



September 22, 2020

NORTH  
**Dakota**  
Be Legendary.™

# BEHAVIORAL HEALTH

A state of mental/emotional being and/or choices and actions that affect **WELLNESS**.

Preventing  
and treating  
depression  
and anxiety

Preventing  
and treating  
substance use  
disorder or  
other  
addictions

Supporting  
recovery

Creating  
healthy  
communities

Promoting  
overall well-  
being



# **BEHAVIORAL HEALTH IS HEALTH**





# NORTH DAKOTA BEHAVIORAL HEALTH DIVISION

- NEW EFFORTS

- Prevention/Early Intervention Pilot Grant
- School Behavioral Health Grants
- Behavioral Health Resource Coordinator Support
- 1915i Medicaid State Plan Amendment

- WEB

# PREVENTION AND EARLY INTERVENTION PILOT GRANT

The goal of the ND Prevention and Early Intervention Pilot Grant is to develop a pilot which demonstrates improvement to children's behavioral health in a school setting. The goal of this project is to learn with schools on how a fully integrated continuum of support could look in various schools throughout North Dakota.

The appropriation for this effort can be reviewed in Section 24 of Senate Bill 2012.

**Simle Middle School (Bismarck Public Schools) was awarded the original Pilot funding in October 2018.**

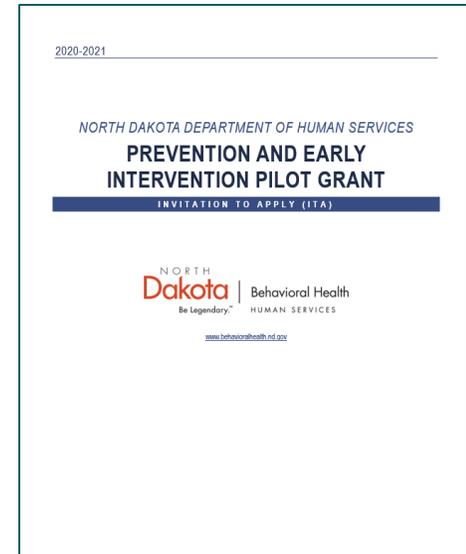
**2019 Legislative Session established expansion of the pilot to included 2 additional schools serving rural and tribal schools.**

# PREVENTION AND EARLY INTERVENTION PILOT GRANT

**Applications available August 3<sup>rd</sup>**  
**Due September 15<sup>th</sup>**

Applications will be accepted from North Dakota **public or private elementary or secondary schools** which are able to demonstrate the following criteria:

- Serves a majority tribal and/or rural population
- Leadership support for innovative solutions regarding behavioral health.
- Successful implementation of the Multi-Tier Systems of Support (MTSS). Preferred candidates will articulate their Tier 1 interventions along with evidence of data collected.
- Readiness to implement strategies within 30 days of award.
- Ability to develop and implement a sustainability plan once the grant funds end.

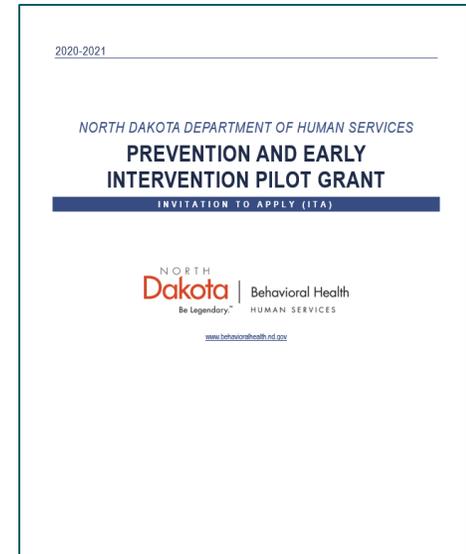


# PREVENTION AND EARLY INTERVENTION PILOT GRANT

**Grants up to \$75,000 will be awarded by October 1, 2020**

**Implementation period of the grants will be for the 2020-2021 school year.**

**Simple Middle School implementation resources and support will be available to awarded grantees. These resources include step by step implementation guide, assessment tools, templates, data collection, team to team coaching, onsite support, etc.**



# BEHAVIORAL HEALTH SCHOOL GRANT

*(EFFECTIVE JULY 1, 2020)*

**Applications available end of September**  
**Open applications until funding is exhausted.**

The sum of \$1,500,000 for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.

- To be eligible to receive a student behavioral health grant, a school district must submit a plan to the department of human services detailing collaboration with other regional school districts regarding student behavioral health needs and the use of grant funding to develop student behavioral health interventions.
- A school district may not use grant funding to duplicate or fund existing services.

# BEHAVIORAL HEALTH RESOURCE COORDINATOR SUPPORT

**Posted Request for Proposal early September**  
**Launch of support services November 1, 2020**

To include:

- Behavioral health and prevention resources
- Emergency medical contacts and resources
- Links to applicable grants and funding
- Multi-tiered Systems of Support (MTSS) resources
- Professional development resources
- Webinars/trainings

[Home](#) / Behavioral Health and Education

## Behavioral Health and Education

### ND Behavioral Health and Education Integration Efforts

[Timeline](#)

[Behavioral Health and Education Integration Update](#) [📅](#) *(July 2020)*

[ND Behavioral Health Transformation overview](#) [📅](#) *(Spring 2020)*

Watch Pamela Sagness, director of the Behavioral Health Division in the North Dakota Department of Human Services provide a presentation at the 2019 Governor's Summit on Innovative Education.



## Upcoming Opportunities

Prevention and Early  
Intervention Pilot Grant

[Learn More](#)

Behavioral Health School Grant  
Funding

[Learn More](#)

Behavioral Health Resource  
Coordinators

[Learn More](#)

1915(i) Medicaid State Plan  
Amendment

[Learn More](#)

# 1915(i) MEDICAID STATE PLAN AMENDMENT

During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services (Department) to create a Medicaid 1915(i) State Plan Amendment.

The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

# ELIGIBILITY

North Dakota's 1915(i) Medicaid State Plan Amendment draft proposes to serve individuals meeting the following eligibility criteria:

1. The individual is age **0+**; and
2. The individual is **currently Medicaid or Medicaid Expansion Eligible**; and
3. The individual **resides and will receive services in a setting meeting the federal home and community-based setting requirements**, and
4. The individual has a **diagnosis of mental illness, substance use disorder, or traumatic brain injury**, excluding intellectual disability or developmental disability, identified in the most recent diagnostic and statistical manual.

In addition, the participant must also meet the following needs-based eligibility criteria:

*Have a **functional impairment**, which substantially interferes with or substantially limits the ability to function in the family, school or community setting, as evidenced by a complex score of 50 or higher on the WHODAS 2.0.*

# 1915(i) MEDICAID STATE PLAN AMENDMENT PROCESS

- Individual is approved for Medicaid or Expansion
- Individual is approved for 1915i
  - Diagnosis, Community Setting, Functional Impairment
- Care Coordination Agency is responsible to develop a Person-Centered Care Plan
- Individual receives services identified in their individualized care plan
- Quarterly meetings with the care coordinator to assess implementation of the plan and ongoing needs
- Annual eligibility renewal

# CURRENT MEDICAID/EXPANSION

Reimbursable services currently include but are not limited to:

- Assessment and Diagnosis
- Testing
- Individual Therapy
- Group Therapy
- Rehabilitation Services
- Speech Therapy
- Occupational Therapy
- Targeted Case Management
- Transportation
- Medication
- Addiction Treatment Services

SERVICE TYPE	DESCRIPTION	AGE
<b>Care Coordination</b>	Coordinates participant care, develops Person-centered Plan of Care plan of care and assists individuals with gaining access to needed 1915(i) and other services.	0+
<b>Training and Supports for Caregivers</b>	Service directed to individuals providing unpaid support to a recipient of 1915(i) services. Services are provided for the purpose of preserving, educating, and supporting the family and/ or support system of the individual.	0+
<b>Community Transitional Services</b>	Non-recurring basic household set-up expenses for individuals transitioning from certain institutions to a private residence where the person is directly responsible for his or her own living expenses. Transition Coordination services are also available	0+
<b>Benefits Planning</b>	Assists individuals considering employment with making informed decisions regarding public benefits and work incentives. Counselors are knowledgeable on public benefits, including Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare, Medicaid etc.	0+
<b>Non-Medical Transportation</b>	Assists participants with transportation needs to gain access to services, activities and resources, as specified by their plan of care.	0 to 21
<b>Respite</b>	Provided to participants unable to care for themselves. Furnished on a short-term basis because of the absence or need for relief of persons who normally provide care for the participant.	0 to 21
<b>Prevocational Training</b>	Assists participants with developing general, non-job-task-specific strengths and skills that contribute to paid employment	18+
<b>Supported Education</b>	Assists participants who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment.	5+
<b>Supported Employment</b>	Assists participants with obtaining and keeping competitive employment at or above the minimum wage.	14+
<b>Housing Support Services</b>	Assists participants with accessing and maintaining stable housing in the community.	Six months prior to 18 <sup>th</sup> birthday
<b>Peer Support</b>	Trained and certified individuals with lived experience as recipients of behavioral health services promote hope, self-determination, and skills to participants to achieve long-term recovery from a behavioral health disorder.	18+
<b>Family Peer Support</b>	FPSS provide a structured, strength-based relationship between a Family Peer Support provider and the parent/family member/caregiver for the benefit of the child/youth.	Families with children under age 18

## 1915(i) Medicaid State Plan Amendment

During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services (Department) to create a Medicaid 1915(i) State Plan Amendment. The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

[Download the Application](#)

### Project Status



In April 2020, the Department submitted the 1915(i) Medicaid State Plan Amendment Application to the Centers for Medicare & Medicaid Services (CMS) for review. The Application describes who is eligible, the process for enrollment, what services are available, what providers can render services, and how quality will be assured.

Following the submission, CMS and the Department will engage in a back and forth process of feedback and revisions until CMS grants final approval of the application.

### Sign up for updates!

Get news from Behavioral Health Division in your inbox.

\* Email

By submitting this form, you are consenting to receive marketing emails from: Behavioral Health Division, 1237 W Divide Ave, Bismarck, ND, 58501, US, <https://www.behavioralhealth.nd.gov/>. You can revoke your consent to receive emails at any time by using the [SafeUnsubscribe@](mailto:SafeUnsubscribe@) link, found at the bottom of every email.

[Emails are serviced by Constant Contact.](#)

[Sign Up!](#)

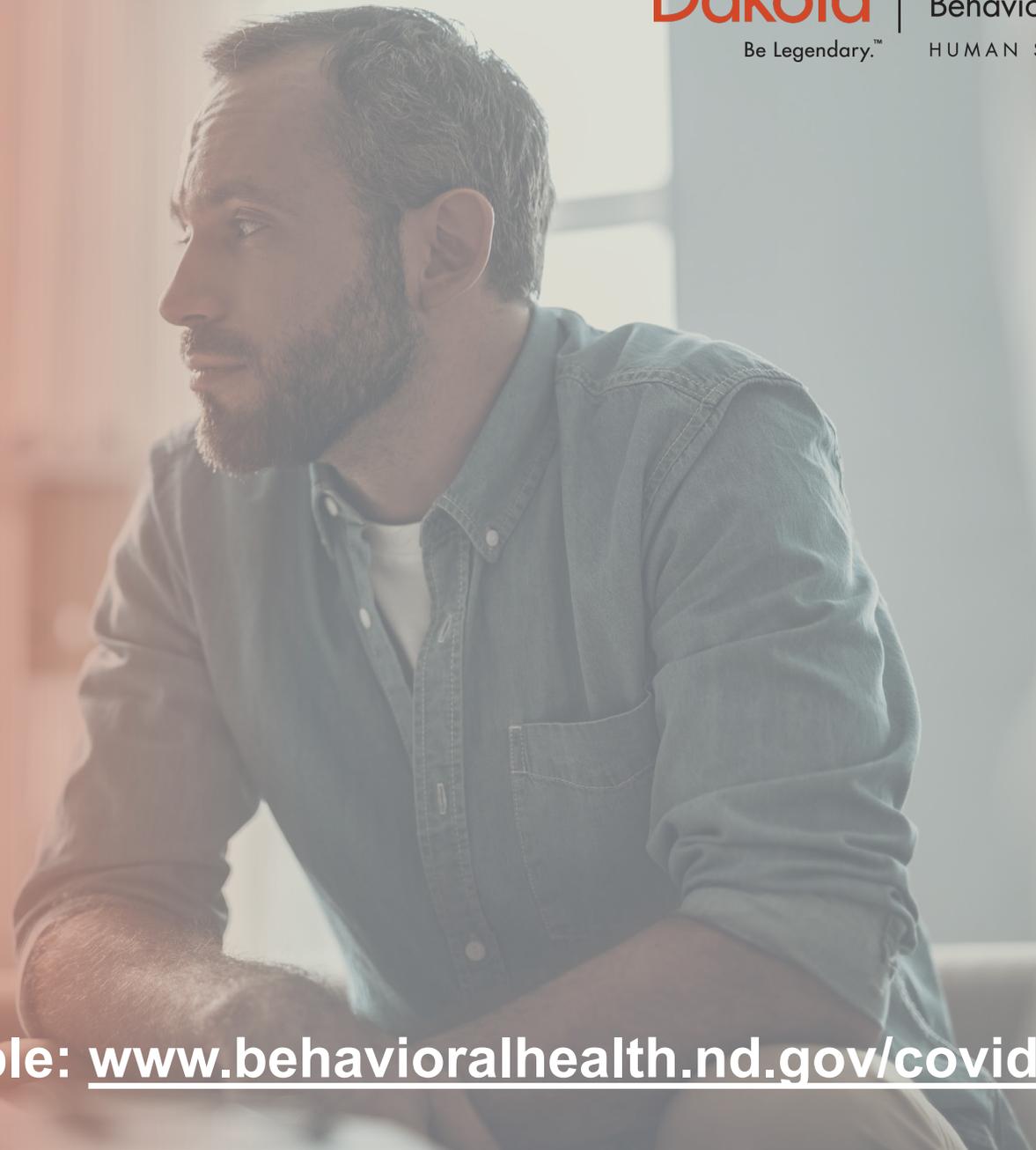
# COVID-19 RESOURCES



# SUPPORTING NORTH DAKOTA ADULTS AND BEHAVIORAL HEALTH PROVIDERS DURING THE COVID-19 PANDEMIC

The outbreak of the coronavirus (COVID-19) can be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions. Finding ways to cope with the stress will help make you, the people you care about, and your community stronger.

Resources, tools and training available: [www.behavioralhealth.nd.gov/covid-19](http://www.behavioralhealth.nd.gov/covid-19)





## Looking for support during the COVID-19 pandemic for yourself or someone you love?

PROJECT RENEW, a new behavioral health program providing community support services and outreach to individuals impacted by the COVID-19 pandemic, in partnership with Lutheran Social Services of North Dakota.

Call 701-223-1510 (M-F between 8-5pm CT) OR email [renew@lssnd.org](mailto:renew@lssnd.org). Visit [projectrenew.nd.gov](http://projectrenew.nd.gov) for information on coping and well-being, wellness tips, and who to call in a crisis situation.

### Resources for Adults —

**Employer Toolkit: Behavioral Health Resources During the COVID-19 Pandemic** 

**Loss, Grief and COVID-19: How to Support Someone** 

**Suicide Prevention: How to Help a Loved One**

**ND Commissioner of Veterans Affairs Challenge on Suicide Prevention**

**Recognize the signs of child abuse and neglect**

### Resources for Providers —

#### Resources for Providers

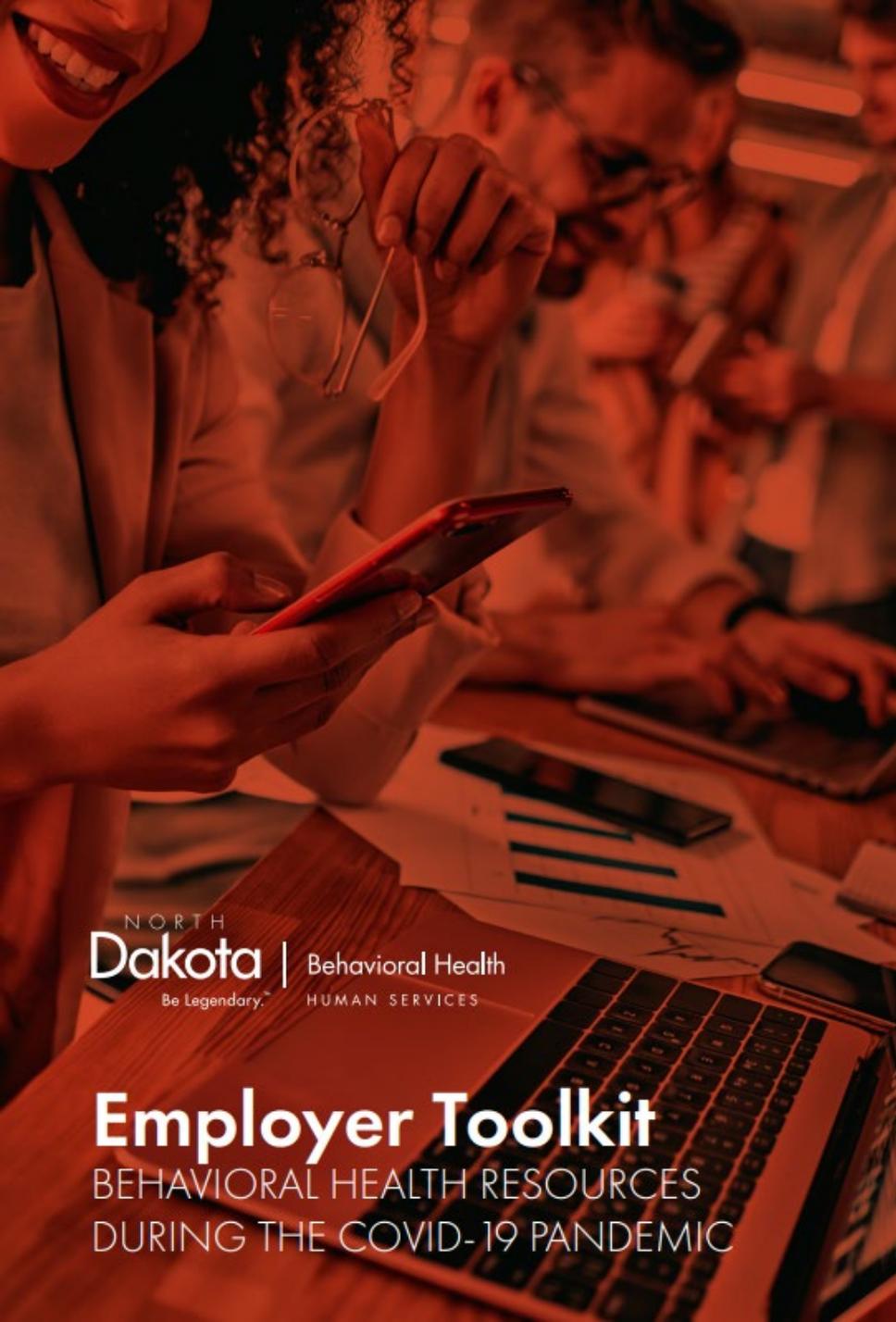
**Coping with Stress during the COVID-19 Pandemic: For Emergency Responders** 

Funding opportunities to increase mental health and substance use disorder treatment services during COVID-19 pandemic:

- **Request for Proposal for Mental Illness**

### Resources for Children and Families —

**Parents Lead** 



# EMPLOYER TOOLKIT

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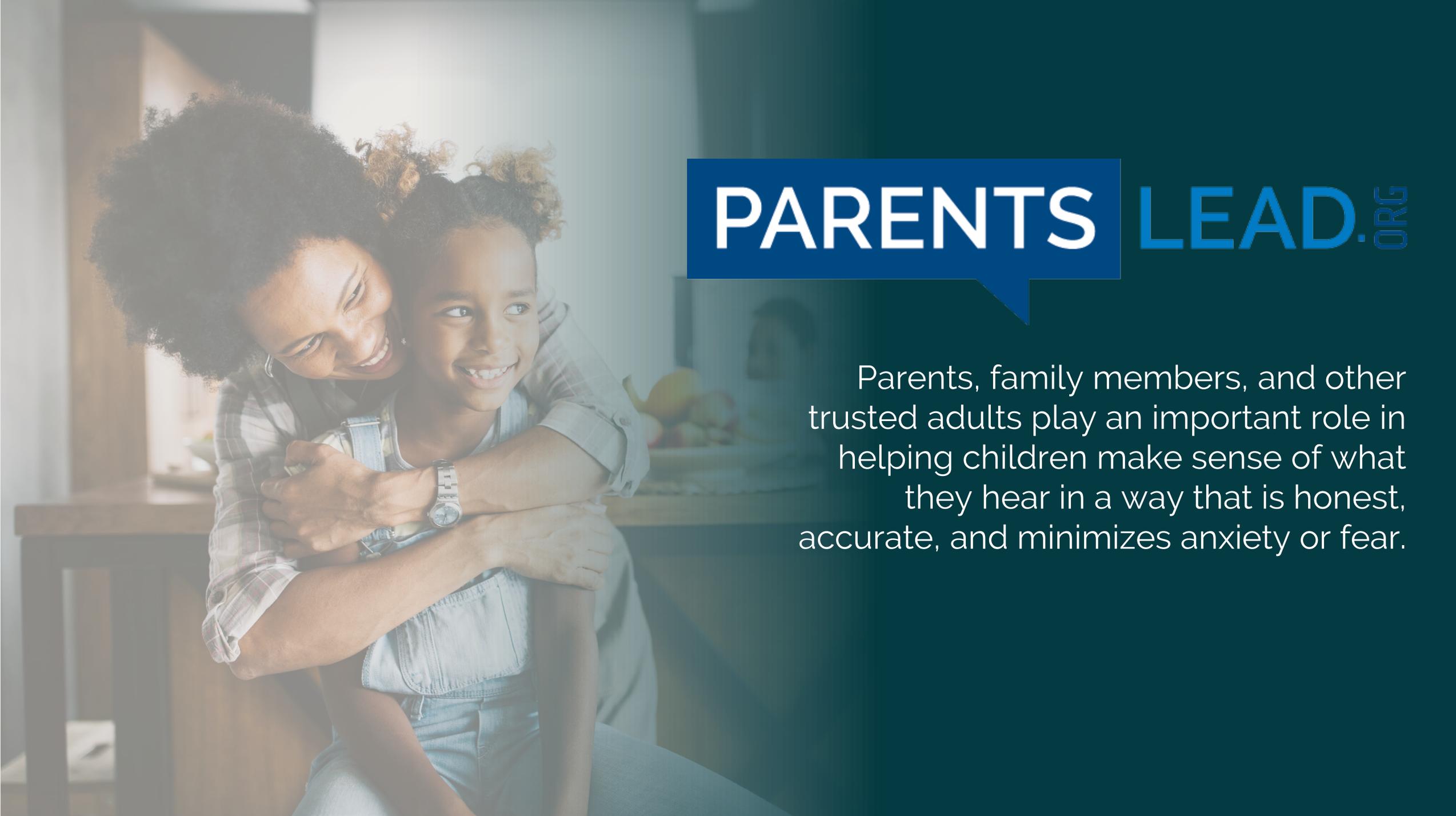
As an employer, you have a unique ability and responsibility to support the behavioral health of your employees as they navigate this challenging time. Having your workers know you are here to support them through these difficult times can make a world of difference for their mental and physical health.

This toolkit is a resource for you to support the behavioral health of your employees during this time.

[www.behavioralhealth.nd.gov/covid-19](http://www.behavioralhealth.nd.gov/covid-19)

NORTH  
**Dakota** | Behavioral Health  
Be Legendary.™ HUMAN SERVICES

**Employer Toolkit**  
BEHAVIORAL HEALTH RESOURCES  
DURING THE COVID-19 PANDEMIC

A photograph of a woman with dark curly hair hugging a young girl with curly hair from behind. They are both smiling warmly. The woman is wearing a plaid shirt and a watch, and the girl is wearing denim overalls. They are in a kitchen setting with a wooden counter and a bowl of fruit in the background. The image is overlaid with a dark teal gradient on the right side.

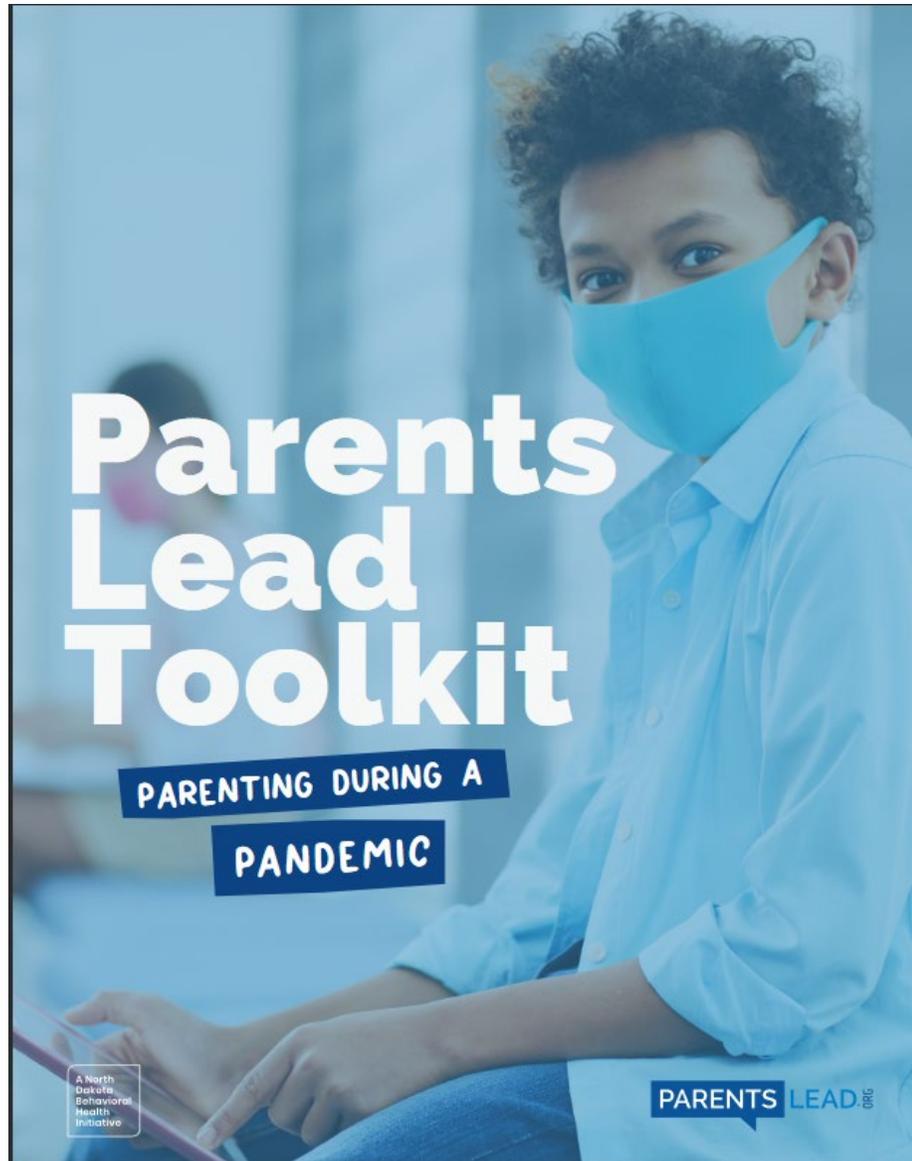
# PARENTS LEAD.ORG

Parents, family members, and other trusted adults play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear.

The start of school and fall activities can be stressful under normal circumstances, let alone during a pandemic. To help engage parents and children in open communication and support them through this transition, the North Dakota Department of Human Services' Behavioral Health Division has created a new toolkit for parents called **Parenting During a Pandemic**.

The new Parents Lead resource touches on a variety of topics, including:

- how to support children going back to school, whether they are going in-person a few days a week or participating in full-time distance learning
- balancing teleworking with children at home
- supporting a child when they are grieving the loss of activities
- knowing when a child is ready to stay home alone
- age-specific ideas on supporting children impacted by COVID-19 and much more!





## Back to School During a Pandemic

Starting a new school year is a stressful time under the best of circumstances, let alone during a pandemic. Some of the best ways to support our children through another transition is to engage in open communication and role model healthy behaviors.

### Lead By Example

Children often take emotional cues from key adults in

### Listen

Give your child the gift of your ears! Provide a space for

## When Your Child is Going Back to School

- ✓ Find out as much as you can about what the school has planned so you can prepare your kids—and yourself.
- ✓ Outline, as best as you can, what their new daily routine will be, and how drop off and pick up will go.
- ✓ Talk to your child about safety changes they will experience, such as wearing masks, differences in recess and lunchtimes to encourage social distancing, having less kids in their class, etc.
- ✓ Practice wearing a mask with your child. Have a daily “Mask On!” moment. Make a plan to wear masks around the house at certain times of day, like from 10-11 am, or during certain activities, like setting the table for meals. Have your child help you decide when.
- ✓ Practice washing your hands together and applying hand sanitizer as this will be an even bigger part of their daily routine.
- ✓ Add a family photo or a small special object to your child’s backpack to help keep them grounded when they are away from home.
- ✓ Remind your child (and yourself!), their school will do everything it can to keep everyone safe.
- ✓ Maintain healthy habits such as practicing mindfulness activities, eating right, getting enough rest and enjoying the fresh air outside together whenever possible.

## When Your Child is Distance Learning

**Understand your role:** You are not expected to take the place of your students’ schoolteachers. Instead, you should play a support role. A good rule of thumb is to keep your children engaged and thinking critically. Even though staying home from school might feel like a holiday, remind your children that they are not on vacation. Remember that distance learning at home and learning at school won’t look the same — and that’s okay. Organic learning can happen in daily family life and that this is a unique opportunity to prioritize home and family, all while supporting your child’s learning.

**Stay in touch:** Teachers will mainly be communicating regularly through our online platforms and

**Make space for learning:** Your children will achieve their best work in a quiet, comfortable, and dedicated space devoted to learning. Ideally, this will be a different space than where they normally play games or watch television.

**Set clear expectations:** Parents should build time into their remote workday to assist with their students’ learning and schedule other activities they know their children will be able to do independently. Consider scheduling “office hours” when you’re available for school-related questions. For some children who really struggle with focusing, a basic visual checklist of tasks needed for a particular activity will

**Take regular digital recesses:** Make sure your children take plenty of breaks from computers in order to get time away from screens. Set alarms similar to those students would encounter at school and encourage them to get up, get some fresh air, have a snack and participate in physical activities. Kids need to move their bodies frequently throughout the day. Allow time for exercise before your child is expected to focus on a distance learning task. Some children are able to better focus on tasks when standing. Consider having your computer or tablet be on a raised surface so that your child can stand.

**Don’t forget to have fun and prioritize well-being over**



## Creating Calm

DURING THE COVID-19 PANDEMIC

Anxiety is a basic human instinct that exists to alert us to potential danger. Unfortunately the number one mental health issue for children in the United States is having such an excess of anxiety it's classified as a disorder. Periods of transition, stress, and upheaval of routine can negatively influence a child's wellbeing if he or she is unable to effectively cope.

The COVID-19 pandemic is a bundle of transition, stress, and routine disruption, and everyone is feeling the effects in different ways. Children are isolated from their friends and from the routine school and extracurriculars, and some fear for the health and safety of themselves or their loved ones. Here are some things to watch for and ways to help your child through big feelings.



### Recognizing Signs of Anxiety

Not all brains are created the same, and neither are the worries inside them. Different children have different anxiety triggers and there are countless ways children display panic.

Because there are so many ways to respond to feelings of anxiety, warnings often slip by under the mask of "bad" behavior. Common responses such as impulsivity, refusal to participate, inability to focus, anger and tantrums, trouble sleeping or eating, or general opposition can appear as willful defiance. However, major changes in behavioral patterns usually indicate severe stress.

These changes often result when children don't realize that what they're feeling is anxiety. Many may not have the language skills or ability to express what's going on inside of them, or they may not be able to tell the difference between anxiety and other feelings. Behaviors can result as a way to cope with this internal strain.

## Talking to Your Child about COVID-19

### Elementary School

The World Health Organization officially declared coronavirus a pandemic. Health experts predict that the virus and its impact on our communities are just beginning.



You play an important role in helping children and teens better understand what's happening and help them manage their own related worries or anxiety.

#### Here are some tips that can help:

School-age children will be more aware of what is going on. They have probably had discussions at school and with friends.

- ✓ Talk to your elementary age children. Explain what happened while reassuring them that you and your child's teachers will do everything to keep them healthy and safe.
- ✓ Children this age are also concerned about their own health, as well as that of family and friends. For example, they may have heard that kids aren't impacted by coronavirus but that older people are, triggering fears about grandparents. They may be worried about money if they know adults are off of work. Try to spend extra time together. This will provide extra reassurance.
- ✓ Don't be surprised if they are more irritable and touchy. Be extra patient.
- ✓ Limit media coverage.
- ✓ Try to continue normal home routines, especially at bedtime. If routines are disrupted due to school or after school activity closures, explain that this is part of the precautions grown-ups are taking to prevent people from getting sick. It doesn't mean that all of their teachers and friends are sick.
- ✓ If fear persists, point out all the things adults are doing to help and to prevent the virus from spreading. Children like to be helpful and feel like they can do something from hand washing to writing letters to nursing homes.
- ✓ Ask them if they have any questions. If they do, stick the facts and tell them what you know without exaggerating or overreacting. Use these resources to help them learn more about the virus:
  - "Understanding Corona Virus and How Germs Spread" - Brains On Podcast (plus a kid-centered series on news literacy called "Prove It!")
  - "Just for kids: A comic exploring the new coronavirus" - Minnesota Public Radio



## How to Talk to Kids if a Family Member Becomes Seriously Ill with COVID-19

With media coverage and obvious changes to our daily routines, even the youngest children are aware that something big is happening. Your child may express anxiety over the unknown, or more specifically, fear of a loved one getting sick. If a loved one does get sick, acknowledge your child's feelings, whatever they are. Your child may want to help their family member while they are sick, but with strict contact guidelines they won't be able to physically be around them. Let them send letters, cards, art projects, and if your loved one is well enough- try out a video chat. If you need to seek out professional help, many facilities are offering telehealth services and can aid in dealing with heavy topics.

Remember that you are your child's number one source of strength and comfort. Taking care of yourself will better allow you to take care of your children, so make sure you have healthy outlets for all the different emotions you're feeling as well.

### When Speaking About Your Loved One's Illness

Before starting the conversation, prepare yourself for success by maintaining awareness of your child's verbal abilities and previous experiences with illness and death. Keep in mind your child's attention span and find a time where you can tune out distractions. Be clear that the conversation is important, and keep it as focused on positivity as possible.

Explain in a factual manner what COVID-19 is, using reputable sources like the Center for Disease Control (CDC) and the World Health Organization (WHO). If your child voices concerns, respond honestly, trying to spare them from pain may only leave them more confused. Most importantly, be adamant they will always be taken care of.



WHEN  
**DAYS**  
FEEL LIKE  
**YEARS**

**Project Renew** services, provided in partnership with Lutheran Social Services of ND, include:

- supporting community members in understanding physical and emotional reactions to COVID-19
- developing and improving coping strategies
- reviewing options, and connecting with other individuals and agencies that may be of assistance.

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**PROJECT**  
r e n e w

**Call 701-223-1510.**

**8 a.m. to 5 p.m. CT, M-F**

**[www.projectrenew.nd.gov](http://www.projectrenew.nd.gov)**



Enter Keywords



Home

About

Coping And Wellbeing

Know Who To Call

Wellness Tips

Contact



**CRISIS HELP IS IN YOUR COMMUNITY**

Get free and anonymous counseling

**GET FREE AND ANONYMOUS BRIEF SUPPORT SERVICES AT 701.223.1510**



### ND RESPONSE

Find the up to date information on the coronavirus (statistics, case numbers, precautions)

[Learn more](#)



### BEHAVIORAL HEALTH

Find behavioral health resources outside of coronavirus assistance (prevention, addiction, mental health)

[Learn more](#)



### PARENTS LEAD

Find behavioral health resources for parents and caregivers

[Learn more](#)

[Feedback \(+\)](#)

# Emergency Grants to Address Mental and Substance Use Disorders During COVID-19

The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for adults impacted by the COVID-19 pandemic.

AWARD DATES: April 2020 – August 2020

AWARD AMOUNT: \$2,000,000



# Emergency COVID-19 Grant Grantees

Healthcare practitioners with mental illness

- Sanford Health

Individuals with mental illness

- Agassiz Associates

Individuals with substance use disorder

- Heartview
- Sharehouse

Individuals with serious mental illness

- DHS Human Service Centers (Regions 2, 4, 5, 6 and 7)

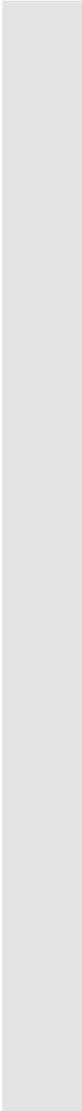


# LEGISLATIVE UPDATES

## Behavioral Health



SB 2012 SECTION	PROGRAM/SERVICE	DIVISION BUDGET
1	Substance Use Disorder Voucher (additional dollars to support need, additional capacity [2 FTE], and reduction in age eligibility from 18 to 14; previously SB 2175)	Behavioral Health Division
	Parents Lead	Behavioral Health Division
	Mental Illness Prevention (previously 2028)	Behavioral Health Division
	Recovery home grant program	Behavioral Health Division
	Maintain trauma-informed practices network (funding moved from SB 2291)	Behavioral Health Division
	Suicide prevention transfer from Department of Health	Behavioral Health Division
	Statewide Behavioral Health Crisis Services	Field Services Division
4	Peer Support certification (previously SB 2032)	Behavioral Health Division
5	Community Behavioral Health Program (expansion of Free Through Recovery; previously SB 2029)	Behavioral Health Division
18	IMD, Bed Capacity, and Medicaid waiver (1115) Study	Field Services Division
21	School Behavioral Health Grants (previously 2300)	Behavioral Health Division
22	School Behavioral Health Program	Behavioral Health Division
38	Expansion of Targeted Case Management – youth with SED (previously 2031)	Medical Services
39	Expansion of Targeted Case Management – adults with SMI (previously 2031)	Medical Services
40	Withdrawal management coverage in Medicaid	Medical Services
41	1915i Medicaid State Plan Amendment (adults and youth [previously 2298])	Medical Services
45	Sustain HSRI Behavioral Health Study Implementation support (previously SB 2030)	Behavioral Health Division



# Other Behavioral Health- Related Bills

# House Bill 1103

## Opioid Treatment Medication Units

### PASSED

- Passed House (13-0-1) (87-3)
- Passed Senate (6-0-0) (44-0)

### 50-31-01

"Medication unit" means a facility established as part of, but geographically separate from, an opioid treatment program, from which a licensed practitioner dispenses or administers an opioid treatment medication or collects samples for drug testing or analysis.

#### Options for Providing Methadone Treatment for Individuals with an Opioid Use Disorder

Opioid Treatment Program (OTP)	Medication Unit (MU)	Mobile Methadone Unit (MMU)
<b>SETTING</b>	<b>SETTING</b>	<b>SETTING</b>
Permanent clinic location Community involved in identifying location Permanent security measures approved by DEA*	Permanent clinic location Community involved in identifying location Permanent security measures approved by DEA*	Van or RV able to travel to different geographical locations Community involved in identifying location Returns each day to Home OTP location
<b>SERVICES PROVIDED</b>	<b>SERVICES PROVIDED</b>	<b>SERVICES PROVIDED</b>
Medication dispensing Drug screens administration Counseling appointments Medical appointments with prescriber Case management	Medication dispensing Drug screens administration	Medication dispensing Drug screens administration Counseling appointments
<b>STATE REGULATIONS</b>	<b>STATE REGULATIONS (PROPOSED)</b>	<b>STATE REGULATIONS</b>
Certificate of Need Federal requirements completed Substance Use Disorder Treatment Program license OTP license	Certificate of Need Federal requirements completed Home site holds Substance Use Disorder Treatment Program license Home site holds OTP license Medication Unit license	Not currently allowed
<b>FEDERAL REGULATIONS</b>	<b>FEDERAL REGULATIONS</b>	<b>FEDERAL REGULATIONS</b>
DEA* Registration SAMHSA** Certification Accreditation	DEA* Registration Home site holds SAMHSA** Certification Home site holds accreditation	Moratorium in place for future MMU DEA* working to develop regulations
<b>HOME BASED SETTING FOR</b>		
Medication Unit (MU) Mobile Methadone Unit (MMU)		

Requested in HB 1103

NDCC 50-31



# House Bill 1105

## Voluntary Treatment Program and SUD Voucher

### **PASSED**

- Passed House (12-0-2) (87-1)
- Passed Senate (6-0) (45-0)

#### **50-06-06.13.**

...The department may establish a program to prevent out-of-home placement for a Medicaid eligible child with a behavior health condition as defined in the "Diagnostic and Statistical Manual of Mental Disorders", American psychiatric association, fifth edition, text revision (2013).

#### **50-06-42.**

...assist in the payment of addiction treatment services provided by **private** licensed substance abuse treatment programs, excluding regional human service centers, and hospital-or medical clinic-based programs for medical management of withdrawal.

# Senate Bill 2149

## Behavioral Health Resource Coordinators

### **PASSED**

- Passed Senate (7-0) (44-3)
- Passed House (14-0) (86-4)

**15.1-07-34**

### **Youth behavioral health training to teachers, administrators, and ancillary staff.**

...Each school within a district shall designate an individual as a behavioral health resource coordinator.

...The superintendent of public instruction shall maintain the contact information of the behavioral health resource coordinator in each school.



# Senate Bill 2313

## Children's System of Services and Cabinet

### **PASSED**

- Passed Senate (5-0-1) (44-0)
- Passed House (14-0) (81-9)

#### **50-06-05.1**

To develop a system of services and supports to provide behavioral health services and supports in the community for children at risk of or identified as having a behavioral health condition and for the families of these children.

To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community.

#### **50-06**

Children's cabinet - The children's cabinet is created to assess, guide, and coordinate the care for children across the state's branches of government and the tribal nations.



# Senate Bill 2246

## Public Intoxication

### **PASSED**

- Passed Senate (6-0) (47-0)
- Passed House (11-0-3) (91-0)

5-01-05.1

As used in this section "intoxicated" means a state in which an individual is under the influence of alcoholic beverages, drugs, or controlled substances, or a combination of alcoholic beverages, drugs, and controlled substances.

# Senate Bill 2240

## References to Substance Use Disorders

### **PASSED**

- Passed Senate (6-0) (47-0)
- Passed House (12-2-0) (72-18)

**Removes “habitual drunkard”**



# SUBSTANCE USE DISORDER (SUD) VOUCHER

NORTH  
**Dakota**  
Be Legendary.™

Behavioral Health  
HUMAN SERVICES

# Background

Goal: improve access to quality substance use disorder treatment services and allow for individual choice, by providing reimbursement where other third-party reimbursement is not available.

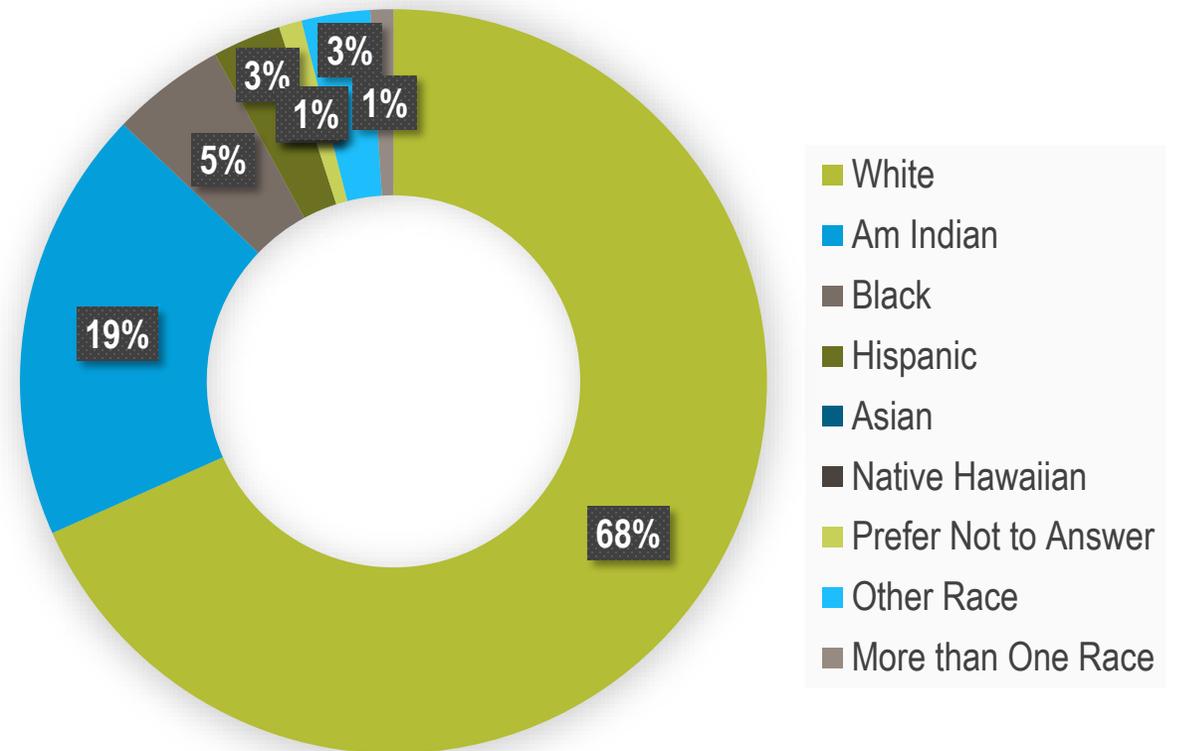
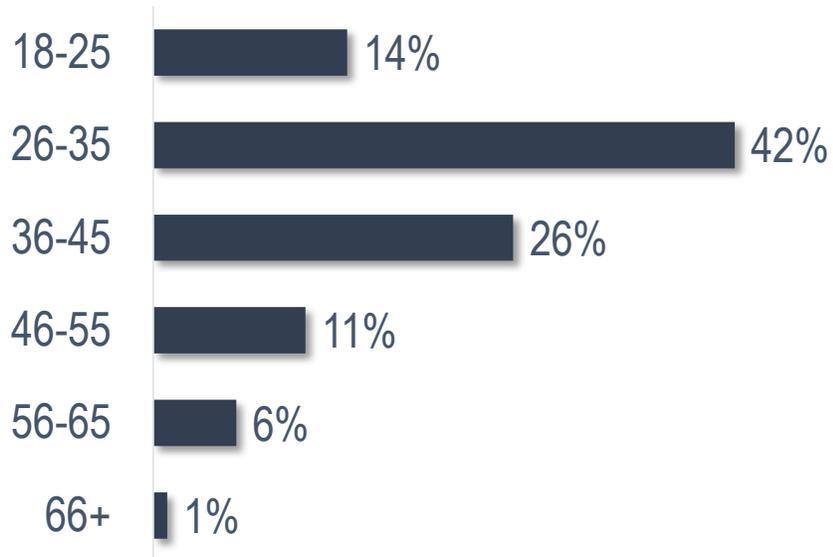
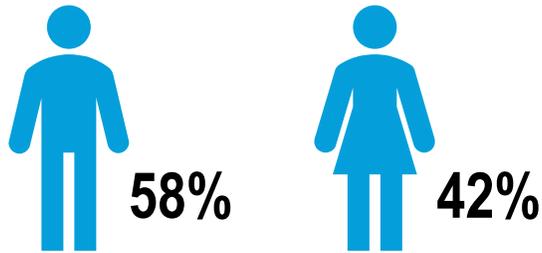
- Initiated during 2015 legislative session (NDCC 50-06-42)
- Began serving individuals in 2016

4,200 individuals have received services through the SUD Voucher from July 2017 through June 2020.

Twenty-one providers are providing voucher services.

# Demographics

(N=4,200)



Of the participants,

- 74.6% were not employed
- 84.1% had GED/HS diploma
- 4.0% had a military affiliation
- 19.3% had dependent living environment and 26% homeless

# Exhausted Appropriation

**2019-2021 Appropriation: \$7,997,294**

## CURRENT INDIVIDUALS

- Continue to be covered by their voucher and no interruption to their care and medically necessary services should occur.

## NEW INDIVIDUALS

- Applications not considered for approval after 5pm on June 30, 2020.

## NEW PROVIDERS

- Applications not considered for approval after 5pm on June 30, 2020.



# Continuing Medication-Assisted Treatment

Methadone is not currently covered by the ND Medicaid program.

- To ensure methadone services are provided to eligible individuals, the three Opioid Treatment Programs (OTPs) in the state that offer methadone services were provided federal funding to continue serving new individuals after June 30th.
- These services have continued since July 1st and will maintain through September 30, 2020, at which point Medicaid is expected to begin reimbursing for methadone services, due to federal law changes.

# SUD Voucher Appropriation

	2015-2017	2017-2019	2019-2021
<b>TOTAL BUDGET</b>	\$575,000	\$4,917,087	\$7,997,294
<b>AMOUNT EXPENDED</b>	\$252,293.85	\$8,288,293.05	\$7,149,151.91 (as of August 3, 2020)

# 2019-2021 Appropriation Update

	As of July 3, 2020	As of August 3, 2020
<b>Amount expended</b>	\$7,007,738.10	\$7,149,151.91
<b>Pending invoices**</b>	\$1,125,508.45	\$1,263,827.14
<b>Remaining prior authorization</b>	\$10,558,630.11	\$5,541,738.39*

*\*De-obligated \$5,188,428.32 after reconciling prior-authorizations with providers*

# FUNDING REQUESTS

## EMERGENCY COMMISSION

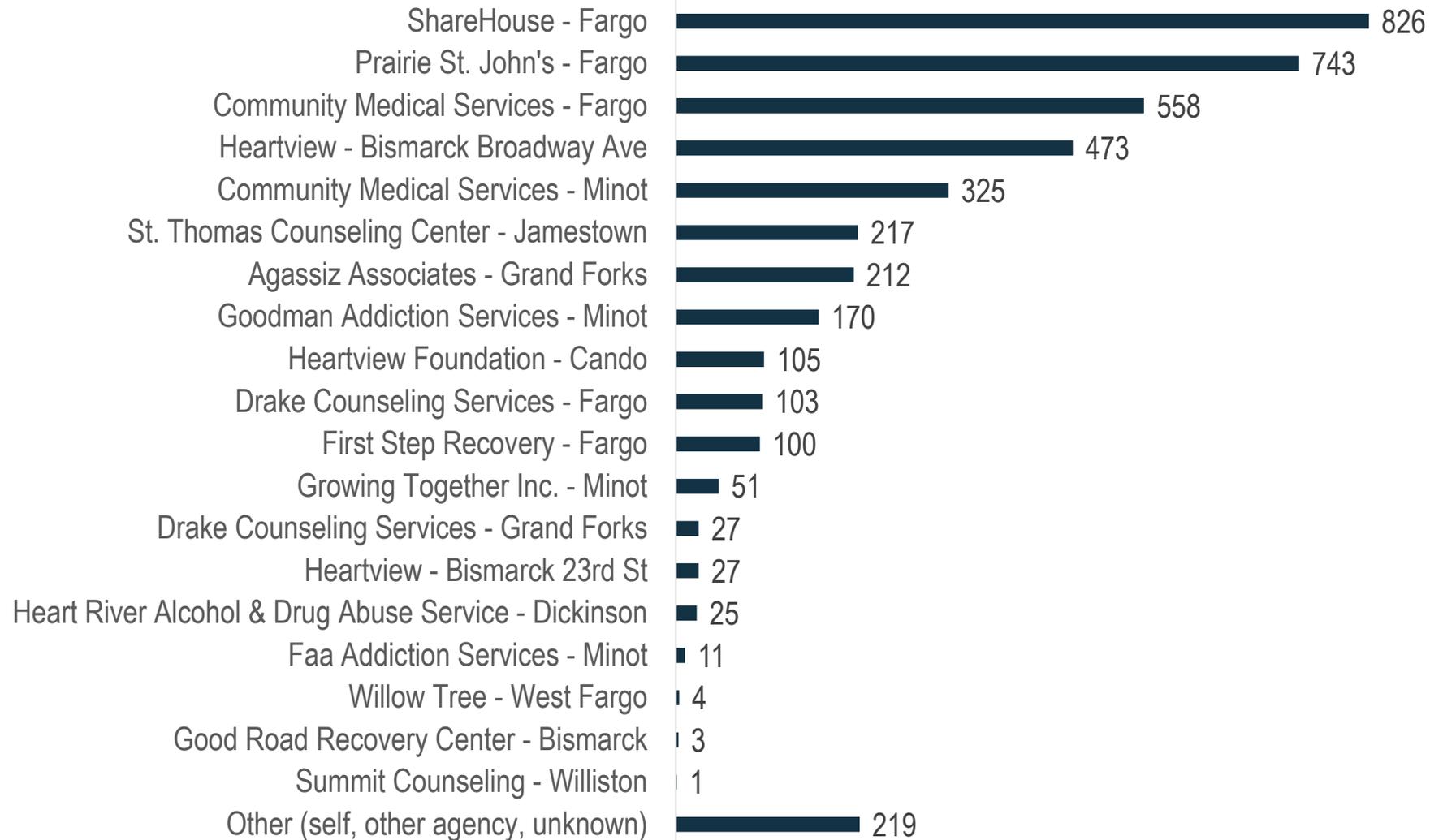
- DHS can only request up to \$500,000 from the Emergency Commission. The Department will have over-expended more than that amount in maintaining services to the individuals already enrolled in the program for the next 12 months. An additional \$500,000 will not allow the program to open to new participants, even if approved.

## CARES FUNDING

- DHS requested CARES funding and it was determined by OMB to be not allowed.

The department is exploring additional funding sources to provide payment for these vital substance use disorder services to serve North Dakota's underserved areas and gaps in the state's substance abuse treatment system.

# Total Application Count by Service Provider



# Reimbursements by Provider

*(Since 2015)*

SHAREHOUSE	\$3,992,228.22
PRAIRIE ST JOHNS LLC	\$3,991,969.29
HEARTVIEW FOUNDATION	\$2,342,244.95
COMMUNITY MEDICAL SERVICES	\$2,265,374.36
GROWING TOGETHER INC	\$1,009,182.07
AGASSIZ ASSOCIATES PLLC	\$678,659.48
VILLAGE FAMILY SERVICE CENTER,THE	\$657,010.22
DRAKE COUNSELING SERVICES	\$557,259.88
ST THOMAS COUNSELING CENTER	\$310,017.36
GOODMAN ADDICTION SERVICES	\$174,861.77
HEART RIVER ALCOHOL & DRUG ABUSE SVCS	\$16,688.54
GOOD ROAD RECOVERY CENTER	\$13,826.25
FAA ADDICTION SERVICES	\$10,103.11
WILLOW TREE COUNSELING PLLC	\$2,545.28

The 13 Aims are based on the recommendations of the 2018 HSRI *Behavioral Health System Study*, principles of good and modern behavioral health systems, and the community's vision for system change.

1. Develop & implement a **comprehensive strategic plan**
2. Invest in **prevention and early intervention**
3. Ensure **timely access** to behavioral health services
4. Expand **outpatient and community-based services**
5. Enhance & streamline **system of care for children**
6. Continue **criminal justice** strategy
7. Recruit and retain a **qualified & competent workforce**
8. Expand **telebehavioral health**
9. Ensure values of **person-centeredness, cultural competence, and trauma-responsiveness**
10. Encourage and support **community involvement**
11. Partner with tribal nations to increase **health equity**
12. Diversify and enhance **funding**
13. Conduct ongoing, system-wide, **data-driven monitoring** of needs and access



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