



Behavioral Health  
HUMAN SERVICES




# House Bill 1012 Senate Appropriations Senator Holmberg, 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.

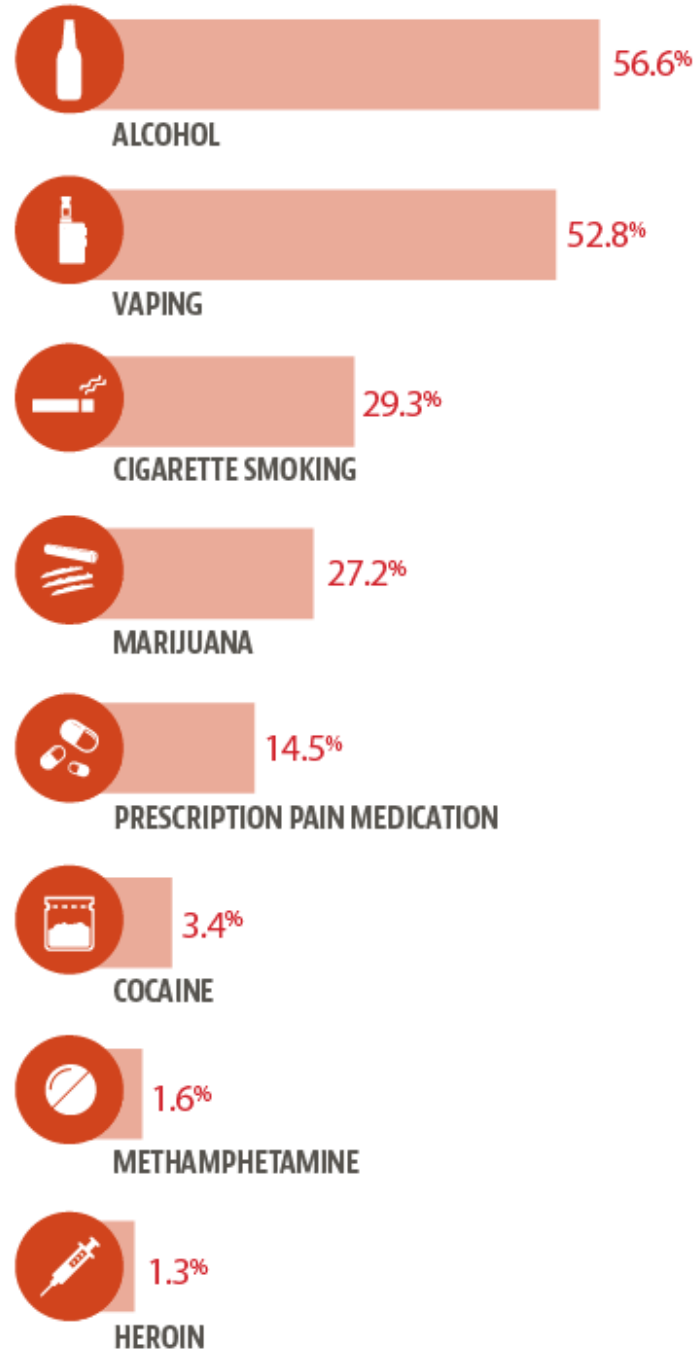


Persons with serious mental illness (SMI) are now dying *25 years earlier* than the general population

(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.)



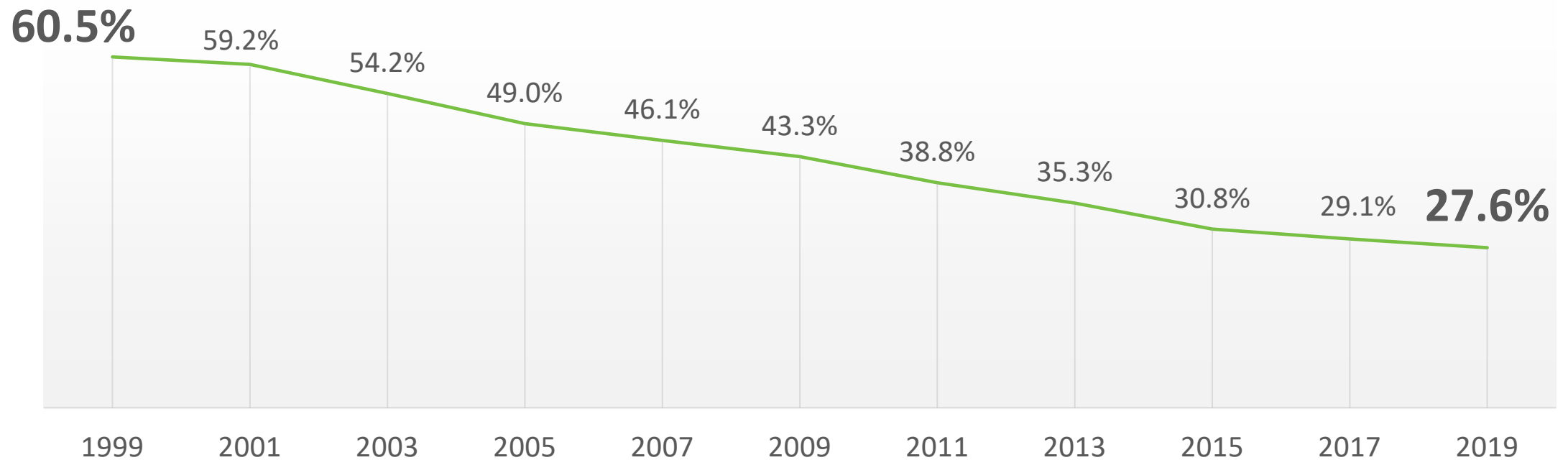
# ND Youth Lifetime Substance Use (High School Students)



# Prevention Works!

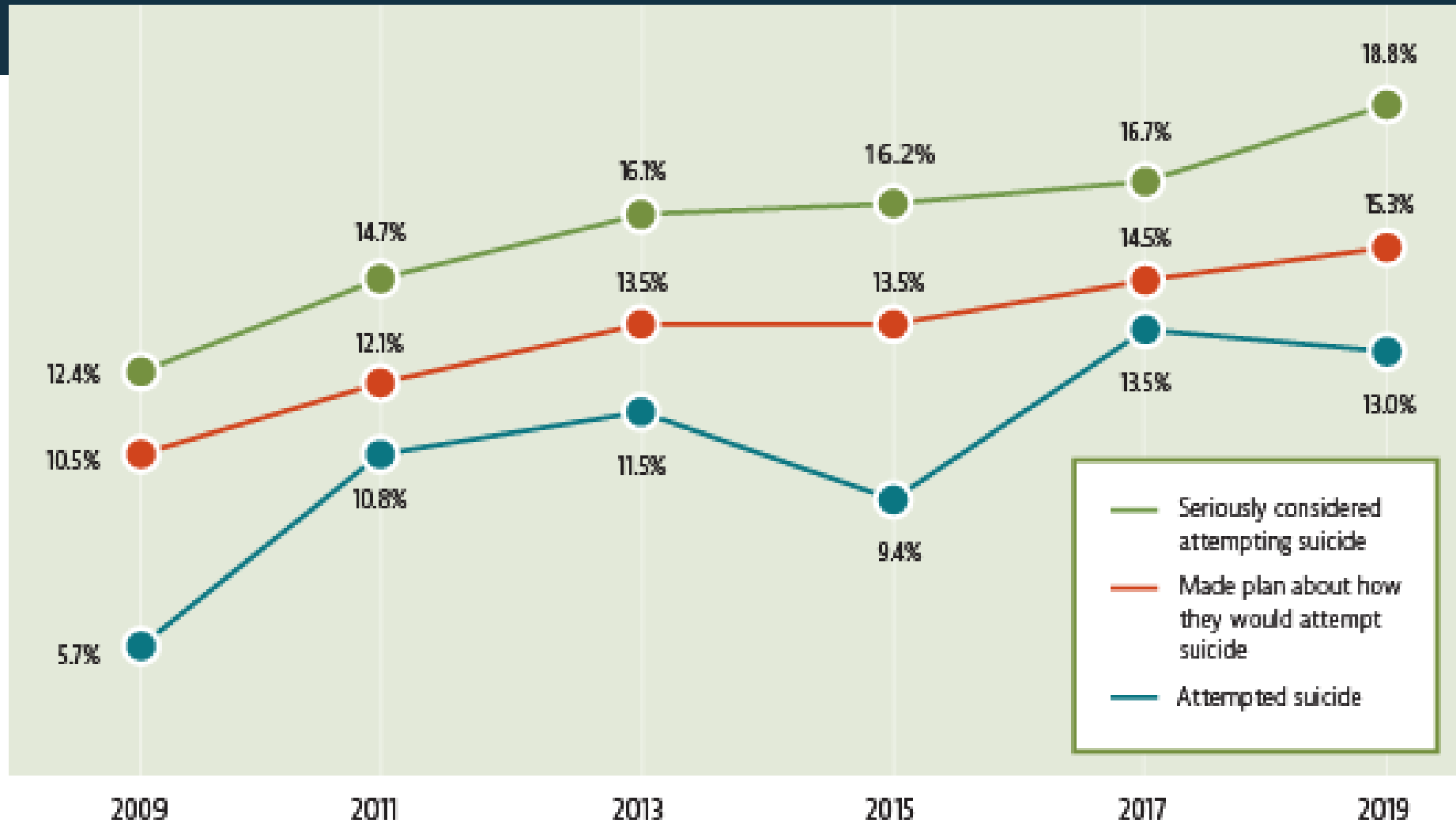
## Current Alcohol Use (past 30 days) among ND High School Students

Youth Risk Behavior Survey



# Youth Suicide

(High School Students; past 12 months)



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



**BINGE ALCOHOL USE\***



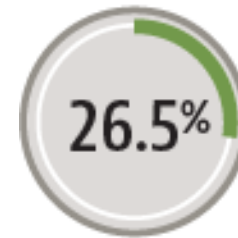
**TOBACCO**



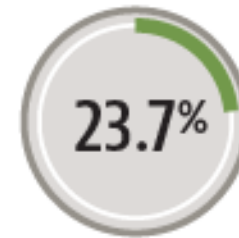
**MARIJUANA**



**ILLICIT DRUGS  
(other than marijuana)**



**BINGE ALCOHOL USE\***



**TOBACCO**



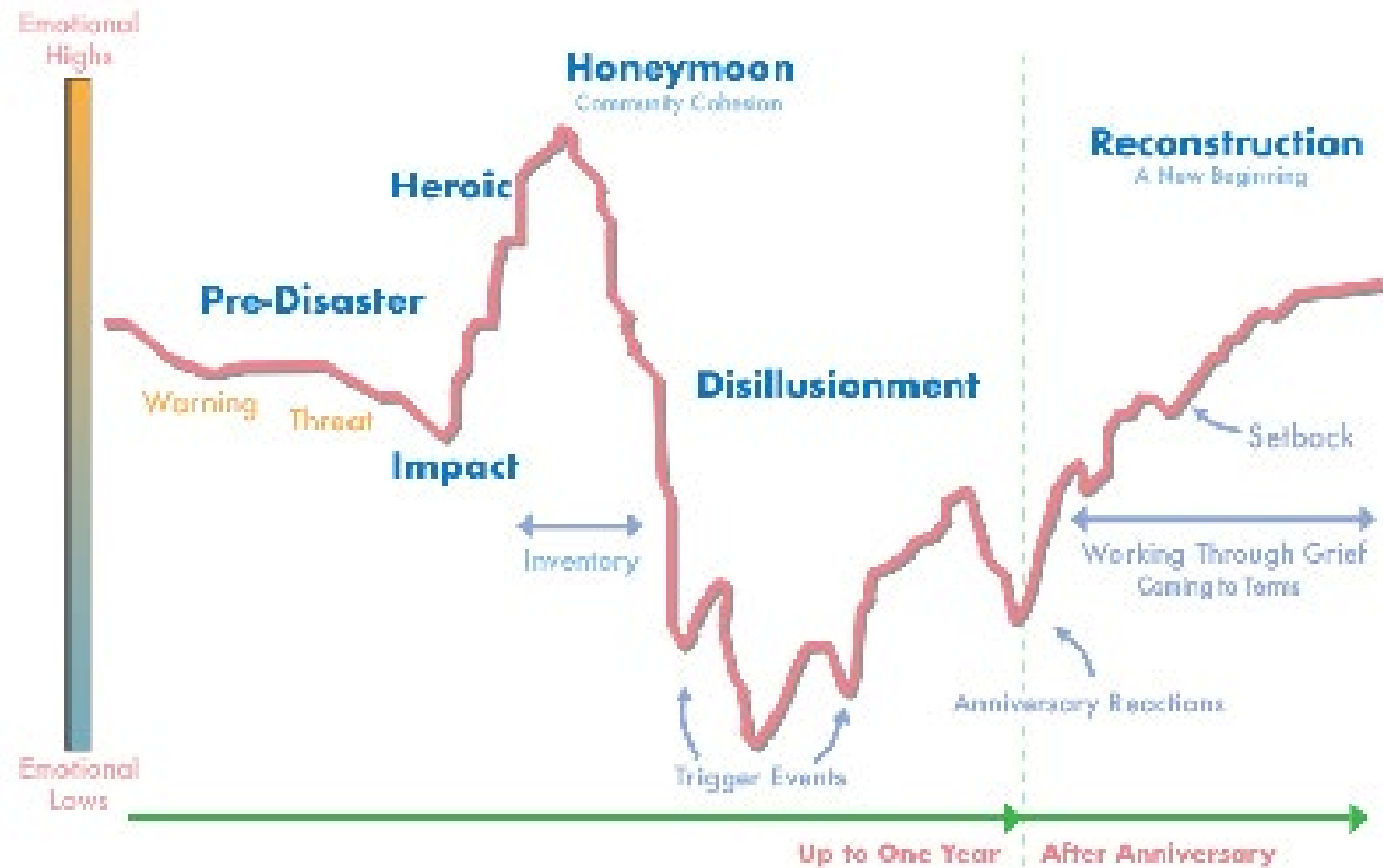
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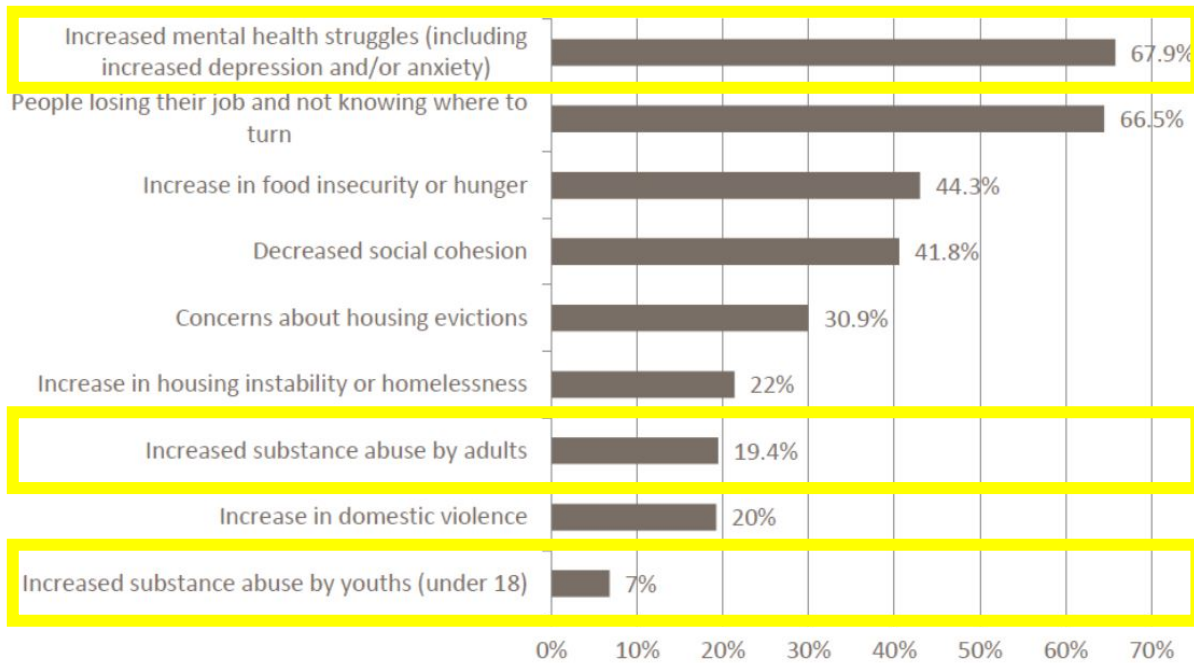
# Disaster Impacts to Behavioral Health



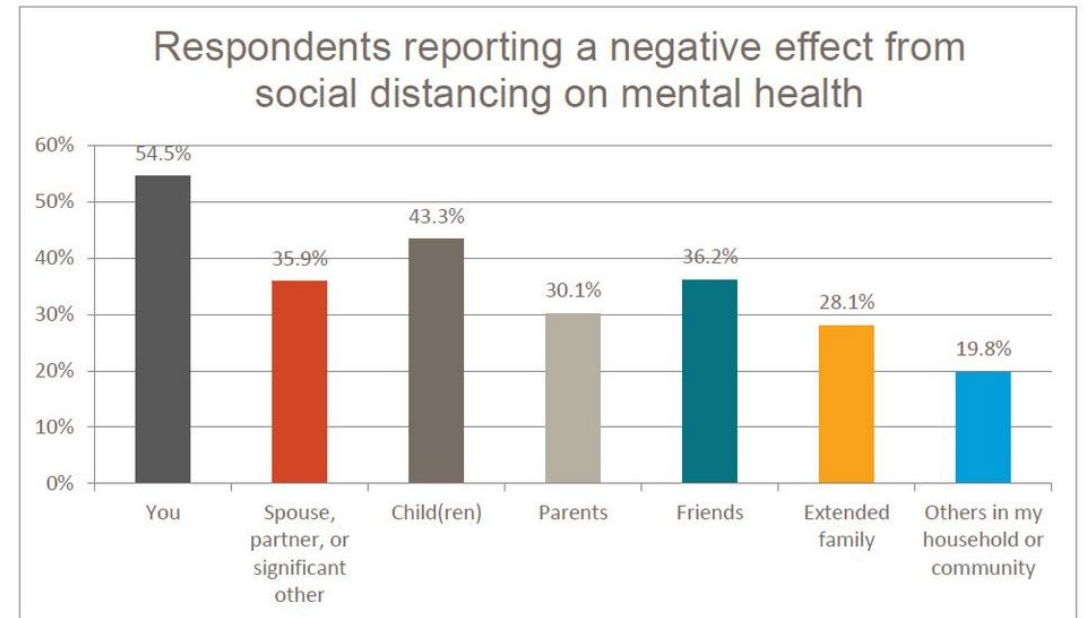
# COVID-19 Impacts on Behavioral Health

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](http://www.behavioralhealth.nd.gov/data).

# ROADMAP

## The Behavioral Health Systems Study, April 2018



### North Dakota Behavioral Health System Study

Final Report  
April 2018

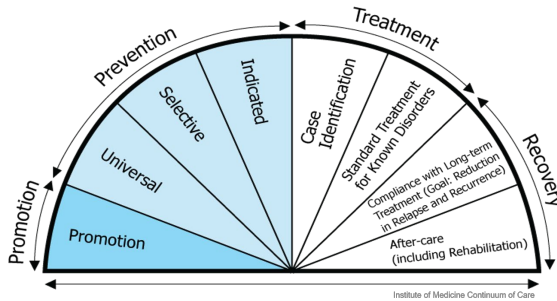


# North Dakota Behavioral Health System Study **RECOMMENDATIONS**

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

# 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**



# KEY INITIATIVES

## Behavioral Health

NORTH  
**Dakota**  
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Behavioral Health  
HUMAN SERVICES



During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services (Department) to create a Medicaid 1915(i) 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.



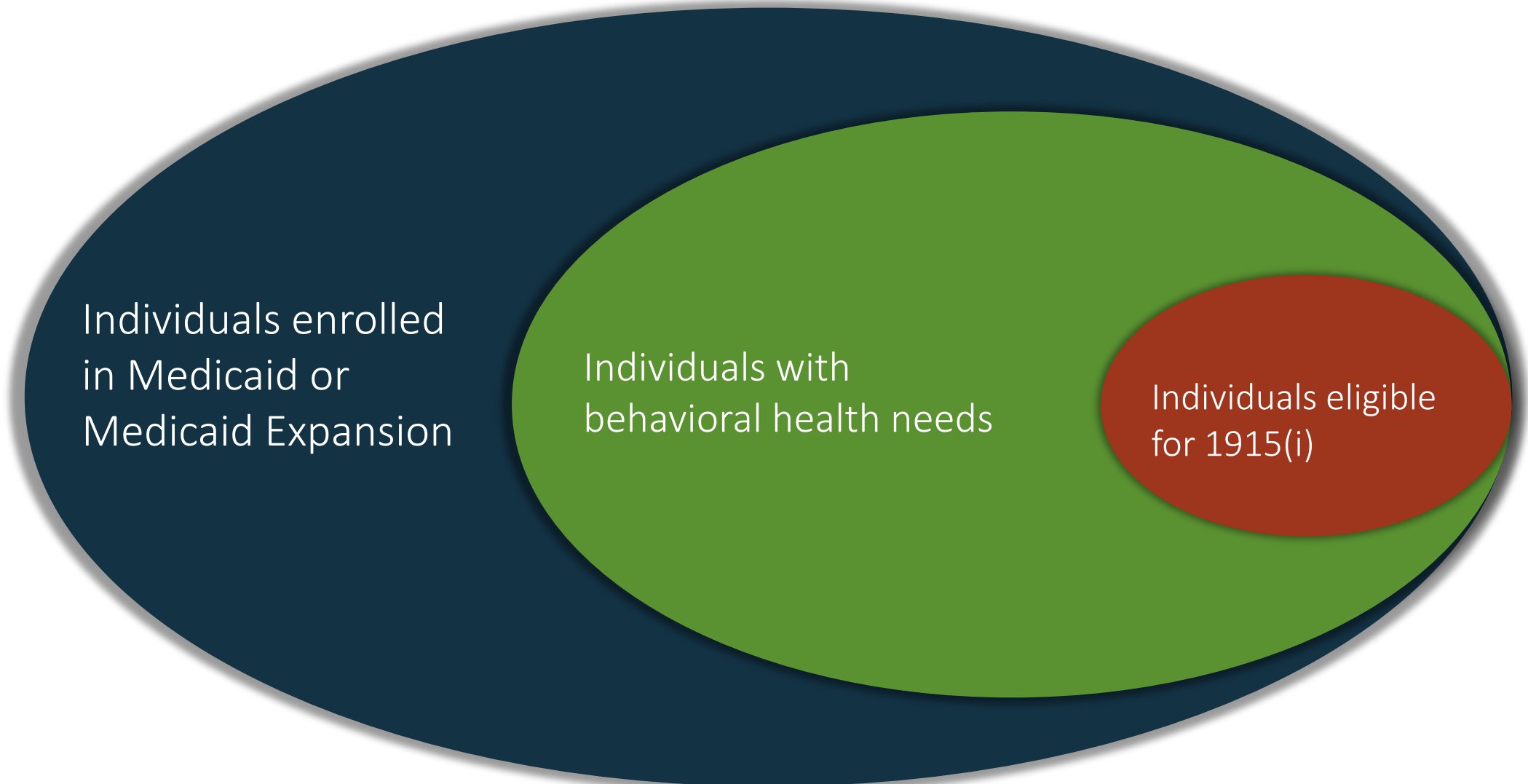
# 1915i State Plan Amendment



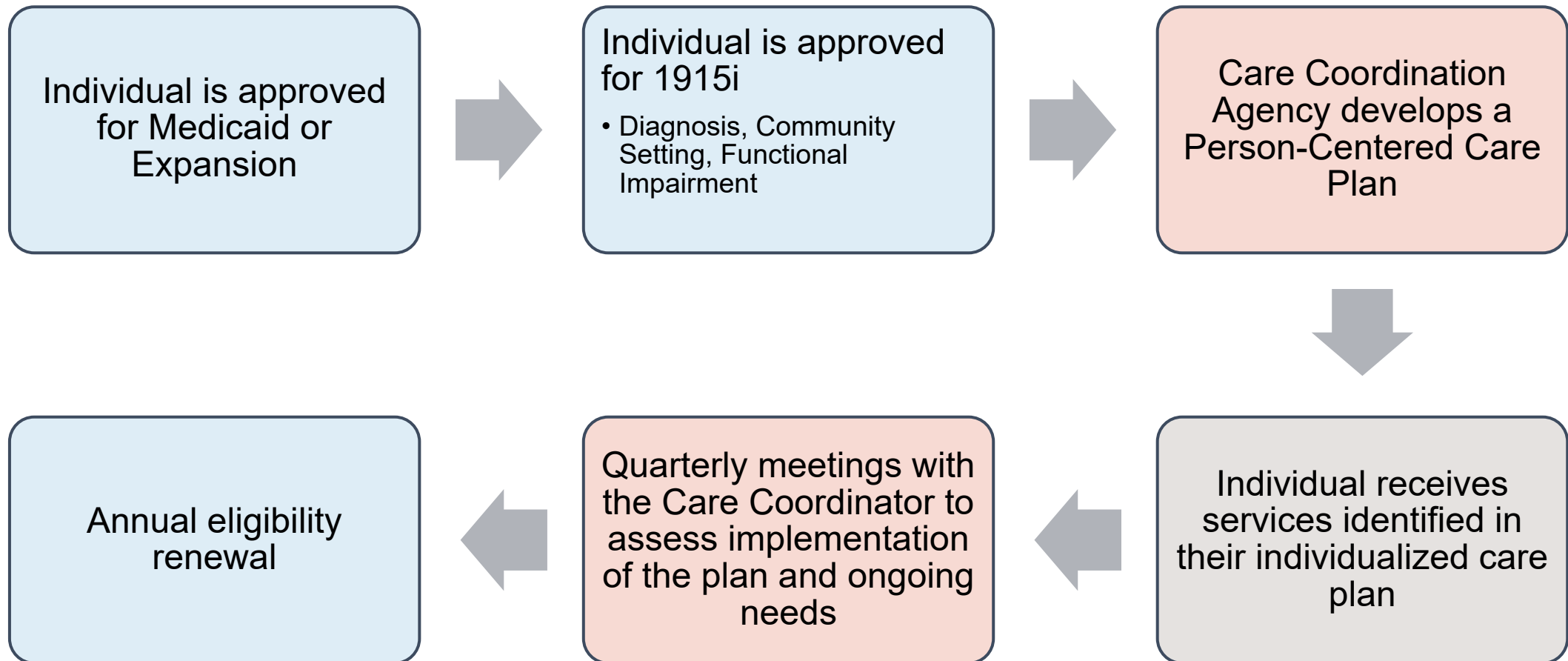
The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

Individual Eligibility	Services
<ul style="list-style-type: none"><li>• The individual is age 0+; and</li><li>• The individual is currently enrolled in ND Medicaid or Medicaid Expansion; and</li><li>• The individual resides in and will receive services in a setting meeting the federal home and community-based setting requirements, and</li><li>• The individual has a mental illness, substance use disorder or traumatic brain injury diagnosis</li></ul> <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"><li>• Care Coordination</li><li>• Training and Supports for Unpaid Caregivers</li><li>• Community Transitional Services</li><li>• Benefits Planning</li><li>• Non-Medical Transportation</li><li>• Respite</li><li>• Prevocational Training</li><li>• Supported Education</li><li>• Supported Employment</li><li>• Housing Support Services</li><li>• Family Peer Support</li><li>• Peer Support</li></ul>

# Population Served

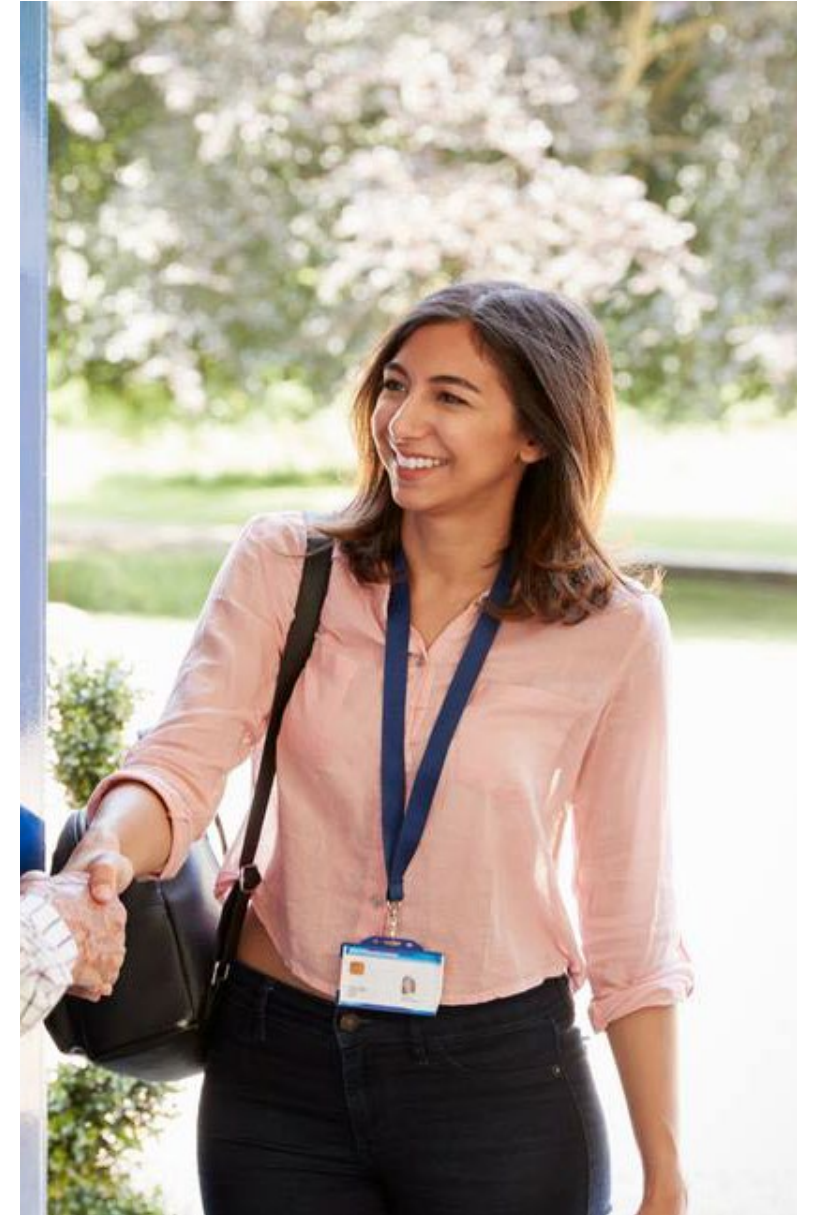


# Process



# The Care Coordination Role

- 1915(i) Care Coordination Services are provided by enrolled 1915(i) Care Coordination Providers. Care Coordinators could be employed by the state, private providers/ community organizations.
- The Care Coordination Role is responsible for the development of the Person-centered Plan of Care and supporting the individual with accessing the greater community to meet the individual's overall needs. This includes:
  - Ensuring continuity of care including collaborating with existing systems and services.
  - Connecting individual to additional 1915(i) Services through the development of the person-centered plan of care.
  - Building informal supports network in the individual's community.
  - Providing services that are equitable and culturally competent.
  - Empowering individuals by upholding practice that promotes individual choice, rights and responsibilities.



# Example 1: Community Behavioral Health Provider

## NOW

- \$1,000,000 **general** fund/biennium
- 60 individuals served at any one time/biennium
  - 50% qualify for Medicaid
  - 25% qualify for 1915i (15)
- Individuals receive support services 24/7

## FUTURE

- 15 individuals (qualify for 1915i) - Provider reimbursed for person-centered services based on individuals need

### EXAMPLE →

- *An individual receives 2 hours of Care Coordination/3 days a week/biennium = \$50,918.40*
  - *For 15 individuals = \$763,776*
- *An individual receives Peer Support 4 hours/week/biennium = \$12,280.32*
  - *For 13 individuals = \$159,644.16*
- *An individual receives Supported Housing 1 hour/day/5 days a week = \$21,819.20*
  - *For 12 individuals = \$261,830.40*
- *An individual receives Supported Employment 3 hours/week/biennium = \$13,091.52*
  - *For 4 individuals = \$52,366.08*
- **Total amount billed to the provider = \$1,237,616.64**
  - *\$618,808.32 general funds/biennium for the 15 individuals serviced*

*\*\*In current budget most providers continue to receive 50% of the original amount - \$500,000\*\**

# Outcomes of 1915i Implementation

- Individuals with highest need receive services that are more robust and targeted to their specific needs (person-centered).
- By leveraging other funds, the state is investing less funding yet providing more service to individuals with a behavioral health condition and providing opportunities for providers to expand services.
- Providers are able to bill for the specific services they are providing which allows greater opportunity to expand services and increase revenue.
- Behavioral health on par with health & sustainable.

# Example 2: School

## FUTURE

### EXAMPLE →

- *School-Based Care Coordinator*  
*30 hours/40 weeks/biennium =*  
***\$195,840***

*Family Peer Support*

*Respite*

*Supported Education*

*Supported Employment*

# Supporting Families

## **FUTURE**

- *Student struggles are often related to family issues.*
- *Connecting family members to services can be significant for student success.*

## **EXAMPLE →**

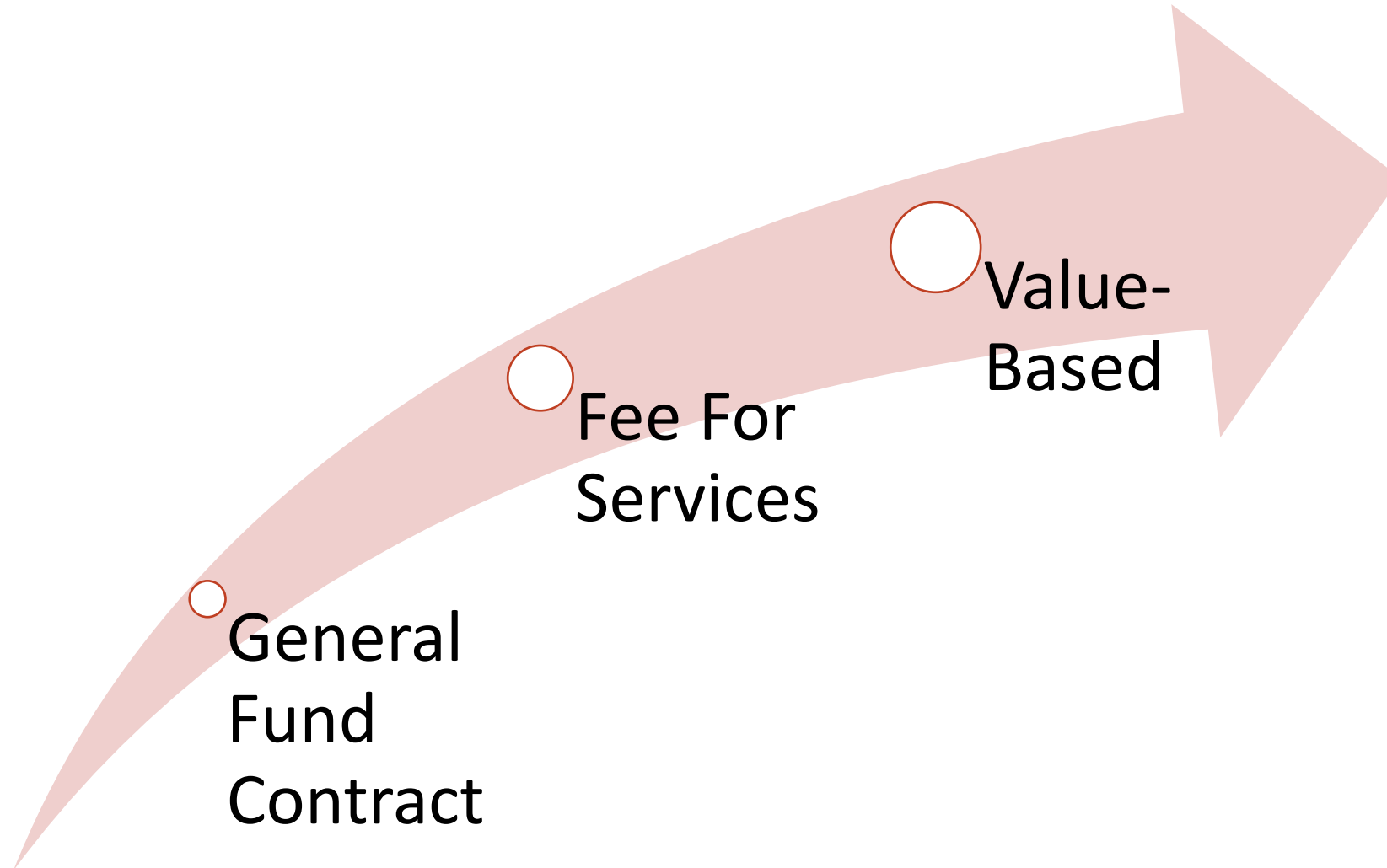
*A family experiences homelessness due to parental mental illness. Connecting to care coordination providers of adult services will be vital.*



# Expanded Behavioral Health Workforce

- 1915i services are provided by non-traditional behavioral health professionals
- Potential to improve access for workforce in rural areas
- Effectiveness of lived experience
- Career growth opportunities

# Reimbursement Roadmap





# 1915i Provider Enrollment

## PROVIDERS ENROLLED

*As of March 5, 2021*

### Candor Professional Services

- 1 individual provider

### Community Options

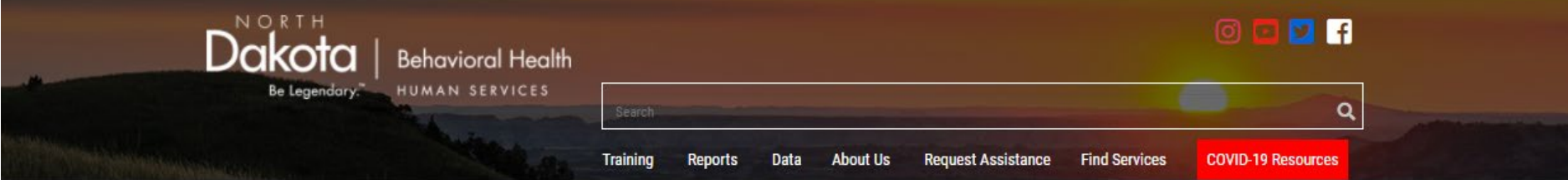
- 41 individual providers

6 group providers approved; no individual providers enrolled yet

- Poppy's Promise
- Veridian Fiscal Solutions
- Keeping the Promise
- ShareHouse
- PATH North Dakota
- Success Unlimited

# PROVIDER RESOURCES





Home / 1915(i) Medicaid State Plan Amendment is Approved

## 1915(i) Medicaid State Plan Amendment is Approved

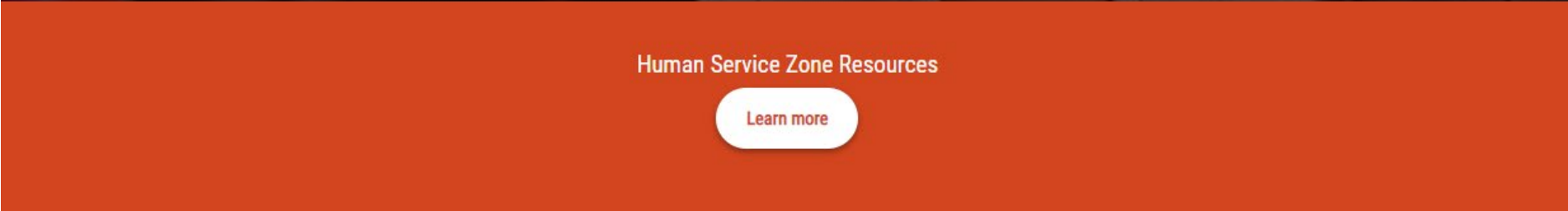
The North Dakota Medicaid 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

How do I apply/access services?

[Click here](#)

How do I become a provider?

[Click here](#)





## Consumers

Services available closer to home and are specifically targeted to need



## Behavioral Health Professionals

Opportunities to expand workforce through non-traditional behavioral health professionals and improve access in rural areas expands workforce



## Private Providers

Opportunities to bill for new services, expanding services and increasing revenue

How to become a 1915(i) Provider

[Learn more](#)

Provider Service Requirements

[Learn more](#)

Services & Fee Schedule

[Learn More](#)

Trainings

[Learn more](#)

Resources

[Learn more](#)

Forms

[Learn more](#)

Individual Eligibility

[Learn more](#)

How to Bill

[Learn more](#)

FAQs

[Learn more](#)

## Sign up for updates!

Get news from Behavioral Health Division in your inbox.

\* Email

\* First Name

\* Last Name

Name of Agency

By submitting this form, you are consenting to receive marketing emails from: Behavioral Health Division, 600 E Boulevard Ave Dept 325, Bismarck, ND, 58505-0250, US, <https://www.behavioralhealth.nd.gov/>. You can revoke your consent to receive emails at any time by using the [SafeUnsubscribe®](#) link, found at the bottom of every email. **Emails are serviced by Constant Contact.**

[Sign Up!](#)



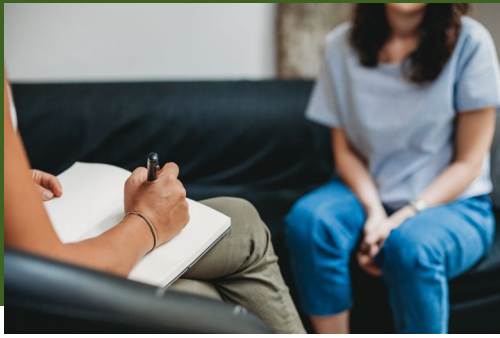
# Technical Assistance Calls for 1915(i) Providers

Medical Services and Behavioral Health Divisions are offering Technical Assistance for 1915(i) providers through a series of calls every Wednesday, beginning January 20, 2021, 1-2pm.

When

This training is offered online, every Wednesday from 1-2pm CT.

[www.behavioralhealth.nd.gov/1915i/resources](http://www.behavioralhealth.nd.gov/1915i/resources)



# 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

	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	\$10,060,494.86 (as of March 3, 2021)



# Changes/Expansion

## 65<sup>th</sup> Legislative Session (2017)

**Methadone maintenance** was added as a covered service, effective July 1, 2017 (HB 1012)

## 66<sup>th</sup> Legislative Session (2019)

Providers who access the SUD Voucher were **expanded to public agencies** (i.e., public health and tribal agencies) who hold a substance abuse treatment program license - not including Human Service Centers. (HB 1105)

**Eligibility age was changed from 18 to 14 years old**, effective July 1, 2020. (SB 2175)

## 67<sup>th</sup> Legislative Session (2021)

House Bill 1402 is **proposed to allow providers in border states** to access the SUD Voucher for North Dakota citizens



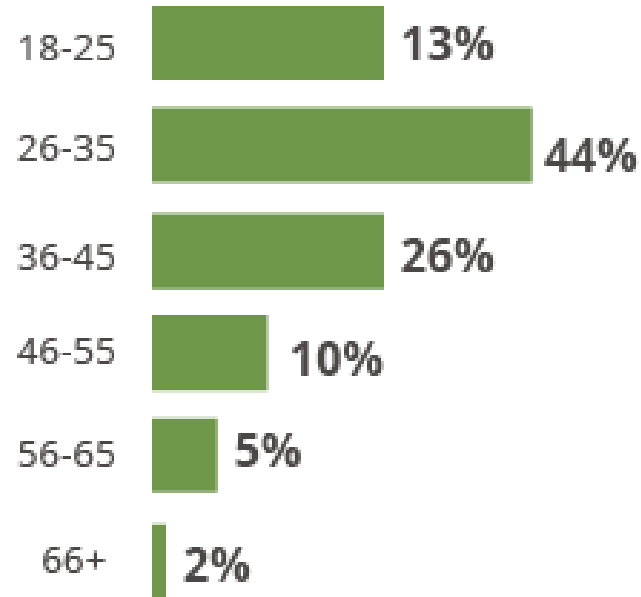
# Substance Use Disorder (SUD) Voucher

*From July 1, 2019 through Sept. 30, 2020, approximately 2,296 individuals have received services.*

## Gender



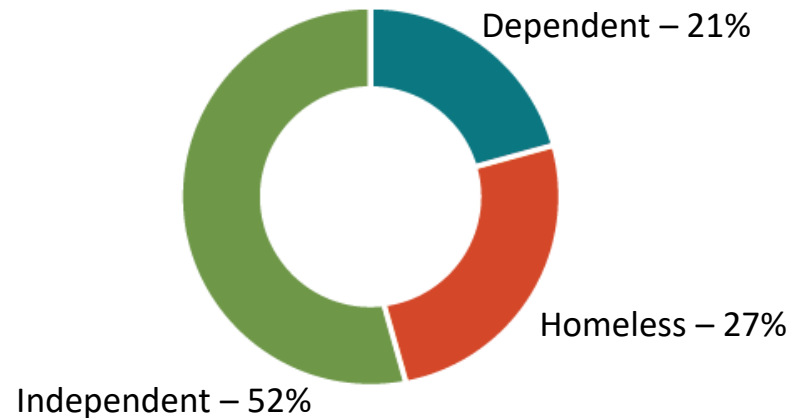
## Age



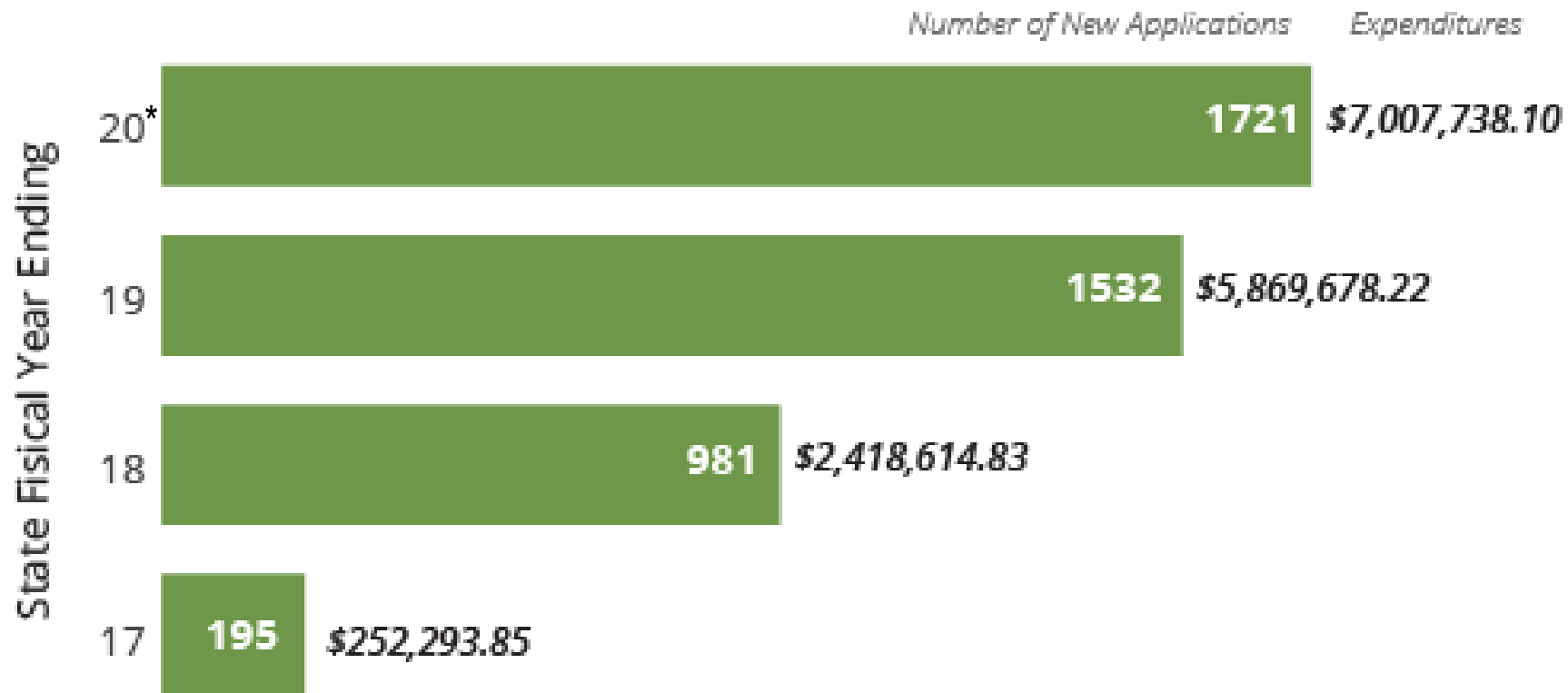
## Race



## Living Environment



# Program Participant Growth and Expenditures



*\*New applications closed July 1, 2020.*

# Appropriation and Expenditures

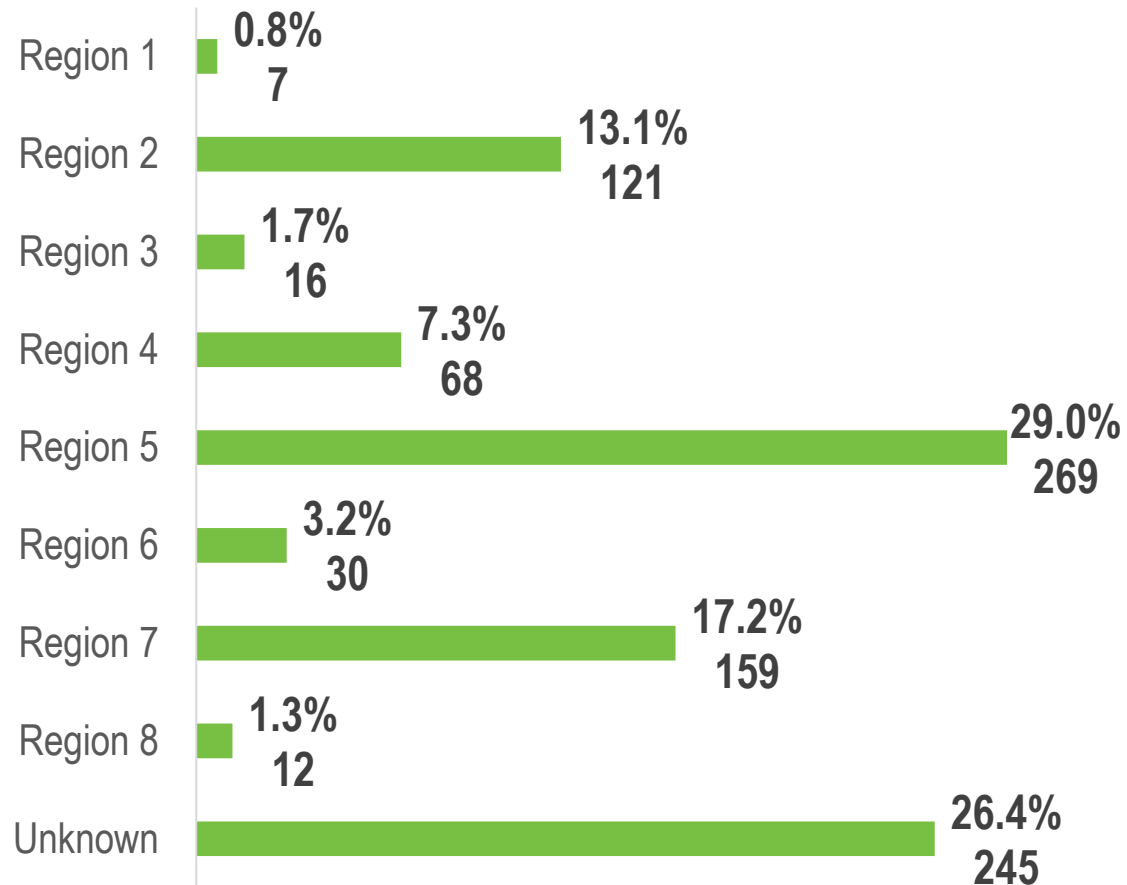
	2015-2017	2017-2019	2019-2021
<b>Total Budget</b>	\$575,000	\$4,917,087	\$7,997,294
<b>Amount Expended</b>	\$252,293.85	\$8,288,293.05	\$10,060,494.86 (as of March 3, 2021)

# 6 Month Snapshot: Regional Participation and Expenditures

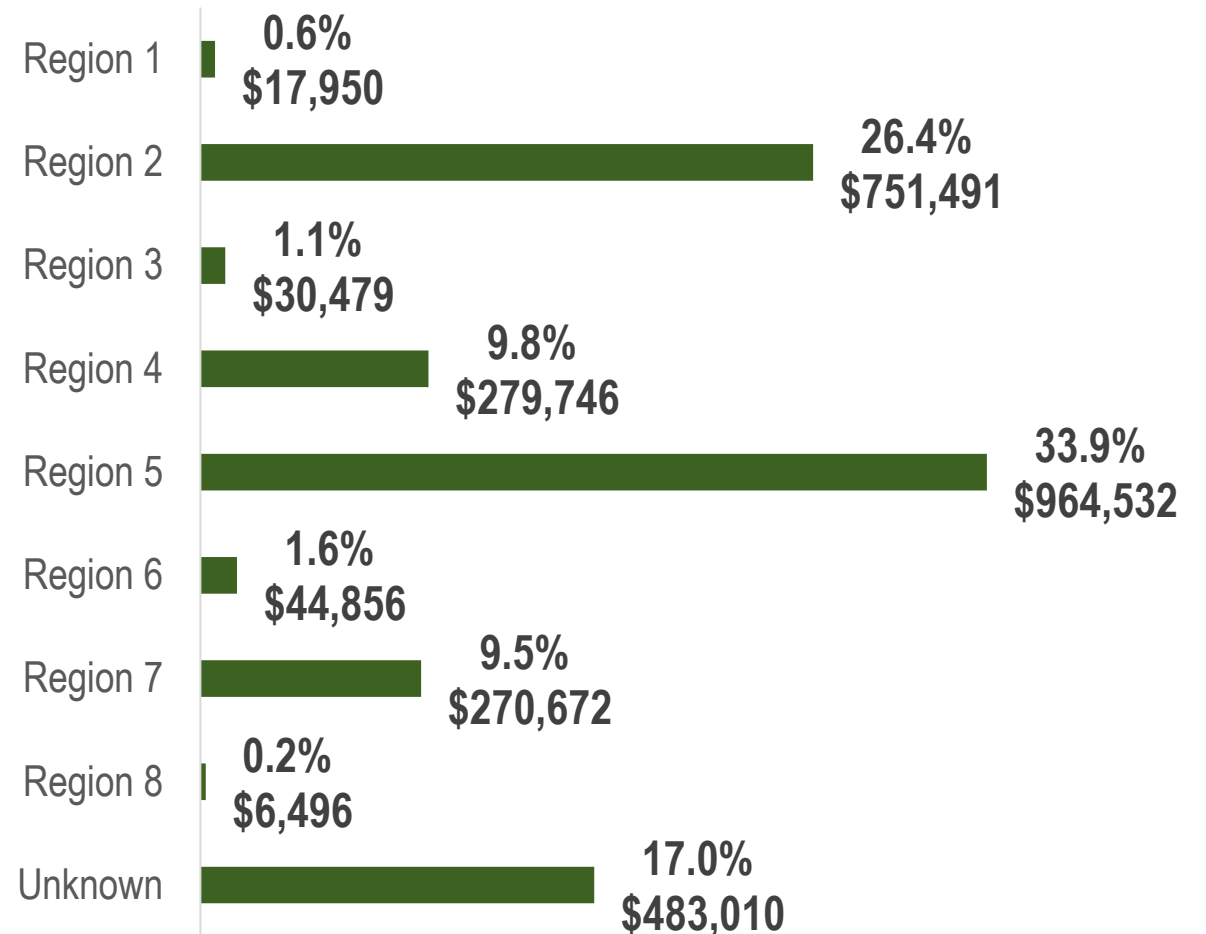
*Applicants approved from February 2020 to August 2020*

## Regional Participation

*(Percentage/Number of Applicants by Region)*



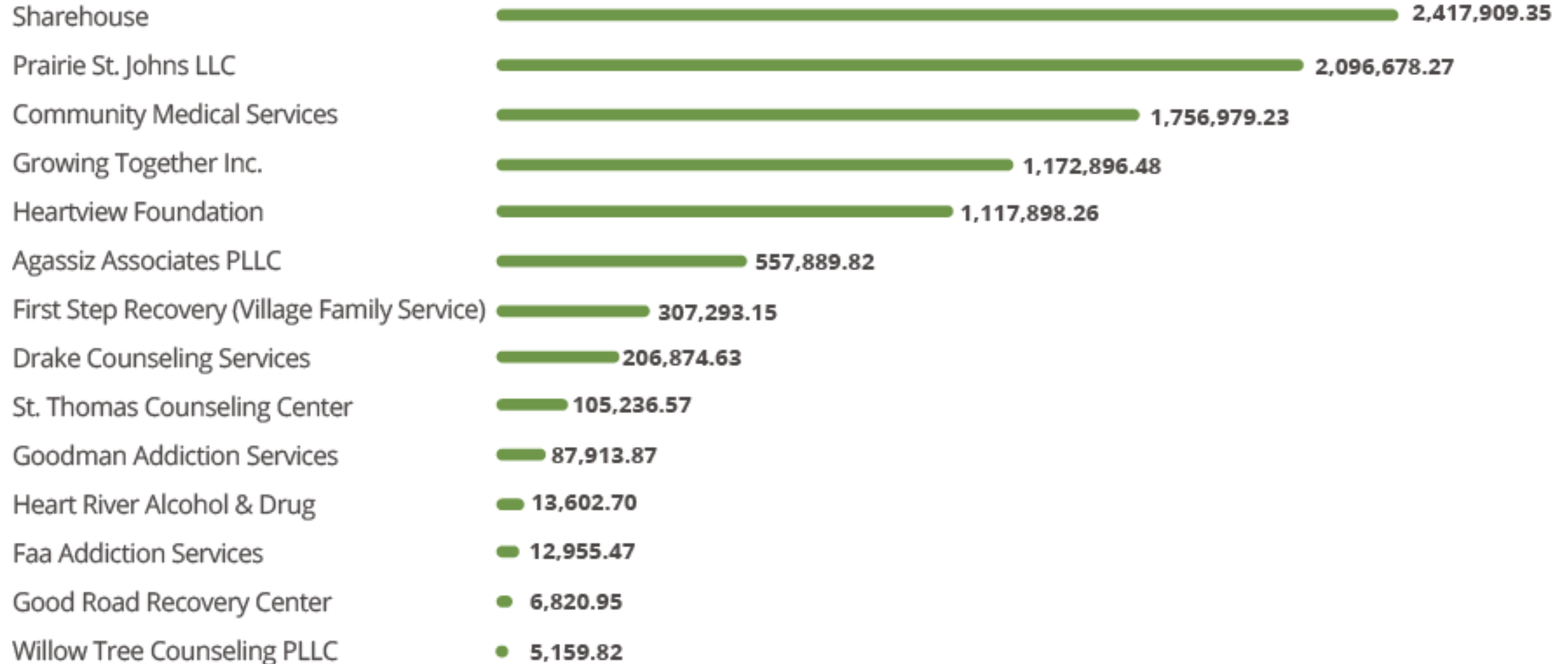
## Regional Participant Expenditures



# Total Voucher Reimbursements by Provider

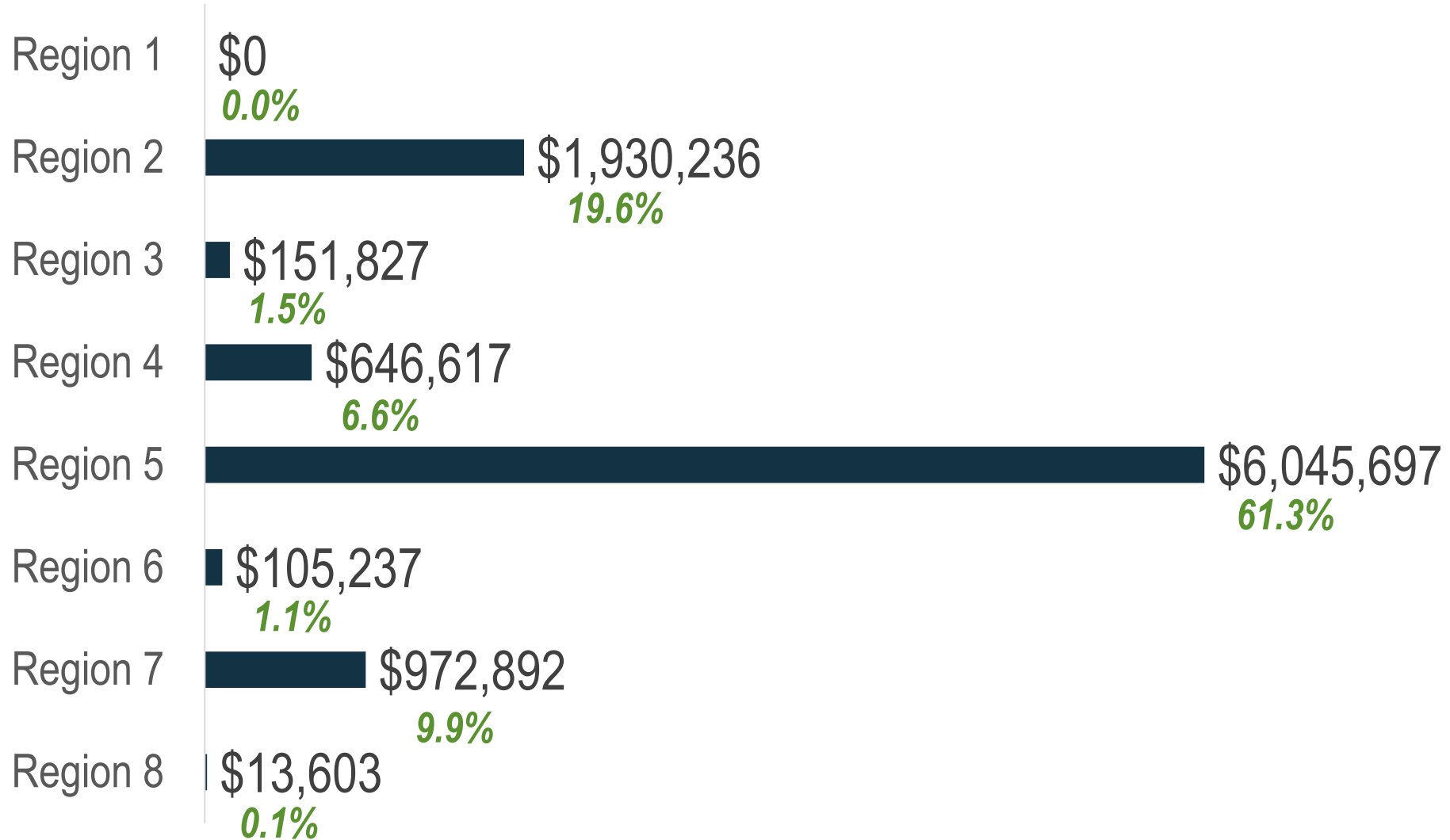
*The data below describes provider reimbursements from July 1, 2019 through December 11, 2020 (\$9,866,108.57).*

*Cumulative refunds received during this time totaled \$219,292.81 for a net expenditure of \$9,646,815.76.*



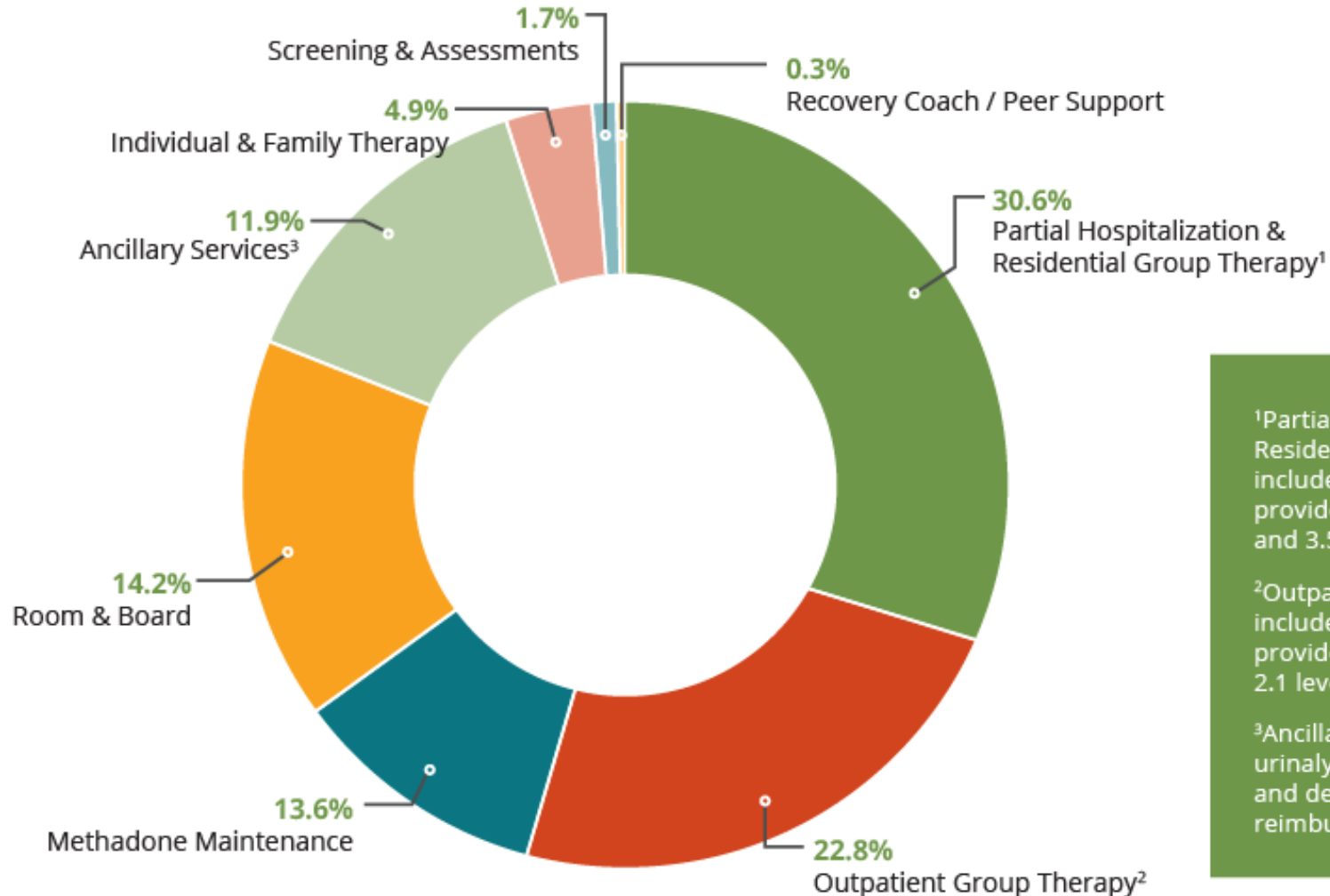
# Regional Provider Reimbursements

July 1, 2019 – December 11, 2020



# Expenditures by Service Type

Percentage of expenditures by service type from February 6, 2020 through December 11, 2020.



<sup>1</sup>Partial Hospitalization and Residential Group Therapy includes therapy services provided in the ASAM 2.5 and 3.5 levels of care

<sup>2</sup>Outpatient Group Therapy includes therapy services provided in the ASAM 1 and 2.1 levels of care

<sup>3</sup>Ancillary Services includes urinalysis, transportation, and deductible/copayment reimbursements



# Since inception, all outcomes 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.).

Average Outcome Scores Over Time



### 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.)

Average Outcome Scores Over Time



### COMMUNITY

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

Average Outcome Scores Over Time



### HOME

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

Average Outcome Scores Over Time





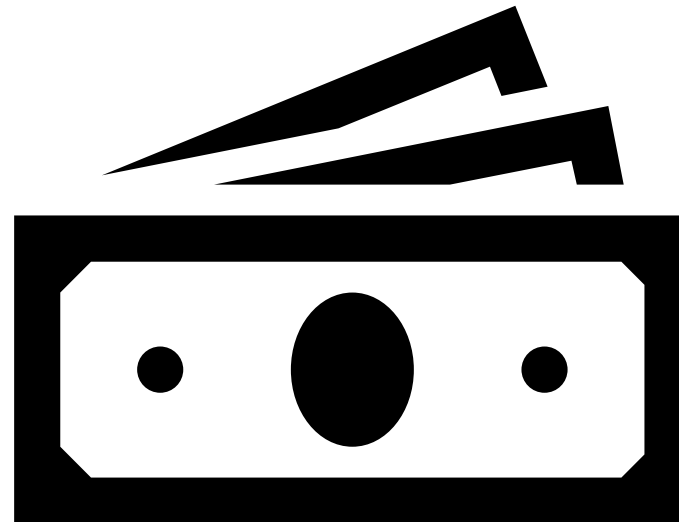
# ABOUT FREE THROUGH RECOVERY

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

**THE MISSION OF FREE THROUGH RECOVERY IS TO IMPROVE HEALTHCARE OUTCOMES AND REDUCE RECIDIVISM BY DELIVERING HIGH-QUALITY COMMUNITY BEHAVIORAL HEALTH SERVICES LINKED WITH COMMUNITY SUPERVISION.**

# Pay for Performance Model

- Providers are paid a monthly base rate for each participant with the opportunity to receive performance pay if the participant meets at least 3 out of 4 monthly outcomes.



# Outcome Monitoring

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## **Stable Housing**

Is the person living in a residence that is supportive of their recovery?



## **Stable Employment**

Is the person actively seeking or participating in employment?



## **Recovery**

Is the participant demonstrating effort to reduce their substance use or the harm associated with their use and/or improve their mental health functioning.

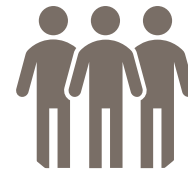


## **Criminal Justice**

Did the participant avoid law enforcement involvement resulting in arrest, criminal charge, or probation violation resulting in initiation of revocation?

# FREE THROUGH Recovery

Overall, from March 2018 through March 2, 2021, providers earned performance pay for 68.5% of their participants.



3,026 Individuals  
have Participated

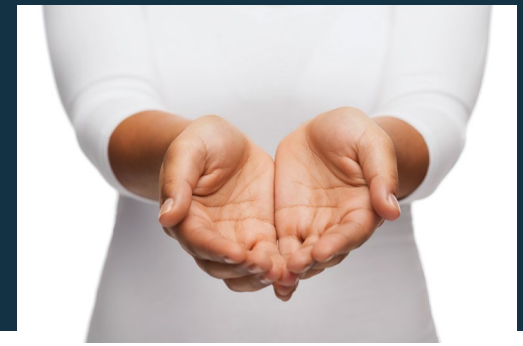


995 Current Active  
Participants



35 Current Providers

# Community-Based Behavioral Health Program



*In October 2020, the North Dakota Emergency Commission and Budget Section approved the Department of Human Services' Behavioral Health Division request for \$1.7 million in Coronavirus Aid, Relief, and Economic Security (CARES) Act funding for the development of a Community-Based Behavioral Health Program.*

**Program Goal:** reduce need for treatment in congregate settings, such as residential treatment facilities, inpatient hospitalizations and emergency medical interventions.

	Number of PROVIDERS	Number of INDIVIDUALS
Substance Use Disorder Treatment Services	11	98
Care Coordination Services	35	178

# 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)
  - **43 CPSS I (as of March 2, 2021)**
- Certified Peer Support Specialist II (CPSS II)
  - **12 CPSS II (as of March 2, 2021)**

*Since 2018 the Behavioral Health Division hosted 21 trainings and trained over 506 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.

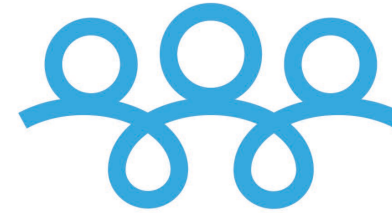
**12 grant applications have been received and awarded from 7 schools (3/5/2021)**

## 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**  
Program Soft 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

## **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](http://www.behavioralhealth.nd.gov/helpishere)



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HUMAN SERVICES



# Reach for Resilience

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## Reach for Resilience

Help & resources for healthcare workers dealing with COVID-19 in their daily lives.

### You made it! Welcome to our site.

Reach for Resilience was created by healthcare workers for healthcare workers to respond to all of the pandemic-related challenges in our lives. The service is free, confidential and open to all healthcare workers in North Dakota. Reach for Resilience is a help line and resource center for healthcare professionals, formed in partnership between Sanford Health and the North Dakota Department of Human Services' Behavioral Health Division.

**Take some time to explore the categories and see what fits best for you. We are pleased you took the first step to get here.**



## Where Do I Begin?

As healthcare workers we are responding to COVID 19 in our professional and personal lives every day. We are in this together. Please use these resources to support your self-help skills, seek professional help for yourself or to help someone you know in crisis.

[Self-Help](#)

[Professional Help](#)

[I'm Feeling Anxious & Stressed](#)

[I'm Feeling Depressed](#)

[I Can't Sleep](#)

[I've Been Drinking More](#)

[Someone Died in My Care](#)

[I Know Someone in Crisis](#)

[I'm Having Suicidal Thoughts](#)

**Would you rather talk through these resources with us?**

Call [1-701-365-4920](tel:1-701-365-4920) for personalized assistance.

LET'S TALK





# Parenting in a Pandemic

## THE HOLIDAYS

The COVID-19 pandemic can take a toll on stress levels. Fear and anxiety about a disease can be overwhelming while also considering the many changes we are having to make to our routines and traditions to keep each other safe.

The Behavioral Health Division has resources, supports and services available.

**Help is Here.**



**Taking care of your mental health**

[Learn more](#)



**Looking for addiction or mental health treatment services?**

[Learn more](#)



**For support and assistance with finding resources, call 701-223-1510 to talk with a trained counselor.**

[Learn more](#)



**Supporting your child**

[Learn more](#)



**Educators**

[Learn more](#)



**Healthcare & Behavioral Health Providers**

[Learn more](#)