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)
Number of days students report consuming alcohol in their lifetime.
Substance Use Prevalence

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

- 1999: 19.0%
- 2001: 22.0%
- 2003: 20.6%
- 2005: 15.5%
- 2007: 14.8%
- 2009: 16.9%
- 2011: 15.3%
- 2013: 15.9%
- 2015: 15.2%
Substance Use Prevalence

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

- 2009: 15.0%
- 2011: 16.2%
- 2013: 17.6%
- 2015: 14.5%
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

25.0% 25.9% 20.8% 20.3% 17.1% 22.9% 23.8% 25.4% 27.2%
Mental Health Prevalence

ND High School Students
YRBS

- Blue line: Seriously considered attempting suicide (within last 12 months)
- Red line: Made a plan about how they would attempt suicide (within last 12 months)
- Green line: Attempted suicide (within last 12 months)

Yearly percentages:
- 1999: 18.8%
- 2001: 14.3%
- 2003: 6.4%
- 2005: 14.3%
- 2007: 9.4%
- 2009: 13.5%
- 2011: 16.2%
- 2013: 13.5%
- 2015: 9.4%
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
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
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
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.
- **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.

**Program Outcomes**

- **Increase ongoing conversations**: Almost half (46.3%) said they are now having ongoing conversations about underage drinking.
- **Increase healthy role-modeling**: Just over half (53.7%) of the respondents said they are more conscious of role modeling around their child as a result of the ParentsLEAD website.
- **Increase parental monitoring**: One in three (31.3%) parents said they were being more careful about monitoring their child.

Of the 165 parents who signed up to receive monthly, age-specific emails, 153 completed the online survey (93%).

ParentsLEAD is a partnership between the North Dakota Department of Health, North Dakota Partnership in Healthy Children, North Dakota University System, and NDSU Extension Service.

Survey data was evaluated by ParentsLEAD and North Dakota University Survey Research Center, January-December 2013.
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

• ½ of all people with mental and/or substance use disorders are diagnosed by age 14

• ¾ of people with these conditions are diagnosed by age 24

(2009 Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Institute of Medicine)
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
Adolescent Substance Abuse Treatment Programs

Substance Abuse Treatment Programs are licensed by the Behavioral Health Division.

NORTH DAKOTA
Licensed PRIVATE and PUBLIC
Adolescent Substance Abuse Treatment Programs

Total Number of Licensed Private and Public Adult Programs = 47
- 23 Licensed Programs have 1 Clinician
- 11 Licensed Programs have 2 Clinicians
- 9 Licensed Programs have 4 Clinicians
- 4 Licensed Programs have 6 Clinicians
- 2 Licensed Programs have 12 Clinicians
- 1 Licensed Program has 16 Clinicians

Location and Number of Clinicians per Program

Location
- Williston
- Bismarck
- Devils Lake
- Grand Forks

Legend
- 1 Clinician
- 2 Clinicians
- 4 Clinicians
- 6 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 301 programs
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:

<table>
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<tr>
<th>Facility Name</th>
<th>Beds</th>
<th>Age Range</th>
<th>Location</th>
</tr>
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<tr>
<td>Luther Hall</td>
<td>16</td>
<td>10-17</td>
<td>Fargo</td>
</tr>
<tr>
<td>Ruth Meiers</td>
<td>10</td>
<td>12-17</td>
<td>Grand Forks</td>
</tr>
<tr>
<td>Dakota Boys and Girls Ranch (DBGR)</td>
<td>16</td>
<td>10-17</td>
<td>Fargo</td>
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<td>PRIDE Manchester</td>
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</tr>
<tr>
<td>DBGR</td>
<td>16</td>
<td>10-17</td>
<td>Minot</td>
</tr>
</tbody>
</table>
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
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
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
Q1 SFY 2016 Youth Profile

- Average Age: 12
- Youth enrolled in Partnership: 557
- Youth enrolled in IVE Services: 595
- Youth enrolled in SUD Services: 245
- Receiving Individual Psychotherapy: 695
- Receiving Case Management Services: 1292
Q1 SFY Staffing Snapshot

37 Partnership Staff

20 Adolescent LAC

Total Not Known
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*

6250 Therapy Sessions Received

958 SUD Services Received*

1830 Medication Services Received

12,531 Case Management 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
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