HUMAN SERVICES COMMITTEE

Thursday, March 12, 2020
Roughrider Room, State Capitol
Bismarck, North Dakota

Representative Karen M. Rohr, Chairman, called the meeting to order at 9:00 a.m.

Members present: Representatives Karen M. Rohr, Jeff A. Hoverson, Dwight Kiefert, Lisa Meier, Matthew Ruby, Kathy Skroch, Bill Tveit, Greg Westlind; Senators JoNell A. Bakke, Dick Dever, Kathy Hogan, Tim Mathern

Members absent: Representative Mary Schneider; Senators Judy Lee, Jessica Unruh

Others present: Representative Karla Rose Hanson, Fargo, member of the Legislative Management
See Appendix A for additional persons present.

It was moved by Senator Mathern, seconded by Representative Meier, and carried on a voice vote that the minutes of the November 7, 2019, meeting be approved as distributed.

STUDY OF THE IMPLEMENTATION OF THE HUMAN SERVICES RESEARCH INSTITUTE'S REPORT ON BEHAVIORAL HEALTH

Ms. Lisa Jahner, Assistant Director, Research and Programs, North Dakota Association of Counties, presented information (Appendix B) regarding juvenile justice efforts in the state. She said the North Dakota Juvenile Justice State Advisory Group has contracted with the Council of State Governments to conduct a study of the state's juvenile justice system. She said although no formal recommendations have been made, initial findings indicate the state uses a punitive approach to unruly youth. She said additional services are needed for these youth earlier so they do not become involved with the juvenile justice system.

In response to a question from Senator Mathern, Ms. Jahner said the purpose of the study is to ensure youth are matched to appropriate services and services that are limited are being provided to the highest risk youth. She said primary prevention strategies are used to provide services to families to assist in the prevention of youth interaction with the justice system.

In response to a question from Senator Hogan, Ms. Jahner said alternative classrooms in schools are used to provide day treatment to students.

In response to a question from Chairman Rohr, Ms. Jahner said additional community programs may be developed with local schools and providers to assist in juvenile justice efforts.

Mr. Lonnie Wangen, Commissioner, Department of Veterans' Affairs, presented information (Appendix C) regarding behavioral health services for veterans. He said health services are available for veterans at the Fargo Veterans' Affairs clinic and at eight community-based outreach clinics. He said services are provided by psychiatrists, psychologists, advanced practice nurses, social workers, and licensed professional mental health counselors.

Mr. Wangen said Vet Centers are located in Bismarck, Fargo, Grand Forks, and Minot and provide community-based counseling services. He said the centers provide a wide range of social and psychological services to eligible veterans, active duty service members, and their families. He said counseling services also are provided through telehealth to veterans in rural areas of the state.

Senator Bakke said she is concerned that the number of counselors in Grand Forks has been reduced to one position. She said there may be times the counselor is not available and an individual may need to drive to

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Fargo to receive services. She said there has been an increase in veteran suicides and cases of posttraumatic stress disorder and a reduction in services in the area has caused concern.

Mr. Wangen said he will contact the United States Department of Veterans Affairs (USDVA) to determine if appropriate services are being provided in the area.

In response to a question from Representative Skroch, Mr. Wangen said telehealth is used to provide services to veterans in rural areas. He said USDVA will provide an individual with a tablet device to receive telehealth services.

In response to a question from Chairman Rohr, Mr. Wangen said a homeless veteran coalition is being created to address the needs of homeless veterans in the state. He said one goal of the coalition is to obtain an accurate count of homeless veterans in the state.

In response to a question from Senator Hogan, Mr. Wangen said USDVA established a justice outreach coordinator position to assist veterans involved in the court system. He said he is working with the state court system to establish processes to identify veterans involved with the court system.

Senator Hogan said it is important for veterans involved with the court system to be connected to services such as the free through recovery program.

In response to questions from Representative Hanson, Mr. Wangen said the state does not have a separate veterans' court. He said in an effort to reduce veteran suicides, USDVA is encouraging veterans and their families to make access to firearms at least 5 minutes away. He said research has determined that suicide attempts are reduced if an individual does not have immediate access to a firearm.

In response to a question from Chairman Rohr, Mr. Wangen said veterans can access mental health services through several telephone helplines that are staffed continuously.

In response to a question from Representative Ruby, Mr. Wangen said his office receives several requests from veterans for services that are not available. He said a new nonprofit organization has been established to receive donations to enhance veterans' programs.

In response to a question from Chairman Rohr, Mr. Wangen said a clinical trial was established in Fargo to provide hyperbaric oxygen therapy for veterans.

Ms. Pamela Sagness, Executive Policy Director, Behavioral Health Division, Department of Human Services, and Ms. Mandi-Leigh Peterson, Senior Research Analyst, University of North Dakota School of Medicine and Health Sciences, presented information (Appendix D) regarding the use of telehealth services. Ms. Sagness said a study was conducted in 2017 to determine the extent that telehealth was used to provide behavioral health services. She said the study determined at least 10 facilities in the state provided telehealth services for behavioral health and 44 facilities received telehealth services. She said a majority of respondents indicated providing or receiving services for adults rather than children and adolescents.

Ms. Tina Jacobs, Provider Relations Coordinator of Abound Counseling, Lutheran Social Services of North Dakota, presented information (Appendix E) regarding the use of telehealth services through the Abound Counseling program. She said 48 of the 53 counties in the state are designated as "mental health professional shortage areas." She said her organization uses telehealth services to provide remote services to individuals in their homes or at partnership locations. She said partnerships have been established with school districts, human service centers, and churches to house telehealth equipment. She said 27 partner telehealth locations are providing services and 4 additional locations are pending.

In response to a question from Representative Hoverson, Ms. Jacobs said many community providers have indicated self-esteem and anxiety issues are affecting students. She said access to social media can affect a child's mental health development.

In response to a question from Senator Bakke, Ms. Jacobs said Abound Counseling utilizes providers across the state to provide telehealth services.

In response to a question from Representative Meier, Ms. Jacobs said over 500 new individuals have received services through telehealth from Abound Counseling in the past 12 months.
In response to a question from Senator Hogan, Ms. Jacobs said most health insurance companies reimburse providers for services delivered through telehealth. However, she said, there are gaps in insurance coverages for telehealth services. She said she will provide information regarding the percentage of total services provided through telehealth.

In response to a question from Senator Mathern, Ms. Jacobs said equipment tests are conducted prior to establishing a telehealth site or providing services in a client's home. She said partner telehealth sites generally have faster Internet speeds than may be available at a client's home.

In response to a question from Chairman Rohr, Ms. Jacobs said memorandums of understanding are entered with partnership locations to ensure patient confidentiality and compliance with federal privacy laws.

In response to a question from Senator Dever, Ms. Jacobs said Abound Counseling is a fee-for-service program that bills clients and insurance companies.

Dr. Rosalie Etherington, Superintendent, State Hospital, Department of Human Services, presented information (Appendix F) regarding the use of telehealth services by the department. She said telehealth improves the patient experience by reducing the need to travel, and telehealth can be more cost-effective. She said the regional human service centers provide more than 700 telebehavioral health services per month. She said the Department of Human Services (DHS) is expanding behavioral health emergency services by offering emergency telehealth options through critical access hospitals and mobile crisis response teams.

In response to a question from Senator Mathern, Dr. Etherington said in most instances, telehealth services are as effective as in-person treatment.

In response to a question from Senator Bakke, Dr. Etherington said some services, such as psychotherapy, generally are offered in-person rather than through telehealth.

In response to a question from Chairman Rohr, Dr. Etherington said some clients prefer in-person visits rather than receiving services through telehealth. She said providers and patients have high satisfaction with telehealth services.

In response to a question from Senator Hogan, Dr. Etherington said most services provided through telehealth may be billed to insurance companies.

In response to a question from Senator Hogan, Dr. Etherington said DHS is expanding mobile crisis response services to provide continuous coverage in all areas of the state.

Senator Hogan suggested the committee receive additional information regarding the expansion of mobile crisis services in the state.

Mr. Scott J. Davis, Executive Director, Indian Affairs Commission, presented information (Appendix G) regarding tribal government resources for behavioral health services. He said each tribe is experiencing behavioral health issues and many tribal communities are located in rural areas which affects the recruitment and retention of behavioral health personnel. He said some tribes have been developing plans to improve access to services including the Three Affiliated Tribes of the Fort Berthold Reservation which recently opened a treatment center in Bismarck.

In response to a question from Chairman Rohr, Mr. Davis said limited behavioral health resources are available on tribal reservations. He said many tribal members must travel to receive behavioral health services.

In response to a question from Senator Hogan, Mr. Davis said each tribal government has a veterans' service officer to assist tribal members who are veterans. However, he said, limited resources are available to assist veterans.

Ms. Laura Anderson, Assistant Director, Behavioral Health Division, Department of Human Services, presented information (Appendix H) regarding funding provided to tribal governments for behavioral health services. She said from July 2019 through August 2020, the department provided a total of $944,622 to tribal governments for behavioral health services, including substance abuse prevention; underage drinking prevention; substance use disorder treatment; and opioid prevention, treatment, and recovery. She said tribal members also may access services through other department programs, including the free through recovery program and the substance use disorder voucher program.
In response to a question from Senator Dever, Ms. Anderson said grants provided to tribal governments may be used for services provided off a reservation. She said the grant guidelines allow the tribes to identify needs and to provide services where appropriate.

In response to a question from Chairman Rohr, Ms. Anderson said the Three Affiliated Tribes used funding from the substance abuse and prevention and treatment block grant to establish a treatment center on the reservation. She said DHS is working to distribute grant funding to the tribe to improve prevention efforts.

In response to a question from Senator Mathern, Ms. Anderson said the grant programs have a positive effect on behavioral health issues on tribal reservations.

In response to a question from Representative Keifert, Ms. Anderson said substance abuse disorders are considered a long-term disease and generally do not have a measurable recovery rate.

In response to a question from Representative Hoverson, Ms. Anderson said she would provide information to the committee regarding success rates of treatment programs.

Ms. Sagness said DHS is required to prepare reports regarding the success of federally funded programs.

Ms. Kirsten Baesler, Superintendent of Public Instruction, provided comments to the committee regarding behavioral health in schools. She said several years ago the department created a strategic plan for elementary and secondary education which identified behavioral health as having a significant impact on student learning. She said at the time there were increasing challenges with student behavioral health outbursts that were starting to occur at younger ages.

Ms. Baesler said surveys determined student suicide idealization has increased along with suicide attempts. As a result, she said, the Department of Public Instruction chose to partner with DHS to improve behavioral health services in schools. She said the departments continue to work together to improve school behavioral health services.

Ms. Sagness presented information (Appendix I) regarding behavioral health in schools. She said in the past providing behavioral health services in schools has been difficult because of differences in terminology and methods of providing services. She said educators base services on the multitiered system of support while behavioral health specialists base services on the continuum of care. She said it is important to recognize that behavioral health needs of a student differ from the special education needs of a student.

Ms. Sagness presented an update (Appendix J) on peer support services. She said the 2019 Legislative Assembly authorized DHS to draft administrative rules for the certification of peer support specialists. She said the rules have been drafted and the department is receiving public comment regarding the rules. She said the department also is working to ensure peer support services are a reimbursable expense through the Medicaid program.

Ms. Sagness said 372 individuals have been trained to provide peer support services. She said DHS is scheduling additional training sessions across the state.

In response to a question from Chairman Rohr, Ms. Sagness said eligibility requirements for peer support specialists are included in administrative rules recently drafted by the department.

In response to a question from Senator Hogan, Ms. Sagness said peer support specialists are required to be supervised. She said there will be two tiers of peer support specialists, including a supervisor level.

Ms. Sagness presented an update (Appendix K) on the status of the 1915(i) Medicaid state plan amendment. She said the amendment proposes to provide home- and community-based services to individuals that have a mental illness, a brain injury, or a substance use disorder. She said some of the services included in the amendment are for care coordination, community transitional services, and training for caregivers.

Ms. Sagness said DHS held meetings prior to drafting the amendment to determine what services to include in the amendment. She said the department is receiving public comment on the proposed amendment.

In response to a question from Chairman Rohr, Ms. Sagness said the proposed amendment requires an individual receiving services to have a functional impairment. She said the functional impairment assessment is based on the World Health Organization Disability Assessment Schedule (WHODAS) 2.0.
In response to a question from Senator Hogan, Ms. Sagness said DHS will submit the proposed amendment to the Centers for Medicare and Medicaid Services for approval at the conclusion of the public comment period. She said the department will begin developing tools to implement the amendment services while waiting for approval.

In response to a question from Senator Mathern, Ms. Krista Fremming, Deputy Director, Medical Services Division, Department of Human Services, said the department has been communicating with the Centers for Medicare and Medicaid Services to receive feedback on potential concerns with the amendment.

Senator Mathern suggested DHS monitor the federal budget situation to ensure federal funding will be available to implement the amendment.

**STUDY OF THE OLMSTEAD COMMISSION**

Ms. Leslie Bakken Oliver, Counsel, Governor's office, provided an update (Appendix L) on the activities of the Olmstead Commission. She said the commission is meeting quarterly and three subcommittees were established to review and define:

1. Commission governance;
2. Availability of and deficits in services for individuals with disabilities; and
3. Scope of commission and work plan.

Ms. Bakken Oliver said the commission is scheduling community meetings across the state to gather input from individuals regarding their experiences and concerns with services provided to individuals with a disability. She said the commission also is working with the Information Technology Department to develop a website to provide information regarding the rights and responsibilities related to the Olmstead decision and services available to individuals with a disability.

Ms. Bakken Oliver said in 2015 the federal Department of Justice (DOJ) received complaints from North Dakota Medicaid recipients residing in skilled nursing facilities who no longer needed skilled care and would prefer to reside at home. She said the DOJ is continuing to investigate the complaints and has identified certain deficits in services to individuals with physical disabilities. She said the deficits include an imbalance of state funding provided to skilled nursing facilities compared to home- and community-based services, a lack of providers for community-based services, and a lack of awareness regarding the availability of home- and community-based services. She said DHS and the Governor's office are negotiating a settlement with the DOJ.

In response to a question from Senator Hogan, Ms. Bakken Oliver said the commission is developing a process to receive and review complaints.

In response to a question from Senator Dever, Ms. Bakken Oliver said the Olmstead Commissioner position is located in the Protection and Advocacy Project budget.

**OTHER COMMITTEE DUTIES**

**Permanent Housing Support Grants**

Ms. Katie Jo Armbrust, Project Director, Grand Forks Housing Authority, presented a report (Appendix M) regarding the use of permanent housing grant funds received by the authority. She said the Grand Forks Housing Authority operates a permanent housing support program at the LaGrave on First apartment complex. She said the grant funds are used to pay for housing support specialist staff at the complex. She said the staff are mental health technicians who provide continuous mental health and tenancy services at the complex.

Ms. Armbrust said from September 1, 2019, through March 12, 2020, 43 persons have been served through the program. She said of the persons served, 14 had mental health concerns, 17 had alcohol dependency issues, 7 had drug abuse issues, 5 had a chronic health condition, 5 had a developmental disability, and 6 had a physical disability.

In response to a question from Representative Hoverson, Ms. Armbrust said an individual wanting to reside at the complex must be processed through a coordinated entry system. She said individuals residing at the complex must pay rent equal to 30 percent of gross monthly income or a minimum of $50 per month.

In response to a question from Senator Mathern, Ms. Armbrust said the method being used in Grand Forks to address chronic homelessness is to provide services to individuals to allow them to remain in the housing of their choice.

In response to a question from Senator Dever, Ms. Armbrust said permanent supportive housing facilities are available in Grand Forks, Fargo, and Bismarck. She said each facility provides a different level of services based on the needs of the community.
In response to a question from Representative Skroch, Ms. Armbrust said each local housing authority determines the eligibility criteria to reside in a permanent supportive housing facility. She said in Grand Forks a resident will be asked to leave LaGrave on First if they are a threat to themselves or others.

In response to a question from Chairman Rohr, Ms. Armbrust said there is no limit to the length of time an individual may reside at LaGrave on First.

In response to a question from Senator Mathern, Ms. Armbrust said potential funding that may be received through a federal Medicaid 1915(i) waiver could be used to pay for pretenancy and tenancy support services.

In response to a question from Senator Hogan, Ms. Armbrust said alcohol is allowed at LaGrave on First.

Ms. Doreen Eichele, Chief Operations Officer, Dacotah Foundation, presented a report (Appendix N) regarding the use of permanent housing grant funds received by the foundation. She said the funds received by the foundation are used to provide services at the Cooper House permanent supportive housing facility in Fargo. She said services provided include crisis intervention, emergency management, deescalation, tenant support, and safety monitoring.

Ms. Eichele said from September 1, 2019, through March 12, 2020, 44 persons have been served through the program. She said of the persons served, 29 had mental health concerns, 26 had alcohol dependency issues, 13 had a chronic health condition, 1 had a developmental disability, and 14 had a physical disability.

In response to a question from Representative Hanson, Ms. Kavitha Gundala, Tax Credit Property Manager, Fargo Housing and Redevelopment Authority, said the need for housing services in Fargo is exceeding available resources. She said approximately 40 applications are awaiting a housing solution.

In response to a question from Senator Hogan, Ms. Gundala said individuals may leave the Cooper House facility for a variety of reasons. She said one individual was evicted from the facility but continued receiving assistance from a case manager.

In response to a question from Representative Meier, Ms. Gundala said residents are provided opportunities to improve skills to participate in the workforce. She said out of the current 42 residents at the facility, approximately 15 regularly seek employment through a labor agency.

In response to a question from Senator Bakke, Ms. Gundala said alcohol dependency support groups hold meetings at the facility.

Senator Hogan said the federal definition of chronic homelessness is an individual who has experienced homelessness for more than a year and has a debilitating condition.

Ms. Gundala said some residents at the Cooper House facility continue to reside there because they are concerned they will not receive services if they move.

In response to a question from Senator Dever, Ms. Eichele said an individual normally cannot be forced to move out of a permanent supportive housing facility.

In response to a question from Representative Tveit, Ms. Eichele said residents of the facility are provided with support through case management services. She said the services are used to get an individual to a point at which the individual is able to leave the facility and seek other housing options.

In response to a question from Senator Bakke, Ms. Eichele said residents are educated about support services available in the community. She said some residents are concerned they will not receive the same support services if they leave the facility.

In response to a question from Senator Mathern, Ms. Eichele said an individual may receive a voucher to assist in paying for housing in the community. However, she said, an individual without a voucher would have limited housing options based on income.

Ms. Eichele distributed written testimony (Appendix O) from Mr. Dan Madler, Chief Executive Officer, Beyond Shelter Inc., regarding the Cooper House facility.
Department of Human Services Reorganization

Mr. Christopher D. Jones, Executive Director, Department of Human Services, provided an update (Appendix P) on the reorganization of the department. He reviewed the revised organizational chart of the department which he said is based on how to best serve the needs of individuals receiving services. He said the organization of the department will continue to change as the needs of individuals change.

In response to a question from Senator Bakke, Mr. Jones said some county social services workers were transitioned to state positions as part of the county social and human services project. He said some issues have arisen due to the benefits offered for county positions differing from the benefits offered for state positions.

In response to a question from Senator Mathern, Mr. Jones said the department was reorganized to provide a team-based structure rather than a hierarchical structure.

Senator Hogan said it is important to have a strong connection between the Medicaid and economic assistance programs to best serve individuals receiving benefits. She said individuals often apply for both Medicaid and economic assistance benefits at the same time.

In response to a question from Chairman Rohr, Mr. Jones said an individual from the department's economic assistance policy section will be transitioned to the medical services division.

County Social and Human Services Project

Ms. Sara Stolt, Chief Operating Officer, Department of Human Services, presented an update (Appendix Q) on the county social and human services project. She said human service zones were formed on January 1, 2020, and 112 full-time equivalent positions were transferred from counties to DHS. She said zone directors will be hired by March 31, 2020, and each zone must complete an operations plan by June 30, 2020. She said the first payment to human service zones was made in January 2020 and the second zone payment is scheduled to be made in June 2020.

In response to a question from Senator Hogan, Ms. Stolt said long-term care eligibility staff will be working virtually to provide assistance to individuals across the state. She said services will be provided over the phone or an individual may visit with a county social services case manager who can connect with an eligibility staff member.

Senator Hogan suggested DHS consider using telehealth to assist individuals applying for benefit programs.

In response to a question from Senator Hogan, Ms. Stolt said 16 regional representatives focus on child welfare. She said previously, one of the roles of the representatives was quality control audits. However, she said, the roles of the representatives are being redefined and more focus is being placed on initial quality control rather than auditing after a decision has been made.

In response to a question from Senator Hogan, Ms. Stolt said the court system has been involved in the redesign of the child welfare system.

In response to a question from Senator Dever, Ms. Stolt said the zone boards generally operate as an advisory board but are responsible to hire zone directors subject to DHS approval.

Senator Dever said the human service zone directors serve as chairmen of the human service zone boards. He said it may not be appropriate for the zone director to serve as chair of the board responsible for hiring the director position.

Mr. Jones said DHS proposed the zone director position be a state employee. However, he said, the counties requested the position be a county position rather than a state position. He said through discussions it was determined that from an administrative perspective the zone director was the best person to direct the zone board.

In response to a question from Senator Mathern, Ms. Stolt said it is too early in the project to determine if any administrative positions can be eliminated or repurposed as a result of efficiencies resulting from the creation of human service zones and the redesign of programs.

In response to a question from Representative Westlind, Ms. Laurel Sehn, Program Accountant, Department of Human Services, said human service zones are reimbursed for a portion of indirect costs which include items such as building upkeep, vehicles, and janitorial services. She said the 2019 Legislative Assembly defined indirect costs and the changes have provided consistency in the reimbursement of indirect costs.

In response to a question from Senator Hogan, Ms. Sehn said there will be a committee reviewing which expenses should be included as direct or indirect costs.
Children's Cabinet

Ms. Sagness presented an update (Appendix R) on the Children's Cabinet. She said the purpose of the cabinet is to assess, guide, and coordinate the care of children across the state's three branches of government and tribal nations. She said the cabinet met in November 2019 and February 2020 and received updates regarding various programs in the state that affect juveniles.

In response to a question from Chairman Rohr, Ms. Sagness said she will provide the committee with information regarding how programs are evaluated and what is considered an evidence-based practice.

Free Through Recovery Program

Ms. Sagness presented an update (Appendix S) on the free through recovery program. She said 1,169 individuals are participating in the program. She said 57 percent of program participants are between the ages of 31 and 50 and 33 percent are between the ages of 18 and 30. She said 75 percent of participants are at a moderate-high or high risk of committing new crimes.

Ms. Sagness said there are more than 50 free through recovery program providers. She said providers are reimbursed if a participant meets at least three of four outcome metrics relating to housing, employment, recovery, and involvement with law enforcement. She said from February 2018 through February 2020, 68 percent of participants met three of the four outcome metrics.

Dr. Lisa Peterson, Clinical Director, Department of Corrections and Rehabilitation, said various behavioral health initiatives have reduced inmate admissions at department correctional facilities.

In response to a question from Senator Mathern, Ms. Peterson said counties have the same opportunities to implement correctional center prioritization plans and other behavioral health initiatives. She said some counties have had success implementing community-based care.

In response to a question from Senator Hogan, Ms. Peterson said the pretrial services pilot program is being developed. She said one area being reviewed is providing free through recovery program services to individuals in the pretrial services program.

In response to a question from Chairman Rohr, Ms. Peterson said the pretrial services program is focused on providing opportunities for people awaiting trial. She said allowing individuals to return to family and jobs while awaiting trial can reduce the need for lengthy jail terms.

Representative Hanson said the pretrial services pilot program is going to start in July 2020. She said the pilot program will be conducted in three judicial districts.

Ms. Sagness said there likely will be a shortfall in funding for the free through recovery program. She said currently available program funding will not be sufficient to maintain the current level of services for the remainder of the biennium.

In response to a question from Representative Meier, Ms. Sagness said she will provide the committee with information regarding the number of recurring participants in the free through recovery program.

OTHER BUSINESS

Senator Hogan suggested the committee receive information regarding the DHS crisis response services for each region of the state.

Senator Mathern suggested the committee receive information regarding potential financial impacts to the state budget due to Coronavirus (COVID-19).

No further business appearing, Chairman Rohr adjourned the meeting at 3:30 p.m.