

North Dakota Behavioral Health Interim Human Services Committee

Pamela Sagness, Executive Policy Director
Human Services



NORTH
Dakota | Behavioral Health
Be Legendary.™ 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



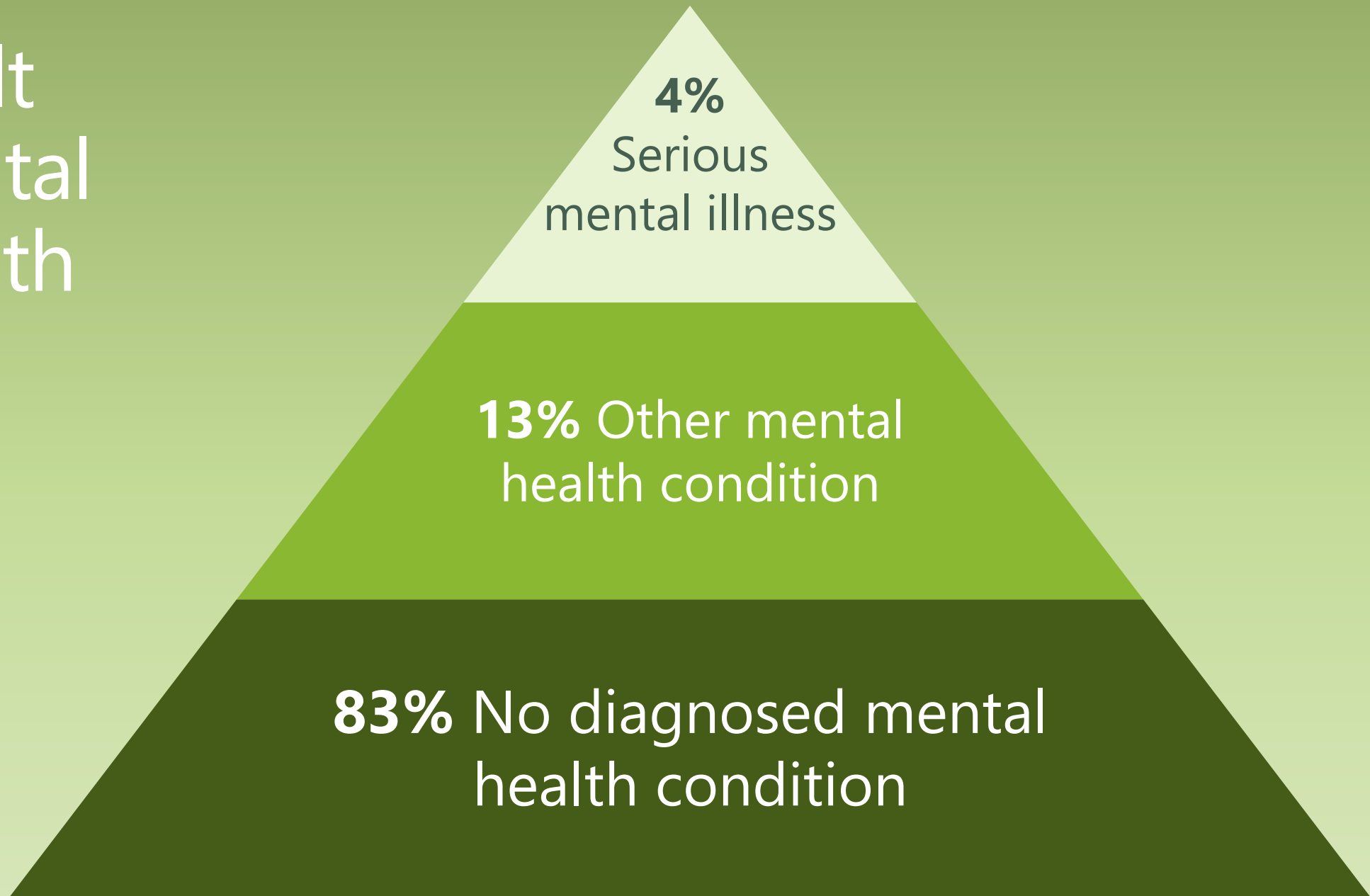


Individuals with behavioral health disorders die, on average, about *5 years earlier* than persons without these disorders.



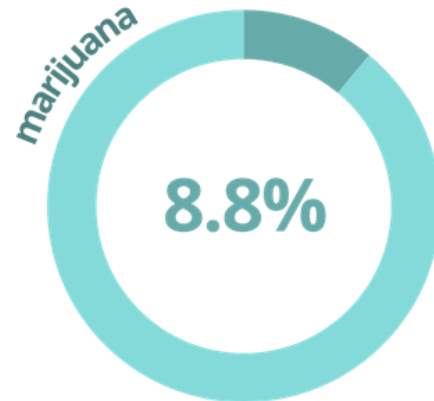
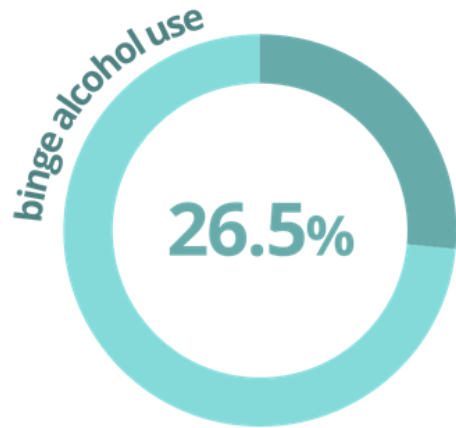
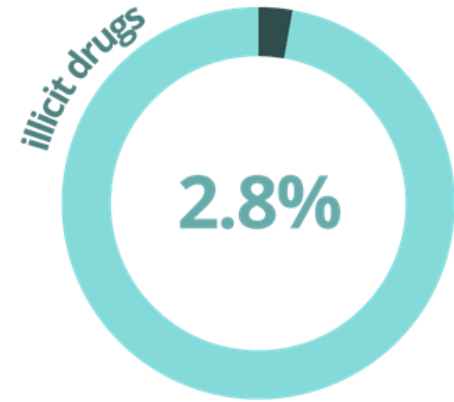
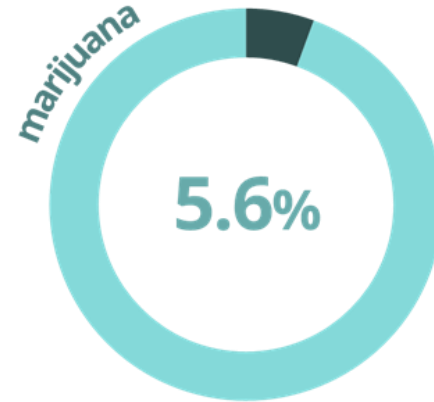
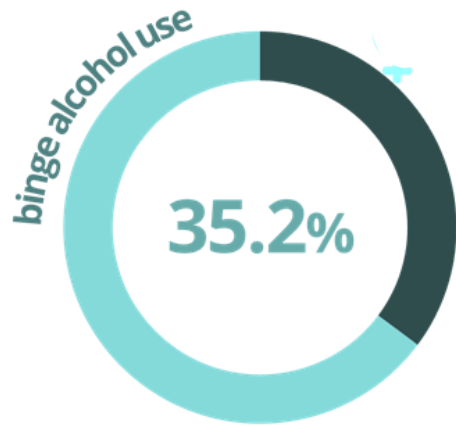
Individuals with serious mental illness (SMI) are now dying *25 years earlier* than the general population.

Adult Mental Health



Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016, and U.S. Census Bureau, Population Division Release Date: June 2017.

PAST 30-DAY SUBSTANCE USE AMONG ADULTS

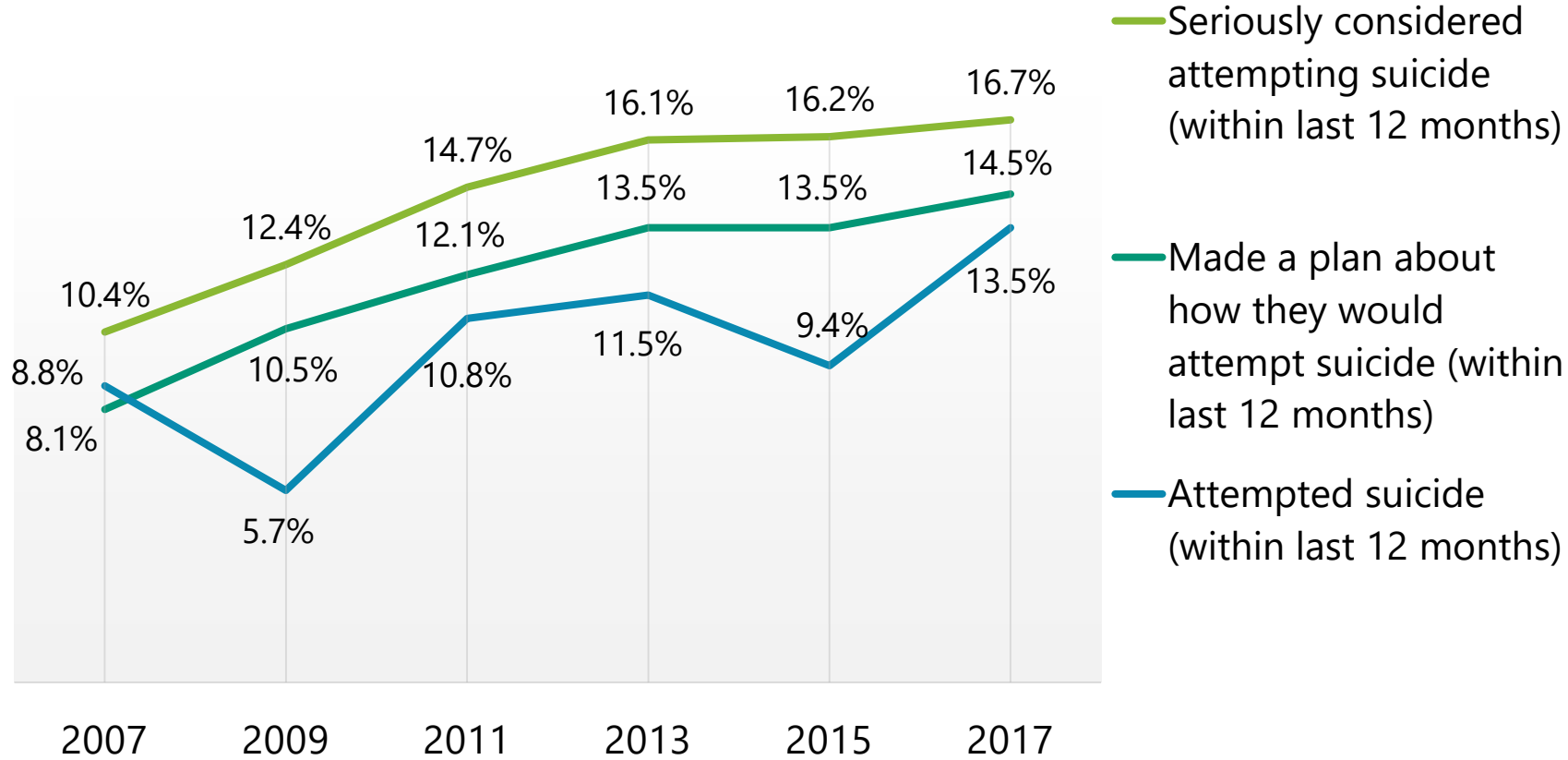


ND High School Students reported feeling sad or hopeless

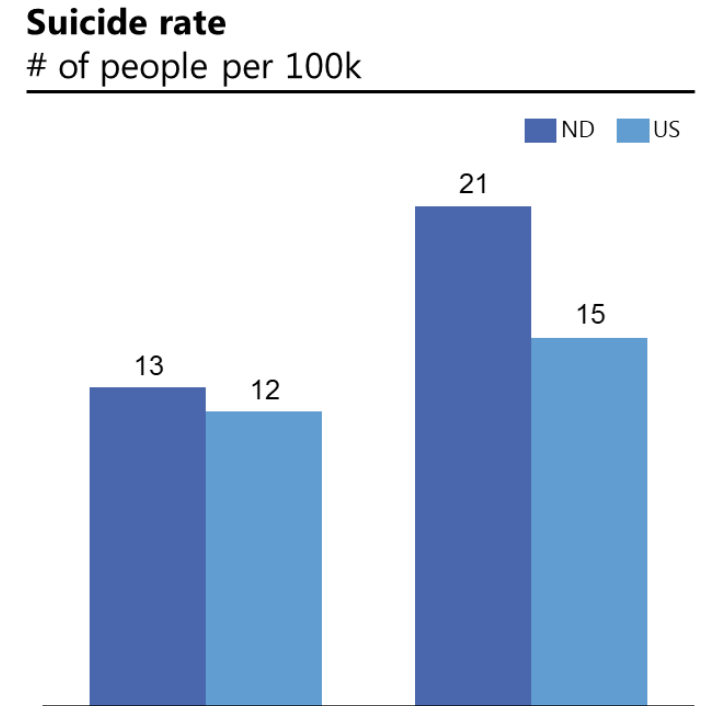


(almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the last 12 months); Youth Risk Behavior Survey

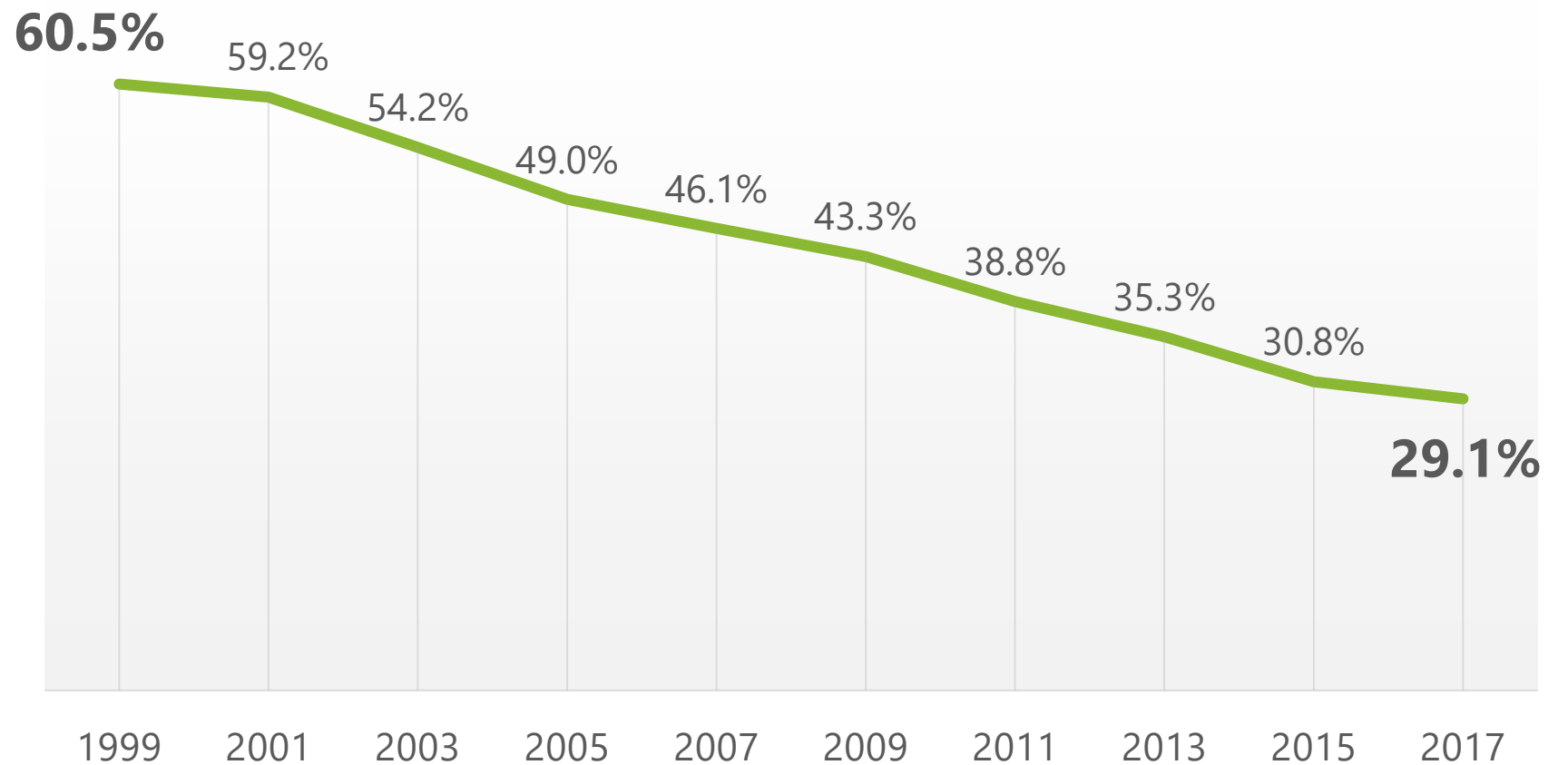
ND High School Student Suicide



Youth Risk Behavior Survey

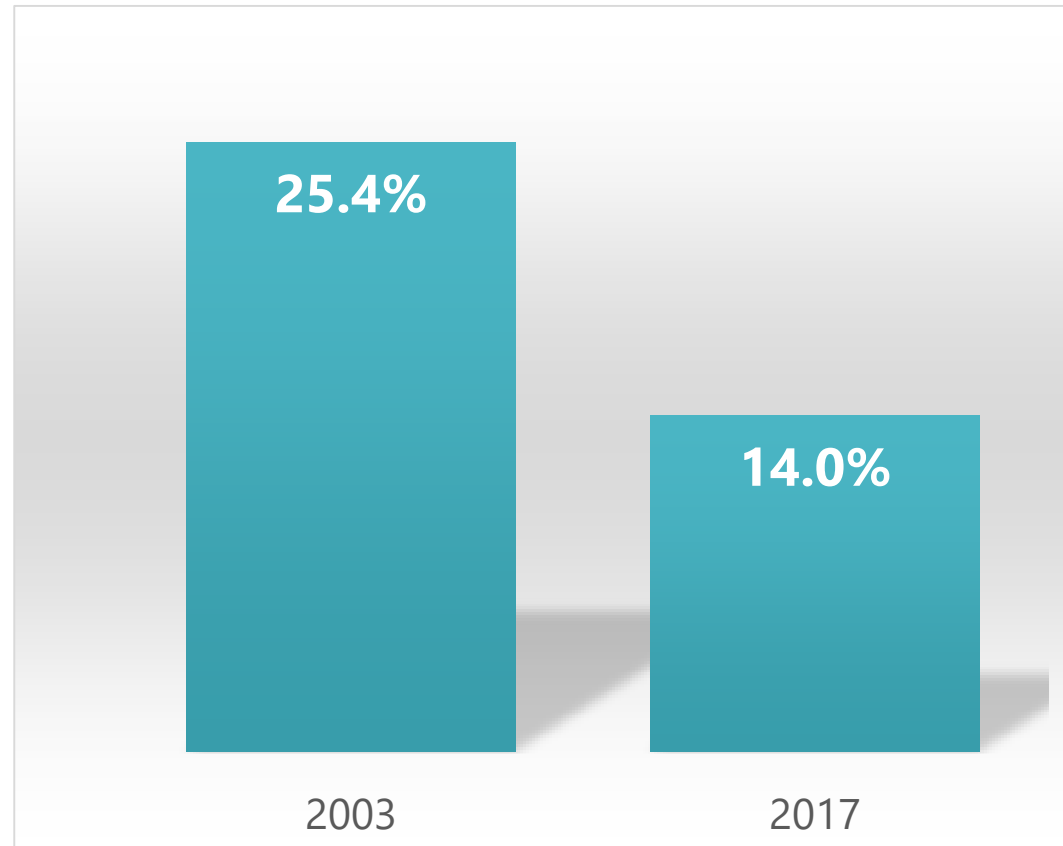


Current Alcohol Use (past 30 days) among North Dakota High School Students

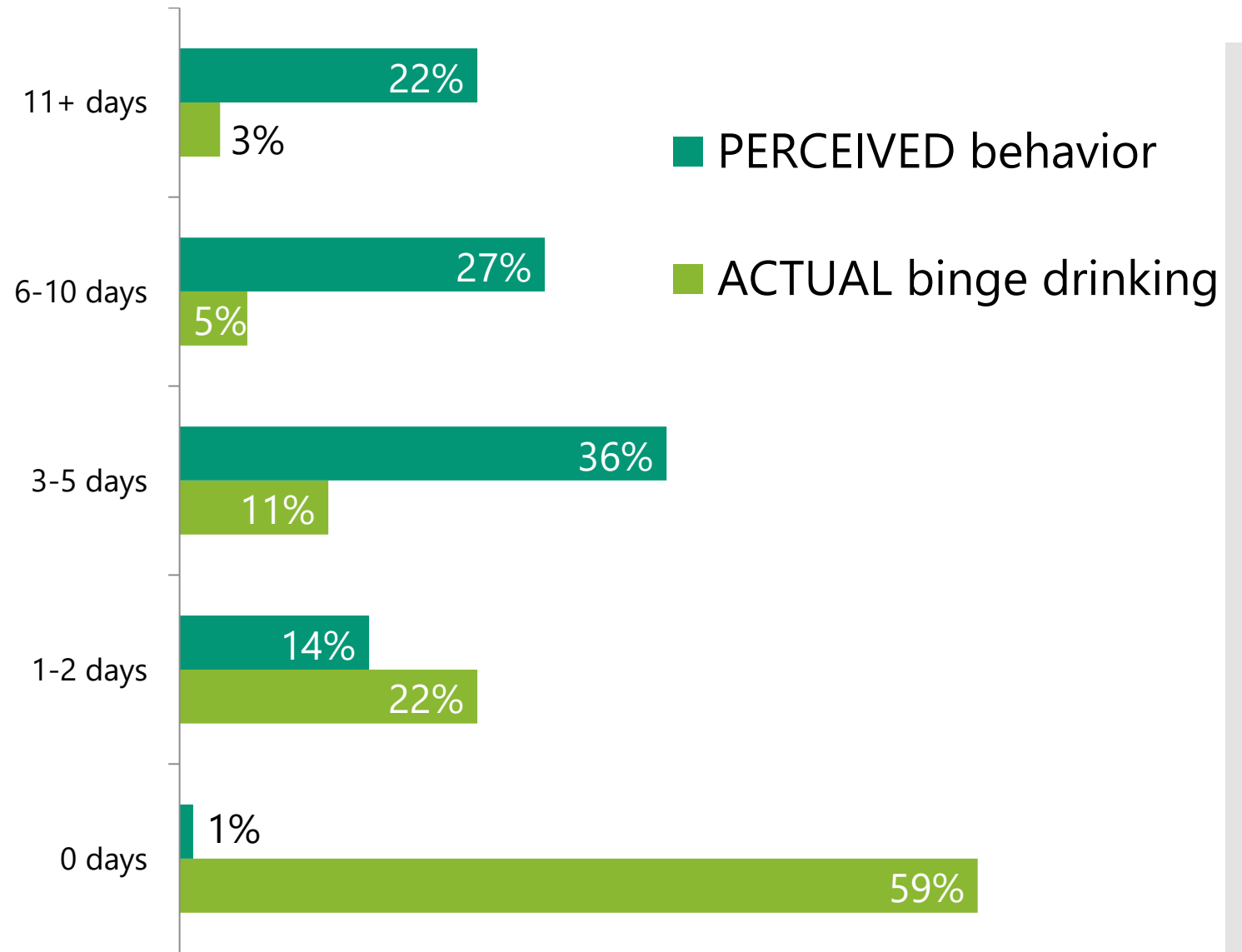


ND High School Students Report First Use of Alcohol Before Age 13

Individuals who start drinking before the age of 15 are **four times** more likely to have an alcohol use disorder (than those who start drinking at the age of 21).



Perceived verses Actual binge drinking* behavior in the past 30 days



*Binge Drinking: 5 or more drinks on an occasion or in a row.

SUBSTANCE USE



IN NORTH DAKOTA

DATA BOOK 2019



NORTH DAKOTA
**BEHAVIORAL
HEALTH**



www.sund.nd.gov

An aerial photograph of a lush, green landscape featuring rolling hills and valleys. The terrain is covered in dense vegetation, with some rocky outcrops visible. The sky is filled with soft, white clouds. A semi-transparent green overlay is applied to the entire image, creating a monochromatic effect. The text is centered in the upper half of the image.

THE ROADMAP

BEGINNING TRANSFORMATION

TIMELINE

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)*

North Dakota Behavioral Health System 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.”

North Dakota Behavioral Health System Study



BEHAVIORAL HEALTH SYSTEM STUDY TIMELINE



APRIL 2018 BEHAVIORAL HEALTH SYSTEM STUDY

Served as a component of interim legislative committee studies during the 65th Legislative Interim. This report presents the findings from the North Dakota Comprehensive Behavioral Health Systems Analysis, conducted by the Human Services Research Institute (HSRI) for the North Dakota Department of Human Services' Behavioral Health Division.

The 250-page report provides more than 65 recommendations in 13 categories. This set of recommendations is intentionally broad and far-reaching; it is not expected, nor suggested, that stakeholders in North Dakota endeavor to implement all these recommendations at once.

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 Behavioral Health System Study RECOMMENDATIONS

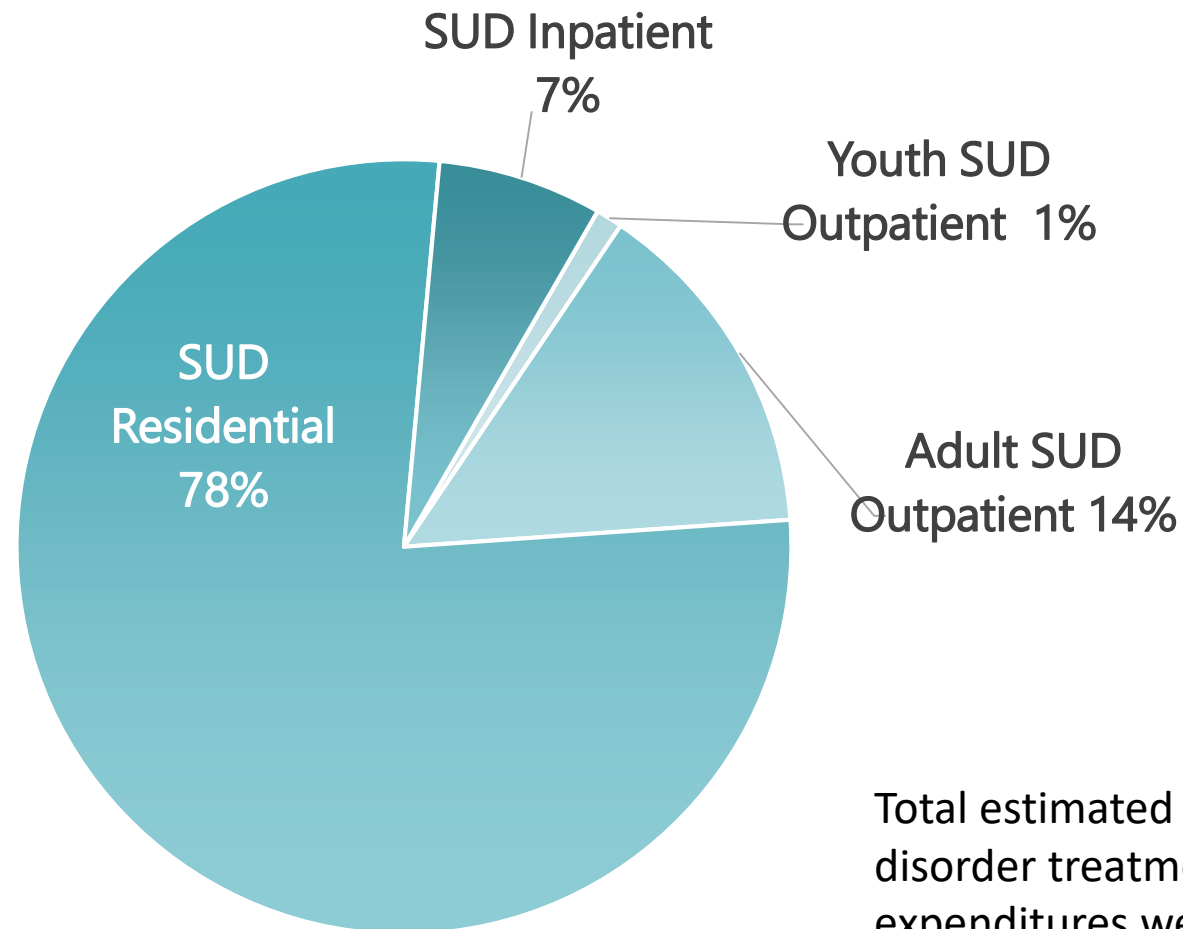
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For more
information
about BH in
ND visit:

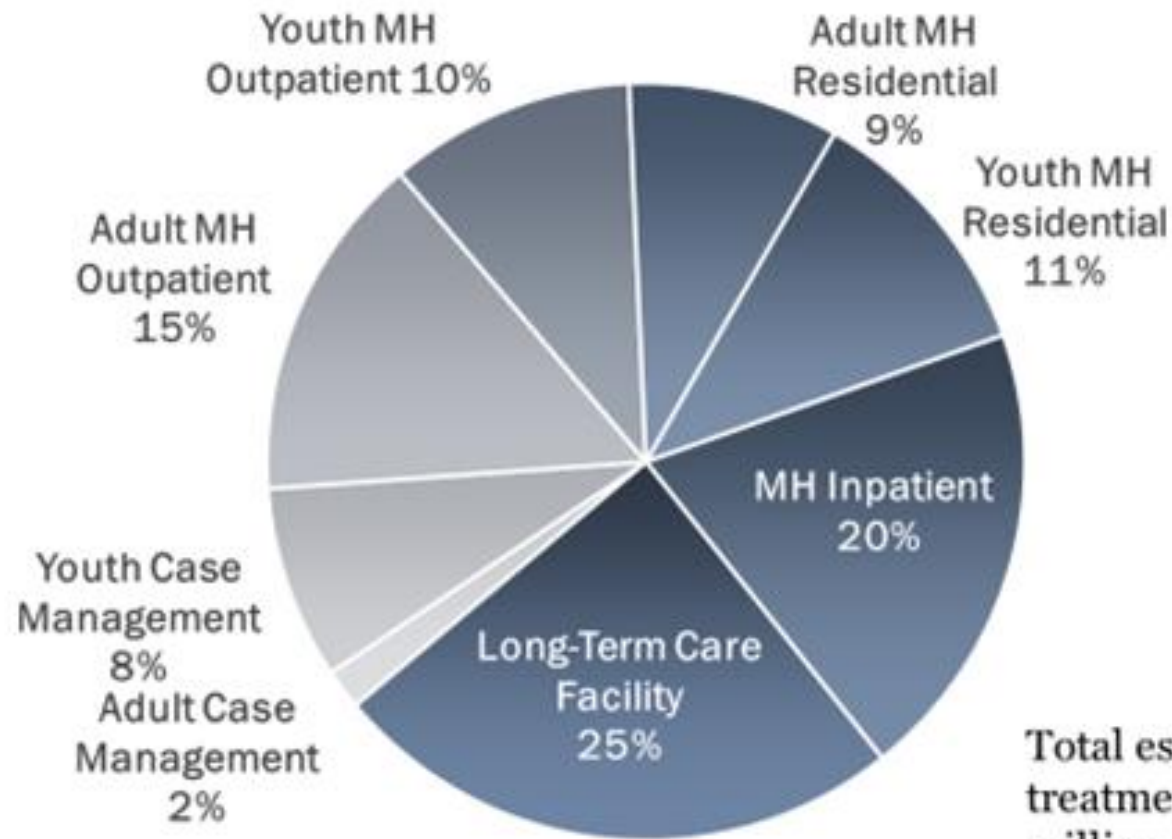
<https://www.hsri.org/NDvision-2020>

Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.



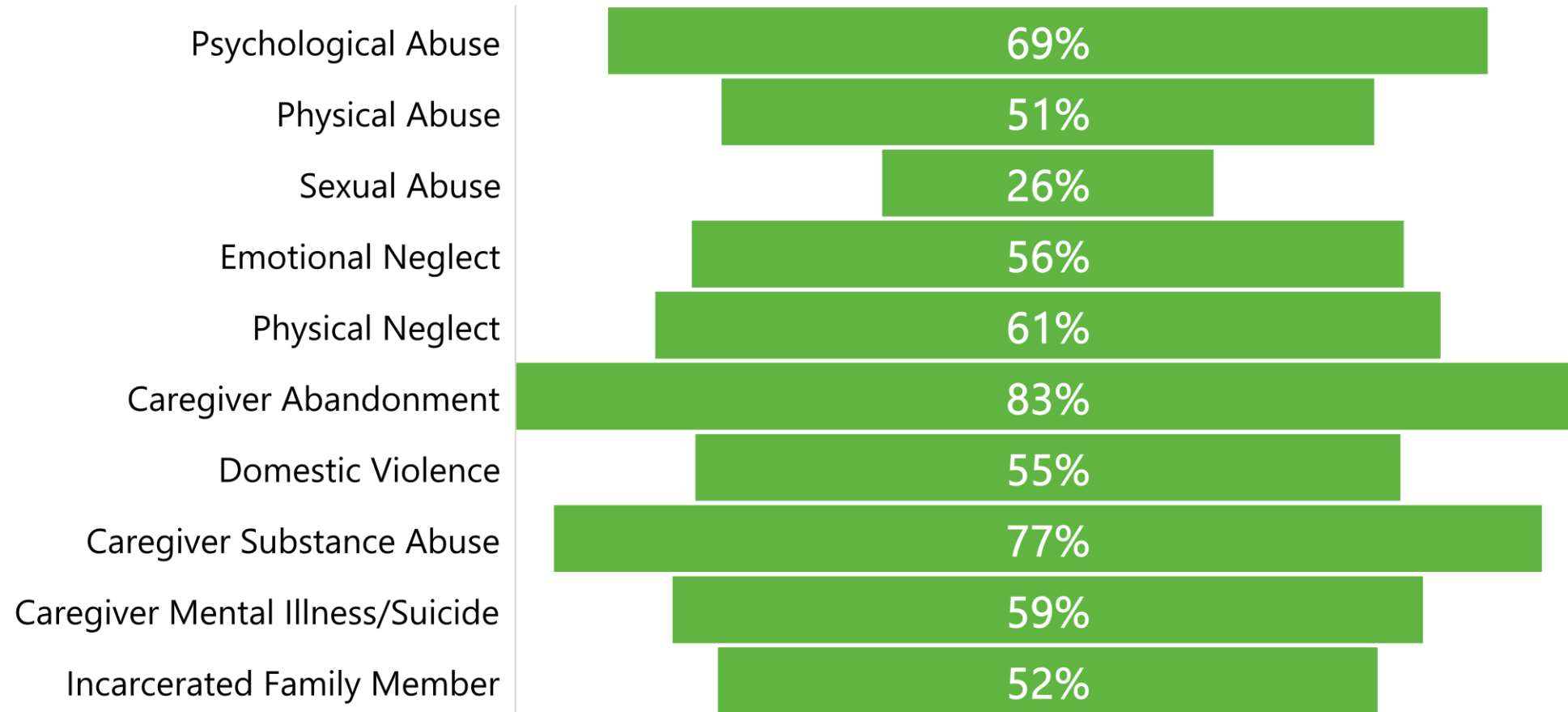
Total estimated substance use disorder treatment expenditures were \$19 million

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

A high proportion of foster care children and youth admitted in 2016 and 2017 had indicated adverse childhood events.



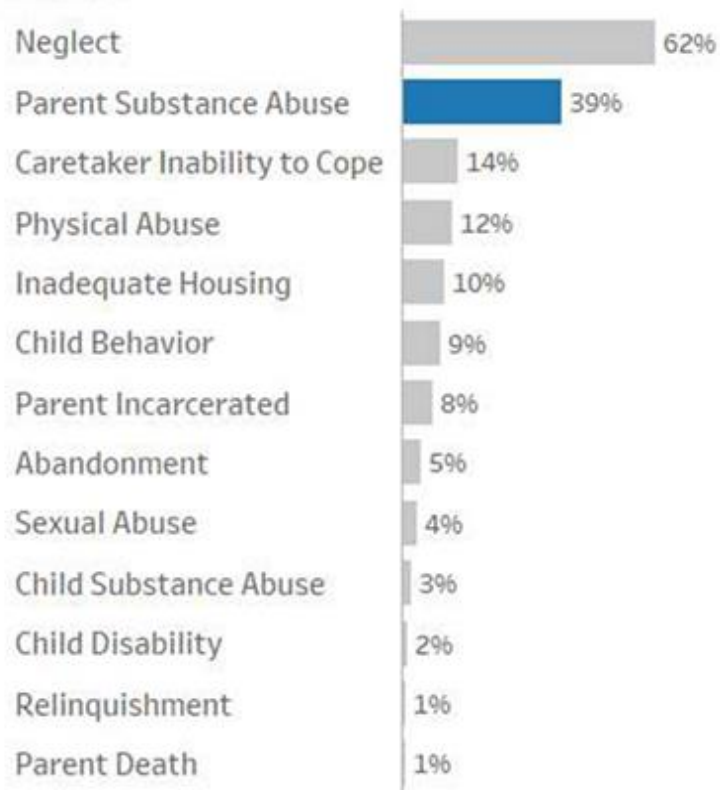
42% of children removed from their home was because of parent substance abuse.

Removal reasons

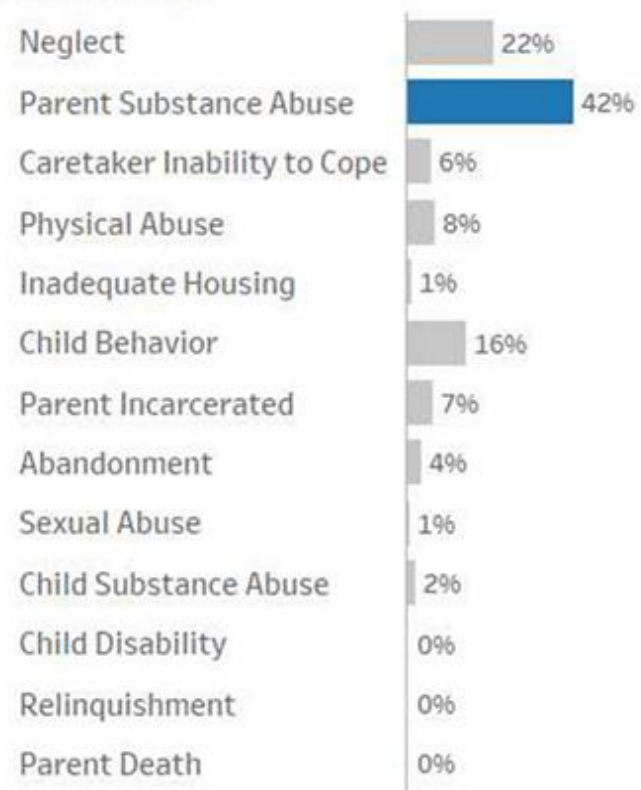
Percent of children entering care for each removal reason

(note: multiple reasons may be selected for a single child, Federal Fiscal Year 2017)

National



North Dakota



Data source: state-submitted AFCARS data

Percent of children entering care for each removal reason.
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.

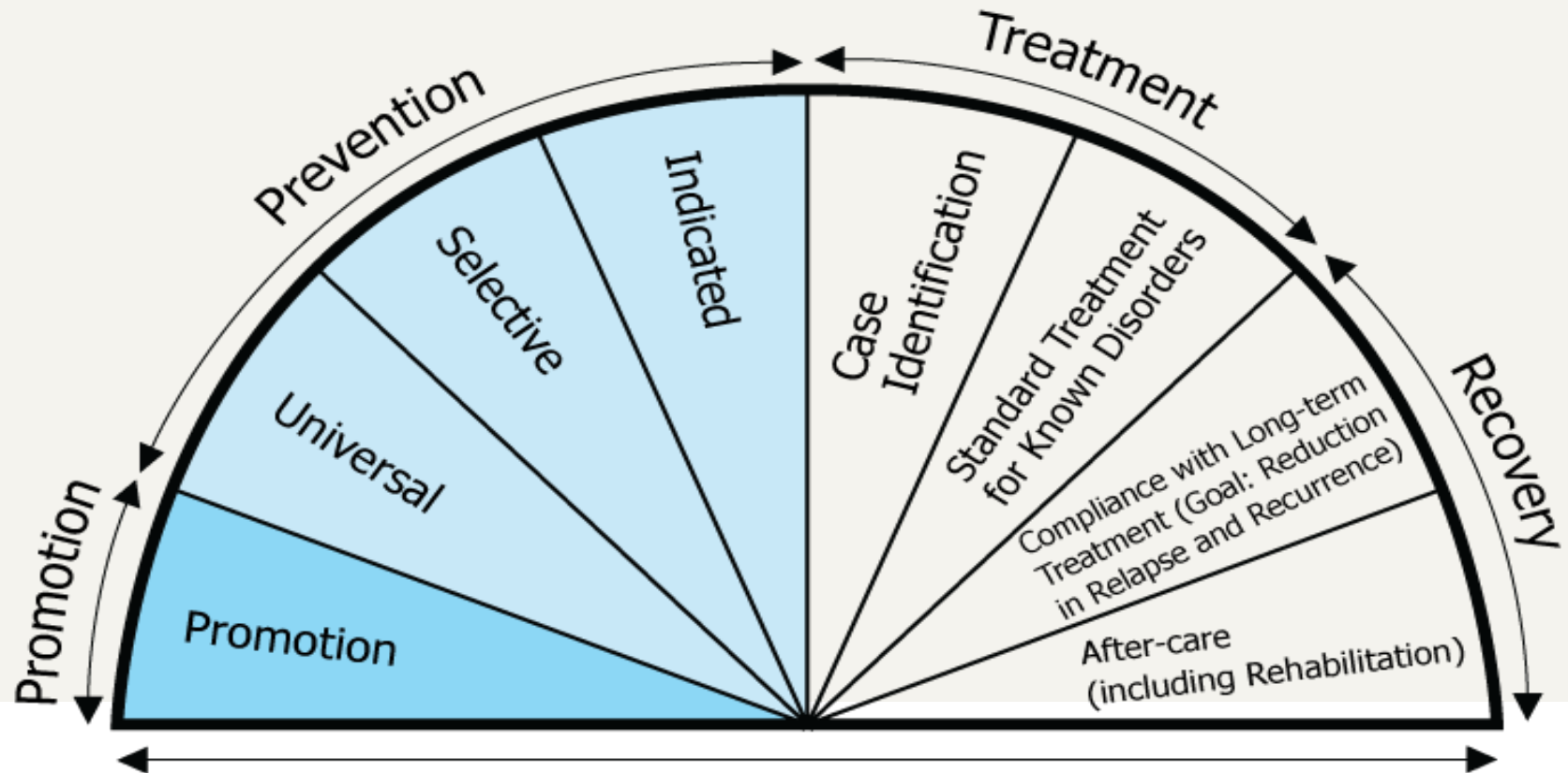
Recent loss of grandmother and suicidal ideation led to an emergency department visit.

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.

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



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.



EARLY INTERVENTION



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.

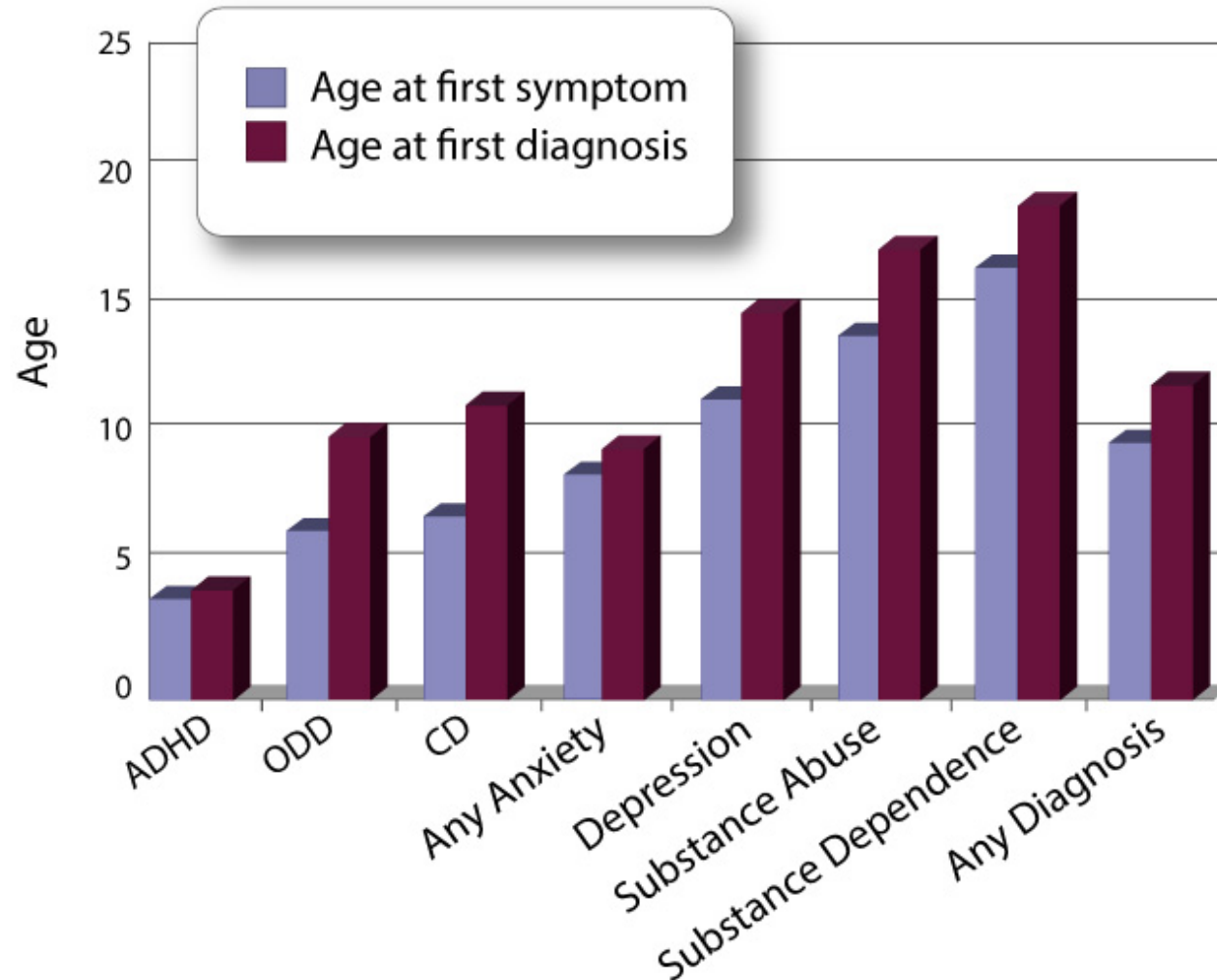


EARLY INTERVENTION



- 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

WINDOWS OF OPPORTUNITY



Intervening during windows of opportunity—**CAN** prevent the disorder from developing.





TREATMENT

TREATMENT

- These clinical services are for people diagnosed with a behavioral health disorder.



RECOVERY

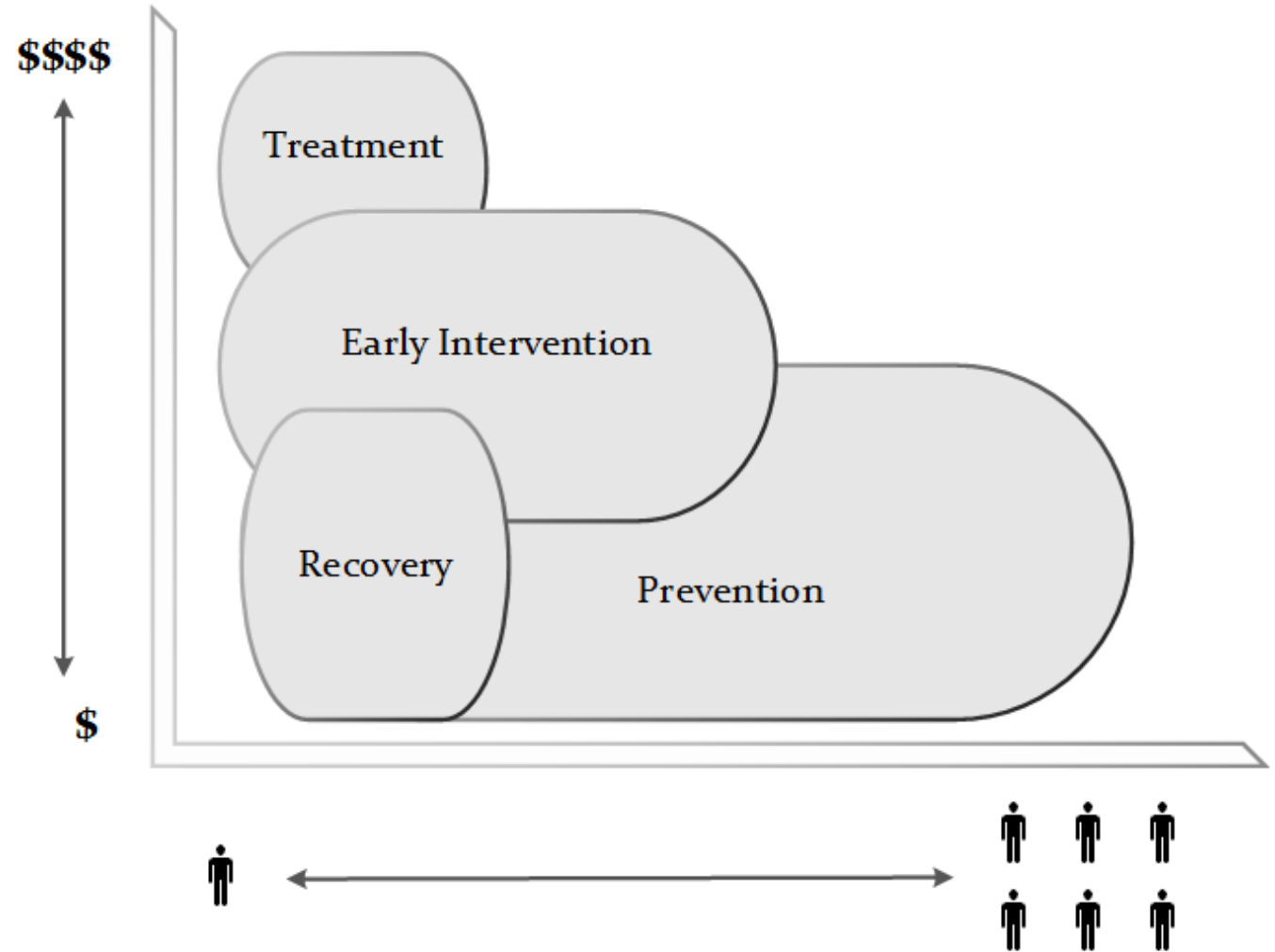


RECOVERY

- These services support individuals' abilities to live meaningful, productive lives in the community.



Return on Investment



A photograph of a field of sunflowers with a teal overlay. The sunflowers are in various stages of bloom, with some showing their dark brown heads and bright yellow petals. The background is a soft-focus field of more sunflowers under a clear sky. The text is overlaid on the left side of the image.

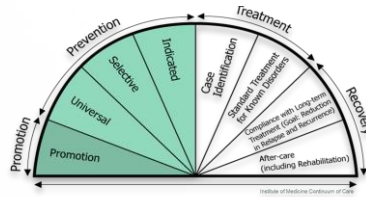
WHAT'S NEW AND BEHAVIORAL HEALTH



LEGISLATIVE UPDATES

Behavioral Health

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

SB 2012 SECTION	PROGRAM/SERVICE	DIVISION BUDGET
1	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)	Behavioral Health Division
	Parents Lead	Behavioral Health Division
	Mental Illness Prevention (previously 2028)	Behavioral Health Division
	Recovery home grant program	Behavioral Health Division
	Maintain trauma-informed practices network (funding moved from SB 2291)	Behavioral Health Division
	Suicide prevention transfer from Department of Health	Behavioral Health Division
	Statewide Behavioral Health Crisis Services	Field Services Division
4	Peer Support certification (previously SB 2032)	Behavioral Health Division
5	Community Behavioral Health Program (expansion of Free Through Recovery; previously SB 2029)	Behavioral Health Division
18	IMD, Bed Capacity, and Medicaid waiver (1115) Study	Field Services Division
21	School Behavioral Health Grants (previously 2300)	Behavioral Health Division
22	School Behavioral Health Program	Behavioral Health Division
38	Expansion of Targeted Case Management – youth with SED (previously 2031)	Medical Services
39	Expansion of Targeted Case Management – adults with SMI (previously 2031)	Medical Services
40	Withdrawal management coverage in Medicaid	Medical Services
41	1915i Medicaid State Plan Amendment (adults and youth [previously 2298])	Medical Services
45	Sustain HSRI Behavioral Health Study Implementation support (previously SB 2030)	Behavioral Health Division

Expand access to community-based behavioral health supports through 1915i Medicaid State Plan Amendment

For persons who qualify, services proposed under this 1915i Medicaid State Plan amendment include supports for housing, employment, education, transitions out of homelessness or institutional living, and peer support.

- **Housing supports** include tenancy support services to help individuals access and maintain stable housing in the community; employment supports include individualized services to assist individuals to obtain and keep competitive employment at or above the minimum wage.
- **Educational supports** assist persons who want to continue their education or formal training with a goal of achieving skills necessary to obtain employment.
- **Transition supports** include coverage for goods and services specified in an individual's person-centered plan to address barriers to recovery and to support community integration and may include: security deposits, furniture and transportation.
- **Peer supports** include services delivered by trained and certified individuals who have experience as recipients of behavioral health services and share personal, practical experience, knowledge and first-hand insight to benefit service users.

<https://www.behavioralhealth.nd.gov/1915i>

Funding these community-based services and supports through Medicaid has the advantage of leveraging existing payor infrastructure while securing over 50% federal match for services.



Other Behavioral Health- Related Bills

House Bill 1100

Licensing Fees

PASSED

- Passed House (13-0-1) (83-7)
- Passed Senate (6-0) (45-0)

50-06-01.7.

The behavioral health division **may establish nonrefundable application fees not to exceed three hundred dollars for administration and enforcement of licensing and certification activities.** The department shall adopt rules as necessary to implement this section. All fees collected under this section must be paid to the behavioral health division and must be used to defray the cost of administering and enforcing licensing and certification activities.

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.

Options for Providing Methadone Treatment for Individuals with an Opioid Use Disorder

Opioid Treatment Program (OTP)	Medication Unit (MU)	Mobile Methadone Unit (MMU)
SETTING	SETTING	SETTING
Permanent clinic location Community involved in identifying location Permanent security measures approved by DEA*	Permanent clinic location Community involved in identifying location Permanent security measures approved by DEA*	Van or RV able to travel to different geographical locations Community involved in identifying location Returns each day to Home OTP location
SERVICES PROVIDED	SERVICES PROVIDED	SERVICES PROVIDED
Medication dispensing Drug screens administration Counseling appointments Medical appointments with prescriber Case management	Medication dispensing Drug screens administration	Medication dispensing Drug screens administration Counseling appointments
STATE REGULATIONS	STATE REGULATIONS (PROPOSED)	STATE REGULATIONS
Certificate of Need Federal requirements completed Substance Use Disorder Treatment Program license OTP license	Certificate of Need Federal requirements completed Home site holds Substance Use Disorder Treatment Program license Home site holds OTP license Medication Unit license	Not currently allowed
FEDERAL REGULATIONS	FEDERAL REGULATIONS	FEDERAL REGULATIONS
DEA* Registration SAMHSA** Certification Accreditation	DEA* Registration Home site holds SAMHSA** Certification Home site holds accreditation	Moratorium in place for future MMU DEA* working to develop regulations
HOME BASED SETTING FOR		
Medication Unit (MU) Mobile Methadone Unit (MMU)		

Requested in HB 1103

NDCC 50-31

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.

Senate 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.

Senate Bill 2240

References to Substance Use Disorders

PASSED

- Passed Senate (6-0) (47-0)
- Passed House (12-2-0) (72-18)

Removes “habitual drunkard”

Senate Bill 2246

Public Intoxication

PASSED

- Passed Senate (6-0) (47-0)
- Passed House (11-0-3) (91-0)

5-01-05.1

As used in this section "intoxicated" means a state in which an individual is under the influence of alcoholic beverages, drugs, or controlled substances, or a combination of alcoholic beverages, drugs, and controlled substances.

Senate Bill 2149

Behavioral Health Resource Coordinators

PASSED

- Passed Senate (7-0) (44-3)
- Passed House (14-0) (86-4)

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.

Senate Bill 2313

Children's System of Services and Cabinet

PASSED

- Passed Senate (5-0-1) (44-0)
- Passed House (14-0) (81-9)

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.

Senate Bill 2313

Children's System of Services and Cabinet

PASSED

- Passed Senate (5-0-1) (44-0)
- Passed House (14-0) (81-9)

50-06
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.

50-06
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.

A bison is grazing in a field of tall grass. In the background, there are rolling green hills under a clear blue sky. The text is overlaid on the top half of the image.

ND BEHAVIORAL HEALTH KEYS FOR TRANSFORMATION

- Children & Families



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.



TWO DIFFERENT SYSTEMS

BEHAVIORAL HEALTH & EDUCATION

**LANGUAGE
MATTERS**

EDUCATION

Multi-tiered System of
Support (MTSS)

BEHAVIORAL HEALTH

Continuum of Care

**Behavioral
Health**



**Special
Education**

**Special
Education**

A Venn diagram consisting of two overlapping circles. The left circle is a dark teal color and contains the text 'Special Education'. The right circle is a grey color and contains the text 'Behavioral Health Need'. The overlapping area in the center is a darker shade of teal.

**Behavioral
Health
Need**



WHO DECIDES THE WHY?

**Behavioral
Health
Professionals**

**Special
Education
Professionals**

NORTH DAKOTA

BEHAVIORAL HEALTH

conference

SAVE THE DATE

November 13-15, 2019

Bismarck Event Center

More information coming soon!

Thank You

Questions?





OVERVIEW

Behavioral Health Division

The Behavioral Health Division is a policy division, with responsibilities outlined in NDCC 50-06-01.4

1

Reviewing and identifying service needs and activities in the state's behavioral health system in an effort to:

- ensure health and safety,
- access to services, and
- quality services.

2

Establishing quality assurance standards for the licensure of substance use disorder program services and facilities

3

Providing policy leadership in partnership with public and private entities

COMMUNITY BEHAVIORAL HEALTH PROMOTION




1. Increase implementation of effective prevention statewide^{2/3/10}



2. Decrease underage drinking²



3. Decrease adult binge drinking and related consequences²



4. Decrease opioid misuse and overdose²



5. Develop early intervention capacity^{2/3}



Community and Tribal Efforts

Training and Technical Assistance
(Substance Abuse Prevention and Treatment Block Grant)

Youth Tobacco Enforcement (Synar)

Early Intervention (MIP/DUI)


Parents Lead

Statewide Campaigns
(Stop Overdose, Lock. Monitor. Take Back, Speak Volumes)


CHILDREN'S BEHAVIORAL HEALTH


 1. Increase capacity for community-based services^{3/4/8/10}

 2. Improve family-driven services and supports⁵

 3. Develop early intervention capacity^{2/3}

 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

Adolescent Residential Treatment

(Substance Abuse Prevention and Treatment Block Grant)

Regulation of Youth Residential Psychiatric Facilities (PRTF)

Prevention of Out-of-Home Placement for Children

(Voluntary Treatment Program [VTP])

Behavioral Health and Education

(Children's Prevention and Early Intervention School Behavioral Health Pilot)

Children with Serious Emotional Disturbance Programs

(Mental Health Block Grant)

Systems for Individuals with a First Episode of Psychosis

(Mental Health Block Grant)

ADDICTION PROGRAM AND POLICY

 1. Improve access to quality services^{3/4/8/10}

 2. Develop and enhance recovery support services⁴

 3. Develop early intervention capacity^{2/3}

 4. Stop shame and stigma surrounding addiction¹⁰

 5. Develop diversion capacity and support individuals with substance use disorder in the justice system⁶

Peer Support

Free Through Recovery

Military and Behavioral Health

Pregnant and Parenting Women Treatment Programming
(Substance Abuse Prevention and Treatment Block Grant)

Tribal Treatment and Recovery Supports
(Substance Abuse Prevention and Treatment Block Grant)

Medication Assisted Treatment (Opioid Treatment Programs)

Withdrawal Management

Recovery Supports

Substance Use Disorder (SUD) Voucher Payment System


Regulation of Substance Use Disorder Treatment Facilities


MENTAL HEALTH PROGRAM AND POLICY

 **1. Increase capacity for community-based services**
3/4/8/10/12

 **2. Develop and enhance recovery support services⁴**

 **3. Develop early intervention capacity^{2/3}**

 **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**

Adult Mental Health Programs
(Mental Health Block Grant)

Peer Support

Free Through Recovery

Military and Behavioral Health

Mental Illness and Homelessness
(PATH Grant)

Brain Injury Programs

Problem Gambling Programs

Disaster Crisis Counseling



KEY INITIATIVES

Behavioral Health



RECOVERY SUPPORT

Available 24·7

1.844.44.TALK2

NORTH
Dakota
Be Legendary.™

Behavioral Health
HUMAN SERVICES





Ask

Ask the question "Are you thinking about suicide?"



Keep Them Safe

Find out a few things to establish immediate safety.



Be There

Be physically present for someone or speak with them on the phone.



Help Them Connect

Connect them with community resources.

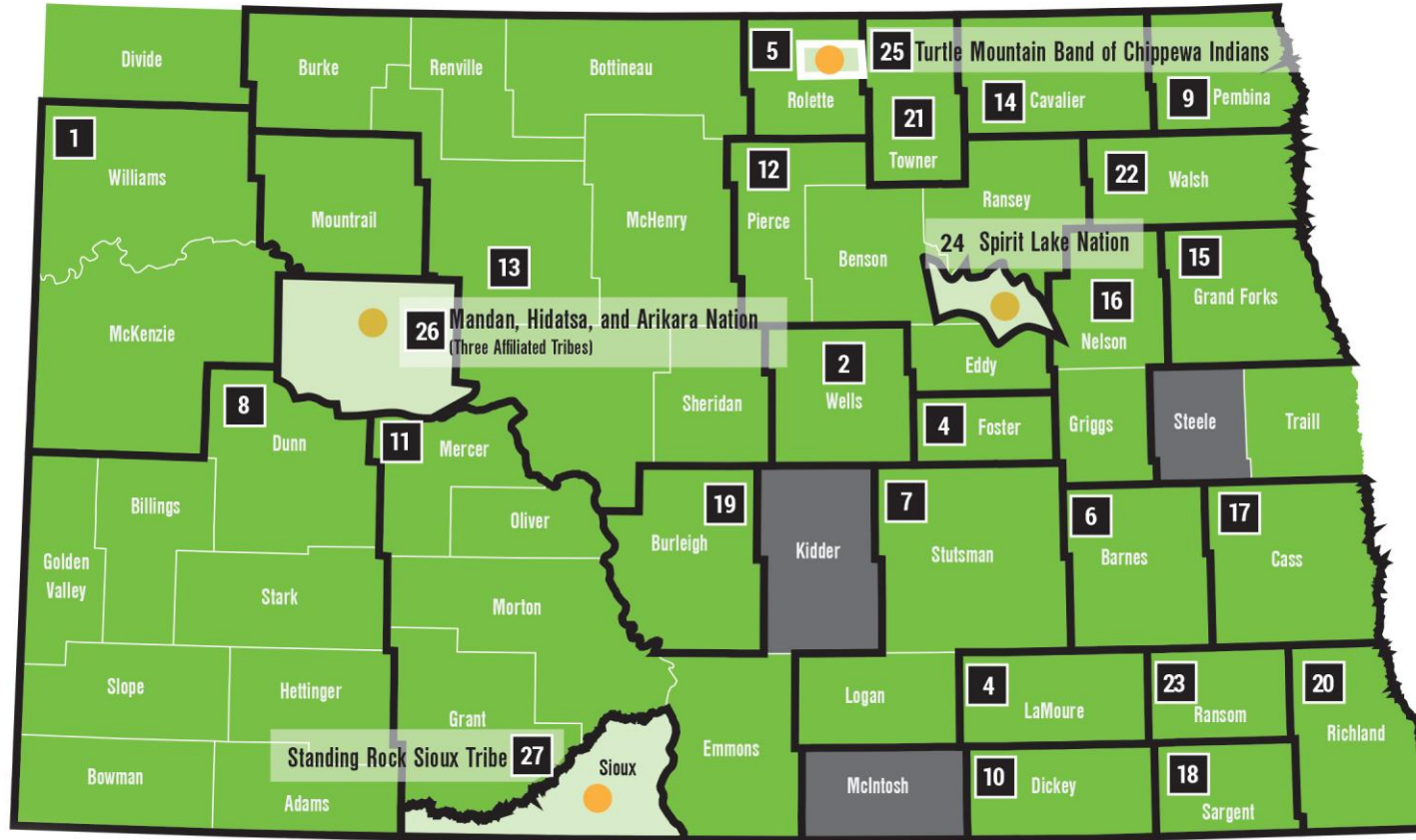


Follow Up

Follow-up with them to see how they're doing.

Substance Abuse Prevention Community Funding Distribution

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES' BEHAVIORAL HEALTH DIVISION



[North Dakota Behavioral Health](#) awards over \$3 million to local public health units and tribes across the state to support community-level efforts addressing underage drinking, adult binge drinking prevention and efforts addressing opioid misuse and opioid use disorder prevention, treatment and recovery (through August 2020).

State Opioid Response (SOR) Grant

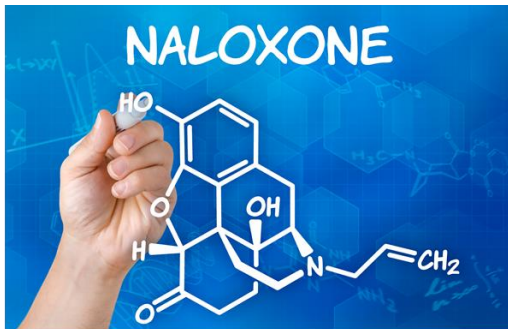
North Dakota Department of Human Services' Behavioral Health Division awarded \$4,000,000 for year 1 and \$4,000,000 for year 2.

(an additional \$2,000,000 was awarded May 2019)

YEAR 1: October 1, 2018 – September 30, 2019

YEAR 2: October 1, 2019 – September 30, 2020

Goals:



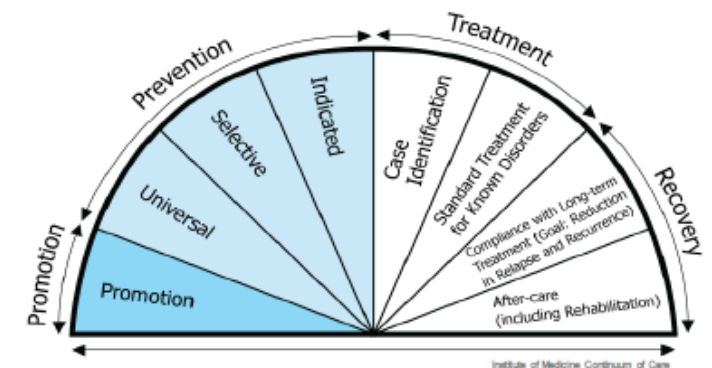
Prevent opioid overdose-related deaths



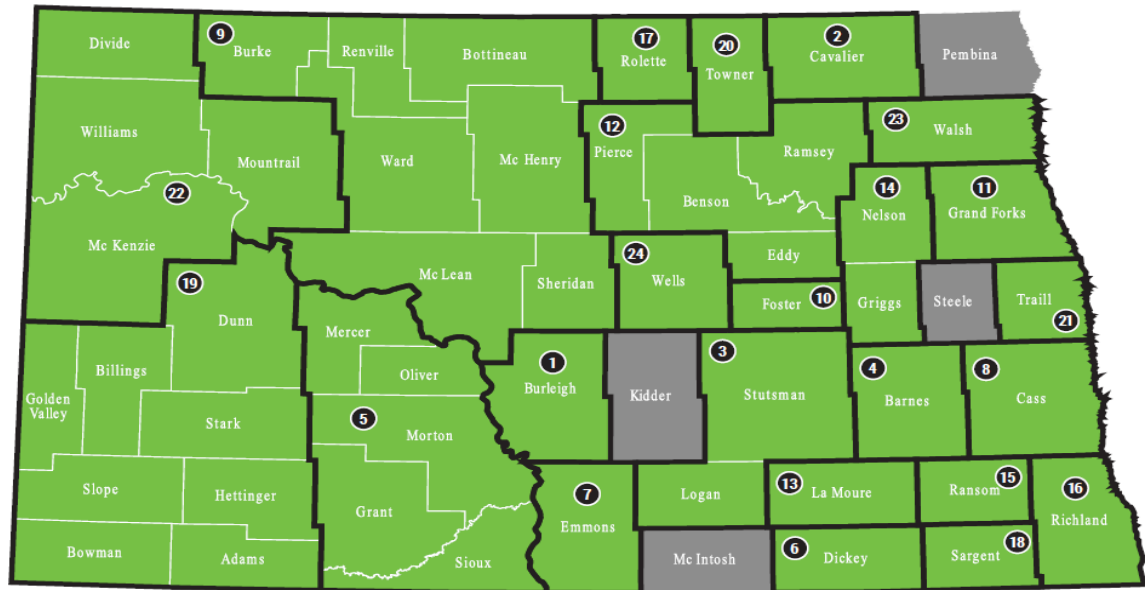
Increase access to medication-assisted treatment (MAT)



Increase capacity of recovery support services to support individuals with an OUD



State Opioid Response (SOR) Grant Efforts



- | | | |
|------------------------------------|---|--|
| 1. Bismarck Burleigh Public Health | 9. First District Public Health Unit | 17. Rolette County District Health Unit |
| 2. Cavalier County Health District | 10. Foster County Health Unit | 18. Sargent County District Health |
| 3. Central Valley Health District | 11. Grand Forks Public Health Unit | 19. Southwestern District Health Unit |
| 4. City County Health District | 12. Lake Region District Health Unit | 20. Towner County Public Health District |
| 5. Custer Health District | 13. LaMoure County Public Health Department | 21. Traill District Health Unit |
| 6. Dickey County Health District | 14. Nelson-Griggs District Health Unit | 22. Upper Missouri District Health Unit |
| 7. Emmons County Public Health | 15. Ransom County Public Health Department | 23. Walsh County Health Department |
| 8. Fargo Cass Public Health | 16. Richland County Public Health Unit | 24. Wells County Public Health |





With the passage of Senate Bill 2048 during the 64th Legislative Session the Department of Human Services (DHS) was appropriated funding to administer a voucher system to pay for substance use disorder treatment services. The Department's Behavioral Health Division was assigned the responsibility to develop administrative rules and implement the voucher system.

The SUD Voucher program was established to address barriers to treatment and increase the ability of people to access treatment and services for substance use disorders.

GOAL ONE

Allow individual to choose provider

Objective 1.1
Increase number of providers and service options.

Objective 1.2
Service options are communicated to individuals.

GOAL TWO

Improve access to quality services

Objective 1.1
SUD Voucher providers provide evidence-based services based on individual need.

Objective 1.2
Reduce financial barriers for individuals accessing needed services.

FUNDING

2015-2017 Biennium:

\$750,000 allocated from general fund for the SUD Voucher. However, this was reduced to \$375,000 as part of the allotment. The Voucher Program was launched in July 2016 and guidance was provided to all treatment programs. Expenditures from July 2016 through June 30, 2017 totaled \$252,294.

2017-2019 Biennium:

Approximately \$5 million allocated for the SUD Voucher. Expenditures from July 1, 2017 through December 31, 2018 total \$3.9 million.

IMPLEMENTATION

As of December 2018, 14 providers have been approved and two providers are in process of becoming approved.

The Division receives an average of 94 voucher applications and 138 authorization requests for new services per month.

Since inception of the SUD Voucher Program (July 2016), 1,782 individuals have been approved for services.

Substance Use Disorder (SUD) Voucher

- Individuals Served as of October 31, 2019:
 - Total of individuals served since inception: **3,892**
 - Of the 3,892 - 336 people serviced more than 1 time
 - This biennium, **660 new individuals** received the voucher
- **\$7,997,294** allocated for biennium
- Total expended through October 31, 2019: **\$1,696,790**
- 22 providers (all regions of the state included)

PARENTS LEAD

PARENTS LEAD.ORG

STAY CONNECTED
f @ parentslead.org

ABOUT 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
Of parents and caregivers exposed to Parents Lead:

 ONGOING CONVERSATIONS OUTCOME: Nearly 60% (57.5%) are having increased ongoing conversations about behavioral health.	 EFFECTIVE MONITORING OUTCOME: 40.4% are being more careful about monitoring their children.
 POSITIVE ROLE-MODELING OUTCOME: Almost half (47.9%) are being more conscious of role-modeling around their children.	 SUPPORT AND ENGAGEMENT OUTCOME: Over 40% (41.5%) are spending more quality time with 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 substance use prevention efforts, including restoration of funding for the Parents Lead program (Recommendation 2.2).

©BHD Parents Lead Parent Survey, 2018



NORTH
Dakota Be Legendary.™

Corrections and Rehabilitation

F R E E T H R O U G H

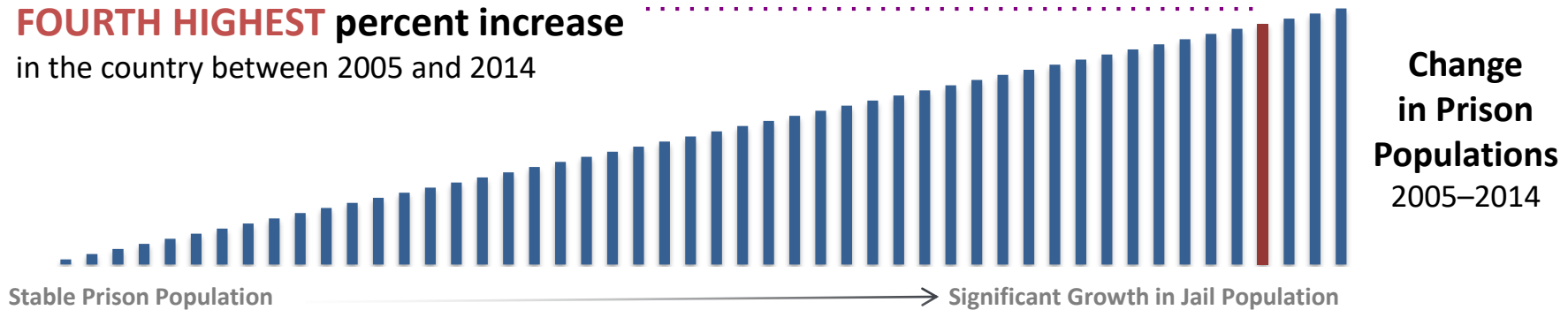
Recovery

NORTH
Dakota | Behavioral Health
Be Legendary.™ HUMAN SERVICES

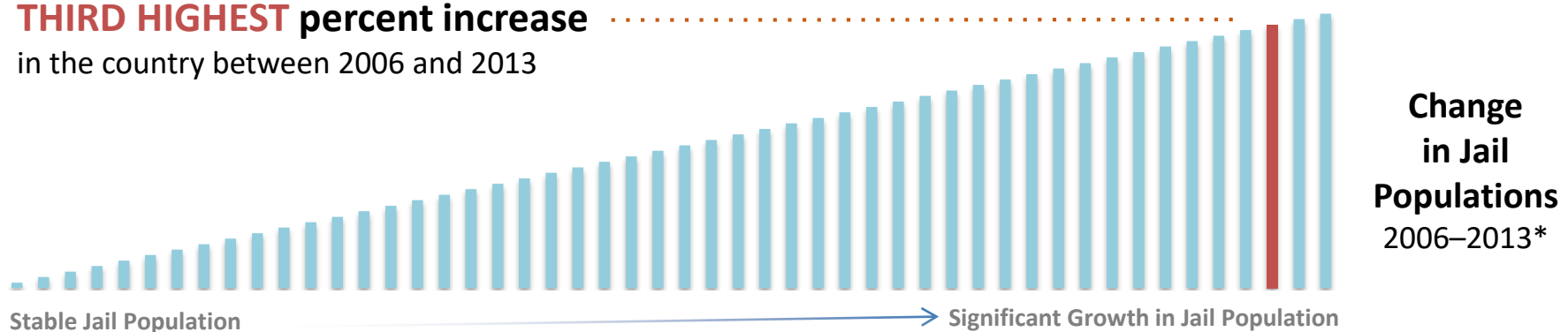
1

North Dakota's jail and prison populations are experiencing some of the largest rates of growth in the country

The North Dakota prison population had the **FOURTH HIGHEST percent increase** in the country between 2005 and 2014



The North Dakota jail population had the **THIRD HIGHEST percent increase** in the country between 2006 and 2013

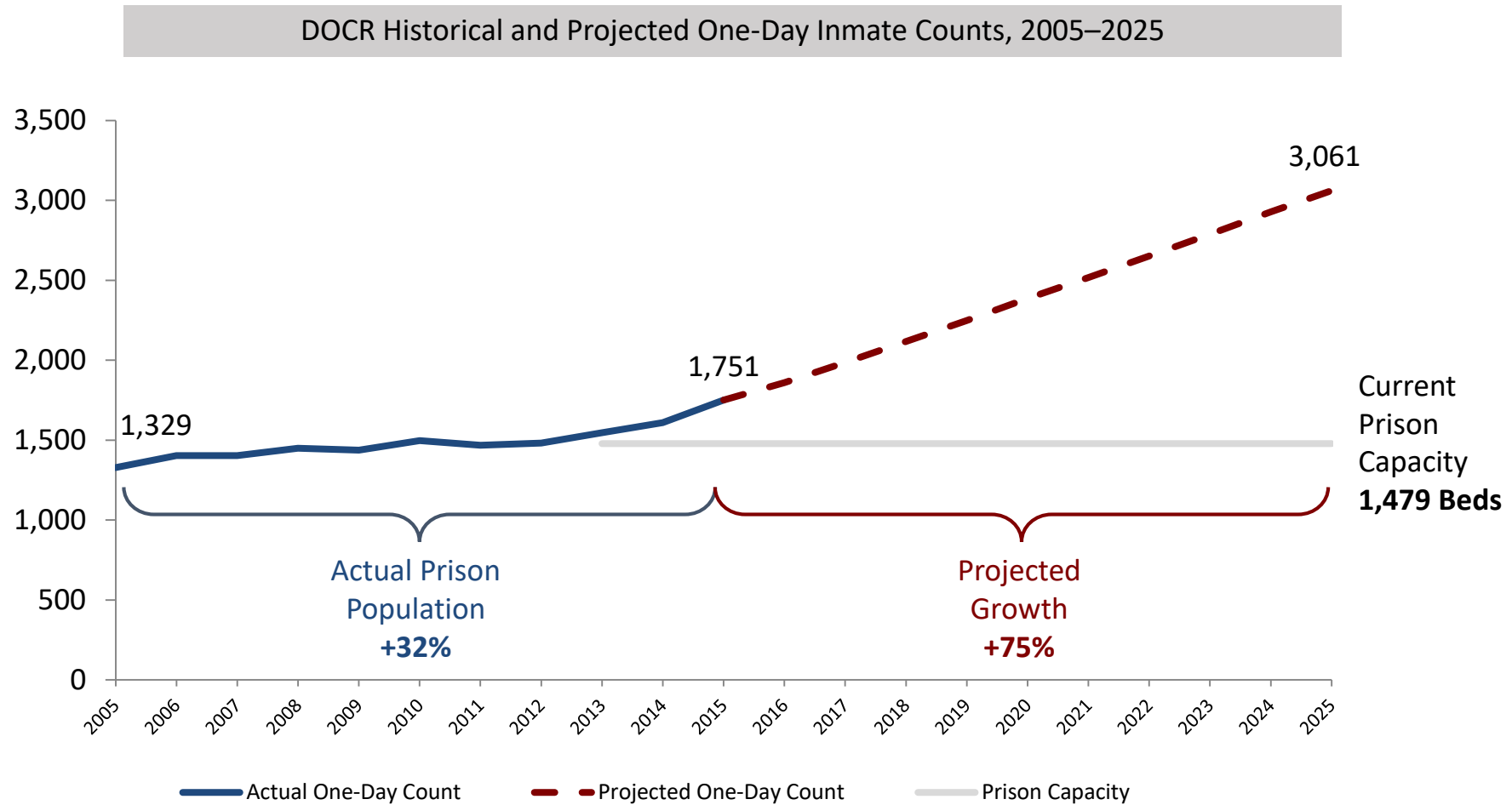


*The 2006–2013 timeframe is the most recent data available for national data comparisons on jail populations.

Source: U.S. Department of Justice, Bureau of Justice Statistics (BJS) Census of Jails: Population Changes, 1999–2013 (Washington DC: BJA, 2015). Excludes the unified jail and prison systems in Alaska, Connecticut, Delaware, Rhode Island, Hawaii, and Vermont. BJS, "Correctional Statistical Analysis Tool (2005–2014)," retrieved on January 21, 2016, from <http://www.bjs.gov/index.cfm?ty=nps>.

2

The state's correctional system is at capacity and is forecasted to grow significantly over the next decade

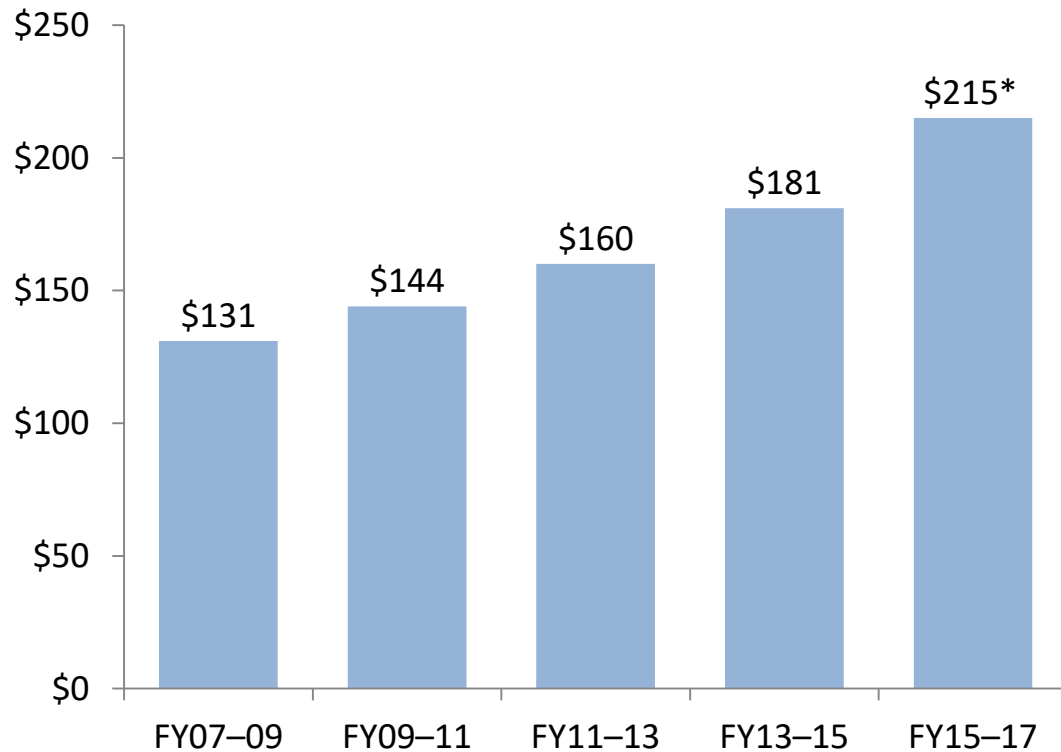


DOCR one-day inmate population snapshots for 2005–2007 are as of January 1 of each fiscal year. DOCR one-day inmate population snapshots for 2008–2015 and one-day inmate population projections for 2016–2025 are as of the last day of each fiscal year (June 30). Source: Email correspondence between CSG Justice Center and DOCR, 2015 and 2016.

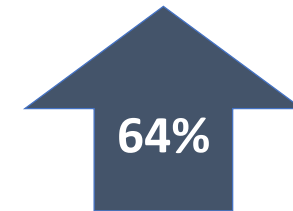
3

Without action, public safety dollars will be consumed trying to keep up with growth rather than investing in crime and recidivism-reduction strategies

General Fund Corrections Appropriations (in millions), FY2007–2017



Corrections Spending Increase, FY07–09 to FY15–17



The FY2009–11 state budget provided **\$64 million** (\$22.5 million from the General Fund) for construction and renovation at the North Dakota State Penitentiary.

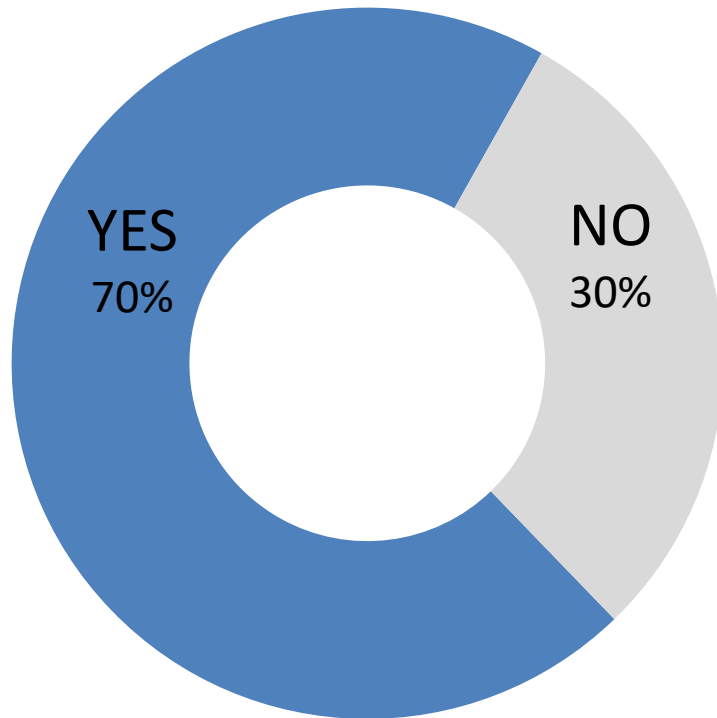
DOCR also receives special funding allocations.

**Budgeted, not spent for 2016 and 2017.*

Biennial budgets run on a two-year cycle. Budget information cited here is from July 1, 2003 to June 30, 2005 and the most recent running from July 1, 2013 to June 30, 2015. Source: DOCR, Biennial Report 2003–2005. (Bismarck: DOCR, 2005); DOCR, Biennial Report 2013–2015. Actual General Fund appropriations were \$83,458,031 for 2005 and \$178,475,785 for 2015.

A majority of judges have sentenced individuals to prison in order to connect them with mental health or alcohol and drug programming

Have you ever sentenced someone to prison in order to connect him/her with needed mental health, alcohol or drug addiction programming, or other treatment even when he/she is not considered high risk?



Judges noted that these sentences are reserved for specific instances with extenuating circumstances, such as:

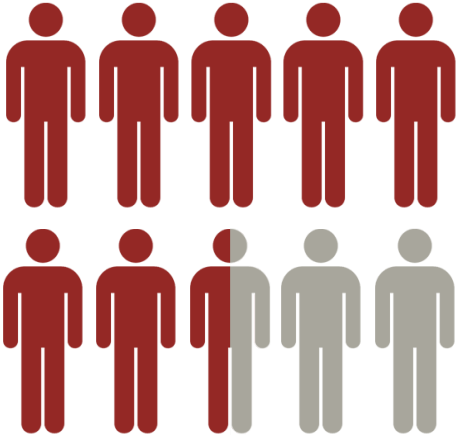
- Inadequate services in the local area
- Community-based drug or alcohol treatment programs have failed or been exhausted
- Defendant has no ability to pay for treatment

Probation and parole officers reported an acute need for substance use services in the community

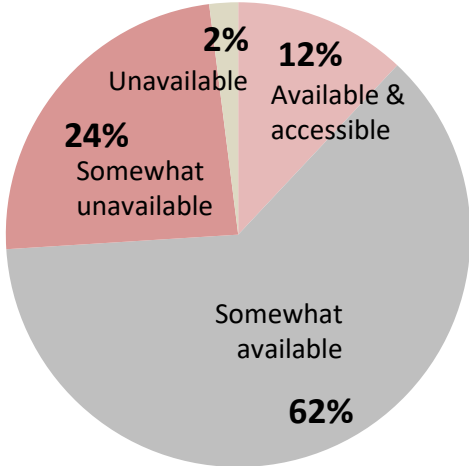
SUBSTANCE USE

Half of POs reported that **75% or more** of their clients needed substance use treatment

NEED FOR TREATMENT



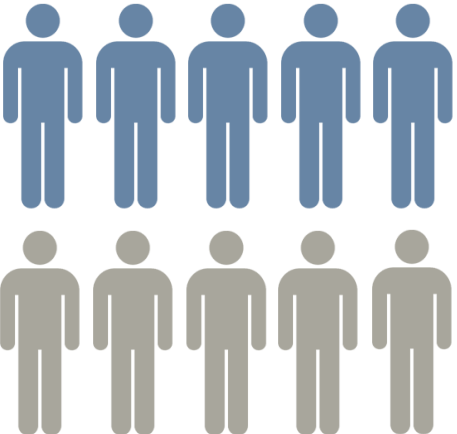
AVAILABILITY OF TREATMENT



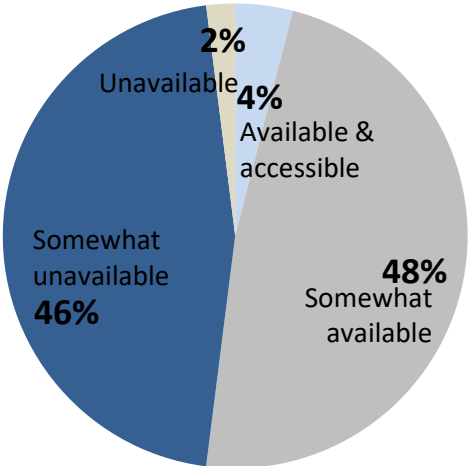
MENTAL HEALTH

Half of POs reported that **fewer than 50%** of their clients needed mental health treatment

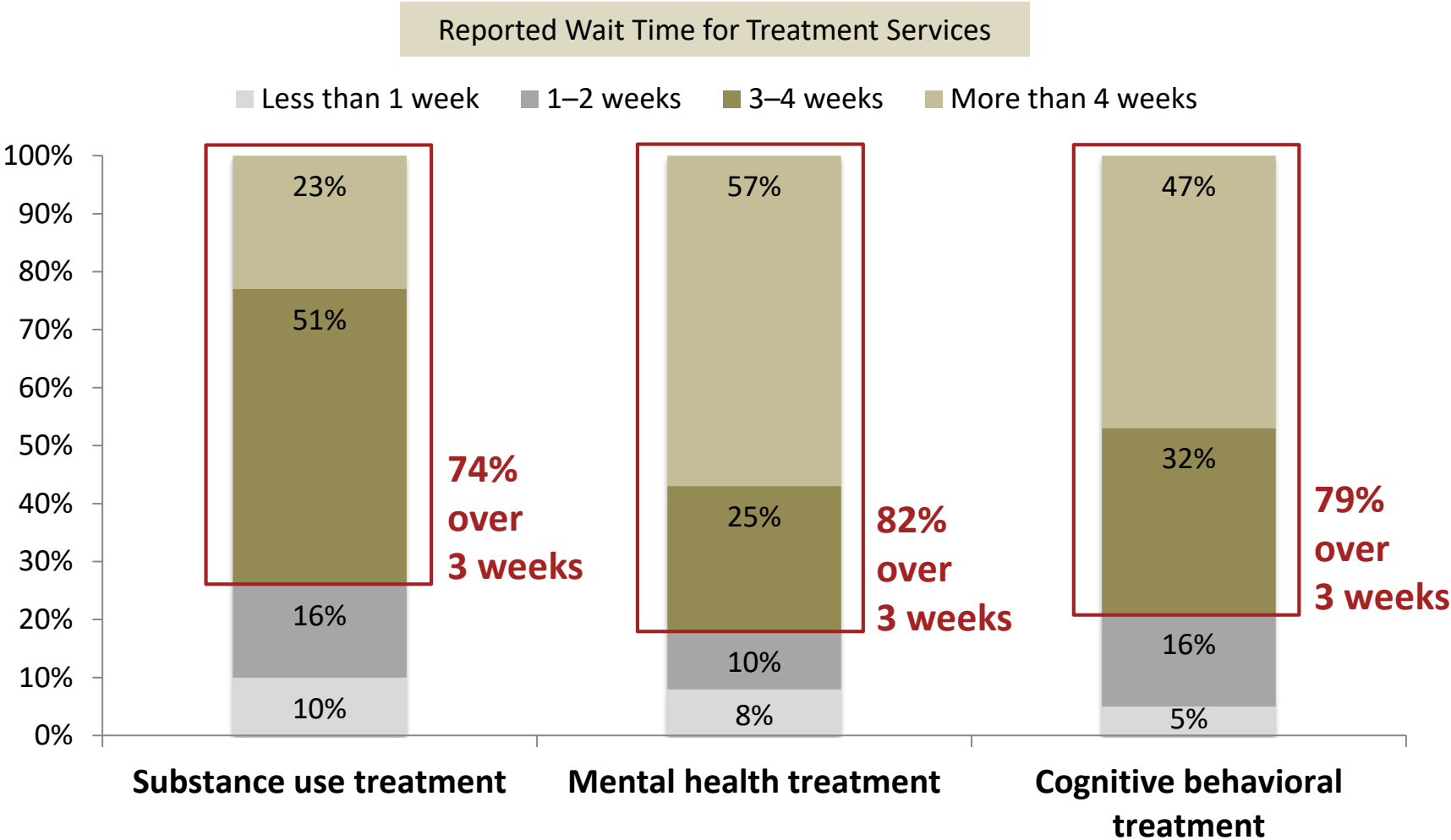
NEED FOR TREATMENT



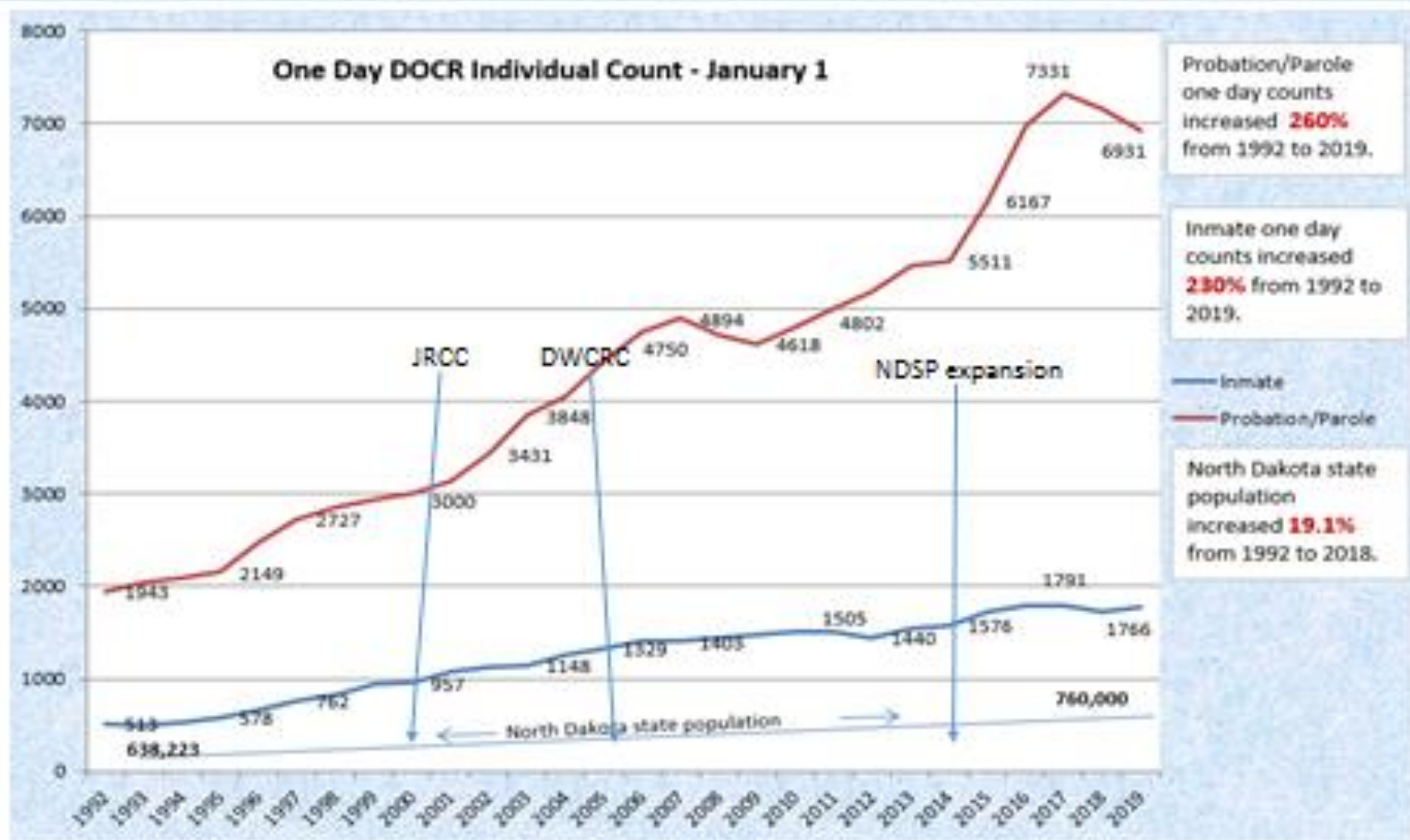
AVAILABILITY OF TREATMENT



A majority of POs observed wait times of at least three weeks to access all forms of community treatment



State Criminal Justice System Growth



*2019 count is as of August 19th

JUSTICE-INVOLVED POPULATIONS:

- DATA SOURCES INDICATED A VERY HIGH PREVALENCE OF BEHAVIORAL HEALTH ISSUES IN THE STATE'S CRIMINAL JUSTICE SYSTEMS FOR BOTH ADULTS AND YOUTH IN NORTH DAKOTA, WHICH IS CONSISTENT WITH NATIONAL TRENDS.



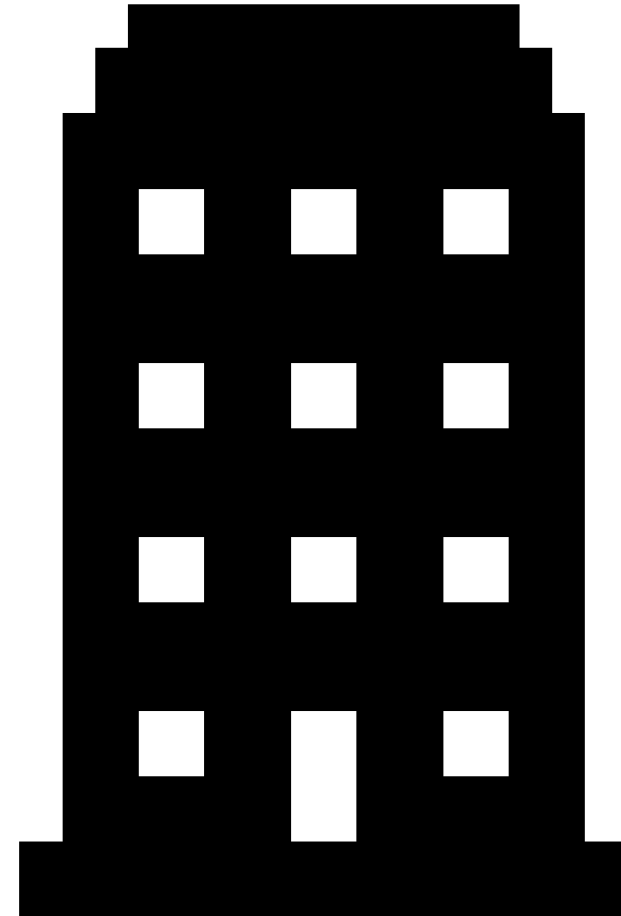
Behavioral Health System Analysis - Common Themes:



- JUDGES ARE SENTENCING INDIVIDUALS WITH BEHAVIORAL HEALTH CONDITIONS FOR LOW-LEVEL CRIMES TO PROVIDE THEM ACCESS TO TREATMENT THEY WOULD BE UNABLE TO ACCESS IN THEIR COMMUNITIES.
- INDIVIDUALS WITH JUSTICE INVOLVEMENT EXPERIENCE MULTIPLE BARRIERS TO ACCESSING SERVICES.
- COMMUNITY-BASED TREATMENT PROVIDERS ARE RESISTANT TO SERVING INDIVIDUALS WITH CRIMINAL JUSTICE HISTORIES.
- THE NEED FOR COMMUNITY-BASED SERVICES IS HIGH AMONG THE RE-ENTRY POPULATION.

In 2017, Senate Bill 2015 created a new community behavioral health program for people involved in the criminal justice system.

The bill established a \$7M investment in behavioral health services for people in the criminal justice system to improve public safety and public health outcomes.



Shared Values: (Criminal Justice & Behavioral Health)

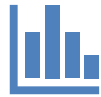


Best Practice

Assess Offender Risk and Need Levels using Actuarial Tools

Target Interventions

Provide Skills Training for Staff and Monitor their Delivery of Services



Data-Driven

Measure Relevant Practices and Processes



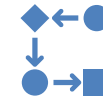
Person-Centered

Enhance Offender Motivation



Recovery-Oriented

Engage Ongoing Support in the Community




Transparent

Provide Measurement Feedback



Trauma-Informed

Trauma-Informed Care

A photograph of a young man with short brown hair and a light beard, smiling broadly. He is wearing a white t-shirt under a plaid shirt with yellow, red, and blue patterns. The background is a solid teal color. The entire image is framed by a thin teal border.

**THE MISSION OF FREE THROUGH
RECOVERY IS TO IMPROVE
HEALTHCARE OUTCOMES AND
REDUCE RECIDIVISM BY
DELIVERING HIGH-QUALITY
COMMUNITY BEHAVIORAL
HEALTH SERVICES LINKED WITH
EFFECTIVE COMMUNITY
SUPERVISION.**



FREE THROUGH *Recovery*

Key Principles:

- Recidivism is reduced by attending to criminogenic risk and need.
- Recovery from substance use and mental health disorders is a process of change through which individuals improve their health and wellness, live a self- directed life, and strive to reach their full potential.

Individual	Business	Community
Provides care coordination – individualized care plan	Support private providers by providing another revenue source	Flexibility to address community specific needs
Provides recovery support services	Performance-based pay	Community organizations working together to collaborate (fill services gaps) and avoid duplication
Connections to clinical support services like addiction or mental health counseling or treatment	Non-traditional behavioral health providers	Rural areas can participate through existing non-traditional providers
	Once providers exist, there will be infrastructure to expand services to individuals not in the criminal justice system	State-local partnerships to address regional-specific needs
	Providers can meet cultural and spiritual needs	

Care Coordination

Includes an ongoing source of prosocial connection, helping participants access treatment and recovery support services, and creatively addressing barriers to individual success. It also includes the provision of assessment, care planning, referrals, and monitoring collaboration with clinical services and probation and parole.

Recovery Services

Includes access to nourishment assistance programs, supportive housing, educational opportunities, meaningful employment, leisure activities and wellness, family and community social supports, parenting education, spiritual engagement, and any other individualized resources the person needs to help participants lead a healthy and fulfilling life.

Peer Support

A supportive relationship with peers who have similar lived experience and who serves as an advocate and mentor, offering sound advice and resources.

WHAT IS PEER SUPPORT?

Peer support has existed in the behavioral health field for decades; however, its rapid growth in recent years is due to the increasing evidence supporting its effectiveness. A Peer Support Specialist is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.

The growing evidence base for the effectiveness of peer support services—both in terms of quality of life, outcomes for individuals and in terms of cost savings to counties and states due to reductions in rates of hospitalization—these efforts have the potential to make significant improvements to the system.

Peer support certification has potential to address Human Services Research Institute Behavioral Health System Study recommendations #3, 4, 9, 10, 11, 12 and 13.

PEER SUPPORT SERVICES

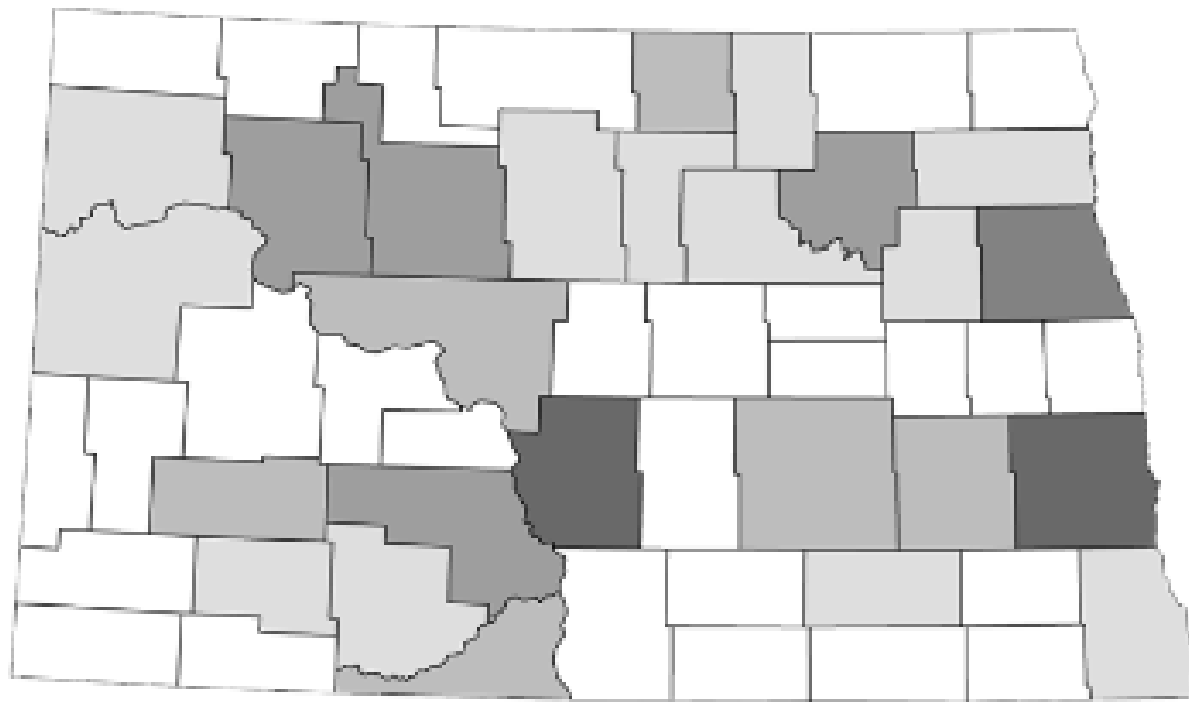


- Specialists with similar first-hand, lived experience as the individuals they are serving. Peer Specialists use their experience to support others in their recovery.

WHAT ARE PEER SUPPORT SPECIALISTS?

Peer support specialists use their experience to:

- + Establish positive rapport.
- + Serve as a pro-social model.
- + Offer insight to the individual's care team.
- + Provide support focused on advocacy, coaching, and mentoring.

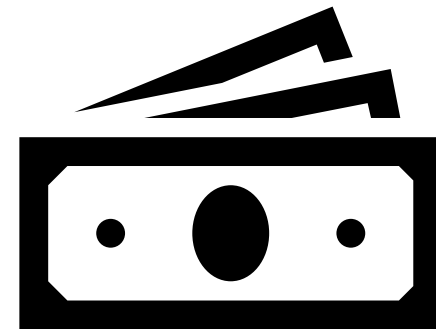


0 1-2 3-5 6-10 11-25 > 25

81% of trained peer support specialists are located in a rural community.

Pay for Performance Model

- Providers are paid a monthly base rate for each participant with the opportunity to receive performance pay if the participant meets at least 3 out of 4 monthly outcomes.



Outcome Monitoring



Stable Housing

Is the person living in a residence that is supportive of their recovery?

- Examples: Independent housing, living with supportive family/friend, halfway house, etc.

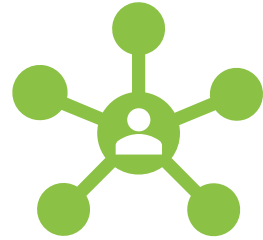


Stable Employment

Is the person actively seeking or participating in employment?

- Examples: Retired, homemaker, receives SSDI, involved in education, attending behavioral health treatment

Outcome Monitoring



Recovery

Is the participant demonstrating effort to reduce their substance use or the harm associated with their use and/or improve their mental health functioning.



Criminal Justice Involvement

Did the participant avoid law enforcement involvement resulting in arrest, criminal charge, or probation violation resulting in initiation of revocation?

FREE THROUGH RECOVERY



18 Months of Implementation

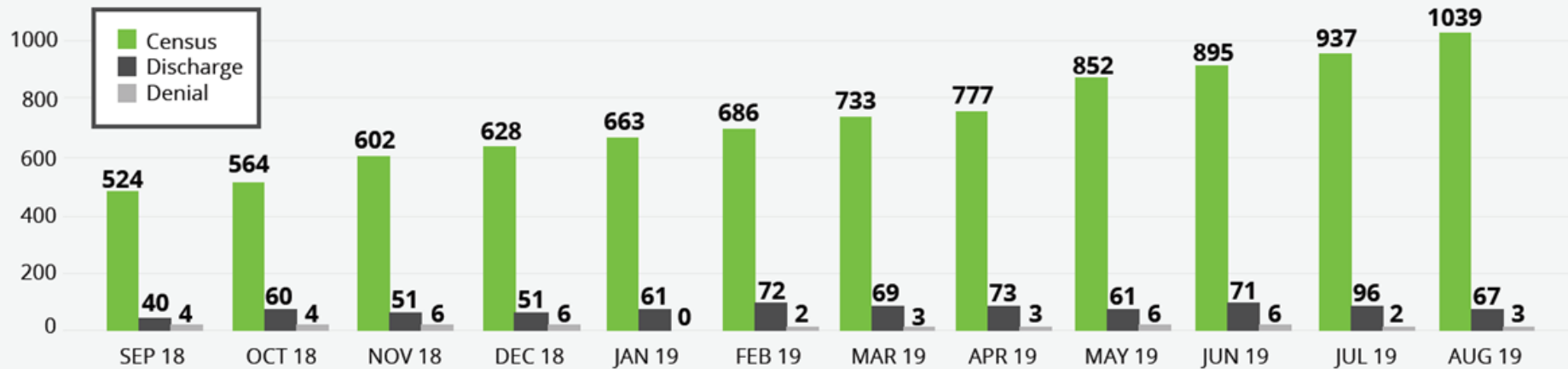
What does the data
tell us?

FREE THROUGH RECOVERY launched on February 1, 2018. In the first 19 months, 1845 individuals have participated.

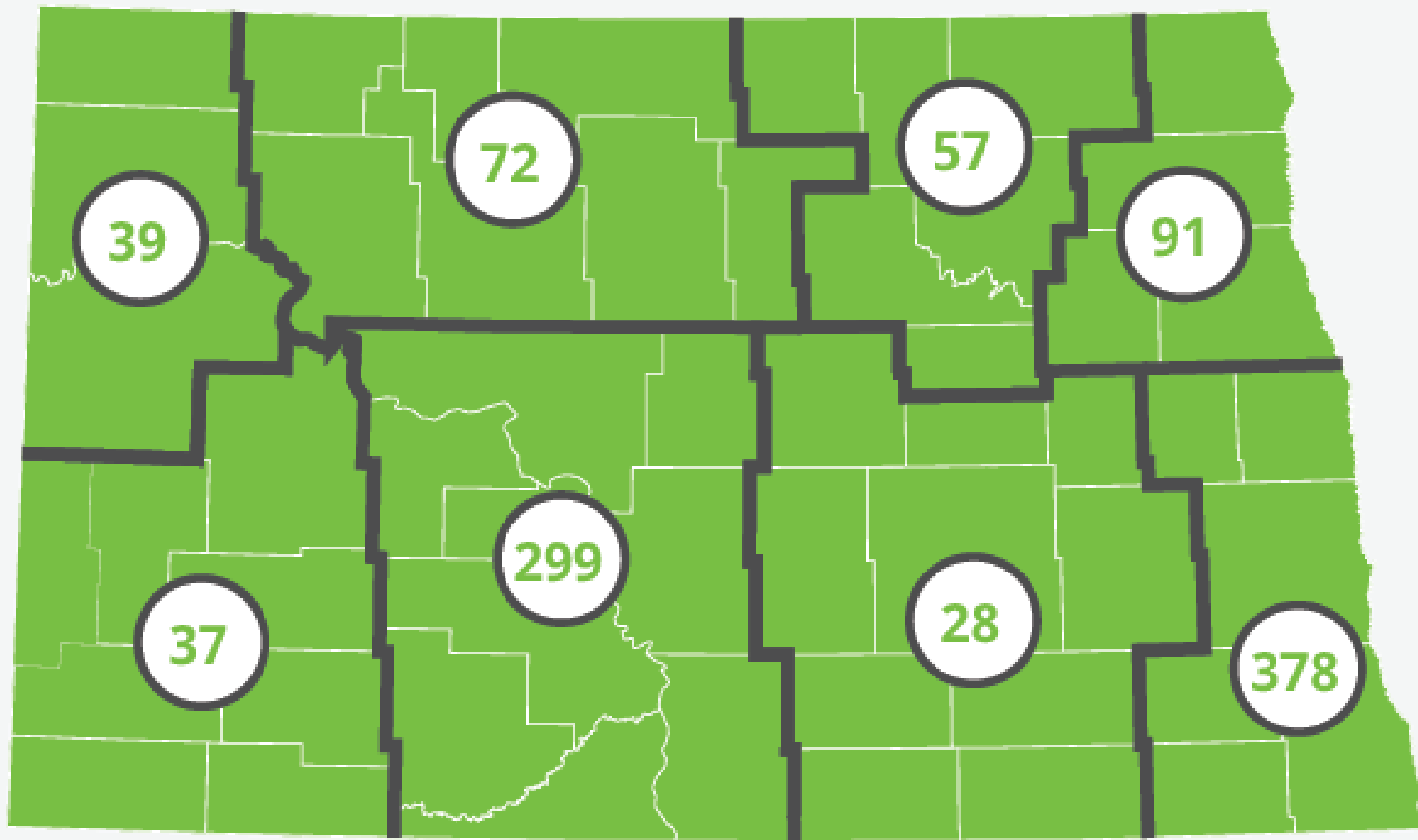
FREE THROUGH RECOVERY PROVIDERS

There are currently 48 Free Through Recovery Providers located throughout the state with the capacity to serve over 1,500 participants.

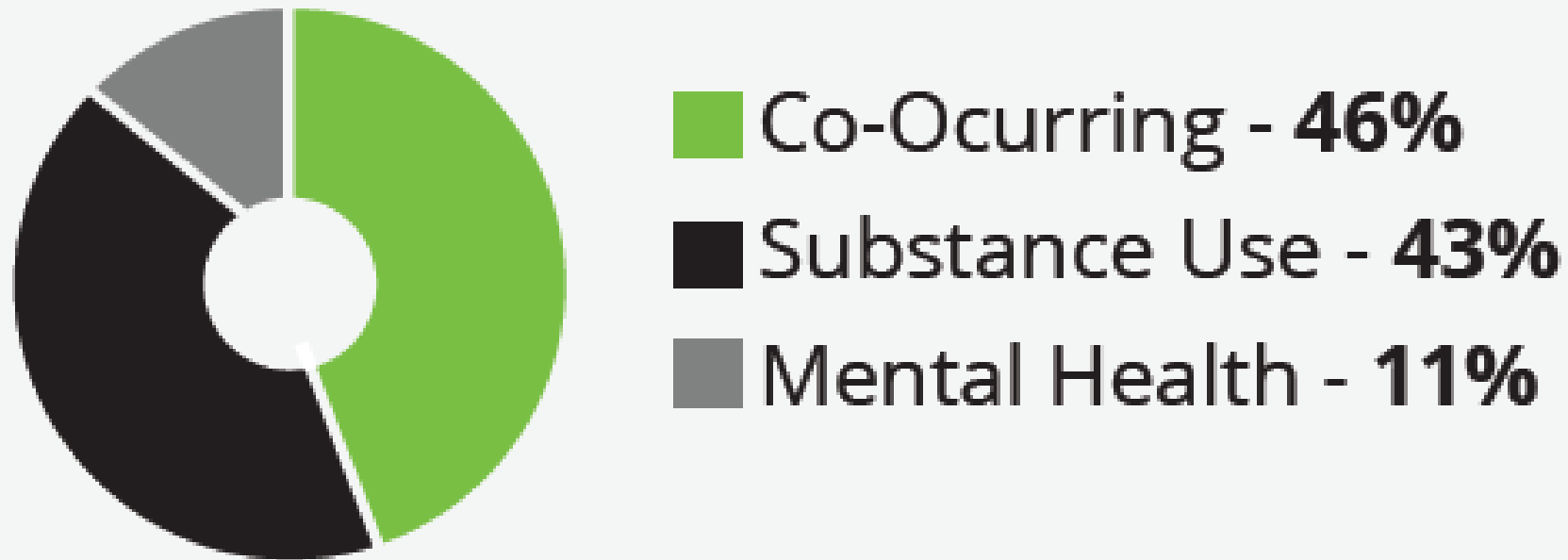
Monthly Census (active participants), Discharges and Denials



There has been a total of 934 discharges from Free Through Recovery. The majority of individuals declined or stopped participating (35%), followed by those who had no contact with their care coordinator or absconded (24%). 33 individuals were identified as not eligible.



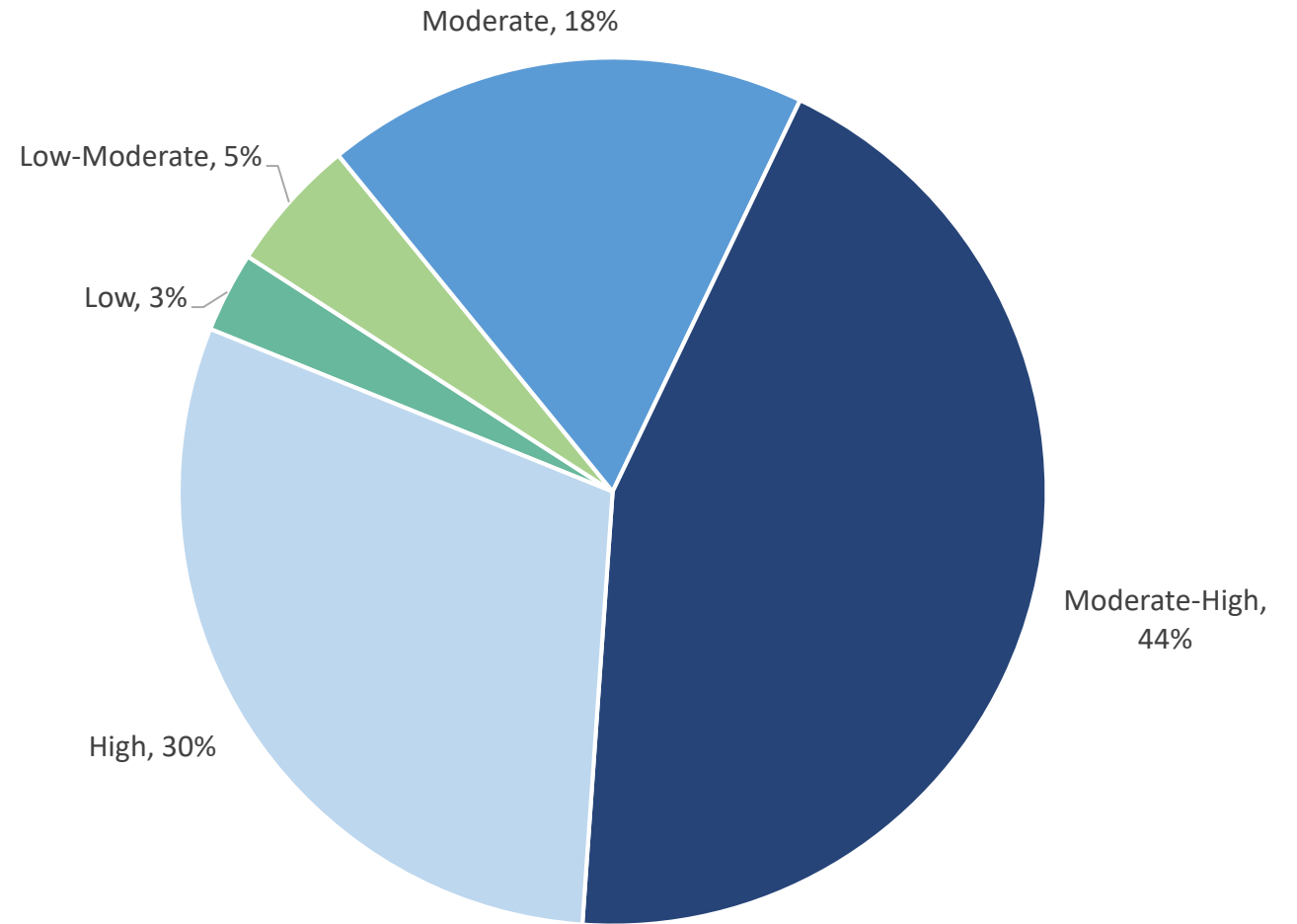
Behavioral Health Needs



Of the 1,039 current participants:

- 46% of participants have a co-occurring (mental health and substance use) behavioral health need.
- 59% of participants are male.
- Half of the participants (53%) are between the ages of 31-50 and a third (35%) of the individuals are between the ages of 18-30.
- The majority (66%) of participants are white. 24% of participants are Native American.
- 74% of participants have a moderate-high or high risk of committing new crimes (LSI-R score of 30 or above).
- The majority of current participants in the program come from the Fargo area (37%), followed by Bismarck (29%).

Risk Level of Referrals



OUTCOMES

Free Through Recovery Providers are reimbursed with a pay for performance model. In addition to monthly base pay, providers can receive performance pay if participants meet at least 3 of 4 outcome metrics (Housing, Employment, Recovery, and Involvement with Law Enforcement).

March 2019 - August 2019 Outcomes



- Met 3 or 4 outcomes - **67%**
- Met < 3 outcomes- **33%**

Positive outcomes were achieved by:

- + 64% of the participants in the law enforcement domain
- + 66% of the participants in the housing domain
- + 61% of the participants in the employment domain
- + 61% of the participants in the recovery domain

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. This text is enclosed within a large, hand-drawn yellow arrow that points towards the top right. Above and below this yellow arrow are two white arrows, also pointing towards the top right, creating a sense of progression or flow. The overall scene suggests a focus on planning and moving forward.

NEXT STEPS

Thank You

Questions?

