

— NORTH DAKOTA —
BEHAVIORAL
HEALTH



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.hrsi.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 15%-25% of North Dakota 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, 9% of ND adults aged 18 and older had a substance use disorder in the past year.
 - 34% of adults in ND reported single drinking alcohol in the past month in 2016, well above the annual national average of 27%.

- 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%.
- The number of drug offenders under supervision by parole number of drug cases involving heroin that were titled to the State Crime Laboratory increased by more than 100%.
- The number of drug overdose deaths in ND has steadily increased in recent years -- from 20 in 2013, 43 in 2014, 61 in 2015, to 116 in 2017.

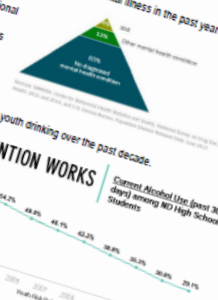
- The second leading cause of death in the state for those between the ages of 15 and 24.
- Suicide among veterans and military service have risen higher than the rates of suicide among the general population in the past decade.
- Lesbian populations and members of LGBTQ communities also experience far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

EXECUTIVE SUMMARY BRIEF

- **SS AND EDUCATION**
 - Increased more on substance use awareness than on mental health promotion, mental health and trauma in addition to substance use issues.

- **INTERVENTION**
 - Focus for early intervention and prevention work.
 - Focus on social and emotional wellness and mental health-specific prevention strategies.
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- **TREATIVES**
 - Patient services.



PREVENTION WORKS



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

A hand holding a piece of white chalk is positioned on the right side of a dark chalkboard. The chalkboard features the text "NEXT STEPS" written in white, uppercase letters. The text is enclosed within a large, hand-drawn yellow arrow that points towards the top right. Two additional white arrows are drawn on the board, one above and one below the yellow arrow, both pointing in the same direction. The overall scene suggests a planning or organizational activity.

NEXT STEPS

NEXT STEPS

These 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 contracted with Human Services Research Institute (HSRI) to begin the implementation process:

| Task | Timeframe |
|--|--------------------------------|
| 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 |

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Work begins with organizing recommendations that require statutory changes, agency policy edits, strategies requiring funding, actions required by licensing boards, advocacy opportunities or training and technical assistance opportunities.

DHS Implementation

MA – Medicaid Division
 CFS – Children and Family Services Division
 BHD – Behavioral Health Division
 FS – Field Services Division

| HSRI Report Recommendation | MA | CFS | BHD | FS | Example |
|---|----|-----|-----|----|---|
| 1 - Develop a comprehensive implementation plan | | | ✓ | | Contract with HSRI for implementation plan (BHD) |
| 2 - Invest in prevention and early intervention | ✓ | ✓ | ✓ | | Expand services for prevention activities for at-risk families to be consistent with goals of Family First legislation (CFS) increased BG from 20% to 25% prevention & early intervention |
| 3 - Ensure all North Dakotans have timely access to behavioral health services | | | ✓ | ✓ | Crisis services and open access implementation (FS) SUD Voucher (BHD) Resource communication (FS) |
| 4 - Expand outpatient and community-based service array | ✓ | ✓ | ✓ | ✓ | Explore options to adjust the 15k threshold for family support services (MA) Team based services (FS) |
| 5 - Enhance and streamline system of care for children and youth | ✓ | ✓ | ✓ | ✓ | Finalizing 4e agreements with tribes and enhancing partnerships (CFS) Reducing utilization of residential services (CFS & BHD) Multisystemic Therapy (FS) |

DHS Implementation

| HSRI Report Recommendation | MA | CFS | BHD | FS | Example |
|--|----|-----|-----|----|--|
| 6 - Continue to implement/refine criminal justice strategy | | ✓ | ✓ | | Implement Free Through Recovery as diversion (BHD) Implement dual status youth initiative recommendations (CFS) Suspend rather than terminate enrollment for those incarcerated (MA) |
| 7 - Engage in targeted efforts to recruit/retain competent behavioral health workforce | ✓ | | ✓ | ✓ | Contract with UND to develop North Dakota behavioral health workforce plan to implement (BHD) Opportunities for training & residency programs (FS) |
| 8 - Expand the use of tele-behavioral health | ✓ | | ✓ | ✓ | Contract with UND for current access and recommendations of tele-behavioral health services (BHD) Expand services in western ND (FS) |
| 9 - Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches | ✓ | ✓ | ✓ | ✓ | All division to ensure identified values are implemented and followed at all levels of business (CFS, BHD, FS, MA) |

DHS Implementation

| HSRI Report Recommendation | MA | CFS | BHD | FS | Example |
|---|----|-----|-----|----|---|
| 10 - Encourage and support the efforts of communities to promote high-quality services | ✓ | ✓ | ✓ | ✓ | Utilization of best practices in SUD & SMI treatment (FS) Quality based purchasing and requirements (BHD) |
| 11 - Partner with tribal nations to increase health equity | ✓ | ✓ | ✓ | ✓ | Continue ongoing efforts to improve access and reimbursement (MA) Provide support around 4e foster agreements (CFS) Partner with tribes to provide funding & services (BHD) |
| 12 - Diversify and enhance funding for behavioral health | ✓ | ✓ | ✓ | | Utilization of value based payment models (BHD) Opportunities for innovative funding models to incentivize home and community living (CFS) |
| 13 - Conduct ongoing, system-wide data-driven monitoring of needs and access | ✓ | ✓ | ✓ | ✓ | Contract with HSRI for monitoring and outcome reporting of HSRI report implementation (BHD) utilization of new EHR (FS) |

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

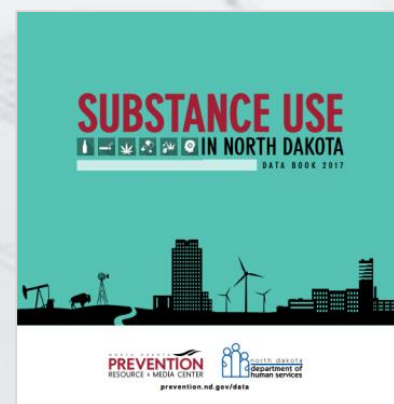
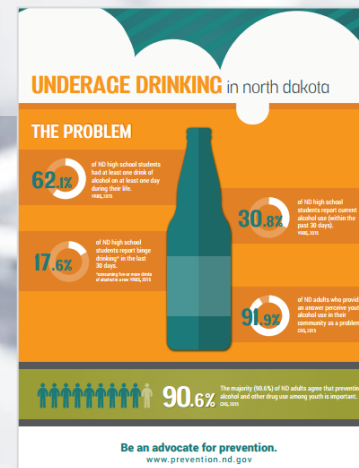
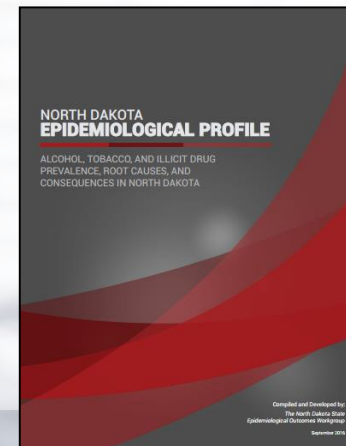


5. Develop early intervention capacity^{2,9}

State Epidemiological Outcomes Workgroup (SEOW)

Mission Statement:

Identify, analyze, and communicate key substance abuse and related behavioral health data to guide programs, policies, and practices



www.prevention.nd.gov/data

QUESTIONS?

