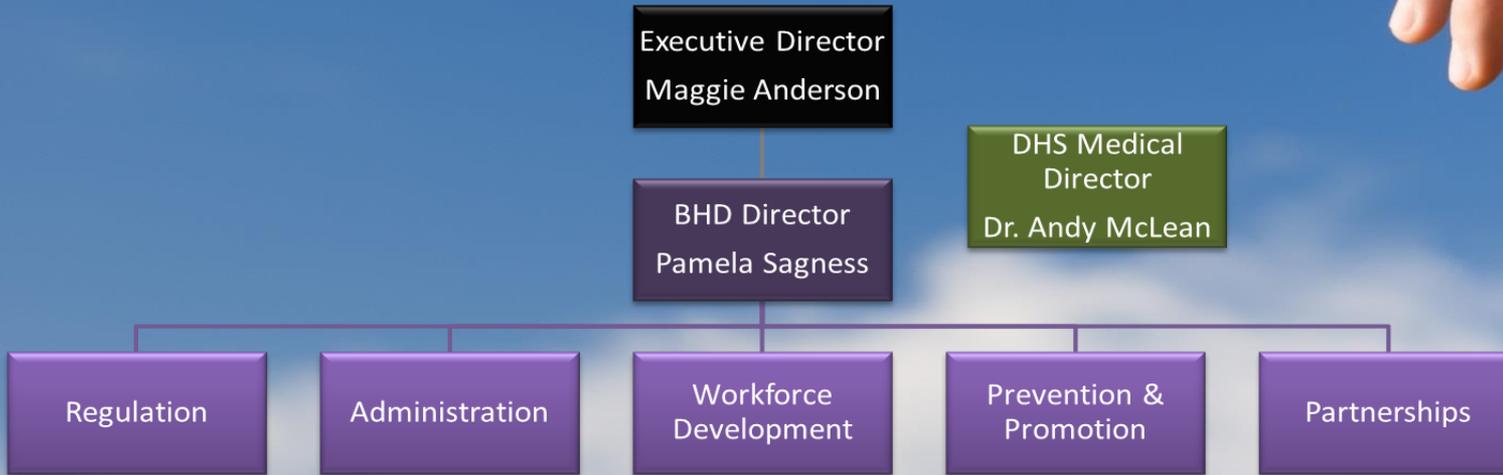


# SUBSTANCE USE DISORDER (SUD) SYSTEM IN NORTH DAKOTA

Interim Human Services Committee – November 3, 2015

*Pamela Sagness, Director  
Behavioral Health Division*

# Behavioral Health Division CORE FUNCTIONS:



The **goal** of the SUD system is to provide a full range of high quality services to meet the needs of North Dakotans.

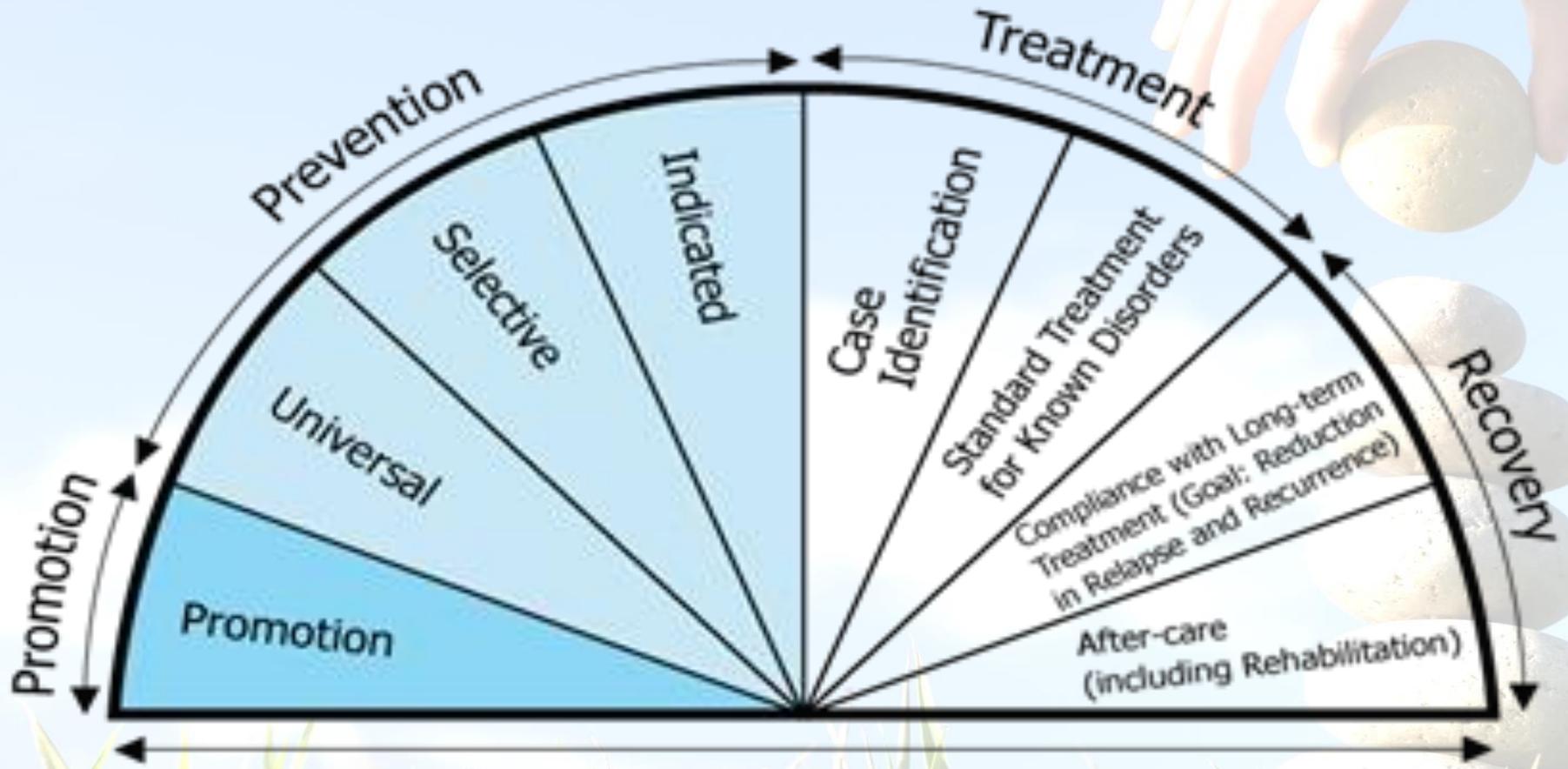


# The ND Substance Use Disorder system should:

- 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





# **PROMOTION & PREVENTION**

# Substance Abuse 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.

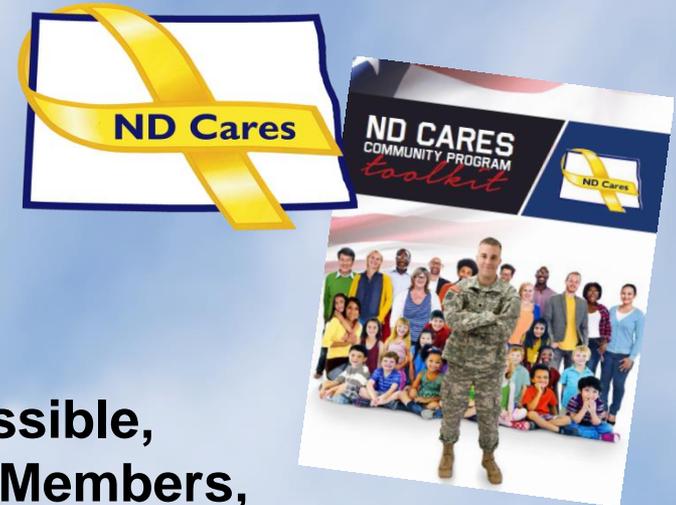
# ND Cares

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.
- **guides 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

# Prevention Resource & Media Center

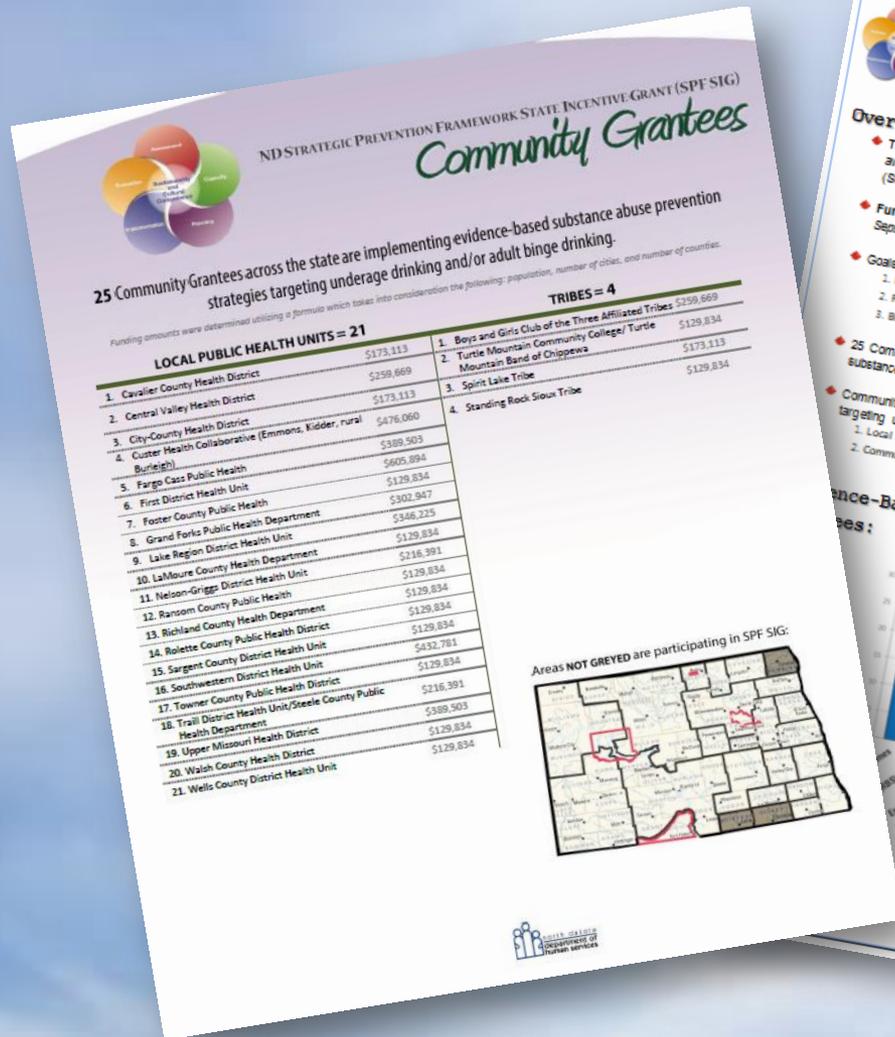
NORTH DAKOTA  
**PREVENTION**  
RESOURCE & MEDIA CENTER

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)



**ND STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT (SPF SIG)**  
**Community Grantees**

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

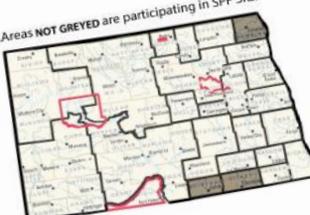
Funding amounts were determined utilizing a formula which takes into consideration the following: population, number of cities, and number of counties.

**LOCAL PUBLIC HEALTH UNITS = 21**

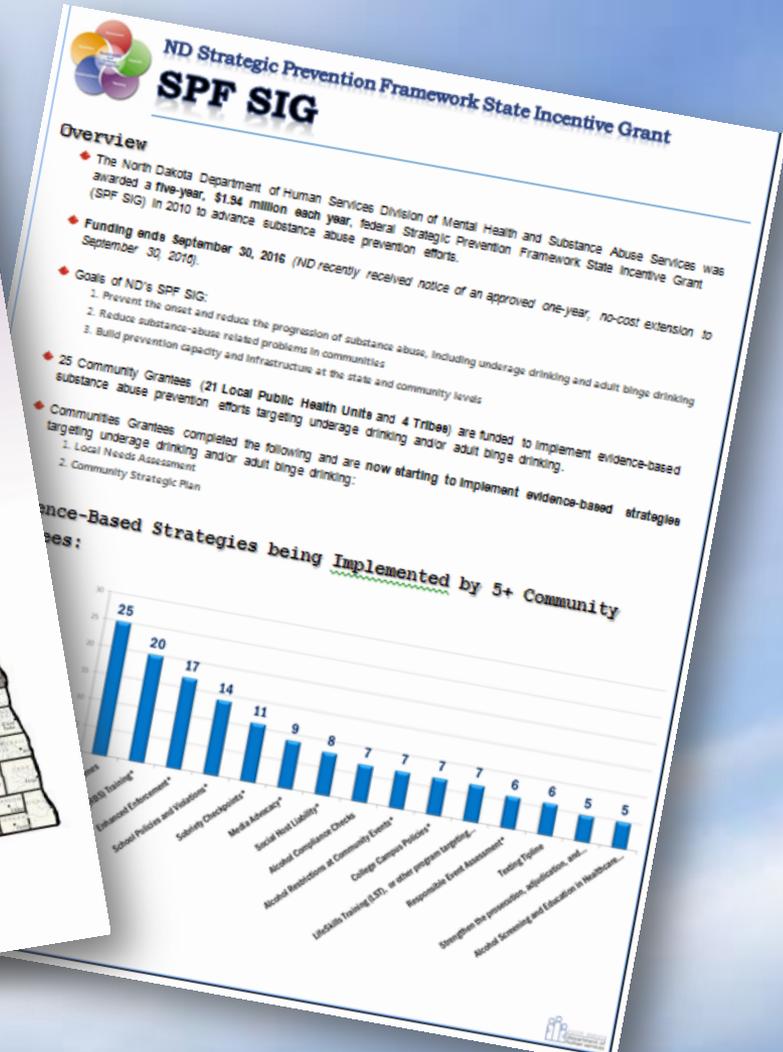
Local Public Health Unit	Funding Amount	Tribe	Funding Amount
1. Cavalier County Health District	\$173,113	1. Boys and Girls Club of the Three Affiliated Tribes	\$259,669
2. Central Valley Health District	\$259,669	2. Turtle Mountain Community College/ Turtle Mountain Band of Chippewa	\$129,834
3. City-County Health District	\$173,113	3. Spirit Lake Tribe	\$173,113
4. Custer Health Collaborative (Emmons, Kidder, rural Burleigh)	\$476,060	4. Standing Rock Sioux Tribe	\$129,834
5. Fargo Cass Public Health	\$389,503		
6. First District Health Unit	\$605,894		
7. Foster County Public Health	\$129,834		
8. Grand Forks Public Health Department	\$302,947		
9. Grand Forks Public Health Unit	\$346,225		
10. LaMoire County Health Department	\$129,834		
11. Nelson-Griggs District Health Unit	\$129,834		
12. Ransom County Public Health	\$216,391		
13. Ransom County Health Department	\$129,834		
14. Richland County Health District	\$129,834		
15. Rolette County Public Health	\$129,834		
16. Sargent County District Health Unit	\$432,781		
17. Southwestern District Health Unit	\$129,834		
18. Towner County Public Health	\$216,391		
19. Traill District Health Unit/Steele County Public Health Department	\$389,503		
20. Upper Missouri Health District	\$129,834		
21. Walsh County Health Unit	\$129,834		

**TRIBES = 4**

Areas NOT GREYED are participating in SPF SIG:



**ND Strategic Prevention Framework State Incentive Grant**  
**SPF SIG**

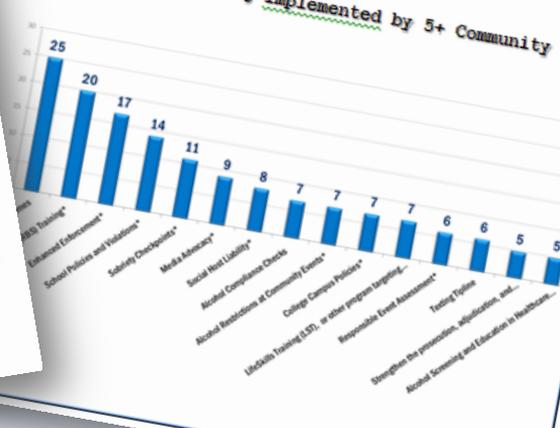


**ND Strategic Prevention Framework State Incentive Grant**  
**SPF SIG**

**Overview**

- The North Dakota Department of Human Services Division of Mental Health and Substance Abuse Services was awarded a five-year, \$1.84 million each year, federal Strategic Prevention Framework State Incentive Grant (SPF SIG) in 2010 to advance substance abuse prevention efforts.
- Funding ends September 30, 2016 (ND recently received notice of an approved one-year, no-cost extension to September 30, 2016).
- Goals of ND's SPF SIG:
  - Prevent the onset and reduce the progression of substance abuse, including underage drinking and adult binge drinking
  - Reduce substance-abuse related problems in communities
  - Build prevention capacity and infrastructure at the state and community levels
- 25 Community Grantees (21 Local Public Health Units and 4 Tribes) are funded to implement evidence-based substance abuse prevention efforts targeting underage drinking and/or adult binge drinking.
- Communities Grantees completed the following and are now starting to implement evidence-based strategies:
  - Local Needs Assessment
  - Community Strategic Plan

**Evidence-Based Strategies being Implemented by 5+ Community Grantees:**



Evidence-Based Strategy	Number of Community Grantees
Local Needs Assessment	25
Community Strategic Plan	20
Local Public Health Unit/ Tribes	17
Substance Abuse Prevention	14
Media Awareness	11
Social Host Liability	9
Alcohol Compliance Checks	8
Alcohol Restrictions at Community Events	7
College Career Policies	7
Responsible Event Assessment	7
Responsible Event Assessment	6
Testing Tips	6
Strengthen the partnership, collaboration, and	5
Alcohol Screening and Education in Healthcare	5

**ND Strategic Prevention Framework State Incentive Grant**  
**SPF SIG**

# Strategic Prevention Framework Partnership For Success (SPF PFS)



## 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 SIG).
- ▶ SAMHSA expects grantees to continue to use the evidence-based Strategic Prevention Framework (SPF) process at both the state and community levels.
- ▶ The PFS 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.
- ▶ 85% 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).

### 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.

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

#### NORTH DAKOTA GRANT GOALS:

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

#### SELECTION OF HIGH-NEED COMMUNITIES

North Dakota (the Division in collaboration with the state's SEOW) plans to select up to ten communities (based on a formula determining highest need) to receive PFS funding using a rating system, which is based on the following four criteria; (1) population (20%); (2) consumption rates (30%); (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 and sustain 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.

Category	POPULATION SCORE	CONSUMPTION SCORE	CONSEQUENCE SCORE	RISK SCORE
Weight	20%	30%	30%	20%
Data Points Included in Category Score	Percentage of 12-20 year olds in service area	Youth Risk Behavior Survey (YRBS) <ul style="list-style-type: none"> <li>- Middle School lifetime use</li> <li>- Middle School binge use</li> <li>- High School 30-day use</li> <li>- High School binge use</li> </ul> Behavioral Risk Factor Surveillance System (BRFSS) <ul style="list-style-type: none"> <li>- Aged 18-20 30-day use</li> <li>- Aged 18-20 binge use</li> </ul>	Youth Risk Behavior Survey (YRBS) <ul style="list-style-type: none"> <li>- High School past 30-day drinking and driving</li> </ul>	Community Readiness Survey (CRS) <ul style="list-style-type: none"> <li>- Perception of acceptability of parents offering youth alcohol</li> <li>- Perception of acceptability of underage drinking in the community</li> <li>- Perception that community has leadership interested in substance abuse prevention</li> <li>- Perception that community has an action plan for substance abuse prevention</li> </ul> Liquor Outlet Density  Native American Reservation  Oil-Impacted Areas

# PARENTS LEAD

## PARENTS LEAD

FOR PROFESSIONALS



PARENTS LEAD.ORG

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:

**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

### PROGRAM OUTCOMES

↑  
**Increase ongoing conversations**

Almost half (45.2%) said they are now having ongoing conversations about underage drinking.

↑  
**Increase healthy role-modeling**

Just over half (52.7%) of the respondents said they are more conscious of role modeling around their child as a result of the Parents LEAD website.

↑  
**Increase parental monitoring**

One in three (32.3%) parents said they were being more careful about monitoring their child.

Of the 675 parents signed up to receive monthly age-specific emails, 98 completed the online survey (15%).



Parents LEAD is a partnership between the North Dakota Department of Transportation, North Dakota Department of Human Services, North Dakota University System, and NDSU Extension Service.

Source: NDSU Evaluation of Parents LEAD and Parents LEAD for Professionals, Online Survey Conducted November-December 2014.



# Speak Volumes

**SPEAK VOLUMES**.nd.gov

NOT ALL  
**ALCOHOLIC DRINKS**  
*are created equal*

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 disprove 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](http://speakvolumes.nd.gov).





**CASE**  
**IDENTIFICATION**  
*(Early Intervention)*

# Case Identification

## (Early Intervention) NDCC

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. If the individual enters the premises for training, education, or research purposes under the supervision of an individual twenty-one or more years of age with prior notification of the local licensing authority.

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 SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

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

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are an evidence-based practice designed to identify, reduce, and prevent alcohol and illicit drug abuse and dependence. The SBIRT model calls for 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 \$3.81 to \$5.60 for each \$1.00 spent.

The approach is often conducted in medical settings including primary care clinics, hospitals, and emergency departments. SBIRT enables healthcare professionals to systematically screen and assist people who may not be seeking help for a substance use problem, but whose drinking or drug use may cause or complicate their ability to successfully handle health, work, or family issues.

### What are the benefits of SBIRT?

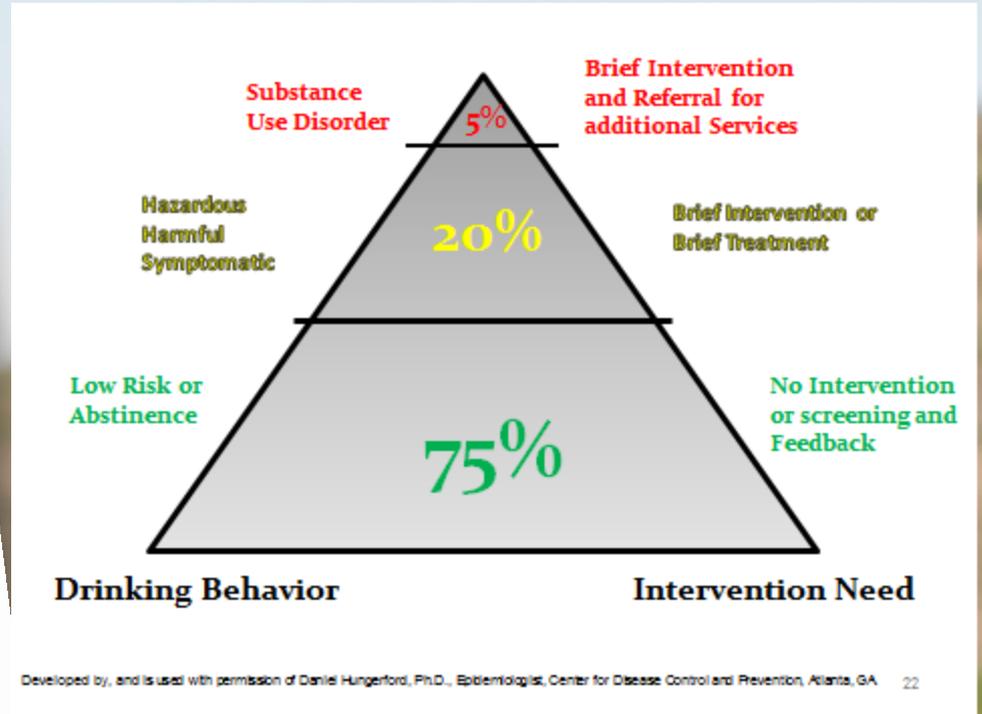
Risky alcohol and substance use often results in poor health outcomes and substantial healthcare costs related to illness, hospitalizations, motor vehicle accidents, and premature deaths. Research has demonstrated SBIRT's numerous benefits.

Brief intervention in emergency departments have shown a **reduction in repeat injuries and injury hospitalizations.**

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

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

Source: [http://www.integration.samhsa.gov/SBIRT\\_brief.pdf](http://www.integration.samhsa.gov/SBIRT_brief.pdf)



Developed by, and is used with permission of Daniel Hungerford, Ph.D., Epidemiologist, Center for Disease Control and Prevention, Atlanta, GA 22

# TREATMENT



ASAM

# 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.

ASAM

# 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

### North Dakota Board of Addiction Counseling Examiners

- The NDBACE is to set minimum standards for the license of addiction counselors; to establish core curricular requirements; to approve addiction counselor training programs, internships, and clinical supervisors; and to establish requirements for the private practice of addiction counseling.

### Department of Human Services, Behavioral Health Division

- Administration of alcohol and drug abuse programs, including establishing quality assurance standards for the licensure of programs, services, and facilities.
- Provides leadership for the planning, development, and oversight of a system of care for children, adults, and families with severe emotional disorders, mental illness, and/or substance abuse issues.

### Department of Human Services, Service Delivery System

- Provides, directly or through contract, public mental health and substance abuse services through eight Regional Human Service Centers and the North Dakota State Hospital in Jamestown. Specifically focused on IV drug users, pregnant substance users, and those with a mental illness and substance use disorder.

### Mental Health and Substance Abuse Planning Council

- The Council's purpose is to provide advice and consultation to the Governor of the State of North Dakota regarding the overall administration and service delivery of mental health and substance abuse services.
- The Council's objective is to monitor, review, and evaluate the location and adequacy of behavioral health services in North Dakota.

### North Dakota Addiction Counselors Association

- The purpose of the Association is to advance the profession of addiction counseling. To that end, the Association shall promote the growth of the addiction counseling profession, foster interaction and the exchange of knowledge between addiction counselors, and be an advocate for addiction counselors on issues that affect the profession.

### North Dakota Treatment Providers Coalition

- The mission of the Coalition is to enhance opportunities that advance our members' ability to deliver proactive and holistic treatment services.

### Prevention Resource and Media Center

- 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.

### North Dakota Coalition of Training Consortiums

- The purpose of the Coalition is to advance the training of addiction counselors within the state. To that end, the Coalition shall promote the training of the addiction counseling professional, foster interaction and the exchange of knowledge between addiction counselors and consortiums, and be an advocate for addiction training on issues that affect the profession.

# SUD Treatment Services

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.

ASAM

# SUD Treatment Services

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.

ASAM

# SUD Treatment Services

October 2015

## 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 direct medical management provided, the structure, safety and security provided and the intensity of treatment services provided.

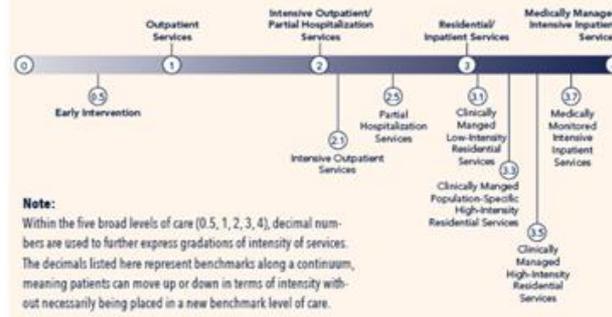
### AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

- 1 DIMENSION 1** **Acute Intoxication and/or Withdrawal Potential**  
Exploring an individual's past and current experiences of substance use and withdrawal
- 2 DIMENSION 2** **Biomedical Conditions and Complications**  
Exploring an individual's health history and current physical condition
- 3 DIMENSION 3** **Emotional, Behavioral, or Cognitive Conditions and Complications**  
Exploring an individual's thoughts, emotions, and mental health issues
- 4 DIMENSION 4** **Readiness to Change**  
Exploring an individual's readiness and interest in changing
- 5 DIMENSION 5** **Relapse, Continued Use, or Continued Problem Potential**  
Exploring an individual's unique relationship with relapse or continued use or problems
- 6 DIMENSION 6** **Recovery/Living Environment**  
Exploring an individual's recovery or living situation, and the surrounding people, places, and things



### REFLECTING A CONTINUUM OF CARE



<http://www.asam.org/publications/the-asam-criteria/about/>



# SUD Treatment Services

October 2013

## NORTH DAKOTA Licensed Public & Private Substance Abuse Treatment Programs... by ASAM Level of Care

### EDUCATIONAL DUI SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
0.5	5	3	4	9	8	2	11	3	45

### ADULT SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
I	6	8	6	12	15	5	14	5	71
II.1	3	5	5	5	10	4	10	4	46
II.5	1	3	3	3	6	2	7	2	27
III.1	1	4	4	2	4	1	4	1	22
III.5		3	1	2	3	2	4		15
III.7		1		1	1	1			4

### ADOLESCENT SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
I	2	6	3	8	9	3	12	3	46
II.1	1	3	2	4	4	3	5	2	24
II.5		1	1	2	1	1	3		9
III.1		2	1		3		4	1	11
III.5		2	1	1	2		3		9
III.7		1		1	1				3

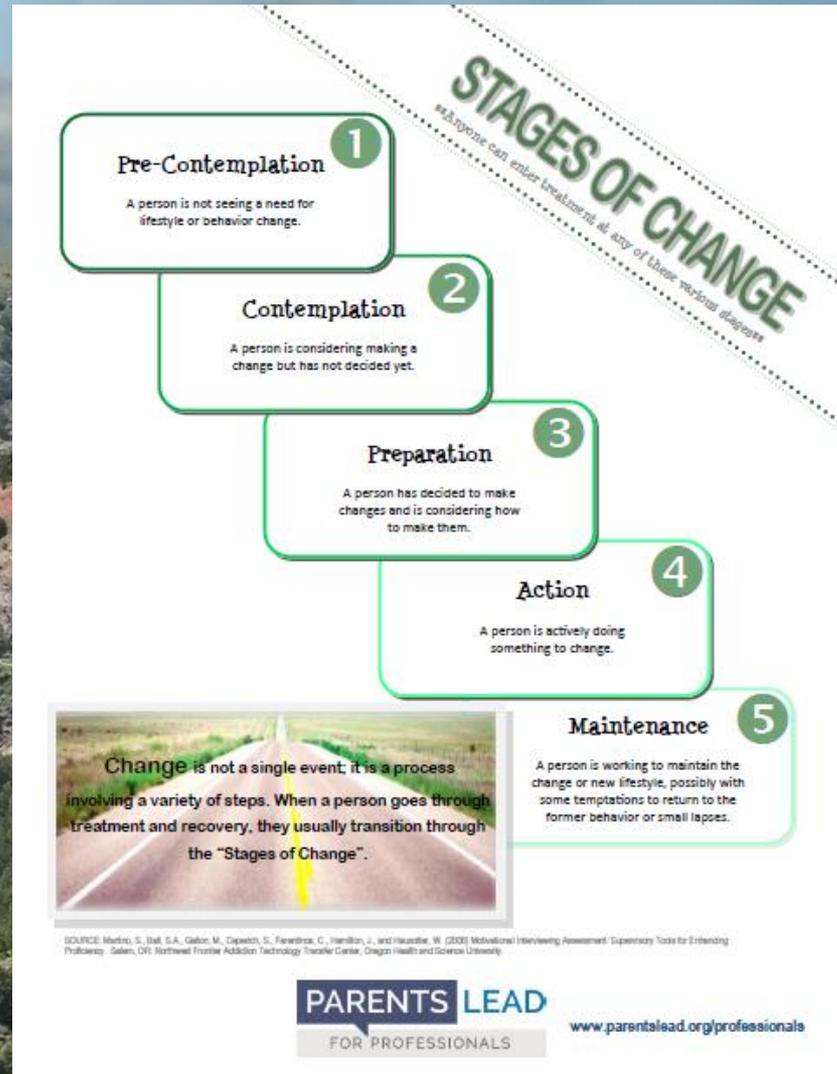
### WITHDRAWAL MANAGEMENT (DETOX) SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
III.2D		2	3		3	1	2	1	12

# Chronic Disease Management Definition

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



# 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

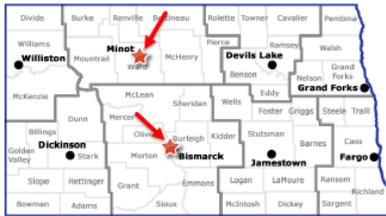
## Opioid Treatment Programs in North Dakota

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 2015 and the ND Department of Human Services, Behavioral Health Division (BHD) began accepting applications.

To date five applications have been submitted to the BHD. 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	MANDAN	MINOT	WEST FARGO
<ul style="list-style-type: none"> <li>Heartview Foundation has been approved by the BHD to begin the licensing application process.</li> <li>Premier Care, Inc. has withdrawn their application.</li> </ul>	<ul style="list-style-type: none"> <li>Community Medical Services has submitted an application, however, has requested the application be placed on hold.</li> <li>A one year moratorium on OTPs is set to expire in October 2015.</li> <li>The Mandan City Commission is currently working on developing a city ordinance.</li> </ul>	<ul style="list-style-type: none"> <li>Community Medical Services has a provisional OTP license by the BHD and is still pursuing federal requirements.</li> <li>The one year moratorium on OTPs activated on October 2014, was lifted September 2015.</li> </ul>	<ul style="list-style-type: none"> <li>Premier Care, Inc. has withdrawn their application.</li> <li>A one year moratorium on OTPs is set to expire in October 2015.</li> <li>West Fargo City Commission passed city licensing standards to oversee and license programs.</li> <li>West Fargo City Commission is currently reviewing a city ordinance.</li> </ul>



**opioid**  
TREATMENT PROGRAM

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 APPOINTMENTS**

- Patients will receive a complete medical physical at the OTP.
- A medical professional will discuss medication options with each patient:
  - **Methadone**
    - Reduces cravings and withdrawal symptoms
  - **Buprenorphine**
    - Decreases withdrawal symptoms for a longer period of time compared to methadone
  - **Naltrexone**
    - Prevents feeling the effects of a drug
- Patients will meet with a licensed addiction counselor to develop counseling goals.

**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 be conducive to patient's work schedules and daily responsibilities, often opening early enough to allow patients to get to work by 8:00am).
- Patients will attend appointments regularly with their medical professional.

**ON-GOING COUNSELING:**

- Individual and/or group therapy will be provided based on the patient's individual treatment 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 [dhsbhd@nd.gov](mailto:dhsbhd@nd.gov).

# Withdrawal Management Region 7

## WITHDRAWAL MANAGEMENT NORTH DAKOTA, REGION 7

### Discovery Process



PROBLEM	WHY?	STRATEGIES	SHORT TERM OUTCOMES	LONG TERM OUTCOMES
Police Responsibility (Public intoxication law)	Public Intoxication law flaws	Revise public intoxication law with current language.  Public intoxication becomes a misdemeanor		
Limited capacity for social detox (facilities and skills)	Lack of service providers  Limited skills in managing withdrawal and intoxication.	Training and technical assistance needed to develop and enhance skills regarding wm & im.		
Facilities (Jail) not licensed for "detox" but left responsible	Jail only option but not qualified or licensed.	Increase capacity for medical detox (wm)	Capacity <ul style="list-style-type: none"> <li>increased skills</li> <li>increased facilities (social &amp; medical)</li> </ul>	Decreased community problems
Limited or no capacity for medical detox (no facilities, risky placements, oversight?, finding?)	Hospitals not providing medical detox (limited)	Increase capacity for social detox (wm)  Identify process for intoxication management	Increased Coordination	Better care for consumers across the continuum of care
Increased needs (population & narcotics)		Update Administrative Rule with current ASAM (wm & im)	Increased Engagement	Improved wellness for consumers
"Revolving door" (limited engagement, repeat admissions)	Fort Yates transfers to hospital – then out to Bismarck PD.  Lack of collaboration among parties/providers	Identify oversight agency for medical detox (im)  Ensure engagement strategies in social and medical detox settings.		Decrease in "revolving door"



# Addiction Counselor Scope of Practice

## NORTH DAKOTA BOARD OF ADDICTION COUNSELING EXAMINERS

PO Box 975 • Bismarck, ND 58502 • 701.255.1439  
www.ndbace.org • Fax: 701.224.9824 • ndbace@aptnd.com

Finally, while the Board is not aware of other licensing authorities in North Dakota that govern gambling addiction counseling, it recommends that persons who purport to treat gambling addiction gain a thorough understanding of how other professional licensing boards might view the treatment of

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.

Recommendations to treat gambling addictions—as long as the person doesn't suggest that his or her addiction counselor's license somehow authorizes them to, or is also a license to, treat gambling addiction.

# Robinson Recovery



Jack Dalrymple, Governor  
Maggie D. Anderson, Executive Director

## Behavioral Health Division

Toll Free 1-800-755-2719  
Fax (701) 328-8969  
1237 West Divide Avenue Suite 1C, Bismarck, ND 58501-1208  
(701) 328-8920

Prevention Resource and Media Center  
1237 West Divide Avenue Suite 1D  
Toll Free 1-800-642-6744

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 64<sup>th</sup> 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 reprocur 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

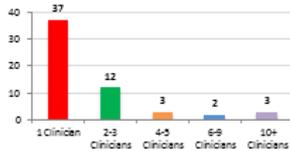
## NORTH DAKOTA

### PRIVATE Adult Substance Abuse Treatment Programs

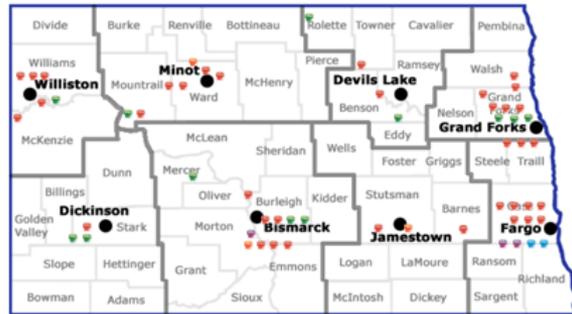
Licensed by the Department of Human Services

#### Total Number of Licensed Private Programs\* = 57

- 37 Licensed Programs have 1 Clinician
- 12 Licensed Programs have 2-3 Clinicians
- 3 Licensed Programs have 4-5 Clinicians
- 2 Licensed Programs have 6-9 Clinicians
- 3 Licensed Programs have 10+ Clinicians



#### Location and Number of Clinicians per Program



#### LEGEND

- 1 Clinician
- 2-3 Clinicians
- 4-5 Clinicians
- 6-9 Clinicians
- 10+ Clinicians

Licensed Substance Abuse Treatment Programs are required to follow the levels of care based on the DSM and ASAM criteria and policies for client admission.



\*Does not include DUI, adolescent only, or public providers (DHS/DOCR)

## List of Programs by Region\*\*

### Region 1 (Williston)

- Programs with 1 Clinician**
- ADAPT, Inc. - Williston
  - Native American Resource Center - Trenton
  - Choice Recovery Counseling - Williston
  - Weischoff Alcohol & Drug - Williston
  - Summit Counseling - Williston
- Programs with 2-3 Clinicians**
- Montgomery Counseling Services - Williston

### Region 3 (Devils Lake)

- Programs with 1 Clinician**
- ADAPT, Inc. - Devils Lake
  - Heartstep, Foundation - Cando
- Programs with 2-3 Clinicians**
- 5th Generation - Belcourt
  - Spirit Lake Nation Recovery & Wellness Program - Fort Totten

### Region 5 (Fargo)

- Programs with 1 Clinician**
- ADAPT, Inc. - Fargo
  - Shiano, Chris Counseling Services - Fargo
  - Simon Chemical Dependency Services - Fargo
  - McSireth, Claudia Counseling - Fargo
  - Discovery Counseling - Fargo
  - Eddie Burl, LLC - Fargo
  - Fargo VA Medical and Regional Office Center Substance Abuse Treatment Program - Fargo
- Programs with 6-9 Clinicians**
- First Step Recovery, a program of The Village Family Service Center - Fargo
- Programs with 10+ Clinicians**
- PSI Acquisitions, LLC d/b/a Prairie St. John's - Fargo
  - SpaceHouse, Inc. - Fargo

### Region 7 (Bismarck)

- Programs with 1 Clinician**
- Pathway to Freedom - Willon
  - Bismarck, Rose Counseling Service - Bismarck
  - Be Free Counseling Services - Bismarck
  - Chambers and Blagoj, Psychological Services, PC - Bismarck
  - Kozmierzak, Audrey Counseling Service - Bismarck
  - One 80 Programs, Dakota Institute of Trauma Therapy, PC - Bismarck
- Programs with 2-3 Clinicians**
- St. Alexius Medical Center/PHP Dual Diagnosis Program - Bismarck
  - Coal Country Substance Abuse Services - Beulah
- Programs with 4-5 Clinicians**
- ADAPT, Inc. - Bismarck
- Programs with 10+ Clinicians**
- New Freedom Center, Inc. - Bismarck
- Programs with 10+ Clinicians**
- Heartstep, Foundation - Bismarck

### Region 2 (Minot)

- Programs with 1 Clinician**
- ADAPT, Inc. - Minot
  - Bob Hayes Addiction Services - Minot
  - Cornerstone Addiction Services - Minot
  - Goodman Addiction Services - Minot
  - Paschall Resource Center - Parshall
- Programs with 2-3 Clinicians**
- Circle of Life Alcohol Program - New Town
- Programs with 4-5 Clinicians**
- Trinity Hospitals - Minot

### Region 4 (Grand Forks)

- Programs with 1 Clinician**
- ADAPT, Inc. - Grand Forks
  - MAB Addiction Counseling Services - Grafton
  - Quinn DU/MIP/Evaluations - Grafton
  - Alcohol & Drug Services, Inc. - Grand Forks
  - Foley, Don Counseling - Grand Forks
  - Centre, Inc. - Grand Forks
  - Northland Christian Counseling Center - Grand Forks
  - Stadtes, Richard P, Psychiatric Center - Chemical Dependency - Grand Forks
  - Start Somewhere Counseling Services - Grand Forks
- Programs with 2-3 Clinicians**
- Agassiz Associates, PLLC - Grand Forks
  - UND Counseling Center Substance Abuse Program - Grand Forks
  - Drake Counseling Services - Grand Forks

### Region 6 (Jamestown)

- Programs with 1 Clinician**
- Dokter-Evjen Recovery Choice - Jamestown
  - Creative Therapy, PLLC - Valley City
- Programs with 4-5 Clinicians**
- Addiction & Counseling Services - Jamestown

### Region 8 (Dickinson)

- Programs with 1 Clinician**
- ADAPT, Inc. - Dickinson
- Programs with 2-3 Clinicians**
- Heart River Alcohol & Drug Abuse Services - Dickinson
  - Sacajewee Substance Abuse Counseling - Dickinson

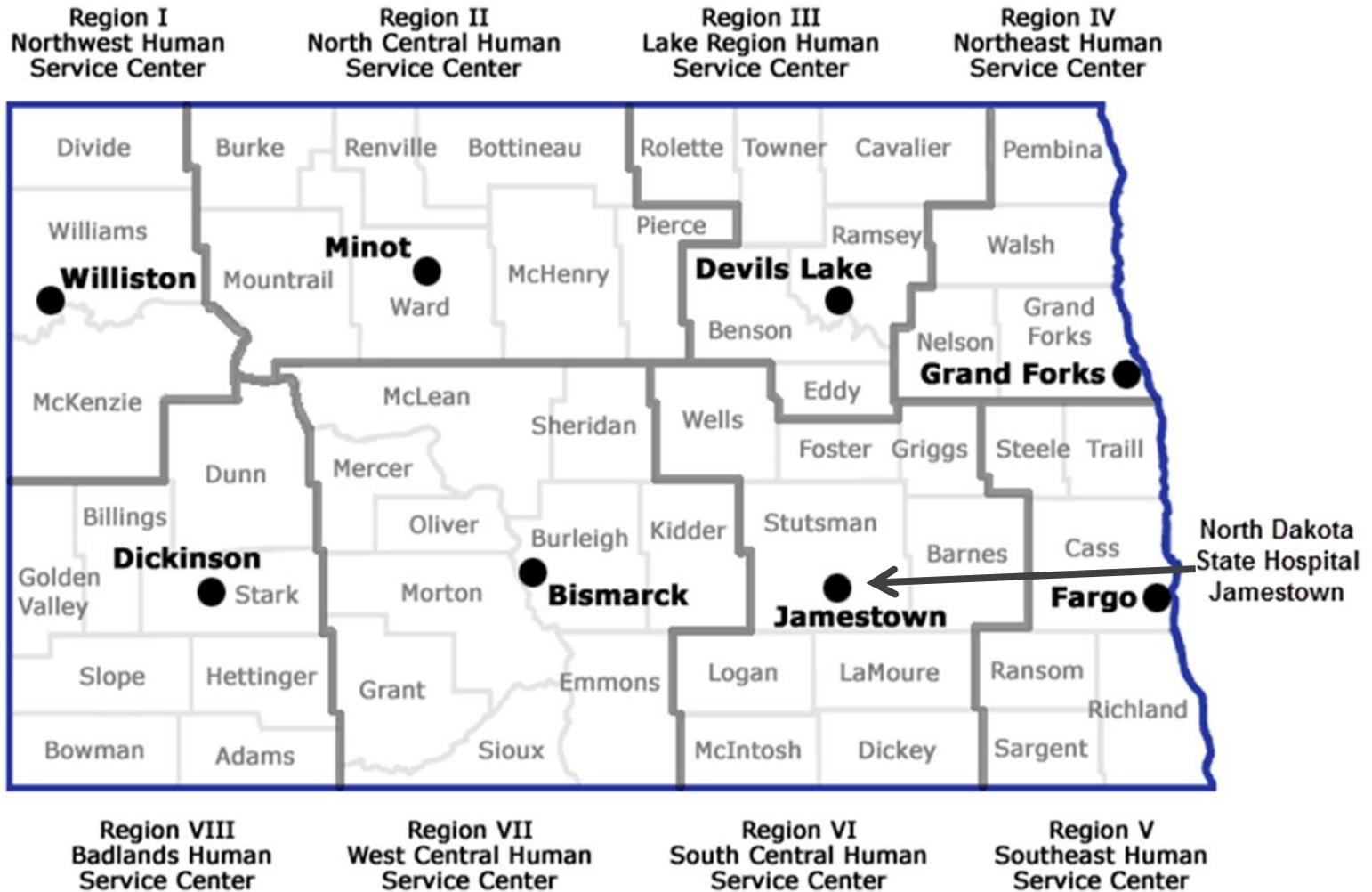
\*\*Programs in red have a Medicaid provider number.



# PUBLIC SERVICE DELIVERY

Rosalie Etherington, Ph.D.  
Superintendent/Director  
NDSH/HSC

# Public Services



# Public Service Delivery System

## Detox, Treatment & Sober Living Bed Count

	Region 1	Region 2	Region 3	Region 4	Region 5	Region 6	Region 7	Region 8
Medical Detox					10	5		
SUD Residential/Social Detox		38	25	20	41	16	24	1
Sober Living							8	
Residential - Corrections						90 + 15		
Inpatient						20		

# 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.

# Recovery

A green directional sign with the word "Recovery" in white, set against a blue sky background. The sign is mounted on two wooden posts. The word "Recovery" is written in a large, bold, sans-serif font. The sign has a white border and a white arrow pointing to the right.

# 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.

# Recovery Talk



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 1<sup>st</sup>, 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.

# UPDATES

**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.



# UPDATES

Behavioral Health Needs Assessment:  
Completed by June 30, 2016.

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.





**ND STRATEGIC PREVENTION FRAMEWORK STATE INCENTIVE GRANT (SPF SIG)**

*Community Grantees*

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

*Funding amounts were determined utilizing a formula which takes into consideration the following: population, number of cities, and number of counties.*

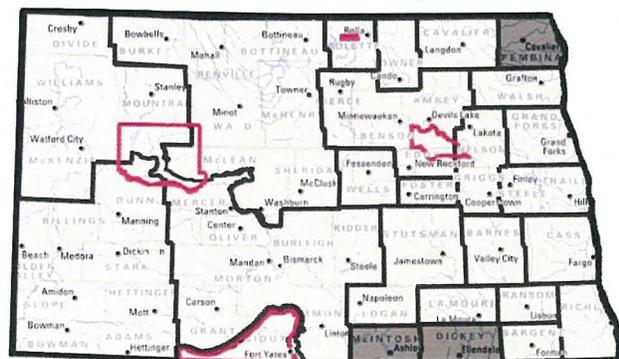
**LOCAL PUBLIC HEALTH UNITS = 21**

**TRIBES = 4**

1. Cavalier County Health District	\$173,113
2. Central Valley Health District	\$259,669
3. City-County Health District	\$173,113
4. Custer Health Collaborative (Emmons, Kidder, rural Burleigh)	\$476,060
5. Fargo Cass Public Health	\$389,503
6. First District Health Unit	\$605,894
7. Foster County Public Health	\$129,834
8. Grand Forks Public Health Department	\$302,947
9. Lake Region District Health Unit	\$346,225
10. LaMoure County Health Department	\$129,834
11. Nelson-Griggs District Health Unit	\$216,391
12. Ransom County Public Health	\$129,834
13. Richland County Health Department	\$129,834
14. Rolette County Public Health District	\$129,834
15. Sargent County District Health Unit	\$129,834
16. Southwestern District Health Unit	\$432,781
17. Towner County Public Health District	\$129,834
18. Traill District Health Unit/Steele County Public Health Department	\$216,391
19. Upper Missouri Health District	\$389,503
20. Walsh County Health District	\$129,834
21. Wells County District Health Unit	\$129,834

1. Boys and Girls Club of the Three Affiliated Tribes	\$259,669
2. Turtle Mountain Community College/ Turtle Mountain Band of Chippewa	\$129,834
3. Spirit Lake Tribe	\$173,113
4. Standing Rock Sioux Tribe	\$129,834

Areas NOT GREYED are participating in SPF SIG:





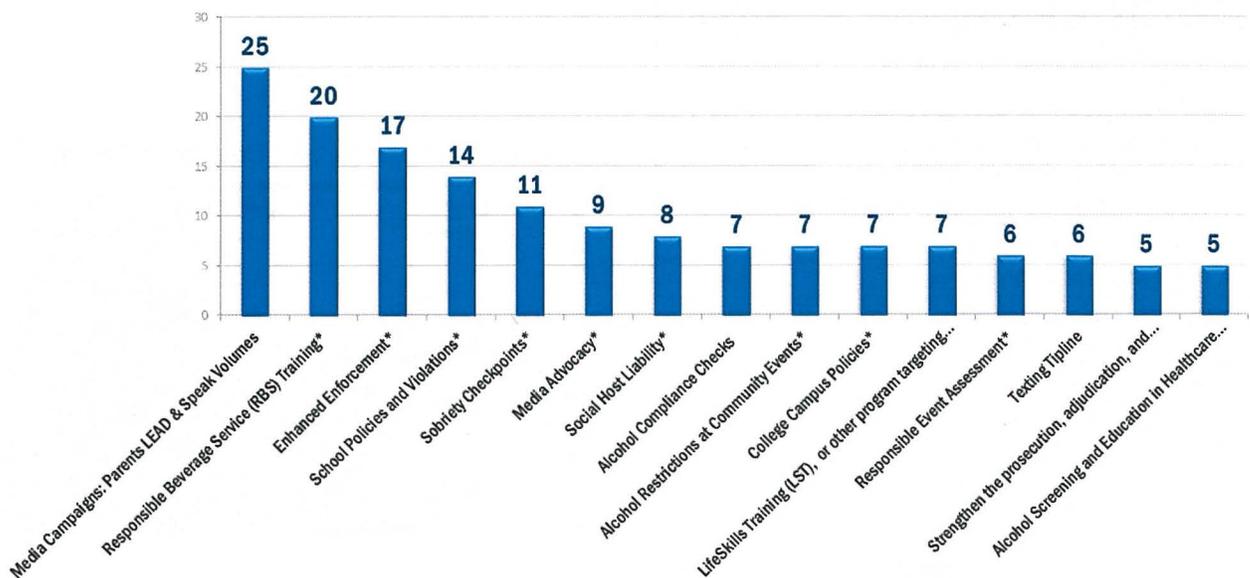
# ND Strategic Prevention Framework State Incentive Grant

## SPF SIG

### Overview

- ✱ The North Dakota Department of Human Services Behavioral Health Division was awarded a **five-year, \$1.94 million each year**, federal Strategic Prevention Framework State Incentive Grant (SPF SIG) in 2010 to advance substance abuse prevention efforts.
  
- ✱ **Funding ends September 30, 2016** (*ND received notice of an approved one-year, no-cost extension to September 30, 2016; funding originally expired September 30, 2015*).
  
- ✱ Goals of ND's SPF SIG:
  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. Build prevention capacity and infrastructure at the state and community levels
  
- ✱ 25 Community Grantees (**21 Local Public Health Units and 4 Tribes**) are funded to implement evidence-based substance abuse prevention efforts targeting underage drinking and/or adult binge drinking.
  
- ✱ Communities Grantees completed the following and are **now implementing evidence-based strategies** targeting underage drinking and/or adult binge drinking:
  1. Local Needs Assessment
  2. Community Strategic Plan

### Evidence-Based Strategies being Implemented by 5+ Community Grantees:





# 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 SIG).
- ▶ SAMHSA expects grantees to continue to use the evidence-based Strategic Prevention Framework (SPF) process at both the state and community levels.
- ▶ The PFS 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.
- ▶ 85% 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).

# 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.*

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

**NORTH DAKOTA GRANT GOALS:**

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

**SELECTION OF HIGH-NEED COMMUNITIES**

North Dakota (*the Division in collaboration with the state's SEOW*) plans to select up to ten communities (based on a formula determining highest need) to receive PFS funding using a rating system, which is based on the following four criteria; (1) population (20%); (2) consumption rates (30%); (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 and sustain 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.

<i>Category</i>	<b>POPULATION SCORE</b>	<b>CONSUMPTION SCORE</b>	<b>CONSEQUENCE SCORE</b>	<b>RISK SCORE</b>
<i>Weight</i>	<i>20%</i>	<i>30%</i>	<i>30%</i>	<i>20%</i>
<i>Data Points Included in Category Score</i>	Percentage of 12-20 year olds in service area	Youth Risk Behavior Survey (YRBS) <ul style="list-style-type: none"> <li>- Middle School lifetime use</li> <li>- Middle School binge use</li> <li>- High School 30-day use</li> <li>- High School binge use</li> </ul> Behavioral Risk Factor Surveillance System (BRFSS) <ul style="list-style-type: none"> <li>- Ages 18-20 30-day use</li> <li>- Ages 18-20 binge use</li> </ul>	Youth Risk Behavior Survey (YRBS) <ul style="list-style-type: none"> <li>- High School past 30-day drinking and driving</li> </ul>	Community Readiness Survey (CRS) <ul style="list-style-type: none"> <li>- Perception of acceptability of parents offering youth alcohol</li> <li>- Perception of acceptability of underage drinking in the community</li> <li>- Perception that community has leadership interested in substance abuse prevention</li> <li>- Perception that community has an action plan for substance abuse prevention</li> </ul> Liquor Outlet Density  Native American Reservation  Oil-Impacted Areas



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:

**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

## PROGRAM OUTCOMES



**Increase ongoing conversations**

Almost half (45.2%) said they are now having ongoing conversations about underage drinking

After visiting the website, the proportion of parents who spoke with their child once a month or more grew by 10 percentage points (from 15.6% to 24.2%).



**Increase healthy role-modeling**

Just over half (52.7%) of the respondents said they are more conscious of role modeling around their child as a result of the Parents LEAD website.



**Increase parental monitoring**

One in three (32.3%) parents said they were being more careful about monitoring their child.

Of the 675 parents signed up to receive monthly age-specific emails, 98 completed the online survey (15%).

# PARENTS LEAD

FOR PROFESSIONALS

Parents LEAD for Professionals specifically targets professionals working with parents and families (social workers, educators, counselors, etc.).



Professionals rated the information on the site as being very valuable [4.23 on a scale from 1 (poor) to 5 (excellent)].

Of those professionals involved with the website:

**98%** of respondents said that they would recommend the site to other professionals.

**56%** of respondents shared the information from the website with their clients.



Of the 290 professionals signed up to receive email alerts when new resources are posted to the Parents LEAD for Professional site, 57 completed the online survey (20%)



Parents LEAD is a partnership between the North Dakota Department of Transportation, North Dakota Department of Human Services, North Dakota University System, and NDSU Extension Service.

Source: NDSU Evaluation of Parents LEAD and Parents LEAD for Professionals: Online Survey Conducted November-December 2014

# quick facts

## SCREENING, BRIEF INTERVENTION, AND REFERRAL TO TREATMENT (SBIRT)

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

Screening, Brief Intervention, and Referral to Treatment (SBIRT) services are an evidence-based practice designed to identify, reduce, and prevent alcohol and illicit drug abuse and dependence. The SBIRT model calls for 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 \$3.81 to \$5.60 for each \$1.00 spent.

The approach is often conducted in medical settings including primary care clinics, hospitals, and emergency departments. SBIRT enables healthcare professionals to systematically screen and assist people who may not be seeking help for a substance use problem, but whose drinking or drug use may cause or complicate their ability to successfully handle health, work, or family issues.

### What are the benefits of SBIRT?

Risky alcohol and substance use often results in poor health outcomes and substantial healthcare costs related to illness, hospitalizations, motor vehicle accidents, and premature deaths. Research has demonstrated SBIRT's numerous benefits.

Brief intervention in emergency departments have shown a **reduction in repeat injuries and injury hospitalizations.**

### What is the goal of SBIRT?

The primary goal of SBIRT is intended to meet the public health goal of reducing the harms and societal costs associated with risky alcohol and drug use. These harms include related health consequences, disease, accidents, and injuries. SBIRT also helps those with the disease of addiction enter and stay engaged in treatment.

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

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

# KEY LEADERSHIP ORGANIZATIONS

## in North Dakota's Substance Use Disorder System

### North Dakota Board of Addiction Counseling Examiners

- The NDBACE is to set minimum standards for the **license of addiction counselors**; to establish **core curriculum** requirements; to approve addiction counselor **training programs, internship, and clinical supervisors**; and to establish requirements for the **private practice** of addiction counseling.

### Department of Human Services, Behavioral Health Division

- Administration of alcohol and drug abuse programs, including establishing quality assurance standards for the **licensure of programs, services, and facilities**.
- Provides **leadership** for the planning, development, and oversight of a system of care for children, adults, and families with severe emotional disorders, mental illness, and/or substance abuse issues.

### Department of Human Services, Service Delivery System

- Provides, directly or through contract, **public mental health and substance abuse services** through eight Regional Human Service Centers and the North Dakota State Hospital in Jamestown. Specifically focused on IV drug users, pregnant substance users, those with a mental illness and substance use disorder, and those with severe substance use disorders.

### Mental Health and Substance Abuse Planning Council

- The Council's purpose is to **provide advice and consultation to the Governor** of the State of North Dakota regarding the overall administration and service delivery of mental health and substance abuse services.
- The Council's objective is to **monitor, review, and evaluate the allocation and adequacy of behavioral health services** in North Dakota.

### North Dakota Addiction Counselors Association

- The purpose of the Association is to **advance the profession of addiction counseling**. To that end, the Association shall promote the growth of the addiction counseling profession, foster interaction and the exchange of knowledge between addiction counselors, and be an **advocate for addiction counselors** on issues that affect the profession.

### North Dakota Treatment Providers Coalition

- The mission of the Coalition is to **enhance opportunities** that advance our members' ability to **deliver proactive and holistic treatment services**.

### Prevention Resource and Media Center

- 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.

### North Dakota Coalition of Training Consortia

- The purpose of the Coalition is to **advance the training of addiction counselors** within the state. To that end, the Coalition shall promote the training of the addiction counseling professional, foster interaction and the exchange of knowledge between addiction counselors and consortia, and be an **advocate for addiction training** on issues that affect the profession.

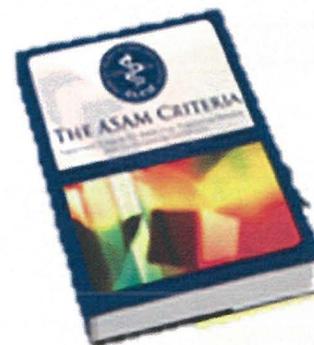
# HOW THE ASAM CRITERIA WORKS

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 direct medical management provided, the structure, safety and security provided and the intensity of treatment services provided.

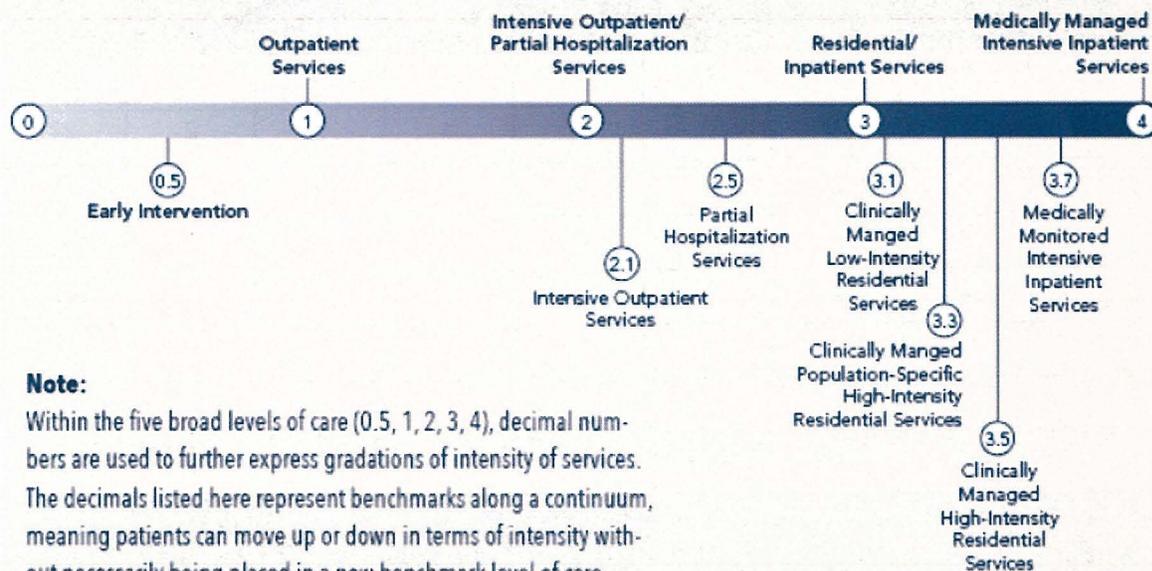
## AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

ASAM's criteria uses six dimensions to create a holistic, biopsychosocial assessment of an individual to be used for service planning and treatment across all services and levels of care. The six dimensions are:

<b>1</b>	<b>DIMENSION 1</b>	<b>Acute Intoxication and/or Withdrawal Potential</b> Exploring an individual's past and current experiences of substance use and withdrawal
<b>2</b>	<b>DIMENSION 2</b>	<b>Biomedical Conditions and Complications</b> Exploring an individual's health history and current physical condition
<b>3</b>	<b>DIMENSION 3</b>	<b>Emotional, Behavioral, or Cognitive Conditions and Complications</b> Exploring an individual's thoughts, emotions, and mental health issues
<b>4</b>	<b>DIMENSION 4</b>	<b>Readiness to Change</b> Exploring an individual's readiness and interest in changing
<b>5</b>	<b>DIMENSION 5</b>	<b>Relapse, Continued Use, or Continued Problem Potential</b> Exploring an individual's unique relationship with relapse or continued use or problems
<b>6</b>	<b>DIMENSION 6</b>	<b>Recovery/Living Environment</b> Exploring an individual's recovery or living situation, and the surrounding people, places, and things



## REFLECTING A CONTINUUM 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

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
<b>0.5</b>	5	3	4	9	8	2	11	3	45

### ADULT SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
<b>I</b>	6	8	6	12	15	5	14	5	71
<b>II.1</b>	3	5	5	5	10	4	10	4	46
<b>II.5</b>	1	3	3	3	6	2	7	2	27
<b>III.1</b>	1	4	4	2	4	1	4	1	22
<b>III.5</b>		3	1	2	3	2	4		15
<b>III.7</b>		1		1	1	1			4

### ADOLESCENT SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
<b>I</b>	2	6	3	8	9	3	12	3	46
<b>II.1</b>	1	3	2	4	4	3	5	2	24
<b>II.5</b>		1	1	2	1	1	3		9
<b>III.1</b>		2	1		3		4	1	11
<b>III.5</b>		2	1	1	2		3		9
<b>III.7</b>		1		1	1				3

### WITHDRAWAL MANAGEMENT (DETOX) SERVICES

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
<b>III.2D</b>		2	3		3	1	2	1	12

# STAGES OF CHANGE

*\*\*Anyone can enter treatment at any of these various stages\*\**

## 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

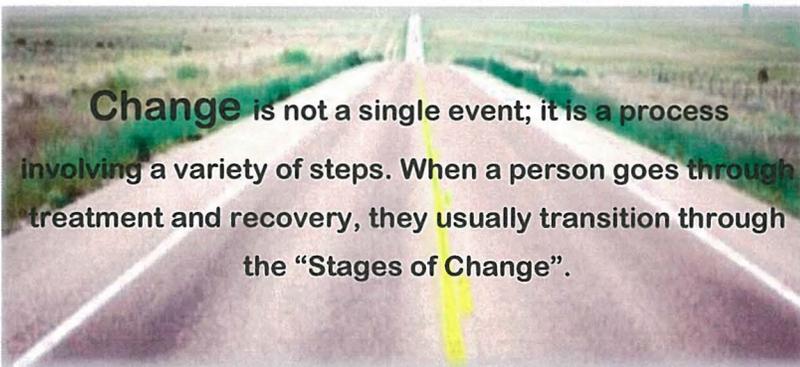
A person has decided to make changes and is considering how to make them.

## 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.



SOURCE: Martino, S., Ball, S.A., Gallon, M., Ceperich, S., Farentinos, C., Hamilton, J., and Hausotter, W. (2006) Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency. Salem, OR: Northwest Frontier Addiction Technology Transfer Center, Oregon Health and Science University.



north dakota  
department of  
human services



# OPIOID TREATMENT PROGRAM

**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 APPOINTMENTS

- Patients will receive a complete medical physical at the OTP.
- A medical professional will discuss medication options with each patient:
  - *Methadone*
    - Reduces cravings and withdrawal symptoms
  - *Buprenorphine*
    - Decreases withdrawal symptoms for a longer period of time compared to methadone
  - *Naltrexone*
    - Prevents feeling the effects of a drug
- Patients will meet with a licensed addiction counselor to develop counseling goals.

### 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 be conducive to patient's work schedules and daily responsibilities, often opening early enough to allow patients to get to work by 8:00am).
- Patients will attend appointments regularly with their medical professional.

### ON-GOING COUNSELING:

- Individual and/or group therapy will be provided based on the patient's individual treatment 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 [dhsbhd@nd.gov](mailto:dhsbhd@nd.gov).

# CARRIE'S STORY

## Mother, Counselor, and a Recovering Opioid Addict

I'm Carrie. I'm 31 years old, a mother of four children, and a recovering opioid addict. I work at treatment and counseling centers, and I'm going to school to become a certified addiction counselor.

Like many addicts, I grew up in a household fueled by alcohol and drug addiction. When I was 21, I received my first prescription of an opioid painkiller. Soon after, my use escalated quickly, and by the time I was 22, I was addicted to prescription pain pills. My addiction became more severe, and at 25, I moved on to "harder" drugs, injecting heroin intravenously for the first time.

I first started seeking treatment when I was 27. I didn't know it then, but I wasn't truly ready to start a life in recovery. I went through six treatment attempts. I knew that I needed help, but I couldn't stop using. When I had moments of clarity, I wondered, "Why do I keep doing this to myself?" It was very difficult to go through.

My doctor and I discussed the risks and benefits of VIVITROL and decided that it was an option for me.



*"I started taking VIVITROL and went to counseling, which helped to prevent me from relapsing to my opioid dependence..."*

One thing I would tell other addicts is that the recovery process is difficult and relapses are common, but don't give up, keep working with your program. Look for the right people who can support you and the right healthcare professional to help you get there. Keep working at it.

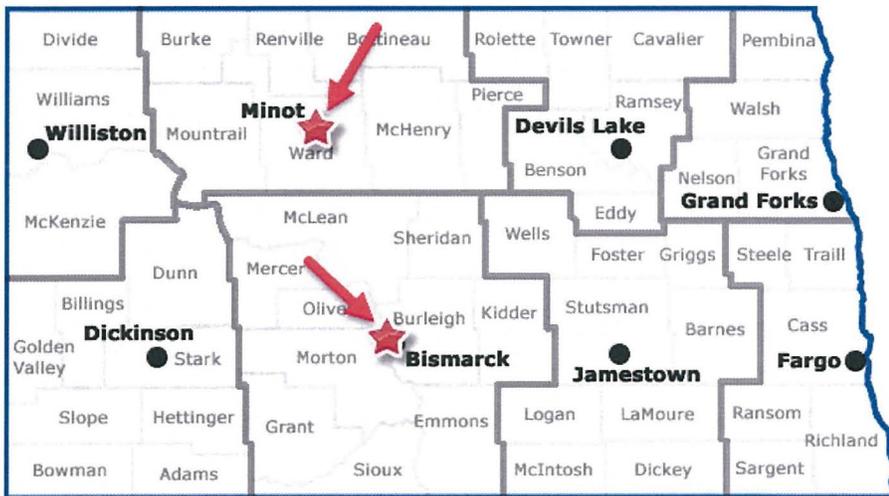
# Opioid Treatment Programs in North Dakota

*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 2015 and the ND Department of Human Services, Behavioral Health Division (BHD) began accepting applications. <sup>2014</sup>

To date five applications have been submitted to the BHD. At this time two of the applicants are continuing to pursue operating an

48 states have operating Opioid Treatment Programs. North Dakota is one of the last two states to provide this effective treatment option.



Opioid Treatment Program in North Dakota.

BISMARCK	MANDAN	MINOT	WEST FARGO
<ul style="list-style-type: none"> <li>▶ Heartview Foundation has been approved by the BHD to begin the licensing application process.</li> <li>▶ Premier Care, Inc. has withdrawn their application.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Community Medical Services has submitted an application, however, has requested the application be placed on hold.</li> <li>▶ A one year moratorium on OTPs expired in October 2015.</li> <li>▶ The Mandan City Commission is currently working on developing a city ordinance.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Community Medical Services has a provisional OTP license by the BHD and is still pursuing federal requirements.</li> <li>▶ The one year moratorium on OTPs activated on October 2014, was lifted September 2015.</li> </ul>	<ul style="list-style-type: none"> <li>▶ Premier Care, Inc. has withdrawn their application.</li> <li>▶ A one year moratorium on OTPs expired in October 2015.</li> <li>▶ West Fargo City Commission passed city licensing standards to oversee and license programs.</li> <li>▶ West Fargo City Commission is currently reviewing a city ordinance.</li> </ul>

# Benefits of Opioid Treatment Programs

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- For every **\$1 spent** on substance abuse treatment, between **\$4 and \$7 is saved** by reduced drug related crime, theft, and criminal justice costs. Up to \$12 is saved if health care costs are factored.<sup>1</sup>
- A full year of methadone maintenance treatment costs an average of **\$4700 per patient**. A full year of incarceration costs an average of **\$24,000** per person.<sup>1</sup>
- Prolonged oral treatment with methadone **diminishes and often eliminates opiate use, reduces transmission of many infections**, including HIV and hepatitis B and C, and **reduces criminal activity**.<sup>2</sup>
- **If medication assisted treatment** for opioid addiction and therapy **was more readily available** to those who need it, public services such as **costly emergency, trauma and urgent care centers and hospitals would be used more efficiently and effectively**.<sup>3</sup>
- **Through recovery**, the number of people in the **criminal justice system decreases, high school graduation rates increase**, the Nation's **social and health costs are lowered and per capita output is increased**.<sup>4</sup>

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<sup>1</sup> National Institute on Drug Abuse (NIDA). Principles of Drug Addiction Treatment: A Research-Based Guide, 3<sup>rd</sup> Edition. NIH Publication No. 09-4180. Rockville, MD: NIDA, 2012

<sup>2</sup> Effective Medical Treatment of Opiate Addiction. NIH Consensus Statement 1997. Nov. 17-19; 15 (6): 1-38.

<sup>3</sup> Gelber, S. (2008). Medication-assisted treatment for opiate addiction and the public financing of that treatment. Medication-Assisted Treatment for Opiate Addiction, Forum for State Health Policy Leadership, National Conference of State Legislatures.

<sup>4</sup> Center for Substance Abuse Treatment. Medication Assisted Communities Treatment Bulletin. DHHS Publications No. (SMA) 05-1014. Rockville, MN: Substance Abuse and Mental Health Services Administration, 2005.

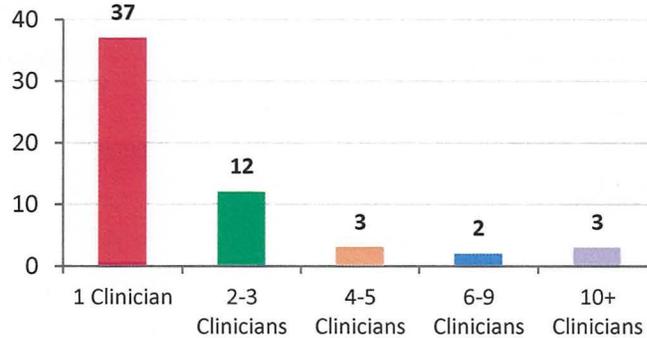
# NORTH DAKOTA

## PRIVATE Adult Substance Abuse Treatment Programs

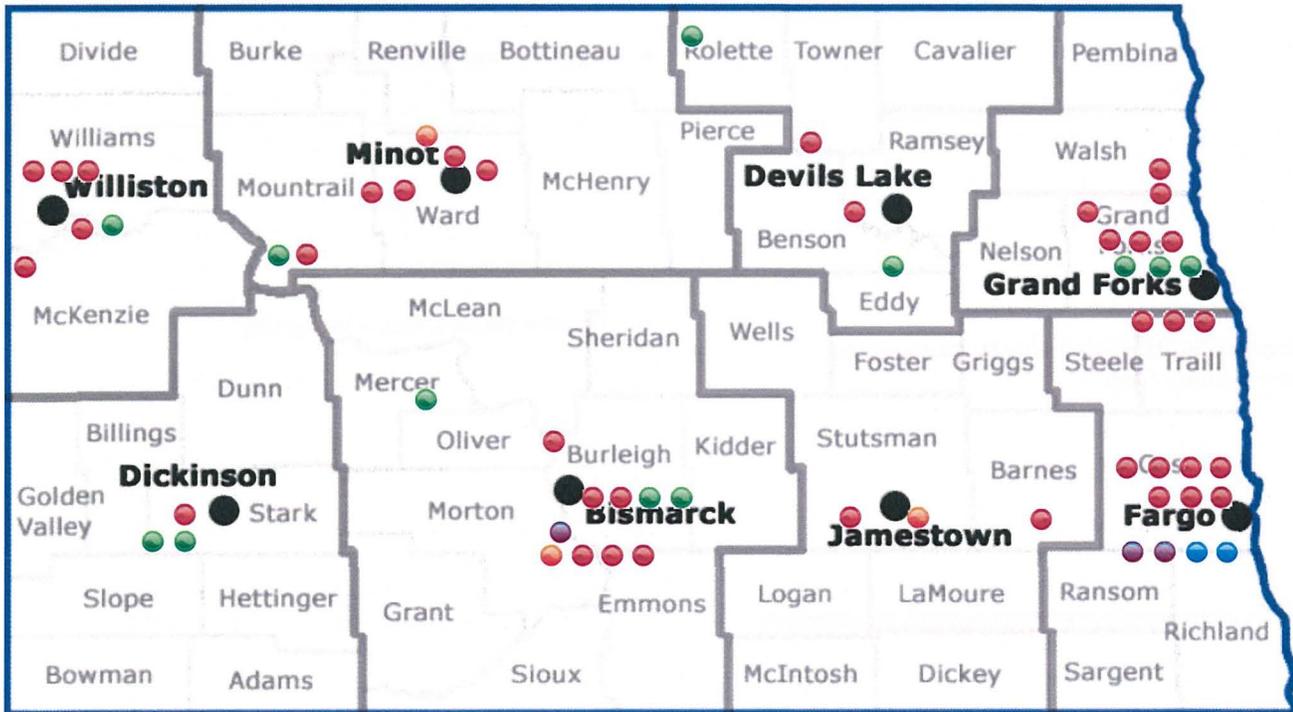
Licensed by the Department of Human Services

Total Number of Licensed Private Programs\* = 57

- 37 Licensed Programs have 1 Clinician
- 12 Licensed Programs have 2-3 Clinicians
- 3 Licensed Programs have 4-5 Clinicians
- 2 Licensed Programs have 6-9 Clinicians
- 3 Licensed Programs have 10+ Clinicians



### Location and Number of Clinicians per Program



#### LEGEND

- 1 Clinician
- 2-3 Clinicians
- 4-5 Clinicians
- 6-9 Clinicians
- 10+ Clinicians

Licensed Substance Abuse Treatment Programs are required to follow the levels of care based on the DSM and ASAM criteria and policies for client admission.



\*Does not include DUI, adolescent only, or public providers (DHS/DOCR)

# List of Programs by Region\*\*

## Region 1 (Williston)

### Programs with 1 Clinician

- ADAPT, Inc. - Williston
- Native American Resource Center - Trenton
- Choice Recovery Counseling - Williston
- Weishoff Alcohol & Drug - Williston
- Summit Counseling - Williston

### Programs with 2-3 Clinicians

- Montgomery Counseling Services – Williston

## Region 3 (Devils Lake)

### Programs with 1 Clinician

- ADAPT, Inc. - Devils Lake
- Heartview Foundation - Cando

### Programs with 2-3 Clinicians

- 5th Generation - Belcourt
- Spirit Lake Nation Recovery & Wellness Program - Fort Totten

## Region 5 (Fargo)

### Programs with 1 Clinician

- ADAPT, Inc. - Fargo
- Shiaro, Chris Counseling Services - Fargo
- Simon Chemical Dependency Services - Fargo
- McGrath, Claudia Counseling - Fargo
- Discovery Counseling - Fargo
- Eddie Burl, LLC - Fargo
- Fargo VA Medical and Regional Office Center Substance Abuse Treatment Program - Fargo

### Programs with 6-9 Clinicians

- First Step Recovery, a program of The Village Family Service Center - Fargo
- Drake Counseling Services, Inc. - Fargo

### Programs with 10+ Clinicians

- PSJ Acquisitions, LLC d/b/a Prairie St. John's - Fargo
- ShareHouse, Inc. - Fargo

## Region 7 (Bismarck)

### Programs with 1 Clinician

- Pathway to Freedom - Wilton
- Basaraba, Rose Counseling Service - Bismarck
- Be Free Counseling Services - Bismarck
- Chambers and Blohm Psychological Services, PC - Bismarck
- Kazmierczak, Audrey Counseling Service - Bismarck
- One 80 Programs, Dakota Institute of Trauma Therapy, PC - Bismarck

### Programs with 2-3 Clinicians

- St. Alexis Medical Center/PHP Dual Diagnosis Program - Bismarck
- Coal Country Substance Abuse Services - Beulah
- ADAPT, Inc. - Bismarck

### Programs with 4-5 Clinicians

- New Freedom Center, Inc. - Bismarck

### Programs with 10+ Clinicians

- Heartview Foundation - Bismarck

## Region 2 (Minot)

### Programs with 1 Clinician

- ADAPT, Inc. - Minot
- Bob Hayes Addiction Services - Minot
- Cornerstone Addiction Services - Minot
- Goodman Addiction Services - Minot
- Parshall Resource Center - Parshall

### Programs with 2-3 Clinicians

- Circle of Life Alcohol Program - New Town

### Programs with 4-5 Clinicians

- Trinity Hospitals - Minot

## Region 4 (Grand Forks)

### Programs with 1 Clinician

- ADAPT, Inc. - Grand Forks
- MAB Addiction Counseling Services - Grafton
- Quinn DUI/MIP/Evaluations - Grafton
- Alcohol & Drug Services, Inc - Grand Forks
- Foley, Don Counseling - Grand Forks
- Centre, Inc. – Grand Forks
- Northland Christian Counseling Center - Grand Forks
- Stadter, Richard P. Psychiatric Center - Chemical Dependency - Grand Forks
- Start Somewhere Counseling Services - Grand Forks

### Programs with 2-3 Clinicians

- Agassiz Associates, PLLC - Grand Forks
- UND Counseling Center Substance Abuse Program - Grand Forks
- Drake Counseling Services - Grand Forks

## Region 6 (Jamestown)

### Programs with 1 Clinician

- Dockter-Evjen Recovery Choice – Jamestown
- Creative Therapy, PLLC – Valley City

### Programs with 4-5 Clinicians

- Addiction & Counseling Services - Jamestown

## Region 8 (Dickinson)

### Programs with 1 Clinician

- ADAPT, Inc. - Dickinson

### Programs with 2-3 Clinicians

- Heart River Alcohol & Drug Abuse Services - Dickinson
- Sacajawea Substance Abuse Counseling - Dickinson

\*\*Programs in red have a Medicaid provider number.

# **WITHDRAWAL MANAGEMENT NORTH DAKOTA, REGION 7**

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## *Discovery Process*



## BACKGROUND

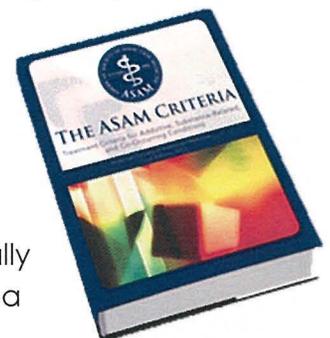
In the new 2013 edition of the American Society of Addiction Medicine (ASAM) Criteria, there have been improvements in Dimension 1, now titled “Acute Intoxication and/or Withdrawal Potential”. The name of the “detoxification” service has been changed to “withdrawal management” because the liver detoxifies alcohol and other drugs, but clinicians manage withdrawal. The five levels of withdrawal management are now renamed as follows:

- Level 1-WM: Ambulatory Withdrawal Management without Extended On-Site Monitoring
- Level 2-WM: Ambulatory Withdrawal Management with Extended On-Site Monitoring
- Level 3.2-WM: Clinically-Managed Residential Withdrawal Management
- Level 3.7-WM: Medically-Monitored Inpatient Withdrawal Management
- Level 4-WM: Medically-Managed Intensive Inpatient Withdrawal Management

The ASAM Criteria describes various levels of care for withdrawal management for adults as if these services were offered separately from the services a patient may need to manage their addiction (substance use disorder). In many cases, services for withdrawal management and services for addiction management are offered concurrently, by the same staff, in the same treatment setting, in an integrated manner. But in making decisions about the clinical necessity of offering specific interventions to address intoxication or withdrawal, The ASAM Criteria “unbundles” services (at least conceptually) and examines the features of a patient’s clinical presentation which may indicate specific interventions for “detoxification” – now termed “withdrawal management”

The widely used general term of “detoxification” can involve management of intoxication episodes and withdrawal episodes. Adults, at various points in time, may be in need of intoxication management and may be in need of withdrawal management, in addition to management of their substance use disorder. Adolescents are more frequently in need of management for intoxication episodes than management for withdrawal symptoms.

When a person’s substance use disorder has progressed to the point that physical dependence has developed, withdrawal management becomes the first (but not the sole) priority in treatment planning. The onset of a physical withdrawal syndrome, uncomfortable and potentially dangerous, arguably provides an unparalleled opportunity to engage a patient in what will hopefully be sustained recovery.



The clinical implication of the change to “withdrawal management” is that a patient is often admitted to a Level 3.7-Withdrawal Management (WM) or 4-WM at \$600-800/day for a few days to prevent withdrawal seizures and then is discharged. Within a week a person may start using substances again, which is seen as noncompliance because they have already been detoxified. However, they were actually treated for a few days to prevent

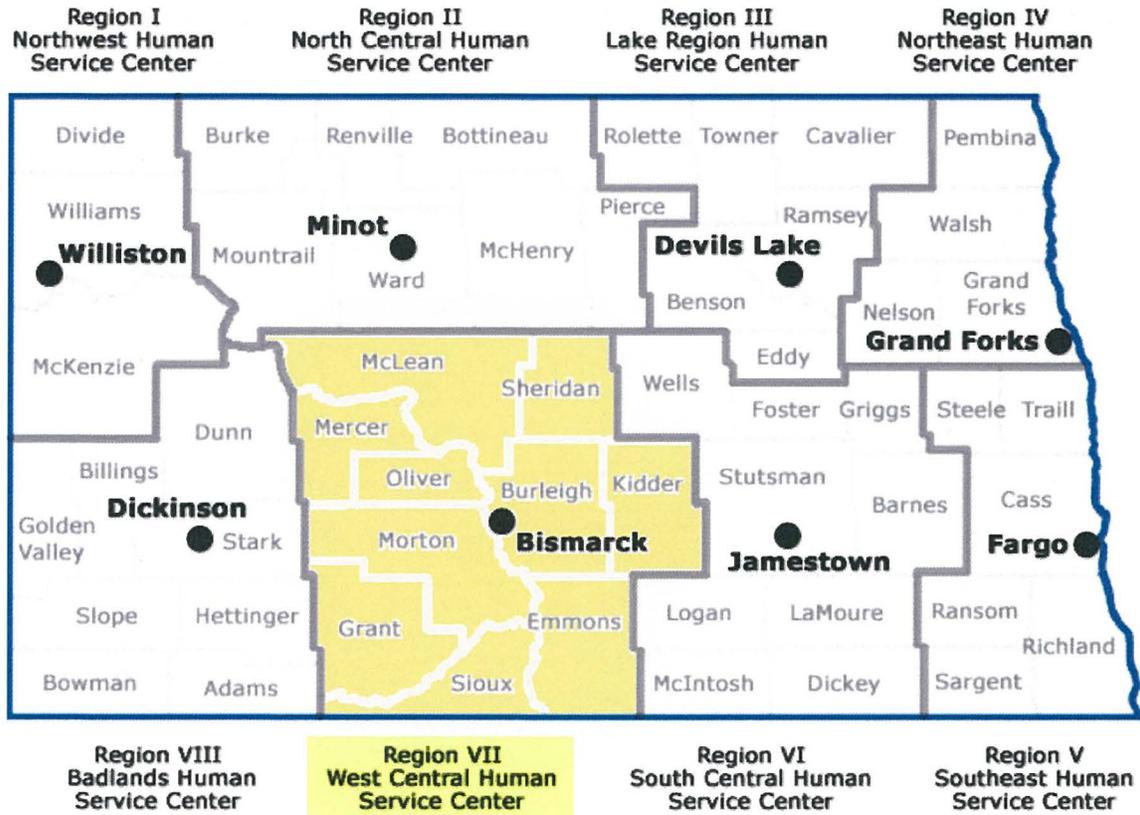
seizures, but their withdrawal syndrome was not managed as it could have been by using the full range of five levels of withdrawal management that are in the adult criteria. By managing withdrawal in a continuum of WM services, a person could get two weeks of support for what is now spent in three or four days in the most intensive and expensive levels of WM (e.g., Level 3.2-WM may cost \$100-200/day, which could give a person three or four days in twenty-four-hour support for every one day that Level 4-WM costs). Thus, without spending more resources and maybe even less than what is spent for a few days of the most intensive and expensive levels of WM, the patient could receive much longer lengths of withdrawal management in the five levels of WM.

Mee-Lee D, Shulman GD, Fishman MF, Gastfriend DR, Miller MM, eds. The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions. 3<sup>rd</sup> ed. Carson City, NV: The Cnage Companies®; 2013.

[http://www.counselormagazine.com/2013/Nov-Dec/ASAM\\_Criteria/](http://www.counselormagazine.com/2013/Nov-Dec/ASAM_Criteria/)

## METHODS

Information was collected from Region 7 service providers, law enforcement, partners and state agencies in order to paint a clearer picture of what the withdrawal management needs are in the region.



# DISCOVERY

## CURRENT SYSTEM OVERVIEW

Substance use disorder treatment providers in North Dakota are required to be licensed by the Department of Human Services' Behavioral Health Division. Of the 35 licensed treatment providers in Region 7, there are two programs providing social detoxification services. West Central Human Service Center (WCHSC) and Heartview Foundation provide social detox services; however, both agencies report with the intent of engaging people into treatment and not as a lone service (detox only).



**Social Detoxification ASAM Level 3.2-D:** "Detoxification" means the process of interrupting the momentum of compulsive use in an individual diagnosed with substance dependence and the condition of recovery from the effects of alcohol or another drug, the treatment required to manage withdrawal symptoms from alcohol or another drug, and the promotion of recovery from its effects. "Social detoxification" means detoxification in an organized residential, nonmedical setting delivered by appropriately trained staff who provide safe, 24-hour monitoring, observation, and support in a supervised environment for a client to achieve initial recovery from the effects of alcohol or another drug.

City	Program	Phone
Bismarck	Heartview Foundation	(701) 222-0386/1-800-337-3160
Bismarck	West Central Human Service Center - Bismarck	(701) 328-8888/1-888-328-2662/24-Hour Crisis Lines: (701) 328-8899/1-888-328-2112
Devils Lake	Lake Region Human Service Center - Devils Lake	(701) 665-2200/1-888-607-8610/Crisis Line: (701) 662-5050 (collect calls accepted)
Dickinson	Badlands Human Service Center	(701) 227-7500/1-888-227-7525/Crisis Lines: 8 a.m. - 5 p.m.: (701) 225-7500/After 5 p.m.: (701) 290-5719
Fargo	City of Fargo dba Fargo Cass Public Health	(701) 364-0116
Fargo	Dacotah Foundation - Dakotah Pioneer	(701) 223-4517
Fargo	ShareHouse, Inc.	(701) 282-6561/1-877-294-6561
Jamestown	South Central Human Service Center	(701) 253-6300/1-800-260-1310/Crisis Line: (701) 253-6304
Minot	North Central Human Service Center	(701) 857-8500/1-888-470-6968
Minot	Trinity Hospitals	(701) 857-2480/1-800-247-1316
Rolla	Lake Region Human Service Center - Rolla Outreach	(701) 477-8272

March 2014

**West Central Human Service Center (WCHSC):** WCHSC contracts with a local medical provider to provide medical detox services in Region 7. WCHSC also has a 10 bed facility, but is not actively detoxing more than two or three persons at a time depending on bed availability and the client's number of days in treatment. WCHSC frequently has a full waiting list for residential services. It was reported that detox protocols can begin on the inpatient units or clients are given preliminary treatment in an ER prior to admission. Clients may be given scheduled medication if prescribed by a primary care doctor.

**Heartview Foundation:** Heartview has a 12 bed facility. It was reported that Heartview functions similarly regarding their social detox services. Detox-only admissions do not occur at Heartview.

Based on the state's public intoxication law, peace officers have a responsibility to take an apparently intoxicated person to their home, the hospital, a detox center, or jail for the purposes of detoxification.

**5-01-05.1. Public intoxication - Assistance - Medical care.**

A peace officer has authority to take any apparently intoxicated person to the person's home, to a local hospital, to a detoxification center, or, whenever that person constitutes a danger to that person or others, to a jail for purposes of detoxification. A duly licensed physician of a local hospital or a licensed addiction counselor of a detoxification center has authority to hold that person for treatment up to seventy-two hours. That intoxicated person may not be held in jail because of intoxication more than twenty-four hours. An intoxicated person may not be placed in a jail unless a jailer is constantly present within hearing distance and medical services are provided when the need is indicated. Upon placing that person in jail, or if the person is admitted into a hospital or detoxification center, upon admission, the peace officer shall make a reasonable effort to notify the intoxicated person's family as soon as possible. Any additional costs incurred by the city, county, ambulance service, or medical service provider on account of an intoxicated person shall be recoverable from that person.

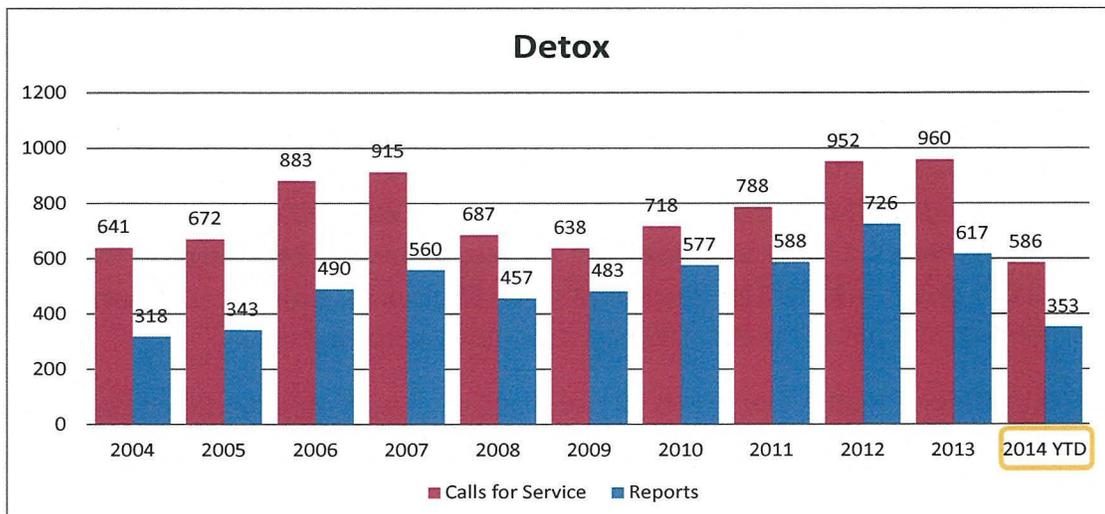
**5-01-05.2. No prosecution for intoxication.**

No person may be prosecuted in any court solely for public intoxication. Law enforcement officers may utilize standard identification procedures on all persons given assistance because of apparent intoxication.

With the limited number of social/medical detox providers in the region (and the entire state), other systems/providers (jails and hospitals) are often left responsible but are not licensed or trained to provide the level of care required.

**LAW ENFORCEMENT**

Below is data from the Bismarck Police Department (Detox related calls and reports for years 2004 through July 2014). The "Calls for Services" are the actual calls/encounters with people with a detox issue. The "Reports" number accounts for individuals that had to go to jail, or at least the vast majority for sure, due to the officer being unable to locate anyone to take care of them.



## LEGISLATIVE

The recent legislative interim committee Study of Behavioral Health Needs of Youth and Adults has provided some information and guidance for next steps regarding the lack of services in this area.

*"The number one concern across the state can be summed up in one phrase: "Not enough services." The statement includes services at all levels from preventative services, case management, substance abuse services including residential, **DETOX**, psychiatric services, lack of stat children's residential services, etc."*

*A strategy that is suggested is to "Increase substance abuse services including detox."*

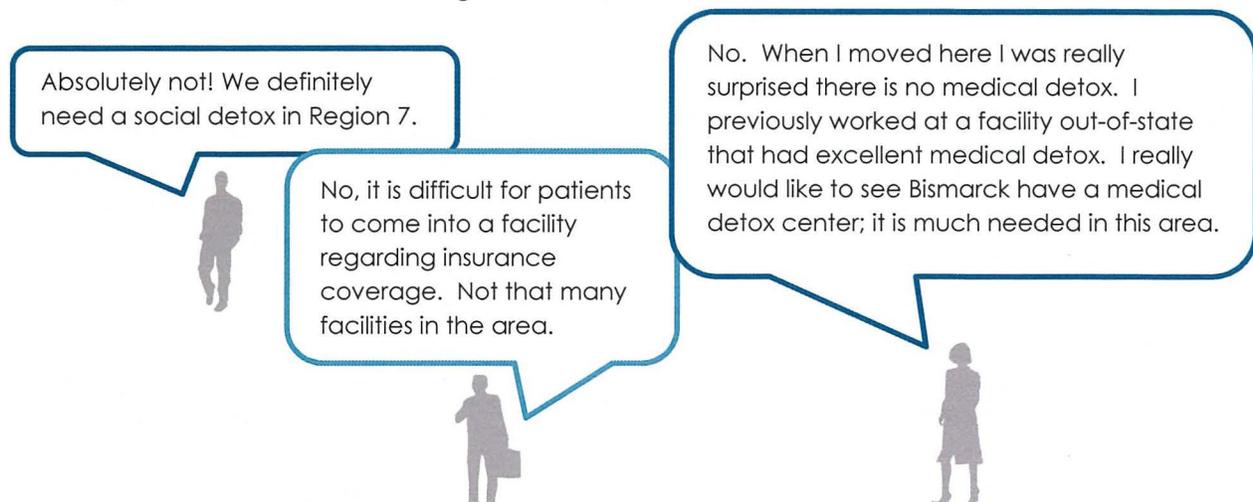
- Excerpts from "Behavioral Health Planning Draft Final Report" 6/19/14. Schulte Consulting"

*A Goal developed by the Behavioral Health Stakeholders Group project is: "Substance Abuse Goal 1.2: Expand Medical and Social detoxification resources" with the action steps being, (1) Assess current services and develop a plan to assure services in all regions. Support local efforts to build comprehensive detox structure; (2) Expand the behavioral health training model first responders used in Cass County to the whole state and integrate into Post Training standards.*

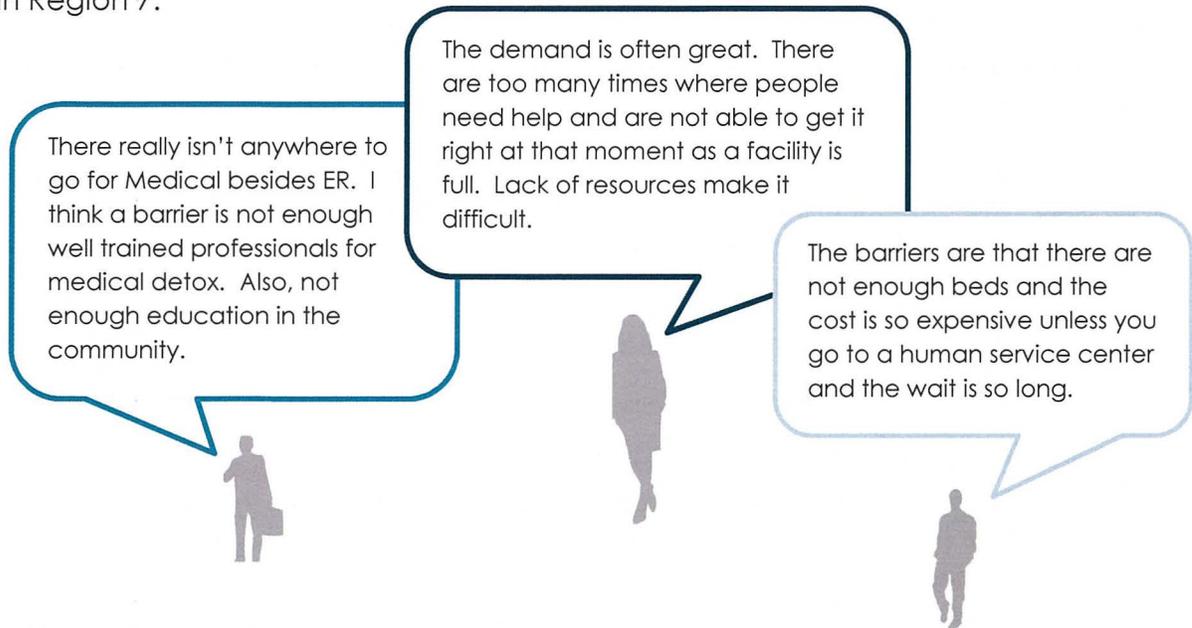
- Excerpts from "Building Stronger Behavioral Health Services in North Dakota: Framing Key Issues and Answers" 7/18/14. Behavioral Health Stakeholders Group

## INFORMATION IDENTIFIED IN REGION 7

Behavioral health provider feedback regarding whether or not there is **sufficient access** to social and/or medical detox in Region 7:



Behavioral health provider feedback regarding **barriers** to accessing social and/or medical detox in Region 7:



**Youth-specific concerns** from behavioral health providers:

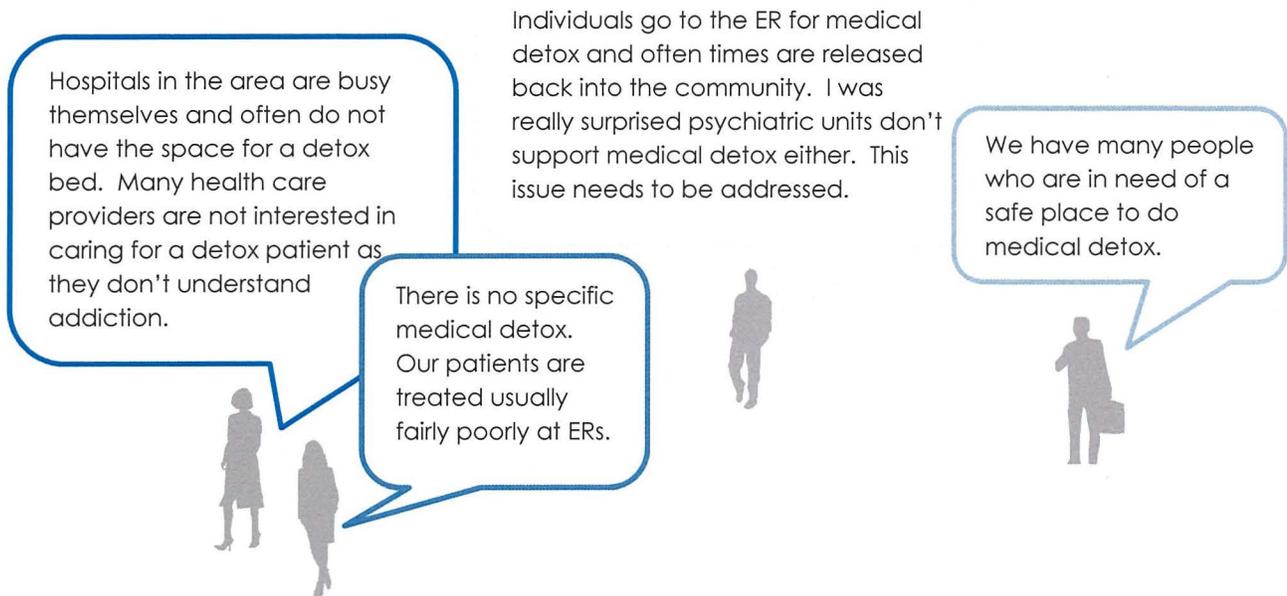


The current capacity in the region (and entire state) is limited in terms of the number of facilities/providers. Another identified concern is the knowledge and skill of providers.

**Unmet needs** regarding **social detox** (Region 7 Behavioral Health Provider feedback):



**Unmet needs** regarding **medical detox** (Region 7 Behavioral Health Provider feedback):



The capacity of these services is currently limited, however, the ever increasing need for a changing state landscape (ex - population and narcotic usage) only draws attention to this gap in the state's substance use disorder system.

The current system also does little to address the "revolving door" - where there are repeat admissions and limited engagement strategies. When looking to solutions this should be considered.

## NORTH DAKOTA WITHDRAWAL MANAGEMENT LOGIC MODEL

PROBLEM	WHY?	STRATEGES	SHORT TERM OUTCOMES	LONG TERM OUTCOMES
Police Responsibility (Public intoxication law)	Public Intoxication law issues	Revise public intoxication law with current language.		
Limited capacity for social detox (facilities and skills)	Lack of service providers	Public intoxication becomes a misdemeanor		
Facilities (Jail) not licensed for "detox" but left responsible	Limited skills in managing withdrawal and intoxication.	Training and technical assistance needed to develop and enhance skills regarding wm & im.		
Limited or no capacity for medical detox (no facilities, risky placements, oversight?, finding?)	Jail only option but not qualified or licensed.	Increase capacity for medical detox (wm)	Capacity <ul style="list-style-type: none"> <li>• increased skills</li> <li>• increased facilities (social &amp; medical)</li> </ul>	Decreased community problems
Increased needs (population & narcotics)	Hospitals not providing medical detox (limited)	Increase capacity for social detox (wm)	Increased Coordination	Decreased law enforcement involvement
"Revolving door" (limited engagement, repeat admissions)	Fort Yates transfers to hospital – then out to Bismarck PD.	Identify process for intoxication management	Increased Engagement	Better care for consumers across the continuum of care
	Lack of collaboration among parties/providers	Update Administrative Rule with current ASAM (wm & im)		Improved wellness for consumers
		Identify oversight agency for medical detox (im)		Decrease in "revolving door"
		Ensure engagement strategies in social and medical detox settings.		

# STRATEGIES

Behavioral health provider feedback regarding **what can be done to improve** social and medical detox needs in Region 7:

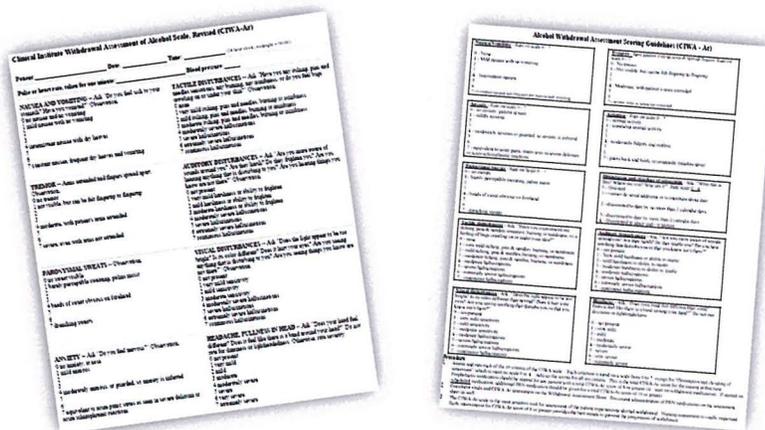


## Training

- Training and technical assistance may be needed to develop and enhance skills regarding withdrawal and intoxication management.
- Increase capacity for medical and social detox for withdrawal management with many audiences.

## Universal use of screening/assessment tools (CIWA-AR)

- Required in North Dakota Administrative Code relating to Substance Abuse Treatment licensing.



## **Funding**

- Identify available funding to support withdrawal management needs in the community

## **Reimbursement**

- Increase insurance coverage for withdrawal and intoxication management services.

## **Policy**

- Revise public intoxication law with current language
- Update Administrative Rule with current ASAM for withdrawal and intoxication management
- New (sub-acute) level of care

## **Oversight**

- Identify oversight agency for medical detox
- Identify process for intoxication management

## **Engagement**

- Ensure engagement strategies in social and medical detox settings to decrease “revolving door”.

**KEY PARTNERS**

