



Status of Implementation of Recommendations of Previous Behavioral Health System Studies

Interim Human Services Committee | Representative Matthew Ruby, Chair

Pamela Sagness, Behavioral Health Executive Director

August 29, 2023

NORTH
Dakota
Be Legendary.

Health & Human Services

What is Behavioral Health?

A state of mental/emotional being and/or choices and actions that affect WELLNESS.

Preventing and treating depression and anxiety

Preventing and treating substance use disorder or other addictions

Supporting recovery

Creating healthy communities

Promoting overall well-being

Behavioral Health is Health!





Mental Health and Physical Health is Fundamentally Linked.

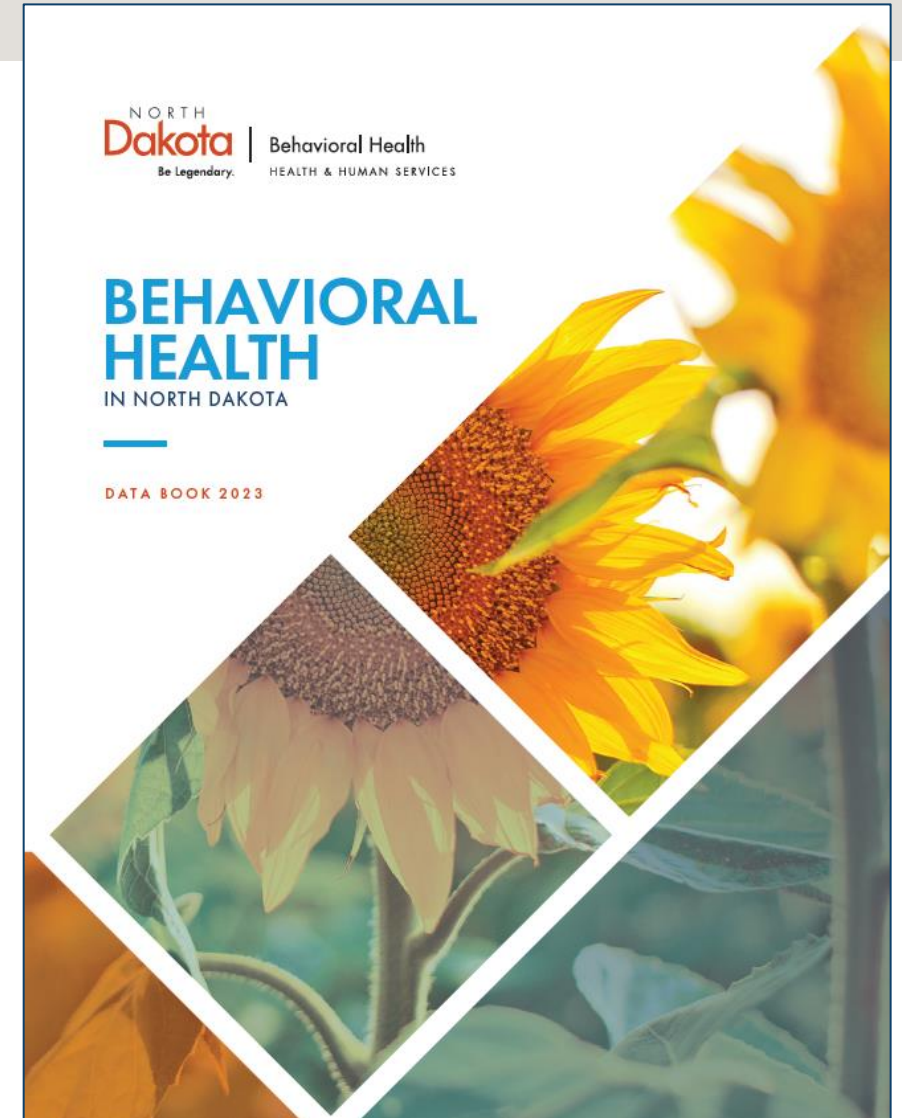
The average lifespan for individuals with serious mental illness is 25-30 years less than the general public.

Individuals with depression have a 40% higher risk of developing heart diseases than the general population.

Behavioral Health in North Dakota

Research shows the importance of using data to guide effective and targeted behavioral health efforts.

Find the 2023 Behavioral Health in North Dakota Data Book and other resources at www.hhs.nd.gov/behavioral-health/data.



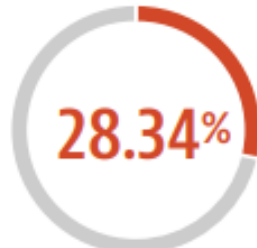
Adult Substance Use Disorder



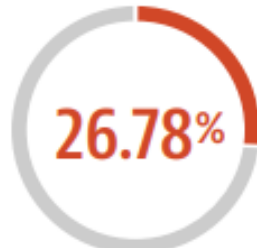
19.62% of ND
adults age 26 or
older met the
criteria for Alcohol
Use Disorder in the
past year.³

Adult Substance Use

(Age 18+; past 30 days)



**BINGE
ALCOHOL
USE***



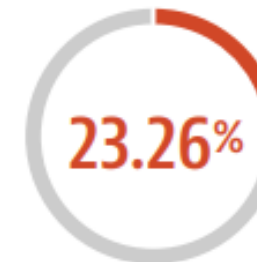
TOBACCO



MARIJUANA



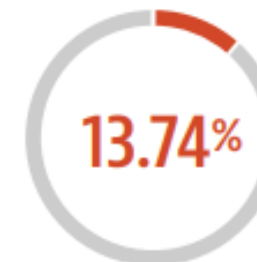
**ILLICIT DRUGS
(other than
marijuana)**



**BINGE
ALCOHOL
USE***



TOBACCO



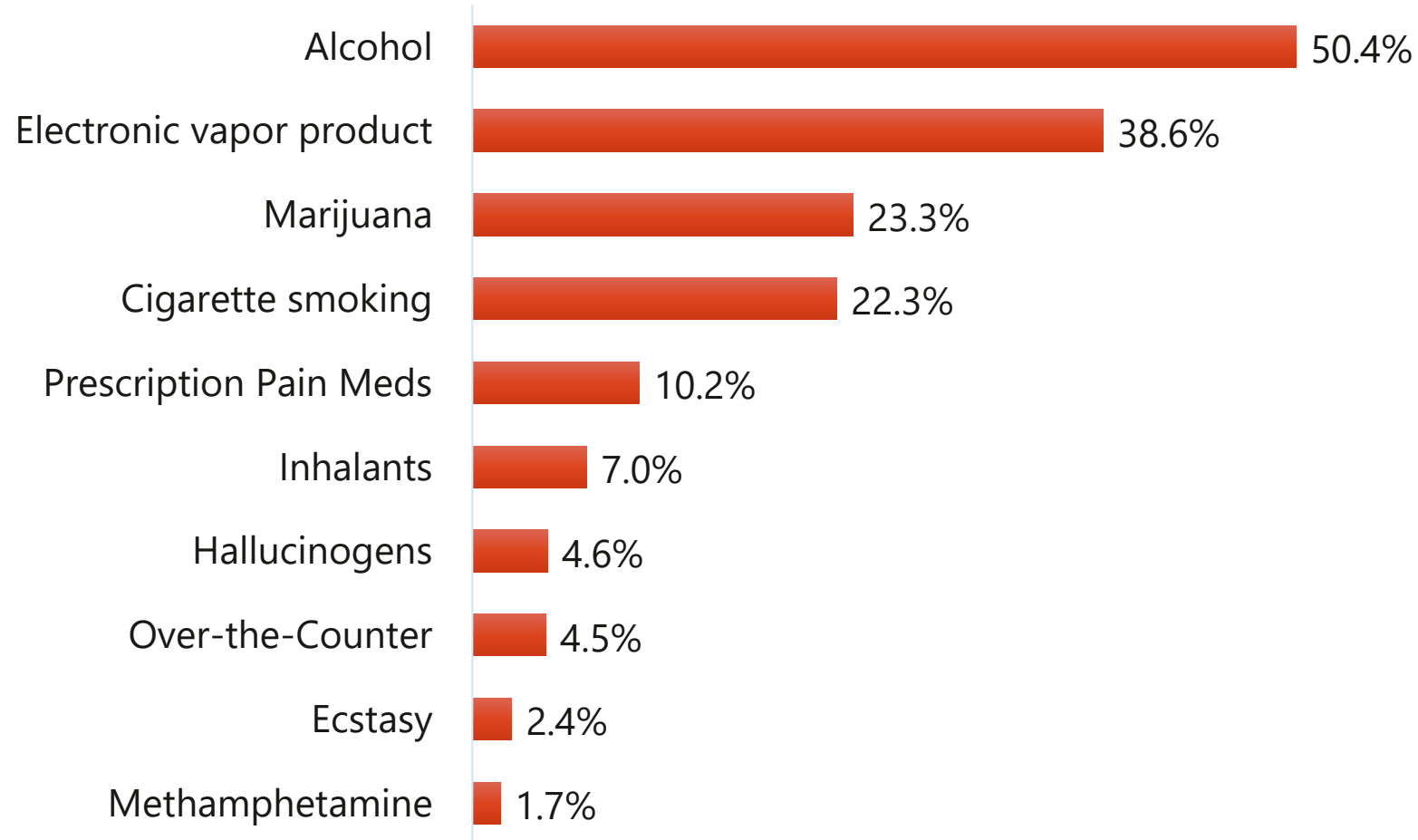
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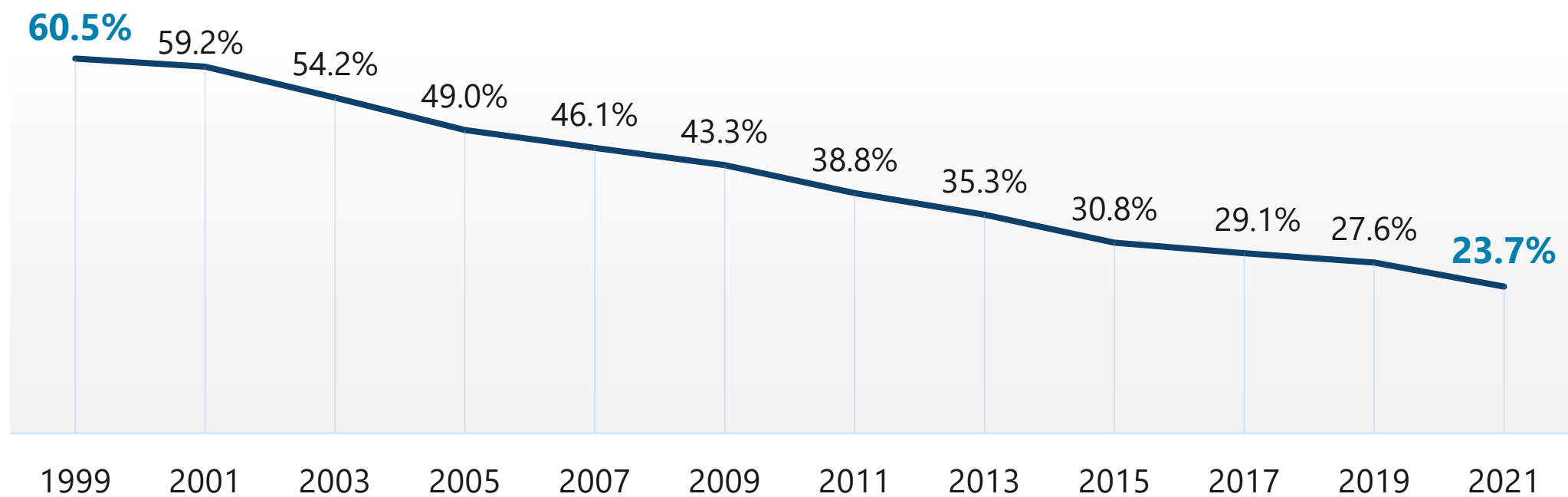
ND Youth Lifetime Substance Use

High School Students
Youth Risk Behavior Survey

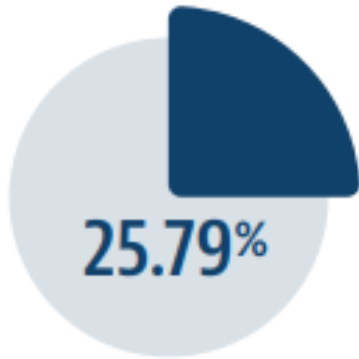


Prevention Works!

Current Alcohol Use (past 30 days) among ND High School Students
Youth Risk Behavior Survey

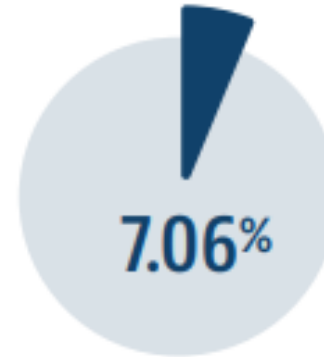


Adult Mental Illness



25.79% had any **mental illness** in the past year.³

Approximately 148,000 ND adults (18+) had any mental illness in the past year.³



7.06% reported a **serious mental illness** in the past year.³

Approximately 41,000 ND adults (18+) have serious mental illness in the past year.³

Youth Mental Health

ND Youth Risk Behavior Survey, 2021

YOUTH

35.1% of ND **middle school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row during the past year).¹



36% of ND **high school** students report feeling sad or hopeless (almost every day for 2 weeks or more in a row during the past year).¹



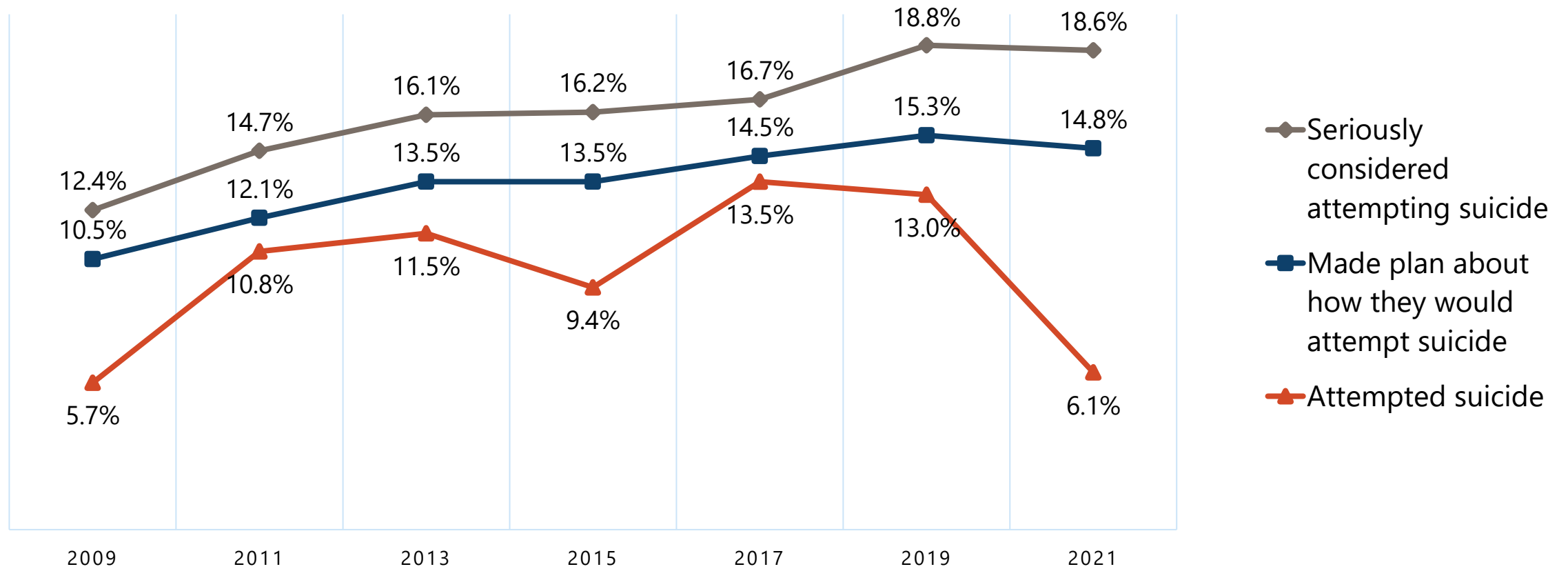
increase from
23.8% in 2011



Among those who report feeling sad, hopeless, angry or anxious, **21%** of ND **high school** students report they would most likely talk with their parent or other adult member about their feelings¹.

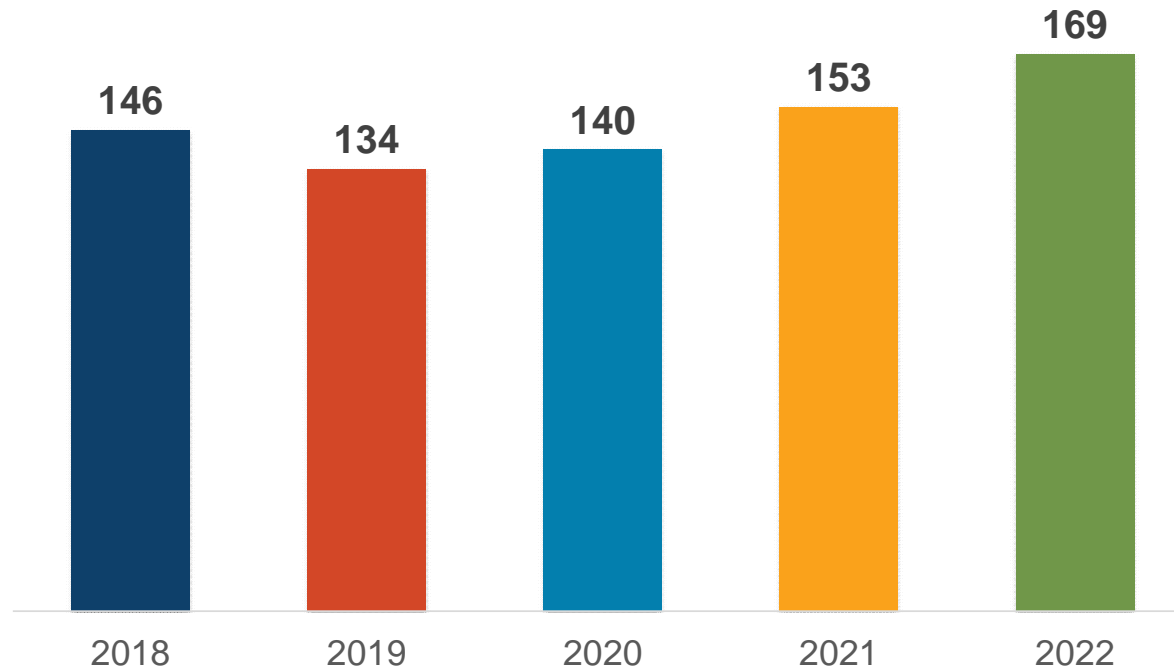
Youth Suicide

ND High School Students; past 12 months
Youth Risk Behavior Survey



Number of North Dakotans who died by suicide

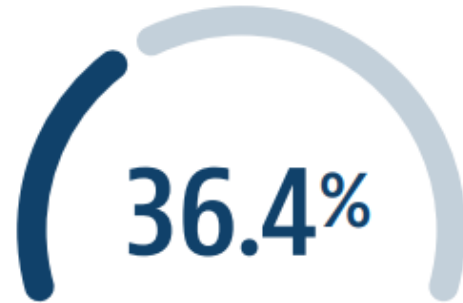
Number of North Dakotans who died by suicide
(North Dakota Vital Records)



*2022 data is preliminary

Mental Health

ND Youth Risk Behavior Survey, 2021



36.4% of ND **high school** students report living with someone who was depressed, mentally ill, or suicidal at some point in their life.¹

Criminal Justice Involvement

Active **Substance Use Disorder** diagnosis when entering correctional facilities:

- 95% of women
- 91% of men

Active **Mental Health** diagnosis when entering correctional facilities:

- 52% of women
- 40% of men



North Dakota Behavioral Health System Study

Final Report
April 2018

ROADMAP

The Behavioral Health Systems Study, April 2018



North Dakota Behavioral Health System Study

TIMELINE



**1/1/2017 to
6/30/2018**

Behavioral Health Division in contract with Human Services Research Institute (HSRI) to conduct an in-depth review of North Dakota's behavioral health system.

Final report released April 2018



**8/1/2018 to
6/30/2019**

Behavioral Health Division in contract with HSRI to initiate and facilitate the implementation of a strategic plan based off the recommendations from the comprehensive study of ND's behavioral health system published April 2018.



**2019 -
Present**

Behavioral Health Division in contract with HSRI to prioritize and refine the strategic plan, including goals and objectives. Initiation of the strategic plan and monitoring and sustaining this implementation.

North Dakota Plan for Behavioral Health



Partners & Purpose

The Human Services Research Institute (HSRI) is supporting the North Dakota Behavioral Health Planning Council (BHPC) and working with stakeholders—including service users and families, advocates, providers, administrators, and other North Dakotans—to **set a course for ongoing system monitoring, planning, and improvements.**



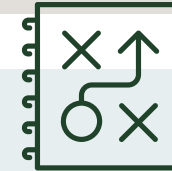
Vision

With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy, and happy life—free of stigma or shame—within caring and supportive communities.



ND Behavioral Health System Study

In 2017-2018, HSRI and the North Dakota Department of Human Services Behavioral Health Division conducted an analysis of North Dakota's behavioral health system, including use and expenses. The [final report](#) details the findings and provides **13 areas of recommendations for improvement.**



Plan

Building on the study recommendations, we identified priority goals and established implementation strategies to enhance the comprehensiveness, integration, cost-effectiveness, and recovery orientation of the behavioral health system to **effectively and equitably meet the community's needs.**
















Dashboard Use

This dashboard summarizes the goals and objectives of the plan and is updated every three months. **This dashboard reflects progress through April 30, 2023.** The information can be used to inform and educate, track project status, and encourage participation with local and state entities to improve the behavioral health system.

Summary

After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected 13 aims with associated goals. Many of these goals will take several years to achieve. To track progress, we've created objectives, action steps, benchmarks, completion dates, and indicators of success for each goal.

Aims		Complete or In Progress and On Time
1.	Develop and implement a comprehensive strategic plan	74% 
2.	Invest in prevention and early intervention	86% 
3.	Ensure all North Dakotans have timely access to behavioral health services	97% 
4.	Expand outpatient and community-based service array	88% 
5.	Enhance and streamline System of Care for Children with complex needs and their Families	86% 
6.	Continue to implement and refine the current criminal justice strategy	79% 
7.	Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce	91% 
8.	Continue to expand the use of telebehavioral health	75% 
9.	Ensure the system reflects values of person-centeredness, health equity, and trauma-informed approaches	89% 
10.	Encourage and support communities to share responsibility with the state for promoting high-quality services	100% 
11.	Partner with tribal nations to increase health equity for American Indian populations	100% 
12.	Diversify and enhance funding for behavioral health	94% 
13.	Conduct ongoing, system-wide data-driven monitoring of need and access	80% 



How we're
achieving this aim

69 Action Steps

5 Goals

+

22 Objectives



AIM 4

Expand outpatient and community-based service array

4.1 Provide targeted case management services based on assessed need, with a focus on enhancing self-sufficiency and connecting to natural supports and appropriate services

Objectives	Complete
1. Revise the Medicaid state plan to include private providers of targeted case management services for adults with serious mental illness and children with serious emotional disturbance	✓
2. Use the Daily Living Activities Functional Assessment (DLA) to inform transitions to and from targeted case management consistently across Human Service Center (HSC) regions	✓
3. Expand capacity within HSCs to support transitions from HSC services to primary care for those with lower assessed need	✓



AIM 4.2

Expand evidence-based, culturally responsive supportive housing

Objectives	Complete
1. Receive technical assistance through the Medicaid Innovation Accelerator Program	
2. Increase access to supportive housing in rural areas	
3. Establish quality standards for all supportive housing services in the state	67%
4. Engage in evaluation and continuous quality improvement to support sustainability of supportive housing services	67%
5. Finance additional permanent supportive housing	58%

AIM 4.3

Expand school-based mental health and substance use disorder treatment services

Objectives	Complete
1. Maximize opportunities for Medicaid reimbursement of school-based mental health and substance use disorder treatment services	50%
2. Develop and disseminate a tool for schools to use in developing comprehensive behavioral health supports	
3. Provide grant funding to schools to address gaps along the behavioral health continuum of care	67%
4. Engage Behavioral Health Resource Coordinators in each school in North Dakota to address behavioral health in schools	50%
5. Offer free, evidence-based, online, virtual, mental health and suicide prevention training for school personnel	33%



AIM 4.4

Establish a formalized training and certification process for peer support specialists

Objectives	Complete
1. Designate personnel to oversee formalized training and credentialing process	
2. Establish a formalized training and credentialing process based on local and national best practice that includes endorsements for specific sub-groups including culturally specific peers, family peers, and youth peers	
3. Establish endorsements for culturally specific American Indian peer services	33%
4. Establish an endorsement for culturally specific New American/foreign-born/immigrant and refugee peer services	
5. Establish a training and credentialing process for family peer services	67%
6. Establish endorsement for youth peers	
7. Establish endorsement for brain injury peer support	

AIM 4.5

Establish standards for integration of peer support into the behavioral health system

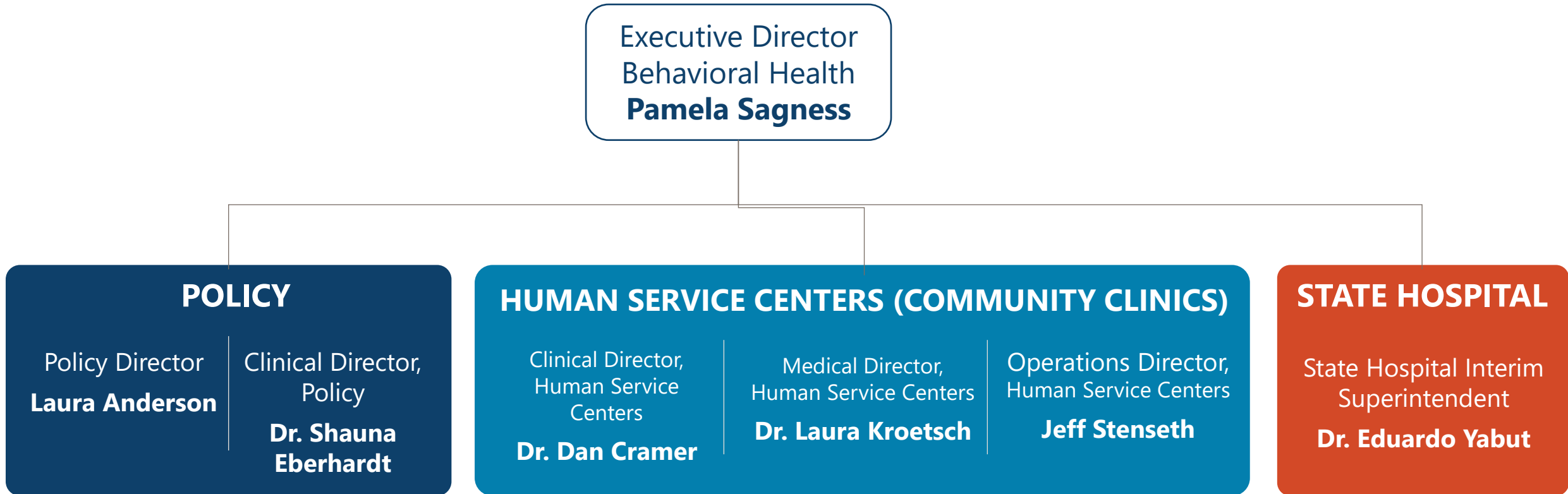
Objectives	Complete
1. Consult with local and national experts in peer support to establish the scope, audience, and topic areas covered by the standards	50%
2. Establish standards for integration of peer support into the behavioral health system	

2022 Acute Psychiatric and Residential Needs Study (Schulte)



- State Hospital
- Acute Hospital Beds
- Residential Care
- Regulatory Change
- Data Management
- Financial Accountability
- Use of Medicaid across all providers both state and private
- Provider Contract Changes
- Codifying mental health levels of care including the HSCs and state hospital
- Communication and collaboration
- Telepsychiatry Utilization
- Practitioner Certification, Licensure, and Workforce

Behavioral Health Organizational Chart



Behavioral Health Division

Key legislative session changes and impacts for 2023-2025 biennium

- Increased funding for school behavioral health grants & continuation of B-HERO
- Increased resources for Community Connect and Free Through Recovery
- Created opioid settlement fund
- Expansion of Recovery Housing Assistance Program
- Changes to SUD Voucher expanding provider network and increasing access to addiction services
- Reduced addiction regulation requirements to improve access to early intervention services
- Funding to transition up to 3 Human Service Centers to Certified Community Behavioral Health Centers
- Funding to procure a tele-health crisis services expansion
- Funding to procure tele-psychiatry services for jail settings
- Funding to complete the comprehensive planning of a new ND State Hospital
- Funding for 10-bed acute inpatient behavioral health beds in Dickinson and Williston regions
- Creation of a suicide fatality review panel to address protective factors and opportunities to prevent suicide

Behavioral Health Resource Coordinators

During the 2019 legislative session:

- [Senate bill 2149](#) established the requirement for each school within a district to designate an individual as a behavioral health resource coordinator.
- [Senate bill 2313](#) required the Behavioral Health Division to provide resources to behavioral health resource coordinators



Supporting Behavioral Health Resource Coordinators



- **Central Regional Education Association (CREA)** awarded contract
- From this partnership, **B-HERO** (Behavioral Health and Education: Resources and Opportunities) was formed to provide resources, training, and technical assistance to identified Behavioral Health Resource Coordinators.

What B-HERO does.



Training.



Technical Assistance.



Opportunities.

bhero.crea@k12.nd.us
b-hero.org

Behavioral Health School Grant

During the 2019 legislative session, Senate Bill 2012 appropriated general fund dollars for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.



Behavioral Health School Grant

Project Goal



Identify and address gaps along the behavioral health continuum of care.

This includes:

- identifying prevention and early intervention services that have no other funding source,
- using funds to reimburse clinical or treatment services that are effective but not currently covered services
- filling gaps in service coverage for populations that do not qualify for other forms of reimbursement.

Behavioral Health School Grant

Eligible Applicants

- Utilize ND State Medicaid reimbursement the previous school year
- Submit a plan detailing collaboration with other regional school districts

**A school district may not use grant funding to duplicate or fund existing services.*



FREE THROUGH Recovery

Free Through Recovery is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.

The mission of Free Through Recovery is to:

- improve healthcare outcomes
- reduce recidivism



4,973 participants since
February 2017



1,311 active participants



38 providers

Overall, from March 2018 through October 2022, **68%** of the time participants achieved 3 of 4 outcomes.



CommunityConnect

My Recovery. My Story.

Community Connect is a community based behavioral health program designed to increase recovery support services to individuals who have behavioral health concerns.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.



4,025 participants since **February 2021**



1,899 active participants



46 providers

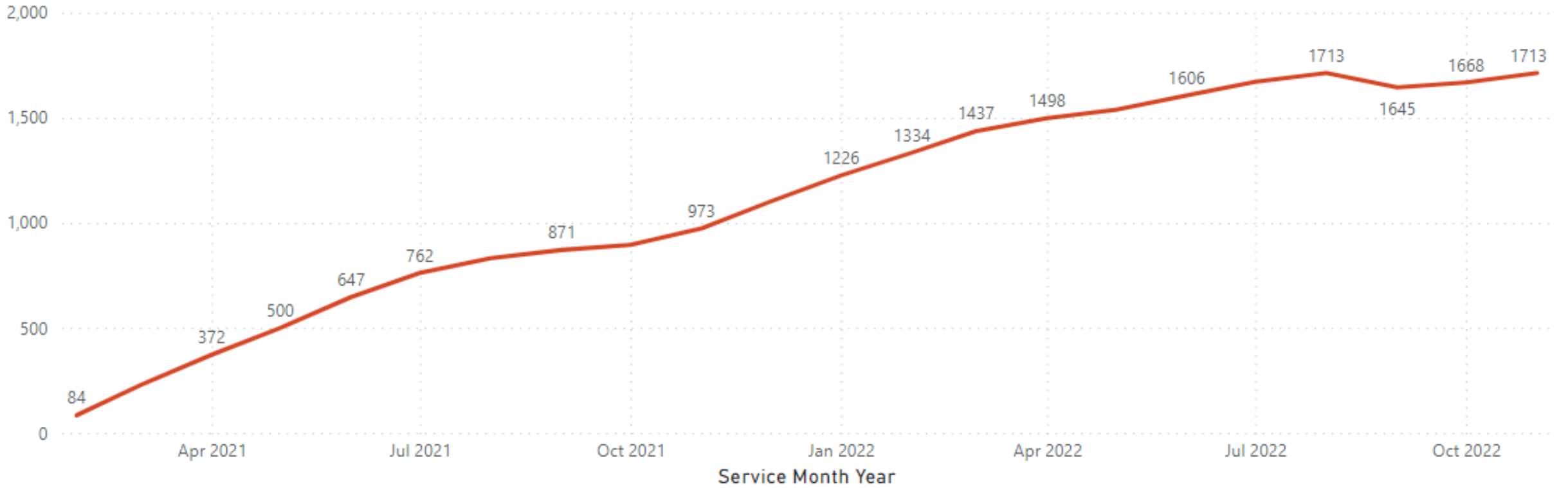
Overall, from February 2021, through December 2022, **66%** of the time participants achieved 3 of 4 outcomes.



CommunityConnect

My Recovery. My Story.

Program Growth



HB 1447

relating to creation of the opioid settlement fund, creation of the opioid settlement advisory committee, and use of opioid settlement funds

SECTION 1. AMENDMENT. Subsection 1 of section 21-10-06 of the North Dakota Century Code is amended

SECTION 2. AMENDMENT. Section 23-01-42 of the North Dakota Century Code is amended

- [Related to Narcan availability over-the-counter](#)

SECTION 3. A new chapter to title 50 of the North Dakota Century Code is created

- [Definitions](#)
- [Opioid settlement fund](#)
- [Opioid settlement advisory committee](#)
- [Department of health and human services - Report to budget section](#)
- [Opioid remediation and abatement spending decisions – Implementation](#)
- [Political subdivisions - Public health units.](#)

SECTION 4. AMENDMENT. Section 5 of chapter 3 of the 2021 Session Laws is amended

SECTION 5. APPROPRIATION - DEPARTMENT OF HEALTH AND HUMAN SERVICES - OPIOID REMEDIATION AND ABATEMENT. [There is appropriated out of any moneys in the opioid settlement fund in the state treasury, not otherwise appropriated, the sum of \\$8,000,000, or so much of the sum as may be necessary, to the department of health and human services for the purpose of opioid remediation and abatement efforts under section 2 of this Act, for the biennium beginning July 1, 2023, and ending June 30, 2025.](#)

SECTION 6. TRANSFER - OFFICE OF MANAGEMENT AND BUDGET - OPIOID SETTLEMENT FUND. [The office of management and budget shall transfer to the opioid settlement fund all funds received by the state and any political subdivision of the state from opioid settlements and litigation during the period beginning March 1, 2021, and the effective date of this Act, and any additional funds received during the period beginning on the effective date of this Act, and ending June 30, 2025.](#)

SECTION 7. APPLICATION. [To initiate staggered terms of the members of the opioid advisory committee, the initial appointments for the positions representing the North Dakota association of counties representative and the North Dakota state association of city and county health officials representative must be for one year.](#)

SECTION 8. EMERGENCY. [This Act is declared to be an emergency measure](#)

Recovery Housing Assistance Program (RHAP)



Stable housing plays a vital role in people's recovery from substance use disorders.

The Recovery Housing Assistance Program (RHAP) provides financial support for individuals to access Recovery Housing.

The program pays for up to 12 weeks of the individual's stay at an approved Recovery Housing Provider.

RECOVERY HOUSING PROVIDES

Substance-free home environment

Space to focus on continued growth and healing

24-hour peer-led support and connection

Resources to support individual life goals

Substance Use Disorder (SUD) Voucher

The SUD Voucher program was established to:

- improve access to quality services
- allow for individual choice of providers.

The SUD Voucher is a payer of addiction treatment and recovery services when funding is a barrier to accessing services.

As of February 1, 2023,
there are **35 providers**
participating.

(an increase from 27 in
February 2022)

Since its inception in July
2016 approximately **5,800**
individuals have received
services.

As of March 6, 2023,
1,293 individuals are
actively being served.

Substance Use Disorder (SUD) Voucher

Since inception, all four outcomes measures increased following services reimbursed through the SUD Voucher program.



PURPOSE

Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).



COMMUNITY

Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.



HEALTH

Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)



HOME

Identify the stability and safety of the individual's living environment.



Updates

Avel eCare

Integrated
Telehealth
Partners

Williston
Behavioral Health
Facility

Contract in
process

(8/14/2023 – 6/30/2025)

Contract in
process

(8/28/2023 – 6/30/2025)

Contract in
process

(9/1/2023 – 6/30/2025)

What is a CCBHC

- Certified Community Behavioral Health Clinic
- A model of care designed to ensure access to coordinated comprehensive behavioral health care. CCBHCs are required to serve anyone who requests care for mental health or substance use, regardless of their ability to pay, place of residence, or age - including developmentally appropriate care for children and youth

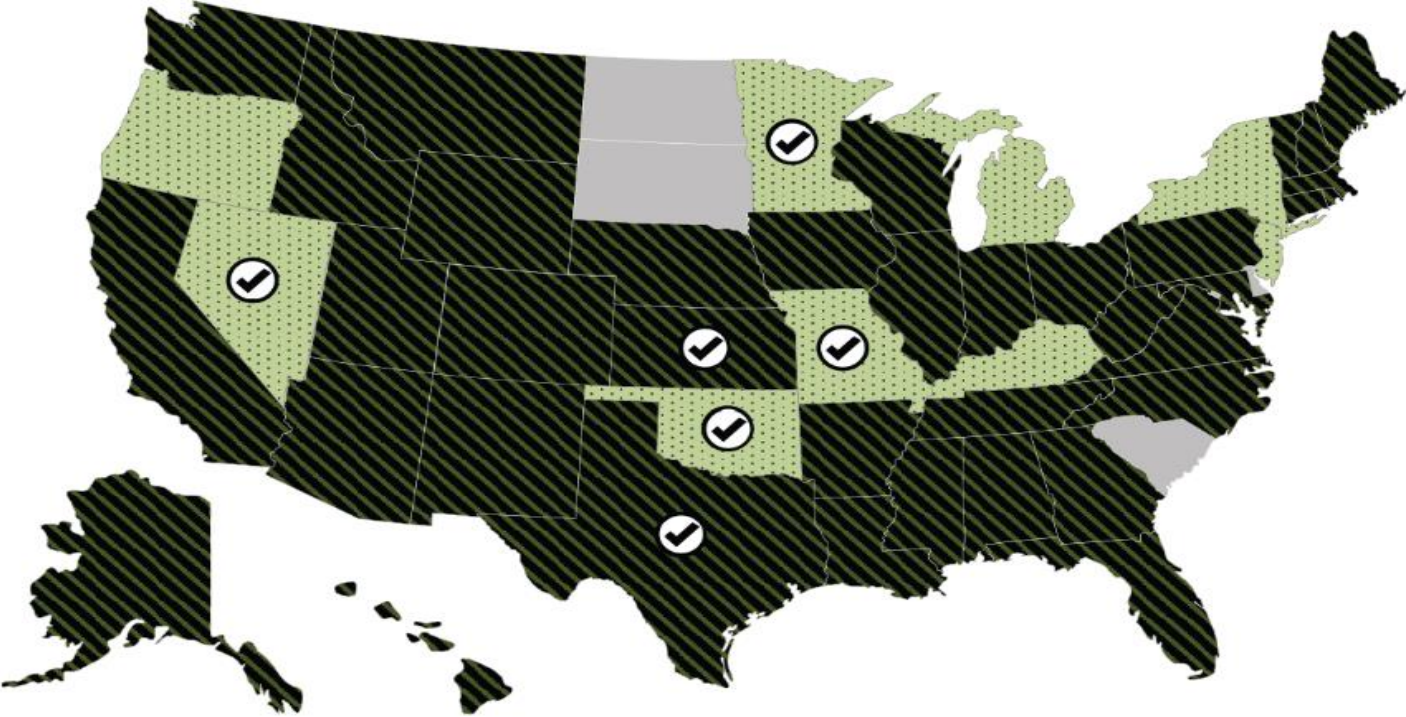
Path to Becoming Certified Community Behavioral Health Clinics (CCBHCs)

- Spring of 2022 applied for SAMHA 4-year demonstration grant for 3 human service centers (not awarded)
- December of 2022 applied for SAMHA implementation grant (not awarded)
- April 2023 – Senate Bill 2012 allows up to 3 HSCs to become CCBHCs
- May of 2023 applied for SAMHSA 4-year demonstration grant for 3 human service centers (award notice pending)

Certified Community Behavioral Health Clinics

CCBHCs Across the United States

Currently, there are over 450 CCBHCs operating across the country, as either CCBHC-E grantees or clinics participating in their states' Medicaid demonstration.



- No CCBHCs
- Federal CCBHC Medicaid Demonstration (and SAMHSA Expansion Grants)
- States with at least one local CCBHC grantee
- CMS-approved payment method for CCBHCs via a SPA or 1115 waiver

Certified Community Behavioral Health Clinics - Enhancements

1. Staffing

- Staffing plan driven by local needs assessment.
- Licensing and training to support service delivery.

2. Availability and Accessibility of Services

- Standards for timely and meaningful access to services, outreach and engagement.
- 24/7 access to crisis services, treatment planning and acceptance of all patients regardless of ability to pay.

3. Care Coordination

- Care coordination agreements across services and providers.
- Defining accountable treatment team, health information technology and care transitions.

4. Scope of Services

- Nine required services, as well as person-centered, family-centered and recovery-oriented care.

5. Quality and Other Reporting

- 21 quality measures, a plan for quality improvement and tracking of other program requirements.

6. Organizational Authority, Governance and Accreditation

- Consumer representation in governance.
- Appropriate state accreditation.

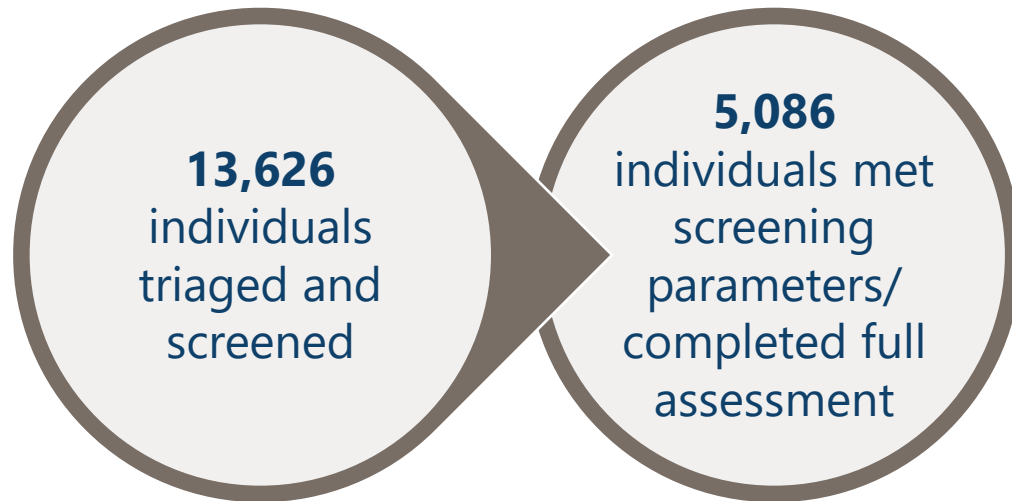
9 Required Services of a CCBHC

- Crisis Services
- Treatment Planning
- Screening, Assessment, Diagnosis & Risk Assessment
- Outpatient Mental Health & Substance Use Services
- Targeted Case Management
- Outpatient Primary Care Screening and Monitoring
- Community-Based Mental Health Care for Veterans
- Peer, Family Support & Counselor Services
- Psychiatric Rehabilitation Services

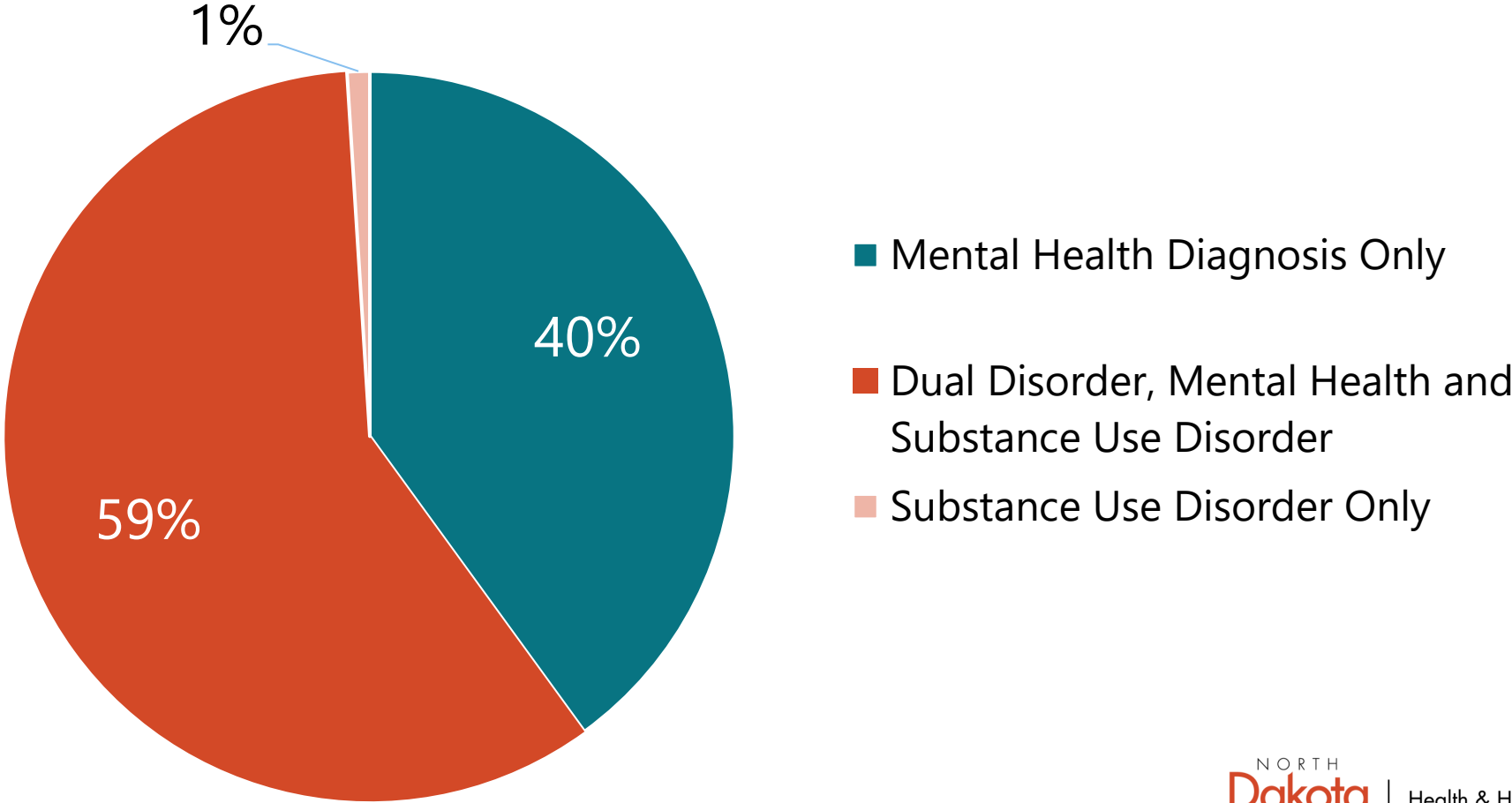
Assessments - Walk-In

July 2021 - December 2022

- Available from 8am to 5pm Monday to Friday at all 8 Community Behavioral Health Clinic Locations.
- Purpose: To rapidly assess need and connect individuals to the right services. This may include entry into the local Clinic or referral to an outside agency.



Treatment Services Diagnosis of Individuals Served



Treatment Services

78% of clients with Severe and Extreme Impairments

For these individuals at the beginning of care:

- 28% were homeless
- 3% were residing in correctional facility
- 12% lived with parents
- 4% were in residential/transitional living

For these individuals in last 30 days:

- 5% arrested
- 12% no show
- 3.30 average hours of service
- 85% of crisis residential admissions

Behavioral Health Crisis Care

Core Services & Best Practices



Statewide 988 (211) Crisis Call Center: Best Practice Anchors

*Purpose: Real-time
access to a live person
every moment of every
day for individuals in
crisis.*

Operate every moment of
every day (24/7/365)

Answer every call or
coordinate overflow
coverage with a resource
that also meets all of the
minimum crisis call center
expectations




Assess risk of suicide in a
manner that meets NSPL
standards and danger to
others within each call

Coordinate connections to
mobile crisis team services

Connect individuals to
facility-based care through
warm hand-offs and
coordinating transportation
as needed

Incorporate Caller ID
functioning

Implement real-time GPS
technology in partnership
with the region's mobile
crisis teams

-  Full Implementation
-  Partial Implementation
-  Not Implemented

Mobile Crisis: Best Practice Anchors

Purpose: Offering community-based interventions to individuals in need where they are at.

Include a licensed and/or credentialed clinician capable of assessment *

Respond where the person is (home, work, park, etc.) and not restrict services to select locations




Connect individuals to facility-based care through warm hand-offs and coordinating transportation as needed

Incorporate peers within the mobile crisis team *

Respond without law enforcement accompaniment unless special circumstances warrant inclusion

Implement real-time GPS technology in partnership with the region's crisis call center hub

Schedule outpatient follow-up appointments to support connection to ongoing care

-  Full Implementation
-  Partial Implementation
-  Not Implemented

* Included in Crisis Enhancement funding

Behavioral Health Crisis Care

Rural Crisis Adaptation

Current

Mobile response within 45 miles radius of
8 metro areas

Future Plan

Develop agreements with critical access
hospitals and with key community entities
(law enforcement and Emergency
Departments) for tele-response.

Crisis Stabilization Units: Best Practice Anchors

*Purpose:
To manage risk at lowest level of care and avoid
unnecessary hospitalizations/ER visits.*

Do not require medical clearance prior to admission but will assess for and support medical stability while in the program *

Design their services to address mental health and substance use crisis issues




Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges *

Staff at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community *

Offer walk-in and first responder drop-off options

Ensure timely access to licensed and/or credentialed clinicians capable of completing assessments

Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated

-  Full Implementation
-  Partial Implementation
-  Not Implemented

* Included in Crisis Enhancement funding

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(SAMSHA Best Practice Tool Kit, 2020)

Programs and Services



**Acute
Psychiatric
Services**



**Geriatric
Psychiatric
Services**



**Forensic
Services**



**Sex Offender
Residential
Treatment**



**Psychiatric
Rehabilitation
Services**



**SUD
Residential
Treatment**

New State Hospital Phases

(\$12,500,000 Executive Budget Request)

Phase 1 – Internal market assessment, including prevalence and projected demand by service line along with supply analysis to determine gaps (external consultant)

Phase 2 – Private market assessment to further refine gaps with needs for service (external consultant)

Phase 3 – Work with advocates and private providers to develop options for service line array and meet current unmet demand

Phase 4 – Assuming there will be variations and options in Phase 3, work with architect to cost model approximately 3 different state hospital models; assuming all 3 will have different cost projections

Phase 5 – Present at next legislative session preferred models



Contact Information

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www.behavioralhealth.nd.gov