Behavioral Health Update
Interim Human Services Committee

Pamela Sagness, Behavioral Health Executive Director
June 30, 2022
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)

- 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

- 1999: 60.5%
- 2001: 59.2%
- 2003: 54.2%
- 2005: 49.0%
- 2007: 46.1%
- 2009: 43.3%
- 2011: 38.8%
- 2013: 35.3%
- 2015: 30.8%
- 2017: 29.1%
- 2019: 27.6%
Youth Suicide
(High School Students; past 12 months)
Adult Substance Use
(Age 18+; past 30 days)

NORTH DAKOTA

- Binge Alcohol Use*: 34.1%
- Tobacco: 28.3%
- Marijuana: 7.9%
- Illicit Drugs (other than marijuana): 3.1%

UNITED STATES

- Binge Alcohol Use*: 26.5%
- Tobacco: 23.7%
- Marijuana: 10.2%
- Illicit Drugs (other than marijuana): 3.4%
All data resources are available at www.behavioralhealth.nd.gov/data.
REINFORCE THE FOUNDATIONS OF WELL-BEING
THE SCIENCE

Socioecological Model

Risk/Protection Factors

Adverse Childhood Experiences (ACEs)

Social Determinants of Health

Resilience
Multiple levels of influence surround each of us.
A characteristic at the biological, psychological, family, community or cultural level that precedes and is associated with a higher likelihood of problem outcomes.
PROTECTIVE FACTORS

A characteristic at the individual, family or community level that is associated with a lower likelihood of problem outcomes.
Risk and protective factors impacting healthy development of children and adolescents.

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

Source: Communities That Care
TYPE OF ACES (ADVERSE CHILDHOOD EXPERIENCES)
### Table 2 – Risk and protective factors for suicide

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

Source: Psychiatric Times
The social determinants of health are the conditions in which we are born, grow and age, and in which we live and work.
RISK FACTORS FOR DEPRESSION

Learn more about Depression

- Socioeconomic stress
- Failure to achieve a desired or expected goal
- Marital problems - separation, divorce
- Death of a loved one
- Physical illness, an accident, surgical operation or childbirth
- Occupational or financial loss
- Parental negligence or loss of a parent
### 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
- **Societal**
  - (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

- **Community**
  - (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

- **Individual**
  - (e.g., a person's attitudes, values, and beliefs) and
  - Relationship
  - 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

#### Risk Factors
- A set of behaviors or conditions that increase the risk for sexual violence perpetration

#### Protective Factors
- Behaviors or conditions that reduce or buffer against the risk for sexual violence perpetration

#### Social Determinants
- Conditions in the environments in which people are born, live, learn, work, play, worship, and age

#### Putting it all Together
- To increase effectiveness of prevention efforts

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.

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.

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

LIFE CHALLENGES
- Covid-19 uncertainty and adaptation
- Stress of studies
- Anxiety and depression
- Skill development
- Proper nutrition
- Adequate sleep

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

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

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
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 Behavioral Health System Study

In 2015-2016, 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.

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

1. Develop and implement a comprehensive strategic plan
   - Completed or in progress: 70%

2. Invest in prevention and early intervention
   - Completed or in progress: 76%

3. Ensure all North Dakotans have timely access to behavioral health services
   - Completed or in progress: 50%

4. Expand outpatient and community-based service array
   - Completed or in progress: 80%

5. Enhance and streamline system of care for children and youth
   - Completed or in progress: 39%

6. Continue to implement and refine the current criminal justice strategy
   - Completed or in progress: 77%

7. Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce
   - Completed or in progress: 43%

8. Continue to expand the use of telebehavioral health interventions
   - Completed or in progress: 54%

9. Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches
   - Completed or in progress: 79%

10. Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services
    - Completed or in progress: 100%

11. Partner with tribal nations to increase health equity for American Indian populations
    - Completed or in progress: 9%

12. Diversity and enhance funding for behavioral health
    - Completed or in progress: 81%

13. Conduct ongoing, system-wide data-driven monitoring of need and access
    - Completed or in progress: 80%
KEY INITIATIVES

Behavioral Health
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
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

<table>
<thead>
<tr>
<th>Region</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Northwest</td>
<td>15</td>
</tr>
<tr>
<td>2 North Central</td>
<td>71</td>
</tr>
<tr>
<td>3 Lake Region</td>
<td>38</td>
</tr>
<tr>
<td>4 Northeast</td>
<td>97</td>
</tr>
<tr>
<td>5 Southeast</td>
<td>269</td>
</tr>
<tr>
<td>6 South Central</td>
<td>15</td>
</tr>
<tr>
<td>7 West Central</td>
<td>157</td>
</tr>
<tr>
<td>8 Badlands</td>
<td>20</td>
</tr>
<tr>
<td>Unknown</td>
<td>6</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>688</strong></td>
</tr>
</tbody>
</table>

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.).

<table>
<thead>
<tr>
<th>Average Outcome Scores Over Time</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.87</td>
<td>2.32</td>
<td></td>
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</tbody>
</table>

**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.).

<table>
<thead>
<tr>
<th>Average Outcome Scores Over Time</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.93</td>
<td>2.32</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Average Outcome Scores Over Time</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.07</td>
<td>2.34</td>
<td></td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Average Outcome Scores Over Time</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.14</td>
<td>2.37</td>
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</table>
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.
The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

<table>
<thead>
<tr>
<th>Individual Eligibility</th>
<th>Services</th>
</tr>
</thead>
<tbody>
<tr>
<td>• The individual is age 0+; and</td>
<td>• Care Coordination</td>
</tr>
<tr>
<td>• The individual is currently enrolled in ND Medicaid or Medicaid Expansion; and</td>
<td>• Training and Supports for Unpaid Caregivers</td>
</tr>
<tr>
<td>• The individual resides in and will receive services in a setting meeting the federal home and community-based setting requirements, and</td>
<td>• Community Transitional Services</td>
</tr>
<tr>
<td>• The individual has a mental illness, substance use disorder or traumatic brain injury diagnosis</td>
<td>• Benefits Planning</td>
</tr>
<tr>
<td>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.</td>
<td>• Non-Medical Transportation</td>
</tr>
<tr>
<td>• Respite</td>
<td>• Prevocational Training</td>
</tr>
<tr>
<td>• Prevocational Training</td>
<td>• Supported Education</td>
</tr>
<tr>
<td>• Supported Employment</td>
<td>• Supported Employment</td>
</tr>
<tr>
<td>• Housing Support Services</td>
<td>• Peer Support</td>
</tr>
<tr>
<td>• Family Peer Support</td>
<td>• Peer Support</td>
</tr>
</tbody>
</table>
Enrolled Individuals

- No services
- Care Coordination Only
- Care Coordination and Additional

Legend:
- Green line: No services
- Black line: Care Coordination Only
- Red line: Care Coordination and Additional

Date Range: Mar-21 to Mar-22
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

Since February 2017 has served 4,274 individuals
Currently serving 1,233 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

Community Connect
My Recovery. My Story.
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.
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.
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

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
Reach for Resilience

Partnership with Sanford Health to respond to pandemic-related stressors for healthcare 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
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
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 text** 701-291-7901 to speak to a trained peer support specialist with lived experience in addiction to chat and receive support.

**RECOVERY SUPPORT**
Available 24•7
701.291.7901
Help is Here

It is natural to feel anxiety and worry during this pandemic. Now more than ever we all can take time to take care of our own behavioral health and look out for those most vulnerable in our community.

Help is Here offers a link to a wide variety of resources, from learning some new self-care practices to finding behavioral health treatment options, to economic assistance options.
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
Thank you

Empower People | Improve Lives | Inspire Success