

NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HUMAN SERVICES COMMITTEE

Thursday, June 19, 2014

West Conference Center, Nutrition Services Building
Life Skills and Transition Center
701 West Sixth Street
Grafton, North Dakota

Representative Chuck Damschen, Chairman, called the meeting to order at 9:05 a.m.

Members present: Representatives Chuck Damschen, Dick Anderson, Curt Hofstad, Kathy Hogan, Diane Larson, Gail Mooney, Naomi Muscha, Alon Wieland; Senators Dick Dever, Robert Erbele, Judy Lee, Tim Mathern, Nicole Poolman

Members absent: Representatives Dwight Kiefert, Alex Looyesen; Senators Tyler Axness, John M. Warner

Others present: Gary Paur, State Representative, Gilby Peter F. Silbernagel, State Representative, Casselton
Senator Ray Holmberg, member of the Legislative Management, was also in attendance.
See [Appendix A](#) for additional persons present.

It was moved by Senator Dever, seconded by Representative Wieland, and carried on a voice vote that the minutes of the April 9, 2014, meeting be approved as distributed.

STUDY OF BEHAVIORAL HEALTH NEEDS OF YOUTH AND ADULTS

Mr. Alex Schweitzer, Superintendent, Life Skills and Transition Center, Department of Human Services, welcomed the committee to the Life Skills and Transition Center.

Ms. Renee Schulte, Schulte Consulting, LLC, presented information ([Appendix B](#)) regarding the draft report of the behavioral health study. She said representatives of Schulte Consulting, LLC, traveled to North Dakota six times over the course of six months and held over 35 meetings with various stakeholders. She said biweekly conference calls were also held, and over 414 individuals participated in the calls. She said the draft report identifies the following six primary opportunities to better address behavioral health needs of youth and adults in North Dakota:

1. Address service shortages;
2. Expand workforce;
3. Change insurance coverage;
4. Change the Department of Human Services structure and responsibilities;
5. Improve communication; and
6. Expand data collection and research.

In response to a question from Representative Larson, Ms. Schulte said private providers may be discouraged from providing behavioral health services in North Dakota because they must compete with the Department of Human Services.

Senator Lee said the Cass County Jail is the only jail in North Dakota with an intervention program and should be considered for other areas of the state. Ms. Schulte said the Department of Corrections and Rehabilitation provides effective behavioral health services in the corrections system.

In response to a question from Senator Dever, Ms. Schulte identified a list of low-cost, high-impact strategies in the report. She said there are low-cost options that will greatly improve behavioral health services in North Dakota. She said options include strategies to improve access, oversight of licensing, and the structure of the Department of Human Services.

In response to a question from Senator Mathern, Ms. Schulte said many other states may have an interagency council to coordinate behavioral health services, an appointed council that reports to the Governor regarding human services issues, or legislative committees with authority to address issues.

In response to a question from Representative Hogan, Ms. Schulte said legislators and interested persons may contact her regarding questions or suggestions relating to the report. Representative Hogan said the Behavioral Health Stakeholders Group will be prepared to report at the committee's next meeting.

The Legislative Council staff presented a memorandum entitled [State Behavioral Health Data Repositories](#). The memorandum provides information regarding behavioral health data repositories in other states. States identified with behavioral health data repositories include Colorado, Connecticut, New Jersey, and Rhode Island. Those states require public and private behavioral health service providers to submit data to a state data repository. Required data may include the age of first drug or alcohol use, frequency of use, number of prior treatment episodes, principal source of referral, type of services, living arrangements, date of admission, and demographic and other information. The memorandum also identifies states with pending or recently passed bills to enact behavioral health registries. These states include New York, Vermont, and Virginia.

Representative Hogan suggested the Legislative Council staff be asked to provide additional information to the committee regarding the behavioral health care system being implemented in Oregon.

Ms. JoAnne Hoesel, Director, Division of Mental Health and Substance Abuse, Department of Human Services, presented information ([Appendix C](#)) regarding a potential central data repository for all public and private behavioral health data. She said the Division of Mental Health and Substance Abuse collects, reports, and submits data from publicly funded mental health and substance abuse providers. She said existing statutory authority in North Dakota to collect service and client data differs between mental health and substance abuse services. She said the authority of the Department of Human Services to collect mental health services data is limited to the human service centers, the State Hospital, and contracted service providers.

In response to a question from Senator Mathern regarding a potential central data repository, Ms. Hoesel said the Legislative Assembly could determine the level of information to be collected. She said the capacity of private service providers to provide the data would also need to be reviewed.

Senator Lee said more federal restrictions exist relating to the collection and reporting of substance abuse data than behavioral health data, which makes merging the collection and reporting of the two sets of data difficult.

Ms. Shari Doe, Director, Children and Family Services Division, Department of Human Services, presented information ([Appendix D](#)) regarding behavioral health needs in the child welfare system. She said North Dakota exceeds the national average for the percentage of children placed in foster care. She said at the end of fiscal year 2013, 1,373 children were in foster care in North Dakota. She said 70 percent of children aged 12 and older entered foster care due to their behavioral health issues. She said approximately 42 percent of children in foster care between October 1, 2013, and March 30, 2014, entered foster care because of their parent's mental health or addiction. She said many children do not receive mental health services until they enter the child welfare or juvenile justice system.

In response to a question from Representative Mooney, Ms. Doe said Cass County has implemented programs to address youth behavioral health issues early. She said the results in Cass County are being reviewed, and programs in other areas of the state may be expanded.

In response to a question from Representative Hogan, Ms. Doe said all children in foster care undergo a mental health screening. Representative Hogan suggested the Department of Human Services provide information regarding behavioral health services provided to children in foster care.

In response to a question from Chairman Damschen, Ms. Doe said strategies are available to identify and address youth behavioral health issues before they enter the child welfare or juvenile corrections systems.

Ms. Kristie Spooner, President, Board of Addiction Counseling Examiners, presented information ([Appendix E](#)) regarding requirements to become a licensed addiction counselor, including a comparison to other states. She said the licensure requirement of a one-year internship was eliminated in 1996. She said the shortage in licensed addiction counselors is a national issue.

In response to a question from Representative Hogan, Ms. Spooner said about 350 addiction counselors are licensed in North Dakota. She said fewer licensed addiction counselors are located in the western part of the state. Representative Hogan suggested the Board of Addiction Counseling Examiners survey the licensed addiction

counselors in the state to identify where they are geographically located and whether they work for a public or private service provider.

Ms. Vicki Michels, Board Member, Board of Addiction Counseling Examiners, presented information ([Appendix F](#)) regarding standards to become a licensed addiction counselor in North Dakota. She said the educational requirements in North Dakota are similar to the national standards. She said individuals must complete 1,400 hours of supervised training and pass the national licensing examination to become licensed. She said 85 percent of the 49 other states in the country require over 2,000 hours of supervised experience to become certified or licensed, and 7 states require 1,000 hours or less. She said states requiring 1,000 hours or less include Colorado, Iowa, Kansas, Minnesota, Missouri, Montana, and Oregon.

Mr. Schweitzer presented information ([Appendix G](#)) regarding the Life Skills and Transition Center. He said residential services provided at the Life Skills and Transition Center include:

- Secure services program;
- Health services program;
- Behavioral services program; and
- Youth transition services program.

Mr. Schweitzer said the Life Skills and Transition Center also provides vocational services and outreach services. He said the goal of the Life Skills and Transition Center is to reach a campus population of 60 adults and 10 youth by July 2015.

The committee recessed for lunch at 12:05 p.m.

The committee reconvened at 12:45 p.m. and conducted a tour of the Life Skills and Transition Center.

Mr. Nate Medhus, President/CEO, ShareHouse, Inc., Fargo, presented testimony ([Appendix H](#)) on behalf of Mr. Kurt Snyder, Executive Director, Heartview Foundation, regarding behavioral health services in North Dakota. Mr. Snyder's testimony identified issues and opportunities relating to behavioral health care in North Dakota, including:

- The potential to implement a state voucher system;
- The Medicaid state plan;
- The essential health benefits package; and
- The potential for telemedicine to increase access to care for rural and underserved populations.

Ms. Irene Monson, Grand Forks, presented testimony ([Appendix I](#)) regarding the need for increased behavioral health services in North Dakota. She expressed concern regarding the placement of individuals with behavioral health issues in the corrections system.

Ms. Jane Brown, Chief Operating Officer, Dakota Boys and Girls Ranch, Minot, commented regarding gaps and lack of cooperation among state and local systems, including the education system, corrections system, and health care system.

Ms. Sarah Brown, Minot, commented regarding her experience with the behavioral health care system and corrections system. She expressed concern regarding training in the corrections system to recognize and address behavioral health issues.

Testimony ([Appendix J](#)) was distributed on behalf of Ms. Nancy McKenzie, Interim Executive Director, Mental Health America of North Dakota. Her testimony describes the ReThink Mental Health initiative and its work to conduct a community health needs assessment for the Fargo-Moorhead community.

Senator Mathern suggested the Legislative Council staff be asked to prepare a bill draft for creating a behavioral health data repository.

Senator Mathern suggested the Legislative Council staff be asked to prepare a bill draft that identifies standard expectations for mental health licensing boards. He said the standards and expectations would address reciprocity; reply times; and other areas for psychiatrists, social workers, licensed addiction counselors, and psychologists.

Senator Mathern suggested the Legislative Council staff be asked to identify common requirements among the various mental health-related boards.

Senator Lee agreed that it would be beneficial for the committee to receive information identifying the requirements of the different boards. She suggested the information also identify educational offerings available in North Dakota to meet licensing or certification requirements.

Chairman Damschen asked the Legislative Council staff to prepare the bill drafts suggested by Senator Mathern.

Senator Mathern suggested the Legislative Council staff be asked to provide a list of items from the Schulte Consulting, LLC, report that may require legislative action. Chairman Damschen said the low-cost, high-impact items would be a priority. He directed the Legislative Council staff to work with Ms. Schulte to create the list.

STUDY OF A COMPREHENSIVE SYSTEM OF CARE FOR INDIVIDUALS WITH BRAIN INJURY

Ms. Hoesel presented information ([Appendix K](#)) regarding the estimated cost of increasing the number of individuals with traumatic brain injury (TBI) who may access extended services; the estimated cost to implement the comprehensive system of care for individuals with brain injury proposed by Ms. Rebecca Quinn, Program Director, Center for Rural Health, University of North Dakota School of Medicine and Health Sciences; access points for traumatic brain injury services and behavioral health services, including how the processes could be better-coordinated; and the number of individuals with TBI that are being cared for in basic care facilities, including the appropriateness of these placements. Ms. Hoesel said the estimated cost to increase the Community Options contract to provide prevocational skills services to 50 people would be \$568,614. She said the estimated biennial cost for 28 extended services beds would be \$254,688. She said a TBI registry would cost \$271,083.

Ms. Quinn presented testimony ([Appendix L](#)) regarding brain injuries and the potential integration of brain injury services with behavioral health services. She said currently available services need to be made accessible for individuals with brain injury.

In response to a question from Representative Hogan, Ms. Quinn said a resource facilitator for each region could be employed by the North Dakota Brain Injury Network.

Ms. Rhonda Boehm, Bismarck, presented testimony ([Appendix M](#)) regarding TBI and a potential flex fund plan for individuals with TBI. She expressed support for additional services for individuals with brain injury.

Ms. Lisa Anderson, Leeds, presented testimony ([Appendix N](#)) regarding her experience with TBI. She expressed support for additional services for individuals with brain injury.

In response to a question from Representative Mooney, Ms. Anderson said even if an individual with TBI qualified for developmentally disabled services, the services would not necessarily be appropriate because TBI survivors need different types of services.

Representative Anderson suggested the committee receive additional information on sliding fee scales, including current programs which use sliding fee scales. Chairman Damschen directed the Legislative Council staff to arrange for additional information to be provided.

Representative Hogan suggested the Legislative Council staff be asked to prepare a bill draft to establish a TBI registry and appropriate funding for the regional resource employees described by Ms. Hoesel. She also suggested the bill draft include an appropriation of \$250,000 for new programming for TBI individuals who do not meet current criteria to receive services.

Senator Mathern suggested the \$250,000 appropriation could be for a flex fund program.

Representative Hogan suggested the funding be designated for services, including job coaching and other supports. She said flex fund programs can be very complex to implement.

Senator Mathern suggested the Legislative Council staff be asked to prepare a bill draft to establish a flex fund program with an appropriation of \$250,000.

Chairman Damschen directed the Legislative Council staff to prepare two separate bill drafts to address the suggestions made by Representative Hogan and Senator Mathern.

STUDY OF HOME AND COMMUNITY-BASED SERVICES

Ms. Karen Tescher, Assistant Director, Long-Term Care Continuum, Medical Services Division, Department of Human Services, presented information ([Appendix O](#)) regarding the percentage of qualified service providers (QSPs) who are family members of the individuals for whom the services are being provided; Medicaid reimbursement for medical-related transportation expenses, including the potential expansion of reimbursement for medical-related transportation services provided by QSPs; and the transition process from home and community-based service programs to Medicaid and options for a more seamless process. She said 615 family members--39 percent of the total number of enrolled individual QSPs--are enrolled to provide care. She said the expansion of the service payments for elderly and disabled (SPED) program to include reimbursement for medical-related transportation services would have an estimated biennial cost of \$1.5 million from the general fund.

Representative Hogan commented on the financial issues caused by the recipient liability component associated with Medicaid. She suggested removing the requirement that SPED-eligible individuals also apply for Medicaid. Ms. Tescher said certain individuals are required to pay a share of the cost under SPED.

Ms. Paula Ous, Mobility Manager, Metro Area Transit, Fargo, presented testimony ([Appendix P](#)) regarding public transportation and home and community-based services. She said the state of North Dakota has 30 rural public transportation providers with accessible vehicles.

In response to a question from Senator Mathern, Ms. Ous suggested increasing the rates transportation providers receive under Medicaid.

Representative Hogan suggested the Legislative Council staff be asked to prepare a bill draft which would eliminate the requirement that SPED-eligible individuals be required to apply for Medicaid.

Representative Larson suggested the Legislative Council staff be asked to prepare a bill draft which addresses Mr. Snyder's suggestion for a voucher system for licensed addiction counselors.

Senator Mathern expressed support for the proposed bill drafts. He suggested the committee receive additional information regarding the cost of transportation-related services and rates under Medicaid and the process of claiming Medicaid transportation costs.

Chairman Damschen directed the Legislative Council staff to prepare the proposed bill drafts and arrange for the additional transportation information to be provided to the committee.

Chairman Damschen expressed support for the Helping Enderlin Area Residents Thrive (HEART) and the Community of Care agencies which presented at previous meetings. He said the state should consider providing incentives for local communities to establish similar agencies.

Representative Muscha said she believed representatives of HEART would be willing to present additional information and suggestions at the next committee meeting.

No further business appearing, Chairman Damschen adjourned the meeting at 4:30 p.m.

Alex J. Cronquist
Fiscal Analyst

Allen H. Knudson
Legislative Budget Analyst and Auditor

ATTACH:16