North Dakota Department of Human Services
Human Services Committee
Comments on Behavioral Health Needs Study
July 22, 2014

Chairman Damschen and members of the Human Services Committee, I am Maggie Anderson, Executive Director of the Department of Human Services (DHS/Department). Thank you for the opportunity to provide comments on the committee's study of behavioral health needs.

As the largest, state-wide provider of community-based and institutional mental health and substance abuse services, the Department strongly supports reviewing the needs and delivery of behavioral health services. The Department's Field Services leadership, the Mental Health and Substance Abuse (MHSA) Division Director and I attended the June hearing and have subsequently reviewed the report and shared many thoughts and ideas. With the assistance and support of those in the agency who are providing direct services each day and those who are striving to improve the system of care, I offer the following information that DHS feels is important for the committee's study of the behavioral health system.

<u>Services – Provided and Capacity Needs</u>

The Department supports having a listing of all providers and services in North Dakota including public and private. A list would be beneficial to Human Service Centers (HSC), private providers, and to the public seeking services. The Department would be willing to be involved in the discussion about the development and intent of the list; for example, would it be a list of providers or would it include information on what services are offered and the outcomes of the services?

The report identified that, "Due to the various definitions of services and differing expectations across regions, future work should center on finding agreement in core service definitions and access standards." The Department agrees and a copy of the Department's core services is attached to my testimony. Differences do exist outside these core services and this is driven by local resources.

The Department is proud of the services provided and we continue to seek private partnership throughout the regions. Examples of partnerships that are demonstrating positive outcomes include: Mobile Crisis (Fargo); Clay County Detox (Fargo); Substance Abuse Services (Williston); and Inpatient Hospital Contracts (statewide).

DHS also partners with other public agencies such as the Department of Corrections and Rehabilitation (DOCR). DHS recently received approval to reclassify a position in order to hire a psychologist. The psychologist will provide support to county social service, Division of Juvenile Services, DHS, and in-state residential treatment facility staff as we collaboratively work with children and youth and their families to identify and treat their very complex needs.

Evidence-Based Practices

The Department currently provides a significant number of evidenced-based practices (EBP) that are implemented by the HSCs across all service areas. These include: Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS), Integrated Dual Disorder Treatment (IDDT)*, MATRIX model for methamphetamine and other addictions, Contingency Management (addiction programs), Cognitive Behavioral Intervention for Substance Abuse-Aftercare (CBISA-Aftercare)

program (West Central HSC), Alternatives for Families-Cognitive Behavioral Therapy (AF-CBT), Trauma Focused Cognitive Behavioral Therapy (TF-CBT), Dialectical Behavioral Therapy (DBT), wraparound care coordination, and recovery coaches (West Central HSC).

> *IDDT is a program provided in all eight regions. This particular EBP is designed to serve a very specific population – those with both chronic addiction and serious mental illness. This specific focus may lead referral sources to assume that "only a select few" receive the service.

Essentially, by individual and facility license and professional standards, the Departments' clinicians are all obligated to provide the best possible treatment for the individualized needs of the person served. Staff members choose the best possible evidence-based practice to meet the needs. That practice may take the form of a particular model of care or may be specifically designed for an individualized therapy. Beyond that, however, there are some methods of treatment proven most effective for specific individuals and/or population needs. Those therapies, identified in the list above, have passed the rigorous process of quality review to be identified by national agencies as EBP.

In addition, the Department continues to assess best practice implementations.

Peer Support/Recovery Coaches

The Department agrees with the expansion of peer support services and recognizes the value in this practice to assist clients. The Department practices the Recovery Model which encourages the use of peers and recovery coaches as a best practice. DHS is also aware that peer support

is in its infancy and there are mixed reports in the literature regarding what types are most effective for which conditions.

Regions II (Minot) and VII (Bismarck) provide addiction recovery coaches. Coaches are available through both private (Rehab Services, Inc. and The Heartview Foundation) and public providers (WCHSC).

Telemedicine

The Department currently provides telemedicine in various areas and supports expansion of this delivery model. DHS helped to launch private, contracted telebehavioral health services in North Dakota and currently, the public system is providing 54 hours per month of telepsychiatry with more planned. In addition, WCHSC Licensed Addiction Counselors (LAC) are providing addiction evaluations for BLHSC clients via telehealth. The LAC is at WCHSC and the client is at BLHSC.

Also, Dr. McLean, DHS Medical Director, has been working with the Department of Clinical Neuroscience at the UND School of Medicine on a proposal for psychiatric residents to conduct telebehavioral health for direct care (acute and chronic) as well as consultation to primary care providers.

"Detox" Services

The State Hospital has and continues to provide medical detox services for the Jamestown and Devils Lake regions. Trinity Hospital in Minot provides medical detox services for both the Williston and Minot regions for referrals from the two centers and the same holds true for Altru Hospital in Grand Forks, providing detox services in the Grand Forks

Region. DHS also has a medical detox contract with St. Joseph's Medical Center in Dickinson.

The Department is facilitating meetings with local (Bismarck/Burleigh) law enforcement officials, hospital administrators and staff, and private and public treatment providers with regard to detox (intoxication/withdrawal management) services. The intent of the meetings is to develop a needs assessment and community approach to establishing a detox model that can be replicated across the state. The Department also has a contract with Clay County, MN, for detox services. This arrangement has served as a mutually beneficial partnership and this partnership will help as we formulate the eventual model noted above.

Department staff members from NEHSC have also been engaged in a community detox services committee. The committee includes representation from the city, county, hospital (Altru) and NEHSC and they have a business plan developed for social detox in Grand Forks.

Access – Walk-in

The Department agrees the walk-in program at Lake Region HSC has been successful. All HSCs are in the process of working with a consultant on strategies to implement walk-in clinics to decrease wait times and to promote engagement and retention of consumers.

Through a process improvement approach, other centers have also implemented other processes, such as the Central Intake process at SEHSC, which reduces wait times for intakes and consolidates various intakes into one evaluation; allowing the client to access treatment more rapidly. The UND psychiatric residents at SEHSC also take part in "crisis

clinic" rotations. The Department agrees that evening intake evaluation times should be discussed statewide, and will need to plan steps that include registration, security, and support staff.

Privatization

The Department agrees there should be a review of what DHS should do, what DHS can do, and what others can do if they had the resources. Regardless of whether the public system services are delivered by the state regional HSCs or by contracts with private providers, it remains the state's responsibility to assure delivery to the most vulnerable citizens and those that present with most complex, challenging, and often resistant disorders complicated by poverty and multigenerational histories.

Currently, the public system is often referred to as a "safety net" meaning when there is nowhere else to go, services are provided. We work closely with private partners to minimize referrals to high-level, institutional services. HSCs were developed to be "one stop shops" for those who need behavioral health services, and the structure lends to continuity of care. This model has been noted as a positive approach by block grant reviewers in the past. HSCs are known by many for their use of collaboration, consultation, care coordination, and case management efforts.

The overarching message from the consultant's report is the need for more services. Moving to public-funded services delivered by private providers will not in and of itself result in more services. It will only change who provides them.

The Department is not trying to compete for clients. In most regions there are enough consumers looking for services; and we often refer people (particularly those who have a third party payer) to private options in the community. Sometimes this has resulted in the misperception of us not wanting to serve certain clients. That simply is not true – we analyze our wait times and try to find services for clients with private options. It is true, that some services only come through HSCs, and those should be reviewed.

The report noted that, "Although some may think that this DHS directed system is more functional and streamlined, in actuality it has created less competition and thereby a lower standard of care." The Department disagrees that the HSCs provide a lower standard of care and feels that the integrated and coordinated services that our current system allows us to provide has numerous benefits. The Department is willing to review data that measures the standard of care and would strive to address any concerns.

Annually, the Department's Research Unit conducts consumer satisfaction surveys, with the data broken out by populations served, by respective HSC, as well as statewide aggregate. For SFY 2012, 80 percent of all consumers reported that (as a result of services) they felt they were able to deal more effectively with daily problems and 80 percent stated they were better able to control their life. Ninety-two percent reported that overall they were satisfied with the services they'd received, and 90 percent said they'd recommend the HSC services to a friend. DHS submits some of these indicators for federal reporting purposes, and our satisfaction and outcome data is consistently and notably higher compared to national averages.

If the decision is that public services be provided by private providers, this would be a significant undertaking. Just as deinstitutionalizing (institutional to community) required careful planning, moving the deinstitutionalized services currently provided by the regional HSCs to private providers will require in-depth planning to address the various transition needs. Of paramount importance for this most vulnerable population: assuring a seamless transition and continuity of care.

Data and Reporting

DHS agrees that having data from providers not supported by state funding would be beneficial for analysis and decision making. As we noted in our testimony at your June hearing, necessary system and staff infrastructure is needed to manage the receipt, analysis and reporting of the data; and we would need the authority to require the submission of the requested data and access to remedies to address challenges inherent in requiring submission of data.

The report references the lack of 'objective' data'. The Department's data systems collect significant data on the public funded system and does use this data to drive our decisions to the degree possible. Our fidelity reviews of the EBPs are driven by external reviewers. For example: the *Matrix Institute* provides the certification and fidelity reviews for the MATRIX programs.

Communication

The Department agrees that we can always improve communication. Earlier in the year, I restructured the Public Information Office of the Department. As part of the restructuring, each of the two Public

Information Specialists carry a portfolio of Department Divisions. One person is assigned to oversee the communication and public information areas of Field Services. This new structure is intended to assure more awareness of the services provided, ensure our messages are clear and consistent, and to make sure we "tell our story!"

The Department works very hard to communicate with our stakeholders, and the HSC Directors and Director of Field Services make extra efforts because of the collaboration necessary to operate the HSCs. Examples of these efforts include educating groups on HSC services, referral processes, fees for services, department-wide biennial stakeholder meetings, public forums, surveys to clients, and providing the community with presentations on behavioral health topics such as depression, suicide prevention, and how to detect substance use in the workplace. Each HSC also has an Advisory Council and a Community-Coordinating Committee. Each of these two groups meets quarterly.

Licensing

The Department agrees that discussions need to occur regarding licensure. Through the enhanced Quality Assurance efforts headed by Dr. Rosalie Etherington, the Department is moving toward accreditation for each of the HSCs and the clinical staff.

Through the years, the MHSA Division has specifically included external people involved in the licensing process to provide external input, but ultimately, we do still license ourselves. The Department is committed to transparency and elimination of real or perceived conflicts of interest.

Conclusion

As the review of the behavioral health services in North Dakota continues, DHS believes it is important to reflect on the history that created the public system. The current structure was chosen by the legislative body, and due to the access difficulty in rural areas, assures coverage in all parts of the state through the regional centers framework, where a solely market-driven system may be economically challenging.

Again, thank you for the opportunity to provide input and comments. The Department staff are committed and dedicated to providing services and supporting the overall system of care for individuals and families who find themselves in need of these services.

Sliding Fee Scale Information

Effective July 1, 2014 to June 30, 2015

Each Human Service Center offers a sliding fee scale to help clients in paying for most services.

The sliding fee scale determines a client's discount on their bill based on their gross income and family size.

Below are two charts that list monthly and yearly income levels.

To use the chart:

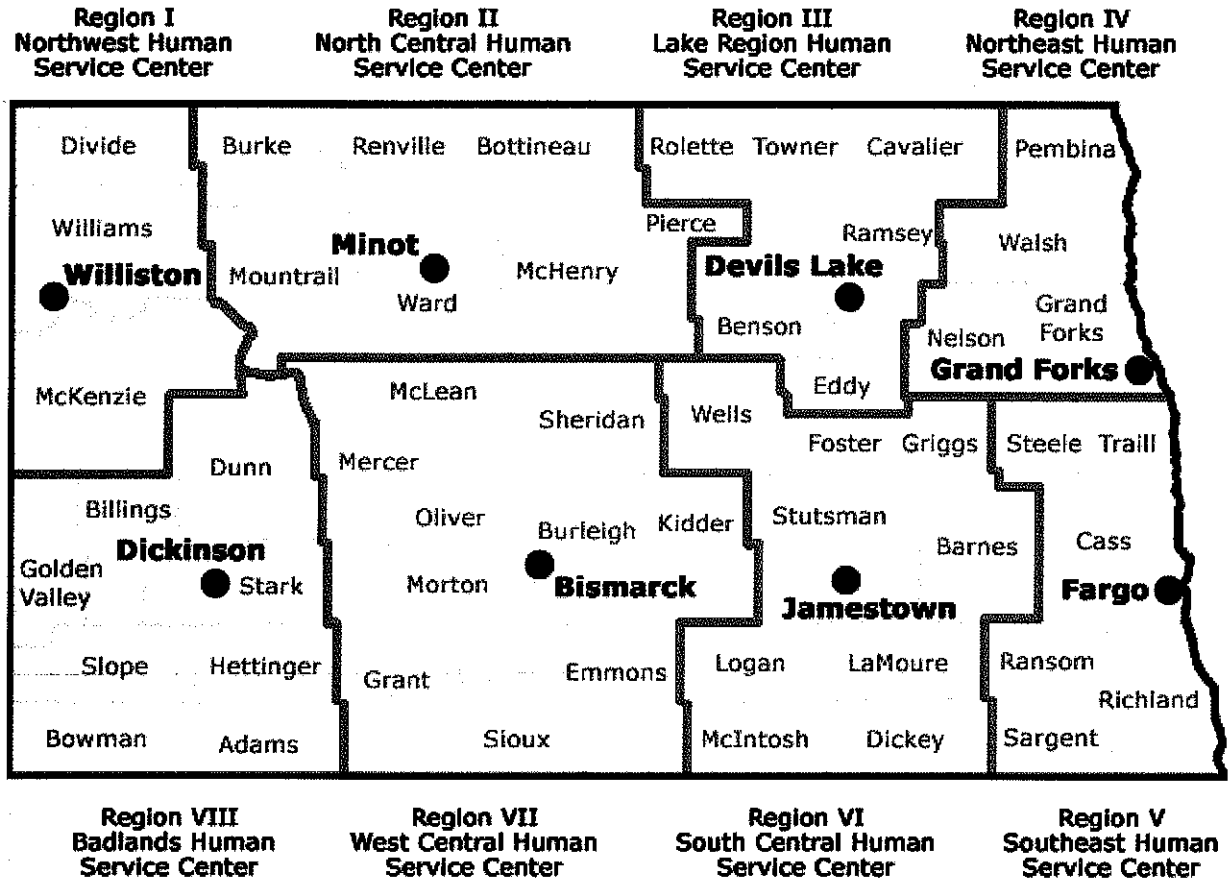
- Find your family size in the far left-hand column
- Follow the row to find either your monthly or yearly gross income
- Follow the column up to the green line where the discount percentage is listed

Note: Human service center staff will help determine if you qualify for the sliding fee scale discount. You will need to provide a copy of a recent pay stub, bank statement, or other documents that show your income.

North Dakota Department of Human Services
Sliding Fee Scale
July 2014

	Minimum and Maximum Amounts for each Sliding Fee Percentage category (except for 0% Discount)										
MONTHLY	**Discount**										
Family Size	**100%**	**90%**	**80%**	**70%**	**60%**	**50%**	**40%**	**30%**	**20%**	**10%**	**0%**
1	0 - 1,216	1,217 - 1,297	1,298 - 1,378	1,379 - 1,459	1,460 - 1,540	1,541 - 1,622	1,623 - 1,703	1,704 - 1,784	1,785 - 1,865	1,866 - 1,946	1,947 and above
2	0 - 1,639	1,640 - 1,748	1,749 - 1,857	1,858 - 1,966	1,967 - 2,076	2,077 - 2,185	2,186 - 2,294	2,295 - 2,403	2,404 - 2,512	2,513 - 2,622	2,623 and above
3	0 - 2,063	2,064 - 2,200	2,201 - 2,337	2,338 - 2,475	2,476 - 2,612	2,613 - 2,750	2,751 - 2,887	2,888 - 3,025	3,026 - 3,162	3,163 - 3,300	3,301 and above
4	0 - 2,485	2,486 - 2,651	2,652 - 2,816	2,817 - 2,982	2,983 - 3,147	3,148 - 3,313	3,314 - 3,479	3,480 - 3,644	3,645 - 3,810	3,811 - 3,975	3,976 and above
5	0 - 2,908	2,909 - 3,101	3,102 - 3,295	3,296 - 3,489	3,490 - 3,683	3,684 - 3,876	3,877 - 4,070	4,071 - 4,264	4,265 - 4,458	4,459 - 4,651	4,652 and above
6	0 - 3,331	3,332 - 3,553	3,554 - 3,775	3,776 - 3,997	3,998 - 4,219	4,220 - 4,441	4,442 - 4,663	4,664 - 4,885	4,886 - 5,107	5,108 - 5,329	5,330 and above
7	0 - 3,754	3,755 - 4,004	4,005 - 4,254	4,255 - 4,504	4,505 - 4,754	4,755 - 5,004	5,005 - 5,255	5,256 - 5,505	5,506 - 5,755	5,756 - 6,005	6,006 and above
8	0 - 4,176	4,177 - 4,455	4,456 - 4,733	4,734 - 5,011	5,012 - 5,289	5,290 - 5,568	5,569 - 5,846	5,847 - 6,124	6,125 - 6,403	6,404 - 6,681	6,682 and above
9	0 - 4,600	4,601 - 4,907	4,908 - 5,213	5,214 - 5,520	5,521 - 5,826	5,827 - 6,133	6,134 - 6,439	6,440 - 6,746	6,747 - 7,052	7,053 - 7,359	7,360 and above
10	0 - 5,023	5,024 - 5,357	5,358 - 5,692	5,693 - 6,027	6,028 - 6,361	6,362 - 6,696	6,697 - 7,031	7,032 - 7,365	7,366 - 7,700	7,701 - 8,035	8,036 and above
11	0 - 5,445	5,446 - 5,808	5,809 - 6,171	6,172 - 6,534	6,535 - 6,896	6,897 - 7,259	7,260 - 7,622	7,623 - 7,985	7,986 - 8,348	8,349 - 8,711	8,712 and above
12	0 - 5,869	5,870 - 6,260	6,261 - 6,651	6,652 - 7,042	7,043 - 7,433	7,434 - 7,824	7,825 - 8,215	8,216 - 8,606	8,607 - 8,997	8,998 - 9,389	9,390 and above

YEARLY	**Discount**										
Family Size	**100%**	**90%**	**80%**	**70%**	**60%**	**50%**	**40%**	**30%**	**20%**	**10%**	**0%**
1	0 - 14,592	14,593 - 15,564	15,565 - 16,536	16,537 - 17,508	17,509 - 18,480	18,481 - 19,464	19,465 - 20,436	20,437 - 21,408	21,409 - 22,380	22,381 - 23,352	23,353 and above
2	0 - 19,668	19,669 - 20,976	20,977 - 22,284	22,285 - 23,592	23,593 - 24,912	24,913 - 26,220	26,221 - 27,528	27,529 - 28,836	28,837 - 30,144	30,145 - 31,464	31,465 and above
3	0 - 24,756	24,757 - 26,400	26,401 - 28,044	28,045 - 29,700	29,701 - 31,344	31,345 - 33,000	33,001 - 34,644	34,645 - 36,300	36,301 - 37,944	37,945 - 39,600	39,601 and above
4	0 - 29,820	29,821 - 31,812	31,813 - 33,792	33,793 - 35,784	35,785 - 37,764	37,765 - 39,756	39,757 - 41,748	41,749 - 43,728	43,729 - 45,720	45,721 - 47,700	47,701 and above
5	0 - 34,896	34,897 - 37,212	37,213 - 39,540	39,541 - 41,868	41,869 - 44,196	44,197 - 46,512	46,513 - 48,840	48,841 - 51,168	51,169 - 53,496	53,497 - 55,812	55,813 and above
6	0 - 39,972	39,973 - 42,636	42,637 - 45,300	45,301 - 47,964	47,965 - 50,628	50,629 - 53,292	53,293 - 55,956	55,957 - 58,620	58,621 - 61,284	61,285 - 63,948	63,949 and above
7	0 - 45,048	45,049 - 48,048	48,049 - 51,048	51,049 - 54,048	54,049 - 57,048	57,049 - 60,048	60,049 - 63,060	63,061 - 66,060	66,061 - 69,060	69,061 - 72,060	72,061 and above
8	0 - 50,112	50,113 - 53,460	53,461 - 56,796	56,797 - 60,132	60,133 - 63,468	63,469 - 66,816	66,817 - 70,152	70,153 - 73,488	73,489 - 76,836	76,837 - 80,172	80,173 and above
9	0 - 55,200	55,201 - 58,884	58,885 - 62,556	62,557 - 66,240	66,241 - 69,912	69,913 - 73,596	73,597 - 77,268	77,269 - 80,952	80,953 - 84,624	84,625 - 88,308	88,309 and above
10	0 - 60,276	60,277 - 64,284	64,285 - 68,304	68,305 - 72,324	72,325 - 76,332	76,333 - 80,352	80,353 - 84,372	84,373 - 88,380	88,381 - 92,400	92,401 - 96,420	96,421 and above
11	0 - 65,340	65,341 - 69,696	69,697 - 74,052	74,053 - 78,408	78,409 - 82,752	82,753 - 87,108	87,109 - 91,464	91,465 - 95,820	95,821 - 100,176	100,177 - 104,532	104,533 and above
12	0 - 70,428	70,429 - 75,120	75,121 - 79,812	79,813 - 84,504	84,505 - 89,196	89,197 - 93,888	93,889 - 98,580	98,581 - 103,272	103,273 - 107,964	107,965 - 112,668	112,669 and above


Region I
Northwest Human
Service Center
Region II
North Central Human
Service Center
Region III
Lake Region Human
Service Center
Region IV
Northeast Human
Service Center
Divide
Burke
Renville
Bottineau
Rolette
Towner
Cavalier
Pembina
Williams
Minot
Pierce
Ramsey
Walsh
Williston
Mountrail
Ward
McHenry
Devils Lake
Grand
Forks
Benson
Nelson
Grand Forks
McKenzie
McLean
Sheridan
Wells
Eddy
Foster
Griggs
Steele
Traill
Dunn
Mercer
Billings
Oliver
Burleigh
Kidder
Stutsman
Barnes
Cass
Dickinson
Golden
Valley
Stark
Morton
Bismarck
Jamestown
Fargo
Slope
Hettinger
Grant
Emmons
Logan
LaMoure
Ransom
Richland
Bowman
Adams
Sioux
McIntosh
Dickey
Sargent
Region VIII
Badlands Human
Service Center
Region VII
West Central Human
Service Center
Region VI
South Central Human
Service Center
Region V
Southeast Human
Service Center