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Behavioral Health Division*

Children's Behavioral Health in North Dakota

Interim Human Services Committee – January 5, 2016



**CHILDREN'S
BEHAVIORAL HEALTH
DATA OVERVIEW**

ND State Epidemiological Outcomes Workgroup (SEOW)

*Initiated in 2006 by the North Dakota Department of Human Services, Behavioral Health Division;
funded by SAMHSA*

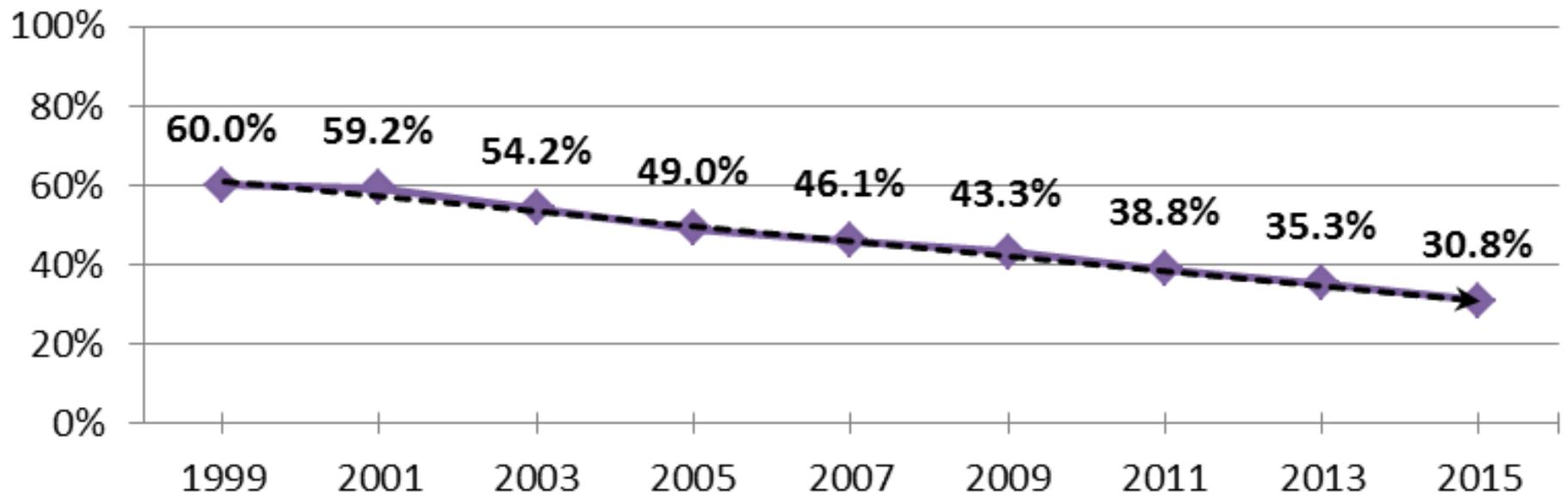
Mission: Identify, analyze, and communicate key substance abuse and related behavioral health data to guide programs, policies, and practices.

The SEOW relies on a systematic and unbiased approach to data collection, analysis, and interpretation.

Goal of the SEOW: Use data to inform and enhance state and community decisions regarding behavioral health programs, practices, and policies, as well as promote positive behavioral and mental health over the lifespan.

Substance Use Prevalence

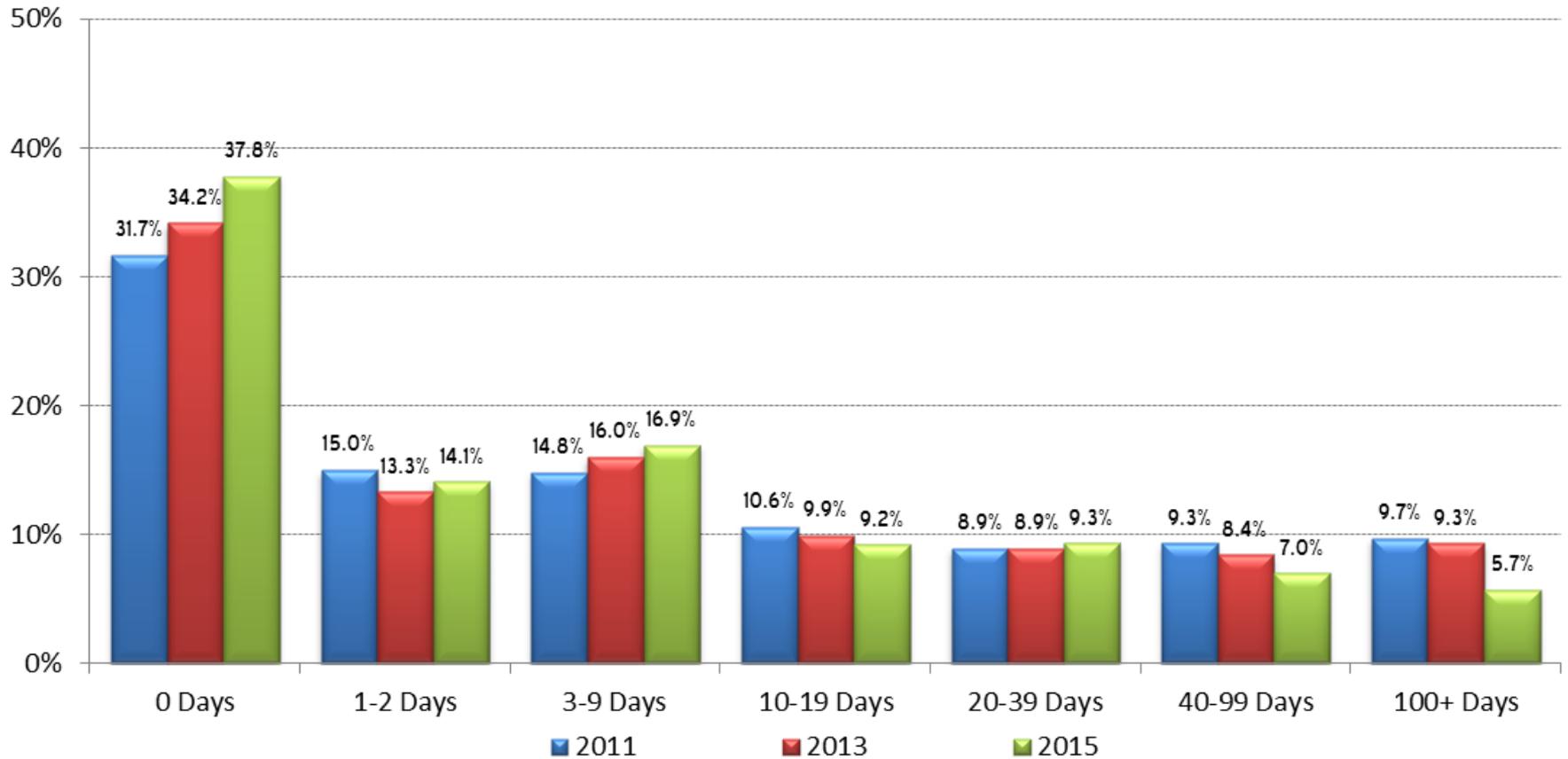
High School Alcohol Use - *past 30 days*
YRBS 1999-2015



Youth Risk Behavior Survey (YRBS)

Substance Use Prevalence

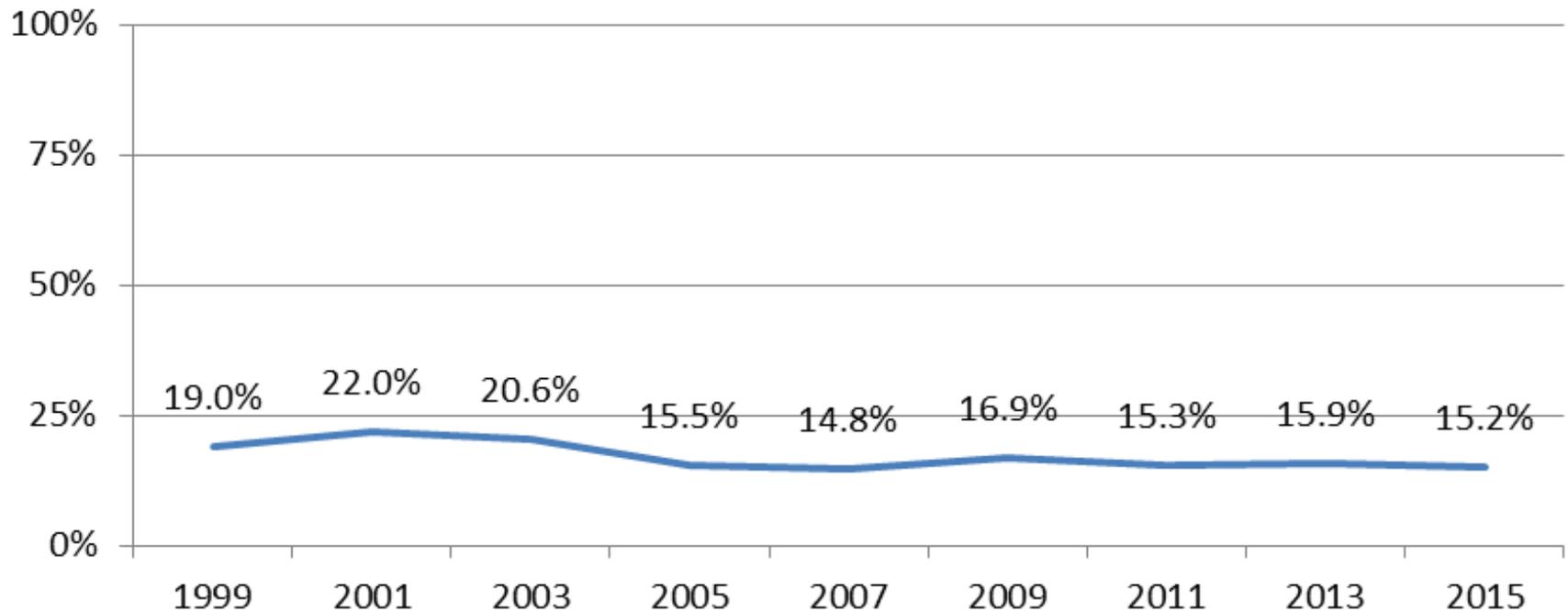
Alcohol Lifetime Use, ND YRBS



Number of days students report consuming alcohol in their lifetime.

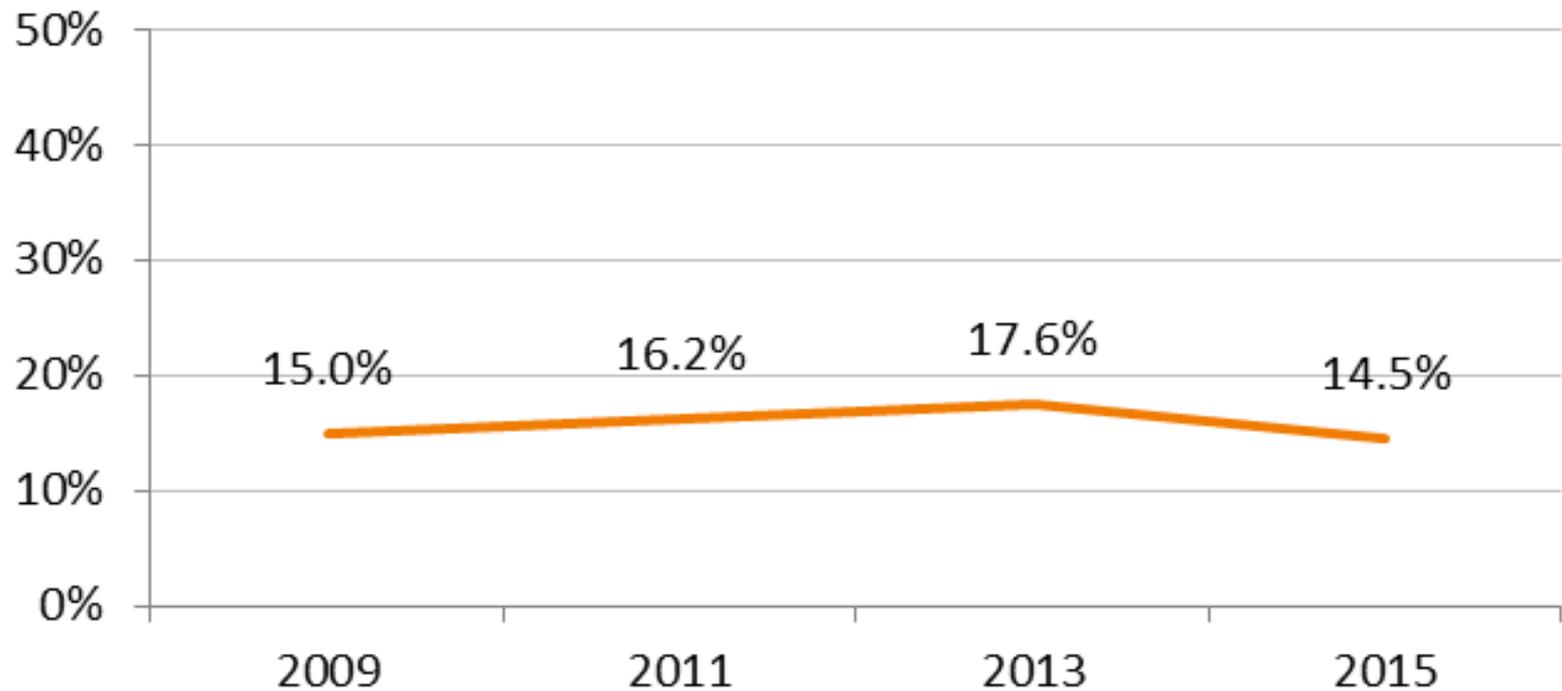
Substance Use Prevalence

High School Marijuana Use - *past 30 days*
YRBS 1999-2015



Substance Use Prevalence

Percentage of students who have taken a prescription drug without a doctor's prescription in their lifetime - YRBS



Substance Use Prevalence

An estimated **3.54%** of 12-17 year olds in North Dakota identified *alcohol dependence or abuse* in the past year

NSDUH, 2013-2014

National Survey on Drug Use and Health (NSDUH)

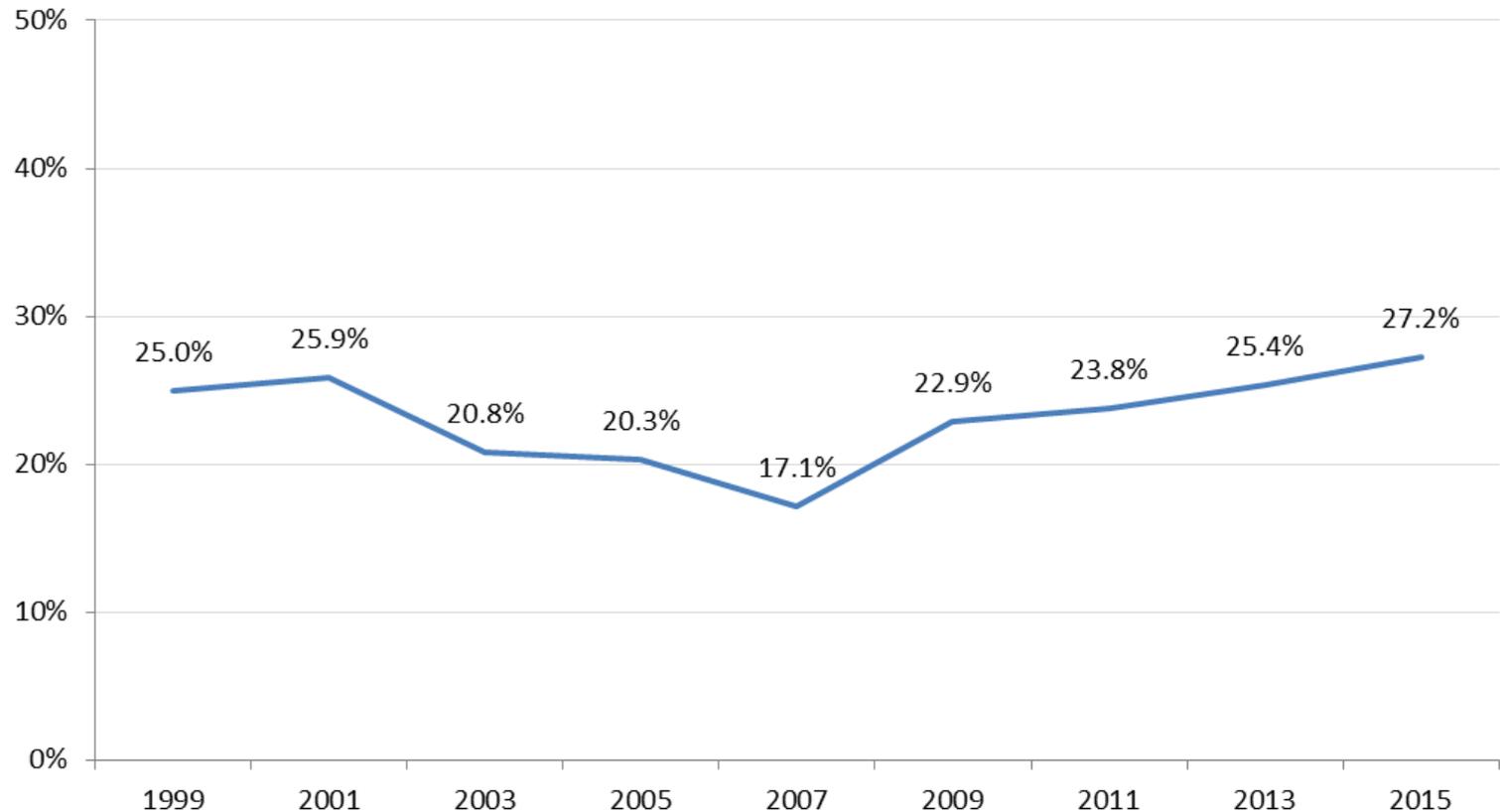
Gambling

29.4% of ND High School Students *reported gambling* in the past 12 months (*i.e. sports betting, playing cards or dice, lottery, Internet gambling, or video game gambling*)

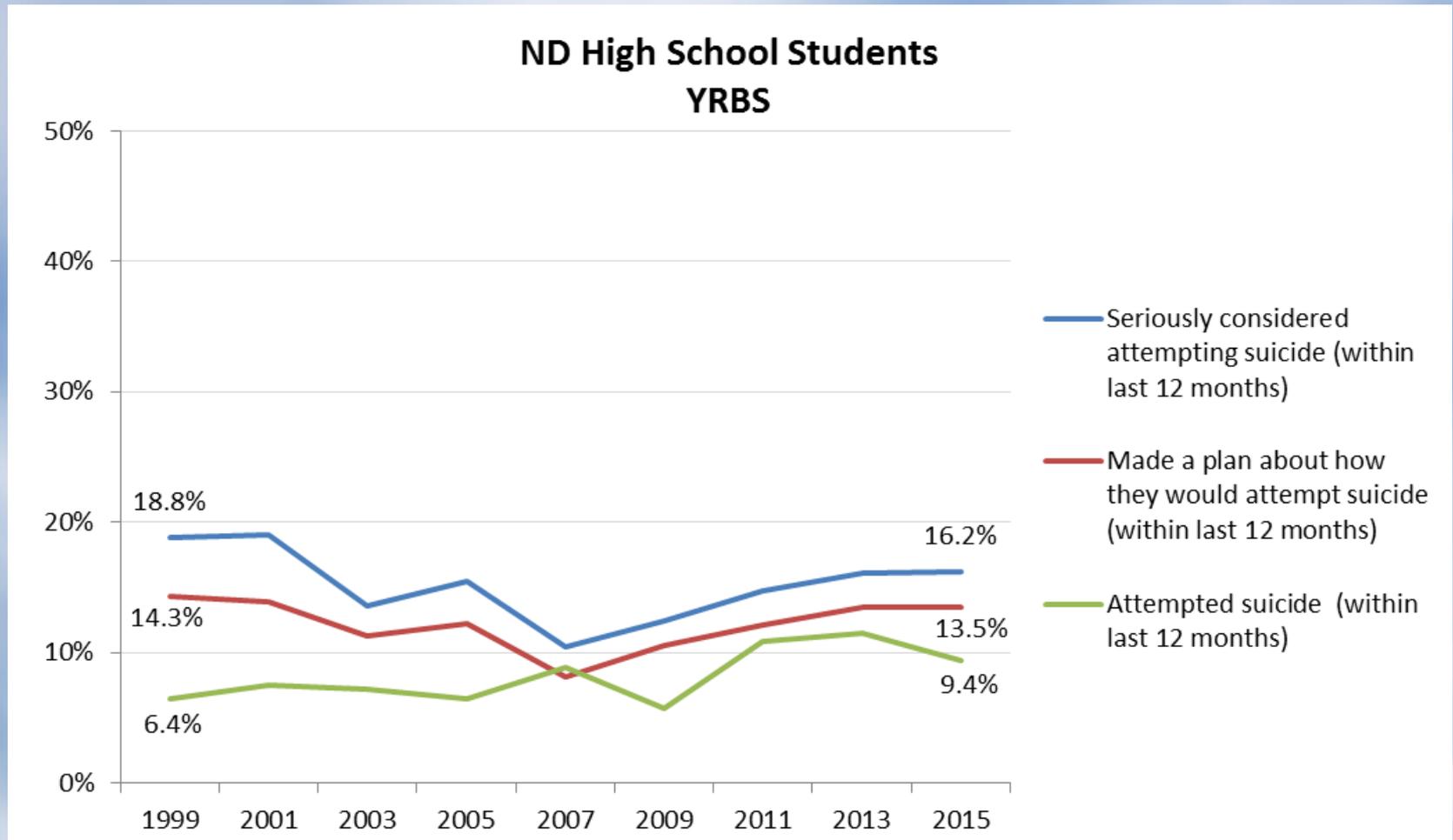
YRBS, 2015

Mental Health Prevalence

ND High School Students reported feeling sad or hopeless
(almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the last 12 months)
YRBS



Mental Health Prevalence



EFFECTIVE CHILDREN'S BEHAVIORAL HEALTH SYSTEM



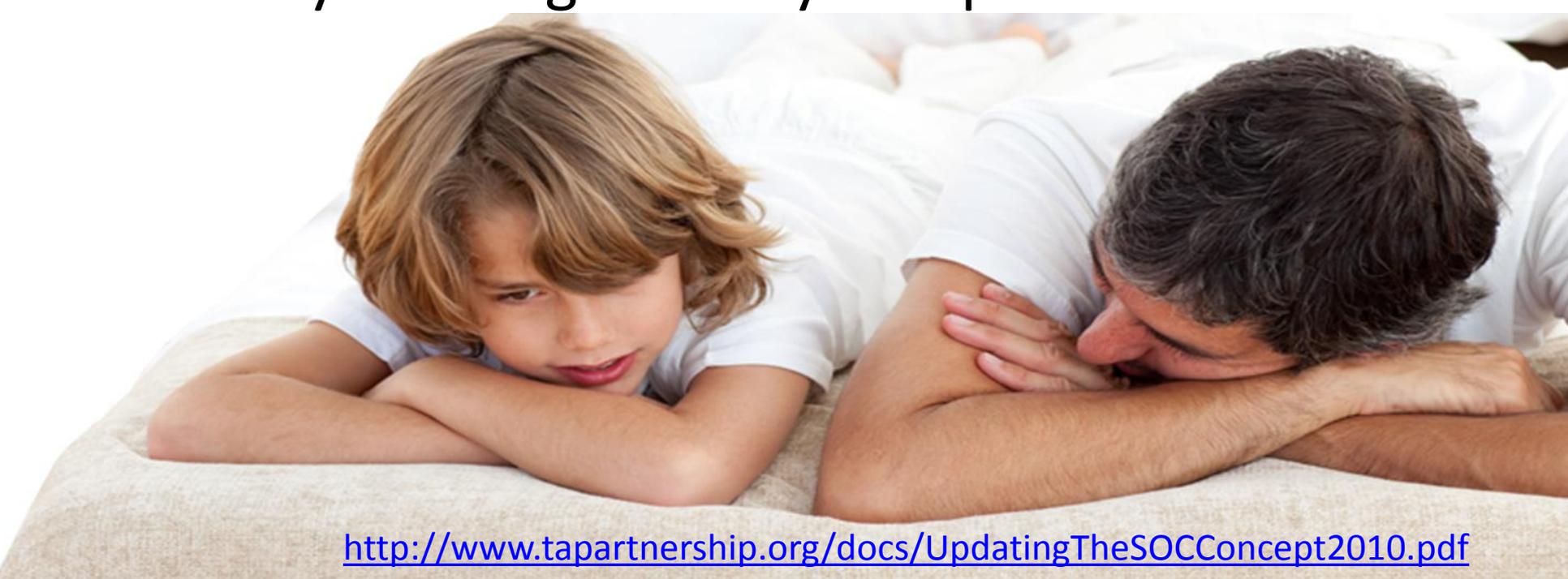
CORE VALUES:

Community-based

Family-driven

Youth-guided

Culturally and linguistically competent



KEY PRINCIPLES

Multi-system collaboration

Integration

Least restrictive

Resist criminalizing

Broad array of services and supports

Accessible (timely)

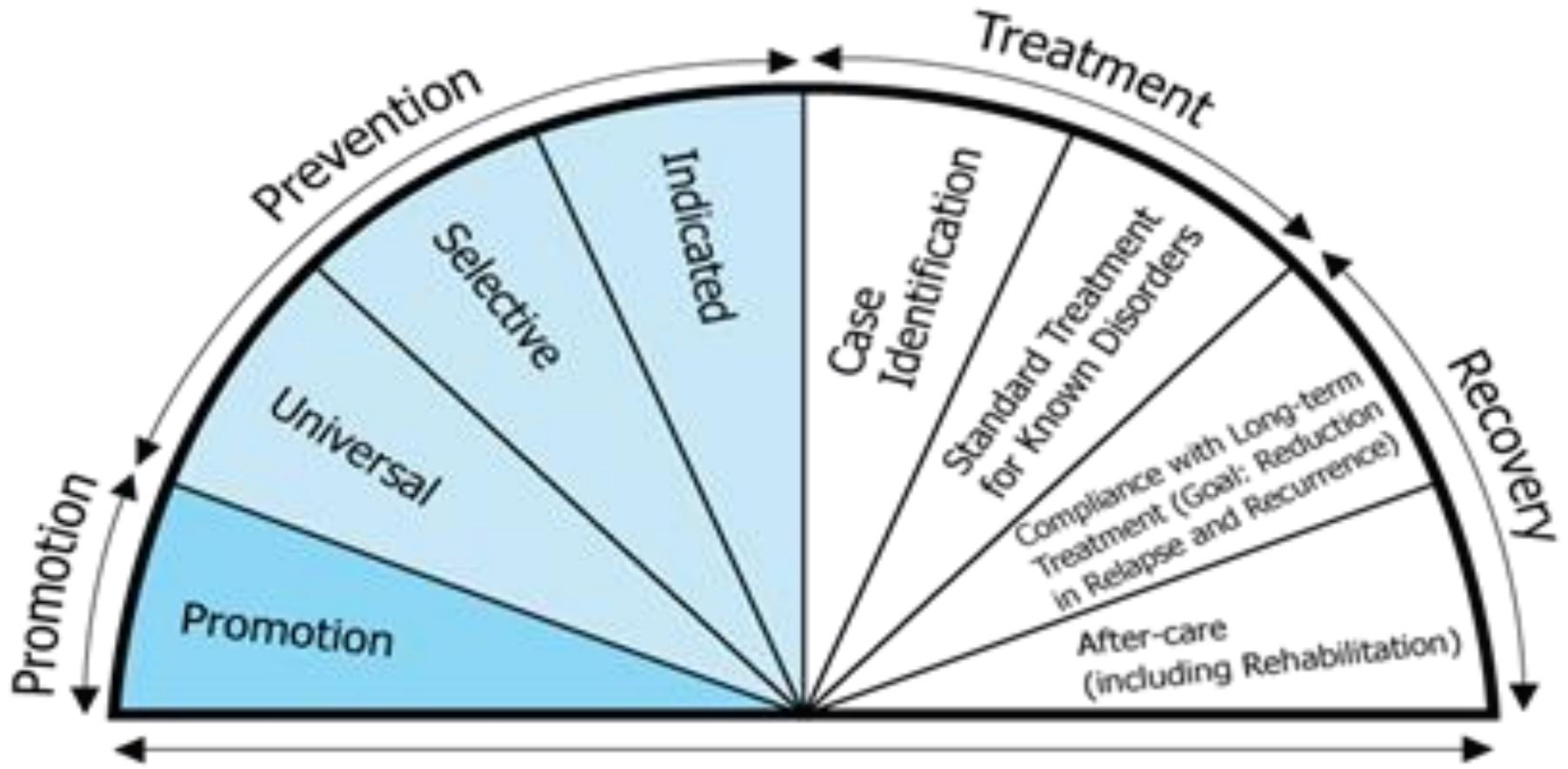
Quality (effective, show outcome)

Tailored to youth and family

Strengths based



Behavioral Health Continuum of Care Model



PROMOTION & PREVENTION

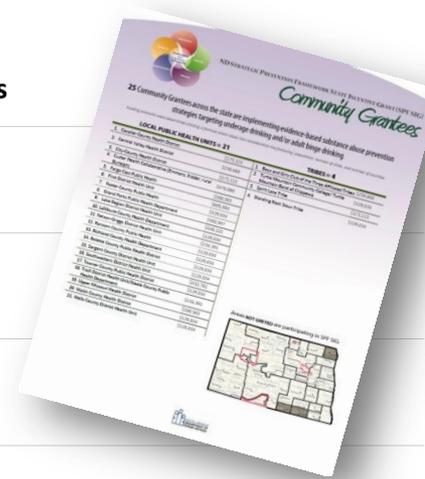
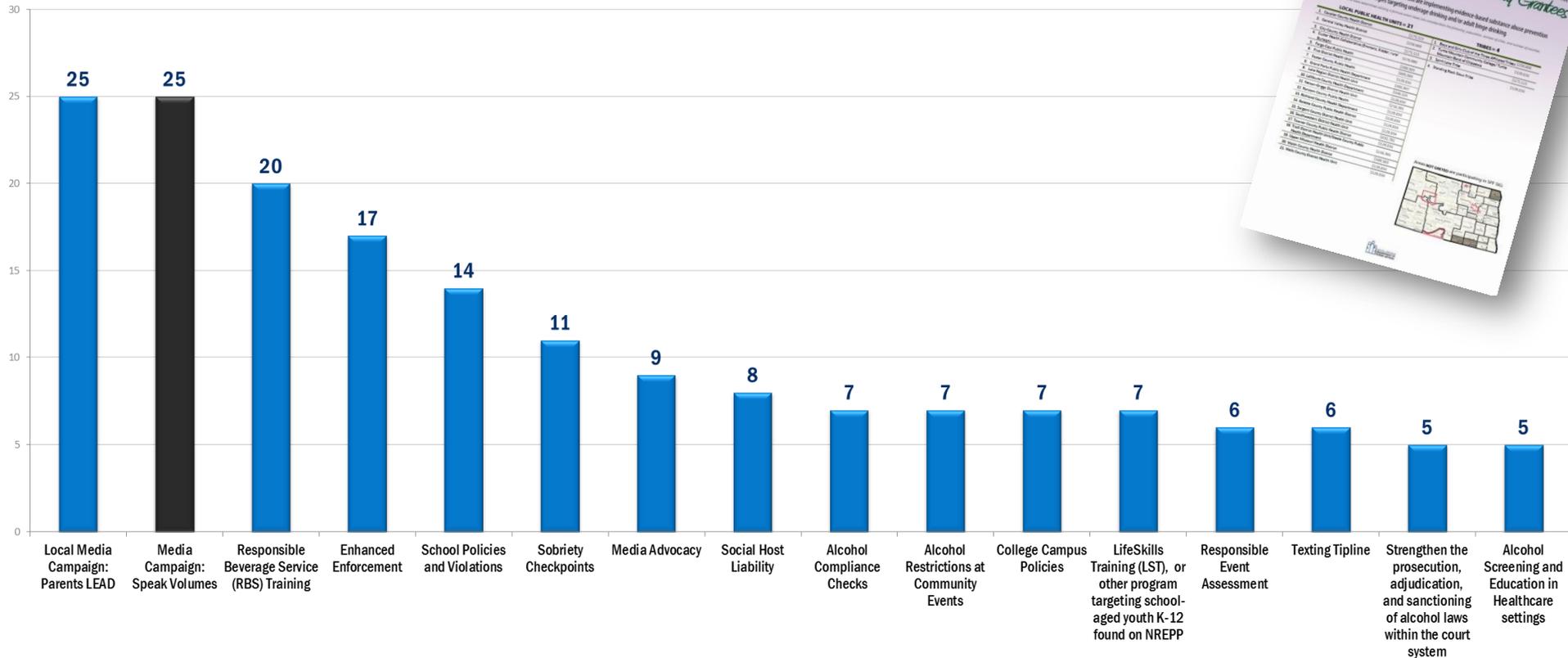


Community-based prevention

Strategic Prevention Framework State Incentive Grant (SPF SIG)

- Blue bars are strategies impacting youth in an effort to prevent underage drinking

Number of Community Grantees implementing Evidence-Based Prevention Strategies



Prevention Expanding to Behavioral Health

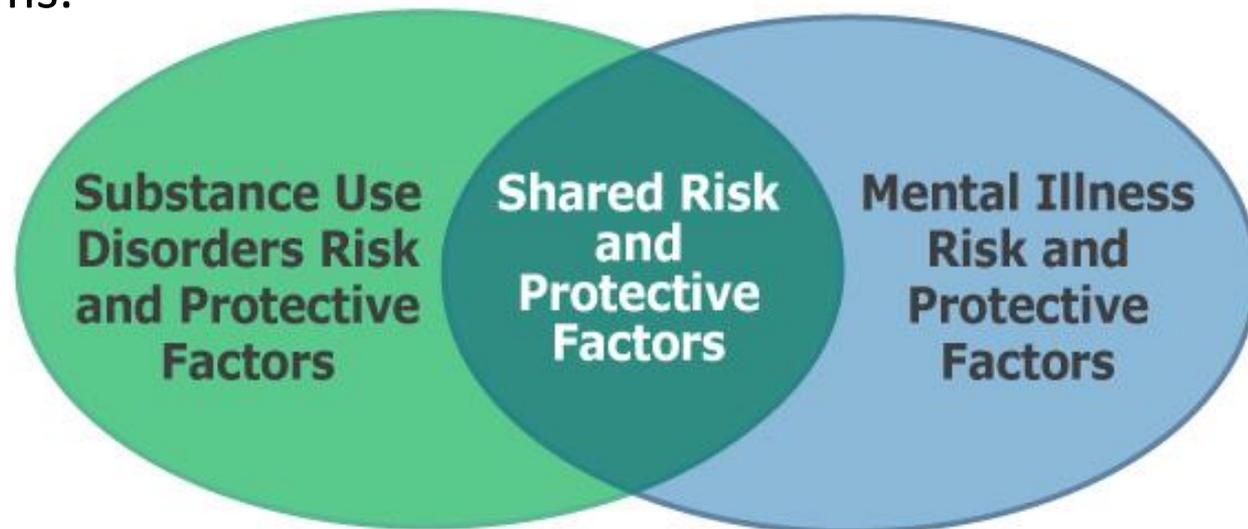


By 2020, mental health and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

SAMHSA

Shared Risk and Protective Factors

- Research shows that some risk and protective factors are associated with multiple outcomes.
 - For example, negative life events, such as divorce or sustained neighborhood violence, are associated not only with substance abuse but also with anxiety, depression, and other behavioral health problems.



Resilience

Strengths-based

Focuses on providing the developmental supports and opportunities (protective factors) that promote success



PARENTS LEAD

PARENTS LEAD

FOR PROFESSIONALS

PARENTS LEAD.ORG



Recognizing the power of a parent to influence a child's life, ParentsLEAD.org is an evidence-based North Dakota program to support parents in taking the lead to prevent underage drinking.

Of those parents involved with the website:

93% of the respondents said they would recommend the site to others.

OVER 80% of the respondents said they would use the information in their own parenting.

Research shows that parents can reduce the likelihood that their child will drink underage through ongoing conversations, healthy role-modeling, monitoring, and support and engagement.

GOALS OF PARENTS LEAD

PROGRAM OUTCOMES

↑
Increase ongoing conversations

Almost half (45.2%) said they are now having ongoing conversations about underage drinking.

↑
Increase healthy role-modeling

Just over half (52.7%) of the respondents said they are more conscious of role modeling around their child as a result of the Parents LEAD website.

↑
Increase parental monitoring

One in three (32.3%) parents said they were being more careful about monitoring their child.

Of the 675 parents signed up to receive monthly age-specific emails, 98 completed the online survey (15%).



Parents LEAD is a partnership between the North Dakota Department of Transportation, North Dakota Department of Human Services, North Dakota University System, and NDSU Extension Service.

Source: NDSU Evaluation of Parents LEAD and Parents LEAD for Professionals, Online Survey Conducted November-December 2014.



Substance Exposed Newborns Task Force

Senate Bill 2367

(2015 Legislative Session)



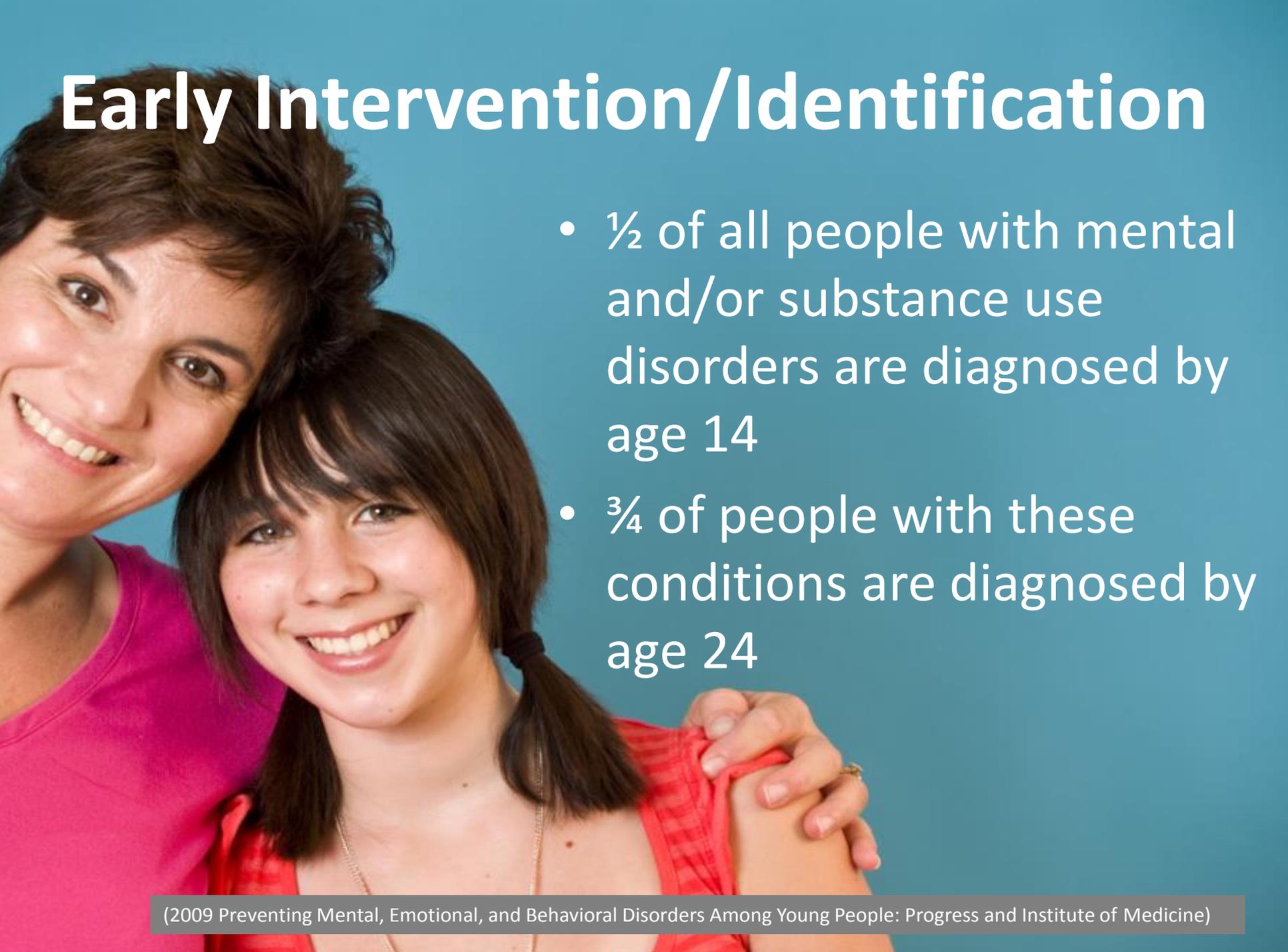
Task force purpose:

- Research the impact of substance abuse and neonatal withdrawal syndrome.
- Evaluate effective strategies for treatment and prevention.
- Provide policy recommendations.

Early Intervention

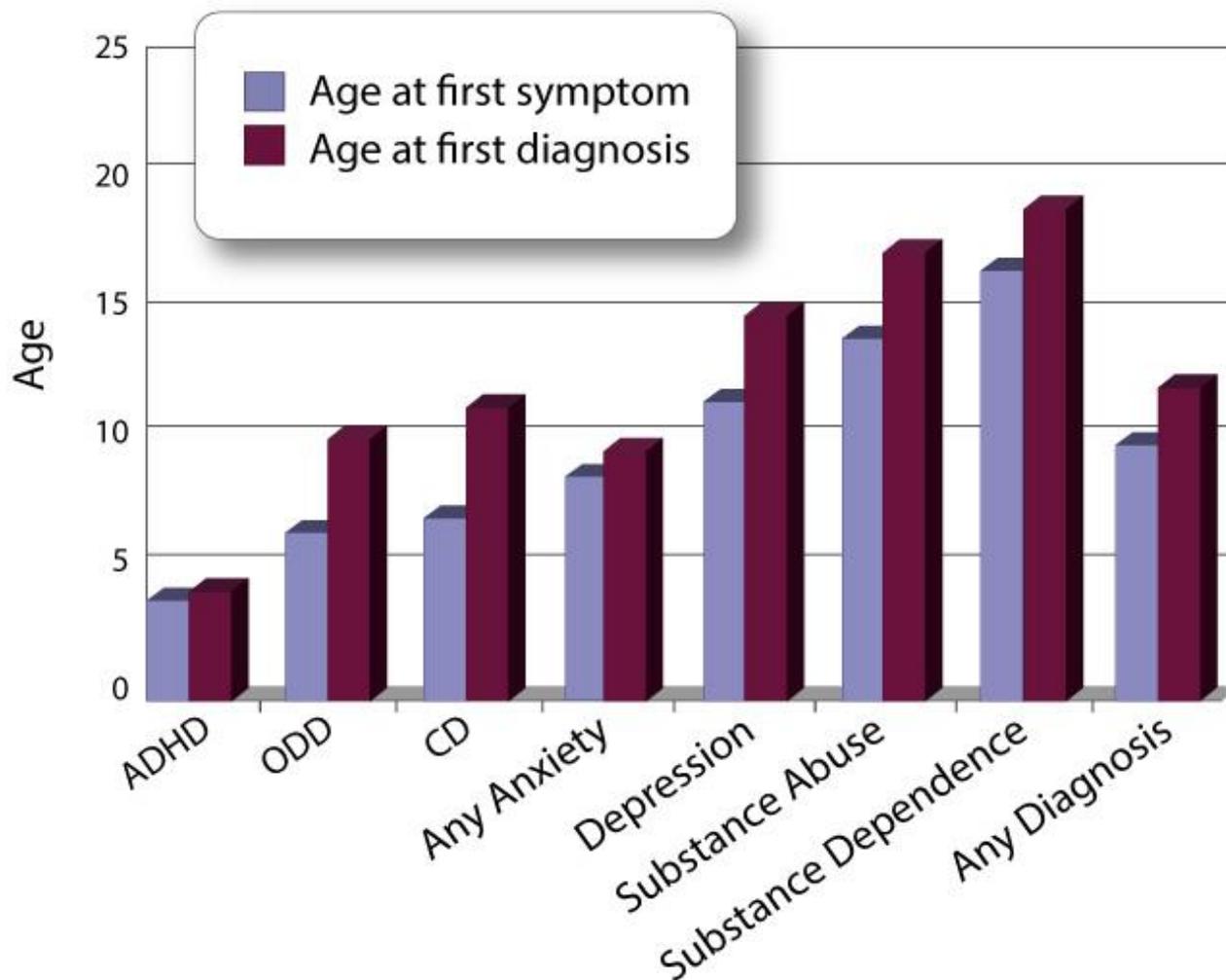


Early Intervention/Identification



- $\frac{1}{2}$ of all people with mental and/or substance use disorders are diagnosed by age 14
- $\frac{3}{4}$ of people with these conditions are diagnosed by age 24

Windows of Opportunity



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



First Episode Psychosis (FEP)

ABOUT FEP

- Majority of individuals with serious mental illness, such as schizophrenia, bipolar disorder, and major depression, experience the **first signs of illness during adolescence or early adulthood**
- Often long delays between symptom onset and the receipt of evidence-based interventions

ND ACTION

- 5% set-aside has been allocated to SAMHSA's Mental Health Block Grant to support the development of FEP services
- The Behavioral Health Division and Planning Council are receiving technical assistance and are developing an implementation plan

TREATMENT



ASAM

Adolescent Substance Abuse Treatment Programs

Substance Abuse Treatment Programs are licensed by the Behavioral Health Division

December 2015

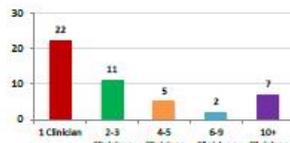
NORTH DAKOTA

Licensed PRIVATE and PUBLIC

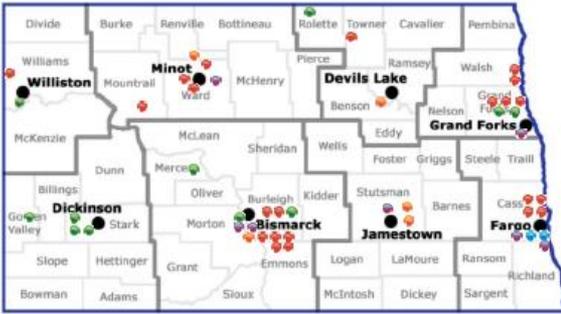
Adolescent Substance Abuse Treatment Programs

Total Number of Licensed Private and Public Adult Programs* = 47

- 22 Licensed Programs have 1 Clinician
- 11 Licensed Programs have 2-3 Clinicians
- 5 Licensed Programs have 4-5 Clinicians
- 2 Licensed Programs have 6-9 Clinicians
- 7 Licensed Programs have 10+ Clinicians



Location and Number of Clinicians per Program



LEGEND

- 1 Clinician
- 2-3 Clinicians
- 4-5 Clinicians
- 6-9 Clinicians
- 10+ Clinicians

Licensed Substance Abuse Treatment Programs are required to follow the levels of care based on the DSM and ASAM criteria and policies for client admission.

*Does not include DUI programs

Behavioral Health Division
Department of Human Services

December 2015

List of Programs by Region**

Region 1 (Dickinson)

Programs with 1 Clinician

- Willie American Resource Center - Towner

Programs with 2-3 Clinicians

- Northland Human Service Center - Williston

Region 2 (Minot)

Programs with 1 Clinician

- Madison Addictions Counseling Services - Minot
- Goodman Addictions Services - Minot
- Practical Resource Center - Parkhill
- Debrae Boys & Girls Ranch - Minot

Programs with 2-3 Clinicians

- Trinity Hospital - Minot

Programs with 4-5 Clinicians

- North Central Human Service Center - Minot

Region 3 (Grand Forks)

Programs with 1 Clinician

- MAM Addictions Counseling Services - Grand Forks
- Golden Day (DUI) Detoxification - Grand Forks
- Northland Christian Counseling Center - Grand Forks
- South, Richard P. Psychiatric Center - Chemical Dependency - Grand Forks
- St. Mary's Recovery Counseling Services - Grand Forks
- Debrae Boys & Girls Ranch - Fargo

Programs with 2-3 Clinicians

- South Central Human Service Center - Grand Forks

Programs with 4-5 Clinicians

- South Central Human Service Center - Grand Forks

Region 4 (Jamestown)

Programs with 1 Clinician

- South Central Human Service Center - Jamestown

Programs with 2-3 Clinicians

- Northland Human Service Center - Jamestown

Region 5 (Bismarck)

Programs with 1 Clinician

- Heart River Alcohol & Drug Abuse Services - Dickinson
- Debrae Boys & Girls Ranch - Dickinson
- Redlands Human Service Center - Dickinson
- Home on the Range - Bismarck

Programs with 2-3 Clinicians

- St. Alois Medical Center/PP Dual Diagnosis Program - Bismarck
- Carl County Substance Abuse Services - Bismarck
- ND Youth Connection Center - Bismarck

Programs with 4-5 Clinicians

- New Freedom Center, Inc. - Bismarck
- Harmon Foundation - Bismarck
- West Central Human Service Center - Bismarck

Licensed Public & Private Adolescent Substance Abuse Treatment Programs... by ASAM Level of Care

ASAM LEVEL OF CARE	REGION 1	REGION 2	REGION 3	REGION 4	REGION 5	REGION 6	REGION 7	REGION 8	TOTAL
I	2	6	3	8	0	3	12	3	46
II.1	1	3	2	4	4	4	3	5	24
II.5		1	1	2	1	1	3		9
III.1		2	1		3		4	1	11
III.5		2	1	1	2		3		9
III.7		1		1	1				3

Behavioral Health Division
Department of Human Services

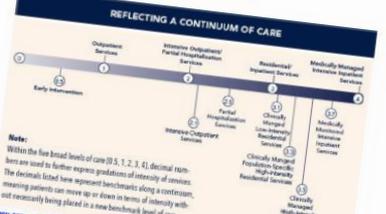
HOW THE ASAM CRITERIA WORKS

The ASAM criteria provide separate placement criteria for adolescents and adults to create comprehensive and individualized treatment plans. Adolescent and adult treatment plans are developed through a multidimensional patient assessment over the broad range of treatment that are based on the degree of clinical medical management provided, the structure, safety and security provided and the intensity of treatment services provided.

AT A GLANCE: THE SIX DIMENSIONS OF MULTIDIMENSIONAL ASSESSMENT

- DIMENSION 1: ACUTE TOXICITY**
Acute intoxication or withdrawal potential
- DIMENSION 2: MENTAL/EMOTIONAL AND BEHAVIORAL**
Mental/Emotional and Behavioral
- DIMENSION 3: PHYSICAL**
Physical
- DIMENSION 4: READINESS TO CHANGE**
Readiness to Change
- DIMENSION 5: SUPPORTIVE ENVIRONMENT**
Supportive Environment
- DIMENSION 6: COMMUNITY INTEGRATION**
Community Integration

REFLECTING A CONTINUUM OF CARE



Note: Within the five broad levels of care (I, II, 1, 2, 3, 4), decimal numbers are used to further express gradations of intensity of services. The decimals listed here represent benchmarks along a continuum, meaning services can move up or down in terms of intensity without necessarily being placed in a new benchmark level of care.

<http://www.asam.org/publications/the-asam-criteria/about/>

Behavioral Health Division
Department of Human Services

Psychiatric Residential Treatment Facilities (PRTF)

The Behavioral Health Division licenses PRTFs.

Psychiatric Residential Treatment Facilities provide 24-hour services in a facility setting for youth who have demonstrated severe and persistent deficits in social, emotional, behavioral and/or psychiatric functioning and have not responded to interventions in the community.

All facilities serve male and female residents:

Luther Hall	16 beds	age 10-17	Fargo
Ruth Meiers	10 beds	age 12-17	Grand Forks
Dakota Boys and Girls Ranch (DBGGR)	16 beds	age 10-17	Fargo
PRIDE Manchester	8 beds	age 5-13	Bismarck
DBGGR Western Plains	16 beds	age 10-17	Bismarck
DBGGR	16 beds	age 10-17	Minot



Voluntary Treatment Program (VTP)

The Behavioral Health Division administers the Voluntary Treatment Program (VTP).

About VTP:

A program to provide out-of-home treatment services for a Medicaid-eligible child with a serious emotional disorder.

A parent or legal guardian does not have to transfer legal custody of the child in order to have the child placed in an out-of-home treatment program when the sole reason for the placement is the need to obtain services for the child's emotional or behavioral problems.

50-06-06.13. Treatment services for children with serious emotional disorders.

Funding: \$683,440



RECOVERY





Ensure availability and access to a broad, flexible array of effective, **community-based services and supports** for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.

Parent to Parent Program

The Behavioral Health Division provides grant funding to the Federation of Families for Children's Mental Health to operate the Parent to Parent Program

- \$75,000 state dollars



Considerations

- Directory of behavioral health providers and specialties
- Support the full continuum of behavioral health services for youth
- Coordinate, communicate, and link behavioral health services and primary care
- Need for natural and informal supports
- Collaboration across systems



QUESTIONS?





Public Behavioral Health

Quarter 1 SFY 2016

Children's Treatment Services

Interim Human Services January 5, 2016

Serving North Dakota Children and Adolescents
Restoring Health, Home, and Community

Rosalie Etherington, Ph.D.
NDSH Superintendent
HSC Director

Q1 SFY 2016 Youth Profile



12	Average Age
557	Youth enrolled in Partnership
595	Youth enrolled in IVE Services
245	Youth enrolled in SUD Services
695	Receiving Individual Psychotherapy
1292	Receiving Case Management Services

Q1 SFY Staffing Snapshot



37 Partnership Staff

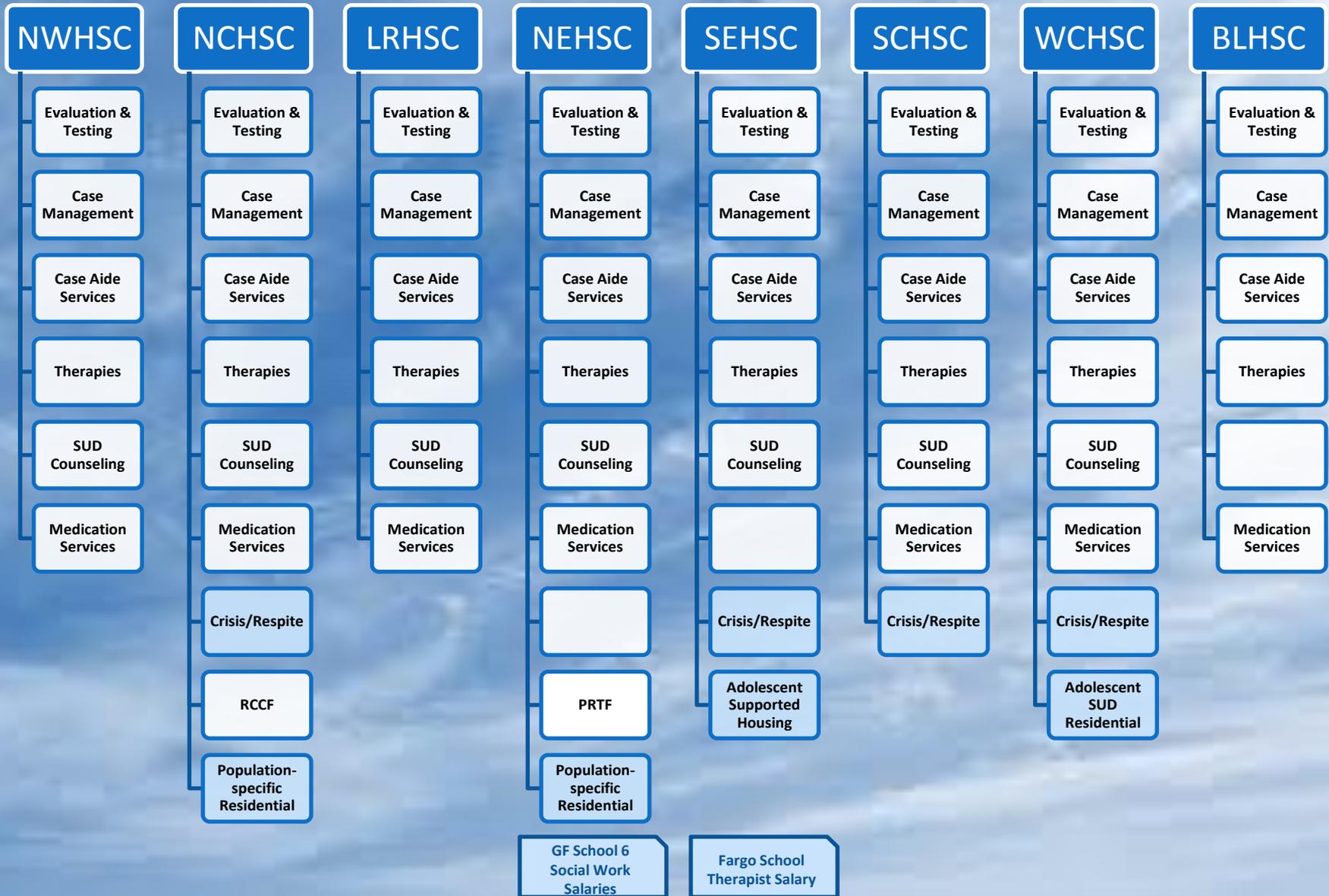


20 Adolescent LAC



Total Not Known

Q1 Youth Service Snapshot



Specialized Rehabilitation Services

Partnership Program

- Best Practice, Family Driven, Youth Guided Care
- Coordinated Community Services
- Improves Child Function at Home, School, and Community

Transition to Independence Program

- Research Supported
- Coordinated Community Services
- Improves Independent Function and Prevents Relapse

Supported Employment

- Best Practice
- Improves Function and Builds Capacity for Independent Employment
- Prevents Relapse

Specialized Clinical Services

Youth Residential Services

- Ruth Meier Adolescent Center- Psychiatric Residential Therapeutic Facility
- Kay's Place-Residential Child Care Facility for females in foster care
- Youth Residential Services-3.5 SUD Residential Treatment Center
- PATH CARE- Supported Housing for SUD Youth in Treatment

SUD Mothers and Children Programs

- New Hope- SUD Residential Treatment Center- Minot
- STEP Recovery- SUD Residential Treatment Center – Grand Forks

In-Home and Community Skills Training

- Parent-Child Education
- Parenting Skills
- Daily Living Skills Training

Court-Ordered Services

- Parental Capacity Evaluation
- Sex Offender Risk Assessment
- Adolescent Drug Court

Q1 SFY 2016 Youth Served

2,097 Youth Enrolled in Services

25,059 Total Services Received*

12,531 Case Management Services Received

6250 Therapy Sessions Received

958 SUD Services Received*

1830 Medication Services Received

1754 Case Aide Services Received*

*Total Services does not represent a complete set due to receipt of contracted and some emergency services not represented

Quarter 1 SFY 2016 Youth Outcomes

All Partnership youth re-assessed during Quarter 1 demonstrated functional improvement in at least one of seven areas and 70% demonstrated functional improvement in multiple areas, as measured by the Child and Adolescent Functional Assessment (CAFAS)

A 2015 trauma therapy sample of 238 clients demonstrated reductions in at least five of a possible 8 set of symptom categories, as measured by a pre- and post-therapy measure



Thank you