



HB 1012 – Behavioral Health

March 15, 2021

*See attachment dated 3.1.21

** See long sheet from 2019 Session

EPSDT Study

We are requesting an amendment for the North Dakota legislature to conduct a study to determine if North Dakota is fully implementing the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) benefit under Medicaid, or as it is known in North Dakota, "Health Tracks." EPSDT provides comprehensive and preventive health care services for children under age 21 who are enrolled in Medicaid. EPSDT is key to ensuring that children and adolescents receive appropriate preventive, dental, mental health, and developmental, and specialty services. When EPSDT is fully implemented, it can provide children and families vital services, including access to medically necessary treatment.

Safe Beds

We would like safe beds to return to the Bismarck region. Safe beds are a safe place for a child to deescalate and function as an alternative to costly hospitalization. In the last year, safe beds were no longer available for children with mental health disorders in a mental health crisis. As a result, the only options many families have are: a) do nothing, b) hospitalize their child, c) call law enforcement.

Peer Support**

In the 2019 Session, Maggie Anderson presented information on peer support and the 1915(i) for SB 2012. As passed by the Legislature, the budget included peer support "for those not eligible for 1915(i) services" (a total of \$304,784, half federal and half State) as well as separate funds for those 1915(i) eligible. While things are "moving" for the 1915(i), per Caprice Knapp, nothing is happening to implement peer support for those not 1915(i) eligible. When I asked her about this, she said, "I have no staff, no money, and no time". Individuals with mental illness have been advocating for peer support for years. This is a priority for them. Questions for DHS: 1) why has this not happened? 2) where is the money

money that was allocated? 3) what is funded for next biennium for peer support for non-1915(i) eligible individuals? 4) what about Legislative intent?

Family Support*

Contracts were reduced significantly in the executive version of HB 1012 for the Federation of Families for Children's Mental Health and Family Voices of ND. Some funds were restored by the House but these contracts are skimpy to begin with as is one of the Early Intervention programs, "Experienced Parents". This one is in the DD budget and was cut completely. All of these programs should be prioritized for continued full funding into 21-23. Families would be lost without them.

Supported Housing*

In the executive version of HB 1012, DHS decreased funding for Cooper House, LaGrave on First, Prairie Harvest, and Gerridee's. We believe DHS thought the individuals served would be eligible for the 1915(i) and could then draw down a federal match. The House restored some of the money. It has come to light that many, if not most, of these individuals will not be 1915(i) eligible. Without supported housing, many will be at risk and will not be successful living in the community. Full funding should be considered for these programs.

Autism Voucher

DHS put in a bill (SB 2089) to repeal the ASD Voucher with no discussion with the Governor's ASD Task Force. It removed all monies for the Voucher from HB 1012. Senate Human Services turned SB 2089 into a study but replaced the ~ \$1.3 million with only \$300,000. The Task Force opposes the repeal and submitted amendments to House Human Services to make the Voucher more family-friendly (also shared with Senate Appropriations - testimony by Holly Johnson). The Voucher should be funded at \$1.3 million with the amendments from the Task Force. [NOTE: The population at the LSTC is now over 50% adults and youth with a diagnosis of autism.]

Supported Employment

We would like Supported Employment services for people with mental illness to have their budgets restored from the cuts that were slated under "1915(i) Savings." Supported Employment (SEP) services assist individuals to obtain and keep competitive employment at or above the minimum wage. Ongoing follow-along support is available for an indefinite period as needed by the individual to maintain their paid

competitive employment position. Individuals with serious mental illness rely on supported employment services so that they can maintain employment and can maintain living in the community. The proposed budget made significant cuts to those program areas, with some initial requests to eliminate entire programs. While some has been discussed to be restored to allow providers time to become Medicaid providers, it does not account for the fact that some of those individuals with serious mental illness will not meet the eligibility requirements of the 1915(i). We also want to make sure that individuals who receive supported employment services under the 1915(i) continue to receive ongoing and continuous SEP services as they earn and maintain their employment wages.

Voluntary Placement Dollars

We would like a restoration of the dollars allocated to the Voluntary Treatment program. The Governor's proposed budget cuts the voluntary treatment program from its previous budget of \$533,440 to a proposed 2021-2023 budget of \$453,424. With the creation of the voluntary treatment program, parents were no longer required to relinquish custody of their children in order to receive treatment that would be provided in that residential treatment facility. During the last legislative session, the voluntary treatment program was given the flexibility to provide services to children in order to prevent an out-of-home placement. The voluntary treatment program is essential in families being able to maintain custody of their children and provide linkages to community-based services.

State Hospital

As Dr. Etherington has shared, many studies have already been completed regarding building of a new State Hospital (see binder she gave Sen. Appropriations). All advocacy organizations that have taken a position on this matter are supporting the building of a new State Hospital in conjunction with 8-10 new behavioral health beds in the western part of the State. Dr. Etherington has shared a funding plan that does not require new monies for this however, if a new facility is not built, there will be significant monies needed for repair and maintenance of existing buildings. Action is recommended to move forward with authorization of a new State Hospital.

1915(i) – Legis. intent language re WHODAS score (future)

We would like there to be legislative intent raised regarding the WHODAS score that is used to determine eligibility for services under the 1915(i) State Plan Amendment. We would like that the legislature direct the Department of Human Services to conduct multi-stakeholder

meetings (that include consumers and family members) to evaluate the WHODAS score threshold used to determine eligibility for services under the 1915(i) and lower the score, if necessary, to ensure individuals with Serious Mental Illness (SMI) and Serious Emotional Disturbance (SED) are not losing the invaluable services to meet their needs. This would also serve to benefit North Dakota as it seeks to maximize federal dollars in providing services to those in need.

Definition of Serious Emotional Disturbance (SED):

A diagnosable mental, behavioral, or emotional disorder in the past year, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

-Approximate number of North Dakotans with SED (2019): 18,125.

Definition of Serious Mental Illness (SMI):

Someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.

-Approximate number of North Dakotans with SMI (2019): 30,258

-North Dakota 1915(i) Application set eligibility at a WHODAS score of 50 or above. With those parameters, the Department of Human Services anticipated that the number served between SUD, SED, SMI, TBI was 11,150.

Brain Injury Network*

Brain injury services and programs were cut significantly in the executive budget, some related to expected federal matches through the 1915(i). The House restored some of the funds noting the 1915(i) may not provide funding for many of the individuals. Still, ND has little in the way of services for individuals with a brain injury – any reductions will mean even less for supports. Relevant are the NDBIN, pre-vocational program, and the return to work program with a total reduction, after HB 1012 was passed by the House, of over a \$1¼ million. Consideration is requested to restore all of the funds cut for brain injury services and support.

It is suggested that, while giving DHS flexibility with funding items, there is also accountability for Legislative intent. Examples include the ASD Voucher; ASD training funds (the ASD Task Force did not know

there was \$90,000+ for this); and peer support. Where has the money gone that was authorized for these things?