

# House Bill 1012 Senate Appropriations Senator Holmberg, Chairman

Behavioral Health Division Pamela Sagness, Director

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# What is Behavioral Health?

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

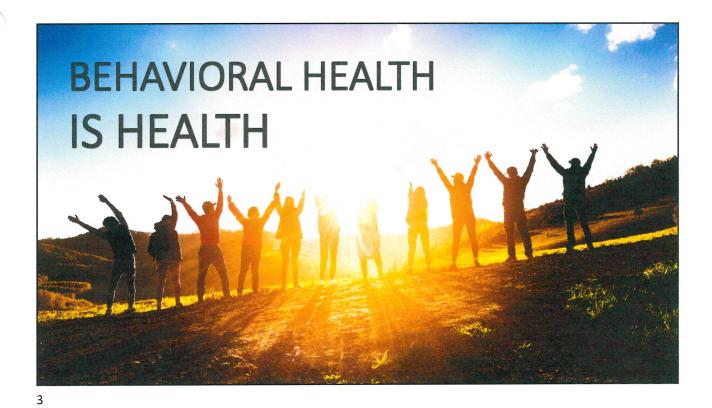
Preventing and treating depression and anxiety Preventing and treating substance use disorder or other addictions

Supporting recovery

Creating healthy communities

Promoting overall wellbeing

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Why is Behavioral Health Important?

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Persons with behavioral health disorders die, on average, about 5 years earlier than persons without these disorders.

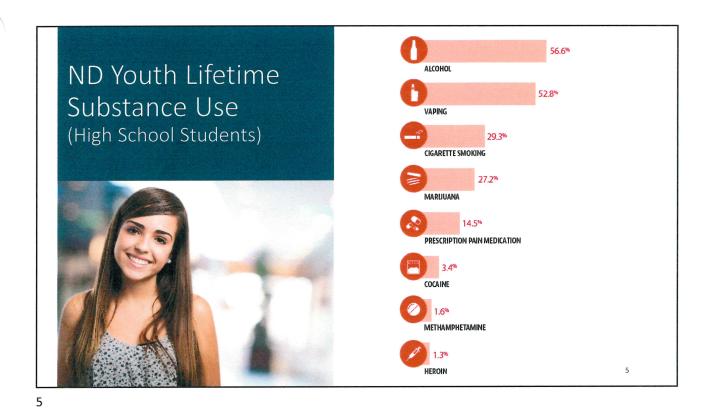


Persons with serious mental illness (SMI) are now dying 25 years earlier than the general population

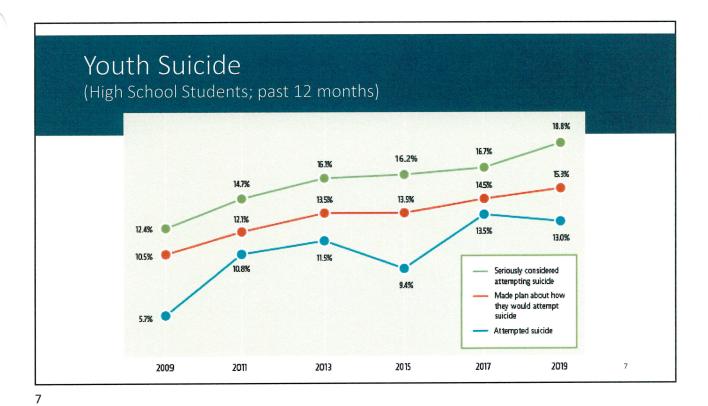
(Druss BG, et al. Understanding Excess Mortality in Persons With Mental Illness: 17-Year Follow Up of a Nationally Representative US Survey. Medical Care 2011; 49(6), 599–604.)



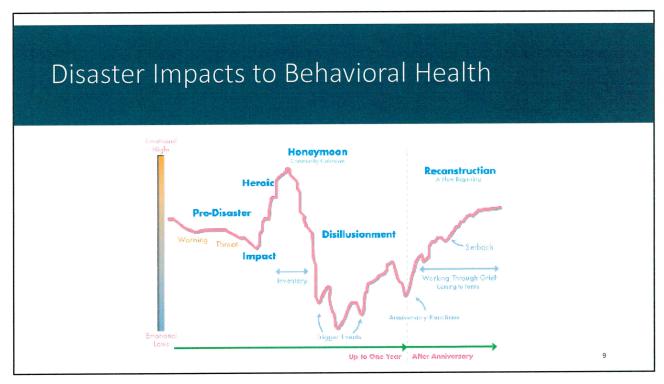
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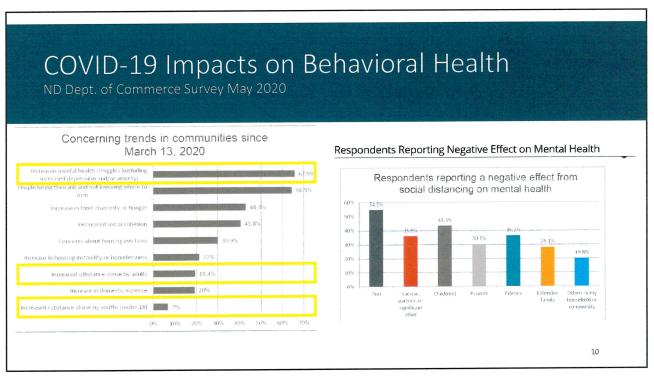


Prevention Works! Current Alcohol Use (past 30 days) among ND High School Students Youth Risk Behavior Survey 60.5% 59.2% 54.2% 49.0% 46.1% 43.3% 38.8% 35.3% 30.8% 29.1% **27.6%** 2017 1999 2001 2003 2005 2007 2011 2013 2015 2019

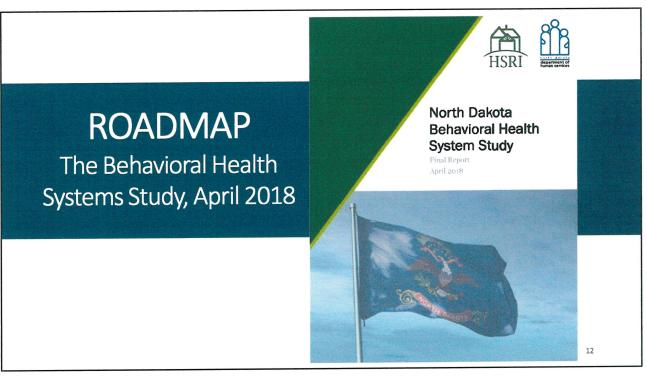


Adult Substance Use (Age 18+; past 30 days) **NORTH DAKOTA UNITED STATES** 7.9% 34.1% 28.3% 3.1% 26.5% 23.7% 10.2% 3.4% MARIJUANA ILLICIT DRUGS TOBACCO **ILLICIT DRUGS** BINGE BINGE **TOBACCO** MARIJUANA ALCOHOL (other than ALCOHOL (other than marijuana) USE\* marijuana) USE\*









## North Dakota Behavioral Health System Study RECOMMENDATIONS

The 250-page report provides more than 65 recommendations in 13 categories.

- 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

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# Keys to Reforming North Dakota's Behavioral Health System



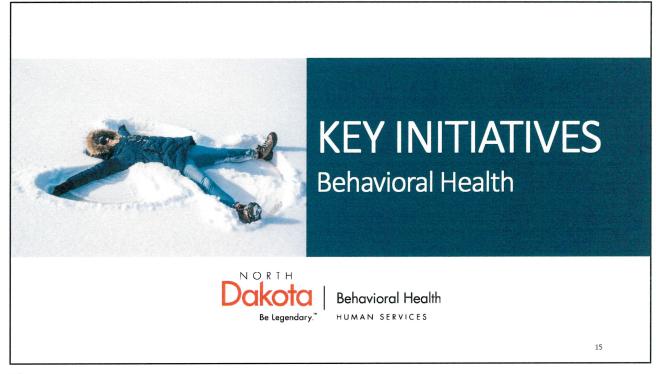
Support the full Continuum of Care



Increase
Community-Based Services



Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition





During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services (Department) to create a Medicaid 1915(i) State Plan Amendment.

The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

# 1915i State Plan Amendment



The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

## Individual Eligibility

- The individual is age 0+; and
- The individual is currently enrolled in ND Medicaid or Medicaid Expansion; and
- The individual resides in and will receive services in a setting meeting the federal home and community-based setting requirements, and
- The individual has a mental illness, substance use disorder or traumatic brain injury diagnosis
  - The individual has a functional impairment, which substantially interferes with or substantially limits the ability to function in the family, school or community setting, as evidenced by a complex score of 50 or higher on the WHODAS 2.0.

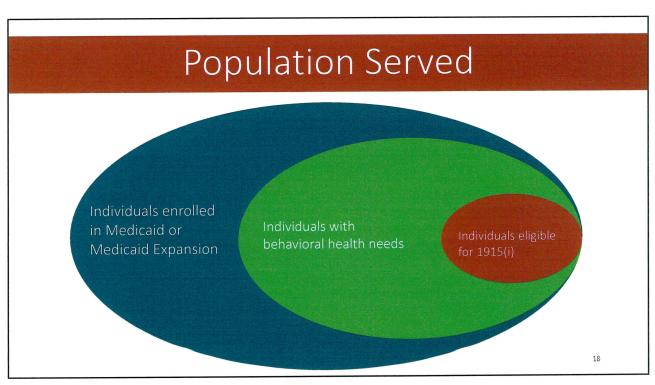
## Services

- Training and Supports for Unpaid Caregivers
- Community Transitional Services
- Benefits Planning
- Non-Medical Transportation
- Respite
- Prevocational Training

**Care Coordination** 

- Supported Education
- Supported Employment
- Housing Support Services
- · Family Peer Support
- Peer Support

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## Process Individual is approved **Care Coordination** for 1915i Individual is approved Agency develops a Diagnosis, Community Setting, Functional Impairment for Medicaid or Person-Centered Care Expansion Plan Quarterly meetings with Individual receives the Care Coordinator to services identified in Annual eligibility assess implementation their individualized care renewal of the plan and ongoing plan needs 19

# The Care Coordination Role

- 1915(i) Care Coordination Service are provided by enrolled 1915(i) Care Coordination Providers. Care Coordinators could be employed by the state, private providers/ community organizations.
- The Care Coordination Role is responsible for the development of the Person-centered Plan of Care and supporting the individual with accessing the greater community to meet the individual's overall needs. This includes:
  - Ensuring continuity of care including collaborating with existing systems and services.
  - Connecting individual to additional 1915(i) Services through the development of the person-centered plan of care.
  - Building informal supports network in the individual's community.
  - Providing services that are equitable and culturally competent.
  - Empowering individuals by upholding practice that promotes individual choice, rights and responsibilities.



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# Example 1: Community Behavioral Health Provider

## **NOW**

- \$1,000,000 general fund/biennium
- 60 individuals served at any one time/biennium
  - 50% qualify for Medicaid
  - 25% qualify for 1915i (15)
- Individuals receive support services 24/7

## **FUTURE**

 15 individuals (qualify for 1915i) - Provider reimbursed for personcentered services based on individuals need

#### EXAMPLE ->

- An individual receives 2 hours of Care Coordination/3 days a week/biennium = \$50,918.40
  - For 15 individuals = \$763,776
  - An individual receives Peer Support 4 hours/week/biennium = \$12,280.32
    - For 13 individuals = \$159,644.16
- An individual receives Supported Housing 1 hour/day/5 days a week = \$21,819.20
  - For 12 individuals = \$261,830.40
- An individual receives Supported Employment 3 hours/week/biennium = \$13,091.52
  - For 4 individuals = \$52,366.08
- Total amount billed to the provider = \$1,237,616.64
  - \$618,808.32 general funds/biennium for the 15 individuals serviced

\*\*In current budget most providers continue to receive 50% of the original amount - \$500,000\*\*

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## Outcomes of 1915i Implementation

- Individuals with highest need receive services that are more robust and targeted to their specific needs (person-centered).
- By leveraging other funds, the state is investing less funding yet providing more service to individuals with a behavioral health condition and providing opportunities for providers to expand services.
- Providers are able to bill for the specific services they are providing which allows greater opportunity to expand services and increase revenue.
- Behavioral health on par with health & sustainable.

# FUTURE EXAMPLE • School-Based Care Coordinator 30 hours/40 weeks/biennium = \$195,840 Supported Education Supported Employment

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## Supporting Families

## **FUTURE**

- Student struggles are often related to family issues.
- Connecting family members to services can be significant for student success.

## EXAMPLE >

A family experiences homelessness due to parental mental illness. Connecting to care coordination providers of adult services will be vital.

# Expanded Behavioral Health Workforce

- 1915i services are provided by non-traditional behavioral health professionals
- Potential to improve access for workforce in rural areas
- Effectiveness of lived experience
- Career growth opportunities

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# Reimbursement Roadmap

Value-Based

Fee For Services

General Fund Contract

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## **PROVIDERS ENROLLED**

As of March 5, 2021

**Candor Professional Services** 

• 1 individual provider

**Community Options** 

• 41 individual providers

6 group providers approved; no individual providers enrolled yet

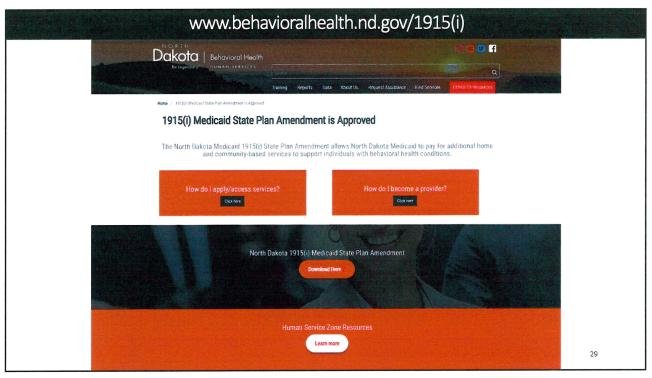
- · Poppy's Promise
- Veridian Fiscal Solutions
- · Keeping the Promise
- ShareHouse
- PATH North Dakota
- · Success Unlimited

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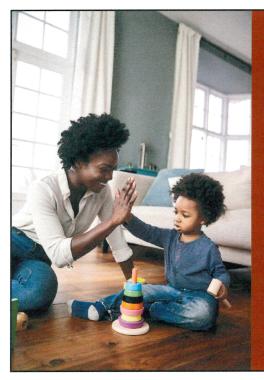
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# PROVIDER RESOURCES









# **Technical Assistance Calls** for 1915(i) Providers

Medical Services and Behavioral Health Divisions are offering Technical Assistance for 1915(i) providers through a series of calls every Wednesday, beginning January 20, 2021, 1-2pm. When

This training is offered online, every Wednesday from 1-2pm CT.

www.behavioralhealth.nd.gov/1915i/resources

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# Substance Use Disorder (SUD) Voucher



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Treatment Programs are
providing services through the
SUD Voucher.



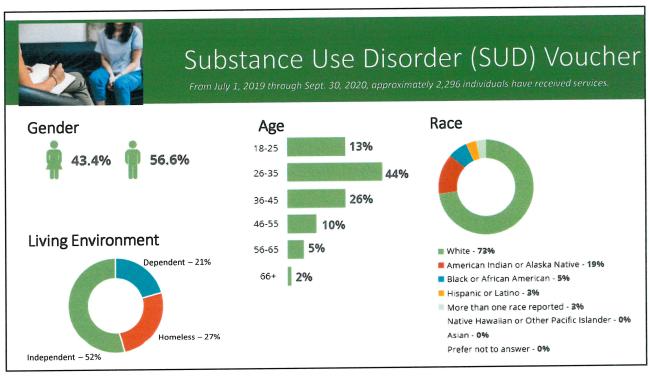
**4,200+ individuals** have been approved since inception of the SUD Voucher program.

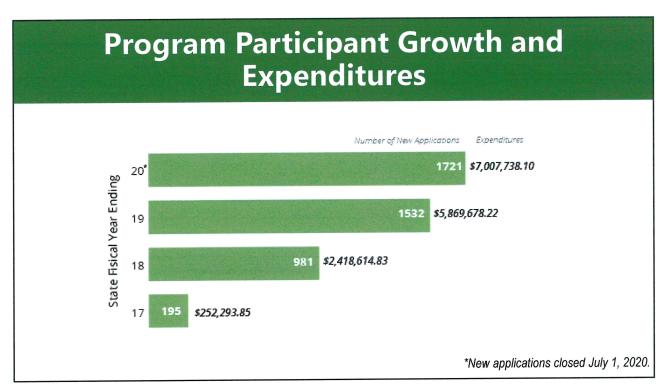
**GOALS:** Improve access to quality services

	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	\$10,060,494.86 (as of March 3, 2021)

## **Changes/Expansion** 65th Legislative Session (2017) 66th Legislative Session (2019) Methadone maintenance was added as a covered service, 67th Legislative Session (2021) effective July 1, 2017 (HB 1012) Providers who access the SUD Voucher were expanded to public agencies (i.e., public health and House Bill 1402 is proposed to tribal agencies) who hold a allow providers in border states substance abuse treatment program to access the SUD Voucher for license - not including Human North Dakota citizens Service Centers. (HB 1105) Eligibility age was changed from **18 to 14 years old**, effective July 1, 2020. (SB 2175)

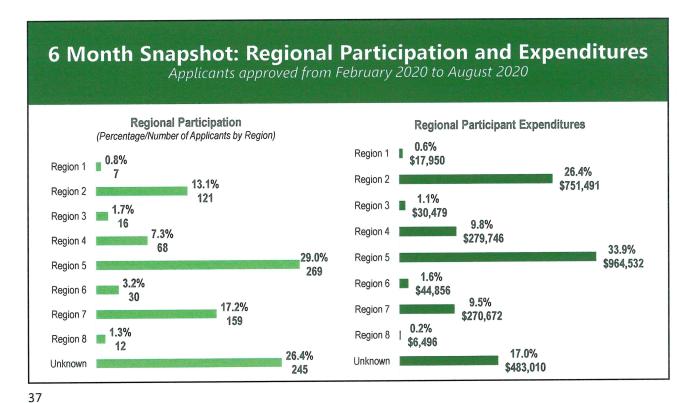
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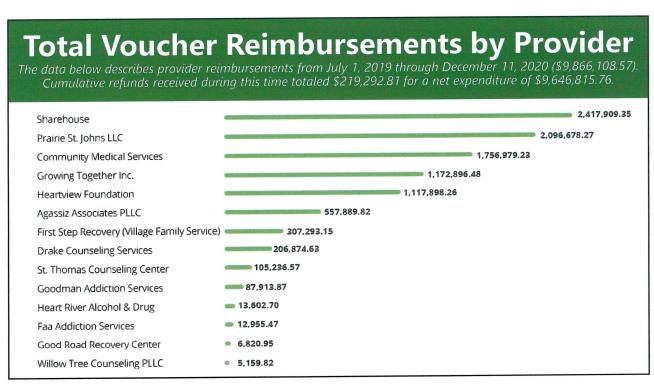


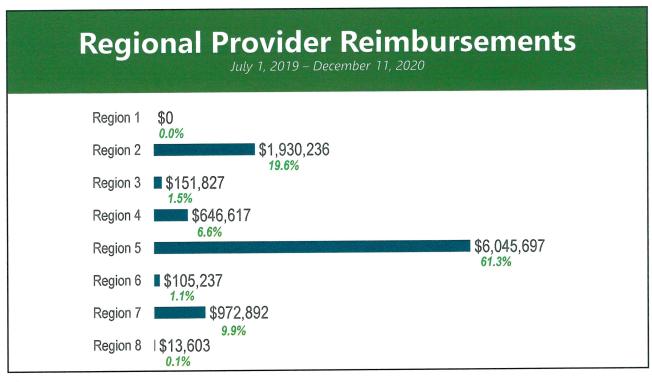


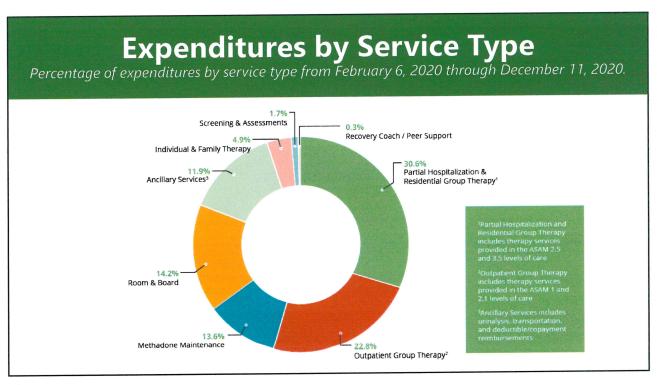
# **Appropriation and Expenditures**

	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	\$10,060,494.86 (as of March 3, 2021)



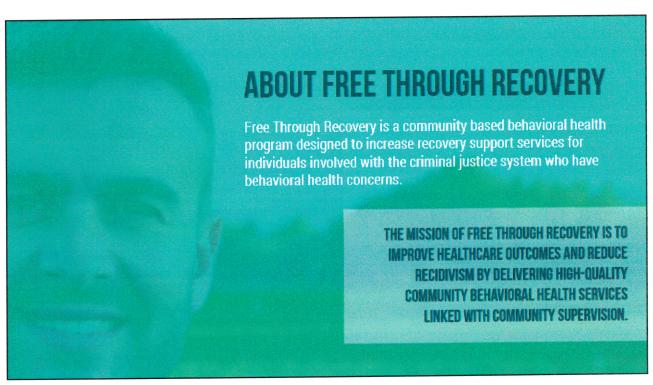






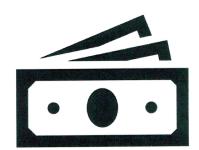
#### Since inception, all outcomes increased following services reimbursed through the SUD Voucher program. COMMUNITY PURPOSE Identify the stability and safety Identify how well the individual makes Identify the extent to which the Identify the extent to which the individual participates in meaningful of the individual's living informed healthy choices supporting individual's relationships and their physical health and emotional environment. social networks provide daily activities (employment, school, wellbeing (physical activity, attending support, friendship, love, and Average Outcome Scores Over Time volunteering, family caretaking, other medical appointments, taking hope for overall wellbeing. activities, etc.). medications as prescribed etc.) Average Outcome Scores Over Time Average Outcome Scores Over Time Average Outcome Scores Over Time 2.07 1.87 2,32 Pre Post

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# Pay for Performance Model

 Providers are paid a monthly base rate for each participant with the opportunity to receive performance pay if the participant meets at least 3 out of 4 monthly outcomes.



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# **Outcome Monitoring**



## **Stable Housing**

Is the person living in a residence that is supportive of their recovery?



## **Stable Employment**

Is the person actively seeking or participating in employment?



## Recovery

Is the participant demonstrating effort to reduce their substance use or the harm associated with their use and/or improve their mental health functioning.



## **Criminal Justice**

Did the participant avoid law enforcement involvement resulting in arrest, criminal charge, or probation violation resulting in initiation of revocation?

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Overall, from March 2018 through March 2, 2021, providers earned performance pay for 68.5% of their participants.



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# Community-Based Behavioral Health Program



In October 2020, the North Dakota Emergency Commission and Budget Section approved the Department of Human Services' Behavioral Health Division request for \$1.7 million in Coronavirus Aid, Relief, and Economic Security (CARES) Act funding for the development of a Community-Based Behavioral Health Program.

**Program Goal**: reduce need for treatment in congregate settings, such as residential treatment facilities, inpatient hospitalizations and emergency medical interventions.

	Number of PROVIDERS	Number of INDIVIDUALS
Substance Use Disorder Treatment Services	11	98
Care Coordination Services	35	178



The ND 66th Legislative Assembly passed Senate Bill 2012 giving the Behavioral Health Division authority to develop and implement a program for the certification of peer support specialists.

Administrative Rules 75-03-43 were promulgated and outlines the requirements and process for two levels of Peer Support Specialist certification:

- Certified Peer Support Specialist I (CPSS I)
  - 43 CPSS I (as of March 2, 2021)
- Certified Peer Support Specialist II (CPSS II)
  - 12 CPSS II (as of March 2, 2021)

Since 2018 the Behavioral Health Division hosted 21 **trainings** and trained over **506 individuals**.

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## Behavioral Health and Education

## Prevention and Early Intervention Pilot

The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating \$300,000 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; including services to children suffering from the effects of behavioral health issues.

October 2018 - Pilot project to Simle Middle School in Bismarck.

October 2020 – Pilot project expansion awarded to Dunseith Public School (tribal) and Barnes County North Public School (rural).

## Behavioral Health School Grant Program

The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating \$1,500,000 to the Department of Human Services for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.

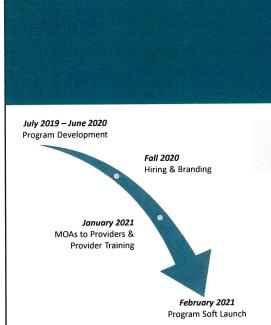
25 schools utilized ND State Medicaid reimbursement during the previous school year and are eligible for funding.

12 grant applications have been received and awarded from 7 schools (3/5/2021)

## Behavioral Health Resource Support (B-HERO)

The ND 66th Legislative Assembly passed Senate Bill 2149 which established the requirement for each school within a district to designate an individual as a behavioral hether resource coordinator and Senate Bill 2313 which established the requirement for DHS to provide resources to behavioral health resource coordinators.

The Central Regional Education
Association (CREA) was awarded the
contract (through a Request for
Proposal) to provide resources,
information, and support to school
behavioral health resource coordinators
at each school in North Dakota,
collaborating with the Behavioral Health
Division.





MISSION: provide quality, community-based behavioral health services that promote collaboration and partnership to meet the individual needs of every person served.

To be eligible for the program individuals must be 18 years of age or older, reside in North Dakota, and have a mental health or substance use disorder diagnosis that is impacting their functionality in domains including housing, employment/financial, physical health, and community connections.

Priority will be given to the following populations: Parents and caregivers, parents and caregivers with child protection services involvement, pregnant women, Individuals that utilize emergency and detox centers, individuals who are homeless or at risk of homelessness, individuals who use drugs intravenously

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# COVID-19 Behavioral Health Supports

## Crisis Counseling, Assistance and Training Program (CCP Grant)

Project Renew

## **Emergency COVID-19 Grant**

- Support for Healthcare providers (Sanford Health, "Reach for Resilience")
- Addiction treatment (Sharehouse and Heartview)
- Mental health treatment (Agassiz Associates)
- Crisis support (Field Services)



Resources: www.behavioralhealth.nd.gov/helpishere

