

Human Services Committee

August 28, 2014

Chairman Damschen and members of the Interim Human Services Committee, I am Rod St. Aubyn, representing the Steering Committee for the Behavioral Health Stakeholders Group.

During your last meeting we presented testimony regarding the Schulte Behavior Health Report and also presented you with the final report for the Behavior Health Stakeholders Group, which is comprised of all behavioral health stakeholders throughout the state. At your last meeting we urged you to consider our recommendations for bills to be drafted for the next legislative session as well as those recommended by the Schulte Report.

Our Steering Committee reviewed the recommendations of our Stakeholders Group and those from the Schulte Report for your committee and combined these recommendations into one summary. That information is compiled in the handout that I have provided. The first part is a summary of Appendix A which lists all items recommended for now until the end of the next Legislative Session. The combined recommendations are identified as the "Master List" and we have also included 3 appendices (A, B, and C).

Appendix "A" contains the items from the Schulte report that had "today" or 2015 Legislative Assembly and items from the stakeholders' report that had dates of 2014, 2015 or 2016.

Appendix "B" contains the items from the Schulte report that had "65th Legislative Assembly" and items from the stakeholders' report for 2017 and 2018.

Appendix "C" contains the items from the Schulte report that had as the "66th Legislative Assembly" and items from the stakeholders' report for 2019 and beyond.

As has been discussed previously, some items can be accomplished simply by collaboration with stakeholders and others, some items can be accomplished administratively, some items would need legislative actions, and some items would be a combination of all of these.

As has been emphasized before, the behavioral health issues that exist in North Dakota are real and pose a significant risk to the behavioral health environment for the residents of our state. These problems affect the citizenry, law enforcement, the courts, our schools, the entire correctional system, and key state agencies. These issues must be addressed to avoid future legal claims. Stakeholders are prepared to assist policyholders in accomplishing these important issues for the betterment of all North Dakota citizens in creating the best behavior health system in the country.

Mr. Chairman and Committee Members, thank you for studying this issue this interim. It is critically important. I would be willing to try to answer any questions you may have.

APPENDIX A SUMMARY

Opportunity One – Addressing Service Shortages

- Increase use of telemedicine
- Establish assessment centers in each region of the state
- Train Critical Access Hospitals to triage Behavioral Health issues
- Establish a Hennepin County “like” model
- Use HCBS waivers for MHSA services
- Increase Substance Abuse Services
- Increase access to IDDT
- Develop discharge planning protocols, including the establishment of outcome measures. Fund one year pilot project.
- Increase after hour options like Devils Lake NIATx walk in clinic
- Use telemedicine for crisis assessments – IA model
- Model after eICUs to create ePsychiatry in the state.

Opportunity Two – Expand Workforce

- Create an oversight system for licensing boards utilizing public health as overseer
- Support changes in expert examiners including expansion of nurse practitioners as health care expert witnesses
- Expand numbers of LAC by establishing a stipend program for LAC interns
- Expand LAC training slots by providing stipend for organizations that offer training slots
- Establish professional licensing board standards for mental health professionals
- Establish a student loan buy down system for licensed BH clinical staff
- Change Behavioral Health Professional definition
- Create reciprocity language to “shall” accept all professional licenses meeting international and national accreditation standards and qualified state equivalent for each BH license
- Make sure all educational requirements are available within state and online for access
- Expand the behavioral health training model for first responders used in Cass County to the whole state and integrate into Post Training standards
- Provide basic training in schools on behavioral health issues for teachers and child care providers using Mental Health First Aid model
- Increase training for law enforcement, emergency personnel, corrections and teachers
- Increase education opportunities for behavioral health providers

Opportunity Three – Insurance Coverage Changes Needed

- Re-evaluate Essential Health Benefit Package selected and unintended consequences
- Determine if insurance coverage meets federal parity standards
- Work with insurance providers to fund ASAM Core Services
- Broaden Insurance
- Amend state Medicaid plan to include LPCC and LMFT licensed Professionals
- Expand community based services through mental health HCBS waiver
- Decide whether to maximize federal funding options or increase use of state and private funds to fill gaps
- Determine what 3rd party payers should be covering
- Apply Medicaid waiver for SDMI population
- Change administrative code to reimburse Behavioral Health Professionals
- Expand Medicaid to licensed addiction agencies and others that are eligible for other 3rd party reimbursements

Opportunity Four – Changes in DHS Structure and Responsibility

- Create independent appeal process
- Standardize and distribute rules for uniform access to HSCs
- Encourage hiring throughout the state not just in HSCs
- Increase oversight and accountability for contracts with independent appeal process
- Adopt ASAM Core Service Grids for Adult and Adolescent – Define HSC Roles and move to private and/or voucher system
- Create list of services only provided by DHS
- Improve coordination of care with county service systems for youth
- Legislative oversight of HSC system to uphold powers and duties in outlined in 50.06-05.3

Opportunity Five – Improve Communication

- Pre-school screening/assessment
- Support DHS task force that addresses hearing timelines
- Seek additional federal funding for age 0-5 Visiting Nurse program for BH
- Strengthen advocacy voices in North Dakota
- Review record sharing options for ND
- Change regulations to accept electronic releases and all other treatment documentation
- Streamline application process for residential facilities

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- Improve regional communications HSCs to all providers
- Standardize policies and procedures that foster better communication

Opportunity Six – Data Collection and Research

- Give task of oversight of licensing boards to public health
- Assure that 211 has access to all funded provider information and that consumers are aware of services through 211 and SAMHSA
- Commitment related legislation – Establish mechanism to law enforcement can access information on individuals who may have been committed
- Create a repository for services using 211/First Link
- Map current resources distribution outside the HSC system
- Use Universities or other current systems to build outcomes based system
- Create a list of “legacy” services

The North Dakota Behavioral Health Stakeholders website is now being housed within the Center for Rural Health’s webpage.

The new web address is - <http://ruralhealth.und.edu/projects/nd-behavioral-health>

BEHAVIORAL HEALTH PLANNING MASTER LIST

Opportunity 1: SERVICE SHORTAGE			
Goal1: Improve access to services			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Increasing Telemedicine	DHS; legislature; providers; advocates; consumers and families	2014 - 2015 (64th Legislative Session)	Federal grants like HRSA Insurance community reinvestment Cost: \$1K to \$10K per site for equipment
2. ASSESSMENT CENTERS Establish 4 Adult Mental Health Assessment Centers in the 4 largest communities in ND Train Critical Access Hospitals to triage behavioral health issues including access to telemedicine to Mental Health Assessment Centers Establish a Hennepin county "like" model; may need to look at the 72 hour hold that MN has in place; to include developing process to make sure people receive a diagnosis or the correct diagnosis	Hospital Association; Medical Association; DHS; Legislature	2015 (64th Legislative Session)	Establish four assessment units, one every 6 months starting - January 1, 2016

3. ASSESSMENT SERVICES Establish children/adolescent assessment network or centers in each region of state to incorporate attendant/shelter care with a system like STEP at DBR These services should include access through critical access hospitals using telemedicine	DHS; Stakeholders; DJS/Youthworks; DBGR	2015 (64th Legislative Session)	More consistent comprehensive assessments to ensure that functional needs are addressed; Decrease the number of children inappropriately placed in county or DJS custody
4. Use of Critical Access Hospitals	DHS; legislature	2014 - 2015 (64th Legislative Session)	Current CAH funds allow services BH
5. Create bed management system MN Model	DHS; legislature	2017 (65th Legislative Session)	State funding Cost: \$200K implementation \$25K sustaining
6. Utilize HCBS waivers for MHSA services MT Model	DHS; legislature	2014 - 2015 (64th Legislative Session)	Federal Medicaid funding Most state's cost neutral: ND evaluating at present
7. Increase substance abuse services including detox	Legislature; DHS	2015 (64th Legislative Session)	SAMHSA block grant; state funding; alcohol tax; private funding Cost: \$2-10M depending on funding source chosen
Goal 2: Conflict-Free case management			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Increase access to IDDT - expand statewide	DHS; legislature; Governor	2014 - 2015 (64th Legislative Session)	State funding; Private contract options; discontinue less effective services and transfer funds Cost: Estimate in process in ND to determine if staff resources are needed
2. Privatize case management to add choice	DHS; Legislature; Governor	2017 (65th Legislative Session)	Cost savings: transfer cost to private or county providers

3. DISCHARGE PLANNING Involve key behavioral health partners (law enforcement, health care providers and private partners) in one region to develop discharge planning protocols in one region including the establishment of outcome measures Fund a one year pilot project for one year	DHS; Private providers; Private insurance companies; DHS for HSC clients; Medicaid funding (traditional and expansion populations)	2015 (64th Legislative Session)	Consistent system of care for hospital discharges
4. Partner case management/care coordination with peer support	DHS; legislature; advocates; consumers and families	2017 (65th Legislative Session)	Use existing Recovery Center staff to assist in care coordination; state funds to grow peer support through private entities Cost: no state funds if using Medicaid waiver to expand or use integrated health model
Goal 3: Access to crisis assessment			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Increase after hour options like Devils Lake NIATx walk in clinic and create after hour intake options	DHS; HSCs	2014 - 2015 (64th Legislative Session)	Adjust current work schedules to accommodate
2. MOBILE CRISIS UNITS Expanding the crisis mobile response team to other regions with outcome standards and reporting requirements after the establishment of comprehensive assessment services	DHS	2017 (65th Legislative Session)	To have crisis response services available in all regions by 2019 that have standardized protocols and data outcomes

3. Increase mobile crisis in urban areas after hours	DHS; HSCs	2017 (65th Legislative Session)	State funding; private contract options; block grant funding; adjust current work days/times Cost: \$120K-\$200K per urban location per year
4. Use telemedicine for crisis assessments IA model	DHS; legislature; providers; advocates; consumers and families	2015 (64th Legislative Session)	Federal grants like HRSA Insurance community reinvestment Cost: \$225K per region
5. Model after eICUs to create ePsychiatry in the state	DHS; Legislature; providers; advocates	2015 (64th Legislative Session)	Medicaid; Medicare; private insurance; insurance community investment Cost: \$1.7M conferencing fee and support (20 sites)

Opportunity 2: EXPAND WORKFORCE

Goal 1: Oversight for licensing issues and concerns

Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Create an oversight system for licensing boards utilizing public health as overseer	Legislature; Department of Public Health	2015 (64th Legislative Session)	No funding required
2. COMMITMENT RELATED LEGIS. Support changes in expert examiners including the expansion of nurse practitioners as health care expert witnesses	Dr. Etherington; Interim Committee; State's Attorneys	2015 (64th Legislative Session)	Report by October 2014 Legislation should be prepared by DHS (Administrative and Legislative)
3. LICENSED ADDICTION COUNSELORS (LAC) STIPEND Expand numbers of LAC by establishing a stipend program for LAC interns that would be forgiven if LAC practices in state for 4 years Proposed \$25,000/applicant	NDACA/NDATPC/DHS; Legislature; Stakeholders; various other professional Boards and Associations; NDUS	July 2015 (64th Legislative Session) 40 slots - \$1,000,000	Increase LAC

4. LAC TRAINING SLOTS Expand LAC training slots by providing stipends for organizations that offer training slots (\$5,000/slot)	Legislature; Stakeholders; Six LAC training Consortiums	July 2015 (64th Legislative Session) 40 slots - \$200,000	Increase LAC
5. LICENSING STANDARDS Establish professional licensing board standards for mental health professional to allow: 1. One year practice if licensed in another state 2. Process for meeting ND licensing standing during the 1 year period 3. Reciprocity of licenses between Montana, South Dakota and Minnesota Method for issuing licenses within 30 days	Various Licensing Boards	2015 (64th Legislative Session)	Reduce barriers for applicants and increase providers
6. STUDENT LOAN BUY DOWNS Establish a student loan buy down system for licensed BH clinical staff	Legislature; DHS; NDUS	July 2015 (64th Legislative Session)	Increased BH providers throughout state
7. Change Behavioral Health Professional definition in 25-03.2-01 for MA level like IA model or two levels including practitioner level in MN model	Legislature; DHS	2015 (64th Legislative Session)	No funding required
8. Create reciprocity language to "shall" accept all professional licenses meeting international and national accreditation standards and qualified state equivalent for each BH license	Legislature	2015 (64th Legislative Session)	No funding required

9. Make sure all educational requirements are available within state and preferably online for access	Legislature; licensure boards	2014 - 2015 (64th Legislative Session)	Adjust course offerings to reflect required courses.
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Goal 2: Increase use of lay persons in expanding treatment options

Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Increase use of peer support and recovery coaches	DHS; providers; advocates	2017 (65th Legislative Session)	State funding; private contracts; federal grants; Medicaid Cost: Depends on source of funding \$750K
2. TRAIN 1ST RESPONDERS Expand the behavioral health training model for first responders used in Cass County to the whole state and integrate into Post Training standards	JICC workgroup and MHA Stakeholders	July 2016 (64th Legislative Session)	Full implementation of training
3. TRAIN PARTNERS Provide basic training in schools on behavioral health issues for teachers, child care providers using Mental Health First Aid model	DPI and ND University System; Stakeholders; NDSU Extension	2014 - 2015 (64th Legislative Session)	When fully implemented it will provide a network of trained first responders This could be administrative or if funding is needed consider 2017
4. Increase training for law enforcement, emergency personnel, corrections and teachers using MH First Aid and other training	DHS; providers; advocates	2015 (64th Legislative Session)	MH First Aid is a low cost program - \$15-\$25 per person
5. Increase law enforcement in schools	Schools; advocates; providers; law enforcement	2017 (65th Legislative Session)	State funding; federal grants Cost: \$50K per officer
6. Increase education opportunities for behavioral health providers	Universities; online learning	2015 (64th Legislative Session)	Re-prioritize existing courses to train new providers

Opportunity 3: Insurance Coverage Changes Needed			
Goal 1: Increase funding options for services for youth and adults			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Re-evaluate Essential Health Benefit Package selected and unintended consequences	Legislature; DHS; and providers	2014 - 2015 (64th Legislative Session)	None Needed
2. Determine if insurance coverage meets federal parity standards	Legislature; DHS; and insurance department	2014 - 2015 (64th Legislative Session)	None Needed
3. INSURANCE COVERAGE Work with insurance providers to fund ASAM Core Services	SA Providers and DHS/Insurers; NDACA/NDATPC/DHS; Stakeholders; Legislators	On-going	Consistency between insurers and public funders. (Administrative)

<p>4. BROADEN INSURANCE Encourage private 3rd party payers include coverage for couples and marriage & family therapy as part of behavioral health services and include all licensed mental health professionals with established competencies in couples, relationship and family therapy as eligible providers Provide coverage for CPT Codes for Family Psychotherapy (e.g. 90846 Family psychotherapy without the patient present, 90847 Family psychotherapy, conjoint psychotherapy with patient present, and 90849 Multiple-family group psychotherapy) Providers will need to have established competencies by their licensure boards</p>	<p>Legislature; Insurance Providers; DHS; Various Licensing Boards including Psychologists; Social Workers; Licensed Counselors; Licensed Marriage and Family Therapists</p>	<p>July 2015 (64th Legislative Session)</p>	<p>Expand available service providers Administrative - work with 3rd party payers</p>
<p>5. EXPAND MEDICAID Amend state Medicaid plan to include LPCC and LMFT licensed Professionals in its coverage - It is time to provide a more comprehensive array of professionals</p>	<p>DHS May require additional matching funds</p>	<p>July 2015 (64th Legislative Session)</p>	<p>Increase numbers of providers and expand consumer options</p>

6. HCBS WAIVER Expand the range of community based services through mental health HCBS waiver to assure access in both rural and urban areas	DHS	2015 (64th Legislative Session)	Full implementation statewide - target date 2017 (Administrative)
7. Decide whether to maximize federal funding options or increase use of state and private funds to fill gaps	Legislature; DHS	2014 - 2015 (64th Legislative Session)	None Needed
8. Determine what 3rd party payers should be covering	Legislature; DHS	2014 - 2015 (64th Legislative Session)	None Needed
9. Apply for Medicaid waiver for SDMI Population MT Model	DHS	2014 - 2015 (64th Legislative Session)	Medicaid funding, may be state funding match Cost: ND currently calculating possible cost
Goal 2: Increase behavioral health professional coverage in Medicaid and private insurance			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Change administrative code to reimburse qualified Behavioral Health Professionals as defined above IA Model	Legislature	2015 (64th Legislative Session)	Medicaid, 3rd party funders
2. Increase funding to assist BH professionals in training including LACs	Legislature	2017 (65th Legislative Session)	State funding; insurance reinvestment Cost: \$45K per position
3. EXPAND MEDICAID Expand Medicaid to licensed addiction agencies and others that are eligible for other 3 rd party reimbursements	Legislature; Stakeholders; NDACA/NDATPC/ DHS	July 2015 (64th Legislative Session)	Expansion of available resources Could be administrative rather than legislative

Opportunity 4: Changes in DHS Structure and Responsibility			
Goal 1: Build transparency and choice in services			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Create an independent appeal process for consumers IA Model	Legislature; advocates; families and consumers	2015 (64th Legislative Session)	Re-allocation of funds
2. Standardize and distribute rules for uniform access to HSCs	DHS; Legislature oversight; advocates; families and consumers	2014 - 2015 (64th Legislative Session)	No funding needed
3. Encourage hiring throughout the state not just in HSCs	DHS; Providers; advocates	2014 - 2015 (64th Legislative Session)	No funding needed
4. Increase oversight and accountability for contracts with an independent appeal process	DHS; Legislature	2015 (64th Legislative Session)	Re-allocation of funding prioritizing oversight over provider function
5. CORE SERVICES Adopt ASAM Core Services Grids - one for Adult and one for Adolescent Define HSC Roles, move to a private and/or voucher system whenever possible	ND Legislature; Stakeholders	2015 (64th Legislative Session)	Clear expectations, for public and private providers Regular data reporting and possible expansion of available resources
6. CORE SERVICES Establish a unified system of DHS core services - that are available and accessible through HSC or private providers or by vouchers (Use SAMHSA Guidelines/Grid)	DHS; ND Legislature	2017 (65th Legislative Session)	DHS will provide data on provision of NDCC core services by regions (like quarterly budget summary) starting 1/2015 Next interim to study core adult mental health needs to prepare recommendations to Legislature (Administrative)

7. CORE SERVICES Adopt core service standards or grid for children/adolescent mental health through DHS	DHS; ND Legislature; Stakeholders	2017 (65th Legislative Session)	DHS will provide data on provision of NDCC core services by regions (like quarterly budget summary) starting 1/2015 Next interim to study core adult mental health needs to prepare recommendations to Legislature (Administrative)
8. Create list of all services only provided by DHS	DHS; legislative council; legislature oversight	2014 - 2015 (64th Legislative Session)	Staff time
Goal 2: Consider structural changes to DHS			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Change HSCs to oversight; regulatory functions; and program management at state hospital like ND DD system	DHS; Legislature	2017 or 2019 (65th or 66th Legislative Session)	Re-allocation of funds
2. Improve coordination of care with county services system for youth	DHS; Legislature; counties	2014 - 2015 (64th Legislative Session)	Staff time; county and state funding; Chaffee funds
3. If counties combine with State, create regional governance system NE Model	DHS; Legislature	2019 (66th Legislative Session)	State and county funding re-allocation
4. Legislative oversight of HSC system to uphold powers and duties outlined in 50.06-05.3	Legislature and Executive branch	2015 (64th Legislative Session)	State funding re-allocation

Opportunity 5: Improve Communication			
Goal 1: Create an integrated system of care			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Creation of Integrated health services including care coordination in Medicaid IA Model	DHS; Legislature	2017 (65th Legislative Session)	Federal Medicaid funding; state funding; block grants Cost savings projected in Iowa
2. PRE-SCHOOL SCREENING/ASSESSMENT Evaluation outcome data on behavioral health screening tools done with Health Tracks and Health Steps - monitor referral patterns and unmet needs Prepare recommendations to establish routine standardized screening using evidence based practice throughout the state to routinely screen all 2,3 and 4 year olds at primary care sites - Pilot project in 2015 - Full implementation in 2017	DHS/DPI; Stakeholders; Legislators	2015 (64th Legislative Session)	Evidence based system implementation across the state integrated into primary care system Interim Committee monitoring next session (Administrative and Legislative)
3. COMMITMENT RELATED LEGIS. Support DHS Task Force that addresses hearing timelines	Dr. Etherington; Interim Committee; State's Attorneys	2015 (64th Legislative Session)	Report by October 2014 Legislation should be prepared by DHS (Administrative and Legislative)
4. Seek additional federal funding for age 0-5 Visiting Nurses program for BH	DHS	2015 (64th Legislative Session)	Federal funding
5. Strengthen Advocacy voices in ND	DHS; Providers; stakeholders; Advocates	2014 - 2015	No funding needed

Goal 2: Improve record sharing			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Review record sharing options for ND and stream line	Legislative council; DHS; Legislature	2014 - 2015	Staff time
2. Change regulations to accept electronic releases and all other treatment documentation	Legislature; DHS	2015 (64th Legislative Session)	Cot reduction in printing and transportation
3. Streamline application process for residential facilities	Legislature	2014 - 2015 (64th Legislative Session)	Cost reduction in time and processing
Goal 3: Improved communication among MHSA service providers			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Intra agency council for coordination of services Idaho model	DHS; Corrections; DPH; Education; Vocational Rehabilitation; Veterans Affairs; DD and others	2017 (65th Legislative Session)	Staff time, reallocation of priorities within departments
2. Improve regional communications HSCs to all providers	Stakeholders/advocates lead; DHS at the table; Legislative Oversight	2014 - 2015 (64th Legislative Session)	Staff time, reallocation of resources
3. Standardize policies and procedures that foster better communication including job vacancies	DHS; Legislative oversight	2014 - 2015 (64th Legislative Session)	Staff time
Opportunity 6: DATA COLLECTION AND RESEARCH			
Goal 1: Determine what providers are available within the state and map gaps			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Create a provider registry GA model veterans model	DHS; Legislature	2017 (65th Legislative Session)	Staff time; possible state funding Cost: \$200K
2. Give task of oversight of licensing boards to public health	DHS; Legislature; Department of Public Health	2015 (64th Legislative Session)	Staff time

Goal 2: Determine what services are available outside of HSC system for youth and adults			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. FIRSTLINK/211 Assure that 211 has access to all funded provider information including for profit providers (make it a requirement for MA and contracts) Assure that consumers aware of services through 211 and SAMHSA	FirstLink; DHS	2015 (64th Legislative Session)	At completion
2. COMMITMENT RELATED LEGIS. Establish mechanism so that law enforcement can access information on individuals who may have been committed	Dr. Etherington; Interim Committee; State's Attorneys	2015 (64th Legislative Session)	Report by October 2014 Legislation should be prepared by DHS (Administrative and Legislative)
3. Create a repository for services using 211/First Link	Legislature; DHS; providers; advocates; stakeholders	2015 (64th Legislative Session)	Currently funded; state funding; private sources
4. Map current resources distribution outside the HSC system	DHS; Legislature; advocates; stakeholders	2014 - 2015 (64th Legislative Session)	State funds; current resources re-allocated
Goal 3: Use data to determine best use of limited funding on treatment			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Use universities or other current systems to build outcomes based system	DHS; Universities	2014 - 2015 (64th Legislative Session)	Re-allocation of current funds
2. Create list of "legacy" services and cost to state and consider reinvesting in evidence-based services	DHS; legislature; providers; advocates	2014 - 2015 (64th Legislative Session)	Staff time; state funds

3. CORE SERVICES Establish a unified system of DHS core services - that are available and accessible through HSC or private providers or by vouchers (Use SAMHSA Guidelines/Grid)	DHS; ND Legislature	2017 (65th Legislative Session)	DHS will provide data on provision of NDCC core services by regions (like quarterly budget summary) starting 1/2015 Next interim to study core adult mental health needs to prepare recommendations to Legislature
4. CORE SERVICES Adopt core service standards or grid for children/adolescent mental health through DHS	DHS; ND Legislature; Stakeholders	2017 (65th Legislative Session)	DHS will provide data on provision of NDCC core services by regions (like quarterly budget summary) starting 1/2015 Next interim to study core adult mental health needs to prepare recommendations to Legislature (Administrative)

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APPENDIX A

64th Legislative Assembly

BEHAVIORAL HEALTH PLANNING MASTER LIST

Opportunity 1: SERVICE SHORTAGE			
Goal1: Improve access to services			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Increasing Telemedicine	DHS; legislature; providers; advocates; consumers and families	2014 - 2015 (64th Legislative Session)	Federal grants like HRSA Insurance community reinvestment Cost: \$1K to \$10K per site for equipment
2. ASSESSMENT CENTERS Establish 4 Adult Mental Health Assessment Centers in the 4 largest communities in ND Train Critical Access Hospitals to triage behavioral health issues including access to telemedicine to Mental Health Assessment Centers Establish a Hennepin county "like" model; may need to look at the 72 hour hold that MN has in place; to include developing process to make sure people receive a diagnosis or the correct diagnosis	Hospital Association; Medical Association; DHS; Legislature	2015 (64th Legislative Session)	Establish four assessment units, one every 6 months starting - January 1, 2016

<p>3. ASSESSMENT SERVICES Establish children/adolescent assessment network or centers in each region of state to incorporate attendant/shelter care with a system like STEP at DBR These services should include access through critical access hospitals using telemedicine</p>	<p>DHS; Stakeholders; DJS/Youthworks; DBGR</p>	<p>2015 (64th Legislative Session)</p>	<p>More consistent comprehensive assessments to ensure that functional needs are addressed; Decrease the number of children inappropriately placed in county or DJS custody</p>
<p>4. Use of Critical Access Hospitals</p>	<p>DHS; legislature</p>	<p>2014 - 2015 (64th Legislative Session)</p>	<p>Current CAH funds allow BH services</p>
<p>5. Utilize HCBS waivers for MHSA services MT Model</p>	<p>DHS; legislature</p>	<p>2014 - 2015 (64th Legislative Session)</p>	<p>Federal Medicaid funding Most state's cost neutral: ND evaluating at present</p>
<p>6. Increase substance abuse services including detox</p>	<p>Legislature; DHS</p>	<p>2015 (64th Legislative Session)</p>	<p>SAMHSA block grant; state funding; alcohol tax; private funding Cost: \$2-10M depending on funding source chosen</p>
<p>Goal 2: Conflict-Free case management</p>			
<p>Strategies/Action Steps</p>	<p>Who is Responsible/Key Leaders</p>	<p>Timing/Date Implemented</p>	<p>Financial Options and Cost Estimate/Outcome</p>
<p>1. Increase access to IDDT - expand statewide</p>	<p>DHS; legislature; Governor</p>	<p>2014 - 2015 (64th Legislative Session)</p>	<p>State funding; Private contract options; discontinue less effective services and transfer funds Cost: Estimate in process in ND to determine if staff resources are needed</p>

2. DISCHARGE PLANNING Involve key behavioral health partners (law enforcement, health care providers and private partners) in one region to develop discharge planning protocols in one region including the establishment of outcome measures Fund a one year pilot project for one year	DHS; Private providers; Private insurance companies; DHS for HSC clients; Medicaid funding (traditional and expansion populations)	2015 (64th Legislative Session)	Consistent system of care for hospital discharges
Goal 3: Access to crisis assessment			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Increase after hour options like Devils Lake NIATx walk in clinic and create after hour intake options	DHS; HSCs	2014 - 2015 (64th Legislative Session)	Adjust current work schedules to accommodate
2. Use telemedicine for crisis assessments IA model	DHS; legislature; providers; advocates; consumers and families	2015 (64th Legislative Session)	Federal grants like HRSA Insurance community reinvestment Cost: \$225K per region
3. Model after eICUs to create ePsychiatry in the state	DHS; Legislature; providers; advocates	2015 (64th Legislative Session)	Medicaid; Medicare; private insurance; insurance community investment Cost: \$1.7M conferencing fee and support (20 sites)
Opportunity 2: EXPAND WORKFORCE			
Goal 1: Oversight for licensing issues and concerns			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Create an oversight system for licensing boards utilizing public health as overseer	Legislature; Department of Public Health	2015 (64th Legislative Session)	No funding required

2. COMMITMENT RELATED LEGIS. Support changes in expert examiners including the expansion of nurse practitioners as health care expert witnesses	Dr. Etherington; Interim Committee; State's Attorneys	2015 (64th Legislative Session)	Report by October 2014 Legislation should be prepared by DHS (Administrative and Legislative)
3. LICENSED ADDICTION COUNSELORS (LAC) STIPEND Expand numbers of LAC by establishing a stipend program for LAC interns that would be forgiven if LAC practices in state for 4 years Proposed \$25,000/applicant	NDACA/NDATPC/DHS; Legislature; Stakeholders; various other professional Boards and Associations; NDUS	July 2015 (64th Legislative Session) 40 slots - \$1,000,000	Increase LAC
4. LAC TRAINING SLOTS Expand LAC training slots by providing stipends for organizations that offer training slots (\$5,000/slot)	Legislature; Stakeholders; Six LAC training Consortiums	July 2015 (64th Legislative Session) 40 slots - \$200,000	Increase LAC
5. LICENSING STANDARDS Establish professional licensing board standards for mental health professional to allow: 1. One year practice if licensed in another state 2. Process for meeting ND licensing standing during the 1 year period 3. Reciprocity of licenses between Montana, South Dakota and Minnesota Method for issuing licenses within 30 days	Various Licensing Boards	2015 (64th Legislative Session)	Reduce barriers for applicants and increase providers

6. STUDENT LOAN BUY DOWNS Establish a student loan buy down system for licensed BH clinical staff	Legislature; DHS; NDUS	July 2015 (64th Legislative Session)	Increased BH providers throughout state
7. Change Behavioral Health Professional definition in 25-03.2-01 for MA level like IA model or two levels including practitioner level in MN model	Legislature; DHS	2015 (64th Legislative Session)	No funding required
8. Create reciprocity language to "shall" accept all professional licenses meeting international and national accreditation standards and qualified state equivalent for each BH license	Legislature	2015 (64th Legislative Session)	No funding required
9. Make sure all educational requirements are available within state and preferably online for access	Legislature; licensure boards	2014 - 2015 (64th Legislative Session)	Adjust course offerings to reflect required courses.
Goal 2: Increase use of lay persons in expanding treatment options			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. TRAIN 1ST RESPONDERS Expand the behavioral health training model for first responders used in Cass County to the whole state and integrate into Post Training standards	JICC workgroup and MHA Stakeholders	July 2016 (64th Legislative Session)	Full implementation of training
2. TRAIN PARTNERS Provide basic training in schools on behavioral health issues for teachers, child care providers using Mental Health First Aid model	DPI and ND University System; Stakeholders; NDSU Extension	2014 - 2015 (64th Legislative Session)	When fully implemented it will provide a network of trained first responders This could be administrative or if funding is needed consider 2017

3. Increase training for law enforcement, emergency personnel, corrections and teachers using MH First Aid and other training	DHS; providers; advocates	2015 (64th Legislative Session)	MH First Aid is a low cost program - \$15-\$25 per person
4. Increase education opportunities for behavioral health providers	Universities; online learning	2015 (64th Legislative Session)	Re-prioritize existing courses to train new providers

Opportunity 3: Insurance Coverage Changes Needed

Goal 1: Increase funding options for services for youth and adults

Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Re-evaluate Essential Health Benefit Package selected and unintended consequences	Legislature; DHS; and providers	2014 - 2015 (64th Legislative Session)	None Needed
2. Determine if insurance coverage meets federal parity standards	Legislature; DHS; and insurance department	2014 - 2015 (64th Legislative Session)	None Needed
3. INSURANCE COVERAGE Work with insurance providers to fund ASAM Core Services	SA Providers and DHS/Insurers; NDACA/NDATPC/DHS; Stakeholders; Legislators	On-going	Consistency between insurers and public funders. (Administrative)

<p>4. BROADEN INSURANCE Encourage private 3rd party payers include coverage for couples and marriage & family therapy as part of behavioral health services and include all licensed mental health professionals with established competencies in couples, relationship and family therapy as eligible providers Provide coverage for CPT Codes for Family Psychotherapy (e.g. 90846 Family psychotherapy without the patient present, 90847 Family psychotherapy, conjoint psychotherapy with patient present, and 90849 Multiple-family group psychotherapy) Providers will need to have established competencies by their licensure boards</p>	<p>Legislature; Insurance Providers; DHS; Various Licensing Boards including Psychologists; Social Workers; Licensed Counselors; Licensed Marriage and Family Therapists</p>	<p>July 2015 (64th Legislative Session)</p>	<p>Expand available service providers Administrative - work with 3rd party payers</p>
<p>5. EXPAND MEDICAID Amend state Medicaid plan to include LPCC and LMFT licensed Professionals in its coverage - It is time to provide a more comprehensive array of professionals</p>	<p>DHS May require additional matching funds</p>	<p>July 2015 (64th Legislative Session)</p>	<p>Increase numbers of providers and expand consumer options</p>

6. HCBS WAIVER Expand the range of community based services through mental health HCBS waiver to assure access in both rural and urban areas	DHS	2015 (64th Legislative Session)	Full implementation statewide - target date 2017 (Administrative)
7. Decide whether to maximize federal funding options or increase use of state and private funds to fill gaps	Legislature; DHS	2014 - 2015 (64th Legislative Session)	None Needed
8. Determine what 3rd party payers should be covering	Legislature; DHS	2014 - 2015 (64th Legislative Session)	None Needed
9. Apply for Medicaid waiver for SDMI Population MT Model	DHS	2014 - 2015 (64th Legislative Session)	Medicaid funding, may be state funding match Cost: ND currently calculating possible cost
Goal 2: Increase behavioral health professional coverage in Medicaid and private insurance			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Change administrative code to reimburse qualified Behavioral Health Professionals as defined above IA Model	Legislature	2015 (64th Legislative Session)	Medicaid, 3rd party funders
2. EXPAND MEDICAID Expand Medicaid to licensed addiction agencies and others that are eligible for other 3 rd party reimbursements	Legislature; Stakeholders; NDACA/NDATPC/ DHS	July 2015 (64th Legislative Session)	Expansion of available resources Could be administrative rather than legislative

Opportunity 4: Changes in DHS Structure and Responsibility			
Goal 1: Build transparency and choice in services			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Create an independent appeal process for consumers IA Model	Legislature; advocates; families and consumers	2015 (64th Legislative Session)	Re-allocation of funds
2. Standardize and distribute rules for uniform access to HSCs	DHS; Legislature oversight; advocates; families and consumers	2014 - 2015 (64th Legislative Session)	No funding needed
3. Encourage hiring throughout the state not just in HSCs	DHS; Providers; advocates	2014 - 2015 (64th Legislative Session)	No funding needed
4. Increase oversight and accountability for contracts with an independent appeal process	DHS; Legislature	2015 (64th Legislative Session)	Re-allocation of funding prioritizing oversight over provider function
5. CORE SERVICES Adopt ASAM Core Services Grids - one for Adult and one for Adolescent Define HSC Roles, move to a private and/or voucher system whenever possible	ND Legislature; Stakeholders	2015 (64th Legislative Session)	Clear expectations, for public and private providers Regular data reporting and possible expansion of available resources
6. Create list of all services only provided by DHS	DHS; legislative council; legislature oversight	2014 - 2015 (64th Legislative Session)	Staff time
Goal 2: Consider structural changes to DHS			
1. Improve coordination of care with county services system for youth	DHS; Legislature; counties	2014 - 2015 (64th Legislative Session)	Staff time; county and state funding; Chaffee funds
2. Legislative oversight of HSC system to uphold powers and duties outlined in 50.06-05.3	Legislature and Executive branch	2015 (64th Legislative Session)	State funding re-allocation

Opportunity 5: Improve Communication			
Goal 1: Create an integrated system of care			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. PRE-SCHOOL SCREENING/ASSESSMENT Evaluation outcome data on behavioral health screening tools done with Health Tracks and Health Steps - monitor referral patterns and unmet needs Prepare recommendations to establish routine standardized screening using evidence based practice throughout the state to routinely screen all 2,3 and 4 year olds at primary care sites - Pilot project in 2015 - Full implementation in 2017	DHS/DPI; Stakeholders; Legislators	2015 (64th Legislative Session)	Evidence based system implementation across the state integrated into primary care system Interim Committee monitoring next session (Administrative and Legislative)
2. COMMITMENT RELATED LEGIS. Support DHS Task Force that addresses hearing timelines	Dr. Etherington; Interim Committee; State's Attorneys	2015 (64th Legislative Session)	Report by October 2014 Legislation should be prepared by DHS (Administrative and Legislative)
3. Seek additional federal funding for age 0-5 Visiting Nurses program for BH	DHS	2015 (64th Legislative Session)	Federal funding
4. Strengthen Advocacy voices in ND	DHS; Providers; stakeholders; Advocates	2014 - 2015	No funding needed
Goal 2: Improve record sharing			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Review record sharing options for ND and stream line	Legislative council; DHS; Legislature	2014 - 2015	Staff time

2. Change regulations to accept electronic releases and all other treatment documentation	Legislature; DHS	2015 (64th Legislative Session)	Cot reduction in printing and transportation
3. Streamline application process for residential facilities	Legislature	2014 - 2015 (64th Legislative Session)	Cost reduction in time and processing
Goal 3: Improved communication among MHPA service providers			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Improve regional communications HSCs to all providers	Stakeholders/advocates lead; DHS at the table; Legislative Oversight	2014 - 2015 (64th Legislative Session)	Staff time, reallocation of resources
2. Standardize policies and procedures that foster better communication including job vacancies	DHS; Legislative oversight	2014 - 2015 (64th Legislative Session)	Staff time
Opportunity 6: DATA COLLECTION AND RESEARCH			
Goal 1: Determine what providers are available within the state and map gaps			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Give task of oversight of licensing boards to public health	DHS; Legislature; Department of Public Health	2015 (64th Legislative Session)	Staff time
Goal 2: Determine what services are available outside of HSC system for youth and adults			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. FIRSTLINK/211 Assure that 211 has access to all funded provider information including for profit providers (make it a requirement for MA and contracts) Assure that consumers aware of services through 211 and SAMHSA director	FirstLink; DHS	2015 (64th Legislative Session)	At completion

2. COMMITMENT RELATED LEGIS. Establish mechanism so that law enforcement can access information on individuals who may have been committed	Dr. Etherington; Interim Committee; State's Attorneys	2015 (64th Legislative Session)	Report by October 2014 Legislation should be prepared by DHS (Administrative and Legislative)
3. Create a repository for services using 211/First Link	Legislature; DHS; providers; advocates; stakeholders	2015 (64th Legislative Session)	Currently funded; state funding; private sources
4. Map current resources distribution outside the HSC system	DHS; Legislature; advocates; stakeholders	2014 - 2015 (64th Legislative Session)	State funds; current resources re-allocated
Goal 3: Use data to determine best use of limited funding on treatment			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Use universities or other current systems to build outcomes based system	DHS; Universities	2014 - 2015 (64th Legislative Session)	Re-allocation of current funds
2. Create list of "legacy" services and cost to state and consider reinvesting in evidence-based services	DHS; legislature; providers; advocates	2014 - 2015 (64th Legislative Session)	Staff time; state funds

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APPENDIX B

65th Legislative Assembly

BEHAVIORAL HEALTH PLANNING MASTER LIST

Opportunity 1: SERVICE SHORTAGE			
Goal1: Improve access to services			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Create bed management system - MN Model	DHS; legislature	2017 (65th Legislative Session)	State funding Cost: \$200K Implementation \$25K
Goal 2: Conflict-Free case management			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Privatize case management to add choice	DHS; legislature; Governor	2017 (65th Legislative Session)	Cost savings: transfer cost to private or county providers
2. Partner case management/care coordination with peer support	DHS; legislature; advocates; consumers and families	2017 (65th Legislative Session)	Use existing Recovery Center staff to assist in care coordination; state funds to grow peer support through private entities Cost: no state funds if using Medicaid waiver to expand or use integrated health model

Goal 3: Access to crisis assessment			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. MOBILE CRISIS UNITS Expanding the crisis mobile response team to other regions with outcome standards and reporting requirements after the establishment of comprehensive assessment services	DHS	2017 (65th Legislative Session)	To have crisis response services available in all regions by 2019 that have standardized protocols and data outcomes
2. Increase mobile crisis in urban areas after hours	DHS; HSCs	2017 (65th Legislative Session)	State funding; private contract options; block grant funding; adjust current work days/times Cost: \$120K-\$200K per urban location per year
Opportunity 2: EXPAND WORKFORCE			
Goal 2: Increase use of lay persons in expanding treatment options			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Increase use of peer support and recovery coaches	DHS; providers; advocates	2017 (65th Legislative Session)	State funding; private contracts; federal grants; Medicaid Cost: Depends on source of funding \$750K
2. Increase law enforcement in schools	Schools; advocates; providers; law enforcement	2017 (65th Legislative Session)	State funding; federal grants Cost: \$50K per officer

Opportunity 3: Insurance Coverage Changes Needed			
Goal 2: Increase behavioral health professional coverage in Medicaid and private insurance			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Increase funding to assist BH professionals in training including LACs	Legislature	2017 (65th Legislative Session)	State funding; insurance reinvestment Cost: \$45K per position
Opportunity 4: Changes in DHS Structure and Responsibility			
Goal 1: Build transparency and choice in services			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. CORE SERVICES Establish a unified system of DHS core services - that are available and accessible through HSC or private providers or by vouchers (Use SAMHSA Guidelines/Grid)	DHS; ND Legislature	2017 (65th Legislative Session)	DHS will provide data on provision of NDCC core services by regions (like quarterly budget summary) starting 1/2015 Next interim to study core adult mental health needs to prepare recommendations to Legislature (Administrative)
2. CORE SERVICES Adopt core service standards or grid for children/adolescent mental health through DHS	DHS; ND Legislature; Stakeholders	2017 (65th Legislative Session)	DHS will provide data on provision of NDCC core services by regions (like quarterly budget summary) starting 1/2015 Next interim to study core adult mental health needs to prepare recommendations to Legislature (Administrative)
Goal 2: Consider structural changes to DHS			
1. Change HSCs to oversight; regulatory functions; and program management at state hospital like ND DD system	DHS; Legislature	2017 or 2019 (65th or 66th Legislative Session)	Re-allocation of funds

Opportunity 5: Improve Communication			
Goal 1: Create an integrated system of care			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. Creation of Integrated health services including care coordination in Medicaid IA Model	DHS; Legislature	2017 (65th Legislative Session)	Federal Medicaid funding; state funding; block grants Cost savings projected in Iowa
Goal 3: Improved communication among MHSA service providers			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Intra agency council for coordination of services Idaho model	DHS; Corrections; DPH; Education; Vocational Rehabilitation; Veterans Affairs; DD and others	2017 (65th Legislative Session)	Staff time, reallocation of priorities within departments
Opportunity 6: DATA COLLECTION AND RESEARCH			
Goal 1: Determine what providers are available within the state and map gaps			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. Create a provider registry GA model veterans model	DHS; Legislature	2017 (65th Legislative Session)	Staff time; possible state funding Cost: \$200K
Goal 3: Use data to determine best use of limited funding on treatment			
Strategies/Action Steps	Who is Responsible/Key Leaders	Timing/Date Implemented	Financial Options and Cost Estimate/Outcome
1. CORE SERVICES Establish a unified system of DHS core services - that are available and accessible through HSC or private providers or by vouchers (Use SAMHSA Guidelines/Grid)	DHS; ND Legislature	2017 (65th Legislative Session)	DHS will provide data on provision of NDCC core services by regions (like quarterly budget summary) starting 1/2015 Next interim to study core adult mental health needs to prepare recommendations to Legislature (Administrative)

<p>2. CORE SERVICES Adopt core service standards or grid for children/adolescent mental health through DHS</p>	<p>DHS; ND Legislature; Stakeholders</p>	<p>2017 (65th Legislative Session)</p>	<p>DHS will provide data on provision of NDCC core services by regions (like quarterly budget summary) starting 1/2015 Next interim to study core adult mental health needs to prepare recommendations to Legislature (Administrative)</p>
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APPENDIX C

66th Legislative Assembly

BEHAVIORAL HEALTH PLANNING MASTER LIST

Opportunity 4: Changes in DHS Structure and Responsibility			
Goal 2: Consider structural changes to DHS			
Strategies	Who is Responsible	Timing	Financial Options and Cost Estimate
1. If counties combine with State, create regional governance system NE Model	DHS; Legislature	2019 (66th Legislative Session)	State and county funding re-allocation

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