EDUCATION POLICY COMMITTEE
2019-2021 Interim
Representative Monson, Chairman

Behavioral Health Division
Pamela Sagness, Director
What is Behavioral Health?

A state of mental/emotional being and/or choices and actions that affect WELLNESS.

- Preventing and treating depression and anxiety
- Preventing and treating substance use disorder or other addictions
- Supporting recovery
- Creating healthy communities
- Promoting overall well-being
By 2020, mental health and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

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

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

(Druss BG, et al. Understanding Excess Mortality in Persons With Mental Illness: 17-Year Follow Up of a Nationally Representative US Survey. Medical Care 2011; 49(6), 599–604.)
Adults Age 18 and Older Past 30-Day Substance Use

North Dakota:
- Binge alcohol use: 35.2%
- Marijuana: 5.6%
- Illicit drugs: 2.8%

United States:
- Binge alcohol use: 26.5%
- Marijuana: 8.8%
- Illicit drugs: 3.5%
Opioid and Alcohol Related Deaths (Cass County)

Year | Opioid-related Deaths | Alcohol-related Deaths
--- | --- | ---
2013 | 23 | 41
2014 | 23 | 40
2015 | 9 | 58
2016 | 31 | 63
2017 (JAN-SEPT) | 12 | 35
The estimated 83% of adults in North Dakota with no diagnosed mental health condition includes, among others, individuals with undiagnosed mental health challenges and individuals who could benefit from primary prevention and early intervention strategies.
North Dakota High School Students reported feeling sad or hopeless (almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the last 12 months)

Youth Risk Behavior Survey
ND High School Students
Youth Risk Behavior Survey

Seriously considered attempting suicide (within last 12 months)

Made a plan about how they would attempt suicide (within last 12 months)

Attempted suicide (within last 12 months)

Suicide rate
# of people per 100k

<table>
<thead>
<tr>
<th>Year</th>
<th>Seriously Considered</th>
<th>Made a Plan</th>
<th>Attempted Suicide</th>
</tr>
</thead>
<tbody>
<tr>
<td>2007</td>
<td>10.4%</td>
<td>8.1%</td>
<td>5.7%</td>
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<tr>
<td>2009</td>
<td>12.4%</td>
<td>10.5%</td>
<td>10.8%</td>
</tr>
<tr>
<td>2011</td>
<td>14.7%</td>
<td>11.5%</td>
<td>11.5%</td>
</tr>
<tr>
<td>2013</td>
<td>16.1%</td>
<td>9.4%</td>
<td>13.5%</td>
</tr>
<tr>
<td>2015</td>
<td>16.2%</td>
<td></td>
<td>13.5%</td>
</tr>
<tr>
<td>2017</td>
<td>16.7%</td>
<td></td>
<td>14.5%</td>
</tr>
</tbody>
</table>

Center for Disease Control
Behavioral Health in North Dakota: Youth

ND Middle School Students

19.2%
seriously thought about killing themself in their life.

6.3%
tried to kill themselves at least once in their life.

ND High School Students

16.7%
seriously considered attempting suicide in the past year.

13.5%
attempted suicide one or more times in the past year.

Major depressive episode in the past year, among ND youth age 12-17.

7.3% 2011-2012
8.0% 2012-2013
9.7% 2013-2014
10.5% 2014-2015
Current Alcohol Use (past 30 days) among North Dakota High School Students

Youth Risk Behavior Survey
The percentage of ND HS students who report having their first drink before age 13 has decreased from 32.3% in 1995 to 14.5% in 2017. (YRBS)
A significant misperception is revealed when perceptions of how frequently peers binge drinking are compared to actual binge drinking rates.

ND Young Adult Survey, 2016
Using Data to Guide Practice

Research has shown the importance of using data to guide effective and targeted behavioral health efforts. All data resources are available at www.prevention.nd.gov/data.
ROADMAP
The Behavioral Health Systems Study, April 2018
“A well-functioning behavioral health system attends not only to the intensive needs of children, youth, and adults with serious mental health conditions and substance use disorders but also to the outpatient and community-based service and support needs of individuals, and, critically, to the social and emotional well-being of the majority of the population who have not been diagnosed with a behavioral health condition—especially children, youth, and young adults.”
The 250-page report provides more than 65 recommendations in 13 categories.

1. Develop a comprehensive implementation plan
2. **Invest in prevention and early intervention**
3. **Ensure all North Dakotans have timely access to behavioral health services**
4. **Expand outpatient and community-based service array**
5. **Enhance and streamline system of care for children and youth**
6. Continue to implement/refine criminal justice strategy
7. Engage in targeted efforts to recruit/retain competent behavioral health workforce
8. Expand the use of tele-behavioral health
9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches
10. Encourage and support the efforts of communities to promote high-quality services
11. Partner with tribal nations to increase health equity
12. Diversify and enhance funding for behavioral health
13. Conduct ongoing, system-side data-driven monitoring of needs and access
Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.

Total estimated substance use disorder treatment expenditures were $19 million.
Residential, inpatient, and long-term care facility services accounted for a majority of mental health system treatment service expenditures in FY2017.

Total estimated mental health treatment expenditures were $59 million.
Return on Investment
A high proportion of foster care children and youth admitted in 2016 and 2017 had indicated adverse childhood events.

- Psychological Abuse: 69%
- Physical Abuse: 51%
- Sexual Abuse: 26%
- Emotional Neglect: 56%
- Physical Neglect: 61%
- Caregiver Abandonment: 83%
- Domestic Violence: 55%
- Caregiver Substance Abuse: 77%
- Caregiver Mental Illness/Suicide: 59%
- Incarcerated Family Member: 52%

Source: PATH ND; n=366; Children and youth in the sample endorsed an average of 5.9 ACEs.
42% of children removed from their home was because of parent substance abuse.

<table>
<thead>
<tr>
<th>Removal reasons</th>
<th>National</th>
<th>North Dakota</th>
</tr>
</thead>
<tbody>
<tr>
<td>Neglect</td>
<td>62%</td>
<td>22%</td>
</tr>
<tr>
<td>Parent Substance Abuse</td>
<td>39%</td>
<td>42%</td>
</tr>
<tr>
<td>Caretaker Inability to Cope</td>
<td>14%</td>
<td>6%</td>
</tr>
<tr>
<td>Physical Abuse</td>
<td>12%</td>
<td>8%</td>
</tr>
<tr>
<td>Inadequate Housing</td>
<td>10%</td>
<td>1%</td>
</tr>
<tr>
<td>Child Behavior</td>
<td>9%</td>
<td>16%</td>
</tr>
<tr>
<td>Parent Incarcerated</td>
<td>8%</td>
<td>7%</td>
</tr>
<tr>
<td>Abandonment</td>
<td>5%</td>
<td>4%</td>
</tr>
<tr>
<td>Sexual Abuse</td>
<td>4%</td>
<td>1%</td>
</tr>
<tr>
<td>Child Substance Abuse</td>
<td>3%</td>
<td>2%</td>
</tr>
<tr>
<td>Child Disability</td>
<td>2%</td>
<td>0%</td>
</tr>
<tr>
<td>Relinquishment</td>
<td>1%</td>
<td>0%</td>
</tr>
<tr>
<td>Parent Death</td>
<td>1%</td>
<td>0%</td>
</tr>
</tbody>
</table>

Data source: state-submitted AFCARS data

Note: Multiple reasons may be selected for a single child.
Meet Jessica.

Age 11

Diagnosed with ADHD and history of self injurious behavior.

Behavioral issues in school resulting in several referrals to the school resource officer leading to juvenile court involvement.

A year ago she successfully completed residential treatment.

Recent loss of grandmother and suicidal ideation led to an emergency department visit.

The residential program she participated in before will not accept Jessica back because she “maximized benefit” from their program.

A program out of state will take Jessica but only if she is referred from social services & on ND Medicaid.
Keys to Reforming North Dakota’s Behavioral Health System

- Support the full Continuum of Care
- Increase Community-Based Services
- Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition
Behavioral Health **Continuum of Care Model**

The goal of this model is to ensure there is access to a full range of high quality services to meet the various needs of North Dakotans.
PROMOTION & PREVENTION
Continuum of Care Model
PROMOTION/PREVENTION

• Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem or preventing death.
Parents Lead is an evidence-based prevention program that provides parents and caregivers with the support, tools, and resources needed to best promote the behavioral health of their children.

Research continually shows healthy bonding and attachment between parent and child is a key factor in preventing behavioral health issues like substance abuse, depression, anxiety, and suicidal thoughts.

Positive outcomes have resulted from exposure to Parents Lead in the four primary goals of the program:

- **Positive Role-Modeling**
  - Outcome: Almost half (49%) are being more conscious of role-modeling around their children.

- **SUPPORT AND ENGAGEMENT**
  - Outcome: Over one-third (35%) are spending more quality time with their children.

- **ONGOING CONVERSATIONS**
  - Outcome: Nearly 60% (59%) are having increased ongoing conversations about behavioral health.

- **EFFECTIVE MONITORING**
  - Outcome: Almost 70% (69%) are being more careful about monitoring their children.

These outcomes have been achieved through community implementation, professional support, and comprehensive statewide communication.

The North Dakota Behavioral Health Systems Study 2018 recommends expansion of existing support and prevention efforts, including restoration of funding for the Parents Lead program. Recommendation 2.8
Early Intervention
Continuum of Care Model
EARLY INTERVENTION

• These strategies identify those individuals at risk for or showing the early signs of a disorder with the goal of intervening to prevent progression.
Early Intervention/Identification

- ½ of all people with mental and/or substance use disorders are diagnosed by age 14
- ¾ of people with these conditions are diagnosed by age 24

(2009 Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Institute of Medicine)
Intervening during windows of opportunity—**CAN** prevent the disorder from developing.
TREATMENT
Continuum of Care Model
TREATMENT

• These clinical services are for people diagnosed with a behavioral health disorder.
Continuum of Care Model
RECOVERY

• These services support individuals’ abilities to live meaningful, productive lives in the community.
Ensure availability and access to a broad, flexible array of effective, community-based services and supports for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.
KEY INITIATIVES
Behavioral Health & Education
Behavioral Health and Education System Integration – The Basics

LANGUAGE MATTERS
The behavioral health system and education system speak different languages.

WHAT IS BEHAVIORAL HEALTH?
A state of mental/emotional being and/or choices and actions that affect wellness. Examples are: Preventing and treating depression and anxiety Prevention and treating substance use disorder or other addictions Supporting recovery Creating healthy communities Promoting overall well-being Behavioral health needs are not synonymous with... the special education needs identified through an Individualized Education Program (IEP) school safety issues

CONSIDERATIONS FOR INTEGRATION OF BEHAVIORAL HEALTH AND EDUCATION
What systems are needed for schools to identify behavioral health needs?

BEHAVIORAL HEALTH PROFESSIONAL TIERS (NDCC 35-01-01)
The tiered system for behavioral health professionals in North Dakota was established in 2017 by the 69th Legislature and is found in Chapter 35-01-01 of the ND Century Code. The intent of the tiered system was to establish a basic ranking of behavioral health professionals (both licensed and unlicensed) based on education and scope of practice.

Tier 1 mental health professional
A Tier 1 mental health professional is:
- a physician licensed under Chapter 43-12 (MEDICAL AND SURGICAL)
- a psychologist licensed under Chapter 43-22 (PSYCHOLOGY)

Tier 2 mental health professional
A Tier 2 mental health professional is:
- a licensed professional or physician assistant licensed under Chapter 43-12 (MEDICAL AND SURGICAL)
- an advanced practice registered nurse licensed under Chapter 43-12 (NURSE PRACTICES ACT)

Tier 3 mental health professional
A Tier 3 mental health professional is:
- a licensed professional counselor licensed under Chapter 43-47 (COUNSELORS)
- a licensed practical social worker licensed under Chapter 43-45 (SOCIAL WORKERS)

Tier 4 mental health professional
A Tier 4 mental health professional is:
- a licensed psychologist licensed under Chapter 43-47 (COUNSELORS)
- a licensed practical social worker licensed under Chapter 43-47 (COUNSELORS)
- an associate marriage and family therapist licensed under Chapter 43-45 (COUNSELORS AND FAMILY THERAPY PRACTICE)
- an occupational therapist licensed under Chapter 43-53 (MARATHON AND FAMILY THERAPY PRACTICE)
- a rehabilitation counselor licensed under Chapter 43-12 (REHABILITATION)
- a school psychologist
- a human relations counselor

Tier 5 mental health professional
A Tier 5 mental health professional is:
- a licensed associate professional counselor licensed under Chapter 43-47 (COUNSELORS)
- a licensed alcohol and drug counselor licensed under Chapter 43-47 (COUNSELORS)
- a licensed practical social worker licensed under Chapter 43-47 (COUNSELORS)

Tier 6 mental health professional
A Tier 6 mental health professional is:
- a behavior analyst licensed or registered under Chapter 43-32 (PSYCHOLOGISTS)
- a vocational rehabilitation counselor licensed under Chapter 43-12 (REHABILITATION)
- a school psychologist
- a human relations counselor

Tier 7 mental health professional
A Tier 7 mental health professional is:
- a direct care associate or technician
Behavioral Health Initiatives
Department of Human Services Budget Bill

SB 2012
<table>
<thead>
<tr>
<th>SB 2012 SECTION</th>
<th>PROGRAM/SERVICE</th>
<th>DIVISION BUDGET</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td><strong>Substance Use Disorder Voucher</strong> <em>(additional dollars to support need, additional capacity [2 FTE], and reduction in age eligibility from 18 to 14; previously SB 2175)</em></td>
<td>Behavioral Health Division</td>
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<tr>
<td></td>
<td><strong>Parents Lead</strong></td>
<td>Behavioral Health Division</td>
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<td></td>
<td><strong>Mental Illness Prevention</strong> <em>(previously 2028)</em></td>
<td>Behavioral Health Division</td>
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<td></td>
<td><strong>Recovery home grant program</strong></td>
<td>Behavioral Health Division</td>
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<td></td>
<td><strong>Maintain trauma-informed practices network</strong> <em>(funding moved from SB 2291)</em></td>
<td>Behavioral Health Division</td>
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<td></td>
<td><strong>Suicide prevention transfer from Department of Health</strong></td>
<td>Behavioral Health Division</td>
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<tr>
<td>4</td>
<td><strong>Peer Support certification</strong> <em>(previously SB 2032)</em></td>
<td>Behavioral Health Division</td>
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<tr>
<td>5</td>
<td><strong>Community Behavioral Health Program</strong> <em>(expansion of Free Through Recovery; previously SB 2029)</em></td>
<td>Behavioral Health Division</td>
</tr>
<tr>
<td>21</td>
<td><strong>School Behavioral Health Grants</strong> <em>(previously 2300)</em></td>
<td>Behavioral Health Division</td>
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<tr>
<td>22</td>
<td><strong>School Behavioral Health Program</strong></td>
<td>Behavioral Health Division</td>
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<tr>
<td>38</td>
<td><strong>Expansion of Targeted Case Management – youth with SED</strong> <em>(previously 2031)</em></td>
<td>Medical Services</td>
</tr>
<tr>
<td>39</td>
<td><strong>Expansion of Targeted Case Management – adults with SMI</strong> <em>(previously 2031)</em></td>
<td>Medical Services</td>
</tr>
<tr>
<td>40</td>
<td><strong>Withdrawal management coverage in Medicaid</strong></td>
<td>Medical Services</td>
</tr>
<tr>
<td>41</td>
<td><strong>1915i Medicaid State Plan Amendment</strong> <em>(adults and youth [previously 2298]</em>)</td>
<td>Medical Services</td>
</tr>
<tr>
<td>45</td>
<td><strong>Sustain HSRI Behavioral Health Study Implementation support</strong> <em>(previously SB 2030)</em></td>
<td>Behavioral Health Division</td>
</tr>
</tbody>
</table>
Other Behavioral Health-Related Bills
"Medication unit" means a facility established as part of, but geographically separate from, an opioid treatment program, from which a licensed practitioner dispenses or administers an opioid treatment medication or collects samples for drug testing or analysis.
House Bill 1105
Voluntary Treatment Program and SUD Voucher

PASSED

• Passed House (12-0-2) (87-1)
• Passed Senate (6-0) (45-0)

50-06-06.13. ...The department may establish a program to prevent out-of-home placement for a Medicaid eligible child with a behavior health condition as defined in the "Diagnostic and Statistical Manual of Mental Disorders", American psychiatric association, fifth edition, text revision (2013).

50-06-42. ...assist in the payment of addiction treatment services provided by private licensed substance abuse treatment programs, excluding regional human service centers, and hospital-or medical clinic-based programs for medical management of withdrawal.
House Bill 2114
Minor In Possession Education

PASSED

- Passed Senate (6-0) (47-0)
- Passed House (9-4-1) (77-12)
  - Amended “shall” to “may”
- Conference Committee 4-16-2019
  - Passed 5-1 with “shall”
- Passed House (78-12)

5-01-08
A violation of this section is a class B misdemeanor. For a violation of subsection 1 or 2, the court also shall sentence a violator to an evidence-based alcohol and drug education program operated under rules adopted by the department of human services under section 50-06-44.
15.1-07-34

Youth behavioral health training to teachers, administrators, and ancillary staff.

...Each school within a district shall designate an individual as a behavioral health resource coordinator.

...The superintendent of public instruction shall maintain the contact information of the behavioral health resource coordinator in each school.
To develop a system of services and supports to provide behavioral health services and supports in the community for children at risk of or identified as having a behavioral health condition and for the families of these children.

To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community.

Children's cabinet - The children's cabinet is created to assess, guide, and coordinate the care for children across the state's branches of government and the tribal nations.