



SERVICES STUDY

The need for acute level services across the state of North Dakota

NORTH
Dakota | Human Services
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WHAT/WHY – SB2012

SECTION 18. PLACEMENT OF INDIVIDUALS IN INSTITUTIONS FOR MENTAL DISEASE -REPORT TO LEGISLATIVE MANAGEMENT. During the biennium beginning July 1, 2019, and ending June 30, 2021, the department of human services shall develop a statewide plan to address acute psychiatric and residential care needs. The statewide plan must address the following:

1. The size and use of the state hospital;
2. The potential need for state-operated or private acute facilities in areas of the state outside the city of Jamestown;
3. The potential to expand private providers' offering of acute psychiatric care and residential care to fulfill the identified need, including how the implementation of services authorized by the sixty-sixth legislative assembly affects the balance of inpatient, residential, and community-based services;
4. The impact of department efforts to adjust crisis services and other behavioral health services provided by the regional human service centers; and
5. The potential use of available Medicaid authorities, including waivers or plan amendments.

Prior to October 1, 2020, the department shall report to the legislative management on the statewide plan, along with any legislation required to implement the plan.

DHS KEY FOCUS AREAS

- Determine current available beds
 - Level
 - Acute (Hospital level)
 - We have approximately 240 beds in ND today (includes 20 at NDSH)
 - Limited bed availability in western part of state
 - Rehabilitation (Hospital, SOTEP, Tompkins - DHS)
 - We have approximately 146 beds today (includes 60 at NDSH)
 - Crisis (Typically state)
 - 95 beds administered by HSCs
 - Residential (PRTF, RTC, TL, other)
 - 200+ beds by various providers
 - Demographic
 - Adult
 - Adolescent/child



DETERMINE STATE NEED

- **Statistical analysis**
 - Use national and research ratios to estimate need
- **Stakeholder research**
 - Identified needs through surveys and meetings
 - Specific work with state services review
- **Estimate/quantify impact of new investments**
 - Mobile crisis teams
 - 1915i services for children and adults
 - Geri-Psych unit expansion
 - Expanded use of Tompkins services

IDENTIFY SHORTAGE AREAS

- Overlap need (including regional and service type and level) with available services across the state
- Determine targeted level of services in each area required to meet identified need

DEVELOP STRATEGIES TO FILL NEED

- Consider state resources or services
 - Expand existing services
 - Repurpose existing services
 - Phase out ineffective services
 - Add new
- Identify private provider opportunities
 - Expand existing services
 - Repurpose existing services
 - Add new

FUNDING FOR NEW STRATEGIES

- State run facilities and sources of revenue
- Private
 - Business models that can be supported through current funding streams (private insurance and Medicaid)
 - Contract for specific services with state funds
 - Expansion of Medicaid funding options
- Other

WHAT ABOUT MEDICAID?

- Compare and contrast the Medicaid authorities that have been used by other states to address the IMD exclusion
- List the number of states that have these authorities and the processing time (waiver submitted to approval)
- Describe what factors were used to demonstrate cost neutrality in the 1115 approach
- Describe what the characteristics are in the authorities (i.e., bed limit, LOS, emergent non-IMD services included, what populations, etc.)
- Estimate the cost for the Department to develop these authorities (i.e., how many FTE for 1115)
- Suggestion on 2 peer states that North Dakota should learn from their experiences that might be similar

WHAT HAVE WE DONE

- Work plan established
- Contract with HSRI in place
- Stakeholder meetings with
 - NDSH (on campus and included client meetings)
 - Fargo focus
 - Prairie St. John's (IMD)
 - Sanford
 - HSC Crisis services
 - Dakota Boys and Girls Ranch (PRTF)
 - Detox center
 - Fargo Police Department
- Survey in process with NDHA

FINAL DELIVERABLE

- Identify specific strategies to meet needs
 - Identify need for both service type and geography for state
 - Recommend specific strategies to meet that need including
 - Private provider participation
 - Changes in services by both state and private providers
 - Funding through new contracts and/or new Medicaid funding
 - Clarify size and mission of new state facility in Jamestown
 - Provide preliminary design recommendations as required
 - Deliver budget and legislation requirements to fulfill needs