



ACUTE PSYCHIATRIC TREATMENT COMMITTEE

Thursday, January 20, 2022
Harvest Room, State Capitol
Bismarck, North Dakota

Representative Jon O. Nelson, Chairman, called the meeting to order at 9:00 a.m.

Members present: Representatives Jon O. Nelson, Emily O'Brien, Randy A. Schobinger, Michelle Strinden*; Senators Kyle Davison*, Dick Dever, Kathy Hogan, Tim Mathern

Members absent: None

Others present: See [Appendix A](#)

**Attended remotely*

It was moved by Senator Dever, seconded by Senator Mathern, and carried on a voice vote that the minutes of the October 25, 2021, meeting be approved as distributed.

ACUTE PSYCHIATRIC HOSPITALIZATION AND RESIDENTIAL CARE

Mr. Levi Kinnischtzke, Senior Fiscal Analyst, Legislative Council, presented a memorandum entitled [Legislative Bills and Studies Relating to Behavioral Health Workforce](#). He noted the memorandum provides information regarding legislative bills relating to behavioral health workforce approved by the Legislative Assembly during the 2011 through 2021 legislative sessions and related studies considered by interim legislative committees during the 2011-13 through 2021-23 bienniums.

Renee Schulte Consulting, LLC

Ms. Renee Schulte, Project Director and Senior Consultant, Renee Schulte Consulting, LLC, presented information ([Appendix B](#)) regarding activities conducted related to the committee's study of acute psychiatric hospitalization and residential care needs of the state, including future activities planned and any initial findings identified. She noted:

- Variables to consider while studying the state's acute psychiatric hospitalization and residential care needs include recent events since the last major acute psychiatric study in 2018, the effect of the COVID-19 pandemic, laws resulting from the federal Family First Prevention Services Act, the status of the 1915(i) Medicaid waiver, the frequency in which jails are used to hold individuals in need of acute psychiatric care, private providers closing and reducing acute psychiatric beds, not using out-of-state placement options for hard-to-treat and complex acute psychiatric cases, recent juvenile justice system changes, and transformation and realignment projects at the eight human service centers;
- Outstanding and ongoing questions include determining the accurate number of staffed acute psychiatric beds in the state, determining short-term and long-term bed needs, availability of services for children and adolescents, and how behavioral health funding is spent by the State Hospital and human service centers;
- The most consistent workforce concern of nonpsychiatry behavioral health directors is the lack of clinical placement for students, which may mean additional information is needed regarding available behavioral health loan repayment programs; and
- Data compiled by the Human Services Research Institute in 2018 needs to be updated.

In response to a question from a committee member, Ms. Schulte noted telepsychiatric services can be used when traditional psychiatric services are not available and often are used in jails and critical access hospitals that do not have psychiatric care services.

Mr. Jason Haglund, Senior Consultant, Renee Schulte Consulting, LLC, presented information ([Appendix C](#)) regarding activities conducted related to the committee's study of acute psychiatric hospitalization and residential care needs of the state, including future activities planned and any initial findings identified. He noted:

- The COVID-19 pandemic has caused a reduction in the number of open acute psychiatric beds and increased difficulty for providers to maintain an appropriate number of staff for each bed;
- Providers often are slow to implement use of the 1915(i) Medicaid waiver;
- Incorrect World Health Organization Disability Assessment Schedule (WHODAS) scores have made fewer individuals eligible for care;
- The COVID-19 pandemic has caused slower court actions and a reduction in the availability of acute psychiatric beds at the State Hospital, resulting in an increase in mentally ill individuals being housed in jails;
- The closing of private provider acute psychiatric beds in multiple areas of the state has reduced the levels of care available to children and adults; and
- Multiple levels of care in the state are not functioning properly, resulting in individuals receiving care in levels they often do not belong and because there is a lack of appropriate followup care facilities, these individuals are not discharged, resulting in new patients waiting for beds.

State Hospital

Dr. Rosalie Etherington, Superintendent, State Hospital, Department of Human Services, presented information ([Appendix D](#)) regarding the percentage and total utilization of State Hospital beds and facilities ([Appendix E](#)), data relating to the number of individuals referred by the courts for assessment at human service centers and the number of individuals sentenced or released to receive treatment at the State Hospital or human service centers, and the number of individuals from Jamestown and Devils Lake and the surrounding areas who receive acute care services at the State Hospital, including the cost of providing the services. She noted the following regarding usage of State Hospital buildings:

Buildings	Use	Year Built	Square Footage	Percentage Used
Electrical substation	Main electrical substation for campus, houses, and backup generator	1984	1,800	100%
Powerhouse	Centralized power plant and smokestack	1914	39,285	100%
Sewage lift station	Sanitary sewer lift station to connect to city water	2012	800	100%
Grounds shop	Equipment storage	1956	3,200	100%
Vehicle maintenance shop	Equipment repair	1949	4,550	100%
Therapeutic pool	All hospital therapeutic exercise	1967	6,800	100%
LaHaug	Inpatient services	1984	143,127	90%
Gronewald-Middleton	Residential sex offender treatment	1956	82,670	60%
New Horizons	Residential substance use disorder services and inpatient treatment	1968	75,485	75%
Cottages (7)	Residential services, student housing, and storm accommodations	1954	21,000	75%
Learning Resource Center	Patient services, staff offices, and cafe	1916	75,485	75%
Greenhouse	Patient services and treatment space	1997	3,000	25%
16 West	Plant services offices and storage	1930	39,990	50%
Superintendent cottage	Storm sleeping rooms and event space	1917	5,552	20%
Pedestrian tunnels	Pedestrian traffic and dietary delivery	N/A	24,832	60%
Garages	Storage	1988	1,360	25%
Grounds warehouse	Supply storage	1917	2,755	25%
Warehouse 1	Storage	1929	6,020	10%
Warehouse 2	Plumbing and electrical storage	1925	23,414	10%
Grounds implement shed	Large equipment storage	1926	5,370	20%
Quonset	Plant equipment storage	1965	3,130	25%
Administration building	N/A	1916	24,675	0%
Water tower	N/A	N/A	N/A	0%
Water pressure pump house	N/A	1958	4,802	0%
Chapel	N/A	1961	13,140	0%
Water treatment	N/A	1958	4,802	0%
Employee building	N/A	1952	34,345	0%

Dr. Etherington noted the following regarding State Hospital and human service center services and trends:

- The number of former inmates who received behavioral health services from the human service centers increased from 670 in the 4th quarter of 2020 to 1,537 in the 3rd quarter of 2021;
- The number of former inmates who received behavioral health services from the State Hospital increased from 28 in the 4th quarter of 2020 to 51 in the 3rd quarter of 2021;
- Demand for forensic assessments at the State Hospital increased from 14 individuals in the 3rd quarter of 2020 to 136 in the 3rd quarter of 2021; and
- State-funded psychiatric hospital care totaled \$29.2 million in fiscal year 2021, of which \$25.6 million is for care provided at the State Hospital and \$3.6 million is for care provided through state contracts at private hospitals.

In response to questions from committee members, Dr. Etherington noted:

- Residential transitional living services are paid primarily through Medicaid because the services are a separately licensed service of the State Hospital, but individuals using this service must fulfill pharmacy and laboratory needs through local community-based clinics.
- Section 17 of House Bill No. 1012 (2021) authorizes the Department of Human Services to demolish the chapel, administrative building, and employee building and associated tunnels at the State Hospital and allows the department to spend up to \$5 million for emergency projects during the 2021-23 biennium.
- While the child and adolescent unit at the State Hospital supported 8 beds prior to its closure, if those services were reinstated, the State Hospital would request a 12-bed unit.

Tribal Institutions for Mental Disease Waiver

Ms. Krista Fremming, Deputy Director, Medical Services Division, Department of Human Services, presented information ([Appendix F](#)) regarding the status of an institutions for mental disease waiver for North Dakota tribal entities. She noted a tribal entity may not submit a Section 1115 Medicaid waiver to the Centers for Medicare and Medicaid Services without involvement of the Department of Human Services, which is the designated state Medicaid entity.

West Central Human Service Center

Mr. Brad Brown, Director, West Central Human Service Center, Department of Human Services, presented information ([Appendix G](#)) regarding acute psychiatric hospital and residential care services and programs available and any recommendations of additional services and needs. He noted:

- The center provides crisis stabilization, residential, community-based, and intensive community-based services to adults and children with serious mental illness, emotional disturbance, and substance use disorders;
- The center provided behavioral health services to 3,133 adults and 543 children and provided 12,778 telehealth services to 1,914 individuals during 2021;
- The average number of individuals seeking services at the center increased 13 percent from 2020 to 2021, including an increase in crisis services of 57 percent and an increase in 211 call center services of 102 percent; and
- The center's 12 beds designated for acute psychiatric patients frequently have been reduced to 9 available beds to accommodate COVID-19 patients.

Other

Ms. Megan Week, Integrated Health Therapist, Sanford Health, presented information regarding the committee's study of acute psychiatric hospitalization and residential care needs in the state.

Ms. Carlotta McCleary, Spokesperson, Mental Health Advocacy Network, presented information ([Appendix H](#)) regarding the committee's study of acute psychiatric hospitalization and residential care needs in the state, including a resolution ([Appendix I](#)) from the North Dakota Behavioral Health Planning Council declaring support for a new State Hospital.

Senator Hogan distributed a memorandum entitled [Statutory and Constitutional Role of the State Hospital](#).

MENTAL AND BEHAVIORAL HEALTH SERVICES OF OCCUPATIONAL BOARDS

Job Service North Dakota

Ms. Marcia Havens, Labor Market Information Manager, Job Service North Dakota, presented information ([Appendix J](#)) regarding recent behavioral health workforce data and trends. She noted:

- Of the 10 behavioral health occupations in the Job Service North Dakota workforce database, 9 occupations experienced an average wage increase of 11 percent from 2017 to 2021, including a 38 percent increase for psychiatrists, but psychiatric technician wages decreased 15 percent;
- While total employment among the 10 behavioral health occupations did not change materially from 2017 to 2021, substance abuse, behavioral disorder, and mental and health counselor employment increased and rehabilitation counselors and social worker employment decreased;
- Of the 17,073 job openings in the state in December 2021, 3,551, or 20.8 percent, were health care and social assistance jobs, an increase of 1,200 job openings from 2017; and
- Job Service North Dakota estimates an increase of 363 behavioral health positions in the next 10 years, including 147 substance abuse, behavioral health disorder, and mental health counselors and 91 child, family, and school social workers.

University of North Dakota School of Medicine and Health Sciences

Dr. Andrew McLean, Clinical Professor and Chair, Department of Psychiatry and Behavioral Science, and Ms. Thomasine Heitkamp, Behavioral Health Specialist, University of North Dakota School of Medicine and Health Sciences, presented information ([Appendix K](#)) regarding behavioral health workforce needs in the state and data regarding student enrollment in behavioral health-related courses at the University of North Dakota.

Dr. McLean noted of the 68 psychiatrists practicing in the state, 34 attended the School of Medicine.

In response to a question from a committee member, Dr. McLean noted approximately 80 percent of School of Medicine psychiatry graduates in the most recent 5 years are practicing psychiatry in North Dakota or near the North Dakota and Minnesota border.

Ms. Heitkamp noted fall 2021 enrollment at the School of Medicine for students majoring in behavioral health-related occupations included 246 students in doctorate programs, 1,105 students in masters programs, and 716 students in bachelors programs.

In response to a question from a committee member, Ms. Heitkamp noted a concern of new behavioral health professionals is the lack of experienced behavioral health professionals available to train and guide new professionals, which leads to fewer new professionals practicing in low-population areas.

Attorney General

Ms. Mary Kae Kelsch, Director, State and Local Division, Attorney General's office, presented information ([Appendix L](#)) regarding the Attorney General office's involvement with occupational boards providing mental and behavioral health services and similarities and differences of licensing and reciprocity requirements. She noted:

- Generally, occupational boards are operated by volunteers, are funded mostly by dues paid by licensees, and do not have resources to issue licenses quicker than the current process;
- Occupational boards that provide mental and behavioral health services have statutes that allow the board to issue a license to an applicant who has a license in good standing in another state if the laws of the other state are substantially the same as North Dakota; and
- If the laws of North Dakota and another state are not substantially similar, the Board of Addiction Counseling Examiners and the North Dakota Board of Social Work Examiners can grant a license by reciprocity if the board determines the applicant has experience and qualifications substantially similar to North Dakota's regular licensing standards.

State Board of Psychologist Examiners

Dr. Paul Kolstoe, Secretary/Treasurer, State Board of Psychologist Examiners, presented information ([Appendix M](#)) regarding mental and behavioral health services provided by licensees, the frequency of rule review, licensing requirements, history and trends of the licensing of foreign practitioners and any additional licensure requirements for foreign practitioners, reciprocity agreements with surrounding states, fees charged by the board, training requirements for board members and executive directors, executive director turnover trends, and the average length of service of board members. He noted:

- The board does not have the authority to enter reciprocity agreements with other states but it may grant a license to an applicant who has a license in good standing in another state;
- The board did not deny any out-of-state applications during 2019, 2020, or 2021; and
- The board, Association of State and Provincial Psychology Boards, and Canadian psychologist organizations are evaluating licensure requirements of psychologists in an effort to allow for quick licensure of practitioners between the countries. This process has resulted in a uniform license examination that some states have implemented recently, but data on the examination and its results is limited.

Dr. Renee Boomgaarden, President, State Board of Psychologist Examiners, presented information ([Appendix N](#)) regarding mental and behavioral health services provided by licensees, the frequency of rule review, licensing requirements, history and trends of the licensing of foreign practitioners and any additional licensure requirements for foreign practitioners, reciprocity agreements with surrounding states, fees charged by the board, training requirements for board members and executive directors, executive director turnover trends, and the average length of service of board members. She noted:

- The Legislative Assembly did not approve House Bill No. 1343 (2019) that would have authorized North Dakota to participate in the psychology interjurisdictional compact, also known as PSYPACT, which allows psychologists to conduct telehealth practice in participating states;
- 26 states participate in PSYPACT and 5 states have introduced legislation to join PSYPACT; and
- The board did not support or oppose North Dakota joining PSYPACT in 2019, but the board may request the 2023 Legislative Assembly to authorize the board to join PSYPACT.

In response to a question from a committee member, Dr. Boomgaarden noted the State Board of Psychologist Examiners allows practitioners to provide telehealth services in certain circumstances.

Board of Addiction Counseling Examiners

Ms. Patti Senn, Board Member, Board of Addiction Counseling Examiners, presented information ([Appendix O](#)) regarding mental and behavioral health services provided by licensees, the frequency of rule review, licensing requirements, history and trends of the licensing of foreign practitioners and any additional licensure requirements for foreign practitioners, reciprocity agreements with surrounding states, fees charged by the board, training requirements for board members and executive directors, executive director turnover trends, and the average length of service of board members. She noted:

- There has been a trend of younger individuals pursuing addiction counseling, as 36 percent of licensees are age 50 or older while 50 percent of licensees in 2014 were age 50 or older; and
- Starting in June 2020, the board began meeting monthly instead of quarterly to allow for quicker approval of license applications.

Board of Counselor Examiners

Ms. Marge Ellefson, Executive Secretary, Board of Counselor Examiners, presented information ([Appendix P](#)) regarding mental and behavioral health services provided by licensees, the frequency of rule review, licensing requirements, history and trends of the licensing of foreign practitioners and any additional licensure requirements for foreign practitioners, reciprocity agreements with surrounding states, fees charged by the board, training requirements for board members and executive directors, executive director turnover trends, and the average length of service of board members. She noted:

- Licensees provide services in person or through telehealth in hospitals, jails, clinics, and private practices in individual, group, couples, and family settings;
- There has been increased demand for telehealth counseling services due to the COVID-19 pandemic; and
- The board may request the 2023 Legislative Assembly consider a bill to change the board's licensure structure from three tiers to two tiers.

North Dakota Board of Social Work Examiners

Ms. Holly Hammarsten, President, North Dakota Board of Social Work Examiners, presented information ([Appendix Q](#)) regarding mental and behavioral health services provided by licensees, the frequency of rule review, licensing requirements, history and trends of the licensing of foreign practitioners and any additional licensure requirements for foreign practitioners, reciprocity agreements with surrounding states, fees charged by the board, training requirements for board members and executive directors, executive director turnover trends, and the average length of service of board members. She noted:

- 445 licensure applications were received in 2021, of which 194 applications were out-of-state reciprocity applications, and no applications were denied; and
- Since 2017, the board has issued 23 licenses to out-of-state applicants having experience or qualifications substantially like North Dakota's regular licensing standards, pursuant to North Dakota Century Code Section 43-41-07.

North Dakota Marriage and Family Therapy Licensure Board

Pastor Larry J. Giese, Board Administrator, North Dakota Marriage and Family Therapy Licensure Board, presented information ([Appendix R](#)) regarding mental and behavioral health services provided by licensees, the frequency of rule review, licensing requirements, history and trends of the licensing of foreign practitioners and any additional licensure requirements for foreign practitioners, reciprocity agreements with surrounding states, fees charged by the board, training requirements for board members and executive directors, executive director turnover trends, and the average length of service of board members. He noted:

- There are 54 marriage and family therapists in the state and four individuals in training; and
- The board increased fees in 2017 to pay for two cases involving disciplinary action of licensees, but expects to reduce fees in the future.

Education Standards and Practices Board

Ms. Mari Riehl, Assistant Director, Education Standards and Practices Board, presented information ([Appendix S](#)) regarding mental and behavioral health services provided in schools, the frequency of rule review, reciprocity agreements with surrounding states, training requirements for board members and executive directors, executive director turnover trends, and the average length of service of board members. She noted:

- Senate Bill No. 2048 (2015) created Section 15.1-13-35 to require candidates for teacher licensure to demonstrate competencies in youth mental health; and
- Section 15.1-13-20 allows the board to issue a license to an individual who has a valid license in another state.

No further business appearing, Chairman Nelson adjourned the meeting at 3:59 p.m.

Levi Kinnischtzke
Senior Fiscal Analyst

ATTACH:19