

Human Services Interim Committee Meeting

August 19, 2015

Good morning Chairwoman Hogan and members of the Human Services Interim Committee.

Provided for you today will be an update on the following:

- 1) Brief history of the Schulte study.
- 2) An explanation of the differences between the Schulte Report and the Stakeholders Report.
- 3) A summary on the efforts of the four Stakeholder sub-groups.
- 4) Success from the 2015 Legislative Session.

During his 2011 Governor's budget address, Governor Dalrymple included several million dollars directed at behavioral health services. Unfortunately, only a small percentage of those items in the governor's budget request survived the legislative session.

During the 2013 Legislative Session, Senate Bill 2243 was passed. It allowed for a study of the behavioral health delivery system in North Dakota. The original bill contained a small amount of funding to hire a consultant, but those funds were stripped from the bill. Fortunately, Legislative Council appropriated \$50,000 to the Human Services Interim Committee to contract with a consultant.

Renee Schulte from Schulte Consulting in Iowa was contracted within the summer of 2013 to conduct the study. (See her full report on line at the website noted in the handout.)

Ms. Schulte and her team made numerous visits to sites all across North Dakota and also held bi-weekly conference calls to gather input for her report.

During that same time frame, a small group of concerned individuals recognized that given the very limited funds and short time line to complete the study, it would be impossible for her to conduct a thorough study. Therefore, the

Behavioral Health Steering Committee was formed to provide a parallel and cooperative avenue for all behavioral health stakeholders to determine the key gaps in the current delivery system and more importantly, develop potential solutions to those gaps in service.

As Rod St. Aubyn testified on October 1, 2014, “Our steering committee secured some grants to establish two Behavioral Health Stakeholder meetings. The first meeting was held in Fargo on February 6-7, 2014 and we invited numerous stakeholders representing a comprehensive array of interests, such as consumer advocates, Department of Human Services, law enforcement, hospitals, all behavioral health professionals, North Dakota Medical Association, North Dakota Hospital Association, the UND Medical School, the Governor’s Office, judicial representatives, schools, Department of Corrections and Rehabilitation, North Dakota National Guard, Association of Counties, State and County Health Departments, North Dakota Indian Affairs, long term care, Attorney General’s Office, and health insurers. During the two day meeting, this motivated group of stakeholders first identified the behavioral health challenges that existed in our state. This group then spent many hours trying to identify possible solutions to these challenges.

We followed up with a second meeting held in Bismarck on March 25, 2014 and opened up participation to anyone else that wanted to participate. The preliminary findings were presented and subgroups identified specific action steps.”

The discussions and recommendations were structured in four areas:

- 1) Substance Abuse
- 2) Adult Mental Health
- 3) Children’s Mental Health
- 4) Workforce Issues

We established a website for communication purposes and the Center for Rural Health agreed to house it on their website.

<https://ruralhealth.und.edu/projects/nd-behavioral-health>

The Schulte Report contains six key opportunities with 51 strategies to implement change in these areas. These six key opportunities are:

- 1) Service shortages
- 2) Expand workforce
- 3) Insurance coverage changes needed
- 4) Changes in DHS structure and responsibility
- 5) Improve communication
- 6) Data collection and research

The report also includes five recommendations to address additional areas of need. These five areas are:

- 1) Transportation
- 2) Judicial matters
- 3) Definition of core services
- 4) Tribal partnerships
- 5) Advocate training

While the Schulte Report provided a broad overview of the current Behavioral Health and Substance Abuse delivery system in North Dakota, the report from the stakeholders group goes into much greater detail.

The key differences between the Schulte Report and the Stakeholders Report are:

- 1) The Schulte Report covered a “snapshot” in time.
- 2) The Schulte Report provided a framework for system changes.
- 3) The Schulte Report, while well done, is limited in scope and depth due to the short time frame and limited funds to complete the study.
- 4) The Stakeholders Report provides greater details through the development of specific goals and objectives in the four key areas: Substance Abuse Adult Mental Health, Children Mental Health, and Workforce Issues. The full report of these goals and objectives can be found in the Behavioral Health Master Planning List found on the website. These specific goals and objectives provided the foundation for the development of numerous legislative bills presented during the 2015 Legislative Session.

- 5) The work of the Steering Committee and Stakeholders is ongoing. They continue to work on implementing changes that are evidence based and measurable.
- 6) The Stakeholders continue to strive for positive changes to the behavioral health delivery system while implementing new programs and services that they have initiated or are a result of legislative action.
- 7) The Stakeholders group work is just beginning. Going into this effort, it was described as a marathon. While the race has begun, the Stakeholders believe that through collaboration, consistent evaluation and review, we will end up with a very viable and sustainable continuum of care for behavioral health and substance abuse services that can serve as a model for other states.

As noted earlier, this effort is similar to running a marathon. While the goal going into the 2015 Legislative Session was to reach the “eight mile mark”, a number of factors, most notably the budget issue, limited the amount of success accomplished. Although we may not have reached the “eight mile mark”, there were a significant number of successes during the 2015 Legislative Session.

- **HB 1035** - Continues the study of the health care delivery system in ND, including Behavioral Health. This is an optional study which Legislative Management may choose for interim work.
- **HB 1036** - During the 2015-16 interim, the Department of Health shall evaluate the state programs which are designed to assist health professionals, including behavioral health professionals, with a focus on loan repayment programs
- **HB 1040** - authorizes nurse practitioners and physicians' assistants with specialized mental health training to participate in involuntary commitment proceedings
- **HB 1048** - various licensing boards will meet to determine how to streamline reciprocity and collaboration in establishing licensing criteria.
- **HB 1049** - deals with loans and grants for behavioral health professionals; Bank of ND will establish a \$200,000 revolving loan fund for addiction

counseling internships; if funding can be found, Center for Rural Health's AHEC can implement a structure for viable internship sites to match with students and provide oversight

- **SB 2012** - Department of Human Services Appropriations Bill
 1. Behavioral health services quarterly reporting all services provided or supported by DHS
 2. Continues Autism Spectrum Disorder voucher program
 3. Funds \$75,000 for parent-to-parent support group
 4. Funds \$75,000 for family-to-family support in counties with populations less than 6000
 5. Mental Health Hotline services - Legislative Management may study various emergency numbers in state with goal of consolidating under fewer, perhaps one number
 6. Legislative Management may study autism
 7. \$1.4 million increase for Autism Spectrum Disorder services
 - a. increased waiver slots by 25
 - b. increased voucher slots by 10
 - c. increased Autism Waiver from 7 years to age 10 (12 slots)

Behavioral Health-Related Increases:

1. Increased extended services for seriously mentally ill by 35 slots
2. Increased prevocational skills for TBI by 26 slots
3. Increased extended services for TBI by 35 slots
4. 10 bed crisis residential unit/transitional living unit in NC region serving Minot & Williston
5. 4 bed alternative care unit - WC region (Bismarck)
6. 15 bed expansion Tompkins Rehab Program (11 FTE) (Addiction Treatment Program through contract with Dept. of Corrections)
7. Telemedicine Residency program
8. ND Cares for veterans' services
9. Increase funding for Robinson Recovery
10. Parent-to Parent and Family to Family Organizations (see 3 and 4 in first section above)

Total \$4,493,195, including \$2,754.738 in general funds

Total appropriations in SB 2012 - \$3,515,609,581 including both general (state) and special funds.

- **SB 2046** - licensed marriage & family therapists will be eligible for Medicaid reimbursement
- **SB 2047** - instead of defining "qualified mental health professional", Dept. of Human Services is directed to adopt rules concerning which professions will provide psychiatric residential treatment services for children, based on their scopes of practice as defined in current statute.
- **SB 2048** –
 1. Requires curriculum for teachers to include instruction in youth mental health
 2. Requires teachers who seek to work in ND to be given a provisional license for 2 years during which time they must take 8 hours of continuing education on youth mental health
 3. Requires teachers currently licensed in ND to take 8 hours of continuing education on youth mental health
 4. Superintendent of Public Instruction and Regional Education Associations will collaborate to disseminate information to school districts on youth mental health.
 5. DPI will provide report on programs in schools to Legislative Management
 6. \$150,000 to DHS for 1FTE to facilitate behavioral health programs and develop protocols for discharge or release of individuals with BH issues. Work must include law enforcement, health care providers, and other stakeholders. Resource support networks are to be developed to provide family support, and stabilization services.
 7. \$750,000 for voucher system for substance abuse treatment
 8. Studies of mental health resources and behavioral health needs
- **SB 2049** -Dept. of Human Services, Dept. of Health and others will study references to mental health professionals in law to determine if changes should be recommended to fully utilize professionals in their practices.

- **SCR 4005** - calls for study of judicial issues related to behavioral health, including 24-hour holds, termination of parental rights, and court committals.
- **SCR 4021** - study Institution for Mental Disease Medicaid Reimbursement exclusion impacts on ND, including impact on MA and on private and public sector providers.

Thank you for your time and I would be more than willing to answer any questions.