



Center *for* Rural Health

Consortium's Strategic Plan to Address Opioid Use Disorder and Substance Use Disorder in Rural North Dakota

North Dakota Rural Community Opioid Response Program Planning Grant

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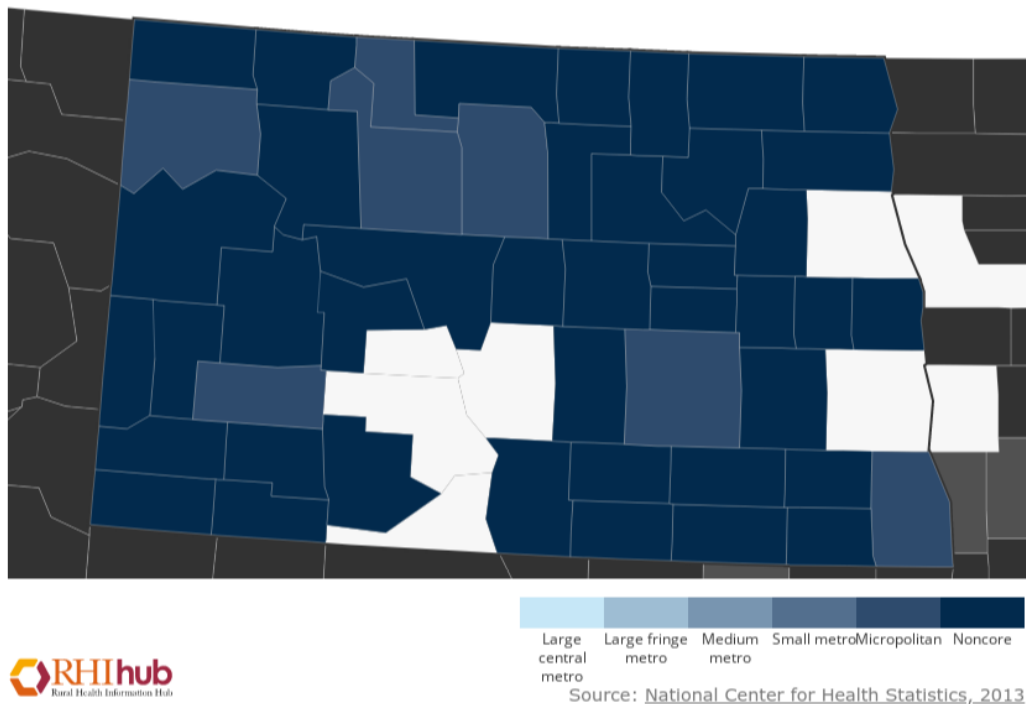
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Consortium Website	https://ruralhealth.und.edu/projects/community-opioid-response-program	

SERVICE AREA SUMMARY

The North Dakota Rural Community Opioid Response Program (RCORP) Planning grant identified all rural and tribal communities in North Dakota as the service area. In North Dakota, there are four larger urban centers in each corner of the state. This project focused on identifying opioid use disorder (OUD) and substance use disorder (SUD) needs and resources for all other counties/cities in North Dakota, including rural tribal communities. 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 by the Health Resources and Services Administration (HRSA) as rural counties or rural census tracts in urban counties. Additionally, there are five federally recognized tribes in North Dakota, all of which encompass rural communities.

There are 27 geographic/geographic high needs mental health HPSAs (Health Professional Shortage Areas) in North Dakota. 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, the five federally recognized tribes each carry their own culture, needs, and community assets. 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.

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



CONSORTIUM MEMBERS

- Community Healthcare Association of the Dakotas
- Department of Family and Community Medicine, University of North Dakota School of Medicine & Health Sciences
- Heartview Foundation
- Mountain Plains Addiction Technology Transfer Center (ATTC)
- North Dakota Critical Access Hospital Quality Network
- North Dakota Emergency Medical Services (EMS) Association
- North Dakota Health Information Network
- North Dakota HIV Ryan White Part B Program, North Dakota Department of Health
- North Dakota State Association of City and County Health Officials
- North Dakota State University, Extension Services
- Primary Care Office, North Dakota Department of Health
- Regional Public Health Network (eight counties)
- Standing Rock Reservation
- North Dakota Rural Health Association
- Mountain Plains Mental Health Technology Transfer Center (MHTTC)
- Quality Health Associates, Inc.
- North Dakota Rural Development, United States Department of Agriculture (USDA)
- City County Health District, North Dakota (Valley City/Jamestown)
- Lutheran Social Services, North Dakota
- North Dakota Department of Human Services' Behavioral Health Division
- North Dakota Department of Health
- North Dakota Association of Counties

STRATEGIES FOR SUSTAINING THE CONSORTIUM AND THE STRATEGIC PLAN

The North Dakota RCORP Consortium is comprised of stakeholders from all across the state who are working with and for individuals struggling with OUD/SUD. Consortium members are dedicated to continuing their efforts to address rural and tribal prevention, referral, treatment, and recovery services for OUD/SUD. As the lead for the RCORP Planning grant, the Center for Rural Health (CRH) is also involved in several initiatives (outside of those funded as part of the RCORP Planning grant) focused on OUD/SUD and, more broadly, behavioral health services in North Dakota. Similarly, the CRH works closely, in partnership and under contract with the North Dakota Department of Human Services' Behavioral Health Division (DHS BHD). The DHS BHD is an active participant on the consortium and is dedicated to utilizing the expertise of the rural-focused consortium to inform its statewide work.

Sustaining the Consortium

The consortium members are dedicated to continuing their efforts outlined in the strategic plan. In the immediate future, the consortium members have volunteered to continue their efforts while a no cost extension will support the time of CRH staff to make meeting arrangements, host the videoconferences, and update and distribute materials as requested (specifically the tiered model under development and the rural community toolkit for assessing OUD/SUD capacity in rural communities). Both the CRH and the North Dakota DHS BHD are exploring opportunities to financially sustain these efforts beyond the planning grant period. The CRH and consortium members are exploring the following opportunities:

- Support from the North Dakota State Office of Rural Health
- Support from the North Dakota DHS BHD to ensure the rural strategic plan proposed by the consortium is aligned and integrated into the overall statewide plan
- Subcontracts already developed and held by the CRH from the North Dakota DHS BHD supporting work around the state opioid response grants, state targeted response dollars, and program evaluation
- RCORP Implementation grant dollars

The CRH is also home to the Rural Health Information Hub (RHihub) and team members receive notifications weekly of new funding opportunities related to rural health. Specifically, the RHihub provides a running list of funding and opportunities responding to the rural opioid crisis. To date, the CRH have distributed relevant funding opportunities to the consortium members. The opportunities are available at <https://www.ruralhealthinfo.org/topics/opioids/funding>.

The screenshot displays the RHihub website interface. At the top left is the RHihub logo with the tagline "Rural Health Information Hub". To the right is a search bar and a link for "Updates & A". Below the logo is a navigation menu with five categories: "Online Library", "Topics & States", "Rural Data Visualizations", "Case Studies & Conversations", and "Tools for Success".

The main content area is titled "Rural Response to the Opioid Crisis – Funding & Opportunities". It includes a breadcrumb trail: "Rural Health > Topics & States > Topics". Below the title, there is a sub-header "Rural Response to the Opioid Crisis – Funding & Opportunities" and a paragraph: "For additional funding options, please see RHihub's [Online Library: Funding & Opportunities](#)".

There are sorting options: "Sort By: **Date** | [Name](#) Hide Inactive Funding". Below this are three filter buttons: "Narrow by type", "Narrow by geography", and "Narrow by topic".

The featured funding opportunity is titled "Improving Access to Opioid Use Disorder Treatment and Recovery Services for Underserved Populations and Communities". The description states: "Grants for improving access to evidence-based opioid use disorder treatment and recovery services for vulnerable and high-risk populations, with an emphasis on removing barriers and improving access to and quality of medication-assisted treatment for underserved populations." It also lists: "Geographic coverage: Nationwide", "Application Deadline: Aug 25, 2019", and "Sponsor: Foundation for Opioid Response Efforts".

On the left side of the page, there is a "MORE ON THIS TOPIC" section with a list of links: "Introduction", "Chart Gallery", "Resources", "Organizations", "Funding & Opportunities" (highlighted in red), "News", "Events", "Models and Innovations", and "About This Guide".

Sustaining Efforts Outlined in the Strategic Plan

The North Dakota RCORP Consortium's Strategic Plan identified three unique projects. These projects include:

1. Increasing knowledge and utilization of peer support specialists to benefit individuals living in rural communities.
2. Develop a tiered model of prevention, referral, treatment, and recovery OUD/SUD services to assist rural communities in identifying capacity, gaps, and opportunities.
3. Develop and distribute a rural community toolkit that assists communities in assessing their own local capacity and need to address OUD/SUD.

Each of these projects carries a list of required activities to reach the proposed goals. The projects are distinct and, as such, have unique opportunities to sustain work moving forward.

STRATEGIC PLAN 1: USING PEER SUPPORT SPECIALISTS IN RURAL AND TRIBAL AREAS

As stated in the North Dakota RCORP Strategic Plan, in order to increase the number of organizations/entities/health systems either employing or contracting for peer support services providing care for rural persons, the following objectives must be met:

1. Increase the public's, potential employers', and potential clients' knowledge of peer support specialists, especially in rural communities.
2. Inform stakeholders (including consortium members and their respective colleagues and networks) on the purpose and use of peer support specialists, including other state models, reimbursement rates, supervision requirements, and job descriptions so that rural consortium members and other stakeholders are prepared to review and provide feedback on the administrative rules released by the State Department of Human Services (DHS) around peer support services.
3. Identify all potential entities or organizations in North Dakota that may be able to employ or contract for peer support services and work with them to identify information/resource needs around employing/contracting peer support specialists.
4. Develop/identify and share resources, models, templates, trainings, lessons learned, and FAQs around peer support services that are relevant to each potential employing agency/community (identified under objective three).
5. Work with the state CMS, private insurers, North Dakota DHS BHD, and potential employers/contractors to increase capacity for providers to bill for peer support services.
6. Maintain a list of trained peer support specialists looking to serve or already working in rural North Dakota communities, with the ability to track/report employer concerns.
7. Beyond this existing consortium, and after administrative rules have been written, create a statewide workgroup comprised of stakeholders and employers interested in or already utilizing peer support services in North Dakota. This workgroup can continue sharing lessons learned, success stories, barriers, questions, and steps toward financial sustainability.

These activities align with current projects at both the CRH and the North Dakota DHS BHD. The North Dakota DHS BHD is currently hiring a peer support specialist coordinator. This individual will be responsible for certifying peer support specialists and coordinating education and resources, as well as responding to community questions about the role of this provider type and the associated administrative rules. Additionally, the CRH works closely with the North Dakota DHS BHD and will continue to educate and provide information to the public on existing models, potential billing recommendations, and certification. Find more information on current statewide efforts to train and utilize peer support specialists at <https://www.behavioralhealth.nd.gov/addiction/peer-support>.

The use of peer support specialists within rural and tribal communities will require financial sustainability for the employing or contracting organization as well. As such, it is imperative that Medicaid reimburse these services. As for the development of these goals (Summer 2019), there are no administrative rules for peer support specialists, nor is there currently reimbursement for said services. However, the state Legislature has already approved the reimbursement code. CMS will not activate the code until there are administrative rules. There is a plan to release administrative rules around peer support services for public comment in 2019. Following approval of the administrative rules, rural and tribal communities can begin utilizing peer support services to improve treatment and recovery service access for all persons, including those underinsured and uninsured. Consortium members are dedicated to working with the state Medicaid office and the DHS BHD to see that these services are reimbursable and that reimbursing for such services is not complicated in rural and tribal communities (for example, ensuring flexible supervision rules).

Additionally, Amachi Mentoring in Devils Lake, North Dakota, utilized work from this consortium to apply for an RCORP Planning grant (cycle 2). Its efforts are targeting work in one rural North Dakota community, and the consortium is dedicated to developing peer support services within their region to sustain recovery. The work of the Lake Region Peer Support Consortium will build off and sustain the work of this particular strategic plan. Lake Region Peer Support Consortium will be able to build on resources that already exist in the community, including diverse communities of recovering people who wish to be of service. Developing robust peer support services throughout the rural region will provide a strong community-based support system for individuals throughout treatment, after-care, and sustainable recovery and serve as a model for other rural and tribal communities in North Dakota.

STRATEGIC PLAN 2: CLEAR TIERED MODEL OF SERVICES IN ORDER TO IDENTIFY GAPS

In order to develop a tiered system of available services in OUD/SUD prevention, referral, treatment, and recovery in North Dakota to be utilized when identifying service gaps and availability in rural and tribal areas, the following objectives must be met:

1. Define and list all SUD/OD referral, prevention, treatment, and recovery services in the state.
2. Develop a draft, rural-relevant, tiered model for referral, prevention, treatment, and recovery OUD/SUD services in North Dakota.

3. Share the draft, invite comment, review feedback, revise, and finalize the tiered model.
4. Disseminate the model and integrate the tiered model into the rural community toolkit (Strategic Plan 3).
 - a. Address stigma among providers and within rural communities through sharing of the model and other interventions.
5. Promote utilization of the tiered model among rural communities/providers.
 - a. Utilize tiered system in rural communities to identify capacity and gaps in services that align with those identified in the statewide behavioral health plan.
 - b. Utilize tiered system model to develop referral for treatment processes and supports for recovery.

In the immediate future, consortium members have volunteered to continue working on the tiered model beyond the Planning grant funding period. A no cost extension will be utilized to cover the time of the CRH team to make meeting arrangements, host the videoconferences, and update and distribute materials as requested. The CRH and consortium members will also work closely with the North Dakota DHS BHD and rural and tribal communities to ensure value in the tiered model.

Following development of the tiered model, the CRH and consortium members intend to distribute and promote the model, sustaining community use to the tiered system. The tiered model will be incorporated into the community toolkit (Strategic Plan 3) and shared through other relevant and aligned programs, including DHS BHD and the State Office of Rural Health (located within the CRH).

STRATEGIC PLAN 3: COMMUNITY TOOLKIT AND SURVEY TO ASSESS OUD/SUD CAPACITY

In order to develop and disseminate a North Dakota toolkit relevant for rural and tribal communities/organization/health systems exploring OUD/SUD services and gaps, the following objectives must be met:

1. Identify services, programs, and organizations that provide prevention, treatment, referral, or recovery services in rural communities to ensure they are included in both the toolkit and the survey developed to assess community capacity to address OUD/SUD (utilize the statewide tiered systems model of prevention, referral, treatment, and recovery services to inform this objective).
2. Create a survey (within the toolkit) that communities can utilize when identifying available OUD/SUD prevention, treatment, referral, and recovery services in their North Dakota communities; ensure the survey provides links and resources when relevant for where communities may find these answers.
3. Develop the draft toolkit, which will include the community survey, resources on the newly developed tiered model of services, funding availability, care coverage, and other additional resources identified by consortium members.
4. Share the draft toolkit and survey with stakeholders, consortium members, behavioral health providers, the intended audience, and consumers, among others, to invite review and feedback, as well as pilot the tool in one rural community.

5. Revise as recommended and disseminate the final toolkit and associated survey to a minimum of 80 community health organizations (public health, Federally Qualified Health Centers, Critical Access Hospitals).

The consortium members have been successful in developing a draft toolkit. As of September 2019, the consortium had accomplished activities 1-3. One rural public health unit has volunteered to test the toolkit among their local communities. Activity 4 will be sustained through the volunteer efforts and commitment of the local public health unit and individual consortium members who have committed to discussing and revising the toolkit based on feedback from the pilot. A no cost extension will be utilized to cover the time of the CRH team to make meeting arrangements, host the videoconferences, and update and distribute materials as requested. The CRH and consortium members will also work closely with the North Dakota DHS BHD and rural and tribal communities to ensure the toolkit provides value.

Following development of the toolkit, the CRH and consortium members intend to distribute and promote the tool, sustaining community use. The toolkit will be shared through other relevant and aligned programs, including DHS BHD and the State Office of Rural Health (located within the CRH).

MAINTAINING AFFORDABILITY AND ACCESSIBILITY OF SERVICES

The state of North Dakota has implemented several initiatives and programs focused on increasing access and the affordability of OUD/SUD prevention, referral, treatment, and recovery services. These efforts have encompassed both rural and urban communities. As such, this was not a focus of the rural statewide consortium. However, some of the activities outlined in the strategic plans do relate to ensuring the affordability or accessibility of services. These include:

1. Working to ensure Medicaid coverage for future peer support specialist care.
2. Developing a tiered model of OUD/SUD services to assist rural communities in identifying their available community resources to offer prevention, referral, treatment, or recovery supports.
3. Providing a list of local, national, and statewide programs and services to assist in covering the costs of OUD/SUD prevention, referral, treatment, and recovery services in the rural community toolkit.

METRICS TO ASSESS IMPACT

See the *Consortium's Strategic Plan to Address Opioid Use Disorder and Substance Use Disorder in Rural North Dakota* available at <https://ruralhealth.und.edu/projects/community-opioid-response-program> for the full strategic plan and associated goals and process indicators. Following are examples of basic metrics that may be utilized to assess the impact of the three proposed plans.

STRATEGIC PLAN 1: USING PEER SUPPORT SPECIALISTS IN RURAL AND TRIBAL AREAS

By September 2023 North Dakota will:

- Increase the number of peer support specialists employed/contracted to provide services to rural persons from 0 to 50
 - The peer support coordinator employed by the North Dakota DHS BHD will track certification of these providers.
- Increase the number of unique rural Medicaid persons receiving peer support services annually.
 - Tracked through the North Dakota Medicaid office, based on billing records.
- Increase the number of providers/organizations billing Medicaid for peer support services (rural or urban).
 - Tracked through the North Dakota Medicaid office, based on billing records.

STRATEGIC PLAN 2: CLEAR TIERED MODEL OF SERVICES IN ORDER TO IDENTIFY GAPS

By August 2020 North Dakota will:

- Develop a tiered system of available services in North Dakota focused on OUD/SUD prevention, referral, treatment, and recovery
- Track and report number of website clicks on the model
- Present the model at no less than 10 conferences and/or community/agency meetings
- Track the number of Community Health Needs Assessments (CHNAs) and Implementation Plans that reference the tiered model in their program development or strategic plan
 - Tracked by the State Office of Rural Health, responsible for writing and conducting a majority of the rural CHNAs in North Dakota

STRATEGIC PLAN 3: COMMUNITY TOOLKIT AND SURVEY TO ASSESS OUD/SUD CAPACITY

By April 2020 North Dakota will:

- Increase the number of rural communities/partners/ organizations that received a copy of the toolkit from 0 to 80
- Increase the number of website clicks on the model.
- Increase the number of Community Health Needs Assessments (CHNAs) and Implementation Plans that reference or utilize the toolkit in their program development or strategic plan.
 - Tracked by the State Office of Rural Health, responsible for writing and conducting a majority of the rural CHNAs in North Dakota.