

Senate Bill 2012
Senate Appropriations
Senator Ray Holmberg, 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)

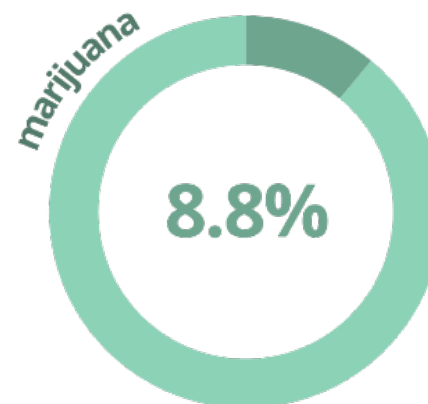
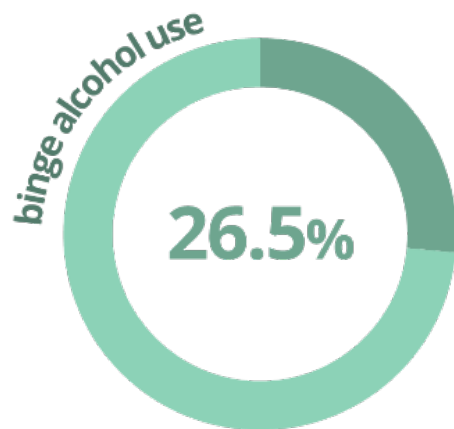
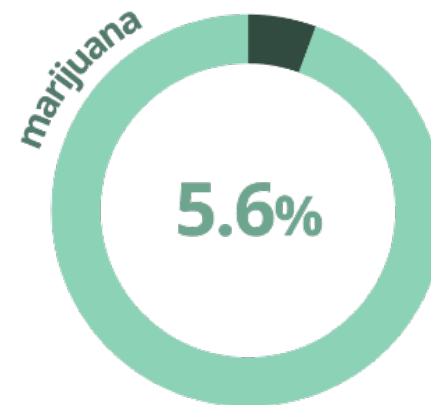
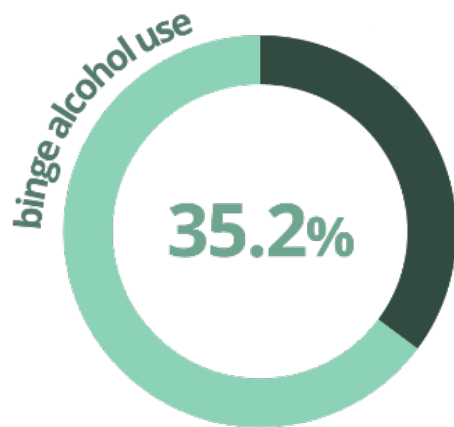


Persons with behavioral health disorders die, on average, about *5 years earlier* than persons without these disorders.

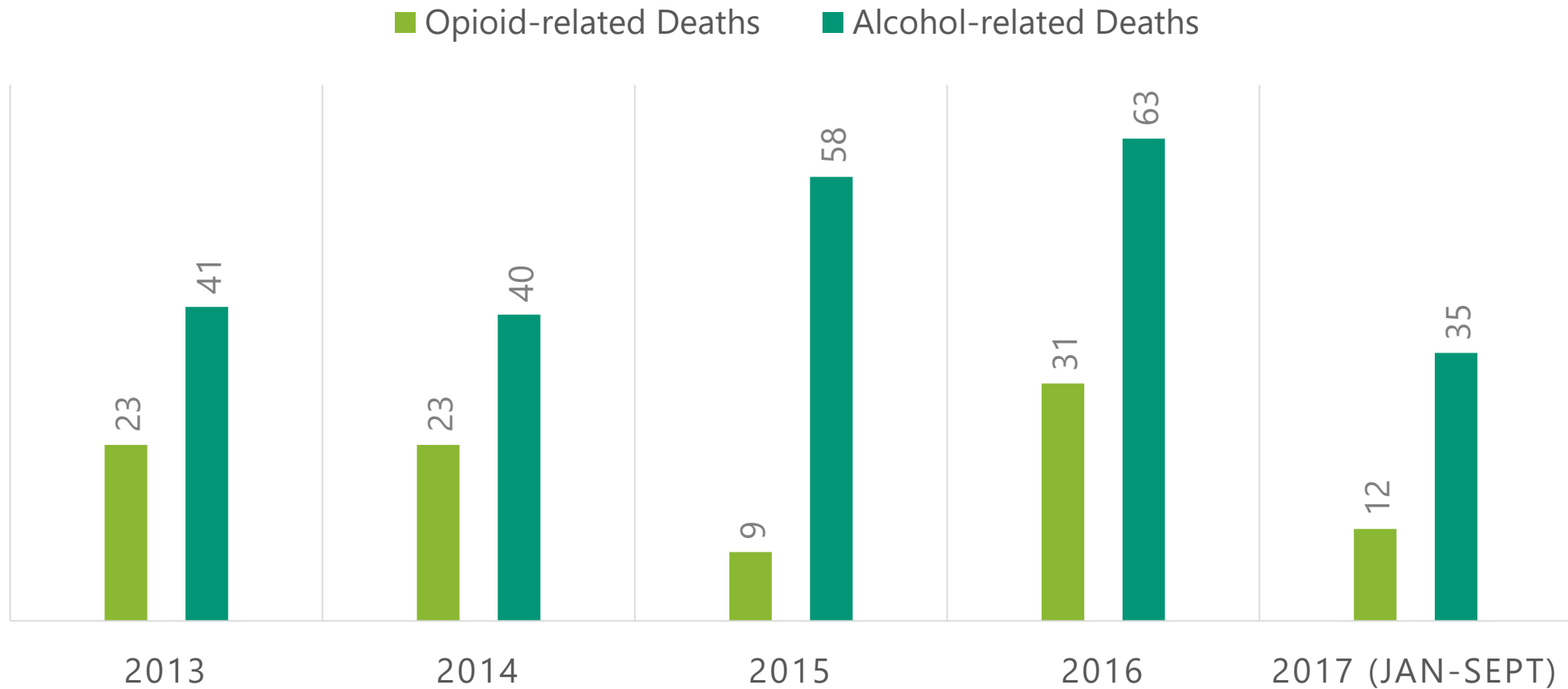


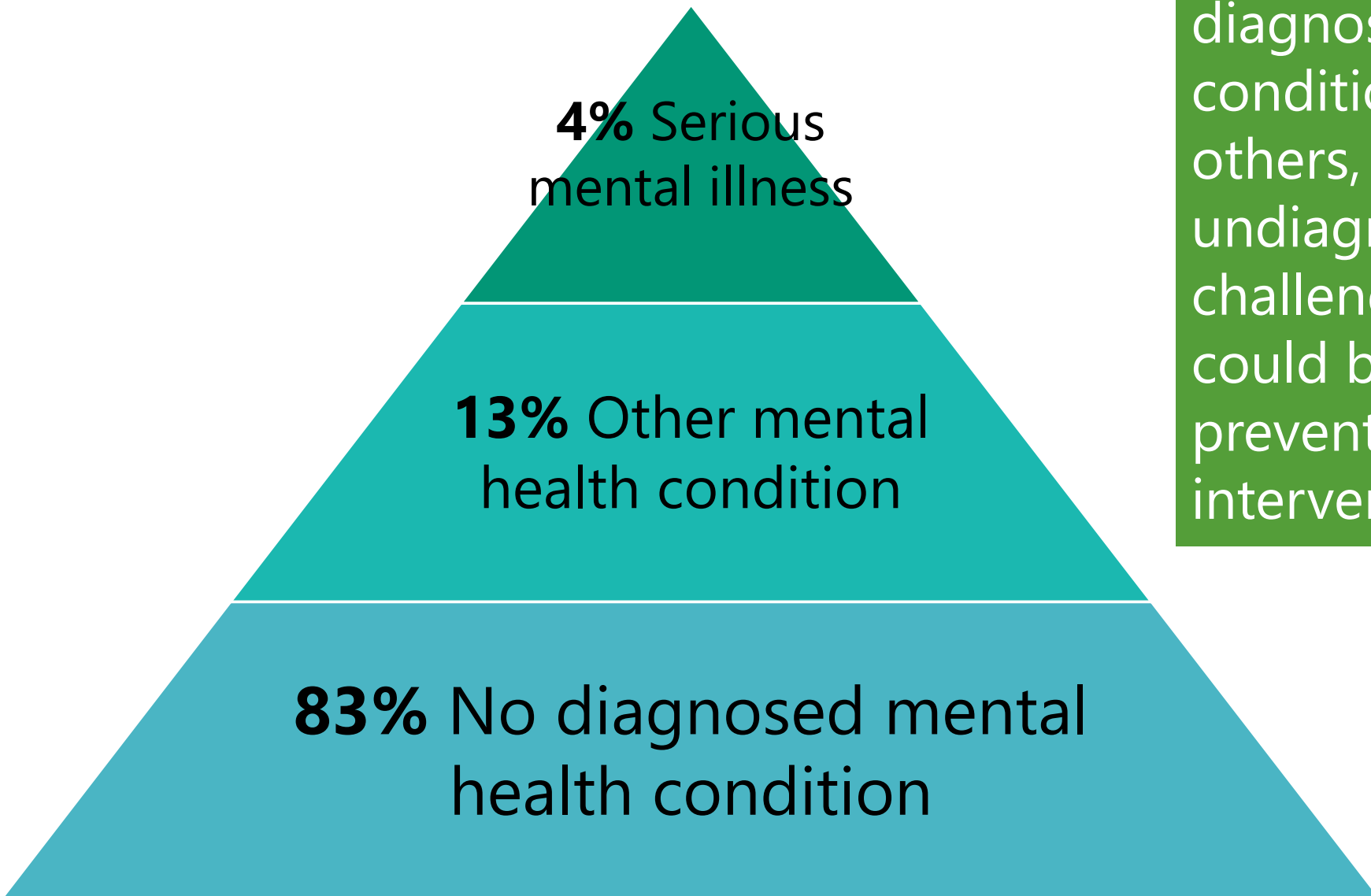
Persons with serious mental illness (SMI) are now dying *25 years earlier* than the general population

Adults Age 18 and Older Past 30-Day Substance Use



Opioid and Alcohol Related Deaths (Cass County)



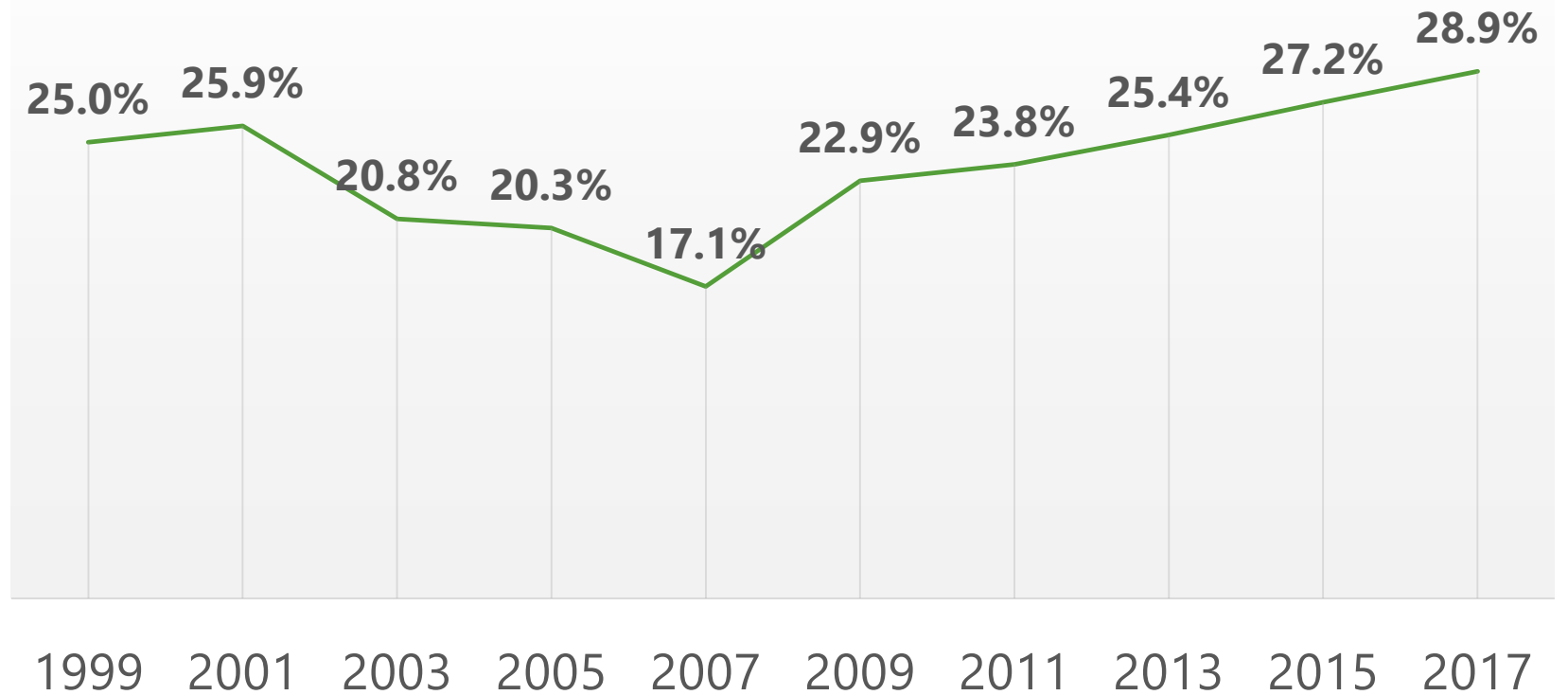


The estimated 83% of adults in North Dakota with no diagnosed mental health condition includes, among others, individuals with undiagnosed mental health challenges and individuals who could benefit from primary prevention and early intervention strategies.

North Dakota High School Students reported feeling sad or hopeless

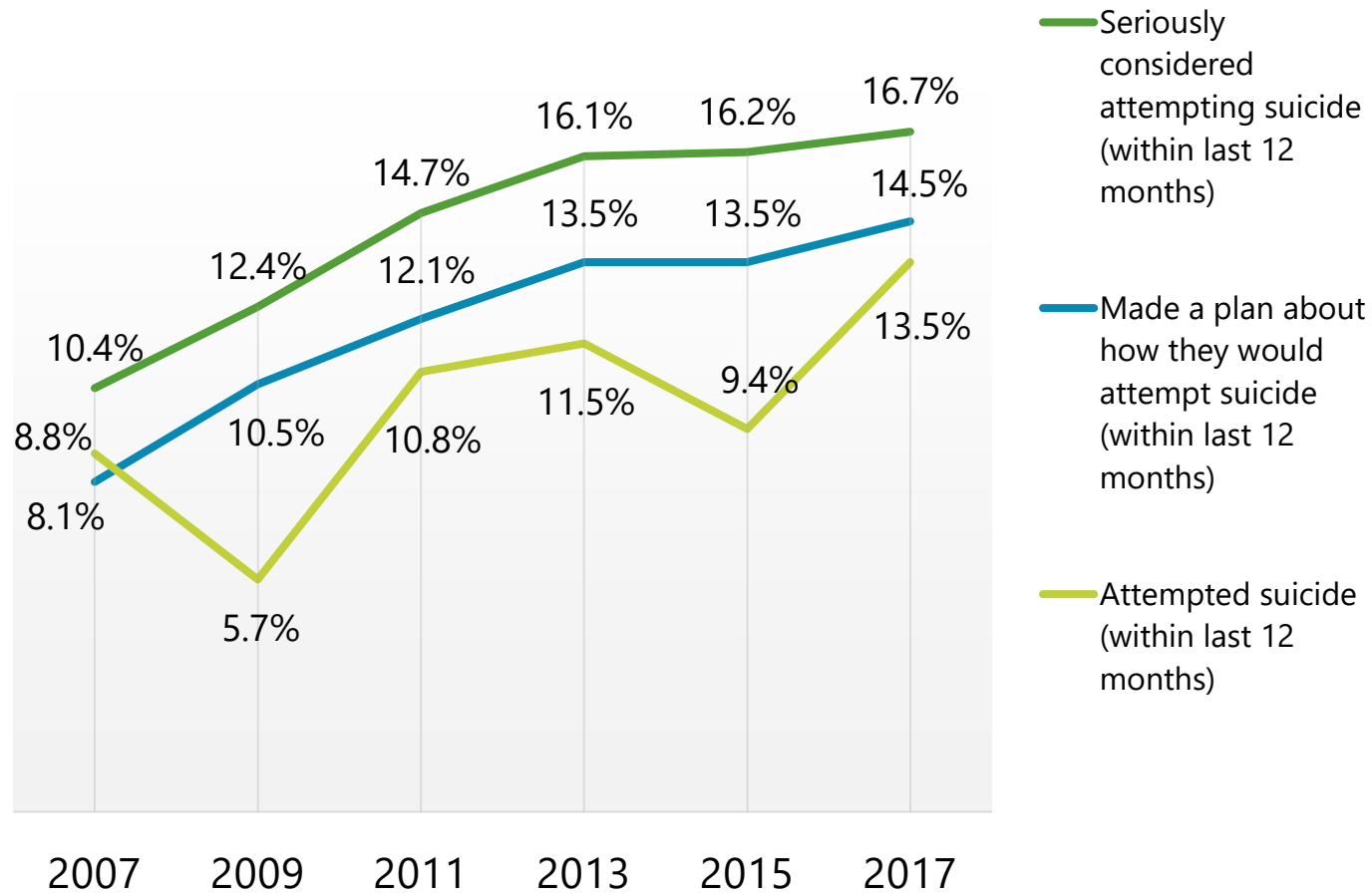
(almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the last 12 months)

Youth Risk Behavior Survey

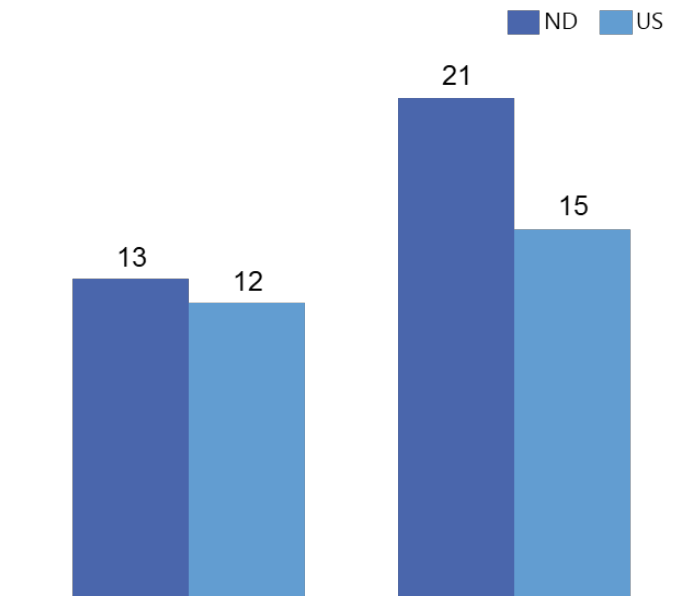


ND High School Students

Youth Risk Behavior Survey



Suicide rate
of people per 100k



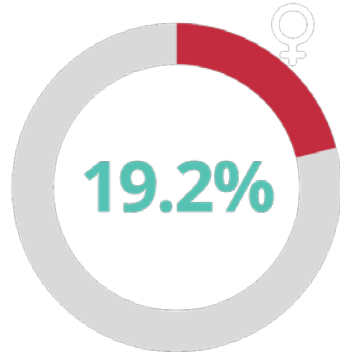
Center for Disease Control

Behavioral Health in North Dakota: Youth

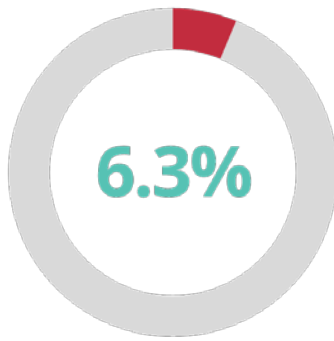


SUICIDE AND MENTAL ILLNESS

ND Middle School Students

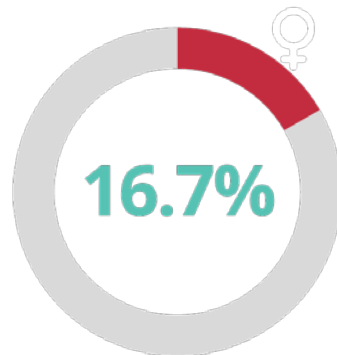


seriously thought about killing themselves in their life.



tried to kill themselves at least once in their life.

ND High School Students

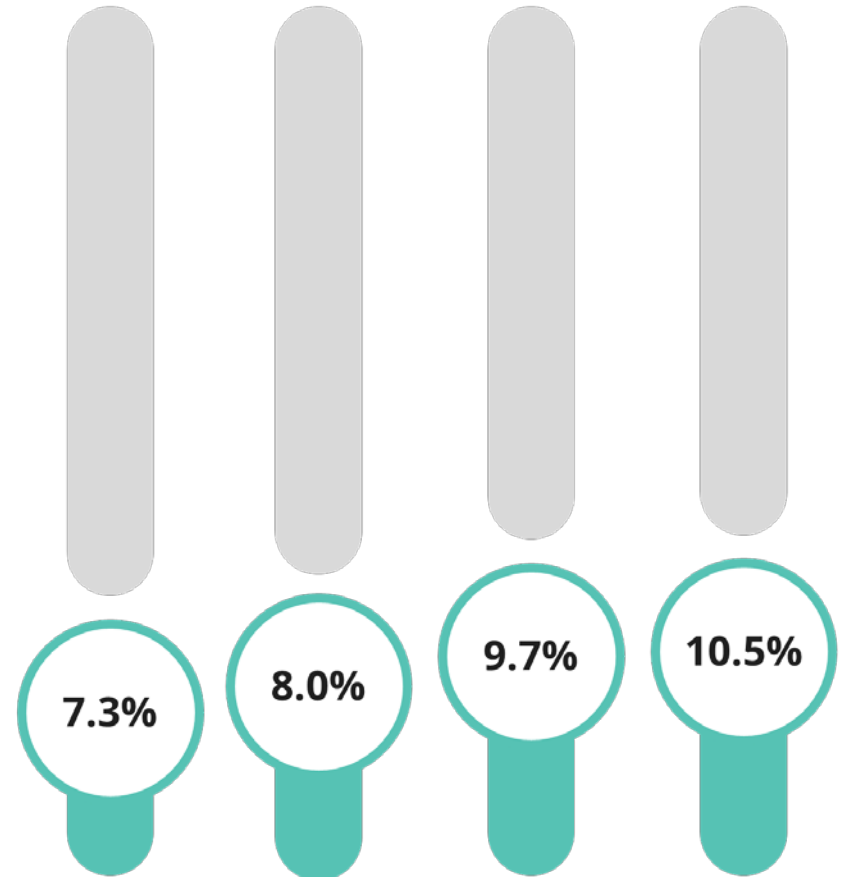


seriously considered attempting suicide in the past year.



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

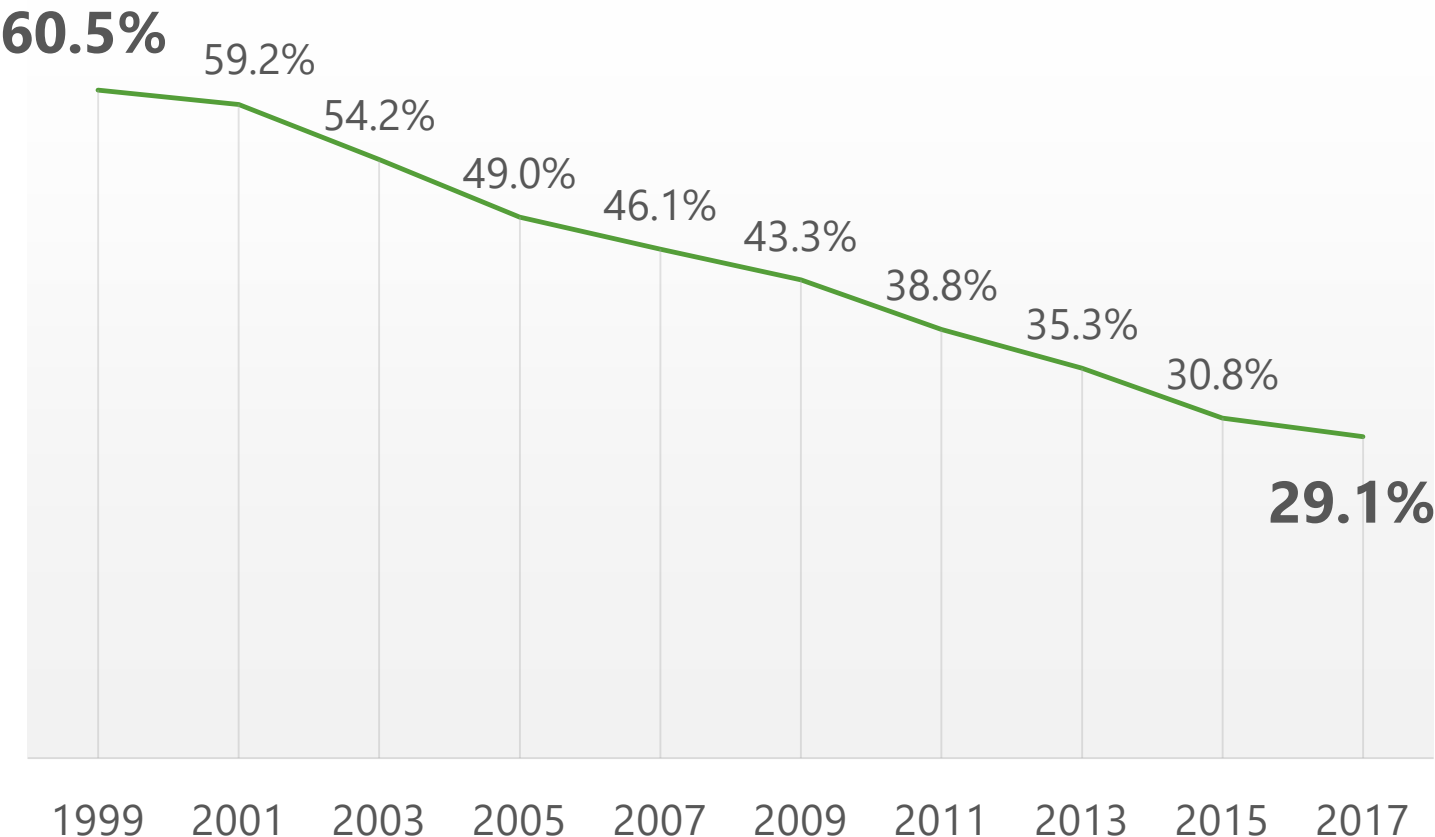
2012-2013

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.



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

Behavioral Health Division in contract with HSRI to conduct an in-depth review of North Dakota's behavioral health system.

Final report released April 2018

1/1/2017 TO
6/30/2018



Behavioral Health Division in contract with HSRI to initiate and facilitate the implementation of a strategic plan based off the recommendations from the comprehensive study of ND's behavioral health system published April 2018.

8/1/2018 TO
6/30/2019



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.

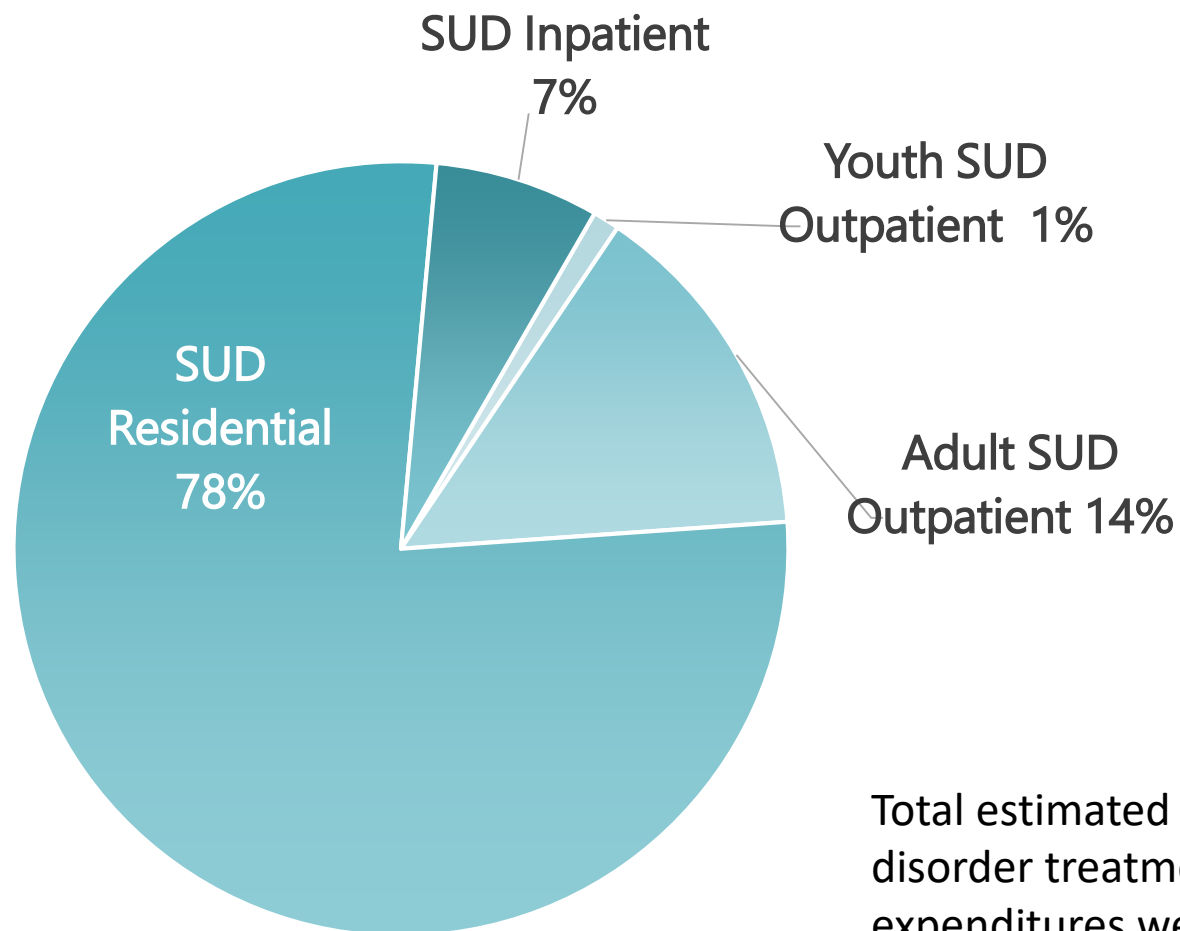
1. **Develop a comprehensive implementation plan**
2. **Invest in prevention and early intervention**
3. **Ensure all North Dakotans have timely access to behavioral health services**
4. **Expand outpatient and community-based service array**
5. **Enhance and streamline system of care for children and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

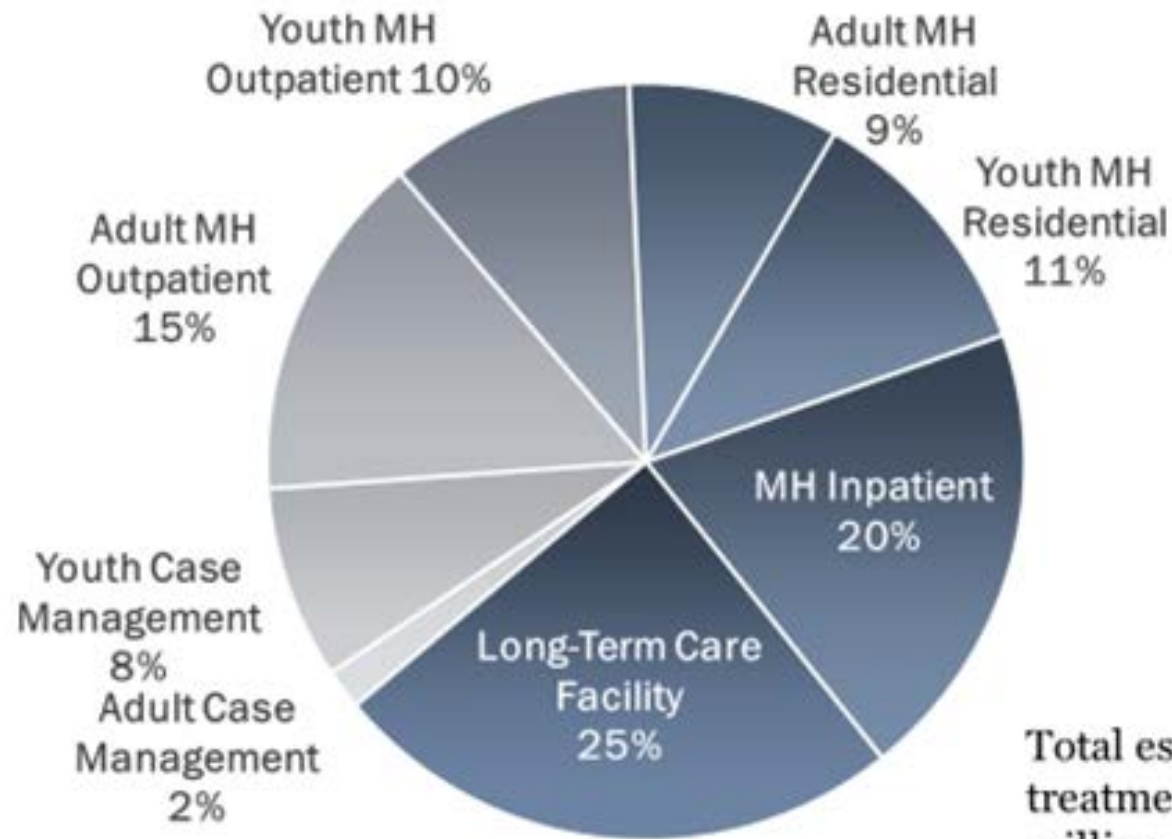
1. Develop a comprehensive implementation plan
2. Invest in prevention and early intervention
3. Ensure all North Dakotans have timely access to behavioral health services
4. Expand outpatient and community-based service array
5. Enhance and streamline system of care for children and youth
6. Continue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

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



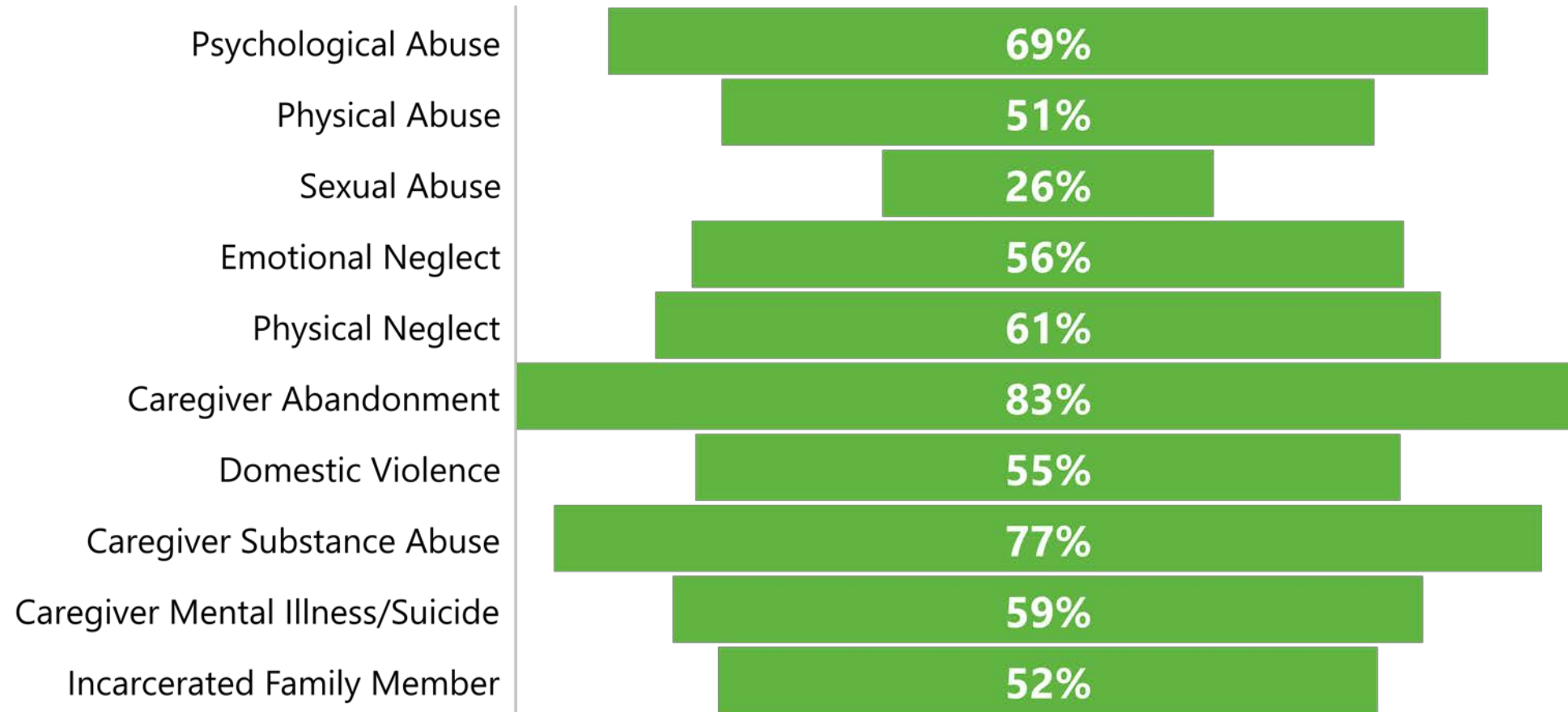
Total estimated substance use disorder treatment expenditures were \$19 million

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.



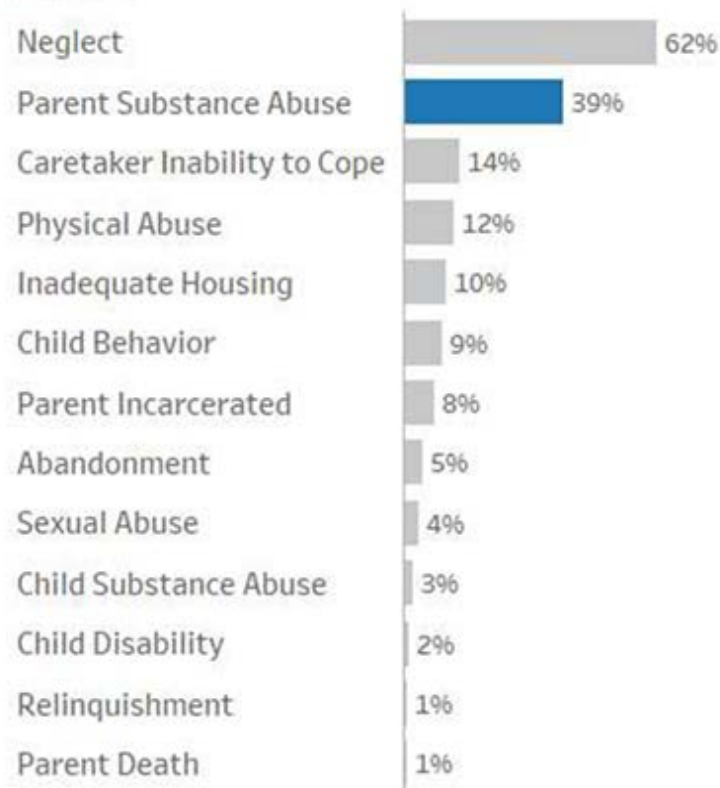
42% of children removed from their home was because of parent substance abuse.

Removal reasons

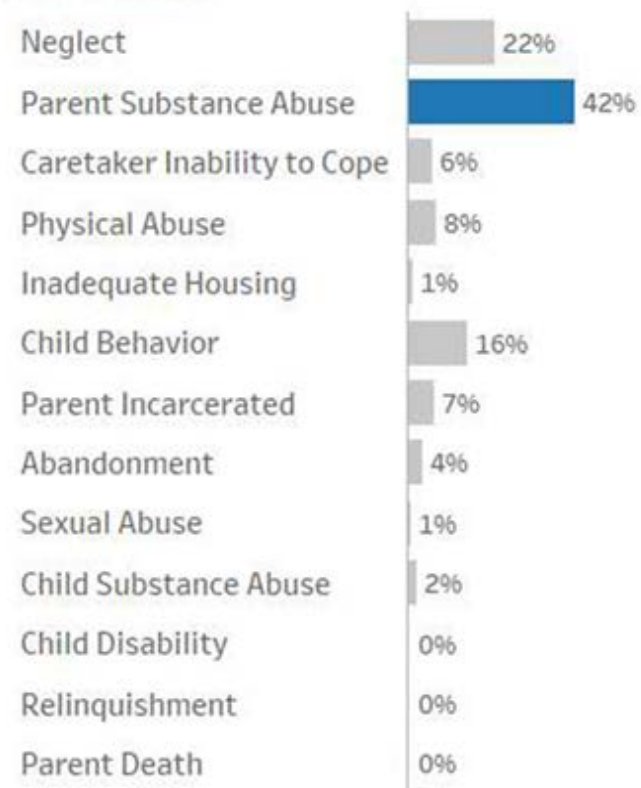
Percent of children entering care for each removal reason

(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.

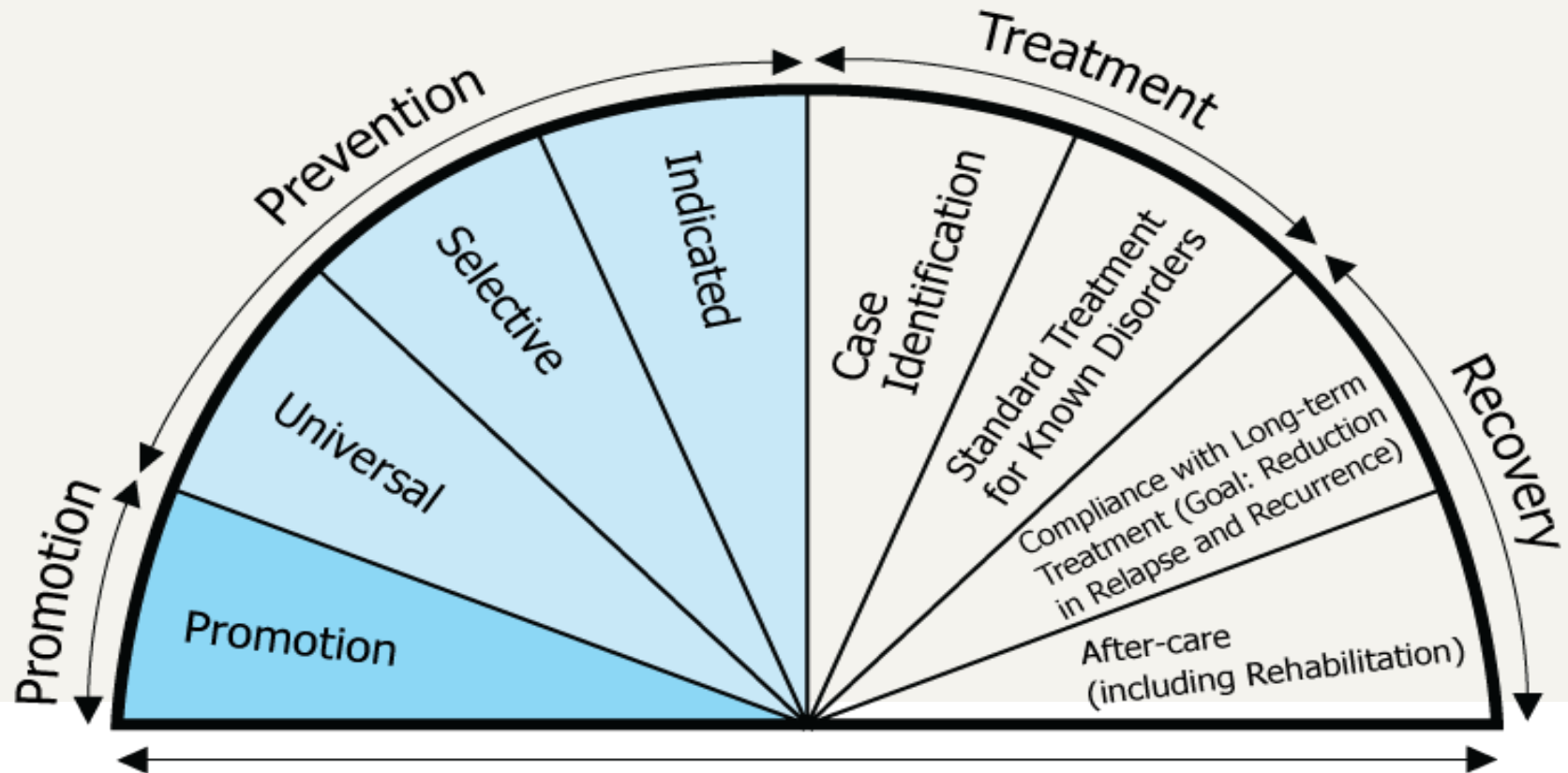
Recent loss of grandmother and suicidal ideation led to an emergency department visit.

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

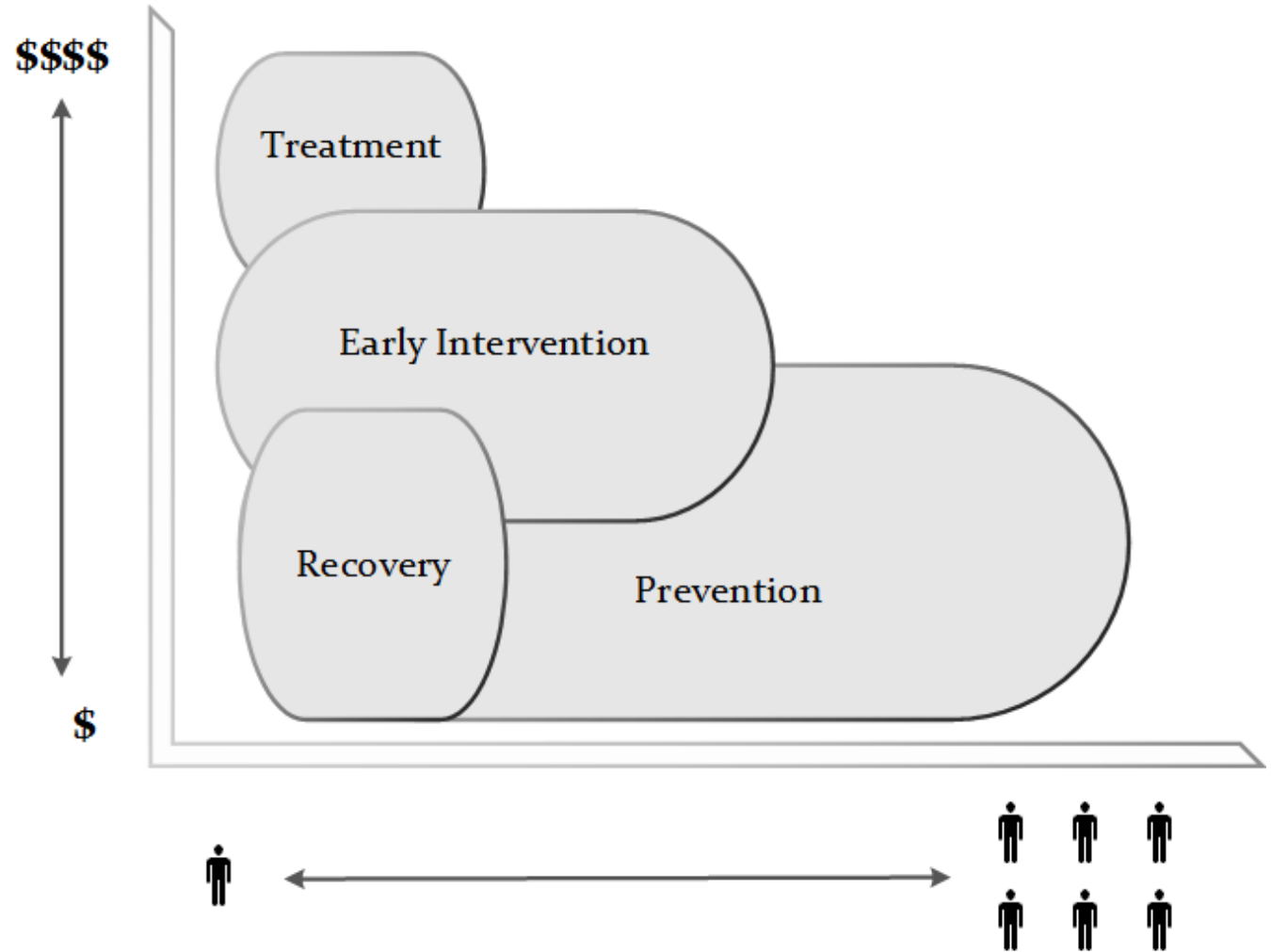
A program out of state will take Jessica but only if she is referred from social services & on ND Medicaid.

Behavioral Health Continuum of Care Model

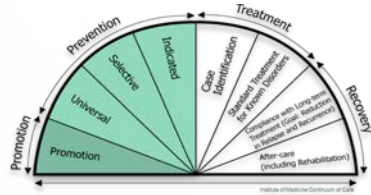
The goal of this model is to ensure there is access to a full range of high quality services to meet the various needs of North Dakotans.



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



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 initiatives in these four primary areas:



21 initiatives 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^{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

Behavioral Health Matrix

1/16/2019

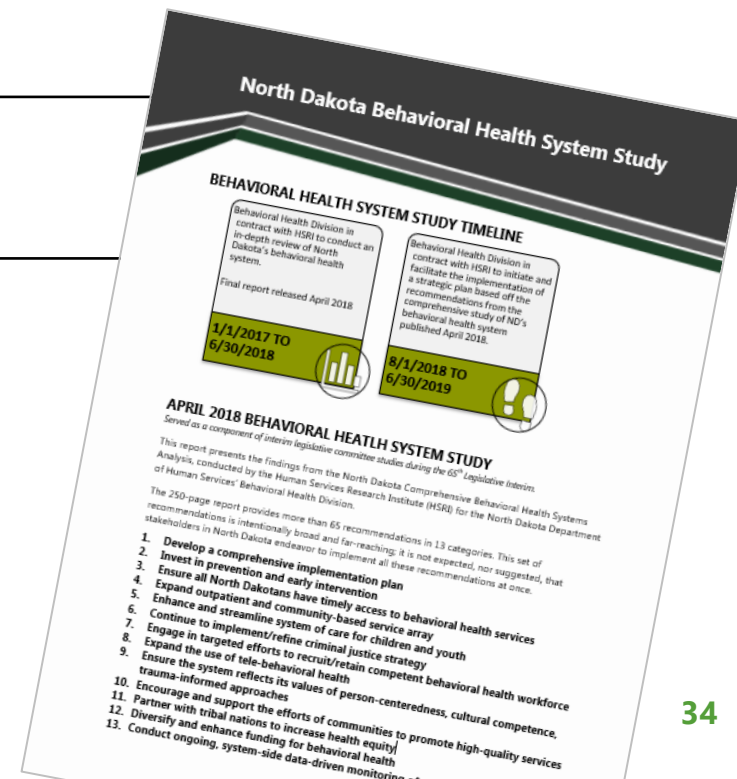
2019 Legislative Session - Behavioral Health Bills

Behavioral Health Continuum	SB 2012		Governor's Executive Budget		Bills			HSRI Recommendations			
	Description	FTE	Funding	Description	FTE	Funding	Bill No.		Description	FTE	Funding
Undetermined							SB 2026	MH voucher			3, 4, 12
Prevention							SB 2028	Behavioral health prevention and early intervention services		\$600,000 general fund	2, 3, 10, 11, 12, 13
Recovery	Free Through Recovery	7	\$7,000,000 other funds (DOCR)	Community behavioral health program expansion (FTR)	6	\$4,500,000 general fund	SB 2029	Community behavioral health program expansion (FTR)	6	\$5,250,000 general fund; \$1,750,000 other funds	3, 4, 6, 9, 10, 11, 12, 13
Full Continuum	Workforce Development	0	\$0	Continued implementation of the HSRI study		\$300,000 general fund	SB 2030	Continued implementation of the HSRI study	1.5	\$408,000 general fund	1, 13
Recovery				Peer support certification	1	\$275,000 general fund	SB 2032	Peer support certification	1	\$275,000 general fund; \$275,000 other funds	3, 4, 9, 10, 11, 12, 13
Treatment Recovery	Targeted case management	0	\$0	Targeted case management (all providers)		\$12,196,834 general fund; \$12,196,834 other funds	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					3, 4, 9, 10, 11, 12, 13
Prevention Early Intervention	School behavioral health program	0	\$0	School behavioral health program		\$300,000 general fund; \$563,906 other funds					2, 3, 4, 5, 9, 10, 11, 13
Recovery				1915i Medicaid plan amendment	3	\$2,553,475 general fund; \$3,844,919 other funds					3, 4, 9, 10, 11, 12, 13
Treatment Recovery	Substance Use Disorder (SUD) voucher program BASE		\$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	HB 1105	Relating to treatment services for children with serious emotional disorders and the substance use disorder treatment voucher system.			3, 4, 9, 10, 11, 12, 13
Prevention	Parents Lead BASE		\$100,000 general fund	Restore Parents Lead program		\$100,000 general fund	SB 2175	Relating to the substance use disorder treatment voucher system.			2, 5, 9, 10, 11, 12, 13
Recovery				Recovery home grant program		\$200,000 general fund					3, 4, 9, 10, 11, 12, 13
Prevention Early Intervention	Suicide program	1	\$1,260,512 general fund Department of Health Budget	Suicide program	1	\$1,260,512 general fund	SB 2198	Relating to duties of the department of human services behavioral health division.	0	0	2, 3, 4, 5, 9, 10, 11, 13
Treatment				Expand crisis services capacity across regions to meet statutory requirements	27	\$4,275,000					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...			
Treatment							HB 1103	Relating to licensure of an opioid treatment medication unit and fees...			3, 4, 9, 10, 11, 13
							HB 1237	Relating to child sexual abuse education in schools.			5
							SB 2052	Relating to school district safety plans;			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			2, 3, 4, 5, 7, 9, 10, 11
Prevention Early Intervention							SB 2149	Relating to mandatory instruction for students in mental health awareness and suicide prevention			2, 5
							SB 2240	Relating to references to substance abuse disorders.			9
							SB 2266	Relating to the adoption of a restraint and seclusion policy by school districts; the prohibition of seclusion...			5
Treatment							SB 2291	Relating to creation of a trauma-informed practices working group...			3, 4, 5, 7, 9
Recovery							SB 2298	A BILL for an Act to provide an appropriation to the department of human services to implement the 1915i Medicaid state plan amendment for youth.			3, 4, 5, 9, 10, 11, 12, 13

DHS Base Budget
OARs
Interim-Committee Bills
Other Bills

Sustain Human Services Research Institute Behavioral Health Study implementation support

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



aligns to SB 2030

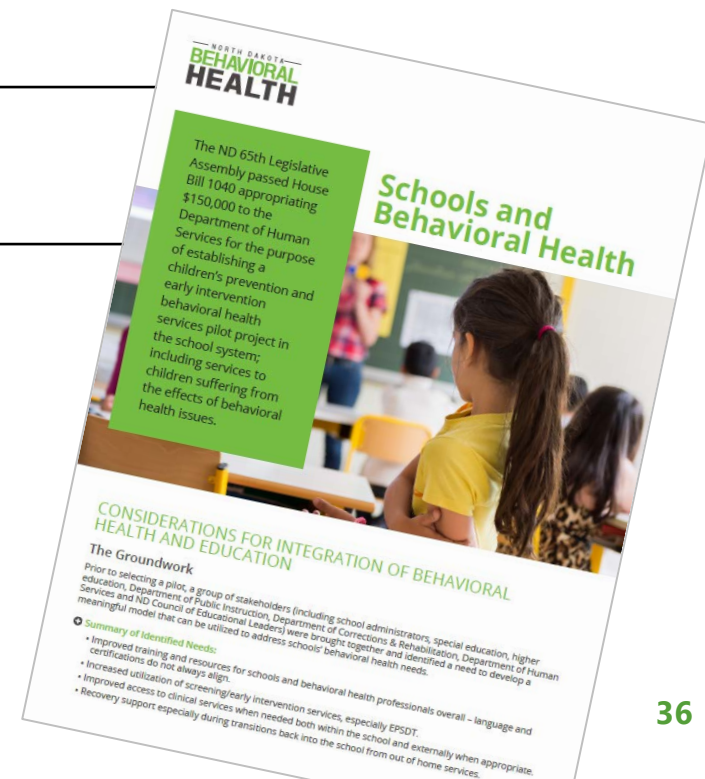
Restore funding for Parents Lead prevention program

Purpose	Ensure access to adequate prevention and early intervention services along the continuum of care.
Funding Request	\$100,000 <i>(in addition to the \$100,000 in in SB 2012)</i>
FTE Request	0
Alignment with Behavioral Health System Study	HSRI Recommendations: 2, 3, 5, 9, 10, 11, 12, and 13



Sustain Behavioral Health Prevention and Early Intervention in Schools

Purpose	Continue support for the school system selected during the 2017-2019 biennium as well as expand to a second department-selected 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



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

Purpose
Funding Request
FTE Request
Alignment with Behavioral Health System Study

Meet the current needs of individuals with a Substance Use Disorder in need of treatment and recovery services.

\$3,053,523
(in addition to approximate \$5 million in SB 2012)

2

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



Expand access to the Free Through Recovery program

Purpose
Funding Request
FTE Request
Alignment with Behavioral Health System Study

Develop a "Free Through Recovery" Program for 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

aligns to SB 2029



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

Develop a behavioral health recovery home grant program

- Recovery Housing benefits individuals in recovery by reinforcing a substance-free lifestyle and providing direct connections to other peers in recovery and recovery services and supports.
- Residents often share resources, give experiential advice about how to access health care and social services, find employment, budget and manage finances, handle legal problems and build life skills. Many recovery homes are organized under the leadership of house manager and require residents to participate in a recovery program.
- Recovery housing is a part of the larger continuum of housing, recovery support and treatment options available to individuals in recovery from addiction and helps them avoid addiction setbacks and move toward employment and healthy and fulfilling lives.
- The lack of recovery housing has also had an impact on the state's capacity to provide residential treatment services to individuals needing high level services like withdrawal management. These much vital beds (resources) are often not available when needed because individuals needing recovery home services are utilizing a higher level of care.

Enable access to peer support by certifying peer support specialists

Purpose
Funding Request
FTE Request
Alignment with Behavioral Health System Study

Develop and implement a peer support specialist certification process in order for the service to be reimbursable through public and third-party insurers.

\$275,000

1

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



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

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	\$996,193
FTE Request	0.5
Alignment with Behavioral Health System Study	HSRI Recommendations: 3, 4, 9, 10, 11, 12, 13

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

Purpose	Expand access to community-based recovery supports for Medicaid enrollees age 18 and older 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	\$2,553,475 general fund; \$3,844,919 other funds
FTE Request	3
Alignment with Behavioral Health System Study	HSRI Recommendations: 3, 4, 9, 10, 11, 12, 13

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.

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.

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.

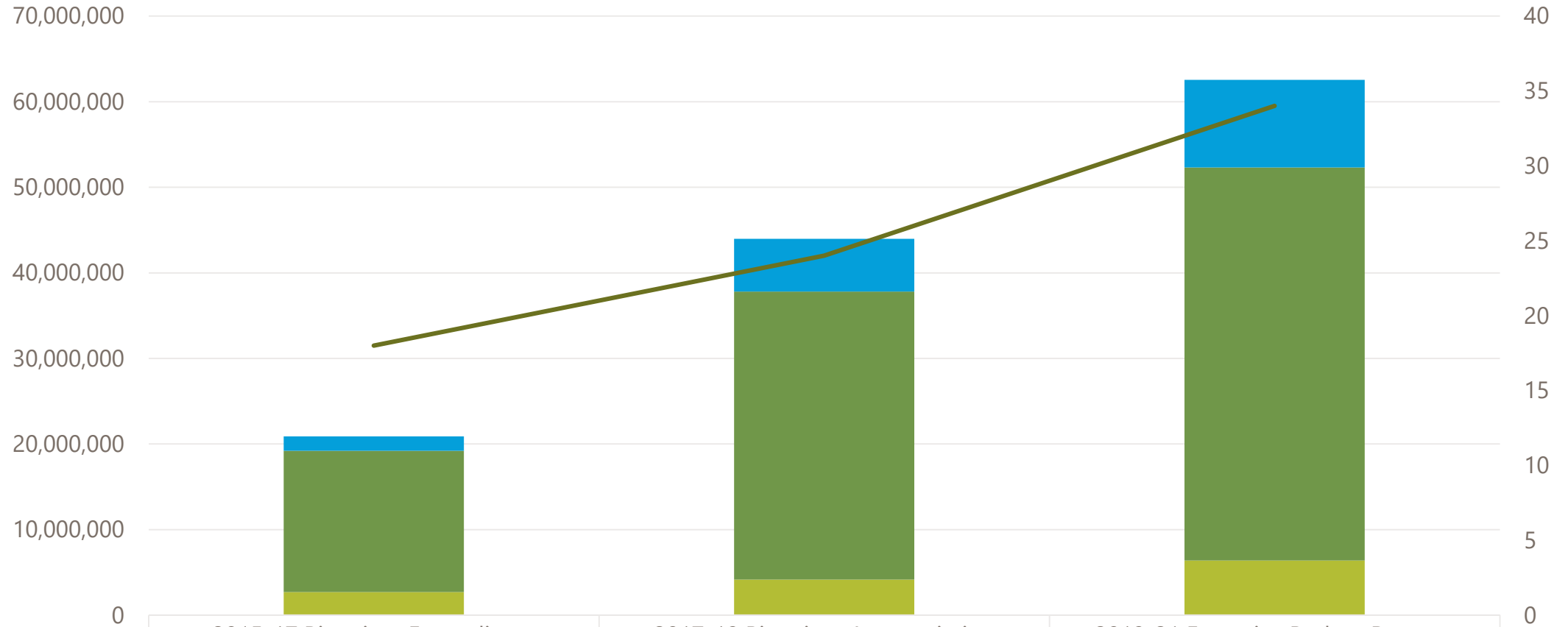
BUDGET OVERVIEW

Behavioral Health Division

OVERVIEW OF BUDGET CHANGES

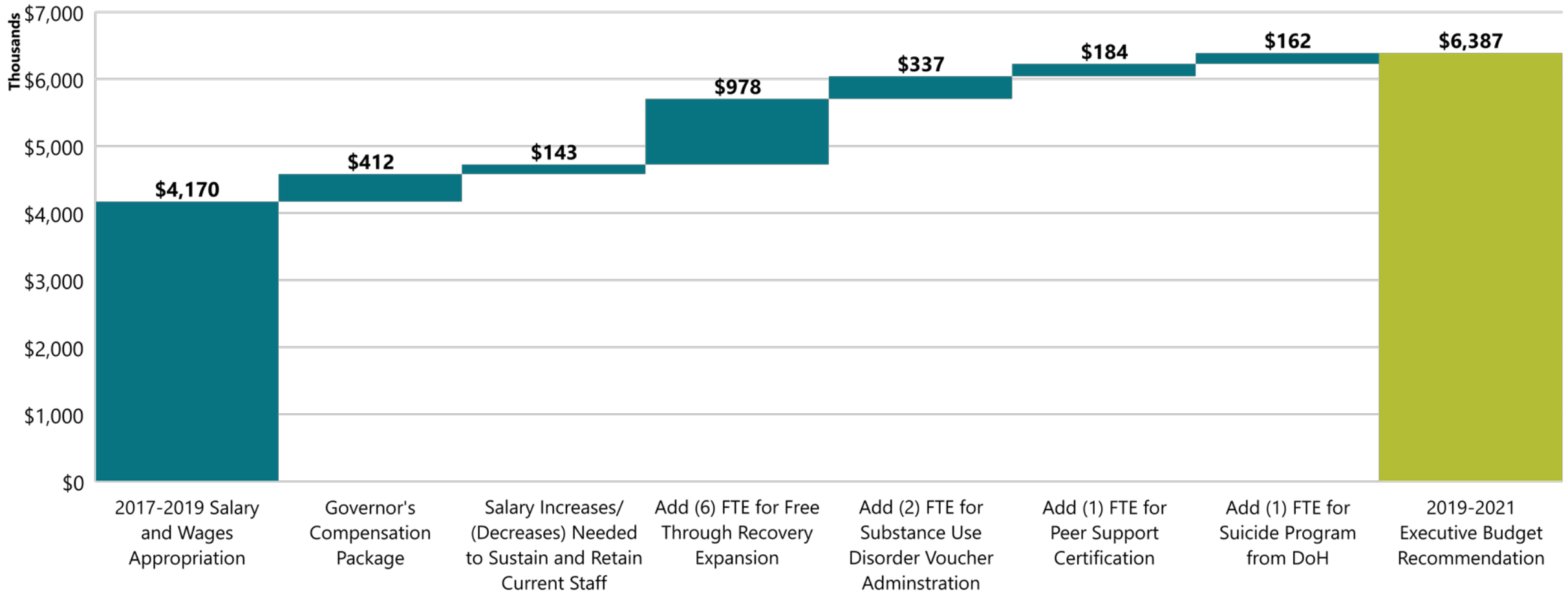
Description	2017-2019 Budget	Increase/ (Decrease)	2019-2021 Executive Budget
Salary and Wages	4,170,004	2,217,273	6,387,277
Operating	33,650,839	12,265,756	45,916,595
Grants	6,158,327	4,098,023	10,256,350
Total	43,979,170	18,581,052	62,560,222
General Fund	8,125,381	12,251,199	20,376,580
Federal Funds	26,366,830	8,115,958	34,482,788
Other Funds	9,486,959	(1,786,105)	7,700,854
Total	43,979,170	18,581,052	62,560,222
Full Time Equivalent (FTE)	24.00	10.00	34.00

OVERVIEW OF BUDGET CHANGES

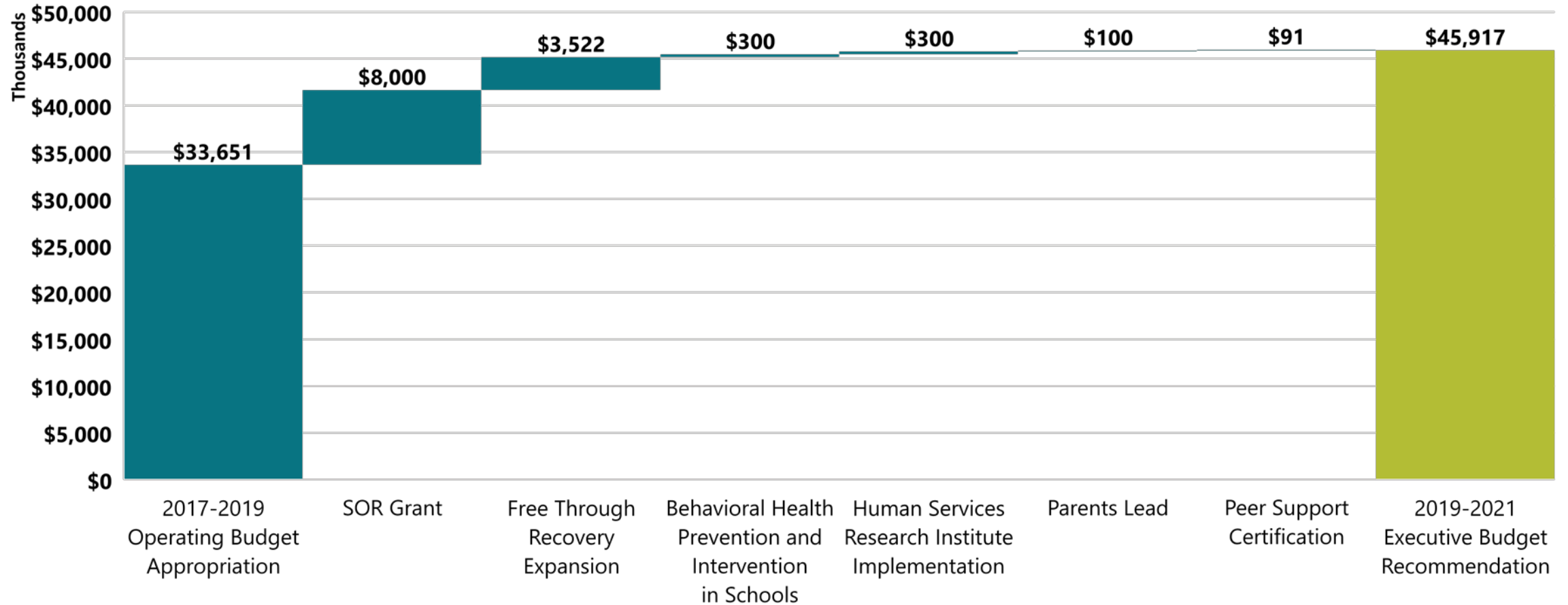


Grants	1,681,794	6,158,327	10,256,350
Operating Expenses	16,498,549	33,650,839	45,916,595
Salaries and Wages	2,707,499	4,170,004	6,387,277
FTE	18	24	34

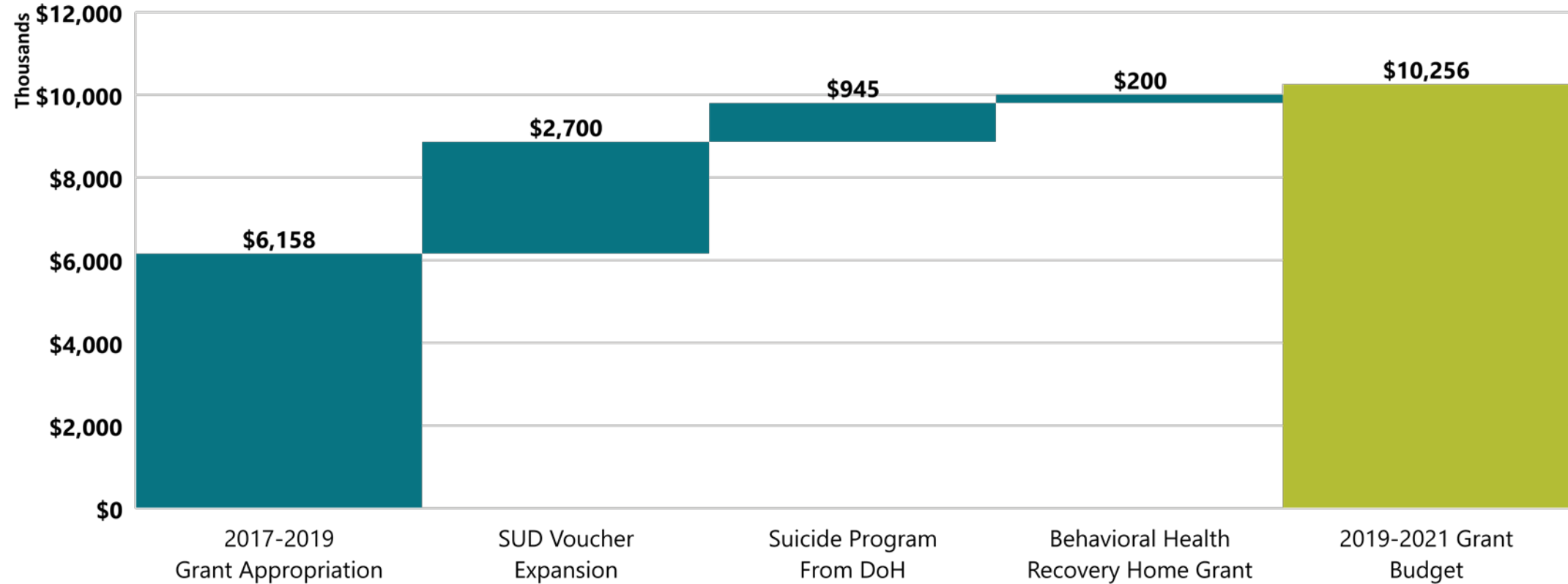
MAJOR SALARY AND WAGES DIFFERENCES



MAJOR OPERATING DIFFERENCES



MAJOR GRANT DIFFERENCES



OVERVIEW OF FUNDING SOURCES



— NORTH DAKOTA —

BEHAVIORAL HEALTH

