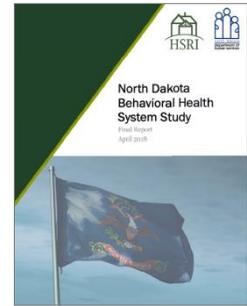


# North Dakota Behavioral Health System Study – April 2018

## OVERVIEW



This report presents the findings from the North Dakota Comprehensive Behavioral Health Systems Analysis, conducted by the Human Services Research Institute for the North Dakota Department of Human Services Behavioral Health Division.

*The Human Services Research Institute (www.hsri.org) is an independent, nonprofit research institute that helps public agencies develop effective, sustainable systems to deliver high-quality health and human services and supports in local communities. In the behavioral health space, our goal is to deliver actionable, viable, and culturally relevant strategies that empower service users and promote wellness and recovery.*

This work and report is rooted in a **vision of a good and modern behavioral health system:**

1. prevent mental health and substance use problems before they occur
2. identify and intervene early
3. person-centered, trauma-informed, culturally responsive services
4. recovery-oriented services and supports

This work is also informed by the **social determinants of health** (education, employment, housing, social support and access to healthcare).

- Roughly 10% to 20% of health determinants derive from medical care – while social, behavioral, and environmental factors account for the remaining 80% to 90% of health outcomes.

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

### CONSIDERATIONS:

- Countless individuals are struggling with undiagnosed, preventable conditions that won't appear in provider or medical claims data. This obstacle is compounded by the typical barriers to accessing care for behavioral health issues, including misperceptions and stigma, retraumatization, and fears of criminal justice and child welfare system involvement.
- Individuals who do receive care experience a fragmented service system, with separate silos delivering mental health, substance use, general health, and social welfare services.
- Health and behavioral health systems allocate the lion's share of their resources to treatment with relatively few investments in prevention.
- An overarching theme that emerged in our analysis is that North Dakota's behavioral health system—like many others throughout the country—pours a majority of its resources into residential, inpatient, and other institution-based services with relatively fewer dollars invested in prevention and community-based services. These arrangements are inefficient from a cost perspective and undesirable from a population health perspective.
- Strategies must allow the state to disinvest from costly and undesirable institutional services and reinvest funding upstream to promote population health and prevent and reduce the need for intensive behavioral health services.

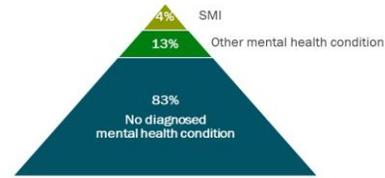
## WHY BEHAVIORAL HEALTH?

- In recent years, stakeholders in North Dakota have increasingly called for improvements in the State's behavioral health system, citing unmet treatment needs and insufficient investments in prevention.
- The lived experience of people with serious mental health conditions and substance use disorders is characterized by lower rates of employment and education and a lower quality of life than the general population.
- People with significant behavioral health needs have a higher incidence of preventable medical conditions.
- In fact, people receiving publicly funded behavioral health services die an average of 25 years earlier than the general population.
- Mental health and substance use disorders are highly disabling, ranking #1 in years lost to disability worldwide.

- Not counting losses associated with incarceration, homelessness, co-morbid medical conditions, and early mortality, the economic burden of serious mental illness in the form of lost earnings, healthcare expenditures, and public assistance amounts to \$317.6 billion per year, which is approximately \$1,000 per person nationwide.
- When comparing state and national indicators, North Dakota's median health outcomes are generally similar to or more positive than national figures. However, there is **significant variability in health factors by region** across the state.

### • MENTAL ILLNESS

- In 2016, an estimated 17% of adults aged 18 and older in ND met the criteria for any mental illness in the past year.
- A total of 4% of ND adults aged 18 or over in 2016 had a serious mental illness (SMI).
- An estimated 12%-25% of North Dakotan students have an emotional or behavioral disorder.
- In 2016, the annual average proportion of North Dakota adolescents aged 12 to 17 with a major depressive episode in the past year was 11%, slightly lower than the corresponding national annual average percentage of 12.8%.



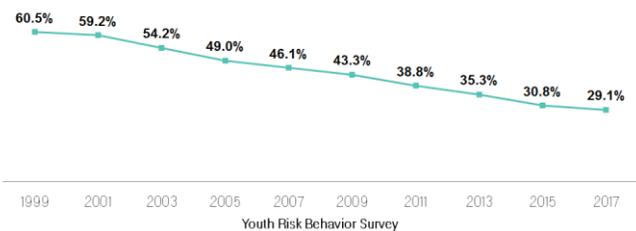
Sources: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2015 and 2016, and U.S. Census Bureau, Population Division Release Date: June 2017.

### • SUBSTANCE USE DISORDER

- Although not included in the report, North Dakota has seen decreases in youth drinking over the past decade.
- In 2016, 9% of ND adults aged 18 and older had a substance use disorder in the past year.
- 34% of adults in ND reported binge drinking alcohol in the past month in 2016, well above the annual national average of 27%.
- In 2017, the percentage of motor vehicle crash deaths which had alcohol-involvement in ND was 47% much higher than the national percentage of 30%.
- The number of drug offenders under supervision by parole and probation doubled.
- The number of drug cases involving heroin that were submitted to the State Crime Laboratory increased by more than 400%.
- The number of drug overdose deaths in ND has steadily increased in recent years – from 20 in 2013, 43 in 2014, 61 in 2015, to 77 in 2016.

### PREVENTION WORKS

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



### • SUICIDE

- Suicide is the second leading cause of death in the state for those between the ages of 15 and 24.
- Rates of suicide among veterans and military service have risen higher than the rates of suicide among the general population in recent years.
- American Indian populations and members of LGBTQ communities also experience far higher rates of suicide than the general population due to a number of risk factors.

## EXECUTIVE SUMMARY BRIEF

### COMMUNITY AWARENESS AND EDUCATION

- Current initiatives have focused more on substance use awareness than on mental health promotion.
- There is a need to understand mental health and trauma in addition to substance use issues.

### PREVENTION AND EARLY INTERVENTION

- There is a relative scarcity of funds for early intervention and prevention work.
- Few initiatives focus on promoting social and emotional wellness and mental health-specific prevention strategies.
- There is a need for educating legislators and the public about the return on investment.

### OUTPATIENT TREATMENT – INITIATIVES

- There is a need for expansion of outpatient services.

- Approximately three of four (73.4%) individuals who received information and referral services at HSCs during the study period received some type of HSC service, suggesting that information and referral events usually result in some kind of connection to services.
- Significant regional variation exists in the proportions of individuals receiving outpatient services—ranging from 70 people per 1,000 in one region to 28 per 1,000 in another.

### OUTPATIENT TREATMENT – SCREENING

- There is currently no screening process focusing specifically on behavioral health or trauma that is widely used throughout the health and social service sectors.

### OUTPATIENT TREATMENT – INTEGRATED CARE

- There are limited incentives to deliver behavioral health services in primary care settings, and minimal collaboration between behavioral and physical health stakeholders.

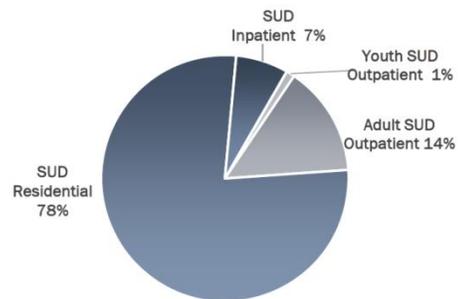
### OUTPATIENT TREATMENT – SERVICES FOR CHILDREN AND YOUTH

- There is a need for a more comprehensive continuum of outpatient services for children and youth.
- There is a lack of infrastructure and coordination to support early childhood mental health for very young children.
- School-based services were identified as a system gap (only 5% of all services of any type for persons under age 18 were delivered in a school-based setting, and 0.1% of youth substance use disorder treatment services were delivered in school settings during FY 2017).
- At times, it has been reported that individuals' and families' only option to access substance use disorder treatment is through a residential facility.
- The system is missing opportunities to intervene early in the community and address substance use problems before they rise to a level of severity that warrants life-disrupting residential treatment.

### OUTPATIENT TREATMENT – SUBSTANCE USE DISORDER TREATMENT FOR ADULTS

- A common theme in stakeholder interviews was related to a lack of substance use disorder treatment across the state, and particularly in rural areas.
- The expansion of medication-assisted treatment (MAT) in North Dakota is very promising. However, low-income individuals face significant barriers to affording MAT services, many of which are self-pay.
- There is a need for sober living environments that serve as a step-down to smooth the transition from inpatient and residential services to community living for people with substance use disorders.
- The 2017 DHS budget included a significant increase in substance use disorder voucher funding, which will fill some—but not all—of the gaps identified in this study.
- Further work is needed to remove barriers to access, particularly related to financing these services and enhancing the substance use disorder treatment workforce.

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



Sources: North Dakota Medicaid claims and enrollment data extracted October 2017. HSC event and demographics data extracted January 2018 from the ROAP system. North Dakota Department of Human Services, HSC Behavioral Health Contract data, July 1, 2015 through June 30, 2017.

### COMMUNITY-BASED SERVICES

- The current behavioral health system is primarily crisis-oriented and pays inadequate attention to rehabilitative and community-based services.
- Previous assessments in the state have identified gaps in community-based services, particularly those that address the housing, employment, and transportation needs of people who use publicly funded behavioral health services.
- Current leadership at DHS appears to be committed to reversing this dynamic and recognizes the critical importance of supporting the social determinants of health through rehabilitative, community-based services.

### COMMUNITY-BASED SERVICES – CHILDREN, YOUTH, AND FAMILIES

- There is a need for accessible family support and stabilization services in North Dakota.
- Stakeholders cited a lack of transparency around the process of service delivery and approval that made it difficult for families to understand and navigate the behavioral health system.

### COMMUNITY-BASED SERVICES – CASE MANAGEMENT

- There is regional variation in how these services are organized and delivered in HSCs.

- Attitudinal barriers exist to working with people with complex needs, describing a culture in which individuals seeking services must prove they are “motivated” as a precondition for receiving support.
- Health services designed to support individuals with a brain injury are few, disparate, and disjointed.
- There is a need to reevaluate and restructure case management services in North Dakota and to incorporate additional rehabilitation-focused evidence-based and promising practices to behavioral health service coordination.

### COMMUNITY-BASED SERVICES – PEER SUPPORT

- Several initiatives are underway to expand peer support services, particularly for adults with mental health and substance use issues.
- Critically, peer services must be delivered according to national practice standards in a manner that maintains the integrity of peer support.
- This will require challenging misperceptions about the role of peers in clinical treatment settings.

### COMMUNITY-BASED SERVICES – EMPLOYEMENT SUPPORT AND COMMUNITY ENGAGEMENT

- Although over 40% of working-age adults who receive publicly funded outpatient mental health services are unemployed, evidence-based employment support programs are limited.
- Recovery Centers, which meet a key community need to decrease social isolation and connect individuals to community resources, are inadequately funded.
- There are few organizations operated and managed by people with lived experience of the behavioral health system.

### COMMUNITY-BASED SERVICES – HOUSING

- Unstable housing and homelessness has a negative impact on behavioral health outcomes.
- There is a lack of supportive services geared toward helping individuals with behavioral health issues maintain stable housing in the community.

### COMMUNITY-BASED SERVICES – HARM REDUCTION

- Harm reduction approaches are recognized as key components of good and modern behavioral health systems.
- The state has increased the use of evidence-based harm reduction strategies including naloxone and syringe services.

### COMMUNITY-BASED SERVICES – COMMUNITY HEALTH WORKERS

- Community health workers are playing increasingly prominent roles in health delivery systems throughout the country.
- There is a need for this service to be expanded statewide.

### RESIDENTIAL TREATMENT AND TREATMENT FOSTER CARE

- It is difficult to assess the need for such services when the current community-based service array is insufficient.
- There are often missed opportunities for diverting relatively lower-need populations from the system entirely, which would create more capacity for those with higher needs.

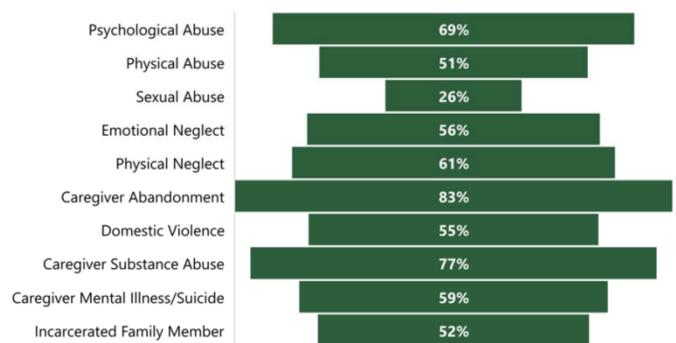
### RESIDENTIAL TREATMENT AND TREATMENT FOSTER CARE – RESIDENTIAL TREATMENT FOR CHILDREN AND YOUTH

- Some children and youth are underserved while others are receiving services at a higher level than is needed.
- Stakeholders expressed concern that some residential treatment facilities “cherry pick” individuals with lower levels of need.
- It appears to be incredibly difficult to find an appropriate placement for children and youth in the state, particularly those youth with the most complex needs.

### RESIDENTIAL TREATMENT AND TREATMENT FOSTER CARE – TREATMENT FOSTER CARE

- While treatment foster care is typically considered part of the child welfare system and residential treatment is considered part of the behavioral health system, services are highly interrelated and overlapping given the high prevalence of behavioral health treatment needs among children and youth involved in child welfare systems.
- A cycle was often described in which children are placed in treatment foster care services, only to be returned to a family environment where there are significant unmet behavioral health needs among parents and caregivers, which eventually results in being cycled back into the residential treatment and/or the child welfare system.

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



Source: PATH ND; n=366; Children and youth in the sample endorsed an average of 5.9 ACEs.

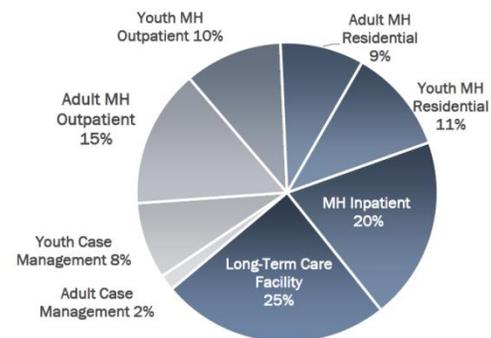
## CRISIS SERVICES

- There is a need for support services, such as peer-run warm lines that can be accessed before a crisis as having access to these supports could avert the need for life-disrupting and costly emergency and crisis services.
- There is a need to support first responders to divert individuals with behavioral health needs to treatment rather than bringing them to jail.
- Crisis services for children and youth are particularly lacking, and over a quarter of those who visited an emergency room for a behavioral health issue during the study period were under age 18.
- Emergency department utilization per 1,000 is particularly high in the Lake Region; it's lower in the Southeast, where mobile crisis services are available.

## INPATIENT SERVICES

- Despite some stakeholder impressions of a shortage of beds, North Dakota's current inpatient psychiatric capacity is approaching close to twice the US average of 23.6 beds per 100,000 population.
- There is a common challenge of individuals receiving inpatient treatment and then being discharged to the community with inadequate outpatient and community-based supports, exposing a need for more services to support community transitions.

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



Sources: North Dakota Medicaid claims and enrollment data extracted October 2017. HSC event and demographics data extracted January 2018 from the ROAP system. North Dakota Department of Human Services, HSC Behavioral Health Contract data, July 1, 2015 through June 30, 2017.

## LONG-TERM CARE SERVICES

- Many individuals with behavioral health needs are receiving care in long-term care facilities, a majority of which are specifically designed to meet the needs of older adults.
- In FY 2017, 16% of all public behavioral health service dollars went to behavioral health services delivered in long-term care facilities. Further, approximately 24% of individuals who received a behavioral health service in a long-term care facility in FY 2017 were under age 65.

## SERVICES FOR JUSTICE-INVOLVED POPULATIONS

- There is a very high prevalence of behavioral health issues in the state's criminal justice systems for both adults and youth in North Dakota.
- In general, community-based treatment providers are resistant to serving individuals with criminal justice histories.

# ADDITIONAL SYSTEM CHALLENGES

## WORKFORCE AND TELE- BEHAVIORAL HEALTH

- A number of challenges face the ND behavioral health system workforce issues including: tele-behavioral health services and population-specific issues.
- Issues with certification and licensing, as well as staffing and retention, were frequently raised as key barriers to ensuring a well-qualified workforce.
- In SFY 2013, fewer than one person per 1,000 population received at least one telebehavioral health service; in SFY 2017, the penetration rate was four times higher: 4.1 individuals per 1,000 population.

## SYSTEM COLLABORATION AND VALUES

- Ideally, process and outcome information are collected to inform system improvement efforts in an ongoing manner.
- When asked about the quality and type of interdepartmental collaboration, a common stakeholder response was that they have a lot of meetings together, but that translating talk to action once the meeting adjourns is a challenge.
- DHS and organizations in North Dakota have a strong commitment to values of person-centeredness, cultural competency, and trauma-informed approaches—principles that should be at the heart of any effort to coordinate and improve behavioral health services.
- Individuals who receive services, however, are not yet necessarily experiencing the system as reflecting these values. Our findings point to opportunities for better engaging service users and their family members as active participants in their care.

## DISPARITIES

- Significant disparities were documented in this study, particularly for American Indian populations, LGBTQ individuals, and New Americans.

- American Indian populations are overrepresented in HSC service settings and the Medicaid data—and also in child welfare and criminal justice settings—compared to census estimates.
- There is a need for a greater proportion of American Indians within the behavioral health workforce and in behavioral health leadership positions
- There is a need for stronger partnerships within and between the tribal nations, the Indian Health Service, and the state and counties to identify shared goals, fill knowledge gaps, share information resources, and coordinate action.
- New Americans, many of whom are refugees— comprise a growing proportion of North Dakota’s population, and these groups have their own specific behavioral health-related strengths and challenges.
- LGBTQ youth and adults face barriers to behavioral health treatment that include provider stigma and discrimination and a lack of culturally sensitive services.

## RECOMMENDATIONS

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 of these recommendations at once.

This 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