

NORTH DAKOTA LEGISLATIVE MANAGEMENT

Minutes of the

HEALTH SERVICES COMMITTEE

Wednesday, April 25, 2018
Roughrider Room, State Capitol
Bismarck, North Dakota

Senator Judy Lee, Chairman, called the meeting to order at 9:00 a.m.

Members present: Senators Judy Lee, Robert Erbele, Nicole Poolman; Representatives Bert Anderson, Pamela Anderson, Gretchen Dobervich, Karla Rose Hanson, Karen Karls, Aaron McWilliams, Karen M. Rohr, Mary Schneider, Kathy Skroch

Members absent: Senators Tom Campbell and Tim Mathern

Others present: Senator Joan Heckaman, New Rockford, and Representative Kathy Hogan, Fargo, members of the Legislative Management
See [Appendix A](#) for additional persons present.

It was moved by Senator Erbele, seconded by Representative Rohr, and carried on a voice vote that the minutes of the January 3, 2018, meeting be approved as distributed.

**STUDY OF EARLY INTERVENTION SYSTEM
FOR INDIVIDUALS WITH DEVELOPMENTAL DISABILITIES
Medicaid Eligibility Requirements and the Role of County Social Services**

Chairman Lee called on Ms. Michele Gee, Economic Assistance Director, Department of Human Services, who presented information ([Appendix B](#)) regarding Medicaid eligibility requirements and the role of county social services in determining eligibility for Medicaid. Ms. Gee said developmental disability program managers provide two application options to a family when referring the family to apply for Medicaid. She said these two options are the Health Care Coverage for the Elderly and Disabled Application and the Application for Economic Assistance Programs. She said the Health Care Coverage for the Elderly and Disabled Application is used when a family seeks coverage for the child only. She said income and assets of the child are required for eligibility determination. She said the Application for Economic Assistance Programs is used when a family seeks coverage for Medicaid or wishes to also apply for other economic assistance programs. She said income and assets of each family member is required for eligibility determination. She said county social service staff administer economic assistance programs, including the child care assistance program, low-income home energy assistance program, Medicaid, supplemental nutrition assistance program, and temporary assistance for needy families program.

In response to a question from Senator Poolman, Ms. Gee said federal requirements determine when a parent or child's income and assets are included when determining eligibility for the developmental disabilities waiver.

In response to a question from Representative McWilliams, Ms. Gee said the assets of a child include savings and checking accounts.

Regional Human Service Centers Medicaid Eligibility Determination Process

Chairman Lee called on Ms. Tina Bay, Director, Developmental Disabilities Division, Department of Human Services, who presented information ([Appendix C](#)) regarding the process that occurs when an individual enters the human service center requesting services and the process of referring the individual to the county for Medicaid eligibility determination. Ms. Bay said a developmental disabilities program manager will provide an applicant or legal decisionmaker an overview of services available through the developmental disabilities system and an overview of the enrollment process. She said an applicant seeking services authorized through the Medicaid Developmental Disabilities Traditional Home and Community Based Waiver or Medicaid State Plan must be enrolled in Medicaid, be eligible for developmental disabilities services pursuant to North Dakota Administrative Code Chapter 75-04-06, and must meet the Intermediate Care Facility for Individuals with Intellectual Disabilities level of care. She said the program manager will encourage an applicant not currently enrolled in Medicaid to apply. She said the program manager may assist the applicant with the application process or make a referral to the county. She said program managers in some regions of the state attach a cover sheet or make a note on the

application identifying the applicant is screened for the waiver. She said the note is to inform county social service staff the legal decisionmaker is only interested in Medicaid coverage for the child. She said the program manger continues assisting the applicant or legal decisionmaker with choosing services and providers once the application has been submitted.

In response to a question from Senator Heckaman, Ms. Joyce Johnson, Medicaid Policy Director, Department of Human Services, said more than one child may be included on the same application if there is more than one child within a family needing services through the Medicaid developmental disabilities waiver. In addition, she said, the income level of the family would not be considered unless a parent is also applying for Medicaid.

In response to a question from Representative Schneider, Ms. Bay said it is possible for a policy in one county to only require an individual to complete a short version of the Medicaid application, and a policy in another county to require the same individual to complete the whole Medicaid application and disclosure of family assets. She said this is one of the reasons why the Department of Human Services (DHS) is currently reviewing Medicaid eligibility and the process for counties.

Referrals for Federal Part C Services

Chairman Lee called on Ms. Amanda Carlson, Federal Part C Coordinator and Administrator of Children and Family Services, Developmental Disabilities Division, Department of Human Services, who presented information ([Appendix D](#)) regarding referrals for federal Part C services. Ms. A. Carlson said 48 percent of referrals for Part C of the federal Individuals with Disabilities Education Act are from the right track program, 20 percent are from physicians and birthing hospitals, and 20 percent are from family members. She said states are not required to provide referral sources, and therefore, she could not provide a comparison of the sources of referrals to other states or nationally.

Early Intervention System Task Force

At the request of Chairman Lee, Ms. Roxane Romanick, Executive Director, Designer Genes of North Dakota, presented information ([Appendix E](#)) regarding the early intervention system task force's final report, and information regarding Part C program spending for families who qualified, but did not seek eligibility, for Medicaid. Ms. Romanick said the task force supports recent efforts by DHS to hire a full-time coordinator for the North Dakota Part C program, and its efforts to separate costs for infant development services within the Individuals with Intellectual Disabilities and Developmental Disabilities Medicaid Waiver on the DHS *Quarterly Budget Insight Report*. She said the task force recommends the following:

- Identify opportunities to utilize Medicaid funds for direct services prior to the use of Part C funds or funds from the general fund;
- Develop a separate Medicaid application for families accessing the Medicaid waiver for their children only when their family income exceeds eligibility guidelines;
- Continue improving efforts between the county social services and the human service centers;
- Consider an ongoing study that will review the feasibility of other funding options for the state's Part C early intervention system, including the use of private insurance through a direct billing arrangement or an insurance trust fund, the use of funds from the common schools trust fund, or other state funds;
- Establish a longitudinal data system and identify unique state identifiers for the data;
- Create efficient developmental screening and early childhood supports; and
- Consider adding a representative of the Department of Corrections and Rehabilitation to the Interagency Coordinating Council.

North Dakota Interagency Coordinating Council

At the request of Chairman Lee, Ms. Sarah Carlson, Chairman, North Dakota Interagency Coordinating Council, presented information ([Appendix F](#)) regarding the early intervention system for individuals with developmental disabilities study. Ms. S. Carlson said the council meets five times a year. She said the council also created several subcommittees to continue dialogue between meetings, including a subcommittee for the state systemic improvement plan; the early intervention services subcommittee, and the budget subcommittee. She said the state systemic improvement plan subcommittee is identifying ways to improve evidence-based practices and professional development. She said the early intervention services subcommittee is reviewing child find activities across the state and programs receiving support from Right Track to identify areas of duplication. She said the Budget subcommittee is collecting and analyzing data on services that could potentially be paid by Medicaid, and reviewing the Medicaid application process, other billing methods, children meeting development goals prior to age 3, and the overall costs per child. She said the council recommends:

- Supporting ongoing efforts and collaboration with the DHS Medical Services Division;
- Exploring alternative funding sources; and
- Continuing to seek opportunities for involvement with the North Dakota Interagency Coordinating Council for future changes to the state's Part C services.

Chairman Lee suggested the Interagency Coordinating Council consider the feasibility and desirability of adding a representative of the Department of Corrections and Rehabilitation to the council.

In response to a question from Chairman Lee, Ms. Bay said Part C regulations do not allow the state to charge a recipient liability. She said Part C funds are used to fund the 1st partial month payments so that an individual does not have a recipient liability.

Chairman Lee asked DHS to provide an example at a future meeting of recipient liability that would be paid if services are provided under Medicaid.

In response to a question from Representative Hogan, Ms. S. Carlson said the council has identified social and emotional needs of children. She said the council is analyzing ways to ensure supports are being provided for individuals birth through 2 years of age, and their families.

Comments by Interested Persons

Mr. Christopher S. Pieske, member and Parent Representative, North Dakota Interagency Coordinating Council, presented information ([Appendix G](#)) regarding the study of early intervention for individuals with a developmental disability. He said the current early intervention system is financially unsustainable. He said the two largest expenditures are direct services and the Right Track program. He said Part C funds being used for direct services could be reduced by improving the Medicaid application process. He also suggested the committee review whether or not child support should be included in the Medicaid application when determining a child's total income.

In response to a question from Chairman Lee, Mr. Erik Elkins, Assistance Director, Medical Services Division, Department of Human Services, said he will provide the committee with information regarding the inclusion of child support when determining a child's income for the Medicaid waiver, including whether the inclusion is because of a federal requirement.

In response to a question from Representative Skroch, Ms. Valerie Bakken, Special Education Regional Coordinator and Special Education Presechool Coordinator, Department of Public Instruction, said special education units are required to designate a proportion of its federal funds for private schools. She said a contract is generally developed between the special education unit and the private school identifying the type of services to be provided. She said the contracts can vary from school to school.

Mr. Bruce Murray, Director, North Dakota Association of Community Providers, presented information ([Appendix H](#)) on behalf of Ms. Jill Staudinger, Vice President of Children and Family Services, KIDS Program and West River Head Start, HIT, Inc. regarding a flow chart of the early intervention system from a providers' point of view. He said many of the providers are smaller without large reserves. He said a continued emphasis on improving the payment system will allow services to be available to more individuals in the state.

Mr. Carl Young, Bismarck, provided comments regarding the early intervention system. He said his son was originally diagnosed with attention deficit hyperactivity disorder, then obsessive compulsive oppositional defiant childhood conduct, then autism, then reactive attachment disorder, then ultimately fetal alcohol spectrum disorder. He supports the efforts of DHS and the committee to make improvements to the early intervention system.

In response to a question from Chairman Lee, Mr. Christopher D. Jones, Executive Director, Department of Human Services, said the original goals of the social service redesign project were to review caseload standards and to identify efficiencies, consolidations, and aggregations. He said the project has shifted to focus more on how client services can be delivered more effectively. He said the project has been divided into four groups, which include children and family services; eligibility services, including economic assistance and Medicaid eligibility; and adult services, including developmental disabilities and aging services. He said a national expert will also assist with the project.

Ms. Kim Jacobson, Director, Traill County Social Services and member, North Dakota County Director's Association, presented information ([Appendix I](#)) regarding an update on options to enhance the Medicaid eligibility application process for individuals with developmental disabilities in the early intervention services, and information ([Appendix J](#)) regarding a flow chart that explains the application process. She said two of the four work groups involved with the social service redesign study, pursuant to 2017 Senate Bill No. 2206, have been reviewing the process. She said the two groups recommend:

- Considering providing joint training for county staff and DHS developmental disabilities case managers to improve program delivery statewide; and
- Encouraging leaders of economic assistance programs and developmental disabilities case managers to provide leadership of oversight, program administration, and policy.

STUDY OF DEVELOPMENTAL DISABILITIES AND BEHAVIORAL HEALTH NEEDS Career, Readiness, Education, And, Training, Experience - Internship Program

At the request of Chairman Lee, Mr. Greg Kaiser, Vocational Training Center, Fargo, presented information ([Appendix K](#)) regarding a new internship program for individuals with disabilities who want to work called Career, Readiness, Education, And, Training, Experience (C.R.E.A.T.E.). Mr. Kaiser said the mission of the program is to build customized pathways for interns to gain a foothold in desirable careers and to open minds and doors of local employers to those with disabilities. He said the objectives of the program include:

- Providing enhanced employable skills training;
- Building customized internships based on interests, abilities, and employment goals;
- Providing a "foot in the door" and a desired career pathway for interns;
- Building positive connections between employers and interns to increase opportunities for both;
- Increasing the number of individuals with disabilities working in integrated and competitive jobs; and
- Increasing the number of employers within the community that employ individuals with disabilities.

In response to a question from Senator Heckaman, Mr. Kaiser said the program began in January 2018. He said the program capacity is currently six slots. He said the goal is to increase the capacity to eight slots this fall.

In response to a question from Representative P. Anderson, Mr. Kaiser said the program was initially funded with a grant of \$120,000 from the North Dakota State Council on Developmental Disabilities.

In response to a question from Representative Schneider, Mr. Kaiser said a benefits planner is available to assist individuals in the program.

In response to a question from Representative Skroh, Mr. Kaiser said the \$120,000 grant is temporary and will assist with building and implementing the program. He said other sources of funding are being identified to sustain the program long-term. He also said the program accepts individuals with a disability identified pursuant to the federal Americans with Disabilities Act, which includes individuals with a mental illness.

In response to a question from Representative McWilliams, Mr. Kaiser said a job coach is available to assist individuals and employers in the program. He said the job coach monitors and answers questions, but the goal is to encourage the individual to work independently.

Representative Hogan suggested the program consider possible opportunities for children aging out of foster care.

Department of Human Services - Life Skills and Transition Center Fixed Overhead Costs and an Update of the Developmental Disabilities New Payment System

Chairman Lee called on Mr. Tom Eide, Director of Field Services and Interim Chief Financial Officer, Department of Human Services, who presented information ([Appendix L](#)) regarding fixed overhead costs related to the current daily rates at the Life Skills and Transition Center. Mr. Eide said the daily rate at the Life Skills and Transition Center was \$949.12 for fiscal year 2017, of which 72.38 percent was direct costs. He said clinical costs were 14.86 percent, administration costs were 6.89 percent, and indirect costs were 5.87 percent.

In response to a question from Representative P. Anderson, Mr. Eide said the average number of clients per day is 74 for fiscal year 2017.

In response to a question from Representative Dobervich, Mr. Eide said the Life Skills and Transition Center currently has 339 full-time equivalent positions. He said there were 373 full-time equivalent positions in fiscal year 2017.

Senator Poolman suggested DHS be asked to provide information to the committee at its next meeting regarding the status of any clients at the Life Skills and Transition Center that could be transitioned to a community setting and information on the number of children at the center. Chairman Lee said this will be arranged for the next committee meeting.

Chairman Lee called on Ms. Bay, who presented information ([Appendix M](#)) regarding the status of implementing the new payment system for providers of services to individuals with developmental disabilities. Ms. Bay said the new payment system was implemented on April 1, 2018. She said six quality measures were developed to assist a steering committee with monitoring the implementation to identify any concerns.

Governor's Office - North Dakota Olmstead Commission

Chairman Lee called on Ms. Leslie Bakken Oliver, General Counsel, Governor's office, who presented information ([Appendix N](#)) regarding the North Dakota Olmstead Commission. Ms. Bakken Oliver said recommendations adopted by the commission at its March 19, 2018, meeting include changes in commission governance, roles and responsibilities, membership, and internal and external communications focused on community integration across areas of health, housing, employment, transportation, community services, and support. She said the new governance will include a citizen member and a representative from the Governor's office as co-chairmen. She said voting and nonvoting membership of the commission was also changed, including changes from 13 voting members to 10 voting members. She said the Protection and Advocacy Project will be the point of contact for individuals, providers, businesses, other government entities, and concerned citizens. She said the changes will also authorize the commission to create subgroups as needed and to seek expertise for guidance and counsel regarding issues that may arise.

Ms. Bakken Oliver said the new structure of the commission will allow for a more statewide focus. She said the changes will also allow for more input from all stakeholders, including agencies and groups that are impacted. She said the intent of the changes is to create an efficient and effective commission that is responsive to citizens needs. She said the changes adopted by the commission will require a new executive order.

In response to a question from Representative Hanson, Ms. Bakken Oliver said the intent of the new structure will be to provide information, referral, and training, as well as responding to any complaints.

In response to a question from Chairman Lee, Ms. Teresa Larsen, Executive Director, Protection and Advocacy Project, said the Protection and Advocacy Project has been involved with the Americans with Disabilities Act. Ms. Larsen said recent efforts have been more reactive than proactive because of workloads, responding to reports, and referrals. She hopes the role of the Protection and Advocacy Project with the North Dakota Olmstead Commission can be more proactive. She said there is a need to train businesses, entities, and organizations regarding proactive compliance rather than reactive.

Governor's Office - Office of Recovery Reinvented

Chairman Lee called on Ms. Jenny Olson, Managing Director, Office of Recovery Reinvented, who presented information ([Appendix O](#)) regarding the newly created Office of Recovery Reinvented. Ms. Olson said the office was created on January 9, 2018. She said the mission of the office is to promote strategic and innovative efforts to eliminate the shame and stigma associated with the disease of addiction. She said the office is funded through in-kind donations, and grants from nonprofit organizations. She said an advisory council was created to provide insight and feedback to shape new and existing efforts. She said the office also collaborates with executive branch agencies, advocates, volunteers, and others on initiatives. She said the office established an innovative recovery competition to create innovative addiction recovery services and solutions for the state. She said the office is planning to partner with the DHS Behavioral Health Division to host a recovery reinvented event in September 2018. She said the office is also partnering with the First Lady to increase awareness and eliminate shame and stigma of addiction.

In response to a question from Representative B. Anderson, Ms. Olson said the managing director position of the office is a temporary position.

North Dakota State University Extension Service - Behavioral Health-Related Awareness and Prevention Activities

Chairman Lee called on Ms. Vanessa Hoines, Family and Community Wellness Agent, North Dakota State University Extension Service, who presented information ([Appendix P](#)) regarding behavioral health-related awareness and prevention activities, and other educational and referral supports provided by the North Dakota State University Extension Service. Ms. Hoines said educational programs provided by the North Dakota State University Extension Service include Powerful Tools for Caregivers; Parents Forever; Managing Stress and Pursuing Wellness in Times of Tight Margins; Understanding Depression in Later Life; Managing Stress for Better Health; and Overdone, Practicing Wellness in Busy Families. She said other educational and referral supports include educational publications, behavioral health webinar training, and online resources.

Update of the Justice Reinvestment Initiative

Chairman Lee called on Dr. Lisa Peterson, Clinical Director, Department of Corrections and Rehabilitation, who presented information ([Appendix Q](#)) regarding an update on the implementation of the Justice Reinvestment Initiative pursuant to 2017 Senate Bill No. 2015. Dr. Peterson said services began on February 1, 2018. She said the program is intended for individuals with serious behavioral health conditions. She said the program defines a serious behavioral health condition as a serious and persistent mental health illness, or a moderate and severe substance use disorder. She said there have been 328 referrals and 289 participants who have entered the program. She said the program has capacity for up to 670 individuals. She said 68 percent of the participants have co-occurring disorders. She said 90 percent of the participants have a substance use need. She said 97 percent of the participants were at a moderate, moderate-high, or high risk for future crime.

Chairman Lee called on Ms. Pamela Sagness, Director, Behavioral Health Division, Department of Human Services, who presented information regarding an update on the implementation of the Justice Reinvestment Initiative pursuant to 2017 Senate Bill No. 2015. Ms. Sagness said the free through recovery program is a performance-based program that measures outcomes based on housing, employment, recovery, and criminal justice involvement. She said, after 1 month of data, 78 percent of participants met three of the four outcomes. She said data will continue to be monitored to identify the development of the program. She said the data will also be continuously reviewed to ensure outcomes are appropriate to the goals of the program, which includes preventing participants from being reinstitutionalized or reincarcerated. She said data is provided both by the care coordination agencies and by the parole and probation officers.

Human Services Research Institute - Behavioral Health Systems Study - Final Report

At the request of Chairman Lee, Dr. Bevin Croft, Research Associate, Human Services Research Institute, presented information ([Appendix R](#)) regarding the *North Dakota Behavioral Health Systems Study - Final Report*. Dr. Croft said the aims of the study were to review the behavioral health needs of individuals in the state, review resources currently available, identify gaps between community needs and available resources, and provide recommendations to close those gaps. She said the institute reviewed recent works in the state on behavioral health, conducted 66 in-depth interviews with over 120 stakeholders, reviewed Medicaid claims data for individuals funded by Medicaid who had at least one primary mental health or substance use diagnosis, and other data provided by DHS. She said, based on the data, a majority of treatment expenditures relate to costly services that treat few individuals, and fewer of the state's resources for behavioral health are spent on outpatient treatment and case management services. She provided the following recommendations:

- Develop a comprehensive implementation plan;
- Invest in prevention and early intervention;
- Ensure individuals have timely access to appropriate behavioral health services;
- Expand the types of outpatient and community-based services;
- Enhance and streamline the system of care for children and youth with complex needs;
- Continue to implement and refine the current criminal justice system strategy;
- Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce;
- Continue to expand the use of telebehavioral health interventions;
- Ensure the system reflects its values of person-centered, cultural competency, and trauma-informed approaches;
- Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services;
- Partner with tribal nations to increase health equity for American Indian populations;
- Diversify and enhance funding for behavioral health; and
- Conduct ongoing, systemwide, data-driven monitoring of need and access.

Department of Human Services - Behavioral Health Division Project Updates and Effectiveness of Substance Use Disorder Voucher Program

Chairman Lee called on Ms. Sagness, who presented information ([Appendix S](#)) regarding the effectiveness of the substance use disorder voucher program. Ms. Sagness said the substance use disorder voucher program began in July 2016. She said the program allows individuals to access appropriate services within their community. She said 12 private substance abuse treatment providers will be participating in the program as of July 2018. She said public providers are not reimbursed through the program. She said of the 946 individuals that applied to receive a voucher, 913 were approved.

In response to a question from Representative Hogan, Ms. Sagness said the substance use disorder voucher program is for individuals age 18 and older.

**Department of Human Services - Open Access Clinical Model at the
Regional Human Service Centers, Emergency and Crisis Services, Psychiatric
Rehabilitation and Recovery Management Services, and Accreditation Issues**

Chairman Lee called on Mr. Eide who presented information ([Appendix T](#)) regarding the effectiveness of the open access clinical model at the human service centers. Mr. Eide said the number of clients served at the regional human service centers declined while DHS transitioned its services and core mission. He said the number of clients is now increasing. He said the regional human service centers will focus their efforts more on individuals with chronic mental illness, and individuals with no insurance coverage or resources. He said individuals with commercial insurance coverage or individuals who may be better served by a private provider will be referred to a private provider.

Chairman Lee called on Dr. Rosalie Etherington, Superintendent, State Hospital and Chief Clinics Officer, Regional Human Service Centers, Department of Human Services, who presented information ([Appendix U](#)) regarding the effectiveness of the open access clinical model at the human service centers, the status of developing better access to emergency and crisis services, the possibility of developing psychiatric rehabilitation and recovery management services to improve outcomes for individuals served in chronic disease management, and any concerns relating to accreditation issues. Dr. Etherington said the open access clinical model initiative began in September 2015. She said the model has been adopted by all the regional human service centers as of July 2017. She said an average of 1,186 individuals are assessed each month. She said four out of five individuals are served by the human service center. She said one out of five individuals are referred to a private partner in the community. She said from the time of entry into the human service center to assessment averages 1 hour. She said from the assessment to the first treatment session is approximately 9 days. She said the open access clinical model was originally implemented to eliminate waiting lists at the human service centers, but as a consequence, some private partners are now experiencing waiting lists.

Dr. Etherington said DHS began the process of evaluating and planning for the redesign and expansion of emergency services across the state in January 2018. She said DHS has been discussing with other states regarding their process for implementation. She said the redesign will include crisis residential services.

Dr. Etherington said DHS anticipates accreditation of all the regional human service centers by 2020. In addition, she said, DHS is adopting an interdisciplinary team model with clinical and psychosocial interventions that are integrated, individualized, long-term, and transitional. She said the model will be integral for recovery management and psychosocial rehabilitation services.

In response to a question from Representative Rohr, Dr. Etherington said centralized scheduling allows front desk personnel to access clinicians' schedules enabling them to know the availability of a clinician. She said a new software system will be implemented between June and August 2018.

In response to a question from Representative Hogan, Dr. Etherington said the interdisciplinary team model which adopts practices for recovery management and psychosocial rehabilitation recognizes different needs based on populations served. She said DHS is also developing crisis services to recognize the different needs based on populations served, including adult mental health, adult substance abuse, children and family, and individuals with intellectual disabilities.

In response to a question from Chairman Lee, Dr. Etherington said there are currently no concerns regarding accreditation.

Comments by Interested Persons

Ms. Trina Gress, Vice President, Community Options, presented information ([Appendix V](#)) regarding the *North Dakota Behavioral Health System Study - Final Report*. She expressed support for the study, including the following recommendations included in the final report:

- Develop a comprehensive implementation plan;
- Expand outpatient and community-based service array; and
- Diversify and enhance funding for behavioral health.

OTHER COMMITTEE RESPONSIBILITIES
North Dakota University System - Educational Curriculum
for Various Counseling-Related Professions

Chairman Lee called on Ms. Katie Fitzsimmons, Director of Student Affairs, North Dakota University System, who presented information ([Appendix W](#)) regarding educational curriculum for each counseling-related program and information on the percentage of students who begin a counseling program but do not complete it. Ms. Fitzsimmons said there are challenges with identifying the percentage of students who begin a counseling program but do not complete it. She said some students may begin a degree in psychology and then later switch to a degree in social work or a related field. She said a student changes majors an average of three times during college. She said there is a retention rate of 20 to 40 percent for 1st-year students that declared psychology, social work, or addiction studies as a major. She said there is a retention rate of 90 percent and higher for students in a postgraduate program.

In response to a question from Representative Hogan, Ms. Fitzsimmons said changing from an undergraduate behavioral health related degree to another behavioral health degree is easy for students. She said individuals who receive a behavioral health-related degree and then 10 years later seek to change to a different behavioral health-related degree may have additional requirements to complete. She said programs may not exist anymore and new standards may exist. She said the coursework corresponds to licensing boards licensure requirements.

Chairman Lee suggested the University System ensure class curriculums at one college are equivalent to the class curriculums at another college so a student does not lose credit for the class if the student transfers to a different college. In addition, she suggested reviewing similar courses among the various counseling-related professions to determine if some of the courses can be adjusted to be applicable for a number of the professions.

State Board of Psychologist Examiners - Licensing of Psychologists

Chairman Lee called on Dr. Paul Kolstoe, Representative, State Board of Psychologist Examiners, who presented information ([Appendix X](#)) regarding concerns expressed at the January 3, 2018, committee meeting regarding the licensing of psychologists that received their education outside of the United States. Dr. Kolstoe said the mission of the State Board of Psychologist Examiners is to protect the health, safety, and welfare of the public through the regulation of the practice of psychology within the state by licensing and registering practitioners, auditing continuing education activities, and enforcing legal and ethical requirements for the delivery of psychological and behavior analysis services. He said some states may have provisions that permit a board to accept an applicant whose qualifications do not meet accredited training standards. He said these provisions generally require that the individual has met the equivalent of an accredited program.

North Dakota County Social Service Director's Association and North Dakota Board of Social Work Examiners - Update on Addressing Licensing Issues for Social Workers

Chairman Lee called on Mr. Steven Reiser, Director, Dakota Central Social Services, and member, North Dakota County Social Service Director's Association, who presented information ([Appendix Y](#)) regarding licensing of social workers and concerns regarding how changes to statute or rules may impact county social services. Mr. Reiser said the North Dakota County Social Service Director's Association contacted the North Dakota Board of Social Work Examiners. He said a meeting was scheduled but later canceled by the North Dakota Board of Social Work Examiners because a proposed bill draft was not ready.

Chairman Lee called on Ms. Heidi Nieuwsma, Chairman, North Dakota Board of Social Work Examiners, who presented information ([Appendix Z](#)) regarding an update on addressing licensing issues for social workers and any recommendations for legislative changes. Ms. Nieuwsma said the North Dakota Board of Social Work Examiners anticipates holding a special meeting in June 2018 to review and discuss licensing issues for social workers. She said the North Dakota Board of Social Work Examiners will provide a report to the committee at a future meeting regarding any proposed legislative changes.

Chairman Lee asked that an update be provided to the committee at its July 2018 meeting.

State Department of Health - Comprehensive Stroke System

Chairman Lee called on Ms. Shila Thorson, Division of Emergency Medical Systems, State Department of Health, who presented information ([Appendix AA](#)) regarding progress made toward the recommendations provided in North Dakota Century Code Section 23-43-04, relating to continuous improvement of quality of care for individuals with stroke, and any recommendations for future legislation. Ms. Thorson said the state's stroke system was created in 2009 to establish a comprehensive, coordinated, efficient system for the continuum of health care for individuals suffering a stroke. She said the system is administered by the State Department of Health Division of Emergency Medical Systems and stroke partners, including the American Heart Association, critical access

hospitals, tertiary hospitals, the North Dakota Emergency Medical Services Association, and State Department of Health Division of Health Promotion. She said the stroke system of care has developed statewide stroke guidelines for the care and transport of stroke patients that arrive at critical access hospitals. She said two Fargo hospitals are designated as comprehensive stroke centers, four tertiary hospitals in the state are designated as primary stroke centers, and 30 critical access hospitals in the state are designated as acute stroke-ready hospitals. She said 33 percent of stroke patients are 18 to 65 years of age and 49 percent are 66 to 85 years of age. She said the goal is to identify stroke patients quickly and provide appropriate treatment. She said an average stroke patient loses 1.9 million brain cells for each minute that treatment of stroke is delayed.

In response to a question from Representative Rohr, Ms. Thorson said there is data that suggests strokes are occurring at younger ages.

In response to a question from Representative P. Anderson, Ms. June Herman, American Heart Association, said the benchmark for the state's stroke system is comparable to the national level.

Comments by Interested Persons

Mr. Tim Meyer, Volunteer, American Heart Association, and Vice-Chairman, North Dakota State Advocacy Committee, presented information ([Appendix BB](#)) regarding the comprehensive stroke system. He provided the following recommendations:

- Continue support of sufficient state funding for core system components; and
- Evaluate whether the state's definition of brain injury is impacting access to work for some stroke survivors.

In response to a question from Representative Rohr, Ms. Thorson said the State Department of Health has been in contact with hospitals on the Indian reservations. She said the hospitals that do not have computed tomography scanners are encouraged to immediately transport the stroke patient.

Ms. Rebecca Quinn, Program Director, North Dakota Brain Injury Network, and Program Director, Center for Rural Health, University of North Dakota School of Medicine and Health Sciences, presented information regarding the definition of brain injury. She said the federal Traumatic Brain Injury Act of 1996 defined brain injury. She said it was defined as an injury based on an external force. She said many states including North Dakota adopted this definition. She said many states have since expanded the definition to include an acquired brain injury model. She said North Dakota recently expanded its definition, but added exclusionary provisions. She said nontraumatic encephalopathy, nontraumatic aneurysm, and stroke are excluded from the definition. She said the state's statutory definition for brain injury has become very clinical; whereas, other statutory definitions, including serious mental illness and developmental disability are broad.

Chairman Lee suggested the North Dakota Brain Injury Network, the American Heart Association, and the State Department of Health meet to discuss possible changes to the definition for brain injury. She suggested reviewing how many additional individuals might be served if the definition is changed. She asked that an update be provided to the committee at the July 2018 meeting.

Committee Discussion

Chairman Lee said the next committee meeting is tentatively scheduled for Thursday, July 26, 2018.

It was moved by Representative Dobervich, seconded by Representative McWilliams, and carried on a voice vote that the meeting be adjourned.

No further business appearing, Chairman Lee adjourned the meeting at 5:15 p.m.

Michael C. Johnson
Fiscal Analyst

ATTACH:28