

Good morning,

Here are my responses to the questions that you had for me, passed to me from John Bernstrom.

- Is the behavioral health proposal a state priority? **Yes and no**
  - The state commissioned [The Schulte Report](#) via the Acute Psychiatric Care Interim Committee which highlighted the need for both additional acute psychiatric hospital beds in a variety of communities as well as adequate funding to ensure those beds can operate.
  - The Schulte Report emphasized the best place for this care expansion should be critical access hospitals. Critical Access Hospitals have pushed back significantly at this suggestion as they do not have the appropriate staffing, facilities, etc to provide this care.
    - Ultimately, the best care in this region would be for clients as close to home as possible. With the current lack of availability of behavioral health beds, that isn't happening.
  - The Schulte Report also recommends a more robust use of Medicaid to pay for services. 10 states have received 1115 waivers from Medicaid to enable Medicaid to pay for psychiatric hospitalization for Medicaid clients. Those waivers require an innovation component – the establishment of a Certified Community Behavioral Health Clinic to expand access to outpatient behavioral health care and ensure proper hospitalization follow up to ensure these additional beds in Grand Forks would be appropriately utilized.
  - A Certified Community Behavioral Health Clinic would provide a significant expansion in outpatient behavioral health care services, and would address a significant quality of life issue in Grand Forks, as evidenced by the [Community Health Needs Assessment](#) – Page 65
    - Over 30% of respondents reported that access to mental health services in the Grand Forks region was poor, and 55% reported it was less than “Good”
- Is this a county priority, city priority, or both? **Both**
  - I have spoken with Tom Ford at the County, he is very interested in this proposal, particularly to help address the concerns from the Air Base about the lack of behavioral health providers that accept TriCare.
- Are there any local costs associated with this? **No**
  - The proposal would be to support the establishment of these expanded services housed within an existing healthcare organizations.
  - Clients would seek services through their normal insurance source. The healthcare provider would receive enhanced Medicaid reimbursement to help cover the cost of providing care to people who have barriers.
- Are there any short term costs versus long term costs for this project? **No**
  - The city would not incur any long term costs related to this project since it would be housed and run completely within a partner healthcare organization. The city is advocating for these changes as a policy opportunity to address quality of life issues expressed by our residents and issues with behavioral health access identified by our first responders.
  - There may even be opportunities for cost savings if the withdrawal management unit could be absorbed into this new unit – funded by Medicaid reimbursement for withdrawal management

I will be prepared to talk to these points tonight. If there is a desire to pare this priority down into a broader, less specific ask – I would be open to something along the lines of “Expansion of behavioral health access” and that would give sufficient space to adequately advocate. Please let me know if you have any questions. I should be available in office now until 12 this afternoon 1 until 3:30 or so.

Thanks,  
Michael