

**Engrossed Senate Bill 2012**  
**House Appropriations Human**  
**Resources Committee**  
**Representative Jon Nelson,**  
**Chairman**

Behavioral Health Division  
Pamela Sagness, Director


NORTH  
**Dakota** | Human Services  
Be Legendary.™



— NORTH DAKOTA —  
**BEHAVIORAL**  
**HEALTH**

# What is Behavioral Health?

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



Preventing and  
treating  
depression  
and anxiety

Preventing and  
treating  
substance use  
disorder or  
other  
addictions

Supporting  
recovery

Creating  
healthy  
communities

Promoting  
overall well-  
being

Depression is the leading cause of disability worldwide, and is a major contributor to the overall global burden of disease.

*(World Health Organization, 2018)*

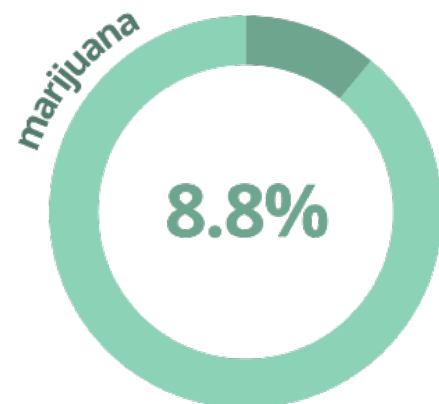
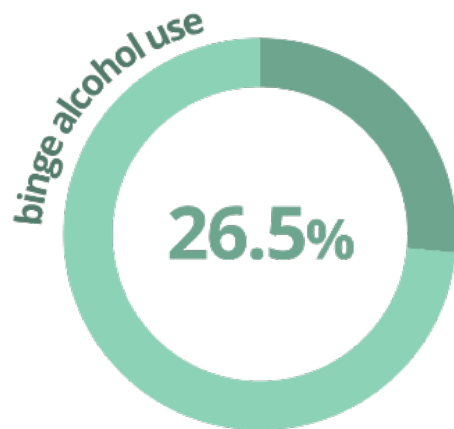
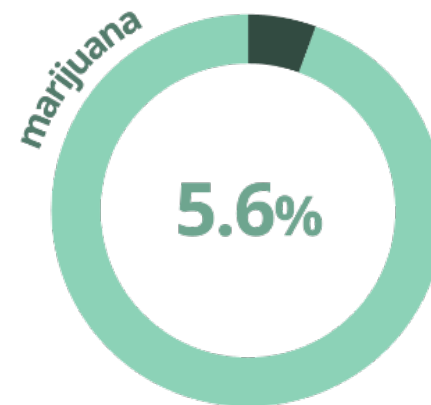
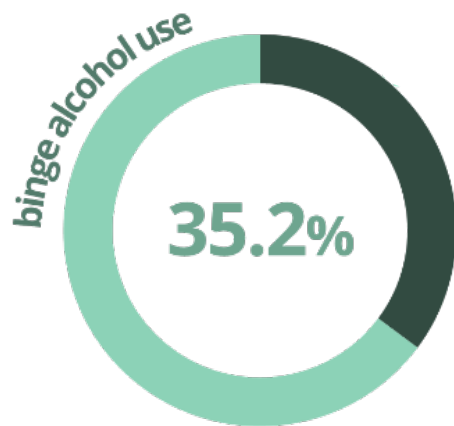


Persons with behavioral health disorders die, on average, about *5 years earlier* than persons without these disorders.

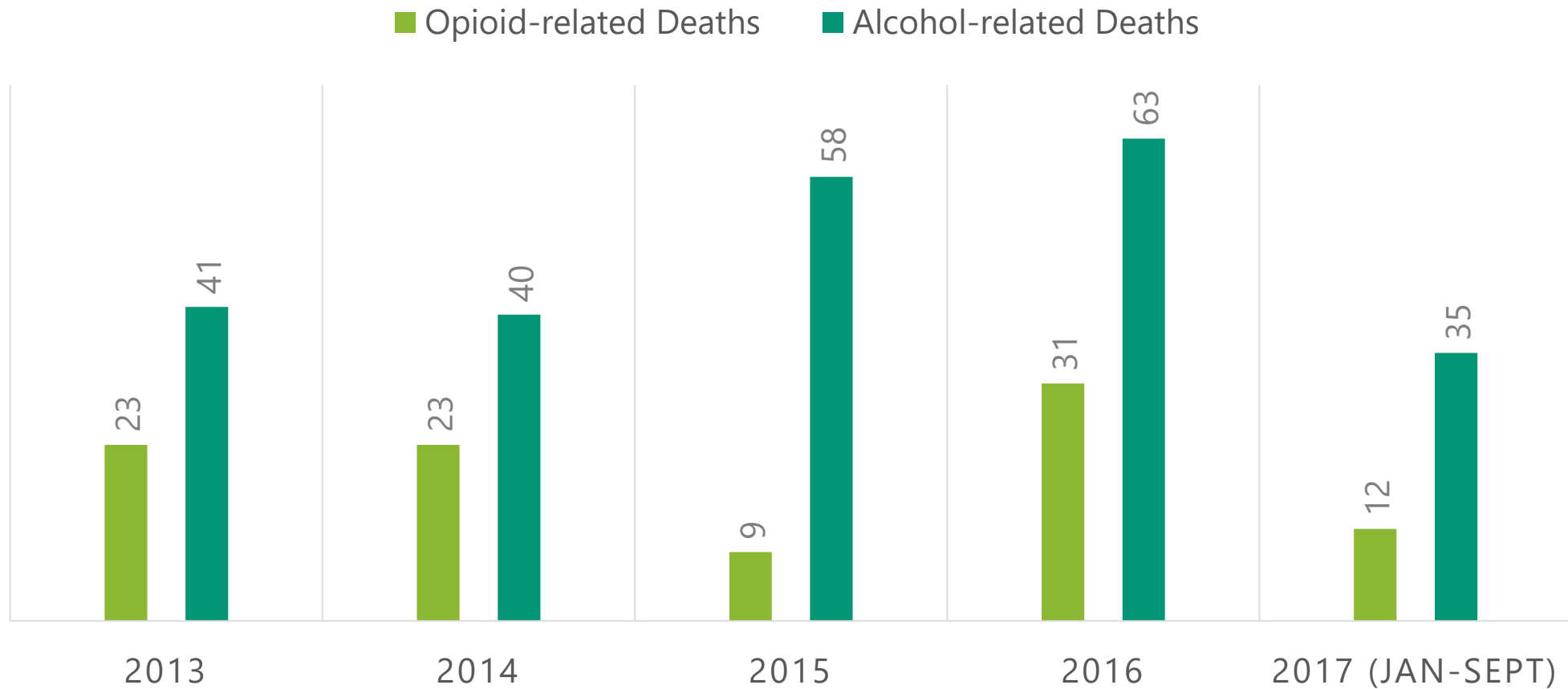


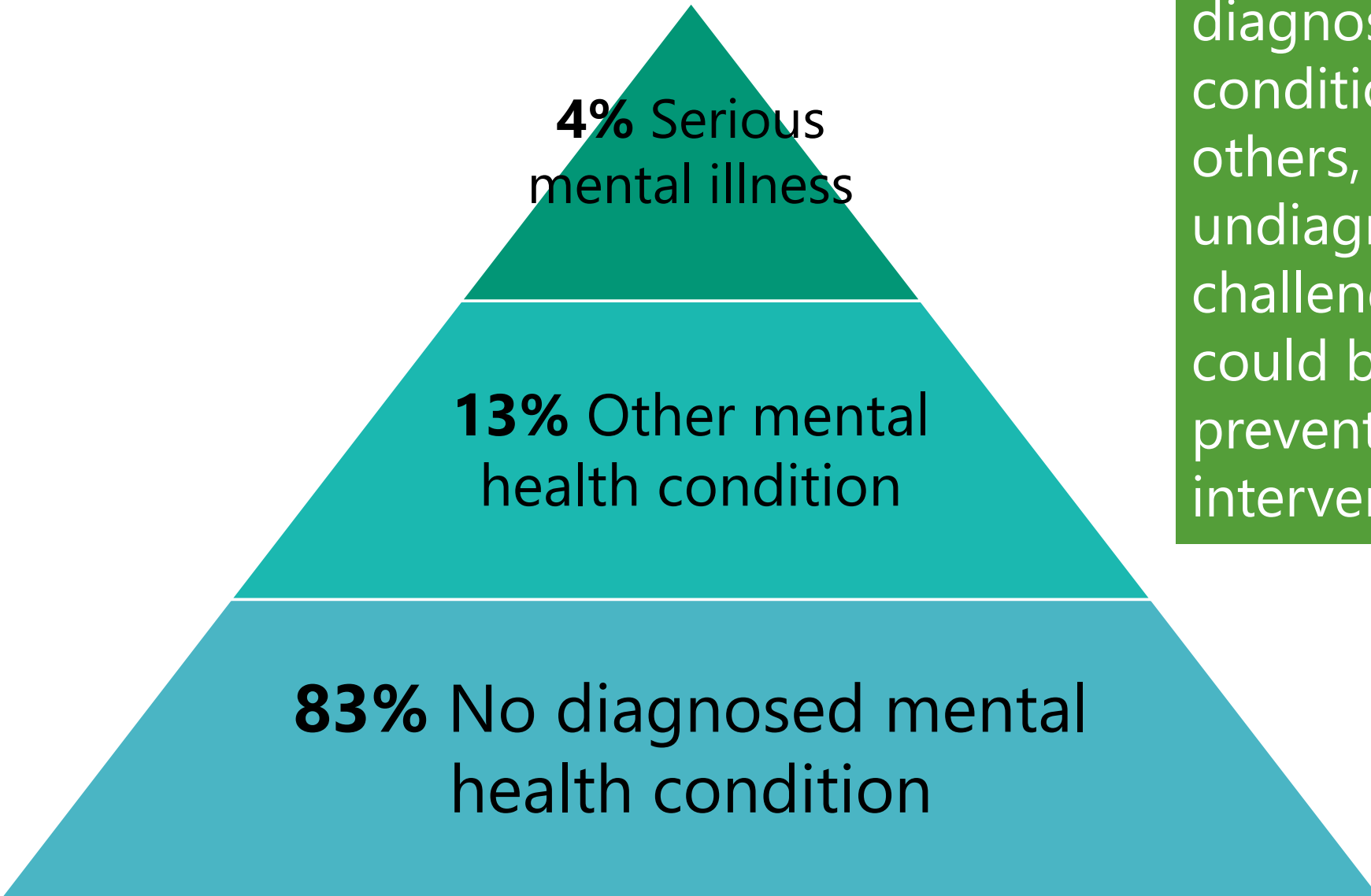
Persons with serious mental illness (SMI) are now dying *25 years earlier* than the general population

# Adults Age 18 and Older Past 30-Day Substance Use



# Opioid and Alcohol Related Deaths (Cass County)



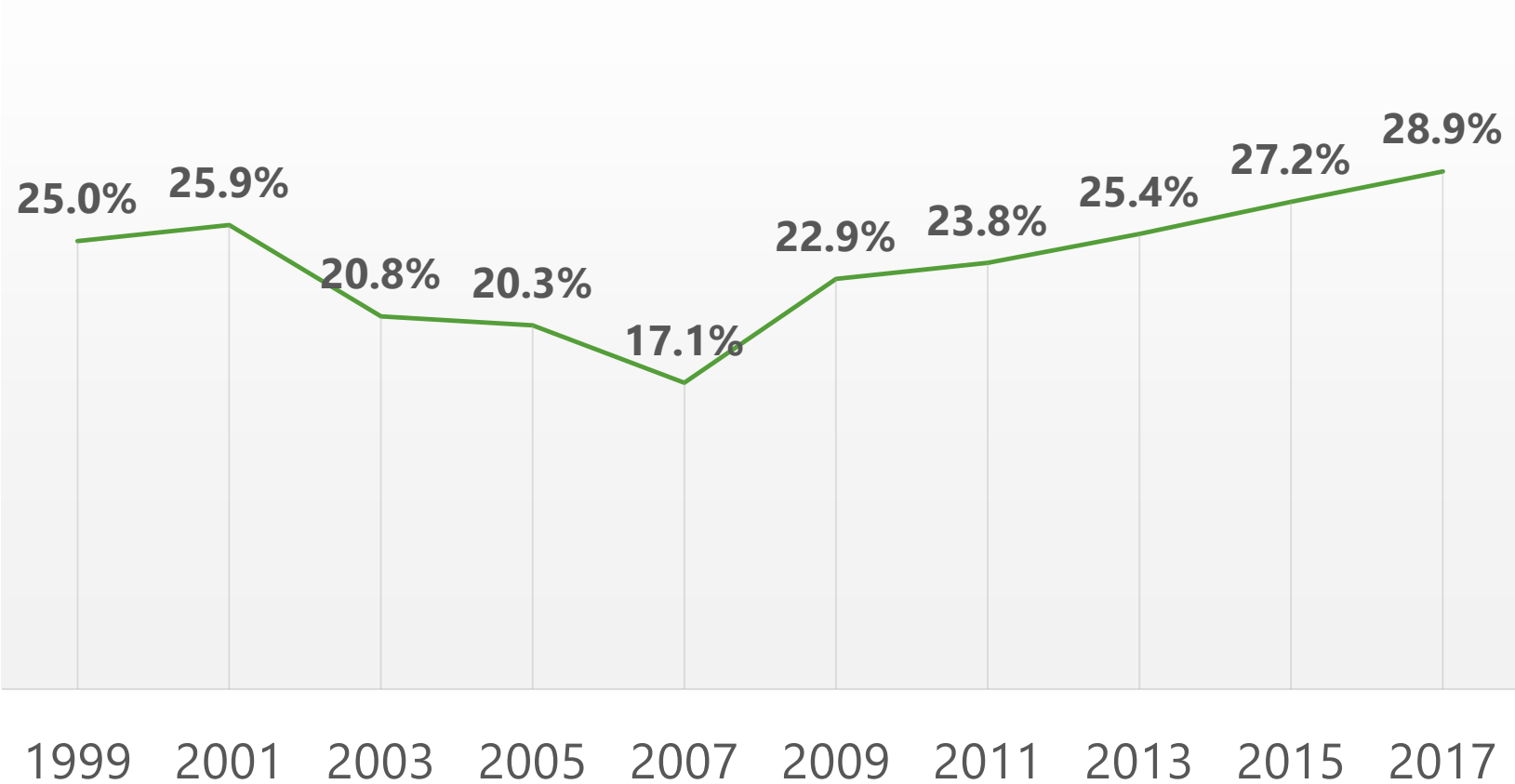


The estimated 83% of adults in North Dakota with no diagnosed mental health condition includes, among others, individuals with undiagnosed mental health challenges and individuals who could benefit from primary prevention and early intervention strategies.

# North Dakota High School Students reported feeling sad or hopeless

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

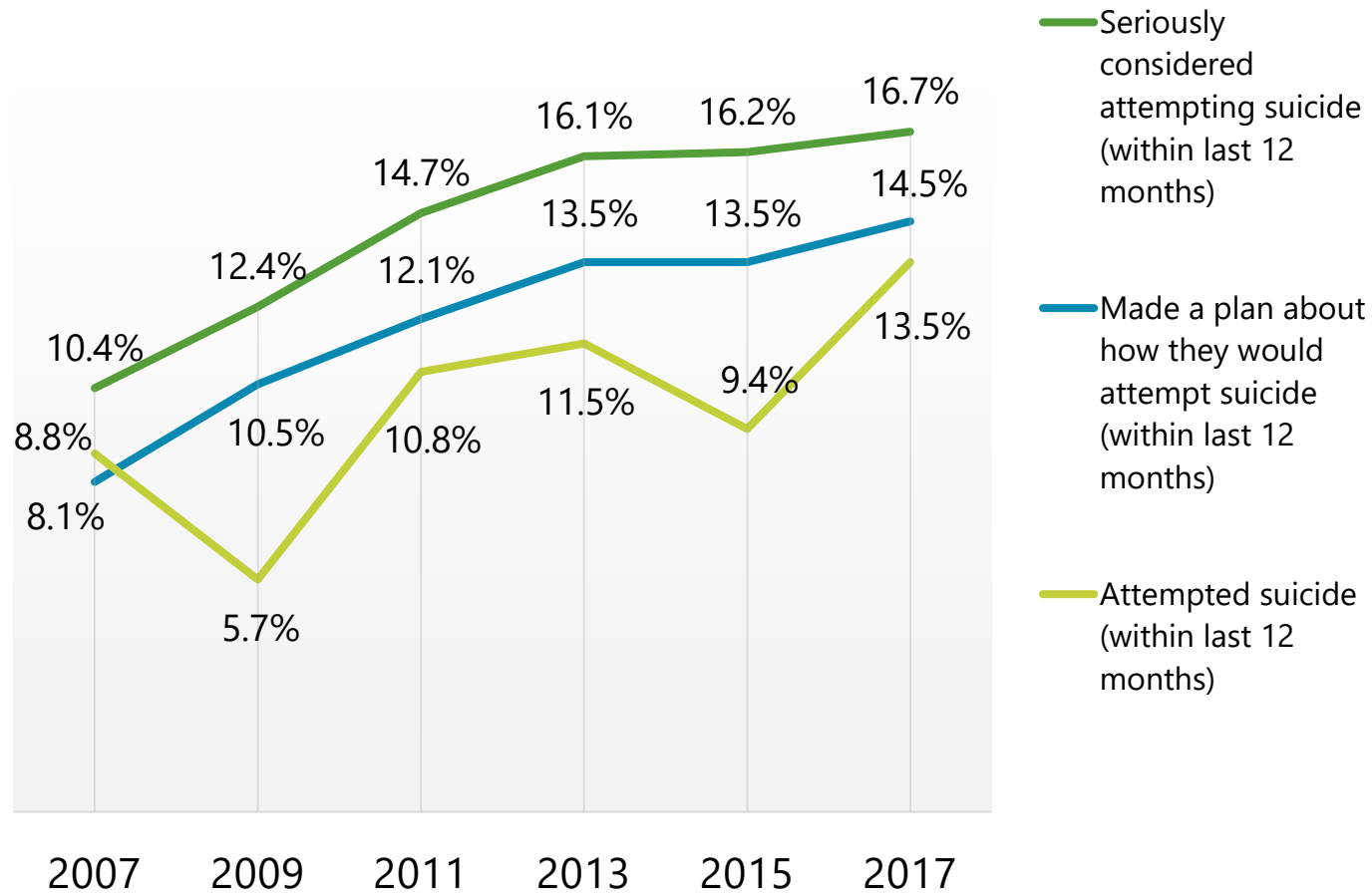
Youth Risk Behavior Survey



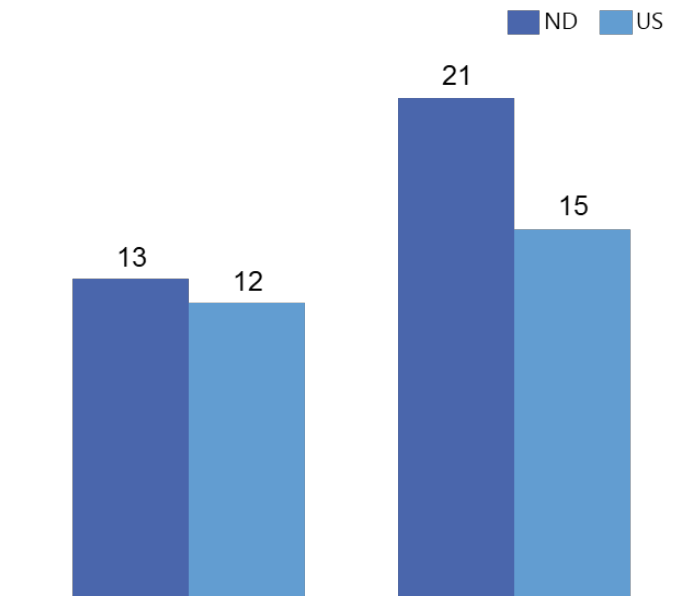


# ND High School Students

Youth Risk Behavior Survey



**Suicide rate**  
# of people per 100k



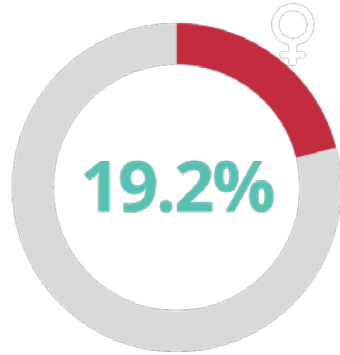
Center for Disease Control

# Behavioral Health in North Dakota: Youth

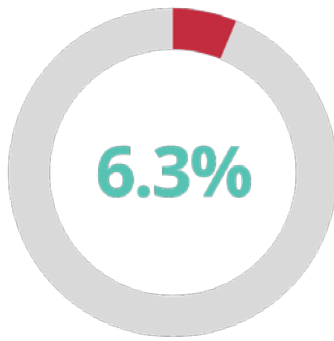


## SUICIDE AND MENTAL ILLNESS

ND Middle School Students

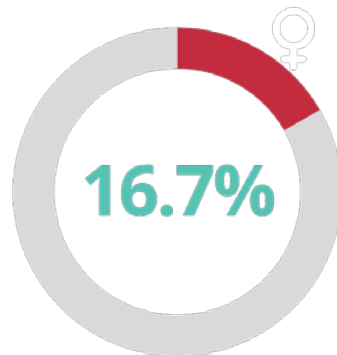


seriously thought about killing themselves in their life.

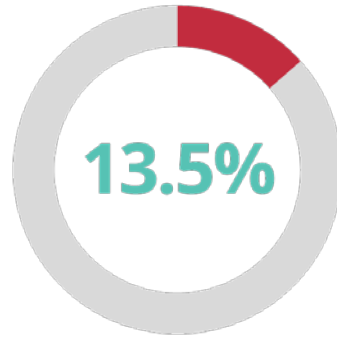


tried to kill themselves at least once in their life.

ND High School Students

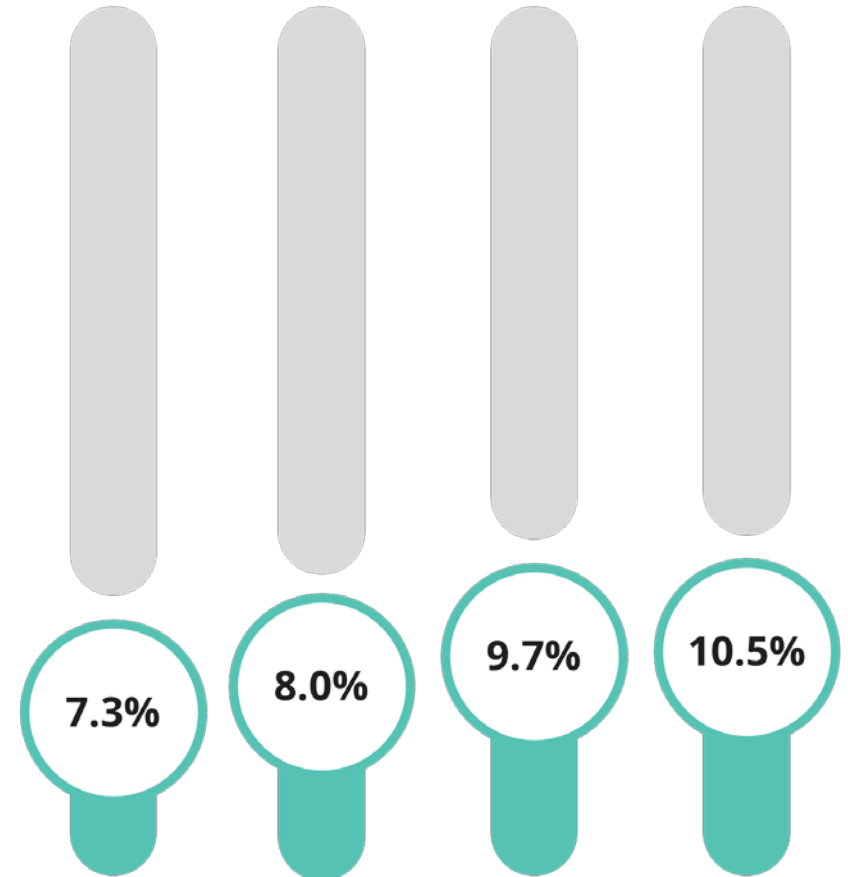


seriously considered attempting suicide in the past year.



attempted suicide one or more times in the past year.

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



2011-2012

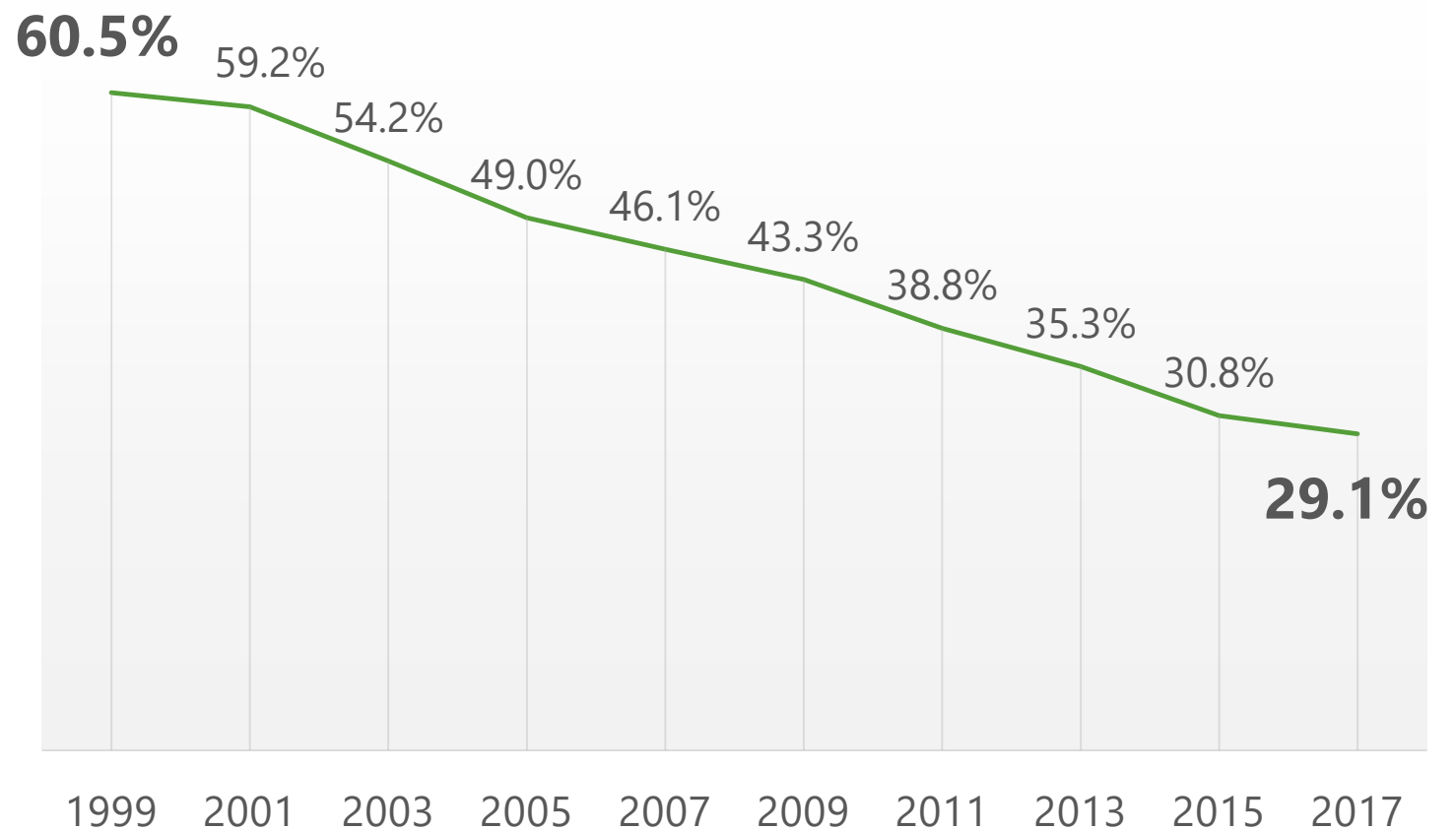
2012-2013

2013-2014

2014-2015

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

Youth Risk Behavior Survey



# SUBSTANCE USE



## IN NORTH DAKOTA

DATA BOOK 2019



NORTH DAKOTA  
**BEHAVIORAL  
HEALTH**



All data resources are available at [www.prevention.nd.gov/data](http://www.prevention.nd.gov/data).





# ROADMAP

The Behavioral Health Systems  
Study, April 2018

# 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.

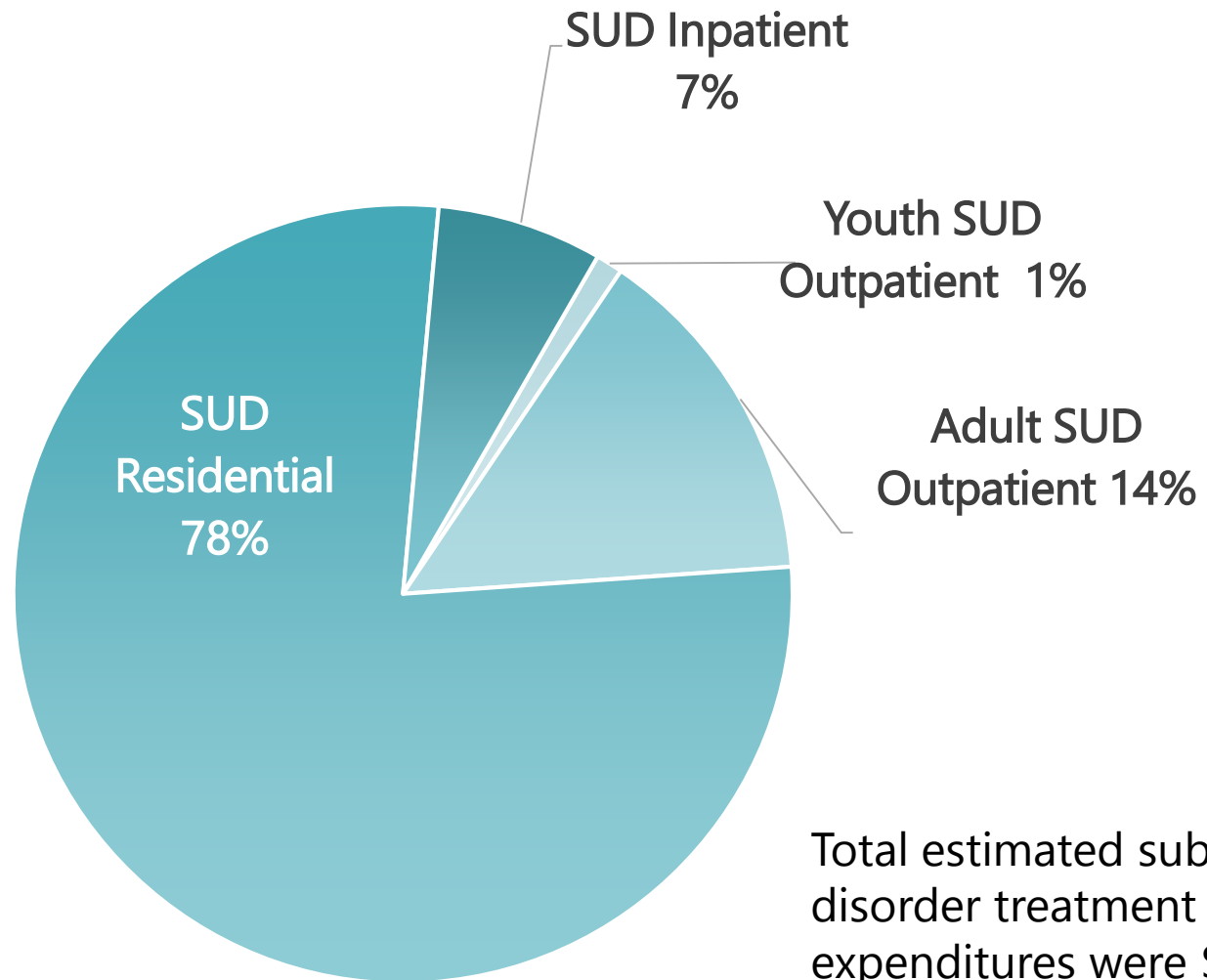
1. Develop a comprehensive implementation plan
2. Invest in prevention and early intervention
3. Ensure all North Dakotans have timely access to behavioral health services
4. Expand outpatient and community-based service array
5. Enhance and streamline system of care for children and youth
6. Continue 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

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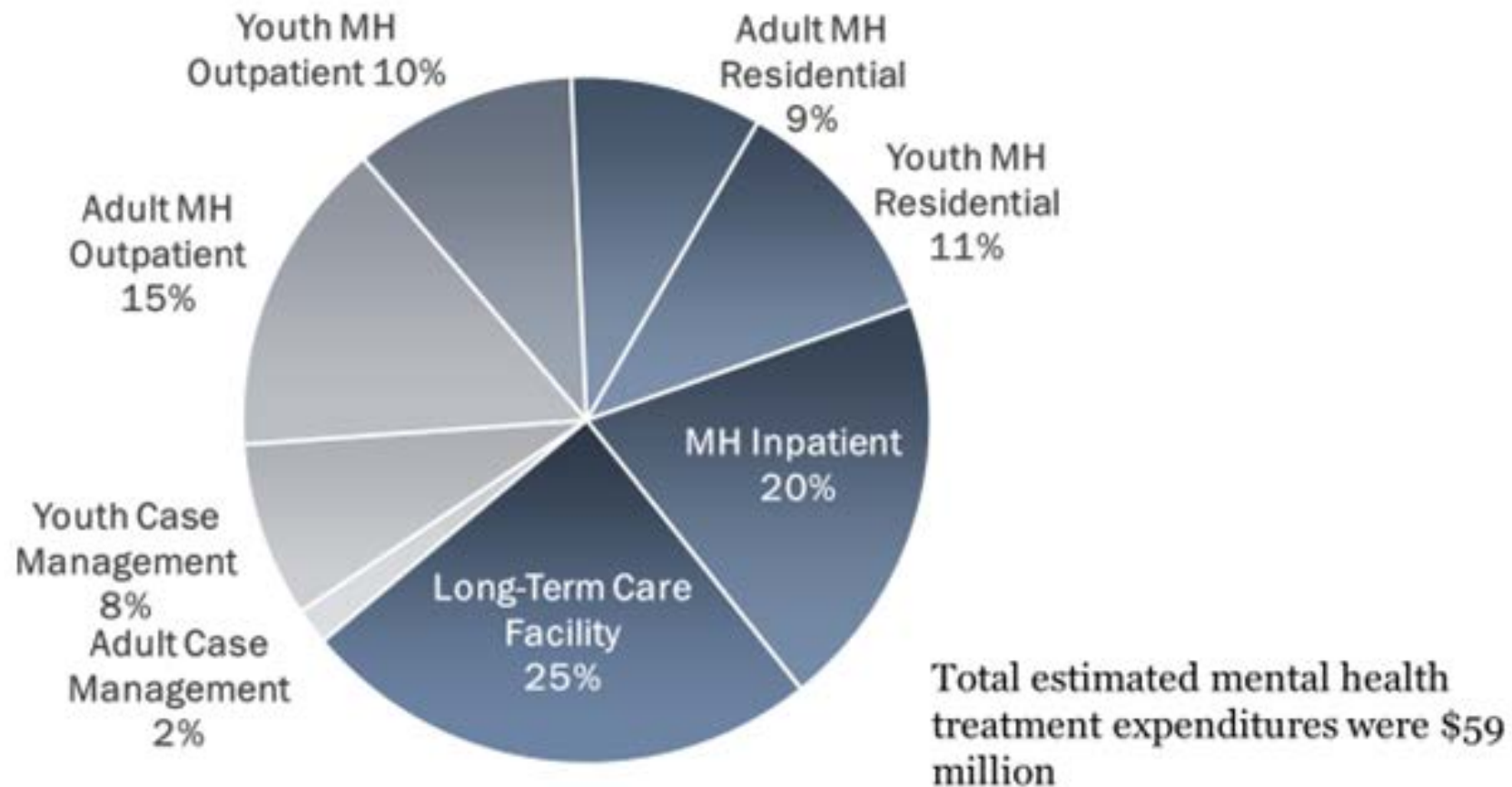
Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.



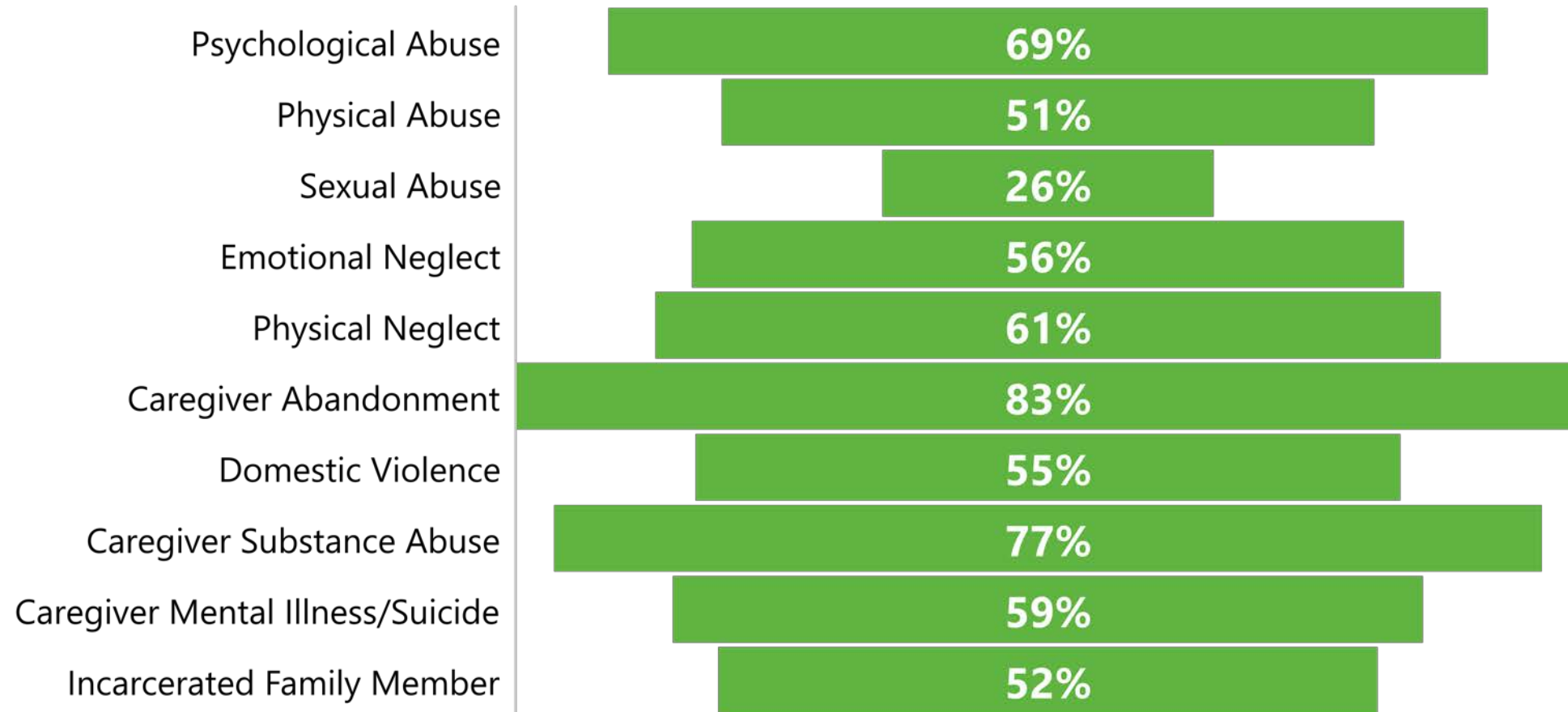
Total estimated substance use disorder treatment expenditures were \$19 million



Residential, inpatient, and long-term care facility services accounted for a majority of mental health system treatment service expenditures in FY2017.



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



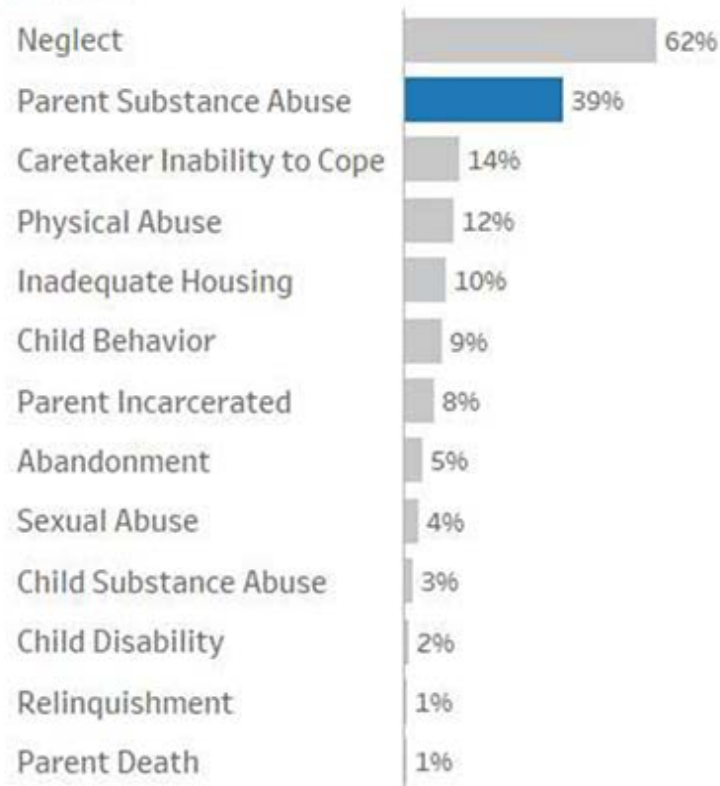
# 42% of children removed from their home was because of parent substance abuse.

## Removal reasons

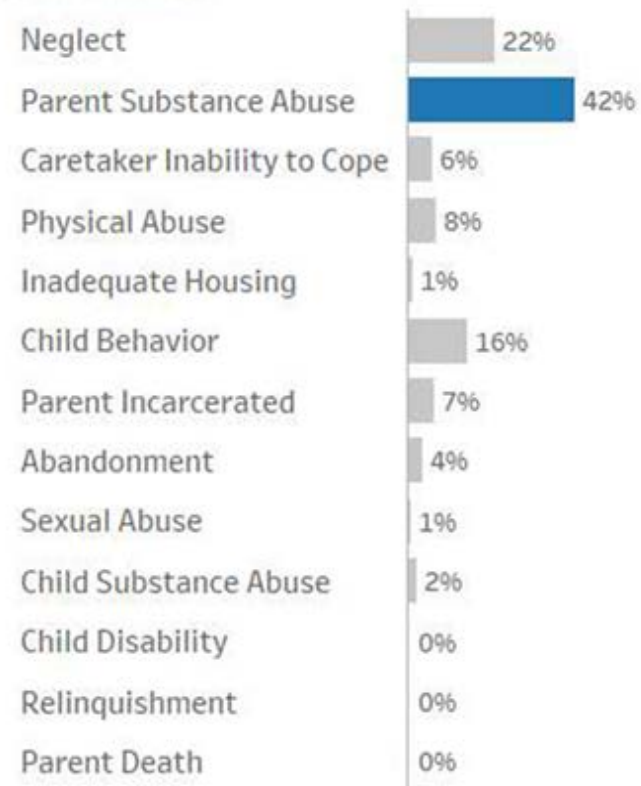
Percent of children entering care for each removal reason

(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.

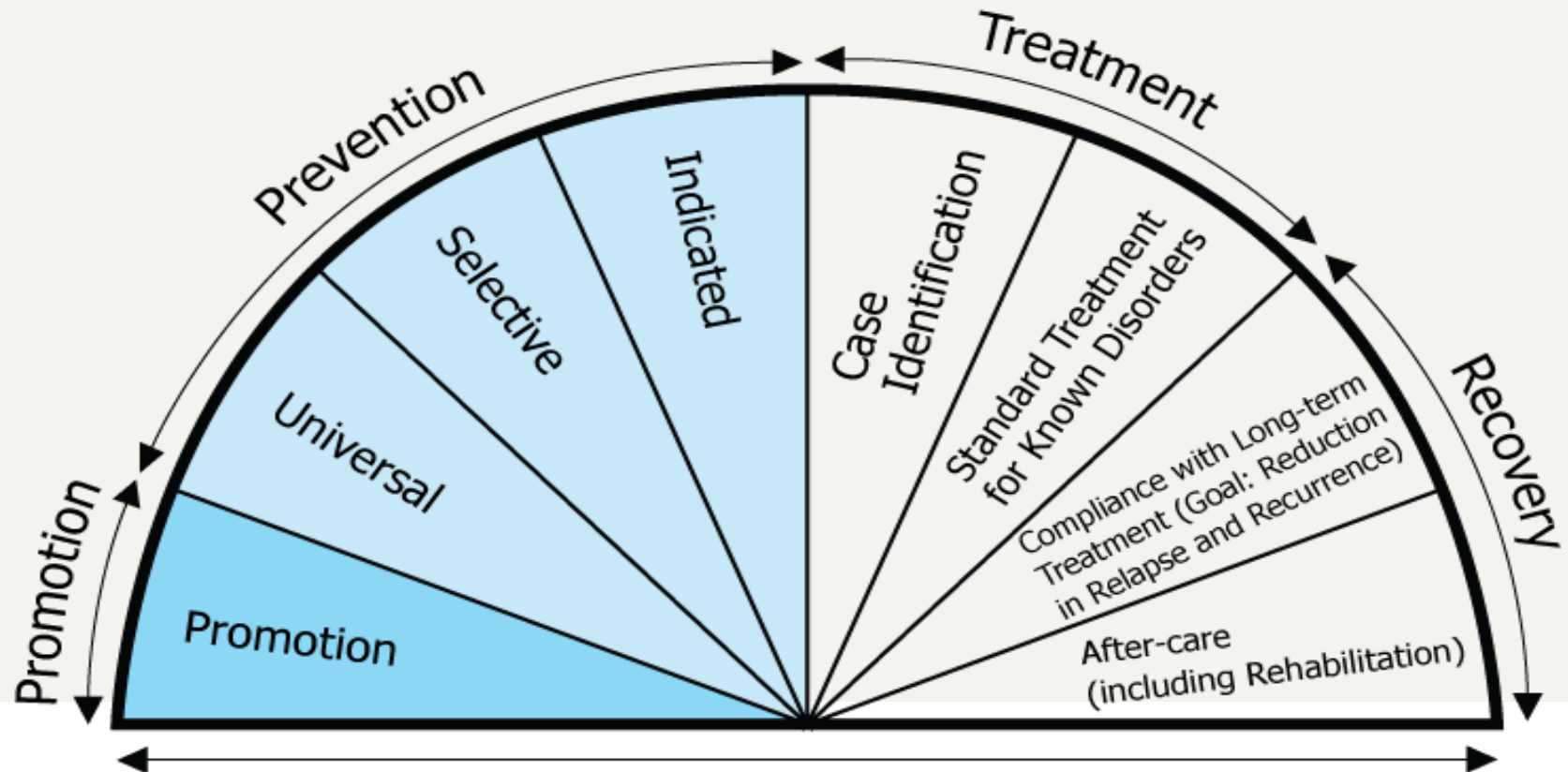
Recent loss of grandmother and suicidal ideation led to an emergency department visit.

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

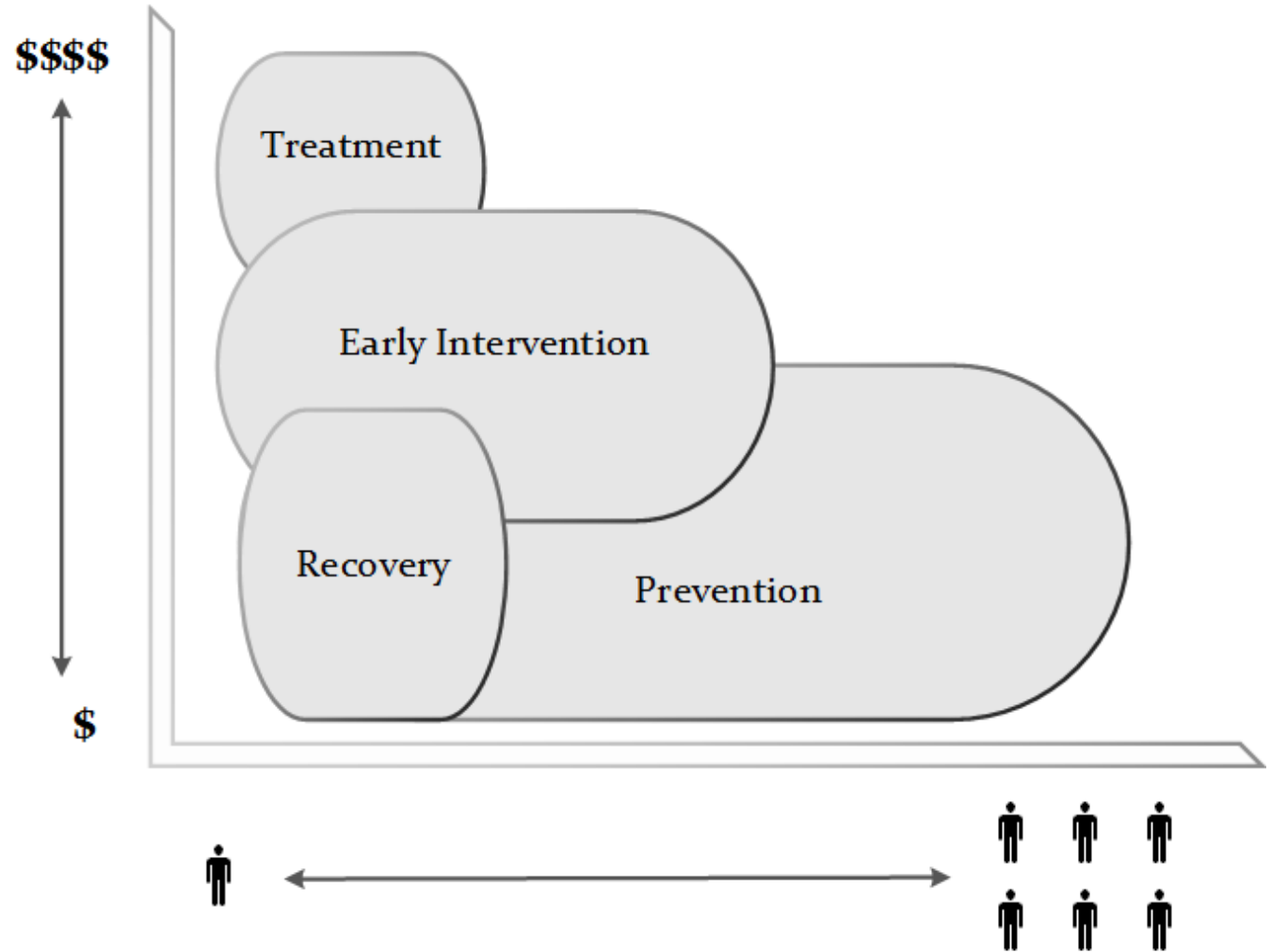
A program out of state will take Jessica but only if she is referred from social services & on ND Medicaid.

# 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.

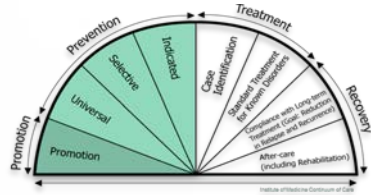


# Return on Investment





# 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

# Meet Carlos.



Age 25

In prison due to probation revocation from a felony contact by bodily fluids offense

He has a severe methamphetamine use disorder and past diagnoses of ADHD, PTSD, and antisocial personality disorder.

Longest full-time employment is 1 year as a laborer

Received a GED from Job Corps

Has 4 children, ranging in age from 1-8 years

Grieving the loss of one of his children, which occurred while he was in prison





# KEY INITIATIVES IN BEHAVIORAL HEALTH

Overview SB 2012

# SB 2012 contains over \$20 million in additional general funds for behavioral health supports and investments

## Behavioral Health Investments in SB 2012

|   |               |
|---|---------------|
| Medicaid Community-Based Supports       | \$5.9 M       |
| Behavioral Health Crisis Services       | \$4.1 M       |
| Free Through Recovery Expansion         | \$4.5 M       |
| Sustain Substance Use Disorder Voucher  | \$3.1 M       |
| SB 2026 Mental Health Voucher Program   | \$1.1 M       |
| Other Investments                       | \$2.3 M       |
| <b>ADDITIONAL GENERAL FUND (in DHS)</b> | <b>\$21 M</b> |

# Section 1: Appropriation Highlights for Behavioral Health Division

- Expand access to community-based behavioral health supports for adults and children through **1915i Medicaid State Plan Amendment**
- Continue and meet the need for access to **Substance Use Disorder Voucher** services and supports
- Restore funding for **Parents Lead** prevention program
- **Mental illness prevention** program
- Develop a behavioral health **recovery home grant program**
- Implementation of the **trauma-informed practices working group**
- **Suicide prevention** program (transfer from Department of Health)

# Expand access to community-based behavioral health supports for adults and children through 1915i Medicaid State Plan Amendment

## *Medical Services Budget*

|   |   |
|---|---|
| Purpose                                       | Expand access to community-based recovery supports for Medicaid youth and adult enrollees who have a behavioral health condition and/or brain injury and currently are experiencing one or more of the following needs-based criteria: housing instability, intensive service utilization such as frequent emergency room (ER) visits, and/or criminal justice involvement. |
| Funding Request                               | \$5,453,475 general fund  |
| FTE Request                                   | 3   |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 3, 4, 5, 9, 10, 11, 12, 13  |

**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.**

# Expand access to community-based behavioral health supports for adults and children through 1915i Medicaid State Plan Amendment

## *Medical Services Budget*

- Housing supports
- Educational supports
- Employment supports
- Transition supports
- Peer supports
- Respite services
- In-home therapy
- Service coordination
- Family training and supports
- Non-medical transportation
- Customized goods and services

**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.**

# Continue and meet the current need for access to Substance Use Disorder (SUD) Voucher services and supports

|   |  |
|---|--|
| Purpose                                       | Continue and meet the current needs of individuals with a Substance Use Disorder in need of treatment and recovery services. |
| Funding Request                               | \$8,425,211  |
| FTE Request                                   | 2  |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 3, 4, 9, 10, 11, 12, and 13  |



# Restore funding for Parents Lead prevention program

|   |   |
|---|---|
| Purpose                                       | Ensure access to adequate prevention and early intervention services along the continuum of care. |
| Funding Request                               | \$360,000   |
| FTE Request                                   | 0   |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 2, 3, 5, 9, 10, 11, 12, and 13  |





# Mental Illness Prevention

|   |   |
|---|---|
| Purpose                                       | Implement mental illness prevention and early intervention efforts. |
| Funding Request                               | \$600,000   |
| FTE Request                                   | 0   |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 2, 3, 5, 9, 10, 11, 12, and 13                |



# Develop a behavioral health recovery home grant program

|   |  |
|---|--|
| Purpose                                       | <p>Develop a Recovery Home Grant Program to address significant gaps in access to recovery housing. In many regions of the state, there are no recovery homes. In the regions where recovery homes are present, they are not currently meeting the need and often do not provide service to those most in need.</p> <p>This strategy addresses housing needs alongside behavioral health needs – funding to assist in the development of these recovery housing opportunities.</p> |
| Funding Request                               | \$200,000  |
| FTE Request                                   | 0  |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 4, 6, 9, 10, 11, 12, and 13  |

# Implementation of the trauma-informed practices working group

|   |   |
|---|---|
| Purpose                                       | Implement a network of clinicians whose mission is to implement, evaluate, and sustain the practice of evidence-based mental health treatments for children who have experienced traumatic life events. |
| Funding Request                               | \$200,000   |
| FTE Request                                   | 0   |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 4, 5, 7, 9, 10, and 13  |

# Suicide prevention program (transfer from Department of Health)

|   |  |
|---|--|
| Purpose                                       | Enhance suicide prevention efforts and integrate suicide prevention efforts with behavioral health efforts being implemented across the continuum of care. |
| Funding Request                               | \$1,260,512  |
| FTE Request                                   | 1  |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 2, 3, 4, 5, 9, 10, 11, 12, and 13  |

# Section 3: Peer Support Certification

|   |  |
|---|--|
| Purpose                                       | Develop and implement a peer support specialist certification process in order for the service to be reimbursable through public and third-party insurers. |
| Funding Request                               | \$275,000  |
| FTE Request                                   | 1  |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 3, 4, 9, 10, 11, 12, 13  |



# Expand access to community-based behavioral health supports through Medicaid-funded Peer Support

## **Medical Services Budget**

|   |   |
|---|---|
| Purpose                                       | Provide funding for North Dakota Medicaid coverage for peer support for Medicaid-eligible individuals with substance use disorders (SUD), serious mental illness (SMI) and/or traumatic brain injury (TBI). |
| Funding Request                               | \$432,287 general fund  |
| FTE Request                                   | 0.5   |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 3, 4, 9, 10, 11, 12, 13   |

# Section 4: Community Behavioral Health Program

|   |
|---|
| Purpose                                       |
| Funding Request                               |
| FTE Request                                   |
| Alignment with Behavioral Health System Study |

Develop a “Free Through Recovery” program to support individuals outside of the criminal justice system with a behavioral health condition who display concerns/challenges in areas of daily living.

\$4,500,000

6

HSRI Recommendations: 3, 4, 6, 9, 10, 11,12, and 13

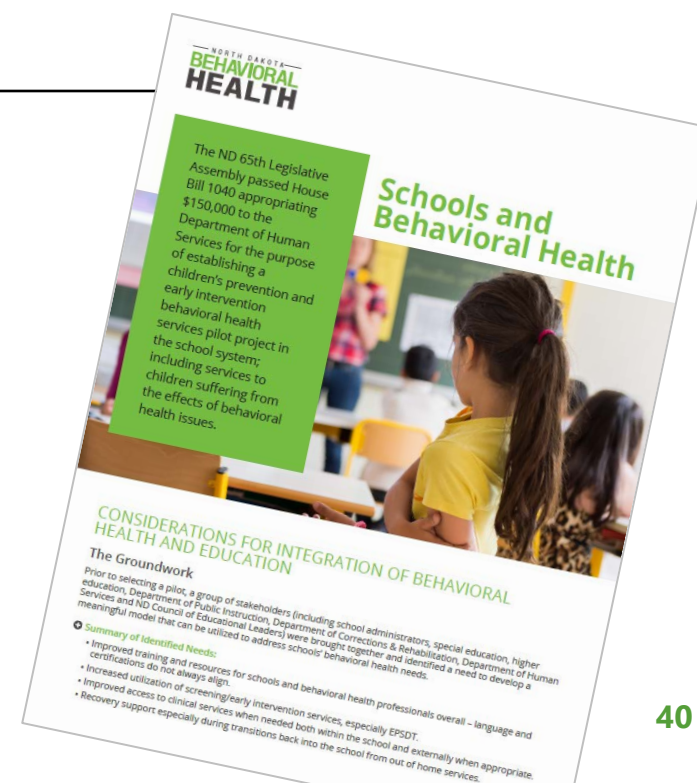


# Section 12: Mental Health Voucher

|   |  |
|---|--|
| Purpose                                       | Develop a Mental Health Voucher to address gaps in the state's mental health system. Vouchers may be used for individuals between 17 and 25 years of age with a serious emotional disturbance or serious mental illness. |
| Funding Request                               | \$1,050,000  |
| FTE Request                                   | 1  |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 3, 4, 6, 5, 9, 10, 11, 12, and 13  |

# Section 13: School Behavioral Health Program

|   |   |
|---|---|
| Purpose                                       | Continue support for the school system selected during the 2017-2019 biennium as well as expand to a rural and tribal school. |
| Funding Request                               | \$300,000   |
| FTE Request                                   | 0   |
| Alignment with Behavioral Health System Study | HSRI Recommendations: 2, 3, 4, 5, 9, 10, 11, and 13   |



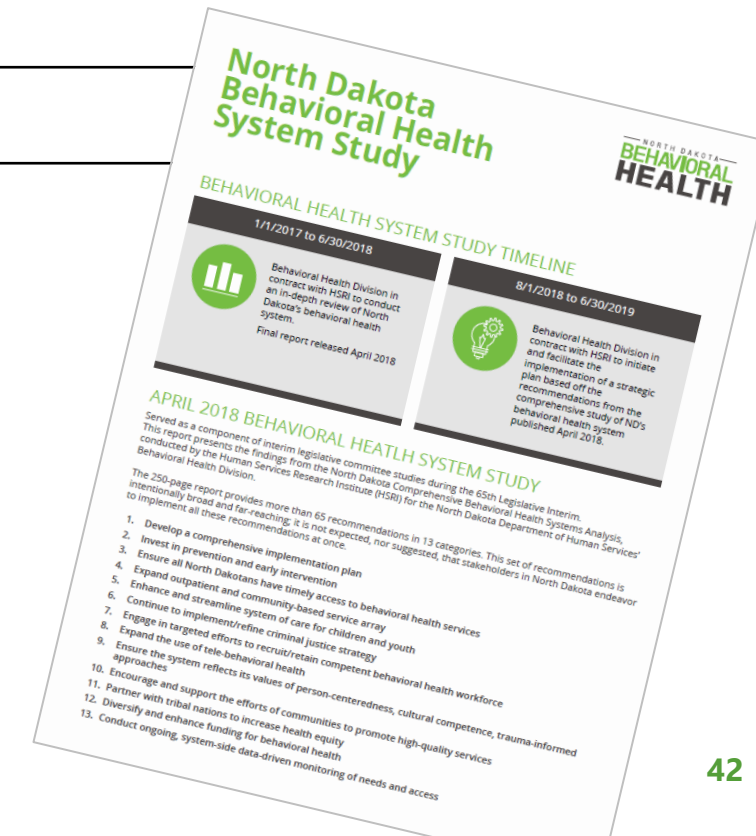


## Section 23: Process and Outcome Measures

Behavioral health service providers that receive funding from the department of human services shall submit process and outcome measures to the department of human services for programs and services supported by state funding during the biennium beginning July 1, 2019 and ending June 30, 2021.

# Section 30: Sustain Human Services Research Institute Behavioral Health Study implementation support

|   |   |
|---|---|
| Purpose                                       | Continue coordinated implementation of the 13 recommendations published in the North Dakota Behavioral Health System Study. |
| Funding Request                               | \$300,000   |
| FTE Request                                   | 0   |
| Alignment with Behavioral Health System Study | HSRI Recommendations: ALL   |



# Behavioral Health Matrix

2/17/2019

## 2019 Legislative Session - Behavioral Health Bills

| Behavioral Health Continuum | SB 2012   |   |             | Governor's Executive Budget   |     |   | Bills                  |          |   |     |   |                                 | HSRI Recommendations       |
|-----------------------------|---|---|-------------|---|-----|---|------------------------|----------|---|-----|---|---------------------------------|----------------------------|
|                             | Description   | FTE   | Funding     | Description   | FTE | Funding Request                                   | CURRENT SENATE         | Bill     | Description   | FTE | Funding   | PROGRESS                        |                            |
| Undetermined                |   |   |             |   |     |   |                        | SB 2026  | MH voucher  | 1   | \$1,050,000 general fund                            | in SB2012 (\$1,050,000 + 1 FTE) | 3, 4, 12                   |
| Prevention                  |   |   |             |   |     |   |                        | SB 2028  | Behavioral health prevention and early intervention services  |     | \$600,000 general fund                              | in SB2012 (\$300,000 for MH)    | 2, 3, 10, 11, 12, 13       |
| Recovery                    | DOCR original Free Through Recovery   |   |             | Community behavioral health program expansion (FTR)                               | 6   | \$4,500,000 general fund                          | same                   | SB 2029  | Community behavioral health program expansion (FTR)   | 6   | \$5,250,000 general fund; \$1,750,000 other funds   | in SB2012 (\$4,500,000 + 6 FTE) | 3, 4, 6, 9, 10, 11, 12, 13 |
| Full Continuum              | Workforce Development   | 0   | \$0         | Continued implementation of the HSRI study  |     | \$300,000 general fund                            | same                   | SB 2030  | Continued implementation of the HSRI study  | 1.5 | \$408,000 general fund                              | in SB2012 (\$300,000)           | 1, 13                      |
| Recovery                    |   |   |             | Peer support certification  | 1   | \$275,000 general fund                            | same                   | SB 2032  | Peer support certification  | 1   | \$275,000 general fund; \$275,000 other funds       | in SB2012 (\$275,000 + 1 FTE)   | 3, 4, 9, 10, 11, 12, 13    |
| Treatment                   | Targeted case management  | 0   | \$0         | Targeted case management (all providers)  |     |   | same                   | SB 2031  | Targeted case management (all providers)  | 1   | \$12,196,834 general fund; \$12,196,834 other funds |                                 | 3, 4, 5, 10, 11, 12, 13    |
| Recovery                    |   |   |             | Access Medicaid funding for peer support services                                 | 0.5 | \$432,287 general fund                            | same                   |          |   |     |   |                                 | 3, 4, 9, 10, 11, 12, 13    |
| Prevention                  | School behavioral health program  | 0   | \$0         | School behavioral health program  |     | \$300,000 general fund                            | same                   |          |   |     |   |                                 | 2, 3, 4, 5, 9, 10, 11, 13  |
| Early Intervention          |   |   |             | 1915i Medicaid plan amendment   | 3   | \$2,553,475 general fund; \$3,844,919 other funds | added SB2298           |          |   |     |   |                                 | 3, 4, 9, 10, 11, 12, 13    |
| Recovery                    |   |   |             |   |     |   |                        |          |   |     |   |                                 |                            |
| Treatment                   | Substance Use Disorder (SUD) voucher program                                      | \$3,314,295 general fund; \$1,779,159 other funds (tobacco) |             | Substance Use Disorder (SUD) voucher program funding expansion                    | 2   | \$3,053,523 general fund                          | added SB2175           | HB 1105  | Relating to treatment services for children with serious emotional disorders and the substance use disorder treatment voucher system.                   | 0   | 0   | PASSED HOUSE                    | 3, 4, 9, 10, 11, 12, 13    |
| Recovery                    | BASE  |   |             |   |     |   |                        | SB 2175  | Relating to the substance use disorder treatment voucher system.  | 0   | \$175,091 general fund                              | in SB2012 (\$175,091)           |                            |
| Prevention                  | Parents Lead BASE   | \$100,000 general fund                                      |             | Restore Parents Lead program  |     | \$100,000 general fund                            | \$260,000 general fund |          |   |     |   |                                 | 2, 5, 9, 10, 11, 12, 13    |
| Recovery                    |   |   |             | Recovery home grant program   |     | \$200,000 general fund                            | same                   |          |   |     |   |                                 | 3, 4, 9, 10, 11, 12, 13    |
| Prevention                  | DOH Suicide prevention program  |   |             | Suicide prevention program  | 1   | \$1,260,512 general fund                          | same                   | SB 2198  | Relating to duties of the department of human services behavioral health division.  | 0   | 0   | PASSED SENATE                   | 2, 3, 4, 5, 9, 10, 11, 13  |
| Early Intervention          |   |   |             |   |     |   |                        |          |   |     |   |                                 |                            |
| Treatment                   |   |   |             | Expand crisis services capacity across regions to meet statutory requirements     | 27  | \$4,275,000                                       | same                   |          |   |     |   |                                 | 3, 4, 9, 10, 11, 12, 13    |
| Treatment                   | Maintain funding for behavioral health-related FTE positions at the regional HSCs | 7   | \$1,120,973 | Maintain funding for behavioral health-related FTE positions at the regional HSCs | 7   | \$1,120,973                                       |                        |          |   |     |   |                                 | 3, 4, 9, 10, 12, 13        |
| Treatment                   |   |   |             |   |     |   |                        | HB 1100  | Relating to fees charged by the behavioral health division...   | 0   | 0   | PASSED HOUSE                    |                            |
| Treatment                   |   |   |             |   |     |   |                        | HB 1103  | Relating to licensure of an opioid treatment medication unit and fees...  | 0   | 0   | PASSED HOUSE                    | 3, 4, 9, 10, 11, 13        |
| Prevention                  |   |   |             |   |     |   |                        | HB 1237  | Relating to child sexual abuse education in schools.  | 0   | 0   | PASSED HOUSE                    | 5                          |
| Prevention                  |   |   |             |   |     |   |                        | HB 1442  | Relating to requiring reasonable suspicion for certain traffic stops  | 0   | 0   | PASSED HOUSE                    |                            |
|                             |   |   |             |   |     |   |                        | SB 2052  | Relating to school district safety plans  | 0   | 0   | PASSED SENATE                   | 5                          |
| Early Intervention          |   |   |             |   |     |   |                        | SB 2114  | Relating to the penalty for individuals under twenty-one years of age using alcoholic beverages or entering licensed premises; and to provide a penalty | 0   | 0   | PASSED SENATE                   | 2, 3, 4, 5, 7, 9, 10, 11   |
| Prevention                  |   |   |             |   |     |   |                        | SB 2149  | Relating to mandatory instruction for students in mental health awareness and suicide prevention  | 0   | 0   | PASSED SENATE                   | 2, 5                       |
| Early Intervention          |   |   |             |   |     |   |                        |          |   |     |   |                                 |                            |
| Full Continuum              |   |   |             |   |     |   |                        | SB 2204  | Relating to establishing a commission on children's health and well-being   | 0   | 0   | FAILED SENATE (in SB 2313)      |                            |
| Treatment                   |   |   |             |   |     |   |                        | SB 2240  | Relating to references to substance abuse disorders.  | 0   | 0   | PASSED SENATE                   | 9                          |
|                             |   |   |             |   |     |   |                        | SB 2266  | Relating to the adoption of a restraint and seclusion policy by school districts, the prohibition of seclusion...                                       | 0   | \$500,000 foundation aid stabilization fund         | FAILED SENATE                   | 5                          |
| Treatment                   |   |   |             |   |     |   |                        | SB 2291  | Relating to creation of a trauma-informed practices working group...  | 0   | \$200,000 general fund                              | in SB2012 (\$200,000)           | 3, 4, 5, 7, 9              |
| Recovery                    |   |   |             |   |     |   |                        | SB 2298  | 1915i Medicaid state plan amendment for youth.  | 2   | \$2,900,000 general fund; \$1,400,000 other funds   | in SB2012                       | 3, 4, 5, 9, 10, 11, 12, 13 |
| Undetermined                |   |   |             |   |     |   |                        | SB 2300  | Provide grants to school districts for student behavioral health needs.   | 0   | \$1,300,000 general fund                            | PASSED SENATE                   |                            |
| Early Intervention          |   |   |             |   |     |   |                        | SB 2313  | Relating to duties of the department of human services and creation of a children's commission  | 0   | 0   | PASSED SENATE                   | 3, 4, 5, 9, 10, 11, 13     |
| Treatment                   |   |   |             |   |     |   |                        | SCR 4004 | studying the impact of violent, disruptive, and inappropriate behavior within the educational environment   | 0   | 0   | PASSED SENATE                   |                            |
| Recovery                    |   |   |             |   |     |   |                        |          |   |     |   |                                 |                            |

|                         |
|-------------------------|
| DHS Base Budget         |
| OARs                    |
| Interim-Committee Bills |
| Other Bills             |





# 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.

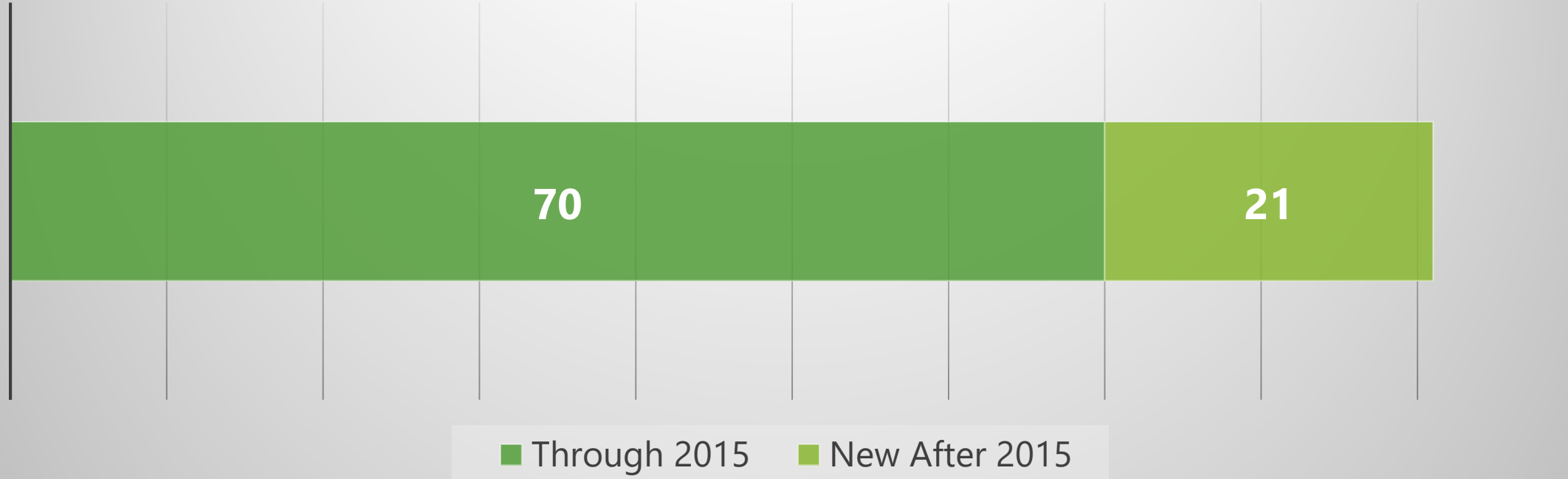
2

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

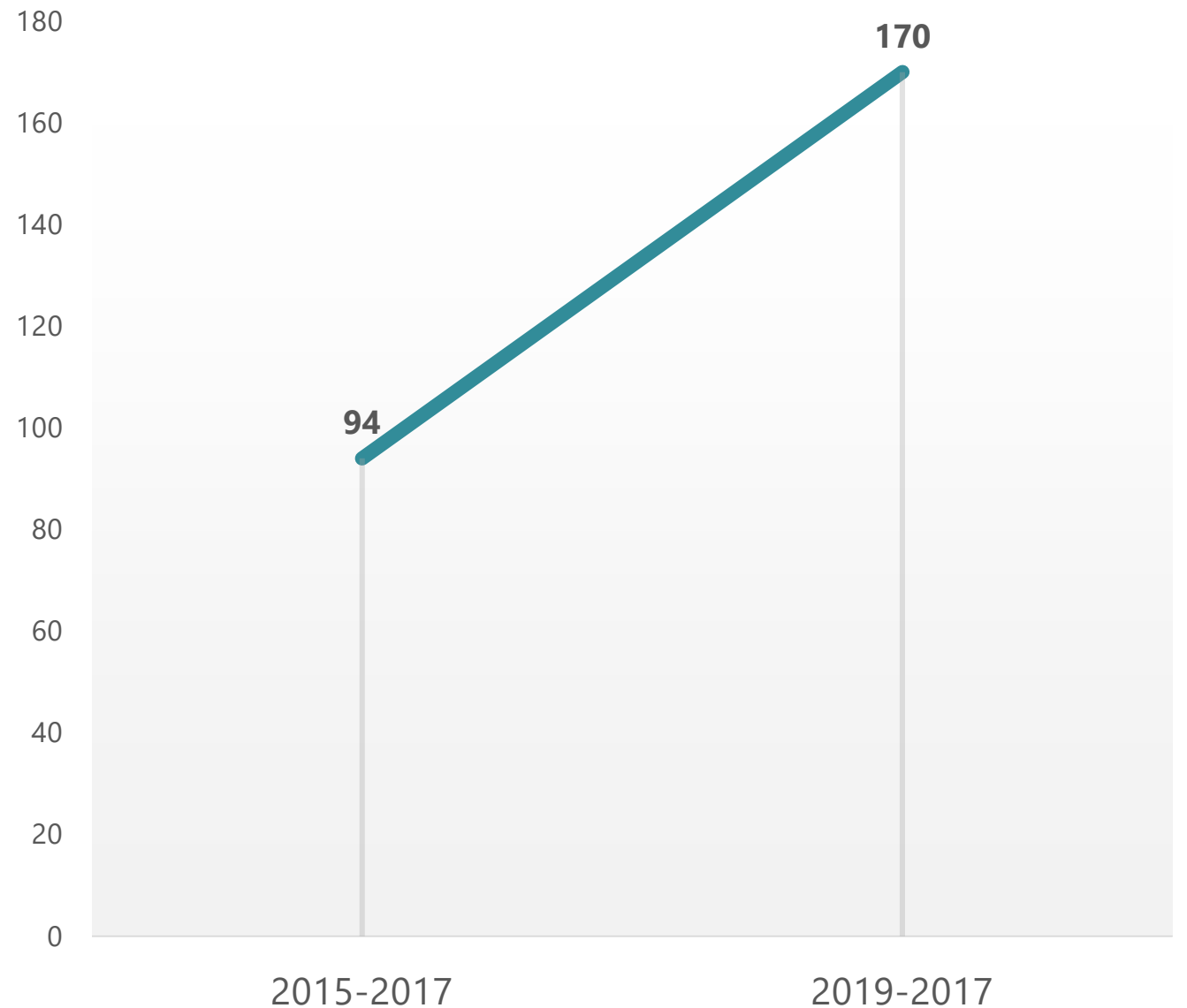
3

Providing policy leadership in partnership with public and private entities

The Division identifies goals and administers  
over 90 programs/initiatives.  
(21 of which are new since the 2015 session)



The Division saw a **81% increase** in the number of contracts from the 2015-2017 biennium to the current 2017-2019 biennium.





# COMMUNITY BEHAVIORAL HEALTH PROMOTION



1. Increase implementation of effective prevention statewide<sup>2/3/10</sup>



2. Decrease underage drinking<sup>2</sup>



3. Decrease adult binge drinking and related consequences<sup>2</sup>



4. Decrease opioid misuse and overdose<sup>2</sup>



5. Develop early intervention capacity<sup>2/3</sup>



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<sup>3/4/8/10</sup>

 2. Improve family-driven services and supports<sup>5</sup>

 3. Develop early intervention capacity<sup>2/3</sup>

 4. Improve access to quality services<sup>10</sup>

 5. Partner with schools to support children's behavioral health across the continuum<sup>5</sup>

 6. Develop diversion capacity and support individuals in juvenile justice<sup>6</sup>

## 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<sup>3/4/8/10</sup>

 2. Develop and enhance recovery support services<sup>4</sup>

 3. Develop early intervention capacity<sup>2/3</sup>

 4. Stop shame and stigma surrounding addiction<sup>10</sup>

 5. Develop diversion capacity and support individuals with substance use disorder in the justice system<sup>6</sup>

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 services<sup>4</sup>**

 **3. Develop early intervention capacity<sup>2/3</sup>**

 **4. Stop shame and stigma surrounding mental illness and promote mental health<sup>10</sup>**

 **5. Develop diversion capacity and support individuals with mental illness in the justice system<sup>6</sup>**

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

A close-up photograph of a cornfield with green leaves and brown tassels against a blue sky with light clouds. The image is dimmed to serve as a background for the text.

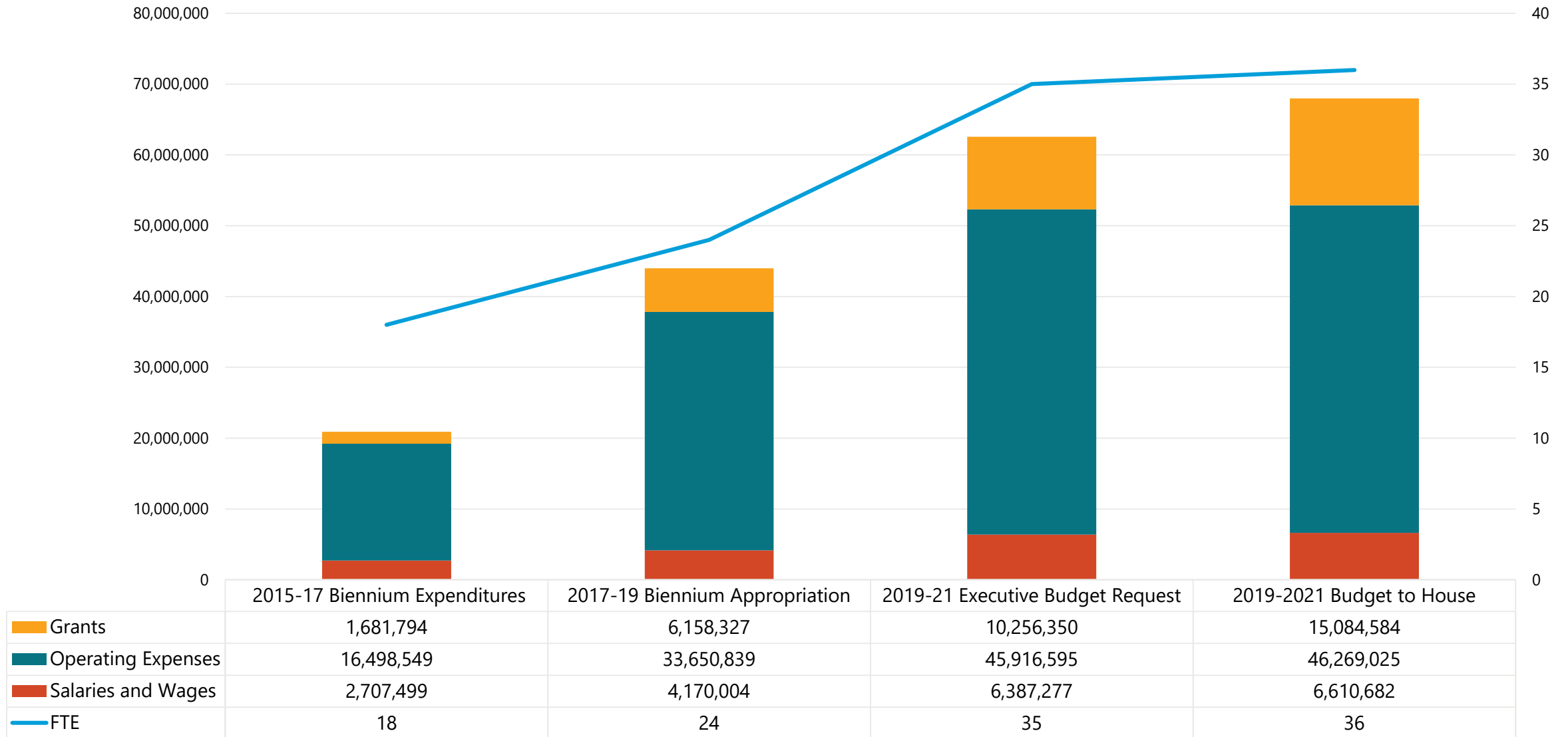
# BUDGET OVERVIEW

## Behavioral Health Division

# OVERVIEW OF BUDGET CHANGES

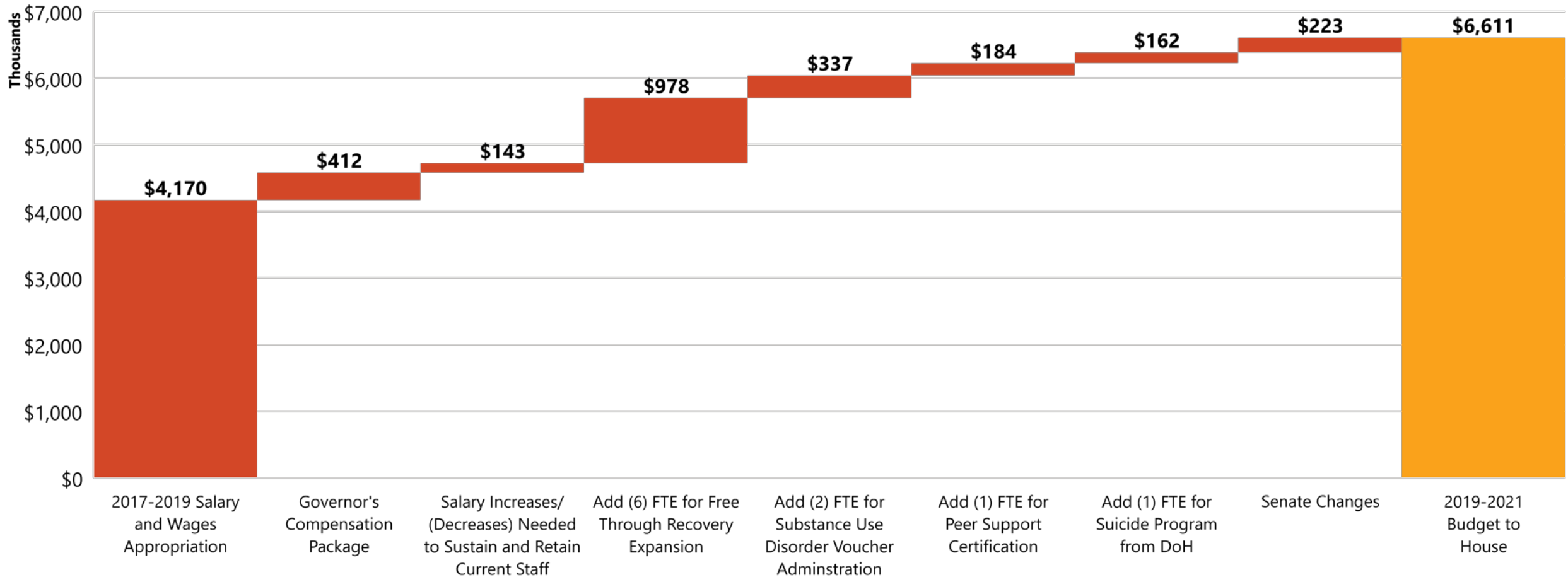
| Description                       | 2017-2019 Budget | Increase/ (Decrease) | 2019-2021 Executive Budget | Senate Changes | 2019-2021 Budget to House |
|-----------------------------------|------------------|----------------------|----------------------------|----------------|---------------------------|
| <b>Salary and Wages</b>           | 4,170,004        | 2,217,272            | 6,387,276                  | 223,406        | 6,610,682                 |
| <b>Operating Grants</b>           | 33,650,839       | 12,265,756           | 45,916,595                 | 352,430        | 46,269,025                |
| <b>Total</b>                      | 43,979,170       | 18,581,051           | 62,560,221                 | 5,404,070      | 67,964,291                |
| <b>General Fund</b>               | 8,125,381        | 12,251,198           | 20,376,579                 | 2,253,420      | 22,629,999                |
| <b>Federal Funds</b>              | 26,366,830       | 8,115,958            | 34,482,788                 | 3,162,092      | 37,644,880                |
| <b>Other Funds</b>                | 9,486,959        | (1,786,105)          | 7,700,854                  | (11,442)       | 7,689,412                 |
| <b>Total</b>                      | 43,979,170       | 18,581,051           | 62,560,221                 | 5,404,070      | 67,964,291                |
| <b>Full Time Equivalent (FTE)</b> | 24.00            | 11.00                | 35.00                      | 1.00           | 36.00                     |

# OVERVIEW OF BUDGET CHANGES

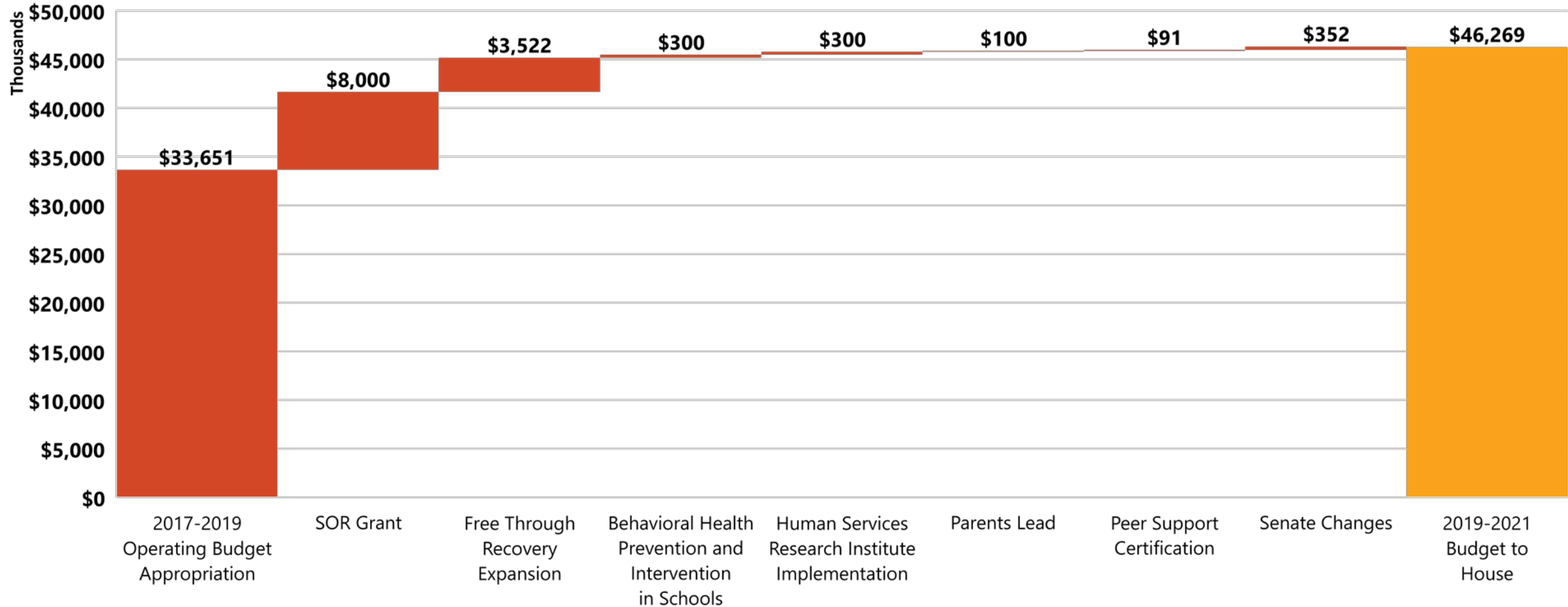




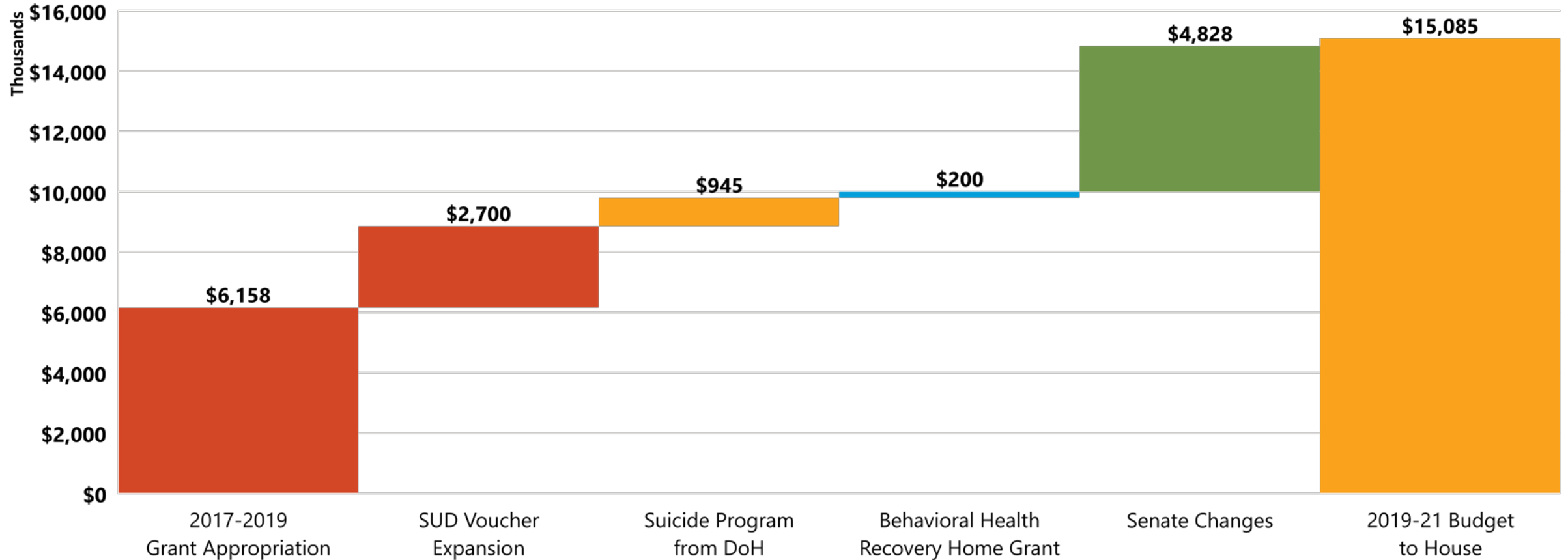
# MAJOR SALARY AND WAGES DIFFERENCES



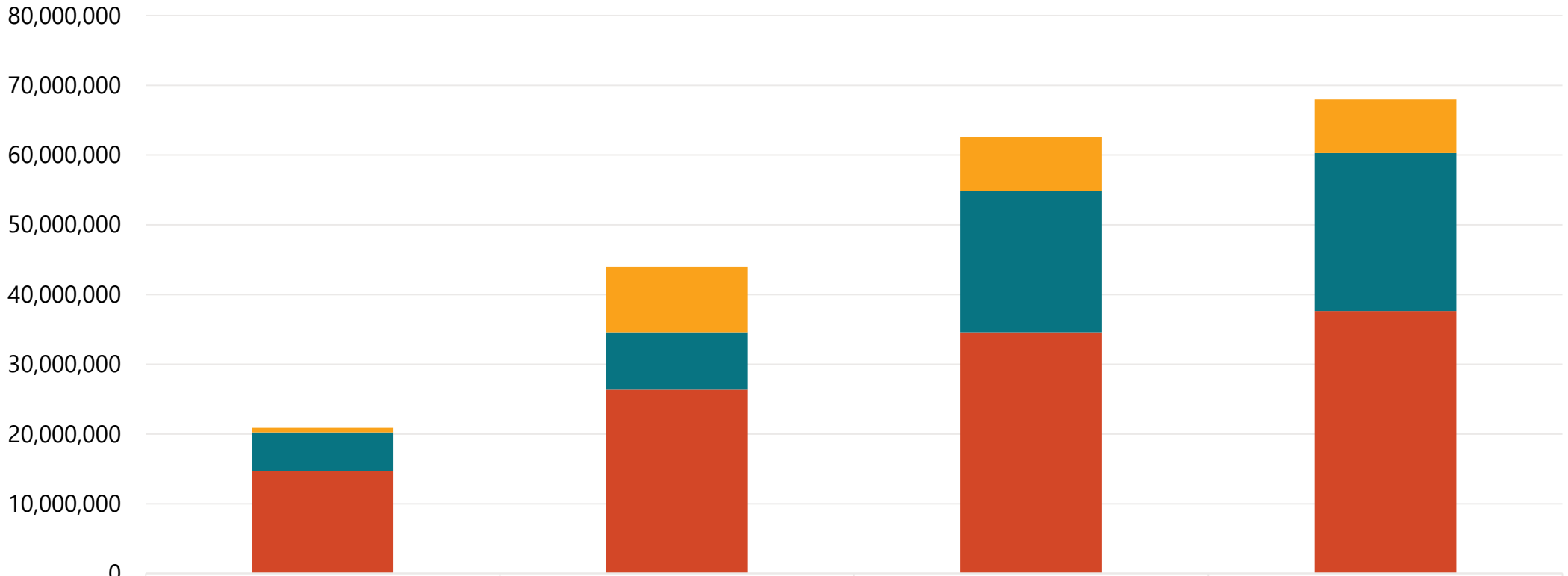
# MAJOR OPERATING DIFFERENCES



# MAJOR GRANT DIFFERENCES



# OVERVIEW OF FUNDING SOURCES



|                    | 2015-17 Biennium Expenditures | 2017-19 Biennium Appropriation | 2019-21 Executive Budget Request | 2019-21 Budget to House |
|--------------------|-------------------------------|--------------------------------|----------------------------------|-------------------------|
| Special Funds      | 652,791                       | 9,486,959                      | 7,700,854                        | 7,689,412               |
| State General Fund | 5,545,754                     | 8,125,381                      | 20,376,580                       | 22,629,999              |
| Federal Funds      | 14,689,297                    | 26,366,830                     | 34,482,788                       | 37,644,880              |

— NORTH DAKOTA —

# BEHAVIORAL HEALTH

