North Dakota Behavioral Health Assessment

Pamela Sagness, Director
Behavioral Health Division

Interim Human Services Committee
July 25, 2016

north dakota
department of
human services

ND Behavioral Health Assessment

1. Overview of Behavioral Health

2. Purpose and Approach

3. Behavioral Health Data Review

4. ND Behavioral Health System Continuum Review

5. Recommendations

Overview of Behavioral Health

Behavioral health is a state of mental/emotional being and/or choices and actions that affect wellness

- These illnesses are **common, recurrent, and often serious**, but they **are treatable** and many people do recover.

- Such problems are **far-reaching and exact an enormous toll** on individuals, their families and communities, and the broader society.

By 2020, mental and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

Purpose

This is the beginning...

Identify priority recommendations to **enhance the foundation** of the state's behavioral health system, with the goal of supporting North Dakota children, adults, families and communities in health and wellness, reaching their full potential.

We can prevent and reduce chronic disease and promote wellness by treating behavioral health needs on an equal footing with other health conditions.
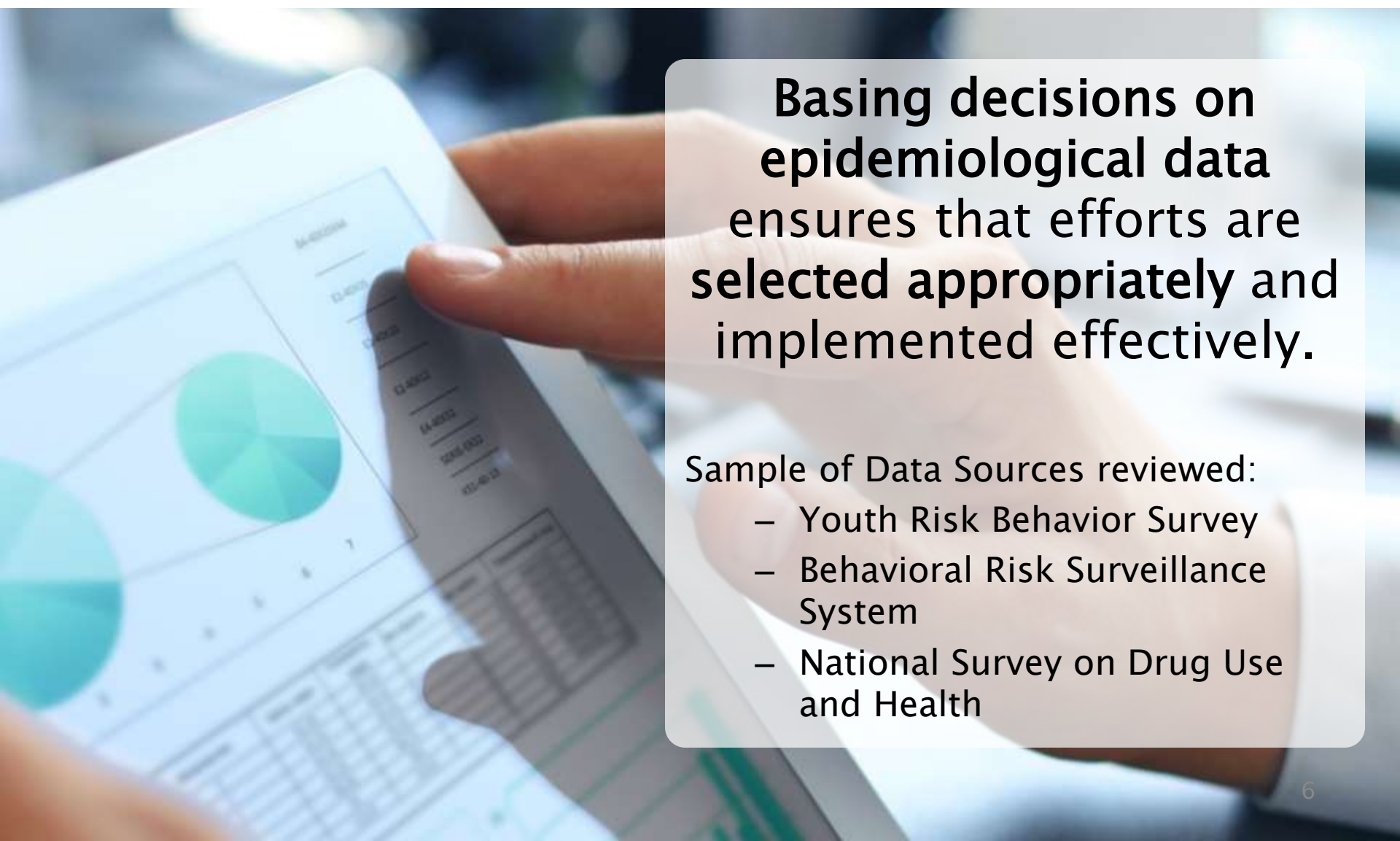
Approach

This **Behavioral Health Assessment** takes into consideration some important factors that have not been previously reviewed:

- **Epidemiological data** identifying the prevalence of behavioral health needs among children and adults in the state

- A **review of the full Continuum of Care** *(from promotion and prevention through recovery)*

- **Global systems/ infrastructure** perspective

Epidemiological Data

Basing decisions on epidemiological data ensures that efforts are **selected appropriately** and implemented effectively.

Sample of Data Sources reviewed:
- Youth Risk Behavior Survey
- Behavioral Risk Surveillance System
- National Survey on Drug Use and Health

Continuum of Care

The vision for the North Dakota Behavioral Health System is grounded on the Institute of Medicine's Continuum of Care model.

Institute of Medicine Continuum of Care
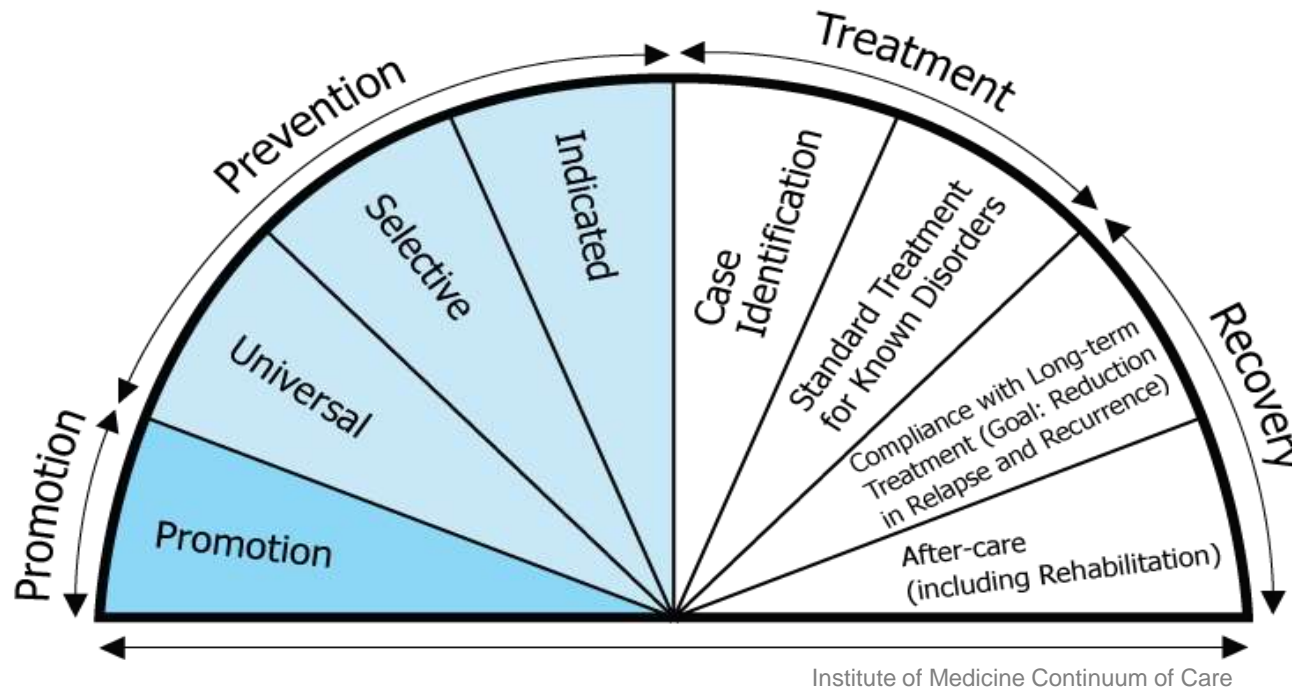
The goal of this model is to ensure there is **access to a full range of high quality services** to meet the various needs of North Dakotans.

In order to see sustained effective behavioral health system changes we need to have a strong, developed **infrastructure**.

Sources

The following sources were utilized to ensure a comprehensive approach:

- **Stakeholder feedback**
- **Reports**
- **Data**

| STAKEHOLDER FEEDBACK	REPORTS	DATA

• Tribal Behavioral Health meeting
• 1915(c) and 1915(i) Medicaid Waiver Stakeholder meetings
• Behavioral Health Conference Breakout Sessions
• County Social Services Directors
• Education System (ND Regional Education Association and School Administration representatives)
• Early Childhood system representatives (Child Care Aware)
• Juvenile Corrections System (Juvenile Court and Division of Juvenile Services Representatives)
• Residential Child Care Facility (RCCF) representatives
• Psychiatric Residential Treatment Facility (PRTF) representatives
• Foster Care system (PATH)
• SUD Leadership meeting
• Mental Health advocates
• Behavioral Health Public Service Delivery
	• Interim Human Services Committee testimony
	• Schulte Consulting, LLC Behavioral Health Planning Final Report July 22, 2014
	• North Dakota Behavioral Health Stakeholders Group Reports
	  – Building Stronger Behavioral Health Services in North Dakota: Framing Key Issues and Answers – 7/18/2014
	  – November 17, 2015 Summary Reports
	  – Behavioral Health Stakeholder Survey, June 2016
		• National Survey on Drug Use and Health
		• Crime in North Dakota. North Dakota Office of Attorney General, Bureau of Criminal Investigation
		• North Dakota Crash Summary, North Dakota Department of Transportation
		• Behavioral Risk Factor Surveillance System Survey
		• Youth Risk Behavior Survey
		• ND Community Readiness Survey
		• North Dakota Epidemiological Profile: Alcohol, tobacco and illicit drug prevalence, root causes, and consequences in North Dakota.

Behavioral Health Data Review
Overview
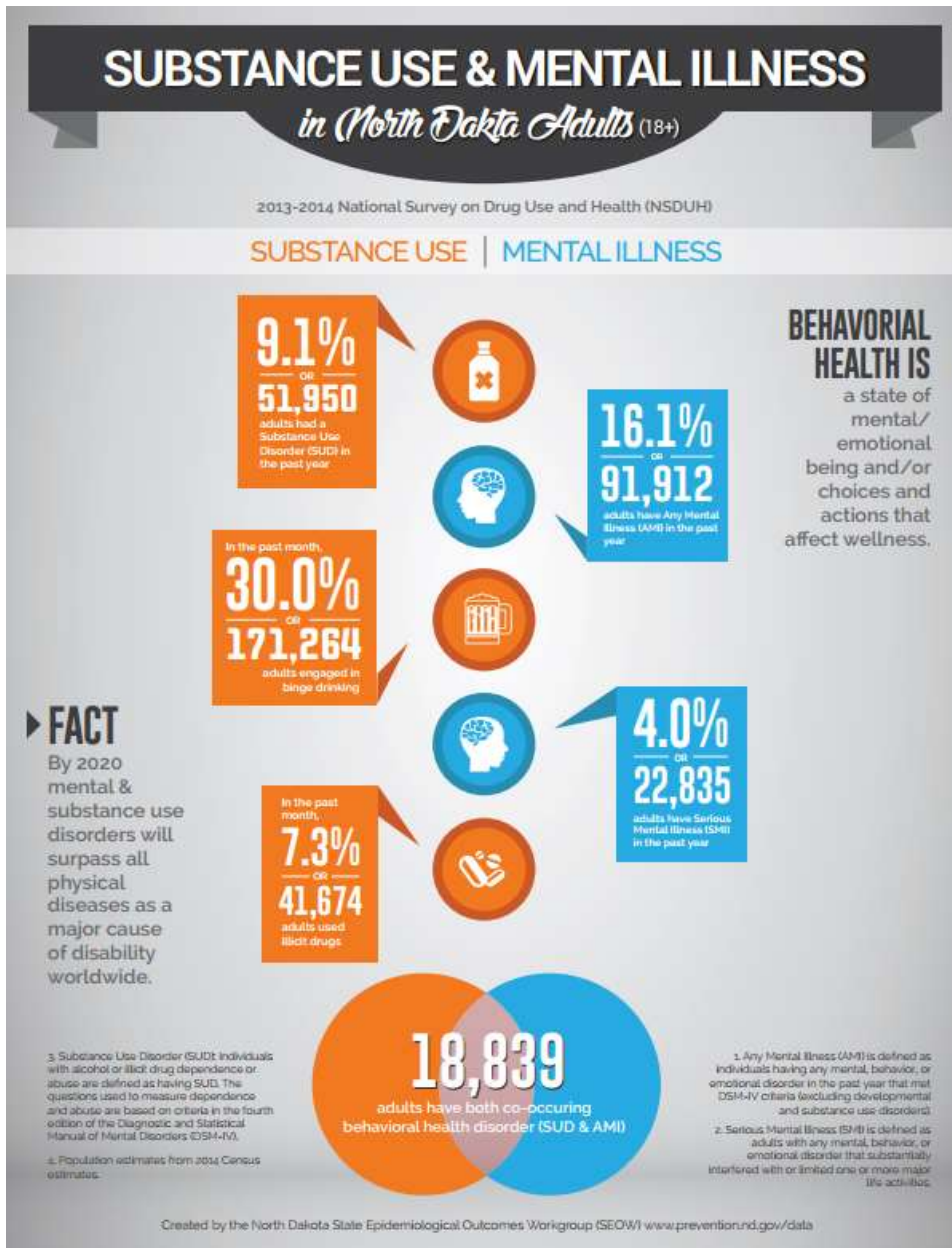
Persons with **behavioral health disorders** die, on average, about *5 years earlier* than persons without these disorders.

Persons with **serious mental illness (SMI)** are now dying *25 years earlier* than the general population.
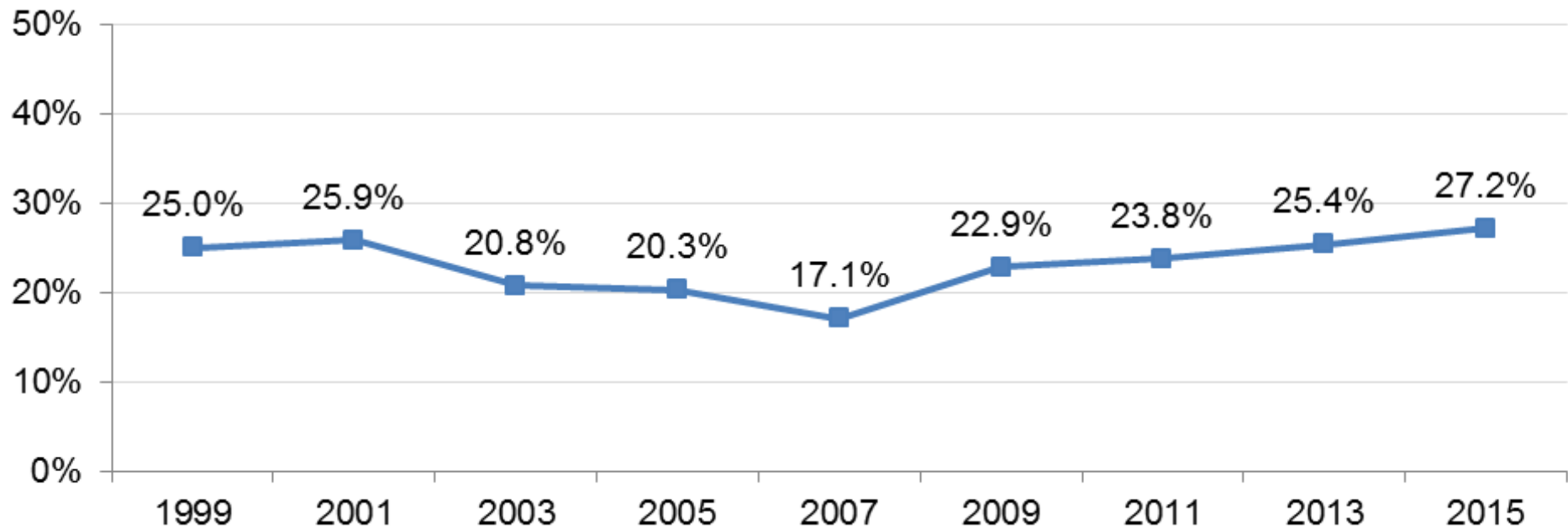
Children's Behavioral Health

Children's Behavioral Health

ND 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)
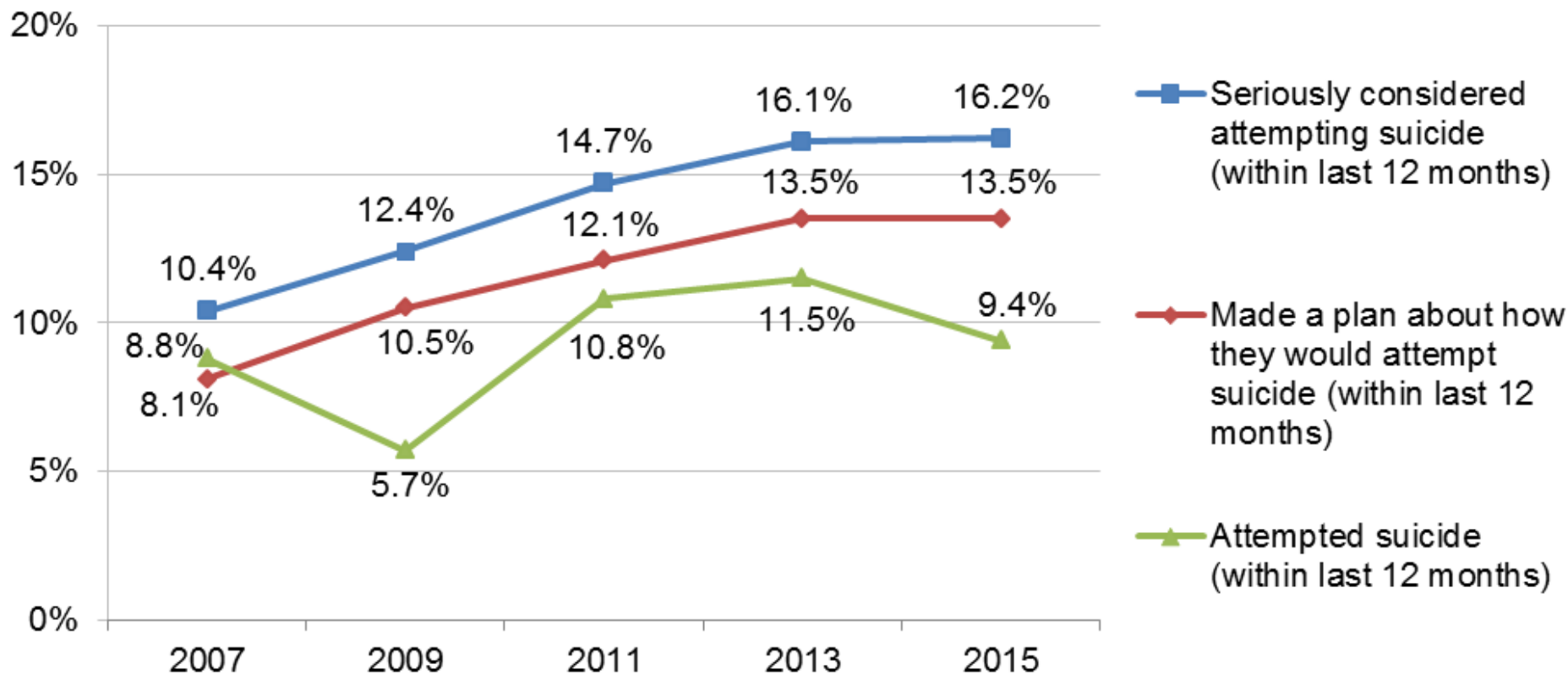**YRBS**

Children's Behavioral Health

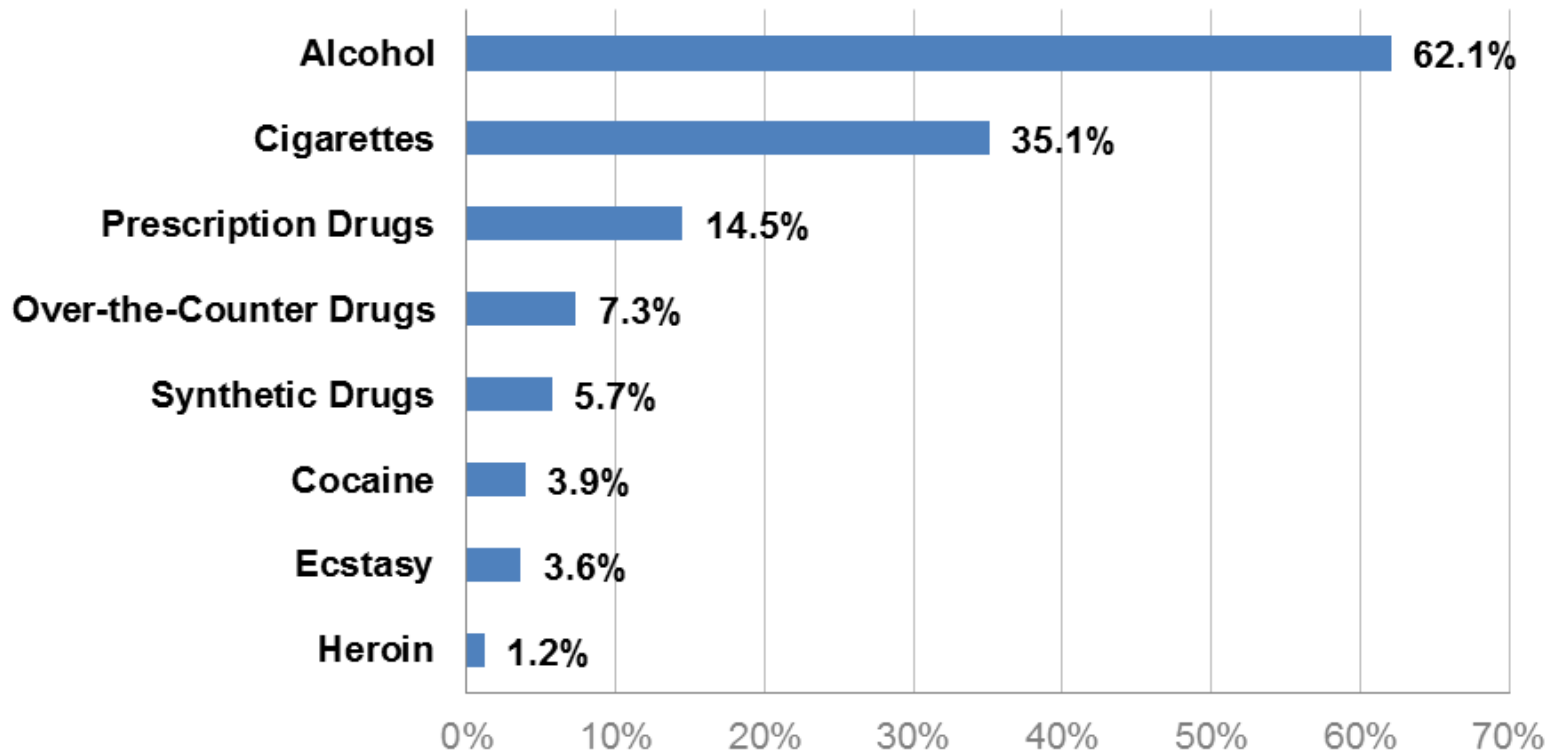ND High School Students - Suicide
YRBS

Children's Behavioral Health

ND High School Student Reported *Lifetime* Substance Use
YRBS, 2015

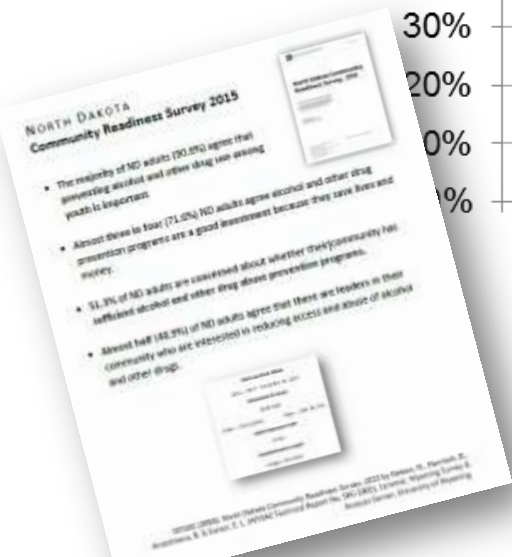| Substance	Percentage
Alcohol	62.1%
Cigarettes	35.1%
Prescription Drugs	14.5%
Over-the-Counter Drugs	7.3%
Synthetic Drugs	5.7%
Cocaine	3.9%
Ecstasy	3.6%
Heroin	1.2%

In 2009 *(the last time the question was asked)*, lifetime use of marijuana among ND high school students was 30.7%.

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Children's Behavioral Health

Current Alcohol Use (past 30 days) among ND High School Students
ND YRBS
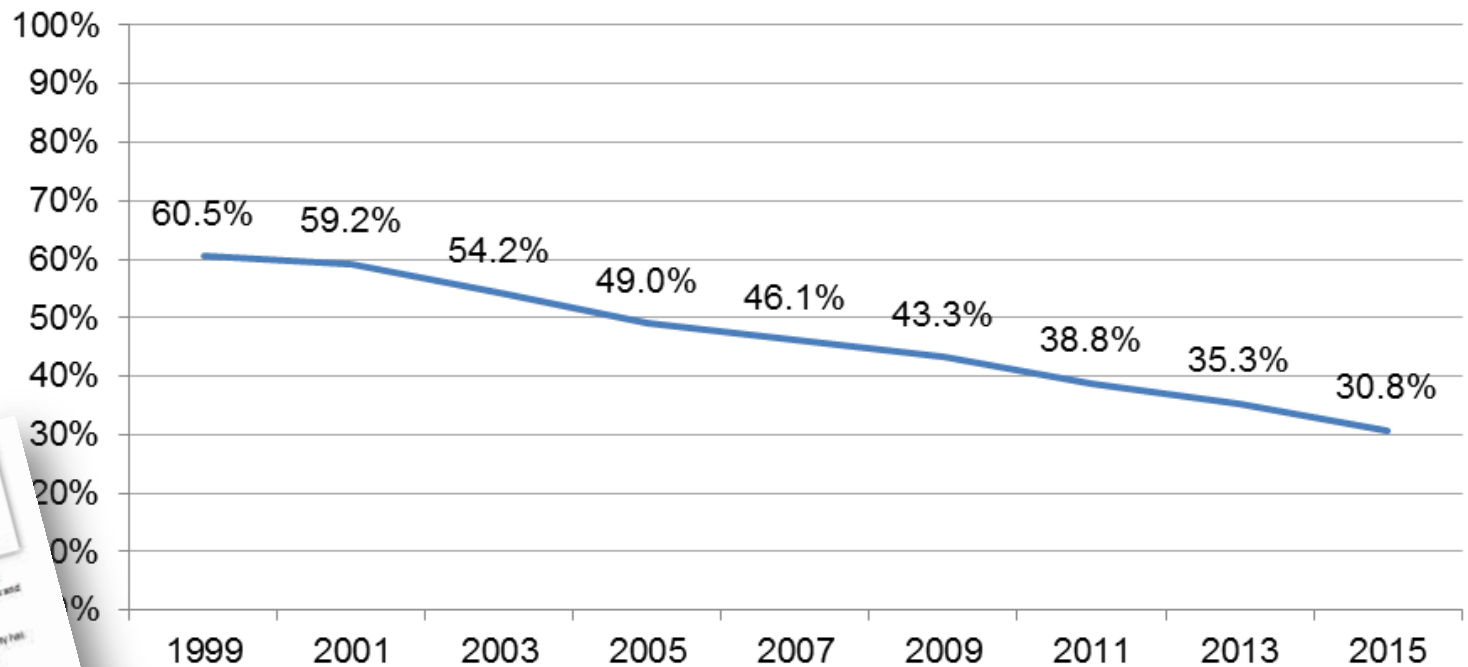
Children's Behavioral Health

ND High School Students reported first drink of alcohol before age 13
YRBS
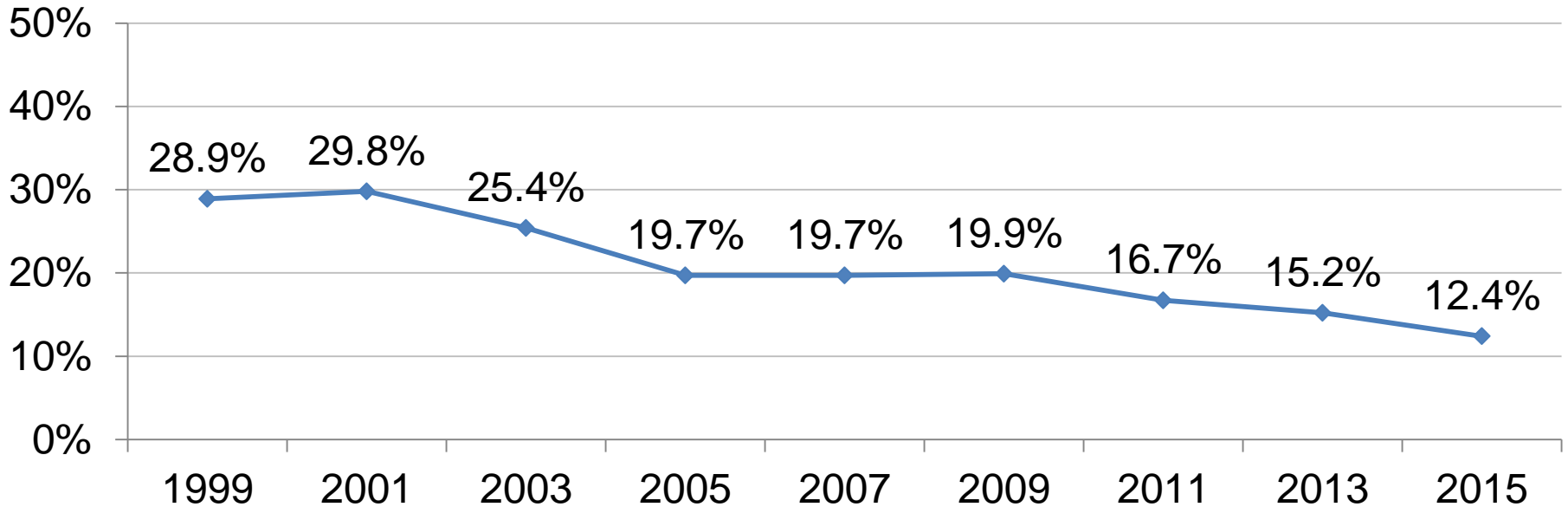
People who begin drinking *before age 15* are **4x** more likely to become alcohol-dependent than those who wait until they are 21. (Center for Adolescent Health)

Adult Mental Health

Adult Mental Health

Reported Mental Illness within the Past Year among ND Adults ages 18 and older

National Survey on Drug Use and Health, 2013 and 2014
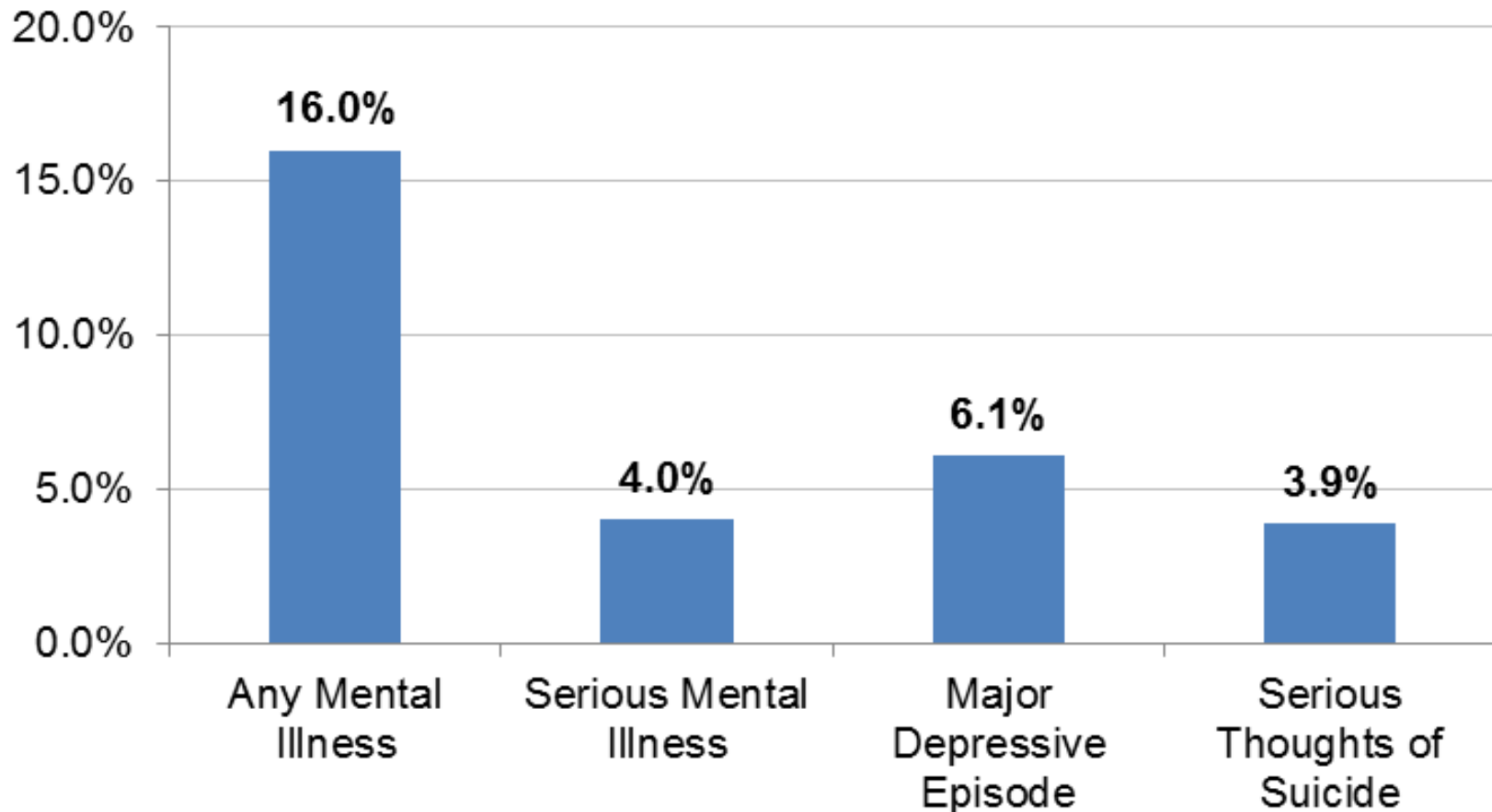
Adult Mental Health

Percentage of Adults with Serious Mental Illness (SMI) Receiving Services at a Human Service Center, 2015

Adults 18+ with SMI | 9.7% | 90.3%

■ Received Services at HSCs   ■ Did NOT Receive Services
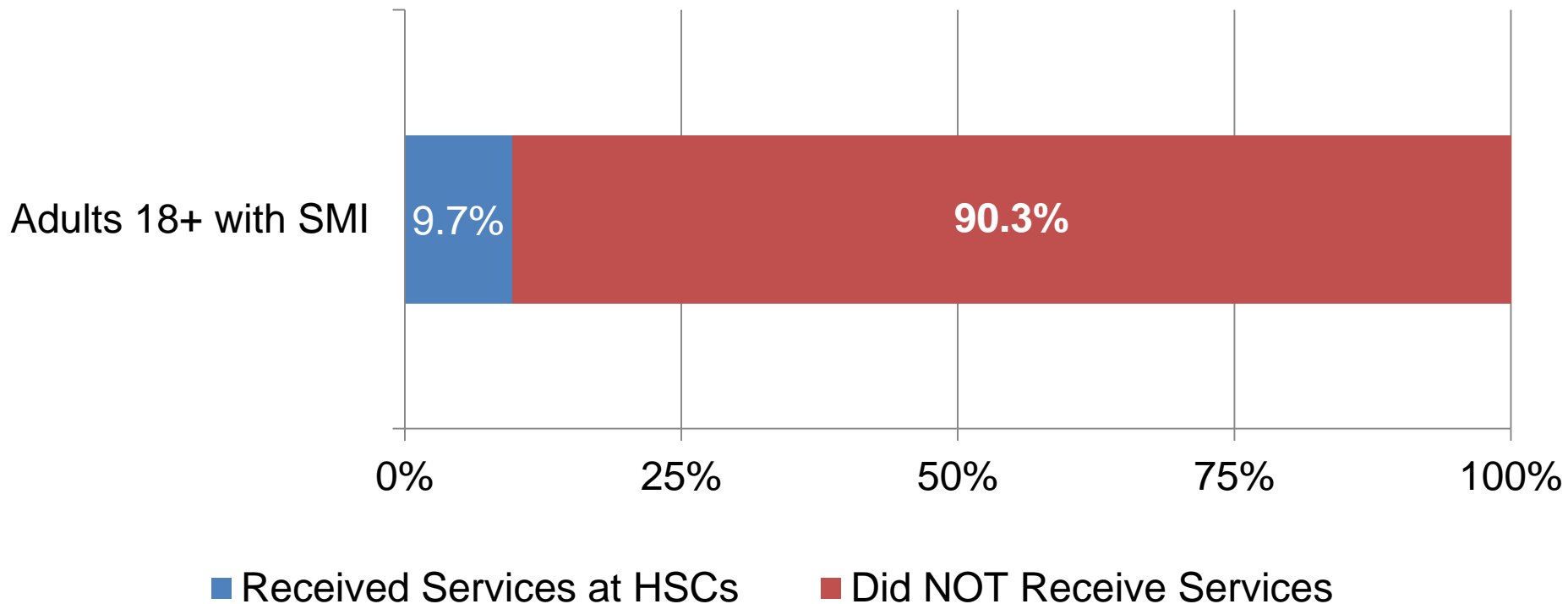
Adult Mental Health

Conservative estimates suggest a need for 50–60 adult beds per 100,000 population.

North Dakota total need would be an approximate 350–420 beds.

- *State Hospital = 100*
- *Private Adult Psychiatric Beds = 223*

Total Currently Available = 323

Treatment Advocacy Center; E. Fuller Torrey

Adult Substance Abuse

Adult Substance Abuse

9.1% of ND adults (ages 18 or older) report **dependence or abuse** of <u>alcohol</u> or <u>illicit drugs</u> in the past year.

2013–2014 National Survey on Drug Use and Health
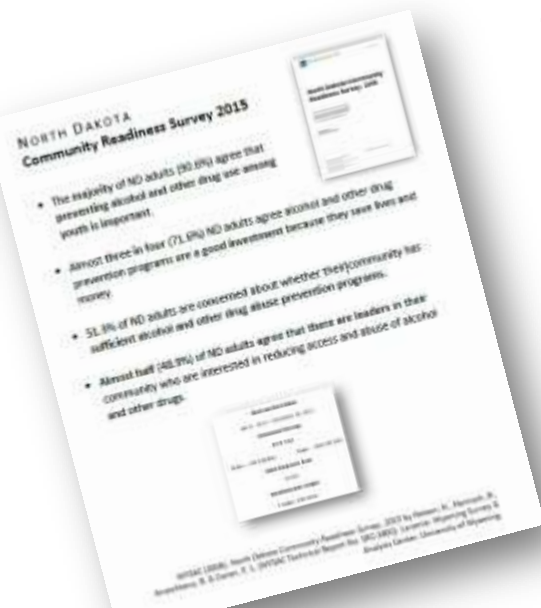
Adult Substance Abuse

"I know who to go to if I need help for myself or family member(s) who are abusing alcohol or other drugs" - ND Adults
North Dakota Community Readiness Survey, 2015
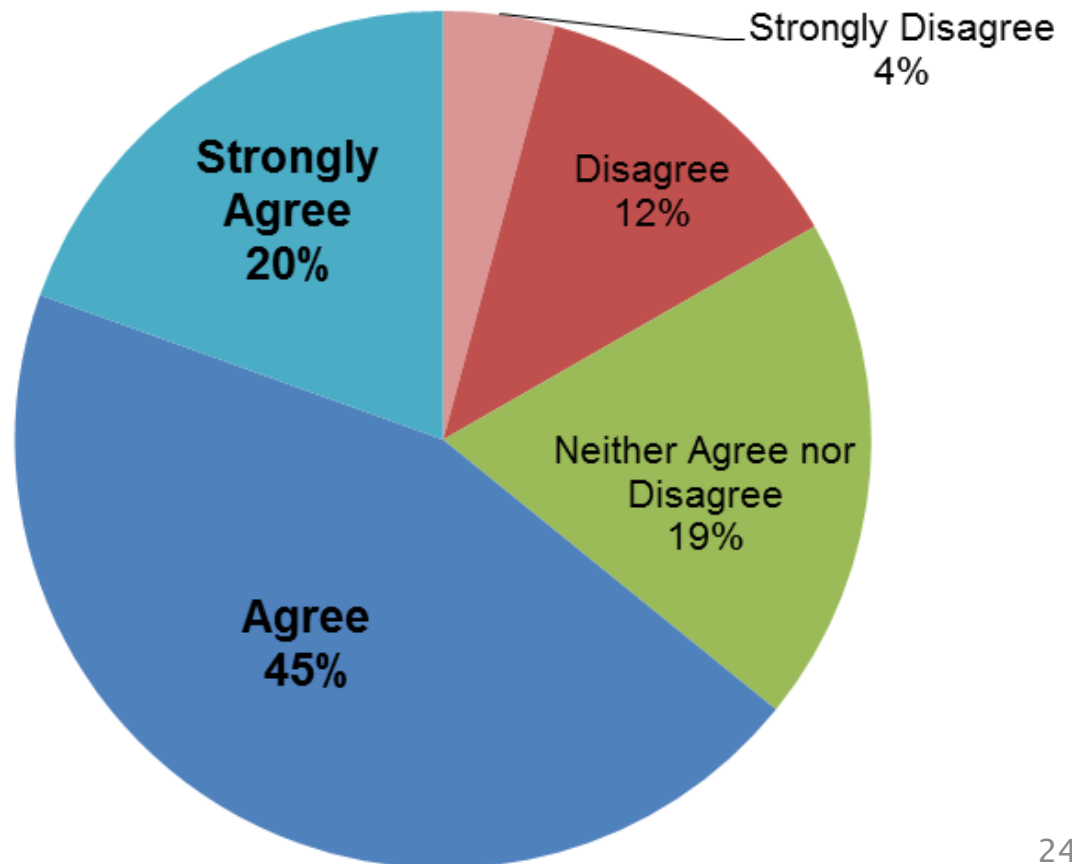
65% of ND adults *know who to go to* if they need help for themselves or a family member who is abusing alcohol or other drugs

Strongly Disagree 4%

Disagree 12%

Neither Agree nor Disagree 19%

Agree 45%

Strongly Agree 20%

Adult Substance Abuse

Adults (ages 18+) Needing But Not Receiving Treatment for Alcohol or Illicit Drugs
2013-2014 NSDUH

- Alcohol: ND 7.8%, US 6.6%
- Illicit Drugs: ND 2.0%, US 2.3%
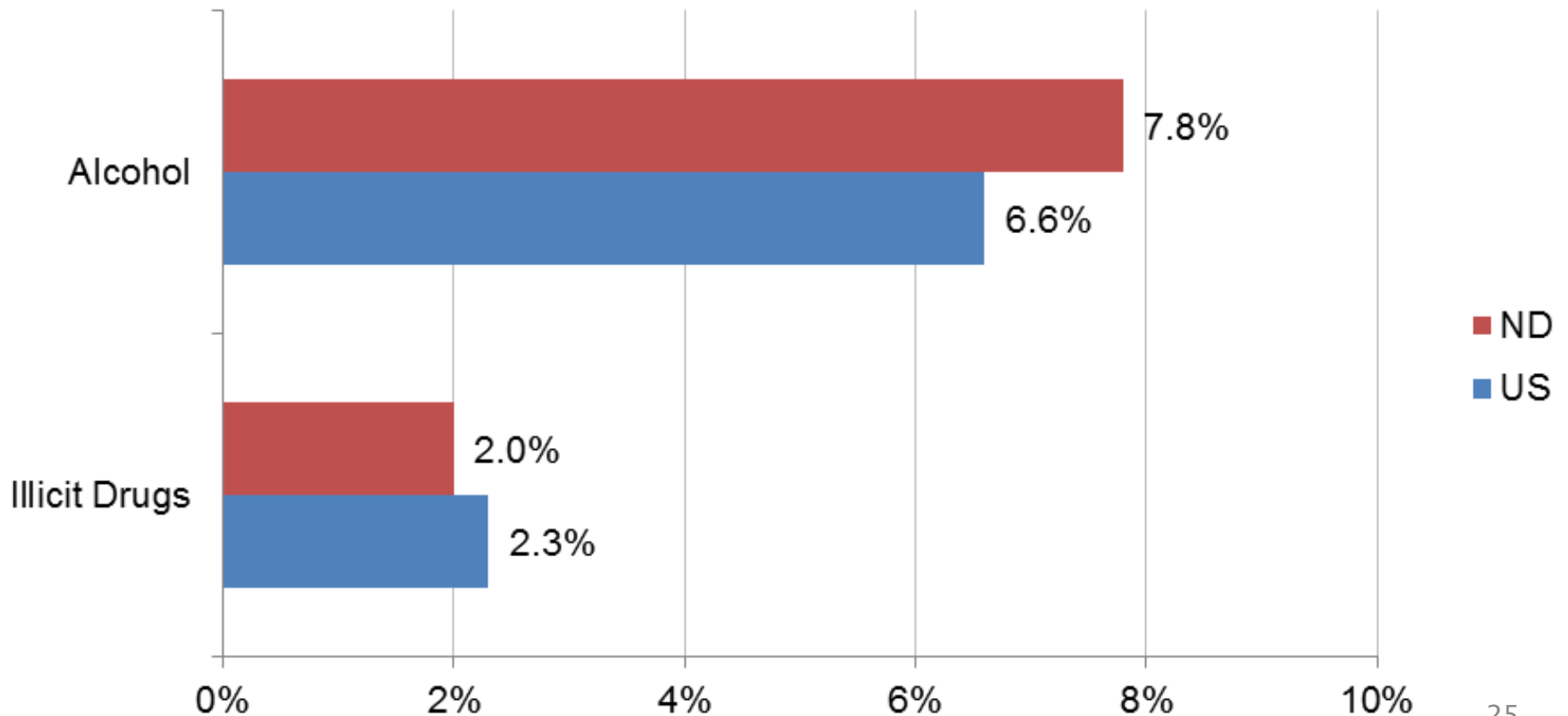
ND Behavioral Health System

Continuum of Care

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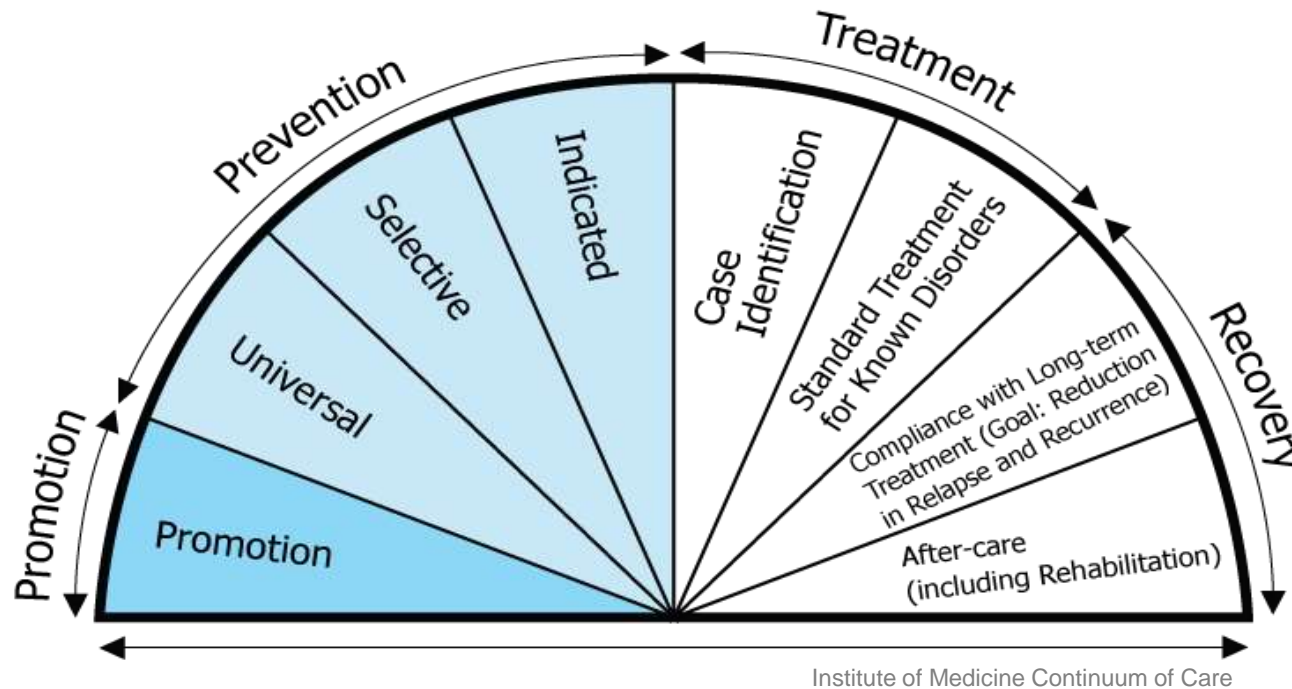
The goal of this model is to ensure there is **access to a full range of high quality services** to meet the various needs of North Dakotans.

Considerations

In each area of the Continuum of Care, the following are considerations:

Funding/ Reimbursement	Infrastructure *(Agency, workforce, oversight, etc.)*	Best Practices

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Promotion/Prevention

Prevention is a cost-effective and common-sense way to avoid the consequences of behavioral health disorders.

Prevention efforts are effective when approaches are **comprehensive, address risk and protective factors,** and **focus on a community's unique challenges**.

Promotion/Prevention – GAPS/NEEDS

- Limited resources for mental health promotion and mental illness prevention efforts

- The field of mental health promotion and mental illness prevention is fairly new. Workforce and best practices are still being identified

- No credentialing for prevention professionals

- Overall, promotion and prevention tends to not be valued as a priority

Intervention

Research suggests that investing in early intervention services can contribute to a reduction in health care costs and help ensure the improved health and well-being of individuals.

Early intervention strategies assist individuals in **recognizing they are at risk** for behavioral health disorders and **need help to identify and change high-risk behaviors into healthy patterns.**

Intervention – GAPS/NEEDS

- Gaps in collaboration/integration with the education system, including early childhood and childcare systems.

- Workforce limitations (credentials needed to conduct screenings and assessments, utilization of evidence-based practices)

Intervention – GAPS/NEEDS

- A consistent, universal screening is not utilized

- Funding can be limited for screenings

- When screenings are occurring, often there are issues with an efficient referral process to further assessment and/or treatment services

- In general, the current process of conducting assessments is not efficient or effective

Treatment

Treatment is the use of any **planned, intentional intervention** in the health, behavioral and personal or family life of an individual suffering from a behavioral health disorder designed to enable the affected individual to achieve and maintain physical, mental health and a maximum functional ability.

Treatment – GAPS/NEEDS

- Criminalization of behavioral health disorders
  - There is no payment for services for individuals in jail

- Limited community-based services (including housing, transportation, employment) available to allow individuals choice of services in the least restrictive environment

- Current services are not integrated with each other or other community organizations, this includes the utilization and exchange of data. Changes in level of care are often not fluid.

Treatment – GAPS/NEEDS

- Communication/promotion of services available is limited.

- Workforce limitations
  - Limitations in utilization of evidence-based practices
  - No single registry of mental health providers

- Role clarification needed between public and private service systems

Recovery

Recovery is the process of change through which individuals improve their health and wellness, live a self–directed life, and strive to reach their full potential.

Recovery – GAPS/NEEDS

- Workforce limitations (number of trained providers in evidence-based recovery services)

- Limited evidence-based services, and the infrastructure to support these services, available in the state, including sober living environments and other community-based services and supports (including housing, transportation, employment)

  - Limited payment to support evidence-based recovery services
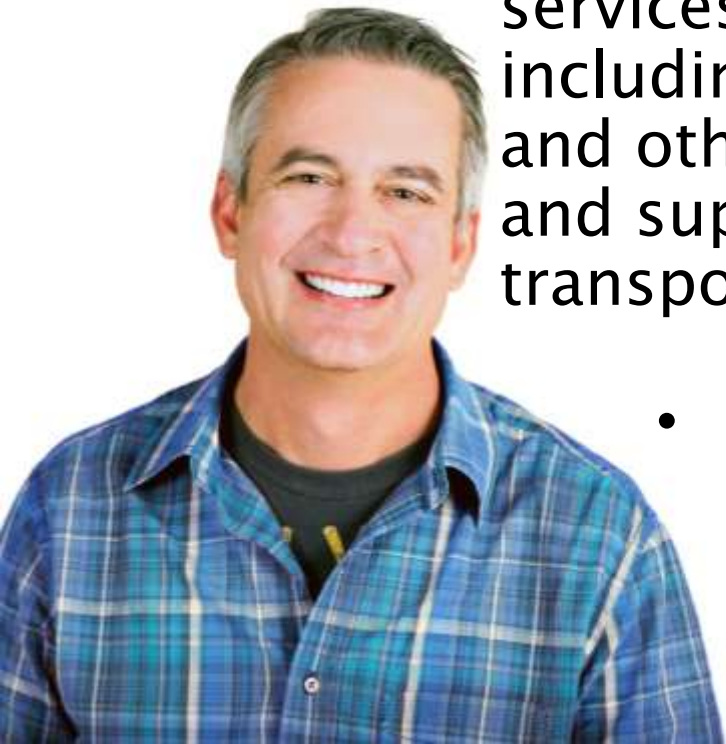
ND Behavioral Health System **Recommendations**

ND Behavioral Health System
Recommendations

Continuous collection, analysis and utilization of comprehensive behavioral health data.

Development of a formal Children's Behavioral Health Leadership group.

Support substance use disorder early intervention services.

Mental health promotion and early identification of mental illness.

Continue to support public service delivery system changes relating to core services and population.

Recognition of behavioral health conditions as a chronic disease.

ND Behavioral Health System
Recommendations

Data collection and analysis

- **Authority** and **Resources**
  - Require/Incentivize data submission
  - Support collection and analysis
  - Communication of data/results

ND Behavioral Health System
Recommendations

Form a Children's Behavioral Health Leadership group

- Partnership/collaboration across systems
  - Juvenile Court
    - 22% were identified as having substance abuse needs
    - 31% had mental health needs
    - 14% had needs in both substance abuse and mental health
- Screening and early identification
- Assessment and transfers
- Who are the providers of children's behavioral health services

ND Behavioral Health System
Recommendations

Support substance use disorder early intervention services

- Ensure reimbursement for Screening, Brief Intervention and Referral to Treatment (SBIRT) is available

- Effective first offender programming available *(NDCC 5)*

- Analyze Department of Transportation DUI data

ND Behavioral Health System
Recommendations

Mental health promotion and early identification of mental illness

- Develop supportive, healthy communities to support individual's behavioral health (inclusive communities)

- Screenings for at-risk populations

- Collaboration with education system

ND Behavioral Health System Recommendations

Continue to support public service delivery system changes relating to core services and population

- Build awareness of changes/services
  - Increase communication to general public and stakeholders
  - Hold regional meetings with community providers to discuss services and partnership
  - Provide information to consumers relating to services

Public Service System Role:
- *Chronic disease management*
- *Regional intervention services [RIS]*
- *24-hour crisis services*

ND Behavioral Health System **Recommendations**

Recognition of behavioral health conditions as a chronic disease

- Increase access to recovery supports
  - Supported employment
  - Supported living (sober living)
  - Recovery coaches (peer support)
- Reduce barriers to recovery
  - Access to supports

Other Considerations

– Federal funding availability
– Transportation issues across the state
– Silos in funding and services, at the system, provider, and client levels (co-location)

Many stakeholder groups have identified service needs, communication barriers and data gaps. It is important to continue engaging stakeholder groups in order to get to more specific recommendations once infrastructure concerns have been addressed.

Behavioral Health Needs in ND
Specific Populations

- Early childhood
- Transition-age youth
- 18-25 year olds not in college
- Tribal
- Military
- Older persons and persons with disabilities
- Individuals in jail

Questions?