Building Stronger Behavioral Health Services in North Dakota
Framing Key Issues and Answers

Prepared by a collaboration of public and private behavioral health providers, policy makers, advocates, educators, consumers, judicial and executive branch and corrections officials. Information was collected through several meetings, phone conference calls and written feedback.

7/18/2014
Acknowledgements

This project was a volunteer driven initiative that was dependent on the voluntary contributions of participants, facilitators, experts and presenters. Thanks to the over 100 participants that have been involved in this process over the last five months. (Appendix A – list of Participants) This process was facilitated by the Behavioral Health Steering Committee which included Senator Judy Lee, Senator Tim Mathern, Representative Kathy Hogan, Representative Pete Silbernagel, Joy Ryan, Rod St. Aubyn and John Vastag.

Special thanks to the Dakota Medical Foundation and the Health Policy Consortium (HPC) who provided financial support for various meetings/materials/meals/website. Both of these organizations are strongly committed to improving the quality and accessibility of community based services for persons with behavioral health issues. Special thanks also to Sanford Health for providing the administrative support services of Pam Posey.
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THE PROCESS

Background Information

In the fall of 2013, a group of concerned individuals met to discuss the emerging behavioral health challenges. After reviewing the legislative initiative to review existing services and identify unmet needs, it was agreed that a private parallel process could be helpful in identifying key issues and potential solutions. The group decided that a two day working session would be held in February 2014 with key stakeholders from both various provider organizations and also related partners.

Stakeholder Meeting 1

The stakeholder meeting had two distinct components. The first day began with an environmental scan of behavioral health in North Dakota prepared by Dr. Nancy Volgletanz-Holm and presented by Dr. Gwen Halaas, UND School of Medicine. The participants then spent the afternoon identifying and prioritizing key challenges in three areas of behavioral health: Adult Mental Health; Children’s Mental Health; Adult/Adolescent Substance Abuse. A SAMSHA template of the components of a comprehensive system of behavioral health care was shared.

The second day the participants worked to identify recommendations and solutions for the issues and challenges identified on the first day. Only the top four to six areas of concern were addressed in the group process although additional recommendations were suggested by the participants. Thirty three individuals participated in the first session.

Stakeholder Meeting 2

A second stakeholder session was held in Bismarck on March 25th at the UND Center for Family Medicine to share the preliminary findings and begin the development of specific action steps. Thirty eight individuals participated in the second session. This session resulted in the preliminary list of recommendations and action steps.
Additional Feedback

The recommendations from the second meeting were shared with all stakeholders and individuals who had indicated interest. They were given a month to provide feedback or additional suggestions.

Recommendation Reviews – Conference Calls

Three phone conference calls were held in early June to review the recommendations/action plans prior to publication of this document.

Website

A website was developed to provide additional access to information on the process. It is currently available at:
http://www.ndbehavioralhealth.com/#/home

“Final Report - Road Map for the Future”

The steering committee recognizes that implementation of all of the recommendations in this report will take a number of years. It is the intent of this document, that it be used in collaboration with the recommendations of the Legislative Consultant, Renee Schulte, to begin to address the myriad of issues. Many of the issues can be addressed through administrative action while others will require legislation and or funding.
THE RECOMMENDATIONS

Full recommendations

The recommendations in this report are organized into five areas; Adult Mental Health, Children’s Mental Health, Adult/Adolescent Substance Abuse, Work Force Development and Legislative Recommendations.

Workforce development had major similarities across all of the program areas and for this reason was combined into one set of recommendations. The recommendations for legislative consideration during the 2015 session were combined into one section for easier access to policy makers as to the roadmap ahead.

Some of the recommendations can be accomplished administratively by various groups such as insurers, state level departments or local groups.

Legislative Recommendations

The recommendations for legislative consideration during the 2015 session were then combined into one document.
Adult Mental Health  Recommended Action 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 public and private providers. Have a consistent public sector delivery system that is routinely monitored based on public data.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>HSC provide data on current core services provided including</td>
<td>DHS/Medical School</td>
<td>To be done by Jan 2015</td>
<td>Data routinely provided like quarter budget update.</td>
</tr>
<tr>
<td>outcome measures if available.</td>
<td></td>
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</tr>
<tr>
<td>Establish a unified system of DHS core services – that are available</td>
<td>ND Legislature</td>
<td>* 2015 session</td>
<td>Regular data reporting on provision of core services by regions. (like</td>
</tr>
<tr>
<td>and accessible through HSC or private providers by vouchers. (Use SAMSHA</td>
<td></td>
<td></td>
<td>quarterly budget summary)</td>
</tr>
<tr>
<td>Guidelines/Grid)</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>Review data to identify where</td>
<td>DHS</td>
<td>2015 session</td>
<td>Regular reporting to legislators like the quarterly update.</td>
</tr>
<tr>
<td>service is lacking or inconsistencies between regions.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study option of having both</td>
<td>DHS/Medical School</td>
<td>2017 legislative</td>
<td>Comprehensive data system</td>
</tr>
<tr>
<td>public and private BH providers and insurers using common data system.</td>
<td></td>
<td>session</td>
<td></td>
</tr>
<tr>
<td>Initiative</td>
<td>Responsible Parties</td>
<td>Date</td>
<td>Description</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>Expand eligibility for case managers beyond federal definitions to assure that all people with functional needs have access to services – including privatization of case management.</td>
<td>DHS</td>
<td>2017</td>
<td>Reduce numbers of persons in jails with behavioral health issues.</td>
</tr>
<tr>
<td>Establish a state level structure that coordinates seamless systems of care, i.e. DHS/DPI/DoC/Dept. of Health, Insurance Department, and School of Medicine.</td>
<td>Governor’s office</td>
<td>Sept 2015</td>
<td>Report to interim legislative committee on ongoing for the next four years.</td>
</tr>
<tr>
<td>Expand Peer support systems.</td>
<td>DHS/MHA</td>
<td>2017</td>
<td>Reduce inappropriate use of crisis services.</td>
</tr>
<tr>
<td>Expand use of telemedicine to some or all core services offered through human services.</td>
<td>DHS/Private providers Develop inventory of current services and potential expansion services</td>
<td>Beginning in 2015</td>
<td>Assure that telemedicine behavioral health services has increased access to rural areas.</td>
</tr>
<tr>
<td>Address telemedicine reimbursement from insurers.</td>
<td>Insurers and ND Insurance Commissioner, private and public providers</td>
<td>2017 legislative session</td>
<td>Prepare a report and recommendations for 65th session regarding technology and policy needs.</td>
</tr>
<tr>
<td>Establish training for 1st responders on BH core services.</td>
<td>DHS and Law enforcement</td>
<td>2017</td>
<td>All first responders trained.</td>
</tr>
<tr>
<td>Establish and publish a 24 hour response system statewide for BH core services.</td>
<td>DHS and First Link, First responders</td>
<td>2017</td>
<td>System in place including evaluation and data components.</td>
</tr>
<tr>
<td>Establish 4 Adult Mental Health Assessment Centers in the 4 largest communities in ND. Establish a Hennepin county model; may need to look at the 72 hour hold that MN has in place; develop process to make sure people have a correct diagnosis.</td>
<td>Hospital Association, Medical Association, DHS, Legislature</td>
<td>*2015 session</td>
<td>First system established by 2016 with additional assessment centers added through 2019.</td>
</tr>
<tr>
<td>Assurance of Payers</td>
<td>DHS and Insurers, Insurance Department</td>
<td>2017</td>
<td>May or may not require legislation.</td>
</tr>
<tr>
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</tr>
<tr>
<td>Add to Medicaid dollars with state funding for IMD exclusion.</td>
<td>DHS, Stakeholders, legislators</td>
<td>2017</td>
<td>Broader access to appropriate service.</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Make consumers aware of the services provided/211 and through SAMHSA directory.</td>
<td>Need a professional marketing plan (similar to Easy as Pie campaign)</td>
<td>*2015 leg session</td>
<td>At completion.</td>
</tr>
<tr>
<td>Assure that 211 has access to all funded provider information including for profit providers.</td>
<td>First Link and DHS</td>
<td>2015</td>
<td>At completion.</td>
</tr>
<tr>
<td>Establish electronic application system for public BH services.</td>
<td>Sheldon Wolff/DHS</td>
<td>2017</td>
<td>Full implementation.</td>
</tr>
</tbody>
</table>

### Adult Goal 1.3 Strengthen relationships between providers

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<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expand role of regional BH Task Forces (CCC’s) from all of the different partners to address cross system issues and develop joint training.</td>
<td>Director of each HSC shall convene with local law enforcement partners, hospital association, medical association, private agencies, EMS, public health, FQHCs, legislators, homeless programs, counties.</td>
<td>Within 6 months</td>
<td>Regular meetings will be held at least quarterly and minutes will be maintained. At least one annual training will be held in each region.</td>
</tr>
<tr>
<td>Better coordination with all partners through improved communication – i.e. newsletters, e-mail.</td>
<td>DHS/Law Enforcement/UND/ ND Association of Psychologist, Psychiatrists, social workers and addiction counselors</td>
<td>2017</td>
<td></td>
</tr>
</tbody>
</table>
### Adult Goal 1.5  Develop crisis response system with accountability standards

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
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<tbody>
<tr>
<td>Involve key Behavioral Health partners (EMS, law enforcement, health care providers, and private providers partners, homeless clinics, public health in the crisis mobile response team (Southeast Region) to develop outcome standards.</td>
<td>DHS – SE; Fargo and Cass County Law Enforcement, first responders.</td>
<td>By January 1, 2015 have a formal report on opportunities, any limitations and recommendations</td>
<td>At completion.</td>
</tr>
<tr>
<td>Expanding the crisis mobile response team to other regions with outcome standards and reporting requirements based on the pilot project.</td>
<td>DHS</td>
<td>*2015 legislative session</td>
<td>To have crisis response services available in all regions by 2019.</td>
</tr>
</tbody>
</table>

### Adult Goal 1.6  Improve Discharge Planning and Coordination

<table>
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<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>Involve key Behavioral Health partners (law enforcement, health care providers, and private partners) in one region to develop discharge planning protocols in one region including the establishment of outcome measures. Fund a one year pilot project for one year.</td>
<td>DHS Private providers Private insurance companies; DHS for HSC clients; Medicaid funding (traditional and expansion populations)</td>
<td>* 2015</td>
<td></td>
</tr>
<tr>
<td>Expanding the discharge planning protocols to other regions with outcome standards and reporting requirements based on the pilot project.</td>
<td>2017</td>
<td></td>
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</tr>
<tr>
<td>Determine what is needed for county jails to access medical information for clients. Can the jails have electronic access to provider’s health records?</td>
<td>Sheldon Wolf and requesting assistance from Mike Mullen - In collaboration with the Court system and the CGIS system, consider options</td>
<td>2015</td>
<td>At completion.</td>
</tr>
</tbody>
</table>

| **Strategic Initiative 2:** Identify and address changes in Rules/NDCC/Licensing issues |

**Adult Goal 2.1** | **Review and Revise commitment procedures/processes** |

**Action Steps** | **Key Leaders** | **Date implemented** | **Outcome** |
<table>
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<tr>
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<tbody>
<tr>
<td>Support DHS Task Force Expand involvement to other stakeholders to address hearing and dispositional hearing timelines. Support Interim Health Care Reform committee changes in expert examiners including the expansion of nurse practitioners as health care expert witnesses.</td>
<td>Dr. Etherington, Interim Committee State’s Attorneys</td>
<td>6 months * 2015 legislation</td>
<td>Report by October 2014. Simplify procedures.</td>
</tr>
</tbody>
</table>
Adult Goal 2.3  **Revise the NDCC to permit Law Enforcement to access behavioral health information to assure public safety**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>How to Measure</th>
</tr>
</thead>
</table>
| Establish mechanism so that law enforcement can access information on individuals who may have been committed. | Commitment task force (Dr Etherington) | 6 months  
May need 2015 legislation | At completion. |
| Amend law to allow Attorney General to review commitment records prior to issuing concealed weapons requests records. | Attorney General/ BCI | 6 months | |
**Children and Adolescent Mental Health  Recommended Action 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 public and private providers. Have a consistent public sector delivery system that is routinely monitored based on public data.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Identify actual HSC children’s services with common definitions and data by service by region.</td>
<td>DHS, Stakeholders, Legislature</td>
<td>Fall 2014</td>
<td>At completion.</td>
</tr>
<tr>
<td>Adopt core service standards or grid for children/adolescent mental health through DHS.</td>
<td>ND legislature, Stakeholders</td>
<td>*2015</td>
<td>At completion.</td>
</tr>
<tr>
<td>Identify unmet children’s needs by region.</td>
<td>Advocacy groups: Family Voices, MHA, NAMI, Autism taskforce, DHS, providers Stakeholders</td>
<td>Fall 2015</td>
<td>At completion.</td>
</tr>
<tr>
<td>Establish children/adolescent assessment network or centers in each region of state to incorporate attendant/shelter care with a system like STEP at DBR.</td>
<td>DHS, Stakeholders, DJS/Youthworks, DBGR</td>
<td>* 2015</td>
<td>More consistent comprehensive assessments to ensure that functional needs are addressed. Decrease the number of children inappropriately placed in county or DJS custody.</td>
</tr>
<tr>
<td>Title</td>
<td>Implementers</td>
<td>Timeframe</td>
<td>Goal</td>
</tr>
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</tr>
<tr>
<td>Assure that the assessment process is consistently utilized by various providers.</td>
<td>DHS, Advocacy groups: Family Voices, MHA, NAMI, Autism taskforce, DHS, providers, Stakeholders,</td>
<td>July 2017</td>
<td>To assure appropriate services at appropriate level of care for children.</td>
</tr>
<tr>
<td>Expand case management throughout the system regardless of payment streams including DJS/Counties/HSC/schools (No wrong door for case management for children) Allow PDD into system.</td>
<td>DHS/DJS/Counties, Schools Stakeholders</td>
<td>2017 biennium</td>
<td>To assure that children with mental health needs have access to services.</td>
</tr>
<tr>
<td>Expand peer mentoring.</td>
<td>DHS/MHA, Stakeholders</td>
<td>2017 Biennium</td>
<td>At completion.</td>
</tr>
<tr>
<td>Expand eligibility and funding for parent to parent case management.</td>
<td>Stakeholders</td>
<td>2017 Biennium</td>
<td>At completion.</td>
</tr>
<tr>
<td>Establish regional children’s BH Task Force from all of the different partners to address cross system issues and develop joint training.</td>
<td>Director of each HSC shall convene with schools, juvenile court private providers, hospitals, Stakeholders</td>
<td>Within 6 months</td>
<td>Regular meetings will be held at least quarterly and minutes will be maintained. At least one annual training will be held in each region.</td>
</tr>
<tr>
<td>Expand awareness and utilization of children’s crisis services at HSC’s through education/networking.</td>
<td>DHS, First Link, stakeholders, legislators</td>
<td>July 2016</td>
<td>At completion based on DHS data.</td>
</tr>
<tr>
<td>Inform the public of the children’s mental health issues to reduce the stigma and increase early intervention through education and media efforts.</td>
<td>DHS, MHA, Stakeholders</td>
<td>* 2015</td>
<td>Ongoing</td>
</tr>
</tbody>
</table>
### Children/Adolescent Goal 1.2

**Evaluate residential treatment service options/expand community alternatives**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>How to Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Review current in-state residential service options to determine if the current system is meeting the needs of children including a review of level of care and geography.</td>
<td>DHS, Stakeholders</td>
<td>Six months</td>
<td>At completion – monitor bed utilization for residential treatment length of stay.</td>
</tr>
<tr>
<td>Expand eligibility for family support and partnership. (both insurance and Medicaid)</td>
<td>DHS, Stakeholders</td>
<td>Next biennium</td>
<td>At completion.</td>
</tr>
<tr>
<td>Expand behavioral health services including family support and partnership programs on the reservations to reduce unnecessary use of residential treatment.</td>
<td>DHS/Tribes, Stakeholders</td>
<td>Next biennium</td>
<td>Reduced inappropriate use of residential.</td>
</tr>
<tr>
<td>Review reimbursement mechanisms and NDCC so parents don’t have to give up custody to get services.</td>
<td>DHS/Legislature bill draft, Stakeholders</td>
<td>Next Biennium</td>
<td>DHS will provide information on utilization of this system and prepare recommendation to address any unmet needs and inform partners of the process.</td>
</tr>
<tr>
<td>Expand community alternatives by applying for a Medicaid waiver for HCBS services for at least half of the available options</td>
<td>DHS Stakeholders</td>
<td>Next biennium</td>
<td>At completion. To be evaluated at the end of the biennium.</td>
</tr>
<tr>
<td>Assure that the assessment process is consistently utilized by various providers.</td>
<td>DHS, Advocacy groups: Family Voices, MHA, NAMI, Autism taskforce, DHS, providers, Stakeholders</td>
<td>July 2017</td>
<td>Assure appropriate services at appropriate level of care for children.</td>
</tr>
</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>Establish a system to allow for MH providers in schools similar to Yellowstone County in Montana.</td>
<td>DPI and DHS, Stakeholders</td>
<td>Next biennium</td>
<td>At Completion earlier intervention in less restrictive environment.</td>
</tr>
<tr>
<td>Establish Mental Health Day Treatment Programs in schools i.e. Partial hospitalizations.</td>
<td>DPI/DHS, Stakeholders</td>
<td>Next biennium</td>
<td>At completion broader array of services reduction in out of home placements.</td>
</tr>
<tr>
<td>Expand options for school districts to contract directly with non-profit agencies to provide onsite behavioral health services that will augment not replace school counselors.</td>
<td>Human Services Committee recommend expansion of funding under DPI for school districts to have the option of hiring qualified mental health professionals (LP, LICSW, LPCC, LMFT) to provide assessment and coordinated referral of students with complex or critical clinical needs (e.g. chemical abuse, self-injurious behavior, thoughts of harm to self or others). Stakeholders</td>
<td></td>
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</tbody>
</table>
**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.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>Fund and expand routine standardized screening using evidence based practice throughout the state to routinely screen all 2, 3 and 4 year olds at primary care sites. – Pilot project in 2015. Full implementation in 2017</td>
<td>DHS/DPI, Stakeholders, Legislators</td>
<td>* 2015 Legislature</td>
<td>Evidence based system implemented across the state integrated into primary care system.</td>
</tr>
<tr>
<td>Evaluate outcome data on behavioral health screening tools done with Health Tracks – monitor referral patterns and unmet needs.</td>
<td>DHS, Stakeholders</td>
<td>By January 2015</td>
<td>Recommend changes in system based on evaluation.</td>
</tr>
</tbody>
</table>
**Adult/Adolescent Substance Abuse Recommended Action 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 public and private providers. To have a consistent public sector delivery system that is routinely monitored based on public data.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
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</thead>
<tbody>
<tr>
<td>Adopt ASAM Core Services Grid - one for Adult and one for Adolescent. (See Appendix B - 3)</td>
<td>ND Legislature, Stakeholders</td>
<td>*2015</td>
<td>Clear expectations.</td>
</tr>
<tr>
<td>Evaluate availability of current services within the grid. Need to know what the unmet needs are – (supply/demand) – waiting lists.</td>
<td>DHS/SA Providers NDACA/NDATPC/DHS, Stakeholders</td>
<td>2015</td>
<td>Common vision, knowledge of resources, identify holes, common language and measurements. Systematic planning to address unmet need.</td>
</tr>
<tr>
<td>Expand use of private providers to provide DHS core services based on new grid including allowing private providers access to Medicaid funding.</td>
<td>NDACA/NDATPC/DHS, Stakeholders</td>
<td>*2015</td>
<td>Expanded availability of services.</td>
</tr>
<tr>
<td>Establish a simplified transparent web site (use DHS/SAMSHA information)</td>
<td>DHS/First Link , Stakeholders</td>
<td>Six months</td>
<td>More public information.</td>
</tr>
</tbody>
</table>
that is easily accessible to the public through 211.

| Expand use of recovery navigators/coaches. | NDACA/NDATPC/DHS, Stakeholders | 2017 Legislative session | Implemented state wide with performance standards. |

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

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<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assess current services and develop a plan to assure services in all regions.</td>
<td>NDACA/NDATPC/DHS, Stakeholders, Law Enforcement, Public Health, Legislators</td>
<td>January 2017</td>
<td>Completion of plans in 8 regions.</td>
</tr>
<tr>
<td>Expand the behavioral health training model first responders used in Cass County to the whole state and integrate into Post Training standards.</td>
<td>JICC workgroup and MHA, Stakeholders</td>
<td>* Legislation July 2016</td>
<td>Full implementation of training.</td>
</tr>
</tbody>
</table>

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

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<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adopt ASAM Core Services Grid. Work with insurance providers to fund the grid.</td>
<td>SA Providers and DHS/Insurers NDACA/NDATPC/DHS, Stakeholders, Legislators</td>
<td>July 2015</td>
<td>Consistency between insurers and public funders.</td>
</tr>
<tr>
<td>Expand Medicaid to Licensed addiction agencies and others that are eligible for 3rd party reimbursements.</td>
<td>Legislature, Stakeholders</td>
<td>July 2015</td>
<td>Implemented</td>
</tr>
</tbody>
</table>
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.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Market 211</td>
<td>DHS and FirstLink, Stakeholders</td>
<td>One year/on-going</td>
<td>Completion</td>
</tr>
<tr>
<td>Develop formal statewide effort with local community involvement.</td>
<td>Governor’s office DHS/Health Department Local Public Health, Stakeholders</td>
<td>Ongoing</td>
<td>Completed and maintained.</td>
</tr>
<tr>
<td>Expand Parent Lead initiative.</td>
<td>DHS/DPI, Stakeholders</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>
### Behavioral Health Workforce Development Recommended Action Plans

#### Strategic Initiative 1: Increase the availability of training professionals in all of the behavioral health fields.

##### Workforce Goal 1.1 To build a network or system of planning that assures that all interested parties/systems are working together.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tuition assistance for behavioral health students, including tuition buy-downs, Internship stipends.</td>
<td>NDUS</td>
<td>2016</td>
<td>Assist 65 NDUS students taking behavioral health programs and 40 complete programs.</td>
</tr>
<tr>
<td>Advocate behavioral health students as part of the Inter- Professional Education (IPE) approach to clinical rotations.</td>
<td>ND AHEC UND NDUS, Various professional Boards/organizations</td>
<td>2016—2022</td>
<td>Gains in teamwork and understanding of 40 students in behavioral health.</td>
</tr>
</tbody>
</table>

##### Workforce Goal 1.2 Expand and train substance abuse workforce and key partners.

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>How to Measure</th>
</tr>
</thead>
<tbody>
<tr>
<td>Require that all primary care physicians have 2.5 CEU’s of substance abuse training annually.</td>
<td>Medical Association, Medical School, Stakeholders, various other professional Boards and Associations, NDUS</td>
<td></td>
<td>Completed</td>
</tr>
<tr>
<td>Action Steps</td>
<td>Key Leaders</td>
<td>Date implemented</td>
<td>Outcome</td>
</tr>
<tr>
<td>-----------------------------------------------------------------------------</td>
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<td>----------------------------------------------</td>
</tr>
<tr>
<td>Expand numbers of LAC by establishing a stipend program for LAC interns that would be forgiven if LAC practices in state for 4 years. Proposed $25,000/applicant (see Note A)</td>
<td>NDACA/NDATPC/DHS, Legislature, Stakeholders, various other professional Boards and Associations, NDUS</td>
<td>*July 2015 40 slots – $1,000,000</td>
<td>Legislative changes may be required.</td>
</tr>
<tr>
<td>Expand LAC training slots by providing stipends for organizations that offer training slots. ($5,000/slot) (see Note A)</td>
<td>Legislature, Stakeholders, Six LAC training Consortiums</td>
<td>*July 2015 40 slots - $200,000</td>
<td></td>
</tr>
<tr>
<td>Build relationships between treatment providers and primary care providers, and various training programs.</td>
<td>NDACA/NDATPC/DHS, Stakeholders various other professional Boards and Associations, NDUS</td>
<td>Ongoing</td>
<td>Broaden workforce.</td>
</tr>
<tr>
<td>Develop relationships with Legislators so they understand the crisis.</td>
<td>NDACA/NDATPC/DHS, Stakeholders</td>
<td>Ongoing</td>
<td></td>
</tr>
</tbody>
</table>

**Note A** - In the spring of 2014, there were 17 applications for internships with only 9 open slots for unpaid internships. It is estimated that there is a need for at 30 additional LAC’s at this time.

**Workforce Goal 1.3 Expand and children and adolescent workforce and key partners.**

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Train clinical nurse practitioners and FNPS in children’s mental health.</td>
<td>UND – School of Nursing, Stakeholders</td>
<td>2017 legislature</td>
<td>Increased numbers of trained providers.</td>
</tr>
<tr>
<td>Place training for professionals in locations where there are shortages.</td>
<td>NDUS and Medical School, Stakeholders</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Study the option of expanded utilization of board certified behavior analyst – in HSC?</td>
<td>DHS, Stakeholders</td>
<td>2017 Legislature</td>
<td>At completion.</td>
</tr>
</tbody>
</table>
Provide basic training in schools on behavioral health issues for teachers, child care providers using Mental Health First Aide model.

DPI and ND University System, Stakeholders, NDSU Extension

*July 2015

When fully implemented it will.

<table>
<thead>
<tr>
<th>Adult Mental Health Goal 1.4</th>
<th>Expand and train workforce and key partners.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Action Steps</strong></td>
<td><strong>Key Leaders</strong></td>
</tr>
<tr>
<td>Establish a focus group that will promote the training and integration of primary care with behavioral health.</td>
<td>UND – Medical School, DHS, LTC Association, Hospital Association</td>
</tr>
<tr>
<td>Require and fund the infrastructure for telehealth/psychiatry in all hospitals and human service centers.</td>
<td>Department of Health/Department of Human Service - ND Legislature, ND Hospital Association</td>
</tr>
<tr>
<td>Fund professional education for high need areas i.e. LAC. Change laws and regulations to allow students in training to be reimbursed.</td>
<td>NDSU/UND and various funders</td>
</tr>
<tr>
<td>STEM type program for Behavioral Health.</td>
<td></td>
</tr>
<tr>
<td>Implement Rural MH and SA Tool Box.</td>
<td>CAH, Rural Health, MHA, DHS and Health Department, ND Hospital Association</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th><strong>Date implemented</strong></th>
<th><strong>Outcome</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>By 2016</td>
<td>Completed.</td>
</tr>
<tr>
<td>2017</td>
<td>Completed so that telehealth is available in all parts of the state.</td>
</tr>
<tr>
<td>*January 2015</td>
<td>Completed by 2017 in at least 4 regions and an additional 4 regions by 2019.</td>
</tr>
</tbody>
</table>
### Work Force issues 1.5 Adult Mental Health

Review Licensing requirements for various mental health/LAC professionals.

<table>
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<th>Action Steps</th>
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<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td>Establish professional licensing board standards to allow:</td>
<td>Various Licensing Boards</td>
<td>* 2015 legislative session</td>
<td></td>
</tr>
<tr>
<td>1. One year of practice if licensed in another state.</td>
<td></td>
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<tr>
<td>2. Process for meeting ND licensing standing during the 1 year period.</td>
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<tr>
<td>3. Reciprocity of licenses between Montana, South Dakota and Minnesota.</td>
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<tr>
<td>4. Method for issuing licenses within 30 days.</td>
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<td></td>
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</tr>
<tr>
<td>Improve timeliness of approval for new providers by licensing boards and MA/Insurers.</td>
<td>Various Licensing Boards</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Require that private 3rd party payers include coverage for couples and marriage &amp; family therapy as part of behavioral health services and include all licensed mental health professionals with established competencies in couples, relationship, and family therapy as eligible providers.</td>
<td>Human Services Committee recommend a bill be drafted that requires all 3rd party insurers operating in the state of ND to provide coverage for CPT Codes for Family Psychotherapy (e.g. 90846 Family Psychotherapy without the patient present, 90847 Family Psychotherapy, conjoint psychotherapy with the patient present, and 90849 Multiple-Family Group Psychotherapy). Coverage will include Licensed Psychologists, Licensed</td>
<td>*2015 legislative session</td>
<td>Expand service providers.</td>
</tr>
</tbody>
</table>
Independent Clinical Social Workers, Licensed Professional Clinical Counselors and Licensed Marriage and Family Therapists. Providers will need to have established, with their licensure boards, competencies in providing marital and family psychotherapy.

State amend its Medicare and Medicaid plan to include LPCC and LMFT Licensed Professionals in its coverage. Our state has grown and our population has very diverse needs; to exclude highly competent providers from the mix of clinicians qualified to receive Medicare and Medicaid reimbursement severely limits the options of people in need. Past efforts to amend the plan have received push back from those who wish to maintain their exclusivity in providing services. It is time to move past that narrow focus and provide a more comprehensive and health focused array of professionals.

Extend prescription privileges to qualified Licensed Psychologists. Currently New Mexico and Louisiana have set

| State amend its Medicare and Medicaid plan to include LPCC and LMFT Licensed Professionals in its coverage. Our state has grown and our population has very diverse needs; to exclude highly competent providers from the mix of clinicians qualified to receive Medicare and Medicaid reimbursement severely limits the options of people in need. Past efforts to amend the plan have received push back from those who wish to maintain their exclusivity in providing services. It is time to move past that narrow focus and provide a more comprehensive and health focused array of professionals. | * 2015 legislative session |
| Extend prescription privileges to qualified Licensed Psychologists. Currently New Mexico and Louisiana have set | *2017 legislative session |
licensure standards and license qualified psychologists to prescribe certain medications related to nervous and mental health disorders. Additional qualified prescribers will help alleviate wait times for access to Psychiatrists or Clinical Nurse Specialists which has gone from weeks to now months. Those waits have created a great deal of frustration for persons in need of prescription services who then seek those services through emergency care or walk in clinics, creating both increased costs and a lack of continuity in care.
# BEHAVIORAL HEALTH STAKEHOLDERS PRIORITY RECOMMENDATIONS FOR 2015

**ALL ACTIONS IN GREEN REQUIRE LEGISLATION or FUNDING IN 2015**  
**ALL ACTIONS IN PURPLE WILL REQUIRE LEGISLATION OR FUNDING IN 2017**  
**ALL ACTIONS IN BLACK ARE ADMINISTRATIVE AND COULD BE STARTED IMMEDIATELY**

## Substance Abuse

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>CORE SERVICES</strong> - Adopt ASAM Core Services Grids - one for Adult and one for Adolescent. Define HSC Roles, move to a private and/or voucher system whenever possible.</td>
<td>ND Legislature, Stakeholders</td>
<td>*2015</td>
<td>Clear expectations, for public and private providers. Regular data reporting and possible expansion of available resources.</td>
</tr>
<tr>
<td><strong>EXPAND MEDICAID</strong> - Expand Medicaid to Licensed addiction agencies and others that are eligible for 3rd party reimbursements.</td>
<td>Legislature, Stakeholders/NDACA/NDATPC/DHS</td>
<td>July 2015</td>
<td>Expansion of available resources. Could be administrative rather than legislative.</td>
</tr>
<tr>
<td><strong>TRAIN 1st RESPONDERS</strong> - Expand the behavioral health training model for first responders used in Cass County to the whole state and integrate into Post Training standards.</td>
<td>JICC workgroup and MHA, Stakeholders</td>
<td>July 2016</td>
<td>Full implementation of training.</td>
</tr>
<tr>
<td><strong>INSURANCE COVERAGE</strong> - Work with insurance providers to fund ASAM Core Service.</td>
<td>SA Providers and DHS/Insurers NDACA/NDATPC/DHS, Stakeholders Legislators,</td>
<td>On – going</td>
<td>Consistency between insurers and public funders. (Administrative)</td>
</tr>
</tbody>
</table>
## ADULT MENTAL HEALTH

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
</table>
| **CORE SERVICES**  
Established a unified system of DHS core services – that are available and accessible through HSC or private providers by or vouchers. (Use SAMSHA Guidelines/Grid) | DHS and ND Legislature | *2017 session | DHS will provide data on provision of NDCC core services by regions (like quarterly budget summary) starting 1/2015. Next interim to study core adult mental health needs to make recommendations to Legislature. (Administrative) |
| **ASSESSMENT CENTERS**  
Establish 4 Adult Mental Health Assessment Centers in the 4 largest communities in ND. Train Critical Access Hospitals to triage behavioral health issues including access to telemedicine to Mental Health Assessment Centers.  
Establish a Hennepin county “like” model; may need to look at the 72 hour hold that MN has in place; to include developing process to make sure people receive a diagnosis or the correct diagnosis. | Hospital Association, Medical Association, DHS, Legislature | *2015 session | Establish four assessment units, one every 6 month starting January 1, 2016. |
| **HCBS WAIVER**  
Expand the range of community based services through mental health HCBS waiver to assure access in both rural and urban. | DHS | *2015 session | Fully implementation statewide – target Date 2017. (Administrative) |
<table>
<thead>
<tr>
<th>FIRST LINK/211</th>
<th>First Link and DHS</th>
<th>2015</th>
<th>At completion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Assure that 211 has access to all funded provider information including for profit providers (make it a requirement for MA and contracts). Assure that consumers aware of services through 211 and SAMHSA director.</td>
<td></td>
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<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>MOBILE CRISIS UNITS</th>
<th>DHS</th>
<th>*2017 legislative session</th>
<th>To have crisis response services available in all regions by 2019.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Expanding the crisis mobile response team to other regions with outcome standards and reporting requirements after the establishment of comprehensive assessment services.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>DISCHARGE PLANNING</th>
<th>DHS Private providers Private insurance companies; DHS for HSC clients; Medicaid funding (traditional and expansion populations)</th>
<th>* 2015</th>
<th>Consistent system of care for hospital discharges.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Involve key Behavioral Health partners (law enforcement, health care providers, and private partners) in one region to develop discharge planning protocols in one region including the establishment of outcome measures. Fund a one year pilot project for one year.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Commitment Related Legislation</td>
<td>Dr. Etherington, Interim committee, State’s attorneys</td>
<td>* 2015 legislation</td>
<td>Report by October 2014 Legislation should be prepared by DHS. (Administrative and Legislative)</td>
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</tr>
<tr>
<td>Support DHS Task Force that addresses hearing timelines.</td>
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<tr>
<td>Support changes in expert examiners including the expansion of nurse practitioners as Health care expert witnesses.</td>
<td></td>
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</tr>
<tr>
<td>Establish mechanism so that law enforcement can access information on individuals who may have been committed.</td>
<td></td>
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</tbody>
</table>
### Children/Adolescent Mental Health

<table>
<thead>
<tr>
<th>Action Steps</th>
<th>Key Leaders</th>
<th>Date implemented</th>
<th>Outcome</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>ASSESSMENT SERVICES</strong>&lt;br&gt;Establish children/adolescent assessment network or centers in each region of state to incorporate attendant/shelter care with a system like STEP at DBR. These services should include access through critical assess hospitals using telemedicine.</td>
<td>DHS, Stakeholders&lt;br&gt;DJS/Youthworks, DBGR</td>
<td>*2015</td>
<td>More consistent comprehensive assessments to ensure that functional needs are addressed. Decrease the number of children inappropriately placed in county or DJS custody.</td>
</tr>
<tr>
<td><strong>CORE SERVICES</strong>&lt;br&gt;Adopt core service standards or grid for children/adolescent mental health through DHS.</td>
<td>DHS, ND legislature, Stakeholders</td>
<td>*2017</td>
<td>DHS will provide data on provision of NDCC core services by regions (like Quarterly budget summary) starting 1/2015. Next interim to study core Adult mental health needs to prepare recommendations to Legislature. (Administrative)</td>
</tr>
<tr>
<td><strong>PRE-SCHOOL SCREENING/ASSESSMENT</strong>&lt;br&gt;Evaluation outcome data on behavioral health screening tools done with Health Tracks and Healthy Steps – monitor referral patterns and unmet needs. Prepare Recommendations to establish routine standardized screening using evidence based practice throughout the state to routinely screen all 2, 3 and 4 year olds at primary care sites. – Pilot project in 2015 Full implementation in 2017.</td>
<td>DHS/DPI, Stakeholders, Legislators</td>
<td>*2015 Legislature</td>
<td>Evidence based system implemented across the state integrated into primary care system. Interim committee monitoring next session. (Administrative and Legislative)</td>
</tr>
<tr>
<td>Action Steps</td>
<td>Key Leaders</td>
<td>Date implemented</td>
<td>Outcome</td>
</tr>
<tr>
<td>------------------------------------------</td>
<td>-----------------------------------------------------------------------------</td>
<td>------------------</td>
<td>----------------------------------------</td>
</tr>
<tr>
<td>LICENSING STANDARDS</td>
<td>Various Licensing Boards</td>
<td>* 2015 legislative session</td>
<td>Reduce barriers for applicants and increase providers.</td>
</tr>
<tr>
<td>Establish professional licensing board standards for mental health professionals to allow</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. One year of practice if licensed in another state.</td>
<td></td>
<td></td>
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</tr>
<tr>
<td>2. Process for meeting ND licensing standing during the 1 year period.</td>
<td></td>
<td></td>
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<tr>
<td>3. Reciprocity of licenses between Montana, South Dakota and Minnesota. Method for issuing licenses within 30 days.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>LAC STIPEND</td>
<td>NDACA/NDATPC/DHS, Legislature, Stakeholders, various other professional Boards and Associations, NDUS</td>
<td>*July 2015</td>
<td>Increase LAC</td>
</tr>
<tr>
<td>Expand numbers of LAC by establishing a stipend program for LAC interns that would be forgiven if LAC practices in state for 4 years. Proposed $25,000/applicant.</td>
<td></td>
<td>40 slots – $1,000,000</td>
<td></td>
</tr>
<tr>
<td>LAC TRAINING SLOTS</td>
<td>Legislature, Stakeholders, Six LAC training Consortiums</td>
<td>*July 2015</td>
<td>Increase LAC</td>
</tr>
<tr>
<td>Expand LAC training slots by providing stipends for organizations that offer training slots. ($5,000/slot)</td>
<td></td>
<td>40 slots - $200,000</td>
<td></td>
</tr>
<tr>
<td>STUDENT LOAN BUY DOWNS</td>
<td>Legislature, DHS, NDUS</td>
<td>July 2015</td>
<td>Increased BH providers throughout state.</td>
</tr>
<tr>
<td>------------------------</td>
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</tr>
<tr>
<td>Establish a student loan buy down system for licensed BH clinical staff.</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>TRAIN PARTNERS</th>
<th>DPI and ND University System, Stakeholders, NDSU Extension</th>
<th>When fully implemented it will provide a network of trained first responders. This could be administrative or if funding needed consider in 2017.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Provide basic training in schools on behavioral health issues for teachers, child care providers using Mental Health First Aid model.</td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th></th>
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<tbody>
<tr>
<td>Encourage private 3rd party payers include coverage for couples and marriage &amp; family therapy as part of behavioral health services and include all licensed mental health professionals with established competencies in couples, relationship, and family therapy as eligible providers. Provide coverage for CPT Codes for Family Psychotherapy (e.g. 90846 Family psychotherapy without the patient present, 90847 Family psychotherapy, conjoint psychotherapy with the patient present, and 90849 Multiple-family group psychotherapy).. Providers will need to have established competencies by their licensure boards.</td>
<td>July 2015</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>EXPAND MEDICAID</th>
<th>DHS</th>
<th>July 2015</th>
<th>Increase numbers of providers and expand consumer options.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amend state Medicaid plan to include LPCC and LMFT licensed Professionals in its coverage. It is time to provide a more comprehensive array of professionals.</td>
<td>May require additional matching funds.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**ALL ACTIONS IN GREEN REQUIRE LEGISLATION or FUNDING IN 2015**

**ALL ACTIONS IN PURPLE WILL REQUIRE LEGISLATION OR FUNDING IN 2017**

**ALL ACTIONS IN BLACK ARE ADMINISTRATIVE AND COULD BE STARTED IMMEDIATELY**
APPENDIX A
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