



ACUTE PSYCHIATRIC TREATMENT COMMITTEE

Tuesday, April 5, 2022
Roughrider Room, State Capitol
Bismarck, North Dakota

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

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

Members absent: None

Others present: Representative Robin Weisz, Hurdsfield, member of the Legislative Management
Senator Judy Lee*, West Fargo
See [Appendix A](#) for additional persons present.

**Attended remotely*

It was moved by Senator Mathern, seconded by Representative O'Brien, and carried on a voice vote that the minutes of the January 20, 2022, meeting be approved as distributed.

ACUTE PSYCHIATRIC HOSPITALIZATION AND RESIDENTIAL CARE

Mr. Levi Kinnischtzke, Senior Fiscal Analyst, Legislative Council, presented a memorandum entitled [State Hospitals in North Dakota and Other States](#). He noted the memorandum provides information regarding selected state psychiatric hospitals in North Dakota and other states.

Consultant Draft Final Report

Renee Schulte Consulting, LLC

Ms. Renee Schulte, Project Director and Senior Consultant, and Mr. Jason Haglund, Senior Consultant, Renee Schulte Consulting, LLC, presented information ([Appendix B](#)) regarding a draft final report ([Appendix C](#)) of recommendations related to the committee's study of acute psychiatric hospitalization and residential care. Ms. Schulte noted:

- Recommendations related to State Hospital facilities include building a new 75- to 85-bed state hospital, repurposing the La Haug building and storage buildings for use by the Department of Corrections and Rehabilitation, and demolishing the remaining buildings on the State Hospital campus;
- Recommendations related to the role of the state and private entities providing behavioral health services include developing and funding short-term and emergency acute psychiatric beds in critical access hospitals, most notably in Jamestown, Devils Lake, Minot, Dickinson, and Williston; updating statutes related to the purpose of the State Hospital and human service centers; creating regulations defining behavioral health levels of care; clarifying and maximizing the use of telehealth to increase the use of psychiatric services in the state; requiring the Department of Human Services to perform an audit of the children and adolescents admissions process at hospitals to determine how patients are transferred from hospitals to residential placements; requiring the State Auditor to audit the State Hospital and human service centers; and assigning a cultural liaison between tribal communities and the human service centers, State Hospital, and private hospitals;
- Recommendations related to behavioral health occupational boards include forming a composite board for marriage and family therapists, counselors, and addiction counselors; standardizing administrative processes for all behavioral health occupational boards; codifying universal licensure standards for each behavioral health profession; and supporting the psychology interjurisdictional compact, also known as PSYPACT, for psychologists;

- Recommendations related to behavioral health workforce loan repayment programs include removing loan repayment program restrictions that limit supervisory or administration time for teaching and training, adding loan repayment program hour and location flexibility, allowing students to apply for loan repayment programs and receive program approval contingent upon licensure, and increasing state funded loan repayment programs for behavioral health professionals with priority for areas of the state in most need;
- Other behavioral health workforce recommendations include coordinating or reorganizing local administrative workforce groups, developing standardized minimum data expectations when collecting primary health and behavioral health workforce data, supporting integration of human service center and behavioral health professional degree program missions, providing a grant fund similar to Minnesota's medical education and research costs fund to allow behavioral health care facilities to be reimbursed for supervisor teaching and training costs of behavioral health program students, and providing matching funds from the state or seeking private matching funds for federally supported behavioral health training and professional service programs for underserved areas and for children and adolescents; and
- A recommendation to establish a team of three to five individuals to implement the report recommendations.

Mr. Haglund noted:

- Of the 3,323 total hospital beds in the state, 244 are adult acute psychiatric beds, which is considered adequate for North Dakota's population; however, the beds are not in the correct locations, are being shared with out-of-state patients, or are not being used correctly, as problems related to improper levels of care, payment for each level of care, procedures to access each level, and inappropriate discharging of acute care patients are present throughout the state;
- State contracts with hospitals and providers should include "no eject" and "no reject" language related to patient discharges, require the use of Medicaid funding when eligible, and require parties of the contract to provide the state certain data when using public funding;
- Critical access hospitals, not the State Hospital, should provide short-term acute psychiatric services to the Jamestown and Devils Lake regions so the State Hospital can focus on treating patients with the greatest intensity and complexity of need;
- The State Hospital should focus on forensic evaluations of acute psychiatric patients and sex offenders, individuals referred by the courts for psychological evaluation, and individuals with complex needs;
- The State Hospital should not provide residential substance use disorder services; and
- Recommended levels of care at the human service centers include assessment and evaluation, case management, mobile crisis, crisis stabilization, and crisis residential services.

In response to questions by committee members, Ms. Schulte noted:

- Behavioral health data collection was a challenge while compiling the draft final report and an evaluation should be considered regarding the type of behavioral health data collected and the agency responsible to collect it;
- North Dakota research universities may be appropriate entities to collect behavioral health data;
- The North Dakota Health Information Network may be an appropriate system to collect behavioral health data; and
- The draft final report does not include information regarding whether the state should pursue an institutions of mental disease (IMD) waiver because the state should focus on requiring providers to use Medicaid when possible and further evaluate the use of the newly implemented Medicaid Section 1915(i) state plan amendment, then consider the need for an IMD waiver.

Department of Human Services

Mr. Christopher D. Jones, Executive Director, Department of Human Services, presented information regarding the committee's study of acute psychiatric hospitalization and residential care, behavioral health needs in the state, and comments regarding recommendations from Renee Schulte Consulting, LLC. He noted:

- The Department of Human Services has worked to improve the behavioral health system in the state in recent years by providing more services to individuals with addiction and substance use disorders (SUD) through the SUD voucher program, increasing mobile crisis service staff and programs, establishing the Medicaid 1915(i) state plan amendment, establishing the free through recovery program, increasing

services to individuals in jails through the State Hospital and human service centers, improving school behavioral health services and peer support services, and establishing opioid treatment services;

- The Department of Human Services agrees with the recommendations in the draft final report and additional work is needed to improve the behavioral health system in the state; and
- The Department of Human Services does not have the number of staff necessary to implement the draft final report recommendations.

Committee Discussion

Senator Mathern presented information ([Appendix D](#)) from the National Council for Mental Wellbeing regarding the committee's study and the draft final report submitted by Renee Schulte Consulting, LLC.

Comments by Interested Persons

The following individuals presented information regarding the draft final report submitted by Renee Schulte Consulting, LLC:

- Mr. Tim Blasl, President, North Dakota Hospital Association ([Appendix E](#));
- Ms. Emma Quinn, Fargo ([Appendix F](#));
- Mr. Ty Hegland, President/Chief Executive Officer, Sharehouse ([Appendix G](#)); and
- Ms. Lorraine Davis, Chief Executive Officer, NATIVE, Inc. ([Appendix H](#)).

Other Presentations

Department of Human Services

Dr. Rosalie Etherington, Chief Clinics Officer/State Hospital Superintendent, Department of Human Services, presented information ([Appendix I](#)) regarding state-funded psychiatric hospital care for fiscal years 2020 and 2021. She noted the state provided \$2.6 million in 2020 and \$3.6 million in 2021 to private providers of psychiatric hospital care in Minot, Grand Forks, Fargo, and Bismarck.

Catholic Health Initiatives St. Alexius

Ms. Robin Conyers, Vice President of Behavioral Health, Ms. Stephanie Eberly, Marketing Director of Strategy and Business Development, and Ms. Carol Enderle, President of Dickinson Medical Center, Catholic Health Initiatives (CHI) St. Alexius, presented information ([Appendix J](#)) regarding contracts with private providers for the expansion of behavioral health services in western North Dakota. They noted:

- CHI intends to build a 10-bed inpatient psychiatric unit at CHI St. Alexius Williston and a 10-bed inpatient psychiatric unit at CHI St. Alexius Dickinson;
- The cost to build an addition to the existing Dickinson hospital is \$9 million and the cost to renovate existing space at the Williston hospital is \$5 million; and
- Once funding is available, construction at both locations is expected to be completed in 12 to 18 months.

In response to a question from a committee member, Dr. Etherington noted an IMD waiver will not be necessary for the new facilities being built by CHI St. Alexius because they are part of hospital facilities.

Anne Carlsen Center

Ms. Stephanie Nelson, Chief Operations Officer, Dr. Myra Quanrud, Medical Director, and Mr. Patrick Kellum, Board Certified Behavior Analyst, Anne Carlsen Center, presented information ([Appendix K](#)) regarding behavioral health services and programs available and suggestions for additional services needed in the state. They noted:

- The Anne Carlsen Center provides residential, clinical, home, and community-based services to children and adults with developmental delays, disabilities, and other special health care needs at locations in Jamestown, Valley City, Bismarck, Minot, Bottineau, Devils Lake, Grand Forks, and Fargo; and
- Workforce shortage is a major challenge for the Anne Carlsen Center. Of the 121 behavioral health positions at the Anne Carlsen Center, approximately 24 positions, or 19.8 percent, are vacant.

Dakota Boys and Girls Ranch

Mr. Jim Vetter, Vice President of Treatment Services and Government Relations, Dakota Boys and Girls Ranch, presented information ([Appendix L](#)) regarding behavioral health services and programs available and suggestions for additional services in the state. He noted:

- Children in qualified residential treatment programs stay at Dakota Boys and Girls Ranch an average of 3 to 6 months, then transition to their home community while psychiatric residential treatment facility (PRTF) programs are designed as 24-hour-per-day programs supervised by mental health professionals in a community residential setting; and
- Challenges for PRTF programs in the state include acquiring documentation in a timely fashion, meeting the medically necessary standard, coordination of care, securing discharge resources, and developing aftercare services.

In response to a question from a committee member, Mr. Vetter noted an appropriate number of acute psychiatric beds for children and adolescents at the State Hospital is 8 to 10 beds.

IMPLEMENTATION OF EXPANDED BEHAVIORAL HEALTH SERVICES

Dr. Bevin Croft, Research Associate, Human Services Research Institute, presented information ([Appendix M](#)) regarding updates of the implementation of recommendations from the 2018 Human Services Research Institute (HSRI) report. She noted:

- Through December 2021, progress on the 13 HSRI report recommendations, or "aims," range from 9 percent to 100 percent complete;
- The Department of Human Services is working with the University of North Dakota and Western Interstate Commission for Higher Education to compile a report on all completed and in progress behavioral health workforce initiatives by government entities, behavioral health licensing boards, and private entities;
- A behavioral health workforce summit is being planned for 2022 to present the behavioral health workforce compilation report, make recommendations, provide training on workforce best practices, and collaborate with behavioral health entities on workforce strategic planning; and
- HSRI agrees with the Renee Schulte Consulting, LLC draft final report that additional and more focused data collection is needed to provide improved behavioral health services in the state.

MENTAL AND BEHAVIORAL HEALTH SERVICES OF OCCUPATIONAL BOARDS

Ms. Mary Kae Kelsch, Director, State and Local Division, Attorney General's office, presented information ([Appendix N](#)) regarding statutes, rules, and administration duties that could be standardized among occupational boards providing mental and behavioral health services and the estimated biennial cost if the Attorney General's office provided administrative services for all occupational boards in need of administrative assistance. She noted:

- The state has 40 occupational licensing boards and if the Attorney General provided administrative services for these boards, 10 would require a large amount of time and work, 20 would require an average amount of time and work, and 10 would require a small amount of time and work;
- The estimated biennial cost to provide administrative services for 5 boards is \$1,245,124 for salaries and benefits and \$233,950 for operating expenses of 7 new full-time equivalent (FTE) positions, including 1 FTE executive director position, 1 FTE attorney position, 1 FTE information technology support specialist position, 1 FTE licensing technician position, and 3 FTE administrative assistant positions;
- Statutes that are not consistent among behavioral health occupational boards include those related to board membership, powers, and meetings; license renewals; licensee complaints and discipline; confidential and exempt information requirements; what is permissible for nonlicensees; and reciprocity standards for limited practice without a license, indirect practice, provisional licenses, and telework practice; and
- Some states have a separately created agency to provide various services for occupational boards and some have a division created under existing agencies, such as the Secretary of State, Department of Commerce, Department of Labor, or Governor's office.

BEHAVIORAL HEALTH NEEDS OF INCARCERATED ADULTS

Department of Corrections and Rehabilitation

Mr. Patrick Bohn, Director, Parole and Probation Division, Department of Corrections and Rehabilitation, presented information ([Appendix O](#)) regarding acute hospital care needs of parole and probation clients and the estimated number of acute psychiatric beds needed in the state and select cities to provide care for these clients. He noted:

- The department's community supervision population, or the number of individuals on supervised probation or pretrial supervision, has decreased 7.7 percent since the start of the COVID-19 pandemic, but the

number of deaths of individuals being supervised increased in 2020 and 2021 compared to 2018 and 2019;

- The estimated average number of community supervision individuals needing acute hospital care in the state is approximately 140 per day, of which 59 require acute psychiatric care and 81 require acute chemical care; and
- The James River Correctional Center has a 22-bed special assistance unit for male acute care patients, but the state does not have a specialized unit for female patients.

Community, Counseling, and Correctional Services, Inc.

Mr. Mike Thatcher, Chief Executive Officer, Community, Counseling, and Correctional Services, Inc., presented information ([Appendix P](#)) regarding a potential 90- to 120-day dual diagnosis treatment program at the Bismarck Transition Center for individuals in need of mental health, drug or alcohol addiction, and criminal offense services, and other Community, Counseling, and Correctional Services, Inc., programs and activities. He noted:

- Individuals in the correctional system in need of mental health, drug or alcohol addiction, and criminal offense services experience more progress in long-term treatment programs compared to short-term programs; and
- The proposed program would include an additional 16 to 20 beds on the second floor of the Bismarck Transition Center, would focus on female beds due to high demand in the area, and would require funding from the state at a cost of approximately \$120 per day per bed because the length of the program will result in it being ineligible for Medicaid reimbursement.

Indian Affairs Commission

Mr. Bradley Hawk, Indian Health Systems Administrator, Indian Affairs Commission, presented information regarding behavioral health services available to incarcerated adults on tribal land, collaboration with law enforcement and behavioral health service providers, and any recommendations of additional services needed in the state. He noted the Indian Affairs Commission:

- Has held meetings with each tribe, the Behavioral Health Planning Council, and other groups about behavioral health needs of incarcerated tribal members; and
- Works with the Department of Corrections and Rehabilitation to help individuals leaving incarceration to return to society.

COMMENTS BY INTERESTED PERSONS

Ms. Kora Dockter, North Dakota Suicide Prevention Coalition, provided comments regarding behavioral health and suicide prevention needs in the state.

No further business appearing, Chairman Nelson adjourned the meeting at 4:51 p.m.

Levi Kinnischtzke
Senior Fiscal Analyst

ATTACH:16