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:

Executive Director
Maggie Anderson

BHD Director
Pamela Sagnness

DHS Medical Director
Dr. Andy McLean

Regulation
Administration
Workforce Development
Prevention & Promotion
Partnerships
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

Institute of Medicine
PROMOTION & 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.
- **guide 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.
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)

Community Grantees

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

LOCAL PUBLIC HEALTH UNITS - 21

<table>
<thead>
<tr>
<th>Community Grantee</th>
<th>Total Grant Award (G)</th>
<th>Location</th>
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<tbody>
<tr>
<td>1. Dakota Health District</td>
<td>$120,000</td>
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<td>2. Cass County Health District</td>
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<td>19. Public Health Epidemiology</td>
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<td>20. Public Health Surveillance</td>
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<td>21. Traverse County Health District</td>
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<td>21. Health Information Management</td>
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ND Strategic Prevention Framework State Incentive Grant

SPF SIG

Differences:
1. The North Dakota Department of Health Services has awarded $150,000 each year to the Strategic Prevention Framework State Incentive Grant (SPF SIG) to support community-based prevention initiatives.
2. Funding ends on September 30th and grant recipients must complete reporting requirements by October 30th.
3. Goals for SPF SIG recipients:
   1. Prevent the onset and reduce the progression of substance abuse, including underage drinking and adult binge drinking.
   2. Reduce substance abuse-related problems in communities.
   3. Reduce substance abuse-related problems in schools and communities.

Outcomes:
1. 24 Community Grantees are implementing evidence-based strategies targeting underage drinking and adult binge drinking.
2. Community Grantees are engaged in the planning and are now beginning to implement evidence-based strategies targeting underage drinking and adult binge drinking.
3. Evidence-Based Strategies being implemented by 5+ Community Grantees:
   - 25
   - 20
   - 17
   - 14
   - 11
   - 5
   - 3
   - 2
   - 1
   - 0

Advantages of participating in SPF SIG:

- 25
- 20
- 17
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- 11
- 5
- 3
- 2
- 1
- 0

Community-Specific Goals:

- Advantages of participating in SPF SIG:
  - 25
  - 20
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  - 14
  - 11
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  - 2
  - 1
  - 0

- Community-Specific Goals:
  - Advantages of participating in SPF SIG:
    - 25
    - 20
    - 17
    - 14
    - 11
    - 5
    - 3
    - 2
    - 1
    - 0
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 SIS).

SAMHSA expects grantees to continue to use the evidence-based Strategic Prevention Framework (SPF) process at both the state and community levels.

The SPF 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.

88% 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).

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

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.

NORTH DAKOTA GRANT GOALS:

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

SELECTION OF HIGH-NEED COMMUNITIES

North Dakota (the Division in collaboration with the state’s SEDH) plans to select up to ten communities (based on a formula determining highest need) to receive PFS funding using a tiering system, which is based on the following four criteria: (1) population (20%); (2) consumption rates (20%); (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 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.

### Populations at Risk

<table>
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<tr>
<th>Category</th>
<th>Single Score</th>
<th>Consumption Score</th>
<th>Consequence Score</th>
<th>Risk Score</th>
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<tbody>
<tr>
<td>Youth Risk Behavior Survey (YRBS)</td>
<td>20%</td>
<td>50%</td>
<td>30%</td>
<td>Community Risk Assessment Survey (CRS)</td>
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<tr>
<td>- Middle School Grade 8</td>
<td>- High School Grade 12</td>
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<td>- High School Grade 12</td>
<td>- High School Grade 12</td>
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<tr>
<td>Behavioral Risk Prevention Surveillance System (BRPS)</td>
<td>Age 14-18 School Survey</td>
<td>Age 14-18 School Survey</td>
<td>Youth Risk Behavior Survey (YRBS)</td>
<td>High School Grade 8 and 12</td>
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Legend:
- NA: Not Available
- NR: Not Required
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:

- Over 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**

1. Increase ongoing conversations.
   - Almost half (46.2%) said they are now having ongoing conversations about underage drinking.

2. Increase healthy role-modeling.
   - Just over half (53.7%) of the respondents said they are more conscious of role-modeling around their child as a result of the Parents LEAD website.

3. Increase parental monitoring.
   - One in three (33.3%) parents said they were being more careful about monitoring their child.

**Program Outcome**

- Of the top parents who agreed to receive monthly, age-specific emails, 98.8% completed the online survey.

Parents LEAD is a partnership between the North Dakota Department of Health, North Dakota State University, North Dakota University System, and North Dakota Children's Services.

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 dispel 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)
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. 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

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

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are evidence-based services designed to identify, reduce, and prevent alcohol and illicit drug abuse and dependence. The SBIRT model is not 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 $3.21 to $13.60 for each 210.09 visits.**

**What are the benefits of SBIRT?**

Brief interventions in emergency departments have shown reductions in repeat injuries and injury hospitalizations.

**What is the goal of SBIRT?**

The primary goal of SBIRT is to shift the public health goal of reducing the harms and molecular consequences of alcohol and drug use. These harms include reduced health, consequences, disease, social, economic, and injuries. SBIRT also helps to reduce the number of injuries that occur and stay engaged in treatment.

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

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

<table>
<thead>
<tr>
<th>Organization</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>North Dakota Board of Addiction Counseling Examiners</td>
<td>The mission is to set minimum standards for the license of addiction counselors, to establish core curriculum requirements, to approve addiction counselor training programs, to establish standards and clinical supervision, and to establish requirements for the practice of addiction counseling.</td>
</tr>
<tr>
<td>Department of Human Services, Behavioral Health Division</td>
<td>Administration of alcohol and drug abuse programs, including establishing quality assurance standards for the operation of programs, services, and facilities.</td>
</tr>
<tr>
<td>Department of Human Services, Service Delivery System</td>
<td>Provides direct or indirect support, public mental health and substance abuse services through eight Regional Human Services Centers and the North Dakota State Hospice in Jamestown. Special focus on children, youth, adults, and families with severe and special needs, mental illness, and/or substance abuse issues.</td>
</tr>
<tr>
<td>Mental Health and Substance Abuse Planning Council</td>
<td>The purpose is to provide advice and direction to the Governor and the State of North Dakota regarding the overall administration and delivery of mental health and substance abuse services.</td>
</tr>
<tr>
<td>North Dakota Addiction Counselors Association</td>
<td>The purpose of the Association is to advance the profession of addiction counseling. To that end, the Association promotes the growth and development of addiction counselors, fosters cooperation and the exchange of knowledge between addiction counselors, and to be an advocate for addiction counselors on issues that affect the profession.</td>
</tr>
<tr>
<td>North Dakota Treatment Providers Coalition</td>
<td>The mission is to enhance opportunities that advance our members' ability to deliver effective and holistic treatment services.</td>
</tr>
<tr>
<td>Prevention Resource and Media Center</td>
<td>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.</td>
</tr>
<tr>
<td>North Dakota Coalition of Training Consortiums</td>
<td>The purpose of this Coalition is to advance the training of addiction counselors within the state. To that end, the Coalition maintains the training of addiction counselors, promotes education and the exchange of knowledge between addiction counselors, and to be an advocate for addiction training on issues that affect the profession.</td>
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</tbody>
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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.
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.
SUD Treatment Services

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 select medical management provided, the structure and intensity of the service provided and the intensity of treatment services provided.

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

1. Acute Intoxication and/or Withdrawal Potential
2. Biomedical Conditions and Complications
3. Emotional, Behavioral, or Cognitive Conditions and Complications
4. Readiness to Change
5. Recovery Living Environment
6. Relapse, Continued Use, or Continued Problem Potential

REFLECTING A CONTINUUM OF CARE

Within the five broad levels of care (0.5, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning patients can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

http://www.asam.org/publications/the-asam-criteria/about/
### NORTH DAKOTA
Licensed Public & Private Substance Abuse Treatment Programs...
by ASAM Level of Care

#### EDUCATIONAL DUI SERVICES

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<thead>
<tr>
<th>ASAM LEVEL OF CARE</th>
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#### ADULT SERVICES

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#### ADOLESCENT SERVICES

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<td>III.7</td>
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#### WITHDRAWAL MANAGEMENT (DETOX) SERVICES

<table>
<thead>
<tr>
<th>ASAM LEVEL OF CARE</th>
<th>REGION 1</th>
<th>REGION 2</th>
<th>REGION 3</th>
<th>REGION 4</th>
<th>REGION 5</th>
<th>REGION 6</th>
<th>REGION 7</th>
<th>REGION 8</th>
<th>TOTAL</th>
</tr>
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<tbody>
<tr>
<td>III.2D</td>
<td>2</td>
<td>1</td>
<td>2</td>
<td>4</td>
<td>5</td>
<td>1</td>
<td>2</td>
<td>1</td>
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</table>
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

1. Pre-Contemplation
   A person is not seeing a need for lifestyle or behavior change.

2. Contemplation
   A person is considering making a change but has not decided yet.

3. Preparation
   A person has decided to make changes and is considering how to make them.

4. Action
   A person is actively doing something to change.

5. Maintenance
   A person is working to maintain the change or new lifestyle, possibly with some temptations to return to the former behavior or small lapses.

Change is not a single event; it is a process involving a variety of steps. When a person goes through treatment and recovery, they usually transition through the "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 2014 and the ND Department of Human Services, Behavioral Health Division (SHD) began accepting applications.

To date five applications have been submitted to the SHD. 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**
- Handy Home Pharmacy has approved an application.
- Premier Care Inc. has withdrawn their application.

**Mandan**
- Community Medical Services has submitted an application.
- Community Medical Services has a provisional OTP license from the SHD and is still pursuing federal requirements.
- The one-year moratorium on OTPs is set to expire in October 2015.

**Minot**
- Community Medical Services has a provisional OTP license from the SHD and is still pursuing federal requirements.
- The one-year moratorium on OTPs is set to expire in October 2015.

**West Fargo**
- 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 considering a city ordinance.

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 Appointment**
- Patients will receive a complete medical physical at the OTP.
- A medical professional will discuss medication options with each patient.
- Medication
  - Maintenance
  - Medication take-home
  - Medication care and withdrawal symptoms

**Treatment**
- Opioid withdrawal symptoms for a prolonged period of time may cause addiction.
- Maintenance
  - Preventing the effects of a drug
  - Preventing future use
  - Preventing the effects of a drug

**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 coincide with patient's work schedules and daily responsibilities, often operating early enough to allow patients to get work by 8am).
- Patients will attend appointments regularly with their medical professional.

**Crisis Counseling**
- Individual and/or group therapy will be provided based on the patient's individual 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 dbhs@dhs.nd.gov.
## Withdrawal Management

**Region 7**

<table>
<thead>
<tr>
<th>Problem</th>
<th>Why?</th>
<th>Strategies</th>
<th>Short Term Outcomes</th>
<th>Long Term Outcomes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Police Responsibility (Public Intoxication law)</td>
<td>Public Intoxication law flawed</td>
<td>Revise public intoxication law with current language.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited capacity for social detox (facilities and skills)</td>
<td></td>
<td>Public intoxication becomes a misdemeanor</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Facilities (Jails) not licensed for “detox” but felt responsible</td>
<td>Lack of service providers</td>
<td>Training and technical assistance needed to develop and enhance skills regarding WM &amp; IM</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Limited or no capacity for medical detox (no facilities, risky placements, oversight, funding?)</td>
<td>Limited skills in managing withdrawal and intoxication.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Increased needs (population &amp; narcotics)</td>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

### Discovery Process

- Fort Yates transfers to hospital – then out to Bismarck PD.
- Lack of collaboration among parties/providers
- “Revolving door” (limited engagement, repeat admissions)
- Reduced community problems
- Decreased law enforcement involvement
- Better care for consumers across the continuum of care
- Improved wellness for consumers
- Decrease in “revolving door”
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.
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 reprocure 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
PUBLIC SERVICE DELIVERY

Rosalie Etherington, Ph.D.
Superintendent/Director
NDSH/HSC
## Public Service Delivery System
### Detox, Treatment & Sober Living Bed Count

<table>
<thead>
<tr>
<th></th>
<th>Region 1</th>
<th>Region 2</th>
<th>Region 3</th>
<th>Region 4</th>
<th>Region 5</th>
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<tr>
<td>Medical Detox</td>
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<td></td>
<td>10</td>
<td>5</td>
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<td>SUD Residential/Social Detox</td>
<td>38</td>
<td>25</td>
<td>20</td>
<td>41</td>
<td>16</td>
<td>24</td>
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<td>Sober Living</td>
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<td>Residential - Corrections</td>
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<td></td>
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<td>90 + 15</td>
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<td>Inpatient</td>
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</table>
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.
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.
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.
**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.

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.