# ND Behavioral Health Initiative

(Preliminary draft)

## ADULTS MENTAL HEALTH
## Strategic Plan

**Strategic Initiative 1: Increase accessibility to behavioral health services through a more consistent, coordinated and transparent system of care**

**Adult Goal 1.1 Identify core services available in all regions of the state including both public and private providers. To have a consistent public sector delivery system that is routinely monitored based on public data.**

- Need a system of core services that are clearly defined and available in all regions including Inpatient, crisis services, therapies, housing, transportation and recovery support.
- Health Care providers need access to mental health assessments. Could be a tele-behavioral health triage system.
- Revise assessment and eligibility requirements for services to be more comprehensive and based on functionality rather than diagnosis
- Broaden range of HCBS support services by expanded Medicaid waivered
- Establish case consultation system for health facilities (including LTC) through Human Service Centers including access to mobile crisis teams
- IDDT expansion
- Need a comprehensive plan for use of telemedicine
- There is no regular data reporting that is reviewed either administratively or from the legislature. There is a leadership vacuum at the local level every decision appears to be made in Bismarck.
- Would ACA funding be available for behavioral health case management like there is for other chronic disease models?
- Current structure of public behavioral health services is inconsistent from region to region. Although there is supposed to be core services in looking at the DHS data it does not appear to be implemented.
- Build a long term facility for consumers with SMI that need controlled environment.
- Private contracting for nonprofits to build enough economy of scale.
- Need professional leadership with proven successful outcomes in mental health/addiction systems change/development, something like a 'project manager' concept
- There are many rules regarding eligibility that appear to create barriers rather than address needs

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- There does not appear to be any mechanism for accountability within the system - the regulators are the providers.
- Development a comprehensive long-term plan with bench marks and time-lines,
- There is a large need for housing services across the state. In addition to traditional housing there is a great need for crisis stabilization beds (beds that can be used in lieu of hospital where added support and med adjustment may be done 1-7 day stay) for all areas of the population not just to those affiliated with one service provider. There is also a need for respite/transitional services ( 7 days to 2 months that can be used to engage a person in services while they establish a long term plan) and supported housing (for long term use that assists with medications, support, life skill training).
- Transportation: significant need for affordable transportation across the state.
- Tele-behavioral health triage system: Ensure compliance with confidentiality standards.
- Revise assessment and eligibility requirements for services to be more comprehensive and based on functionally rather than diagnosis. Eligibility regardless of payer status also. (insured or uninsured)
- Need to defined populations that are to be served,
- Need to define who or what agencies will be providing defined services.

## Adult Goal 1.2 Identify and inform consumers/partners of available services

- Need a better system for consumers to know how to access services – simple resource and referral system with training for informal and key partners (clergy, law enforcements, schools and health care providers) and formally trained resources to help consumers and families needing behavioral health
- Electronic data base with a simple electronic point of entry
- Need a map of current resources that are actually available.
- There are pockets of effective programming with evidenced based practice but there is not a coordinate system of services.
- Need a map of current resources that are actually available to include criteria for those services. (can this be available on the already existing First Link page

## Adult Goal 1.3 Strengthen relationships between providers

- Build stronger collaboration between physical health providers and behavioral health services
- Establish regional planning teams to develop strategic planning systems that integrate public and private sectors, address issues and monitor outcomes for adult mental health services.
- Communication efforts regarding recovery model of case management
- The balance and relationships between the public and private sector is totally unclear.
- There is a lack of public and inter-agency communication.
- Establish regional planning teams to develop strategic planning systems that integrate public and private sectors, address issues and monitor outcomes for adult mental health services.

- It is often difficult to get access for people needing services due to already overtaxed case loads
- If a system could be in place to allow easy transition for those members already in services for behavioral health/substance abuse that are stable in their current situation, to transition to a PCP/health coach etc… but not lose the additional services they receive that keep them stable.(housing options, med delivery) By allowing this transition it would create access in the front door by allowing people to transition out the back door depending on need. In addition there needs to be an easy transition for those members from PCP etc. to psychiatry if the need arises.
- Develop structures on how the agencies will formally connect.

## Adult Goal 1.4 Expand and train workforce and key partners

- Integrate behavioral health training in medical school, residency
- Establish a merged family practice/psychiatric residency program
- Establish a one year behavioral health fellowship program for family practitioners
- Expand number of providers
  - Increase funding for case aides/peer support
  - More training and support for nursing homes that treat behavioral/mental health issues
- Focused work force issues
  - Student loan incentives
  - Study barriers/regulations regarding Telemedicine
  - Expand CNS/Psych Nurse practitioners in behavioral health
  - Increase psychiatric residency slots
- LMFT, LPCC, LICSW need equity in reimbursement for services
- Workforce issues create holes in services - School of Medicine could take the lead for physicians/allied health professions. Made need a new level of behavioral health provider through new certification or licensing process
- Apply the Fed or STEM model for repayment of student loans for MH professionals
- Expand the use of mid-level providers

## Adult Goal 1.5 - Develop crisis response system with accountability standards

- Establish crisis mobile teams statewide through a network of public and private contracts.
- Crisis systems that assure that from the point of first contact through stabilization various systems work together. Train first responders & paramedics on basic screening (mental health first aide); assure timely access to mobile crisis units through face to face or telemedicine options; Expand short term housing support/respite to stabilize without hospitalization; Look at implementing E-psychiatry in critical access hospitals or other key points in rural areas.

- Rural hospitals role in accepting behavioral health cases that need stabilization. Look at reimbursement methods/subsidies
- Establish statewide mobile crisis team networks with accountability standards.

## Adult Goal 1.6 Improve Discharge Planning and Coordination

- Establish a transportation system between movement of individuals between levels of care (inpatient, residential, crisis)
- Need more crisis beds for short term stabilization
- Need more residential beds that are comprehensive with proper assessment and planning
- Need a transparent understandable step down system
- Accountable HCBS/outpatient services
- Need timely access to a range of mental health services including psychologist, psychiatric, social workers, LAC advanced clinical specialists, nurses, behavioral analysts and other allied professionals.
- Expedited process for 3rd commitment
- Required active follow up standards within 5 days of discharge from inpatient
- Establish a transportation system between movement of individuals between levels of care (inpt, residential, crisis) including ER and State Hospital

## Adult Goal 1.7 Expand Case Management

- Need more case managers
- Need better public/private collaboration and mutual understanding of roles
- Need more funding from various funding streams (Medicaid, general funds and private insurance) Consider looking at a pilot project
- Targeted case management
- Use evidenced based practices
- Use peer support
- Develop common definitions and expectations of case managers
- Broaden access to case managements ( may be a funding issue)
- Assure that case managers have a range of available services
- Implement case management earlier in the system
- Address transition issues between public and private service providers through regional planning teams

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- Expand the availability of informal supports – volunteer community support people, parish nurses
- Use the Community of Care model
- Expand medication monitoring systems, use telemedicine to set up medications for clients maybe through public health or HSC ( need policy/rules changes)

## Strategic Initiative 2 Identify and address changes in Rules/NDCC/Licensing issues

### Adult Goal 2.1 Review and Revise commitment procedures/processes

- Revise emergency commitment 24 hour hold to 72 hour through collaboration with all parties concerned.
- Make paperwork for commitments less cumbersome
- Expedited process for 3rd commitment

### Adult Goal 2.2 Review Licensing requirement for various mental health/LAC professionals

- Review licensing requirements for various professionals balancing access to consumer protection
- Reciprocity with neighboring states (would need legislation )
- Physician Competency standards in behavioral health – required CEUS in pain management, addition including audit procedures.
- Definition of who is a mental health professional needs revision – statewide testing cross disciplines
- Review of LAC standards

### Adult Goal 2.3 Revise the NDCC to permit Law Enforcement to access behavioral health information to assure public safety

- Century Code revisions to permit law enforcement access to information of a public safety nature similar to prescription drug network.
- Review data on persons with mental health issues requesting gun permits

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# CHILDREN AND ADOLESCENT MENTAL HEALTH
## Strategic Plan

**Strategic Initiative 1: Increase accessibility to specialized behavioral health services through a more consistent, coordinated and transparent system of care**

**Children/ Adolescent Goal 1.1 Identify core services available in all regions of the state including both public and private providers. Have a consistent public sector delivery system that is routinely monitored based on public data.**

- Create a data base on all current resources and share broadly
- Expand array of children and adolescent services available
- Establish state reimbursement incentives to retain high level children and adolescent providers.
- Need 24 hour mobile crisis for children and adolescents with links to schools
- Need on site mental health services ( assessment, case management – wrap around – whatever the child needs)
- Expansion of partnership programs in the schools
- Behavioral health support for 18-21 children during those transition years (Gap kids)
- Expansion of a range of HCBS services availability to wrap around high need children: respite, parent aide, short term crisis, behavioral management

**Children/ Adolescent Goal 1.2 Expand residential treatment services**

- Develop crisis residential system for children/adolescents
- Pay for performance to return kids from out of state placements
- Need a report card and data on services for children receiving services – transparency
- Assure appropriate funding for attendant care
- Need a facility for young sex offenders – currently all treatment needs being met out of state.
- Need some type of residential treatment for young children
- Need a process for assessing crisis bed need. Utilization reviews and appropriateness of placements. What happens when placements fail?
- Cross systems leadership is needed DJS/DHS Child Welfare. Assure that children with mental health problems are ending up in the wrong system.
- Need long term safe beds
- Build supports to transition back to home for both children and their families
- Build supports and incentives for foster families

## Children/ Adolescent Goal 1.3 Expand home and community based services for children/adolescents

- Need a strong nurse visitation structure for newborns (universal) PH
- Need more intensive in-home services to increase the frequency of visits and the access to service for ages 0-18
- Need more transitional services for children following hospitalization or residential services. No time delays
- Need access to respite, family support, parent aide
- More tele-behavioral health
- Need more public awareness and understanding of behavioral health
- Expand (1015i) waiver and maybe rehab waiver to access behavioral health for children
- Respite
- Foster homes for children with behavioral health needs
- High level professionals need to hand off care to mid and para level when possible

## Children/ Adolescent Goal 1.4 Expand Case Management

- Train foster parents and/or Path to fund crisis services for children with Behavioral health needs and fund the service
- Expand partnership beyond SED (no funding at this time)
- Don't wait until the child is so dysfunctional to provide service. More services at both an earlier age and this fewer problems.
- Needs to be fully staffed in the state ( very difficult in Western ND)
- Call it Care Coordination
- Need to have access to services. Care coordination without services can't work.
- Look at improving the assessment/care coordination with the prison system for families with children. Can we do better transitions and help in accessing behavioral health problems rather than waiting for a crisis.
- Develop partnership care coordination with peer support throughout all levels of service
- Expand funding for a comprehensive array of services to meet the needs of children with behavioral health services
- Place children behavioral health care coordinators in primary care settings.

## Children/ Adolescent Goal 1.5 Expand and train workforce and key partners

- Expand behavioral health training for Family Practitioners and Pediatricians
- Establish a dual family practice/psychiatric residency or fellowship
- Expand use of specially training children behavioral health nurse practitioners particularly in rural areas.
- Need access to board certified behavior analysts
- Need more licensed social workers
- Integrate behavioral health training in medical school, residency

## Strategic Initiative 2: Expand availability of behavioral health services within the schools

## Children/ Adolescent Goal 2.1 Expand onsite behavioral health services within the schools

- Need expanded training for all school personnel on behavioral health and behavior management in collaboration with DHS/Public Health/DPI/ Education Associations
- Need earlier assessment and intervention when issues are identified
- Need specialized staff such as social workers, nurses, therapists in schools
- Expand behavioral health for children beyond current categories/silos (Medicaid, private insurance, DPI)
- Expand use of tele-behavioral health in the schools for assessment/therapy
- School nurses for screening - need additional training and numbers
- Develop trained in school volunteers
- Need more school psychologists to work
- Expand the Nurtured Hearts approach to have a unified prevention and Model for Social Emotional Intelligence.
- Expand use of tele-behavioral health for rural schools

## Strategic Initiative 3: Establish early childhood behavioral health screening and assessment

### Children/ Adolescent Goal 3.1 Establish consistent early childhood behavioral health screening, assessment and treatment to be available for all pre-school children.

- Need state wide leadership in early childhood mental health. Who is responsible?
- State wide practice standards for early childhood and extensive training
- Need further study on current early childhood screening and assessment protocols across all the systems to build a common system. Inventory of who is doing what both public and private – what is evidence based.
- Incorporate BH screening into all school health programs
- Expand head start to cover more kids
- Expand screening and assessment options with various points of entry ( pediatricians, child care providers, pre-school screening
- Expand links to schools and pre-school services
- Expand Health Tracks Behavioral health screening – using evidence based technology and establish better follow up.
- Establish mobile screening and assessment units like the Dental bus.
- Need further study on current early childhood screening and assessment protocols across all the systems to build a common system. Inventory of who is doing what both public and private – what is evidence based.
  Ann Gerahty – University of Minnesota
- Make early childhood BH screening a component of all wellness visits in medical settings
- Establish screening programs in all child care settings
- Train camp, parks and recreation or activity staff on screening, management and referral options

# ADULT AND ADOLESCENT SUBSTANCE ABUSE
## Strategic Plan

**Strategic Initiative 1: Increase accessibility to specialized behavioral health services through a more consistent, coordinated and transparent system of care**

**Substance Abuse Goal 1.1 Identify core services available in all regions of the state including both public and private providers. To have a consistent public sector delivery system that is routinely monitored based on public data.**

- Need an audit of current services by locations and outcomes
- Need a Result oriented system of Care
- Limited treatment capacity in many places in the state both private and public
- LAC Unpaid leave requirement creating issues – can they be subsidized, offer scholarships or loan forgiveness
- Need to expand training sites
- Changing insurance reimbursements structures need to be addressed or access problems will be worse. Medicaid expansion limits on behavioral health services a major challenge.
- Payers both Medicaid and Insurance need to work with providers to address needs
- State needs to recognize substance abuse treatment needs and provide more support.
- MA reimbursement is for outpatient services. Need to expand continuum of care.
- 3rd party payments must be required to pay benefits that are needed including various levels of residential treatment

**Substance Abuse Goal 1.2 Expand Medical and Social detoxification resources**

- Need an audit of current Detox structures
- Train Community Access Hospitals to use unfilled beds for detox with funding and training and support through telemedicine.
- Detox services not available in many communities so system needs to be consistently available. Perhaps some of the residential beds could be converted to detox with links to follow up services
- Expand social Detox throughout state
- Improve social and medical detox into a more seamless system.
- Both medical and social Detox need to be defined and provided through public/private partnerships

## Substance Abuse Goal 1.3 Identify funding structures both public and private that support a comprehensive system of care.

- Pull interested stakeholders together to begin planning how to fund substance abuse treatment services.
- Pursue compliance with federal mental health parity laws and existing state insurance requirements for both Medicaid and private insurance.
- Pursue individual and private foundation funding and a legislative match for residential treatment.
- Consider designating sale taxes income for substance abuse treat and/or detox
- Study to see if 3rd party payment can be legislatively mandated
- Study to see if SA peer based recovery can be funded with Medicaid.
- Need to find a funding mechanism for medication assisted treatment.
- Need payment for internships

## Substance Abuse Goal 1.4 Expand and train workforce and key partners

- Broaden understanding and support for DHS Addiction Training and Retention plan
- Establish a cross systems stakeholder group to assess and make recommendations regarding licensure changes including reviews of other state policies and in state standards. This group should in DHS, Private providers, Board of Addition, legislators, Psychiatrists, psychologist and social workers.
- Look at reciprocity options for licenses
- Study graduated or provisional licenses
- Paid internships
- Loan Forgiveness programs
- Promote evidence based practices
- Need payment for internships

## Strategic Initiative 2: Inform the public of the risks of substance abuse through education and media efforts to reduce abuse

### Substance Abuse Goal 2.1 Develop a major public information campaign and primary prevention initiative.

- Take the lessons learned from Tobacco Prevention and apply them to substance abuse
- Expand Parent's lead Resource
- Advertising and public education
- Clarify the message – abstinence or moderation – what is it?