NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HUMAN SERVICES COMMITTEE

Tuesday, October 29, 2013
Roughrider 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, Dwight Kiefert, Diane Larson, Alex Looysen, Gail Mooney, Naomi Muscha, Alon Wieland; Senators Tyler Axness, Dick Dever, Robert Erbele, Judy Lee, Tim Mathern, John M. Warner

Members absent: Representatives Dick Anderson, Kathy Hogan; Senator Nicole Poolman

Others present: Senator Larry J. Robinson, member of the Legislative Management, was also in attendance. See Appendix A for additional persons present.

It was moved by Senator Mathern, seconded by Representative Larson, and carried on a voice vote that the minutes of the July 30, 2013, meeting be approved as distributed.

STUDY OF BEHAVIORAL HEALTH NEEDS OF YOUTH AND ADULTS

Mr. Alex Schweitzer, Director, Field Services Division, Department of Human Services, presented information (Appendix B) regarding behavioral health services provided by the department, including for each program--the services provided, staffing, location of services, number of clients, cost per client, funding, and estimated unmet need. He said the State Hospital, located in Jamestown, provides short-term acute inpatient psychiatric and substance abuse treatment services and intermediate psychosocial rehabilitation services for adults. He said the many patients receiving addiction services have severe, chronic medical problems, and patients receiving psychiatric service have multiple diagnoses. He said the following five patient groups are consistently served in the State Hospital because community-based providers have difficulty successfully treating them:

1. Those with significant behavioral problems from nursing homes;
2. Individuals with a developmental disability from group homes and those with traumatic brain injury (TBI);
3. Violent and forensic individuals;
4. Community-based sex offenders with mental health and substance abuse problems; and
5. Individuals with chronic recidivistic mental illness and substance abuse.

Mr. Schweitzer said the Department of Human Services operates eight regional human service centers, and each center provides mental health and substance abuse services in a specific region of the state. He said the eight human service centers provide an array of community-based services, either directly or through contract with private providers.

Senator Warner suggested the Department of Human Services be asked to provide information at a future meeting regarding major cost and usage changes and trends for behavioral health services at the State Hospital and human service centers.

In response to a question from Representative Hofstad, Mr. Schweitzer said human service centers generally have good working relationships with private providers in their regions. He said the human service centers have coordinating meetings with private providers in their respective regions.

In response to a question from Senator Mathern, Mr. Schweitzer said the increase in the number of patients at the State Hospital has been primarily due to an increase in the number of forensic clients. He does not anticipate Medicaid expansion will affect these patients' eligibility for services.

Ms. JoAnne Hoesel, Director, Division of Mental Health and Substance Abuse, Department of Human Services, presented information (Appendix C) regarding outcome data for behavioral health services provided by the department. She said the department provides many evidence-based practices, including motivation interviewing, integrated dual-disorder treatment, the Matrix Model, trauma-focused cognitive behavioral therapy/structured psychotherapy for adolescents responding to chronic stress, supported employment program, high-risk sex offender treatment, dialectical behavioral treatment, wraparound case management partnerships, and mental health first-aid training.

In response to a question from Senator Warner, Ms. Hoesel said the department will provide additional information on dialectical behavior.

In response to a question from Senator Axness, Ms. Hoesel said the Southeast Human Service Center has made changes to its intake process which has reduced wait times for counselor appointments.

In response to a question from Senator Mathern, Ms. Hoesel said the department conducts a variety of data compilation and analysis. She said some information is provided to the federal Substance Abuse and Mental Health Services Administration (SAMHSA) for analysis. She said the department has a Decision Support Services unit consisting of research analysts. She said she will provide additional information on the staff members of the unit.

In response to a question from Senator Dever, Ms. Hoesel said the department will provide additional information on client demographics.

In response to a question from Senator Lee, Ms. Hoesel said discharge plans are developed for every child being released from a residential facility, which identifies continuing services for the child after discharge.

Dr. Lisa Peterson, Clinical Director, Department of Corrections and Rehabilitation, presented information (Appendix D) regarding adult behavioral health services provided by the department, including for each program--the services provided, staffing, location of services, number of clients served, cost per client, funding, estimated unmet need, and outcome data. She said programs include Thinking for a Change, Cognitive Behavioral Interventions for Substance Abuse, Conflict Resolution, Alternatives to Violence in Relationships, Cognitive Behavioral Interventions for Sexual Offending, and Sex Offender Maintenance.

Senator Mathern suggested the Department of Corrections and Rehabilitation be asked to provide information at a future meeting regarding the estimated cost of adding research analysis staff at the department.

Ms. Lisa Bjergaard, Director, Division of Juvenile Services, Department of Corrections and Rehabilitation, presented information (Appendix E) regarding youth behavioral health services provided by the department, including for each program--the services provided, staffing, location of services, number of clients served, cost per client, funding, estimated unmet need, and outcome data. She said youth committed to the Division of Juvenile Services undergo a thorough assessment process in order for the agency to make informed decisions related to services and placement. She said each youth is assigned to the caseload of a juvenile corrections specialist, who develops a community placement agreement for youth who are placed at home or arranges for an appropriate out-of-home placement utilizing the continuum of care. She said the Youth Correctional Center also provides rehabilitative and educational programming in a secure setting for youth under Division of Juvenile Services custody as well as youth placed by the Federal Bureau of Prisons or Tribal Court. She said risk assessment, needs assessment, and case management planning are the three essential tools in addition to matching youth to services and programs based on their level of risk, level of need, and level of responsivity.

Dr. Nancy Vogeltanz-Holm, Director, Center for Health Promotion and Prevention Research, University of North Dakota School of Medicine and Health Sciences, presented information (Appendix F) regarding issues associated with behavioral health services in the state. She said North Dakota ranks favorably compared to other states in certain behavioral health indicators, but alcohol dependence and abuse is an issue in North Dakota. She said the number of behavioral health treatment facilities in North Dakota increased from 47 in 2002 to 65 in 2006. She said a concern in North Dakota is the distribution of providers. She said more providers are needed in the western part of the state. She said telemedicine/psychiatry could be an emerging solution to address provider distribution gaps. She expressed a need for reimbursement reform for private insurance providers offering behavioral health coverage.

In response to a question from Senator Mathern, Dr. Vogeltanz-Holm said the School of Medicine could assist with behavioral health services information sharing.

Dr. Michael Dallolio, Medical Director, Behavioral Health and Addiction Services, Trinity Hospital, Minot, expressed support of the committee's study of behavioral health needs of youth and adults. He discussed behavioral health needs in western North Dakota, including the lack of infrastructure and medical facilities to meet the demand for mental health and chemical dependency services.

In response to a question from Senator Mathern, Dr. Dallolio said third-party payers have become more restrictive in paying for behavioral health services over the past three years to four years.

Ms. Theresa Will, Director, City-County Health District, Valley City, presented testimony (Appendix G) relating to the committee's study of behavioral health needs of youth and adults. She expressed concern regarding the lack of behavioral health service providers in the South Central Human Service Center region.

Mr. Mike Reitan, Assistant Chief, West Fargo Police Department, presented testimony (Appendix H) relating to the committee's study of behavioral health needs of youth and adults. He expressed concern regarding the increasing frequency of the police department's involvement with individuals who have mental illness and substance abuse issues.

Dr. Ronald Burd, Psychiatrist, Sanford Health, Fargo, expressed support of the committee's study of behavioral health needs of youth and adults.

Mr. Robert Spencer, Chief of Operations, Center for Solutions, Devils Lake, presented testimony (Appendix I) relating to the committee's study of behavioral health needs of youth and adults. He expressed concern regarding patient access to treatment. He said insurance companies are reducing certain behavioral health coverages in part due to implementation of the federal Affordable Care Act.

Senator Mathern suggested the committee receive information on the effects of implementation of the federal Affordable Care Act in North Dakota, specifically relating to insurance coverage for behavioral health services, applicable state laws, and Insurance Department rules.

Representative Hofstad suggested the committee receive information on the financial impact to the state of the decreasing insurance coverage for behavioral health services, specifically residential care services. He said the information should identify the shifting of costs from third-party payers to the state.

Mr. Kurt Snyder, Heartview Foundation, Bismarck, presented testimony (Appendix J) relating to the committee's study of behavioral health needs of youth and adults. He stressed the importance of the integration of primary care and behavioral health and the need for a continuum of services for behavioral health, including residential care.

Mr. Mitch Burris, Captain, Cass County Sheriff's Office, presented testimony (Appendix K) relating to the committee's study of behavioral health needs of youth and adults. He provided examples of the challenges of law enforcement when responding to situations involving individuals with mental illness. He distributed testimony relating to the committee's study of the need for a comprehensive system of care for individuals with brain injury (on file with the Legislative Council).

Ms. Abby Tow, Executive Director, Stephanie Goetz Foundation, presented information (Appendix M) on behavioral health services provided by the foundation in partnership with the Fargo and West Fargo Public Schools. She said the program the foundation is involved with provides early intervention, access to treatment, and mental health education.

Mr. Dan Donlin, Chief, Bismarck Police Department, presented testimony (Appendix N) relating to the committee's study of behavioral health needs of youth and adults. He expressed concern regarding the number of people suffering from mental health issues and chemical dependency issues and the strain it places on the relationships between law enforcement and health care providers.

Ms. Jane Brown, Chief Operating Officer, Dakota Boys and Girls Ranch, Minot, expressed support of the committee's study of behavioral health needs of youth and adults. She provided examples of behavioral health issues of the facility's clients and the causes of certain behavioral issues.

The Legislative Council staff presented a memorandum entitled *Behavioral Health Study Potential Request for Proposal Items*. Section 1 of 2013 Senate Bill No. 2243 allows the Legislative Council to contract for consulting and coordination of study services to assist the Legislative Management in conducting the behavioral health study. The Chairman of the Legislative Management has authorized the Human Services Committee to spend up to $45,000 for the consulting services.

The Legislative Council staff said if the committee chooses to proceed with hiring a consultant, the timeline could be as follows:

1. Release a request for proposal (RFP) and receive proposals in November and December 2013;
2. Review proposals and hire a consultant in January 2014;
3. Receive updates on consultant study activities January through June or July 2014;
4. Receive the consultant's final report in June or July 2014;
5. Develop committee recommendations in September or October 2014; and
6. Present a final report to the Legislative Management in November 2014.

The Legislative Council staff said potential items to be included in an RFP for a consultant to assist with the behavioral health study include:

1. Identify stakeholders of the behavioral health system.
2. Identify the need for behavioral health services by geographic area of North Dakota.
3. Assess the availability and adequacy of supports, services, and facilities to meet the need for behavioral health services in the state by:
   a. Identifying the services, supports, and facilities available in the state by geographic area;
   b. Identifying gaps in coverage;
   c. Identifying differences in adequacy of access, availability, and delivery of services for youth with behavioral health needs and adults with behavioral health needs;
   d. Assessing the availability of prevention and early intervention services for behavioral health in North Dakota;
   e. Identifying areas of treatment needing improvement, taking into account new evidence-based practices leading to effective recovery; and
   f. Assessing the impact of population changes in North Dakota on behavioral health service systems.
4. Assess the availability of insurance coverage for behavioral health care in North Dakota.
5. Assess the adequacy of communications between the public and private systems of behavioral health services.
6. Assess the adequacy of integration of the physical health care and behavioral health care systems in North Dakota.
7. Develop a plan based on specific goals and objectives to improve behavioral health services in North Dakota.
8. Provide recommendations to implement the plan to improve behavioral health services in North Dakota. Recommendations should identify the entity responsible for implementing the recommendation and required legislative changes.

It was moved by Senator Lee, seconded by Senator Mathern, and carried on a roll call vote that the

Legislative Council staff distribute an RFP for consulting and coordination of study services to assist in conducting the behavioral health study. Representatives Damschen, Hofstad, Kiefert, Larson, Looysen, Mooney, Muscha, and Wieland and Senators Axness, Dever, Erbele, Lee, Mathern, and Warner voted "aye." No negative votes were cast.

STUDY OF HOME AND COMMUNITY-BASED SERVICES

Ms. Karen Tescher, Assistant Director, Long-Term Care Continuum of Medical Services, Department of Human Services, presented information (Appendix O) regarding home and community-based services (HCBS) provided by the department, including for each program--the services provided, staffing, location of services, eligibility requirement, number of clients served, cost per client, funding, estimated unmet need, and outcome data. She provided an overview of all the HCBS, including the eligibility criteria and funding sources for each of the services. She said many HCBS are provided by individual and agency qualified service providers (QSPs). She said as of October 1, 2013, there were 1,556 individual QSPs and 141 QSP agencies enrolled with the department.

Ms. Myrna Hanson, Executive Director, Community of Care, presented information (Appendix P) regarding methods of providing HCBS. She discussed the programs offered by Community of Care. She said Community of Care is a model that can be replicated in other counties in North Dakota. She said Community of Care provides its services free of charge and receives the majority of its funding from donations, fundraisers, and community support. She said Community of Care is not requesting additional state funding but is suggesting its service model could be used in other areas of the state.

Mr. Josh Askvig, Associate State Director of Advocacy, American Association of Retired Persons, presented testimony (Appendix Q) in support of the committee's study of HCBS. He discussed the need for additional HCBS in North Dakota and suggested additional state funding be provided for HCBS.

Ms. Kristen Hasbargen, Director, Richland County Social Services, Wahpeton, presented testimony (Appendix R) in support of the committee's study of HCBS. She expressed appreciation for the additional funding provided by the Legislative Assembly for the 2013-15 biennium for mileage payments for QSPs serving rural areas, and she stressed the need for additional HCBS.

Ms. Penny Woodward, Home and Community-Based Services Case Manager, Morton County Social Services, Mandan, presented testimony (Appendix S) in support of the committee's study of HCBS. She discussed the levels of services available and gaps in services for individuals who do not meet the total impairments needed to qualify for HCBS but still have service needs to allow them to remain at home safely. She expressed concern over potential clients not being able to afford necessary services.

Senator Mathern suggested the Department of Human Services be asked to provide information at a future meeting on options and changes that would be necessary to help facilitate the implementation of the Community of Care model in other parts of the state.

Chairman Damschen asked that the Department of Human Services update the committee at its next meeting on the status of its long-term care study involving Myers and Stauffer, LC.

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

Ms. Susan Wagner, Program Administrator, Department of Human Services, presented information (Appendix T) regarding services provided by the department for individuals with brain injury, including for each program--the services provided, staffing, location of services, number of clients, cost per client, funding, estimated unmet need, and outcome data. She reviewed the services provided by the department and department contracts for services for individuals with brain injury. She also reviewed the application process for those services. She said the department has six contracts for social and recreational services, including HIT, Inc., in Bismarck/Mandan; HeartSprings in Fargo; Onword Therapy in Fargo; Sanford Health in Fargo; the Dakota Center for Independent Living in Bismarck; and the University of North Dakota (UND) Center for Rural Health in Grand Forks. She said the department has a statewide contract with Community Options for Residential and Employment Services, Inc., for prevocational skills and mentoring services. She said the department has a contract with the UND Center for Rural Health for informal supports, peer mentoring, and resource facilitation for individuals with TBI and their family members.

Ms. Rhonda Boehm, Bismarck, presented testimony (Appendix U) regarding the committee's study of the need for a comprehensive system of care for individuals with brain injury. She expressed concern regarding the difficulties she and her son, who has a brain injury, have encountered attempting to access services.

Ms. Jennifer Buresh, Dickinson, presented testimony (Appendix V) regarding the committee's study of the need for a comprehensive system of care for individuals with brain injury. She discussed her experiences with TBI and her concerns with accessing services and benefits.

Ms. Lisa Anderson, Leeds, presented testimony (Appendix W) regarding the committee's study of the need for a comprehensive system of care for individuals with brain injury. She discussed brain injury services available in Vermont, Tennessee, Kentucky, and Florida. She said North Dakota needs additional services for individuals with brain injury.

Ms. Elaine Grasl, Bismarck, expressed support for the committee's study of a comprehensive system of care for individuals with brain injury and discussed the challenges experienced by individuals with brain injury.

Ms. Rebecca Quinn, Program Director, Brain Injury Programs, University of North Dakota Center for Rural Health, presented testimony (Appendix X) in support of the committee's study of the need for a comprehensive system of care for individuals with brain injury. She discussed areas that could improve brain injury services, including:

1. Expanding legislative language to include all acquired brain injuries instead of limiting it to TBIs;
2. Exploring the benefits of adding a brain injury registry; and
3. Considering reestablishing a TBI-specific Medicaid waiver.

Ms. Woodward presented testimony (Appendix Y) regarding of the committee's study of the need for a comprehensive system of care for individuals with brain injury. She discussed her experience in working with people with brain injury and suggested improvements in the delivery of services to individuals with brain injury, including:

1. Amending legislative language to include acquired brain injuries;
2. Expanding the level of care screening tool that is necessary to qualify for brain injury services under HCBS;
3. Reviewing the process of establishing provider rates for transitional services; and
4. Adding a service allowing individuals with brain injury to live in their own apartment but have onsite supervision.

Ms. Diana Read, Director, Injury and Violence Prevention Program, Division of Injury Prevention and Control, State Department of Health, presented testimony (Appendix Z) regarding the history of the TBI registry in North Dakota. She said a bill approved during the 1987 legislative session at the request of the North Dakota Head Injury Association directed the State Department of Health to establish and maintain a TBI registry and required physicians and hospitals to report TBIs to the department within seven days of occurrence. She said the manual reporting system was somewhat effective in providing statewide information on TBIs for a time following the initial implementation, but reporting from the participating hospitals was inconsistent. She said a bill was approved during the 1993 legislative session which designated the Department of Human Services as the lead agency in North Dakota for TBI services. She said the bill also directed the State Department of Health to periodically forward the TBI registry information to the Department of Human Services. She said in 1996 it was determined the Injury Prevention Program could not maintain the TBI registry utilizing a manual reporting system. She said discussions were held, and options for the registry included:

1. Allocating resources to develop and maintain a reporting system;
2. Repealing the statute which mandated reporting and the registry; and
3. Exploring the possibility of an electronic/computerized reporting system and determining the resource requirement necessary to support this approach.

Ms. Read said in January 1999, legislation was introduced and approved to repeal the mandatory TBI reporting requirement and the TBI registry.

The Legislative Council staff presented a memorandum entitled *History of Approved Legislation Relating to Services for Individuals With Traumatic Brain Injury*. The memorandum included information regarding the history of major legislation relating to services for individuals with TBI approved since the 1993 legislative session.

Senator Mathern suggested the Legislative Council staff prepare a bill draft for committee consideration continuing the suggestions made by Ms. Quinn, Ms. Anderson, and others who testified.

Chairman Damschen asked the Legislative Council staff to compile the suggestions in a memorandum for review at a future meeting prior to drafting a bill. He asked that, to the extent possible, the memorandum include potential fiscal considerations of the suggestions.

Senator Lee suggested the committee receive information regarding options to allow individuals with brain injury who are working to access Medicaid services, potentially using a Medicaid buyin program.

Chairman Damschen said the committee will be notified of the next meeting date.

No further business appearing, Chairman Damschen adjourned the meeting at 5:40 p.m.

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Alex J. Cronquist
Fiscal Analyst

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Allen H. Knudson
Legislative Budget Analyst and Auditor

ATTACH:26