



Behavioral Health Workforce

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NORTH
Dakota | Behavioral Health
Be Legendary.™ HUMAN SERVICES

What is Behavioral Health?

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



BEHAVIORAL HEALTH IS HEALTH



Why is Behavioral Health Important?



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

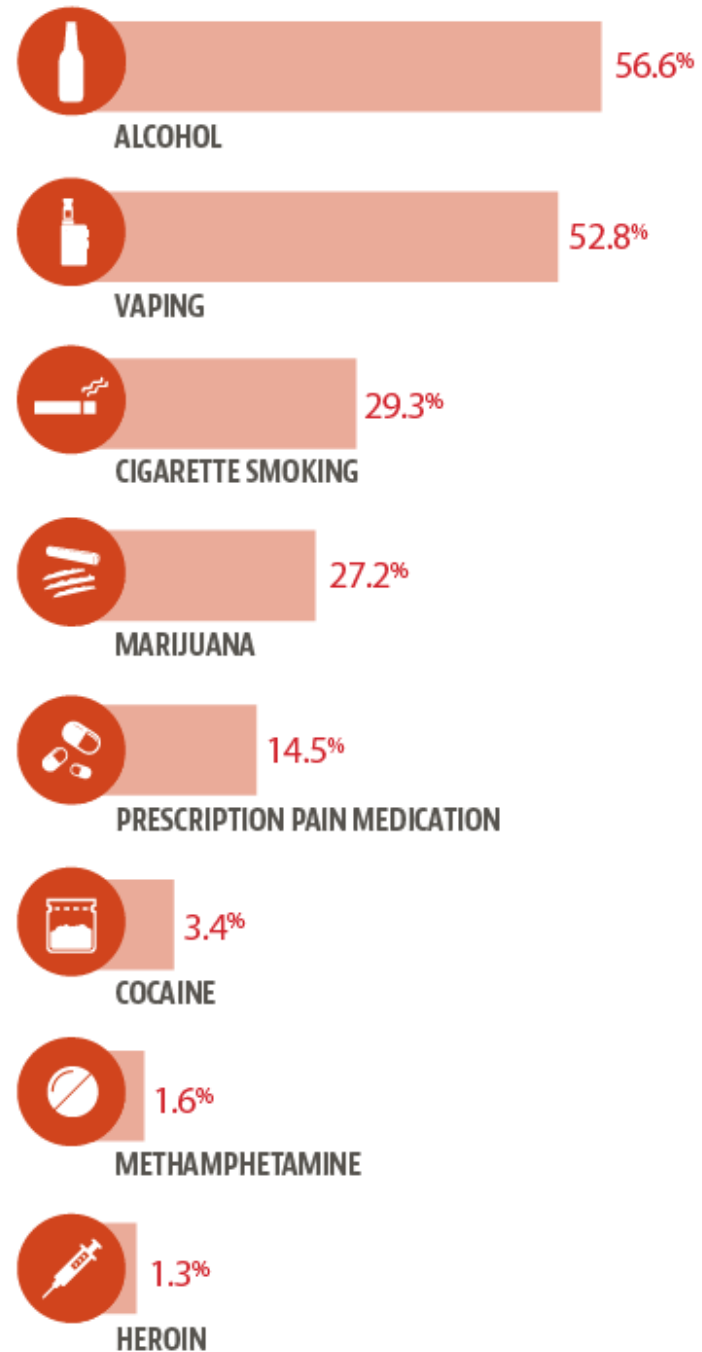


Persons with serious mental illness (SMI) are now dying *25 years earlier* than the general population

(Druss BG, et al. Understanding Excess Mortality in Persons With Mental Illness: 17-Year Follow Up of a Nationally Representative US Survey. Medical Care 2011; 49(6), 599–604.)



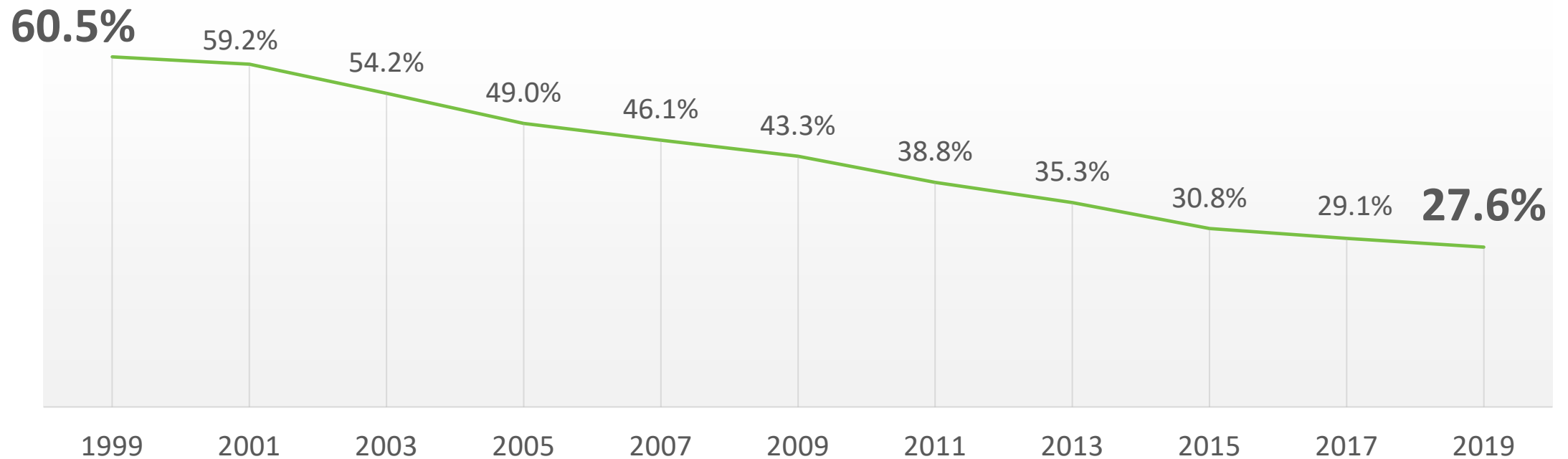
ND Youth Lifetime Substance Use (High School Students)



Prevention Works!

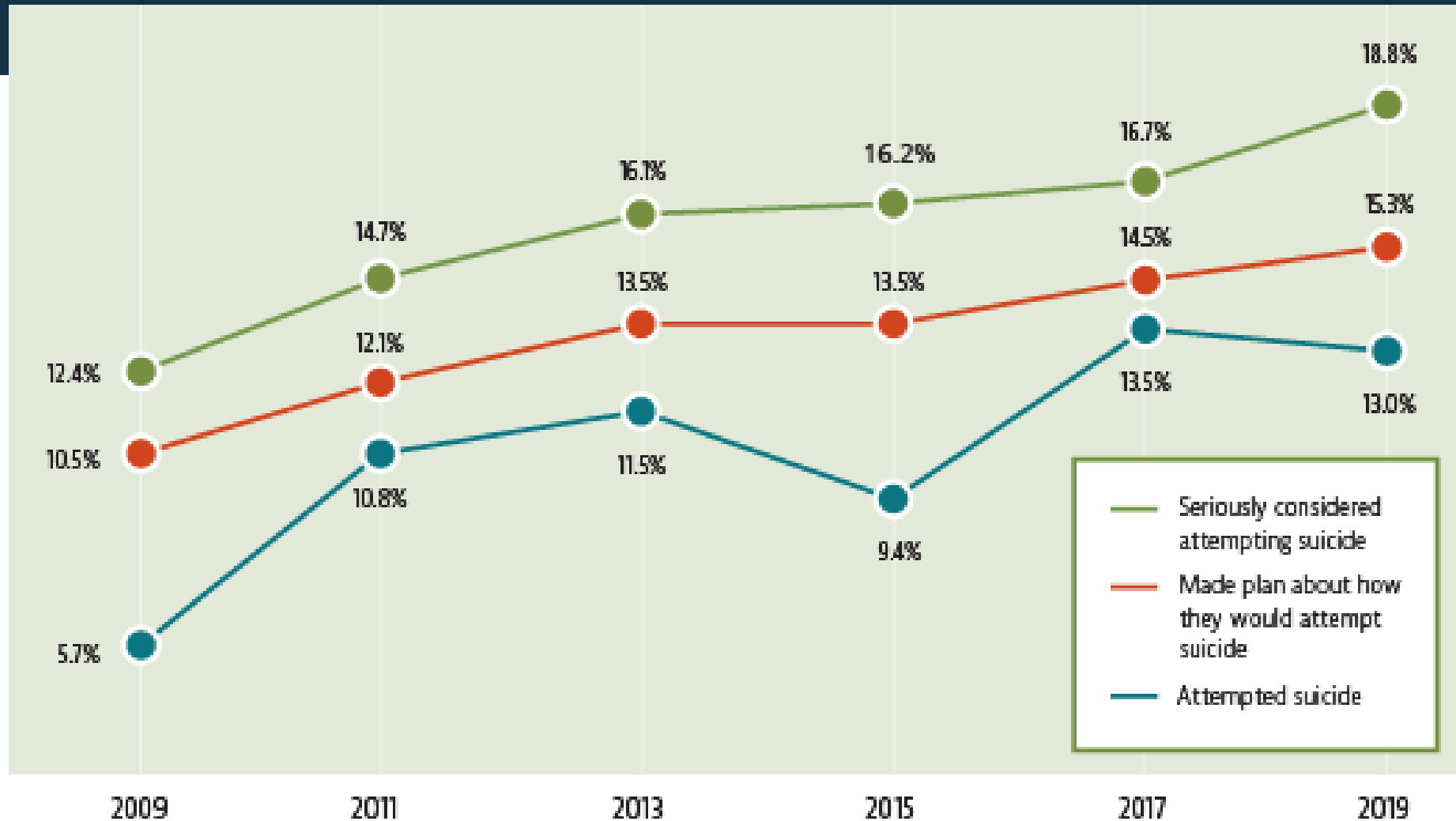
Current Alcohol Use (past 30 days) among ND High School Students

Youth Risk Behavior Survey



Youth Suicide

(High School Students; past 12 months)



Adult Substance Use (Age 18+; past 30 days)



BINGE ALCOHOL USE*



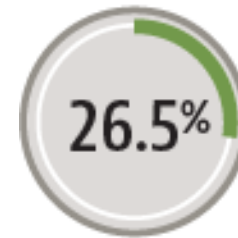
TOBACCO



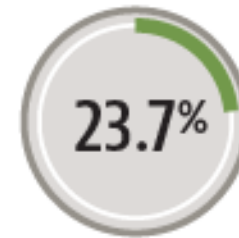
MARIJUANA



**ILLICIT DRUGS
(other than marijuana)**



BINGE ALCOHOL USE*



TOBACCO



MARIJUANA



**ILLICIT DRUGS
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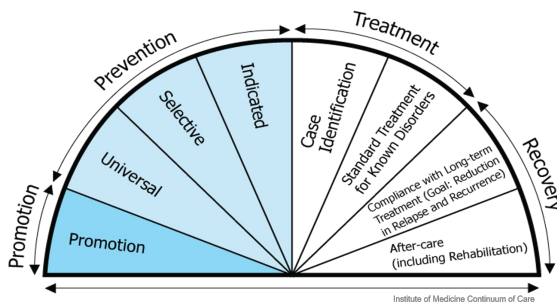
BEHAVIORAL HEALTH IN NORTH DAKOTA

DATA BOOK 2021

BEHAVIORAL HEALTH DATA BOOKLET

All data resources are available at
www.behavioralhealth.nd.gov/data.

Keys to Reforming North Dakota's Behavioral Health System



Support the full Continuum of Care



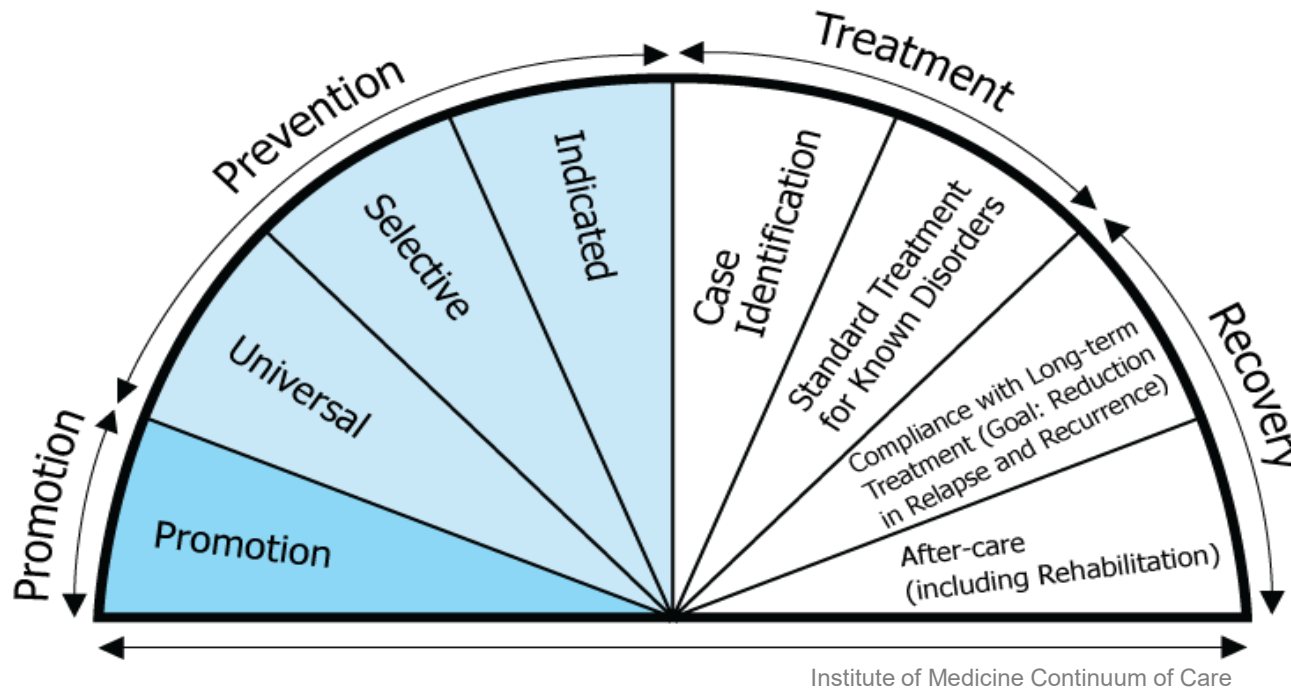
Increase Community-Based Services



Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition

Continuum of Care

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

Considerations

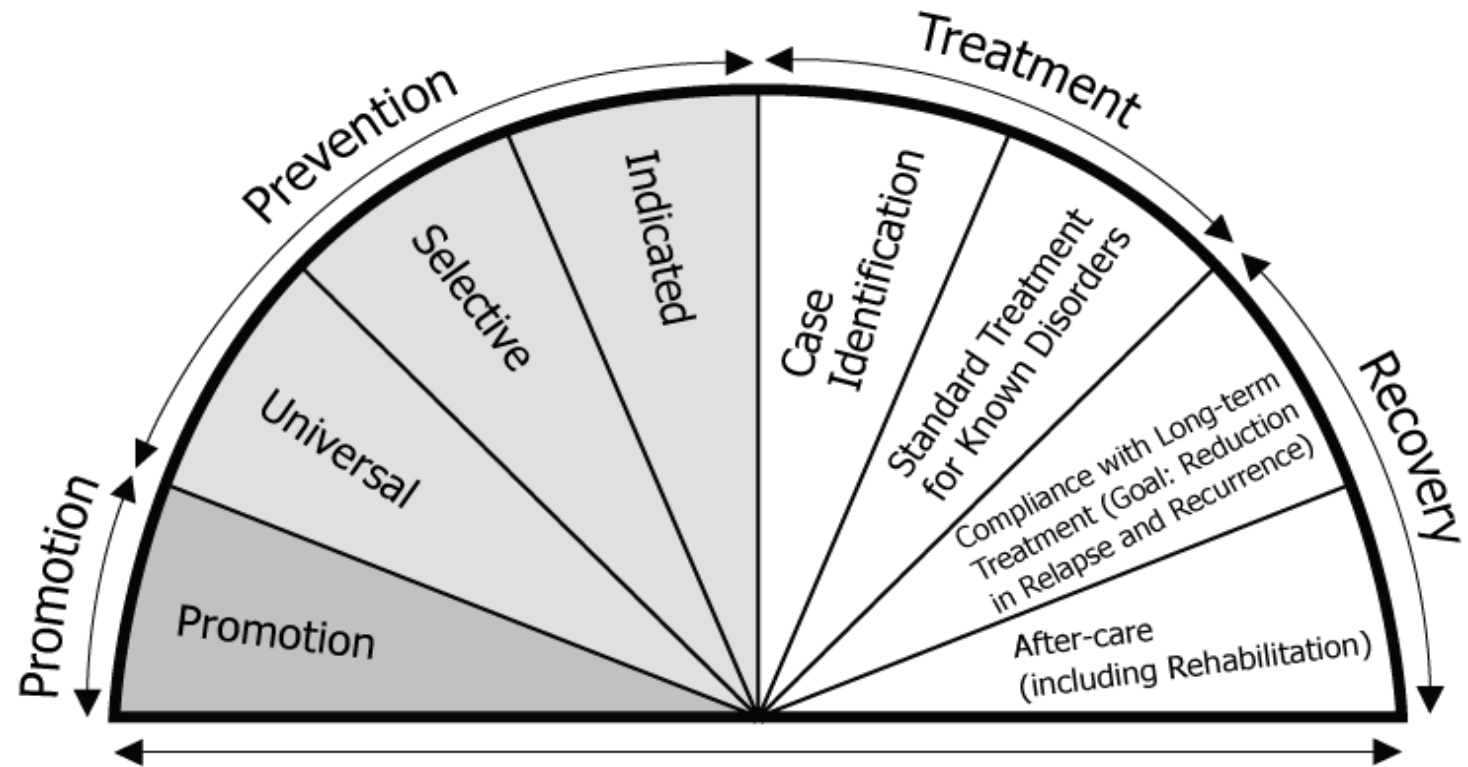
In each area of the Continuum of Care, the following are considerations:

**Funding/
Reimbursement**

Infrastructure
*(Agency, workforce,
oversight, etc.)*

Best Practices

System Approach



	Prevention/ Promotion	Early Intervention	Treatment	Recovery
FUNDING				
WORKFORCE				
BEST PRACTICE				

← **READINESS & SOCIAL DETERMINANTS OF HEALTH** →

ROADMAP

The Behavioral Health Systems Study, April 2018



North Dakota Behavioral Health System Study

Final Report
April 2018



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

Behavioral Health Workforce

- **2018**
Human Service Research Institute Study(HSRI) concluded; this includes recommendations around behavioral health workforce
- **2019**
Survey public, develop, include top five highest priorities in the strategic plan
- **2019**
North Dakota's Behavioral Health Plan was developed with 13 AIMS

AIM 7-Engage in Targeted Efforts to recruit and retain a qualified, competent behavioral health workforce
- **2019-2021**
AIM 7---3 Work Goals & 6 Objectives & 11 Action Steps-36% completed and/or in progress

Behavioral Health Workforce Summit

2022

DHS is working in collaboration with University of North Dakota and Western Interstate Commission for Higher Education(WICHE) to:

Gather, compile, and complete a “Discovery Report” on all behavioral health workforce initiatives that have been completed, are in progress, or pending. These stakeholders include, but are not limited to, government entities, Universities, all behavioral health licensing boards, and private and public stakeholders.

Coordinate and facilitate a Behavioral Health Workforce Summit, utilizing the Discovery Report, HSRI Study, and the HSRI ND Behavioral Health Plan to guide the Summit. The purpose of the Summit is to present the Discovery Report findings, make recommendations, provide training on workforce best practices, facilitate discussion with stakeholders on the development of the Behavioral Health Workforce Strategic Plan and develop specific workgroups to facilitate workforce strategic plan.

Work with HSRI to develop goals, objectives and action steps to incorporate a detailed behavioral health workforce plan into the current ND behavioral health plan.

ND

BEHAVIORAL HEALTH

Moving Forward

Follow up and support for workforce collaborative to support work groups attending to specific goals, objectives and action steps

Workforce to support



KEY INITIATIVES

Behavioral Health

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Behavioral Health
HUMAN SERVICES

1915i State Plan Amendment



The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

Individual Eligibility	Services
<ul style="list-style-type: none">• The individual is age 0+; and• The individual is currently enrolled in ND Medicaid or Medicaid Expansion; and• The individual resides in and will receive services in a setting meeting the federal home and community-based setting requirements, and• The individual has a mental illness, substance use disorder or traumatic brain injury diagnosis <p>The individual has a functional impairment, which substantially interferes with or substantially limits the ability to function in the family, school or community setting, as evidenced by a complex score of 50 or higher on the WHODAS 2.0.</p>	<ul style="list-style-type: none">• Care Coordination• Training and Supports for Unpaid Caregivers• Community Transitional Services• Benefits Planning• Non-Medical Transportation• Respite• Prevocational Training• Supported Education• Supported Employment• Housing Support Services• Family Peer Support• Peer Support

Outcomes of 1915i Implementation

- Individuals with highest need receive services that are more robust and targeted to their specific needs (person-centered).
- By leveraging other funds, the state is investing less funding yet providing more service to individuals with a behavioral health condition and providing opportunities for providers to expand services.
- Providers are able to bill for the specific services they are providing which allows greater opportunity to expand services and increase revenue.
- Behavioral health on par with health & sustainable.

Peer Support Certification

The ND 66th Legislative Assembly passed Senate Bill 2012 giving the Behavioral Health Division authority to develop and implement a program for the certification of peer support specialists.

Administrative Rules 75-03-43 were promulgated and outlines the requirements and process for two levels of Peer Support Specialist certification:

- Certified Peer Support Specialist I (CPSS I)
 - **115 CPSS I (as of June 6, 2022)**
- Certified Peer Support Specialist II (CPSS II)
 - **21 CPSS II (as of June 6, 2022)**

*Since 2018 the Behavioral Health Division hosted 27 trainings and trained **716 individuals.***



FREE THROUGH
Recovery

Since February 2017 has served 4,274 individuals
Currently serving 1233 individuals across North Dakota

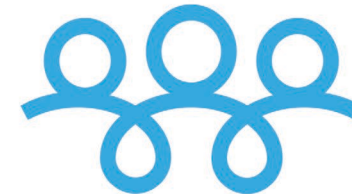
Individual Eligibility

- 18 years of age or older
- Involved in criminal justice system
- At risk for future criminal justice involvement
- Identified behavioral health condition

Since February 2021 has served 2,475 individuals
Currently serving 1.494 individuals across North Dakota

Individual Eligibility

- 18 years of age or older
- Have a MH or SUD impacting functionality in domains including housing, employment, parenting, physical health, and community connections
- Priority for parents/caregivers or at risk of homelessness ,CPS involvement, utilization of ER/Detox



CommunityConnect

My Recovery. My Story.

HB 1012
Department
of Human
Services
Budget





Section 27. Behavioral Health Bed Management

A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

Behavioral health bed management system.

The department shall establish and maintain a behavioral health bed management system to improve utilization of behavioral health bed capacity. Public and private providers of residential or inpatient behavioral health services shall participate in and report daily to the department the information and documentation necessary to maintain the behavioral health bed management system in the form and manner prescribed by the department.



SB 2161: Creation of Mental Health Program Registry

A new section to chapter 50-06 of the North Dakota Century Code is created and enacted as follows:

Mental health program registry.

The department shall establish and maintain a registry of mental health programs in the state. A mental health program shall provide the information and documentation necessary to the department at least annually in the form and manner prescribed by the department. The department shall make the registry available to the public on the department's website.

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Thank you

Empower People | Improve Lives | Inspire Success