Behavioral Health Update
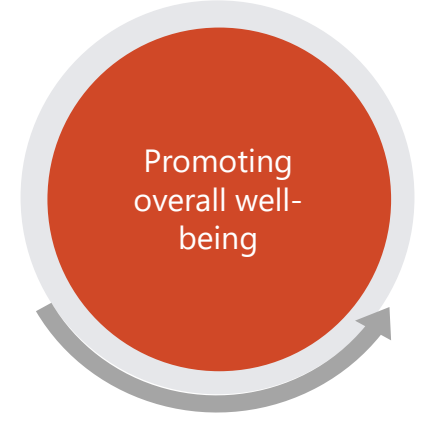
Interim Human Services Committee

Pamela Sagness, Behavioral Health Executive Director
June 30, 2022

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**.

Preventing and treating depression and anxiety

Preventing and treating substance use disorder or other addictions

Supporting recovery

Creating healthy communities

Promoting overall well-being

NORTH
Dakota | Behavioral Health
Be Legendary.™ | HUMAN SERVICES

BEHAVIORAL HEALTH
IS HEALTH

NORTH Dakota
Be Legendary.™ | Behavioral Health
HUMAN SERVICES

Why is Behavioral Health Important?

Persons with behavioral health disorders die, on average, about *5 years earlier* than persons without these disorders.
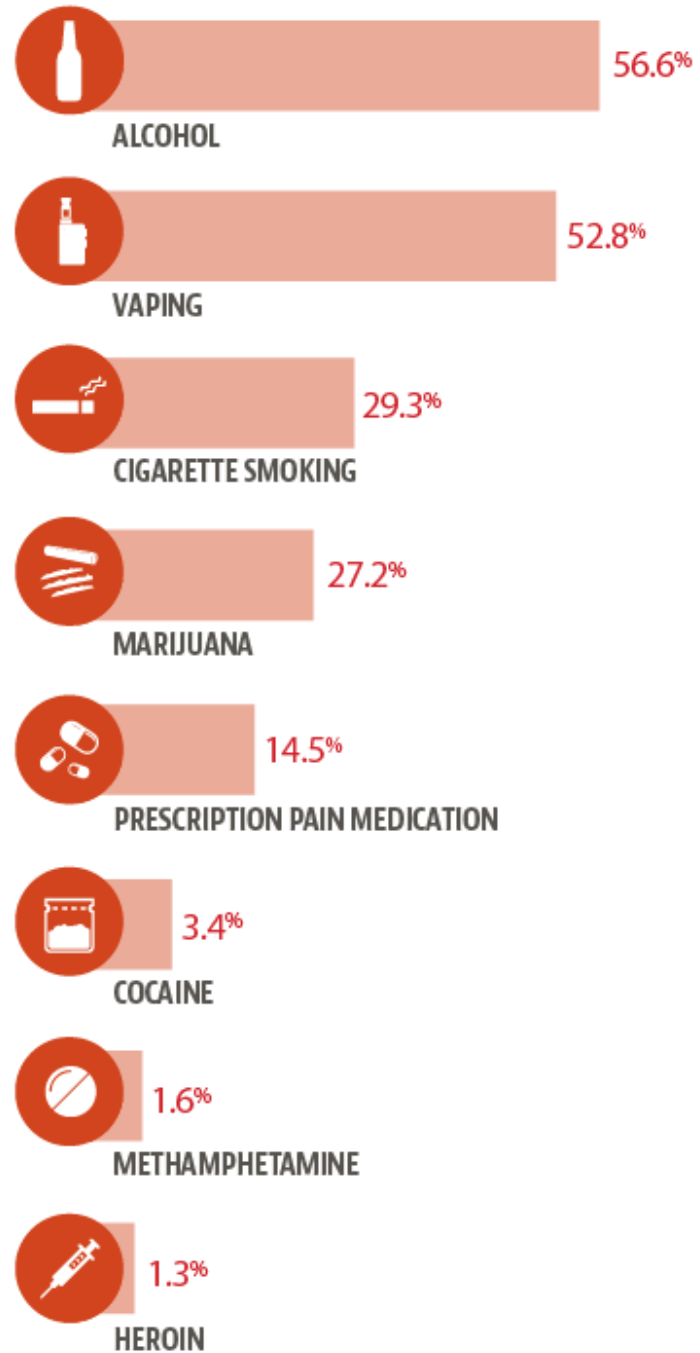
Persons with serious mental illness (SMI) are now dying *25 years earlier* than the general population

(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.)
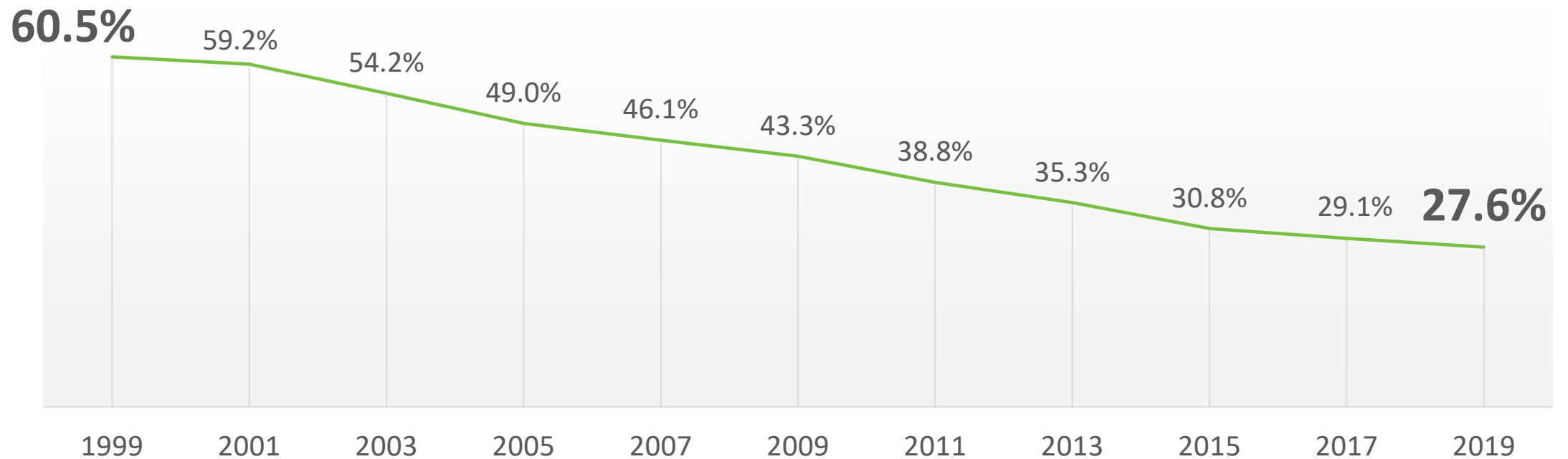
ND Youth Lifetime Substance Use
(High School Students)

ALCOHOL — 56.6%
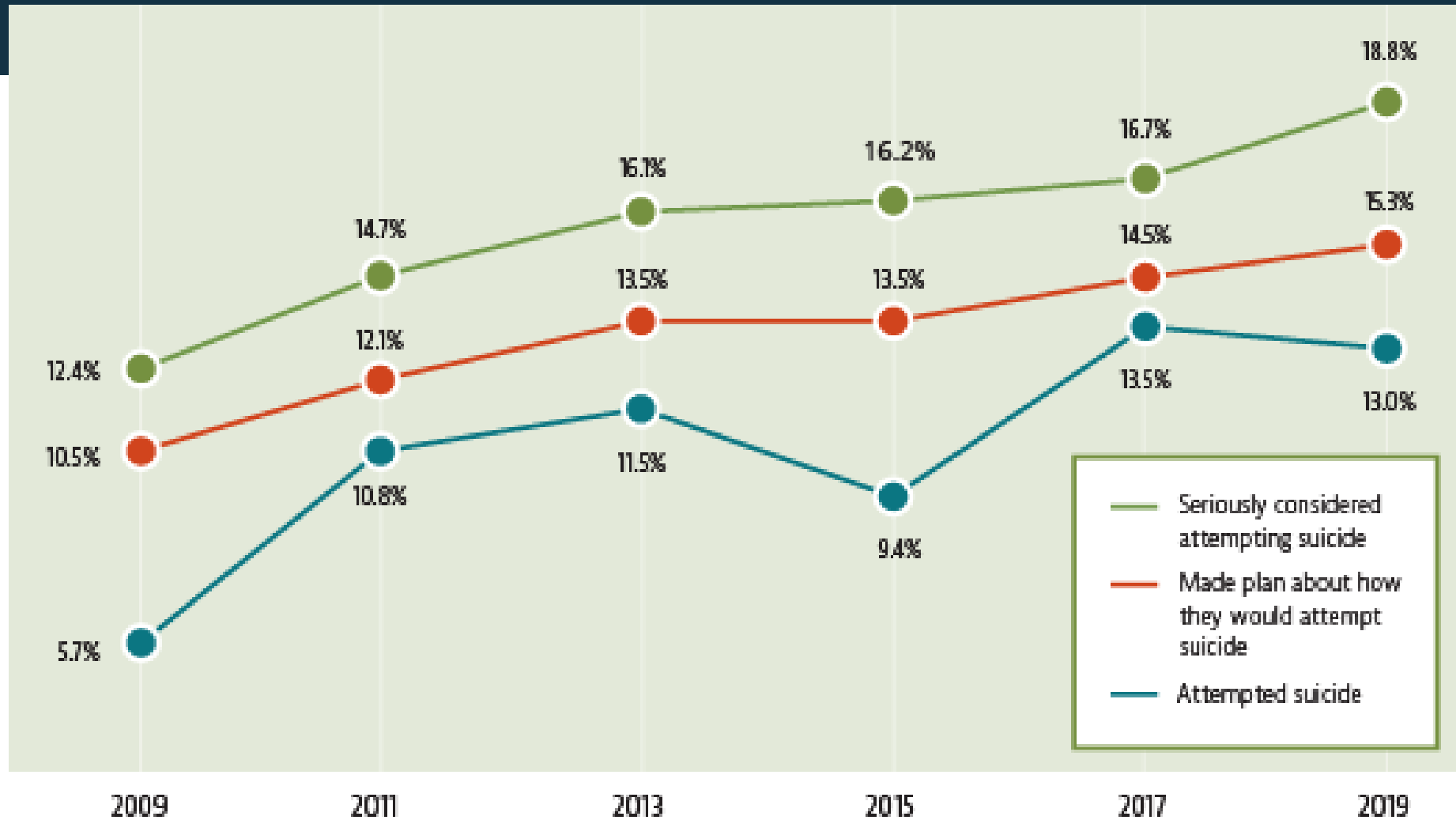
VAPING — 52.8%

CIGARETTE SMOKING — 29.3%

MARIJUANA — 27.2%

PRESCRIPTION PAIN MEDICATION — 14.5%

COCAINE — 3.4%

METHAMPHETAMINE — 1.6%

HEROIN — 1.3%

Prevention Works!

Current Alcohol Use (past 30 days) among ND High School Students
Youth Risk Behavior Survey

60.5% 59.2% 54.2% 49.0% 46.1% 43.3% 38.8% 35.3% 30.8% 29.1% **27.6%**

1999 2001 2003 2005 2007 2009 2011 2013 2015 2017 2019

Youth Suicide
(High School Students; past 12 months)

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

NORTH DAKOTA

34.1%	28.3%	7.9%	3.1%
BINGE ALCOHOL USE*	TOBACCO	MARIJUANA	ILLICIT DRUGS (other than marijuana)

UNITED STATES
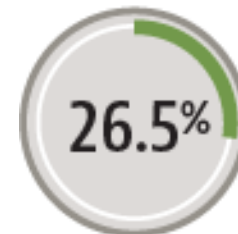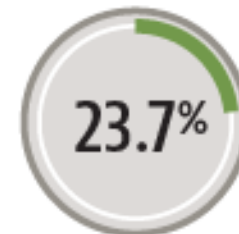
26.5%	23.7%	10.2%	3.4%
BINGE ALCOHOL USE*	TOBACCO	MARIJUANA	ILLICIT DRUGS (other than marijuana)

BEHAVIORAL HEALTH DATA BOOKLET

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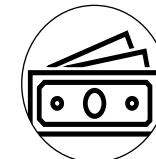www.behavioralhealth.nd.gov/data.

REINFORCE THE FOUNDATIONS OF WELL-BEING

Physical Health

Behavioral Health
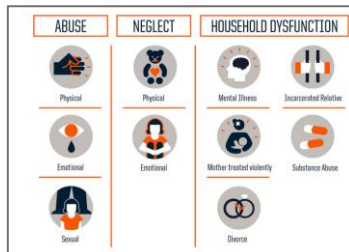
Economic Health

THE SCIENCE

Socioecological Model

Social Determinants of Health

Risk/Protection Factors

Resilience

Adverse Childhood Experiences (ACEs)

Multiple levels of influence surround each of us.

Policy

School & Community

Family & Friends

Individual

RISK FACTORS

A characteristic at the biological, psychological, family, community or cultural level that precedes and is associated with
a <u>higher likelihood</u> of problem outcomes

PROTECTIVE FACTORS

A characteristic
at the individual, family
or community level
that is associated with
a <u>lower likelihood</u> of
problem outcomes

Risk and protective factors impacting healthy development of children and adolescents.

Source: Communities That Care

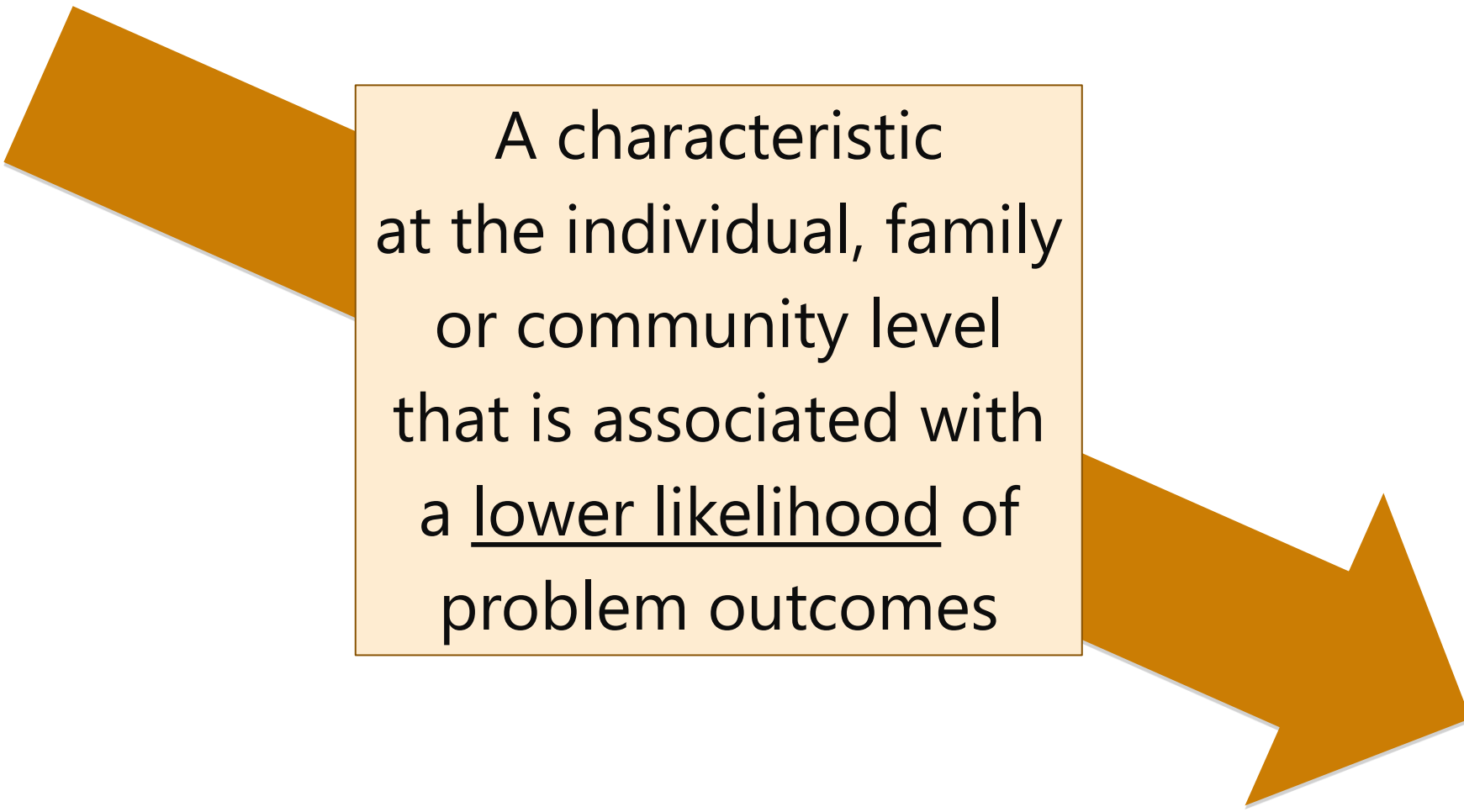| RISK FACTORS Risk factors increase the likelihood young people will develop health and social problems.	DOMAIN	PROTECTIVE FACTORS Protective factors help buffer young people with high levels of risk factors from developing health and social problems.
• Low community attachment • Community disorganisation • Community transitions and mobility • Personal transitions and mobility • Laws and norms favourable to drug use • Perceived availability of drugs • Economic disadvantage (not measured in youth survey)	COMMUNITY	• Opportunities for prosocial involvement in the community • Recognition of prosocial involvement • Exposure to evidence-based programs and strategies (some are measured in youth survey)
• Poor family management and discipline • Family conflict • A family history of antisocial behaviour • Favourable parental attitudes to the problem behaviour	FAMILY	• Attachment and bonding to family • Opportunities for prosocial involvement in the family • Recognition of prosocial involvement
• Academic failure (low academic achievement) • Low commitment to school • Bullying	SCHOOL	• Opportunities for prosocial involvement in school • Recognition of prosocial involvement
• Rebelliousness • Early initiation of problem behaviour • Impulsiveness • Antisocial behaviour • Favourable attitudes toward problem behaviour • Interaction with friends involved in problem behaviour • Sensation seeking • Rewards for antisocial involvement	PEER / INDIVIDUAL	• Social skills • Belief in the moral order • Emotional control • Interaction with prosocial peers

TYPE OF ACES (ADVERSE CHILDHOOD EXPERIENCES)
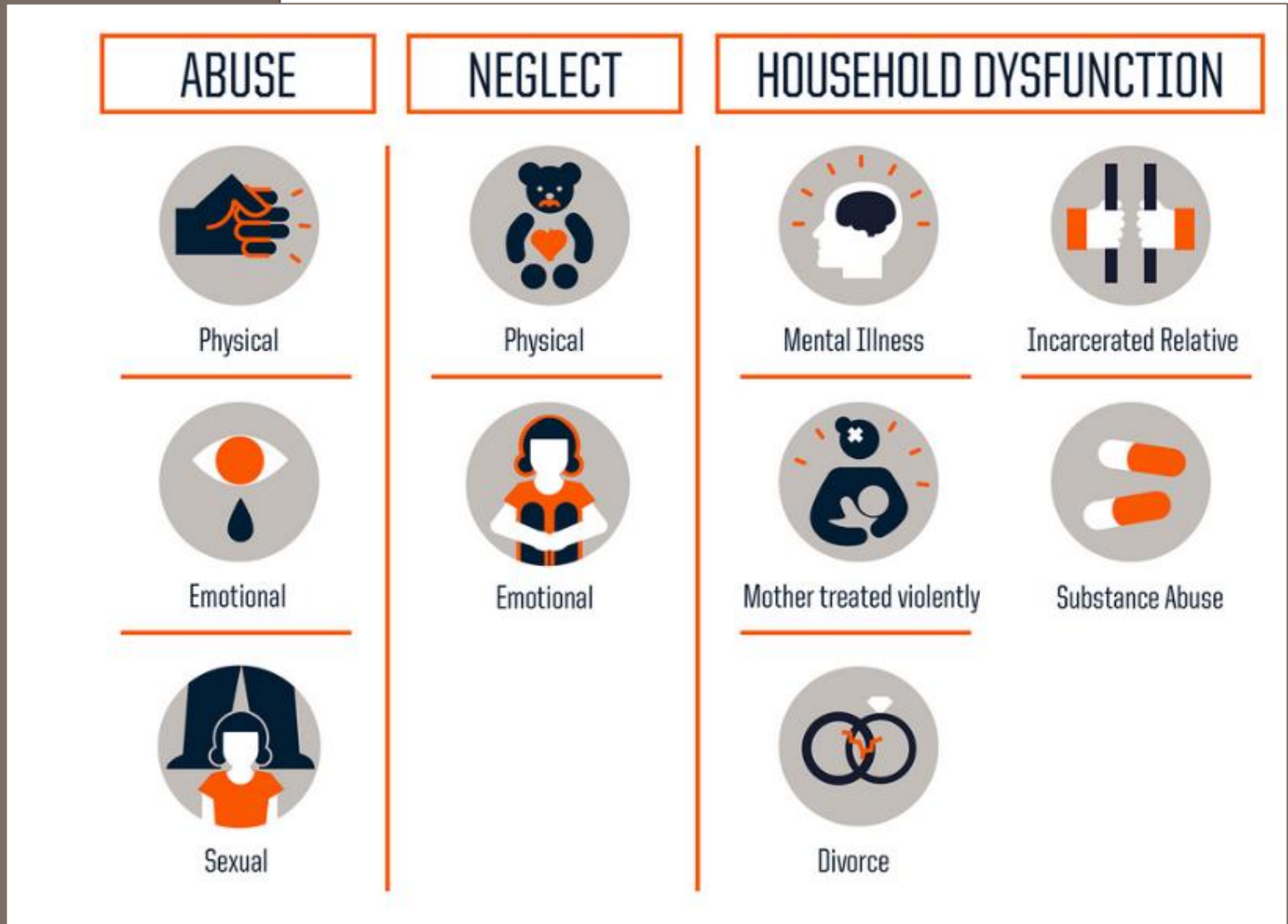
Table 2 – Risk and protective factors for suicide

Risk factors	Protective factors
• Mental illness	• Social support
• Previous suicide attempt	• Connectedness
• Serious physical illness/chronic pain	• Strong therapeutic alliance
• Specific symptoms	• Access to mental health care
• Family history of mental illness and suicide	• Positive attitude to mental health treatment
• History of childhood trauma	• Coping skills
• Shame/despair	• Problem solving skills
• Aggression/impulsivity	• Cultural/religious beliefs
• Triggering event	• Biological/psychological resilience
• Access to lethal means	
• Suicide exposure	
• Inflexible thinking	
• Genes: stress and mood	

Source: Psychiatric Times

SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, grow and age, and in which we live and work.

Childhood Experience

Housing

Education

Social Support

Family Income

Employment

Our Communities

Access to Health Services

RISK & PROTECTIVE FACTORS

This chart maps out risk and protective factors and social determinants of health along various points in the social ecological model. Understanding these factors and determinants at the societal, community, and individual/relationship levels can increase the effectiveness of sexual violence prevention efforts.

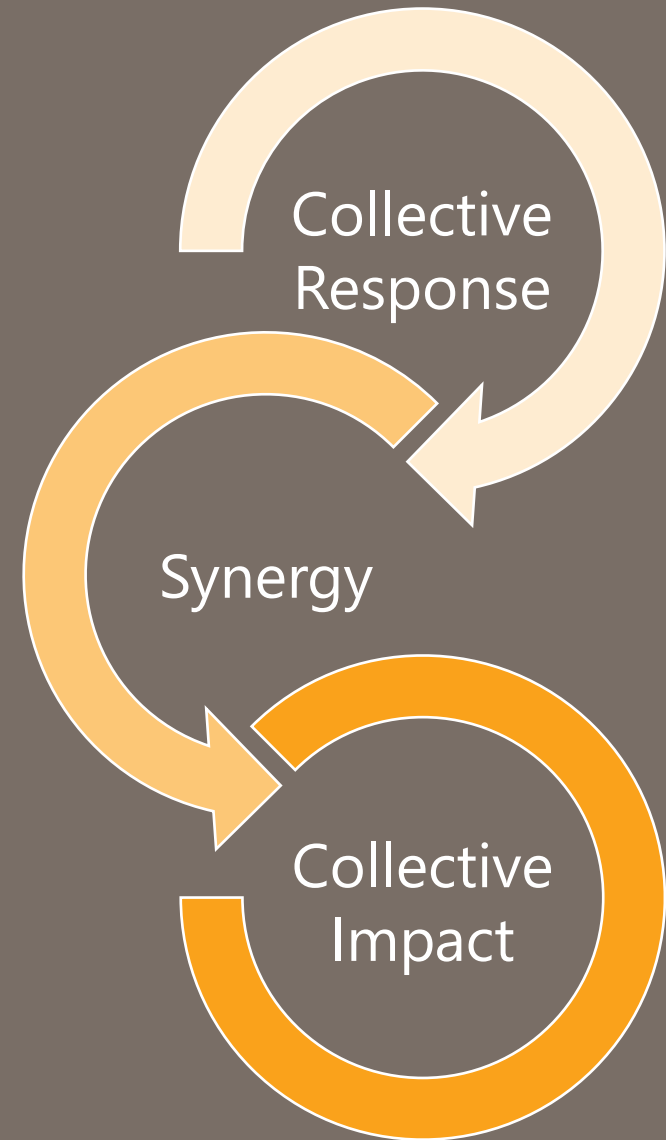| The Social Ecological Model	Risk Factors	Protective Factors	Social Determinants	Putting it all Together
illustrates how factors influence each other at different levels[1]	are a set of behaviors or conditions that increase the risk for sexual violence perpetration	are behaviors or conditions that reduce or buffer against the risk for sexual violence perpetration	of health are conditions in the environments in which people are born, live, learn, work, play, worship, and age[4]	to increase effectiveness of prevention efforts
Societal[3] (e.g. laws, systems, the media, and widespread social norms)	• Societal norms that: - support sexual violence - support male superiority and sexual entitlement - maintain women's inferiority and sexual submissiveness • Weak health, economic, gender, educational, and social policies • High levels of crime and other forms of violence	(At this time there are no evidence-based findings on societal-level protective factors for sexual violence; additional research can help fill this gap)	• Social norms and attitudes (racism, sexism, ableism, and other forms of oppression) • Socioeconomic conditions • Cultural attitudes, norms, and expectations • Governmental, corporate, and non-governmental policies • Social institutions (e.g. law enforcement)	Sexual violence is inextricably tied to oppression. Focusing on risk and protective factors and social determinants of health can help clarify how anti-oppression efforts can be part of prevention.
Community[3] (e.g. neighborhoods, schools, faith communities, and local organizations)	• Poverty • Lack of employment opportunities • Lack of institutional support from police and judicial system • General tolerance of sexual violence within the community • Weak community sanctions against sexual violence perpetrators	• Community support/ connectedness • Coordination of resources and services among community agencies • Access to mental health and substance abuse services	• Equitable access to educational, economic, and job opportunities • Community engagement • Social support and integration, support systems • Built environment, such as buildings, sidewalks, bike lanes, and roads • Physical barriers, especially for people with disabilities	Working in collaboration with communities around shared risk and protective factors can be an effective way to stretch limited funding, strengthen partnerships, and increase reach.
Individual[2] (e.g. a person's attitudes, values, and beliefs) and **Relationship[2]**	• Family environment characterized by physical violence and conflict • Emotionally unsupportive family environment • Poor parent-child relationships • Association with sexually aggressive, hypermasculine, and delinquent peers • General aggressiveness and acceptance of violence	• Connection/commitment to school • Connection with a caring adult • Affiliation with pro-social peers • Emotional health and connectedness • Empathy and concern for how	• Having resources to meet daily needs like healthy foods & warm clothing • Social support and social interactions • Equitable access to quality schools and transportation • Equitable access to information and services in various languages	Every individual exists within larger communities and our shared society. It is vital to link individual and relationship-level risk and protective factors to those at the community and society level, as well as related social determinants

PROTECTIVE FACTORS BUILD RESILIENCE

ADOPT **PROTECTIVE FACTORS** TO FACE CHALLENGES

BEHAVIOURAL CHALLENGES

- Behavioural problems
- Conflicts with friends or family
- Turning to drugs and alcohol

- Physical activity
- Emotional support
- Social activities

- Skill development
- Proper nutrition
- Adequate sleep

LIFE CHALLENGES

- Covid-19: uncertainty and adaptation
- Stress of studies
- Anxiety and depression

RESILIENCE

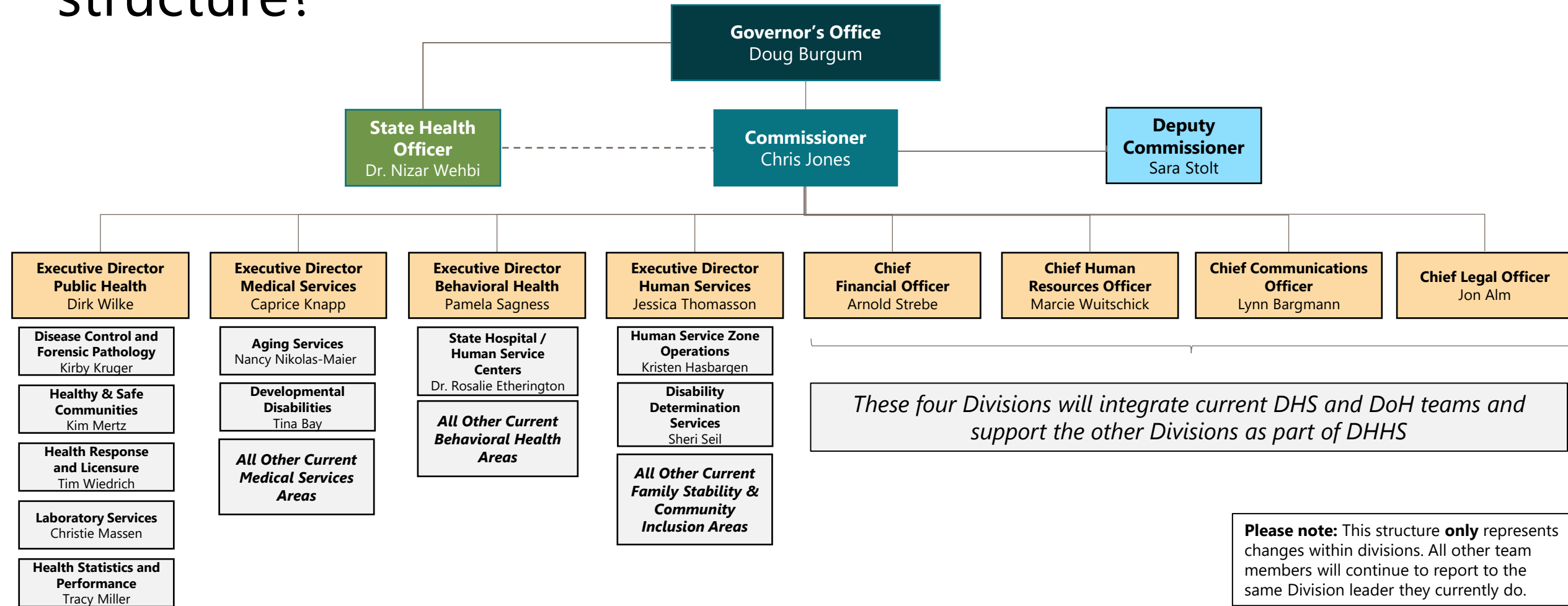For protective factors at the family and community levels, visit nbhc.ca/resilience

New Brunswick Health Council | Conseil de la santé du Nouveau-Brunswick

By focusing on **shared** risk factors or **shared** protective factors, we benefit from a collective response.

What's changing with the future DHHS organizational structure?

Governor's Office
Doug Burgum

State Health Officer
Dr. Nizar Wehbi

Commissioner
Chris Jones

Deputy Commissioner
Sara Stolt

Executive Director Public Health	Executive Director Medical Services	Executive Director Behavioral Health	Executive Director Human Services	Chief Financial Officer	Chief Human Resources Officer	Chief Communications Officer	Chief Legal Officer
Dirk Wilke	Caprice Knapp	Pamela Sagness	Jessica Thomasson	Arnold Strebe	Marcie Wuitschick	Lynn Bargmann	Jon Alm

Disease Control and Forensic Pathology
Kirby Kruger

Aging Services
Nancy Nikolas-Maier

State Hospital / Human Service Centers
Dr. Rosalie Etherington

Human Service Zone Operations
Kristen Hasbargen

Healthy & Safe Communities
Kim Mertz

Developmental Disabilities
Tina Bay

All Other Current Behavioral Health Areas

Disability Determination Services
Sheri Seil

Health Response and Licensure
Tim Wiedrich

All Other Current Medical Services Areas

All Other Current Family Stability & Community Inclusion Areas

Laboratory Services
Christie Massen

Health Statistics and Performance
Tracy Miller

These four Divisions will integrate current DHS and DoH teams and support the other Divisions as part of DHHS

Please note: This structure **only** represents changes within divisions. All other team members will continue to report to the same Division leader they currently do.

DHHS will exist as a unified agency on September 1, 2022.

Orange boxes refer to Divisions

Gray boxes refer to Sections

February 2022

The new Division of Behavioral Health will **build on our existing foundation of progress** to transform services for North Dakotans

- **Drive innovation** and transform services to support the growing need for behavioral health care services.

- **Incorporate health care industry best practices** into our work on behalf of North Dakotans.

- Identify additional areas where we can **proactively improve processes.**

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

North Dakota Plan for Behavioral Health

WWW.HSRI.ORG/ND-PLAN

Partners & Purpose

With support from the Human Services Research Institute (HSRI), the North Dakota Behavioral Health Planning Council (BHPC) is working with stakeholders—including service users and families, advocates, providers, administrators, and other North Dakotans—**to set a course for ongoing system monitoring, planning, and improvements.**

Vision

With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy, and happy life—free of stigma or shame—within caring and supportive communities.

North Dakota Behavioral Health System Study

In 2017-2018, HSRI and the North Dakota Department of Human Services Behavioral Health Division conducted an analysis of North Dakota's behavioral health system, including use and expenses. The final report details the findings and provides **13 areas of recommendations for improvement.**

Download Final Report

The Plan

Building on the recommendations from the study, we identified priority goals and established implementation strategies to enhance the comprehensiveness, integration, cost-effectiveness, and recovery orientation of the behavioral health system to **effectively and equitably meet the needs of the community.**

How to Use This Dashboard

This dashboard summarizes the goals and objectives of The Plan and is updated every three months. The information can be used to **inform and educate, track project status, and encourage participation with local and state entities** to improve the behavioral health system.

Summary

After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected **13 aims with 28 goals**. Many of these goals will take several years to achieve. To track progress, we've created objectives, action steps, benchmarks, completion dates, and indicators of success for each goal.

#	Aim	Completed or in progress
1	Develop and implement a comprehensive strategic plan	70%
2	Invest in prevention and early intervention	76%
3	Ensure all North Dakotans have timely access to behavioral health services	59%
4	Expand outpatient and community-based service array	80%
5	Enhance and streamline system of care for children and youth	39%
6	Continue to implement and refine the current criminal justice strategy	77%
7	Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce	43%
8	Continue to expand the use of telebehavioral health interventions	54%
9	Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches	79%
10	Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services	100%
11	Partner with tribal nations to increase health equity for American Indian populations	9%
12	Diversify and enhance funding for behavioral health	81%
13	Conduct ongoing, system-wide data-driven monitoring of need and access	80%

KEY INITIATIVES
Behavioral Health

NORTH
Dakota
Be Legendary.™ | Behavioral Health
HUMAN SERVICES

Keys to Reforming North Dakota's Behavioral Health System
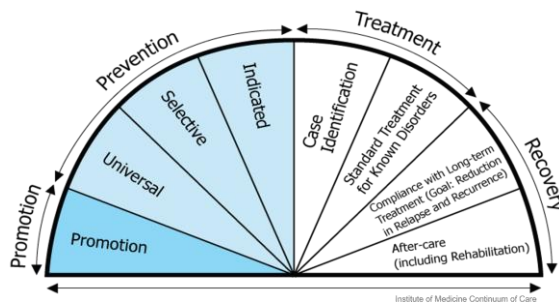
Support the full Continuum of Care

Increase Community-Based Services

Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition

Substance Use Disorder (SUD) Voucher

GOAL: Improve access to quality services

20+ Substance Use Disorder Treatment Programs are providing services through the SUD Voucher.

5000+ individuals have been approved since inception of the SUD Voucher program.

Substance Use Disorder (SUD) Voucher

Program Participant Demographics

The following charts provide a breakdown of all currently active clients within the SUD voucher system (n=688).

Participant Home Region

2.18% 10.32% 5.52% 14.10% 22.82% 2.18% 2.91% 39.10%

	Region	
	1 Northwest	15
	2 North Central	71
	3 Lake Region	38
	4 Northeast	97
	5 Southeast	269
	6 South Central	15
	7 West Central	157
	8 Badlands	20
	Unknown	6
	Total	**688**
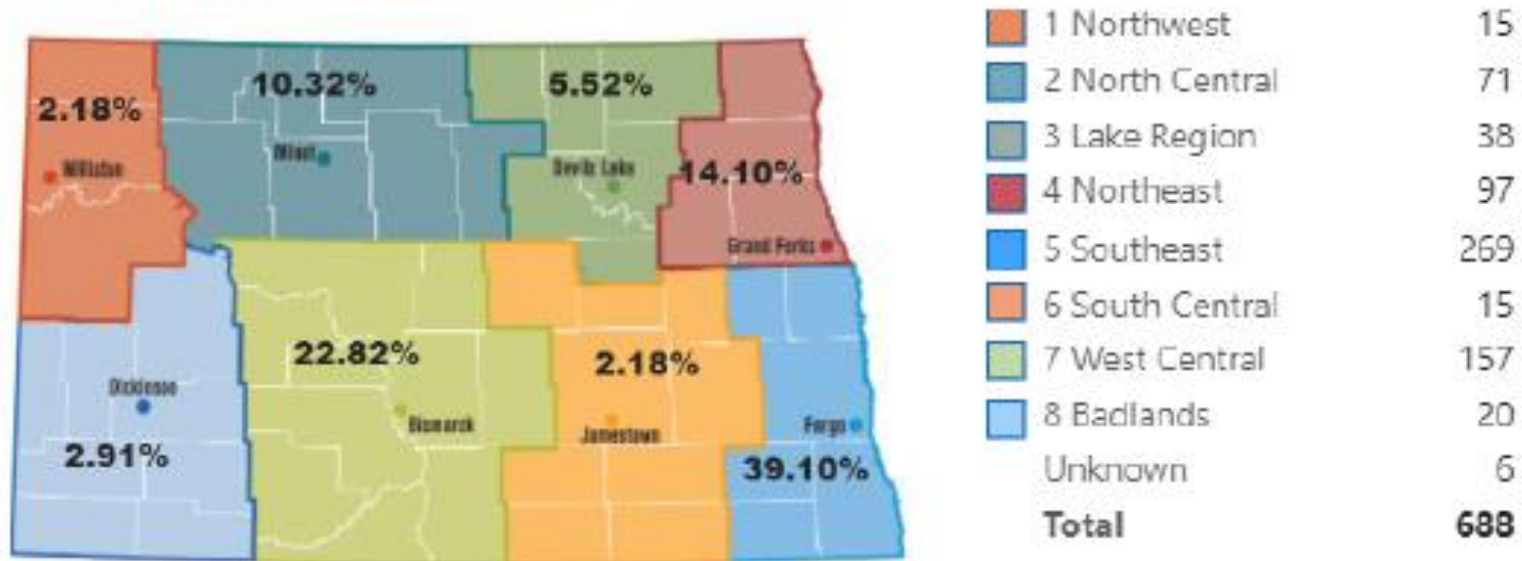
Participant Living Status

25%

Homeless

SUD Voucher Outcomes

PURPOSE
Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).

Average Outcome Scores Over Time

1.87
2.32

HEALTH
Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)

Average Outcome Scores Over Time

1.93
2.32

COMMUNITY
Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.

Average Outcome Scores Over Time

2.07
2.34

HOME
Identify the stability and safety of the individual's living environment.

Average Outcome Scores Over Time

2.14
2.37

Pre   Post

Changes/Expansion

65th Legislative Session (2017)

Methadone maintenance was added as a covered service, effective July 1, 2017 **(HB 1012)**

66th Legislative Session (2019)

Providers who access the SUD Voucher were **expanded to public agencies** (i.e., public health and tribal agencies) who hold a substance abuse treatment program license - not including Human Service Centers. **(HB 1105)**

Eligibility age was changed from 18 to 14 years old, effective July 1, 2020. **(SB 2175)**

67th Legislative Session (2021)

House Bill 1402 passed **to allow providers in border states** to access the SUD Voucher for North Dakota citizens. Effective July 1, 2022.

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
• 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 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.	• 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

Enrolled Individuals

Legend: No services — Care Coordination Only — Care Coordination and Additional

Enrolled Providers
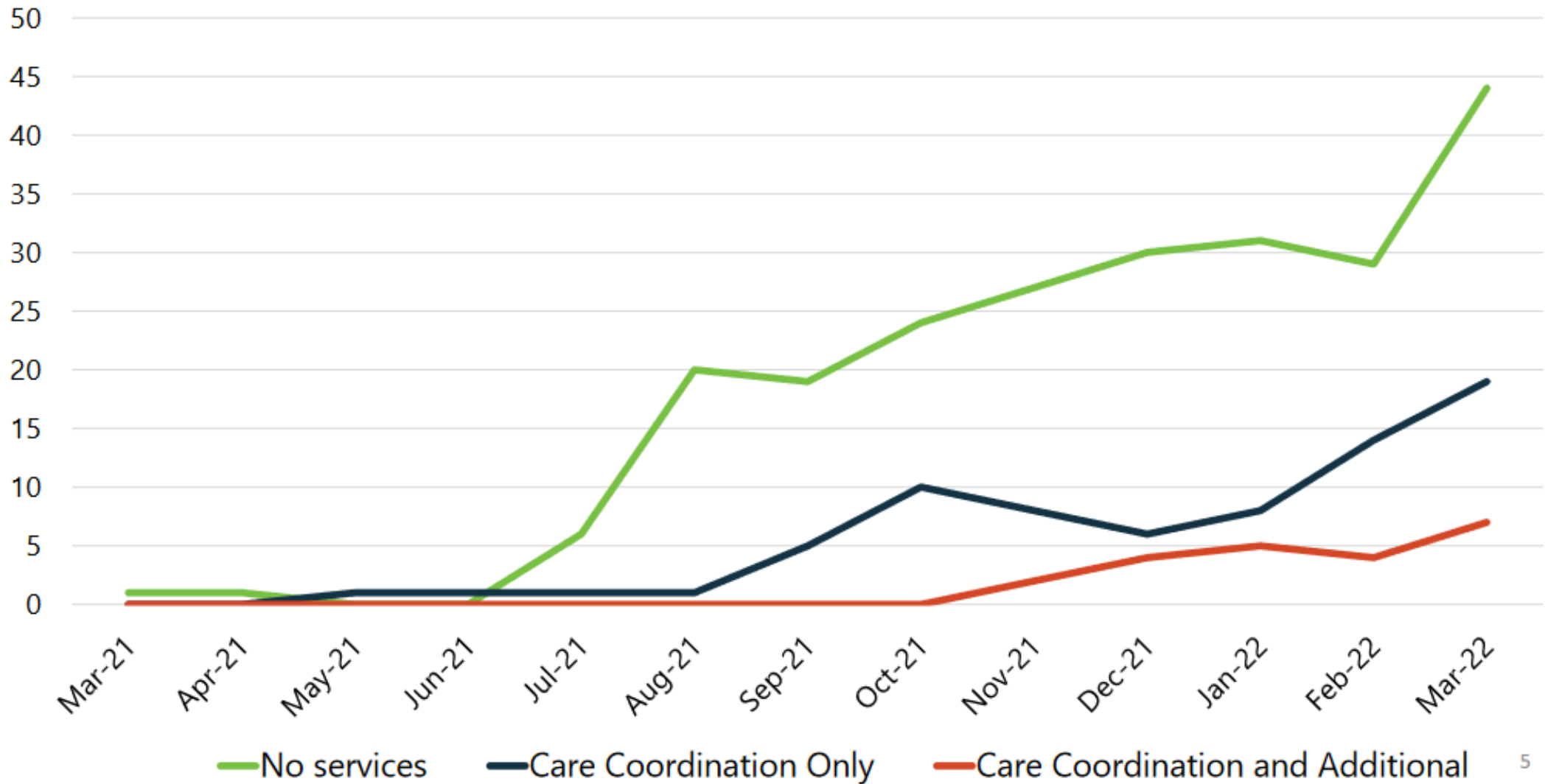
Legend: Fully Enrolled, Delivering Services
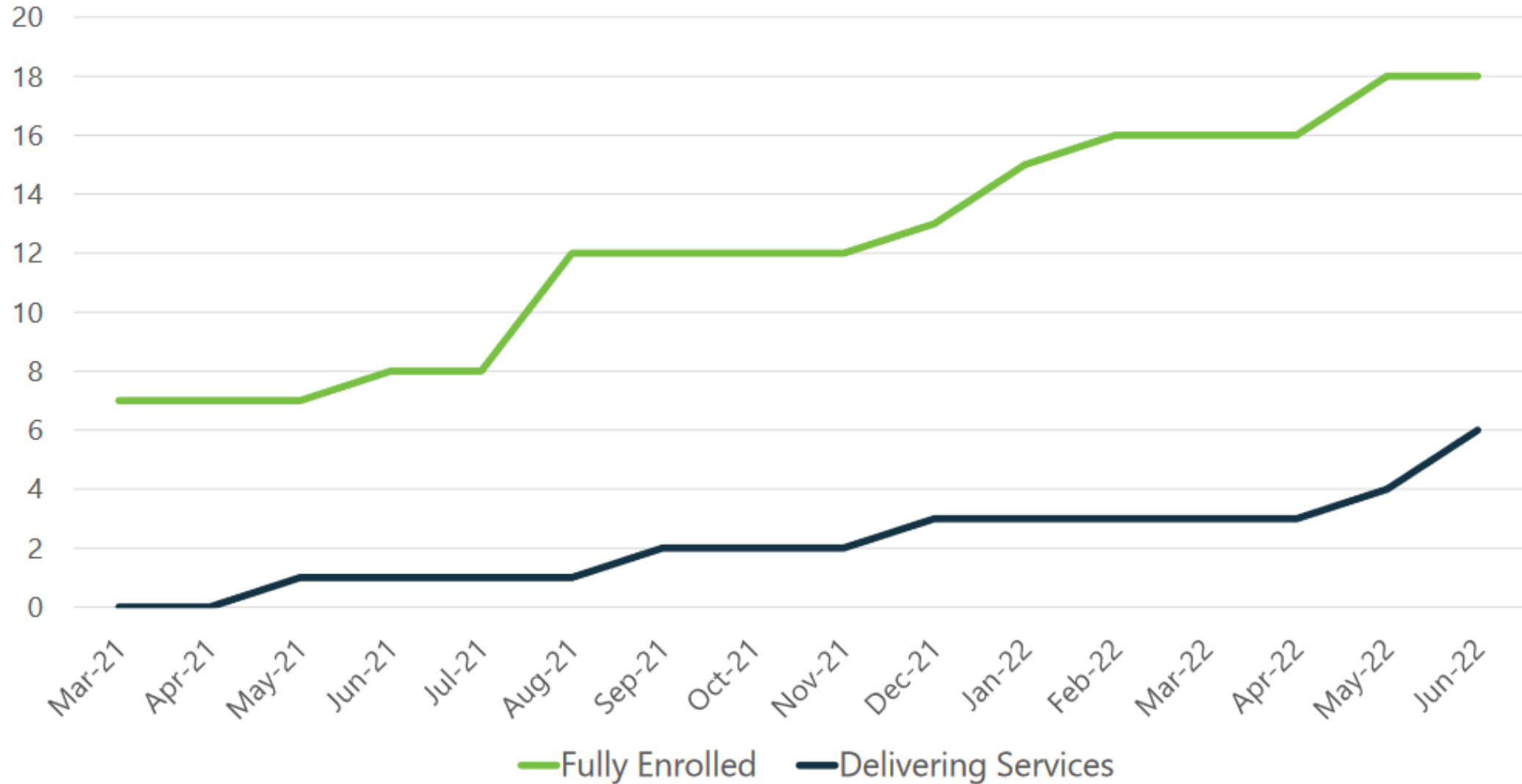
FREE THROUGH Recovery

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

CommunityConnect
My Recovery. My Story.

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

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**.*

9-8-8

Currently planning for the rollout of 9-8-8, a new, nationwide, three-digit phone number for the National Suicide Prevention Lifeline that will launch by the summer of 2022.

National Suicide Prevention Lifeline

24/7   **1.800.273.TALK (8255)**

NORTH **Dakota** Be Legendary.™ | **Behavioral Health** HUMAN SERVICES

behavioralhealth.nd.gov/prevention/suicide

Goals of the Behavioral Health School Grant

01

identifying prevention and early intervention services that have no other funding source

02

using funds to reimburse clinical or treatment services that are effective but not currently covered services

03

filling gaps in service coverage for populations that do not qualify for other forms of reimbursement

Eligibility Criteria:

- ✓ Public or private elementary or secondary schools
- ✓ Utilized ND State Medicaid reimbursement during the previous school year

NORTH
Dakota
Be Legendary.™ | Behavioral Health
HUMAN SERVICES

Look for the 2022-2023 school year applications in late summer 2022!

Free Online Suicide Prevention Training

Sign up to receive FREE evidence-based, online, role-playing simulation to:

- ✓ learn to recognize the signs of distress

- ✓ use conversation to approach a student

- ✓ and discuss concerns, and if, necessary, refer parents/students to the appropriate resources.

How to Access the Simulation

1. Visit northdakota.kognito.com

2. Select your district and school

3. Log in or create new account

4. Launch "At-Risk" training

LEARN MORE AT
behavioralhealth.nd.gov /education/kognito

NORTH **Dakota** | Behavioral Health
Be Legendary.™ | HUMAN SERVICES

Reach for Resilience
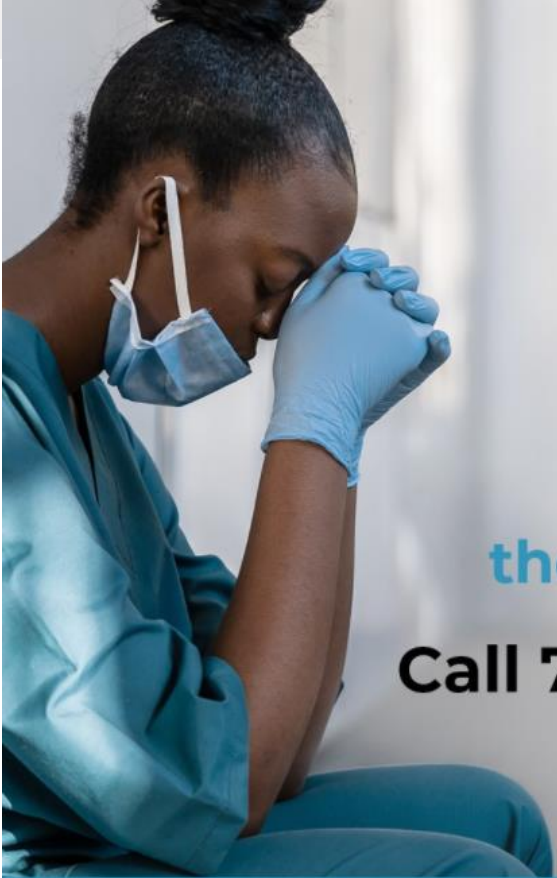
Partnership with Sanford Health to respond to pandemic-related stressors for health care workers.

Reach for Resilience was created by healthcare workers for healthcare workers to respond to all of the pandemic-related challenges in our lives.

The service is free, confidential and open to all healthcare workers in North Dakota.

Call 701-365-4920
www.Reach4ResilienceND.com

Help and resources for healthcare workers dealing with COVID-19 in their daily lives.

Call 701.365.4920

Reach for Resilience

NORTH Dakota | Behavioral Health
Be Legendary." HUMAN SERVICES

Parents Lead

Mission

To support parents in promoting the behavioral health of their children.

▶ Find resources to support the behavioral health of children!
www.parentslead.org

Recovery Talk

WHAT TO EXPECT WHEN YOU CONTACT 24/7 RECOVERY TALK
If you don't know where to begin getting help with addiction for yourself or someone you know—start here. **call or <u>text</u>** 701-291-7901 to speak to a trained peer support specialist with lived experience in addiction to chat and receive support.

Help is Here

Funding Page

www.behavioralhealth.nd.gov/funding

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.

THE BEHAVIORAL HEALTH & CHILDREN
AND FAMILY SERVICES CONFERENCE

SAVE THE DATE
OCTOBER 11-13, 2022
IN PERSON + VIRTUAL
HOLIDAY INN, FARGO

NORTH
Dakota | Human Services
Be Legendary.™

www.behavioralhealth.nd.gov

Thank you

Empower People | Improve Lives | Inspire Success