## ADDITIONAL DUTIES ASSIGNED TO THE HEALTH SERVICES COMMITTEE - BACKGROUND MEMORANDUM

Section 7 of 2015 Senate Bill No. 2048 provides for a Legislative Management study of behavioral health needs. This study was assigned to the interim Human Services Committee. In addition to the behavioral health needs study, the Human Services Committee was assigned to receive reports from various behavioral health professional boards. In November 2015, Senator Ray Holmberg, Legislative Management Chairman, transferred the responsibility to receive reports from the various behavioral health professional boards to the Health Services Committee. Assignments transferred to the Health Services Committee include:

- 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 for
  administration and implementation of licensing and reciprocity standards for licensees and any legislative
  changes necessary to implement those plans (Section 1 of 2015 House Bill No. 1048 (Appendix A)).
- 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 (<u>Appendix B</u>)).

## BACKGROUND

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 interim committee contracted with Schulte Consulting, LLC, to assist with the study. The consultant's report included a recommendation to expand the behavioral health workforce by improving oversight for licensing issues and concerns and increasing the use of lay persons to expand treatment options. The interim committee learned individuals and agencies throughout the state had formed the 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. Stakeholder recommendations included the following related to behavioral health professional workforce and training:

- 1. Establish professional licensing board standards to allow:
  - a. One year of practice if licensed in another state;
  - b. A process for meeting North Dakota licensing standards during the 1-year period;
  - c. Reciprocity of licenses between Montana, South Dakota, and Minnesota; and
  - d. 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 4 years.
- Expand the number of licensed addiction counselor training slots by providing stipends for organizations that offer the training.
- 4. Establish a student loan buydown program for licensed behavioral health clinical staff.

The 2013-14 interim Human Services Committee also received a summary of the licensing requirements for various behavioral health-related professions (<u>Appendix C</u>).

ATTACH:3