

RECOMMENDATIONS PROVIDED TO THE INTERIM HUMAN SERVICES COMMITTEE DURING ITS NOVEMBER 3, 2015, MEETING

This memorandum provides information regarding the recommendations provided to the Legislative Management's interim Human Services Committee during its meeting on November 3, 2015.

The following schedule provides a list of recommendations relating to the study of family caregiver supports and services.

Organization/Individual	Description of Recommendations
Department of Human Services	<p>Improve the program for aging and disability resource center services by:</p> <ul style="list-style-type: none"> • Improving communications for services available; • Ensuring sufficient funding for the services; and • Providing the right services to the right people at the right time.
Ms. Jeanna Kujava, Public Health Director, Pembina County Public Health	<p>Improve the system of caregiving by:</p> <ul style="list-style-type: none"> • Creating policy initiatives that allow individuals to care for an aging parent without leaving the workforce; • Creating system changes within the health care and health and human services systems to promote coordination and focus in transition homes; and • Supporting an environment that allows for creativity to meet the demands for caregiving.
Mr. John Vastag, Chief Executive Officer, North Dakota Interagency Program for Assistive Technology	<p>The committee should review the benefits of assistive technology as part of the study for family caregiver supports and services.</p>

The following schedule provides a list of recommendations relating to the study of behavioral health needs.

Organization/Individual	Description of Recommendations
Department of Human Services	<p>Relating to public and private services available in the state, including:</p> <ul style="list-style-type: none"> • Authorizing the North Dakota Board of Addiction Counseling Examiners, or a related board, to include assessments of persons for use or abuse of gambling as part of a licensee's scope of practice. • Committee consideration of workforce challenges, data gaps, limited advocacy and protection for substance use disorder populations, community-based options, and collaboration with 24-7 programs and community-based corrections as part of the study of behavioral health needs.
Mr. John Wiegand, President, North Dakota Addiction Counselors Association	<p>Regarding unmet needs of substance abuse services from the consumer and family perspective by:</p> <ul style="list-style-type: none"> • Providing loan forgiveness or stipends for counselors and students training to become addiction counselors; • Providing incentives for clinical supervisors training new trainees; • Creating a media campaign for recruiting addiction counselors as a career choice; • Developing inpatient adolescent treatment programs in local facilities or the State Hospital; • Mandating insurance companies to offer coverage for treatment services that are covered in neighboring states;

Organization/Individual	Description of Recommendations
	<ul style="list-style-type: none"> • Adopting the National Association for Alcoholism and Drug Abuse Counselors uniform licensing recommendations for all 50 states; • Mandating a standard minor in possession education course similar to the Prime for Life Driving Under the Influence program; • Mandating insurance companies to cover codependency and family treatment services provided by licensed addiction counselors; • Providing funding to each of the major cities for operating their own detoxification centers; • Creating or funding halfway houses for individuals diverted from the prison or probation system; • Diverting individuals that are incarcerated because of an addiction into a long-term treatment program; • Increasing halfway houses and probation staff; • Expanding the use of electronic monitoring for individuals to reduce overcrowding in prison facilities; • Providing financial assistance for individuals participating in long-term aftercare at existing facilities; and • Expanding use of "drug courts" in major cities in the state.
<p>Mr. Mike Kaspari, Chairman, North Dakota Addiction Treatment Provider's Coalition</p>	<p>Regarding unmet needs of substance abuse services from the consumer and family perspective by:</p> <ul style="list-style-type: none"> • Expanding the workforce; • Ensuring ease of access for the voucher program that will become available in 2016; • Providing a loan forgiveness program for new clinicians working in the state, including underserved areas of the state or areas of the state not currently being served; • Enhancing reimbursements for certain services and levels of care; • Creating incentives and providing statewide efforts to educate physicians about medication assisted treatment; • Standardizing and providing reimbursements for services provided by telemedicine; and • Supporting treatment providers that are willing to train new addiction counselors through the consortium system.
<p>Ms. Deborah Davis, Chairman, North Dakota Board of Addiction Counselor Examiners</p>	<p>Regarding unmet needs of substance abuse services from the consumer and family perspective by:</p> <ul style="list-style-type: none"> • Providing financial incentives for licensed addiction counselors, including loan repayments or forgiveness; • Providing funding for specialized training of adolescent and young adult substance abuse and mental health professionals; • Providing funding to establish and maintain adolescent treatment programs around the state; • Providing funding and assistance with transportation and other costs to allow family members to participate in programs not in their area; • Providing funding for establishing and maintaining halfway houses in each region of the state that can provide onsite support and structure for individuals, which includes additional funding for case managers and onsite house managers;

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<p>Department of Corrections and Rehabilitation (DOCR)</p>	<ul style="list-style-type: none"> • Supporting individuals transitioning from treatment facilities back into the community; and • Adding more transitional and residential facilities. <p>Reducing the criminalization of individuals with substance use disorders by allowing:</p> <ul style="list-style-type: none"> • First-time, low-level, and nonviolent drug offenders or those with nonviolent offenses influenced by drug use to avoid lengthy incarceration or the lifetime consequences of a felony offense by completing treatment and displaying prosocial behaviors; • First-time drug offenders to have prosecution deferred upon condition of successful completion of treatment and a period of crime-free conduct; • Offenders with low-level drug crimes or nonviolent crimes due to substance abuse to have convictions reduced to a misdemeanor or removed from their record upon successful completion of treatment and a period of successful probation; and • The DOCR flexibility to release certain offenders convicted of drug crimes to probation upon successful completion of DOCR treatment, similar to the authority DOCR has with felony DUI offenders. <p>Improving access to services by:</p> <ul style="list-style-type: none"> • Addressing significant gaps in detoxification and intoxication management to reduce placements in jail for detox; • Adding more pretrial services that provide timely evaluations that consider criminogenic risk factors and behavioral health needs to assist the judicial system in determining alternatives to felony convictions and incarceration; • Offering evaluation and treatment more consistently to people serving jail sentences. Currently, offenders can be in jail for up to one year and receive no addiction services in most areas of the state; and • Improving the reciprocity process for licensed addiction counselors, funding for internship hours, and engaging other master's- and doctoral-level practitioners with specific experience in the diagnosis and treatment of substance use disorders in service provision. <p>Ensuring the state invests in effective programs that produce desired outcomes by:</p> <ul style="list-style-type: none"> • Determining whether programs are effective in achieving desired outcomes and prioritizing funding for the programs that are working; and • Including aftercare programs for outpatients as part of the comprehensive treatment plan.
<p>Ms. Siobhan Deppa, consumer of behavioral services Mr. Kurt Snyder, Executive Director, Heartview Foundation</p>	<p>Add funding to provide one-on-one peer support programs.</p> <p>Addressing the addiction counselor workforce shortage by:</p> <ul style="list-style-type: none"> • Supporting professional development of workers; • Adding loan forgiveness incentives; • Reforming the licensure process; • Expanding training opportunities;

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<p>Mr. Pat Mckone, Regional Senior Director, American Lung Association of the Upper Midwest</p>	<ul style="list-style-type: none"> • Partnering with colleges and universities to align curriculum with tribal and national efforts, which includes tribal addiction workers, peer support specialists, and behavioral health technicians; • Reviewing reciprocity requirements and creating "portability" contracts with surrounding states; • Reviewing the current level of training hour requirements prior to licensure and allowing for training to occur while an individual is employed; and • Creating dual licensure with other professions with agreements from other behavioral health related boards. <p>Addressing the addiction counselor workforce shortage by assisting treatment providers with additional services by:</p> <ul style="list-style-type: none"> • Providing incentives for training spots offered by agencies; • Providing incentives for providers to add services where gaps exist; • Adding reimbursement requirements by third-party payers for telehealth, which currently exists for physicians; • Adding incentives for physicians to work with treatment providers to expand medication-assisted treatments; and • Increasing reimbursements in areas with greatest needs. <p>Add tobacco and nicotine to the addiction counseling services definition in North Dakota Century Code Section 43-45-01.</p>

The following schedule provides a list of recommendations relating to the other committee reports for developmental disabilities waivers and the developmental disabilities system reimbursement project.

Organization/Individual	Description of Recommendations
<p>Ms. Roxane Romanick, Executive Director, Designer Genes</p> <p>Mr. Jeff Pederson, President, CHI Friendship</p> <p>Developmental Disabilities Provider Association</p>	<p>Change the Department of Human Services definition of "related conditions" when determining eligibility of developmental disabilities services to allow individuals with a diagnosis of Down Syndrome to be automatically eligible for developmental disabilities services without additional cognitive and functional testing after age three.</p> <p>Differentiating a payment rate for community- and facility-based vocational services relating to the proposed new system for the developmental disability reimbursement project.</p> <p>Relating to the developmental disabilities system reimbursement project:</p> <ul style="list-style-type: none"> • Include incentives in the system to build facilities to meet the specialized needs of individuals continuing to reside there; • Add all staffing costs in the payment system, including night staff; • Add a 1- to 2-year transition period with blended funding; • Provide that the rates be individualized by the use of a "multiplier"; • Review how outliers will be managed in the new system; and • Consider use of North Dakota Association of Community Providers Business Manager draft statement of costs.