

Behavioral Health

Where have we been

Where are we going

WHEN DID BEHAVIORAL HEALTH EMERGE AS AN ISSUE?

- ▶ During the 2013 Legislative Session a group of behavioral health care providers, advocates and legislators worked together to raise the awareness of the behavioral health care crisis in ND.
- ▶ A study resolution was passed to secure an independent consultant evaluation of the current situation in ND that resulted in the Schulte Report
- ▶ Paralleling, the Legislative study the original group of concerned parties organized an independent Behavioral Health Stakeholders group to support the Schulte study and advocate for implementation of a range of recommendation .

What did the Behavioral Health Stakeholders group do

- ▶ Two state-wide meetings were held in Fargo and Bismarck with 80 participants that framed the outline of key issues and recommendations. Resulted in the June 2014 comprehensive strategic plan.
- ▶ Areas organized by Adult Mental Health, Children's Mental Health and Substance abuse.

What were the results?

- ▶ Actions plans were developed in June 2016 for all recommendations in the final full report (see <https://ruralhealth.und.edu/projects/nd-behavioral-health/pdf/building-stronger-behavioral-health-services-nd-summary-report.pdf>)
- ▶ Recommendations were presented to the Interim Human Service Committee in 2014 at the same time the Schulte assessment was completed.
- ▶ Eight pieces of legislation were introduced in the 2015 legislative session.

What passed the 2015 Legislature.

- ▶ House Bill No. 1048, which relates to behavioral health licensure boards, requires behavioral health licensure boards to each develop a plan, in collaboration with the other boards, for the administration and implementation of licensing and reciprocity standards for licensees.
- ▶ • House Bill No. 1049, which relates to addiction counselors, adds a new section to Chapter 43-45 relating to loans for certain behavioral health professions, amends Section 43-45-04 relating to duties of the Board of Addiction Counseling Examiners, provides legislative intent relating to statewide assessment of viable internship sites for addiction counselors program, and provides an appropriation of \$200,000 from the student loan trust fund to the Bank of North Dakota for the addiction counselor internship loan program revolving fund.

What passed (continued)

- ▶ Senate Bill No. 2012 the Department of Human Services Budget bill :
- ▶ Adds \$388,492 from the general fund for extended services for individuals with serious mental illness to add 35 additional slots.
- ▶ Increases funding by \$237,500 from the general fund to provide total funding of \$2,303,920 for controlled substance treatment services.
- ▶ Adds \$146,459 from the general fund to provide a statewide telemedicine residency program.
- ▶ Adds \$130,000 from the general fund for the ND Cares Task Force which provides support for service members, veterans, families, and survivors.
- ▶ Adds \$903,983 of which \$685,895 is from the general fund for a 10-bed crisis residential and transitional living unit in the north central region.
- ▶ Adds \$283,500 from the general fund for a 4-bed unit alternative care services for west central region.
- ▶ Adds \$250,000 from the general fund to provide Mobile-on-Call crisis services in the west central region.
- ▶ Adds 11 FTE positions and funding of \$1,520,369 from other funds to increase the Tompkins program from a 90- to a 105-bed unit.
- ▶ Required data from HSC on Behavioral health services in the quarterly budget update starting January 2016.

What passed (continued)

- ▶ Senate Bill No. 2046, which relates to behavioral health services, adds a new section to Chapter 50-24.1 to require the Department of Human Services to allow marriage and family therapists to enroll and be eligible for payment for behavioral health services provided to recipients of medical assistance.
- ▶ • Senate Bill No. 2048, which relates to behavioral health services, adds a new section to Chapter 15.1-13 relating to teacher licensure requirements and a new section to Chapter 15.1-07 relating to mental health training provided by school districts. This bill also provides an appropriation of \$150,000 from the general fund to the Department of Human Services to facilitate behavioral health services authorized by the Legislative Assembly, and \$750,000 from the general fund to the Department of Human Services to establish and administer a voucher system to address underserved areas and gaps in the state's substance abuse treatment system and to assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs.

Medicaid expansion passed

- ▶ Added coverage for 20,000 adults previously uncovered.
- ▶ Used the commercial insurance rate
- ▶ Estimated that 30% of those services are behavioral health
- ▶ **MEDICAID FUNDING CUT THROUGH ALLOCATION**
- ▶ Summer of 2016 - reimbursement for almost all Medicaid providers was reduced by 40% as a result of the budget crisis. This lower level of reimbursement jeopardizes many providers

Interim Human Service Committee study

- ▶ The Interim Human Services Committee was authorized to continue its work in behavioral health in the 2015-2017 interim .
- ▶ Focus was on the six specific recommendations from the Schulte study and additional input from the Pharmaceutical narcotics Task force that has focused on many related issues

What in 2017?

- ▶ Funding for expanded services (HB 1040)

Originally the bill addressed key funding issues to fund for the full continue of care with a total cost of over \$28 million. The bill came out of the House with only funding of \$350,000: \$150,000 for an early intervention school pilot project, \$100,000 for peer to peer support and \$100,000 for family to family support. Authority for Department of Human Services to develop administrative rules for minor in possession (early intervention) programs.

- ▶ Policy issues that could be addressed without funding (SB 2038)

Broadens behavioral health teacher training requirement options for schools to include trauma, social and emotional learning, suicide prevention and bullying.

Modified timeframes on commitment procedures.

Established a task force on children's behavioral health.

Clarify roles/responsibilities of DHS, HSC/NDSH (SB 2039)

Major rewrite of the structure and duties of Department of Human Services updating behavioral health language.

Separates licensing/policy/regulatory functions from direct services.

Modifies role/function/structure of Advisory Council at regional Human Service Centers.

Requires external accreditation.

Expands Medical Assistance reimbursement beyond Human Service Centers.

Redefines core services for children/adults with serious and persistent mental health issues and adds housing, peer/recovery and crisis services.

Oversight of multi-Behavioral Health drugs in children (HB 1120)

Requires Department of Human Service authorize/consult for >4 psychotropic meds.

Pediatric psychiatric consultation plan that is to be determined.

Good Samaritan clarifications (HB 1269)

Clarifies current Good Samaritan laws to allow friends or family to access medical help in overdose situation.

HARM REDUCTION STRATEGIES

Development of Syringe Exchange Programs (SSPs) (SB 2320)

Known as a needle exchange program

This structure will reduce long term health problems such as HIV and Hepatitis C for individuals who may be users.

Infant exposure to drugs and direct needed services (SB 2251)

Allows Department of Human Service to respond to reports of drug exposure without a finding of child abuse through "alternative response assessments".

Required drug screening for TANF recipients (SB 2279 failed)

WORKFORCE RELATED BILLS

Expands scope of practice for addiction counselors (SB 2088 passed/signed)

Expands scope of work for addiction counselors to include nicotine and gambling disorder.

Creates flexibility for supervision of Licensed Addiction Counselors (to include other behavioral health professionals).

Develops masters level addiction counselor.

Clarified definition of Mental Health Professional (SB 2042 passed/signed)

A bill to establish a four-tiered system of classifying various types of the mental health professionals based on their training and scope of practice.

ND century code related to duties of mental health professional was modified to reflect new tiered system, i.e. commitment laws, criminal code.

Expands Expert Examiners for guardianship (HB 1095)

Allows Advanced Practice Registered Nurses and Physician Assistants to serve as expert examiners for guardianships

Licensing and training changes (HB 2033 and 2141)

Improves training and licensing process for social workers, professional counselors, Marriage/Family therapists and psychologists.

Nursing practices changes for multi-state licenses (HB 1096 and HB 1097)

Updates Nursing Board practices, and permits granting of multi-state licenses.

ALTERNATIVES TO INCARCERATION BILLS

Department of Corrections budget bill SB 2015

\$7,000,000 to Department of Corrections to partner with Department of Human Services to develop a community based pilot behavioral health service program to divert individuals from incarceration.

Corrections/sentencing changes (HB 1041 and 1269)

Prioritizes prison space for serious offenders.

Provides sentencing flexibility.

Reduces drug use charges.

Funds \$500,000 to develop and implement a behavioral health provider network and process for offenders.

Department of Human Services Budget (HB 1012)

- Reductions in the human service centers and North Dakota State Hospital have not yet been reported
- Reduced Parent's LEAD program to \$100,000 from \$360,000. Evidence based and effective program (evaluated by NDSU). These are the only state funds currently supporting behavioral health prevention.
- Gambling Treatment was decreased by \$237,573.
- Substance Use Disorder Vouchers for next biennium will be increased from \$700,000 to \$2,779,000 with a focus on increasing Medication Assisted treatment for Medicaid eligible individuals.
- 4 million dollars in federal funding to expand Opioid treatment and infrastructure particularly Medication Assisted treatment.
- Medicaid expansion was maintained at commercial rates to cover over 22,000 low income adults. Particularly helps coverage in rural areas.

INTERIM STUDY RESOLUTIONS

Alternatives to Incarceration issues including juvenile justice issues (SCR 4003)
Assigned to Alternatives to Incarceration Committee.

Overall structure/duties of the ND Department of Human Services (HB 1012)
Assigned to Interim Human Service Committee.

State's legal requirements for provision of least restrictive services (HB 1012)
Assigned to Interim Health Services Committee.

Options for Management Care in Medical Assistance
Assigned to Interim Health Care Reform Committee.

Medical Marijuana (SB 2344)

Set rules for growing, distributing and decriminalizing use.

Will be available in approximately 18 months .

Will be reviewed in 2019.

HSRI Study

Originally started in 2015 but was delayed because of budget allocation

Then scheduled for release in August 2017 to provide a base for interim study

Issued in April 2018

INCLUDES

National standards and best practices

Significantly more data than previously available

A new vision with 13 specific recommendations

NEW VISION

Figure 4

A comprehensive behavioral health service array spans numerous program types and agencies to provide the right mix of services at the right time.



- 1 Develop a comprehensive implementation plan
- 2 Invest in prevention and early intervention
- 3 Ensure all North Dakotans have timely access to behavioral health services
- 4 Expand outpatient and community-based service array
- 5 Enhance and streamline system of care for children and youth
- 6 Continue to implement/refine criminal justice strategy
- 7 Engage in targeted efforts to recruit/retain competent behavioral health workforce
- 8 Expand the use of tele behavioral health
- 9 Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches
- 10 Encourage and support the efforts of communities to promote high-quality services
- 11 Partner with tribal nations to increase health equity
- 12 Diversify and enhance funding for behavioral health
- 13 Conduct ongoing, system-side data-driven monitoring of needs and access

What is the status of Behavioral Health today.

- ▶ The crisis continues and is growing
 - ▶ Suicides rates to be a growing problem
 - ▶ Opioid and Meth Crisis is growing
 - ▶ There is a limited system of care for withdrawal management in ND
 - ▶ There were major reductions in reimbursement for behavioral health care providers starting July 2016
 - ▶ Workforce shortages plague most BH providers
 - ▶ Medication Assisted treatment for substance abuse is still limited despite clear evidence of effectiveness
 - ▶ Children and adolescents with both moderate and severe mental health needs are not receiving care.
 - ▶ Fewer than 10% of adults with serious and persistent mental illness receive services through the public human service system.
 - ▶ Our corrections facilities are exploding with BH problems
 - ▶ People are dying every day
 - ▶ Doing nothing differently is very expensive

What should we all do together.

- ▶ Formally agree to using the DHS comprehensive continuum of care model for all aspects of behavioral health (children/adolescent, substance abuse and mental health)
- ▶ Acknowledge all the critical needs and focus resources intentionally, transparently and collaboratively.
- ▶ A detailed masterplan for implementation of all recommendations is essential.

Related recent Children's Behavioral Health initiatives/Actions

- ▶ Insurance mandate for Autism Coverage
- ▶ Dual systems (Child Welfare/Corrections) work group
- ▶ School based services for children with behavioral health issues in the SE region

QUESTIONS??

