

NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HUMAN SERVICES COMMITTEE

Wednesday, October 25, 2017

Conference Center, North Dakota Farmers Union, 1415 12th Avenue SE
Jamestown, North Dakota

Representative Kathy Hogan, Chairman, called the meeting to order at 9:00 a.m.

Members present: Representatives Kathy Hogan, Bert Anderson, Pamela Anderson, Chuck Damschen, Daniel Johnston, Christopher D. Olson, Mary Schneider, Wayne A. Trottier, Greg Westlind; Senators Howard C. Anderson, Jr., David A. Clemens, Robert Erbele, Oley Larsen, Judy Lee, Tim Mathern

Members absent: Representative Dwight Kiefert; Senator David Hogue

Others present: Alex J. Cronquist, Legislative Council, Bismarck
Senator Ray Holmberg, Grand Forks, member of the Legislative Management
See [Appendix A](#) for additional persons present.

It was moved by Senator Mathern, seconded by Senator Larsen, and carried on a voice vote to approve the minutes of the August 2, 2017, meeting as distributed.

STUDY OF PUBLIC HUMAN SERVICES

Mr. Christopher D. Jones, Executive Director, Department of Human Services, presented information ([Appendix B](#)) regarding studies being conducted by the Department of Human Services (DHS) that may affect DHS's structure and method of delivering services. He said studies are being conducted regarding developmental disabilities and behavioral health needs, public benefits managed care, county social services, and the delivery of public human services. He said the focus of the studies is to determine how to provide the most effective and efficient services to clients.

Mr. Jones said the study of county social services will use three teams to review assigned areas. He said the teams will focus on children and family services, adult services (development disabilities and aging), and eligibility and economic assistance. He said the teams are documenting caseloads and workloads for each respective area. He said an administrative team will also be involved to assist in potential changes to support areas, such as human resources. He said consideration should be given to programs that are federally mandated compared to programs that are optional.

Chairman Hogan said North Dakota Century Code requires DHS to provide certain programs. She said statutory changes may be needed to restructure certain programs.

In response to a question from Senator Mathern, Mr. Jones said legislators will be updated on the progress of the study of county social services and will have the ability to provide input. He said DHS is also identifying legislators that are interested in serving on the study executive committee.

Chairman Hogan said future committee meetings will include updates regarding the study and will allow committee members the opportunity to provide feedback.

Senator Lee said the involvement of legislators in the study will be beneficial due to possible statutory changes that may be required to implement the results of the study.

In response to a question from Senator Larsen, Mr. Jones said more individuals receive assistance under the traditional Medicaid program than the Medicaid Expansion program. However, he said, the total costs of each program are similar due to higher reimbursement rates provided under the Medicaid Expansion program.

In response to a question from Senator Larsen, Ms. Pamela Sagness, Director, Behavioral Health Division, Department of Human Services, said there have been discussions regarding the use of the Job Corps Center in Minot for jail diversion efforts. She said the discussions were part of the Justice Reinvestment Initiative.

In response to a question from Representative P. Anderson, Mr. Jones said the role of the regional human services centers will be reviewed as part of the reorganization process.

Mr. Jones said DHS is reviewing all vacant full-time equivalent (FTE) positions to determine if the positions are being used to meet DHS priorities. He said positions not directly related to DHS priorities may be reallocated to other DHS programs to enhance client services.

Senator Mathern said DHS should review legislation from the 2017 legislative session to ensure DHS has the ability to internally reallocate FTE positions.

In response to a question from Senator Mathern, Mr. Jones said other state agencies are also involved in services affecting the health and well-being of individuals. He said DHS is working with other state agencies, including agencies that focus on housing issues, as part of its planning process for the delivery of human services.

STUDY OF THE TOMPKINS REHABILITATION AND CORRECTIONS CENTER

The committee traveled to the State Hospital to conduct a tour of facilities that are utilized for the Tompkins Rehabilitation and Corrections Center (TRCC) program. The committee toured the TRCC building, which is the main facility for the men's program. The committee also toured the New Horizons building, which contains an additional men's unit as well as the women's program. While on the tour, the committee received comments from program employees and individuals being served by the program. The committee also conducted a bus tour to view other buildings located on the State Hospital grounds.

The committee concluded its tour and returned to the North Dakota Farmers Union Conference Center.

In response to a question from Chairman Hogan, Dr. Rosalie Etherington, Superintendent, State Hospital, said the rate charged for individuals participating in the TRCC program is \$215 per day. She said the Department of Corrections and Rehabilitation (DOCR) pays the daily fee. She said daily costs for individuals receiving traditional services at the State Hospital range from \$231 to \$608 per day.

Dr. Etherington said the State Hospital is currently renovating a portion of the LaHaug Building to assist in the placement of an inmate currently in the custody of DOCR. She said DOCR inmates may be granted parole and placed under the supervision of the State Hospital.

Chairman Hogan requested the Legislative Council staff to provide information regarding statutes that allow for DOCR inmates to be granted parole, but placed at the State Hospital.

In response to a question from Senator Mathern, Dr. Etherington said individuals in the TRCC program are under the custody of DOCR, but receive treatment from State Hospital staff. She said this is an independent treatment model. She said treatment is provided by staff that are not under the control of the corrections system. She said some other countries provide all independent treatment to corrections inmates, including dental and medical services. She said any changes to the management and control of the TRCC program would be a joint decision of DHS and DOCR.

Chairman Hogan said the TRCC program is a joint effort of two agencies under the control of the Governor. She said she contacted representatives of the Governor's office to request the office review the program and to provide the committee with any recommendations for changes to the current governance and operations of the program.

Senator Lee suggested the committee receive information regarding how the TRCC program coordinates with the Justice Reinvestment Initiative. She also suggested the committee receive information regarding the projected long-term uses of facilities housing the TRCC program.

Senator Mathern said treating individuals in their home communities may be more successful. He suggested the committee receive information regarding services currently provided in local communities.

Representative Schneider suggested the committee receive information regarding the costs of community-based human services programs.

Senator Lee suggested the committee receive information regarding services available to individuals housed at the Dakota Women's Correctional Center.

Representative P. Anderson said an individual being served by the TRCC program expressed concern regarding the inmate services and treatment at the Dakota Women's Correctional Center. She also suggested the committee receive further information regarding the services being provided at the Dakota Women's Correctional Center.

STUDY OF REFUGEE RESETTLEMENT

Ms. Laetitia Mizero Hellerud, Fargo, provided comments ([Appendix C](#)) regarding refugee resettlement. She said she is originally from Burundi and was a refugee three separate times before arriving in the United States in 1998 at the age of 29. She said she was also responsible for her son and four younger siblings who were also placed in Fargo through the refugee resettlement program. She said her family was the first family from Burundi that was resettled in North Dakota.

In response to a question from Senator Mathern, Ms. Mizero Hellerud said the people of North Dakota and Minnesota are a major reason for her choosing to remain in the area.

Ms. Shirley Dykshoorn, Vice President for Senior and Humanitarian Services, Lutheran Social Services of North Dakota, presented information ([Appendix D](#)) regarding refugee resettlement costs, agreements related to refugee resettlement, and the Wilson-Fish refugee resettlement program. She said the average cost to resettle a refugee in the state is \$5,513. Of this amount, \$3,135 is provided directly to the refugee, \$1,575 is provided as reimbursement to Lutheran Social Services of North Dakota, and \$803 is for services provided by other entities.

Ms. Dykshoorn said refugees are eligible to receive a one-time initial cash assistance allocation of \$1,125 per person for expenses, such as rental deposits, utilities, clothing, food, and other supplies. She said refugees may also be eligible to receive up to 8 months of additional cash assistance for living costs. She said the monthly assistance amount varies by family size. As an example, she said, the monthly assistance payment for a family of one is \$335, while the monthly assistance payment for a family of four is \$685.

In response to a question from Senator Clemens, Ms. Dykshoorn said refugee cash assistance is provided from federal funding and may be used for various purposes, such as housing and food costs. She said federal funding is also used to provide subgrants to local organizations that provide services, such as English classes.

In response to a question from Senator Clemens, Ms. Dykshoorn said refugees are able to move to another city or state after initial placement in the United States. She said an individual retains a refugee status for only 1 year after placement so it is difficult to determine how many individuals remain in the community where originally placed through the refugee resettlement program.

Ms. Dykshoorn said there are three different types of programs utilized by states for refugee resettlement--state-administered programs, public-private partnerships, and the alternative Wilson-Fish program. She said North Dakota is 1 of 14 states that use the Wilson-Fish program for refugee resettlement. She said the Wilson-Fish program provides for states to contract with a nonprofit organization to provide refugee resettlement services. She said the program emphasizes early employment and economic self-sufficiency.

Ms. Dykshoorn reviewed other documents relating to refugee resettlement in the state including, arrival statistics, monitoring reports, and cooperative agreements.

In response to a question from Chairman Hogan, Ms. Dykshoorn said the Wilson-Fish program is more restrictive regarding the distribution of funds under the refugee cash assistance program. She said the program requires recipients to meet certain self-sufficiency requirements to receive cash assistance.

In response to a question from Chairman Hogan, Mr. Saurav Dahal, Special Projects Manager, Lutheran Social Services of North Dakota, said in the past 3 years there have not been any instances of discontinuing refugee cash assistance payments due to a recipient not meeting program requirements. He said his office works with recipients to address any eligibility issues prior to the discontinuance of benefits.

Senator Lee said the requirements to receive refugee cash assistance are similar to the concept under the temporary assistance for needy families program, which requires recipients to achieve certain work efforts to receive benefits.

In response to a question from Senator Clemens, Ms. Dykshoorn said refugees are legal residents of the country and are able to apply for citizenship after 5 years of placement.

In response to a question from Representative Olson, Ms. Dykshoorn said the United States Department of State determines the capacity of communities for the placement of refugees. She said when determining

community capacity the Department of State considers areas, such as employment opportunities, housing availability, public transportation, and services available for refugees. She said the Department of State also consults with local entities, such as law enforcement entities and school districts.

Ms. Maggie D. Anderson, Director, Medical Services Division, Department of Human Services, presented information ([Appendix E](#)) regarding DHS programs that assist refugees. She presented the following information regarding the number of refugees utilizing economic assistance programs and related expenditures:

	State Fiscal Year 2015	State Fiscal Year 2016	State Fiscal Year 2017
Traditional Medicaid			
Individuals served	2,684	2,630	2,983
Amount paid	\$11,991,012	\$11,849,449	\$14,419,630
Supplemental Nutrition Assistance Program			
Individuals served	4,275	4,354	4,295
Amount paid	\$5,552,366	\$5,690,768	\$5,630,104
Temporary Assistance for Needy Families			
Individuals served	355	299	260
Amount paid	\$284,789	\$254,596	\$200,327

Ms. M. Anderson said while refugees may receive assistance under the child care assistance program and the low income home energy assistance program, DHS does not record citizenship or refugee status for these programs.

Chairman Hogan said it appears that 2,983 refugees received medical assistance in fiscal year 2017 under the traditional Medicaid program. However, she said, there are approximately 500 refugees placed in the state each year and an individual's refugee status is only maintained for 1 year after arrival in the country.

Ms. M. Anderson said she would provide information to the committee regarding how the number of individuals served was determined.

Ms. M. Anderson said the unaccompanied refugee minor program provides assistance to eligible unaccompanied refugee minors that are settled in the state. She said the program provides the same level of assistance as is available to foster children in the state. She said when an unaccompanied refugee minor arrives in the state, Lutheran Social Services of North Dakota obtains guardianship of the child and places the child in a licensed foster home.

Ms. M. Anderson presented the following data regarding the unaccompanied refugee minor program:

Unaccompanied Refugee Minor Program			
	Minors Served	Payments to Lutheran Social Services of North Dakota for Administrative Expenses	Direct Payments for Support of Minor¹
Federal fiscal year 2015	72	\$627,285	\$1,130,996
Federal fiscal year 2016	75	\$741,019	\$1,117,146
Federal fiscal year 2017 (through June 2017)	76	\$527,003	\$1,311,396

¹Includes maintenance payments to foster homes, funds for extraordinary clothing needs, independent living preparation programming, education and training vouchers, and emergency funding.

Ms. M. Anderson said refugee medical assistance provides funding for medical expenses for unaccompanied minors and other legally admitted refugees. She said the medical assistance program is available for the first 8 months a refugee is in the country, or until the age of 21 for an unaccompanied minor. She presented the following information regarding the number of individuals receiving assistance under the program and the amount of program payments made since state fiscal year 2013:

Refugee Medical Assistance Program Recipients and Payments (State Fiscal Year)					
	2013	2014	2015¹	2016¹	2017^{1,2}
Number of recipients	267	166	33	18	17
Amount of payments	\$617,738	\$495,069	\$18,970	\$9,799	\$12,928

¹The reduction in recipients is due in part to individuals enrolling in the Medicaid Expansion program rather than the refugee medical assistance program.

²Additional claims may be incurred for services provided in state fiscal year 2017.

Ms. M. Anderson said individuals enrolled in the unaccompanied refugee minor program and the refugee medical assistance program receive dental care comparable to care available under Medicaid. She said refugees enrolled in the traditional Medicaid program have access to dental services and procedures. She said the Medicaid Expansion program only provides routine dental services for 19- and 20-year old individuals.

In response to a question from Representative P. Anderson, Ms. M. Anderson said the unaccompanied refugee minor program and refugee medical assistance program are 100 percent federally funded. She said other programs that assist refugees, such as Medicaid, are funded through a combination of state and federal funds.

In response to a question from Senator Mathern, Ms. M. Anderson said county social services staff and employees of Lutheran Social Services of North Dakota assist refugees to determine which programs the refugee is eligible to enroll.

Ms. Cynthia Shabb, Executive Director, Global Friends Coalition, provided comments to the committee. She said the Global Friends Coalition provides in-home mentoring to new Americans. She said the organization has assisted over 1,000 refugees placed in the region. She said many refugees are completing up to 30 hours of English classes each week. She said it takes an individual approximately 5 to 7 years to become competent in the English language.

In response to a question from Representative P. Anderson, Ms. Shabb said approximately 40 to 50 percent of refugees resettled are children.

Chairman Hogan asked the Legislative Council staff to distribute to committee members a memorandum that was previously prepared regarding the screening process for refugees entering the country.

Chairman Hogan said the next committee meeting will include agenda items relating to employment of refugees and how new Americans are being used to address workforce needs. She said the subsequent committee meeting will include agenda items relating to the impact of refugee resettlement on local law enforcement, health care, and educational services.

OTHER COMMITTEE RESPONSIBILITIES

Autism Spectrum Disorder Program Pilot Project

Ms. M. Anderson provided a report ([Appendix F](#)) on the autism spectrum disorder program pilot project as required under Section 50-06-32.1. She said the autism spectrum disorder voucher program began on July 1, 2014, to assist in funding equipment and general educational needs for individuals with incomes below 200 percent of the federal poverty level from age 3 to under age 18 who have been diagnosed with autism spectrum disorder. She said the voucher may not exceed \$12,500 for a fiscal year and any unused funds are returned to the program.

Ms. M. Anderson said 126 children have participated in the program since it began. She said during state fiscal year 2017, 50 children were served with an average expenditure of \$4,398 per child. She said items purchased for eligible children include electronic tablets, swimming lessons, activity center memberships, tutoring, and stress-relieving and safety-related items. She said there are currently 53 voucher slots available and DHS has received applications from 63 individuals.

In response to a question from Chairman Hogan, Ms. M. Anderson said North Dakota Administrative Code provisions relating to the program are being amended. She said the purpose of the amendments is to clarify the provisions for easier understanding. She said there will be no changes to the program.

Children's Health Insurance Program

Ms. M. Anderson provided a report ([Appendix G](#)) on the children's health insurance program (Healthy Steps program) as required under Section 50-29-02. She said as of October 2017, there were 1,993 premiums paid for children enrolled in Healthy Steps. She said the program appropriation for the 2017-19 biennium is \$15.6 million, and \$2.3 million has been spent through October 2017.

Ms. M. Anderson said since October 2003, the state has been at the minimum 65 percent federal medical assistance percentage for the program. However, she said, due to the federal Affordable Care Act, the federal medical assistance percentage for the program was increased to 88 percent beginning with federal fiscal year 2016.

Ms. M. Anderson said federal funding for the children's health insurance program was effective through September 2017 and Congress has not yet reauthorized the program and related funding. She said based on current estimates, DHS will have enough carryover funding to continue the program through May 2018. She said if federal funding is not reauthorized by February 2018, DHS will begin the necessary actions to discontinue the program.

Senator Lee said some employers provide single health insurance plans to employees and the children of the employees may be covered under the children's health insurance program. She said if the program is discontinued, families may encounter difficulties in obtaining child-only health insurance policies. She said many child-only policies were discontinued due to the Affordable Care Act.

In response to a question from Senator Larsen, Ms. M. Anderson said all states provide some form of the children's health insurance program. She said several states have enough funding to only continue the program through the end of 2017.

OTHER BUSINESS

Chairman Hogan announced the next committee meeting is tentatively scheduled for Thursday, January 4, 2018. She said the committee is also tentatively scheduled to meet on Wednesday, April 11, 2018.

No further business appearing, Chairman Hogan adjourned the meeting at 3:20 p.m.

Brady A. Larson
Assistant Legislative Budget Analyst and Auditor

ATTACH:7