



STUDY OF MENTAL HEALTH CARE FOR CHILDREN

Interim Human Services Committee | Representative Matthew Ruby, Chair

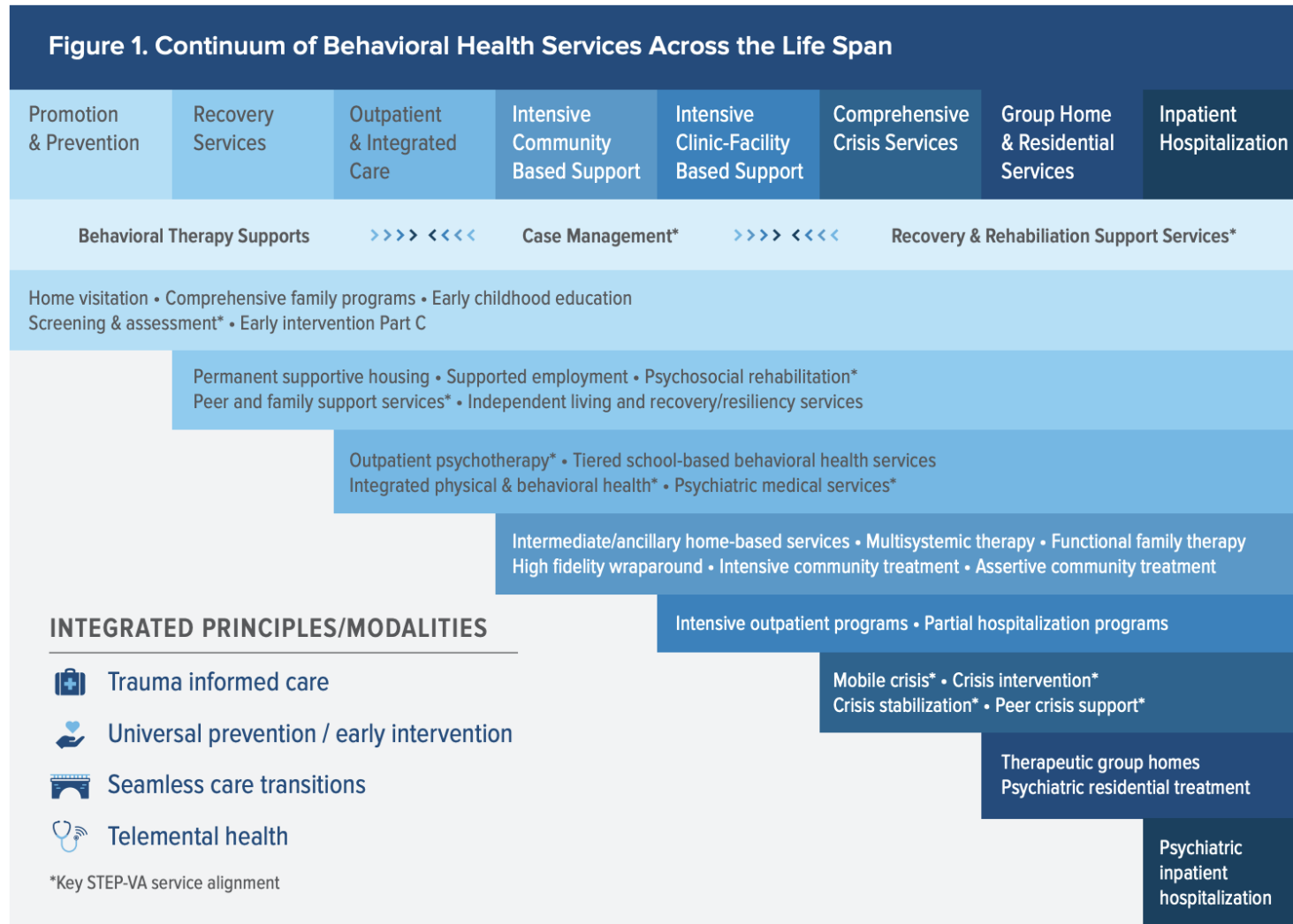
Pamela Sagness, Behavioral Health Executive Director

August 29, 2023

NORTH
Dakota
Be Legendary.

Health & Human Services

Mental Health Treatment Levels of Care *(Example from Virginia)*



QRTP vs. PRTF

QUALIFIED RESIDENTIAL TREATMENT PROGRAMS (QRTP)

NDCC 50-11-00.1

"Qualified residential treatment program" means a licensed or approved residence providing an out-of-home treatment placement for children

PSYCHIATRIC RESIDENTIAL TREATMENT FACILITIES (PRTF)

NDCC 25-03.2-01

"Psychiatric residential treatment facility for children" means a facility or a distinct part of a facility that provides to children a total, twenty-four hour, therapeutic environment integrating group living, educational services, and a clinical program based upon a comprehensive, interdisciplinary clinical assessment, and an individualized treatment plan that meets the needs of the child and family. The services are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home, or in a less restrictive setting. The facility must meet the requirements of a psychiatric residential treatment facility as set out in title 42, Code of Federal Regulations, part 483.352.



North Dakota Behavioral Health Plan

*Human Services Research Institute
(2018)*

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

36 Action Steps

3 Goals

+ 11 Objectives

AIM 5

Enhance and streamline System of Care for Children with Complex needs and their Families

5.1 Establish Funding and full-time staff to support the development of System of Care for Children with complex needs and their families

Objectives	Complete
1. Secure funding and staff for System of Care Expansion	67%

AIM 5.2

Develop a sustainable infrastructure to support the System of Care approach for North Dakota children and families

	Objectives	Complete
1.	Secure funding and staff for System of Care Expansion	67%
2.	Develop governance structure for System of Care	
3.	Build strong and effective partnerships with youth and families through engagement with advocacy groups and provision of family peer support training	
4.	Develop collaborative relationships with tribal nations in geographic catchment areas. These include Standing Rock Sioux Tribe, Mandan Hidasta Arikara Nation, Spirit Lake Nation, and Turtle Mountain Band of Chippewa	33%
5.	Complete a needs assessment addressing gaps in service delivery for children and families to be served	100%
6.	Develop a System of Care Funding Structure and Sustainability plan	

AIM 5.3

Increase access to high-quality and culturally appropriate services for children and their families in the identified System of Care regions

Objectives	Complete
1. BHD and two regional, publicly funded behavioral health clinics will partner on implementing grant data requirements and build upon current youth and family services and supports in two identified System of Care regions	33%
2. Enter into partnership between BHD and private agencies in the WCHSC and LRHSC regions to enhance current services and fill gaps in children's behavioral health continuum of care	
3. Expand culturally responsive, evidence-based, and trauma-informed wraparound services for children and families in the System of Care regions to lay the groundwork for statewide expansion	
4. Establish fidelity standards and engage in evaluation and continuous quality improvement to apply to all wraparound services in the state	

ND System of Care (SOC) Grant

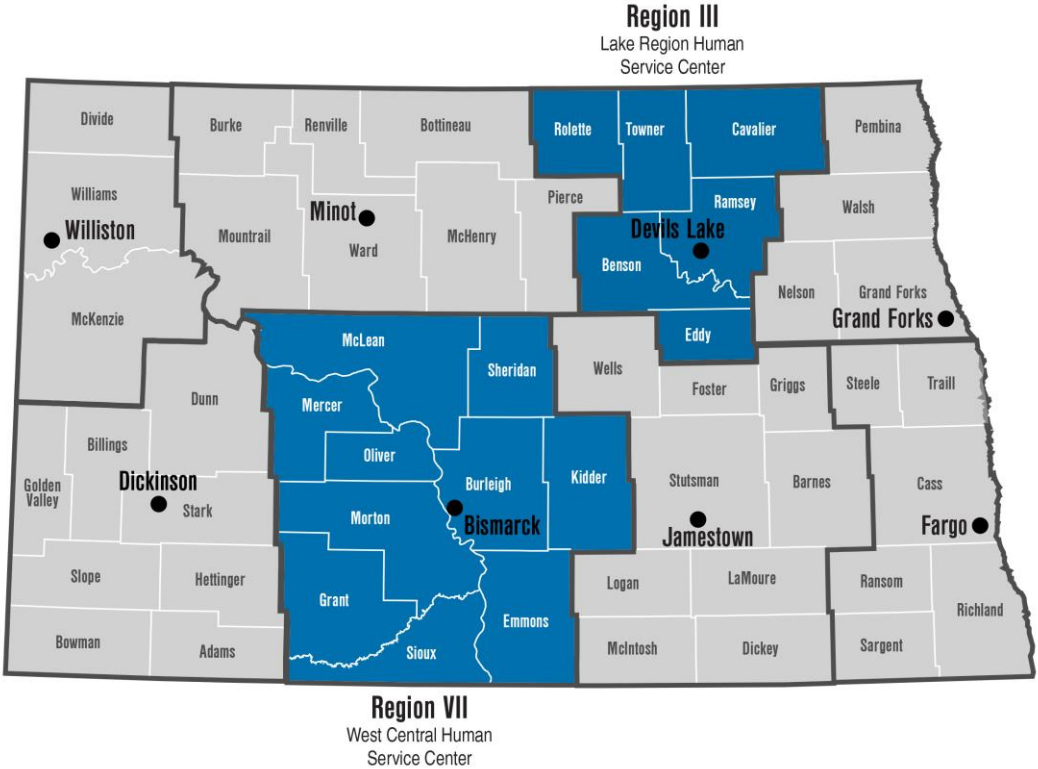
Substance Abuse and Mental Health Services (SAMSHA) System of Care (SOC) Expansion and Sustainability Grant – one of six states awarded \$3 million per year for 4 years.

SOC Grant Purpose

We will utilize funding to build and expand a comprehensive set of community-based behavioral health services and supports for children and youth with serious emotional disturbances (SED), birth - age 21, and their families.

Geographical Catchment Areas

These regions include four tribal nations: The Standing Rock Sioux Tribe, Spirit Lake Nation, the Turtle Mountain Band of Chippewa Indians and Mandan Hidatsa Arikara Nation.



ND SOC Grant Goals

To develop a sustainable infrastructure to support the System of Care approach for ND children with SED and their families. This infrastructure and service delivery would include: outpatient services, 24-hour crisis emergency services, intensive home-based outreach and case management, intensive day treatment, respite care, recovery support services, and transition from the child/youth services to the adult delivery system.

To increase access to high-quality and culturally appropriate services and supports available to children with SED and their families in the identified regions.

The implementation of SOC requires interagency partnerships with publicly-funded services, private agencies, tribal leadership and services, schools and educational services, social and child welfare agencies, juvenile justice services, health services, youth and family advocacy organizations, the youth and families most impacted.



Acute Psychiatric and Residential Care

Renee Schulte Consulting, LLC. (2022)

Solution #1 Access to acute psychiatric and residential beds

Data in 2022 report:

ND Actual child/adolescent Acute Care Hospital Beds
64

*Assumes Prairie St John new facility starting capacity projection 10/2022
Assumes hospitals pandemic related capacity reductions remain in place*

Children's System	Actual Beds
PRTF	82
QRTP	76
Youth Shelter	45
ASAM level 3.1 Adolescent	57
ASAM level 3.5 Adolescent	16

Unduplicated actual bed count

**DHS is in the process of certification for 6 sites of shelter beds, not included in this number.*




Behavioral Health Bed Management




Behavioral Health Bed Management System

NDCC 50-06-41.3 established during 67th Legislative Assembly identifying HHS will establish a behavioral health bed management system to improve the utilization of behavioral health bed capacity.



21-23 Interim - HHS began planning for a system in collaboration with NDIT and determined a request for proposals would be developed to secure a vendor who could develop this system.



Funding for the system was pursued through Centers for Medicare & Medicaid Services.

Behavioral Health Bed Management System

October 18,
2022

Nov 23,
2022

January 19,
2023

March 24,
2023

May 10,
2023

May 17,
2023

July 28,
2023

July 31,
2023

August 16,
2023

- ND HHS received approval from Centers for Medicare & Medicaid Services (CMS) for the State's Medicaid Management Information System (MMIS) Implementation Advance Planning Document (IAPD) for the Bed Registry Project. \$450,000 (90% CMS and 10% State funding)
- Request for Proposals(RFP) was issued
- RFP proposals received
- Bed Management System Executive Steering Committee meets for first time and approves Project Charter
- Executive Steering Committee approves awarding contract to a vendor contingent upon CMS approval
- HHS submits a request to CMS for contract approval and additional funding for the Bed Registry Project
- CMS approved the State's request for entering into a contract and an additional \$1,126,838 in funding (90% CMS and 10% State funding) for the Bed Registry Project
- Notice to Award Contract to Bamboo Health was issued
- Contract with Bamboo Health began

What the Bed Management System will do



- ☑ Behavioral Health providers will input daily bed census counts into system
 - Facility administration to maintain and manage bed inventories.
 - Interface with NDHIN to consume data from existing provider connections for Acute Psychiatric Hospitals.
 - Web portal to enter bed management data for providers without an Electronic Health Care (EHR) system and/or a NDHIN connection.
- ☑ Public facing webpage to show bed census and bed availability on a daily basis of all residential and inpatient behavioral health providers
- ☑ Reports to provide data overviews of bed availability, utilization, and capacity

Behavioral Health Bed Management System

Who will be reporting into the system

<i>Facility</i>	<i>Hospital Beds</i>		<i>Residential Beds</i>	
	Adult	Youth	Adult	Youth
<i>Trinity Hospital Psychiatric Unit</i>	18	8	13	
<i>Altru Hospital Psychiatric Unit</i>	15	8		
<i>Prairie Saint Johns Psychiatric Hospital</i>	100	25	48	
<i>Sanford Hospital Psychiatric Unit</i>	20	0		
<i>Sanford Hospital Psychiatric Unit</i>	18	0		
<i>CHI Saint Alexius Psychiatric Unit</i>	11	6		
<i>Crisis Stabilization Facility</i>	8 regions		105	0
<i>Transitional Living Facility</i>	5 regions		122	0
<i>Substance Use Disorders (SUD) Residential Facilities</i>	8 regions		456	8*
<i>Psychiatric Residential Treatment Facility</i>	4 regions			82
<i>North Dakota State Hospital</i>	100	0	30	0
Statewide Total	282	47	1,307*	166

* Adult beds artificially high due to residential mixed licensed bed types

* Youth beds artificially low due to residential SUD beds existing in PRTF, QRTP, and mixed facilities

Behavioral Health Bed Management System

Goals

- Accurate bed availability reporting for service providers and crisis staff with decreased manual effort determining if facility meets patient/client needs.
- 95% of targeted facilities report bed availability data.
- Statewide bed utilization data and reports are available to authorized stakeholders.



Contact Information

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