

NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HUMAN SERVICES COMMITTEE

Wednesday, April 9, 2014
Roughrider Room, State Capitol
Bismarck, North Dakota

Representative Chuck Damschen, Chairman, called the meeting to order at 9:00 a.m.

Members present: Representatives Chuck Damschen, Dick Anderson, Curt Hofstad, Kathy Hogan, Dwight Kiefert, Diane Larson, Alex Looyen, Gail Mooney, Naomi Muscha, Alon Wieland; Senators Tyler Axness, Dick Dever, Robert Erbele, Tim Mathern, John M. Warner

Members absent: Senators Judy Lee, Nicole Poolman

Others present: Alan Fehr, State Representative, Dickinson
See [Appendix A](#) for additional persons present.

It was moved by Senator Dever, seconded by Representative Wieland, and carried on a voice vote that the minutes of the January 7, 2014, meeting be approved as distributed.

STUDY OF BEHAVIORAL HEALTH NEEDS OF YOUTH AND ADULTS

Ms. Renee Schulte, Schulte Consulting, LLC, presented information ([Appendix B](#)) regarding the status of the study of behavioral health needs of youth and adults. She said she has received input from multiple sectors interested in behavioral health, including corrections, business, schools, universities, service providers, consumers, mental health advocacy organizations, law enforcement, emergency medical services, medical providers, hospital administrators, district judges, the juvenile court, the public sector, institutions, tribal governments, and legislative and executive branch members in urban and rural areas. Based on information received to date, she said, specific challenges for behavioral health care in North Dakota include:

- Communications;
- Workforce issues, including licensing issues and the underutilization of peer support specialists;
- The disproportionate size of the public sector role in behavioral health compared to the private provider role;
- The essential benefits health insurance package;
- Changes in continuum of care options; and
- Lack of consumer choice in behavioral health services.

Ms. Schulte said she will continue biweekly conference calls, organizational calls, meetings, and interviews. She said the draft final report will be made public at the committee meeting to be held on Thursday, June 19, 2014.

In response to a question from Senator Warner, Ms. Schulte said licensing boards need some independence from the legislative process; however, the workforce shortage suggests the licensing process should be reviewed.

In response to a question from Representative Hofstad, Ms. Schulte said the communication between private providers and the public sector is not adequate in most regions of the state.

In response to a question from Representative Hogan, Ms. Schulte said North Dakota Century Code provisions relating to behavioral health will be reviewed as part of the study.

In response to a question from Representative Mooney, Ms. Schulte said she will identify the licensing requirements in selected other states for committee reference.

Ms. JoAnne Hoesel, Director, Mental Health and Substance Abuse Services Division, Department of Human Services, presented information ([Appendix C](#)) regarding behavioral health services longitudinal data available to

help identify chronic issues. She said 4,957 clients received substance abuse treatment in 2012, and 17,852 clients received mental health services in 2013. She said quarterly and annual reports identifying individuals with brain injury receiving behavioral health services will also now be available.

In response to a question from Representative Hofstad, Ms. Hoesel said the information is based on data the Department of Human Services has access to. She said it does not include information from most private providers.

Representative Hogan asked whether the living arrangements data could be provided by region. Ms. Hoesel said she would provide the information.

Ms. Megan Houn, Blue Cross Blue Shield of North Dakota, spoke regarding cost-benefit analyses of changes in behavioral health coverage. She stated Blue Cross Blue Shield did not conduct a cost analysis related to changes in behavioral health care insurance coverage prior to adopting the Sanford plan approved by the state.

Ms. Leann K. Bertsch, Director, Department of Corrections and Rehabilitation, presented information ([Appendix D](#)) regarding the potential addition of research analysis staff at the department. She said the estimated cost of a Research Analyst IV position to conduct research would be \$230,000 per biennium. She said it may be more cost-effective to involve the state universities to conduct research analysis relating to the department's programs and outcomes.

Ms. Joy Ryan, Executive Vice President, The Village Family Service Center, presented information ([Appendix E](#)) regarding the activities of the North Dakota Behavioral Health Stakeholders Group. She said an initial stakeholders meeting was held in Fargo on February 6-7, 2014 and professionals from across the state attended the meeting. She said this meeting included individuals from multiple sectors, including private, public, government, law enforcement, and education. She said a second stakeholders meeting was held in Bismarck on March 25, 2014. She said the stakeholders group at the March 25 meeting created a framework of a draft action plan which begins to offer possible solutions for some of the identified behavioral health needs.

In response to a question from Senator Mathern, Ms. Ryan said about 20 percent of The Village Family Service Center services are contracted with the state, and data related to those services are provided to the state. She said the other 80 percent is not reported to the Department of Human Services. She said there is not a central repository of all data related to behavioral health services.

In response to a question from Representative Kiefert, Ms. Ryan said a shortage of licensed addiction counselors has existed for 20 years. She said the licensing requirements are stringent. She suggested the Legislative Assembly consider the appropriateness of the requirements.

Ms. Susan Rae Helgeland, Project Director, North Dakota Rural Behavioral Health Network, presented information ([Appendix F](#)) regarding rural behavioral health and North Dakota Rural Behavioral Health Network (NDRBHN) current needs assessment study. She said the most prevalent behavioral health issues in North Dakota include:

- A lack of collaboration, communication, and coordination between existing behavioral health care providers;
- Transportation issues;
- Demand for behavioral health services that exceed the capacity of existing services;
- The gaps in coverage on reservations;
- The bureaucracy of the behavioral health delivery system;
- The lack of inpatient and recovery services; and
- The disparity in the provision of timely services for mental illness and substance abuse compared to traditional medical issues.

Ms. Helgeland said NDRBHN supports the implementation of telebehavioral health in North Dakota to increase access to behavioral health services in rural and tribal communities.

Ms. Jane Brown, Chief Operating Officer, Dakota Boys and Girls Ranch, expressed concern with licensing requirements for addiction counselors and lack of access to services. She suggested educational providers be asked to provide additional input in the behavioral health study.

Ms. Beth Nelson, Casselton, commented regarding her son's experience with the behavioral health system. She expressed concern regarding the high cost of medication and lack of behavioral health services. She suggested providing behavioral health screening services similar to screenings offered for vision, hearing, and other health issues.

In response to a question from Representative Mooney, Ms. Nelson said adult treatment is often difficult to obtain, and many individuals are incarcerated or attempt suicide prior to receiving services.

Representative Hogan suggested the committee ask representatives of the Department of Public Instruction to present information at a future meeting regarding mental health services in the school system. She also asked that a representative of the Children and Family Services Division of the Department of Human Services present information at a future meeting regarding mental health issues related to the child welfare system. Chairman Damschen said these presentations would be scheduled at a future meeting.

Representative Hofstad suggested the committee receive additional information on the essential benefits package and its compliance with the North Dakota Century Code, the federal Affordable Care Act, and the federal Mental Health Parity and Addiction Equity Act. He expressed concern that the essential benefits package chosen has resulted in less access to behavioral health services.

Senator Mathern said the Health Care Reform Review Committee and the Health Services Committee are also reviewing changes in insurance coverage for behavioral health services. He said he has asked the Attorney General to review how the essential benefits package conflicts with state and federal laws. Chairman Damschen asked the Legislative Council staff to provide the committee any updated information available on the essential benefits package as it relates to insurance coverage for behavioral health services.

Senator Warner suggested the committee receive information on any states that compile public and private behavioral health data in a central location. Chairman Damschen asked the Legislative Council staff to provide the information.

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

The Legislative Council staff presented a memorandum entitled [Key Issues Regarding Brain Injury Services](#). The memorandum is an updated summary of testimony presented to the committee to date relating to concerns and suggestions regarding brain injury services.

The Legislative Council staff presented a memorandum entitled [State Registries](#). The memorandum identifies information regarding state registries established in North Dakota which are similar to a brain injury registry. Similar registries include:

- The state trauma registry;
- The emergency medical services patient care registry;
- The state stroke registry;
- The ST-elevation myocardial infarction registry;
- The reportable diseases or conditions registry;
- The autism spectrum disorder database;
- The newborn screening database;
- The North Dakota birth defects monitoring system; and
- The statewide cancer registry.

Ms. Susan Wagner, Program Administrator, Mental Health and Substance Abuse Services Division, Department of Human Services, presented information ([Appendix G](#)) regarding potential definitions of acquired brain injury, cost of expanding traumatic brain injury (TBI) services to include individuals with acquired brain injuries, the status of the North Dakota Brain Injury Network (NDBIN), the benefits and concerns of implementing a flex fund program for brain injury survivors, and a potential brain injury registry. She said there were 1,634 strokes in North Dakota between October 1, 2012, and September 30, 2013. She said according to the state trauma registry, 1,698 TBIs occurred between October 1, 2012, and September 30, 2013. She said the NDBIN was established August 1, 2013, by the University of North Dakota Center for Rural Health to serve as a hub of information about TBIs in North Dakota.

Ms. Wagner said the flex fund program could provide the opportunity to receive services not otherwise covered by Medicaid, insurance, or personal earnings. She said the Department of Human Services proposes that if a registry is created, that it be a joint effort among the State Department of Health, NDBIN, and the Department of Human Services. She said the estimated cost for the State Department of Health and the Department of Human Services to establish and maintain a TBI registry would be \$271,083 for the 2013-15 biennium.

In response to a question from Representative Hogan, Ms. Wagner said she does not believe there is a routine process used to refer people to the TBI case management system.

In response to a question from Chairman Damschen, Ms. Wagner said NDBIN is working to increase marketing of available services. She said it is common that individuals do not know where to go or who to call for brain injury services.

In response to a question from Representative Mooney, Ms. Wagner said the Department of Human Services contracts with NDBIN to provide services and education and to do marketing.

Ms. Mary Dasovick, Director, Division of Injury Prevention and Control, State Department of Health, presented testimony ([Appendix H](#)) regarding the potential establishment of a TBI registry. She said under the Department of Human Services proposal, the State Department of Health would be designated as the host to collect appropriate patient information from emergency departments, hospitals, inpatient rehabilitation facilities, and physicians at outpatient clinics. She said the State Department of Health would need one full-time equivalent (FTE) epidemiologist to maintain the registry. She said the epidemiologist could also provide surveillance efforts in other programs, such as suicide, domestic and sexual violence, and injury prevention.

Ms. Rebecca Quinn, Program Director, North Dakota Brain Injury Network, University of North Dakota Center for Rural Health, presented testimony ([Appendix I](#)) regarding NDBIN. She said the basic care moratorium affects the ability to add needed basic care TBI beds. She said the two major needs relating to TBI services are a TBI registry and additional day supports programming.

Ms. Trina Gress, Vice President of Employment Services, Community Options, Inc., presented testimony ([Appendix J](#)) regarding brain injury services. She encouraged the committee to recognize all brain injuries, acquired and traumatic, in future legislation. She said the number of "extended services" slots for people with brain injury should be increased. She said the budget for the prevocational skills program should also be increased.

Ms. Elaine Grasl, Bismarck, presented written testimony ([Appendix K](#)) regarding behavioral health. She also spoke in support of a comprehensive system of care for individuals with brain injury.

The committee recessed for lunch at 1:05 p.m. and reconvened at 1:50 p.m.

STUDY OF HOME AND COMMUNITY-BASED SERVICES

The Legislative Council staff presented a memorandum entitled [Key Issues Regarding Home and Community-Based Services](#). The memorandum is an updated summary of testimony presented to the committee to date relating to concerns and suggestions regarding home and community-based services.

Representative Hogan said there was a study of qualified service providers (QSPs) completed in 2008. Chairman Damschen asked the Legislative Council staff to provide copies of the study to the committee members.

Ms. Karen Tescher, Assistant Director, Long Term Care Continuum, Medical Services Division, Department of Human Services, presented information ([Appendix L](#)) regarding the feasibility of implementing suggested changes for home and community-based services made in prior committee meeting testimony. She said in order to replicate the Community of Care model in other communities in North Dakota, a mixture of revenue, including the state general fund, local support, grants, memberships, donors, and fundraisers would be necessary. She said there are currently 1,584 individual and 144 agency QSPs enrolled with the Department of Human Services. She said the rural mileage differential went into effect on January 1, 2014, to improve access to home and community-based services for recipients who reside in rural areas by offering a higher payment rate to QSPs who are willing to travel to provide services. She said an additional program option, such as service payments for elderly and disabled (SPED) Limited, would allow additional individuals to qualify for services. She said the projected 2015-17 biennium cost for SPED Limited would be approximately \$2.5 million, of which \$2.3 million would be from the general fund. She said suggested services to address the growing issue of loneliness and isolation would cost approximately \$1.1 million for the 2015-17 biennium, of which \$550,000 would be from the general fund.

In response to a question from Senator Warner, Ms. Tescher said individuals enroll with the Department of Human Services as a QSP in order to be reimbursed for caring for an eligible family member.

In response to a question from Senator Axness, Ms. Tescher said family members who are QSPs can transport the client to a medical provider but do not receive reimbursement for these transportation services.

In response to a question from Representative Hogan, Ms. Tescher said she will provide the percentage of QSPs who are family members.

In response to a question from Senator Mathern, Ms. Tescher said she believes many of the proposed services have merit. She said the SPED Limited proposal has been discussed extensively among case managers and at the county level.

Ms. Tracy Ekeren, Program Director, Helping Enderlin Area Residents Thrive, presented testimony ([Appendix M](#)) regarding services provided by Helping Enderlin Area Residents Thrive (HEART). She said HEART has been operating for 11 years. She said HEART currently has over 120 volunteers, and in 2013 over 2,300 hours of time was gifted. She said HEART services are free and confidential. She said HEART also arranges for fee-for-service providers, including lawn care, snow removal, and housekeeping.

In response to a question from Representative Wieland, Ms. Ekeren said HEART employs a part-time director, a part-time volunteer coordinator, a part-time wellness center manager, and a full-time store manager.

In response to a question from Senator Dever, Ms. Ekeren said to implement an organization similar to HEART in other communities, a group of committed people is needed to establish the organization.

Senator Axness suggested the committee receive information regarding Medicaid reimbursement for medical-related transportation expenses and the potential expansion of reimbursement for medical-related transportation services in the QSP program. Chairman Damschen asked the Legislative Council staff to arrange for the information to be presented at a future meeting.

Mr. Steve Reiser, Social Services Director, Dakota Central Social Services, commented regarding priorities for changes in home and community-based services. He expressed support for the following program changes:

1. Establishment of a SPED Limited program.
2. Expansion of of socialization-related programs.
3. Improvement in the transitioning and application process from certain home and community-based services to Medicaid.

Senator Mathern suggested the committee focus on the three areas identified by Mr. Reiser. He suggested the Department of Human Services provide more information on the transition process from home and community-based services to Medicaid. Chairman Damschen said this information would be requested for a future meeting.

COMMITTEE DISCUSSION AND STAFF DIRECTIVES

Representative Hogan suggested the Department of Human Services be asked to provide a preliminary cost estimate for the entire comprehensive system of care for individuals with brain injury proposed by Ms. Quinn.

Senator Mathern said many TBI services are accessed through the county, and behavioral health services are accessed at the human service centers. He suggested the committee receive information at a future meeting regarding why behavioral health and TBI services are accessed differently and how the processes could be better-coordinated. Chairman Damschen said this information would be requested for a future meeting.

Representative Mooney suggested the committee receive information regarding the estimated cost of increasing the number of individuals with TBI who may access extended services.

Representative Mooney suggested the committee receive information regarding the number of individuals with TBI that are being cared for in basic care facilities and the appropriateness of these placements. Chairman Damschen said the information would be requested for a future meeting.

OTHER COMMITTEE RESPONSIBILITIES

Ms. Julie Schwab, Director, Medical Services Division, Department of Human Services, presented information ([Appendix N](#)) regarding the annual report describing enrollment statistics and costs associated with the children's health insurance program (CHIP) state plan. She said the appropriation for CHIP for the 2013-15 biennium was \$32,694,070. She said \$7,862,143 was expended for the program through February 2014. She said as of February 2014 premiums were paid for 4,079 children enrolled in CHIP, an increase of 221 children compared to the same time during the 2011-13 biennium.

In response to a question from Representative Hogan, Ms. Schwab said the actual number of children affected by the CHIP transition to modified adjusted gross income eligibility is similar to estimates made by the Department of Human Services.

No further business appearing, Chairman Damschen adjourned the meeting at 3:00 p.m.

Alex J. Cronquist
Fiscal Analyst

Allen H. Knudson
Legislative Budget Analyst and Auditor

ATTACH:14