

— NORTH DAKOTA —

BEHAVIORAL HEALTH

Pamela Sagness
Director, Behavioral Health Division



North Dakota Behavioral Health System Study

Bevin Croft, MPP, PhD
Human Services Research Institute



Study Aims

1

Conduct an in-depth review of North Dakota's behavioral health system

2

Analyze current utilization and expenditure patterns by payer source

3

Provide actionable recommendations for enhancing the integration, cost-effectiveness and recovery orientation of the system to effectively meet community needs

4

Establish strategies for implementing recommendations

Data Sources

Document Review

Gather and synthesize existing reports, white papers, and other material relevant to study aims

Stakeholder Interviews

66 in-depth interviews with 120 stakeholders with in-depth knowledge of the system

Medicaid Claims and State Service Utilization Data

Data on utilization and cost for individuals who received Medicaid-funded or DHS behavioral health services

North Dakota Behavioral Health System Study – July 2018

OVERVIEW



This report presents the findings from the North Dakota Comprehensive Behavioral Health Systems Analysis, conducted by the Human Services Research Institute for the North Dakota Department of Human Services Behavioral Health Division.

The Human Services Research Institute (www.hsr.org) is an independent, nonprofit research institute that helps public agencies develop effective, sustainable systems to deliver high-quality health and human services and supports in local communities. In the behavioral health space, our goal is to deliver actionable, viable, and culturally relevant strategies that empower service users and promote wellness and recovery.

This work and report is rooted in a vision of a good and modern behavioral health system:

1. prevent mental health and substance use problems before they occur
2. identify and intervene early
3. person-centered, trauma-informed, culturally responsive services
4. recovery-oriented services and supports

This work is also informed by the social determinants of health (education, employment, housing, social support and access to healthcare).

- Roughly 10% to 20% of health determinants derive from medical care – while social, behavioral, and environmental factors account for the remaining 80% to 90% of health outcomes.

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

CONSIDERATIONS:

- Countless individuals are struggling with undiagnosed, preventable conditions that won't appear in provider or medical claims data. This obstacle is compounded by the typical barriers to accessing care for behavioral health issues, including misperceptions and stigma, retraumatization, and fears of criminal justice and child welfare system involvement.
- Individuals who do receive care experience a fragmented service system, with separate silos delivering mental health, substance use, general health, and social welfare services.
- Health and behavioral health systems allocate the lion's share of their resources to treatment with relatively few investments in prevention.
- An overarching theme that emerged in our analysis is that North Dakota's behavioral health system—like many others throughout the country—pours a majority of its resources into residential, inpatient, and other institution-based services with relatively fewer dollars invested in prevention and community-based services. These arrangements are inefficient from a cost perspective and undesirable from a population health perspective.
- Strategies must allow the state to disinvest from costly and undesirable institutional services and reinvest funding upstream to promote population health and prevent and reduce the need for intensive behavioral health services.

WHY BEHAVIORAL HEALTH?

- In recent years, stakeholders in North Dakota have increasingly called for improvements in the State's behavioral health system, citing unmet treatment needs and insufficient investments in prevention.
- The lived experience of people with serious mental health conditions and substance use disorders is characterized by lower rates of employment and education and a lower quality of life than the general population.
- People with significant behavioral health needs have a higher incidence of preventable medical conditions.
- In fact, people receiving publicly funded behavioral health services die an average of 25 years earlier than the general population.
- Mental health and substance use disorders are highly disabling, ranking #1 in years lost to disability worldwide.

- Not counting losses associated with incarceration, homelessness, co-morbid medical conditions, and early mortality, the economic burden of serious mental illness in the form of lost earnings, healthcare expenditures, and public assistance amounts to \$317.6 billion per year, which is approximately \$1,000 per person nationwide.
- When comparing state and national indicators, North Dakota's median health outcomes are generally similar to or more positive than national figures. However, there is significant variability in health factors by region across the state.

MENTAL ILLNESS

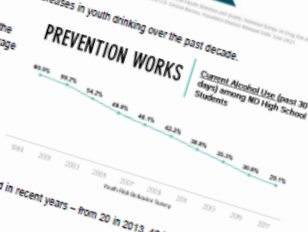
- In 2016, an estimated 17% of adults aged 18 and older in ND met the criteria for any mental illness in the past year.
- A total of 4% of ND adults aged 18 or over in 2016 had a serious mental illness (SMI).
- An estimated 12%-25% of North Dakotan students have an emotional or behavioral disorder.
- In 2016, the annual average proportion of North Dakota adolescents aged 12 to 17 with a major depressive episode in the past year was 11%, slightly lower than the corresponding national average percentage of 12.8%.



SUBSTANCE USE DISORDER

- Although not included in the report, North Dakota has seen decreases in youth drinking over the past decade.
- In 2016, 8% of ND adults aged 18 and older had a substance use disorder in the past year.
- 34% of adults in ND reported binge drinking alcohol in the past month in 2016, well above the annual national average of 27%.

PREVENTION WORKS



- In 2017, the percentage of motor vehicle crash deaths which had alcohol-involvement in ND was 47% much higher than the national percentage of 30%.
- Number of drug offenders under supervision by parole increased by more than 10%.
- Number of drug cases involving heroin that were tested to the State Crime Laboratory increased by more than 10%.
- Number of drug overdose deaths in ND has steadily increased in recent years – from 20 in 2013, 43 in 2014, 61 in 2015, to 82 in 2016.

- The second leading cause of death in the state for those between the ages of 15 and 24.
- Suicide among veterans and military service have risen higher than the rates of suicide among the general population in ND.
- In populations and members of LGBTQ communities also experience far higher rates of suicide than the general population.

EXECUTIVE SUMMARY BRIEF

S AND EDUCATION

- Invest more on substance use awareness than on mental health promotion.
- Invest in mental health and trauma in addition to substance use issues.

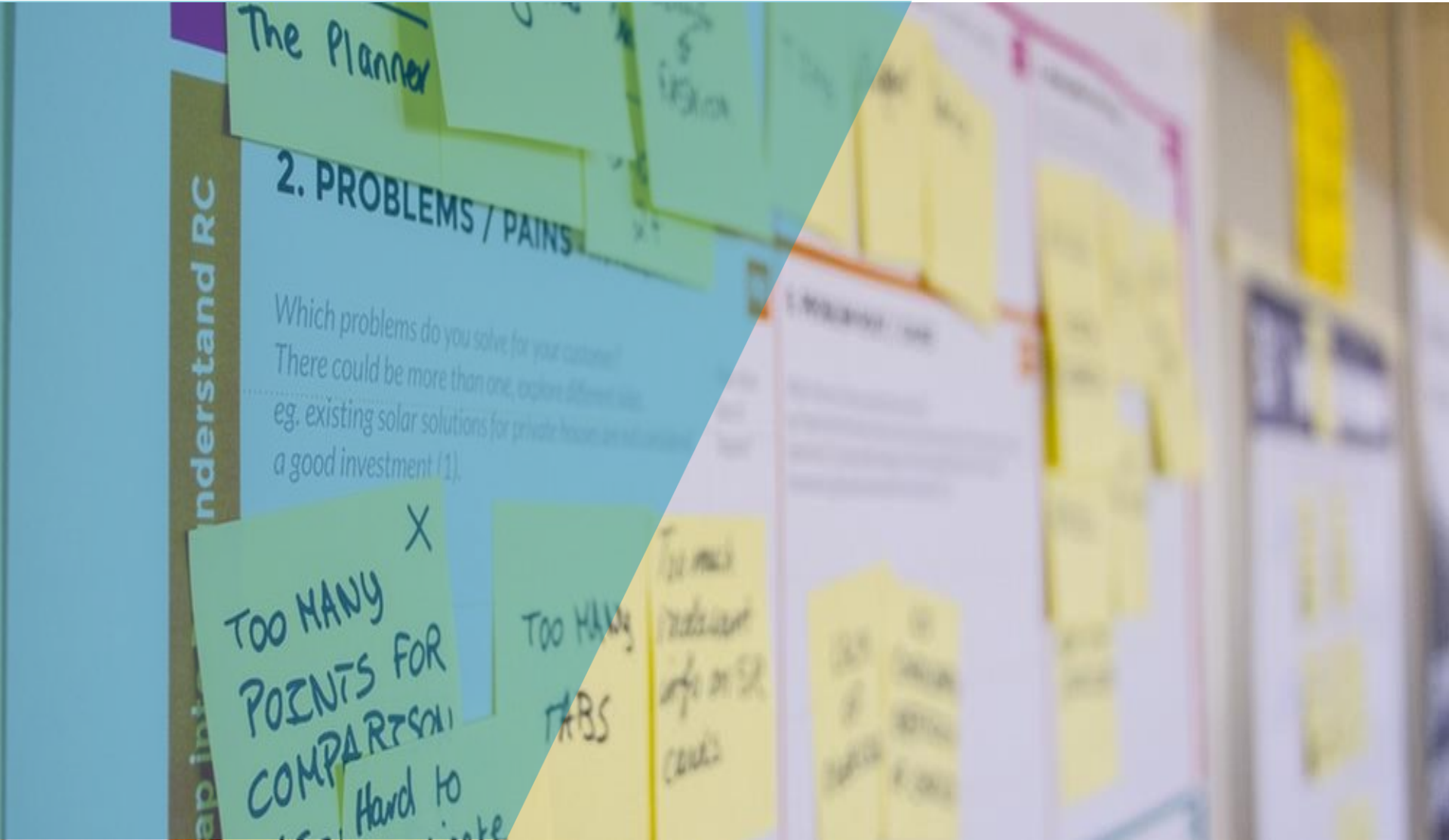
INTERVENTION

- Invest in early intervention and prevention work.
- Invest in social and emotional wellness and mental health-specific prevention strategies.
- Invest in the public about the return on investment.

TIA TIVES

- Invest in patient services.

KEY FINDINGS AND RECOMMENDATIONS



RECOMMENDATIONS

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

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

North Dakota Department of Human Services' Behavioral Health Division Strategic Plan

Adult Substance Use Disorder



1. Improve access to quality services^{3,4,9,10}



2. Develop and enhance recovery support services⁴



3. Develop early intervention capacity^{2,9}



4. Stop shame and stigma surrounding addiction¹⁰



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

Adult Mental Health



1. Increase capacity for community-based services^{3,4,9,10,12}



2. Develop and enhance recovery support services⁴



3. Develop early intervention capacity^{2,9}



4. Stop shame and stigma surrounding mental illness and promote mental health¹⁰



5. Develop diversion capacity and support individuals with mental illness in the justice system⁶

Children's Behavioral Health



1. Increase capacity for community-based services^{3,4,9,10}



2. Improve family-driven services and supports⁵



3. Develop early intervention capacity^{2,9}



4. Improve access to quality services¹⁰



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



6. Develop diversion capacity and support individuals in juvenile justice⁶

Prevention/Early Intervention



1. Increase implementation of effective prevention statewide^{3,9,10}



2. Decrease underage drinking²



3. Decrease adult binge drinking and related consequences²



4. Decrease opioid misuse and overdose²



5. Develop early intervention capacity^{2,9}

CURRENT PLANNING & IMPLEMENTATION

10.4 Support community efforts to reduce stigma, discrimination, marginalization			
10.5 Provide and require coordinated behavioral health training among related service systems			
11 - Partner with tribal nations to increase health equity	Yes	Yes	Medicaid: Continue ongoing efforts; CFS: provide support around 4e foster agreements
12 - Diversify and enhance funding for behavioral health	Yes	No	
12.1 Develop an organized system for identifying/responding to funding opportunities			
12.2 Pursue 1915(i) Medicaid state plan amendments	Yes		Propose adding to state plan and funding
12.3 Pursue options for financing peer support and community health workers	Yes		Medicaid reimbursement for services that support recovery and linkages to community
12.4 Sustain/expand voucher funding and other flexible funds for recovery supports			
12.5 Enroll eligible service users in Medicaid			examine enroll process
12.6 Join in federal efforts to ensure behavioral and physical health parity			
13 - Conduct ongoing, system-side data-driven monitoring of needs and access	Yes	No	

NEXT STEPS

In April 2018, the Human Services Research Institute (HSRI) completed a comprehensive study of North Dakota's behavioral health system for the state's Department of Human Services (DHS). The final report included 13 recommendations for improving the current system. The recommendations were far-reaching in scope and interconnected, and many involved continuations and enhancements of existing initiatives and projects across multiple state and local agencies. **To that end, the first recommendation – to *develop a comprehensive implementation plan* – and the last recommendation – to *conduct ongoing, system-wide, data-driven monitoring of need and access* – were crafted to set the course for a sustainable process** for coordinated, data-driven system improvement activities across all areas.

NEXT STEPS

Department of Human Services Behavioral Health Division is contracting with Human Services Research Institute (HSRI) to begin the implementation process:

Task	Timeframe
Draft legislative request	July to August, 2018
Phase 1: Planning	September to October 2018
Phase 2: Prioritization and Refinement	November to December 2018
Phase 3: Initiation	January to March 2019
Phase 4: Monitoring and Sustaining	April 2019 to June 30
Total	July, 2018 – June, 2019

NEXT STEPS

In addition, HSRI will provide the state with additional hours of support for ad hoc data and report requests through the duration of the contract. This enhanced support would allow for additional data analysis, expert consultation and the vast array of subject matter experts that HSRI works with to attend meetings, contribute to requests and the development of targeted review of specific implementation strategies as requested by the state.

QUESTIONS?

