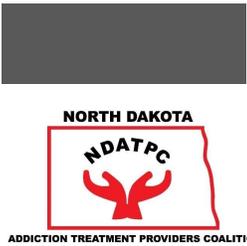




SUPPORT THE SUD VOUCHER



Please Support the SUD Voucher

Chairman Nelson & Members of the House Appropriations Human Resources Committee,

The past year has been a challenging one for the Substance Use Disorder (SUD) providers of North Dakota. With the ongoing COVID-19 Pandemic and suspension of acceptance of new patients into the SUD Voucher Program, providers have had to balance an increase in demand for services with a sudden lack of resources.

North Dakota's SUD providers represent one of the most important parts of the overall healthcare and behavioral health systems in North Dakota. With a high prevalence of alcoholism and binge drinking in our state, combined with an Opioid Crisis and Methamphetamine resurgence, these providers work tirelessly to serve those in need. Despite being underfunded and in high demand, these providers save lives while simultaneously saving millions in healthcare, social service, legal, and correctional costs.

The North Dakota SUD Voucher is one of the most important tools in serving North Dakotans who have a Substance Use Disorder. The voucher provides not only the ability of patients to obtain critical services in a timely manner, but it provides provider choice so patients can stay close to home and their families. Additionally, the voucher serves as a tool to keep patients out of emergency rooms, hospital beds, jails, courts, and morgues.

With the suspension of accepting new patients into the program on July 1, 2020, many providers were left with no options for their patients. With countless patients in the process of accessing services, the pipeline to serve those in need was cut off with a twelve hour notice. Though some may look at this as an unfortunate outcome of an expended appropriation, providers have often asked our association what they should tell those patients. Additionally some have wondered if those patients will survive long-term? When we ask providers to take a year off from serving patients, we run the risk of significant damage to patients, communities, and our state.

Continued On Back...

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With an ongoing pandemic, high alcoholism rates, Opioid Crisis, and Meth resurgence, we respectfully ask you support the \$17 million dollar request for the voucher by Governor Burgum. Though some may see a significant budget increase, those of us who serve patients know this represents increased savings to our communities and state, as well as the ability to save more lives.

Sincerely,

Ty Hegland
Chair, North Dakota Addiction Treatment Providers Coalition

Main Points:

- 98% of Licensed Addiction Counselors in North Dakota believe the SUD Voucher saves lives.
- SUD patients are not revenue neutral. Supporting the SUD Voucher saves millions in countless areas. According to the National Institute of Health, one dollar spent in SUD services saves \$6 in correctional costs and/or \$13 in primary healthcare costs.
- There are nearly 100 entities and thousands of individuals working to provide SUD services in North Dakota. 70% of providers believe their patients and practices were negatively affected when we stopped accepting new patients into the voucher program on July 1, 2020.
- Patients need a fully funded two year voucher. Passing the \$17 million dollar request by Governor Burgum will help the industry get back on track and stop the underfunding of these critical services.
- The SUD Voucher should support all levels of care across the state of North Dakota and ASAM CUA assessments/treatment plans by licensed clinicians should always lead determinations of level of care. A full continuum of care is vital to our state.
- Due to limited funding, the SUD Voucher should not be extended to providers operating outside the borders of North Dakota unless they reside in an underserved area and complete a Certificate of Need style process.
- According to the American Medical Association, nearly 50% of individuals with a Substance Use Disorder have a co-occurring Mental Health Diagnosis. As a result, many of the SUD providers in the state provide comorbidity/dual diagnosis clinical services in order to serve both issues.



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The Key Components of Supporting North Dakota SUD Patients & Providers

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* The citizens and patients of North Dakota need a fully-funded SUD Voucher for the full two years of a biennium.

* Patients need the support of a full continuum of care. Due to the severity of illness and additional factors clinical assessments, commitments, jail diversion programs, etc., we cannot eliminate support for any levels of care, as it will cause serious harm to thousands of patients across North Dakota. This includes Residential, Outpatient, Medication Assisted Therapy, and Community Based Supports.

* SUD Providers across the state support the efforts of the ND Dept. of Human Services with community based services and social supports. However it is imperative that due to the severity of illness and ASAM clinical standards, Residential and Outpatient Clinical Services continue to be prioritized and supported due to being the core services of SUD treatment for patients.

* The costs of not treating SUD patients is not revenue neutral. NDATPC encourages the state to continue pursuing Medicaid Waivers to offset general funding costs, including pursuit of an IMD Waiver. The 1915i Waiver is a great start in this process, however we cannot continue to deny Residential/High Intensity Care for low-income individuals in North Dakota, as it causes more harm to patients, families, and communities. As a result of not having an IMD waiver, hospitals, jails, and many additional entities experience higher operating costs and patients receive services that are not effective in dealing with Behavioral Health/SUD disorders.

* According to the National Institute of Health, for every dollar spend on SUD services, \$6 are saved in correctional costs and \$13 are saved in primary healthcare costs.

* Due to recent budget issues, North Dakota should not enroll providers who are not licensed in the State of North Dakota, unless it is an underserved area and they complete a Certificate of Need process. Given the volume of providers within five miles of the border, the depletion of a SUD Voucher fund will only accelerate if this occurs and we will run into the same issue of the 2020-2021 biennium.

* The State of North Dakota should be in compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) at all times. This includes sufficient access for patients and payments to providers.

* ASAM Assessments carried out by licensed clinicians need to determine levels of care for patients. Other entities should not be involved in influencing service provision and levels of care through policy, as it causes patients to be cared for in inappropriate clinical settings and compounds the Behavioral Health/SUD disorders of a patient.



Support the SUD Voucher

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www.casscountynd.gov

Office of the Sheriff

Jesse Jahner, Sheriff

January 13, 2021

North Dakota House Appropriations Committee
ND State Capitol Building
Via electronic submission

I am writing today to express support for the ND SUD Voucher program, and to urge approval of the requested increase in funding for the 2021-2022 biennium.

As the administrator of one of the largest jails in North Dakota, in the county with the greatest population and highest per capita need for services, I can attest to the fact that the SUD program has been one of the most beneficial programs we have ever participated in, and has contributed more significantly to improved outcomes for recipients than any other single program for which I have been a stakeholder.

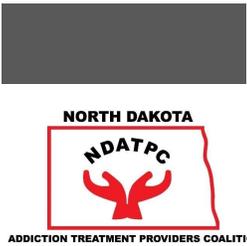
You may not be aware that persons who are incarcerated are ineligible for Medicaid reimbursements. If a person is enrolled in Medicaid at the time they are arrested, their coverage lapses during the period that they are physically incarcerated. If they have never enrolled, they must wait until after they are released to start the process, as there is no existing support for enrollment navigators, no access to internet, and often persons in jail do not have access to the necessary information needed to enroll for coverage even though they may be eligible.

The SUD Voucher has filled the gaps in our needs continuum in multiple ways. It was instrumental in allowing us to connect defendants afflicted with addiction to immediate treatment for opioids, providing necessary funding to bridge the gap until Medicaid enrollments could be completed by the clinic. The SUD Voucher was also a critical resource for helping to ensure a seamless transition from inmate to patient for dozens of people who entered residential treatment programs. It was devastating to us when the funding ran out, resulting in the elimination of a primary route for immediate access to needed care.

The funding for this program is needed now more than ever, and we all recognize that the amount allocated last time significantly underestimated the actual need. This is a program that pays real dividends for those it serves, and I wholeheartedly support the proposed budget request. The various government units are going to spend this money either way – I believe we should spend it in support of treatment rather than in response to the medical and behavioral consequences of ongoing and un-addressed addiction.

Sincerely,

Capt. Andrew Frobig
Jail Administrator
Cass County Sheriff's Office



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Funds Run Dry for North Dakota Addiction Treatment Program — Counselors Say Lives are at Stake

Written By: Patrick Springer | Aug 29th 2020

Dale Lein couldn't shake the hold alcohol had on him. His addiction started in high school and followed him like a shadow throughout life. He found it difficult to hold down a job. He occasionally got into car accidents while driving drunk. He became estranged from his family. Finally, last year, a health crisis forced Lein to reckon with the fact that alcohol was destroying his life. A brain tumor, shoulder surgery and complications from decades of hard drinking put him in the hospital for four weeks. Alcohol, his doctors said, was killing him.

Lein desperately wanted to get sober. But he faced what seemed like an insurmountable problem. He was disabled and couldn't afford treatment. Then Lein got a break. He qualified for a state program that pays for addiction treatment for those who lack health insurance or other means to pay. After failed efforts in the past, Lein has achieved sobriety, thanks to help from counselors at Heartview Foundation and the state payment program.

"I've been sober now a year and five months," Lein said. "That's the longest I've ever been sober." Before getting treatment, "That's all I did my whole adult life was drink and drink and drink."

The payment program, called the substance use disorder voucher program, has provided treatment for 4,200 people struggling to recover from addictions since it started in September 2016. But money for the program is unexpectedly running out, so the North Dakota Department of Human Services was forced to freeze the program, barring new clients from enrolling — cutting off access to a program that addiction treatment advocates say is a lifeline for people who otherwise end up, untreated, cycling through hospital emergency rooms and jails, at much greater cost.

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“They’re going to end up in our jails and emergency rooms — or they’re going to die,” Tonya Sorenson, a licensed addiction counselor and clinical supervisor at First Step Recovery in Fargo said of those who will lack treatment because the program is closed to new clients. “That’s the reality of what we’re dealing with. We see our clients in the paper, in the obituaries.”

Pamela Sagness, director of behavioral health for the state Department of Human Services, said officials have worked to maintain services for those currently in the voucher program. “The continuity of services is just vital,” she said, noting the risk of relapse for anyone battling addiction. Officials have struggled to budget for a new program and, for the current budget, had to make their best estimates of demand for services in December 2018.

“We’re really for the first time getting our arms around the scale of the need,” she said. The program currently is paying to help 1,348 clients.

The state’s regional human service centers are aware of the suspension of new voucher clients and can once again serve as the “safety net for addiction service needs” and have expanded access to 24/7 crisis services in all regions, Sagness said. “No services were discontinued or stopped,” she said. “The notification was specific to stopping growth of the program.” Heartview Foundation, First Step Recovery and 20 other addiction treatment centers around the state were abruptly told on June 30 that money was running out, giving them just hours to prepare and try to finish pending applications.

Before the voucher program, those who couldn’t afford addiction treatment from private counselors had to seek treatment at eight regional human service centers around the state, where they often faced long waiting times, addiction treatment advocates said. “They were required to stand in long lines in human service centers around the state,” said Kurt Snyder, executive director of Heartview Foundation. “The beauty of the voucher system is it allows the private providers to open their doors to all comers. It made a real difference for a lot of people.”

Lein started his treatment with an 18-day regimen, with three days of residential service followed by 15 days of outpatient counseling and therapy. He continues to meet with his counselor once weekly, has weekly group therapy and regularly attends Alcoholics Anonymous meetings. “It does wonders,” he said. “It does absolute wonders for people who are in a crisis right now.” Under the voucher program, clients whose treatment is deemed medically necessary can qualify for evidence-based treatment from approved addiction treatment centers located close to home. The funding freeze on new clients — which addiction treatment advocates say could deny services to thousands of people struggling with addictions around the state — comes despite Gov. Doug Burgum’s outspoken support for addiction recovery, which he has made a priority issue since taking office in December 2016.

Yet addiction counseling center executives, including those at Prairie St. John’s, ShareHouse and First Step Recovery, said they are unaware of efforts by Burgum to try to come up with money to provide services to new clients. “Under Gov. Burgum’s leadership, DHS is working diligently to pursue federal funding and identify possible rollup dollars in its existing budget to provide additional funding for the SUD voucher program, after attempts to find other sources including CARES Act funding were exhausted,” Burgum spokesman Mike Nowatzki said in a statement.

Human services officials have “consistently asked to increase funding to meet demand” for the voucher program, increases that were incorporated in Burgum’s budget requests last session, and approved by lawmakers, he said. Funding for the program, which enjoys strong bipartisan support in the Legislature, has risen dramatically since the program’s start four years ago. “Behavioral health and recovery remains a priority of this administration, and to suggest otherwise because of a funding situation related to further expanding a program that has already been significantly expanded under this administration is disingenuous,” Nowatzki said. ‘A race against the clock’

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Spending in 2015, the voucher program's first year, totaled \$252,294, which mushroomed to almost \$8.3 million during the 2017-19 budget. During the current budget for 2019-21, vouchers are budgeted for \$7.9 million — but more than \$7.1 million had been spent by early August, with almost a year remaining in the biennium. Spending for 2017-19 exceeded the current biennium because the current two-year budget was planned before all of the receipts from the last biennium were in hand, Sagness said. "We want to get services to people in need," she said. "That's our mission. But there are limits to the funding."

To serve clients caught by the voucher funding squeeze, Prairie St. John's and ShareHouse are absorbing some of the costs. "It became a race against the clock to help people," said Ty Hegland, executive director of ShareHouse, adding that the vouchers are a "gap filler for patients who have no other means." ShareHouse will spend \$50,000 to \$60,000 per month to help fill the void, while Prairie St. John's bad debt and charity care spiked by \$100,000 this month, said Jeff Herman, Prairie St. John's chief executive. "It's deplorable," Herman said, referring to the emergency created by the state's abrupt cutoff. "That's embarrassing for the state."

Extending charity care is difficult because treatment centers operate on thin margins, so it can't be sustained indefinitely, Hegland said. Meanwhile, costs elsewhere will spike as people with untreated addictions end up in jails and emergency rooms, he said. "This isn't just going to go away," Hegland said. "It's not going to be revenue neutral, and it's going to be very expensive."

A family member of a client who couldn't be accepted for treatment because voucher funding has been exhausted scolded staff at Summit Counseling Services, which serves western North Dakota, where treatment is scarce. "How can you sleep at night?" an angry family member asked staff, Executive Director Brenda Owen recalled. "It's heartbreaking."

Despite the freeze on adding new voucher clients, funding will be available for new patients receiving methadone treatments for opioid addictions, because federal money can pay for that, Sagness said. But the state general fund is the sole funder of the voucher program. The rise in funding has been possible because of strong legislative support for the voucher program, said Sen. Judy Lee, R-West Fargo, chairwoman of the Senate Human Services Committee. "This was a legislative-established program," she said, which she views as an investment rather than an expense. "It's been remarkable," she said, adding that budgeting for the new program was an "absolute dartboard deal trying to figure out."

When the Legislature convenes in January, replenishing funds for the substance use disorder voucher program will be a priority, Lee said. But the state's economy has been hammered by the pandemic, which has caused oil revenues to plunge. "We know it's going to be a really challenging budget year," she said. She agrees with addiction counseling advocates that it's better to help people before their lives spiral into crisis. Legislators are convinced that the program pays dividends by helping people lead productive lives.

"Catch people before they fall to the bottom again and get them on track again," she said. Recovering from addiction is a constant struggle, Lein said. He feels grateful that his voucher approval recently was extended. "I'm still fighting alcohol," he said. "There's no doubt about it. I can't imagine what I'd do if I didn't get in. I don't know where I'd be. I don't even know if I'd be alive." As for the lack of funds to accept new clients, he added, "I'm hoping and praying that this will change."

<https://www.inforum.com/news/4107496-north-dakota-launches-state-funded-voucher-program-addiction-treatment>

NORTH DAKOTA



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Minot Daily News

Drug Overdoses On the Increase

Overdose deaths have quadrupled in the Minot area since last year

By Andrea Johnson
September 30, 2020

Overdose deaths in the Minot area have increased dramatically over the past year but police say it is not clear whether the stress of the ongoing coronavirus pandemic is one of the reasons why. “The pandemic’s effect on the opioid use is unclear,” said Minot Police Department Capt. Dale Plessas, investigations and records commander, in an email interview. “We saw an increase in overdoses prior to the pandemic.”

According to the Minot Police Department, police had responded to 67 overdose incidents between Jan. 1 and Sept. 15, with 11 of those incidents resulting in overdose deaths. In all, there have been 13 overdose deaths in Minot through Sept. 15. In 2019 police responded to 31 overdose incidents in Minot, with three official overdose deaths.

Even those numbers may be out of date. On Monday Minot police said they were investigating the apparent overdose deaths of two 24-year-old men and sought help from the public in identifying what type of drugs the men might have taken and from where they might have gotten those drugs. Police said they fear that more people might overdose and die. During an unrelated court hearing on Tuesday, Ward County Deputy State’s Attorney Todd Schwarz remarked to Judge Gary Lee that, by Schwarz’s count, the area is now up to 14 fentanyl overdose deaths this year and Ward County now has more fentanyl overdose deaths than it does due to COVID-19. He said two more were lost over the weekend.

A woman who has been charged with dealing drugs wrote a letter to Lee this week from the jail and begged to be released to go to a drug treatment program. She told the judge that someone she loved died in her arms of a drug overdose last week. The woman, sober now after spending a few days in jail, wrote that she realizes that she has been battling drug addiction for years, knows that she is very ill, and wants to take the opportunity to get better. The woman is one of many people in the community who has lost a family member or a friend to the tragedy of a drug overdose or have found themselves facing criminal charges that are connected to their own addiction battle.

“Many overdoses and deaths that have occurred in the Minot area are linked directly to fentanyl,” wrote Plessas in the emailed interview. “Often, opiate users purchase the drugs under the false pretense that they are receiving heroin or Oxycodone. The only way for drug users to protect themselves is to stop using.” Police have said that fentanyl is particularly dangerous, not only to users but also to police officers and other first responders who might be exposed at the scene of an overdose.

“Fentanyl is reportedly up to 50 times more potent than heroin,” said Plessas in the email. “As a result, we are concerned about the potential danger to first responders. Our officers are supplied with personal protective equipment to include gloves, N95 masks, and Tyvek ensembles. To date, our officers have not reported any exposures to fentanyl that required treatment.”

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Officers have also saved the lives of some of the people who have overdosed. “Our officers are equipped with Narcan to protect them from accidental exposure and to administer to victims of opioid overdoses,” said Plessas. Narcan, which is also known as naloxone, is a medication that can temporarily reverse the results of an opioid overdose and restore normal breathing, according to the National Institute on Drug Abuse. It usually works in two to five minutes, but the effects wear off and the person will still always require medical attention after the overdose. Naloxone can be administered via auto injection or nasal spray. Friends, family or others who administer naloxone to reverse an opioid overdose are protected from civil liability under state law.

Plessas said that officers have seen various drugs in overdose cases, but fentanyl is commonly part of the equation.

Plessas said officers want people to know that help is available.

<https://www.minotdailynews.com/news/local-news/2020/09/drug-overdoses-on-the-increase/>



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Drug Overdoses, Fatalities on the Rise in Fargo

By Bailey Hurley
January 22, 2021

FARGO, N.D. (Valley News Live)

Drug overdoses are on the rise in Fargo, up over 300 percent compared to this time last year.

Fargo Police say just within the first few weeks of 2021 the department has responded to nine overdoses, two of which were fatal. By this time last year, FPD had responded to two overdoses, one of which was fatal. "And those are just calls that we got sent out to! There's a lot of people that overdosed and by virtue of Narcan or family members or friends, they're being revived and the police would never know about that," Fargo Police Chief David Zibolski said.

Our goal and our mission as a narcotics unit is to identify the people that are supplying the drugs that lead to overdoses. Basically, they're taking advantage of people suffering from addiction and we're holding those people accountable," Narcotics Sergeant Matt Christensen said.

Christensen says most overdose cases in the metro involve mixtures of fentanyl, heroin and meth. He says some of the cases the department is currently investigating have ties to California. Christensen also says more often than not, the ones supplying the deadly drugs in the metro are not local.

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<https://www.valleynewslive.com/2021/01/23/drug-overdoses-fatalities-on-the-rise-in-fargo/>

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