

Department of Human Services Response to the Acute Psychiatric Treatment Services Study
Recommendations:

- 1.1. State Hospital: The Department supports the recommendation to build a new state hospital at the proposed 75-85 beds for adult services. Previous architectural renderings and hospital construction costs per square foot require further analysis and updating. The Department also supports the updating of the state hospital definition and is willing to offer updated language. In regard to the hospital no longer serving as the short term acute psychiatric unit for the Devils Lake and Jamestown regions, the Department is willing to work with and support local providers to address acute need. The Department will develop a proposal to move the 3.1 & 3.5 SUD levels of care out of the state hospital. Lastly, the Department was provided the authority to demolish unused buildings on the state hospital campus and will continue to look for roll-up dollars as funding was not appropriated.
- 1.2. Acute Hospital Beds: The Department will continue to partner with Critical Access Hospitals (CAH) as crisis stabilization services are developed and expanded. The Department supports integrated behavioral health services delivered by private health care providers and will work with providers to identify local needs in an effort to provide the full continuum of services. Contracts and agreements will be established to formalize relationships and responsibilities. The Department supports tribal care coordination efforts to increase assessment and build up capacity with private providers.
- 1.3. Residential Care: The Department recommends a collaborative workgroup be established with clear goals to accomplish specific to gero-psych recommendations. The Department supports building capacity within existing residential SUD treatment programs and has done this with the publicly administrated residential facilities. The department can further support this effort through technical assistance and updating of the SUD treatment administrative rules. The Department will continue to support access to residential services in underserved areas of the state through grant funding. The Department supports the crisis stabilization recommendations and is continuing to develop and enhance mobile crisis services throughout the HSC regions. The Department also supports the recommendation for specialty services for youth and family members in need of behavioral health services and supports. By providing service needs upfront foster care needs are reduced. The Department will continue to educate on and recruit for expanded prevention and early intervention services and supports.
- 1.4. Regulatory Change: The Department supports the recommendations for regulatory language changes for the state hospital and human service centers. The Department is willing to offer language to ensure current best practice and alignment. As noted in 1.3 the Department recommends a collaborative workgroup be established with clear goals to accomplish specific to gero-psych regulatory recommendations. The Department has requested examples of no eject/no reject policy and contract language utilized by other states as referenced in the report. The Department's request includes contract language, program policy, language regarding options for sanctions or consequences, and program specific guidance.

2.1. Data Management: The Department will identify investments in infrastructure to support increased capacity for data collection, management, and analysis.

2.2. Financial Accountability: The department has been in the process of driving to more transparency in budgeting and reporting across the Department. Recently, the Department moved more than 200 program and policy-focused FTEs and associated budget from the HSCs to program and policy divisions. The Department is also bringing on an operational expert to start an assessment of operations in Field Services. The Department supports this recommendation from an operational and health care industry perspective to bring in the expertise to continue to improve both transparency and operational efficiency.

2.3. Use of Medicaid across all providers both state and private: The Department supports this recommendation and has worked with the legislature to ensure programs identify appropriate funding sources. Examples of this work to date include SUD Voucher, permanent supportive housing, and brain injury services with the implementation of the 1915i state plan amendment.

2.4. Provider Contract Changes: The Department supports this recommendation and has worked with the legislature to ensure programs identify appropriate funding sources. Examples of this work to date include SUD Voucher, permanent supportive housing, and brain injury services with the implementation of the 1915i state plan amendment.

3.1. Build a modern and efficient state hospital: The Department supports building a modern and efficient hospital. Previous architectural renderings and hospital construction costs per square foot require further analysis and updating.

3.2. Codifying mental health levels of care including the HSCs and the state hospital: The Department supports the recommendation and is willing to provide language recommendations for consideration.

3.3. Communication and Collaboration: The Department provides significant training and technical assistance specific to the recent 1915i implementation including weekly public technical assistance calls, grants to support providers develop infrastructure, and targeted technical assistance to partners throughout the process from providers to zones. The Department will evaluate the ability to enhance or expand training and technical assistance.

3.4. Telepsychiatry Utilization: The Department supports telehealth utilization both as a payor and as a direct service provider. The Department will continue to work with partners to improve access to behavioral health services in jail settings.

3.5. Practitioner Certification, Licensure, and Workforce: The Department is impacted by workforce issues similarly as private providers. The Department would benefit from reducing barriers to licensing/certification for health practitioners.