, the department calculates a statewide rate rather than different regional rates. The committee learned the use of a statewide rate for human service centers service costs makes it difficult to compare to private providers rates for similar services.
- **Residential Bed Capacity** - The committee received a summary by region of mental health and substance abuse residential bed capacity, including the number of available crisis beds. During the 2009-10 interim, there were 445 residential mental health and substance abuse beds available statewide, including 78 flex beds, which were available for use as mental health crisis or substance abuse residential beds. In addition to the mental health and substance abuse residential bed capacity provided through the regional human service centers, the Behavioral Health Services Division contracted for 40 residential treatment substance abuse beds at the Robinson Recovery Center. The committee learned the Robinson Recovery Center reports annually to the division on the number of individuals referred and admitted and on measures relating to completion of treatment, employment, and housing. The committee learned the division

compares the center's outcomes to national trends. In addition, the committee received information regarding the Department of Human Services' mental health block grant outcome report, substance abuse prevention treatment block grant outcome report, and outcome information for youth who receive services. Key outcomes reported relate to arrests, levels of functioning, stable housing, employment, independence, school attendance, client perception of care, social support/social connectedness, and abstinence from alcohol and drugs.

- **Inpatient Psychiatric Services** - The committee received information regarding the challenges facing hospitals that provide inpatient psychiatric services and a summary of the specialty and acute hospitals that provide inpatient psychiatric services. The committee learned a North Dakota Hospital Association study of the behavioral health challenges facing hospitals identified funding of care, physician recruitment, access to the State Hospital, and telemedicine as challenges to be addressed. The committee learned hospitals that provide inpatient psychiatric services face funding challenges that have contributed to the closing of inpatient psychiatric units in Dickinson and Williston. The committee learned the closure of these two units has placed increased demands on other providers and has resulted in an inadequate level of service in the western part of the state.
- **Addiction Counselors** - The committee learned addiction counselors must be licensed by the Board of Addiction Counseling Examiners and received information regarding the requirements for licensure. The committee learned 334 addiction counselors were licensed in the state as of January 2010. At the time, the Board of Counselor Examiners offered three counseling licenses--licensed associate professional counselor, licensed professional counselor, and licensed professional clinical counselor. The committee received information regarding the requirements for each counseling licensure and learned 359 professional counselors were licensed in the state as of January 2010.

Department of Human Services Stakeholder Report

The committee received information on a Department of Human Services stakeholder report. The committee learned the report identified shortages of mental health professionals, inpatient bed capacity, and residential options and funding for peer support as major mental health and substance abuse services issues to be addressed by the department. The stakeholder report, which included feedback from the Department of Human Services' staff, legislators, representatives of private hospitals with behavioral health care services, and others identified the following recommendations:

- Develop a standard purchase of service agreement between the Department of Human Services and private hospitals;
- Establish one contracted rate for services (the Medicaid daily rate);
- Enhance available crisis and residential beds in the state to assure treatment at the appropriate level of care;
- Explore alternative models of crisis intervention and case management, particularly for afterhours services;
- Expand the use of telemedicine to increase client access; and
- Increase the role of higher education.

Implementation of a Voucher System

In addition to information provided on mental health and substance abuse treatment services and limitations, the 2009-10 interim Health and Human Services Committee received information regarding lessons learned from Round 1 of a 2004 federal Substance Abuse and Mental Health Services Administration Access to Recovery grant for which North Dakota applied but was not successful. Each state receiving the grant was asked to provide information regarding its experiences in operating a voucher model for providing substance abuse treatment services. Key lessons identified included:

1. Service provider base:
 - a. Treat outreach as marketing via communications. Outreach and communication is required to persuade providers to become part of the voucher network.
 - b. Adopt a systems perspective. There is no guarantee of business and reporting, documentation, reimbursement requirements, hands-on targeted training, and support are necessary.
 - c. Deliver targeted training.

2. Client base:
 - a. Implement client outreach.
 - b. Ensure informed client choice.
 - c. Define an appropriate client base.
 - d. Take advantage of existing structures.
3. Administrative systems and procedures:
 - a. Plan ahead. Voucher management is required to issue vouchers, manage claims, integrate procedures, reconcile outstanding vouchers, and monitor voucher activity.
 - b. Develop logical procedures.
 - c. Understand contextual issues.
 - d. Provide oversight.
4. Outcomes of treatment and recovery support systems:
 - a. Assess the outcomes of treatment and recovery support services.
 - b. Outreach and training are necessary to assure reporting requirements and data collection procedures are in place.

The committee learned private providers support the use of a voucher system for uninsured and underinsured North Dakota residents to access mental health and chemical dependency services. Human service centers often have waiting lists for services. The distance to human service centers may also be an impediment to individuals being able to access the services. In some regions of the state a voucher system may provide more options, but a lack of available providers may require travel to another region to use a voucher. The committee learned implementation of a voucher system would:

- Empower the patient by allowing the patient to choose the provider;
- Provide the opportunity to receive care closer to home;
- Improve the quality of care;
- Reduce strain on the state system;
- Allow the State Hospital to function as a long-term psychiatric facility;
- Offer patient access to a full continuum of care;
- Better match the level of care to the patient's psychiatric needs; and
- Improve public/private partnerships by increasing the network of resources available.

In addition, the committee learned under a voucher system:

- The state could set the price it will pay for a service and determine the desired outcomes;
- A contract, similar to contracts private providers have with insurance companies, could establish rates;
- Competition among providers for these services could control costs;
- Services must be documented as medically necessary;
- The regional human service centers could provide case management services, determine care needed for clients, and contract with private providers for the necessary services;
- Client choice would increase; and
- An increase in choice could result in an increase in access.

2009-10 Interim Committee Recommendations

The committee recommended House Bill No. 1032 directing the Department of Human Services to establish and operate a pilot voucher payment program to provide mental health and substance abuse services for the 2011-13 biennium. The department was to offer the mental health and substance abuse services pilot voucher payment program in three human service regions of the state; a primarily urban region where a variety of mental

health and substance abuse services are available but where access to services is limited, a primarily rural region where a variety of mental health and substance abuse services are not available, and a region including an Indian reservation where the demand for mental health and substance abuse services may exceed the capacity of existing mental health and substance abuse service providers. The committee also provided for a comprehensive review of the pilot voucher payment program and a report of the preliminary findings and recommendations to the Legislative Management prior to September 30, 2012.

2011 Legislative Action

The 62nd Legislative Assembly approved 2011 Senate Bill No. 2326, which required the Department of Human Services to establish and administer a pilot voucher payment program to provide substance abuse services for the 2011-13 biennium. The program was to consist of voucher use and private choice as a method of providing substance abuse services to beneficiaries, and to allow a voucher to be submitted to the beneficiary's provider of choice for payment of substance abuse services. The department was to develop service agreements with substance abuse service providers licensed and accredited by the state to offer services in exchange for vouchers, which could be presented to the department for payment as provided for in the agreement. The payment amount could not exceed the cost of the same service provided by the state. The program was to improve access to substance abuse services. The department was to apply for funding available through a federal Access to Recovery grant program available from the federal Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment. All money received by the department through the federal Access to Recovery grant for the pilot program was appropriated to the department for costs associated with the program. If the federal Access to Recovery grant funding was not available to the department, the department was not required to implement the pilot voucher payment program.

2011-12 Interim

Substance Abuse Services Pilot Voucher Payment Program Report

The 2011-12 interim Human Services Committee was assigned to receive a report from the Department of Human Services regarding the preliminary findings and recommendations from the department's comprehensive review of the substance abuse services pilot voucher payment program pursuant to Section 2 of 2011 Senate Bill No. 2326.

The committee learned the federal Substance Abuse and Mental Health Services Administration Center for Substance Abuse Treatment did not anticipate an Access to Recovery grant announcement for three years. As a result, the department did not implement the program but continued to monitor the grant's potential announcement.

2013-14 Interim

Substance Abuse Services Pilot Voucher Payment Program Report

The 2013-14 interim Human Services Committee learned the Department of Human Services did not receive a federal Access to Recovery grant during the 2011-13 biennium and, as a result, did not implement the program. In addition, the department did not receive funding from the Access to Recovery grant during the 2013-15 biennium.

The 64th Legislative Assembly did appropriate funding in 2015 Senate Bill No. 2048 of \$750,000 from the general fund, to the Department of Human Services to establish and administer a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs for the period beginning July 1, 2016 and ending June 30, 2017.

Behavioral Health Needs Study

In addition, during the 2013-14 interim, the Human Services committee was assigned a study of behavioral health needs pursuant to Section 1 of 2013 Senate Bill No. 2243. The study was to include consideration of behavioral health needs of youth and adults and consideration of access, availability, and delivery of services. The study was to include input from stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, tribal government, and state and local agencies and institutions. The committee directed the Legislative Council to issue a request for proposal for consulting services to assist with the study, which included the consultant providing information on specific tasks, including the following:

1. Identifying stakeholders of the behavioral health system.
2. Identifying the need for behavioral health services by geographic area of North Dakota.

3. Assessing the availability and adequacy of supports, services, and facilities to meet the need for behavioral health services in the state by:
 - a. Identifying the services, supports, and facilities available in the state by geographic area;
 - b. Identifying gaps in coverage;
 - c. Identifying differences in adequacy of access, availability, and delivery of services for youth with behavioral health needs and adults with behavioral health needs;
 - d. Assessing the availability of prevention and early intervention services for behavioral health in North Dakota;
 - e. Identifying areas of treatment needing improvement, taking into account new evidence-based practices leading to effective recovery; and
 - f. Assessing the impact of population changes in North Dakota on behavioral health service systems.
4. Assessing the availability of insurance coverage for behavioral health care in North Dakota.
5. Assessing the adequacy of communications between the public and private systems of behavioral health services.
6. Assessing the adequacy of integration of the physical health care and behavioral health care systems in North Dakota.
7. Developing a plan based on specific goals and objectives to improve behavioral health services in North Dakota.
8. Providing recommendations to implement the plan to improve behavioral health services in North Dakota. (Recommendations were to identify the entity responsible for implementing the recommendation, required legislative changes, and any estimated costs by funding source).

Consultant Report on the Study of Behavioral Health Needs

Ms. Renee Schulte, Schulte Consulting, LLC, presented the final report ([Appendix H](#)) of the behavioral health needs study to the committee. The committee learned representatives of Schulte Consulting, LLC, traveled to North Dakota 6 times over the course of 6 months and held over 35 meetings with various stakeholders. In addition, the committee learned biweekly conference calls were also held, and over 414 individuals participated in the calls. The final report identified the following six primary opportunities to better address behavioral health needs of youth and adults in North Dakota:

1. Service shortages.
 - a. Improve access to services.
 - (1) Increase use of telemedicine;
 - (2) Use critical access hospitals for behavioral health services;
 - (3) Create a bed management system;
 - (4) Utilize home- and community-based services waivers for mental health and substance abuse services; and
 - (5) Increase substance abuse services, including detoxification services.
 - b. Create conflict-free case management.
 - (1) Increase access to integrated dual disorder treatment statewide;
 - (2) Privatize case management to add choice; and
 - (3) Partner case management and care coordination with peer support.
 - c. Improve access to crisis assessment services.
 - (1) Increase after-hour services and create after-hour intake options;
 - (2) Increase mobile crisis services in urban areas after hours;
 - (3) Use telemedicine for crisis assessments; and
 - (4) Create e-psychiatry in the state.

2. Expand workforce.
 - a. Improve oversight for licensing issues and concerns.
 - (1) Create an oversight system for licensing boards utilizing the State Department of Health as the overseer;
 - (2) Expand the definition of behavioral health professional in North Dakota Century Code Section 25-03.2-01;
 - (3) Create reciprocity language to identify boards shall accept all professional licenses meeting international and national accreditation standards and the qualified state equivalent for each behavioral health license; and
 - (4) Ensure all educational requirements are available within the state, with a preference for online availability.
 - b. Increase use of lay persons in expanding treatment options.
 - (1) Increase use of peer support and recovery coaches;
 - (2) Increase training for law enforcement, emergency personnel, corrections staff, and teachers using mental health first aid and other training;
 - (3) Increase law enforcement in schools; and
 - (4) Increase educational opportunities for behavioral health providers.
3. Change insurance coverage.
 - a. Increase funding options for services for youth and adults.
 - (1) Reevaluate the essential health benefits package selected to identify unintended consequences;
 - (2) Determine if insurance coverage meets federal parity standards;
 - (3) Decide whether to maximize federal funding options or increase use of state and private funds to fill gaps;
 - (4) Determine what third-party payers should be covering; and
 - (5) Apply for a Medicaid waiver for the serious disabling mental illness population.
 - b. Increase behavioral health professional coverage in Medicaid and private insurance.
 - (1) Change Administrative Code to reimburse qualified behavioral health professionals; and
 - (2) Increase funding to assist behavioral health professionals in training.
4. Change the structure and responsibilities of the Department of Human Services.
 - a. Build transparency and choice in services.
 - (1) Create an independent appeal process for consumers;
 - (2) Standardize and distribute rules for uniform access to human service centers;
 - (3) Encourage hiring throughout the state rather than just in the human service centers;
 - (4) Increase oversight and accountability for contracts with an independent appeal process; and
 - (5) Create a list of all services provided only by the Department of Human Services.
 - b. Consider structural changes to the Department of Human Services.
 - (1) Change human service center responsibilities to oversight, regulatory functions, and program management at the State Hospital similar to the North Dakota developmental disability system;
 - (2) Improve coordination of care with a county service system for youth;
 - (3) If county and state behavioral health services are combined, create a regional governance system; and
 - (4) Improve legislative oversight of the human service center system.
5. Improve communication.

- a. Create an integrated system of care.
 - (1) Create integrated health services, including care coordination in Medicaid;
 - (2) Seek additional federal funding for visiting nurses programs for behavioral health for children to age 5; and
 - (3) Strengthen advocacy voices in North Dakota.
 - b. Improve record sharing.
 - (1) Review and streamline record sharing options for North Dakota;
 - (2) Change regulations to accept electronic releases and all other treatment documentation; and
 - (3) Streamline the application process for residential facilities.
 - c. Improve communication among mental health and substance abuse service providers.
 - (1) Establish an intra-agency council for coordination of services;
 - (2) Improve regional communication from the human service centers to all providers; and
 - (3) Standardize policies and procedures that foster better communication, including communication regarding job vacancies.
6. Expand data collection and research.
- a. Determine what providers are available within the state and map gaps.
 - (1) Create a provider registry; and
 - (2) Give the task of oversight of licensing boards to the State Department of Health.
 - b. Determine what services are available outside the human service center system for youth and adults.
 - (1) Create a repository for services using 2-1-1 and First Link; and
 - (2) Map current resource distribution outside the human service center system.
 - c. Use data to determine the best use of limited funding on treatment.
 - (1) Use universities or other current systems to build an outcomes-based system; and
 - (2) Create a list of "legacy" services and their cost to the state and consider reinvesting in evidence-based services.

Other Recommendations Included in Report

In addition, the Human Services Committee learned the consultant of the behavioral health needs study also recommended North Dakota further investigate and review transportation, judicial matters, definitions of services, tribal partnerships, and advocate training. The consultant provided the following recommendations:

- Increase funding for adult and youth substance abuse services, including detoxification services;
- Authorize use of telemedicine for crisis assessment and remove barriers for full utilization;
- Increase funding for equipment for critical access hospitals to create e-psychiatry;
- Create an oversight system for licensing boards utilizing the State Department of Health;
- Change the definition of behavioral health professional in Century Code to include all qualified professionals;
- Create reciprocity language for behavioral health professionals;
- Train law enforcement personnel as first responders using mental health first aid;
- Amend Century Code to reimburse all qualified behavioral health professionals;
- Create an independent appeals process for consumers of behavioral health services;
- Seek to maximize federal funding for visiting nurses and prevention programs for children to age 5;
- Change regulations to accept electronic documentation, including electronic releases of information;
- Assist First Link/2-1-1 in obtaining access to provider information;

- Partner with universities to build an outcomes-based data system;
- Create an interim committee to review the structure of the Department of Human Services and provide oversight for the current human service centers system, including defining core services to be provided throughout the system; and
- Create an interim committee to study judicial issues, including 24-hour hold, termination of parental rights, and court committals.

Behavioral Health Stakeholders Group

The Human Services Committee also learned individuals and agencies throughout the state had formed a Behavioral Health Stakeholders Group to meet and identify behavioral health needs in North Dakota. The group presented a report to the committee identifying recommendations to improve behavioral health services in the state, which included the following:

- Adopt the American Society of Addiction Medicine core services grids. Define human service center roles and move to a private and/or voucher system wherever possible.
- Expand Medicaid to licensed addiction agencies and others that are eligible for third-party reimbursements.
- Expand the behavioral health training model for first responders used in Cass County to the whole state and integrate the model into post-training standards.
- Establish four adult mental health assessment centers in the four largest communities in North Dakota. Train critical access hospitals to triage behavioral health issues, including access to telemedicine to mental health assessment centers.
- Assure the 2-1-1 program has access to all funded provider information, including for-profit providers. Assure that consumers are aware of services through 2-1-1 and the Substance Abuse and Mental Health Services Administration Director.
- Involve key behavioral health partners, including law enforcement, health care providers, and private partners, in one region to develop discharge planning protocols in that region, including the establishment of outcome measures. Fund the pilot project for one year.
- Support the Department of Human Services task force that addresses hearing timelines. Support changes in expert examiners, including the expansion of nurse practitioners as health care expert witnesses. Establish a mechanism so law enforcement can access information on individuals who may have been committed.
- Establish a children/adolescent assessment network or centers in each region of the state to incorporate attendant/shelter care. These services should include access through critical access hospitals using telemedicine.
- Evaluate outcome data on behavioral health screening tools done with Health Tracks and Healthy Steps and monitor referral patterns and unmet needs. Prepare recommendations to establish routine standardized screening using evidence-based practices throughout the state to routinely screen all 2, 3, and 4 year olds at primary care sites.
- Establish professional licensing board standards to allow:
 - One year of practice if licensed in another state;
 - A process for meeting North Dakota licensing standards during the one-year period;
 - Reciprocity of licenses between Montana, South Dakota, and Minnesota; and
 - A method for issuing licenses within 30 days.
- Expand the number of licensed addiction counselors by establishing a stipend program for licensed addiction counseling interns that would be forgiven if the licensed addiction counselor practices in the state for four years.
- Expand the number of licensed addiction counselor training slots by providing stipends for organizations that offer the training.
- Establish a student loan buydown program for licensed behavioral health clinical staff.

- Encourage private third-party payers to include coverage for couples and marriage and family therapy as part of behavioral health services and include all licensed mental health professional with established competencies in couples, relationship, and family therapy as eligible providers.

2013-15 Interim Committee Recommendations

The Human Services Committee recommended the following bills to the 64th Legislative Assembly:

- Senate Bill No. 2045 to provide an appropriation of \$2 million to the Department of Human Services for a voucher system for addiction treatment services.
- Senate Bill No. 2046 to create and enact a new section of Chapter 50-24.1 relating to medical assistance. The bill directs the Department of Human Services to adopt rules entitling licensed marriage and family therapists and licensed professional clinical counselors to payment for behavioral health services provided to recipients of medical assistance. The bill also directs the Department of Human Services to develop an outcome-based data system for behavioral health services, directs the Legislative Management to consider studying the structure and services of the Department of Human Services during the 2015-16 interim, and provides general fund appropriations of \$3 million to the Department of Human Services to expand adult and youth substance abuse services, including detoxification services, and \$25,000 to the Highway Patrol to provide mental health first aid training for state and local law enforcement personnel.
- House Bill No. 1048 to establish an oversight system and reciprocity language for behavioral health licensing boards. The bill also provides for licenses to be issued within 30 days of a qualified application.
- Senate Bill No. 2047 to amend Chapter 25-03.2 relating to residential treatment centers for children to expand the definition of qualified mental health professional to include psychologists, advanced registered nurse practitioners with a national certification in psychiatric mental health care, physician assistants with a mental health certification, psychiatrists, and individuals with certain masters degrees and at least two years of post-degree clinical experience.
- Senate Bill No. 2048 which appropriates \$6 million to the Department of Human Services to establish an adult and youth mental health assessment network, \$175,000 to the Department of Human Services to establish a pilot project to develop planning protocols for discharge or release of individuals with behavioral health issues, and \$50,000 to the Department of Public Instruction to provide mental health first aid training for teachers and child care providers. The bill also directs the Legislative Management to consider continuing the study of behavioral health needs of youth and adults and to consider studying mental health screening and assessment programs for children during the 2015-16 interim.
- House Bill No. 1049 to establish a licensed addiction counselor forgivable loan program and a mental health professional loan repayment assistance program. The bill also appropriates from the general fund \$180,000 to the State Board of Higher Education to administer a grant program to assist with the repayment of student loans incurred by behavioral health professionals, \$1 million to the Bank of North Dakota for an addiction counselor internship loan program revolving fund, and \$200,000 to the Department of Human Services to provide annual grants to private entities that provide clinical training experiences for individuals pursuing licensure as addiction counselors.
- Senate Bill No. 2049 to amend Chapter 25-03.1 relating to commitment procedures to expand the definition of mental health professional to include licensed marriage and family therapists. The bill also amends Chapter 32-03 relating to the judicial remedies of damages and compensatory relief to expand the definition of mental health personnel to include licensed marriage and family therapists.
- Senate Concurrent Resolution No. 4005 to direct the Legislative Management to consider studying judicial issues relating to behavioral health, including 24-hour hold, termination of parental rights, and court committals during the 2015-16 interim.

2015 Legislative Action

The 64th Legislative Assembly approved the following bills relating to behavioral health services:

- House Bill No. 1048, which relates to behavioral health licensure boards, requires behavioral health licensure boards to each develop a plan, in collaboration with the other boards, for the administration and implementation of licensing and reciprocity standards for licensees.
- House Bill No. 1049, which relates to addiction counselors, adds a new section to Chapter 43-45 relating to loans for certain behavioral health professions, amends Section 43-45-04 relating to duties of the Board of Addiction Counseling Examiners, provides legislative intent relating to statewide assessment of viable internship sites for addiction counselors program, and provides an appropriation of \$200,000 from the

student loan trust fund to the Bank of North Dakota for the addiction counselor internship loan program revolving fund.

- Senate Bill No. 2012:

Adds \$388,492 from the general fund for extended services for individuals with serious mental illness to add 35 additional slots.

Increases funding of \$302,109 from the general fund for traumatic brain injury prevocational skills training to increase from 2 to 4 hours the amount of time allocated each month for each of the 50 slots.

Increases funding of \$180,783 from the general fund for extended services for individuals with traumatic brain injury to add 35 additional slots.

Increases funding by \$237,500 from the general fund to provide total funding of \$2,303,920 for controlled substance treatment services.

Adds \$146,459 from the general fund to provide a statewide telemedicine residency program.

Adds \$130,000 from the general fund for the ND Cares Task Force which provides support for service members, veterans, families, and survivors.

Adds \$903,983 of which \$685,895 is from the general fund for a 10-bed crisis residential and transitional living unit in the north central region.

Adds \$283,500 from the general fund for a 4-bed unit alternative care services for west central region.

Adds \$250,000 from the general fund to provide Mobile-on-Call crisis services in the west central region.

Adds 11 FTE positions and funding of \$1,520,369 from other funds to increase the Tompkins program from a 90- to a 105-bed unit.

- Senate Bill No. 2046, which relates to behavioral health services, adds a new section to Chapter 50-24.1 to require the Department of Human Services to allow marriage and family therapists to enroll and be eligible for payment for behavioral health services provided to recipients of medical assistance.
- Senate Bill No. 2048, which relates to behavioral health services, adds a new section to Chapter 15.1-13 relating to teacher licensure requirements and a new section to Chapter 15.1-07 relating to mental health training provided by school districts. This bill also provides an appropriation of \$150,000 from the general fund to the Department of Human Services to facilitate behavioral health services authorized by the Legislative Assembly, and \$750,000 from the general fund to the Department of Human Services to establish and administer a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

PROPOSED STUDY PLAN

The following is a proposed study plan for the committee's consideration:

1. Receive information from the Department of Human Services regarding a behavioral health system of care, including consideration of behavioral health needs of youth and adults and access, availability, and delivery of services, in addition, receive information on public involvement with mental health and substance abuse treatment, and mental health and substance abuse services for children and adults.
2. Receive information from the Department of Corrections and Rehabilitation regarding a behavioral health system of care, including consideration of behavioral health needs of youth and adults and access, availability, and delivery of services, in addition, receive information on public involvement with mental health and substance abuse treatment, and mental health and substance abuse services for children and adults.
3. Receive testimony from stakeholders, including representatives of law enforcement, social and clinical service providers, education, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, tribal government, and state and local agencies and institutions.
4. Receive information from a national expert regarding a review of the state's legal obligations as they relate to behavioral health-related services provided by the state.
5. Receive information from the Department of Human Services regarding the review of strategies to improve behavioral health services implemented pursuant to legislation enacted by the 64th Legislative

Assembly and other behavioral health-related recommendations presented to the 2013-14 interim Human Services Committee.

6. Receive information from the Department of Corrections and Rehabilitation regarding the review of strategies to improve behavioral health services implemented pursuant to legislation enacted by the 64th Legislative Assembly and other behavioral health-related recommendations presented to the 2013-14 interim Human Services Committee.
7. Receive comments by interested persons regarding the study of behavioral health needs.
8. Develop recommendations and any bill drafts necessary to implement the recommendations.
9. Prepare a final report for submission to the Legislative Management.

ATTACH:8