

RECOMMENDATIONS PROVIDED TO THE INTERIM HUMAN SERVICES COMMITTEE

This memorandum provides information regarding the recommendations provided to the Legislative Management's interim Human Services Committee during its meetings on November 3, 2015, January 5-6, 2016, and March 8-9, 2016.

BEHAVIORAL HEALTH NEEDS STUDY

The following schedule summarizes recommendations provided to the committee at its November 3, 2015, meeting relating to the study of behavioral health needs:

Organization/Individual	Description of Recommendations
Ms. Pamela Sagness Director Behavioral Health Services Division Department of Human Services	Relating to public and private services available in the state: <ul style="list-style-type: none"> • Authorize the North Dakota Board of Addiction Counseling Examiners, or a related board, to include assessments of persons for use or abuse of gambling as part of a licensee's scope of practice; and • Consider workforce challenges, data gaps, limited advocacy and protection for substance use disorder populations, community-based options, and collaboration with 24/7 programs and community-based corrections as part of the study of
Mr. John Wiegand President North Dakota Addiction Counselors Association	Relating to unmet needs of substance abuse services from the consumer and family perspective: <ul style="list-style-type: none"> • Provide loan forgiveness or stipends for counselors and students training to become addiction counselors; • Provide incentives for clinical supervisors training newtrainees; • Create a media campaign for recruiting addiction counselors as a careerchoice; • Develop inpatient adolescent treatment programs in local facilities or the State Hospital; • Mandate insurance companies to offer coverage for treatment services that are covered in neighboring states; • Adopt the National Association for Alcoholism and Drug Abuse Counselors uniform licensing recommendations for all 50 states; • Mandate a standard minor in possession education course similar to the Prime for Life Driving Under the Influence program; • Mandate insurance companies to cover codependency and family treatment services provided by licensed addiction counselors; • Provide funding to each of the major cities for operating their own detoxification centers; • Create or fund halfway houses for individuals diverted from the prison or probation system; • Divert individuals that are incarcerated because of an addiction into a long-term treatment program; • Increase halfway houses and probation staff; • Expand the use of electronic monitoring for individuals to reduce overcrowding in prison facilities; • Provide financial assistance for individuals participating in long-term aftercare at existing facilities; and • Expand use of "drug courts" in major cities in the state.

17.9323.01000

Mr. Mike Kaspari
Chairman
North Dakota Addiction Treatment
Provider's Coalition

Human Services Committee

Relating to unmet needs of substance abuse services from the consumer and family perspective:

- Expand the workforce;
- Ensure ease of access for the voucher program that will become available in 2016;
- Provide a loan forgiveness program for new clinicians working in the state, including underserved areas of the state or areas of the state not currently being served;
- Enhance reimbursements for certain services and levels of care;
- Create incentives and provide statewide efforts to educate physicians about medication-assisted treatment;
- Standardize and provide reimbursements for services provided by telemedicine; and
- Support treatment providers that are willing to train new addiction counselors through the consortium system.

Organization/Individual	Description of Recommendations
<p>Ms. Deborah Davis Chairman North Dakota Board of Addiction Counselor Examiners</p>	<p>Relating to unmet needs of substance abuse services from the consumer and family perspective:</p> <ul style="list-style-type: none"> • Provide financial incentives for licensed addiction counselors, including loan repayments or forgiveness; • Provide funding for specialized training of adolescent and young adult substance abuse and mental health professionals; • Provide funding to establish and maintain adolescent treatment programs around the state; • Provide funding and assistance with transportation and other costs to allow family members to participate in programs not in their area; • Provide funding for establishing and maintaining halfway houses in each region of the state that can provide onsite support and structure for individuals, which includes additional funding for case managers and onsite house managers; • Support individuals transitioning from treatment facilities back into the community; and • Add more transitional and residential facilities.
<p>Dr. Lisa Peterson Clinical Director Department of Corrections and Rehabilitation (DOCR)</p>	<p>Relating to the reduction of criminalization of individuals with substance use disorders:</p> <ul style="list-style-type: none"> • Avoid lengthy incarceration of lifetime consequences for felony offense first-time, low-level, and nonviolent drug offenders or those with nonviolent offenses influenced by drug use by completing treatment and displaying prosocial behaviors; • Allow prosecution deferred upon condition of successful completion of treatment and a period of crime-free conduct for first-time drug offenders; • Allow offenders with low-level drug crimes or nonviolent crimes due to substance abuse have their convictions reduced to a misdemeanor or removed from their record upon successful completion of treatment and a period of successful probation; and • Allow DOCR flexibility to release certain offenders convicted of drug crimes to probation upon successful completion of DOCR treatment, similar to the authority DOCR has with felony driving under the influence offenders. <p>Relating to improving access to services:</p> <ul style="list-style-type: none"> • Address significant gaps in detoxification and intoxication management to reduce placements in jail for detoxification; • Add more pretrial services that provide timely evaluations that consider criminogenic risk factors and behavioral health needs to assist the judicial system in determining alternatives to felony convictions and incarceration; • Offer evaluation and treatment more consistently to people serving jail sentences. Currently, offenders can be in jail for up to 1 year and receive no addiction services in most areas of the state; and • Improve the reciprocity process for licensed addiction counselors, add funding for internship hours, and engage other master's- and doctoral-level practitioners with specific experience in the diagnoses and treatment of substance use disorders. <p>Relating to ensuring the state invests in effective programs that produce desired outcomes:</p> <ul style="list-style-type: none"> • Determine whether programs are effective in achieving desired outcomes and prioritize funding for the programs that are working; and
<p>Ms. Siobhan Deppa consumer of behavioral services</p>	<p>Add funding to provide one-on-one peer support programs.</p>

Organization/Individual	Description of Recommendations
<p>Mr. Kurt Snyder Executive Director Heartview Foundation</p>	<p>Relating to the addiction counselor workforce shortage:</p> <ul style="list-style-type: none"> • Support professional development of workers; • Add loan forgiveness incentives; • Reform the licensure process; • Expand training opportunities; • Partner with colleges and universities to align curriculum with tribal and national efforts, which includes tribal addiction workers, peer support specialists, and behavioral health technicians; • Review reciprocity requirements and create "portability" contracts with surrounding states; • Review the current level of training hour requirements prior to licensure and allow for training to occur while an individual is employed; and • Create dual licensure with other professions with agreements from other behavioral health-related boards. <p>Relating to addiction counselor workforce shortage and treatment provider services:</p> <ul style="list-style-type: none"> • Provide incentives for training spots offered by agencies; • Provide incentives for providers to add services where gaps exist; • Add reimbursement requirements by third-party payers for telehealth, which currently exists for physicians; • Add incentives for physicians to work with treatment providers to expand medication-assisted treatments; and • Increase reimbursements in areas with the greatest needs.
<p>Ms. Pat McKone Regional Senior Director American Lung Association of the Upper Midwest</p>	<p>Add tobacco and nicotine to the addiction counseling services definition in North Dakota Century Code Section 43-45-01.</p>

The following schedule summarizes recommendations provided to the committee at its January 5-6, 2016, meeting relating to the study of behavioral health needs:

Organization/Individual	Description of Recommendations
<p>Ms. Pamela Sagness Director Behavioral Health Services Division Department of Human Services</p>	<p>Relating to children's behavioral health issues:</p> <ul style="list-style-type: none"> • Create a directory of behavioral health providers and specialties; • Support the full continuum of behavioral health services for youth; and • Provide for coordination and communication between behavioral health services and primary care.
<p>Ms. Kelly Olson Division Director of Behavioral Health and Family Services The Village Family Service Center</p>	<p>Relating to early childhood screening, assessment, and treatment:</p> <ul style="list-style-type: none"> • Require providers to use the same screening tools to ensure accuracy of results, increase ease of communication between provider agencies, and to promote the ability to measure change and a child's progress; • Address the lack of providers with specialized training in mental health issues for youth; • Provide a system of reimbursement for the extensive and comprehensive assessments; • Address the issue of a lack of providers in the state that receive specialized training or have knowledge with children from birth to age 5; • Address the issue of a lack of specialized training provided throughout the state in evidence-based models of therapy, including training specifically developed for children from birth to age 5 that are experiencing mental health concerns; and • Allow child care providers to be trained to provide early childhood screenings.

Organization/Individual	Description of Recommendations
<p>Ms. Linda Reinicke Program Director Eastern Region Child Care Aware of North Dakota</p>	<p>Relating to special needs and child care behavioral health issues:</p> <ul style="list-style-type: none"> • Increase funding for child care inclusion services; • Include the use of child care facilities to provide mental health screenings for early identification and treatment of mental health issues; • Require child care providers to be included in the development of individualized education plans (IEP) to help address challenging behaviors; and • Adjust child care assistance rates for providers that care for a child with special needs.
<p>Ms. Valerie L. Bakken Special Education Regional Coordinator and Special Education Preschool Coordinator Department of Public Instruction</p>	<p>Relating to school-based behavioral health services:</p> <ul style="list-style-type: none"> • Support families with a child that has a challenging behavior to ensure the continuity of supports between the child's school and home; • Improve collaboration among other special education professionals, social service offices, and local agencies; and • Provide teachers with more professional resources to work with behaviorally challenging students in their classroom.
<p>Ms. Missi Baranko Inclusion Specialist Western Region Child Care Aware of North Dakota</p>	<p>Relating to early childhood behavioral health challenge:</p> <ul style="list-style-type: none"> • Address the lack of collaboration among supports and providers, including preschool special education and child care.
<p>Dr. Jason Hornbacher Principal Dorothy Moses Elementary School, Bismarck</p>	<p>Relating to behavioral health challenges involving elementary school students:</p> <ul style="list-style-type: none"> • Support efforts to reduce toxic stress; • Build executive function and self-regulation; • Create active skill building, including coaching and training; and • Develop human capital to improve outcomes.
<p>Mr. Russ Riehl Principal Simile Middle School, Bismarck</p>	<p>Relating to behavioral health challenges of secondary school students:</p> <ul style="list-style-type: none"> • Improve access to mental health experts in schools for both the students and staff; • Improve behavioral health-related discussions in schools; and • Provide more programs for students with behavioral health issues, including appropriate staffing levels for the programs.
<p>Mr. Jeff Herman Chief Executive Officer Prairie St. John's, Fargo</p>	<p>Relating to the roles and challenges of inpatient treatment services for adolescents:</p> <ul style="list-style-type: none"> • Establish a plan for supporting and training nursing staff by providing incentives to work in the behavioral health field; • Maximize the use of federal funds that are available for behavioral health services, including the federal Medicaid Emergency Psychiatric Demonstration program; and • Support education and training programs that address trauma-focused care and treatment that includes all disciplines and placement settings.
<p>Mr. Darren Albrecht Principal Grafton High School, Grafton</p>	<p>Relating to challenges for special education for children with behavioral health issues:</p> <ul style="list-style-type: none"> • Address the need in schools for mental health assistance that includes a long-term teaching approach for students and families.
<p>Mr. Carl Young Mental Health Advocate, Garrison</p>	<p>Relating to the study of behavioral health needs:</p> <ul style="list-style-type: none"> • Support a continuum of care for mental health-related services that would be similar to those of the state's developmental disability system.

The following schedule summarizes recommendations provided to the committee at its March 8-9, 2016, meeting relating to the study of behavioral health needs:

Organization/Individual	Description of Recommendations
<p>During a tour of the State Hospital, including the LaHaug Building, New Horizons Building, Gronewald Middleton Building, Tompkins Building, and the Learning Resource Center</p>	<p>Relating to the adult mental health continuum of services:</p> <ul style="list-style-type: none"> • Add additional services for individuals transitioning from the sex-offender treatment program to the community.
<p>Honorable John E. Greenwood District Judge Southeast Judicial District</p>	<p>Relating to mental health commitment issues:</p> <ul style="list-style-type: none"> • Expand the use of Rule 32.2 of the North Dakota Rules of Criminal Procedures, relating to pretrial diversion, to help address mental health commitment issues; and • Provide additional awareness of pretrial diversion services.
<p>Mr. Gary E. Euron Cass County State's Attorney's office, Fargo</p>	<p>Relating to commitment issues and options:</p> <ul style="list-style-type: none"> • Add additional services in Grand Forks, Minot, Bismarck, Dickinson, and Williston similar to the Robinson Recovery Center program in Fargo; • Add more juvenile and adult drug courts; • Add additional funding for existing drug courts to help address the needs of individuals with a dual diagnosis; and • Provide for the State Hospital to designate more beds for involuntary commitment patients.
<p>Mr. Jake Rodenbiker McKenzie County State's Attorney's office, Watford City</p>	<p>Relating to commitment issues and options:</p> <ul style="list-style-type: none"> • Impose financial penalties on noncriminal traffic offenses, including speeding offenses, to generate funds that would provide additional grants through the Department of Human Services to provide more beds for involuntary commitments; • Reimburse counties for the costs of transporting an individual outside of a county; • Consider reviewing Section 25-03.1-04 to allow a qualified medical professional to conduct a screening for admission to the State Hospital; • Consider reviewing Section 25-03.1-04 to establish a statewide screening system that would allow any regional human service center to provide prescreening services, rather than limiting prescreenings to only the local regional human service center; and • Consider reviewing Section 25-03.1-04 to allow for individuals to be screened via interactive television.
<p>Mr. Sherm Syverson Executive Director F-M Ambulance Service Fargo</p>	<p>Relating to behavioral health-related issues and concerns from the perspective of first responders:</p> <ul style="list-style-type: none"> • Provide additional financial and nonfinancial support for behavioral-related care, including training, equipment, and legal services for emergency medical services providers, including local emergency medical responders, volunteer and professional emergency medical technicians, paramedics, and community paramedics.
<p>Dr. Ammar Ali Prairie St. John's, Fargo</p>	<p>Relating to the behavioral health needs study:</p> <ul style="list-style-type: none"> • Extend the state's holding period for emergency involuntary commitments from 24 hours to 72 hours; and • Maintain doctor-patient relationships by providing for an independent examiner to assess a patient, collect required data, and represent a county during hearings.

Organization/Individual	Description of Recommendations
Mr. Andy Frobig Cass County Sheriff's office, Fargo	<p>Relating to adult mental health challenges from the perspective of local law enforcement and jails:</p> <ul style="list-style-type: none"> ◦ Address the service gaps for individuals that become incarcerated. The continuum of care does not currently extend to incarcerated individuals; ◦ Consider changes to reduce the need for transporting individuals to other communities for hospitalization and subsequently to the original community for a hearing; ◦ Allow the hospital conducting a mental health commitment evaluation to have jurisdiction; and ◦ Provide more partial outpatient treatment services.
Dr. Rachel Fleissner Sanford Health, Fargo	<p>Relating to adult mental health services needs and issues:</p> <ul style="list-style-type: none"> ◦ Address the lack of available case management services at human service centers; ◦ Address the limited funding and resources available for chemical dependency patients; ◦ Address the shortage of workers at human service centers, including psychiatry, therapy, and case management services; and ◦ Address the delay of transferring patients to the State Hospital after they are approved for admission.
Ms. Laurie J. Baker Chairman North Dakota Coalition for Homeless People, and Executive Director Fargo-Moorhead Coalition for Homeless Persons, Fargo	<p>Relating to adult shelters and supportive housing challenges:</p> <ul style="list-style-type: none"> ◦ Continue the North Dakota housing incentive fund; ◦ Continue the North Dakota Homeless Grant; ◦ Authorize a one-time contribution to a landlord risk mitigation fund to provide an incentive for landlords to rent to households struggling with challenges that include poor credit, criminal history, and eviction history; ◦ Continue addressing youth issues, including foster care transitional living situations and youth runaways; ◦ Authorize one-time funding for development of a regional coalition relating to homelessness, hunger, and poverty; ◦ Review residency laws relating to vulnerable adults; and ◦ Authorize a homeless prevention program.
Ms. Cindy Miller Executive Director, and Mr. David Vining Director of Program Development FirstLink, Fargo	<p>Relating to referral, suicide, and resources:</p> <ul style="list-style-type: none"> ◦ Establish a minimum wage for individuals answering suicide calls in the state; ◦ Assist with a marketing campaign for the 2-1-1 hotline similar to the National Suicide Prevention Lifeline campaign currently being sponsored by the State Department of Health; ◦ Provide state funding to assist FirstLink with the National Suicide Prevention Lifeline service; ◦ Add for-profit mental health and human service providers to the database by increasing funding received from the Department of Human Services from 31 percent of FirstLink's budget to 50 percent, which would increase current funding from \$275,000 to \$440,000 per year; and ◦ Require organizations to provide updated information to FirstLink when an organization changes its information.
Ms. Carlotta McCleary Mental Health Advocacy Network	<p>Relating to adult behavioral health services:</p> <ul style="list-style-type: none"> ◦ Add funding to provide peer-to-peer and family-to-family support; ◦ Allow more consumer choices for services through a voucher system; ◦ Provide diversion of more youth and adults from the correctional system; ◦ Define core services; ◦ Create a zero-reject model; ◦ Provide adequate funding for both public and private services; and ◦ Provide an adequate grievance and appeals process.

Organization/Individual	Description of Recommendations
Mr. Tim Fode Director of Service Mental Health America of North Dakota Ms. Siobhan Deppa consumer of behavioral health services	Relating to mental health issues: <ul style="list-style-type: none"> • Add more resources for educating individuals on the importance of mental health-related issues; and • Add more funding to provide additional services for mental health-related issues. Relating to adult behavioral health services <ul style="list-style-type: none"> • Add funding for a formal one-on-one peer support program.