North Dakota Behavioral Health System Study

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Human Services Research Institute
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<th>Study Aims</th>
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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 (HSRI.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 area, our goal is to deliver actionable, visible, and culturally relevant strategies to 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 don’t appear in provider or medical claims data. This obstacle is compounded by the typical barriers to accessing care for behavioral health issues, including misconceptions 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 unsatisfactory from a population health perspective.
- Strategies must allow the state to disinvest from costly and unwise institutional services and instead fund upstream to promote population health and prevent and reduce the need for intensive behavior 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 urgent 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 higher instances of preventable medical conditions.
- In fact, people receiving publicly-funded behavioral health services die on 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.
KEY FINDINGS AND 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
2. Develop and enhance recovery support services
3. Develop early intervention capacity
4. Stop shame and stigma surrounding addiction
5. Develop diversion capacity and support individuals with substance use disorder in the justice system

**Adult Mental Health**
1. Increase capacity for community-based services
2. Develop and enhance recovery support services
3. Develop early intervention capacity
4. Stop shame and stigma surrounding mental illness and promote mental health
5. Develop diversion capacity and support individuals with mental illness in the justice system

**Children’s Behavioral Health**
1. Increase capacity for community-based services
2. Improve family-driven services and supports
3. Develop early intervention capacity
4. Improve access to quality services
5. Partner with schools to support children’s behavioral health across the continuum
6. Develop diversion capacity and support individuals in juvenile justice

**Prevention/Early Intervention**
1. Increase implementation of effective prevention statewide
2. Decrease underage drinking
3. Decrease adult binge drinking and related consequences
4. Decrease opioid misuse and overdose
5. Develop early intervention capacity
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<th>CURRENT PLANNING &amp; IMPLEMENTATION</th>
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<tr>
<td></td>
<td><strong>10.5</strong> Provide and require coordinated behavioral health training among related service systems</td>
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<td><strong>11</strong></td>
<td><strong>Partner with tribal nations to increase health equity</strong></td>
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<tr>
<td></td>
<td>Yes</td>
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<tr>
<td><strong>12</strong></td>
<td><strong>Diversify and enhance funding for behavioral health</strong></td>
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<td>Yes</td>
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<td><strong>12.1</strong></td>
<td>Develop an organized system for identifying/responding to funding opportunities</td>
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<td><strong>12.2</strong></td>
<td>Pursue 1915(i) Medicaid state plan amendments</td>
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<td>Yes</td>
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<td><strong>12.3</strong></td>
<td>Pursue options for financing peer support and community health workers</td>
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<td>Yes</td>
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<td><strong>12.4</strong></td>
<td>Sustain/expand voucher funding and other flexible funds for recovery supports</td>
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<td><strong>12.5</strong></td>
<td>Enroll eligible service users in Medicaid</td>
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<td><strong>12.6</strong></td>
<td>Join in federal efforts to ensure behavioral and physical health parity</td>
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<tr>
<td><strong>13</strong></td>
<td>Conduct ongoing, system-side data-driven monitoring of needs and access</td>
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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.
Department of Human Services Behavioral Health Division is contracting with Human Services Research Institute (HSRI) to begin the implementation process:

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