North Dakota
Behavioral Health Transformation

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Department of Human Services
Behavioral health

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

- Preventing and treating depression and anxiety
- Preventing and treating substance use disorder or other addictions
- Supporting recovery
- Creating healthy communities
- Promoting overall well-being
BEHAVIORAL HEALTH IS HEALTH
THE ROADMAP
BEGINNING TRANSFORMATION
2014
Behavioral Health Planning Final Report
_Schulte Consulting_

2016
ND Behavioral Health Assessment: Gaps and Recommendations

2018
ND Behavioral Health System Study
_Human Services Research Institute (HSRI)_
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.
North Dakota Behavioral Health System Study RECOMMENDATIONS

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

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

https://www.hsri.org/NDvision-2020
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.
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.
TWO DIFFERENT SYSTEMS
BEHAVIORAL HEALTH & EDUCATION
LANGUAGE MATTERS
EDUCATION
Multi-tiered System of Support (MTSS)

BEHAVIORAL HEALTH
Continuum of Care
WHO DECIDES THE WHY?
Behavioral Health Professionals

Special Education Professionals
WHAT'S NEW
ND BEHAVIORAL HEALTH

Legislative Updates
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
<table>
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<tr>
<th>SB 2012 SECTION</th>
<th>PROGRAM/SERVICE</th>
<th>DIVISION BUDGET</th>
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<tr>
<td>1</td>
<td>Substance Use Disorder Voucher (additional dollars to support need, additional capacity [2 FTE], and reduction in age eligibility from 18 to 14; previously SB 2175)</td>
<td>Behavioral Health Division</td>
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<td>1</td>
<td>Parents Lead</td>
<td>Behavioral Health Division</td>
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<td>1</td>
<td>Mental Illness Prevention (previously 2028)</td>
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<td>1</td>
<td>Recovery home grant program</td>
<td>Behavioral Health Division</td>
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<td>1</td>
<td>Maintain trauma-informed practices network (funding moved from SB 2291)</td>
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<td>1</td>
<td>Suicide prevention transfer from Department of Health</td>
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<td>1</td>
<td>Statewide Behavioral Health Crisis Services</td>
<td>Field Services Division</td>
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<td>Peer Support certification (previously SB 2032)</td>
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<td>Community Behavioral Health Program (expansion of Free Through Recovery; previously SB 2029)</td>
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<td>IMD, Bed Capacity, and Medicaid waiver (1115) Study</td>
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<td>School Behavioral Health Grants (previously 2300)</td>
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<td>School Behavioral Health Program</td>
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<td>Expansion of Targeted Case Management – youth with SED (previously 2031)</td>
<td>Medical Services</td>
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<td>39</td>
<td>Expansion of Targeted Case Management – adults with SMI (previously 2031)</td>
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<td>Withdrawal management coverage in Medicaid</td>
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<td>41</td>
<td>1915i Medicaid State Plan Amendment (adults and youth [previously 2298])</td>
<td>Medical Services</td>
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<td>45</td>
<td>Sustain HSRI Behavioral Health Study Implementation support (previously SB 2030)</td>
<td>Behavioral Health Division</td>
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Other Behavioral Health-Related Bills
House Bill 1103
Opioid Treatment Medication Units

PASSED

• Passed House (13-0-1) (87-3)
• Passed Senate (6-0-0) (44-0)

50-31-01
"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.
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.
Senate Bill 2313
Children’s System of Services and Cabinet

50-06-05.1

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.

Commission on Juvenile Justice – will review chapter 27-20; gather information concerning issues of child welfare, including education, abuse and neglect; Receive reports and testimony in furtherance of the commission's duties; Advise effective intervention, resources, and services for children; Report to and be subject to the oversight of the children's cabinet; and Annually submit to the governor and the legislative management a report with the commission's findings and recommendations which may include a legislative strategy to implement the recommendations.