



SB 2012

Senate Appropriations Committee
Senator Bekkedahl, Chairman

Behavioral Health Division, **Policy** | January 17, 2023

NORTH
Dakota
Be Legendary.

Health & Human Services

HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the
FOUNDATIONS
of well-being



Economic
Health



Behavioral
Health



Physical
Health

Ensure everyone has the
opportunity to realize
their **POTENTIAL**



Strong, Stable
Families



Services Closer
to Home



Early Childhood
Experiences

Efficiency
Through
Redesign

High-
Performing
Team

Give everyone the
OPPORTUNITY to
decide to:



Be Healthy



Be Active



Find & Prevent
Disease Early

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.

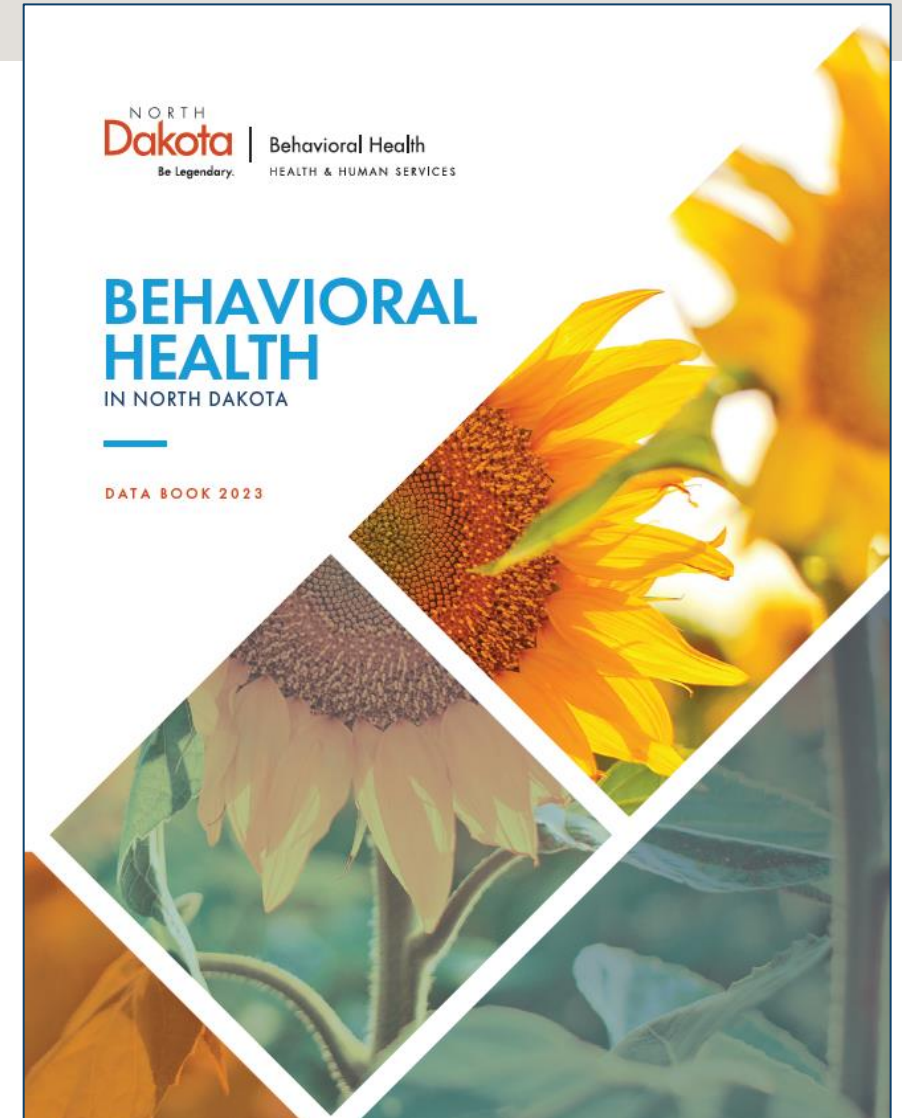
The average lifespan for individuals with serious mental illness is 25-30 years less than the general public.

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



An estimated 16.4% of ND adults (18+) **met the criteria for a Substance Use Disorder** within the last year.³

Adult Substance Use

(Age 18+; past 30 days)



**BINGE
ALCOHOL
USE***



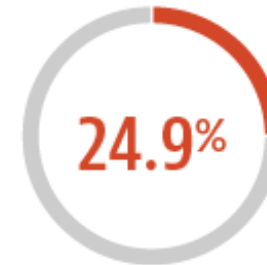
TOBACCO



MARIJUANA



**ILLCIT DRUGS
(other than
marijuana)**



**BINGE
ALCOHOL
USE***



TOBACCO



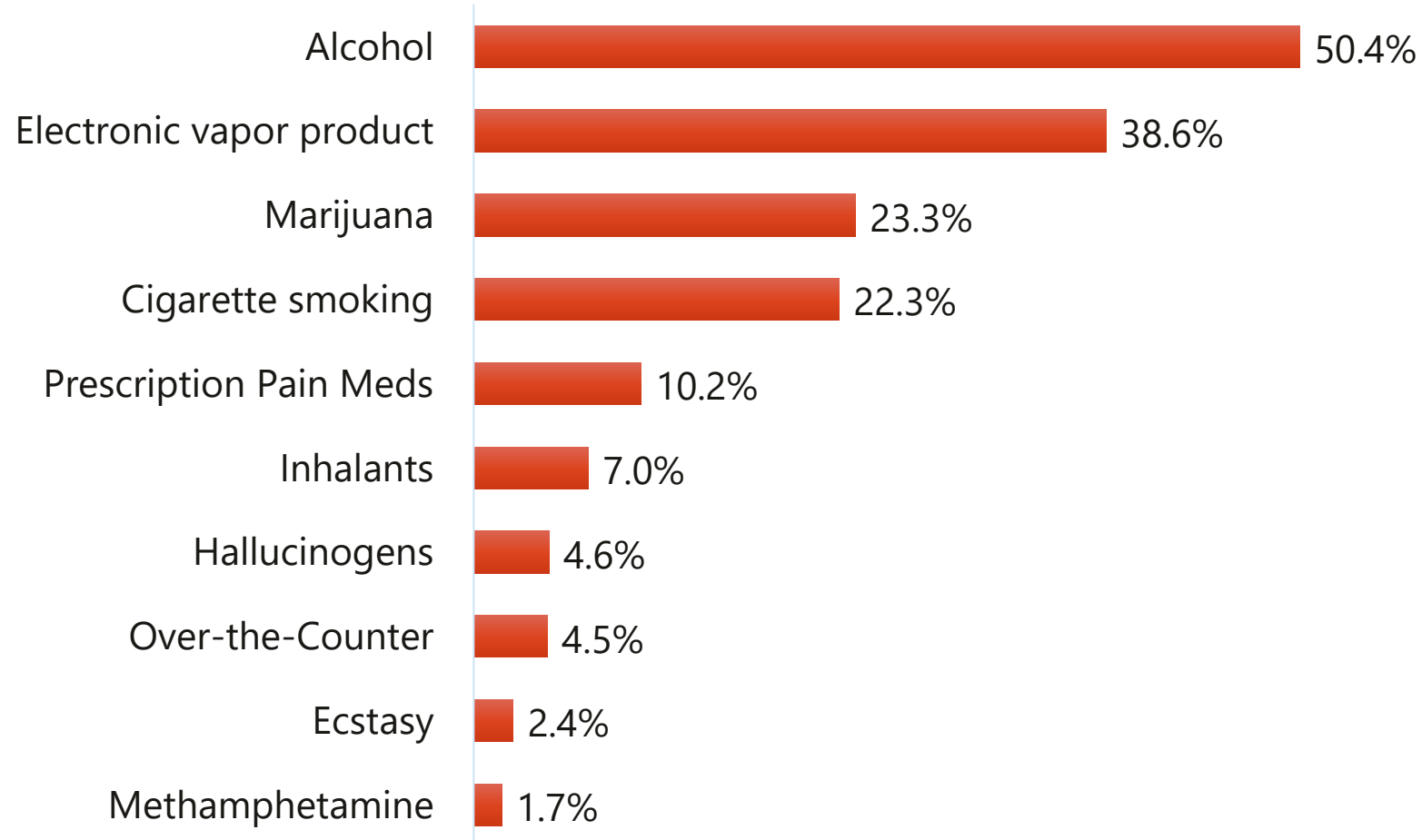
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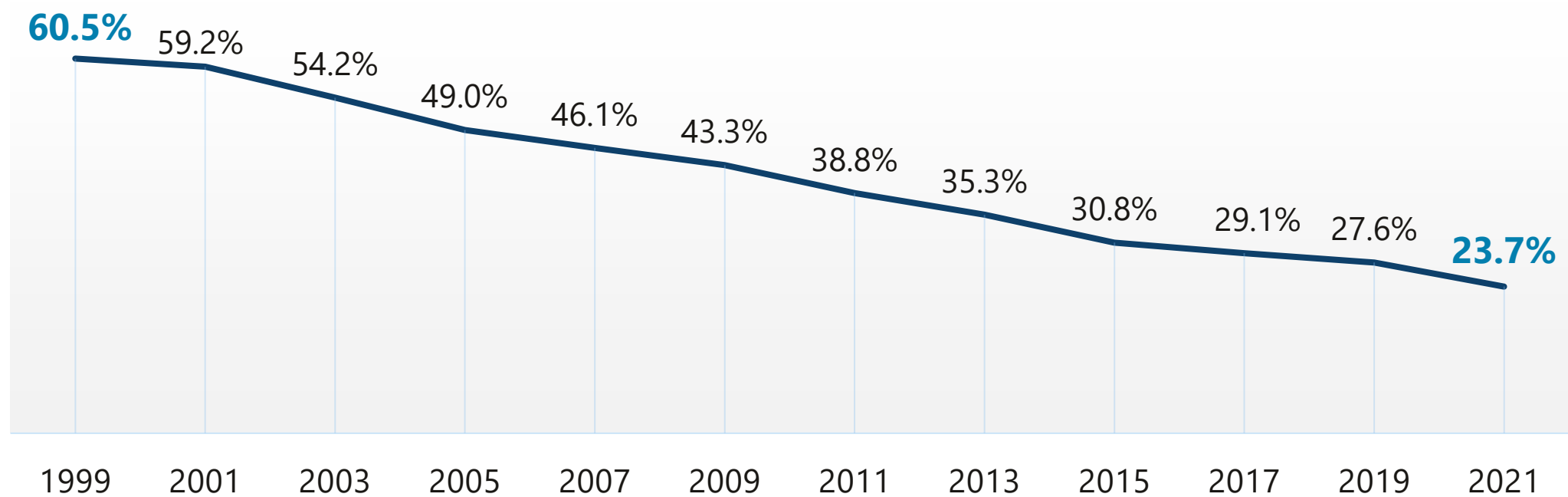
ND Youth Lifetime Substance Use

High School Students
Youth Risk Behavior Survey

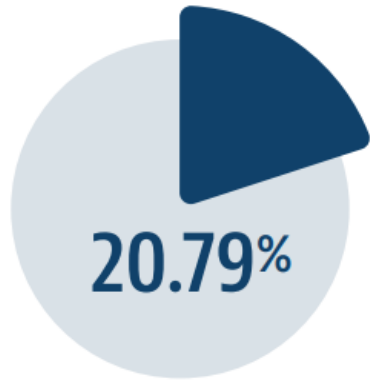


Prevention Works!

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

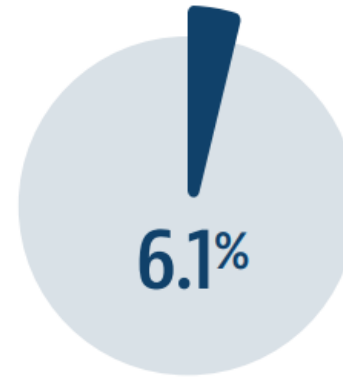


Adult Mental Illness



20.79% had any **mental illness** in the past year.³

Approximately 118,000 ND adults (18+) had any mental illness in the past year.³



6.1% reported a **serious mental illness** in the past year.³

Approximately 34,000 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



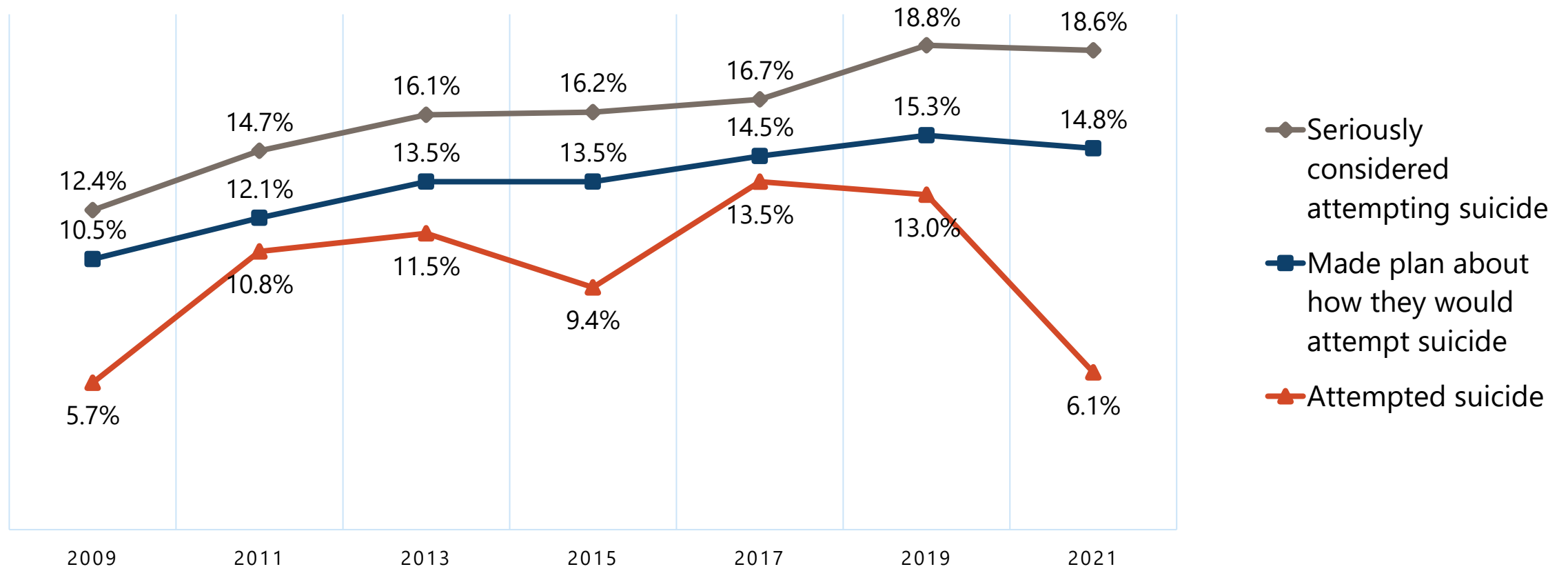
increase from
23.8% in 2011



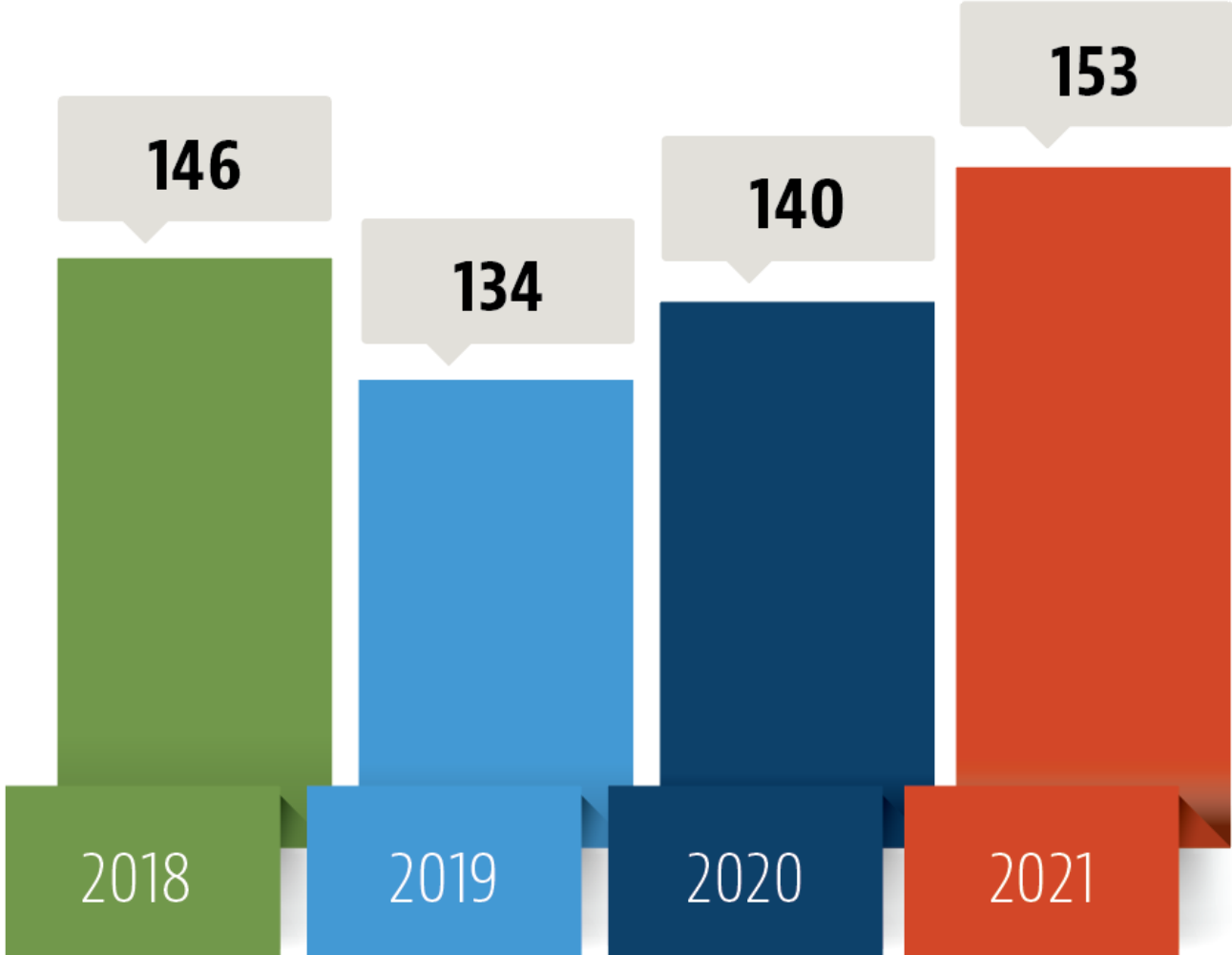
Among those who report feeling sad, hopeless, angry or anxious, **21%** of ND **high school** students report they would most likely talk with their parent or other adult member about their feelings¹.

Youth Suicide

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

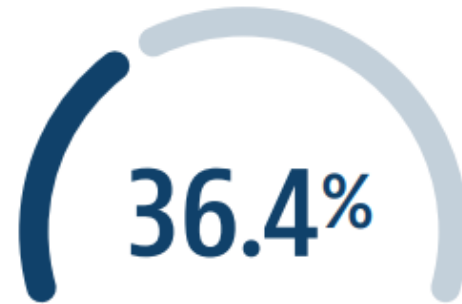


Number of North Dakotans who died by suicide



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.









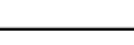
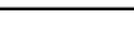





**2019 -
Present**

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.

Implementation Summary

After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected 13 aims with 28 goals.

Objectives		Complete or In Progress and On Time
1.	Develop and implement a comprehensive strategic plan	91% 
2.	Invest in prevention and early intervention	86% 
3.	Ensure all North Dakotans have timely access to behavioral health services	81% 
4.	Expand outpatient and community-based service array	92% 
5.	Enhance and streamline system of care for children and youth	47% 
6.	Continue to implement and refine the current criminal justice strategy	71% 
7.	Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce	92% 
8.	Continue to expand the use of telebehavioral health interventions	82% 
9.	Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches	78% 
10.	Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services	100% 
11.	Partner with tribal nations to increase health equity for American Indian populations	78% 
12.	Diversify and enhance funding for behavioral health	100% 
13.	Conduct ongoing, system-wide, data-driven monitoring of need and access	80% 

Behavioral Health Division

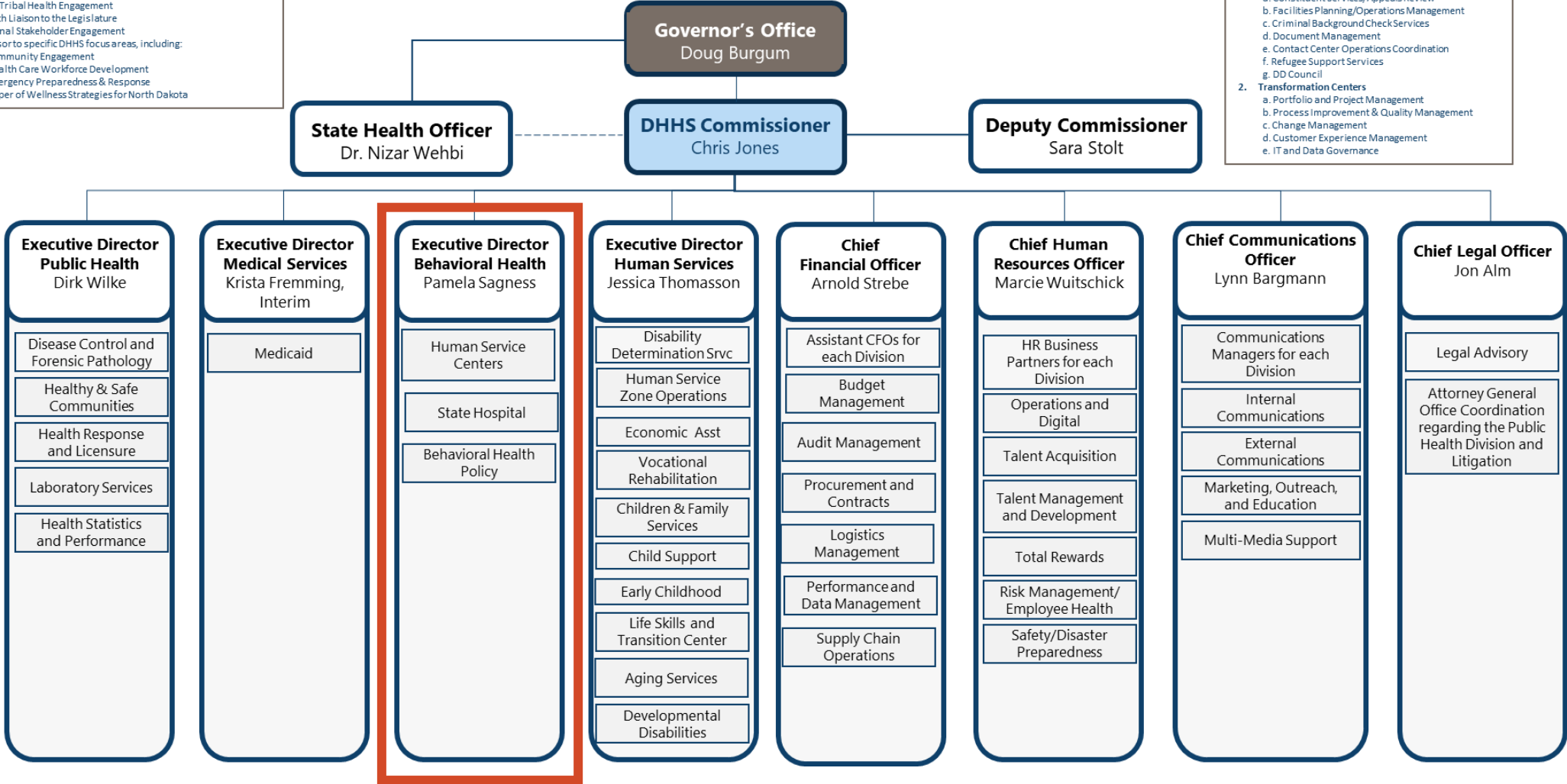
Who we are



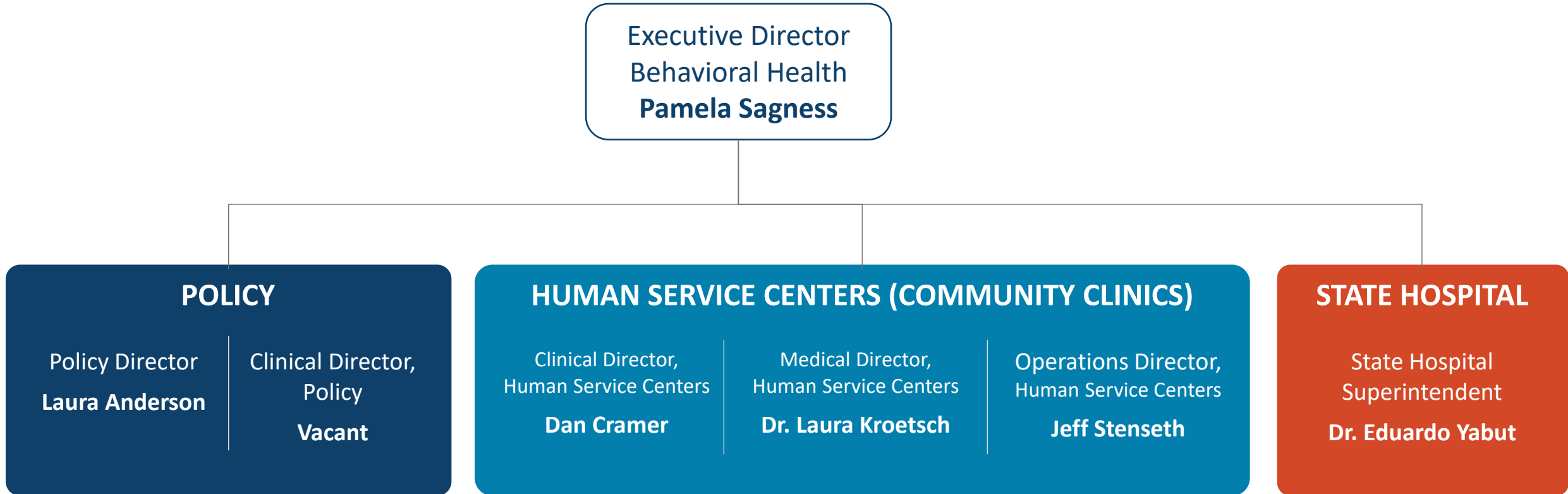
North Dakota Department of Health and Human Services

- Core Functions of the SHO**
- Governor's Cabinet Member
 - Lead Tribal Health Engagement
 - Health Liaison to the Legislature
 - External Stakeholder Engagement
 - Advisor to specific DHHS focus areas, including:
 - Community Engagement
 - Health Care Workforce Development
 - Emergency Preparedness & Response
 - Developer of Wellness Strategies for North Dakota

- Core Functions of the DC**
- Day-to-Day Operations**
 - Constituent Services/Appeals Review
 - Facilities Planning/Operations Management
 - Criminal Background Check Services
 - Document Management
 - Contact Center Operations Coordination
 - Refugee Support Services
 - DD Council
 - Transformation Centers**
 - Portfolio and Project Management
 - Process Improvement & Quality Management
 - Change Management
 - Customer Experience Management
 - IT and Data Governance



Behavioral Health Organizational Chart



Behavioral Health Organizational Chart

Executive Director
Behavioral Health
Pamela Sagness

POLICY

Policy Director
Laura Anderson

Clinical Director,
Policy
Vacant

HUMAN SERVICE CENTERS (COMMUNITY CLINICS)

Clinical Director,
Community Clinics
Dan Cramer

Medical Director,
Community Clinics
Dr. Laura Kroetsch

Operations Director,
Community Clinics
Jeff Stenseth

STATE HOSPITAL

State Hospital
Superintendent
Dr. Eduardo Yabut

The Behavioral Health Division - Policy Team Responsibilities

NDCC 50-06-01.43 and NDCC 50-31



Reviewing and **identifying service needs and activities** in the state's behavioral health system in an effort to:

- ensure health and safety,
- access to services, and
- quality services.



Establishing **quality assurance standards** for the licensure of substance use disorder program services and facilities



Providing **policy leadership** in partnership with public and private entities

We want to see:

Individuals, families and communities with positive behavioral health.

Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.



We achieve this by:



Supporting the Full Continuum of Care



Increasing Community-Based Services



Preventing Criminal Justice Involvement for Individuals with a Behavioral Health Condition

Our role is to provide policy leadership, regulate providers, administer programs, and provide training and technical assistance to meet the following goals:

PREVENTION AND PROMOTION



Increase implementation of effective prevention statewide^{2,3,10}

Decrease underage drinking²

Decrease adult binge drinking and related consequences²

Decrease opioid misuse and overdose²



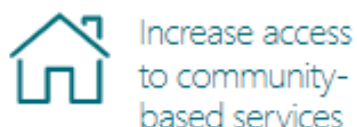
Promote mental health²

Decrease death by suicide^{2,3,4,5}

CHILDREN'S BEHAVIORAL HEALTH



Partner with schools to support children's behavioral health across the continuum⁵

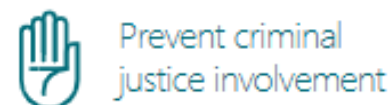


Develop early intervention capacity^{2,3}

Increase capacity for community-based services^{3,4,8,10}

Improve access to quality services¹⁰

Improve family-driven services and supports⁵



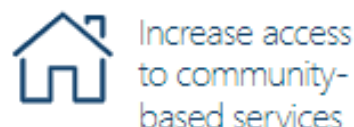
Develop diversion capacity and support children with behavioral health conditions in the justice system⁵

ADULT ADDICTION



Develop and enhance recovery support services⁴

Develop early intervention capacity^{2,3}



Improve access to quality services¹⁰

Increase capacity for community-based services^{3,4,7,8}

Stop shame and stigma surrounding addiction¹⁰

ADULT MENTAL HEALTH



Develop and enhance recovery support services⁴

Develop early intervention capacity^{2,3}



Increase capacity for community-based services^{3,4,7,8}

Stop shame and stigma surrounding mental health¹⁰

COMMUNITY SUPPORTS



Develop and enhance recovery support services⁴



Increase capacity for community-based services^{3,4,8,10,12}



Develop diversion capacity and support individuals with behavioral health conditions in the justice system⁵

Accomplishments



Mental Health Directory



Recovery Housing Assistance Program



Virtual Behavioral Health Professional Development – Education System (Kognito)



SUD Voucher Grant



Permanent Supportive Housing



988 Launch

Behavioral Health and Education



- Behavioral Health School Grant
- Prevention and Early Intervention Pilot
- Behavioral Health Resource Coordinators (B-HERO)
- Virtual Behavioral Health Professional Development – Education System (Kognito)

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

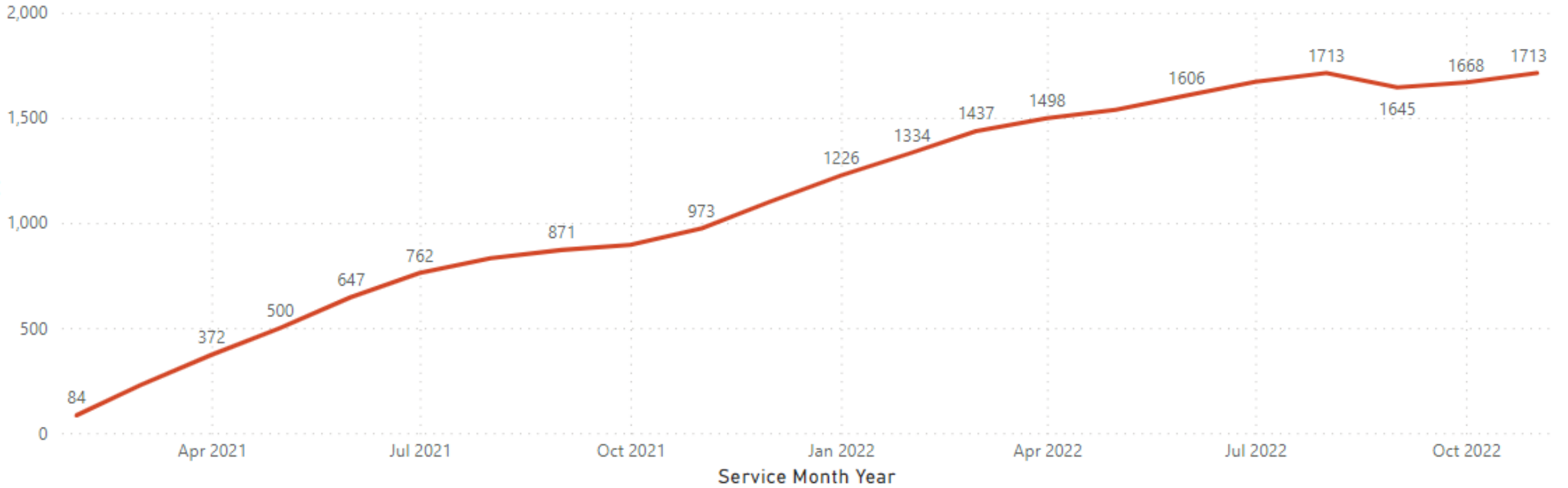
Overall, from February 2021, through December 2022, **66%** of the time participants achieved 3 of 4 outcomes.



CommunityConnect

My Recovery. My Story.

Program Growth





2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

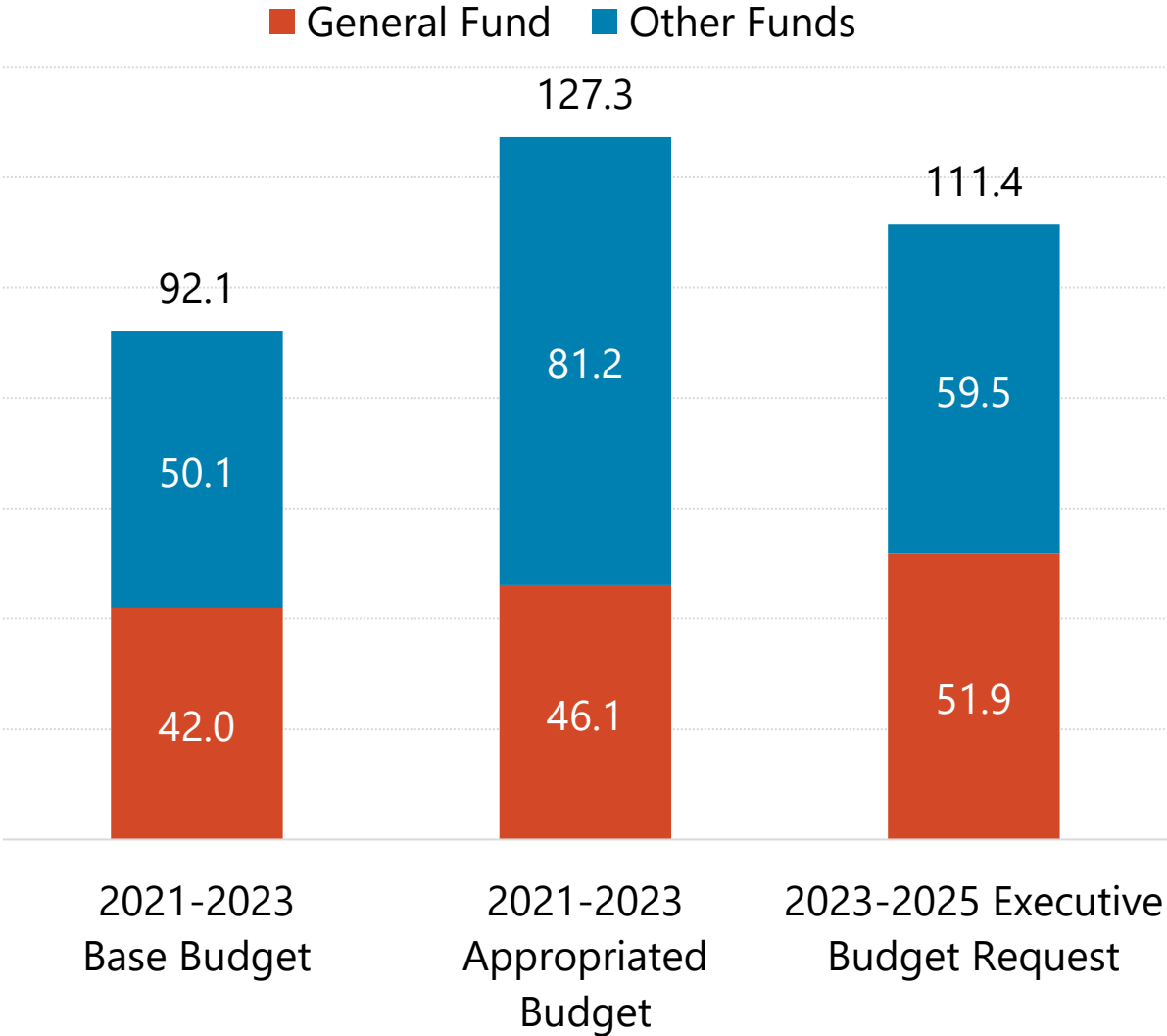
Overview of Budget Changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	\$7,193,820	\$1,256,196	\$8,450,016
Operating	56,684,267	12,074,085	68,758,352
IT Services	-	-	-
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	28,220,135	5,932,356	34,152,491
Total	\$92,098,222	\$19,262,637	\$111,360,859

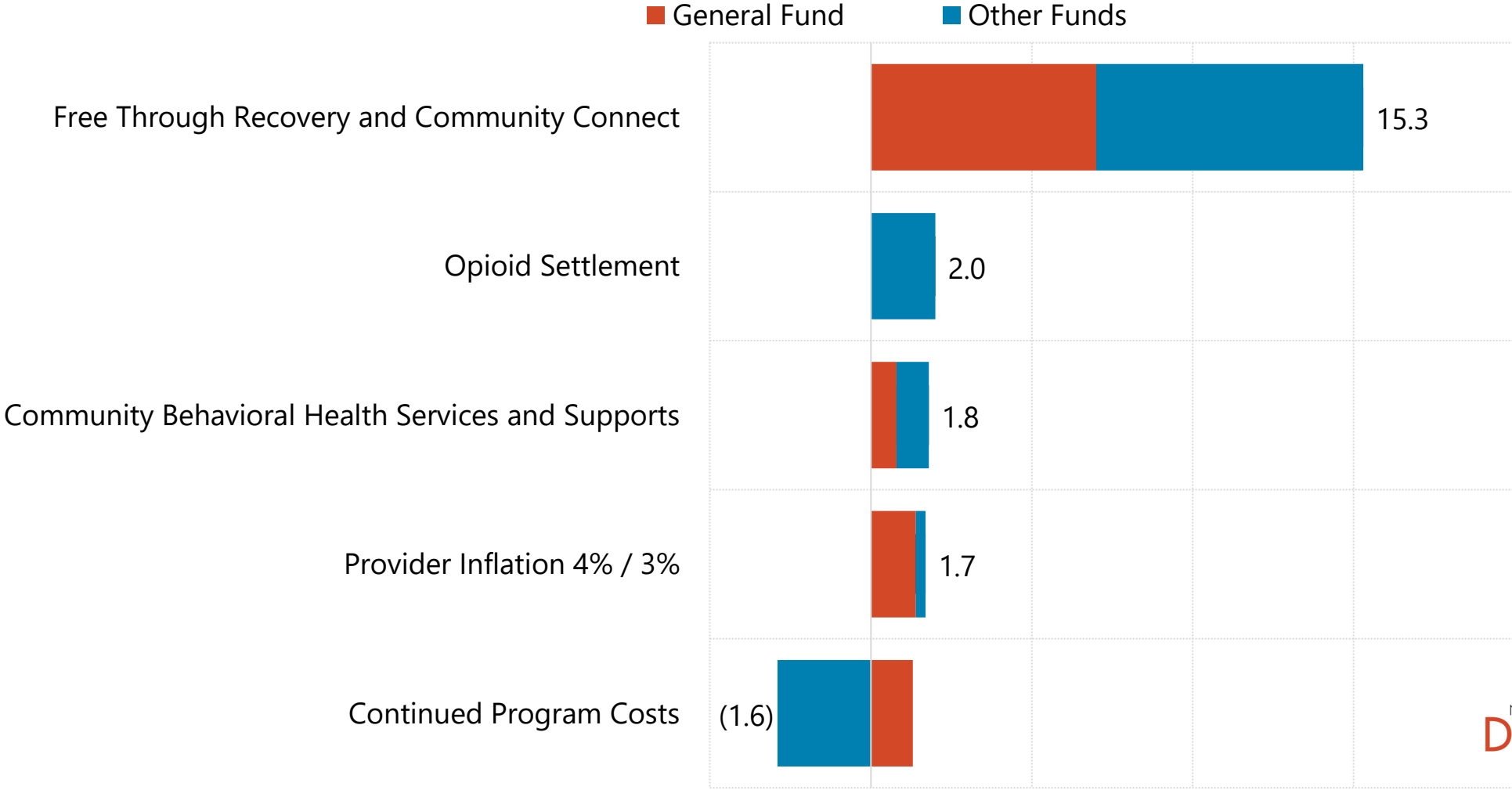
General Fund	\$42,025,043	\$9,877,067	\$51,902,110
Federal Funds	42,297,585	(1,774,062)	40,523,523
Other Funds	7,775,594	11,159,632	18,935,226
Total Funds	\$92,098,222	\$19,262,637	\$111,360,859

Full Time Equivalent (FTE)	37.00	2.00	39.00
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Overview of Budget Changes (IN MILLIONS)



Overview of Budget Changes (IN MILLIONS)





Contact Information

Behavioral Health Executive Director

- Pamela Sagness
- psagness@nd.gov

Policy Director

- Laura Anderson
- lauranderson@nd.gov

www.behavioralhealth.nd.gov



SB 2012

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Senator Bekkedahl, Chairman

Behavioral Health Division, **Human Service Centers** | January 17, 2023



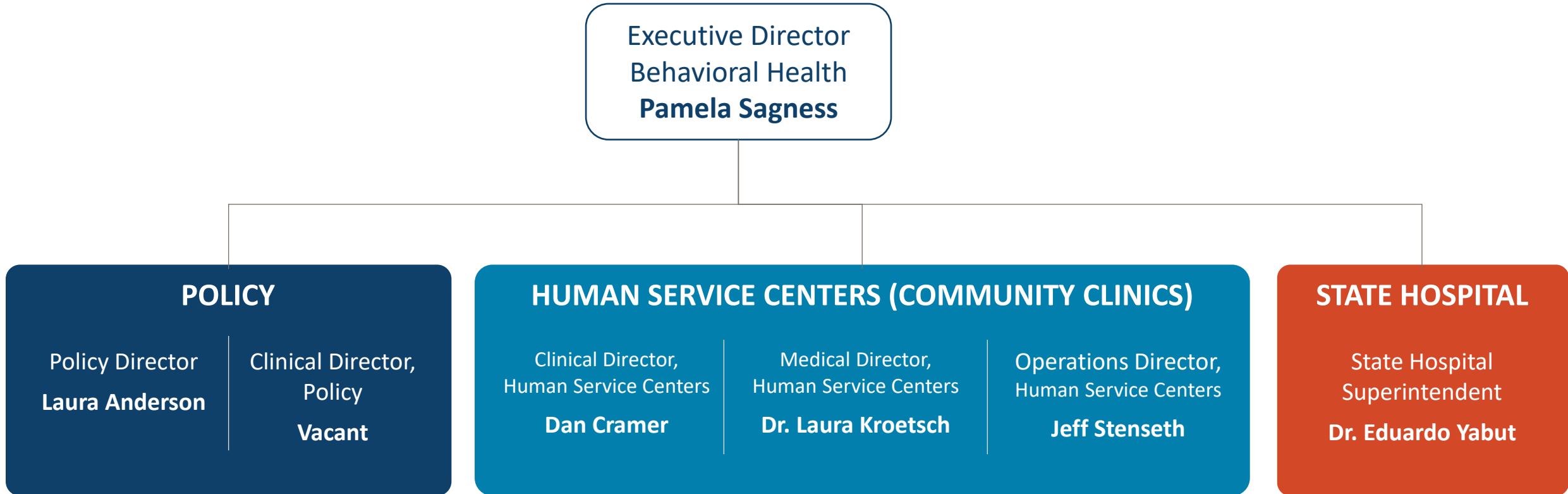
Health & Human Services

Roadmap

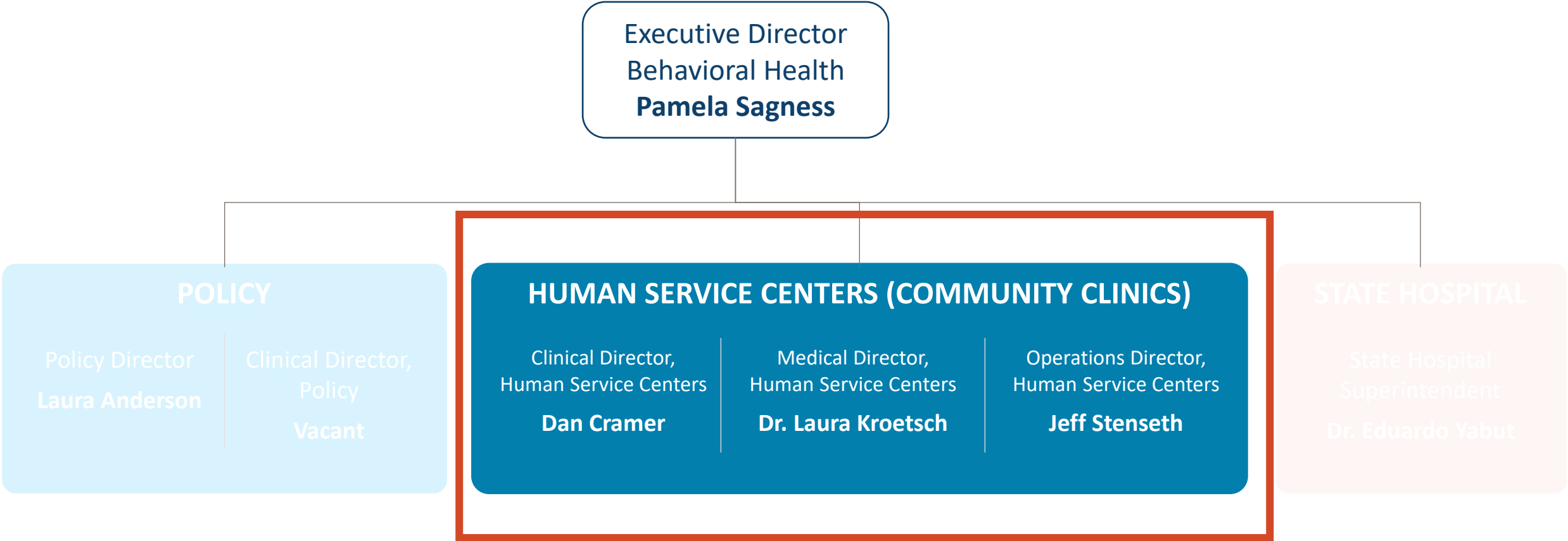
- **HSC Clinic Leadership Restructure**
- HSC Location Overview
- Services
 - Assessments
 - Treatment Services
 - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision
- Budget Overview



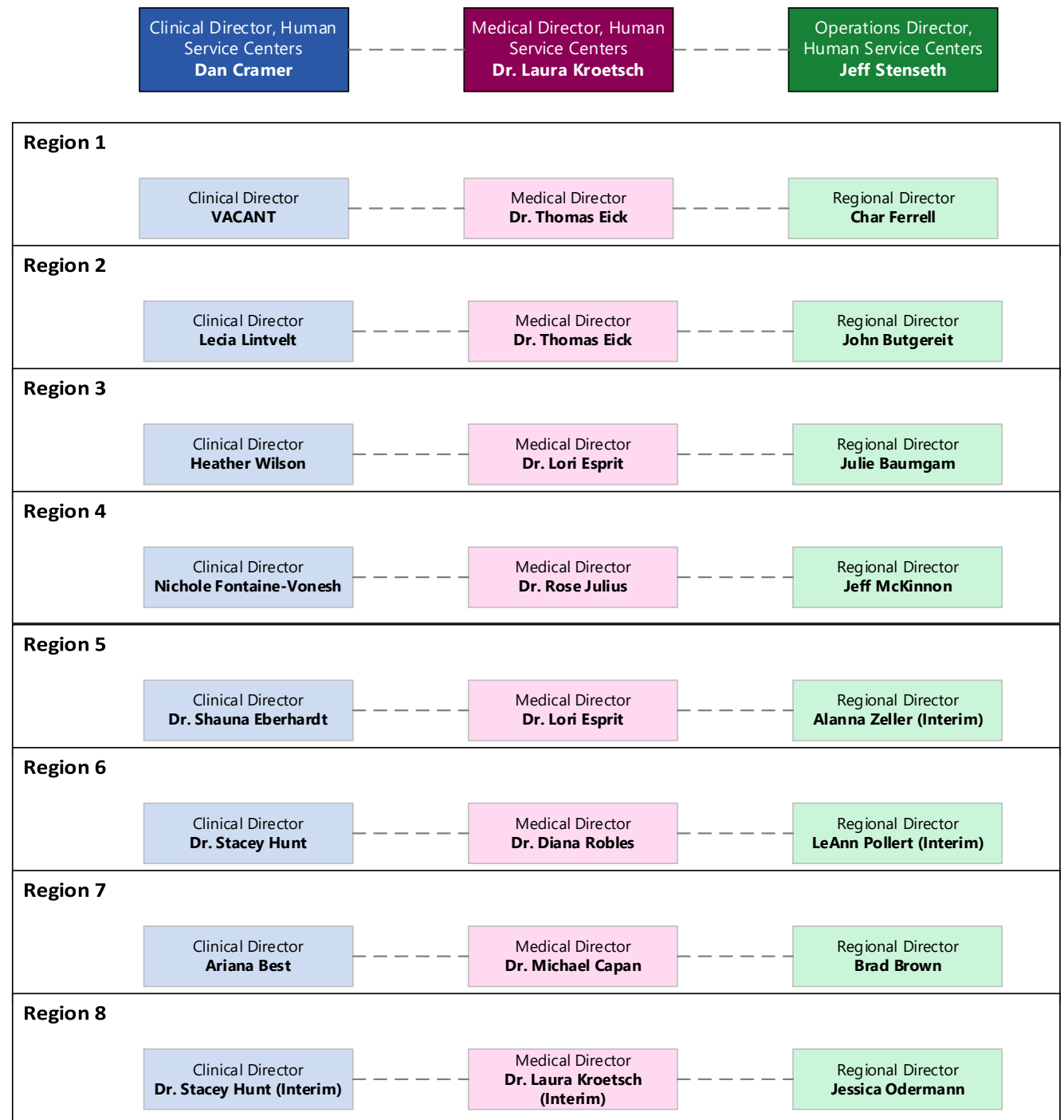
Behavioral Health Organizational Chart



Behavioral Health Organizational Chart



Human Service Center Leadership Structure

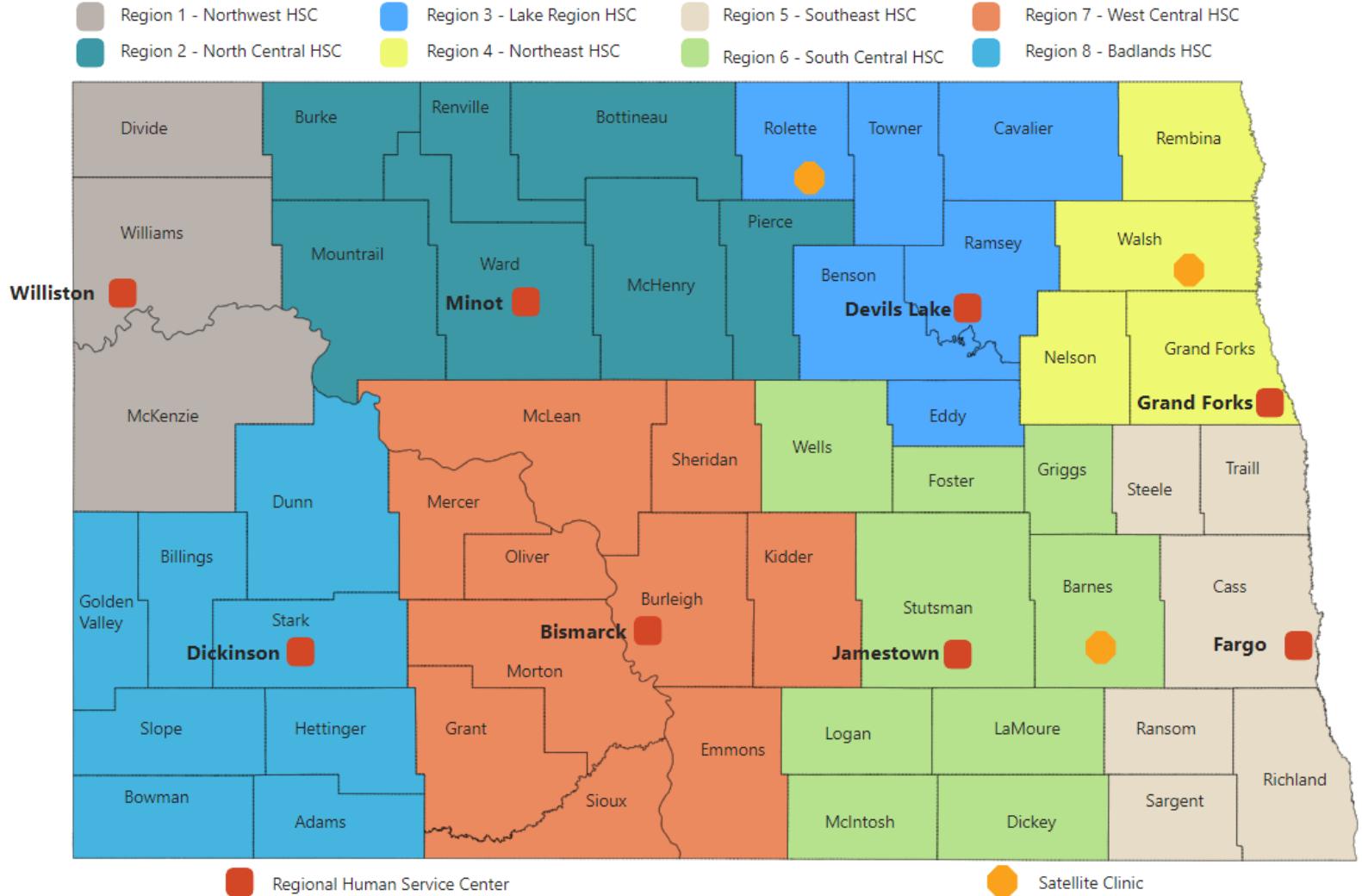


Roadmap

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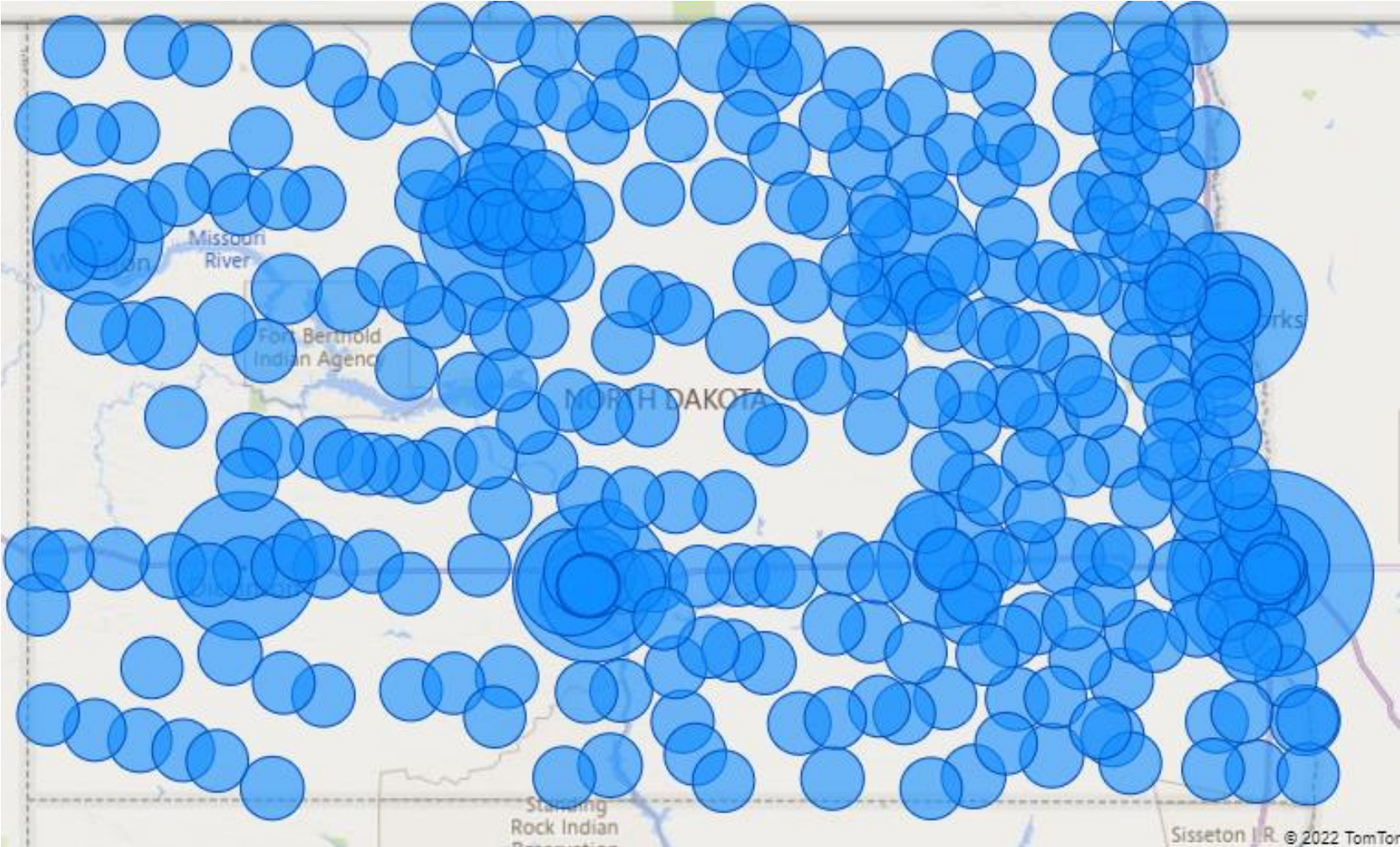


Human Service Center Locations



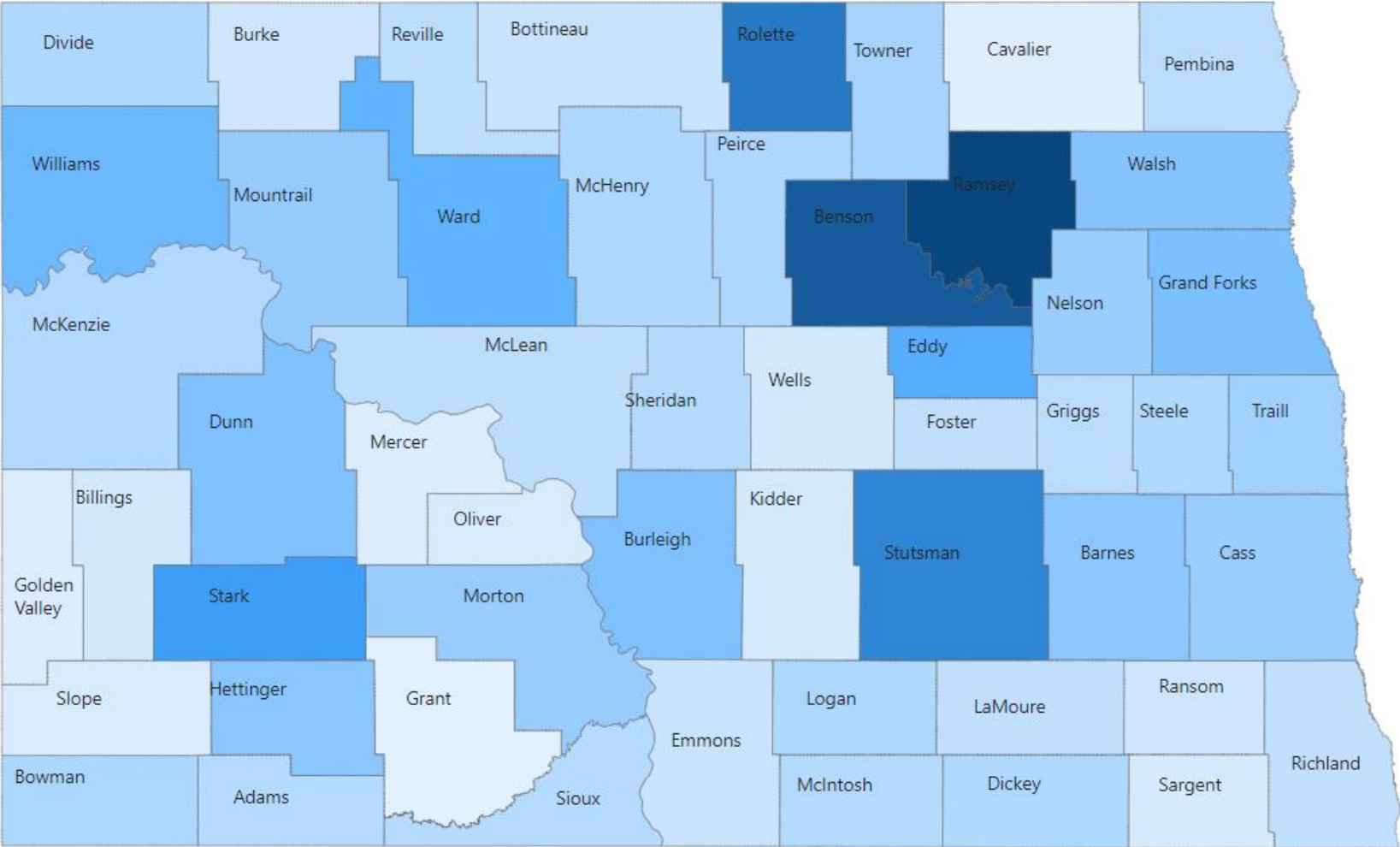
Behavioral health care penetration of services

July 2021 – December 2022



Rate of Clients Served by County

July 2021 – December 2022



Roadmap

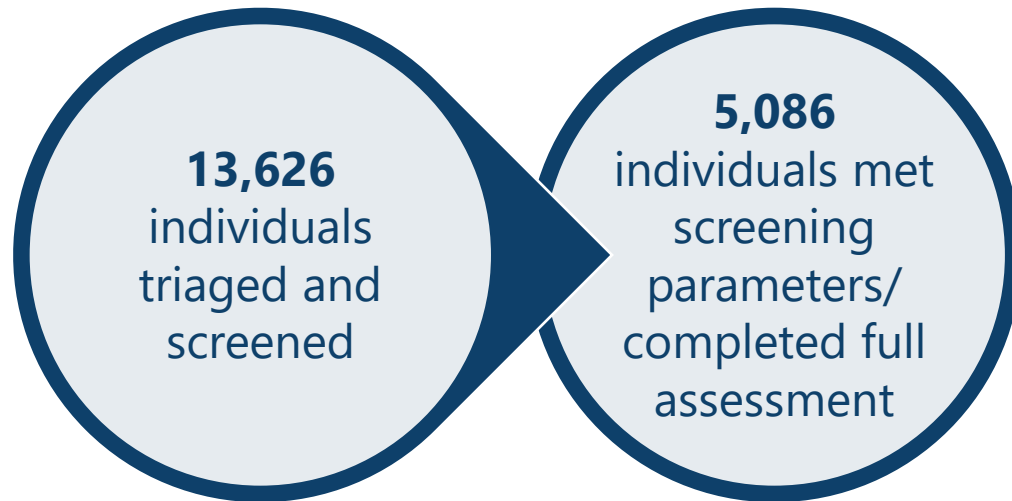
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Assessments - Walk-In

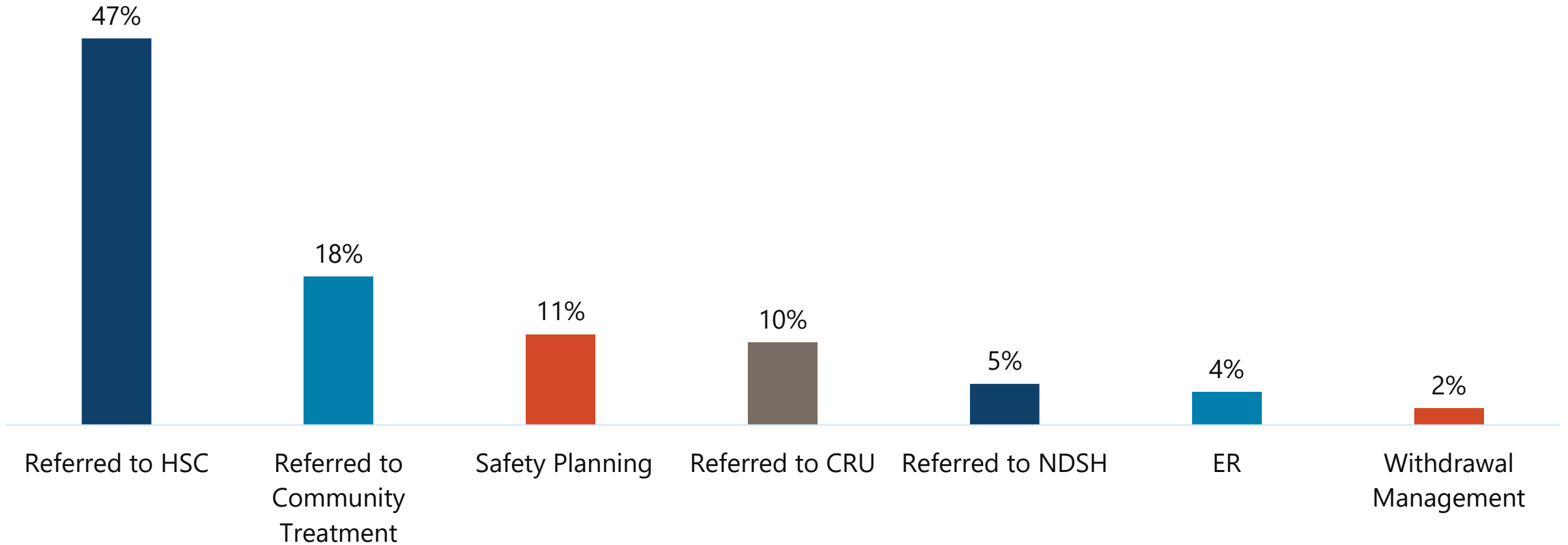
July 2021 - December 2022

- 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.



Assessments - Results After Walk-In Assessments

July 2021 - December 2022



Assessments - Psychological

Statutorily Required: NDCC 75-05-03-07



- Sex Offender Risk Assessment (In support of Pre-Sentence Investigation)
- County Referred Parental Evaluations
- Developmental Disability Evaluations
- Multidisciplinary Case Conference

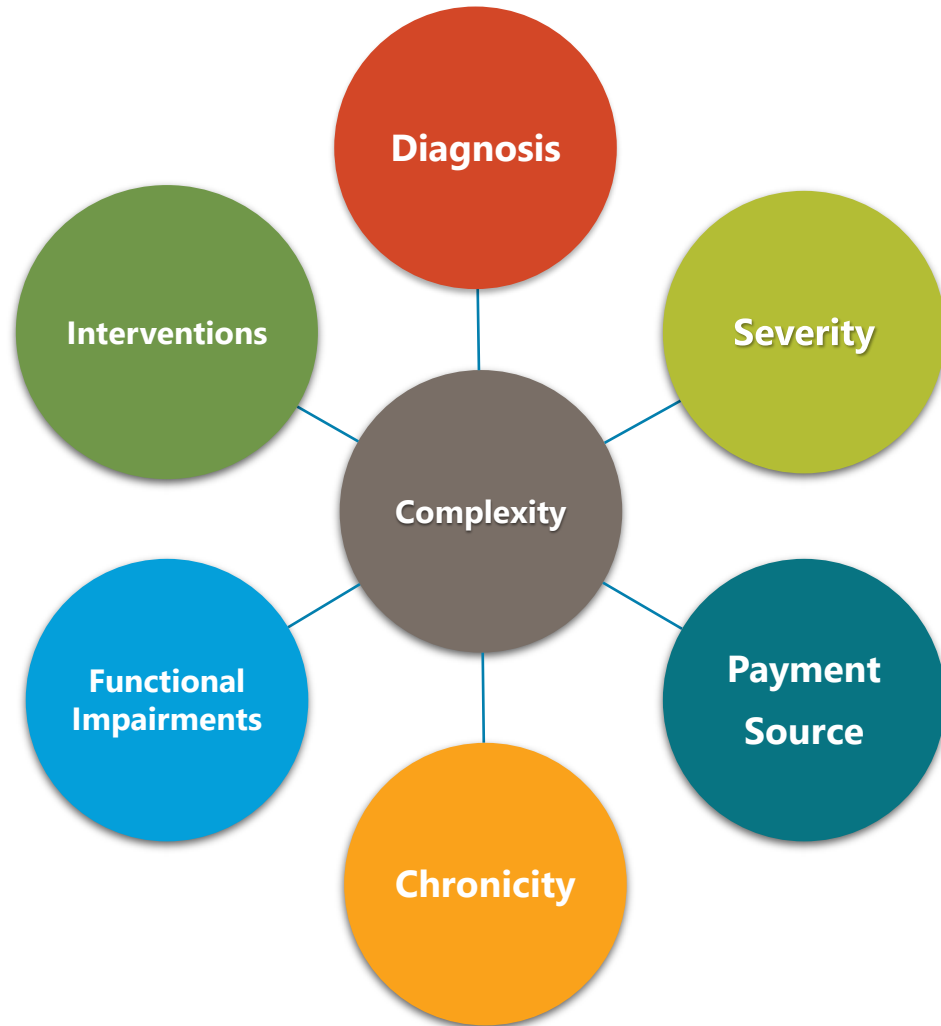
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Treatment Services

Serving those with greatest need



- **Complexity:** Individuals who are experiencing moderate to severe/extreme functional impairment secondary to a behavioral health condition
- **Safety Net:** Individuals and families with limited access to other services or resources in their community.

Treatment Services

Struggling to find community options

Significant functional impairment

- Those with significant functional impairment.
- Inability to maintain safety in the community.
- Difficulty maintaining a home environment.
- Difficulty being managed by caregivers.
- Struggle with adhering to medications and appointments.

High risk factors

- Requiring higher levels of care, such as crisis bed, partial hospital, inpatient, safe beds, detention centers, etc.
- Utilization of crisis services, alternative treatment orders (ATOs), petitions, etc.
- Significant risk of harm to self or others.
- Unmanageable in the home or school.
- Complex unavoidable psychotropic polypharmacy.

Complex and severe diagnoses

- Serious Mental Illness
- Children with Severe Emotional Disturbance
- Dual diagnosis – active symptoms and current usage. Prison reentry substance use severity prior to incarceration consideration.
- IV drug use within 1 year.
- Pregnant and using substances.
- First episode psychosis.

Treatment Services

78% of clients with Severe and Extreme Impairments

For these individuals at the beginning of care:

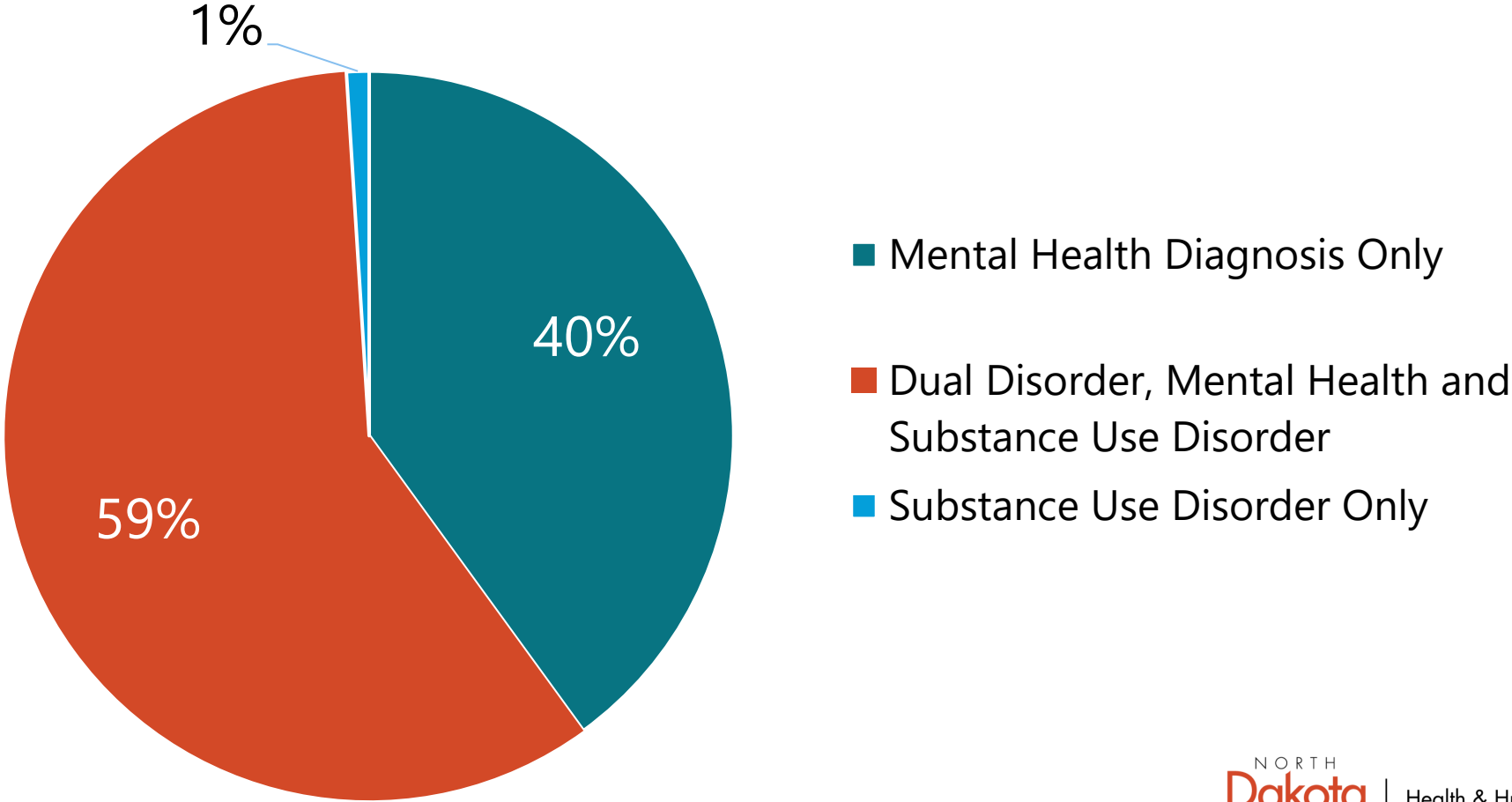
- 28% were homeless
- 3% were residing in correctional facility
- 12% lived with parents
- 4% were in residential/transitional living

For these individuals in last 30 days:

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

Treatment Services

Diagnosis of People We Serve



Treatment Services

Limited payment options

- Accept major third-party payor insurance plans, Medicare, Medicaid, Medicaid expansion.
- Sliding fee scale available.
- Prioritize youth and family without payment source.



Treatment Services

Working differently to connect clients to what they need



People

Help foster growth of natural and community connections



Place

Help connect to safe and supportive living environments



Purpose

Help connect to work, community groups, or activities which facilitate meaning

Treatment Services

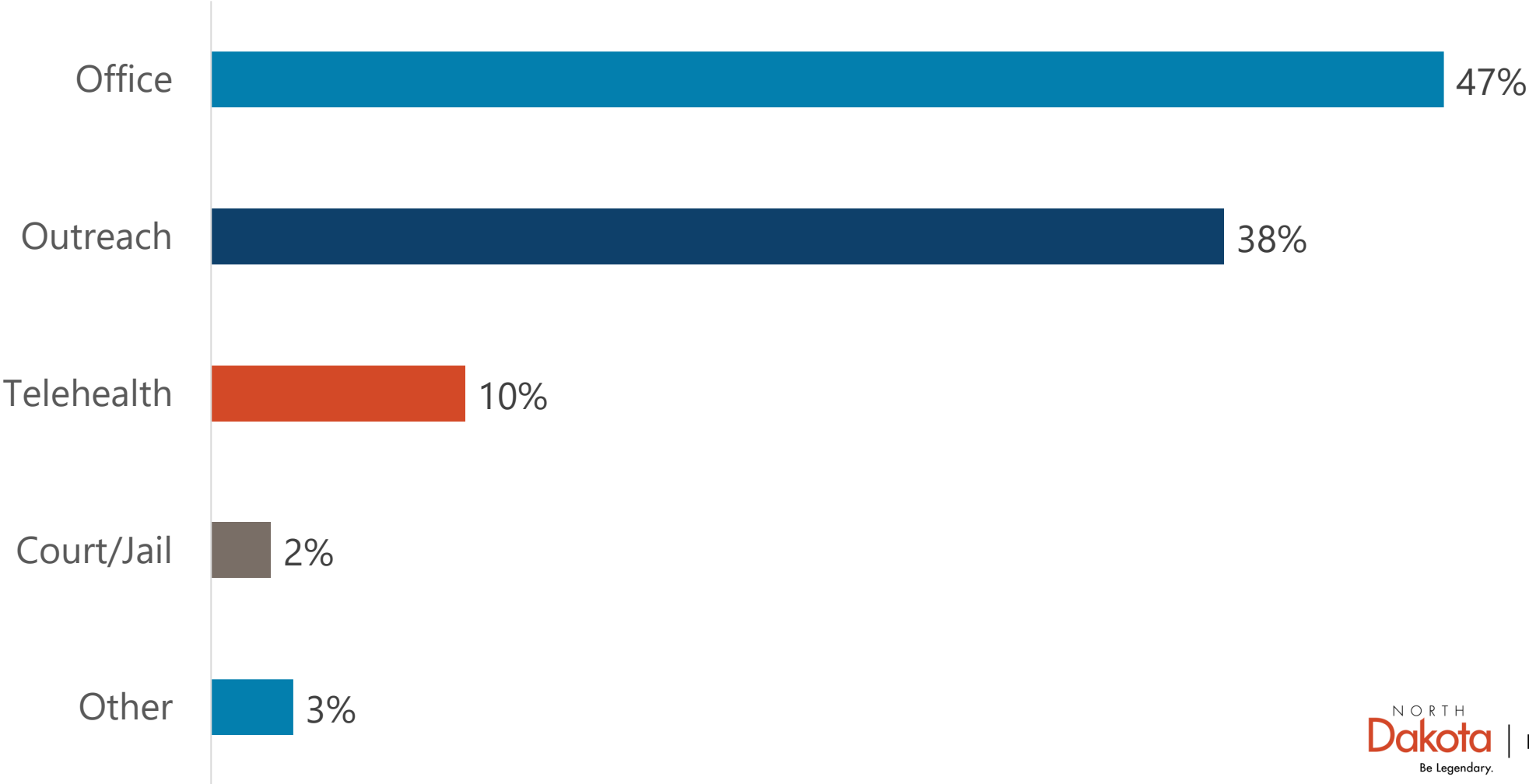
Team Based Care



Designed to serve individuals with complex needs with specific services to include

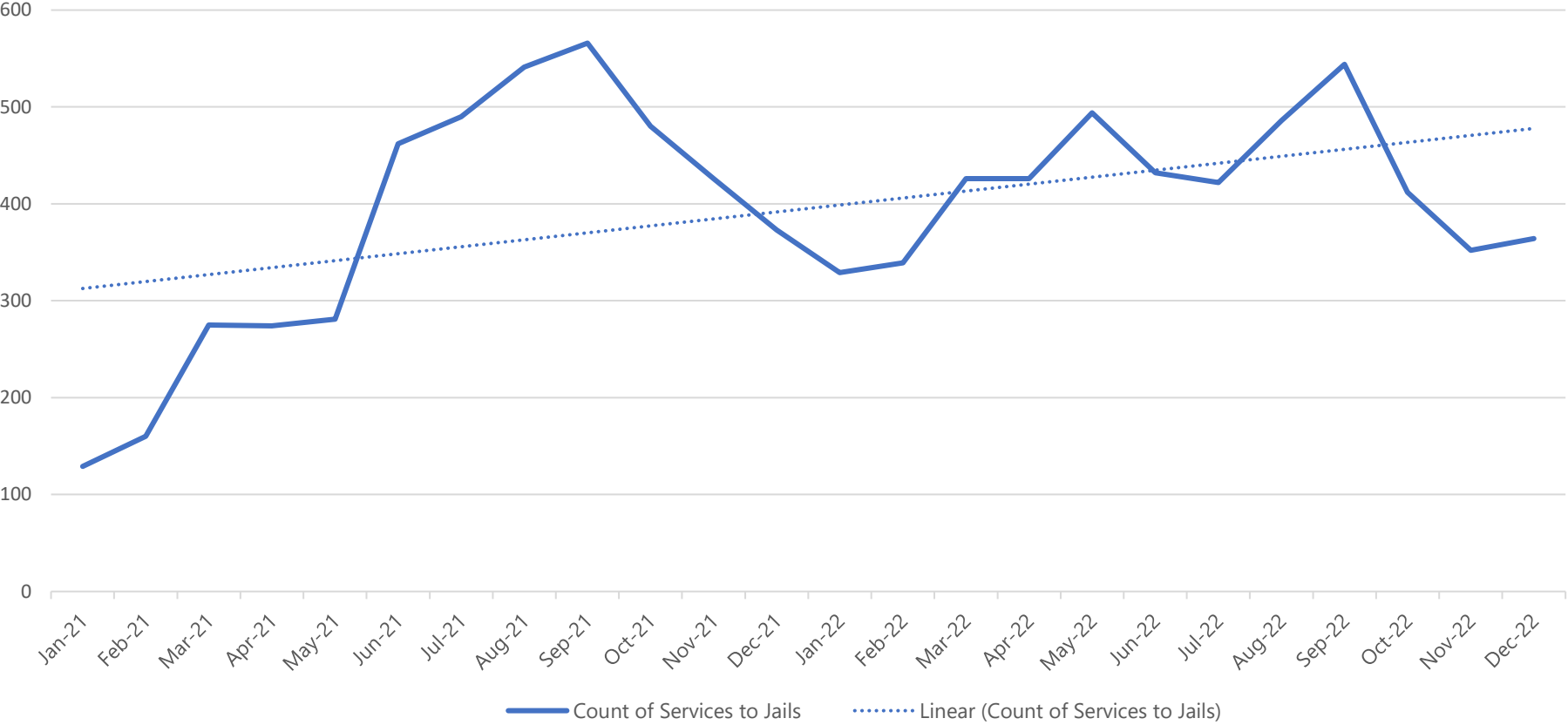
Treatment Services

Location of Services



Treatment Services

Service to Jails



13% increase in services provided to jails from 2021 to 2022

Treatment Services

Medication management supports



Long-acting injectable medications

- 10% patients are on injections
- Injections administered on site or at the client residence.



Antipsychotics and mood stabilizers requiring blood monitoring

- 7% on clozapine
- 63% on meds requiring routine blood draws



Medication skills training, medication box set up, and delivery

- Medication delivery access variable by region

Treatment Services - Adult

July 2021-December 2022



304,538 services
provided to..



12,462 individuals

Treatment Services - Youth & Family

July 2021-December 2022

2,098 youth/families
served

92% of youth served have
a Serious Emotional
Disturbance diagnosis



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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

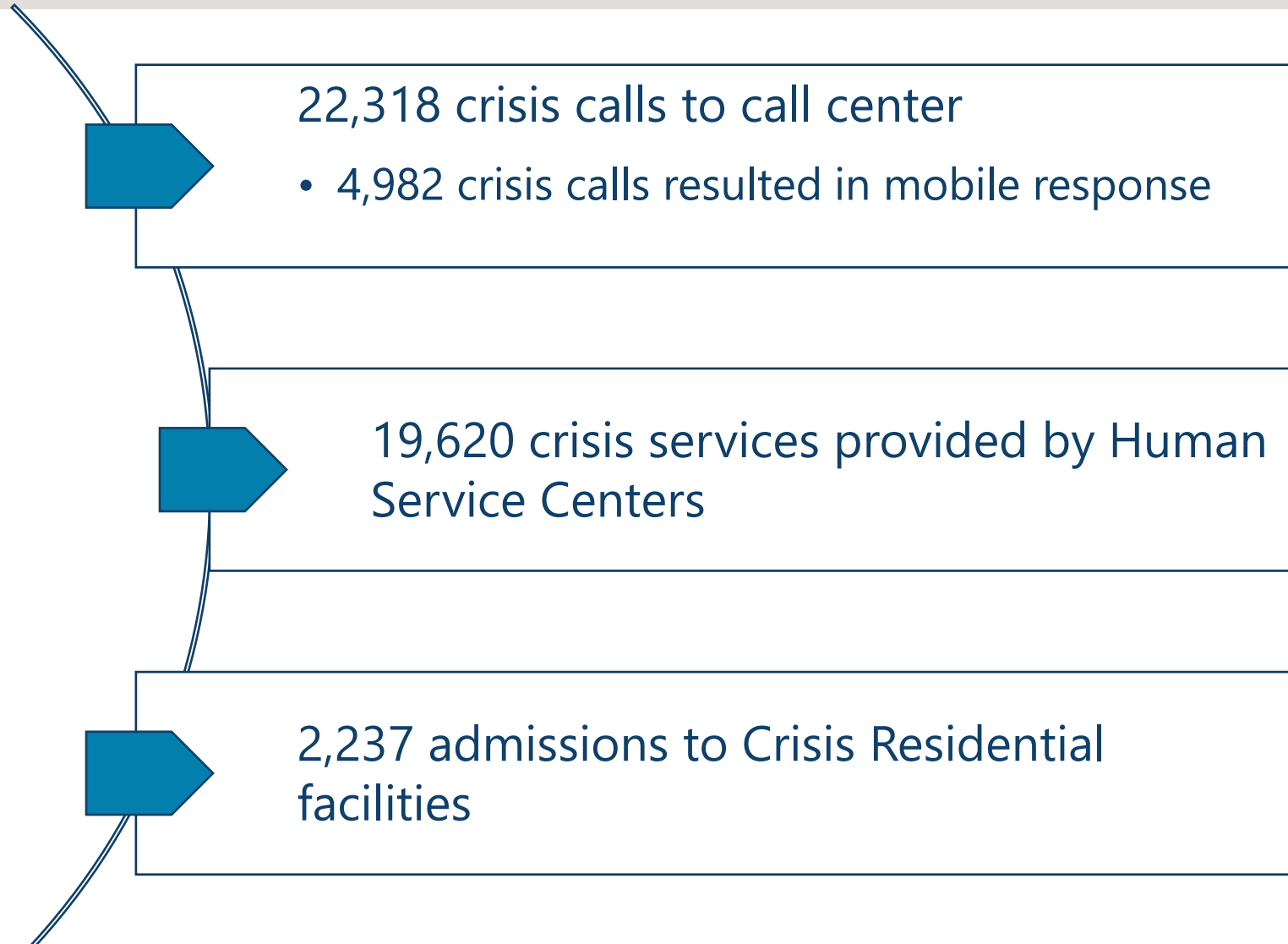
Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated

-  Full Implementation
-  Partial Implementation
-  Not Implemented

* Included in Crisis Enhancement funding

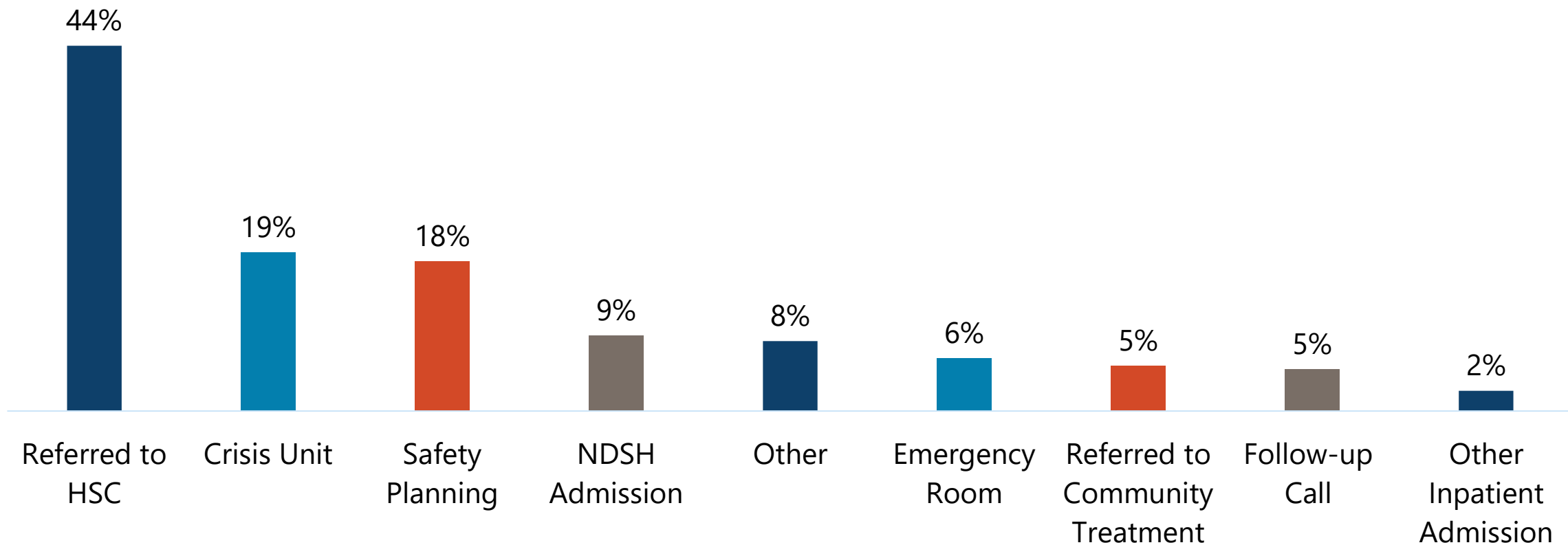
Behavioral Health Crisis Care

July 2021 – December 2022



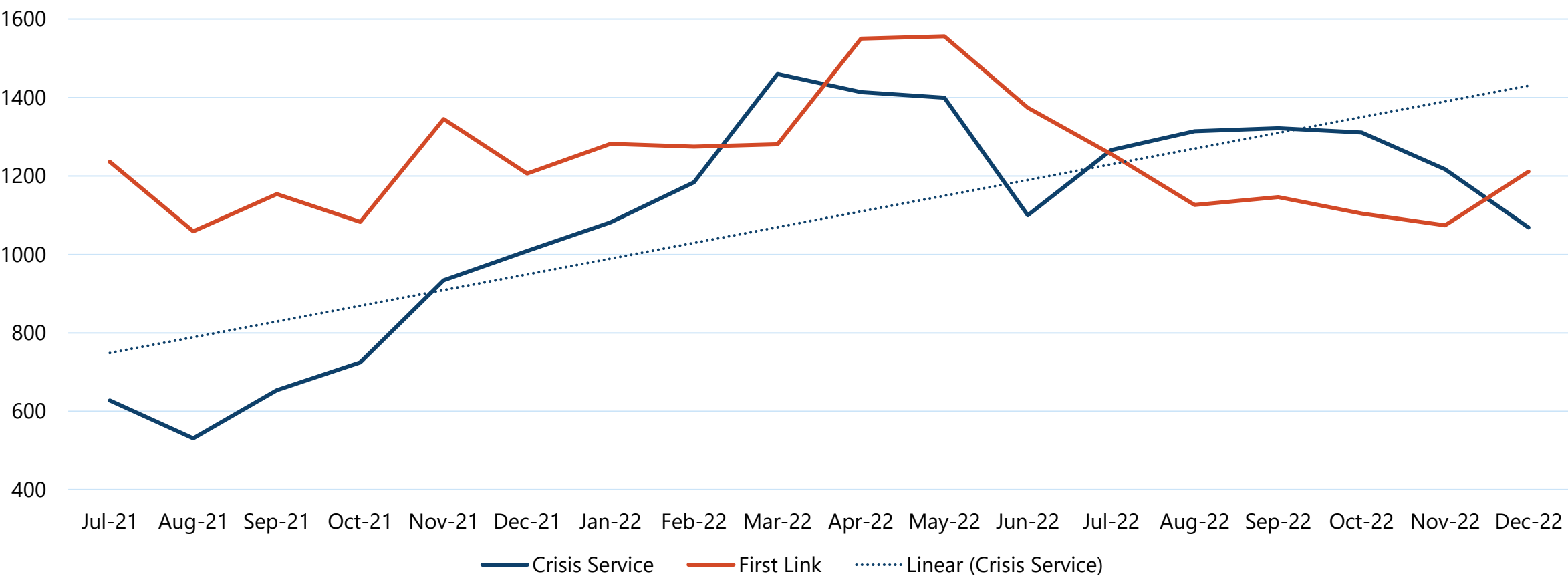
Behavioral Health Crisis Care

Results Following Crisis Assessment



Behavioral Health Crisis Care

July 2021 – December 2022



Roadmap

- HSC Clinic Leadership Restructure
- HSC Location Overview
- Services
 - Assessments
 - Treatment Services
 - Behavioral Health Crisis Care
- **Essential Elements to Align with Future Vision**
- Budget Overview



Pathway to Certified Community Behavioral Health Clinics (CCBHCs)

National Accreditation

Obtained 4-year accreditation on October 8th, 2020, through Council on Accreditation
Met Maintenance of Accreditation compliance checks for 2021 and 2022

Certified Community Behavioral Health Clinics

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 (waiting on notice of award)

Current SB 2128 would require HSCs to become CCBHCs

Enhancements Required for CCBHCs

Enhanced Reporting

- Data capture
- Data submission

Enhanced Collaboration

- Local contracted or coordinating facilities
- Primary care provider visits and medication changes

Enhanced EHR

- Interagency electronic connections and data exchange

Enhanced VA coordination

- Outreach extending past specific distance parameters from VA facilities

Expand Capacity

- Expand service availability to greater range of need.
- Increase availability of Substance Use Disorder Treatment

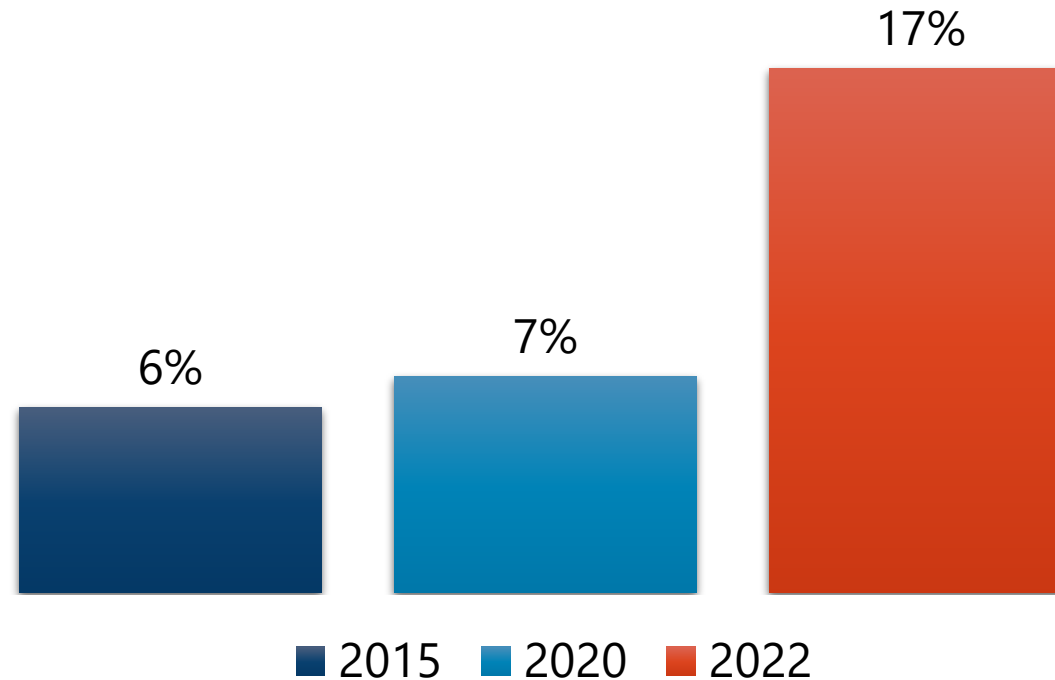
Peer Support

- Increased engagement and client access

Continued progress requires **addressing team member retention**

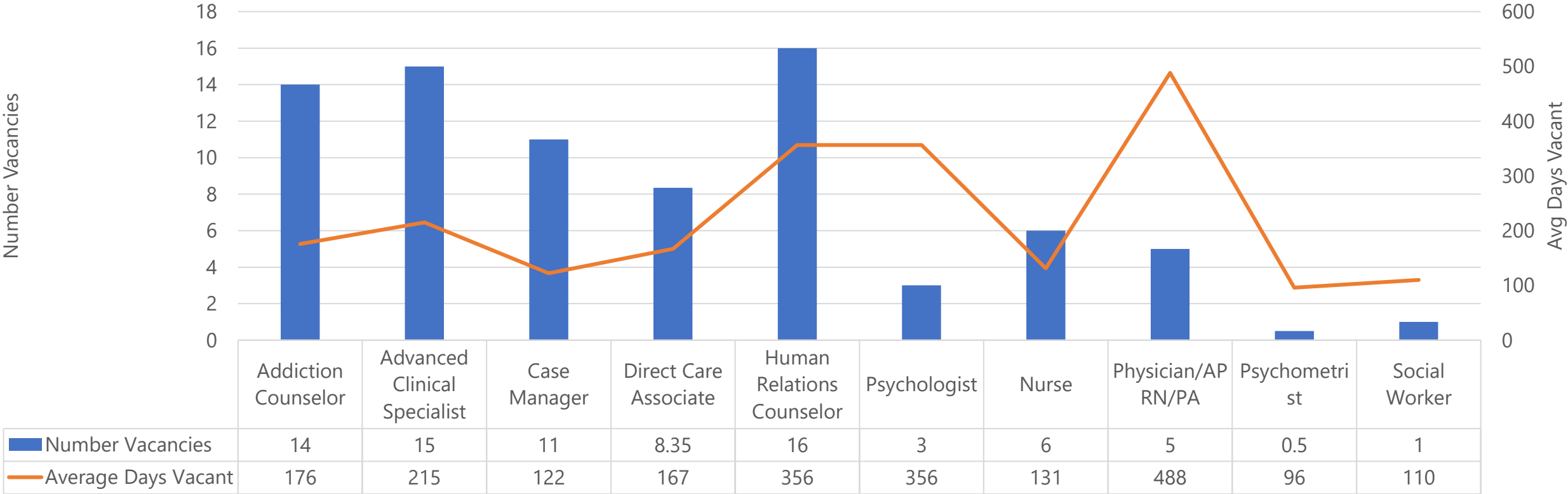
Data shows a rising vacancy rate corresponding with timeline of serving a more complex and severe patient population.

Vacancy Rate

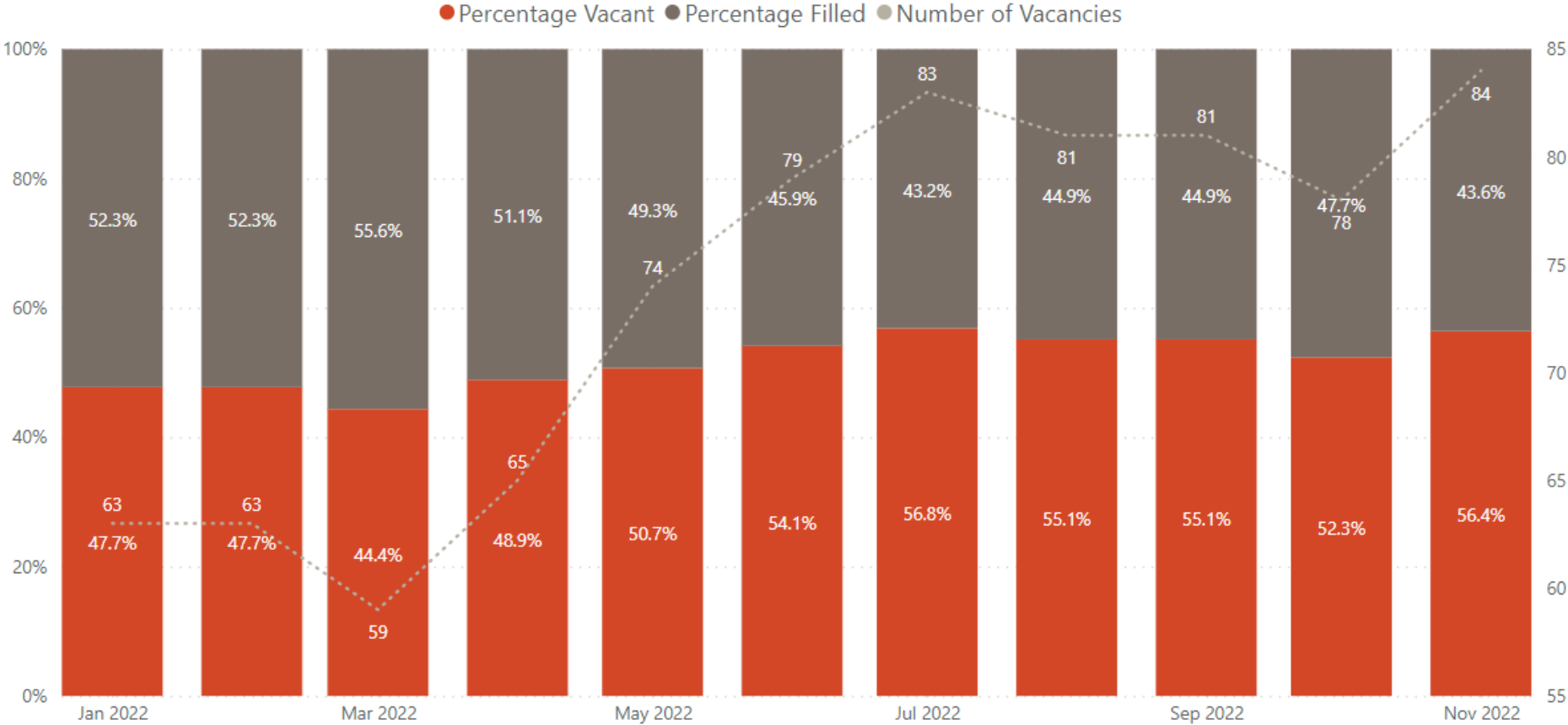


Vacancy report

Behavioral Health Vacancies



Temporary Positions



Vacancy rates are consistently higher for temporary positions than for FTE positions.

Vacancies impacting revenue

Licensed Addiction Counselor

- 14 current vacancies open for a combined 2,445 days
- Vacant for 175 days on average
- 9 positions vacant greater than 3 months
- Average revenue for position is \$40,687 a month
- **Estimated loss due to vacancies: \$3,315,990**

Advanced Clinical Specialists

- 15 current vacancies open for a combined 3,209 days
- Vacant for 214 days on average
- 14 positions vacant greater than 3 months
- Average revenue for position is \$39,153 a month
- **Estimated loss due to vacancies: \$4,188,066**

Human Relation Counselors

- 16 current vacancies open for a combined 3,873 days
- Vacant for 242 days on average
- 10 positions vacant greater than 3 months
- Average revenue for position is \$30,523 a month
- **Estimated loss due to vacancies: \$4,188,066**

Roadmap

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- Essential Elements to Align with Future Vision
- **Budget Overview**



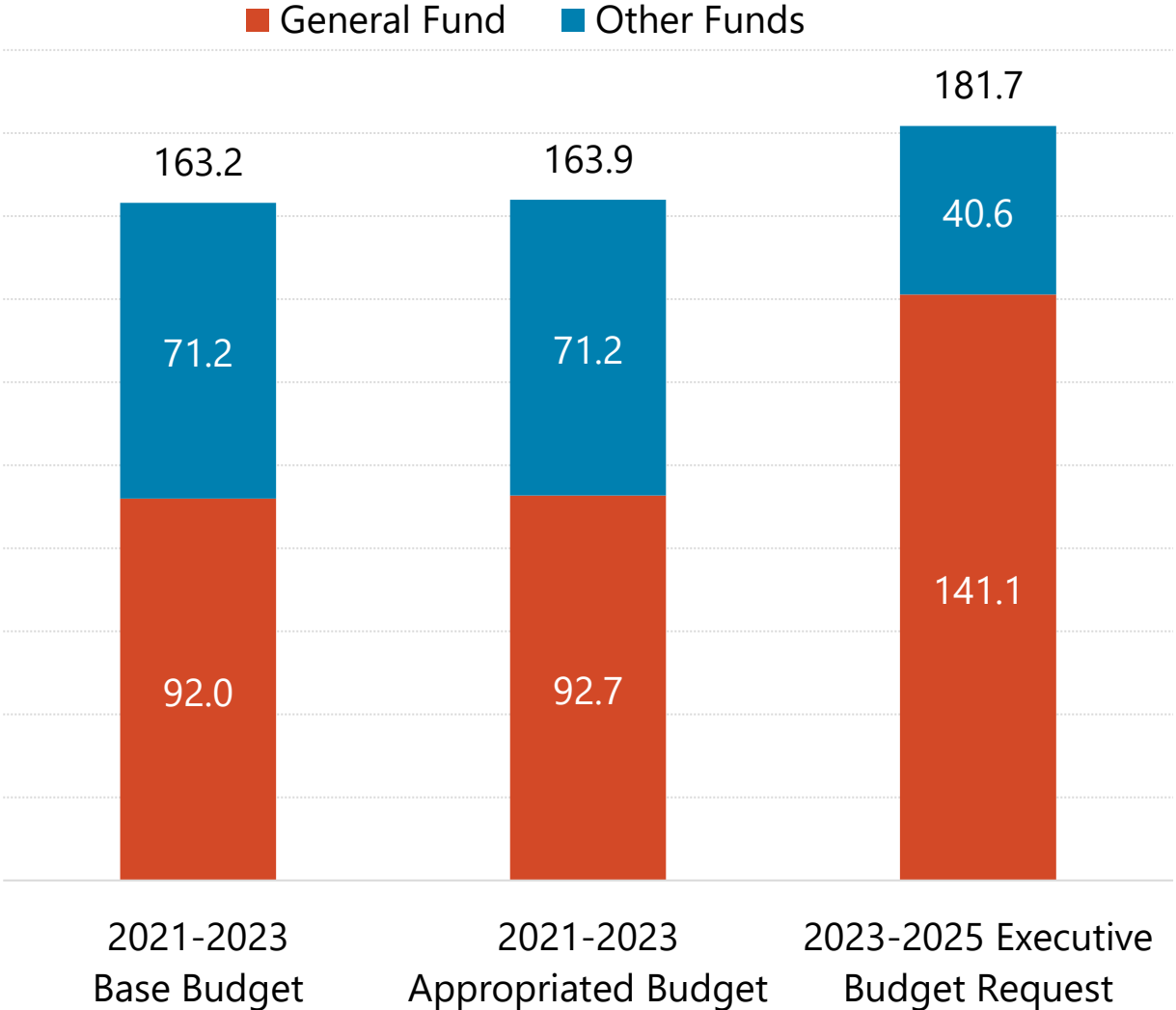
Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	\$ 121,419,280	\$ 10,601,168	\$ 132,020,448
Operating	14,695,687	6,237,522	20,933,209
IT Services	945,548	177,407	1,122,955
Capital Asset Expense	80,000	735,154	815,154
Capital Assets	-	-	-
Grants	26,073,310	723,129	26,796,439
Total	\$ 163,213,825	\$ 18,474,380	\$ 181,688,205

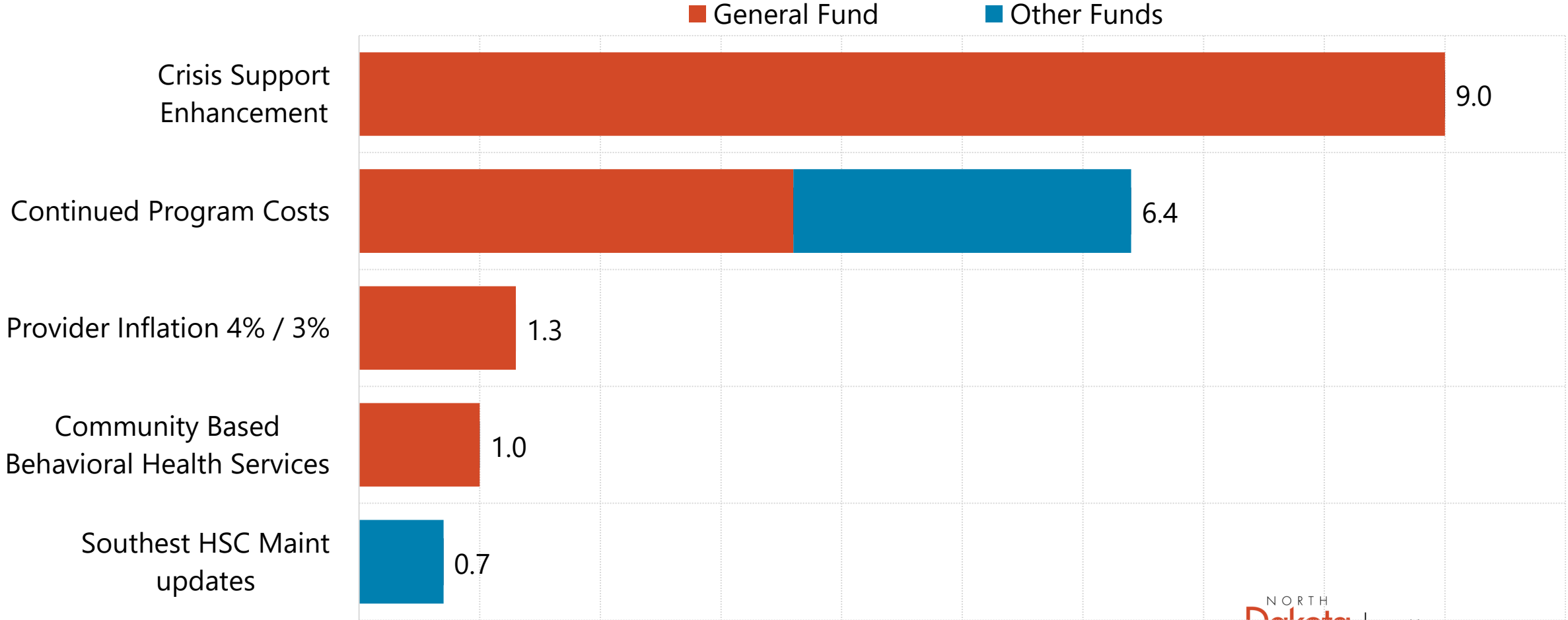
General Fund	\$ 91,958,854	\$ 49,134,985	\$ 141,093,839
Federal Funds	44,666,940	(18,896,503)	25,770,437
Other Funds	26,588,030	(11,764,101)	14,823,929
Total Funds	\$ 163,213,824	\$ 18,474,381	\$ 181,688,205

Full Time Equivalent (FTE)	630.25	49.50	679.75
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Overview of budget changes (IN MILLIONS)



Overview of budget changes (IN MILLIONS)





Contact Information

Clinical Director, Human Service Centers

- Dan Cramer
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Medical Director, Human Service Centers

- Dr. Laura Kroetsch
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Operations Director, Human Service Centers

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We are dedicated to the care, treatment, and support of each individual's journey toward wellness and recovery within a safe environment that promotes reintegration in the community.

SB 2012

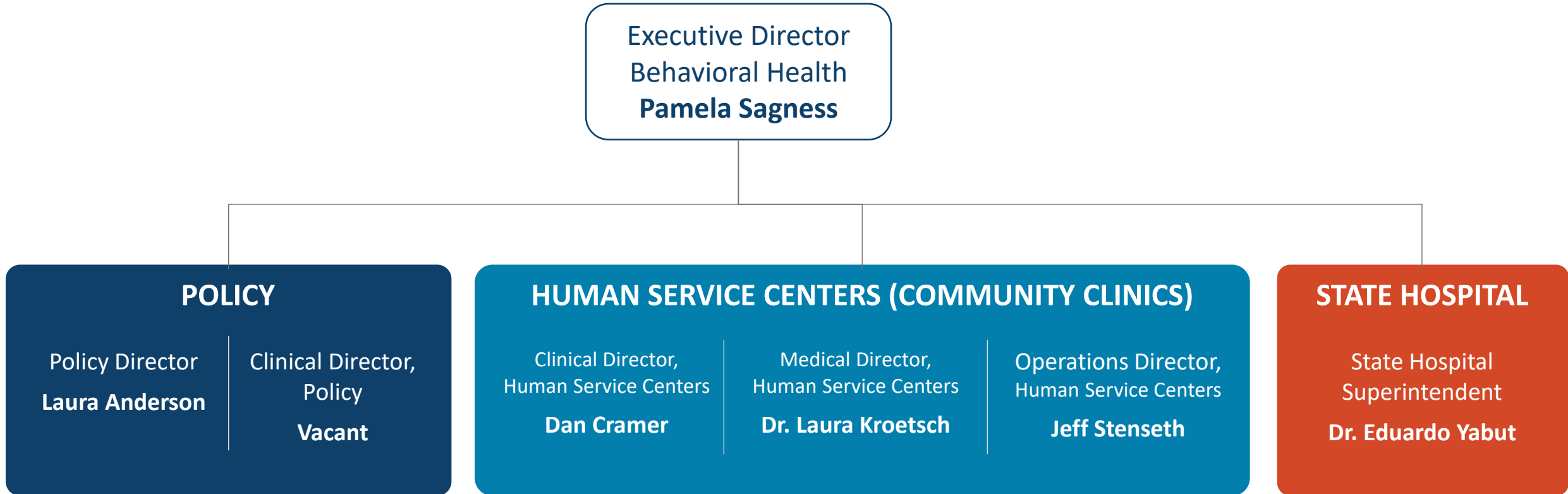
Senate Appropriations Committee
Senator Bekkedahl, Chairman

North Dakota State Hospital January 17, 2023

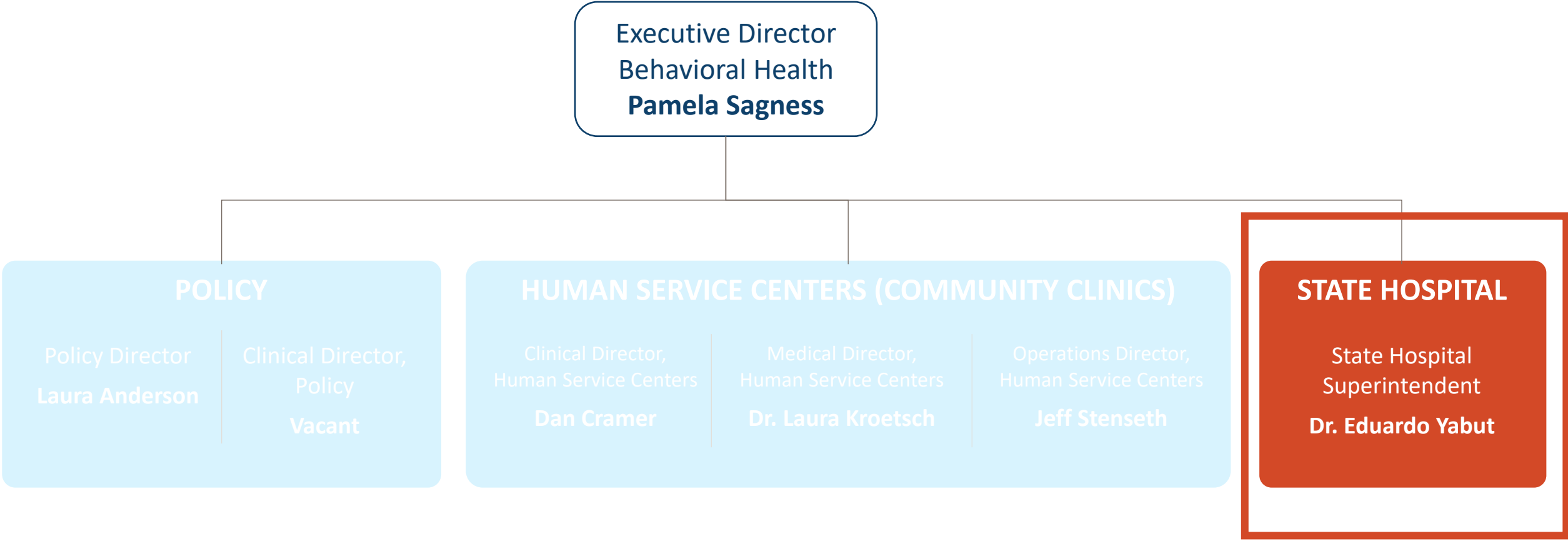


Health & Human Services

Behavioral Health Organizational Chart



Behavioral Health Organizational Chart



Programs and Services



**Acute
Psychiatric
Services**



**Geriatric
Psychiatric
Services**



**Forensic
Services**



**Sex Offender
Residential
Treatment**



**Psychiatric
Rehabilitation
Services**



**SUD Residential
Treatment**

Acute Psychiatric & Forensic Services

- 2 units with a total of 27 beds.

- These units serve individuals needing short term acute psychiatric treatment, acute psychosis with agitation / aggression, forensic admissions.
- All diagnostic groups are treated including many clients with dual or multiple diagnoses causing significant disruption in their daily lives due to severity or longevity of their illness.

Forensic Services-individuals are admitted to either of the acute psychiatric service units. These individuals are admitted under order for evaluation of competency, criminal responsibility, or both, as well as restore to competency/fit to proceed, or NGRI.

Acute Psychiatric & Forensic Services

(2021-2022)

Admissions	Average Length of Stay	Occupancy
<ul style="list-style-type: none"> • 859 • <i>Forensics admissions accounted for 14% of hospital's admissions</i> 	<ul style="list-style-type: none"> • 20 days 	<ul style="list-style-type: none"> • 86%

Admissions By Region	BL	LR	NC	NE	NW	SC	SE	WC
	5%	7%	3%	6%	3%	42%	14%	4%

Admissions By ER	BL	LR	NC	NE	NW	SC	SE	WC
	4%	6%	0%	4%	3%	72%	10%	1%

Psychiatric Rehabilitation Services

- 2 units with a total of 30 beds
- Serves young individuals with chronic severe persistent mental illness. These individuals need intensive rehabilitative, vocational, and therapeutic services, including financial and housing.

Psychiatric Rehabilitation Services

(2021-2022)

Average Length of Stay

- **133 days**

Occupancy

- **96%**

Geriatric Psychiatric Services

- 24- bed unit
- Serves unique individuals with psychiatric and medical disorders that are of a higher acuity than community settings can serve.
- Most common diagnosis of neuropsychiatric d/o to include sundowning, wandering, and agitation/aggression some being violent causing nursing homes concern.

Geriatric Psychiatric Services

(2021-2022)

Average Length
of Stay

• **129 days**

Occupancy

• **91%**

Sex Offender Residential Treatment (SOTEP)

- 2 units and a community transition house for a total of 49 beds
- Serves individuals who are civilly committed sexual offenders

Sex Offender Residential Treatment (SOTEP) (2021-2022)

Admissions	Average Length of Stay	Occupancy
• 8	• 1,128 days	• 60%

Substance Use Disorder (SUD) Residential Services

- 30-bed unit
- Serves individuals at a residential level of care
 - Primary Substance Use
 - Dual diagnosed with Substance Use and Mental Illness

Substance Use Disorder (SUD) Residential Services (2021-2022)

Admissions	Average Length of Stay	Occupancy
• 258	• 48 days	• 44%

Admissions By Region	BL	LR	NC	NE	NW	SC	SE	WC	DOCR
	9%	15%	1%	10%	2%	25%	11%	20%	8%

COVID-19 Response

Total Clients Served During Pandemic

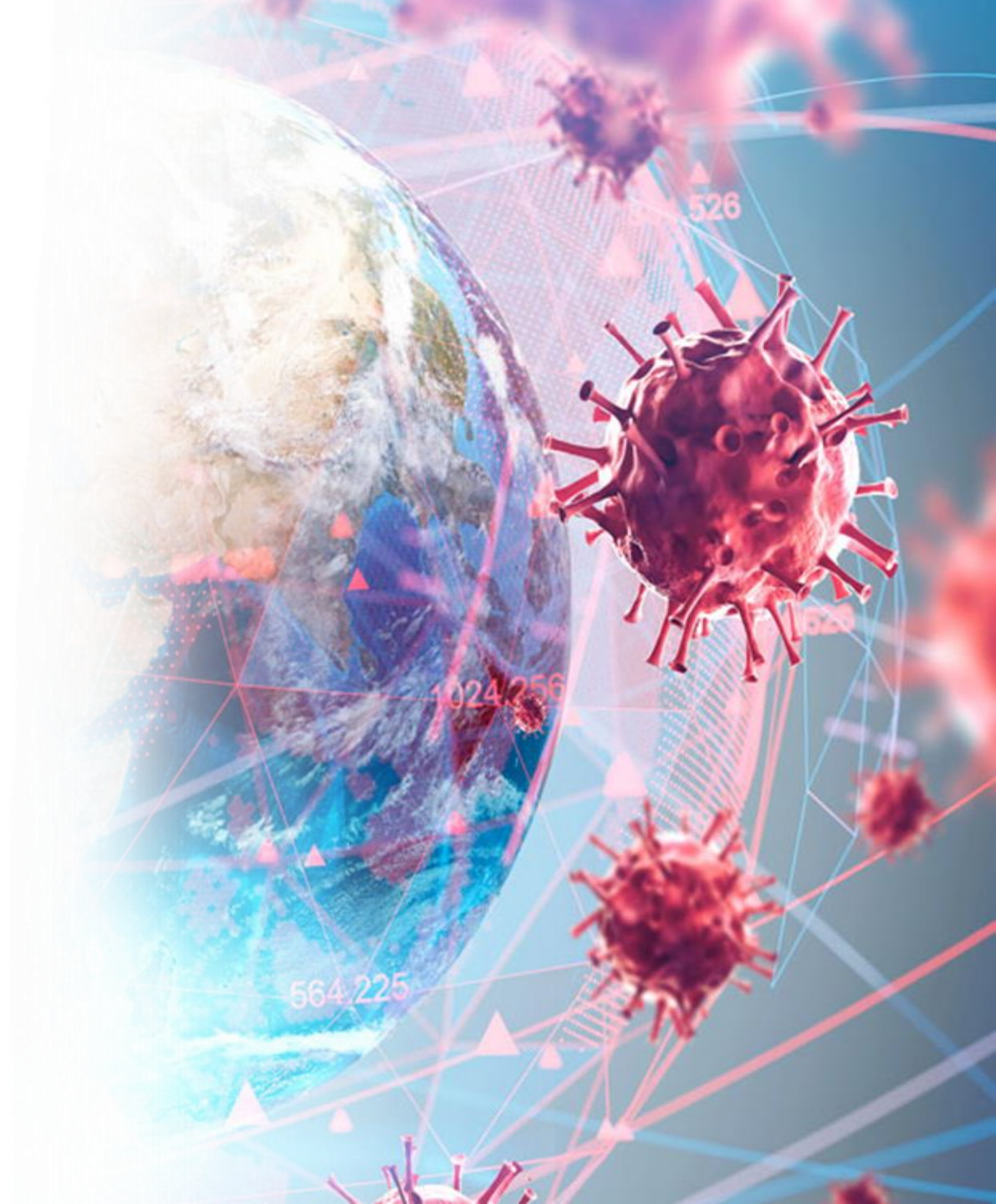
- **1,332**

Positive COVID-19 Clients Served

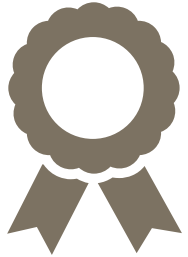
- **85 days**

Days COVID Unit Open

- **139**



Accomplishments



**Accreditation
and Pharmacy
Compliance**



**Services
provided
during
inclement
weather**



**Providers of
clinical
experiences**



**Enhance
connection to
dental care**

Client / Family Comments

Wonderful Caring People.
Staff are professional and
Kind. Thank you

I enjoyed the sense of
community I felt here. I
learned a lot during my stay
and positive things to say
about staff. Thank you

I am very grateful for the
time and attention State
Hospital staff have given to
my family member in their
care and to the rest of us!

Staff were sincere in their
regard for the patient's and
family's wellbeing and had
trustworthy expertise and
ability to arrange guardianship
and other formal matters.

Staff were consistently
communicative in an open
and direct way.

I would like to thank all the
Doctors and Treatment
Teams for helping me
change my future for the
better.

This place was helpful with
my meds, they worked fast
with other agencies.

My Stay at the hospital was
very fulfilling.

The staff are amazing
people, Incredible people.

My experience here has
been positive and Helpful.



A future of continued progress

Continued Efforts



ADMISSION WAITLIST



NEW STATE HOSPITAL



SCHULTE REPORT



2023-2025 Budget request

The **program, systems and workforce support** necessary to continue to serve North Dakotans

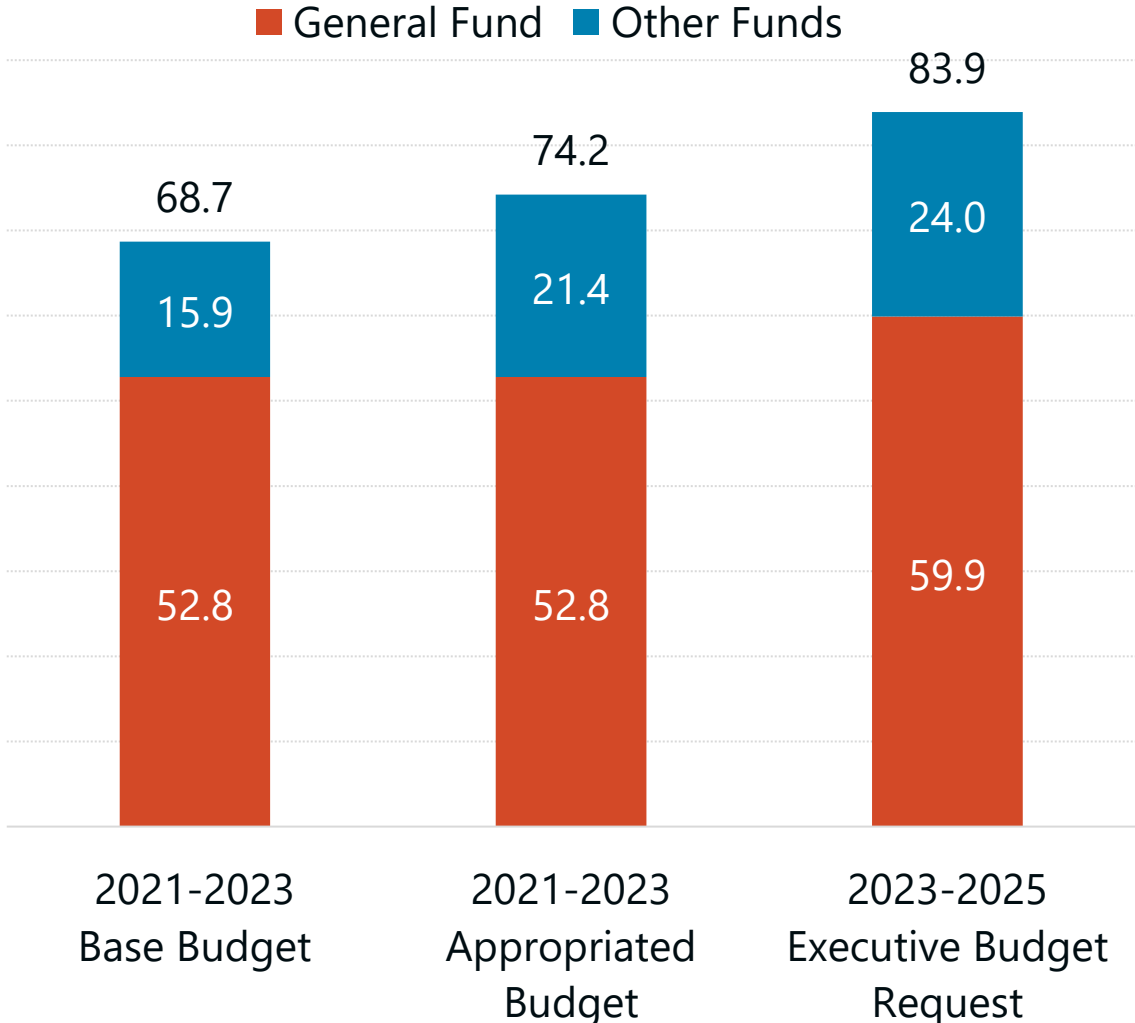
State Hospital

Overview of budget changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	\$ 56,179,732	\$ 2,479,420	\$ 58,659,152
Operating	10,921,272	2,746,195	13,667,467
IT Services	250,505	-	250,505
Capital Asset Expense	1,292,499	-	1,292,499
Capital Assets	60,800	10,000,000	10,060,800
Grants	-	-	-
Total	\$ 68,704,808	\$ 15,225,615	\$ 83,930,423
General Fund	\$ 52,821,030	\$ 7,051,222	\$ 59,872,252
Federal Funds	1,215,507	2,126,351	3,341,858
Other Funds	14,668,270	6,048,043	20,716,313
Total Funds	\$ 68,704,807	\$ 15,225,616	\$ 83,930,423
Full Time Equivalent (FTE)	319.52	-	319.52

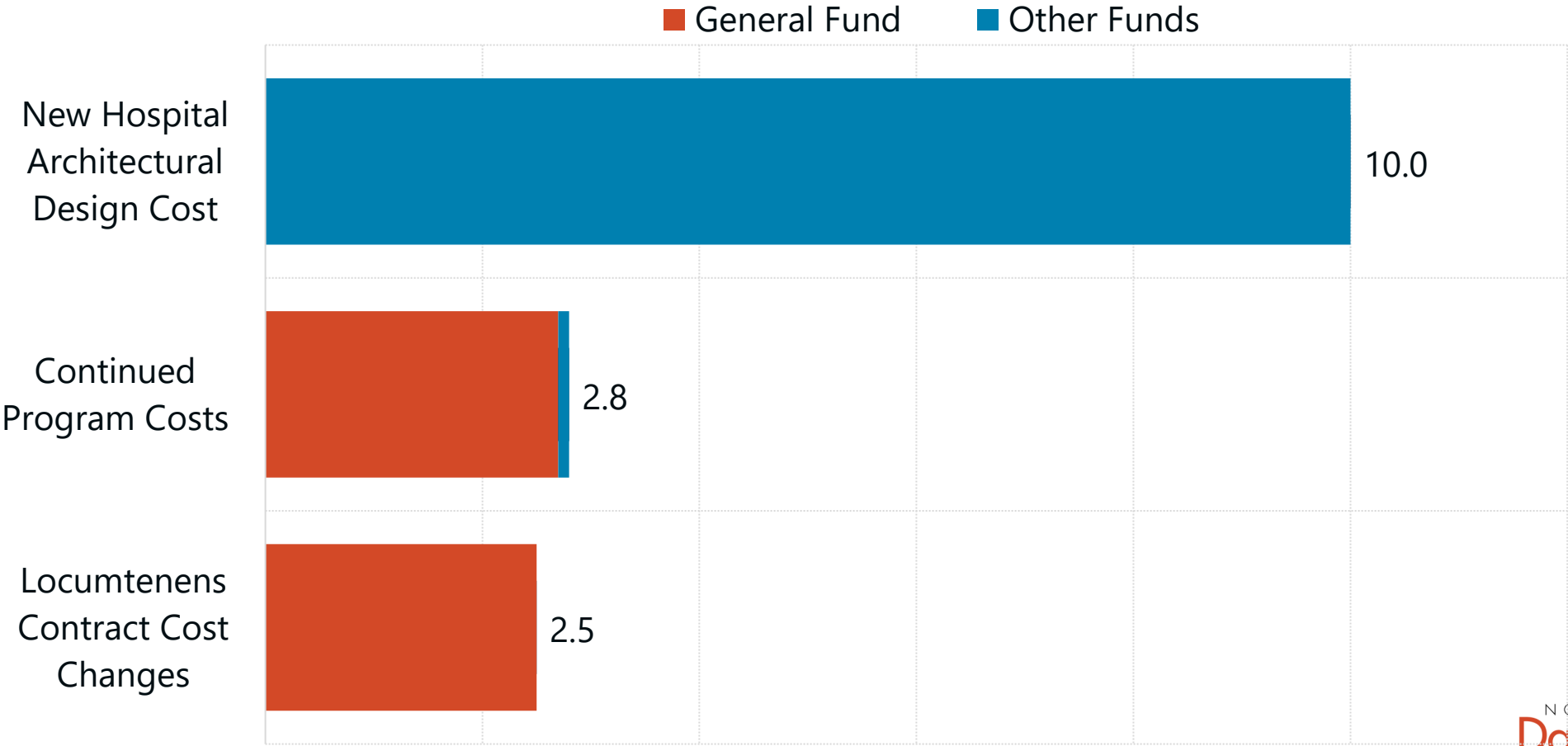
State Hospital

Overview of budget changes (in millions)



State Hospital

Overview of budget changes (in millions)



Sex Offender Residential Treatment (SOTEP)

Overview of budget changes

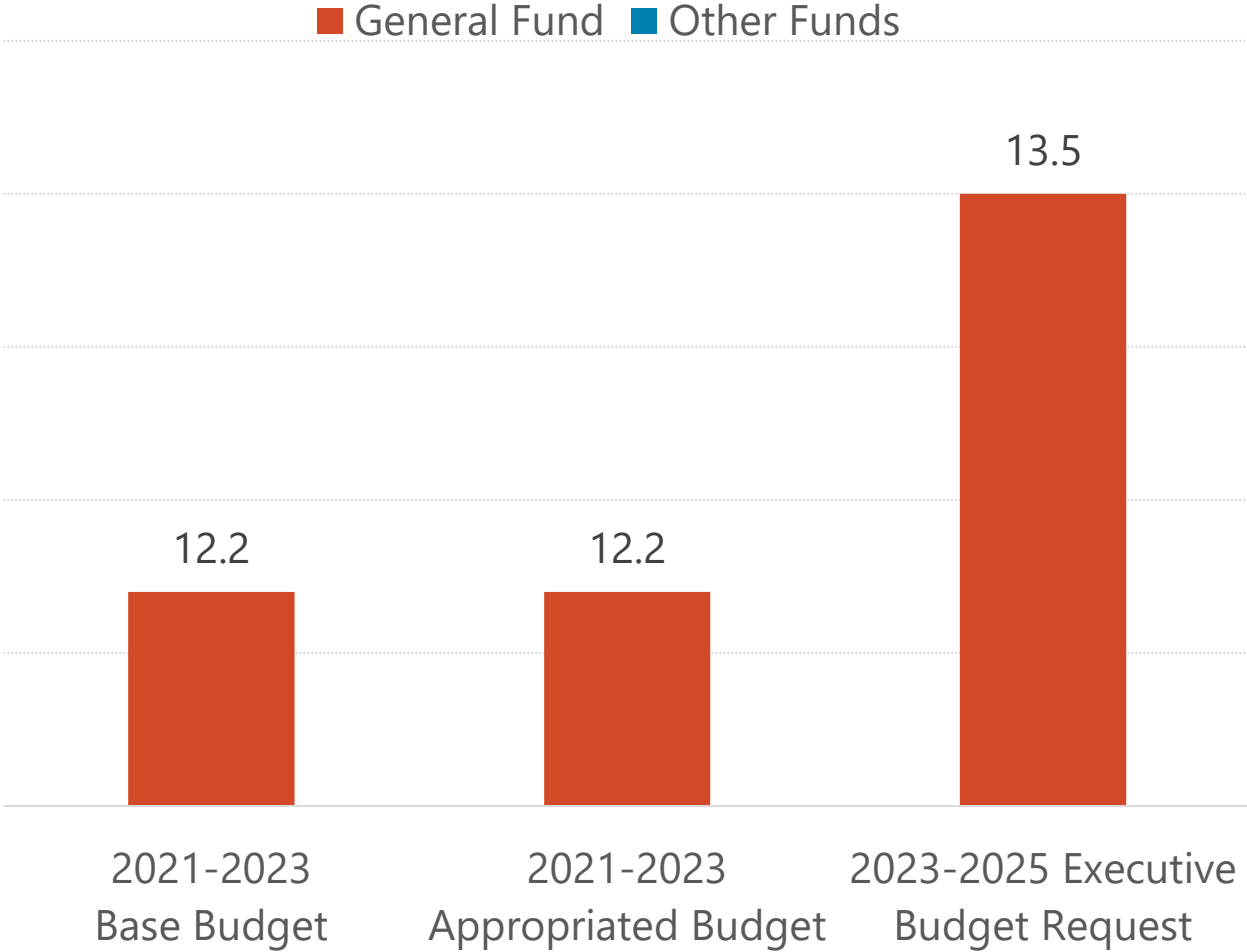
Description	2021 - 2023 Budget Base		Increase/ (Decrease)		2023 - 2025 Executive Budget
Salaries and Benefits	\$	10,662,432	\$	1,235,330	\$ 11,897,762
Operating		1,528,871		9,270	1,538,141
IT Services		40,314		-	40,314
Capital Asset Expense		-		-	-
Capital Assets		-		-	-
Grants		-		-	-
Total	\$	12,231,617	\$	1,244,600	\$ 13,476,217

General Fund	\$	12,231,617	\$	1,244,600	\$ 13,476,217
Federal Funds		-		-	-
Other Funds		-		-	-
Total Funds	\$	12,231,617	\$	1,244,600	\$ 13,476,217

Full Time Equivalent (FTE)		67.50		-	67.50
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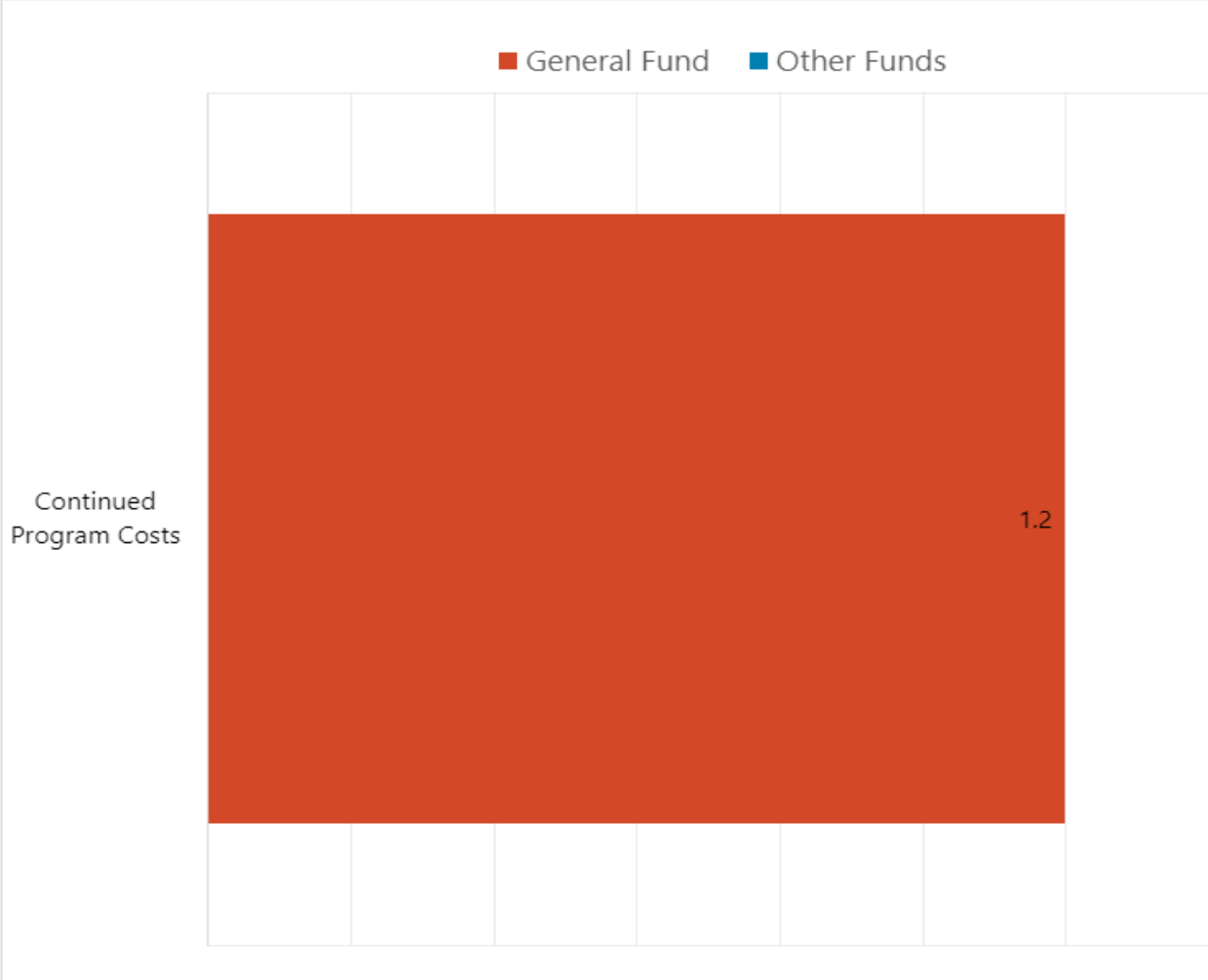
Sex Offender Residential Treatment (SOTEP)

Overview of budget changes (in millions)



Sex Offender Residential Treatment (SOTEP)

Overview of budget changes (in millions)





Contact Information

Superintendent

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