2019 SENATE HUMAN SERVICES COMMITTEE

SB 2026

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2026
1/7/2019
30447

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human service for improving mental health service; and to provide for a report.

Minutes: 4 attachments

Chairman Lee: Brings committee hearing for SB 2026 to order.

Chairman Lee: As the past chair of the interim Health Services Committee this bill is talking about improving mental health services and that we have a voucher for substance use disorders and certain individuals with needs for services have been able to get a voucher for private services in their communities. One example would be if a patient lived in Valley City and you needed Medicade services because you don't have private insurance, you would then have to drive to Fargo or Jamestown in order to get those services. The voucher allows a local health care provider to care for you in your area. We currently have 1,800 persons who are benefiting from the voucher program.

(4:45) Pam Sagness, Director of Behavioral Health Services, Department of Human Services: (Attachments 1-2) Please see **attachments 1-2** for overview of the ND Behavior Health System Study.

(10:20) Senator Anderson: Tell us about the Governors budget, the DHS budget, and the Department of Corrections budget and how this is to fit into all those plans.

Pam Sagness: Currently the implementation of the HSRI report has been funded through a 500,000 dollar appropriation in the Department of Corrections budget in order to addres the behavioral health system and start moving forward. Another thing done with that funding was we commissioned a workforce development plan from the Center for Rural Health, and that will be released within the next few weeks. The goal with that is looking to make some significant changes in the way that we deal with behavior health. There are three main areas that we have been working. One, finding ways to increase community based services and supports. Second, we need to reduce the criminal interventions with behavioral health. Often we find individuals with behavioral health conditions are being criminalized and there are quite a few services if you want to access you have to go through the criminal justice system.

One example of that would be the Free Through Recovery Program which was funded by the 7 million dollars from the DOC budget last session. It's a great program with care coordination and peer support services but only available to individuals in the criminal justice system. The governor's budget, we did have the HSRI report in the base budget for the governor's executive budget so there was funding in order to contract with HSRI for the additional two years. That will be vital in order to move these efforts forward. We need to have community based services available in the community and close to home.

Madam Chair Lee: The council of state governments helped us figure out what to do with prisoners not having community based services after their release from prison. There had been two separate bills in the previous session, one that dealt with the treatment services, and the other dealt with what was going on in the corrections facilities. At the encouragement of the Senate Appropriations Committee we melded the behavioral health programs into the corrections budget.

Senator Anderson: The private provider has to report process and outcome measures. Do you already have those outcome measures?

Pam Sagness: This is a proposed mental health voucher, in the substance use disorder voucher we have identified outcome measures and those are reported to us by the providers and are agreed upon within the MOU's (memorandum of understanding), they are minimal but they are measured to ensure the services that are being provided and we also reach out directly to the clients to get feedback. The language from this bill is the exact same language that was in the DOC rehabilitations budget. I would seek this committee to have further discussion about the intention of this voucher because it is very broad.

Madam Chair Lee: I would encourage you and your department to come up with recommendations for us in order to focus attention on the more critical areas of the bill language.

Pam Sagness: There is a data booklet that will provided to all legislators, that has more of the numbers regarding prevalence.

(20:20) Teresa Larsen, Director of the Protection and Advocacy Project. Presenting testimony for **Carlotta McCleary, Executive Director for Mental Health America of North Dakota and North Dakota Federation of Families for Childrens Mental Health**: Please see **Attachment #3** for testimony.

(25:40) Senator O. Larsen: Can you explain with the new ACA (affordable care act) rules that one of the benefits is supposed to cover this. Where is this short fall and the crack coming in? In my opinion if I cant afford health insurance, it's provided to me through the marketplace and that should have that coverage. Is it that providers are not accepting that coverage or does the voucher take the place if they don't have that coverage?

Teresa Larsen: I believe there are other people here that can respond better to that question.

Madam Chair Lee: Could you remind the committee what you do in your regular job?

Teresa Larsen: The Protection and Advocacy Project is a state agency but its an independent agency with a governing board of seven members, two appointed by the governor, two by legislative management, and three by advocacy organizations in North Dakota. Our job is to protect people with disabilities and advocate for them to have the services and supports they need. There are ten regions that we have around the state with offices for staff, they perform investigations on alleged abuse, neglect, and exploitation. We perform advocacy where there are rights violation.

Madam Chair Lee: One of the things that I have like about the way that Mrs. Larsen has approached her work in Protection and Advocacy. For example, it might be a school in a small community that hasn't permitted a communications device being taken on the weekends, and she worked with the school district and the family to figure out how they might be able to work that out.

(29:30) Trina Gress, Vice President of Community Options. Please see **Attachment #4** for testimony.

(31:48) Loraine Davis, Native American Development Center.

Loraine Davis: What we do at the Native American Development Center we are exploring that traumatic lived experiences during a lifetime of Native American adults who have lived in urban areas across North Dakota. The reason why we focus on urban areas is because Native Americans who are tribal enrolled members of a tribe and not all from North Dakota. They're typically from the great plains region, so we have a lot of South Dakota tribes including Lakota, Dakota, and Sioux tribes. A lot of our tribal members are not just from where they are enrolled, the other parent is from another tribe so they have to pick which tribe they want to enroll their child in. It's about where they are raised and how they associate with their culture and language. We are trying to help educate the community on tribal culture and realize the importance of bringing cultural relevant services to urban areas of North Dakota. I moved here 17 and a half years ago and going to college and still dealing with alcoholism and it was through that experience I started this center because I was looking for a native community within the community because once you fall through the cracks at native tribes you don't have anything here. Bismarck was always a second home to me after living in my tribe. We traveled up here to all the reservations in North Dakota, indian dancing, going to pow-wows through my child hood until my mother passed away, and that is where the trauma began for me especially with the separation of my mother and father. I talk about some of that because I think there's a lot of things we could be doing prevention wise and recognizing we can get around this problem. In the Native American culture what we talk and educate about is our history and start looking at the data amongst tribal people across the nation we are the most despaired when it comes to social economics. Some people don't understand that in mental health services there are people no matter what tribe that are against prescription drugs, they would rather do more natural practices like sweat lodges and sundancing. Every tribe has its own language. The Dakota, Nakota, and Lakota all have different dialects but it's the same if you just change the D,N, and L. That is probably the easiest one to get around and it is the largest population when you start looking at Sioux tribes. I just wanted to plant that seed on recognizing the need for Native Americans to obtain their culture is very important and I think if we were to fund community services addressing prevention and allowing them to have the committee support and creative development

projects is the way im approaching it starting with the Bismarck metro area because I believe its environmental. You have all these different organizations in different schools within the Bismarck metro area that are asking for Native American resources to help them learn how to adjust curriculum and design curriculum. One of the things I was taught by one of the ladies who started the school during DAPL she was trying to start an Indian school there at the camp, she's a Lakota fluent speaker and a teacher who builds curriculum and all things but what she taught me was you have to be able to speak it every day.

(41:00) Tom Eide Director of Field Services and CFO for Department of Human Services

Tom Eide: This voucher is really intended to help serve the gap that we don't get to. One of the questions was what about ESEA what about medicade expansion etc. Just to give you some numbers there's about 18,000 unique clients served annualy at the human service centers, which is where we would expect some of this group to go. Only 13,000 of those have access to a funding source so that gap is pretty big and the human service center (8 locations around the state) is the only place where we can provide services, that becomes difficult. We talk about other communities like Valley City brought up by Senator Lee, its pretty important to have a voucher to help fill in those gaps so that we can encourage other providers to take clients that don't have access to Medicade or Medicade Expansion.

(42:20) Senator O. Larsen: That's where my question is, so if a client comes into my office it doesn't matter who they are I put them in the marketplace, then it tells you whether you qualify for CHIP or state funding. Is there a disconnect of these extra people not putting the information into the computer to get the insurance that would give the coverage?

Tom Eide: I'm not an expert on getting all those things done. Let me speak to a couple of anectdotal situations I can think of to address that. One, is that not all of these clients are adept to getting into the process and getting onto insurance. One of the things that Ive been involved in historically that the navigator really help facilitate people getting onto insurance, but there is also an additional gap in there and that gets to be the individual who has some income, they don't qualify for Medicade or Medicade Expansion, but theyre with an employer that doesn't have insurance as well. So I think at times you get that particular individual who could benefit from a voucher like this. If you think about it ideally in some ways that's the first who really want to get the treatment because they are in the workforce, they are trying to make it go, and there's a gap there for coverage, and im sure there's more experts on all those pieces that get missed. Those are just some anectdotal pieces I can tell you that happen for who doesn't get the coverage and who this voucher can serve.

Madam Chair Lee: So part of it might be that they don't know how to access a marketplace program such as Senator Larsen is talking about, and the other would be they aren't able to get to the regional human services center because of distance who do qualify, so workforce is apart of this issue as well.

Tom Eide: I would agree that it's a significant part of the issue across all the state.

(44:45) Rosalie Etherington, Superintendent of the North Dakota State Hospital and Chief Clinics Officer for the Human Service Centers.

Roaslie Etherington: In addition may I add, people don't understand how to in fact sign up for the insurance. There are providers in our state who in fact don't take insurance or take private pay only, or may take the voucher, and not necessarily be enrolled in Medicade. So that is also a barrier and an issue. In addition there are some services that would offered by the voucher that would not be covered on your insurance. I hope that clarifies.

Senator O. Larsen: What would the voucher cover that's not covered under insurance. In my profession I know experimental therapies are not covered.

Rosalie Etherington: There are other forms of support services or community supports that would be offered through the voucher that would not be covered under insurance. So insurance covers what I would call typically traditional services. As a psychologist, if they could receive therapy from me, they are covered, but there might be other forms of support services such as supportive employment for the mentally ill that is in fact not covered by general insurance. In addition there are some gaps for residential stays and hospital stays, because mental health service and behavioral health services don't have parody to other forms of medical services.

Senator O. Larsen: But that's what I thought the ACA was, with that essential benefit is to cover that particular mental and behavior health item. Before this you had to pay to cover that kind of stuff.

Rosalie Etherington: Although the ACA identified a skeleton insurance that must be covered, it does not cover all forms of service. So an example would be, for a person that is hospitalized from mental illness and they may have coverage for 7-30 days potentially 90 days not typically but sometimes, but sometimes that hospitalization is going to take them 120 day of service need, the rest of that is gap. In regards to residential care, so there might be the residential service piece, the clinical services piece is still covered under the insurance the room and board cost of that are not. That is under the ACA and that has to do with the coverage at the time the ACA was passed and how it really didn't fill all of the gaps that were necessary over some of the gaps. It can get very complicated because it varies by state.

Senator Hogan: Medication assisted treatment is that covered by Medicade or not?

Rosalie Etherington: No it is not.

Senator Hogan: That is an example of something that is not covered by Medicade but has made a huge difference.

Senator Hogan: There is one piece of the voucher that I would like to ask Ms. Sagness. I know at one point there was a concern of adequate funding for this biennium, are we fully funded through this biennium?

Pam Sagness: The voucher after the allotment originally was only 375,000 so that's where we started, the voucher is currently closer to 5 million dollars now because last session a decision was made that Methadone was not covered in the Medicade program, and so Methadone was covered only by the SUD voucher currently in North Dakota. The only way

to access this medication, which is considered a best practice in the treatment of opiod use disorder, is only through the voucher. Its really important to know that sometimes there are things that we covering in the voucher that the Medicade program does not cover, so not just looking at expansion but there are services specific to Medicade where its very difficult for providers locally to provide services for individuals who are on Medicade if those services are only partially funded. So for example, Dr. Etherington mentioned the residential program, Medicade cannot pay for the room and board portion so we have private providers who are really struggling to provide addiction services to individuals that needed residential care because they could only be reimbursed for those day time services, although they were providing the full spectrum of residential care, and so what we are able to do with substance use disorder voucher is provide a minimal room and board reimbursement so that the providers aren't taking such a significant lose when they are serving individuals on Medicade. The other thing was choice, there are individuals who were put on waiting list historically that don't exist today but historically there were waiting lists and individuals were not able to access services because they would have to go to a human services center versus a private provider that was maybe in their hometown. Although there are services, and there certainly are opportunities. They are either partially covered through insurance or their services aren't covered at all, For example, recovery supports are not reimbursed through Medicade or the majority of private insurance.

Senator Hogan: Adequate funding to continue the voucher program for this biennium, where are we at?

Pam Sagness: We are estimating approximately 3 million dollar short fall in the program.

Senator Hogan: So then what happens?

Madam Chair Lee: There would be an emergency commission meeting.

Senator Hogan: The other piece that's been a huge success of the voucher program is the turn around time for billing. How long does it take if a provider provides a service and they turn in a bill for a voucher, how long does it take to be reimbursed?

Pam Sagness: We have the times the longest its been is two months. We are historically quicker than that but we have had times where our demand , and again I would like remind everyone that we receive no funding and FTE's, so we have developed the voucher. Now we went from receiving 7 applications a day to 12 just in the last six weeks, so the program is growing and there is a significant need and we are under resourced.

Madam Chair Lee: Prevention is less expensive then, I know what we may end up having to do later on, its pay me now or pay me more later and we just have to be judicious in the way we do it. Do you know if there is a spot in the budget for medical assisted treatment to be reimbursed by Medicade.

Pam Sagness: At this time there was not a request, the only medication specifically is Methadone. There's three medications that are used to treat Opiod Use Disorder just to clarify and two of three are covered through Medicade, Methadone is not, and part of that has to do with the access to services. When we last met two years ago we only had one opiod

treatment open in the state and Medicade is required to pay for transportation so in order to get everyone to the opioid treatment program for daily dosing was a lot of discussion in the hearing. The decision was that it would be more accessible through the voucher. So Methadone is available through the voucher and we do reimburse transportation if requested in the voucher and very little people use that service.

Madam Chair Lee: Now we have Bismarck, Fargo, and Minot but Grand Forks not yet. Methadone is something one has to get daily.

Madam Chair Lee: Ask for any further testimony or discussion. Closes hearing of SB 2026.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2026
1/8/2019
Job # 31141

☐ Subcommittee
☐ Conference Committee

Committee Clerk:

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for improving mental health service; and to provide for a report

Minutes: No attachments

Madam Chair Lee: Pam Sagness had provided us with the behavioral health supplements that were good as well and it was in the appropriation for the voucher system for mental health. This is another one that would have been apart of the current recommendation that came to the department through the governors proposed budget and will be in green sheets, better to be redundant then not to have it there at all, and we didn't know at the time how all this was going to be managed. So this is just providing the funding that would put into place the mental health voucher system.

Senator Hogan: I think that whats in the budget might not define whats in the voucher is that true?

Madam Chair Lee: I think that's true, but I think that is fixable. We will work with appropriations and make sure we have, if there is something in here that they need to put in there than we can do that. Some of the stuff that we are looking at, like what we saw today, may as I mention be absorbed in the budget bill and as a result we may show our individual bill, and im fine with that as long as we have it in the right place.

Senator Hogan: If there's something in policy.

Madam Chair Lee: We frown on policy being done by the appropriations committee. We communicate with them regularly but they don't develop policy.

Senator Hogan: (inaudible)

Madam Chair Lee: Well what was in the base budget yeah, and in this budget.

Senator Hogan: We've never really seen anything quite like it.

Madam Chair Lee: What is the general feel of people on the committee about SB 2026?

Senator Hogan: Senator O. Larsen I appreciate your constant questions about when do we use this and when do we use Medicaid Expansion. This should always the payment of last sort. Nobody ever gets a voucher service until they have gone through all of the options.

Madam Chair Lee: Well if we are doing it for SUD's (Substance Use Disorder) we need to look at doing it for mental health and serious mental ill and emotionally disturbed. Otherwise part of the population has access to these services and part of the population does not. All of them financially equivalent as Senator Hogan just said. As Maggie Anderson said this morning this does in essence become an entitlement, and they are kind of tied together. I think this develops and gives some of the basics of the policy part of it and I think that's important in developing requirements and training and accepting vouchers. Im not trying to tell anyone what to do here but I do personally feel very positively about this bill but I am open to suggestions from all of the rest of you.

Senator O. Larsen: I don't know if there could be an amendment put into this that says that all individuals that get this voucher has to have the Affordable Care Act or insurance and if doesn't pay then that's fine and we can give them the voucher. What I find and I think is happening is some of these folks don't have insurance and its either the only reason why they aren't having insurance is because they have not physically put data into the website because if I go to get my voucher from the department I am putting in data to get the voucher that same data can be put into the marketplace and I know when I put individuals into the marketplace, there is a little box that says if you've incurred bills in the last three months check this box. Every human being in ND can put their data in the website and get the coverage, so if I have my coverage and I go and they say its not gonna do the pills that's fine, at least you have coverage. I would like to see that, it would make me more comfortable and I don't support the employer full time position on 12 and 13.

Madam Chair Lee: How are we going to do it?

Senator O. Larsen: I don't know.

Senator Hogan: What that physician does is it does two critical pieces. First, it makes sure that any provider that wants to use the voucher is registered and collects all that data. Secondly, it authorizes the voucher for the individual who takes the application and makes sure they have been screen for Medicaid and all the other things authorizes for service, and then they do the payment. If we didn't have the FTE, I don't know how it would be managed.

Senator K. Roers: You seem to have the most baseline knowledge on this so, I think you started to say it but I need it black and white in my head. Eligibililty for the voucher system means that they have already been screened that they are not Medicaid eligible, how about Medicaid Expansion eligible? So they are above the 1355 of poverty line but don't have an alternate insurance source, or they may have an alternate insurcance source but it doesn't cover this.

Senator Hogan: Or the other issue is Medicaid and Expansion doesn't cover the service. Like Methadone is a great example, because Medicaid doesn't cover it.

Senator K. Roers: So I can be a Medicaid client and still get this so that im not just, when you talk about how they have to applied for the exchange im not sure that's as black and white as the statement I heard.

Senator O. Larsen: It is black and white if they have Medicaid or Expansion they have documentation saying I have this but my Methadone isn't covered and I ask one of the gals there, I said I wanted the data of the people going to the Methadone clinic that do not have Medicaid or Medicaid Expansion and she is going to get that back to me. There are a group of people who don't have the Medicaid or Medicaid Expansion because they didn't fill out the forms. Our native population is another perfect example, there's a lot of individuals there at 300% of poverty can put their information into the computer and get Medicaid Expansion but they choose not to do it. So, If I am going to give you a voucher youd better have Medicaid and/or documentation.

Senator Hogan: If they have completed the application for Medicaid.

Senator O. Larsen: Either way, nobody anymore is denied insurance. Everybody gets insuracnce its either Medicaid, CHIP, or Medicaid Expansion.

Madam Chair Lee: Or later on they can go on the exchange and get it privately. IHS is not considered an insurance. Part of the tribes were unwilling to sign up their children because they said IHS is supposed to provide everything we need. Well, philosophically and theoretically that is true. However, if these children would have been signed up for CHIP, CHIP would of covered and very generously compared to IHS everything those kids needed and those IHS dollars could have been applied to other things like immunizations diabities intervention. So there is a philosophical opposition to having anybody besides IHS providing services that IHS is totally inadequate in about 100 ways.

Senator Anderson: Federal government considers somebody who can get their free healthcare from IHS are considered uninsured.

Senator O. Larsen: When im off the reservation and I go to any medical facility IHS pays automatically. They are the first payer for Native people. Whether the tribe is supposed to pay that bill for slipping on ice at Trinity Hospital, IHS pays the bill if you have no insurance. Which a lot of native people don't have, and I don't understand it because if they had the insurance then Sanford would be the first payer and IHS would be the second payer and then when you go on the reservation it is getting IHS funding for when you go in there, it is absolutely horrible.

Senator Hogan: So what you want to say is any individual eligible for voucher payment must apply for Medicaid or Medicaid Expansion?

Senator O. Larsen: They have to be enrolled in an insurance program, because that enrollment can take 7 minutes and get anybody enrolled.

Senator Hogan: So for somebody whos not eligible, could they not get a voucher then?

Senator O. Larsen: Once they put in the information saying I make 6,000 dollars a year, a little red flag goes and we are sending all your stuff because now the marketplace now talks to the state and it automatically sends their whole package to the state, then three weeks later or whatever the time frame is, they get all the information from the states.

Senator K. Roers: I just want to think through, if I make to much for Medicaid and Medicaid Expansion, so I then apply on the marketplace and I am now eligible for either marketplace plan or employer based insurance, but I make too much to qualify for this and I say I make too little to afford that insurance, which is the scenario we hear is now the currently uninsured patients. We went from the uninsured to being this group they now got onto this insurance and now we have an equal but totally different group of people who are uninsured and they are the people who don't qualify for the subsidized plans but the premiums are too high for them to be able to get insurance. So where does that patient get lost in this scenario.

Senator O. Larsen: I can give you an example of that, a 55 year old retiring teacher decides to leave and her husband has his own business so then she retires and the husband is making the income which is over the qualification and her insurance is like 861 dollars a month and his is, I cant remember, its close to that so 1,600-1,800 a month, so with a 6,500 dollar deductible I have to go get my Methadone I have to pay 6,500 first, I have proof of insurance so it would work. It's the people that decide that 55 year old teacher goes you know im healthy im gonna ride it until 64 and maybe I don't medications so I don't need health insurance. Im not willing to give them a voucher if they aren't willing to have insurance coverage. There is going to be far more Medicaid people not signing up for insurance when they are eligible for insurance. This 18,000 people that are signed up they have coverage but they don't. So the rest of those folks have no insurance.

Madam Chair Lee: I want to make sure we aren't so rigid about the way we might put language in here. The unintended consequence becomes part of the problem, and im wondering maybe if we should ask Maggie Anderson to help with language because she would definitely get it.

Senator Hogan: Or maybe Pam Sagness could do it, she requires that now in her voucher system.

Senator Clemens: Doesn't the process take care of this? I don't know.

Senator Anderson: You would think the person who is helping them sign up for the voucher could also help with signing up for insurance.

Senator K. Roers: I agree that the application process is the easy part it's the paying for the 1,800 dollars a month that's not the easy part. That's where I struggle with like being too prescriptive in the language, would we end up with an unintended consequence in that process. I get the intent and I can support the idea behind the intent, I worry about that notch of people between Medicaid Expansion and being able to truly afford that 1,800 or whatever that number is for that person per month, and maybe what it is, is the data of understanding really how many people would be caught in that trap and what they anticipate. I would imagine its probably not a as big as im feeling it in my head and so maybe its not as big of an issue as it is in my head.

Madam Chair Lee: I don't think any of us really want to unintentionally exclude somebody who are doing the things we are asking to do with this discussion and we haven't anticipated the problem and so I don't want to be so rigid there isn't some way to see how we can accommodate those more unusual situations.

Senator K. Roers: I don't want to incentivize somone.

Senator Hogan: I think that's current policy and we should look at that.

Madam Chair Lee: We will make a list of things that we may need help with from Pam Sagness and she is very good with the semantics. Then we can make a decision based on what is reasonable and I believe we had some good thought exchange here about the whole thing.

Senator O. Larsen: With the discussion of the full time FTE, I thought there was some statements saying that they get 7-12 apps a day for the voucher. I don't myself seeing those as applications and applications that ive dealt with not this application but I assume is a 3 or 4 page application.

Senator Hogan: That's just a piece of it.

Madam Chair Lee: We don't really want to encourage more delays. I frankly support the FTE being in there because they have to establish this they have to make sure they have the word out to recruit and register the providers who are going to accept the vouchers and set up all of the structure in which they are going to be accountable for what they are doing. Its going to take some work to do that. So anyways, we are going to see what Pam Sagness has to say about that one.

Madam Chair and the Senate Human Services Committee moves from SB 2026 to SB 2027

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
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☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

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Minutes: No Attachments

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Madam Chair Lee: If we add an amendment which calls for them applying. There are 18,000 served by the regional human service centers Tom Eide said and 13,000 have access to mental health services. There wasn't any opposition to the bill.

Senator K. Roers: I had written that 1,800 people are using the substance use disorder voucher. I think based on what you just said Senator O. Larsen one of the comments that you had requested was how could we add something in to require their application for insurance.

Madam Chair Lee: We should ask Alex (intern) if she can incorporate "requiring application for other health insurance including healthcare.gov".

Senator O. Larsen: This is the entity of people that they say have no coverage. So they come to the office and say they don't have any coverage and they say well you don't have coverage we will through you into this little silo here. You're going to have to have an application on hand at least on the marketplace that has your information which will automatically shoot into Medicaid.

Senator Hogan: I think that is currently in rule but I don't mind putting it in law. I think its fine to put it in law because I think its current practice on the substance use voucher so it should be okay to say it's our intent to put it in law.

Senator K. Roers: Do you think its somewhere already in rule? If the language is already in rule, then we can find the language then apply it here.

Senator Hogan: Alex, you may want to ask Pam Sagness. She should be able to get us that language.

Senator O. Larsen: Ill give you a scenario that I think might be the case. I pick up about seven guys off the railroad track and give them a ride into Minot, they hang out for the weekend then they go to labor ready because they have no money and decide to work for a week or so and decide to stay. Then one of them ends up in jail and part of their thing is "sorry I'm in jail, if I get some substance abuse help then I will be a better person.". Then the judge says if you go get some help then we will do it, now he goes to the service center and says I don't have any insurance, and then they say "okay, here's the voucher to start the process". I could be wrong on that whole thing.

Senator Hogan: I think the provider who completes the voucher application is required to do that Medicaid screen but I think that's in rule. We should check that out.

Senator Anderson: Of the 18,000 people, 5,000 of those have no funding source. Now, maybe that is because their insurance doesn't cover it or some other reason, maybe they are ineligible for the Affordable Care Act insurance.

Senator O. Larsen: I have clients and groups that I go into their facility and those people have absolutely nothing. So then, if they get drug tested and fail then say can I keep my job if I go into treatment? Then they end up there and say they don't have any coverage so I can see how people may not be getting it.

Alexandra Carthew (Senate Human Services Intern): What was the language that you wanted me to look into for Pam Sagness?

Senator Hogan: Is the language in the substance use disorder voucher regarding the rule.

Senator Anderson: If it's already in the rule then we don't need it.

Madam Chair Lee: I feel good about throwing it in there if we really don't need to.

Senator O. Larsen: That's perfect what she said, they have to apply. I have a lot of clients that apply and they get their letter and they say you have to send in your proof of tribal enrollment, it's just a simple card fax it, or they get the letter and just don't respond. If it's a completed form and they go through the steps then perfect, they will get the coverage.

Madam Chair Lee: Okay, we will wait for Alex to come up with that amendment and we could take a quick peek at that and wrap it up tomorrow.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2026
1/16/2019
Job # 30919

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for improving mental health service; and to provide for a report.

Minutes: No Attachments

Madam Chair Lee: We are going to take a couple minutes here on SB 2026 so that Pam Sagness can elaborate a bit which is already in statute and rule concerning payment coverage.

Pam Sagness: When the voucher first passed two years ago one of the things that we needed to do was develop administrative rules in order to guide the program. We actually had a one year delayed implementation in order to do that. This is directly from the administrative rules that have been in place since the beginning of the program. The individual eligibility for substance use, the individual must complete the voucher application and then they must reside in the state of ND, be over the age of 18, have a professional practicing within their scope of work, the individual then has to grant the department to their treatment and payment records consistent with federal law so that we can follow up on what we paid for is what we are getting and that they have needed services. The individual must not have resources to cover any of their care for treatment and then there are three sub categories to that. The individuals third party payment resources will not cover all costs of treatment, has a pending application for medical assistance which presents a barrier to timely access of treatment, does not qualify for medical assistance and has no other alternative third party payment resources. We ensure that we are the payment of last resort which is also what is stated in the code and in the guidance. The last thing is the individual has to have an annual income no greater than 200% of federal poverty.

Madam Chair Lee: Any questions for Ms. Sagness on that? Senator O. Larsen I think that covers what your concern was. It means that people will have to do what you wanted which we all agreed was the thing to do as far as looking into other costs of coverage.

Senator O. Larsen: I think that does. It's above the 130% of poverty and they have Medicaid they have filled for Medicaid Expansion so they have the new Sanford card on them so they have the insurance so they have coverage.

Pam Sagness: If they have coverage, the coverage is first and there are a few services that the voucher offers that are not traditionally covered services. We definitely do provide services to some individuals that have alternative payment but then we don't pay for those things.

Madam Chair Lee: Any other avenue of payment is covered in rule, so we probably don't need to add anything to statute about that because it's already there.

Pam Sagness: The one thing that would be helpful for us is that if we were appropriately staffed one of the things that we would like do is actually go back and insure. We would like to cross-reference with Medicaid so that if we are finding individuals who did slip through. If there is anything that needs to billed to Medicaid, we really need to have some oversight in that.

Madam Chair Lee: Do you think that we need further discussion about that or can we just look at that as a result of whatever the budget might be leading us to be able to do.

Pam Sagness: I believe that if we don't get the FTE's for you to mandate it would be very difficult. We are already struggling to get payment to providers, so having an additional level of compliance for us to do without having resource would be very difficult. We certainly would not be resistant at all if there would be a statement with those FTE's about our continuing to do additional monitoring, we would like to do that.

Madam Chair Lee: Well maybe that is an amendment we should look at. In order for us to do what we are talking about with the monitoring and so forth we could talk about that.

Senator Hogan: This voucher program is targeted at adults just like our current substance use voucher program is targeted at adults.

Pam Sagness: Correct.

Senator Hogan: When this passed, did we talk about the children 14-18 issue at all? So in some ways we are going to have three vouchers, substance use voucher, mental health voucher, and then the children's kind of expansion that's focused on what your bill has. I think as we add vouchers we need to be clear about which voucher we are talking about. It's a model that works we have the base infrastructure in place but just so we are all clear about that.

Pam Sagness: Our one concern about the mental health voucher as proposed is that it's very broad and so we have not been able to get an amendment to this committee yet and we would be certainly willing to bring one but to just say a mental health voucher it is so broad. One of the things with the voucher on the addiction side, we had very clear things that we were trying to address, we had underserved rural areas where we had an addiction provider but a person had to drive to a human service center, we had areas where they couldn't get residential care because Medicaid wouldn't pay room and board so providers quit providing that service to Medicaid eligible individuals. We had very specific things that we were targeting and addressing. I still lack the clarity at this point as written, and that's part of why

it has been a difficult thing to propose an amendment to because to some degree we are looking to this group for guidance too. Is it focused to transitional aged youth? Is this a special voucher for 18-24? Is this a voucher that is specific to underserved areas, where we can say there is no service provider within 100 miles? It's just so broad and the population of individuals needing mental health services is a larger population. When we look globally at individuals with a mental health diagnosis that is a larger population than those with a severe substance use disorder.

Madam Chair Lee: If we take time next Tuesday afternoon for example for us to be able to visit with you and whoever is concerned and tidy up exactly that, would that work out? Your budget will be finished by that time so maybe we should look at doing something like that, we are going to be working every afternoon anyway so we might as well clean this one up because it's important to get this done.

Pam Sagness: It would be very helpful as we move ahead to have a clearer vision of what we are trying to solve.

Madam Chair Lee: And so would we.

Senator Hogan: It says to address underserved areas and gaps, but that is so broad.

Madam Chair Lee: Okay, lets plug that into our afternoon schedule for next week on Tuesday afternoon maybe. I don't know how the floor schedules are going to be but we will say not before two.

Senator O. Larsen: To start that benchmark of 138% of poverty then allow the new FTE and the new voucher system and to have it streamlined that way, that might be more appetizing for some but I don't know if you want to go down that road or not. I totally embrace the idea of helping and these vouchers but when my constituents and the people that I know are seeing 100% of poverty and 138% of poverty which is the law of the land which we as a nation has set as the standard and if it was before I embrace what we did prior to this. I totally embrace the percent of poverty what we were doing prior to this upheaval because, the state of ND we took care of that, but now it's so crazy that I just think that if we had the though process of having that as the bar set I think there would be more stomach for affording forward the voucher program and the FTE's. It's just a thought I don't know if we want to do that or not.

Madam Chair Lee: I think maybe part of the discussion would be to go with the idea of some standardization there but the discussion would be on the 138% perhaps.

Senator Anderson: It seems to me that we have programs that go from 100%-400% of poverty based on this special needs of the group and the population. Whether they have kids that they are taking care of, and I think generally there a quite a few of those and there are probably good reasons why they are set at different levels. I think historically this 200% was set why?

Pam Sagness: At this time, we were aligning (two sessions ago) everything to the Medicaid program so that we wouldn't be reimbursing at a higher level because then we would actually

be incentivizing people (providers) to not use Medicaid but the voucher instead. These expectations and criteria were aligned at that time to Medicaid.

Senator Hogan: I think the idea of really visioning what we want because I think this has been helpful discussion to you, this is really last resort funding, either because it's not covered or not eligible. I think we can articulate that as we present the bill to the senate it would help with the selling process and I think Senator O. Larsen is absolutely right. I think our messaging about the voucher needs to be a little cleaner.

Madam Chair Lee: And clear for people who don't sit around this table and have the inside knowledge.

Senator Hogan: We have struggled with it, so I think that would be an outcome of waiting. If we can sit down and do that.

Pam Sagness: I think there's also a global strategy in behavioral health, and that's part of where this does align to our budget, and the proposed budget had significant FTE cuts and you heard earlier from Mr. Chris Jones (Executive Director of DHS) about how the FTE's that we proposed for these things those are just of ones we've already cut. There really still is no growth, we looked at efficiencies and said we can 6 less individuals that are in this program and we are having difficulty managing our demand in another area and so that request is really about that flexibility to meet the demand.

Madam Chair Lee: We still have in the budget a net 68.

Pam Sagness: If you look at the green sheets prepared and you will see clearly that the reduction overall in the department is much more than that because there were other moves so that information technology and some of the IT unification stuff removed another 48 FTE's. When you look at it you'll see the department itself has more than that 40 that are no longer providing service within our system.

Madam Chair Lee: I think we will be able to pull this together on Tuesday afternoon.

Madam Chair Lee moves on from SB 2026 to SB 2094.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2026
1/22/2019
Job # 31236

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for improving mental health service; and to provide for a report

Minutes: No Attachments

Pam Sagness, Director of the Behavioral Health Division with the Department of Human Services: Just as a reminder we were concerned about the broad scope of this and so, I have gone back to our team and we have a proposal that we think may be of benefit. One of the areas that we find to be the most underserved and the largest gap is transitioned aged youth. If we could focus on for example, we have children that are placed out of state and they are in a facility and then a day comes where they are old enough to come back to North Dakota. They come back to North Dakota and they have nothing, so we have this fall off and that's just children that have been placed in the psychiatric residential treatments center or a residential child care facility. They have significant needs and they are returned to the system with almost nothing. When we looked at the most underserved, we feel like that is an area to have some direct focus. I did not prepare an amendment because it is just a proposition from our side. We also wanted to note that you could clarify that they must qualify with the serious emotional disturbance or serious mental illness. That would ensure that the service is not being provided to anyone who doesn't have a significant need. That would be a way to be a little more specific also instead of just addressing mental health. One concern we have is that mental health is very broad, 13% of our population at any given time is dealing with grief, loss, depression, or anxiety. I think that by tailoring to serious emotional disturbance and serious mental illness you are ensuring that the resources are going to those who have the highest need and at the highest risk of being institutionalized.

Senator Hogan: In terms of age population, would you then say over 18 to 24?

Pam Sagness: We were proposing age 17 because there are individuals who can be starting to transition prior. One barrier with naming age 18 is that we often can't do the pre work. Sometimes you need to get things set up before the birthday because that is the day they are actually released, so if we could propose age 17 it gives us time.

Madam Chair Lee: What was the range?

Pam Sagness: 25. Part of this is 24-25, there was debate back and forth because it kind of aligns to different things so, it would certainly be up to your discretion.

Madam Chair Lee: Ages 17-25 that would be considered high risk, and who have serious mental illness or serious emotional disturbance.

Pam Sagness: That way we are talking that 4% pool that are those individuals who end up in our institutions and often when they are coming out of an institution, we are already paying that. We do not want to transition them into the next institution, we want to have this be community based. Often this is the population that we criminalize because they will return, not have the support resources, or the access to services. They commit a crime and now we go from a child residential facility into a criminal justice system.

Madam Chair Lee: I see the need for someone in a situation like that, I think its worthy of discussion.

Senator O. Larsen: Where is it that they typically get contracted to go?

Pam Sagness: There are several residential facilities across the nation, I cant specifically speak to anyone but if there is a certificate of need done and if all of our programs in the state either refuse the child, or don't have capacity, that child goes out of state. We have a monthly monitoring of those placements but often they can't return home.

Madam Chair Lee: And become homeless.

Pam Sagness: We would need to develop administrative rules. We can mirror them and use the ones that we have already developed but we still have to go through the process so there would be the one year delayed implementation.

Madam Chair Lee: Did you want to develop this amendment in house or do you want to visit with our intern?

Pam Sagness: I talked to Jonathan Alm earlier today and we would be happy to do it overnight and have it for tomorrow.

Madam Chair Lee: Any other questions for Pam Sagness or comments on SB 2026? Do you feel comfortable with that being a focus of this particular bill? The question for Pam Sagness that I have is; we are talking about the 1,050,000, is that still the right number if we focus it like that?

Pam Sagness: I believe that is an adequate number if we talk about half the biennium.

Madam Chair Lee: Because it's a year to set up.

Pam Sagness: Correct. That aligns to what the original voucher was for substance use disorder.

Madam Chair Lee: Any questions?

Senator Hogan: I feel this a huge unmet need. I am very pleased that we will be focusing on that population because those kids come in and judges will literally give the conviction and go to prison. This population is much deeper than the young adults we saw today.

Madam Chair Lee: We see the importance of the mental health voucher because of the success of the SUD (substance use disorder) voucher.

Madam Chair Lee closes the discussion on SB 2026.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2026
1/23/2019
Job # 31314

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Justin Velez

Explanation or reason for introduction of bill/resolution:

To provide an appropriation to the department of human services for improving mental health service; and to provide for a report

Minutes: No Attachments

(01:10) Pam Sagness, Director of the Behavioral Health Division with the Department of Human Services: This is the update relating to SB 2026. This is the mental health voucher that we have discussed several times about creating a clear vision for it and so when I met with this group yesterday, we talked about fine tuning to the ages of 17-25 and what I have brought today is the amendment that would make a few corrections just to language so that it is current, and also to identify that clear age and also the fact the individuals must have a serious emotional disturbance or serious mental illness.

(01:46-03:53) Pam Sagness goes over the proposed amendments on SB 2026.

Madam Chair Lee: Any questions for Ms. Sagness?

Senator Hogan: What is the effective date of this bill?

Pam Sagness: When I went back and read this, I noticed that it was already in on line 8. It says "the voucher program, by july 1st of 2020".

Senator Hogan: So the implementation is already right?

Pam Sagness: Correct.

Senator Hogan: I move to **APODT THE AMENDMENT**
Seconded by Senator Clemens

ROLL CALL VOTE TAKEN
6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES TO ADOPT AMENDMENT

Senator Hogan: I move a **DO PASS, AS AMENDED, AND REREFER TO APPROPRIATIONS.**
Seconded by Senator O. Larsen.

ROLL CALL VOTE TAKEN
6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES DO PASS, AS AMENDED, REREFER TO APPROPRIATIONS.
Senator K. Roers will carry SB 2026 to the floor.

Madam Chair Lee closes the discussion on SB 2026

SB 1081

19.0295.02001
Title.03000

Adopted by the Human Services Committee

January 23, 2019

PROPOSED AMENDMENTS TO SENATE BILL NO. 2026

Page 1, line 8, replace "system" with "program"

Page 1, line 8, remove "underserved areas and"

Page 1, line 10, remove "private"

Page 1, line 10, after the comma insert "excluding human service centers,"

Page 1, line 13, replace "Services" with "Clinical services"

Page 1, line 14, remove "levels of care"

Page 1, line 15, remove "with"

Page 1, line 16, remove "particular emphasis given to underserved areas and programs"

Page 1, line 17, remove "private"

Page 1, line 18, after the period insert "The department of human services shall ensure vouchers under this Act are only used for individuals who are between seventeen and twenty-five years of age with serious emotional disturbance or serious mental illness."

Page 1, line 24, remove "private"

Renumber accordingly

Date: 1/23/19
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2026

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.0295.02001

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

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. Hogan Seconded By Sen. Clemens

Senators	Yes	No	Senators	Yes	No
Chair Lee	X		Senator Hogan	X	
Vice Chair Larsen	X				
Senator Anderson	X				
Senator Clemens	X				
Senator Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment _____

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

Date: 1/23/19
Roll Call Vote #: 2

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2026

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: _____

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

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Sen. Hogan Seconded By Sen. O. Larsen

Senators	Yes	No	Senators	Yes	No
Chair Lee	X		Senator Hogan	X	
Vice Chair Larsen	X				
Senator Anderson	X				
Senator Clemens	X				
Senator Roers	X				

Total (Yes) 6 No 0

Absent 0

Floor Assignment Sen. K. Roers

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

REPORT OF STANDING COMMITTEE

SB 2026: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2026 was placed on the Sixth order on the calendar.

Page 1, line 8, replace "system" with "program"

Page 1, line 8, remove "underserved areas and"

Page 1, line 10, remove "private"

Page 1, line 10, after the comma insert "excluding human service centers,"

Page 1, line 13, replace "Services" with "Clinical services"

Page 1, line 14, remove "levels of care"

Page 1, line 15, remove "with"

Page 1, line 16, remove "particular emphasis given to underserved areas and programs"

Page 1, line 17, remove "private"

Page 1, line 18, after the period insert "The department of human services shall ensure vouchers under this Act are only used for individuals who are between seventeen and twenty-five years of age with serious emotional disturbance or serious mental illness."

Page 1, line 24, remove "private"

Renumber accordingly

2019 SENATE APPROPRIATIONS

SB 2026

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2026
1/29/2019
Job # 31620

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the department of human services for improving mental health services; and to provide for a report.

Minutes: Testimony Attached # 1 - 3

Legislative Council: Brady Larson
OMB: Stephanie Gullickson

Senator Krebsbach called the committee to order on SB 2026. Roll call was taken.

Senator Kathy Hogan, District 21, Fargo, ND
Testimony Attached # 1.

Introducing the bill which is from the Interim Health Services Committee and not included in the governor's executive budget.

307 **Senator Grabinger**: A similar program yesterday with FTE to administer that one too. Is there any chance that the FTE could handle both of these programs?

Senator Hogan: The administration of voucher programs has been seriously underfunded. If someone applies and completes an application, the response to authorize service is usually a day or two. But the payment has gotten so far behind because there is no staff to do it. We can't maintain a voucher program without appropriate staffing. As we looked at the numbers of people served we think we definitely need an FTE. That is a question you can ask the department about merging those FTE's. I know that they are seriously understaffed. So we get people eligible, we get the service provided but the actual provider payment process is getting farther and farther behind because of staffing.

Senator Grabinger: If we could do that and be more efficient with it, we can put more money into the program and provide more help, so that's why I was asking.

Senator Hogan: The balance between the kind of cost to administer a program versus direct service is always a challenge. But without appropriate systems and staffing you can't have the program. That's wisdom that I trust you all have.

Senator Sorvaag: It doesn't talk about any money. Or am I missing that?

Senator Hogan: Line 6.

Senator Sorvaag: Oh, $300,000.

Senator Grabinger: No, it $1million 50 thousand.

Senator Mathern: Unclear about the services. You talk about gaps in people's care and make sure they get supports, but then when I see line 13 it talks about clinical services available. So I am wondering if you could expand a little more about what would actually be covered by the voucher?

Senator Hogan: We were really talking about paralleling services to the voucher program. But we felt that there was enough need to allow the department to draft those administrative rules with input. The two areas we talked about sometimes they are on medications that are not covered by Medicaid, and those medications really are critical. I think that was one that we had serious conversations about and the other one, was room and board costs when they are in any kind of residential treatment and support services. Maybe it's housing. And clinical services I think we were looking at that as being the support services in a clinical team so that these individuals would have to have a case manager, would have to have a range of psychiatric services traditionally covered by Medicaid. But it's when those teams find things that they need that's what we were looking at.

Senator Mathern: I understand what your intent was, but I am almost wondering if that wording suggests that it is clinical services. It is just a concern I have and once we put this into law that could be challenging.

Senator Hogan: An unintended consequence. I appreciate feedback. We really didn't talk specifically about that word.

Senator Krebsbach: They can work on those issues and will put in the DHS sub-committee of **Senators Dever, Erbele, and Mathern**.

Senator Dever: Who are the people providing services? You mentioned similar to Free through Recovery but this isn't Peer to Peer is it?

Senator Hogan: It is a very different group. Again, that provider development, for example, if someone lived in Fessenden and needed out- patient day treatment for a psychiatric health issue in Bismarck. They need a place to live to get that psychiatric day treatment and that wouldn't be covered. This program would be available for room and board costs. That's the kind of example that we were looking at.

Senator Dever: Is it targeting age from 17-25 because those services are available to other age groups or because the needs are more intense?

Senator Hogan: An early intervention program because when a young adult has their first or second episode of psychiatric breakdown if you can get intervention and wrap around

services whether its first psychiatric but it's also support services, vocational services, housing. If you can get services and stabilize early, your long term costs will go down. It is a critical time. That's why we targeted that time frame. I think there may be issues for all of the ages but we think this might prevent longer term more chronic disease.

Senator Robinson: You might have mentioned it, but what type of numbers are we potentially looking at statewide?

Senator Hogan: I am going to defer to Pam Sagness or Rosalie Etherington. I think when we did the first sheltie report and then the follow up HSRI report, our Public Health Penetration Rate with the people in this category of adults of adults with severe disabled we are maybe serving 10-15% of the people who are eligible through the public system. We know we are not serving many of them. So we know that we have a huge unmet need. This is adding one piece to that puzzle.

Rosalie Etherington, Chief Clinics Officer, North Dakota State Hospital
The amount – the people with severe mental illness, there may be upwards of 1000 to 5000 people in all age groups. This has a subset of 1% to 4%. There are less than 5000 but more than 100.

Senator Robinson: that's a significant number. Catches me off guard.

Rosalie Etherington: Chief Clinics Officer for the HSC's and the Superintendent of the State Hospital. In regards to Sen. Devers question, or Sen. Robinson's question about the amount. So we looked at the penetration rate of people with severe mental illness in the state right and we're looking at that small population group of what we call transition age youth 18-24, it might be upwards of at any given time somewhere between 1000 to 5000 individuals statewide in all age groups. So we are talking about a small sub-set of people, potentially in the hundreds for this state transitioning from adolescence into adulthood with severe mental illness. So between 1% to 4% of our population will have severe mental illness and that's the whole group. We can't really pinpoint the number, but we are talking about less than 5000 and more than 100.

Senator Robinson: I had no idea, but that is a significant number even if were looking at 1000. That catches me a little off guard. That seems to be a lot. We are not meeting that need now.

Rosalie Etherington: So we are meeting some of that need. So if you consider the fact that those that are coming in the public behavioral health system so the human service center is the state hospital, we are at any given time representing approximately 2000 of those individuals in the services we provide. So, in regards to the other 3,000-4,000 approximately 3,000 individuals, some of whom would be those transitioning age youth are being treated by other providers and the severity of their illness may be waxing and waning and it might be getting severe over time. So again as they start in childhood, developing into adulthood, it is sometimes not apparent how severe that illness will get or will be, but at any given time in our services, we are serving approximately 2000.

Senator Robinson: We have no way of really focusing on it much closer or accurate number. We don't have the data available to do that is that what you're saying.

Rosalie Etherington: We could scrutinize from that group of 5000 in our state. What would be the breakdown of age to get at a more targeted number. But I could anticipate its' just a couple hundred individuals potentially. Some of who might already be served in other forms of care through other private providers like Prairie St. John's for example and those also transitioning into our services at any given time.

Senator Robinson: Is there a system in place where the private and public sector compare data so we know if we have unduplicated counts and that type of thing or not?

Rosalie Etherington: No. The longer answer is we do share information across systems and there are individuals that we serve that we would collaborate with, but there is no number that says this is an unduplicated number.

Senator Mathern: Many of these people are served, but, the passage of this bill would provide additional tool and additional way that these people could get services. In that regard, how would you make this decision? We're talking about one million dollars and let's say 2-3000 are in this category. How do you see deciding who gets this service or not? For example, somebody noted maybe housing, well that might one thousand a month, in Fargo. Some services are quite expensive, so how would that decision be made? How does the department decide who gets this service?

Rosalie Etherington: We already know it wouldn't be a couple thousand because we are talking about a limited age group so now we're in the hundreds. We also know that there are already certain services that exist, that people may have access too, it's just not enough. Or it's not in the right categories, like room and board for example that is not covered otherwise so if they need a residential service. Not all individuals, about 200 individuals for example, not all of those 200, would need a residential stay. Some might need some form of peer support; some might need some assistance that is not otherwise covered like respite, so the dollar amount would vary and would then spread across larger groups. So room and board being potentially the most expensive type of coverage, not necessarily the whole coverage of residential care because this is a set of group/folks that would qualify for Medicaid and so clinical type of services will already be covered. So then the decision would be made based on first come/first served, truly in that age group based on need.

Senator Dever: We have a lot of bills with behavioral health. We have to figure out how those all work together, and I am interested in knowing whether this is something that is a stand-alone thing or should it be considered in the context of all the others and how it fits together?

Pam Sagness, Director, Behavioral Health, Department of Human Services
Some of the amendments that were made in this bill were at the request of the department because we did want to have some clarity of what was expected. The population in general in the original bill said to serve individuals with a mental health condition in general. We had asked for some clarity because a million dollars isn't an adequate amount to provide service to a huge, large population. Senator Matherns' question about clinical services, but need the support services that wrap around the clinical services in order to be effective. So we did all

ask for some clarity in that all. If it's still not there, I think that something that should be reconsidered. How does it fit? So many things have to do with timing. If there is a 1915(i), that covers a lot of these services. That is a sustainable source. That makes a difference in whether or not or how, we would use the mental health voucher. Because if the 1915i was in existence with the proposed strategies that we put into the budget, respite and peer support and all of those things would be covered in the 1915i. Then this funding would really be abut addressing the gaps that are left after that. Does that sense? So to be candid, the reason the SAD voucher is successful is because its flexible to address gaps that happen over time. When we first started this substance abuse disorder voucher for example there weren't methadone treatment. By the time we got to the second biennium there then was methadone, with treatment available in the state, and no coverage through Medicaid. So then we began covering that through the voucher. So, to really address need we have to have flexibility in these state voucher type programs to address thinks like the room and board, services that aren't covered, some of those are support services that make a difference. (21:55) Just an example with transitioning age youth, we have children that are placed out of state because a facility in ND won't take them or they don't qualify for. Then they turn 18, and they come home. What's home? Clinical services may be provided, but what about all the other services in order to set that person up for a success instead of future criminal justice involvement because they didn't have the basis needs. So those are the types of things that we would have the opportunity to do if we're looking at wrapping around those services. But they all depend on all the other pieces. If there is no 1915i, this voucher could be vital for respite and peer support.

Senator Bekkedahl: This is more of a comment. From what I've seen in providing dental services one of the most common barriers we've seen is getting people to the provider setting. So if this could be something that could be used to take somebody from a remote setting where you have no services, to a place where you have some services, I think it's a great step. We have to start addressing the need to get these people to the place where they can be treated and taken care of.

Pam Sagness: So the substance abuse disorder voucher does pay transportation to get to services. That is part of that auxiliary services that we would consider so that it is not duplicating what is already available.

Senator Bekkedahl: But this would be for help long term.

Senator Robinson: How many children do we have placed out of state at the time?

Rosalie Etherington: 38 at the present time**.**

Senator Robinson: Is that number rather stable or does it go up or down. Are they long term placements?

Rosalie Etherington: So, it fluctuates between 24-38, to my knowledge over the last 2 years it hasn't gone above 38, and when we talk long term we are taking about children that are sometimes out of state for more than 18 months. So we've had one child placed for more than 2 years. So it fluctuates again between 6 months to 18 months.

Senator Robinson: What is a typical diagnosis of a child that is placed out of state? What types of situations are we looking at here?

Rosalie Etherington: It is a complicated answer. Typically, what we see when we try to aggregate all that data, it is a set of youth who have a combination of borderline intellectual functioning, so again so life is hard already, because its complicated for them to learn, plus behavioral disturbance plus some form of mental illness.

Senator Poolman: What happens to those kids, because you're talking about filling gaps between 17-25. Can you talk about what happens to kids when they come back from a placement? Is there respite available for parents? Is there any sort of services that become available when they return?

Rosalie Etherington: Many of the children that are placed out of state are already without custody of parents. So for example, they are now in the custody of the state or the county, and they are placed out of state. They might age out of that residential placement, now they are coming back into our state at age 18, with nothing. No money, no vocational training, potentially a high school diploma but not always, with multiple needs and between what services we have now we cobble together a set of services sometimes through a lot of volunteer agencies just so we can actually get a couch and a bed and money enough for their first months of rent. Now mind you that gets them into a place quickly but it surely doesn't sustain them. So now we're talking about a person who has not have vocational skills training, who doesn't know necessarily how to get a job, doesn't know how to get adequate financial assistance and also struggling with multiple behavioral needs. So more often than not they come back they get set up, and they struggle and there are pieces sometimes in certain regions that can assist them, like Supportive Employment in Fargo but that's not statewide at the moment. Then sometimes that assistance we can give them as they set up other of social services. Does that answer your question?

Senator Poolman: Yes, in part. I was wondering about younger children who come home to families, is there anything for those families, that's what I am curious about?

Rosalie Etherington: Children who have not aged out, that are adults but rather still children they might be coming back to family more often than not, they would be coming back to foster care. So, it is some other form foster family and again with the types of services that already exist for children, there are in some areas robust clinical services, in others, not so much like Williston or Dickinson. So there is a shortage and then there is a shortage of what I would call support services because now they are re-entering into normal school under an Individualized Education Plan (IEP) and that's a struggle. They are re-entering into a home and after having lived in an institution back into a home that is a struggle. Then all of those other needs that they need to be met, again dependent on where they go to live. And our state sometimes has a large amount of services and sometimes not.

Senator Erbele: Going back to the ones who have aged out, getting into housing – does vocational rehab come into that at all or is does that serve a different set of population?

Rosalie Etherington: Yes, it does. However, there is this approximate 3month, 6 month sometime longer delay in the setup of those vocational services in part because there is an

eligibility process. but there is a 3,6 month or longer delay because of eligibility process. Also in part because sometimes there is delay because the person must show a certain amount of psychiatric stability before then they are accepted into that vocational training or assistance.

Senator Robinson: We talk about this age group 17-25, obviously the challenges that these folks face don't necessarily trickle in at 17. Do we have information on what might have caused these situations that we are faced with this age group? Fetal alcohol or do we have any information that tells us that maybe earlier intervention would have been important. I am trying to get to the root of the problem here?

Rosalie Etherington: Yes, we do. So, again however a complicated answer because it is just not one thing. So although fetal alcohol syndrome is often one diagnosis of many of these children now, early adults, we know that fetal alcohol syndrome presents in childhood with much behavioral disturbance and then frequently results in a child being placed out of home. In addition, however, these are other combinations of things that could occur. Early childhood schizophrenia, early childhood illness again behavioral disturbances that are very complicated because they are a combination of parenting or not parenting, emotional activated youth so they are a difficult child generally and now you superimpose the difficulty of parenting and then things compound and then there is school behavioral disturbance and they kicked out and now they end up in residential care which complicates things. Childhood abuse is another complicating factor and so it is so many things and again prevention at that very earliest stage is very, very important.

(32:39-36:30) Matthew McCleary, Youth Coordinator, ND Federation of Families for Children's Mental Health; Mental Health Advocacy Network (MHAN)
Testimony Attached # 2.

(37:13-39:51) Dan Hannaher, Director, Community Engagement for Lutheran Social Services of North Dakota
Testimony Attached # 3.

Senator Krebsbach: We have heard a lot of this type of service that we are lacking in the state and we need to put together a good program. There is a lot of work being done. We need a seamless system, but it is a beginning to put together a good system I think we are dealing with now.

Closed the hearing on SB 2226.

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2026
2/15/2019
JOB 32827

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Alice Delzer

Explanation or reason for introduction of bill/resolution:

A BILL for DHS regarding Mental Health Services (Do Not Pass.)

Minutes: No testimony submitted

Chairman Holmberg: Called the Committee to order on SB 2026. All committee members were present. Adam Mathiak, Legislative Council and Becky Deichert, OMB were also present.

Chairman Holmberg: We're following the model we did two years ago, when we had that duplicative series of bills, they were all Appropriation bills and the rules do not allow for that, but the rules are suspendable. So last time, what happened is we brought 25 bills up to the floor, the motion was Senator Klein moved to suspend Joint Rule 206 through the 17th legislative day, which motion prevailed, and then the second reading of Senate bills on the consent calendar for all 24 votes went as one vote and we were done. My understanding according to talking to John Bjornson this morning is we can in committee have a motion that we would list the bills that we are putting on the consent calendar for a Do Not Pass and then we would vote on that, one vote, and then they would go up on the consent calendar. If you recall, we also have two bills in there that had been signed and they had to do with the Attorney General's budget that the items were folded into the budget. So, before we do it we need to have someone from the committee move that we do a Do Not Pass and place these bills on the consent calendar, as these bills are now duplicative to SB 2012.
The list is as follows:

SB 2026 - Do Not Pass – Improving Mental Health Services
SB 2028 - Do Not Pass - Behavioral Health Prevention & Early Intervention Services
SB 2029 - Do Not Pass – Implementation of Community Behavioral Health Program
SB 2030 - Do Not Pass - Relating to State's Behavioral Health System
SB 2031 - Do Not Pass - Targeted Case Management Services
SB 2032 - Do Not Pass - Peer Support Specialist Certification
SB 2168 - Do Not Pass - Adjustments to QSP Rates
SB 2175 - Do Not Pass - Substance Use Disorder Treatment Voucher System
SB 2298 - Do Not Pass - 1915(i) Medicaid State Plan Amendment for Children
SB 2242 - Do Not Pass – Grants to children's advocacy centers.

Chairman Holmberg: Committee members you may think when the budget comes it is rich, but the bottom line is they are putting the entire issues regarding these bills on the same table. If someone would make the following motion that the Appropriations Committee put a Do Not Pass and place on the consent calendar.

V. Chairman Wanzek: Moved a Do Not Pass and place on the consent calendar on the afore-mentioned bills. **2nd by V. Chairman Krebsbach.**

Chairman Holmberg: Call the roll on a Do Not Pass and place them on the consent calendar on the afore-mentioned bills.

A Roll Call vote was taken. Yea: 14: Nay: 0; Absent: 0.

Chairman Holmberg: I did talk to John in Legislative Council and if the front desk has a problem have them call up to Legislative Council and they will say it is fine**. I Will carry the consent calendar.**

Senator Dever: This will be on Monday but SB 2012 will be on Tuesday.

Chairman Holmberg: The only other thing with this is, keep in mind that any senator has the right to pull a bill off the consent calendar and have a debate on this. the two from the Attorney General are already on the consent calendar. This will just join them. I believe there are two more bills that you passed, SB 2106 and SB 2191, Let's hear about them. (These bills were assigned to new jobs.)

The hearing was closed.

Date: 2-15-2019
Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2026

Senate Appropriations Committee

☐ Subcommittee

Amendment LC# or Description: 2026, 2028, 2029, 2030, 2031, 2032
2168, 2175, 2298, 2242

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

Other Actions: ☐ Reconsider ☐ _____

Motion Made By Wanzek Seconded By Krebsbach

Senators	Yes	No	Senators	Yes	No
Senator Holmberg	✓		Senator Mathern	✓	
Senator Krebsbach	✓		Senator Grabinger	✓	
Senator Wanzek	✓		Senator Robinson	✓	
Senator Erbele	✓				
Senator Poolman	✓				
Senator Bekkedahl	✓				
Senator G. Lee	✓				
Senator Dever	✓				
Senator Sorvaag	✓				
Senator Oehlke	✓				
Senator Hogue	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Holmberg

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

REPORT OF STANDING COMMITTEE

SB 2026, as engrossed: Appropriations Committee (Sen. Holmberg, Chairman) recommends **DO NOT PASS** and **BE PLACED ON THE CONSENT CALENDAR** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Engrossed SB 2026 was placed on the Tenth order on the calendar.

2019 TESTIMONY

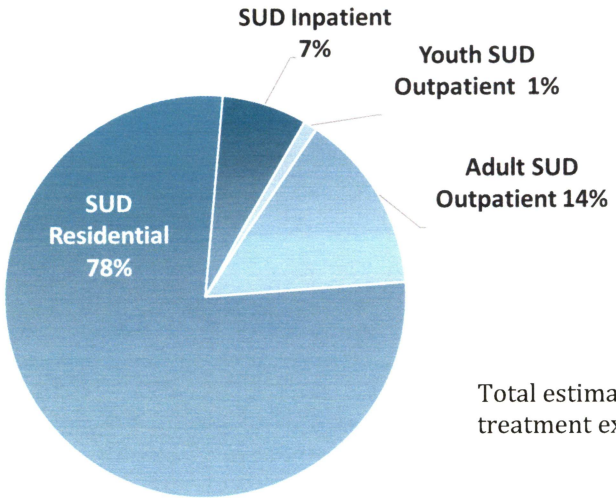
SB 2026

North Dakota Behavioral Health System Study

April 2018

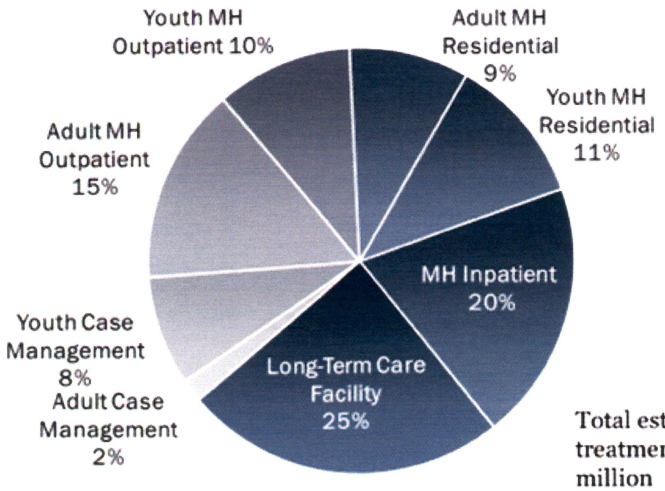
SB 2026
1/7/19
#1
Pg. 1

Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.



Total estimated substance use disorder treatment expenditures were $19 million

Residential, inpatient, and long-term care facility services accounted for a majority of mental health system treatment service expenditures in FY2017.



Total estimated mental health treatment expenditures were $59 million

NORTH DAKOTA BEHAVIORAL HEALTH

North Dakota Department of Human Services

www.behavioralhealth.nd.gov

North Dakota Behavioral Health System Study

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#2
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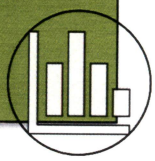
BEHAVIORAL HEALTH SYSTEM STUDY TIMELINE

1/1/2017 TO 6/30/2018

Behavioral Health Division in contract with HSRI to conduct an in-depth review of North Dakota's behavioral health system.

Final report released April 2018



8/1/2018 TO 6/30/2019

Behavioral Health Division in contract with HSRI to initiate and facilitate the implementation of a strategic plan based off the recommendations from the comprehensive study of ND's behavioral health system published April 2018.

APRIL 2018 BEHAVIORAL HEATLH SYSTEM STUDY

Served as a component of interim legislative committee studies during the 65th Legislative Interim.

This report presents the findings from the North Dakota Comprehensive Behavioral Health Systems Analysis, conducted by the Human Services Research Institute (HSRI) for the North Dakota Department of Human Services' Behavioral Health Division.

The 250-page report provides more than 65 recommendations in 13 categories. This set of recommendations is intentionally broad and far-reaching; it is not expected, nor suggested, that stakeholders in North Dakota endeavor to implement all these recommendations at once.

1. **Develop a comprehensive implementation plan**
2. **Invest in prevention and early intervention**
3. **Ensure all North Dakotans have timely access to behavioral health services**
4. **Expand outpatient and community-based service array**
5. **Enhance and streamline system of care for children and youth**
6. **Continue to implement/refine criminal justice strategy**
7. **Engage in targeted efforts to recruit/retain competent behavioral health workforce**
8. **Expand the use of tele-behavioral health**
9. **Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches**
10. **Encourage and support the efforts of communities to promote high-quality services**
11. **Partner with tribal nations to increase health equity**
12. **Diversify and enhance funding for behavioral health**
13. **Conduct ongoing, system-side data-driven monitoring of needs and access**

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IMPLEMENTATION

HSRI is continuing to support the North Dakota Behavioral Health Division (in contract through June 2019) and the North Dakota Behavioral Health Planning Council to engage in coordinated, data-driven system transformation activities based on the recommendations from the 2018 Behavioral Health System Study.

Working with stakeholders - including service users and families, advocates, providers, administrators, and other North Dakotans – HSRI is helping the state set its course for ongoing system monitoring, planning, and improvements in the long term.

Based on the original 13 recommendations, HSRI has drafted a list of 140 strategic goals to enhance and improve all aspects of the state's behavioral health system in the years to come.

www.hsri.org/NDvision-2020

NORTH DAKOTA
BEHAVIORAL HEALTH

North Dakota Department of Human Services
www.behavioralhealth.nd.gov

The Human Services Research Institute (www.hsri.org) is an independent, nonprofit research institute that helps public agencies develop effective, sustainable systems to deliver high-quality health and human services and supports in local communities. In the behavioral health space, our goal is to deliver actionable, viable, and culturally relevant strategies that empower service users and promote wellness and recovery.

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Mental Health Advocacy Network

Consumer & Family Network
Mental Health America of ND
Youth Move Beyond
The Arc of Bismarck
Fraser, Ltd.
Federation of Families for Children's Mental Health
Protection & Advocacy Project
ND Association of Community Providers
Individual Consumers & Families

Testimony SB 2026
Senate Human Services Committee
Senator Judy Lee, Chairman
January 7, 2019

Chairman Lee and members of the committee, my name is Carlotta McCleary. I am the Executive Director for both Mental Health America of North Dakota and North Dakota Federation of Families for Children's Mental Health. Today I speak on behalf of the Mental Health Advocacy Network (MHAN). MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective.

MHAN has provided testimony since the 2015 session and the most recent interim human service and health service committee meetings regarding our priorities. We argue that peer to peer and family support, consumer choice, diversion from corrections, a core services zero-reject model, and conflict free grievance and appeals processes, and the access to a full and functional continuum of care serve as the backbone to correcting the crisis in North Dakota's behavioral health system.

MHAN is testifying in support of SB 2026. MHAN has long argued that the North Dakota mental health system must provide its citizens choice in mental health services through a voucher system or like model to allow consumers access to services in the private sector. In part, we argue for a voucher system because services are not available equitably in all regions, nor are services adequate for the need. The 2014 Schulte Report further argued that the existing monopoly had "created less competition and thereby a lower standard of care." The Human Services Research Institute (HSRI) report noticed

that the state has a voucher program for substance use treatment but lacks a voucher program for mental health services. HSRI recognized that the voucher funding stream is "a key resource that can be flexibly employed to meet unique community needs." If the state were to implement this program for mental health (and expand it comparably to the HSRI-recommended levels for the substance use voucher program), HSRI noted that it would help increase access to support services and fill in gaps in the service continuum. This bill is the beginning of one piece in a complicated puzzle that must be put together to solve the mental health system crisis. The substance use voucher, which this bill is based on, has matured from its initial $750,000 funding to over $4 million today. Even at that level of funding, the demand for substance use treatment is outpacing supply. We expect the same to happen with the mental health service voucher.

There are many problems with the North Dakota mental health system and one solution will not solve all problems, including a mental health voucher. But this is a necessary component to solving the crisis. MHAN supports SB 2026 and hopes that this bill (in addition to other bills that will be before the legislature) will be the start to North Dakotans having choice in their mental healthcare, just like any other health chronic condition such as heart disease, diabetes, and asthma.

I would be happy to take any questions you have.

Carlotta McCleary, Spokesman
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Phone: (701)255-3692

SB 2026
1/7/19
#4
Pg. 1

66th North Dakota Legislature
Senate Human Services Committee
January 7, 2019

Good afternoon, Chairwoman Lee and members of the Committee. I am Trina Gress, Vice President of Community Options. This testimony is to support SB 2026. There is a need for additional behavioral health services outside of the local Human Service Centers.

A short story, just last week, I received a phone call from a discharge Social Worker at Sanford Health. She had an individual diagnosed with Multiple S (MS) and also Schizoaffective Disorder. Upon discharge the individual needed services to treat her behavioral health diagnosis and the local Human Service Center had a long wait list. The Social Worker was asking if Community Options had any services that the individual resource upon discharge. At this point, there is not a way for providers like Community Options to assist this individual. In these types of situations, SB 2026 could benefit the citizens of North Dakota.

Thank you for your time and I welcome any questions.

Respectfully submitted,

Trina Gress
Vice President
Community Options
trinag@coresinc.org
(701) 319-8871

#1 SB 2026
1-29-2019
Pg 1

TESTIMONY
Senate Appropriations Committee
SB 2026
January 29, 2019
Senator Kathy Hogan

Chairman Holmberg and members of the Senate Appropriations Committee, my name is Kathy Hogan, and I represent District 21 the heart of Fargo.

SB 2026 is an Interim health services bills. This bill would establish a new voucher system program for individuals with a serious emotional disturbance aged 17-25. These young adults are at a critical time in their treatment and recovery. The bill is designed not to replace any currently available services but rather to supplement those services to fill gaps. This is similar in structure to the Free through Recovery model but with distinct population and diagnosis. Services that are reimbursable through the Medicaid program would not be covered by this bill.

Please note that the implementation date for this expanded service is July 1, 2020 because of the need to develop administrative rules and procedures for this expansion. There is also one FTE included to coordinate this service.

Thank you, Chairman Holmberg I would be more than willing to answer any questions.

Mental Health Advocacy Network

Consumer & Family Network
Mental Health America of ND
Youth Move Beyond
The Arc of Bismarck
Fraser, Ltd.
Federation of Families for Children's Mental Health
Protection & Advocacy Project
ND Association of Community Providers
Individual Consumers & Families

Testimony SB 2026
Senate Appropriations Committee
Senator Ray Holmberg, Chairman
January 29, 2019

Chairman Holmberg and members of the committee, my name is Matthew McCleary. I am the Youth Coordinator for the North Dakota Federation of Families for Children's Mental Health and the peer support Project Director for Mental Health America of North Dakota. Today I speak on behalf of the Mental Health Advocacy Network (MHAN). MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective.

MHAN has provided testimony since the 2015 session and the most recent interim human service and health service committee meetings regarding our priorities. We argue that peer to peer and family support, consumer choice, diversion from corrections, a core services zero-reject model, and conflict free grievance and appeals processes, and the access to a full and functional continuum of care serve as the backbone to correcting the crisis in North Dakota's behavioral health system.

MHAN is testifying in support of SB 2026. MHAN has long argued that the North Dakota mental health system must provide its citizens choice in mental health services through a voucher system or like model to allow consumers access to services in the private sector. In part, we argue for a voucher system because services are not available equitably in all regions, nor are services adequate for the need. The 2014 Schulte Report further argued that the existing monopoly had "created less competition and thereby a lower standard of care." The Human Services Research Institute (HSRI) report noticed that the state has a voucher program for substance use treatment but lacks a voucher program for mental health services. HSRI recognized that the voucher funding stream is "a key resource that can be flexibly employed to

meet unique community needs." If the state were to implement this program for mental health (and expand it comparably to the HSRI-recommended levels for the substance use voucher program), HSRI noted that it would help increase access to support services and fill in gaps in the service continuum.

This bill is the beginning of one piece in a complicated puzzle that must be put together to solve the mental health system crisis. The substance use voucher, which this bill is based on, has matured from its initial $750,000 funding to the millions of dollars it has today. Even at that level of funding, the demand for substance use treatment is outpacing supply. We expect the same to happen with the mental health service voucher.

There are many problems with the North Dakota mental health system and one solution will not solve all problems, including a mental health voucher. But this is a necessary component to solving the crisis.

MHAN supports SB 2026 and hopes that this bill (in addition to other bills that will be before the legislature) will be the start to North Dakotans having choice in their mental healthcare, just like any other health chronic condition such as heart disease, diabetes, and asthma.

However, we do have a concern. In the initial drafting, the proposed voucher would be used for persons with mental disorders recognized by the DSM-5, "with a particular emphasis given to underserved areas and programs." In the most recent draft the voucher would be limited to "individuals who are between seventeen and twenty-five years of age with serious emotional disturbance or serious mental illness." MHAN believes that consumers of all ages should be able to have the choice to use the private sector with a mental health services voucher.

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1-29-2019
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I would be happy to take any questions you have.

Matthew McCleary
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#3 SB 2026
1-29-2019
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SENATE APPROPRIATIONS COMMITTEE

TESTIMONY IN SUPPORT OF SB2026
"Voucher Program for Mental Health services"
January 29, 2019

Senator Holmberg and Committee Members. My name is Dan Hannaher, and I am the Director of Community Engagement for Lutheran Social Services of North Dakota. I am here to support the request outlined in SB2026 to create a Voucher program that would offer young adults coverage for mental health-related services.

75 percent of all chronic mental illness will be diagnosable by the time a person is 24 years old. Yet it is not at all uncommon for teens and young adults to go without mental health services, even when they start experiencing early signs of a mental health issue. Sometimes this is due to a person thinking they are going through "normal" ups and downs of the transition to young adulthood, and in other cases they simply do not have resources that would give them consistent access to services.

The voucher program outlined in SB2026 could fill that gap for many older teens and young adults of limited means. In addition to accessing individual and group treatment services, the voucher program could open the door to the delivery of peer mental health supports – young people helping other young people navigate the day to day challenges of living with a mental health issue. It could also make it possible for people to access a range of in-community supports that would help them maintain stable housing and employment as they seek greater mental health wellbeing.

As an affordable housing provider we understand first hand the impact that untreated mental health conditions can have on a person's ability to live independently in the community.

In our experience, a person with a serious mental health issue will often end up engaging with law enforcement because of challenging behaviors that manifest themselves in their home, at work, or elsewhere in the community; and the root cause of these behaviors is often insufficient support for their mental illness. In the course of the escalation of symptoms, the person is likely to lose their housing, lose their employment, and even jeopardize natural support relationships – all of which make long term recovery much more difficult.

The voucher program contemplated in SB2026 could make a big difference for people suffering from serious mental health issues, allowing for earlier intervention that will ultimately prevent crises from occurring. It is yet another important piece of the puzzle that is a transformed behavioral health system in North Dakota. Thank you for the opportunity to speak to you today. I would be happy to answer any questions you have for me.

Dan Hannaher
Director, Community Engagement
Lutheran Social Services of North Dakota
ND Lobbyist #230
Email: danh@lssnd.org
Phone: 701-271-1604