

## NORTH DAKOTA LEGISLATIVE MANAGEMENT

## Minutes of the

**HUMAN SERVICES COMMITTEE**

Tuesday, July 22, 2014  
Harvest Room, State Capitol  
Bismarck, North Dakota

Representative Chuck Damschen, Chairman, called the meeting to order at 9:00 a.m.

**Members present:** Representatives Chuck Damschen, Curt Hofstad, Kathy Hogan, Dwight Kiefert, Alex Looyesen, Gail Mooney, Naomi Muscha, Alon Wieland; Senators Tyler Axness, Dick Dever, Robert Erbele, Judy Lee, Tim Mathern, Nicole Poolman, John M. Warner

**Members absent:** Representatives Dick Anderson, Diane Larson

**Others present:** Chris Kadrmaz, Legislative Council, Bismarck  
Alan Fehr, State Representative, Dickinson  
Peter F. Silbernagel, State Representative, Casselton  
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 June 19, 2014, meeting be approved as distributed.**

**STUDY OF BEHAVIORAL HEALTH NEEDS OF YOUTH AND ADULTS**

Ms. Renee Schulte, Schulte Consulting, LLC, presented the final report ([Appendix B](#)) 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 final 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 (DHS) structure and responsibilities;
5. Improve communication; and
6. Expand data collection and research.

Ms. Schulte identified 15 recommendations to be addressed during the 2015-17 biennium, most of which will require legislative action during the 2015 legislative session. Major recommendations to be considered by the 2015 Legislative Assembly include:

1. The Legislative Assembly should increase funding for adult and youth substance abuse services, including detoxification services;
2. The Legislative Assembly and DHS should create an oversight system for licensing boards utilizing public health as the overseer;
3. The Legislative Assembly should change the definition of behavioral health professional in North Dakota Century Code to include all qualified professionals;
4. DHS should train law enforcement as first responders using mental health first aid; and
5. The Legislative Assembly should create an interim committee to oversee DHS structure changes and to provide oversight to the current human service centers system, including defining core services throughout the system.

In response to a question from Senator Mathern, Ms. Schulte said she does not believe North Dakota needs to add a commission to oversee the implementation of the strategies recommended in the report.

In response to a question from Senator Warner, Ms. Schulte said the State Department of Health (DOH) performs oversight for certain licensed professionals. She said the licensing process for the different professional boards can be improved and streamlined.

In response to a question from Representative Hofstad, Ms. Schulte said if the reimbursement levels are increased and certain other challenges are addressed, she believes private providers in North Dakota may be willing to expand services.

Senator Warner suggested the Commission on Alternatives to Incarceration may be a good model for a potential new commission to oversee implementation of the behavioral health recommendations.

**It was moved by Representative Mooney, seconded by Representative Hogan, and carried on a roll call vote that the Human Services Committee accept the final report from Schulte Consulting, LLC, for the study of behavioral health needs of youth and adults in North Dakota.** Representatives Damschen, Hofstad, Hogan, Kiefert, Looyen, Mooney, Muscha, and Wieland and Senators Axness, Dever, Erbele, Lee, Mathern, Poolman, and Warner voted "aye." No negative votes were cast.

Mr. Rod St. Aubyn, steering committee member, Behavioral Health Stakeholders Group, presented information ([Appendix C](#)) regarding the activities of the Behavioral Health Stakeholders Group and a report produced by the group. Mr. St. Aubyn said the efforts of the Behavioral Health Stakeholders Group have been entirely voluntary with the goal to build stronger behavioral health services in North Dakota. He said the Behavioral Health Stakeholders Group held two meetings—one in Fargo in February and one in Bismarck in March. He said several conference calls with stakeholders were also held and a report prepared by the Behavioral Health Stakeholders Group entitled *Building Stronger Behavioral Health Services in North Dakota* was finalized in July 2014. Major recommendations requiring legislative action in 2015 include:

1. Expand Medicaid to licensed addiction agencies and others who are eligible for third-party reimbursements;
2. Provide funding for a one-year pilot project involving key behavioral health partners, including law enforcement, health care providers, and private partners, in one region to develop discharge planning protocols, including the establishment of outcome measures; and
3. Expand the number of licensed addiction counselors in North Dakota by establishing a stipend program for licensed addiction counselor interns.

In response to a question from Senator Mathern, Mr. St. Aubyn said an oversight system should be put in place to monitor the implementation of recommendations.

Senator Lee said Cass County is the only county in North Dakota that evaluates all individuals placed in the county jail for behavioral health service needs. She suggested it may be a model for other areas in the state.

In response to a question from Representative Mooney, Mr. St. Aubyn said the Behavioral Health Stakeholders Group would like the committee to develop bill drafts based on the recommendations made in the report.

The Legislative Council staff presented a memorandum entitled [Behavioral Health Study Items Requiring Legislative Action](#). The memorandum provides information regarding items in the draft report presented to the committee in June by representatives of Schulte Consulting, LLC, which may require legislative action to implement. The memorandum identifies low-cost/high-impact strategies and other strategies in the report which may require legislative action to implement. Legislative actions include statutory changes, funding initiatives, and other legislative actions.

In response to a question from Representative Mooney, the Legislative Council staff said the bill drafts to be presented later in the committee meeting do not address the recommendations in the Schulte Consulting, LLC, report.

Ms. Shari Doe, Director, Children and Family Services Division, Department of Human Services, presented information ([Appendix D](#)) regarding behavioral health services provided to children in foster care, including where the services are provided. She said every child entering foster care receives a Health Tracks screening, which includes a mental health screening. She said children in North Dakota who are placed within the foster care system are provided and have access to the same behavioral health services available to other children in North Dakota. She said children in foster care can access care either through private providers or the human service centers.

In response to a question from Representative Hogan regarding the percentage of children entering foster care who have behavioral health needs, Ms. Doe said she would determine if the information is available.

In response to a question from Senator Mathern, Ms. Doe said North Dakota has a family-teen decisionmaking program which helps to place troubled youth with people they know. She said the family-teen program is currently available in three counties in North Dakota and is being offered in a couple other counties through a contractor. She said the Children and Family Services Division would like to offer the program statewide.

In response to a question from Representative Mooney, Ms. Doe said the wait times for services depends on the location of the client. She said telemedicine may have potential to better provide services to clients in rural areas.

Ms. Valerie Fischer, Director, Safe and Healthy Schools, Department of Public Instruction, presented information ([Appendix E](#)) regarding behavioral health services in schools. She said the youth risk behavior survey and the annual suspension, expulsion, and truancy report provide glimpses into risk behaviors. She said the department has learned more students have considered committing suicide, that marijuana use and prescription drug abuse has increased slightly, and that office referrals for discipline increased 30 percent over the last year. She said the Department of Public Instruction (DPI) has applied for a \$10 million federal grant to address growing challenges facing youth in North Dakota. She said the primary goal of the project is to develop a process to identify students who experience difficulty and provide supports and referrals for treatment.

In response to a question from Representative Hogan, Ms. Fischer said emotional intelligence is being incorporated into the health education curriculum, but it is still a local decision. Representative Hogan asked DPI to provide a list of schools offering the emotional intelligence curriculum.

In response to a question from Representative Mooney, Ms. Fischer said if DPI does not receive the \$10 million federal grant, the department may seek state funding for the project.

In response to a question from Senator Mathern, Ms. Fischer said DPI should be involved in conversations about a behavioral health registry if one is established.

The Legislative Council staff presented a bill draft [[15.0177.01000](#)] to provide for a behavioral health data repository to be administered by DHS. The bill draft was prepared at the request of the committee at its June 19, 2014, meeting. Section 1 of the bill draft identifies a list of required information to be reported to DHS. Section 1 also identifies the specific professionals who must report data to the repository. Section 2 of the bill draft provides for an appropriation to DHS for the purpose of establishing and administering the behavioral health data repository.

In response to a question from Representative Hogan, the Legislative Council staff said the repository provided for in the bill draft would not identify the services provided.

Senator Warner expressed concern with placing the repository within DHS.

In response to a question from Senator Mathern, Ms. JoAnne Hoesel, Director, Division of Mental Health and Substance Abuse, Department of Human Services, said similar information is currently being reported to the federal government by DHS for state-issued services.

Senator Mathern suggested the DHS be asked to provide information regarding the cost of the data repository system. Senator Mathern also suggested the bill draft be amended to require the services provided to be identified. He also suggested DOH be asked to present at a future meeting regarding the potential placement of a behavioral health data repository within the department.

Representative Hogan suggested the bill draft be amended to identify all mental health professionals reimbursed by government funds or private insurance.

In response to a question from Representative Hofstad, Ms. Hoesel said the data could be used to identify whether services are effective.

Representative Kiefert expressed concern with placing individuals with minor behavioral health diagnoses in the behavioral health data repository.

Representative Hofstad suggested the committee receive additional information regarding costs private providers would need to incur to implement the data repository.

Senator Dever suggested amending the bill draft to identify a central repository of persons receiving behavioral health services.

In response to a question from Senator Mathern, Ms. Hoesel said the current reporting process used by DHS is an electronic reporting process. Senator Mathern suggested a software program could be provided to private providers to submit the required data.

In response to a question from Representative Hogan, Mr. Nate Medhus, President/CEO, ShareHouse, Inc., Fargo, said the submission of data takes approximately 10 to 15 minutes per client.

Ms. Joy Ryan, Executive Vice President, The Village Family Service Center, said costs relating to data collection total about \$15 per client visit.

Mr. Kurt Snyder, Executive Director, Heartview Foundation, said the abilities and technologies of providers with respect to collection of data varies greatly.

Ms. Jane Brown, Chief Operating Officer, Dakota Boys and Girls Ranch, Minot, said the purpose of collecting the data needs to be identified.

Senator Lee suggested the committee receive information from other interested parties at a future meeting regarding the proposed behavioral health data repository.

Senator Dever suggested the state use available resources to provide additional services rather than establish a data repository. Senator Lee expressed agreement with Senator Dever.

Senator Mathern suggested the committee receive information regarding electronic health records in the state and the potential to expand the electronic health records system to facilitate a behavioral health data repository. Chairman Damschen said the information would be requested for the committee's next meeting.

Ms. Susan Gerenz, Director, Pride Manchester House, Bismarck, presented information ([Appendix F](#)) regarding services provided at the Pride Manchester House. She said 54 North Dakota youth were placed in facilities out of state in May 2014. She said the largest percentage of youth placed out of state are youth with sexual perpetrator behaviors and youth with both mental illness and intellectual disabilities.

The committee recessed for lunch at 12:15 p.m. and reconvened at 1:00 p.m.

The Legislative Council staff presented a bill draft [[15.0178.01000](#)] to provide for an appropriation to DHS for a voucher system for addiction treatment services.

Representative Hogan suggested the bill draft identify what services will be provided under the voucher system. Mr. Snyder said he believes the services approved by the American Society of Addiction Medicine (ASAM) are currently identified in North Dakota Administrative Code.

Representative Kiefert expressed concern that the voucher system may increase wait times.

Senator Mathern said the voucher system may encourage additional private providers to locate in North Dakota.

**It was moved by Senator Mathern, seconded by Representative Mooney, and carried on a voice vote that the bill draft be amended to identify the content of coverage includes services approved by the American Society of Addiction Medicine.**

**It was moved by Senator Lee, seconded by Representative Hofstad, and carried on a roll call vote that the bill draft relating to an addiction treatment services voucher system be amended to include a \$2 million general fund appropriation and, as amended, be approved and recommended to the Legislative Management.** Representatives Damschen, Hofstad, Hogan, Kiefert, Looyesen, Mooney, Muscha, and Wieland and Senators Axness, Dever, Erbele, Lee, Mathern, Poolman, and Warner voted "aye." No negative votes were cast.

Mr. Chris Kadrmas, Fiscal Analyst, Legislative Council, presented a memorandum entitled [Behavioral Health-Related Professions - Licensing Requirements](#). The memorandum provides information regarding the statutory and administrative requirements for licensure of selected mental health-related professions and education programs within the state that meet the educational requirements for licensure of the professions. The boards selected for review in the memorandum include the Board of Addiction Counseling Examiners, the Board of Counselor Examiners, the North Dakota Board of Social Work Examiners, the State Board of Psychologist Examiners, and the State Board of Medical Examiners. The five boards have varying educational and work experience requirements. All five boards require the completion of an examination for initial licensure, although the Board of Counselor Examiners does allow for the waiver of the examination requirement if the applicant has been licensed to serve in another state.

In response to a question from Senator Mathern, Mr. Kadrmas said all five boards offer a method of reciprocity.

Representative Hogan suggested the North Dakota Marriage and Family Therapy Licensure Board be added to the memorandum.

In response to a question from Representative Hogan, Representative Fehr said the State Board of Psychologist Examiners does require an oral examination.

Senator Mathern suggested some areas could be standardized across multiple boards, including reciprocity with other states and response times for appeals and applications. He suggested the state could also support the attorney costs for state boards with money from the general fund.

Representative Fehr said document retention periods and the process of hiring of office personnel could be standardized.

Ms. Maggie D. Anderson, Executive Director, Department of Human Services, presented testimony ([Appendix G](#)) regarding the committee's study of behavioral health needs of youth and adults in North Dakota. She said DHS supports the establishment of a listing of all providers and services in North Dakota, including public and private services. She said the list would be beneficial to the human service centers, private providers, and to the public seeking services. She said DHS currently provides telemedicine in various areas and is supportive of the expansion of telemedicine services.

In response to a question from Senator Mathern, Ms. Anderson said she believes the current behavioral health care structure works. She said the issue appears to be a lack of resources and staff within the health care system.

Representative Hogan asked for information on the number of people served at the human service centers and whether they received behavioral health, vocational rehabilitation, or dual disorder services. Ms. Anderson said she could provide the information.

In response to a question from Representative Fehr regarding detoxification centers, Mr. Alex Schweitzer, Director, Field Services Division, Department of Human Services, said there are crisis residential units statewide, but not in every region. He said there are staffing issues which prevent the placement of crisis residential units in every region.

Mr. Snyder testified in support of the committee's study and the reports from Schulte Consulting, LLC, and the Behavioral Health Stakeholders Group. He said it is very challenging to provide services in Dickinson and Williston due to increased costs in the area. He said access to Medicaid funds is also a difficulty for many private providers because they do not have a medical director, as defined in North Dakota Century Code.

In response to a question from Representative Fehr, Mr. Snyder said 1,400 hours of training are required to become a licensed addiction counselor. He said nonlicensed individuals cannot bill for services.

Senator Lee said the Behavioral Health Stakeholders Group report identifies certain recommendations related to the training requirements to become a licensed addiction counselor.

Ms. Monica McConkey, Director, Business Development, Prairie St. John's, Fargo, presented testimony ([Appendix H](#)) regarding the services provided by Prairie St. John's. She said Prairie St. John's is a 94-bed inpatient facility providing mental health and chemical dependency services for children, adolescents, and adults.

Ms. Brown commented in support of the committee's study of behavioral health needs of youth and adults in North Dakota. She spoke in support of the establishment of a commission or another form of oversight to ensure the implementation of strategies to improve behavioral health care in North Dakota.

Senator Mathern suggested the Legislative Council staff be asked to draft bills to implement all recommendations from the Schulte Consulting, LLC, report. Senator Mathern suggested the Legislative Council staff also review the Behavioral Health Stakeholders Group report for common recommendations. Senator Mathern also suggested the Legislative Council staff be asked to draft bills to implement all recommendations for the Behavioral Health Stakeholders Group.

Senator Lee said some recommendations in the reports may be addressed in the Governor's budget.

Senator Mathern said if there is duplication between the Governor's budget and these bills, the Legislative Assembly can address that during the legislative session.

Senator Dever suggested the Legislative Council staff be directed to prepare bill draft to implement only those recommendations identified for the 2015 legislative session.

Senator Warner expressed agreement with Senator Dever and said the committee should limit the number of recommendations it forwards to the 2015 Legislative Assembly.

Chairman Damschen directed the Legislative Council staff to draft bills to implement the recommendations for the 2015 legislative session included in the Schulte Consulting, LLC, report.

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

Presentation by Ms. Susan Wagner, Program Administrator, Mental Health and Substance Abuse Services Division, Department of Human Services, presented information ([Appendix I](#)) regarding sliding fee scales for paying for services. Ms. Wagner said sliding fee scales are applied to:

- Children's mental health care coordination and case aide services;
- Case management, case aide services, medical management, community support services, and integrated dual disorder treatment;
- Acute clinical services; and
- Substance abuse services, including evaluations, case management, case aide services, needs-based treatment services, and residential services.

In response to a question from Representative Mooney, Ms. Wagner said specific traumatic brain injury services have not been developed at the human service centers because of the other services already available. She said training has been provided to human service center staff to identify and react to traumatic brain injuries.

The Legislative Council staff presented a bill draft [[15.0180.01000](#)] to provide for a traumatic brain injury registry administered by DOH. The bill draft also provides appropriations to DHS for costs relating to the traumatic brain injury registry, traumatic brain injury resource facilitation, and expanded traumatic brain injury programming.

Ms. Rebecca Quinn, Program Director, Center for Rural Health, University of North Dakota School of Medicine and Health Sciences, commented regarding brain injury and the proposed bill draft. She expressed concern regarding whether the \$250,000 appropriation to expand traumatic brain injury programming in Section 5 of the bill draft would be adequate to provide services for the people on the waiting list for prevocational programming.

In response to a question from Senator Mathern, Ms. Quinn suggested the \$250,000 appropriation in Section 5 of the bill draft be increased. She said Section 4 of the bill draft, which provides for an appropriation of \$1,705,000 for regional resource facilitation, is necessary to inform people with brain injuries of available services.

In response to a question from Representative Mooney, Ms. Quinn said the \$1,705,000 appropriation in Section 4 of the bill draft would provide for care coordination and connection of clients with available resources. She said Section 5 should include an appropriation of approximately \$800,000 to adequately expand prevocational services and extended services.

Ms. Trina Gress, Vice President of Employment Services, Community Options, Inc., presented testimony ([Appendix J](#)) regarding priorities for improving services in North Dakota for individuals with a traumatic brain injury. Priorities identified by Ms. Gress include:

- Establish a brain injury registry;
- Increase funding for prevocational services and extended services; and
- Provide funding for independent living supports.

In response to a question from Representative Fehr, Ms. Gress said Community Options, Inc. cannot currently accept private pay for services.

Ms. Lisa Anderson, Leeds, commented regarding her experience with traumatic brain injury and services available in North Dakota. She made suggestions for improving services in North Dakota, including:

1. Establish a brain injury registry;
2. Provide funding for case management, care coordination, or resource facilitation services;
3. Provide funding for residential supports;
4. Provide funding for employment supports; and
5. Establish a flex fund program.

Ms. Rhonda Boehm, Bismarck, commented in support of the bill draft to establish a flex fund program for persons with traumatic brain injury.

Mr. Michael Bruns, Tulsa, Oklahoma, commented in support of additional funding for brain injury services. He said he has received multiple calls for services from individuals injured while working in western North Dakota.

The Legislative Council staff distributed a bill draft [[15.0181.01000](#)] to establish a flex fund program for persons with traumatic brain injury.

**It was moved by Senator Mathern, seconded by Representative Mooney, and carried on a roll call vote that the bill draft relating to a traumatic brain injury flex fund program be approved and recommended to the Legislative Management.** Representatives Damschen, Kiefert, Looyen, Mooney, and Muscha and Senators Dever, Erbele, Lee, Mathern, and Poolman voted "aye." Representative Hogan voted "nay."

Representative Mooney suggested Section 5 of bill draft [[15.0180.01000](#)] be amended to increase the appropriation from \$250,000 to \$800,000 and change the title of Section 5 to identify work program services.

**It was moved by Senator Mathern, seconded by Representative Mooney, and carried on a voice vote that the bill draft [[15.0180.01000](#)] be amended to reduce the appropriation in Section 4 to \$1,305,000 and increase the appropriation in Section 5 to \$650,000.**

Representative Mooney suggested Section 5 of bill draft [[15.0180.01000](#)] be amended to identify the services to be provided, including prevocational services, vocational rehabilitation services, and other return to work services.

**It was moved by Senator Mathern, seconded by Representative Mooney, and carried on a voice vote that the bill draft [[15.0180.01000](#)] be amended to include return to work programming in Section 5.**

**It was moved by Representative Hogan, seconded by Senator Mathern, and carried on a roll call vote that the bill draft, as amended, relating to a traumatic brain injury registry and services for individuals with traumatic brain injury be approved and recommended to the Legislative Management.** Representatives Damschen, Hogan, Kiefert, Looyen, Mooney, and Muscha and Senators Dever, Erbele, Mathern, and Poolman voted "aye." No negative votes were cast.

Senator Poolman expressed concern regarding statutory provisions that may hinder the provision of services by Community Options, Inc. Senator Poolman suggested the Legislative Council staff be asked to provide additional information regarding the language in law. Chairman Damschen asked the Legislative Council staff to include a presentation at the next committee meeting to address the issue.

## STUDY OF HOME AND COMMUNITY-BASED SERVICES

Ms. Julie Schwab, Medical Services Director, Department of Human Services, presented information ([Appendix K](#)) regarding Medicaid transportation-related payments and a long-term care study. She said North Dakota Medicaid will pay for transportation services to a Medicaid-covered service with a Medicaid-enrolled provider if the service cannot be obtained free of charge and is not solely a convenience to the recipient. She said family members, friends, and relatives may not be paid to transport Medicaid recipients.

Ms. Schwab said a final report for the long-term care study was issued on July 1, 2014. She said the report includes:

- 5 recommendations on policy considerations for state licensing requirements for basic care and assisted living;
- 3 recommendations on policy considerations for basic care rate setting;
- 5 recommendations for adding quality measures to nursing facility rate methodology; and
- 10 recommendations/policy considerations to help eliminate service gaps in the long-term care continuum.

In response to a question from Representative Hogan, Ms. Schwab said many of the recommendations in the long-term care study report are a result of federal Centers for Medicare and Medicaid Services standards.

In response to a question from Senator Mathern, Ms. Anderson said many of the items will be included in the department's budgeting process and the department is not asking for committee action on the report recommendations.

Representative Hogan asked DHS to update the committee at future meetings regarding the actions taken to implement recommendations related to behavioral health.

The Legislative Council staff presented a bill draft [[15.0186.01000](#)] to create and enact a new section to North Dakota Century Code Chapter 50-06.2 relating to eligibility for service payments for elderly and disabled (SPED).

In response to a question from Chairman Damschen, Ms. Anderson said the estimated fiscal impact of the bill draft would be approximately \$1 million from the general fund for the 2015-17 biennium.

In response to a question from Senator Mathern, Ms. Anderson said the change in eligibility is not anticipated to result in a significant reduction in nursing home spending.

**It was moved by Senator Mathern, seconded by Representative Hogan, and carried on a roll call vote that the bill draft relating to SPED eligibility be approved and recommended to the Legislative Management.** Representatives Damschen, Hogan, Kiefert, Mooney, and Muscha and Senators Dever, Erbele, Mathern, and Poolman voted "aye." No negative votes were cast.

The Legislative Council staff presented a bill draft [[15.0182.01000](#)] to provide an appropriation to DHS for incentive grants for community-based organizations to provide volunteer-based services for elderly and disabled persons.

Ms. Tracy Ekeren, Program Director, Helping Enderlin Area Residents Thrive, presented testimony ([Appendix L](#)) regarding a potential statewide neighborhood senior care program resource center. She said the purpose of the resource center would be to:

1. Promote the neighborhood senior care program concept, philosophy, and values statewide;
2. Assist local communities to develop and maintain their own neighborhood senior care program; and
3. Affect state and national policies that encourage and support ongoing neighborhood-based health and long-term care services.

In response to a question from Senator Mathern regarding the amount of funding necessary to form these organizations, Ms. Ekeren said a maximum grant award of \$80,000 would be appropriate. She said she would expect three to six programs to be established during the first biennium.

In response to a question from Representative Mooney, Ms. Ekeren said Helping Enderlin Area Residents Thrive (HEART) will provide services to persons under the age of 65. She said the decision to provide services is made on a case-by-case basis.

Senator Dever expressed concern with awarding state grants to the community organizations. He said state funding often involves additional requirements which may hinder the organizations' flexibility.

In response to a question from Senator Dever, Ms. Ekeren said HEART operates with an annual budget of approximately \$60,000 and does not currently receive any government funding.

**It was moved by Senator Mathern, seconded by Representative Hogan, and carried on a voice vote that the bill draft be amended to include an appropriation of \$250,000 and a maximum grant award for a single organization of \$25,000 per year.**

**It was moved by Senator Mathern, seconded by Representative Mooney, and carried on a roll call vote that the bill draft relating to incentive grants for community-based organizations to provide volunteer-based services for elderly and disabled persons be approved and recommended to the Legislative Management.** Representatives Damschen, Hogan, Kiefert, Mooney, and Muscha and Senators Dever, Mathern, and Poolman voted "aye." Senator Erbele voted "nay."

### OTHER COMMITTEE RESPONSIBILITIES

Ms. Hoesel presented information ([Appendix M](#)) regarding the Autism Spectrum Disorder Task Force state plan. She said goals of the task force include:

- Assure that individuals with suspected autism spectrum disorder receive an appropriate diagnosis as soon as possible;
- Create a centralized location for information on autism spectrum disorder;
- Provide a consistent message and information on autism spectrum disorder;
- Establish a model for training and provision of support services that meet the needs of diverse stakeholders;
- Receive feedback from people with autism spectrum disorder and their families and providers which indicates satisfaction with interventions and supports available;
- Instruct families and providers to implement evidence-based strategies as a matter of practice in teaching and caring for people with autism spectrum disorder as well as other individually designed strategies; and
- Assure that data is available and used to guide the services system.

In response to a question from Representative Hogan regarding a voucher system for autism spectrum disorder services, Ms. Hoesel said the program became active on July 1, 2014.

No further business appearing, Chairman Damschen adjourned the meeting at 5:30 p.m.

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Alex J. Cronquist  
Fiscal Analyst

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Allen H. Knudson  
Legislative Budget Analyst and Auditor

ATTACH:13