

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.

FAMILY CAREGIVER SUPPORTS AND SERVICES STUDY

The following schedule summarizes recommendations provided to the committee at its November 3, 2015, meeting relating to the study of family caregiver supports and services:

Organization/Individual	Description of Recommendations
Ms. Sheryl Pfliger Director Aging Services Division Department of Human Services	Relating to aging and disability resource center services: <ul style="list-style-type: none"> • Improve communications for services available; • Ensure sufficient funding for the services; and • Provide the right services to the right people at the right time.
Ms. Jeanna Kujava Public Health Director Pembina County Public Health	Relating to the system of caregiving: <ul style="list-style-type: none"> • Create policy initiatives that allow individuals to care for an aging parent without leaving the workforce; • Create system changes within the health care and health and human services systems to promote coordination and focus in transition homes; and • Support an environment that allows for creativity to meet the demands for caregiving.
Mr. John Vastag Chief Executive Officer North Dakota Interagency Program for Assistive Technology	Relating to the study for family caregiver supports and services: <ul style="list-style-type: none"> • Review the benefits of assistive technology for family caregiver supports and services.

The following schedule summarizes recommendations provided to the committee at its January 5-6, 2016, meeting relating to the study of family caregiver supports and services:

Organization/Individual	Description of Recommendations
Mr. Josh Askvig Advocacy Director AARP North Dakota	Relating to family support and health care discharge planning: <ul style="list-style-type: none"> • Allow a patient or legal guardian the ability to designate a caregiver when being admitted to the hospital; • Provide for a hospital to notify a family caregiver if a patient is being discharged or transferred to a different facility; and • Create a framework for a family caregiver to receive instructions for tasks the family caregiver will perform once a patient is discharged from the hospital.
Ms. Barbara Handy-Marchello family caregiver	Relating to family support and health care discharge planning: <ul style="list-style-type: none"> • Provide assistance that will help a family or caregiver manage patient care and promote communication between medical professionals and caregivers.

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 behavioral health needs.
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 new trainees; • Create a media campaign for recruiting addiction counselors as a career choice; • 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.
Mr. Mike Kaspari Chairman North Dakota Addiction Treatment Provider's Coalition	Relating to unmet needs of substance abuse services from the consumer and family perspective: <ul style="list-style-type: none"> • 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>Dr. Lisa Peterson Clinical Director Department of Corrections and Rehabilitation (DOCR)</p> <p>Ms. Siobhan Deppa consumer of behavioral services</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>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 • Include aftercare programs for outpatients as part of the comprehensive treatment plan. <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
<p>Mr. Andy Frobig Cass County Sheriff's office, Fargo</p>	<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.
<p>Dr. Rachel Fleissner Sanford Health, Fargo</p>	<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.
<p>Ms. Laurie J. Baker Chairman North Dakota Coalition for Homeless People, and Executive Director Fargo-Moorhead Coalition for Homeless Persons, Fargo</p>	<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.
<p>Ms. Cindy Miller Executive Director, and Mr. David Vining Director of Program Development FirstLink, Fargo</p>	<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.
<p>Ms. Carlotta McCleary Mental Health Advocacy Network</p>	<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.

The following schedule summarizes recommendations that were submitted to the committee Chairman during the 2015-16 interim relating to the study of behavioral health needs:

Organization/Individual	Description of Recommendations
North Dakota Association of School Administrators - Student Services Subcommittee of the Focus Group Ms. Donna Byzewski Director Guardianship Division Program Catholic Charities North Dakota	Relating to mental health training requirements pursuant to Section 5 of 2015 Senate Bill No. 2048: <ul style="list-style-type: none"> • Allow an individual's training to focus on specific mental health training areas; • Allow acceptable mental health training areas to include behavioral disorders; social and emotional needs of students; suicide prevention; behavioral and mental health; bullying; other categorical issues including depression, eating disorders, drug abuse, stress, and trauma; and other proven evidence-based strategies that reduce risk factors for students; and • Allow training programs to be more specialized to address specific needs of a school or district. Relating to school-based mental health programming: <ul style="list-style-type: none"> • Implement an evidence-based model that will provide educational programming to students; provide professional development and capacity-building to staff; establish protocols and relationships with community care providers to facilitate acquisition of time sensitive and appropriate interventions and treatment; provide early intervention, assessment and referrals to support students before crisis occurs, including referrals and persistent facilitation with mental health care providers; and provide intervention, support, and follow-through for students and families; • Deliver statewide professional development to school district staff regarding mental health issues, including mental health first aid; • Create a network that meets quarterly to discuss scope of project, share best practices, and review of outcomes and program evaluation; • Collect data to determine the success and efficacy of the program to determine if it can reasonably be replicated; • Develop and refine a shared services model that can be replicated and scaled up in both rural and urban school districts throughout the state; • Provide a total of \$3 million, including \$1 million to rural school districts, \$1 million to urban school districts, and \$1 million to regional education associations for school-based mental health programming; and • Provide oversight by the Department of Public Instruction, State Department of Health, and Department of Human Services. Relating to behavioral health services: <ul style="list-style-type: none"> • Develop short-term community-based crisis beds that specialize in providing behavioral and psychiatric services; • Develop community-based crisis teams that are available to respond immediately to a behavioral or psychiatric crisis; • Increase the number of inpatient psychiatric beds at community hospitals or the State Hospital; and • Create efforts to recruit psychiatrists, psychiatric nurse practitioners, physician assistants, and behavioral health professionals throughout the state.

Organization/Individual	Description of Recommendations
Rethink Mental Health Conference	<p>Relating to behavioral health services:</p> <ul style="list-style-type: none"> • Change policy that requires an individual to expend \$15,000 before Medicaid coverage is provided for family focused services; • Expand use of peer support programs; • Allow Minnesota social workers to practice in North Dakota without a license for the purpose of providing services to Minnesota clients; • Provide additional services and options for long-term placement of severely mentally ill; • Provide reimbursement of recovery coaching; • Provide funding for case management; • Allow licensed associate professional counselors to be considered a licensed mental health professional; • Allow reciprocity of mental health licensures; • Provide additional funding for mental health services; • Provide additional funding for preventative care; • Require all teachers, law enforcement, social service providers, and foster parents to receive trauma-informed care training; • Provide additional community-based supports for mental health needs; • Provide funding for more access services to transportation; • Consider music therapy as a reimbursable service; • Address concerns regarding lack of community psychiatric facilities, improper use of medical transportation, and uses of resources; • Ensure individuals can maintain psychotropic medications while incarcerated; • Allow Medicaid coverage of mental health crisis intervention and stabilization services; • Provide funding to implement a mental health group home model in the state; • Develop a definition regarding who is served under behavioral health services.
Behavioral Health Stakeholders Summit - Summary Report from November 2015	<p>Relating to exchange of information for adult behavioral health services:</p> <ul style="list-style-type: none"> • Develop and maintain statewide behavioral health database; • Develop stronger link for intake and assessment; and • Increase utilization of Health Information Network (HIN) and Health Information Exchange (HIE). <p>Relating to education for adult behavioral health services:</p> <ul style="list-style-type: none"> • Develop public awareness and education campaign for the general public regarding behavioral health needs; • Assure training for primary care providers in evidence-based models; and • Expand training opportunities and internship slots for providers and prescribers. <p>Relating to enhanced behavioral health recovery model and chronic disease management for adult behavioral health services:</p> <ul style="list-style-type: none"> • Develop a person-centered care model similar to the model developed at Washington State University; • Address comprehensive case management for individuals including persons with serious emotional disability, homelessness, or incarcerated; and • Address recovery supports including housing, social, and peer supports. <p>Relating to robust community-based behavioral health and criminal justice transition and diversion for adult behavioral health services:</p> <ul style="list-style-type: none"> • Address public-health approach to management; and • Address structure for local and state alternatives to incarceration.

Organization/Individual	Description of Recommendations
	<p>Relating to access to community-based services for adult behavioral health services:</p> <ul style="list-style-type: none"> • Address patient transitions from specialization, primary care, and peer support; • Provide a full continuum of care that is well defined and integrated; • Expand use of telehealth; and • Review use of home- and community-based services waivers. <p>Relating to access of 24-hour emergency services for adult behavioral health services:</p> <ul style="list-style-type: none"> • Increase the involuntary emergency holding period from 24 hours to 72 hours; • Ensure universal access across the whole system for all levels of crisis services, including assessment, inpatient, short-term housing, and in-home crisis response; and • Standardize screening and assessments. <p>Relating to funding for children's behavioral health services:</p> <ul style="list-style-type: none"> • Address underutilization of Early and Periodic Screening, Diagnostic, and Treatment services as an entry point for services and source of payments; • Review children's waiver options; • Review Medicaid rehabilitation service options; and • Provide incentives for telemedicine. <p>Relating to improving care coordination and case management for children's behavioral health services:</p> <ul style="list-style-type: none"> • Consider use of private case management options; • Improve care through record sharing; • Integrate behavioral health in schools; and • Increase peer support services. <p>Relating to expand behavioral health training for all systems for children's behavioral health services:</p> <ul style="list-style-type: none"> • Require training for teachers, day care, law enforcement, and health care providers; and • Implement common curriculum for consistency of training. <p>Relating to strengthen commitment to prevention and early intervention for children's behavioral health services:</p> <ul style="list-style-type: none"> • Provide funding to implement evidence-based practices to reduce risks; and • Develop measures of effectiveness and cost savings and review data over a period of time. <p>Relating to assessment network for children's behavioral health services:</p> <ul style="list-style-type: none"> • Establish children's assessment networks to identify prevalence and service needs. <p>Relating to mobile crisis response for children's behavioral health services:</p> <ul style="list-style-type: none"> • Increase access to quicker assessment and care through mobile crisis teams; and • Increase efforts for public awareness of crisis services. <p>Relating to service shortages of substance abuse:</p> <ul style="list-style-type: none"> • Increase use of telemedicine by expanding type of professionals using telemedicine, including counselors; • Increase use of critical access hospitals; • Develop a bed management system;

Organization/Individual	Description of Recommendations
	<ul style="list-style-type: none"> • Increase substance abuse services including detoxification; • Increase substance abuse services including halfway houses, transitional housing, and peer support advocates; and • Increase use of peer support specialists. <p>Relating to insurance coverage of substance abuse:</p> <ul style="list-style-type: none"> • Review the federal Mental Health Parity and Addiction Equity Act of 2008; • Review what actions other states have taken; • Provide reimbursements for recovery coaching; • Review defining partial hospitalization as outpatient; and • Increase use of vouchers to cover gaps in recovery supports. <p>Relating to improved communications for substance abuse:</p> <ul style="list-style-type: none"> • Develop online treatment locator that will include availability, waiting time, and service type; and • Collaborate with Behavioral Health Planning Council for advocacy. <p>Relating to data collection and research for substance abuse:</p> <ul style="list-style-type: none"> • Expand use of 2-1-1 services or develop a central call center for data collection and research for substance abuse; and • Require the Department of Human Services or other entity to collect and prepare data.

OTHER COMMITTEE RESPONSIBILITIES

The following schedule summarizes recommendations provided to the committee at its November 3, 2015, meeting relating to other committee reports for developmental disabilities waivers and the developmental disabilities system reimbursement project:

Organization/Individual	Description of Recommendations
<p>Ms. Roxane Romanick Executive Director Designer Genes</p> <p>Mr. Jeff Pederson President CHI Friendship</p> <p>Developmental Disabilities Provider Association</p>	<p>Change the Department of Human Services definition of "related conditions" when determining eligibility of developmental disabilities services to allow individuals with a diagnosis of Down syndrome to be automatically eligible for developmental disabilities services without additional cognitive and functional testing after age 3.</p> <p>Relating to the proposed new system for the developmental disability reimbursement project:</p> <ul style="list-style-type: none"> • Differentiate a payment rate for community- and facility-based vocational services. <p>Relating to the proposed new system for the developmental disability reimbursement project:</p> <ul style="list-style-type: none"> • Include incentives in the system to build facilities to meet the specialized needs of individuals continuing to reside there; • Add all staffing costs in the payment system, including night staff; • Add a 1- to 2-year transition period with blended funding; • Provide that the rates be individualized by the use of a "multiplier;" • Review how outliers will be managed in the new system; and • Consider use of North Dakota Association of Community Providers Business Manager draft statement of costs.