

**Draft 2013 Mental Health & Substance Abuse
Prevention and Treatment Block Grants**

Combined Assessment and Plan Narrative



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STEP 1: ASSESS THE STRENGTHS AND NEEDS OF THE SERVICE SYSTEM TO ADDRESS THE SPECIFIC POPULATIONS.

The following information provides an overview of North Dakota's behavioral health prevention, early identification, treatment, and recovery support systems. It gives a general overview of the state's demographics, the structure of the system of care, and initiatives that have been developed to strengthen services.

GENERAL STATE DEMOGRAPHICS

North Dakota is a rural, frontier state with an area of 72,000 square miles and a population of 672,591 (2010 Census). The largest city in the state is Fargo, which has a population of 105,549 persons. The majority of North Dakotans (53 percent) reside in the top four populated counties (Cass, Burleigh, Grand Forks, and Ward). The Red River Valley area along the North Dakota-Minnesota border encompasses roughly one-third of the State. In fact, nearly two thirds of the State's population resides in this narrow corridor. In comparison, the western half of the State has a population density from 0.9 to 10.7 persons per square mile. Thirty-six of fifty-three counties are designated frontier areas, having less than seven persons per square mile. Vast distances between towns, farmsteads, and services require residents to spend many hours in travel.

American Indians represent the largest minority population in North Dakota (5.6% or 36,223 race alone). Census data estimates indicate that the American Indian population (race alone or in combination) in North Dakota has increased 12 percent from 35,228 in 2000 to 39,525 in 2008. Furthermore, it is projected that the American Indian population (one race only) in North Dakota will be 47,000 in 2015 and 59,000 in 2025. According to the North Dakota Indian Affairs Commission, "...almost 60 percent (of the current population) lives on reservations and over 40 percent of these American Indians are under the age of 20."

There are four federally recognized Indian tribes represented in the state*: Mandan, Hidatsa, & Arikara Nation (Three Affiliated Tribes) consisting of six segments with a total population of 5,915 on Fort Berthold Reservation; Spirit Lake Sioux Tribe consisting of four districts with a total population of 6,223 on Spirit Lake Reservation; Standing Rock Sioux Tribe (bestrides North Dakota and South Dakota) consisting of eight districts with a total population of 8,250 on Standing Rock Reservation (4,044 ND side only); and Turtle Mountain Band of Chippewa Indians consisting of four districts with a total population of 14,500 residing on or adjacent to the Turtle Mountain Reservation.¹

The western half of North Dakota consists of many small communities spread across thousands of acres of farmland, with farming as one of the main sources of income. A "Virginia-sized", 24,000 square mile oil reserve of an estimated 4.3 billion barrels lies 10,000 feet below the surface of western North Dakota creating an "oil boom." Production rates of ND oil began to rise in 2004, but increased dramatically in 2007 with advancements in technology and higher oil prices. With all the royalties from the produced oil, it is calculated by the University of North Dakota that two millionaires are made each day. According to Job Service North Dakota, the state employment agency, the annual salary of employees in ten oil-patch counties has increased to an average of \$79,624.

The Bakken/Three Forks oil field has impacted North Dakota. While the 2010 Census lists the North Dakota population as 672,591, the Bureau estimated the 2012 population to be 699,628.

According to the University of Montana, Williston – the epicenter of the Bakken boom – has doubled since 2010 census to reach 25,000. Projections are that it might hit 60,000 in three to five years.

With the influx of oilfield workers, housing has become extremely difficult to find. People have been living in hotels, campers, man camps, vehicles, and tents. Rent in some areas has more than quadrupled, going from \$200 per month to over \$1000 per month. Homeless rates have increased by 19% (Advocates for the Homeless, 2009).

North Dakota has 13,788 military personnel which make up about 2.1% of its total population – 52.3% of whom are military personnel on active duty, 13.9% are civilian, and 33.9% consist of Reserve and National Guard. There are approximately 57,700 veterans in North Dakota that served in times of war and peace.

For every 10,000 citizens in North Dakota, 65 serve in the North Dakota National Guard, a rate that is more than four times the national average. Nationally, for every 10,000 citizens, 15 serve in the National Guard. More than half of all those currently serving in the North Dakota National Guard joined the military since the terrorist attacks on Sept. 11, 2001. Since the 2001 terrorist attacks on America, the North Dakota National Guard has mobilized more than 3,500 Soldiers and more than 1,800 Airmen in support of the Global War on Terrorism. North Dakota has two Air Force Bases which consist of 7,618 active duty and civilian personnel.

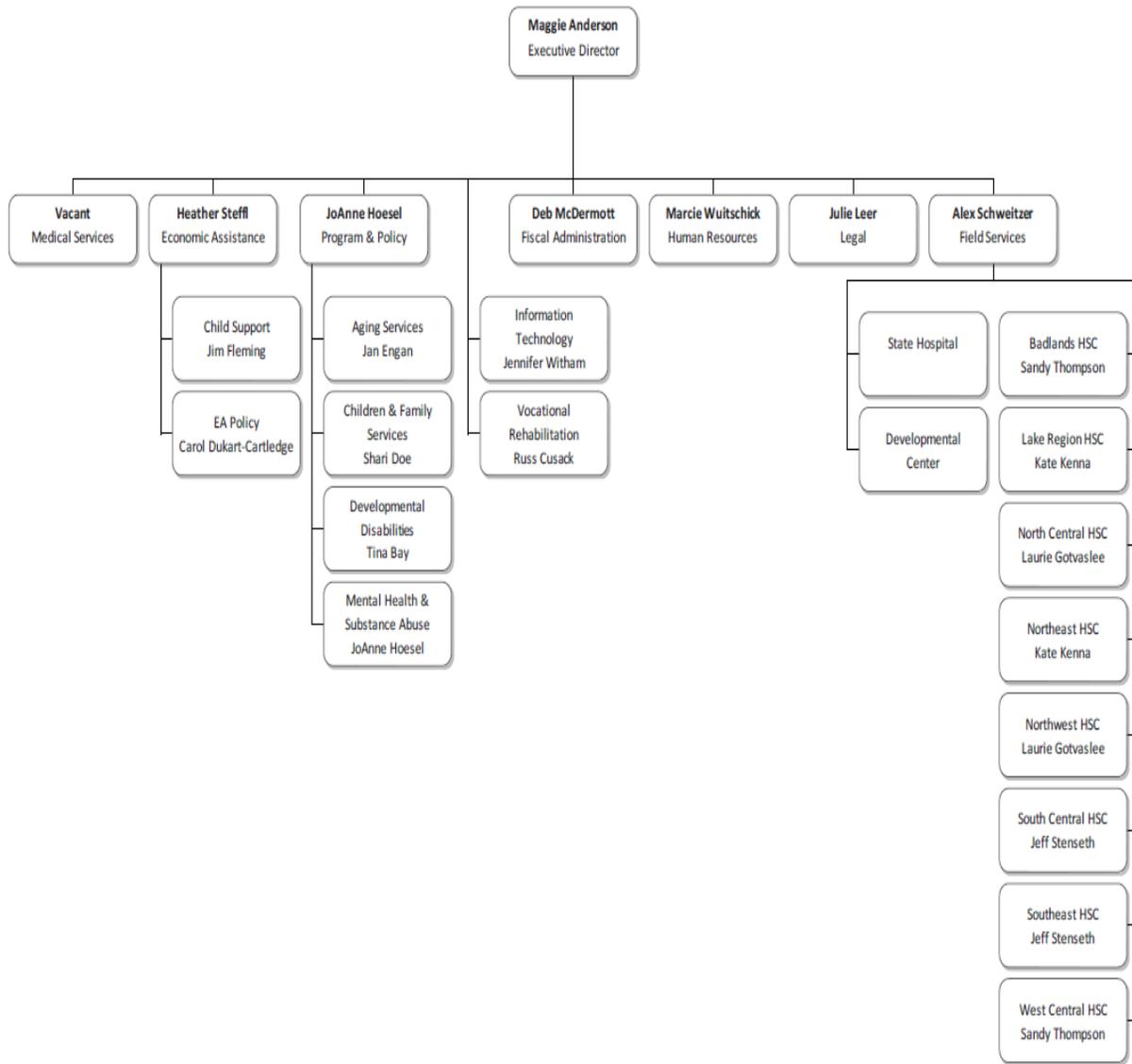
STRUCTURE OF THE PUBLIC BEHAVIORAL HEALTH SYSTEM

The North Dakota Department of Human Services: The Department of Human Services is the State governmental administrative agency that provides services that help vulnerable North Dakotans of all ages to maintain or enhance their quality of life, which may be threatened by lack of financial resources, emotional crises, disabling conditions, or an inability to protect themselves. The Department administers comprehensive human services and economic assistance on behalf of individuals and families in North Dakota. It is an umbrella agency headed by an executive director appointed by the Governor.

Comprised of over 2,000 employees, the Department of Human Services is organized into three major subdivisions consisting of Field Services, Program and Policy Management, and Managerial Support. The Department receives and distributes funds furnished by the North Dakota Legislature and Congress. Funds may be sent directly to providers or to people whom the counties determine qualify for programs and benefits. The Department provides direction and technical assistance, sets standards, conducts training, and manages the computerized eligibility system. The Department, through Field Services, is the direct provider of human services and the state institution for individuals needing inpatient psychiatric services.

Please see the Department's Organizational Chart on the next page.

Figure 1. North Dakota Department of Human Services

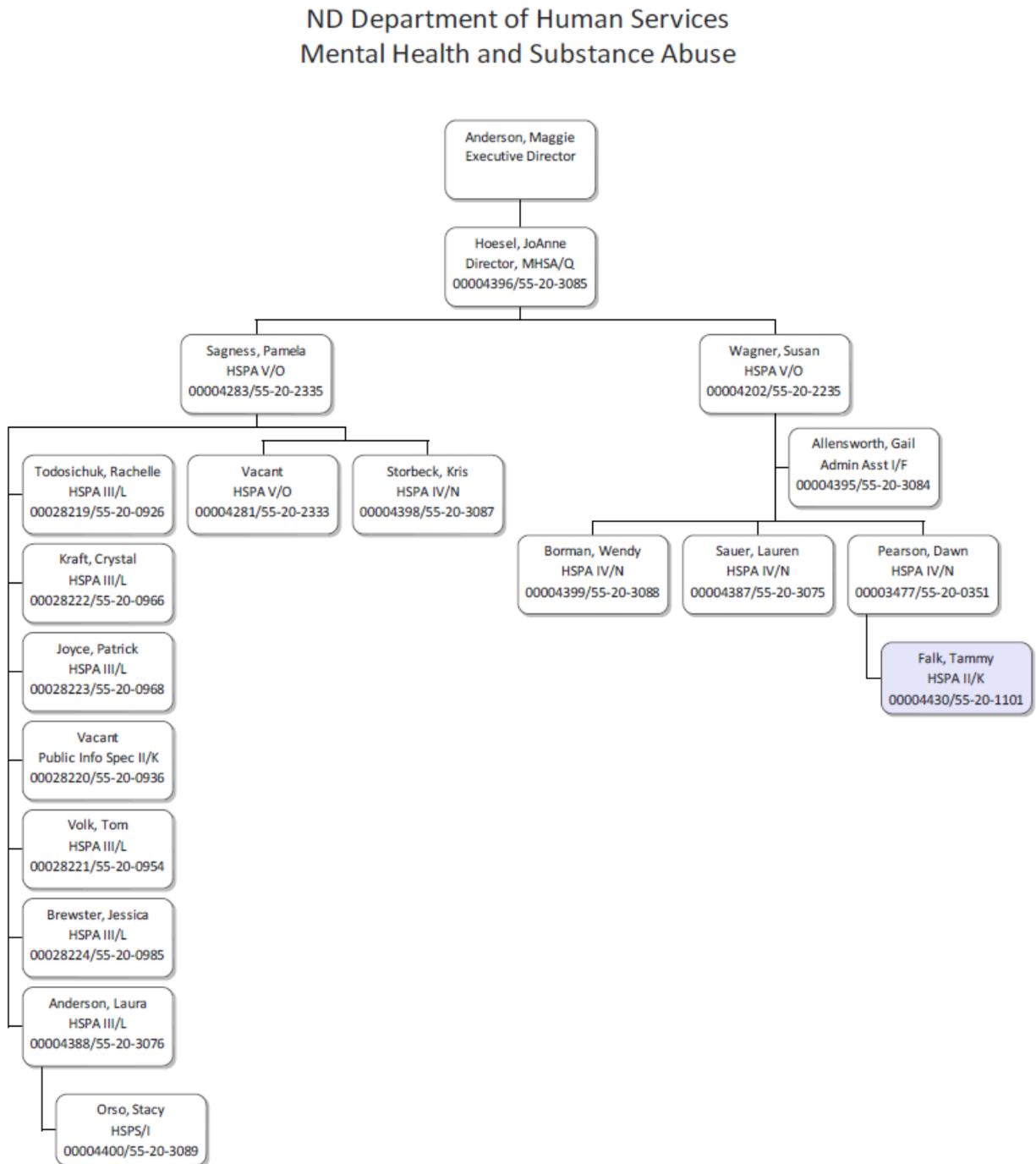


Revised 5/7/13

The Division of Mental Health and Substance Abuse Services: The Division of Mental Health and Substance Abuse Services (see Figure 2 below) is a part of the Program and Policy component of the Department of Human Services. The Division serves as the State Mental Health Authority, State Substance Abuse Authority, and the State Opioid Authority. It provides leadership to the field in developing systems and models of care for mental illness and substance abuse, including dual diagnosis (mental health/substance abuse). The Division has identified five priorities including prevention/promotion, military, recovery supports, trauma, and prescription drug/opioid treatment. The Division seeks active involvement in a variety of

interagency and multi-organization efforts designed to advance understanding of mental health and substance abuse issues.

Figure 2. Division of Mental Health and Substance Abuse Services



More specially, the Division performs the following functions:

- Planning and Research: A vital component to a solid behavioral health system and planning process is data. The Division uses a number of data sources to make informed decisions including the regional human service centers' electronic record (referred to as ROAP), Drug Abuse Services Information System (DASIS), and the Treatment Episode Data Set (TEDS).

The Division is actively working on a Continuous Quality Improvement process using the data gathered. Working closely with the regional human service centers, consumers and their families, private providers, and other stakeholders, the Division drafts and implements the annual State Plan on Mental Health and Substance Abuse Service.

- Grant Writing: The Division currently oversees the following grants and seeks other funding opportunities via the Federal government grant programs:
 - The Mental Health & Substance Abuse Prevention and Treatment Block Grants
 - State Data Infrastructure Grant
 - The Project for Assistance In Transition from Homelessness (PATH) Grant
 - Strategic Prevention Framework-State Incentive Grant (SPF-SIG)
 - Enforcing Underage Drinking Laws (EUDL)
 - The Immediate and Regular Services Grants of Crisis Counseling
- Policy Development and Implementation: The Division develops mental health and substance abuse programs and policies for the State of North Dakota. Implementation of these programs and policies is a function of the regional human service centers and the North Dakota State Hospital. The Division provides training, technical assistance and consultation concerning mental health and substance abuse programs and policies to the human service centers as well as any other agency, organization, and/or citizen of North Dakota. It also serves as a liaison between the Federal government, state/local entities, and the citizens of North Dakota.
- Licensing of Psychiatric Residential Treatment Facilities: These facilities provide children and adolescents 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 under the supervision of a psychiatrist. The facilities are: Dakota Boys and Girls Ranch – Fargo, Dakota Boys and Girls Ranch – Minot, Western Plains (Dakota Boys and Girls Ranch) – Bismarck, Luther Hall – Fargo, Pride Manchester House – Bismarck, and Ruth Meiers Adolescent Center – Grand Forks. The Division provides regulatory oversight and provides a licensing survey process to ascertain if the facilities are meeting licensure standards. All North Dakota Psychiatric Residential Treatment Facilities continue to be in good standings with their accreditation body, allowing the Mental Health and Substance Abuse Services and Medical Services Divisions the ability to issue a deemed status license for the time period of July 1, 2011 to June 30, 2013.
- Licensing of Substance Abuse Treatment Programs: The division, through administrative rule, licenses:
 - Clinically Managed Low-Intensity Residential Care - Adult ASAM Level III.1,
 - Clinically Managed Low-Intensity Residential Care - Adolescent ASAM Level III.1,
 - Clinically Managed High-Intensity Residential Care - Adult ASAM Level III.5,
 - Clinically Managed Medium-Intensity Residential Care - Adolescent ASAM Level III.5,
 - Medically Monitored Intensive Inpatient Treatment - Adult ASAM Level III.7,

- Medically Monitored High-Intensity Inpatient Treatment Adolescent ASAM Level III.7,
- Partial Hospitalization - Day Treatment - Adult ASAM Level II.5,
- Partial Hospitalization - Day Treatment - Adolescent ASAM Level II.5,
- Intensive Outpatient Treatment - Adult ASAM Level II.1,
- Intensive Outpatient Treatment - Adolescent ASAM Level II.1,
- Outpatient Services - Adult ASAM Level I,
- Outpatient Services - Adolescent ASAM Level I,
- Social Detoxification ASAM Level II.2-D, and
- the DUI Seminar ASAM Level 0.5 throughout the state.

On-site licensure visits to each provider are conducted every two years. There are currently 77 substance abuse licensed treatment providers in North Dakota.

- Licensing of the Regional Human Service Centers: The Division is the lead entity for the licensing of the eight regional human service centers. Using North Dakota Administrative Rule 75-05, the Division oversees a multidisciplinary team consisting of representatives from the Developmental Disabilities Division and the Children and Family Services Division. In addition, the Division contract for the services of a licensed psychologist, a registered nurse, a licensed addiction counselor, and a consumer or family member. The team conducts licensing on a biennial basis, four human service centers each year.
- Education: In addition to sponsoring training workshops -- such as the Spring and Fall Behavioral Health Conference and Motivational Interviewing training – and performing public speaking as requested, the Division administrates and manages the North Dakota Prevention Resource and Media Center. The Prevention Resource and Media Center (PRMC) supports local level prevention efforts by providing evidence-based prevention strategies, marketing, mass communication, and is a user-friendly media resource center/clearinghouse for the citizens of North Dakota. Materials are also available on mental health, traumatic brain injury, and suicide prevention.
- Substance Abuse Prevention System: The current North Dakota Substance Abuse Prevention System is data-driven and science-based. It consists of prevention administration, the Prevention Resource and Media Center (PRMC), a state Training and Technical Assistance (T/TA team), and Tribal substance abuse prevention coordination programs. The system follows a public health approach with a focus on environmental change. Statewide prevention efforts include social marketing and media efforts to counteract pervasive social norms, ensuring adequate enforcement of substance-related laws, limiting access to substances through policy advancement, and focusing on risk and protective factors.

The Prevention Administrator oversees substance abuse prevention infrastructure, sustainability, and evaluation. This includes prevention staff supervision, programming, grant management, funding, and federal/state reporting.

The Prevention Resource and Media Center (PRMC) supports local level prevention program efforts by providing evidence-based prevention strategies, marketing, mass communication, and as a user-friendly media resource center/clearinghouse for the citizens of North Dakota. The PRMC also develops materials and tools to assist local communities in implementing effective prevention, such as environmental strategies. The Prevention Resource and Media Center aims to increase community awareness of substance abuse prevention and increase awareness of effective prevention strategies by providing

innovative, quality, and culturally appropriate information to the residents of North Dakota. All Prevention Resource and Media Center materials are available through the State Library electronic system, and can be accessed online, in person, by e-mail, or by phone. The Prevention Resource and Media Center e-newsletter provides recent data, news releases, research, new resources, and upcoming events to a statewide listserv.

The technical assistance team consists of substance abuse prevention specialists with subject-specific knowledge (community processes; effective prevention: policy, media, enforcement; etc.), who are available to assist local communities in implementing effective primary prevention strategies and following the strategic prevention framework. Specific services provided are determined by requests as well as alignment with the Strategic Prevention Framework, research-based prevention principles, and data support.

SAPT Block Grant prevention set-aside also supports the Targeted Communities program, which is an opportunity for local communities to receive comprehensive and ongoing substance abuse prevention services. This program is accessed through a voluntary application process. Selected communities receive targeted substance abuse prevention services guided by Community Prevention Specialists. Targeted Communities follow the Strategic Prevention Framework (SPF) process selecting strategies based on best fit, cultural relevance, and effectiveness. The Community Prevention Specialists ensure that effective, data-driven efforts are being implemented and evaluated at the local level. Services provided are determined by assessment of local data, capacity, and readiness.

Currently, there are five communities participating in the Targeted Community program: Bottineau, Carrington, Minot, Mohall-Lansford-Sherwood (MLS), and Watford City. The majority of Targeted Communities are classified as rural/frontier with the following populations (2010 Census): Bottineau (2,211), Carrington (3,343), MLS (2,470), and Watford City (1,744). Minot (61,675), one of the four urban areas in the state, also participates in the program. Communities participating in this program do not receive funding.

The Division contracts with each of the four federally-recognized Native American reservations in the state for a Tribal Prevention Coordinator (TPC). These full-time coordinators provide culturally appropriate, locally relevant technical assistance/training and substance abuse prevention coordination/services on each reservation. The Tribal Prevention Coordinator guides local efforts in their respective communities that follow the SPF process and operate in close collaboration with other tribal prevention programs such as Tribal Tobacco Prevention. The Tribal Prevention Coordinator acts as a liaison between the State and Tribe representing their respective tribal communities in state planning and efforts.

▪ Entities assisting in substance abuse prevention service delivery:

1. The Governor's Prevention Advisory Council (GPAC) on Drugs and Alcohol was created by Executive Order 2007-03 in May 2007 and is chaired by the Single State Authority for Substance Abuse Services. The Council recognizes that preventative behavior reduces adverse personal, social, health and economic consequences resulting from destructive decisions and that prevention efforts foster safe and healthy environments for individuals, families and communities in North Dakota. The Governor's Prevention Advisory Council is the advisory group for the North Dakota SPF-SIG grant. The following agencies/organizations are represented on the Governor's Prevention Advisory Council:

community advocacy groups, substance abuse treatment, youth organization, University System, Department of Human Services, Department of Health, Department of Transportation, the North Dakota Highway Patrol, Department of Public Instruction, the Office of the First Lady, and the Governor's Office.

The Council is charged with the task of advancing and coordinating knowledge which will result in the adoption of policy-based prevention strategies and innovations and share knowledge of healthy behaviors and decisions that reduce, postpone or eliminate the problems resulting from destructive decisions.

The Council is further charged with a) exploring the interrelationship between substance abuse prevention, education, and enforcement programs; b) addressing traffic safety issues including driving under the influence of drugs and/or alcohol; and c) developing policies that promote safe, stable families and communities.

Recent efforts developed a website which services as a hub to link all state agencies involved in prevention efforts. The Council members worked with the Division to complete the STOP Act Survey.

The Prevention Expert Partners Workgroup (PEP-W) is a subcommittee of the North Dakota Governor's Prevention Advisory Council (GPAC), the advisory council to the SPF SIG grant. The PEP-W group also serves as the SPF SIG's Evidence Based Program Workgroup. The purpose of this workgroup is to review, make recommendations, and approve evidence based strategies to be implemented by SPF SIG community grantees. This group will also approve local grantee strategic plans prior to implementation. The following agencies/organizations are represented on the Prevention Expert Partners Workgroup: Department of Human Services, Department of Public Instruction, Department of Health, Department of Transportation, the Center for Tobacco Policy and Control, and the North Dakota Highway Patrol.

2. The North Dakota SEOW was initiated in 2006 by the North Dakota Department of Human Services, Division of Mental Health and Substance Abuse Services. Funding for the project was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). The North Dakota SEOW compiled the epidemiological data on substance abuse consequences and consumption indicators and produced State and Regional profiles.

The North Dakota SEOW has been generating annual profiles each spring for the last five years. The latest epidemiological profile: the North Dakota Substance Abuse Epidemiological Profile was produced in the fall of 2012. Funding for the project was provided by the Substance Abuse and Mental Health Services Administration (SAMHSA). The mission of the North Dakota SEOW is to utilize relevant state, local, and tribal data to guide substance use prevention planning, programming and evaluation.

The functions of the SEOW are defined as follows:

- Systematically analyze the causes, risk and protective factors, and consequences of the usage of Alcohol, Tobacco, and Other Drugs (ATOD) in order to effectively and efficiently utilize prevention resources (i.e., Epidemiological Profiles, and SEOW is also currently working on a trend report)
- Promote decision making based on reliable data throughout the State substance use prevention system.

- Facilitate interagency data collaboration.
- Provide a mechanism for exchange, access, and utilization of data across organizations related to substance use and consequences.
- Development of a comprehensive data website of available data that is searchable and accessible publicly (i.e., Substance Use in North Dakota, SUND website is being constructed).

The Regional Human Service Centers: The North Dakota Department of Human Services operates eight regional human service centers, listed below. Each serves a designated multi-county area, providing counseling and mental health services, substance abuse treatment, disability services, and other human services.

The Regional Human Service Centers are the access point for State Hospital admissions. Human service center employees also provide direction and oversight for services offered through county social service offices and other providers. Crisis lines are answered 24 hours per day, seven days a week. Contact Information

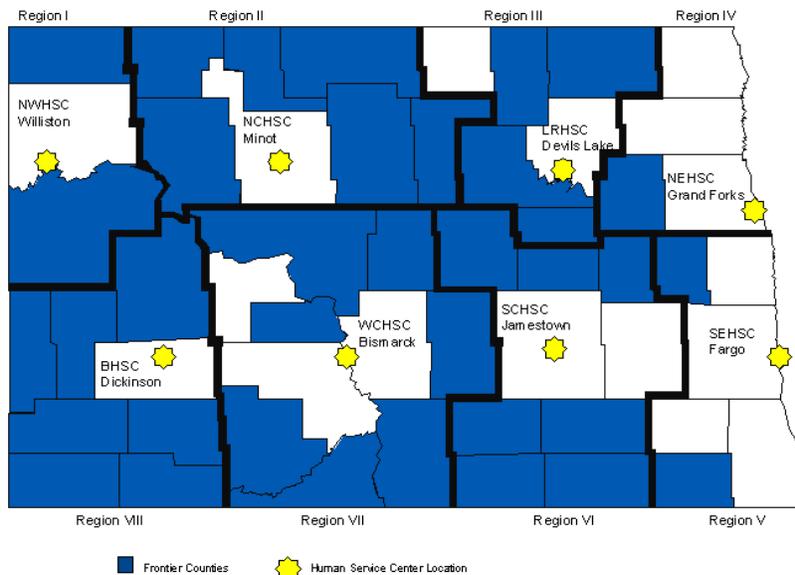
<p>Region I: Northwest Human Service Center - Williston 316 2nd Ave W, PO Box 1266, Williston, ND 58802-1266</p> <p><i>Counties served for human service programs: Divide, McKenzie, and Williams.</i></p>	<p>701-774-4600 Fax: 701-774-4620 Toll Free (ND only): 1-800-231-7724 Crisis Line: 701-572-9111 TTY: 701-774-4692 E-mail: dhsnwhsc@nd.gov</p>
<p>Region II: North Central Human Service Center - Minot 1015 S. Broadway, Suite 18, Minot, ND 58701</p> <p><i>Counties served for human service programs: Bottineau, Burke, McHenry, Mountrail, Pierce, Renville and Ward.</i></p>	<p>701-857-8500 Fax 701-857-8555 TTY: 701-857-8666 Crisis Line: 701-857-8500 OR Toll Free 1-888-470-6968 E-mail: dhsnchsc@nd.gov</p>
<p>Region III: Lake Region Human Service Center - Devils Lake 200 Hwy 2 SW, Devils Lake, ND 58301</p> <p><i>Counties served for human service programs: Benson, Cavalier, Eddy, Ramsey, Rolette, and Towner.</i></p>	<p>701-665-2200 / Toll Free: 888-607-8610 Fax: 701-665-2300 TTY: 701-665-2211 Crisis Line: 701-662-5050 E-mail: dhsnrhsc@nd.gov</p>
<p>Outreach Office - Rolla 113 Main Ave. East, Rolla, ND 58367-0088</p>	<p>701-477-8272 Fax: 477-8281</p>
<p>Region IV: Northeast Human Service Center - Grand Forks 151 S 4th St Suite 401, Grand Forks, ND 58201-4735</p> <p><i>Counties served for human service programs: Grand Forks, Nelson, Pembina, and Walsh.</i></p>	<p>701-795-3000 Fax: 701-795-3050 TTY: 1-800-366-6889 Crisis Line: 701-775-0525 or -0526 OR 1-800-845-3731 E-mail: dhsnehsc@nd.gov</p>
<p>Outreach Office 5th & School Road, Grafton, ND 58237</p>	<p>701-352-4334 Toll Free: 888-845-2215</p>
<p>Region V: Southeast Human Service Center - Fargo 2624 9th Ave South, Fargo, ND 58103-2350</p> <p><i>Counties served for human service programs: Cass, Ransom, Richland, Sargent, Steele and Traill. Day care licensing services are provided to Barnes, Cass, Dickey, Eddy, Foster, Griggs, LaMoure, Logan, Ransom, Richland, Sargent, Steele, Traill, and Wells.</i></p>	<p>701-298-4500 Fax: 701-298-4400 Toll Free: 1-888-342-4900 Crisis Line: 701-298-4500 Suicide Prevention: 1-800-273-TALK (8255) E-mail: dhssehsc@nd.gov</p>

Region VI: South Central Human Service Center - Jamestown 520 3rd St NW, Box 2055, Jamestown, ND 58402 <i>Counties served for human service programs: Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman, and Wells.</i>	701-253-6300 Fax: 701-253-6400 TTY: 701-253-6414 Crisis Line: 701-253-6304 Toll Free: 1-800-260-1310 E-mail: dhsschsc@nd.gov
Region VII: West Central Human Service Center - Bismarck 1237 W Divide Ave Suite 5 Bismarck, ND 58501-1208 <i>Counties served for human service programs: Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, and Sioux.</i>	701-328-8888 Toll Free: 1-888-328-2662 Fax: 701-328-8900 TTY: 1-800-366-6888 (Relay ND) Crisis Line: 701-328-8899 OR Toll Free 1-888-328-2112 E-mail: dhswchsc@nd.gov
Region VIII: Badlands Human Service Center - Dickinson 300 13th Ave W, Suite 1, Dickinson, ND 58601 <i>Counties served for human service programs: Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, and Stark.</i>	701-227-7500 Fax: 701-227-7575 Toll Free: 1-888-227-7525 Crisis Line: 866-491-2472 OR 701-290-5719 TTY: 701-227-7574 E-mail: dhsblhsc@nd.gov

Delivering human services involves a partnership between the Department, counties, tribes, and service providers. In addition to providing direct services themselves, the regional human service centers also contract with private non-profit providers for crisis residential services, most residential services, as well as the Recovery Centers.

Services at the regional human service centers are provided to all consumers regardless of the consumer's race, color, religion, national origin, sex, age, political beliefs, or disability in accordance with Title VI of the Civil Rights Act of 1984, Section 504 of the Rehabilitation Act of 1973, The Age Discrimination Act, the Americans with Disabilities Act of 1990 and the North Dakota Human Rights Act (NDCC Chapter 14-02.4), 42CFR, and HIPAA. All services are available to Native Americans living on or off the reservations. Linguistically appropriate services are provided through the use of professional interpreter services accessed in the community.

Figure 1: Regional human service center locations and frontier counties in North Dakota



Services provided at the regional human service center include:

Acute Clinical Services: Provided by a range of mental health professionals including social workers, psychologists, and case managers, Acute Clinical Services refers to individual, group, and family therapy that are generally short-term in nature. Therapists use varied approaches to therapy including cognitive-behavioral, Dialectical Behavior Therapy, and psychodynamic techniques. When appropriate and with permission of the consumer, family members and/or significant others are involved in therapy to enhance the process.

Aging Services: The Regional Aging Services Program is a focal point for accessing services for older people in each region. The Aging Services program provides administration and monitoring of Older Americans Act funded programs including congregate and home-delivered meals, legal services, assistive safety devices, options counseling, and health maintenance services. They also provide vulnerable adult protective services (receive reports regarding abuse, neglect/self-neglect, or exploitation of a "vulnerable adult"). A new law passed by the 2013 Legislature provides for the mandatory reporting of abuse or neglect of a vulnerable adult by any medical or mental health professional or personnel, law enforcement officer, firefighter, member of the clergy, or caregiver. It provides that any individual who is required to report the abuse or neglect of a vulnerable adult but fails to do so is guilty of an infraction. Aging Services also provides for advocacy, education, training, information, and referral; licensing of adult foster care providers; and Family Caregiver Support services (Supportive services provided to caregivers of persons older than age 60 or to grandparents relative caregivers who are older than age 60 and who provide care for children younger than 18). The Long Term Care Ombudsman Program works with residents of LRC facilities and tenants of assisted living homes to protect their health, safety, welfare, and rights.

The Aging Services Division manages the Aging and Disability Resource – LINK, which connects older adults and people with physical disabilities and their family members to care options that can help them live as independently as possible and maintain their quality of life. Using a person-centered approach, the Aging and Disability Resource – LINK provides information and awareness through public education and information on long-term support options; assistance through long-term support options counseling, referral, crisis intervention, planning for future needs, and comprehensive assessment and support in accessing choice of services based on need.

Staff are supervised by Aging Services Division and located in the regional human service centers.

Child Welfare Services: Staff members at the regional human service centers supervise, monitor, and provide technical assistance for programs that are delivered by the County Social Services such as: Foster care for children, Licensing of family foster care and residential child care facilities, Child protection services (child abuse and neglect), Family preservation services: Respite care (contracted), Wrap around/safety - permanency fund.

The Child and Family Services Reviews (CFSR) are conducted by the Children's Bureau, within the United States Department of Health and Human Services, to help States improve safety, permanency, and well-being outcomes for children and families who receive services through the child welfare system. The Child and Family Services Reviews monitor States' conformity with the requirements of title IV-B of the Social Security Act. The first round of Child and Family Services Reviews took place between 2000 and 2004 and all States were required to implement Program Improvement Plans (PIPs). The Child & Family Service Reviews (CFSRs) are held in

each of the eight regions and in Cass County using the federal CFSR Instrument annually. The Children and Family Services Division staff, including at least one member of the CFS Management Team, attended each regional CFSR and served as a member of the QA Team. At least one Regional Supervisor from the Human Service Centers participates on each Quality Assurance team as well. Team reviewers were previously trained on the Child and Family Services Reviews instrument/review process and highly experienced reviewers were designated as Team Leads.

Specifically, the Child and Family Services Reviews measure seven outcomes and seven systemic factors. The outcomes measured include whether children under the care of the State are protected from abuse and neglect; whether children have permanency and stability in their living conditions; whether the continuity of family relationships and connections is preserved for children; whether families have enhanced capacity to provide for their children's needs; and whether children receive adequate services to meet their physical and mental health needs. The systemic factors measured by the Child and Family Services Reviews include the effectiveness of the State's systems for child welfare information, case review, and quality assurance; training of child welfare staff, parents, and other stakeholders; the services that support children and families; the agency's responsiveness to the community; and foster and adoptive parent licensing, recruitment, and retention.

Children's Mental Health Services: Available to children who have serious emotional disorders, the Partnerships Program uses the wrap around process to coordinate and provide services for children and their families. Services include: Care coordination (partially contracted); Case aide (contracted); Respite care (contracted); Parent aide; Safe beds (contracted); Flexible funding (contracted).

Crisis/Emergency Response Service: The Regional Intervention Service (RIS) provides 24-hour, seven days per week crisis assistance enabling the consumer, family, and significant others to cope with emergencies while maintaining the consumer in the community. With an interdisciplinary team that may include a psychologist, masters-degreed social worker, masters-degreed human relations counselor, psychiatric nurse, psychiatrist, and/or a licensed addiction counselor, Regional Intervention Service is able to provide the consumer with the best suited crisis intervention including short-term crisis residential placement and immediate access to a range of housing, medical, and counseling services within the community.

In addition, the Regional Intervention Service team has the responsibility of evaluating consumers who may need referral to the North Dakota State Hospital, ensuring that consumers are provided with the least restrictive treatment environment. The Aftercare Coordinator, a member of the Regional Intervention Service team, coordinates discharge planning with North Dakota State Hospital staff providing a smoother transition and greater community linkage to the consumer upon return to their region. They are also the point of contact for the Department of Corrections and Rehabilitation to assist prisoners to transition to the community.

Developmental Disabilities Services: Services for individuals diagnosed with a developmental disability include: program management services (Information and referral, client assessment program planning, quality enhancement, financial support for authorized services); regional program planning and development; regional administration of the individualized supported living, family support, family subsidy, and extended employment programs.

Educational Opportunities: Consumers are offered a variety of educational opportunities by Department staff, either through staff presentations or via arranged speakers. These can

include presentations concerning Social Security and community programs. Consumers who desire to further their education – whether by obtaining their high school diploma/GED, college degree, or other opportunity – may be assisted by human service center staff with accessing appropriate programs. This may include referral to Vocational Rehabilitation for assessment and assistance or accessing information from an educational institution.

Extended Care (SMI) Services: Community-based services for individuals with a serious mental illness include: serious mental illness case management services, serious mental illness homeless case management services psychiatric nursing services, aftercare services, serious mental illness supported employment and extended services, supportive living services, community-based residential services, and case aide services.

Medical Services: Medical services at the human service centers include the delivery of medication monitoring, medication administration, psychiatric evaluation, and psychotherapy/treatment by a licensed psychiatrist. Some services are delivered by a licensed psychiatric nurse or licensed nurse practitioner under the supervision of a physician. Regional human service centers utilize telepsychiatry to bring psychiatric services to psychiatric shortage areas. These include psychiatric evaluations and medication reviews. Also, telepharmacy has been implemented in all regional human service centers and the State Hospital. A pharmacist has been employed at the State Hospital to provide expertise and support to the human service centers, resulting in efficiencies at the centers.

All clients who receive services from the public behavioral health system, including adults diagnosed with serious mental illness, children diagnosed with serious emotional disturbances, and individuals in need of substance abuse treatment, have access to medical and dental services provided by local private physicians and local general hospitals. Services are paid for by the consumer, consumer's insurance or medical assistance if the consumer qualifies. Case management staff in the human service centers work closely with consumers to ensure that their medical and dental needs are met.

Outreach: The service areas for eight regional human service centers range from three to ten counties. Each center has staff traveling to outlying rural communities and Native American reservations to provide mental health services.

Outreach for substance use disorders services are provided in rural counties when feasible. Each of the regional human service centers employs licensed counseling staff to work either full-time in outreach areas or sends a licensed addiction counselor to outreach areas regularly, based on need for services. The regional human service centers promote awareness of services to outreach areas through communication with referring agencies, county courts, regional health units and county social service agencies. Services are also discussed through the local media, regional human service centers brochures, speaking engagements, listed in the directory of all ND licensed substance abuse treatment programs (listed first by region, then by city), on the web (including priority status), and in the phone book.

Specific outreach activities are detailed below for each region:

Region I: Northwest Human Service Center (Williston)

- Psychiatric Services:
 - Telemedicine visits with psychiatrist for Child and Adolescent issues.
 - Clinical Nurse Specialist (CNS) provides outreach services to the Williams County Correctional Center.

- CNS holds outreach clinics in Crosby and Watford City monthly and clinic consults with local nursing homes.
- Therapy Services:
 - Outreach services to Crosby, Tioga, Ray and Watford City on a regular basis. Watford City and Crosby have full time outreach staff that travel to the very rural communities such as Ray, Tioga, Alexander, Arnegard and Mandaree.
- Case Management Services:
 - Case managers for individuals with serious mental illness (SMI) travel to meet with clients and facilitate medical appointments as needed.
- County Supervision Services:
 - The Children and Family Services regional representative attends child protection team and child and family team meetings in Crosby and Watford City weekly.

Region II North Central Human Service Center (Minot)

- Psychiatric Services:
 - CNS provides outreach to the Ward County Correctional Facility weekly.
 - Telemedicine appointments with psychiatrist as needed.
- Therapy Services:
 - Outreach services to Stanley, Bottineau, Rugby, Parshall and New Town on a regular basis. Renville and Burke counties request outreach services as needed.
 - Bottineau has a full-time outreach staff and Rugby has a 20-hour part-time staff.
- Case Management Services:
 - Case managers (SMI) travel to rural communities to check on clients and facilitate appointments.
 - Case managers for individuals with developmental disability (DD) visit group homes in Stanley, New Town and Tioga.
- County Supervision Services:
 - Children and Family Services representatives travel to attend child protection and child and family meetings in Mountrail, McHenry and Pierce Counties on a weekly basis.

Region III: Lake Region Human Service Center (Devils Lake)

- Psychiatric Services:
 - Psychiatrist travels to New Rockford and Lakota monthly to provide services to nursing homes. In the very near future this service will be provided by telemedicine.
 - One psychologist travels to Rolla approximately once per month or as needed to complete psychology evaluations.
 - Psychiatrist does Title XIX reviews throughout the region by laptop.
- Therapy Services:
 - A fully staffed outreach office in Rolla-the staff includes one administrative staff, one DD program manager, 1.5 therapists, 3.5 licensed addiction counselors (LAC's) and one extended care case manager.
 - Therapists travel weekly to New Rockford and tribal social services at Belcourt.
 - One therapist travels weekly to Rolla to provide therapy.
- County Supervision Services:
 - Children and Family Services representatives provide county supervision services in each county of the region on a monthly basis.

Region IV: Northeast Human Services Center (Grand Forks)

- Psychiatric Services:
 - One psychiatrist spends every Tuesday in the Grafton outreach office and one psychiatrist spends Thursday mornings at the Developmental Center and Thursday afternoons at the Grafton Outreach office.
 - Extended Care case manager travels to Grafton outreach office weekly and mental health technicians travel there 2-3 times per week.
 - Telemedicine is used occasionally in Grafton for follow-up doctor visits and Title XIX screenings; all NE medical providers have now been equipped to do Telemed from their Grand Forks office to the Grafton office, so the plan is to increase utilization.
- Therapy Services:
 - Outreach clinic in Grafton on the campus of the Developmental Center. Staff includes; one psychologist, two DD program managers, two administrative staff, one nurse/extended care case manager, one therapist, one partnership person and one in-home therapist/clinician,
 - One therapist, an LAC and alcohol and drug case manager travel to the Grafton office weekly.
 - One Foster Grandparent Coordinator travels to Grafton monthly.
 - Weekly clinical services are provided in Cavalier - a Partnership coordinator travels several times per week to service families, an in-home therapist travels several times weekly to serve people in need of children and family services.
 - Once a week a therapist from Grafton travels to Wallhalla to see individuals for therapy and Partnership travels there several times weekly for families in the area.
- Vocational Rehabilitation Services:
 - VR travels to Grafton 2-3 times a week.
- County Supervision Services:
 - Cavalier: monthly for children and family team meetings and child protection team. Lakota: monthly for the same. Grafton: one therapist travels there weekly to see clients needing children and family services, children and family team meetings 1-2 times per month and monthly for child protection team.

Region V: Southeast Human Service Center (Fargo)

- Psychiatric Services:
 - Sheyenne Care Center and Valley City community: Psychiatric Services by a combination of telemedicine and in person. (24 hours/ per month).
 - Badlands HSC: Psychiatric services by telemedicine (4 hours per/week).
 - SCHSC and NWHSC -Telemedicine and on site psychiatric services and Clinical Nurse Specialist supervision (PRN).
 - Family Healthcare in Fargo: Psychiatric consultation for primary health/behavioral health integration (2 x per month and PRN via phone).
 - Red River Human Services Foundation in Wahpeton - Psychiatric services (6 hours per month and possibly teled in the future).
 - Cass County Jail - Psychiatric Services (16-20 hours per month).
- Therapy Services:
 - Wahpeton: Therapy Services by person who lives in Wahpeton (16 hour per week).
 - Trail County: Therapy Services. (12 hours per week).

- Adult AOD Outreach: Richland County/Wahpeton (1 day per week), Ransom and Sargent County/Lisbon (1 day per week), Trail/Steele/Hillsboro/Mayville/Finley(1 day per week).(For a total of 3 days per week of adult outreach services).
- Adolescent AOD Outreach: Hillsboro, Mayville, Finley (1 day per week), Lisbon, Milnor (1 day per week), and projected to start in April of 2012, Wahpeton (1 day per week).
- Case Management:
 - SMI Case Management: Southern counties in region receive 16-24 hours per week and Northern counties in region receive 8 hours per week of services in their place of residence.
 - DD Case Management: Provided region wide in all counties at place of residence/placement.
- County Supervision Services:
 - Richland County (8 hours per month), Cass County (24 hours per month), Trail County (8 hours per month), Sargent County (8 hours per month) and Steele County (8 hours per month). These are minimum hours as depends upon number of cases and sometimes special circumstances.
- VR Services:
 - Counselors travel to Wahpeton weekly, Steele and Trail County 3 times per month, and Enderlin, Lisbon, Gwinner, Milnor, Wyndmere, Forman, Lidgerwood, Hankinson, Mooreton, Kindred, Colfax, Abercrombie and Walcott as needed.
 -
- Other:
 - ND Family Caregiver Program: currently 38 open cases which is low as that number is usually closer to 50 cases. Have had open cases in all counties in the region, but currently none in Ransom and Sargent.
 - VAP (Vulnerable Adult Protection): provided region wide via contract with Cass County Social Services.

Region VI: South Central Human Service Center (Jamestown)

- Psychiatric Services:
 - CNS and Psychiatric Services: Anne Carlsen Center (7 hours per month), Ave Marie Village (4-6 hours per month), and Eventide Hi Acres (4-6 hours per month).
- Therapy Services:
 - Therapy Satellite Site: Cooperstown and area (Binford, Glenfield, Barnes County North, Wimbledon and Kensal). (30 hours per month).
 - Therapy Satellite Site: Valley City (36 hours per month).
 - Therapy Satellite Site: Wishek (6 hours per month).
 - Therapy Satellite Site: Oakes and LaMoure (12 hours per month).
 - Therapy Satellite Site: Carrington (14 hours per month).
 - Therapy Satellite Site: Harvey and Fessenden (6 hours per month).
- Case Management:
 - DD and SMI Case Management provided region wide based on place of residence and consumers currently in all 9 counties.
- County Supervision Services:
 - Monthly in each rural county (McIntosh covered by WCHSC) and 3 times per month in Stutsman County. The time spent at each varies from 1-8 hours depending on the amount of cases to staff or review. Occasionally, there are

special circumstances that will necessitate a trip to outlying counties a few extra times a year. Communication is generally daily through phone and email.

- VR Services:
 - Counselors travel to Valley City (once per week), LaMoure/Edgeley (once a month), Wishek, Ashley, Oakes, Ellendale and Napoleon at least monthly, and Harvey, Carrington, Cooperstown, Fessenden minimum of once a month. With the exception of Valley City, counselors may go to these locations more depending on number of clients requesting services, and the number of students in the school system being referred for IEP's. They also travel to Glenfield, Zeeland, Kensal, Pingree, Wimbledon and Gackle as needed.
- Other:
 - ND Family Caregiver Program: 60-80 consumers served region-wide.
 - VAP (Vulnerable Adult Protection): provided region-wide and intervention range is 125-150 per year.
 - Partnership Services: provided to individuals in 4-5 counties within region, a total of 15 families.

Region VII: West Central Human Service Center (Bismarck)

- Mental Health Services:
 - Partnership services provided in the rural communities throughout Region VII, as staff and case aide providers travel from Bismarck to the rural location: New Salem, Beulah, Washburn, Steele, Flasher, McClusky, Hazelton, Garrison, Wing and Cannonball.
 - Intensive In-Home is provided in all ten counties of the region.
 - Transition to Independence Program: services for two youth in Wing and Solen.
 - Regional Intervention Services: staff travel to Mercer and McLean Counties to provide outreach services (once every three weeks), jail services in Burleigh, Morton, Mercer and McLean Counties and crisis services in Grant, Emmons, McLean, Oliver, and Morton Counties on a regular basis.
 - Sioux County and Fort Yates: consultation with mental health staff, assessment of individuals in jail, mental health and substance abuse information to students and staff in the middle and high school in Fort Yates and crisis intervention services as needed.
 - Extended Care Services: case management services in all ten counties in the region. The case manager that serves Sioux County also provides consultation and education services to Indian Health Services, Sioux County Social Services, local schools and other provider entities.
- Regional Social Services Programs:
 - Region VII child welfare covers 11 counties: McIntosh County has opted to be part of this region because they share a multi-county child protection worker with Emmons and Kidder counties.
 - Burleigh and Morton Counties: 2 times per month for child protection services team meetings and 5-6 times per month for child and family team meetings.
 - The other counties in region get visits for child protective services and child and family services at least once per month or as needed.
- Aging Services:
 - Services to Kidder-Emmons Counties: vulnerable adult protective services, crisis team liaison for WCHSC, information and referral services for aging related services, local contact agency for Strasburg Care Center and interagency participation and leadership.

- Developmental Disabilities:
 - Case management services in all ten counties in the region.
- Vocational Rehabilitation Services:
 - Staff travels at least twice per month to each rural county in the region.
 - One VR staff travels to all the major communities on a regular monthly schedule.

Region VIII: Badlands Human Service Center (Dickinson)

- Mental Health Services:
 - Acute Care Services in Bowman two days per week providing services to clients in the outreach office, family therapy clients in the home and Building up Great Skills (BUGS) group for four children.
 - Acute Care Services in Beach two days a week at the outreach office and one day a week at Home on the Range.
 - Acute Care Services in Hettinger one day per week providing family therapy and intensive in-home services. BUGS group for children once per week.
 - Acute Care Services in Mott one day per week providing BUGS Group and therapy services as needed in the outreach office.
 - Killdeer: see clients as needed.
 - Family Therapy Intensive (Intensive In-Home): all 8 counties as needed.
 - Partnership Program: all 8 counties as needed.
 - Transition to Independence Program: all 8 counties as needed.
 - Case Aide: skills building for SED kids in region →recently serving about 5–6 youth in rural areas.
 - Extended Care: the region provides SMI outreach services in the catchment area, RIS coordinator consults with each county in the catchment area (attorney and law enforcement) on a monthly basis and SMI Homeless Case Manager has traveled and met with county offices throughout the catchment area and as follow-up, at a minimum of quarterly contacts.
 - Badlands has staff available to help communities respond to traumatic events. All counties in the region has availed themselves of these services.
- Alcohol and Drug Services:
 - The community of Bowman has a relapse prevention group for six clients.
- Regional Social Service Programs:
 - Travel to counties every other month for visits and often incorporate foster care child and family team meetings with this visit.
- Developmental Disabilities:
 - Program managers provide infant development services, adult services, home, nursing home, ICF/ID and school visits. Outreach areas include; Rural Dickinson/Stark County, Twin Buttes, New England, Hettinger, Bowman, Dodge, Beach, Scranton, South Heart, Halliday, Gladstone, Richardton, Rhame, Killdeer, Knife River, New Hradec, Medora, Taylor and Amidon.
- Aging Services:
 - The Aging Unit at the Center provides directly or indirectly Ombudsman Advocacy Services, Adult Protective Services for Vulnerable Adults, Health Maintenance Clinics and Nutrition Services for seniors throughout the region.
 - The Family Caregiver Support Program provides a multifaceted system of support for family caregivers and for grandparents or older individuals that are relative caregivers throughout the region.
 - Outreach services for seniors are provided throughout the region via a contract with Elder Care - they identify seniors living in the community who may benefit

from services. Outreach workers meet in the home of the consumer and complete an assessment of their living environment and identify areas of need.

Psychological Services: These services, under the direction of a full-time licensed psychologist, include psychological evaluations, psychotherapy, and case and program consultation. Psychologists assist in developing treatment plans and diagnosing persons with mental illnesses or substance use disorders.

Substance Abuse Services: These services, provided to adults and adolescents, include addiction evaluation; intensive outpatient programs; day treatment; individual, group, & family therapy; pre-treatment programs; aftercare, and the treatment recidivist program which includes social detoxification, short-term residential, and a case manager aide program.

Vocational Rehabilitation: Vocational Rehabilitation assists eligible individuals with physical or mental disabilities with obtaining or maintaining competitive, integrated employment.

Services Specific to Block Grant Priority Populations (SMI, SED, SUD) at the Regional Human Service Centers

Serious Mental Illness: Individuals diagnosed with a serious mental illness, in most cases, are provided service through the Extended Care Treatment Units in each regional human service center. Below are the core services offered through the Extended Care Treatment Units, either directly or through public/private provider partnership or contracting:

- Case Management: The mission of case management is to improve the quality of life and dignity of individuals with serious mental illness, utilizing a recovery focused approach to care. All individuals presenting for services at the regional human service centers are screened during the intake or multidisciplinary staffing case staffing to determine if they have a serious mental illness and meet criteria for case management services. Clients meeting the diagnostic and additional criteria are offered case management services. If interested, a case manager is assigned to work with them. The case manager begins the process of completing the Daily Living Activities (DLA-20): Adult Mental Health, a functional assessment with the client. The assessment focuses on 20 daily living activities. The completion of this assessment determines what areas of daily living the client needs assistance with, level of case management service, assists with determining which services and supports the client wants and needs, and development of the person-centered treatment plan.

Case management assists consumers with accessing those identified services and to make informed choices about opportunities in the community. The case manager helps ensure timely access to needed assistance, provides encouragement and opportunities for self-help activities, and provides overall coordination of services. Case management is provided in the environment of the consumer's choice. Overall, services are provided to assist individuals to live as independently as possible while reducing the need for inpatient hospitalization and decreasing the risk of harm to self or others.

The goals of case management are:

- To provide for each individual a single point of referral to needed service within and outside of the mental health system
- To assure consumer access to appropriate services and supports

- To assure that services are not only relevant to consumer need but that services meet that need
 - To ensure continuity of care and coordination of service provision for consumers, including transfers from community to hospital and back
 - To educate consumers in how to negotiate the mental health and social services system when needed or desired
 - To empower consumers by enabling them access to experience new opportunities, roles, and responsibilities
 - To integrate consumers into normalized community living, i.e., providing a place to live, work, and learn in the environment of their choice
 - To provide therapy, supportive counseling, and daily living skills training as needed and appropriate with consumers
 - To assure all interventions are planned and carried out in a real partnership between the consumer and team members.
- Community Residential Options: Housing options available to adults diagnosed with a serious mental illness who are receiving services through the regional human service centers include:
 - Nursing Facility - A twenty-four hour highly supervised facility for consumers with medical problems. The human service center provides consultation/technical assistance and case management as requested.
 - Long-Term Residential - Twenty-four hour supervised care providing room and board for five years or longer. The human service center provides or contracts for consultation/technical assistance and case management as requested.
 - Transitional Living - Twenty-four hour minimal supervision, six to eight consumers in a group setting, room and board provided up to one year. This is provided by the human service center or through a contract with a local provider.
 - Homeless Shelters - Minimal supervision, one night to several months as needed, room and board provided. The human service center provides case management as requested.
 - Single Room Occupancy - House managers live in the facility and provide minimal supervision. Peer support and case management is provided by the agency operating the facility. The human service center provides case management as requested.
 - Supported Housing - Independent living arrangement with staff and financial support from the agency operating the facility. The human service center provides case management and financial support as needed and requested.
 - Independent Living - Independent living apartment rented by the consumer with case management and skills training provided if requested by the consumer.
 - Fairweather Lodge Program - a program dedicated to improving the lives of adults with mental illness by providing safe, affordable housing, employment and social services.
 - Recovery Centers: There is a Mental Health Recovery Center located in each of the 8 regions of North Dakota. Each Regional Human Service Center contracts with a private entity to administer the centers. The purpose of the Recovery Centers is to offer an environment of learning that promotes wellness and personal growth designed to empower individuals in recovery to live more meaningful lives in the community. Recovery Centers are member-operated and promote recovery through peer support, socialization, education, and training. By working together, members pursue life goals, build better lives for themselves, gain employment, maintain independence and become a part of their communities. The Recovery Centers offer groups, activities and

resources that will empower the members to work, volunteer, attend school or further enrich their lives as they work towards recovery.

- Supported Employment and Extended Service: Case management staff work closely with Vocational Rehabilitation to offer employment support services to consumers who desire to work. Those who go through the traditional VR Supported Employment Program transition into Extended Services. This is a service designed to provide ongoing employment-related support for individuals in supported employment upon completion of training which may include job development, replacement in the event job loss occurs, job training contacts, and other support services as needed to maintain employment. In addition, the Department has implemented the evidence-based practice Supported Employment in conjunction with the IDDT program at three of the eight regional human service centers. This model emphasizes rapid job search, zero exclusion and time-unlimited supports and has been met with very positive results.
- Other Supportive Services: Adults served through the serious mental illness system of care access supportive services through other units of the human service centers. These services include group, individual, and family therapy, psychological services, and medication monitoring.

Serious Emotional Disorders: The North Dakota Department of Human Services was the first cohort of the System of Change Grant for children diagnosed with a serious emotional disorder. This \$16.8 million grant provided the impetus for a formalized system of care for children and was implemented statewide. Services developed or enhanced through the grant included care coordination, respite care, non-hospital crisis, school-based day treatment, and intensive in-home therapy, all using the wraparound process. North Dakota continues to sustain core services developed through the grant effort and approximately 3,150 children with serious emotional/behavioral disturbances have received services through the Partnership program through June 2013.

Key to the children's mental health system of care is a strong partnership with families and integrating services across systems. Parents are actively involved in the design and implementation of the programming, serve on the local and state advisory boards and provide on-going support to parents negotiating services for their children. The wraparound process, which uses a strength-based approach to service delivery, is used in this program and is a method shown to improve the functioning of children who have complex needs. The process is used to help communities develop individualized plans of care.

Working with the family, formal and natural supports (the child and family team) are wrapped around the family to provide them with the services/supports required to meet their needs. The wraparound process includes a set of core elements: 1) individualized plans of care, 2) culturally competent and tailored to the unique needs of families, 3) parental involvement, 4) strength-based, 5) least restrictive setting.

Below is the array of services provided through the Partnerships Program within the children's mental health system of care:

- Care Coordination: Care coordination assists children with serious emotional disturbances and their parents with accessing the various services they need and helps them make informed choices about opportunities and services in the community. The care coordinator helps ensure the child and parents receive timely access to needed assistance, provides

encouragement and opportunities for self-help activities, and provides overall coordination of services enabling the child and parents to meet their own goals.

- Case Aide: This service is designed to provide behavioral management assistance and role modeling. Certified Mental Health Technicians help individuals stabilize, reduce, and eliminate undesirable behaviors that put them at risk of being served in restrictive settings. Certified Mental Health Technicians also help individuals observe and learn appropriate behavioral responses to situations that trigger their symptoms.
- Flexible Funding: This service is available when no other resources are available to meet specific needs and threaten the child's ability to remain in the least restrictive setting.
- Crisis Residential Services: This service provides a short-term, safe place to stabilize behaviors in a 24-hour supervised setting. The goal is to promote rapid stabilization and return to the home or community.
- Substance Abuse/Dual Diagnosis Services: When a child diagnosed with a severe emotional disturbance requires substance abuse treatment, a substance abuse provider becomes involved in the team process. With enhanced services made available through the SAPT Block Grant funding for adolescent services, service choices for the teams to consider are increased.

Other supports/services available within the children's mental health system of care:

- Inpatient Psychiatric Facility: This service component provides a short-term episode of care in a hospital setting for the purpose of crisis stabilization that cannot be managed in a non-medical setting, and for comprehensive assessment. The use of this service is reserved for extreme situations for youth who are showing serious acute disturbances or who have particularly perplexing behavior problems.
- Psychiatric Residential Treatment Facilities: A facility or a distinct part of a facility that provides to children and adolescents 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 home, in another home, or in a less restrictive setting.
- Voluntary Out-of-Home Treatment Program: Is administered by the N.D. Department of Human Services through collaboration between the Division of Mental Health and Substance Abuse Services and the Children and Family Services Division. The program is an option for parents to access out-of-home treatment for their children without relinquishing legal custody when the child's circumstances fall within the intent of this program. The child must be covered by the Medicaid program and the application be approved by the Division. There were a total of 17 youth placed through this program from July 1, 2011 – June 30, 2013
- Therapeutic Foster Care: Specially trained and supported foster parents who provide a home for generally one child at a time. The child may remain in the foster home indefinitely. Intensive training for the foster parents is provided, along with on-going intensive support and back-up by mental health professionals and care coordinators.
- Residential child care facilities: a less intensive service setting than a residential treatment center that provides 24-hour care.

- Employment Assistance: Children of working age in the system of care can receive employment assistance through the Individual Educational Plan process at their school. Once they have left the school system, Vocational Rehabilitation services are available. Partnership staff assist the child and family with accessing these services when needed.
- Other supportive Services: Acute, Psychological Services, and psychiatric services are available through the regional human service centers.
- Respite/Parent Support: Respite services provide families of children diagnosed with serious emotional disturbances with periodic relief or back-up assistance. These services may be on a planned or emergency basis and can be provided either in the family's home or in another setting.
- Intensive In-home Therapy: This service component provides crisis resolution and family therapy oriented services on an outreach basis to work intensively with children and families in their homes. Families that receive these services have a child who is at risk for out of home placement. The services are intensive with 24-hour availability. Services include (but not limited to) skills training and counseling.
- Transition to Independence Program: The Transition to Independence Program (TIP) started on July 1, 2011 and provides transition to independence process – wraparound case management services to transition aged individuals who are at risk between the ages of 14-24, at all eight of the Departments Human Service Centers. The Transition to Independence Program also provides technical assistance to service providers and community partners who are working with transition aged individuals to assist in guiding youth successfully into adulthood. As of June 3, 2013 there were 66 youth enrolled in TIP.

Substance Use Disorder: Substance abuse treatment services offered in North Dakota follow a continuum of care as identified in North Dakota Administrative Code (NDAC) Chapter 75-09.1. The full continuum of care of North Dakota licensed treatment programs ranges from assessment and early intervention services (such as the DUI Seminar, American Society of Addiction Medicine, Inc. (ASAM) level 0.5), outpatient services - adult and adolescent ASAM level I, intensive outpatient treatment - adult and adolescent ASAM level II.1, partial hospitalization/day treatment - adult and adolescent ASAM level II.5, clinically managed low-intensity residential care - adult and adolescent ASAM level III.1, clinically managed medium-intensity residential care - adolescent ASAM level III.5, clinically managed high – intensity residential care - adult ASAM level III.5, medically monitored high-intensity inpatient treatment - adolescent ASAM level III.7, medically monitored intensive inpatient treatment - adult ASAM level III.7, and social detoxification - ASAM Level III.2-D. Clients are seen for an assessment or through emergency services and then referred to the appropriate level of care, based on admission criteria as outlined in NDAC Chapter 75-09.1 and current ASAM patient placement criteria. All levels of care and the admission criteria for levels of care are based on the American Society of Addiction Medicine Patient Placement Criteria (ASAM) a nationally recognized standard. DUI Seminar and inpatient treatment are provided throughout North Dakota, but SAPT Block Grant funds are not used for the provision of these services.

Allocations from the SAPT Block Grant Base funds for treatment services are allocated by a formula among the eight regional human service centers. Based on need, each center provides or contracts for appropriate services, offering a continuum of care.

Needs were identified by three regional human service centers (West Central Human Service Center, Lake Region Human Service Center, and North Central Human Service Center) for specific population of Native Americans. North Central Human Service Center used these funds via a contract to provide services to Native Americans on Ft. Berthold Reservation/Three

Affiliated Tribes. Lake Region Human Service Center contracted for services for Native Americans on Spirit Lake Nation /Reservation and Turtle Mountain Band of Chippewa.

Additional Resources in the Pubic Behavioral Health System of Care

North Dakota State Hospital: The North Dakota State Hospital, Jamestown, was established in 1883. The only state hospital in North Dakota, it is fully accredited by the Joint Commission on Accreditation of Health Care Organizations and is also Medicare certified. The North Dakota State Hospital is utilized only when it has been determined by the regional human service center to be the most appropriate option. The North Dakota State Hospital provides total care consisting of physical, medical, psychological, substance abuse, rehabilitative, social, educational, recreational and spiritual services through a variety of clinical and non-clinical staff. The goal of the treatment process is to implement appropriate therapeutic modalities at the earliest time so that the period of hospitalization can be reduced to a minimum. This requires integration with a system of aftercare services in the community. The North Dakota State Hospital is recovery focused. The State Hospital has implemented the Treatment Mall, a recovery-focused alternative to the traditional inpatient model. This program supports the notion that treatment should not be provided within the “home environment” of the consumer. Rather the consumer must leave their “home” during the business day and go elsewhere for the array of treatment services. It also establishes a structure of living that would then more naturally follow the consumer when living independently.

Central to the purpose of the Treatment Mall is a full array of groups and learning experiences that can be selected on the basis of not only need but also by choice. The Treatment Mall is in a separate location on the hospital grounds where staff and consumers from multiple units come together to provide and receive mental health services. Consumers work with a coordinator and a treatment team to define a life goal through a Recovery Plan. The patient then chooses classes that will help develop the skills that will move them toward the goal of returning to the community. Consumers attend four to five classes fifty minutes in length offered Monday through Friday from 9:00am to 12:00pm and 1:00pm to 4:00pm. The Treatment Mall functions like a learning center and therefore follows a twelve-week semester format. Consumers select classes designed to help them reach their recovery goals. Consumers and the coordinator will then register for those classes during the registration process. The services provided through classes are designed to teach daily life skills, vocational training, education, illness education, medication management, and social skills that will strengthen and empower the consumer toward recovery and transition back into the community.

Peer Support is also active within the facility. Meetings are held each week and consumers are assisted with transitioning to peer support services in the community upon discharge. North Dakota State Hospital staff work closely with community agencies on both a programmatic and an individualized basis to maintain continuity of care and treatment.

Implementation of an inpatient adaptation of IDDT at the ND State Hospital continues. As implementation continues, this level of inpatient programming greatly enhances continuity of care and transition when clients return to their home communities. Staff from the regional human service centers and the hospital work in close collaboration with consumers they have in common. (this is repeated in the section on initiatives of the behavioral health system of care so if anyone else thinks it shouldn't be mentioned here, that is ok with me)

The County Social Service Boards: There are fifty-three local county social service boards.

The county social service board delivery system is county-administered and state-supervised. The staff of county social service boards provide social support services primarily to the following target populations: children, adults and families, older adults, and those individuals with a physical disability.

In addition, county social service boards provide supportive services such as: home and community-based services; information and referral to individuals who have a chemical dependency, individuals diagnosed with a mental illness, individuals with a developmental disability, individuals with a physical disability, as well as other targeted population groups; parent aide and family preservation services – such as wraparound case management, Family Group Decision Making process/meetings, Kinship Care Program and intensive in-home service contracts – through the State.

Economic assistance programs administered by the county social service boards are financed through a combination of Federal, State, and local funds.

Protection and Advocacy Services: Protection and Advocacy, a vital service in North Dakota, ensures the quality of services provided to consumers. Protection and Advocacy services to individuals with mental illness and serious emotional disturbances are provided by the North Dakota Protection and Advocacy Project, an independent State agency. The Protection and Advocacy Project employs full-time mental health advocates who are located across the state providing services at no cost to individuals with a mental illness and serious emotional disturbances. Services include information/referral, case advocacy, legal counsel, and protective services.

Advocacy services are easily available to ensure the protection of consumer rights and to help provide access to entitled services. Advocates ensure that grievance procedures and other mechanisms to protect the rights of consumers are in place and utilized in mental health and residential facilities. Legal services are available to protect consumer rights, to obtain entitled services, and to represent consumers in administrative and judicial proceedings.

INITIATIVES OF THE BEHAVIORAL HEALTH SYSTEM OF CARE

The Division of Mental Health and Substance Abuse Services, regional human service centers, and community partners have implemented a number of programs to strengthen the behavioral health system of care statewide. The following narrative highlights these initiatives (initiatives that are covered in Section IV narrative are not included here):

Aging and Behavioral Health Services: It is recognized that a number of barriers exist for this older adults including difficulty accessing care due to the rural/frontier nature of North Dakota, lack of specialized geriatric behavioral health care, as well as stigma and misperceptions surrounding behavioral health in the aging population. For this reason, the Division of Mental Health and Substance Abuse Services is focusing attention on the enhancement of mental health services to the aged population throughout the State. During phase one of this initiative, the Division worked with the Mental Health American of North Dakota to develop and implement mental health and aging training programs to identify existing mental health services for older individuals, develop an understanding of those mental health services and collaboration among agencies, identify future service needs for the identified gaps, raise public awareness of the mental health needs of and services for older individuals. Trainings were at all human service centers to provide staff members with an understanding of the issues regarding behavioral

health needs of the elderly and allow them to gain an appreciation for the multidisciplinary approach to meeting the health needs of older individuals. In addition, an aging/mental health track was incorporated into the Clinical Forum on Mental Health conference. Topics included the assessment of behavioral health issues in the elderly, substance abuse and the elderly, and understanding depression and suicide in the elderly.

Phase Two of the initiative focused education to the natural caregiver – those individuals – generally outside of the professional medical community – that older individuals routinely access for care and support in the community. This included (but not limited to) nursing home staff, family caregivers, parish nurses, clergy, personal care attendants, and first responders. The training included discussion of the aging process, wellness and prevention, and information and resources. North Dakota State University was awarded the contract and has extensive experience in the field of gerontology and mental health. They developed a four module-training program focused on positive aging and mental health. Thirty-two natural caregivers representing each region of the state were trained to conduct education on mental health and aging. They presented the four modules throughout North Dakota. The total attendance at the education sessions was 727 natural caregivers. The modules have been catalogued with the North Dakota State Library.

Phase Three of the initiative expanded from the natural caregiver training. North Dakota State University developed and implemented a training curriculum on mental health issues and older adults targeted to community-based mental health clinicians. The curriculum focused on mental health and the aging process; changes to the aging brain and the impact on mental health, wellness/prevention/medical issues associated with mental illness; assessment and diagnosis of mental health issues in older adults; treatment of mental illness in older adults including psychopharmacological treatment, psychosocial treatment, and barriers to treatment and how to address them; and community resources. The training was structured as a web-based program, which included core information, case studies, activities, and resources. This program was updated during 2012 to include information on the early diagnosis and treatment of Alzheimer's disease and dementia.

During the past year, the Natural Caregiver Program and the Mental Health Clinician Training Program was continued, allowing the Division to further increase the cadre of clinicians and others trained in mental health and aging. To date, nearly 40,000 Mental Health and Aging educational materials have been distributed. The material has been adapted for use by Native American communities and distributed to North Dakota reservations and organizations that serve the Native American communities.

Autism and Autism Spectrum Disorders: The Department recognizes the need to explore and examine the growing concerns regarding children with Autism and Autism Spectrum Disorders (ASD) in North Dakota. A Governor appointed Autism Spectrum Disorder (ASD) Task Force was established by legislation in 2009. The Governor appointed task force involves the State Health officer (or designee); Director, Department of Humans Services or Designee; Director, Special Education or designee; Executive Director; Protection & Advocacy or designee; Pediatrician with expertise in the area of Autism Spectrum Disorders; Psychologist with expertise in the area of ASD; College faculty member with expertise in the area of Autism Spectrum Disorders; Licensed teacher with expertise in the area of Autism Spectrum Disorders; Occupational Therapist; Health Insurance company representative doing business in North Dakota; Representative of a licensed residential care facility for individuals; Parent of a child with Autism Spectrum Disorders; Family member of an adult with Autism Spectrum Disorders; and a Legislative assembly member. An initial plan was developed and the Legislative

Assembly studied this issue to determine the best approach. The 2013 Legislature passed House Bill 1038 requiring the North Dakota Department of Human Services to establish a voucher program pilot project to assist in funding equipment and general education needs related to autism spectrum disorder for individuals below 200 percent of the federal poverty level from age 3 to under age 18 who have been diagnosed with autism spectrum disorder. The bill requires the department to report to the Legislative Management regarding the pilot project. In addition, the bill directs the State Department of Health to establish and administer an autism spectrum disorder database, to establish criteria regarding who is qualified and required to report a case of autism spectrum disorder to the database, and to keep confidential all records of the database which could be used to identify a reported individual, except as allowed to disclose to other state agencies.

The Home and Community Based Services Autism Medicaid Waiver will provide intensive supports for eligible consumers less than five years of age who have received a diagnosis of Autism Spectrum Disorder and their families. This waiver began in November 2010 and utilizes an evaluation team and interventions specific to individual needs.

Minot State University was awarded a grant to provide education and services targeting rural areas of the state. The purpose of this project is to assure that children and youth in North Dakota who have Autism Spectrum disorder receive early and continuous screening and diagnosis, coordinated care, family support and an infrastructure that supports a comprehensive system of care for their future.

The SAND grant (Support Autism North Dakota) was awarded to Minot State. The Division sits on the advisory board and reviews the activity of this grant. Trainings are provided to daycare providers, medical personnel, teachers and others all in the effort to better identify and serve more effectively those affected with autism. Recognizing the need to delineate Autism Spectrum Disorders from mental health, the Department recently added a new service unit called Autism Spectrum Disorder Services. This unit will collaborate with the Division but maintain its own focused work.

Collaboration With Military Support Organizations: Increased demand for mental health and substance abuse services available in the public system will emerge as military personnel and their families feel more comfortable to seek services and/or exhaust services offered by the VA or other support systems. The North Dakota Department of Human Services has participated on the Inter-Service Family Assistance Committee (ISFAC) for the past four years. The Inter-Service Family Assistance Committee is a multi-agency committee dedicated to collaboration around the needs of military servicemen and women and their families. The North Dakota National Guard, Office of Veterans Affairs and the VA are active participants on the Traumatic Brain Injury Advisory Committee and Traumatic Brain Injury Systems Workgroup. This collaboration provides the opportunity to stay abreast of all the efforts across the state and to share information about agency resources and services. In past years, a number of training opportunities have been provided to staff on military related issues such as military culture and reintegration. Alan Fehr, PhD, with the North Dakota National Guard, has developed a curriculum on military culture that offers training and certification to civilian behavioral healthcare providers. Training sessions began in the Spring of 2013. In March of 2013, North Dakota was invited by SAMHSA to participate in the Service Members, Veterans, and Family Members Policy Academy. Two program administrators from the division are part of the team. These efforts support the third SAMHSA Initiative for military families with the goal of support of our service men and women and their families and communities by leading efforts to ensure needed behavioral health services and outcomes are successful.

Employment Development Initiative: In January, 2012, the North Dakota Department of Human Services, Division of Mental Health and Substance Abuse Services, was awarded \$103,000 from the Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Mental Health Services' (CMHS) Employment Development Initiative (EDI). Meaningful employment is a key component of recovery and the intent of Employment Development Initiative funding was to assist states with strengthening their systems to create and keep jobs for those served in the public behavioral health system. This objective of North Dakota's program was to strengthen and enhance North Dakota's Extended Services Program for individuals with serious mental illness (SMI), utilizing the SAMHSA evidence base practice model for supported employment, with primary focus on principle #4 (personalized benefits counseling is important) and principal #6 (follow along support is continuous), in the implementation of several key activities.

An interagency group was formed and met on 6 occasions. Representation included Consumers, Recovery Centers; Vocational Rehabilitation, Division of Mental Health and Substance Abuse Services; Peer Support; Case Management; Human Service Centers; Employment Providers, Mental Health Planning Council; Extended Services; Consumer Family Network; Money Follows the Person; and ND Protection and Advocacy. The interagency group reviewed existing employment supports for individuals with SMI and made recommendations for enhancement to the Divisions of Vocational Rehabilitation and Mental Health and Substance Abuse Services for possible adoption. The interagency group proved to be an effective forum of collaboration.

Vocational Rehabilitation (VR) participated in all interagency group meetings and collaboration was ongoing throughout the initiative. VR is moving towards a customized employment approach, including the addition of a "discovery" process to the supported employment training and stabilization phases.

A Benefits Counselor held 15 benefits counseling group sessions and presented at the North Dakota Consumer and Family Conference. The sessions provided information on impact of work activity on benefits and instructed participants how to identify options and develop strategies so available work incentives are not overlooked and essential benefits are retained if possible. Survey results indicated that providing benefits counseling in a group structure is an effective means of increasing an individual's knowledge of Social Security rules and work incentives.

The COED Initiative (Community Options Employment Development) was formed and employment specialists provided 100 one-on-one coaching sessions, as well as 16 group coaching sessions to individuals with SMI considering employment. Employment specialists capitalized on the customer's personal strengths and motivations while assisting them to move into supported employment or directly into employment. Assistance with cover letter and resume development, interviewing, budgeting, goal setting, job search/application process, being professional, touring potential work sites, and time management was provided. The Community Options Employment Development program viewed every customer as capable of working competitively in the community and placed particular emphasis on the following EBP Supported Employment principals:

- Eligibility is based on consumer choice
- Job search starts soon after consumers express interest in working
- Consumer preferences are important
- Follow-along supports are continuous

Employment Specialists assisted customers with contacting the Small Business Administration (SBA), attending SBA classes, assisting the customers with walking through steps to write a business plan, gaining the assistance of a SBA volunteer, and supporting the customers to coordinate activities to start their business.

Meetings were conducted with Peer Specialists to explore how peers can assist extended services with communicating the unique challenges of individuals with a SMI in gaining competitive employment. Resulting recommendations included Peer Specialists being a part of treatment teams, supported employment teams, and Integrated Dual Disorders Treatment teams; and Peer Specialists placing greater emphasis on employment when facilitating peer support groups and in their daily work with peers.

The EDI presented a unique opportunity to North Dakota to strengthen and enhance the extended services program for individuals diagnosed with a serious mental illness. In addition to the activities completed, the initiative increased visibility of employment-related needs and established a framework to move forward.

Evidence-Based Practices: North Dakota has made great strides in community-based behavioral health care. A number of evidence-based practices have been implemented across North Dakota.

- **Evidence-Based Prevention Strategies:** Science-based prevention has been identified as following a process of strategic planning that focuses on integrating thoughtful assessment, design, implementation, and evaluation into every program. The North Dakota Substance Abuse Prevention system utilizes the Strategic Prevention Framework to guide the selection and implementation of evidence-based prevention strategies by assessing data, ensuring capacity, and consistent evaluation. Current research on effective prevention strategies support the focus on implementing environmental strategies. Environmental strategies (based on the public health model) are aimed at changing or influencing community conditions, standards, institutions, structures, systems and policies that shape behaviors. For substance abuse prevention, environmental strategies attempt to alter the community environment to make it less supportive of high-risk/underage substance use. The Division of Mental Health and Substance Abuse Services ensures that services provided are evidence-based practices and puts a focus on environmental strategies. Technical assistance centers on evidence-based practices and environmental strategies by following the Strategic Prevention Framework. Evidence-based principles are followed and utilized to create technical assistance materials for local communities.

Targeted Communities are implementing evidence-based strategies such as: policy (review laws, ordinance), enforcement (Compliance Checks), communication (mass media, social norming), and education (server training, school curriculum).

Through the Tribal Prevention Program, the following efforts have been undertaken, with assistance from state T/TA: completed community data booklets to raise local awareness of the issues; Tribal law enforcement have completed EUDL training to prepare for compliance checks and other operations to reduce underage access to alcohol; organized Town Hall meetings and other public forums; and successfully launched a Tribal Prescription Drug mass media campaign focusing on limiting access (in conjunction with ND Indian Affairs Commission).

- Integrated Dual Disorder Treatment: For the past six years, Southeast Human Service Center has been providing Integrated Dual Disorder Treatment (IDDT) programming with clients diagnosed with serious mental illness and co-occurring substance abuse disorders. Clients are served by two teams for those who meet criteria for Quadrant 4, severe and persistent mental illness and chronic substance abuse. Between the two teams, 75-80 consumers are receiving services at any given time. Annual fidelity reviews/consultation continues to be conducted by consultants from the Center for Evidence Based Practices at Case Western Reserve University. Southeast Human Service Center continues to achieve high ratings. The fidelity action plan is revised based on the results and recommendations of the review to reflect ongoing work towards continued fidelity-to-model. Lake Region, West Central, Badlands and South Central Human Service Centers have begun implementation efforts as well. Lake Region, South Central Human Service Centers are in the second year of implementation; West Central and Badlands are within the first year. The remaining three human service centers are in the early phase of planning. All human service centers are serving clients who meet criteria for Quadrant 4 as described above.

The Division of Mental Health and Substance Abuse Services, in conjunction with a consultant from the Center for Evidence Based Practices at Case Western Reserve University, continue to work together to plan annual training for program leaders of the Integrated Dual Disorder Treatment programs. The goal of the annual training is to provide a learning environment for program leaders to discuss the challenges of implementation, gain knowledge and learn new skills.

Implementation of an inpatient adaptation of Integrated Dual Disorder Treatment at the North Dakota State Hospital continues. The hospital updates their action plan based on the results and recommendations of the fidelity reviews/consultations to reflect ongoing work towards continued fidelity-to-model. As implementation continues, this level of inpatient programming greatly enhances continuity of care and transition when clients return to their home communities. Staff from the regional human service centers and the hospital work in close collaboration with consumers they currently have in common now.

- Matrix: In 2005, Human Service Center Directors and the Division made a decision to begin training clinicians on evidence-based practices. North Dakota began with the Matrix training. DMHSAS worked with Prairielands Addiction Technical Transfer Center (PATTC) to facilitate with UCLA to provide a two-day training of clinical staff and supervisors in Bismarck in April 2006. A second two-day MATRIX training for 20 clinicians and supervisors was held in May 2007. North Dakota sent 17 (11 in 2006 and 6 in 2007) supervisors to attend Key Supervisor Training at the Matrix Institute on Addictions. A third two-day MATRIX training for 20 clinicians and 18 supervisors was held in Bismarck in October 2012. The process of MATRIX certification and fidelity continues. North Dakota currently has 7 Matrix Certified programs at Northwest Human Service Center, North Central Human Service Center, Lake Region Human Service Center, Northeast Human Service Center, Southeast Human Service Center, South Central Human Service Center, and West Central Human Service Center. The MATRIX model of treatment is now offered in each regional human service center.
- Motivational Interviewing: North Dakota partnered with Prairielands Addiction Technology Transfer Center (Prairielands ATTC) to provide training on Motivational Interviewing (MI) for clinical supervisors and clinicians for both mental health and addiction staff from the regional human service centers across ND. Prairielands ATTC identified: Motivational Interviewing is a directive, client-centered counseling style for eliciting behavior change by helping clients to

explore and resolve ambivalence. This training was designed to introduce the spirit of MI and develop techniques in manifesting the spirit. In February 2009, training began for supervisors. This training included two-day three part training on Motivational Interviewing; Basic, Motivational Interviewing: Advanced, and Motivational Interviewing Assessment: Supervisory Tools for Enhancing Proficiency (MIA: STEP) (total of six days of training for supervisors). The training for clinicians was offered at four central locations in the state (Minot, Bismarck, Jamestown and Grand Forks). The clinician training included two-day two part sessions on Motivational Interviewing: Introduction: part one and part two, and Motivational Interviewing: Advanced: part one and part two (total of four days of training for clinicians). The last of these training sessions concluded November 18, 2009. Additional MI training continues in 2013 with a session for supervisors, (two-day three part) in Bismarck and four sessions for clinicians (two-day two part), in Bismarck, Minot, Jamestown, and Grand Forks, similar to the previous training. The 2013 MI training provided for 28 clinicians and 6 supervisors from private substance abuse treatment programs to be trained and 114 clinicians and 35 supervisors from regional human service centers to be trained. These training sessions will conclude August 2013. As an effort to continue the MI spirit and maintain fidelity, motivational Interviewing Supervisor Coaching Calls began July 2010. The collaboration began with Prairielands ATTC and the one-hour monthly coaching call with two trainers. Currently, ND contracts with one of these trainers and continues to offer coaching calls to assist mental health and addiction supervisors through June 2015.

- Treatment Collaborative for Traumatized Youth (TCTY) In 2007 the Division initiated Structured Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) and Trauma Focused Cognitive Behavioral Therapy (TF-CBT) as the two EBPs for children and families. The TCTY initiative is in collaboration with Dr. Steve Wonderlich, from the University of North Dakota Medical School Neuroscience Department. The Division of Mental Health and Substance Abuse Services along with the Children and Family Services Division have made a commitment to support the continued implementation of evidence-based practices in both children's mental health and child welfare system for the next two years (2011-2013).

As of June 30, 2013, at the human service centers there are 62 clinicians and supervisors trained in Psychotherapy for Adolescents Responding to Chronic Stress (SPARCS) and Trauma Focused – Cognitive Behavioral Therapy. SPARCS is present-focused working with adolescents between the ages of 12-19 who have been exposed to events, such as, traumatic loss of a loved one, physical abuse, domestic and community violence, motor vehicle accidents, fires, tornadoes, hurricanes, industrial accidents, terrorist attacks, sexual abuse and other traumatic events/experiences equipping the youth with tools for coping with current and future stressors.

The SPARCS & TF-CBT training is sponsored and conducted by the Neuropsychiatric Research Institute in Fargo along with the UND School of Medicine and Health Sciences. All Clinicians that are trained in SPARCS & TF-CBT will continue to have direct supervision that will occur for one hour, two times per month, for the first six months following training.

October 2011 – September 2012 the Treatment Collaborative for Traumatized Youth in conjunction with Dr. David Kolko conducted a one year learning collaborative for 14 human service clinicians and 6 intensive in home therapist in the treatment method of Alternative for Families – Cognitive Behavioral (AF-CBT). AF-CBT is evidence based practice, family-centered treatment designed to address family conflict, coercion and hostility, emotional abuse, and child physical abuse. AF-CBT teaches individual and family skills to strengthen

family relationships and safety routines using coordinated and structured training methods. The goals of AF-CBT are to help family members improve their communication and problem-solving skills, help parents learn skills to effectively support and discipline their children, and help children manage difficult emotions and respond more positively to challenges. This training methods seek to help family members improve their communication and problem solving skills, help parents to effectively support and discipline their children, and help children manage difficult emotions and respond more competently to interpersonal challenges.

Guardianship Services: During the 2005 Legislative Session, SB 2028 provided for a guardianship services system for vulnerable adults who are ineligible for developmental disabilities case management services. Forty thousand dollars was appropriated for this system. The Division of Aging Services within the Department of Human Services was tasked with overseeing the implementation of the guardianship services system. Because of the limited funding (\$40,000) and the need for such services from this target population, it was planned that twelve adults diagnosed with a serious mental illness would receive guardianship services through this program. A Request for Proposal was drafted for this program and training was conducted for attorneys, judges, and human service center case managers concerning guardianships for vulnerable adults. Unfortunately, there were no responses to the Request For Proposal.

To meet the legislative mandate, it was decided that the North Dakota Department of Human Services would pay for adult emergency or full guardianship establishment fees. This includes the attorney's fee, filing fee, and other fees connected with establishing the guardianships. There is no ongoing daily rate of pay. The target population for the program was individuals diagnosed with a serious mental illness, persons with Traumatic Brain Injury or persons over the age of 60. The work with the attorney, families, and proposed guardian is the responsibility of the regional human service centers. The cost for establishing the guardianship cannot exceed \$2,500.

This program has continued through the 2009-2011 biennium and utilization has increased. Funding for this biennium is nearly exhausted. For this reason, a budget request was made in the 2011 legislative session and funding increased to \$105,000 and added a \$500 annual payment to guardians.

During the 2013 Legislative Session, the Legislature appropriated \$828,600 to provide grants to counties for public or private guardianship services to incapacitated adults. The grant requires the county to match 50% of the costs. In addition, the Legislature approved the Governor's budget request of \$1 million for guardianship services for incapacitated adults, which was placed in the Aging Services Division budget. Finally, the Legislature also provided \$40,000 for the ongoing Guardianship Establishment Fund program.

Healthy North Dakota Early Childhood Alliance: The Program Administrator for the Children's Mental Health Services Programs continues to work closely with Healthy North Dakota Early Childhood Alliance on Children's Mental Health and Family Participation for the Healthy North Dakota Early Childhood Alliance strategic plan with efforts to increase work with individuals from the Native American Tribal Community. The Healthy North Dakota Early Childhood Alliance (HNDECA), comprised of an impressive group of over 50 agency, parent and advocacy organization representatives, developed as part of efforts to build a comprehensive plan for early childhood in the state of North Dakota. To support families and communities in their development of children that are healthy and ready to learn at school entry,

collaborations and partnerships are being built through the Healthy North Dakota Early Childhood Alliance.

Funding for this initiative, called the Early Childhood Comprehensive Systems (ECCS) Grant, is from the federal Health Resources and Services Administration (HRSA). The goal of the ECCS grant is to develop and implement collaborations and partnerships to support families and communities in their development of children, ages 0 to 8, who are healthy and ready to learn at school entry. The role of HNDECA was to oversee the process, to assure that it met federal guidelines and to be good stewards of the planning funds.

The five essential areas in the planning phase of this initiative include Access to Health Insurance and Medical Home, Mental Health and Social/Emotional Development, Early Care and Education/Childcare, Family Support and Parent Education. Some of the key goals developed include:

- To establish critical pathways, including checks and balances, for (childcare) licensure standards and practices to assure uniformity of delivery statewide.
- To assure that all North Dakota communities will involve families in planning and implementation of children's mental health programs and services.
- To increase the number of health and dental care provider practices that incorporate the seven medical home core components (care that is accessible, family-centered, continuous, comprehensive, coordinated, compassionate and culturally effective).
- To assure that all parents, and persons in a parental role, of children aged birth through eight have access to parenting education.

Network for The Improvement of Addiction Treatment (NIATX): In 2006, Division staff and staff from two regional human service centers attended a process improvement orientation workshop. In 2008, North Dakota partnered with Prairielands Addiction Technology Transfer Center (Prairielands ATTC) to bring the NIATx project to ND. Three regional human service centers are participating in this project (Northeast Human Service Center - NEHSC, Lake Region Human Service Center - LRHSC and Southeast Human Service Center - SEHSC). These providers are examining their admission process and paperwork requirements. The rapid cycle change process is being used. The four aims from NIATx are increase admissions, increase continuation of services, reduce no-shows and reduce waiting times. Changes made to processes so far include eliminating a redundant admission form at NEHSC, resulting in 20-30 minute time savings for the client at admission, implementing a walk-in immediate care 'clinic' at SEHSC, resulting in clients being seen when they have the most need. These three centers are discussing other strategies for a reduction in no-shows. LRHSC is one of three HSCs that has established a NIATx change team and started to implement NIATx continuous improvement efforts toward successful consumer strategies and processes. The NIATx approach forms another core asset to the implementation of the "Pathways to Recovery" application. All centers participated in the paperwork reduction initiative. Some human service centers continue to use the NIATX model to practice improvement.

North Dakota Children's Social, Emotional And Developmental Alliance: The mission statement of the Statewide NDSEDA is "A Collaborative Effort with system partners to promote an awareness and understanding of health, social and emotional well-being of individual's birth to 21 and their families".

The North Dakota Children's Social, Emotional and Developmental Alliance (NDSEDA) is a statewide committee with over 30 members from a variety of disciplines to include; medical, human services, juvenile justice, tribal communities, and child protective services.

Through collaborative efforts with Medicaid Services, on October 15, 2010 NDSEDA and Medicaid Services held a statewide training for all state Health Tracks Screeners on the Evidenced Based Mental Health Screening Instruments that NDSEDA selected to be used during all Health Tracks Screenings. The training was published on the department of human services website in 2011 to increase access and sustainability of screening. Medicaid services issued policy that requires all children who receive a Health Tracks Screening will also have their Mental Health assessed and appropriate referrals made based on the assessment results. The department continues to work closely with Medicaid to review future additions or changes to assure that Mental Health Screenings occur.

The NDSEDA has combined with the Healthy North Dakota Early Childhood Alliance and meets quarterly to maintain on-going collaboration efforts.

Olmstead: For the past six years, the Division of Mental Health and Substance Abuse Services has received Olmstead stipends from SAMHSA. Funds have been used to leverage other funding sources to assist in the implementation of the evidence based practices of Integrated Dual Disorder Treatment and Supported Employment, to underwrite recovery events for consumers, and support transition-aged youth in their goals towards independence, including youth stipends for the second annual transition conference hosted by the North Dakota Federation of Families in July of 2011. Division staff continue to participate in the North Dakota Olmstead Committee and participate in the revision of the Olmstead Plan. In May 2013, North Dakota was invited by SAHMSA to participate in the virtual Olmstead Policy Academy and in June 2013, notification was received indicating North Dakota was chosen to participate in this virtual learning academy.

Outreach to Homeless: Homelessness continues to be an issue in North Dakota. The state lacks sufficient affordable housing, especially for low and extremely low-income brackets. The availability of housing options that serve people with differing levels of need is much more limited – transitional units, low demand housing, and supported permanent housing are in very short supply. “Deep subsidy” funds like the Section 8 voucher, which is the only way the chronically homeless will be able to afford to pay for the housing portion of permanent supportive housing, are limited. Some zoning laws in the state contain provisions that make it difficult to site group living facilities, which is the category most permanent supportive housing projects fall into. The specific regulatory language often involves definition of “non-household” living, rules regarding number of unrelated individuals per unit, and the requirement for public hearings associated with conditional use permits process. In North Dakota there is a willingness to tolerate chronic homelessness as an “acceptable” situation. In part, this belief is fostered by people’s lack of direct experience with chronically homeless individuals. It is difficult to feel a sense of urgency about an issue with which one has little knowledge or first-hand experience. The people of this state have a fundamental belief in “self-sufficiency.” This belief often leads people to believe that the chronically homeless do not deserve help because they are not working hard enough to help themselves. Again, the belief itself is an obstacle to building support for the creation of housing options that specifically serve this population. At times, consumers have difficulty accessing available housing resources because of poor rental and credit histories and criminal backgrounds. In addition, very low or no income and an inability to afford rent, whether it is because they are unable to find a job where the pay is

sufficient to cover housing costs or because they are unable to keep a job because of a disability.

To compound these issues, the oil industry presence in the western part of the state is ballooning up. Recent studies by the North Dakota Housing Finance Agency and its partners looked at the current population and housing stock in Williston, Watford City, Stanley, Tioga, Parshall and New Town. They forecast the need over the next 20 years based on the population and household growth due to the projected expansion of pattern wells to be drilled during that study period. The numbers are substantial.

Conventional housing development costs are affordable for those at or above median incomes, but those below median income struggle to afford those costs, the studies find. Those below median income but who do not qualify for rental assistance are under extreme pressure. Housing that is affordable for essential service and Main Street workers, whose wages typically fall well below oilfield pay, cannot be overlooked throughout the footprint.

The reports project housing challenges for households of all income ranges in the study area. The Department will be monitoring this and adjusting services to meet increased demand.

The most recent Point-In-Time Survey (January 25, 2012) found 972 homeless persons in North Dakota including 708 adults, 189 children and 75 persons for whom age was unknown. Of these, 229 people were long-term homeless. Thirty-six percent of individuals noted a history of substance abuse while 35% indicated mental health issues. The following chart provides a regional breakdown of Point-In-Time Survey results.

Table 7. Homelessness in North Dakota by Region (January 25, 2012)

	Adults	Children	Age Missing	Total Individuals	Chronically Homeless	Long-Term Homeless	Mental Illness	Substance Abuse
Region I - Williston	35	4	5	44	0	0	4	8
Region II - Minot	9	4	1	14	0	0	3	0
Region III - Devils Lake	5	5	1	11	0	1	2	7
Region IV - Grand Forks	133	24	0	157	24	34	44	42
Region V - Fargo	320	70	56	446	44	128	142	165
Region VI - Jamestown	50	0	2	52	1	33	48	21
Region VII - Bismarck	137	67	10	214	5	26	92	98
Region VIII - Dickinson	19	15	0	34	1	5	6	7
Total - ND	708	189	75	972	75	229	341	348

Eight regionally-based coordinators funded under the Projects for Assistance in Transition from Homelessness Grant provide persons who are homeless or at risk of homelessness and are mentally ill or have a co-occurring mental illness and substance use disorder with intensive case management services including therapy, skills training, supportive residential services and

coordinate obtaining other community mental health and addiction services from staff of the human service centers. Persons who are homeless and mentally ill are provided outreach services, screening for treatment services, housing services, and referral for health, education, and entitlements.

Person-Centered Treatment Planning: The Department has trained all clinicians on Person-Centered Treatment Planning. This model allows for the blending of valuing consumer strengths and goals while retaining recognition of the importance of good diagnosing and planning for the measurable clinical outcomes that reduce or resolve clinical barriers to consumer recovery. Consumers are active participant in their treatment planning and treatment goals are documented in the consumer's own words.

Training on stages of change and stages of treatment serves to compliment the work we are doing on person-centered treatment planning. Recognizing the importance of meeting the consumer where they are at, developing an open trusting relationship, and engaging consumers in their own care is critical to successful outcomes for consumers. This has been implemented statewide. A four-hour session on the training was offered at the 2011 Clinical Forum on Mental Health Conference. Staff from the regional human service centers, State Hospital, and various community providers were in attendance at the session. Clinicians providing services at the regional human service centers are beginning to complete a more formal "staging" of consumers as they work closely with them to develop treatment plans. NDAC 75-09.1 requires substance abuse treatment programs to include in client records evidence of the direct involvement of the client in the decision-making process related to the client's program.

Recovery: The concept of recovery is the guiding principle and operational framework for the system of care provided by the partnership of state and private agencies and consumer-run services that comprise the Division of Mental Health and Substance Abuse Service's system of care. Services within this system identify and build upon each recovering individual's strengths and areas of health in addressing his or her needs. The environment encourages hope and emphasizes individual dignity and respect. As one of its foremost priorities, the division promotes a recovery-oriented service system for persons at risk of, or who have psychiatric or substance use disorders.

The division continually strives to address the needs of people over time and across different levels of disability, and to apply recovery principles to the full range of engagement, intervention, treatment, rehabilitative and supportive services that a person may need. Recovery principles are applied to health promotion and prevention services for those at risk of mental illness or of substance use disorders.

In partnership with the recovery communities, the division is making revisions to existing policies, procedures, programs, and services, and ensuring that all new initiatives are consistent with a recovery-oriented service system. Future strategic planning and resource development efforts will build upon existing strengths and continue to move the division in the direction of promoting recovery as a core concept. By doing so, the language, spirit, and culture of recovery will be embedded throughout the system of services, in our interactions with one another and with those persons and families who trust us with their care.

The Division strives to ensure the service system is notable for its quality, marked by a high degree of accessibility, effectiveness in engaging and retaining persons in care such that they

can achieve the highest degree of stability and recovery, and its effects are sustained rather than solely crisis-oriented or short-lived. To attain this level of quality, attention is focused on ensuring the recovery-oriented service system is age and gender appropriate, culturally competent, and attends to trauma and other factors known to impact on one's recovery. Whenever possible, services are provided within the person's own community setting, using the person's natural supports. The goal is to help the person to achieve an improved sense of mastery over his or her condition and assist the person to regain a meaningful, constructive sense of membership in the community.

- Recovery Month Events: The Division of Mental Health and Substance Abuse developed a Recovery Month Event Toolkit in 2010. The purpose of the Toolkit is to assist communities with planning and funding Recovery Events held throughout the state. Recovery Month events provide a platform to celebrate people in recovery and those who serve them and serves to educate the public on substance abuse as a national health crisis, that addiction is a treatable disease, and that recovery is possible. Educating the public reduces the stigma associated with addiction and treatment. Involving community in advocacy and recovery celebrations helps change public perceptions of recovery, promote effective public policy and demonstrate that recovery is a reality for millions of Americans.

The Division of Mental Health and Substance Abuse Services offers stipends to eligible applicants to assist with funding these events and each year rallies, runs, walks, sober social events and other activities are held to educate people in our state about long-term recovery, engage children and families in community-wide events, and demonstrate the joy and new life that goes along with recovery.

- North Dakota Recovery Council: The Recovery Council was implemented in June, 2007. The purpose of the Council is to build a "Recovery Community" to enhance Recovery-Based services and supports for individuals following the formal treatment experience, to promote Recovery throughout the state, and to address the stigma associated with substance abuse. Membership includes Consumers, Division of Mental Health and Substance Abuse, Regional Human Service Center, Faith Based Community, Private Treatment Agencies, Tribal entities, Prevention Coordinators, Recoveree Connection, Probation and Parole. The successes resulting from the collaborative efforts of the council have been far reaching and include the implementation of Telephone Recovery Support services, Recovery Coaching Programs, a Recovery Readiness survey, numerous recovery events, and the availability of recovery mini grants. The council currently participates in the ROSC Learning Community Collaborative sponsored by the Office of National Drug Control Policy.
- Recovery Readiness Survey: The ND Organizational Self-Assessment for Recovery-Oriented Person-Centered Practices for Adults with Mental Illness a.k.a. *The Recovery Readiness Survey*. The Division of Mental Health and Substance Abuse Services partnered with the ND Center for Persons with Disabilities to conduct a set of surveys to gather information from adults receiving mental health services in ND and professional who administer mental health services in ND. The resulting survey data guides efforts to provide and promote recovery-oriented person-centered mental health services throughout the state. The information is used to develop ways to promote recovery and provide ongoing improvements in the way mental health services are provided in ND. The survey data helps identify what is working well in the current ND Mental Health service system and also identifies challenges of the current system. The data helped to determine the level of recovery readiness of mental health service providers and guides implementation of best

practices. This information assists state agencies, policymakers, and advocates to build on the current system of mental health services in North Dakota.

- Pathways to Recovery Survey: In a separate survey, the Department attempted to establish a baseline of how ready the state is to support people in Recovery using different pathways; identify next steps to providing better opportunities to people seeking Recovery; and capture gaps in the system. Out of a total of 3,950 surveys mailed out, 830 surveys were returned by April 27, 2012, yielding a response rate of 21.0%. Of the responses, 246 were submitted online and 584 were submitted through a paper-based survey. Survey respondents were given ten statements and asked to select the response they believed to be the most correct. Of the respondents that answer the questions,
 - Over 90% (ninety percent) indicated they strongly agreed or agree with family, friends, and social networks are important for people to sustain their recovery (98.4%),
 - Having a visible and active group of people in recovery is a good thing for the local community (96.4%),
 - Individuals who abuse alcohol and drugs can make a full recovery and go on to lead a fulfilling life (96.9%), and
 - Negative life events can lead to excessive alcohol or drug use (96.1%) (Table 6).
 - Over fifty percent of respondents disagreed or strongly disagreed with the statement that individuals can choose to stop excessive drinking when they want (75.4%),
 - People can only begin to recover when they have hit 'rock bottom' (87.7%),
 - Recovery from alcohol abuse is different from recovery than drug abuse (60.2%),
 - In order for a person to achieve recovery, a person must complete a traditional substance abuse treatment program (81.2%).

- Telephone Recovery Support: The "Recoveree Connection", North Dakota's Telephone Recovery Support Program, was implemented statewide in June, 2008. The Department of Human Services contracts with Rehab Services, a private agency located in Minot, North Dakota to administer the program. The Recoveree Connection is a non-clinical, volunteer based, support service whereby individuals in recovery from substance use disorders receive telephone calls from trained telephone recovery support specialists, most of whom are peers in the process of recovering themselves. Volunteers provide a "check-in" with the person in the early stages of recovery and help the individual to access community supports that further support the person's recovery in the community. For the year ending June 30th, 2012 there were 3,878 calls made to 1,133 individuals in recovery.

- Peer Support: Peer Support Programs are located at each of the 8 Regional Recovery Centers, as well as the North Dakota State Hospital. Peer Support Services are consumer centered with rehabilitation and recovery focus designed to promote skills for coping with and managing symptoms while facilitating the utilization of natural resources and the enhancement of community living skills. Peer Support Services are provided by a person who has progressed in their own mental health recovery and is working to assist other people with mental health issues. Because of their life experience, peers have expertise that professional training cannot replicate. Peer Specialists foster their peer's ability to make informed, independent choices; help their peers recognize, and build on their strengths; and help their peers get the information and support they need from the community to make their goals a reality. Peer Specialists perform a wide range of tasks to assist peers in attaining

their recovery goals. Peer Specialists undergo certification training and complete the certification process developed and recognized by the North Dakota Department of Human Services. The Division of Mental Health and Substance Abuse Services employs an individual who provides training to the Peer Support programs.

- **Consumer Family Network:** The Division of Mental Health and Substance Abuse Services provides funding to Mental Health America of North Dakota to administer the North Dakota Consumer Family Network (CFN). The CFN is a collaborative consisting of individuals, family members, and advocacy organizations dedicated to education, support, advocacy, and empowerment in the interest of promoting mental health. Goals of the CFN include consumers being well-informed of their choices and possibilities beyond those presently available and for mental health care to be consumer and family driven. Mental Health America of North Dakota and the Consumer and Family Network are members of the North Dakota Mental Health and Substance Abuse Planning Council and provide input into the planning of the behavioral health system of care.
- **Recovery Mini Grants:** The N.D. Department of Human Services' Mental Health and Substance Abuse Services Division provides funding to eligible organizations for Recovery Mini-Grant projects that promote recovery for adults with substance abuse addiction disorders. The Recovery Mini-Grant program aims to improve community support for recovery from substance use disorders. The goals of the program are to achieve abstinence and improve health, wellness, and quality of life for those with alcohol and other drug addictions. The program is part of a larger statewide effort to develop a recovery-oriented system of care, which is individualized and builds on the strengths and resiliencies of individuals, families, and communities. This grant program strives to increase non-traditional recovery support services in North Dakota, including employment assistance, child care, care management, educational sessions, community recovery events, support groups, mentoring, and housing support. Innovative and creative approaches to support recovery are highly encouraged in the written application. Resulting projects funded by the program focus on ways to build upon the strengths of persons in recovery, to increase opportunities to contribute to the recovery community, or find innovative ways to support persons in recovery. Organizations eligible to apply for the grants include non-profit organizations, community, county, regional, multi-county, or statewide organizations, non-tribal and tribal government entities, and faith-based organizations. A review committee evaluates qualifying proposals and awards funding to organizations who meet the criteria set by the division. Heartview Foundation's "H.E.A.R.T." program is funded by the Division of Mental Health and Substance Abuse Service's Recovery Mini-Grant Program. H.E.A.R.T. (Helping Achieve Recovery Today) is a strengths-based education and support program for family members and those in recovery. The program consists of a series of educational and support sessions and an on-line family recovery network. The program capitalizes on each participant's strengths and will assist participants to discover the tools they need to reach their full potential.

Services to Sexual Offenders: The Division of Mental Health and Substance Abuse Services has had a contract with Counseling and Psychotherapy Centers, Inc. (CPC) of Needham, Massachusetts to provide community-based treatment services to high risk offenders and those who offend against adults since September 2006. The population of high risk offenders served includes those who no longer meet the criteria of sexually dangerous individual and are released from the civil commitment unit at the ND State Hospital.

CPC operates on the evidence based containment model of practice. Services continue to be provided in the Bismarck, Minot, Grand Forks, Fargo, and Jamestown regions of the state. On any given day, approximately 80-85 offenders are receiving services. DOCR anticipated an increase in the number of high risk sex offenders who will be released from the prison system, supervised on probation, and/or moving into the state for employment opportunities. In preparation for that increase, the Departments budget for community-based sex offender treatment was increased by additional legislative appropriation.

Containment teams including sex offender specific probation officers, sex offender specific clinicians, victim advocates, and polygraph examiners meet regularly to review the treatment progress as well as compliance with community supervision of each offender. Each team member plays a critical role on the team. In particular, the role of the victim advocate has been greatly enhanced over the past five years. Advocates continue to participate in offender treatment groups when the work of the group is focused on victim-related issues and to review and provide feedback about various offender assignments such as clarification letters and safety plans. Plans are in the process to include educational services to family members of the offenders.

The Division of Mental Health and Substance Abuse Services facilitates regular meetings between the Governor's Office, management of the Department of Corrections and Rehabilitation, and management of the Department of Human Services to discuss the program.

The Division of Mental Health and Substance Abuse Services has facilitated a workgroup of staff from the regional human service centers, North Dakota State Hospital, and North Dakota Developmental Center who provide evaluation and treatment services to sex offenders. The workgroup will meet on an as-needed basis to continue review/discussion of issues related to services for low-moderate risk offenders against children, ongoing training needs, and overall program consistency.

Services to Individuals Who Have Sustained a Traumatic Brain Injury: North Dakota continues to sustain the work accomplished by the TBI Implementation Grant and facilitate the statewide TBI Advisory Committee and TBI Systems Workgroup. The systems development meetings serve as a venue for open discussions not only about service coordination and collaboration but more importantly about unmet needs of individuals with TBI and their family members. The results of ongoing meetings has the potential to influence ongoing decisions about services and system development.

Funds were appropriated in the 2013 Legislative session for the Department to provide resource facilitation services for individuals with TBI. This funding will greatly enhance the development of a system of care to include informal supports, peer mentoring, resource facilitation, social/recreational opportunities, and pre-vocational skills and mentoring.

During the 2013-2014 Interim session, the Legislative Council will be conducting a study of the need for a comprehensive system of care for individuals with brain injury, including services available to veterans who are returning from wars, the impact of the inclusion of all acquired brain injury on traumatic brain injury programs, the need for a statewide registry for brain injury, the need for increased awareness of the impact of brain injury, the need for screening for brain injury in the education system, the availability of community support systems, the availability of specialized substance abuse services, the examination of the long-term care needs, the availability of home and community-based services, services available from independent living

centers, the need for transitional supportive housing, and the suitability of the current level of care determination for brain injury.

A TBI screening tool continues to be administered during the intake process at the eight regional human service centers. The screening tool has been integrated into the intake process for all consumers except those who apply for developmental disability services only. 13,793 individuals were screened the first year of the project. Of those screened, 10% indicated a possible TBI, 18% a mild TBI, 5% a moderate TBI, and 2% a severe TBI. According to self-report, clients indicated that moving vehicle accidents were the most common cause of their injury, followed closely by falls as the second most common cause of injury. The results of the screenings continue to provide vital information to clinicians to better understand who they are providing services to, improve treatment outcomes for consumers, and to provide data to DHS to utilize in future service and budget planning.

State and Regional Review Teams: When barriers are encountered while attempting to meet the needs of children and adults who present with unique and complex needs, the Division of Mental Health and Substance Abuse will facilitate the use of the Regional Review Teams and/or State Review Team processes.

The Regional Review Team is a team of administrators representing multiple systems, serving as a resource to local teams by assuring active consideration and utilization of all available state-wide community options & resources when assisting the local team with planning for individuals with complex needs. The Regional Review Team shares knowledge of available resources, engages in problem solving, provides recommendations, and assists with access to difficult to obtain resources.

If the barrier is not overcome at the regional level, the situation is referred to the State Review Team for response.

The State Review Team is a team of administrators representing multiple systems, available to assist Regional Review Teams with situations where all available options have been exhausted, yet the consumer continues to have unmet needs. The State Review Team meets on a monthly basis and attempts to address the barriers and gaps brought forward by the Regional Review Team, through creative problem solving and braiding together possible options.

The State Review Team is not a forum to resolve disputes or appeal system decisions or replace agency and/or system responsibilities.

Substance Abuse Treatment Contingency Management – Motivational Incentive Program:

In 2008, DHS issued a policy on Contingency Management – Motivational Incentive Program describing the program, including targeted behaviors, methodology and rewards, and the process for monitoring and accountability for the program. Full implementation was completed at each of the regional human service centers by January 2009. The primary objectives of utilizing a motivational incentive program are to increase: retention rates; the number of people attending treatment programming; the number of clients who participate in vocational, educational, and/or community support programs; the number of clients who achieve employment; and the number of clients who attain drug-free status. The targeted behaviors are to be individualized and each client who participates in this program will have an entry in their treatment plan. A clearly defined “fishbowl” method is used as described in the policy.

Transition Services: According to the 2010 Census data, North Dakota has had an increase in both child and adult populations. The 2010 Census estimates revealed that the transition aged youth population between the ages of 15 and 24 is at 114,481, which is an increase of 5,481 from the 2006 Census estimate of 109,000. With the transition aged population on the rise, so does the complexity of their needs.

The transition from adolescence to adulthood can be a difficult time for some. For those individuals who received services under the children's mental health system of care, attempting to navigate into the adult system can be a trying, daunting task. At times people find that services they received in the children's system are not available in the adult system or they simply no longer meet the eligibility criteria.

The Transition to Independence Program provides wraparound case management services to transition aged individuals between the ages of 14-24 who are at risk and who do not qualify for other case management services within the eight regional human service centers. As of June 1, 2013 the Transition to Independence Program has assisted 267 youth transition into adulthood. To assure the Department stays informed on the needs of this population the department has eight regional Transitions to Independence Subcommittees that report quarterly to the State Wide Transition to Independence Interagency Advisory Council.

In addition, the Department works closely with the Department of Corrections and Rehabilitation to ensure that individuals who have a serious mental illness and are in prison have a smooth transition once they are released. Through the Release and Integration Program, case managers from the human service centers meet with inmates a few months prior to their scheduled parole to begin preliminary work on securing housing and any other needed assistance. The goal of this program is to assist the consumer with transitioning back into the community and – through the establishment of an informal and formal support system – help the consumer avoid re-incarceration. This collaboration will continue to ensure that individuals with a serious mental illness who are in the corrections system have access to appropriate mental health services.

Treatment of Problem Gambling: Treatment for the problem gambler and their family is provided via contract with Gamblers Choice, a program of Lutheran Social Services of North Dakota. Funding for the treatment program is allocated by the North Dakota Legislature utilizing state general funds and proceeds from the state lottery. Services offered the problem gambler and their family members are provided by nationally certified counselors a requirement of the contract. Services are available in six of the larger cities in the state. A media campaign to raise public awareness of problem gambling and provide information on available resources is ongoing.

UNMET NEEDS AND CRITICAL GAPS

Unmet Needs and Critical Gaps Identified by the North Dakota Mental Health and Substance Abuse Planning Council

UNMET NEEDS AND GAPS: MENTAL HEALTH

Provider/staff shortage ***
Inadequate mental health services in correctional facilities *
Permanent Supportive Housing Needed
Stigma
Employment
Public Understanding and support
Recovery “used against clients”
Little options for homeless
Mental Health Court Needed
Disconnect between DHS and private providers
More PRTFs needed
Funding/infrastructure for integrated primary care and behavioral health
People with disabilities who are educated and wish to work full time.

UNMET NEEDS AND GAPS: SUBSTANCE ABUSE

Community-based programs for those who are dually diagnosed *
Long-term housing for those who are dually diagnosed
Long-term supportive housing with harm reduction philosophy
Adequate wrap around services that allow more appropriate steps between levels of care
Adequate inpatient, long-term substance use treatment
Access to services, funding, psychiatry, residential for adolescents
Stigma of substance abuse
Ideas on how to keep youth active by providing them with activities other than drinking.

THREE MOST CRITICAL UNMET NEEDS AND GAPS

Stigma *
Greater access to programs/community-based treatment/care centers *
Case management and case aide services *
Residential care in the community *
Provider/staff shortage
Housing
Employment
Public awareness and support
Long-term supportive housing with harm reduction philosophy
No continuum of care for individuals with mental illness

Intolerance of psychiatric behaviors
Lack of mental health courts
Inadequate mental health services in correctional facilities
Lack of reimbursement for qualified mental health professionals
Funding
Psychiatry
SEP Programs should embrace Supported Education model

ADDITIONAL UNMETS NEEDS AND GAPS IDENTIFIED BY THE COUNCIL: MENTAL HEALTH

Individual justice plans
Advance directives/crisis plans
Mental health courts (legislative support)
Alternative to jail
Transitional planning (violent individuals)
Discharge planning improvements – continuum of care
Peer support equity – parent to parent support with Medicaid reimbursement for services
Third party pay issues
Supported housing and flexible/individualized in-home support
Choose – Get – Keep – Advance philosophy for supported employment, housing, education
Forensic treatment continuum
Expand surveys to private providers

ADDITIONAL UNMET NEEDS AND GAPS IDENTIFIED BY THE COUNCIL : SUBSTANCE ABUSE

Methodone/suboxone treatment
Case management for after treatment – during transition period
Education (connectedness, prevention, more health education)
Family Education
Transportation to treatment

COMMON THEMES OF UNMET NEEDS AND GAPS IDENTIFIED BY THE COUNCIL

Continuity through the continuum of care – across systems
Access to care within the home community
Funding
Residential services adequately dispersed throughout North Dakota
Individualized wraparound services of the needed intensity level
Acknowledge that SAMHSA's definition of recovery is applicable to mental health and substance abuse
Education/stigma reduction/promotion/prevention for general public, consumers, providers
Transportation
Need for increased collaboration between systems/agencies
Criminal justice response/alternatives

PRIORITIZED THEMES THE COUNCIL WOULD LIKE WORKED ON DURING THE NEXT TWO YEARS

Education/stigma reduction/promotion/prevention for general public, consumers, providers

2011-2013 BIENNIUM STATEWIDE STAKEHOLDER SURVEY

Adult mental health

- Areas of the state are without needed mental health units.
- There is a critical shortage of psychiatrists in all regions, as well as extended care case managers.
- Mental health service delivery systems are overtaxed in the oil impacted counties and will require legislative action to help fund staff and services.
- Mental health service providers need training to help their clients who have both mental health problems and developmental disabilities (DD), as well as intellectual disabilities (ID).
- The distance clients have to travel to receive services is prohibitive. Costs associated with travel include time away from work, having viable transportation, and child care. Establishing more satellite offices will help alleviate some of the problems of receiving mental health care.
- Clients with SMI (serious mental illness) do not have enough supported living services.
- Because of waiting lists for mental health treatment, clients may be in and out of jail while waiting.
- Clinicians need training on age appropriate treatment for elderly clients.
- Placement options are needed for people who are homeless and have a mental illness.

Children's mental health

- Acknowledge that youth are getting more complex and severe in their mental health issues as are their parents/family. More resources that work with the entire family would be helpful. There are seriously mentally ill children at very young ages that need long term residential care-type. The resources to meet those needs are limited.
- Services for children with mental health issues are inadequate or nonexistent in many areas of the state. One respondent commented, "Access to quality adolescent mental health services is abysmal! You need an appointment for an assessment if your child is threatening suicide..."
- Access is lacking for severe or dual diagnosed youth who can't be provided services in the community.
- Services could be provided through telephone or interactive video.
- Parents are terrified of having their child "labeled" with a diagnosis.
- Infant mental health professionals and best practices are needed.

Sex offenders

- Housing is needed for sex offenders. Temporary protective housing and work programs may be needed.
- There is a need for more therapists to work with high risk offenders and more training on how to treat sex offenders.
- Sex offender treatment programs do not exist in all regions.
- Per one respondent: "Sex offender treatment does not work. Stop paying for it. Introduce a bill that removes this service from covered services."

- There is no sex offender programming that is critical need for children who offend sexually.

Transitional services

- Continue efforts and programs to help youth transition from youth services, i.e., foster care, mental health services, and developmental disabilities services, to adulthood.
- Continue efforts and programs to help clients transition from a hospital, the North Dakota State Hospital (NDSH), or the North Dakota Developmental Center (NDDC) to home/community.
- VR clients should be included in finding them an appropriate job. VR counselors with preconceived notions about what an individual can do in the labor market, do not maximize opportunities. A respondent commented, “Often people with the most significant disabilities are expected to accept entry level jobs with no benefits and no potential of insuring the opportunity for self-sufficiency. Therefore they continue a life of dependence on public assistance programs.”
- Benefits planning prior and during employment will help beneficiaries of Social Security to make informed decisions about work.

Evidence-based practices

- Practitioners request thorough training in required evidence-based practices.
- Successful evidence-based practices, such as IDDT, Motivational Interviewing and Peer Support need to be expanded.
- Supporting IDDT program results in resources moving from other case management services, leaving gaps in those non-IDDT programs.
- Motivational interviewing should be a standard in the treatment world.
- Peer support staff for outreach to rural area would be highly effective. Utilization of peer support specialists to visit/train various rural areas of each region.
- Specifically, get more information regarding the Psychiatric Service Dog Society. “Employees with mental health issues (depression, anxiety) can potentially reduce the amount of medication they need by having a Psychiatric Service Dog. There are people in Minnesota that work in DHS that bring their Service Dog to work because they help them maintain in their high stress environment/work.”

II: Planning Steps

Table 1 Step 3,4: -Priority Area and Annual Performance Indicators

Priority #:	1
Priority Area:	Data, Outcomes, and Quality
Priority Type:	SAP, SAT, MHP, MHS
Population (s):	SMI, SED, PWWDC, IVDU
Goal of the priority area:	Develop and implement continuous quality improvement plan.
Strategies to attain the goal:	Draft CQI Plan, identify key performance indicators, work with the Information Technology Services to modify the electronic record and other data systems to allow for the collection of all indicator data electronically.
Annual Performance Indicators to measure goal success	
Indicator #:	1
Indicator:	Performance measures will be reported on a quarterly basis
Baseline Measurement:	Performance measures are not reported on a routine basis.
First-year target/outcome measurement:	Identify performance measures that will be reported on a routine basis.
Second-year target/outcome measurement:	100% of performance measures will be reported on a quarterly basis.
Data Source:	Data sources include: TEDS, BRFSS, Electronic Health Record, CAFAS, YRBS, PATH Annual Report/HMIS, N-SATS, I-SATS, Treatment Collaborative for Traumatized Youth
Description of Data:	

Quantitative data.

Data issues/caveats that affect outcome measures::

None at this time.

Priority #: 2

Priority Area: Military Families

Priority Type: SAP, SAT, MHP, MHS

Population Other (Military Families)

(s):

Goal of the priority area:

Assure adequate and consistent services delivery to military representatives, veterans, and families.

Strategies to attain the goal:

Determine what services are provided and by whom. Increase communication, collaboration, and training at the state and local level. Build collaborative partnerships with the ND Army National Guard, Air National Guard, Minot Air Force Base, and Grand Forks Air Force Base.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Maintain one combat veteran of the Iraq or Afghanistan Conflicts and one family member of a combat veteran of the Iraq or Afghanistan Conflicts on the North Dakota Mental Health and Substance Abuse Planning Council.

Baseline Measurement: There is one Veteran representative but no family member of a veteran representative currently on the Council.

First-year target/outcome measurement: One family member of a veteran representative will become a member of the Council

Second-year target/outcome measurement: Twelve months of consistent membership from a veteran and a family member.

Data Source:

Planning Council Roster

Description of Data:

Inventory of the roster of the North Dakota Mental Health and Substance Abuse Planning Council will show if one combat veteran and one family member of a combat veteran are members of the Council. Attendance will be evidenced by sign-in at the quarterly Council meetings.

Data issues/caveats that affect outcome measures::

None identified at this time.

Indicator #: 2

Indicator: To increase data capacity relating to military members and family receiving services through the public behavioral health system.

Baseline Measurement: Currently collect data on four measures specific to military.

First-year target/outcome measurement: Increase data capacity for military members and family receiving trauma and traumatic brain injury services.

Second-year target/outcome measurement: Enhance data capacity for military members and family members leading to mental health and substance abuse services.

Data Source:

Electronic Health Record, TCTY Demographic Report

Description of Data:

Quantitative

Data issues/caveats that affect outcome measures::

Limited military specific data.

Priority #: 3

Priority Area: Prevention

Priority Type: SAP

Population (s): PWWDC, IVDUs, Other (Adolescents w/SA and/or MH, Students in College, Rural, Children/Youth at Risk for BH Disorder)

Goal of the priority area:

Decrease adult binge drinking rates in North Dakota; Decrease underage drinking rates among high school students in North Dakota; Assess and develop a plan for networked systems to apply resources to the promotion of mental health and prevention of mental, emotional, and behavioral health disorders.

Strategies to attain the goal:

Implement strategies that address identified casual factors relating to adult binge drinking (access, enforcement, norms, etc) in North Dakota communities; Implement strategies that address the identified causal factors relating to underage drinking (access, enforcement, norms, etc) in North Dakota communities; Assess the current systems; Develop a plan

Annual Performance Indicators to measure goal success

Indicator #:	1
Indicator:	Decreased past month binge drinking rates among adults.
Baseline Measurement:	Ages 18-25: 51.26%. Ages 26+: 27.11%
First-year target/outcome measurement:	Implementation of evidence-based adult binge drinking strategies.
Second-year target/outcome measurement:	2% decrease for Ages 18-25, 1% decrease for Ages 26+

Data Source:

The National Survey on Drug Use and Health (NSDUH) will be utilized to monitor adult consumption rates.

Description of Data:

Quantitative

Data issues/caveats that affect outcome measures::

None identified at this time.

Indicator #: 2
Indicator: Decreased past month alcohol use among ND high school students.
Baseline Measurement: 38.8% ND high school student reported usage in the past 30 days
First-year target/outcome measurement: Implementation of evidence-based underage drinking prevention strategies
Second-year target/outcome measurement: A 2% decrease in past 30 days alcohol usage among ND high school students.
Data Source:

YRBS

Description of Data:

Quantitative

Data issues/caveats that affect outcome measures::

None identified at this time.

Indicator #: 3
Indicator: Develop a plan for the integration of the behavioral health promotion and prevention systems.
Baseline Measurement: Limited mental health promotion and mental illness prevention capacity
First-year target/outcome measurement: Obtain training and technical assistance concerning the integration of mental health promotion and mental illness prevention with substance abuse prevention services
Second-year target/outcome measurement: Have an integrated strategic mental health promotion, mental illness prevention and substance abuse prevention plan

Data Source:

Completed integrated plan; TA provider evaluation

Description of Data:

Qualitative

Data issues/caveats that affect outcome measures::

None identified at this time.

Priority #: 4

Priority Area: Public Awareness and Support

Priority Type: SAP, SAT, MHP, MHS

Population (s): SMI, SED, PWWDC, IVDU

Goal of the priority area:

Increase utilization of substance abuse prevention services; Provide preference for admission to treatment services for pregnant women and IV drug abusers; Increase the understanding of mental, emotional, and behavioral health disorders by the general public.

Strategies to attain the goal:

Promotion of substance abuse prevention efforts, technical assistance, programs, trainings, and Prevention Resource and Media Center tools in North Dakota communities; Track community-based substance abuse treatment admissions for priority populations; Implement at least one social inclusion campaign during the 2012-2014 period.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: The percentage of pregnant women and IV drugs abusers provided public substance abuse services are offered services within the appropriate time frame.

Baseline Measurement: 92% compliance

First-year target/outcome measurement: 100% compliance

Second-year target/outcome measurement: 100% compliance

Data Source:

Electronic Record

Description of Data:

Quantitative

Data issues/caveats that affect outcome measures::

Appropriate documentation

Priority #: 5

Priority Area: Recovery Support

Priority Type: SAT, MHS

Population (s): SMI, PWWDC, IVDUs

Goal of the priority area:

Increase the number of adults diagnosed with a serious mental illness or substance use disorder that are employed.

Strategies to attain the goal:

The Division will work with stakeholders to monitor employment rates of consumers and increase employment resources throughout the state.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Increase/Retained Employment (percentage) Mental Health

Baseline Measurement: 36% of adults diagnosed with a serious mental illness who receive public mental health services were employed (2012)

First-year target/outcome measurement: Increase the percentage of adults diagnosed with a serious mental illness who receive public mental health services and are employed by 5%.

Second-year target/outcome measurement: Increase the percentage of adults diagnosed with a serious mental illness who receive public mental health services and are employed by 5%.

Data Source:

Regional Office Automation Program (ROAP) -- North Dakota's Electronic Record -- will be used to collect data.

Description of Data:

Quantitative

Data issues/caveats that affect outcome measures::

Data unit is changing the methodology for collecting the data which may impact reporting in the future.

Priority #: 6

Priority Area: Trauma and Justice

Priority Type: SAT, MHS

Population (s): SMI, SED, PWWDC, IVDUs, Other (Adolescents w/SA and/or MH)

Goal of the priority area:

To increase by at least 2% the percentage of adults diagnosed with a serious mental illness who receive services and do not spend one or more days in jail or prison.

Strategies to attain the goal:

The Division will continue to work with stakeholders to help decrease the number of consumers entering the justice system. The Division is a member of a number of task forces looking into these issues.

Annual Performance Indicators to measure goal success

Indicator #: 1

Indicator: Decreased Criminal Justice Involvement - Mental Health

Baseline Measurement: Seventy-four percent of adult respondents to the Consumer Satisfaction survey (2012) reported having not been arrested and spending at least one night in jail during the past 12 months.

First-year target/outcome measurement: Increase the percentage of adult respondents to the Consumer Satisfaction survey (2012) who reported not having been arrested and spending at least one night in jail during the past 12 months by at least one percentage point

Second-year target/outcome Increase the percentage of adult respondents to the Consumer Satisfaction survey (2012)

measurement: who reported not having been arrested and spending at least one night in jail during the past 12 months by at least one percentage point

Data Source:

Consumer Satisfaction Survey

Description of Data:

Quantitative

Data issues/caveats that affect outcome measures::

None identified at this time.

Indicator #: 2

Indicator: Decreased Criminal Justice Involvement- Substance Abuse

Baseline Measurement: 90% of consumers in substance abuse treatment were not arrested within 30 days of discharge (combined across all treatment levels).

First-year target/outcome measurement: 2% increase in the number of adult consumers in substance abuse treatment who report no arrests within 30 days of discharge (combined across all treatment levels).

Second-year target/outcome measurement: 2% increase in the number of adult consumers in substance abuse treatment who report no arrests within 30 days of discharge (combined across all treatment levels).

Data Source:

Utilize admission and discharge minimum data set to address National Outcome Measures (NOMs) collected via ND's electronic record (Regional Office Automation Program).

Description of Data:

Quantitative

Data issues/caveats that affect outcome measures::

None at this time.

Indicator #: 3

Indicator: Percentage of Adolescents engaged in SPARCS and TF-CBT that show a decrease in symptoms from admission to discharge in the treatment program.

Baseline Measurement: 65% show a decrease in symptoms from admission to discharge in symptoms from admission to discharge in the treatment program

First-year target/outcome measurement: 2% decrease in symptoms from admission to discharge in symptoms from admission to discharge in the treatment program

Second-year target/outcome measurement: 2% decrease in symptoms from admission to discharge in symptoms from admission to discharge in the treatment program

Data Source:

Trauma Symptom Checklist

Description of Data:

Quantitative

Data issues/caveats that affect outcome measures::

Compliance issues with reporting.

STATE BEHAVIORAL HEALTH ADVISORY COUNCIL

1. What planning mechanism does the state use to plan and implement substance abuse services? Consumer satisfaction surveys are completed annually and specific addiction and mental health sections are identified in order to target planning efforts. The Department holds biennial stakeholder meetings. These stakeholder meetings are held at each regional human service center and each community plus the two state institutions – Developmental Center and North Dakota State Hospital. The meetings provide opportunity for input on services delivered by the Department. Comments are also taken in writing.

Bi-monthly meetings are held between the Division and Field Services to include strategic review of capacity, wait times, and staff direct care hours. Quarterly meetings are held with AOD supervisors to gain perspective from the field on service needs, challenges, and barriers. The state recovery council holds meetings quarterly and its charge is to pursue expansion of recovery supports for those with SUD.

2. How do these efforts coordinate with the SMHA and its advisory body for substance abuse prevention and treatment services? The Council's evolution to a behavioral health council is complimentary to the approach and design already in place. The Department uses the mechanisms outlined above in number 1 in the biennial budget building process, which includes conversations with the Governor's office and OMB. An ongoing agenda item at each Council meeting is review and discussion concerning the strategic initiatives in order to allow continued feedback on the state plan. Also discussed is the Department's budget and programs to increase Council awareness and provide them with an opportunity to offer feedback.
3. Was the Council actively involved in developing the State BG Plan? If so, please describe how it was involved. The Council meets quarterly to discuss community-based public behavioral health services and works closely to plan for the system of care and monitor its implementation. The agenda of each meeting involves review and discussion of the priority areas found in the block grant and discussion of the system of care. The Council's input is woven into the block grant plan. The July Council meeting is devoted to review of the plan and suggestions for needed changes. The Division created a web-based survey to gather Council comments concerning the Combined Assessment and Plan. Comments were analyzed and reported back to the Council at the July meeting. Further discussion resulted in additional refinement to the application.
4. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into the work of the Council? The Council voted to change its structure to integrate mental health and substance abuse planning populations. New member positions were added including families of adults/children with substance use disorder, consumers with a substance use disorder, private mental health and substance use treatment providers, military veterans, and families of military veterans. The July 2013 meeting was the first meeting under this new structure.

5. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? The structure of the North Dakota Mental Health and Substance Abuse Planning Council includes representatives of the service area population including the Indian Affairs Commission, the Aging Services Division, families of children with SED, families of adults with SMI, families of adults/children with substance use disorder, consumers, military veterans, and families of military veterans. Members includes both rural and urban representation. There is a variety of ages represented and the membership includes two youth representatives. As ethnic and culture changes in North Dakota, the Council will remain cognizant of such changes and will make adjustments as needed.

6. Please describe the duties and responsibilities of the Council. Under the mandate outlined in Public Law 102-321 (42 U.S.C 300X-4), thirty member board -- the North Dakota Mental Health and Substance Abuse Planning Council -- was created with members appointed by the Governor of North Dakota. The Council's objective is to monitor, review, and evaluate the allocation and adequacy of mental health services in the state. Each board member is appointed to a three-year term and not less than 50% of the board is composed of individuals other than state employees and providers of mental health services.

IV: Narrative Plan

Behavioral Health Advisory Council Members

Start Year:
 End Year:

Name	Type of Membership	Agency or Organization Represented	Address, Phone, and Fax	Email (if available)
Susan Helgeland	Others (Not State employees or providers)	Mental Health America of North Dakota	PO Box 4106 Bismarck, ND 58502-4106 PH: 701-255-3692	srhelgeland@gmail.com
Sara Highum	Others (Not State employees or providers)		812 10th Street NW Minot, ND 58703 PH: 701-839-8335	shighum@srt.com
Teresa Larsen	Others (Not State employees or providers)	Protection and Advocacy Project of North Dakota	400 East Broadway, Suite 409 Bismarck, ND 58501 PH: 701-328-2950 FAX: 701-328-3934	tlarsen@nd.gov
Carlotta McCleary	Others (Not State employees or providers)	ND Federation of Families for Children's Mental Health	PO Box 3061 Bismarck, ND 58502 PH: 701-222-3310 FAX: 701-222-3310	carlottamccleary@bis.midco.net
Steve McWilliams	Others (Not State employees or providers)		310 2nd Street SE, #1513 Minot, ND 58701 PH: 701-833-2195	steve.minot.2002@gmail.com
JoAnne Hoesel	State Employees	North Dakota Department of Human Services	1237 W. Divide Avenue, Suite 1C Bismarck, ND 58501 PH: 701-328-8924 FAX: 701-328-8969	jhoesel@nd.gov
Gail Schauer	State Employees	North Dakota Department of Public Instruction	600 E. Boulevard Avenue, Dept. 201 Bismarck, ND 58505 PH: 701-328-2265 FAX: 701-328-2461	gschauer@nd.gov
Robyn Throlson	State Employees	North Dakota Department of Human Services	1237 W. Divide Avenue, Suite 1B Bismarck, ND 58501 PH: 701-328-8955 FAX: 701-328-8969	rthrolson@nd.gov
Lisa Peterson	State Employees	North Dakota Department of Corrections and Rehabilitation	PO Box 1898 Bismarck, ND 58502 PH: 701-328-6790 FAX: 701-328-6651	lapeterson@nd.gov
Delores Hummel	State Employees	North Dakota Housing Finance Agency	PO Box 1535 Bismarck, ND 58502 PH: 701-328-8055 FAX: 701-328-8090	dhummel@nd.gov
Debbie Baier	State Employees	North Dakota Department of Human Services	600 E. Boulevard Avenue, Dept. 325 Bismarck, ND 58505 PH: 701-328-	dabaier@nd.gov

			4864 FAX: 701-328-1544	
Michelle Gayette	State Employees	North Dakota Department of Human Services	1237 W. Divide Avenue, Suite 6 Bismarck, ND 58501 PH: 701-328-4613 FAX: 701-328-8744	mgayette@nd.gov
Steven Sitting Bear	State Employees	North Dakota Indian Affairs Commission	600 E. Boulevard Avenue, Judicial Wing Room 117 Bismarck, ND 58505 PH: 701-328-2406 FAX: 701-328-1537	ssittingbear@nd.gov
Sandy Thompson	State Employees	West Central Human Service Center	1237 W. Divide Avenue, Suite 5 Bismarck, ND 58501 PH: 701-328-8788 FAX: 701-328-8900	skthompson@nd.gov
Alex Schweitzer	State Employees	North Dakota State Hospital	2605 Circle Drive Jamestown, ND 58401 PH: 701-253-3964 FAX: 701-253-3999	aschweit@nd.gov
Kim Osadchuk	State Employees	Burleigh County Social Services	415 E. Rosser Avenue, Suite 113 Bismarck, ND 58501 PH: 701-222-6670	kosadchuk@nd.gov
Troy Ertelt	Providers	Assessment and Therapy Associates of Grand Forks, PLLC	725 Hamline Street Grand Forks, ND 58203 PH: 701-780-6881	tertelt@atagf.com
Tonya Sorenson	Providers	Prairie at St. John's	510 4th Street South Fargo, ND 58103 PH: 701-476-7221	tonya.sorenson@uhsinc.com
Jane Johnson	Providers	North Dakota National Guard	3920 31st St. North Fargo, ND 58102 PH: 701-451-6078 FAX: 701-451-6064	jane.m.johnson.nfg@mail.mil
Deb Jendro	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		2709 Elm Street Fargo, ND 58102 PH: 701-235-9923 FAX: 701-235-9923	debjefederation@yahoo.com
Darrin Albert	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		5619 20th Street Circle South Fargo, ND 58104 PH: 701-235-8315	darrin.albert@yahoo.com
Jeffrey Olson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		PO Box 473 Wilton, ND 58579 PH: 701-426-6308	jro.ptf@hotmail.com
Debra Johnson	Family Members of Individuals in Recovery (to include family members of adults with SMI)		930 N. 3rd Street Grand Forks, ND 58203 PH: 701-795-9143 FAX: 701-772-5560	djohnsonphf@yahoo.com
Missi Baranko	Family Members of Individuals in Recovery (to include family members of adults with SMI)		2123 Highway 85 Belfield, ND 58622 PH: 701-290-8711	missi.baranko@gmail.com
Jodi Stittsworth	Family Members of Individuals in Recovery (to include family members of adults with SMI)		739 Great Plains Ct Grand Forks, ND 58201 PH: 701-610-1724	jodi1510@hotmail.com

Derek
Solberg

Family Members of Individuals in
Recovery (to include family members of
adults with SMI)

1006 N. 29th Street
Bismarck, ND 58501
PH: 701-530-2420

dacksolberg@hotmail.com

Footnotes:

IV: Narrative Plan

Behavioral Health Council Composition by Member Type

Start Year:
 End Year:

Type of Membership	Number	Percentage
Total Membership	30	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	3	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	4	
Parents of children with SED*	0	
Vacancies (Individuals and Family Members)	<input type="text" value="4"/>	
Others (Not State employees or providers)	5	
Total Individuals in Recovery, Family Members & Others	16	53.33%
State Employees	11	
Providers	3	
Federally Recognized Tribe Representatives	0	
Vacancies	<input type="text" value="0"/>	
Total State Employees & Providers	14	46.67%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	<input type="text" value="0"/>	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	<input type="text" value="1"/>	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	1	
Persons in recovery from or providing treatment for or advocating for substance abuse services	<input type="text" value="4"/>	

* States are encouraged to select these representatives from state Family/Consumer organizations.

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?

To elicit comments, the Division of Mental Health and Substance Abuse Services provided the North Dakota Mental Health and Substance Abuse Planning Council with the draft plan. The Division created a web-based survey to collect the Council members' comments. The feedback was reviewed with the Council at the July 2013 meeting. Additional comments were obtained and the Council prioritized block grant activities that will be focused on during the next two years.

The Division refined the draft plan based on the Council's recommendations and released the document to the general public and other stakeholders including:

- The North Dakota Consumer and Family Network
- Protection and Advocacy Project in North Dakota
- Mental Health America of North Dakota
- Federation of Families for Children's Mental Health of North Dakota
- Family Voices
- Private substance abuse treatment facilities
- All staff of the North Dakota Department of Human Services

The draft plan was placed on the Department of Human Services website and a press release was drafted announcing its availability. To augment gathering comments, a web-based survey was developed for the general public and stakeholders. Once the final plan is submitted to SAMHSA, a copy is placed on the Department's website and written comments are accepted throughout the two-year plan period.

Footnotes:

COMMENT ON THE STATE BG PLAN

To elicit comments, the Division of Mental Health and Substance Abuse Services provided the North Dakota Mental Health and Substance Abuse Planning Council with the draft plan. The Division created a web-based survey to collect the Council members' comments. The feedback was reviewed with the Council at the July 2013 meeting. Additional comments were obtained and the Council prioritized block grant activities that will be focused on during the next two years.

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ⁱ *The population estimates provided denotes the number of people currently residing on or near reservation lands not the total number of enrolled members. U.S. Census Bureau: State and County QuickFacts; North Dakota Indian Affairs Commission (NDIAC); National Conference of State Legislatures (NCSL); Tribal Community Readiness Survey (TCRS) Reports; PRMC website