



NDMA 2024 Policy Forum

October 4, 2024

Policy No.3

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Subject: Behavioral Health Dual Diagnosis Treatment

Summary:

Patrons of North Dakota struggling with a dual diagnosis of a psychiatric illness and substance abuse have limited access to meaningful treatment. They have less longer-term success rates with sobriety as well as mental health wellbeing given the current healthcare service structure in our great state. While we have various options addressing aspects of the services needed for these patients (i.e. housing, psychiatric treatment, substance abuse rehab) they often are not used conjointly nor are financially feasible given limitations in funding via North Dakota Medicaid (abbr. ND MA), other private insurance companies' payment structures or due to lack of awareness of these resources via the major care providers and case management teams. Ideally, this patient population would benefit from access to a Hazelden Betty Ford Foundation facility to receive simultaneously psychiatric treatment/substance abuse rehab for 8-10 weeks prior to being discharged for outpatient services, like the one located in Minnesota. Unfortunately, ND MA can't pay for this via law given service payments crossing state lines. Of note, most of these patients struggling with dual diagnosis are likely without insurance, having lost their insurance, or having applied for/already on ND MA. In addition to the above set of patients, there lies another subset within, those with a dual diagnosis who now lack capacity from the severity of their conditions, albeit chronic brain damage from substance abuse vs severe psychiatric illness, limiting their ability to understand their medical conditions or need for treatment. This population is not able to participate in most, if not all, of our current outpatient/residential services as they will need 24/7 care and are unable to participate in these services voluntarily. Our state has one place for these patients until they clinically improve: the Jamestown State Hospital. To further limit these patients' options, the state hospital is and has been at capacity for a very long time, recently noting 20+ residents that live there because they are unable to be discharged due to placement barriers plaguing

our state. This means we have state hospital patients who no longer need inpatient services utilizing unnecessary resources and infringing on the rights of other North Dakota residents to receive the care they need simply due to a lack of resources or funding for this very complicated patient population. The patients who lack capacity are stuck in a hazardous cycle and downward spiral that our current laws, funding and healthcare system cannot adequately assist with.

Relevant Information:

North Dakota faces a serious lack of behavioral health services and professionals for treating persons struggling with illicit substance/alcohol abuse because of or in addition to psychiatric conditions (anxiety, depression/PTSD, schizophrenia etc.) The resources available are not well-known to physicians or to patients. The problem with the placement of a dual-diagnosis patient, such as needing both mental health services and substance abuse services, is recognized by the ND Department of Health and Human Services (the Department). Administrative rules are finalized, requiring all substance abuse providers to offer these services that are capable of co-occurring. Residential programs must provide:

- a quiet space for de-escalation,
- A licensed mental health clinician is available on-site, or on-call, including via tele-behavioral health, during program hours of operation,
- The program provides an integrated mental health assessment within the required timeframe of the treatment planning assessment, and
- Access to a psychiatrist or other prescriber with a psychiatric specialty on at least a weekly basis who is available onsite or via tele-behavioral health for psychiatric assessment, medication, and medication management on staff or through formal affiliation.

In addition, the Department has the following currently available:

[Bed management system](#): to improve utilization of behavioral health bed capacity (NDCC 50-06-41.3)

[Substance Use Disorder Voucher](#): The SUD Voucher program addresses barriers to treatment and increases the ability of people to access treatment and services that focus on:

- underserved areas and programs
- Increase the provision of evidence-based services
- Ensure reporting on process and outcome measures

[Recovery Housing](#):(RHAP) Established to increase the number of supportive recovery housing environments available in ND. It allows up to 12 weeks of an eligible individual's living expenses will be paid directly to a Recovery Housing Assistance Program provider.

[Free Through Recovery](#) Provides quality, community-based behavioral through care coordinators, peer support and recovery services.

[ND Substance Abuse Treatment Programs: Treatment Directory](#)

[North Dakota Mental Health Program Registry](#) Directory that includes all the locations where mental health services are provided in North Dakota.

The Department is working on the following for 2025 session:

- Medical detox available throughout the state (will reduce state hospital capacity too)
- Missing long-term residential level of care (Intermediate Care Facility example in DD)
- Expand FTR and Community Connect to meet demand (waitlists at times),
- BH Workforce Summit Plan Implementation (one position to coordinate and project manage the plan),
- CCBHC Implementation to improve access in all regions (care coordination for all, crisis BH, walk-in, SUD access, integration with physical healthcare, veterans),
- Recovery Housing Assistance Program expansion to meet demand,
- Gero-psych facility expansion (3 currently and all are at 99% occupancy),
- SUD Voucher funding expansion to include medical care in IMD facilities,
- Skilled Nursing Facility for individuals with sexual offenses or significant criminal justice involvement,
- New state hospital (current facility staffed to 81 – new build will be 125 licensed),
- Continue funding for tele-BH service contract for jails (ITP),
- Continue funding for crisis BH support for law enforcement (Avel eCare),
- Technical assistance for basic care & SNF for BH (MD to MD),
- Study of civil commitment laws and resources to support (ATOs, hospital),
- Contract for safety net inpatient youth services,
- Crisis/Triage Behavioral Health Situations (in facilities, in community, etc.) – consider a team like LSTC has,
- Supporting public guardians' effort,
- Basic care support for behavioral health needs (proactive and triage/crisis),
- Billing concerns – bundled rate but additional services needed (internal or external - like HSC example),

Proposed Action:

While behavioral health care has become more standardized, services and programs are still fragmented for healthcare professionals who choose to seek solutions for patients' behavioral health needs. Perhaps this is due to a lack of awareness by healthcare professionals of what programs are available for patients. An attempt to increase awareness is necessary.

- NDMA will monitor and advocate where needed to support the ND Department of Health and Human Services Behavioral Health Division. NDMA should communicate to its members about the availability of the resources for behavioral health and assist with notifying major healthcare systems of North Dakota.
- Support and promote the development of a unifying system to track the use of the abovementioned resources and assist in identifying the availability of resources on our state for healthcare systems (i.e. case managers) to better optimize use of these resources.
- Support the development of a state-run nursing facility for long-term residents to transition from the state hospital to an outpatient setting, easing the bottle neck effect of patient's getting stuck within the state hospital, allowing for better use of resources at the inpatient level and more turn to better serve our state.

Adopted November 26, 2024

Erica Hofland, MD

Policy Forum Chair