Behavioral Health Clinic - Crisis Service Update

Behavioral Health Planning Council Presentation 7/15/26

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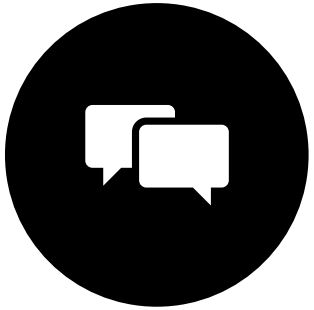
Agenda

OVERVIEW OF THE CURRENT STATEWIDE CRISIS SYSTEM

HIGHLIGHT PROGRESS OVER THE PAST YEAR

IDENTIFY ONGOING CHALLENGES



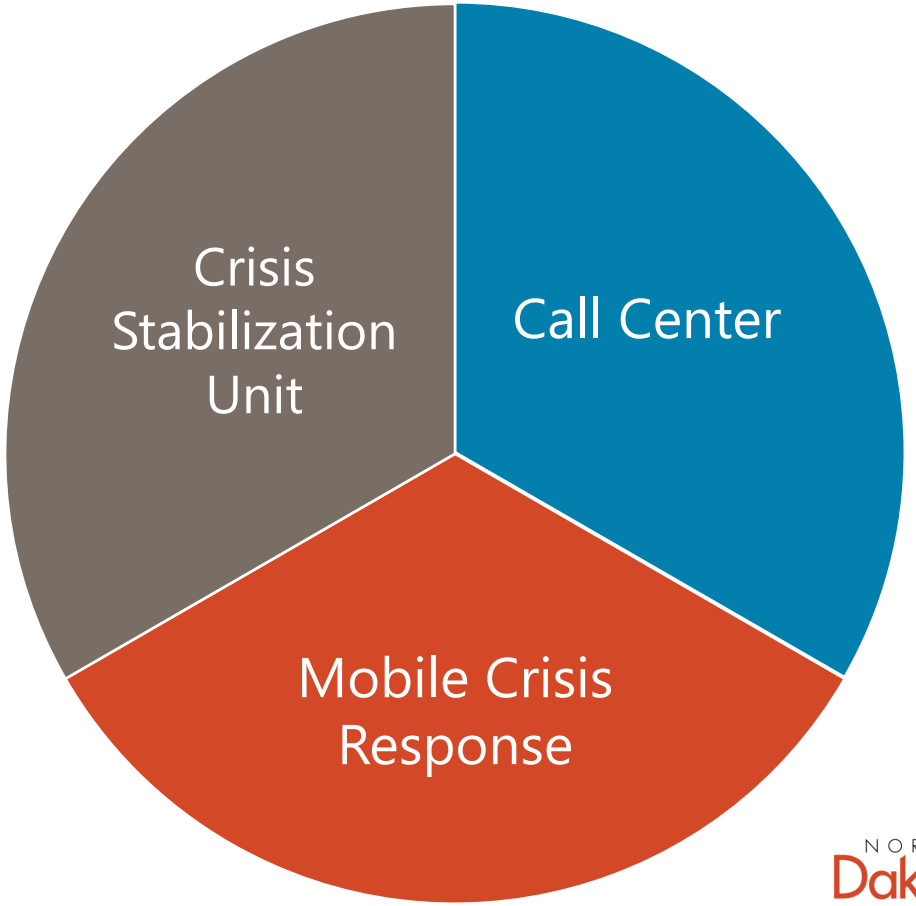
DISCUSS EMERGING PRIORITIES FOR STRENGTHENING THE CRISIS CONTINUUM

Behavioral Health Crisis Care

Core Services & Best Practices

Purpose:

- To create a high-quality crisis response that reduces legal consequences and unnecessary hospitalizations for individuals in BH crisis.
- To provide needed BH Crisis intervention and assist in timely/easy transition to ongoing care and services.



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The Crisis Continuum

Someone to Contact

- Call, text, or chat 988
- De-escalation, support, and safety planning.

Someone to Respond

- State-Operated Behavioral Health Clinics (BHC) provide mobile crisis response to the community for all individuals in need.

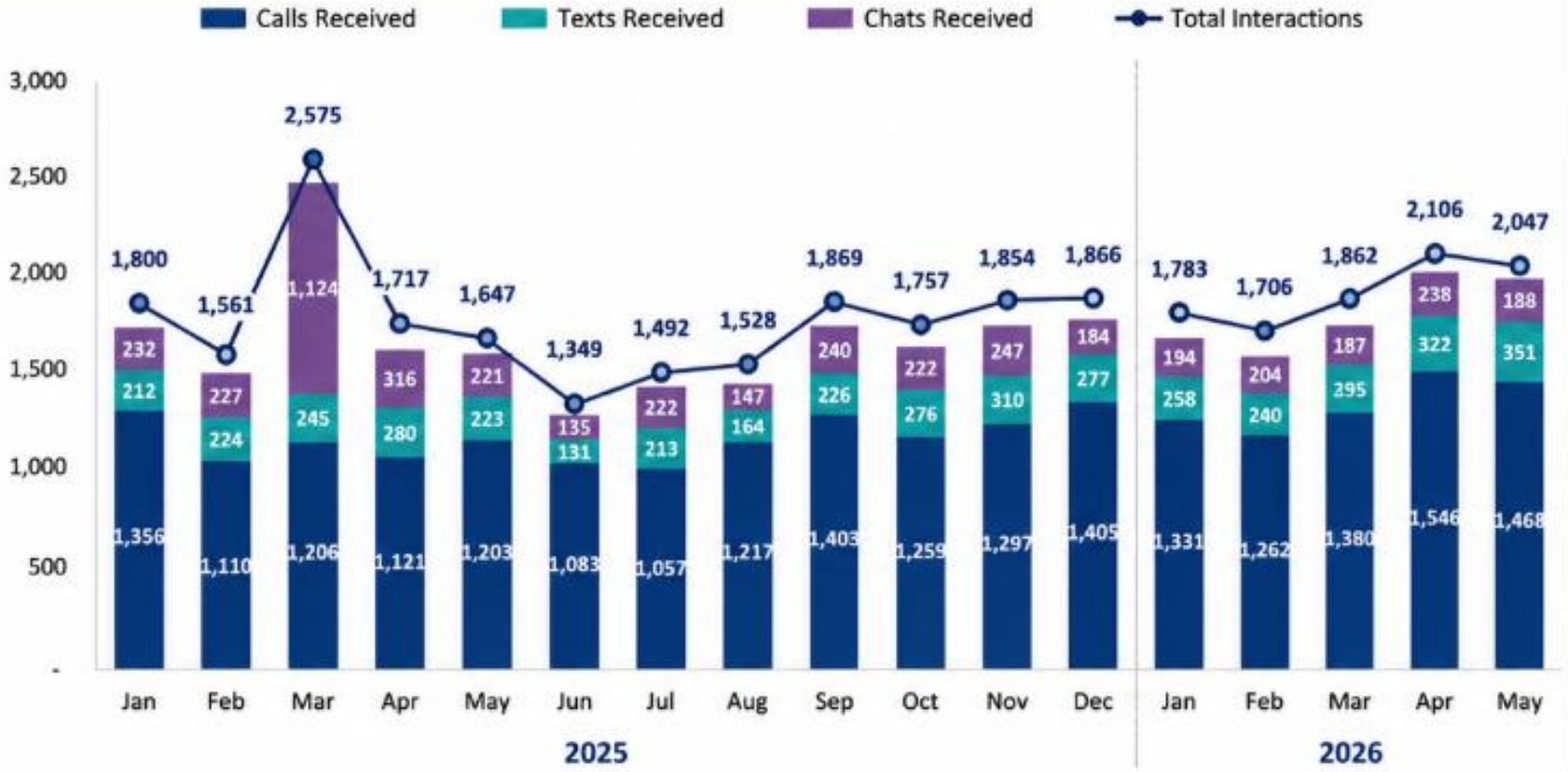
A Safe Place for Help

- In the home/community
- Crisis Stabilization Units
- Drop-In Centers
- Hospital

North Dakota 988 Interactions

January 2025 – May 2026

Total 988 Interactions Received by Month



Key Highlights

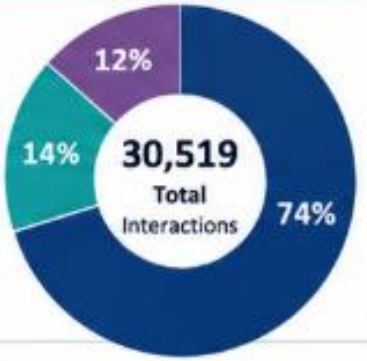
30,519 total 988 interactions received Jan 2025 – May 2026.

Average of **~1,800** interactions per month.

May 2026 (2,047) is the second-highest monthly total on record, following March 2025 (2,575).

2026 shows growth compared to the same period in 2025, especially in calls and texts.

How North Dakotans Reach 988



Calls Received 22,546 (74%)

Texts Received 4,139 (14%)

Chats Received 3,834 (12%)

Key Takeaways

Demand for 988 services **remains strong**, with nearly **2,000 North Dakotans** reaching out each month.

Calls remain the primary method of contact (74%), while **texts continue to increase.**

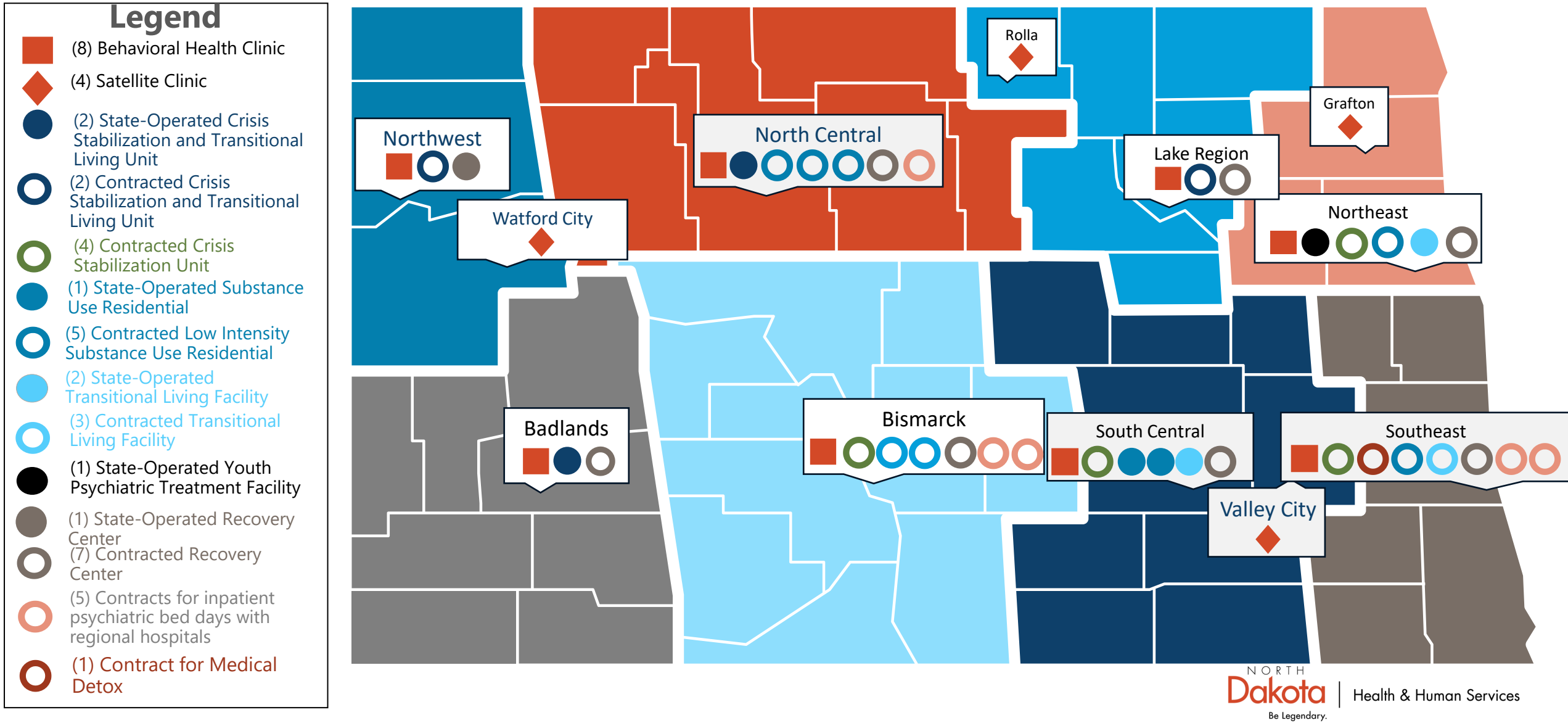
Following an unusual spike in chat volume in March 2025, utilization has **stabilized** across all channels.

These data reinforce the importance of maintaining **crisis staffing**, **mobile response** capacity, and **timely connections** to ongoing behavioral health services.

Trending Count of Crisis Services Provided by the Clinics

State-Operated Behavioral Health Clinics

Funding Supports Access to 47 Behavioral Health Locations



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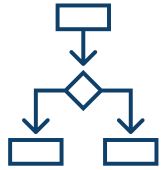
Areas of Focus Since 2025

Increased Access

- Expanded Mobile Crisis Availability
- Better Regional Consistency
- Expanded Walk-in Availability

Improved Coordination

- Law Enforcement Partnership.
- Stronger Relationships with Hospitals
- Community Provider Engagement



Better Clinical Process

- Integration of Peer Support Specialists
- Improved assessment and Documentation Processes
- Enhanced Follow-up

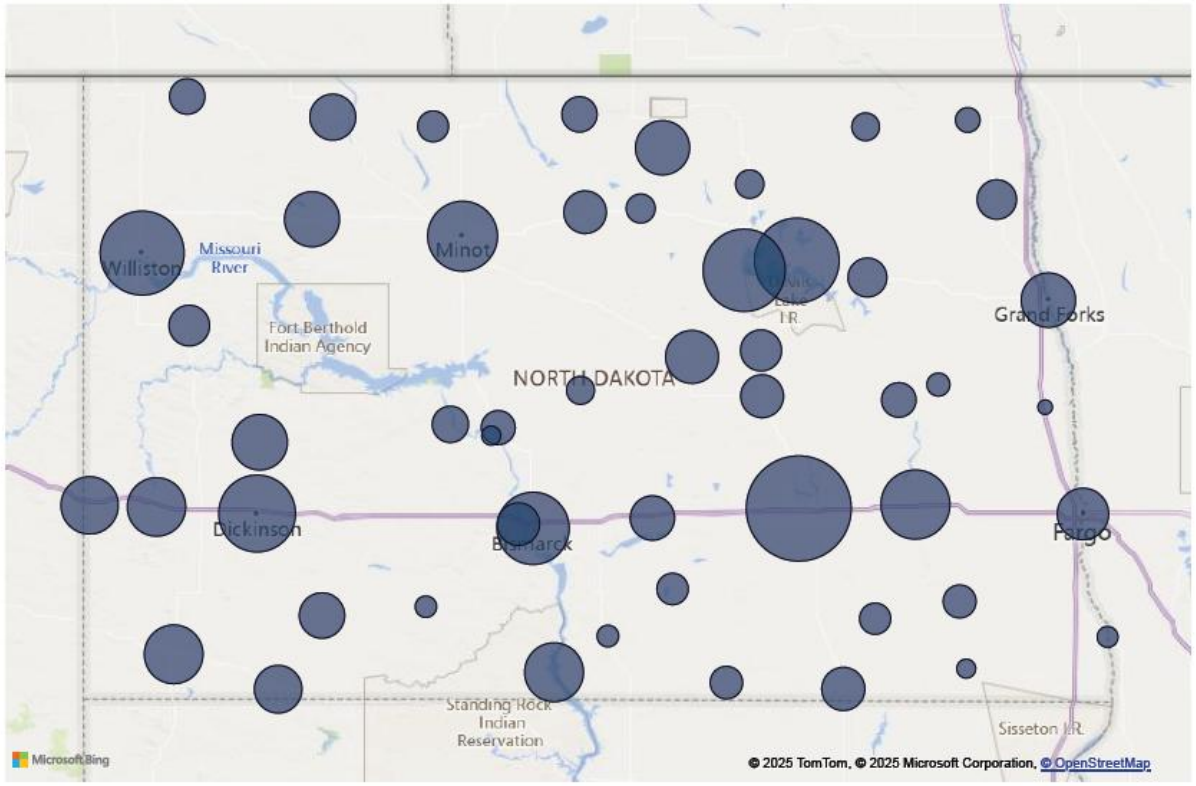
Continued Challenges

- Rural Nature of the State
- Workforce Challenges
- Youth needs

Client Home Locations

County, State	Crisis Contact Count	Population	Rate per 1000
Stutsman County, NORTH DAKOTA	1413	21525	65.64
Ramsey County, NORTH DAKOTA	469	11563	40.56
Williams County, NORTH DAKOTA	1561	39368	39.65
Benson County, NORTH DAKOTA	222	5861	37.88
Stark County, NORTH DAKOTA	1070	33116	32.31
Burleigh County, NORTH DAKOTA	2771	98986	27.99
Ward County, NORTH DAKOTA	1796	69232	25.94
Barnes County, NORTH DAKOTA	272	10794	25.20
Sioux County, NORTH DAKOTA	65	3789	17.15
Bowman County, NORTH DAKOTA	50	2935	17.04

Rate per 1000 by County, State



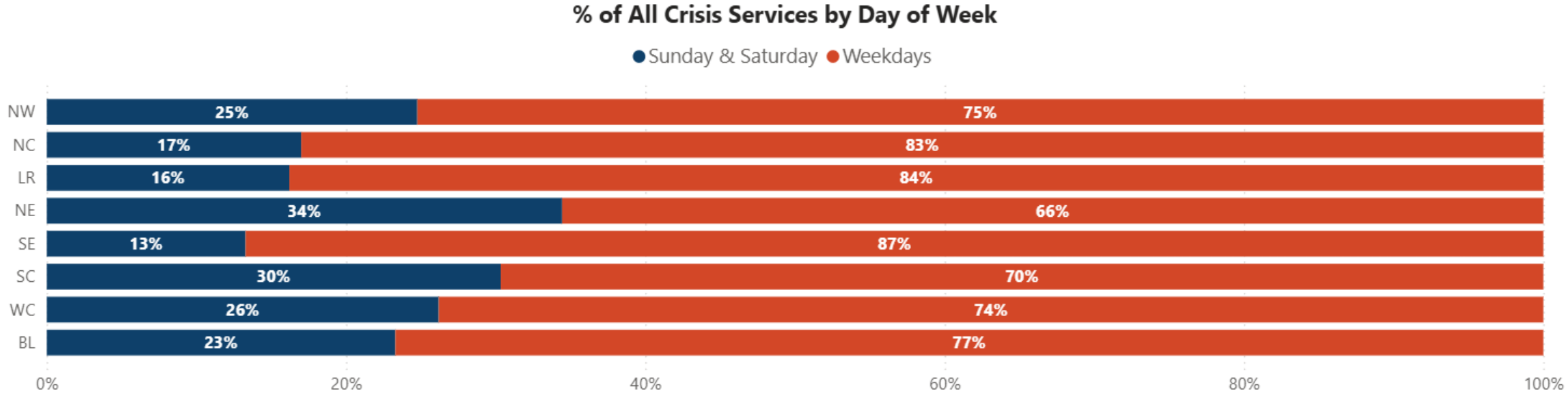
Crisis Contacts by Days of the Week

Statewide

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1520	2183	2134	2132	2170	1995	1561

Regional

Region	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
NW	192	243	244	237	294	234	220
NC	169	349	320	350	337	333	177
LR	73	136	155	144	155	139	68
NE	137	82	88	86	84	98	93
SE	115	408	444	424	409	326	193
SC	268	274	244	247	228	222	261
WC	406	488	445	454	476	462	419
BL	160	203	194	190	187	181	130

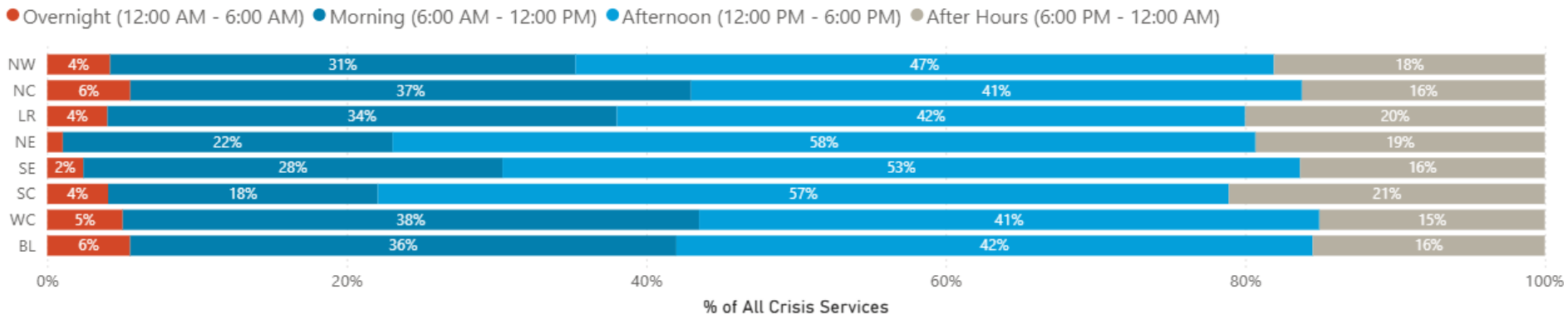


Timing of Calls

- 70–80% of Crisis Services occur during regular work hours (highest demand)
- 15–20% between 6:00 p.m. and midnight (less demand than during working hours)
- Less than 10% between midnight and 6:00 a.m. (lowest demand)

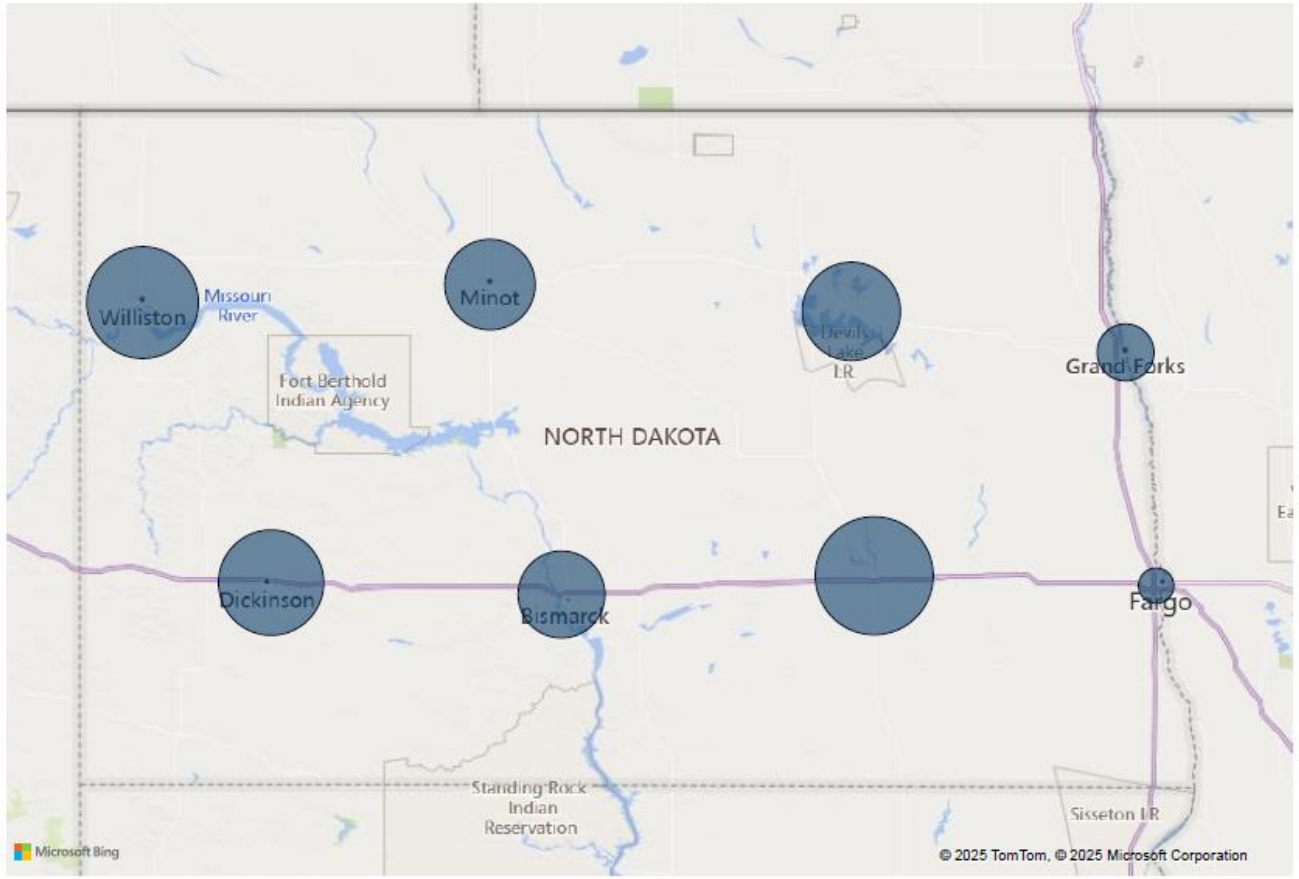
Crisis Service Counts by Hour of Day

Region	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23
NW	19	9	8	7	16	11	10	22	46	140	144	155	129	144	157	142	98	106	109	72	47	28	27	18
NC	27	18	24	20	10	14	14	9	80	175	245	239	174	157	153	139	113	94	93	60	42	69	46	20
LR	11	4	9	6		5	2	12	41	59	98	84	50	86	79	66	55	29	45	40	33	24	21	11
NE	3	1	2		1		4	5	14	23	52	49	39	77	76	64	72	57	46	29	22	13	13	6
SE	7	10	20	9	5	5	9	7	32	155	253	193	132	241	245	177	283	157	116	99	68	46	41	9
SC	18	14	15	7	4	13	10	7	22	74	91	110	89	116	160	129	302	195	129	81	48	45	42	23
WC	43	28	29	22	20	17	15	18	32	201	456	490	258	254	269	209	152	163	143	103	89	63	50	26
BL	13	12	13	13	8	10	4	9	22	128	163	128	101	117	111	104	46	50	56	51	39	20	19	8



Regional Rate Per 1000

Region	Crisis Contact Count	Population	Rate per 1000
SC	1840	55399	33.21
NW	1667	55822	29.86
BL	1267	47353	26.76
LR	889	37584	23.65
NC	2041	98854	20.65
WC	3199	165469	19.33
NE	1121	93054	12.05
SE	2365	225031	10.51
Total	**14389**	**778566**	**18.48**



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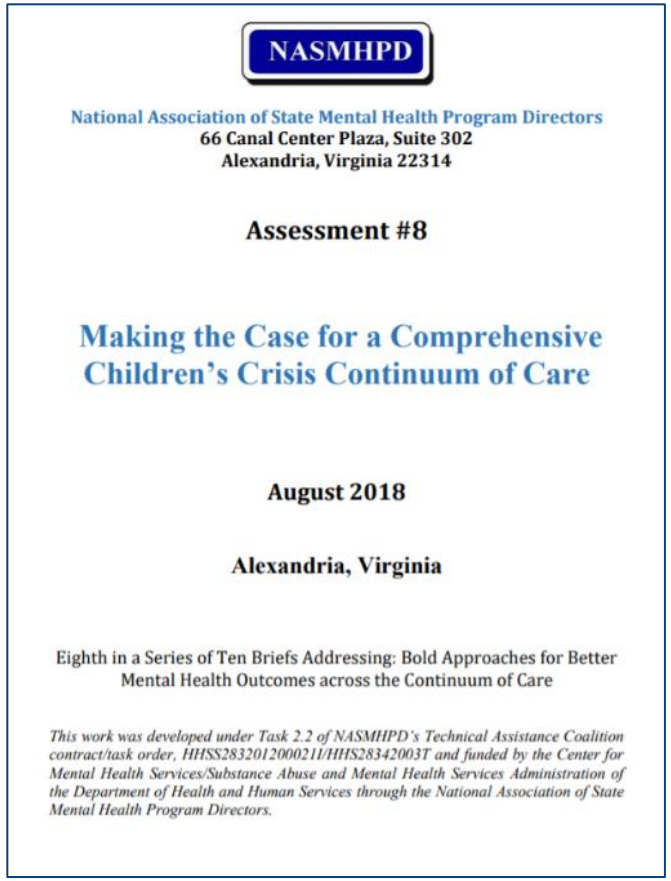
Prioritizing a Focus on Youth: MRSS Design & Intent

- Specifically designed as an upstream intervention to:
  - Meet the needs of children, youth and young adults, and their parents/caregivers
  - Deescalate and ameliorate a crisis before more restrictive and costly interventions become necessary
  - Ensure connection to necessary services and supports
- Key services that shift from overuse of high-end services and supports to home- and community-based services
- 27 states have implemented MRSS, youth-specific crisis models to some degree *models are flexible



NASMHPD

National Association of State Mental Health Program Directors
66 Canal Center Plaza, Suite 302
Alexandria, Virginia 22314

Assessment #8

Making the Case for a Comprehensive Children's Crisis Continuum of Care

August 2018

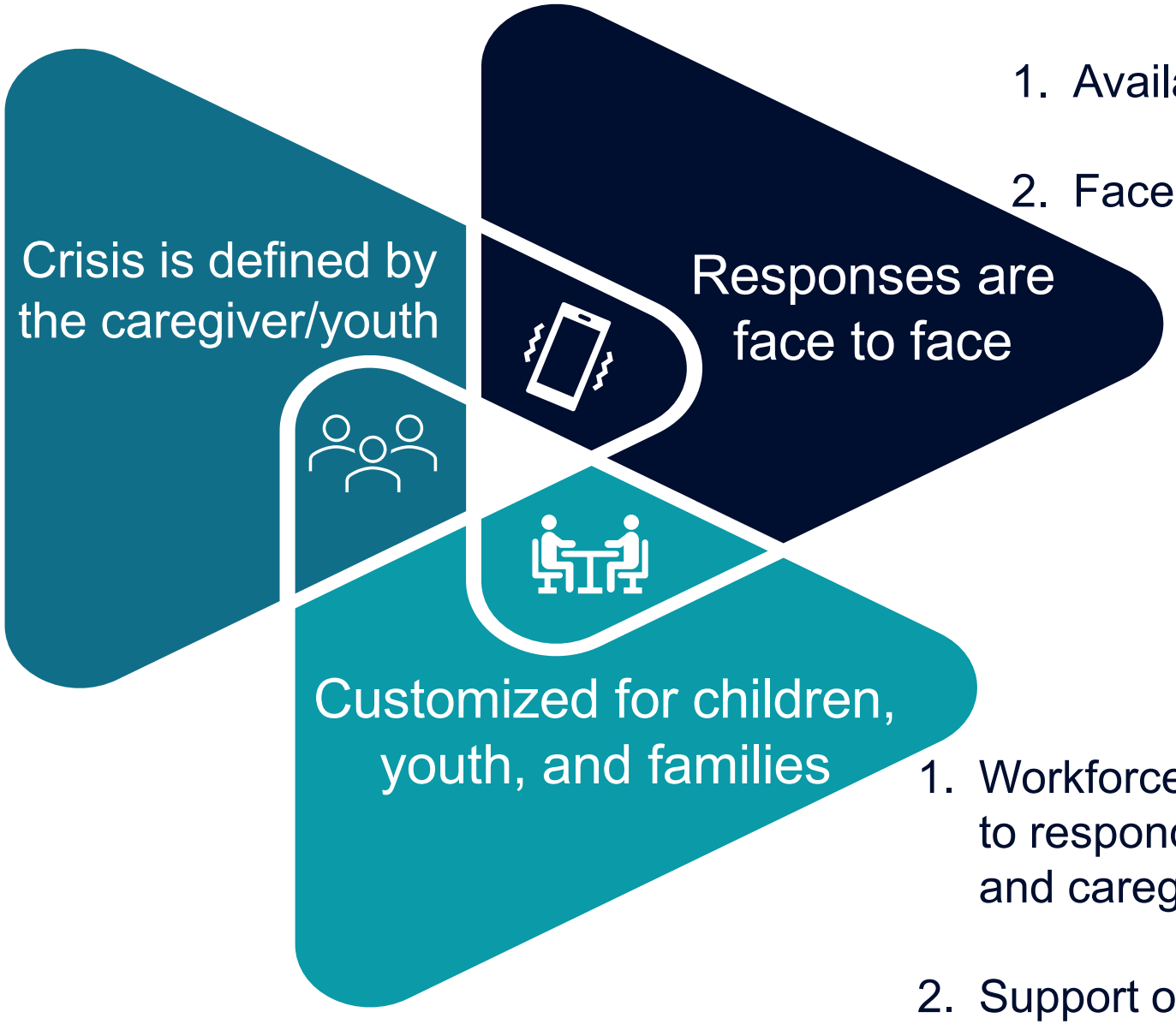
Alexandria, Virginia

Eighth in a Series of Ten Briefs Addressing: Bold Approaches for Better Mental Health Outcomes across the Continuum of Care

This work was developed under Task 2.2 of NASMHPD's Technical Assistance Coalition contract/task order, HHSS283201200021I/HHS28342003T and funded by the Center for Mental Health Services/Substance Abuse and Mental Health Services Administration of the Department of Health and Human Services through the National Association of State Mental Health Program Directors.

MRSS Basics

1. Screen in, not out
2. Callers know why and when they need help; we believe them



1. Availability 24/7/365
2. Face to Face within 1 hour

1. Workforce is trained specifically to respond to children, youth, and caregivers
2. Support occurs in homes and communities

UCONN
SCHOOL OF SOCIAL WORK
INNOVATIONS INSTITUTE

Rollout of MRSS in North Dakota

Phase 1: Contracting and Steering

- Development of a steering committee
- Initiate contract with the University of Connecticut (UCONN) MRSS experts for training and roadmap (March-June, 2026)
- Readiness work (July, 2026-)

Steering Committee Members

Organizer	Shauna Eberhardt
Dr. Dan Cramer	Clinical Lead
Laura Gitter and Tarah Cavett	Statewide Crisis
Christina Hemmer and Laura Strand	Youth Lead, Clinics
Dr. Jallen, Dr. Kroetsch, Dr, Heck	Child Psychiatry
Katie Houle	System of Care, Policy
Kelli Ulberg	Youth Lead, Policy
Tatum Trautman, Michael Shock, Ari Best	Clinical Director Leads
Jordyn Koski	Youth/Crisis
Alanna Zeller	Operations Lead

MRSS ROLL OUT IN NORTH DAKOTA

Building a Stronger, More Responsive Crisis System

Collaborative | Person-Centered | Responsive | Data-Driven

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The Mobile Response and Stabilization Services (MRSS) model strengthens North Dakota's crisis system by providing faster, more coordinated, and person-centered support when it's needed most.

FROM TODAY		TO TOMORROW (MRSS)
Crisis often begins after escalation	→	Respond earlier before crises worsen
Adult crisis model	→	Youth & family-centered response
Phone support whenever possible	→	Face-to-face response within one hour when appropriate
Crisis intervention	→	Crisis response + stabilization
Services provided by one program	→	Coordinated community response
Measure activity	→	Measure outcomes

OUR WHY

To ensure every individual experiencing a behavioral health crisis receives timely, effective, and compassionate support in the right place, by the right team.

SUCCESS LOOKS LIKE

- Youth and families get help earlier
- Fewer hospitalizations and placements
- Stronger families and communities
- Data-driven decisions and continuous improvement

TOGETHER, WE CAN CREATE A STRONGER, MORE RESPONSIVE CRISIS SYSTEM.

WHAT'S CHANGING

Immediate Face-to-Face Response
We respond in person within 1 hour when appropriate to where help is most needed.

→

Support in Homes and Communities
We stabilize in the least restrictive setting and connect to ongoing supports.

→

From Crisis to Prevention
We prevent escalation and increase reliance on hospitalization.

→

Data that Drives Action
We capture the right information to improve outcomes and service impact.

WHO DOES WHAT

988 / FIRST LINK
- Receive calls/texts/chats
- De-escalate and support
- Dispatch to MRSS team when needed

MRSS RESPONSE TEAM
- Respond face-to-face within 1 hour
- Stabilize in the least restrictive setting
- Provide up to 14 days of follow-up support

CARE COORDINATOR
- Coordinate service and supports
- Collaborate with family and providers
- Track progress and remove barriers

COMMUNITY PARTNERS
- Provide ongoing services and supports
- Collaborate on crisis plans and resource connection
- Share data and feedback

DATA & QUALITY TEAM
- Capture and monitor data
- Monitor outcomes
- Drive quality improvement

UPCOMING MILESTONES

August 2024
Comprehensive learning cohort #1

September 2024
Expand pilot to additional county regions

December 2024
Finalize statewide implementation plan

Spring 2027
Statewide rollout begins

OUR COMMITMENT

This is more than a new model—it's a commitment to better outcomes, stronger communities, and a system that meets people where they are.

HOW WE WILL SUCCEED

Work together across systems and communities

Listen, learn, and adapt

Focus on outcomes that matter

Use data to improve and measure impact

LEARN MORE & GET INVOLVED

Visit the MRSS SharePoint Project Site for resources, updates, training, and ways to provide feedback.

Scan the QR code or contact your regional lead.

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