2017 HOUSE HUMAN SERVICES

HB 1040

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

House Bill 1040
1/4/2017
26545

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature	Donna Whetham

Explanation or reason for introduction of bill/resolution:

Expand behavioral health services

Minutes: Attachments 1-8.

Chairman Weisz: called hearing for HB 1040.

Rep Hogan: Chair of the Interim Human Service Committee. Explained HB 1040 (See Attachment 1,2,3). 0:50-12:10

Chairman Weisz: We are talking dollars here on section 6 does North Dakota currently have an organization providing these services now?

Rep Hogan: There have been historically some services, but not available all over the state so this would make it available statewide.

Representative P. Anderson: When you talk about 22,000 adults, can you give me the top 2 or 3 diagnosis?

Rep Hogan: 1. Depression 2. Schizophrenia 3. Manic depressive disorders. These are medical conditions that people don't chose to have. Mental illness is a very chronic disease. There are all kinds of affective disorder there is a whole book of different labels.

Chairman Weisz: Any further questions?

Representative Porter: Inside of the grants with the way they are written, they could all end up in the same place. It doesn't say anything about statewide services or making sure we get into rural North Dakota. How do we make sure there is actual treatment available?

Rep Hogan: The problem is in the detail of the implementation. Those are amendments you might want to put in this bill to assure statewide access.

Representative Porter: You do bring it out in section 4 that it has to be available in rural and urban but other than that nothing.

Rep Hogan: You might want to add that.

Representative Porter: Inside of section 7 the targeted case management, as your interim committee looked at behavioral health was there discussion inside of the current voucher system that we have in place and inside of the current case-loads in our already existing Human Service Center that would allow us to re-designate jobs and not have a $24 million fiscal note and still have the same results rather that create something new on top of the antiquated system?
Hogan: We addressed that in other bills on our list and there is a substantial discussion in SB 2039 regarding the role and function of the Department of Human Services. We did major work on clarifying their roles and how to link our public and private sector more effectively. We think we need both restructuring and expansion.

Representative Porter: It is hard for me to understand and agency that takes1/3 of our general fund that it can't inside of that operation to restructure the way the programs are designed and figure out how to make this function properly. I would have liked to see both of those bills together rather than split. One doesn't do the other justice without seeing both at the same time. Seeing where those savings are in the system rather than having to start a brand new program. But yet there is no guarantee that restructuring of the existing program will take place and if one passes without the other it another layer on top of the system.

Rep Hogan: That is critical because in some ways the role of the Human Service Centers have become so diverse over time that we need to target those. That perhaps this case management isn't provided by Human Services, maybe it is contracted to private agencies or vouchered. This is just identifying the fact that 90% of adults are getting no services who need it.

Representative McWilliams: In Section 4 you discussed appropriations for youth and preventative services. Is there any evidence about early intervention relates to helping to lower the costs of care later on?

Rep Hogan: Yes, there is clear evidence that it does decrease costs of more treatment later.

Representative Schneider: Can you give us some idea of the input of sources that came to your committee and how the committee voted on this particular bill?

Rep Hogan: This was a complex committee and we had hundreds of people testify this was about 10 % of what was asked for. We tried to look at what were the highest needs and see if it is a good investment now would it save us money down the road. Committee was had a consensus that this was our priority and this passed unanimously bipartisan.

Rep. Rohr: On section 2 the fee that is being charged for the drug and education program, how many children under 21 are we looking at in North Dakota and what is the intent of the fee? You say in your testimony that to $10,000 would eventually be self- sufficient. Is that what you are looking at then?

Rep Hogan: The $10,000 is to establish a model and a program and then it is anticipated a local provider then the consumer would pay them and then it would become self-sufficient.

Chairman Weisz: Further questions from the committee? Further testimony in support of on HB 1040?

Carlotta McCleary, Exc. Director Mental Health America of North Dakota and North Dakota Federation of Families for Children's Mental Health. (See attachment # 4 and 5).

31:03

Chairman Weisz: Further testimony in support of HB 1040?

Siobhan Deppa, Chairman of the North Dakota Substance Abuse and Mental Health Planning Council: (See Attachment #6).

Representative Porter: Is there currently an organization who would do this and be sure it would be done statewide?

Siobhan Deppa: I believe it would be done under contract. Carlotta McCleary has a grant and could answer this better but she was setting up the basic structure of peer support and for the training.

Chairman Weisz: Further testimony in support?

Nancy McKenzie Executive Director of PATH: (See Attachment #7)
36:00-38:13

Chairman Weisz: Any questions from the committee?
Seeing none. Further testimony in support of HB 1040.

Denise Harvey, Exe. Of Protection and Advocacy: (See Attachment #8) 38:40-40:27

Chairman Weisz: Any further testimony in support or opposition to HB 1040. Closed the hearing.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1040
2/6/2017
27938

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Judy Kepple

Explanation or reason for introduction of bill/resolution:

Relating to expanding behavioral health services program.

Minutes:

Chairman Weisz: called committee to order and opened the discussion on HB 1040. We will take this section by section and make amendments as needed and then we can take on the whole.

Chairman Weisz: On section 1 is there anybody that has any amendments or questions? It says they have to go to an evidence based alcohol and drug education for minors. I did have someone that had some concerns about the language on what it meant to be a rule adopted by the department. They were concerned that it might get arbitrary. At some point someone has to set the parameters too. That is the only thing that was brought forward to me in that section. They had some concerns because they were already doing the treatment program that they did for the youth and they didn't want to have to start over.

Representative Seibel: Can we call Pam up here and ask her any questions on it?

Pam Sagness, Department of Human Services

Representative Seibel: Section 1 and section 2 would be the evidence based alcohol and drug. Right now there is an alcohol and drug program, but this would change that to an evidenced based program. Can you explain that to us?

P. Sagness: Currently in ND there is no minimum standard for alcohol education in the state. It is however required in ND Century Code chapter 5 that if a minor is charged with like a minor in possession or a minor in consumption. They are required in that statute to get education, however, there has never been any entity that has been assigned the authority to insure that it occurs. So this was brought to our attention and it was identified that there really was no responsible party to enforce the part of the Century Code that already existed. I think it is important to note that our goal in the interim committee was to increase providers. There are many areas of the state right now where there are no providers of early intervention programs. There are a few addiction counselors in the state that provide this service and

there are a few early intervention programs in urban areas, however by increasing the providers we could look at local public health. I know that Cass County Public Health has already done the training. I think it is also important to note that this evidence based training is the same training that those providers were. It has fidelity measures and it is the same method that is used for all of the DUI programs throughout the state. I think it is important to clarify that this isn't something new and I know some of the individuals that have come forward and don't want to have evidence based minimum standards. These are individuals alone with children and so for us to not have some minimum standards would certainly be of concern to us in our role of health and safety.

Vice Chairman Rohr It is concerning that this is 15 years old.

P. Sagness: yes it is.

Vice Chairman Rohr: So is someone going in and looking at the research and making sure they are updated on a periodic basis or at least is there documentation that the standard is being looked at?

P. Sagness: No.

Chairman Weisz: This bill would cover that though.

P. Sagness: Correct.

Chairman Weisz: Any questions on sections 1 or 2?

Representative Seibel: In section 3 you indicated that this could be done without the $10,000 appropriation?

P. Sagness: Correct. The dollar amount was added by the interim committee, but the department doesn't believe that those dollars are necessary. This does fall within the scope of one of our federal grants which is the substance abuse prevention and treatment block grant. We believe that we could not only train the providers, but make the changes that are needed without any additional funds.

Representative Seibel: I would make a motion for an amendment to remove section 3.

Chairman Weisz: Is there a second?

Representative Kiefert: seconded.

Chairman Weisz: Is there any discussion? So Sections 3 will go away under this.

Chairman Weisz: voice vote to pass the amendment.

Voice passed.

Chairman Weisz: Let's go to section 4. 1.956 million that is going for early childhood intervention programs.

Representative P. Anderson: If we approve this and it goes to appropriations you have to go and plead our case. So is this something that you think is going to work or are there other parts of the bill that we ought to be focused on as far as where the dollars go?

Chairman Weisz: I know there are some who think that section 6 is a priority over section 4 and that is part of what this committee needs to decide. I will be honest that any of these are going to be a tough sell, but they are not all going to make it in appropriations.

Representative P. Anderson: That is my question.

Representative Schneider: Section 4 is a pay now or pay later section. I think there is sufficient documentation to show that if we can intervene at an early age we can save money in the future on the cost of services. Even though we may not have an appropriation passed that provides for the whole behavioral health bill, I think defeating this would be very short sighted monetarily.

Chairman Weisz: Let's consider sections 4 and 6 together then.

Vice Chairman Rohr where is the evidence based documentation and research that is out there regarding this topic.

Representative Schneider: That interim reports from the behavioral health committee that they had. Maybe Pam remembers more than I do. I think it is a pretty commonly held belief, but I believe there is actually documentation that came into the committee.

Representative Seibel: There was lots of testimony on early intervention. I remember early in the meetings principals here in Bismarck coming in and stating that they don't teach any new material on Mondays or Fridays because the kid's home life is so bad that they can't learn on Mondays and Fridays, so they just review. They teach new material on Tuesday, Wednesday, and Thursday only. I am a firm believer in pay now or pay later. I would like to save part of this bill and the part I would like to save is the peer to peer. If I have to sacrifice the early intervention to try to save part of it, I am willing to do that. I would like to save both, but I don't think that is possible.

Chairman Weisz: Why do you think that section 6 is more important that section 4?

Representative Seibel: There is someone here that is a recovering addict and he is active in the peer to peer. It is what helped him the most. Having other recovering addicts to visit with and to lean on and to find out that he was not the only one going through what he was going through, so I see real value in the peer to peer personally.

Representative Skroch: In section 4 lines 7 and 8. So we have specific organizations that will be receiving those grants and who determines who will receive a grant?

Chairman Weisz: The department would be the one to determine. It could be an individual or an organization, correct?

P.Sagness: In this section when we talk about prevention and early intervention, we don't necessarily have prevention providers in the state. We do in some areas and in others we don't. My concern about the implementation of this would be, if a school wanted to implement an early intervention program, would they be able to be considered a prevention provider or would we have to find someone outside of the school to be the provider to then work with the school based on the current language?

Chairman Weisz: That was going to be my question, but you obviously don't have the answer.

Representative McWilliams: Do we have any documentation on how many of the kids that have addictions come from homes where there is drug?

P Sagness: Having a parent with a drug addiction or a mental issue is not something we document. One of the most important things we do is that we identify the most likely to end up either having a substance abuse issue or a mental health issue. Frequently the children identified have a parent that has a substance abuse or mental health issue. What we want to do is look at resiliency. How do you wrap around those children to intervene between first symptom and diagnosis. That is what this program would do.

Chairman Weisz: This is behavioral health, not just addictions. There are lots of categories.

Representative Skroch: Going back to the public school providing intervention, do you see that as a workable option here that would fall under that organization classification.

P. Sagness: Schools have been part of the conversation in regard to where are our children. Where is the opportunity to look at prevention screening and early intervention. We have been contacted by several organizations representing the schools. They have an interest in a partnership exactly like this. I do think the schools would be considered part of the provider group.

Representative Skroch: What would be a backup or assisting group that could help them not to become overwhelmed.

P. Sagness: Globally there is really two ways to address this. Over the last year looking at our need assessment for the state, there really were two identified models. One is that schools know that they are ill equipped to handle the behavioral health issues. They were trained to deal with special education not behavioral health. So it is important to note that they would not necessarily have the resources internally. At the same time if you identify only one person to have all of the knowledge that is quite a load to carry. The different ways that we can do this are: build the capacity of all the individuals within the school; the second part is offering them basically resources externally. So they would have a behavioral health specialist that they can call when they have a difficult child. It is almost two fold. In the models we have discussed it is a partnership that brings behavioral health specialists with schools. They also have to learn how to cross the language. Behavioral health and special education are very different.

Representative McWilliams: We talked about section 6, peer to peer support. Can you describe what that looks like?

P. Sagness: When we look at that peer to peer or family to family support services it is covering that continuum. We have available acute services, we have treatment services which are costly and fairly limited. One of the opportunities of peer to peer and family to family is that it is continuous. Having someone who understands what you have been through. I think it is important to note that this is something that is occurring nationally and the department is working on the certification for recovery coaches or peer to peer support.

Vice Chairman Rohr: Under section 4 a statement caught my eye, because my constituents are primarily rural. Do you expect any challenges of providing these services in the rural areas?.

P. Sagness: Of course the rural areas is where it is most difficult to find people. Faith based community is totally on board, but feel ill equipped. One of the things we can do with some of these models is to identify in those rural areas who are those key individuals. This is the strategy of not having more behavioral health specialists in rural areas, but we can identify paraprofessionals and other individuals that are already there and willing to help.

Chairman Weisz: Behavioral health is a tough issue. There is a bill in the senate that is a $7,000,000. I am not sure how that is going, but it is more less a pilot project with the department of corrections. It is set up differently. It is performance based. Then appropriations is just looking at the funding level. We can't do everything. I agree that it is a pay me now or pay me later. We need data that will really identify where this is really going to save money. We have to do something, but we aren't sure just what needs to be the balance in this session. DOC bill will potentially let us know if we pay it now will we save costs later. From that stand point it will help us to get the data. It is hard to take it to appropriations and defend what we want without data to back it up.

Representative Schneider: I understand what you are saying, but we have evidence. Reading the behavioral health needs of the state was pretty shocking. I agree with you on that DOC bill and that is an exciting part to the solution. On this one we have two programs that we know from the interim committee are impactful and important. Section 4 is speaking for a population that can't speak for itself and it isn't included in the DOC bill and that is the children. I would be inclined to put you in a position of personal jeopardy to leave both of these in here so that when we have increased funding we can tie back into this message.

Chairman Weisz: I don't want you to think that we can't carry them both if that is what the committee wants. I will do that. I will say that section 7 would be hard.

Representative Seibel: We heard that 2/3 of judges have sentenced someone to prison because of behavioral issues, because there were no services available. I think the peer to peer and the family to family when they get out is a way to try to keep them from going back.

Representative McWilliams: I think I agree with Representative Seibel if I have to fight for one of them.

Representative Skroch: If we send this bill with both sections in it and then the appropriations committee decides they don't have enough money could they send it back to us and let us adjust it? Would we be willing to offer both of these with less appropriated dollars?

Chairman Weisz: We could send it to appropriations as they are and appropriations could kill it. We could amend it to say whatever. Knowing the pressure and time constraints that appropriations has, if we think one has more weight than the other we can do that too. They have time constraints in appropriations that we don't have. If we think one is more important than the other on it is better if we do it here, because they won't spend nearly as much time on it.

Representative Porter: The likelihood of both of them moving forward even at a reduced rate is slim. It would be my suggestion to pick one, because appropriations would just kill the whole thing.

Representative P. Anderson: Could you have a pilot project to see what happens to the kids in a certain school district. To see how we could save money with early intervention.

Chairman Weisz: I think that what you are saying is to have a pilot project.

Representative P. Anderson: Or to say these kids dropped out and they are now incarcerated or what happened to them and what did it cost the system. Even in a 2 year time frame we can show that we could have saved money.

P. Sagness: There are other states that have done this and have shown that for every $1 you spend you could save $64.

Representative P. Anderson: Like if we could say this many kids dropped out, why did they drop out and where are they now.

Chairman Weisz: If we said $100,000 or $200,000 to do one school district could we have something in 2 years to show us what it has done? We need data to show the results.

P. Sagness: Yes, we could do that in a two-year period as long as it was a focused study and our goals are reasonable. The goal of that kind of pilot would be did that individual stay in school. The schools are reaching out to us to be able to do that. They want to be part of this process.

Chairman Weisz: If we were just to run one limited pilot project, what would it take?

P. Sagness: It would be really difficult to set a number. There was a bill put together by the council of education leaders. There is a program now that is $4,000,000, but it covers several school districts and I think maybe we could do it for $300,000 to $400,000, but that is just a guess.

Chairman Weisz: I was hoping you would take $200,000. I am just trying to figure out how we could have data in 2 years so we could really show them exactly what we need to do.

We have kicked the can down the road on behavioral health a long time. We should have started things when we had money so that we would have data now. We didn't do that, but at the same time with the budget constraints I don't want it to go away. If we kick the can again, it could. If we gave you that money, could you do that?

P. Sagness: We would do everything in our power to do that. There are two areas that we see significant gaps. Prevention and intervention and recovery. The two sections that you are discussing right now are exactly those two area. I do know that we would do everything we can to partner with existing resources to try to make that happen.

Vice Chairman Rohr: I know that they already ask questions of kids about risky behaviors when you do their assessments. Have you been involved in a conversation in that area?

P. Sagness: I have been part of the youth risk behavior survey question choosing for more than a decade. There would be several ways that we could identify a high need school. The problem is that often when we find that school, the resources are not there. I think we would want to put together a formula.

Vice Chairman Rohr: That is why I am thinking that maybe you could get by with less money, because you already have that data that could help you locate an area that would be best served by this project.

P. Sagness: If I could add to that. It is really about blending several funding resources. One thing is that there are reimbursable services and we need to look at this in that way. If there are clinical services needed for a child where can we go to get those services that they would already be reimbursed. It is mostly the coordination, education and building the capacity of those who deal everyday with the youth. To help them find the resources. They often just don't know where to go.

Representative Skroch: Would the peer to peer program be able to function with a $100,000 less if we moved some of this money to the child development prevention program.

P. Sagness: I think it is important to note that the items in this bill don't already exist, so it is not taking away, so it wouldn't be taking away from current services, it would just mean less service would be able to be provided.

Chairman Weisz:. I think maybe we should look at a pilot project to be able to prove that this really would work. It's just a suggestion. It could show that the interventions were successful and then two years from now we would have data.

Representative P. Anderson: I move that section 4 be pilot for $200,000.

Chairman Weisz: Ok we do have a motion. Do we have a second?

Representative McWilliams: Second

Chairman Weisz: Discussion. We would turn it into a pilot and get the language so that it would reflect that the department would pick a school system for the pilot project.

Representative Porter: And they need to report back.

Vice Chairman Rohr: In the interim we asked the fiscal people to show us how many dollars we spend in early intervention/prevention verses recovery or maintenance and we put in a lot of money into prevention already but we never seem to hear the outcomes or results of that. I think this will be a better way to handle it, because we will actually get data. I also see section 6 as prevention too.

Representative Skroch: I would like to see this pilot cover both rural and urban so that we get a better balance.

Chairman Weisz: I think we need to just find a place to be able to show us whether this is saving us money. If we do rural where there are no support services, it won't tell us exactly what it could do.

Representative McWilliams: I think when we are looking at the pilot program and you are looking at Fargo or Grand Forks, you could just split the difference and do it in Hillsboro.

Representative Schneider: I know that you are all trying to do the right thing, but if these cuts keep coming we are going to end up with a law suit. These were things that were important in the interim. I think Chairman Weisz is right and we should have done something before while we had money. We should be putting the money into whatever we can and not cutting.

Chairman Weisz: We certainly need to think about potential litigation.

Chairman Weisz: Further discussion? I think we
Roll call vote taken on amendment.
Motion carried Yes 11 No 1 Absent 2

Chairman Weisz: Representative Skroch, you don't just say that we are taking out $100,000, you would just increase the money. Make a motion to whatever level you think it should go up to.

Representative Skroch: I make a motion to increase the funding for the pilot project $200,000 to $300,000.

No second so motion failed.

Chairman Weisz: Instead of going back and forth here let's go to section 6. Do you want to amend section 6 or leave it or what?

Representative P. Anderson: I would like to leave it where it is.

Chairman Weisz: So no amendments going into section 6? Ok let's look at section 5.

Representative Seibel: The 211 is basically phone answering services? Don't we already have that?

Chairman Weisz: Yes, they are supposed to have 24/7 access. Currently 211 has a budget of $850,000 and out of that $500,000 is already coming from the Department of Human Services in one form or another. This would increase it another $70,000. This would increase the data base I guess.

Representative Seibel: I make a motion to remove section 5 from the bill.

Vice Chairman Rohr: seconded

Chairman Weisz: Ok, we have a motion and a second to remove Section 5. Is there any further discussion? Ok we will try a voice vote.

Voice vote carried the motion.

Chairman Weisz: Now we get to the one with a small amount of money in it. Section 7.

Vice Chairman Rohr: I make a motion to delete section 7
Representative Seibel: I second it

Chairman Weisz: Discussion on section 7

Representative Schneider: do we know what federal funds we would be losing if we delete this section?

Chairman Weisz: I can't answer that. Pam, do you know?

P. Sagness: No I don't know.

Chairman Weisz: I don't know if any of this would fall under Medicaid.

P. Sagness: No

Representative McWilliams: I saw this in Rep. Hogan's testimony she said in section 7 appropriate $24,393,668 of which $12,000,000 was from the general funds, so I would imagine that half of that is federal.

Chairman Weisz: Where does that come from if it isn't from Medicaid. Where else would we get 50/50 share?

Representative Westlind: I have in my notes that it is a 50/50 Medicaid match. That was stated that day or something.

P. Sagness: I am waiting on a response on that and hopefully we will get that. I am thinking that maybe this would be proposed, but not currently existent. I am not sure if we would lose federal funding or if we just be expanding more.

Chairman Weisz: This would just be one of the optional services that we could provide.

Vice Chairman Rohr: So am I correct in assuming we are already providing case management services?

Chairman Weisz: We are not losing anything, but this would be in addition. We don't have that now. It is not within Medicaid now.

P. Sagness: I just wanted to clarify based on the discussion during the interim committee. This was brought forward by a private provider who brought if forward saying this is an issue. When they are providing medication management that they don't have access necessarily to that case management. Right now the public system does provide that. I do know that in our discussions we have said this was an area that could use further discussion and probably needs to be looked at.

Chairman Weisz: Further discussion on the amendment?

Representative D. Anderson: Is the senate bill doing the same thing?

Chairman Weisz: It is kind of the same, but it is limited to the prison population. It is in a sense doing that support and overlap after they get out. That is where that bill comes into play. I like the fact that there should be some data that comes back. What we have done is start this by what we have done in Sections 4 and 6. I can do that if I can say this is what the $7,000,000 did and what the study did for the school. I realize what we are doing is not solving it, but at least it is a start. We are all trying to pick priorities.

Representative Seibel: I support the amendment to remove section 7 because it adds another full-time position and we are trying not to do that now.

Representative P. Anderson: I would like to wait and vote on this after lunch.

Chairman Weisz: Yes, we will recess until this afternoon.

Chairman Weisz: Recessed until after lunch.
1:06
Chairman Weisz: Called the committee back to order. Our discussion was down to section 7. There is a motion on the floor to delete section 7.

Representative P. Anderson: She was very happy that we kept in the peer to peer. She wanted to see if we could keep half the state at $6,000,000 and start with those areas that are most in need of behavioral health treatment services.

Chairman Weisz: Maggie, since you are here would you come up? I do have a question. Under section 7 it talks about the target case management. The dept. would have to get a waiver from Medicaid to implement this and have it paid or not?

Maggie Anderson: Section 7 would expand targeted case management to allow people other than the human service centers and the tribes or Indian Health Services or 638 Tribes to provide the service. What we would do is revise the Medicaid state plan. We would not need

a waiver. Right now within the state plan we mark the exception, so we would unmark the exception and it would become any provider state wide. If I understood what was being proposed about just doing like half the state, that would require a waiver, because Medicaid services either have to have state wideness or you have to have a waiver to not have it state wide.

Representative McWilliams: Is that ongoing matching funds through Medicaid?

M. Anderson: Medicaid when it is referred to as an entitlement it means that as long as you are covering the covered population and providing services that are otherwise approved in the state plan. If we put in $.50 then the federal government puts in $.50. With the targeted case management if we submitted the state plan, I would see no problems in having it approved to expand that. Of course that would expand it by $12,000,000 and the federal government would have to find their $12,000,000 to pay that service. It is essentially on going as long as you are covering covered populations and services that are approved.

Representative Schneider: Is there another way to structure this to be less of a fiscal note and still accomplish at least part of what is intended here.

M. Anderson: The department prepared the estimate that turned into the appropriation that is in section 7. The piece that is coming to mind is to separate your populations, because you have a adult population that is referred to as SMI, seriously mentally ill, and you have a child population that SED, seriously emotionally disturbed. While they are on the same state plan amendment, you could separate those as two services and say we would only open up the service outside the public system for the kids or the adults. That would be one way to reduce the fiscal note. I can tell you how much in just a few minutes.

Chairman Weisz: Further questions for Maggie. We do have the amendment in front of us that would be to delete. Further discussion? We will take a roll call on this one.

Roll called on the amendment.
Motion carried Yes 11 No 1 Absent 2

Representative P. Anderson: I move for an amendment to appropriate 6 million and not authorize a full time equivalent.

Chairman Weisz: That is in section 7. So section 7 would come back and allocate $6,000,000 of state and $6,000,000 of federal.

Representative Schneider: I would like to see the figures if the department can come up with them in a timely manner.

M. Anderson: Of the total $12,000,000, 5 million for adult population and 7 million for the children. So reducing it would be to choose one or the other.

Representative Schneider: Can you render an opinion on which would be the most critical need?

M. Anderson: Between the two of us it is a tough call. When we did the fiscal estimate we looked at the prevalent information that came from the national survey on drug use and then Pam's federal agency. Then we looked at the number of clients that we are currently serving through the human service centers and that leaves you with your potential clients unserved. That left us with about 8,241 people that would receive SMI case management and about 1636 that would receive SED case management. The population is smaller, but the fiscal note is higher for children because on average they tend to receive about 18 months of services where the adults was 6 months.

Representative P. Anderson: Children 1636 and the adult was 8,241

Representative McWilliams: Do we have an age breakdown for the adult population of when they are receiving services?

M. Anderson: No, we only know the people that are over 21.

Representative P. Anderson: Can I amend this or withdraw it or something? If we can spend $5,000,000 and help 8,241 I thing that is the way to go.

Chairman Weisz: We don't have a second yet, so you can amend it however you want to.

Representative P. Anderson: I make a motion that we put in 5 million for the SMI adults.

Representative Schneider: Seconded

Chairman Weisz: so what the amendment would do is provide $5,000,000 for case management services for the SMI adult population. Maggie when you said $5,000,000 that was general fund dollars?

M. Anderson: Yes, that was $5 million general fund and then it would be another $5 million of federal. That is with an October, 2017 start date.

Chairman Weisz: Amendment in front of us. Are there any questions? If not, the clerk will call the roll.
Roll call vote taken. Motion failed: yes 2 no 10 absent 2

Chairman Weisz: Are there any further amendments?
We have a heavily amended bill in front of us. So that everyone understands now. Section 1 and 2 of the bill stays the same. Section 3 the appropriation is taken out. Section 4 was amended down to be $2000,000 pilot project as determined by the dept. of human services. Section 5 is gone. Section 6 stays the same. Section 7 is gone.

Vice Chairman Rohr: I make an a motion to pass HB 1040 as amended and referred back to appropriations.

Representative Kiefert: I second it.

Chairman Weisz: The clerk will call the roll for a do pass as amended and referred back to appropriations on HB 1040.

Roll call vote taken.
Motion carried. Yes 11 No 0 Absent 3

Rep Seibel will carry it.

Committee adjourned.

2/7/17 DP

17.0183.04001
Title.04000

Adopted by the Human Services Committee

February 7, 2017

PROPOSED AMENDMENTS TO HOUSE BILL NO. 1040

Page 1, line 5, after the semicolon insert "to provide for a report;"

Page 1, remove lines 19 through 23

Page 2, remove lines 1 and 2

Page 2, line 3, replace "**CHILDRENS'**" with "**PILOT PROJECT - CHILDREN'S**"

Page 2, line 4, after "**SERVICES**" insert "**- REPORT TO LEGISLATIVE MANAGEMENT**"

Page 2, line 6, replace "$1,956,000" with "$200,000"

Page 2, line 7, replace "providing grants to organizations that provide" with "establishing a children's"

Page 2, line 8, replace "for children" with "pilot project in the school system of the department's choice"

Page 2, line 10, remove "Services must be made available in both rural and urban"

Page 2, replace line 11 with "Before September 1, 2018, the department of human services shall report to the legislative management regarding the status of the children's prevention and early intervention behavioral health services pilot project."

Page 2, remove lines 12 through 18

Page 2, remove lines 27 through 31

Page 3, remove lines 1 through 6

Renumber accordingly

Date: 2/6/17
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1040

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Remove Section 3

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 Rep. Seibel Seconded By Rep. Kiefert

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

Voice vote to adopt amendment carried.

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Date: 2/6/17
Roll Call Vote #: 2

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1040

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Make section 4 a pilot for $200,000

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 Rep. P. Anderson Seconded By Rep. McWilliams

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider		✓
Rep. B. Anderson	ab.				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	ab.				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

motion carried

Total (Yes) 11 No 1

Absent 2

Floor Assignment _____

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

Date: 2/6/17
Roll Call Vote #: 3

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1040

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Remove Section 5

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 Rep. Seibel Seconded By Rep. Rohr

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz			Rep. P. Anderson		
Vice Chairman Rohr			Rep. Schneider		
Rep. B. Anderson					
Rep. D. Anderson					
Rep. Damschen					
Rep. Devlin					
Rep. Kiefert					
Rep. McWilliams					
Rep. Porter					
Rep. Seibel					
Rep. Skroch					
Rep. Westlind					

Voice vote to adopt amendment carried

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Date: 2-6-17
Roll Call Vote #: 4

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1040

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Delete Section 7

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 Rep. Koke Seconded By Rep. Seibel

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider		✓
Rep. B. Anderson	ab.				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	ab				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	✓				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 11 No 1

Absent 2

Floor Assignment _____

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

Date: 2/6/17
Roll Call Vote #: 5

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1040

House Human Services Committee

☐ Subcommittee

Amendment LC# or Description: $5,000,000 to help SMI adults

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 Rep. P. Anderson Seconded By Rep. Schneider

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz		✓	Rep. P. Anderson	✓	
Vice Chairman Rohr		✓	Rep. Schneider	✓	
Rep. B. Anderson	ab.				
Rep. D. Anderson		✓			
Rep. Damschen		✓			
Rep. Devlin	ab.				
Rep. Kiefert		✓			
Rep. McWilliams		✓			
Rep. Porter		✓			
Rep. Seibel		✓			
Rep. Skroch		✓			
Rep. Westlind		✓			

motion failed

Total (Yes) 2 No 10

Absent 2

Floor Assignment _____

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

Date: 2/6/17
Roll Call Vote #: 6

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1040

House 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 Rep. Rohr Seconded By Rep. Kiefert

Representatives	Yes	No	Representatives	Yes	No
Chairman Weisz	✓		Rep. P. Anderson	✓	
Vice Chairman Rohr	✓		Rep. Schneider	✓	
Rep. B. Anderson	ab.				
Rep. D. Anderson	✓				
Rep. Damschen	✓				
Rep. Devlin	ab.				
Rep. Kiefert	✓				
Rep. McWilliams	✓				
Rep. Porter	ab.				
Rep. Seibel	✓				
Rep. Skroch	✓				
Rep. Westlind	✓				

Total (Yes) 11 No 0

Absent 3

Floor Assignment Rep. Seibel

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

REPORT OF STANDING COMMITTEE

HB 1040: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (11 YEAS, 0 NAYS, 3 ABSENT AND NOT VOTING). HB 1040 was placed on the Sixth order on the calendar.

Page 1, line 5, after the semicolon insert "to provide for a report;"

Page 1, remove lines 19 through 23

Page 2, remove lines 1 and 2

Page 2, line 3, replace "**CHILDRENS'**" with "**PILOT PROJECT - CHILDREN'S**"

Page 2, line 4, after "**SERVICES**" insert "**- REPORT TO LEGISLATIVE MANAGEMENT**"

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Page 2, replace line 11 with "Before September 1, 2018, the department of human services shall report to the legislative management regarding the status of the children's prevention and early intervention behavioral health services pilot project."

Page 2, remove lines 12 through 18

Page 2, remove lines 27 through 31

Page 3, remove lines 1 through 6

Renumber accordingly

2017 HOUSE APPROPRIATIONS

HB 1040

2017 HOUSE STANDING COMMITTEE MINUTES

Appropriations Committee
Roughrider Room, State Capitol

HB 1040
2/9/2017
28166/28172

☐ Subcommittee
☐ Conference Committee

Explanation or reason for introduction of bill/resolution:
Relating to an evidence-based alcohol and drug education program; relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; to provide for a report; and to provide appropriations to the department of human services.

Minutes:

Representative Weisz, district 14: HB 1040 came to us as a behavior health bill, we heavily amended it. So what you're going to see as far as the dollars; under section 3 on page 2 on the amended bill there is 200 thousand general fund dollars for a grant through the department *of human services for the purpose of establishing a children's prevention and early intervention behavioral health services pilot project in the school system of the department's choice.* We will let the department find a school system that if we did these services are we going to get results that is going to save us money in the long run. We did think that was important, the other place there is money in this bill is section 4; that has the 1.92 million in it. That's to provided peer to peer services throughout the state. That would be peer to peer, family to family services. Committee thought that could be very effective to keeping people from relapsing and so that's why that's money is in there.

3:55 Chairman Delzer: How would that money be used?

Representative Weisz: There would be grants that would go out to varies organizations across the state so that they could establish these types of peer to peer services. They would have to be set up by the departments criteria. This bill came from the interim human services committee.

Chairman Delzer: It came from the Shalty report

Representative Weisz: Some of it did, some was based on that report.

Representative Pollert: Currently in HB 1012 there is 75 thousand for peer to peer and 75 thousand for family to family; and I think 75 thousand brought in another 100 thousand for matches. I think it went out to the general public and found some people that would help them with the grants.

Chairman Delzer: So a required match before they could spend it?

Representative Pollert: I don't remember that but possibly, currently there's 5 thousand in each of those areas, so this is looking at 1.9 million.

Representative Weisz: Total program would be 1.9 million for both

Chairman Delzer: What's section 2 relate to?

Representative Weisz: Minors that are convicted, and you can see that up in section 1, *the court shall send the violator to an evidence-based alcohol and drug education,* that's current law. So section 2 says they would have to go to an *evidence-based alcohol and drug education program operated under rules adopted by the department of human services under section of this act.*

Chairman Delzer: What do they consider this evidence-based? Is Teen Challenge evidence-based?

Representative Weisz: Teen challenge would have nothing to do with this because this would be school based programs.

Chairman Delzer: Some could go there from the court stand point instead of here can they not?

Representative Weisz: Yes, they can but again court could send you to teen challenge. This would be if someone would be charged with an alcohol charge they could come to the school and the minor or parents would have to pay for it and the court would make it monitory to participate in the program.

Chairman Delzer: So before teen challenge is higher offender then this?

Representative Weisz: Teen challenge is a rehabilitation program, that's much higher than this. That's your going to prison or you can go to teen challenge.

Chairman Delzer: Again, why the words evidence based?

Representative Weisz: The reason for that is some people doing the programs where just filing time. The whole point of the law is that the kids are going to get some proper education. The department will adopt rules so they would decide who can do these programs. There's a training module the counselors would have to follow so that we know the kids are getting the training.

10:45 Representative Streyle: This is just saying your 18, your caught drinking, we will come in and tell you that it's bad.

Representative Weisz: This is a little more than that, that's the reason for the language, in some cases that's all these people were doing.

Representative Meier: Section 3, did your committee discuss how many programs that are already out there that work with the school?

Representative Weisz: Yes, and some schools do a lot more than others. Schools say they are overwhelmed, this is a pilot project and they want to go with a school that already has some resources. They would like to partner with the school, that's why they thought they could do it for the 200 thousand.

Representative Meier: Did they talk about what the smaller schools and what they might have in place.

Representative Weisz: Most of the smaller schools have noting in place. There's some that have limited programs but what we wanted out of this is data. We need to know, if we spend the money are we going to get the results that we are looking for?

Chairman Delzer: A lot of these kids wouldn't have IEPs, some of them would.

Representative Monson: Section 2 it says that the rules must *allow* for a fee but it doesn't say that they must pay for it.

Representative Weisz: This is stating that the state isn't liable for any of it. The provider of the services would be required to charge the fees and collect them.

Chairman Delzer: Further Questions?

Recording 28172

Chairman Delzer: We'll have some more discussion about this bill, when I look at it I can live with the 200 thousand, general fund money. I really have a problem with the 1.9 peer to peer, especially if the budget has 75 thousand for both in there. So I think if we were to send this forward we should at least amend off section 4. I know the other stuff, the evidence-based, and that would be up to the department to decide that. And then there is appropriation of general fund money for 200 thousand to pick a school and try to work this program and get some information. It says the department of human services shall report to management regarding the status of the children's prevention and early intervention health service pilot project. Brady, when we put something like that in, there's no date when they should report, it says legislative management not legislative assembly. Should we change that, otherwise they would have to report to management.

8:00 Brady Larson Legislative Council: We could certainly change it to a certain committee of the next legislative assembly, either appropriations or the policy committee if you prefer that.

Chairman Delzer: It does say before December 1 of 2018.

Representative Pollert: When I told about the 75 thousand and then the 100 thousand, those probably aren't state wide and are stretched pretty tight. That's why they're asking the 1.9 but I'm really not in favor of that with the budget crunch around here.

Chairman Delzer: This in a new program at a time when we are sitting here with 25 to 30% less revenue than we had two years ago, it's kind of hard to expand that.

Representative Kempenich: We're spending a pile of money on incarceration and adult mental health, I am trying to figure out where we should be spending the money. We need to start at a different spot because as adults we're not getting anywhere.

Chairman Delzer: The peer to peer and family to family, doesn't really say what they are going after with that. Children, adult, it really doesn't say.

Representative Vigesaa: I would like to make a motion to amend section 4 out of HB 1040

Representative Pollert: I will second that

Chairman Delzer: Discussion by the committee?

Representative Pollert: Like that peer to peer, when they have a family that's having trouble finding services, they will call this organization and help them get the help they need. Should we be paying for that? We have county social services and other groups that are supposed to be able to help with that.

11:50 Representative J. Nelson: There is a lot of places in the state that this is the only help these families are getting. We talked about this at length, this is not a bad program. If it's taken away there may be no support, the more rural you get the less support out there. I could support the amendment

Chairman Delzer: I am sure we are going to be talking about this again.

Representative J. Nelson: This appropriates for 1.9 million, that's a long way from 75 thousand, imagine what you get for 75 thousand.

Representative Monson: I don't understand this peer to peer completely but when I read it it says, the purpose to grant to A statewide peer to peer or family to family. So this 1.9 million cover only one of these organizations?

Representative Kempenich: It's like the suicide program, part of it is is hooking up with the right groups. What we are doing now isn't working I think we need to look at some different things.

Chairman Delzer: Seeing no more discussion; all those in favor of amending out section 4

Voice vote, All in Favor, Motion Carries

Chairman Delzer: What's your thought on the pilot program and the evidence based alcohol, seems almost like two different subjects there.

Representative J. Nelson: I will make a motion to Do Pass as Amended

Representative Kempenich: I will second that motion

A Roll Call vote was taken. Yea: 9 Nay: 8 Absent: 4

Motion Carries; Representative J. Nelson will carry the bill

2/10/17 DS

17.0183.05001
Title.06000

Prepared by the Legislative Council staff for
House Appropriations Committee
February 10, 2017

PROPOSED AMENDMENTS TO ENGROSSED HOUSE BILL NO. 1040

Page 1, line 5, replace "appropriations" with "an appropriation"

Page 2, remove lines 7 through 14

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment removes Section 4 of the engrossed bill which provides a $1,920,000 general fund appropriation to the Department of Human Services for a grant to a statewide peer-to-peer or family-to-family support organization.

Date: 2/9/2017
Roll Call Vote #: 1

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1040

House Appropriations Committee

☐ Subcommittee

Amendment LC# or Description: Remove section 4

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 Representative Vigesaa Seconded By Representative Pollert

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer					
Representative Kempenich			Representative Streyle		
Representative: Boehning			Representative Vigesaa		
Representative: Brabandt					
Representative Brandenburg					
Representative Kading			Representative Boe		
Representative Kreidt			Representative Delmore		
Representative Martinson			Representative Holman		
Representative Meier					
Representative Monson					
Representative Nathe					
Representative J. Nelson					
Representative Pollert					
Representative Sanford					
Representative Schatz					
Representative Schmidt					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

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

Date: 2/9/2017
Roll Call Vote #: 2

2017 HOUSE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. HB 1040

House 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 Representative J. Nelson Seconded By Representative Kempenich

Representatives	Yes	No	Representatives	Yes	No
Chairman Delzer		X			
Representative Kempenich	X		Representative Streyle		X
Representative: Boehning	X		Representative Vigesaa		X
Representative: Brabandt		X			
Representative Brandenburg	X				
Representative Kading		X	Representative Boe	X	
Representative Kreidt	A		Representative Delmore	A	
Representative Martinson	X		Representative Holman	X	
Representative Meier	A				
Representative Monson		X			
Representative Nathe	X				
Representative J. Nelson	X				
Representative Pollert		X			
Representative Sanford	X				
Representative Schatz		X			
Representative Schmidt	A				

Total (Yes) 9 No 8

Absent 4

Floor Assignment Representative J. Nelson

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

REPORT OF STANDING COMMITTEE

HB 1040, as engrossed: Appropriations Committee (Rep. Delzer, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (9 YEAS, 8 NAYS, 4 ABSENT AND NOT VOTING). Engrossed HB 1040 was placed on the Sixth order on the calendar.

Page 1, line 5, replace "appropriations" with "an appropriation"

Page 2, remove lines 7 through 14

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment removes Section 4 of the engrossed bill which provides a $1,920,000 general fund appropriation to the Department of Human Services for a grant to a statewide peer-to-peer or family-to-family support organization.

2017 SENATE HUMAN SERVICES

HB 1040

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1040
3/7/2017
Job Number 28795

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Emmery Scatterday for Maria Gunn

Explanation or reason for introduction of bill/resolution:

A bill relating to an evidence-based alcohol and drug education program; penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide an appropriation to the DHS.

Minutes: Attachments: #1 - 8

Chair J. Lee: Brought the hearing to order, all members were present.

Rep. Kathy Hogan, District 21, Chair of Interim Human Services: (1:32-8:30) Introduced HB 1040 (See Attachments #1 – 2).

Senator Heckaman: On the back on section 7 that is no longer there, you mentioned using funds on 1915iwaiver is that all Medicaid matching funds that would match the other $12M?

Rep. Hogan: Yes.

Senator Piepkorn: Were the cuts a philosophical opposition to the plan or strictly budgetary?

Rep. Hogan: We were pleased when it came out of the House Human Services Committee that the funding for recovery was in the House version. The $1.9M was cut in appropriations and we were very optimistic because I think we knew had to do something but the budget situation is driving every situation and that is what makes it so difficult.

Chair J. Lee: What is your priority?

Rep Hogan: The two priorities I would do is peer recovery support and direct treatment. I think we need to put someone in to expand our direct treatment and pay our recovery support. Those are equal and I think the pilot project with the school project is not a lot for the early childhood intervention but it's something.

Teresa Larsen, Director, Protection & Advocacy Project: (12:10-16:05) Testified in Favor of HB 1040 (See Attachment #3).

Russ Ziegler, Assistant Director, ND Council of Educational Leaders: (17:25-19:15) Testified in Favor for Dr. Aimee Copas, Executive Director, NDCEL (See Attachment #4).

Swan Deba: (20:05-23:20) Testified in Favor of HB 1040. I am here to ask you to please put the funding of $1.92M back in HB 1040 in the peer to peer adult services portion. As a consumer of behavioral health services, I benefited from this program when it was offered 6 years ago since then it has remained unfunded by the legislature but it helped me with an alcohol addiction. Today I remain relapse free and use many of the skills that I learned from the peer support program on a daily basis. My mental and physical health have been stable and I would like other consumers in the state to benefit from this program while they are working on their own recovery. This in addition to going to treatment and working with the human service center is a great combination to be able to be successful once you get out of the hospital and treatment. As a community support, it is one of the best ones offered around the country.

V-Chair Larsen: What is the percentage of the faith based component in the peer to peer support?

Swan Deba: There are 8 dimensions of wellness recovery and spirituality is one of the eight components.

Miss Deba (25:15 - 29:00) provided Testimony from **Carlotta McCleary, Executive Director, Mental Health America of ND & ND Federation of Families for Children's Mental Health** (See Attachment #5).

Darcie Handt, Executive Director for ND Cares: (29:50-31:45) Testified in Favor of HB 1040 (See Attachment #6).

Senator Heckaman: Do you get a specific grant for peer to peer support or do you just work with individuals who are already contracted through another organization?

Darcie Handt: We do not receive any funds for peer to peer support.

Chair J. Lee: So you work with the programs that are existing in the state but to connect veterans with them, correct?

Darcie Handt: That's correct.

Senator Piepkorn: If the $2M were restored, you don't have an allotment out of that for veteran services but rather work with the existing framework to get some of your veterans and other eligible people into the system, correct?

Darcie Handt: That's correct.

Senator Piepkorn: So it would be there to direct your people?

Darcie Handt: Yes, for our focus group.

Chair J. Lee: Can you take a moment to tell us about ND CARES?

Darcie Handt: (33:00 – 34:25) Mr. Handt gave the committee with a brief overview of the ND CARES program.

Cindy Miller: (35:40-38:50) Testified in Favor of HB 1040 (See Attachment #7).

Chair J. Lee: As I recall, you had calls from every county.

Cindy Miller: Slope was the only county we didn't have calls from so we are going to try and reach out them.

Chair J. Lee: You work with emergency service people so if there is a blizzard you can help people get the services they need.

Cindy Miller: Currently we have sent all the information out to the emergency managers to be reminded that we are there. We have a new system set up where we can get more people set up in the back room so it is not going to cost the counties and the cities as much money because we can have one staff overseeing volunteers.

Chair J. Lee: How many calls did you take in the last big flood?

Cindy Miller: We had over 50,000 calls over our regular calls and over 100,000 volunteers

Senator Piepkorn: Was the $70,000 included in the original bill?

Cindy Miller: It was included in the original bill.

Senator Kreun: In your statement it says we can expand inclusion/exclusion policy to include for profit behavioral health services. What type of for profit services would they be and do they have funding that they can contribute?

Cindy Miller: A lot of 211s started as a nonprofit and now they have let them choose where they can go according to the need in the community. So it would be any group of doctors, private providers, those sorts of groups. In the past, we had one group that was for profit because they had services that no one else offered in the community so that is what our inclusion/exclusion was before.

Chair J. Lee: For many years, United Way of Cass Clay was a major supporter of this and paid all of the cost of providing the service in Cass County, ND and Clay County, MN and the state was paying for the expanded services that you could offer the rest of the state. United Way is focusing in different areas now so there was a significant cutback in the funding which you are receiving from United Way so that is a shortfall that is also challenging for you and your board so that is a shortfall that is challenging for you and your board in order to maintain the services.

Cindy Miller: We were 100% funded by United Way, and we found out in July that we would be cut $100,000 this year. They still are funding us at $70,000.

V-Chair Larsen: When we build database, would we be able to use them to data mine and have them start formulating the list?

Chair J. Lee: Are you talking about the penitentiary?

Cindy Miller: Ours is more than a 411 database so we are looking at a lot of information. We need to look at who is eligible and I have been working with behavioral health people now trying to figure out what we want in this data base and what fields need to be added now and different types of insurance so when someone is going to look for resources as a professional or consumer they want to know more information so we're trying to expand what information is given. A lot of information is going to be needed so that's why we feel we need two full time people to gather all the information to get it so it is easy to maneuver and navigate. Also besides us looking at fields right now and trying to change it, we are going through beta testing for a more consumer friendly site going up in April and it will be easier for people who don't want to call to be able to use the website.

Denice Harvey, Protection & Advocacy: (45:50-46:55) Testified in Favor of HB 1040 and presented a letter from Marcia Hettich (See Attachment #8).

Lorraine Davis, Founder & Director, NA Development Center: Testified in Favor of HB 1040. Provided information on the support groups they offered and said they were mostly run by volunteers and they had received a grant. She said they provide financial counseling. Miss Davis went over some of the issues the Native Americans face.

Chair J. Lee: We would like you to be among the stakeholders in the behavioral health and substance abuse task force.

Senator Kreun: You mentioned a large amount of people coming from different reservations. Does your tribal government officially recognize your group?

Lorraine Davis: Yes, we do. We got a resolution of support and I have asked for financial contributions for a van to pick up people in half way houses.
Miss Davis shared some of the difficulties associated with operational costs and talked about the trials the people face.

Senator Anderson: In the model you're working with, who are the volunteers and who gets paid?

Lorraine Davis: We recently got an MOU for the interns and we have other volunteers. I promote personal sovereignty and we are intentionally not fully funded by any tribe.
Miss Davis shared her personal experience finding a support system.

Senator Heckaman: Have you been in connection with 211?

Lorraine Davis: I have not.

Senator Heckaman: Have you had another opportunity to work with other diverse population in the Bismarck community or across the state other than Native Americans?

Lorraine Davis: We have been asked if our center is only for Native Americans but it's for anybody who feels comfortable in our environment but we want to fill the gap in our Native American community.

V-Chair Larsen: Closed hearing on HB 1040.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1040
3/7/2017
Job Number 28815

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature for Mary Brucker

Explanation or reason for introduction of bill/resolution:

A bill relating to an evidence-based alcohol and drug education program; penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide an appropriation to the DHS.

Minutes: No attachments

Chair J. Lee: Brought the hearing to order, all members were present.

Senator Piepkorn: That would involve us putting an amendment into this bill.

Chair J. Lee: We will look at what we want to change. It will be adding to the bill we currently have the re-engrossed- one the 6000 version. But we can go back and for a start at what was in the original bill and then work from there through whatever we want to.

Senator Heckaman: I'd like to see some peer to peer funding back in on that, because we heard about the importance of that. I'm not sure they're paid. We should put some back in on that too.

Chair J. Lee: Pam had an idea about seed program. The one with corrections in behavioral health, that might serve people who are released to several placed in the state, so it is not just the one location kind of deal. But I don't know if we can do that here.

Senator Anderson: Spend any time in Appropriations, is there the possibility that various policy committees ought to get their ideas in mind where if this happens to be any additional funds that we could say we want this to be our first priority that you would make.

Chair J. Lee: We're not going to see. You'll recall it was sent out with the dollars in it, what can we start with, Rep Hogan started with peer to peer.

Senator Anderson: The department apply 1915i waiver, if we get that, how is the funding for that different than what's in the 14 or 15M in this bill?

Chair J. Lee: We may have to have that explained for us too.

Senator Anderson: Would that have to be added someplace else in the next session, or would that waiver if they receive it, be automatically funded or how does that work? Because it's a 50-50 deal same as MA match.

Senator Kreun: Is the 1915i a 50 -50 match if you get that too, that waiver?

Senator Anderson: I think it would be the same as the rest of our Medicaid, which right now is 50-50.

Senator Kreun: That determines how wealthy a state we are.

Chair J. Lee: The other thing Rep Hogan, said was direct support. I would like to also add for our consideration, the direct support.

Senator Piepkorn: If this Is the right time for that explain about the peer to peer support program?

Chair J. Lee: Regroup, people in recovery addicted to chemical substances or alcohol be able to be a support person for someone beginning their recovery. They've been successful there, working with a plan developed by an educated counselor, be able to connect a bit.

V-Chair Larsen: The cost of administrative cost, director, volunteer, mechanics of the administration to keep to run. I don't think it's a wage thing.

Senator Anderson: I heard this from 1 individual, she didn't think these volunteers should be unpaid. They should be fully funded. She is really the only one who said that. But I wondering whether this model was with a training and I think the $15 M or $2M was to put an individual in each human service center. My perception of that was then they would train these peer-to-peer support people who are volunteering. But, McCleary seemed to think they should all be paid. I didn't know.

V-Chair Larsen: That's one above the $1.9 million, not funding to pay for each peer-to peer person in the trenches.

Senator Piepkorn: Is this mainly then to do with addiction and recovery?

Senator Heckaman: I know family to family is disability because I think family voices uses that, so let's say you have a child that has cystic fibrosis, they try and connect you with other families with the same situation, or families that can help out. I think it actually, sometimes works into almost being a therapy, although I can't call it a therapy because they are not trained but you understand the conditions of this family going through and you're able to say to the family well this is what we did in that situation, this is how we handle it. Gives families some options that don't cost them anything, I know family to family is used with children with disabilities. The peer-to peer works the same, we have a few diabetes, benefit from peer to peer for those kinds of individuals because you can tell what you did, in certain situations. I think it is handled in a lot of situations but I think one of the more important uses is in addiction and behaviors like that.

Chair J. Lee: We heard a bit about this and we heard about early intervention how important support is.

Senator Clemens: Looking in original bill, it says must be used for emotional, behavioral and mental.

Chair J. Lee: Yes, it does. It says for emotional behavioral and mental health needs. So in this case it is specific.

Senator Piepkorn: it could be very important for veteran's organizations too, of course. But this is how a healthy society should really work. Maybe you have some paid administrators doing some of the set-up. I'd like to see the budget because there has to be a certain amount of money spent on advertising and promoting and letting people know that it is around.

Chair J. Lee: There's no marketing money in there. It is a secret agent deal, but we don't market it at all.

Senator Piepkorn: We help each other whether it be through church or neighbors or different organizations.

Senator Heckaman: I think these stakeholder groups have their information on the 211 website. I would guess they have a lot of different resources, Family Voices Pathfinder, Pathfinder Parent Organization was one that was huge, and now it's sort of lost its traction on working with families, but the children's mental health peer to peer they might be on 211.

Chair J. Lee: Some of those aren't for profit providers of services, I think it's important for them to be on there, on every lottery ticket, every veteran service, all guard, place for info is 211. To be able to add links about services being provided there's some real value of the. But Cass County and United Way, they've backed out of First Light because they just figure the state ought to be doing this. I am extremely disappointed about that, but they've had a terrible hit.

Senator Heckaman: I've directed constituents to 211, it was valuable information.

Senator Piepkorn: The 211 didn't get completely un-funded.

Chair J. Lee: No, but now they have to fundraise. United Way pulled out $100,000 out of it. But the thing is they have never been in the fund raising business before. Now they have to go out and raise money.

Senator Piepkorn: Do you think there will be any resistance. This 70,000 is not just to maintain their current level of service but to improve it.

Chair J. Lee: This would be to add the additional services. Looking at original 1040 that the section on the alcohol and drug education program, DHS is going to be just doing it internally, which is Section 2 actually.

V-Chair Larsen: I did not think $70,000 was to shore up their funding. I thought the $70,000 was to hire 2 more full time people that do that data base.

Chair J. Lee: It is they are raising money but the thing is no slush fund because they have working their hard to be able to catch up with this cut they got from United Way is funding books to children and daycare. 211 used to be a direct service provided by United Way, and Cass Clay and was for decades. At that time, it was regional United Way of Cass Clay, Hotline in Fargo/ Moorhead, evolved into 211 when the Mental Health Association federal money to establish 211 programs. Never did what needed to be done to it. You kind of need to be able to do that. 4 weeks max, Cindy got a phone call, new phone system, they stepped up, and the staff and they figured out how they were going to take over the statewide 211 system. When they had had nothing to do with it before. They were just doing Cass and Clay, and they did it seamlessly done and the Mental Health Association got out of it, and First Link went into it and that's what happened. So they rescued 211, its gone well, so keeping it going is a challenge. No funding from state at any modest level that you could count on from year to year.

Senator Piepkorn: I see United Way of Cass/Clay's point in that now it is a statewide thing, so maybe United Way of Bismarck and Williston.

Chair J. Lee: I do to, but quite frankly the state budget is in worse shape than the economy for the Fargo/ Moorhead United Way. Only $200,000 to early intervention pilot project, peer to peer and family support, we'll need to think about if it sounds ok, we'll leave it until tomorrow.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1040
3/8/2017
Job Number 28916

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marie Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to an evidence-based alcohol and drug education program; penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide an appropriation to the DHS.

Minutes: 6 Attachments

Pam Sagness, DHS This bill was from interim committee, looking at the 2nd engrossment sections 1 and 2, are related to alcohol and drug education programs, should I give a brief overview of those?

Chair J. Lee: We know about the youth DUI thing from section 2, where we need the most help, we might be receptive to the idea of putting things back in. Is there anything you would suggest as a start to build on?

Ms. Sagness: Specific to looking at peer support services, there is a bit of confusion on who the target audience would be. We fund Parent to Parent and Family to Family, Parent to Parent services aren't for the client, Family to Family it supports the family, it's not peer to peer services, in regard to Peer to Peer, which is sometimes called recovery coaches are an evidenced based model. Our addiction program is acute model to treat a chronic disease; which isn't effective. Peer to Peer expands and changes that acute focus to being something that's chronic disease management. It's provided by peers with lived experience, whether that's from serious mental illness or addiction; we expand services beyond what's provided in a treatment center. It's more cost effective; we're looking at paraprofessionals and individuals with learned experience. That's very important in the concept of what Peer to Peer is. It's who's available, your addiction counselor isn't available at 6PM on a Friday. We lack services that are ongoing and long-term. If you compare to diabetes, we wrap around those services, diabetes educator, it's the same thing with addiction; that's why this section is a recommendation. I have our Behavioral Health Assessment, **Please Visit** https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-behavioral-health-assessment.pdf (**Attachment # 6**) this came out of the research that had been done on the system. The recommendations are specific to the gaps in ND, most of research has been done in North Dakota has been only in that area of treatment when we look at the continuum, the gaps are

prevention and early intervention, and recovery supports. Treating addiction and serious mental illness like a chronic disease, medication can be forever.

Chair J. Lee: The Peer to Peer and Family to Family, do we see the same kind of things being effective with mental illness?

Ms. Sagness: Absolutely, Ione of the requirements in our code is that we focus on having recovery centers, locations to find that peer support, it's considered a best practice also.

Senator Heckaman: Going back to section 2 in the 2nd engrossment of HB 1040, it says the Department shall adopt rules for the drug education program, are you expecting them to be delivered in Human Service Centers through their funding, contract, grants or all of those?

Ms. Sagness: This is the most misunderstood areas. Currently in North Dakota if an adolescent gets a minor in possession or minor in consumption charge, it's required that they receive education as an opportunity of early intervention. However, there was no authority or funding aligned to that section, so at this point in time, there's no one who follows through with that; there's no baseline for what does that service look like. Depending on the area there are different services available. Our intent is to continue for private providers to provide this service but to improve access to private providers. Currently there is no minimum standard, no oversight. I hope at some point in time we consider substance abuse to be on an equal footing with health care.

Chair J. Lee: This would permit you to adopt rules so that the providers would have to meet certain criteria, and there would be a program through which they should be working to provide that service.

Ms. Sagness: That's correct, and the payment is from the child, there was a $10,000 appropriation, in a section that was removed from this bill. We believe that our current funding that we receive for our substance abuse prevention and treatment block grant does actually fit this mission, we can provide this training to all providers who are current providers, but also to expand the service beyond those current providers. One of the things we've done is recognize the need for our local public health units to be integrated with behavioral health. We have been providing funding to the local public health units for the past 7 years, educating them on substance abuse prevention and recognizing this as part of the health care system. Our providers are interesting in this program, which would increase access in rural areas.

Senator Kreun: In these prevention and early behavior sessions do we require the parents to be with the student?

Ms. Sagness: That would be determined in the administrative code, for example we would look at best practice. There are models for youth that are primarily youth component and a family component. If determined a best practice, we can establish in rule.

Senator Kreun: From my experience, if you can have the parent there, it's very inconvenient for them to be there and participate in that, and it's way more effective.

Chair J. Lee: You might be able to do a portion of both.

Senator Kreun: At least a good portion of that should be required because it's an eye opener.

Senator Piepkorn: In section 1, on the re-engrossed bill, the violator will be taking a visit for which he has to pay? How can you force someone to pay for this?

Chair J. Lee: The point is if they're violating the law, they're going to be in court. If they had done damage some place they would be expected to pay restitution. There is a responsibility, there will be a need for consequences, I'm not troubled by that.

V-Chair Larsen: When I was teaching high school, students getting minor in possession, they had to go to a month long class, but this is for a behavioral health class, I think they're already doing that.

Ms. Sagness: In some places in the state they're already doing it but there's no minimum standard for it, so anyone can say they're doing a first offender program and the content can be whatever they choose. We want to increase access, this in the realm of private providers, it opens up the door for local public health. As far as the fee, it might be $75, the classes are sometimes 1 day others are ongoing, and that's why we need a conversation about what's best practice so there's some standard. Adults are trusting their children to be alone in these programs, the fee is already current, it's happening these just no minimum standard.

Senator Piepkorn: What about trying to intervene at an earlier age before they get in trouble. Is there any program or evidence that this can be successful?

Ms. Sagness: Senator Lee had asked me to provide information about prevention in North Dakota. When it comes to substance abuse prevention in our state we have dollars working towards substance abuse prevention. In the report (attachment #5), you'll see that for the last decade our numbers are decreasing. We're having an effect; we are making change. We can't say the same for mental health. That's what the study looks at, we don't have dollars in prevention or resiliency, those are the areas where we're not seeing progress. So we look at behavioral health as a whole, we can say substance abuse is having an impact. Those dollars are federal dollars, our behavioral health division has been writing grants to obtain federal funding in order to address these issues. This is called the Strategic Prevention Framework State Incentive Grant (SPF SIG); this program was a $1.94M per year for five years. This is a summary of that grant **Please see attachment #1** We are currently finishing up the analysis of this program it just ended in September of this year, you will see the strategies and funding (19:30-20:20) walked through the infographic. Then wrote a follow up grant, we were awarded this grant last year, The Strategic Prevention Framework Partnership for Success Grant (SPF PSG). **Please see attachment #2,** (20:40-22:00) Listed awardees and amounts from the Partnership for Success Grant (22:10-23:20).

Senator Kreun: What does that mean, current capacity?

Ms. Sagness: Some of the grantees way that in order for them to do this initiative, they need workforce, they don't feel they have the workforce to manage this. At the time there was a

TB breakout in Grand Forks, Standing Rock this summer when the funding came available, they felt they would have difficulty managing.

Chair J. Lee: We get this money every year for 5 years, and this is the first year.

Senator Heckaman: Were there a higher number of applicants? OR did every applicant get an opportunity?

Ms. Sagness: The grantees were chosen, because they had to have completed the SPF SIG grant, so we had the pool of grantees, then we used the formula that's on the front; where's the highest need, we are still working with the other grantees, Fargo has resources and they didn't have the highest rates.

Chair J. Lee: The money ought to go where there aren't resources.

Ms. Sagness: The one state program that we have focuses on drinking and driving. Several sessions ago there was an appropriation that was put in the DUI legislation to create an underage drinking prevention effort, evidence based, start to look at how to not enforce our way out but also educating and changing. Spoke about Parent's Lead (25:55-27:35). Displayed media and education products the Department has developed (28:00-29:10) distributed new data books, **please see attachment #3** (29:30-30:50); 1 other publication, in partnership with North Dakota Cares effort, we create the North Dakota Military data booklet, **please see attachment #4** (31:05-33:50).

Senator Heckaman: Are these on 211?

Ms. Sagness: I'm not sure if 211 links to these resource or not. 211 is on our website, I don't know if we're on theirs. Handed out infographic on substance exposed newborns (**please see attachment #5**) (35:20-37:15).

Chair J. Lee: If I could have 4 packets of that to share, that would be excellent. We could put the links on FirstLink.

Ms. Sagness: None of this includes our stop overdose campaign. We have resources targeted to individuals based on their need. We have handouts specific to pharmacists who want to prescribe naloxone. We have resources for family members who have a loved one with an addiction. We did launch the first North Dakota substance use data driven website. We have overlaid data from DPI, DoH, and some national data sets. You can search by region, drug, and age. That's a tool for local strategic planners and grant writers, substance Use North Dakota (SUND).

Senator Heckaman: With all the great data, where would be one spot you would like to put a pile of money to be most effective.

Ms. Sagness: The most important thing is support the full continuum. Our gaps right now are recovery services and prevention and early intervention. So when we look at funding, I'm concerned about Parent's Lead, if Parent's Lead is removed, do we have to turn the website

off? We provide resources statewide. It stops duplication. The Fargo mayor's panel doesn't need to create resources; they can use ours. All of our info is public domain.

Chair J. Lee: How much funding to make sure Parent's Lead is maintained?

Ms. Sagness: Our budget proposal was $231,000; we believe we can maintain all the resources that are current. 40% of requests are for Parent's Lead materials.

Chair J. Lee: How about peer's support? Peer to Peer and Family to Family? Is there something we can discuss around?

Ms. Sagness: For transparency, I was asked about some dollar amount, my recommendation was actually $400,000 - $500,000 to do a pilot with school, it's important to not only focus in an urban area, I want to make sure I've been clear. As far as Peer to Peer it would be difficult to say, I don't want to say an inadequate amount. For comparison to our budget, we currently fund $75,000 to each, they don't have enough for the biennium.

Senator Kreun: Are all of these programs all through the Health Department or Human Services?

Ms. Sagness: All of them are through HSD budget, the best fit for local prevention is actually public health. Human Service Centers provides treatment services. The 1915i contract, we currently have contract with vendor to assess North Dakota's needs for a 1915i state plan amendment. It's not a waiver but a state plan amendment. The assessment hasn't produced numbers; the one this fall talked about penetration rates, of the individuals that need services, how many are getting them? In order to do a 1915i, we need details; who should be served, what types of services should be provided. None of which we have so far. People were confused, we're getting to the point where we can write a fiscal note. By September they are to produce a final report that says these are the populations and services that are the most significant gaps, this is the number that we would need to look at to write a fiscal note.

Senator Anderson: Originally there was $12.5M from us and $12.5 federal funds; how does that section compare with your 1015i plan?

Ms. Sagness: That exactly what we need to find out from the assessment. The contract will tell us, here's the biggest gap you have.

Senator Anderson: Once you get the information, you can write a fiscal note, we can do something next session, you wouldn't start spending the money in September.

Ms. Sagness: we sat down to write a fiscal not this summer, we don't have the information to adequately write a note.

Senator Anderson: It'd be ahead of ourselves if we say we'd like to fund what was in this.

Ms. Sagness: If there was one take-home point, we need criminal justice reform, right now we can take them out, but there's no resources in their home, we can't expect things to change. We have to invest as we reduce, we can't open the doors.

Chair J. Lee: We can't do section 7 even if we wanted to.

Ms. Sagness: That will be what the assessment is for.

Chair J. Lee: If we're going to be coming with an amendment to 1040 that will have some credibility, we've talked about the fact that the department will take care of that minor DUI event, we've got the developing rules, $10,000, that's ok?

Ms. Sagness: We're ok with that removal.

Chair J. Lee: Move over to children's prevention and early intervention services, that's the one where we need to have the $400,000-$500,000; and then the behavioral health database and FirstLink; they're not going to be able to distribute the information like they have in the past.

Ms. Sagness I think this is an area there was a list being compiled by Heartview, recently there was a letter sent out saying they have developed this directory. They feel they have produced that list; they were going to be reaching out to FirstLink. I heard Cindy's testimony I can't say its apples to apples, but that conversation has occurred.

Chair J. Lee: Maybe we need to check with Kurt Snyder.

Senator Anderson: I feel a lot more comfortable putting the dollars in that the department says they need. I'm comfortable defending the numbers were heard today.

Chair J. Lee: We are the ones establishing the priorities. I have never believed that we should send it over there to cut the numbers. We should establish the priorities; we may disagree; but we've got a list now of things that would be worthwhile to look at.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1040
3/13/2017
Job Number 29115

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marie Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to an evidence-based alcohol and drug education program; penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide an appropriation to the DHS.

Minutes: 1 Attachment

Chair J. Lee: There shouldn't be any trouble with section 2, section 3, they said they really need $400,000-$500,000 to do that early intervention, they wanted Parent's Lead to be restored, 40% of the requests are for this. FirstLink was taken out of this as well.

Senator Heckaman: And Peer to Peer and Family to Family. We were going to look at that.

Chair J. Lee: The old original which was 04000, 1915i is not a waiver, it's a plan amendment, they are gathering information for that which affects section 7. We are ok on sections 1, 2, 3. The original section 5 was a FirstLink database, somebody said Heartview developed a list, if that's true, that would make a difference, but they are not a statewide network. Peer to Peer was original section 6, that was the one with no funding right now. That was a real priority for folks. They're not ready for section 7 yet.

V-Chair Larsen: Was there something in language that if funds came available it could be funded. I know this week they're talking about oil going through the DAPL pipeline and that would increase $3 a barrel. I don't know if funding will come available in the next biennium or not, if we don't have anything in it, they won't, but language for if funds become available.

Chair J. Lee: I've asked about triggers, and they said not yet.

V-Chair Larsen: After the budget review we had there's no way that any of this will happen.

Senator Heckaman: We can put in a contingency; Council can figure out how to word that. If revenues increase a certain amount, and we would know how much money that would be, we could take a small portion of that and fund some of this.

Chair J. Lee: We could say up to a certain amount of money could be dedicated to whatever. I'd like to consider doing that since we do have the projections.

V-Chair Larsen: I don't think those projections were tied to the additional savings we would get by using the pipeline, maybe it was listed in there, I didn't hear that. We know there's a certain number of barrels leaving the state, I don't know if the rates were attached to that. There's a $3/barrel increase by using pipeline than by rail.

Senator Heckaman: If you go to original, 04000 version, section 7, if we're able to put money in, that generates federal funds.

Chair J. Lee: They're not ready for it yet. They have to work on the 1915i plan amendment. Could we put it in Peer to Peer?

Senator Heckaman: They asked for $75K for each program; and then we can put contingency in for the $1.92M.

Chair J. Lee: Should we ask whoever drafted 1040 to come chat with us?

V-Chair Larsen: Is that the $75K for the 211 system?

Chair J. Lee: $75K for Peer to Peer and $75K for Family to Family, in section 6.

Senator Anderson: I could defend putting money into section 4, that has behavioral health services for children and preventions services. In order to get ahead of this, we need to up our prevention services somehow.

Chair J. Lee: You're right, what we have in there is $200,000, they need $400,000-$500,00.

Chair J. Lee: recapped (9:50-14:30)

V-Chair Larsen: Is there an entity that gathers that information, like the chamber of commerce?

Chair J. Lee: This has to do with treatment providers, it's information and referral, they are the licensed suicide call responders. Firstlink, they would have the provider list.

Senator Kreun: They'll compile the list and keep it current.

Senator Anderson: Some insurance company that pays all these people and they would know who they are.

Chair J. Lee: The person would be Pam, she will have to list of people who are reimbursable and licensed.

Senator Kreun: FirstLink, they need the money to get the list, they need to keep it current, that's a full time person.

V-Chair Larsen: If people are changing providers, they always ask me, can I use my same doctor, I wonder if BCBS has the list of who's in the network, that spread sheet would be able to go to them.

Senator Heckaman: There's so much they can't give out.

V-Chair Larsen: When they're looking for dental insurance, I can go to each provider, is this dentist in network, Sanford is already prior authorization, they have a list, that isn't a hard thing to transfer.

Chair J. Lee: We're kind of on the same page, Ian put the parts together, I'll find out about the FirstLink Heartview part of the database, so that will all be in one amendment.

Senator Heckaman: Where's Parent's Lead going in?

Chair J. Lee: I have that in section 3.

Senator Anderson: What about the contingency?

Chair J. Lee: I can take care of that.

Senator Piepkorn: Do you chose a figure?

Chair J. Lee: We'll have some thought in mind about the fiscal picture.
Attachment #1 provided for committee's reference.
Chair J. Lee: Closed the hearing.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1040
3/20/2017
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☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marie Dunn

Explanation or reason for introduction of bill/resolution:

A bill relating to an evidence-based alcohol and drug education program; penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide an appropriation to the DHS.

Minutes: No attachments

Chair J. Lee: Brought the meeting to order, all members were present.

The committee discussed a variety of possible amendments to the bill, including creating a contingency section for funding for: Peer to Peer and Family to Family programs, the 2-1-1 program, and Parent's Lead. They agreed to have an amendment drafted with a contingency plan for $75K to each of Peer to Peer and Family to Family, $70K to 2-1-1, and $400K to Parent's Lead, for review in the afternoon.

Chair J. Lee: Closed the meeting.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1040
3/20/2017
Job Number 29454

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marie Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to an evidence-based alcohol and drug education program; penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide an appropriation to the DHS.

Minutes: 2 attachments

Chair J. Lee: Brought the meeting to order, all members present.

Chair J. Lee: (0:30-1:50) Please see attachment #1. Walked through the amendment. Section 1 and 2 are the same, section 3; children's prevention and early intervention appropriated $400k with contingency provision.

Senator Piepkorn: If they exceed the projection by at least $5M.

Chair J. Lee: That's the advice from Legislative Council about how the language should be put in if we're going to do this contingency appropriation.

Senator Piepkorn: The $5M, it's got to be some figure I guess.

Chair J. Lee: There's got to be more in there than what we're asking for.

V-Chair Larsen: If $3M start coming in, that's not enough to hit the trigger, if they didn't have that in there, if we had money coming in, who's first in line.

Chair J. Lee: Peer to Peer support services gets $75K.

Senator Heckaman: Is FirstLInk in there?

Chair J. Lee: Doesn't look like it. Senator Larsen didn't like that one.

V-Chair Larsen: They're already building that database.

Chair J. Lee: We've got Peer to Peer and Family to Family, we've got early intervention. We've left out the $70K for FirstLink.

Senator Piepkorn: I thought had a consensus that we maintain that FirstLink database.

Chair J. Lee: What are the feelings of others?

V-Chair Larsen: I highly doubt they will put 2 more employees anywhere. I can't figure out how they got 12 employees on the Measure 5 bill. I don't see them moving forward with 2 people.

Chair J. Lee: Who got 5 employees?

V-Chair Larsen: The Health Department got 5 employees for the Marijuana bill. It is beyond me how they moved forward with those folks.

Senator Anderson: I think I agree with Sen Larsen, we've identified that most of the information should be available, it's a matter of bringing it together, I think we should let that go, and let the people who are involved with this to do that without hiring two additional people to do that.

Senator Piepkorn: I think we should put the request in, the statewide 211 service, that information is scattered around, it's not in one place.

Senator Piepkorn: I move amend in 70k for 211.
V-Chair Larsen: Second.

Senator Clemens: The two employees you are talking about, what are they for?

Chair J. Lee: That was additional funding to 2-1-1 to enable them to add the for profit providers to their data base.

Senator Anderson: I think that was a testimony from Firstlink, they said it would take two additional employees to develop that database.

V-Chair Larsen: As we went down the road, we found out there are entities developing the database, all providers have a provider list, just a matter of them giving the information to 2-1-1.

Senator Anderson: gave an example from Board of Pharmacy.

Roll call vote taken.
Motion passes 4-3-0.
Senator Heckaman: I Move to Adopt the Amendments.
V-Chair Larsen: Second.
A roll call vote was taken.
Motion passes 6-1-0.
Senator Heckaman: I move Do Pass as Amended and re-refer to Appropriations.

V-Chair Larsen: Second.
A roll call vote was taken.
Motion passes 6-1-0.
Senator Heckaman will carry.

Before the bill was turned into the floor, the committee reconsidered their actions, there is no standing committee report.

Chair J. Lee: closed the meeting.

Attachment #2 provided for committee reference.

2017 SENATE STANDING COMMITTEE MINUTES

Human Services Committee
Red River Room, State Capitol

HB 1040
3/21/2017
Job Number 29497

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Maure Johnson

Explanation or reason for introduction of bill/resolution:

A bill relating to public employee health benefits transparency; and to provide an exemption.

Minutes: 1 Attachment

Senator Heckaman: On the section 7 that was deleted in the House, that's a very important part of services across North Dakota. It has nothing to do with 1915i. 1915i is a different program, funded in a different manner. Rep., Hogan wanted to make sure the money was there for 1915i, if we don't put section 7 back in, there will be no money. I met with Maggie and the new director, section 7 has to be fully funded, a little money won't help. It has to be whole plan. It's a statewide plan for adults and children for services. The 1915i is separate from that, the reason October 1st is in here, it will take them a while to get everything ready, after they get this money. We got a document from Maggie (please see attachment #1), the total of $12,196,834 with equal matching federal funds to provide services for adults and children. The services for adults for behavioral and mental issues will be covered by DOCR. There's $7M in there for that. This part of the bill, asks for $5M for adults. It asks for $7M with a $7M match for children. There are no services for children provided in any of the budgets right now. It's important that we take $7,037,998.38 and get an equal match from the federal government to provide mental and behavioral health services for children. We don't know where that money is going to come from. Without that, we bypass everyone up to the age of 21.

Chair J. Lee: There is no active bill with services for children.

Senator Heckaman: I think it's important to put this in. It's all or nothing. If we put in $2M, they have to deficit spend to come up with the other $5M, they have to match to total part for the children and the total for adults. Somehow the Department would have to come in with $7M exactly. They can split the program between adults and children, but they can't split the children's program apart. We have to have all the $7M or none. If we have none, we don't have services for behavioral and mental health services for children. I think that's important. I think we need to put that back in. In addition to the amendments, I think we need to add another section to this bill.

Chair J. Lee: We need to reconsider our actions.

Senator Heckaman: I move to reconsider.
Senator Piepkorn: Second.
Voice vote, motion carries.

Senator Anderson: The reference to the 1915i waiver was in Rep. Hogan's testimony, when she talks about the original section 7. Maggie reinforced the fact that they weren't going to have the details ready to move ahead until the end of September, the combination of those 2 things is where it came from.

Chair J. Lee: It turns out that for whatever reason, there's no reason to worry about the one FTE there, they are already down 104, so another one doesn't really make that much difference. I realize that we try to be careful about the money, it's also really a shame if we don't have any programs that provide services for 0-21. It's up to us to decide whether or not we're going to do this, but it seems to me that it's worthy of our consideration.

Senator Heckaman: Do we amend our amendment?

Senator Heckaman: I move to further amend amendment to include $7M for children's services.

Chair J. Lee: This is the original section 7, with $7M for children's services for 0-21 years of age.

Senator Anderson: I don't like to spend money when we don't need to, with the impetus on mental health, I'm not familiar with the Human Services budget, I think this would give the policy committee the ability to say to the Appropriations Committee, we need to increase the mental health funding and this is one option to do it. I think everybody, leadership etc., is looking for ways to try to solve this. We need to do something.

Senator Piepkorn: Second.

Senator Clemens: We're putting $7M in to get $7M from federal?

Chair J. Lee: It's a 50-50 match. If we put $7M in, Maggie said they can do some shifting within that to apply to various programs for behavioral health, they do have latitude as to how the funds are dispersed.

Senator Clemens: If Approps says $4M, that's what we'd get back?

Chair J. Lee: No. It's all or nothing.

Senator Heckaman: When she applies to the program it has to have the dollars they figured out that are needed in all the 8 Human Services Centers to deliver the program, it can't be a piecemeal program, it has to be across the whole state. The 1915i they can piecemeal it out. This one has to have equal access across all 8 Human Service Centers; the plan says this is the amount they need for children. They can piecemeal between children and adults, but they can't whittle the children's down any further. If they can't get $7M no amount will help.

Chair J. Lee: The attachment lists number of children who are likely to be users and average usage. That's how they arrived at that number.

Senator Clemens: When you say there's nothing for severely mentally ill children, what are you referring to there?

Chair J. Lee: We have the corrections budget, 2274 that moved into the corrections budget that's behavioral health for adults who are released from incarceration, right now that's the only active additional money for new adult behavioral health treatment that's going on. We don't have any other new money for adults, right now we have zero dollars for children's services.

Senator Clemens: For new money.

Chair J. Lee: Yes. We have existing programs, but they are experiencing cuts.

V-Chair Larsen: This population group to be served is in the Medicaid population, correct?

Chair J. Lee: Yes.

Senator Heckaman: In the attachment, for adults there would be 22,800 adults, if they got the money for adults; for children it's about 3,917. They assume that 50% are eligible for MA it's the 1,636 kids, and 8,241 adults.

Chair J. Lee: They know from their data, how many children and adults there are.

Senator Kreun: You were indicating some of this money could be moved around, where does the 1915i request come in? Are they still going to start this process?

Chair J. Lee: That relates to the state plan, it's not a waiver. That is not what this is.

Senator Kreun: You mentioned they wouldn't be ready until September, what happens to 1915i?

Senator Heckaman: All these plans have an implementation time, if this bill passes, and they can apply, it takes a while. That's why the October date was in here. There was not supposed to be anything about 1915i in this bill.

Chair J. Lee: I agree, it was in Rep. Hogan's testimony, it talks about the 1915i, the Department has told us that it isn't a waiver, it's a plan amendment, that needs to be corrected in our minds.

Senator Anderson: With the plan modifications, they have to go to the feds, and be approved. That would be in the budget for the next biennium. Once we get data together to ask the feds for a plan change, then that wouldn't come in until the next biennium.

Senator Kreun: Where are we in that process, I realize it isn't a part of this.

Chair J. Lee: We were confused, that terminology turned us around.

Senator Kreun: That would be part of the normal process, to get this in our plan.

A roll call vote was taken.
Motion passes 7-0-0.

Senator Heckaman: I move do pass as amended and re refer to Appropriations.
Senator Piepkorn: Second.

Senator Anderson: With the impetus for the mental health, I support this, this is a way to accomplish this.

Roll call vote was taken.
Motion passes 6-1-0.
Senator Heckaman will carry.

Chair J. Lee: Closed the meeting.

17.0183.06001
Title.07000

Adopted by the Senate Human Services Committee

March 20, 2017

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1040

Page 1, line 5, remove "to provide for a report; and"

Page 1, line 5, replace "an appropriation" with "appropriations"

Page 1, line 6, after "services" insert "; to provide contingent appropriations to the department of human services; and to provide for a report to the legislative management"

Page 1, line 24, replace "$200,000" with "$400,000"

Page 2, after line 6, insert:

"**SECTION 4. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - CHILDRENS' PREVENTION AND EARLY INTERVENTION BEHAVIORAL HEALTH SERVICES.** If actual general fund revenues for the period July 1, 2017 through June 30, 2018 exceed estimated general fund revenue projections for the same period by at least $5 million as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,556,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing prevention and early intervention behavioral health services for children, including services for children suffering from the effects of behavioral health issues, for the biennium beginning July 1, 2017, and ending June 30, 2019. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, Bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - BEHAVIORAL HEALTH DATABASE. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $70,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to an organization administering statewide 2-1-1 services to create a behavioral health provider database of profit and nonprofit organizations, for the biennium beginning July 1, 2017, and ending June 30, 2019.

SECTION 6. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $75,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 7. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES. If actual general fund revenues for the period July 1, 2017 through June 30, 2018 exceed estimated general fund revenue projections for the same period by at least $5 million as determined by the office of management and budget, there is appropriated out of

any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $125,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, Bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 8. APPROPRIATION- DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $75,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 9. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. If actual general fund revenues for the period July 1, 2017 through June 30, 2018 exceed estimated general fund revenue projections for the same period by at least $5 million as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $125,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, Bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration."

Renumber accordingly

CR
3/24/17
1 of 2

17.0183.06002
Title.08000

Adopted by the Senate Human Services Committee

March 21, 2017

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1040

Page 1, line 5, after "report" insert "to the legislative management"

Page 1, line 5, remove "and"

Page 1, line 5, remove "to the department of"

Page 1, line 6, replace "human services" with "; and to provide a contingent appropriation"

Page 1, line 24, replace "$200,000" with "$400,000"

Page 2, after line 6, insert:

"**SECTION 4. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - CHILDRENS' PREVENTION AND EARLY INTERVENTION BEHAVIORAL HEALTH SERVICES.** If actual general fund revenues for the period July 1, 2017, through June 30, 2018, exceed estimated general fund revenue projections for the same period by at least $5,000,000 as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,556,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing prevention and early intervention behavioral health services for children, including services for children suffering from the effects of behavioral health issues, for the biennium beginning July 1, 2017, and ending June 30, 2019. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - BEHAVIORAL HEALTH DATABASE. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $70,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to an organization administering statewide 2-1-1 services to create a behavioral health provider database of profit and nonprofit organizations, for the biennium beginning July 1, 2017, and ending June 30, 2019.

SECTION 6. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $75,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 7. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES. If actual general fund revenues for the period July 1, 2017, through June 30, 2018, exceed estimated general fund revenue projections for the same period by at least $5,000,000 as determined by the office of management and budget, there is

CR
3/24/17
2 of 2

appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $125,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 8. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $75,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 9. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. If actual general fund revenues for the period July 1, 2017, through June 30, 2018, exceed estimated general fund revenue projections for the same period by at least $5,000,000 as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $125,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 10. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TARGETED CASE MANAGEMENT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $7,037,998, or so much of the sum as may be necessary, and from special funds derived from federal funds and other income, the sum of $7,037,998, or so much of the sum as may be necessary, to the department of human services for the purpose of expanding target case management services beginning October 1, 2017, to allow designated behavioral health providers to provide targeted case management services for individuals with severe mental illness and individuals with severe emotional disturbance, for the biennium beginning July 1, 2017, and ending June 20, 2019."

Renumber accordingly

Date: 3/20 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 1040

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: add in $70K for 2-1-1

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. Piepkorn Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)		X	Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.		X			
Senator David A. Clemens		X			
Senator Curt Kreun	X				

Total (Yes) 4 No 3

Absent 0

Floor Assignment _____

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

Date: 3/20 2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 1040

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 17.0183.06001

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. Heckaman Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)		X	Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 6 No 1

Absent 0

Floor Assignment Sen. Heckaman

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

Date: 3/20 2017

Roll Call Vote #: 3

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 1040

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. Heckaman Seconded By Sen. Larsen

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)		X	Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 6 No 1

Absent 0

Floor Assignment Sen. Heckaman

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

Date: 3/21 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 1040

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: Voice Vote

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. Heckaman Seconded By Sen. Piepkorn

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)			Senator Joan Heckaman		
Senator Oley Larsen (Vice-Chair)			Senator Merrill Piepkorn		
Senator Howard C. Anderson, Jr.					
Senator David A. Clemens					
Senator Curt Kreun					

Total (Yes) _____ No _____

Absent _____

Floor Assignment Passes

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

Date: 3/21 2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1040

Senate Human Services Committee

☐ Subcommittee

Amendment LC# or Description: 17.0183.06002

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. Heckaman Seconded By Sen. Piepkorn

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)	X		Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 7 No 0

Absent 0

Floor Assignment _____

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

Date: 3/21 2017

Roll Call Vote #: 3

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. 1040

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. Heckaman Seconded By Sen. Piepkorn

Senators	Yes	No	Senators	Yes	No
Senator Judy Lee (Chairman)	X		Senator Joan Heckaman	X	
Senator Oley Larsen (Vice-Chair)		X	Senator Merrill Piepkorn	X	
Senator Howard C. Anderson, Jr.	X				
Senator David A. Clemens	X				
Senator Curt Kreun	X				

Total (Yes) 6 No 1

Absent 0

Floor Assignment Sen. Heckaman

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

REPORT OF STANDING COMMITTEE

HB 1040, as reengrossed: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** and **BE REREFERRED** to the **Appropriations Committee** (6 YEAS, 1 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1040 was placed on the Sixth order on the calendar.

Page 1, line 5, after "report" insert "to the legislative management"

Page 1, line 5, remove "and"

Page 1, line 5, remove "to the department of"

Page 1, line 6, replace "human services" with "; and to provide a contingent appropriation"

Page 1, line 24, replace "$200,000" with "$400,000"

Page 2, after line 6, insert:

"**SECTION 4. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - CHILDRENS' PREVENTION AND EARLY INTERVENTION BEHAVIORAL HEALTH SERVICES.** If actual general fund revenues for the period July 1, 2017, through June 30, 2018, exceed estimated general fund revenue projections for the same period by at least $5,000,000 as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,556,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing prevention and early intervention behavioral health services for children, including services for children suffering from the effects of behavioral health issues, for the biennium beginning July 1, 2017, and ending June 30, 2019. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - BEHAVIORAL HEALTH DATABASE. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $70,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to an organization administering statewide 2-1-1 services to create a behavioral health provider database of profit and nonprofit organizations, for the biennium beginning July 1, 2017, and ending June 30, 2019.

SECTION 6. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $75,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 7. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES. If actual general fund revenues for the period July 1, 2017, through June 30, 2018, exceed estimated general fund revenue projections for the same period by at least $5,000,000 as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $125,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant

to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 8. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $75,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 9. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. If actual general fund revenues for the period July 1, 2017, through June 30, 2018, exceed estimated general fund revenue projections for the same period by at least $5,000,000 as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $125,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 10. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TARGETED CASE MANAGEMENT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $7,037,998, or so much of the sum as may be necessary, and from special funds derived from federal funds and other income, the sum of $7,037,998, or so much of the sum as may be necessary, to the department of human services for the purpose of expanding target case management services beginning October 1, 2017, to allow designated behavioral health providers to provide targeted case management services for individuals with severe mental illness and individuals with severe emotional disturbance, for the biennium beginning July 1, 2017, and ending June 20, 2019."

Renumber accordingly

2017 SENATE APPROPRIATIONS

HB 1040

2017 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1040
3/27/2017
JOB # 29699

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature	Mary Jo Wocken for Alice Delzer

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 NDCC; relating to an evidence –based alcohol and drug education program; relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; to provide for a report; and to provide an appropriation to the department of human services.

Minutes:

1.Carlotta McCleary Testimony
2.MHAN Testimony submitted by Ms. McCleary
3.Siobhan Deppa Testimony
4.Marcia Hettich Testimony
5.Denise Harvey Testimony (for Teresa Larsen)
6.Bethany Mack Testimony
7.Jacki Keck Testimony

Chairman Holmberg: called the Committee to order on HB 1040. All committee members were present. Michael Johnson, Legislative Council and Becky Deichert, OMB were also present. Our purpose is to focus on the dollars on 1040. Is anyone going to talk on 1040?

Senator Mathern: District 11 in Fargo, I served on the interim committee wherein many of these issues were noted. I am assuming that the Chairman of Human services, Judy Lee, will come in and testify when she can.

Chairman Holmberg: We will turn this over to the subcommittee so she can make a presentation to them. (The subcommittee is Senator Kilzer, Chairman; Senators Erbele, Dever and Mathern.)

Senator Mathern: That is an excellent idea, because all of these programs would be monitored or funding through DHS. The first section – regarding evidenced-based alcohol and drug education programs. The important word is evidenced-based for the Department and our legislature to focus on that is an important part for our state. Section 2 – programs we need to pay. Section 3 – pilot project, Children's prevention and early intervention. Section 4 – General fund appropriation; Section 5 – Behavioral Health Database, they could call 2-1-1 services all over the state; Section 6 – Peer-to-Peer Support Services. It is a small amount but useful for encouraging and supporting people. This does not have to be a highly paid professional. Someone who went through the program can do this as well. Section 7-

Contingent general fund appropriation and Section 8 – Family-to-Family Support Services and the funding for that is in Section 9. Section 10 relates to Targeted Case Management Services. It is meant for providers to help people get well. If they don't have someone helping them, they get ill again and get referred back to the hospital. This Targeted Case Management helps in that regard as we reduce hospital care which is much more expensive. I would ask that you support this bill and refer this bill to the Department of Human Services.

Senator Kilzer: In the Human Service Budget, a couple of questions. Was this ever in the HS budget? Does this fit with children and family services or more in behavioral health in a different division?

Senator Mathern: I believe some of these programs were part of DHS. Possible optional. I do believe the department has been meeting with the stake holder groups all during the interim. I know they are related to all of the funding. In terms of children and family services. There is a greater focus to children and family services in the general population of behavioral health. The committee focused on children rather than we could address the needs of one population group so it appears that the committee sort of focused on children versus the general population. For example, case management for our general population would probably cost more, on behavioral health would be more. Often times children and family services has been viewed as a program for foster care, adoption, child protection services, and those kinds of things. But I think this is extending that recognition that in Children and Family services there are many behavioral health issues in addition to those traditional child welfare services. It is recognizing a broader array of needs in the children. Yes, behavioral health is expanded in the children's area.

Senator Kilzer: There is a considerable increase in the budget. This amendment, or new bill, doesn't include any things that are in the increase that was proposed. You say this new bill doesn't include any of the things that are already included in the increase that is proposed?

Senator Mathern: This is additional to what we have seen in the children's and family services, budget line items in HB1012.

Chairman Holmberg: The original bill coming out of the interim committee had about 15m they reduced that down to $200,000, the whole bill. They are back at roughly 7.5 on general fund and close to 2m of contingency money. The bill has gone through a lot of change. We have a bill tomorrow, 1041, it is molted in the House. So we will see them both and both of them will end up with the DHS subcommittee level.

Senator Dever: There are some programs currently in the Department of Human Services that were either eliminated or reduced in the House. Parents Lead, Parent to Parent I understand, Experienced parents. Are those programs to be considered in this same context as these programs?

Senator Mathern: Yes, those are all important programs. Yes, there is great need out there. I presume there are still people going to testify. What we have had is an in-depth review of the behavioral health situation in ND, which has lead us to believe we have too many people in prison, and need more services for behavioral health. Those behavioral health services

are clinical in nature but also supported in nature. And what you supportive to families and children in nature. What you have outlined is those supportive services that are needed. We could have hospitals all over the state with many beds, but if we don't' have those underlying supportive services in our communities, we would bankrupt ourselves. People would just be going from hospital to hospital. I think this bill and the Senate Human Service Committee is an attempt to shore up that out of the hospital service agenda that we have found to be necessary for people to get well and stay well.

Chairman Holmberg: I am sure the subcommittee will address this.

Carlotta McCleary, Executive Director for both Mental Health America of ND and ND Federation of Families for Children's Mental Health testified in favor of HB 1040 and provided written Testimony attached # 1 – sharing that Mental Health Advocacy Network (MHAN) advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely and effective and asking for increased funding for this bill. She also submitted Testimony attached # 2- The Mental Health Advocacy Network (MHAN) A coalition for North Dakota expressing the values of MHSN and states it supports a responsive and immediate solution to the existing gaps in mental health services in ND and rejects the notion of a phased-in, years-long approach to service development.

Chairman Holmberg: (0.21.08) As I understand it like for family support, that 75,000 in here and it also has a contingent of $125,000 if the state revenues.... and is that the same for the Peer, yes that is the same for the Peer to Peer. That was confirmed.

Senator Mathern: What do you think the present need is in our state for the peer-to-peer and family to family funding. What would be the appropriation to fund the need? What is the ultimate goal to fund the need?

Ms. McCleary: Ultimately, anyone who is receiving intensive case management, whether it through the Children's FED program, or through the FMI program, I think everybody should have access to another tier of that support. We are serving less than 10% of that adult population right now. We need to do so much more. The original bill looked at 13 additional FTE's across the state. I think it's a start. It really provides that person to person of help for how to access mental health and giving people hope and how to reach recovery.

Senator Mathern: So the interim committee addressed about a $2m amount to address this need throughout the state. Would that be accurate? **Ms. McCleary** replied yes.

Siobhan Deppa, a consumer of Behavioral Health Services in North Dakota testified in favor of HB 1040 and presented written Testimony attached # 3 – asking for support for this bill, particularly the Peer-to-Peer Support Program. She also submitted Testimony attached # 4 from **Marcia Hettich, a Mental Health Advocate** asking for support for this bill, particularly the Peer-to-Peer Support Program.

Chairman Holmberg: The original section 6 had $1.92M for Peer-to-Peer or family to family support.

Denise Harvey, Director of Program Services with the Protection and Advocacy Project provided written Testimony attached # 5. On behalf of Teresa Larsen, the Executive Director asking for support for this bill. She also submitted Testimony attached # 6 from Bethany Mack, regarding her son who really needs the Peer-to-Peer support programs and also the Family-to-Family Support Programs in this bill. She also submitted Testimony attached # 7 – from Jackie Keck, a Mental Health Advocate and presides over the Williston Basin Resource Coalition, asking for support for programs as the statewide Peer-to-Peer Support for adult consumers who have a mental health illness.

Chairman Holmberg: Closed the hearing on HB 1040 and stated that the Department of Human Services Subcommittee will be appointed to this.

2017 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1040
3/31/2017
JOB # 29878

☒ Subcommittee
☐ Conference Committee

Committee Clerk Signature Marie Johnson for Alice Dever

Explanation or reason for introduction of bill/resolution:

A Subcommittee hearing regarding the bill addressing Alcohol & Drug Education Program. (DHS)

Minutes: No Testimony submitted

Chairman Kilzer called the subcommittee to order on HB 1040 in the Harvest Room at 11:30 am. Let the record show that all committee members are present: Chairman Kilzer, Senator Erbele, Senator Dever, and Senator Mathern. Michael Johnson, Legislative Council and Lori Laschkewitsch, OMB were also present.

Chairman Kilzer: Let's make sure we're working off the same bill: .08000. It comes to us from the House and it has been through the Senate Human Services committee with referral to Appropriations. Now it is up to us to make a recommendation to the full Senate Appropriation committee.

Maggie Anderson: I can speak to the Medicaid targeted case management pieces, Pam Sagness is here to speak to the behavioral health parts.

Chairman Kilzer: Would you tell us about this bill? It was not in the executive budget. Was it an OAR? When I first look at the bill, there was quite a bit of money in it, now not so much. I see $23M in Pam's part. I would like to know the status of this orphan bill.

Maggie Anderson: The largest portion of the funding would be in section 10 of the bill. That's for the targeted case management for children who are seriously emotionally disturbed. That is $7M of general funds, and $7M of matching funds. That would be expanding a current Medicaid state plan service. Currently in Medicaid we do pay for targeted case management for individuals with serious mental illness and children with emotional disturbance. However, that is one state plan area where a state can restrict provider enrollment, we restrict that enrollment to the Human Service Centers and the tribes. The bill was originally going to open up both SMI and SED targeted case management to all providers. That was removed in the House. The Senate has restored the money specifically for children who are not able to access services at a Human Service Center; not convenient for them to get to the center, but there is a qualified provider in their community, it would open

up the state plan for that. This is an interim committee bill, we looked at the prevalence of serious emotional disturbance in North Dakota, the number of clients we are serving at the Humans Service Centers, the number of clients that would potentially leave that are not currently accessing services, we estimated how many we thought would seek services from a private provider, and then applied our rates and normal length of care. This was not in the executive budget; we did not have optional adjustment requests for them. This came out of the behavioral health study in the interim. From the behavioral health stakeholders' workgroup, interim committee, and the needs assessment. When you look at the Department's optional adjustment requests, we had some. We were asked to look for savings. While we weren't held to the 90% budget, we were asked to look for savings.

Chairman Kilzer: How much money is in Pam's budget for the children who are eligible?

Maggie Anderson: That money is not in Pam's budget, that money is at the Human Service Centers. While it is Medicaid funding, at that point, the Human Service Centers are Medicaid providers. They provide the service, they bill on the MMIS, and then we pay that and draw down from the federal money, and push that money out to the Human Service Center. That money is not in Pam's division, it's in each of the Human Service Centers.

Chairman Kilzer: I would like to know roughly what the amount is. It's the matter of eligibility and where the service is delivered.

Maggie Anderson: I'll get that number for you. It's a matter of opening up the provider group. It would be as if we said we were only going to offer dental services in Bismarck, or only allow certain dentist to enroll; now we're saying we want it to be all dentists. This is a situation in Medicaid, they allow this for very few services where you can restrict providers. This is one where historically the state has done that.

Chairman Kilzer: I am not sure I got a list of your OAR's. Did you pass one out?

Maggie Anderson: We can get a copy for you of that.

Senator Mathern: Refresh my memory, why did we decide to restrict this service?

Maggie Anderson: That was what was in the state plan before I came. When we do that restriction of the state plan, you have to tell why it's ok to restrict that, we talk about the Human Service Centers and their role in setting core service. CMS has approved that, we updated all the targeted case management state plans about 2 years ago. We do have to justify it.

Senator Mathern: If we open it up and that creates additional expenditures, does that mean that that group of children is not receiving care?

Maggie Anderson: That is how our estimate is built. We looked at the prevalence data and the number of children that we've served. We did the difference and estimated a percentage; we assume 50% would actually receive services. We looked at our historical data, and did an estimate.

Senator Mathern: Isn't it also possible that there would be no increase, that people would just switch from a Human Service Center to a private provider?

Maggie Anderson: If individuals switched from a Human Service Center to a private provider, that piece of it would have no potential financial increase, but if we truly believe that the prevalence data is accurate and that those children who currently have a diagnosis of serious emotional disturbance would need services, you're going to have increased expenditures, we didn't assume 100%, we knew it wouldn't be all of them. To think that we'd add a service, when what we've heard for the last couple of interims is that people need more services, they're looking for care coordination, I don't think it would be accurate to assume we wouldn't see increase expenditures.

Senator Dever: The bill from interim committee had $12,196,834 of general funds and $12M of federal funds. It was stripped out in the House Human Services Committee, and restored in the Senate to $7M and $7M.

Chairman Kilzer: Is it the case, Maggie, it's only the provider restrictions that are changing? How about the eligibility of the children and family, has that changed?

Maggie Anderson: That was not in the fiscal estimate. With targeted case management, you have to define a group. The general population of Medicaid, 69,000 people, we don't do targeted case management; we do primary case management with their doctor. This is more diagnosis specific. They have to be Medicaid eligible, serious emotional disturbance. They have to be under the age of 21, they have to have a mental disorder defined in the DSM-5, the child must demonstrate a function impairment of 50 or less on the global assistance functioning. They need to have service needs involving two or more community agencies; and then they have to be determined as having psychiatric crisis or emergency which requires emergency intervention to prevent institutional placement or be in need of long term mental health services. Those are our service eligibility requirements. We did not contemplate reducing any of those service eligibilities. If we would reduce those and allow more children into the service, that would change the fiscal estimate. That $7M is solely to say we are going to open this up to private providers in addition to the Human Service Centers.

Pam Sagness, Behavioral Health Division of DHS: I wanted to make a note, in Section 10, there would be one language change. It still says in lines 12-13, individuals with a serious mental illness; that language was relevant for when funding was available for both adult and youth. Now it's just for the youth; there should be a strike through, 'individuals with a serious mental illness and'.

Senator Mathern: Didn't we have another bill, with behavioral health services, that amounted to about $20M, what is that?

Pam Sagness: Originally with the combination of state and federal money that this was $24M.

Chairman Kilzer: Would it be fair to say, if this passed in its entirety that it would basically double your total appropriation? I think you have $23M right now in 1012.

Pam Sagness: To clarify the behavioral health division budget. Our budget is not specific to these services, and is not providing these services. The $23M you see in the behavioral health division is primarily federal funding. It funds things like prevention efforts that go to communities, not services for youth or adults. There isn't any overlap between this bill and our budget, except for the section that is specific to FirstLink or 2-1-1 services and Family to Family services. Those are the only two areas where there is any connection. This bill is proposing enhancements to those current services.

Chairman Kilzer: Is there any past history of your division offering these services?

Pam Sagness: These services have historically been provided through the Human Service Center, and not through the policy or administration division of the Behavioral Health Division.

Senator Mathern: I would see this as a standalone bill that came to us from the interim. I see it as providing some enhancements to services that are needed in behavioral health, and I would recommend that we pass it.

Chairman Kilzer: I don't think we have the information of the history of what the services have been; and we need to have that information. There will be duplication if we continue the funding of Human Services Centers at the levels that we anticipate and if we would give approval. Was that discussed with the House and Senate Human Service Committees? About these services that were offered through the Human Service Center.

Maggie Anderson: Not to my knowledge, did they ask specifically what the Human Service Centers had billed. We were looking at the prevalence, how many people. How many dollars are going forward, looking at the gap of who may not be receiving services.

Chairman Kilzer: That concerns me. That the people who put this back in were not aware how much was being spent through the Human Service Centers.

Senator Mathern: If the committee was unwilling to get enough support to fund this program. Are there still parts of this bill that are needed to enhance services? Section 1 or section 2. Maybe Pam could address that. What are items in this bill that would help our Department and our service delivery?

Pam Sagness: The first two sections, were a recommendation that came from the Department to the interim committee. There was originally an appropriation of $10,000 for us to make the transition. I'll explain the two sections, there is currently no appropriation for 1 and 2, we believe we have the resources with our federal funding to be able to see this transition happen. Section 1 changes Century Code that identifies a youth that gets a minor charge, that individual is required to do education, but Century Code doesn't identify who requires that education to occur. There is no minimum standard for what that education is. Right now anyone can provide that service, they can advertise and provide that service; that is a service to youth. Our recommendation was in section 1 and 2 we needed an opportunity to set a minimum standard of an evidence based program that would set that standard, so we would know that youth were getting that service and that the individuals providing that service were certified to provide it. This is a private sector service; the DHS will not be

providing this service. Local public health units have an interest in doing this. They could do it for free, cost to the client, or charge each individual. There is already a lot of private providers who do this, this would provide training to do this.

Senator Erbele: I would like to make a comment on the overall bill. I think we are serious about doing some restoration in 1012. I don't think this bill can handle all the funding. On this bill, we are just recommending to the committee; the full committee will decide. So we will recommend something if we keep section 1 and 2, maybe section 6. 7 and 9 are contingency sections; we have been steering away from contingencies. I think if we went with this would inhibit our ability to do what we want to do in 1012. If we would bring it back to full committee with section 1, 2, and 6.

Chairman Kilzer: Is that a motion?

Senator Erbele: I move that for the sake of discussion.

Chairman Kilzer: We're talking about retaining sections 1, 2, and 6 and removing the rest. That is the way it would go to the full appropriations committee.

Senator Dever: Second the motion.

Chairman Kilzer: Further discussion.

Senator Dever: I don't disagree with that; I am wondering if we should be considering the whole bill in the context of 1012, and set it aside for now. Should we consider putting section 6 and 7 together for $200,000 and a direct appropriation rather than $75,000 and possibly the same for section 8 and 9.

Senator Erbele: I guess I need some clarification from Senator Dever. 7 and 9 are the contingent sections.

Senator Dever: Section 6 appears to be $75,000, section 7 is contingent on a surplus in the general fund. If I am reading that right, we just make it $200,000 in direct appropriation.

Senator Mathern: The way I hear this being discussed is that we would put $200,000 into Peer to Peer support services from general fund; and we would put $200,000 in general fund for Family to Family support.

Senator Dever: One of the thoughts going through my mind is $75,000 doesn't do a lot. If we're not going to properly fund it, should we fund it at all?

Chairman Kilzer: At that stage I would not vote for it without knowing what funding exists already.

Senator Dever: The conference committee would be made up of Human service policy members, I think we should set them up for success.

Chairman Kilzer: The obvious fact that they didn't have all their information when they made their decision. We can proceed with the motion and the second that we have to retain sections 1,2, 6.

Senator Mathern: I would say 1, 2, and 6 are very important.

Senator Dever: Assuming the failure of the motion I would make another motion for 1, 2, 6, and 8, with 6 and 8 being funded at $200,000 each.

Chairman Kilzer: Call the roll on the motion made by Erbele for retaining 1,2,6 and not retaining the remaining sections as to what we bring to full appropriation committee.

A Roll Call vote was taken. Yea: 2; Nay: 2; Absent:0. Motion failed.

Senator Dever: Made the motion to retain 1, 2, 6, 8, with 6 and 8 having an appropriation for $200,000 rather than $75,000. 2nd by Senator Mathern.

Chairman Kilzer: I would not support that motion, without knowing the Human Service Centers are putting in the fund.

Senator Dever: We could delay action until we have more information.

Senator Erbele: I am ok with waiting.

Chairman Kilzer: When we might have the information about the amount of money the Human Service Centers do on this subject.

Maggie Anderson: Hopefully we'll have that on Monday.

Chairman Kilzer: We will meet again on Monday.

2017 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1040
4/3/2017
Job # 29909

☒ Subcommittee
☐ Conference Committee

Committee Clerk Signature Rose Laning

Explanation or reason for introduction of bill/resolution:

Relating to an evidence – based alcohol and drug education program; penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises.

Minutes: 17.0183.08000 - Attachment # 1

Legislative Council: Michael Johnson
OMB: Lori Laschkewitsch

Senator Kilzer called the sub-committee to order on HB 1040. **Senators Erbele, Dever** and **Mathern** were also present.

Senator Kilzer: We had a question how much of this budget is coming out of human service centers.

Maggie Anderson: There was a section added to HB 1040 that would appropriate a little over $7M of general fund, a little more than $7M of federal money for seriously mentally ill and seriously emotionally disturbed targeted case management. The amendment opens up the Medicaid service, so right now that Medicaid service is restricted to the human service centers and the North Dakota tribal governments or 638 programs.
You asked how much the human service centers were basically incurring or billing that for Medicaid, so we pulled that for 2 years and for fiscal year 2015, it was $4.2M. That's a combination of SMI and SED. The majority of that is SMI (seriously mentally ill) which is more of the adult population than the children's population. For federal year 2016, the amount is about $3.4M that the human service centers are billing for those two services.

Senator Kilzer: These are not federal grants, they're billable charges?

Maggie Anderson: They are Medicaid services, so for each claim that the human service center submits to MMIS when we pay that claim, 50% of the money will come from the federal government and 50% would be state funded.

Senator Kilzer: It was $4.2M in the year 2015 – is that the total amount or is that the general fund?

Maggie Anderson: That's the total amount that the human service centers billed.

Senator Kilzer: And the federal government paid half of it?

Maggie Anderson: Right. They paid about 50% of it. It's possible that we would have a child - when CHIP (Children's Health Insurance Program) was implemented in ND, we did a couple different phases of CHIP implementation and there was one called Medicaid Expansion CHIP that predates anything to do with Medicaid expansion and the Affordable Care Act. It's a group of kids that would otherwise have failed Medicaid if not for the asset test. We called them Medicaid expansion kids on CHIP and we are able to secure a higher federal match for them. At a minimum, these dollars would be 50-50.

Senator Mathern suggested taking the sections separately and voting on them so they could move the bill out of committee. Sections 1 & 2 have support and are needed by the department. The other sections can stand on their own. Combine sections 5 & 6, and 7 & 8 as Senator Dever suggested in taking out the trigger mechanism but fund the service.

Senator Kilzer: asked which version of the bill he was referring to? (.08000)

Senator Mathern: The .08000 version – this was adopted by the Senate after the Human Service committee met. (17.0183.08000 – Testimony Attached # 1)

Senator Dever: I think our conversation the other day was in support of sections 1 & 2 and then combine sections 6 & 7 and then sections 8 & 9. If you eliminate the contingent appropriation, we'll roll it into the regular appropriation.

Senator Erbele: We were talking – section 1 & 2 and sections 6 & 8 but changing the number between the two to $200,000 instead of $150,000.

Senator Dever: It would be $200,000 in section 6 and $200,000 in section 8. Section 6 has $75,000. Section 7 has $125,000 that is contingent and section 8 has $75,000 and Section 9 has $125,000 contingent. So it was $200,000 in each. The House had $200,000 in section 3 and looks like differing priorities.

Senator Erbele: You would go $200,000 and remove the contingent language or not?

Discussed the contingency –

Senator Mathern: **Moved to adopt sections 1 & 2.**
Senator Dever: Seconded the motion.

A Roll Call Vote was taken: 4 yeas, 0 nays, 0 absent.

Senator Kilzer: Yes
Senator Dever: Yes
Senator Erbele: Yes
Senator Mathern: Yes

Senator Kilzer: On serious mental illness, does that cover the same population as we're talking about in HB 1040. Is it a different population, or more children? How does that mesh with how the House turned out .08000?

Maggie Anderson: Specifically to Section 10 of HB 1040 (.08000 version) – the numbers are what the human service centers have billed for that service for the past 2 years. We wouldn't expect that to change. It's possible because some of those people may go to a private provider, but even if they go to a private provider, we're still going to incur those costs. It's not really looking at what the HSCs have been billing, it's saying who may not be able to be served by the HSC because perhaps they're not in a location that's convenient. Maybe they choose not to receive their services at the HSC, so what section 10 does, it would direct the department to take that service that is currently in the Medicaid state plan and open it up beyond the HSCs and the tribes to allow any qualified private provider to provide the service. It's not an expansion of service, it's more an expansion of which providers are able to deliver the service. Therefore we would expect to serve additional individuals.

Senator Mathern: **Moved adoption of Section 10.**

Senator Kilzer: That would have a price tag of an additional $7M. This was not an OAR or a request and comes out of the senate human services interim committee.

Senator Dever: the original version came from interim committee with $12M

Senator Erbele: **Seconded the motion.**

Senator Mathern: Senator Dever is correct. Case management was in the interim committee. Case management was taken out by the House in this session's standing committee and this session's standing committee in the Senate reintroduced this version of it which is now section 10.

Senator Erbele: Did the House have anything in it or did they pull this section out and we put it back in?

Michael Johnson: The House removed this section from the bill so there was no money for case management services. The Senate version added $7M back.

Senator Dever: The House left in sections 1, 2 & 3 and section 3 had $200,000 rather than $400,000 that was in the original bill.

Michael Johnson: The House included sections 1 & 2 related to the alcohol and drug education program. They also left in a section for a pilot project – children's prevention and early intervention behavioral health services. That included $200,000 from the general fund.

Senator Dever: Which is what section 3 of the current bill has? Except section three now has $400,000.

Michael Johnson: The House version had $200,000 and the .08000 version here shows $400,000 for section 3.

Senator Kilzer: So that was increased by the Senate Human Services committee and the full senate increased it from $200,000 to $400,000?

Senator Kilzer: We have a motion before us to adopt section 10 for $7M.

Senator Dever: I would support it, except we're talking priorities here and I think this is a big chunk of change that we're not prepared to commit to at this point.

A Roll Call Vote was taken: 1 yeas, 3 nays, 0 absent.
Senator Erbele: No
Senator Dever: No
Senator Mathern: Yes
Senator Kilzer: No

Motion fails.

Senator Mathern: We've discussed Section 3 pilot project that the House set at $200,000 and the Senate Human Services Standing committee set at $400,000. I move the adoption of section 3 at the $400,000 level.

Maggie Anderson heard the question but stated she would not be able to answer the questions and that Pam Sagness is not here.

Aimee Copas, Executive Director, North Dakota Council for Educational Leaders: We've worked with Pam Sagness with regard to section 3. We worked almost an entire interim trying to put together this potential pilot project. What we're looking at, with that amount, is to be able to have the Department of Human Services work with the district to create a community wrap around project where we can essentially start breaking down the silos between education and the Department of Human Services to try to provide better services for our kids and parents. In talking to Pam, by the state being able to fund this initial pilot project, we could potentially open ourselves up to additional federal dollars to help extend out that pilot that we would not be subject to being able to have without the state first stepping forward to start the pilot project on our own.

Senator Kilzer: What would be the difference between $200,000 and $400,000 as your base?

Aimee Copas: It would be the difference between one school and two schools being able to participate in the pilot. Currently we have an elementary school in Minot to start what we were looking at. They were able to get a singular Bremer bank grant and we found that the cost to run that pilot was approximately $200,000.

Senator Mathern: Dr. Copas has answered my question, so if we don't go for the 4 (section), I hope we go for the 2. If there is something the House has already approved, let's try to approve it.

Senator Dever: Then section 4 has a contingent appropriation to add an additional $1,556,000 for the same program. Is that then to extend it across the state?

Aimee Copas: I wish I could answer, but don't have the answer. I can get it to you by morning.

Senator Mathern: I see the pattern here and the intent would be to extend it further but use contingency appropriated money. It's children prevention and early intervention is the title and that's the same title for section 3 which defines the program. Section 4 is continuing that program but in more areas with contingency language.

Senator Erbele: The goals of the pilot project – is there a hope that there is going to be some savings in some other area as we go forward with this or are we creating a whole new branch of the department? I'm always shy on pilot projects because once you do a pilot, then you need the airplane, and then you need the runway and it keeps going.

Aimee Copas: One of the things that schools are not good at is operating in the area of Human Services. There are a lot of things we're learning as we work with Pam (Sagness) and that's the opportunity to work with them and have billable services. That's an area I can't speak very well to, but with a partnership with Health and Human Services, we can find ways to get these pilot projects started, do things through billable services so we're not creating new levels of bureaucracy but creating a self-funding mechanism. The piece that we don't know is how do we implement this into the school structure. By no means or any stretch of the imagination are the people within our schools able to provide the therapy, but we need to figure out a way to get to our students, the right services that they need, and the parents the right services they need. There are a lot of things that we are doing within the schools that we can pull them around to be billable services so the state is not on the hook.

Senator Erbele: Is a biennium long enough to see the success of the program? If we see that it's not going to work, do we drop it in two years. Do we have time to get anything off the ground in this amount of time with one school?

Aimee Copas: The first year will have people doing the planning stages and the second year probably will be the logical application of the pilot. We can still provide a report of what's going in place with legislative management by the end of the biennium. We can see the pilot in place and where we're going with it. The legislature could then determine if it's worthwhile. There are a number of concepts already out there and ready to be proposed, so we have good ideas of what we want to have done on the basis of rural versus urban, and different pieces like that, but as far as being fully implemented by the biennium, it's tough to say.

Senator Kilzer: There's been a motion to adopt section 3 at $400,000. Asked for 2nd to the motion.

The motion dies for lack of a 2nd.

Senator Mathern: **Moved section 4 – establishing a early intervention and behavioral health services project between the Dept. of Human Services and school programming. The section would be contingent on the general fund revenue going up at least $5M beyond what is the estimated projection.**

Senator Erbele: Seconded the motion.

Senator Kilzer: The vote will be on section 4 with $5M and a trigger from OMB.

Senator Dever: the number would be $1,556,000 assuming that there is a $5M surplus over the projected general fund revenue.

Senator Kilzer: the trigger is first – which is $1.5M.

A Roll Call Vote was taken: 2 yeas, 2 nays, 0 absent.

Senator Kilzer: No
Senator Erbele: Yes
Senator Dever: No
Senator Mathern: Yes

Motion fails.

Senator Mathern: Moved a Do Pass of section 5. This is appropriating a grant of 2-1-1 which implements a statewide program where people can call in and get assistance. Creates a behavioral health data base of profit and non-profit organizations.

Senator Kilzer: What is their funding already?

Senator Mathern: Their funding comes from a number of sources. There is probably a grant in the Department of Human Services to 2-1-1 for a couple hundred thousand dollars or more beyond this $70,000. I think we do provide them a grant for doing 2-1-1.

Maggie Anderson: In 2017-19 to the House, the total was $550,000 and of that $542,800 was general fund.

Senator Kilzer: More than a half a million already are general funds for 2-1-1. Is there additional money from the Health Dept. that we know about?

Maggie Anderson: All of that was kind of consolidated into DHS a few years ago, that it had been some in the Adjutant General's budget and ours. I think it's all here. That $550,000 is

a hold even number from 2015-17 budget until now and in the 2013-15 budget was when you added an additional $107,800.

Senator Kilzer: Asked for a second to the motion.

The motion dies for lack of second.

Senator Mathern: **I would like to combine sections 6 & 7 so that peer to peer support services would be at $200,000 (from page 2, line 29). Deleting all of section 7 – no contingency.**

Senator Dever: Seconded the motion.

Senator Kilzer: We have a motion and a second to combine sections 6 & 7 and change to $75,000 to $200,000 and eliminate the wording of section 7. Does peer to peer appear in the HB 1012 budget?

Maggie Anderson: I'd want to check, but I believe both peer to peer and family to family have $75,000 which is a hold even amount? (talking to financial colleagues)
We have peer to peer for children in the 2017-19 budget and family to family - $75,000 for each of those.

Senator Kilzer: That's in the children and family sections.

Maggie Anderson: The family to family is in CFS. The peer to peer is in the behavioral health division. Those were added last year as a new funding stream for those two areas and they are hold even in 2017-19 budget – at $75,000 each. The section you are looking at is adults and that's not what the $75,000 is for, that's just for the kids.

Senator Mathern: Peer to peer support services are very important as are family to family support services. Both of these programs are very cost effective and are based on studies that save money and work.

Senator Kilzer: This was not an OAR. If we're going to fund it, we should have a source of funding. Otherwise something else will have to suffer.

Senator Kilzer: Please call the roll on adding section 6 at $200,000 on line 29 on page 2, and combining it with section 7 with no additional money.

A Roll Call Vote was taken: 3 yeas, 1 nays, 0 absent.
Senator Dever: Yes
Senator Kilzer: No
Senator Mathern: Yes
Senator Erbele: Yes

Senator Dever: I would move section 8 changing $75,000 (on line 18 on page 3) to $200,000 and delete section 9.
Senator Erbele: Seconded the motion.

Discussion -

A Roll Call Vote was taken: 3 yeas, 1 nays, 0 absent.
Senator Erbele: Yes
Senator Mathern: Yes
Senator Dever: Yes
Senator Kilzer: No

Senator Dever: Moved a Do Pass recommendation to the full committee on HB 1040 as amended by the subcommittee.

Senator Erbele: Seconded the motion.

Senator Kilzer: I am concerned about adding $400,000.

Senator Dever: I agree with Senator Erbele that it's a matter of getting it to conference committee and resolving those issues there.

A Roll Call Vote was taken: 4 yeas, 0 nays, 0 absent.
Senator Kilzer: Yes
Senator Dever: Yes
Senator Erbele: Yes
Senator Mathern: Yes

Senator Mathern will explain the bill to the full appropriations committee.

2017 SENATE STANDING COMMITTEE MINUTES

Appropriations Committee
Harvest Room, State Capitol

HB 1040
4/4/2017
JOB # 29911

☐ Subcommittee
☐ Conference Committee

Committee Clerk Signature Alice Kilzer

Explanation or reason for introduction of bill/resolution:

A DO PASS AS AMENDED on the alcohol and drug education program (DHS)

Minutes: 1.Proposed Amendment # 17.0183.06003

Chairman Holmberg: called the Committee to order on HB 1040. All committee members were present. Michael Johnson, Legislative Council and Becky Deichert, OMB were also present.

Chairman Holmberg: This is a bill that has kind of inflatable. It's been small, big, small, big and now it's big. It came from the House very small and now it's quite big.

Senator Kilzer: Presented Attachment # 1 – Proposed Amendment # 17.0183.06003. You are right, Mr. Chairman. This is a bill that started off with several million dollars then the House minimized it and then it came over here and the Human Services Policy Committee put the money back in. And what we've done after several two to two tie votes is to leave in $400,000. $200,000 to Peer to Peer, and $200,000 to Family to Family. The thing we did different in our deliberations was that we checked with DHS about how much money these agencies, the stakeholders were getting from other divisions within the DHS and we learned that their money is in the Human Service Division of the Department rather than the behavioral part of it. So we want to keep the bill alive and thus that's the amounts that you see in the amendment.

Senator Kilzer: moved the Amendment # 17.0183.06003. 2nd by Senator Dever.

Senator Mathern: I think it is important that everybody know that this bill came from the interim Human Service Committee as one of the premier proposal regarding Behavioral Heath for this legislative session. It had some $28m in it. The house reduced that to $200,000. The Senate committee added a number of trigger mechanisms. The first 2 sections that are in the bill are Section 1 and 2, which essentially clarify that all these people who want to services for substance use have to get some sort of license for approval from the Department so that they are evidenced-based programs, they are not just feel good programs. There is a section that triggers in a pilot project for Children's Prevention and Early Intervention behavioral health services. That would be if the general fund revenue

projections go over $5m more than projected. The things defeated in here were 211, a couple of other triggers and then a major Child Case Management Program. Essentially the Human Service Committee of the Senate, in looking at all of the issues, came to the conclusion we were doing more for adults than we were doing for children in terms of Behavioral Health. So that was an addition that they wanted to demonstrate that we're doing something for children too, but that was defeated in the subcommittee. So what we have left is the areas that Senator Kilzer noted and the other two areas that I noted. **(0.04.45)**

Chairman Holmberg: Call the roll on the Amendment to 1040.

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

Senator Kilzer: Moved a Do Pass as Amended. 2nd by Senator Dever.

Chairman Holmberg: I am assuming that you would like us to carry the bill.

Chairman Holmberg: call the roll on a Do Pass as Amended on HB1040.

A Roll Call vote was taken. Yea: 14; Nay: 0; Absent: 0. Senator Kilzer will carry the bill.

The hearing was closed on HB 1040.

CK
4/4/17

17.0183.06003
Title.09000

Prepared by the Legislative Council for
Senator Kilzer

April 3, 2017

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1040

In lieu of the amendments adopted by the Senate as printed on pages 852-854 of the Senate Journal, Reengrossed House Bill No. 1040 is amended as follows:

Page 1, line 5, remove "to provide for a report;"

Page 1, remove lines 20 through 24

Page 2, replace lines 1 through 6 with:

"**SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $200,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $200,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment adds:

- A general fund appropriation of $200,000 to the Department of Human Services for providing a grant to a statewide peer-to-peer support organization.
- A general fund appropriation of $200,000 to the Department of Human Services for providing a grant to a statewide family-to-family support organization.

Date: 3-31-17

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1040

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 Dever

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Mathern	•	✓
Vice Chair Krebsbach			Senator Grabinger		
Vice Chair Bowman			Senator Robinson		
Senator Erbele	✓				
Senator Wanzek					
Senator Kilzer	✓				
Senator Lee					
Senator Dever		✓			
Senator Sorvaag					
Senator Oehlke					
Senator Hogue					

Total (Yes) 2 No 2

Absent 0

Floor Assignment Failed

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

Retaining Sections 1, 2 + 6 + removing the rest.

Date: 4/3/2017

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1040

Senate Appropriations Committee

☒ Subcommittee

Amendment LC# or Description: Moved to adopt sections 1 & 2 of 17.0183.08000

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

Other Actions: ☐ Reconsider ☒ Sections 1 & 2

Motion Made By Senator Mathern Seconded By Senator Dever

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Mathern	Y	
Vice Chair Krebsbach			Senator Grabinger		
Vice Chair Bowman			Senator Robinson		
Senator Erbele	Y				
Senator Wanzek					
Senator Kilzer	Y				
Senator Lee					
Senator Dever	Y				
Senator Sorvaag					
Senator Oehlke					
Senator Hogue					

Total (Yes) 4 No 0

Absent 0

Floor Assignment

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

Date: 4/3/2017

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1040

Senate Appropriations Committee

☒ Subcommittee

Amendment LC# or Description: Moved to adopt section 10 of 17.0183.08000

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

Other Actions: ☐ Reconsider ☒ Section 10

Motion Made By Senator Mathern Seconded By Senator Erbele

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Mathern	Y	
Vice Chair Krebsbach			Senator Grabinger		
Vice Chair Bowman			Senator Robinson		
Senator Erbele		N			
Senator Wanzek					
Senator Kilzer		N			
Senator Lee					
Senator Dever		N			
Senator Sorvaag					
Senator Oehlke					
Senator Hogue					

Total (Yes) 1 No 3

Absent 0

Floor Assignment

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

Date: 4/3/2017

Roll Call Vote #: 3

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1040

Senate Appropriations Committee

☒ Subcommittee

Amendment LC# or Description: To adopt section 4 of 17.0183.08000 with contingency

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

Other Actions: ☐ Reconsider ☒ Section 4

Motion Made By Senator Mathern Seconded By Senator Erbele

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Mathern	Y	
Vice Chair Krebsbach			Senator Grabinger		
Vice Chair Bowman			Senator Robinson		
Senator Erbele	Y				
Senator Wanzek					
Senator Kilzer		N			
Senator Lee					
Senator Dever		N			
Senator Sorvaag					
Senator Oehlke					
Senator Hogue					

Total (Yes) 2 No 2

Absent 0

Floor Assignment

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

Motion fails.

Date: 4/3/2017

Roll Call Vote #: 4

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1040

Senate Appropriations Committee

☒ Subcommittee

Amendment LC# or Description: Combine sections 6 & 7 of 17.0183.08000 & delete section 7 (defined below)

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

Other Actions: ☐ Reconsider ☒ Combine sections 6 & 7, deleting 7

Motion Made By Senator Mathern Seconded By Senator Dever

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Mathern	Y	
Vice Chair Krebsbach			Senator Grabinger		
Vice Chair Bowman			Senator Robinson		
Senator Erbele	Y				
Senator Wanzek					
Senator Kilzer		N			
Senator Lee					
Senator Dever	Y				
Senator Sorvaag					
Senator Oehlke					
Senator Hogue					

Total (Yes) 3 No 1

Absent 0

Floor Assignment

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

Combining sections 6 & 7 so that peer to peer support services would be at $200,000 (from page 2, line 29) and then deleting section 7 so there would be no contingency.

Date: 4/3/2017

Roll Call Vote #: 5

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1040

Senate Appropriations Committee

☒ Subcommittee

Amendment LC# or Description: Change section 8 of 17.0183.08000 to $200,000, delete section 9.

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

Other Actions: ☐ Reconsider ☒ Change section 8, deleting 9

Motion Made By Senator Dever Seconded By Senator Erbele

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Mathern	Y	
Vice Chair Krebsbach			Senator Grabinger		
Vice Chair Bowman			Senator Robinson		
Senator Erbele	Y				
Senator Wanzek					
Senator Kilzer		N			
Senator Lee					
Senator Dever	Y				
Senator Sorvaag					
Senator Oehlke					
Senator Hogue					

Total (Yes) 3 No 1

Absent 0

Floor Assignment

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

Date: 4/3/2017

Roll Call Vote #: 6

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1040

Senate Appropriations Committee

☒ Subcommittee

Amendment LC# or Description: 17.0183.08000

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 Senator Dever Seconded By Senator Erbele

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg			Senator Mathern	Y	
Vice Chair Krebsbach			Senator Grabinger		
Vice Chair Bowman			Senator Robinson		
Senator Erbele	Y				
Senator Wanzek					
Senator Kilzer	Y				
Senator Lee					
Senator Dever	Y				
Senator Sorvaag					
Senator Oehlke					
Senator Hogue					

Total (Yes) 4 No 0

Absent 0

Floor Assignment _____

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

Date: 4-4-17

Roll Call Vote #: 1

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1040

Senate Appropriations Committee

☐ Subcommittee

Amendment LC# or Description: 17.0183.06003

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 Kilzer Seconded By Dever

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Mathern	✓	
Vice Chair Krebsbach	✓		Senator Grabinger	✓	
Vice Chair Bowman	✓		Senator Robinson	✓	
Senator Erbele	✓				
Senator Wanzek	✓				
Senator Kilzer	✓				
Senator Lee	✓				
Senator Dever	✓				
Senator Sorvaag	✓				
Senator Oehlke	✓				
Senator Hogue	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment _____

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

Date: 4-4-17

Roll Call Vote #: 2

2017 SENATE STANDING COMMITTEE
ROLL CALL VOTES
BILL/RESOLUTION NO. 1040

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 Kilzer Seconded By Dever

Senators	Yes	No	Senators	Yes	No
Chairman Holmberg	✓		Senator Mathern	✓	
Vice Chair Krebsbach	✓		Senator Grabinger	✓	
Vice Chair Bowman	✓		Senator Robinson	✓	
Senator Erbele	✓				
Senator Wanzek	✓				
Senator Kilzer	✓				
Senator Lee	✓				
Senator Dever	✓				
Senator Sorvaag	✓				
Senator Oehlke	✓				
Senator Hogue	✓				

Total (Yes) 14 No 0

Absent 0

Floor Assignment Kilzer

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

REPORT OF STANDING COMMITTEE

HB 1040, as reengrossed and amended: Appropriations Committee (Sen. Holmberg, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (14 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). Reengrossed HB 1040, as amended, was placed on the Sixth order on the calendar.

In lieu of the amendments adopted by the Senate as printed on pages 852-854 of the Senate Journal, Reengrossed House Bill No. 1040 is amended as follows:

Page 1, line 5, remove "to provide for a report;"

Page 1, remove lines 20 through 24

Page 2, replace lines 1 through 6 with:

"**SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $200,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $200,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment adds:

- A general fund appropriation of $200,000 to the Department of Human Services for providing a grant to a statewide peer-to-peer support organization.
- A general fund appropriation of $200,000 to the Department of Human Services for providing a grant to a statewide family-to-family support organization.

2017 CONFERENCE COMMITTEE

HB 1040

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1040
4/14/2017
30148

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Judy Kepple

Explanation or reason for introduction of bill/resolution:

Relating to an evidence-based alcohol and drug education program; relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide an appropriation to the department of human services.

Minutes:

Chairman Weisz: Called the conference committee to order.
Attendance was taken>
Opened the discussion on HB 1040

Chairman Weisz: We will ask the senate to explain what they did to our bill.

Sen. J. Lee: We thought it was a good idea to put all of this in here so that the legislature could understand what we are going to need. There is the DUI program for minors and that is what we are looking at in the first part. There were other things that were in there that we realized they were never going to be possible to put all of the funding in. As we moved these bills out of our interim committees, we thought it was important for the legislative body to know what it was going to take to do all the things that were worked on. There was a lot of work going into it in order to develop plans for providing the kinds of services that we need and the professionals who could provide them. That is a little background.
Peer to peer support services are a critical issue in assisting people who may be coming out of recovery or out of incarceration. This will be less expensive than having the high level professional. Then the family to family support services. We also had felt quite strongly about the targeted case management for children, but our appropriations committee felt that the $7,000,000 was impossible. Anyway, the bill we have before us has $200,000 for Family to Family and $200,000 for Peer to Peer. Another provision that the committee had sent to appropriations was the $70,000 in it to permit the private providers could be put in the data base so people would have access to those providers.

Sen. Dever: Difference between the house version and the senate version is that rather than having $200,000 for the early childhood intervention, the bill now has $200,000 for Peer to Peer and $200,000 for Family to Family.

Chairman Weisz: I would agree. I think we felt that the early intervention had a higher priority than the peer to peer for our limited dollars. We can see where everything else plays out in the whole behavioral health. I don't know that we need to be in a big rush to settle this. You do have the $7,000,000 in here.

Sen. Dever: No, we took that out. You don't have the right version. You need the 9000 version.

Chairman Weisz: OK, I see that the scope has been narrowed a little bit.

Sen. Dever: Mr. Chairman, we can broaden the scope and include all three of them.

Chairman Weisz: I really did take a fair look at it and originally what we sent out from the house there was $200,000 for the pilot program and 1.9 million for the peer to peer. That did come out of our committee and then appropriations did amend that down to strictly the $200,000 due to the budget constraints we are dealing with right now. If I may ask the senate, what was the rationale for completely illuminating the early intervention?

Sen. Dever: When it came to senate appropriations, regarding the issues of peer to peer and family to family there were 4 sections involved. One section in each provided $75,000 of funding and the other section provided $125,000 in a contingent appropriation. It was contingent on general fund revenues on July 1st of the first year of 5 million dollars. So senate appropriations considered those to be very important and opted to combine each of those sections so it was a $200,000 straight appropriation. That did not leave senate appropriations money available for early childhood intervention. That was just a matter of what we saw as a priority. I know this bill started at $28,000,000 out of the interim committee that I and others here served on. We would like to do more. These are a couple of very important things that will be doing a lot of things to help a lot of people for a lot of years to come. The early childhood is an important program, but it only applies to one school district as a pilot project I am not sure we are providing the benefit across the state that the other ones do.

Chairman Weisz: We were looking at a pilot and our committee knew that we had to be able to show appropriations that we actually would have some data to show for what we did. We felt if we could do a pilot program and show the results then we can come back in two years and say here is what it is doing for us. They will say show me what this is doing for us. That can be very difficult, because sometimes it is not a fact of life.

Representative P. Anderson: That was part of our discussion. Where is the data that says that the early childhood intervention works? We know peer to peer works and we know family to family works, but where is the data for early childhood intervention? We wanted to have that data.

Sen. Dever: Can assume then that the appropriations agreed with that? That we can do an expansion in the future if it works?

Chairman Weisz: It is hard to say for sure. Certainly if you are trying to make a case for expansion of a program it helps to have data to back it up. We just thought we needed to have the data to at least show them what we did and what the results would be if they rolled

it out across the state. We know it is important. Obviously if you can get them before they have all of the issues, it is good.

Sen. J. Lee: I don't think we can decide which one is the most important, the services or the data. We have nothing else that is working its way through the legislature that applies to the children, so I have a strong support so I have a strong support for the early childhood intervention which isn't even in here anymore. We also desperately need this peer to peer and the family to family support. If we invest $200,000 in each of these, which is just a drop in the bucket, I firmly believe it is going to save us money in counseling and other services. Not only for kids, but for families. That is intervening early also. In both of them we are talking about emotional, behavioral or mental health needs. If we can help people get back to their families and working and being part of the community, we will be saving money and saving people to a large extent. I can't divide my allegiance to any one of the 3. I am to the point where I feel that I will have to put people in pot holes in order to get money from someplace. The kinds of cuts are hard. When we are looking at a number like we are in here and that is it? I am not proud to go home and say we know you have critical issues, but we can't do anything about it. I get the money part. Please don't misunderstand me, but in the course of balancing some of these things these are critical issues and I think we need to figure out what we are able to do to at least start going in the right direction.

Sen. Heckaman: Is there a chance for us to look at the pilot program and drop it a bit, but still keep it in here? Is there a way to do it for less than $200,000?

Chairman Weisz: I guess if anything, I know there is some money in peer to peer. I know it is a small amount, but there is some money in the budget for it. No, I guess it is in family to family support services. I would be more in favor of cutting that down some based on what that amount is. We could look at that and see what we could do.

Sen. Lee: Can we ask what is in the budget? I don't recall.

Pam Sagness, Dept. of Human Services
Currently there is a $75,000 grant in family to family. There was confusion earlier so I would like to clarify. There is $75,000 also for parent to parent. That is different than peer support, so we really have 3 different things we are talking about. The only place there is overlap is in the family to family. There is a $75,000 grant for family to family.

Chairman Weisz: How much is in the parent to parent?

P. Sagness: There is $75,000 in that program as well for that program. That too is a grant.

Chairman Weisz: How did that differ then?

P. Sagness: Parent to parent is about parents supporting one another versus peer support which is one peer or consumer to another peer. However, the family to family does appear to be written the same as what our $75,000 line item would be in the behavioral health division budget. Also to answer your question about additional funding. There is funding from the mental health block grant that was allocated or at least proposed in our application

to be providing support for peer support. I don't have those numbers so I will have to get that information.

Chairman Weisz: Can you email that to us? Then we would have that for our next meeting. Is there any more discussion?

Sen. Dever: Maybe we should look at adding $50,000 and splitting it 3 ways. That would make it $450,000 to split 3 ways.

Chairman Weisz: Ok we will adjourn for now and meet again on Monday. We should have data coming back to us from DOCR, (Dept. of Corrections and Rehab), in two years so that we will know what it is doing.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1040
4/18/2017
30197

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Judy Kepple

Explanation or reason for introduction of bill/resolution:

Relating to an evidence-based alcohol and drug education program; relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide an appropriation to the department of human services.

Minutes:

Chairman Weisz: Called the conference committee to order.
Attendance taken.
We really are not that far apart, but the house had early intervention in here and that was very important to us. The senate put in peer to peer and family to family. Early intervention is important to us and maybe family to family isn't quite so much. We understand the peer to peer.

Representative B. Anderson: I would make a motion that we approve $150,000 for early intervention and $150,000 to peer to peer.

Representative P. Anderson: I will second it.

Chairman Weisz: Ok do we have any discussion?

Sen. Dever: At the last meeting I suggested that we add $50,000 and divide it by 3. Did you give that any consideration?

Chairman Weisz: I certainly did take a look at it. I will say from my perspective and I don't know where we can actually end up on the dollars, but I would rather see whatever dollars we have available go to peer to peer and early intervention. I know there are other resources available for family to family. I don't think we are really looking at $450,000 for a total. That will be part of the issue.

Sen. Lee: I received the information from P. Sagness on what the other dollars were in those other bills, but I can't pick it up on my computer. Did I share them with all of you?

Representative P. Anderson: The appropriations allocated $75,000 for family to family. Then there is a mental health block grant with $300,000 for peer to peer for the next biennium. I wasn't sure I understood because it says this funding is not specific to services as it includes the cost of training.

Chairman Weisz: I guess what it is saying is that the department can use it at their discretion. I am not sure how much of it goes for administration or whatever.

Sen. Heckaman: It is my understanding that it is all for the administrative costs and training. It is not for services. I look at this bill like it came out of the interim and right now I feel it is short, about 27.55 million dollars short. I was not on that committee, but I think the work that they did was important in identifying the needs across ND. When we look at that and the fact that we could leverage in the range of 12 million dollars with the federal funds and we are leaving it all on the table without even touching it I feel we are leaving our families short across the state of ND and the services for children short across the state of ND. Having said that, I won't support the $150,000 and $150,000 unless there is some in all three parts.

Chairman Weisz: I don't disagree with the importance of behavioral health, but I also know the problem of trying to maintain the current services that we have now with the limited budget verses expanding. That is what we are faced with here.

Sen. Lee: I think we all agree that all of these things are important. We may even end up with Representative B. Anderson's motion, but I think we need more information on the dollars in the peer to peer and family to family to be able to make a decision. I would like more information about the 12 million as well and where all of that money goes.

Chairman Weisz: I certainly don't have a problem with that. I don't know if we can meet later today, but I doubt it.

Sen. Lee: I would like to find one of the people from the health department and get more information on all of this. When their meeting is over maybe we can get a bit more information out of their heads. They have it, we just need it in writing so we know what we are doing.

Chairman Weisz: I think we can meet again. I will try to schedule it later today or early tomorrow.

Representative B. Anderson: Motion withdrawn.

Representative P. Anderson: Second withdrawn.

Chairman Weisz: meeting adjourned.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1040
4/19/2017
30221

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Judy Kepple

Explanation or reason for introduction of bill/resolution:

Relating to an evidence-based alcohol and drug education program; relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide an appropriation to the department of human services.

Minutes:

Chairman Weisz: Called the conference committee to order.

Attendance taken.

Chairman Weisz: I have a proposal that I would like us to entertain. We all saw the email with the information about what was already in the budget currently, $75,000 and $75,000 and also that they were looking at possibly getting a block grant which we don't have the answer on yet. I would propose that we put $100,000 each in peer to peer and family to family and $150,000 in early intervention and I would also like some sort flexibility with the department if they do get the block grant and they would be able to put some of that money toward services that they would put some more into early intervention to make sure that project would go forward. To me it is important and I really don't care what the wording is, but we know that with that amount of money we can't institute a statewide program, so in reality peer to peer and family to family would really be a pilot too. We want the money to go to where ever it will do the most to show us where we will get the best return on our investment when we come back in two years. We want it to go where it has the best chance of success so we can come back and say this is what we did with the $125,000 and this was what resulted and should we expand that and go forward statewide or even expand it within a region or whatever. That is my proposal.

Sen. Lee: Would you give me the totals again, please?

Chairman Weisz: Early intervention that you took out completely we would put $150,000 in. Peer to peer and family to family we would put in $100,000 each.

Sen. Lee: So they would each be $300,000?

Chairman Weisz: They have $75,000 in it already, so we would be adding to that. There would be $100,000 in this bill for each one of those and then they still have the $75,000 that is currently in the budget. The total new dollars would be $350,000. It would be $175,000 in each of those and $150,000 in early intervention. Early intervention is important. If the block grant comes through and it allows them money for services, I would like them to have the flexibility to put $25,000 more into early intervention. So if they could take some of the money we put in for peer to peer and replace it with the block grant and then take some of that and shift it over to early childhood intervention.

Sen. Lee: I think that is very much worth discussing. I also have a proposal that I would like us to consider. We would be looking at the $150,000 in each of the 3, but I like your numbers better. The one thing that I want be sure we are doing is dealing with the statewide language. Obviously with that kind of money it can't be statewide. Somewhere in here that language has been taken out. I just want to be sure that the provision is not requiring one statewide entity, but that programs can be developed where ever in the state they might be important. Sen. Dever found it in section 4 and in section 5.

Chairman Weisz: To me that should be left up to the department to be able to figure out where they could get the most bang for their buck. I agree if you try to do something statewide the success would be 0.

Sen. Lee: Would it be possible to ask M. Anderson a question. The reason we left out early intervention was because we were told it was going to take $400,000 - $500,000 to do it the way we were looking at. Is it possible to do a pilot for $150,000 with a school to begin the program?

Chairman Weisz: It is a pilot. That is the way it came out of the house. The department came to us and said that if some of the schools have some resources they could partner with them to have enough money to do it properly. We asked if they could do it with $150,000 and they thought probably, but that is the reason why if they get the block grant they could have some latitude to add to it and make sure that we can do that pilot project properly.

Sen. Lee: I did hear that the block grant would be more for training and certification and not for direct services. We have a little risk there, but I don't know.

Chairman Weisz: I agree, but we are hoping that it could be used that way. We don't know if the block grant will allow that or if we will even get it. It will have to be an urban school initially in order to do the pilot right and incorporate their money too. I am not counting on it in my proposal, but if it would happen, I would like them to be able to shift $25,000. People will say that rural is not getting what they need, but we will have to do urban until we figure out what works.

Sen. Lee: There were a couple of other things that I had notes that we had put together about what needed to be done. It all ended up under behavioral and not emotional behavioral or mental health at the end of section 3. The reason I mention this is that if we could just change the $150,000 to $175,000 in section 4 and 5 I think we probably have it on the version we have. It includes the other language that was kind of important to fix up some of that. What it would do is, behavioral health includes all that other stuff, so we don't need those

other words. That was something that was suggested that was an appropriate change. I just want to point out that those differences were discussed with people that are involved in the services and they did not feel that it would interfere with the goal of services or the amount of money that we might appropriate.

Chairman Weisz: You are looking at the language in section 4 lines 9 and 10.

Sen. Lee: Yes, because it then becomes section 5 on the little draft.

Sen. Lee: I know it is not a radical change, but it is a change and I want you to be aware.

Chairman Weisz: I don't think that is an issue, but I know we all wanted more money, but we are trying to fund the services we have and yet do new things as well. Next biennium that will really be a concern unless our economy turns around like we hope it does.

Sen. Heckaman: I just want to be sure we have this on the record as to what we are leaving out on this bill 1040. The important part in here that I think we are leaving is the $7,000,000 for children. When we received the information from the department of human services, there are about 1600 kids that would benefit from that $7,000,000 and we could generate $7,000,000 more from the federal. Looking at services in our state, we have to start looking at building the services here, because right now we have over 40 kids that are placed outside of the state because we don't have services here or the ones we do have available are full. It is about $350/day to over $850/day out of state regardless of where they go. So if you take those 40 some children and I will just use 40 at $350/day that is about $120,000/year. The $850/day is in the range of $300,000/year. If you take that and average it at say $200,000/year to place a child out of state, that is $8,000,000 right there. That is only 40 children out of 1600 that were needing services. I think we need to start building those services in our state so that we can meet those needs here in ND. I don't think we can keep pushing it on to the next legislative session by saying we don't have the funds. Somewhere along the way we have to find these funds, because we have to look at the other 3000 or so children in the state that have serious emotional needs and mental health service needs. We are not keeping up with the demand right now. Students that have been in Utah and when they come back there is not the support they need and the distance that the families are. We are looking at 40 kids that cost us $8,000,000 per year and we are giving up $7,000,000 and $7,000,000 in federal funds to provide $16,000,000 out of our own state funds. To me that is not good economics, so I think somewhere along the way we have to build what we need here in the state.

Chairman Weisz: I don't disagree, but I think this is a start to go forward when we have limited resources to see how we can do that. I agree going forward we have to do that, but there is no guarantee that for those 40 the services would eliminate those needs. We need to know if this will help to lower those costs which you just mentioned, so I believe we have taken that first step. It is not as big a step as many would like, but it is a start.

Sen. Dever: If the suggestion is to prevent sending children out of state and save dollars by providing to services in state, then maybe we need to explore that. I don't know if that would be a study or can we even do that in the remaining days of this session to put together those

kinds of services. I am not sure if she was suggesting that the money that was in case management could be used to help keep those kids in state.

Sen. Heckaman: This was an interim study and this number is what came forward from that study. I don't think we will necessarily be able to keep all of those kids in the state, but we need to have those services in ND available so that we don't have to send them away or have families separated. They need to have a connection when they come back to school and back to a family to have those transition services in there, like family to family and peer to peer and parent to parent. Those are the important parts that we have, but we don't have the first part. We don't have the connection about why we are going out of state and why don't we have that here. That is the part we have to build.

Chairman Weisz: One of the reasons that the house looked at the early intervention was to be able to prevent them having to go out of state to start with. Part of it is if you get them early enough and identify and can address it you could keep them from needing expanded services. It is a whole continuum and I understand that.

Sen. Heckaman: That is why we put the contingencies in here to see that some of this could be increased if the state has the money.

Sen. Lee: The work of the last 4 years in behavioral health has resulted in plans being developed that really are concrete. It is all put together and we developed really good plans. We have only been held back for lack of funds. The children that are being served out of state is because they are unique challenges. We do know how to do this, but we don't have that money to do this. That is why there was $28,000,000 in here to begin with, because that is what we need to do it right. We knew we wouldn't have it now, but we wanted to make sure they knew what was needed. Do we support our nursing homes or do we help the kids? It is a very difficult decision and I wish we had money to do both, but we don't right now.
If I might suggest that we look at using the figures that you brought forward, Chairman Weisz, but if we can wrap that into the language so that we cover that one or more organizations and so forth, that I would be supportive of that. I can't speak for my colleagues.

Chairman Weisz: I will have it drafted and then we would meet this afternoon to do it.

Sen. Dever: I would like to go look at those two binders that I have on the human service budget and see where that money is at and if it is used for the same programs or is able to be used for that then I am ok. If it is necessary to reference those funds in this bill, then I think we need to do that.

Chairman Weisz: If there is some language that needs to be changed, let me know before this afternoon. I would like to schedule a meeting again this afternoon.
Our meeting is adjourned.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1040
4/19/2017
30235

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Judy Kepple

Explanation or reason for introduction of bill/resolution:

Relating to an evidence-based alcohol and drug education program; relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide an appropriation to the department of human services.

Minutes: 1, 2

Chairman Weisz: Called the conference committee to order.
Attendance taken.
Chairman Weisz: We have in front of us 2 amendments. (Attachment 1, 2)
The first one that Sen. Lee handed out does talk about the numbers we talked about earlier where it brings back early intervention to $150,000, puts $100,000 in both peer to peer and family to family and it does basically remove the language that says it's state wide. I believe that pretty well explains that. The other amendment that needs to be drafted onto this one basically says that if the grant comes through and they have more money for the peer to peer, then some of the appropriations for peer to peer could be transferred to the early childhood intervention to be sure they have enough for the project. This would mean we are looking at $350,000 of general fund appropriations then.

Sen. Dever: We are looking at transferring money from peer support to early childhood intervention.

Chairman Weisz: Yes, that is correct. Say that they got $100,000 additional from the block grant that could be used for services, they could take some of that money and put it toward the early childhood intervention. It would give them some flexibility. I would like to see early intervention at $200,000, but I know we don't have the money to do that right now.

Sen. Dever: Could we put a cap on that of $50,000?

Chairman Weisz: I don't have a problem with that. They may not even get the block grant, so it might not even be an issue. We can make that change with LC if needed.

Sen. Lee: I don't have a problem with that, but I would think that the department would make wise use of that money. I don't have any concerns with what the department will do with the money.

Chairman Weisz: Whatever the committee wants is fine with me.

Representative P. Anderson: I know we talked about this, but in section 4 its covering peer to peer support services to individual behavior health needs and then in family to family we added disability.

Sen. Lee: That addition of disabilities was added at the recommendation of individuals in the department of human services perhaps to give it more latitude as far as what needs to be done, but behavioral health would be the umbrella. In the old language it also said emotional and mental and so forth. Behavioral covers it all, of course, so I was fine with that. That was an addition that we talked about yesterday.

Representative P. Anderson: Peer to peer is not disability. That is fine with me.

Maggie Anderson, Department of Human Services
The experience the department has had with the current family to family program is that they serve families with children with disabilities as well as behavioral health needs. It seems to be a specific focus where they help those families navigate through the system and provide support to those families. That was the nature of the recommendation.

Chairman Weisz: Are we comfortable then with the amendment? If we meet tomorrow morning with the amendment.

Sen. Dever: What is the number of the amendment we are talking about?

Chairman Weisz: It is 06008 which would then add the additional language of their ability to transfer funds with the maximum of $50,000.

Sen. Dever: So we are going to put $150,000 into early childhood, $100,000 into peer to peer and $100,000 into family to family and we will reduce the $100,000 if there is additional money and move that over to early childhood.

Chairman Weisz: In reality that is true, because it would be the general fund dollars that would get moved if indeed they get the block grant that would allow them to some additional money into services. They would have the flexibility to do that with some of the money. If they don't get the grant, it won't do anything.

Sen. Dever: Then I would like it to be said that each of these three programs are just a start in the right direction. When we come back next session we should be better educated on where best to put those dollars.

Chairman Weisz: Yes, that is true. We just want to be sure that we data to back up what we think will help in those problems. If we can show the difference that it makes we can then

know what to do next with the money next session. We need to know that it will give us results.

Sen. Lee: We just want to be started in the right direction as we go into this. Everyone has really worked on this to make it work.

Chairman Weisz: Is there anything else.

Sen. Dever: Is there a benefit to providing a report to legislative management or how are we going to monitor this?

Chairman Weisz: There certainly should be enough attention on it. There will be bills on it next session, so there will be lots of people keeping on top of this. I don't think we need a report. We could require a report, but I don't think it is necessary.

Sen. Lee: I think the department wants to make this work too. Of course, we will be watching it but we will know what happens.

Sen. Dever: I once asked someone to be an umpire for our church softball team and he said he didn't know all of the rules. I told him that was ok, because we would tell him if he got it wrong. Senator Delzer is retiring next year, so I will be chairing the human service budget next session, so I guess we will know.

Chairman Weisz: I think this is going to be a win-win if it does what we think it will do.

Chairman Weisz: adjourned.

2017 HOUSE STANDING COMMITTEE MINUTES

Human Services Committee
Fort Union Room, State Capitol

HB 1040
4/20/2017
30246

☐ Subcommittee
☒ Conference Committee

Committee Clerk Signature Judy Kepple

Explanation or reason for introduction of bill/resolution:

Relating to an evidence-based alcohol and drug education program; relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; to provide for a report; and to provide appropriations to the department of human services.

Minutes: 1

Chairman Weisz: Called the conference committee to order.
Attendance was taken.

Chairman Weisz: Everybody should have a copy of the amendments. (Attachment 1)

Sen. Lee: I wonder if Magggie Anderson has seen the amendments. We will let you take a look at it and then I will be ready to make a motion.

Sen. Lee: I move that the senate recede from the senate amendments and amend as follows in amendment 06009.

Representative P. Anderson: Second it.

Chairman Weisz: Is there further discussion from the committee?

Sen. Heckaman: I am speaking for everyone I think with my level of disappointment. I think it has become the model of some of our committees and our stakeholders that better than nothing seems to be the conclusion. This is a very important piece of legislation for the future of ND's behavioral mental health needs. While there still is $350,000 in there, it is over 27,000,000 away from what we need. I will support the amendment and support the bill, but I am very disappointed that we are not coming up to the needs that we have out there.

Chairman Weisz: Is there any more discussion? Seeing none, the clerk will call the roll.

Roll call vote taken Yes 6 No 0 Absent 0

Meeting adjourned.

9/20/17 DB

17.0183.06009
Title.10000

Prepared by the Legislative Council staff for
Representative Weisz
April 19, 2017

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1040

That the Senate recede from its amendments as printed on pages 1491 and 1492 of the House Journal and pages 1175 and 1176 of the Senate Journal and that Reengrossed House Bill No. 1040 be amended as follows:

Page 1, line 24, replace "$200,000" with "$150,000"

Page 2, after line 6, insert:

"**SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES - ALTERNATIVE USE.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing funds to one or more organizations to provide peer-to-peer support services, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds provided under this section must be used for providing recovery and peer support services to individuals with behavioral health needs. If the department of human services has other funds available to provide for peer-to-peer support services for the biennium beginning July 1, 2017, and ending June 30, 2019, the department may allocate funds appropriated under this section for providing children's prevention and early intervention behavioral health services as provided for under section 3 of this Act.

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing funds to one or more organizations to provide family-to-family support services, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds provided under this section must be used for providing support services to families with children who have disabilities or behavioral health needs."

Renumber accordingly

Date: 4/14/2017
Roll Call Vote #:

2017 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1040 as (re) engrossed

House Human Services Committee

Action Taken

- ☐ **HOUSE accede to Senate Amendments**
- ☐ **HOUSE accede to Senate Amendments and further amend**
- ☐ **SENATE recede from Senate amendments**
- ☐ **SENATE recede from Senate amendments and amend as follows**

- ☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: _____ Seconded by: _____

Representatives	4/14	4/18	4/19	Yes	No	Senators	4/14	4/18	4/19	Yes	No
Chairman Weisz	✓	✓	✓			Sen. J. Lee	✓	✓	✓		
Rep. B. Anderson	✓	✓	✓			Sen. Dever	✓	✓	✓		
Representative P. Anderson	✓	✓	✓			Sen. Heckaman	✓	✓	✓		
Total Rep. Vote						Total Senate Vote					

Vote Count Yes: _____ No: _____ Absent: _____

House Carrier _____ Senate Carrier _____

LC Number _____ . _____ of amendment

LC Number _____ . _____ of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Date: 4/20/2017
Roll Call Vote #: 1

2017 HOUSE CONFERENCE COMMITTEE
ROLL CALL VOTES

BILL/RESOLUTION NO. HB 1040 as (re) engrossed

House Human Services Committee

Action Taken
- ☐ **HOUSE accede to Senate Amendments**
- ☐ **HOUSE accede to Senate Amendments and further amend**
- ☐ **SENATE recede from Senate amendments**
- ☑ **SENATE recede from Senate amendments and amend as follows**
- ☐ **Unable to agree**, recommends that the committee be discharged and a new committee be appointed

Motion Made by: Sen. J. Lee Seconded by: Rep. P. Anderson

Representatives	4/19	4/20		Yes	No		Senators	4/19	4/20		Yes	No
Chairman Weisz	✓	✓		✓			Sen. J. Lee	✓	✓		✓	
Rep. B. Anderson	✓	✓		✓			Sen. Dever	✓	✓		✓	
Representative P. Anderson	✓	✓		✓			Sen. Heckaman	✓	✓		✓	
Total Rep. Vote				3			Total Senate Vote				3	

Vote Count Yes: 6 No: 0 Absent: 0

House Carrier Chr. Weisz Senate Carrier J. Lee

LC Number 17.0183.06009 of amendment

LC Number . 10000 of engrossment

Emergency clause added or deleted

Statement of purpose of amendment

Insert LC: 17.0183.06009
House Carrier: Weisz
Senate Carrier: J. Lee

REPORT OF CONFERENCE COMMITTEE

HB 1040, as reengrossed: Your conference committee (Sens. J. Lee, Dever, Heckaman and Reps. Weisz, B. Anderson, P. Anderson) recommends that the **SENATE RECEDE** from the Senate amendments as printed on HJ pages 1491-1492, adopt amendments as follows, and place HB 1040 on the Seventh order:

That the Senate recede from its amendments as printed on pages 1491 and 1492 of the House Journal and pages 1175 and 1176 of the Senate Journal and that Reengrossed House Bill No. 1040 be amended as follows:

Page 1, line 24, replace "$200,000" with "$150,000"

Page 2, after line 6, insert:

"**SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES - ALTERNATIVE USE.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing funds to one or more organizations to provide peer-to-peer support services, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds provided under this section must be used for providing recovery and peer support services to individuals with behavioral health needs. If the department of human services has other funds available to provide for peer-to-peer support services for the biennium beginning July 1, 2017, and ending June 30, 2019, the department may allocate funds appropriated under this section for providing children's prevention and early intervention behavioral health services as provided for under section 3 of this Act.

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing funds to one or more organizations to provide family-to-family support services, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds provided under this section must be used for providing support services to families with children who have disabilities or behavioral health needs."

Renumber accordingly

Reengrossed HB 1040 was placed on the Seventh order of business on the calendar.

2017 TESTIMONY

HB 1040

HB1040 #1
1-4-17

TESTIMONY
House Human Service Committee
HB 1040
January 4, 2017
Representative Kathy Hogan

Chairman Weisz and members of the Senate Human Service Committee, my name is Representative Kathy Hogan, and I chaired the interim human service committee. This morning you will hear the first of six bills related to behavioral health. Attached is a summary of all of the interim behavioral health bills. The bills that have fiscal impact are being heard in the House and other policy related bills are being heard in the Senate.

As most of you know North Dakota is facing a major behavioral health crisis. Over 140,000 adults in North Dakota had either a diagnosable substance use disorder or mental illness in 2013-2014. Four percent (over 22,000) of adults have a serious mental illness but fewer than 10% received a service through the public human service system in 2015.

This lack of service availability and accessibility results in major challenges for corrections, the homeless providers, child welfare systems, families, first responders, hospitals and law enforcement. Other systems are very expensive responses because of the lack of services.

One in four teenagers reported in the ND Youth risk Behavior Scale that they are so sad and hopeless for at least two weeks that they stopped doing their usual activities. 16% of youth have seriously considered suicide.

Opioid use and addiction is epidemic. Almost half of all fatal car crashes are substance abuse related. 72% of new incarceration in the prison need substance abuse treatment. I have been to 7 funerals in the last 18 months for people who have lost their lives to suicide.

The solutions to this crisis needs to be addressed by every aspect of our society – health care providers, educators, clergy, families, local political leaders and state level policy makers.

We have recommended that all local and state wide groups adopt a model continuum of care so that we are speaking the same language. This continuum ranges from prevention through treatment to recovery support.

We heard testimony on the state's legal requirements for the provision of appropriate service. We all need to understand the risks of inadequate services including the possibility of either a federal Olmstead claim or a class action suit.

HB 1040 is the one bill will major funding for expanded services. These were very difficult and complex recommendations because we had so many suggestions and requests. This bill attempts to address serious unmet needs along the full continue of care for adults and children with both mental health and addiction issues. Where to prioritize funding is very difficult. Because the Department of Human Services budget is in the House, this bill will be your major focus for the first half of the session.

Let me walk through the bill by various sections.

Sections 1, 2 and 3

Established and appropriate one-time funding of $10,000 to establish a Minor in Possession system that will become self-sufficient. This is an early intervention strategy that parellels DUI programs for adults and would use an evidence based practice model and offer early intervention opportunities.

Section 4

Appropriates $1,956,000 from the general fund to DHS for children's prevention and early intervention behavioral health services. Currently, there are very few early childhood intervention in ND this results in many situations where children needs gradually escalate and require additional resources.

Section 5

Appropriate $70,000 from the general fund to DHS for a behavioral health database. Currently DHS has an extensive resource on licensed addiction services but mental health resources are not systemically available for prevention, early intervention and mental health services. This appropriation would strengthen the 211 resource network by broadening its scope of information.

Section 6

Appropriate $1,920,000 from the general fund to DHS for peer-to-peer and family-to-family support services. Peer to Peer and family to family support services are those services that offer recovery and family support particularly to those individuals with serious and persistent behavioral health issues. If a person (adult or child) receives treatment they often relapse because of transitions and additional needs. Over the last 20 years, recovery supports have become evidence based and have proven both cost effective and successful ways to reduce recidivism.

Section 7

Appropriate $24,393,668, of which $12,196,834 is from the general fund to expand a full range of behavioral health treatment services. It authorizes 1 full-time equivalent position for DHS for targeted case management services for adults with severe mental illness and children with severe emotional disturbance.

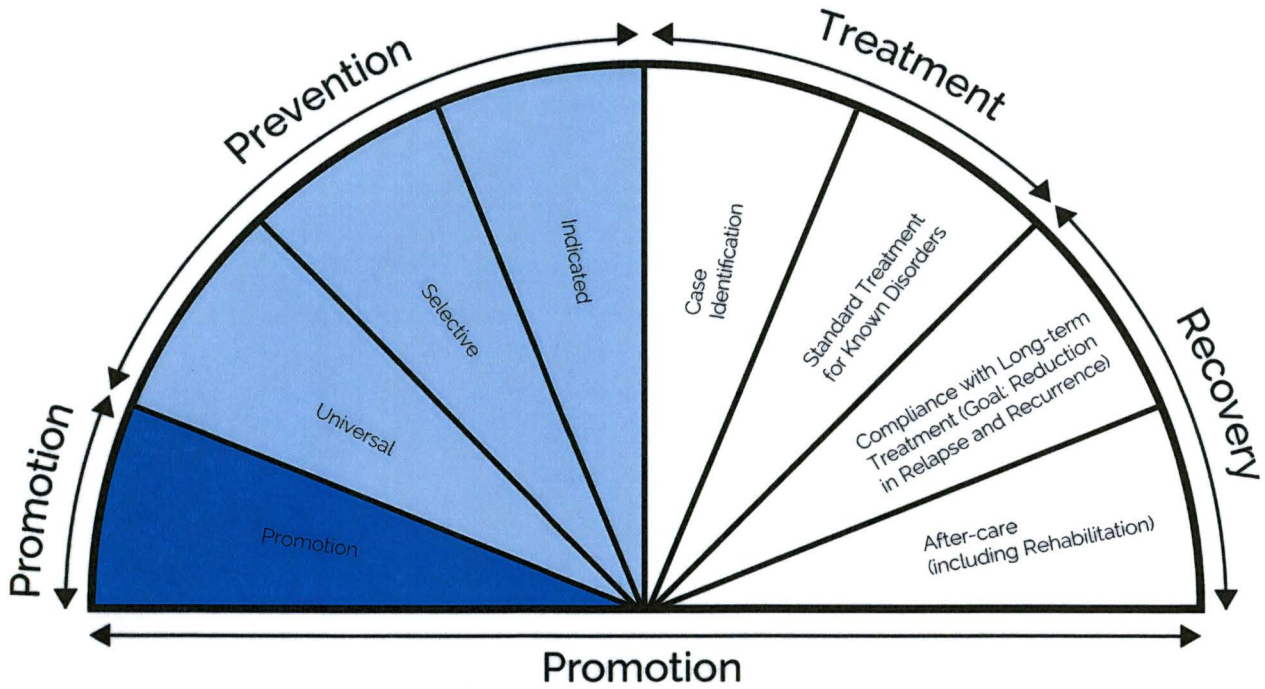
Thank you for your time and I am certain you will hear from many people on this bill. I am more than willing to answer any questions.

HB1040 #2
1-4-17

PARENTS LEAD
FOR PROFESSIONALS

Behavioral Health Continuum of Care Model

The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:



Promotion — These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

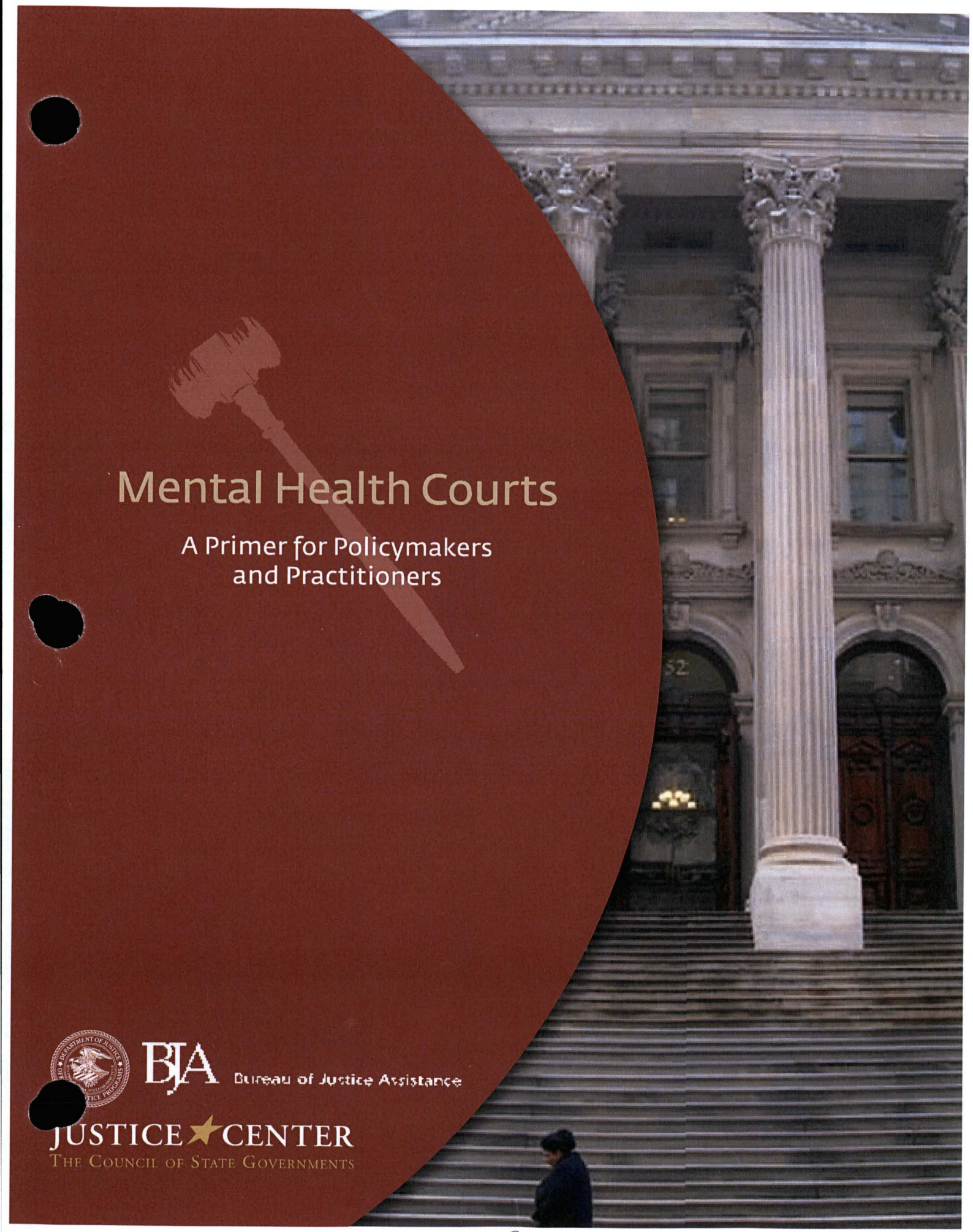
Prevention — Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

Treatment — These services are provided for individuals diagnosed with a substance use or other behavioral health disorder.

Recovery — These services support individuals' abilities to live productive lives in the community.

Source:
www.samhsa.gov/prevention

www.parentslead.org/professionals



Mental Health Courts

A Primer for Policymakers and Practitioners

BJA Bureau of Justice Assistance

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS

Mental Health Courts

A Primer for Policymakers and Practitioners

A report prepared by the
Council of State Governments Justice Center
Criminal Justice/Mental Health Consensus Project
New York, New York

for the

Bureau of Justice Assistance
Office of Justice Programs
U.S. Department of Justice

JUSTICE CENTER
THE COUNCIL OF STATE GOVERNMENTS

BJA Bureau of Justice Assistance

What Is a Mental Health Court?

Despite the recent expansion of mental health courts, there are not yet nationally accepted, specific criteria for what constitutes such a court. Although some initial research identified commonalities among early mental health courts, the degree of diversity among programs has made agreement on a core definition difficult.[8] Mental health courts vary widely in several aspects including target population, charge accepted (for example, misdemeanor versus felony), plea arrangement, intensity of supervision, program duration, and type of treatment available. Without a common definition, national surveys developed on mental health courts have relied primarily on self-reported information to identify existing programs.[9]

The working definition that follows distills the common characteristics shared by most mental health courts. The Justice Center worked with leaders in the field to also develop consensus on what these characteristics should look like and how they can be achieved, as documented in *The Essential Elements of a Mental Health Court.*[*]

A Working Definition of a Mental Health Court

A mental health court is a specialized court docket for certain defendants with mental illnesses that substitutes a problem-solving model for traditional criminal court processing. Participants are identified through mental health screening and assessments and voluntarily participate in a judicially supervised treatment plan developed jointly by a team of court staff and mental health professionals. Incentives reward adherence to the treatment plan or other court conditions, nonadherence may be sanctioned, and success or graduation is defined according to predetermined criteria.[10]

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*As the commonalities among mental health courts continue to emerge, practitioners, policymakers, researchers, and others have become interested in developing consensus not only on what a mental health court is but on what a mental health court should be. *The Essential Elements of a Mental Health Court* describes 10 key characteristics that experts and practitioners agree mental health courts should incorporate. Michael Thompson, Fred Osher, and Denise Tomasini-Joshi, *Improving Responses to People with Mental Illnesses: The Essential Elements of a Mental Health Court* (New York, NY: Council of State Governments Justice Center, 2008), www.consensusproject.org/mhcp/essential.elements.pdf.

NORTH DAKOTA MENTAL HEALTH AND SUBSTANCE ABUSE PLANNING COUNCIL MEMBERSHIP

FirstName	LastName	MembershipType	Organization	Address1	Address2	City	State	ZipCode	PhoneFax	Email	Term Expires
Debbie	Baier	Principle State Agency: Medicaid	DHS – Medical Services Division – Medicaid	600 E Blvd Ave Dept 325		Bismarck	ND	58505	W: 328-4864 Fax: 328-1544	dbaier@nd.gov	Open
Jennifer	Henderson	Principle State Agency: Housing	North Dakota Housing Finance Agency		PO Box 1535	Bismarck	ND	58502-1535	701-328-8055 Fax: 701-328-8085	jhenaderson@nd.gov	Open
Cheryl	Anderson	Principle State Agency: Vocational Rehabilitation	DHS - Division of Vocational Rehabilitation	1237 W Divide Ave Ste 1B		Bismarck	ND	58501-1206	328-8955fax701-328-8959	chess@nd.gov	Open
Brad	Hawk	Other - Minorities	ND Indian Affairs Commission	600 E. Boulevard Avenue - Judicial Wing - Rm #117		Bismarck	ND	58505-0300	701-328-2428 Fax: 701-328-1537	bhawk@nd.gov	Open
Kim	Osadchuk	Principle State Agency: Social Services	Burleigh County Social Services	415 East Rosser Avenue	Suite 113	Bismarck	ND	58501	701-222-6670	kosadchuk@nd.gov	Open
Pamela	Sagness	Principle State Agency: Mental Health	DHS – Division of Mental Health & Substance Abuse	1237 W Divide Ave Ste 1C		Bismarck	ND	58501-1208	W: 328-8824; Fax: 328-8969	psagness@nd.gov	Open
Lisa	Peterson	Principle State Agency: Criminal Justice	ND Department of Corrections	PO Box 1898		Bismarck	ND	58502-5521	W: 328-6790; F 701-328-6651	lapeterson@nd.gov	Open
Michelle	Gayette	Principle State Agency: Aging	DHS – Aging Services Division	1237 West Divide Avenue	Suite 6	Bismarck	ND	58501	W: 328-4613; Fax: 328-8744	mgayette@nd.gov	Open
Patricia	Arnold	Principle State Agency - Education	ND Department of Public Instruction	600 E. Boulevard Avenue - Judicial Wing - Dept #201		Bismarck	ND	58505	701-328-2265	parnold@nd.gov	Open
Carlotta	McCleary	Advocacy Group	ND Federation of Families for Children's Mental Health	PO Box 3061		Bismarck	ND	58502	(701) 222-3310	carlottamccleary@mhand.org	Open
Tom	Regan	Advocacy Group	Mental Health America of North Dakota	PO Box 4106		Bismarck	ND	58502-4106	W: 255-3692	tom@heartview.org	Open
Siobhan	Deppa	Advocacy Group	North Dakota Consumer and Family Network	2130 S. 12th Street #310		Bismarck	ND	58504	701-223-8535	siobhandeppa@gmail.com	Open
Teresa	Larsen	Advocacy Group	Protection and Advocacy Project	400 E Bdwy Ave Ste 409		Bismarck	ND	58501	W: 328-2950; Fax: 328-3934	tlarsen@nd.gov	Open
Rosalie	Etherington	State Employee - Public Behavioral Health Service Delivery	DHS – ND State Hospital – ND Developmental Center	2605 Circle Dr		Jamestown	ND	58401-6905	W: 253-3964	retherington@nd.gov	Open
Jane	Johnson	National Guard	North Dakota National Guard	3920 31st St. No.		Fargo	ND	58102	W: 451-6078	jane.m.johnson.nfg@mail.mil	Open
Jodi	Stittsworth	Family member of child with SED		739 Great Plains Ct		Grand Forks	ND	58201	701-610-1724	jodi1510@hotmail.com	6/30/2018
Darrin	Albert	Individual in Recovery: MH		2559 55th Ave. S		Fargo	ND	58104	701-235-8315	darrin_albert@yahoo.com	6/30/2018
Jeff	Herman	Private SA Provider	Prairie at St. John's	510 4th Street South		Fargo	ND	58103	701-476-7221	Jeff.Herman@uhsinc.com	6/30/2016
Troy	Ertelt	Private MH Provider		725 Hamline Street		Grand Forks	ND	58203	701-780-6881	tertelt@atagf.com	6/30/2016
Jeffrey	Olson	Individual in Recovery: SA		PO Box 473		Wilton	ND	58579	701-426-6308	jro.ptf@hotmail.com	6/30/2016
Derek	Solberg	Family Member of Individual in Recovery.		1006 N. 29th Street		Bismarck	ND	58501	701-530-2420	dacksolberg@hotmail.com	6/30/2016
Deb	Jendro	Individual in Recovery: MH		2709 Elm St		Fargo	ND	58102	W: 235-9923	djendro@ndffcmh.com	6/30/2017
Debra	Johnson	Family member of adult with SMI		930 N 3rd St		Grand Forks	ND	58203	W: 795-9143; C: 218-791-2660; Fax: 795-5560	djohnsonphf@yahoo.com	6/30/2014
Carl	Young	Family member of child with SED		PO Box 1090		Garrison	ND	58540	701-463-7804	carl@clientfactor.com	6/30/2017
Timothy	Wicks	Veteran				Bismarck	ND	58506		timothy.wicksTW@gmail.com	6/30/2017
Kurt	Snyder	Individual in Recovery: SA		101 E. Broadway		Bismarck	ND	58501	701-222-0386	kurt@heartview.org	
Lorraine	Davis	Member at Large	Native American Development Center	205 North 24th Street		Bismarck	ND	58501	701-595-5181	lorrainedvs@ndnativecenter.org	
VACANT		Medical Provider									
VACANT		Tribal Behavioral Health									
VACANT		Family Member of a Veteran									

Key Recommendations for Governor and Legislature (Updated 11/10/16)

1. Fund a comprehensive approach to behavioral health with an implementation of the full continuum of care model. *See Attachment A*

2. Fund and implement the Medicaid 1915 (i) amendment to the state plan in the 2017-19 biennium budget.

    a. Fund peer support services statewide with a goal to ensure that any individual receiving case management has access to peer support services.

    b. Increase availability of long term employment supports for qualified individuals.

    c. Expand crisis intervention services including mobile crisis units statewide, peer supports within crisis intervention services, additional residential crisis beds, and less reliance on hospitals to perform these services.

    d. Fund permanent supportive housing services for pre and post tenancy.

3. Fund Medicaid expansion and urge the legislature to reaffirm the expansion prior to sunset on July 2017

4. Follow EPSDT Medicaid mandates, filling existing service gaps for required services *See Attachment B*

5. Continued funding of the Housing Incentive Fund with a priority to support development of permanent supported housing

6. Establish and fund behavioral health courts and implement necessary public behavioral health provisions, including services for veterans see *Attachment C*

7. Ensure Human service centers provide services in a manner so all individuals who are eligible for services are able to receive an unconditional care model of services (zero reject)

8. State agencies must be provided with state training to increase military cultural competency (how to communicate with veterans or those who have served). This training should also be made available to any providers of behavioral health services including private providers. ND Cares Network would be a good resource for the training materials.

Key Recommendations for the Department of Human Services

1. Fund a comprehensive approach to behavioral health with an implementation of the full continuum of care model. *See Attachment A*

2. Fund and implement the Medicaid 1915 (i) amendment to the state plan in the 2017-19 biennium budget.

    a. Fund peer support services statewide with a goal to ensure that any individual receiving case management has access to peer support services.

    b. Increase availability of long term employment supports for qualified individuals.

    c. Expand crisis intervention services including mobile crisis units state-wide, peer supports within crisis intervention services, additional residential crisis beds, and less reliance on hospitals to perform those services.

    d. Funding permanent supportive housing services for pre and post tenancy.

3. Fund Medicaid expansion and urge the legislature to reaffirm the expansion prior to sunset on July 2017

4. Department of Human Services shall create opportunities to strengthen advocacy voices to assist in making system change as identified in the Behavioral Health Planning Report by Schulte Consulting July 22, 2014.

5. Follow EPSDT Medicaid mandates, filling existing service gaps for required services See *Attachment B*.

6. Continued funding of the Housing Incentive Fund with a priority to support development of permanent supported housing

7. Support the establishment of behavioral health courts with associated necessary public behavioral health provisions implemented, including services for veterans see *Attachment C*

8. Ensure Human service centers provide services in a manner so all individuals who are eligible for services are able to receive an unconditional care model of services (zero reject)

9. Ensure Evidence-Based or promising practices are provided with high fidelity quality assurances.

10. State agencies must be provided with state training to increase military cultural competency (how to communicate with veterans or those who have served). This training should also be made available to any providers of behavioral health services including private providers. ND Cares Network would be a good resource for the possible training materials.

What You Need to Know About EPSDT

EARLY: Assessing and identifying problems early

Children covered by Medicaid are more likely to be born with low birth weights, have poor health, have developmental delays or learning disorders, or have medical conditions (e.g., asthma) requiring ongoing use of prescription drugs. Medicaid helps these children and adolescents receive quality health care.

EPSDT is a key part of Medicaid for children and adolescents. EPSDT emphasizes preventive and comprehensive care. Prevention can help ensure the early identification, diagnosis, and treatment of conditions before they become more complex and costly to treat. It is important that children and adolescents enrolled in Medicaid receive all recommended preventive services and any medical treatment needed to promote healthy growth and development.

PERIODIC: Checking children's health at age-appropriate intervals

As they grow, infants, children and adolescents should see their health care providers regularly. Each state develops its own "periodicity schedule" showing the check-ups recommended at each age. These are often based on the American Academy of Pediatrics' Bright Futures guidelines: Recommendations for Preventive Pediatric Health Care. Bright Futures helps doctors and families understand the types of care that infants, children and adolescents should get and when they should get it. The goal of Bright Futures is to help health care providers offer prevention-based, family-focused, and developmentally-oriented care for all children and adolescents. Children and adolescents are also entitled to receive additional check-ups when a condition or problem is suspected.

SCREENING: Providing physical, mental, developmental, dental, hearing, vision and other screening tests to detect potential problems

All infants, children and adolescents should receive regular well-child check-ups of their physical and mental health, growth, development, and nutritional status. A well-child check-up includes:

- A comprehensive health and developmental history, including both physical and mental health development assessments;
- Physical exam;
- Age-appropriate immunizations;
- Vision and hearing tests;
- Dental exam;
- Laboratory tests, including blood lead level assessments at certain ages; and
- Health education, including anticipatory guidance.

DIAGNOSTIC: Performing diagnostic tests to follow up when a health risk is identified

When a well-child check-up or other visit to a health care professional shows that a child or adolescent might have a health problem, follow up diagnostic testing and evaluations must be provided under EPSDT. Diagnosis of mental health, substance use, vision, hearing and dental problems is included. Also included are any necessary referrals so that the child or adolescent receives all needed treatment.

TREATMENT: Correct, reduce or control health problems found

EPSDT covers health care, treatment and other measures necessary to correct or ameliorate the child or adolescent's physical or mental conditions found by a screening or a diagnostic procedure. In general, States must ensure the provision of, and pay for, any treatment that is considered "medically necessary" for the child or adolescent. This includes treatment for any vision and hearing problems, including eyeglasses and hearing aids. For children's oral health, coverage includes regular preventive dental care and treatment to relieve pain and infections, restore teeth, and maintain dental health. Some orthodontia is also covered.

HB1040 #3
1-4-17

Summary of Behavioral Health related bills
2015-2017 Interim Human Service Committee

SB 2038 — *Behavioral health policy changes without fiscal impact*
Relating to behavioral health training in schools, involuntary commitment, and early child hood providers and establishes a state level Children's Behavioral Health Commission.
http://www.legis.nd.gov/assembly/64-2015/interim/17-0182-05000.pdf

HB 1040 — *Behavioral health expansion of services and related funding*
Relating to funding for behavioral health programs.
Expands minors in position services,
case management and related support services,
establishes early intervention BH services for young children,
supports 211 with better data base,
funds peer support services
http://www.legis.nd.gov/assembly/64-2015/interim/17-0183-04000.pdf

SB 2039 — *Relating to roles of DHS.*
Defines roles/responsibilities of human services center with a focus on crisis and intervention services and services to adults and children with serious and persistent mental illness. Modifies role of Advisory Council. Defines separation of duties for policy and service division

SB 2042 — *Relating to reference to mental health professionals*
Establishes a tiered system of mental health professional to define roles and responsibilities and scope of practice
http://www.legis.nd.gov/assembly/64-2015/interim/17-0228-02000.pdf

SB 2040 — *Relating to scope and practice of addiction counselors.*
http://www.legis.nd.gov/assembly/64-2015/interim/17-0289-02000.pdf

SCR 4002 — *Relating to the State Hospital.*
Constitutional amendment remove NDSH from ND Constitution
http://www.legis.nd.gov/assembly/64-2015/interim/17-3010-01000.pdf

Prepared by Representative Kathy Hogan

HB 1040 Att 4
1-4-17

Testimony
Human Services Committee
Representative Robin Weisz, Chairman
January 4, 2017

Chairman Weisz 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 throughout the interim human 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.

In the time since MHAN started testifying on these issues, there has been a growing consensus that the status-quo must not be tolerated. Recently, the Interim Incarceration Issues Committee had been notified that more than two thirds of North Dakota judges have sentenced someone to prison—even if they were not a high-risk offender—in order to receive behavioral health services.

The legislature has commissioned multiple studies to research North Dakota's behavioral health system. They all make it resoundingly clear that this system is in crisis and drastic action must be taken. If the state wishes to know what direction North Dakota's behavioral health system must

take, we feel that the Schulte Report (which the legislature commissioned and received in 2014) provides more than enough guidance. As such, I have included a link to the Schulte Report for your consideration.[1] I have also attached a copy of MHAN's mission and priorities. The people of North Dakota cannot afford to wait any longer. The time to act is now.

I would be happy to take any questions you have.

Carlotta McCleary, Executive Director
Mental Health America of ND
523 North 4th Street
Bismarck ND 58501

Email: cmccleary@mhand.org

Phone: (701)255-3692

[1] Schulte Consulting LLC, *Behavioral Health Planning Final Report: Prepared for the State of North Dakota* (July 22, 2014).
http://www.ndpanda.org/news/docs/20140722-behavioral-health.pdf

HB 1040 att #5
1-4-17

The Mental Health Advocacy Network (MHAN)

A coalition for North Dakota

Mission: 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.

Members of MHAN have long recognized the lack of mental health care and treatment in the state. With the release of the Schulte Report* in the summer of 2014, policymakers, including the North Dakota legislature, also became keenly aware of the crisis in mental health - and the associated risks of maintaining the status quo. Following the release of the Schulte Report, legislators also heard from the Bazelon Center for Mental Health Law, relative to the State's legal obligations for behavioral health services. MHAN was formed to assure that consumer and family voices are included in recommendations for improvements and in decision-making.

Values: MHAN values the work done by many in this arena including the ND Department of Human Services and County Social Service agencies, legislators, public and private sector providers and the Behavioral Health Stakeholder group. However, these efforts do not go far enough – or respond quickly enough to solve the critical nature of the gaps in service, the lack of access and, ultimately, to the prevention of loss of life. Additionally, there has not been an intentional effort to engage consumers and obtain family input for these deliberations. For those reasons, MHAN shares the following values, upon which we build a case for leadership and action for policymakers and the public to consider.

1. **Peer-to-Peer and Family-to-family Support:** MHAN believes that these 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. Schulte agrees: *"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."*

2. **Consumer Choice:** When someone with a mental health disorder is poor, or uninsured in North Dakota, one is captive to the services made available through the Regional Human Service Center. While these services are intended to be effective, they are not available equitably in all regions, nor are they adequate to meet the need. MHAN believes that the state should redirect funding through a voucher system or like model,

to allow consumers choice and access to services in the private sector. Such choice can foster results driven accountability. Schulte agrees: *"Although some may think that this DHS directed system is more functional and streamlined, in actuality it has created less competition and thereby a lower standard of care. The HSCs are the sole provider of many services not giving consumers any options. In a state where all available providers are needed in order to get the work accomplished, the dominance of the HSC system of care is counter-productive. The issue of lack of care coordination or case management was the second most common concern noted throughout the state. Challenges include not being able to access case management, with the lack of choice due to having only one provider of services (DHS), a culture of dependence upon the government system, and a lack of uniform eligibility criteria for program participation was noted."*

3. **Diversion from Corrections Systems:** Too many North Dakotans are ending up in youth or adult corrections systems due to lack of mental health care, both inpatient and outpatient. MHAN believes that diversion needs to be a top priority in systemic planning efforts through prevention, early intervention and treatment. A recent report from the ND Department of Corrections and Rehabilitation supports this premise: *In ND 63% of youth in juvenile corrections have mental health concerns that require a medication that must be managed by psychiatry staff. 41% of female inmates have mental health concerns that are being treated by DOCR psychiatry staff.*

4. **Core Services, Zero Reject Model and Adequate Funding for Public and Private Services:** MHAN believes that consumers and families are key to defining the core services they need to maintain good mental health and productivity. MHAN believes that a state system of care requires a zero- reject model rather than turning people away because of waiting lists, wait times, non-cooperation or being too sick or not sick enough. Adequate funding for mental health services is a federal requirement that is not being met by the State of North Dakota, thus exposing the state to legal action. Schulte agrees. The Schulte Report said another goal is to: *"Increase funding options for youth and adults" as "There is a large gap in funding options for services in North Dakota." The study judged that, "the current system encourages failure at various treatment levels before authorizing treatment. This is not recovery-focused treatment. Parity for mental health services is not currently happening within the state as mandated by federal law."*

5. **Conflict Free Grievance and Appeals Processes**: When consumers and families are faced with a concern about DHS services, they have nowhere, other than the DHS, to turn. Schulte states it best and MHAN agrees:

"When looking at the system in North Dakota, one thing that sets it apart from many other systems is the almost total reliance on DHS as provider of services. In this role, there is no independent appeal mechanism for families or consumers. DHS is the provider, regulator and oversight to itself. The lack of checks and balances makes a very poor business model in any field."

6. **Access to a Full and Functional Continuum of Care** be afforded community-based treatment when appropriate, as indicated in the Americans with Disabilities Act (ADA – 1990). Community-based supports might include mobile crisis intervention, crisis residential placement, recovery centers, supportive housing, employment training and opportunities, and benefits planning for money management. Schulte agrees: *"Lawsuits are happening across the country in which states are not offering a choice of services to individuals or requiring that they seek only institutional care. The need for home and community based services is critical with changes in the federal landscape and the expectation of integration of individuals with needs into the general population."*

The Mental Health Advocacy Network stands in support of the efforts of people and organizations that work to improve services for those who live with mental illnesses. However, MHAN insists on the direct involvement of consumers and families, including those from tribal and rural areas, as well as Veterans, in prevention, education, service planning and delivery - nothing about us without us.

The Mental Health Advocacy Network supports a responsive and immediate solution to the existing gaps in mental health services in North Dakota and rejects the notion of a phased-in, years-long approach to service development. For many North Dakotans, this is a matter of life and death. To quote Schulte again, the
"...system is in crisis."

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Human Service Committee
January 4th, 2016

Good morning Chairman Representative Weisz and members of the Human Services Committee.

My name is Siobhan Deppa and I am the Chairman of the North Dakota Substance Abuse and Mental Health Planning Council. I'm here today on their behalf to present the Planning Council's Key Recommendations for the Governor and legislator's as well as the Key Recommendations for the Department of Human Services. I would like to just highlight our key recommendation number 2, subset a, which reads: Fund Peer support services statewide with a goal to ensure that any individual receiving case management has access to peer support services. House bill 1040 contains funding for peer support recovery services. Peer to peer support services are also a priority in the Schulte Report recommendations and the Behavioral Stakeholders Report of which the planning council firmly supports. The Planning Council also supports the Behavioral Health full continuum of care and in which Peer Support services are an evidence based Recovery Support that would be a community support service offered in an individual's recovery resources.

The ND Substance Abuse and Mental Health Planning Council was created in 1986 by federal legislation in every state and territory, to receive federal mental health block grant dollars. Part of the Behavioral Health Planning Council's mission is to evaluate, advocate and advise the state overall of the behavioral health system of care. Also, part of the Planning Council's objective is to advise the Governor, policy makers, agencies and Stakeholder's. (We meet quarterly with ad hoc subcommittee meetings as needed to conduct council business.)

The ND SAMHPC asks for your support of House Bill 1040, Peer Support recovery services and funding. If there are any questions my name and email is on the bottom and your handouts have the membership list with emails also. Please contact us if there is any further discussion you wish to have about our key recommendations or Planning Council information.

NORTH DAKOTA MENTAL HEALTH AND SUBSTANCE ABUSE PLANNING COUNCIL

Council Mission: The mission of the Behavioral Health Planning Council is to evaluate the behavioral health system, advocate, and advise the State of North Dakota regarding the overall behavioral health system of care. The Behavioral Health Planning Council supports the full continuum.

Council Objectives:

- Ongoing monitoring, review, and evaluation of the behavioral health system of care.
- Advocacy for adults with a serious mental illness, children with a serious emotional disturbance, individuals with substance use disorders and other individuals with behavioral health disorders.
- Review of the behavioral health block grant and advisement to the Behavioral Health Division.
- Advising the Governor, policy makers, agencies, and stakeholders.

Council Vision: North Dakota will be a place where all people are living, learning, working, and enjoying life in their community.

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Testimony
House Bill 1040
House Human Services Committee
Representative Weisz, Chairman
January 4, 2017

Chairman Weisz, members of the House Human Services Committee, I am Nancy McKenzie, Executive Director of PATH ND. As a provider of behavioral health services, and a participant in North Dakota's Behavioral Health Stakeholders group, PATH is testifying today in support of HB 1040, which would strengthen services for children in North Dakota's behavioral health system.

The Interim Committee on Human Services and the ND Behavioral Health Stakeholders group have received input from constituents and providers across the state as to service gaps and barriers that exist in the current system. As a result of these, it is unfortunately not uncommon for youth and their families to not be able to receive services until their behavioral health problems are already at a level that has seriously affected family, school, and community functioning.

This bill seeks to provide services sooner, to more promptly intervene and interrupt the negative cycles that too often lead to higher level and more costly care in hospitals or residential treatment centers.

There is much support in the research and in practice showing that evidence-based programs for addiction, prevention, and peer-to-peer (or family-to-family) services do work, and have positive outcomes.

For example, PATH provides a Family Support program designed to maintain youth in their homes or to successfully transition them back home following treatment at a higher level of care. This program, which consists of case management, parent-to-parent mentoring, and respite care if needed, has shown a 78% success rate of youth remaining at home.

2013 data from the Adoption & Family Care Analysis & Reporting System (AFCAR) identified that the cost of residential care in the U.S. is 7-10 times the cost of placing a child with a family. Just in terms of cost efficiency, that strongly supports earlier prevention and intervention services.

In closing, I would again offer support to HB 1040, as it provides for some key foundational services that would assist in preventing more youth from needing more intensive, costly, and out-of-home services.

Thank you for the opportunity to provide testimony today.

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House Human Services
January 4, 2017
HOUSE BILL NO. 1040
Testimony by Denise Harvey
Protection and Advocacy Project

I am here today to express support for House Bill No. 1040. P&A supports funding for Peer-To-Peer and Family-To-Family Support Services that is provided in this bill. This evidence based model of care, using persons with lived experience, is being used across the nation with success to provide recovery and support services to individuals and families. Peer-To-Peer Support and Family-To-Family Support has consistently been identified as a top priority by individuals with mental illness and family members in North Dakota. It was recommended by the Schulte Report, the Behavioral Health Stakeholders Group and the Mental Health Advocacy Network that funding be expanded for peer support in 2017.

These services have been shown to reduce hopelessness, aid in managing symptoms, and have been valuable in providing support to individuals and family members. The use of Peer-To-Peer services can lessen the use of emergency rooms, prevent hospitalizations and reduce the length of hospitalizations. The Substance Abuse and Mental Health Services Administration (SAHMSA) reports that peer support facilitates recovery and reduces health care costs. The provision of Peer-To-Peer Support and Family-To-Family Support will fill a critical gap in the continuum of services for individuals with mental illness and family members.

I'm glad to answer any questions.

Dear Mr. Chair;

Hi, my name is Kristie Spooner. I am a Licensed Addiction Counselor, in the state of North Dakota for nearly 25 years. I am writing this letter to you regarding some specific sections of HB 1040, which I do not agree with. The sections I am referring to is section 1, 2 and 3.

I strongly support the part of the bill that there should be a mandated education course for people under 21 who are charged with using alcoholic beverages. What I struggle with supporting is a mandated evidence based program, from the department of Human Services, without knowing what that program is and the financial impact of having to purchase and use the program as an established MIC/MIP education provider. I do believe that anyone who does this program should have some type of background in clinical services/addiction services, as students typically have various questions about substances and use of those substances. I think there should be criteria regarding who can present if you are not an addiction counselor.

Probably close to 15 - 20 years ago, I worked at a Human Service Center who provided a program to individuals under 21 who received a MIP/MIC. After some time it was deemed to not be a core service by Human Services and the Human Service Center was no longer going to provide the service. I received permission to continue the program as I saw the value in it, and the benefit to the youth. Since then I have provided it at the least 1 time every 2 months. During these years, no one else has stepped up and asked about providing these services. I am also a licensed addiction counselor which gives the benefit of additional training behind the education.

I have actively worked with Juvenile Services in Jamestown and Valley City to provide a program every 2 months for juveniles, with referrals from within their several county wide regions, who have been caught with alcohol. I have also provided services to underage youth who are court ordered to attend a minor in possession program. I have worked with the referring agencies to continue to change the program to be most effective in addressing current issues with youth. It is a 6 hour program in which a class evaluation is completed at the end, by each student. These reviews and what students have identified learning has always been positive and encouraging.

Over the years I have added additional information to address energy drinks, tobacco, marijuana, synthetic substances and other relevant substances, and issues. I understand there are many other current issues facing this population, besides alcohol. I would consider the class to be practice based evidence education.

I would ask this committee to pass this bill to support mandated education for those under 21 consuming/using alcohol, but ask that you consider allowing current providers, an ability to make a choice about which curriculum they use, unless there is funding to provide free training and free access to the materials. This was done when the state mandated using the Prevention Resource Institute curriculum, for those offering DUI classes.

If you will not consider a grandfather clause, I would ask that you not pass this bill as it is currently written, as I may no longer be able to afford to offer the program, and I would hope there was no intent to eliminate current providers.

Sincerely,

Kristie Spooner, LAC, LSW
Licensed Addiction Counselor
Licensed Social Worker

Work Phone 701-293-3384

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TESTIMONY
Senate Human Service Committee
HB 1040
March 7, 2017
Representative Kathy Hogan

Chairman Lee and members of the Senate Human Service Committee, my name is Representative Kathy Hogan, and I chaired the interim human service committee. As you may recall, there were six behavioral health bills. This bill included all of the recommended expansion of services. The initial fiscal note was over 28 million dollars. This version has $200,000.

I would like to review the original bill for your information so you can see what options you may want to be considered from that bill.

Original Sections 1, 2 and 3 Current Version Sections 1 and 2

Originally there was a requested one-time funding of $10,000 to establish a Minor in Possession system that will become self-sufficient. This is an early intervention strategy that parallels DUI programs for adults and would use an evidence based practice model and offer early intervention opportunities. The funding was eliminated for this bill and DHS has agreed to implement with existing resources

Original Section 4 Current Version Section 3

Requested $1,956,000 from the general fund to DHS for children's prevention and early intervention behavioral health services. Currently, there are very few early childhood interventions in ND this results in many situations where children need gradually escalate and require additional resources. Final version allocated $200,000 for a pilot school based

Original Section 5 Current Version No funding

Appropriate $70,000 from the general fund to DHS for a behavioral health database. Currently DHS has an extensive resource on licensed addiction services but mental health resources are not systemically available for prevention, early intervention and mental health services. This appropriation would strengthen the 211 resource network by broadening its scope of information.

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Original Section 6 **Current version no funding**

Appropriate $1,920,000 from the general fund to DHS for peer-to-peer and family-to-family support services. Peer to Peer and family to family support services are those services that offer recovery and family support particularly to those individuals with serious and persistent behavioral health issues. If a person (adult or child) receives treatment they often relapse because of transitions and additional needs. Over the last 20 years, recovery supports have become evidence based and have proven both cost effective and successful ways to reduce recidivism.

Original Section 7 **Current version no funding**

Appropriate $24,393,668, of which $12,196,834 is from the general fund to expand a full range of behavioral health treatment services. It authorizes 1 full-time equivalent position for DHS for targeted case management services for adults with severe mental illness and children with severe emotional disturbance. Currently, the Department is studying a major Medicaid waiver for expansion of services called an 1915i waiver. Groups such as homeless coalitions are hopeful that such a waiver could target expanded services to those groups through this waiver. This funding could be used as part of that overall process.

Thank you for your time and I am certain you will hear from many people on this bill. I am more than willing to answer any questions.

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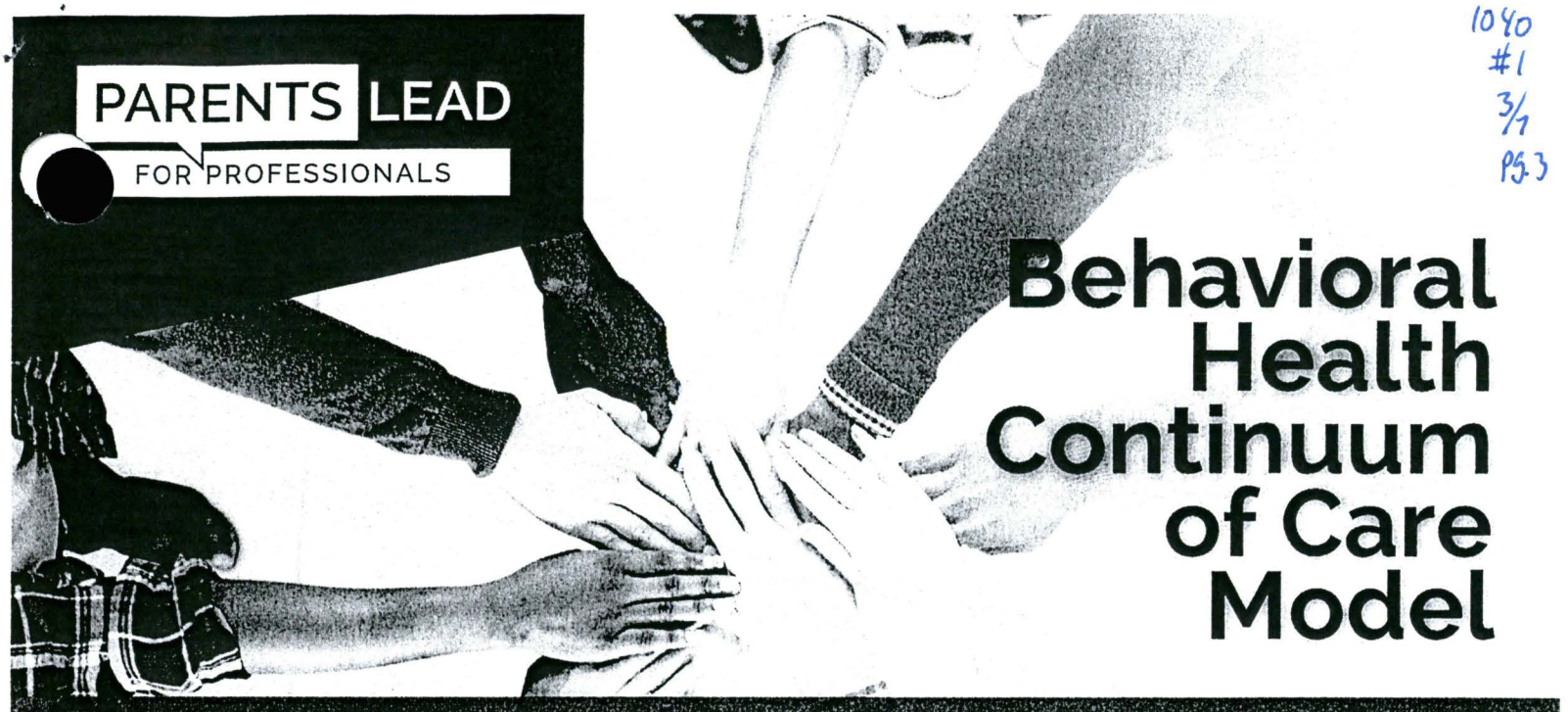
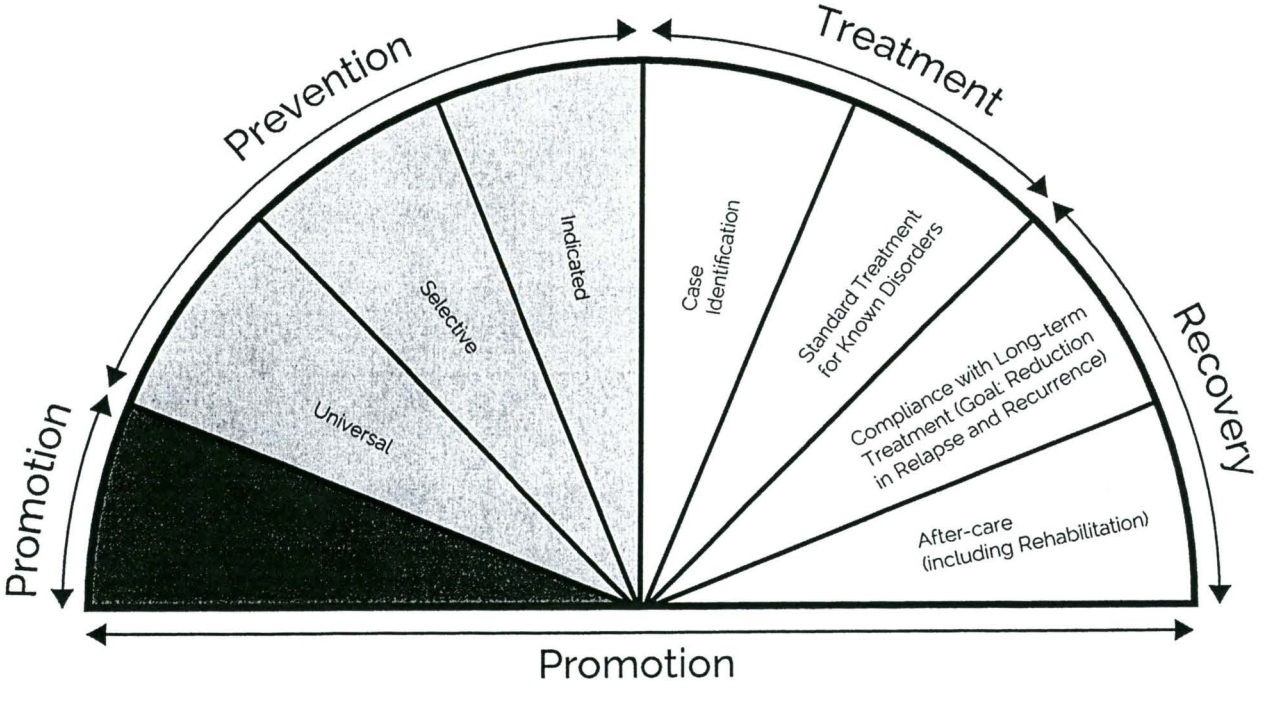
PARENTS LEAD
FOR PROFESSIONALS



Behavioral Health Continuum of Care Model

The Behavioral Health Continuum of Care Model recognizes multiple opportunities for addressing behavioral health problems and disorders. Based on the Mental Health Intervention Spectrum, first introduced in a 1994 Institute of Medicine report, the model includes the following components:



Promotion — These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

Prevention — Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

Treatment — These services are provided for individuals diagnosed with a substance use or other behavioral health disorder.

Recovery — These services support individuals' abilities to live productive lives in the community.

Source:
www.samhsa.gov/prevention

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17.0183.04000

Sixty-fifth
Legislative Assembly
of North Dakota

HOUSE BILL NO. 1040

Introduced by

Legislative Management

(Human Services Committee)

A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to an evidence-based alcohol and drug education program; to amend and reenact subsection 3 of section 5-01-08 of the North Dakota Century Code, relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide appropriations to the department of human services.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 3 of section 5-01-08 of the North Dakota Century Code is amended and reenacted as follows:

3. A violation of this section is a class B misdemeanor. For a violation of subsection 2, the court also shall sentence a violator to an evidence-based alcohol and drug education program operated under rules adopted by the department of human services under section 2 of this Act.

SECTION 2. A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

Alcohol and drug education program - Rules - Fees.

The department shall adopt rules for an evidence-based alcohol and drug education program for individuals under the age of twenty-one who violate section 5-01-08. The rules must allow for the program provider to charge a fee to a participant in the program.

SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - ALCOHOL AND DRUG EDUCATION. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $10,000, or so much of the sum as may be necessary, to the department of human services for the purpose of developing rules for an evidence-based alcohol and drug education program for individuals under the age of twenty-

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one who violate section 5-01-08, for the biennium beginning July 1, 2017, and ending June 30, 2019. The funds provided under this section are considered a one-time funding item.

SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - CHILDRENS' PREVENTION AND EARLY INTERVENTION BEHAVIORAL HEALTH SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,956,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing grants to organizations that provide prevention and early intervention behavioral health services for children, including services to children suffering from the effects of behavioral health issues, for the biennium beginning July 1, 2017, and ending June 30, 2019. Services must be made available in both rural and urban areas of the state.

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - BEHAVIORAL HEALTH DATABASE. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $70,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to an organization administering statewide 2-1-1 services to create a behavioral health provider database of profit and nonprofit organizations, for the biennium beginning July 1, 2017, and ending June 30, 2019.

SECTION 6. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER AND FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,920,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer or family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Grant funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 7. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TARGETED CASE MANAGEMENT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $12,196,834, or so much of the sum as may be necessary, and from special funds derived from federal funds and other income, the sum of $12,196,834, or so much of the sum as may be necessary, to the

department of human services for the purpose of expanding targeted case management services beginning October 1, 2017, to allow designated behavioral health providers to provide targeted case management services for individuals with severe mental illness and individuals with severe emotional disturbance, for the biennium beginning July 1, 2017, and ending June 30, 2019. The department of human services is authorized one full-time equivalent position for this purpose.

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HB 1040
Senate Human Services - March 7, 2017
Testimony by Teresa Larsen, Protection & Advocacy Project

HB 1040 came from Legislative Management – the Human Services Interim Committee. Though there were amendments made by House Human Services, funding for peer-to-peer or family-to-family support, at a cost of $1,920,000, remained in the bill that was given a 'do pass' by the Committee. Language stated that "grant funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs". House Appropriations amended the bill to remove these services and the associated funding, which passed on the House floor.

Consumers and families have been asking for these services for several Legislative Sessions. In her 2014 report to the North Dakota Legislature, Renee Schulte provided recommendations to increase the use of lay persons in expanding treatment options. This included the strategy to "increase the use of peer support and recovery coaches". Schulte's implementation plan suggested that this be done by the Legislature in the 2017 Session. She noted that funding options could include State dollars, private contracts, federal grants, and Medicaid.

As noted by the Centers for Medicare & Medicaid Services (CMS), "peer support services are an evidence-based mental health model of care which consists of a qualified peer support

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provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services." The referenced CMS statement can be found in the document attached to this testimony.

The $1,920,000 budget was built based on 12 FTE's for Recovery Support Specialists or Parent Coordinators around the State (one each in Williston, Devils Lake, Jamestown, Dickinson; two each in Minot, Grand Forks, Fargo, Bismarck). It also includes a Supervisor/Coordinator (1 FTE). Costs were included for payroll taxes, employer-paid health insurance premiums @ 50%, travel, supplies, and funds for training and credentialing. The budget is for two years. This is serious money... but it's for a serious need.

Your consideration in prioritizing these services would be greatly appreciated. It would make a big difference for many individuals and families. Thank you.

tlarsen@nd.gov
328-2950

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DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations

SMDL #07-011

August 15, 2007

Dear State Medicaid Director:

The purpose of this letter is to provide guidance to States interested in peer support services under the Medicaid program. The Centers for Medicare & Medicaid Services (CMS) recognizes that the mental health field has seen a big shift in the paradigm of care over the last few years. Now, more than ever, there is great emphasis on recovery from even the most serious mental illnesses when persons have access in their communities to treatment and supports that are tailored to their needs. Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.

Background on Policy Issue

States are increasingly interested in covering peer support providers as a distinct provider type for the delivery of counseling and other support services to Medicaid eligible adults with mental illnesses and/or substance use disorders. Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services. The following policy guidance includes requirements for supervision, care-coordination, and minimum training criteria for peer support providers.

As States develop behavioral health models of care under the Medicaid program, they have the option to offer peer support services as a component of a comprehensive mental health and substance use service delivery system. When electing to provide peer support services for Medicaid beneficiaries, State Medicaid agencies may choose to collaborate with State Mental Health Departments. We encourage States to consider comprehensive programs but note that regardless of how a State models its mental health and substance use disorder service delivery system, the State Medicaid agency continues to have the authority to determine the service delivery system, medical necessity criteria, and to define the amount, duration, and scope of the service.

States may choose to deliver peer support services through several Medicaid funding authorities in the Social Security Act. The following current authorities have been used by States to date:

- Section 1905(a)(13)
- 1915(b) Waiver Authority
- 1915(c) Waiver Authority

Delivery of Peer Support Services

Consistent with all services billed under the Medicaid program, States utilizing peer support services must comply with all Federal Medicaid regulations and policy. In order to be considered for Federal reimbursement, States must identify the Medicaid authority to be used for coverage and payment, describe the service, the provider of the service, and their qualifications in full detail. States must describe utilization review and reimbursement methodologies. Medicaid reimburses for peer support services delivered directly to Medicaid beneficiaries with mental health and/or substance use disorders. Additionally, reimbursement must be based on an identified unit of service and be provided by one peer support provider, based on an approved plan of care. States must provide an assurance that there are mechanisms in place to prevent over-billing for services, such as prior authorization and other utilization management methods.

Peer support providers should be self-identified consumers who are in recovery from mental illness and/or substance use disorders. Supervision and care coordination are core components of peer support services. Additionally, peer support providers must be sufficiently trained to deliver services. The following are the minimum requirements that should be addressed for supervision, care coordination and training when electing to provide peer support services.

1) Supervision

Supervision must be provided by a competent mental health professional (as defined by the State). The amount, duration and scope of supervision will vary depending on State Practice Acts, the demonstrated competency and experience of the peer support provider, as well as the service mix, and may range from direct oversight to periodic care consultation.

2) Care-Coordination

As with many Medicaid funded services, peer support services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. States should use a person-centered planning process to help promote participant ownership of the plan of care. Such methods actively engage and empower the participant, and individuals selected by the participant, in leading and directing the design of the service plan and, thereby, ensure that the plan reflects the needs and preferences of the participant in achieving the specific, individualized goals that have measurable results and are specified in the service plan.

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3) Training and Credentialing

Peer support providers must complete training and certification as defined by the State. Training must provide peer support providers with a basic set of competencies necessary to perform the peer support function. The peer must demonstrate the ability to support the recovery of others from mental illness and/or substance use disorders. Similar to other provider types, ongoing continuing educational requirements for peer support providers must be in place.

Please feel free to contact Gale Arden, Director, Disabled and Elderly Health Programs Group, at 410-786-6810, if you have any questions.

Sincerely,

/s/

Dennis G. Smith
Director

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
Division of Medicaid and Children's Health

Martha Roherty
Director, Health Policy Unit
American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors Association

Jacalyn Bryan Carden
Director of Policy and Programs
Association of State and Territorial Health Officials

Christie Raniszewski Herrera
Director, Health and Human Services Task Force
American Legislative Exchange Council

Debra Miller
Director for Health Policy
Council of State Governments

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HB1040
Testimony in Support
North Dakota Council of Educational Leaders – Dr. Aimee Copas
2/6/2017

Good morning Chair Lee and members of the Senate Human Services Committee. For the record, my name is Aimee Copas – and I am the Executive Director for the North Dakota Council of Educational Leaders.

For the better part of the past year, the Student Services Subcommittee of the Legislative Focus Group has worked closely with the Department of Human Services to bridge the gap between schools and the services that some of our children need. We've recognized that we have been operating in silos and that on both parts this doesn't best serve the needs of the people who need our help.

One of the recognized pieces missing is a way to bridge between recognizing that some of our students have needs, and getting them to the services that can help them. Because our needs are so very diverse in our state, we are working to figure out how to not only serve our students, but how to additionally scale that out to serve students all over our state.

Section 3 of HB1040 helps us start that process. There is a small sum in this bill which allows the Department of Human Services to develop and partner on a pilot project with a school system in our state to begin working out these pieces. Although in origination we were hopeful of a much larger pilot role out, we are also very aware of our fiscal struggles. However, this is far too important of a project to allow it to go away without beginning the process, even if it is small in its initial role out. We believe the innovation will lead to more widespread partnerships throughout our state. We encourage a DO PASS recommendation on HB1040

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Mental Health Advocacy Network

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

Testimony
Human Services Committee
Senator Judy Lee, Chairman
March 7, 2017

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 throughout the interim human 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's number one priority is funding for peer-to-peer and family-to-family support. 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 these 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.

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 does not exist for adult consumers. In the time since MHAN started testifying on these issues, there has been a growing consensus that the status-quo must not be tolerated. Recently, the Interim Incarceration Issues Committee had been notified that more than two thirds of North Dakota judges have sentenced someone to prison—even if they were not a high-risk offender—in order to receive behavioral health services. North Dakota citizens should have the opportunity to access behavioral health services without going into the justice system first.

The legislature has commissioned multiple studies to research North Dakota's behavioral health system. They all make it resoundingly clear that this system is in crisis and drastic action must be taken. If the state wishes to know what direction North Dakota's behavioral health system must take, we feel that the Schulte Report (which the legislature commissioned and received in 2014) provides more than enough guidance. As such, I have included a link to the Schulte Report for your consideration.[1] I have also attached a copy of MHAN's mission and legislative priorities list. **MHAN asks that HB 1040 reinstate funding for peer-to-peer and family-to-family support.** The people of North Dakota cannot afford to wait any longer. The time to act is now.

I would be happy to take any questions you have.

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[1] Schulte Consulting LLC, *Behavioral Health Planning Final Report: Prepared for the State of North Dakota* (July 22, 2014).
http://www.ndpanda.org/news/docs/20140722-behavioral-health.pdf

Carlotta McCleary, Executive Director
Mental Health America of ND
523 North 4th Street
Bismarck ND 58501

Email: cmccleary@mhand.org

Phone: (701)255-3692

The Mental Health Advocacy Network (MHAN)

A coalition for North Dakota

Mission: 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.

Members of MHAN have long recognized the lack of mental health care and treatment in the state. With the release of the Schulte Report* in the summer of 2014, policymakers, including the North Dakota legislature, also became keenly aware of the crisis in mental health - and the associated risks of maintaining the status quo. Following the release of the Schulte Report, legislators also heard from the Bazelon Center for Mental Health Law, relative to the State's legal obligations for behavioral health services. MHAN was formed to assure that consumer and family voices are included in recommendations for improvements and in decision-making.

Values: MHAN values the work done by many in this arena including the ND Department of Human Services and County Social Service agencies, legislators, public and private sector providers and the Behavioral Health Stakeholder group. However, these efforts do not go far enough – or respond quickly enough to solve the critical nature of the gaps in service, the lack of access and, ultimately, to the prevention of loss of life. Additionally, there has not been an intentional effort to engage consumer and obtain family input for these deliberations. For those reasons, MHAN shares the following values, upon which we build a case for leadership and action for policymakers and the public to consider.

1. **Peer-to-Peer and Family-to-family Support:** MHAN believes that these 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. Schulte agrees: *"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."*

2. **Consumer Choice:** When someone with a mental health disorder is poor, or uninsured in North Dakota, one is captive to the services made available through the Regional Human Service Center. While these services are intended to be effective, they are not

available equitably in all regions, nor are they adequate to meet the need. MHAN believes that the state should redirect funding through a voucher system or like model, to allow consumers choice and access to services in the private sector. Such choice can foster results driven accountability. Schulte agrees: *"Although some may think that this DHS directed system is more functional and streamlined, in actuality it has created less competition and thereby a lower standard of care. The HSCs are the sole provider of many services not giving consumers any options. In a state where all available providers are needed in order to get the work accomplished, the dominance of the HSC system of care is counter-productive. The issue of lack of care coordination or case management was the second most common concern noted throughout the state. Challenges include not being able to access case management, with the lack of choice due to having only one provider of services (DHS), a culture of dependence upon the government system, and a lack of uniform eligibility criteria for program participation was noted."*

3. **Diversion from Corrections Systems:** Too many North Dakotans are ending up in youth or adult corrections systems due to lack of mental health care, both inpatient and outpatient. MHAN believes that diversion needs to be a top priority in systemic planning efforts through prevention, early intervention and treatment. A recent report from the ND Department of Corrections and Rehabilitation supports this premise: *In ND 63% of youth in juvenile corrections have mental health concerns that require a medication that must be managed by psychiatry staff. 41% of female inmates have mental health concerns that are being treated by DOCR psychiatry staff.*

4. **Core Services, Zero Reject Model and Adequate Funding for Public and Private Services:** MHAN believes that consumers and families are key to defining the core services they need to maintain good mental health and productivity. MHAN believes that a state system of care requires a zero- reject model rather than turning people away because of waiting lists, wait times, non-cooperation or being too sick or not sick enough. Adequate funding for mental health services is a federal requirement that is not being met by the State of North Dakota, thus exposing the state to legal action. Schulte agrees. The Schulte Report said another goal is to: *"Increase funding options for youth and adults" as "There is a large gap in funding options for services in North Dakota." The study judged that, "the current system encourages failure at various treatment levels before authorizing treatment. This is not recovery-focused treatment. Parity for mental health services is not currently happening within the state as mandated by federal law."*

5. **Conflict Free Grievance and Appeals Processes**: When consumers and families are faced with a concern about DHS services, they have nowhere, other than the DHS, to turn. Schulte states it best and MHAN agrees: *"When looking at the system in North Dakota, one thing that sets apart it apart from many other systems is the almost total reliance on DHS as provider of services. In this role, there is no independent appeal mechanism for families or consumers. DHS is the provider, regulator and oversight to itself. The lack of checks and balances makes a very poor business model in any field."*

6. **Access to a Full and Functional Continuum of Care** be afforded community-based treatment when appropriate, as indicated in the Americans with Disabilities Act (ADA – 1990). Community-based supports might include mobile crisis intervention, crisis residential placement, recovery centers, supportive housing, employment training and opportunities, and benefits planning for money management. Schulte agrees: *"Lawsuits are happening across the country in which states are not offering a choice of services to individuals or requiring that they seek only institutional care. The need for home and community based services is critical with changes in the federal landscape and the expectation of integration of individuals with needs into the general population."*

The Mental Health Advocacy Network stands in support of the efforts of people and organizations that work to improve services for those who live with mental illnesses. However, MHAN insists on the direct involvement of consumers and families, including those from tribal and rural areas, as well as Veterans, in prevention, education, service planning and delivery - nothing about us without us.

The Mental Health Advocacy Network supports a responsive and immediate solution to the existing gaps in mental health services in North Dakota and rejects the notion of a phased-in, years-long approach to service development. For many North Dakotans, this is a matter of life and death. To quote Schulte again, the
"...system is in crisis."

1/03/16

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HB 1040
Testimony
Presented by Darcie Handt, Executive Director, ND Cares

My name is Darcie Handt and I am the Executive Director for ND Cares, which is committed to serving the Service Members, Veterans, Families, and Survivors throughout North Dakota.

I am here today to provide testimony on HB 1040, because behavioral health is one of our priorities as a coalition, which as we all know, mental health impacts.

This bill addresses the critical issue of mental health recovery through the use of evidence-based peer-to-peer support methods to deliver the services and support needed to achieve and maintain recovery.

This peer-to-peer support program not only benefits North Dakota Service Members and Veterans, but it will provide assistance to the ones that love and support their Service Member or Veteran. We must never forget or neglect those family members that need help coping as they go through the recovery process with their Service Member/Veteran or who are going through the healing process alone, as a Survivor.

Peer support is the needed next step in combating mental health issues. Peers will serve as role models and provide guidance to those in need in the early stages of recovery until those individuals can take back control of major decisions in their lives and live productively in our communities.

The military community, whether currently serving or a Veteran are proud yet fearful of being stigmatized for being weak or having a defect. These types of programs allow them to draw strength from others who can identify with their individual situations. It will allow them to open-up to someone they have faith in and trust. According to the federal Substance Abuse Mental Health Services Administration (SAMHSA), "people who have achieved and sustained recovery can be a positive influence for others in recovery."
(https://knowledge.samhsa.gov/resources/developing-peer-workforce)

This peer-to-peer support program can help bring our military families **all the way home** and restore their quality of life.

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FirstLink

PO Box 447, Fargo, ND 58107-0447

North Dakota Senate Human Service Chair and Committee Members,

I am writing in support of HB 1040. Today, one of the greatest needs we have in the state is information to assist those who need behavioral health/addiction services. The general public doesn't know where to go for help, and even our providers don't know what other providers offer. So when they need to send someone to a different type/level of service they wonder what is available. Think how difficult this would be as a parent, or as a case worker to need help for your loved one/client and not know where to turn.

FirstLink has the 211 database already in place, but has only nonprofit human service and government resources in it. We can expand our inclusion/exclusion policy to include "for profit behavioral health services", if we feel the state has a need for this expansion. Our board would need to okay this change, which they do see as a high priority now. But we cannot add all of those resources, without adding staff to get all of these resources researched and added to our current database.

I am on several local and statewide committees, and all of them are asking for a central place for this information to be stored. No one in the state actually knows all of the behavioral health services we provide, or have available. **211 makes sense to be that place.** FirstLink 211 is required to update all of our resources once a year, so this database would always remain current. Many times a grant or funder will give funding for a resource list, and then it is never updated. Let's not let someone try to compile a quick list. FirstLink 211 will compile this list and keep it current.

In 2016, we handled around 50,000 calls from people looking for resources, and listening and support. FirstLink is the only call center who is designated as the 211 provider/database for the entire state designated by the public service commission, and also is the only call center who answers all of the calls for the entire state on the National Suicide Prevention Lifeline. Currently the FirstLink 211 database has around 5,500 resources in it. This includes shelters, food pantries, support groups, financial assistance, to name just a few of the thousands of resources. Imagine if this could be expanded to include all behavioral health "for profits" also.

We are requesting $70,000 so that we can hire 2 FT database call specialists to take our database to this next level. This is a much needed database for the state of North Dakota and its residents, case workers, professionals, and legislators. If you have any questions call me. (701-367-7098) Please help us get this very important resource database operating, so that people will know where to go for help, and hope in getting connected with behavioral health resources.

Sincerely,

Cindy Miller

Cindy Miller

FirstLink Executive Director

FirstLink is your local 24/7 service, specializing in suicide support services, volunteerism, and linking people to thousands of community resources.

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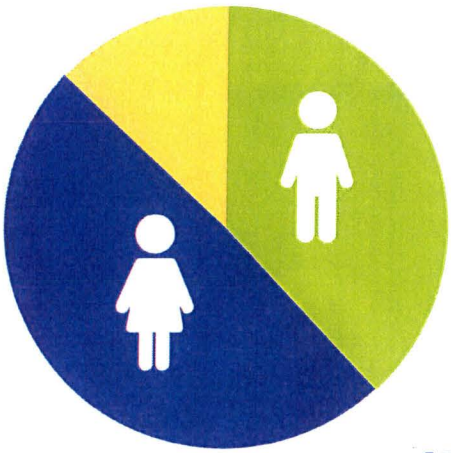
FIRSTLINK IMPACT IN 2016

49,353 TOTAL CALLS

18,051 RESOURCES OFFERED



DEMOGRAPHICS

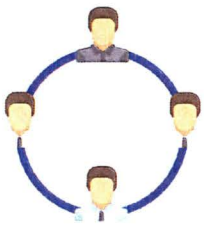
MALE 38%

FEMALE 49%

CALL TYPE

INFORMATION **35%**

LISTENING & SUPPORT **38%**

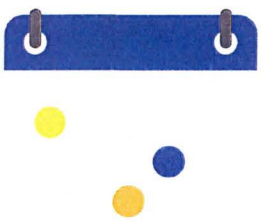


REFERRAL **18%**

CRISIS INTERVENTION **10%**

DAYS OF THE WEEK

MONDAY
8,769
TUESDAY
8,035
WEDNESDAY
7,339
THURSDAY
6,912
FRIDAY
6,744
SATURDAY
6,015
SUNDAY
5,539



TOP NEEDS

RENT PAYMENT ASSISTANCE **1,499**

FOOD PANTRIES **887**

ELECTRIC PAYMENT ASSISTANCE **801**

GAS MONEY **607**

MISC. FINANCIAL ASSISTANCE **591**

TOP UNMET NEEDS

RENT PAYMENT ASSISTANCE **458**

GAS MONEY **437**

MISC. FINANCIAL ASSISTANCE **234**

ELECTRIC PAYMENT ASSISTANCE **216**

BUS FARE **207**

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Senate Human Services Committee

House Bill 1040
Honorable Judy Lee, Chair
March 7, 2017

Chair Lee and members of the Senate Human Services Committee, my name is Marcia Hettich, I am a Mental Health Advocate, and live in Elgin, North Dakota. I am asking for you to support statewide peer-to-peer support for adult consumers who have a mental health illness.

A Peer Support Specialist draws upon personal experiences to offer encouragement, inspire hope, and help consumers on their journey to recovery. As one consumer who was struggling with her illness, she stated to me: "I was hospitalized monthly until I was matched with a Peer Support Specialist." Peer Support saved my life!

The peer-to-peer support program would be wonderful for our Oil Workers in the Bakken. There are virtually NO programs for them! If an individual is in a mental health crisis in Williston they have to travel 147 miles to Minot.

As Governor Burgum stated: "We need to help the most vulnerable adults in our state!"

Peer-To-Peer-Support Services provides a beacon of hope for all consumers! Would you please support peer-to -peer support?

Thank You!

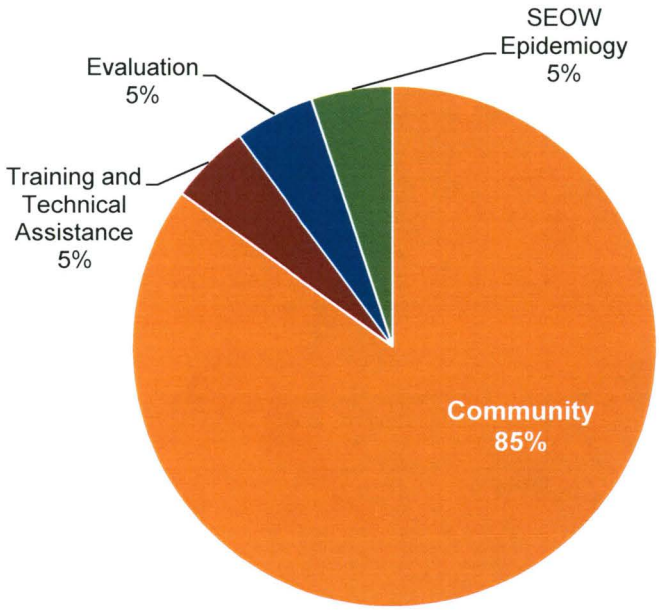
Marcia Hettich
P.O. Box 245
Elgin, North Dakota 58533
701-584-2931
mar58@westriv.com

Strategic Prevention Framework State Incentive Grant (SPF SIG)

DATA-DRIVEN SUBSTANCE ABUSE PREVENTION PRIORITIES:
Underage drinking among persons aged 12 to 20 AND Adult Binge Drinking

North Dakota was awarded a **five-year, $1.94 million each year** in 2010. The project ended September 2016 following a one-year, no-cost extension.

North Dakota SPF SIG Funding Allocations



COMMUNITY FUNDING

85% of the SPF-PFS funds are required to support local efforts. Local efforts included community-implementation of the Strategic Prevention Framework and evidence-based strategies targeting underage drinking and adult binge drinking. Local efforts also included media efforts: Parents Lead and Speak Volumes.

Community Funding Resource Allocation

Communities received points in the following categories:

- Number of counties in service are
- Number of cities in service area
- Population in service area

Counties	Points	Cities	Points	Pop	Points
1	1	Up to 10	1	0 to 20,000	1
2 to 3	2	11 to 20	2	20,001 to 40,000	2
4 to 5	3	21 to 30	3	40,001 to 60,000	3
6 to 8	4	31 to 40	4	60,001 to 80,000	4
		41+	5	80,001 to 100,000	5
				100,001+	6

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Training and Technical Assistance

The Behavioral Health Division contracted with Community Anti-Drug Coalitions of America (CADCA) to provide trainings to PFS community grantees. State staff also provided training and technical assistance.

Evaluation

The Behavioral Health Division contracted with North Dakota State University and Wyoming Survey and Analysis Center to conduct required federal evaluation activities of community- and state-level activities.

SEOW Epidemiology

Funds supported data collection and Epidemiologist services through a contract with the University of North Dakota Center for Rural Health.

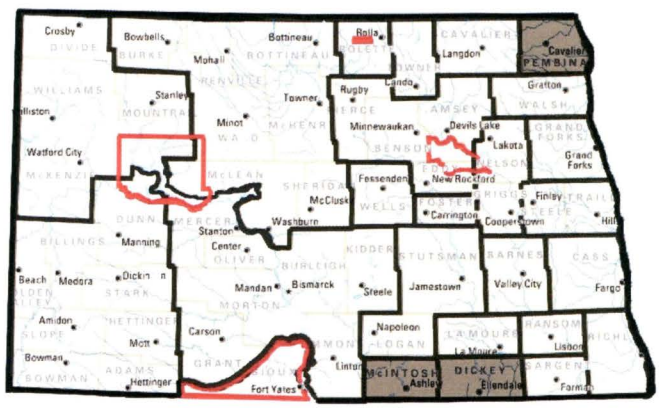
SPF SIG Community Grantees

(Dickey County Health District opted out of the SPF SIG prior to implementation and funding was re-allocated to other community grantees)

LOCAL PUBLIC HEALTH UNITS = 21	
1. Cavalier County Health District	$173,113
2. Central Valley Health District	$259,669
3. City-County Health District	$173,113
4. Custer Health Collaborative (Emmons, Kidder, rural Burleigh)	$476,060
5. Fargo Cass Public Health	$389,503
6. First District Health Unit	$605,894
7. Foster County Public Health	$129,834
8. Grand Forks Public Health Department	$302,947
9. Lake Region District Health Unit	$346,225
10. LaMoure County Health Department	$129,834
11. Nelson-Griggs District Health Unit	$216,391
12. Ransom County Public Health	$129,834
13. Richland County Health Department	$129,834
14. Rolette County Public Health District	$129,834
15. Sargent County District Health Unit	$129,834
16. Southwestern District Health Unit	$432,781
17. Towner County Public Health District	$129,834
18. Traill District Health Unit/Steele County Public Health Department	$216,391
19. Upper Missouri Health District	$389,503
20. Walsh County Health District	$129,834
21. Wells County District Health Unit	$129,834

TRIBES = 4	
1. Boys and Girls Club of the Three Affiliated Tribes	$259,669
2. Turtle Mountain Community College/ Turtle Mountain Band of Chippewa	$129,834
3. Spirit Lake Tribe	$173,113
4. Standing Rock Sioux Tribe	$129,834

Areas **NOT GREYED** are participating in SPF SIG:

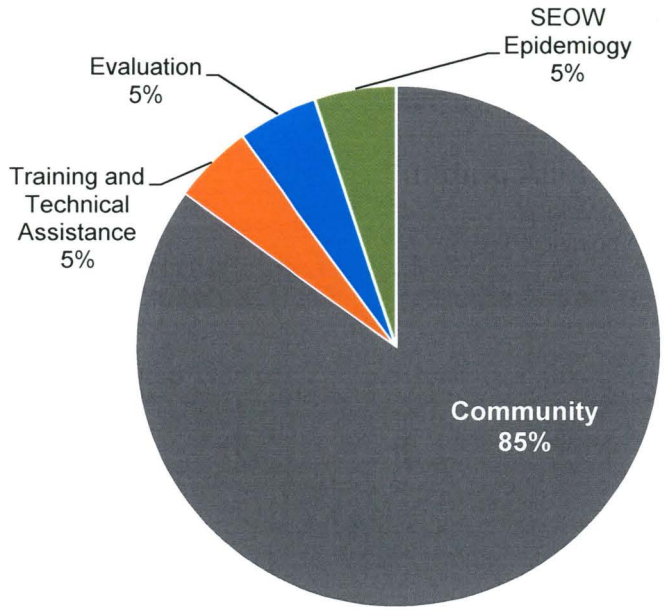


Strategic Prevention Framework Partnership for Success Grant (PFS)

DATA-DRIVEN SUBSTANCE ABUSE PREVENTION PRIORITY: Underage drinking among persons aged 12 to 20.

In 2015, North Dakota was awarded **$1,648,188 per year,** up to **5 years.**

North Dakota PFS Funding Allocations



COMMUNITY FUNDING

85% of the SPF-PFS funds are required to support local efforts. States must develop an approach to funding communities of high need (based on available data).

North Dakota (the Behavioral Health Division in collaboration with the state's SEOW) identified ten communities to receive PFS funding using a rating system, which is based on the following four criteria; (1) population (20%); (2) consumption rates (30%); (3) consequences rates (30%); and (4) risk factors for underage drinking (20%).

Category	**POPULATION SCORE**	**CONSUMPTION SCORE**	**CONSEQUENCE SCORE**	**RISK SCORE**
Weight	*20%*	*30%*	*30%*	*20%*
Data Points Included in Category Score	Percentage of 12-20 year olds in service area	Youth Risk Behavior Survey (YRBS) - Middle School lifetime use - Middle School binge use - High School 30-day use - High School binge use Behavioral Risk Factor Surveillance System (BRFSS) - Ages 18-20 30-day use - Ages 18-20 binge use	Youth Risk Behavior Survey (YRBS) - High School past 30-day drinking and driving	Community Readiness Survey (CRS) - Perception of acceptability of parents offering youth alcohol - Perception of acceptability of underage drinking in the community - Perception that community has leadership interested in substance abuse prevention - Perception that community has an action plan for substance abuse prevention Liquor Outlet Density Native American Reservation Oil-Impacted Areas

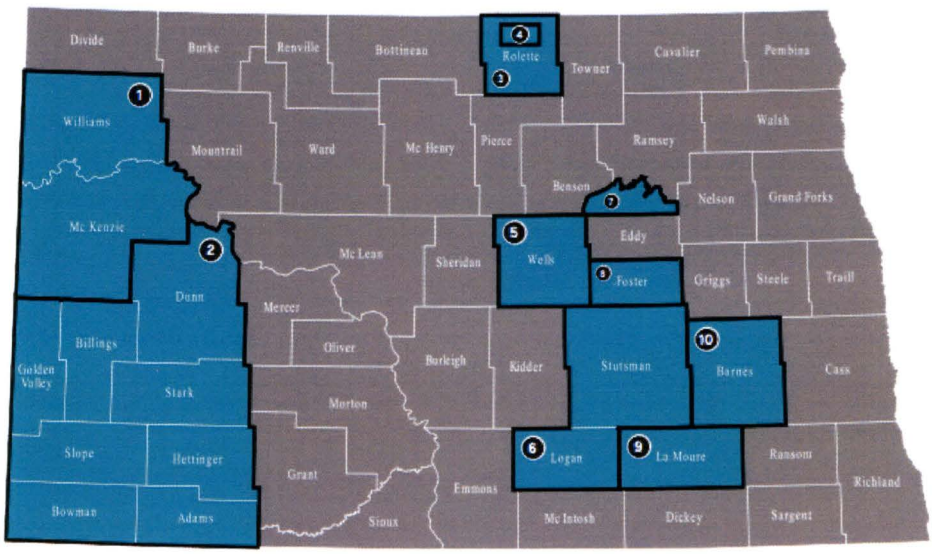
Community Funding Resource Allocation

Communities receive points in the following categories:

- Number of counties in service area
- Number of cities in service area
- Population in service area

Counties	Points	Cities	Points	Pop	Points
1-2	1	Up to 10	1	0 to 24,999	1
3+	2	11-15	2	25,000+	2
		16+	3		

North Dakota Partnership for Success Community Grantees



1. Upper Missouri Health District (Williams & McKenzie Counties)
2. Southwestern District Health Unit
3. Rolette County Public Health District
4. Turtle Mountain Band of Chippewa
5. Wells County District Health Unit
6. Central Valley Health District
7. Spirit Lake Nation
8. Foster County Public Health
9. LaMoure County Health Department
10. City - County Health District

Training and Technical Assistance

The Behavioral Health Division contracts with Community Anti-Drug Coalitions of America (CADCA) to provide trainings to PFS community grantees. State staff provides ongoing training and technical assistance also.

Evaluation

The Behavioral Health Division contracts with Wyoming Survey and Analysis Center to conduct required federal evaluation activities of community- and state-level activities.

SEOW Epidemiology

Funds support data collection (ND Community Readiness Survey and Young Adult Survey) and Epidemiologist services through a contract with the University of North Dakota Center for Rural Health.

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SUBSTANCE USE IN NORTH DAKOTA

DATA BOOK 2017

NORTH DAKOTA PREVENTION RESOURCE & MEDIA CENTER

north dakota department of human services

prevention.nd.gov/data

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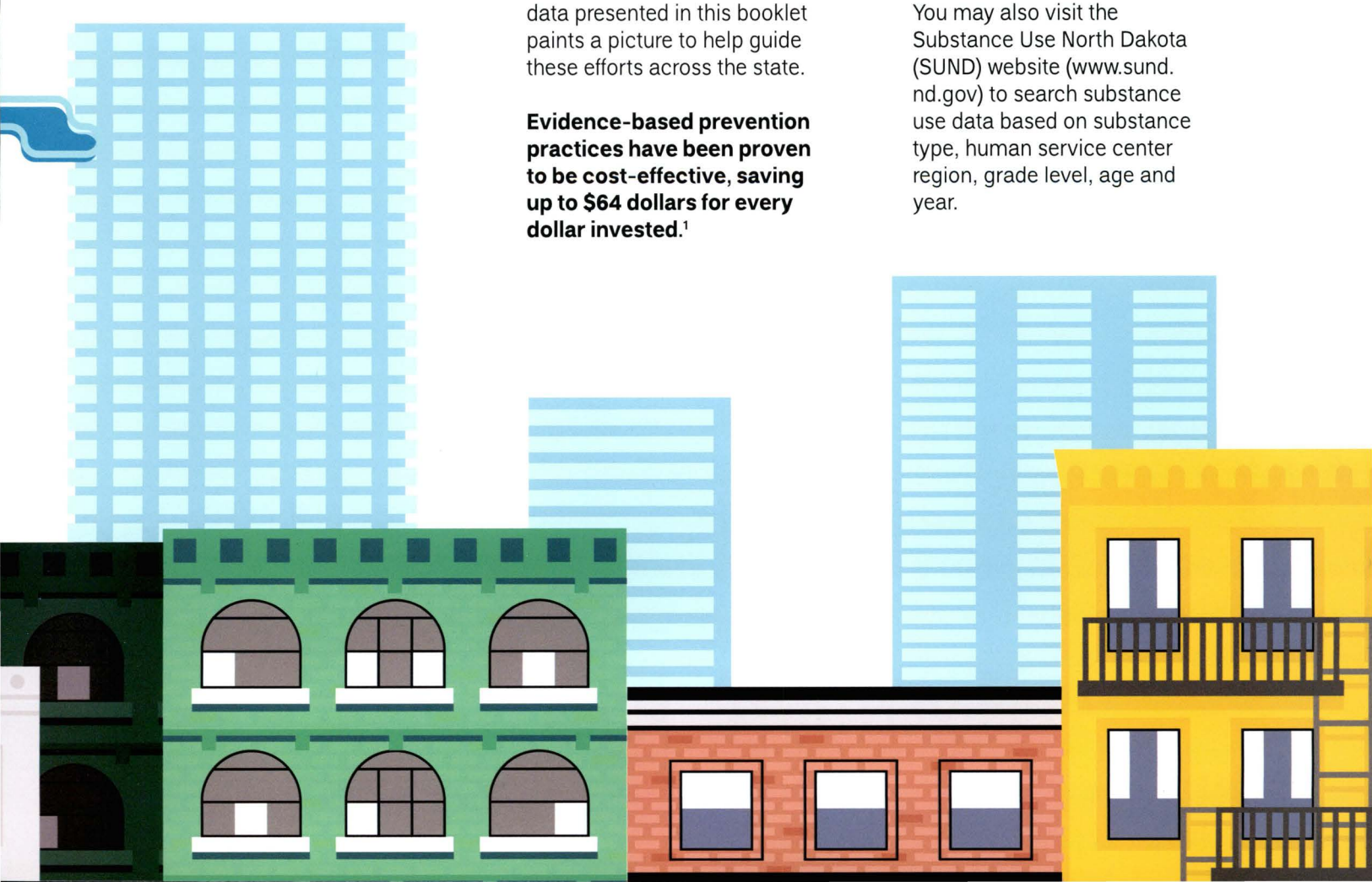
ABOUT THIS DATA BOOK

This booklet tells the story of substance use in North Dakota and is based off the 2016 North Dakota Epidemiological Profile. Research has shown the importance of using data to guide effective and targeted behavioral health efforts. The data presented in this booklet paints a picture to help guide these efforts across the state.

Evidence-based prevention practices have been proven to be cost-effective, saving up to $64 dollars for every dollar invested.[1]

This is a product of the North Dakota State Epidemiological Outcomes Workgroup (SEOW). For more information and to view the most recent North Dakota Epidemiological Profile, go to **prevention.nd.gov/data**.

You may also visit the Substance Use North Dakota (SUND) website (www.sund.nd.gov) to search substance use data based on substance type, human service center region, grade level, age and year.



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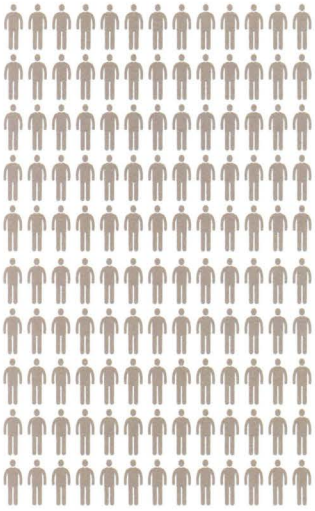
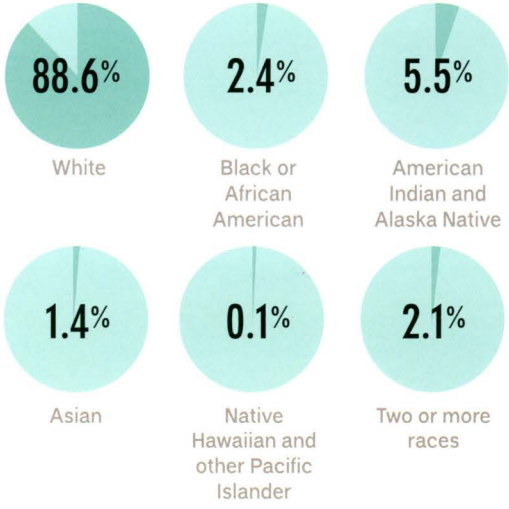
NORTH DAKOTA DEMOGRAPHICS OVERVIEW



NORTH DAKOTA POPULATION IS 756,927

12.5% INCREASE FROM APRIL 2010.[2]

RACE/ ETHNICITY[2]



3.5% of North Dakotans identify as Hispanic or Latino.[2]

There are **52,035** veterans in North Dakota, which is **9.6%** of the state's adult population.[4]

40.1% of North Dakota residents live in rural areas, compared to **19.3%** nationwide.[5]

One in ten (11%) North Dakotans are currently living in poverty.[6]

There are **five** federally recognized Tribes and one Indian community located at least partially within the state.[3]

23% of North Dakotans are under age 18 and **14.2%** are over age 65.[2]

North Dakota has a **3%** unemployment rate.[7]

OVERVIEW OF SUBSTANCE USE
IN NORTH DAKOTA

Alcohol is the most commonly abused drug in the state.

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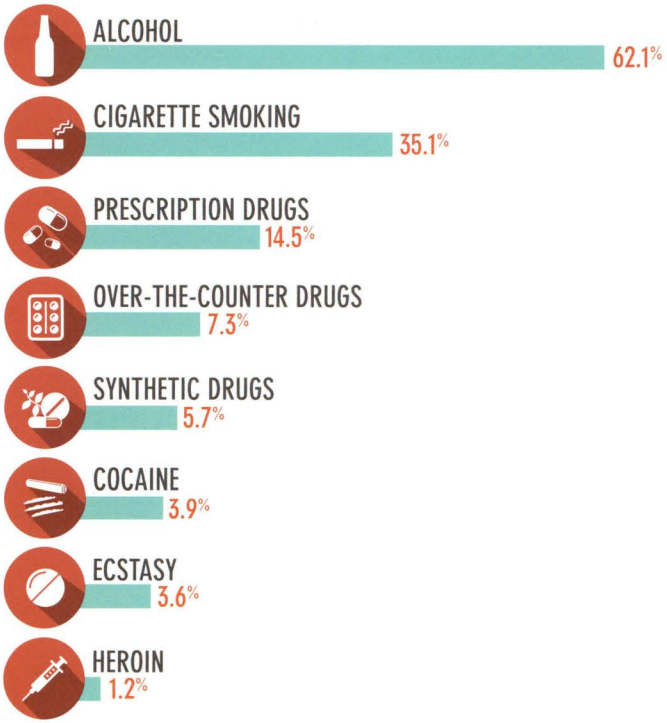
YOUTH (HIGH SCHOOL STUDENTS)[9]

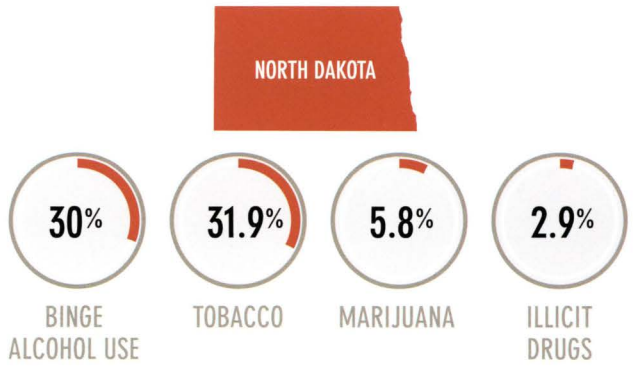
ND High School Student Reported LIFETIME Substance Use

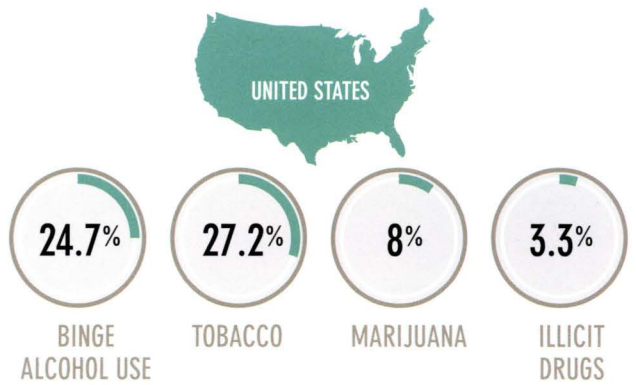


*In 2009 (the last time the question was asked), lifetime use of marijuana among ND high school students was 30.7%.

ADULTS (AGES 18+)[12]

Adults Age 18 and Older Past 30-Day Substance Use



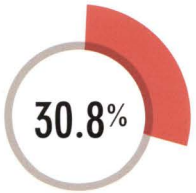


ALCOHOL: UNDERAGE DRINKING

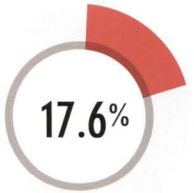
Great strides have been made in the prevention of underage drinking over the past decade, but there is still more work to do.

91.9% THE MAJORITY OF ND ADULTS AGREE THAT **UNDERAGE DRINKING** IS A PROBLEM IN THEIR COMMUNITY.[8]

of ND **middle school** students report alcohol use in their **lifetime**, a decrease from **28.2%** in 2011.[9]

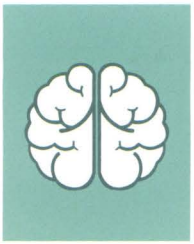


of ND **high school** students report **current alcohol use** (within the past 30 days), a decrease from **59.2%** in 2001.[9]



of ND **high school** students report **current binge drinking*** (within the past 30 days), a decrease from **41.5%** in 2001.[9]

17.6% is equivalent to approximately 5,351 students, or the number of enrolled students at Bismarck High School, Fargo South High School, Grand Forks Century High School, Williston High School, and Dickinson High School combined.



Research has shown brain development is not complete until around age 25.[10]

Among the last parts of the brain to be developed are those responsible for impulse control and extended reasoning. Alcohol use among youth and young adults can result in irreversible changes impacting problem-solving skills, performance at school, and potentially their body, mood, and mental health.

*Binge drinking: 5 or more drinks of alcohol in a row within a couple of hours

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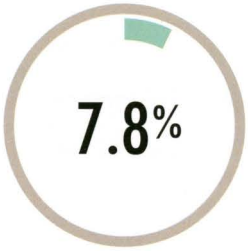
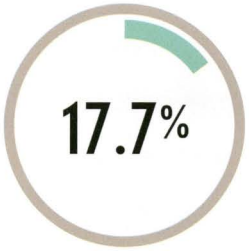
Not only is underage drinking against the law, but there are many consequences to underage drinking impacting health and safety.



7.8% of ND high school students report **driving after drinking alcohol** within the past 30 days.[9]



More than 1 in 6 (17.7%) ND high school students report **riding with a driver who had been drinking alcohol** within the past 30 days.[9]

13.6% of **juvenile arrests are alcohol-related** (DUI and liquor law violations).[11]

Approximately 3.5% of ND youth ages 12-17 met the criteria for **alcohol dependence or abuse** in the past year.[12]

Underage drinking costs the citizens of North Dakota nearly **$160 million each year** in **medical, work lost and pain and suffering**.

SOME OF THESE COSTS INCLUDE:

VIOLENCE = $83.8 MILLION
TRAFFIC CRASHES = $40.3 MILLION
INJURY = $7.0 MILLION
TREATMENT = $4.6 MILLION

In 2013, this was **$2,327** for each youth in the state or **$3.70** per drink consumed underage.[13]

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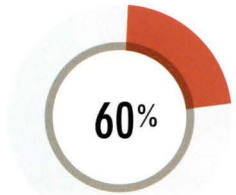
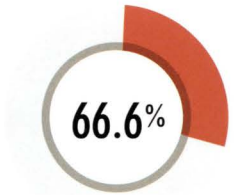
ALCOHOL: YOUNG ADULT/COLLEGE STUDENTS

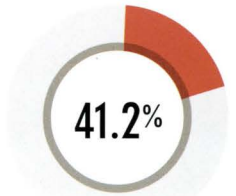
Almost half of ND young adults binge drink and nearly a quarter report driving after drinking. This age group often overestimates how frequently their peers are binge drinking which can influence personal decisions surrounding alcohol use.



of young adults ages 18-29 report using alcohol in the past 30 days.[14]



of ND college students report using alcohol in the past 30 days, a decrease from **72.6%** in 2001.[15]

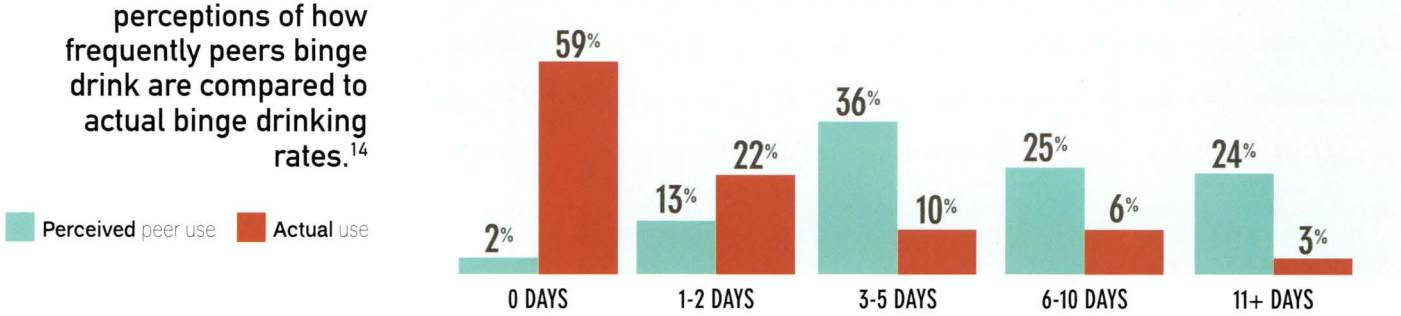


of young adults ages 18-29 report binge alcohol use in the past 30 days.[14]

A significant misperception is revealed when perceptions of how frequently peers binge drink are compared to actual binge drinking rates.[14]

PERCEIVED VERSUS ACTUAL BINGE* DRINKING BEHAVIOR AMONG YOUNG ADULTS

(Number of days in past 30 days)



*5 or more drinks on an occasion or in a row

23.9%
OF ND YOUNG ADULTS
ages 18-29

report **DRIVING WITHIN TWO HOURS OF DRINKING** in the past 30 days.[14]

ALCOHOL: ADULT

Adult binge drinking in North Dakota is a serious public health issue, resulting in many consequences impacting individuals, families and communities.

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88.8% OF ND ADULTS BELIEVE **ADULT ALCOHOL USE IS A PROBLEM IN THEIR COMMUNITY.**[8]

4th

ND ranks **4th** in the nation for current binge alcohol use (past 30-days) among adults age 26 and older (25.8%).[12]

5.6% (equivalent to **32,638** individuals) of ND adults report drinking and driving in the past 30 days.[16]

More than one in five (22.2%) adult arrests in ND are for Driving Under the Influence.[11]

43.2% of fatal crashes in ND are alcohol-related.[17]

41% of new domestic violence cases in ND involve alcohol.[18]

Approximately **6.7%** of ND adults age 26 or older met the criteria for alcohol dependence or abuse in the past year.[12]

Approximately **75%** of the ND inmate population has a substance use disorder diagnosis.[19]

Nationally, excessive alcohol use led to approximately **88,000 deaths** and 2.5 million years of potential life lost each year from 2006 – 2010, shortening the lives of those who died by an average of 30 years.[20]

$249 BILLION

The economic costs of excessive alcohol consumption in the U.S. are estimated at **$249 billion**, or $2.05 a drink.[21]

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ALCOHOL: RISK FACTORS

There are many risk factors that influence a person's likelihood of engaging in illegal or risky substance use. Effective prevention focuses on reducing these risk factors.

1

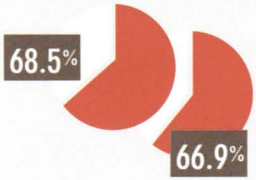
Research shows that individuals who start drinking before the age of 15 are 4 times more likely to meet the criteria for alcohol dependence at some point in their lives.[22]

of ND **high school** students report their first use of alcohol before the age of 13,[9]

a decrease from **29.8%** in 2001.

2

Generally, binge drinking rates are higher when individuals do not believe binge drinking is risky.



The majority of ND **high school** students (68.5%) and ND **young adults** (66.9%) believe binge drinking one or two times a week does NOT pose a great risk.[9, 14]

3

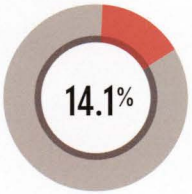
The more easily alcohol is to obtain, the higher likelihood for use and abuse.

1 BAR for **1620** PEOPLE

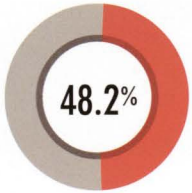
North Dakota ranks highest in the nation for the number of bars per capita, with 1 bar for every 1,620 people. Compare this to Virginia with 1 bar for every 64,773 people.[23]

1 LICENSE for **498** PEOPLE

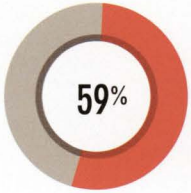
There is 1 alcohol beverage license (restaurant serving alcohol, bar or liquor store) in ND for every 498 people.[24]



of ND adults believe it is not at all difficult for youth to **buy alcohol at a store** themselves.[8]



of ND adults believe it is not at all difficult for youth to **get an older person to buy** alcohol for them.[8]



of ND adults believe it is not at all difficult for youth to **sneak alcohol from their home or a friend's home**.[8]

ALCOHOL: PREVENTION WORKS

Prevention is a proactive approach; creating an environment that promotes the health and well-being of individuals and communities, which prevents problems before they occur.

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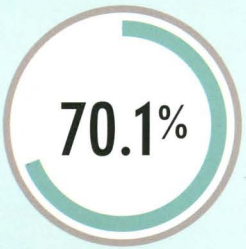
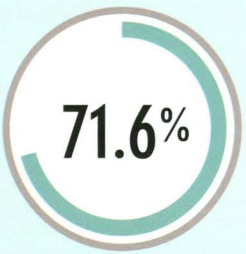
ND ADULTS



Believe it is possible to reduce alcohol and other drug problems through prevention.[8]



Believe that prevention programs are a good investment.[8]

CHANGE COMES FROM

Increased awareness of the risks associated with underage drinking and adult binge drinking.

Strengthened policies to reduce access to alcohol.

68% of ND adults believe that alcohol servers and bartenders should be specially trained.[8]

Enforcement of laws and policies related to alcohol.

80.5% of ND adults support the legal drinking age of 21.[8]

71.3% of ND adults support DUI checkpoints.[8]

Shifting community norms to be supportive of healthy decisions, and not supportive of excessive alcohol consumption.

81.7% of ND adults support penalties for adults who provide alcohol to minors.[8]

Protective parental behaviors such as ongoing conversations, healthy role-modeling, monitoring, support and engagement.

79.1% of ND college students believe their parents' expectations or rules about alcohol is an effective way to limit their alcohol consumption.[15]

Parents are the #1 influence in their child's life. **Visit parentslead.org.**

PARENTS LEAD

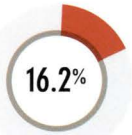
TOBACCO

Generally, cigarette use is declining among youth in the state. However, use of other tobacco products has remained steady or increased.

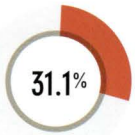
YOUTH

91.3% of ND adults believe

TOBACCO USE AMONG YOUTH IS A PROBLEM IN THEIR COMMUNITY.[8]

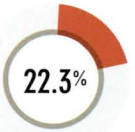


of ND **middle school** students report trying cigarette smoking (even one or two puffs) at one point in their life.[9]



of ND **high school** students report current (in the past 30 days) use of tobacco.[9]

of ND **middle school** students report using electronic vapor products at one point in their life.[9]



of ND **high school** students report current use of electronic vapor products.[9]

of ND **college students** used tobacco within the past 30 days.[15]

11.7% of ND **high school** students report current (past 30-day) use of cigarettes; **compared to 40.6%** in 1999.[9]

ADULT

89% of ND adults believe

TOBACCO USE AMONG ADULTS IS A PROBLEM IN THEIR COMMUNITY.[8]

29% of ND adults age 26 and older report tobacco product use in the past month; **compared to 25.7%** of US adults.[12]

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Tobacco is the leading preventable cause of death in the United States and takes a tremendous toll on lives and money in North Dakota. When we prevent tobacco use and exposure to secondhand smoke, we prevent disease, suffering and death, and save money on healthcare expenditures and productivity losses.

The majority **64%** of North Dakotans age 12 or older believe smoking one or more packs of cigarettes per day poses great risk.[12]

43.8% of ND high school students report it would be very easy to get tobacco products if they wanted some.[25]

16.9% of ND high school students usually obtain their own **cigarettes** by buying them in a store or gas station.*[9]

12.2% of ND high school students usually obtain their own **electronic vapor products** by buying them in a store.*[9]

In the 2014-2015 school year, **209 North Dakota students** were expelled or suspended because of tobacco-related incidents, resulting in 509 days removed from school.[26]

Exposure to secondhand smoke causes an estimated **41,000 deaths** each year among adults in the United States.

Tobacco costs us all, even those who do not use tobacco. North Dakota smoking-caused monetary costs include:[28]

- Annual health care costs directly caused by smoking: **$326 million**
- Medicaid costs caused by smoking: **$56.9 million**
- Residents' state and federal tax burden from smoking-caused government expenditures: **$795 per household**
- Smoking-caused productivity losses: **$232.6 million**

The life expectancy for **smokers** is at least **10 YEARS SHORTER** than for **nonsmokers**

*During the 30 days before the survey, among students who were less than 18 years old and who currently smoke or use electronic vapor products.

MARIJUANA

Marijuana use in North Dakota is higher among youth than adults. And, when compared to national rates, marijuana use in the state is generally lower. Young adults often overestimate how frequently their peers are using marijuana which can influence personal decisions surrounding marijuana use.

86.4% The majority (86.4%) of ND adults believe youth marijuana use is a problem in their community.

77.8% Over three quarters (77.8%) believe it is a problem for adults.[8]

YOUTH

8.3% of ND **middle school** students have used marijuana one or more times in their lifetime.[9]

15.2% of ND **high school** students have used marijuana one or more times in the last 30 days.[9]

5.3% of ND **high school** students tried marijuana for the first time before the age of 13.[9]

5.3% is equivalent to approximately 1,611 students, or the number of enrolled students at Bismarck High School.

YOUNG ADULT

14% of ND **college students** report using marijuana in the past 30 days.[15]

11% of ND **young adults** age 18 to 29 report marijuana use in the past 30 days.[14]

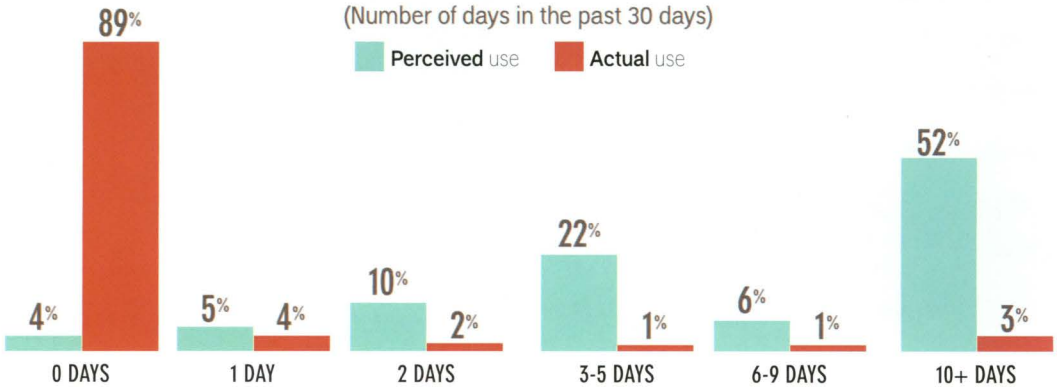
ADULT

4% 4% of ND adults age 26 and older report using marijuana in the past month, compared to 6% in the U.S.[12]

A significant misperception is revealed when perceptions of how frequently peers use marijuana are compared to actual marijuana use rates.[14]

PERCEIVED VERSUS ACTUAL MARIJUANA USE AMONG YOUNG ADULTS

(Number of days in the past 30 days)



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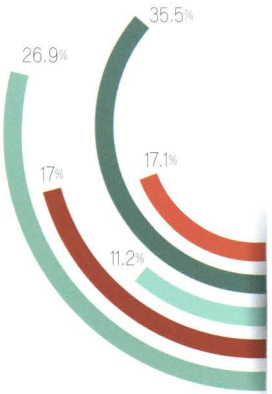
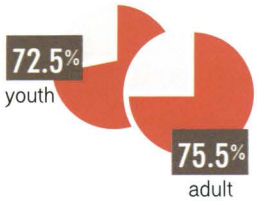
As efforts to legalize marijuana continue, there is an increasing perception that marijuana is not harmful or addictive. The reality is that marijuana can cause major health, safety, social, and learning problems - especially in adolescents.



Of those ND college students (14%) who report using marijuana:[15]

- **17.1%** experienced irritability
- **35.5%** experienced nervousness or anxiety
- **11.2%** experienced sleep difficulty
- **17%** experienced restlessness, difficulty focusing/attention
- **26.9%** experienced difficulty remembering or recalling information

Generally, marijuana use is higher when individuals do not believe marijuana use is risky.



72.5% of ND **youth age 12-17** and 75.5% of ND **adults age 18 or older** do NOT perceive great risk in smoking marijuana once a month.[12]

The more easily marijuana is to obtain, the higher likelihood for use and abuse.

of ND adults believe it is not at all difficult for adults or youth to access marijuana in their community.[8]

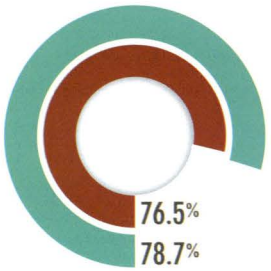
of ND high school students were offered, sold, or given an illegal drug on school property during the year before the survey.[9]

NEARLY **53%** OF **DRUG/NARCOTIC VIOLATIONS** IN 2015 WERE MARIJUANA-RELATED.[11]

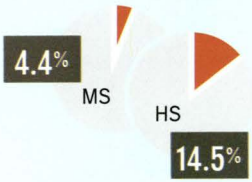
AMONG ADOLESCENTS RECEIVING **SUBSTANCE USE DISORDER TREATMENT SERVICES** AT A REGIONAL HUMAN SERVICE CENTER, **91%** REPORT MARIJUANA USE.[29]

PRESCRIPTION DRUGS

Prescription opioid abuse and overdose is a growing concern across the nation and in North Dakota communities.

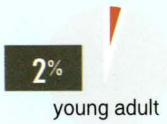


MORE THAN **THREE QUARTERS** OF ND ADULTS BELIEVE PRESCRIPTION DRUG USE AMONG BOTH **YOUTH (76.5%)** AND **ADULTS (78.7%)** IS A PROBLEM IN THEIR COMMUNITY.[8]



4.4% of ND **middle school** students and 14.5% of ND **high school** students report using prescription drugs without a doctor's prescription one or more times during their lifetime.[9]

of ND **college students** used a prescription drug non-medically one or more times during their lifetime.[15]



of ND **young adults** age 18-29 report they have used prescription medication in the last 30 days to get high.[14]

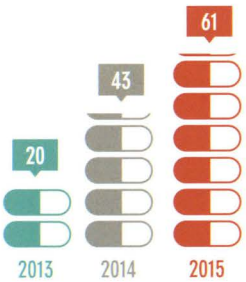
of ND **adults age 26 or older** report non-medical use of pain relievers in the past year, which is nearly in line with those nationally (3.3%).[12]

40x

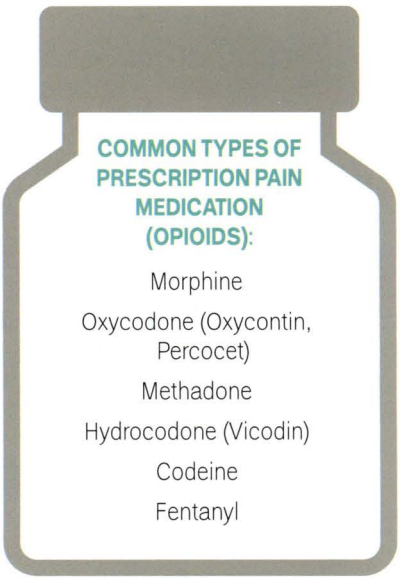
People who are addicted to prescription pain killers are **40x** more likely to become addicted to heroin.[31]

The majority of heroin users report that they began abusing prescription drugs **before** using heroin.[30]

More than six out of ten drug overdose deaths in the United States involved an opioid (**28,000 deaths**) and nearly half of those deaths were from prescription opioids.[32]



In North Dakota, the number of overdose deaths has increased from **20 in 2013** to **61 in 2015**.[33]



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Access to prescription medications is a key risk factor relating to the abuse of and addiction to prescription opioid medication.

The more prescription opioid medication is available, the higher likelihood of misuse.

53.7% of people (age 12+) who misuse pain relievers obtain them from a friend of relative.[34]

23.8% ND adults believe it is not at all difficult for youth or adults to access prescription drugs in their community.[8]

60% INCREASE

In North Dakota, there has been a nearly **60% increase** in the number of controlled substance prescriptions dispensed between 2008 (935,201) and 2015 (1,493,847).[35]

Early substance misuse is associated with a greater likelihood of developing a substance use disorder later in life.

Of the 4.9% of college students who have used prescription drugs non-medically in the past year,

63% REPORT THEY DID SO FOR THE FIRST TIME **BEFORE TURNING 18.**[15]

North Dakota offers two free programs for residents to dispose of unwanted medications – the Take Back program at participating local law enforcement agencies, and the Yellow Jug Old Drugs program at participating pharmacies. Visit takeback.nd.gov to find a location near you.

STOP OVERDOSE

To support community efforts, the Department of Human Services, Behavioral Health Division in collaboration with the Reducing Pharmaceutical Narcotics Task Force launched 'Stop Overdose'. This statewide campaign is built on saving lives by sharing information and providing resources for those impacted by this public health concern from family and friends to prescribers, pharmacists, behavioral health counselors, and first responders. Visit prevention.nd.gov/stopoverdose.

OTHER ILLICIT DRUGS

Illicit drug use is relatively low in North Dakota; however, the consequences of illicit drug use impact our families and communities.

YOUTH

5.7%

5.7% of ND high school students report using **synthetic drugs** one or more times in their life.[9]

3.9%

3.9% of ND high school students report using **cocaine** one or more times in their life.[9]

3.6%

3.6% of ND high school students report using **ecstasy** one or more times in their life.[9]

3.5%

3.5% of ND high school students report using **methamphetamine** one or more times in their life.[36]

1.2%

1.2% of ND high school students report using **heroin** one or more times in their life.[9]

20.4%
(or nearly 6,500 arrests)
of all ND arrests are **drug violations.**[11]

Approximately
75%
of the
ND inmate population has a **substance use disorder diagnosis.**[19]

ADULT

2.3%

of ND adults age 26 and over report **using illicit drugs** (other than marijuana) in the past month.[12]

MENTAL HEALTH

Research has shown that populations affected by mental illness and substance use disorders often overlap, as do the factors that contribute to them. Therefore, successful prevention efforts in one area can have a positive effect in another.

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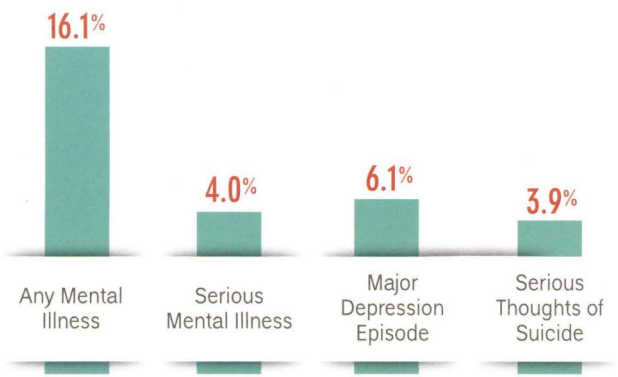
Nationally, an estimated 37% of alcohol abusers and 53% of other drug abusers also have at least one serious mental illness.[37]

In North Dakota, nearly **19,000 adults** (age 18 and older) have a co-occurring **substance use disorder** and **any mental illness**.[12]

REPORTED MENTAL ILLNESS WITHIN THE PAST YEAR AMONG ND ADULTS 18 AND OLDER[12]



16.2% of ND high school students reported seriously **considering attempting suicide** and **9.4%** reported **attempting suicide** within the last 12 months.[9]

SUBSTANCE ABUSE PREVENTION

What is it?

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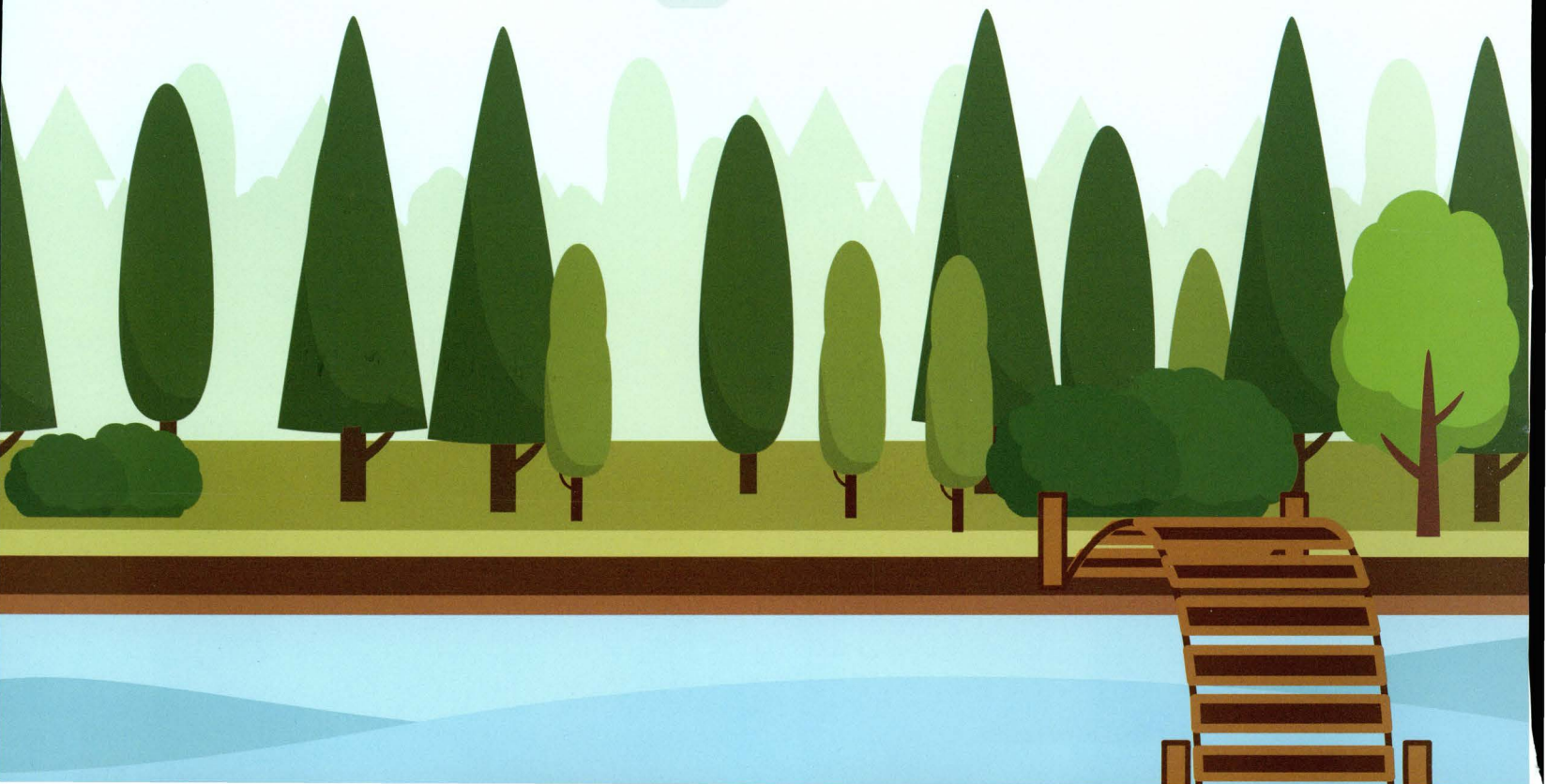
There's an often-told parable about a couple named Jon and Amy, fishing along the banks of a river. Suddenly, they see a woman drowning in the water. They jump into the water and pull her out to safety. Once ashore, Jon and Amy notice another person in the river in need of help. Again, they jump in to save this drowning person. Before long, the river is filled with drowning people and Jon and Amy are struggling. After several hours, they are exhausted and defeated because they couldn't save everyone.

At that point, Amy makes the decision to walk upstream to determine why so many people keep falling into the river in the first place. As it turns out, the bridge leading across the river upstream has a hole through which people are falling. Amy realizes that fixing the hole in the bridge will be much more effective than trying to pull individuals out of the river one by one, ultimately saving more lives.

This is prevention. It's moving upstream to identify and fix the problem so people don't fall into the river. It's preventing problems before they occur by creating an environment that promotes health and well-being.



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HOW DOES IT WORK?

Prevention is rooted in science, supported by decades of research.

Prevention follows the Public Health Model, focusing on population-level change. Some of the most effective prevention strategies are the least expensive. For example, changing a policy or law is very inexpensive and can be very effective in supporting long-term behavior change.

Prevention follows a data-driven process to assess, plan, implement and evaluate outcomes, also known as the Strategic Prevention Framework (SPF).

Prevention focuses on reducing risk factors, strengthening protective factors and building resiliency of individuals, families and communities.

Prevention is most effective when stakeholders and community members work together to take action, emphasizing collaboration and community mobilization.

Prevention requires a multi-faceted approach, implementing a variety of evidence-based strategies working toward a common goal.

Prevention must be relevant to the community, including local conditions and diverse demographics.

Prevention is most effective when it impacts individuals across the lifespan.

It can take time to see the results of prevention.

Prevention is an important component of the continuum of care, which represents a comprehensive approach to behavioral health.

TAKE ACTION

- **Identify the issues unique to your community.**
- **Familiarize yourself with strategies proven to work.** Visit prevention.nd.gov for more information.
- **Start at home.** Be a leader and positive role model. Visit parentslead.org for useful information, tools and resources.
- **Get involved with a local coalition, community group, or your city government.** Partner with law enforcement, schools, faith groups, health departments and others working toward prevention of alcohol-related consequences.
- **Strengthen or implement policies within your community, schools, organizations, alcohol establishments and other local businesses.** Policies are one of the most effective and long-lasting prevention strategies. They are cost-effective and create an environment where health and safety are promoted.
- **Advocate for prevention.**

PREVENTION RESOURCES

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prevention.nd.gov

SUND.nd.gov

parentslead.org

speakvolumes.nd.gov

ndquits.com

takeback.nd.gov

ndhealth.gov/suicideprevention

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33. Center for Disease Control (CDC)/NCHS, National Vital Statistics System, Mortality
34. National Survey on Drug Use and Health (NSDUH), 2015
35. ND Board of Pharmacy
36. ND Youth Risk Behavior Survey (YRBS), 2013
37. Substance Abuse and Mental Health Services Administration (SAMHSA)

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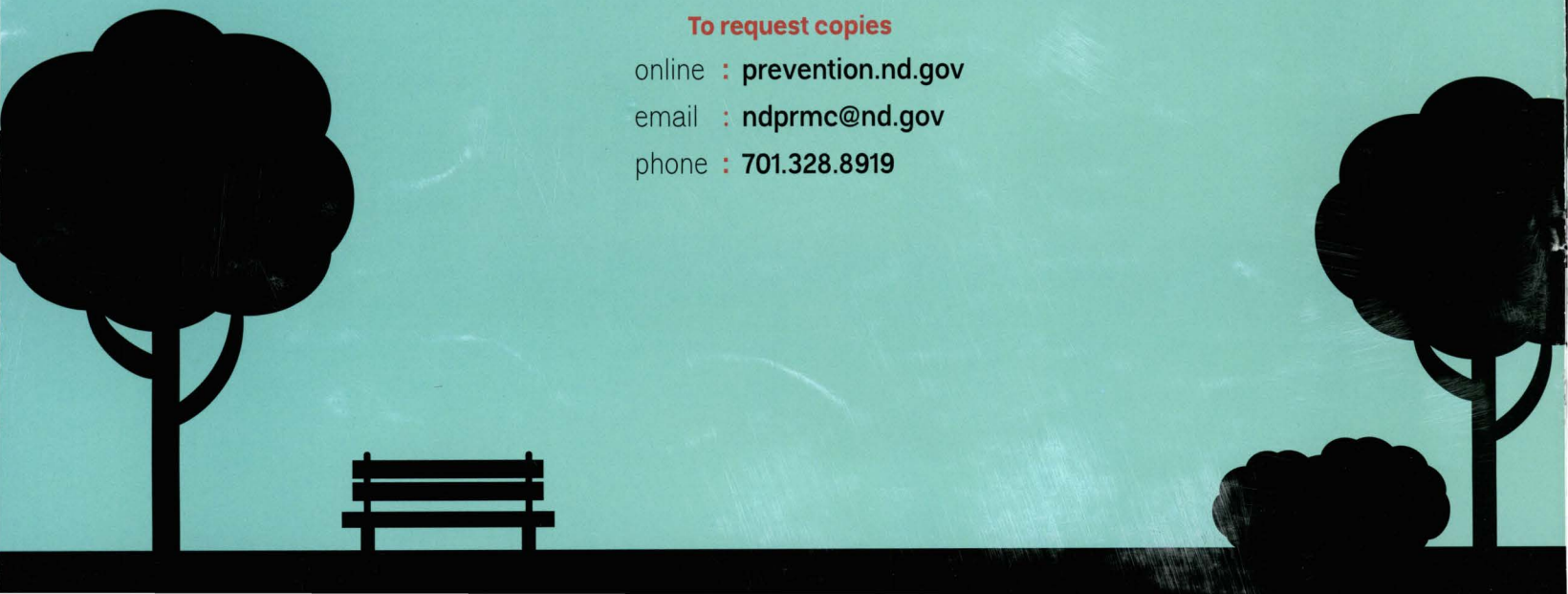

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NORTH DAKOTA MILITARY *data book*

2017-2018

ND Cares

ndcares.org

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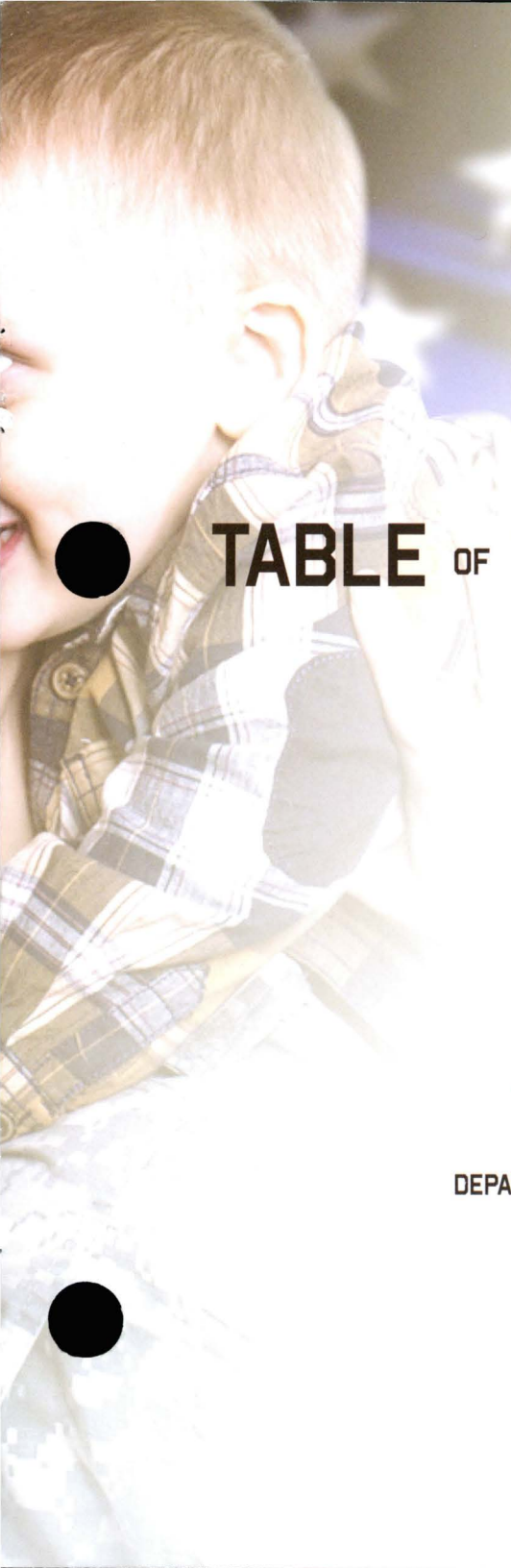

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DEMOGRAPHICS

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There are **52,035 VETERANS** in North Dakota

WHICH IS

9.6% of the state's adult population

GENDER

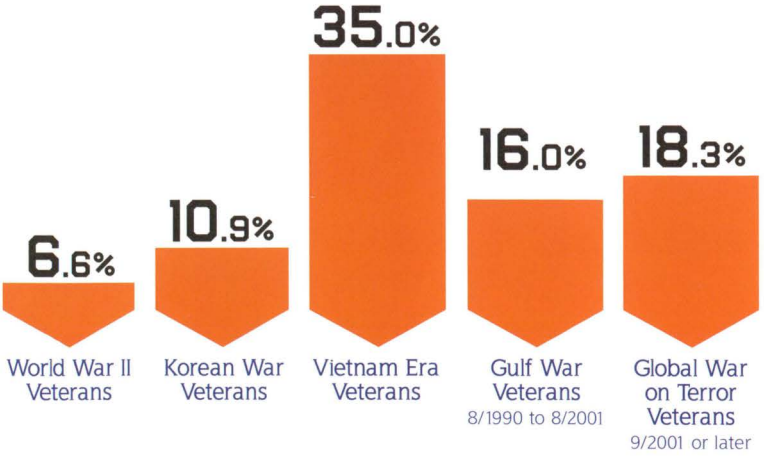
92.4% 7.6%

AGE

18-24	12%
35-54	23%
55-64	23%
65-74	20%
75+	22%

PERIOD OF SERVICE

of North Dakota Veterans



NOTE: 13.2% of ND Veterans are from periods of service other than depicted above.

Source:
North Dakota Veterans; U.S. Census Bureau, 2010-2014 American Community Survey 5-Year Estimates

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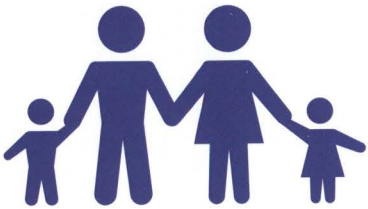
MARRIAGE & CHILDREN

Nationally **51.7%** of Department of Defense military members are reported as married.

42.7% of the total military force in the nation has children.



Note: Children include minor dependents age 20 or younger or dependents age 22 and younger enrolled as full-time students.

AGE OF MILITARY CHILDREN

0-5 years	6-11 years	12-18 years	19-22 years
37.4%	**30.8%**	**24.7%**	**7.1%**

This information depicts the distribution of Active Duty and Selected Reserve children by age group. Across the DoD, there are 1,888,486 military children.

Note: Children ages 21 to 22 must be enrolled as full-time students in order to qualify as dependents; percentages may not total to 100 due to rounding.

Source:
2013 Demographics: Profile of the Military Community; Department of Defense, United States of America; http://download.militaryonesource.mil/12038/MOS/Reports/2013-Demographics-Report.pdf

EMPLOYMENT

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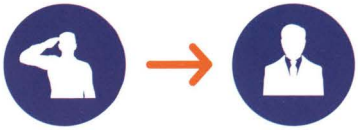
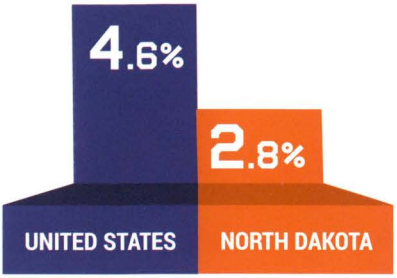


While most Veterans transition back to civilian life successfully, many still struggle. Securing steady employment in a rewarding, long-term career may be essential to a successful transition.

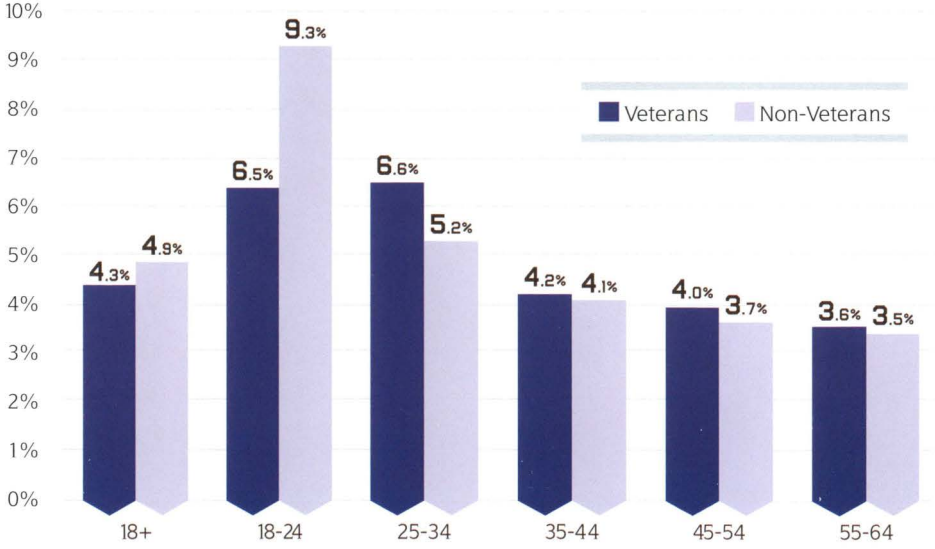
UNEMPLOYMENT RATE OF VETERANS

(age 18 and older)



Bureau of Labor Statistics, 2015 annual average

UNITED STATES VETERAN UNEMPLOYMENT PERCENTAGE BY AGE GROUP - AUGUST 2016



August 2016 Veteran Employment Update (Current Population Survey (CPS)); Veterans' Employment & Training Service; U.S. Department of Labor

85%

of ND Veterans who consulted with a Veterans Employment Representative from Job Services ND obtained gainful employment.

Weighted measure from data collection in the Veterans Employment and Training Services 200A Quarterly Report (Report period ending 06/30/2016)

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HOMELESSNESS

137 HOMELESS ND VETERANS

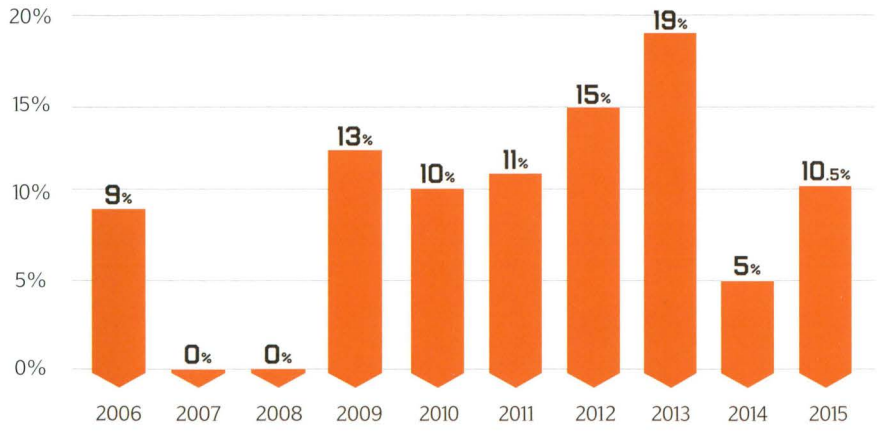
Sheltered **90**

Unsheltered **47**

HUD 2015 Point in Time (PIT) Count

According to Housing and Urban Development (HUD), a "homeless individual" is an indivudal who lacks a fixed, regular, and adequate nighttime residence which includes temporary housing shelters.

PERCENTAGE OF HOMELESS INDIVIDUALS IN NORTH DAKOTA WHO ARE VETERANS



North Dakota Homeless Population Point-in-Time Survey, 2006-2015

NATIONALLY, HOMELESS VETERANS...

- **51%** have disabilities
- **50%** have serious mental illness
- **70%** have substance abuse problems
- **57%** are white males, compared to **38%** of non-Veterans
- **50%** are age 51 or older, compared to **19%** non-Veterans

National Coalition for Homeless Veterans; http://nchv.org/index.php/news/media/background_and_statistics/; retrieved 9-1-2016

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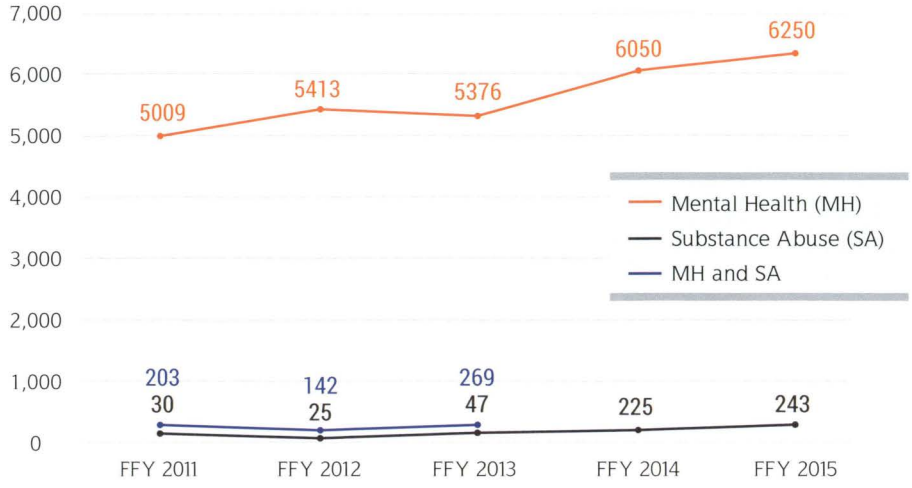
BEHAVIORAL HEALTH

VETERANS ADMINISTRATION (VA) FARGO

Number of Veterans who received behavioral health services from Veterans health in North Dakota



US Department of Veterans Affairs; Fargo VA Health Care System

For the purposes of VA health benefits and services, a person who served in the active military service and who was discharged or released under conditions other than dishonorable is a Veteran.

ND HUMAN SERVICE CENTERS

Number of individuals who are veterans or served in the military who received behavioral health services from the Human Service Centers in North Dakota.

Source: ND Human Service Centers

Yearly, on average **769** Veterans or individuals who served in the military are treated in the ND Human Service Centers.

FFY - Federal Fiscal Year SFY - State Fiscal Year

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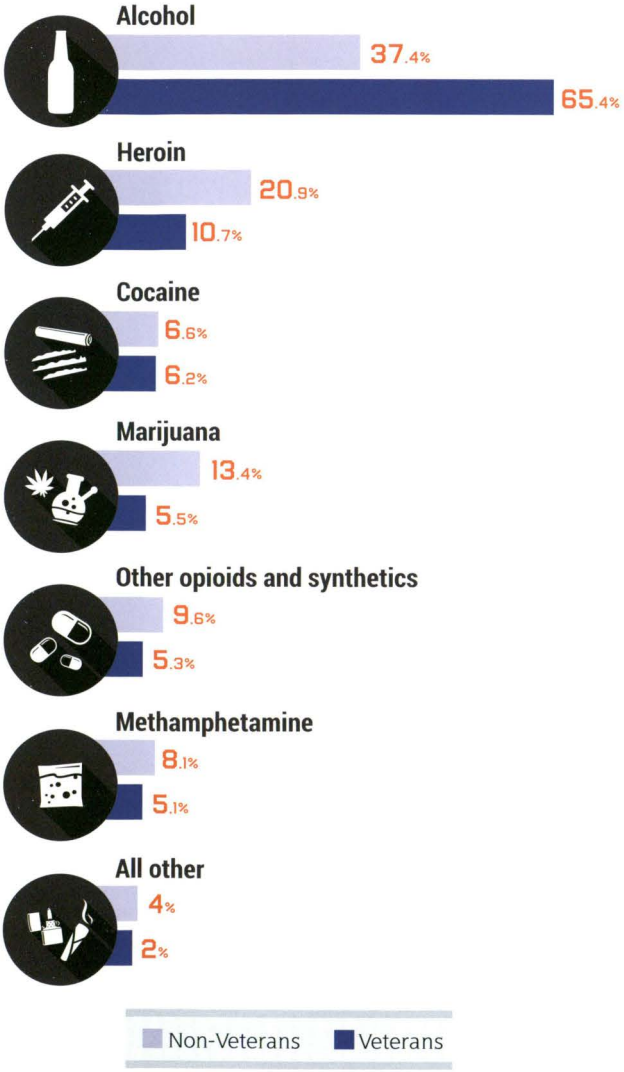
NATIONAL ADMISSIONS TO SUBSTANCE ABUSE TREATMENT BY VETERAN STATUS AND PRIMARY SUBSTANCE OF ABUSE



Substance Abuse and Mental Health Services Administration (SAMHSA) Treatment Episode Data Set (TEDS), 2013, based on data from adults aged 18 or older received through January 23, 2015.: www.samhsa.gov/data/sites/default/files/report_2111/Spotlight-2111.html

Every year, thousands of service members leave active duty service and become military Veterans within their communities. The demands of military service, including the trauma of combat, may contribute to substance use among Veterans.

Nationally,

1.5 MILLION

Veterans aged 17 or older (6.6 percent of this population) had a substance use disorder in the past year.

2013 National Survey on Drug Use and Health; www.samhsa.gov/data/sites/default/files/report_1969/Spotlight-1969.pdf

SUICIDE

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Since the Global War on Terrorism began, more North Dakota National Guard members have died by suicide than in combat.

While the suicide rate among adult civilians has increased **23%** since 2001, the rate among Veterans has increased **35%**, according to data from the United States Department of Veterans Affairs (VA).

Suicide Prevention Resource Center; www.sprc.org/news/suicide-rate-among-veterans-has-risen-sharply-2001

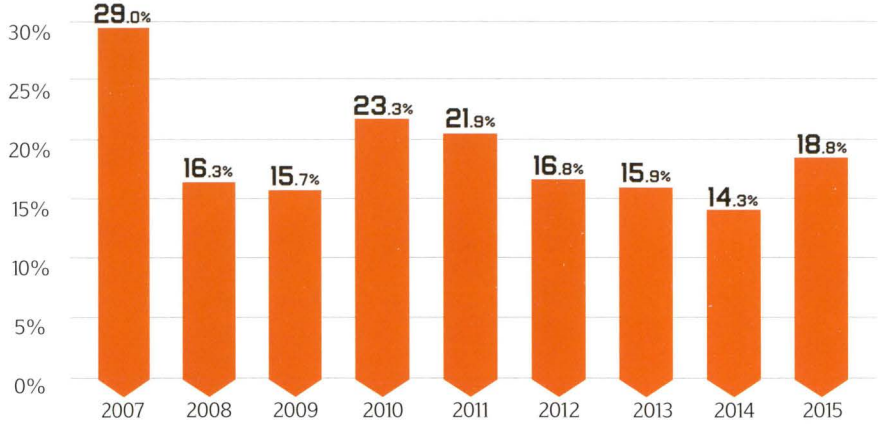
Recent estimates suggest that

22 VETERANS

may die by suicide each day.

Suicide Prevention Resource Center; www.sprc.org/populations/military-veterans

ND INDIVIDUALS WHO LOST THEIR LIVES TO SUICIDE WHO WERE OF VETERAN STATUS



ND Vital Records

The causes of suicide are complex and determined by multiple combinations of factors, such as mental illness, substance abuse, painful losses, exposure to violence, and social isolation.

The most critical risk factors for suicide are prior suicide attempts, mood disorders (such as depression), alcohol and drug use, and access to lethal means.

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TRAUMATIC BRAIN INJURY

A Traumatic Brain Injury (TBI) is caused by a

BUMP

BLOW

JOLT

to the head or a penetrating head injury that disrupts the normal function of the brain.

From 2000 through 2011, 4.2% (235,046 of 5,603,720) of service members who served in all components of the Army, Air Force, Navy, and Marine Corps were diagnosed with a TBI.

The overall rate of TBI among active duty service members more than doubled from 720.3 per 100,000 service members to 1,811.4 per 100,000 service members from 2000 to 2011.

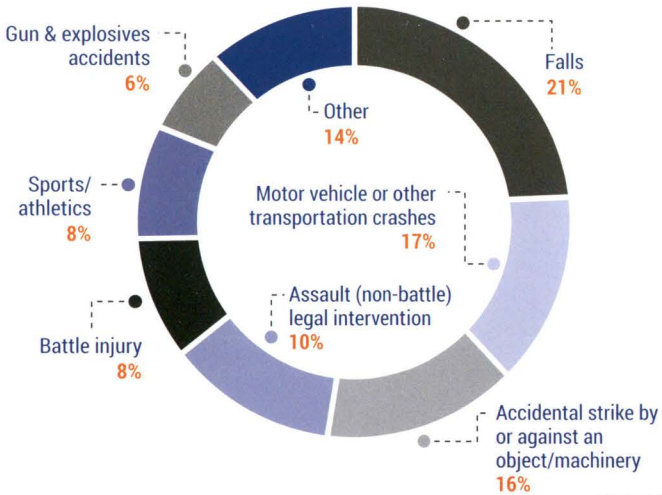
The majority of TBIs that service members and Veterans sustained between 2000 and 2013 were diagnosed outside of combat. Falls and motor vehicle/transportation crashes are the two leading causes of TBIs — both of which can be preventable.

The CDC, NIH, DoD, and VA Leadership Panel. Report to Congress on Traumatic Brain Injury in the United States: Understanding the Public Health Problem among Current and Former Military Personnel. 2013.; www.cdc.gov/traumaticbraininjury/pdf/report_to_congress_on_traumatic_brain_injury_2013-a.pdf

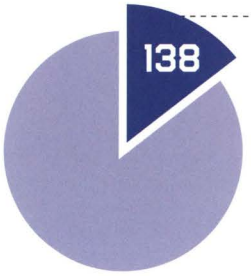
CAUSES OF TBI DIAGNOSED AT MILITARY TREATMENT FACILITIES NATIONWIDE

TBI numbers for the external causes of injury are for active components only. These numbers do not include repeat TBI encounters in garrison. Percentages have been rounded. Battle injury refers to injuries from enemy action, including late effects which can occur any time after injury.

Defense Medical Surveillance System as of Sept. 17, 2013. Prepared by Armed Forces Health Surveillance Center



DEPARTMENT OF CORRECTIONS



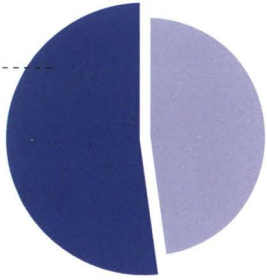
13% of inmates in ND have some history of military service.

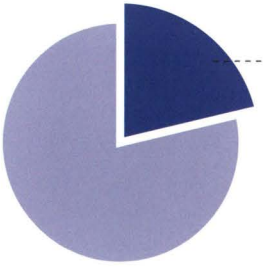
44 of the **138** inmates have an honorable, medical, training, administrative, or general discharge status.

ND INMATES WITH MILITARY SERVICE

51% are diagnosed with at least one substance use disorder (SUD).

Overall, about **75%** of the inmate population has an SUD diagnosis.





20% are diagnosed with a serious mental illness (SMI).

Overall, about **6-8%** of the inmate population is designated SMI.

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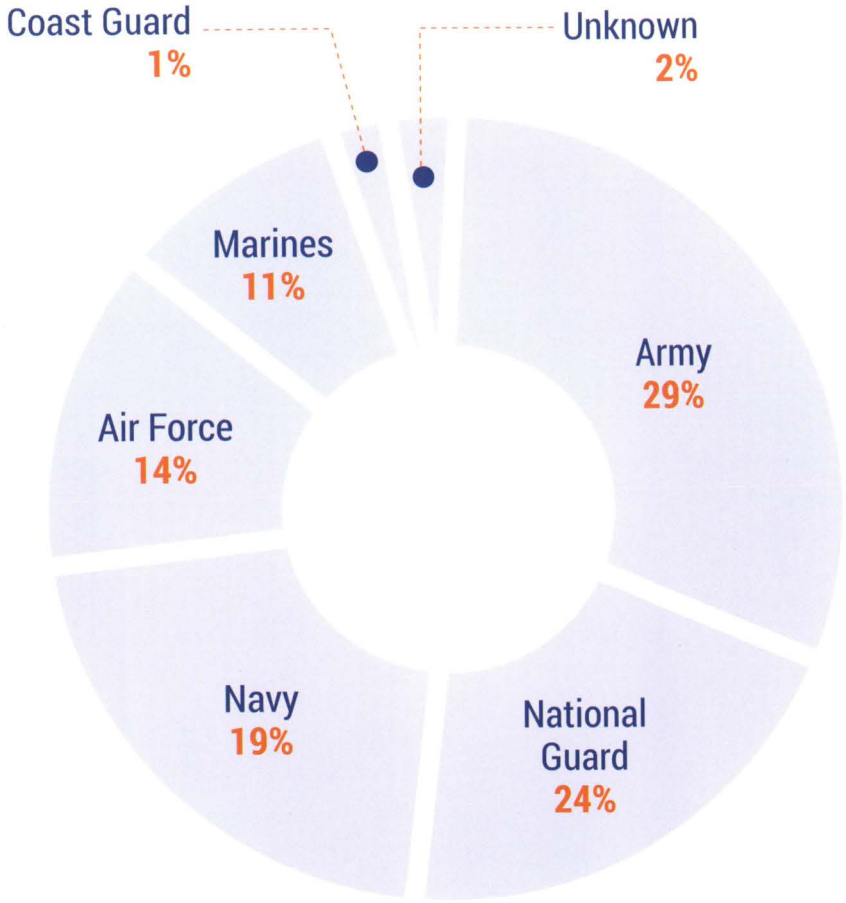
MILITARY BRANCHES REPRESENTED AMONG ND INMATES (ACTIVE & RESERVE)



Source:
Source: ND Department of Corrections, Census as of September 2016

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MISSION: STRENGTHENING AN ACCESSIBLE, SEAMLESS NETWORK OF SUPPORT FOR SERVICE MEMBERS, VETERANS, FAMILIES, AND SURVIVORS.

The ND Cares Coalition includes a broad spectrum of more than 45 military and civilian professionals dedicated to the support of North Dakota Service Members, Veterans, Families, and Survivors (SMVFS).

The coalition uses the broadest definition of Veteran and is working to encompass all individuals who are currently serving or who have served – the "total force."

ND Cares is not a provider of services; rather, it is dedicated to improving understanding of the needs and services required by our SMVFS.

The purpose of ND Cares is to resolve barriers or gaps in services to ensure those serving and those who have served, their families, and survivors receive the care and assistance they need.

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ND CARES GOALS

1. Conducting a comprehensive assessment of needs.
2. Integrating existing programs and resources to strengthen an effective and efficient system.
3. Developing a leader network to support collaborative efforts.

ND CARES PRIORITES

1. Develop strong partnerships statewide that measurably improve access to services.
2. Communicate broadly, both internally and externally, the mission and vision of ND Cares.

RESOURCES

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NATIONAL

warriorgateway.org

militaryonesource.mil

va.gov

NORTH DAKOTA

ndguard.ngb.army.mil

nd.gov/veterans

ndhealth.gov/suicideprevention

nd.gov/dhs/services/mentalhealth

prevention.nd.gov

parentslead.org

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Strengthening an accessible, seamless network of support for Service Members, Veterans, Families, and Survivors.

ND Cares

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NORTH DAKOTA TASK FORCE ON **SUBSTANCE EXPOSED NEWBORNS**

2016 Summary of Recommendations: Report to Legislative Management

The North Dakota Task Force on Substance Exposed Newborns was comprised of representatives from state agencies, the legislature, medical providers,
nonprofit entities focused on children's health and wellbeing, Indian tribes, law enforcement, and the foster care community.

GOAL
ONE
Collect and organize data concerning the nature and extent of Neonatal Withdrawal Syndrome/Neonatal Abstinence Syndrome (NAS) from substance use/abuse in the state.

GOAL
TWO
Collect and organize data concerning the costs associated with treating expectant mothers and newborns suffering from withdrawal from substance use/abuse.

GOAL
THREE
Identify available federal, state and local programs that provide services to mothers who use/abuse drugs or alcohol and to newborns who have NAS* and evaluate those programs and services to determine if gaps in programs or ineffective policies exist.

GOAL
FOUR
Evaluate methods to increase public awareness of the dangers associated with substance use/abuse, particularly to women, expectant mothers and newborns.

PRE-PREGNANCY	PRENATAL	BIRTH	NEONATAL	CHILDHOOD & ADOLESCENCE
This timeframe offers the opportunity to promote awareness of the effects of prenatal substance use among women of child-bearing age and their family members.	*This intervention point encourages health care providers to screen pregnant women for substance use as part of routine prenatal care and make referrals that facilitate access to treatment and related services for women who need those services.*	*Interventions during this timeframe incorporate testing newborns for substance exposure at the time of delivery.*	*Developmental assessment and the corresponding provision of services for the newborn as well as the family at this intervention point, immediately after the birth event, are the emphasis.*	*This timeframe calls for ongoing provision of coordinated services for both child and family.*

GENERAL CONSIDERATIONS

Addiction and drug abuse during pregnancy should be treated as a health issue since research shows universal criminalization has been ineffective.

Due to current data gaps, the North Dakota State Epidemiological Outcomes Workgroup (SEOW) should determine the best means and methods for developing short- and long-term data on the incidence and cost of Neonatal Withdrawal Syndrome/Neonatal Abstinence Syndrome (NAS).

The North Dakota Department of Health should explore mechanisms for recording data on the numbers of newborns born exposed to substances, the substances they are exposed to and the number diagnosed with NAS*.

Medical professionals should follow the current laws for testing, referring, follow-up and reporting pregnant women who are abusing alcohol or using controlled substances and for reporting substance exposed newborns.

State's attorneys and behavioral health professionals should evaluate the pros and cons of having an affirmative defense of periodic drug testing and consent to home visits in cases where criminal child abuse and neglect stems from a parent or caregiver's substance abuse.

*NAS: Neonatal Abstinence Syndrome (also known as Neonatal Withdrawal Syndrome)

*NAS: Neonatal Abstinence Syndrome (also known as Neonatal Withdrawal Syndrome)

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COMMUNICATION/ EDUCATION

PRE-PREGNANCY	PRENATAL	BIRTH	NEONATAL	CHILDHOOD & ADOLESCENCE
Develop education materials and an awareness campaign to educate women of childbearing age, as well as their significant others and families, about the dangers of substance use/abuse during pregnancy.	Law enforcement officers need education regarding the reporting of substance using/abusing pregnant women to county social services.		Hospitals and social service agencies should partner in the development of plans of safe care for each newborn born with prenatal exposure to substances, prior to discharge from the hospital following the birth. The plans should include educational materials on NAS* for parents and caregivers.	Information on the possible long-term effects of NAS* should be available to educators, health care providers, social workers and foster parents so they can identify children who may have been affected by exposure to substances in utero and who need additional educational and medical care during childhood as a result. County social services and direct service providers need training so they can better inform foster parents about care for substance exposed newborns. Social workers also need appropriate education materials and training presentations on NAS* that they can offer to foster parents. Juvenile Court personnel need education regarding the effects of prenatal exposure to alcohol and controlled substances, the risks to newborns suffering from NAS* and the risks associated with returning a substance exposed newborn to a home with a mother who is using substances without appropriate court-ordered safety and intervention services.

*NAS: Neonatal Abstinence Syndrome (also known as Neonatal Withdrawal Syndrome)

HB1040
#1
3/13

HB 1040

A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to an evidence-based alcohol and drug education program; to amend and reenact subsection 3 of section 5-01-08 of the North Dakota Century Code, relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide appropriations to the department of human services.

Research suggests that investing in early intervention services can contribute to a reduction in health care costs and help ensure the improved health and well-being of individuals. Early initiation of problem behavior and involvement in the criminal justice symptom is a risk factor for substance abuse and related consequences. Therefore, ensuring that this population is receiving **evidence-based early intervention services** is important in preventing further problems.

Current NDCC [Subsection 3 of section 5-01-08] states "For a violation of subsection 2, the court also shall sentence a violator to alcohol and drug education." However, there is not a minimum standard for the alcohol and drug education and no agency is identified as having authority for ensuring a minimum standard for this early intervention behavioral health service. Implementation of evidence-based services increases positive health and safety outcomes.

HB 1040 addresses these two things:

1. Requires the alcohol and drug education program to be evidence-based.
2. Identifies the Department of Human Services as the agency responsible for adopting rules to ensure the implementation of evidence-based alcohol and drug education program.

GOALS:

DHS would use the authority provided in HB 1040 to develop minimum standard certification for the delivery of alcohol and drug education in the state.

The $10,000 allocation would be used by DHS to provide trainings to increase capacity of the workforce in the state to provide evidence-based alcohol and drug education as an early intervention service. One of these evidence based interventions is the same program (youth version) currently utilized in the state and required in ND Administrative Code for DUI Seminars.

HB 1040
#1
3/20

17.0183.#####

DRAFT

Sixty-fifth
Legislative Assembly
of North Dakota

PROPOSED AMENDMENT TO HB 1040

Introduced by

Legislative Management

(Human Services Committee)

A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to an evidence-based alcohol and drug education program; to amend and reenact subsection 3 of section 5-01-08 of the North Dakota Century Code, relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; to provide appropriations to the department of human services; to provide contingent appropriations to the department of human services; and to provide for a report to the legislative management.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 3 of section 5-01-08 of the North Dakota Century Code is amended and reenacted as follows:

3. A violation of this section is a class B misdemeanor. For a violation of subsection 2, the court also shall sentence a violator to an evidence-based alcohol and drug education program operated under rules adopted by the department of human services under section 2 of this Act.

SECTION 2. A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

Alcohol and drug education program - Rules - Fees .

The department shall adopt rules for an evidence - based alcohol and drug education program for individuals under the age of twenty-one who violate section 5 - 01 - 08. The rules must allow for the program provider to charge a fee to a participant in the program.

SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PILOT

PROJECT - CHILDREN'S PREVENTION AND EARLY INTERVENTION BEHAVIORAL HEALTH SERVICES - REPORT TO LEGISLATIVE MANAGEMENT. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of ~~$200,000~~$400,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing a children's prevention and early intervention behavioral health services pilot project in the school system of the department's choice, including services to children suffering from the effects of behavioral health issues, for the biennium beginning July 1, 2017, and ending June 30, 2019. Before September 1, 2018, the department of human services shall report to the legislative management regarding the status of the children's prevention and early intervention behavioral health services pilot project.

SECTION 4. CONTINGENT GENERAL FUND APPROPRIATION – DEPARTMENT OF HUMAN SERVICES – CHILDRENS' PREVENTION AND EARLY INTERVENTION BEHAVIORAL HEALTH SERVICES. If actual general fund revenues for the period July 1, 2017 through June 30, 2018 exceed estimated general fund revenue projections for the same period by at least $5 million as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasure, not otherwise appropriated, a sum of $1,556,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing prevention and early intervention behavioral health services for children, including services for children suffering from the effects of behavioral health issues, for the biennium beginning July 1, 2017, and ending June 30, 2019. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, Bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $75,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 6. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES. If actual general fund revenues

for the period July 1, 2017 through June 30, 2018 exceed estimated general fund revenue projections for the same period by at least $5 million as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasure, not otherwise appropriated, a sum of $125,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, Bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 7. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $75,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 8. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. If actual general fund revenues for the period July 1, 2017 through June 30, 2018 exceed estimated general fund revenue projections for the same period by at least $5 million as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasure, not otherwise appropriated, a sum of $125,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, Bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

HB1040
#2
3/20

HB 1040

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Research suggests that investing in early intervention services can contribute to a reduction in health care costs and help ensure the improved health and well-being of individuals. Early initiation of problem behavior and involvement in the criminal justice symptom is a risk factor for substance abuse and related consequences. Therefore, ensuring that this population is receiving **evidence-based early intervention services** is important in preventing further problems.

Current NDCC [Subsection 3 of section 5-01-08] states "For a violation of subsection 2, the court also shall sentence a violator to alcohol and drug education." However, there is not a minimum standard for the alcohol and drug education and no agency is identified as having authority for ensuring a minimum standard for this early intervention behavioral health service. Implementation of evidence-based services increases positive health and safety outcomes.

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HB 1040
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Department of Human Services
SMI and SED Targeted Case Management Estimate - Prepared in September 2016
2017 House Bill 1040

		SMI		SED
Prevalence (From National Survey on Drug Use and Health and SAMHSA)		22,835		3,917
No. Clients Served by HSCs and other exclusions (PRTF, RCCF, nursing home, basic care, etc)		6,354		645
Potential Clients Unserved		16,481		3,272
% of Potential Eligible for Medicaid/TCM **(Assumed 50%)**		8,241		1,636
Rate per 15-minute unit	$	19.51	$	19.51
Avg No. of 15-minute units per month **(based on average units at HSC)**		12		28
Average Cost Per Person Per Month	$	234.12	$	546.28
Average Number of Months of TCM received per client in 24 month period		**6 mos**		**18mos**
2017-2019 Total Estimate **(Assumed Oct 2017 Start Date or 21 monhts)**	$	10,128,645.77	$	14,075,996.76
Federal Share	$	5,064,322.88	$	7,037,998.38
State Share	$	5,064,322.88	$	7,037,998.38

Staff needed in DHS - Medical Services for provider training, monitoring, utlization review and program integrity efforts. Estimate for program administrator/registered nurse-level position.

Estimated Cost of FTE	$	189,025.00
Federal Share	$	94,512.50
State Share	$	94,512.50
Total Increased Services and Administration Staffing Needs	$	24,393,667.53
Federal Share	$	12,196,833.76
State Share	$	12,196,833.76

Mental Health Advocacy Network

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

HB 1040
3-27-17 #1
p1

Testimony
Appropriations Committee
Senator Ray Holmberg, Chairman
March 27, 2017

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 throughout the interim human 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's number one priority is funding for peer-to-peer and family-to-family support. 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 these 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.

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p2

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 does not exist for adult consumers. In the time since MHAN started testifying on these issues, there has been a growing consensus that the status-quo must not be tolerated. Recently, the Interim Incarceration Issues Committee had been notified that more than two thirds of North Dakota judges have sentenced someone to prison—even if they were not a high-risk offender—in order to receive behavioral health services. North Dakota citizens should have the opportunity to access behavioral health services without going into the justice system first.

The legislature has commissioned multiple studies to research North Dakota's behavioral health system. They all make it resoundingly clear that this system is in crisis and drastic action must be taken. If the state wishes to know what direction North Dakota's behavioral health system must take, we feel that the Schulte Report (which the legislature commissioned and received in 2014) provides more than enough guidance. As such, I have included a link to the Schulte Report for your consideration.[1] I have also attached a copy of MHAN's mission and legislative priorities list. **MHAN respectfully requests increased funding from the $75,000 currently found in HB 1040 for peer-to-peer**

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[1] Schulte Consulting LLC, *Behavioral Health Planning Final Report: Prepared for the State of North Dakota* (July 22, 2014).
http://www.ndpanda.org/news/docs/20140722-behavioral-health.pdf

and family-to-family support. The people of North Dakota cannot afford to wait any longer. The time to act is now.

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p3

I would be happy to take any questions you have.

Carlotta McCleary, Executive Director
Mental Health America of ND
523 North 4th Street
Bismarck ND 58501

Email: cmccleary@mhand.org

Phone: (701)255-3692

HB 1040
3-27-17

#2
P1

The Mental Health Advocacy Network (MHAN)

A coalition for North Dakota

Mission: 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.

Members of MHAN have long recognized the lack of mental health care and treatment in the state. With the release of the Schulte Report* in the summer of 2014, policymakers, including the North Dakota legislature, also became keenly aware of the crisis in mental health - and the associated risks of maintaining the status quo. Following the release of the Schulte Report, legislators also heard from the Bazelon Center for Mental Health Law, relative to the State's legal obligations for behavioral health services. MHAN was formed to assure that consumer and family voices are included in recommendations for improvements and in decision-making.

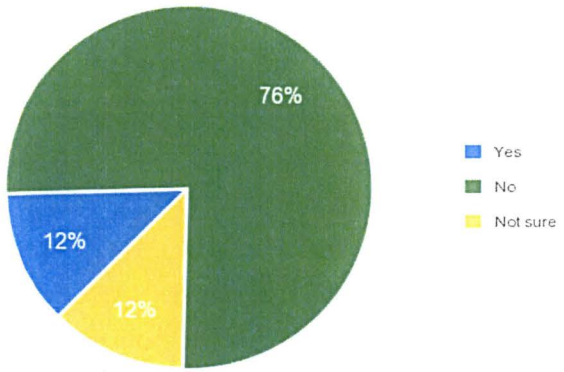
Values: MHAN values the work done by many in this arena including the ND Department of Human Services and County Social Service agencies, legislators, public and private sector providers and the Behavioral Health Stakeholder group. However, these efforts do not go far enough – or respond quickly enough to solve the critical nature of the gaps in service, the lack of access and, ultimately, to the prevention of loss of life. Additionally, there has not been an intentional effort to engage consumers and obtain family input for these deliberations. For those reasons, MHAN shares the following values, upon which we build a case for leadership and action for policymakers and the public to consider.

1. **Peer-to-Peer and Family-to-family Support:** MHAN believes that these 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. Schulte agrees: ***"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."***

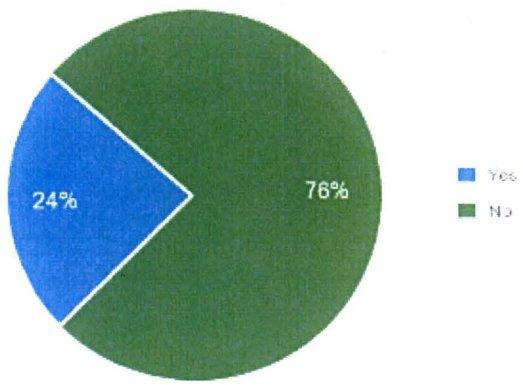
#2 p2

2. **Consumer Choice:** When someone with a mental health disorder is poor, or uninsured in North Dakota, one is captive to the services made available through the Regional Human Service Center. While these services are intended to be effective, they are not available equitably in all regions, nor are they adequate to meet the need. MHAN believes that the state should redirect funding through a voucher system or like model, to allow consumers choice and access to services in the private sector. Such choice can foster results driven accountability. Schulte agrees: ***"Although some may think that this DHS directed system is more functional and streamlined, in actuality it has created less competition and thereby a lower standard of care. The HSCs are the sole provider of many services not giving consumers any options. In a state where all available providers are needed in order to get the work accomplished, the dominance of the HSC system of care is counter-productive. The issue of lack of care coordination or case management was the second most common concern noted throughout the state. Challenges include not being able to access case management, with the lack of choice due to having only one provider of services (DHS), a culture of dependence upon the government system, and a lack of uniform eligibility criteria for program participation was noted."***

Do consumers and families have sufficient choices in their local community where they can obtain mental health services? *223 Professionals surveyed said....*



In your opinion, are there sufficient choices in your local community on where or a family member can obtain mental health services? *149 consumers surveyed said....*



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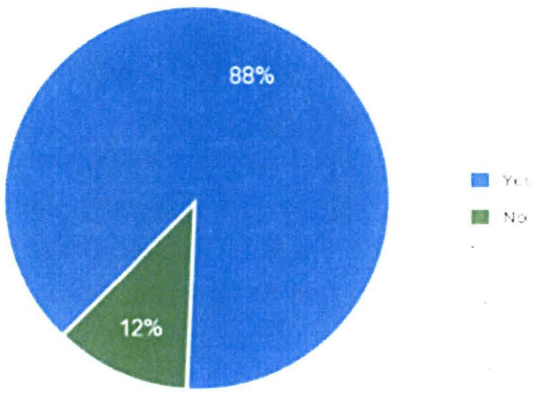
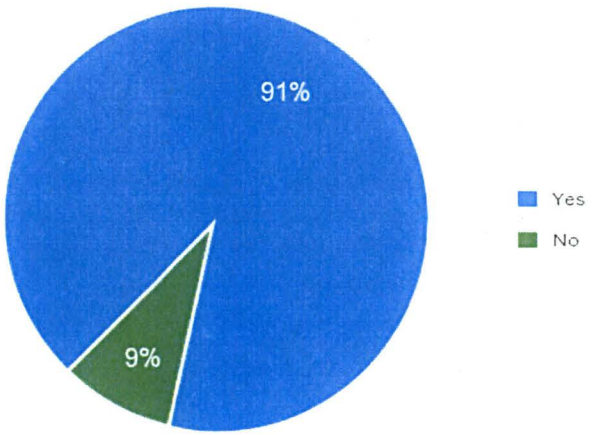
P3

3. **Diversion from Corrections Systems:** Too many North Dakotans are ending up in youth or adult corrections systems due to lack of mental health care, both inpatient and outpatient. MHAN believes that diversion needs to be a top priority in systemic planning efforts through prevention, early intervention and treatment. A recent report from the ND Department of Corrections and Rehabilitation supports this premise: ***In ND 63% of youth in juvenile corrections have mental health concerns that require a medication that must be managed by psychiatry staff. 41% of female inmates have mental health concerns that are being treated by DOCR psychiatry staff.***

Are you aware of children being in a detention center, youth correctional centers, or jail due to a behavioral health issue? *223 professionals surveyed said...*



Are you aware of consumers being involved with the criminal justice system due to a behavioral health issue? *223 professionals surveyed said...*



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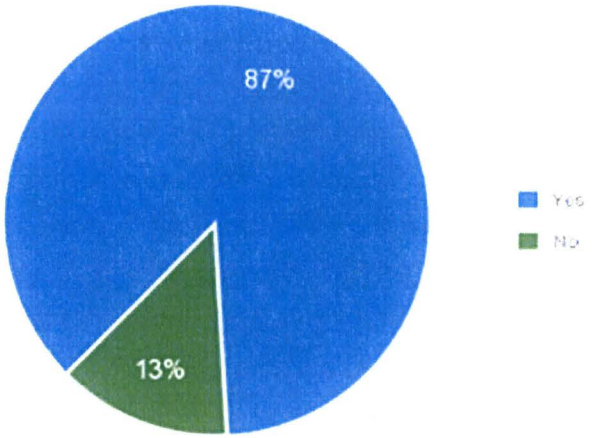
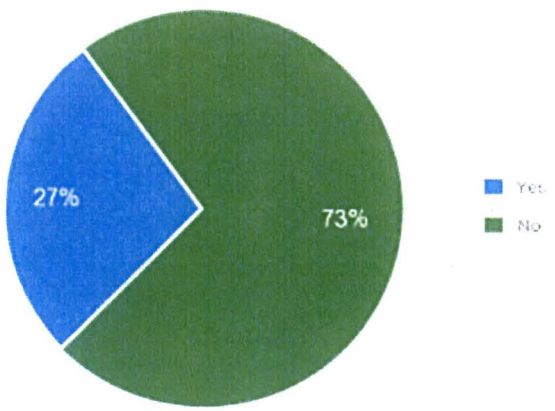
Have children been involved with the juvenile justice system due to behavioral health issues? *223 professionals surveyed said....*



4. **Core Services, Zero Reject Model and Adequate Funding for Public and Private Services:** MHAN believes that consumers and families are key to defining the core services they need to maintain good mental health and productivity. MHAN believes that a state system of care requires a zero- reject model rather than turning people away because of waiting lists, wait times, non-cooperation or being too sick or not sick enough. Adequate funding for mental health services is a federal requirement that is not being met by the State of North Dakota, thus exposing the state to legal action. Schulte agrees. The Schulte Report said another goal is to: ***"Increase funding options for youth and adults" as "There is a large gap in funding options for services in North Dakota." The study judged that, "the current system encourages failure at various treatment levels before authorizing treatment. This is not recovery-focused treatment. Parity for mental health services is not currently happening within the state as mandated by federal law."***

Do consumers and families have convenient access to mental health services in their local community? *223 professionals surveyed said...*



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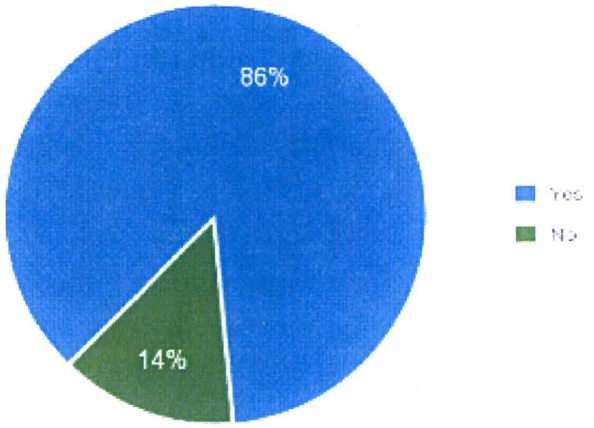
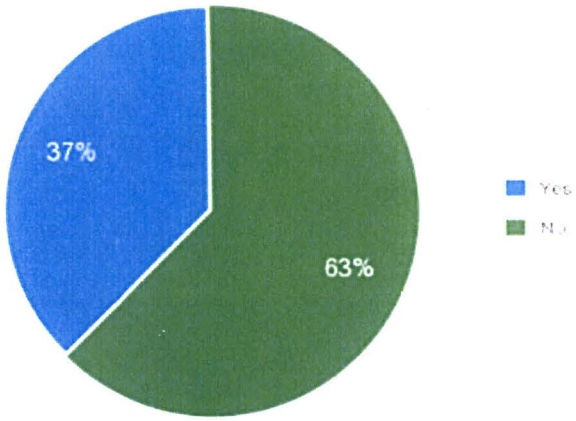
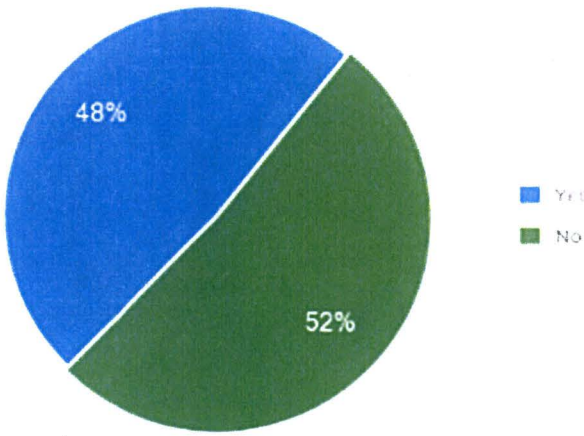
Are consumers and families experiencing waiting times to receive any mental health services? *223 professionals surveyed said...*



Are consumers and families able to access the mental health coverage then need with their insurance/medical plan? *223 professionals surveyed said...*



Have families been asked or recommended to relinquish custody of their child in order for the child to obtain mental health services? *223 professionals surveyed said...*

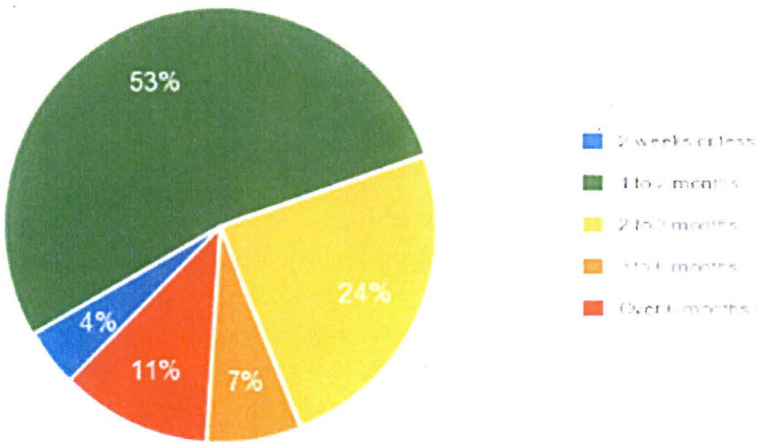


#2 P6

5. **Conflict Free Grievance and Appeals Processes**: When consumers and families are faced with a concern about DHS services, they have nowhere, other than the DHS, to turn. Schulte states it best and MHAN agrees: ***"When looking at the system in North Dakota, one thing that sets it apart from many other systems is the almost total reliance on DHS as provider of services. In this role, there is no independent appeal mechanism for families or consumers. DHS is the provider, regulator and oversight to itself. The lack of checks and balances makes a very poor business model in any field."***

6. **Access to a Full and Functional Continuum of Care** that provides people with disabilities the rights to receive services in the most integrated setting appropriate, as described by the Olmstead decision (1999). People with mental disabilities, and those at risk, must also be afforded community-based treatment when appropriate, as indicated in the Americans with Disabilities Act (ADA – 1990). Community-based supports might include mobile crisis intervention, crisis residential placement, recovery centers, supportive housing, employment training and opportunities, and benefits planning for money management. Schulte agrees: ***"Lawsuits are happening across the country in which states are not offering a choice of services to individuals or requiring that they seek only institutional care. The need for home and community based services is critical with changes in the federal landscape and the expectation of integration of individuals with needs into the general population."***

List the length of wait time to receive any mental health services. *223 professionals surveyed said...*



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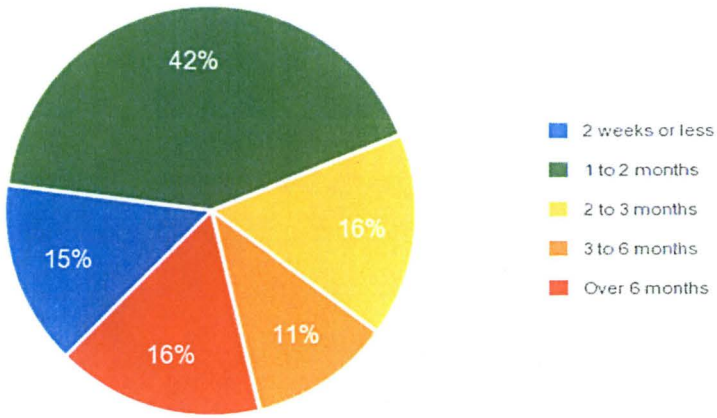
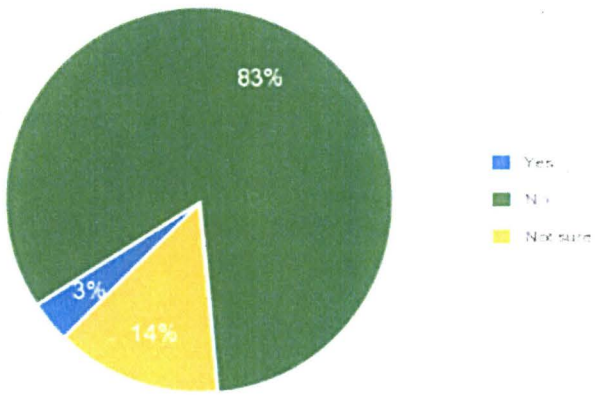
p 7

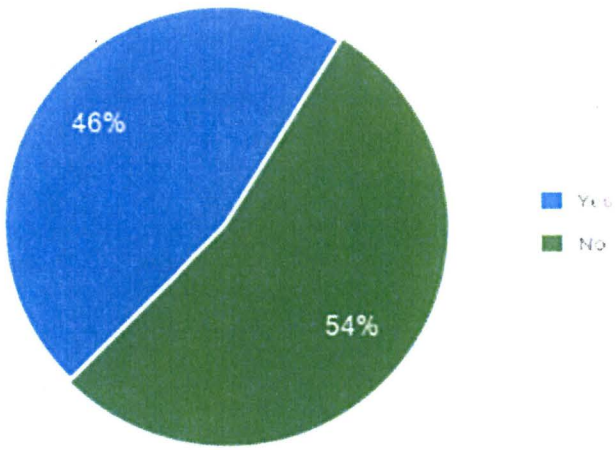
List the length of wait times to receive any mental health services. *149 consumers surveyed said...*



Are there sufficient crisis residential facilities in the consumer's and family's local community? *223 professionals surveyed said...*



Have you or a family member been in need of phone crisis services to address emergency mental health needs at any time? *149 consumers surveyed said...*



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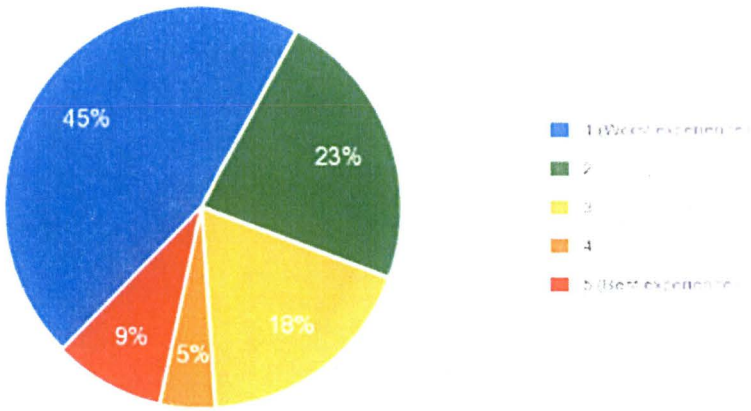
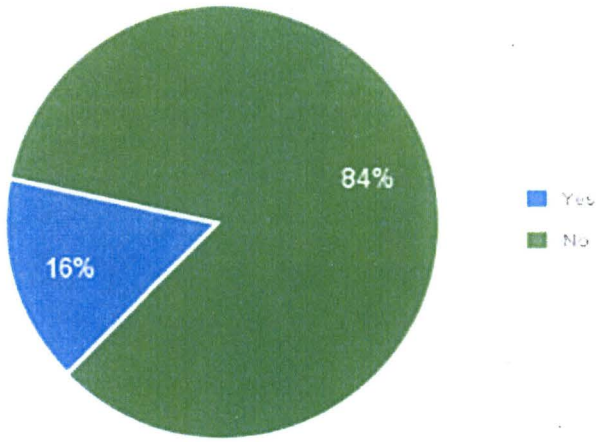
p8

Please rate your satisfaction with phone crisis services to address emergency mental health needs. *149 consumers surveyed said....*



In your opinion, are there sufficient crisis residential facilities in your local community? *149 consumers surveyed said...*



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The Mental Health Advocacy Network stands in support of the efforts of people and organizations that work to improve services for those who live with mental illnesses. However, MHAN insists on the direct involvement of consumers and families, including those from tribal and rural areas, as well as Veterans, in prevention, education, service planning and delivery - nothing about us without us.

The Mental Health Advocacy Network supports a responsive and immediate solution to the existing gaps in mental health services in North Dakota and rejects the notion of a phased-in, years-long approach to service development. For many North Dakotans, this is a matter of life and death. To quote Schulte again, the ***"...system is in crisis."***

1/22/17

HB1040
3-27-17 #3
P1

Senate Appropriations Committee
House Bill 1040
Honorable Senator Ray Holmberg, Chair
March 27, 2017

Senator Holmberg and Committee Members:

Good morning Chair Holmberg and members of the Senate Appropriations Committee. My name is Siobhan Deppa and I am a consumer of behavioral health services in ND. I ask for your support on HB 1040, especially funding the peer-to-peer support services piece. I was helped greatly by peer support for 6 years when it was offered as a service at our regional recovery center. It helped me through my mother's death and combat an alcohol addiction after getting out of treatment at West Central Human Service Center. Peer-to-peer support taught me healthy coping skills and helped me restructure my life alcohol free. I still use much of what I learned today and am able to remain relapse free, 8 years sober and living healthy, mentally and physically. I am also a member of and the past chair of The Mental Health and Substance Abuse Planning Council which included Peer-to-Peer Support in its key recommendations to the Governor and legislators. The Behavioral Stakeholders Report and Schulte Report also support a Peer-to-Peer recovery program. Please support HB 1040 and fund Peer-to-Peer support. Funding this potentially life transforming program, so all who need extra recovery support living in the community may find it and use it to be successful in their recovery also. I appreciate your consideration and hard work this legislative session.

Thank you,

Siobhan Deppa,
siobhandeppa@gmail.com
701 471-9696
3434 28th Street South Unit 231
Fargo, ND 58104.

Senate Appropriations Committee HB 1040
House Bill 1040
Honorable Ray Holmberg, Chairman 3-27-17 # 4
March 27, 2017 p 1

Chair Holmberg and members of the Senate Appropriations Committee, my name is Marcia Hettich. I am a Mental Health Advocate, and live in Elgin, North Dakota. I am asking for you to support statewide peer-peer-support for adult consumers who have a mental health illness.

A Peer Support Specialist draws upon personal experience to offer encouragement, inspire hope, and help consumers on their journey to recovery! This is an evidenced based mutual support program proven highly effective and fiscally efficient.

As one consumer was struggling with her illness and was in a mental health crisis situation on a regular basis. She told me "I was hospitalized monthly until I was matched with a Peer Support Specialist." Marcia "Peer Support saved my life!"

The Peer-to-Peer Support Program would be wonderful for our oil workers in the Bakken. There are virtually no programs for them. If an individual is in a mental health crisis in Williston, they have to travel one hundred forty seven (147) miles to Minot, ND to receive inpatient services.

The Peer-to-Peer Support Program would be a wonderful recourse for rural North Dakota! Due to low commodity and livestock prices this past year has been devastating to our Farmers and Ranchers! They are experiencing extreme stress and are experiencing serious depression and anxiety. My husband works in the farm industry and he has come home for lunch and has told me "We lost another farmer to suicide." Another day he came home and told me that they couldn't find a farmer, he was found by a grain bin passed out with alcohol poisoning! There is no mental health outreach program for our rural farmers and ranchers! Agriculture is the #1 Industry in North Dakota.

When Governor Burgum spoke at his first State of the State Address he stated "We need to help our most vulnerable adults in our state!

Peer-to-Peer Support Services provide a beacon of hope for all consumers! Would you please join me and support Peer-to-Peer Support! Thank You for Your Time and Your Service to Our Great State of North Dakota!

Marcia Hettich
P.O. Box 245
Elgin, North Dakota 58533
701-584-2931
mar58@westriv.com

HB 1040
3-27-17
#3
p1

Senate Appropriations Committee
House Bill 1040
March 27, 2017
Testimony by Teresa Larsen, Protection & Advocacy Project

Senator Holmberg and Committee Members:

My name is Denise Harvey, Director of Program Services, with the Protection and Advocacy Project. I am providing this testimony on behalf of Teresa Larsen, the Executive Director of P & A.

HB 1040 came from Legislative Management – the Human Services Interim Committee. Though there were amendments made by House Human Services, funding for peer-to-peer or family-to-family support, at a cost of $1,920,000, remained in the bill that was given a 'do pass' by the Committee. Language stated that "grant funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs". House Appropriations amended the bill to remove these services and the associated funding, which passed on the House floor. Efforts to put funding for these services back into HB 1040 through the Senate Appropriations Committee are appreciated by many people with disabilities.

Consumers and families have been asking for these services for several Legislative Sessions. In her 2014 report to the North Dakota Legislature, Renee Schulte provided recommendations to increase the use of lay persons in expanding treatment options. This included the strategy to "increase the use of peer support and recovery coaches". Schulte's implementation plan suggested that this be done by the Legislature in the 2017 Session. She noted that funding options could include State dollars, private contracts, federal grants, and Medicaid.

As noted by the Centers for Medicare & Medicaid Services (CMS), "peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with

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their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services." The referenced CMS statement can be found in the document attached to this testimony.

The $1,920,000 budget was built based on 12 FTE's for Recovery Support Specialists or Parent Coordinators around the State (one each in Williston, Devils Lake, Jamestown, Dickinson; two each in Minot, Grand Forks, Fargo, and Bismarck). It also includes a Supervisor/Coordinator (1 FTE). Costs were included for payroll taxes, employer-paid health insurance premiums @ 50%, travel, supplies, and funds for training and credentialing. The budget is for two years. This is serious money... but it's for a serious need.

Your consideration in prioritizing these services would be greatly appreciated. It would make a big difference for many individuals and families. Thank you.

Denise Harvey, Director of Program Services
Protection and Advocacy Project
400 E Broadway, Suite 409
Bismarck, ND 58501

tlarsen@nd.gov/Teresa Larsen
drharvey@nd.gov/Denise Harvey

701-328-2950

#5
P3

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, Maryland 21244-1850

CMS
CENTERS for MEDICARE & MEDICAID SERVICES

Center for Medicaid and State Operations

SMDL #07-011

August 15, 2007

Dear State Medicaid Director:

The purpose of this letter is to provide guidance to States interested in peer support services under the Medicaid program. The Centers for Medicare & Medicaid Services (CMS) recognizes that the mental health field has seen a big shift in the paradigm of care over the last few years. Now, more than ever, there is great emphasis on recovery from even the most serious mental illnesses when persons have access in their communities to treatment and supports that are tailored to their needs. Recovery refers to the process in which people are able to live, work, learn and participate fully in their communities. For some individuals, recovery is the ability to live a fulfilling and productive life despite a disability. For others, recovery implies the reduction or complete remission of symptoms.

Background on Policy Issue

States are increasingly interested in covering peer support providers as a distinct provider type for the delivery of counseling and other support services to Medicaid eligible adults with mental illnesses and/or substance use disorders. Peer support services are an evidence-based mental health model of care which consists of a qualified peer support provider who assists individuals with their recovery from mental illness and substance use disorders. CMS recognizes that the experiences of peer support providers, as consumers of mental health and substance use services, can be an important component in a State's delivery of effective treatment. CMS is reaffirming its commitment to State flexibility, increased innovation, consumer choice, self-direction, recovery, and consumer protection through approval of these services. The following policy guidance includes requirements for supervision, care-coordination, and minimum training criteria for peer support providers.

As States develop behavioral health models of care under the Medicaid program, they have the option to offer peer support services as a component of a comprehensive mental health and substance use service delivery system. When electing to provide peer support services for Medicaid beneficiaries, State Medicaid agencies may choose to collaborate with State Mental Health Departments. We encourage States to consider comprehensive programs but note that regardless of how a State models its mental health and substance use disorder service delivery system, the State Medicaid agency continues to have the authority to determine the service delivery system, medical necessity criteria, and to define the amount, duration, and scope of the service.

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States may choose to deliver peer support services through several Medicaid funding authorities in the Social Security Act. The following current authorities have been used by States to date:

- Section 1905(a)(13)
- 1915(b) Waiver Authority
- 1915(c) Waiver Authority

Delivery of Peer Support Services

Consistent with all services billed under the Medicaid program, States utilizing peer support services must comply with all Federal Medicaid regulations and policy. In order to be considered for Federal reimbursement, States must identify the Medicaid authority to be used for coverage and payment, describe the service, the provider of the service, and their qualifications in full detail. States must describe utilization review and reimbursement methodologies. Medicaid reimburses for peer support services delivered directly to Medicaid beneficiaries with mental health and/or substance use disorders. Additionally, reimbursement must be based on an identified unit of service and be provided by one peer support provider, based on an approved plan of care. States must provide an assurance that there are mechanisms in place to prevent over-billing for services, such as prior authorization and other utilization management methods.

Peer support providers should be self-identified consumers who are in recovery from mental illness and/or substance use disorders. Supervision and care coordination are core components of peer support services. Additionally, peer support providers must be sufficiently trained to deliver services. The following are the minimum requirements that should be addressed for supervision, care coordination and training when electing to provide peer support services.

1) Supervision

Supervision must be provided by a competent mental health professional (as defined by the State). The amount, duration and scope of supervision will vary depending on State Practice Acts, the demonstrated competency and experience of the peer support provider, as well as the service mix, and may range from direct oversight to periodic care consultation.

2) Care-Coordination

As with many Medicaid funded services, peer support services must be coordinated within the context of a comprehensive, individualized plan of care that includes specific individualized goals. States should use a person-centered planning process to help promote participant ownership of the plan of care. Such methods actively engage and empower the participant, and individuals selected by the participant, in leading and directing the design of the service plan and, thereby, ensure that the plan reflects the needs and preferences of the participant in achieving the specific, individualized goals that have measurable results and are specified in the service plan.

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p5

3) Training and Credentialing
Peer support providers must complete training and certification as defined by the State. Training must provide peer support providers with a basic set of competencies necessary to perform the peer support function. The peer must demonstrate the ability to support the recovery of others from mental illness and/or substance use disorders. Similar to other provider types, ongoing continuing educational requirements for peer support providers must be in place.

Please feel free to contact Gale Arden, Director, Disabled and Elderly Health Programs Group, at 410-786-6810, if you have any questions.

Sincerely,

/s/

Dennis G. Smith
Director

cc:

CMS Regional Administrators

CMS Associate Regional Administrators
Division of Medicaid and Children's Health

Martha Roherty
Director, Health Policy Unit
American Public Human Services Association

Joy Wilson
Director, Health Committee
National Conference of State Legislatures

Matt Salo
Director of Health Legislation
National Governors Association

Jacalyn Bryan Carden
Director of Policy and Programs
Association of State and Territorial Health Officials

Christie Raniszewski Herrera
Director, Health and Human Services Task Force
American Legislative Exchange Council

Debra Miller
Director for Health Policy
Council of State Governments

HB 1040 3-27-17

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P1

Senate Appropriations Committee
House Bill 1040
Honorable Ray Holmberg, Chairman
March 27, 2017

Senator Holmberg, my name is Bethany Mack.

My son, who is 12 years of age, has been receiving mental health services since he was very young. He has had significant mood swings, has been aggressive and suicidal at times. He has needed emergency mental health services and in-patient psychiatric care over the years. There have been times that there were no hospital beds available across the state and we were told not to bring him into the emergency room due to this. We have been told our only option may be to give custody over to the state. Most of the time, it seems as if there is nowhere to turn. We just learned, through HB 1040, about family-to-family support and peer-to-peer support programs that could help us know where to turn. Please fund these programs to help our family, our son, now and when he is older, and others like us!

Respectfully,

Bethany Mack
Orrin, ND
701-381-2325

3-27-17
HB#1040
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p1

Senate Appropriations Committee
House Bill 1040
Honorable Senator Ray Holmberg, Chair
March 27, 2017

Senator Holmberg and Committee Members:

My name is Jacki Keck. I am a Mental Health Advocate and preside over the Williston Basin Resource Coalition, which meets monthly as a net-working opportunity for entities providing human services. In 1992, our family came to Williston, North Dakota, as my husband (Dr. James E. Keck) took the position of psychologist at the Mercy Mental Health Unit, which closed in 2010. With his death by suicide in May of 2010, I have become more active in programs and events under the umbrella of the American Foundation for Suicide Prevention, have followed with interest the findings of the Schulte Behavioral Health Planning Report, and appreciate the legislative work that is being done in North Dakota.

I am asking you to support such programs as the statewide Peer-to-Peer support for adult consumers who have a mental health illness. Currently, if an individual is in a mental health crisis in Williston they are often directed to the Emergency Room, sometimes entered into the judicial system (jailed) and are 'forwarded' to Minot and other points east for services … away from their support system and many times reliant on law enforcement personnel for transportation.

At a time when the northwestern quadrant of North Dakota is struggling to reinvent mental health care options, such programs as Peer-to-Peer support equip us to help each other locally. Thank you for this step in creating more resources for those in need.

As Governor Burgum stated: "We need to help the most vulnerable adults in our state!"

Respectfully,
Jacki Keck
703 - 7th Street West
Williston ND 58801-4908
Phone: 701-572-7829

HB 1040 Subcom
4-3-17
#1

17.0183.08000

Sixty-fifth
Legislative Assembly
of North Dakota

SECOND ENGROSSMENT
with Senate Amendments
REENGROSSED HOUSE BILL NO. 1040

Introduced by

Legislative Management

(Human Services Committee)

A BILL for an Act to create and enact a new section to chapter 50-06 of the North Dakota Century Code, relating to an evidence-based alcohol and drug education program; to amend and reenact subsection 3 of section 5-01-08 of the North Dakota Century Code, relating to a penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; to provide for a report to the legislative management; to provide an appropriation; and to provide a contingent appropriation.

BE IT ENACTED BY THE LEGISLATIVE ASSEMBLY OF NORTH DAKOTA:

SECTION 1. AMENDMENT. Subsection 3 of section 5-01-08 of the North Dakota Century Code is amended and reenacted as follows:

3. A violation of this section is a class B misdemeanor. For a violation of subsection 2, the court also shall sentence a violator to an evidence-based alcohol and drug education program operated under rules adopted by the department of human services under section 2 of this Act.

SECTION 2. A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

Alcohol and drug education program - Rules - Fees.

The department shall adopt rules for an evidence-based alcohol and drug education program for individuals under the age of twenty-one who violate section 5-01-08. The rules must allow for the program provider to charge a fee to a participant in the program.

SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PILOT PROJECT - CHILDREN'S PREVENTION AND EARLY INTERVENTION BEHAVIORAL HEALTH SERVICES - REPORT TO LEGISLATIVE MANAGEMENT. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $400,000, or so much of the sum as may be necessary, to the department of human services

for the purpose of establishing a children's prevention and early intervention behavioral health services pilot project in the school system of the department's choice, including services to children suffering from the effects of behavioral health issues, for the biennium beginning July 1, 2017, and ending June 30, 2019. Before September 1, 2018, the department of human services shall report to the legislative management regarding the status of the children's prevention and early intervention behavioral health services pilot project.

SECTION 4. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - CHILDRENS' PREVENTION AND EARLY INTERVENTION BEHAVIORAL HEALTH SERVICES. If actual general fund revenues for the period July 1, 2017, through June 30, 2018, exceed estimated general fund revenue projections for the same period by at least $5,000,000 as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $1,556,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing prevention and early intervention behavioral health services for children, including services for children suffering from the effects of behavioral health issues, for the biennium beginning July 1, 2017, and ending June 30, 2019. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - BEHAVIORAL HEALTH DATABASE. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $70,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to an organization administering statewide 2-1-1 services to create a behavioral health provider database of profit and nonprofit organizations, for the biennium beginning July 1, 2017, and ending June 30, 2019.

SECTION 6. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $75,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning

July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 7. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES. If actual general fund revenues for the period July 1, 2017, through June 30, 2018, exceed estimated general fund revenue projections for the same period by at least $5,000,000 as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $125,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 8. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $75,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 9. CONTINGENT GENERAL FUND APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. If actual general fund revenues for the period July 1, 2017, through June 30, 2018, exceed estimated general fund revenue projections for the same period by at least $5,000,000 as determined by the office of management and budget, there is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $125,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and

ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs. For purposes of this section, "estimated general fund revenues" excludes transfers to the general fund from the strategic investment and improvements fund, bank of North Dakota profits, property tax relief fund, the lottery, the mill and elevator, and gas tax administration.

SECTION 10. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - TARGETED CASE MANAGEMENT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $7,037,998, or so much of the sum as may be necessary, and from special funds derived from federal funds and other income, the sum of $7,037,998, or so much of the sum as may be necessary, to the department of human services for the purpose of expanding target case management services beginning October 1, 2017, to allow designated behavioral health providers to provide targeted case management services for individuals with severe mental illness and individuals with severe emotional disturbance, for the biennium beginning July 1, 2017, and ending June 20, 2019.

4-4-17 HB1040

17.0183.06003
Title.

Prepared by the Legislative Council for
Senator Kilzer

April 3, 2017

#1

P1

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1040

In lieu of the amendments adopted by the Senate as printed on pages 852-854 of the Senate Journal, Reengrossed House Bill No. 1040 is amended as follows:

Page 1, line 5, remove "to provide for a report;"

Page 1, remove lines 20 through 24

Page 2, replace lines 1 through 6 with:

"**SECTION 3. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $200,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide peer-to-peer support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs.

SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $200,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing a grant to a statewide family-to-family support organization, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds awarded must be used for providing recovery and peer support services to individuals with emotional, behavioral, or mental health needs."

Renumber accordingly

STATEMENT OF PURPOSE OF AMENDMENT:

This amendment adds:

- A general fund appropriation of $200,000 to the Department of Human Services for providing a grant to a statewide peer-to-peer support organization.
- A general fund appropriation of $200,000 to the Department of Human Services for providing a grant to a statewide family-to-family support organization.

Att. 1 HB1040
4/19/17

17.0183.06008
Title.

Prepared by the Legislative Council staff for
Senator J. Lee
April 19, 2017

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1040

That the Senate recede from its amendments as printed on pages 1491 and 1492 of the House Journal and pages 1175 and 1176 of the Senate Journal and that Reengrossed House Bill No. 1040 be amended as follows:

Page 1, line 24, replace "$200,000" with "$150,000"

Page 2, after line 6, insert:

"**SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing funds to one or more organizations to provide peer-to-peer support services, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds provided under this section must be used for providing recovery and peer support services to individuals with behavioral health needs.

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing funds to one or more organizations to provide family-to-family support services, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds provided under this section must be used for providing support services to families with children who have disabilities or behavioral health needs."

Renumber accordingly

att. 2 4/19/17
HB1040

Weisz, Robin L.

From: Anderson, Maggie D.
Sent: Wednesday, April 19, 2017 2:32 PM
To: Weisz, Robin L.
Subject: HB 1040

For HB 1040

Funds appropriated in Section _____ for the purpose of peer support services may be otherwise allocated and spent for children's prevention and early intervention services identified in section ____ should the department have other funds available for peer support services for the biennium beginning July 1, 2017 and ending June 30, 2019.

Att. 1 4/20/17
HB 1040

17.0183.06009
Title.

Prepared by the Legislative Council staff for
Representative Weisz
April 19, 2017

PROPOSED AMENDMENTS TO REENGROSSED HOUSE BILL NO. 1040

That the Senate recede from its amendments as printed on pages 1491 and 1492 of the House Journal and pages 1175 and 1176 of the Senate Journal and that Reengrossed House Bill No. 1040 be amended as follows:

Page 1, line 24, replace "$200,000" with "$150,000"

Page 2, after line 6, insert:

"**SECTION 4. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - PEER-TO-PEER SUPPORT SERVICES - ALTERNATIVE USE.** There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing funds to one or more organizations to provide peer-to-peer support services, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds provided under this section must be used for providing recovery and peer support services to individuals with behavioral health needs. If the department of human services has other funds available to provide for for peer-to-peer support services for the biennium beginning July 1, 2017, and ending June 30, 2019, the department may allocate funds appropriated under this section for providing children's prevention and early intervention behavioral health services as provided for under section 3 of this Act.

SECTION 5. APPROPRIATION - DEPARTMENT OF HUMAN SERVICES - FAMILY-TO-FAMILY SUPPORT SERVICES. There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of $100,000, or so much of the sum as may be necessary, to the department of human services for the purpose of providing funds to one or more organizations to provide family-to-family support services, for the biennium beginning July 1, 2017, and ending June 30, 2019. Funds provided under this section must be used for providing support services to families with children who have disabilities or behavioral health needs."

Renumber accordingly