

HISTORY OF BEHAVIORAL HEALTH SERVICES IN NORTH DAKOTA

This memorandum provides information of the state's history with behavioral health and includes a list of major behavioral health legislation approved by the Legislative Assembly.

HISTORY OF BEHAVIORAL HEALTH SERVICES - SUMMARY

Board of Trustees - State Hospital

Before North Dakota became a state, the Dakota Territory Legislative Assembly authorized a hospital for the insane to be located in Jamestown. In addition, the bill provided for a Board of Trustees to have general control and management of the hospital, and authorized each organized county in the territory to create a Board of Commissioners for the Insane. The board determined if a person should be admitted to the hospital in Jamestown. The hospital opened in Jamestown on May 1, 1885. Dr. O. Wellington Archibald, assistant surgeon in the United States Army stationed at Fort Abraham Lincoln, was appointed by the Board of Trustees as the first Superintendent of the hospital. The hospital admitted 176 patients during the first year it was opened, and by 1915 it served 942 patients.

When North Dakota became a state in 1889, it continued with a Board of Trustees having general control and management of the hospital and a Board of Commissioners for the Insane in each county.

In 1911 the Legislative Assembly created a Board of Control of State Institutions to assume management and control of charitable, reformatory, and penal institutions. In 1913 the board assumed management and control of the hospital.

Board of Administration

During the early 1900s, the most common treatments for mentally ill patients were occupational, hydro (water), and drug therapies. Very few medical doctors that were available during this period had training or experience with psychiatry. In 1915 Dr. John M. Gillette, sociologist, University of North Dakota, recommended several changes to the state's approach for mental illness, which included:

- Establishing district or county hospitals for the treatment of less severe mental problems;
- Improving methods of admission and commitment to provide for voluntary commitment and preventing a family from institutionalizing a member for little reason;
- Creating laws that require doctors to have training in psychiatry; and
- Creating laws that compel relatives to take some financial responsibility for the care of family members.

Dr. Gillette also said a program of prevention means a much greater portion of "insanity" will be either prevented or cured.

In 1919 the Legislative Assembly created the Board of Administration to assume general supervision and administration of all state penal, charitable, and educational institutions, including the state hospital, and general supervision of public schools.

Mental Health Authority Division of the State Department of Health

In 1961 the Legislative Assembly authorized establishing a Mental Health Authority Division within the State Department of Health. The functions of the new division included:

- Establishing cooperation between state and local departments, agencies, and other groups to provide services for programs of prevention of mental illness, mental retardation, and other psychiatric disabilities;
- Assisting with providing informational and educational services regarding mental health to the public and professional groups;
- Assisting with providing consultative services to schools, courts, and health and welfare agencies, both public and private;
- Assisting with providing outpatient diagnostic and treatment services; and
- Assisting with providing rehabilitation services for patients suffering from mental or emotional disorders, mental retardation, and other psychiatric conditions, particularly those who have received prior treatment in an inpatient facility.

In 1965 the Legislative Assembly transferred authority of administration and control of the State Hospital from the Board of Administration to the Mental Health and Retardation Division of the State Department of Health.

Department of Human Services

In 1981 the Legislative Assembly established the Department of Human Services, which included creating a Mental Health Division and regional human service centers. The Legislative Assembly also provided for the department to assume control of the State Hospital, the Mental Health and Retardation Division, and the Division of Alcoholism and Drug Abuse from the State Department of Health.

In 1987 the Legislative Assembly provided for the Department of Human Services to develop a plan for a continuum of services for chronically mentally ill individuals, which consisted of an array of services provided by private mental health professionals, private agencies, county social service agencies, human service centers, community-based residential care and treatment facilities, and private and public inpatient psychiatric hospitals.

In 1999 the United States Supreme Court's ruling in the *Olmstead v. L.C.* case ruled that unjustified institutional segregation of persons with disabilities is discrimination and a violation of Title II of the Americans with Disabilities Act. The court's ruling provided a mandate for states to review its system of care for persons with disabilities. As a result, the federal Health Care Financing Administration suggested states create a planning process to address the *Olmstead* decision. In 2000 the Department of Human Services created a workgroup to review the *Olmstead* decision and make recommendations on further action.

During the 2013-14 interim, the interim Human Services Committee was assigned to study behavioral health needs, including behavioral health needs of youth and adults, and access, availability, and delivery of services. The committee contracted with a consultant to assist the committee with the study. The consultant's final report identified six primary opportunities to better address behavioral health needs of youth and adults in North Dakota. The six areas included addressing service shortages, expanding workforce, changing insurance coverage, changing the structure and responsibilities of the Department of Human Services, improving communication, and expanding data collection and research. In addition, the consultant recommended further investigating and reviewing transportation, judicial matters, definitions of services, tribal partnerships, and advocate training.

In 2015 the Legislative Assembly provided for continuing the study of behavioral health needs.

MAJOR BEHAVIORAL HEALTH LEGISLATION

The following is a list of major bills approved by the Legislative Assembly relating to behavioral health:

Legislation	Department/Board
Territorial Law (T.L.) Ch. 23 (1879) - Dakota Territory Legislative Assembly	<p>Board of Trustees - State Hospital</p> <p>Provided for establishing the Dakota Hospital for the Insane near Yankton, Dakota. The hospital was under the charge of a board of trustees, which included three residents of the territory, appointed by the Governor, for two-year terms. In addition, the bill provided for each organized county of the territory to establish a Board of Commissioners, which consisted of three members. The three members included the judge of probate as the chairman, a practicing physician, and a practicing attorney.</p>
T.L. Ch. 7 (1883) - Dakota Territory Legislative Assembly	<p>Provided for authorizing issuance of \$50,000 of bonds to construct a hospital for the "insane" at or near the city of Jamestown, Dakota. The bill provided for the transfer of patients from the Dakota Hospital in Yankton to the North Dakota Hospital in Jamestown as soon as the North Dakota Hospital was ready for the reception and care of patients. The bill required the Board of Commissioners of each county north of the 46th parallel to begin transacting with the North Dakota Hospital in Jamestown instead of the Dakota Hospital in Yankton.</p>
T.L. Ch. 62 (1887) - Dakota Territory Legislative Assembly	<p>Provided for authorizing the issuance of \$153,000 of additional bonds for additional buildings and improvements at the North Dakota Hospital. Additional buildings included a ward building, a chapel, an amusement hall, storage, an ice and refrigerator house, a barn, a boiler, a coal house, a kitchen and bakery, heating and lightning, furnishings, painting, fire protection, water pipes, and hydrants.</p>
Senate Bill No. 198 (1891) - North Dakota Legislative Assembly	<p>Provided for amending legislation to authorize the Board of Trustees to have general control and management of the State Hospital for the Insane, which included creating bylaws, rules and regulations, and appointing a superintendent.</p>
House Bill No. 172 (1897)	<p>Provided that all patients who were admitted to the State Hospital for the Insane and were residents of the state, were allowed to receive free board and treatment, unless the Board</p>

Legislation	Department/Board
House Bill No. 205 (1907)	of Commissioner's from the county in which the patient resided, determined the patient could pay for board and treatment without hardship to his family. In addition, the bill gave the commissioners authority to collect funds from a patient's estate. Any funds collected would be deposited with the state treasury and credited into a fund for the institution.
House Bill No. 205 (1907)	Provided for admission of nonresident patients to the State Hospital for the Insane and required nonresident patients to pay for the actual cost of care and treatment. In addition, the bill required each county in the state to pay for the care, board, and treatment of any patients from its county. In addition, counties were allowed to retain any funds collected from a patient's estate.
House Bill No. 271 (1911)	<p>Board of Control of State Institutions</p> Repealed the Board of Trustees. In addition, the bill created the State Board of Control of State Institutions, and authorized the board to have management and control of charitable, reformatory, and penal institutions in the state.
House Bill No. 357 (1913)	Provided for the Board of Control to administer and control the State Hospital for the Insane.
Senate Bill No. 12 (1915)	Provided, by concurrent resolution, amending the Constitution of North Dakota to include another hospital for the insane as a use of any unspecified portion of land that was offered by the United States government for the purpose of providing facilities that were to be used for either educational, charitable, or institutional purposes.
Senate Bill No. 90 (1917)	Provided an amendment to the Constitution of North Dakota to authorize locating an asylum for the insane in Rugby, North Dakota.
Senate Bill No. 134 (1919)	<p>Board of Administration</p> Created the Board of Administration, and authorized the board to have general supervision and administration of all state penal, charitable, and educational institutions, and general supervision of public schools. In addition, the board was to consist of five members, and was authorized to assume all powers and duties of the State Board of Education, State Board of Regents, and the State Board of Control.
Senate Bill No. 167 (1931)	Provided for the State Board of Administration to investigate proposed sites suitable for an "insane" hospital near Rugby, North Dakota or in Pierce County.
Senate Bill No. 287 (1933)	Authorized a court to take proper steps to have a defendant committed to the State Hospital for the Insane for treatment, if through a mental deficiency, the patient was not able to understand proceedings or assist in his defense.
House Bill No. 108 (1937)	Provided for the amount of expense incurred by a county or the state, for treatment and maintenance of a patient at the State Hospital for the Insane to be charged against the estate of that patient, providing that the patient had no heir within the United States that was dependent on support from the estate.
Senate Bill No. 155 (1941)	Transferred \$500,000 from the Bank of North Dakota to the Board of Administration for maintenance at institutions, due to inadequate collections for the County Care and Institutional Collection Funds.
Senate Bill No. 63 (1945)	Provided for the Board of Administration to assume general supervision of the State Hospital for the Insane, State School, State Sanatorium, Blind Asylum, and School for the Deaf. In addition, the bill authorized the board to make all bylaws, rules, and regulations; to admit persons; and to authorize parole and discharge of persons.
Senate Bill No. 67 (1945)	Provided for the superintendent of the State Hospital for the Insane to recover monthly costs from the federal Veterans' Administration for expenses incurred for a patient that was a veteran.
House Bill No. 52 (1947)	Established a State Department of Health and a Health Council, for providing licensure of medical hospitals and related institutions, prescribing qualifications and procedures and providing inspections and regulations. In addition, authorized the new department to apply for and receive federal funds for the use of constructing, equipping, and the maintenance of medical hospitals and related institutions.
House Bill No. 166 (1949)	Provided for the superintendent of the State Hospital for the Insane to be a graduate of a reputable medical school, and required to be a knowledgeable and skilled physician that

Legislation	Department/Board
	was responsible for appointing an assistant superintendent, and one or more assistant physicians that were required to live on the grounds at the hospital.
House Bill No. 600 (1951)	Renamed the State Hospital for the Insane in Jamestown to the "State Hospital."
House Bill No. 843 (1953)	Provided for voluntary admission to the State Hospital for any individual over 16 years old, or an individual 16 years old or younger if a parent or legal guardian applied on the individual's behalf. The bill also provided that prior to admission, an individual, or the individual's parents or legal guardian, must agree to pay all such hospital expenses incurred for treatment and maintenance.
House Bill No. 536 (1957)	Provided for amending sections relating to the admission, transportation, care, treatment, and discharge of patients at the State Hospital; powers and duties of the county mental health board; the administration of the State Hospital; and the care, treatment, and rights of epileptic persons. In addition, repealed North Dakota Century Code Section 25-02-05.1 relating to the treatment of alcoholics and mentally ill.
Senate Bill No. 51 (1961)	<p>Mental Health Authority Division of the State Department of Health</p> <p>Provided for creating Chapter 25-09 relating to the collection of expenses incurred by the state for care and treatment of patients at institutions.</p> <ul style="list-style-type: none"> • Chapter 25-09 was repealed in 1985
Senate Bill No. 208 (1961)	<p>Established a Mental Health Authority Division within the State Department of Health, under the direction and supervision of a certified psychiatrist, appointed by the State Health Officer, and with approval of the State Health Council. The bill provided for the Mental Health Division to perform the following functions:</p> <ul style="list-style-type: none"> • Cooperate in providing services to state and local departments and agencies and other groups for programs of prevention of mental illness, mental retardation, and other psychiatric disabilities; • Assist in providing informational and educational services regarding mental health to the public, and lay and professional groups; • Assist in providing consultative services to schools, courts, and health and welfare agencies, both public and private; • Assist in providing outpatient diagnostic and treatment services; and • Assist in providing rehabilitation services for patients suffering from mental or emotional disorders, mental retardation, and other psychiatric conditions, particularly those who have received prior treatment in an inpatient facility. <p>In addition, the bill transferred administration of the children's psychiatric outpatient clinic from the Board of Administration to the State Mental Health Authority, and created a Mental Health Coordinating Committee. The committee members included the State Health Officer as chairman, the Superintendent of Public Instruction, the Executive Director of the State Welfare Board, and the Chairman of the Board of Administration. The purpose of the committee was to review, evaluate, and coordinate all functions, programs, and subdivisions in the field of mental health, to prevent duplication of activities, to provide for cooperation in common field of activity, and to provide for joint use of personnel and facilities.</p>
Senate Bill No. 224 (1963)	Adopted an interstate compact for mental health, and assured care and treatment of mentally ill persons in any member state, permitted the transfer of patients, and provided for after care services for mental patients released from the state hospital in any member state.
House Bill No. 945 (1965)	Transferred authority of the administration and control of the State Hospital from the Board of Administration to the Mental Health and Retardation Division of the Department of Health.
Senate Bill No. 118 (1965)	Amended Section 25-03-10 relating to the release of State Hospital patients.
Senate Bill No. 254 (1967)	Adopted the interstate compact on mentally disordered offenders.
Senate Bill No. 425 (1969)	Created a Director of Institutions office to assume control of institutions previously held by the Board of Administration.

Legislation	Department/Board
Senate Bill No. 2164 (1977)	Created a new chapter relating to emergency, voluntary, and involuntary commitment of individuals to the State Hospital or other treatment facilities. In addition, repealed Sections 25-02-05, 25-02-11, 25-02-12, 25-02-13, 25-02-14, 25-02-15, 25-02-16, 25-02-17, and 25-02-18, relating to forms furnished by the Superintendent of the State Hospital, the establishment, powers, duties, and authority of county mental health boards and the liability of certain officers for detention of mentally ill persons, and repealed Chapter 25-03 relating to the custody and release of the mentally ill.
House Bill No. 1418 (1981)	<p>Department of Human Services</p> <p>Created the Department of Human Services including a Mental Health Division and assuming control from the State Department of Health for the Mental Health and Retardation Division, the State Hospital, and the Division of Alcoholism and Drug Abuse. In addition, the bill created regional human service centers.</p>
House Bill No. 1408 (1983)	Created a new section to Section 25-02-04, which required physicians of professional staff at the State Hospital to be licensed by the State Board of Medical Examiners.
House Bill No. 1289 (1985)	Amended Section 25-03.1-26 relating to venue for emergency commitment proceedings.
House Bill No. 1446 (1985)	<p>Provided for the following:</p> <ul style="list-style-type: none"> • Including master addiction counselors in the definitions of "expert examiners" and "independent expert examiners" for purposes of commitment proceedings; • Limiting examinations by a master addiction counselor acting as expert examiners when determining whether a respondent is an alcoholic or a drug addict; and • Requiring addiction counselors to be certified by the Department of Human Services in order to be considered "mental health professionals" for the purposes of commitment proceedings.
House Bill No. 1503 (1985)	Provided for superintendents of each state institution to employ only licensed physicians as members of the institutional physician staff after July 1, 1987.
House Bill No. 1656 (1985)	<p>This bill:</p> <ul style="list-style-type: none"> • Provided for the disposition of nonresidents requiring care at the State Hospital or the Grafton State School; • Allowed patients at the State Hospital and the Grafton State School to receive a waiver for the liability of payment based on a showing of inability to pay; • Allowed the Department of Human Services to collect fees and expenses from patients or recipients, or their spouses or estates, for services provided at the State Hospital or through a regional human service center; • Provided that no handicapped patient under 21 years of age, or the estate, or the parent of the patient, may be charged for educational or educational-related services provided at the State Hospital; • Established procedures and priorities for claims against the estate of patients and recipients of care at the State Hospital and Grafton State School; and • Established procedures for the reduction or writeoff of accounts.
Senate Bill No. 2249 (1985)	Provided for creating a third developmental disability facility loan program to provide a funding source for additional intermediate care facilities for the developmentally disabled, as well as day service facilities, and residential facilities for the chronically mentally ill.
House Bill No. 1034 (1987)	<p>Deleted statutory reference to all offices and divisions within the Department of Human Services except for the State Hospital, the Governor's Council on Human Resources, the regional human service centers, and the vocational rehabilitation unit. Allowed the Department of Human Services to deliver required services through the administrative structure the executive director determines necessary. In addition, the bill:</p> <ul style="list-style-type: none"> • Provided for the department to be structured in a way that promotes efficient and effective operations, and acts as official agency for the state in the discharge of administration of programs for children and families, programs for persons with developmental disabilities, aging service programs, mental health programs, programs for crippled children, alcohol and drug abuse programs, economic assistance programs, and medical service programs.

Legislation	Department/Board
	<ul style="list-style-type: none"> • Provided for the executive director to maintain a close liaison with county social service agencies.
House Bill No. 1489 (1987)	Provided anonymity of respondents in mental health commitment hearings by requiring that the name of the respondent in an appeal of a mental health commitment order to the Supreme Court is not to appear on the record on appeal.
Senate Bill No. 2036 (1987)	Required the Department of Human Services to develop a plan for a continuum of services for chronically mentally ill individuals, consisting of an array of service provided by private mental health professionals, private agencies, county social service agencies, human service centers, community-based residential care, and treatment facilities, and private and public inpatient psychiatric hospitals. The bill also required the Superintendent of the State Hospital to be a board-eligible or board-certified psychiatrist.
Senate Bill No. 2068 (1987)	Provided that patients are liable for the chargeable costs of care and treatment at the State Hospital. The bill allows charges for expenses for care and treatment of patients to be adjusted in accordance with the patient's ability to pay.
Senate Bill No. 2330 (1987)	Provided for the Department of Human Services to implement a procedure for the exchange and transfer between treatment units within the Department of Human Services, and treatment units of agencies under contract with the Department of Human Services, for records relating to the examination, custody, care, and treatment of mental health clients receiving services supported by public funds. In addition, the bill provided for the procedure to be subject to standards of confidentiality adopted by the Department of Human Services.
Senate Bill No. 2362 (1987)	Provided procedures for further proceedings in cases involving a respondent in a mental commitment proceeding who does not comply with the individualized treatment plan contained in an order for alternative treatment other than hospitalization. The bill allows the Department of Human Services or the respondent's physician to petition the court to direct the respondent to comply with the treatment plan.
House Bill No. 1038 and Senate Bill No. 2072 (1989)	Revised the statutory objective of the State Hospital by providing that the State Hospital is to serve specialized populations of the mentally ill, including persons suffering from drug addiction or alcoholism. In addition, the bill provided that the State Hospital is one component of the state's mental health delivery system and serves as a resource to community-based treatment programs.
House Bill No. 1106 (1989)	Provided that a board-eligible psychiatrist appointed as superintendent after July 1, 1989, must accomplish board certification within three years after the date of appointment.
House Bill No. 1599 (1989)	Provided that residential treatment centers for mentally ill children must be licensed by the Department of Human Services and established requirements for licensure. In addition, residential treatment centers were required to develop individual treatment plans that required supervision by qualified mental health professionals. The bill also provided for establishing qualifications for directors and staff of each center and criteria for admission of a child into a treatment center.
Senate Bill No. 2389 (1989)	Revised procedures and standards relating to the state's mental health commitment law.
Senate Bill No. 2118 (1991)	Required the Department of Human Services to request appropriations and resources needed to ensure accreditation, added licensed professional counselors with a master's degree in counseling to the definition of mental health professionals for commitment procedures, and established a procedure for the courts to authorize involuntary treatment of a patient with prescribed medications.
Senate Bill No. 2370 (1993)	Provided changes relating to civil commitment, including establishing a person's right to a preliminary hearing when the person is in custody for emergency commitment and is alleged to be mentally ill or both mentally ill and chemically dependent.
House Bill No. 1376 (1995)	Provided for a unified mental health delivery system that provides mental health services by regional human service centers, the State Hospital, and contracted services with providers in accordance with the state mental health plan. The bill also provided for the supervising officer of the State Hospital to appoint a superintendent and a medical director in consultation with a State Hospital governing body, and set forth the qualifications for the superintendent and the medical director.

Legislation	Department/Board
Senate Bill No. 2381 (1995)	Provided that in emergency situations, a person who has been determined by a peace officer or a medical professional to be a serious risk to a person or property may be held at a private treatment facility for up to 23 hours in anticipation of conveyance to a public treatment facility. The detention at a treatment facility may be done without conducting an immediate examination and without following notice and hearing requirements for a transfer to another treatment facility.
Senate Bill No. 2418 (1995)	Provided for the Department of Human Services, a county, city, or a local law enforcement agency to enter into reciprocal agreements with the appropriate agencies of other states for the exchange, return, and transportation of chemically dependent or mentally ill patients or prisoners who were treated or confined in hospitals of one state for treatment of chemical dependency or mental illness but who are legal residents of another state.
Senate Bill No. 2430 (1995)	Provided for the State Hospital or treatment facility personnel to treat a patient only if it has been determined by a psychiatrist or physician that the treatment is necessary to prevent bodily harm or to prevent deterioration of the patient's physical or mental condition, and there is not time to obtain a court order. The bill also provided that a patient has the right to ongoing participation in the patient's planning of services.
Senate Bill No. 2523 (1995)	Removed the requirement that a patient's consent be given before releasing medical information to persons doing research or maintaining health statistics, provided the patient's anonymity is assured and the facility recognizes the project as a bona fide research or statistical undertaking.
House Bill No. 1036 (1997)	Required the Department of Human Services to establish, in all human service regions, a program to provide out-of-home treatment services for a Medicaid-eligible child with a serious emotional disorder.
Senate Bill No. 2149 (1997)	Removed the requirement that the supervising officer of the State Hospital appoint a medical director. The bill also provided that the State Hospital Governing Body has final approval of all physician and clinical staff appointments to the State Hospital.
Senate Bill No. 2012 (1999)	Provided a moratorium on the expansion of children's residential treatment center bed capacity. The bill also provided criteria for the screening and admission to a public treatment facility.
Senate Bill No. 2147 (1999)	Removed the position of performance improvement coordinator from the composition of the State Hospital Governing Body.
Senate Bill No. 2213 (1999)	Required group health insurance to cover outpatient mental health treatment services provided by a licensed professional clinical counselor that is qualified in the clinical mental health counseling specialty.
Senate Bill No. 2360 (1999)	Removed the requirement that the Superintendent of the State Hospital, the Developmental Center at Westwood Park, Grafton, the School for the Blind, and the School for the Deaf furnish a bond as a condition of holding the office.
House Bill No. 1089 (2001)	Required the Department of Human Services to establish a compulsive gambling prevention, awareness, crisis intervention, rehabilitation, and treatment services program. The language contained in the bill regarding this program is similar to language contained in Section 53-06.1-18, which is repealed. The bill became effective on March 20, 2001.
House Bill No. 1415 (2001)	Extended the moratorium on the expansion of children's residential treatment center bed capacity to June 30, 2003. The bill also provided for the Department of Human Services to license additional beds, if a needs assessment conducted by the department indicated a need for additional beds.
Senate Bill No. 2308 (2001)	Provided that a gambling addiction counselor must be a mental health professional and must meet the minimum standards for certification as a gambling counselor as established by the mental health professional's licensing board.
House Bill No. 1228 (2003)	Extended the moratorium on the expansion of children's residential treatment center bed capacity from June 30, 2003, to June 30, 2005.
Senate Bill No. 2045 (2003)	Changed the number of days from a seven to a four-day period of which a mental health commitment preliminary hearing or a treatment hearing is to be held. The bill provided that the four-day period is exclusive of weekends and holidays.

Legislation	Department/Board
Senate Bill No. 2069 (2003)	Provided for treatment services for children with serious emotional disorders. The bill also provided that with the approval of the Department of Human Services, a parent with legal and physical custody of the child may obtain treatment services for the child through the out-of-home treatment services program. The bill also provided that a parent without physical custody of a child who disagrees with a child's treatment may request a judicial determination regarding the child's treatment.
Senate Bill No. 2070 (2003)	Authorized the Department of Human Services to enter an agreement with a bordering state to allow for the placement of individuals who are on emergency holds or who have been involuntarily committed as mentally ill or chemically dependent in a bordering state.
Senate Bill No. 2296 (2003)	Provided that an "alternative treatment order" is an involuntary outpatient order for a treatment program, other than hospitalization, which includes treatment with a prescribed medication. The bill also provided that the definition of a "serious risk of harm" included a substantial deterioration in mental health which would predictably result in dangerousness to that person, others, or property, based upon facts to establish the loss of cognitive or volitional control over the person's thoughts or actions or based upon acts in the person's treatment history, including the effect of the person's mental condition on the person's ability to consent.
Senate Bill No. 2345 (2003)	Provided screening and admission of an individual to a public treatment facility for the diagnosis and treatment of mental illness. The bill also provided that if a request for screening is made by a qualified mental health professional and the individual who is the subject of the screening does not authorize the disclosure of the protected health information, a mental health professional who has treated the individual within the previous six months is required to disclose to the regional human service center any relevant protected health information regarding that treatment.
Senate Bill No. 2131 (2005)	Expanded the definitions of "expert examiner" and "independent expert examiner" for purposes of mental health commitments to include a licensed psychologist trained in a clinical program.
Senate Bill No. 2130 (2007)	Changed the term "residential treatment center for children" to "psychiatric residential treatment facility for children."
Senate Bill No. 2098 (2009)	Provided that a written statement of support which accompanies a petition must be provided by an addiction counselor for an involuntary commitment due to a mental illness or chemical dependency. The bill also provided that a screening of an individual in a public treatment facility for care relating to a mental illness or chemical dependency must be performed in person whenever reasonably practicable.
Senate Bill No. 2174 (2009)	Created an Autism Spectrum Disorder Task Force which consists of the State Health Officer, the Director of the Department of Human Services, the Director of special education, the Executive Director of the Protection and Advocacy Project, and 10 members appointed by the Governor. The bill required the task force to examine early intervention services, family support services that would enable an individual with autism spectrum disorder to remain in the least restrictive home-based or community setting, programs transitioning an individual with autism spectrum disorder from a school-based setting to adult day programs and workforce development programs, the cost of providing services, and the nature and extent of federal resources that can be directed to the provision of services for individuals with autism spectrum disorder.
Senate Bill No. 2039 (2011)	Amended Section 25-03.1-23 to include licensed addiction counselors as one of the mental health professionals authorized to execute a certificate for a continuing treatment order.
Senate Bill No. 2040 (2011)	Provided that an individual who meets the definition of expert examiner is authorized to evaluate a respondent's mental status under Section 25-03.1-11.
Senate Bill No. 2041 (2011)	Authorized the use of telemedicine technologies for court-ordered examinations under Chapter 25-03.1.
Senate Bill No. 2166 (2011)	Expanded mental health and chemical dependency treatment services included with interstate contracts, and expanded mental health and chemical dependency treatment services, which included chemical dependency detoxification services, for any contracts that the Department of Human Services may enter into with other states.

Legislation	Department/Board
Senate Bill No. 2268 (2011)	Established a regional autism spectrum disorder center of early intervention and achievement pilot program. The bill appropriated \$200,000 for the pilot program.
House Bill No. 1038 (2013)	Required the Department of Human Services to establish a voucher program pilot project to assist in funding equipment and general education needs related to autism spectrum disorder for individuals below 200 percent of the federal poverty level from age 3 to under age 18 who have been diagnosed with autism spectrum disorder.
Senate Bill No. 2068 (2013)	Provided that, notwithstanding the moratorium on the expansion of bed capacity for psychiatric residential treatment facilities for children, the Department of Human Services may develop a policy to exchange residential child care facility bed capacity with psychiatric residential treatment facility bed capacity.
Senate Bill No. 2157 (2013)	Provided that in situations involving the emergency commitment of mentally ill individuals, a physician may act either in person or by directing an emergency medical services professional.
House Bill No. 1040 (2015)	Revised the involuntary commitment proceeding law to update the language and to authorize physician assistants and advanced practice registered nurses to act as independent expert examiners in involuntary commitment proceedings.
Senate Bill No. 2012 (2015)	Required the Department of Human Services to publish a quarterly report of all behavioral health services provided by or supported by the department. The bill also removed the expiration date on the autism spectrum disorder voucher program.
Senate Bill No. 2048 (2015)	Required each school district to provide at least eight hours of staff training biennially relating to youth mental health. The bill also required the Education Standards and Practices Board to ensure that applicants for teacher licensure demonstrate competency in youth mental health.