Engrossed Senate Bill 2012

House Appropriations – Human Resources Division Committee

Representative Jon Nelson, Chairman

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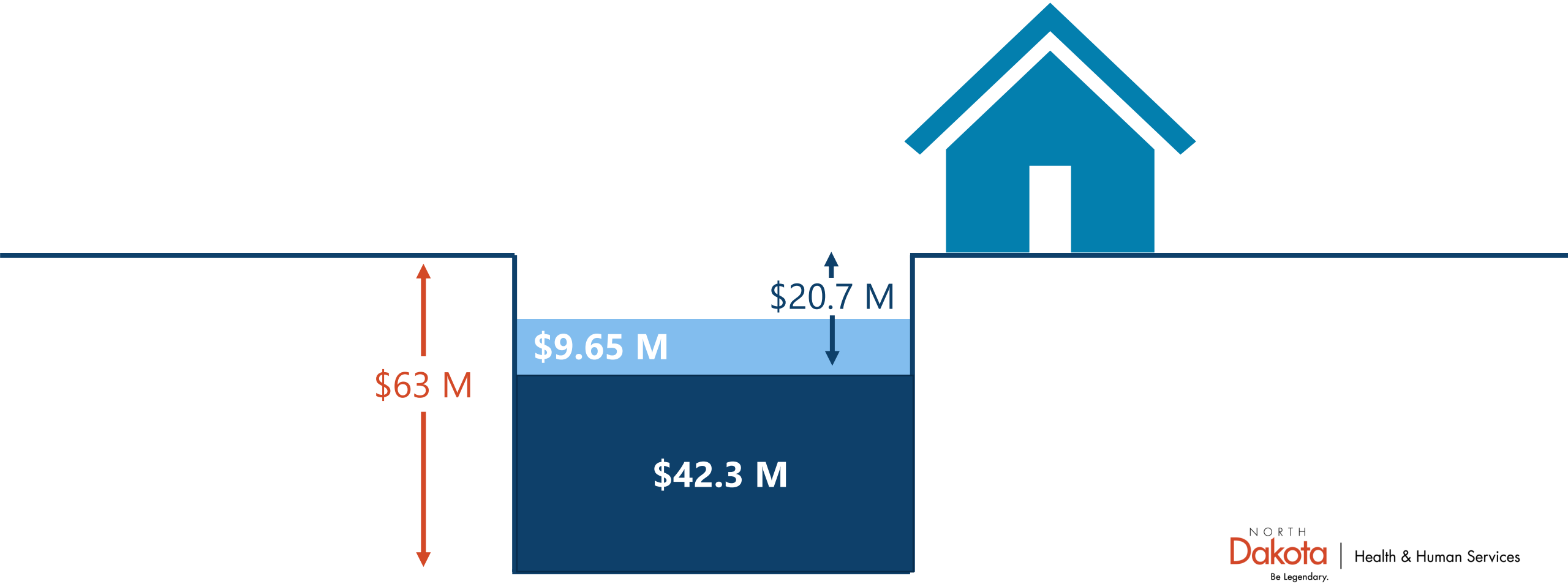
Behavioral Health Division, **Human Service Centers** | March 14, 2023

Human Service Center/State Hospital
Budget Considerations



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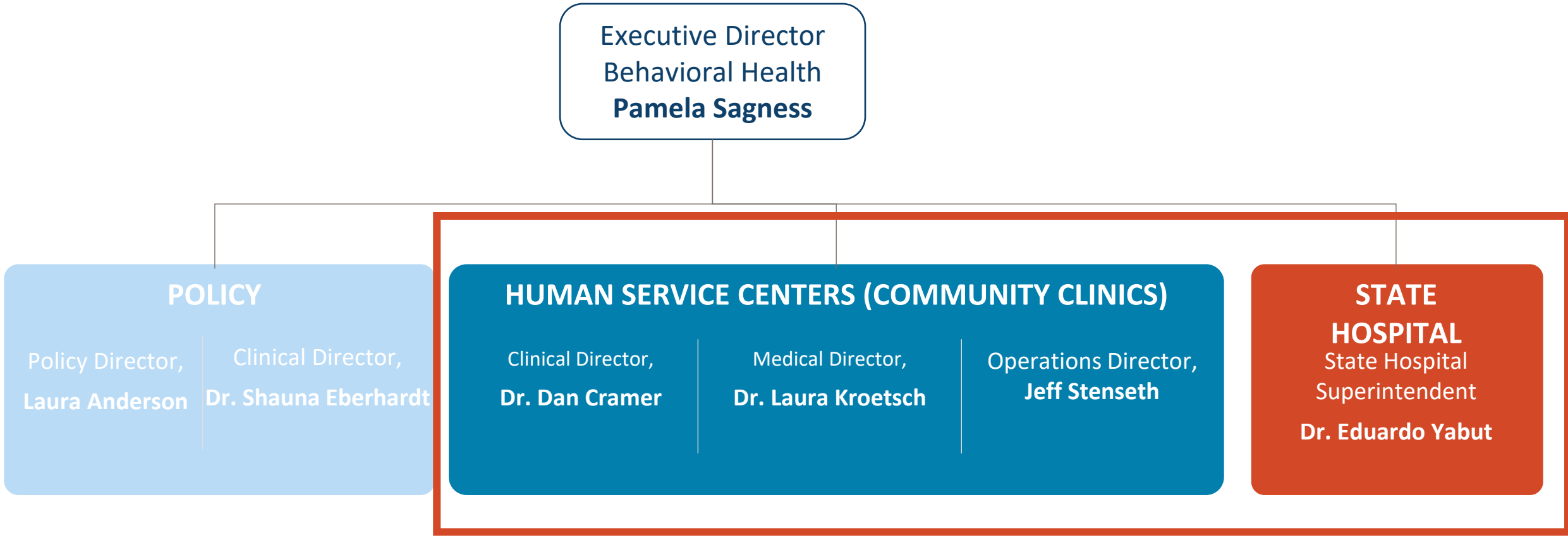
Behavioral Health Organizational Chart



Behavioral Health Services Goals

People are getting better

Be a place where people want to work

Efficient service delivery

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https://youtu.be/1TRvRr47IqQ

Roadmap

- HSC Clinic Leadership Restructure
- Statutory Requirements
- Assessment
- Treatment
- Crisis Services
- Workforce
- Essential Elements to Align with Future Vision
- Budget
  - Itemized List of Changes

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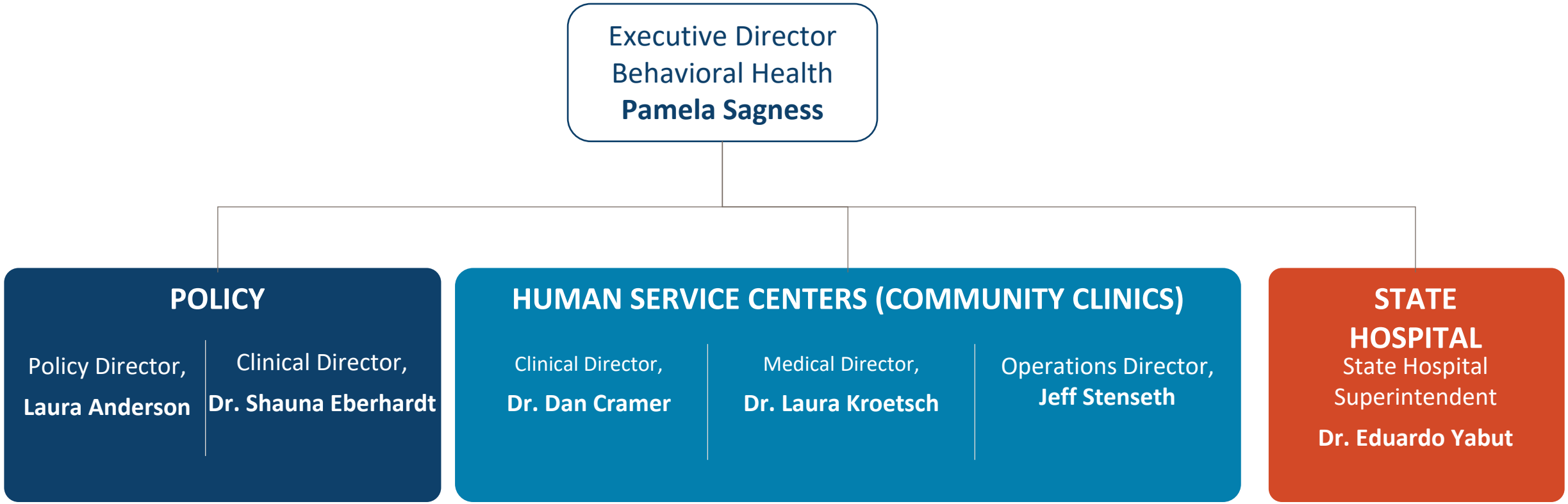

Behavioral Health Organizational Chart

Executive Director
Behavioral Health
Pamela Sagness

POLICY

Policy Director
Laura Anderson

Clinical Director,
Policy
Vacant

HUMAN SERVICE CENTERS (COMMUNITY CLINICS)

Clinical Director,
Human Service Centers
Dr. Dan Cramer

Medical Director,
Human Service Centers
Dr. Laura Kroetsch

Operations Director,
Human Service Centers
Jeff Stenseth

STATE HOSPITAL

State Hospital
Superintendent
Dr. Eduardo Yabut

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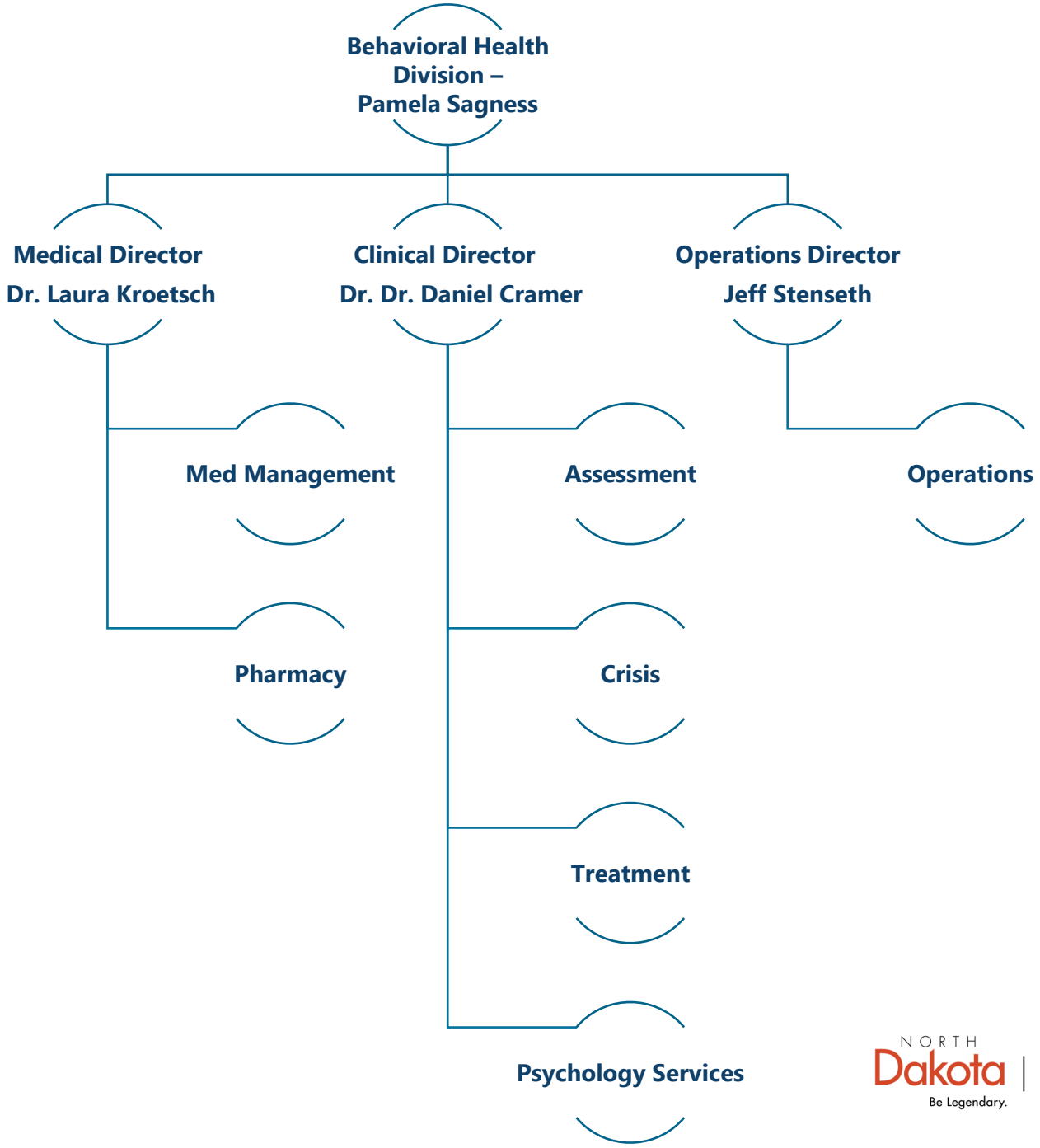
HUMAN SERVICE CENTERS



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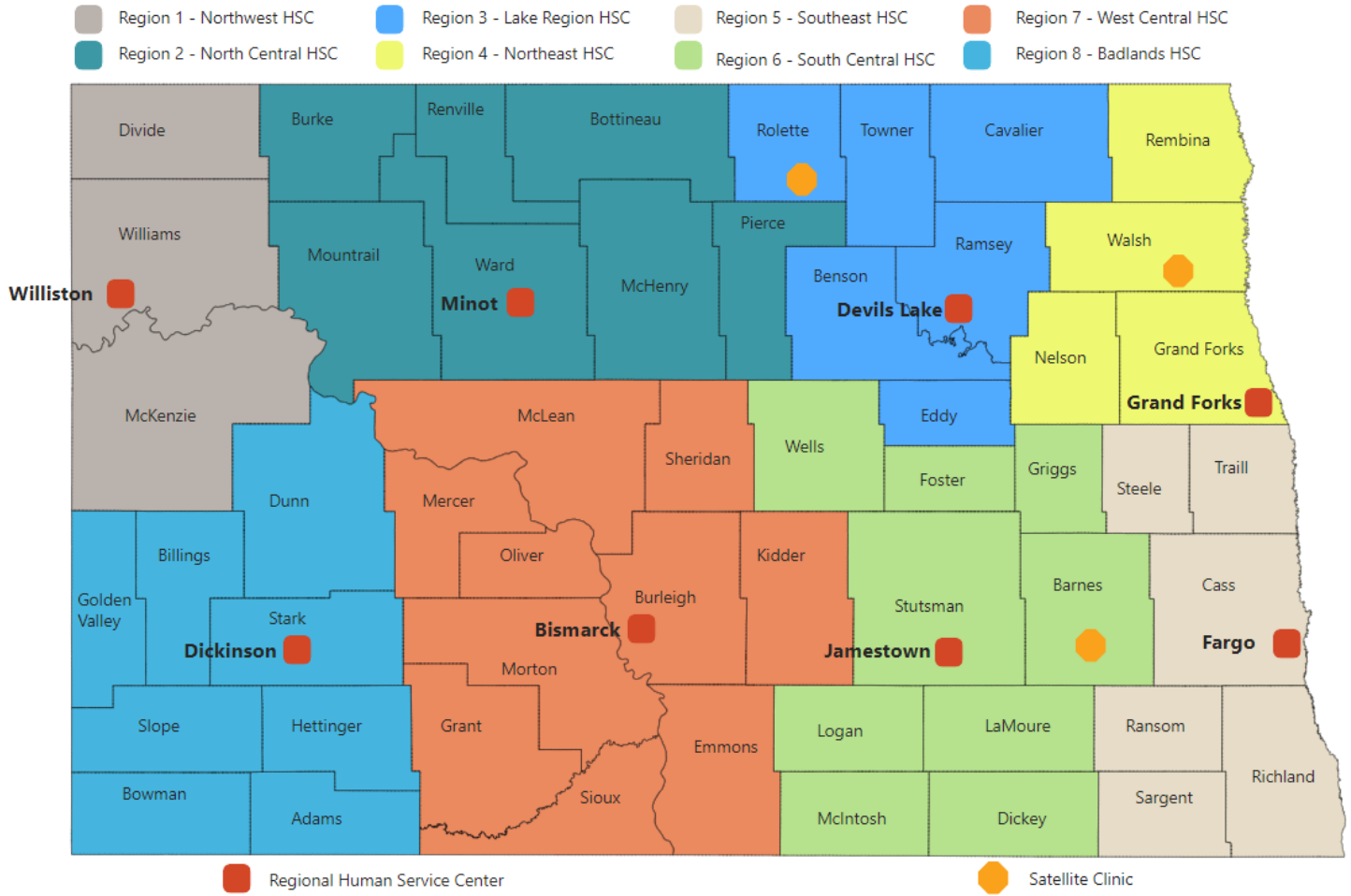
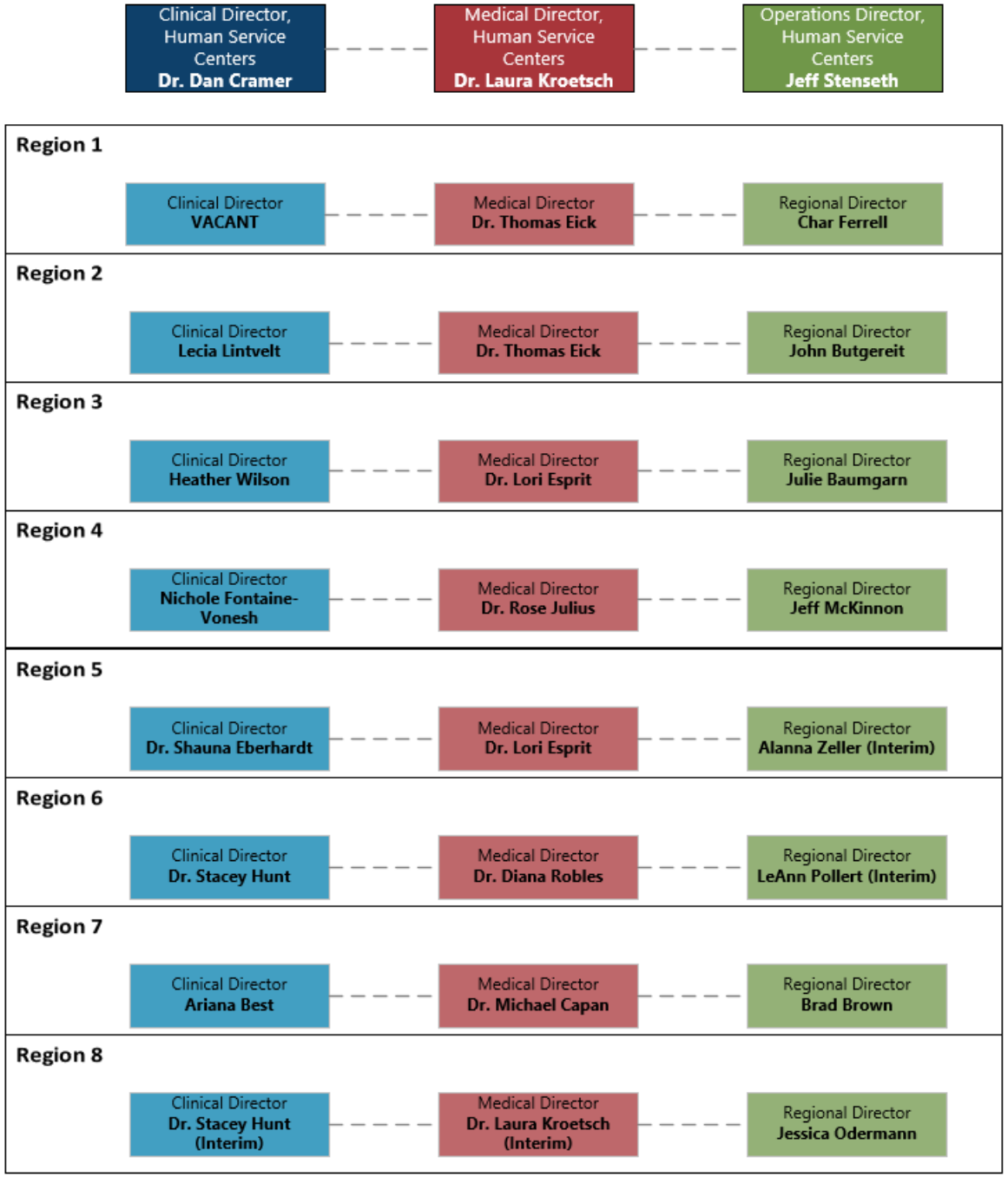
Human Service Center Locations

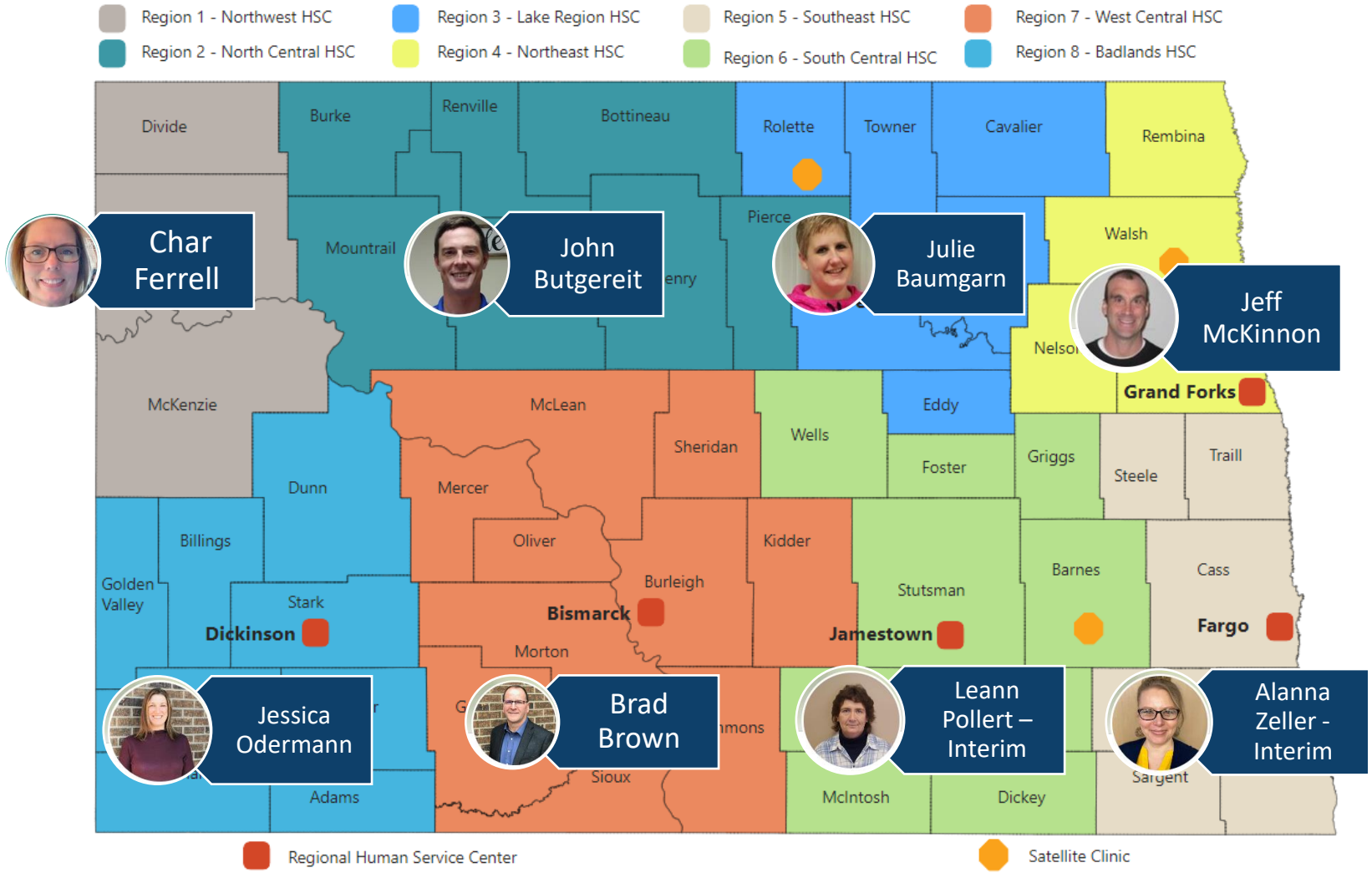


Human Service Center Leadership Structure



Human Service Center Presenters

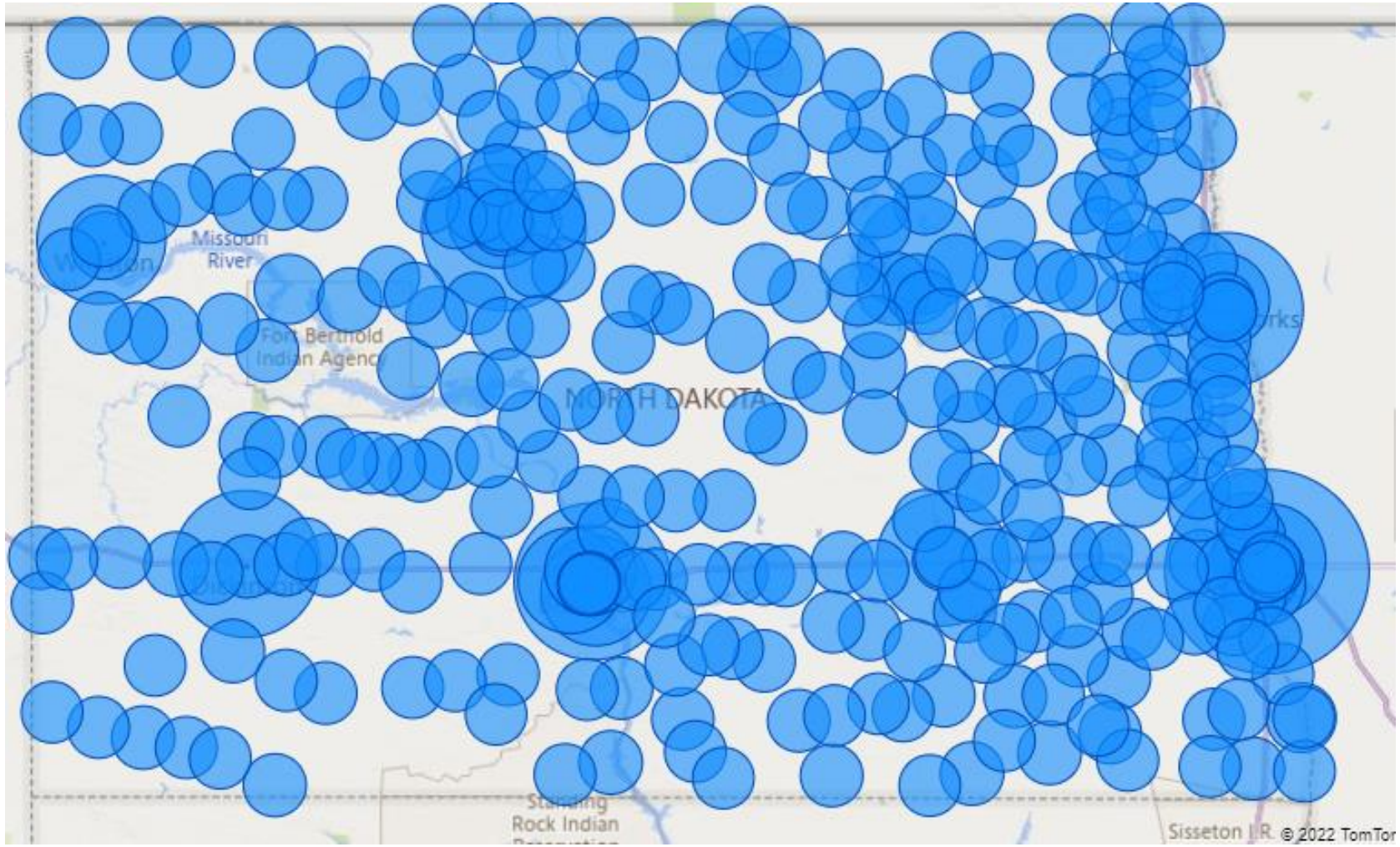
Regional Directors & Assessment Lead



Christina Hemmer - HSC Clinical Assessment Lead

Behavioral health care penetration of services

July 2021 – December 2022



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50-06-05.3. Regional Human Service Centers - Powers - Duties

1. Regional human service centers shall provide human services to all eligible individuals and families to help individuals and families achieve or maintain social, emotional, and economic self-sufficiency by providing human services to:

   a. Prevent, reduce, or eliminate dependency;

   **b. Prevent or remedy the neglect, abuse, or exploitation of children and of adults unable to protect their own interests;*

   **c. Aid in the preservation, rehabilitation, and reuniting of families;*

   d. Prevent or reduce inappropriate institutional care by providing for care while institutionalized or providing for community-based or other forms of less restrictive care;

   e. Secure referral or admission for institutional care;

   f. Provide outpatient diagnostic and treatment services;

   **g. Provide information concerning guardianship to people interested in becoming or who are guardians; and*

   h. Provide rehabilitation and crisis services for patients with mental, emotional, or substance use disorders, an intellectual disability, and other psychiatric conditions, particularly for those patients who have received prior treatment in an inpatient facility

**Engrossed SB 2083 to remove subdivisions*

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What Human Service Centers Do

(Data from July 1, 2021 – December 31, 2022)

Assessment Services

- Walk-in Availability, 8am - 5pm
- 13,626 individuals triaged and screened
- 5,086 individuals met the need for full assessments

Specialized Services

- Psychiatric Services
- Psychological Evaluations Statutorily Required
- 50,266 services provided to 5,793 individuals

Treatment Services

- Serving those with greatest complexity
- 250,041 services provided to 7,136 individuals

Crisis Services

- Call Center
  - 22,318 Crisis Calls
- Mobile Crisis
  - 19,620 crisis services provided
- Stabilization Units
  - 2,237 admissions to crisis stabilization units

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Walk-In Access

- Walk-in assessments are available from 8am to 5pm Monday to Friday at all 8 Community Behavioral Health Clinic Locations.
- Purpose: To rapidly assess need and connect individuals to the right services. This may include entry into the local Clinic or referral to an outside agency.
- Client Experience:
  - Meets with Triage staff to identify needs, often being connected to community resources without needing a formal assessment
  - Those proceeding with a formal assessment are connected to a clinician who helps provide clarity around behavioral health needs, treatment recommendations, and plan forward.

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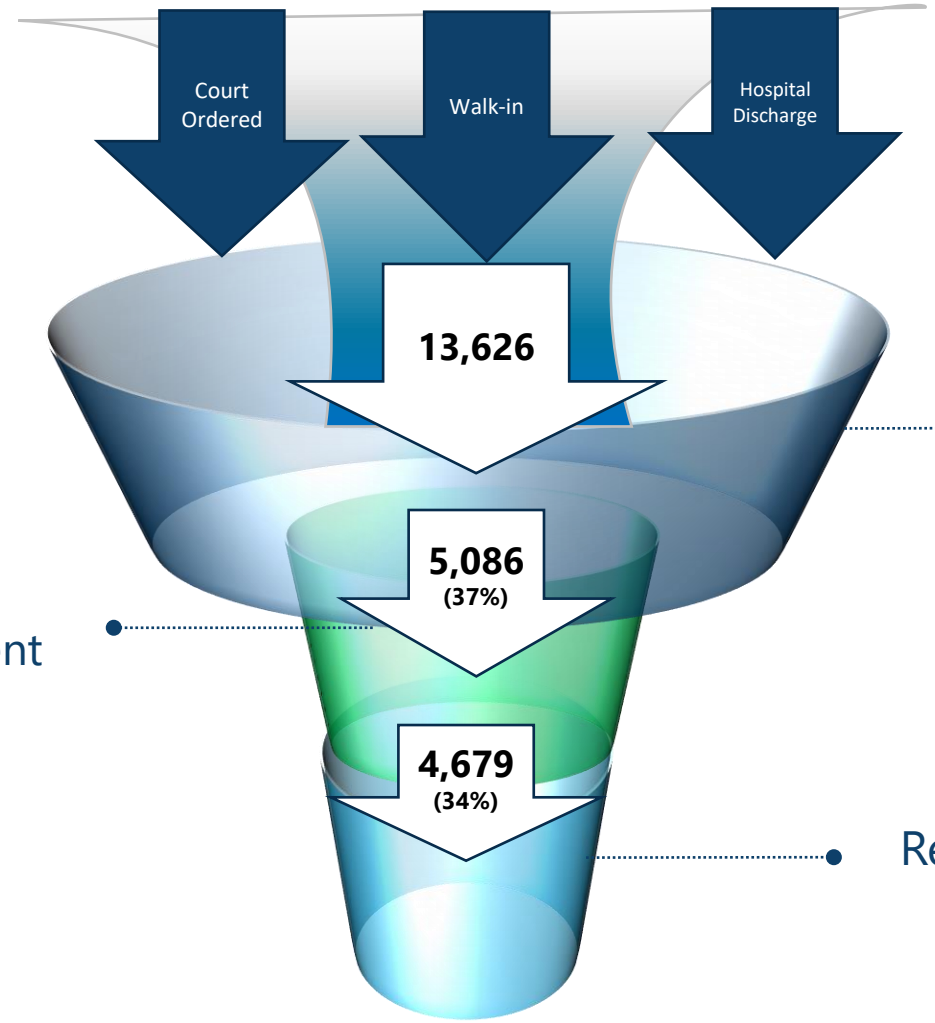
Centralized Assessment Model

Fiscally responsible	• Remote clinicians are able to be utilized across any HSC location, increasing access to assessment for any region, and increasing clinician productivity
Extending our reach	• Providing service via telehealth allows service to be provided outside HSC walls, such as schools, jails, crisis units, and client homes.
Building partnerships	• collaborating with community providers on accepting our assessment for their program entry, decreasing barriers to admission, and avoidance of duplicate costs to the person served.

Count of Assessments/New Clients at HSC's

July 2021 through December 2022



Triage

Full Assessment

Referred to HSC Treatment

Driving Triage Decisions

HSC Service Capacity (Based on budgeted/filled FTE)

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Assessments - Psychological

Statutorily Required: NDCC 75-05-03-07

- Sex Offender Risk Assessment (In support of Pre-Sentence Investigation)
- County Referred Parental Evaluations
- Developmental Disability Evaluations
- Multidisciplinary Case Conference

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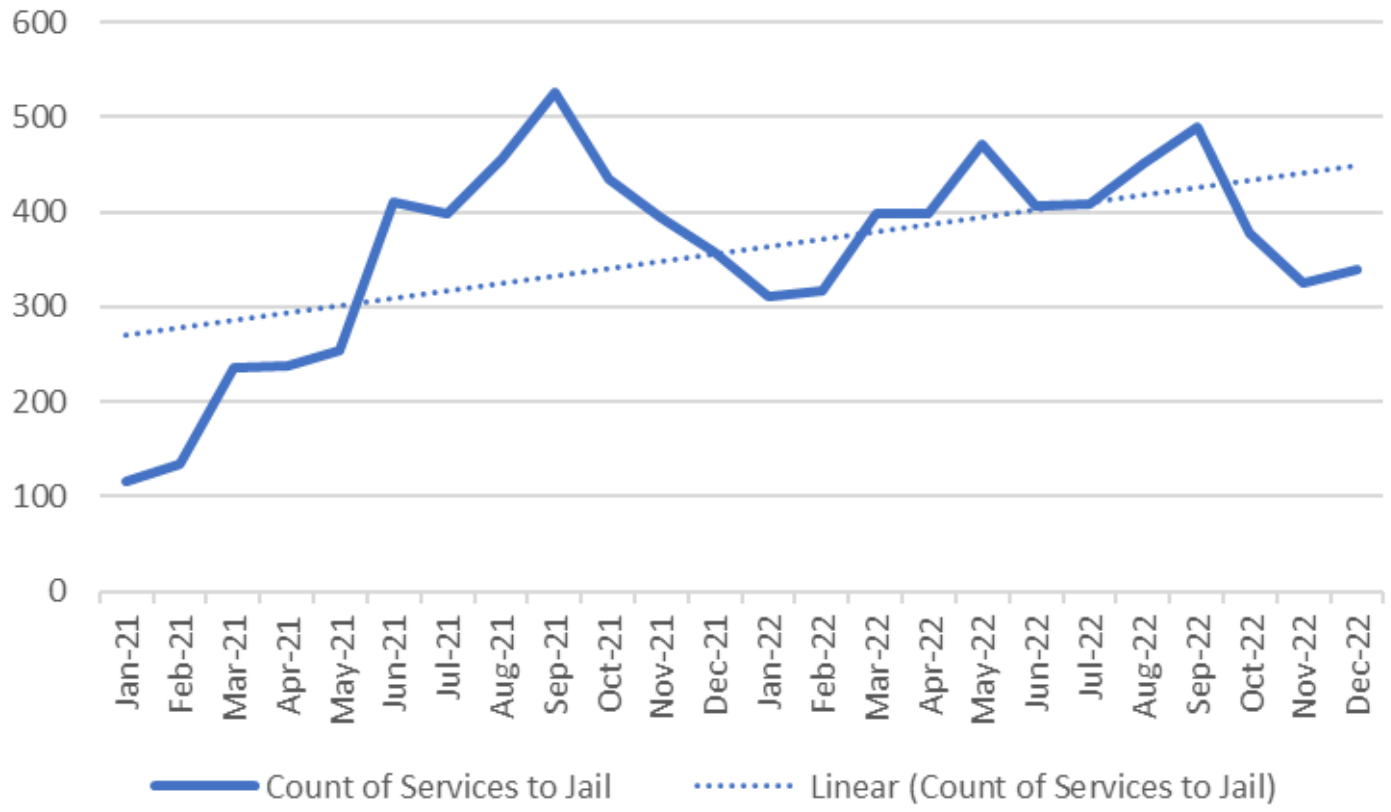
Behavioral Health Services in Jails

Service Provided	% of Service Provided
Case Management	33%
Court Order Assessment	1%
Crisis Services	18%
Diagnostic Assessment	3%
Diagnostic Assessment with Medical (Psychiatry)	4%
Evaluation and Management (Psychiatry)	15%
Individual Counseling	6%
Individual Psychotherapy	14%
Skills Integration Individual	1%
Skills Restoration Individual	3%
Triage Screening & Referral	3%



13% increase in services provided to jails from 2021 to 2022

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Behavioral Health Services in Jails

Strengths

- Providing psychiatric services to the Grand Forks county jail in person.
  - Also occurring in other regions, but not within all counties.
- NEHSC: Altru providing medical assessments in the jail, and the jail nursing staff are engaged in a collaborative effort to best meet the needs of the individuals incarcerated

Challenges

- Revenue loss
  - Services provided in jail are non-billable
- Cost incurred upon the client
  - Individuals incarcerated are responsible for the cost of their psychotropic medications which leads to financial burden
- Workforce shortage
  - Upon release, individuals benefit from frequent services but due to high caseloads and workforce shortage receive less
    - Community programs are attempted to supplement support when available in the region

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Treatment Services

Working differently to connect clients to what they need

People

Help foster growth of natural and community connections

Place

Help connect to safe and supportive living environments

Purpose

Help connect to work, community groups, or activities which facilitate meaning

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Treatment Services
Serving those with greatest need

- **Complexity:** Individuals who are experiencing moderate to severe/extreme functional impairment secondary to a behavioral health condition

- **Safety Net:** Individuals and families with limited access to other services or resources in their community.

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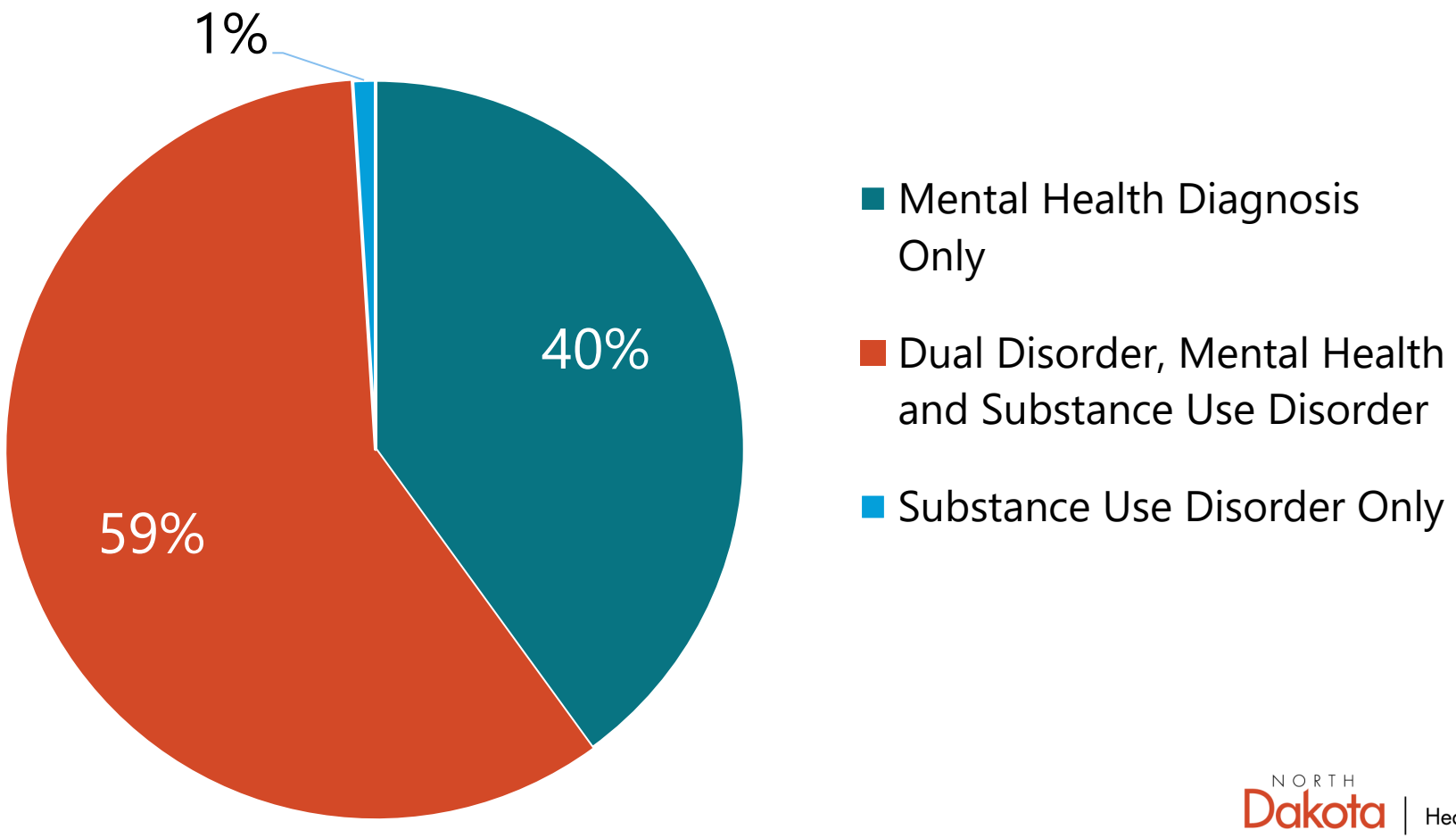
Treatment Services
Struggling to find community options

Significant functional impairment	High risk factors	Complex and severe diagnoses
• Those with significant functional impairment. • Inability to maintain safety in the community. • Difficulty maintaining a home environment. • Difficulty being managed by caregivers. • Struggle with adhering to medications and appointments.	• Requiring higher levels of care, such as crisis bed, partial hospital, inpatient, safe beds, detention centers, etc. • Utilization of crisis services, alternative treatment orders (ATOs), petitions, etc. • Significant risk of harm to self or others. • Unmanageable in the home or school. • Complex unavoidable psychotropic polypharmacy.	• Serious Mental Illness • Children with Severe Emotional Disturbance • Dual diagnosis – active symptoms and current usage. Prison reentry substance use severity prior to incarceration consideration. • IV drug use within 1 year. • Pregnant and using substances. • First episode psychosis.

Treatment Services

Diagnosis of People We Serve



Treatment Services
Team Based Care

Designed to serve individuals with complex needs with specific services to include

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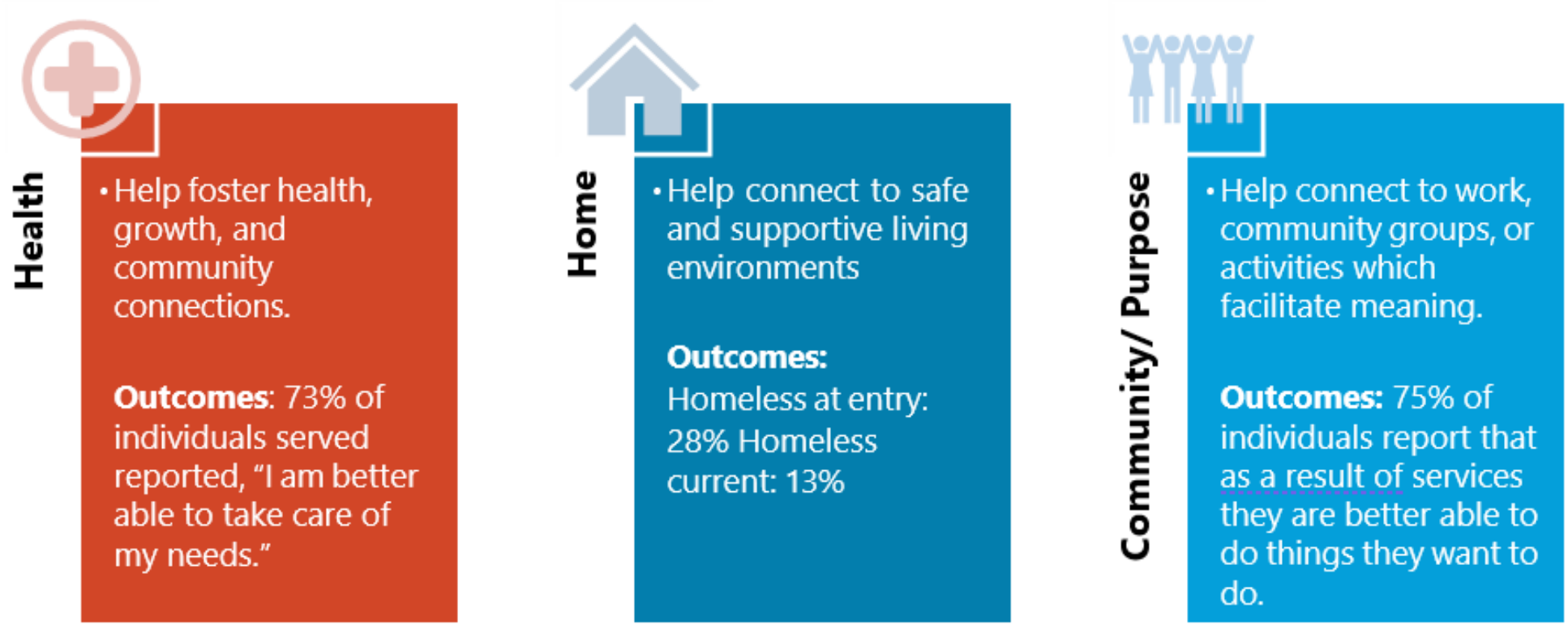
Treatment Services

A different approach to care:



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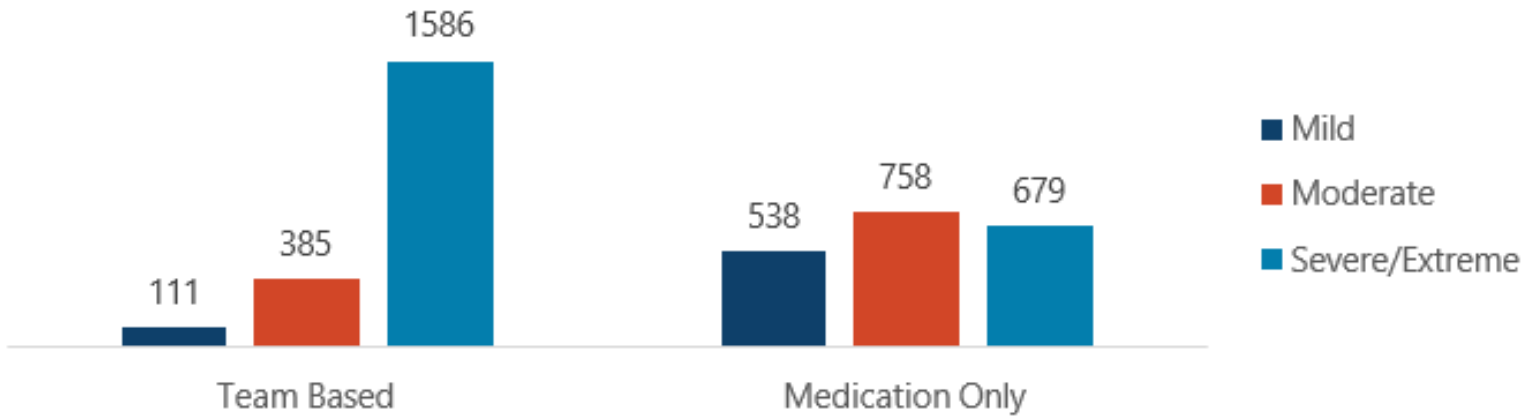
Treatment Services

Current Service Reach: Active Clients



Recognized Gaps

While the HSC's prioritize serving those with the greatest need, there continues to be a significant group of people that are being referred out without adequate community resource.

Referred Out (July 21 – Dec 22)

Mild	Moderate	Severe/Extreme
984 Individuals	**878 Individuals**	**997 Individuals**

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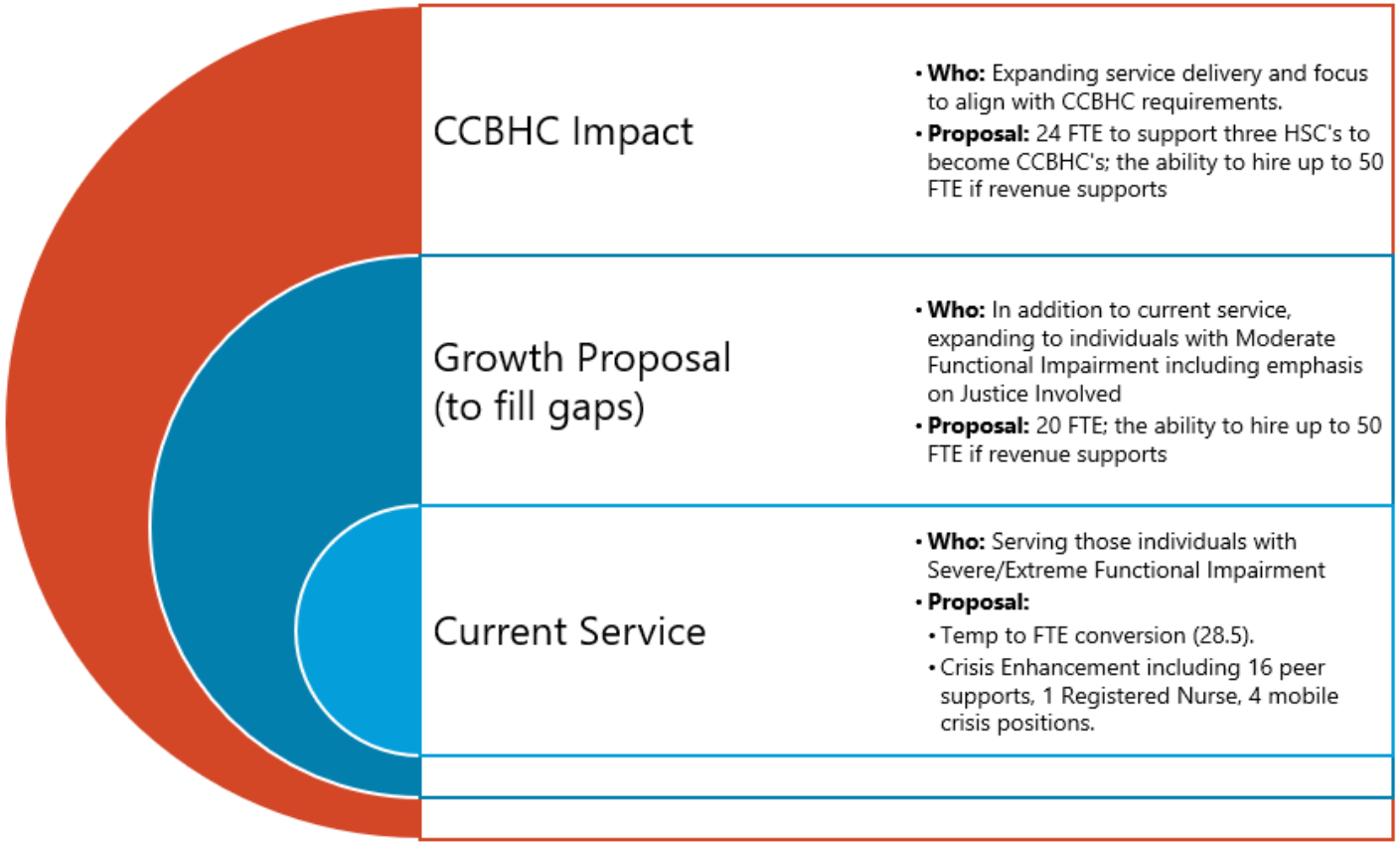
Treatment Services

Growing Services to Help Fill the Gap

Growth Proposal – Addressing the Gaps



**In addition to above proposals, workforce retention efforts required including pay to equal market values.*

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Treatment Services
Growing Services to Help Fill the Gap

Broader Range of Clients Served	
Individuals who are experiencing impact from their behavioral health disorder currently without sufficient community capacity to meet their need.	Align with Human Service Research Institute (HSRI) recommendations to increase collaboration and bolstering of services targeting criminally justice involved and reduce recidivism rates.

Treatment Services - Youth & Family

July 2021-December 2022

2,098 youth/families served

92% of youth served have a Serious Emotional Disturbance diagnosis

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Treatment Services - Youth & Family

Services focus on high intensity treatment and ongoing in-home support to keep families together

Provides short-term, high intensity treatment that is **individually tailored** to meet the needs of each youth and his or her family.

Keeps families together by avoiding multiple placements of at-risk youth.

Provides **in-home and community-based services,** including skills training and skills integration for youth and families.

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Treatment Services - Youth & Family

Highest Priority – high/extreme need

- Active severe substance use and/or severe mental health concerns
- Severe behavioral problems in youth
- Have multiple risk factors, which may include low cognitive ability combined with behavioral symptoms
- Difficult to manage in home/community settings
- Risk level within the family of substance use and/or mental illness
- Multiple failed placements
- Symptoms aren't going away/hard to treat
- Frequent violence/sexually acting out/self-destructive behavior
- Runaway history – with high level of danger
- Highly suicidal, repeated attempts
- Gross impairment in reality (i.e. psychosis)
- Trauma reaction that is chronic and long-standing

Treatment Services - Youth & Family

Bismarck Public Schools Partnership

Pilot program started over two years ago

- Currently serving four Elementary Schools and one Middle School
- Added Bismarck High School January 2023
- Served 22 children/families in 2021-2022 school year
- Currently serving 45 children/families 2022-2023 school year

Exploring additional partnerships for 2023-2024 school year

Treatment Services - Youth & Family

Behavioral Health Grant Opportunities

ND System of Care (SOC) Grant

- Substance Abuse and Mental Health Services (SAMSHA) System of Care Expansion and Sustainability Grant – one of six states awarded $3 million per year for up to 4 years
- Region III and Region VII

First Episode Psychosis (FEP)

- Program funded by Mental Health Block Grant dollars to assist young people experiencing early episodes of psychosis and their families by providing early intervention services.
- Region V and Region VII

Treatment Services - Youth & Family

Evidence-Based Family Therapy

Functional Family Therapy (FFT)

- FFT is an evidence-based intervention for youth and families designed to meet the needs of at-risk youth involved with the juvenile justice, mental health, school, or child welfare systems. Services are short-term and conducted in both clinic and home/community settings.
- Currently in process of request for proposal to have FFT teams trained throughout the state

Multi-systemic Therapy (MST)

- MST is a family and home-based treatment that strives to change how youth function in their natural settings-home, school and neighborhood-in ways that promote positive social behavior while decreasing antisocial behavior.
- Currently have one team trained at Southeast Human Service Center

Treatment Services

The need for behavioral healthcare across the state is great

- Communities are not able to keep pace with the number of citizens in need of behavioral health services. Even if all our FTEs were filled, we would still struggle to fill community service gaps.

- Services need to be timely to be effective. To ensure timely services to those accessing higher levels of care and frequent encounters with law enforcement, we have had to refer patients to community partners when their presenting symptoms are less intense/severe.

- Common gap → individuals who need to be served quicker:
  - Individuals who have moderate functional impairment fall into the community waitlists as they aren't severe enough to obtain quick entry to a HSC and then have difficulty finding a community partner able to quickly assume care.

- Common community service gaps
  - Some private organizations are booking out 3-6 months for prescription management and/or therapy services
  - Some private organizations will not schedule psychiatric appointments for those with active substance use.

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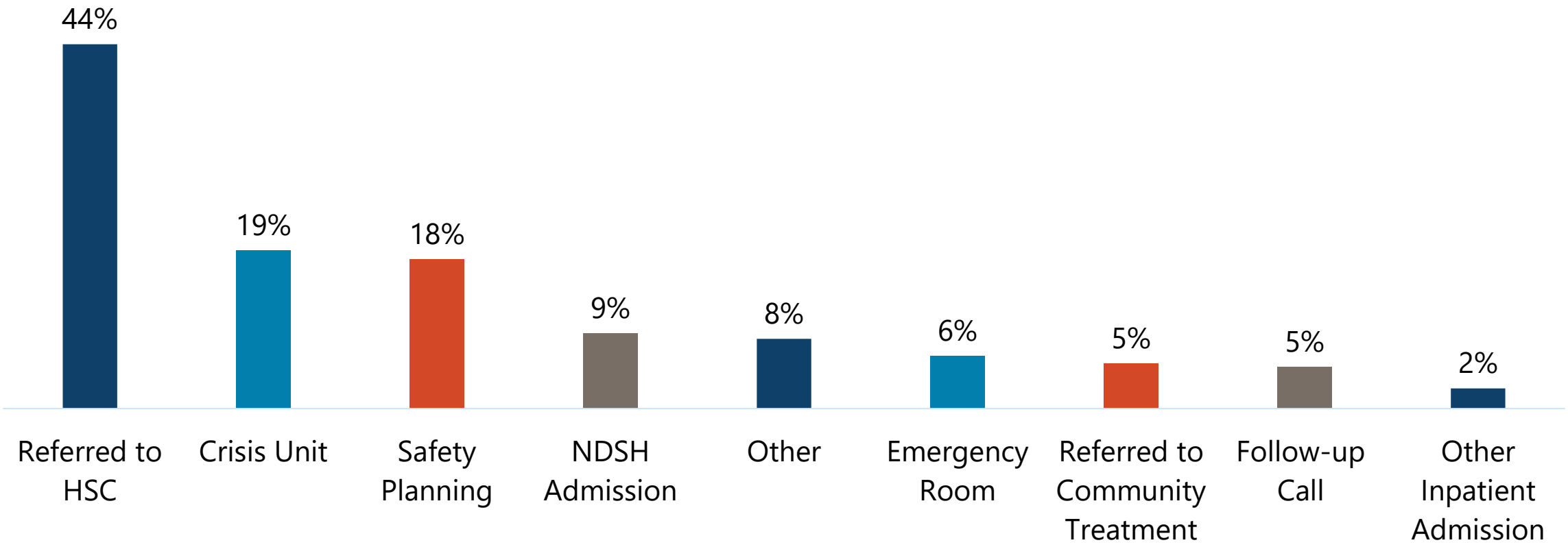
Behavioral Health Crisis Care

Results Following Crisis Assessment



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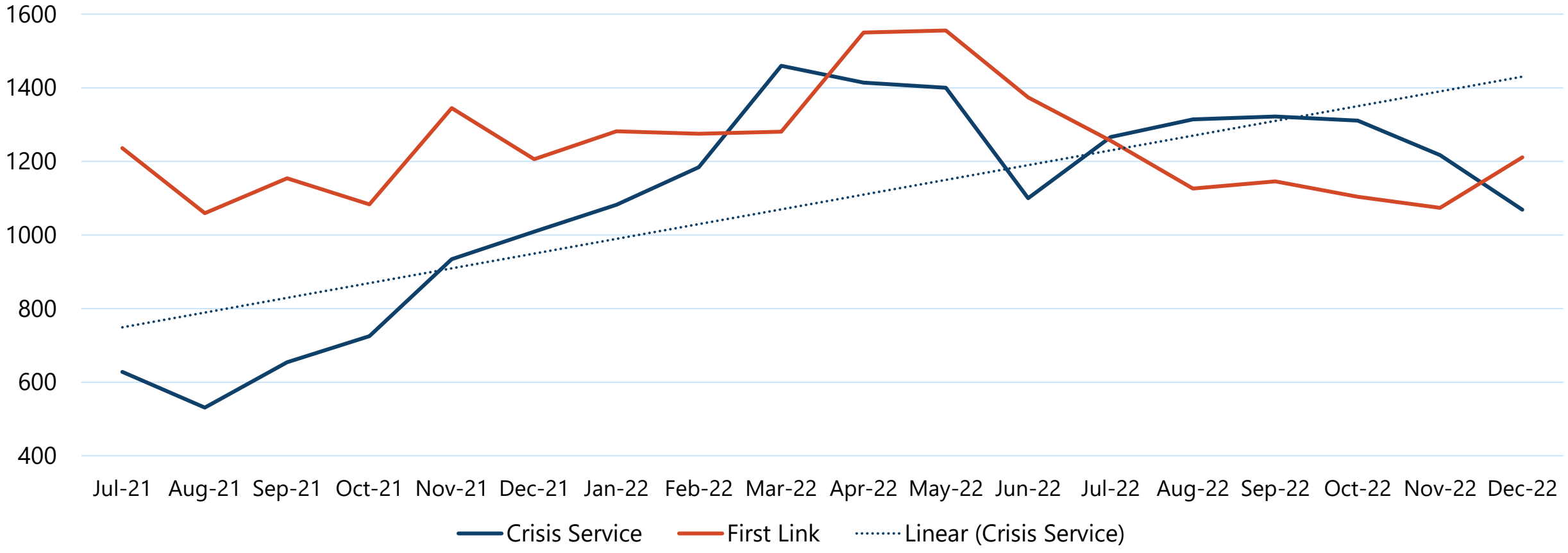
Behavioral Health Crisis Care

July 2021 – December 2022



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Behavioral Health Crisis Care

Core Services & Best Practices

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Statewide 988 (211) Crisis Call Center: Best Practice Anchors (SAMSHA Best Practice Tool Kit, 2020)

Purpose: Real-time access to a live person every moment of every day for individuals in crisis.

- Operate every moment of every day (24/7/365)
- Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations
- Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call
- Coordinate connections to mobile crisis team services
- Connect individuals to facility-based care through warm hand-offs and coordinating transportation as needed
- Incorporate Caller ID functioning
- Implement real-time GPS technology in partnership with the region's mobile crisis teams

Full Implementation

Partial Implementation

Not Implemented

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Rural Crisis Adaptation

Current Expectation: Mobile response within 45 miles radius of 8 metro areas

Future Plan: Develop agreements with critical access hospitals and with key community entities (law enforcement and Emergency Departments) for tele-response.

Mobile Crisis: Best Practice Anchors (SAMSHA Best Practice Tool Kit, 2020)

Purpose: Offering community-based interventions to individuals in need where they are at.

Include a licensed and/or credentialed clinician capable of assessment *

Respond where the person is (home, work, park, etc.) and not restrict services to select locations

Connect individuals to facility-based care through warm hand-offs and coordinating transportation as needed

Incorporate peers within the mobile crisis team *

Respond without law enforcement accompaniment unless special circumstances warrant inclusion

Implement real-time GPS technology in partnership with the region's crisis call center hub

Schedule outpatient follow-up appointments to support connection to ongoing care

Full Implementation

Partial Implementation

Not Implemented

* Included in Crisis Enhancement funding

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Crisis Stabilization Units: Best Practice Anchors

Purpose:
To manage risk at lowest level of care and avoid unneeded hospitalizations/ER visits.

Do not require medical clearance prior to admission but will assess for and support medical stability while in the program *

Design their services to address mental health and substance use crisis issues

Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges *

Staff at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community *

Offer walk-in and first responder drop-off options

Ensure timely access to licensed and/or credentialed clinicians capable of completing assessments

Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated

Full Implementation

Partial Implementation

Not Implemented

** Included in Crisis Enhancement funding*

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(SAMSHA Best Practice Tool Kit, 2020)

Behavioral Health Crisis Care

Updates by Region

Region 1: Northwest-Williston

- No Vacancies in Crisis Services
  - Night/weekend position recently filled with start date of June
- Crisis Unit: Not open- contracted vendor withdrew
  - RFP posted for third time
  - Utilizing Region 2 and 8 facilities with staff or family transporting

Region 2: North Central-Minot

- Crisis Services Vacancies
  - 1 Daytime
- Walk In/Drop Off Active

Region 3: Lake Region-Devil's Lake

- No Vacancies in Crisis Service
- Walk In/Drop Off Not Active
- 60-70% capacity reduction due to staffing shortage

Region 4: Northeast-Grand Forks

- Crisis Services Vacancies
  - 1 Crisis Supervisor
  - 1 Daytime
  - .5 Night/Weekend
- Walk In/Drop Off Not Active
- 75% capacity reduction due to staffing shortage

Region 5: Southeast-Fargo

- Crisis Services Vacancies
  - 4 daytime
- Walk In/Drop Off Active
- 25% capacity reduction due to staffing shortage

Region 6: South Central-Jamestown

- No Vacancies in Crisis Service
- Walk In/Drop Off Active though difficulty utilizing due to contractor inability to hire

Region 7: West Central-Bismarck

- Crisis Services Vacancies
  - 1 Daytime
  - 1 Night/Weekend
- Walk In/Drop Off Active
- 62% capacity reductions due to contractor's workforce shortages

Region 8: Badlands-Dickinson

- Recently filled all vacancies, underfills utilized to fill positions
- Walk In/Drop Off not fully active; Accept drop-off with advance coordination
- Due to workforce shortages, staff working overtime to ensure minimum staff ratios are maintained.

Behavioral Health Crisis Care

Local Collaboration is Essential

- First Responders
  - Overdose Response
  - Crisis Intervention Team Training
  - Annual Training
  - Behavioral Health crisis calls
  - Crisis Stabilization Unit
- Hospitals
  - Utilization of walk in/drop off
- Community Coordinating Committee

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National Guidelines for Behavioral Health Crisis Care – A Best Practice Toolkit

Minimum Expectations to Operate a Crisis Receiving and Stabilization Service

Crisis receiving and stabilization services must:

1. Accept all referrals;
2. Not require medical clearance prior to admission but rather assessment and support for medical stability while in the program;
3. Design their services to address mental health and substance use crisis issues;
4. Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges with an identified pathway in order to transfer the individual to more medically staffed services if needed;
5. Be staffed at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community; including:
    a. Psychiatrists or psychiatric nurse practitioners (telehealth may be used)
    b. Nurses
    c. Licensed and/or credentialed clinicians capable of completing assessments in the region; and
    d. Peers with lived experience similar to the experience of the population served.
6. Offer walk-in and first responder drop-off options;
7. Be structured in a manner that offers capacity to accept all referrals at least 90% of the time with a no rejection policy for first responders;
8. Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated; and
9. Screen for violence risk and complete more comprehensive violence risk assessments and planning when clinically indicated.

Behavioral Health Crisis Care

Shrinking the Gap – Stabilization Facilities

In order to shrink the gap and meet SAMHSA crisis service Anchors for both Stabilization Facilities and Mobile Crisis Response the following budget enhancements have been brought forward:

Stabilization Facilities

- Contract for on-call psychiatry – 24x7 to stabilization units statewide: $3,874,500.
- Contract for nursing telehealth service to stabilization units statewide: $2,080,000.
- Contract for general physician support to stabilization units statewide: $132,000.
- 1 Registered Nurse for NWHSC: $194,000.

Behavioral Health Crisis Care

Shrinking the Gap – Mobile Crisis

In order to shrink the gap and meet SAMHSA crisis service Anchors for both Mobile Crisis Response and Stabilization Facilities the following budget enhancements have been brought forward:

Mobile Crisis Response

- 4 position to expand mobile crisis evening, weekend, holiday coverage: $1,115,695.
- 16 Peer Support Specialists (current temporary positions): $1,646,474.

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Roadmap

- HSC Clinic Leadership Restructure
- Statutory Requirements
- Assessment
- Treatment
- Crisis Services
- Workforce
- Essential Elements to Align with Future Vision
- Budget
  - Itemized List of Changes

Workforce

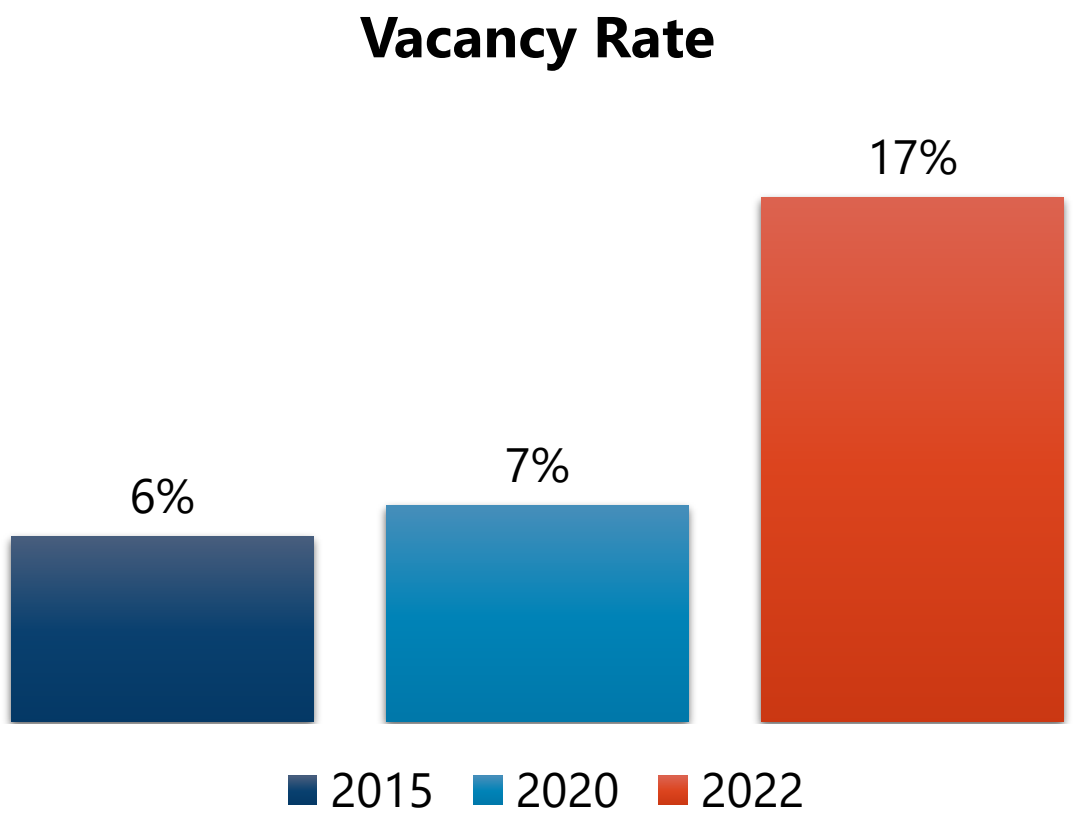
Reasons for Critical Staffing Shortages:

- Staff Burnout
- Accelerated turnover
- Client waitlist
- Reduced bed availability for residential

Workforce

*Continued progress requires **addressing team member retention***

FTE data shows a rising vacancy rate corresponding with timeline of serving a more complex and severe patient population.



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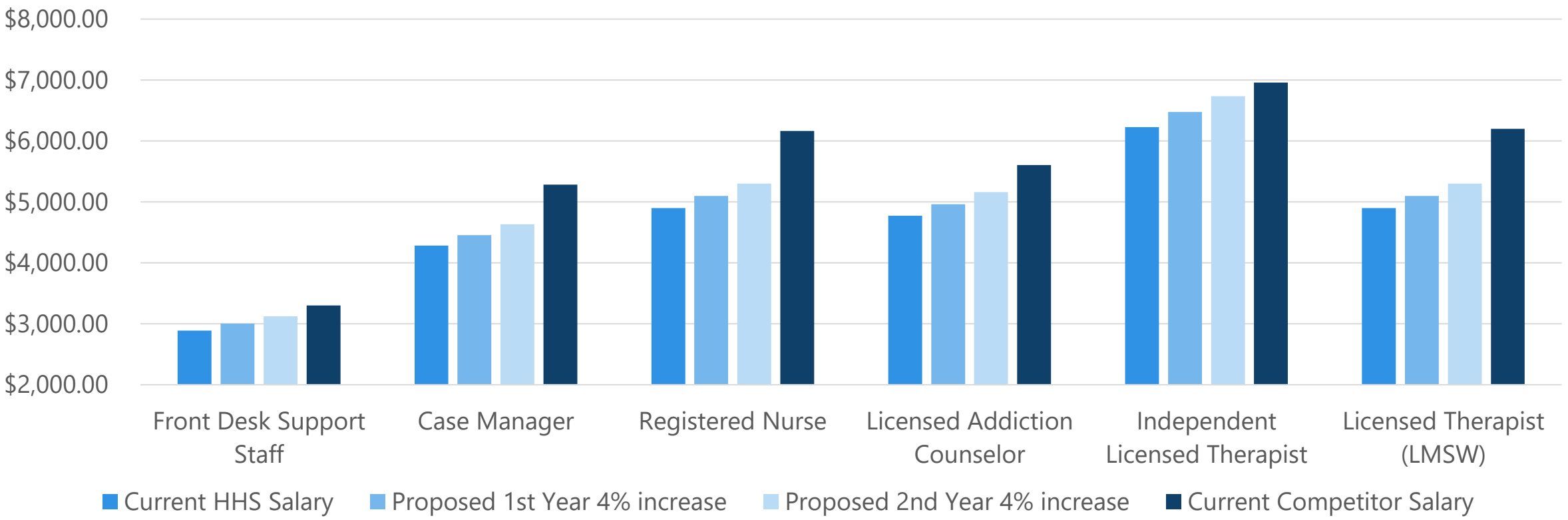
Workforce

	2021 Turnover Rate (%)	2022 Turnover Rate (%)	Average Years of Service	Average Age
BLHSC	28.33	28.57	6	43
LRHSC	25.53	31.58	7	45
NCHSC	43.96	26.39	7	44
NEHSC	29.52	43.9	8	43
NWHSC	33.33	60	5	42
SCHSC	11.11	15.38	10	44
SEHSC	14.86	19.66	8	42
WCHSC	15.24	23.17	10	44
Statewide positions	14.29	11.11	12	44

Workforce Competition



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Workforce

Vacancies Impacting Revenue

Licensed Addiction Counselor

- 15 vacancies
- Vacant for 175 days on average
- 9 positions vacant greater than 3 months
- Average revenue for position is $40,687 a month
- **Estimated loss due to vacancies: $610,305 a month**

Advanced Clinical Specialists

- 15 vacancies
- Vacant for 214 days on average
- 14 positions vacant greater than 3 months
- Average revenue for position is $39,153 a month
- **Estimated loss due to vacancies: $587,295 a month**

Human Relation Counselors

- 15 vacancies
- Vacant for 242 days on average
- 10 positions vacant greater than 3 months
- Average revenue for position is $30,523 a month
- **Estimated loss due to vacancies: $457,845 a month**

Workforce
Factors Significantly Impacting Revenue Targets

- **Workforce Challenges**: Shortage of trained/licensed workforce

Higher vacancy rates

Even higher vacancy rates for temporary positions and in current job market not getting applicants.

Length of vacancy for critical positions continues to increase (6 months to 1 year+)

Key positions impacted: Licensed Addiction Counselor, Master level Counselors and Social Workers, Licensed Psychologist, and Psychiatrist

Hiring at a training level or entry level (lower billable rate or at times not billable)

Supervision of these staff also takes away from licensed practitioner client facing time

- **Reduced staffing** at both state run and contracted residential facilities due to workforce shortage and COVID outbreaks
- **Increased Services to Jails** *(unable to bill for those services)*
- **Lingering COVID related impacts** *(extended staff vacancy following CDC healthcare guidelines)*
- Internal **operational barriers** related to improving practice around coding, credentialing, and other billing practices
- **Increased Crisis Service** *(free service to citizens)*
- Challenges related to those with the **most extreme/severe conditions**
  - High No Show Rate (even with assertive outreach)
  - At times needing to have two staff attend a community-based appointment due to identified risk factors/Safety concerns

Workforce

Strategies Employed to Mitigate the Workforce Shortage and Resulting Revenue Impacts

Strategies Employed to Overcome Workforce Challenges:

- Partnership with various clinical training programs for hosting internships
- Increased participation in local, virtual, and national career fairs
- Increased usage of retention bonus program for hard to recruit positions
- Collaborating with HHS Talent Acquisition team and receiving focused recruiting support from them
- Increased usage of tuition assistance and loan repayment programs.
- Engaging in employee wellness, staff wellbeing efforts or other strategies to improve staff satisfaction and retention while using Gallup survey to guide strategic initiatives

Working on refinement of practices related to coding, credentialing, and other clinical practice

- Increased risk management enhancements for safety
- Currently participating in a Rev Cycle review with a contracted Vendor
- Utilizing local/state partnership to have on-site benefits navigators assist individuals with applying for healthcare coverage

Workforce

Recruitment/Retention: Growing Our Own

- History of being a facility of learning
  - APA accredited Predoctoral Psychology Internship Program at Southeast
  - UND School of Medicine Psychiatry Residency rotation site
  - Internship opportunities for nursing, social work, and counseling

- In response to the workforce shortage, we have expanded further:
  - Internal process for encouraging professional growth
  - Application options for clinical internships within SEHSC
  - Licensing supervision
    - Utilization of highly trained, certified clinical supervisors within the HSC

Workforce

Benefits of Growing Our Own

- Hands on training in:
  - High-crisis, community driven work
    - Clinicians coming from private practice may not be fully equipped as this is not taught in school nor replicated by private providers
  - Evidence-based, specialized treatment for a variety of complex issues.
  - Best practices and the model of the human service center, while receiving on the job training as a state employee to grow in their profession
- In a limited workforce, this enables us to continue to provide the care and carry out the mission of the human service center

Workforce

Draw Back of Grow Our Own

- Loss of revenue
  - Medicaid and private insurance do not cover the cost of some behavioral health services provided by a clinical licensee under supervision.
  - Due to the amount of required supervision hours and direct oversight of clinical practice, fully licensed clinicians must take billable time to provide quality supervision and care for clients
- Retention
  - Regionally, in the past 5 years, SEHSC has supervised and completed 25 individuals into full licensure.
    - Of those 25, we have successfully retained 12 individuals.

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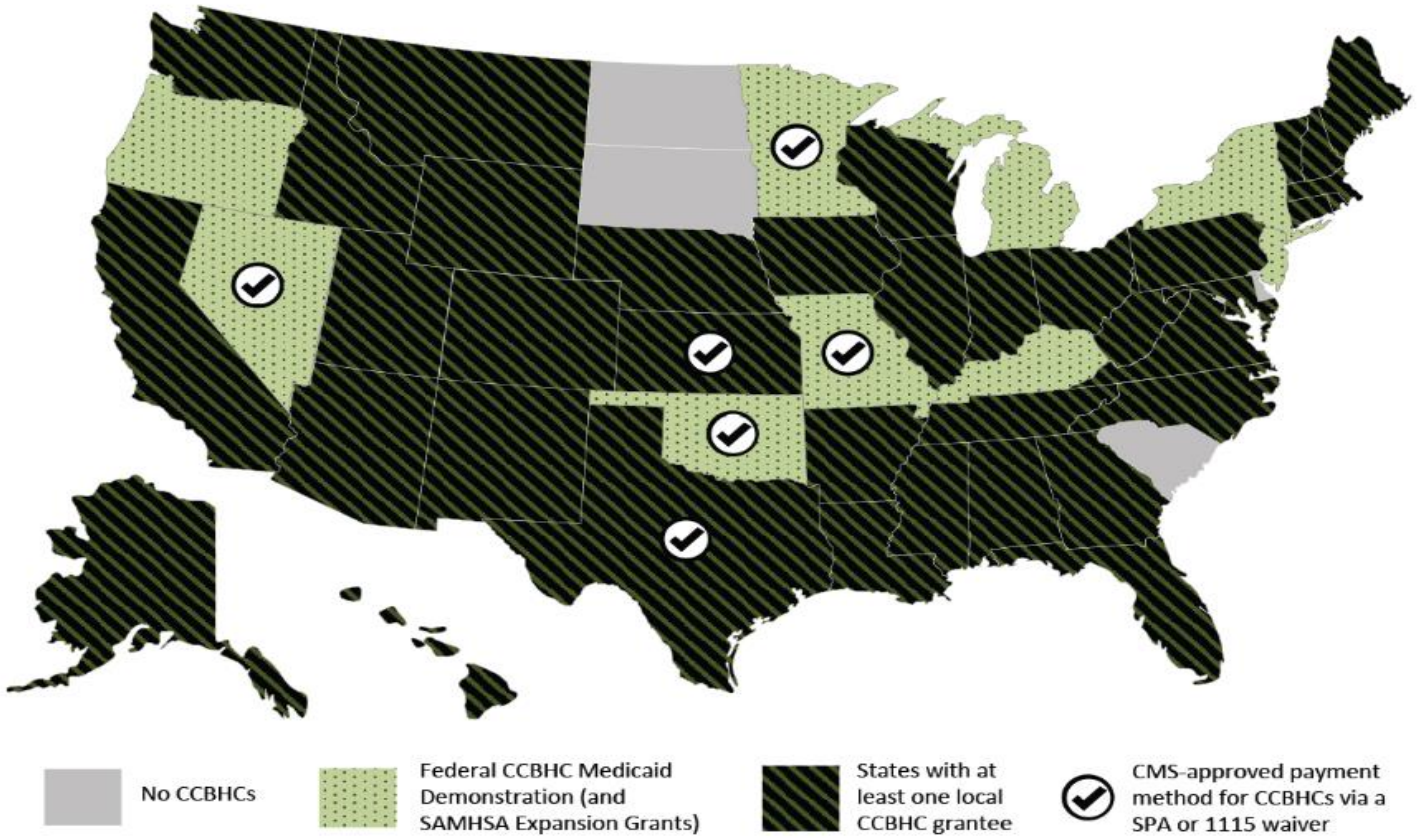
Certified Community Behavioral Health Clinics

CCBHCs Across the United States

Currently, there are over 450 CCBHCs operating across the country, as either CCBHC-E grantees or clinics participating in their states' Medicaid demonstration.



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First Engrossed SB 2012

Added by Senate

SB 2012; Section 23: DHHS will select three HSC's to begin the process of becoming a CCBHC

Total	General	Federal
$9,650,000	$9,650,000	$0

Includes additional 24 FTE

- 1 Project Director
- 12 Peer Support Specialists
- 6 Case Managers
- 5 Licensed Addiction Counselors

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Certified Community Behavioral Health Clinics - Enhancements

1. Staffing	• Staffing plan driven by local needs assessment. • Licensing and training to support service delivery.
2. Availability and Accessibility of Services	• Standards for timely and meaningful access to services, outreach and engagement. • 24/7 access to crisis services, treatment planning and acceptance of all patients regardless of ability to pay.
3. Care Coordination	• Care coordination agreements across services and providers. • Defining accountable treatment team, health information technology and care transitions.
4. Scope of Services	• Nine required services, as well as person-centered, family-centered and recovery-oriented care.
5. Quality and Other Reporting	• 21 quality measures, a plan for quality improvement and tracking of other program requirements.
6. Organizational Authority, Governance and Accreditation	• Consumer representation in governance. • Appropriate state accreditation.

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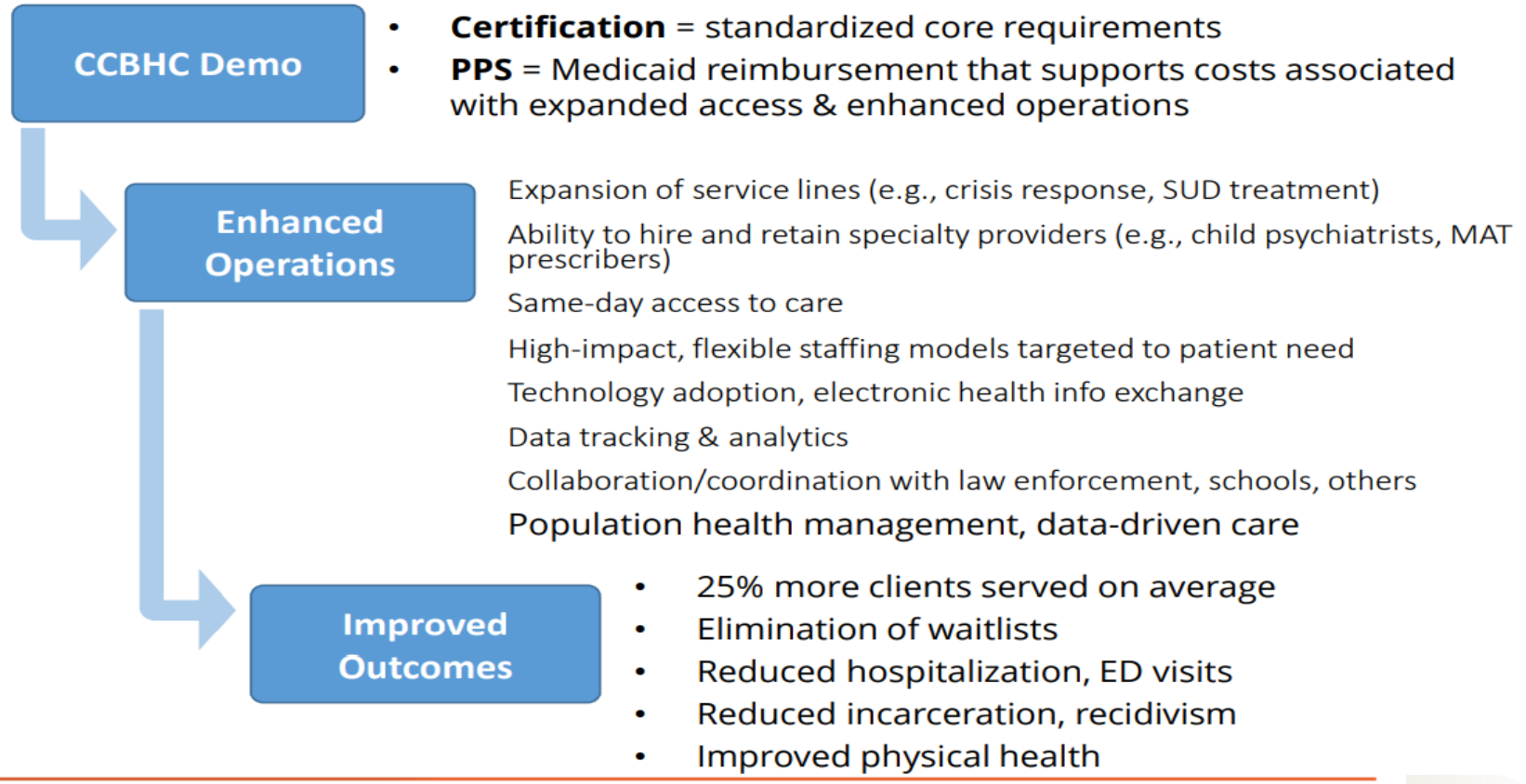
Certified Community Behavioral Health Clinics - Enhancements

CCBHC Scope of Services

Certified Community Behavioral Health Clinics - Enhancements

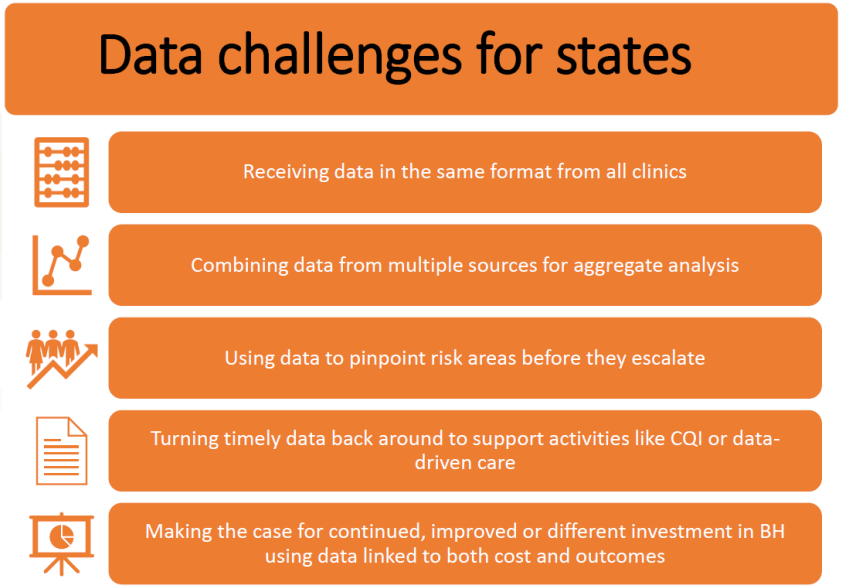
CCBHC Demonstration/PPS: Driving Value



Data needed for CCBHC

CCBHC presents an opportunity to reimagine service delivery

- Collection of new data/quality metrics required, standardized across all states
- Requirements of CCBHCs to engage in care coordination, meaning they need to be able to communicate electronically across partners and understand service utilization across partners
- Opportunity to move beyond care coordination and promote population health management, which relies on
- Payment model that allows clinics to build in costs of improved technology platforms that make these activities possible



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Roadmap

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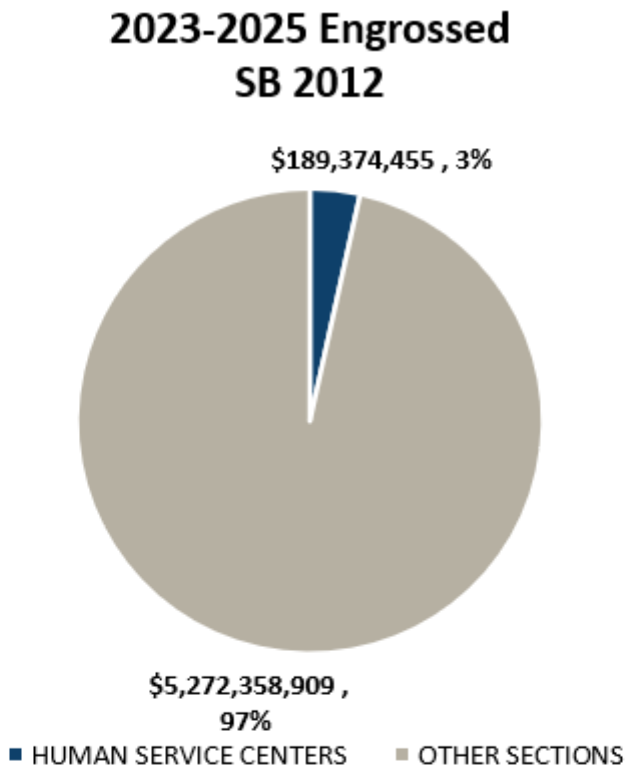
Section budget compared to Engrossed SB 2012 (in millions)

Represents 3% of SB 2012, $189.4 million



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One Time Funding Items for Current Biennium

SEHSC Capital Projects

- Carpet Replacement ($269,000)
- Heat Pump Replacement ($455,000)

One Time Funding Items Requested

Southeast Human Service Center

- Resurface Parking Lot (estimated at $462,500)
  - Last time resurfaced was 2005
- Fire Alarm Panel Replacement (estimated at $272,654)

SB 2012 Section 2. One-Time Funding

SECTION 2. ONE-TIME FUNDING - EFFECT ON BASE BUDGET - REPORT TO SIXTY-NINETH LEGISLATIVE ASSEMBLY. The following amounts reflect the one-time funding items approved by the sixty-seventh legislative assembly for the 2021-23 biennium and the one-time funding items included in the appropriation in section 1 of this Act:

One-Time Funding Description	2021-23	2023-25
Deferred Maintenance	0	735,154

The 2023-25 biennium one-time funding amounts are not a part of the entity's base budget for the 2025-27 biennium. The department of health and human services shall report to the appropriations committees of the sixty-nineth legislative assembly on the use of this one-time funding for the biennium beginning July 1, 2023, and ending June 30, 2025.

SB 2012 Section 20. Building Project-Lease

SECTION 20. BUILDING PROJECT - LEASE.

The department of health and human services is authorized to enter into agreements with vendors to build two buildings for the department to lease for the lake region human service center and northwest human service center for the biennium beginning July 1, 2023, and ending June 30, 2025.

SB 2012 Section 23. Human Service Centers

SECTION 23. HUMAN SERVICE CENTERS - CERTIFIED COMMUNITY BEHAVIORAL HEALTH CLINICS - CONTINGENT FULL-TIME EQUIVALENT POSITIONS – REPORT

Beginning with the effective date of this Act, the department of health and human services shall select three human service centers to begin the process of becoming a certified community behavioral health clinic to provide continuous community-based behavioral health services for children and adults. The department shall pursue additional federal funding as available. Subject to the availability of generated income, the department may add up to fifty full-time equivalent positions for field services to provide direct services for the period beginning with the effective date of this Act and ending June 30, 2025. The department shall report to the office of management and budget and legislative council each time a position is added.

SB 2012- Section 26. Exemption-Purchase of Consumables.

SECTION 26. EXEMPTION - PURCHASE OF CONSUMABLES.

The requirements of chapter 54-44.4 do not apply to the purchase of consumables at the department of health and human services continuously staffed residential units during low-census time periods for the biennium beginning July 1, 2023, and ending June 30, 2025.

Grants-Handout

Department of Health and Human Services
Human Service Centers
Grants, Benefits and Claims

Description	2021-23 Biennium Amount	2023-25 Base Budget	Increase/ (Decrease)	Executive Budget Recommendation	Increase/ (Decrease)	Engrossed SB 2012

Maintain Current Service Delivery Level
(Cost to Continue)

- $34,200,815- Revenue Shortfall
- $976,496- Operating increase for 8 clinics
- $3,985,391-Salary Increase for 8 clinics
- $2,891,071-Salary Underfunding
- $5,265,517- Continuing Temporary staff services
- $963,377- Conversion of 28.5 long term temporary staff to FTE

Maintain Current Service Delivery Level

Behavioral Health Service

In order to address the inability to recruit and retain temporary employees in the current competitive job market the following budget enhancements have been brought forward:

- NC Behavioral Health FTE Temp to FTE: 1.5 - $118,000.
- NE Behavioral Health FTE Temp to FTE: 4.0 - $101,270.
- SE Temps converted to FTEs Temp to FTE: 16 - $393,611.
- SC Behavioral Health FTE Temp to FTE: 2 - $85,576.
- WC Direct Care Associates (DCA) - Temps to FTE: 5 - $264,720.

Maintain Current Service Delivery Level

Additional Cost To Continue Requests Not Funded

- $976,496- Operating Increase for 8 clinics
- $3,985,391-Salary Increase for 8 clinics
- $2,891,071-Salary Underfunding
- $5,265,517- Continue Temporary Staff Services

Enhance Current Service Delivery Level

- 2.8M- Staffing for mobile crisis teams and crisis stabilization supports
- 6.1M- Crisis stabilization facility clinical enhancements
- Authority to add up to 50 FTE if client demand exceeds resources

Comparison of 2023-2025 budgets and related funding
By major expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 121,419,279	$ 10,601,169	132,020,448	$ 1,865,017	$ 133,885,465
Operating	14,695,687	6,414,929	21,110,616	5,704,962	26,815,578
IT Services	945,548	-	945,548	-	945,548
Capital Asset Expense	80,000	735,154	815,154	-	815,154
Capital Assets	-	-	-	-	-
Grants	26,073,310	723,129	26,796,439	116,271	26,912,710
Total	$ 163,213,824	$ 18,474,381	$ 181,688,205	$ 7,686,250	$ 189,374,455

General Fund	**$ 91,958,854**	**$ 49,134,985**	**$ 141,093,839**	**$ 8,406,551**	**$ 149,500,390**
Federal Funds	**44,666,940**	**(18,896,503)**	**25,770,437**	**(691,171)**	**25,079,266**
Other Funds	**26,588,030**	**(11,764,101)**	**14,823,929**	**(29,130)**	**14,794,799**
Total Funds	**$ 163,213,824**	**$ 18,474,381**	**$ 181,688,205**	**$ 7,686,250**	**$ 189,374,455**

Full Time Equivalent (FTE)	630.25	49.50	679.75	24.00	703.75

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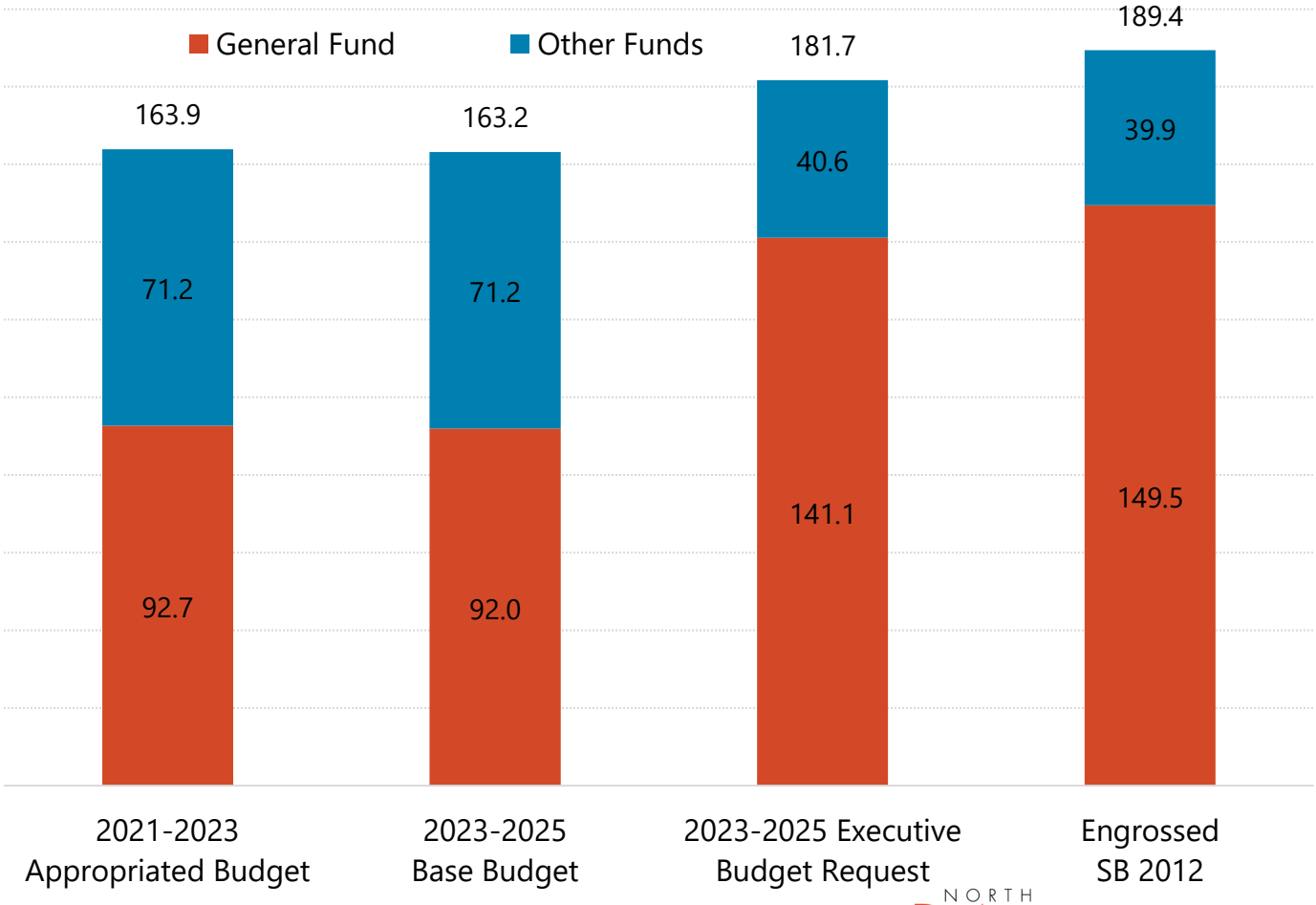
Comparison of total budget with funding (in millions)
Appropriated budget is larger than base

INCREASE FROM BASE TO ENGROSSED SB 2012 $25.5 MILLION

- Crisis Support Enhancement
- Community-Based Health Services
- Revenue Shortfall
- Certified Community Behavioral Health Clinics (CCBHC's)



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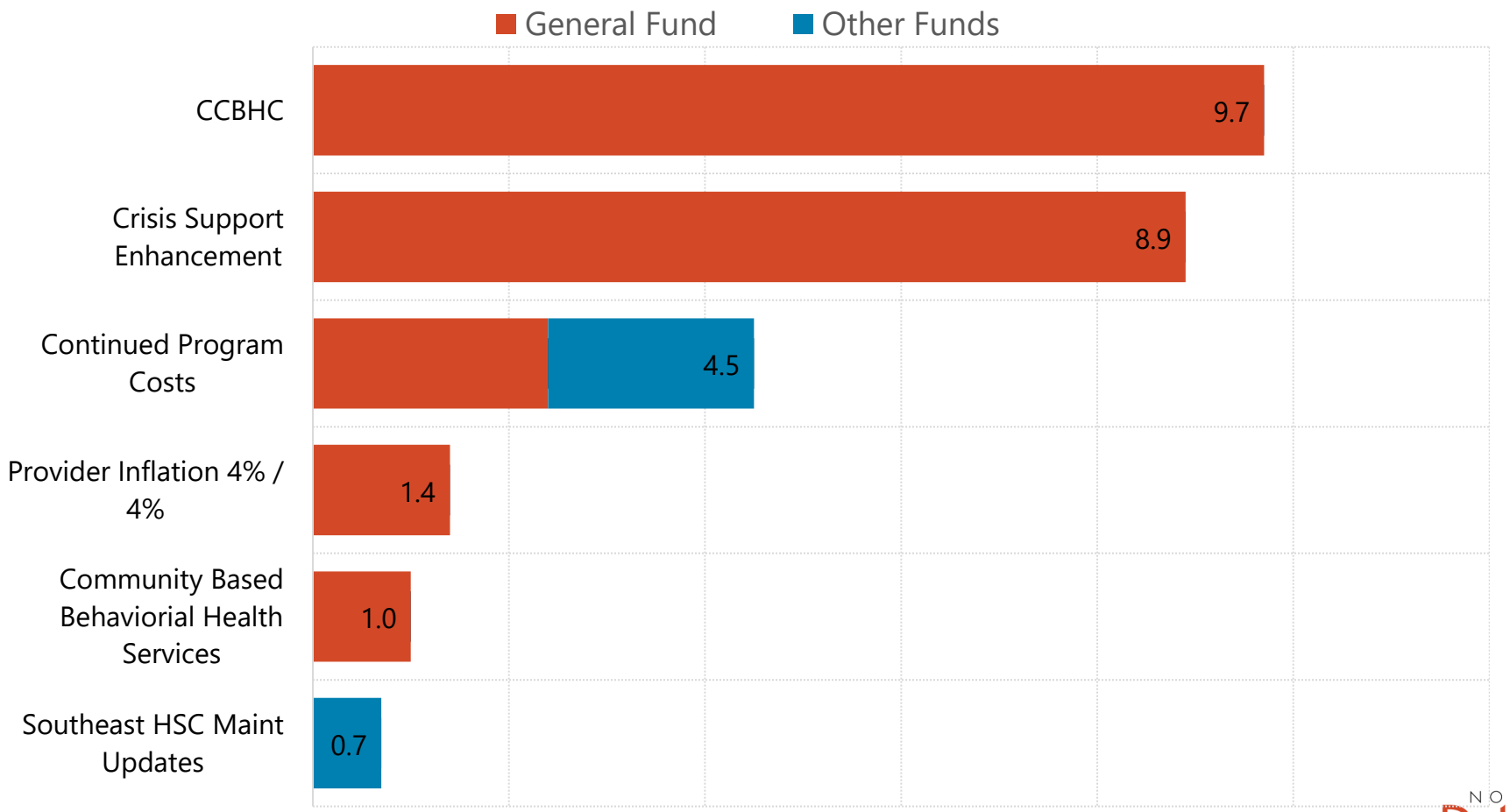
Comparison of base budget to Engrossed SB 2012 (in millions)



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Comparison of 2023-2025 budgets and related funding
By detailed expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 77,535,373	$ 9,142,990	$ 86,678,364	$ (1,132,751)	$ 85,545,613
512x Salaries - Other	96,768	19,394	116,162	-	$ 116,162
513x Salaries Temp	4,448,559	0	4,448,559	-	$ 4,448,559
514x Salaries Overtime	723,604	281,934	1,005,538	-	$ 1,005,538
516x Salaries Benefits	38,614,975	1,156,850	39,771,825	2,997,768	$ 42,769,593
Total Salaries & Benefits	$ 121,419,280	$ 10,601,168	$ 132,020,448	$ 1,865,017	$ 133,885,465
52x Travel	1,597,443	(0)	1,597,443	-	$ 1,597,443
53x Supply	901,176	(4,895)	896,281	-	$ 896,281
54x Postage & Printing	219,547	(41,410)	178,137	-	$ 178,137
55x Equipment under $5,000	82,580	-	82,580	-	$ 82,580
56x Utilities	216,008	514	216,522	-	$ 216,522
57x Insurance	8,057	(411)	7,646	-	$ 7,646
58x Rent/Leases - Bldg/Equip	7,255,661	(26,534)	7,229,127	-	$ 7,229,127
59x Repairs	466,182	-	466,182	-	$ 466,182
61x Professional Development	222,411	-	222,411	-	$ 222,411
62x Fees - Operating & Professional	3,726,621	6,487,666	10,214,287	5,704,962	$ 15,919,249
67x Expenses	-	-	-	-	$ -
53x Supplies	88,381	-	88,381	-	$ 88,381
60x IT Expenses	857,167	-	857,167	-	$ 857,167
68x Land, Building, Other Capital	80,000	735,154	815,154	-	$ 815,154
69x Over	-	-	-	-	$ -
69x Equipment Over $5,000	-	-	-	-	$ -
71x Grants, Benefits, & Claims	26,073,310	723,129	26,796,439	116,271	$ 26,912,710
72x Transfers	-	-	-	-	$ -
Total Operating	$ 41,794,545	$ 7,873,212	$ 49,667,757	$ 5,821,233	$ 55,488,990
Total	$ 163,213,825	$ 18,474,380	$ 181,688,205	$ 7,686,250	$ 189,374,455

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Comparison of 2023-2025 funding

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