

FISCAL NOTE
Requested by Legislative Council
04/22/2015

Amendment to: SB 2048

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$916,092		\$1,666,092	
Appropriations			\$16,092		\$1,666,092	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Reengrossed SB 2048 creates a new section of ND Century Code for teacher licensure requirements and mental health training and provides for improving behavioral health and substance abuse treatment services. It also provides for legislative reporting and studies, as well as an effective date.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Reengrossed SB 2048 provides for an appropriation to the Department of Human Services in the amount of \$900,000, all of which is general fund, for Sections 3-4 of the reengrossed bill, which includes partial funding for a behavioral health activities facilitator and for establishing and administering a voucher system. Sections 1 and 2 of the reengrossed bill create new sections of North Dakota Century Code relating to teacher licensure requirement in youth mental health competency and youth mental health training to teachers, administrators, and ancillary staff. Section 5 of the reengrossed bill calls for the Department of Public Instruction to report to Legislative Management on mental health training provided by school districts. Section 6 of the reengrossed bill calls for a study for mental health resources for youth and adults. Section 7 of the reengrossed bill calls for a study of behavioral health needs of youth and adults and access, availability, and delivery of services. Section 8 sets an effective date for Section 1 of this bill.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 2015-2017 biennium, the Department of Human Services will need \$166,092 for a behavioral health activities facilitator, of which \$150,000 in general fund is appropriated in the bill and \$750,000 for establishing and administering a voucher system that will address under-served areas and gaps in the state's substance abuse treatment system.

For the 2017-2019 biennium the Department of Human Services will need \$166,092 to continue the funding for the behavioral health activities facilitator and \$1,500,000 to continue the voucher system for both years of the biennium.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2015-2017 biennium, the Department of Human Services would need an appropriation increase of \$16,092 all of which is general fund, to fully fund the behavioral health activities facilitator.

For the 2017-2019 biennium, the Department of Human Services will need an appropriation increase of \$1,666,092, all of which is general fund, for the continuation of the behavioral health activities facilitator and the voucher system.

Name: Debra A McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 04/23/2015

FISCAL NOTE
Requested by Legislative Council
04/10/2015

Amendment to: SB 2048

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$941,733		\$1,666,092	
Appropriations			\$91,733		\$1,666,092	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Reengrossed SB 2048 provides appropriations for improving behavioral health services and for substance abuse treatment services. It also provides for legislative management reporting and studies.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Reengrossed SB 2048 provides for an appropriation to the Department of Human Services in the amount of \$850,000, all of which is general fund, for Sections 1-2 of the reengrossed bill, which includes partial funding for a behavioral health activities facilitator and for establishing and administering a voucher system. Also, not appropriated in the reengrossed bill is costs of \$25,641 related to travel costs for the individuals identified in Section 4 who will be part of the advisory committee for incorporating mental and behavioral health issues in teacher preparation programs. Section 5 of the reengrossed bill calls for a study for a mental health assessment network for adults. Section 6 of the reengrossed bill calls for a study of behavioral health needs of youth and adults and access, availability, and delivery of services.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 2015-2017 biennium, the Department of Human Services will need \$166,092 for a behavioral health activities facilitator, of which \$100,000 in general fund is appropriated in the bill and \$750,000 for establishing and administering a voucher system that will address under-served areas and gaps in the state's substance abuse treatment system. In addition, \$25,641 will be needed for the travel expenses for the representatives in the advisory

committee identified in Section 4 of the reengrossed bill.

For the 2017-2019 biennium the Department of Human Services will need \$166,092 to continue the funding for the behavioral health activities facilitator and \$1,500,000 to continue the voucher system for both years of the biennium.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2015-2017 biennium, the Department of Human Services would need an appropriation increase of \$91,733 all of which is general fund, to fully fund the behavioral health activities facilitator and for travel expenses for individuals on the mental and behavioral health advisory committee.

For the 2017-2019 biennium, the Department of Human Services will need an appropriation increase of \$1,666,092, all of which is general fund, for the continuation of the behavioral health activities facilitator and the voucher system.

Name: Debra A McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 04/10/2015

FISCAL NOTE
Requested by Legislative Council
04/01/2015

Amendment to: SB 2048

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$1,941,733		\$2,916,092	
Appropriations			\$25,641		\$2,916,092	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed SB 2048 provides appropriations for improving behavioral health services and for substance abuse treatment services. It also provides for an expansion of the healthy families program and legislative management reporting and studies.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Engrossed SB 2048 provides for an appropriation to the Department of Human Services in the amount of \$1,916,092, all of which is general fund, for Sections 1-3 of the engrossed bill, which include developing, implementing and managing the programs, establishing and administering a voucher system, and expanding the healthy families home visitation program to an additional two human service regions. Not appropriated in the engrossed bill is costs of \$25,641 related to travel costs for the individuals identified in Section 4 who will be part of the advisory committee for incorporating mental and behavioral health issues in teacher preparation programs. Section 5 of the engrossed bill calls for a study for a mental health assessment network for adults. Section 6 of the engrossed bill calls for a study of behavioral health needs of youth and adults and access, availability, and delivery of services.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 2015-2017 biennium, the Department of Human Services will need \$166,092 for a behavioral health activities facilitator, \$1,000,000 for establishing and administering a voucher system that will address under-served

areas and gaps in the state's substance abuse treatment system and \$750,000 for expanding the healthy families home visitation program to two additional human service regions. In addition, the Department will need \$25,641 for the travel expenses for the representatives in the advisory committee identified in Section 4 of this engrossed bill.

For the 2017-2019 biennium the Department of Human Services will need \$166,092 to continue the funding for the behavioral health activities facilitator, \$2,000,000 to continue the voucher system for both years of the biennium and \$750,000 to continue the expansion of the healthy families home visitation program to the two additional human service regions.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2015-2017 biennium, the Department of Human Services would need an appropriation increase of \$25,641 all of which is general fund, for the travel expenses for the individuals on the mental and behavioral health advisory committee.

For the 2017-2019 biennium, the Department of Human Services will need an appropriation increase of \$2,916,092, all of which is general fund, for the continuation of the behavioral health activities facilitator, the voucher system, and the expansion of the healthy families home visitation program.

Name: Debra A McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 04/02/2015

FISCAL NOTE
Requested by Legislative Council
02/19/2015

Amendment to: SB 2048

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$3,841,092		\$5,166,092	
Appropriations					\$5,166,092	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed SB 2048 provides appropriations for improving behavioral health services and for substance abuse treatment services. It also provides for legislative management reporting and studies.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Engrossed SB 2048 provides for an appropriation for the Department of Human Services in the amount of \$3,841,092, all of which is general fund, to begin to develop a youth mental health network on July 1, 2016, to establish a pilot project involving law enforcement, health care providers, and other related organizations to develop protocols for discharge of individuals with behavioral health issues, to expand adult and youth substance abuse treatment services, and for an FTE to facilitate the behavioral health activities of the department found in SB 2045 and sections 1, 2, and 4 of this bill.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

For the 2015-2017 biennium, The Department of Human Services will need \$1,500,000 to begin to establish a mental health assessment network on July 1, 2016. \$175,000 for the pilot project to develop protocols for the discharge of individuals with behavioral health issues. \$2,000,000 for the expansion of adult and youth substance abuse treatment services and \$166,092 for the FTE to facilitate the behavioral health activities of the department found in SB 2045 and section 1, 2 and 4 of this bill.

For the 2017-2019 biennium, The Department of Human Services will need \$3,000,000 to continue the mental health assessment network. Based on the success of the pilot project outlined in Section 2, it may be expanded to other regions throughout the state in the 2017-2019 biennium, however the cost is undeterminable at this time. \$2,000,000 to continue the expansion of adult and youth substance abuse treatment services and \$166,092 for the FTE.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

For the 2017-2019 biennium, the Department of Human Services will need an appropriation increase of \$5,166,092 for the continuation of the mental health assessment network, the expansion of adult and youth substance abuse treatment services and the FTE.

Name: Debra A McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 02/19/2015

FISCAL NOTE
Requested by Legislative Council
02/10/2015

Amendment to: SB 2048

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$2,831,092		\$3,166,092	
Appropriations			\$740,000		\$3,166,092	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

Engrossed SB 2048 provides appropriations for improving behavioral health services and for teacher and non-certified school staff training. It also provides for legislative management studies.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

Engrossed SB 2048 provides for an appropriation for the Department of Human Services in the amount of \$1,841,092, all of which is general fund, to begin to develop a youth mental health network, to establish a pilot project involving law enforcement, health care providers, and other related organizations to develop protocols for discharge of individuals with behavioral health issues, and for an FTE to administer the objectives of this bill as well as SB 2045 and SB 2046. The bill also appropriates \$250,000, all of which is general fund, to the Department of Public Instruction to provide mental health first-aid training for teachers and non-certified school staff. In addition to what was appropriated, the Department of Public Instruction is requesting \$740,000, all of which is general fund, to fully complete the mental health first-aid training.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impact for Engrossed SB 2048 for the 2015-2017 biennium for the Department of Public Instruction is \$990,000, all of which is general fund. \$250,000 of this is appropriated in the bill; the remaining \$740,000 was requested to complete the mental health first-aid training for teachers and non-certified school staff. The fiscal impact for the Department of Human Services for 2015-2017 is \$1,841,092, all of which is general fund and all of

which is appropriated in the bill.

The Department of Public Instruction understands this to be one-time funding so no costs are included in the 2017-2019 biennium for this effort.

For the 2017-2019 biennium, The Department of Human Services will need \$3,000,000 to continue the mental health assessment network. Based on the success of the pilot project outlined in Section 2, it may be expanded to other regions throughout the state in the 2017-2019 biennium, however the cost is undeterminable at this time. The FTE to administer these objectives and those included in SB 2045 and SB 2046, is \$166,092 for the 2017-2019 biennium.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

In addition to the \$250,000 appropriated to the Department of Public Instruction, an increase in appropriation of \$740,000 is necessary to provide mental health first-aid training for the 2015-2017 biennium. The Department of Human Services does not need an appropriation increase for the 2015-2017 biennium.

For the 2017-2019 biennium, the Department of Human Services will need an appropriation increase of \$3,166,092 for the continuation of the mental health assessment network and the FTE.

Name: Debra A McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 02/12/2015

FISCAL NOTE
Requested by Legislative Council
01/12/2015

Bill/Resolution No.: SB 2048

- 1 A. **State fiscal effect:** *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2013-2015 Biennium		2015-2017 Biennium		2017-2019 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures			\$7,331,092		\$166,092	
Appropriations			\$1,106,092		\$166,092	

- 1 B. **County, city, school district and township fiscal effect:** *Identify the fiscal effect on the appropriate political subdivision.*

	2013-2015 Biennium	2015-2017 Biennium	2017-2019 Biennium
Counties			
Cities			
School Districts			
Townships			

- 2 A. **Bill and fiscal impact summary:** *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2048 provides appropriations for improving behavioral health services and for teacher and child care provider training. It also provides for legislative management studies.

- B. **Fiscal impact sections:** *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

SB 2048 provides for an appropriation for the Department of Human Services in the amount of \$6,175,000, all of which is general fund, for establishing an adult and youth mental health network and for establishing a pilot project involving law enforcement, health care providers, and other related organizations to develop planning protocols for discharge or release of individuals with behavioral health issues. Not included in the appropriation is \$166,092, all of which is general fund, for an FTE in the Department of Human Services to administer the objectives of this bill as well as SB 2045 and SB 2046. The bill also appropriates \$50,000, all of which is general fund, to the Department of Public Instruction to provide mental health first-aid training for teachers and child care providers. In addition to what was appropriated, the Department of Public Instruction is requesting \$940,000, all of which is general fund, to fully complete the mental health first-aid training.

3. **State fiscal effect detail:** *For information shown under state fiscal effect in 1A, please:*

- A. **Revenues:** *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

- B. **Expenditures:** *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

The fiscal impact for SB 2048 for the 2015-2017 biennium for the Department of Public Instruction is \$990,000, all of which is general fund. \$50,000 of this is appropriated in the bill; the remaining \$940,000 was requested to complete the mental health first-aid training for teachers and child care providers. The fiscal impact for the Department of

Human Services for 2015-2017 is \$6,341,092, all of which is general fund. \$6,175,000 was appropriated in the bill; the remaining \$166,092 is requested for an FTE to administer the objectives of the bill as well as the objectives of SB 2045 and SB 2046.

The Department of Public Instruction understands this to be one-time funding so no costs are included in the 2017-2019 biennium for this effort.

At this time, the cost of maintaining the mental health assessment network for the 2017-2019 biennium cannot be determined. Based on the success of the pilot project outlined in Section 2, it may be expanded to other regions throughout the state in the 2017-2019 biennium, however the cost is undeterminable at this time. The FTE to administer these objectives and those included in SB 2045 and SB 2046, is \$166,092 for the 2017-2019 biennium.

- C. **Appropriations:** *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation or a part of the appropriation is included in the executive budget or relates to a continuing appropriation.*

In addition to the \$50,000 appropriated to the Department of Public Instruction, an increase in appropriation of \$940,000 is necessary to provide mental health first-aid training for the 2015-2017 biennium. In addition to the \$6,175,000 appropriated to the Department of Human Services, an increase in appropriation of \$166,092 is necessary for an FTE for the 2015-2017 biennium. For the 2017-2019 biennium, the Department of Human Services will need an appropriation increase of \$166,092 for the continuation of the FTE.

Name: Debra A McDermott

Agency: Human Services

Telephone: 328-3695

Date Prepared: 01/13/2015

2015 SENATE HUMAN SERVICES

SB 2048

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
1/14/2015
J# 21975

- Subcommittee
 Conference Committee

Donald Mueller



Explanation or reason for introduction of bill/resolution:

to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

Attach #1: Testimony by Rep. Kathy Hogan
Attach #2: Addressing Student Mental Health Needs in ND Schools, by Aimee Copas
Attach #3: Written testimony by Dr. David Clutter
Attach #4: Testimony by Shawna Croaker
Attach #5: Children's Consultation Network - Adam's Story
Attach #6: Testimony by Mylinda Ogundipe
Attach #7: Testimony by Nancy McKenzie
Attach #8: Testimony by Steven Reiser
Attach #9: Written testimony of Greg LaFrancois
Attach #10: Testimony by Gail Schauer

Mr. Alex Cronquist, fiscal manager, Legislative Management, not for or against SB 2048, provided overview of the bill as a result of interim Human Services Committee.

Senator Axness asked for clarification if the one FTE (full time equivalent) applies to the other earlier bills, and Mr. Conquest indicated it does.

Representative Kathy Hogan testified IN FAVOR of SB 2048 (attach #1). Testimony includes draft amendment. End of oral testimony (9:20)

Senator Axness asked in Section 3 the appropriation for to the Department of Instruction, I recall last session that there was a bill that passed and signed by the Governor for suicide prevention. Is there any crossover?

Representative Hogan can't answer that but someone from the Department of Public Instruction may be able to do this.

Senator Dever indicated that if money were no object, these bills would sail through. Adding the three bills together, Mr. Dever indicates the cost would be \$14 million. We are

likely to prioritize, and appropriations will likely prioritize. How do we prioritize to send a package through for success?

Representative Hogan responded that if we were to address all needs, it would be \$80-100 million budget. We recommended starting with assessments. If we get common vision for improving coordination with existing resources, some of this can be done, but it will take leadership and accountability so we know what we are doing. The crisis is in so many places, so need to know what where to begin is a challenge.

Chairman Judy Lee indicated that the first day that while being opposed to big ticket items, she supports the efforts of interim committee, and doesn't want Appropriations only making all these decisions as this committee has knowledge. The Department of Human Services does great work, but need to be enabled by legislature, money being a big part. We need to provide the Department of Human Services and private providers to fill the void.

Representative Hogan stated the bottom statement is important: it's extremely expensive to do nothing. We are currently placing children in psychiatric residential treatment programs, in jails and corrections. Many times people are being served, but perhaps not appropriately. But we are also spending money in other ways. Representative Hogan expressed her concern that if we don't do something, there could be a lawsuit, as there are serious needs being undressed.

End Kathy Hogan discussion (13:54)

Aimee Copas, the Executive Director for the North Dakota Council of Educational Leaders, provided testimony IN FAVOR OF SB 2048. (attach #2). Attachment #2 is a result of their student services subcommittee work that reviewed this bill and how it applies to their schools and make it applicable. They have mechanisms in the schools to roll this out, but have challenges throughout the state to meet these needs. They have ideas of how to partner with Department of Public Instruction. They have suggested a concept, that carves out \$3 million for K-12 education, to do an innovative pilot over next biennium. All schools, regardless of size, have issues, so need to figure out what works in the different size of schools. With an innovative pilot based program, wherein there would be four rural districts with less than 1,000 students: One urban districts, and 2 REA areas. The pilots would prefer multi-district teams for surrounding communities. There are funding concerns, how they should be used, and the need for the \$3 million.

Chairman Judy Lee indicated it is all new funds being requested.

Senator Dever asked if there any kinds of initiatives already in Department of Public Instruction?

Ms. Copas indicated within Department of Public Instruction, they do other things like this all the time, such as the 20/20 grant and how they disbursed money through the REA programs. This follows the methodology to do these programs, where we pilot, refine it, and then work it through the schools. It is part of an innovative grant process, where we do partner with Department of Public Instruction through grants to do pilots and then roll out.

Senator Dever asked if it was duplicate in anything Department of Public Instruction is doing?

Ms. Copas answered no.

Chairman Judy Lee asked about the school psychologists plug into this, and whether or not you are doing in education in collaboration with some of the programs within the Department of Human Services or unique to Department of Public Instruction?

Ms. Copas answered they are different in every district. Ms. Copas provided an example in Fargo systems. Sometimes they work with Department of Public Instruction and deliver to school districts in different fashions. They would prefer to roll out a more normalized plan.

End of Ms. Copas testimony. (22:16)

Student Testimony - **Tyler Stoner** from West Fargo School and the Goetz Mental Wellness. Mr. Stoner provided oral testimony about helping other students. Mr. Stoner provided examples of struggles and actual statistics in mental health issues. ND youth survey further supports the need. The following for information resulted from 9th through 12th graders throughout the state of North Dakota. 25.4% of students have felt so sad or hopeless for almost every day for two consecutive weeks that they stopped usual activities in the past 12 months. 16.1% of students have seriously considered attempting suicide in the past 12 months. 13.5% have made a plan of how they would attempt suicide in the past 12 months. 11.5% have actually attempted suicide. Many did not know where to go for support. Administration was not prepared to handle many of the situations. Education is vital within the schools. Testimony ends (24:43)

Student Testimony - **Ms. Taylor Rudolph**, a graduate from West Fargo school district, provided testimony about crisis in treatment. Learning takes a back seat when there are mental health issues. Schools need help, families need help. Ms. Rudolph provided personal experiences with struggles in high school, and the help that she received, but also the challenges, including dropping out of high school, but finishing through community school and now attending Concordia College.

V. Chairman Oley Larsen asked about her personal treatment plan, was the care and treatment hard to get the help or was there a lot available.

Ms. Rudolph answered that it was difficult to get, mostly because of the stigma if you have a mental health problem. We are not taught that it's okay to have a mental illness. With proper education, more kids might seek the help.

Student Testimony - **Abbie Haug**, a senior at Fargo South School, provided personal testimony of her mental health circumstances. Imagine Thriving organization helped, where the negative stigma of mental health and depression/anxiety provided a safe environment. Without proper education and support, kids will continue struggling.

End testimony of students (30:30)

Dean Koppleman, Superintendent of Schools in Valley City, testified IN FAVOR for SB 2048 (no written testimony). Mr. Koppleman is here as an advocate for students and children, and stated that he was proud of the student testimony. Being an administrator for many years in North Dakota, what he has experienced, what is the biggest change in school settings in 30+ years, the biggest change number of students with more and more issues on their plate - social issues, and what they are dealing with. Reasons are many for this. (33:15)

Chairman Judy Lee asked the students to provide the written testimony to the clerk, if possible.

Senator Howard Anderson, Jr. stated that this bill talks about adding approximately \$1 million for Department of Public Instruction to conduct instruction to their faculty. What about the student? Will it transfer down to the student or student curriculum?

Mr. Koppleman answered how could we affect the items on their mind? How could we get this to the students? In schools, it needs to get to the students, changing curriculums, discussing with students where students can feel open for assistance. We need to deliver that service, whether through teachers, professionals, counselors, and figure out a plan on how to address their issues.

Chairman Judy Lee indicated that we heard from the school psychologists last week, which is an important role, but how many schools have them?

Mr. Koppleman indicated those are the types of services that many schools don't have access to. In Valley City, our request would see the services of an addiction counselor. We used to have that, but we no longer have access to this. Mr. Koppleman is confident this is a need across the state. Lean on Human Service Centers, or other professionals with that expertise.

Chairman Judy Lee indicated that families that are not placed bound, are coming to Fargo and West Fargo, because they have more services in those school districts than others, so they are that desperate to get services for their children that they are moving to those schools to get those services.

Mr. Koppleman confirmed this. Hardly a week goes by where there aren't students in these situations, and there are more each year, and wish the services were available or in a cooperative effort with other communities. In his role, he has become aware of student situations and their backgrounds of students, and he's amazed at how well the students can do in the school settings. Somehow they survive with what's happening in their lives.

Chairman Judy Lee indicated that the school is the safe base, not just a physical base.

Mr. Koppleman confirmed. Schools are sometimes the best place to be in daytime hours. There continues to be more and more issues, also seeing it in the older population.

End Koppleman testimony. (39:57)

Shawna Croaker, LICSW, Child Therapist, spoke IN FAVOR of SB 2048 (attach #4). In addition, Ms. Croaker provided the following:

- Written testimony by **Dr. David Clutter** IN FAVOR of SB 2048 (attach #3).
- Children's Consultation Network - Adam's Story (attach #5)

Testimony ends (48:35)

No questions for Ms. Croaker.

Kathy Anderson, a pediatrician at MidDakota Clinic and St. Alexius Hospital, spoke IN FAVOR of SB 2048 (no written testimony), specifically the Section 4 amendment. Science supports the context of nature or nurture, nurture actually affects nature. Our DNA changes based on our experiences, especially earlier experiences. The earlier experiences also affects the brain architecture. Investment in early childhood in physical and mental health will affect us as parents, families, communities, and with regard to the productivity of our communities. Investment in early childhood exponentially increases return later on. Ms. Anderson provided further testimony about personal experiences in professional setting. They do see disorders based on early childhood issues. There is about 1,600 to 1,800 deaths from child abuse this year, usually significant head trauma. 80% of cases occur in children under 3 years of age.

Senator Howard Anderson, Jr. stated that over the history, things are gradually getting worse. Sometimes the more money and interventions and public policy we provide, it gets worse. Comment please?

Ms. Anderson responded that what she is talking about is the effect of abuse on the brain is called toxic stress. In the studies that have been done, it is a factor, where one or more supportive child/adult relationship. Where the change is that we are seeing is a cycle. There was no famine or war that is causing this to happen. Instead, we are seeing cycles of mental illness, substance abuse, and neglect or abuse that is occurring because of that. That is the difference. We are dealing with a broken down family structure because mental illness is not being addressed.

Ms. Susan Gerenz, M.Ed., Director of Pride Manchester House, provided testimony IN FAVOR of SB 2048. She stated that they believe it is of paramount importance to provide a comprehensive mental health and behavioral assessment for young children. Early intervention is known to be a best practice to prevent problems later in life, including reducing excessive treatment costs. Without adequate assessments, children needs go unmet, may be placed at the wrong level of care within our system, and many North Dakota without an assessment are placed out of state. Out of 21 children that Manchester reviewed during the last calendar year, all but 3 could have been served in state if an adequate assessment center in a timely manner was available. The coalition strongly supports the study and the establishment of an in state assessment network for youth, especially vulnerable children. There are interested stakeholders to make this happen. Also support the mental health first aid training, which will benefit the teachers, caregivers, and other identified providers as well as the pilot program to ensure there are more planful discharge for individuals with behavioral health leaving facilities.

End Testimony of Ms. Gerenz (58:32)

Mylanda Ogundipe, Program Director with Prevent Child Abuse North Dakota, testified IN FAVOR of SB 2048. (Attach #6)

No questions for Ms. Ogundipe.

Nancy McKenzie, Executive Director of PATH North Dakota, testified IN FAVOR of SB 2048. (attach #7). End of oral testimony (1:08:03)

Senator Howard Anderson, Jr. stated that partly we've been talking about the young children and early screenings, and others are talking about lack of services. What is the real barrier for the coordination and care among all the providers? Money? Do we need to require them to report?

Ms. McKenzie responded that in some cases it is a lack of access, depending on location. No any entity was asking what's happening now and why, and what do we need to do? The collaboration before someone enters treatment, the planning on discharge together, why can't a treatment plan follow an individual? Why does it end at the PRTF door or hospital's door?

Senator Howard Anderson, Jr. stated that saying that North Dakota needs to require providers to coordinate care, or is there a deficiency in providing care that we need to correct through the professional training.

Ms. McKenzie indicated not requiring a state website for treatment plans, but somebody has the responsibility for coordinating that care that can move with that person, regardless the level of care.

Senator Howard Anderson, Jr. asked is the lack of funding the coordinator the problem.

Ms. McKenzie indicated it's a combination of funding for those coordinator positions, but also a paradigm shift to do it together.

Senator Howard Anderson, Jr. followed up, trying to treat mental health as a disease. He stated that part of the problem he sees with the care coordination in mental health is the extra level of confidentiality so it is very difficult for providers to share information. Providers and advocates need to break through those barriers so they can share that information.

Ms. McKenzie understands the barriers, and stated that they can be overcome. If there was a following entity to through that care, they'd be able to bridge that.

Chairman Judy Lee asked do you see the assessment networks that are being proposed as an advantage in at least having that component of it be consistent?

McKenzie indicated yes, that it would be efficient, especially in assessment, and being able to identify what those needs are, if they were being looked at in a similar perspective.

V. Chairman Oley Larsen asked if once an individual gets into the school system, they get an IEP, with all stakeholders there. When a student comes from a different location, this follows the student. Where is it being dropped?

Ms. McKenzie answered "that we have this piece, we have that piece." That is true, but have we figured out how to integrate and collaborate together.

Chairman Judy Lee provided a further example of student who was uncooperative with treatment, and acknowledged to be a danger to himself and others, and that now the school is stuck with the student and don't know what to do or where to go.

End of Ms. McKenzie testimony. (1:14:35)

Mr. Steven Reiser, Director of Dakota Central Social Services, testified IN FAVOR of SB 2048 (attach 8). Mr. Reiser also provided written testimony from **Mr. Greg LaFrancois**, the Chief Executive Officer of Prairie St. John's Hospital in Fargo (attach 9).

Senator Howard Anderson, Jr. asked if we have this assessment, how do we make this available to the next person? Or does the Department of Human Services or your agency interact with that individual and make it available to the next person? Person goes from place to place and they don't necessarily refer to the other one.

Mr. Reiser says it depends on the organization involved. Our organization can't enforce how the next place uses the assessment, but we can send the assessment on. Sometimes it is the parent or family to get the assessment to the next level. When working with county, as legal custodian, we can do this.

End Mr. Reiser testimony. (1:17:22)

Gail Schauer, Assistant Director of Safe and Healthy Schools for the Department of Public Instruction, testified IN FAVOR (attach #10). End of oral testimony (1:22:55)

Ms. Schauer answered prior questions. Senator Howard Anderson, Jr. asked about suicide training and mental health training. This would be very similar, mental health training expands that, between an 8-10 hour training. Suicide training comes where someone is at their last limit and how to prevent suicide. Mental training would be more extensive to teachers, staff, and the school. Is the Department of Public Instruction doing something else right now - Department of Public Instruction feels very strongly that mental health issues are addressed and that all the children have positive mental health. We applied for three different grants: Project Aware mental health grant; school climate transformation grant; and emergency operational planning grant. The first two did not get funded, where only 10 or 12 states got those grants. Department of Public Instruction did get the emergency operational planning grant, and they are currently providing training to schools in North Dakota to be ready for any crisis that may come up. Within their state mental health initiative, they have applied for these grants, working on training youth mental health

training, and also working on an elementary curriculum to train teachers at the elementary level. We are also looking at training for kids younger than 12-to-18. Our training would also open to community members, parents, and possibly trickle down to the students. They are also looking at pre-teacher services and education for classroom management. There is always a high participation in those type of workshops.

V. Chairman Oley Larsen asked about Power School system, when student comes to North Dakota and they are inputted into that system. With Power School, someone can access that student and information data base is available with a lot of information. Is Power School available to do that? Not every teacher can view that student, but only those with that student can look at that information. Is that something we could utilize?

Ms. Schauer responded that she can't speak on that, as she is familiar with Power School, but not sure if it has that information.

Chairman Judy Lee proposed that Ms. Schauer get that information and provide that information later.

OPPOSED TO SB 2048

No testimony provided

NEUTRAL TO SB 2048

Maggie Anderson (DHS) stated for the record that they would want to be in dialog with Sections 1 and 2 and do not believe they can be implemented by July 1, 2015, because depending on how the money is distributed, there will need to be administrative rules and there could be procurement activities.

Chairman Judy Lee declared Recess.

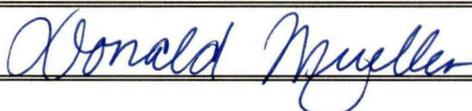
2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
2/3/2015
23137

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

Attach #1: email from Andrew Larson
Attach #2: email from Valerie Fischer
Attach #3: email from Gail Schauer
Attach #4: email from Michael Reitan
Attach #5: Adult Mental Health Assessment Networks
Attach #6: Addressing Student Mental Health Needs in North Dakota Schools

The following electronic emails and documents were distributed to the committee:

- Email from **Andrew Larson** (attach #1)
- Email from **Valerie Fischer** (attach #2)
- Email from **Gail Schauer** (attach #3)
- Email from **Michael D. Reitan** (attach #4)
- Adult Mental Health Assessment Networks (attach #5)
- Addressing Student Mental Health Needs in North Dakota Schools (attach #6)

Gail Schauer - Department of Public Instruction, had previously asked appropriation be increased in prior testimony. They are looking at an alternative budget. It is training for all adults who work with youths between 12 and 18. Train all school staff within 2 years, 18,000 teachers and aides. This is where \$990,000 came from. If we have to tone it down, cut in half or cut in one fourth. We already have cadre of trainers of 25. With those trainers and REA's as go through person, we might be able to go through 3 or 4 REA's to do it. If we cut in half, we would do half this biennium and half next biennium.

Chairman Judy Lee talked about pilot.

Ms. Schauer there are 8 REA's in the state, doesn't cover every district. Within all districts, there are only a handful who don't participate in REA.

Chairman Judy Lee has amendments that don't have names and dates on it. There is one from Ms. Schauer with appropriation. One from Kathy Hogan. Pink one is from Amy Coupus. Do you have any specific recommendations?

Ms. Schauer said pass it like it is. An option is to perhaps cutting in half and do training in half. The Superintendents and administrations are really asking for this training, for mental health.

Senator Warner Department of Public Instruction has cognitive restructuring, trained staff at every level, at point of contact. This is different, but any purpose to train ancillary staff such as janitors, coaches, less contact with students? Should we expand training to those other people?

Ms. Schauer indicated most definitely. We have another bill, SB 2209 providing all staff in the schools 2 hours of training every year. Not sure if that bill will pass, but we would encourage that. We will train the instructional staff, and they can train others as well.

Chairman Judy Lee stated stakeholder group hoped that is exactly would happen, the expanded training.

Chairman Judy Lee also said there was a discussion 8 hour of training for MHFA training may be more than what can be expected for an education day. There has to be some flexibility for Department of Public Instruction to determine what is appropriate - 2 hours and then add more each time.

V. Chairman Oley Larsen from his experience in education, we had mentor training where janitor and teacher and bus driver was on board to be child's mentor. Maybe this child or student related to the guy who fixed the heater - we had training, including suicide training. Then ADD training. Through the Department of Public Instruction, there are professional development training at all schools; you are going to do suicide training and then up to school district to make that happen. With the other types of training, how can it come to \$900,000 to train, and then have 8 hours for mental health training. Not sure the janitor needs 8 hours of training for mental health. They perhaps need some training, but not as much as the instructional staff. If it is built up awareness to need more, than it should be up to school district to decide.

Chairman Judy Lee read proposed amendment to the other bill. Once every 2 years, professional development for mental health risk indicators. It is important for us to consider the non-professional staff. We can't let the perfect get away in the good. If we can get 2 hours is better than not getting 0 hours, or 8 hours to a few staff.

Ms. Schauer said there is no money in the other bill.

Chairman Judy Lee could even base it like other bill.

Ms. Schauer stated it is an 8 hour training, but teachers when they are in school, they can take classroom management classes before they become a teacher but don't have to for getting their license. Whenever we have classroom management seminars, teachers come

to those sessions in droves. It helps them become be aware of the signs, symptoms, when to refer, and how to talk to the kids. The instructional staff should require more in-depth training where two hours of training for janitors and bus drivers might be appropriate.

Chairman Judy Lee stated perhaps the committee could state that we are receptive to the idea "x" many hours for ancillary staff versus "x" many hours for instructional staff.

V. Chairman Oley Larsen stated that when he was teaching, it was administration, teaching staff, and non-teach staff. This covered everyone.

V. Chairman Oley Larsen we are touching on different areas and the mental health will be another piece that we are looking for. 8 hours is a long time of training for one subject. There is training for all the other areas, so it fills the plate. It's not that it's not needed, because we are not touching on the mental health portion, we are doing suicide, alcohol and drug abuse, touching on the fringes, continually, this is an added piece, but 8 hours is a lot of hours in comparison to the other subjects.

Chairman Judy Lee should there be some latitude for Department of Public Instruction of what kinds of training options would be available based on the career for the school. Chairman Judy Lee reviewed the bill and recognized the highlights again.

Senator Warner asked if there is consensus that section 1 will go through?

Chairman Judy Lee if look at testimony that explained the bill by Kathy Hogan, Chairman Judy Lee read from Kathy Hogan's testimony and testimony from other people.

Maggie Anderson (DHS) one thing the money would come to the Department of Human Services, she is not sure she has clarity of what they would do with it. Is it brick and mortar, contract with staff, she would appreciate more guidance of what to do with the dollars.

Mr. Steve Riser spoke. This part of the bill is very important to the counties. This is what the counties find attractive to the bill. It is a matter of placing teens and children. We do that blindly today, because we don't have an assessment done before they are moved. We would be better if appropriate placement of children and also keep them in state versus out of state placement.

Chairman Judy Lee reviewed Mr. Riser's testimony. How can we help the Department of Human Services understand what the money will be used for?

Mr. Riser, who was on task force committee, Dakota boys ranch had already started a program, but only 1 or 2 beds. Maybe this would expand that. Maybe youth works, who does this. They don't have a full-fledged program for this but maybe take them until they can find a place for them. The group did want this assessment for adults also, for jails, law enforcement, does this person belong in jail or do they need mental health services.

Senator Howard Anderson, Jr. from your vision, with the \$6,000,000, talks about mental health assessment network, who is that?

Mr. Riser it wouldn't be the counties, they don't have the expertise. It would be psychiatrist or psychologist - someone who has the staff.

Chairman Judy Lee the word "network" was intentional; it would be looping of experts who would do this. It was not brick and mortar. It does not only include children but also adults. Don't want to wait 2 years, but if we don't have a plan here, it isn't going anywhere. What can we do now to enable a group of stakeholders, Department of Human Services and counties and Human Service Center, to come up with a plan that will work.

Mr. Riser the Department of Human Services just recently came out with the Yes program. This might be a part of that.

JoAnne Hoesel, Department of Human Services, spoke. The YES program is specifically targeting kids on the deep end, serious emotional disturbance. Despite these children having numerous evaluations, they don't know what to do. We do have kids going out of state with multiple placements which is not healthy for children. With YES, changing the way they do evaluations, practical recommendations to make this child successful, and doing consultation to counties and treatment providers as well. Case management, that are in the system but don't know what to do with them.

Chairman Judy Lee Other providers than Department of Human Services. There are some good things in response to needs in western North Dakota.

Ms. Hoesel youth evaluation service is in the YES program. The intent of this legislation is much broader. The concept might be the same, but look at different players. Counties get custody from juvenile court and then have to get them somewhere.

Chairman Judy Lee stated that was what the group was aiming to do.

Mr. Riser confirmed.

Senator Howard Anderson, Jr. when Maggie Anderson (DHS) says she has \$6,000,000 but doesn't know what to do with it, someone needs to work with her and come up with a specific plan.

Chairman Judy Lee said that Representative Hogan was the steering committee person, and she had other information but Chairman Judy Lee doesn't have it on paper. Perhaps we need to talk to her.

Mr. Riser if I could work on it, I would, but he can only speak to the children part of the bill. To involve Corrections in it may be problematic to have it done by tomorrow afternoon.

Chairman Judy Lee said there may be the need to further study this to get it done right.

Mr. Riser talked about putting studies together or pilots, perhaps you want to try that. Put date in the middle, report back, have Department of Human Services do it. Putting it off for 2 years is not good.

Chairman Judy Lee could they be done through the same assessment network for children and adults

Mr. Riser stated they would probably need to specialize between children and adults. If we put this out for bids, there is likely no one who could possibly bid that. No one does both adults and children.

Senator Warner residential component, in a facility for a time was referred to, like Dakota boys ranch - is this assessment done in an hour or two.

Mr. Riser it would be best to do assessment in least restrictive setting, our wish working with family, could name a place to do an assessment, many times where they receive custody of child and they need to do something now, and no contact with family. Sometimes it is a placement, sometimes it is with a family.

Chairman Judy Lee recommended some homework to talk with stakeholder group.

Mr. Riser suggested Greg LaFronswa for the adult side of this.

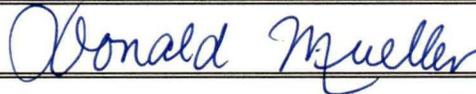
2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
2/4/2015
23244

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

No attachments

Mr. Steven Riser divide bill into two amendments. Children section and adult section. Hope to have interim committee in July 2016. Appropriation of \$1.5m could start providing services before the end of biennium.

Chairman Judy Lee if we could get concept of this, then we could work on this Monday. If we understand structure today, we could then think this through.

Mr. Riser said we could do something similar to developmental disabilities clients structure.

Maggie Anderson (DHS) discussed with county directors, with Mr. Riser included. What struck Maggie Anderson (DHS) was her developmental disabilities crisis beds. They need to come out of the living arrangement where they are and place them somewhere to determine if going to community is appropriate. Thought there were similarities to what they do in the Department of Human Services. The developmental disabilities clients we already know them in our system. We are familiar with them. What we are talking about here is possibly a child we don't have in our system, so we have to figure out how to staff, and do we have them available 24 x 7 so we can take care of the child.

Chairman Judy Lee we would have to do this in a loosely structured framework. If we could have a general decision for adults and for children by Monday afternoon.

Maggie Anderson (DHS) wasn't involved with the adults, but in visiting with Mr. Riser, for the adult population, it is likely involved or likely to be involved with the justice system. To get you to go to an assessment center, you would say no. So this may be in lieu of going to jail. So we are talking about the children side of this. That safe bed, it may not be the same group of people who have expertise between children and adults.

Senator Warner safe bed, is this a flexible arrangement within foster care? Institutional setting? Incarceration? Least restrictive environment.

Maggie Anderson (DHS) could be any one of those, least restrictive. From county perspective, would like to see the child stay in the home, but that may not be safe, so it may be a provider who provides those services, not to call it foster care. Find those and enough of those. Through rules process, we could find out the volume of children. Issue of being out-of-state.

Chairman Judy Lee group wanted to know how to deal with kids going out of state. Chairman Judy Lee provided story of family situation. (12:30). On adult side, they would like us to consider having the ASAM assessment tool be used in the public sector and as an option to the private sector.

Mr. Riser said he doesn't have the expertise with the adults.

Splitting into children and adults - The Senate Human Services Committee likes that idea.

Senator Howard Anderson, Jr. stated that there might have to complete multiple assessments within a few days. Electronic records may help this. This is for mental health.

Chairman Judy Lee stated that a consistent assessment would be good.

Senator Howard Anderson, Jr. we don't even have access to the inconsistent assessments. Electronic health records would go a long way in solving the problem. Human Service Centers would need one person in each of the different regions, contracted out.

Chairman Judy Lee in section 2, there was a proposed amendment by Amy Coupus. Here's another thing - discharge protocols. Money for a pilot project.

JoAnne Hoesel Department of Human Services we do have some questions about this section. In area where it talks about the purpose of establishing pilot project with law enforcement. In one region? it is not clear to us what type of institution location these people are being released from. Is it from hospital to community? Chairman Judy Lee indicated all of the above. Part of the discussion coming out of jail for example, we don't have anything in helping them moving forward. When they get discharged, we don't have something for them so what kind of follow-up do we do to keep them out of the hospital beds. There are not a lot of concrete solutions, but if we can figure out a way to assemble a task force, our law enforcement people know the people by their names.

Ms. Hoesel said that is helpful guidance.

Chairman Judy Lee stated that every region has a need, but we may need to try it in one region and see if it works. But interested to see where committee wants to go with this.

Senator Warner thought there might be some parallels with drug court with wrap around services. Is there a purpose in having peer networks with mental illness?

Ms. Hoesel indicated they are shown to be very effective, so could see this. In this region they have recovery coaches and how could we utilize those. Question - it talks about pilot project, the Department of Human Services would possibly need to go through the procurement process. Is there an advantage to preclude us from that process. We could get the language that would speed up the process.

Senator Axness in this section, Department of Human Services establishing pilot in one region, can the Department of Human Services set based on need or do you want committee to provide region area?

Ms. Hoesel answered we could use data to drive that, in discussion with corrections and hospitals, where it is bubbling up to the service in community. We could talk to regional council. With procurement piece, we could make those choices as well by data. We could also go with committee recommendation.

Chairman Judy Lee if we provide framework where it needs to be narrowed, we are amenable.

Senator Warner is it possible to design program so you target people who have high likelihood of success, which they are seeking out the program and willing to participate in the program? Does that kind of design wreck the integrity?

Ms. Hoesel if there is coercion or requirement, it does not correlate with outcomes. It will be very difficult to identify who those people are and what that screening tool might look like. People who you would think won't have good outcomes do marvelously well. These are individuals who are involved in something already.

Chairman Judy Lee has interacted with the drug courts. In Cass county, they were choosing the people to start with and had success. But in the next step, they are looking at more challenging folks to see if it works for them, so success rate is lower - Judge McCollough in Fargo. It might not be a terrible idea to ask someone from the drug courts for their guidance.

Ms. Hoesel does have the language - "the requirements of chapter 54-44.4 do not apply to the selection of the pilot project." Under section 2, to avoid procurement.

Chairman Judy Lee next discussed Department of Public Instruction training, as discussed in prior testimony and committee meetings.

Senator Howard Anderson, Jr. a bit more information, could cut costs if split in half. How might that work.

Gail Schauer Department of Public Instruction still talked about wanting it all, but could split in half and would go through REA's, would need RFP to see what REA's are willing and ready to train. So much interest in the schools for this type of training.

Senator Howard Anderson, Jr. not looking to change immediately to change approach to training, but many of us take courses online and we can do on our own time, contains questions and answers, and it records our attendance. Is this an approach to consider?

Ms. Schauer youth training is very specific, national research program. When they train trainers to do this, they want the trainers to do this, don't do online. Can only have 30 people in the training. Very interactive, role playing, as well as the learning. Did bring the agenda for the train the trainers, going through the different areas of concern. Mentorship training, this would be very complimentary to it, if the mentors would be trained on this they would watch for the signs and know when to refer.

Chairman Judy Lee when you train the trainers, do you have to pay the same fee when they train the next level. You may have a more comprehensive training for training the trainers. Also talked about less comprehensive training for the support staff. How do we figure how to do less training for the non-professional staff.

Ms. Schauer agrees. They could be training for instructional staff for 8 hours and ancillary staff less time. 8 hour training doesn't have to be done all at once and can be spread out over longer period. There is some flexibility there on how it is presented to each of the schools. The cost is generally \$2,000 per training the trainer. When trainer goes out, we would pay \$200 stipend and then \$20 per manual per participant, so \$800 for a class of 30.

Chairman Judy Lee also spoke yesterday about money in Department of Public Instruction that could be a grant pot for which schools could apply. This was a thought and didn't discuss yesterday. Would something like this work? Should we have it available in larger, or smaller amount to get things started.

Ms. Schauer could be done in several options, granting to REA would be option. Not only in urban but also rural schools. Some rural schools have bigger challenge. Hoping to have cadre of trainers across the state, so could do regional training. Would have to think through that.

Senator Howard Anderson, Jr. if we pass this bill, no matter what we put in, someone has to defend it in appropriations, so being specific may help.

Chairman Judy Lee asked for committee guidance to Ms. Schauer.

Senator Warner likes the RFP for the REA process, provides permanent process. This is going to be a repeated process with teacher turnover.

Chairman Judy Lee indicated they cover most of the state. Gail Schauer confirmed that. Not all schools belong to REA's, maybe 5 do not belong.

Senator Howard Anderson, Jr. could we make significant progress for \$250,000 in the first biennium?

Ms. Schauer yes, we could. We would like to start somewhere. We would like full amount, or half.

V. Chairman Oley Larsen how about changing the curriculum? Does Department of Public Instruction need to use that training source? His wife is in mental health and needs continuing education. It's all online, it's all there, they take the test. There might be a different method.

Ms. Schauer is open to anything else that is out there. She has done research. Knows there is something out there for counselors. Training for school staff is different, how to approach parents, symptoms, different perspective when teachers are trained to counsel the kids but to see the symptoms.

Chairman Judy Lee agrees for teachers and administrators, but not sure if we need to do the ancillary first. Maybe there is something different for the non-instructional staff. Maybe programs could be there that would help them learn how to deal with the children.

Ms. Schauer for suicide prevention, they have different trainings. They can do this online. But when looking at all the different topics for mental health, there are many areas of concern. Agree with starting with instructional staff may be the place to start.

Chairman Judy Lee gave Ms. Schauer First Link information regarding their training. They are exploring the idea of doing this training.

Ms. Schauer has talked to them. This mental health first aid for adults is great. We are looking at youth between 12 and 18. They are planning to come to instructor training so they can help out with providing training across the state. Youth mental health is for children 12 through 18. In our dept, what about elementary. Looking to contract for younger children as well.

Chairman Judy Lee asked committee if they have more guidance for Ms. Schauer.

Ms. Schauer when talking to Senator Davison, he mentioned that REA's could also do a match, so that's a possibility. Another possibility is to go back to the department and discuss the amount and match.

Chairman Judy Lee recommended that Ms. Schauer run up flag pole of \$250,000 and see if they would match. Gail will ask Senator Davison.

Chairman Judy Lee discussed Section 4. (47:56). She read from the prior testimony and emails. The people working on the children's group, this other group has come up with ideas, Ms. Susan Garenz, may provide some input in this area. Department of Human Services will have discussion with her.

Senator Howard Anderson, Jr. Section 5, would like to suggest that if we do interim studies and we come up with what we perceive are these good ideas, that we spend some time discussing what the people we expect to implement are ideas before we get here. There isn't time to iron out the things once we get here.

Chairman Judy Lee stated you have a proposed amendment from January 12, 2015 that Representative Hogan had provided. Her section 5 talks about mental health services for pre-school children and consider studying the feasibility and desirability of implementing a visiting nurses program. We already talked about something similar in the Healthy Family program. We don't want to do another one, do we?

Maggie Anderson (DHS) stated the visiting nurses in Section 4, but provided no further information.

Senator Howard Anderson, Jr. doesn't know how visiting nurse program got into this area. This seems to be a separate issue.

Chairman Judy Lee not correcting you. It isn't something that it shouldn't be something that we read but we don't have to pick it up, and it was not part of the original bill that came through the committee.

Senator Howard Anderson, Jr. it is in section 4.

Chairman Judy Lee since we have the discussion between Healthy Families and PCAND, can we expand it since it is already going on. We don't need to study it again. We would continue the work with the stakeholders.

Senator Howard Anderson, Jr. can anybody explain the Power School program has a module where all of these people in the school can enter in power school and then can be accessed by others? If information is already in the program?

Ms. Schauer doesn't know. Steve Snow in Department of Public Instruction could talk to Senator Howard Anderson, Jr. about that. What is inputted in power school is determined by the school. It may be different from school to school. Power School interacts with SLEDS, which is led by school officials. Steve Snow could visit.

Senator Howard Anderson, Jr. thinks we should ask that question. If we are training all these people in school, they make assessment, but also outside assessment, then we could refer to that person and it can be tracked through Power School. Assessment wouldn't have to be repeated. Part of training would be how they put this information in Power School.

V. Chairman Oley Larsen a little of what he knows with Power School, the students coming into the caseload, you have full access to information if they were on medication, IEP, you would bring your input as to how things were going in the class. It could be very extensive. If transferring from other areas of the state, the information followed the student. It could be expanded to put that information in there. If he had a student who was disruptive in hallway, it would tell him what class they were in. If he didn't have authority, he didn't get full information.

Chairman Judy Lee referred to Andrew Larson email (written testimony previously handed out in earlier committee work) and read the email.

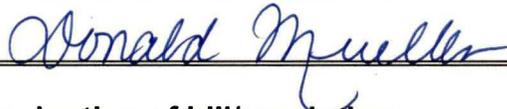
2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
2/9/2015
23452

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

Attach #1: Proposed Amendment from Department of Human Services
Attach #2: Proposed Amendment from Department of Public Instruction
Attach #3: email from Gail Schauer

Distributed email from **Gail Schauer**, Department of Public Instruction (attach #3)
(2:45)

Chairman Judy Lee distributed proposed amendment from Department of Human Services (attach #1) and Department of Public Instruction (attach #2). Chairman Judy Lee read and reviewed the documents.

Maggie Anderson (DHS) last week, several conversations on SB 2048, and Mr. Riser and a few other county directors from from county social services were here. Maggie Anderson (DHS) discussed their proposed amendment. The amendment breaks section 1 into two sections. It establishes the youth assessment center, it replaces the \$6,000,000 with \$1,500,000 which would be specifically used to establish the youth assessment center. It would have the Department of Human Services go through rule making and set up requirements and do with partners who are serving youth. The adult mental health piece would now be in a new section 5, and create a study. Through the study the department has identified some things that may be included: identify populations we are talking about, people in the justice system, adults on their own, and any challenges in the system, alternative assessment delivery framework and provide details on how the assessment will be integrated. Maggie Anderson (DHS) then read through some of the prior amendments, specifically from Representative Hogan; which removes child care providers. In section 3, they did add the appropriation that will support an FTE between the bills SB 2045, SB 2046, and SB 2048. (7:19)

Chairman Judy Lee so counties are satisfied with how this was put together (confirmed by county people in audience). Chairman Judy Lee then went through the amendment, and indicated that she had talked with Senator Davison. Senator Davison runs an REA in the

West Fargo and Fargo area. He indicated that there could be REA matching funds, and that the schools that are in the REA's, money would be given to Department of Public Instruction and REA's could apply for funding and schools could apply for funding, and if school is not part of REA, they could apply with a small fee. Chairman Judy Lee then reviewed the Department of Public Instruction amendment, and would want to combine the amendments.

Senator Howard Anderson, Jr. do you want to merge the amendments together or separately. (together by Chairman Judy Lee). There is one spot of contradiction. Senator Howard Anderson, Jr. likes the Department of Human Services amendment better.

Chairman Judy Lee confirmed.

Senator Howard Anderson, Jr. moved to ADOPT AMENDMENT from both Department of Human Services and from Department of Public Instruction, with the Department of Human Services amendment overriding for the same line 23, Page 1/language. The motion was seconded by **Senator Dever**.

Discussion

Senator Dever wanted clarification that the \$6,000,000 was reduced to \$1,500,000 due to the effective date, and then cut in half for the adults turning into a study. **Chairman Judy Lee** indicated that Maggie Anderson (DHS) was nodding in agreement.

Roll Call Vote to Amend

6 Yes, 0 No, 0 Absent. Motion passed.

Senator Warner moved DO PASS AS AMENDED to SB 2048 and Re-Refer to Appropriations Committee. The motion was seconded by **Senator Axness**. No Discussion.

Roll Call Vote to DO PASS AS AMENDED

6 Yes, 0 No, 0 Absent. Motion passed.

Chairman Judy Lee will carry SB 2048 to the floor.

February 9, 2015

1 of 2

TJ
2/9/15

PROPOSED AMENDMENTS TO SENATE BILL NO. 2048

- Page 1, line 3, replace "child care provider" with "noncertified school staff"
- Page 1, line 5, after the second boldfaced dash insert "YOUTH"
- Page 1, line 7, replace "\$6,000,000" with "\$1,500,000"
- Page 1, line 8, remove "for the purpose of establishing"
- Page 1, line 9, replace "an adult and" with "to begin to develop a"
- Page 1, line 9, replace "biennium" with "period"
- Page 1, line 9, replace "2015" with "2016"
- Page 1, after line 10 insert "The department of human services shall develop requirements for a youth mental health assessment network and shall ensure that entities accepting funding as part of the youth mental health assessment network developed under this section report process and outcome measures."
- Page 1, after line 18 insert "The requirements of chapter 54-44.4 do not apply to the selection of a grantee, the grant award, or payments made under this section."

SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - BEHAVIORAL HEALTH FTE. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$166,092, or so much of the sum as may be necessary, to the department of human services for the purpose of hiring one full-time equivalent employee to facilitate the behavioral health activities required of the department of human services found in Senate Bill Nos. 2045 and 2046, and sections 1 and 2 of this Act, for the biennium beginning July 1, 2015, and ending June 30, 2017."

- Page 1, line 21, replace "\$50,000" with "\$250,000"
- Page 1, line 22, after "providing" insert "grants to regional education associations for"
- Page 1, line 23, replace "child care providers" with "noncertified school staff"
- Page 1, after line 24 insert "The department shall establish guidelines to qualify for a grant under this section which must include a matching requirement one dollar of matching funds for every one dollar of grant funds. Schools which do not belong to a regional education association may apply to a regional education association for grant funding, but must supply the required matching funds to the association."

SECTION 5. LEGISLATIVE MANAGEMENT STUDY - ADULT MENTAL HEALTH ASSESSMENT NETWORK. During the 2015-16 interim, the legislative management shall consider studying mental health assessment network for adults. The study must identify the populations that may benefit from an adult mental health assessment network, the challenges and any deficiencies that may exist, alternative assessment delivery frameworks, and provide details of how assessment networks may be integrated into the existing mental health delivery system. The legislative management shall report its findings and recommendations, along with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

2 of 2

Date: 02/09 2015
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. SB2048

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0277.01003 Title 02000

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Anderson Seconded By Dever

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. SB2048**

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 15.0277.01003 Title 02000

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
- Other Actions: Reconsider _____

Motion Made By Warner Seconded By Axness

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	✓		Senator Tyler Axness	✓	
Senator Oley Larsen (V-Chair)	✓		Senator John M. Warner	✓	
Senator Howard C. Anderson, Jr.	✓				
Senator Dick Dever	✓				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Lee

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2048: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2048 was placed on the Sixth order on the calendar.

Page 1, line 3, replace "child care provider" with "noncertified school staff"

Page 1, line 5, after the second boldfaced dash insert "**YOUTH**"

Page 1, line 7, replace "\$6,000,000" with "\$1,500,000"

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Renumber accordingly

2015 SENATE APPROPRIATIONS

SB 2048

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2048
2/17/2015
Job # 23986

- Subcommittee
 Conference Committee

Committee Clerk Signature

Emmery Brothberg for Rose Janing

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and noncertified school staff training; and to provide for legislative management studies.

Minutes:

Attachments: #1 - 4

Legislative Council - Chris Kadrmas
OMB - Tammy Dolan

Chairman Holmberg called the committee to order on SB 2048.

Alex Cronquist, Legislative Council: Presented SB 2048 which was approved by the Interim Human Services Committee.

Gail Schauer, Assistant Director of Safe and Healthy Schools, Department of Public Instruction: (4:40) Testified in favor of SB 2048 (see attachment #1).

Senator Kilzer: (7:09) Do teachers in their training receive any of this type of training? Could you provide more detail of that training?

Gail Schauer: Teachers are not required to get this in college. I know when we have trainings on mental health issues, we do have a lot of educators that come to those sessions because they are looking for guidance. The youth mental health first aid covers suicide prevention, depression, anxiety, substance abuse, and a couple others. It's not a counseling service for teachers, it's just guidance. The trainers that we are training go through an extensive five day training, when they are done they can go out into schools and do about 8 hour training and that training can be divided into sections.

Senator Kilzer: So like every Wednesday night for eight weeks for an hour?

Gail Schauer: Could be something like that.

Aimee Copas, Executive Director, North Dakota Council of Educational Leaders: (10:25) Testified in favor of SB 2048 (see attachment #2).
Proposed Amendment to SB 2048 (see attachment #3).

Chairman Holmberg: We just heard from the Department wanting a little more money in this bill. We're sitting here with a budget for schools which includes tax relief of \$2.3B and we see over \$300M of ending fund balances in school districts and the department asks for more, and you ask for \$3M; where do we stop?

Aimee Copas: I know we have a budget to live within but that we are struggling in our school districts with behavioral health issues. In testimony that I heard in the Senate Human Services committee was that over 25% of our kids are suffering with depression or things more serious and we are struggling with how to address it. We don't know exactly what to do which is the purpose of the innovation grants. We want to find ways and develop programs to appropriately target this so that we're not wasting dollars on something that we're not sure if it works.

Senator Mathern: Is this amendment that you are offering something that was offered to the senate human service committee and then they accepted the concept but they just cut the money in half?

Aimee Copas: This was a suggestion of how to use a portion of those dollars because the language said \$6M so we were talking about targeting a piece of that to appropriately address that piece. In conversations with Senator J. Lee, the concept was put forth positively but they had a number of concepts to grapple with which was why I was instructed to bring the concept to this group.

Senator Kilzer: In view of all these terrible problems that are happening with our youth in school, what are the training institutions for teachers in preparation for this?

Aimee Copas: To my best knowledge, this is not being addressed well. Nor are several other issues that we've brought to them. An example would be that I see no reason why every teacher should have education law before they hit the school system to proactively know what they shouldn't do before they find out when they're in trouble. There's a number of things we need to address but there's an enormous amount of red tape to add curricular choices to teacher programs.

Senator Kilzer: Would we be better served by hoghousing this bill and mandating a certain level of mental health first aid treatment for teacher preparation?

Aimee Copas: I think that would be a good choice for an addition to it, however I wouldn't want to turn my back from addressing the current issue as it stands right now. We have a number of students out there that need our services and help.

Kim Jacobson, Director, Traill County Social Services, Hillsboro, ND: (21:00)
Testified in favor of SB 2048 (see attachment #4).

Chairman Holmberg: (26:37) Wouldn't this fund activities that are in companion bills.

Alex Cronquist: The FTE in this bill would also serve SB 2045 and SB 2046.

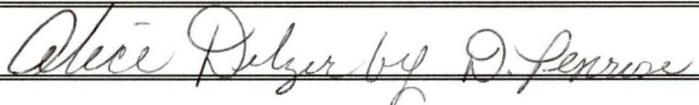
Chairman Holmberg closed the hearing on SB 2048.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2048
2/17/2015
Job # 23995

- Subcommittee
 Conference Committee

Committee Clerk Signature 

Explanation or reason for introduction of bill/resolution:

A Subcommittee hearing for DHS and DPI (Behavioral Health).

Minutes:

Testimony # 1

Senator Kilzer: Called the subcommittee to order on Tuesday, February 17, 2015 at 3:20 pm in regards to SB 2048.

PRESENT: Senator Kilzer, Senator Erbele and Senator Mathern. Michael Johnson, Legislative Council, Nick Creamer, OMB/Lori Laschkewitsch, OMB and Becky Deichert, OMB.

Senator Kilzer: During this first period, we want to talk about 2048 which we heard this morning and then also go into 2046. This morning we heard about the DPI part of it. I've asked Senator Mathern to focus on the fiscal note and what's been happening to that and give an explanation about the network itself.

Senator Mathern: This bill came through the interim committee and essentially tried to respond to the issue of persons with mental illness and drug addiction; being refereed or not referred in an unplanned manner around the state. A crisis would come up is what we were told and then somebody would be placed where there was an opening vs. trying to assess what are the long-term needs, and where is the best place for a person to get treatment, support and family follow-up. The bill came in looking at the full containment of adults and children on that issue. Also with a proposal about how do we give further education to people in the education field about spotting these problems and referring people? The DHS committee took all of those items and then reduced the assessment part from the general population to children. I would say that the greatest change in the bill is from introduction to where we have it focused on minors. There is still an assessment center process that the Dept. of Human Services would be involved in setting up. Essentially, the goal would be whether you are assessed in Bismarck, Fargo, Minot, Grand Forks or any other place that would be valid anyplace. So we wouldn't reassess each child with each different provider that they see. That assessment would be standardized and the services would be measured and that assessment would be done in a manner that is considered as evidence based. It would have to be a practice that is evidenced based; that

is the concept. Most of this is new programming so there are a lot of general fund dollars, \$1.8 million or \$1.9 million spent by the Dept. of Human Services putting this together. Now we got a new wrinkle this morning in the full committee when the folks in education came and said that was a great idea, but to do this right we should put in \$3M, have schools more involved and have pilot projects. That is not in the bill. She was saying amend the bill to add these pilot projects, but it's not in the bill. I don't know if the Human Service Committee wanted it also and didn't get it done. Right now, it is not in the bill. We went from \$7M to about \$2M, by eliminating the adult population focusing on the children and still having these assessment centers. That's the guts of the bill as I see it..

Senator Kilzer: Was this an OAR, or considered for the executive budget.

Maggie Anderson, Dept of Human Services: This was not an optional adjustment request; this came out of the interim Human Services Committee. None of the items that came out of the interim Human Services Comm. were brought forward as optional adjustment requests or requested by the Dept. in the executive budget request.

Senator Kilzer: Are any of the funds in Joann's \$26M in mental health and substance abuse available for this type of program, is there any activity of this in your department at the present time.

JoAnn Hoesel, DHS: I believe you are referring to the substance abuse prevention and treatment block grant that we talked about last week. That would be specific for treatment and prevention services for substance use disorders. That would not be available for these services.

Sen. Kilzer: So the funds that you have are for treatment and what we're talking about here is assessment, diagnosis, and proper placement, etc.

JoAnn Hoesel: I believe that the operative word that makes the difference is that this is a mental health assessment network; that is mental health specific services whereas the substance abuse, prevention and treatment block grant is specifically for substance use disorder treatment. Substance abuse prevention which is the prevention piece is primary prevention. They have their own narrow definition of that as well.

Senator Kilzer: Away from the substance abuse, but in the area of mental health, is there anything available in your funds for assessment for youth?

JoAnn Hoesel: The thing that would be comparable to what this is; however there is a difference that I will explain would be the youth evaluation services that the division is currently in the process of contracting with private providers to provide that service. That service is specifically for children that are already in public system; such as child welfare, kids that have serious emotional disturbances and the division of juvenile services. If we would take a look at the continuum on when and appoint in time in the child's life an assessment would be done. The YES program, or the Youth Evaluation Services, is when they are already in the system and we want to make sure these are all kids that have serious emotional disturbances already diagnosed, and we want this program, this assessment, to be informative on making decisions on their treatment plans because of the

complicated nature of their conditions. My understanding and especially with Sen. Mathern's comments about the school system being involved and some of the other discussion that was discussed at earlier Senate Human Service committee meetings, this was early on in the process. We're using mental block grant dollars for the youth evaluation services. That block grant specifically targets two groups of people; adults with serious mental illness and youth with serious emotional disturbances. They already have to have or be diagnosed with that.

Senator Kilzer: So you see no overlap at all between the subjects of 2048 and your YES group?

JoAnn Hoesel: I would say that there potentially could be some overlap of some, but the mental health assessment network would be a much broader universe, and the mental health block grant would be a smaller piece of that. We'd have to be real specific on who those dollars are targeted for because of the very nature of that block grant and the regulatory requirements.

Senator Kilzer: The youth that we are talking about in this bill, if they make one misstep, they would be eligible to be in the YES program.

JoAnn Hoesel: One misstep, it is not their behavior, but their mental health diagnosis and their service needs. That's why I said there might be some overlap. It would have to be cost allocated based on the children that are being assessed. You couldn't come in and say it all would have to be, or could be funded with that funding source, because we don't know the nature of the children coming through the door.

Senator Kilzer: How many clients per biennium do you have in the YES?

JoAnn Hoesel: I don't know. We're just rolling out that program. We have a fixed amount of dollars and we have the cost that we will be paying for these hybrid evaluation services and consultation. When the funds are gone then the program would end until the next biennium.

Senator Kilzer: Have you run out of funds in prior biennia.

JoAnn Hoesel: We haven't done that program before, so it's new.

Sen. Kilzer: So that is new too.

Senator Mathern: On line 6 page 1 of engrossed bill, where it says youth mental health assessment network, if we changed that to youth mental health and substance abuse network and included children who have substance abuse problems, would they be eligible for the federal dollars. It's my experience that many of these kids have a cross between mental health and substance abuse, it's a combination.

JoAnn Hoesel: I believe that it would be a similar situation. There are specific regulations for the block grant. You wouldn't be able to just say that it all could be paid for with it. I would also let you know that those dollars in the building of the Dept.'s budget have already

been allocated. So we would be taking from some place that is already funded out in the governor's budget to something different. There would be some ramifications as well.

Senator Mathern: Your comment about a misstep is interesting to me; in that I think what you are basically signaling is if there is a change in one of the variables, might they go from this program to this program. It raises the question for me for families and providers, being confused. These should be seamless programs so that it is a back office operations that determine where the money comes from, but the mom or dad should be able to say my child is ill, how do I get help vs. my child has this diagnosis and they get a closed door. I am a little bit concerned. I think this is a very important bill, because it gets kids into the right place, but your comment signals the importance of making sure that what the Dept is starting now doesn't become one silo and this becomes another silo? Kids are ill in this continuum and families have enough trouble figuring out how to get help than trying to figure out where our doors are at. If this passes how would you address that issue for families and children so they can figure this all out.

JoAnn Hoesel: I absolutely agree with what you are saying. It can be very complicated for people to know where to go. The purpose of the assessment network is to do just what you are saying. To assess and then get them to where they need to be. Yes, we should worry about funding on the back end, absolutely. However, I just need to caution you, if you put specific targeted funding instead of general fund, you aren't going to be able to cover everybody that comes in that door because not all of them will meet the requirements of that targeted federal funding. We can absolutely work it out on the back end and certainly we want to keep things simple for families but if you have targeted funding, then you have to use that funding where it is intended to go, versus have more flexibility which you do with general fund.

Senator Kilzer: Who does the youth assessments now?

JoAnn Hoesel: Mental health assessments would be done by mental health professionals that have through their professional license and within their scope of service, are able to do that. We would be looking at licensed independent clinical social workers, LSW psychologist, psychiatric nurses.

Senator Kilzer: Who do they bill?

JoAnn Hoesel: It would depend on the specific professional and their arrangement with a third party insurance company, Medicaid, it would depend on the specific profession and what they choose to do. Schools sometimes have some funding if it is tied to an Individual Education Plan to pay for IEPs, if that is seen as what a child needs to benefit from their education.

Senator Kilzer: How about the children that are on Medicaid. Is that paid out of medical services then?

JoAnn Hoesel: If a professional is signed up to be a ND Medicaid program provider, those dollars would be paid out of Medical Services. Unless it would be out at the regional human service centers when that is in the field services budget.

Senator Kilzer: If we were to fund this, then we should see a reduction in the Field Services or in the Medical Services Division or both.

JoAnn Hoesel: I would say that would be true, if all the assessments that need to be done in the State are currently being done and it would be shifted. I believe this was intended to address a need that is being unmet. We know that not all these children are going to be on the Medicaid program. We don't know if the children are being served currently; this was intended to meet a gap in services.

Senator Kilzer: Do you know, Senator Mathern, you said this came from your interim committee. I assume it is from the Schulte report; were there any additional studies or just that report.

Senator Mathern: In addition to the interim committee members, there was a group of providers that were meeting. They were considered the stakeholders group and they shared amongst themselves about children and adults. We learned that there was a fair amount of churning of individuals and each provider was providing some service that someone else duplicated in the same way. A mental health hospital might see the person and assess this person, a psychologist might, after discharge, redo the assessment and come to a different conclusion. The human service center might as well. So it was these stakeholders in their meetings finding out that there must be a cheaper way, more efficient way of doing this. That is why these outcome measures come in here. The goal was that they would then start to believe each other's assessments instead of redoing it. How do you take the assessment of another unless you agree at the beginning that these are the parameters that are considered legitimate in that practice? I think that is a crucial part in this, like on line 21, protocols must include outcome measures. Line 13, report must include processing outcome measured. The additional information beyond Schulte's observations were these providers communicating amongst themselves and coming in with this recommendation.

Senator Kilzer: When you do your block granting and the treatment occurs, what is your follow-up as far as determining the outcomes? Obviously, you've done it for many years. Do you have look-backs and outcomes, etc?

JoAnn Hoesel: There are several layers of outcomes. One is a set of outcome requirements that come with the block grant. The substance abuse, prevention and treatment block grant has substantial outcome reporting that is required. So we actually have individual service outcomes that we report on. On the mental health block grant- in the children's area, we use what's called the child and adolescent functional assessment scale. So those children are assessed on that at different junctures to see if their functioning is increasing which is a good thing or if they are deteriorating. We do track those in the public system.

Senator Kilzer: Do you feel like your methods of determining outcomes would match up with your present population with the population we're talking about. Or does it take a different set of standards.

JoAnn Hoesel: You're asking if what we are measuring currently would be applicable to this assessment network. I think that would take some analysis; Sen. Mathern is talking about really wanting to reduce duplication and having standards within an assessment that is a process outcome. Some of those processes are already built into the public system, so we don't need to do that as we expand this, with this bill. Those would be part of that and then you have client outcomes. Certainly, like in any situation, you're looking for similar things so that they could be used but we'd certainly have to have a conversation with stakeholders to make sure that it is workable. At the end of the day we are getting the reports that certainly you want and the Dept. wants. People want to know if this is achieving what those initial conversations were that Sen. Mathern talked about.

Senator Mathern: Oftentimes families and children move between public and private sector providers. We have a whole host of private providers that are reimbursed for care; residential psychiatric treatment. There are a number of providers. I think providers were also talking about client outcomes not just process outcomes. If you send a kid to Home on the Range, or Share House, Prairie St. Johns, Luther Hall, etc. there ought to be outcome measure that would help inform where we refer people. If the outcome works in this facility at 80% level and only 30% at another facility, maybe we ought to start shifting our dollars. I think that is part of the orientation of this bill; these providers saying we need to start being open about that. We need to start recognizing that all of these dollars going into mental health and substance abuse; they need to be measured to a greater extent than we have in the past. All of these dollars need to be measured.

Senator Kilzer: You were on the human services interim committee and you heard the testimony about this cluster of bills. We repeatedly hear about these are the bills that came from the Schulte report. These are the requests of the stakeholders to fill in these gaps. But it is not a part of OAR, and I haven't heard any clamoring from the human service centers that there is this gap at all. To me that is a discrepancy. I don't fully see the need for this particular program if the human service centers are not requesting it.

Senator Mathern: There is often a difference of perception. Is there a waiting list or not. The Dept. would say we don't have a waiting list; then we heard from providers who said we can't get this child in to get treatment for six months, that there is a waiting list. There is different information that came to the committee. I think that the Dept. would share that there is waiting list someplace. This really was, I believe, private providers sharing pretty openly about what the needs are and families saying what the needs are. I don't know why the Dept. didn't come up with this. Part of this relates to having the overall direction of holding even on the budget. There are plenty of people/providers who are very supportive of this. Why it didn't translate into an OAR, or whatever, I think relates more to a timing issue. Our interim committees don't match up with the budget preparation process. We are out of sync.

Senator Kilzer: We've had that conversation and that's why I didn't put it in my review with you about this. Does the Dept. have any other comments, thoughts about not being an OAR? What were your thoughts on the cluster of bills or even your priorities among those bills within that cluster?

Maggie Anderson: None of the funding for those bills is in the Governor's budget and we support the executive budget request. We've had a number of staff and myself included; we've had psychiatrists, our psychologists, JoAnn, Pam Sagness, who are both addiction counselors, our attorneys next door helping us move these bills along, and offering amendments so that if they are moved forward by the legislative process that we can administer them and carry out what your intent is. They were not included as OAR's. I don't know if the intent is that the departments, not only human services, but all the departments bring forward their requests from interim legislative committees, because there are a number of bills from interim legislative committees. That is not how we approach our budget process. So those come as separate stand-alone bills. We use our stakeholders meetings that we have the fall before we start building our budget. We do round the state stakeholder meeting where we invite provider groups and recipients and families and facilities and providers themselves to come in and that's where we start our process. We listen to other entities as we go through some of those processes. We talk to Dept of Corrections, for example. That's why you see some of the transitional living and the supportive living arrangement, residential programs in our budget, because we brought those forward because they identified those as alternatives to having some of those individuals having to go to prison. We try to address the things that come to us through our internal processes.

Senator Kilzer: If this was to pass, where would you put it, in mental health and substance abuse, or would you put it in medical services or put it in some other division.

Maggie Anderson: Based on the language in the first couple of sections about the discharge planning and the \$1.5 million I would see that going into the mental health and substance abuse division and the FTE that is included would go into that as well.

Senator Erbele: You mentioned that there is a reduction in the fiscal note, by several million dollars. With the 3 bills sharing 1 FTE in 2045, 2046, and 2048, does that reduce any of the work load for the FTE by reducing those dollars?

Senator Mathern: The Human Service Committee did that. So I presume to be the case, is that each of the bills, in the Dept.'s estimate, would have required additional staff to administer. The Human Service committee decided as they reduced programing dollars they reduced what they thought was appropriate for staffing and put those three together into 1 FTE. I guess if they had been fully funded there would probably have been 3 or 4 staff. I don't think having reduced it, will reduce this 1/3, unfortunately. I see where you are going and that would have been a nice find, but I don't think that's the case. Maybe we want that clarified.

Maggie Anderson: We had only asked for 1 FTE from the beginning with the three bills intact. It was one FTE for three. The big reduction in 2048 is section 1 had \$6 million in it and there was a delayed implementation date, which cut that in half. Then the adult portion turned into a study and the youth portion turned into an actual implementation. It doesn't change the workload and even with 2045 and 2046 with some of the reductions in those, it doesn't affect the workload because we still have to do rules, we would have to implement a new voucher program, we'd have to set up these assessment centers and write all of the program rules and then have someone ongoing to administer it. But we had only requested

one FTE for all three bills from the beginning. I will tell you that the dollars, we updated this as of committee work or floor action last Friday and that's an update of where all the behavioral health bills funding stands. If you look at #3 at the bottom, on 2045, 2046 and 2048, the cost for the estimated costs for the FTE is still in 2045 and 2046 because they are still in the fiscal note. But the dollars and the FTE have been added to 2048. If that went forward, then through this process we could update those fiscal notes for those other two areas. Until there is technical action on that and it's included, we are leaving them in all three fiscal notes. Testimony Attached # 1.

Senator Erbele: Does the lines between those numbers mean that those numbers are taken out, either by subcommittee action or amendments or something.

Maggie Anderson: The lines through 2046, where it is through the \$3 million. Yes, that means that has been changed through amendments and action of the committee. For example, the bill in front of you, 2048, the original amount in the bill was \$6.175 million. The fiscal note was \$6.3 million because we had added in the FTE and as a result of the amendments you adopted before the bill came back here, its 1.8 million that's in the bill and the fiscal note matches that. The lines through it are the changes or reductions that have been made.

Senator Erbele: On 2046, then it is \$3 million and the \$124,000 in other funds.

Maggie Anderson: The other dollars are federal dollars because I think it is section 1 of that bill calls for an expansion to Medicaid for marriage family therapists.

Senator Erbele: So on 2045, are both of those numbers still active, what's yellow?

Maggie Anderson: Those numbers are both accurate. The yellow is the difference between the fiscal note and the appropriation in this bill.

Sen. Erbele: So you really want to look at the yellow.

Maggie Anderson: Yes, except that difference of the \$166 is really for the FTE which is in 2048, yes.

Senator Mathern: I had Michael put together a list of the fiscal notes because that was unclear to me. What is the difference, Michael? Your note indicates a different amount fiscal note than what Ms. Anderson just said. For example, 2048, she noted \$1.8 million and on your fiscal notes you noted 2.831.092. It was unclear to me what these fiscal notes actually meant. That's why I asked for them from Legislative Counsel.

Michael Johnson, Legislative Council: The \$1.8 that is showing on this schedule is showing the appropriation in the bill. The \$2.8, that's showing on the email that you received, are the actual expenditures that are showing for the 2015-1017 biennium on the fiscal note. So what is appropriated in the bill isn't necessarily saying that the total costs based off this bill are going to be \$2.8 million.

Maggie Anderson: If you look at what the Dept of Human Services only, it is the \$1.8M. As you heard from DPI this morning, in the bill with the amendment, the appropriation stands at \$250M but DPI is saying that they need \$990 to do that? So that is where the difference is, that \$700,000 plus. I've just specifically talking about the Human services column.

Sen. Kilzer: You didn't talk about the entire bill; you just talked about the Human Service column. Any further questions or concerns. We will close this bill.

2015 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2048
2/18/2015
Job # 24092

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A BILL for an Act regarding behavioral health services (DHS & DPI) (Do Pass as Amended)

Minutes:

Attachment # 1

Chairman Holmberg called the committee to order on Wednesday, February 18, 2015 in regards to SB 2048. All committee members were present. Michael Johnson, Legislative Council and Lori Laschkewitsch, OMB were also present.

Senator Mathern explained the proposed amendment # 15.0277.02001, Attachment #1. He then moved the amendment. 2nd by Senator Erbele.

Discussion followed.

Chairman Holmberg asked for a voice vote on the amendment. It carried.

Senator Mathern moved a Do Pass as Amended. 2nd by Senator Erbele.

Chairman Holmberg: Call the roll on a Do Pass as Amended on SB 2048.

A Roll Call vote was taken. Yea: 13; Nay: 0; Absent: 0.

Senator Judy Lee from Human Services will carry the bill.

The hearing was closed on SB 2048.

February 18, 2015

TD
2/18/15

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2048

Page 1, line 2, after "services" insert "and for substance abuse treatment services"

Page 1, line 2, remove "to provide an appropriation to the department of public instruction for"

Page 1, line 3, replace "teacher and noncertified school staff training" with "to provide for reports to the legislative management"

Page 2, line 4, remove "found in Senate Bill Nos. 2045 and 2046, and sections 1 and 2 of this Act"

Page 2, replace lines 6 through 15 with:

"SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - REPORTS TO THE LEGISLATIVE MANAGEMENT. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$2,000,000, or so much of the sum as may be necessary, to the department of human services for the purpose of addressing gaps in the state's substance abuse treatment system, including intervention, detoxification, and recovery services, for the biennium beginning July 1, 2015, and ending June 30, 2017. The department of human services shall ensure recipients of funding under this section collect and report process and outcome measures. Recipients of funding under this section shall implement research-based programs. The department of human services shall require recipients of funding under this section to develop sustainability plans and participate in training and technical assistance. The department of human services shall report to the legislative management on the use of these funds by July 1, 2016."

Page 3, line 10, after "include" insert "consideration of developing a grant program for mental health first-aid training for teachers and noncertified school staff and"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment adds an appropriation of \$2,000,000 for addressing gaps in the state's substance abuse treatment system, removes an appropriation of \$250,000 for providing grants to regional education associations for mental health first-aid training for teachers and noncertified school staff, and adds language to a legislative management study on behavioral health needs of youth and adults to include, as part of the study, consideration of developing a grant program for mental health first-aid training for teachers and noncertified school staff.

Date: 2-18-15
Roll Call Vote #: 1

2015 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2048

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: 15.0277.02001

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Mathern Seconded By Erbele

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Heckaman		
Senator Bowman			Senator Mathern		
Senator Krebsbach			Senator O'Connell		
Senator Carlisle			Senator Robinson		
Senator Sorvaag					
Senator G. Lee					
Senator Kilzer					
Senator Erbele					
Senator Wanzek					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

*voice vote
Carried*

Date: 2-18-15
 Roll Call Vote #: 2

**2015 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2048**

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Erbele Seconded By Mathern

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Heckaman	✓	
Senator Bowman	✓		Senator Mathern	✓	
Senator Krebsbach	✓		Senator O'Connell	✓	
Senator Carlisle	✓		Senator Robinson	✓	
Senator Sorvaag	✓				
Senator G. Lee	✓				
Senator Kilzer	✓				
Senator Erbele	✓				
Senator Wanzek	✓				

Total (Yes) 13 No 0

Absent 0

Floor Assignment Human Services Judy Lee

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2048, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (13 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2048 was placed on the Sixth order on the calendar.

Page 1, line 2, after "services" insert "and for substance abuse treatment services"

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Renumber accordingly

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2015 HOUSE HUMAN SERVICES

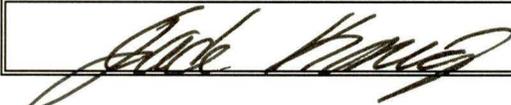
SB 2048

2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2048
3/9/2015
24506

- Subcommittee
 Conference Committee



Explanation or reason for introduction of bill/resolution:

Provide appropriations to the DHS for improving behavioral health and substance abuse services.

Minutes:

Attachment 1, 2, 3, 4, 5, 6, 7

Chairman Weisz: opened the hearing on SB 2048.

Alex From Legislative Management: Provided information about the bill. Section 1 provides an appropriation for 1.5 million dollars from the general fund to the department of human services to develop a youth mental health assessment network and ensure that entities excepting funding as part of the youth mental health assessment network developed under the section report process and outcome measures. Section 2 provides an appropriation of 175,000 dollars from the general fund to the department of human services to establish a pilot project involving law enforcement, healthcare providers and other organizations in one region to develop planning protocols for discharge or release of individuals with behavior health issues. The protocols must include outcome measures. For this section the requirements of chapter 54-44.4 do not apply to the selection of a grantee, grant award or payments made. Section 3 provides an appropriation of 166,092 dollars from the general funds to the department of human services to hire one FTE to facilitate to behavior health activities required of the department and that FTE would fulfill the requirements of this bill and SB 2046. Section 4 provides and appropriation of 2 million dollars from the general fund to DHS to address gaps in the state substance abuse treatment system including intervention, detoxification and recovery services. DHS shall ensure recipients of funding under this section collect and report processed and outcome measures. Recipient of funding under this section shall implement research based programs and DHS shall require recipients of funding under this section to develop sustainability plans and participate in training and technical assistance. Section 5 provides for legislative management study of an adult mental health assessment network the study must identify populations that may benefit from an adult mental health assessment network. The challenges and deficiencies that makes this alternative assessment delivery frame works and provide details of how assessment networks maybe intro-grated into the existing mental health delivery system. Section 6 provides for a legislative management study of mental health screening and assessment for children. If conducted the study must identify

the potential standardized screening process using evidence based practices to routinely screen all children ages 2-4 at primary health care sites. The study must also review the feasibility and desirability of implementing of visiting nurses program for children up to the age of 5. Section 7 provides for a legislative management study to continue behavior health needs study of youth and adults. That was studied during the 2013-2014 interim.

Chairman Weisz: Can you explain a little more on Section 1 and why we are spending 1.5 million?

Alex: It was a recommendation from the behavior health stake holders group. I can't give you the specifics.

Rep. Kathy Hogan: From District 21 testified in support of the bill. (See Testimony 1)

Chairman Weisz: You identified the problem, so identify to us what the network will actually do or what the 1.5 million dollars is really going to be spent on.

Rep. Hogan: First thing to do is have someone coordinate the assessment with children when they come through the front door. So that everyone knows that if you have a new immersing children's mental health issue you know that that's the place to go. They will then coordinate with the private agencies that provide children's mental health services and the human service centers and identify the unmet needs. That might be purchasing, but we need a place for a family to go when they have a child with a mental health problem. So the first thing will be the front door, the second piece of that is to coordinate because if the child is going to an emergency room they will network with the system so that there is a more unified coordinator. So it is part coordinator and part assessment and part purchasing of detailed evaluations when you need. That is the three things I think these funds will be used for. Continued written testimony.

Chairman Weisz: So the way you are interpreting this would be what's in the bill is 2 million but basically you are given a pot of money to DHS and it is up to them to determine where the need should be and where to move the money. Would that be a correct assessment?

Rep. Hogan: I think that is exactly right within the parameters of this.

Rep. Fehr: Section 2 and 175,000 dollars, what would they do with this money?

Rep. Hogan: Because this is a pilot project it would only be done in one region. I anticipate it would be done by a contract, but again it is establishing the protocols and the relationships and other existing programs.

Rep. Fehr: Section 1 which is 1.5 million dollars, how is this different than just increasing the department's budget by 1.5 million dollars?

Rep. Hogan: I think it is significantly different. I think it is targeted at a specific outcome and those assessment networks were not intended to be simply adding staff for the provision of services but rather networking in the coordination fees. This could actually be

contracted out like the discharge planning could or it could be done within the department because I think the realities of it are this is a much more cross system planning work and is traditionally done by the department.

Rep. Fehr: There are no FTE's in section one so it seem that its either granting or contracting the money. If there is no additional staff and they aren't buying something for the department the money has to go out someplace.

Rep. Hogan: It would have to be contracted.

Rep. Hofstad: On Section 1, if you don't have the brick and mortar who develops it, what kind of private providers could provide that kind of service so we don't have to start from ground zero?

Rep. Hogan: It may be different from region to region. If you have a very strong PATH program, which is therapeutic foster care, they could become the coordinator of it. I know in Cass County we set up a screening protocol and assessment things with the combination of Lutheran social service and juvenile courts and they used a part of the detention center that was separate so it met the legal requirements and they provide the physical space. So I think how it would look might be different from how it would look region to region but hopefully the level and the quality of the care would be different. It depends on your local resources.

Rep. Mooney: Following along the same mind set of contract verses internal administration, in section 4 do you also envision that being contracted out as well then?

Rep. Hogan: We didn't put FTEs in this so I think there are two issues that are possibilities from a structure point of view. One could be contracting for the provision of a specific service to a private provider and the other bill we have to do have to do with vouchers, where someone in the department of human services actually vouchers similar to DD the provision of a specific service. So once the assessment is completed and the client is qualified for extended residential treatment then they could be vouchered fro that program. So it could be contracted general for abroad services or it could be voucher based on the needs of the individual client.

Nancy McKenzie Executive Director of PATH ND: Testified in support of the bill. (See Testimony #2)

Gabriela Balf ~ Psychiatric Head of Sanford Bismarck, ND: Let me tell you what happened to us in the month of February, 12 times we were on diversion. We had to refuse 31 people, because of that. Out of these six got transferred out of state. These people agree to be transferred out of state, because the most common scenario the kind of adjustments we make to our work flow it is that we had agreements with the ER where we go in the morning and we assess people to see if we can offer anything else but hospitalization to a bed that doesn't exist. On my day on call I saw two kids, one 9 and the other 12, the parents were floored at the thought that they should be transferred out of state to Montana or to Minnesota. This was extremely disturbing to them to see that their depressed child would be transferred six hours away. We changed our work flow, we put

two providers on call over the weekend, because our census had increased. We are in construction now and our census increased from four patients two years ago on average to 14. We have increased tremendously our telepsychiatry consultation. We have agreements with Dickinson, ND and people are coming from Williston and Montana. I personally do adult telepsychiatry and I have one of my colleagues for child psychiatry. We still cannot feel that we provide a good and timely job. My own personal problem as a boss is that I have trouble with workforce. For instance now I have one of my child psychiatrists leaving for family related issues. I have not been able to recruit a child psychiatrist. For myself I am coming from Connecticut and from my generation people went onto pursue their opportunities and neither of them takes insurance. I cannot recruit for my own institution to come over here. They make double with a lot less headaches.

Rep. Fehr: If you have this level of severity of talking about sending people out of state for services, if nothing else it points to a failure of our systems in terms of early intervention, community intervention and so on. Could you talk more about earlier intervention before they have to be in a hospital some place?

Dr. Balf: That speaks to the point of what this bill is trying to do with early assessments. Let's take this 12 year old kid. She had been discharged from our facility in December. She had not had any follow up in the community because there is none. In Mott, ND there is nothing. So it is a workforce issue, if the child's school would be able to provide more services I think that would be fantastic but I think they have one psychologist who rotates and they can only offer so many half days every so often. I think that is one of the problems. One of my colleagues has provided follow up in two weeks because he is full as a result of my colleague moving out of state and having to absorb all his patients. It would be wonderful if we were to have more counselors attached to schools. One of the problems that I have with telepsychiatry is that we still don't have this home based. I know that it is a wonderful idea. This would definitely help have it on the ground more.

Desiree Sorenson ~ Director of McKenzie Social Services: Testified in support. We had a child in foster care that was 15 years old and she had many behavior, emotional and substance abuse issues. We were able to use the STEP program through the Dakota Boys and Girls Ranch and able to have the assessment process of that in order to get recommendations of how to support her and her needs. We were able to transition her very successfully right into her recommendations to follow through with the residential treatment facility through the Dakota Boys and Girls Ranch. The assessment processes was that assessment piece to collaborate all of our supports into one area and not be getting mental health from one and chemical dependency from another.

Gail Schauer ~ Assistant Director of Safe and Healty schools for the Dept. of Public Instruction: Testified in support of the bill. (See Testimony #3)

Rep. Mooney: What is the suicide rate in schools?

Schauer: In our assessment we ask if you think about or have attempted suicide and it is 1 out of 10 students. Those that said they had attempted suicide I think was about 11 percent.

Rep. Mooney: It's alarming the statistics and then when its tied back to the behavior and mental health piece that it's pretty clear that there is no disconnect between the two. I see a budget at the tail end for 990,000 dollars and then in the original bill draft I see in section 3 and I'm presuming that is the same section you are referring to, had only 50,000 dollars in it. Is there a disconnect in there?

Schauer: The 50,000 dollars that was originally put in there, those people that put that money in there was unsure what the budget would be so it was kind of a place holder. Then as we looked at our budget we came up with the 990,000 dollars. If we can partner with the REA's and get a one to one match that could be dropped down to 495,000 dollars.

Rep. Porter: How much was put into DPI's budget for this type of program?

Schauer: I believe it was 65,000 dollars.

Rep. Porter: How much was put in your next biennium budget for behavior health?

Schauer: I'm not sure I would have to check.

Rep. Porter: Could you get that for us?

Schauer: Yes.

Luke Schafer: Testified in support of the bill. (See Testimony #4)

Rep. Porter: Shouldn't we look at targeting rural areas over urban areas since the likely hood of available services are greatly increased in the urban areas?

Schafer: In the amendment as put forward we recognize three areas for funding. One would be to four rural districts, one to an urban district and one would be to two regional education associations. That is so we can see a pilot program that is broad scope enough to determine how we can effectively meet the needs of our rural districts. As a member of a region education association we are there to remove the geography from the equation when we work with school districts. So the REA's and the funding that could go towards rural districts to carry this out would provide that source of information.

Rep. Porter: Teachers standards and training, if this is such a huge issue then why aren't we somewhere addressing that it is just mandatory that in order to get a teachers certificate that the training institutions have to implement these programs and why aren't we saying that in the next two years when you go for your continuing education that these are not a required component of your teaching certificate and just get that done if it is that important.

Schafer: There currently isn't anything that provides for required mental health. The second is the education standards and practices board as you know is who accredits teachers as they continue their education and there again there is no requirement there. What I will say is that policy has been provided two biennium's ago that suicide prevention training is provided to all secondary staff and so that is four years now in the making and

they are looking at revising that here during this session. I believe that some of it has started but we are not all the way there yet.

Rep. Porter: We are taking a slower path if this is truly a problem. The path we are taking does not get us where we should be. Why aren't we fast tracking?

Schafer: We are limited on the scope as far as who can provide the training. The youth mental health first aid has recently become a very large program that we have been trying to reach out and provide with the department of public instruction offering that trainer model in this previous week, I believe there are about 16 educators from around the state. I do know there are a couple of regional associations that are able to provide that training out now. I had one staff member from my organization, we service 15 districts, we are now able to provide that out to the schools. I can't answer why it hasn't taken place faster than it is now, simply because I do not know.

Denise Harvey ~ Protection and Advocacy Project: (See Testimony #5)

Steven Reiser ~ Director of Dakota Central Social Services: I just want to visit with you a little bit about section 1 of the bill. Section 1 of the bill was amended and the amendment was brought forth by a joint effort between the department of human services and the county directors association and so if there are some issues about clarity I think the department would be a good one to talk about. They are pretty clear on what the needs of the county are and what we are looking at as far as an assessment center. I think Desiree shared with you a case example of how we have kids that are in homes or ready to go into care and we need an assessment so that we can properly match them up with the services that they need. Unfortunately the department couldn't be here today but I think they would be a good resource as far as clarity of section 1.

Carla Rose Hanson ~ Parent from Fargo: Testified in support of the bill. There is a need for more coordination across the different providers. I am a parent with a child with mental health needs and I can testify to the fact that there is a need for more affective assessment across the different providers. Whether it be the school, hospital or health and human services department. You have to repeat the process of getting an assessment each time, it is very time consuming and often you are eager to get started with the services themselves. It is also important that we build more capacity in our state. Even in Fargo, ND you often have to wait a long time to get services provided to you. I would say building more capacity where there aren't very many providers is very important. The benefits of passing this bill would be to the children themselves, getting the care that they need in a timely way is very important. I also think a benefit long term that by proactively addressing mental health services while it is in early stages will be preventing violence in our communities. A third benefit that I think is important to consider as a committee is that the impact on parts. When a parent has a child with special needs it takes a lot of time away from their work. I can share my experience that both my husband and I were working and it took a tremendous amount of time for us to work with the agencies that required us to meet with them and go through the assessment process. We were very privileged that we have flexible jobs, good incomes and good health insurance. We were also fortunate that we didn't have to drive a long way to get these services because we live in the largest city in North Dakota. Many people in North Dakota don't have those privileges.

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Pam ~ substance abuse Lead in Department of Human Services: (Attachments 6 and 7)

NO OPPOSITION

Chairman Weisz: closed the hearing on SB 2048.

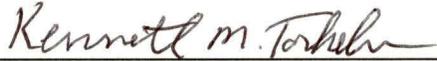
2015 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

SB 2048
3/30/2015
Job #25623

- Subcommittee
 Conference Committee

Committee Clerk Signature



Minutes:

Handouts 1-2

Chairman Weisz: This bill has a lot of stuff in it. Some of the testimony was both DPI and the Department. I thought there was money here for DPI. It sure isn't in the amendment.

Rep. Hofstad: Went through amendment. (See Handout #1)

Chairman Weisz: I think it might be best to take those issues one by one. If you want to move each one separately to see where the committee is on each one of the sections, being you really are combining three bills into one.

Rep. Hofstad: I would move the language that would be replaced in Section 4, the voucher language.

Chairman Weisz: We have a motion. On page 2, the old section 4 is going to be replaced in the motion, and that would be the language on the second page; that's the way it would read when it's all done. With the amendment adopted, it would be a combination of the old section 4 and the new language.

Rep. Porter: Second.

Chairman Weisz: So the reality of what we're doing here is, we're combining, you're using the voucher program to try to fill in the gaps that are identified in the current section 4 of 2048. Would that be a fair statement?

Rep. Hofstad: It would.

Rep. Fehr: My question has to do with how the Department implements this, one, in terms of, for example, if somebody has some insurance that provides some type of coverage; how the program works with that. And secondly, at the department, they have a sliding fee, and so it's based on need and ability to pay, and how that works with the voucher system.

Maggie Anderson: Director of the Dept. of Human Services. Because there is no specific language in 2045, and I don't think it's in the amendment, specifying an income

level. We would not necessarily be applying the sliding fee scale that we use at the Human Service Center. We would be assessing whether than individual had a need, and if they didn't have another third party to pay for that. I would see that we would, when we write rules, which would be in Pam and Joanne's shop, that we would specify that we would want them to access all third party resources first, and then this would be a supplement to that. And I'll give you an example: Medicaid does not pay for room and board for residential treatment. It's not allowed under the Medicaid rules. So it's not like we're just choosing not to pay it. The Federal government won't let us pay it. But there are people who need residential level of treatment, but if they can't afford that room and board, perhaps they could use this for the room and board component so they could access the treatment. So I would see us writing rules that they do mesh those things, and they use all third party resources available. But we had not contemplated applying our sliding fee scale that we use at the Human Service Center, unless we're directed to do that. Then we would certainly do that. But I believe the way 2045 was written, it was not income based, the way it came to you from the Senate.

Rep. Fehr: If you're not applying the fee schedule, how would you figure in, and would it be an all or nothing thing? I'm not clear in how you would determine need for individuals, given that you have a system for doing that at the centers. How would you do that with the voucher system?

M. Anderson: Some of that would be one of the reasons why the Department on the Senate

Side did ask for the delayed implementation date, so we could write rules and work with the field on how all those processes would work. But we would see people presenting, and that could be through a variety of reasons needing services. Somehow we will need to do an evaluation to determine if they need services, and then what level of service is most appropriate to them, and then they would receive a voucher for those services. Perhaps when I talk about sliding fee schedule, I am thinking about someone's, based on their income, how much of the service they would typically pay if they were going to the Human Service Center, that we hadn't contemplated applying that, but we would have to come up with some consensus with the providers in terms of a fee schedule that we would use to pay them; whether it be for this level of ASAM (SP?) or that level; whether it's an evaluation, or 2.1 or 3.2. I would see we would have to have some consensus on that because some provider may say, I need \$500 for that service, and another one would say, my charge is \$100. We have to have some kind of consensus, that for this level, we're going to give people a voucher for this amount of money.

Chairman Weisz: If the services, for example, are available at the Human Service Center, and within reasonable distance, I would assume you would bring them in to the Human Service Center, especially if they qualify for a sliding fee scale.

M. Anderson: The discussion on 2045, and I wasn't here for the hearing in your committee, on the day this was heard here, was really about choice. So it wouldn't necessarily be, and I'll use Bismarck as an example. We have a human service center and we also have Heartview Foundation as a major substance abuse treatment provider, so people could choose where they wanted to go with that voucher. And that really was the nature of the

conversation on the Senate side. And then about access in some areas, that there just isn't access to a Human Service Center in some areas.

Chairman Weisz: But based on the proposed language, would you say the direction then, if this was to be adopted, would say that you should look more to access than addressing? I suppose we should let you see what it is I'm asking you to respond to.

M. Anderson: You talk about with particular emphasis given to under-served areas, and programs focusing on youth services. So we would probably need to give preference to that somehow in our rule-making.

Chairman Weisz: Obviously \$1-million isn't going to pay for most of the services.

M. Anderson: It's also possible in some areas where we do have a Human Service Center, but, for example in the Williston area, we have had challenges in staffing, or there's areas where we have a waiting list just because the need for services is great. So I could see where you would still see that as an under-served area. And Pam just handed me a document and reminded me, when Senate Human Services, they were really focusing this on adult services, but your amendment, you'd like that to be youth. That's why you have conference committees.

Rep. Hofstad: We are trying to provide choice. But part of that conundrum is that we now have two different income levels, and people with different payers, and the choice may not be available because they're covered under Medicaid or they're covered under a third party, or they're not covered at all. Is there a way, working this voucher system, and writing the rules for the voucher system, that we put everybody on the same playing field so that everybody has the same choice regardless of that third party?

M. Anderson: In some ways, I see the voucher as leveling the playing field because, and I'll use the example of residential treatment, we have contracts with, partnerships at the Human Service Center, with private entities, and we run residential programs. Medicaid will pay for resident therapy part of the service, but not the room and board, as long as the facility is not over 16 beds because then we run into other problems with Medicaid. And then you have people who may not have any coverage. And so, this voucher, the person who is on Medicaid, who could get the treatment through residential, but not get the room and board, this voucher is going to allow them to access that. The person who has nothing, and this voucher is everything to them, they'll be able to access that residential. And the person who is getting residential from the Human Service Center, they will be able to access that. You do have a difference, in that Medicaid other than a small list of services, there's very little cost-sharing there, but there's a separate bill going around about studying Medicaid cost-sharing in the interim, with this voucher right now, there is no client share as part of it, and then the human service center is income based. I think you'll level the playing field in terms of helping people get access to services, and the choice of services, how much each person has to pay for that is still different. And I don't know how you remedy that in the system.

Pam Sagness: Substance Abuse Lead, Division of Mental Health and Substance Abuse, DHS. When we look at access to services, one of the concerns has to do with

waiting lists or capacity. The voucher would actually allow those who are, for example, falling within the voucher or Medicaid, to be able to receive services from other providers instead of needing to be on a waiting list. So that's one of the issues also addressed through this, in order to make services equitable, where, other times, someone would need to have insurance in order to access services immediately.

Rep. Oversen: So if I'm looking at the language in the proposed amendment, I think it's modeling exactly within 2045. Did we consider the amendment that was offered by Rep. Hogan? She offered an amendment and asked that we consider that to 2045 dealing with treatment criteria and rules. I don't want to leave that out if that should be included.

Chairman Weisz: Are you talking about 4001?

Rep. Oversen: Yes.

Chairman Weisz: Treatment criteria rules.

Rep. Oversen: Her testimony indicates that it was just something the behavioral health stakeholders encouraged us to consider adding to the bill. It didn't replace any existing language.

Chairman Weisz: That was a new section. I had forgotten. I don't see where a person added this, it would affect whether it's in 2045 or 2048.

Rep. Porter: I wrote down alongside both of those that it's already done.

Chairman Weisz: Number three shows already done.

Rep. Porter: I've got it written down by both of them that it's already done.

Chairman Weisz: Refresh us, if you would, whether they should be added.

Sagness: It was my testimony previously about each of the items in the amendment. The first was that the Department shall adopt a comprehensive set of rules based on ASAM. Our administrative rules already are based on ASAM, and have been for more than 10 years. And that requirement; in fact we state ASAM more than 70 times just throughout our administrative rules process. So, #1 is already completed. Other than it does say the guidelines may include the use of the software. The software is not currently mandated for providers, and it's just currently being rolled out to providers at this time. But that's the only language in section 1 that would not currently already be covered in our administrative rules. In section #2, they say that substance abuse treatment programs licensed under this chapter must be licensed whether they're private or public. We already do that. All licensed programs in the state are licensed under the same criteria, whether they're a human service center or a private provider. So that's already done. And #3, the Department of Human Services shall identify by rules the edition of ASAM and DSM manuals that are used. This also is already identified in our administrative rules in the definition, and it would be best practice to use the current edition vs. to name an edition within the rules. So we do

feel that all of these issues, other than the one statement regarding may use the software, are already in our administrative rule process.

Rep. Oversen: The first section, then, so the rules already completely address placement, continued stay, transfer, discharge and the whole mash of help that happens for patients. Do you know where this amendment came from then, and why they didn't think it was being addressed?

Sagness: This discussion also happened on the Senate side. There seems to be a perception that there is an inconsistency between providers. However, we license the programs, and actually go out and do physical, on site reviews of records and programs. And although every clinician has some discretion, so do clients. And when you look at a process like this, you can't say every person does into one criteria. I think often that's a misunderstanding. Also, there seems to be a perception that the addiction profession doesn't use the DSM; that's noted in #3. All addiction diagnoses are through DSM. So any practicing clinician already uses that tool. I'm not sure why that has continued to be a theme.

Chairman Weisz: Further questions? That does appear to address those proposed amendments; at least to me. Any further discussion of the amendment to section 4? Seeing none, all of those in favor, say Aye. Opposed?

VOICE VOTE: MOTION CARRIED

Rep. Hofstad: Section 5 is, I believe, 2253. This would be an added section, and this would replace SB 2253, the home visitation program. That originally came with \$2.25 million. This would add two additional regions

Rep. Oversen: In the amendment or in the original bill, is it your understanding with the language, healthy families, in there, does that make it specific to the program overseen by Lutheran Social Services or other home visitation programs, eligible for that funding? I know that we certainly have other programs that meet the same criteria.

Chairman Weisz: The healthy families program is LSS's program. I would hope we're not being that specific. 2253 seems very specific, that it applies only to the Lutheran Social Services healthy families program. Is that the way you interpret it from the Department's standpoint?

Maggie Anderson: I know when we were over in the Senate, we had this conversation about who all was involved in that, and I thought they were speaking on behalf of a broader group. Let me look something up. Did the Prevent Child Abuse North Dakota people testify on this?

Chairman Weisz: There is strictly talking about a relationship to LSS. That is a concern for me.

M. Anderson: Certainly if you go to the Lutheran Social Services, it is healthy families and they talk about services offered, who can participate. I don't know if there are other

contracts. This is the areas that we're serving, because it talks about families living in Grand forks, Nelson, Burleigh and Morton counties, which are the two regional areas we're currently serving.

Chairman Weisz: The current pilot project went to those two areas. And basically was through LSS. But the question now is, if we expand this, it appears like we're limiting it to LSS in the expansion areas. Now, maybe nobody else is interested, either. But the language says healthy families program.

Anderson: Lutheran Social Services did approach the Department about including this funding as an optional adjustment request, and we did not include it. So, had we written an OAR, it would have been for LSS and an expansion. So it would, probably the program than the model.

Chairman Weisz: Maggie, do you know, is the 750 in the budget?

Anderson: We brought the funding forward in our cost to continue. Julie is over there searching Health Families America, which is a model of a program, or a branded type of program, and Lutheran Social Services is listed as a North Dakota vendor. So maybe that wouldn't preclude us from saying you have to follow this model, if that's the model you would like to be expanded, then we could open that up to willing vendors.

Chairman Weisz: Do we want to toss this one on this bill? I hadn't looked at it that closely, but I do have some concerns if we're just setting up a program strictly for one provider, even if it's a good program.

Rep. Hofstad: If we do add the caveat that this is the model, so that other providers could use it.

Chairman Weisz: Do other providers use a different model? Similar but different?

Rep. Porter: I understand your concerns, but when you find a model that works, just because one agency got to it first, if it's going to work and actually save us money, I would just as soon invest in the expansion, like the amendment says, to the existing program, than all of a sudden try to re-create another one that we don't know if it works or not. I would be more inclined, even though I understand your concerns that we're inching our way to a fully-funded program with one vendor, that by only adding two more regions, we still aren't even at 50 percent of the state. So it's still technically a pilot program that we could see results back from, over the next biennium, and see if it really is the model that we really want to use.

Rep. Hofstad: There really is no reporting mechanism in here. Maybe that should be part of the amendment, so that we do have some data to look at, to see where the program is going, and what the results of the program are.

Chairman Weisz: I guess if you want to amend your motion to say that the Department shall report to legislative management.

Rep. Hofstad: I would amend the motion so that we do have a reporting mechanism so that they are to report back to legislative management. I would add that to my motion. I will make a motion to add Section 5, the appropriation of \$750,000 for a home visitation program, as it is written in the handout, and add to that motion a reporting mechanism that they report back to legislative management.

Rep. Seibel: Second.

Rep. Fehr: Just to question, the part of the motion, then, with Section 5 also removes the existing Section 6, does it not?

Chairman Weisz: That will be a separate discussion, I think. He is merely proposing to add a new section. Then we will deal with some of the other sections here yet. So the motion is merely to add the \$750,000 to expand the healthy families program to two more regions.

Rep. Hofstad: And two additional human service regions and to add a reporting mechanism.

Rep. Seibel: Those two additional human service regions are left up to the Department to choose?

Chairman Weisz: That's the way it's written. Did you get to pick your first two regions? I didn't think so. I suppose you would prefer we establish these, too, wouldn't you? And I wouldn't blame you. In the Department's defense, they would certainly like us to pick the regions, from the standpoint of whoever they pick, then the other regions aren't going to be happy.

Rep. Fehr: Would we need to know from the vendors where they may be ready to move into before doing that?

Chairman Weisz: Possibly. I'm not sure how, given our time constraints, how we determine which regions are, without putting the Department in a box, and saying you might have to pick them. My assumption is that we would probably do it out west. What are the two regions currently, Maggie?

Anderson: Bismarck and Grand forks.

Chairman Weisz: So we have the Badlands, and the...

Anderson: Jamestown, Minot, Fargo, Lake Region, Williston.

Rep. Porter: Wouldn't there be a way, if we put it in there, to just put the language that the Department, upon assessment of the need, would do this? I would venture they will know where the greatest needs are going to be, and work directly with the vendor to go with the greatest needs.

Rep. Hofstad: How about the Department, in collaboration with the vendor, so that the vendor is able and ready?

Rep. Porter: That would work too.

M. Anderson: You're talking about the existing vendor again?

Chairman Weisz: I think that's where we're stuck on this one.

M. Anderson: If you would be looking at us to RFP this somehow, then it would be difficult for us to talk to the vendor ahead of time to establish need.

Chairman Weisz: Did you RFP the first one?

M. Anderson: I believe we did, and I think they may have been the only interested vendor. We would have to follow procurement rules. So that's where it could be a challenge. We could certainly still, our staff, and working with the counties, would definitely be able to tell us where the greatest needs are.

Rep. Porter: Inside of the amended language, we do it all the time, to waive the provisions of Chapter 54, that deals with the procurement rules when there's already an existing contract that had been bid, so that you don't have to re-bid an already existing contract; that you're just expanding that contract. Then it just becomes a negotiation between the vendor and the Department on establishing the service.

Chairman Weisz: but that may also cause some additional heartburn on appropriations. It might just be more comfortable saying the Department will determine the area of greatest need in collaboration with interested parties or affected parties.

Rep. Porter: I'm game for either.

Chairman Weisz: It takes away somewhat that there might be some... I can see getting some pushback if we said we didn't need to bid this. I would rather leave that up to Appropriations to decide.

Rep. Porter: I don't want to compare bills to bills, but we had the ombudsman for the energy component for easements and those types of things, and we put right in the amendment, right in the bill, that Chapter 54 on procurement was waived inside of this so that the Ag Department could just contract so they could get the job done. And that one had never even had a bid before. That's a brand new program. We just gave the agency the ability to negotiate, is what we did.

M. Anderson: In full disclosure, in Section 2 of existing 2048, there is a provision to waive that procurement rule for that portion of the bill. It's already in there, in another section. In section 2.

Chairman Weisz: Well, committee, what do you want to do?

Rep. Seibel: Does that verbiage read, in Section 2, referring to 54-44.4?

Chairman Weisz: Let's not get to Section 2 yet.

Rep. Hofstad: I would add to the motion, the Department, in collaboration with the provider, establish the additional regions.

Chairman Weisz: For sure, if you add that, we have to eliminate them from the 5440, because they can't talk to them to pick the region prior to that then. If that's what you're trying to do, then we have to exempt them from the provisions of 54-44.

Rep. Hofstad: And the requirements of Chapter 54-44.4 do not apply.

Chairman Weisz: So the motion is that basically this is going to go back to where we were with Lutheran Social Services, what they're currently doing, and that they will pick the regions with basically LSS; that's what it's going to amount to. They're going to decide where the money would best, which two regions most need the services. That's the amendment. It's going to add two more regions from what we did last session.

VOICE VOTE: MOTION CARRIED

Rep. Muscha: (Presented her amendment.) (See Handout #2)

Chairman Weisz: So you're setting up an advisory committee which is to report back to legislative management the desirability of increasing the exposure of students enrolled to a variety of mental health.

Rep. Muscha: Ideally it would not add a whole new class, but would be incorporated into an existing class, say one of the required psychology classes, ideally. It wouldn't have to go there. It would be something added to a mandatory class for teachers.

Rep. Mooney: What is it that we are teaching those potential teachers exactly?

Rep. Muscha: It would help teach a little more awareness on what to look for in issues of behavioral health in youth, in general.

Rep. Mooney: And I would imagine to include like suicide prevention and that type of thing.

Rep. Muscha: Right; multiple issues.

Chairman Weisz: Basically being proactive in a sense rather than reactive.

Rep. Porter: We were talking about mental health first-aid training for teachers and non-certified staff, and how best to get that started across the spectrum of education. When you're looking at that, and it's been presented to us as a great big deal the past few sessions on mental health and the recognizing and who has the contact hours with the children, and it seems very appropriate that you include that as a basis of the training of the teacher, and then, as they go through their ongoing education, that it keeps being reinforced. So that if you get them right away, coming out of school, or as a part of the school, then it's just going to be a program that becomes a part of everyday life. It seems

like it's a fairly big deal inside of the whole spectrum of behavioral health that they are kind of in the gatekeeper zone of recognizing when there is situations and problems and issues, and that the more training we can get them at that gatekeeper level, the faster they move into the other components that we've discussed all session long.

Rep. Muscha: I move the amendment.

Rep. Porter: Second.

Chairman Weisz: My only issue is that I thought it maybe should have went further, but hopefully it might have a positive effect.

VOICE VOTE: MOTION IS CARRIED.

Chairman Weisz: Just so we're clear here, we have the current section 4; we have added a new section, both from 2253, and then Rep. Muscha's section as a new section. So we're still left outside of section 4, which has been sort of pre-empted. The rest of the bill is still intact at this point in time. So we've got \$1.5-million in section 1, we have \$175,000 in section 2, we have \$166,000 in section 3, and we have three studies, and I can guarantee you if section 6 study goes through, there will be lots of discussion on the floor. I've had more questions on section 6 from non-human service people than I've had on anything this session. Let's go section by section. Section 1. This is for a youth mental health assessment network. I think it somewhat relates back to section 6.

Rep. Hofstad: I move we delete section 1 on page 1, lines 5-13.

Rep. Seibel: Second

Chairman Weisz: Do you have a rationale?

Rep. Hofstad: In the section that we've added, in the voucher system that we've added, we've kind of focused that on addiction, medicine and services, with particular emphasis on the youth. That is my rationale. We have taken the focus of that youth mental health issue, and placed it in Section 4 in our new language.

Chairman Weisz: Trying to take, was there specific testimony? Just wondered if there had been testimony specific to section 1 that I'm missing here.

Rep. Mooney: Could we ask Maggie if she could explain to us what the intent of section 1 might be, so that we could clearly understand how it might relate to the newly-amended section that has been brought in?

M. Anderson: When you talk about the new section 1, you're talking about the voucher piece?

Chairman Weisz: Section 1 has to do with the youth mental health assessment, in relationship to the amendments we adopted having to do with the vouchers.

M. Anderson: This came out of the interim committee. Over in the Senate, when that section was originally \$6-million, and we were called to the podium and said, OK, what would you do with that? We said, well, we would probably want some clarification around what that was, and so we had some conversations with the county social services director, and Steve Reiser came up to the podium and provided a vision, and as we were sitting there, we saw that to be a multitude of things. But what happens right now, and I'll use Miss Jacobson because she's sitting over there from Traill County. On a Friday afternoon at 4:30, there's a need of a child to receive services, and all of the coordination and the referrals and the consultation and all of that can't necessarily happen by the end of the day. And sometimes, if that child is unsafe to be in their home or in their community, and the county is called in to help do something, sometimes the only option is to send that child out of state. And so, part of the thinking is to establish like safe beds, not build any facilities, not use any construction, use existing facilities that are in place that serve children, or look in regions where we could have crisis beds and locations where that child can be safe, where the professionals can come in and do the assessment, determine what they need, determine what happened that led up to this crisis situation, and use a common assessment, so we can then say this is the best use and placement, so then to utilize the services and the system. It's not all crystallized yet, and I believe that section has a delayed implementation date on it, which also is at the request of the department, so we could write rules, work with the counties and other providers such as PATH to really define what this looks like. That's how we would go about doing this if that section of the bill remained intact.

Rep. Mooney: The new section we put in, would that accomplish the same goal?

M. Anderson: The voucher system would really be to go seek substance abuse services; this was more of an assessment to determine what the child needs. The original bill was for child and adult assessments, and the adult portion was turned into a study; the money was then cut in half, and then cut in half again because it was only 12 months of the biennium. So the substance abuse voucher would be then accessing the services; this would be more up front, kind of what does that child need? And it could be substance abuse treatment; it could be they need mental health services. It could be that there's a protective services issue in that home that the county would need to work on. It could be a multitude of things that could be what that child needs.

Rep. Mooney: I wouldn't want the Section 1 deleted for the specific reasons that I think there are slightly two different purposes or outcomes that would be expected from the two. One is as these events are playing out in these childrens' lives, to allow some kind of connection and networking between the existing services that are available, as opposed to sending them out of state, away from family, friends and the continuity that they have locally. That kind of disconnection would be devastating to most children. I see the voucher system accomplishes a slightly different end goal and end result. I don't see them as mutually exclusive of each other.

Chairman Weisz: Maggie, tell me what you're going to do different if you have this money vs. now. Because you've got a child with some issues here, OK? You're saying you have no choice but to send them out of state if it's too late? How does this section open up placement for the child?

M. Anderson: It would be like an assessment network. No bricks and mortar. Let's use Dakota Boys and Girls Ranch in Minot. Perhaps they would have a bed or two that would be designated for children who have a crisis situation, where an assessment could come in. It could also be that there could be a team of people who are able to go to a school or a home. It wasn't all finalized. That's why we would need that year to build the rules and what that would look like. It doesn't happen right now. We have kids who go through a multitude of placements. Joann's shop, we recently added a psychologist to the staff within the mental health and substance abuse division, and they're putting together a program that is intended to help these children with high-end behavioral health needs, to support the counties, to support the children's services providers who are assisting these children, because the event that led to the child being where they are is a traumatic event. Each placement they go through is also very traumatic, and then starts to negatively impact their ability to recover from the mental health or the situation in their lives. And so that's really the hope; if they're in a situation where we can get them assessed and find out what that need is, then maybe we could reduce the number of placements. Certainly reduce the out-of-state placements, and keep those children closer to home, to their formal and informal support networks.

Chairman Weisz: I don't suppose you have any numbers for the out-of-state placements that occur just because of the scenario you listed.

M. Anderson: Not necessarily that one, but we do know how many children are in out-of-state placements. I believe it's currently 70-some kids out of state.

Rep. Hofstad: Maggie, I understand this is a critical issue up in the Devils Lake area, too. When you take the bricks and mortar out of the equation, I'm not quite sure how you do this. You can go through the assessment process, and if the need is there, and you have no place to place them, how do you deal with that?

M. Anderson: Sometimes it's finding out what that appropriate placement is. And sometimes when these things happen quickly, a child gets placed in the open bed instead of the right bed. And sometimes it's not even a bed. It could be that if that child could get X service, we could get them back into their natural home. In the DD system, we have what are called crisis beds. So we have individuals who are in the community, they are in community intermediate care facilities, community group homes, but they have some type of crisis in that residential setting. It could be because they're not getting along with their roommate. It could be because, for whatever reason, a particular cover or person or whatever it might be, sets them off. And they aren't able to safely stay in that placement at that time. And so the staff of that group home or that intermediate care facility go with that individual, and they stay in this crisis bed location so they can help that individual calm down and help them move back to that facility. We also have behavioral analysts that we employ through the life skills and transition center, who then help those community providers; maybe it's to get that individual who is in that crisis bed back to their placement. Sometimes it's working directly with the staff in that intermediate care facility to keep them there. So that was kind of the vision that we saw for this group, that between the services that Joann's division provides, the services of the human service centers, of PATH, of other foster care and children's programs like the Village and LSS, that we would try to find the right set of services for that child. And it might be a placement, it might be in-patient

psychiatric services, it might be a residential child care facility, it might be psychiatric residential treatment facility, and in some cases, if their needs are so unique that none of the North Dakota providers can assist with that service, sometimes it may still mean out-of-state services. But our goal is to reduce the number of placements and to reduce the out-of-state placements, and try to keep that child as close to home as possible.

Chairman Weisz: Why do you need \$1.5-million to coordinate?

M. Anderson: That number wasn't ours.

Chairman Weisz: I do understand that. I don't know that anybody's arguing what you just said. The other part in 2048, if we go along with it, you're given 100 in section 3, you get a FTE to facilitate behavioral health activities. Isn't it possible to be able to use some of that additional services to help coordinate section 1? If you get your FTE in section 3 to work with behavioral health, why can't that person then work with implementing section 1?

M. Anderson: They would implement section 1, but you need dollars to pay the providers and money for the assessment.

Chairman Weisz: But you're doing assessments anyway?

M. Anderson: Not necessarily. If you're the counties, they don't necessarily have the behavioral health staff at the counties.

Chairman Weisz: So what happens to them?

Kim Jacobson: Traill Co. Social Services Director: If a youth presents himself to the county, whether it be at 4pm on a Friday or 10:00 on a Tuesday, we go immediately into trying to find a placement for that child to keep them safe. Not always do we have the background information about the needs of the child. We look at safety first. We look for first placement. It often takes time to assess what that child's needs are. And there's also at the same time, typically, a court proceeding going on. So those first few days a child is in care is a very busy time. But not necessarily an assessment. We try to gather the information we have; we're often doing a child abuse and neglect assessment, which is different than a mental health assessment, at that time, and trying to look at what options are available. But true mental health assessments are hard to come by, and are time-consuming, and are not readily available.

Chairman Weisz: So your first thing is to find a placement, just from a safety standpoint from the child or the family or both. But that wouldn't change, even if section 1 was implemented. That's still the first thing that's going to happen because there's not time; the assessment would come later anyway, or not?

Kim Jacobson: that is correct, but sometimes these assessments happen after a child is already in care. We had two children in the custody of Traill County during 2014. Both of those children were placed at various institutions in North Dakota. We received notice, unexpectedly, from the facilities that the children no longer could be served by those facilities. They were different facilities, different ends of the state. We basically had 24-

hours to find an alternate placement for those children. Mental health providers, which were psychiatric facilities, said that they were safe to return to their facility, the facility said no; they didn't meet their level of care, their needs were too great. We had to search for an available place to place these children. Both of them ended up at YouthWorks, which was a day-by-day 100 percent county cost to the tune of over \$15,000 before the appropriate placements could be found for these children. So, our current system isn't real flexible at meeting the needs of children who are in crisis. It can happen at the early onset or it can happen after we're custodians for a long period of time.

Rep. Hofstad: Say you have a child that needs an assessment, do you have someone to do that mental health assessment? Or where do you get that done. And how long does it take you to it?

Jacobson: As a county social service office, we do not have the capacity to do that assessment. Our team are social workers, but they are not clinicians. They don't have the ability to diagnose. So typically we do referrals to whatever provider would be able to see them, based on their overall needs and what we see as overall themes.

Rep. Hofstad: Where are those providers and how long does it take to see them?

Jacobson: Traill County is located between Fargo and Grand Forks. We typically try to use providers, whether it be the Human Service Centers, private providers or whatever would meet that child's needs, and would be the best turn-around. We commonly find in Traill County, we can get into Grand forks sooner than Cass County. Oftentimes it takes at least a week, sometimes two, sometimes longer. It depends on the type of service we're looking at. If it's an autism-related concern vs. typical mental health, different factors.

Rep. Hofstad: The difference in cost between going to a private provider and going to the human service center for that same assessment is what? Is there a difference in cost?

Jacobson: I'm uncertain. But I could get that information for you.

Rep. Fehr: The youth in crisis often have gone to an inpatient facility when there is nowhere else to go. Is it the intent, as you understand it, from section 1 that this would be attempting to set up a network that would be available on short notice, like inpatients are, vs. going to an outpatient evaluation at a human service center, or even in private, which takes a week to a month to schedule an appointment. Is it your understanding this would be set up so they could handle in a variety of settings, short-term, rapid turn-around assessments across the state?

M. Anderson: It would need locations throughout the state. Maybe in some of those locations, you might have to use technology to do those assessments. In another place, you might have more opportunity for face-to-face. The hope was the default wouldn't be the state hospital or the other in-patient units or a larger hospital. Because sometimes, while that may have been the default, it may not have been the appropriate level of care. Not all children who have a crisis need in-patient level of care, so it's trying to get them somewhere safe, so they're safe and others around them are safe, and that we can calm

them and help them, and then get them the services they need. It was a vision that it would be statewide. There was no specific talk that there would be 16 locations, or 8 or whatever.

Rep. Fehr: The thing about going to an in-patient stay is, unless it was under Medicaid, there would be a third-party payer paying for that assessment, as a general rule. Unless it's going to the state hospital, if they don't have funds. And, of course, that may be sometimes involving our local sheriffs, who have let us know that is a huge burden on them to transport, if it's that kind of emergency. The idea here is this is an appropriation to say, you the state take over doing more of this, as opposed to the kind of piecemeal that we currently have?

M. Anderson: From listening to the interim conversation that led to this, and the conversation that has happened so far in session, it probably is described as piecemeal, and that not every child enters that system the same, or navigates through that system the same. And it's trying to come up with some consistently and come up with an approach that can again hopefully help that child be more successful in having perhaps no placements or, if there is a placement, that we find the right placement for that child the first time, so they don't have to go through multiple placements. So it really is to address that piecemeal approach.

Rep. Hofstad: I have had clinicians tell me that they have tried to work with clients, and because of this or that in terms of trying to see them more frequently or whatever, there have been youth who have ended up being placed out of state. My question is, if we had a good assessment system, that placed kids in the right place, or maybe help develop capacity and so on, the understanding is that potentially we could save money on some out-of-state placements. Is there any way in which you have your hands around, yes, we're spending more money, but do you have any way of estimating how much we could save by keeping them in state and providing the right service in state by spending more money on the front end?

M. Anderson: I can only give you my experience from reviewing the Medicaid expenditures. I don't know that it's always going to be about saving money. It is investing upfront in that child so they don't have the multiple placements, but just because a child is in an out-of-state psychiatric residential treatment facility doesn't mean that cost per day is more than what that cost per day is in North Dakota. It's about putting them in the right place, keeping them closer to home. The counties also incur costs when those children are placed out of state. It's also the ability of the family to go see them, and the costs that are involved in that. I don't want to stand here and say it's going to save money if you put the \$1.5-million into the assessment system. But the intent was, can we do something to help those kids early-on in their involvement with the system? Or as Kim Jacobson said, sometimes they're in a placement, but for whatever reason, it falls apart. And helping them then find the next best placement, where we can hopefully have them be successful.

Chairman Weisz: Maggie, one more question. The way you read that section, you would, as part of that cost, you're assuming that you would be contracting to provide assessments that aren't otherwise being provided.

M. Anderson: Yes. We would expect part of that \$1.5-million or whatever money is there, would be to contract for those assessments, contract for the staffing. Again, if you're thinking that a portion of this could be along that crisis bed model, the staffing that would need to be there, the clinicians that would need to be assisting that child, and the county in determining what the appropriate placement is.

Chairman Weisz: We do have a motion in front of us.

Rep. Fehr: Just to say that I'm going to resist the motion. This is strictly to remove Section 1.

Rep. Hofstad: As we're talking about the motion, and looking at Section 1, and understanding that maybe \$1.5-million does not have a chance in Appropriations, is there an alternative? Is there something else the committee can offer that we can do here? I understand how critically important this is, certainly for my area, this is a disaster. Is there something else that we can do here to address this issue without butting up against the appropriations people?

Chairman Weisz: I guess it depends on how far you want to go within the definition of network. It's one thing to do an assessment, but if indeed we are looking at the crisis bed and then the clinicians and the staff necessary to that, yes, it's not bricks and mortar, but it's definitely, I'm not sure how you arrive at a number. I'm a little more comfortable with just looking at if there needs to be the availability of contracting just for the assessments, so that at least they know where the placements and stuff need to go. That's maybe a little easier to put a number on.

Rep. Fehr: As you're talking about assessments, and of course when I think of individual assessments, depending on what's involved, if I threw a number at it, it could be \$200, it could be \$1000. If it's inpatient, it could be \$5000 and up. If we're needing to limit it, maybe we need to go back to that pilot kind of idea to say, we're going to reduce the geographic, as opposed to statewide.

Rep. Hofstad: is there any room within the Human Service Departments across the state, is there any room to reprioritize to get those in a high need? I understand there are people within the departments out there that have the ability to do these assessments. Is there any opportunity to re-evaluate those priorities so that we get those assessments done? If we were to say that this is our priority to do youth assessments. I know for a fact that there are police officers that are doing on-the-spot assessments and taking them kids back to their homes. That's what's happening out there.

JoAnne Hoewel, Dept. of Human Services: Part of the challenge is access to that. The human service centers already have a lot of demand. Going back to Rep. Fehr, perhaps another option: we could potentially put a contract in place with a number of entities around the state, so it wouldn't have to be located in one spot, because that would be challenging for the system partners. Then we could come up with an amount that would pay for those assessments. And then we could collect data on not only the process, but the outcomes of those assessments and report back to you. And we would do that to the degree that you would be able to appropriate funding. That would be a way as well. We're purchasing the

assessment and the location to keep kids safe and assess them at that moment in time for the right direction to take from that moment.

Rep. Fehr: I just want to make the comment that one of the big challenges is, whether you're talking about a human service center or a private provider, people schedule clients and so, if you have an emergency, and somebody has their schedule full, that's why it's so difficult. Many places, where they have somebody rotate having a few hours available. I worked one place where they had a master social worker who sat and read his paper every day, waiting for an emergency because it doesn't work to try to cover emergencies and you pack in and have every hour blocked. It doesn't work. That's why so many places aren't available. So when you talk about building capacity, how do you pay for somebody to be available to handle not being scheduled and wait for those emergencies?

Chairman Weisz: Section 3; there's nothing in the Governor's budget that adds an FTE for behavioral health?

M.Anderson: No, there were no additional FTEs in that area. And Section 3 was added at the request of the Department, based on the fiscal note. So, while this bill is not ours, this was added because of our fiscal note.

Chairman Weisz: So what does the committee think on Section 3? Let's look at the studies, and then we'll come back to 1 and 2 and then maybe we can dispose of this bill. We have a study to study for an adult mental health network; we have section 6 which I've heard much on, a mental health screening assessment; and then section 7 is just behavioral health needs of youth and adults. And they're all shall consider. I'm going to make a suggestion, but, considering everything else that's in this bill, and the dollars, I would advise that section 6 goes away, merely because there's a lot of resistance. I have concerns of the whole idea of feasibility and desirability of implementing a program for children ages 0 to 5, from a standpoint of a mental health screening and assessment. So the idea that we're going to screen every child for mental health. It's one thing if there's issues and a parent or other guardian, but, that's just my recommendation.

VOICE VOTE: MOTION FAILED (on motion to delete section 1)

Rep.Hofstad: I would move that we would eliminate Section 6 from 2048.

Rep. D. Anderson: Second.

Chairman Weisz: Discussion on that? Part of this bill has to do with assessments on youth. If this bill is to go forward, I have been catching a lot of resistance.

VOICE VOTE: MOTION CARRIED

Chairman Weisz: Section 5 and 7; is the committee OK with those studies? Any concerns or changes? Now we're down to Section 1 and 2. I'm not sure why this in a sense is broken out in the discharge planning. Rep. Damschen, can you address that? Did that come up as a separate issue in committee?

Rep. Damschen: My mind is mush. I honestly don't recall.

Chairman Weisz: I don't remember that there was a whole lot of discussion on it either. Maggie, can you address it at all?

Rep. Fehr: I was just noting that in the original testimony that we had from Rep. Hogan, she had talked about it, in terms of when people are coming out of a coordination of services, discharge from inpatient services. Essentially it's people who have been in the system, and are not kind of planning for what happens next. So it really goes hand-in-hand with Section 1.

Chairman Weisz: That's what I was wondering, in a way shouldn't it be combined? I understand what the discharge issue is, but it seems like that would be part of an assessment.

Rep. Fehr: It is a pilot project.

Chairman Weisz: We have to do something. I know good and well that \$1.5-million in Section 1 is not going to fly, especially when I don't have a single number to defend it with.

Rep. Mooney: Given that \$1.5-million is going to be an exorbitant amount for you to be able to try to sell, would the idea of cutting it even in half, since we are looking at a one-year implementation period, since it's deferred over to July 2016 to June of 2017; would even half that amount make it more palatable and especially including the comprehensive nature of it, of the outcomes and the expectations for reporting and that type of thing?

Chairman Weisz: Here's the struggle that I have. I don't have any testimony to defend a number, in other words, it says, we're going to spend \$100,000 on this; \$250,000 here; \$125,000 there, and this is how this network is going to go together. Frankly, any number that you give me, I go down there and say, well, we thought it sounded like a nice round number. When they ask me, what are we doing with that, I don't have an answer. It's one thing, they don't like my answer; but at least if I have an answer, this is why we think this. I don't disagree, it's probably going to benefit down the road from the standpoint of less placements, but if I don't have numbers, I don't know how to get at this thing from a standpoint of, even Section 2, it's \$175,000. What are we doing? It's talking about protocols; we are establishing Section 3, where we're giving the Department an FTE to work on the whole behavioral health issue, I assume they can work within on some protocols too in that area. I don't know what to do with those two sections. I understand everything we heard on Section 1. I just don't understand how I'm going to, if there's a way to structure it that says, here, we want you to put something together so you can come back, and if you need some a, b, and c, and then you come back next session. I don't know.

Rep. Porter: I look at the big picture of what we're sending down there, and I guess the other sections are the important ones, and I would hate to weigh them down with Sections 1 and 2. And we're going to end up in a situation where they're going to look at it and say, if you want this, then we're going to cut out of this. Rather than have the priority of the

committee carry forward. If we don't have a defensible position for either one of those sections, then they should be removed.

Chairman Weisz: I certainly wouldn't have a problem with them developing criteria for a network, to bring back. So, in other words, we would have a criteria next biennium. This is what the assessment network would look like, and this is what it would take to implement it. I'm sure they wouldn't care for that extra burden, but at the same time we're giving them Section 3; we're giving them that FTE. I could certainly support that. And that helps justify Section 3, also to Appropriations. It says, they shall develop the protocol and the criteria for the network and protocol for discharge. If you combine those two, telling them they're to put together that, and then report that, for the process of taking a look at assessments. You can certainly put a number in and I'll take it down and give it a shot, but I don't have anything aside from saying we pulled a number out of the air, and it's less than the Senate gave us, so it's a better number. I will do whatever the committee directs me.

Rep. Damschen: I think, if I remember anything correctly, I think some of these numbers were pulled out of the air. The original numbers in the interim committee; and obviously the air was a little thicker than it was when the Senate had it. In all honesty, we didn't give too much to defend to Appropriations, because we didn't have a lot of scientific information to base the numbers on.

Chairman Weisz: Being it's a direct appropriation, also, then you don't have the Department coming back and saying, this is how we're going to implement it, because it just says, here's the money so you get to spend it.

Rep. Mooney: I would agree with Rep. Damschen that in the interim committee, some of the numbers we really did have to kind of pull from whatever sources of information were floating about. And I think that the idea of being able to direct Human Services through the newly instated behavioral health FTE, if that helps to direct us to that directive of obtaining the empirical evidence that we're looking for. It seems like we're back at the proverbial Catch 22 again. I would be perfectly fine with looking at how we could re-word that, pull the money back out of it so we don't have to have you defend the money, and then even if we have to dispense with Section 2 so that we can keep Section 1, I think that we might be much further ahead in two more years.

Chairman Weisz: I would be willing to look at some amendments so that we keep Section 3, then at least having the Department because they have Section 3, then look at coming up with the criteria for the assessment network.

Rep. Porter: I would move inside of Section 3 that we add the language that the Department develop the criteria for the youth mental assessment network, and the protocols for discharge or release of individuals with behavioral health issues. And then I would also move the deletion of Sections 1 and 2.

Rep. Hofstad: Second.

Chairman Weisz: So everybody's clear; we're keeping in Section 3, which will set up the behavioral FTE, we're telling the Department to come up with the criteria for that mental

health assessment network, so we're going to know what it's going to cost and what we need to implement it; and also the same thing having to do with the discharge plan. Then, at least you have a good case. This is what we need and this is what it takes.

VOICE VOTE: MOTION CARRIED

Chairman Weisz: Any other amendments to SB 2048? Seeing none, what are the committee's wishes?

Rep. Porter: I would move a Do Pass on the amended version of Reengrossed SB 2048, and Rerefer to Appropriations.

Rep. Mooney: Second.

Chairman Weisz: Any further discussion?

Rep. Oversen: In looking at the two sections we deleted, my understanding of reading why we needed an additional FTE was to oversee those two sections. But then we removed them. So I'm curious what this person will be overseeing now.

Chairman Weisz: Miss Anderson also indicated that the other section, between the voucher and the other behavioral health issues, there was still a necessity to cover the broad area. It's not specific to dealing with 1 and 2. But that person should be able to put together the criteria for that network so we can make it work. Any other discussion? Seeing none, the clerk will call the roll for a Do Pass As Amended on Reengrossed SB 2048 and Rerefer to Appropriations.

ROLL CALL VOTE TAKEN: YES: 12 NO: 1 ABSENT: 0

MOTION CARRIED

REP. WEISZ WILL CARRY

Chairman Weisz closed the hearing.

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2048

Page 1, remove lines 5 through 13

Page 2, line 7, replace \$2,000,000 with \$1,000,000

Page 2, line 8, replace "addressing" with "establishing and administering a voucher system to address"

Page 2, line 9, after "system," insert "and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized as effective by the American society of addiction medicine, with particular emphasis given to underserved areas and programs focusing on youth services. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment accepting vouchers under this Act shall provide evidence-based services. The department of human services shall provide a report to the legislative management or a committee designated by the legislative management before July 1, 2016, regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs."

Page 2, after line 16, insert

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$750,000, or so much of the sum as may be necessary, to the department of human services for the purpose of expanding the healthy families home visitation program to an additional two human service regions, for the biennium beginning July 1, 2015 and ending June 30, 2017.

Page 2, line 9, remove "including intervention, detoxification, and"

Page 2, remove lines 10 through 16

Page 2, remove lines 26 through 31

Page 3, remove lines 1 through 3

Re-number accordingly

Section 4 (New Language)

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$1,000,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing and administering a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized as effective by the American society of addiction medicine, with particular emphasis given to underserved areas and programs focusing on youth services. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment accepting vouchers under this Act shall provide evidence-based services. The department of human services shall provide a report to the legislative management or a committee designated by the legislative management before July 1, 2016, regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2048

Page 3, after line 17, insert:

**"SECTION 8. ADVISORY COMMITTEE - MENTAL AND BEHAVIORAL
HEALTH ISSUES - INCORPORATION IN TEACHER PREPARATION PROGRAMS -
REPORT TO LEGISLATIVE MANAGEMENT.**

1. During the 2015-16 interim, the state board of higher education shall convene an advisory committee to address the desirability and feasibility of increasing the exposure of students enrolled in teacher preparation programs to the variety of mental and behavioral health issues that the students are likely to encounter upon commencement of their professional teaching careers.
2. The membership of the advisory committee must be determined by a majority of the following:
 - a. The commissioner of higher education;
 - b. The superintendent of public instruction;
 - c. The director of the department of human services;
 - d. The director of the state department of health;
 - e. A representative of the education standards and practices board;
 - f. A member of the house of representatives, appointed by the legislative management; and
 - g. A member of the senate, appointed by the legislative management.
3. The membership of the advisory committee must be geographically balanced and include:
 - a. Representatives of public and private teacher education programs in the state;
 - b. Providers of behavioral health services to children under the age of eighteen;
 - c. Providers of mental health services to children under the age of eighteen;
 - d. Representatives of mental health advocacy organizations;
 - e. Representatives of the juvenile court;
 - f. Representatives of law enforcement; and
 - g. Representatives of Indian tribes in this state.

4. The committee shall meet as necessary to achieve the objective set forth in subsection 1 and shall present a report before September 1, 2016, to a committee designated by the legislative management."

Renumber accordingly

March 31, 2015

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2048

Page 1, remove lines 5 through 22

Page 1, line 24, replace "FTE" with "ACTIVITIES FACILITATOR"

Page 2, line 4, after the period insert "The department of human services shall develop criteria for a youth mental health assessment network and develop protocols for the discharge or release of individuals with behavioral health issues under this section."

Page 2, line 5, replace "REPORTS" with "REPORT"

Page 2, line 7, replace "\$2,000,000" with "\$1,000,000"

Page 2, line 8, replace "addressing" with "establishing and administering a voucher system to address underserved areas and"

Page 2, line 9, remove "including intervention, detoxification, and"

Page 2, remove lines 10 through 15

Page 2, line 16, replace "the use of these funds by July 1, 2016" with "and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized as effective by the American society of addiction medicine, with particular emphasis given to underserved areas and programs focusing on youth services. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment program accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016, the department of human services shall provide a report to the legislative management regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs"

Page 2, after line 16, insert:

"SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - HEALTHY FAMILIES HOME VISITATION PROGRAM. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$750,000, or so much of the sum as may be necessary, to the department of human services for the purpose of expanding the healthy families home visitation program to an additional two human service regions, for the biennium beginning July 1, 2015, and ending June 30, 2017. The department of human services, in collaboration with the provider, shall determine the regions for expansion. The requirements of chapter 54-44.4 do not apply under this section.

SECTION 4. ADVISORY COMMITTEE - MENTAL AND BEHAVIORAL HEALTH ISSUES - INCORPORATION IN TEACHER PREPARATION PROGRAMS - REPORT TO LEGISLATIVE MANAGEMENT.

1. During the 2015-16 interim, the state board of higher education shall convene an advisory committee to address the desirability and feasibility of increasing the exposure of students enrolled in teacher preparation programs to the variety of mental and behavioral health issues that the students are likely to encounter upon commencement of their professional teaching careers.
2. The membership of the advisory committee must be determined by a majority of the following:
 - a. The commissioner of higher education;
 - b. The superintendent of public instruction;
 - c. The director of the department of human services;
 - d. The director of the state department of health;
 - e. A representative of the education standards and practices board;
 - f. A member of the house of representatives, appointed by the legislative management; and
 - g. A member of the senate, appointed by the legislative management.
3. The membership of the advisory committee must be geographically balanced and include:
 - a. Representatives of public and private teacher education programs in the state;
 - b. Providers of behavioral health services to children under the age of eighteen;
 - c. Providers of mental health services to children under the age of eighteen;
 - d. Representatives of mental health advocacy organizations;
 - e. Representatives of the juvenile court;
 - f. Representatives of law enforcement; and
 - g. Representatives of Indian tribes in this state.
4. The committee shall meet as necessary to achieve the objective set forth in subsection 1 and shall present a report before September 1, 2016, to a committee designated by the legislative management."

Page 2, line 19, replace "network" with "networks"

Page 2, line 21, after the first comma insert "and"

Page 2, line 21, after the second "and" insert "must"

Page 2, line 23, replace "along" with "together"

Page 2, remove lines 26 through 31

Page 3, remove lines 1 through 3

Page 3, line 11, replace "include consideration of developing" with "address the development of"

Page 3, line 12, replace "noncertified" with "nonlicensed"

Page 3, line 12, replace the second "and" with ", the"

Page 3, line 13, replace "the" with "of"

Page 3, line 16, replace "along" with "together"

Renumber accordingly

Date: 3-30-15
Roll Call Vote #: 1

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2048

House Human Services Committee

Subcommittee

Amendment LC# or Description: See description below

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Rep. Hofstad Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:
replace voucher language in Section 4

Date: 3-30-15
 Roll Call Vote #: 2

**2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2048**

House Human Services Committee

Subcommittee

Amendment LC# or Description: See Handout #1

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Rep. Hofstad Seconded By Rep. Seibel

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson	<i>Voice Vote</i> <i>Motion Carried</i>				
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:
*Add a new section. Section 5
 add to this they report
 back to Leg. Management
 Dept in collaboration with the
 54.44 to not
 apply*

Date: 3-30-15
 Roll Call Vote #: 3

**2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2048**

House Human Services Committee

Subcommittee

Amendment LC# or Description: 03003 (Handout #2)

- Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Rep. Muscha Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

*Final Vote
 Motion Carried*

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Date: 3-30-15
Roll Call Vote #: 4

2015 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2048

House Human Services Committee

Subcommittee

Amendment LC# or Description: See description below

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
Other Actions: Reconsider _____

Motion Made By Rep. Hofstad Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

*Roll Call Vote
Motion Failed*

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:
Delete Section 1 of the bill

Date: 3-30-15
 Roll Call Vote #: 6

2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2048

House Human Services Committee

Subcommittee

Amendment LC# or Description: see description below

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar
 Other Actions: Reconsider _____

Motion Made By Rep. Porter Seconded By Rep. Hofstad

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. Mooney		
Vice-Chair Hofstad			Rep. Muscha		
Rep. Bert Anderson			Rep. Oversen		
Rep. Dick Anderson					
Rep. Rich S. Becker					
Rep. Damschen					
Rep. Fehr					
Rep. Kiefert					
Rep. Porter					
Rep. Seibel					

Motion Carried

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

*within section 3
 the dept develop the criteria
 for the youth mental assessment network, and
 the protocols for discharge or release of individuals with
 behavioral health issues. And delete section 1 and section 2*

Date: 3-30-15
 Roll Call Vote #: 7

**2015 HOUSE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2048**

House Human Services Committee

Subcommittee

Amendment LC# or Description: _____

Recommendation: Adopt Amendment
 Do Pass Do Not Pass Without Committee Recommendation
 As Amended Rerefer to Appropriations
 Place on Consent Calendar

Other Actions: Reconsider _____

Motion Made By Rep. Porter Seconded By Rep. Mooney

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. Mooney	✓	
Vice-Chair Hofstad	✓		Rep. Muscha	✓	
Rep. Bert Anderson	✓		Rep. Oversen		✓
Rep. Dick Anderson	✓				
Rep. Rich S. Becker	✓				
Rep. Damschen	✓				
Rep. Fehr	✓				
Rep. Kiefert	✓				
Rep. Porter	✓				
Rep. Seibel	✓				

Total (Yes) 12 No 1

Absent 0

Floor Assignment Rep. Weisz

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2048, as reengrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (12 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed SB 2048 was placed on the Sixth order on the calendar.

Page 1, remove lines 5 through 22

Page 1, line 24, replace "FTE" with "ACTIVITIES FACILITATOR"

Page 2, line 4, after the period insert "The department of human services shall develop criteria for a youth mental health assessment network and develop protocols for the discharge or release of individuals with behavioral health issues under this section."

Page 2, line 5, replace "REPORTS" with "REPORT"

Page 2, line 7, replace "\$2,000,000" with "\$1,000,000"

Page 2, line 8, replace "addressing" with "establishing and administering a voucher system to address underserved areas and"

Page 2, line 9, remove "including intervention, detoxification, and"

Page 2, remove lines 10 through 15

Page 2, line 16, replace "the use of these funds by July 1, 2016" with "and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized as effective by the American society of addiction medicine, with particular emphasis given to underserved areas and programs focusing on youth services. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment program accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016, the department of human services shall provide a report to the legislative management regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs"

Page 2, after line 16, insert:

"SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - HEALTHY FAMILIES HOME VISITATION PROGRAM. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$750,000, or so much of the sum as may be necessary, to the department of human services for the purpose of expanding the healthy families home visitation program to an additional two human service regions, for the biennium beginning July 1, 2015, and ending June 30, 2017. The department of human services, in collaboration with the provider, shall determine the regions for expansion. The requirements of chapter 54-44.4 do not apply under this section.

SECTION 4. ADVISORY COMMITTEE - MENTAL AND BEHAVIORAL HEALTH ISSUES - INCORPORATION IN TEACHER PREPARATION PROGRAMS - REPORT TO LEGISLATIVE MANAGEMENT.

1. During the 2015-16 interim, the state board of higher education shall convene an advisory committee to address the desirability and feasibility of increasing the exposure of students enrolled in teacher preparation programs to the variety of mental and behavioral health issues that the students are likely to encounter upon commencement of their professional teaching careers.
2. The membership of the advisory committee must be determined by a majority of the following:
 - a. The commissioner of higher education;
 - b. The superintendent of public instruction;
 - c. The director of the department of human services;
 - d. The director of the state department of health;
 - e. A representative of the education standards and practices board;
 - f. A member of the house of representatives, appointed by the legislative management; and
 - g. A member of the senate, appointed by the legislative management.
3. The membership of the advisory committee must be geographically balanced and include:
 - a. Representatives of public and private teacher education programs in the state;
 - b. Providers of behavioral health services to children under the age of eighteen;
 - c. Providers of mental health services to children under the age of eighteen;
 - d. Representatives of mental health advocacy organizations;
 - e. Representatives of the juvenile court;
 - f. Representatives of law enforcement; and
 - g. Representatives of Indian tribes in this state.
4. The committee shall meet as necessary to achieve the objective set forth in subsection 1 and shall present a report before September 1, 2016, to a committee designated by the legislative management."

Page 2, line 19, replace "network" with "networks"

Page 2, line 21, after the first comma insert "and"

Page 2, line 21, after the second "and" insert "must"

Page 2, line 23, replace "along" with "together"

Page 2, remove lines 26 through 31

Page 3, remove lines 1 through 3

Page 3, line 11, replace "include consideration of developing" with "address the development of"

Page 3, line 12, replace "noncertified" with "nonlicensed"

Page 3, line 12, replace the second "and" with ", the"

Page 3, line 13, replace "the" with "of"

Page 3, line 16, replace "along" with "together"

Renumber accordingly

2015 HOUSE APPROPRIATIONS

SB 2048

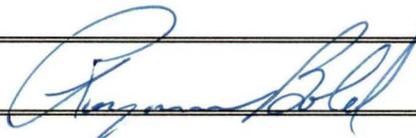
2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

SB 2048
4/3/2015
25802

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide appropriations to the department of human services for improving behavioral health services and for substance abuse treatment services; to provide for reports to the legislative management; and to provide for legislative management studies.

Minutes:

"Click to enter attachment information."

Chairman Jeff Delzer: Called the meeting to order

Representative Robin Weisz: Spoke on the bill.

Chairman Jeff Delzer: Were you part of the Human Service interim committee? Was this particular bill part of the interim committee?

Weisz: It was.

Chairman Jeff Delzer: Did your committee ask for information about whether they looked at all the current things that are in the budget that deal with this and how many could be done away with to start another new program?

Weisz: The interim committee really didn't have much of an opportunity to look at the budget before it was finished. Questions that we had on our committee that were on that committee did not look at all the various programs. In section 1, we left that part in tact; section 2 is really SB 2045 which had a voucher program for addiction counseling and we basically moved that into SB 2048. Your committee felt it was important that we finally take a look at this because there are some real gaps in how addiction counseling is paid for and some of the limitations that are involved in Medicaid funding. For example, Medicaid doesn't pay for room and board. If you need to go into a residential facility they will pay for all the other costs, but not the room and board. The voucher system could be used to pay the room and board.

Chairman Jeff Delzer: Wouldn't 2046 do the same thing?

Weisz: Marriage and family counseling does not apply in addiction counseling in this area. Again a voucher could be used for a private pay addiction counselor. We are already

paying for addiction counseling services through the state. This adds flexibility; it helps close the gaps in some areas. Your committee felt strongly that the time has come to move forward on the vouchers and the number has decreased from the original bill.

Representative Nelson: As far as the funding for the voucher system was there a number of clients that was anticipated to be served with this funding request? It looks like it is delayed as far as the implementation.

Weisz: It is not delayed because of the numbers it is delayed to ensure the department has time to establish the rules and how the voucher program would work.

Representative Nelson: There are some areas that have better service in North Dakota than others and the bill seems to address underserved in areas where there are gaps. Did you talk about what areas would be prioritized for the voucher system as to the practical aspect where services are being provided today and how they would be in the future?

Weisz: We did not discuss a specific region the discussion that was had was from the perspective of areas where there are no human service centers close or a treatment facility is not available. Then you can take the voucher and go to the nearest private and receive services without having to travel.

Representative Nelson: Does it drill down to determine whether those underserved areas are and prioritizing on those areas? Does the voucher allow mid-level professionals to serve the clients or is there a protocol as to what level of service would be required to be used if you get a voucher?

Weisz: No we didn't drill down to specifics.

Chairman Jeff Delzer: Medicaid has quite a few rules about how long somebody can receive services, how much they can pay; did you have a discussion about limitations as to who can receive the vouchers, how many visits, how much for each visit and how much can be used for housing?

Weisz: Yes we did. We decided because it's only going to operate for 12 months in this biennium that we weren't going to adopt any additional restrictions. The idea was to see how the program would work, and currently there is a sliding fee scale when you use the human service center, that wasn't the case here.

Chairman Jeff Delzer: There's always much more requests when you have an unlimited grant. We need to be cognizant on what we can afford to sustain in the future.

Weisz: We had those discussions and that is why this is going to be 12 months so we will see where the demand comes from; how it is being implemented and then this body will have to sit down and then there will need to be similar rules.

Chairman Jeff Delzer: Did you ask what the overall Medicaid line is in the budget?

Weisz: No we did not.

Representative Hogan: These three bills have significantly more money in them than is currently requested. Do you have any idea what the original request for all the bills that you rolled together was?

Weisz: I believe section 2 with the voucher had \$2 million dollars in it; the healthy families section had \$750 and had \$2.25 million in it.

Chairman Jeff Delzer: Senate fiscal note was \$3.8 million dollars.

Weisz: On 2048, we did roll those other sections in there so that is the original bill then you do have an original fiscal note on 2048 that had \$3.8 million dollars.

Representative Hogan: SB 2045 was \$3 million dollars too?

Weisz: I thought it was \$2 million dollars, but it may have been \$3 million dollars.

Representative Hogan: The original senate bill had all the assessments that were kept by the Senate.

Weisz: Correct and that is where the \$3.8 million dollars in the original 2048; 1.4 for DPI.

Representative Hogan: This is significantly pared down from the original requests. Is that fair?

Weisz: I would say there was maybe \$7 or \$8 million dollars when it started with the 3 bills and now we are down \$2.9 million dollars.

Weisz: Continued testimony.

Chairman Jeff Delzer: Did you ask for outcomes or evaluations on this? You have a study here but it doesn't say anything about outcomes or evaluations it is all about needs. Somehow we should look at both ends of all the spectrums.

Weisz: What we have in our committee, it is hard for them to show us that we visited 10 families and 6 of them did end up with a juvenile in foster care because how would you know.

Chairman Jeff Delzer: How many did? Have you looked at that?

Weisz: There wouldn't be any time for meaningful data that you could track. You could say on an average 3% of the families end up in foster care then we are focusing on the family that already had problems. You don't have a base to compare it to.

Chairman Jeff Delzer: That is a problem with a \$3 billion dollar budget.

Representative Pollert: The healthy families in the Grand Forks region have been up for at least 3 or 4 bienniums. Are there any outcomes from Grand Forks then they started

Burleigh/Morton county maybe 2 bienniums ago. The point that you can't prove outcomes cause they won't be in foster care, they won't be in the corrections, but we won't know that for 18 years. But you would think that the healthy families would be able to give you an idea what has happened in Grand forks because that has been in place for quite some time.

Chairman Jeff Delzer: I think we are going to have to make sure the studying is redirected to look at things like that.

Representative Pollert: It sounds like their set up so healthy families in Grand Forks is serving the needs of the Northeast Human Service Center region and I suspect Burleigh and Morton is through West Central and so you are leaving it up to the department or a home to decide the other two human service regions should be located?

Weisz: Yes we are leaving it up. WE had quite a bit of discussion oon that and so the language says the department in collaboration with provider shall determine the region for expansion. The point being those two regions should be those that need that type of service the most.

Chairman Jeff Delzer: In this particular section for both years?

Representative Pollert: And all the sections get their OAR listing and don't think the healthy families have been on the human resources from the DHS budget.

Representative Silbernagel: Did you talk in your committee about how many FTEs are currently involved in this activity or how many more it would take to implement a couple regions?

Weisz: No we did not get in specific discussion of how many FTEs. It is going to be contracted out with the provider so there wouldn't be any additional FTEs within the department.

Representative Silbernagel: So all of these services are contracted outside of the department?

Weisz: Currently, that is correct.

Weisz: Continued testimony

Chairman Jeff Delzer: Isn't that Higher Ed's job already?

Weisz: I would agree with that.

Representative Pollert: It seems it is being done your saying not enough.

Weisz: What I am saying is it is not required.

Meeting was adjourned.

2015 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee Roughrider Room, State Capitol

SB 2048
4/8/2015
Job #25945

- Subcommittee
 Conference Committee

Committee Clerk Signature

Kenneth M. Tolbert

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide appropriations to the department of human services for improving behavioral health services and for substance abuse treatment services; to provide for reports to the legislative management; and to provide for legislative management studies.

Minutes:

Attachment: #1.

Chairman Jeff Delzer called the committee into session on SB 2048.

Chairman Jeff Delzer handed out the amendment .03006 and spoke on it. (Refers to Att. #1) SB 2048 is a bill that came to us out of Human Services. It's kind of their catch-all of what they're doing with behavioral health. It did have a section in there for \$166,000 and a new FTE for DHS. It had an appropriation section in there of \$1-million for voucher for under-served areas and gaps in state's substance abuse treatment system. And then it had an appropriation for healthy family home visitation program. I did visit some with the chairman of the policy committee, visited with some of the members on this committee, and we had some concerns about expanding the healthy family home visitation. We also had concerns with the amount of FTEs that are available in 2012. So the amendment that was passed out changes the \$166,000 to \$100,000 in Section 1, takes out the FTE, and the amendment goes back to the Senate bills that came over from the Senate. So those changes are all in there. But, in essence, what it does to the House amendments is changes the \$1-million in Section 2 to \$750,000 and removes Section 3 of the bill. Any questions on comments?

Representative Silbernagel: I think these are good changes and a good amendment. As you pointed out, this does address one of the major needs that came through the interim study. As to the home visitation program, there are a number of programs that exist currently, healthy families, parents as teachers, nurse family partnership; so, by removing that, I still feel there is a good focus in that arena, and I think these are good amendments.

Representative Hogan: I had asked to have a drafted amendment to add back the healthy families program and reduce it from \$750,000 to \$250,000 to add one region. Those amendments aren't yet ready. After looking at the material with Rep. Silbernagel this afternoon, I am not going to offer that. I think it's an area that we have need in, but I think behavioral health is our priority at this point, based on the interim study. So I am not going to offer that amendment.

Rep. Silbernagel: I would move approval of Amendment 03006.

Rep. Streyle: Second.

Chairman Jeff Delzer: Any further discussion?

VOICE VOTE TAKEN: MOTION CARRIES.

Rep. Silbernagel: I move approval of SB 2048 As Amended.

Rep. Boehning: Second.

Chairman Jeff Delzer: Discussion on the motion? Seeing none, clerk will call the roll.

ROLL CALL VOTE TAKEN: YES: 21 NO: 1 ABSENT: 1

Motion for a Do Pass as Amended on SB 2048 carries, 21-1-1

Representative Silbernagel Is the carrier.

Chairman Jeff Delzer closed the hearing on SB 2048.

SK
3/15
1/3

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2048

In lieu of the amendments adopted by the House as printed on pages 1284-1286 of the House Journal, Engrossed Senate Bill No. 2048 is amended as follows:

Page 1, remove lines 5 through 22

Page 1, line 24, replace "FTE" with "ACTIVITIES FACILITATION"

Page 2, line 1, replace "\$166,092" with "\$100,000"

Page 2, line 2, remove "hiring one full-time"

Page 2, line 3, replace "equivalent employee to facilitate" with "facilitating"

Page 2, line 5, replace "REPORTS" with "REPORT"

Page 2, line 7, replace "\$2,000,000" with "\$750,000"

Page 2, line 8, replace "addressing" with "establishing and administering a voucher system to address underserved areas and"

Page 2, line 9, remove "including intervention, detoxification, and"

Page 2, remove lines 10 through 15

Page 2, line 16, replace "the use of these funds by July 1, 2016" with "and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized as effective by the American society of addiction medicine, with particular emphasis given to underserved areas and programs focusing on youth services. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment program accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016, the department of human services shall provide a report to the legislative management regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs"

Page 2, after line 16, insert:

"SECTION 3. DEPARTMENT OF HUMAN SERVICES ANALYSIS - REPORT.

During the 2015-16 interim, the department of human services shall perform a cost-benefit analysis of the substance abuse treatment voucher system. The analysis must determine whether the program has allowed or will allow for cost savings in other department programs. The department of human services shall report to the appropriations committees of the sixty-fifth legislative assembly on the results of the cost-benefit analysis.

SECTION 4. ADVISORY COMMITTEE - MENTAL AND BEHAVIORAL HEALTH ISSUES - INCORPORATION IN TEACHER PREPARATION PROGRAMS - REPORT TO LEGISLATIVE MANAGEMENT.

1. During the 2015-16 interim, the state board of higher education shall convene an advisory committee to address the desirability and feasibility of increasing the exposure of students enrolled in teacher preparation programs to the variety of mental and behavioral health issues that the students are likely to encounter upon commencement of their professional teaching careers.
2. The membership of the advisory committee must be determined by a majority of the following:
 - a. The commissioner of higher education;
 - b. The superintendent of public instruction;
 - c. The director of the department of human services;
 - d. The director of the state department of health;
 - e. A representative of the education standards and practices board;
 - f. A member of the house of representatives, appointed by the legislative management; and
 - g. A member of the senate, appointed by the legislative management.
3. The membership of the advisory committee must be geographically balanced and include:
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 - b. Providers of behavioral health services to children under the age of eighteen;
 - c. Providers of mental health services to children under the age of eighteen;
 - d. Representatives of mental health advocacy organizations;
 - e. Representatives of the juvenile court;
 - f. Representatives of law enforcement; and
 - g. Representatives of Indian tribes in this state.
4. The committee shall meet as necessary to achieve the objective set forth in subsection 1 and shall present a report before September 1, 2016, to a committee designated by the legislative management."

Page 2, line 19, replace "network" with "networks"

Page 2, line 21, after the first comma insert "and"

Page 2, line 21, after the second "and" insert "must"

Page 2, line 23, replace "along" with "together"

Page 2, remove lines 26 through 31

Page 3, remove lines 1 through 3

Page 3, line 11, replace "include consideration of developing" with "address the development of"

Page 3, line 12, replace "noncertified" with "nonlicensed"

Page 3, line 12, replace the second "and" with ", the"

Page 3, line 13, replace "the" with "of"

Page 3, line 16, replace "along" with "together"

Renumber accordingly

REPORT OF STANDING COMMITTEE

SB 2048, as reengrossed and amended: Appropriations Committee (Rep. Delzer, Chairman) recommends AMENDMENTS AS FOLLOWS and when so amended, recommends DO PASS (21 YEAS, 1 NAYS, 1 ABSENT AND NOT VOTING). Reengrossed SB 2048, as amended, was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the House as printed on pages 1284-1286 of the House Journal, Engrossed Senate Bill No. 2048 is amended as follows:

Page 1, remove lines 5 through 22

Page 1, line 24, replace "FTE" with "**ACTIVITIES FACILITATION**"

Page 2, line 1, replace "\$166,092" with "\$100,000"

Page 2, line 2, remove "hiring one full-time"

Page 2, line 3, replace "equivalent employee to facilitate" with "facilitating"

Page 2, line 5, replace "**REPORTS**" with "**REPORT**"

Page 2, line 7, replace "\$2,000,000" with "\$750,000"

Page 2, line 8, replace "addressing" with "establishing and administering a voucher system to address underserved areas and"

Page 2, line 9, remove "including intervention, detoxification, and"

Page 2, remove lines 10 through 15"

Page 2, line 16, replace "the use of these funds by July 1, 2016" with "and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized as effective by the American society of addiction medicine, with particular emphasis given to underserved areas and programs focusing on youth services. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment program accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016, the department of human services shall provide a report to the legislative management regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs"

Page 2, after line 16, insert:

"SECTION 3. DEPARTMENT OF HUMAN SERVICES ANALYSIS - REPORT. During the 2015-16 interim, the department of human services shall perform a cost-benefit analysis of the substance abuse treatment voucher system. The analysis must determine whether the program has allowed or will allow for cost savings in other department programs. The department of human services shall report to the appropriations committees of the sixty-fifth legislative assembly on the results of the cost-benefit analysis.

SECTION 4. ADVISORY COMMITTEE - MENTAL AND BEHAVIORAL HEALTH ISSUES - INCORPORATION IN TEACHER PREPARATION PROGRAMS - REPORT TO LEGISLATIVE MANAGEMENT.

1. During the 2015-16 interim, the state board of higher education shall convene an advisory committee to address the desirability and feasibility of increasing the exposure of students enrolled in teacher preparation programs to the variety of mental and behavioral health issues that the students are likely to encounter upon commencement of their professional teaching careers.
2. The membership of the advisory committee must be determined by a majority of the following:
 - a. The commissioner of higher education;
 - b. The superintendent of public instruction;
 - c. The director of the department of human services;
 - d. The director of the state department of health;
 - e. A representative of the education standards and practices board;
 - f. A member of the house of representatives, appointed by the legislative management; and
 - g. A member of the senate, appointed by the legislative management.
3. The membership of the advisory committee must be geographically balanced and include:
 - a. Representatives of public and private teacher education programs in the state;
 - b. Providers of behavioral health services to children under the age of eighteen;
 - c. Providers of mental health services to children under the age of eighteen;
 - d. Representatives of mental health advocacy organizations;
 - e. Representatives of the juvenile court;
 - f. Representatives of law enforcement; and
 - g. Representatives of Indian tribes in this state.
4. The committee shall meet as necessary to achieve the objective set forth in subsection 1 and shall present a report before September 1, 2016, to a committee designated by the legislative management."

Page 2, line 19, replace "network" with "networks"

Page 2, line 21, after the first comma insert "and"

Page 2, line 21, after the second "and" insert "must"

Page 2, line 23, replace "along" with "together"

Page 2, remove lines 26 through 31

Page 3, remove lines 1 through 3

Page 3, line 11, replace "include consideration of developing" with "address the development of"

Page 3, line 12, replace "noncertified" with "nonlicensed"

Page 3, line 12, replace the second "and" with ", the"

Page 3, line 13, replace "the" with "of"

Page 3, line 16, replace "along" with "together"

Re-number accordingly

2015 CONFERENCE COMMITTEE

SB 2048

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
4/15/2015
26145

- Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

"Click to enter attachment information."

The following conference committee members were present for SB 2048 on April 15, 2015, 3:00pm.

Senator Lee, Senator Anderson, Senator Warner
Representative Silbernagel, Representative Weisz, Representative Muscha

Chairman Judy Lee called the meeting to order. All members were present. She asked for a review of what happened in the House.

Rep. Silbernagel working from 3006 the Christmas Tree version. I will walk through the amendments, just to the changes. On Page 1, remove lines 5 through 22 that was the Youth Mental Health Network assessment piece and the Department of Human Services pilot project piece. Chairman Judy Lee stated we have lots of pain about that. Page 1, line 24, replace FTE with activities facilitation. The thoughts there were trying to use the existing FTE, and then on Page 2, line 1, was replace \$166,092 with \$100,000 to add some funding to coordinate the activities and related to mental health and behavioral health for the services they would be trying to logistically coordinate. On page 2, line 2, remove hiring one fulltime. Line 3, page 2, replace equivalent full time; an equivalent employee to facilitate with the word "facilitate". The next change is page 2, line 5, replace reports with "a report". The intent there is we still want an accountability report of the voucher program we are recommending. Page 2, line 7 replace \$2,000,000 with \$750,000 to establish and administer a voucher system to address underserved areas and gaps in substance treatment system. On page 2, line 9 - removed intervention and detox. Page 2, line 10 thru 15, remove and then replace with the lines 18 forward. It is the voucher program. Page 3 - addressed Section 3 Department of Human Services analysis and report that would be given as to the cost benefit, some of the savings and some of the accountability related to the voucher program. Section 4 is the teacher preparation program to identify curriculum

needs that would better prepare teacher to address behavioral health needs and mental health needs as they go into their profession. That language has been added.

Chairman Judy Lee asked that was added by approps. The commission came out the policy.

Rep. Weisz indicated came out of policy.

Rep. Silbernagel section 3 from approps, section 4 from policy. Chairman Judy Lee So the commission came out of the policy.

Rep. Silbernagel The next page, again I've got the original one page 2 line 19, where we were deleting the network with networks and a couple of other small items below that. (page 4, line 10).

Chairman Judy Lee asked why you would've made it plural since the whole idea is to kind of have a seamless move for somebody who may move from one place to another in this state and an assessment could move with them. We would want to make sure they spoke to each other, so to speak. It would be page 4, line 10, I am just curious why you were changing network to networks?

Rep. Silbernagel I am not exactly sure why we put plural, only that if there were other activities outside of Department of Human Services I would suggest trying to coordinate that, but I can't speak to that.

Chairman Judy Lee all agree that we want all various participants involved in one network so that someone could go to a public provider in Minot and end up with a private provider in different locations.

Rep. Silbernagel Line 12, added and. Line 13 added "must". Line 15 changed "along" to "together" to coordinate the report. Then below you can see we removed Section 6.

Chairman Judy Lee That was a fairly important part of the Behavioral Health Task Force committee. Why did the House remove Section 6? Can you help us understand it?

Rep. Weisz Indicated there was a lot of anxst on the House side having to do with screening every child and are we going to categorize all the children for mental health risk rather than leaving it up to the parents. That language in there, not sure any of this bill would have passed to be honest.

Chairman Judy Lee It wasn't a mandatory process.

Rep. Weisz No but the language particular where it says the feasibility, desirability, of implementing a visiting nurse program for children aged 2-5, and above that, using to routinely screen all children ages 2-5, that was the language that had read from the struck out section 6.

Chairman Judy Lee Obviously, if we can't make it fly, we won't do that, but we have all kinds of evidence that children at 3 have all kinds of mental health issues. So having this screening means to address where parents who recognize that these kids have issues, can go to find would what the problem is, seems like a good idea rather than waiting until they start school.

Rep. Weisz indicated that no one disagrees that young children have issues at young age. The concern was that it was going to government driven versus parent driven. Otherwards say the parent if I thought my child may have had some issues that needed versus or we're just going to screen everybody, and we're going to determine and so the fear is that the tendency is if we are going to find issues and now we can start putting all these kids in these categories and perhaps stigmatizing them maybe for a long time to come. Because maybe they got categorized someplace when they shouldn't have.

Chairman Judy Lee if we don't do it this time, we absolutely need to educate our colleagues on both sides of the hallway about the importance screening.

Rep. Weisz Should there be better availability for screening I think that probably needs then in the future to be addressed from that context versus the way this was written. It really can imply we're going to screen and access all your children regardless instead of making it easier for parents to get those assessments and screenings done if necessary.

Senator Warner stepped away from the mental problem. His grandchildren are weight, do they crawl, do they recognize themselves in the mirrors, done routinely in the medical profession? Is this already being done or addressed through best practices, with screenings? I wonder if this is already being done or could be addressed through just best practices in screening for those other things, which would include developmental disabilities. Rather than labeling them, as behavioral health, screening, instead just be best practices for assessing the development of a child at any stages in development. Does that make any sense?

Committee agrees.

Rep. Silbernagel other changes that came were on page 5 of marked up bill. Struck out include consideration of developing and "addressed the development of", a grant program for mental health "a training for teachers and the word was changed from "non-certified to "non-license" school staff because I think janitors probably aren't certified and just non-licensed all of the peripheral staff. A couple of other language changes.

Chairman Judy Lee asked the difference between non-certified and non-licensed. I mean teachers are licensed and certified, and speech therapists.

Rep. Silbernagel thought it came from legal staff.

Chairman Judy Lee wanted all the staff. Just need to have it all clarified, just so that we all know what we are talking about here. I think we are headed in the same direction there.

Chairman Judy Lee This is the one on our side that we had match with REA's, to provide some of that, so this has just gone to a study instead of an appropriation there.

Rep. Weisz Refresh me, the money that we were funding with the REA's, was that specific to the non-licensed or for everyone?

Chairman Judy Lee That was for everyone.

Rep. Weisz That was for everybody, licensed or non-licensed personal would be part of that?

Chairman Judy Lee I am being extremely paraphrasing here. The money that was there would be provided to DPI - \$250,000 from our resources and \$250,000 matches from REA's, the fund would go to DPI and then local schools could apply from that fund. Those that belong to REA's there would be no charge, and those who are not would pay match fee which is not big. They could chose whatever of those mental health training classes there are that might be appropriate for the population being trained. For example, they might do something a little different for elementary teachers than the bus drivers. So it would depend on who is being trained. Sometimes the child may work better with the custodian or cook, how do they bring them down and not be disruptive to the rest of the students? Mainstreaming the classes has meant that there is an impact from these students on the general learning population, as well as the good part of having them integrated into the general school population. That was the thrust, does that sound pretty close to what are proposal was. We wanted everybody from the same pot. The original estimate from DPI was much higher than what we ever dreamed it was going to be. We came down from the \$990,000 down to the \$500,000 fund - matched \$250,000 being state funds and \$250,000 coming as a match from the REA's so are pretty excited about this match deal. We thought folks might like that. We'll see how it goes.

Senator Warner The idea of underserved, are we talking about geography or economic class?

Chairman Judy Lee On page 2, line 11.

Senator Warner Obviously in his district, it would be geography is a huge thing. Also the stratification, the social stratification access to services and that sort of thing would be a big deal too, but I am just some clarification on what you're thoughts about what it meant?

Rep. Weisz Our committee looked at underserved as being physically underserved in other words not challenged. Not because of the location from human service center, basically the location or geography versus the economic situation. We did have discussions about limiting it in other words requiring it. I think Appropriations added some language dealing with that. Out of our committee, this is going to work for one year, starting in 2016. Let the Department of Human Services administer it and we'll get report back in 2017, and then at that stage we could certainly look at should it be sliding fee scale, put the money or allocate the voucher. The main reason in our policy committee was for access. Many are accessing services because it is too far to travel to Bismarck or Fargo. They just don't

access the services. If they aren't getting the treatment they need, we'll see them in DOCR or in some other place.

Senator Warner Was there any discussion about timeliness? Say the Human Service Center could see them in 6 weeks.

Rep. Weisz Yes that did come up also. It could be time constraint where you go in there and they aren't going to be able to see you for 8 weeks, but you could get into here immediately or in one week. That would also be that ability to be flexible in that area.

Rep. Silbernagel Thinks also just to expand on that a little bit, there is language that says "and gaps in the state", so trying to focus on the underserved areas but there might be other needs that need to be addressed as well, but trying to focus on those areas that Representative Weisz described.

Chairman Judy Lee I am wondering too because we've talked about telemedicine if we can declare our intent by talking about it that a voucher could be used through telemedicine if they don't have a face-to-face meeting because of geography. But I would hope that we might be on the same page to being flexible to different modes of access because your smart phone is going to be your primary tool in this for a lot of places or your I-pad or the libraries. I am hoping that we might see that as an open opportunity as well. I can't speak for everybody certainly, but I am a strong supporter of the voucher system. I am very glad that left it in there. Thank you for doing that. Yes, we would like to see more money in there, but we know that is a struggle. I am glad it's there and happy to see that there is some funding there for it.

Rep. Muscha I just wanted to tell you section 4 was added in because of discussion on section 6 with the non-certified, or non-licensed school staff. Why aren't those being addressed earlier on? That is how section 4 was added as we made some calls and talked with the university system, DPI, and that is where that came from.

Chairman Judy Lee On a separate area, a couple of years ago, we were talking about some of these things, and I visited someone from medical school, about dental stuff. We didn't have to pass a law. They are telling these nursing students coming out of medical school that if they are opening the kids' mouth, also look to see if there is a problem with the tooth so they can refer them to a dentist. There has got to be some concept of a more integrated health care. Perhaps without having to putting something really detailed in statute about it, we could see if they would be willing to collaborate. We don't think any of us need somebody has to take a semester in behavioral health for teachers. They don't have a place for that. We're talking mental health for state training or its' equivalent sort of so that they know how to handle the kids that are acting up in the classroom.

Rep. Muscha Exactly. Within her discussion with Valley City State College, something like this could be incorporated into another required class. Not adding on another 4 credits or something.

Rep. Weisz One of the reasons we looked at this, there might be issues to with the language there but it was the idea, why should we have to spend money training them after

the fact if the kids are in the system. If we think it is important, to train all these people after the fact, then why not include that when teachers are getting the training? Granted you obviously can do refreshers and all the rest, but it just seemed we are already training them here, and we're not giving them any education in that area, but now we say we need to spend this kind of money to train the teachers how to recognize and what to do about some of these issues. That was the reason we looked at that.

Chairman Judy Lee indicated makes sense. They kind of go together.

Chairman Judy Lee asked if there is information that we need to have and see if the intern can provide for us or think about among us until our next meeting.

Thanks for the update. Adjourn.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
4/16/2015
26176

- Subcommittee
 Conference Committee

Committee Clerk Signature

Donald Mueller

Mary Jo

Explanation or reason for introduction of bill/resolution:

A bill to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

Attach #1: Proposed Amendment from Rep. Weisz

The following conference committee members were present for SB 2048 on April 16, 2015, 2:30pm.

Senator Lee, Senator Anderson, Senator Warner
Representative Silbernagel, Representative Weisz, Representative Muscha

Chairman Judy Lee called the meeting to order. Everyone present.

Rep. Weisz provided proposed language. (attach #1). This would be a suggestion to replace the whole Section 4 having to do with the advisory committee. There was a lot of entities were not interested in setting up another commission. With some conversations, we felt that especially if we are going to do something with the current those who are currently working the school systems, should we do funding for teachers and others? Then why aren't we not sending them out with some instruction that seems to be at odds with each other? We won't teach them anything when teacher certificate but once you get out, and then provide them training after - so this language would do that. Move the idea forward so for this conference committee for discussion. It says that it would require the programs to include and doesn't require specific credits, but it just should be an understanding of the prevalence of mental health disorders and knowledge of symptoms, social stigmas, risk, protective factors and awareness of strategies for appropriate intervention and referral sources (read from the proposed amendment - attach #1). It's pretty broad. Behavioral health being one and it says it has to be within that curriculum, they need to recognize these things and allow for it. That is what is in front of you.

Senator Howard Anderson, Jr. What your intention is then to say that the Board of Higher Education, would need to be the one to do this right?

Representative Weisz They would have to require that of the teacher colleges to require that to implement that would be correct.

Chairman Judy Lee Does DPI have anything to say about it or not? Can you fill us in as far as teacher curriculum might include?

Chairman Judy Lee asked Gail Schauer Department of Public Instruction, to the podium.

Gail Schauer I am not sure if I can answer your question very clearly. I know that in our department we talked about whether it should be required within the program or should it be required of the student's to complete something like that. I think your verbage probably has the different topics within as to how it should cover. Should DPI be required to do that?

Chairman Judy Lee What I am asking is what we want is that the various teacher education programs throughout the colleges and universities, would include a few hours of this kind of education within their curriculum for educators. So, Higher Ed I am assuming though it is a juggernaut once it gets moving in its direction it is really hard to get it to go this way. So, is there other venue to DPI that would or can you DPI, require certain kinds of education. I know you can use CEU's I imagine, of some sort, but how do we require this to be a part of the education component for those who have not yet graduated in teacher education programs?

Gail Schauer I think it would have to go through the Educational Standards and Practices Board or Higher Ed. I am not sure how that would work on our end.

Chairman Judy Lee I am sure you would figure out where it has to come from.

Representative Silbernagel I think I understand the amendment. I think you intend to try at the university level to have some curriculum that teachers as they are going through are receiving to prepare them and kind of encouraging or intending that to happen as early as possible.

Chairman Judy Lee Can you read it to me Rep. Weisz, to see if I've got it right because I was kind of doing the same thing.

Representative Weisz I hope the language is current as references to .5000 level. It should be before the 2016-2017 school year. The State Board of Higher Education shall require all teacher preparation programs shall increase the exposure of students enrolled in teacher preparation programs to the variety of mental and behavioral health issues at the students are likely to encounter upon commencement of their professional teaching careers. These may include but are not limited to understanding of the prevalence and then that new language. So that it requires the State Board of Higher Education to put it in.

Chairman Judy Lee likes it.

Representative Weisz It requires Board of Higher Education to put it in. It is not saying 3 credit hours of behavioral health 101 - it leaves it wide open. We are having this discussion

within this conference committee. We've had discussed about training programs. We need to train after college, so trying to be proactive.

Senator Warner It's been a long time since he was at college. Almost any under grade degree for almost anything requires a psychology course. How we can require something - a small increment more without saying it has to be a course in behavioral psychology or adolescent psychology. They will get smattering of it in a basic psychology course. Even with the mechanism would be to assemble them into a classroom and say learn this.

Chairman Judy Lee In the stakeholder group, one of things that was important, is the mental health first aid training program which is an 8 hour course that is offered through a variety of sources. Some of the Department of Public Instruction folks have taken it. First link in Fargo has done this. But those kinds of program and if you google this, there is more than one of these types of programs. I don't think we are looking at what Rep. Weisz is saying he doesn't want to add another class. This is boots on the ground kind of thing. How do teachers, deal with kids with behavioral issues make it more calming without being disruptive? It is not intended for them to be the counselor or anything like that. You want it for the immediate need, with whom they can work and refer to get more. She doesn't see this as being a separate course.

Senator Howard Anderson, Jr. I am not trying to be disrespectful here, but requiring colleges to do something might be a figment of our imagination. The only way to do that is to say we won't license them unless they attend. He is familiar with this in the pharmacy program. He is not opposed if you think it will work. But as a practical matter I think we are kidding ourselves if we thought we could just write something, otherwise I would be bringing up a lot of things.

Representative Weisz Sometimes we have to start with baby steps. I understand that. Hopefully this is broad enough. It's not saying you have to have a course - it doesn't say you can't. If you are asking us to spend money to train them when they get out, then why aren't we training them while they are in there. From legislative intent, why are we being asked to pony up money after the fact? So yes I can't disagree with anything Senator Anderson said.

Senator Howard Anderson, Jr. I just doesn't want us to have unrealistic expectations.

Representative Silbernagel talked about meeting with the provost. There seemed to be willingness to try to support some of the initiatives. This may be one of them. They were interested in accommodating some of the needs. This might be one of those opportunities.

Chairman Judy Lee thinks it is a good idea. She talked about meeting with the provost. We were trying to talk about things where some of the internships are available because there aren't enough of them. It might be worth having another chat with those folks. Some of us might be going to the ESPB meeting, that would be kind of fun. Does the general concept here sound reasonable?

Senator Warner I am intrigued by Senator Howard Anderson, Jr. idea that perhaps under certain conditions on licensure. I know that would change the onus over to DPI rather to

Higher Education. But I think they are more amenable anyway. But I don't know for sure but it would seem to me that a teacher should have a basic background in first aid, CPR, this is mental first aid. But there are credentials or certificates that they can add as a condition of licensure that would seem to me to be a more reasonable than the actual cost of the training program is put on the student or the applicant for the licensure and it would be their responsibility to seek out and to find the course that they wanted the credential that they wanted to add to their license and make it a condition of renewal I am sure too to take care of incumbent teachers.

Chairman Judy Lee I think that is another way to go is that way to go as well and probably faster.

Senator Howard Anderson, Jr. Speaking from experience, pharmacy keep compounding that they get licensed. Compound training NDSU kept there's because they didn't think most colleges did any more. They were going to quit. We kept ours. Most colleges now have had to restart there's because now it's become a more prevalent again in the industry. Because we said it is part of the licensing, it became required. If it is part of licensing for the teacher, then the colleges will quickly get on board, because they don't want their teachers to come out and not be able to be licensed, in my experience that is the quickest way to require the college to do something. Require it to be part of the license and then they will get on board pretty quickly. But to say they will change the curriculum, by what we say here, they will balk constantly at that because they know they can have long list of things that we say.

Chairman Judy Lee I think we all agree that this is a general direction we would like to go. Is this correct? I like it much better than the specifics that were there before.

Chairman Judy Lee asked Ms. Schauer take this back to Ms. Baesler on how this can be required in licensure - or preparation in this area.

Chairman Judy Lee adjourned the meeting.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
4/17/2015
26210

- Subcommittee
 Conference Committee

Committee Clerk Signature *Emmey Broberg for Don Mueller*

Explanation or reason for introduction of bill/resolution:

A bill to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

Attachments: n/a

The following conference committee members were present for SB 2048 on April 17, 2015, 11:00am.

Senator J. Lee, Senator Anderson, Senator Warner (Senator Axness substituted for Senator Warner)
Representative Silbernagel, Representative Weisz, Representative Muscha

Chairman Judy Lee called the meeting to order, and all conferees are in attendance.

Representative Silbernagel said we have had a couple of meetings with a few departments, and the Representatives will update on those conversations.

Representative Weisz said he may want to defer to Representative Muscha. If we were going to look at the language which I had suggested yesterday, it probably needs to go in the licensing if we are going to something that would be part of the requirements to be licensed. We are now looking at it from that perspective.

Chairman Judy Lee has experience on that board provides good experience for us.

Representative Weisz deferred to Representative Muscha.

Representative Muscha was privileged to go to one of the conference committees SB 2031, and listen to Dr. Kopas, and we met with her for the already qualified teachers. They need fine tuning, especially with funding and we are looking to meet again and do more research. She said her conversation with Superintendent Baesler was very helpful and if we make it a stipulation for certification, out of state, educated teachers in order to be certified in North Dakota.

Chairman Judy Lee said she like Indian studies.

Representative Muscha said it may not even need to be lengthy but a more details need to be worked out.

Representative Weisz said that in one of the discussions, and he didn't understand the professional development. As far as mental health first aide, there were multiple discussions looking at the 8 hour program to help with the license and to be part of professional development where it is required. As far as what was qualified for professional development, there were some discussions that sometimes not all professional development is all that useful to start with and so that would be a way to incorporate it into something that is already ongoing and would qualify under that/ It would be an important part of the discussion in trying to come up with a solution.

Chairman Judy Lee asked Superintendent Baesler to the podium. Our goal is incorporating it into curriculum so teachers come out prepared but we also want to make sure the current licensed teachers as well as other non-certified staff is there so any thoughts you could offer would be helpful.

Kirsten Baesler, State Superintendent ND Department of Public Instruction, she said this is a very important piece of legislation. She went over some of her past experience and said that at the beginning, most of her issues were 5th and 6th graders. Later in her career, most of her challenges were kindergarten and 1st and 2nd graders because of their inability to have mental health coping skills. One of the schools she was a Vice Principle at, the majority of the professional development was directed to helping our teachers recognize what those mental health behavioral issues were and how to recognize that early and respond appropriately to keep them in the classroom so they could benefit from instruction. She said that identifies two things: (1) There is a need for teachers to come prepared to identify those things, come to us knowing what they might be facing in those classrooms right away so they have that foundational knowledge as they come out of college. (2) But it is also very important to do what we did in other schools across the state, is to train the current teachers who are also experiencing different demographics. We need to work both ends. As mentioned last evening with Representative Weisz and Muscha last evening, 50% of our teacher licenses for the last three years in a row were provided by teachers that were trained out of ND. So just concentrating on our teacher preparation programs isn't even going to ensure that we have informed teachers in our schools.

She said there were also some very good programs that are already occurring for professional development throughout ND sporadically in some of our schools and we have people standing ready for train-the-trainer for individual staff.

Representative Weisz said relating to the out of state teachers that we are licensing, how would it work if we did put requirements in for competency or however we would structure the licensing? What would be the process if coming in from out-of-state? How would they demonstrate this?

Kirsten Baesler indicated that it is very similar to Indian studies. That was a requirement that was placed on ND teachers that said in In order to be licensed and to receive a license

in ND, you had have a class. She said she would see something a little bit more flexible and adaptable, that they would have a command of knowledge which would provide an opportunity where they could demonstrate their knowledge already. If they came from a state that had a class or had received training, that they could demonstrate their competency and that would be sufficient. Or they could receive a provisional license. There is a license that is provided that has a provision that states within 2 years, they demonstrate that knowledge or they demonstrate evidence that they taken industry approved training on issues and identification.

Representative Silbernagel thinks he saw in the newspaper that in Bismarck, there is a training or course going on the first aide for mental health for teachers. He is thinking is that a possibility of what is going on here and intentionally moving that around the state.

Kirsten Baesler said that is exactly what we have in mind, taking that type of training and scaling it throughout ND so not just pockets of students benefit that experience, but all of our students. Bismarck public schools in conjunction with the judicial system last week held a 2 day conference. They had a couple events at the century auditorium on mental health and they invited the community and the public; standing room only.

Senator Howard Anderson, Jr. said what we need here is some language how we are going to require that. Chairman Judy Lee has also suggested that we have some provisions for training the teachers and the staff who are already out there. We have talked about that in the bill previously and your department had suggested some funds that we could use for that and also use regional education association. He asked Ms. Baesler to comment on those things.

Kirsten Baesler said it is essential that we work both sides, taking into consideration that many of our principals had not received training and the need wasn't there previously. Unless we work with new teachers and existing teachers, we're not going to see the impact we need to see in the state. There were dollars requested by Department of Public Instruction to help with the training. There was conversation that those dollars could be reduced and we could have matching grants with REA's. We landed on a request of \$250,000 to facilitate it through the Department of Public Instruction. Our school districts do have professional training, so if dollars aren't quite there she gave some suggestions: (1) deliver the \$250,000 and have us partner with the REA's and we can comprehensively roll it out. Without that, it will be a challenge for comprehensive rollout; it will be significant challenge to do without the funds. We will work as a resource without any support. We can be technical assistance to bring programs into schools, and connect them. (2) We have great partners in the state. We have already discussed how we could facilitate that training for the superintendents and principals.

Representative Silbernagel asked if there is any opportunity to tap into the HES grant to fund this either directly or indirectly.

Kirsten Baelser said that mental health is not one of the measurable goals of the HES grant. She doesn't see that it would happen.

Representative Weisz asked as far as professional development and days available, to use mental health component in some of that, if there would have to be legislation to allow that. Could your department do that right now?

Kirsten Baesler said on a voluntary basis. We stand ready at all points to facilitate and provide assistance and opportunity. It is on a they-come-to-us basis. To follow up on a question from Senator Howard Anderson, Jr. relating to language, understanding that there are demands on our schools for multitude professional development and needs, she thinks something that would be important to do would be to have the requirement be much like suicide prevention: 8 hours of training, every other year. That way, we recognize it is a priority and it is a dual compromise.

There are subjects are important, but we can't get to that if we can't get the kids to the classroom. Too many kids are leaving the room because of behavioral issues. She shared example from Wilmore School.

Chairman Judy Lee knows someone who taught at tribal schools for several years and talked about something very similar, even more related to safety issues. Girls were scared to go home for the weekend.

Chairman Judy Lee asked if Baesler would keep in mind helping the committee with language. Representative Muscha can help along with anyone else who would like to be involved. We have not talked about the non-certified staff.

Senator Howard Anderson, Jr. asked if Rep. Muscha work with Superintendent Baesler.

The committee agreed.

Senator Howard Anderson, Jr. said Representative Weisz will have to figure out how to sell to the House the extra \$250,000 to do this training.

Senator J. Lee adjourned the conference committee on SB 2048.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
4/20/2015
26251

- Subcommittee
 Conference Committee

Committee Clerk Signature

Katie Oliver for Don Mueller

Explanation or reason for introduction of bill/resolution:

A bill to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

1 Attachment

The following conference committee members were present for SB 2048 on April 20, 2015, 9:30am.

Senator Lee, Senator Anderson, Senator Warner
Representative Silbernagel, Representative Weisz, Representative Muscha

Chairman Judy Lee called the meeting to order.

Representative Muscha: I do have some language to present (attachment #1) concerning Higher Ed and Youth Mental Health Training.

Chairman Judy Lee: I think that this is where we are headed here.

Representative Muscha: The youth mental health training part was modeled after what is currently in place for the suicide prevention training.

Chairman Judy Lee: And the materials for that are funded through a grant, so there has not been funding requested for that specific area because it is covered in other places. If the superintendent has other differing information please let me know.

Representative Muscha: On the second line, where it says at least eight hours, we took that from the training that is already in existence, so no one would have to reinvent anything.

Representative Weisz: I know there has been discussion on the non-teaching staff. There was some discussion about having language in here to allow for schools to make this available to non-licensed not that it would be required, but they would have the ability to have that training. Would this allow for that or need more clarification.

Representative Muscha: We certainly could add that. We did not simply because with no extra funds, but it could be added, to say that they would be open to do that. We don't want to make it a requirement.

Chairman Judy Lee: That is important.

Representative Weisz: I didn't want to make it a requirement but if they wanted to or bring them in, they have the availability to do that. Maybe it is broad enough to have that flexibility.

Representative Muscha: I did not go to legislative council when they put it together.

Chairman Judy Lee: It could be part of the discussion.

Senator Howard Anderson, Jr.: Perhaps we could solve at the discretion of the school administration to have included.

Chairman Judy Lee: It is important to have them. I would still like to see some small match to see this move forward, it is a critical point. This was a big deal in the whole behavioral health issue. One of the main areas of concern for school staff has access and families to have assistance with this. She wants recognition that this was a huge point.

Representative Weisz: What is the dollar amount you are talking about for the REAs?

Chairman Judy Lee: It was all inclusive at \$990,000; we went down to \$250,000 with REA match from the REAs to train the trainer so even if we could get a start on that. She asked Ms. Baesler if she has comment on how to get started. Right now we have \$0 funds. How do we begin something with a match from REA? Do we do a pilot?

Kirsten Baesler, Department of Public Instruction: With the original plan, DPI really taking control for the facilitation, for the organization, for the planning, for the costs, for all of the training that would be necessary in order to get this accomplished. Backed that off and work with the REA - a one-to-one match with grant funding and we could do \$250,000, so we could systemically do the training with consistency and continuity across the state. When that happens that provides a state network of support and facilitation. Without the dollars, you leave it up to the school district to determine what would best meet their needs which is good, providing local flexibility, but you do not have statewide continuity where teachers can no longer collaborate with different school districts, and does not support the moving of students from one school to another. That was our best effort was to offer statewide training for continuity and consistency so the vernacular that we are using in this training is consistent for both the students and the staff. The \$250,000 is a real challenge when talking about certified teachers - there is professional development dollars and days and the school district does have opportunity for funding to provide professional development. With ancillary staff, support staff, very critically important but they are paid by the hour for student contact time so when asking them to come in for training it is not covered under any other funds that the school district might be receiving. I was talking to the Superintendent of the Bismarck Public School System and her estimation for

professional training for 1 day is \$250,000 at one location. To have ancillary staff would be unfunded mandate, and would be expensive.

Representative Silbernagel: The program that we have articulated in the language here, do you feel there would be embracing to help implement this, even without the funding.

Kirsten Baesler: Yes - it is growing understanding. They recognize this is a priority. You can't teach math, science and English until you know they are okay.

Chairman Judy Lee: You can't teach parental responsibility. Is there any way, divide it up between the licensed teachers and ancillary staff, is there something we can do to keep it on the radar here. What can we do to enable us to have creative thinking? Succeed 20/20 do they have anything like this?

Kirsten Baesler: No.

Representative Silbernagel: Would it be possible to move with what we have to us and report at the need of the biennium to say who and how many were trained and if there is a need to do more in the next biennium?

Kirsten Baesler: I think that is a good idea, it puts it on the local district radar. It is quantifiable and more apparent to them. When we saw what an impact it is, we scheduled training.

Representative Silbernagel: We had number of bills that we debated on education in the House, it becomes challenging to tell school districts what to do - if we have the language too strong, it might jeopardize.

Senator Warner: What the cost would be if we did an envelope stuffer, a promotional program for ancillary staff. They relationship with students - self training if they chose. I have to think that the costs wouldn't be so terribly high. Most have a very high regard to their students. The referral piece is as big as anything - who to report to if they see something; to report to administration, or counselor. What the mechanism, the school policy, to convey the information. It wouldn't take so much money to do that.

Chairman Judy Lee: This could be developed and electronically sent to the school administrations and put in their website.

Chairman Judy Lee: Ms. Baesler do you see a way to disseminate the information.

Kirsten Baesler: I feel that each school district would have a way to disseminate information. They are acutely aware of the impact to the students. The ancillary staff they are the ones who know. I think there is value in us as a state to have them participate. I don't think they will need convincing; many of them are parents so I am not sure how many would be able or capable of showing up without pay. Certainly we can work with those programs and message and use first aide for mental health and have that available on their website.

Senator Warner: It might be useful to convey through anecdote. Observing a behavior and the process they went through it.

Chairman Judy Lee: Put a face on it.

Senator Howard Anderson, Jr.: I suggest that we use Representative Muscha's language and Silbernagel's suggestion that we have report from DPI, we can add a line to include ancillary, and then move ahead with that. Obviously in the Senate we thought \$250,000 was a good idea, but not sure with budget constraints today I am not sure we will sell the \$250,000. Amendment should remove section 4, advisory committee, and then we could move ahead.

Representative Weisz: I am not familiar with the 8 hour, looking at ancillary and cost, 8 hours of staff, is there - dividing information, is it a possibility that schools can condense the hours for the ancillary staff? If they have a 2 hour program to get them some?

Kirsten Baesler: My opinion is something is better than nothing. That is the good thing about the local staff. Maybe 4 hours for ancillary staff and then maybe 8 in the future, every curriculum provides flexibility. They would be able to develop some accommodated.

Chairman Judy Lee: If you don't capitalize mental health first aid, it is copy write program; there are other programs out there that may be cheaper. Some of those opportunities may be available online to explore.

Chairman Judy Lee: We also need to talk about page 1 which is the deletion of the youth mental health assessment ed work and the discharge planning. Can we move forward with preparing the language with legislative council to consolidate the information on higher ed and youth mental health training, delete blue parts in section 4.

Senator Howard Anderson, Jr.: I think we should delete all in section 4 and make section 3 the report from Department of Public Instruction

Representative Weisz: Section 3 is the voucher section, so 5 and 6 would change to reporting?

Chairman Judy Lee: The part that had the behavioral health is gone entirely so it will have to be a different section. It is gone entirely. It has to be a different section.

Representative Silbernagel: I think that the report could be added into DPI just part of the language from Muscha.

Chairman Judy Lee then adjourned the conference committee.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
4/20/2015
26273

- Subcommittee
 Conference Committee

Committee Clerk Signature

Donald Mueller

Mary Jo

Explanation or reason for introduction of bill/resolution:

A bill to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

Attach #1: Proposed amendment language, by Representative Muscha

The following conference committee members were present for SB 2048 on April 20, 2015, 3:00pm.

Senator Lee, Senator Anderson, Senator Warner
Representative Silbernagel, Representative Weisz, Representative Muscha

Chairman Judy Lee called the meeting to order. All are here except for Senator Warner, who will be here shortly.

When we left off, Representative Muscha had left information with us. She provided information with Femi.

Representative Muscha provided copy of Attach #1 - proposed amendment language. The language didn't change greatly, top section, "A teacher licensure candidate" - we could have someone change careers, a social worker who now wants to be a teacher. You could satisfy those requirements, or could get a provisional license, if you have this education. Other than that, adding the bottom section, requiring the report to Department of Public Instruction who will provide report to legislative management.

Chairman Judy Lee any questions.

Senator Howard Anderson, Jr. We was also added each school districts shall encourage them to support staff to participate in the training right?

Representative Muscha Yes, we did, so obviously it is not mandatory.

Senator Warner is now in attendance. Chairman Judy Lee reviewed the progress of meeting so far. We are at the teacher licensure candidate would permit someone who perhaps may have been a social worker for example who decided to go into teaching to be able to be approved because they were even more qualified in their previous educational experience and they might not be able to take that initial training. Report down on the bottom as well.

Senator Howard Anderson, Jr. thinks this language will work for that section just fine. All committee members agreed.

Chairman Judy Lee asked Ms. Baesler if things were okay - and she agreed. We can look at that part, that section is good. It looks dumb to work backwards, now talking about teacher preparation programs, section 4, page 3, the higher education part; and also on the top of page 4. She would like to go back to section 1 and 2. The numbers are the reason why this is struck-out language. The Youth Mental Health Assessment Network was important part of the behavioral health study as well as was the Discharge Planning Protocol. Now somebody whispered in my ear, that there may have been some money available in another bill or in the budget. Is there someplace where there is anything about this anywhere?

Maggie Anderson (DHS) no funding nothing anywhere.

Representative Muscha, SB 2012 was told that it may contain something in there.

Maggie Anderson (DHS) said no.

Representative Weisz If you don't mind jumping, section 2, wondering if you can maybe give him a better understanding what that money was intended. Who's getting it? What's it intended to do? Had discussion with appropriations and it isn't there already discharge protocols that these facilities have? What would the money go for? Are we just going to transfer individuals who are then going to train the health care providers, and law enforcement? Maybe if you could edify me in that area.

Chairman Judy Lee asked Representative Silbernagel to help me and someone from the audience that would like to be more specific. That would be fine. This wasn't the area in the behavioral health study that I ended up being focused on. But the problem seems to be that someone comes out of hospital, social worker helps with discharge, and it becomes recycling project - no peer support, no connection with continued counseling, it just isn't there it just isn't. To be able to have a pilot project to have effectiveness, to include law enforcement - they know these folks. They get released and without support program in place, or immediate connection to enable them to succeed, they come back to us. Is that pretty much your recollection to?

Representative Silbernagel that is correct. Things get blurry at this point. But in the DOCR budget there was a component that was recidivism reduction pilot program. I am not quite sure what the status is of that bill, or if money is available or if that carried through but, there is a component in that project. It was supposed to be in 3 or 4 regions of the state. It might be in the DOCR budget.

Chairman Judy Lee asked Representative Silbernagel to check on that. For those not coming out of the law enforcement facility, it is others. She gave example of Cooper House facility in Fargo is a place where chronic alcoholics are able to live but it is the only place in the state that has it. The police are very happy with it, because it means that it is a stable place. There are rules of which they have to operate. It seems to be working. It isn't appropriate for every place. The whole idea of the discharge was law enforcement but also being discharged from the hospitals. Chairman Judy Lee asked if anyone has a point from the Department of Human Services, to stop the recidivism from law enforcement.

Chairman Judy Lee asked anything on section 2.

Representative Silbernagel back to the DOCR side, the parole and probation officers, they are involved in activity to help deal with that population. That was one of the main reasons to try increase their counts to help with some of these services.

Chairman Judy Lee seems like a very appropriate move. I think the Human Service Centers might be involved here because it is not incarceration related so that someone who is discharged is evaluated and back to the assessment and proper services are made available and law enforcement is collaborative.

Chairman Judy Lee asked Rod. St. Aubyn if recollection is correct. He nodded yes.

Representative Weisz I am still a little unclear was going to give Department of Human Services \$175,000. What is that going to be used for? Obviously it will be used for additional staff out there or just looking at working with the various groups to come up with some protocols that work, or looking at training the individual like in law enforcement or whatever? I guess I am still unclear what we planned to use the money for.

Chairman Judy Lee asked Maggie if she could help enlighten us in the remaining few minutes here.

Maggie Anderson (DHS) indicated that when we primarily discussed this in Senate Human Services Committee that section at one time had that exemption from procurement. The intent was that the \$175,000 would be used with a particular region to work with stakeholders to determine what region would be. They meet with parole and probation for folks transitioning from the Department of Corrections. We also have a system in place to assist people who are transitioning from the state hospital. We are trying to figure out where the gap exists, and where that isn't happening for other particular services and then figuring out which region needs that. Bring stakeholders together, figure out what needs to be done, then use that \$175,000 in a specific region to determine what that discharge planning should look like and in addition to what our Human Service Center staff are already doing today.

Chairman Judy Lee The only thing she doesn't know is how we arrived at the \$175,000. I can see where Representative Weisz is going.

Maggie Anderson (DHS) That was the amount in the original bill as introduced. She can't recall how the interim human services committee came up with that number. That number

has not changed. It was originally set a pilot project the sum of \$175,000 and similar to what is in there now.

Chairman Judy Lee Would it be possible to be accomplish some of our goals here with a smaller amount of money even if it didn't mean implementing everything but at least allowing the process to move forward, to see where the gaps are and knowing what we might need to do before moving forward in another biennium? I hate to delay everything to even talk about it, until 2017.

Maggie Anderson (DHS) If she understands, Department of Human Services would gather stakeholders, have the conversations, identify the gaps, potential solutions, and here's what it will cost. Then the request for money would come next time and you could repurpose the \$175,000. I don't know what we would need the money for to have those conversations. That would be the eventual options that we would need to then have money for.

Representative Weisz That was his question. Do you need to have money to bring the stakeholders in so then what were we actually going to fund with the \$175,000? If you're looking across the whole spectrum, how far does it go? Do you have to fund the program? If we gave you the money, what will you spend it on?

Maggie Anderson (DHS) Indicated we don't know that yet. It would have been through conversation with stakeholders and need assessment. But we didn't have a specific purpose for it, it really would've been through conversations with stakeholders and through a needs assessment and a GAPS assessment to determine what that would've been used for.

Representative Silbernagel Would it make sense to may be and I am looking at version 5000, include language to that effect under Section 1? As we talk to Department of Human Services for the purposes of facilitating the Behavioral Health activities, and might we include some language there that would address assessment gaps.

Chairman Judy Lee I think I left the 5000 one upstairs. I've got 3006 that I am working off of. So which one.

Representative Silbernagel I am in Section 1, where we have allocated \$100,000 dollars for the department for the purpose of facilitating behavioral health activities required by the Department of Human Services and I am just wondering if we might interject some language in that as it in regards to addressing the gaps.

Senator Howard Anderson, Jr. I don't think in version 5000 there is no \$175,000 dollars left in there. No, that is all gone.

Chairman Judy Lee even looking at section 2, 3006, that was deleted, if we started on line 3 of section 2 and say "the Department of Human Services is directed to develop a pilot project involving law enforcement, health care providers, and other related organizations in one region to develop protocols for discharge or release of individuals with behavioral health issues" and then not say for the biennium and "that the protocols must include outcome measures" and we don't have to the part about the procurement because we're

not procuring anything, so maybe that's not the right thing but it looks like a simpler way in the same section to say the same thing too, but I am not saying that is the place it has to be certainly.

Maggie Anderson (DHS) I wasn't asked the question but I would probably remove the word "one region" and just so process so that it wouldn't be isolated to one region, because we would want something that could be replicated and used everywhere in the state.

Chairman Judy Lee I am not looking at money but getting the idea back again. All confirmed. Femi can help us with getting those amendments proposed for us. If looking at Section 1, the youth assessment network idea, I recognize that a million and a half is why it's gone, but there's got to be some way that we can figure out to, even if we aren't implementing it, because this talks about the beginning the period but we have some things that were discussed with the Schulte report. We shouldn't just let that croak if we don't have to so I would ask anybody in the room who has any ideas about how we can revive this in some way, so it moves forward, it is an important component of the behavioral health study. There were so many things in there, that we were supported by over 400 people around the state in all of the months of work that went it and so much of it is gone. It was hard in the beginning, to get people to be engaged because they said well we did this before and nothing ever happened. They were told that is different this time. Something is going to happen. Right now there isn't much that has happened. So if we can move some of these things forward at least in concept and in planning, it isn't where we might have hoped to do it a year ago, but the oil prices are different a year ago and we all recognize that too. So within our, when recognizing our constraints financially, what can we do to move some of these ideas forward in a practical way that isn't onerous to the department. I am not asking them to do something that they need money for and say no you just got to do it. But there are lots of smart people in the room, let's see if we can find a way to work on this part. So any other comments before we wrap up for this one.

Chairman Judy Lee adjourned the meeting.

2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
4/21/2015
26320

- Subcommittee
 Conference Committee

Committee Clerk Signature

Donald Mueller

Explanation or reason for introduction of bill/resolution:

A bill to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

Attach #1: Proposed Amendment 15.0277.03009

The following conference committee members were present for SB 2048 on April 21, 2015, 2:30pm.

Senator Lee, Senator Anderson, Senator Warner
Representative Silbernagel, Representative Weisz, Representative Muscha

Chairman Judy Lee called the meeting to order. All members were present.

Chairman Judy Lee distributed the latest proposed amendment 15.0277.03009 version (attachment #1). The amendment is missing the Department of Public Instruction section, where Department of Public Instruction would compile information on the school districts for youth mental health training and report to legislative management.

Chairman Judy Lee reviewed the marked-up bill amendment, indicating that the original sections 1 and 2 have been taken out but then we talked about the services facilitation and we are changing that to \$200,000, that would be facilitating behavioral health services authorized by the legislative assembly including developing a formal discharge planning protocols and designing a resource support network to provide family support, assessment, and stabilization services that are accessible by families and custodial agencies. This is just a shot at it but we were putting together something that doesn't sound threatening to people who are concerned about routine screening. The whole idea is that the YES program, which the department has, is designed to assist those families whose children are particularly in trouble with mental illness or behavioral health issues. This is designed to be something that would be accessible to families who aren't at that level, but they still disrupt classrooms. One child with behavioral health issues disrupts the whole class and affects learning for everybody. The goal is to enable the Department of Human Services to work

up discharge protocols would be, and also to see what kind of support network we might be able to develop to provide that kind of support.

Chairman Judy Lee continued to Section 2, where we left \$750,000 for the voucher system.

Representative Weisz stated there was a question on the voucher. Is Fargo included in the "underserved", because of wait times in the human service centers?

Chairman Judy Lee indicated it would be considered under the underserved because if the lines are long, we don't have adequate service, and the underserved and gaps language would be okay and enable them to look at communities where there are regional human service centers that have demands for services. Her concerns were alleviated.

Chairman Judy Lee continued the review, where Section 3 is about the discharge planning protocol. There is duplication, so we need to reconcile the new Section 1, page 2, the discharge protocols, with the language on page 3.

Representative Weisz asked do we even need to keep Section 3. If we keep the language that we added in the new Section 1, he agrees that the language in section 3 is redundant.

Chairman Judy Lee commented that she would like some of the language included into section 1. She would be okay with that. It would be, for discharge or release of individuals with behavioral health issues, and the protocols must include outcome measures. **Representative Weisz** agreed and said it could be added into the new Section 1. There was discussion with the conference committee if that would be acceptable. **Maggie Anderson**, Department of Human Services, indicated she liked it being combined. **Representative Weisz** further explained that if implications of funding in two different sections, so it will be easier to justify and point the funding if it were in Section 1. The conference committee confirmed to combine into Section 1.

Chairman Judy Lee continued the review of the marked up bill. In regards to the vouchers, she indicated that we all agree that the intent is not to only make vouchers available when there is an overflow at the regional human service centers, but to make it an option for the individual. That is the way we have it written there.

Chairman Judy Lee continued to Section 4. We have just combined the idea of mental assessment for children and adults the feasibility and desirability of implementing - she was unsure that we said that. It was discussed that the visiting nurses program was something that the House didn't want, and the standardized screening process was to be removed.

Representative Weisz stated that in their version, it would be in Section 5 (not the marked up bill). He asked if that language is acceptable to the Senate committee members (03006 version)?

Chairman Judy Lee confirmed that it is acceptable. The only question was having networks being plural (network versus networks). The concern is to have a network within

which people can move with which has many providers participating. They just need to be able to talk to each other if there is more than one network. The committee members had no problem with changing back to network.

Chairman Judy Lee asked what if we included the deleted language concerning children's assessment. If we just add children without the deleted language about routine screening, it might be more palatable. If we just had what was in 03006, and just said for children and adults, would that be threatening?

Representative Silbernagel returned to the "network" discussion, indicating the House Human Services policy committee are the ones who changed the word "network" to "networks". **Chairman Judy Lee** voiced that she just wants to make sure they interact. The committee decided to leave it as "networks."

The next discussion was in regards to the language "networks for adults and children," on page 4, line 10, of the 03006 version, and also other sections in the bill. **Chairman Judy Lee** indicated that she didn't intend to change the language the House had changed, so if the intent is correct, it shouldn't be changed. She referenced page 4, line 13 of the 03009 version: The study must review the visiting nurses program and so forth. That wasn't in there and she didn't ask to have that added. **Representative Weisz** indicated that would cause some resistance in the House as well. The committee removed that language.

Representative Weisz commented that when we say mental health assessments, their concern is that we are going to go out and assess everybody. **Representative Weisz** suggested we change the language to say mental health assessment resources. We want the resources available for those who need the mental health assessments. These ties back to Section 1, where it references designing a resource support network to provide the family support assessment and stabilization services. The intent should be to look at having resources available to those who need the assessments.

Senator Howard Anderson, Jr. added that on line 13, page 3 of the .03009 what you want is add mental health assessment resources for children and adults.

Representative Weisz indicated that we should be studying the resources available for children and adults. The committee discussed whether to add "resources" and remove the word "assessment." In asking **Maggie Anderson**, Department of Human Services what she thinks, it was decided to remove the word "assessment" and use the "resources" language. The committee discussed that this change would be made throughout the bill. **Chairman Judy Lee** confirmed that the language on page 3, line 12, will read, "During the 2015-16 interim, the legislative management shall study mental health resources for children and adults." The next long sentence will be deleted. **Representative Weisz** also indicated that wherever it says "adult", just say "populations that may benefit from a mental health resource network." The first sentence is fine with "children and adults," and after that, uses the language above.

Chairman Judy Lee identified the next issue. The way it is written, it is mandatory study. **Representative Weisz** believes this could cause issues in the House. The committee changed the language to "shall consider studying" and leaves the rest of that part alone.

Chairman Judy Lee continued the review to Section 5. The original Section 5 was deleted in the marked-up bill. Section 5 is now the Legislative Management Study - Behavioral Health Needs of Youth and Adults. The committee considered this language to be a study. Behavioral health needs is broader than the resource network - it is the whole scope of things that we have done in the past two years. We took out the grants language.

Chairman Judy Lee explained to Ms. Kirsten Baesler, Department of Public Instruction, that the paragraph that we had worked on earlier is not in this version of the draft, and it will be. **Chairman Judy Lee** referred to the prior language discussed in the prior meeting. **Ms. Kirsten Baesler** nodded in agreement. The committee reviewed the prior language and confirmed the language.

Representative Weisz indicated the final issue is the section that requests the \$200,000 funding. The committee said we will come back and agree to an amount.

Chairman Judy Lee adjourned the meeting.

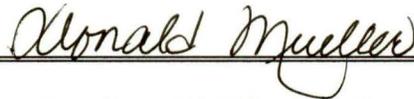
2015 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2048
4/22/2015
26347

Subcommittee
 Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

A bill to provide appropriations to the department of human services for improving behavioral health services; to provide an appropriation to the department of public instruction for teacher and child care provider training; and to provide for legislative management studies.

Minutes:

Attach #1: Proposed amendment 15.0277.03010

The following conference committee members were present for SB 2048 on April 22, 2015, 11:00am.

Senator Lee, Senator Anderson, Senator Warner
Representative Silbernagel, Representative Weisz, Representative Muscha

Chairman Judy Lee called the meeting to order. All members were present.

Proposed amendments 15.0277.03010 were distributed (attach #1).

Chairman Judy Lee reviewed the amendment. Deleted the language in section 1 and 2. The new section 1 is the new teacher licensure requirement.

Representative Silbernagel asked how this will be effectively implemented. What are we doing different with the licensure requirement?

Gail Schauer, Department of Public Instruction, said that it will be done in four different ways.

1. For teachers in pre-service now, the education standards and practices board can require the universities to make sure the mental piece is incorporated into the curriculum that is already there. When the teachers graduate, get their certificate, they've had the mental health piece.
2. Another concern is for the teachers coming in from out of state. They can do it within three different ways: (a) they could show a transcript that shows that they have taken a course that included some mental health awareness; (b) they could take a test that would have to be developed, to show that they are competent and have the awareness

of mental health, or (c) they could attend a certified and/or approved mental health training, such as the mental health first aide course that is available now.

Representative Silbernagel followed up. For new students in the university environment, that would need to be a coordinated effort with the university system to articulate what courses are required. Is that what would happen?

Ms. Schauer indicated correct. She doesn't think it will be necessarily an addition course. It would be courses that they already have that incorporates mental health piece within the courses.

Representative Muscha indicated that when she spoke with Valley City State University, they were very open to the idea as long as they could incorporate into existing required classes and not add a new class.

Chairman Judy Lee thinks it is reasonable to incorporate into an existing class.

Chairman Judy Lee asked about teachers that are already teaching. Will they have the same choices as previously discussed?

Ms. Schauer thinks it can be done in a different way. There could be consideration of grandfathering them in, or if you want to require it from teachers already there.

Chairman Judy Lee recognized Kirsten Baesler into the room, and summarized the discussion thus far. Ms. Baesler brought students to the committee meeting.

Kirsten Baesler, Department of Public Instruction, if they are employed in a school district, each fall a superintendent certifies that they are have met the requirements of all the statutory.

(10:50)

Representative Weisz stated that you made the comment about insuring the teachers are meeting the requirements. In the new section 1, but in section 2 we are requiring it once every two years, so are we going to say initially all of the licensed teachers will have to do the eight hours in that first year so they meet the new standards, as established in section 1?

Ms. Baesler indicated that if there are statutory requirement that once every two years, this law will take effect this summer, and by the time 2017 rolls around, that will have their two years. So if they choose to do half of the staff in 2015-2015 school year and half the staff in the 2016-2017 school year, that will be sufficient. If they choose to do a year of planning first, they would need to do their entire staff in the 2016-2017 school year.

Chairman Judy Lee clarified in section 2. They are already licensed.

Ms. Baesler said when we do the report in the fall of the 2017-2018 school year, they will have to show that they certified meeting all those requirements.

Representative Weisz asked if they didn't, would they still be able to qualify for the provisional for two years.

Ms. Baesler indicated that if those teachers came in, then yes. **Representative Weisz** asked could a current teacher get a two year provisional?

Ms. Baesler responded no, the provisional would only be for the initial license.

Chairman Judy Lee stated so whether they are an existing or a new teacher or coming from out of state, they have two years to get this done. **Ms. Baesler** responded yes.

Chairman Judy Lee continued to section 3. She read from page 3, lines 7 through 19. We've changed some of the language that we discussed yesterday. She also provided additional explanation to the students in the room.

Chairman Judy Lee indicated that section 4 is for the voucher system. She reviewed the process of waiting lists at human service centers and how the voucher will support getting services.

Representative Silbernagel referred to version 05000, and the 03010, did we change anything in section 4 that changed section 2? He wants to make sure nothing changed. The committee confirmed that nothing had changed.

Chairman Judy Lee continued to Section 5. It is a report to legislative management section. Seems okay. **Ms. Baesler** confirmed the language is good.

Chairman Judy Lee continued to section 6, the legislative management study for mental health resources. Chairman Judy Lee asked if Maggie Anderson (DHS) had comment.

Maggie Anderson, Department of Human Services, indicated they are fine (Pam Sagness and JoAnne Hoesel from Department of Human Services confirmed).

Chairman Judy Lee continued to section 7 - continuing the study for behavioral health needs of youth and adults. She recapped that portion of the bill.

Representative Weisz indicated that he is comfortable with the new language and the changes. He understands that the Senate has come a long ways on the differences. Dealing with Section 3, he suggested a compromise that instead of the \$200,000 as suggested by the Senate and the \$100,000 from the House, we could split the difference to \$150,000. He thinks he can defend this and the changes in the House.

Representative Silbernagel echoed Representative Weisz's comments, and hopes the Senate will look favorably on the \$150,000.

Senator Howard Anderson, Jr. stated he always has concerns with a bill with money when they come up this late in the session. The concern is that if we go too much, we could lose the whole bill, and he does not want to lose the bill, so he supports the proposal.

Senator Warner indicated most of the agencies are employed by other agencies and subdivisions, so he is fine.

Representative Weisz moved the HOUSE RECEDE from the House Amendments and FURTHER AMEND to the 15.0277.03010 proposed amendment and the reduction to \$150,000. The motion was seconded by **Senator Howard Anderson, Jr.**

ROLL CALL VOTE

Senators: 3 Yes, 0 No, 0 Absent

Representatives: 3 Yes, 0 No, 0 Absent

Motion passes.

Chairman Judy Lee will carry SB 2048 to the Senate floor.

Representative Silbernagel will carry SB 2048 to the House floor.

1 of 3
TU
4/22/15

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2048

That the House recede from its amendments as printed on pages 1355-1357 of the Senate Journal and pages 1474-476 of the House Journal and that Reengrossed Senate Bill No. 2048 be amended as follows:

Page 1, line 1, after the first "to" insert "create and enact new sections to chapter 15.1-07 and 15.1-13 of the North Dakota Century Code, relating to teacher licensure requirements and mental health training provided by school districts; to"

Page 1, line 3, remove "and"

Page 1, line 3, after "studies" insert "; and to provide an effective date"

Page 1, replace lines 5 through 22 with:

"SECTION 1. A new section to chapter 15.1-13 of the North Dakota Century Code is created and enacted as follows:

Teacher licensure requirement - Youth mental health competency.

1. The board shall ensure a candidate for teacher licensure demonstrates competencies in youth mental health. Competencies must include:
 - a. An understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and health care and treatment providers;
 - b. Knowledge of mental health symptoms, social stigmas, risks, and protective factors; and
 - c. Awareness of referral sources and strategies for appropriate interventions.
2. A teacher licensure candidate satisfies the requirements of this section if the candidate demonstrates the candidate has received training in competencies related to youth mental health from an accredited or approved youth mental health education provider. The board may issue a provisional license for up to two years to a teacher licensure candidate that does not meet the requirements of this section.

SECTION 2. A new section to chapter 15.1-07 of the North Dakota Century Code is created and enacted as follows:

Provision of youth mental health training to teachers, administrators, and ancillary staff.

1. Once every two years, each school district shall provide a minimum of eight hours of training on youth mental health to elementary, middle, and high school teachers and administrators. Each school district shall encourage ancillary and support staff to participate in the training. The training must include:

- a. Understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and health care and treatment providers;
 - b. Knowledge of mental health symptoms, social stigmas, risks, and protective factors; and
 - c. Awareness of referral sources and strategies for appropriate interventions.
2. Each school district shall report the outcome of the training to the department of public instruction.
 3. The superintendent of public instruction shall collaborate with regional education associations to disseminate information, training materials, and notice of training opportunities to school districts and nonpublic schools."

Page 1, line 24, replace "FTE" with "**SERVICES FACILITATION**"

Page 2, line 1, replace "\$166,092" with "\$150,000"

Page 2, line 2, remove "hiring one full-time"

Page 2, remove line 3

Page 2, line 4, replace "human services" with "facilitating the behavioral health services authorized by the sixty-fourth legislative assembly, including developing formal discharge planning protocols for discharge or release of individuals with behavioral health issues and designing a resource support network to provide family support, assessment, and stabilization services that are accessible by families and custodial agencies"

Page 2, line 4, after the period insert "The development of discharge planning protocols must involve law enforcement, health care providers, and other related organizations. The protocols must include outcome measures."

Page 2, line 5, replace "**REPORTS**" with "**REPORT**"

Page 2, line 7, replace "\$2,000,000" with "\$750,000"

Page 2, line 8, replace "addressing" with "establishing and administering a voucher system to address underserved areas and"

Page 2, line 9, remove ", including intervention, detoxification, and"

Page 2, replace lines 10 through 16 with "and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment program accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016, the department of human services shall provide a report to the legislative management regarding the rules

adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

SECTION 5. DEPARTMENT OF PUBLIC INSTRUCTION - REPORT TO THE LEGISLATIVE MANAGEMENT. During the 2015-16 interim, the department of public instruction shall compile information on mental health training provided by school districts and determine the feasibility and effect of the youth mental health training required in section 2 of this Act. Before July 1, 2016, the department of public instruction shall provide a report to the legislative management regarding mental health training provided by school districts."

Page 2, line 17, remove "ADULT"

Page 2, line 18, replace "ASSESSMENT NETWORK" with "RESOURCES"

Page 2, line 19, replace "assessment network" with "resources"

Page 2, line 19, after "for" insert "youth and"

Page 2, line 20, replace "an adult" with "a"

Page 2, line 20, replace "assessment" with "resource"

Page 2, line 21, after the first comma insert "and"

Page 2, line 21, replace "assessment" with "resource"

Page 2, line 21, after the second "and" insert "must"

Page 2, line 22, replace "assessment" with "resource"

Page 2, line 23, replace "along" with "together"

Page 2, remove lines 26 through 31

Page 3, remove lines 1 through 3

Page 3, line 11, remove "consideration of developing a grant"

Page 3, replace line 12, with "the"

Page 3, line 13, replace "the" with "of"

Page 3, line 16, replace "along" with "together"

Page 3, after line 17, insert:

"SECTION 8. EFFECTIVE DATE. Section 1 of this Act becomes effective on August 1, 2016."

Renumber accordingly

Date: [Click here to enter a date.](#)
 Roll Call Vote #: "Enter Vote #"

**2015 SENATE CONFERENCE COMMITTEE
 ROLL CALL VOTES**

BILL/RESOLUTION NO. SB 2048 as reengrossed

Senate "Enter committee name" Committee

- Action Taken
- SENATE accede to House Amendments
 - SENATE accede to House Amendments and further amend
 - HOUSE recede from House amendments
 - HOUSE recede from House amendments and amend as follows

 - Unable to agree, recommends that the committee be discharged and a new committee be appointed

Motion Made by: _____ Seconded by: _____

Senators	15	16	17	Yes	No	Representatives	15	16	17	Yes	No
Sen. Lee	X	X	X			Rep. Silbernagel	X	X	X		
Sen. Anderson	X	X	X			Rep. Weisz	X	X	X		
Sen. Warner	X	X				Rep. Muscha	X	X	X		
Sen. Axness			X								
Total Senate Vote						Total Rep. Vote					

Vote Count Yes: _____ No: _____ Absent: _____

Senate Carrier _____ House Carrier _____

LC Number _____ of amendment

LC Number _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Date: [Click here to enter a date.](#)
 Roll Call Vote #: "Enter Vote #"

**2015 SENATE CONFERENCE COMMITTEE
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Motion Made by: _____ Seconded by: _____

Senators	20a	20p	21	Yes	No	Representatives	20a	20p	21	Yes	No
Sen. Lee	X	X	X			Rep. Silbernagel	X	X	X		
Sen. Anderson	X	X	X			Rep. Weisz	X	X	X		
Sen. Warner	X	X	X			Rep. Muscha	X	X	X		
Total Senate Vote						Total Rep. Vote					

Vote Count Yes: _____ No: _____ Absent: _____

Senate Carrier _____ House Carrier _____

LC Number _____ . _____ of amendment

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Statement of purpose of amendment

**2015 SENATE CONFERENCE COMMITTEE
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BILL/RESOLUTION NO. SB 2048 as reengrossed

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 - HOUSE recede from House amendments**
 - HOUSE recede from House amendments and amend as follows**
 - Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Rep. Weisz Seconded by: Sen. Anderson

Senators	22			Yes	No	Representatives	22			Yes	No
Sen. Lee	X			X		Rep. Silbernagel	X			X	
Sen. Anderson	X			X		Rep. Weisz	X			X	
Sen. Warner	X			X		Rep. Muscha	X			X	
Total Senate Vote						Total Rep. Vote					

Vote Count Yes: 6 No: 0 Absent: 0

Senate Carrier Sen. Lee House Carrier Sen. Silbernagel

LC Number 15.0277.03011 . _____ of amendment

LC Number Title 06000 . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

REPORT OF CONFERENCE COMMITTEE

SB 2048, as reengrossed: Your conference committee (Sens. J. Lee, Anderson, Warner and Reps. Silbernagel, Weisz, Muscha) recommends that the **HOUSE RECEDE** from the House amendments as printed on SJ pages 1355-1357, adopt amendments as follows, and place SB 2048 on the Seventh order:

That the House recede from its amendments as printed on pages 1355-1357 of the Senate Journal and pages 1474-476 of the House Journal and that Reengrossed Senate Bill No. 2048 be amended as follows:

Page 1, line 1, after the first "to" insert "create and enact new sections to chapter 15.1-07 and 15.1-13 of the North Dakota Century Code, relating to teacher licensure requirements and mental health training provided by school districts; to"

Page 1, line 3, remove "and"

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Page 3, line 13, replace "the" with "of"

Page 3, line 16, replace "along" with "together"

Page 3, after line 17, insert:

"SECTION 8. EFFECTIVE DATE. Section 1 of this Act becomes effective on August 1, 2016."

Reorder accordingly

Reengrossed SB 2048 was placed on the Seventh order of business on the calendar.

2015 TESTIMONY

SB 2048

Testimony in support of

SB 2048

January 15, 2015

By Kathy Hogan, Rep. District 21

Attach #1 J#21975
SB2048
01/14/15

Chairman Lee and members of the Senate Human Service Committee, my name is Kathy Hogan, I represent District 21 and I have been a member of the Behavioral Health Stakeholder group.

This bill is sometimes called the Omnibus Bill because it has many different components.

Section 1 of the bill begins to address the serious shortage of behavioral health services in North Dakota. As the Interim Committee, Ms. Schulte, and the Behavioral Stakeholders looked at current resources and unmet needs, it became clear that there are a range of service holes ranging from early intervention to all levels of treatment, as well as recovery supports for both children and adults with mental health issues.

The challenge was where to begin. Rather than recommending specific services, it was recommended that ND start by building assessment networks (using existing and new resources) to assure that we have accurate information on what real people actually need. Ideally these networks can work together to reduce unnecessary duplication of assessments and improve the quality of referrals to appropriate providers and identify unmet needs. Following the interim committee's final meeting, the Children's Mental Health Work Group of the Behavioral Stakeholder group met several times and developed a Comprehensive Vision for a Continuum of Care that can be the framework for long-term values. We have prepared an amendment to establish this Common Vision in Code. There will be further testimony on this vision.

Section 3 of the bill recognizes that many behavioral health issues for children are often first recognized in the schools. This section would fund a comprehensive training program for all school personnel on key components of behavioral health. The original budget in this bill was a significant under-estimation of the actual costs. Over the last two months, the Children's Mental Health Group has worked with DPI to develop a comprehensive plan to implement Mental Health First Aide Training for all school personnel. This revised budget does not address child care providers.

Section 4 of the bill addresses the need to expand pre-school behavioral health screening and assessments. Originally, it was a study recommendation but following the Interim committee, we learned that there is a statewide network of early childhood providers who have been working together for four years and have a specific proposal to establish evidence-based practice screenings in collaboration with the various key providers. The amendment on this section would fund a regional coordinator in all eight regions of the state to expand implementation of pre-school screening.

A new section will need to be added to continue the study of mental health care needs and resources during the next interim.

Additional people will be talking of the needs of behavioral health services for both children and adults.

Thank you for your time. I am more than willing to answer any questions.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2048

Page 1, line 10, after the period insert "The funds provided for a youth mental health assessment network must be used to begin implementation of a comprehensive collaborative system of behavioral health care."

Page 1, line 21, replace "\$50,000" with "\$1,000,000"

Page 1, line 23, replace "child care providers" with "noncertified school staff"

Page 2, replace lines 1 through 9 with:

"SECTION 4. APPROPRIATION - MENTAL HEALTH SCREENING AND ASSESSMENT FOR CHILDREN. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$1,400,000, or so much of the sum as may be necessary, to the department of human services for the purpose of implementing mental health screening and assessment programs for children, for the biennium beginning July 1, 2015, and ending June 30, 2017. The mental health screening and assessment programs must use standardized, evidence-based practices to routinely screen children between the ages of zero and eight years.

SECTION 5. LEGISLATIVE MANAGEMENT STUDY - MENTAL HEALTH SERVICES FOR PRESCHOOL CHILDREN. During the 2015-16 interim, the legislative management shall consider studying the feasibility and desirability of implementing a visiting nurses program for children between the ages of zero and five years. The legislative management shall report its findings and recommendations, along with any legislation required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

SB 2048

Addressing Student Mental Health Needs in ND Schools

Attach #2
SB 2048
01/14/15
Copas J#21975

Support Rationale:

School districts in North Dakota lack the resources to appropriately address mental health needs of students. It is important for school districts to have access to evidence based programs that provide the vehicle for developing relationships with community partners and families. By tapping into the resources and information available across the community, rather than limiting the scope to just the school system, districts are able to form a much clearer picture of the true state of events surrounding a student's mental health.

The intention is to create stronger, comprehensive approach to mental health including the components of education, prevention as well as crisis-intervention. In addition to the community partnerships, educational programming, the development of an early identification system of students at risk, and the capacity building of other key staff members, are the mechanisms intended to facilitate the shift from a reactive district to a proactive district. The bottom line for school districts is that in order to ensure school safety, they need to seek balance between prevention and crisis management by investing more time, energy and resources into their students' wellbeing. Students who are physically, emotionally and mentally healthy will be greater contributors to society, not just during their educational career, but throughout their lives.

School districts are also keenly aware that there is a need to ensure over time that access is not related to geography or school size since this is something that impacts all schools and all students. Because of this need, we're offering a concept that could potentially strengthen this bill through an innovation pilot program to assure a successful full scale roll-out

School Based Objectives (Amendment option):

Implement an evidence-based model that will:

Provide educational programming to students

Provide professional development/capacity-building to staff

Establish protocols and relationships with community care providers to facilitate acquisition of timely and appropriate interventions and treatment

Provide early intervention, assessment and referrals to support students before crises occur, including referrals and persistent facilitation with mental health care providers

Provide intervention, support and follow-through for students and families

Deliver statewide professional development to school district staff regarding mental health issues; including Mental Health First Aid.

Create a network that meets quarterly to discuss scope of project, share best practices, outcomes, and program evaluation.

Collect data to determine the success and efficacy of the program to determine if it can reasonably be replicated.

Develop and refine a shared services model that can be replicated and scaled-up in both rural and urban school districts throughout North Dakota.

Strategy:

Entities that would be eligible to apply for funding include school districts as well as Regional Education Associations, however, preference should be given when collaboration with multiple districts is demonstrated. It is important to address the varied needs of school districts based upon location to urban centers as well as student enrollment numbers while considering organizational capacity and relationship to the identified population in need of services. Based upon these considerations the proposed funding model is outlined below;

Total funding of \$3,000,000 distributed as follows;		
4+ Rural Districts (less than 1000 student enrollment)	\$250,000 max award	\$1,000,000
total		
1 Urban District (more than 1000 student enrollment)		\$1,000,000
total		
2 Regional Education Associations		\$1,000,000
total		

In this way, innovation can be employed to ensure success in all districts over time.

Potential Options for Funding (For Discussion Only):

Designate \$3,000,000 of the \$6,000,000 outlined in Section 1 of SB 2048 for establishing an adult and youth mental health assessment network to establish pilot programs.

Or

Designate an additional \$3,000,000 to Section 3 of SB 2048 to establish pilot programs.

Attach 3
SB2048
01/14/15
J# 21975

January 13, 2015

Letter of Support
SB 2048, Section Four

Dear Chairperson Lee and Committee Members:

I support efforts to implement, enhance and expand developmental screening activities in ND, such as those indicated in SB2048, Section 4. According to the American Academy of Pediatrics, "All infants and young children should be screened for developmental delays. Screening procedures should be incorporated into the ongoing health care of the child as part of the provision of a medical home, as defined by the Academy."

At Essentia Pediatrics in Fargo, ND, we have been utilizing the ASQ for screening children, ages 0-5, since November of 2009. It has been such a helpful screening tool for our doctors. The screening has offered an opportunity to look at and identify mental health and developmental concerns early, as part of the well child visit process. Early identification of children with developmental delays or disabilities can lead to prevention of disorder or early intervention that can lessen negative impact on the functioning of the child and family.

An important component to the screening is knowledge of and availability to appropriate resources for caregivers whose children have elevated scores. We have a partnership through the Children's Consultation Network in Fargo, ND to be able to provide timely referral to qualified, early childhood professionals, which has been crucial to the success of our program. Identifying and training referral sources on the screening and effective intervention with young children and caregivers will be important for effective services provision after screening.

Many states and clinics have implemented screening as part of their wellness exams successfully, including our clinic. Screening is the first step in identifying concerns that may not have been communicated to the doctor otherwise, in the setting where parents most regularly seek help for their young children. This early identification and intervention is critical for the future success of children and families in ND.

Sincerely,



Dr. David Clutter
Essentia Pediatrics
Fargo, ND

Attach 4 01/14/15
SB 2048 J# 21975

**Testimony in support of
SB 2048, Section 4
By Shawna Croaker, LICSW, Child Therapist**

Chairperson Lee and members of the Senate Human Service Committee

Senate Bill 2048, Section Four Amendment was developed by the Behavioral Health Stakeholders Committee to implement statewide developmental standardized screening and assessment to prevent mental health disorders and to provide early intervention services for children, ages 0-8, and their caregivers.

VISION

Provide funding (1.4 million) for eight FTE Master's Level mental health consultant/coordinator, one per region, to do the following:

- a. Collaborate with medical providers and other early childhood professionals working with young children, and their caregivers, to provide access to standardized screening tools, and to enhance and expand upon existing programs and services.
- b. Train providers on screening tools and standards of practice for implementing developmental screening.
- c. Provide training on how to address common concerns identified within the screening, including developmental milestones and appropriate interventions.
- d. Identify and collaborate with local referral sources for children and families who need further assessment, evaluation and intervention.
- e. Provide parents and caregivers with support and therapeutic strategies for addressing behaviors, as well as crisis intervention when needed.
- f. Monitor referral patterns and unmet needs.

Why is this important?

- The human brain is 80% developed by the time a child is age 5. The experiences during this critical age greatly determine a person's quality of relationships, academic achievement and overall health and life success.
- Research proves that mental health is directly tied to physical health.

- Nationally 10% of preschool age children display warning signs for mental health and behavioral disorders. ND is consistent with national statistics.
- Research shows that fewer than half of children with developmental or behavior delays are identified before starting school, missing the most critical time to intervene, when the brain is most pliable and behaviors are easier to change because they are not yet ingrained.
- Pre-school age children are expelled at a rate of three times more than children, ages K-12.
- A study in 2013 found that by 3rd grade, 30% of children were delayed in their social-emotional development. In a class of 25, that is 7 children. If you can't focus, listen or interact appropriately with others – you can't learn well. ALL children are impacted by our inattention to early development through frequent class disruptions, increased school violence, bullying and overwhelmed teachers and school staff.
- Early childhood programs are the most cost-effective way to ensure healthy development and offer the greatest returns to society, with academic research showing a potential return on investment as high as 16% per year.

This bill, along with the amendment to section four, would support best practice care for young children, decrease stress for parents and caregivers, while also identifying the 5-15% of children who need additional services. It will foster the link between the child, the parent, the child care professional, and other service providers who can help create success for that child, family and the future of North Dakota. I hope for your support this bill.

*Nobel Prize winning economist James Heckman points out that the longer society waits to intervene in children's lives, the more costly and difficult it becomes to make up for early setbacks – both for the struggling child and for the nation as a whole.

I am happy to answer any questions. Thank you.

References

Center for Disease Control and Prevention www.cdc.gov

Center on the Developing Child, Harvard University www.developingchild.harvard.edu

The First Eight Years: Building a Foundation for Lifetime Success www.aecf.org

Attach 5 01/14/15
J# 21975 SB2048

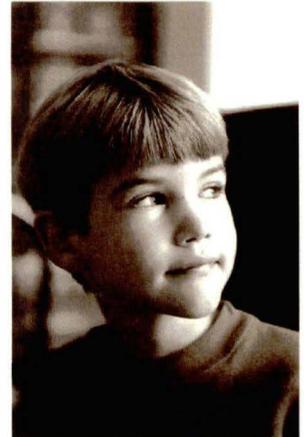


Children's Consultation NETWORK

Adam's Story*

The Situation

When Adam was three years old he had at least four tantrums each day. He acted aggressively toward his mom and dad – biting, pinching and hitting. Adam had difficulty following directions, sitting still and rarely went to sleep before midnight. Adam's mom feared he might have Bipolar Disorder, which runs in the family. During a wellness exam, Adam scored a 200 on the Ages and Stages: Social-Emotional (ASQ: SE) screening. At the time, the cutoff score for normal behavior was 59. His pediatrician referred the family to the Children's Consultation Network.



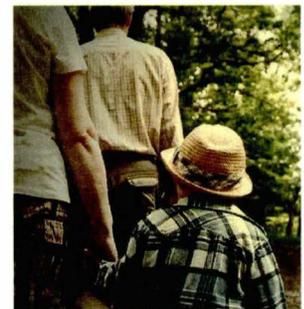
How the Children's Consultation Network Helped

Within four days of the referral, we met with the family and provided Adam's parents with new strategies for improving his behavior. The CCN used fun, therapeutic methods to teach Adam how to regulate his strong emotions by identifying his feelings, asking for help, using breathing exercises and other physical activities. We also helped Adam's parents develop a regular routine, set limits and create a reward plan to help motivate Adam and build new habits.



The Result

Within five sessions, Adam was falling asleep at a normal hour, going to his room when angry and blowing imaginary bubbles to calm himself. Tantrums decreased to less than one per week and his aggression level declined sharply. His mom reported feeling confident about his future and felt that they had a "different kid." His follow-up ASQ: SE score was a 45, which is within normal limits and down 155 points from time of intake!



The Impact

Adam's mom shared in a survey that his behavior vastly improved. She also strongly agreed that she can manage his behavior and better understand his social-emotional development. She reported that their relationship greatly improved and her stress had decreased as a result of our services. By working with the Children's Consultation Network, the family avoided wait lists, the need for a diagnosis, possible medication and potential long-term services. The support the CCN provided paved the way for a happy and healthy future for Adam and his family.

**Names have been changed for confidentiality*

SB2048
01/14/2015
Attach #6
J# 21975

Legislative Testimony
Supporting Senate Bill 2048 and Section 4 Amendment

Chair Lee and Members of the Senate Human Services Committee:

My name is Mylynda Ogundipe, and I am a Program Director with Prevent Child Abuse North Dakota. Prevent Child Abuse North Dakota is dedicated to strengthening families and preventing child abuse and neglect. We show our commitment to this vision through our many programs, one of which is the Early Childhood Comprehensive Systems grant funded program – or ECCS. ECCS was originally housed in the North Dakota Department of Health, but in the fall of 2013, the Department collaborated with us to transfer the program to Prevent Child Abuse North Dakota. The current goal of ECCS is to enhance and expand developmental screening and referral systems for all North Dakota children from birth through age three. Developmental screenings, which indicate whether a child is meeting expected developmental milestones or may have a developmental delay that requires further assessment, are part of a broader set of preventive health care practices recommended by experts and medical professionals. Age-appropriate screening tools are used to assess a variety of developmental areas and issues, including physical development, social and emotional development, language and cognitive development, communication and language, motor skills, and autism. ECCS work is accomplished through engagement with families, the medical community, and the early childhood community to ensure that children and their families, including those with special needs, are referred, or linked, to crucial services.

Prevent Child Abuse North Dakota urges your DO PASS recommendation on Senate Bill 2048, which has the purpose of enhancing behavioral health services by establishing a consistent and common methodology of identifying, assessing and treating those in need. The Section Four



6.2

Amendment specifically discusses the implementation of statewide, standardized developmental screening and assessment, which would identify and intervene early with children at risk for developmental, behavioral, and/or mental health disorders, for ages 0-8 years.

As the director of ECCS, I work with a large group of stakeholders in the early childhood community and the addition of a Master's Level mental health consultant/coordinator, per region would greatly aid our group by increasing collaboration between organizations and identifying regional resources. This amendment can expand and provide funding to implement and develop on the work that has already been done for many years through the ECCS funding at the Department of Health and, now, Prevent Child Abuse North Dakota.

The children of North Dakota are among our most vulnerable and valuable populations and we must create legislation that ensures their development is on track as well as provide services when assistance is needed. Prevent Child Abuse North Dakota supports this Bill and the amendment to Section 4 because early, regular, and reliable screening can help identify problems or potential problems that may threaten a child's developmental foundation and lead to additional delays and deficits later in childhood and adulthood. With the addition of a mental health professional, this amendment enhances current work and expands the age range of existing services for young children and families. It also increases screening and assessment, while including a therapeutic treatment component needed to address concerns for young children and their caregivers.

I welcome any questions from the committee. Thank you.



Attach #7
SB2048 01/14/2015
J# 21975

**Testimony SB 2048
Senate Human Services Committee
Senator Judy Lee, Chair
January 14, 2015**

Chairperson Lee, members of the Senate Human Services Committee, I am Nancy McKenzie, Executive Director of PATH ND. As a provider of behavioral health services to children and families, PATH has been an active participant in the behavioral health stakeholders work groups these past several months.

I am here today to testify on behalf of the Children's Mental Health workgroup in support of SB 2048. This workgroup was comprised of a diverse group of statewide providers; experienced professionals representing the full range of services from schools, in-home and outpatient therapy, to residential and inpatient care. Our work was the result of the Schulte report to the Interim Human Services Committee as well as the work of the initial behavioral health stakeholders group.

Building a Vision to Address Behavioral Health Needs of Children in ND

Currently, many children face serious behavioral health challenges that are unmet. Assessment and treatment services are provided but are too often fragmented and duplicative. This is not because providers aren't skilled and well-intended, but because the current system structure hasn't succeeded in operating as an integrated and comprehensive system of care.

Youth move between providers and levels of care where, too often, assessment is repeated, new treatment plans are developed, and new parties are involved in the decision-making. We're all aware of the out-of-state placement of a number of ND youth because of the inability to meet their needs at this time. We would all agree that these are not the preferred practices for children who already experience emotional and behavioral difficulties complicated by loss, trauma, and stress.

We believe that these needs are best met through a community-based and family-focused approach that includes:

- **Early identification of concerns**
- **Standardized screening and assessment**
- **Development of family- and school-based supports to address the unique needs**

A process to develop a comprehensive behavioral health system of care will require strong state and local leadership and a commitment to collaboration across public and private organizations.

The key principles of this vision are:

- **Begin with early identification**
 - **Screen young children at risk**
 - **Train teachers in mental health first aid**
 - **Assure mental health staff resources in the schools**
- **Strengthen systems networking**
 - **Stronger local collaboration between schools, service providers, healthcare practitioners, residential providers, child welfare and juvenile court for common tools, language and systems**
- **Establish clearer definitions and data systems**
 - **Use evidence-based practices across systems where feasible**
 - **Reduce assessment duplication and simplify the referral process**
 - **Strengthen cross-system movement of child from medical, schools and residential services**
 - **Increase child-centered/family focused model at every level of care**
- **Expand service delivery based on data**
 - **Increase availability of case management for behavioral health issues**
 - **Increase access to less restrictive therapeutic treatment options such as in-home care services, respite, etc.**
 - **Increase access to specialized services such as child psychiatry through telemedicine**

- **Expand targeted residential services to reduce out of state placements**

Key Elements in SB 2048

We believe that SB 2048, which provides for the establishment of a youth and adult mental health assessment network, a pilot project for discharge planning protocols, mental health first-aid training for teachers and child care providers, screening for younger children, and further ongoing study of behavioral health needs of youth and adults in North Dakota, is a very strong step in working toward the vision described. We recognize that this will be an ongoing process, and these efforts will lay a strong foundation.

Let me share with you the struggle faced by one youth, which exemplifies the key issues we are talking about. He was placed in foster care at age 14 due to substance abuse issues resulting in his mother not being able to adequately parent her children. He subsequently lost, through death, a grandfather he was extremely close to. Following that, a male cousin he was attached to died of suicide. We can all no doubt see and understand the loss and trauma he suffered. Ultimately, he spent time in two different psychiatric hospitals, as well as two different psychiatric residential treatment facilities. In each of those settings, there was no doubt various intake assessments and evaluations undertaken, and treatment plans developed, with a great deal of resources applied to those efforts.

Recent events, which included theft of an item from a convenience store and a subsequent attempt to overdose, leave him again vulnerable for a change in living settings and providers due to their concerns with whether they can adequately meet his needs. This has all taken place in two years.

It is not unrealistic to think that he could end up being served in the youth correctional system: another change, another new setting, another set of providers. Consider that 89% of youth in the correctional system have a mental health diagnosis; the majority of those have dual diagnoses.

Is the criminal justice system the best solution to helping youth with complex needs?

This is just one situation; we all can probably identify more. This is not to say that some youth aren't able to be served in one setting and have less disrupted courses of treatment; of course they are. Given our concern, though, about those with serious behavioral health issues, this type of situation leaves one wondering how the outcome might have differed if his assessment and care planning were more coordinated across systems, if there were family-based supports following him through that care, and if the treatment plan and support people followed him rather than changing at each crossroads.

North Dakota has strong providers who have already been working together to explore how to better partner to create more integrated care. Assessment drives the provision of the right care at the right time in the right location, and helps us determine true capacity needs for the future. This bill includes funding for these improvements. Improvements are not without cost; however, not supporting change is also expensive.

That is the vision of the children's mental health workgroup. That is why this bill is so important. There is a strong, active and engaged group of stakeholders that will continue their involvement in the change process. Thank you for the opportunity to speak on behalf of that stakeholders group today.

That concludes my testimony; I'd be happy to answer any questions you may have.

SB 2048

Attach 8 SB2048
J# 21975
01/14/15

Senate Human Services Committee

Chairperson, Senator Judy Lee

January 14, 2015

Senator Lee and members of the Senate Human Services Committee my name is Steven Reiser and I am the director of Dakota Central Social Services. Today I am testifying in favor of SB 2048. While I am in favor of the entire bill I want to speak to section 1 of the bill, the establishing an adult and youth mental health assessment network. Although our agency deals with both adults and children, the majority of our cases are in child welfare.

Today when a child's behavioral health needs outstrips a parents ability to care for the child and it becomes necessary for a child to be placed outside of their home the process goes something like this. A social worker fills out an application called a universal application and send it to therapeutic foster home intake worker (PATH), residential child care facility (RCCF) or a psychiatric residential treatment center (PRTF). The information on the application has social history and as much medical and behavioral health information as we have. The facility then reviews the information and makes a determination as to whether they believe the programing they do will be beneficial to the child. I believe that there is a step missing in this process and that step is one of assessment. To this point there is very little opportunity for children to have an assessment done to match the needs of the child to a specific type of placement. I believe having an assessment that would assist in making an appropriate match would greatly improve the successfulness of the placement and possibly shorten the time a child is placed outside of their home. Many times it is difficult for counties to get the type of information that facilities need to ensure they can serve the behavior health need of the child. Counties and placement agencies are doing the best they can in current process but having assessments done in these cases would improve positive outcomes in these cases.

Thank you from your time today and I would be willing to answer questions.

Attach 9 SB2048
d# 21975
01/14/15

TESTIMONY
Senate Human Services Committee
SB2048
14 January 2015
Greg LaFrancois, CEO Prairie St. John's
701-476-7270

Chairperson Lee, members of the Senate Human Services Committee. I am Greg LaFrancois. I am the Chief Executive Officer of Prairie St. John's Hospital in Fargo ND. We offer a continuum of care for individuals and families needing behavioral health services. We are a 94 bed acute psychiatric hospital, 48 bed residential treatment center, and offer a number of outpatient services to children, adolescents, and adults. I provide the following testimony in support of SB 2048.

SB 2048 enhances behavioral health services by establishing a consistent and common methodology for assessing and diagnosing those in need of behavioral health services. The bill provides for a mental health assessment network that identifies those at risk in advance of a crisis. The network is further augmented by trained teachers and child care providers who spot early indications of need. Also a component of SB 2048 is a pilot project to ensure all persons transitioning from an institutionalized setting have the appropriate supports.

Within the Schulte Report law enforcement representatives identified a need for a unique collaboration between law enforcement, health care providers, and other related organizations. Proper funding on Section 4 of this bill addresses this critical need. Through this collaboration, discharging patients who cycle through law enforcement, emergency rooms, human service centers, and ultimately acute behavioral health

facilities would be managed such that the cycle is disrupted and the patient achieves independence.

Prairie St. John's is very often the backstop for patients who have no safe place to turn. We see many patients return multiple times because they have no place to turn. These patients often remain in our facility for extended stays as the social supports simply do not exist. Although we are contracted with the State to deliver indigent care, this type of care generally goes unfunded because the gatekeepers, for the contract, feel the patients should be transitioned before our psychiatrists deem it appropriate. Unfortunately, releasing these patients without a well-coordinated plan, inclusive of law enforcement and social supports, only feeds the cycle. SB 2048 is a move in the right direction towards creating appropriate supports for our patients' transition back to life. I suggest you move with dispatch to establish such services throughout the state.

Finally, SB 2048 provides for the continuation of the current study on behavioral health needs. The current study was very successful in pulling stakeholders together to identify a number of issues and formulate plans to address those issues. It created a roadmap of the most critical needs in the system. Because the route required construction, the map could not be completed. We need to continue this study to develop the remainder of the route toward a comprehensive behavioral health system.

This concludes my testimony. I am grateful for the opportunity to address your committee.

Attach 10
SB 2048
01/14/15
J# 21975

TESTIMONY ON SB 2048
Senate Human Services Committee
January 14, 2015

Gail Schauer, Assistant Director of Safe and Healthy Schools
328.2265
Department of Public Instruction

Chairman Lee and members of the Human Services Committee – I am Gail Schauer, Assistant Director of Safe and Healthy Schools for the Department of Public Instruction (DPI). On behalf of the Department, I am here to provide supportive testimony for SB 2048 which includes a section to provide an appropriation to DPI for the purpose of providing mental health first-aid training for all school staff.

SB 2048 refers to improving behavioral health services. The words ‘behavioral health’ and ‘mental health’ are often used interchangeably. Mental health includes our emotional, psychological, and social well-being. Mental health can affect daily life, relationships, and physical health. Behavioral health is used to describe the connection between behaviors and the well-being of the spirit, mind, and body. These behaviors are usually symptoms of other issues. In my testimony when I refer to mental health, it will also mean behavioral health.

The DPI’s vision is that we, as an education agency, will foster the social, emotional, and academic well-being of our youth. Supports need to be put in place for children where they congregate – in the schools. Once these supports are in place, underlying causes of misbehavior, such as childhood trauma, substance abuse, and mental health issues can be addressed. Emotions affect learning and if children do not deal with these emotions in the right ways, learning can be derailed. There is a continued stigma around the topic and words “mental health” that lead

people to ignore warning signs and symptoms, to not seek help, thus, perpetuating problems, even influencing those beliefs and stigmas in other family members, especially children.

Through data, we know our children are struggling with mental health issues. The North Dakota Youth Risk Behavior Survey and the North Dakota Suspension/Expulsion/Truancy rates provide a review of our youth's at-risk behaviors. In addition, over the past year the North Dakota Human Services Interim Committee analyzed the needs of youth and adults in our state and Schulte Consulting, LLC provided a report called Behavioral Health Planning (July 22, 2014). The data and the interim committee's conclusions show a clear need for mental health awareness and services in North Dakota.

National data and information also demonstrates a need.

- For children ages 12-17, those experiencing a mental disorder in any given year falls between 13% and 20%. (Centers for Disease Control and Prevention, 2005-2011)
- Fifty percent of lifetime mental illness begins by age 14. Only about one-half of youth with mental illness get the treatment they need. (National Alliance on Mental Illness, 2014)
- Treatment of many serious emotional and mental disorders is effective (Mental Health: A report of the Surgeon General, 1999)
- About half of those ages 14 or older with mental illness drop out of high school (National Alliance on Mental Illness, 2014)
- The cost of mental disorders among persons under the age of 24 was estimated at \$247 billion annually (Centers for Disease Control and Prevention, 2005-2011)

Early identification and services are critical. Treatment has been shown to reduce, delay, and even illuminate the problem. Since schools are where children spend most of each day, providing schools staff with training makes sense.

An amendment in the amount from \$50,000 to \$990,000 is requested. When the bill was first introduced, the \$50,000 was a placeholder until an estimated budget could be established. The budget can be found on the last page of this testimony. Funds allocated through SB 2048 will allow NDDPI to coordinate training to all school staff across the state over the next two years in Youth Mental Health First Aid. The Youth Mental Health First Aid focuses on individuals that interact with youth ages 12 – 18 who may be at-risk for mental health issues. This aligns to the Mental Health First Aid coordinated by North Dakota Human Service Department which focuses on individuals who interact with adults at-risk for mental health issues.

The training includes learning about potential warning signs, risk factors, assessability for screening, procedure for referral and classroom re-entry. There is a five-step action plan to help an individual in crisis connect to professional care and resources are provided to help someone with a mental health problem. This initiative will pave the way for awareness and strategies to ultimately achieve emotional wellness in our children, schools, communities and state.

This spring the DPI Safe and Healthy Schools unit will be training a cadre of 25 trainers in a nationally researched-based program called Youth Mental Health First Aid. This course will train and certify trainers who will then provide the course in their schools and neighboring schools. The DPI has allocated funds for this phase I of the initiative. The funding through SB

2048 will allow us to complete the initiative and train school staff across the state. This is an aggressive approach but schools cannot wait.

By providing awareness and knowledge to school staff, children with mental health issues are more likely to be referred, identified early and provided services. Our children are our future and they deserve a school and community environment that nurtures emotional wellness. Thank you for your time and support for SB 2048. I would be happy to answer any questions you have.

Estimated Budget for SB 2048

Goal:

Provide all North Dakota educators with *Youth Mental Health First Aid* training (one day) during the 2015-2017 biennium.

Number of certified and non-certified staff:	18,000
Number of participants allowed in YMHFA training:	1 trainer per 30 staff
Number of trainings required:	600
Materials* (YMHFA required manuals @\$20/each):	\$360,000.
Shipping and handling:	\$20,000.
Trainer sub reimbursement @ \$100/day x 600:	\$60,000.
Trainer stipends @ \$200/day x 600:	\$120,000.
Trainer expenses (estimated):	\$87,000.
DPI resources:	
Temp staff/contract (scheduling)	\$90,000.
DPI and trainer cadre PD	\$173,000.
Program evaluation:	<u>\$80,000.</u>
TOTAL	\$990,000.

SENATE BILL NO. 2048

Amendment

Section 3. APPROPRIATION – DEPARTMENT OF PUBLIC INSTRUCTION – TRAINING.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of ~~\$50,000~~ \$990,000, or so much of the sum as may be necessary, to the department of public instruction for the purpose of providing mental health first-aid training for teachers and child care providers, for the biennium beginning July 1, 2015, and ending June 30, 2017.

SB 2048

02/03/15

J# 23137

Attach #1

From: Larson, Andrew [mailto:Andrew.Larson@sanfordhealth.org]
Sent: Monday, February 02, 2015 10:40 AM
To: Lee, Judy E.
Subject: SB 2048

Senator Lee,

I wanted to send you a quick note of support for SB 2048. Section 2 of this bill would allow for \$175,000 for a pilot to develop protocols for hospital discharge planning for patients with behavioral health issues. This would be a huge opportunity to study and improve processes so often overlooked because this form of care is uncompensated. A patient transitioning from the hospital to the community is tricky at best, particularly in our rural areas, and often we see that this is when patients behavioral health care needs go unrecognized and unplanned. The result is that this area of patient care "slips through the cracks" leading to poorer outcomes, missed opportunities, and inevitable re-hospitalization. Thanks again for your time and please consider supporting at least this section of SB 2048.

Andrew Larson, LSW
Director-Integrated Behavioral Health
Sanford Health
701-367-6496

Lee, Judy E.

SB 2048

02/03/05

J# 23137

Attach#2

From: Fischer, Valerie J.
Sent: Tuesday, February 03, 2015 7:31 AM
To: Lee, Judy E.; Baesler, Kirsten K.
CC: Schauer, Gail G.
Subject: RE: Remind me, please

Good morning Senator Lee,
Thank you for the email. SB 2048 is the bill which includes an appropriation of \$990,000 to train all 18,000 educators in the Youth Mental Health First Aid program during the 2015-2017 biennium. This is a very aggressive schedule, however, as we have such high interest from schools, we want to be conscientious in our plan to get resources into their hands as quickly as possible. Our approach will self-sustain as we will have a continued cadre of 25 trainers across the state to both train and create a train the trainer model. This is also the training model that DHS and DJS want to use as well, thus creating a standard training protocol and process. This is not part of SB 2013, the DPI budget bill. We have not been asked to complete a fiscal note on the requested \$990,000.

I know that Gail Schauer, Ass't Director of the Safe & Healthy Schools unit, has also investigated First Links at your request. First Links does not offer their own program and do train on Adult Mental Health First Aid and not the Youth program, but were interested in attending our March trainer session and becoming trainers for the Department.

What next step would you like us to help you with next?

Valerie Fischer

Director of Adult Education
Director of Safe & Healthy Schools

Department of Public Instruction
State Capitol, 600 East Boulevard Avenue
Bismarck, ND 58505
701.328.4138 fax 701.328.4770
vfischer@nd.gov

From: Lee, Judy E.
Sent: Monday, February 02, 2015 6:39 PM
To: Baesler, Kirsten K.; Fischer, Valerie J.
Subject: Remind me, please

I just had someone ask what the bill is that includes mental health training for school staff. Is it the DPI budget bill? I don't have the note about it on my desk, and I don't have time to check out my committee room.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

SB 2048
02/03/15
U# 23137
Attach#3

From: Schauer, Gail G.
Sent: Monday, January 26, 2015 1:40 PM
To: Lee, Judy E.
Cc: Baesler, Kirsten K.; Marthaller, Robert V.; Christman, Robert J.; Fischer, Valerie J.
Subject: FW: mental health first aid training

Senator Lee,

I was happy to be able to touch base with you this morning right before lunch regarding the Mental Health First Aid training and FirstLinks connection. Here's some details that may help you out as you move forward on SB 2048.

The Department of Public Instruction (DPI) will be sponsoring a Youth Mental Health First Aid (YMHFA) Instructor Certificate Program from March 2-6, 2015 for 25 individuals (<http://www.dpi.state.nd.us/health/training/training.shtm>). Those who complete the YMHFA Instructor training will then be able to train school staff around the state in an 8-12 hour training. DPI has set aside funds for the YMHFA Instructor training and SB 2048 would provide funding to have these instructors train school staff around the state.

FirstLinks plans to have one or two individuals attend the Youth Mental Health First Aid Instructor Certification Program in March. FirstLinks has several individuals trained in Mental Health First Aid for adults and would like to expand their abilities to train by attending the Youth Mental Health First Aid for youth ages 12 - 17. The training you mention in your email where FirstLinks will be training in January, March and June is the Mental Health First Aid for adults.

I'd be happy to answer any other questions that come up or attend any committee work to provide more information and details on this.

Thanks,
Gail

Gail Schauer

Assistant Director

Dept of Public Instruction

Safe and Healthy Schools Unit

600 E. Boulevard Avenue Dept. 201

Bismarck, North Dakota 58505-0440

Ph: (701) 328-2265

Fax: (701) 328-0206

Email: gschauer@nd.gov



<http://www.dpi.state.nd.us>

SB2048

Reitan

02/03/15

Q# 23137

Attach#4

From: "Michael D. Reitan" <Michael.Reitan@westfargond.gov>
Date: February 3, 2015 at 9:22:47 PM CST
To: "Lee, Judy E." <jlee@nd.gov>
Subject: RE: law enforcement training for mental health services

Good evening

The funding through the HP is the logical choice as they already run the law enforcement training academy and conduct training in Bismarck and around the state. The HP also has conducted some grant programs where they act as the pass through for money going to special training programs or projects. They are law enforcement friendly as compared to some other state agencies where is a certain level of distrust held by officers. The AG has a training fund administered through BCI and the POST Board but putting this fund in BCI and POST may cloud the waters and cause people to ask why POST does use the money they currently have.

-----Original Message-----

From: Lee, Judy E. [<mailto:jlee@nd.gov>]
Sent: Tuesday, February 03, 2015 9:15 PM
To: Michael D. Reitan
Subject: law enforcement training for mental health services

Mike -

We are considering SB 2048 on Wednesday afternoon, and we have to get it out of committee in one more day. You mentioned a MN program that you thought was good. We need to determine whether to give \$\$ to the Highway Patrol to offer classes or do something different to train law enforcement around the state. The Mental Health First Aid Training program is excellent, but is an 8-hour program. By the way, FirstLink is offering the course, valued at \$750, for \$20 in 3 sessions, 2 remaining dates in February and March, in Fargo. A foundation is defraying the costs. It may be a good opportunity to train a trainer! Anyway, should we consider a fund to the HP or some other statewide entity to provide grants to law enforcement entities who apply for whatever class is most appropriate, in their view? Is there a better way to make this work for you and other departments?

Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
Phone: 701-282-6512
e-mail: jlee@nd.gov

Adult Mental Health Assessment Networks (AMHA)

SB 2048
02/03/15
J# 23137
Attach#5

The Issue

During the behavioral stakeholder and Ms. Schulte's study, two major concerns identified were the difficulty in getting access to mental health evaluation services or needing duplicate evaluations by various providers. The need that was identified was a more systematic, coordinated and collaborative approach to providing crisis response, screening, and various types of assessment services. It was recognized that there were numerous pieces of a "front door" or point of first contact for adults with mental health services. Many of these systems work well, but at times the consumer is asked to complete a full assessment numerous times; or a person is interviewed by one person on one day and then completes the same information on the next day at a second interview. It was extremely concerning to learn that psychiatric inpatient services were not available anywhere in the state on some days and in many areas are not available. There does not appear to be any systematic approach to addressing this issue.

The Concept

Because there are different behavioral health services available throughout the state, the establishment of *public/private collaborative partnerships* to build a seamless system of mental health assessments. First Link, Regional Intervention Services, emergency services at human service centers, private hospitals, jail assessment services, hospital diversion, crisis residential services and the proposed expanded crisis response services are all pieces of adult mental health assessment and emergency response system. Improving the coordination and collaboration between the various components of the current system could reduce the current confusion for consumers, the frustration for providers and reduce expensive duplication of assessment services.

The Structure

This AMHA structure would be based on one full time community based position in each region to facilitate the cross systems AMHA planning, to identify and track unmet mental health needs, and to facilitate the elimination of unnecessary duplication of assessment. Additional flexible funds to access assessments could be available in each region. In addition to the 8 regional partnerships, there is a need for a statewide structure to routinely monitor public funded assessment services and identify unmet needs and a mechanism to address them.

SB 2048
02/03/15
J# 23137
Attach#6

SB 2048

Addressing Student Mental Health Needs in ND Schools

Support Rationale:

School districts in North Dakota lack the resources to appropriately address mental health needs of students. It is important for school districts to have access to evidence based programs that provide the vehicle for developing relationships with community partners and families. By tapping into the resources and information available across the community, rather than limiting the scope to just the school system, districts are able to form a much clearer picture of the true state of events surrounding a student's mental health.

The intention is to create stronger, comprehensive approach to mental health including the components of education, prevention as well as crisis-intervention. In addition to the community partnerships, educational programming, the development of an early identification system of students at risk, and the capacity building of other key staff members, are the mechanisms intended to facilitate the shift from a reactive district to a proactive district. The bottom line for school districts is that in order to ensure school safety, they need to seek balance between prevention and crisis management by investing more time, energy and resources into their students' wellbeing. Students who are physically, emotionally and mentally healthy will be greater contributors to society, not just during their educational career, but throughout their lives.

School districts are also keenly aware that there is a need to ensure over time that access is not related to geography or school size since this is something that impacts all schools and all students. Because of this need, we're offering a concept that could potentially strengthen this bill through an innovation pilot program to assure a successful full scale roll-out

School Based Objectives (Amendment option):

Implement an evidence-based model that will:

Provide educational programming to students

Provide professional development/capacity-building to staff

Establish protocols and relationships with community care providers to facilitate acquisition of timely and appropriate interventions and treatment

Provide early intervention, assessment and referrals to support students before crises occur, including referrals and persistent facilitation with mental health care providers

Provide intervention, support and follow-through for students and families

Deliver statewide professional development to school district staff regarding mental health issues; including Mental Health First Aid.

Create a network that meets quarterly to discuss scope of project, share best practices, outcomes, and program evaluation.

Collect data to determine the success and efficacy of the program to determine if it can reasonably be replicated.

Develop and refine a shared services model that can be replicated and scaled-up in both rural and urban school districts throughout North Dakota.

Strategy:

Entities that would be eligible to apply for funding include school districts as well as Regional Education Associations, however, preference should be given when collaboration with multiple districts is demonstrated. It is important to address the varied needs of school districts based upon location to urban centers as well as student enrollment numbers while considering organizational capacity and relationship to the identified population in need of services. Based upon these considerations the proposed funding model is outlined below;

Total funding of \$3,000,000 distributed as follows;

4+ Rural Districts (less than 1000 student enrollment)	\$250,000 max award	\$1,000,000
total		
1 Urban District (more than 1000 student enrollment)		\$1,000,000
total		
2 Regional Education Associations		\$1,000,000
total		

In this way, innovation can be employed to ensure success in all districts over time.

Potential Options for Funding (For Discussion Only):

Designate \$3,000,000 of the \$6,000,000 outlined in Section 1 of SB 2048 for establishing an adult and youth mental health assessment network to establish pilot programs.

Or

Designate an additional \$3,000,000 to Section 3 of SB 2048 to establish pilot programs.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2048

SB2048
02/09/15

Maggie
Anderson

Attach 1
J# 23452

Page 1, line 5, after the second hyphen insert "YOUTH"

Page 1, line 7, replace "\$6,000,000" with "\$1,500,000"

Page 1, line 8, delete "for the purpose of establishing"

Page 1, line 9, replace "an adult and" with "to begin to develop a"

Page 1, line 9, replace "biennium" with "period"

Page 1, line 9, replace "2015" with "2016"

Page 1, line 10, after "2017" insert ". The department of human services shall develop requirements for a youth mental health assessment network and shall ensure that entities accepting funding as part of the youth mental health assessment network developed under this section, report process and outcome measures"

Page 1, line 18, after "measures" insert ". The requirements of chapter 54-44.4 do not apply to the selection of a grantee, the grant award, or payments made under this section"

Page 1, after line 18, insert:

"SECTION 3. APPROPRIATION – DEPARTMENT OF HUMAN SERVICES – BEHAVIORAL HEALTH FTE. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$166,092, or so much of the sum as may be necessary, to the department of human services for the purpose of hiring one full-time equivalent employee to facilitate the behavioral health activities required of the department of human services found in Senate Bills No. 2045 and 2046, and sections 1 and 2 of this Act, for the biennium beginning July 1, 2015, and ending June 30, 2017."

Page 1, line 23, replace "child care providers" with "noncertified school staff"

Page 1, after line 24, insert:

"SECTION 5. LEGISLATIVE MANAGEMENT STUDY – ADULT MENTAL HEALTH ASSESSMENT NETWORK. During the 2015-16 interim, the legislative management shall consider studying mental health assessment network for adults. The study must identify the populations that may benefit from an adult mental health assessment network, the challenges and any deficiencies that may exist, identify alternative assessment delivery frameworks, and provide details of how assessment networks may be integrated into the existing mental health delivery system. The legislative management shall report its findings and recommendations, along with any legislative required to implement the recommendations, to the sixty-fifth legislative assembly."

Renumber accordingly

15.0277.01002
Title.

Prepared by the Legislative Council staff for
Senator J. Lee

February 9, 2015

Attach #2
SB 2048
02/09/15
J# 23452

PROPOSED AMENDMENTS TO SENATE BILL NO. 2048

Page 1, line 3, replace "child care provider" with "other school staff"

Page 1, line 21, replace "\$50,000" with "\$250,000"

Page 1, line 22, after "providing" insert "grants to regional education associations for"

Page 1, line 23, replace "child care providers" with "other school staff"

Page 1, line 24, after the period insert "The department shall establish guidelines to qualify for a grant under this section which must include a matching requirement one dollar of matching funds for every one dollar of grant funds. Schools which do not belong to a regional education association may apply to a regional education association for grant funding, but must supply the required matching funds to the association."

Renumber accordingly

NDLA, S HMS - Mueller, Don

SB2048
Attach#3
SB2048
J# 23452

From: Lee, Judy E.
Thursday, January 15, 2015 10:44 AM
To: NDLA, S HMS - Mueller, Don
Subject: FW: Question on Mental Health and Student Data

You might include this in your records, since Ms. Schauer sent it to all of us.

Senator Judy Lee
1822 Brentwood Court
West Fargo, ND 58078
home phone: 701-282-6512
e-mail: jlee@nd.gov

From: Schauer, Gail G.
Sent: Thursday, January 15, 2015 8:19 AM
To: Lee, Judy E.; Larsen, Oley L.; Anderson, Jr., Howard C.; Axness, Tyler; Dever, Dick D.; Warner, John M.
Subject: Question on Mental Health and Student Data

Senator Lee, Senator Larsen and member of the Human Service Committee,

Thank you for listen to my testimony yesterday and postponing your lunch to do it. Because of the late hour, I was thankful you all agreed that any questions would be direct to me and/or my department at a later time. Please feel free to contact me and/or my department with any questions that may come up.

In relation to data on mental health issues for students, Senator Larsen did ask a question about PowerSchool and if schools could input information about students. I knew there were many things to consider when determining this so I wanted to visit with someone who knew more before answer. Here's what I learned:

The content of PowerSchool is controlled by the districts. Each district can load what they feel is necessary to run their school. The district has data submission requirements (i.e., DPI, Office of Civil Rights). It is advantageous for the district to include that data in PowerSchool to make their reporting easier (but not required). EduTech maintains PowerSchool, so a discussion with them would be needed for any modifications in order to the necessary fields. Some program information (like title, free/reduced, ELL, etc) is tied to the student level and some information is tied to the enrollment level.

There would also need to be security considerations. Who can see it, who can modify it, etc. There would also need to be some type of parental consent. HIPPA vs FERPA would need to be considered and discussed. Once a record is included in an education record it falls under FERPA. Immunization records is an example.

Record keeping is also a consideration. Districts would need to consider who would load the data into PowerSchool. There are problems with the immunization data because the school may not have a qualified person who understands the different codes to accurately load the data into PowerSchool.

With these thought in mind, moving forward with any type of mental health inputting would need careful, thoughtful consideration.

Respectfully,

Gail Schauer

Gail Schauer

Assistant Director

Dept of Public Instruction

Safe and Healthy Schools Unit

600 E. Boulevard Avenue Dept. 201

Bismarck, North Dakota 58505-0440

Ph: (701) 328-2265

Fax: (701) 328-0206

Email: gschauer@nd.gov



<http://www.dpi.state.nd.us>

SB 2048
2-17-15
#1

TESTIMONY ON SB 2048

Senate Appropriations Committee

February 17, 2015

Gail Schauer, Assistant Director of Safe and Healthy Schools

328.2265 gschauer@nd.gov

Department of Public Instruction

Chairman Holmberg and members of the Senate Appropriations Committee – I am Gail Schauer, Assistant Director of Safe and Healthy Schools for the Department of Public Instruction (DPI). On behalf of the Department, I am here to provide testimony for SB 2048 which includes a section to provide an appropriation to DPI for the purpose of providing mental health first-aid training for all school staff.

Up to 20% of children experience a mental disorder in any given year (Centers for Disease Control and Prevention, 2005-2011). Fifty percent of lifetime mental illness begins by age 14 (National Alliance on Mental Illness, 2014). The *Youth Mental Health First Aid* training teaches potential warning signs, risk factors, assessability for screening, procedure for referral and classroom re-entry. Early identification and services are critical. Treatment can reduce, delay, and may even illuminate the problem. Since schools are where children spend most of each day, providing schools staff with training makes sense. This aligns with the *Adult Mental Health First Aid* that the Department of Human Services will use as a training tool.

The original budget submitted was for \$990,000 and can be found on the back page. With this appropriation, every school staff in North Dakota can be trained in *Youth Mental Health First Aid*, reaching 18,000 school staff and 115,000 children. The budget was reduced by Senate Human Services to \$250,000 and included an amendment requiring a dollar for dollar match from regional

education agencies (REAs). By working in partnership with REA's, our minimum budget would be \$495,000 and we therefore ask your consideration to increase funding from \$250,000 to \$495,000 so we can reach all school staff within the 2015-2017 biennium.

The Department strongly supports the mental health initiative and will be training a cadre of trainers in the *Youth Mental Health First Aid* program. This course will train and certify trainers who will then train their school staff as well as neighboring schools. The funding through SB 2048 will allow us to roll out this program.

Our children are our future and they deserve a school and community environment that nurtures emotional wellness. Thank you for your time and support for SB 2048. I would be happy to answer any questions you have.

Estimated Budget for SB 2048

Goal:

Provide all North Dakota educators with *Youth Mental Health First Aid* training (one day) during the 2015-2017 biennium.

Number of certified and non-certified staff:	18,000
Number of participants allowed in YMHFA training:	1 trainer per 30 staff
Number of trainings required:	600
Materials* (YMHFA required manuals @\$20/each):	\$360,000.
Shipping and handling:	\$20,000.
Trainer sub reimbursement @ \$100/day x 600:	\$60,000.
Trainer stipends @ \$200/day x 600:	\$120,000.
Trainer expenses (estimated):	\$87,000.
DPI resources:	
Temp staff/contract (scheduling)	\$90,000.
DPI and trainer cadre PD	\$173,000.
Program evaluation:	<u>\$80,000.</u>
TOTAL	\$990,000.

SB 2048
2-17-15
#2

SB 2048 – Testimony in Support - Senate Appropriations 2/17/2014

Addressing Student Mental Health Needs in ND Schools

Support Rationale:

School districts in North Dakota lack the resources to appropriately address mental health needs of students. It is important for school districts to have access to evidence based programs that provide the vehicle for developing relationships with community partners and families. By tapping into the resources and information available across the community, rather than limiting the scope to just the school system, districts are able to form a much clearer picture of the true state of events surrounding a student's mental health.

The intention is to create stronger, comprehensive approach to mental health including the components of education, prevention as well as crisis-intervention. In addition to the community partnerships, educational programming, the development of an early identification system of students at risk, and the capacity building of other key staff members, are the mechanisms intended to facilitate the shift from a reactive district to a proactive district. The bottom line for school districts is that in order to ensure school safety, they need to seek balance between prevention and crisis management by investing more time, energy and resources into their students' wellbeing. Students who are physically, emotionally and mentally healthy will be greater contributors to society, not just during their educational career, but throughout their lives.

School districts are also keenly aware that there is a need to ensure over time that access is not related to geography or school size since this is something that impacts all schools and all students. Because of this need, we offer the following amendment (shared also with the Human Services Committee) that strengthens the specificity of this bill through a firm definition of a youth mental health assessment network. This would provide an innovation pilot program to develop and problem solve the numerous variables that impact a school district's ability to successfully implement these programs. If successful, these pilots could help to develop systemic processes that could be mirrored in other school districts across North Dakota.

School Based Objectives – Innovation Grants (Provided in amendment):

- Implement an evidence-based model that will provide the development of a scale up plan to:
- Provide educational programming to students
- Provide professional development/capacity-building to staff
- Establish protocols and relationships with community care providers to facilitate acquisition of timely and appropriate interventions and treatment

2.1

- Provide early intervention, assessment and referrals to support students before crises occur, including referrals and persistent facilitation with mental health care providers
- Provide intervention, support and follow-through for students and families
- Deliver statewide professional development to school district staff regarding mental health issues; including Mental Health First Aid.
- Create a network that meets quarterly to discuss scope of project, share best practices, outcomes, and program evaluation.
- Collect data to determine the success and efficacy of the program to determine if it can reasonably be replicated.
- Develop and refine a shared services model that can be replicated and scaled-up in both rural and urban school districts throughout North Dakota.

We ask you to support SB 2048 and to adopt the amendment to target a portion of the overall bill toward school based innovation grants.

SB 2048

2-17-15

#3

**Proposed Amendment to Senate Bill 2048
Provided By NDASA Legislative Focus Group Student Subcommittee**

SECTION 1. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - MENTAL

HEALTH ASSESSMENT NETWORK. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$6,000,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing an adult and youth mental health assessment network with a partner pilot program utilizing one half of the \$6,000,000 appropriation for the biennium beginning July 1, 2015, and ending June 30, 2017.

Add new section:

SECTION 4. APPROPRIATION – DEPARTMENT OF PUBLIC INSTRUCTION – GRANT

BASED PILOT PROGRAM – There is appropriated out of any moneys in the general fund in the state treasury not otherwise appropriated, the sum of \$3,000,000 or so much of the sum as may be needed to provide the establishment of an innovation pilot program for K-12 Schools. Innovation grant program includes the following entities: rural and urban school districts as well as Regional Education Associations - preference shall be given when collaboration with multiple districts is demonstrated.

Total funding of \$3,000,000 distributed as follows;

<u>Minimum of 4 Rural Districts (less than 1000 student enrollment)</u>	<u>(\$1,000,000)</u>
<u>1 Urban District (more than 1000 student enrollment)</u>	<u>(\$1,000,000)</u>
<u>2 Regional Educational Associations (REA)</u>	<u>(\$1,000,000)</u>

SB 2048

2-17-15

4

Senate Appropriations Committee

February 17, 2015

Senate Bill 2048

Kim Jacobson, Director – Traill County Social Services

Chairman Holmberg and members of the Senate Appropriations Committee, for the record my name is Kim Jacobson. I am the Director of Traill County Social Services located in Hillsboro, North Dakota. I am also a member of the North Dakota County Director's Association. My testimony is in support of Senate Bill 2048.

Upon entering foster care, foster children are legally in the care, custody and control of the County Director of the local county social service agency. Being custodian, our role is basically to act as the child's parent by coordinating placement, education, medical care, child care, treatment, and related services for the child. Additionally our role is to work with the family by developing a family service plan and nurturing steps towards reunification.

In North Dakota, caring for children with significant mental health and behavioral needs is very challenging. These children often experience multiple placements meaning different foster homes/facilities, different schools, different mental health and medical providers, and costly prolonged stays in foster care.

As a county agency, it is very challenging to locate placements for complex children. Frequently, we are plagued with long waiting lists, slow response times on referrals, and the need to exhaust all North Dakota placements before considering out-of-state options. Prolonged waiting certainly impacts our agency, budgets, and the child's family. However, more importantly, prolonged waiting negatively impacts the child entrusted into our care.

In 2014 Traill County had two foster children that were especially difficult to place. These two foster children both had experienced multiple North Dakota placements and were placed in separate North Dakota residential institutions. On each occurrence, Traill County

received notification that the child had to leave the facility immediately. Each child was hospitalized in a psychiatric unit and mental health physicians indicated that each child was mentally and behaviorally stable to return to their placement. However, with both instances, the prior placement facility refused to allow the child to return for further care, even for a few days, for appropriate planning and transitioning.

We were fortunate enough to find a shelter care placement with Youthworks. However, this type of placement is simply shelter. We were very grateful as there were absolutely no other options. However, during this time everything waited. School was on hold, treatment was on hold, family therapy was on hold, etc. One child (age 14) waited 23 days for facilities to consider him and for an out-of-state placement to accept him. The other child (age 15) waited 16 days and was eventually placed into a North Dakota facility.

The child placed in the out-of-state placement was able to be placed at a Montana facility within several days of referral. In both cases, the bulk of the waiting time was due to the time the North Dakota facilities took to review the cases and determine if they could accept the child. Additionally, under our current reimbursement structure this type of shelter service (Youthworks) is not eligible for any type of reimbursement. Therefore, Traill County incurred nearly \$11,000 (all county funds) to have these children held and waiting for service.

I would love to say these are isolated stories. However, this was not the first time Traill County has incurred such challenges. Additionally, I frequently hear from my county director colleagues similar stories, frustrations, and needs.

Senate Bill 2048 would provide for a youth mental health assessment network. This type of system would develop systems, supports, and discharge planning protocol to help meet the special needs that complex children present. This type of system would have been ideal in dealing with the challenges Traill County incurred in meeting the needs of these two custodial

children. An assessment network would be charged with finding solutions, eliminating barriers and finding supports to address a child's basic needs, treatment, education, and placement. Additionally, I strongly believe that with the right supports, assessment, and collaboration both of the Traill County youth and actually the vast majority of youth we refer to out-of-state placements could have been successfully served in North Dakota and close to their families, friends, and schools.

Through the interim behavioral health study it was clearly highlighted that North Dakota has a lack of mental health services and programming. I urge you to support passage of Senate Bill 2048 as it begins to address the critical need for an assessment network in dealing with North Dakota's most vulnerable youth with complex mental health and behavioral needs.

Thank you for your consideration. I welcome questions from the committee.

Increase in Behavioral Health Services Contained in Various Bills

Prepared by the Department of Human Services - Through Committee and/or Floor Action as of February 13, 2015

Amounts reflected are the appropriation contained in each Bill; if fiscal note is different, the fiscal note amount is highlighted below.

	Department of Human Services		Department of Health		Department of Public Instruction		Highway Patrol		OMB/Bank of ND		State Board of Higher Education		Total	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
SB 2012-Department of Human Services														
Additional funding for extended services slots, prevocational skills slots, 10 bed crisis residential/transitional, 4 bed alternative care residential, IDDT programming, 10 bed residential addiction, 15 bed expansion for Tompkins Rehabilitation, trauma-informed system of care, ND Cares, and mobile crisis on-call services	6,001,660	276,588											6,001,660	276,588
Traumatic Brain Injury														
HB 1046 Relating to a traumatic brain injury regional resource facilitation, and expanded traumatic brain injury programming.	1,975,000 2,536,092 1,000,000 2,366,092		251,083										1,000,000	-
SB 2044 TBI Flex Fund Program	250,000 416,092												250,000	-
Workforce														
HB 1004 - Department of Health Provides for the Behavioral Health Professionals Loan Program appropriation			495,000										495,000	-
HB 1048 Board Licensing Requirements			108,000										-	-
HB 1049 Relating to loans and grants for certain behavioral health professionals	200,000								800,000		180,000		800,000	-
HB 1115 Relating to a state behavioral health professional loan repayment program													-	-
<i>The \$495,000 in the fiscal note for HB 1115 is already in the appropriation in HB 1004</i>														
SB 2162 Relating to loan repayment programs for social workers and addiction counselors; and to provide an appropriation.			360,000										360,000	-
Youth														
HB 1350 To provide for a shelter and assessment pilot project for at-risk youth; to provide an appropriation; and to provide for a report to the legislative management.	750,000 4,900												-	-
Substance Abuse Services														
SB 2045 Provides for a voucher system for addiction treatment services.	2,000,000 2,166,092												2,000,000	-
Mixed														
SB 2046 Medical assistance coverage for certain behavioral health services; DHS for substance abuse treatment services; Highway Patrol for law enforcement training	3,000,000 3,290,979 3,124,887 3,290,979	124,886 124,886						25,000 25,000					3,149,887	124,886
SB 2048 DHS for mental health assessment network, discharge planning protocols pilot, FTE, DPI training, mental health screening for children and studies.	6,175,000 6,341,092 1,841,092				50,000 990,000 250,000 990,000								2,091,092	-
Totals	15,167,639	401,474	855,000	-	250,000	-	25,000	-	800,000	-	180,000	-	16,147,639	401,474

HB 1280 provides for a study of the feasibility and desirability of reorganizing and restructuring the Department of Human Services. HCR 3005 provides for a study for the system of care for individuals with brain injury and SCR 4005 provides for a study for judicial issues related to behavioral health, including 24-hour hold, termination of parent rights, and court committals.

SB 2048
 2-17-15
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 H1

1
2-18-15

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2048

- Page 1, line 2, after "services" insert "and for substance abuse treatment services"
- Page 1, line 2, remove "to provide an appropriation to the department of public instruction for"
- Page 1, line 3, replace "teacher and noncertified school staff training" with "to provide for reports to the legislative management"
- Page 2, line 4, remove "found in Senate Bill Nos. 2045 and 2046, and sections 1 and 2 of this Act"
- Page 2, replace lines 6 through 15 with:

"SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - REPORTS TO THE LEGISLATIVE MANAGEMENT. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$2,000,000, or so much of the sum as may be necessary, to the department of human services for the purpose of addressing gaps in the state's substance abuse treatment system, including intervention, detoxification, and recovery services, for the biennium beginning July 1, 2015, and ending June 30, 2017. The department of human services shall ensure recipients of funding under this section collect and report process and outcome measures. Recipients of funding under this section shall implement research-based programs. The department of human services shall require recipients of funding under this section to develop sustainability plans and participate in training and technical assistance. The department of human services shall report to the legislative management on the use of these funds by July 1, 2016."

- Page 3, line 10, after "include" insert "consideration of developing a grant program for mental health first-aid training for teachers and noncertified school staff and"

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment adds an appropriation of \$2,000,000 for addressing gaps in the state's substance abuse treatment system, removes an appropriation of \$250,000 for providing grants to regional education associations for mental health first-aid training for teachers and noncertified school staff, and adds language to a legislative management study on behavioral health needs of youth and adults to include, as part of the study, consideration of developing a grant program for mental health first-aid training for teachers and noncertified school staff.

#1
SB2048
3-9-15

Testimony in support of
SB 2048

March 9, 2015

By Kathy Hogan, Rep. District 21

Chairman ~~Lee~~ ^{Weisz} and members of the ~~Senate~~ ^{House} Human Service Committee, my name is Kathy Hogan, I represent District 21 and I have been a member of the Behavioral Health Stakeholder group.

SB 2045 is one of eight bills that were generated through the Interim Human Services Committee to address a variety of issues creating a crisis in behavioral health services in ND. Ms. Schulte identified 6 major recommendations ND needs to address:

- Service Shortages
- Expand Workforce
- Insurance Coverage Changes needed
- Changes in DHS structure and responsibilities
- Improve Communication
- Data Collection and Research

This bill is occasionally referred to as the Omnibus Behavioral Health Bill because it has many different components.

Section 1 of the bill begins to address the serious shortage of behavioral health services for children and adolescents in North Dakota. As the Interim Committee, Ms. Schulte, and the Behavioral Stakeholders looked at current resources and unmet needs, it became clear that there are large holes in services ranging from early intervention, to all levels of treatment, as well as recovery supports for children with mental health issues.

The challenge was where to begin. Rather than recommend specific services, it was recommended that ND start by building assessment networks (using existing and new resources) to assure that we have accurate information on what real people actually need. Ideally these networks can work together to reduce

unnecessary duplication of assessments and improve the quality of referrals to appropriate providers and to identify these unmet needs. Following the interim committee's final meeting, the Children's Mental Health Work Group of the Behavioral Stakeholder group met several times and developed a Comprehensive Vision for a Continuum of Care that can be the framework for long-term values.

Section 2 of the bill recognizes the many concerns regarding coordination of services between public and private providers particularly at the time of discharge from inpatient services. It would establish a pilot project which would begin to address the many challenges facing adults with serious psychiatric disorders.

Section 3 Recognizes the need for additional DHS state level staff to begin to improve communication with all of the various stakeholders and establish routine data reporting standards for behavioral health, similar to the quarterly budget update that is completed for many of the other services offered through the department and to begin to unify a system of care. Currently, there are a variety of services offered in both public and private settings but the Interim study recognized that there is not consistency or transparency on resources availability and accessibility. It is hoped that this position will address these issues.

Section 4 of the bill, deals with a range of substance abuse issues. There are serious gaps in the continue of care for both adolescents and adults with substance abuse issues. This section provides funding to begin to address urgent needs ranging from early intervention, detoxification (now called withdrawal management) and recovery services.

Section 5 of the bill originally established 8 regional adult mental health assessment units similar to section one for children's mental health assessment networks. This section was changed to a study measure.

Section 6 Established a study of Mental Health screening services for pre-school children. Early identification and screening of emotional and behavioral health needs has been very effective in many states. There currently is on model project funded through a grant in Region five that has excellent outcome

measure. There is a statewide task force that has been looking at this issue. This study would allow us to look at the most effective way to implement a system of services statewide.

Section 7 Recognizes that fact that the challenges to building a stronger more accountable system of care will take several biennium. It recommends a continuation of the behavioral health study that was begun in the previous interim.

Originally, there was a section in this bill to establish a mental health education for school personnel through a program similar to Mental Health First Aide. The Senate researched the options but because of financial restraints, it was cut. It was an addition in the DPI. You may want to review that concept.

Others are here to address some of the needs of behavioral health services for both children and adults in North Dakota.

Thank you for your time. I am more than willing to answer any questions.

Comprehensive Collaborative System of Behavioral Health Care

A Vision for the Future

Children are North Dakota's most important resource. Currently many children in North Dakota face serious behavioral health challenges that are unmet. Those unmet needs result in children in juvenile court, children being placed out of home or state inappropriately and increased school drop out rates.

These challenges are best addressed through a community based family focused approach that begins with early identification of concerns, standardized screening and assessment, family and school based supports and a range of therapy, case management, training and support services that are available and accessible to address the unique needs of each child/family.

The process of developing a comprehensive behavioral health system for children will take strong state and local leadership, a commitment to collaboration across public and private organizations and four to six years to fully implement.

Key Principles:

Begin with the families and schools

- Train parents on behavioral and emotional health needs of children
- Train all teachers/child care in mental health first aid
- Expand counseling/mental health resources in the schools through funding for elementary school counselors and/or school based mental health professions.

Strengthen systems networking

- Strengthen local community collaboration between schools, providers (public and private), health care professionals, residential providers, child welfare, faith communities and juvenile court to assure that various partners use common tools, language and systems.

Establish clear definitions and data systems for services and to identify unmet needs

- Use evidence based practices across systems if feasible
- Reduce duplications in assessments/simplify referral process
- Strengthen cross systems movement of child from medical, schools, residential
- Increase child centered/family focused model at every level of care.

Expand service availability based on data

- Increase the availability of case management services for behavioral health issues
- Increase access to less restrictive therapeutic treatment options such as in-home care services, respite. Intensive in-home therapy and targeted transitional services and school based day treatment
- Increased social support systems such as peer support, family support and mentoring like Big Brother Big Sister
- Increase access to specialized services such as child psychiatric services through telemedicine.
- Expand targeted residential services to reduce out of state placements.

IT IS EXTREMELY EXPENSIVE TO DO NOTHING

**Testimony SB 2048
House Human Services Committee
Representative Robin Weisz, Chair
March 9, 2015**

#2
SB 2048
3-9-15

Chairman Weisz, members of the House Human Services Committee, I am Nancy McKenzie, Executive Director of PATH ND. As a provider of behavioral health services for children and families, PATH has been an active participant in the behavioral health stakeholders work groups these past several months.

I am here today to testify on behalf of the Children's Mental Health workgroup in support of SB 2048. This workgroup was comprised of a diverse group of statewide providers, experienced professionals representing the full range of services from schools, in-home and outpatient therapy, to residential and inpatient care. Our work was the result of the Schulte report to the Interim Human Services Committee as well as the work of the initial behavioral health stakeholders group.

Building a Vision to Address the Behavioral Health Needs of Children in North Dakota

Currently, many children face serious behavioral health challenges that are unmet. When assessment and treatment services are provided, they are too often fragmented and duplicative. This is not because providers aren't skilled and well-intended, but because the current system structure hasn't succeeded in operating as an integrated and comprehensive system of care.

Youth move between providers and levels of care where, too often, assessment is repeated, new treatment plans are developed, and new parties are involved in the decision-making. We're all aware of the out-of-state placement of a number of ND youth because of the inability to meet their needs at this time. We would all agree that these are not the

preferred practices for children who already experience emotional and behavioral difficulties complicated by loss, trauma, and stress.

We believe that these needs are best met through a community-based and family-focused approach that includes:

- **Early identification of concerns**
- **Standardized screening and assessment**
- **Development of family- and school-based supports to address the unique needs**

A process to develop a comprehensive behavioral health system of care will require strong state and local leadership and a commitment to collaboration across public and private organizations.

The key principles of this vision are:

- **Strengthen systems networking**
 - **Stronger local collaboration between schools, service providers, healthcare practitioners, residential providers, child welfare and juvenile court for common tools, language and systems**
- **Establish clearer definitions and data systems**
 - **Use evidence-based practices across systems where feasible**
 - **Reduce assessment duplication and simplify the referral process**
 - **Strengthen cross-system movement of child from medical, schools and residential services**
 - **Increase child-centered/family focused model at every level of care**

- **Expand service delivery based on data**
 - **Increase availability of case management for behavioral health issues**
 - **Increase access to less restrictive therapeutic treatment options such as in-home care services, respite, etc.**
 - **Increase access to specialized services such as child psychiatry through telemedicine**
 - **Expand targeted residential services to reduce out of state placements**

Key Elements in SB 2048

We believe that SB 2048, which provides for the establishment of a youth mental health assessment network, a pilot project for discharge planning protocols, mental health first-aid training for teachers and child care providers, and further ongoing study of behavioral health needs of youth and adults in North Dakota, is a very strong step in working toward the vision described. We recognize that this will be an ongoing process, and the effort funded in this bill will lay a strong foundation.

Let me share with you the struggle faced by one youth, which exemplifies the key issues we are talking about. He was placed in foster care due to substance abuse issues resulting in his mother not being able to adequately parent her children. He subsequently lost, through death, a grandfather to whom he was extremely close. Following that, a male cousin he was attached to died of suicide. We can all no doubt see and understand the loss and trauma he suffered. Ultimately, he spent time in two different psychiatric hospitals, as well as two different psychiatric residential treatment facilities. In each of those settings, there were various intake assessments and evaluations undertaken, and treatment plans developed, with a great deal of resources applied to those efforts. Recent events, which included theft

of an item from a convenience store and a subsequent attempt to overdose, leave him again vulnerable for a change in living settings and providers due to concerns with whether they can adequately meet his needs. It is not an unrealistic leap to think that he could end up being served in the youth correctional system: another change, another new setting, another set of providers.

This is just one situation; we all can probably identify more. This is not to say that some youth aren't able to be served in one setting and have less disrupted courses of treatment; of course they are. Given our concern, though, about those with serious behavioral health issues, this type of situation leaves one wondering how the outcome might have differed if his assessment and care planning were more coordinated across systems, if there were family-based supports following him through that care, and if the treatment plan and support people followed him rather than changing at each crossroads.

North Dakota has strong providers who have already been working together to explore how to better partner to create more integrated care. Assessment drives determination of the right care at the right time in the right location, and helps us determine true capacity needs for the future. This bill includes funding for these improvements. Improvements are not without cost; however, not supporting change is also expensive.

That is the vision of the children's mental health workgroup. That is why this bill is so important. There is a strong, active and engaged group of stakeholders that will continue their involvement in the change process going forward. Thank you for the opportunity to speak on behalf of that stakeholders group today.

That concludes my testimony; I'd be happy to answer any questions you may have.

#3
SB 2048
3-9-15

TESTIMONY ON SB 2048

House Human Services Committee

March 9, 2015

Gail Schauer, Assistant Director of Safe and Healthy Schools

328.2265

Department of Public Instruction

Chairman Weisz and members of the Human Services Committee – I am Gail Schauer, Assistant Director of Safe and Healthy Schools for the Department of Public Instruction (DPI). On behalf of the Department, I am here to provide supportive testimony for SB 2048 which originally included a section to provide an appropriation to DPI for the purpose of providing mental health first-aid training for all school staff.

SB 2048 refers to improving behavioral health services. The words ‘behavioral health’ and ‘mental health’ are often used interchangeably. Mental health includes our emotional, psychological, and social well-being. Mental health can affect daily life, relationships, and physical health. Behavioral health is used to describe the connection between behaviors and the well-being of the spirit, mind, and body. These behaviors are usually symptoms of other issues. In my testimony when I refer to mental health, it will also mean behavioral health.

The DPI’s vision is that we, as an education agency, will foster the social, emotional, and academic well-being of our youth. Supports need to be put in place for children where they congregate – in the schools. Once these supports are in place, underlying causes of misbehavior, such as childhood trauma, substance abuse, and mental health issues can be addressed. Emotions affect learning and if children do not deal with these emotions in the right ways, learning can be derailed. There is a continued stigma around the topic and words “mental health” that lead

people to ignore warning signs and symptoms, to not seek help, thus, perpetuating problems, even influencing those beliefs and stigmas in other family members, especially children.

Through data, we know our children are struggling with mental health issues. The North Dakota Youth Risk Behavior Survey and the North Dakota Suspension/Expulsion/Truancy rates provide a review of our youth's at-risk behaviors. In addition, over the past year the North Dakota Human Services Interim Committee analyzed the needs of youth and adults in our state and Schulte Consulting, LLC provided a report called Behavioral Health Planning (July 22, 2014). The data and the interim committee's conclusions show a clear need for mental health awareness and services in North Dakota.

National data and information also demonstrates a need.

- In any given year about 1 out of 5 children, ages 12-17, experience a mental disorder. (Centers for Disease Control and Prevention, 2005-2011)
- Fifty percent of those with a lifetime mental illness show signs and symptoms by age 14. (National Alliance on Mental Illness, 2014).
- Of those youth with mental illness, only about half get the treatment they need. (National Alliance on Mental Illness, 2014)
- Treatment is effective. (Mental Health: A report of the Surgeon General, 1999)
- About half of those ages 14 or older with mental illness drop out of high school (National Alliance on Mental Illness, 2014)
- The cost of mental disorders among persons under the age of 24 was estimated at \$247 billion annually (Centers for Disease Control and Prevention, 2005-2011)

Early identification and services are critical. Treatment has been shown to reduce, delay, and even illuminate the problem. Since schools are where children spend most of each day, providing schools staff with training makes sense.

The Department of Public Instruction (DPI) is requesting funds to provide Youth Mental Health First Aid (YMHFA) training to all school staff across the state. The YMHFA focuses on adults that interact with youth ages 12 – 18 who may be at-risk for mental health issues. This aligns to the Mental Health First Aid coordinated by North Dakota Human Service Department which focuses on adults who interact with adults at-risk for mental health issues.

The training includes learning about potential warning signs, risk factors, assessability for screening, procedure for referral and classroom re-entry. There is a five-step action plan to help an individual in crisis connect to professional care and resources are provided to help someone with a mental health problem. This initiative will pave the way for awareness and strategies to ultimately achieve emotional wellness in our children, schools, communities and state.

Last week the DPI Safe and Healthy Schools unit trained a cadre of trainers in a nationally researched-based program called Youth Mental Health First Aid. These trainers are now ready to provide the course in their schools and neighboring schools. The DPI has allocated funds for this phase I of the initiative. The funding through SB 2048 will allow us to complete the initiative and train school staff across the state. This is an aggressive approach but schools cannot wait.

SB 2048 original request was for \$990,000 to train 18,000 educators over the next two years in Youth Mental Health First Aid. Subsequent testimony supported a lesser amount of \$495,000 in collaboration with the REA's who could provide matching funds; further cuts were made by the Senate Human Services Committee to \$250,000; these funds were then eliminated by the Senate Appropriation Committee. The DPI respectfully requests reinstatement of \$495,000 into SB 2048 to allow us to continue training school staff over the next two years.

By providing awareness and knowledge to school staff, children with mental health issues are more likely to be referred, identified early and provided services. Our children are our future and they deserve a school and community environment that nurtures emotional wellness. Thank you for your time and support for SB 2048. I would be happy to answer any questions you have.

Estimated Budget for SB 2048

Goal:

Provide all North Dakota educators with *Youth Mental Health First Aid* training (one day) during the 2015-2017 biennium.

Number of certified and non-certified staff:	18,000
Number of participants allowed in YMHFA training:	1 trainer per 30 staff
Number of trainings required:	600
Materials* (YMHFA required manuals @\$20/each):	\$360,000.
Shipping and handling:	\$20,000.
Trainer sub reimbursement @ \$100/day x 600:	\$60,000.
Trainer stipends @ \$200/day x 600:	\$120,000.
Trainer expenses (estimated):	\$87,000.
DPI resources:	
Temp staff/contract (scheduling)	\$90,000.
DPI and trainer cadre PD	\$173,000.
Program evaluation:	<u>\$80,000.</u>
TOTAL	\$990,000.

Note: If a dollar for dollar match were required from REAs, the total budget required would be \$495,000.

Addressing Student Mental Health Needs in ND Schools

Support Rationale:

School districts in North Dakota lack the resources to appropriately address mental health needs of students. It is important for school districts to have access to evidence based programs that provide the vehicle for developing relationships with community partners and families. By tapping into the resources and information available across the community, rather than limiting the scope to just the school system, districts are able to form a much clearer picture of the true state of events surrounding a student's mental health.

The intention is to create a stronger, comprehensive approach to mental health including the components of education, prevention as well as crisis-intervention. In addition to the community partnerships, educational programming, the development of an early identification system of students at risk, and the capacity building of other key staff members, are the mechanisms intended to facilitate the shift from a reactive district to a proactive district. The bottom line for school districts is that in order to ensure school safety, they need to seek balance between prevention and crisis management by investing more time, energy and resources into their students' wellbeing. Students who are physically, emotionally and mentally healthy will be greater contributors to society, not just during their educational career, but throughout their lives.

School districts are also keenly aware that there is a need to ensure over time that access is not related to geography or school size since this is something that impacts all schools and all students. Because of this need, we offer the following amendment (shared also with the Senate Human Services Committee) that strengthens the specificity of this bill through a firm definition of a youth mental health assessment network. This would provide an innovation pilot program to develop and problem solve the numerous variables, such as geography, school size, and resources, that impact a school district's ability to successfully implement these programs. If successful, these pilots could help to develop systemic processes that could be mirrored in other school districts across North Dakota.

In the Senate Human Services Committee, NDCEL proposed that \$3,000,000 of the original \$6,000,000 be targeted for these types of innovation grants over both years of the biennium. The present version of the bill provides for \$1.5 million in the second year of the biennium. Replacing the original funding for this bill would allow for the robust Mental Health Network that is needed. Further, providing clarification on the use of the Health Assessment Network funding, such as the amendment proposed before the Senate Human Services Committee, would ensure the purpose of the Network is carried out

appropriately and efficiently. Though the Mental Health First Aid funding was removed in Senate Appropriations, we believe that REA's, if the Health Assessment Network is funded at the full \$3,000,000, would have the capacity to provide statewide training after implementation of the grant as intended in the first iteration of the bill.

School Based Objectives – Innovation Grants (Provided in amendment):

- Implement an evidence-based model that will provide the development of a scale up plan to:
 - Provide educational programming to students
 - Provide professional development/capacity-building to staff
 - Establish protocols and relationships with community care providers to facilitate acquisition of timely and appropriate interventions and treatment
 - Provide early intervention, assessment and referrals to support students before crises occur, including referrals and persistent facilitation with mental health care providers
 - Provide intervention, support and follow-through for students and families
 - Deliver statewide professional development to school district staff regarding mental health issues; including Mental Health First Aid.
- Create a network that meets quarterly to discuss scope of project, share best practices, outcomes, and program evaluation.
- Collect data to determine the success and efficacy of the program to determine if it can reasonably be replicated.
- Develop and refine a shared services model that can be replicated and scaled-up in both rural and urban school districts throughout North Dakota.

We ask you to support SB 2048 and to consider the amendment to target a portion of the overall bill toward school based innovation grants.

Proposed Amendment to Senate Bill 2048
Provided By NDASA Legislative Focus Group Student Subcommittee

SECTION 1. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - MENTAL

HEALTH ASSESSMENT NETWORK. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$3,000,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing an adult and youth mental health assessment network with a partner innovation grant pilot program beginning July 1, 2015, and ending June 30, 2017. The department of human services shall develop requirements for a youth mental health assessment network and shall ensure that entities accepting funding as part of the youth mental health assessment network developed under this section report process and outcome measures.

Innovation grant program for K-12 school districts includes the following entities: rural and urban school districts as well as Regional Education Associations - preference shall be given when collaboration with multiple districts is demonstrated.

Total funding of \$3,000,000 distributed as follows:

<u>Minimum of 4 Rural Districts (less than 1000 student enrollment)</u>	<u>(\$1,000,000)</u>
<u>1 Urban District (more than 1000 student enrollment)</u>	<u>(\$1,000,000)</u>
<u>2 Regional Educational Associations (REA)</u>	<u>(\$1,000,000)</u>

House Human Services
March 9, 2015
SB 2048
Testimony by Denise Harvey
Protection and Advocacy Project

#5
SB 2048
3-9-15

The Protection & Advocacy Project (P&A) supports the request for funding for the department of human services to 1) Develop a youth mental health assessment network. 2) To develop discharge planning protocols through a pilot project. 3) To hire a behavioral health FTE. 4) To provide training for mental health first aid training for teachers and noncertified school staff. 5) To consider studying mental health assessment network for adults. 6) To consider studying mental health screening and assessment programs for children. 7) To consider studying behavioral health needs of youth and adults and access, availability, and delivery of services.

P&A recognizes the need for funding for further development of a system for mental health assessments for children, youth, and adults. P&A supports the use of mental health first aid training for educational staff. P&A supports studying of behavioral health needs of youth and adults and access, availability, and delivery of services. In follow-up to the Schulte report, there are critical needs and shortages of services across the state related to behavioral health needs. The increase in the population of the state is adding to these needs. There are significant gaps in services in areas including the Western part of the state, with a lack of a continuum of care for individuals with behavioral health needs. Efforts to address behavioral health care needs through this bill are appreciated.

#6
SB 2018
3-9-15

WITHDRAWAL MANAGEMENT NORTH DAKOTA, REGION 7

Discovery Process



north dakota
department of
human services

BACKGROUND

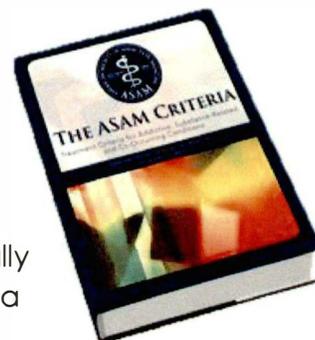
In the new 2013 edition of the American Society of Addiction Medicine (ASAM) Criteria, there have been improvements in Dimension 1, now titled "Acute Intoxication and/or Withdrawal Potential". The name of the "detoxification" service has been changed to "withdrawal management" because the liver detoxifies alcohol and other drugs, but clinicians manage withdrawal. The five levels of withdrawal management are now renamed as follows:

- Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring
- Level 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring
- Level 3.2-WM: Clinically-Managed Residential Withdrawal Management
- Level 3.7-WM: Medically-Monitored Inpatient Withdrawal Management
- Level 4-WM: Medically-Managed Intensive Inpatient Withdrawal Management

The ASAM Criteria describes various levels of care for withdrawal management for adults as if these services were offered separately from the services a patient may need to manage their addiction (substance use disorder). In many cases, services for withdrawal management and services for addiction management are offered concurrently, by the same staff, in the same treatment setting, in an integrated manner. But in making decisions about the clinical necessity of offering specific interventions to address intoxication or withdrawal, The ASAM Criteria "unbundles" services (at least conceptually) and examines the features of a patient's clinical presentation which may indicate specific interventions for "detoxification" – now termed "withdrawal management"

The widely used general term of "detoxification" can involve management of intoxication episodes and withdrawal episodes. Adults, at various points in time, may be in need of intoxication management and may be in need of withdrawal management, in addition to management of their substance use disorder. Adolescents are more frequently in need of management for intoxication episodes than management for withdrawal symptoms.

When a person's substance use disorder has progressed to the point that physical dependence has developed, withdrawal management becomes the first (but not the sole) priority in treatment planning. The onset of a physical withdrawal syndrome, uncomfortable and potentially dangerous, arguably provides an unparalleled opportunity to engage a patient in what will hopefully be sustained recovery.



The clinical implication of the change to "withdrawal management" is that a patient is often admitted to a Level 3.7-Withdrawal Management (WM) or 4-WM at \$600-800/day for a few days to prevent withdrawal seizures and then is discharged. Within a week a person may start using substances again, which is seen as noncompliance because they have already been detoxified. However, they were actually treated for a few days to prevent

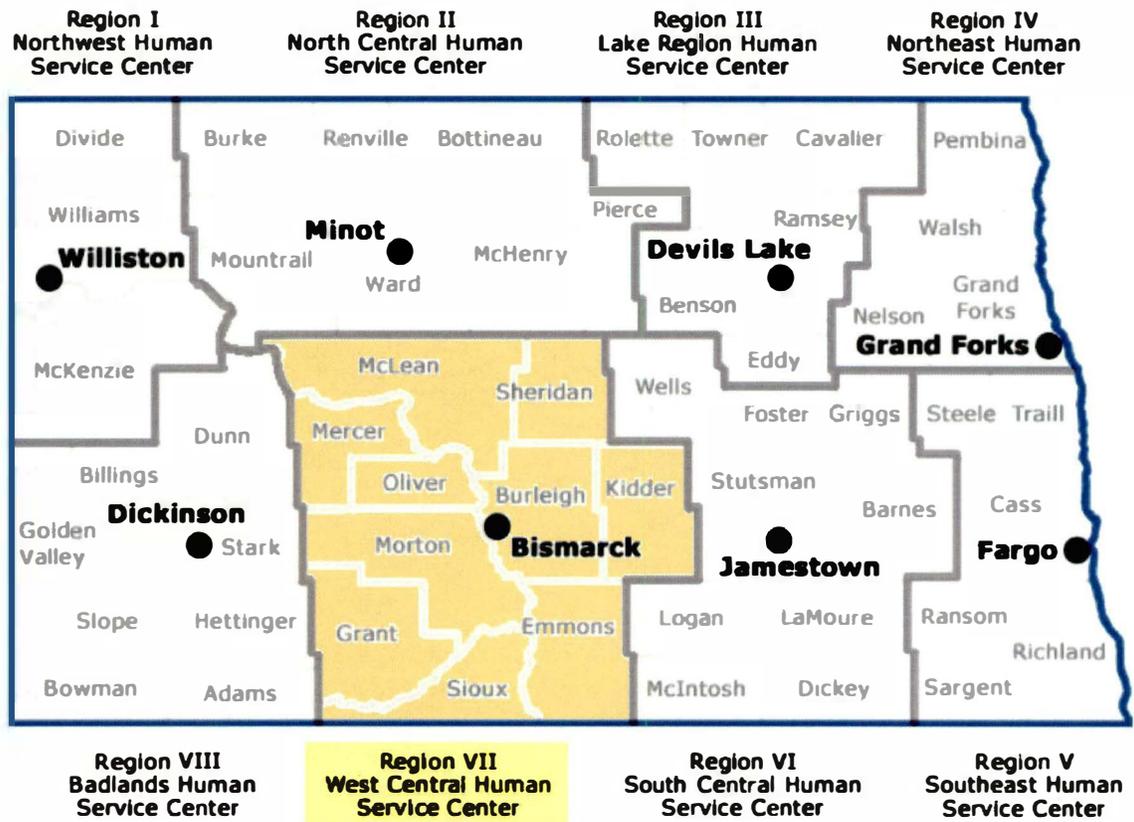
seizures, but their withdrawal syndrome was not managed as it could have been by using the full range of five levels of withdrawal management that are in the adult criteria. By managing withdrawal in a continuum of WM services, a person could get two weeks of support for what is now spent in three or four days in the most intensive and expensive levels of WM (e.g., Level 3.2-WM may cost \$100-200/day, which could give a person three or four days in twenty-four-hour support for every one day that Level 4-WM costs). Thus, without spending more resources and maybe even less than what is spent for a few days of the most intensive and expensive levels of WM, the patient could receive much longer lengths of withdrawal management in the five levels of WM.

Mee-Lee D, Shulman GD, Fishman MF, Gastfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. 3rd ed. Carson City, NV: The Cnage Companies®; 2013.

http://www.counselormagazine.com/2013/Nov-Dec/ASAM_Criteria/

METHODS

Information was collected from Region 7 service providers, law enforcement, partners and state agencies in order to paint a clearer picture of what the withdrawal management needs are in the region.



DISCOVERY

CURRENT SYSTEM OVERVIEW

Substance use disorder treatment providers in North Dakota are required to be licensed by the Department of Human Services' Mental Health and Substance Abuse Division. Of the 35 licensed treatment providers in Region 7, there are two programs providing social detoxification services. West Central Human Service Center (WCHSC) and Heartview Foundation provide social detox services; however, both agencies report with the intent of engaging people into treatment and not as a lone service (detox only).



Division of Mental Health & Substance Abuse
 1237 West Divide Avenue Suite 1C - Bismarck, ND 58501-1208
 (701) 328-8920/1-800-755-2719
 Fax: (701) 328-8086
www.nd.gov/dhs

Social Detoxification ASAM Level 3.2-D: "Detoxification" means the process of interrupting the momentum of compulsive use in an individual diagnosed with substance dependence and the condition of recovery from the effects of alcohol or another drug, the treatment required to manage withdrawal symptoms from alcohol or another drug, and the promotion of recovery from its effects. "Social detoxification" means detoxification in an organized residential, nonmedical setting delivered by appropriately trained staff who provide safe, 24-hour monitoring, observation, and support in a supervised environment for a client to achieve initial recovery from the effects of alcohol or another drug.

City	Program	Phone
Bismarck	Heartview Foundation	(701) 222-0386/1-800-337-3160
Bismarck	West Central Human Service Center - Bismarck	(701) 328-8888/1-888-328-2662/24-Hour Crisis Lines: (701) 328-8899/1-888-328-2112
Devils Lake	Lake Region Human Service Center - Devils Lake	(701) 665-2200/1-888-607-8610/Crisis Line: (701) 662-5050 (collect calls accepted)
Dickinson	Badlands Human Service Center	(701) 227-7500/1-888-227-7525/Crisis Lines: 8 a.m. - 5 p.m.: (701) 225-7500/After 5 p.m.: (701) 290-5719
Fargo	City of Fargo dba Fargo Cass Public Health	(701) 364-0116
Fargo	Dacotah Foundation - Dakotah Pioneer	(701) 223-4517
Fargo	ShareHouse, Inc.	(701) 282-6561/1-877-294-6561
Jamestown	South Central Human Service Center	(701) 253-6300/1-800-260-1310/Crisis Line: (701) 253-6304
Minot	North Central Human Service Center	(701) 857-8500/1-888-470-6968
Minot	Trinity Hospitals	(701) 857-2480/1-800-247-1316
Rolla	Lake Region Human Service Center - Rolla Outreach	(701) 477-8272

March 2014

West Central Human Service Center (WCHSC): WCHSC contracts with a local medical provider to provide medical detox services in Region 7. WCHSC also has a 10 bed facility, but is not actively detoxing more than two or three persons at a time depending on bed availability and the client's number of days in treatment. WCHSC frequently has a full waiting list for residential services. It was reported that detox protocols can begin on the inpatient units or clients are given preliminary treatment in an ER prior to admission. Clients may be given scheduled medication if prescribed by a primary care doctor.

Heartview Foundation: Heartview has a 12 bed facility. It was reported that Heartview functions similarly regarding their social detox services. Detox-only admissions do not occur at Heartview.

Based on the state's public intoxication law, peace officers have a responsibility to take an apparently intoxicated person to their home, the hospital, a detox center, or jail for the purposes of detoxification.

5-01-05.1. Public intoxication - Assistance - Medical care.

A peace officer has authority to take any apparently intoxicated person to the person's home, to a local hospital, to a detoxification center, or, whenever that person constitutes a danger to that person or others, to a jail for purposes of detoxification. A duly licensed physician of a local hospital or a licensed addiction counselor of a detoxification center has authority to hold that person for treatment up to seventy-two hours. That intoxicated person may not be held in jail because of intoxication more than twenty-four hours. An intoxicated person may not be placed in a jail unless a jailer is constantly present within hearing distance and medical services are provided when the need is indicated. Upon placing that person in jail, or if the person is admitted into a hospital or detoxification center, upon admission, the peace officer shall make a reasonable effort to notify the intoxicated person's family as soon as possible. Any additional costs incurred by the city, county, ambulance service, or medical service provider on account of an intoxicated person shall be recoverable from that person.

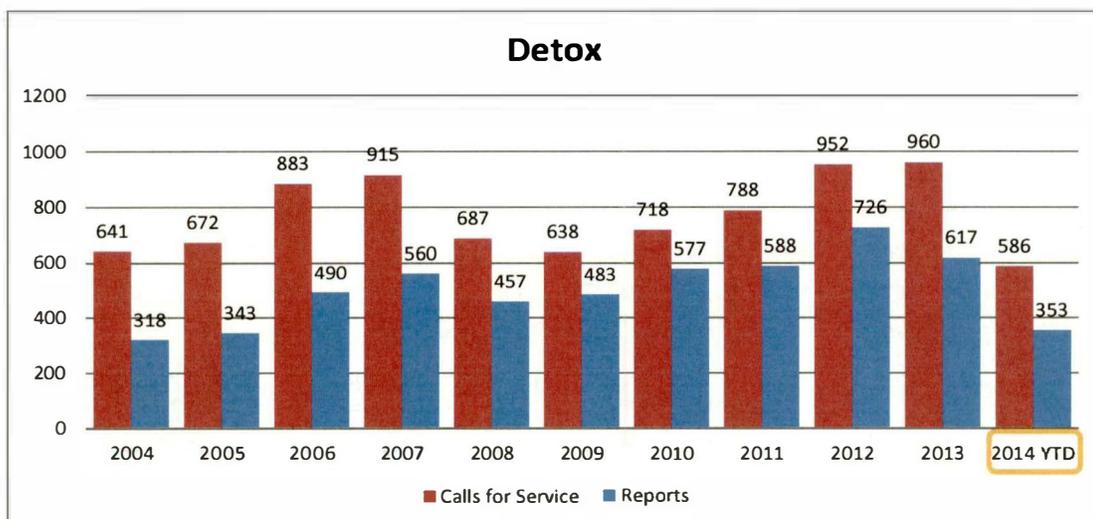
5-01-05.2. No prosecution for intoxication.

No person may be prosecuted in any court solely for public intoxication. Law enforcement officers may utilize standard identification procedures on all persons given assistance because of apparent intoxication.

With the limited number of social/medical detox providers in the region (and the entire state), other systems/providers (jails and hospitals) are often left responsible but are not licensed or trained to provide the level of care required.

LAW ENFORCEMENT

Below is data from the Bismarck Police Department (Detox related calls and reports for years 2004 through July 2014). The "Calls for Services" are the actual calls/encounters with people with a detox issue. The "Reports" number accounts for individuals that had to go to jail, or at least the vast majority for sure, due to the officer being unable to locate anyone to take care of them.



LEGISLATIVE

The recent legislative interim committee Study of Behavioral Health Needs of Youth and Adults has provided some information and guidance for next steps regarding the lack of services in this area.

*"The number one concern across the state can be summed up in one phrase: "Not enough services." The statement includes services at all levels from preventative services, case management, substance abuse services including residential, **DETOX**, psychiatric services, lack of stat children's residential services, etc."*

A strategy that is suggested is to "Increase substance abuse services including detox."

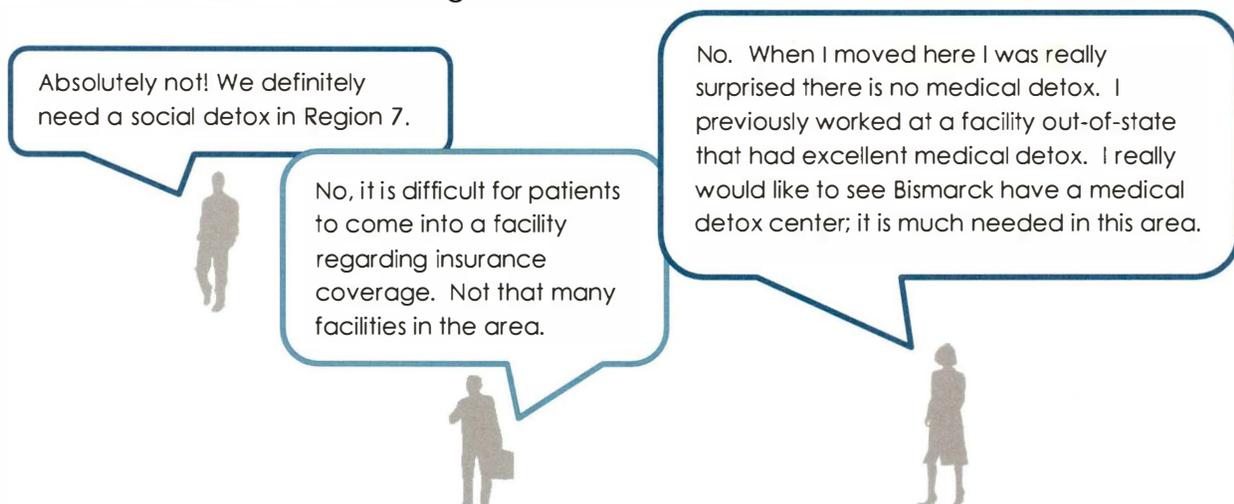
- Excerpts from "Behavioral Health Planning Draft Final Report" 6/19/14. Schulte Consulting"

A Goal developed by the Behavioral Health Stakeholders Group project is: "Substance Abuse Goal 1.2: Expand Medical and Social detoxification resources" with the action steps being, (1) Assess current services and develop a plan to assure services in all regions. Support local efforts to build comprehensive detox structure; (2) Expand the behavioral health training model first responders used in Cass County to the whole state and integrate into Post Training standards.

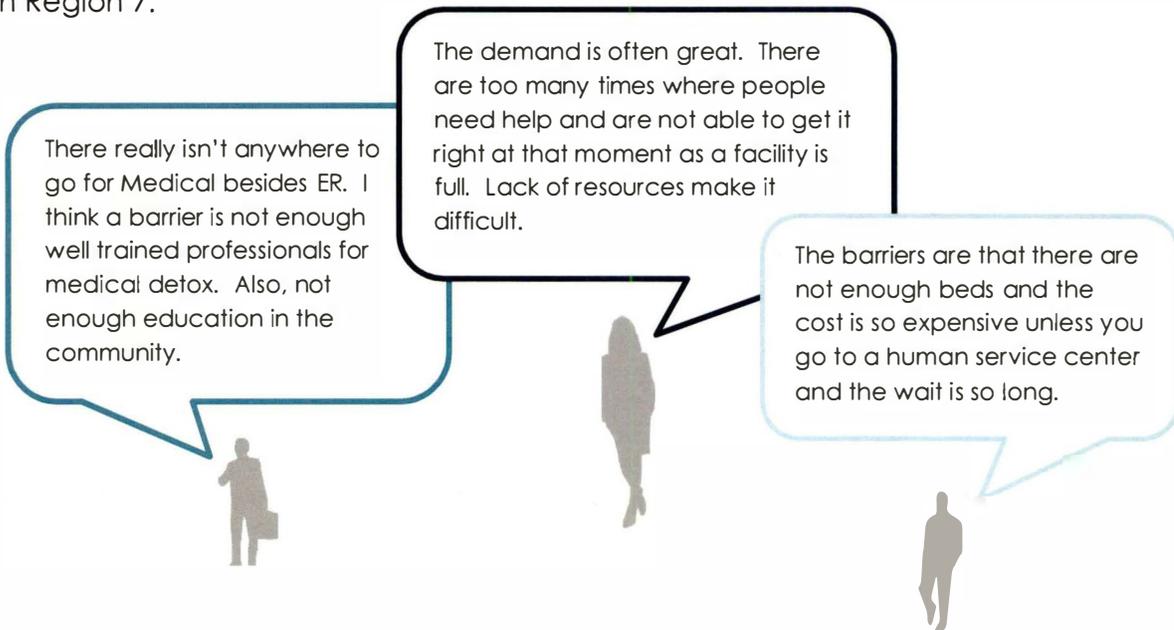
- Excerpts from "Building Stronger Behavioral Health Services in North Dakota: Framing Key Issues and Answers" 7/18/14. Behavioral Health Stakeholders Group

INFORMATION IDENTIFIED IN REGION 7

Behavioral health provider feedback regarding whether or not there is **sufficient access** to social and/or medical detox in Region 7:



Behavioral health provider feedback regarding **barriers** to accessing social and/or medical detox in Region 7:



Youth-specific concerns from behavioral health providers:



The current capacity in the region (and entire state) is limited in terms of the number of facilities/providers. Another identified concern is the knowledge and skill of providers.

Unmet needs regarding **social detox** (Region 7 Behavioral Health Provider feedback):



Unmet needs regarding medical detox (Region 7 Behavioral Health Provider feedback):

Hospitals in the area are busy themselves and often do not have the space for a detox bed. Many health care providers are not interested in caring for a detox patient as they don't understand addiction.

There is no specific medical detox. Our patients are treated usually fairly poorly at ERs.

Individuals go to the ER for medical detox and often times are released back into the community. I was really surprised psychiatric units don't support medical detox either. This issue needs to be addressed.

We have many people who are in need of a safe place to do medical detox.

The capacity of these services is currently limited, however, the ever increasing need for a changing state landscape (ex - population and narcotic usage) only draws attention to this gap in the state's substance use disorder system.

The current system also does little to address the "revolving door" - where there are repeat admissions and limited engagement strategies. When looking to solutions this should be considered.

NORTH DAKOTA WITHDRAWAL MANAGEMENT LOGIC MODEL

PROBLEM	WHY?	STRATEGES	SHORT TERM OUTCOMES	LONG TERM OUTCOMES
<p>Police Responsibility (Public intoxication law)</p> <p>Limited capacity for social detox (facilities and skills)</p> <p>Facilities (Jail) not licensed for "detox" but left responsible</p> <p>Limited or no capacity for medical detox (no facilities, risky placements, oversight?, finding?)</p> <p>Increased needs (population & narcotics)</p> <p>"Revolving door" (limited engagement, repeat admissions)</p>	<p>Public Intoxication law issues</p> <p>Lack of service providers</p> <p>Limited skills in managing withdrawal and intoxication.</p> <p>Jail only option but not qualified or licensed.</p> <p>Hospitals not providing medical detox (limited)</p> <p>Fort Yates transfers to hospital – then out to Bismarck PD.</p> <p>Lack of collaboration among parties/providers</p>	<p>Revise public intoxication law with current language.</p> <p>Public intoxication becomes a misdemeanor</p> <p>Training and technical assistance needed to develop and enhance skills regarding wm & im.</p> <p>Increase capacity for medical detox (wm)</p> <p>Increase capacity for social detox (wm)</p> <p>Identify process for intoxication management</p> <p>Update Administrative Rule with current ASAM (wm & im)</p> <p>Identify oversight agency for medical detox (im)</p> <p>Ensure engagement strategies in social and medical detox settings.</p>	<p>Capacity</p> <ul style="list-style-type: none"> • increased skills • increased facilities (social & medical) <p>Increased Coordination</p> <p>Increased Engagement</p>	<p>Decreased community problems</p> <p>Decreased law enforcement involvement</p> <p>Better care for consumers across the continuum of care</p> <p>Improved wellness for consumers</p> <p>Decrease in "revolving door"</p>

STRATEGIES

Behavioral health provider feedback regarding **what can be done to improve** social and medical detox needs in Region 7:

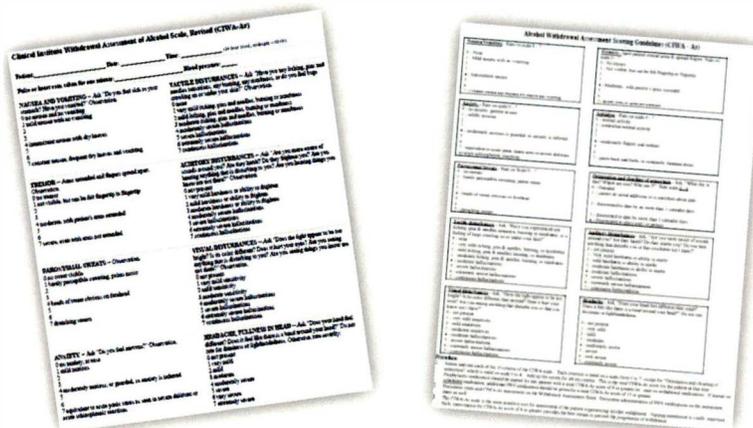


Training

- Training and technical assistance may be needed to develop and enhance skills regarding withdrawal and intoxication management.
- Increase capacity for medical and social detox for withdrawal management with many audiences.

Universal use of screening/assessment tools (CIWA-AR)

- Required in North Dakota Administrative Code relating to Substance Abuse Treatment licensing.



Funding

- Identify available funding to support withdrawal management needs in the community

Reimbursement

- Increase insurance coverage for withdrawal and intoxication management services.

Policy

- Revise public intoxication law with current language
- Update Administrative Rule with current ASAM for withdrawal and intoxication management
- New (sub-acute) level of care

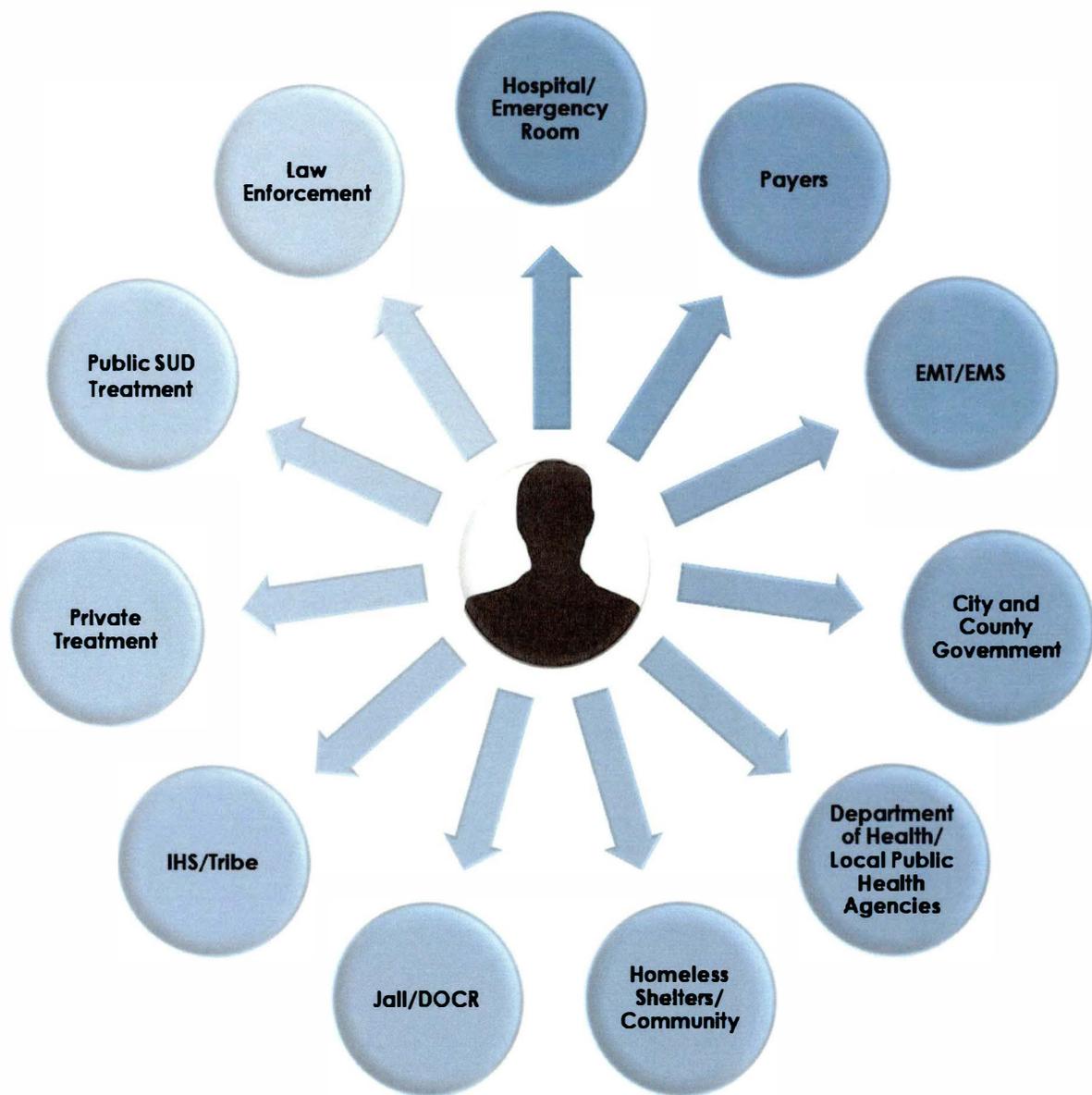
Oversight

- Identify oversight agency for medical detox
- Identify process for intoxication management

Engagement

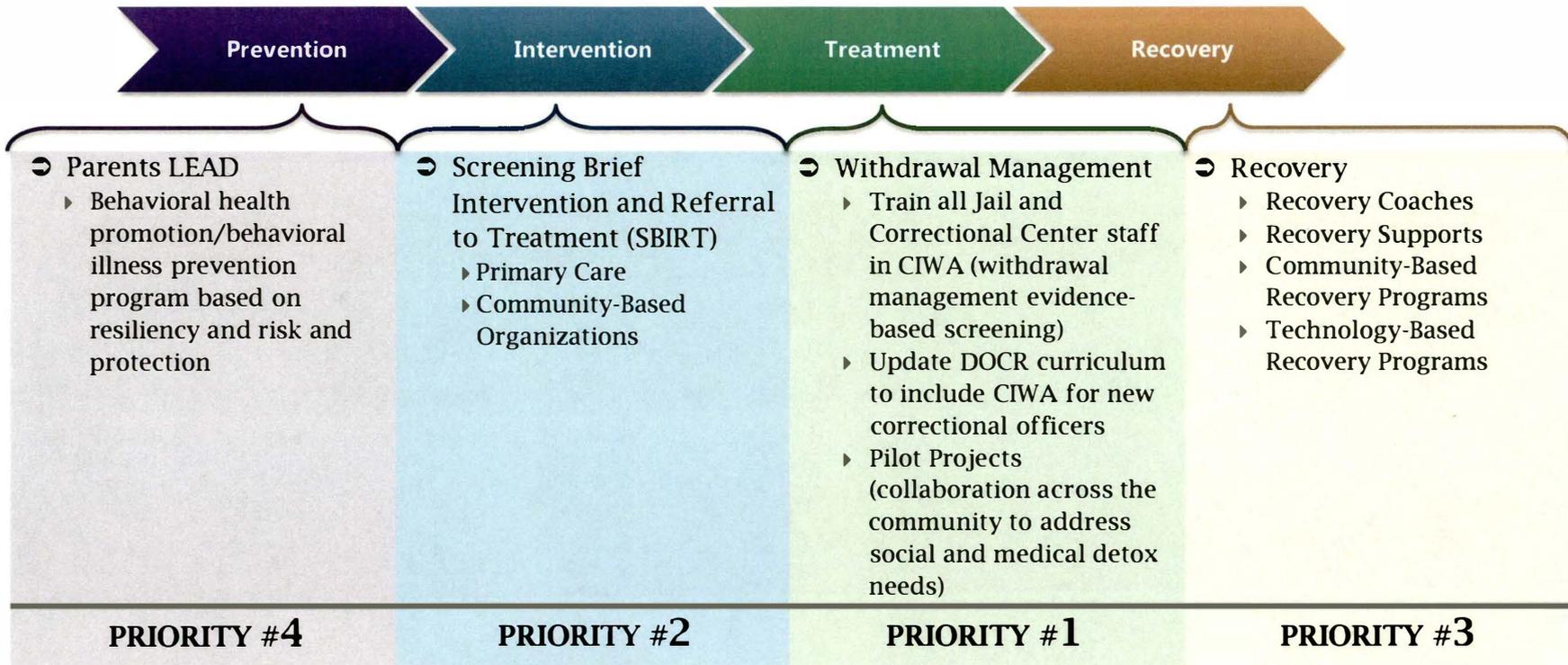
- Ensure engagement strategies in social and medical detox settings to decrease "revolving door".

KEY PARTNERS



SB 2048 (Section 4): Substance Use Disorder (SUD) System

Grant program to address the gaps in North Dakota's SUD System



In order to qualify, all programs must collect and report both process and outcome measures, and be research based. Other requirements include sustainability planning, training and technical assistance, reporting, and collaboration.

SB 2048
3-9-15
#12

Rep. Hofstad's amendment SB2048
3/30/2015 #1

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2048

Page 1, remove lines 5 through 13

Page 2, line 7, replace \$2,000,000 with \$1,000,000

Page 2, line 8, replace "addressing" with "establishing and administering a voucher system to address"

Page 2, line 9, after "system," insert "and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized as effective by the American society of addiction medicine, with particular emphasis given to underserved areas and programs focusing on youth services. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment accepting vouchers under this Act shall provide evidence-based services. The department of human services shall provide a report to the legislative management or a committee designated by the legislative management before July 1, 2016, regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs."

Page 2, after line 16, insert

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$750,000, or so much of the sum as may be necessary, to the department of human services for the purpose of expanding the healthy families home visitation program to an additional two human service regions, for the biennium beginning July 1, 2015 and ending June 30, 2017.

Page 2, line 9, remove "including intervention, detoxification, and"

Page 2, remove lines 10 through 16

Page 2, remove lines 26 through 31

Page 3, remove lines 1 through 3

Re-number accordingly

Section 4 (New Language)

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$1,000,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing and administering a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized as effective by the American society of addiction medicine, with particular emphasis given to underserved areas and programs focusing on youth services. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment accepting vouchers under this Act shall provide evidence-based services. The department of human services shall provide a report to the legislative management or a committee designated by the legislative management before July 1, 2016, regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2048

Page 3, after line 17, insert:

**"SECTION 8. ADVISORY COMMITTEE - MENTAL AND BEHAVIORAL
HEALTH ISSUES - INCORPORATION IN TEACHER PREPARATION PROGRAMS -
REPORT TO LEGISLATIVE MANAGEMENT.**

1. During the 2015-16 interim, the state board of higher education shall convene an advisory committee to address the desirability and feasibility of increasing the exposure of students enrolled in teacher preparation programs to the variety of mental and behavioral health issues that the students are likely to encounter upon commencement of their professional teaching careers.
2. The membership of the advisory committee must be determined by a majority of the following:
 - a. The commissioner of higher education;
 - b. The superintendent of public instruction;
 - c. The director of the department of human services;
 - d. The director of the state department of health;
 - e. A representative of the education standards and practices board;
 - f. A member of the house of representatives, appointed by the legislative management; and
 - g. A member of the senate, appointed by the legislative management.
3. The membership of the advisory committee must be geographically balanced and include:
 - a. Representatives of public and private teacher education programs in the state;
 - b. Providers of behavioral health services to children under the age of eighteen;
 - c. Providers of mental health services to children under the age of eighteen;
 - d. Representatives of mental health advocacy organizations;
 - e. Representatives of the juvenile court;
 - f. Representatives of law enforcement; and
 - g. Representatives of Indian tribes in this state.

4. The committee shall meet as necessary to achieve the objective set forth in subsection 1 and shall present a report before September 1, 2016, to a committee designated by the legislative management."

Renumber accordingly

SB 2048 4/8/2015 #1

SLC
4/8/15
1/3

15.0277.03006
Title.05000

Prepared by the Legislative Council for
Representative Delzer
April 7, 2015

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2048

In lieu of the amendments adopted by the House as printed on pages 1284-1286 of the House Journal, Engrossed Senate Bill No. 2048 is amended as follows:

Page 1, remove lines 5 through 22

Page 1, line 24, replace "FTE" with "ACTIVITIES FACILITATION"

Page 2, line 1, replace "\$166,092" with "\$100,000"

Page 2, line 2, remove "hiring one full-time"

Page 2, line 3, replace "equivalent employee to facilitate" with "facilitating"

Page 2, line 5, replace "REPORTS" with "REPORT"

Page 2, line 7, replace "\$2,000,000" with "\$750,000"

Page 2, line 8, replace "addressing" with "establishing and administering a voucher system to address underserved areas and"

Page 2, line 9, remove "including intervention, detoxification, and"

Page 2, remove lines 10 through 15

Page 2, line 16, replace "the use of these funds by July 1, 2016" with "and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized as effective by the American society of addiction medicine, with particular emphasis given to underserved areas and programs focusing on youth services. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment program accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016, the department of human services shall provide a report to the legislative management regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs"

Page 2, after line 16, insert:

"SECTION 3. DEPARTMENT OF HUMAN SERVICES ANALYSIS - REPORT.

During the 2015-16 interim, the department of human services shall perform a cost-benefit analysis of the substance abuse treatment voucher system. The analysis must determine whether the program has allowed or will allow for cost savings in other department programs. The department of human services shall report to the appropriations committees of the sixty-fifth legislative assembly on the results of the cost-benefit analysis.

**SECTION 4. ADVISORY COMMITTEE - MENTAL AND BEHAVIORAL
HEALTH ISSUES - INCORPORATION IN TEACHER PREPARATION PROGRAMS -
REPORT TO LEGISLATIVE MANAGEMENT.**

1. During the 2015-16 interim, the state board of higher education shall convene an advisory committee to address the desirability and feasibility of increasing the exposure of students enrolled in teacher preparation programs to the variety of mental and behavioral health issues that the students are likely to encounter upon commencement of their professional teaching careers.
2. The membership of the advisory committee must be determined by a majority of the following:
 - a. The commissioner of higher education;
 - b. The superintendent of public instruction;
 - c. The director of the department of human services;
 - d. The director of the state department of health;
 - e. A representative of the education standards and practices board;
 - f. A member of the house of representatives, appointed by the legislative management; and
 - g. A member of the senate, appointed by the legislative management.
3. The membership of the advisory committee must be geographically balanced and include:
 - a. Representatives of public and private teacher education programs in the state;
 - b. Providers of behavioral health services to children under the age of eighteen;
 - c. Providers of mental health services to children under the age of eighteen;
 - d. Representatives of mental health advocacy organizations;
 - e. Representatives of the juvenile court;
 - f. Representatives of law enforcement; and
 - g. Representatives of Indian tribes in this state.
4. The committee shall meet as necessary to achieve the objective set forth in subsection 1 and shall present a report before September 1, 2016, to a committee designated by the legislative management."

Page 2, line 19, replace "network" with "networks"

Page 2, line 21, after the first comma insert "and"

Page 2, line 21, after the second "and" insert "must"

Page 2, line 23, replace "along" with "together"

Page 2, remove lines 26 through 31

Page 3, remove lines 1 through 3

Page 3, line 11, replace "include consideration of developing" with "address the development of"

Page 3, line 12, replace "noncertified" with "nonlicensed"

Page 3, line 12, replace the second "and" with ", the"

Page 3, line 13, replace "the" with "of"

Page 3, line 16, replace "along" with "together"

Renumber accordingly

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2048 (.05000 version)

attach #1
SB 2048
04/16/15
26176

Page 2, line 15, overstrike "During the 2015-16 interim" and insert immediately thereafter "Before the 2016-17 School year"

Page 2, line 15, overstrike "convene an"

Page 2, line 16, overstrike "advisory committee to address the desirability and feasibility of " and insert immediately thereafter "require all teacher preparation programs"

Page 2, line 16 replace "increasing" with "increase"

Page 2, line 19, after the period insert "These may include but are not limited to: understanding of the prevalence of mental health disorders; knowledge of mental health symptoms and social stigmas, risk and protective factors; awareness of strategies for appropriate interventions and referral sources."

Renumber accordingly

Attach #1
SB2048
04/20/15
26251

Higher Ed

Beginning August 2016 the North Dakota Education Standards & Practices Board will assure all teacher licensed candidates demonstrate knowledge of the competencies relating to youth mental health. These competencies may include but are not limited to: Understanding of the prevalence of mental health disorders and the impact upon the family structure, education, healthcare providers, juvenile services/law enforcement, and treatment providers; Knowledge of mental health symptoms and social stigmas, risk and protective factors; Awareness of strategies for appropriate interventions and referral sources, or can provide that they have received training in competencies related to youth mental health from an accredited or approved youth mental health education provider. Provisional licenses can be awarded for two years until their requirement is met.

Youth Mental Health Training

Once every two years, each school district shall provide to elementary, middle school and high school teachers and administrators at least eight hours of professional development relating to knowledge of youth mental health competencies that may include but are not limited to; Understanding of the prevalence of mental health disorders and the impact upon the family structure, education, healthcare providers, juvenile services/law enforcement, and treatment providers; Knowledge of mental health symptoms and social stigmas, risk and protective factors; Awareness of strategies for appropriate interventions and referral sources.

The superintendent of public instruction shall collaborate with the Regional Education Associations to disseminate to school districts and nonpublic schools information, training materials and opportunities for training.

Attach #1
04/20/2015
SB 2048
26273

SB 2048

Prepared by Intern for Conference Committee

SECTION . EDUCATION STANDARDS AND PRACTICES BOARD TEACHER LICENSURE REQUIREMENT.

Beginning August 2016, the education standards and practices board shall ensure a candidate for teacher licensure demonstrates competencies in youth mental health. The competencies must include understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and healthcare and treatment providers; knowledge of mental health symptoms, social stigmas, risks and protective factors; and awareness of strategies for appropriate interventions and referral sources. A teacher licensure candidate satisfies the requirements of this section if the candidate demonstrates the candidate has received training in competencies related to youth mental health from an accredited or approved youth mental health education provider. The education standards and practices board may issue a provisional license for up to two years to a teacher licensure candidate yet to meet the requirement of this section.

SECTION . SCHOOL DISTRICTS TO PROVIDE YOUTH MENTAL HEALTH TRAINING TO TEACHERS, ADMINISTRATORS AND ANCILLARY STAFF.

Once every two years, each school district shall provide a minimum of eight hours of training on youth mental health to elementary, middle, and high school teachers and administrators. Each school district shall encourage ancillary and support staff to participate in the training. The training must include understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and healthcare and treatment providers; knowledge of mental health symptoms, social stigmas, risks and protective factors; and awareness of strategies for appropriate interventions and referral sources. Each school district shall report the outcome of the training to the department of public instruction. The superintendent of public instruction shall collaborate with the regional education associations to disseminate information, training materials and opportunities to schools districts and nonpublic schools.

SECTION . DEPARTMENT OF PUBLIC INSTRUCTION REPORT TO LEGISLATIVE MANAGEMENT

During ..., the department of public instruction shall compile information on the school districts' youth mental health trainings and report to the legislative management on the feasibility and impact of the youth mental health trainings.

Sixty-fourth
Legislative Assembly
of North Dakota

REENGROSSED SENATE BILL NO. 2048

Introduced by

Legislative Management

(Human Services Committee)

Attach #1

SB 2048

04/21/2015

J#26320

1 A BILL for an Act to provide appropriations to the department of human services for improving
2 behavioral health services and for substance abuse treatment services; to provide for reports
3 report to the legislative management; and to provide for legislative management studies.

4 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

5 ~~SECTION 1. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - YOUTH~~
6 ~~MENTAL HEALTH ASSESSMENT NETWORK.~~ There is appropriated out of any moneys in the
7 general fund in the state treasury, not otherwise appropriated, the sum of \$1,500,000, or so
8 much of the sum as may be necessary, to the department of human services to begin to
9 develop a youth mental health assessment network, for the period beginning July 1, 2016, and
10 ending June 30, 2017. The department of human services shall develop requirements for a
11 youth mental health assessment network and shall ensure that entities accepting funding as
12 part of the youth mental health assessment network developed under this section report
13 process and outcome measures.

14 ~~SECTION 2. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PILOT~~
15 ~~PROJECT - DISCHARGE PLANNING PROTOCOLS.~~ There is appropriated out of any moneys
16 in the general fund in the state treasury, not otherwise appropriated, the sum of \$175,000, or so
17 much of the sum as may be necessary, to the department of human services for the purpose of
18 establishing a pilot project involving law enforcement, health care providers, and other related
19 organizations in one region to develop planning protocols for discharge or release of individuals
20 with behavioral health issues, for the biennium beginning July 1, 2015, and ending June 30,
21 2017. The protocols must include outcome measures. The requirements of chapter 54-44.4 do
22 not apply to the selection of a grantee, the grant award, or payments made under this section.

23 **SECTION 1. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - BEHAVIORAL**
24 **HEALTH FTE SERVICES FACILITATION.** There is appropriated out of any moneys in the

1.2

1 general fund in the state treasury, not otherwise appropriated, the sum of ~~\$166,092~~\$200,000, or
 2 so much of the sum as may be necessary, to the department of human services for the purpose
 3 of ~~hiring one full-time equivalent employee to facilitate the behavioral health activities required~~
 4 ~~of the department of human services~~facilitating the behavioral health services authorized by the
 5 sixty-fourth legislative assembly, including developing a formal discharge planning protocols and
 6 designing a resource support network to provide family support, assessment, and stabilization
 7 services that are accessible by families and custodial agencies, for the biennium beginning
 8 July 1, 2015, and ending June 30, 2017.

9 **SECTION 2. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES -**

10 **~~REPORTS~~REPORT TO THE LEGISLATIVE MANAGEMENT.** There is appropriated out of any
 11 moneys in the general fund in the state treasury, not otherwise appropriated, the sum of
 12 ~~\$2,000,000~~\$750,000, or so much of the sum as may be necessary, to the department of human
 13 services for the purpose of ~~addressing~~establishing and administering a voucher system to
 14 address underserved areas and gaps in the state's substance abuse treatment system;
 15 ~~including intervention, detoxification, and recovery services, for the biennium beginning July 1,~~
 16 ~~2015, and ending June 30, 2017. The department of human services shall ensure recipients of~~
 17 ~~funding under this section collect and report process and outcome measures. Recipients of~~
 18 ~~funding under this section shall implement research-based programs. The department of human~~
 19 ~~services shall require recipients of funding under this section to develop sustainability plans and~~
 20 ~~participate in training and technical assistance. The department of human services shall report~~
 21 ~~to the legislative management on the use of these funds by July 1, 2016. and to assist in the~~
 22 payment of addiction treatment services provided by private licensed substance abuse
 23 treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services
 24 eligible for the voucher program include only those levels of care recognized as effective by the
 25 American society of addiction medicine, with particular emphasis given to underserved areas
 26 and programs focusing on youth services. The department of human services shall ensure that
 27 a private licensed substance abuse treatment program accepting vouchers under this Act
 28 collects and reports process and outcome measures. The department of human services shall
 29 develop requirements and provide training and technical assistance to a private licensed
 30 substance abuse treatment program accepting vouchers under this Act. A private licensed
 31 substance abuse treatment program accepting vouchers under this Act shall provide evidence-

1 based services. Before July 1, 2016, the department of human services shall provide a report to
2 the legislative management regarding the rules adopted to establish and administer the voucher
3 system to assist in the payment of addiction treatment services provided by private licensed
4 substance abuse treatment programs.

5 **SECTION 3. DEPARTMENT OF HUMAN SERVICES - DISCHARGE PLANNING**

6 **PROTOCOLS.** The department of human services shall develop a pilot project involving law
7 enforcement, health care providers, and other related organizations to develop planning
8 protocols for discharge or release of individuals with behavioral health issues for the biennium
9 beginning July 1, 2015, and ending June 30, 2017. The protocols must include outcome
10 measures.

11 **SECTION 4. LEGISLATIVE MANAGEMENT STUDY - ~~ADULT~~ MENTAL HEALTH**

12 **ASSESSMENT ~~NETWORK~~.** During the 2015-16 interim, the legislative management shall
13 ~~consider studying~~ study mental health assessment ~~network~~ for children and adults. The study
14 must review the feasibility and desirability of implementing a visiting nurses program and must
15 identify a potential standardized screening process using evidence-based practices to screen
16 children. The study must also identify the populations that may benefit from an adult mental
17 health assessment network, the challenges and any deficiencies that may exist, and alternative
18 assessment delivery frameworks, and must provide details of how assessment networks may
19 be integrated into the existing mental health delivery system. The legislative management shall
20 report its findings and recommendations, ~~along together~~ with any legislation required to
21 implement the recommendations, to the sixty-fifth legislative assembly.

22 ~~— SECTION 5. LEGISLATIVE MANAGEMENT STUDY - MENTAL HEALTH SCREENING~~
23 ~~AND ASSESSMENT FOR CHILDREN.~~ During the 2015-16 interim, the legislative management
24 ~~shall consider studying mental health screening and assessment programs for children. If~~
25 ~~conducted, the study must identify a potential standardized screening process using evidence-~~
26 ~~based practices to routinely screen all children ages two through four at primary health care~~
27 ~~sites. The study must also review the feasibility and desirability of implementing a visiting~~
28 ~~nurses program for children ages zero through five. The legislative management shall report its~~
29 ~~findings and recommendations, along with any legislation required to implement the~~
30 ~~recommendations, to the sixty-fifth legislative assembly.~~

1.4

1 **SECTION 5. LEGISLATIVE MANAGEMENT STUDY - BEHAVIORAL HEALTH NEEDS OF**
2 **YOUTH AND ADULTS.** During the 2015-16 interim, the legislative management shall ~~consider~~
3 ~~studying~~study behavioral health needs. The study must include consideration of behavioral
4 health needs of youth and adults and access, availability, and delivery of services. The study
5 must include input from stakeholders, including representatives of law enforcement, social and
6 clinical service providers, education, medical providers, mental health advocacy organizations,
7 emergency medical service providers, juvenile court, tribal government, and state and local
8 agencies and institutions. The study must also include ~~consideration of developing a grant~~
9 ~~program for mental health first aid training for teachers and noncertified school staff and~~the
10 monitoring and reviewing ~~the~~of strategies to improve behavioral health services implemented
11 pursuant to legislation enacted by the sixty-fourth legislative assembly and other behavioral
12 health-related recommendations presented to the 2013-14 interim human services committee.
13 The legislative management shall report its findings and recommendations, ~~along~~together with
14 any legislation required to implement the recommendations, to the sixty-fifth legislative
15 assembly.

April 21, 2015

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2048

That the House recede from its amendments as printed on pages 1355-1357 of the Senate Journal and pages 1474-1476 of the House Journal and that Reengrossed Senate Bill No. 2048 be amended as follows:

Page 1, line 2, replace "reports" with "a report"

Page 1, remove lines 5 through 22

Page 1, line 24, replace "FTE" with "**SERVICES FACILITATION**"

Page 2, line 1, replace "\$166,092" with "\$200,000"

Page 2, line 2, remove "hiring one full-time"

Page 2, remove line 3

Page 2, line 4, replace "human services" with "facilitating the behavioral health services authorized by the sixty-fourth legislative assembly, including developing a formal discharge planning protocols and designing a resource support network to provide family support, assessment, and stabilization services that are accessible by families and custodial agencies"

Page 2, line 5, replace "**REPORTS**" with "**REPORT**"

Page 2, line 7, replace "\$2,000,000" with "\$750,000"

Page 2, line 8, replace "addressing" with "establishing and administering a voucher system to address underserved areas and"

Page 2, line 9, remove ", including intervention, detoxification, and"

Page 2, replace lines 10 through 16 with "and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized as effective by the American society of addiction medicine, with particular emphasis given to underserved areas and programs focusing on youth services. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment program accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016, the department of human services shall provide a report to the legislative management regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

SECTION 3. DEPARTMENT OF HUMAN SERVICES - DISCHARGE PLANNING PROTOCOLS. The department of human services shall develop a pilot project involving law enforcement, health care providers, and other related organizations to develop planning protocols for discharge or release of individuals with behavioral

1.6

health issues for the biennium beginning July 1, 2015, and ending June 30, 2017. The protocols must include outcome measures."

Page 2, line 17, remove "ADULT"

Page 2, line 18, remove "NETWORK"

Page 2, line 19, replace "consider studying" with "study"

Page 2, line 19, remove "network"

Page 2, line 19, after "for" insert "children and"

Page 2, line 19, after the period insert "The study must review the feasibility and desirability of implementing a visiting nurses program and must identify a potential standardized screening process using evidence-based practices to screen children."

Page 2, line 19, after "must" insert "also"

Page 2, line 21, after the first comma insert "and"

Page 2, line 21, after the second "and" insert "must"

Page 2, line 23, replace "along" with "together"

Page 2, remove lines 26 through 31

Page 3, remove lines 1 through 3

Page 3, line 5, remove "consider"

Page 3, line 6, replace "studying" with "study"

Page 3, line 11, remove "consideration of developing a grant"

Page 3, replace line 12 with "the"

Page 3, line 13, replace "the" with "of"

Page 3, line 16, replace "along" with "together"

Renumber accordingly

SB 2048

Prepared by Intern for Conference Committee

SECTION 1. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - MENTAL HEALTH ASSESSMENT NETWORK.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$6,000,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing an adult and youth mental health assessment network, for the biennium beginning July 1, 2015, and ending June 30, 2017.

SECTION 2. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PILOT PROJECT - DISCHARGE PLANNING PROTOCOLS.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$175,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing a pilot project involving law enforcement, health care providers, and other related organizations in one region to develop planning protocols for discharge or release of individuals with behavioral health issues, for the biennium beginning July 1, 2015, and ending June 30, 2017. The protocols must include outcome measures.

SECTION 4. EDUCATION STANDARDS AND PRACTICES BOARD TEACHER LICENSURE REQUIREMENT.

Beginning August 2016, the education standards and practices board shall ensure a candidate for teacher licensure demonstrates competencies in youth mental health. The candidate must have competencies in areas including understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and healthcare and treatment providers; knowledge of mental health symptoms, social stigmas, risks and protective factors; and awareness of strategies for appropriate interventions and referral sources. A teacher licensure candidate satisfies the requirements of this section if the candidate demonstrates the candidate has received training in competencies related to youth mental health from an accredited or approved youth mental health education provider. The education standards and practices board may issue a provisional license for up to two years to a teacher licensure candidate yet to meet the requirement of this section.

SECTION . SCHOOL DISTRICTS TO PROVIDE YOUTH MENTAL HEALTH TRAINING TO TEACHERS, ADMINISTRATORS AND ANCILLARY STAFF.

Once every two years, each school district shall provide a minimum of eight hours of training on youth mental health to elementary, middle, and high school teachers and administrators. Each school district shall encourage ancillary and support staff to participate in the training. The training must include understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and healthcare and treatment providers; knowledge of mental health symptoms, social stigmas, risks and protective factors; and awareness of strategies for appropriate interventions and referral sources. Each school district shall report the outcome of the training to the department of public instruction.

The superintendent of public instruction shall collaborate with the regional education associations to disseminate information, training materials and opportunities to schools districts and nonpublic schools.

SECTION . DEPARTMENT OF PUBLIC INSTRUCTION REPORT TO LEGISLATIVE MANAGEMENT

During the 2016-17 interim, the department of public instruction shall compile information on the school districts' youth mental health trainings and report to the legislative management on the feasibility and impact of the youth mental health trainings.

Sixty-fourth
Legislative Assembly
of North Dakota

REENGROSSED SENATE BILL NO. 2048

*Attach #1
SB2048
04/22/2015
26347*

Introduced by

Legislative Management
(Human Services Committee)

1 A BILL for an Act to create and enact new sections to chapter 15.1-07 and 15.1-13 of the North
2 Dakota Century Code, relating to teacher licensure requirements and mental health training
3 provided by school districts; to provide appropriations to the department of human services for
4 improving behavioral health services and for substance abuse treatment services; to provide for
5 reports to the legislative management; ~~and~~ to provide for legislative management studies; and
6 to provide an effective date.

7 **BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:**

8 ~~— SECTION 1. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - YOUTH~~
9 ~~MENTAL HEALTH ASSESSMENT NETWORK.~~ There is appropriated out of any moneys in the
10 general fund in the state treasury, not otherwise appropriated, the sum of \$1,500,000, or so
11 much of the sum as may be necessary, to the department of human services to begin to
12 develop a youth mental health assessment network, for the period beginning July 1, 2016, and
13 ending June 30, 2017. The department of human services shall develop requirements for a
14 youth mental health assessment network and shall ensure that entities accepting funding as
15 part of the youth mental health assessment network developed under this section report
16 process and outcome measures.

17 ~~— SECTION 2. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PILOT~~
18 ~~PROJECT - DISCHARGE PLANNING PROTOCOLS.~~ There is appropriated out of any moneys
19 in the general fund in the state treasury, not otherwise appropriated, the sum of \$175,000, or so
20 much of the sum as may be necessary, to the department of human services for the purpose of
21 establishing a pilot project involving law enforcement, health care providers, and other related
22 organizations in one region to develop planning protocols for discharge or release of individuals
23 with behavioral health issues, for the biennium beginning July 1, 2015, and ending June 30,

1.2

~~2017. The protocols must include outcome measures. The requirements of chapter 54-44.4 do not apply to the selection of a grantee, the grant award, or payments made under this section.~~

SECTION 1. A new section to chapter 15.1-13 of the North Dakota Century Code is created and enacted as follows:

Teacher licensure requirement - Youth mental health competency.

1. The board shall ensure a candidate for teacher licensure demonstrates competencies in youth mental health. Competencies must include:

- a. An understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and health care and treatment providers;
- b. Knowledge of mental health symptoms, social stigmas, risks, and protective factors; and
- c. Awareness of referral sources and strategies for appropriate interventions.

2. A teacher licensure candidate satisfies the requirements of this section if the candidate demonstrates the candidate has received training in competencies related to youth mental health from an accredited or approved youth mental health education provider. The board may issue a provisional license for up to two years to a teacher licensure candidate that does not meet the requirements of this section.

SECTION 2. A new section to chapter 15.1-07 of the North Dakota Century Code is created and enacted as follows:

Provision of youth mental health training to teachers, administrators, and ancillary staff.

1. Once every two years, each school district shall provide a minimum of eight hours of training on youth mental health to elementary, middle, and high school teachers and administrators. Each school district shall encourage ancillary and support staff to participate in the training. The training must include:

- a. Understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and health care and treatment providers;
- b. Knowledge of mental health symptoms, social stigmas, risks, and protective factors; and

- 1 c. Awareness of referral sources and strategies for appropriate interventions.
- 2 2. Each school district shall report the outcome of the training to the department of public
- 3 instruction.
- 4 3. The superintendent of public instruction shall collaborate with regional education
- 5 associations to disseminate information, training materials, and notice of training
- 6 opportunities to school districts and nonpublic schools.

7 **SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - BEHAVIORAL**
8 **HEALTH ~~FTE~~SERVICES FACILITATION.** There is appropriated out of any moneys in the
9 general fund in the state treasury, not otherwise appropriated, the sum of ~~\$166,092~~\$200,000, or
10 so much of the sum as may be necessary, to the department of human services for the purpose
11 of ~~hiring one full-time equivalent employee to facilitate the behavioral health activities required~~
12 ~~of the department of human services~~facilitating the behavioral health services authorized by the
13 sixty-fourth legislative assembly, including developing formal discharge planning protocols for
14 discharge or release of individuals with behavioral health issues and designing a resource
15 support network to provide family support, assessment, and stabilization services that are
16 accessible by families and custodial agencies, for the biennium beginning July 1, 2015, and
17 ending June 30, 2017. The development of discharge planning protocols must involve law
18 enforcement, health care providers, and other related organizations. The protocols must include
19 outcome measures.

20 **SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES -**
21 **~~REPORTS~~REPORT TO THE LEGISLATIVE MANAGEMENT.** There is appropriated out of any
22 moneys in the general fund in the state treasury, not otherwise appropriated, the sum of
23 ~~\$2,000,000~~\$750,000, or so much of the sum as may be necessary, to the department of human
24 services for the purpose of ~~addressing~~establishing and administering a voucher system to
25 address underserved areas and gaps in the state's substance abuse treatment system;
26 ~~including intervention, detoxification, and recovery services, for the biennium beginning July 1,~~
27 ~~2015, and ending June 30, 2017. The department of human services shall ensure recipients of~~
28 ~~funding under this section collect and report process and outcome measures. Recipients of~~
29 ~~funding under this section shall implement research-based programs. The department of human~~
30 ~~services shall require recipients of funding under this section to develop sustainability plans and~~
31 ~~participate in training and technical assistance. The department of human services shall report~~

1.4

1 ~~to the legislative management on the use of these funds by July 1, 2016.~~ and to assist in the
 2 payment of addiction treatment services provided by private licensed substance abuse
 3 treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services
 4 eligible for the voucher program include only those levels of care recognized by the American
 5 society of addiction medicine, with particular emphasis given to underserved areas and
 6 programs. The department of human services shall ensure that a private licensed substance
 7 abuse treatment program accepting vouchers under this Act collects and reports process and
 8 outcome measures. The department of human services shall develop requirements and provide
 9 training and technical assistance to a private licensed substance abuse treatment program
 10 accepting vouchers under this Act. A private licensed substance abuse treatment program
 11 accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016,
 12 the department of human services shall provide a report to the legislative management
 13 regarding the rules adopted to establish and administer the voucher system to assist in the
 14 payment of addiction treatment services provided by private licensed substance abuse
 15 treatment programs.

16 **SECTION 5. DEPARTMENT OF PUBLIC INSTRUCTION - REPORT TO THE**
 17 **LEGISLATIVE MANAGEMENT.** During the 2015-16 interim, the department of public instruction
 18 shall compile information on mental health training provided by school districts and determine
 19 the feasibility and effect of the youth mental health training required in section 2 of this Act.
 20 Before July 1, 2016, the department of public instruction shall provide a report to the legislative
 21 management regarding mental health training provided by school districts.

22 **SECTION 6. LEGISLATIVE MANAGEMENT STUDY - ~~ADULT~~ MENTAL HEALTH**
 23 **~~ASSESSMENT NETWORK~~ RESOURCES.** During the 2015-16 interim, the legislative
 24 management shall consider studying mental health ~~assessment network~~ resources for youth and
 25 adults. The study must identify the populations that may benefit from ~~an adult~~ a mental health
 26 ~~assessment~~ resource network, the challenges and any deficiencies that may exist, and
 27 alternative ~~assessment~~ resource delivery frameworks, and must provide details of how
 28 ~~assessment~~ resource networks may be integrated into the existing mental health delivery
 29 system. The legislative management shall report its findings and recommendations,
 30 ~~along together~~ with any legislation required to implement the recommendations, to the sixty-fifth
 31 legislative assembly.

1 ~~SECTION 5. LEGISLATIVE MANAGEMENT STUDY - MENTAL HEALTH SCREENING~~

2 ~~AND ASSESSMENT FOR CHILDREN.~~ During the 2015-16 interim, the legislative management
3 shall consider studying mental health screening and assessment programs for children. If
4 conducted, the study must identify a potential standardized screening process using evidence-
5 based practices to routinely screen all children ages two through four at primary health care
6 sites. The study must also review the feasibility and desirability of implementing a visiting
7 nurses program for children ages zero through five. The legislative management shall report its
8 findings and recommendations, along with any legislation required to implement the
9 recommendations, to the sixty-fifth legislative assembly.

10 SECTION 7. LEGISLATIVE MANAGEMENT STUDY - BEHAVIORAL HEALTH NEEDS OF

11 YOUTH AND ADULTS. During the 2015-16 interim, the legislative management shall consider
12 studying behavioral health needs. The study must include consideration of behavioral health
13 needs of youth and adults and access, availability, and delivery of services. The study must
14 include input from stakeholders, including representatives of law enforcement, social and
15 clinical service providers, education, medical providers, mental health advocacy organizations,
16 emergency medical service providers, juvenile court, tribal government, and state and local
17 agencies and institutions. The study must also include ~~consideration of developing a grant~~
18 ~~program for mental health first-aid training for teachers and noncertified school staff and~~the
19 monitoring and reviewing ~~the~~of strategies to improve behavioral health services implemented
20 pursuant to legislation enacted by the sixty-fourth legislative assembly and other behavioral
21 health-related recommendations presented to the 2013-14 interim human services committee.
22 The legislative management shall report its findings and recommendations, ~~along~~together with
23 any legislation required to implement the recommendations, to the sixty-fifth legislative
24 assembly.

25 SECTION 8. EFFECTIVE DATE. Section 1 of this Act is effective August 1, 2016.

April 21, 2015

1.6

PROPOSED AMENDMENTS TO REENGROSSED SENATE BILL NO. 2048

Page 1, line 1, after the first "to" insert "create and enact new sections to chapter 15.1-07 and 15.1-13 of the North Dakota Century Code, relating to teacher licensure requirements and mental health training provided by school districts; to"

Page 1, line 3, remove "and"

Page 1, line 3, after "studies" insert "; and to provide an effective date"

Page 1, replace lines 5 through 22 with:

"**SECTION 1.** A new section to chapter 15.1-13 of the North Dakota Century Code is created and enacted as follows:

Teacher licensure requirement - Youth mental health competency.

1. The board shall ensure a candidate for teacher licensure demonstrates competencies in youth mental health. Competencies must include:
 - a. An understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and health care and treatment providers;
 - b. Knowledge of mental health symptoms, social stigmas, risks, and protective factors; and
 - c. Awareness of referral sources and strategies for appropriate interventions.
2. A teacher licensure candidate satisfies the requirements of this section if the candidate demonstrates the candidate has received training in competencies related to youth mental health from an accredited or approved youth mental health education provider. The board may issue a provisional license for up to two years to a teacher licensure candidate that does not meet the requirements of this section.

SECTION 2. A new section to chapter 15.1-07 of the North Dakota Century Code is created and enacted as follows:

Provision of youth mental health training to teachers, administrators, and ancillary staff.

1. Once every two years, each school district shall provide a minimum of eight hours of training on youth mental health to elementary, middle, and high school teachers and administrators. Each school district shall encourage ancillary and support staff to participate in the training. The training must include:
 - a. Understanding of the prevalence and impact of youth mental health disorders on family structure, education, juvenile services, law enforcement, and health care and treatment providers;

1.7

- b. Knowledge of mental health symptoms, social stigmas, risks, and protective factors; and
 - c. Awareness of referral sources and strategies for appropriate interventions.
2. Each school district shall report the outcome of the training to the department of public instruction.
 3. The superintendent of public instruction shall collaborate with regional education associations to disseminate information, training materials, and notice of training opportunities to school districts and nonpublic schools."

Page 1, line 24, replace "FTE" with "**SERVICES FACILITATION**"

Page 2, line 1, replace "\$166,092" with "\$200,000"

Page 2, line 2, replace "hiring one full-time"

Page 2, remove line 3

Page 2, line 4, replace "human services" with "facilitating the behavioral health services authorized by the sixty-fourth legislative assembly, including developing formal discharge planning protocols for discharge or release of individuals with behavioral health issues and designing a resource support network to provide family support, assessment, and stabilization services that are accessible by families and custodial agencies"

Page 2, line 4, after the period insert "The development of discharge planning protocols must involve law enforcement, health care providers, and other related organizations. The protocols must include outcome measures."

Page 2, line 5, replace "**REPORTS**" with "**REPORT**"

Page 2, line 7, replace "\$2,000,000" with "\$750,000"

Page 2, line 8, replace "addressing" with "establishing and administering a voucher system to address underserved areas and"

Page 2, line 9, remove ", including intervention, detoxification, and"

Page 2, replace lines 10 through 16 with "and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs. The department of human services shall ensure that a private licensed substance abuse treatment program accepting vouchers under this Act collects and reports process and outcome measures. The department of human services shall develop requirements and provide training and technical assistance to a private licensed substance abuse treatment program accepting vouchers under this Act. A private licensed substance abuse treatment program accepting vouchers under this Act shall provide evidence-based services. Before July 1, 2016, the department of human services shall provide a report to the legislative management regarding the rules adopted to establish and administer the voucher system to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

SECTION 5. DEPARTMENT OF PUBLIC INSTRUCTION - REPORT TO THE LEGISLATIVE MANAGEMENT. During the 2015-16 interim, the department of public instruction shall compile information on mental health training provided by school districts and determine the feasibility and effect of the youth mental health training required in section 2 of this Act. Before July 1, 2016, the department of public instruction shall provide a report to the legislative management regarding mental health training provided by school districts."

Page 2, line 17, remove **"ADULT"**

Page 2, line 18, replace **"ASSESSMENT NETWORK"** with **"RESOURCES"**

Page 2, line 19, replace "assessment network" with "resources"

Page 2, line 19, after "for" insert "youth and"

Page 2, line 20, replace "an adult" with "a"

Page 2, line 20, replace "assessment" with "resource"

Page 2, line 21, after the first comma insert "and"

Page 2, line 21, replace "assessment" with "resource"

Page 2, line 21, after the third "and" insert "must"

Page 2, line 22, replace "assessment" with "resource"

Page 2, line 23, replace "along" with "together"

Page 2, remove lines 26 through 31

Page 3, remove lines 1 through 3

Page 3, line 11, remove "consideration of developing a grant"

Page 3, line 12, replace "program for mental health first-aid training for teachers and noncertified school staff and" with "the"

Page 3, line 13, replace "the" with "of"

Page 3, line 16, replace "along" with "together"

Page 3, after line 17, insert:

"SECTION 8. EFFECTIVE DATE. Section 1 of this Act is effective August 1, 2016."

Renumber accordingly