

2019 SENATE HUMAN SERVICES COMMITTEE

SB 2030

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2030
1/15/2019
Job # 30784

- Subcommittee
 Conference Committee

Committee Clerk: Justin Velez / Carie Winings

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the department of human services to coordinate the implementation of recommendations relating to the state's behavioral health system.

Minutes:

Attachments 1-5

Madam Chair Lee: Opens the hearing on SB 2030.

(00:20-02:13) Senator Hogan: See **Attachment #1** for testimony Introducing SB 2030.

(02:35) Pam Sagness, Director of the Behavioral Health Division, Department of Human Services. See **Attachment #2** for testimony in favor of SB 2030. In order to continue implementation, this obviously would affect all 13 of the areas of the HSRI. If we don't implement we will not be impacting any of it. See **Attachment #3** for an amendment to align this bill with our budget request. It will reduce the dollar amount from \$408,000 to \$300,000. It will also remove the 1.5 FTE. We would continue with the contract that we have with human service research institute to continue the efforts and maintain that continuity.

(5:45) Madam Chair Lee: Is there any discussion on the proposed amendment?

Senator Hogan: I am totally comfortable with this. We don't have any language to continue the behavioral health study in the interim because we are not going on 4 years. This is really the base for all of our interim studies in the future. Maybe we want to add a study resolution in here.

Madam Chair Lee: It seems to me that it would appropriate to affirm that we would wish to do that.

Pam Sagness: I think it would make sure that we have that continuation. The other thing would be that we make sure we consider language in our budget bill as well. There is always an opportunity there to make sure that as we go forward, this is still a separate bill than our budget bill. We might need to be thoughtful that if there is policy language in here, how we

can integrate it in our budget as well. We could develop language that could even come forward as an amendment to be offered in our budget hearing. We could put it in both.

Madam Chair Lee: If we approve that in concept. We will not be able to get Christmas tree bills until we have already voted it out. We can keep the bill in committee until we have seen it. So, if it is messed up we can fix it. What's the timeline for getting the amendment you are talking about?

Pam Sagness: We can work on that today and have a draft for you tomorrow.

Madam Chair Lee: Is everybody comfortable with the amendment? Any concern of adding the continuation of the study? Any question on policy? There were none and the committee was in agreement to wait and vote on all amendments together.

(11:55-18:12) Carlotta McCleary, Executive Director, Mental Health America of North Dakota and North Dakota Federation of Families for Children's Mental Health: See **Attachment #4** for testimony in favor of the bill.

Madam Chair Lee: My perception of that is that we will continue to have oversight of how things are implemented. There is a bill in for a 1915i waver to include these so that is already being addressed.

Carlotta McCleary: I think that taking a look at having that implementation for this SRI is critical to make sure this is not another study that sits on a shelf.

(19:45-20:22) Bruce Murry, Executive Director, North Dakota Association of Community Providers: Testified in favor of the bill. A lot of times in developmental disability services the hardest part of our job may be in the overlap with behavioral health. We appreciate this effort to improve access for all North Dakotans.

(22:28) Gerry Teevens, Director, Special Education, Department of Public Instruction: Testified in favor of the bill. We support the efforts of the Department of Human Services to improve behavioral health services in our communities where our schools are located.

Madam Chair Lee: Closed the hearing on SB 2030

See **Attachment # 5** for additional testimony provided to the committee.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2030
1/16/2019
Job # 30873

- Subcommittee
 Conference Committee

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| Committee Clerk: Carie Winings |
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Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide for a report to legislative management; and to provide an appropriation to the department of human services to coordinate the implementation of recommendations relating to the state's behavioral health system.

Minutes:

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| Attachments: 1 |
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Madam Chair Lee: Opened SB 2030 for committee discussion.

Pamela Sagness, Director of the Behavioral Health Division, Department of Human Services: (See Attachment #1 for proposed amendment.) This is an amendment where I merged the previous amendment with this new one so that you have one amendment. I had offered an amendment during my testimony yesterday to reduce the FTE and the dollar amount. This now includes the clarification of reducing the dollar amount in the appropriation, removing the 1.5 FTE, but then in addition adding an agency directive to the Department of Human Services that we shall update legislative management regarding the implementation of the Human Services research institute report recommendations.

Madam Chair Lee: It sounds like a good way to put it I think.

Pamela Sagness: We have a companion that I will be offering as testimony tomorrow in our appropriations, so that whether this bill or whether the appropriation that is in our budget is continued, it will be in both places.

Senator Hogan: In terms of this amendment, a report going to legislative management is typically a pretty short report. Was this the bill we were looking at continuing the interim study of behavioral health systems?

Madam Chair Lee: That is a different bill.

Pamela Sagness: This is the continuation of the HSRI report, so the concern when I went to legal about drafting this is that we couldn't assume that there would be certain interim committees, and so the language is written vague enough that you would be able to direct how often you would want us to report, or who we would report to. Legal was concerned

about putting language other than legislative management. You could clarify it and make it more directive.

Madam Chair Lee: We will look at that. Thank you for your concern. Closed the discussion.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2030
1/22/2019
Job # 31237

- Subcommittee
 Conference Committee

Committee Clerk: Carie Winings

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide for a report to legislative management; and to provide an appropriation to the department of human services to coordinate the implementation of recommendations relating to the state's behavioral health system.

Minutes:

No Attachments

Madam Chair Lee: Opened SB 2030 for committee discussion. We do have an amendment request with this one that included a change in numbers and adding a study. We were going to be looking at replacing the \$408,000 with \$300,000, and we were going to remove “the department is authorized 1.5 FTE’s”, and deleting most of line 9 as well as 10 and 11. I had a note about adding a study.

Pam Sagness, Director of Behavioral Health Division, Department of Human Services: We had provided a draft amendment that we had taken the \$408,000 and the 1.5 FTE removal and combined it with a statement. I do not know that the statement met your request. It was a statement that said that we would report to the interim. That was because our legal felt that we could not say that we were going to do a study. They did not feel like that was the language that we could propose at this point.

Senator Hogan: We can propose a continuation of the study of the overall implementation of DHRI.

Madam Chair Lee: Rather than having it in the agency directive, the way that we have in here?

Senator Hogan: Let’s change it. This is too narrow. You know what happens to a legislative report to legislative management; it is nuts. We need to monitor this because there are so many moving parts.

Madam Chair Lee: There needs to be reporting.

Senator Hogan: Yes.

Madam Chair Lee: Let's mull over how we are going to do the language on that one and all of you can think about that.

Senator Roers: (Asked a question to clarify what they were discussing regarding the study portion of the amendment.)

Senator Hogan: There are many types of studies and this will be new language in here. Maybe we should go back and look at the study language that we put in last year's bills that generated the interim studies. We can have the intern look at that.

Madam Chair Lee: That would be a good idea.

Senator Hogan: We have been studying this and we have standard language. The difference is that now we have the HSRI report to work off of.

Senator Roers: So when I look at this, it is for the purpose of coordinating the implementation of recommendations of the HSRI study, right?

Senator Hogan: Yes.

Senator Roers: I need to understand what, other than that, is the next thing we need to do.

Senator Hogan: The next study is that this would actually recommend to legislative management that we have an interim committee monitor the steps along the way.

Senator Roers: Ok.

Senator Hogan: All of our bill came out of our interim committee, so that is the piece that is new to you.

Madam Chair Lee: Closed the committee discussion on SB 2030.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2030
1/23/2019
Job # 31327

- Subcommittee
 Conference Committee

Committee Clerk: Carie Winings

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide for a report to legislative management; and to provide an appropriation to the department of human services to coordinate the implementation of recommendations relating to the state's behavioral health system.

Minutes:

Attachments: 1-2

Madam Chair Lee: Opened SB 2030 for committee discussion.

Senator Hogan: The draft amendment that the intern and I have been looking at is to provide for a legislative management study. (See Attachment #1 for proposed amendment provided to the committee for section 2 study.) It establishes that the HSRI study is kind of the framework going forward on everything that we are doing.

Madam Chair Lee: Thank you for your work on this.

(2:05) Senator Anderson: People might say that this is what we already studied. And the answer to that is that this is a continuation?

Senator Hogan: I think that is why, you know we have never had a Human Service Research Institute as a road map and a structure before. I think we have randomly picked topics, and now I think we can use the 13 recommendations and use it as a format in a way that we have never had. That is why the continuation is important. We are in a very different place than we were even less than a year ago.

Senator Anderson: I think there were 64 recommendations all together, so are you specifically restricting it to the 13, or are you going to look at all 64?

Senator Hogan: The 65 are under the 13, so each one has 6 or 8 under it. You can do the whole thing. I would not want to restrict anything.

Senator Roers: I am trying to wrap my brain around this. So, the HSRI study that has already been done, identified what we need to study further or are we implementing what the study told us?

Senator Hogan: Both.

Senator Roers: So we don't know which populations of youth and adult need behavioral health care?

Senator Hogan: We know some of them but not all of them. (Gave an example.) It could be a whole new component or it could be monitoring. That is what we found we were doing is monitoring the things that worked that we did before, and also looking at areas that we have not looked at at all.

Madam Chair Lee: I might add that we have had a lot of focus on young people, but we have not done much about the older adults.

Senator Roers: To play a little bit of devil's advocate – could an opponent of this idea ask if this is a solution in search of a problem? Are we looking for more people to serve, or do we already know who to serve and we just need to figure out how to serve them?

Madam Chair Lee: I do not know the answer to that question.

Senator Hogan: What we have known is that based on the data on the penetration rates of the percentage of people who have serious and persistent mental illness or children with serious emotional disturbance, we know that our percentage of service provided to them are so low. I think it is 5% for the children, and on the adult side we are at about 10-11%. What we know is that we have huge gaps, but we might not know the specifics of them.

Senator Anderson: I wonder if, in light of my question and Senator Roers question, that this shouldn't be written a little more specifically so that it is clear that you are implementing and exploring the gaps. So that it doesn't look to legislative management and others like we are just repeating what we already did. Maybe this needs to be a little bit more specific. You seem to know what the answers are already, but it is not clear here to someone else.

Senator Roers: To someone that has never seen this before.

Senator Hogan: I am more than willing to rewrite this. So that I am clear about the committee's intent, it is to both monitor the implementations of the recommendations of the HSRI and identify unmet needs and gaps based on that study. Would those be the two reasons for the study?

Madam Chair Lee: Yes, because I keep wallowing around c. The comparisons of other states and alignments of benefit packages is a bit much.

Senator Hogan: Take it out.

Madam Chair Lee: Yes. I can be persuaded, but it really it just gets big.

Senator Hogan: Jen Clark like that one. I was her idea.

Madam Chair Lee: Whatever you want to do.

Senator Anderson: It might be to explore the identified gaps from the HSRI study in certain areas of what you are thinking of in the amendment here so that it is clearer what we are doing here.

Senator Hogan: Gaps and possible solutions. That would be number 1.

Madam Chair Lee: That is something that the committee can do anyway. It does not have to be spelled out. As the meat begins to come on to the bones of an interim committee meeting, those kinds of things end up coming out anyway in some fashion. I am not trying to avoid it, but if it gets too broad, it gets mucky. D. and e. are a given.

Senator Larsen: I have seen and heard all of the studying that we have been doing, and I guess I would like to see the funding go to the implementation of the programs. We know what we need to do. That is where my funding lies; is to get it into the peer to peer and where the departments know where they need to put the money.

Senator Hogan: Mrs. Sagness, do you feel like this is needed?

Pam Sagness, Department of Human Services: Specific to the ongoing study, I do not really have a comment. I think that it is important that we implement, and we have heard a lot of feedback from people at this podium that they are concerned that it is a continuous study that never becomes implementation in action. I certainly think there is a lot of efforts going into this session to move from studying into action. I do think it will have to be literally clear in that language, however, I would like to address Senator Larsen's comments about the implementation. Somethings that are really important to HSRI and has been able to do is that they are actually outside of the department. When we run things ourselves, we only see it with our own eyes. The \$300,000 for the 2 years is a contract with HSRI to make sure that this is not a DHS driven initiative. They actually work with the planning council for behavioral health. They manage and do all of the stakeholder meeting. They do all of that for \$300,000 for 2 years. When we do it internally people feel as though we have a bias. That we do not advocate on behalf of privates as equally as we do ourselves. That we have a conflict of interest. Although I 100% agree, I do not want to study more and I do not want to put more money into study. I would like to have the resource for the next two years to make sure that we don't have these recommendations stop, because we are so busy creating all of the other things we do at the department that no one is shepherding the project globally. That is the benefit we get from HSRI and their wool in the implementation.

Senator Roers: I am wondering if the word "study" needs to find its way out of this so that it does not look like it is another study. Rather, it is a continuation of the consultation overseeing the implementation and planning for the future. It is not that we are actually starting from scratch, and as soon as I see the word "study" I think we are looking for more work rather than implementing the work we already know we have in front of us.

Senator Hogan: The "shall consider study" is when we go to legislative management, and if we change that language it would not be considered for interim monitoring. That is the catch 22.

Madam Chair Lee: We can say consider studying monitoring and evaluating the progress of the implementation of the HSRI study recommendations or something like that.

Senator Hogan: Right.

Madam Chair Lee: It seems to me that is where we want to go.

Senator Roers: Is it possible to just say to continue the already done study so that you can monitor the implementation. Then you are not proposing a new study.

Senator Hogan: Then you wouldn't have an interim looking at it in between. How do we get it into an interim committee? You can do a report on what you have done, but then you would have no engagement during the interim process.

Madam Chair Lee: Why can't we say – "the legislative management shall continue studying and implementing HSRI recommendations"?

Senator Roers: So they don't think it is a new study.

Madam Chair Lee: We have to do "shall consider", "continuing a study and monitoring the progress made on implementing the recommendations of the HSRI study".

Senator Roers: I think that language is great to be able to connect that it is continuing and not doing something new or something more duplicative, but I am a little concerned that the appropriation for the implementation is in the same bill with a study. It could be a perception that the \$300,000 is for the study, and maybe this is not the place to put language.

Senator Hogan: Maybe we should not do this and do a study resolution and we still have time to do that. Then we don't have the pressure of getting a bill to appropriations; which I was feeling a little today.

Madam Chair Lee: I would like the bill we are looking at to be clean.

Senator Hogan: Then we would just do the recommendation.

Pam Sagness: I do want to clarify for the committee that, as of now, officially this bill does not have section 2. This is just a dummy amendment mocked up. If you don't want to act on it, it is not there.

Senator Hogan: The question is that on the original draft of Pam's amendment which says that the department "shall provide a report to legislative management". Do we want to continue that in and then make the study a separate bill totally?

Madam Chair Lee: The original amendment did not have the study. We just talked about adding it.

Senator Hogan: Do we want the agency directive? I do not think it would hurt.

Madam Chair Lee: How would you like it to be stated?

Senator Hogan: I am ok with what is on the written sheet. It would be a report and not any engagement.

Madam Chair Lee: Right. I am ok with that thought. What do you think Mrs. Sagness?

Pam Sagness: We felt the amendment that I provided was adequate, and it would maintain that we would be reporting. It maybe does not continue additional things, but we would at least be reporting back to the committee and making sure there is awareness that the implementation happening. I would be concerned if there were no appropriation for us doing a report on something that was not funded. So, as long as there are two section, we are ok.

Senator Roers: So, we are going back to the proposed amendment that was brought to us?

Pam Sagness: That aligns to what we had proposed in the executive budget.

Madam Chair Lee: We have been tap dancing around this, but we would be looking at the amendment which replaces the \$408,000 with \$300,000, and removes that DHS is authorized the 1.5 FTE's and we would be removing lines 10-11 on page 1.

Senator Roers: I have one here that inserts a Section 2 Agency Directive. (Reads.)

Madam Chair Lee: What is wrong with that?

Senator Hogan: Nothing is wrong with that.

Senator Roers: Moved amendments brought from Pam Sagness (Attachment #2).

Senator Anderson: Seconded.

A Roll Call Vote Was Taken: 6 yeas, 0 nays, 0 absent.

Motion Carried.

Senator Roers: Moved a Do Pass As Amended and Re-Refer to Appropriations.

Senator Anderson: Seconded.

Madam Chair Lee: Is there any discussion?

Senator Larsen: I am going to oppose the bill. I do not agree with studying it and moving forward. I would rather see the \$300,000 go to homeless or something like that. I do agree with the amendments.

Senator Clemens: I am going to agree with Senator Larsen on this one.

Senator Hogan: I am concerned that if we don't have HSRI facilitating those 65 recommendations that it is going to be impossible to really implement so many of those pieces, and it will become a plan that sits on the shelf. I will vote for it.

A Roll Call Vote Was Taken: 4 yeas, 2 nays, 0 absent.

Motion Carried.

Senator Lee will carry the bill.

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2030
2/15/2019
Job # 30790

- 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 to coordinate the implementation of recommendations relating to the states behavioral health system.

Minutes:

Attachment #1

(09:13) Kurt Snyder, Chairman of the ND Behavioral Health Planning Council. Testifying in favor of SB 2030. Please see **Attachment #1** for testimony.

(10:15) Madam Chair Lee: Any questions for Mr. Snyder?

Senator Hogan: We changed the bill and took the FTE's out and made the contract continuing but we are also looking at a continuing interim study to monitor the implementation, those were the things that we talked about in the hearing.

Madam Chair Lee: The reason that we made those changes in the FTE and the dollar amount was that so it is in parallel with the DHS budget request. One of our challenges this time were some policy things that were in the DHS base budget that would have gone into the governor's recommendations and now the green sheets that appropriations get should have those pulled out but we have to make sure that there are policy bills that support these because our appropriations committee is not interested in changing policy or adding policy if we haven't had a chance to look at it in a policy committee. Part of that coordination is really important to make sure we haven't missed anything.

Madam Chair Lee: That will end the prepared testimony for SB 2030. We will be at ease for a few minutes.

January 23, 2019

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PROPOSED AMENDMENTS TO SENATE BILL NO. 2030

Page 1, line 1, after "provide" insert "for a report to legislative management; and to provide"

Page 1, line 4, after "**APPROPRIATION**" insert "**- REPORT TO LEGISLATIVE
MANAGEMENT**"

Page 1, line 5, replace "\$408,000" with "\$300,000"

Page 1, line 9, remove "The department of human services is authorized 1.5 full-time
equivalent positions to"

Page 1, replace lines 10 and 11 with "Before August 1, 2020, the department of human
services shall provide a report to the legislative management regarding the
implementation of the human services research institute report recommendations."

Renumber accordingly

2019 SENATE STANDING COMMITTEE
 ROLL CALL VOTES
 BILL/RESOLUTION NO. 2030

Senate Human Services Committee

Subcommittee

Amendment LC# or Description: 19.0281.02001

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. K. Roers Seconded By Sen. Anderson

| 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 | | | | |
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Total (Yes) 4 No 2

Absent 0

Floor Assignment Sen. J. Lee

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

REPORT OF STANDING COMMITTEE

SB 2030: 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** (4 YEAS, 2 NAYS, 0 ABSENT AND NOT VOTING). SB 2030 was placed on the Sixth order on the calendar.

Page 1, line 1, after "provide" insert "for a report to legislative management; and to provide"

Page 1, line 4, after "**APPROPRIATION**" insert "**- REPORT TO LEGISLATIVE MANAGEMENT**"

Page 1, line 5, replace "\$408,000" with "\$300,000"

Page 1, line 9, remove "The department of human services is authorized 1.5 full-time equivalent positions to"

Page 1, replace lines 10 and 11 with "Before August 1, 2020, the department of human services shall provide a report to the legislative management regarding the implementation of the human services research institute report recommendations."

Renumber accordingly

2019 SENATE APPROPRIATIONS

SB 2030

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2030
1/29/2019
JOB 31644

- Subcommittee
 Conference Committee

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| Committee Clerk Signature Alice Delzer / Pam Dever |
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Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide for a report to legislative management; and to provide an appropriation to the department of human services (DHS) to coordinate the implementation of recommendations relating to the state's behavioral health system.

Minutes:

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| <ol style="list-style-type: none">1. Testimony of Senator Kathy Hogan2. ND Behavioral Health System Study pamphlet3. Testimony of Matthew McCleary |
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V. Chairman Krebsbach: Called the Committee to order on SB 2030. All committee members were present except Senator Holmberg, who was out of town. Brady Larson, Legislative Council and Stephanie Gullickson, OMB were also present.

Senator Kathy Hogan, District 21, Fargo (.21): testified in favor of SB 2030 and presented Attachment # 1, stating that this bill recognizes the value of the DHS Research Institute's Comprehensive Behavioral Health Study, which was completed in 2018. This study included 13 broad categories and 65 specific recommendations to improve the entire continuum of services for behavioral health. We see this as our road map. This is the blue print for the next 8-10 years. We lowered the cost and took out the FTE. We hope you will support this recommendation. Look at the research. (3.04)

Senator Mathern: You noted the 135 recommendations from the HSRI Institute. Do any of the recommendations include the building of a state hospital?

Senator Hogan: I am not aware of that. It might be footnoted somewhere.

Senator Dever: Is this money to coordinate all of the carious bills that have come before us?

Senator Hogan: I think the bills themselves will be incorporated by the DHS. It is the implementation of all of the plan recommendations that this group will do. I will track all of the bills we have done. That is why the other two groups are critical. The behavioral health planning council, which is by federal law, required to drive the ship.

Senator Dever: So have the efforts of those entities previously been without coordination?

Senator Hogan: At times, I think they have.

Senator Dever: How would the \$300,000 facilitate that?

Senator Hogan: The \$300,000 is the consultant who write the report and she knows all the key stake holders. She is trying to implement those recommendations into core infrastructure, so they will be maintained in the long term. It is contract money. (5.37)

Pam Sagness, Director of Behavioral Health of DHS: (6.00-9.50) testified in favor of SB 2030 and provided Attachment # 2. This is the overview all the study which has the 13 key recommendations. We worked with the policy committee in order to remove the 1.5 FTE and reduce the dollar amount from \$408,000 to \$300,000. We believe that will be what it will take to continue these efforts. To talk about the roles: Each person has a different roll. In April the study came out and the consultants from HSRI are the ones who met with all the groups. They have contact with all the behavioral health planning council members and providers in the state. (9.30) When the department does things, they only have the department's eyes. We sought outside consultation is that the behavioral health system is broader than the Dept. of Human Services. We believe it's vital to have to continue the contract with HSRI because it is broader than us. These bills are the strategies that the report recommended in April.

Senator Robinson: Of the 135, how many have found their way into the budget and are funded? How many are optional funding packages?

Pam Sagness: (10.17) I can look at that I don't have the exact number. All the blue line items in the behavioral health matrix are in the HSRI report. The new state hospital is not listed in the matrix. The state hospital is not a behavioral health strategy. It is an operations and a financial strategy. The hospital was never proposed as a strategy. (11.02)

Senator Sorvaag: Why not bring it all in one or two bills? You say it is a strategy but it is coming with 25 bills. Why?

Pam Sagness: The interim committees developed 6 behavioral health bills. Those bills were all submitted by the time they had their final meeting in September. That was prior to the governor's budget. The interim committee brought forward bills that would apply to the strategies needed. We worked as a department and submitted our optional adjustments requests and the governor's budget came in December. We are actually hearing everything twice. We have an overlap. (12.40)

Senator Mathern: Why weren't the 6 bills in the governor's budget? Do they have less merit? I am concerned as we get down to the final analyses. Your department took part in all the interim meetings, and both bills this morning could have been in the budget. Was there a decision not to put thing in?

Pam Sagness: There is only one interim bill that is not in the governor's budget, and it is SB 2026. We don't know what the voucher needs yet. They are all in the governor's budget. This amount aligns with what our request was in the governor's budget.

Senator Robinson: Are they funded or optional packages?

Pam Sagness: They were proposed as optional requests, and all of these were funded in the governor's proposal. (15.25) Yes.

V. Chairman Krebsbach: That simplifies things for the subcommittee.

Matthew McCleary, Mental Health Advocacy Network (MHAN): testified in favor of SB 2030 and provided Attachment # 3, a letter with the recommendations listed from MHAN for an action plan for implementation with implementation goals that are measurable. They are asking that they include children in the 1915i plan rather than just for adults. That is why the bill is here. Any questions? (22.29)

Senator Mathern: (22.39) This waiver option has been available for many, many years, and we have not gone down that road. What do you think has prevented us from getting that done?

Matthew McCleary: It's a really complicated question to answer. In the past, I did some research on mental health history. You have been dealing this issue of needing to overcome institutionalization since the 1970's. The authors of the reports wouldn't bother to read previous reports. Some state agencies might have different viewpoints about where they need to head. Maybe they stop previous efforts to determinant of mental health system. The legislature has to deal with fiscal constraints and not prioritizing the mental health system. Since 1999, we are at a place where no longer feasible as an option.

Senator Mathern: Is there discrimination against that illness?

Matthew McCleary: I can speak for the number of advocates that have been in the field in N.D. for the last quarter century. Some are no longer in the state. Legislators have told me in the past, that it is hard to advocate for what impacts only 4% of the population. Now the impact is much higher. (25.48) Any questions.

V. Chairman Krebsbach: We will close the hearing on SB 2030. (26.17)

Adjourned for the day.

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2030
2/14/2019
JOB # 32810

Subcommittee
 Conference Committee

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| Committee Clerk: Alice Delzer |
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Explanation or reason for introduction of bill/resolution:

A Do Not Pass on SB 2030 during the subcommittee hearing on SB 2012.

Minutes:

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|------------------------|
| No testimony submitted |
|------------------------|

This action regarding SB 2030 took place during the subcommittee hearing for SB 2012. Present were: Senator Dever, Chair., Senator Erbele and Senator Mathern: Brady Larson, Legislative Council and Stephanie Gullickson, OMB were also present.

Senator Mathern: Moved to move the money from 2030 to 2012 and dispose of the bill. 2nd by Senator Erbele.

A Roll Call vote was taken. Yea:3; Nay: 0; Absent: 0.

The action on SB 2030 was completed.

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2030
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 Recommendations relating to state's behavioral health system
(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: 2-14-2019

Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2030

Senate Appropriations Committee

Subcommittee

Amendment LC# or Description: move money from 2030 + DNP *recommend*

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 Mathern Seconded By Erbele

| 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) 3 No 0

Absent 0

Floor Assignment _____

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

Date: 2-15-2019

Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2030

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 2030, 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 2030 was placed on the Tenth order on the calendar.

2019 TESTIMONY

SB 2030

SB 2030
1/15/19
#1 Pg.1

TESTIMONY
Senate Human Services Committee
SB 2030
January 15, 2019
Senator Kathy Hogan

Chairman Lee and members of the Senate Human Service Committee, my name is Kathy Hogan.

SB 2030 is the final of the interim human services behavioral health bills. This bill recognizing the critical value of the Human Services Research Institute comprehensive study including 65 specific recommendations to improve the entire continuum of services for behavioral health services in ND. This bill would confirm our support for the HSRI and would establish one-time funding to have 1.5 staff establish a structure for implement of the recommendations. This process will involve many organizations/groups from both state and local groups. The interim Human Services Committee did not want to recognize this report without a strong commitment to full move forward together. Because of the concerns about FTE's I would recommend an amendment to remove the FTE's but retain the funding to assure this project is implemented. Thank you, Madam Chair, I would be more than willing to answer any questions.

HSRI 1, 13

Testimony
Senate Bill 2030 - Department of Human Services
Senate Human Services
Senator Judy Lee, Chairman

January 15, 2019

Chairman Lee and members of the Senate Human Services Committee, I am Pamela Sagness, Director of the Behavioral Health Division of the Department of Human Services (Department). I appear today to provide testimony in support of Senate Bill 2030.

Senate Bill 2030 provides the Department an appropriation to continue implementation of the Human Services Research Institute (HSRI) recommendations.

In 2017, as a component of interim legislative committee studies during the 65th Legislative Interim, the Behavioral Health Division contracted with HSRI to conduct an in-depth review of North Dakota's behavioral health system. HSRI published the North Dakota Behavioral Health System Study in April of 2018. This report identified more than 65 recommendations in 13 categories.

In August of 2018, the Behavioral Health Division again contracted with HSRI for HSRI to initiate and facilitate the implementation of the recommendations from the comprehensive study. These contracts were funded through a portion of the justice reinvestment dollars allocated to workforce and system development, which expires June of 2019.

HSRI implementation continuation was also included in the Governor's Executive Budget as a Department of Human Services optional adjustment request: *Sustain Human Services Research Institute Behavioral Health Study implementation support (\$300,000)*.

SB 2030
1/15/19
#2 pg.2

Continued implementation of the HSRI recommendations has the potential to address HSRI goals #1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13.

This concludes my testimony, and I am happy to answer any questions.

SB 2030
1/15/19
#3 pg.1

PROPOSED AMENDMENTS TO SENATE BILL NO. 2030

Page 1, line 5, replace "408,000" with "300,000"

Page 1, line 9, remove "The department of human services is authorized 1.5 full-time equivalent positions to"

Page 1, remove lines 10 and 11

Renumber accordingly



SB 2030 Testimony
Human Services Committee
Senator Judy Lee, Chairman
January 15, 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 64th interim human service committee meetings (2015-2016) regarding our priorities for mental health services. We argue that peer to peer and parent to parent 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 supports the recently released HSRI North Dakota Behavioral Health System Study and its recommendations. Just as was recommended by HSRI, MHAN supports the creation of an action plan for implementation with implementation goals that are measurable. The HSRI report recommended the following: 1.1 "Reconvene system stakeholders, including service users and their families," 1.2 "Form an oversight steering committee to coordinate with key stakeholder groups," 1.3 "Establish work groups to address common themes identified in this report."

In the past, consumers and families have noticed that government entities seem unable or unwilling to respond with the urgency that a crisis would ordinarily demand.

Over the decades, the state of North Dakota has produced many studies about the lack of mental health services in the state, each promising to be a “roadmap” or a “guide” to fixing the mental health system, yet here we are. The HSRI report also noted a similar phenomenon, stating: “When asked about the quality and type of interdepartmental collaboration, a common stakeholder response was that they have a lot of meetings together, but that translating talk to action once the meeting adjourns is a challenge.” MHAN requests that the state of North Dakota respond in a timely manner to create a measurable action plan in addition to actually implementing the action plan.

There are many problems with the North Dakota mental health system and one solution will not solve all problems. In many regards, the North Dakota mental health crisis is a crisis of funding. Both the Schulte Report and the HSRI report inform the reader that the lack of funding is not only from few state dollars apportioned to mental health services, but also as a result of not pursuing federal funding opportunities. That said, there is one funding opportunity that will address a number of the problems identified over the course of the last decade. The state can pursue a 1915(i) State Plan Amendment to its Medicaid Plan. As the HSRI report states, the 1915(i) “offers states the option to include a wide range of home and community-based services as a state plan option, including services that address the social determinants of health.” Services identified as lacking in both the Schulte Report and the HSRI Report could be covered: peer-provided services, supported employment, supported housing, etc. DHS has already completed much of the ground work to making 1915(i) a reality for North Dakota. HSRI argues that if the state moves swiftly to implement 1915(i), this crisis can start to end and reduce overall systems costs in the long run. While we are pleased to see that the state of North Dakota is interested in pursuing a 1915(i) State Plan Amendment to its Medicaid plan, we are disheartened to find out that thus far the state is only including adults in the plan. Children and adults need to be covered by the 1915(i), because the mental health crisis is also impacting children and that crisis puts North Dakota at risk.

North Dakota is running out of time. The Supreme Court decision in *Olmstead v L.C.* of 1999 and subsequent rulings said that states must provide community based services for

individuals with disabilities and those individuals at risk for institutionalization before requiring that they seek treatment in an institutional setting. The HSRI report “documented a high proportion—approximately one in four—of individuals under age 65 receiving behavioral health-related services in long-term care facilities.” Schulte warned that “Lawsuits are happening across the country in which states are not offering a choice of services to individuals or requiring that they seek only institutional care. The need for home and community-based services is critical with changes in the federal landscape and the expectation of integration of individuals with needs into the general population.” Lewis Bossing of the Bazelon Center for Mental Health Law’s multiple presentations to the state legislature during the previous interim session as well as the previous general legislative session highlighted how 1915(i) State Plan Amendments have been used to address settlements or help prevent litigation from occurring.

North Dakota has spent most of this decade researching a mental health crisis that has shown no signs of weakening and is only growing in intensity. The good news is that we can report no further study is required. What is required, however, is political will to get the job done. For the moment, this is still a choice for you to make.

I would be happy to take any questions you have.

Carlotta McCleary, Spokesman
Mental Health Advocacy Network (MHAN)
523 North 4th Street
Bismarck ND 58501
Email: cmccleary@mhand.org
Phone: (701) 255-3692

Senate Bill 2030

January 15, 2019

Testimony by Kurt Snyder, Chair of the North Dakota Behavioral Health Planning Council

My name is Kurt Snyder and I am the Chair of the ND Behavioral Health Planning Council. I would like to testify in support of Senate Bill 2030. The Planning Council has taken an active role in working with the Division of Behavioral Health and the Human Services Research Institute (HSRI) Study. The Council is serving as a Steering Committee for the HSRI study and we have been actively prioritizing the strategic goals from the original 13 key recommendations. Working with HSRI, the Planning Council is supporting a 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 - we're helping the state set its course for ongoing system monitoring, planning, and improvements in the long term.

However, it is imperative that the support funding is available to continue this important work.

This concludes my testimony and I would be open to answer any questions you may have.

1/16/2019 SB 2030
Att. #1

PROPOSED AMENDMENTS TO SENATE BILL NO. 2030

Page 1, line 2, after "system" insert "; and to provide for an agency directive"

Page 1, line 5, replace "408,000" with "300,000"

Page 1, line 9, remove "The department of human services is authorized 1.5 full-time equivalent positions to"

Page 1, remove lines 10 and 11

Page 1, after line 11, insert:

"SECTION 2. AGENCY DIRECTIVE. The department of human services shall update legislative management regarding the implementation of the human services research institute report recommendations."

Renumber accordingly

19.0281.02000

Sixty-sixth

Legislative Assembly
of North Dakota

SENATE BILL NO. 2030

Introduced by

Legislative Management

(Human Services Committee)

Dummy Amendment Providing for Study

SECTION 2. LEGISLATIVE MANAGEMENT STUDY – BEHAVIORAL HEALTH NEEDS.

1. During the 2019-²¹~~20~~ interim, the legislative management shall consider studying behavioral health needs of youth and adults. The study must use the Human Service Research Institute study as a resource in conducting a study which must include:

- a. Identification of populations of both youth and adults that need behavioral health care.
- b. Identification of availability, access, and delivery of behavioral health services.
- c. Consideration of the needs of individuals receiving behavioral health services in similar-sized states, and the alignment of benefit packages.
- d. Receipt of input from stakeholders, which may include law enforcement, social and clinical service providers, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court, educators, tribal government, and state and local agencies and institutions.
- e. Consideration of options for improving access and availability for behavioral health care.
- f. Consideration of development of a proposed plan, cost estimates, and potential timeline for implementing the behavioral health care options identified.
- g. Consideration of preparation and distribution of a request for information from behavioral health care providers regarding the behavioral health care options identified.

2. The legislative management shall report its findings and recommendations, together with any legislation necessary to implement the recommendations, to the sixty-seventh legislative assembly.

1/23/2019

SB 2030

Attachment # 2

PROPOSED AMENDMENTS TO SENATE BILL NO. 2030

Page 1, line 2, after "system" insert "; and to provide for an agency directive"

Page 1, line 5, replace "408,000" with "300,000"

Page 1, line 9, remove "The department of human services is authorized 1.5 full-time equivalent positions to"

Page 1, remove lines 10 and 11

Page 1, after line 11, insert:

"SECTION 2. AGENCY DIRECTIVE. The department of human services shall update legislative management regarding the implementation of the human services research institute report recommendations."

Renumber accordingly

SB 2030
1-29-19
1
P1

TESTIMONY
Senate Appropriations Committee
SB 2030
January 29, 2019
Senator Kathy Hogan

Chairman Holmberg and members of the Senate Appropriation Committee, my name is Kathy Hogan.

SB 2030 is another interim human service behavioral health bill. This bill recognizing the critical value of the Human Services Research Institute's comprehensive Behavioral Health study that was completed in 2018. This study includes 65 specific recommendations to improve the entire continuum of services for behavioral health services in ND. The Human Services Committee believes that we need to fully support this report with a strong commitment to full move forward together.

The original bill had 1.5 FTE and over \$400,000. The Human Service Committee recommends that we continue to use the HSRI to facilitate the implementation of recommendations in the study in collaboration with the Behavioral Health Planning Council and the Department of Human Services.

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

HSRI 1, 13

P1

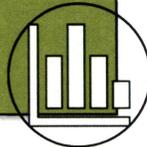
North Dakota Behavioral Health System Study

BEHAVIORAL HEALTH SYSTEM STUDY TIMELINE

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

**1/1/2017 TO
6/30/2018**



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.

**8/1/2018 TO
6/30/2019**



SB 2030
1-29-19 #2
P1

APRIL 2018 BEHAVIORAL HEALTH 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**

P1

SB 2030
1-29-19
#2
P2

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. The division and HSRI are working closely with the North Dakota Behavioral Health Planning Council to support system transformation based on the study's recommendations.

www.hsri.org/NDvision-2020



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.

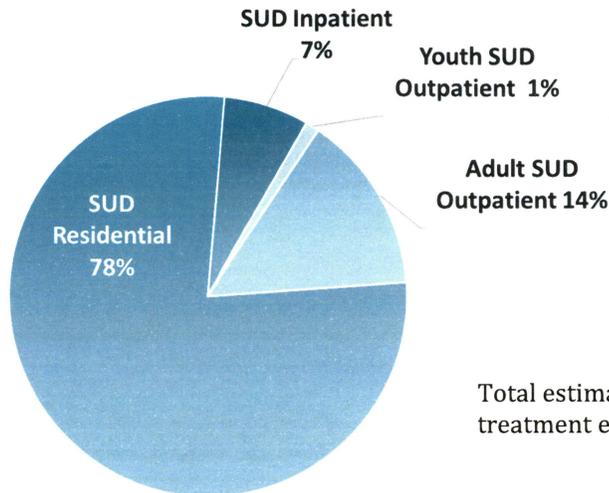
P2

North Dakota Behavioral Health System Study

April 2018

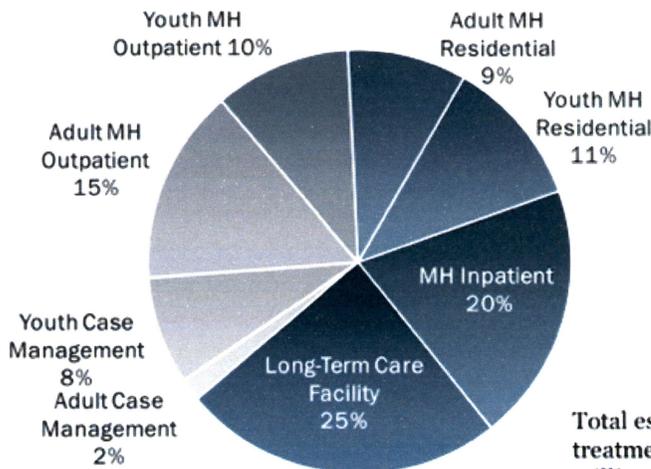
SB 2030
1-29-19
#2
P3

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.

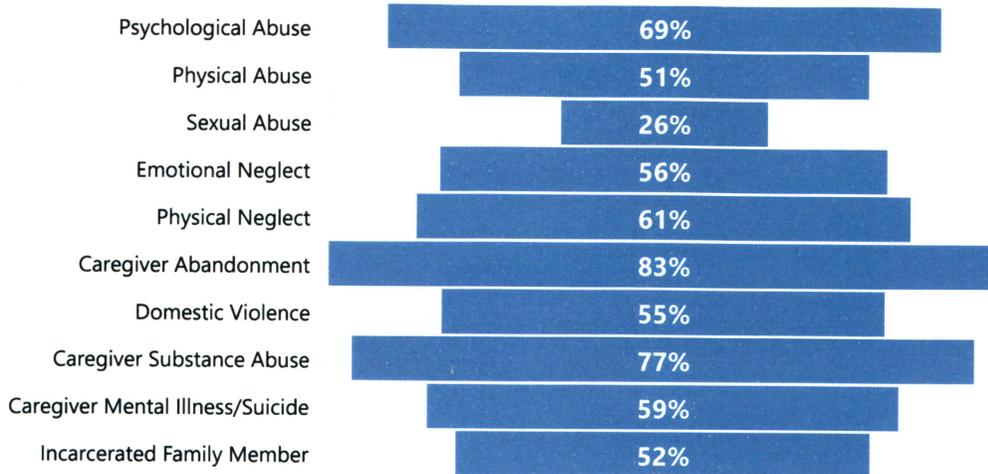


Total estimated mental health treatment expenditures were \$59 million

#3

SB 2030
1-29-19
#2
PH

A high proportion of foster care children and youth admitted in 2016 and 2017 had indicated adverse childhood events.



Source: PATH ND; n=366; Children and youth in the sample endorsed an average of 5.9 ACEs.

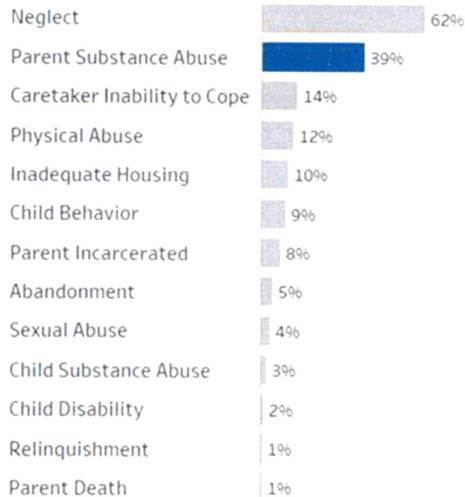
42% of children removed from their home was because of parent substance abuse.

Removal reasons

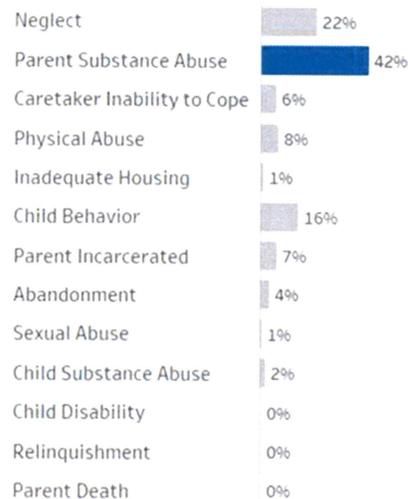
Percent of children entering care for each removal reason

(note: multiple reasons may be selected for a single child, Federal Fiscal Year 2017)

National



North Dakota



Data source: state-submitted AFCARS data

Percent of children entering care for each removal reason.

Note: Multiple reasons may be selected for a single child



North Dakota Department of Human Services

www.behavioralhealth.nd.gov

PH



SB 2030
1-29-19
11
#3
P1

SB 2030 Testimony
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 64th interim human service committee meetings (2015-2016) regarding our priorities for mental health services. We argue that peer to peer and parent to parent 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 supports the recently released HSRI North Dakota Behavioral Health System Study and its recommendations. Just as was recommended by HSRI, MHAN supports the creation of an action plan for implementation with implementation goals that are measurable. The HSRI report recommended the following: 1.1 "Reconvene system stakeholders, including service users and their families," 1.2 "Form an oversight steering committee to coordinate with key stakeholder groups," 1.3 "Establish work groups to address common themes identified in this report."

In the past, consumers and families have noticed that government entities seem unable or unwilling to respond with the urgency that a crisis would ordinarily demand.

P1

SB2030

1-29-19

3

p2

Over the decades, the state of North Dakota has produced many studies about the lack of mental health services in the state, each promising to be a “roadmap” or a “guide” to fixing the mental health system, yet here we are. The HSRI report also noted a similar phenomenon, stating: “When asked about the quality and type of interdepartmental collaboration, a common stakeholder response was that they have a lot of meetings together, but that translating talk to action once the meeting adjourns is a challenge.” MHAN requests that the state of North Dakota respond in a timely manner to create a measurable action plan in addition to actually implementing the action plan.

There are many problems with the North Dakota mental health system and one solution will not solve all problems. In many regards, the North Dakota mental health crisis is a crisis of funding. Both the Schulte Report and the HSRI report inform the reader that the lack of funding is not only from few state dollars apportioned to mental health services, but also as a result of not pursuing federal funding opportunities. That said, there is one funding opportunity that will address a number of the problems identified over the course of the last decade. The state can pursue a 1915(i) State Plan Amendment to its Medicaid Plan. As the HSRI report states, the 1915(i) “offers states the option to include a wide range of home and community-based services as a state plan option, including services that address the social determinants of health.” Services identified as lacking in both the Schulte Report and the HSRI Report could be covered: peer-provided services, supported employment, supported housing, etc. DHS has already completed much of the ground work to making 1915(i) a reality for North Dakota. HSRI argues that if the state moves swiftly to implement 1915(i), this crisis can start to end and reduce overall systems costs in the long run. While we are pleased to see that the state of North Dakota is interested in pursuing a 1915(i) State Plan Amendment to its Medicaid plan, we are disheartened to find out that thus far the state is only including adults in the plan. Children and adults need to be covered by the 1915(i), because the mental health crisis is also impacting children and that crisis puts North Dakota at risk.

North Dakota is running out of time. The Supreme Court decision in *Olmstead v L.C.* of 1999 and subsequent rulings said that states must provide community based services for

p2

SB 2030

1-29-19

#3

P3

individuals with disabilities and those individuals at risk for institutionalization before requiring that they seek treatment in an institutional setting. The HSRI report “documented a high proportion—approximately one in four—of individuals under age 65 receiving behavioral health-related services in long-term care facilities.” Schulte warned that “Lawsuits are happening across the country in which states are not offering a choice of services to individuals or requiring that they seek only institutional care. The need for home and community-based services is critical with changes in the federal landscape and the expectation of integration of individuals with needs into the general population.” Lewis Bossing of the Bazelon Center for Mental Health Law’s multiple presentations to the state legislature during the previous interim session as well as the previous general legislative session highlighted how 1915(i) State Plan Amendments have been used to address settlements or help prevent litigation from occurring.

North Dakota has spent most of this decade researching a mental health crisis that has shown no signs of weakening and is only growing in intensity. The good news is that we can report no further study is required beyond the necessary oversight for implementation. What is required, however, is political will to get the job done. For the moment, this is still a choice for you to make.

I would be happy to take any questions you have.

Matthew McCleary
Mental Health Advocacy Network (MHAN)
523 North 4th Street
Bismarck ND 58501
Email: mmccleary@ndffcmh.com
Phone: (701) 222-3310

P3

SB 2030
2/15/19
#1 pg.1

Senate Bill 2030

January 15, 2019

Testimony by Kurt Snyder, Chair of the North Dakota Behavioral Health Planning Council

My name is Kurt Snyder and I am the Chair of the ND Behavioral Health Planning Council. I would like to testify in support of Senate Bill 2030. The Planning Council has taken an active role in working with the Division of Behavioral Health and the Human Services Research Institute (HSRI) Study. The Council is serving as a Steering Committee for the HSRI study and we have been actively prioritizing the strategic goals from the original 13 key recommendations. Working with HSRI, the Planning Council is supporting a 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 - we're helping the state set its course for ongoing system monitoring, planning, and improvements in the long term.

However, it is imperative that the support funding is available to continue this important work.

This concludes my testimony and I would be open to answer any questions you may have.