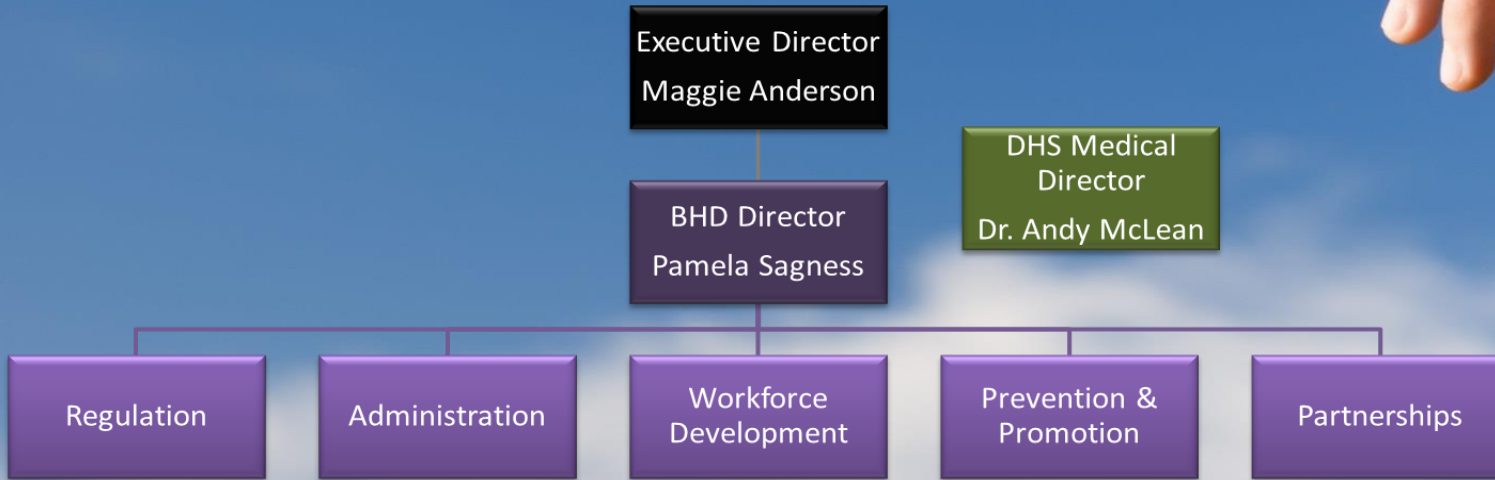


SUBSTANCE USE DISORDER (SUD) SYSTEM IN NORTH DAKOTA

Interim Human Services Committee – November 3, 2015

*Pamela Sagness, Director
Behavioral Health Division*

Behavioral Health Division CORE FUNCTIONS:



The **goal** of the SUD system is to provide a full range of high quality services to meet the needs of North Dakotans.

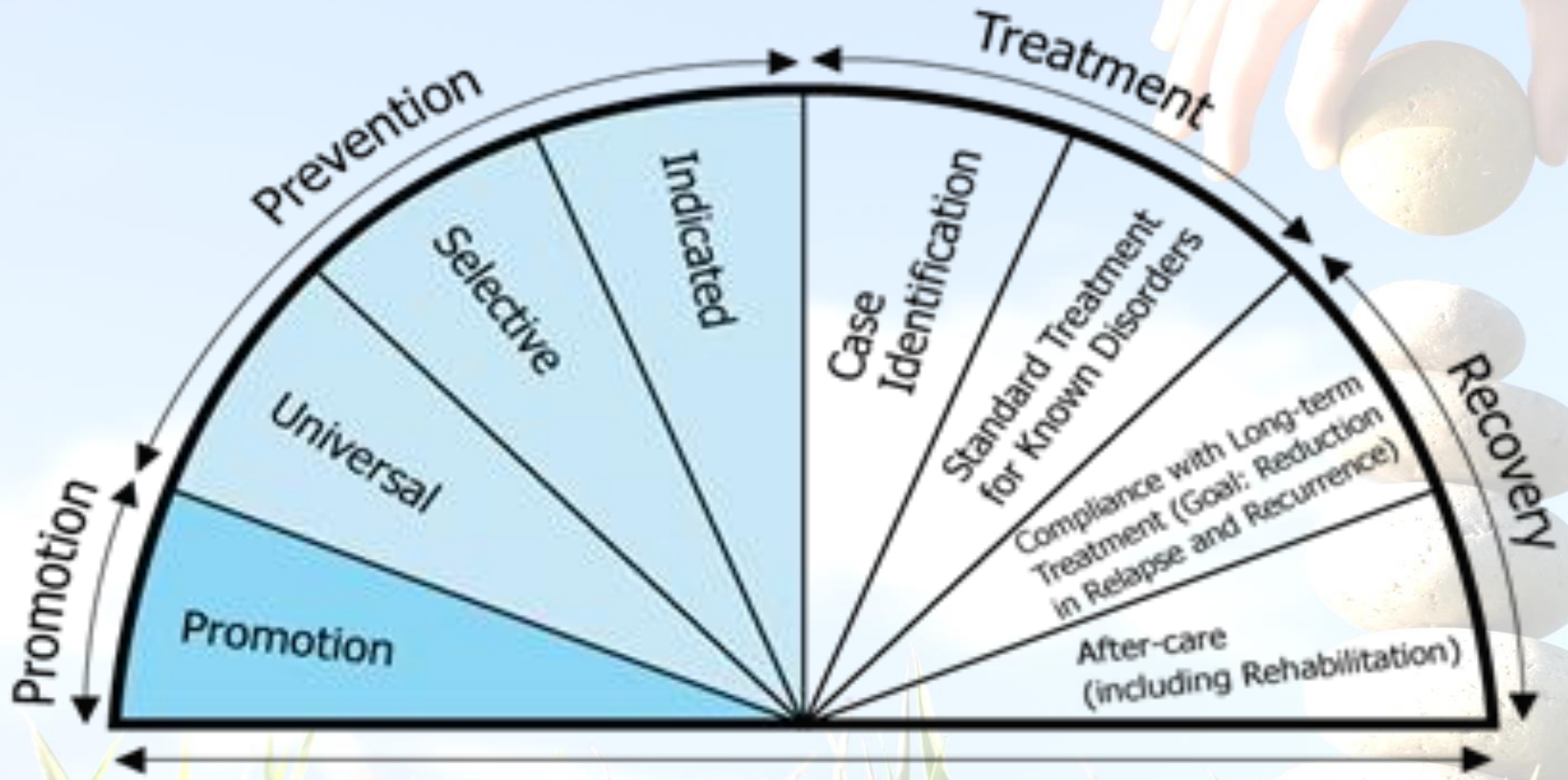


The ND Substance Use Disorder system should:

- have **prevention, intervention, treatment, and recovery** support services.
- include activities and services that go **beyond traditional interventions** such as the current acute care model.
- **coordinate, communicate, and link with primary care** given the prevalence of co-morbid health, mental illness, and substance use disorders.



Behavioral Health Continuum of Care Model





PROMOTION & PREVENTION

Substance Abuse Prevention

The Behavioral Health Division, Substance Abuse Prevention System **follows a public health approach** with the vision for an environment that is supportive of healthy decisions and minimizes consequences associated with substance use.

The following are **primary goals** of the prevention system:

- Support local-level effective substance abuse prevention
- Develop and promote a substance abuse prevention system
- Develop an integration in the behavioral health system (substance abuse prevention and mental health promotion/illness prevention)

Substance Abuse Prevention

The following **priorities** are determined through ongoing data compilations by the State Epidemiological Outcomes Workgroup:

- Prevent underage drinking
- Prevent adult binge drinking
- Prevent prescription drug abuse

Substance Abuse Prevention

Programs and efforts supported by the Substance Abuse Prevention System are **based on evidence-based programs, policies, and practices.**

Research has identified factors that contribute to the development of substance use. These factors include: **Retail availability; Social availability; Economic availability; Enforcement; Promotion; Community norms; and Individual factors.**

Also, the Substance Abuse Prevention System recognizes the number of common or shared **risk and protective factors** throughout life that impact both substance abuse and mental health outcomes. This also includes **resiliency** and **Adverse Childhood Experiences (ACE)**. The ACE Study findings suggest that certain experiences are major risk factors for the leading causes of illness and death as well as poor quality of life in the United States.

SUD Prevention Organizations



Governor's Prevention Advisory Council (GPAC)

Created by Executive Order 2007-03 in May 2007

The Council is charged with **advancing and coordinating knowledge which will result in the adoption of policy-based prevention strategies and innovations** and share knowledge of healthy behaviors and decisions that reduce, postpone or eliminate the problems resulting from destructive decisions.

Prevention Expert Partners Workgroup (PEP=W)

The Prevention Expert Partners Workgroup (PEP-W) is a subcommittee of the North Dakota Governor's Prevention Advisory Council (GPAC). The group works to have **consistent messaging, effective programs and data use across prevention systems**. The PEP-W group also serves as the SPF SIG's Evidence Based Program Workgroup (EBPW).

State Epidemiological Outcomes Workgroup (SEOW)

Initiated in 2006 by the North Dakota Department of Human Services, Behavioral Health Division; funded by SAMHSA

Mission: Identify, analyze, and communicate key substance abuse and related behavioral health data to guide programs, policies, and practices.

The SEOW relies on a systematic and unbiased approach to data collection, analysis, and interpretation.

Goal of the SEOW: Use data to inform and enhance state and community decisions regarding behavioral health programs, practices, and policies, as well as promote positive behavioral and mental health over the lifespan.

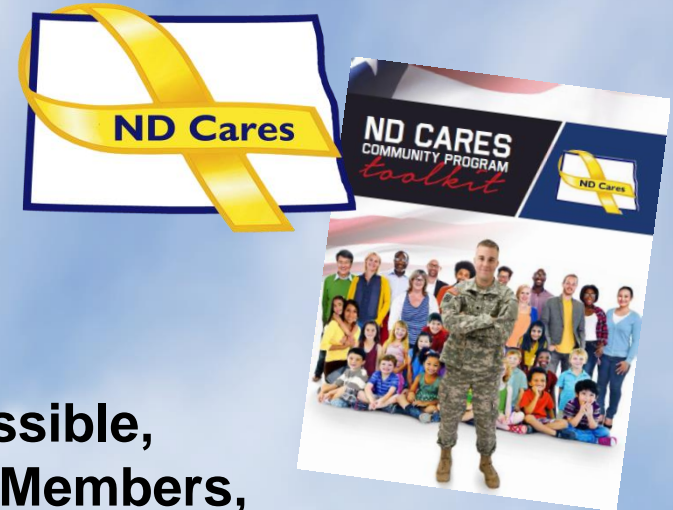
ND Cares

The Behavioral Health Division is a partner in the ND Cares coalition, chaired by the First Lady Betsy Dalrymple.

ND Cares Mission: **Strengthening an accessible, seamless network of support for Service Members, Veterans, Families, and Survivors.**

The **coalition's priority is behavioral health**, defined as a state of mental and emotional being and/or choices and actions that affect wellness.

This effort was initiated after a team from North Dakota was invited by the Substance Abuse and Mental Health Services Administration (SAMHSA) to attend their Service Members, Veterans, and their Families Technical Assistance Center's Policy Academy in 2013 in Baltimore. ND Cares is comprised of a growing team of over 40 military and civilian professionals throughout North Dakota.



Substance Abuse Prevention and Treatment Block Grant (SAPT BG)

20% Set Aside for Primary Prevention

Prescription Drug Abuse Prevention

- Since 2009, the Division has **partnered with the Attorney General** to promote the Take Back Program in an effort to reduce prescription drug abuse.
- The Division **collaborates with the ND Realtor® Association** to provide tools and presentations for realtors in order to reduce access to prescription drugs during open houses and showings.
- **Partnership with Reducing Pharmaceutical Narcotics in Our Communities**
- The Behavioral Health Division, Substance Abuse Prevention System (SAPS) **collaborates with the Office of Indian Affairs and the four ND American Indian Reservations** implementing a prescription drug abuse prevention communication effort.



ND Tribal Prevention Programs



The Division contracts with each of the four federally-recognized Native American reservations in the state for a Tribal Prevention Program.

These programs:

- provide **culturally appropriate, locally relevant technical assistance/training** and substance abuse prevention coordination on each reservation.
- **guides local efforts in their respective communities that follow the Strategic Prevention Framework** process
- **operate in close collaboration with other tribal prevention programs** such as Tribal Tobacco Prevention.

The **Inter-Agency Tribal Workgroup** meets quarterly and consists of the following partners: Tribal Community Prevention Coordinators; Tribal Tobacco Prevention Coordinators; Tribal Suicide Coordinators; Other Tribal Health Programs (Environmental, etc.); ND Department of Human Services Prevention Specialists; ND State Program Directors

Prevention Resource & Media Center

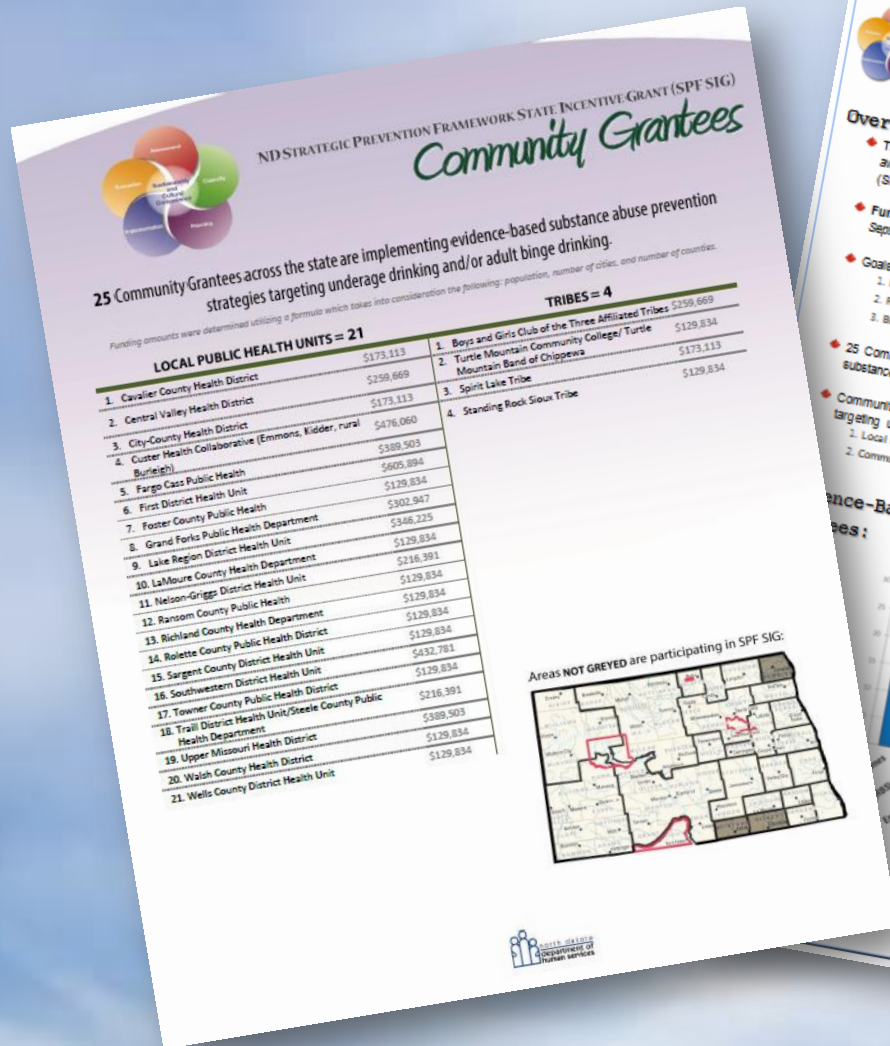
NORTH DAKOTA
PREVENTION
RESOURCE & MEDIA CENTER

The Prevention Resource and Media Center (PRMC) **utilizes evidence-based communication strategies** to create social change. This is accomplished through a variety of **marketing and promotion efforts as well as a user-friendly media resource center/clearinghouse** for the citizens of North Dakota. The PRMC also develops materials and tools to assist local communities in implementing effective prevention, such as environmental strategies.

All Prevention Resource and Media Center materials are available through the State Library electronic system, and can be accessed online, in person, by e-mail, or by phone.



Strategic Prevention Framework State Incentive Grant (SPF SIG)



ND STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT (SPF SIG)
Community Grantees


25 Community Grantees across the state are implementing evidence-based substance abuse prevention strategies targeting underage drinking and/or adult binge drinking.

Funding amounts were determined utilizing a formula which takes into consideration the following: population, number of cities, and number of counties.

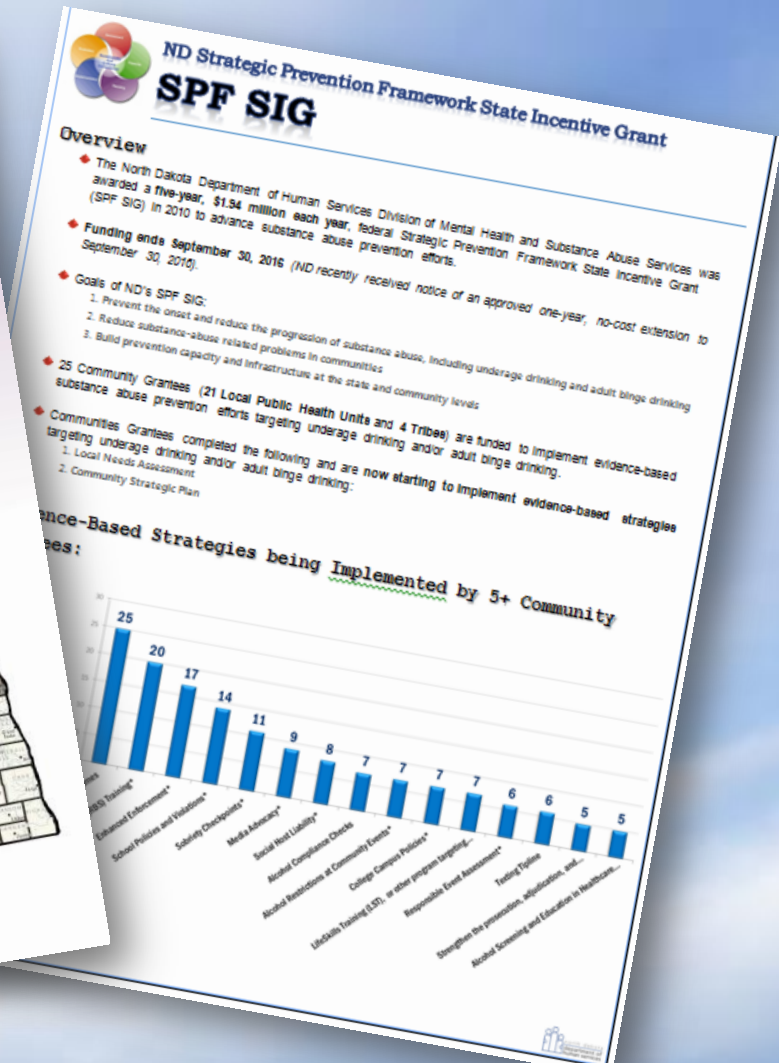
LOCAL PUBLIC HEALTH UNITS = 21

LOCAL PUBLIC HEALTH UNITS = 21	AMOUNT	TRIBES = 4	AMOUNT
1. Cavalier County Health District	\$173,113	1. Boys and Girls Club of the Three Affiliated Tribes	\$259,669
2. Central Valley Health District	\$259,669	2. Turtle Mountain Community College/ Turtle Mountain Band of Chippewa	\$129,834
3. City-County Health District	\$173,113	3. Spirit Lake Tribe	\$173,113
4. Custer Health Collaborative (Emmons, Kidder, rural Burleigh)	\$476,060	4. Standing Rock Sioux Tribe	\$129,834
5. Fargo Cass Public Health	\$389,503		
6. First District Health Unit	\$605,894		
7. Foster County Public Health	\$129,834		
8. Grand Forks Public Health Department	\$302,947		
9. Grand Forks Public Health Unit	\$346,225		
10. LaMoore County Health Department	\$129,834		
11. Nelson-Griggs District Health Unit	\$216,391		
12. Ransom County Public Health	\$129,834		
13. Richland County Health Department	\$129,834		
14. Rolette County Public Health District	\$129,834		
15. Sargent County District Health Unit	\$432,781		
16. Southwestern District Health Unit	\$129,834		
17. Towner County Public Health District	\$216,391		
18. Traill District Health Unit/Steele County Public Health Department	\$389,503		
19. Upper Missouri Health District	\$129,834		
20. Walsh County Health District	\$129,834		
21. Wells County District Health Unit	\$129,834		

Areas NOT GREYED are participating in SPF SIG:



ND Strategic Prevention Framework State Incentive Grant
SPF SIG

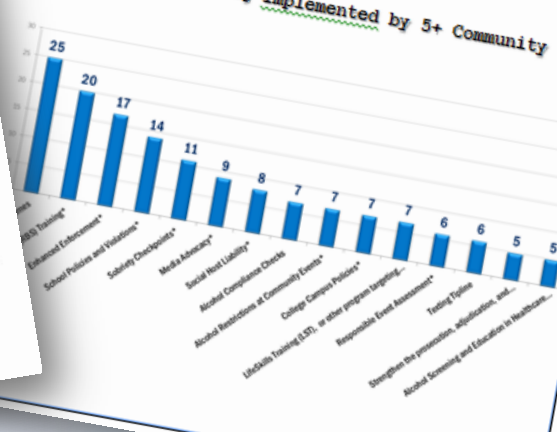


ND Strategic Prevention Framework State Incentive Grant
SPF SIG

Overview

- The North Dakota Department of Human Services Division of Mental Health and Substance Abuse Services was awarded a five-year, \$1.84 million each year, federal Strategic Prevention Framework State Incentive Grant (SPF SIG) in 2010 to advance substance abuse prevention efforts.
- Funding ends September 30, 2016 (ND recently received notice of an approved one-year, no-cost extension to September 30, 2016).
- Goals of ND's SPF SIG:
 - Prevent the onset and reduce the progression of substance abuse, including underage drinking and adult binge drinking
 - Reduce substance-abuse related problems in communities
 - Build prevention capacity and infrastructure at the state and community levels
- 25 Community Grantees (21 Local Public Health Units and 4 Tribes) are funded to implement evidence-based substance abuse prevention efforts targeting underage drinking and/or adult binge drinking.
- Communities Grantees completed the following and are now starting to implement evidence-based strategies:
 - Local Needs Assessment
 - Community Strategic Plan

Evidence-Based Strategies being Implemented by 5+ Community Grantees:



Strategy	Number of Grantees
Local Needs Assessment	25
Community Strategic Plan	20
Local Public Health Unit/ Tribes	17
Substance Abuse Prevention	14
Media Awareness	11
Social Host Liability	9
Alcohol Compliance Checks	8
Alcohol Restrictions at Community Events	7
College Career Policies	7
Responsible Event Assessment	7
Testing Tips	6
Strengthen the partnership, collaboration, and	6
Alcohol Screening and Education in Healthcare	5
Life Skills Training (LST) or other program targeting...	5

ND Strategic Prevention Framework State Incentive Grant
SPF SIG

Strategic Prevention Framework Partnership For Success (SPF PFS)



Strategic Prevention Framework Partnership for Success Grant (PFS)

GRANT OVERVIEW

SAMHSA'S GOALS FOR THE PFS GRANT ARE TO...

- ▶ prevent the onset and reduce the progression of substance abuse;
- ▶ reduce substance abuse-related problems;
- ▶ strengthen prevention capacity/infrastructure at the state and community levels; and
- ▶ leverage, redirect and align funding streams and resources for prevention.

OVERVIEW OF GRANT REQUIREMENTS

- ▶ The Partnership for Success (PFS) grant requires states to use the successful prevention systems and structures put in place through their completed (or almost completed) Strategic Prevention Framework State Incentive Grant (SPF SIG).
- ▶ SAMHSA expects grantees to continue to use the evidence-based Strategic Prevention Framework (SPF) process at both the state and community levels.
- ▶ The PFS requires the use of a comprehensive prevention approach, including a mix of evidence-based programs, policies and practices, which best addresses the selected prevention priority.
- ▶ 85% of the SPF-PFS funds are required to support local efforts. States must develop an approach to funding communities of high need (based on available data).

NORTH DAKOTA PFS

The North Dakota Department of Human Services' Behavioral Health Division was notified of the PFS award in June 2015. The award begins October 2015, with the project period being up to 5 years. North Dakota was awarded \$1,648,188 per year.

DATA-DRIVEN SUBSTANCE ABUSE PREVENTION PRIORITY: Underage drinking among persons aged 12 to 20.

NORTH DAKOTA GRANT GOALS:

- 1) **Goal 1:** Build upon the North Dakota SPF SIG to continue reducing underage drinking through enhancing the capacity of high need communities to implement the Strategic Prevention Framework by focusing on evidence-based programs, policies and practices (EBPs).
- 2) **Goal 2:** Enhance and sustain the state prevention system capacity to support the implementation of the Strategic Prevention Framework process and EBPs to reduce underage drinking.

SELECTION OF HIGH-NEED COMMUNITIES

North Dakota (the Division in collaboration with the state's SEOW) plans to select up to ten communities (based on a formula determining highest need) to receive PFS funding using a rating system, which is based on the following four criteria; (1) population (20%); (2) consumption rates (30%); (3) consequences rates (30%); and (4) risk factors for underage drinking (20%).

- ▶ Communities of high-need will be funded to follow the Strategic Prevention Framework (SPF) and enhance their capacity to implement and sustain a range of evidence-based prevention programs, policies and practices.
- ▶ The selected high-need communities are not yet finalized. Communities determined by the high need formula will have the ability to accept or not accept.

Category	POPULATION SCORE	CONSUMPTION SCORE	CONSEQUENCE SCORE	RISK SCORE
Weight	20%	30%	30%	20%
Data Points Included in Category Score	Percentage of 12-20 year olds in service area	Youth Risk Behavior Survey (YRBS) <ul style="list-style-type: none"> - Middle School lifetime use - Middle School binge use - High School 30-day use - High School binge use Behavioral Risk Factor Surveillance System (BRFSS) <ul style="list-style-type: none"> - Aged 18-20 30-day use - Aged 18-20 binge use 	Youth Risk Behavior Survey (YRBS) <ul style="list-style-type: none"> - High School past 30-day drinking and driving 	Community Readiness Survey (CRS) <ul style="list-style-type: none"> - Perception of acceptability of parents offering youth alcohol - Perception of acceptability of underage drinking in the community - Perception that community has leadership interested in substance abuse prevention - Perception that community has an action plan for substance abuse prevention Liquor Outlet Density Native American Reservation Oil-Impacted Areas

PARENTS LEAD

PARENTS LEAD

FOR PROFESSIONALS

PARENTS LEAD.ORG



Recognizing the power of a parent to influence a child's life, ParentsLEAD.org is an evidence-based North Dakota program to support parents in taking the lead to prevent underage drinking.

Of those parents involved with the website:

93% of the respondents said they would recommend the site to others.

OVER 80% of the respondents said they would use the information in their own parenting.

Research shows that parents can reduce the likelihood that their child will drink underage through ongoing conversations, healthy role-modeling, monitoring, and support and engagement.

GOALS OF PARENTS LEAD

PROGRAM OUTCOMES

Increase ongoing conversations

Almost half (45.2%) said they are now having ongoing conversations about underage drinking.

Increase healthy role-modeling

Just over half (52.7%) of the respondents said they are more conscious of role modeling around their child as a result of the Parents LEAD website.

Increase parental monitoring

One in three (32.3%) parents said they were being more careful about monitoring their child.

Of the 675 parents signed up to receive monthly age-specific emails, 98 completed the online survey (15%).



Parents LEAD is a partnership between the North Dakota Department of Transportation, North Dakota Department of Human Services, North Dakota University System, and NDSU Extension Service.

Source: NDSU Evaluation of Parents LEAD and Parents LEAD for Professionals, Online Survey Conducted November-December 2014.



Speak Volumes

SPEAK VOLUMES.nd.gov

NOT ALL
ALCOHOLIC DRINKS
are created equal

In fact, some drinks contain as much alcohol on their own as up to four drinks combined. That's the message the North Dakota Department of Human Services is delivering to change the culture of binge drinking throughout the state in a new campaign called Speak Volumes.

Surveys show that while many adults think an ounce of pure alcohol translates to one standard drink, the real measurement factors out to just 0.6 ounces. This common assumption, and others like it, often skew an individual's ability to calculate their own blood alcohol content (BAC), resulting in intoxication, potential legal incidents and even death. North Dakota is currently the #1 binge drinking state in the U.S. according to ND DoHS research.

Speak Volumes organizers aim to disprove these theories and encourage adults to drink responsibly by providing and implementing educational materials like visual diagrams, web-based quizzes and even physically demonstrating volume measurements via popular channels throughout North Dakota communities.

The free resources are available on speakvolumes.nd.gov.





CASE
IDENTIFICATION
(Early Intervention)

Case Identification

(Early Intervention) NDCC

5-01-08. Individuals under twenty-one years of age prohibited from using alcoholic beverages or entering licensed premises - Penalty.

1. Except as permitted in this section and section 5-02-06, an individual under twenty-one years of age may not manufacture or attempt to manufacture, purchase or attempt to purchase, consume or have recently consumed other than during a religious service, be under the influence of, be in possession of, or furnish money to any individual for the purchase of an alcoholic beverage.
2. An individual under twenty-one years of age may not enter any licensed premises

3. A violation of this section is a class B misdemeanor. For a violation of subsection 2, the court also shall sentence a violator to alcohol and drug education.

4. The court, under this section, may refer the individual to an outpatient addiction facility licensed by the department of human services for evaluation and appropriate counseling or treatment.

5. If the individual enters the premises for training, education, or research purposes under the supervision of an individual twenty-one or more years of age with prior notification of the local licensing authority.

3. A violation of this section is a class B misdemeanor. For a violation of subsection 2, the court also shall sentence a violator to alcohol and drug education.

4. The court, under this section, may refer the individual to an outpatient addiction facility licensed by the department of human services for evaluation and appropriate counseling or treatment.

5. The offense of consumption occurs in the county of consumption or the county where the offender is arrested.

6. An individual under twenty-one years of age is immune from criminal prosecution under this section if that individual contacted law enforcement or emergency medical services and reported that another individual under twenty-one years of age was in need of medical assistance due to alcohol consumption, provided assistance to the individual in need of medical assistance until assistance arrived and remained on the scene, or was the individual in need of medical assistance and cooperated with medical assistance and law enforcement personnel on the scene. The maximum number of individuals that may be immune for any one occurrence is five individuals.

Screening & Brief Intervention

quick facts SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

What is Screening, Brief Intervention, and Referral to Treatment (SBIRT)?

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are an evidence-based practice designed to identify, reduce, and prevent alcohol and illicit drug abuse and dependence. The SBIRT model calls for community-based screening for health risk behaviors. SBIRT offers an opportunity to identify problem drinking and substance abuse, and trigger intervention.

Investing in SBIRT can result in healthcare cost savings that range from \$3.81 to \$5.60 for each \$1.00 spent.

The approach is often conducted in medical settings including primary care clinics, hospitals, and emergency departments. SBIRT enables healthcare professionals to systematically screen and assist people who may not be seeking help for a substance use problem, but whose drinking or drug use may cause or complicate their ability to successfully handle health, work, or family issues.

What are the benefits of SBIRT?

Risky alcohol and substance use often results in poor health outcomes and substantial healthcare costs related to illness, hospitalizations, motor vehicle accidents, and premature deaths. Research has demonstrated SBIRT's numerous benefits.

Brief intervention in emergency departments have shown a **reduction in repeat injuries and injury hospitalizations.**

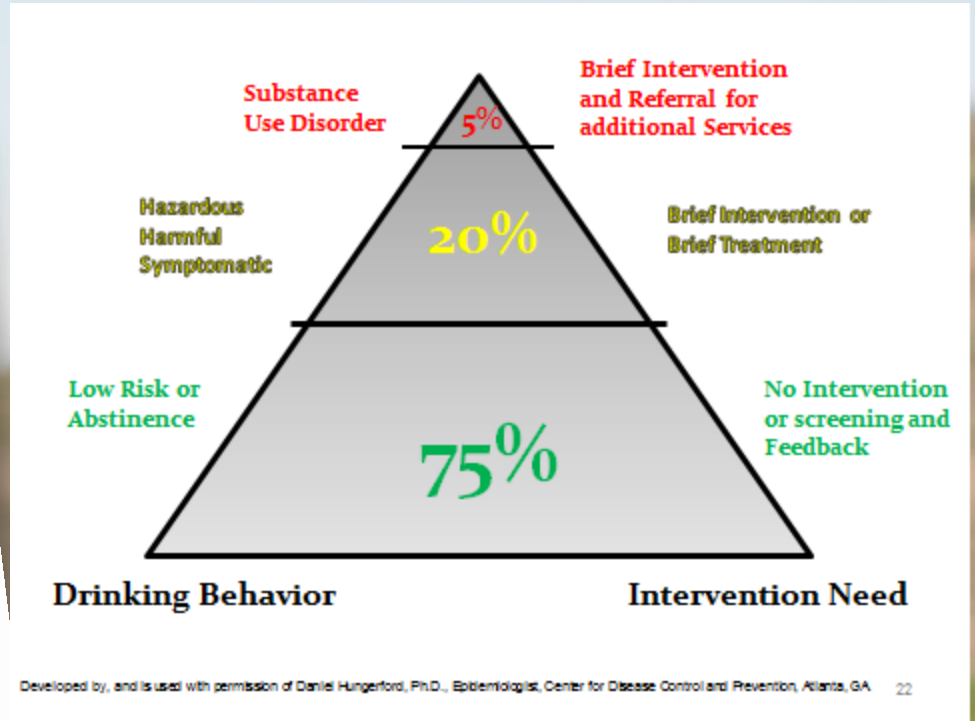
What is the goal of SBIRT?

The primary goal of SBIRT is intended to meet the public health goal of reducing the harms and societal costs associated with risky alcohol and drug use. These harms include related health consequences, disease, accidents, and injuries. SBIRT also helps those with the disease of addiction enter and stay engaged in treatment.

Implementing SBIRT in emergency departments has shown **reductions in alcohol consumption** and successful referral to and participation in alcohol treatment programs

Screening and brief intervention is the **single most effective treatment method** of more than 40 treatment approaches studied, particularly among groups of people not actively seeking treatment.

Source: http://www.integration.samhsa.gov/SBIRT_brief.pdf



TREATMENT



ASAM

Addiction is . . .

a **primary, chronic disease of brain reward, motivation, memory and related circuitry**. Dysfunction in these circuits leads to characteristic biological, psychological, social and spiritual manifestations.

This is reflected in an individual **pathologically pursuing reward and/or relief** by substance use and other behaviors.

ASAM

Addiction is . . .

Like other chronic diseases, addiction often involves cycles of **relapse and remission**.

Without treatment or engagement in **recovery activities**, addiction is progressive and can result in disability or premature death.

ASAM

SUD Leadership Organizations

KEY LEADERSHIP ORGANIZATIONS in North Dakota's Substance Use Disorder System

North Dakota Board of Addiction Counseling Examiners

- The NDBACE is to set minimum standards for the license of addiction counselors; to establish core curricular requirements; to approve addiction counselor training programs, internships, and clinical supervisors; and to establish requirements for the private practice of addiction counseling.

Department of Human Services, Behavioral Health Division

- Administration of alcohol and drug abuse programs, including establishing quality assurance standards for the licensure of programs, services, and facilities.
- Provides leadership for the planning, development, and oversight of a system of care for children, adults, and families with severe emotional disorders, mental illness, and/or substance abuse issues.

Department of Human Services, Service Delivery System

- Provides, directly or through contract, public mental health and substance abuse services through eight Regional Human Service Centers and the North Dakota State Hospital in Jamestown. Specifically focused on IV drug users, pregnant substance users, and those with a mental illness and substance use disorder.

Mental Health and Substance Abuse Planning Council

- The Council's purpose is to provide advice and consultation to the Governor of the State of North Dakota regarding the overall administration and service delivery of mental health and substance abuse services.
- The Council's objective is to monitor, review, and evaluate the location and adequacy of behavioral health services in North Dakota.

North Dakota Addiction Counselors Association

- The purpose of the Association is to advance the profession of addiction counseling. To that end, the Association shall promote the growth of the addiction counseling profession, foster interaction and the exchange of knowledge between addiction counselors, and be an advocate for addiction counselors on issues that affect the profession.

North Dakota Treatment Providers Coalition

- The mission of the Coalition is to enhance opportunities that advance our members' ability to deliver proactive and holistic treatment services.

Prevention Resource and Media Center

- North Dakota Substance Abuse Prevention System provides innovative, quality, and culturally appropriate substance abuse prevention infrastructure, strategies and resources to the individuals and communities of North Dakota.

North Dakota Coalition of Training Consortiums

- The purpose of the Coalition is to advance the training of addiction counselors within the state. To that end, the Coalition shall promote the training of the addiction counseling professional, foster interaction and the exchange of knowledge between addiction counselors and consortiums, and be an advocate for addiction training on issues that affect the profession.

SUD Treatment Services

Treatment is the use of any planned, intentional intervention in the **health, behavior, personal and/or family life** of an individual suffering from alcoholism or from another drug dependency designed to enable the affected individual to achieve and maintain sobriety, physical and mental health, and a maximum functional ability.

ASAM

SUD Treatment Services

There are many **components of treatment** including, but not limited to, physical and psychiatric evaluations, detoxification, counseling, self-help support, treatment for co-morbid physical or behavioral complications, and medication assisted therapy.

ASAM

SUD Treatment Services

October 2015

HOW THE ASAM CRITERIA WORKS

The ASAM criteria provide separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over five broad levels of treatment that are based on the degree of direct medical management provided, the structure, safety and security provided and the intensity of treatment services provided.

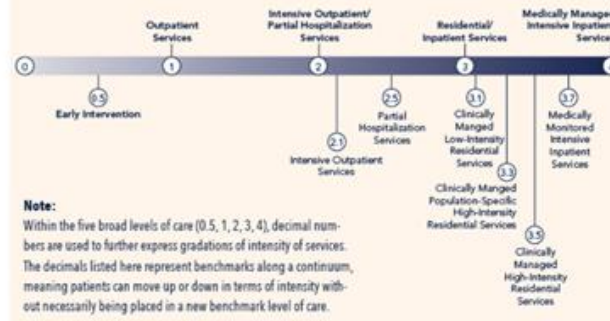
AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

- 1 DIMENSION 1** **Acute Intoxication and/or Withdrawal Potential**
Exploring an individual's past and current experiences of substance use and withdrawal
- 2 DIMENSION 2** **Biomedical Conditions and Complications**
Exploring an individual's health history and current physical condition
- 3 DIMENSION 3** **Emotional, Behavioral, or Cognitive Conditions and Complications**
Exploring an individual's thoughts, emotions, and mental health issues
- 4 DIMENSION 4** **Readiness to Change**
Exploring an individual's readiness and interest in changing
- 5 DIMENSION 5** **Relapse, Continued Use, or Continued Problem Potential**
Exploring an individual's unique relationship with relapse or continued use or problems
- 6 DIMENSION 6** **Recovery/Living Environment**
Exploring an individual's recovery or living situation, and the surrounding people, places, and things



REFLECTING A CONTINUUM OF CARE



<http://www.asam.org/publications/the-asam-criteria/about/>



SUD Treatment Services

October 2013

NORTH DAKOTA Licensed Public & Private Substance Abuse Treatment Programs... by ASAM Level of Care

EDUCATIONAL DUI SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
0.5	5	3	4	9	8	2	11	3	45

ADULT SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
I	6	8	6	12	15	5	14	5	71
II.1	3	5	5	5	10	4	10	4	46
II.5	1	3	3	3	6	2	7	2	27
III.1	1	4	4	2	4	1	4	1	22
III.5		3	1	2	3	2	4		15
III.7		1		1	1	1			4

ADOLESCENT SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
I	2	6	3	8	9	3	12	3	46
II.1	1	3	2	4	4	3	5	2	24
II.5		1	1	2	1	1	3		9
III.1		2	1		3		4	1	11
III.5		2	1	1	2		3		9
III.7		1		1	1				3

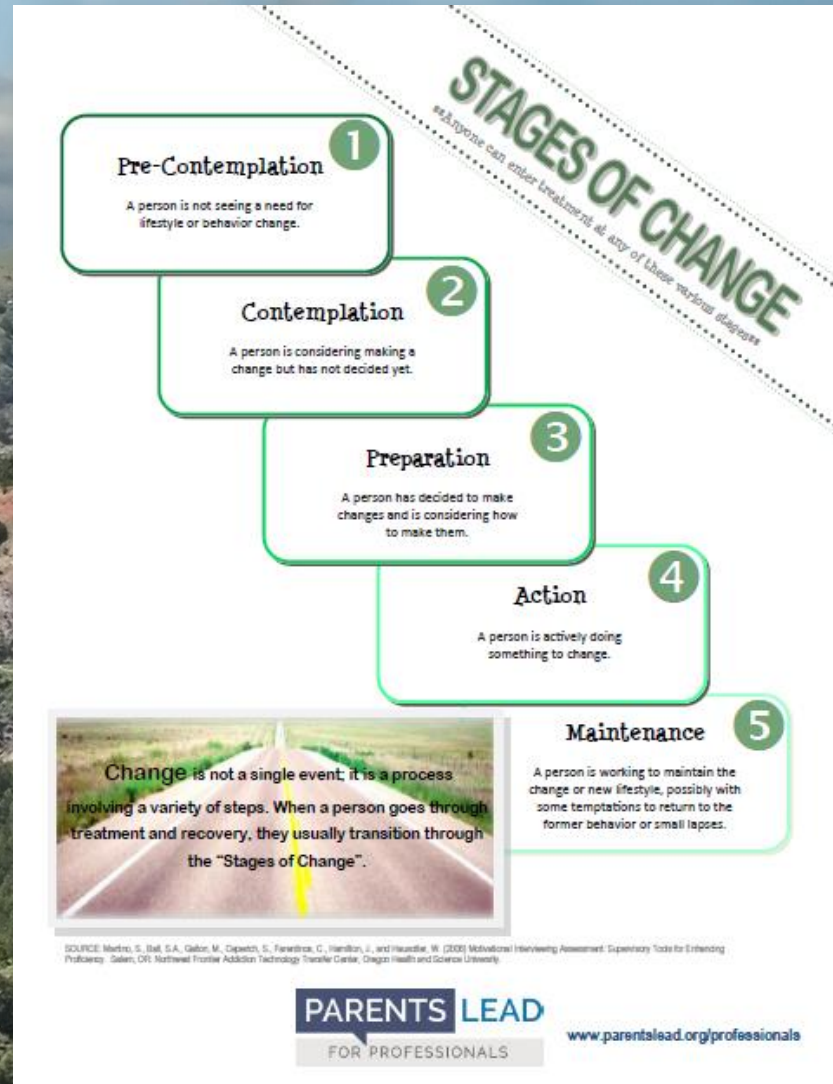
WITHDRAWAL MANAGEMENT (DETOX) SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
III.2D		2	3		3	1	2	1	12

Chronic Disease Management Definition

Chronic disease management is a broad term that encompasses **many different models for improving care for people with chronic disease**. Elements of a structured chronic disease management program may include a treatment plan with regular monitoring, coordination of care between multiple providers and/or settings, medication management, evidence-based care, measuring care quality and outcomes, and support for patient self-management through education or tools.

Stages of Change



Evidence-Based Definition

The **interventions** that are used in this system should reflect **current knowledge and technology** and be grounded in **evidence-based practice.**

Medication Assisted Treatment

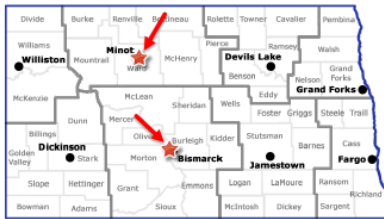
Opioid Treatment Programs in North Dakota

Opioid Treatment Programs use medication and counseling to treat individuals with opioid pain medication and/or heroin addiction.

During the 2013 ND legislative session, the Department of Human Services was authorized to regulate Opioid Treatment Programs (OTPs). Administrative Rules were finalized in April 2015 and the ND Department of Human Services, Behavioral Health Division (BHD) began accepting applications.

To date five applications have been submitted to the BHD. At this time two of the applicants are continuing to pursue operating an Opioid Treatment Program in North Dakota.

48 states have operating Opioid Treatment Programs. North Dakota is one of the last two states to provide this effective treatment option.



BISMARCK	MANDAN	MINOT	WEST FARGO
<ul style="list-style-type: none"> Heartview Foundation has been approved by the BHD to begin the licensing application process. Premier Care, Inc. has withdrawn their application. 	<ul style="list-style-type: none"> Community Medical Services has submitted an application, however, has requested the application be placed on hold. A one year moratorium on OTPs is set to expire in October 2015. The Mandan City Commission is currently working on developing a city ordinance. 	<ul style="list-style-type: none"> Community Medical Services has a provisional OTP license by the BHD and is still pursuing federal requirements. The one year moratorium on OTPs activated on October 2014, was lifted September 2015. 	<ul style="list-style-type: none"> Premier Care, Inc. has withdrawn their application. A one year moratorium on OTPs is set to expire in October 2015. West Fargo City Commission passed city licensing standards to oversee and license programs. West Fargo City Commission is currently reviewing a city ordinance.



OPPIOID TREATMENT PROGRAM

Opioid Treatment Programs are an effective treatment option for individuals with an addiction to opioid pain medications and/or heroin.

Opioid Treatment Programs (OTPs) Provide:

INITIAL APPOINTMENTS

- Patients will receive a complete medical physical at the OTP.
- A medical professional will discuss medication options with each patient:
 - Methadone**
 - Reduces cravings and withdrawal symptoms
 - Buprenorphine**
 - Decreases withdrawal symptoms for a longer period of time compared to methadone
 - Naltrexone**
 - Prevents feeling the effects of a drug
- Patients will meet with a licensed addiction counselor to develop counseling goals.

MEDICATION MONITORING:

- Depending on the patient's individual treatment plan, they may receive medications at the OTP daily, weekly, or monthly (program hours are set up to be conducive to patient's work schedules and daily responsibilities, often opening early enough to allow patients to get to work by 8:00am).
- Patients will attend appointments regularly with their medical professional.

ON-GOING COUNSELING:

- Individual and/or group therapy will be provided based on the patient's individual treatment needs.

Opioid Treatment Programs are regulated by both the Federal and the State Government. For questions contact the ND Department of Human Services, Behavioral Health Division at dhsbhd@nd.gov.

Withdrawal Management Region 7

WITHDRAWAL MANAGEMENT NORTH DAKOTA, REGION 7

Discovery Process



PROBLEM	WHY?	STRATEGIES	SHORT TERM OUTCOMES	LONG TERM OUTCOMES
Police Responsibility (Public intoxication law)	Public Intoxication law flaws	Revise public intoxication law with current language. Public intoxication becomes a misdemeanor		
Limited capacity for social detox (facilities and skills)	Lack of service providers Limited skills in managing withdrawal and intoxication.	Training and technical assistance needed to develop and enhance skills regarding wm & im.		
Facilities (Jail) not licensed for "detox" but left responsible	Jail only option but not qualified or licensed.	Increase capacity for medical detox (wm)	Capacity <ul style="list-style-type: none"> increased skills increased facilities (social & medical) 	Decreased community problems Decreased law enforcement involvement
Limited or no capacity for medical detox (no facilities, risky placements, oversight?, finding?)	Hospitals not providing medical detox (limited)	Increase capacity for social detox (wm) Identify process for intoxication management	Increased Coordination Increased Engagement	Better care for consumers across the continuum of care Improved wellness for consumers
Increased needs (population & narcotics)	Fort Yates transfers to hospital – then out to Bismarck PD. Lack of collaboration among parties/providers	Update Administrative Rule with current ASAM (wm & im) Identify oversight agency for medical detox (im) Ensure engagement strategies in social and medical detox settings.		Decrease in "revolving door"
"Revolving door" (limited engagement, repeat admissions)				



Addiction Counselor Scope of Practice

NORTH DAKOTA BOARD OF ADDICTION COUNSELING EXAMINERS

PO Box 975 • Bismarck, ND 58502 • 701.255.1439
www.ndbace.org • Fax: 701.224.9824 • ndbace@aptnd.com

Finally, while the Board is not aware of other licensing authorities in North Dakota that govern gambling addiction counseling, it recommends that persons who purport to treat gambling addiction gain a thorough understanding of how other professional licensing boards might view the treatment of

The Board understands that there are many types of addiction that can cause varying degrees of harm. At the same time, however, it is important to recognize that the authority of the Board is limited, and relatedly, so is the reach of a license issued by the Board.

North Dakota law explicitly limits the Board's authority to the "counseling or assessment of persons regarding their use or abuse of alcohol or a controlled substance." NDCC 43-45-01(1). As a result, the Board has no authority over the practice of any other forms of addiction counseling, including gambling addiction counseling. Similarly, licenses issued by the Board only qualify licensees to counsel or assess persons regarding their use or abuse of alcohol or controlled substances. Because of this limitation, the Board strongly cautions LAC's against suggesting that a license to practice addiction counseling qualifies him or her to do anything other than the counseling or assessment of a person's use or abuse of alcohol or controlled substances. And an LAC should not suggest that this license in any way qualifies him or her to treat or assess gambling addictions, or any other conditions besides the use or abuse of alcohol or controlled substances.

Recommendations to treat gambling addictions—as long as the person doesn't suggest that his or her addiction counselor's license somehow authorizes them to, or is also a license to, treat gambling addiction.

Robinson Recovery



Jack Dalrymple, Governor
Maggie D. Anderson, Executive Director

Behavioral Health Division

Toll Free 1-800-755-2719
Fax (701) 328-8969
1237 West Divide Avenue Suite 1C, Bismarck, ND 58501-1208
(701) 328-8920

Prevention Resource and Media Center
1237 West Divide Avenue Suite 1D
Toll Free 1-800-642-6744

Human Services Interim Committee Members,

There have been some recent changes regarding Robinson Recovery, contracted through ShareHouse, Inc., a long term residential treatment program for individuals diagnosed with substance use disorder.

To provide some background, during the 2005 legislative session, funding was allocated for the development and implementation of a long term 20 bed residential treatment program for adults with methamphetamine or other controlled substance dependence. Robinson Recovery has received increased funding each biennium thereafter and by 2013 the program had expanded to a 45 bed residential treatment program.

In 2015, during the 64th legislative session, ShareHouse, Inc. provided testimony indicating they were unable to continue with the Robinson Recovery contract providing a 45 bed treatment program at the current allocation. Senate Bill 2012 Section 16, allowed for the Behavioral Health Division to reprocur the contract "if the current contractor is unable to provide the full capacity of services." The current contractor, ShareHouse, Inc. notified the Behavioral Health Division they would not be able to provide the full capacity of services. Therefore, a Request for Proposals was issued for Robinson Recovery residential services at the current 45 bed requirement. No bids were submitted.

As a result, the Behavioral Health Division and ShareHouse, Inc. are working together to ensure services continue to be available to those in need and to provide continuity of care for the current 34 individuals receiving services. ShareHouse, Inc. has agreed to extend the contract through December 31, 2015 for 34 beds. The Behavioral Health Division and ShareHouse, Inc. are working together to develop a resolution to continue services through June 2017. The BHD will continue working with ShareHouse, Inc. and the regional human service centers to address unmet long term treatment needs.

Sincerely,

Pamela Sagness, Director
Behavioral Health Division
Department of Human Services

SUD Private Treatment Services

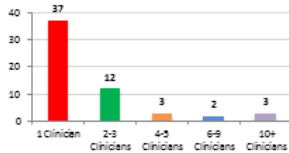
NORTH DAKOTA

PRIVATE Adult Substance Abuse Treatment Programs

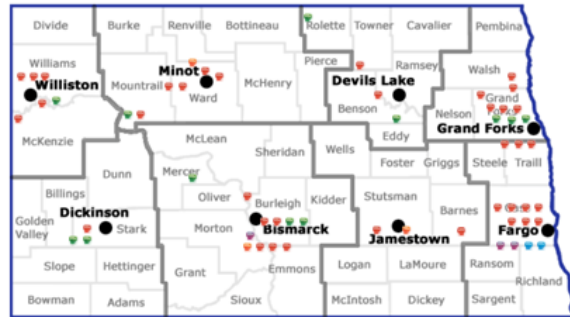
Licensed by the Department of Human Services

Total Number of Licensed Private Programs* = 57

- 37 Licensed Programs have 1 Clinician
- 12 Licensed Programs have 2-3 Clinicians
- 3 Licensed Programs have 4-5 Clinicians
- 2 Licensed Programs have 6-9 Clinicians
- 3 Licensed Programs have 10+ Clinicians



Location and Number of Clinicians per Program



LEGEND

- 1 Clinician
- 2-3 Clinicians
- 4-5 Clinicians
- 6-9 Clinicians
- 10+ Clinicians

Licensed Substance Abuse Treatment Programs are required to follow the levels of care based on the DSM and ASAM criteria and policies for client admission.



*Does not include DUI, adolescent only, or public providers (DHS/DOCR)

List of Programs by Region**

Region 1 (Williston)

Programs with 1 Clinician

- ADAPT, Inc. - Williston
- Native American Resource Center - Trenton
- Choice Recovery Counseling - Williston
- Weisnoff Alcohol & Drug - Williston
- Summit Counseling - Williston

Programs with 2-3 Clinicians

- Montgomery Counseling Services - Williston

Region 3 (Devils Lake)

Programs with 1 Clinician

- ADAPT, Inc. - Devils Lake
- Heartstep, Foundation - Cando

Programs with 2-3 Clinicians

- 5th Generation - Belcourt
- Spirit Lake Nation Recovery & Wellness Program - Fort Totten

Region 5 (Fargo)

Programs with 1 Clinician

- ADAPT, Inc. - Fargo
- Shiano, Chris Counseling Services - Fargo
- Simon Chemical Dependency Services - Fargo
- McInerth, Claudia Counseling - Fargo
- Discovery Counseling - Fargo
- Eddie Burl, LLC - Fargo
- Fargo VA Medical and Regional Office Center Substance Abuse Treatment Program - Fargo

Programs with 6-9 Clinicians

- First Step Recovery, a program of The Village Family Service Center - Fargo

Programs with 10+ Clinicians

- PSI Acquisitions, LLC d/b/a Prairie St. John's - Fargo
- SpaceHouse, Inc. - Fargo

Region 7 (Bismarck)

Programs with 1 Clinician

- Pathway to Freedom - Willon
- Bismarck, Rose Counseling Service - Bismarck
- Be Free Counseling Services - Bismarck
- Chambers and Blago Psychological Services, PC - Bismarck
- Kozmierzak, Audrey Counseling Service - Bismarck
- One 80 Programs, Dakota Institute of Trauma Therapy, PC - Bismarck

Programs with 2-3 Clinicians

- St. Alexius Medical Center/PHP Dual Diagnosis Program - Bismarck
- Coal Country Substance Abuse Services - Beulah

Programs with 4-5 Clinicians

- ADAPT, Inc. - Bismarck

Programs with 10+ Clinicians

- New Freedom Center, Inc. - Bismarck
- Heartstep, Foundation - Bismarck

Region 2 (Minot)

Programs with 1 Clinician

- ADAPT, Inc. - Minot
- Bob Hayes Addiction Services - Minot
- Cornerstone Addiction Services - Minot
- Goodman Addiction Services - Minot
- Paschall Resource Center - Parshall

Programs with 2-3 Clinicians

- Circle of Life Alcohol Program - New Town

Programs with 4-5 Clinicians

- Trinity Hospitals - Minot

Region 4 (Grand Forks)

Programs with 1 Clinician

- ADAPT, Inc. - Grand Forks
- MAB Addiction Counseling Services - Grafton
- Quinn DU/MIP/Evaluations - Grafton
- Alcohol & Drug Services, Inc. - Grand Forks
- Foley, Don Counseling - Grand Forks
- Centre, Inc. - Grand Forks

Programs with 2-3 Clinicians

- Northland Christian Counseling Center - Grand Forks
- Stadtes, Richard P, Psychiatric Center - Chemical Dependency - Grand Forks
- Start Somewhere Counseling Services - Grand Forks

Programs with 2-3 Clinicians

- Agassiz Associates, PLLC - Grand Forks
- UND Counseling Center Substance Abuse Program - Grand Forks
- Drake Counseling Services - Grand Forks

Region 6 (Jamestown)

Programs with 1 Clinician

- Dokter-Evjen Recovery Choice - Jamestown
- Creative Therapy, PLLC - Valley City

Programs with 4-5 Clinicians

- Addiction & Counseling Services - Jamestown

Region 8 (Dickinson)

Programs with 1 Clinician

- ADAPT, Inc. - Dickinson

Programs with 2-3 Clinicians

- Heart River Alcohol & Drug Abuse Services - Dickinson
- Sacajewee Substance Abuse Counseling - Dickinson

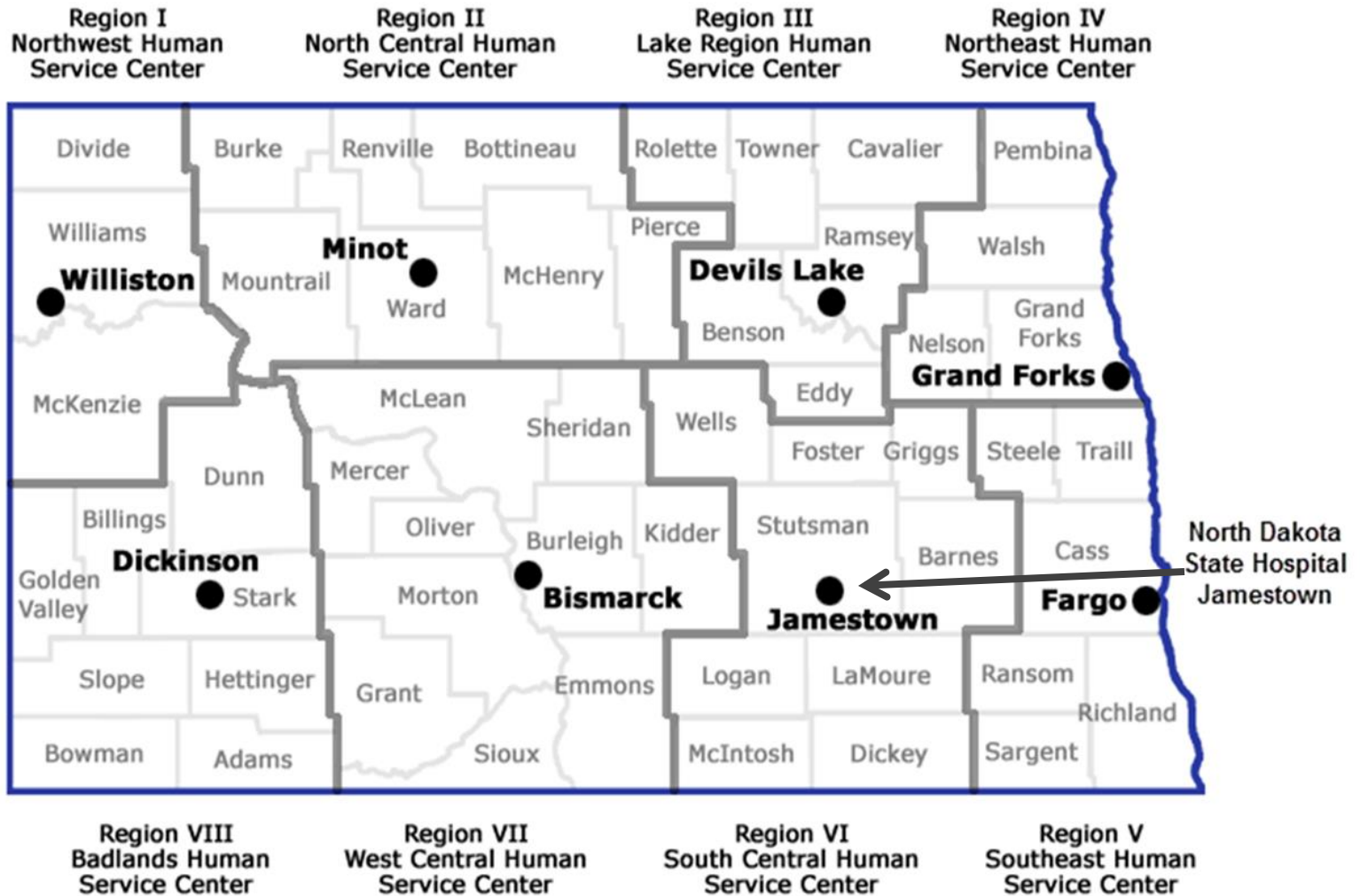
**Programs in red have a Medicaid provider number.



PUBLIC SERVICE DELIVERY

Rosalie Etherington, Ph.D.
Superintendent/Director
NDSH/HSC

Public Services



Public Service Delivery System

Detox, Treatment & Sober Living Bed Count

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Medical Detox					10	5		
SUD Residential/Social Detox		38	25	20	41	16	24	1
Sober Living							8	
Residential - Corrections						90 + 15		
Inpatient						20		

Public Service Delivery SUD Core Population

- ▣ IV Drug Users
- ▣ Pregnant Substance Users
- ▣ Individuals with mental illness and substance use disorders

Public Service Delivery Chronic Disease Management

- ▣ Medication
 - Withdrawal
 - Prevent relapse and diminish cravings
- ▣ Outpatient counseling
- ▣ Residential treatment
- ▣ Care Coordination/Case Management
- ▣ Supported employment
- ▣ Home and community based services
- ▣ Social Supports



Recovery

A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Recovery

Through the Recovery Support Strategic Initiative, SAMHSA has delineated four major dimensions that support a life in recovery . . .

Health: Overcoming or managing one's disease(s) or symptoms and for everyone in recovery, making informed, healthy choices that support physical and emotional wellbeing.

Home: A stable and safe place to live.

Purpose: Meaningful daily activities, such as a job, school, volunteerism, family caretaking, or creative endeavors, and the independence, income and resources to participate in society.

Community: Relationships and social networks that provide support, friendship, love, and hope.

Recovery Talk



Since 2008, the Department of Human Services has funded, through the Substance Abuse Prevention and Treatment Block Grant, a telephone recovery support service. Referrals for this service are usually made by treatment providers following an interest and agreement with the individual in treatment.

Beginning October 1st, 2015 the service became a 24 hour, 7 day a week service. This change has allowed for the continued service of scheduled calls with individuals and creates the opportunity for individuals in recovery or seeking support for recovery to reach out during times when they need the support. The service is not a crisis line but the 24 hour a day 7 day a week will allow for increased availability of support for recovery.

Recovery Events



Since 2010, the Department of Human Services has funded, through the Substance Abuse Prevention and Treatment Block Grant, state-wide Community Recovery Events.

The community events promote advocacy and recovery to change public perceptions of recovery, promote effective public policy and demonstrate that recovery is a reality for millions of Americans. Events like rallies, runs, walks, sober social events or other activities educate people in the community about long-term recovery, engage kids and families in community-wide events, and demonstrate the joy and new life that goes along with recovery.

UPDATES

SUD Voucher: Draft administrative rules are under review by legal. Senate Bill 2048 Section 4.

There is appropriated out of any moneys in the general fund in the state treasury, not otherwise appropriated, the sum of \$750,000, or so much of the sum as may be necessary, to the department of human services for the purpose of establishing and administering a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, for the period beginning July 1, 2016, and ending June 30, 2017. Services eligible for the voucher program include only those levels of care recognized by the American society of addiction medicine, with particular emphasis given to underserved areas and programs.

UPDATES

Behavioral Health Needs Assessment:
Completed by June 30, 2016.

Mental Health & Substance Abuse Planning
Council: On Friday will be voting to update name
and membership to represent “Behavioral Health”
across the continuum.



FOR CONSIDERATION

Workforce challenges.

Data gaps.

Limited advocacy and protection for SUD populations.

Community based options.

Collaboration with 24-7 programs and community based corrections.



The ND Substance Use Disorder system should:

- have **prevention, intervention, treatment, and recovery** support services.
- include activities and services that go **beyond traditional interventions** such as the current acute care model.
- **coordinate, communicate, and link with primary care** given the prevalence of co-morbid health, mental illness, and substance use disorders.

