



North Dakota Legislative Council

Prepared for the Human Services Committee
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STUDY OF THE IMPLEMENTATION OF RECOMMENDATIONS OF THE HUMAN SERVICES RESEARCH INSTITUTE'S STUDY OF THE STATE'S BEHAVIORAL HEALTH SYSTEM AND ACUTE PSYCHIATRIC HOSPITALIZATION AND RESIDENTIAL CARE - BACKGROUND MEMORANDUM

[House Bill No. 1026 \(2023\)](#) provides for a Legislative Management study of the implementation of the recommendations of the 2018 Human Services Research Institute's (HSRI) study of North Dakota's behavioral health system and the 2022 Renee Schulte Consulting's study of acute psychiatric and residential care needs. In conducting the study, the committee is to:

1. Receive regular updates on each of the major recommendation areas from the reports;
2. Identify the availability, access, and delivery of behavioral health services;
3. Seek input from stakeholders, including law enforcement, social and clinical service providers, medical providers, mental health advocacy organizations, emergency medical service providers, juvenile court personnel, educators, tribal governments, and state and local agencies; and
4. Consider options for improving access and the availability for behavioral health care.

2017-18 HUMAN SERVICES RESEARCH INSTITUTE STUDY AND REPORT

In 2017, the Department of Human Services contracted with HSRI to conduct a review of the state's behavioral health system. The goals of the study were to conduct an in-depth review of the state's behavioral health system; to analyze current utilization and expenditure patterns by payer source; to provide recommendations for enhancing the integration, cost-effectiveness, and recovery orientation of the system to effectively meet community needs; and to establish strategies for implementing the recommendations. The study gathered data by reviewing existing reports and documents, by conducting stakeholder interviews, and by reviewing Medicaid claims and state service utilization data for behavioral health services.

As a result of the study, the final HSRI report identified 13 recommendations and 65 specific strategies to direct future behavioral health policy and services in the state. The following are the recommendations and strategies included in the report:

Recommendation	Strategy
1. Develop a comprehensive implementation plan	1.1 Reconvene system stakeholders, including service users and their families 1.2 Form an oversight steering committee to coordinate with key stakeholder groups 1.3 Establish workgroups to address common themes identified in this report
2. Invest in prevention and early intervention	2.1 Prioritize and implement evidence-based social and emotional wellness initiative 2.2 Expand existing substance use prevention efforts, restore funding for the Parents Listen, Educate, Ask, Discuss (LEAD) program 2.3 Build upon and expand current suicide prevention activities 2.4 Continue to address the needs of substance exposed newborns and their parents 2.5 Expand evidence-based services for first-episode psychosis
3. Ensure all North Dakotans have timely access to behavioral health services	3.1 Coordinate and streamline information on resources 3.2 Expand screening in social service systems and primary care 3.3 Ensure a continuum of timely and accessible crisis response services 3.4 Develop a strategy to remove barriers to services for persons with brain injury 3.5 Continue to invest in evidence-based harm-reduction approaches
4. Expand outpatient and community-based service array	4.1 Ensure access to needed coordination services 4.2 Continue to shift funding toward evidence-based and promising practices 4.3 Expand the continuum of substance use disorder treatment services for youth and adults

Recommendation	Strategy
	4.4 Support and coordinate efforts to enhance the availability of outpatient services in primary care 4.5 Address housing needs associated with behavioral health needs 4.6 Promote education and employment among behavioral health service users 4.7 Restore/enhance funding for recovery centers 4.8 Promote timely linkage to community-based services following a crisis 4.9 Examine community-based alternatives to behavioral health services currently provided in long-term care facilities
5. Enhance and streamline system of care for children and youth	5.1 Improve coordination between education, early childhood, and service systems 5.2 Expand targeted, proactive in-home supports for at-risk families 5.3 Develop a coordinated system to enhance treatment-related foster care capacity and cultural responsiveness 5.4 Prioritize residential treatment for those with significant/complex needs
6. Continue to implement and refine criminal justice strategy	6.1 Ensure collaboration and communication between systems 6.2 Promote behavioral health training among first responders and others 6.3 Review behavioral health treatment capacity in jails 6.4 Ensure Medicaid enrollment for individuals returning to the community
7. Engage in targeted efforts to recruit and retain competent behavioral health workforce	7.1 Establish a single entity for supporting workforce implementation 7.2 Develop a single database of statewide vacancies for behavioral health positions 7.3 Provide assistance for behavioral health students working in areas of need in the state 7.4 Raise awareness of student internships and rotations 7.5 Conduct comprehensive review of licensure requirements and reciprocity 7.6 Continue establishing training and credentialing programs for peer services 7.7 Expand credentialing programs to prevention and rehabilitation practices 7.8 Support a robust peer workforce through training, professional development, and competitive wages
8. Expand the use of telebehavioral health	8.1 Support providers to secure necessary equipment/staff 8.2 Expand the availability of services for substance use disorders, children and youth, and American Indian populations 8.3 Increase types of services available 8.4 Develop clear, standardized regulatory guidelines
9. Ensure the system reflects values of person centeredness, cultural competence, and trauma-informed approaches	9.1 Promote shared decisionmaking 9.2 Promote mental health advance directives 9.3 Develop a statewide plan to enhance commitment to cultural competence 9.4 Identify cultural/language/service needs 9.5 Ensure effective communication with individuals with limited English proficiency 9.6 Implement additional training 9.7 Develop/promote safe spaces for LGBTQ individuals within the behavioral health system 9.8 Ensure a trauma-informed system 9.9 Promote organizational self-assessments
10. Encourage and support the efforts of communities to promote high-quality services	10.1 Establish a state-level leadership position representing persons with lived experience 10.2 Strengthen advocacy 10.3 Support the development of and partnerships with peer-run organizations 10.4 Support community efforts to reduce stigma, discrimination, and marginalization 10.5 Provide and require coordinated behavioral health training among related service systems
11. Partner with tribal nations to increase health equity	Collaborate within and among tribal nations, and with state and local human service agencies
12. Diversify and enhance funding for behavioral health	12.1 Develop an organized system for identifying/responding to funding opportunities 12.2 Pursue 1915(i) Medicaid state plan amendments 12.3 Pursue options for financing peer support and community health workers 12.4 Sustain/expand voucher funding and other flexible funds for recovery supports 12.5 Enroll eligible service users in Medicaid 12.6 Join in federal efforts to ensure behavioral and physical health parity
13. Conduct ongoing, systemwide data-driven monitoring of needs and access	13.1 Enhance and integrate provider data systems 13.2 Develop system metrics to monitor progress on key goals 13.3 Identify and target services to those with highest service costs

LEGISLATIVE ACTION RELATING TO REPORT

The 2017-18 interim Human Services Committee received updates from the Department of Human Services and HSRI regarding the study of the state's behavioral health system. The committee recommended Senate Bill No. 2030 (2019) which included a general fund appropriation of \$408,000 and 1.5 full-time equivalent (FTE)

positions for the purpose of coordinating the implementation of recommendations of the study of the state's behavioral health system. The bill did not pass but Senate Bill No. 2012 (2019), which was approved by the Legislative Assembly, included a \$300,000 general fund appropriation for the implementation of study recommendations.

**2021-22 ACUTE PSYCHIATRIC HOSPITALIZATION
AND RESIDENTIAL CARE STUDY
Study Background**

Section 5 of House Bill No. 1012 (2021) provided for a study of options for a long-term plan for acute psychiatric hospitalization and related step-down residential treatment and support needs in the state and short-term options during the next 2 bienniums to contract with private provider acute psychiatric care facilities to provide treatment services in four or more cities in the state, workforce needs of such specific locations, and options to replace the existing State Hospital facility with one or more treatment facilities focused on forensic psychiatric evaluation and treatment.

The 2021 Legislative Assembly appropriated one-time funding of \$500,000 from the general fund to the Legislative Council for consulting services of the study. The study provided consulting services may also include the development of conceptual drawings for recommendations for a new State Hospital.

The Chairman of the Legislative Management approved the Acute Psychiatric Treatment Committee contracting with Renee Schulte Consulting, LLC, for \$247,000 to assist the committee in its study and provide recommendations on the following:

1. Development of options and a recommendation for a long-term plan for acute psychiatric hospitalization and related step-down residential treatment and support needs in the state, including:
 - a. The number of acute care beds needed in the state;
 - b. Appropriate locations in the state for treatment and support services, considering workforce availability;
 - c. The involvement of private providers, including contract requirements, treatment requirements, and outcome measurers; and
 - d. The use of existing public facilities and the need for new public facilities, including options to replace the existing State Hospital facility with one or more treatment facilities focused on forensic psychiatric evaluation and treatment.
2. Development of options and a recommendation for a short-term plan for the remainder of the 2021-23 biennium and the 2023-25 biennium to contract with private acute psychiatric care facilities to provide appropriate treatment services in four or more cities in the state.
3. Development of options and a recommendation for the future use of facilities at the State Hospital, including the LaHaug Building.

The Acute Psychiatric Treatment Committee received a final report from Renee Schulte Consulting, LLC, on April 28, 2022. The final report included the following recommendations:

Recommendation	Implementation Process	Priority Level
Short-Term Plan - 2021-23 Biennium		
1. Draft a proposal to build a modern 75- to 85-bed State Hospital	Direct the Department of Health and Human Services (DHHS) to develop a plan with estimated costs	High
2. Draft a proposal to allow the Department of Corrections and Rehabilitation (DOCR) to renovate and utilize the LaHaug Building	Direct DOCR to develop a plan with estimated costs	Medium
3. Develop regulations to fund acute psychiatric services and beds in critical access hospitals, most notably in Jamestown, Devils Lake, Minot, Dickinson, and Williston	Legislation needed	High
4. Amend North Dakota Administrative Code Chapter 33-07-01.1 so emergency psychiatric treatment and behavioral health services can be provided in emergency departments in all hospitals	Administrative rule change	High

Recommendation	Implementation Process	Priority Level
5. Continue and increase use of coordinated care agreements between DHHS and the federal Indian Health Service (IHS) and other cultural affair organizations	Direct DHHS to pursue and develop an action plan	High
6. Evaluate the children and adolescent admission and transfer process from hospitals to residential facilities	Direct DHHS to conduct a functional process audit	High
7. Codify the purpose of the State Hospital and human service centers to clarify the State Hospital care for all mentally ill individuals	Legislation needed	High
8. Improve accountability in hospital and provider contracts, including requiring "no eject" and "no reject" language related to patient discharges be included in all contracts	Direct DHHS to require providers to adhere to all Medicaid guidelines and regularly report data and predetermined outcome measures established in DHHS regulations	High
9. Define mental health levels of care similar to how substance use disorders (SUD) levels of care are defined	Administrative rule change	High
10. Fund an implementation team consisting of three to five individuals to implement the report recommendations	Appropriation needed	High
11. Improve communications and collaboration between DHHS, IHS and providers	Direct DHHS to pursue and develop an action plan	High
12. Maximize use of full-service telepsychiatry throughout the state and ensure parity with in-person psychiatry services	Legislation needed	High
Long-Term Plan - 2023-25 Biennium		
13. Build a modern State Hospital	Appropriation needed	High
14. Provide funding for renovations to the LaHaug Building	Appropriation needed	Medium
15. Demolish unused State Hospital buildings	Appropriation needed	Medium
16. Conduct a state fiscal audit on the State Hospital and human service centers	Direct the State Auditor to conduct an audit	High
17. Assign a cultural liaison between minority population groups and human service centers, DHHS and health care stakeholders	Appropriation needed	High
18. Require state-administered licensing boards rather than volunteer-lead licensing boards to standardize board administrative processes and increase efficiencies	Legislation needed	Medium
19. Codify universal licensing recognition for each behavioral health profession to promote easy relocation of licensed professionals	Legislation needed	Medium
20. Codify a composite licensing board for family therapists, counselors, and addiction counselors to provide consistent regulatory oversight, streamline processes, and remove barriers to interprofessional services	Legislation needed	Medium

Recommendations included in the Renee Schulte Consulting, LLC, final report related to behavioral health workforce include:

- Coordinating or reorganizing local administrative workforce groups.
- Developing standardized minimum data expectations when collecting primary health and behavioral health workforce data.
- Supporting integration of human service center and behavioral health professional degree program missions.
- Providing a grant fund similar to Minnesota's medical education and research costs fund to allow behavioral health care facilities to be reimbursed for supervisor teaching and training costs of behavioral health program students.

- Providing matching funds from the state or seeking private matching funds for federally supported behavioral health training and professional service programs for underserved areas and for children and adolescents.
- The State Board of Psychologist Examiners and the Legislative Assembly should consider supporting the board's participation in the psychology interjurisdictional compact, also known as PSYPACT.

Recommendations included in the Renee Schulte Consulting, LLC, final report related to behavioral health workforce loan repayment programs include removing loan repayment program restrictions that limit supervisory or administration time for teaching and training, adding loan repayment program hour and location flexibility, allowing students to apply for loan repayment programs and receive program approval contingent upon licensure, and increasing state funded loan repayment programs for behavioral health professionals with priority for areas of the state in most need.

The committee received testimony from Renee Schulte Consulting, LLC, regarding conclusions reached while compiling the recommendations related to acute psychiatric hospitalization and related step-down residential treatment and support needs in the state. The testimony indicated:

- Behavioral health data collection was a challenge and an evaluation should be considered regarding the type of behavioral health data collected and the agency responsible to collect it. It was suggested North Dakota research universities may be appropriate entities to collect behavioral health data and the North Dakota Health Information Network may be an appropriate system to store the data.
- The COVID-19 pandemic caused a reduction in the number of open acute psychiatric beds and increased difficulty for providers to maintain an appropriate number of staff for each bed.
- The COVID-19 pandemic has caused slower court actions and a reduction in the availability of acute psychiatric beds at the State Hospital, resulting in an increase in mentally ill individuals being housed in jails.
- Crisis systems will not be successful unless the state and private providers have strong relationships with law enforcement and jail systems.
- The closing of private provider acute psychiatric beds in multiple areas of the state has reduced the levels of care available to children and adults.
- Providers often are slow to implement use of the 1915(i) Medicaid waiver.
- Incorrect World Health Organization Disability Assessment Schedule scores have made fewer individuals eligible for care.
- Multiple levels of care in the state are not functioning properly, resulting in individuals receiving care in levels they often do not belong and because there is a lack of appropriate followup care facilities, these individuals are not discharged, resulting in new patients waiting for beds.
- Of the 3,323 total hospital beds in the state, 244 are adult acute psychiatric beds, which is considered adequate for North Dakota's population; however, the beds are not in the correct locations, are being shared with out-of-state patients, or are not being used correctly, as problems related to improper levels of care, payment for each level of care, procedures to access each level, and inappropriate discharging of acute care patients are present throughout the state.
- Critical access hospitals, not the State Hospital, should provide short-term acute psychiatric services to the Jamestown and Devils Lake regions so the State Hospital can focus on treating patients with the greatest intensity and complexity of need.
- The State Hospital should focus on forensic evaluations of acute psychiatric patients and sex offenders, individuals referred by the courts for psychological evaluation, and individuals with complex needs.
- The State Hospital should not provide residential SUD services.
- Recommended levels of care at the human service centers include assessment and evaluation, case management, mobile crisis, crisis stabilization, and crisis residential services.
- The final report does not include information regarding whether the state should pursue an institutions for mental diseases (IMD) waiver because the state should focus on requiring providers to use Medicaid when possible and further evaluate the use of the newly implemented Medicaid 1915(i) state plan amendment, then consider the need for an IMD waiver.

Department of Health and Human Services Response to Consultant Recommendations

The Acute Psychiatric Treatment Committee received testimony from DHHS in response to recommendations included in the Renee Schulte Consulting, LLC, final report. The testimony indicated DHHS:

- Supports the recommendation to build a new State Hospital with 75 to 85 beds for adult services and will work with local providers in the Jamestown and Devils Lake regions to provide short-term acute psychiatric services to citizens rather than the State Hospital.
- Will continue to partner with critical access hospitals as crisis stabilization services are expanded.
- Supports recommendations to increase tribal care assessment and capacity coordination with private providers.
- Believes a collaborative workgroup should be established to address recommendations related to geropsychiatric services.
- Supports the recommendation to increase residential SUD treatment program capacity rather than those services being provided at the State Hospital and will suggest changes to administrative rules to address this recommendation.
- Supports recommendations to update statutory references regarding definitions and the purpose of the State Hospital and human service centers.
- Requested examples of no eject/no reject contract language from Renee Schulte Consulting, LLC, and have reviewed those examples.
- Agrees with data management recommendations and could provide proposals to identify investments in infrastructure to increase capacity for data collection, management, and analysis.
- Agrees with recommendations to increase financial accountability and transparency and requests these efforts be led by an individual or organization with health care expertise so operational efficiencies are the primary focus, rather than a financial audit.
- Supports the recommendation to encourage all public and private providers to use Medicaid when possible and has encouraged the use of Medicaid through the Medicaid 1915(i) state plan amendment.
- Agrees with the recommendation to codify mental health levels of care and is willing to provide examples of potential mental health level language.
- Supports recommendations to increase use of telepsychiatry, particularly in correctional facilities.
- Agrees with recommendations to reduce licensing barriers for behavioral health practitioners to increase behavioral health workforce.
- Will continue to pursue the expansion of inpatient beds in areas of the state in most need, as recommended in the Renee Schulte Consulting, LLC, final report.
- Is seeking guidance from the Legislative Assembly regarding whether children and adolescent inpatient services should be provided at the State Hospital or by private providers. The department indicated there is interest among private providers to provide additional children and adolescent inpatient services which may be a better option than re-establishing a children and adolescent unit at the State Hospital.
- Does not have the number of staff necessary to implement the Renee Schulte Consulting, LLC, final report recommendations.

Department of Health and Human Services Workgroups

The Acute Psychiatric Treatment Committee encouraged DHHS to form behavioral health workgroups with public and private organizations to implement acute psychiatric hospitalization, crisis stabilization, and geropsychiatric recommendations included in the Renee Schulte Consulting, LLC, final report at the State Hospital, critical access hospitals, and other provider facilities.

The committee received testimony from DHHS regarding the workgroups formed to address recommendations included in the Renee Schulte Consulting, LLC, final report. The testimony indicated:

- DHHS formed a workgroup related to behavioral health services in critical access hospitals and a workgroup related to geropsychiatric needs in the state, which have goals of identifying barriers for individuals to receive services and finding solutions to increase access to those services.

- Through September 2022, the behavioral health services in critical access hospitals workgroup met to discuss recommendations in the Renee Schulte Consulting, LLC, final report and identify barriers for critical access hospitals to provide behavioral health services.
- The next steps of the geropsychiatric services workgroup include evaluating best practices of other states regarding needs of different age population groups and the creation of separate regulations and licensing standards.

Committee Recommendations

The Acute Psychiatric Treatment Committee considered the following bills and resolutions relating to the study of acute psychiatric and residential care needs in the state:

- House Bill No. 1026 - Relating to a Legislative Management study regarding the implementation of behavioral health and acute psychiatric treatment recommendations. Approved by the 2023 Legislative Assembly, this bill provides for a Legislative Management study of the implementation of recommendations of the 2018 HSRI report and the 2022 Renee Schulte Consulting, LLC, report.
- Senate Bill No. 2026 - Relating to the demolition of State Hospital buildings. Approved by the 2023 Legislative Assembly, this bill provides a one-time \$4 million appropriation from the general fund to DHHS to demolish unused buildings on the State Hospital campus, including the administrative building, employee building, associated tunnels, water tower, pig barn, and water treatment plant buildings.
- Senate Bill No. 2272 - Relating to the object of the State Hospital. This bill did not pass.
- Senate Concurrent Resolution No. 4001 - Relating to the State Hospital and terminology. Approved by the 2023 Legislative Assembly, this resolution will be placed on the 2024 general election and would replace outdated terminology related to the State Hospital and other institutions included in Sections 12 and 13 of Article IX of the Constitution of North Dakota.

STATE HOSPITAL Background

The State Hospital was first authorized in 1883, opened in May 1885, and is located on the south side of Jamestown. The State Hospital is referenced in Section 12 of Article IX of the Constitution of North Dakota. It provides psychiatric and chemical dependency treatment to residents of the state. North Dakota Century Code Chapter 25-02 contains various provisions related to the hospital, including Section 25-02-01, which provides an institution for the care of the mentally ill must be maintained in Jamestown, the institution must be known as the State Hospital, and is to be administered and controlled by DHHS.

Section 25-02-03 provides the State Hospital is an IMD serving specialized populations of the mentally ill, including persons suffering from drug addiction or alcoholism. The State Hospital is one component of the North Dakota mental health delivery system and serves as a resource to community-based treatment programs. The State Hospital, pursuant to rules adopted by DHHS, receives and cares for all persons with mental illness, including persons suffering from drug addiction or alcoholism, residing within the state, and is required to furnish to those persons all needed food, shelter, treatment, and support necessary to restore their mental health or to alleviate their illness or suffering.

Services

The State Hospital provides short-term acute inpatient psychiatric and substance abuse treatment, intermediate psychosocial rehabilitation services, forensic services, and safety net services for adults. Clinical services include psychiatry, psychology, nursing, social work, addiction counseling, chaplaincy, education, occupational therapy, therapeutic reaction, and vocational rehabilitation services. Treatment is provided for individuals with serious mental illness or chemical dependency diagnoses. Inpatient evaluation and treatment services are provided for sexually dangerous individuals. The Adult Psychiatric Services Unit provides services for patients age 18 and older who have a primary diagnosis of serious mental illness. Inpatient services include short-term stabilization, trauma program, geropsychiatric services, and psychosocial rehabilitation services.

Behavioral health services available at the State Hospital include residential SUD treatment, residential sexual offender treatment, residential transitional living, outpatient SUD treatment, outpatient adult forensic assessments, outpatient youth forensic assessments, and outpatient restoration treatment. Statistics provided include:

- The State Hospital serves 1,000 to 1,200 patients a year.

- The State Hospital has 100 inpatient acute psychiatric beds, but 25 beds were closed due to the COVID-19 pandemic to establish an isolation area for residents who test positive for COVID-19.
- Of the 73 inpatient beds filled at the State Hospital in October 2021, 24 beds were for rehabilitation patients, 22 beds were for geropsychiatric patients, 16 beds were for acute psychiatric patients, 7 beds were for restore-to-competency patients, and 4 beds were for jail patients.
- Of the 51 residential beds filled at the State Hospital in October 2021, 30 beds were for sex offender patients, 13 beds were for SUD patients, and 8 beds were for transitional living patients.
- On average, patients at the State Hospital are referred for admission from private hospitals (41 percent), local admissions primarily emergency room referrals from Jamestown and Devils Lake (24 percent), residential SUD programs (17 percent), jails for psychological evaluation (12 percent), and forensic referrals for assessment of criminal responsibility and sex offenses (6 percent).
- The State Hospital receives patients needing inpatient acute psychiatric hospitalization services primarily from Cass, Burleigh, Williams, and Grand Forks Counties.

Facilities

The following is a summary of buildings located on the State Hospital campus:

Buildings	Use	Year Built	Square Footage	Percentage Used
Electrical substation	Main electrical substation for campus, houses, and backup generator	1984	1,800	100%
Powerhouse	Centralized power plant and smokestack	1914	39,285	100%
Sewage lift station	Sanitary sewer lift station to connect to city water	2012	800	100%
Grounds shop	Equipment storage	1956	3,200	100%
Vehicle maintenance shop	Equipment repair	1949	4,550	100%
Therapeutic pool	All hospital therapeutic exercise	1967	6,800	100%
LaHaug	Inpatient services	1984	143,127	90%
Gronewald-Middleton	Residential sex offender treatment	1956	82,670	60%
New Horizons	Residential SUD services and inpatient treatment	1968	75,485	75%
Cottages (7)	Residential services, student housing, and storm accommodations	1954	21,000	75%
Learning Resource Center	Patient services, staff offices, and cafe	1916	75,485	75%
Greenhouse	Patient services and treatment space	1997	3,000	25%
16 West	Plant services offices and storage	1930	39,990	50%
Superintendent cottage	Storm sleeping rooms and event space	1917	5,552	20%
Pedestrian tunnels	Pedestrian traffic and dietary delivery	N/A	24,832	60%
Garages	Storage	1988	1,360	25%
Grounds warehouse	Supply storage	1917	2,755	25%
Warehouse 1	Storage	1929	6,020	10%
Warehouse 2	Plumbing and electrical storage	1925	23,414	10%
Grounds implement shed	Large equipment storage	1926	5,370	20%
Quonset	Plant equipment storage	1965	3,130	25%
Administration building ¹	N/A	1916	24,675	0%
Water tower	N/A	N/A	N/A	0%
Water pressure pump house	N/A	1958	4,802	0%
Chapel ¹	N/A	1961	13,140	0%
Water treatment	N/A	1958	4,802	0%
Employee building ¹	N/A	1952	34,345	0%

¹Section 17 of House Bill No. 1012 (2021) authorized DHHS to demolish the administration building, chapel, employee building, and associated tunnels during the 2021-23 biennium.

LaHaug Building

The LaHaug Building, built in 1984, on the State Hospital campus is used for the treatment of adults who receive psychiatric and substance abuse services. The building contains the State Hospital clinic, pharmacy, laboratory, x-ray, staff offices, and recreational and treatment areas.

RESIDENTIAL TREATMENT FACILITIES

Psychiatric residential treatment facilities provide children and adolescents with therapeutic services, integrating group living, educational services, and a clinical program based on a clinical assessment and individual treatment plan that meets the needs of the child and family. They are available to children in need of active psychotherapeutic

intervention who cannot be effectively treated in their home, another home, or a less restrictive setting. North Dakota residential treatment providers include:

- Dakota Boys and Girls Ranch - Bismarck, Fargo, and Minot;
- Nexus-PATH Family Healing - Fargo;
- Pride Manchester House - Bismarck; and
- Ruth Meiers Adolescent Center - Grand Forks.

BEHAVIORAL HEALTH FUNDING

The Legislative Assembly has increased the biennial appropriations to DHHS for behavioral health programs as detailed in the schedule below since the 2017-19 biennium.

	2017-19 Biennium Appropriation	2019-21 Biennium Appropriation	2021-23 Biennium Appropriation	2023-25 Biennium Appropriation
Behavioral health				
General fund	\$7,975,380	\$21,981,044	\$42,025,043	\$74,909,557
Other funds	35,853,789	50,420,587	50,073,179	65,502,059
Total	\$43,829,169	\$72,401,631	\$92,098,222	\$140,411.616

The following are major funding adjustments made by the 2023 Legislative Assembly relating to behavioral health:

- **Free through recovery program** - Added \$8,326,380 to provide a total of \$15,500,000 is from the general fund and (\$7,173,620) is reduced from special funds to expand the free through recovery program to serve individuals outside of the correctional system.
- **Community connect program** - Increased funding by \$7,019,514 from the general fund to provide a total of \$15,000,000.
- **Recovery housing** - Added \$1.3 million from the general fund for recovery housing.
- **Pregnant and parenting women residential** - Added \$1.6 million, of which \$600,000 is from the general fund for pregnant and parenting women residential services and \$1 million is one-time funding from the strategic investment and improvements fund (SIIF).
- **988 crisis hotline** - Added \$1,867,500 from the community health trust fund for the 988 crisis hotline.
- **Opioid prevention grants** - Added \$2 million of federal funds authority for a state opioid response grant.
- **Gambling disorder program** - Added \$500,000 from the charitable gaming operating fund for additional gambling disorder services.
- **School behavioral health grants** - Increased funding by \$6.5 million from the general fund for DHHS to provide grants to schools for behavioral health needs to provide total funding of \$9.5 million.
- **Behavioral Health in Education: Resource and Opportunities (B-HERO) spending authority** - Added \$400,000 from federal funds for the B-HERO program.
- **Suicide fatality review** - Added \$15,000 for costs of the Suicide Fatality Review Commission (House Bill No 1390).
- **Remediation and abatement** - Appropriated \$8 million from the opioid settlement fund for remediation and abatement efforts (House Bill No. 1447).
- **Behavioral health facility grants** - Added one-time funding of \$1,950,000 from the general fund for behavioral health facility grants in the northwest human service region and added one-time funding of \$8,250,000 from SIIF for behavioral health facility grants in the Badlands human service region (Senate Bill No. 2015).
- **Youth crisis services** - Added one-time funding of \$300,000 from the federal State Fiscal Recovery Fund for a grant to organizations that provide youth crisis services.
- **Ecumenical ministry organizations** - Added one-time funding of \$285,000 from the State Fiscal Recovery Fund for grants to volunteer-based ecumenical ministry organizations.

- **New State Hospital** - Added one-time funding of \$12.5 million from SIIF for the design of a new State Hospital.

PROPOSED STUDY PLAN

The following is a proposed study plan for the committee's consideration:

1. Receive updates regarding the status of implementing each of the recommendation areas included in the reports;
2. Receive information regarding the behavioral health programs and services provided by DHHS and other community providers;
3. Receive updates on the planning and design of a new State Hospital;
4. Receive information regarding options to improve access and availability of behavioral health services and acute psychiatric and residential care needs;
5. Gather input from behavioral health and acute psychiatric and residential care stakeholders;
6. Receive comments from interested persons;
7. Develop recommendations and any bill drafts necessary to implement the recommendations; and
8. Prepare a final report for submission to the Legislative Management.