EDUCATION POLICY COMMITTEE 2019-2021 Interim Representative Monson, Chairman

Behavioral Health Division Pamela Sagness, Director







What is Behavioral Health?

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





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

SAMHSA

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

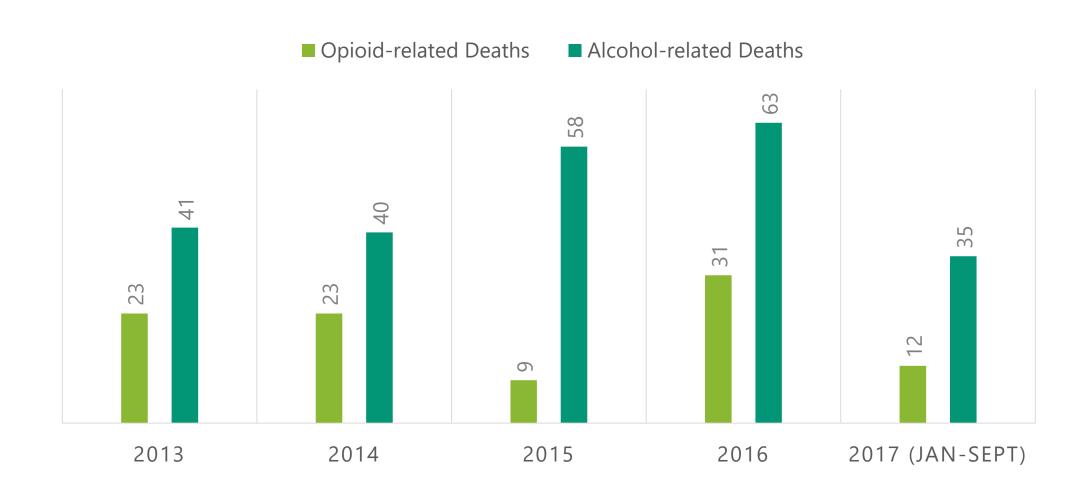


Persons with serious mental illness (SMI) are now dying 25 years earlier than the general population

Adults Age 18 and Older Past 30-Day Substance Use



Opioid and Alcohol Related Deaths (Cass County)



4% Serious mental illness

13% Other mental health condition

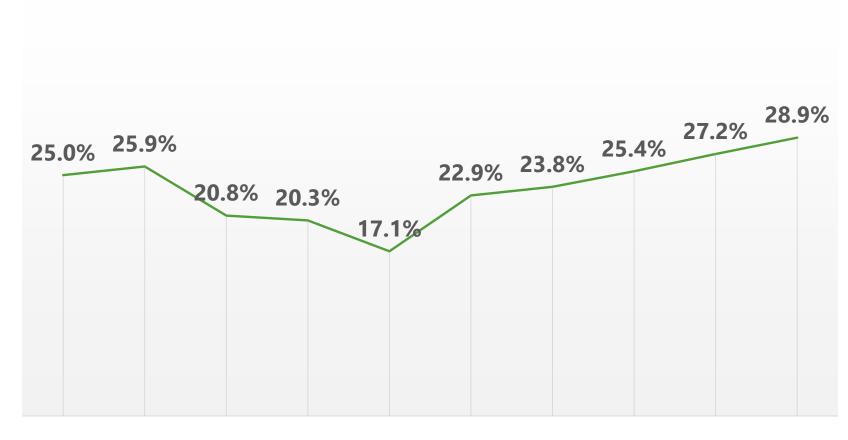
The estimated 83% of adults in North Dakota with no diagnosed mental health condition includes, among others, individuals with undiagnosed mental health challenges and individuals who could benefit from primary prevention and early intervention strategies.

83% No diagnosed mental health condition

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)

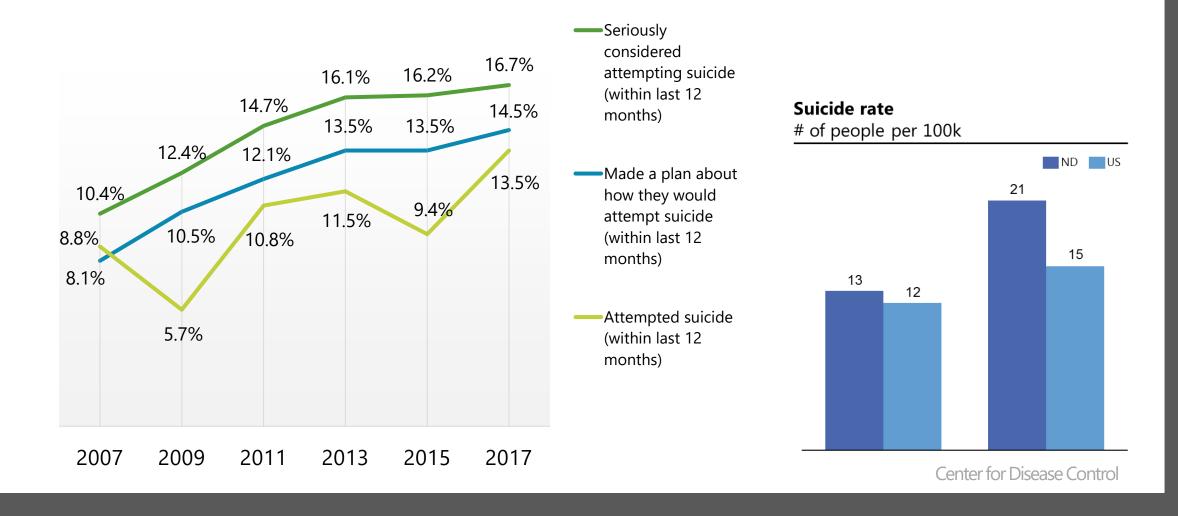
Youth Risk Behavior Survey



1999 2001 2003 2005 2007 2009 2011 2013 2015 2017

ND High School Students

Youth Risk Behavior Survey

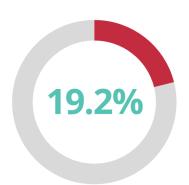


SUICIDE AND MENTAL ILLNESS

Behavioral Health in North Dakota: Youth



ND Middle School Students



seriously thought about killing themself in their life.



tried to kill themselves at least once in their life. **ND High School Students**

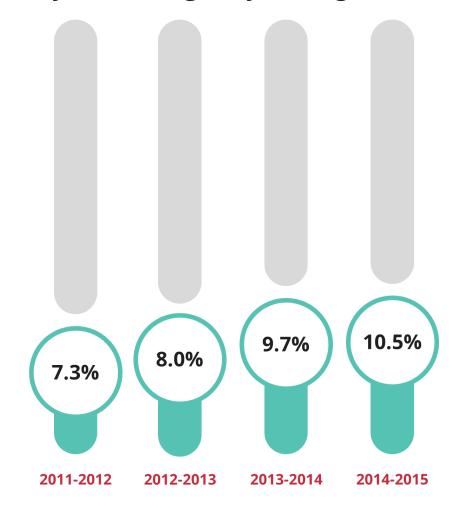


seriously considered attempting suicide in the past year.



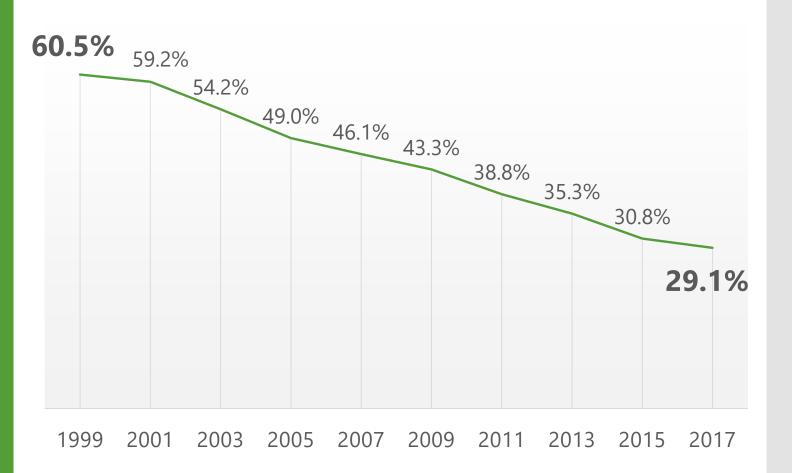
attempted suicide one or more times in the past year.

Major depressive episode in the past year, among ND youth age 12-17.



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

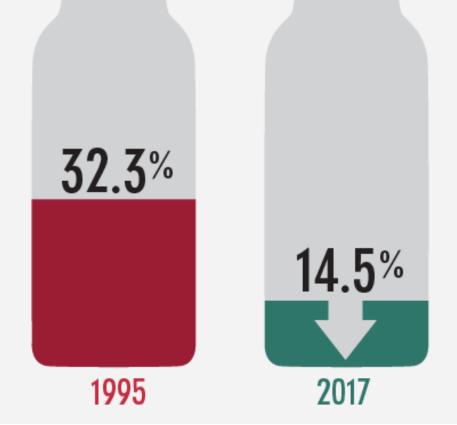
Youth Risk Behavior Survey



Youth (High School)

Age of Initiation

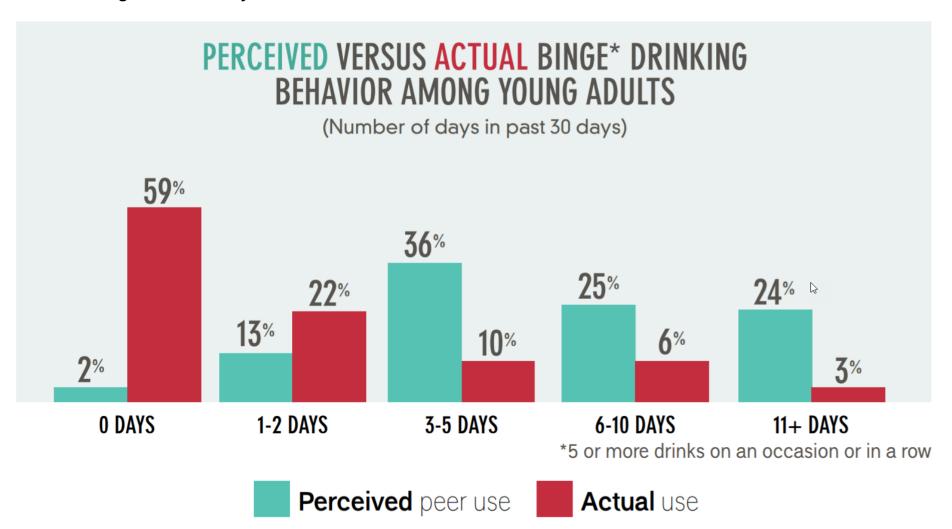
The percentage of ND HS students who report *having* their first drink before age 13 has decreased from 32.3% in 1995 to 14.5% in 2017. (YRBS)



Young Adults (18-29)

A significant <u>misperception</u> is revealed when perceptions of how frequently peers binge drinking are compared to actual binge drinking rates.

ND Young Adult Survey, 2016







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

1/1/2017 to 6/30/2018



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

8/1/2018 to 6/30/2019



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.

APRIL 2018 BEHAVIORAL HEATLH 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.

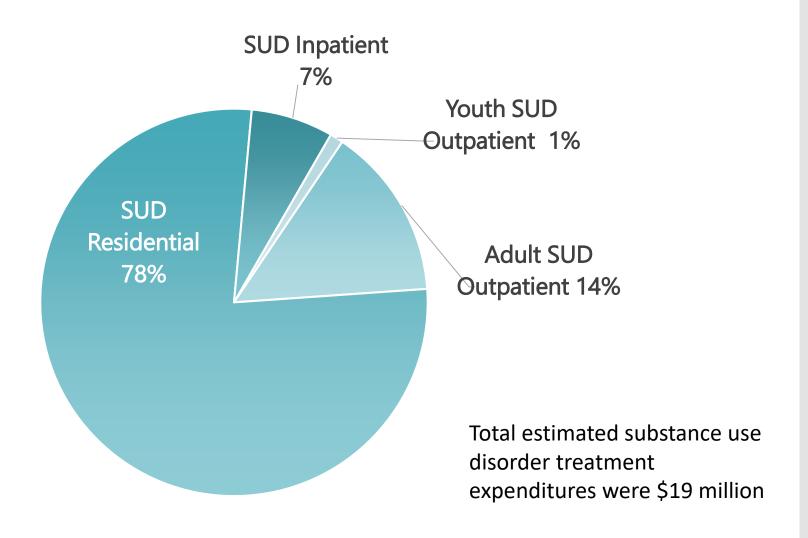
- Develop a comprehensive implementation plan
- 2. Invest in prevention and early intervention
- 3. Ensure all North Dakotans have timely access to behavioral health services
- 4. Expand outpatient and community-based service array
- 5. Enhance and streamline system of care for children and youth
- Continue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

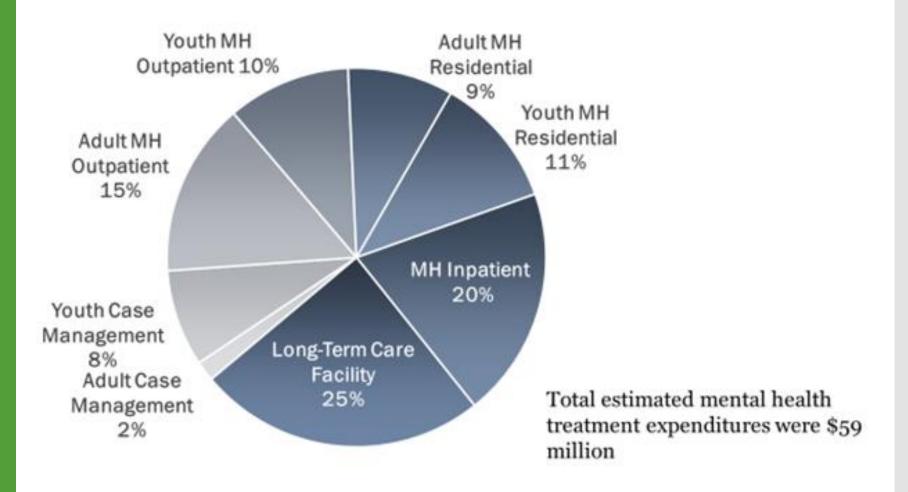
The 250-page report provides more than 65 recommendations in 13 categories.

- 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
- Encourage and support the efforts of communities to promote highquality 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

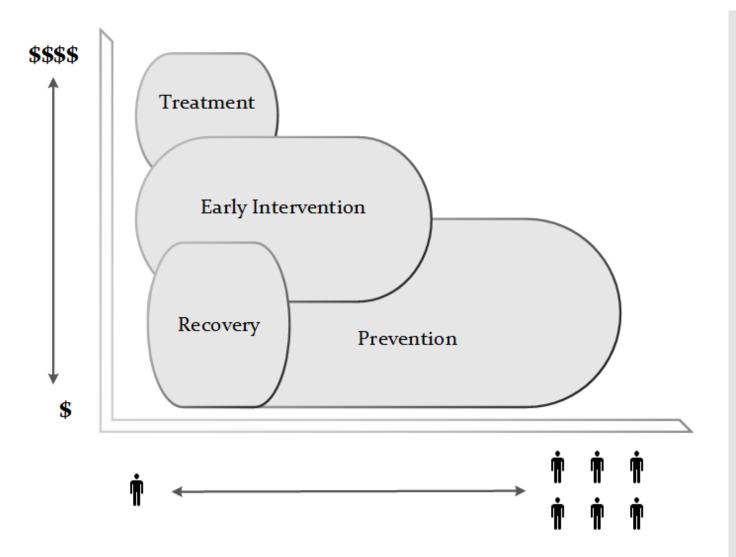
Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.



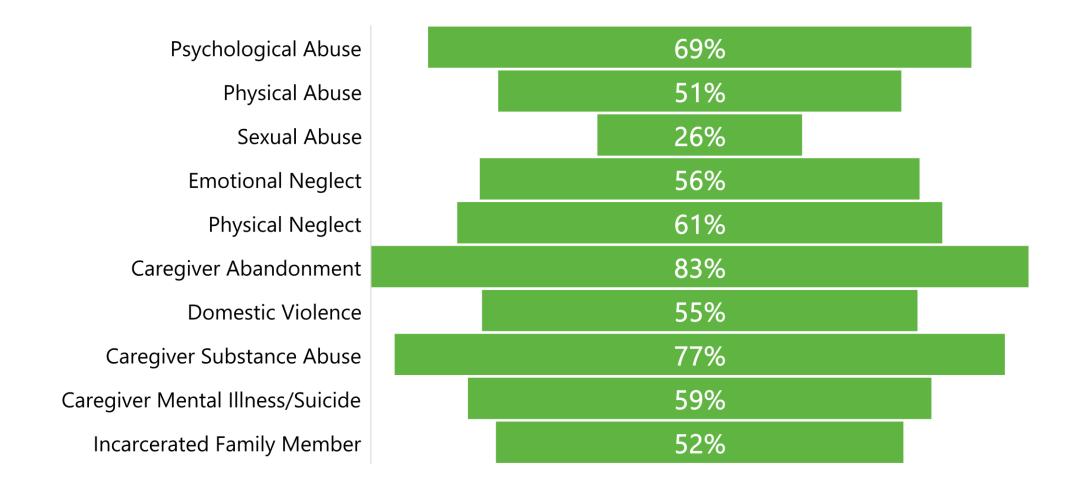
Residential, inpatient, and long-term care facility services accounted for a majority of mental health system treatment service expenditures in FY2017.



Return on Investment



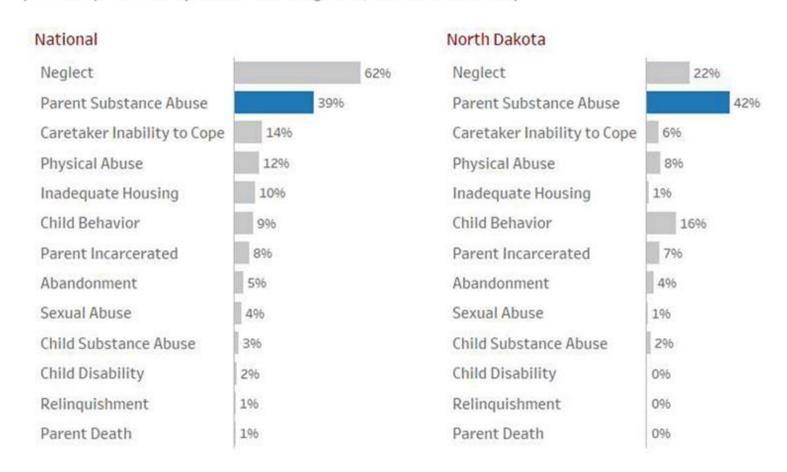
A high proportion of foster care children and youth admitted in 2016 and 2017 had indicated adverse childhood events.



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)



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.

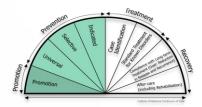
A year ago she successfully completed residential treatment.

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.

Keys to Reforming North Dakota's Behavioral Health System



Support the full Continuum of Care



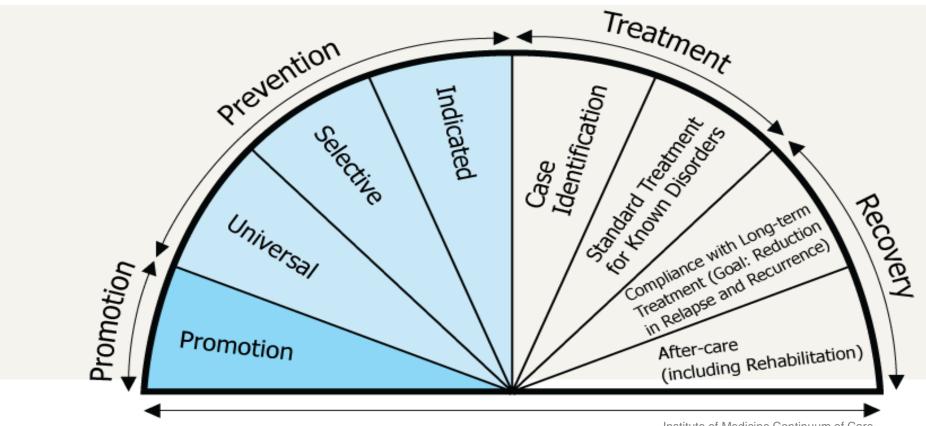
Increase Community-Based Services



Prevent Criminal
Justice Involvement
for Individuals with
a Behavioral Health
Condition

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.



PROMOTION & PREVENTION



Continuum of Care Model PROMOTION/PREVENTION

 Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem or preventing death.



PARENTS LEAD



STAY CONNECTED f parentslead.org

ABOUT

Parents Lead is an evidence-based prevention program that provides parents and caregivers with the support, tools and resources needed to best promote the behavioral health of their children.

Research continually shows healthy bonding and attachment between parent and child is a key factor in preventing behavioral health issues like substance abuse, depression, anxiety, and suicidal thoughts.



Positive outcomes have resulted from exposure to Parents Lead in the four primary goals of the program

Of parents and caregivers exposed to Parents Leads:



ONGOING CONVERSATIONS

Nearly 60% (57.5%) are having increased ongoing conversations about behavioral health.



POSITIVE ROLE-MODELING

Almost half (47.9%) are being more conscious of role-modeling around their children



40.4% are being more careful about monitoring their



SUPPORT AND ENGAGEMENT

Over 40% (41.5%) are spending more quality time with their children.

These outcomes have been achieved through community implementation, professional support, and comprehensive statewide communication.

The North Dakota Behavioral Health Systems Study 2018 recommends expansion of existing substance use prevention efforts, including restoration of funding for the Parents Lead program (Recommendation 2.2).

4BHD Parents Lead Parent Survey, 2018



Early Intervention



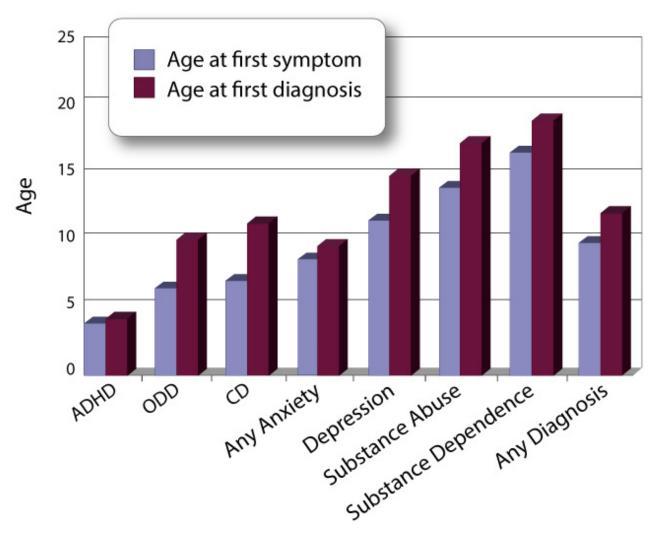
Continuum of Care Model EARLY INTERVENTION

 These strategies identify those individuals at risk for or showing the early signs of a disorder with the goal of intervening to prevent progression.





Windows of Opportunity



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







TREATMENT

Continuum of Care Model TREATMENT

 These clinical services are for people diagnosed with a behavioral health disorder.



RECOVERY



Continuum of Care Model RECOVERY

 These services support individuals' abilities to live meaningful, productive lives in the community.



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.



Behavioral Health and Education System Integration - The Basics



LANGUAGE MATTERS

The behavioral health system and education system speak different languages.

-WHAT IS BEHAVIORAL HEALTH? -

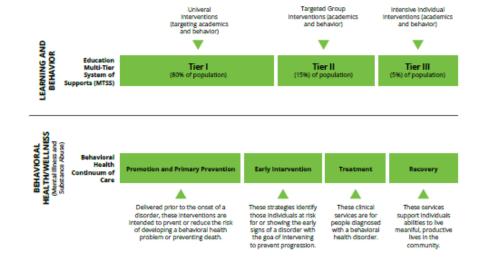
- A state of mental/emotional being and/or choices and actions that affect wellness.
- O Preventing and treating depression and anxiety
- O Prevention and treating substance use disorder or other addictions
- Supporting recovery
- Creating healthy communities
- Promoting overall well-being

Behavioral health needs are not synonymous with...

- the special education needs identified through an Individualized Education Program (IEP)
- school safety issues

CONSIDERATIONS FOR INTEGRATION OF BEHAVIORAL HEALTH AND EDUCATION

What systems are needed for schools to identify behavioral health needs?



Schools report feeling pressured to becoming behavioral health experts and providers. It is important that the needed behavioral health services are being provided by the appropriate behavioral health clinician for liability and billing reasons.

BEHAVIORAL HEALTH PROFESSIONAL TIERS (NDCC 25-01-01)

The tiered system for behavioral health professionals in North Dakota was established in 2017 by the 65th Legislative Assembly and is found in Chapter 25-01-01 of the ND Century Code. The intent of the tiered system was to establish is a basic ranking of behavioral health professionals (both licensed and unlicensed) based on education and scope of practice.

Tier 1 mental health professional

A tier 1a mental health professional is

- · a psychiatrist licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- · a psychologist licensed under chapter 43-32 (PSYCHOLOGISTS)

A tier 1b mental health professional is

- a licensed physician or a physician assistant licensed under chapter 43-17 (PHYSICIANS AND SURGEONS).
- · an advanced practice registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)

Tier 2 mental health professional

A tier 2a mental health professional is an independent clinician who is

- a licensed independent clinical social worker licensed under chapter 43-41 (SOCIAL WORKERS)
- a licensed professional clinical counselor licensed under chapter 43-47 (COUNSELORS)
- · a licensed marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)

A tier 2b mental health professional is

- · an addiction counselor licensed under chapter 43-45 (ADDICTION COUNSELORS)
- · a registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT

Tier 3 mental health professional

- · a licensed associate professional counselor licensed under chapter 43-47 (COUNSELORS)
- a licensed certified social worker licensed under chapter 43-41 (SOCIAL WORKERS)
- · a licensed professional counselor licensed under chapter 43-47 (COUNSELORS)
- · an associate marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)
- . an occupational therapist licensed under chapter 43-40 (OCCUPATIONAL THERAPISTS)
- a licensed practical nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)
- a behavior analyst licensed or registered under chapter 43-32 (PSYCHOLOGISTS)
- a vocational rehabilitation counselor practicing under chapter 50-06.1 (VOCATIONAL REHABILITATION)
- · a school psychologist
- · a human relations counselor

Tier 4 mental health professional

· direct care associate or technician

Behavioral Health Initiatives Department of Human Services Budget Bill

SB 2012

SB 2012 SECTION	PROGRAM/SERVICE	DIVISION BUDGET
1	Substance Use Disorder Voucher (additional dollars to support need, additional capacity [2 FTE], and reduction in age eligibility from 18 to 14; previously SB 2175)	Behavioral Health Division
	Parents Lead	Behavioral Health Division
	Mental Illness Prevention (previously 2028)	Behavioral Health Division
	Recovery home grant program	Behavioral Health Division
	Maintain trauma-informed practices network (funding moved from SB 2291)	Behavioral Health Division
	Suicide prevention transfer from Department of Health	Behavioral Health Division
4	Peer Support certification (previously SB 2032)	Behavioral Health Division
5	Community Behavioral Health Program (expansion of Free Through Recovery; previously SB 2029)	Behavioral Health Division
21	School Behavioral Health Grants (previously 2300)	Behavioral Health Division
22	School Behavioral Health Program	Behavioral Health Division
38	Expansion of Targeted Case Management – youth with SED (previously 2031)	Medical Services
39	Expansion of Targeted Case Management – adults with SMI (previously 2031)	Medical Services
40	Withdrawal management coverage in Medicaid	Medical Services
41	1915i Medicaid State Plan Amendment (adults and youth [previously 2298])	Medical Services
45	Sustain HSRI Behavioral Health Study Implementation support (previously SB 2030)	Behavioral Health Division

Other Behavioral Health-Related Bills

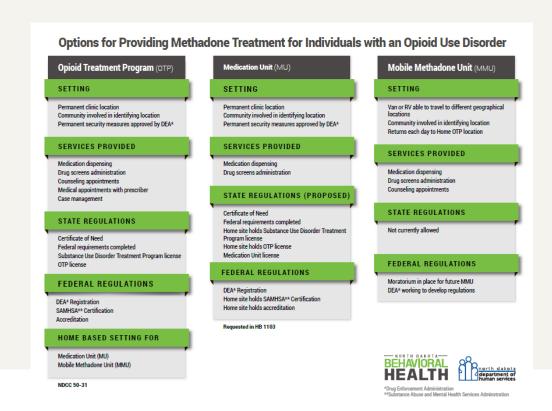
House Bill 1103 Opioid Treatment Medication Units

PASSED

- Passed House (13-0-1) (87-3)
- Passed Senate (6-0-0) (44-0)

50-31-01

"Medication unit" means a facility established as part of, but geographically separate from, an opioid treatment program, from which a licensed practitioner dispenses or administers an opioid treatment medication or collects samples for drug testing or analysis.



House Bill 1105 Voluntary Treatment Program and SUD Voucher

PASSED

- Passed House (12-0-2) (87-1)
- Passed Senate (6-0) (45-0)

50-06-06.13.

...The department may establish a program to **prevent out-of-home placement** for a Medicaid eligible child with a behavior health condition as defined in the "Diagnostic and Statistical Manual of Mental Disorders", American psychiatric association, fifth edition, text revision (2013).

50-06-42.

...assist in the payment of addiction treatment services provided by **private** licensed substance abuse treatment programs, excluding regional human service centers, and hospital-or medical clinic-based programs for medical management of withdrawal.

House Bill 2114 Minor In Possession Education

PASSED

- Passed Senate (6-0) (47-0)
- Passed House (9-4-1) (77-12)
 - Amended "shall" to "may"
- Conference Committee 4-16-2019
 - Passed 5-1 with "shall"
- Passed House (78-12)

5-01-08

A violation of this section is a class B misdemeanor. For a violation of subsection 1 or 2, the court also shall sentence a violator to an evidence-based alcohol and drug education program operated under rules adopted by the department of human services under section 50-06-44.

House Bill 2149 Behavioral Health Resource Coordinators

PASSED

- Passed Senate (7-0) (44-3)
- Passed House (14-0) (86-4)

15.1-07-34

Youth behavioral health training to teachers, administrators, and ancillary staff.

...Each school within a district shall designate an individual as a behavioral health resource coordinator.

...The superintendent of public instruction shall maintain the contact information of the behavioral health resource coordinator in each school.

House Bill 2313 Children's System of Services and Cabinet

PASSED

- Passed Senate (5-0-1) (44-0)
- Passed House (14-0) (81-9)

50-06-05.1

To develop a system of services and supports to provide behavioral health services and supports in the community for children at risk of or identified as having a behavioral health condition and for the families of these children.

To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community.

50-06

Children's cabinet - The children's cabinet is created to assess, guide, and coordinate the care for children across the state's branches of government and the tribal nations.

