



Behavioral Health
HUMAN SERVICES




House Bill 1012 House Appropriations Representative Nelson, Chairman

Behavioral Health Division
Pamela Sagness, Director

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



Why is Behavioral Health Important?



Persons with behavioral health disorders die, on average, about *5 years earlier* than persons without these disorders.

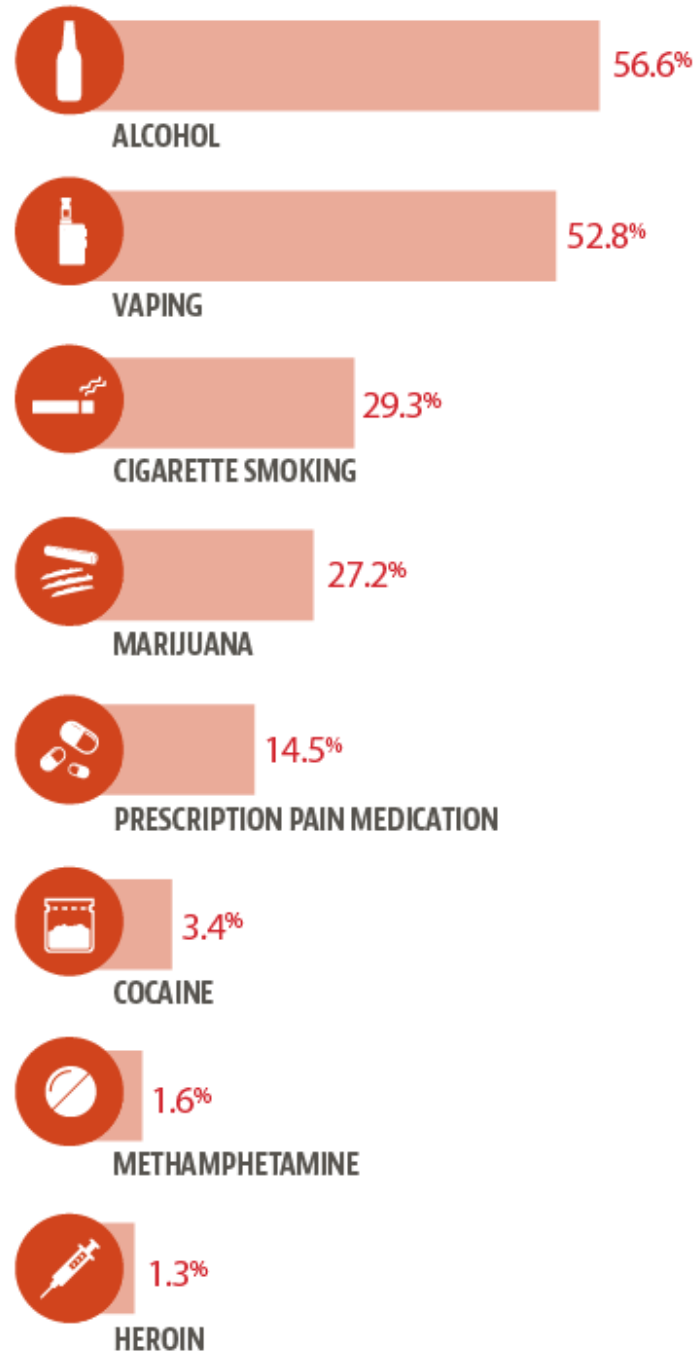


Persons with serious mental illness (SMI) are now dying *25 years earlier* than the general population

(Druss BG, et al. Understanding Excess Mortality in Persons With Mental Illness: 17-Year Follow Up of a Nationally Representative US Survey. Medical Care 2011; 49(6), 599–604.)



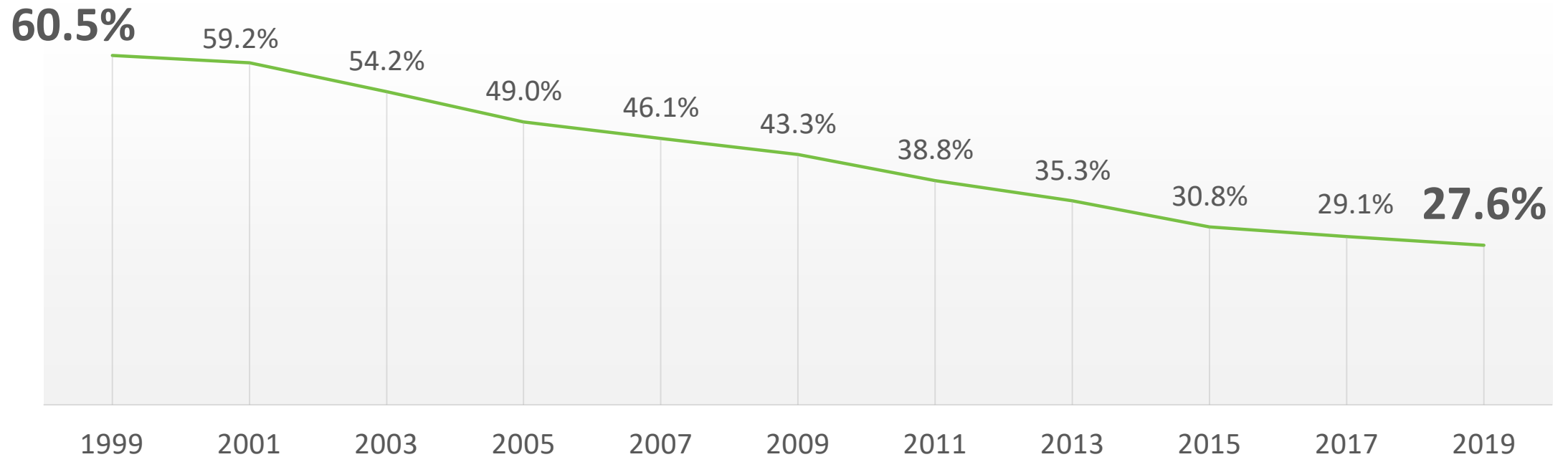
ND Youth Lifetime Substance Use (High School Students)



Prevention Works!

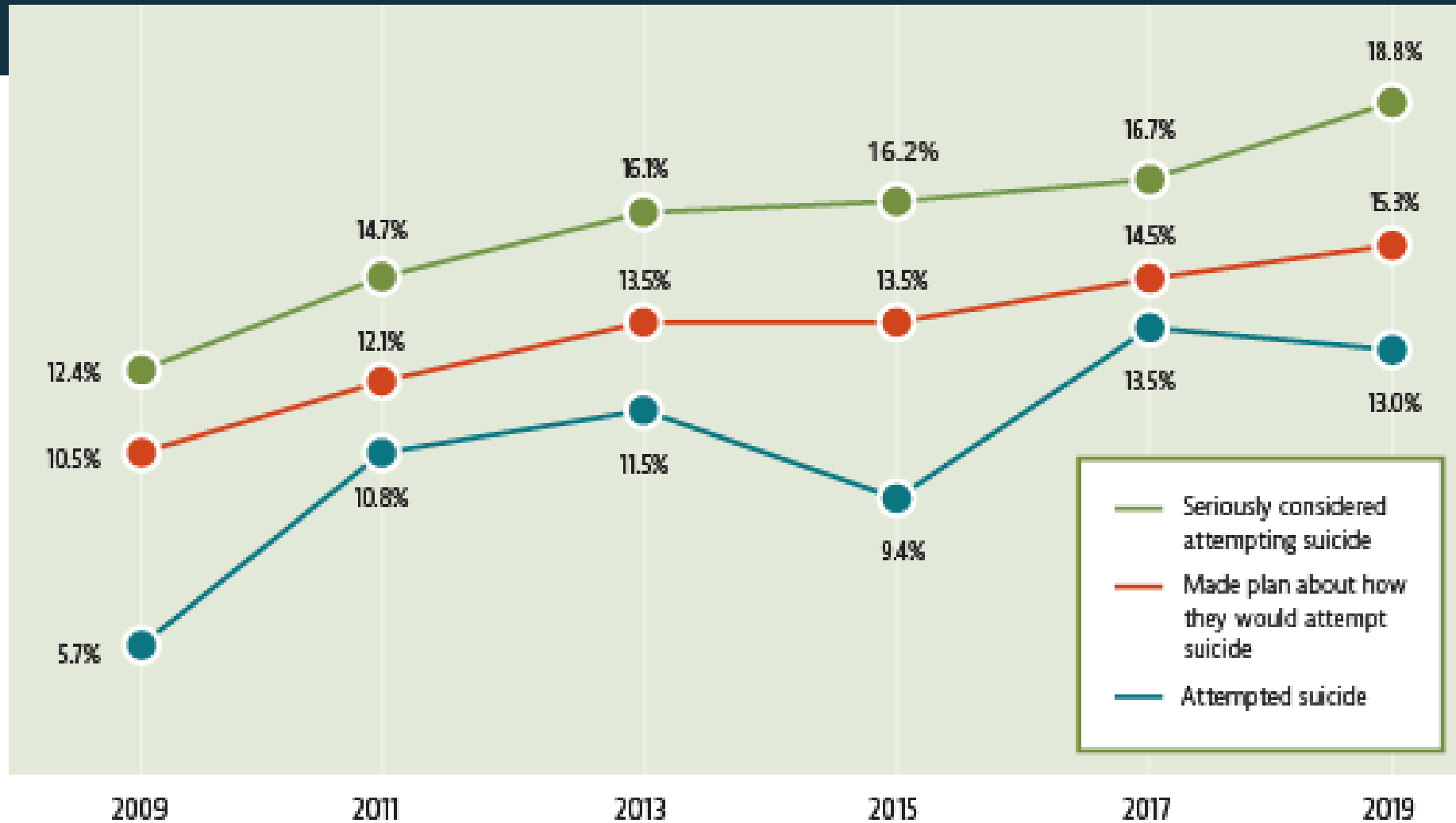
Current Alcohol Use (past 30 days) among ND High School Students

Youth Risk Behavior Survey



Youth Suicide

(High School Students; past 12 months)



Adult Substance Use (Age 18+; past 30 days)



**BINGE
ALCOHOL
USE***



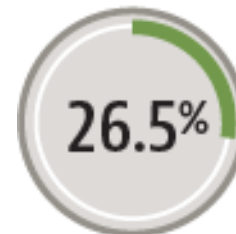
TOBACCO



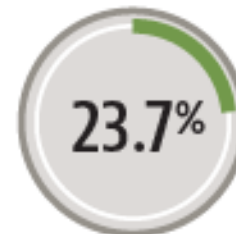
MARIJUANA



**ILLCIT DRUGS
(other than
marijuana)**



**BINGE
ALCOHOL
USE***



TOBACCO



MARIJUANA



**ILLCIT DRUGS
(other than
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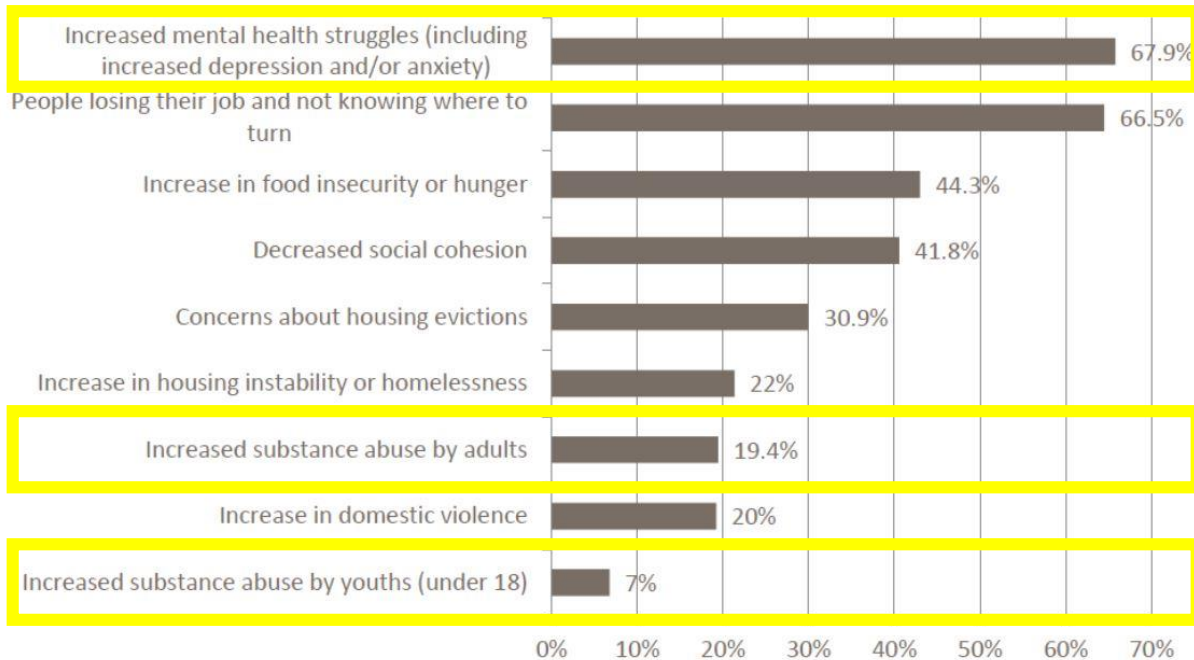
Disaster Impacts to Behavioral Health



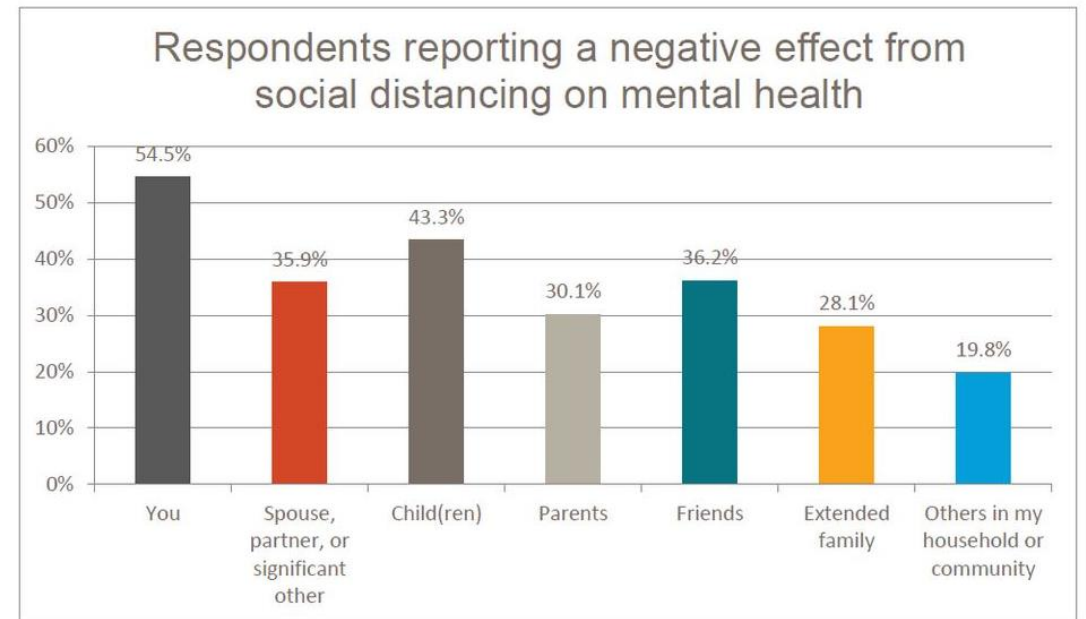
COVID-19 Impacts on Behavioral Health

ND Dept. of Commerce Survey May 2020

Concerning trends in communities since March 13, 2020



Respondents Reporting Negative Effect on Mental Health





BEHAVIORAL HEALTH IN NORTH DAKOTA

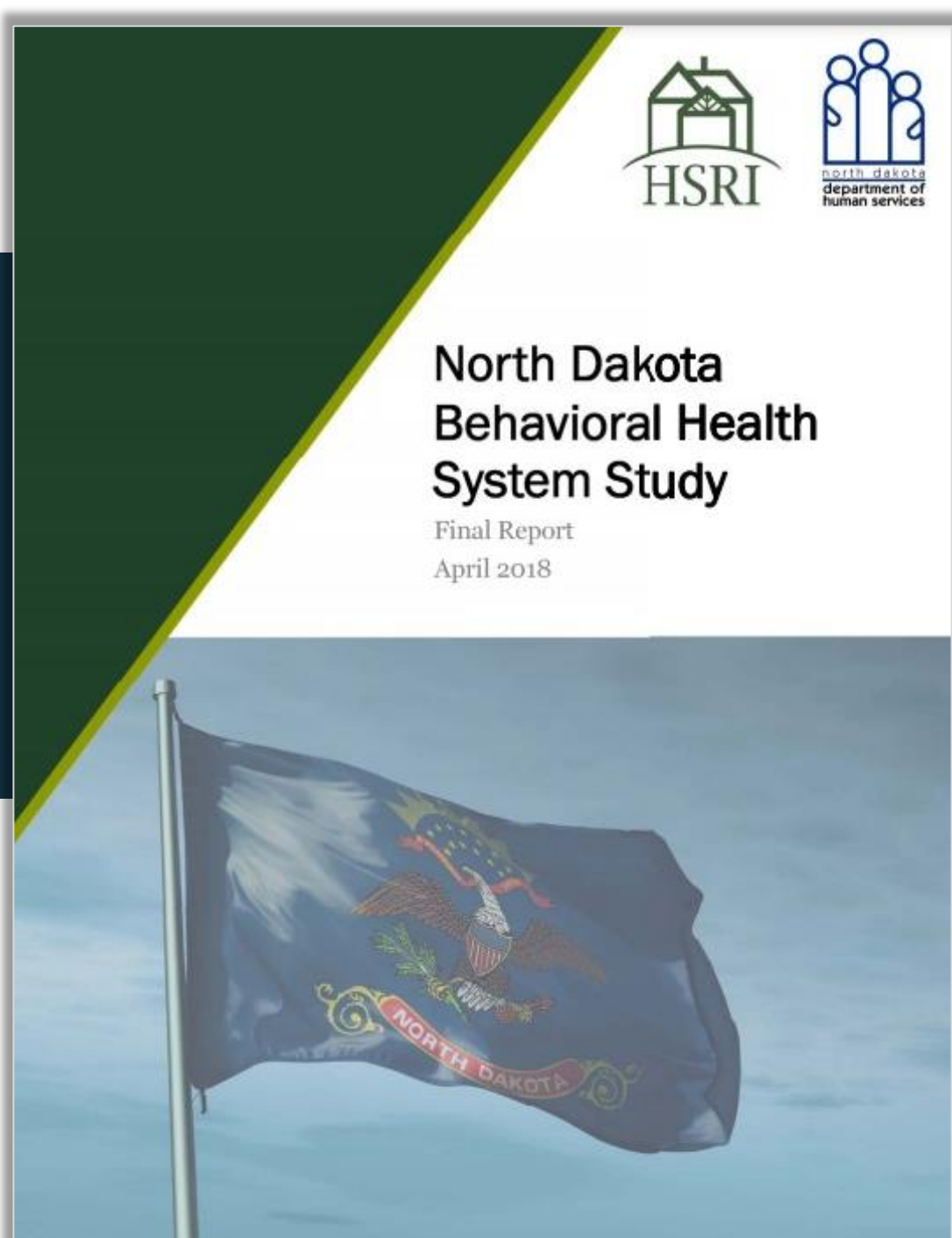
DATA BOOK 2021

BEHAVIORAL HEALTH DATA BOOKLET

All data resources are available at
www.behavioralhealth.nd.gov/data.

ROADMAP

The Behavioral Health Systems Study, April 2018



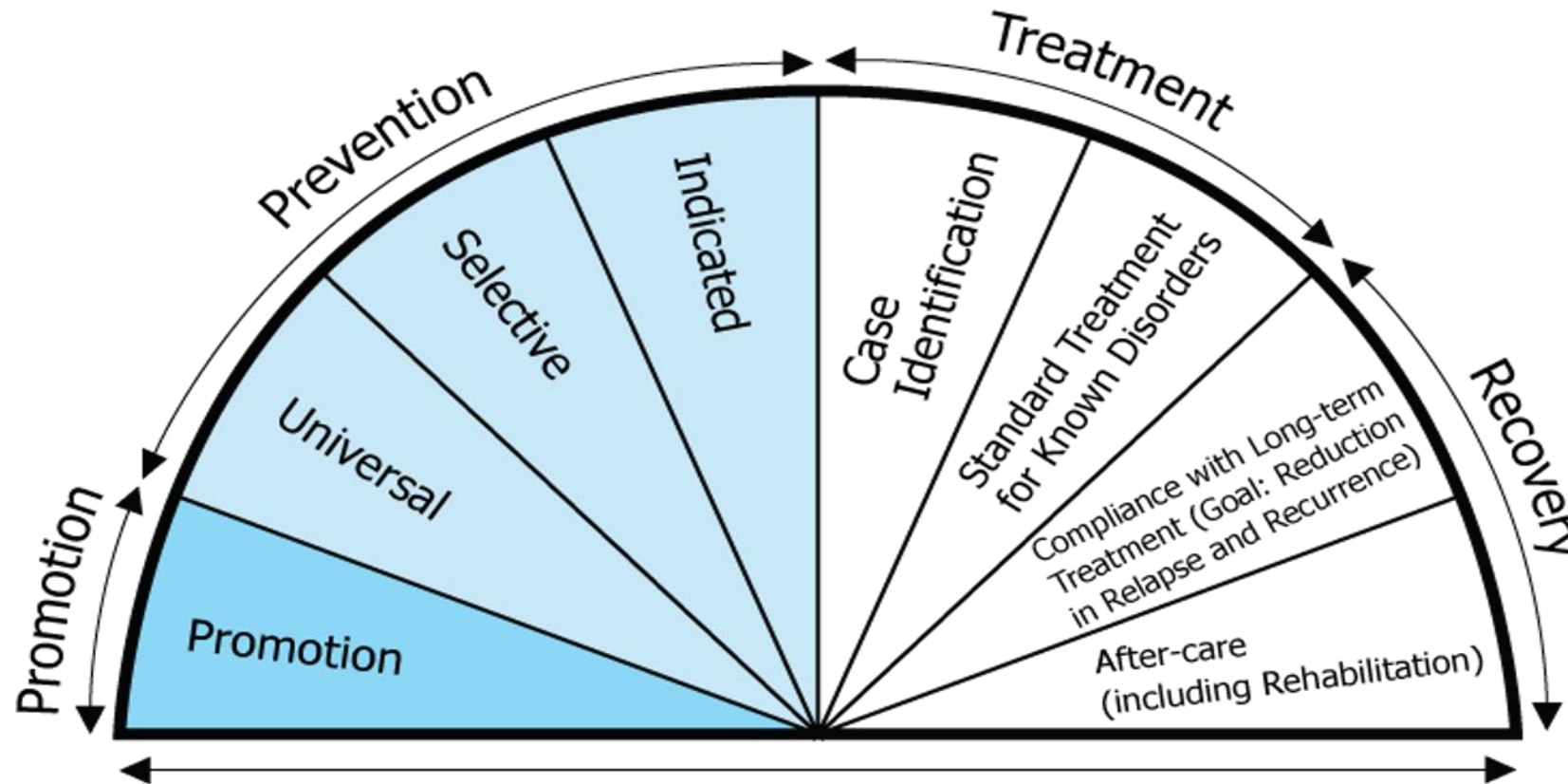
North Dakota Behavioral Health System Study **RECOMMENDATIONS**

The 250-page report provides more than 65 recommendations in 13 categories.

1. Develop a comprehensive implementation plan
2. Invest in prevention and early intervention
3. Ensure all North Dakotans have timely access to behavioral health services
4. Expand outpatient and community-based service array
5. Enhance and streamline system of care for children and youth
6. Continue to implement/refine criminal justice strategy
7. Engage in targeted efforts to recruit/retain competent behavioral health workforce
8. Expand the use of tele-behavioral health
9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches
10. Encourage and support the efforts of communities to promote high-quality services
11. Partner with tribal nations to increase health equity
12. Diversify and enhance funding for behavioral health
13. Conduct ongoing, system-side data-driven monitoring of needs and access

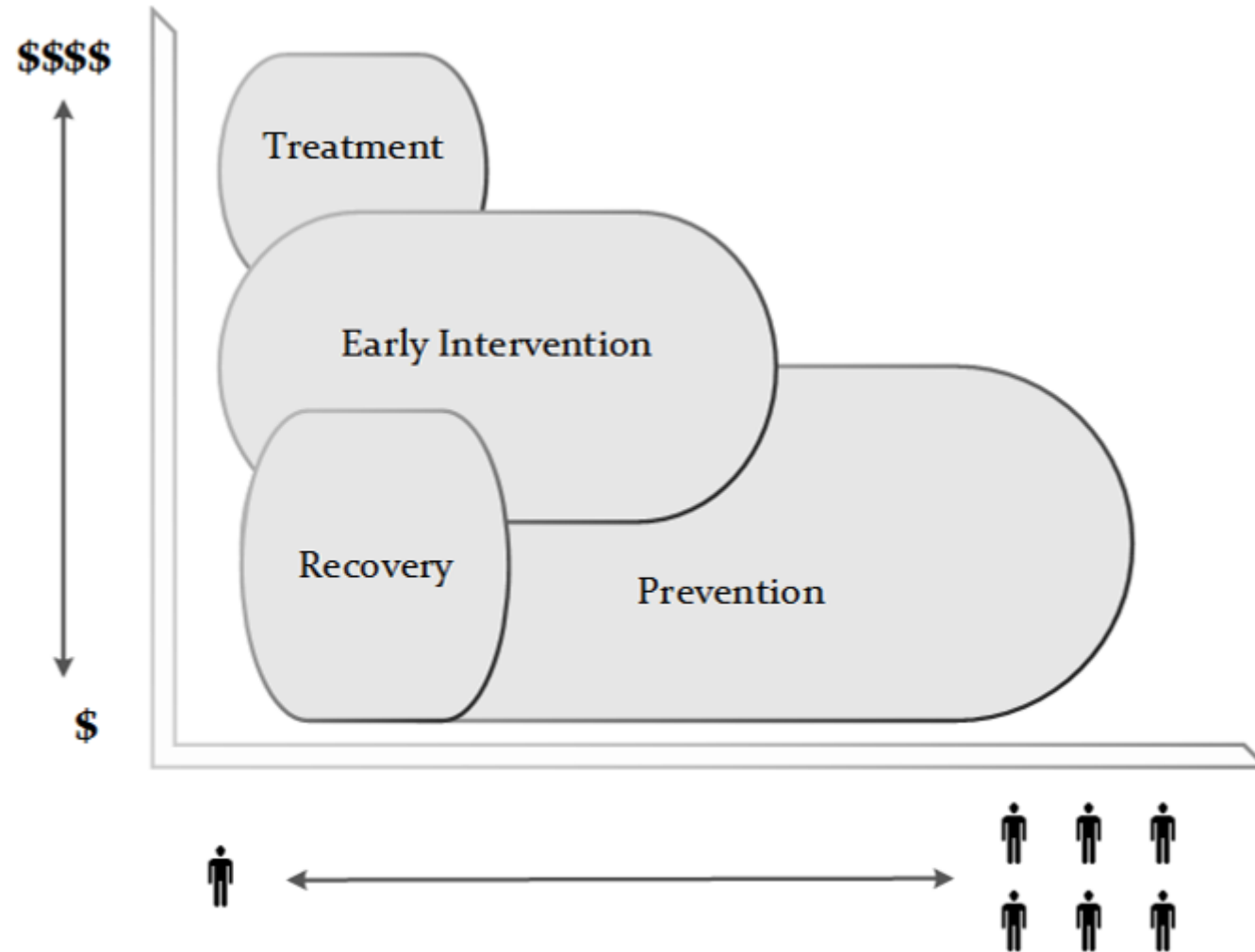
Behavioral Health Continuum of Care Model

The goal of this model is to ensure there is access to a full range of high-quality services to meet the various needs of North Dakotans.

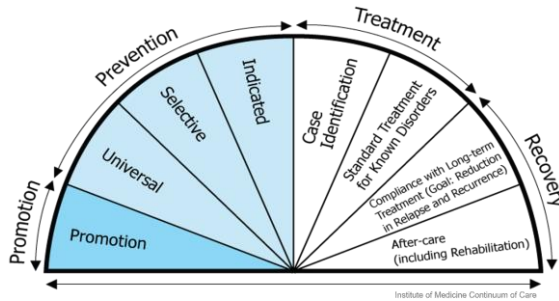


Institute of Medicine Continuum of Care

Return on Investment



Keys to Reforming North Dakota's Behavioral Health System



**Support the full
Continuum of Care**



**Increase
Community-Based Services**



**Prevent Criminal Justice
Involvement for Individuals with
a Behavioral Health Condition**



OVERVIEW

Behavioral Health Division

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Behavioral Health
HUMAN SERVICES

The Behavioral Health Division is a policy division, with responsibilities outlined in NDCC 50-06-01.4

1

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.

2

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

3

Providing policy leadership in partnership with public and private entities

The Division identifies goals and administers **over 70 programs/projects** in these four primary areas.

Community
Behavioral Health
Promotion

Children's Behavioral
Health

Adult Mental Health
Program and Policy

Adult Addiction
Program and Policy

COMMUNITY BEHAVIORAL HEALTH PROMOTION



1. Increase implementation of effective prevention statewide^{2/3/10}



2. Decrease underage drinking²



3. Decrease adult binge drinking and related consequences²



4. Decrease opioid misuse and overdose²



5. Develop early intervention capacity^{2/3}

Community and Tribal Efforts

Training and Technical Assistance
(Substance Abuse Prevention and Treatment Block Grant)

Youth Tobacco Enforcement (Synar)

Early Intervention (MIP/DUI)

Parents Lead

Statewide Campaigns
(Opioids: Fill with Care; Speak Volumes)


CHILDREN'S BEHAVIORAL HEALTH

 1. Increase capacity for community-based services^{3/4/8/10}

 2. Improve family-driven services and supports⁵

 3. Develop early intervention capacity^{2/3}

 4. Improve access to quality services¹⁰

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

 6. Develop diversion capacity and support individuals in juvenile justice⁶



Adolescent Residential Treatment

(Substance Abuse Prevention and Treatment Block Grant)

Regulation of Youth Residential Psychiatric Facilities (PRTF)

Prevention of Out-of-Home Placement for Children

(Voluntary Treatment Program [VTP])

Behavioral Health and Education

(Children's Prevention and Early Intervention School Behavioral Health Pilot; Behavioral Health School Grant; Behavioral Health Resource Coordinator Support)

Children with Serious Emotional Disturbance Programs

(Mental Health Block Grant)

Systems for Individuals with a First Episode of Psychosis

(Mental Health Block Grant)


ADULT MENTAL HEALTH PROGRAM AND POLICY

 **1. Increase capacity for community-based services**
3/4/8/10/12

 **2. Develop and enhance recovery support services**⁴

 **3. Develop early intervention capacity**^{2/3}

 **4. Stop shame and stigma surrounding mental illness and promote mental health**¹⁰

 **5. Develop diversion capacity and support individuals with mental illness in the justice system**⁶




- Peer Support
- Free Through Recovery
- Community Connect
- Adult Mental Health Programs (Mental Health Block Grant)
- Military and Behavioral Health
- Mental Illness and Homelessness (PATH Grant)
- Brain Injury Programs
- Problem Gambling Programs
- Disaster Crisis Counseling


ADULT ADDICTION PROGRAM AND POLICY

 1. Improve access to quality services^{3/4/8/10}

 2. Develop and enhance recovery support services⁴

 3. Develop early intervention capacity^{2/3}

 4. Stop shame and stigma surrounding addiction¹⁰

 5. Develop diversion capacity and support individuals with substance use disorder in the justice system⁶

Peer Support

Free Through Recovery

Community Connect

Pregnant and Parenting Women Treatment Programming
(Substance Abuse Prevention and Treatment Block Grant)

Tribal Treatment and Recovery Supports
(Substance Abuse Prevention and Treatment Block Grant)

Medication Assisted Treatment (Opioid Treatment Programs)

Recovery Supports

Military and Behavioral Health

Substance Use Disorder (SUD) Voucher Payment System

Community-based Behavioral Health (CBH) Program

Regulation of Substance Use Disorder Treatment Facilities



KEY INITIATIVES

Behavioral Health

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Behavioral Health
HUMAN SERVICES

FREE THROUGH Recovery

GOAL:

- Engage community organizations to be providers of care coordination & recovery support services

Overall, from March 2018 through October 2020, providers earned performance pay for 68.3% of their participants.



2,905 Individuals have Participated



961 Active Participants



40 Providers

1915i State Plan Amendment



The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

Individual Eligibility	Services
<ul style="list-style-type: none">• The individual is age 0+; and• The individual is currently enrolled in ND Medicaid or Medicaid Expansion; and• The individual resides in and will receive services in a setting meeting the federal home and community-based setting requirements, and• The individual has a mental illness, substance use disorder or traumatic brain injury diagnosis <p>The individual has a functional impairment, which substantially interferes with or substantially limits the ability to function in the family, school or community setting, as evidenced by a complex score of 50 or higher on the WHODAS 2.0.</p>	<ul style="list-style-type: none">• Care Coordination• Training and Supports for Unpaid Caregivers• Community Transitional Services• Benefits Planning• Non-Medical Transportation• Respite• Prevocational Training• Supported Education• Supported Employment• Housing Support Services• Family Peer Support• Peer Support



Substance Use Disorder (SUD) Voucher



21 Substance Use Disorder Treatment Programs are providing services through the SUD Voucher.



4,200+ individuals have been approved since inception of the SUD Voucher program.

GOALS: Improve access to quality services & provide choice of provider

	2015-2017	2017-2019	2019-2021
TOTAL BUDGET	\$575,000	\$4,917,087	\$7,997,294
AMOUNT EXPENDED	\$252,293.85	\$8,288,293.05	\$9,194,310.72 (as of November 30, 2020)

Peer Support Certification

The ND 66th Legislative Assembly passed Senate Bill 2012 giving the Behavioral Health Division authority to develop and implement a program for the certification of peer support specialists.

Administrative Rules 75-03-43 were promulgated and outlines the requirements and process for two levels of Peer Support Specialist certification:

- Certified Peer Support Specialist I (CPSS I)
 - **22 CPSS I (as of January 10, 2021)**
- Certified Peer Support Specialist II (CPSS II)
 - **9 CPSS II (as of January 10, 2021)**

*Since 2018 the Behavioral Health Division hosted **18 trainings** and trained over **450 individuals**.*





Behavioral Health and Education

Prevention and Early Intervention Pilot

The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating \$300,000 to the Department of Human Services for the purpose of establishing a children's prevention and early intervention behavioral health services pilot project in the school system; including services to children suffering from the effects of behavioral health issues.

October 2018 - Pilot project to Simle Middle School in Bismarck.

October 2020 – Pilot project expansion awarded to Dunseith Public School (tribal) and Barnes County North Public School (rural).

Behavioral Health School Grant Program

The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating \$1,500,000 to the Department of Human Services for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.

25 schools utilized ND State Medicaid reimbursement during the previous school year and are eligible for funding.

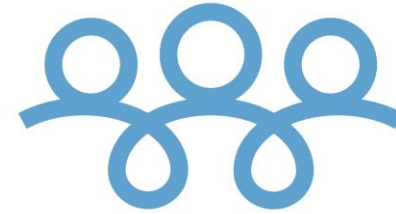
8 grant applications have been received (1/11/2021)

- 5 awarded (4 schools)
- 3 in review

Behavioral Health Resource Support (B-HERO)

The ND 66th Legislative Assembly passed Senate Bill 2149 which established the requirement for each school within a district to designate an individual as a behavioral health resource coordinator and Senate Bill 2313 which established the requirement for DHS to provide resources to behavioral health resource coordinators.

The Central Regional Education Association (CREA) was awarded the contract (through a Request for Proposal) to provide resources, information, and support to school behavioral health resource coordinators at each school in North Dakota, collaborating with the Behavioral Health Division.



CommunityConnect

My Recovery. My Story.

July 2019 – June 2020
Program Development

Fall 2020
Hiring & Branding

January 2021
MOAs to Providers &
Provider Training

February 2021
Planned Program Launch

MISSION: provide quality, community-based behavioral health services that promote collaboration and partnership to meet the individual needs of every person served.

To be **eligible** for the program individuals must be 18 years of age or older, reside in North Dakota, and have a mental health or substance use disorder diagnosis that is impacting their functionality in domains including housing, employment/financial, physical health, and community connections.

Priority will be given to the following populations: Parents and caregivers, parents and caregivers with child protection services involvement, pregnant women, Individuals that utilize emergency and detox centers, individuals who are homeless or at risk of homelessness, individuals who use drugs intravenously

COVID-19 Behavioral Health Supports

Crisis Counseling, Assistance and Training Program (CCP Grant)

- Project Renew (Lutheran Social Services of North Dakota)

Emergency COVID-19 Grant

- Support for Healthcare providers (Sanford Health, “Reach for Resilience”)
- Addiction treatment (Sharehouse and Heartview)
- Mental health treatment (Agassiz Associates)
- Crisis support (Field Services)

Resources: www.behavioralhealth.nd.gov/helpishere





BUDGET OVERVIEW

Behavioral Health Division

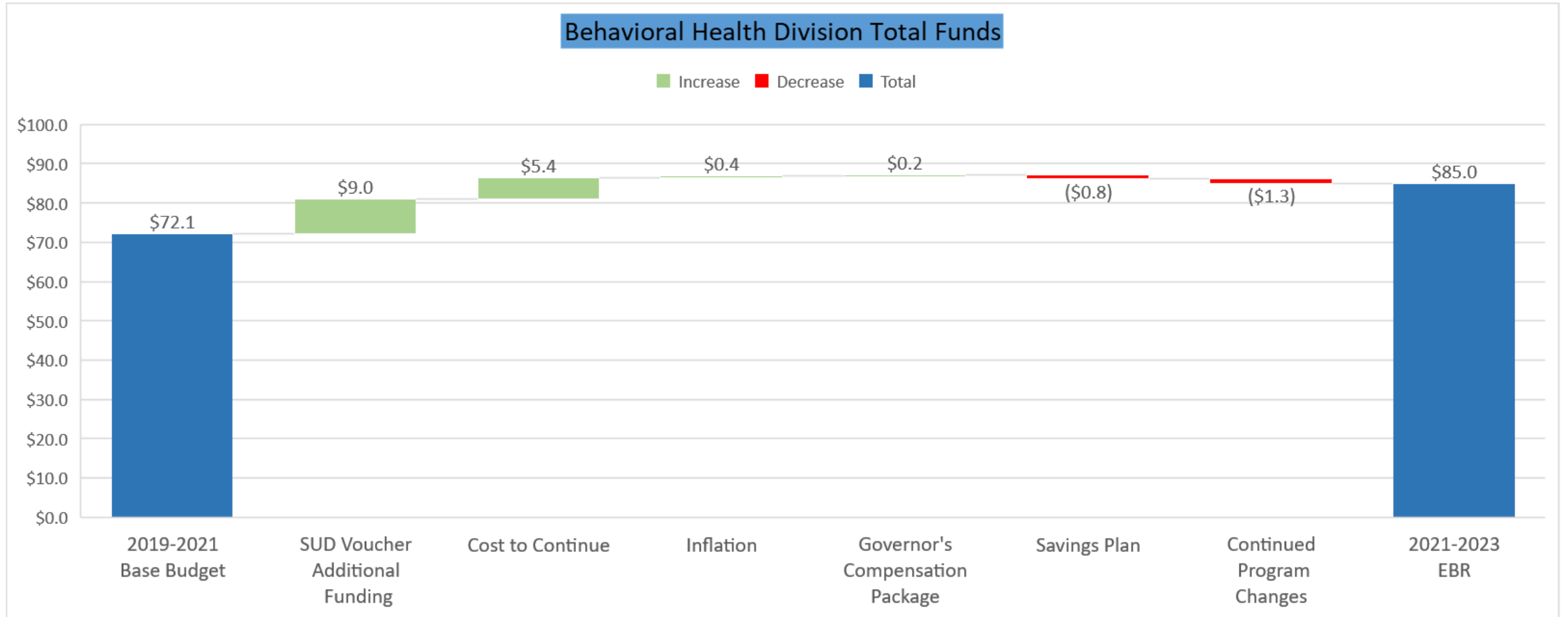
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Behavioral Health
HUMAN SERVICES

Overview of Budget Changes

Description	2019-2021 Budget	Increase/ (Decrease)	2021-2023 Executive Budget
Salaries and Benefits	6,317,092	745,543	7,062,635
Operating	48,314,144	1,523,449	49,837,593
Grants	17,438,534	10,664,543	28,103,077
Total	72,069,770	12,933,535	85,003,305
General Fund	21,655,789	15,075,517	36,731,306
Federal Funds	42,723,467	(2,236,632)	40,486,835
Other Funds	7,690,514	94,650	7,785,164
Total	72,069,770	12,933,535	85,003,305
Full Time Equivalent (FTE)	36.00	0.00	36.00

Overview of Budget Changes (In Millions)



General Fund Changes (In Millions)

