BEHAVIORAL HEALTH UPDATES

Pamela Sagness, Executive Policy Director
Department of Human Services
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 well-being
BEHAVIORAL HEALTH IS HEALTH
THE ROADMAP
BEGINNING TRANSFORMATION
TIMELINE

2014
Behavioral Health Planning Final Report
_Schulte Consulting_

2016
ND Behavioral Health Assessment: Gaps and Recommendations

2018
ND Behavioral Health System Study
_Human Services Research Institute (HSRI)_
“A well-functioning behavioral health system attends not only to the intensive needs of children, youth, and adults with serious mental health conditions and substance use disorders but also to the outpatient and community-based service and support needs of individuals, and, critically, to the social and emotional well-being of the majority of the population who have not been diagnosed with a behavioral health condition—especially children, youth, and young adults.”
North Dakota Behavioral Health System Study RECOMMENDATIONS

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

1. 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
For more information about BH in ND visit:

https://www.hsri.org/NDvision-2020
Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.

Total estimated substance use disorder treatment expenditures were $19 million.
Residential, inpatient, and long-term care facility services accounted for a majority of mental health system treatment service expenditures in FY2017.
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
LEGISLATIVE UPDATES
Behavioral Health
<table>
<thead>
<tr>
<th>SB 2012 SECTION</th>
<th>PROGRAM/SERVICE</th>
<th>DIVISION BUDGET</th>
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</thead>
<tbody>
<tr>
<td>1</td>
<td>Substance Use Disorder Voucher (additional dollars to support need, additional</td>
<td>Behavioral Health Division</td>
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<tr>
<td></td>
<td>capacity [2 FTE], and reduction in age eligibility from 18 to 14; previously</td>
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<td></td>
<td>SB 2175)</td>
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<td></td>
<td>Parents Lead</td>
<td>Behavioral Health Division</td>
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<td></td>
<td>Mental Illness Prevention (previously 2028)</td>
<td>Behavioral Health Division</td>
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<td></td>
<td>Recovery home grant program</td>
<td>Behavioral Health Division</td>
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<tr>
<td></td>
<td>Maintain trauma-informed practices network (funding moved from SB 2291)</td>
<td>Behavioral Health Division</td>
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<tr>
<td></td>
<td>Suicide prevention transfer from Department of Health</td>
<td>Behavioral Health Division</td>
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<td>Statewide Behavioral Health Crisis Services</td>
<td>Field Services Division</td>
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<td>4</td>
<td>Peer Support certification (previously SB 2032)</td>
<td>Behavioral Health Division</td>
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<tr>
<td>5</td>
<td>Community Behavioral Health Program (expansion of Free Through Recovery; previously</td>
<td>Behavioral Health Division</td>
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<td>SB 2029)</td>
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<tr>
<td>18</td>
<td>IMD, Bed Capacity, and Medicaid waiver (1115) Study</td>
<td>Field Services Division</td>
</tr>
<tr>
<td>21</td>
<td>School Behavioral Health Grants (previously 2300)</td>
<td>Behavioral Health Division</td>
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<tr>
<td>22</td>
<td>School Behavioral Health Program</td>
<td>Behavioral Health Division</td>
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<tr>
<td>38</td>
<td>Expansion of Targeted Case Management – youth with SED (previously 2031)</td>
<td>Medical Services</td>
</tr>
<tr>
<td>39</td>
<td>Expansion of Targeted Case Management – adults with SMI (previously 2031)</td>
<td>Medical Services</td>
</tr>
<tr>
<td>40</td>
<td>Withdrawal management coverage in Medicaid</td>
<td>Medical Services</td>
</tr>
<tr>
<td>41</td>
<td>1915i Medicaid State Plan Amendment (adults and youth [previously 2298])</td>
<td>Medical Services</td>
</tr>
<tr>
<td>45</td>
<td>Sustain HSRI Behavioral Health Study Implementation support (previously SB 2030)</td>
<td>Behavioral Health Division</td>
</tr>
</tbody>
</table>
Other Behavioral Health-Related Bills
House Bill 1103
Opioid Treatment Medication Units

PASSED

- Passed House (13-0-1) (87-3)
- Passed Senate (6-0-0) (44-0)

50-31-01
"Medication unit" means a facility established as part of, but geographically separate from, an opioid treatment program, from which a licensed practitioner dispenses or administers an opioid treatment medication or collects samples for drug testing or analysis.
...The department may establish a program to prevent out-of-home placement for a Medicaid eligible child with a behavior health condition as defined in the "Diagnostic and Statistical Manual of Mental Disorders", American psychiatric association, fifth edition, text revision (2013).

...assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, excluding regional human service centers, and hospital-or medical clinic-based programs for medical management of withdrawal.
Youth behavioral health training to teachers, administrators, and ancillary staff.

...Each school within a district shall designate an individual as a behavioral health resource coordinator.

...The superintendent of public instruction shall maintain the contact information of the behavioral health resource coordinator in each school.
Senate Bill 2313
Children's System of Services and Cabinet

**PASSED**

- Passed Senate (5-0-1) (44-0)
- Passed House (14-0) (81-9)

To develop a system of services and supports to provide behavioral health services and supports in the community for children at risk of or identified as having a behavioral health condition and for the families of these children.

To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community.

Children's cabinet - The children's cabinet is created to assess, guide, and coordinate the care for children across the state's branches of government and the tribal nations.
Senate Bill 2246
Public Intoxication

**PASSED**

- Passed Senate (6-0) (47-0)
- Passed House (11-0-3) (91-0)

5-01-05.1

As used in this section "intoxicated" means a state in which an individual is under the influence of alcoholic beverages, drugs, or controlled substances, or a combination of alcoholic beverages, drugs, and controlled substances.
Senate Bill 2240
References to Substance Use Disorders

PASSED

- Passed Senate (6-0) (47-0)
- Passed House (12-2-0) (72-18)

Removes “habitual drunkard”
Background

Goal: improve access to quality substance use disorder treatment services and allow for individual choice, by providing reimbursement where other third-party reimbursement is not available.

- Initiated during 2015 legislative session (NDCC 50-06-42)
- Began serving individuals in 2016

4,200 individuals have received services through the SUD Voucher from July 2017 through June 2020.

Twenty-one providers are providing voucher services.
Demographics
(N=4,200)

Of the participants,
• 74.6% were not employed
• 84.1% had GED/HS diploma
• 4.0% had a military affiliation
• 19.3% had dependent living environment and 26% homeless

Demographic Breakdown:
- Male: 58%
- Female: 42%
- Age Distribution:
  - 18-25: 14%
  - 26-35: 42%
  - 36-45: 26%
  - 46-55: 11%
  - 56-65: 6%
  - 66+: 1%
- Race Distribution:
  - White: 68%
  - Black: 19%
  - Hispanic: 5%
  - Asian: 3%
  - Native Hawaiian: 3%
  - Am Indian: 1%
  - Other Race: 1%
  - Prefer Not to Answer: 1%
Exhausted Appropriation

2019-2021 Appropriation: $7,997,294

CURRENT INDIVIDUALS
• Continue to be covered by their voucher and no interruption to their care and medically necessary services should occur.

NEW INDIVIDUALS
• Applications not considered for approval after 5pm on June 30, 2020.

NEW PROVIDERS
• Applications not considered for approval after 5pm on June 30, 2020.
Continuing Medication-Assisted Treatment

Methadone is not currently covered by the ND Medicaid program.

- To ensure methadone services are provided to eligible individuals, the three Opioid Treatment Programs (OTPs) in the state that offer methadone services were provided federal funding to continue serving new individuals after June 30th.

- These services have continued since July 1st and will maintain through September 30, 2020, at which point Medicaid is expected to begin reimbursing for methadone services, due to federal law changes.
## SUD Voucher Appropriation

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<tr>
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<tbody>
<tr>
<td>TOTAL BUDGET</td>
<td>$575,000</td>
<td>$4,917,087</td>
<td>$7,997,294</td>
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<tr>
<td>AMOUNT EXPENDED</td>
<td>$252,293.85</td>
<td>$8,288,293.05</td>
<td>$7,149,151.91</td>
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## 2019-2021 Appropriation Update

<table>
<thead>
<tr>
<th></th>
<th>As of July 3, 2020</th>
<th>As of August 3, 2020</th>
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<tbody>
<tr>
<td>Amount expended</td>
<td>$7,007,738.10</td>
<td>$7,149,151.91</td>
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<tr>
<td>Pending invoices**</td>
<td>$1,125,508.45</td>
<td>$1,263,827.14</td>
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<tr>
<td>Remaining prior authorization</td>
<td>$10,558,630.11</td>
<td>$5,541,738.39*</td>
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</table>

*De-obligated $5,188,428.32 after reconciling prior-authorizations with providers
EMERGENCY COMMISSION

• DHS can only request up to $500,000 from the Emergency Commission. The Department will have over-expended more than that amount in maintaining services to the individuals already enrolled in the program for the next 12 months. An additional $500,000 will not allow the program to open to new participants, even if approved.

CARES FUNDING

• DHS requested CARES funding and it was determined by OMB to be not allowed.

The department is exploring additional funding sources to provide payment for these vital substance use disorder services to serve North Dakota’s underserved areas and gaps in the state’s substance abuse treatment system.
## Reimbursements by Provider (Since 2015)

<table>
<thead>
<tr>
<th>Provider</th>
<th>Reimbursement</th>
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<tbody>
<tr>
<td>SHAREHOUSE</td>
<td>$3,992,228.22</td>
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<tr>
<td>PRAIRIE ST JOHNS LLC</td>
<td>$3,991,969.29</td>
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<tr>
<td>HEARTVIEW FOUNDATION</td>
<td>$2,342,244.95</td>
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<tr>
<td>COMMUNITY MEDICAL SERVICES</td>
<td>$2,265,374.36</td>
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<tr>
<td>GROWING TOGETHER INC</td>
<td>$1,009,182.07</td>
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<td>AGASSIZ ASSOCIATES PLLC</td>
<td>$678,659.48</td>
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<tr>
<td>VILLAGE FAMILY SERVICE CENTER, THE</td>
<td>$657,010.22</td>
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<tr>
<td>DRAKE COUNSELING SERVICES</td>
<td>$557,259.88</td>
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<td>ST THOMAS COUNSELING CENTER</td>
<td>$310,017.36</td>
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<tr>
<td>GOODMAN ADDICTION SERVICES</td>
<td>$174,861.77</td>
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<tr>
<td>HEART RIVER ALCOHOL &amp; DRUG ABUSE SVCS</td>
<td>$16,688.54</td>
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<tr>
<td>GOOD ROAD RECOVERY CENTER</td>
<td>$13,826.25</td>
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<td>FAA ADDICTION SERVICES</td>
<td>$10,103.11</td>
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<tr>
<td>WILLOW TREE COUNSELING PLLLC</td>
<td>$2,545.28</td>
</tr>
</tbody>
</table>
The 13 Aims are based on the recommendations of the 2018 HSRI Behavioral Health System Study, principles of good and modern behavioral health systems, and the community’s vision for system change.

1. Develop & implement a comprehensive strategic plan
2. Invest in prevention and early intervention
3. Ensure timely access to behavioral health services
4. Expand outpatient and community-based services
5. Enhance & streamline system of care for children
6. Continue criminal justice strategy
7. Recruit and retain a qualified & competent workforce
8. Expand telebehavioral health
9. Ensure values of person-centeredness, cultural competence, and trauma-responsiveness
10. Encourage and support community involvement
11. Partner with tribal nations to increase health equity
12. Diversify and enhance funding
13. Conduct ongoing, system-wide, data-driven monitoring of needs and access