



BEHAVIORAL HEALTH UPDATES

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Department of Human Services



Behavioral health

A state of mental/emotional being and/or choices and actions that affect **WELLNESS**.

Preventing and
treating
depression and
anxiety

Preventing and
treating
substance use
disorder or
other addictions

Supporting
recovery

Creating healthy
communities

Promoting
overall well-
being

BEHAVIORAL HEALTH IS HEALTH



An aerial photograph of a vast, rolling landscape covered in green vegetation. The terrain is characterized by numerous small, rounded hills and valleys, creating a textured, undulating appearance. The entire image is overlaid with a semi-transparent green filter, which softens the colors and gives it a cohesive, naturalistic feel. The sky is filled with soft, white clouds, adding depth to the background.

THE ROADMAP

BEGINNING TRANSFORMATION

TIMELINE

2014

Behavioral Health
Planning Final
Report
Schulte Consulting

2016

ND Behavioral
Health Assessment:
Gaps and
Recommendations

2018

ND Behavioral
Health System
Study
*Human Services
Research Institute
(HSRI)*

North Dakota Behavioral Health System Study

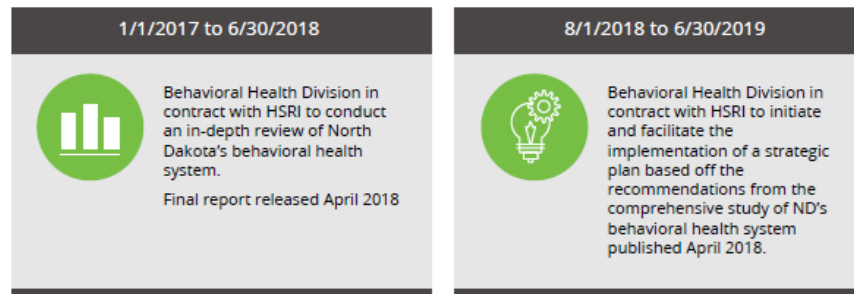
April 2018

“A well-functioning behavioral health system attends not only to the intensive needs of children, youth, and adults with serious mental health conditions and substance use disorders but also to the outpatient and community-based service and support needs of individuals, and, critically, to the social and emotional well-being of the majority of the population who have not been diagnosed with a behavioral health condition—especially children, youth, and young adults.”

North Dakota Behavioral Health System Study



BEHAVIORAL HEALTH SYSTEM STUDY TIMELINE



APRIL 2018 BEHAVIORAL HEALTH SYSTEM STUDY

Served as a component of interim legislative committee studies during the 65th Legislative Interim. This report presents the findings from the North Dakota Comprehensive Behavioral Health Systems Analysis, conducted by the Human Services Research Institute (HSRI) for the North Dakota Department of Human Services' Behavioral Health Division.

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

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

North Dakota Behavioral Health System Study RECOMMENDATIONS

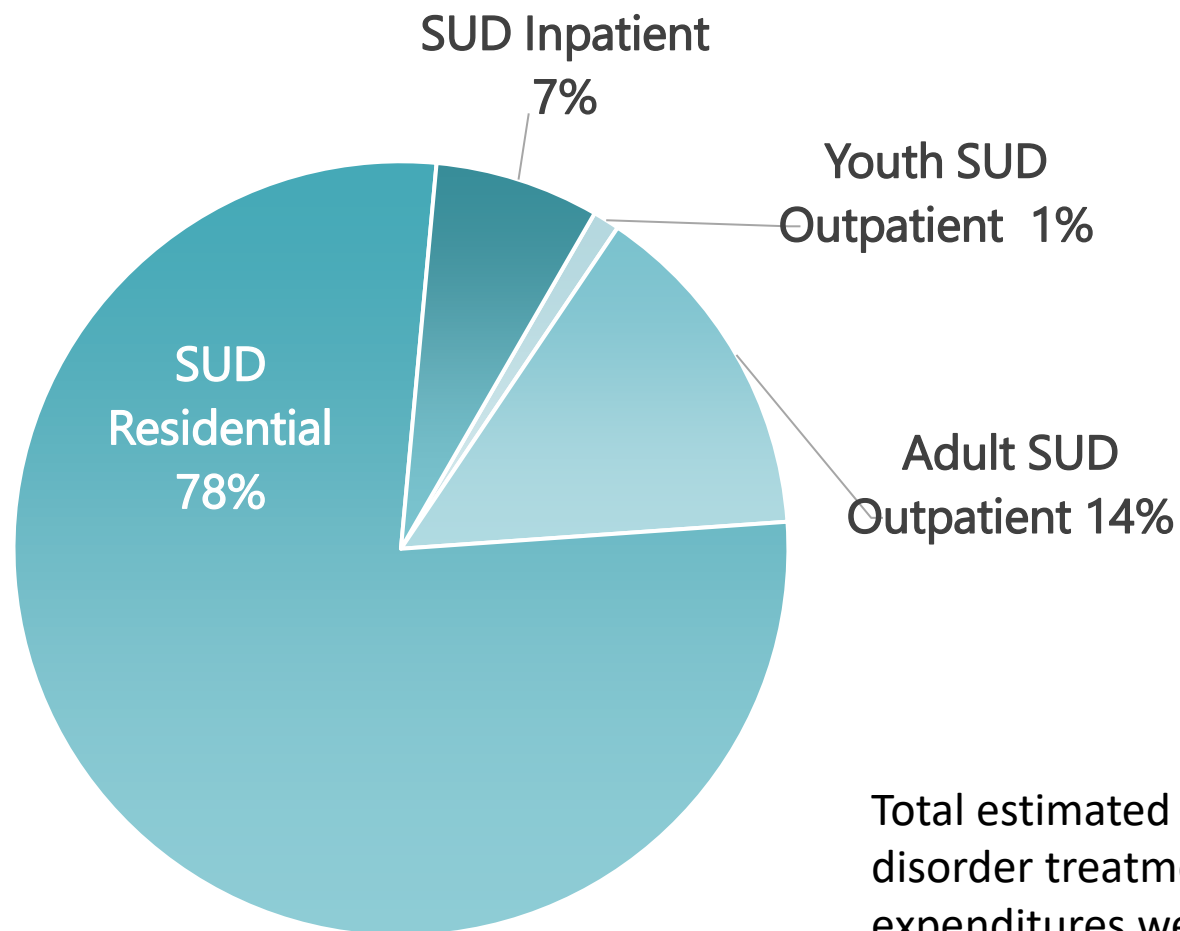
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For more
information
about BH in
ND visit:

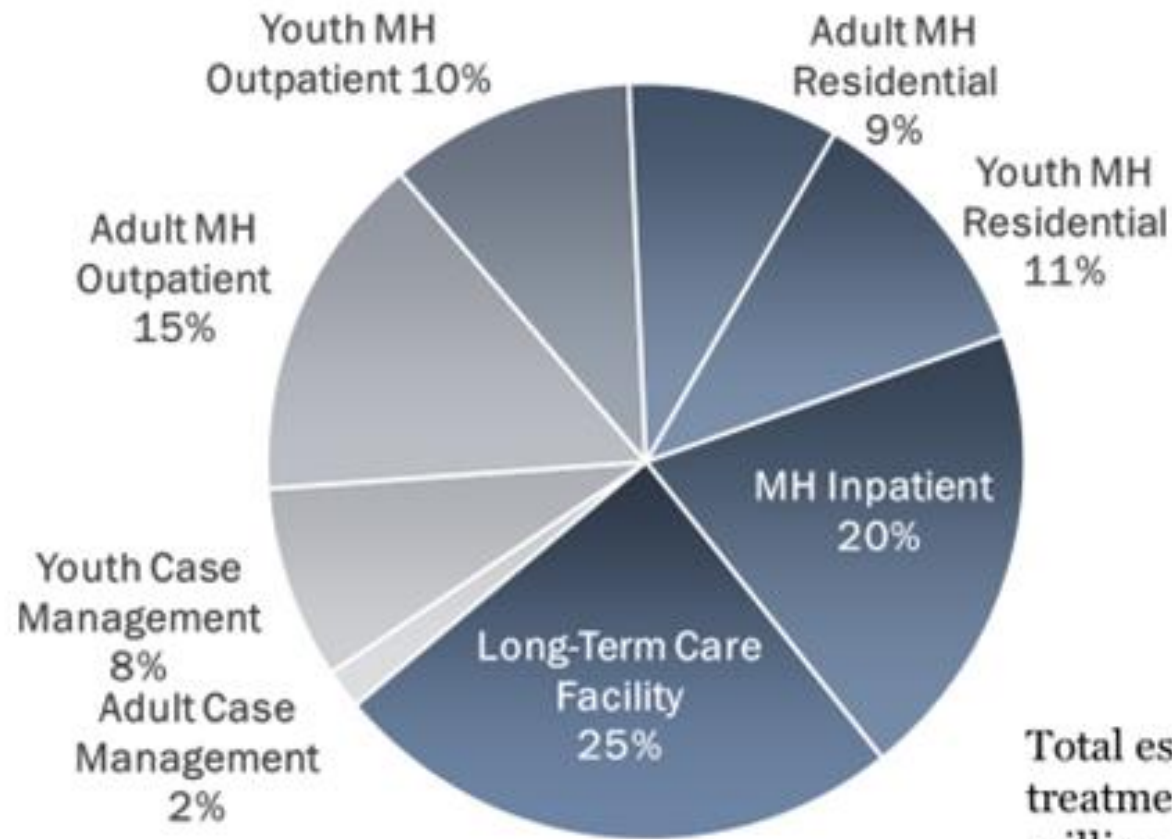
<https://www.hsri.org/NDvision-2020>

Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.



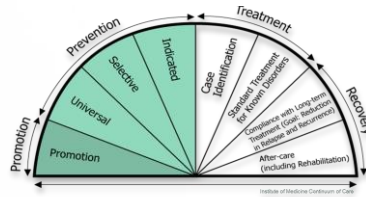
Total estimated substance use disorder treatment expenditures were \$19 million

Residential, inpatient, and long-term care facility services accounted for a majority of mental health system treatment service expenditures in FY2017.



Total estimated mental health treatment expenditures were \$59 million

Keys to Reforming North Dakota's Behavioral Health System



Support the full Continuum of Care



Increase Community-Based Services



Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition



LEGISLATIVE UPDATES

Behavioral Health

SB 2012 SECTION	PROGRAM/SERVICE	DIVISION BUDGET
1	Substance Use Disorder Voucher (additional dollars to support need, additional capacity [2 FTE], and reduction in age eligibility from 18 to 14; previously SB 2175)	Behavioral Health Division
	Parents Lead	Behavioral Health Division
	Mental Illness Prevention (previously 2028)	Behavioral Health Division
	Recovery home grant program	Behavioral Health Division
	Maintain trauma-informed practices network (funding moved from SB 2291)	Behavioral Health Division
	Suicide prevention transfer from Department of Health	Behavioral Health Division
	Statewide Behavioral Health Crisis Services	Field Services Division
4	Peer Support certification (previously SB 2032)	Behavioral Health Division
5	Community Behavioral Health Program (expansion of Free Through Recovery; previously SB 2029)	Behavioral Health Division
18	IMD, Bed Capacity, and Medicaid waiver (1115) Study	Field Services Division
21	School Behavioral Health Grants (previously 2300)	Behavioral Health Division
22	School Behavioral Health Program	Behavioral Health Division
38	Expansion of Targeted Case Management – youth with SED (previously 2031)	Medical Services
39	Expansion of Targeted Case Management – adults with SMI (previously 2031)	Medical Services
40	Withdrawal management coverage in Medicaid	Medical Services
41	1915i Medicaid State Plan Amendment (adults and youth [previously 2298])	Medical Services
45	Sustain HSRI Behavioral Health Study Implementation support (previously SB 2030)	Behavioral Health Division



Other Behavioral Health- Related Bills

House Bill 1103

Opioid Treatment Medication Units

PASSED

- Passed House (13-0-1) (87-3)
- Passed Senate (6-0-0) (44-0)

50-31-01

"Medication unit" means a facility established as part of, but geographically separate from, an opioid treatment program, from which a licensed practitioner dispenses or administers an opioid treatment medication or collects samples for drug testing or analysis.

Options for Providing Methadone Treatment for Individuals with an Opioid Use Disorder

Opioid Treatment Program (OTP)	Medication Unit (MU)	Mobile Methadone Unit (MMU)
SETTING	SETTING	SETTING
Permanent clinic location Community involved in identifying location Permanent security measures approved by DEA*	Permanent clinic location Community involved in identifying location Permanent security measures approved by DEA*	Van or RV able to travel to different geographical locations Community involved in identifying location Returns each day to Home OTP location
SERVICES PROVIDED	SERVICES PROVIDED	SERVICES PROVIDED
Medication dispensing Drug screens administration Counseling appointments Medical appointments with prescriber Case management	Medication dispensing Drug screens administration	Medication dispensing Drug screens administration Counseling appointments
STATE REGULATIONS	STATE REGULATIONS (PROPOSED)	STATE REGULATIONS
Certificate of Need Federal requirements completed Substance Use Disorder Treatment Program license OTP license	Certificate of Need Federal requirements completed Home site holds Substance Use Disorder Treatment Program license Home site holds OTP license Medication Unit license	Not currently allowed
FEDERAL REGULATIONS	FEDERAL REGULATIONS	FEDERAL REGULATIONS
DEA* Registration SAMHSA** Certification Accreditation	DEA* Registration Home site holds SAMHSA** Certification Home site holds accreditation	Moratorium in place for future MMU DEA* working to develop regulations
HOME BASED SETTING FOR		
Medication Unit (MU) Mobile Methadone Unit (MMU)		

Requested in HB 1103

NDCC 50-31

House Bill 1105

Voluntary Treatment Program and SUD Voucher

PASSED

- Passed House (12-0-2) (87-1)
- Passed Senate (6-0) (45-0)

50-06-06.13.
...The department may establish a program to prevent out-of-home placement for a Medicaid eligible child with a behavior health condition as defined in the "Diagnostic and Statistical Manual of Mental Disorders", American psychiatric association, fifth edition, text revision (2013).

50-06-42.
...assist in the payment of addiction treatment services provided by **private** licensed substance abuse treatment programs, excluding regional human service centers, and hospital-or medical clinic-based programs for medical management of withdrawal.

Senate Bill 2149

Behavioral Health Resource Coordinators

PASSED

- Passed Senate (7-0) (44-3)
- Passed House (14-0) (86-4)

15.1-07-34

Youth behavioral health training to teachers, administrators, and ancillary staff.

...Each school within a district shall designate an individual as a behavioral health resource coordinator.

...The superintendent of public instruction shall maintain the contact information of the behavioral health resource coordinator in each school.

Senate Bill 2313

Children's System of Services and Cabinet

PASSED

- Passed Senate (5-0-1) (44-0)
- Passed House (14-0) (81-9)

50-06-05.1

To develop a system of services and supports to provide behavioral health services and supports in the community for children at risk of or identified as having a behavioral health condition and for the families of these children.

To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community.

50-06

Children's cabinet - The children's cabinet is created to assess, guide, and coordinate the care for children across the state's branches of government and the tribal nations.

Senate Bill 2246

Public Intoxication

PASSED

- Passed Senate (6-0) (47-0)
- Passed House (11-0-3) (91-0)

5-01-05.1

As used in this section "intoxicated" means a state in which an individual is under the influence of alcoholic beverages, drugs, or controlled substances, or a combination of alcoholic beverages, drugs, and controlled substances.

Senate Bill 2240

References to Substance Use Disorders

PASSED

- Passed Senate (6-0) (47-0)
- Passed House (12-2-0) (72-18)

Removes “habitual drunkard”



SUBSTANCE USE DISORDER (SUD) VOUCHER

NORTH
Dakota
Be Legendary.™

Behavioral Health
HUMAN SERVICES

Background

Goal: improve access to quality substance use disorder treatment services and allow for individual choice, by providing reimbursement where other third-party reimbursement is not available.

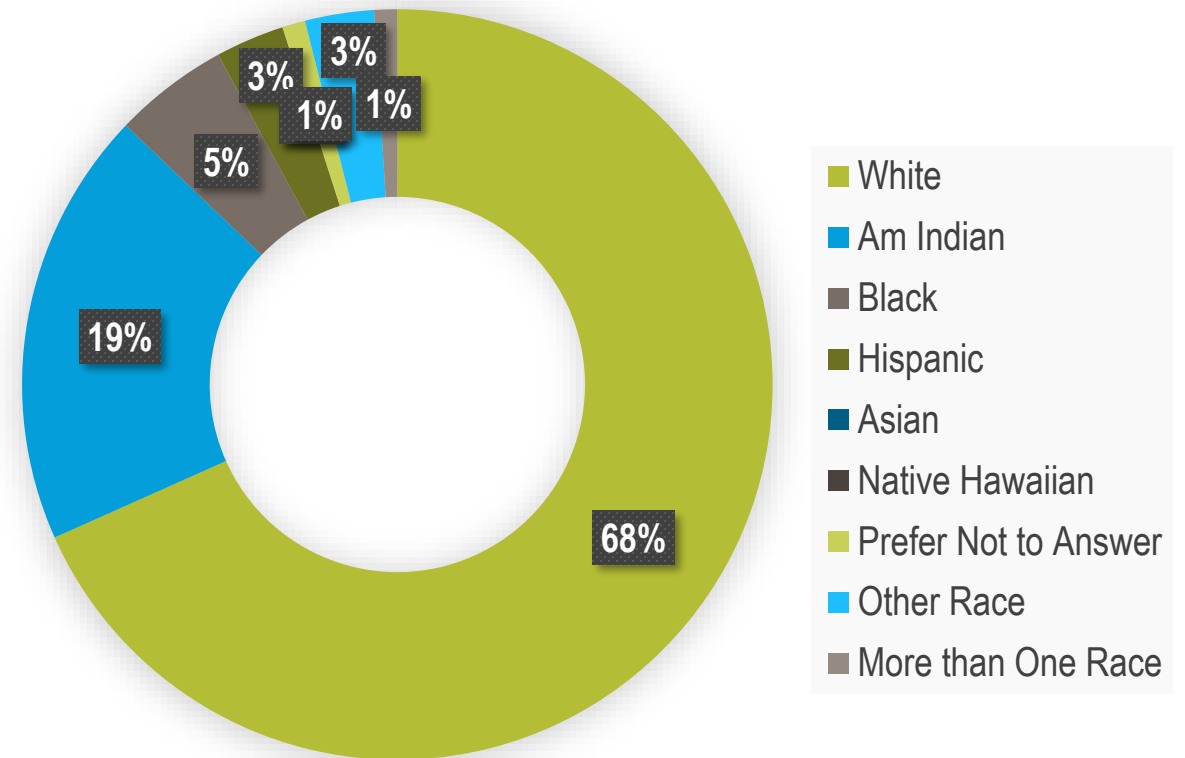
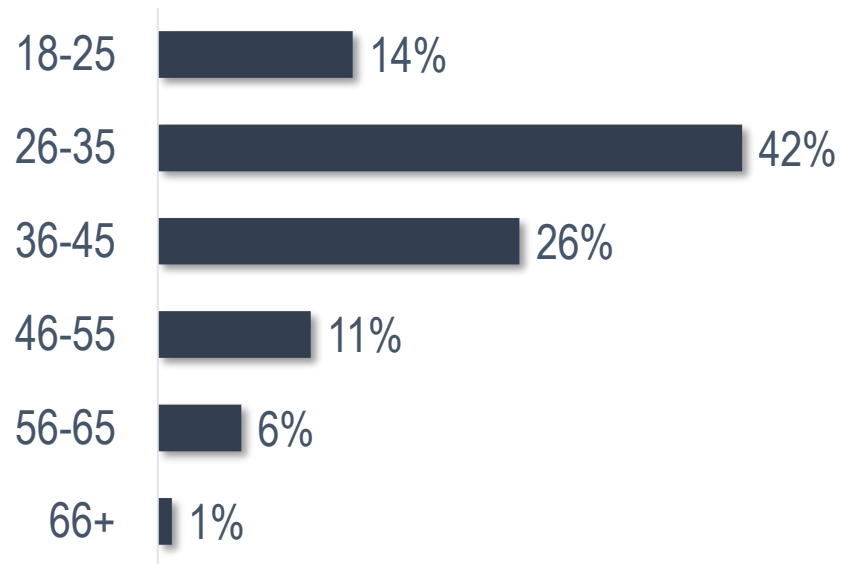
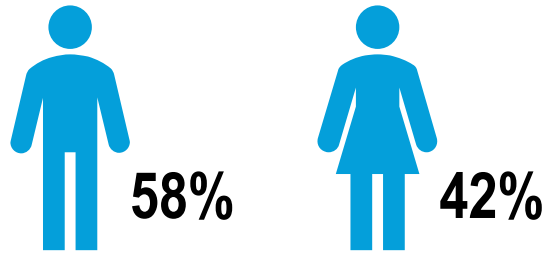
- Initiated during 2015 legislative session (NDCC 50-06-42)
- Began serving individuals in 2016

4,200 individuals have received services through the SUD Voucher from July 2017 through June 2020.

Twenty-one providers are providing voucher services.

Demographics

(N=4,200)



Of the participants,

- 74.6% were not employed
- 84.1% had GED/HS diploma
- 4.0% had a military affiliation
- 19.3% had dependent living environment and 26% homeless

Exhausted Appropriation

2019-2021 Appropriation: \$7,997,294

CURRENT INDIVIDUALS

- Continue to be covered by their voucher and no interruption to their care and medically necessary services should occur.

NEW INDIVIDUALS

- Applications not considered for approval after 5pm on June 30, 2020.

NEW PROVIDERS

- Applications not considered for approval after 5pm on June 30, 2020.

Continuing Medication-Assisted Treatment

Methadone is not currently covered by the ND Medicaid program.

- To ensure methadone services are provided to eligible individuals, the three Opioid Treatment Programs (OTPs) in the state that offer methadone services were provided federal funding to continue serving new individuals after June 30th.
- These services have continued since July 1st and will maintain through September 30, 2020, at which point Medicaid is expected to begin reimbursing for methadone services, due to federal law changes.

SUD Voucher Appropriation

	2015-2017	2017-2019	2019-2021
TOTAL BUDGET	\$575,000	\$4,917,087	\$7,997,294
AMOUNT EXPENDED	\$252,293.85	\$8,288,293.05	\$7,149,151.91 (as of August 3, 2020)

2019-2021 Appropriation Update

	As of July 3, 2020	As of August 3, 2020
Amount expended	\$7,007,738.10	\$7,149,151.91
Pending invoices**	\$1,125,508.45	\$1,263,827.14
Remaining prior authorization	\$10,558,630.11	\$5,541,738.39*

**De-obligated \$5,188,428.32 after reconciling prior-authorizations with providers*

FUNDING REQUESTS

EMERGENCY COMMISSION

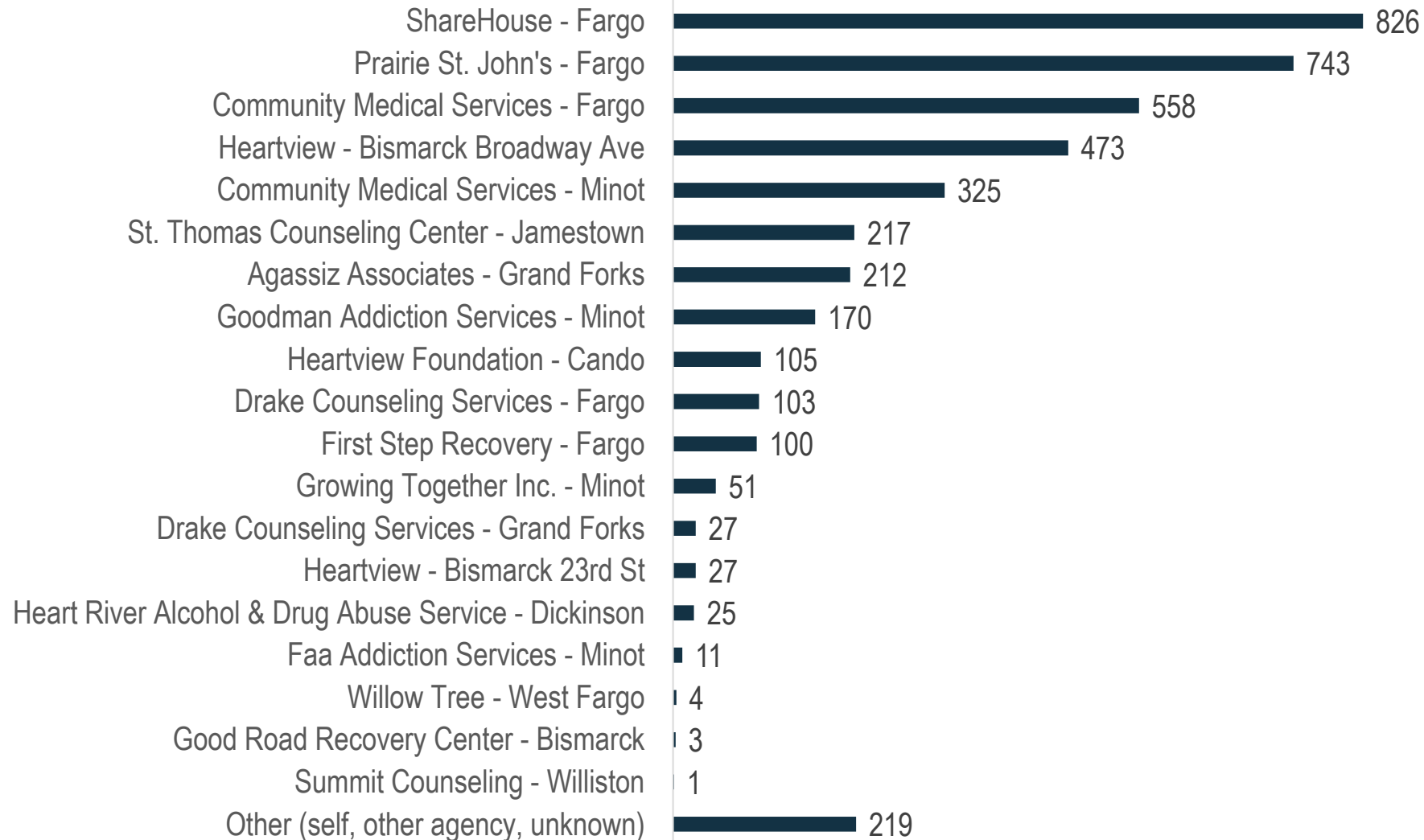
- DHS can only request up to \$500,000 from the Emergency Commission. The Department will have over-expended more than that amount in maintaining services to the individuals already enrolled in the program for the next 12 months. An additional \$500,000 will not allow the program to open to new participants, even if approved.

CARES FUNDING

- DHS requested CARES funding and it was determined by OMB to be not allowed.

The department is exploring additional funding sources to provide payment for these vital substance use disorder services to serve North Dakota's underserved areas and gaps in the state's substance abuse treatment system.

Total Application Count by Service Provider



Reimbursements by Provider

(Since 2015)

SHAREHOUSE	\$3,992,228.22
PRAIRIE ST JOHNS LLC	\$3,991,969.29
HEARTVIEW FOUNDATION	\$2,342,244.95
COMMUNITY MEDICAL SERVICES	\$2,265,374.36
GROWING TOGETHER INC	\$1,009,182.07
AGASSIZ ASSOCIATES PLLC	\$678,659.48
VILLAGE FAMILY SERVICE CENTER,THE	\$657,010.22
DRAKE COUNSELING SERVICES	\$557,259.88
ST THOMAS COUNSELING CENTER	\$310,017.36
GOODMAN ADDICTION SERVICES	\$174,861.77
HEART RIVER ALCOHOL & DRUG ABUSE SVCS	\$16,688.54
GOOD ROAD RECOVERY CENTER	\$13,826.25
FAA ADDICTION SERVICES	\$10,103.11
WILLOW TREE COUNSELING PLLC	\$2,545.28

The 13 Aims are based on the recommendations of the 2018 HSRI *Behavioral Health System Study*, principles of good and modern behavioral health systems, and the community's vision for system change.

1. Develop & implement a **comprehensive strategic plan**
2. Invest in **prevention and early intervention**
3. Ensure **timely access** to behavioral health services
4. Expand **outpatient and community-based services**
5. Enhance & streamline **system of care for children**
6. Continue **criminal justice** strategy
7. Recruit and retain a **qualified & competent workforce**
8. Expand **telebehavioral health**
9. Ensure values of **person-centeredness, cultural competence, and trauma-responsiveness**
10. Encourage and support **community involvement**
11. Partner with tribal nations to increase **health equity**
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HUMAN SERVICES

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