2019 SENATE HUMAN SERVICES

SB 2298

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2298
1/21/2019
Job # 31075

☐ 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 implement the 1915i Medicaid state plan amendment for youth.

Minutes: Attachments #1-2

Madam Chair Lee: Opens hearing for SB 2298, and introduces the bill with a brief description.

(02:40-08:41) Matthew McCleary, presenting testimony for Carlotta McCleary, Executive Director for both Mental Health America of North Dakota and North Dakota Federation of Families for Children's Mental Health. Testifying in favor of SB 2298 Please see **Attachment #1** for testimony.

(09:30-10:00) Roxane Romanick, Executive Director for Designer Genes. Testifying in favor of SB 2298. Testimony is as follows.

Roxane Romanick: We are in support of this bill. I am requesting that the language also include children in youth. We remember our youngest children if the intent is that it is going to also include across the lifeline span of children and youth.

Madam Chair Lee: Perhaps one of the department folks can stand up and tell me if the definition in statute of youth includes children because I understand what she's asking but if the definition already includes children then it's not an issue. So when ever one of you come up to testify maybe you could tell us about that.

(10:50-15:13) Jessica Thomasson, CEO for Lutheran Social Services of North Dakota. Testifying in favor of SB 2298. Please see **Attachment #2** for testimony.

(16:10-18:35) Maggie Anderson, Director of the Medical Services Division of the Department of Human Services. Offering neutral testimony. Testimony is as follows.

Maggie Anderson: First of all with regard to the use of the word youth, Medicaid uses the word children and defines a child up to the age of 21 so all of our programs and services,

early periodic screening diagnoses and treatment (EPSDT) criteria uses that definition so perhaps substituting the word youth with children might be better. The other thing that the department wanted to provide is information on; I know there's an appropriation in the bill so we are not then specifically asked for a fiscal not on a bill that has an appropriation, but based on out estimate of services and what we call a ramp-up, where we know that our estimates are showing that by the middle of the next biennium there would be around 500 children that could be served in this. You aren't going to serve 500 children on day 1 nor will you likely serve them all in the next biennium. It would take us at least a year to get this up and running. This is the same time frame that we have estimated for the 1915i for adults that's in the executive request. When we look at the ramp-up of the children, the onboarding of the services, getting all of the work done to have this implemented. Our fiscal estimate is a total of about 2.9 million dollars of which about 1.5 million dollars are general funds. Now going into the next biennium we would be looking at about 20 million dollars and about 9.8 million dollars of general funds because, then we would hit that 500 kids about halfway through the next biennium and then sustain that, knowing that there are different children but they are going to need services and come on and off of services. It's not the same 500 children we just think that its probably the place where we will hit a plateau of serving that number of children on an ongoing basis.

Senator Anderson: The 1915i waivers moving ahead, correct?

Maggie Anderson: No, It is in departments executive budget request there has been no work drafting it at this point of moving it forward to the federal government. That will have to happen after session once we receive the appropriation.

Senator Anderson: Okay, explain to me why this needs to be separate from the 1915i waiver that we heard about the other day.

Maggie Anderson: It does not have to be separate. We could combine those efforts it's just the appropriations is for adults so it did not include the additional children or additional services. For example, Respit might be a service you would provide for children that may not be as applicable for an adult population so it doesn't have all the same services for kids and adults. We could do the effort as one, if this passes or gets amended into SB 2012 and the direction is for the department to do a 1915i for children and adults we would do them together. It's just that we don't have this population covered or the dollars in the budget request.

Madam Chair Lee: Would it be accurate to say, many of the things that we are looking at in some of these budgets are not because the department didn't think that they were important, but rather that with the constraints which require a more limited budget that you are making some choices too in each part of the department in order to figure out where you were going. So it isn't that you didn't think this was important (meaning the department) rather that part of the decision was how are we going to make this work.

Maggie Anderson: There are various things done both within the behavioral health division and within the Medicaid grants as part of the departments 1921 request to address behavioral health services and so, we tried to look again across the HSRI report, the things that Pam Sagness has identified for the systems, the things where Medicaid could be a contributer,

and for example, in the executive request which you have added the language into SB 2031 we had the proposals in there to expand who can provide targeted case management. We ha the work that Pam Sagness is doing in the peer support area for the certification so that we can access the Medicaid funding and so, we tried to say what can we accomplish knowing that there are always the work to keep the lights on plus the proposals the department has for administrative simplification of bringing Medicaid Expansion and CHIP in house to fee for service. All of these things have to work together so we actually have the resources and the ability to move all of that together.

Senator Hogan: I appreciate your number of 500 children needed to be served, how did you develop the services, the kind of frame of services, that would be covered under 1915i?

Maggie Anderson: There was some work done by the department a couple of years ago on a 1915i and looking at services that were applicable to children so we used the framework of that work that was done then looked at our fee schedule and looked at how that may have been inflated forward during those years so we could capture accurate costs per service and we used that as the background. The reason why that was not submitted was because we didn't have a specific appropriation for it and we could not prove cost neutrality at the time.

Senator Hogan: Do you know how the 1915i parallels what was done with the partnership grants in the early 1990's because, that was the first really major effort at expanding children services for children with serious mental health issues.

Maggie Anderson: I wasn't in DHS (Department of Human Services) at that time. The SED (Serious Emotion Disturbance) targeted case management was one of the items that came out of some of those partnership efforts and that service still exists in a wrap-around model and in fact we continue to require both our targeted case management for SED and our targeted case management for children in the welfare system, we continue that all individuals delivering that service are trained in the wrap-around model because, we still felt there was applicability to the current services.

Senator Hogan: One of the weakness of the wrap around model and with good targeted case management is available resources to support the case management, this would cover that right?

Maggie Anderson: We would see that as covering it. Again, we used the services from a couple years ago to build the fiscal estimate. I think as we sat down to do this if it was funded we would want Pam Sagness and her stake holder groups and the Medicaid stake holder groups to work together to really define the exact services and whether there is duration or scope of those services to be included.

(24:55) Pam Sagness: Just wanted to note that HSRI has been assisting the department in the development of all of the proposed plans so both the 1915i for adults and the 1915i for children has been developed in partnership with the HSRI so it does align with the recommendations within the HSRI and just wanted to note their part in the development. One thing that has benefitial with that is they have a broader view. They often know services that have or have not been effective in defferent states and whats the best way. They have been

very helpful in guiding us into what they feel are the most essential services that we need to look at as a part of the plan.

(25:51) Senator Hogan: Perhaps we should ask Maggie Anderson if she can provide the financials, the spreadsheets, and we should have staff draft an amendment implementing those new financial recommendations and the change in youth to children.

Madam Chair Lee: Closes the hearing on SB 2298

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2298
1/21/2019
Job # 31119

☐ 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 implement the 1915i Medicaid state plan amendment for youth.

Minutes: No Attachments

Madam Chair Lee: We are going to be substituting “child” for “youth”. Alex (Senate Human Services Intern) could you check in with Jonathan Alm or with Pam Sagness that we can have the amendment tomorrow on SB 2298 for the dollars. I have that it would 2.9 million and 1.5 million in general funds. If you could help us put that one together, I think those are the only two things that we had there and if we have it in front of us we could vote on it pretty quickly. I don’t recall anything else on SB 2298.

Madam Chair Lee ends discussion on SB 2298 and moves on to SB 2231

2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

SB 2298
1/23/2019
Job # 31343

☐ 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 implement the 1915i Medicaid state plan amendment for youth.

Minutes: No Attachments

Madam Chair Lee: The amendment that I have in front of me talks about expenditures and all and we were going to be replacing "youth" with "children" so that it was properly defined. We are going to be reducing the 6 million to 1.6 million and we were replacing "youth" with "children" again and the say "the department is authorized two full time equivalent positions to implement and manage the 1915i Medicaid state plan for children". Everybody got that one in front of them?

Senator Anderson: Did we have a reason why the money down from 6 million to 1.6 million?

Madam Chair Lee: Because it was going to be one year and there wasn't going to 500 kids in there the very first day. They thought realistically, it takes a year to implement and then it's going to be a year in effect. They felt that was a more realistic number for the number of kids that were going to be saved in this next biennium. They estimated that 500 children would be eligible but not all would there in that first year to setup so we are looking at 2.9 million with 1.5 million in general funds.

Senator Anderson: The way I understood it was that the 1915i waiver was originally written for adults and so the children won't get this unless this passed, right?

Madam Chair Lee: Exactly. If we can send it over there (appropriations), they can look at both the adult and children programs together which would be a much more efficient way for appropriations being able to view the whole 1915i rather than doing the two separately. I would if we can like to think about moving that out.

Senator Anderson: I move to **ADOPT AMENDMENT.**
Seconded by Senator O. Larsen

ROLL CALL VOTE TAKEN

6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES TO ADOPT AMENDMENT

Madam Chair Lee: We now have the amended bill here.

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

ROLL CALL VOTE TAKEN
6 YEA, 0 NAY, 0 ABSENT
MOTION CARRIES DO PASS, AS AMENDED, REREFER TO APPROPRIATIONS
Senator O. Larsen will carry SB 2298 to the floor.

Madam Chair Lee ends discussion on SB 2298 and moves on to SB 2263.

SB 2298 1-31-19

19.1067.01001
Title.02000

Adopted by the Human Services Committee

January 23, 2019

PROPOSED AMENDMENTS TO SENATE BILL NO. 2298

Page 1, line 2, replace "youth" with "children"

Page 1, line 5, replace "$6,000,000" with "$2,900,000"

Page 1, line 7, replace "$6,000,000" with "$1,400,000"

Page 1, line 9, replace "youth" with "children"

Page 1, line 9, after the period insert "The department is authorized two full-time equivalent positions to implement and manage the 195i Medicaid state plan for children."

Renumber accordingly

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

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2298

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 19.1067.01001

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. Anderson 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 _____

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. 2298

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. O. Larsen 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 Sen. O. Larsen

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

REPORT OF STANDING COMMITTEE

SB 2298: 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 2298 was placed on the Sixth order on the calendar.

Page 1, line 2, replace "youth" with "children"

Page 1, line 5, replace "$6,000,000" with "$2,900,000"

Page 1, line 7, replace "$6,000,000" with "$1,400,000"

Page 1, line 9, replace "youth" with "children"

Page 1, line 9, after the period insert "The department is authorized two full-time equivalent positions to implement and manage the 195i Medicaid state plan for children."

Renumber accordingly

2019 SENATE APPROPRIATIONS

SB 2298

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2298
1/30/2019
JOB # 31786

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature: Alice Delzer / Florence Mayer

Explanation or reason for introduction of bill/resolution:

A BILL for an Act to provide an appropriation to the department of human services (DHS) to implement the 1915(i) Medicaid state plan amendment for children.

Minutes:

1. Testimony of Carlotta McCleary
2. Testimony of Dan Hannaher
3. Testimony of Carl Young
4. Testimony of Trina Gress

V. Chairman Krebsbach: Called the Committee to order on SB 2298 at 10:00 am. All committee members were present except Senator Holmberg, who was out of town. Chris Kadrmas, Legislative Council and Stephanie Gullickson, OMB were also present.

Senator Judy Lee, District 13, West Fargo: Introduced SB 2298 and have a brief description of the bill. This has to do with the 1915(i) waiver which would include children, up to the age of 18. there has been an adjustment in the request because it will take at least a year to implement all of this. At least 500 children would be eligible, but they all wouldn't be signed up immediately. The number would be a $3.2M all together, rather than the $6M originally. Please consider merging this into the other 1915(i) which is calling for adults' services. This would make that same eligibility for mental health services to be available for children. Met with Education this morning to discuss our behavioral health and mental health in schools. We are very fond of merging them together.

V. Chairman Krebsbach: Some long awaited work seems to be coming to fruition.

Senator Judy Lee: We have some very exciting things, if we can just get them started. It takes time to get this waiver approved, the feds have to approve, that is why there is a delay.

Senator Wanzek: As someone not learned in this area, the 1915(i), I need to hear the laymen's explanation. It does allow for reimbursement of home and community based types?

Senator Judy Lee: Pam Sagness might be better to answer. It's providing mental health services, which has not been covered. Something like substance use disorders, we need to also cope with mental health, and providing opportunity for support for those services.

(5:12) Carlotta McCleary, Executive Director of both the ND Federation of Families for Children's Mental Health and Mental Health America of ND: Testified in favor of SB 2298 and provided Attachment # 1, stating that she speaks on behalf of 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. We strongly urge this committee to support SB 2298 and recommend to the legislature that children and youth should be included in the 1915(i) State Plan Amendment.

(13:35) Dan Hannaher, Director of Community Engagement for Lutheran Social Services of ND: Testified in favor of SB 2298 and provided Attachment # 2, which shared the experience of a young child that was struggling with his condition and still having a very difficult time with placement in homes, schools, and respite care. We want to see that this child and others can be helped with the mental health problems in children and we feel this bill would be helpful. We would encourage your support of SB 2298 as it is another important piece in the puzzle that is a transformed behavioral health system experience for kids and families across ND**.**

(22:46) Carl Young, parent from Bismarck ND: Testified in support of SB 2298 and provided Attachment #3. Not speaking as a board member, or as a lobbyist for the Mental Health Advocacy Network, of which he is both. Speaking today as a parent of a child with severe mental illness. Urges the committee and legislature to implement the 1915(i) so that the families of other children, will not have to struggle to access desperately needed services for their mentally ill children.

V. Chairman Krebsbach: In his last treatment, it was determined he does not have all the things originally diagnosed with.

Carl Young: Yes, as of yesterday this one doctor decided in 5 minutes that he does not have any of these.

(27:38) V. Chairman Krebsbach: Did he classify him in any category? (No.) Is he headed for home or for treatment.

Carl Young: We don't know yet. The doctor said he is going on vacation; someone else will manage his care. Haven't been in touch with that person yet. To say it is a struggle, would be an understatement of monumental proportions.

V. Chairman Krebsbach: It is a very, very serious, confusing illness. Somehow if they could unlock the answers in the brain, we could solve a lot of problems.

Senator Dever: Thank you for being my friend. I know your struggles probably better than anyone else in this committee. I'm curious, if the 1915(i) is adopted, what services will be available for Marc?

Carl Young: My son will turn 18 in July, the 1915(i) when it is finally implemented for youth, it won't help him. It would make more services available through funding streams, providing better home and community based services, easier for us to get "yes" answers rather than constantly hearing "No, we don't have a budget for that, we can't help you". This has been

constant over the years. I wish I had a better answer, unfortunately in today's world there isn't one yet.

Trina Gress, Vice President of Community Options: Testified in favor of SB 2298 and after the committee submitted Attachment # 4 by email.

Bruce Murry, ND Association of Providers: Testified in favor of SB 2298. I want to say a lot of these children are on the edge of our system and we definitely recognize the need. We hope there will be some assistance for them.

Pam Sagness, Director of Behavioral Health Department for DHS: Came forward for questions.

Senator Dever: My understanding is that Medicaid has a state plan, they have core services, and if we want to do anything outside of that, we either apply for a waiver or an amendment. The 1915(i) as an amendment, does it become a core service?

Krista Fremming, Medical Services of DHS: You are correct. Once the state plan amendment is approved, it becomes a core service. It is a bit different in that the person has to meet criteria in order to qualify. In this case children ages 4-21 who are diagnosed with a mental health condition, substance use disorder, or brain injury. Not just for the general Medicaid population.

Senator Dever: Would it provide services for those not qualified under Medicaid?

Krista Fremming: No, the person would need to be qualified.

Senator Wanzek: Looking at the bill and the $4.3M appropriation, these funds are necessary to the department for implementing the 1915(i) amendment? Is the money used for implementing, administrative costs, or actual services?

Krista Fremming: On the engrossed bill, on line 5 you see the $2.9M and on line 7 the $1.4M. Those should be changed to $1.6M, so that it is an even split between state and federal funds. It should be 1.6M and 1.6M, to add up to the $3.2M for the 2019-21 biennium. You are wondering what the appropriation would go for. Most would go for the services for the children, including respite care, transitional support, peer services, supported employment, supported education, non-medical transportation, crisis stabilization, and in home therapy. That is where the bulk of $3.2M would go. The amended bill has the funding for two FTE's as well. For the 2019-21 biennium we estimate we would need those 2 staff for 15 months. The total for those 2 positions was estimated around 280,000. About 2.9M for the services portion and 280,000 for the staff. We can email the exact numbers.

(39:54) V. Chairman Krebsbach: The subcommittee would be interested in that. Senator Dever: Senator Erbele and Senator Mathern.

Senator Wanzek: The money that goes for the services, how does that go to them? Grants, or matching money for Medicaid services?

Krista Fremming: We would need to enroll providers for the services that are outlined in the proposal. The providers would use our claims processing system to submit bills to us, which would then be reimbursed to them through that process.

Senator Gary Lee: I think I heard you used the age of 21. I thought we were talking about 18 before for children's services?

Krista Fremming: Medicaid defines children through the age of 21. That is how this was built. It is a federal definition.

Senator Gary Lee: The gentlemen that talked before, said this wouldn't benefit his son at 18. I'm confused on the ages?

Krista Fremming: Assuming the child qualifies and is enrolled in Medicaid, we would serve them through the age of 21.

Senator Dever: The governor had in his recommendation, for the adults, $2.5M of general funds and $3.8M of other funds and 3 FTEs. Do these 2 need to be kept separate when we put the bill together or do they come together and we need 5 FTEs then?

Pam Sagness, Director of Behavioral Health Department, DHS: We are going to have a staggered implementation. We support merging the adult and child version of the 1915(i). that was discussed in the policy committee. We also discussed the age of 21. Once we look at that, we can rework our proposed amendments. The Human Services Research Institute (HSRI) has been assisting in the development of the fiscal notes and the plans. The proposal done for the adults and the one for children, they are consistent and would fit together well.

V. Chairman Krebsbach: Any further questions? Any further testimony for, against, neutral?

Closed the hearing of SB 2298.

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2298
2/14/2019
JOB 32773

☒ Subcommittee
☐ Conference Committee

Committee Clerk: Alice Delzer

Explanation or reason for introduction of bill/resolution:

A subcommittee hearing re: DHS to implement the 1915(i) Medicaid State Plan Amendment for Children (Do Not Pass).

Minutes: No testimony submitted

Senator Dever: opened the hearing for the subcommittee on SB 2298. All subcommittee members were present: Senator Dever, Chair., Senator Erbele and Senator Mathern. Brady Larson, Legislative Council and Stephanie Gullickson, OMB were also present. (This hearing took place during the subcommittee hearing on SB2012 in the am on 02-14-19.)

Senator Dever: Stated that adults already included in the budget for SB 2012. It is just an appropriation, right? that was confirmed. Then we can dispatch the bill.

Senator Mathern: Moved a Do Not Pass on SB 2298 on condition that we move the dollars associated with that $5.4M general funds, $5.2 special funds to SB 2012.

Senator Dever:: I think we just did that.

Senator Mathern: I want to make clear in the motion that it's on the record that we aren't just killing the bill and somebody else wants to take that out, our intent is clear, it has to be in there.

Senator Erbele: 2nd the motion.

Senator Dever: We have a motion on the floor for a Do Not Pass on 2298. We'll ask the clerk to call the roll.

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

The hearing was closed on SB 2298.

2019 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

SB 2298
2/15/2019
JOB # 32827

☐ Subcommittee
☐ Conference Committee

Committee Clerk: Alice Delzer

Explanation or reason for introduction of bill/resolution:

A BILL for DHS re: implement the 1915(i) Medicaid state plan amendment for children (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: 2-14-19

Roll Call Vote #: 1

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2298

Senate Appropriations Committee

☐ Subcommittee

Amendment LC# or Description: Move $5.4M from Gen. Fund. Move $5.2M Special Funds into SB 2012

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:

Moving money in SB 2298 to SB 2012

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

2019 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 2298

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 2298, 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 2298 was placed on the Tenth order on the calendar.

2019 TESTIMONY

SB 2298

SB 2298
1/21/19
#1
Pg. 1

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

SB 2298 Testimony
Senate Human Services Committee
Senator Lee, Chairman
January 21, 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 is testifying in support of SB 2298. MHAN has long been in support of the state of North Dakota implementing a 1915(i) State Plan Amendment to its Medicaid plan for children and adults with mental illness.

Since the release of the Schulte Report of 2014, it has been acknowledged that the North Dakota mental health system is in crisis and that if drastic action were not taken, North Dakota was at risk for litigation. In the years since the release of the Schulte report, we discovered 2/3rds of North Dakota judges have admitted to sending adults into prison so that they could access behavioral health services. While many were beginning to focus on criminal justice reform and behavioral health services for adults, an even more alarming problem was developing with children. Children with serious emotional disorders account for 13-20% of the state's population in any given year. From 2011 to 2017, the number of children in the juvenile justice system with a serious emotional disorder rose from an already concerning 49% to an

alarming 79%. In that same time period, the North Dakota Department of Public Instruction was gaining a better understanding about drop-out rates for students with disabilities. Students with serious emotional disorders had among the highest drop-out rates and some of the worst educational outcomes of the entire student population. While the Department of Human Services noted that was serving only 9.7% (or 2,200) of adults with severe mental illness in 2015. We are serving less than 4% of children with serious emotional disorders. That is a terrible disparity.

North Dakota has a legal obligation to provide children's behavioral health services under the Americans with Disabilities Act, Medicaid and EPSDT, and mental health parity laws. The 1999 Supreme Court decision *Olmstead v LC* ruled that under the Americans with Disabilities Act, "States are required to provide community based treatment for persons with mental disabilities when: 1) the State's treatment professionals determine that such placement is appropriate, 2) the affected persons do not oppose such treatment, and 3) the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities." Subsequent rulings across the country established that "at risk" people are protected, too. "At risk" was defined as people with disabilities who live in the community but who have under-treated behavioral health conditions that place individual at serious risk of institutionalization. Across the country a number of states have utilized a 1915(i) State Plan Amendment to their Medicaid program. Often states used the 1915(i) State Plan Amendment as a result of settlement agreements in an Olmstead case, other states used the 1915(i) State Plan Amendments to prevent potential litigation. A 1915(i) can be used to provide wraparound services, child and family team individualized assessments, and intensive home and community-based services such as: skills training, mobile crisis services, respite services, trauma-informed counseling, supported employment, mentoring, family and youth peer support, family education and training, substance abuse services, flex funds for customized services.

Over the years there have been multiple failed attempts at writing waivers, State Plan Amendments, and grants. Most recently was regarding the 1915(i), which was originally written for children but it was never submitted. At the time the Department of Human

Services did not move forward on that proposed 1915(i) State Plan Amendment because the draft did not address the adult population. For quite some time discussion on a 1915(i) State Plan Amendment stopped. Perhaps bolstered by the HSRI report's recommendation to pursue a 1915(i) State Plan Amendment, in the last several months we noticed that the Department of Human Services was seriously renewing its interest in pursuing a 1915(i) State Plan Amendment. We wholeheartedly support that endeavor. However, we were disheartened by the decision of the Department of Human Services to not include children and youth in its 1915(i) State Plan Amendment.

Lest anyone thinks that the case history of Olmstead only applies to adults, we warn you it applies to children and youth as well. That is why this bill is so important. We strongly urge this committee to support SB 2298 and recommend to the legislature that children and youth should be included in the 1915(i) State Plan Amendment.

Thank you for your time and I would be happy to take any questions you have.

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SB 2298
1/21/19
#2 pg. 1

SENATE HUMAN SERVICES COMMITTEE

TESTIMONY IN SUPPORT OF SB2298
"Medicaid 1915i - Youth"
January 21, 2019

Senator Lee and Committee Members. My name is Jessica Thomasson, and I serve as CEO for Lutheran Social Services of North Dakota. On behalf of Lutheran Social Services, I am testifying today in support of SB2298.

Every day we meet kids who are struggling with mental health issues. We see not only the impact diminished mental health has on the child, but we see the impact on the family as well. It is often the stress and strain of the child's mental health condition that magnifies the stresses and strains and dysfunctions a family may already be facing. Mental illness does not discriminate on the basis of income. It affects families of all types – middle income and low income, two-parent and single-parent households, every racial and ethnic background, families with histories and trauma and those without.

The expansion of services proposed as part of SB2298 could have a tremendously powerful impact on families of limited means, for whom the navigation of this journey to well being is even harder than it is for families who are healthy, resourced, and surrounded by protective factors -- like a safe place to live, a support system they can count on, funds to meet basic needs and to seek appropriate care for their child.

Anna is one such child who we could see benefitting from this expansion of service. Anna was referred to Luther Hall when she was 14 years old, just as she was entering high school for her freshman year. She had been living with her grandparents after her mother chose to leave her and her sibling with their grandparents in order to move out of state with a

boyfriend. Anna had a lot of anger towards her mother for leaving and towards her mother's boyfriend because she had witnessed domestic violence and had, herself, been verbally abused by him. She came to Luther Hall following a long hospitalization that was related to self- harm and a suicide attempt. She reported having hallucinatory visions and hearing self-deprecating voices.

Anna made good progress while she was at Luther Hall. She was diagnosed with a major depressive disorder, social anxiety and general anxiety disorder. She took part in individual, group and family therapy, and she was working through her past traumas; she was learning coping skills and working on her family relationships, specifically with her mother, sibling and grandparents.

Anna's guardians chose to remove her prematurely from Luther Hall against medical advice. The family's decision was influenced by the financial burden of recipient liability, and the hope that perhaps since she had made good progress that they could continue on the right track back in their home community. Although Anna had made progress, she had not yet had enough time to practice the coping skills she was learning, with a combination of home visits and continued therapy supports.

For this young girl to not only hold on to the progress she had made but also continue to recover, she needed continued individual and family therapy. She also needed additional supports in school that would be more difficult to obtain outside the confines of the Luther Hall onsite school. Kids like Anna have a lot of complex needs. For progress to be maintained, and recovery to truly take hold, it is essential that they have access to the range of supports of services that will contribute to her success.

SB 2298
1/21/19
#2 pg. 3

The expansion of services in SB2298 could perhaps have helped Anna's family figure out how to piece together a community-based system of supports they could afford, and that met Anna's needs, after a stabilizing placement in a psychiatric facility but perhaps before as well, avoiding the need for placement altogether. Recovery is possible. But it is so often out of reach for families who are struggling to make ends meet, even without the added responsibility of trying to navigate and secure appropriate care for a child with a serious mental health issue.

We all know that primary health care, as it has traditionally been defined, is not enough. A child's wellbeing – a family's wellbeing – is also dependent on having access to housing, to stable sources of income, and to the physical and mental health care they may need. In both formal and informal systems of support.

We would encourage your support of SB2298. Thank you for the opportunity to speak to you today. I would be happy to answer any questions you have for me.

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SB 2298
1-30-19
#1
P1

Mental Health Advocacy Network

Consumer & Family Network
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SB 2298 Testimony
Senate Appropriations Committee
Senator Holmberg, Chairman
January 30, 2019

Chairman Holmberg and members of the committee, my name is Carlotta McCleary. I am the Executive Director of both the North Dakota Federation of Families for Children's Mental Health and 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 is testifying in support of SB 2298. MHAN has long been in support of the state of North Dakota implementing a 1915(i) State Plan Amendment to its Medicaid plan for children and adults with mental illness. Since the release of the Schulte Report of 2014, it has been acknowledged that the North Dakota mental health system is in crisis and that if drastic action were not taken, North Dakota was at risk for litigation. In the years since the release of the Schulte report, we discovered 2/3rds of North Dakota judges have admitted to sending adults into prison so that they could access behavioral health services. While many were beginning to focus on criminal justice reform and behavioral health services for adults, an even more alarming problem was developing with children. Children with serious emotional disorders account for 13-20% of children in North Dakota. From 2011 to 2017, the number of children in the juvenile justice system with a serious emotional disorder rose from an already concerning 49% to an alarming 79%. In that same time period, the North Dakota Department of Public Instruction was gaining a better understanding about drop-out rates for students with disabilities. Students with serious emotional disorders had among the highest drop-out rates

SB 2298
1-30-19
#1
p2

and some of the worst educational outcomes of the entire student population.

But these problems have a long history. In 1986, when the Department of Human Services was stating that it was moving forward with deinstitutionalization by putting people with mental illness into nursing homes (which was not the purpose for deinstitutionalization), the Department was able to state that it was serving 2,406 people with what was then called "chronic mental illness" in the human service centers. Fast forward nearly 30 years later and the Department of Human Services noted that it was serving only 9.7% (or 2,200) of adults with severe mental illness in 2015. To summarize: by 2015 the state of North Dakota was serving fewer adults with severe mental illness than it was in 1986.

Now onto the children. In North Dakota, despite the concerns of the Governor's Commission on Children and Adolescents at Risk report of 1986, the North Dakota children's mental health system largely did not exist until the early-to-mid 1990s. This was largely done with a new five year federal grant called the System of Care grant. Despite it being available for application every year since the early 1990s, North Dakota has only applied for it once. Back in 1993 North Dakota released a report called "Forging the Future" which stated that in order to have an "adequate" children's mental health system, the human service centers needed to serve at least 3,507 children with serious emotional disorders. We never got anywhere close to that mark, and that ambition was when North Dakota had 116,000 fewer people than it does today. Further, federal estimates about the percentage of children with serious emotional disorders are significantly higher than they were in the 1990s. Just as it was with the adults, children's mental health services have plummeted in the last decade. Today, we are serving less than 4% of children with serious emotional disorders.

North Dakota has a legal obligation to provide children's behavioral health services under the Americans with Disabilities Act, Medicaid and EPSDT, and mental health parity laws. The 1999 Supreme Court decision *Olmstead v LC* ruled that under the Americans with Disabilities Act, "States are required to provide community based treatment for

SB 2298
1-30-19
#1
P3

persons with mental disabilities when: 1) the State's treatment professionals determine that such placement is appropriate, 2) the affected persons do not oppose such treatment, and 3) the placement can be reasonably accommodated, taking into account the resources available to the State and the needs of others with mental disabilities." Subsequent rulings across the country established that "at risk" people are protected, too. "At risk" was defined as people with disabilities who live in the community but who have under-treated behavioral health conditions that place individuals at serious risk of institutionalization. Across the country a number of states have utilized a 1915(i) State Plan Amendment to their Medicaid program. Often states used the 1915(i) State Plan Amendment as a result of settlement agreements in an Olmstead case, other states used the 1915(i) State Plan Amendments to prevent potential litigation. A 1915(i) can be used to provide wraparound services, child and family team individualized assessments, and intensive home and community-based services such as: skills training, mobile crisis services, respite services, trauma-informed counseling, supported employment, mentoring, family and youth peer support, family education and training, substance abuse services, flex funds for customized services.

Over the years there have been multiple failed attempts at writing waivers, State Plan Amendments, and grants. Perhaps bolstered by the HSRI report's recommendation to pursue a 1915(i) State Plan Amendment, in the last several months we noticed that the Department of Human Services was seriously renewing its interest in pursuing a 1915(i) State Plan Amendment. We wholeheartedly support that endeavor. However, we were disheartened by the decision of the Department of Human Services to not include children and youth in its 1915(i) State Plan Amendment.

If anyone thinks that the case history of Olmstead only applies to adults, we warn you it applies to children and youth as well. That is why this bill is so important. We strongly urge this committee to support SB 2298 and recommend to the legislature that children and youth should be included in the 1915(i) State Plan Amendment.

Thank you for your time and I would be happy to take any questions you have.

P3

SB 2298
1-30-19
#1
Pg. 4

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SB 2298
1-30-19
#2
p1

SENATE APPROPRIATIONS COMMITTEE

TESTIMONY IN SUPPORT OF SB2298
"Medicaid 1915i - Youth"
January 30, 2019

Chairman Holmberg and Committee Members. My name is Dan Hannaher, and I am the Director of Community Engagement for Lutheran Social Services of North Dakota. On behalf of Lutheran Social Services, I am testifying today in support of SB2298.

Every day we meet kids who are struggling with mental health issues. We see not only the impact diminished mental health has on the child, but we see the impact on the family as well. It is often the stress and strain of the child's mental health condition that magnifies the stresses and strains and dysfunctions a family may already be facing. Mental illness does not discriminate on the basis of income. It affects families of all types – middle income and low income, two-parent and single-parent households, every racial and ethnic background, families with histories and trauma and those without.

The expansion of services proposed as part of SB2298 could have a powerful impact on families of limited means, for whom the navigation of this journey to wellbeing is even harder than it is for families who are healthy, resourced, and surrounded by protective factors -- like a safe place to live, a support system they can count on, funds to meet basic needs and to seek appropriate care for their child. And it could be of particular value to children with complex needs. It is these children that are most in need of a cohesive and coordinated system of support.

Leo is one such child who we could see benefitting from this expansion of services. Leo is a 6-year old first grade boy who first met one of our trauma-trained child therapists after the school alerted the county of suspected abuse and neglect. He and his siblings, who are ages 3 to 9

years old, were removed from their home because of severe sexual and physical abuse suffered at the hands of their father. Leo and his siblings were all placed in foster care. He started coming to LSS' Abound Counseling to talk with his therapist twice each week. He was very engaged in therapy but struggled to determine truth from fantasy, struggled with sleep and personal boundaries, had a heightened startle response, struggles with hypervigilance and has poor concentration.

Leo's case involves several agencies from the community due to the probable sexual crimes, human trafficking and likely felony charges for parents.

Despite all of this, when we met Leo, he was doing well at school, he reported having friends, and in general got along well with others. He did not have an IEP or 504 plan but was noted as functioning academically at a lower level than his peers.

His new foster parents found themselves struggling to get him to all of his appointments and manage his needs. This stress in the foster home led to exhaustion for all and increased behaviors in Leo. The result? The placement was disrupted, which means the foster family asked to have him moved to another home. For a child who has experienced severe trauma and the grief of being separated from family already, this added loss of a safe place, and of his new attachment figures is a major blow.

Leo's behaviors escalate after this disrupted placement. Which means he begins to act out in his next safe space – school. He had never been in trouble in school before, but very quickly, the school begins struggling to know how to manage him. When he is really defiant or upset, he is removed from his classroom and placed in a small office setting by himself. He again gets worse.

When things at school escalate and nothing is working, they call the new foster parents to come pick him up. Things continue to cycle. Now Leo, a boy who has never been in trouble, has gotten suspended three times in two weeks. Leo loses his second foster family – they too asked for him to be moved to another home.

Leo continues to get worse. He is now acting up at school and in the foster home. He no longer trusts adults to keep him safe or to keep their promises. No one at school or in the foster home know how to handle him so he is sent to a partial hospitalization program for two weeks, during which time he also loses access to his regular therapist – the only attachment figure he has consistently had since the original removal.

The psychiatric hospital begins medication for ADHD, despite him never having symptoms until all this unfolded. The medication doesn't work and actually seems to make him more upset/irritable. So he is sent to full Inpatient Hospitalization for around one week. This is a six-year old child on a psychiatric floor – full time.

Leo is discharged and back at school and in another foster home. He is still struggling as the school continues to attempt behavioral approaches rather than trauma-informed practices. They report nothing works. Leo's third foster family has now also given notice. They are done too. He will be leaving another home. From the time we met Leo to the loss of his third foster home, one year has elapsed.

So what went wrong? What do we need to help Leo? What could SB2298 do to help? Getting involved early, with appropriate levels of support could have made a significant difference for Leo. This could include making sure **care coordination** and **travel reimbursement** is available for ND kids with Serious Emotional Disturbances (SED). Having the ability to provide **more than one hour of therapy per day**, without requiring that the child

be admitted to higher levels of care (partial hospitalization or inpatient). In this situation, Leo could have used at least one hour a day at school and one hour a day in the foster placement (current payment practices only allow one or the other). **On-site therapy and consultation at the school** to work on skills for both Leo and the staff could equip everyone with the skills needed to support continued success in school – a safe place Leo looked forward to being in. **Respite care** to reduce caregiver burnout and help kids learn skills of navigating setting changes. And finally, an ability to do an **authorization that would allow kids**, in extreme circumstances, **to continue outpatient therapy** with their primary therapist through partial hospitalization.

There are other bills you are considering that look for ways to fund coordination between schools and mental health services to create trauma-informed behavioral plans for ND's SED kids. As Leo's story illustrates, that is an absolutely essential step to help children, families and schools navigate some very complex situations.

We are heartbroken to report that Leo is really struggling right now. The continued disruption and inability to re-establish attachments and safe spaces has contributed to a severe escalation in behaviors and a decline in his wellbeing. He is currently on a waiting list for residential placement. Even if he is successful in residential psychiatric care, he will be extremely hard to place in a foster home upon exiting the program. His "record" will make most foster families turn away. It is not hard to imagine the struggles Leo will continue to face. While nothing is a foregone conclusion, we know that with Leo's history, he is at high risk of continued school struggles, engagement with the juvenile justice system, addiction, and continued mental health crises related to PTSD and his trauma history.

We are not saying that having access to the services described in SB2298 would be a panacea for all of the challenges that are part of Leo's reality. But we do know for a fact that

SB 2298
1-30-19
#2 pg. 5

continued disruption, lack of attachment, and lack of consistent supports all contribute to escalating symptoms. And once this cycle starts, it can be very hard to interrupt.

We have to get services to kids earlier or we will all pay for it later. And most importantly, that child will pay for it forever.

We would encourage your support of SB2298 as it is another important piece in the puzzle that is a transformed behavioral health system experience for kids and families across North Dakota. Thank you for the opportunity to speak to you today. I would be happy to answer any questions you have for me.

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SB2298
1-30-19
#3
P1

Greetings.

My name is Carl Young. I am the parent of a child with Severe Mental Illness. I speak to you today not as a board member, which I am, or a lobbyist for the mental health advocacy network, which I am. Rather I am speaking to you as the parent.

My son is 17 years old. Born substance exposed at the beginning of our "opioid crisis", he has been profoundly affected. He has the following main diagnoses. Autism. Fetal Alcohol Spectrum Disorders, Reactive Attachment Disorder. He has others, but these are his primary.

Until recently my family called Garrison ND home. We loved our large home in a quiet community. But we couldn't access services for him in the community. One year, I logged more than 12000 miles driving to his various appointments and therapies.

He came into our hearts as an infant, we adopted him when was 2. Over the next 15 years, he spent nearly 3600 days in facility based care. That's almost 10 years. This doesn't include short term stays in psychiatric units for crisis management, which visits total nearly 100 over the course of his life.

18 months ago, we sold our home. We moved to Bismarck so that we could bring our son home from care and into the community. Until Monday we had achieved a level of success that is unheard of for our son. 54 weeks at home. Monday that all changed.

Currently my son is a patient at Prairie St. Johns. He has been there less than 24 hours. On Monday when our current crisis began, he was transported by the police department to the ER for admittance to psych. Only, there are no pediatric psych beds at Sanford Bismarck. CHI/St. A's was full. Minot Trinity is full. There are no beds for pediatric patients at the state hospital in Jamestown. Because it was deemed to not be safe to bring him home from the ER, he spent more than 12 hours there. Actually spending the night at the ER.

SB 2298
1-30-19
#3
P2

Carl Young 1915i Plan Amendment January 30, 2019

Yesterday, I met the new psychiatrist on a voice call. He had spent five minutes with my son. In that time, he determined that my son doesn't have Autism. He determined that my son doesn't have Fetal Alcohol Spectrum Disorders. He determined that my son doesn't have Reactive Attachment Disorder. He determined that at least one of the medication tools we use needed to be altered because he didn't think the benefits were being seen, even though my son has been on the current medicine regimen for more than 2 years.

My son has been cured 6 times in his life of the mental illnesses that he was born with.

What I know is that since we began this struggle to get our child the services he needs, we have begged for services and assistance at each session. The 1915i amendment has been a requested topic of conversation more times than I can count in more meetings than I can remember. Please, implement the 1915i so that perhaps the family of another child similar to my son, Marc, will not have to struggle to access desperately needed services for their mentally ill child.

SB 2298
1-30-19
#4
P1

66th North Dakota Legislature
Senate Human Services Committee
January 30, 2019

Hello Chairman Holmberg and members of the Committee. My name is Trina Gress, I am a Vice President of Community Options. I stand here before you to advocate in support of SB 2298.

The North Dakota Behavioral Health System Study final report released April 2018 identifies the need for improving the system of behavioral health care in North Dakota. The results of the recent study are not surprising for many advocates who have been asking the state of North Dakota (ND) for a change in the behavioral health system. Our system is in crisis and has been for quite some time.

Community Options serves a variety of vulnerable populations, including single parents and teen parents. A barrier clients often face is lack of services for their children with complex needs. It is very difficult for my staff to work with a parent to get a job if their children are in need of behavioral health services. Not only does this effect our clientele but our staff also. Allow me to share a short story of a recent staff member.

An area of recommendation is for North Dakota to pursue 1915(i) Medicaid state plan amendments to expand community-based services for key populations, including children. Creating a funding-payment solution, such as the 1915(i), would allow for the state of North Dakota to maximize state dollars while meeting the service needs of North Dakota citizens.

Thank you for your time, are there any questions?

Sincerely Submitted,

Trina Gress

P1