NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

# HUMAN SERVICES COMMITTEE

Tuesday, November 3, 2015
Roughrider Room, State Capitol
Bismarck, North Dakota

Representative Kathy Hogan, Chairman, called the meeting to order at 8:00 a.m.

**Members present:** Representatives Kathy Hogan, Bert Anderson, Dick Anderson, Chuck Damschen, Alan Fehr, Curt Hofstad, Dwight Kiefert, Gail Mooney, Naomi Muscha, Kylie Oversen, Jay Seibel, Peter F. Silbernagel; Senators Tyler Axness, Dick Dever, Oley Larsen, Judy Lee, Tim Mathern

**Others present:** See Appendix A for additional persons present.

**It was moved by Senator Mathern, seconded by Senator Dever, and carried on a voice vote that the minutes of the August 19, 2015, meeting be approved as distributed.**

## STUDY OF FAMILY CAREGIVER SUPPORTS AND SERVICES

The Legislative Council staff presented a memorandum entitled *Study of Family Caregivers Supports and Services - Information Regarding the Request for Proposal Responses*. The Legislative Council staff said Section 1 of 2015 House Bill No. 1279 allows the Legislative Council to contract for consulting and coordination of study services to assist the Legislative Management in conducting the family caregiver supports and services study. On September 11, 2015, as directed by the committee, the Legislative Council issued a request for proposal (RFP) for consulting services. Proposals were due to the Legislative Council office on October 15, 2015. Proposals were received from Health Management Associates (HMA), North Dakota State University (NDSU) Extension Service, and Dr. Karin L. Becker. The memorandum includes a summary comparison of selected components of each of the three potential consultants' proposals.

To select the order in which the potential consultants would give their presentations, Chairman Hogan held a random drawing. The selected order was:

1. NDSU Extension Service.
2. HMA.
3. Dr. Karin L. Becker.

### NDSU Extension Services

Dr. Jane Strommen, Extension Gerontology Specialist, North Dakota State University Extension Service, presented information (Appendix B) regarding the NDSU Extension Service's proposal to assist with the study of family caregiver supports and services. She said NDSU Extension Service has faculty expertise in caregiving and aging, research methods, experience in outreach across the state of North Dakota, and experience in developing and delivering services. She said graduate and undergraduate students will be assisting with the project. She said the NDSU Extension Service's proposal includes the following project plan:

1. Create a database of current systems for caregiving in North Dakota, including informal, private, and governmental community supports for information and referral, education, advocacy, respite care, case management, and direct service provisions.
2. Gather feedback from stakeholders to identify barriers and challenges from the perspective of family caregivers.
3. Review scientific literature and websites to identify successful models across the nation and internationally. In addition, conduct analysis of the key themes of success for caregiving models.
4. Review scientific literature and websites to identify emerging practices and technology, including identifying practices and technology that may be particularly relevant to North Dakota with an emphasis on rural needs.
5. Develop recommendations, including best practices for community supports and technology opportunities, policy needs, and top priorities for family caregiver supports and services.

In response to questions from Senator Mathern, Dr. Strommen said the contract will be with North Dakota State University and research team includes Dr. Greg Sanders, Dr. Jane Strommen, and Dr. Heather Fuller. She also said the study will include a review of data from an informal caregiver study that was conducted in 2002. She said the study in 2002 was a key study conducted in the state relating to family caregivers. She said the research team will identify what was done during that study, and review the study's findings and recommendations. However, she said the results for the Human Services Committee's study will be based on current data.

In response to a question from Chairman Hogan, Dr. Strommen said NDSU Extention Service did receive permission from AARP to access data gathered by AARP staff relating to family caregivers.

In response to a question from Representative Fehr, Dr. Strommen said NDSU and the NDSU Extension Service respond to community and emerging needs in the state. She said the university seeks stakeholders from across the state to help identify those needs. She said depending on the study's final recommendations, the university will determine if there may be a role for NDSU and NDSU Extension Service in meeting the needs identified.

In response to a question from Senator Dever, Dr. Strommen said upon discharge from a hospital, it is important for family caregivers to understand the hospital's instructions and how to provide that care. She said the study will include, as part of a survey, identifying challenges family caregivers have when providing care.

In response to a question from Senator Lee, Dr. Strommen said the study will be broad and include all types of caregivers. She said each caregiver situation is unique.

## Health Management Associates

Dr. Lisa R. Shugarman, Senior Consultant, HMA, presented information (Appendix C) regarding HMA's proposal to assist with the study of family caregiver supports and services. She said HMA specializes in health system restructuring, health care program development, health economics and finance, program evaluation, and data analysis. She said HMA is a leader in providing technical and analytical services, with a special concentration on addressing the needs of the medically indigent and underserved. She said HMA's proposal includes the following project plan:

1. Create an inventory of resources available to caregivers, which will include private and public sources that will be categorized by type, region, and county.
2. Identify barriers and challenges for family caregivers through two town hall forums with caregivers and other key stakeholders.
3. Conduct national research and review other states' best practices for family caregiver support programs in order to identify potential models for North Dakota including interviews with key leaders in the field. The best practices will be organized to understand the experiences, challenges, successes, lessons learned, and costs associated with the models.
4. Research the various emerging practices and technologies from other states and national affinity groups.
5. Present preliminary findings to the committee in March 2016 and by May 10, 2016, deliver a final report with a summary of study activities and recommendations to the committee.

In response to a question from Senator Lee, Dr. Shugarman said other members of the research team, which include Dr. Marci Eads, Mr. Chris Armijo, Ms. Jackie Laundon, and Ms. Robyn Odendahl are located in Denver, Colorado. She said HMA has experience with rural areas. She said HMA anticipates conducting townhall forums in communities with a higher than average population age 65 and older. She said HMA may consider Bismarck, Minot, and Devils Lake as locations to hold these meetings. She said HMA intends to conduct other stakeholder interviews by telephone. She said HMA anticipates contacting key stakeholders to identify caregivers that would be interested in discussing caregiver issues.

In response to a question from Representative Silbernagel, Dr. Shugarman said HMA anticipates planning three trips to the state as part of the study. She said HMA has been successful with gathering information utilizing telecommunications. She said phone interviews are an efficient way to gather information for the study.

In response to a question from Senator Mathern, Dr. Shugarman said caregiving is a private activity that includes being governed by public policy. She said many of the best practices identified across states are related to public policy and publicly funded programs. She said the Long-Term Services and Supports Scorecard, which measures state level performance, may identify best practices. She said HMA has readily available resources that may help determine states that rank high on certain measures and their programs that are most effective. In

addition, she said HMA has detailed data that may assist with understanding the results relating to each of those measures.

In response to a question from Senator Lee, Dr. Shugarman said in addition to state policies, there are many programs that can be offered in the community to help family caregivers.

### Dr. Karin L. Becker

Dr. Karin L. Becker presented information (Appendix D) regarding her proposal to assist with the study of family caregiver supports and services. She said she is trained in research design, methodology, and data analysis; understands rural dynamics and has rapport with community partners; and is an expert in qualitative interview techniques. She said her proposal includes the following project plan:

1. Formulate an asset map of regional resources for family caregivers according to the eight human service regions in the state.
2. Convene community focus groups with stakeholders to identify barriers and challenges family caregivers experience, and to identify gaps, inefficiencies, and redundancies.
3. Conduct a nationwide literature review tailored to best practice models for family caregiver supports, and technological and training tools to support and train caregivers.
4. Synthesize focus group and key informant data with literature review findings to identify emerging practices to enhance caregiver and patient home supports.
5. Provide a written report of recommendations and present the final report to the committee.

In response to a question from Representative B. Anderson, Dr. Becker said because of changes with Medicare and reimbursement issues, programs are transitioning to affordable care models. She said although changes at the national level may have an impact, a good rural model should focus on utilizing community partners to understand the needs of rural healthcare and rural providers.

In response to a question from Chairman Hogan, Dr. Becker said she did not anticipate using data from AARP as part of her study unless the committee directs her to seek approval from AARP to access the information.

### Committee Discussion - Submitted Consultant Proposals

Representative Fehr said a benefit of contracting with NDSU Extension Service is the possibility of NDSU Extension Service being able to use information from the study to further assist with addressing community needs.

Senator Mathern said a benefit of contracting with HMA is the external assessment of North Dakota's services; however, because of the limited amount of funding available for the study, he expressed concern that HMA may be limited in the time it can devote to the study.

Senator Mathern said because the NDSU Extension Service is part of an institution, it will have a number of experts involved in the study. He said he is concerned that Dr. Becker's proposal involves only one expert rather than a number of experts in the other two proposals.

Representative Silbernagel suggested adding language to encourage NDSU Extension Service, as part of its study, to consider information available or which may be provided by the University of North Dakota School of Medicine and Health Sciences, Centers for Rural Health relating to family caregiver supports and services. He said it is important to include information from the Centers for Rural Health because it is an organization that has had an impact in the state's understanding of health care services.

**It was moved by Senator Mathern, seconded by Representative Fehr, and carried on a roll call vote that the committee recommend the Chairman of the Legislative Management enter a contract with North Dakota State University (NDSU) Extension Service to assist with the study of family caregiver supports and services, and to encourage NDSU Extension Service, as part of the study, to consider information available from or which may be provided by the University of North Dakota School of Medicine and Health Sciences, Centers for Rural Health relating to family caregiver supports and services.** Representatives Hogan, D. Anderson, Damschen, Fehr, Hofstad, Kiefert, Mooney, Muscha, Oversen, Seibel, and Silbernagel and Senators Axness, Dever, Lee, and Mathern voted "aye." Representative B. Anderson voted "nay."

### Aging and Disability Resource Center Service Process and the Number of Clients Served

Ms. Sheryl Pfliger, Director, Aging Services Division, Department of Human Services, presented information (Appendix E) regarding the Aging and Disability Resource Center, including the service process and the number of

clients served. She said the Aging and Disability Resource Center initiative is a collaborative effort by the Administration for Community Living and the Centers for Medicare and Medicaid Services (CMS) to assist states in developing a coordinated system of information and access at the community level for persons seeking long-term services and supports. She said the initiative is referred to as the Aging and Disability Resource-LINK (ADRL) in North Dakota. She said the primary services of ADRL include the following:

- **Information and assistance** - The Aging Services Division administers a nationwide toll-free number that provides initial access to information about services, and maintains a centralized database at www.carechoice.nd.gov that is available to the general public. The Medical Services Division uses the ADRL as a point of contact for information regarding home- and community-based services and the Money Follows the Person project. A total of 1,830 calls were received during the 2013-15 biennium. The centralized database currently includes 3,462 resources.
- **Options counseling** - Options counseling is a person-centered, interactive, decision-support process that determines appropriate long-term care services and supports for consumers, family members, and significant others. Options counselors also assist with completing required CMS local contact agency activities with residents in long-term care facilities that are interested in transitioning back to the community. A total of 1,135 clients received options counseling services during the 2013-15 biennium. A total of 46 residents received local contact agency services.

In response to a question from Senator Lee, Ms. Pfliger said the Department of Human Services has considered partnering with FirstLink. Senator Lee expressed concern regarding the calling services being only available during business hours on Monday through Friday.

In response to a question from Senator Mathern, Ms. Pfliger said changing the hours available for the toll-free number is something that can be considered.

In response to a question from Representative Mooney, Ms. Pfliger said it is more challenging in rural areas to inform caregivers regarding services available. She said the Department of Human Services generally partners with churches, public health agencies, and local senior centers to provide the information. She said often times, the most effective method for communicating awareness of services is word of mouth.

In response to a question from Chairman Hogan, Ms. Pfliger said as of July 1, 2015 the toll-free number is also used for individuals to call regarding adult protective services.

In response to a question from Chairman Hogan, Ms. Pfliger said three things that could improve the program include:

1. Improving communications regarding services available;
2. Ensuring sufficient funding for the services; and
3. Providing the right services to the right people at the right time.

## Comments by Interested Persons

Ms. Jeanna Kujava, Public Health Director, Pembina County Public Health, provided testimony (Appendix F) related to the study of family caregiver supports and services. She expressed support for the sustained commitment to improving the system of caregiving in North Dakota.

Mr. John Vastag, Chief Executive Officer, North Dakota Interagency Program for Assistive Technology, provided testimony related to the study of family caregiver supports and services. He said assistive technology plays an important role to assist both an individual receiving care and a caregiver. He suggested the committee review the benefits of assistive technology as part of the study for family caregiver supports and services.

Chairman Hogan encouraged Mr. Vastag to provide information to Dr. Strommen regarding the benefits of assistive technology for family caregivers.

Mr. Josh Askvig, AARP North Dakota, provided testimony related to the study of family caregiver supports and services. He said AARP North Dakota is willing to work with NDSU Extension Service in the family caregiver supports and services study.

## Committee Discussion

Senator Lee said there is a need to appropriate funding for marketing efforts to inform people about the family caregiver supports and services that are available.

Chairman Hogan said the committee will discuss the Caregiver Advise, Record, Enable (CARE) Act at its next meeting in January 2016. She said the topic was delayed until January 2016 to allow the health care providers and AARP to discuss the issues at their own meetings before presenting information to the committee.

Representative Silbernagel said community-based care is an effective method of providing family caregiver supports and services. He said Cass County has a very successful model of community-based care. He said the Cass County community model includes many volunteers and donations. He said the committee should consider those type of efforts and not just seek state mandated solutions.

Representative Mooney said in addition to expanding the delivery of services, efforts should be made to better coordinate the resources that are currently available, especially in rural areas.

## STUDY OF BEHAVIORAL HEALTH NEEDS

### Key Legal Obligations Related to Behavioral Health Services

Mr. Lewis Bossing, Senior Staff Attorney, Bazelon Center for Mental Health Law, Washington, D.C., presented information (Appendix G) regarding a review of key legal obligations related to behavioral health services. He said the legal framework for behavioral health services includes the federal Supreme Court ruling in the 1999 Olmstead v. L.C. case; Medicaid and the Early and Periodic Screening, Diagnostic; and Treatment (EPSDT) services; the federal Mental Health Parity and Addiction Equity Act of 2008; and the federal Affordable Care Act of 2010.

Mr. Bossing said the 1999 Supreme Court ruling determined that the Americans with Disabilities Act requires states to provide community-based treatment for persons with mental disabilities when:

- A state's treatment professionals determine that such placement is appropriate;
- Affected persons do not oppose such treatment; and
- Placement can be reasonably accommodated, considering resources available in the state and the needs of others with mental disabilities.

Mr. Bossing said the ruling included protecting at-risk people with disabilities that live in the community but have under-treated behavioral health conditions that place them at serious risk of institutionalization. He said in addition to state institutions, the ruling also applies to privately owned and operated facilities in the state's service delivery system.

Mr. Bossing said states have the ability to chose between a 1915(c) Mental Health Waiver and a 1915(i) state plan option. He said the 1915(c) Mental Health Waiver must be cost neutral. He said costs for services in the community cannot exceed what the costs would be to provide the services at an institution. He said few states have an adult waiver for behavioral health services. He suggested the state consider a 1915(i) state plan option. He said the 1915(i) state plan option includes the following benefits:

- No cost neutrality requirement.
- No institutional level of care requirement, and states can offer services before institutionalization.
- States can target populations with flexible service packages.
- Anyone eligible can qualify.
- The entire state can be included--there are no geographical limits.

Mr. Bossing said states must provide EPSDT services to Medicaid-eligible children and youth under age 21. He said states must also provide necessary health care, diagnostic services, treatment, and other measures to correct physical and mental illnesses and conditions regardless of whether services are specifically covered in the state's Medicaid plan. He said EPSDT requires states to provide intensive home-based services to Medicaid-eligible children with a disability that affects behavior. He said the Substance Abuse and Mental Health Services Administration determined these services include:

- Intensive care coordination.
- Peer services.
- Intensive in-home services.
- Respite care services.
- Mobile crisis response and stabilization service.

- Flex funds.
- Trauma-informed treatments.
- Mentoring.
- Supported employment.
- Consultative services.

Mr. Bossing said the federal Mental Health Parity and Addiction Equity Act of 2008 provides that private health insurance plans that cover services for individuals with mental health or substance use disorders must be equitable with coverage for other health conditions. He said limits on coverage for these plans are not allowed to be stricter for behavioral health services than for other services. He said copayments and deductibles are not allowed to be higher for behavioral health services than for other services. He said a plan that includes out-of-network coverage for physical health care, must include out-of-network coverage for behavioral health care.

### Memorandum of Prior Mental Health and Substance Abuse Legislation in the State

The Legislative Council staff presented a memorandum entitled *History of Behavioral Health Services in North Dakota*. The Legislative Council staff said the memorandum provides information on the history of behavioral health services in North Dakota, and includes a list of major behavioral health legislation approved by the Legislative Assembly.

### Memorandum of Voluntary and Involuntary Treatment Laws in Other States

The Legislative Council staff presented a memorandum entitled *Comparison of North Dakota and Other States' Commitment Laws*. The Legislative Council staff said the memorandum provides information on commitment laws in North Dakota and in other states including Iowa, Minnesota, Montana, South Dakota, and Wyoming, and summarizes the mental health commitment laws contained in North Dakota Century Code Chapter 25-03.1.

Senator Mathern suggested the committee ask the Bazelon Center for Mental Health Law for information regarding commitment laws that most effectively comply with recent court decisions.

Senator Lee suggested the Legislative Council staff review commitment laws courts have recently upheld.

Chairman Hogan said she will request information from the Bazelon Center for Mental Health Law and she directed the Legislative Council staff to review commitment laws courts have recently upheld.

### Current Status of Public and Private Services Available in the State, Update of Current Substance Abuse Initiatives, Behavioral Health Needs Assessment Process and Timeline

Chairman Hogan called on Ms. Pamela Sagness, Director, Behavioral Health Services Division, Department of Human Services and Dr. Rosalie Etherington, Superintendent/Administrator, State Hospital, to present information (Appendix H) regarding the current status of public and private services available in the state, an update of all current substance abuse initiatives, and a report on the behavioral health needs assessment process and timeline. The Department of Human Services also provided booklets (Appendix I) on *Substance Use in North Dakota 2013*, *North Dakota Military Data Book 2014-2015*, and *Military Reference Guide*.

Ms. Sagness said the goal of the substance use disorder (SUD) system is to provide a full range of high quality services to meet the needs of North Dakotans. In addition, she said the system should:

- Have prevention, intervention, treatment, and recovery support services;
- Include activities and services that go beyond traditional interventions; and
- Coordinate, communicate, and link with primary care because of the prevalence of co-morbid health, mental illness, and substance use disorders.

Ms. Sagness said the the primary goals of the Department of Human Services Behavioral Health Division's substance abuse prevention system are to support local-level effective substance abuse prevention; develop and promote a substance abuse prevention system; and to develop an integration of the behavioral health system. She said priorities include preventing underage drinking, adult binge drinking, and prescription drug abuse. She said the priorities are determined through ongoing data compilations provided by the state epidemiological outcomes workgroup. She said factors that contribute to the development of substance use include retail availability, social availability, economic availability, enforcement, promotion, community norms, and individual factors. She said substance abuse disorder prevention initiatives include:

- **State Epidemiological Outcomes Workgroup** - Created to identify, analyze, and communicate key substance abuse and related behavioral health data to guide programs, policies, and practices.
- **Governor's Prevention Advisory Council** - Created to advance and coordinate knowledge that may result in adopting policy-based prevention strategies and innovations and to share knowledge of healthy behaviors and decisions that may reduce, postpone, or eliminate the problems resulting from destructive decisions.
- **Prevention Expert Partners Workgroup** - A subcommittee of the North Dakota Governor's Prevention Advisory Council created to promote consistent messaging, effective programs, and data use throughout prevention systems.
- **ND Cares Coalition** - Created to strengthen an accessible seamless network of support for service members, veterans, families, and survivors.
- **Substance Abuse Prevention and Treatment Block Grant** - Federal funding, of which twenty percent is used for primary prevention.
- **Prescription Drug Abuse Prevention** - Developed a partnership with the Attorney General to promote the Take Back Program to reduce prescription drug abuse. Collaborated with the North Dakota Association of Realtors to provide tools and presentations for realtors to reduce access to prescription drugs during open houses and showings. Developed a partnership for reducing pharmaceutical narcotics communities. Collaborated with the Office of Indian Affairs and the four Indian reservations to implement prescription drug abuse prevention communication effort.
- **North Dakota Tribal Prevention Programs** - Developed a tribal prevention program. Created an interagency tribal workgroup that meets quarterly and includes tribal community prevention coordinators, tribal tobacco prevention coordinators, tribal suicide prevention coordinators, other tribal health program representatives, Department of Human Services prevention specialists, and state program directors.
- **Prevention Resource and Media Center** - Utilizes evidence-based communication strategies to create social change through marketing, social efforts, and a media resource center. In addition, develops materials and tools to assist local communities with implementing effective prevention strategies.
- **Strategic Prevention Framework State Incentive Grant** - Community grants to prevent the onset and reduce the progression of substance abuse, reduce substance abuse-related problems in the community, and build prevention capacity and infrastructure at the state and community level.
- **Strategic Prevention Framework Partnership For Success Grant** - Grants to prevent the onset and reduce the progression of substance abuse, reduce substance abuse-related problems, strengthen prevention capacity and infrastructure at the state and community level, and leverage, redirect, and align funding systems and resources for prevention.
- **Parents Listen, Educate, Ask, Discuss (LEAD)** - An evidence-based program to support parents in taking the lead to prevent underage drinking.
- **Speaks Volumes** - A program to encourage adults to drink responsibly by providing and implementing educational material including visual diagrams, web-based quizzes, and physical demonstrations of volume measurements within local communities.

In addition, Ms Sagness said screening, brief intervention, and referral to treatment is an evidence-based practice that is designed to identify, reduce, and prevent alcohol and illicit drug abuse, and dependence.

In response to a question from Senator Lee, Ms. Sagness said the programs focus on primary prevention for substance use disorder, which includes addressing issues prior to identification of problematic behavior. She said there is a service gap in early intervention services. She said it is more difficult to measure the effectiveness of early intervention and prevention services than it is for treatment services.

Ms. Sagness said an addiction is a primary, chronic disease of the brain's reward, motivation, memory, and related circuitry. She said dysfunction in the circuits may lead to characteristics of biological, psychological, social, and spiritual manifestations. She said this dysfunction may cause an individual to pursue substance use or other behaviors as a pathological reward or relief. She said addiction may involve cycles of relapse and remission. She said without treatment and recovery activities, addiction is progressive and may result in disability or premature death. She said treatment is the use of any planned, intentional intervention in the health, behavior, and personal or family life of an individual suffering from alcoholism or from another drug dependency designed to enable the affected individual to achieve and maintain sobriety, physical and mental health, and a maximum functional ability. She said components of treatment include physical and psychiatric evaluations, detoxification, counseling, self-help

support, treatment for co-morbid physical or behavioral complications, and medication assisted therapy. She said a chronic disease management program may include a treatment plan with regular monitoring, coordination of care between multiple providers and settings, medication management, evidence-based care, measuring care quality and outcomes, and support for patient self-management through education or tools. She said individuals enter treatment at various stages, including:

- **Pre-Contemplation** - A person is not seeing a need for lifestyle or behavioral change.
- **Contemplation** - A person is considering making a change but has not yet decided.
- **Preparation** - A person has decided to make changes and is considering how to make them.
- **Action** - A person is actively doing something to change.
- **Maintenance** - A person is working to maintain the change or new lifestyle, possibly with some temptations to return to the former behavior or small lapses.

Ms. Sagness said there is a total of 57 licensed private adult substance abuse treatment programs in the state. She said 37 programs have 1 clinician, 12 programs have 2 to 3 clinicians, 3 programs have 4 to 5 clinicians, 2 programs have 6 to 9 clinicians, and 3 programs have 10 or more clinicians.

Dr. Etherington said the public service delivery system includes services for intravenous drug users, pregnant substance users, individuals with mental illness, and individuals with substance use disorders. She said public service delivery for chronic disease management includes medication for withdrawal and to prevent relapse and diminish cravings, outpatient counseling, residential treatment, care coordination and case management, supported employment, home- and community-based services, and social supports.

In response to a question from Chairman Hogan, Dr. Etherington said not all the services included in the public delivery system are provided at each of the eight regional human services centers.

Chairman Hogan asked the Department of Human Services to provide the committee members information regarding data of the services that are provided at each of the eight regional human service centers, and data regarding the number of people serviced by each of those services at each regional human service center.

Ms. Sagness said there are four major dimensions that support an individual with recovery, which include:

- **Health** - Overcoming or managing a disease;
- **Home** - Stable or safe place to live;
- **Purpose** - Meaningful daily activities, which include a job, school, volunteerism, family caretaking, or creative endeavors. In addition, the independence, income, and resources to participate in society; and
- **Community** - Relationships and social networks.

Ms. Sagness said the Department of Human Services anticipates the behavioral health needs assessment will be completed by June 2016.

## Behavioral Health-Related Occupational Boards

Mr. John Wieglenda, President, North Dakota Addiction Counselors Association, presented information (Appendix J) regarding the association's view of the three greatest unmet needs of substance abuse services from the consumer and family perspective and policy recommendations. He said the three greatest unmet needs of substance abuse services from the consumer and family perspective include:

1. Access to treatment services in a timely manner;
2. Lack of detoxification facilities statewide; and
3. Lack of halfway house or supportive living opportunities to support early recovery.

Mr. Wieglenda said policy recommendations to provide access to treatment services in a timely manner include:

- Providing loan forgiveness or stipends for counselors and students training to become addiction counselors;
- Providing incentives for clinical supervisors training new trainees;
- Creating a media campaign for recruiting addiction counselors as a career choice;

- Developing inpatient adolescent treatment programs in local facilities or the State Hospital;
- Mandating insurance companies to offer coverage for treatment services that are covered in neighboring states;
- Adopting the National Association for Alcoholism and Drug Abuse Counselors uniform licensing recommendations for all 50 states;
- Mandating a standard minor in possession class similar to the Prime for Life Driving Under the Influence program; and
- Mandating insurance companies to cover codependency and family treatment services provided by licensed addiction counselors.

Mr. Wieglenda said policy recommendations to address the lack of detoxification facilities statewide include providing funding to each of the major cities for operating their own detoxification centers.

Mr. Wieglenda said policy recommendations to address the lack of halfway house or supportive living opportunities to support early recovery include:

- Creating or funding halfway houses for individuals diverted from the prison or probation system;
- Diverting individuals that are incarcerated because of an addiction into a long-term treatment program;
- Increasing halfway houses and probation staff;
- Expanding the use of electronic monitoring for individuals to reduce overcrowding in prison facilities;
- Providing financial assistance for individuals participating in long-term aftercare at existing facilities; and
- Expanding use of "drug courts" in major cities in the state.

Mr. Mike Kaspari, Chairman, North Dakota Addiction Treatment Providers Coalition, presented information (Appendix K) regarding the coalition's view of the three greatest unmet needs of substance abuse services from the consumer and family perspective and policy recommendations. He said the three greatest unmet needs of substance abuse services from the consumer and family perspective include:

1. Lack of timely access to treatment services.
2. Incomplete continuum of care.
3. Lack of services in certain areas of the state.

Mr. Kaspari said policy recommendations include:

- Expanding the workforce;
- Ensuring ease of access for the voucher program that will become available in 2016;
- Providing a loan forgiveness program for new clinicians working in the state, including underserved areas of the state or areas of the state not currently being served;
- Enhancing reimbursements for certain services and levels of care;
- Creating incentives and providing statewide efforts to educate physicians about medication assisted treatment;
- Standardizing and providing reimbursements for services provided by telemedicine; and
- Supporting treatment providers that are willing to train new addiction counselors through the consortium system.

Ms. Deborah Davis, Chairman, North Dakota Board of Addiction Counselor Examiners, presented information (Appendix L) regarding the board's view of the three greatest unmet needs of substance abuse services from the consumer and family perspective and policy recommendations. She said the three greatest unmet needs of substance abuse services from the consumer and family perspective include:

1. Workforce shortage.
2. Lack of adolescent and young adult and family treatment programs and facilities.
3. Lack of transitional facilities for clients including women and children.

Ms. Davis said policy recommendations to address the workforce shortage include providing financial incentives for licensed addiction counselors including loan repayments or forgiveness.

Ms. Davis said policy efforts the board has initiated to address the workforce shortage include:

- Reviewing a national standard of credentialing for addiction counselors which was adopted by the National Association of Alcohol and Drug Abuse Counselors;
- Streamlining the process which individuals apply for licensure; and
- Approving more individualized training programs.

Ms. Davis said policy recommendations to address the lack of adolescent and young adult and family treatment programs and facilities include:

- Providing funding for specialized training of adolescent and young adult substance abuse and mental health professionals;
- Providing funding to establish and maintain adolescent treatment programs around the state; and
- Providing funding and assistance with transportation and other costs to allow family members to participate in programs not in their area.

Ms. Davis said policy recommendations to address the lack of transitional facilities for clients including women and children include:

- Providing funding for establishing and maintaining halfway houses in each region of the state that can provide onsite support and structure for individuals, which includes additional funding for case managers and onsite house managers;
- Supporting individuals transitioning from treatment facilities back into the community; and
- Adding more transitional and residential facilities.

In response to a question from Representative Silbernagel, Ms. Davis said two or three years ago, the state developed a job consultation for addiction counselor technicians that allows a human service center to hire an individual part-time so that the individual can complete training. She said any licensed person may hire an individual and submit a training program to the board for approval. She said a person will need to be accepted into a consortium to provide a training program. She said a person needs to be accepted into a consortium, because as part of the training program, an individual is required to receive training at two different locations.

Senator Lee expressed concern regarding the addiction counselors licensing training program. She said the training program for other behavioral health-related professions require an individual to receive training from a person in that field. She said the training program for addiction counselors requires additional steps, which include requiring a person to join a consortium.

Ms. Kristie Spooner, Member, North Dakota Board of Addiction Counselor Examiners, said a consortium is designed to oversee an individual's training and ensure all required paperwork is completed for registration with the North Dakota Board of Addiction Counselor Examiners. She said the consortium advocates for trainees.

In response to a question from Representative Mooney, Ms. Davis said she will review policies with the board to help address workforce shortage of licensed addiction counselors and review the quality and delivery of services currently provided.

## Department of Corrections and Rehabilitation - Substance Abuse Treatment Needs and Policy Recommendations

Dr. Lisa Peterson, Clinical Director, Department of Corrections and Rehabilitation, presented information (Appendix M) regarding substance abuse treatment needs and policy recommendations. She said a lack of access to community-based services, including residential treatment, is contributing to the use of prison as a de facto treatment center. She said 75 percent of individuals incarcerated in the state meet criteria for an active substance use disorder diagnosis. She said significant gaps exist in detoxification and intoxication management resulting in placement in jails for detoxification. She said solutions the department has identified include:

- Reducing the criminalization of certain individuals with substance use disorders;
- Improving access to services; and
- Ensuring the state invests in effective programs with desired outcomes.

Dr. Peterson said a challenge to adding effective programs is the difficulty in hiring qualified staff. She said the department supports improvements to the reciprocity process for licensed addiction counselors, funding for the licensed addiction counselor internship hours, and engaging other masters and doctoral level practitioners with specific experience in the diagnosis and treatment of substance use disorders. She said including aftercare programs for outpatients as part of the comprehensive treatment plan may improve outcomes and reduce the "revolving door" of prison and addiction treatment.

In response to a question from Representative Damschen regarding the department's recommendation to reduce the criminalization of certain individuals with substance use disorders, Ms. Leann K. Bertsch, Director, Department of Corrections and Rehabilitation, said the department recommends reducing drug offenses. She said overly long prison sentences have not been effective. She said resources would be better used finding effective treatments and utilizing them.

### Comments by Interested Persons

Ms. Siobhan Deppa, consumer of behavioral health services, provided testimony (Appendix N) related to the study of behavioral health services. She expressed support for more programs and services that address the unmet needs of consumers and families in the state, including consumer-centered support programs including the one-on-one peer support program.

Mr. Kurt A. Snyder, Executive Director, Heartview Foundation, provided testimony (Appendix O) related to the study of behavioral health services. He expressed support for addressing the addiction counselor workforce shortage. He said a comprehensive approach needs to include supporting professional development for workers and assisting treatment providers with offering additional services.

Ms. Pat McKone, Regional Senior Director, American Lung Association of the Upper Midwest, provided public testimony (Appendix P) related to the study of behavioral health services. She expressed support for adding the use or abuse of "tobacco and nicotine" to the definition of addiction counseling pursuant to Section 43-45-01 which provides "addiction counseling" means the provision of counseling or assessment of persons regarding their use or abuse of alcohol or a controlled substance.

Chairman Hogan asked the Legislative Council staff to prepare a bill draft with the recommendations to add the use or abuse of "tobacco and nicotine" to the definition of addiction counseling in Section 43-45-01 for the committee's consideration at a future meeting.

## OTHER COMMITTEE REPORTS

### Developmental Disabilities Waivers

Ms. Tina Bay, Director, Developmental Disabilities Division, Department of Human Services, presented information (Appendix Q) regarding eligibility for developmental disability waivers pursuant to Section 1 of 2015 Senate Bill No. 2234.

Ms. Bay said the Department of Human Services created an internal eligibility workgroup in October 2014 to review the new Diagnostic and Statistical Manual of Mental Disorders V and its impact on developmental disability eligibility. She said initial recommendations provided by the group include:

- If cognitive testing has been completed and is still valid, it will be considered in eligibility determination, but will not hold as much weight in the eligibility formula as it currently does.
- If cognitive testing has not been completed or it is no longer valid, it will not be required, but cognitive screening will be required.
- Adaptive functioning testing will be required and will hold more weight in the eligibility formula than intellectual functioning.
- Individuals with related conditions must have an intellectual disability or adaptive functioning disability.

Ms. Bay said 2015 Senate Bill No. 2234 requires the Department of Human Services to study eligibility for developmental disability waivers. She said a survey was distributed to a group of stakeholders and a meeting was held in September 2015 to discuss the results of the survey. She said any enhancements or recommendations for eligibility of developmental disabilities waivers will be considered when the department prepares its budget for the 2017-19 biennium.

### Developmental Disabilities System Reimbursement Project

Ms. Bay presented information (Appendix R) regarding the status of the developmental disabilities system reimbursement project. She said the current retrospective system does not relate the needs of the consumers to funding. She said in the current system, an audit is required to be completed which is time consuming. She said the audit and cost settlement process can take up to two years to complete. She said this causes financial issues for some providers. She said the current system is labor intensive for providers and the state. She said the new prospective system will allow funding to follow the consumer. She said the level of staffing will be based on the needs of the consumer. She said the new system will not require a cost settlement and there will be a statewide standard rate. She said other tasks that need to be finalized to implement the new system include:

- Finalizing Administrative Code changes, service descriptions, and related policies and procedures;
- Submitting waiver and Medicaid state plan changes to CMS; and
- Implementing a billing module within the case management system.

### Comments by Interested Persons

Ms. Roxane Romanick, Executive Director, Designer Genes, provided testimony (Appendix S) related to eligibility for developmental disabilities waiver pursuant to Section 1 of 2015 Senate Bill No. 2234. She expressed concern regarding how the Department of Human Services defines the term "related conditions" when determining eligibility of developmental disabilities services. She suggested individuals with a diagnosis of Downs Syndrome be automatically eligible for developmental disabilities services without additional cognitive and functional testing.

Mr. Jeff Pederson, President, CHI Friendship, submitted testimony (Appendix T) related to the Developmental Disabilities System Reimbursement Project. He expressed concern regarding the proposed new system for the developmental disability reimbursement project not differentiating a payment rate for community- and facility-based vocational services.

The Developmental Disabilities Provider Association submitted written testimony (Appendix U) related to the developmental disabilities system reimbursement project. The association seeks additional information regarding questions and concerns they have for the new payment system.

Senator Lee suggested the committee receive information from the Department of Human Services regarding the responses to questions provided by the Developmental Disabilities Provider Association.

Chairman Hogan asked the Department of Human Services to email to the committee members the department's responses to the questions when available.

## COMMITTEE DISCUSSION

Chairman Hogan asked the Legislative Council staff to prepare a list of all suggestions provided to the committee at this meeting.

Senator Mathern suggested prior to the committee discussion of workforce related issues at a future meeting, the Legislative Council staff be asked to prepare bill drafts for recommendations that were presented relating to workforce issues.

Chairman Hogan asked the Legislative Council staff to prepare a list of recommendations that have been presented to the committee for the next committee meeting. She asked the Legislative Council staff to determine which recommendations may require a bill draft.

Chairman Hogan anticipates the next meeting will be held on Tuesday and Wednesday, January 5 and 6, 2016.

No further business appearing, Chairman Hogan adjourned the meeting at 5:00 p.m.

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Michael C. Johnson
Fiscal Analyst

ATTACH:21