HB1012
3-19-25

North Dakota Department of Health and Human Services
Behavioral Health Division Policy & Administration

Withdrawal Management (WM) Overview

Levels of Care
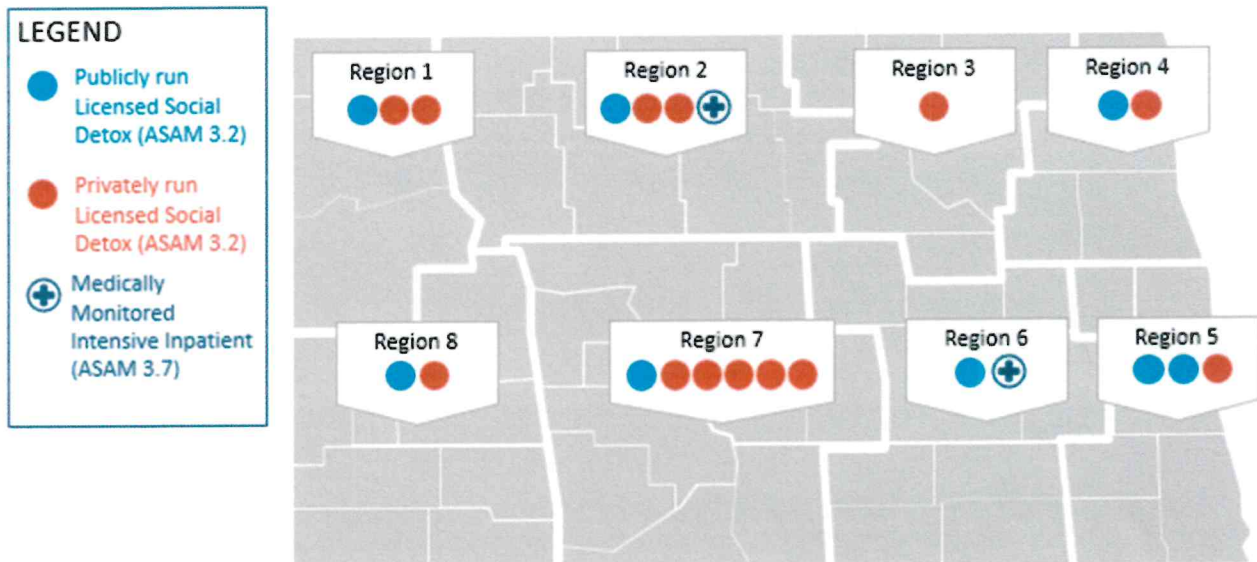ASAM: American Society of Addiction Medicine 3rd Edition

ASAM 3.2-WM
- Clinically-managed residential withdrawal management
- (Social Detox) 24-hour supervision, observation, and support. Emphasis on peer and social support rather than medical and nursing care

ASAM 3.7-WM
- Medically-monitored inpatient withdrawal management
- Medical and nursing professionals provide 24-hour evaluation and withdrawal management

Licensed Providers of Withdrawal Management
- 21 Providers licensed for ASAM 3.2 Withdrawal Management (Social Detoxification)
- 2 Providers licensed for ASAM 3.7 Withdrawal Management (Medical Detoxification)

LEGEND
- Publicly run Licensed Social Detox (ASAM 3.2)
- Privately run Licensed Social Detox (ASAM 3.2)
- Medically Monitored Intensive Inpatient (ASAM 3.7)

Current contracts:
- City of Fargo to support 24-hour staffing at the Cass County withdrawal management center [ASAM 3.2]
- CHI St. Alexius Williston for Behavioral Health Facility includes medical withdrawal management for addiction [ASAM 3.7]
- City of Bismarck for training and technical assistance to assist in planning and development of a triage center that includes medical detox [ASAM 3.7]

North Dakota Department of Health and Human Services
Behavioral Health Division Policy & Administration

CHANGES TO BASE BUDGET
BY ONGOING, ONE-TIME AND FUNDING SOURCE

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Service – Cost to Continue	Opioid Settlement		$8,000,000 Opioid Settlement Fund		$8,000,000 Opioid Settlement Fund
Behavioral Health Services	Avel eCare rural crisis support continuation		$2,000,000 CHTF		$1,000,000 CHTF
Behavioral Health Services	Substance Use Disorder (SUD)	$2,500,000		$2,500,000	
Services - BH Expansion	Drug Court treatment support	$200,000		$200,000	
Services - Care Coordination	Continue existing levels of service for Free Through Recovery and Community Connect	$4,761,081		$4,761,081	
Services - Care Coordination	Free Through Recovery	$4,016,908		$4,016,908	
Services - Care Coordination	Community Connect	$4,458,814		$4,458,814	
Services - Care Coordination	Peer Support	$137,900		$137,900	
Children's Behavioral Health	Development of Partial Hospitalization/ Intensive Day Treatment *One Time		$2,000,000 CHTF		$2,000,000 CHTF
Children's Behavioral Health	Treatment Collaborative for Traumatized Youth Expansion	$408,000		$408,000	
Children's Behavioral Health	Voluntary Treatment Program	$1,351,997		$1,351,997	
IT	Electronic Health Record / Pharmacy System Recovery and Backup *One Time		$500,000 SIIF		$500,000 SIIF
IT	Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe *One Time		$1,000,000 SIIF		$1,000,000 SIIF
IT	State Hospital Network Redundancy *One Time		$500,000 SIIF		$500,000 SIIF
House Amendment	Behavioral Health Facility Grant *One Time				$12,960,000 SIIF
House Amendment	Grant for Community Cultural Center *One Time				$1,000,000 SIIF
House Amendment	Medical Expenses for IMD Providers			$500,000	
House Amendment	Substance Use Disorder (SUD) - 50/50 Inpatient/Outpatient			$500,000	
House Amendment	Mental Health Voucher for Incarcerated Individuals			$2,500,000	
House Amendment	Behavioral Health Services for Nursing Homes and Basic Care Facilities			$2,000,000	
House Amendment	FTE Block Grant Salary Reduction			($1,211,587)	
House Amendment	Operational Reduction			($3,398,000)	
Provider Inflation	Provider Inflation (1.5%/1.5% to 2%/2%)	$1,088,608		$1,453,885	

North Dakota Department of Health and Human Services
Behavioral Health Division Policy & Administration

Electronic Health Record (EHR) Legacy System Data Extraction & Migration
Decision Package: $1,000,000

During implementation of the current EHR solution, decision was made to migrate some data into the new EHR, while leaving a subset of data behind in the legacy EHR system. HHS was notified that vendor support of the legacy system would end in 2023. Funding for migration out of this into a data repository was requested during 23-25 legislative session and was denied. As such, we've continued funding operational support for this system, for which data security is an increasing concern. In addition, all data in the legacy systems remain subject to retention laws, which requires continued administrative support. The data infrastructure of this legacy system is antiquated and is no longer supported by NDIT, and we have not yet been successful in identifying a vendor to provide a quote for completing the work needed to successfully sunset these systems, in part because we no longer have the internal expertise to provide required details. The funding request provided is a rough estimate only and may not cover all needs.

Anticipated Benefits	• Eliminate funding currently utilized to support the legacy system. • Reduce PHI security risk. • Maintenance of retention compliance.
Project Risks	• It is assumed that the longer this initiative is delayed, the more expensive it will be to complete the initiative due to diminishing Subject matter expertise on the legacy system • PHI will be lost or violated. • HHS may become out of compliance with retention laws.
Issue/ Solution	• HHS should hire a consultant to migrate the data out of the legacy system and into a sequel server database.

State Hospital Network Redundancy
Decision Package: $500,000

In May 2024, BHD engaged with National Council and MTM as part of its Certified Community Behavioral Health Clinic (CCBHC) consulting services. One component of this consultation included evaluation of the EHR & IT components of operations. On 7/23/24, MTM provided a report of preliminary findings, which indicated the State Hospital is assuming operational risk due to lack of network redundancy and inadequate Wi-Fi connectivity. NDIT has provided an estimate of $134,000 for construction costs and install of an additional network with ~$40,448/ biennium ongoing costs. NDIT further estimated that an additional 246 wireless access points were needed with an estimated cost of $335,790 without wiring or professional services.

Anticipated Benefits	• Reduce risk of loss of access to critical patient data in the event of network disruption. • Reduce WiFi lag, which will improved EHR performance in daily operations.
Project Risks	• State Hospital staff will continue to experience interruptions with EHR connectivity, which reduced efficiency and leads to staff dissatisfaction.
Issue/ Solution	• Implement a redundant network for the State Hospital.

EHR System Recovery and Backup Solution
Decision Package: $500,000

The State Hospital and Clinics, in collaboration with HHS Risk Management, proposed and were denied funding last session for development of an emergency system backup and recovery solution. Because our EHR data is hosted by the vendor, we do not currently have options for accessing data in the event of vendor network failure or localized internet failure. This is of particular concern for State Hospital patient safety, as current medication plans and distribution information would be based on collective staff recollection. While we have been working to develop a minimal viable solution for the State Hospital only over the last two years, we have hit several barriers including lack of expertise (HHS and NDIT) in how healthcare systems operationalize such protocols, particularly as it relates to HIPAA compliance standards. The amount requested here would be to engage with a consultant to develop a system recovery and backup solution, with the hope that the solution would be able to be implemented with the requested funding, but there is no certainty that would be the case.

Anticipated Benefits	• Secure access to critical patient data in the event of EHR service/ network interruptions.
Project Risks	• Citizens served at the State Hospital may be subjected to undue safety risks in the event of an EHR service interruption.
Issue/ Solution	• Contract with a vendor to facilitate implementation of a system backup and recovery solution.