

**2019 SENATE HUMAN SERVICES COMMITTEE**

**SB 2029**

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Red River Room, State Capitol

SB 2029  
1/7/2019  
30478

- Subcommittee  
 Conference Committee

Committee Clerk: Justin Velez

## Explanation or reason for introduction of bill/resolution:

A bill for an Act, relating to the implementation of a community behavioral health program; and to provide an appropriation.

## Minutes:

Attachments 1-6

**Madam Chair Lee:** Called the hearing to order on SB 2029

**(00:36-04:48) Senator Hogan:** Introduced SB 2029. Please see **Attachments 1-2** for written testimony.

**(05:00-07:43) Pam Sagness, Director of the Behavioral Health Division of the Department of Human Services.** Testified in favor of SB 2029. Please see **Attachment #3** for written testimony.

**Senator Anderson:** What are the budget implications?

**Pam Sagness:** The original Free Through Recovery program was budgeted at 7 million dollars, that money at this point in time will last for this biennium we won't have a short fall. Our request in the governor's executive budget is for the expansion for Free Through Recovery and we have budgeted at 4.5 million instead of the 7 million because of the need to bill providers and hire staff. We request at this time that this funding would be in the Department of Human Services budget instead of the Department of Corrections and Rehabilitation in order for us to reach populations that are not relevant to the Department of Corrections and Rehabilitation. How do we get these support services to parents who are currently receiving clinical services but they don't have access currently to this program. There is a significant difference between the clinical services that are reimbursable and provided by providers versus the supportive services that are available in the community. These supportive services can be everything from employment services to housing services, care coordination, but most importantly peer support services. It is important to acknowledge that this is an opportunity to get services that coordinate that care in the community by people who have had the lived experience and also by teams of people together working to connect to the services that exist. I would also say its important to note that this is a program that's based on outcomes, so that reimbursement is not higher based on illness. The goal right now

with the budget would be that we propose the 4.5 million in order to expand the program and that funding be available in the Department of Human Services budget.

**Senator Hogan:** In both my testimony and Ms. Sagness, we cross referenced the HSRI recommendation so that we can begin to build a master grid. I think it's a beginning of a way to address all of those 13 recommendations.

**Pam Sagness:** I just wanted to note that the Free Through Recovery program was originally going to be piloted in three areas of the state, so when we last left here there was the goal that we would look at piloting but, because of the turnout of providers we have been able to provide services statewide. That 7 million was originally proposed as a pilot in three regions and we have been able to use that funding to expand services statewide.

**(15:00-17:31) Teresa Larsen, Executive Director of the Protection and Advocacy Project.** Presenting testimony for **Carlotta McCleary, Executive Director for Mental Health America of North Dakota and North Dakota Federation of Families for Children's Mental Health.** Please see **Attachment #4** for written testimony.

**Senator Anderson:** Can you be more specific on the last paragraph of your testimony

**Teresa Larsen:** That's something that providers could give you specifics on. We do have providers that are a part of our network and there have been examples given to us where peer supports have either had to volunteer time because they have not been reimbursed and maybe this is because there is a bigger plan for certification etc. so im not saying that this is anything intentional and nothing that can't be worked out. If providers have concerns, I would encourage them to come forward.

**(19:37-26:18) Jessica Thomasson, CEO at Lutheran Social Services of North Dakota.** Testifying in favor of SB 2029. Please see **Attachment #5** for written testimony.

**Madam Chair Lee:** Would you briefly review the Family First Act.

**Jessica Thomasson:** The Family First Prevention Services Act will allow states to redesign the way think of child welfare, so instead of only being able to use federal dollars that flow to the states, once children have been removed from the home, the state will now be able to spend those same dollars to stay safely at home and to help that family to figure out what has caused that disruption in the family cycle. It is the act of removing the child from their home that creates a trauma that is very hard to overcome. We go in and try to figure out what can be safe and sustainable. Sometimes it's about economics, substance abuse, often mental health, and conflict resolution.

**Senator Clemens:** When it comes to peer support and recognizing someone who is a support specialist, I have worked with individuals and there's points where you feel this person is really ready to go and showing positive moods, but is back and forth with into alcoholism and drugs for 4 years. How do you try to plan for selecting someone to be a peer support specialist, because a lot of the time it's the family where these problems originate in

the first place and their past relationships is not what that person needs? I'm sure you recognize the difficulty in that, but that is a concern for me. How do we select good peers?

**Jessica Thomasson:** I think each person that comes to peer support work does it with a mission to help they feel a real call to give back, but your right there has to be sense of stability and stability in recovery before a person is ready to take that peer support journey. I think there are certainly great resources that been available to us through the trainings the state has offered, there is even more to help us figure out what does good stable quality peer support look like, from both sides of the peer support specialist and the patient.

**Madam Chair Lee:** It is common for someone to fall off the wagon and I would think that the relationships that the peer support individuals are able to establish with a person who is attempting recovery is that they're not going away because you messed up once.

**Jessica Thomasson:** The thing that peers are able to do is speak truth in a way that can be heard and understood in a way that's entirely different than someone who doesn't share that same experience. If the individual was to re-offend and ended up back in jail, through Free Through Recovery we can stay connected to that person because we are going to help them be more successful when they come out. Peers are able to approach it just with that next level of speaking truth and having the empathy that comes with lived experiences.

**Senator Clemens:** What about the possibility of faith based organizations?

**Jessica Thomasson:** One of the things that we hope to do more of this year is to try to build on the idea of a faith based peer support network to get people who are connected with the faith community and maybe who also have lived experience a chance to do exactly that to walk along someone who is in the early stages of recovery. What we are hoping to do is create this mix of volunteers who feel call to do this in their hometown and that would cover a lot of geography and it gives them the structure that they aren't doing it alone. It can be overwhelming when you trying to figure out what are the boundaries and what do I do if this happens, so what we are trying to do is to create a place that a faith based peer support network can grow and try to reach deep into all of the communities in North Dakota to give people who want to make a difference in their community a chance to do that. One of the things we believe strongly there isn't a lack of people who want to do good but it is a little scary to tackle it without having something to plug into. We do want to create a path so that people know how they can effectively and faithfully do peer support in their community and to help people in their hometown.

**(36:48-43:37) Adam Martin, Certified Peer Support Trainer, Care Coordinator, and Peer Support Specialist.** Testifying in favor of bill SB 2029. Written testimony is as follows.

Adam Martin: I have been able to train 200 peer supports throughout the state. We have Care Coordinators in Fargo, Devils Lake, and Bismarck. We also employ Peer Support Specialists in all those areas and if we don't hire then we contract them. I believe that lived experience will trump knowledge at any time. Just from personal experience, I wish Free Through Recovery would have been available 6 years ago when I sobered up. When I sobered up I came out of jail and had nowhere to go, a guy let me sleep on his couch then later gave me a room to stay in he was a member of Alcoholics Anonymous and he

introduced me to people at AA and gave me rides to meetings, and helped me get a job. I think the most important aspect is that I knew I had someone I could talk to. Someone who had been in my shoes and who could empathize because I was put in positions many times where I had a probation officer and a psychologist and was referred multiple times. The one person that I had in the midst of that was my sponsor. Whether I was in jail, detox, or a treatment center his phone was readily available I would call him at 2:00 in the morning and he would always answer and help me navigate. That's probably the most important aspect of Free Through Recovery is helping navigate through feelings and where my mindset is. Last night we had a meeting with the people that we provide peer support for and one of the overwhelming questions is what do I do with child support and because of all the people who have child support in that room we were able to give them a step by step process on how to get back on the right track with not just paying it but why is there so much interest, why can't I see my kid if I'm paying child support. Those aren't things that are trained in the normal everyday systems in having it come from someone who knows and experienced it and probably did some things wrong and right has been by far the greatest asset of all of it. We have 40 people that we do care coordination for, and most of them we do face-to-face meetings with. If they don't work with one Care Coordinator, we are able to shift them to another one within our organization, and we've seen better results because people identify with different people. To answer your question, with the 200 peer supports that we have trained, they have come up with the idea that peer support specialist need peer support as well. It's like being in AA and sponsoring a bunch of people and not having a sponsor of your own. Who do the people at the top rely on, the state? That's where the gap is, so being able to rely on each other and having a peer support association and being able to use the care coordinators and offer a spectrum across the board where if you're not working with me I know about five other peer supports that you can work with. Sometimes people can get hostile when things aren't going their way, when they can't see their kids or when they feel their probation officer is after them all the time. When you feel like you are in survival mode all the time you're going to react poorly. I'm very passionate about this because there's an actual support center already doing this kind of stuff but there's no one who is specializing on continuing to work with them no matter what. What I see if we expand this, I want to see human resource people utilizing people at their job instead of just sending people to treatment because 9 out of 10 times I didn't need to go to treatment I just needed to know what I could do in the community, I needed to know that I wasn't alone. Treatment has its place and peer support has its place and I think right now we are in a place where peer support is more important than anything right now, for example, someone comes out of prison and he gets tied to a care coordinator and a peer support and no matter where he goes in the system he has those two people with him. I've see more results with that type of platform than anything because most of the time when people get out of prison and they have a plan, but having someone who is going to hold them accountable to that plan has not been there. I've seen people get out of detox and they have a plan then they get there and they get referred and nobody follows up. We are the hands and the feet in the street that are going to bring all the systems together I believe.

**Senator K. Roers:** I know that your primary population is people who are coming out of the criminal justice system, with this expansion are there people that you feel you could have prevented going into the criminal justice system with a system like this?

**Adam Martin:** We are in a weird predicament right now because the money is going to the people already in the system and there are people that come to our office that are not a part of this program that we still provided service for but it's just like everything that I've ever seen worked out is people go where the money is, and there are people that are not getting served that probably if they would have gotten services would have had a good result, most of the people who are coming through this program have a high LSI score they have a likelihood to reoffend well the reason F5 was created because there were a group of people in our community making our way to the homeless shelters that didn't necessarily need all the spectrum of care that would go there. What happens when those beds fill up is the people who actually needed that full spectrum of care are not able to get there so now they are left being homeless. F5 came in and we took these people so that the shelters could focus on people who needed that higher level of care, right now with this system I'm seeing the same thing. I think the expansion of this would actually create a more spectrum of helping all people instead of a specific demographic.

**Senator Hogan:** What kinds of concerns do you have with changing models of practice with such a significant and sometimes different behavior in the chronic nature of serious mental illness?

**Adam Martin:** There's two different models of training that happen during the peer support training, I helped with the training on the substance abuse disorder and there's a mental health aspect to it as well because there's a spectrum for both substance abuse and mental health. Those people that have a mental health condition that don't identify with alcoholics and addicts. They identify with the process but they can still go out and have drinks. That's why I believe there needs to be two different models that are more adequate. I would love to see us expanding this and being able to recruit people who are more experience with the mental health side.

**(47:51-55:20) Captain Andrew R. Frobig, Jail Administrator for Cass County Sheriff's Office.** Testifying in favor of bill SB 2029. Please see **Attachment #6** for written testimony.

**Senator Hogan:** Will you briefly talk about the jail Chaplin relationships with your particular population?

**Captain Frobig:** Our jails Chaplin association is a non-profit group based in Fargo. The people that can benefit from faith based support we make that available. We know that is not for everyone and I like have multiple tools to target whatever preference of support will work best for the individual. The jail Chaplin's they come in and do 40 hours of programming a week within the jail. We have now expanded to an international program called living free, which is a set of course curriculum for integrating people in the community for life controlling problems. I think over 30 churches have groups up and running and they started doing those groups in the jail also for 7-8 weeks. These folks can start in the jail and when they get out we can now connect them to a group that will continue and help integrate them into continued support. One of the things that's so remarkable about that program is that the commitment of the church deity went to the initial training and orientation and how they are able to identify. They start realizing I'm not different I just didn't get caught doing something to the point of getting arrested and they can actually have a relationship where they relate to each other as people rather as criminals and congregations and they are embracing people getting out.

**Senator O. Larsen:** What's the budgetary cost that you incurred on bringing in that program?

**Captain Forbig:** My budgetary costs additional budget that I requested in 2018 and is ongoing, was the cost of two deputies. That was the only additional funds that we invested into this. We were faced with a situation where we were going to have to hire those deputies anyway to staff additional housing units. Over the course of this biennium all of these things were implemented when the biennium started our average head count was over 300 and now we are seeing about 230 a day. Jail counts are going down with this type of approach being used.

**Senator Anderson:** How does the money flow to your program

**Captain Forbig:** It does not flow to my program. We are currently not eligible for it because the people who are committed to the Cass County Jail are not on probation. The terms of probation actually changed a few months ago so they are now starting probation at the start of day one, for example if someone is sentenced to serve 6 months in the jail their probation also starts that day, however not everyone gets sentenced to probation. That's the flaw in the existing system, is that someone must be on supervised probation or coming out of prison on supervised probation in order to qualify for the current model. If this process works, then to expand it to people who aren't at that stage because that's the end stage of criminal justice not the beginning. We took those principles and paid for it ourselves because we knew we couldn't access the funding and we are showing remarkable results. I want to emphasize that rather than anecdotal examples to show you that if you give this money and make this process available to the public we are going to start impacting the number of people who are becoming justice involved, we are going to have better outcomes.

**Madam Chair Lee:** You mentioned earlier that your cost is really only the cost of two deputies, but having reduced your average daily census the way you have, you're also postponing any further plans to have to add additional jail beds. So I think mine and your county commissioners view this as an investment in something that was going to be money saving as well as people saving.

**Captain Forbig:** When I first pitched this to our commissioner I had to go back a couple of times before they were ready to vote on it. Essentially I sold it like this, in order to run a housing unit that houses 48 people 24 hours a day I have to hire six full time staff to run that one unit. I can run at a ratio of 1:30 roughly on this program at any given time and we try to keep it lower if we can. As far as not willing to charge fees, I didn't want the ability to pay to be a barrier. The cost of the GPS that's really what keeps them in custody so we can always know where they're at is within fifteen cents a day of the cost to feed them if they are in the jail so it was a wash, for everyone I get out on the program I don't have to pay to feed them so that's when the county decided to pick up that cost.

**Senator O. Larsen:** If they are on the probation program, they can still have insurance.

**Captain Forbig:** Yes, you are correct. Federal Medicaid dollars cannot be reimbursed for anyone that is physically incarcerated. That's why we try to get people enrolled into treatment programs because, for instance Prairie St. Johns has healthcare navigators that get people enrolled so that can be the funding for their treatment. Almost all of our prisoners don't have

health insurance already and not many are eligible for Medicaid. The jail picks up the cost of their medical care while they are physically incarcerated so I see a savings there as well but we can actually get people enrolled that have them previously done.

**Senator Hogan:** There were concerns for someone going in for a short time losing their Medicaid, do they have to reapply every time?

**Captain Forbig:** That's something I am not familiar with.

**(1:08:53) Krista Fremming, Deputy Director of Medicaid with the Department of Human Services**

**Krista Fremming:** It is not fixed yet, but plans are in the works. I'm sure you're familiar with the Spaces Eligibility System that our department has been working on for a few years now and with one of the upcoming releases of new technology it is planned to be fixed, but as of today it is not.

**Madam Chair Lee:** But it is in the works?

**Krista Fremming:** Yes.

**Madam Chair Lee:** Any more questions for Captain Forbig or anything else you would like to tell us?

**Captain Forbig:** If there is one thing that I am not satisfied with is the numbers we have been serving. There are so many different variables that go into who we can actually provide service to and that's simply because of these existing barriers in our system that we still need to address in the coming years. Someone who has warrants in another jurisdiction I can't let them out, I have to hold them until that gets resolved and start working on technological advances. Medicaid assisted treatment for almost two years now have continued to provide Methadone to people who were already enrolled in our local clinic. We put North Dakota on the map as far as Vivitrol, we have been offering that now, and that's a huge step but there are barriers there as well because there are only three communities in North Dakota where that's available.

**Senator O. Larsen:** When you guys get together for a convention, are there any other counties implementing this now and rolling forward?

**Captain Forbig:** Each jurisdiction because of the way the bill was written. I was only able to create this particular program in Cass County because of the authorization that was granted, that told us you have to do something to manage your population and here are examples make a plan. Each jurisdiction though has to create a system based on what their own local resources are. There are sheriff departments in the state that only have four or five deputies and this type of thing isn't going to work there. Devils Lake has taken a little bit of a different approach; they are running a half-way house ran by the county.

**(1:13:20) Madam Chair Lee:** Adam would you be willing to step back up and respond to some questions?

**Adam Martin:** Can you repeat the question from earlier Senator Anderson?

**Senator Anderson:** How does the money flow to your program and do you get reimbursed? How does that work?

**Adam Martin:** For every participant that we provide care for we receive 400 dollars, if we hit all the pillars we can have a performance based incentive of another 80 dollars. I pay salary so it's not performance based for the most part, I am working out one with one individual who works with me having more of a performance based salary to see how that works in comparison to people making the same salary no matter what. I may replicate this across the board because its creating better care. I have seen performance based models work. Twin Cities Rise in Minnesota lowered recidivism from 80% to 20% in three years based on performance based models. I don't do that right now, but that is something that I may be interested in doing in the future.

**Senator Hogan:** The 400 dollars does that cover both care coordinator and peer support specialist?

**Adam Martin:** I have not worked out the numbers. I know how important peer support is, this program would not work without peer support because care coordinators are essentially just like case managers where they check the boxes. We are working on an F5 project where our case managers also have lived experience so it's kind of a hybrid approach, but so far it's going well.

**Senator Hogan:** So your 400 dollars is kind of a bundled rate?

**Adam Martin:** Yes it is, the thing about this is its created incentive with other care coordinators and treatment centers to want to contract with F5, currently we are in the works with having contracts with Prairie St. Johns and Share House to provide peer support for people that are coming out of their institutions which by far for me is a game changer and should be sought out.

**(1:16:54-1:17:18) Robin Lang, Assistant Director in the Office of Safe and Healthy Schools with the Department of Public Instruction.** Testifying in favor of SB 2029. Written testimony is as follows.

Robin Lang: I would like to go on record and say that the department supports this bill and the efforts of DHS to expand Free Through Recovery in our communities across the state.

**(1:17:32-1:21:15) Emma Quinn,**

**Emma Quinn:** I became involved with F5 by going to the peer support training. I live with a mental illness, specifically Bipolar 2. I have never been a part of the criminal justice system, I do not have an addiction problem, but I do navigate the mental health system. I have been doing it since I was 12 years old and I have lost family to suicide as well. So to tell you about the big gap in the system is an understatement, specifically navigating the system. I became so passionate and involved in this because peer support and care coordinators are that

bridge. When entering the mental health system, you go to one appointment then another, and unlike addiction you don't talk about it. Once you leave in or out patient treatment, you go back to your psychiatrist and therapist, but I don't think we understand what an urgency there is to fill those gaps. When I moved to the Fargo area I had already done outpatient treatment however, I needed to manage my medication. I could not get into a provider in Fargo, ND with the best insurance on the planet for over four and a half months. I therapy at Prairie St. Johns, when I received a letter in the mail that they would no longer be serving me and I was left to my own devices. I then had to wait another six months to see a provider. I'm only here in front of you all today because I have been successful in my treatment but that's because I had to fight myself. It's because I had an amazing support system at home, but I am once again alone. In fact, as I faced a very challenging situation yesterday I thought to myself I could really use a peer support. A lot of the time all we need is someone to talk to. A peer support is not going to solve your mental illness but it will make it more manageable.

**Madam Chair Lee:** Closes the hearing on SB 2029.

# 2019 SENATE STANDING COMMITTEE MINUTES

**Human Services Committee**  
Red River Room, State Capitol

SB 2029  
1/8/2019  
Job # 31143

- Subcommittee  
 Conference Committee

Committee Clerk: Justin Velez

## Explanation or reason for introduction of bill/resolution:

Relating to the implementation of a community behavioral health program; and to provide an appropriation

## Minutes:

No Attachments

**Madam Chair Lee:** This is the one that we had a bunch of local testimony. Okay SB 2029 is a community behavioral health program.

**Senator Anderson:** It seems like last time we passed 7 million dollars to the Department of Corrections to do this for their population

**Madam Chair Lee:** We did.

**Senator Anderson:** Now this is almost identical to move it out to the rest of the population is that my understanding.

**Madam Chair Lee:** Yes, it is.

**Senator Anderson:** And then the Department of Corrections the governor had some money to continue I think 4.5 million or something like that to continue the program with the Department of Corrections. So this would make a similar program available to the rest of the population.

**Madam Chair Lee:** Right, the governor asked for 4.5 million but it's in the Department of Human Services now and not the Department of Corrections.

**Senator Anderson:** I did have some questions about why the additional FTE was necessary to develop a new program for the health and human services when we already developed one for the Department of Corrections and why they couldn't just adopt what the Department of Corrections have done and the guidelines and so forth. I didn't understand Pam Sagness answer to my question about that.

**Madam Chair Lee:** Well corrections didn't really do it, Pam Sagness and Lisa Peterson developed it for the corrections department so it was in corrections because if it wasn't in that budget we were going to have a harder time getting it through. Even though it dealt with people who are incarcerated we had originally started out as you recall with a separate behavioral health budget and we moved it over as the process moved forward. So its not a bad question, now it was originally 7 million dollars for 3 pilots and we would like to roll it out statewide.

**Senator Hogan:** They did roll it out statewide.

**Madam Chair Lee:** Your right, so they've got it everywhere.

**Senator Hogan:** I think your question about can we just expand what we are currently doing in corrections with this new population, well much of like the F5 Program, most of them are really focused on the corrections population and we might have many different population groups so that building those community relationships might be all new. It might be a homeless shelter that does it now because this is a different population or a jail that hasn't worked with the current Free Through Recovery. It might be a whole new group of providers.

**Madam Chair Lee:** We can ask Pam Sagness.

**Senator K. Roers:** When I look at my notes it says 6 FTE's.

**Senator Hogan:** The 6 FTE's are the case managers to do the care coordination. So those care coordinators in Free Through Recovery are state employees.

**Senator K. Roers:** If I remember correctly the question that Senator Anderson was asking was more about why do we need to create the rules all over again when the rule already exist. Some of the rules will still apply we just need to make sure that it fits the new model.

**Madam Chair Lee:** I just wrote myself a note to ask Pam Sagness for a little review for this, and if they can do it tomorrow afternoon because their budget is in front of appropriations next week 16<sup>th</sup>-18<sup>th</sup>. So Monday and Tuesday would be the last two days we can see them.

**Senator O. Larsen:** As we are discussing that page. 2 lines 10 and 11 about the full time equivalent positions I do remember Adam Martin was standing up there and I know he was a peer support or whatever and he was saying he could handle 20 people on his case load, I still have reservations about the full time folks on here.

**Madam Chair Lee:** Those are community supporters; this isn't just peer support stuff.

**Senator Hogan:** Free Through Recovery they're the care coordinators.

**Madam Chair Lee:** I thought Adam Martin does some care coordination as well but he said if he did peer support he could do 20.

**Senator O. Larsen:** I know they are asking for these folks and I know that its needed but we have to know it's a huge lift to continue to have people coming on board

**Senator Anderson:** I wonder if we just take out the FTE's and leave the money in there and program and let them figure it out or ask the appropriations committee for the FTE's so that we aren't specifying that right in this bill. I like the success that we have had with the program so I think we did a lot with the 7 million dollars that we had in the Department of Corrections, I think we could do similarly, not sure in this bill we need to specify how many FTE's they are authorized for. I think we can let them fight that battle between the governor and the appropriations committee

**Madam Chair Lee:** If we take the FTE's out of here, it's going to be a big lift to get 6 FTE's back in but if we leave the 6 FTE's in and the appropriations committee decides they can't deal with 6 FTE's and reduces it to 4 we are still ahead of where we are now and they can duke it out with the department on that side. I do not believe in bailing out as you've heard me say before and sending stuff over to their committee to kill or get rid of it because we find it too hard to decide but it seems to me also if it indicates that we recognize there may be some staffing needs here, it's no question they are going to be doing a lot of chatting about the FTE's.

**Senator Hogan:** Is there a fiscal note on this?

**Madam Chair Lee:** It's an appropriation not a fiscal note.

**Senator Hogan:** So maybe we leave the money in as is and they can contract with a private agency to do the staffing. Make it contractors instead of state employees.

**Madam Chair Lee:** So your saying to just take the FTE's out?

**Senator Hogan:** I'm okay with taking the FTE's out.

**Senator Clemens:** I would like to make a motion.

**Madam Chair Lee:** May I say one thing before you do? And that is do you want to refer in some way to enable them to contract the service not just talking about to FTE's.

**Senator Hogan:** Madam Chair, look at line 19.

**Madam Chair Lee:** There you are. OK. I'm much more comfortable.

**Senator K. Roers:** When I see that though I read that as the actually providers of the care

**Senator Hogan:** It could be the care coordinator.

**Senator K. Roers:** I'm sure their intent was possibly (inaudible)

**Madam Chair Lee:** Senator Clemens what is your motion?

**Senator Clemens:** I move that on Line 10, on Page 2, Beginning with "The Department", we strike Line 10 and Line 11.

**Seconded by Senator O. Larsen**

**Madam Chair Lee:** Any discussion on that? If not, will the clerk please call the roll.

**ROLL CALL VOTE TAKEN:  
6 YEA, 0 NAY, 0 ABSENT  
ADOPT AMENDMENT**

**Senator Anderson:** I move a **DO PASS, AS AMENDED, REREFER TO APPROPRIATIONS.**

**Senator O. Larsen:** If we are getting rid of the 6 people I would be open to striking on Line 8, the 1.7 and leave the 5250.

**Madam Chair Lee:** But that's federal funds, you don't want to get rid of those. That's the match. That's OPM (Other people's money). We do have a motion from Senator Anderson, **DO PASS, AS AMENDED, REREFER TO APPROPRIATIONS**

**Madam Chair Lee:** Is there a second to that motion.  
Seconded by Senator Hogan

**Madam Chair Lee:** Is there any discussion on that motion? Will the clerk please call the roll.

**ROLL CALL VOTE TAKEN:  
5 YEA, 1 NAY, 0 ABSENT  
DO PASS, AS AMENDED, REREFER TO APPROPRIATIONS  
SENATOR ANDERSON WILL CARRY THE BILL TO THE FLOOR**

**Senator O. Larsen:** Madam Chair can I give a little clarification?

**Madam Chair Lee:** You bet.

**Senator O. Larsen:** So now, this will come up to the floor and it will be just re-referred to appropriations and then melded and come back or will it go to the floor and be voted on to pass and then re-referred to appropriations and then we will see it again?

**Madam Chair Lee:** We won't see it again but it will be on the calendar again so you watch to see if it comes up.

**Senator O. Larsen:** I may vote against the bill as it goes over but if it comes back with the money massaged in it then I would support the bill.

# 2019 SENATE STANDING COMMITTEE MINUTES

Human Services Committee  
Red River Room, State Capitol

SB 2029  
1/14/2019  
Job # 30765

- Subcommittee  
 Conference Committee

Committee Clerk: Justin Velez

## Explanation or reason for introduction of bill/resolution:

Relating to the implementation of a community behavioral health program; and to provide an appropriation

## Minutes:

No Attachments

**Madam Chair Lee:** Pam could you tell us a little about the FTE's that we amended out.

**Pam Sagness:** There was one other item that you had asked for that I have here today which is the glossary for the terms and acronyms for DHS.

**Madam Chair Lee:** How wonderful.

**Pam Sagness:** So one of the things that I wanted to discuss is just the structure of how the FTR (Free Through Recovery) program works. One of the questions was about relating to difference between when we have contractors or partnerships versus when we had the request for the FTE's or those positions. The FTR program was originally planned to pilot in three regions in the state but we had statewide implementation. We currently have seven FTE's. One of them is in the Department of Corrections and Rehabilitation and six of them in the Department of Human Services. Those positions are located in the regions and they are administrators that oversee all of the outcomes from the program. I just wanted to make sure I talked about what their role is. There are not six positions in Bismarck, there are six positions located in the regions across the state. We had decreased from eight down to six and we have shared regions right now, for example with the current FTR program regions one and two (Williston and Minot) they have one shared administrator. Their job is very specific to a few key things, one is recruiting programs as you guys know FTR is a new program so when we started there were no FTR programs and no one providing the care coordination specifically to what we are looking for. I know that in regions one and two that regional administrator spends a fair amount of time doing community engagement trying, to get providers on board, securing the MOU (memorandum of understanding) between the program and that provider and so they do a lot of that work. They are also required every month to reconcile the data between the provider and the probation officer. If you recall one of the key things about the FTR program is that payment is based on outcomes, so every month we have to look at those four key indicators and make sure individuals are meeting

those outcomes but of course we can't just say the providers told us the outcomes are good because then they get incentive pay. What we have to do is reconcile the outcome measures that we get from the provider and we have probation officers that do the exact same thing to measure that participant for that month so those FTE's are very specific to doing administration they're not the contractors doing the direct service so in the bill it talked about we can contract for services, we do that. All of the providers and the services provided through the FTR program are with contracted providers. We have MOU's with more than 25 different programs that are providing that service but if we have no staff to administer the program we can't do an outcome based model because there are no ability for us to reconcile some of that data, do the community engagement, get the providers, and then manage all the of the contracts that we have with the providers. I think there is a big difference between six FTE's and zero. I can honestly say that at this time we would not be able to administer the program with zero FTE's. We have currently as you know, we did the same thing with the substance use disorder voucher which we began with no FTE and we have had many programs that have not lifted of the ground because we have had to divert our staff into managing and running the substance use disorder voucher for 1,800 people which is amazing but we just don't have the resource to have zero. I just wanted to share that information and explain the difference the service provider and having that outcome based model.

**(5:04) Madam Chair Lee:** Now in the last budget two years ago, I believe there was a deduction of 32 FTE's in the department compared to the, I think your back to like 2012 or something. How many FTE's are in the governor budget this time and is it a gain or a loss or a hold even?

**Pam Sagness:** If we could, Chris Jones is here and maybe he could speak on the FTE's because he would have the global picture that I don't.

**(5:40) Chris Jones, Director of the Department of Human Services**

**Chris Jones:** The initial budget that we submitted to the governor's office was 108 FTE reduction on top of our previously allocated FTE's about 1932. I don't have the exact numbers in front of me what the governor did add back but I want to say it was approximately 48 if I'm counting this correctly that did get added back which included all of the FTR as well as the Mobile Crisis Units of 27 and there's a couple of other FTE's in other places in the governor's budget request.

**Madam Chair Lee:** So what are the places that are losing and how are you going to do it when you didn't exactly have a lot of staff in there before.

**Chris Jones:** Well, we are looking at still within the human service centers in reducing administrative positions within there. There are six FTE's that are within child support as we continue to consolidate that work and create a call center. For instance, even bringing CHIP in house was a reduction of about a half a FTE so it's really across the department.

**Madam Chair Lee:** A lot of them I hear you say is from part of the reorganization that is being done so that it isn't creating a hardship in providing services, it's a difference in the way the service is being provided administratively.

**Chris Jones:** Correct.

**Madam Chair Lee:** In most cases but not all.

**Chris Jones:** In most cases not all. I would also say we still have areas within DHS that as we get better at delivering service specifically the human and social services like we talked about today, we will find administrative duplication. There are other parts of DHS that are still understaffed based on the tools that we have. Behavioral Health and I would also say the Medical Services is one.

**(8:27) Senator K. Roers:** So you started with 108 then added back 48 so were at net 60.

**Chris Jones:** Yes, something like that, let me get that exact number to you. We are still preparing budget testimony for the rest of the week.

**Madam Chair Lee:** The main thing was the FTE thing and need to talk about how we are going to deal with that.

**Senator Hogan:** Should we move to consider our vote on senate.

**Madam Chair Lee:** Well the amendment has been prepared so we would have to have it returned, but we could have a floor amendment. Visiting with a couple of the appropriations members, they understand what the issue is for us here. Just an expediency point of view and seeing it move forward I guess I would like to re-discuss some of the things as a result of what Ms. Sagness and Mr. Jones have said and we may not have a unanimous following on the whole thing but I think we might have a little different perspective and see if we might want to do something different, so that would be the question I guess. We are talking about SB 2029 in case you did not know what bill we were discussing.

**Senator O. Larsen:** I heard Senator K. Roers say they are looking at 60 employees to reinstated.

**Madam Chair Lee:** No, to be reduced. The net reduction is 60.

**Senator O. Larsen:** With the new legislation and bills this session that we are seeing. How many new FTE's with the combined issue that we are listening to now and the Department of Health and Behavioral Health how many positions are we looking at? I just want a total of that.

**Pam Sagness:** There were six in the FTR program there was one in the targeted case management which you also had already heard which is SB 2031. There had been in the interim bill there was an FTE in one of the bills that you will be hearing tomorrow which is the continuation of the HSRI. We did not request an FTE with that instead we would continue to contract with HSRI so that's the one discrepancy for the bill that you will be hearing tomorrow is that we did not include an FTE within the governor's budget but there is an FTE in the interim.

**Senator K. Roers:** I just want to make sure I understand, the six and the one FTE's are they inclusive in that 48 that were added back by the governor. It's not 60 plus seven its 60 with the seven? I just wanted to make sure.

**Madam Chair Lee:** No, thank you for clarifying.

**Pam Sagness:** Chris is pulling up the exact numbers right now from our budget. The cuts of the 109 and then the 6 and the 1 for targeted case management and any of those additional ones that were in our OAR's those are part of those 40 some. So we will still have that total of reduction of 60 or so and that's what Chris is looking up.

**Madam Chair Lee:** I think it may make some us more comfortable with the idea that there are efficiencies there taking place and that our goal of moving forward will be enhanced by what we hope to start as a result of the mornings work.

**Pam Sagness:** One of the things they consider is that in order to have an effective outcome based program there has to be oversight and we have to be able to reconciliation of the measures so with no administration, even though im all about contracting services whenever we can, we contract most of our data services, we contract out the HSR1. The majority of the additional work we do we do through contracts and not through additional resource with staff but there has to be someone internally that can even do those contracts or oversee those contracts and right now those are regional positions. So those are positions working in your home regions and not people sitting in Bismarck.

**Madam Chair Lee:** Well you can't just contract with someone and bring them in it seems to me. You got to have someone who has expertise or would be able to slide into position.

**Senator Anderson:** I think we felt like going to the appropriations committee and trying to talk to them about the FTE's and it might work better than sending the bill to appropriations with FTE's when there are some people there who count FTE's. They don't look at what the program could be about. I think that was part of our concern is that they might just throw us out because of the FTE's. I think we understand where you are coming from and I don't think we ever thought that you were going to be able to contract out everything but we just thought it might be easier for us if you negotiated with the appropriations committee instead of us.

**Senator Hogan:** The current FTR also has that probation role and this because it's all community based is in some ways in more need of the staff under direct supervision because you don't have the two step comparison you're going to have to have that strong administrative management piece at the regional level. Does that make sense?

**Pam Sagness:** To add not only would we be required to do that but the seventh position the we did not request, that's currently in the Department of Corrections and Rehabilitation, they do all admissions and discharges. We will also be taking on the full responsibility of that seventh position to ensure that the people of the program meet the criteria. We do not request that seventh position because we did feel like we could reasonably manage with the six FTE's across the state but they will be taking on that additional duty.

**Madam Chair Lee:** Any other questions for Pam Sagness on this issue?

**Pam Sagness:** Just to note that we are still working on the amendment for the mental health voucher. That's the one thing that I didn't have completed to bring back today.

**(16:28-end of recording)** Madam Chair Lee discusses bills that she is introducing and asks the committee members if anyone would sign on. While discussing those bills, one of the bills about the 1915i Medicaid state plan amendment and Pam Sagness gave an overview of that for the committee. The committee has a brief discussion of whether or not they should consider writing an amendment to restore some if not all of the FTE's now knowing how they would be used in the administration and the implementation of the program and discussed the possibilities of either introducing a floor amendment to restore the FTE's or Introduce the bill in appropriations without the FTE's and explain why they were taken out and why they should be restored. In absence of the intern the clerk was asked to contact Samantha Kramer and ask about drafting an amendment restoring the FTE's. At the end of the discussion Chris Jones provides the exact number of FTE's that were added back to the budget which was 64 in total.

SK  
10/1

January 8, 2019

PROPOSED AMENDMENTS TO SENATE BILL NO. 2029

Page 2, line 10, remove "The department is authorized"

Page 2, remove line 11

Renumber accordingly



**2019 SENATE STANDING COMMITTEE  
 ROLL CALL VOTES  
 BILL/RESOLUTION NO. 2029**

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. Anderson Seconded By Sen. Hogan

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) 5 No 1

Absent 0

Floor Assignment Sen. Anderson

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

**REPORT OF STANDING COMMITTEE**

**SB 2029: 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** (5 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). SB 2029 was placed on the Sixth order on the calendar.

Page 2, line 10, remove "The department is authorized"

Page 2, remove line 11

Renumber accordingly

**2019 SENATE APPROPRIATIONS**

**SB 2029**

# 2019 SENATE STANDING COMMITTEE MINUTES

**Appropriations Committee**  
Harvest Room, State Capitol

SB 2029  
1/23/2019  
Job # 31260

- Subcommittee  
 Conference Committee

Committee Clerk Signature    Rose Laning
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## **Explanation or reason for introduction of bill/resolution:**

A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to the implementation of a community behavioral health program; and to provide an appropriation.

## **Minutes:**

Testimony Attached # 1 – 8.
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Legislative Council: Brady Larson  
OMB: Becky Deichert

**Chairman Holmberg** called the committee to order on SB 2029. Roll call was taken.

## **Senator Kathy Hogan, District 21, Fargo, ND**

Testimony Attached # 1

Testimony Attached # 2 – Proposed amendments

(8:23) **Chairman Holmberg:** Informed the audience that we have the hearing and then the sub-committee looks at these bills. The Sub-committee that is handling the budget of the Department of Human Services, SB 2012: Senators Dever, Erbele, and Mathern and they will be looking at this series of bills that are coming in over the next couple of days just to see how they fit in where the duplication is and just make it seamless before we decide what we're going to do.

(9:55) **Senator Mathern:** What is your committee have as an intent in terms of how many people would be served and where would they be served in this state?

(10:00) **Senator Hogan:** I think based on the experience with Free Through Recovery, that project originally was to be a be pilot project in three regions. The way it was implemented is its been implemented state wide. So I think that with this funding and this model we could implement this statewide using the kind of model that we've used through Free Through Recovery. I will defer that to Ms. Sagness. We are serving more people than we anticipated and we're also serving people all over the state so it's a model that is not simple but available to small rural communities as well as urban communities.

**Senator Dever:** There is currently \$7M in DOCR budget for Free Through Recovery and the governor recommended \$4.5 Million dollars to broaden that other populations. This bill is \$7M, is this in addition to or in place of, probably the \$4.5M?

**Senator Hogan:** In the Governor's budget? (Answer – yes.) We did this before the governor did his budget and so this is what we felt was the need, to run based on the feedback we got particularly from local jails and so we thought it should be about the same size as the corrections. So I don't know quite where the governor's budget is, but it is the same money.

**Senator Dever:** But in either case, we should consider this separate and apart from the DOCR funding?

**Senator Hogan:** Yes. This is different from the DOCR.

**Senator Dever:** You've got five million two hundred fifty thousand in general fund and one million seven hundred fifty of special funds. What is the source of those?

**Senator Hogan:** I think that would be Medicaid match, available matching dollars. Ms. Sagness can answer that question better than I can.

**Senator Dever:** So then would the services only be available to people who are Medicaid eligible?

**Senator Hogan:** No. That's why it's not a 50/50 match, recognizing that some won't be.

**(12:40-17:42) Pam Sagness, Director, Behavioral Health, North Dakota Dept. of Human Services**

Testimony Attached # 3 – Free Through Recovery

**(14:49)** – Drawing to attached #3. Meant to help people in rural areas.

**(18:11) Senator Mathern:** Would you operate these programs as just one program or are we going to get another name for another program when they are the same services?

**Pam Sagness:** So we actually believe that it would be important to rebrand. One of the things that is very different is in the Free to Recovery program, as it currently is, for example, we have peer support specialists who have sexual offenses. That makes sense when you're looking for peers who are in the criminal justice system. Some of those components would not be appropriate if we were doing the same model and dealing with Child Protective Services. So we do believe that it would be important that the program be rebranded and have a different target. The Jail Diversion component maybe a closer match, but if we're going to be looking at treating families and children and doing in home connections I think it's important that we recognize that some of that wouldn't be appropriate.

**Senator Mathern:** Do you have a name yet for it?

**Pam Sagness:** We don't.

(20:40) **Sidney McCorvey, Peer Support Specialist, Bismarck/Mandan, North Dakota**  
Testimony Attached # 4 in support of SB 2029.

(25:38) **Jennifer Horning, Face It Together, Free Through Recovery, Bismarck/Mandan, North Dakota**  
Testimony Attached # 5 in support of SB 2029.

(30:58) **Senator Wanzek:** You said your client just got a job. Sidney, I don't remember if he said in his testimony that he has a job, but, what kind of hurdles and I am assuming that it's difficult for somebody in their position coming out of prison, or seeking recovery and finding a job. Does your help include that process in helping them find a job?

**Jennifer Horning:** Yes, it does actually. The big part of what we do is help connect individuals to different places, taking them to Job Service to fill out applications. We utilize a program, Community Options, to help those with more severe behavioral health issues, brain trauma. They are an organization in the community to help me help my client find jobs that are fitting for their needs. So it's a very big part of what we do is helping to find employment. You are out in the community to kind of learning of places that give second chances because that is difficult too to find places that will hire folks with felony backgrounds. So that is one of the number one things that we help individuals do.

**Senator Dever:** If every peer support is capable like you, then this is quite a program. I suspect really there is a difference in the way different people approach it. I am curious though, how you might see the delivery of peer support services, to now the expanded population, as compared to what you've been doing?

**Jennifer Horning:** As a part of something we already do, I think it's just going to benefit. I used to be a Human Services Director, for Benson County, so I can see where developing it into the CPS system, helping families connect again with their children. There's many children that get removed from homes that really if parents were able to utilize services and had peer support from high care coordinators, this would be a tremendous opportunity for them. It would be a great success. Again it's just about eliminating the shame and stigma. I really do see as I have this position, is these folks sometimes run into walls and need someone to help you – keep calm as you are frustrated when you're constantly said no, no. It's just been phenomenal. So I think with these folks to in working with parents that have been in the system so to speak, if someone were there to really help hold their hand and answer questions and connect them, it would just be an amazing opportunity. I think we would see some wonderful outcomes. We see how we can Segway this into other areas. We do it already and face it together and just helping people in the community.

(34:20) **Senator Oehlke:** In Devil's Lake, I noticed a couple of vans going around town and the name on the van was Recovery Appliance. I thought, this is cool, this business recovers old appliances and fixes them up, only to find out after I went to a meeting of Free to Recovery that Recovery Appliance employs people who are in recovery. The owner of the business has gone through recovery and understands it, so there are opportunities out there for even businesses to thrive. It helps provide a service. I have not run into anyone in the community who is nervous about having someone who is in recovery, come into their home and work and repair or fix an appliance that is need of repair. It's a wonderful opportunity and it's doing

a great job, and I'm not even sure how many employees there are, but there are quite a few. They're taking advantage of a situation where there aren't people to hire. You can't call Sears and have them fix your Kenmore because they don't exist. It is a perfect opportunity for someone to take advantage and give back and provide the service too.

**(36:27) Matthew McCleary** - (Reading testimony by Carlotta McCleary for Mental Health Advocacy Network.)

**Carlotta McCleary, Executive Director, Mental Health America of North Dakota & North Dakota Federation of Families for Children's Mental Health.**

Testimony Attached # 6. Mental Health Advocacy Network (MHAN) in support of SB 2029.

**(39:43) Senator Dever:** As we've talked about the opioid crisis, I've made three points. The first point is that government can't fix it. Second point is that as acute as the opioid crisis is there has never been a better time to deal with it than right now. The third point is that as bad as the opioid crisis is, alcohol is much worse. So as we talk about Peer to Peer and we talk about funding, would you agree with me that it's kind of fine line between what the governments' role should be and what peer to peer support should be? The reason I say government can't fix it, is it's a people thing.

**(40:38) Matthew Mc Cleary:** I think there is a lot of overlap in those fundamental beliefs. There probably is a limit to what government can or cannot do; and we need to build a peer support workforce because individuals with lived experience sometimes are better equipped to address a number of the concerns that people with mental illness or other behavioral health conditions may face. Of course we would also note that, there is significant need for services in our community which largely would be funded through government programs but we also encourage the private sector to also be able to step up as well. We largely do agree.

**(42:05) Emma Quinn, Fargo, North Dakota, advocating for Peer Support.**

Testimony Attached # 7 in support of SB 2029.

**(55:36) Richard Pallay III, Peer Support Specialist, Gambler's Choice**

Testimony Attached # 8 support of SB 2029.

**(1:00:35) Dr. Lisa Peterson, Clinical Director with the Department of Corrections and Rehabilitations.** No written testimony. In support of SB 2029.

I just wanted to speak to the point about concerns around Peer Support Specialists not getting paid. That is something that is very important to me in terms of making sure that is a service that is recognized and valued for what it offers to our clients. I did want to add that not everyone shares my belief and I think that is okay. There are some agencies who are working with Free through Recovery who are relying on a model of volunteerism because that is their belief system and that's what works for their agency. There are others who are working from more of an Alcoholics Anonymous model and one of the tenants of that model is to give back and not expect anything in return. So, from where I am at, I can speak for Pam too, that as long as there are paid opportunities available, if people chose to do this work and do it in a way that is rooted in volunteerism I think that is a great thing and I think that's something that can continue. One of the other major strengths of this model is that as you've heard from the people who spoke today, its' really rooted in building rapport and relationships with people who are rooted in the community and are successful in recovery themselves or

who are serving as care coordinators. Those relationships can continue after the person's formal participation in the program has ended. If we are not funding the program participation anymore but the person has a concern or relapse, our hope is that they would feel comfortable calling those folks that they built relationships with and getting linked back up to whatever services they might need.

**Chairman Holmberg:** Monday's hearing is on the certification of Peer Support. Are you testifying at that point or would you tell us that you're for it so that you don't have to come back?

**Dr. Lisa Peterson:** I hadn't planned on testifying, but I am absolutely in support of that.

**(1:03:04) Gerry Teevens, Special Education Director, North Dakota Department of Public Instruction.**

No written testimony. T

The department supports this bill. We support the efforts of the Department of Human Services to improve services in the community where our schools are located, and we also support that Free Through Recovery model.

**Chairman Holmberg:** Closed the hearing on SB 2029.

# 2019 SENATE STANDING COMMITTEE MINUTES

**Appropriations Committee**  
Harvest Room, State Capitol

SB 2029  
2/14/2019  
JOB # 32821

Subcommittee  
 Conference Committee

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

A Subcommittee hearing during the DHS (SB 2012) hearing regarding SB 2029 for implementation of a community behavioral health program (Do Not Pass)

## Minutes:

No testimony submitted
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**Senator Dever:** opened the subcommittee hearing on SB 2029 during the subcommittee hearing on SB 2012 in the pm on 02-14-19. Senator Erbele and Senator Mathern were also present. Brady Larson, Legislative Council and Stephanie Gullickson, OMB were also present.

**Senator Dever:** is talking about other funds and part of the general funds. Should the 4 ½M be broken down?

**Pam Sagness, Director of Behavioral Health Dept. in DHS:** There must have been an error at some point or else there was some other intention I don't know from the interim bill.

**Senator Dever:** I asked and they thought there was Medicaid money in there or money for Medicaid eligible patients.

**Pam:** Perhaps. The FTR program, what we proposed in the executive budget is 100% general fund because it's outcome based reimbursement.

**Senator Dever:** So then the recommendation would be to move the 4 1/2 and the 6 FTEs into the budget (of SB 2012) and we could dispatch the bill. That was correct.

**Senator Erbele Moved a Do Not Pass. 2<sup>nd</sup> by Senator Mathern.**

**Senator Dever:** We got a motion and a second on SB 2029 for a Do Not Pass recommendation. Call the roll on a Do Not Pass.

**Senator Mathern:** We will still put into SB 2012. That was confirmed.

**Senator Dever:** This will also have to be recorded in the minutes in the subcommittee minutes in SB 2012.

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

**Senator Dever:** Do we want to go back to the budget (in SB 2012) right away or do we want to dispose of a couple more bills and then deal with them together.

**Senator Mathern:** I'd just as soon we put that money now into SB 2012 lest we forget.

The hearing was closed on SB 2029.

# 2019 SENATE STANDING COMMITTEE MINUTES

## Appropriations Committee Harvest Room, State Capitol

SB 2029  
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 Implementation of a Community Behavioral Health Program (Do Not Pass)

### Minutes:

"Click to enter attachment information."

**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 17<sup>th</sup> 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. 2<sup>nd</sup> 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. 2029**

Senate Appropriations 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 Erbele Seconded By Mathern

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. 2029

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 2029, 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 2029 was placed on the Tenth order on the calendar.

**2019 TESTIMONY**

**SB 2029**

**TESTIMONY**  
**Senate Human Services Committee**  
**SB 2029**  
**January 7, 2019**  
**Senator Kathy Hogan**

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

Over the next several days, our committee will be hearing five bills related to behavioral health, many of which directly relate to the HSRI study. Attached is a summary of those bills that you may use as a reference document.

In the previous biennium the Interim committee monitored the implementation and success of the *Free through Recovery* collaboration between ND Department of Corrections, the ND Department of Human Services and many local community partners.

*Free Through Recovery* participants work with local providers to receive:

Care Coordination: Includes an ongoing source of connection, helping participants' access treatment and recovery support services, and creatively addressing barriers to individual success. It also includes the provision of assessment, care planning, referrals, and monitoring collaboration with clinical services and probation and parole;

Recovery Services: Includes access to supportive housing, educational opportunities, meaningful employment, leisure activities and wellness, family and community social supports, parenting education, spiritual engagement, nourishment assistance programs, and any other individualized resources needed to help participants lead a healthy and fulfilling life;

Peer Support: Connection with a peer who has similar lived experience. Peer support specialists provide mentorship, advocacy and additional recovery support.

For additional information, please see the DHS website

<https://www.behavioralhealth.nd.gov/addiction/free-through-recovery>

One of the primary concerns we heard during the interim legislative session was that this program is only accessible to individuals already deeply in-bedded in the state corrections system. One of the current requirements is that participants need to be involved with the ND Department of Corrections, either incarcerated or on probation or parole.

SB 2029 is designed to broaden the eligibility of *Free Through Recovery* Program to include individuals incarcerated through local county jails, potentially to pre-trial diversion, pre-sentence situations and other high risk individuals such as those involved in child welfare services.

The budget of this bill is based on the first biennium's *Free Through Recovery* experience because many of the core infrastructure pieces of this process are already in place such as peer support and case management. This was originally seen as simply a broadening of that system.

I should note that the Governor's budget has similar recommendations of this model and if we were to pass this policy recommendation forward, the Appropriations committee will address any similarities and differences in the budget during their discussions.

Thank you Madam Chair, I would be more than willing to answer any questions.

## 2017-19 Interim Human Service Committee BEHAVIORAL HEALTH RECOMMENDATIONS

Bills recommended by the Interim Human Service Committee to address the Behavioral Health Crisis based on HSRI Study and testimony.

### **SB 2028 PREVENTION**

A bill draft [19.0279.01000] to provide an appropriation for behavioral health prevention and early intervention services. This bill provides an additional \$600,000 to expand existing prevention and early intervention activities including \$300,000 for substance use prevention and \$300,000 for mental health prevention.

### **SB 2029 CRIMINAL JUSTICE REFORM EXPANSION**

A bill draft [19.0280.02000] to implement a community behavioral health program. This bill would expand current *Free through Recovery Services* to individuals involved in the criminal justice system without requiring them to be in the state correction system. It includes a total of \$7 million dollars – \$5,250,000 in general funds and \$1,250,000 in special funds. It includes 6 FTE positions.

### **SB 2030 PLANNING/COORDINATION**

A bill draft [19.0281.02000] to provide an appropriation to coordinate the implementation of behavioral health study recommendations. This bill recognizes the critical need to continue to expand behavioral health resources and services recommended in the HSRI Study. It authorized 1.5 FTE's and \$408,000 to complete these steps. This is one time funding.

### **SB 2031 CORE SERVICE EXPANSION**

A bill draft [19.0282.01000] to provide an appropriation for targeted case management. This bill would expand community based services for children through the elderly with severe mental illness and individuals with severe emotional disturbance needing behavioral health services (both mental health and substance use disorder) through an appropriation of \$12,196,834,

### **SB 2032 RECOVERY SUPPORT**

A bill draft [19.0305.01000] to implement a peer support services certification program. This bill would enhance recovery support shall establish and implement a program for the certification of peer support specialists. It includes an appropriation of \$275,000.

**Department of Human Services**  
**Senate Human Services**  
**Senator Judy Lee, Chairman**

January 7, 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 (DHS). I appear today in support of Senate Bill 2029.

Senate Bill 2029 looks to expand the Free Through Recovery program, as was also proposed in the Governor's Executive Budget request. The Free Through Recovery program was developed through a partnership between the Department of Human Services (DHS) and Department of Corrections and Rehabilitation (DOCR) and is administered by the Behavioral Health Division of DHS. This program has brought recovery support services, including care coordination and peer support to individuals with an addiction, mental illness or both, who are also in the criminal justice system.

This program was developed to address the need for behavioral health community-based services and supports throughout the state. The Free Through Recovery program is reimbursed based on outcomes. Free Through Recovery providers are reimbursed a flat monthly rate. And, if participants achieve at least 3 of 4 outcomes (housing, employment, recovery, and reduced criminal justice involvement) there is an additional 20% performance enhancement pay. Overall, more than 900 individuals have participated in Free Through Recovery and from March – November 2018, 68% of participants achieved this measure of success.

Although Free Through Recovery has established new community-based services, these services are only available to individuals currently on probation, parole, or exiting incarceration. There are many more individuals that need access to these services. With expanded access, Free Through Recovery could reach moms and

dads involved with social services and at risk of being separated from their children, individuals with behavioral health conditions at risk of criminal justice involvement, and those frequenting the emergency departments, homeless shelters, and engaging with law enforcement officers because they don't have the support and coordination to access care or services that can result in stability and recovery.

Expansion of Free Through Recovery has the potential to address Human Services Research Institute (HSRI) goals #3, 4, 6, 9, 10, 11,12, and 13.

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



**Testimony SB 2029  
Human Services Committee  
Senator Judy Lee, Chairman  
January 7, 2019**

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

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

MHAN is testifying in support of SB 2029, which would establish a community-based behavioral health program similar to Free Through Recovery, but this program would be for people who are not involved in the criminal justice system. SB 2029 will "provide comprehensive community-based services for individuals who have serious behavioral health conditions." One of the essential components of the Free Through Recovery Model is peer support.

MHAN's number one priority is funding for peer-to-peer and family-to-family support. For the last four sessions, consumers and families have made it known that peer support is a critical service that is both dramatically underfunded for children and is only available to adults if they are involved in the corrections system.

Peer support is an evidence-based practice. The Schulte report made clear, "The use of peers, family support peers, recovery coaches, and other persons with lived experience, is an evidence-based practice and a growing national trend with good treatment outcomes. In rural areas with behavioral health professional shortages, like North Dakota, using peers and other interested persons like teachers, law enforcement personnel, emergency workers, etc. are instrumental to expanding the workforce. In addition, increasing the number of out-stationed workers in the community is key to improving access to services."

MHAN believes that peer to peer support services should be included and adequately funded (not volunteer, but with fair wages and benefits) in every region of the state through Regional Recovery Centers, family and consumer run non-profits, or other appropriate outlets.

Even though MHAN supports SB 2029, we do have reservations. Since the rollout of Free Through Recovery, we have become aware of some concerns with peer support specialists not being reimbursed for their services. We suggest that the North Dakota Legislature and the Department of Human Services correct this problem as this moves forward. It is essential that the peer support workforce is respected as they do this important work.

I would be happy to take any questions you have.

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

**SENATE HUMAN SERVICES COMMITTEE**

**TESTIMONY IN SUPPORT OF SB2029  
“Community Mental Health program”**

**Senator Lee and Committee Members.** I am Jessica Thomasson, CEO at Lutheran Social Services of North Dakota. On behalf of Lutheran Social Services I am testifying today in support of SB2029.

If there is one thing we have seen demonstrated time and again in our work as a Free Through Recovery provider, it is that relationships matter in recovery. Care coordinators and Peer Support Specialists work together to make sure the men and women participating in Free Through Recovery know that the relationships they are building can be counted on both when things are going well, and when things are not going well. This commitment to stick with people as they find their way forward, even when “the way forward” takes a circuitous path, is in my opinion, one of the key factors that will be a prime contributor to the initiative’s ultimate success.

LSS has been an approved Free Through Recovery provider since the program started in February 2018. Over the last year we have served 120 men and women who were exiting the state prison system, on their way back to community. We have had care coordinators working with clients in every region, and as such have had a first hand look at the impact this innovative program is having on people’s lives as they work every day to find their own path to recovery, stability and well being.

Joe’s story is a good illustration of what care coordination work can do for someone who is trying to start anew. After being released on parole, Joe connected with Katie, his Free Through Recovery care coordinator. They started working together on a plan. Within a few weeks of his release, he had a job and was able to secure an apartment. He got involved in

Celebrate Recovery and has been actively working to rebuild his connections to his family, including efforts to re-connect with his daughters. Walking with him every step of the way, Katie was able to help him find donated furniture, apply for Medicaid, figure out a plan for how to get to and from work when he didn't have reliable transportation, pursue and ultimately get a better paying job, and start thinking about his future. He wants to be a Peer Support Specialist or somehow find a way to help people in recovery. He is thinking about furthering his education -- about what he wants to do next. He is thinking about the future. And he's ready to discharge from Free Through Recovery, after only six months.

Not every story is a "success" story like Joe's but, what we know is that the path to recovery can be long and winding, and that persisting through setbacks is what it takes to do this work. In our experience, having the permission to persist through setbacks with someone who is struggling is, in fact, one of the things that makes this programmatic model so different.

The opportunity presented in SB2029, to take the Free Through Recovery model and make it available to people who are not engaged with the criminal justice system but who are struggling with a mental health issue and/or addiction, will have a powerful impact on hundreds of North Dakota families who are struggling to make a better life for themselves.

This model, applied to a broader population, could support the state's efforts to transform the child welfare system, through the Family First Prevention Services Act. Care Coordinators and Peer Support Specialists could provide home- and community-based behavioral health supports for families who are at risk of having children removed from their home to a foster care placement because of parent(s)' issues with mental health and/or addiction.

As one of the providers that serves people all over the state, I want to also speak specifically to the scalability and the care coordination model as it is currently designed. We

have been able to deploy trained staff in communities large and small across the state because of the program's inherent flexibility. The focus on outcomes, on helping to define quality care practices, and on ensuring that all of the work being done is trauma-informed and client-centered, provides the needed framework for success. The ultimate means and methods of how service is provided is left up to the individual providers, as driven by the needs of the men and women they are serving. It has allowed providers to create place-based solutions that acknowledge the uniqueness of local networks and approaches, while maintaining consistency in the quality of services being provided.

There are a lot of exciting efforts afoot to build on the continuum of behavioral health services available to the people of our state. Many of these community mental health approaches are built on the concepts that are at the heart of care coordination and peer support. Care Coordination, as it is practiced in Free Through Recovery, is not "Case Management" – it is not transactional, but rather it is relational. It is not about approving or authorizing services or determining eligibility or compliance; rather it is about meeting the person where they are, helping them re-build and re-imagine their own networks of support – both formal and informal. The Care Coordinators' and Peer Support Specialists' work helps bind all the varied interventions and interactions together to ensure people who are struggling with behavioral health issues are getting what they need, when they need it. That is the essence of community-based behavioral health.

It is our opinion, as an organization that has served children and families across North Dakota for 100 years, that we will be most successful as a state if we look around and identify existing system architecture that works and then invest in it more fully, just as SB2029 does. Identify effective practices and delivery systems and find ways to scale them to serve more areas

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of the state. Build out the system of care by investing in components that are proven to work in our state – with, not against, our unique geographic and demographic challenges. The work that is being done to strengthen, and in many cases create, our community mental health system has the potential to be truly transformational. This is one important piece of the puzzle.

We strongly encourage your support of SB2029. Thank you for the opportunity to speak to you today. I would be happy to answer any questions you may have.

Jessica Thomasson  
CEO, Lutheran Social Services of North Dakota  
Email: [jthomasson@lssnd.org](mailto:jthomasson@lssnd.org)  
Phone: 701-271-3272

Senator Judy Lee, Chair  
Senator Oley Larsen, Vice Chair  
Human Services Committee

Capt. Andrew R. Frobog, Jail Administrator, Cass County Sheriff's Office

Monday January 7, 2019

Support for Senate Bill No. 2029 – Implementation of a Community Behavioral Health Program

I have served as the Administrator of the Cass County jail for nearly 5 years, and I have been employed at the jail for nearly 15 years. In the course of my duties, I am charged with managing and coordinating comprehensive care for hundreds of individuals on a daily basis, and thousands of individuals on an annual basis. Throughout my career, I have borne witness to an ever-increasing population of individuals with untreated or under-treated behavior health issues. It should come as no secret that many of those who are under-served by our current system of care deteriorate to the point of becoming justice involved, which in turn often leads to a continuing downward spiral. In reality, I spend the majority of my time managing the effects of this systemic ineffectiveness. In the time I have left, I advocate for improvements and implement reform efforts. I strongly support S.B. 2029, and the appropriated funding that has been proposed.

In the previous legislative session, a similar program was created called Free Through Recovery, which is sound in its comprehensive approach to identifying prospective clients and provides funding for targeted needs based direct assistance. The problem with this program, however, is its limited scope. In order qualify for this assistance, an individual must first be on supervised probation, and then must be screened and assessed based on certain risk criteria.

If I could only stress two points in this testimony it would be these. First, the Free Through Recovery concept and approach is effective and leads to improved outcomes. Second, there are many, many people who are suffering from alcohol addiction, drug addiction, and mental illness who are not yet remanded to supervision by the Department of Corrections.

If the concept for Free Through Recovery works for those who have become justice involved, then it makes perfect sense for that same approach, and those same services, to be made available to those who are not yet justice involved, and to those who are in the initial stages of criminal prosecution. I firmly believe that this type of funding and programming can further reduce our dependence on incarceration and punishment, which has proven to have little to no effect on criminality that is rooted in behavioral health issues.

When the 2017-2018 biennium began, we at the Cass County Jail took an extensive look at the Free Through Recovery model, and decided that we could achieve better outcomes if we created a similar model and made it accessible to those who were temporarily committed to our care. In April of 2018 we were able to launch our Community Supervision Unit, and the initial returns we are seeing from those efforts are remarkable.

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#6 pg. 2

The Community Supervision Unit (CSU) essentially mirrors the concepts that were built into the Free Through Recovery model. Instead of serving those who are on Supervised Probation, our participants are those who are committed to the custody of the Cass County Sheriff's Office. In other words, people who would otherwise be ordered to spend time in jail. When we first launched, this option was only available to those sentenced by the district court. Within the first few months of operation, both the Fargo and West Fargo Municipal Courts had the opportunity to review our program and elected to authorize eligibility for their defendants as well. In the fall of 2018, eligibility for the program expanded once again when the District Court authorized participation to those who were unable to post bail that had been set at \$500 or less.

The Free Through Recovery program provides funding for Care Coordinators, as well as training and resources for Peer Support Specialists. The CSU assigns specific, dedicated deputies to fill those roles. While participants in our program do benefit from funding sources for treatment, such as the Substance Abuse Disorder Voucher, there are no other state funds used, nor any fees attributed to the participants. Cass County is funding the expense of three deputies and the GPS fees.

Applicants to our program are screened for substantial risks, such as absconding, violent acts, or non-compliance with programming requirements. Those selected are required to wear a GPS bracelet for tracking purposes, and then participate in Needs Based assessment and planning. We have dedicated deputies who then actively pursue fulfillment of those identified needs. While one does not need to have a diagnosed or existing behavioral health concern to participate, the fact is that most of the participants to indeed have such needs.

Fifty-three percent (53%) of the participants in our program to date have been admitted into some form of formal treatment with one of our community providers in Fargo. Eighty-Three percent (83%) of those either successfully completed that treatment or were still actively receiving treatment at the time their sentence or criminal case was resolved.

Fifteen of our participants were homeless at the time of their application, and successfully obtained stable and permanent housing with the assistance of CSU deputies.

Of all participants in the program to date, 21% are still enrolled, 64% successfully completed and have not since been rearrested, and 15% failed the program and were returned to jail, including three that absconded. Admittedly, we only have 9 months of data so far, but I am encouraged to report that of those who have successfully completed our program, only one has since returned to jail for a new criminal matter. All of those who failed are either still in jail, or returned again after release.

My purpose in providing these statistics is to demonstrate that these concepts are effective. Identifying and providing direct assistance to Behavioral Health needs, regardless of other circumstances, is both cost and outcome effective. When we effectively target the underlying issues, we are seeing improved outcomes. People throughout this state, and across all demographics, are suffering from addiction and/or mental illness. The funding and programming included in S.B. 2029 is critical to improving access and ongoing delivery of services, and will further reduce the strain on the criminal justice system. I urge you to pass this bill.

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**TESTIMONY**  
**Senate Appropriations Committee**  
**SB 2029**  
**January 23, 2019**  
**Senator Kathy Hogan**

Chairman Holmberg and members of the Senate <sup>Appropriations</sup> ~~Human Service~~ Committee, my name is Kathy Hogan, and I represent District 21 the heart of Fargo.

Over the next several days, your committee will be hearing five bills related to behavioral health, many of which directly relate to the HSRI study. Attached is a summary of those bills that you may use as a reference document. <sup>Human Services Research Institute</sup>

In the previous biennium the Interim committee monitored the implementation and success of the *Free through Recovery* collaboration between ND Department of Corrections, the ND Department of Human Services and many local community partners.

*Free Through Recovery* participants work with local providers to receive:

Care Coordination: Includes an ongoing source of connection, helping participants' access treatment and recovery support services, and creatively addressing barriers to individual success. It also includes the provision of assessment, care planning, referrals, and monitoring collaboration with clinical services and probation and parole;

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Peer Support: Connection with a peer who has similar lived experience. Peer support specialists provide mentorship, advocacy and additional recovery support.

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For additional information, please see the DHS website

<https://www.behavioralhealth.nd.gov/addiction/free-through-recovery>

One of the primary concerns we heard during the interim legislative session was that this program is only accessible to individuals already deeply in-bedded in the state corrections system. One of the current requirements is that participants need to be involved with the ND Department of Corrections, either incarcerated or on probation or parole.

SB 2029 is designed to broaden the eligibility of *Free Through Recovery* Program to include individuals incarcerated through local county jails, potentially to pre-trial diversion, pre-sentence situations and other high-risk individuals such as those involved in child welfare services.

The budget of this bill is based on the first biennium's *Free Through Recovery* experience because many of the core infrastructure pieces of this process are already in place such as peer support and case management. This was originally seen as simply a broadening of that system.

I should note that the Governor's budget has similar recommendations of this model and if we were to pass this policy recommendation forward, the Appropriations committee will address any similarities and differences in the budget during their discussions.

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

HSRI Goals: 3,4,6,9,10,11,12,13

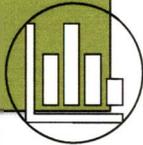
# North Dakota Behavioral Health System Study

## 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**



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## APRIL 2018 BEHAVIORAL HEALTH SYSTEM STUDY

*Served as a component of interim legislative committee studies during the 65<sup>th</sup> Legislative Interim.*

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

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

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

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## IMPLEMENTATION

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

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



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

[www.hsri.org/NDvision-2020](http://www.hsri.org/NDvision-2020)

— NORTH DAKOTA —  
**BEHAVIORAL  
HEALTH**

North Dakota Department of Human Services

[www.behavioralhealth.nd.gov](http://www.behavioralhealth.nd.gov)

The Human Services Research Institute ([www.hsri.org](http://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.

19.0280.04001  
Title.

Prepared by the Legislative Council staff for  
Senator J. Lee

January 14, 2019

#2 SB 2029  
1-23-2019  
AG 1

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2029

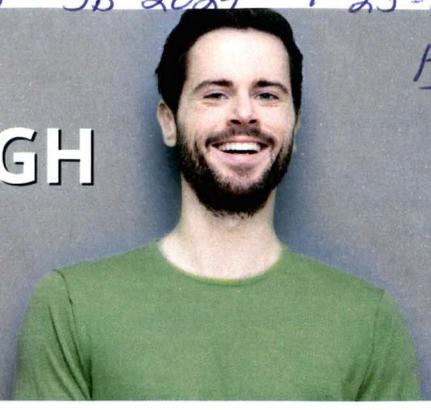
Page 2, line 10, after the period insert "The department is authorized six full-time equivalent positions to implement the community behavioral health program."

Renumber accordingly

21



# FREE THROUGH RECOVERY



Free Through Recovery (FTR) is a community-based behavioral health program designed to increase access to recovery support services for individuals engaged with the criminal justice system who have a serious behavioral health concern. Free Through Recovery is a partnership between the Department of Human Services and the Department of Corrections and Rehabilitation.

The mission of Free Through Recovery is to improve healthcare outcomes and reduce recidivism by delivering high-quality community behavioral health services linked with effective community supervision. The goals are to improve engagement in quality services and to provide access to individualized services that are responsive to each person's specific needs.

## FUNDING

Senate Bill 2015 appropriated the sum of \$7,000,000 to the Department of Human Services for the purpose of implementing a community-based behavioral health program, for the 2017-2019 biennium.

## TO BE ELIGIBLE FOR FREE THROUGH RECOVERY, INDIVIDUALS MUST:

- + 18 years of age or older
- + Involved with the criminal justice system and at risk for future criminal justice involvement
- + Show signs of a behavioral health condition such as; bipolar disorder, major depression, psychotic disorders of all types, post-traumatic stress disorder, obsessive compulsive disorder, borderline personality disorder, panic disorder, moderate and severe substance use disorder(s)
- + Display concerns/challenges in areas of daily living (housing, employment, etc.)

## REFERRALS

Individuals can be referred to the program by a parole and probation officer, or if the person is transitioning from prison, through an internal assessment process at the Department of Corrections and Rehabilitation.

## SERVICES PROVIDED THROUGH FREE THROUGH RECOVERY

### Care Coordination

Includes an ongoing source of connection, helping participants access treatment and recovery support services, and creatively addressing barriers to individual success. It also includes the provision of assessment, care planning, referrals, and monitoring collaboration with clinical services and probation and parole

### Recovery Services

Includes access to supportive housing, educational opportunities, meaningful employment, leisure activities and wellness, family and community social supports, parenting education, spiritual engagement, nourishment assistance programs, and any other individualized resources needed to help participants lead a healthy and fulfilling life

### Peer Support

Connection with a peer who has similar lived experience. Peer support specialists provide mentorship, advocacy and additional recovery support

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Pg 2

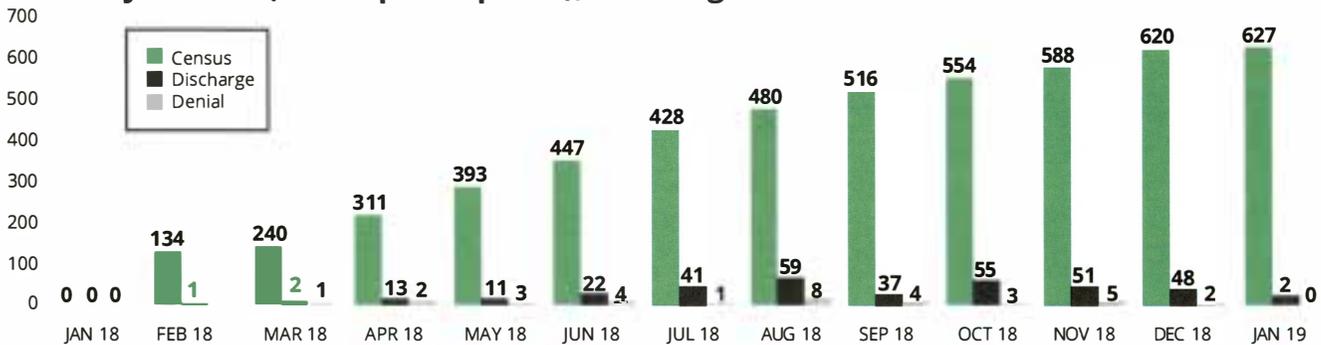
## FREE THROUGH RECOVERY PROVIDERS

There are currently 27 Free Through Recovery Providers located throughout the state with the capacity to serve 867 participants.

## IMPLEMENTATION

Free Through Recovery began accepting referrals on January 10, 2018 and services began on February 1, 2018. Since then, over 900 individuals have participated in the program, with 627 individuals currently being served.

### Monthly Census (active participants), Discharges and Denials

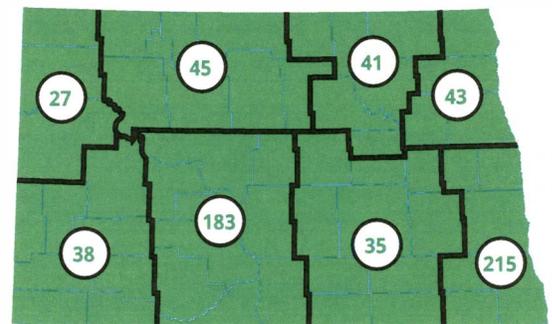


There has been a total of 365 discharges from Free Through Recovery. The majority of individuals declined or stopped participating (34%), followed by those who had no contact with their care coordinator or absconded (26%). 33 individuals were identified as not eligible.

### Of the 627 current participants:

- 47% of participants have a co-occurring (mental health and substance use) behavioral health need.
- 58% of participants are male.
- Half of the participants (54%) are between the ages of 31-50 and a third (33%) of the individuals are between the ages of 18-30.
- The majority (67%) of participants are white. 24% of participants are Native American.
- 84% of participants have a moderate-high or high risk of committing new crimes (LSI-R score of 30 or above).
- The majority of current participants in the program come from the Fargo area (34%), followed by Bismarck (29%).

### Behavioral Health Needs

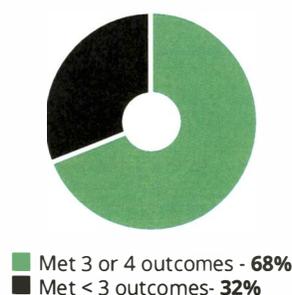


## OUTCOMES

Free Through Recovery Providers are reimbursed with a pay for performance model. In addition to monthly base pay, providers can receive performance pay if participants meet at least 3 of 4 outcome metrics (Housing, Employment, Recovery, and Involvement with Law Enforcement).

Overall, from March through December 2018, providers earned performance pay for 68% of their participants.

### March - December 2018 Outcomes



### Positive outcomes were achieved by:

- + 73% of the participants in the law enforcement domain
- + 73% of the participants in the housing domain
- + 70% of the participants in the employment domain
- + 67% of the participants in the recovery domain

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My name is Sidney McCorvey and I`m a resident here in the Bismarck/Mandan area and I`m also a Peer Support Specialist and i`m here in support of SB2032

I`ve had issues with substance abuse from a early age, Today I`m almost 3 years and 3 months and counting in recovery, I was released from James River Correctional Center In June of 2018, I`m not proud of this fact but I`m not embarrassed either because of the things I learned about myself through individual counseling and group therapy, but the things i learned from my fellow inmates was especially valuable because of their lived experience. For example I`d never heard the word recidivism which to me is what this bill is pretty much all about. I had a friend ask me why is it that when most people got released from jails and prisons they say their changed because they found god and are changed people, well i`m not privy to the records of who ends up back inside and who does`nt but I believe it`s the ones that have no outlet or support to help them live a different life that windup back inside for the same crimes.

In my early days of Incarceration I knew I didn`t want to see anyone end up in this position.

The first time I met Adam Martin he came to JRCC to tell us about the F5 project I heard him say "In order to help yourself you have to help others"

Which made perfect sense to me and started me on my journey to being here today.

For those that suffer from the sickness of addiction and alcoholism we don`t need to excuse to pick up that drug or drink, any reason will do. see we all have burned bridges with close friends and family and it`s where Peer Support comes into play to be the ones to help others rebuild new and stronger bridges . believe me i sure wish I had someone like me when I was in my younger days.

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I need you all to know that if any of your children or grandchildren were having issues with substance abuse I would surely like to sit down with them perhaps on a park bench while eating a ice cream cone or by a lake fishing so I could share my learned and lived experience and allow them to hear some questions for them to answer for themselves, because that`s one of the things I learned in the peer support training is that we are already peer supports it` knowing how to access the inner wisdom in others.

So I humbly ask you to support FTR Peer Support Bill: SB 2026, SB 2028, SB 2029 SB 2030, SB 2031, SB 2032 so we can show the rest of the country how it`s done. You will also find a copy of my story, it wasn`t writing it but when I read it back to myself is when it made a real impact on my thinking. it`s only 2 of the 3 pages I wrote.

I thank you in advance,

Sincerely Sidney D McCorvey

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Mandan, ND 58554

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I believe it was my second night in NDSP that I realized what I needed to do. I began keeping a journal of my daily experiences in order to help prevent anyone from ending up in a place like this, no matter what their age, sex, race, or religion may be. You see, it started reminding me of times when I was young and going to sleep cold and hungry. I have seen this happen to kids today and I feel I have to do what I can to prevent this. When I shared this with another inmate, his response was, "The only person I have ever heard of that cared that much about people was Jesus." This is when I knew it was God's path and I felt it in my heart.

Around October, 2015, I went for a drug evaluation and was asked, "When was the 'FIRST' time you used drugs, and what was it?" I shared the story of my Dad's death at the age of nine, and how my uncle took me to his place and sat me down and told me, "Your Dad is dead." He then proceeded to hand me a pipe, struck a match, and taught me how to smoke marijuana. I was then asked if I had ever received therapy or counseling for this. I said, "No." and "What for?" I was told that it was a form of mental scarring. I didn't even know what that meant. Isn't it normal for people to get past the pain and grief of losing a loved one? Even when you watch TV, you see a person suffering from grief head to a bar or go home and grab a bottle and a glass and keep filling it until its gone. Waking up the next morning feeling like crap, missing work without calling in and everyone understands.

Anyway, now I think about the fact that I was nine years old, which is the same age my daughter is today. Thinking hard on all this, I began to form a plan of how I can help kids. I asked my daughter if she would have a problem with me coming to her school to do presentations on drug awareness and prevention. She smiled at me and said, "Dad, you can come to my boys and girls club, too." I am amazed at how smart and mature she is for her age. I had to stand up and go into the restroom so she couldn't see the tears forming in my eyes. *(Continued on page 4)*

NOW, I HAVE A MISSION AND A PLAN.

I need you all to know that I have quit using drugs many times on my own and it was usually because I found something that could help others. That gave me a sense of pride and self-worth. Then I end up suffering from another loss of some kind and it would all begin again with just a puff of marijuana, which would soon become out of control.

I am now at JRCC and counting my blessings that begin with the fact that next door to the dorm room in which I am living along with six other guys who are much like me, (coming from broken and/or tragic homes), is the mental health counselor. I am finally getting the therapy that I did not realize I have needed for over 40 years. Not only was I happy to get started, but I enjoy the two group therapy drug treatment programs. I also work in the land-scaping program as a gardener, which I really love because I am learning to grow my own vegetables and the proceeds from our garden here go to the local food pantry. I am also a member of the JRCC men's choir. One of my fellow members asked me if I would be interested in coming to an NA meeting that he chairs. I said of course, because I have a plan to have my NA meeting when I get back home. He told me that when he gets out, which will be in 608 weeks, he will be looking for someone to step in and keep it going, so now I am learning to not only chair, but learning how to start my own group and have it recognized and certified by the Headquarters in Van Nuys California.

Please, try to understand that I am not the same man I was when I walked in here ~~to serve~~. Because of the therapy and counseling I was blessed to receive while I have been at JRCC, I have met guys that think they should not be here and guys that absolutely should be. I have also met guys who never want to leave and some that should never be allowed to leave because of the ugly things they want to do to people when released.

I am here, not asking for anything special, but only to ask and thank God in advance to, please, allow me to at least see my daughter graduate from high school. I humbly ask this not only for myself, my mother, daughter, grandchildren, and my future grandchildren, but also so I can make a difference in your children's and grandchildren's lives as well. I also look forward to making all of you proud you had the opportunity to meet me.

Sincerely,

Sidney Devon McCorvey, Jr.



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**Senate Appropriations Committee**  
**Senator Ray Holmberg, Chair**  
**Jan. 23, 2019**  
**SB2029**

Good morning Chairman Holmberg and members of the Senate Appropriations Committee. I am Jennifer Horning and I represent Face It TOGETHER, a non-profit addiction management organization committed to helping people who struggle with addiction get well and stay well.

I am a provider for Free Through Recovery. I have been a part of FTR since it began last February. It has been an amazing experience to meet and connect individuals with programs in the community and get them back on their feet. What I have learned is that people want the support, but like many of us, are afraid to ask for help. Often they are ashamed and do not want to be judge. Having someone there to support them and answer questions eases their anxiety. Going to appointments with them, helping them complete paperwork, giving them rides to appointments, connecting them with peer supports, or just having a safe person to talk to is what they need to remain well and connected.

I can think of one of my clients who when we first met was completing residential treatment at Heartview. She had been abusing heroin. She was very open to the program and we immediately got to work connecting her with a Peer Support Specialist while she continued with her IOP and then her AC. I was able to connect her with an employer and she was soon working FT. She was struggling with custody of her son, I was able to write letters of support, because she was doing so well she was able to utilize an attorney and get regular visits with her son. She also just recently brought her daughter home. In November, she started going to the Hair Academy, a goal she had set early on in our relationship. Money is sometimes tight, but she knows she has individuals she can turn to for support and will assist any way we can. I am very proud of the hard work she has done for herself.

I have a gentleman that I started working with shortly after FTR began. I met him while he was still in prison. We immediately connected when he was released. This is the longest he has remained out of prison, he understood right away he could not connect with old friends. For him support came from family and 12-step meetings. He also likes the accountability of having a care coordinator that meets with him when he wants and helps him with his needs. Sometimes that is just to talk. For the first time in December he was able to leave the state and go to Disney World with his family. He was very proud of that. He helps his family with bills, he bought his own car, and he has a great job. All things he has not had or done before.

Thank you for your consideration. I encourage you to fully fund this important initiative.



**SB 2029 Testimony  
Appropriations Committee  
Senator Ray Holmberg, Chairman  
January 23, 2019**

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

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

MHAN is testifying in support of SB 2029, which would establish a community-based behavioral health program similar to Free Through Recovery, but this program would be for people who are not involved in the criminal justice system. SB 2029 will "provide comprehensive community-based services for individuals who have serious behavioral health conditions." One of the essential components of the Free Through Recovery Model is peer support.

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MHAN's number one priority is funding for peer-to-peer and family-to-family support. For the last three sessions, consumers and families have made it known that peer support is a critical service that is both dramatically underfunded for children and is only available to adults if they are involved in the corrections system.

Peer support is an evidence-based practice. The Schulte report made clear, "The use of peers, family support peers, recovery coaches, and other persons with lived experience, is an evidence-based practice and a growing national trend with good treatment outcomes. In rural areas with behavioral health professional shortages, like North Dakota, using peers and other interested persons like teachers, law enforcement personnel, emergency workers, etc. are instrumental to expanding the workforce. In addition, increasing the number of out-stationed workers in the community is key to improving access to services."

MHAN believes that peer to peer support services should be included and adequately funded (not volunteer, but with fair wages and benefits) in every region of the state through Regional Recovery Centers, family and consumer run non-profits, or other appropriate outlets.

Even though MHAN supports SB 2029, we do have reservations. Since the rollout of Free Through Recovery, we have become aware of some concerns with peer support specialists not being reimbursed for their services. We suggest that the North Dakota Legislature and the Department of Human Services correct this problem as this moves forward. It is essential that the peer support workforce is respected as they do this important work.

I would be happy to take any questions you have.

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Chairman and Committee,

Thank you for listening to my testimony this week on mental health and peer support in support of bill SB 2029. My name is Emma Quinn and I live with Bipolar 2. My journey with mental health started at age 12 for me, but it wasn't until I lost my brother at age 19 that I realized the importance of taking care of my mental health. Watching my parents bury their 21 year old son is the reason I speak up, it is my goal to save as many families from that pain as possible.

All my life I have struggled with depression, anxiety, suicidal thoughts and self harm. I knew reaching out for help was essential to dealing with my illness but due to extreme financial costs I was rarely able to do so. It wasn't until the Medicaid expansion that I was able to get the help I truly needed and deserved. It was because of that initial help by the government that I was able to go on to finish college, get my dream job, build a family, start a business, and most importantly afford private health insurance.

Unlike addiction mental health is an extremely lonely world. Only in intensive treatment and waiting rooms are you connected to others that live in your world. I never felt more understood and accepted as I did when I was in treatment. I was able to see other faces that struggled with the same things I did. I was able to have open and honest conversations on topics that make most people turn away. Once I was well enough to leave treatment I lost contact with all my peers; I never had those honest conversations again. This is why peer support is so important to the mental health system, no one should feel alone in this world.

To say there are huge gaps in the mental health system is an understatement. Knowing the importance of mental health I have made it my top priority to get the care I need. Sadly it is not a system that is easily navigated or understood, especially if you are put on medications that are not the right fit for you. To have a peer support or care coordinator to help me navigate the system and show me the resources available to me would have saved me many years of crying and frustration.

I am not apart of the criminal justice system nor have I ever been and I do not struggle with addiction. I became aware of the peer support program and Free Through Recovery just a short two months ago. Because I have done so well on my mental health journey I wanted to help others get to the place I was, everyone deserves happiness even if you're mentally ill. I signed up for the peer support training not knowing what it was. I have become so passionate about it because I truly feel that it is one of the things that will help fill the gaps in the mental health system. To have someone to help guide me along the process and teach me how to advocate for myself would have been an invaluable resource early on in my recovery.

There are often times I find myself wishing for someone to understand how I feel. Even though clinicians are trained in illness they do not understand my daily struggles. Free Through Recovery has had amazing results across the state, I have trained with and trained many of it's participants. They often speak of how it was their care coordinator and their peer support that

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never gave up on them that made the difference in their recovery. Thank you for passing the Free Through Recovery program, because of you children across the state have their parents back and recovery is now a way of living.

Many states have already implemented these programs and North Dakota has the unique ability to learn from their successes and struggles. By creating a certification process and having a standard of care we elevate the level of care our community receives. Mental health is just as important as physical health and it should be billed to insurance equally. By creating these programs we are allowing our state to receive much needed services at an affordable price. We are able to place individuals with lived experiences in places where crisis' show up most frequently ie. Emergency Rooms, the foster care system, and homeless shelters. By expanding these services and making them billable enables us as a state to put them where we see the need.

I ask for your support on bills SB 2029 so that all North Dakotans can get the help that they need.

Thank you,

Emma Quinn  
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January 23, 2019

Hello Mr/Madam Chairman and Members of This Committee,

My name is Richard Pallay, III from Fargo, ND and I'd like to first thank you for allowing me to share this morning. I have carried the burden of gambling addiction for over 10 years. Countless times I felt like I was drowning, but I often tried to convince myself and others I did not have a problem when I was only fooling myself. My life was spiraling, with feelings of desperation, carelessness, and anxiety, and my gambling addiction cost me so many things I valued. I lost my job, close friendships, a good reputation, and almost lost my marriage.

Now, over a year later, I have a better chapter to share in my story. I have completed an outpatient program for compulsive gamblers called Gambler's Choice, through the Lutheran Social Services of North Dakota. They helped me find healing, help, and hope through this program and saved my life when I hit rock bottom, with nowhere else to turn. They showed me that recovery was possible if only I pressed through the tunnel to reach the light at the end.

I have also completed Peer Support Specialist training, which has enhanced my lived experience with recovery and given me confidence and skills to make better choices, live productively, and help my peers do the same. I'm on a new path, a well-lit path of recovery, achieving goals I would have never accomplished before. With the help and programs from organizations and groups like Lutheran Social Services and Gambler's Anonymous, I am no longer bound by my addiction. I am an active participant and try to give back, by sharing my recovery story with others new to the program, who still suffer.

The Lutheran Social Services programs have helped me and so many others who have been gripped with this destructive addiction and mental health issues. These programs are effective and successful in changing lives. I am in favor of this bill, and it is my hope that the great work organizations like Lutheran Social Services and many others are doing, can expand and do more, with your needed resources and support.

Thank you in advance for your consideration.

Sincerely,



Richard Pallay, III