



## Center *for* Rural Health

### **Needs Assessment and Priority Setting to Address Opioid Use Disorder and Substance Use Disorder in Rural North Dakota** North Dakota Rural Community Opioid Response Program Planning Grant

March 2019

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#### **North Dakota RCORP Consortium Members**

## GRANTEE INFORMATION

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Grant Number	G25RH32483	
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Consortium Website	<a href="https://ruralhealth.und.edu/projects/community-opioid-response-program">https://ruralhealth.und.edu/projects/community-opioid-response-program</a>	

## NEEDS ASSESSMENT AND PRIORITY SETTING

### Introduction and Background

Compared to national averages, North Dakota reports a lower poverty rate, lower rates of uninsured, and lower unemployment rates. Residents are predominately white; however, a larger proportion are American Indian/Alaska Native compared to the total U.S. population.

**Table 1. North Dakota Demographics, Census Data 2018**

Census Quick Fact	ND	U.S.
Population, percent change April 1, 2010, (estimates base) to July 1, 2018	13.00%	6.00%
Population, census, April 1, 2010	672,591	308,745,538
Persons under 5 years, percent	7.20%	6.10%
Persons younger than 18 years, percent	23.50%	22.40%
Persons 65 years and older, percent	15.30%	16.00%
Female persons, percent	48.80%	50.80%
White alone, percent	87.00%	76.50%
Black or African American alone, percent <sup>a</sup>	3.40%	13.40%
American Indian and Alaska Native alone, percent <sup>a</sup>	5.50%	1.30%
Asian alone, percent <sup>a</sup>	1.80%	5.90%
Native Hawaiian and Other Pacific Islander alone, percent <sup>a</sup>	0.10%	0.20%
Two or more races, percent	2.20%	2.70%
Hispanic or Latino, percent <sup>b</sup>	3.90%	18.30%
White alone, not Hispanic or Latino, percent	84.00%	60.40%
Veterans, 2013-2017	47,228	18,939,219
Foreign born persons, percent, 2013-2017	3.60%	13.40%
Owner-occupied housing unit rate, 2013-2017	63.30%	63.80%
Median value of owner-occupied housing units, 2013-2017	\$174,100	\$193,500
Persons per household, 2013-2017	2.31	2.63
Households with a computer, percent, 2013-2017	87.30%	87.20%
Households with a broadband Internet subscription, percent, 2013-2017	77.50%	78.01%
High school graduate or higher, percent of persons age 25 years+, 2013-2017	92.30%	87.30%
Bachelor's degree or higher, percent of persons age 25 years+, 2013-2017	28.90%	30.90%
With a disability, under age 65 years, percent, 2013-2017	7.00%	8.70%
Persons without health insurance, under age 65 years, percent	8.80%	10.20%
In civilian labor force, total, percent of population age 16 years+, 2013-2017	69.50%	63.00%
Mean travel time to work (minutes), workers age 16 years+, 2013-2017	17.1	26.4
Median household income (in 2017 dollars), 2013-2017	\$61,285	\$57,652
Per capita income in past 12 months (in 2017 dollars), 2013-2017	\$34,256	\$31,177
Persons in poverty, percent	10.30%	12.30%
Land area in square miles, 2010	69,000.80	3,531,905.43

<sup>a</sup> Includes persons reporting only one race

<sup>b</sup> Hispanics may be of any race, so also are included in applicable race categories

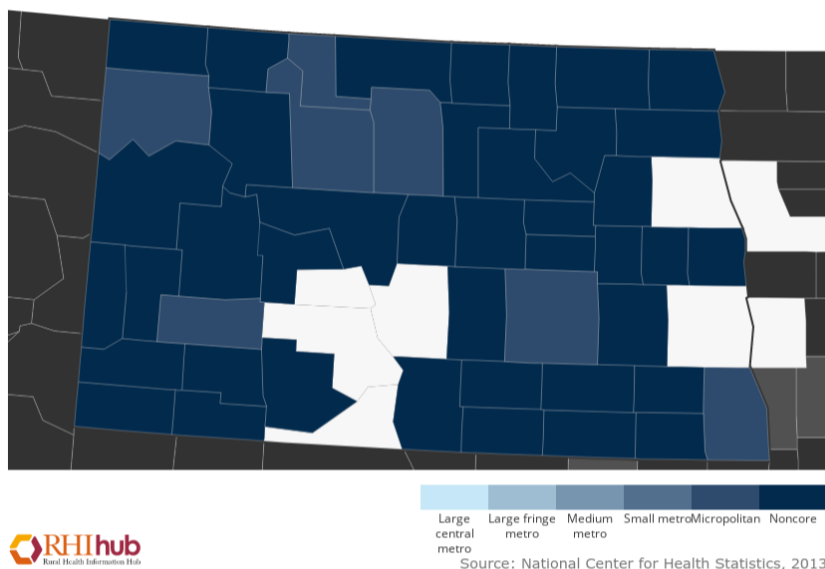
Culturally, the eastern and western halves of the state have their own unique cultures, economies, needs, and access issues. Eastern North Dakota houses the state’s two largest public universities, while the western half of the state has experienced exponential growth in oil production in the last decade. Similarly, North Dakota is home to five federally recognized tribes, each of which has its own culture, needs, and community assets.

## Geography

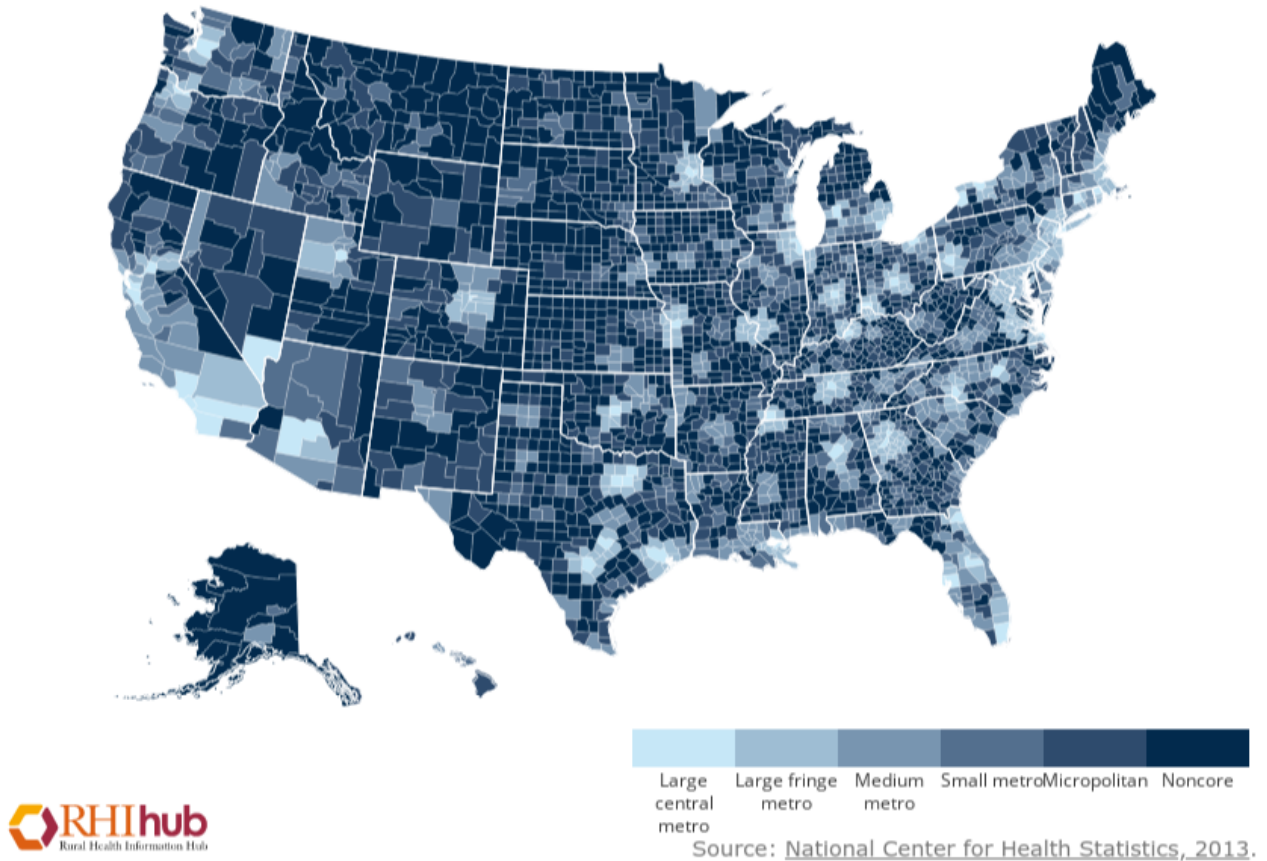
Although North Dakota is a geographically large state, it is not heavily populated and, as such, has a significant proportion of residents residing in rural areas. Because of the rural nature of the state and the expansive impact of both substance use disorder (SUD) and opioid use disorder (OUD) among all rural populations in North Dakota, this Rural Community Opioid Response Program (RCORP) Planning grant identifies its service area as all rural North Dakota communities. These rural communities include the five federally recognized tribes, all of which have rural locations. The tribes include the Sisseton-Wahpeton Oyate Tribe, Spirit Lake Nation, Standing Rock Nation, Three Affiliated Tribes (comprised of the Mandan, Hidatsa and Arikara nations), and Turtle Mountain Band of Chippewa. The grantee is working with dedicated consortium members to develop and strengthen multi-sector collaborations that will lead to targeted interventions addressing specific SUD/OUD service needs in rural and tribal communities.

In North Dakota, there are four larger urban centers in each corner of the state. North Dakota is unique in its rural culture because the state has a significantly larger proportion of residents living in isolated rural communities than the national average. North Dakota also reports 40 (out of 53) counties that are designated as either rural counties or rural census tracts in urban counties. These designations are identified by the Health Resources and Services Administration (HRSA). Additionally, there are 27 geographic/geographic high needs mental health HPSAs (Health Professional Shortage Areas) in North Dakota. See Figures 1-2.

**Figure 1. County Metropolitan Classification: North Dakota Nonmetropolitan, 2013**



**Figure 2. County Metropolitan Classification: United States, 2013**



### **Mission of the North Dakota RCORP Consortium**

The focus of the North Dakota RCORP Consortium is to cultivate strong county, regional, and state partnerships to ultimately reduce the morbidity and mortality associated with opioid overdoses. The consortium worked collaboratively to develop a plan that leverages current activities to support prevention, referral, treatment, and recovery related to SUD, including OUD. The consortium will work to ensure there is no redundancy in the state to addressing community needs for OUD/SUD treatment, referral, prevention, and recovery services. The consortium is transparent in its data collection, public reporting, and strategic plan development. The strategic plan includes input from all consortium partners and the state’s Department of Human Services’ (DHS) Behavioral Health Division (BHD). Partners in the state working on other OUD/SUD initiatives that are not partners on the rural consortium were updated regularly and invited to share information, progress, and lessons learned from their work. The strategic plan has been informed by quantitative data and through qualitative analyses. We have reviewed the needs of the state as they relate to geography, but also identified other barriers to service utilization and delivery that must be addressed to achieve equity in care. Examples include issues of insurance status, transportation, stigma, income, culture, and historical trauma.

## NEEDS ASSESSMENT METHODOLOGIES

The state of North Dakota has done extensive research on behavioral healthcare access and utilization in the last several years. In addition, faculty and staff at the Center for Rural Health (CRH) have been and continue to be involved in several initiatives that collect and review statewide behavioral health data. As such, the CRH team working under the RCORP Planning grant were well situated to work with stakeholders, partners, and consortium members to collect existing data on the SUD/ODU needs of the state, as well as needs specific to rural communities. Quantitative and qualitative data reviewed and shared with consortium members as part of this grant included:

- Community health needs assessment data (primary data, analyzed in-house)
  - Community health needs assessments may be found at <https://ruralhealth.und.edu/projects/community-health-needs-assessment/reports>
- North Dakota hospital survey (primary data, analyzed in-house)
- Substance Abuse and Mental Health Services Administration service locator data
  - Secondary data analysis of publically available data found at <https://findtreatment.samhsa.gov/locator>
- Centers for Disease Control and Prevention (CDC) Health, United States, 2017
  - Secondary data found at <https://www.cdc.gov/nchs/data/hus/hus17.pdf>
- CDC Wonder Database
  - Secondary data analysis of publically available data found at <https://wonder.cdc.gov/>
- Substance Abuse and Mental Health Services Administration Treatment Episode Data set 2018
  - Secondary data found at <https://www.dasis.samhsa.gov/webt/newmapv1.htm#>
- Youth Risk Behavior Surveillance System 2017
  - Secondary data found at <https://www.cdc.gov/healthyyouth/data/yrbs/data.htm>
- National Survey on Drug Use and Health 2017/2018
  - Secondary data found at <https://www.samhsa.gov/data/nsduh/reports-detailed-tables-2017-NSDUH>
- Healthcare Cost and Utilization Project (Agency for Healthcare Research and Quality)
  - Secondary data found at <https://www.hcup-us.ahrq.gov/faststats/OpioidUseServlet?setting1=IP&location1=ND>
- North Dakota Workforce Licensure data (raw data analyzed in-house, primary data)
  - Psychiatrists
  - Psychologists
  - Social workers
  - Licensed addiction counselors
  - Licensed counselors
- Survey of attendees at a United States Department of Agriculture opioid round table event held in North Dakota (conducted under this grant)

Review of existing statewide behavioral health and substance use/abuse resources:

#### **Substance Use in North Dakota: Data Book 2019**

**Release Date:** 2019

**Agency:** North Dakota Department of Human Services, North Dakota State Epidemiological Outcomes Workgroup

**Link:** <https://prevention.nd.gov/files/pdf/DataBooklet2019.pdf>

**Description:** This booklet tells the story of substance use in North Dakota and is based off the 2018 North Dakota Epidemiological Profile. You may also visit the Substance Use North Dakota (SUND) website ([www.sund.nd.gov](http://www.sund.nd.gov)) to search substance use data based on substance type, region, grade level, age and year.

#### **North Dakota Behavioral Health System Study: Final Report**

**Release Date:** April 2018

**Agency:** Human Services Research Institutes and North Dakota Department of Human Services

**Link:** [https://www.hsri.org/files/uploads/publications/ND\\_FinalReport\\_042318.pdf](https://www.hsri.org/files/uploads/publications/ND_FinalReport_042318.pdf)

**Description:** The main aims of the project were: 1. Conduct an in-depth review of North Dakota's behavioral health system. 2. Analyze current utilization and expenditure patterns by payer source. 3. Provide actionable recommendations for enhancing the comprehensiveness, integration, cost-effectiveness and recovery orientation of the behavioral health system to effectively meet the needs of the community. 4. Establish strategies for implementing the recommendations produced in Aim 3.

#### **Behavioral Health Assessment: Gaps and Recommendations**

**Release Date:** September 2016

**Agency:** North Dakota Department of Human Services, Behavioral Health Division

**Link:** <https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-behavioral-health-assessment.pdf>

**Description:** The purpose of the North Dakota Behavioral Health Assessment is to identify priority recommendations to enhance the foundation of the state's behavioral health system, with the goal of supporting North Dakota's children, adults, families, and communities in health and wellness to reach their full potential.

#### **Behavioral Health Planning Final Report**

**Release Date:** July 2014

**Agency:** Schulte Consulting

**Link:** <http://storage.cloversites.com/behavioralhealthsteeringcommittee/documents/ND%20Final%20Report.pdf>

**Description:** This report focuses on six main goals and strategies for improvement followed by recommendations for continued work. The goals chosen incorporate issues seen across geographic areas, age ranges, and demographics. Examples and strategies are used throughout to highlight the various regional discussions and groups.

## **OVERVIEW OF RESULTS**

In response to the consortium members' interests, CRH staff and faculty developed a slide deck, organized by topic, to present all of the data around SUD/ODD services and needs in North Dakota. This slide deck served as a living document during the duration of the planning grant (September 2018 – September 2019). The complete slide deck may be found in Appendix A.

## Key findings around OUD/SUD rates:

- Increase from 143 (2015) to 171 (2016) opioid-related emergency department visits per 100,000 population. Lower than the national average for both years (231 and 242/100,000 respectively).
- Increase from 252 (2015) to 297 (2016) of opioid-related inpatient stays per 100,000 population. Greater than the national average in 2016 (296/100,000).
- Overdose deaths in North Dakota increased from 11 deaths in 2013 to 34 deaths in 2015 and increased again to 54 deaths in 2016.
- In 2016, 34 of the 54 individuals who died due to overdose in North Dakota were between the ages of 18 and 44 years old.
- The age-adjusted drug overdose death rate in North Dakota in 2016 was 10.6 per 100,000 population.
- In 2016, CDC reported 12 deaths in North Dakota due to heroin overdose and 15 deaths due to synthetic narcotics overdose.
  - A few North Dakota health systems and rural communities have implemented their own opioid overdose death tracking and indicate a greater number of opioid-related deaths than the current national and statewide tracking systems; consortium will discuss these independent tracking efforts and their replicability.
- Increase in North Dakota heroin admissions from 3.0% of total admissions in 2015 to 5.7% of total admissions in 2017.
- In 2015, non-heroin opioid admission accounted for 6.7% of total admissions compared to 5% in 2017.
- In 2017, 14.4% of North Dakota high school students reported having used prescription drugs for nonmedical use at least once in their lifetimes.
- In 2017, past year nonmedical use of prescription pain relievers for those ages 18-25 was 7.3% versus 3% for ages 26 or older.
- Increase in North Dakota heroin admissions from 3.0% of total admissions in 2015 to 5.7% of total admissions in 2017.
- In 2015 non-heroin opioid admission accounted for 6.7% of total admissions compared to 5% in 2017.
- In 2017, 14.4% of North Dakota high school students reported having used prescription drugs for nonmedical use at least once in their lifetimes.
- In 2017, past year nonmedical use of prescription pain relievers for those ages 18-25 was 7.3% versus 3% for ages 26 or older.
- Of the 13 community health needs assessments analyzed since September, 2018, drug use/abuse has been identified as a top 5 concern among youth and adult populations in every community.
  - The need for behavioral/mental health services, including substance abuse treatment programs, has also been identified by many communities.
- Access to substance use disorder treatment services and access to mental health treatment services were identified as the most severe problems faced by Critical Access Hospitals in the 2017 statewide hospital survey.



#### Workforce needs:

- 91% of counties (47 of 53 North Dakota counties) reported no psychiatrist in 2017
- There are four rural counties in North Dakota (8.5% of rural counties) that reported having at least one psychiatrist
- 11 of 53 counties in North Dakota indicated at least one buprenorphine provider (2018)
- 7 of 47 rural counties in North Dakota indicated at least one buprenorphine provider (2018)

#### As of 2018, North Dakota had:

- 88 licensed psychiatrists
- 204 licensed psychologists
- 2,349 licensed social workers
- Cannot classify social workers to determine those specializing in mental healthcare
- 351 licensed addiction counselors
- 189 trained peer support specialists
  - 81% are located in rural communities
  - 22% identified as Native American (race information not gathered for full sample)
  - One of only eight states that does not bill Medicaid for peer support services
- 11 trained trainers for peer support specialists

#### Changes to support workforce development identified by the consortium members:

- Grow and develop peer support services
- Increase loan repayments (number of loans) for behavioral health providers
- Identify opportunities for telehealth
- Discuss resources such as Project ECHO or Addiction and Mental Health Technology Transfer Centers to better prepare and train the existing rural workforce

### **EXISTING PROGRAMS IN NORTH DAKOTA ADDRESSING OUD/SUD**

Through consortium member feedback and work with the North Dakota DHS BHD, the CRH team identified dozens of programs and initiatives within the state focused on addressing SUD/OD. See Table 2 for a comprehensive list of SUD prevention, treatment, and recovery programs in North Dakota as of March 2019. Because 2019 was a legislative year for North Dakota, several additional programs, funding priorities, and state policies will be forthcoming in 2020. An identified need for the consortium, however, was that programs were not focused solely on rural areas, and rural and tribal communities were not equipped to implement or assess capacity for offering or participating in some of the programs.

**Table 2. Programs and Initiatives focused on SUD/ODU in North Dakota as of March 2019**

Initiative	Prevention/ Treatment/Recovery	Agency	Resource Link
Reducing Pharmaceutical Narcotics Through Education and Awareness Task Force	Prevention/Treatment	Volunteer task force	Contacts include Mike Schwab: <a href="mailto:mschwab@nodakpharmacy.net">mschwab@nodakpharmacy.net</a>
SAMHSA State Targeted Response to Opioid (STR)	Prevention, Treatment, Recovery	SAMHSA award to North Dakota (ND) DHS	<a href="https://www.behavioralhealth.nd.gov/addiction/opioids">https://www.behavioralhealth.nd.gov/addiction/opioids</a>
Project ECHO [Part of STR]	Treatment	SAHMSA award to ND DHS; DHS award to CRH; CRH leads Project ECHO	<a href="https://ruralhealth.und.edu/projects/project-echo">https://ruralhealth.und.edu/projects/project-echo</a>
ONE Rx [Part of STR]	Prevention	SAHMSA award to DHS; managed by NDSU and ND Board of Pharmacy	<a href="https://www.nodakpharmacy.com/onerx/">https://www.nodakpharmacy.com/onerx/</a>
DATA 2000 Waiver Stipend for Prescribers [Part of STR]	Treatment	SAHMSA award to ND DHS; managed by ND DHS	<a href="https://www.behavioralhealth.nd.gov/data-2000-waiver-training">https://www.behavioralhealth.nd.gov/data-2000-waiver-training</a>
STR Technical Assistance Center	Prevention, Treatment, Recovery	SAHMSA	<a href="http://www.getSTR-TA.org">www.getSTR-TA.org</a>
SAMHSA State Opioid Response (SOR)	Treatment	ND DHS	
SAMSHA Tribal Opioid Response (TOR)	Treatment	4 ND Tribes	
Community Implementation Technical Assistance Resources	Prevention, Treatment, Recovery	ND DHS	<a href="https://www.behavioralhealth.nd.gov/addiction/opioids">https://www.behavioralhealth.nd.gov/addiction/opioids</a>
Parents Lead	Prevention	ND DHS	<a href="http://www.parentslead.org/">http://www.parentslead.org/</a>
“Lock. Monitor. Take Back.” statewide campaign	Prevention	ND DHS	<a href="https://prevention.nd.gov/take-back">https://prevention.nd.gov/take-back</a>
Prescription Drug Take Back program (component of the “Lock. Monitor. Take Back”)	Prevention	ND DHS and ND Attorney General	<a href="https://attorneygeneral.nd.gov/public-safety/take-back-program">https://attorneygeneral.nd.gov/public-safety/take-back-program</a>
Prescription Drug Monitoring Program (PDMP)	Prevention	ND Board of Pharmacy	<a href="https://www.nodakpharmacy.com/PDMP-description.asp">https://www.nodakpharmacy.com/PDMP-description.asp</a>
“Stop Overdose” statewide campaign	Prevention	ND DHS	<a href="https://prevention.nd.gov/stop-overdose">https://prevention.nd.gov/stop-overdose</a>
Syringe Service Programs (SSP)	Prevention	ND DoH-Policies	<a href="http://www.ndhealth.gov/hiv/ssp/">http://www.ndhealth.gov/hiv/ssp/</a>
Opioid Crisis Response Grant	Prevention	ND DoH (Kelly Nagel),	Emergency Preparedness and Response

NDSU Extension: Center for 4-H Youth Development	Prevention	NDSU awarded dollars from USDA RHSE grants and SAMHSA	
Substance Use Disorder (SUD) Voucher	Treatment	ND DHS Behavioral Health Division	<a href="https://www.behavioralhealth.nd.gov/addiction/substance-use-disorder-voucher">https://www.behavioralhealth.nd.gov/addiction/substance-use-disorder-voucher</a>
Opioid Treatment Programs (OTPs)	Treatment	ND DHS BHD licenses alcohol/ drug treatment providers	<a href="https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-licensed-addiction-treatment-programs.pdf">https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-licensed-addiction-treatment-programs.pdf</a>
Recovery Reinvented	Recovery, Treatment	ND DHS	<a href="https://recoveryreinvented.com/">https://recoveryreinvented.com/</a>
Free Through Recovery	Recovery	ND DHS	<a href="https://www.behavioralhealth.nd.gov/addiction/free-through-recovery">https://www.behavioralhealth.nd.gov/addiction/free-through-recovery</a>
Peer Support	Recovery	ND DHS	<a href="https://www.surveymonkey.com/r/ndpeersupport">https://www.surveymonkey.com/r/ndpeersupport</a>
Heartview’s Opioid Crisis Network	Recovery, Treatment	Heartview	
Regional Opioid Prevention, Education, and Support (ROPES) Consortium	Prevention, Treatment, Recovery	City-County Health District	
AHEC Opioid Funding	Prevention, Treatment, Recovery	HRSA awarded to AHEC, AHEC awards to 16 HOSA high school chapters	
Children’s Behavioral Health Taskforce Behavioral Health Partnership Council			

## PRIORITY NEEDS

The consortium members reviewed all of the data around SUD/ODU rates, services’ needs, barriers to care, and rural barriers utilization. Additionally, the consortium reviewed and discussed all existing programs in North Dakota addressing SUD/ODU, including their applicability in rural and tribal communities, as well as the challenges rural and tribal communities may face in utilizing the proposed programs. After group discussion on three video conferences and one in-person meeting, the consortium identified the following priority needs. It is important to note that other statewide behavioral health reports had already been developed in North Dakota and the consortium members were focused on identifying priority needs for rural and tribal communities that were not already being addressed in the state’s behavioral health workforce implementation plan.

Similarly, unlike other RCORP Planning grantees, this large consortium was not focused on identifying needs unique to one community or healthcare service area. Instead, priority needs were identified as those that are evident for all rural and tribal communities in North Dakota.

## Priority needs:

- Grow community and provider understanding, use, and availability of peer support specialists; this includes identifying the need for and developing resources for rural employers.
- Resources, surveys, or toolkits are needed to assist rural North Dakota communities in identifying their current capacities to meet OUD/SUD needs. There are programs, grants, and other funding opportunities for communities that can illustrate need, but rural communities are ill equipped to complete SUD/OUD assessments and/or do not know where to find the information they need to identify their communities' gaps in services.
- The state has made great advances in developing new workforce models and implementing new programs to address OUD/SUD throughout North Dakota, but there is no clear tiered system or service model to assist rural and tribal communities in identifying services gaps or referral patterns. Creation of a tiered model that incorporates all of the new provider types and service options in North Dakota for addressing SUD/OUD would allow rural and tribal communities to identify their own areas for service growth (if interested/needed) and allow for future development for transfer protocols and case management.
- There is a need for more support for the existing rural behavioral health and SUD/OUD workforce and a priority to increase the workforce (examples include additional rural rotations, rural residencies, stipends, transportation for students, addressing provider stigma, etc.). These priority needs are identified in the statewide behavioral health report and subsequent implementation plan.

## CONCLUSION

This needs assessment (including the slides presented in Appendix A) fueled conversations and the work of the consortium between September 2018 through September 2019. The consortium then utilized this information to focus its efforts and strategic planning around three problem statements. Given the consortium is very large, three smaller workgroups were developed among the consortium members to address each of the three problem statements. The efforts of these workgroups are evident in the consortium's statewide rural strategic plan for addressing OUD/SUD.

## PROBLEM STATEMENTS

Given the large service area of this RCORP Planning grant (all rural and tribal communities in North Dakota), the consortium focused problem statements on issues facing a majority of rural and tribal communities (as opposed to specific issues evident in one county). The intent was to identify issues that the consortium members could address through the development of a statewide rural strategic plan. The first in-person meeting involved large and small group activities to identify priority areas and next steps for the RCORP strategic plan. Consortium

meetings, discussions, and activities that followed focused on three specific problem statements:

1. There are 189 trained peer support specialists in North Dakota as of March 2019, with 81% located in rural areas; however, there are no peer support specialists employed or working in rural communities (as of June 2019). North Dakota is also one of only nine states that cannot bill Medicaid for peer support services.
2. North Dakota reports 40 (out of 53) counties that are HRSA-designated rural counties or rural census tracts in urban counties. North Dakota also has a large frontier population. These communities cannot support comprehensive opioid treatment programs (OTPs) but still have OUD/SUD prevention, referral, treatment, and recovery needs. Although aware of services gaps, communities and state agencies cannot clearly identify rural service gaps within the continuum of SUD/ODU prevention, referral, treatment, and recovery care nor are there clear referral relationships in place.
3. Six rural communities received state targeted response (STR) dollars in 2017/18, seven public health units received STR funding in 2018/19, 16 communities hold state opioid response (SOR) dollars, and four tribal communities were awarded tribal opioid response (TOR) dollars in fiscal year 2018. The state has also expanded OUD/SUD services to include additional syringe exchange programs, take back locations, and pharmacies participating in the One Rx program. However, rural public health units, communities, health systems, and other entities do not know where to begin when looking to identify existing OUD/SUD prevention, referral, treatment, and recovery services in their rural areas nor do they have the resources to research this information.

## **APPENDIX A**

**Slide Deck Prepared for Consortium Members**

**Identifies:**  
**Workforce Shortages**  
**OUD/SUD Overdoes Rates**  
**Existing Programs**  
**Legislative Updates**

**Presented at Consortium Meetings**  
**Last Updated March 2019**



## Rural OUD Programs, Policies, Needs, & Recommendations in Rural North Dakota:

**Last Updated March 2019**

Rural Community Opioid Response Program (RCORP): Consortium Meeting

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### Center for Rural Health: Opioid Work & Funding

Project	Funder	Purpose	Link
Evaluation of the North Dakota State Targeted Response to the Opioid Crisis	SAMHSA, North Dakota Department of Human Services	The Center for Rural Health is conducting evaluation of the North Dakota Opioid STR. The goal of the STR is to reduce opioid-related deaths through increasing access to treatment and recovery services, awareness and prevention, and reducing stigma surrounding opioid use disorder.	<a href="https://ruralhealth.und.edu/projects/opioid-evaluation">https://ruralhealth.und.edu/projects/opioid-evaluation</a>
State Epidemiological Outcomes Workgroup (SEOW)	SAMHSA, North Dakota Department of Human Services	The group's purpose is to identify, analyze, and communicate key substance abuse and related behavioral health data to guide programs, policies, and practices. The Center for Rural Health is working with the SEOW to maintain the epidemiological profile for the state.	<a href="https://ruralhealth.und.edu/projects/seow">https://ruralhealth.und.edu/projects/seow</a>
Rural Community Opioid Response Program (RCORP): Planning Grant	Federal Office of Rural Health Policy, Health Resource and Services Administration	The Center for Rural Health will work with dedicated consortium members in North Dakota to develop and strengthen multi-sector collaborations that will lead to targeted interventions addressing specific opioid use disorder (OUD) prevention, treatment, or recovery needs in high-risk rural North Dakota communities.	<a href="https://ruralhealth.und.edu/projects/community-opioid-response-program">https://ruralhealth.und.edu/projects/community-opioid-response-program</a>
Behavioral Health Workforce Development Plan	North Dakota Department of Human Services	The goals are to develop a multi-focused behavioral health workforce strategic implementation plan for the state of North Dakota; develop recommendations for DHS regarding establishing peer support specialist certification; and develop education roadmaps for the paths to attain behavioral health certification and degrees. This includes review of state behavioral health licensure data.	<a href="https://ruralhealth.und.edu/projects/behavioral-health-workforce-development">https://ruralhealth.und.edu/projects/behavioral-health-workforce-development</a>

## Center for Rural Health: Opioid Work & Funding, continued

Project	Funder	Purpose	Link
The Behavioral Health Workforce Education and Training (BHWET)	Health Resources & Services Administration, Bureau of Health Workforce, Division of Nursing and Public Health	The program aims to develop and expand the behavioral health workforce through improved training and by providing stipends to graduate level students in the University of North Dakota (UND) behavioral health programs. The goal is to support interdisciplinary training, integration of behavioral health with primary care, and increase the number of field placements and internships with a focus on serving persons in rural, vulnerable, and/or medically underserved communities.	<a href="https://ruralhealth.und.edu/projects/behavioral-health-workforce-education">https://ruralhealth.und.edu/projects/behavioral-health-workforce-education</a>
Project ECHO: Management of Opioid Use Disorder	SAMHSA, North Dakota Department of Human Services	To address the opioid epidemic, Project ECHO is considered the “next step” in support of continued education for North Dakota providers, integrating with the Champion Prescribers initiative.	<a href="https://ruralhealth.und.edu/projects/project-echo">https://ruralhealth.und.edu/projects/project-echo</a>

## Statewide Reports on Behavioral Health Needs

Title	Author(s)	Link	Purpose
Substance Use in North Dakota: Data Book 2019	ND Department of Human Services, North Dakota State Epidemiological Outcomes Workgroup	<a href="https://prevention.nd.gov/files/pdf/DataBooklet2019.pdf">https://prevention.nd.gov/files/pdf/DataBooklet2019.pdf</a>	This booklet tells the story of substance use in North Dakota and is based on the 2018 North Dakota Epidemiological Profile. You may also visit the Substance Use North Dakota (SUND) website ( <a href="http://www.sund.nd.gov">www.sund.nd.gov</a> ) to search substance use data based on substance type, region, grade level, age, and year.
North Dakota Behavioral Health System Study: Final Report [April 2018]	Human Services Research Institute and ND Department of Human Services	<a href="https://www.hsri.org/files/uploads/publications/ND_FinalReport_042318.pdf">https://www.hsri.org/files/uploads/publications/ND_FinalReport_042318.pdf</a>	The main aims of the project were: 1. Conduct an in-depth review of North Dakota’s behavioral health system. 2. Analyze current utilization and expenditure patterns by payer source. 3. Provide actionable recommendations for enhancing the comprehensiveness, integration, cost-effectiveness, and recovery orientation of the behavioral health system to effectively meet the needs of the community. 4. Establish strategies for implementing the recommendations produced in Aim 3.
Behavioral Health Assessment: Gaps and Recommendations [September 2016]	North Dakota Department of Human Services Behavioral Health Division	<a href="https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-behavioral-health-assessment.pdf">https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-behavioral-health-assessment.pdf</a>	The purpose of the North Dakota Behavioral Health Assessment is to identify priority recommendations to enhance the foundation of the state’s behavioral health system, with the goal of supporting North Dakota’s children, adults, families, and communities in health and wellness to reach their full potential.
Behavioral Health Planning Final Report [July 2014]	Schulte Consulting	<a href="http://storage.cloversites.com/behavioralhealthsteeringcommittee/documents/ND%20Final%20Report.pdf">http://storage.cloversites.com/behavioralhealthsteeringcommittee/documents/ND%20Final%20Report.pdf</a>	This report focuses on six main goals and strategies for improvement followed by recommendations for continued work. The goals chosen incorporate issues seen across geographic areas, age ranges, and demographics. Examples and strategies are used throughout to highlight the various regional discussions and groups.

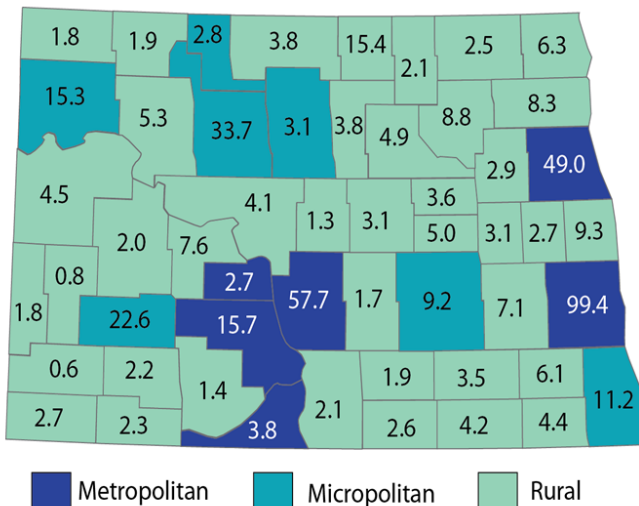


## Other Resources/Reports Identifying Opioid Use Disorder Needs and Recommendations in North Dakota

- Community Health Needs Assessments
  - <https://ruralhealth.und.edu/projects/community-health-needs-assessment>
- North Dakota Hospital Survey
- North Dakota Behavioral Health Licensure Data
  - Reviewing licensure data is part of the Behavioral Health Workforce Development Plan at the CRH, funded by the ND Department of Human Services

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### RCORP Planning Grant Rural Service Area



The RCORP-Planning grant identifies its service area as all micropolitan and rural North Dakota communities.

#### Service area from grant application:

Although North Dakota is a geographically large state, it is not densely populated and, as such, has a significant proportion of residents residing in rural communities. In fact, 21.8% of North Dakota residents live in isolated rural communities compared to only 2.1% of the general U.S. population. Because of the rural nature of the state and the expansive impact of OUD among all rural populations in North Dakota, this RCORP-Planning grant identifies its service area as all micropolitan and rural North Dakota communities.

\* Numbers indicate people per square mile

# Need Summary

## North Dakota OUD Data

Opioid-related emergency department visits per 100,000 population (data from the 4<sup>th</sup> quarter of the respective year)- [HCUP data](#)

– 2016 ND = 171      2016 US = 242

– 2015 ND = 143      2015 US = 231

Rate of opioid-related inpatient stays per 100,000 population (data from the 4<sup>th</sup> quarter of the respective year)

– 2016 ND = 297      2016 US = 296

– 2015 ND = 252      2015 US = 289

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## North Dakota OUD Data

- Overdose deaths in North Dakota increased from 11 deaths in 2013 to 34 deaths in 2015 and increased again to 54 deaths in 2016.
- In 2016, 34 of the 54 individuals who died due to overdose in North Dakota were between the ages of 18 and 44 years old.
- The age-adjusted drug overdose death rate in North Dakota in 2016 was 10.6 per 100,000 individuals.
- In 2016, CDC reported 12 deaths in North Dakota due to heroin overdose and 15 deaths due to synthetic narcotics overdose.
- A few ND health systems and rural communities have implemented their own opioid overdose death tracking and indicate a greater number of opioid-related deaths than the current national and statewide tracking systems: consortium will discuss these independent tracking efforts and their replicability.

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## North Dakota OUD Data

- Increase in ND heroin admissions from 3.0% of total admissions in 2015 up to 5.7% of total admissions in 2017.
- In 2015, non-heroin opioid admission accounted for 6.7% of total admissions compared to 5% in 2017.
- In 2017, 14.4% of ND high school students reported having used prescription drugs for nonmedical use at least once in their lifetimes.
- In 2017, past year nonmedical use of prescription pain relievers for those ages 18-25 was 7.3% versus 3% for ages 26 or older.

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## North Dakota Community Health Needs Assessments and Statewide Hospital Survey

- Of the 13 CHNAs analyzed since September, drug use/abuse has been identified as a top 5 concern among youth and adult populations in every community.
- The need for behavioral/mental health services, including substance abuse treatment programs, has also been identified by many communities.
- Access to substance use disorder treatment services and access to mental health treatment services were identified as the most severe problems faced by CAHs in the 2017 statewide hospital survey.

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Center *for* Rural Health

# Workforce Summary

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## Rural (and Statewide) OUD Workforce Summary

As of 2018, North Dakota had:

- 88 licensed psychiatrists
- 204 licensed psychologists
- 2,349 licensed social workers
  - Cannot classify social workers to determine those specializing in mental healthcare
- 351 licensed addiction counselors
- 189 trained peer support specialists
- 11 trained trainers for peer support specialists

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## Rural (and Statewide) OUD Workforce Summary

- 91% of counties (47 of 53 ND counties) reported no psychiatrist in 2017.
- There are four rural counties in North Dakota (8.5% of rural counties) that reported having at least one psychiatrist.
- Only 11 of the 53 counties in North Dakota indicated at least one buprenorphine provider in 2018.
- Only 7 of the 47 rural counties in North Dakota indicated at least one buprenorphine provider in 2018.

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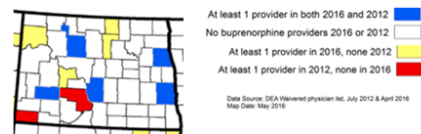
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# Buprenorphine Providers in Rural North Dakota

- There are 55 buprenorphine providers in North Dakota.
- Only 17 providers are waived in a rural county.
- Rural counties with buprenorphine providers: Mercer, Pembina, Rolette, Stutsman, Towner, Ward, and Williams.
- There are 36 newly certified buprenorphine prescribers in ND in 2018, 28 with 30 patient waiver and 8 with 100 patient waiver.
- **We do not currently know if those with a waiver are prescribing.**
- Two of the 53 counties actually lost buprenorphine providers between 2012 and 2016, (Andrilla, Coulthard, & Larson, 2017).

Figure 5. North Dakota Counties with Buprenorphine Providers, 2012 and 2016



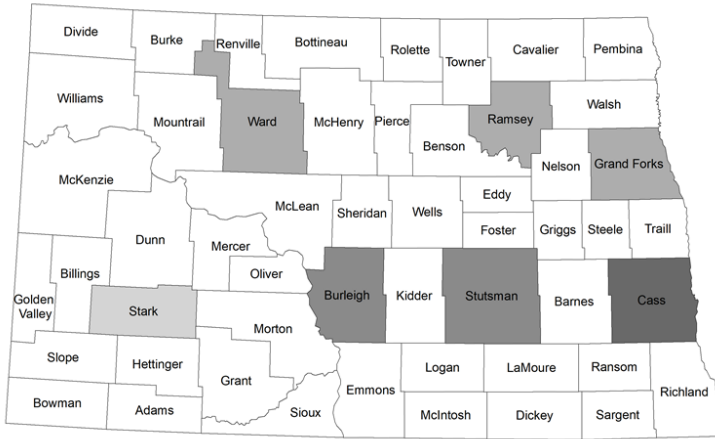
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## State-Level Projections of Supply and Demand for Behavioral Health Occupations: 2016-2030

U.S Department of Health and Human Services, Health Resources and Services Administration, Bureau of Health Workforce, National Center for Health Workforce Analysis

	2016					2030 Predictions				
	Supply (2016)	Demand		Adequacy of Supply		Supply 2030	Demand		Adequacy of Supply	
		Scenario One	Scenario Two	Scenario One	Scenario Two		Scenario One	Scenario Two	Scenario One	Scenario Two
<b>North Dakota</b>										
Psychiatrists	90	100	120	-10	-30	50	100	110	-50	-60
Adult Psychiatrists	70	90	100	-20	-30	40	90	90	-50	-50
Pediatric Psychiatrists	20	10	20	10	0	10	10	20	0	-10
Psychiatric Nurse Practitioner	30	30	40	0	-10	60	30	40	30	20
Psychiatric Physician Assistant	10	<10	<10	10	10	<10	<10	<10	0	0
Psychologist	200	210	250	10	50	240	200	240	40	0
Addiction Counselor	280	300	350	-20	-70	250	340	410	-90	-160
Mental Health Counselor	70	390	470	-320	-400	180	430	520	-250	-340
School Counselor	360	240	290	120	70	420	240	290	180	130
Social Worker	150	560	670	-410	-520	1,130	590	700	540	430
Marriage & Family Therapist	70	140	160	-70	-90	100	140	170	-40	-70

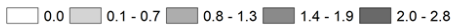
**Rate of Psychiatrists Per North Dakota County**



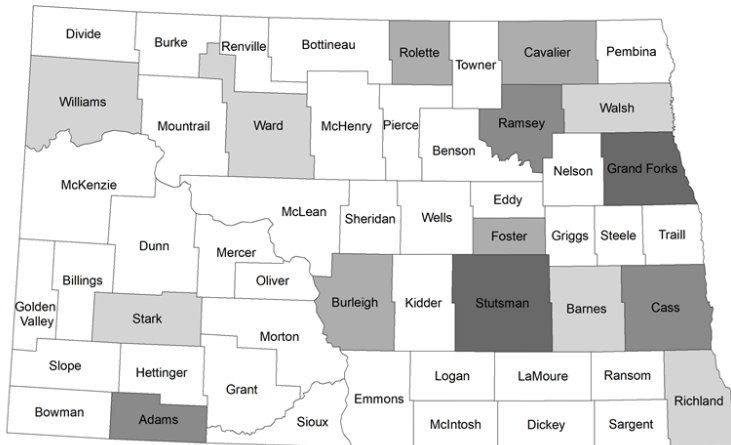
Psychiatrists have the skills and knowledge base to observe, describe, evaluate, interpret, or modify human behavior for the purpose of treating behavioral health conditions. Additionally, they also have the ability to prescribe medication as part of their treatment approach.

Nationally (2014): 1.24:10,000

**Rate of Psychiatrists per 10,000 residents**



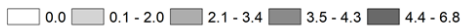
**Rate of Psychologists Per North Dakota County**



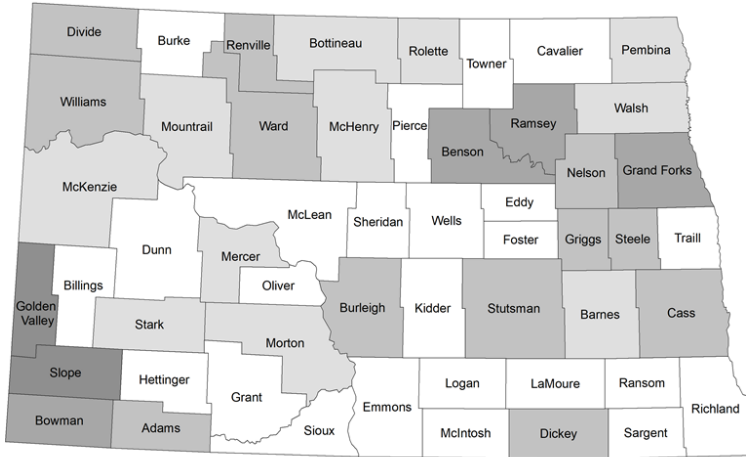
Licensed psychologists have the skills and knowledge base to observe, describe, evaluate, interpret, or modify human behavior for the purpose of treating behavioral health conditions.

Nationally (2011): 0.093: 10,000

**Rate of Psychologists per 10,000 residents**



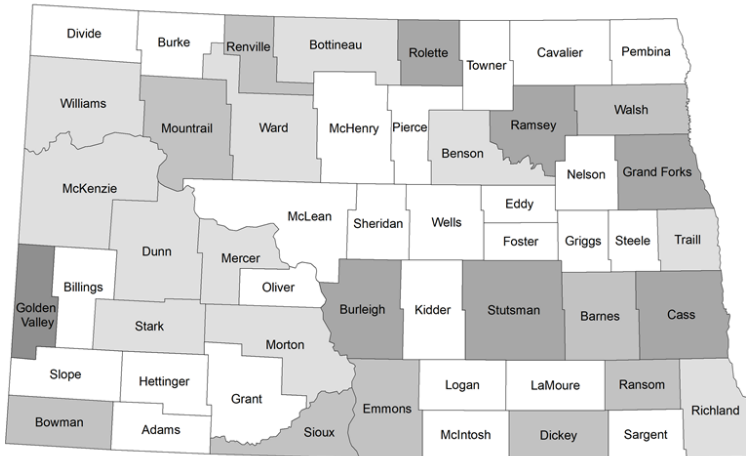
**Rate of Licensed Independent Clinical Social Workers Per North Dakota County**



They can provide assessment, diagnosis, and treatment of mental, emotional, and behavioral disorders, conditions, and addictions. They are able to work in a private practice setting.

Masters Level with additional 3000 hours of supervision.

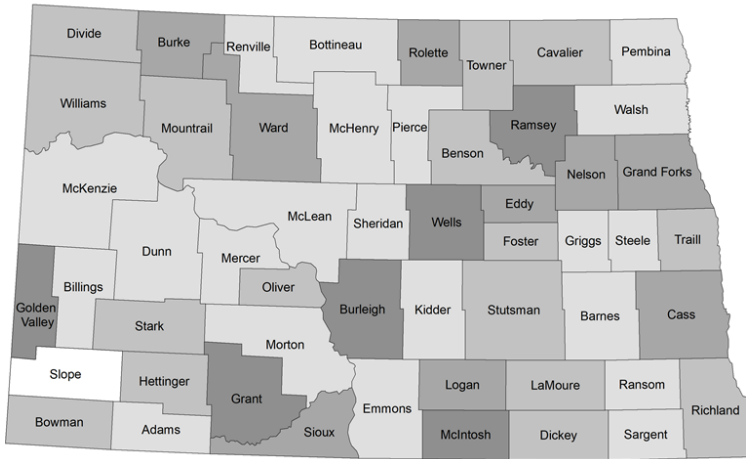
**Rate of Licensed Certified Social Workers Per North Dakota County**



They provide assessment, diagnosis, and treatment of mental, physical, emotional, and behavioral disorders, conditions, and addictions.



**Rate of Licensed Social Workers Per North Dakota County**

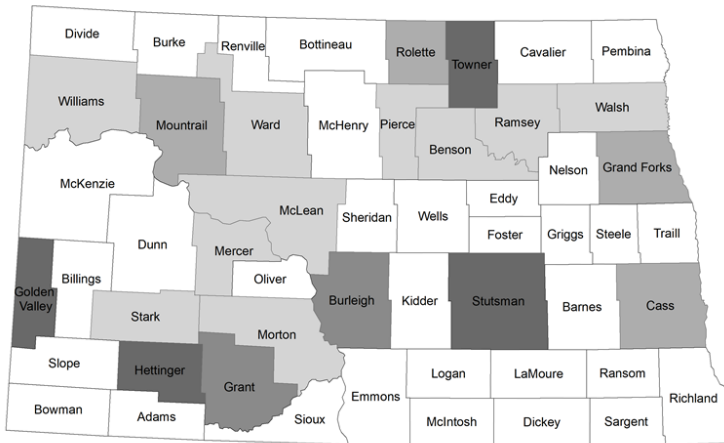


**Rate of Licensed Social Workers per 10,000 residents**  
 0.0 0.1 - 11.1 11.2 - 15.9 16.0 - 21.6 21.7 - 30.7

They provide brief interventions, screenings for various behavioral health problems, support services, and therapeutic behavioral health services.

The number of social workers range by state between 8 per 10,000 to 57.2 per 10,000 (2015) – this is NOT licensed, but all who identify as a social worker.

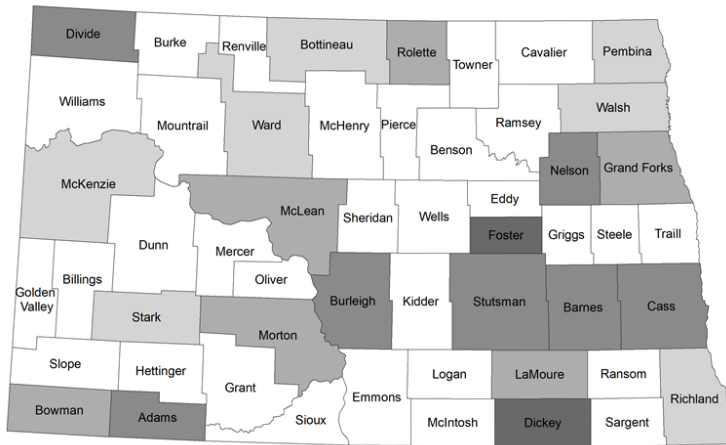
**Rate of Licensed Addiction Counselors Per North Dakota County**



**Rate of Licensed Addiction Counselors per 10,000 residents**  
 0.0 0.1 - 3.8 3.9 - 5.8 5.9 - 8.4 8.5 - 13.3

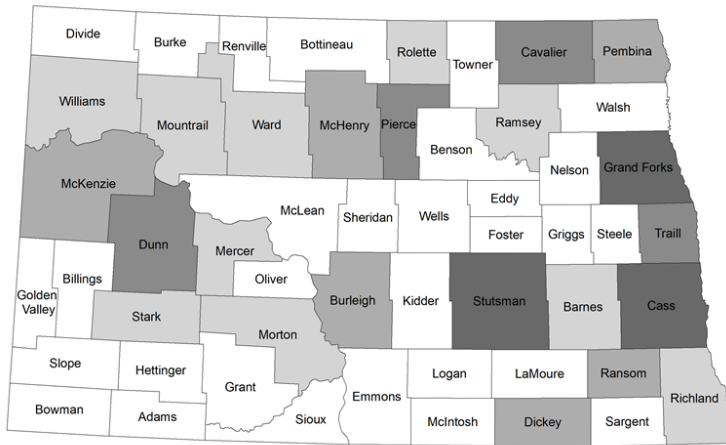
They provide assessment and counseling to individuals regarding their abuse of drugs or alcohol.

**Rate of Licensed Professional Clinical Counselors Per North Dakota County**



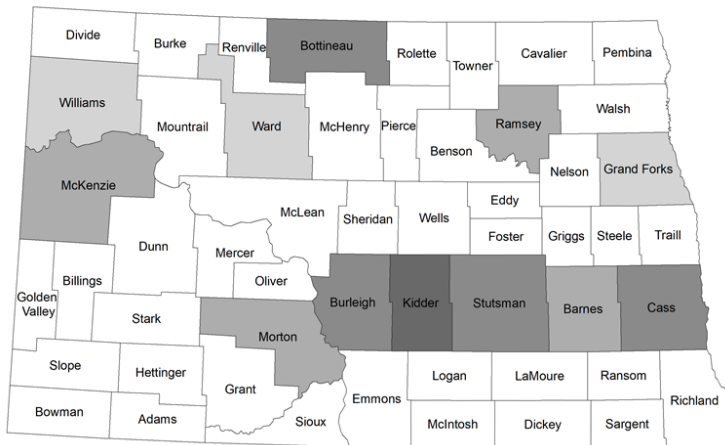
They provide assessments for establishing treatment plans and provide treatment to individuals or groups to alleviate the effects of emotional, mental, or behavioral problems that significantly impact behavioral health. They are able to work in a private practice setting.

**Rate of Licensed Professional Counselors Per North Dakota County**



They provide assessment and therapeutic interventions to individuals, couples, families, and groups to achieve more effective emotional, mental, and social development and adjustment.

**Rate of Licensed Associate Professional Counselors Per North Dakota County**



LAPC is the preliminary licensure individuals receive before they receive full LPC licensure and therefore must practice under the supervision of an LPC or LPCC while they are in training.

**Rate of Licensed Associate Professional Counselors per 10,000 residents**

0.0 0.3 - 0.6 0.8 - 1.0 1.2 - 1.5 8.1

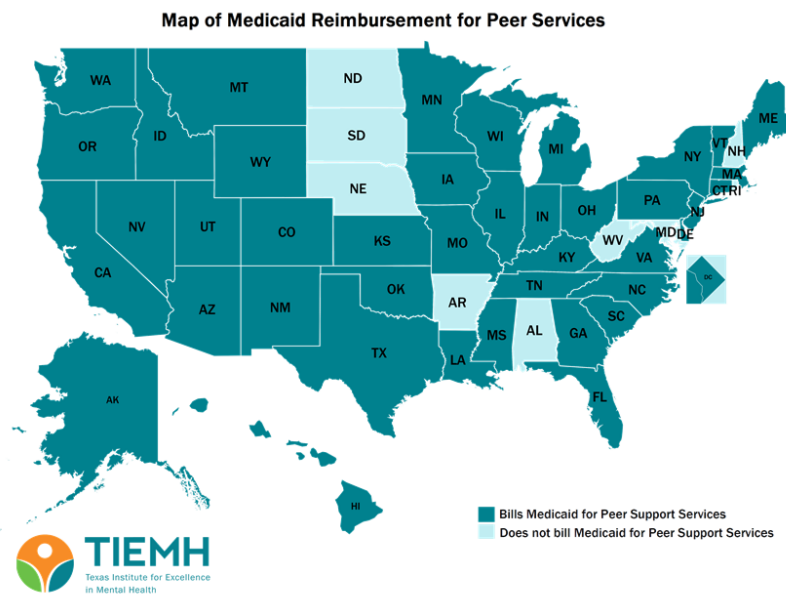
Center *for* Rural Health

# Peer Support Specialist

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## Peer Support Specialist

- A peer support specialist is an individual with lived experience who has initiated their own recovery journey and assists others in the recovery process.
- Peer Specialist Certification is an official recognition by a certifying body that the individual has met qualifications, including training from an approved curriculum.
- Currently, 43 states have established Medicaid reimbursable programs to train and certify peer specialists.



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## Peer Support Development

- ND DHS has provided 8 training opportunities.
- Curriculum and training provided by Appalachian Consulting Group from Georgia. Developed the training for Georgia when they became the 1<sup>st</sup> state to have Medicaid billable peer services in 2001.
- Current funding for peer support services available via SUD voucher and Free Through Recovery.
- Funding in Governor's budget for developing certification system and Medicaid reimbursement.

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## North Dakota Trainings

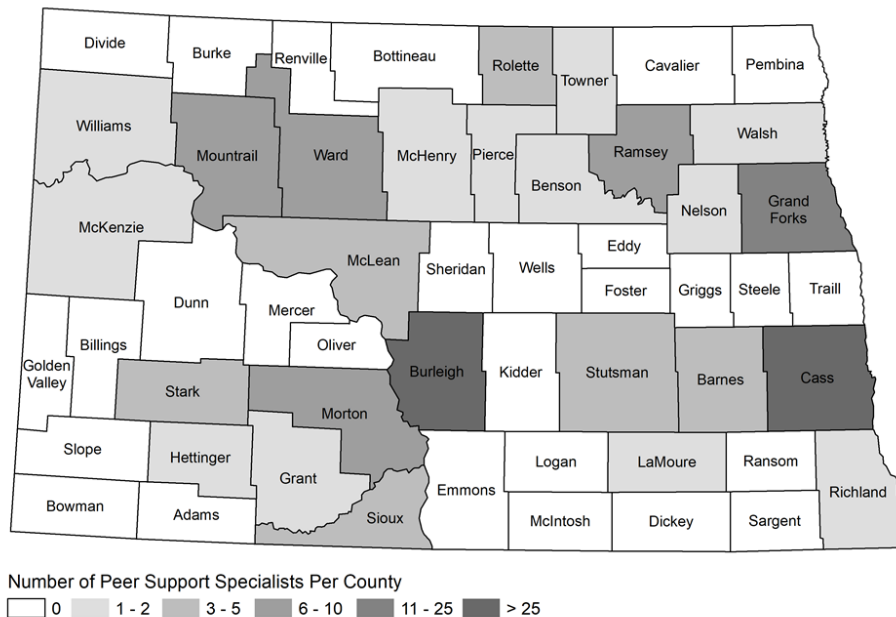
Dates	Title	Location	Number Trained
Jan 29-Feb 2	Peer Support	Bismarck	32
Feb 13-15	Train the Trainer	Bismarck	9
June 18-22	Peer Support	Bismarck	21
July 16-20	Peer Support	Grand Forks	21
August 13-17	Peer Support	Minot	31
Nov 26-30	Peer Support	Fargo	20
Dec 10-14	Peer Support	Bismarck	31
Dec 17-21	Peer Support	Fargo	30

## Number of Trained Peers Specialists

- 11 trained trainers
- 189 total trained peer support specialists
- 81% located in a rural community
- 22% identified as Native American\*

\*Race information was not gathered for the full sample

Number of Peer Support Specialists Per County



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## Peer Support Specialists

### North Dakota Examples

- Employing a peer support specialist
- Contracting a peer support specialist

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## Peer Support Specialists: Next Steps

- What resources could be developed by group to support future adoption of peer support:
  - Employer resources?
  - Supervision guidelines?
  - Climate adoption surveys?

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# Addressing OUD in Rural North Dakota

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## Proposed ND Legislation for 2019—House Bills

Bill Number	Description	Status as of 3/25/2019
<a href="#">HB 1004</a>	A bill for an Act to provide an appropriation for defraying the expenses of the state Department of Health.	Passed House
<a href="#">HB 1050</a>	Relating to the placement of an individual in a drug and alcohol treatment program by the Department of Corrections and Rehabilitation and to provide a penalty.	Passed House
<a href="#">HB 1063</a>	Relating to duration limits for opioid therapy, benzodiazepine, and muscle relaxants and to provide for application.	Failed
<a href="#">HB 1100</a>	Relating to fees charged by the Behavioral Health Division of the Department of Human Services.	Signed by Governor
<a href="#">HB 1103</a>	Relating to licensure of an opioid treatment medication unit and fees, and to amend and reenact section 50-31-01 and subsection 1 of section 50-31-05 of the North Dakota Century Code, relating to the definition of medication unit and the licensure of substance abuse treatment programs.	Signed by Governor
<a href="#">HB 1105</a>	Relating to treatment services for children with serious emotional disorders and the substance use disorder treatment voucher system.	Signed by Governor
<a href="#">HB 1164</a>	Relating to drug court participation; to amend and reenact subsection 9 of section 12.1-32-02 and section 39-08-01.5 of the North Dakota Century Code, relating to drug court participation; and to provide a penalty.	Signed by Governor
<a href="#">HB 1183</a>	Relating to mandatory sentences for offenses relating to controlled substances and to repeal section 19-03.1-23.2 of the North Dakota Century Code, relating to deferred imposition of sentence and suspension of sentence.	Signed by Governor
<a href="#">HB 1315</a>	Relating to community transitional housing and to provide an appropriation.	Failed

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## Proposed ND Legislation for 2019—Senate Bills

Bill Number	Description	Status as of 3/25/2019
<a href="#">SB 2012</a>	A bill for an Act to provide an appropriation for defraying the expenses of the Department of Human Services. Section 29 – Directs the department to include withdrawal management as a covered service under the Medicaid state plan. Section 31. Legislative management healthcare delivery system study.	Passed Senate
<a href="#">SB 2028</a>	A bill for an Act to provide an appropriation to the Department of Human Services for behavioral health prevention and early intervention services.	Failed— Funds added to DHS Budget-SB 2012
<a href="#">SB 2029</a>	Relating to the implementation of a community behavioral health program and to provide an appropriation.	
<a href="#">SB 2030</a>	Relating to the state's behavioral health system.	
<a href="#">SB 2032</a>	Relating to peer support specialist certification; and to provide an appropriation.	
<a href="#">SB 2175</a>	Relating to the substance use disorder treatment voucher system.	
<a href="#">SB 2298</a>	A bill for an Act to provide an appropriation to the Department of Human Services to implement the 1915i Medicaid state plan amendment for youth.	
<a href="#">SB 2196</a>	Relating to creation of a drug fatalities review panel.	Passed Senate, House amended
<a href="#">SB 2094</a>	Relating to the practice of telemedicine; only allows telemedicine opioid prescribing for MAT, hospital, or long-term care facility; requires providers prescribing controlled substances via telemedicine to participate in the PDMP.	Passed Senate
<a href="#">SB 2339</a>	Relating to qualification for addiction counseling licensure for an applicant licensed in another jurisdiction.	Passed Senate

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## Recent State Policy Changes the Impact Opioid Prevention, Treatment, Recovery in North Dakota

### 2015 Legislative Session:

- SB 2104-Opioid antagonist prescription, distribution, possession, or use and immunity from liability
- HB 1396-Added behavioral health professions to state loan repayment

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## Recent State Policy Changes the Impact Opioid Prevention, Treatment, Recovery in North Dakota

2017 Legislative Session:

- SB 2039 expanded Medical Assistance reimbursement beyond Human Service Centers
- SB 2320 made Syringe Service Program legal in ND
- HB 1269 clarified Good Samaritan laws to allow friends or family to access medical help in overdose situation
- SB 2042 established a four-tiered system of classifying various types of the mental health professionals based on their training and scope of practice
- SB 2088 created flexibility for supervision of licensed addiction counselors and developed master's level addiction counselor

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## Recent State Policy Changes the Impact Opioid Prevention, Treatment, Recovery in North Dakota

Nov. 1, 2018-Changes to Medicaid State Plan to increase access

- Easier enrollment process for licensed addiction counselors and licensed addiction programs
- Align better with American Society of Addiction Medicine (ASAM) licensing requirements
- No longer require licensed treatment programs be under the direction of a physician
- Providers able to be get Medicaid reimbursement for residential programs, excluding room and board costs

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## Existing OUD-Related Initiatives in North Dakota-Primarily Statewide/Large Efforts

Initiative	Primary Focus: Prevention/Treatment/ Recovery	Agency	Resource Link	Slide #
<b>Reducing Pharmaceutical Narcotics Through Education and Awareness Task Force</b>	Prevention/Treatment	Volunteer task force	Contacts include Mike Schwab: <a href="mailto:mschwab@nodakpharmacy.net">mschwab@nodakpharmacy.net</a>	
<b>SAMHSA State Targeted Response to Opioid (STR)</b>	Prevention, Treatment, Recovery	SAMHSA award to ND DHS	<a href="https://www.behavioralhealth.nd.gov/addiction/opioids">https://www.behavioralhealth.nd.gov/addiction/opioids</a>	
<b>Project ECHO</b> [Part of STR]	Treatment	SAHMSA award to ND DHS; DHS award to CRH; CRH leads Project ECHO	<a href="https://ruralhealth.und.edu/projects/project-echo">https://ruralhealth.und.edu/projects/project-echo</a>	
<b>ONE Rx</b> [Part of STR]	Prevention	SAHMSA award to ND DHS; managed by NDSU and ND Board of Pharmacy	<a href="https://www.nodakpharmacy.com/onerx/">https://www.nodakpharmacy.com/onerx/</a>	
<b>DATA 2000 Waiver Stipend for Prescribers</b> [Part of STR]	Treatment	SAHMSA award to ND DHS; managed by ND DHS	<a href="https://www.behavioralhealth.nd.gov/data-2000-waiver-training">https://www.behavioralhealth.nd.gov/data-2000-waiver-training</a>	
<b>State Targeted Response to Opioid (STR) Technical Assistance Center</b>	Prevention, Treatment, Recovery	SAHMSA	<a href="http://www.getSTR-TA.org">www.getSTR-TA.org</a>	
<b>SAMHSA State Opioid Response (SOR)</b>	Treatment	ND DHS		
<b>SAMSHA Tribal Opioid Response (TOR)</b>	Treatment	4 ND Tribes		
<b>Community Implementation Technical Assistance Resources</b>	Prevention, Treatment, Recovery	ND DHS	<a href="https://www.behavioralhealth.nd.gov/addiction/opioids">https://www.behavioralhealth.nd.gov/addiction/opioids</a>	

## Existing OUD-Primarily Prevention Initiatives

Initiative	Primary Focus:	Agency	Resource Link	Slide #
<b>Parents Lead</b>	Prevention	ND DHS	<a href="http://www.parentslead.org/">http://www.parentslead.org/</a>	
<b>"Lock. Monitor. Take Back." statewide campaign</b>	Prevention	ND DHS	<a href="https://prevention.nd.gov/takeback">https://prevention.nd.gov/takeback</a>	
<b>Prescription Drug Take Back program (component of the "Lock. Monitor. Take Back" campaign)</b>	Prevention	ND DHS and ND Attorney General	<a href="https://attorneygeneral.nd.gov/public-safety/take-back-program">https://attorneygeneral.nd.gov/public-safety/take-back-program</a>	
<b>Prescription Drug Monitoring Program (PDMP)</b>	Prevention	ND Board of Pharmacy	<a href="https://www.nodakpharmacy.com/PDMP-description.asp">https://www.nodakpharmacy.com/PDMP-description.asp</a>	
<b>"Stop Overdose" statewide campaign</b>	Prevention	ND DHS	<a href="https://prevention.nd.gov/stopoverdose">https://prevention.nd.gov/stopoverdose</a>	
<b>Syringe Service Programs (SSP)</b>	Prevention	ND DoH-Policies	<a href="http://www.ndhealth.gov/hiv/ssp/">http://www.ndhealth.gov/hiv/ssp/</a>	
<b>Opioid Crisis Response Grant</b>	Prevention	ND DoH (Kelly Nagel)	Emergency Preparedness and Response	
<b>NDSU Extension: Center for 4-H Youth Development</b>	Prevention	NDSU awarded dollars from USDA RHSE grants and SAMHSA		

## Existing OUD-Primarily Treatment/Recovery Initiatives

Initiative	Primary Focus: Prevention/Treatment/Recovery	Agency	Resource Link
Substance Use Disorder (SUD) Voucher	Treatment	ND DHS Behavioral Health Division	<a href="https://www.behavioralhealth.nd.gov/addiction/substance-use-disorder-voucher">https://www.behavioralhealth.nd.gov/addiction/substance-use-disorder-voucher</a>
Opioid Treatment Programs (OTPs)	Treatment	ND DHS BHD licenses alcohol/drug treatment providers	<a href="https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-licensed-addiction-treatment-programs.pdf">https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-licensed-addiction-treatment-programs.pdf</a>
Recovery Reinvented	Recovery, Treatment	ND DHS	<a href="https://recoveryreinvented.com/">https://recoveryreinvented.com/</a>
Free Through Recovery	Recovery	ND DHS	<a href="https://www.behavioralhealth.nd.gov/addiction/free-through-recovery">https://www.behavioralhealth.nd.gov/addiction/free-through-recovery</a>
Peer Support	Recovery	ND DHS	<a href="https://www.surveymonkey.com/r/ndpeersupport">https://www.surveymonkey.com/r/ndpeersupport</a>
Heartview's Opioid Crisis Network	Recovery, Treatment	Heartview	
Regional Opioid Prevention, Education, and Support (ROPES) Consortium	Prevention, Treatment, Recovery	City-County Health District	
AHEC Opioid Funding	Prevention, Treatment, Recovery	HRSA awarded to AHEC, AHEC awards to 16 HOSA high school chapters	
Children's Behavioral Health Taskforce			
Behavioral Health Partnership Council			
Opioid Crisis CoAg	Prevention, Treatment, Recovery	ND DoH, dollars from CDC Division of State and Local Readiness (DSLRL)	

## Reducing Pharmaceutical Narcotics in Our Communities Task Force

The Reducing Pharmaceutical Narcotics in Our Communities Task Force is a group of more than 40 public and private organizations, including the medical community, law enforcement, treatment services, educators, policy makers and others gathered to address the statewide public health concern of the opioid crisis. The task force has been meeting since 2008 and has worked to improve the PDMP, pass Good Samaritan laws, provide naloxone prescription authority to pharmacists, etc.

### The five pillars of the task force are:

1. Education
2. Prescription Drug Take Back Program
3. Law Enforcement
4. ND Prescription Drug Monitoring Program (PDMP)
5. Effective Treatment

# State Targeted Response to the Opioid Crisis (STR)

The purpose of North Dakota's State Targeted Response (STR) to the Opioid Crisis Grant project is to address gaps and increasing access to evidence-based treatment and recovery services for opioid use disorder (OUD) and reduce opioid overdose related deaths through the provision of primary and secondary prevention. SAHMSA awarded STR dollars to the ND Department of Human Services' (DHS) Behavioral Health Division. DHS has issued sub-awards for many initiatives and communities. Community and public health unit initiatives are both prevention and treatment based.

## Programs/Initiatives

- Project Echo (Treatment)
- ONE Rx (Prevention)
- DATA 2000 Waiver Stipend for Prescribers (Treatment)

## 2017/2018 STR Communities

- Bismarck
- Fargo
- Grand Forks
- Minot
- Valley City
- MHA Nation
- Spirit Lake
- Standing Rock
- Turtle Mountain

## 2018/2019 STR Public Health Units

- Central Valley
- Walsh County
- Towner County
- Rolette County
- Richland County
- Lake Region
- Southwestern District

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# State Targeted Response Technical Assistance (STR-TA)

### State Targeted Response Technical Assistance

How can STR-TA help your community address opioid misuse and overdoses?

Throughout the U.S., states, local communities, and neighborhoods, are experiencing an unprecedented increase in the number of opioid-related deaths. The STR-TA grant initiative was created to help address this healthcare crisis by going directly to communities and working with local medical personnel, social workers, counselors, and officials on the prevention, treatment and recovery of opioid use disorder (OUD).

This initiative, funded by the Substance Abuse and Mental Health Services Administration, utilizes experienced prescribers and clinicians in prevention, treatment, and recovery who are collaborating to facilitate access to evidence-based resources.

All 50 states and 7 territories have a designated team, led by a Regional Technology Transfer Specialist (TTS), who coordinates the implementation of evidence-based practices. Additional consultants are also available to meet the requester's specific needs.

Anyone can request Technical Assistance! No special criteria or restrictions in place.

Submit your TA request today at [www.getSTR-TA.org](http://www.getSTR-TA.org)

[www.getSTR-TA.org](http://www.getSTR-TA.org) | 401 270-5900 | [str-ta@aaap.org](mailto:str-ta@aaap.org)

## How it works...

### Identify a Need

Any type of project, topic or issue along the continuum of care (prevention, treatment, recovery) for the opioid epidemic can be requested and evaluated.

### Make a Request

Contact STR-TA via [www.getstr-ta.org](http://www.getstr-ta.org) and a Technical Transfer Specialist will contact you within 24 hours and begin working to address your needs.

### Get Help

We can help you...

- Build a coalition
- Provide training
- Provide mentoring
- Conduct educational meetings
- Identify local resources
- Create clinical teams and more

### Prevention

- Prevention programs
- Safe opioid prescribing
- Public awareness campaigns
- Naloxone training
- School programs
- Coalition building
- Adult/Adolescent prevention

### Treatment

- Psychosocial interventions
- Pharmacotherapy: buprenorphine, naltrexone, medications
- Telepsychiatry
- Pain management
- Buprenorphine induction in ER

### Recovery

- Medication-assisted recovery
- Peer support/recovery coach
- Recovery housing
- Clinician/public health advocacy
- Recovery coalition/community building
- Integration of peers/peer supervision

### Evidence-based treatment of opioid use disorder, with medications and counseling, has proven to be effective.

For long-term recovery to be successful, patients need a program that includes both counseling and medication. It's a team effort between patients and their providers.

### Funded by SAHMSA:

- The STR-TA grant initiative was created to help address this healthcare crisis by going directly to communities and working with local medical personnel, social workers, counselors, and officials on the prevention, treatment, and recovery of opioid use disorder (OUD).
- Anyone can request technical assistance! No special criteria or restrictions are in place. Submit your TA request today at [www.getSTR-TA.org](http://www.getSTR-TA.org).
- Any type of project, topic, or issue along the continuum of care (prevention, treatment, recovery) for the opioid epidemic can be requested and evaluated.

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## State Opioid Response

The State Opioid Response (SOR) Grants were issued by SAMHSA (FY18) and awarded to the North Dakota Department of Human Services (DHS). SAMHSA awarded SOR dollars to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment, and recovery activities for opioid use disorder (OUD) (including prescription opioids, heroin, and illicit fentanyl and fentanyl analogs).

### **North Dakota SOR Award (FY18):**

- ND DHS was awarded \$4,020,043
- October 1, 2018-September 30, 2019; possible year 2
- ND DHS has not announced plan for funding

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## State Tribal Opioid Response

The Tribal Opioid Response (TOR) Grants were issued by SAMHSA (FY18) and awarded by SAMHSA. SAMHSA awarded TOR dollars to address the opioid crisis in tribal communities by increasing access to culturally appropriate and evidence-based treatment, including medication-assisted treatment (MAT), using one of the three FDA-approved medications for the treatment of opioid use disorder (OUD). The intent is to reduce unmet treatment need and opioid overdose-related deaths through the provision of prevention, treatment, and/or recovery activities for OUD.

### **Local North Dakota SOR Awards (FY18):**

- Turtle Mountain
  - Amount \$368,266; Contact Twila Jerome
- Spirit Lake
  - Amount \$ 182,438; Contact Andrea MacFadden
- MHA Nation
  - Amount \$179,233; Contact Monica Taylor-Desir
- Standing Rock
  - Amount \$510,756; Contact Duane Silk

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# Predominantly Prevention Based

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## Parents Lead

Resource library with wide variety of tools and resources to support parents, communities, and professionals supporting youth behavioral health. Managed by the ND Department of Human Services, in collaboration with ND Department of Transportation and ND University System.

For more information: <http://www.parentslead.org/>

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## Lock. Monitor. Take Back. Campaign

Lock. Monitor. Take Back. is an evidence-based prevention effort with the primary goal of reducing access to prescription drugs, especially opioids, by encouraging North Dakotans to be safe with their medications, including promoting take back locations (see Take Back Program for more information) and promoting ways communities can support this effort at the local level.

- Website: <https://prevention.nd.gov/takeback>
- Managed by ND DHS
- Resources include:
  - How to host a community forum
  - Encouraging pharmacists to prescribe naloxone
  - Free materials

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## Take Back Program

North Dakota offers two free programs for residents to dispose of unwanted medications:

1. **Take Back** program at participating law enforcement agencies
2. **MedSafe** program at participating pharmacies

ND is the only state operating free, year-round, statewide prescription drug disposal programs at local law enforcement agencies and pharmacies.

- ND Attorney General is the lead on this effort with ND DHS
- Part of the larger campaign: Lock. Monitor. Take Back.
- <https://attorneygeneral.nd.gov/public-safety/take-back-program>

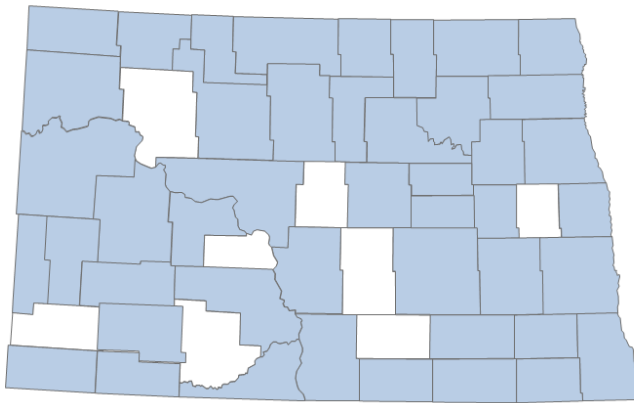
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## Take Back Locations



### **No Take Back Locations in 8 Counties:**

Grant	Kidder	Logan
Mountrail	Oliver	Sheridan
Slope	Steele	

Take Back sites are located at local law enforcement agencies and, unless otherwise noted, are open 24 hours a day. The MedSafe sites are at participating pharmacies. For hours of operation, please contact the pharmacy directly.

Find all locations here: <https://attorneygeneral.nd.gov/public-safety/take-back-program/take-back-program-locations>

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## Prescription Drug Monitoring Program

The 2005 North Dakota Legislative Assembly authorized the implementation of a Prescription Drug Monitoring Program (PDMP) in the North Dakota Century Code chapter 19-03.5 and rules of the Board of Pharmacy. The intent of the program is to protect the public from drug diversion and misuse through encouraging cooperation and coordination among state, local, and federal agencies. The PDMP is a secure and HIPAA-compliant online database of all Schedule II, III, IV, and V controlled substances dispensed in the state of North Dakota or for patients residing in North Dakota. All controlled substance prescriptions dispensed for a North Dakota resident are transferred to the PDMP data repository by the dispenser on a daily basis. All out-of-state pharmacies licensed with the North Dakota Board of Pharmacy also submit data on controlled substance prescriptions dispensed for North Dakota residents.

- All qualified practitioners, pharmacists, and licensed addiction counselors may access profile information on their individual patients
- Law enforcement or professional agencies conducting an investigation may request a patient profile
- Managed by the ND Board of Pharmacy
- Website: <https://www.nodakpharmacy.com/PDMP-description.asp>

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## ONE Rx

- Part of SAMHSA Funded STR awarded to ND DHS
- Collaborative effort between the ND Pharmacists Association, ND Board of Pharmacy, NDSU School of Pharmacy, and North Dakota Department of Human Services (DHS)
- ONE Rx (Opioid and Naloxone Education) is an innovative approach to screen and educate patients who receive prescribed opioid medications at participating community pharmacies in the state
- Participating pharmacies receive:
  - 3 hours of free continuing education for each pharmacist
  - Access to outcomes data to help serve their patients
  - \$500 incentive upon completion of the first 25 patients per pharmacy through the program
  - Depending on availability, an additional financial reward for completing ONE Rx with a predetermined number of patients
- More information: <https://www.nodakpharmacy.com/onerx/>

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## ONE Rx Participating Pharmacies in North Dakota

### Current participating pharmacies (launched Fall 2018):

- 51 participating pharmacies as of December 12, 2018
  - 17 are located in Fargo, Bismarck, Grand Forks, or Minot
  - The remaining 34 are in rural communities

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# “Stop Overdose” Statewide Campaign

ND DHS, Behavioral Health Division in collaboration with the Reducing Pharmaceutical Narcotics Task Force launched “Stop Overdose” Campaign. This statewide campaign is built on saving lives by sharing information and providing resources for those impacted by this public health concern, from family and friends to prescribers, pharmacists, behavioral health counselors, and first responders.

- Website: <https://prevention.nd.gov/stopoverdose>
- Resources include:
  - Tutorials
  - Instructions/videos on how to use NARCAN
  - How to spot an overdose
  - Treatment directories

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Who's at Risk?



Signs of Overdose



Good Samaritan



What is Naloxone?



Overdose deaths in North Dakota increased from 20 deaths in 2013 to 77 deaths in 2016.

CDC/NCHS, National Vital Statistics System, Mortality

## OpiRescue

An Opioid Overdose Toolkit on Your Phone

OpiRescue provides information and a 5-step process for how to respond to an opioid overdose event. The guidelines that OpiRescue offers have been developed by the US Substance Abuse and Mental Health Services Administration (SAMHSA).



Order free Stop Overdose materials here.

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## Syringe Service Programs (SSP)

Syringe Service Programs became legal in the state of North Dakota with the passage of Senate Bill (SB) 2320 during the 2017 legislative session. The primary objectives of SSPs are to:

- Provide a clean syringe for each injection instance to reduce the potential for transmission of HIV, hepatitis B and C, and other blood-borne pathogens.
- Provide an entry point for substance abuse treatment and care and other resources as appropriate for the individual.
  - Website: <http://www.ndhealth.gov/hiv/ssp/>
  - Resources include:
    - Guidance
    - Templates
    - Recorded training sessions

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## Opioid Prevention: Student and Parent Education

Managed by NDSU, Center for 4-H Youth Development in partnership with South Dakota State University

- A science-based (45 minute) youth opioid misuse prevention program at no cost, designed for students grades 6-12
- Encourages students to make good choices by providing skills to combat peer pressure, identify support systems, and gain access to resources
- There is an adult version, which can be utilized for staff, faculty, parents, PTO/PTA, etc.
- Trained facilitators are available to facilitate the program in any ND school. Dr. Meagan Scott at [meagan.scott@ndsu.edu](mailto:meagan.scott@ndsu.edu) or [geoffrey.zehnacker@ndsu.edu](mailto:geoffrey.zehnacker@ndsu.edu)
- Funded by USDA Rural Health and Safety Education (RHSE) grants program and SAMHSA

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## AHEC: Community Innovation (Students)

Area Health Education Center (AHEC) received an award from the HRSA Bureau of Healthcare Workforce.

- Sub-awards will be distributed to the 16 HOSA high school chapters to design innovative community-based projects related to opioid use disorder (prevention, treatment, or recovery)
- HOSA: Health Occupations Students of America
- Set to begin January, 2019

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Center *for* Rural Health

Predominantly Treatment Based

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## Substance Use Disorder (SUD) Voucher Program

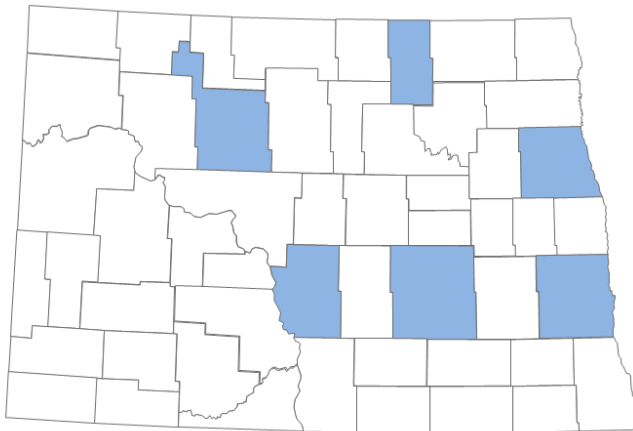
The SUD Voucher program was established to address the financial barriers to treatment. The SUD Voucher supports eligible individuals in their personal recovery by reducing financial barriers in accessing substance use disorder treatment and recovery services.

- Managed by ND DHS Behavioral Health Division
- Funded by the ND Legislature
- Link to more information on individual eligibility and program purpose: <https://www.behavioralhealth.nd.gov/addiction/substance-use-disorder-voucher>
- SUD Voucher Brochure: <http://www.nd.gov/dhs/info/pubs/docs/mhsa/sud-voucher-brochure.pdf>
- SUD Voucher Provider List: <http://www.nd.gov/dhs/info/pubs/docs/mhsa/sud-voucher-providers.pdf>

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### SUD Voucher Provider Locations



#### Two Rural Locations

- Heartview Foundation, Cando
- St. Thomas Counseling Center, PLLC, Jamestown

#### Grand Forks:

- Agassiz Associates, PLLC
- Drake Counseling Services

#### Fargo:

- Community Medical Services
- First Step Recovery
- Drake Counseling Services
- Prairie St John's
- ShareHouse

#### Minot

- Community Medical Services
- Goodman Addiction Services

#### Bismarck:

- Heartview Foundation
  - The Village Family Service Center
-

SUD Voucher Providers: <http://www.nd.gov/dhs/info/pubs/docs/mhsa/sud-voucher-providers.pdf>

	Screening	Assessment	Individual Therapy	Family Therapy	Outpatient Treatment (ASAM 1)	Intensive Outpatient Treatment (ASAM 2.1)	Partial Hospitalization/Day Treatment (ASAM 2.5)	Room & Board	Recovery Coaching	Transportation	Methadone Maintenance
Agassiz Associates, PLLC	X	X	X		X	X					
Community Medical Services - Fargo	X	X	X						X	X	X
Community Medical Services - Minot	X	X	X						X	X	X
Drake Counseling Services - Fargo	X	X		X	X	X	X				
Drake Counseling Services - Grand Forks	X	X	X		X	X					
First Step Recovery	X	X	X	X	X	X	X		X	X	
Goodman Addiction Services - Minot	X	X	X		X	X					

\*Please see back side for additional SUD Voucher providers

Last updated on 9.28.2018

SUD Voucher Providers, continued: <http://www.nd.gov/dhs/info/pubs/docs/mhsa/sud-voucher-providers.pdf>

	Screening	Assessment	Individual Therapy	Family Therapy	Outpatient Treatment (ASAM 1)	Intensive Outpatient Treatment (ASAM 2.1)	Partial Hospitalization/Day Treatment (ASAM 2.5)	Room & Board	Recovery Coaching	Transportation	Methadone Maintenance
Heartview Foundation - Bismarck	X	X	X	X	X	X	X	X	X	X	X
Heartview Foundation - Cando	X	X	X	X	X	X	X	X	X	X	
Prairie St John's	X	X		X	X	X	X	X		X	
ShareHouse Inc.	X	X	X	X	X	X	X	X	X	X	
St. Thomas Counseling Center, PLLC	X	X	X	X	X	X				X	
The Village Family Service Center - Bismarck	X	X	X	X	X	X	X		X	X	

Please see next page for contact information

Last updated on 9.28.2018

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## DATA 2000 Waiver Stipend

- Part of State Targeted Response (STR) funded by SAHMSA through ND DHS
- State provides a \$1,000 stipend to 10 prescribers who obtain a DATA 2000 Waiver.
- Goal: increase availability of evidence-based medication assisted treatment (MAT) for individuals with opioid use disorder (OUD)
- The Drug Addiction Treatment Act (DATA) of 2000 reduces the regulatory burden on prescribers who choose to treat OUD by waiving the requirement to obtain a separate Drug Enforcement Administration (DEA) registration as a Narcotic Treatment Program (NTP).
- The DATA 2000 waiver permits qualified prescribers to treat opioid use disorder by administering, dispensing, and prescribing approved Schedule III, IV, or V narcotic medications in settings other than an opioid treatment program (OTP).
- More Information: <https://www.behavioralhealth.nd.gov/data-2000-waiver-training>

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## DATA 2000 Waiver Stipend

- Only one provider has taken advantage of the stipend (paid for under STR dollars)
- There are 55 buprenorphine providers in North Dakota
- Only 17 providers are waived in a rural county
- Rural counties with buprenorphine providers: Mercer, Pembina, Rolette, Stutsman, Towner, Ward, and Williams
- There are 36 newly certified buprenorphine prescribers in ND in 2018, 28 with 30 patient waiver and 8 with 100 patient waiver
- We do not currently know if those with a waiver are prescribing

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## Project ECHO (Extension for Community Healthcare Outcomes)

- Managed by the Center for Rural Health
- Funded by ND DHS with SAHMSA STR dollars
- Provides front-line rural clinicians with the knowledge and ongoing support they need to provide medication assisted treatment for opioid use disorder and manage patients with complex conditions
- Twice a month video conferences connect Hub topic experts with learners (clinicians) at rural Spoke sites
- Meeting format includes discussion of a new topic and a case presentation
- More information: <https://ruralhealth.und.edu/projects/project-echo/about>

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## Project ECHO Participants in North Dakota

Each teleECHO clinic is facilitated by a member of the Hub Team.

- Elizabeth Faust, MD, Senior Medical Director, Blue Cross Blue Shield of North Dakota
- Andrew McLean, MD, Chair of UND Psychiatry and Behavioral Science
- David Schmitz, MD, UND Department of Family & Community Medicine

North Dakota Spoke Sites as of 10/2018:

- Coal Country Community Health Center, Beulah
- Sanford Southpointe Clinic, Fargo
- ShareHouse, Fargo
- Standing Rock IHS, Fort Yates
- Towner County Medical Center, Cando
- UND Center for Family Medicine Residency program (Bismarck, Minot, Williston)
- Valley Community Health Center, Grand Forks
- West River Health Services, Hettinger

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## Opioid Treatment Programs in North Dakota

Opioid Treatment Programs (OTPs) are an effective treatment option for individuals with addictions to opioid pain medications and/or heroin. Treatment includes on-going assessments by a medical professional, medication monitoring, and addiction counseling by a licensed addiction counselor. OTPs are regulated by both the federal and state government. The ND DHS BHD is the licensing agency.

**Three OTPs in the state:**

1. Community Medical Services in Minot, North Dakota (August 10, 2016)
2. Heartview Foundation in Bismarck, North Dakota (March 8, 2017)
3. Community Medical Services in Fargo, North Dakota (April 18, 2017)

More information: Licensed Addiction Treatment Programs in North Dakota (October 2018):

<https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-licensed-addiction-treatment-programs.pdf>

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## Opioid CoAg: ND DoH

Given that the opioid crisis was declared a public health emergency, the ND DoH received one-year funding to address issues of treatment and recovery. The ND DoH EPR Response:

Public Health Opioid Crisis has two major project areas:

1. Division of Center for Surveillance Epidemiology and Laboratory Services (CSELS)
2. Division of National Center for Injury Prevention and Control (NCIPC)

North Dakota will strengthen five Public Health Crisis domains:

1. Incident Management for Early Crisis Response
2. Biosurveillance
3. Information Management
4. Countermeasures and Mitigation
5. Strengthen Jurisdictional Recovery

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# Predominantly Recovery Based

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## Office of Recovery Reinvented

The Office of Recovery Reinvented was established by executive order in January 2018 and consists of First Lady Kathryn Helgaas Burgum as chair and six members appointed by the governor. The Office will collaborate with executive branch agencies, advocates, volunteers, and others on an ongoing series of innovative practices and initiatives to eliminate the shame and stigma of addiction in North Dakota.

- Host Recovery Reinvented and Day for Prevention events. Day for Prevention 2019 coming up in summer 2019
- Awarded \$50,000 Recovery Innovation award to peer support software company Recovree
  - <https://www.recovree.com/>
- More information: <https://recoveryreinvented.com/>

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## Free Through Recovery

- Funded and managed by ND DHS Behavioral Health Division.
- Purposes are to train community members to provide community-based behavioral health recovery services and to offer care coordination, peer support, and recovery services for those with opioid misuse disorder in the criminal justice system.
- Free Through Recovery providers can be private providers as well as non-traditional providers such as faith-based or cultural-specific groups.
- Community providers will be paid a base rate of \$400 per individual, on a monthly basis, for providing care coordination and recovery services, including peer support, to program participants. In addition to this individual rate, a 20% increase (\$80) will be issued in the form of performance-based rate enhancement on a monthly basis.
- Care coordinators and peer support specialists are required to receive training prior to providing services to participants. The training is provided by the Behavioral Health Division.
- More Information: <https://www.behavioralhealth.nd.gov/addiction/free-through-recovery>.
- See Slide on “**Peer Support Specialists**” for specifics on that program and where providers are located.

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## Peer Support Specialists

Peer support specialists are individuals with similar first-hand, lived experience and demographic identifiers as the individuals they are serving. Peer support specialists use their experience to support others in their recovery, serve as pro-social models, provide information, guidance, and advice, establish good rapport, and offer insight to the participant’s care team.

- Trainings available through ND Department of Human Services (DHS)
- Center for Rural Health developed curriculum and state recommendations
- Currently there is funding available for peer support through Free Through Recovery and the SUD Voucher
- More information: <http://www.parentslead.org/professionals/treatment-recovery/peer-support>
- To sign up to learn about trainings or become a peer support specialist: <https://www.surveymonkey.com/r/ndpeersupport>

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## Regional Opioid Prevention, Education, and Support (ROPES) Consortium

Goal is to build an eight-county regional network to address opioid prevention, education, and support.

Goals:

1. Develop/advance regional access to evidenced-based care, including peer support, naloxone, SBIRT, and MAT.
  2. Provide multi-faceted education throughout the region that will decrease the stigma surrounding addiction and mental illness diagnosis, and related treatments.
  3. Research feasibility of developing a regional FQHC/federally funded Community Health Center to increase access to mental health and addiction services.
- Project managed by City-County Health District, Valley City, ND
  - Funded by HRSA

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## Heartview's Opioid Crisis Network

Heartview's Opioid Crisis Network will connect six rural communities by providing distance learning telemedicine with an emphasis on the opioid crisis and the provision of treatment and counseling services for opioid abuse in rural and underserved communities.

- The project is a hub and spoke model connecting rural addiction counselors, rural physicians and primary care facilities, post-secondary addiction training programs, rural clinical training sites, and Heartview's Medically Assisted Treatment (opioid treatment program).
- The network will include the development of private rooms for individual screening and assessment, treatment and aftercare, and educational/conferencing rooms for training and staffing.
- Funded by USDA.
- More information at <https://www.heartview.org/>.

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## Recommendations for the State

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### Recommendations to Address OUD in Rural North Dakota

- Support adoption of peer support services
  - Promote understanding of roles of peer support specialists
  - Develop resources regarding peer roles, supervision of peers, and support for organizational adoption of peer support
  - Develop mechanisms for ongoing training and support of peer support specialists
  - Address unique needs of rural peers support specialist

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## Recommendations to Address OUD in Rural North Dakota

- Expand and support the adoption and use of telebehavioral health services.
  - Develop mechanism for training in telebehavioral health techniques and evidence to assist with adoption.
  - Develop clear, standardized procedural and regulatory guidelines to support the use of telebehavioral health services.
  - Explore the utilization of paraprofessional level staff to assist with the time constraints of providing telebehavioral health services.
  - Identify and facilitate resolution of any regulatory or funding barriers to adoption telebehavioral health services.

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## Recommendations to Address OUD in Rural North Dakota

- Expand and support the integration of physical care with behavioral healthcare.
  - Collaborations with emergency services to develop overdose protocols
  - Development of evidenced based “hub and spoke” and further development of MAT
  - Use of peer support specialists located in primary care to assist with navigation and integration across healthcare access points

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# Evidenced-Based Strategies: Prevention, Treatment/Recovery

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## Next Steps Conversation with Consortium

Evidence-based prevention, treatment, and recovery programs and other resources:

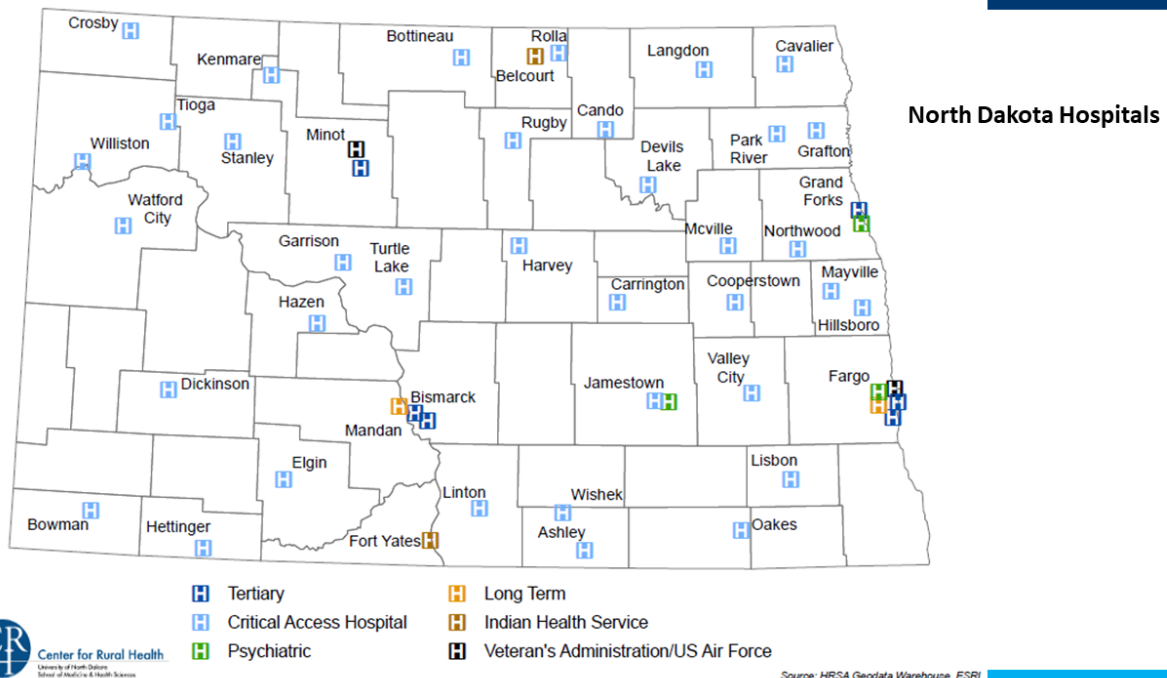
- <https://www.rd.usda.gov/files/RuralResourceGuide.pdf>
- <https://www.ruralhealthinfo.org/topics/opioids>
- Evidence-based prevention for ND:  
<https://www.behavioralhealth.nd.gov/addiction/opioid/prevention>
- Evidence-based treatment/recovery for ND:  
<https://www.behavioralhealth.nd.gov/addiction/opioid/treatment>

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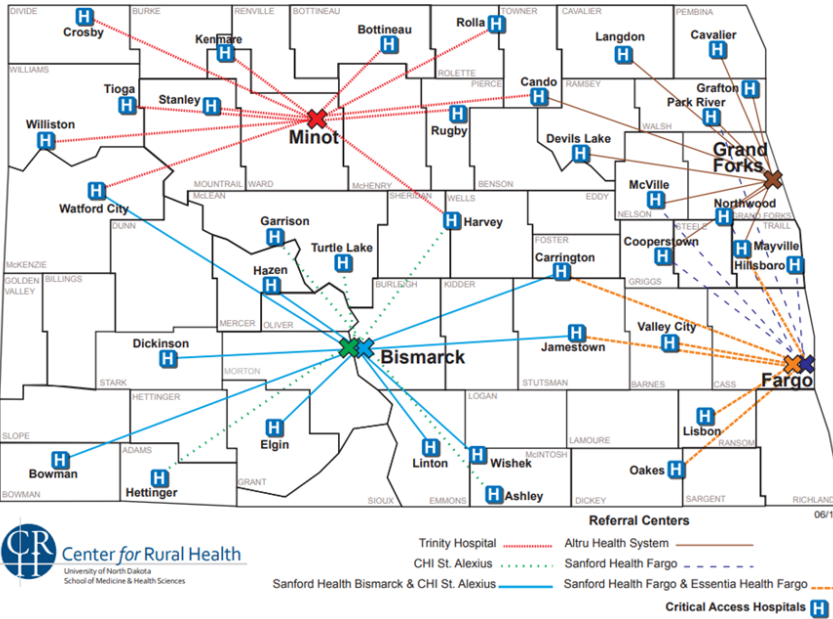


# Response to Consortium Requests for Information: January 22, 2019

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## North Dakota Critical Access Hospitals & Referral Centers



North Dakota has 36 Critical Access Hospitals (CAHs) in rural communities.

- Nearly all CAHs have some level of telehealth capacity
- Access map: <https://ruralhealth.und.edu/assets/1008-3365/north-dakota-critical-access-hospitals-referral-centers.pdf>

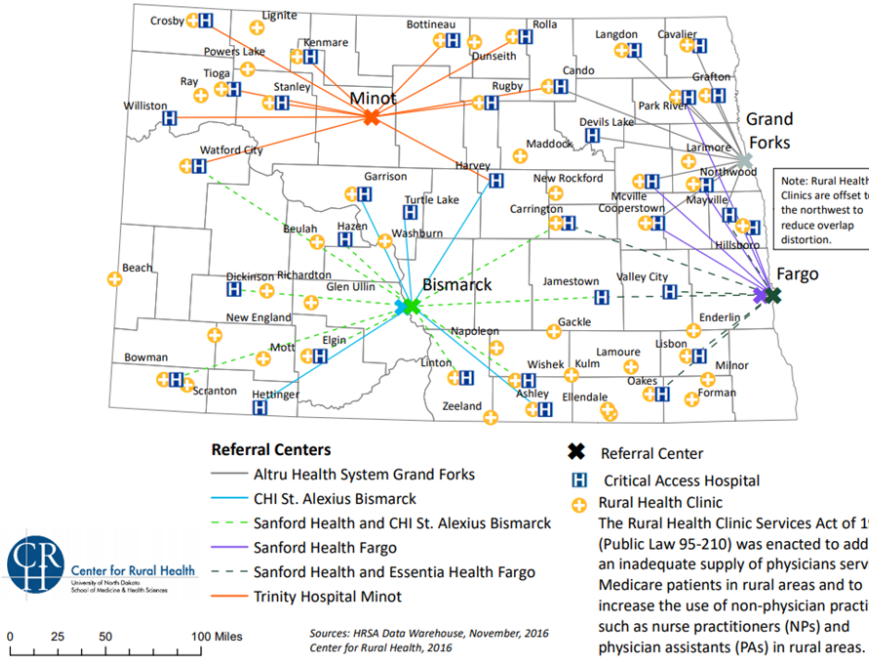


**Referral Centers**

Trinity Hospital ——— Altru Health System ———  
 CHI St. Alexius ——— Sanford Health Fargo ———  
 Sanford Health Bismarck & CHI St. Alexius ——— Sanford Health Fargo & Essentia Health Fargo ———

**Critical Access Hospitals** H

## Critical Access Hospitals and Rural Health Clinics, 2016



<https://ruralhealth.und.edu/assets/1385-5882/2016-nd-cahs-and-rhcs.pdf>

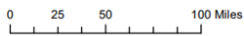


**Referral Centers**

Altru Health System Grand Forks ———  
 CHI St. Alexius Bismarck ———  
 Sanford Health and CHI St. Alexius Bismarck ———  
 Sanford Health Fargo ———  
 Sanford Health and Essentia Health Fargo ———  
 Trinity Hospital Minot ———

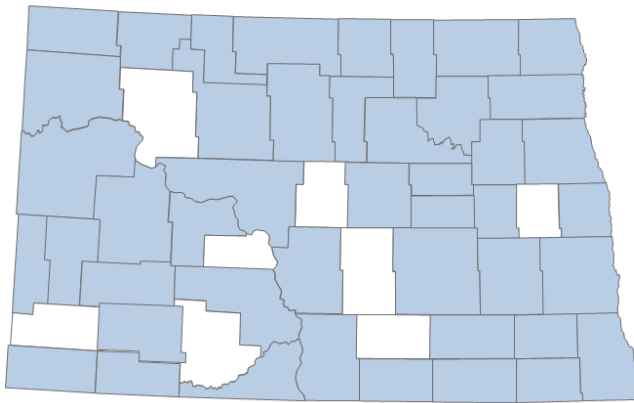
⊗ Referral Center  
 H Critical Access Hospital  
 + Rural Health Clinic

The Rural Health Clinic Services Act of 1977 (Public Law 95-210) was enacted to address an inadequate supply of physicians serving Medicare patients in rural areas and to increase the use of non-physician practitioners such as nurse practitioners (NPs) and physician assistants (PAs) in rural areas.



Sources: HRSA Data Warehouse, November, 2016  
 Center for Rural Health, 2016

## Take Back Locations



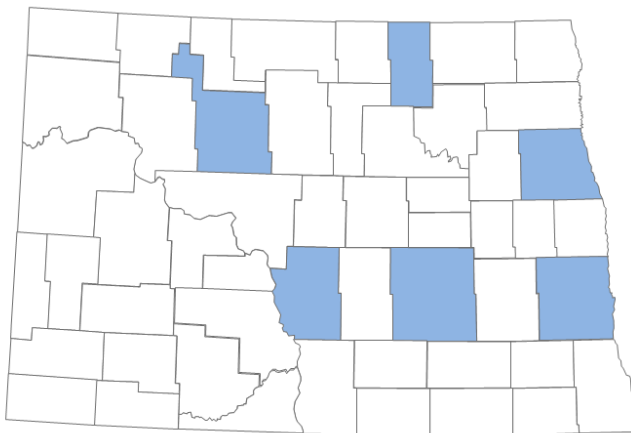
### **No take back locations in 8 counties:**

Grant	Kidder	Logan
Mountrail	Oliver	Sheridan
Slope	Steele	

Take Back sites are located at local law enforcement agencies and, unless otherwise noted, are open 24 hours a day. The MedSafe sites are at participating pharmacies. For hours of operation, please contact the pharmacy directly.

Find all locations here: <https://attorneygeneral.nd.gov/public-safety/take-back-program/take-back-program-locations>

## SUD Voucher Provider Locations



### **Two Rural Locations**

- Heartview Foundation, Cando
- St. Thomas Counseling Center, PLLC, Jamestown

### **Grand Forks:**

- Agassiz Associates, PLLC
- Drake Counseling Services

### **Fargo:**

- Community Medical Services
- First Step Recovery
- Drake Counseling Services
- Prairie St John's
- ShareHouse

### **Minot**

- Community Medical Services
- Goodman Addiction Services

### **Bismarck:**

- Heartview Foundation
- The Village Family Service Center

SUD Voucher Providers: <http://www.nd.gov/dhs/info/pubs/docs/mhsa/sud-voucher-providers.pdf>

	Screening	Assessment	Individual Therapy	Family Therapy	Outpatient Treatment (ASAM 1)	Intensive Outpatient Treatment (ASAM 2.1)	Partial Hospitalization/Day Treatment (ASAM 2.5)	Room & Board	Recovery Coaching	Transportation	Methadone Maintenance
Agassiz Associates, PLLC	X	X	X		X	X					
Community Medical Services - Fargo	X	X	X						X	X	X
Community Medical Services - Minot	X	X	X						X	X	X
Drake Counseling Services - Fargo	X	X		X	X	X	X				
Drake Counseling Services - Grand Forks	X	X	X		X	X					
First Step Recovery	X	X	X	X	X	X	X		X	X	
Goodman Addiction Services - Minot	X	X	X		X	X					

\*Please see back side for additional SUD Voucher providers

Last updated on 9.28.2018

SUD Voucher Providers, continued: <http://www.nd.gov/dhs/info/pubs/docs/mhsa/sud-voucher-providers.pdf>

	Screening	Assessment	Individual Therapy	Family Therapy	Outpatient Treatment (ASAM 1)	Intensive Outpatient Treatment (ASAM 2.1)	Partial Hospitalization/Day Treatment (ASAM 2.5)	Room & Board	Recovery Coaching	Transportation	Methadone Maintenance
Heartview Foundation - Bismarck	X	X	X	X	X	X	X	X	X	X	X
Heartview Foundation - Cando	X	X	X	X	X	X	X	X	X	X	
Prairie St John's	X	X		X	X	X	X	X		X	
ShareHouse Inc.	X	X	X	X	X	X	X	X	X	X	
St. Thomas Counseling Center, PLLC	X	X	X	X	X	X				X	
The Village Family Service Center - Bismarck	X	X	X	X	X	X	X		X	X	

Please see next page for contact information

Last updated on 9.28.2018

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## Opioid Treatment Programs (OTPs) in North Dakota

Opioid Treatment Programs (OTPs) are an effective treatment option for individuals with an addiction to opioid pain medications and/or heroin. Treatment includes ongoing assessments by a medical professional, medication monitoring, and addiction counseling by a licensed addiction counselor. OTPs are regulated by both the federal and state Government. The ND DHS BHD is the licensing agency.

**Three OTPs in the state:**

1. Community Medical Services in Minot, North Dakota (August 10, 2016)
2. Heartview Foundation in Bismarck, North Dakota (March 8, 2017)
3. Community Medical Services in Fargo, North Dakota (April 18, 2017)

More information: Licensed Addiction Treatment Programs in North Dakota (October 2018):  
<https://www.nd.gov/dhs/info/pubs/docs/mhsa/nd-licensed-addiction-treatment-programs.pdf>

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## North Dakota STR and TOR Communities

**2017/2018 STR Communities**

- Bismarck
- Fargo
- Grand Forks
- Minot
- Valley City
- MHA Nation
- Spirit Lake
- Standing Rock
- Turtle Mountain

**2018/2019 STR Public Health Units**

- Central Valley
- Walsh County
- Towner County
- Rolette County
- Richland County
- Lake Region
- Southwestern District

**Local North Dakota TOR Awards (FY18):**

- Turtle Mountain
- Spirit Lake
- MHA Nation
- Standing Rock

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## Assessment of Counties' Capacity to Address SUD/ODU

- Update on City-County Health District's HRSA Grant
- Assessment Plan-Use 18 question inventory in eight counties covered by the grant
  
- Discuss option of using RCORP to inventory the remaining communities to have complete snapshot?

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## Tiered System

- Development of a level of care model that overlays the tiers of care for prevention, treatment, and recovery
- Benefit will be to create a clear picture of the levels of access across all three service types
- Next slides build off of

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# Tiered System

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Creating a Tiered-System for Prevention, Treatment, Recovery

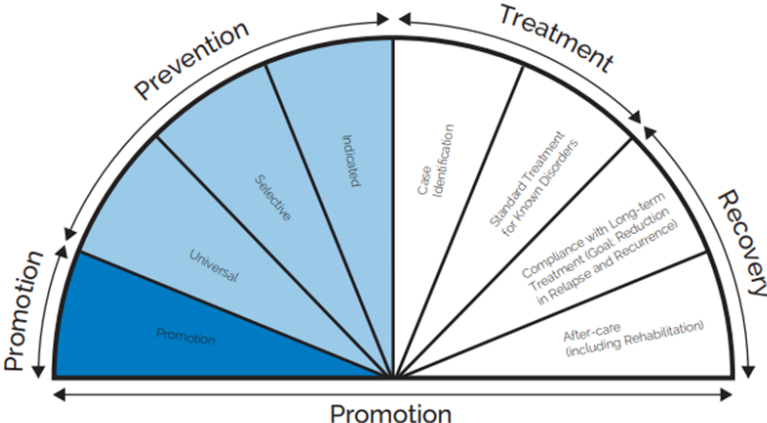
## Existing Resources:

- Behavioral Health Continuum of Care Model  
<http://www.parentslead.org/sites/default/files/ContinuumofCareModel.pdf>
- American Society of Addiction Medicine Criteria: Levels of Care  
<https://www.asamcontinuum.org/knowledgebase/what-are-the-asam-levels-of-care/>
- Assessing a Community's Capacity for Substance Abuse Care  
[https://www.cdc.gov/pcd/issues/2016/16\\_0190.htm](https://www.cdc.gov/pcd/issues/2016/16_0190.htm)

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# Behavioral Health Continuum of Care Model



**Promotion** – These strategies are designed to create environments and conditions that support behavioral health and the ability of individuals to withstand challenges. Promotion strategies also reinforce the entire continuum of behavioral health services.

**Prevention** – Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem.

**Treatment** – These services are provided for individuals diagnosed with a substance use or other behavioral health disorder.

**Recovery** – These services support individuals' abilities to live productive lives in the community.

Source:  
[www.samhsa.gov/prevention](http://www.samhsa.gov/prevention)

## Other Examples

### Pumas County Continuum of Care





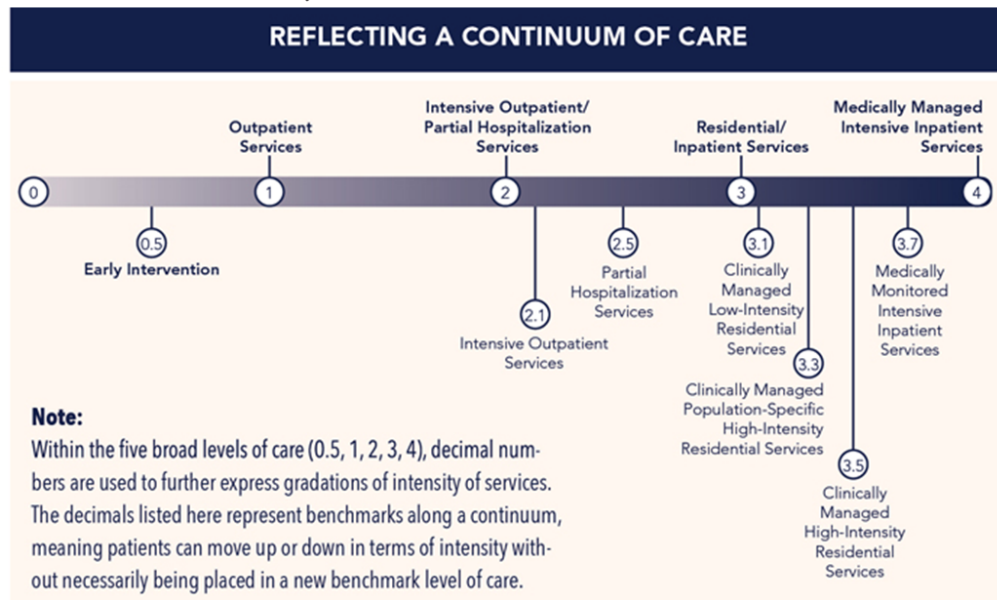
## Other Examples

### New Hampshire's SUD Continuum of Care



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### American Society of Addiction Medicine Criteria: Levels of Care



- What is ASAM Level 0.5?

Called Early Intervention for Adults and Adolescents, this level of care constitutes a service for individuals who, for a known reason, are at risk of developing substance-related problems, or a service for those for whom there is not yet sufficient information to document a diagnosable substance use disorder. A detailed description of the services typically offered in this level of care, the care setting and how to identify what patients would benefit best from these services based on an ASAM dimensional needs assessment, begins on page 179 of *The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions (2013)*.

[CLICK HERE FOR MORE](#)

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**Benchmark Levels of Care for Adolescents and Adults**

Level of Care	Adolescent Title	Adult Title	Description
0.5	Early Intervention		Assessment and education
OTP (Level 1)	*Not specified for adolescents	Opioid Treatment Program	Daily or several times weekly opioid medication and counseling available
1	Outpatient Services		Adult: Less than 9 hours of service per week Adolescent: Less than 6 hours of service per week
2.1	Intensive Outpatient Services		Adult: More than 9 hours of service per week Adolescent: More than 6 hours of service per week
2.5	Partial Hospitalization Services		20 or more hours of service per week
3.1	Clinically Managed Low-intensity Residential Services		24-hour structure with available personnel, at least 5 hours of clinical service per week
3.3	*Not available because all adolescent levels attend to cognitive/ other impairments	Clinically Managed Population-specific High-intensity Residential Services	24-hour care with trained counselors, less intense environment and treatment for those with cognitive and other impairments
3.5	Clinically Managed Medium-intensity Residential Services	Clinically Managed High-intensity Residential Services	24-hour care with trained counselors
3.7	Medically Monitored High-intensity Inpatient Services	Medically Monitored Intensive Inpatient Services	24-hour nursing care with physician availability, 16 hour per day counselor availability
4	Medically Managed Intensive Inpatient Services		24-hour nursing care and daily physician care, counseling available

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### Benchmark Withdrawal Management Levels of Care for Adults

Level of Withdrawal Management for Adults	Level	Description
Ambulatory Withdrawal Management without Extended On-site Monitoring (Outpatient Withdrawal Management)	1-WM	Mild withdrawal
Ambulatory Withdrawal Management with Extended On-site Monitoring (Outpatient Withdrawal Management)	2-WM	Moderate withdrawal
Clinically Managed Residential Withdrawal Management (Residential Withdrawal Management)	3.2-WM	Moderate withdrawal requiring 24-hour support
Medically Monitored Inpatient Withdrawal Management	3.7-WM	Severe withdrawal requiring 24-hour nursing care, physician visits as needed
Medically Managed Intensive Inpatient Withdrawal Management	4-WM	Severe, unstable withdrawal requiring 24-hour nursing care and daily physician visits

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### Assessing a Community's Capacity for Substance Abuse Care

- Developed as a framework for measuring and assessing the substance abuse care system in a community.
- Developed through review of more than 200 articles and synthesized findings to create a community assessment methodology and a needs calculator.
- Produces community-specific assessments of capacity and recommendation estimates of component need.
- Piloted in urban, multi-county, and rural county.

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Care Category Component	Type of Intervention
<b>Promotion</b>	
Social marketing campaign	Campaign
Media advocacy events	Event
Community coalitions	Coalition
<b>Prevention</b>	
School-based programs	Single program event
Community-based programs	Single programs event
Faith-based programs	Short-term program
Workplace programs	Short-term program
Housing vouchers	Voucher
Needle exchanges	Needle exchange location
Prescription drug disposal locations	Drop off location
<b>Referral</b>	
Adult drug courts	Drug court
Youth drug courts	Drug court
Social workers	Social worker
Crisis-intervention–trained police	Police officer
Employee assistance programs	Program
Primary care medical providers with specialty training in substance abuse	Healthcare professional
Insurance assistance	Certified application counselor

Care Category Component	Type of Intervention
<b>Treatment</b>	
Inpatient detoxification	Admissions
Inpatient 24-h/intensive day treatment	Program
Inpatient short-term (30 days or fewer)	Program
Inpatient long-term (more than 30 days)	Program
Outpatient detoxification	Admissions
Counselors, psychiatrists, or psychotherapists	Healthcare professional
Office-based opiate substitution	Program
<b>Recovery</b>	
Religious or spiritual advisors	Religious community professional
12-step groups	Meeting
Peer support groups	Group
Transportation	Round trip ride
Employment support	Social service professional
Educational support	Class
Parenting education	Class
Housing assistance	Social service professional
Insurance assistance	Certified application counselor

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## List of Services Following In-person Meeting

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### Promotion

- Social marketing campaign
- Media advocacy events
- Community coalitions
- Referral campaigns
- Community meetings
- Create and identify age-specific promotional campaigns that speak to specific audiences
- Use influencers
- Education around alternative pain management

**Blue font:** Services identified in the original article highlighting essential services for rural SUD promotion, prevention, referral, treatment, and recovery

**Black font:** The services and notes from the consortium

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## Prevention

- Community-based programs
  - Faith-based programs
  - Housing vouchers
  - Needle exchanges
  - Prescription drug disposal locations
  - Pharmacies with a role in prevention by providing education to patients with opioid prescriptions (information on when you have been taking opioids too long, risk for dependency, disposal programs when done, risk of family/friend use, etc.)
  - Surveillance system (PDMD) as pivotal role in identifying problems in order to prevent
  - Peer support programs where peers encourage no drug use, etc. (peer-to-peer campaigns)
  - Families
  - Daycares
  - Law enforcement
  - Reimbursement providers (insurers)
  - Public health
- School-based programs
    - Prevention programs in the school
    - Training for school employees on how to screen/I.D. and refer [may be treatment more than prevention unless teaching how to I.D. at risk students prior to use, etc.]
    - Anonymous texts within schools for students to send concerns/questions [may be more referral/treatment than prevention]
  - Workplace programs
    - Training workplaces to screen and refer for SUD/OD
    - Providing resources for employees on SUD/OD risks, literacy
- Blue font: Services identified in the original article highlighting essential services for rural SUD promotion, prevention, referral, treatment, and recovery  
Black font: The services and notes from the consortium
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## Referral

These are groups the consortium believe could play a strong role in rural referral, but each of these groups would need training on how to I.D. someone/screen if they are at risk of OUD/SUD and would then also need the resources to make the referral – they would need a list of available services to know where to refer to

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## Referral

- Adult drug courts
  - Youth drug courts
  - Social workers (group noted a need to break this down into type of social work practiced and services provided)
  - Child protective services
  - Crisis-intervention-trained police
  - Employee assistance programs
  - Primary care medical providers with specialty training in substance abuse
  - Pastors/faith based communities
  - WIC staff
  - Hospitals
  - Emergency rooms
  - Emergency services (EMS, first responders, etc.)
  - Discharge planners
  - Youth organizations/sports/activities (including community groups like cub scouts, 4H, etc. that are outside of the schools)
- NA/AA
  - Pharmacy
  - Dentistry
  - Physical therapy
  - Occupation therapy
  - Resource officers
  - Care coordinators
  - Syringe exchange programs
  - Public health
  - Self-referral
  - Family/community training for referral practices
  - Law enforcement
  - Schools/school employees

**Blue font:** Services identified in the original article highlighting essential services for rural SUD promotion, prevention, referral, treatment, and recovery  
**Black font:** The services and notes from the consortium

## Treatment

- Inpatient detoxification
  - Inpatient 24-hour/intensive day treatment
  - Inpatient short-term (30 days or fewer)
  - Inpatient long-term (more than 30 days)
  - Outpatient detoxification
  - Counselors, psychiatrists, or psychotherapists
    - Needs to be separated and list additional providers who can prescribe/provide treatment/counseling services – work group will need to break down further
      - Need to also indicate if each can do on-site or tele
  - Office-based opiate substitution
  - NA/AA
  - Chaplains/faith-based communities (informal, non-reimbursable counseling services)
  - Telehealth
  - Home visit telehealth
  - Transportation services for treatment services
  - Social detox
  - Crisis in place
- Care coordination/care coordinators to connect various available services (including community resources and supports)
  - Resources/financial screenings to assess affordability/accessibility of care for individuals
  - Real-time treatment availability referral lists – need to be able to I.D. where there are beds 24/7 so that patients receive care when they need it and are already to enter
  - MAT in the emergency room
  - E.R. crisis units prescribing MAT
  - PT/OT as part of the treatment team

**Blue font:** Services identified in the original article highlighting essential services for rural SUD promotion, prevention, referral, treatment, and recovery  
**Black font:** The services and notes from the consortium

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## Recovery

- Religious or spiritual advisors
  - 12-step groups
  - Peer support groups
  - Transportation
  - Employment support
    - Discussed how this is layered – support for individuals with SUD/ODU in finding and holding a job (job services)
    - Support for employers in how to assist in recovery support and hiring practices for people with SUD/ODU
  - Educational support
  - Parenting education
  - Housing assistance
  - Insurance assistance
  - Correctional services
  - Social work/CPS
- Mental health providers and services (will need to be broken down)
  - Care coordination
  - Counseling services (will need to be broken down)
  - PT/OT
  - Transportation services to access recovery support
  - Safety/social supports
  - Case management
  - Payers
  - Family/friends/community

**Blue font:** Services identified in the original article highlighting essential services for rural SUD promotion, prevention, referral, treatment, and recovery

**Black font:** The services and notes from the consortium

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# Grant Opportunities



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## **Opioid Workforce Expansion Program (OWEP) Professionals**

- <https://bhw.hrsa.gov/fundingopportunities/?id=b46a08de-2bc2-421f-8b5e-71de9cc9b17d>

## **Opioid Workforce Expansion Program (OWEP) Paraprofessionals**

- <https://bhw.hrsa.gov/fundingopportunities/?id=30a395f4-4031-4a31-b50b-bfcea019207>

## **Rural Communities Opioid Response Program-Implementation**

- <https://www.hrsa.gov/grants/fundingopportunities/default.aspx?id=7afdb9d3-f7e5-484a-9c91-618e809c6005>