

**NORTH DAKOTA**  
**BEHAVIORAL HEALTH STAKEHOLDERS**  
**SUMMARY REPORT**

*This report is a summary of the November 2015 Behavioral Health Stakeholder's Summit that was held in Fargo.*

February 10, 2016

# North Dakota Behavioral Health Stakeholders

## ADULT BEHAVIORAL HEALTH

November 2015

— *Summary Report* —

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### **Exchange of information**

Without adequate information systemically for individual consumers and providers, there is not a system of care. It is critical that all stakeholders have access to key information that is relevant to their needs and resources.

- a. Develop and maintain statewide behavioral health database
  - ND Health Information Network (HIN)
  - Bed status database.
  - Outpatient resources such as “Near Me”
  - Look at having a common application or screening protocol
  - 211 for consumers
  - Include data in proposed Health Data Hub, when active
- b. Develop stronger link for intake and assessment
  - Clear and consistent understanding of what 24/7 services throughout the state
  - Clear understanding of what public sector resources are available by region (Open Access) and their role in serving as a resource for helping communities addressing local unmet needs
- c. Fully utilize the Health information Network (HIN) and Health Information Exchange (HIE)
  - Include law enforcement and emergency personnel
  - 211 – First link

### **Education**

Understanding the nature and challenges of behavioral health issues impacts the entire community. It is critical that a strategy to provide continuum of appropriate education/training to meet the needs of all North Dakotans be developed.

- a. Develop a public awareness and education campaign for the general public about behavioral health needs
- b. Assure training for primary care providers in evidence-based models
- c. Expand training opportunities and internship slots for providers/prescribers

### **Enhanced behavioral health recovery model/chronic disease management**

- a. Person-Centered Care Model (There is a specific model at Washington State)
- b. Comprehensive case management for Persons with Serious Emotional Disability, homeless, those in the correction system and resistant to care
- c. Recovery supports including housing, social and peer support

**Robust community-based behavioral health and criminal justice transition/diversion**

- a. Public-health approach to management
- b. Formal structure for alternatives to incarceration at both state/local levels

**Assure access to community-based services**

- a. Patient flow up to specialization and back down to primary care and peer support
- b. Assure a full continuum of care that is well-defined and integrated
- c. Expand use of tele-health
- d. More effectively use HCBS waivers

**Assure access to 24-hour emergency services**

- a. Increase from a 24-hour hold to 72-hour emergency commitment holds
- b. Ensuring universal access across the whole system for all levels of crisis services including assessment, inpatient, short term housing, in-home crisis response
- c. Standardize screening/assessments

**North Dakota Behavioral Health Stakeholders**  
**CHILDREN'S BEHAVIORAL HEALTH**  
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***Common Priorities***

**Create/Maximize Funding**

- a. EPSDT seems under-utilized as an entry point to services and/or as a payment source
- b. Children's Waiver options
- c. Medicaid Rehab service options
- d. Incentives/payment to offer telemedicine

**Improve Care Coordination/Case Management**

- a. Consider private CM as an option
- b. Improve care through record-sharing/interoperability of existing EHRs
- c. Integrate BH in schools
- d. Utilize Peer Support

**Expand Behavioral Health Training for all Systems**

- a. Mandate training for teachers, day care, law enforcement, healthcare providers
- b. Implement common curriculum for consistency in training

**Strengthen Commitment to Prevention and Early Intervention**

- a. Dedicate funding to implement evidence-based practices known to reduce risk, resulting in reduced occurrence and cost
- b. Measure effectiveness and cost savings over time

**Assessment Network**

- a. Establish children's assessment networks to identify prevalence and service needs

**Mobile Crisis Response**

- a. Increase access to quicker assessment and care via mobile crisis teams
- b. Enhance public awareness of crisis services

# North Dakota Behavioral Health Stakeholders

## SUBSTANCE ABUSE

November 2015

Summary Report

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### Service Shortage

- a. Increasing Telemedicine:
  - Expand to include other disciplines than just physician
  - Counselors could utilize telemedicine for evaluations, and individual therapy
  - Coverage for these services could help alleviate rural issues or be used in workforce shortages areas
- b. Use of Critical Access Hospitals:
  - Include Department of Human Service (DHS) building bridges to behavioral health and breakdown of silos
  - Staff training (Screening, Brief Intervention, and Referral to Treatment [SBIRT], Mental Health First Aid, etc.)
  - Incentives to increase staff in workforce shortage areas.
- c. Create bed management system:
  - One online system (clearinghouse, bed management, and service locator for behavioral health)
- d. Increase substance abuse services including detox:
  - Suggest reviewing Century Code/Administrative Rule
  - Social Setting Detox :
    - I. Must be under supervision of LAC, nurse or physician
    - II. Community collaboration partnering effort required
    - III. Suggest block grant could provide seed money for startup
- e. Substance use should be viewed as a chronic issue versus acute. Effectiveness and outcomes of treatment are directly tied to community and recovery support services  
Suggested services include:
  - Halfway house
  - Transitional housing
  - Peer support advocates
- f. Encourage and grow peer support specialists:
  - Face It TOGETHER and other similar organizations

### Insurance Coverage

Benefits exist but approval requirements are rigorous and impede access to care and adequate time in level of care.

- a. Review of parity needed in terms of rigorous and scrutinized utilization review demanded of substance use providers
- b. Legislative options include review of actions in other states
- c. Recover Coaching reimbursements
- d. Medicaid could consider definition of Partial Hospitalization to Outpatient (this would allow ASAM Level 2.5 to be available without physician on staff)
- e. Voucher bill that was passed could be expanded to cover gaps and recovery supports

### Improve Communication

- a. Online treatment locator including availability, wait time, service type, etc...
- b. Look to leadership with Behavioral Health Planning Council for advocacy

### Data Collection and Research

- a. Create a Central Call Center. (expand 211)
- b. DHS taking the lead to collect and prepare data

*A topic that was on the top of everyone's mind was the topic of **Workforce**. In identifying our 6 top priorities, we saw workforce as number one. Our priorities were tied directly to the continuum of care as identified by Pam Sagness as Promotion, Prevention, Intervention, Treatment, and Recovery. The gaps we identified are in Intervention, Treatment, and Recovery.*

### Below are the priorities as identified by our workgroup:

1. WORKFORCE
2. Sober Living and /or Transitional Housing (Recovery)
  - There are little to no existing housing for individuals "post-treatment". To support individuals in early recovery, it is essential they have safe, structured and supportive housing opportunities. This directly relates to improving outcomes. Solutions include replicating efforts like Hope Manor, a sober house for women. This model is financially stabled due to individuals contributing to room and board. Entrepreneurs that could make this work need seed money to help offset start-up costs
3. Medical and Social Setting Detox Services (Treatment)
  - Region 7 is looking at a pilot which could serve as a roadmap for other communities. Discussion included unsuccessful efforts in Grand Forks to secure an organization to run their Social Setting Detox Program. Communities need to have a high degree of

collaboration to include hospitals, law enforcement, and treatment providers.

Regulation changes could help by making it nurse or physician driven versus LAC driven

4. (SBIRT) Screening Brief Intervention & Referral for Treatment (Intervention) – SIBERT services are needed in medical and criminal justice settings to identify substance users and build bridges to treatment services. Models could be gleaned from the efforts in Cass County Jail and Burleigh County Jails. Integration focus of primary care and behavioral health are imperative to divert this population into appropriate services. The transformation of the 24/7 program to include the population that is both in criminal justice system and Substance Use Disorder (SUD) treatment services
5. Medication Assisted Treatment (Treatment) – North Dakota is experiencing a surge in prescription drug abuse, heroine and other opioid addiction and overdoses. Law enforcement is reporting record seizures of prescription drugs and a rise in heroine. Medical community is currently both part of the problem and a part of the solution. Emphasis on addiction medicine in both med school and current clinic practices along with integrated primary and behavioral healthcare focus is needed
6. Reimbursement (Treatment and Recovery) – Potential billing code activation for peer support specialists (recovery coaches) through Medicaid and other 3<sup>rd</sup> party payers. Medicaid should change how they define ASAM 2.5 from “partial hospitalization” (physician driven) to outpatient recognition. LAC’s need to be recognized by Medicaid as providers eligible for 3<sup>rd</sup> party payments

**Additional topics included:**

- Online Clearinghouse – Available services identified regionally, service type, bed availability, wait times, etc...
- Best Practice Focus – How can we institute outcome driven care
- Advocacy – Behavioral health needs a continuing advocacy effort to educate the public, redefine recovery and combat stigma. Public perception of the problem and solution impacts funding and level of community support