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North Dakota Human Services Committee
Update on the Status of the Study of Behavioral Health Needs of Youth and Adults
Wednesday, April 9, 2014

The Schulte Consulting Team has been working hard to meet stakeholders all over the state in a variety of means and methods. To date, we have contact information for close to 200 unique stakeholders from all regions of the state. We have input from every segment of the population listed in the behavioral planning proposal including but not limited to corrections, business, schools, universities, service providers, consumers, parents of consumers, mental health advocacy organizations, law enforcement, emergency medical services, medical providers, hospital administrators, district judges, juvenile court, public sector, institutions, tribal government, legislative and executive branch members in urban and rural areas.

Input has been and will continue to be gathered in a number of ways:

1. Public and Private stakeholder meetings
    1. Public face-to-face meetings held in 5 locations
        i. Average attendance of over 40 people
        ii. Legislators and other elected officials have been in attendance
    2. Private face-to-face meetings held in over 20 locations
2. Bi-weekly conference calls by topic and by geographic area
    1. 5 calls on topics
        i. Gaps in the system
        ii. Evidence based practices for adults and youth
        iii. Youth services and communication
        iv. Population and Prevention/Early intervention (to be rescheduled)
        v. Insurance and integration of behavioral health and physical health services
    2. 4 calls by region on supports, services and facilities by geographic area
        i. Williston/Minot regions
        ii. Devils Lake/Grand Forks regions
        iii. Fargo/Jamestown regions
        iv. Bismarck/Dickenson regions
3. Additional calls for individual organizations, populations as determined necessary

Early Trends and recommendations being developed

1. Strengths of the ND system and Great examples to be replicated
    i. Motivation and Participation
        1. Extremely high
        2. Stakeholders group very diverse group and well attended
        3. Providers very hospitable to open meetings
    ii. Specific Evidence Based, Best practice models (not inclusive list)
        1. Integrated Dual Disorder Treatment- in several HSCs
        2. Youth Works
        3. Heartview Recovery Social Network pilot project
        4. Peer Recovery Centers

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5. Residency program changes to increase number of behavioral health providers in training is in progress
6. Changes to case management system to include more individuals with recovery focus. No longer "case management for life."

2. Communication
   i. The number one issue we have observed is lack of communication between various entities that serve persons with behavioral health issues
   ii. Conference calls have been a way to exchange information among stakeholders
   iii. No O*ne-stop-shop* for services in Mental Health outside the Human Service Center system
   iv. No "centralized registry" for providers, outside the public sector, for mental health providers
   v. Need to strengthen the advocate voice to assist in moving forward reform
3. State specific challenges to address
   i. Workforce issues
      1. Licensing issues
         a. Licensed Addiction Counselors
         b. Psychologist
         c. Psychiatrist concerns
      2. Peer Support Specialists underutilized
   ii. Size of public sector in behavioral health compared to private providers
      1. Public sector is funder, provider, auditor and regulator
      2. Lack of transparency
      3. Communication/Education issues of what services are available
   iii. Lawsuits/complaints before Attorney General and Insurance Commissioner
      1. Essential Benefits Package and services provided
      2. Changes in continuum of care options
      3. Lack of consumer choice in behavioral health services
         a. Lack of conflict-free case management
         b. Long wait times/lists for services in HSC only options

Many of the issues listed in the early trends can be addressed by the legislature, changed by practice or rule. Others need legislation, if desired, to move forwarded changes to improve the behavioral health system in North Dakota. **This is in no way an exhaustive list but rather a compilation of early trends noted in our research. The priorities are subject to change through the input process and may not be in the final report.**

Next Steps:

1. Schulte Consulting will continue bi-weekly conference calls, next call April 16 at 1 pm.
2. Schulte Consulting will continue to set up organizational calls and interviews as needed.
3. Draft final report will be made public June 19 at the next Human Services Committee Interim meeting.
4. Schulte Consulting will be meeting and discussing early trends to determine which have the political and practical support to move ahead.