

NORTH
Dakota
Be Legendary.

Behavioral Health
HEALTH & HUMAN SERVICES



North Dakota Behavioral Health Division

Department of Health & Human Services

January 2023

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Purpose

This report presents an overview of the North Dakota Department of Health and Human Services' Behavioral Health Division with the intent to outline the division by first identifying behavioral health needs; an overview of roles, responsibilities, and organizational structure; funding and initiatives; and last by aligning current initiatives with recommendations provided by the North Dakota Behavioral Health System Study.





North Dakota Behavioral Health Principles

- + Behavioral health is health:**
 - Stop the shame and stigma around behavioral health
 - Ensure integration and parity of health and behavioral health
- + Support the full continuum of care across prevention, early intervention, treatment and recovery**
- + Ensure person-centered care:**
 - Meet people where they are
 - Engage in individual and family-driven care
 - Provide trauma-informed services
 - Provide services focused on recovery
- + Ensure behavioral health services and supports are available in the community: avoid institutionalizing and criminalizing**
- + Be efficient and effective:**
 - Leverage best practices
 - Monitor and evaluate outcomes
 - Measure the return on investments
- + Develop, recruit, and retain a competent behavioral health workforce**

North Dakota Department of Health and Human Services

The North Dakota Department of Health and Human Services (HHS), a state government agency, works to help North Dakotans of all ages enhance their well-being and quality of life by supporting equitable access to the social determinants of health, which include economic stability, housing, education, food, community, and health care.

System Values



Person Centered



Trauma Informed



Recovery Oriented



Integrated



Data Driven



Best Practice



Transparency



Accountability



North Dakota Behavioral Health System Study

Behavioral Health System Study Timeline



**1/1/2017 to
6/30/2018**

Behavioral Health Division in contract with Human Services Research Institute (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.



**2019 -
Present**

Behavioral Health Division in contract with HSRI to prioritize and refine the strategic plan, including goals and objectives.

Initiation of the strategic plan and monitoring and sustaining this implementation.

www.hsri.org/NDvision-2020

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, their goal is to deliver actionable, viable, and culturally relevant strategies that empower service users and promote wellness and recovery

NORTH DAKOTA

Department of Health & Human Services

GOVERNOR
Doug L

Core Functions of the State Health Officer (SHO)

1. Governor's cabinet member
2. Lead tribal health engagement
3. Health liaison to the legislature
4. External stakeholder engagement
5. Advisor to specific DHHS focus areas, including:
 - a. Community engagement
 - b. Health care workforce development
 - c. Emergency preparedness & response
6. Developer of wellness strategies for North Dakota

STATE HEALTH OFFICER
Dr. Nizar Wehbi

DHHS COMMISSIONER
Chris

EXECUTIVE DIRECTOR
PUBLIC HEALTH
Dirk Wilke

Disease Control and Forensic Pathology
Healthy & Safe Communities
Health Response
Laboratory Services
Health Statistics and Performance

EXECUTIVE DIRECTOR
MEDICAL SERVICES
Krista Fremming, Interim

Medicaid

EXECUTIVE DIRECTOR
BEHAVIORAL HEALTH
Pamela Sagness

Human Services
State Hospital
Behavioral Health Policy

EXECUTIVE DIRECTOR
HUMAN SERVICES
Jessica Thomasson

Disability Determination Service
Human Service Zone Operations
Economic Assistance
Vocational Rehabilitation
Children & Family Services
Child Support
Early Childhood
Life Skills and Transition Center
Aging Services
Developmental Disabilities

COMMISSIONER'S OFFICE
Burgum

COMMISSIONER
Jones

DEPUTY COMMISSIONER
Sara Stolt

- Core Functions of the Deputy Commissioner (DC)**
1. Day-to-day operations
 - a. Constituent services/appeals review
 - b. Facilities planning/operations management
 - c. Criminal background check services
 - d. Document management
 - e. Contact center operations coordination
 - f. Refugee support services
 - g. DD Council
 2. Transformation Centers
 - a. Portfolio and project management
 - b. Process improvements & quality management
 - c. Change management
 - d. Customer experience management
 - e. IT and data governance

CHIEF FINANCIAL OFFICER
Arnold Strebe

CHIEF HUMAN RESOURCES OFFICER
Marcie Wuitschick

CHIEF COMMUNICATION OFFICER
Lynn Bargmann

CHIEF LEGAL OFFICER
Jon Alm

- Assistant CFOs for each Division
- Budget Management
- Audit Management
- Procurement and Contracts
- Logistics Management
- Performance and Data Management
- Supply Chain Operations

- HR Business Partners for each Division
- Operations and Digital
- Talent Acquisition
- Talent Management and Development
- Total Rewards
- Risk Management/Employee Health
- Safety/Disaster Preparedness

- Communications Managers for each Division
- Internal Communications
- External Communications
- Marketing, Outreach, and Education
- Multi-Media Support

- Legal
- Attorney General Office
- Coordination regarding the Public Health Division and Litigation

Behavioral Health Division

The Behavioral Health Division (NDCC 50-06-01.4) is a policy division responsible for:

Reviewing and identifying service needs and activities in the state's behavioral health system in an effort to ensure:

- health and safety
 - access to services, and
 - quality services
-

Establishing quality assurance standards for the licensure of substance use disorder program services and facilities; and

Providing policy leadership in partnership with public and private entities.

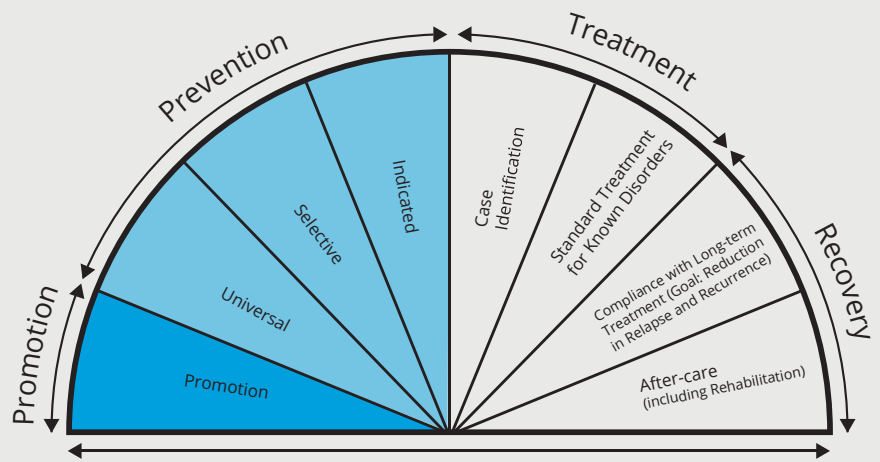
A Vision for Behavioral Health Services

“Behavioral health is an essential part of overall health in which promotion removes barriers, prevention works, treatment is useful, and people recover. Services throughout the continuum should reflect current knowledge, technology and be grounded in evidence-based practice. Throughout all levels of the continuum, there should be a continuous promotion of healthy behaviors and lifestyles, a primary driver of health outcomes.”

Pamela Sagness, Executive Director

Our Approach

Services provided by the division are grounded in the Institute of Medicine's Continuum of Care model. The model recognizes the need for a full range of high-quality services including promotion, prevention, treatment, and recovery [SAMHSA].



Promotion/ Prevention

Strategies create an environment that promotes the health and well-being of individuals and communities, which prevents problems before they occur.



Early Intervention

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



Treatment

Services are clinical interventions designed to address the needs of an individual with a behavioral health diagnosis.



Recovery

Services support the individuals' ability to live a meaningful, productive life in the community.

Our Responsibilities

The division administers federal and state funding to address identified gaps and apply resources like funding, training and technical assistance to address system needs.

Administration

The division administers funding by contracting with providers and agencies throughout the state. Planning, implementation, and evaluation of efforts align into the following general categories:

- Community Behavioral Health Promotion
- Children's Behavioral Health
- Adult Mental Health
- Addiction Services
- Community Supports

Regulation

The division ensures the health and safety of individuals receiving services in certain levels of behavioral health treatment by licensing of facilities. Regulation is provided for the following:

- Substance Use Disorder Treatment Facilities
- Regional Human Service Centers
- Psychiatric Residential Treatment Facilities for Children (PRTF)
- Opioid Treatment Programs (OTP)

Collaboration and Partnerships

The division works collaboratively with state and local partnerships to achieve shared goals focusing on the behavioral health system.

Training and Technical Assistance

The division provides training and technical assistance with a goal to support individuals, providers and communities in building capacity and implementing evidence-based strategies. Efforts include:

- Hosting training events (Behavioral Health and Children and Family Services Conference, community prevention trainings, etc.).
- Facilitating statewide collaboration and sharing resources.
- Developing tools and resources based on data and evidence-based strategies.
- Free prevention resources available to the community.



State Epidemiological Outcomes Workgroup

Research shows the importance of using data to guide effective and targeted behavioral health efforts. The Behavioral Health Division utilizes epidemiological data to identify trends, priorities, and to target funding.

State Epidemiological Outcomes Workgroups (SEOWs) are groups of data experts and prevention stakeholders responsible for bringing data on substance misuse and related behavioral problems to the forefront of the prevention planning process.

The mission of the North Dakota SEOW is to identify, analyze and communicate key substance misuse and related behavioral health data to guide programs, policies and practices.

ND's SEOW has built a broad representation of diverse partners and continues to provide leadership in identifying data needs.

The ND SEOW develops data products such as the:

- Epidemiological Profile
- Data Booklet
- Topic-Specific Data Briefs

The North Dakota Department of Human Services' Behavioral Health Division initiated the SEOW network in 2006.

Strategic Plan

Our role is to provide policy leadership, regulate programs, administer programs, and provide training and technical assistance.

WE WANT TO SEE:

- Individuals, families, communities, and businesses with positive behavioral health.
- Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.

WE ACHIEVE THIS BY:



Supporting the full continuum of care



Increasing access to community-based services



Preventing criminal justice involvement

PREVENTION AND PROMOTION



Supporting the full continuum of care

Increase implementation of effective prevention statewide ^{2/3/10}

Decrease underage drinking²

Decrease adult binge drinking and related consequences²

Decrease opioid misuse and overdose²



Increase access to community-based services

Promote mental health²

Decrease death by suicide^{2/3/4/5}

CHILDREN'S BEHAVIORAL HEALTH



Supporting the full continuum of care

Partner with schools to support children's behavioral health across the continuum⁵



Increase access to community-based services

Develop early intervention capacity^{2/3}

Increase capacity for community-based services^{3/4/8/10}

Improve access to quality services¹⁰

Improve family-driven services and supports⁵



Prevent criminal justice involvement

Develop diversion capacity and support children with behavioral health conditions in the justice system⁶

ADULT ADDICTION



Supporting the full continuum of care

Develop and enhance recovery support services⁴

Develop early intervention capacity^{2/3}



Increase access to community-based services

Improve access to quality services¹⁰

Increase capacity for community-based services^{3, 4, 7, 8}

Stop shame and stigma surrounding addiction¹⁰

ADULT MENTAL HEALTH



Supporting the full continuum of care

Develop and enhance recovery support services⁴

Develop early intervention capacity^{2/3}



Increase access to community-based services

Increase capacity for community-based services^{3, 4, 7, 8}

Stop shame and stigma surrounding mental health¹⁰

COMMUNITY SUPPORTS



Supporting the full continuum of care

Develop and enhance recovery support services⁴



Increase access to community-based services

Increase capacity for community-based services^{3/4/8/10/12}



Prevent criminal justice involvement

Develop diversion capacity and support individuals with behavioral health conditions in the justice system⁶

The superscript numbers referenced behind each goal align with the ND Behavioral Health System Study 13 Recommendations.

Behavioral Health D

Executive Director
 Pamela Sagness

Policy Director
 Laura Anderson

Administrative Support
Julie Huwe; Leah Jangula; Nikki Sigler

Media Specialist
Amy Steinert

COMMUNITY BEHAVIORAL HEALTH PROMOTION

James Knopik & Laura Anderson

Community Prevention Efforts
 Kali Bauer

Tribal Prevention Efforts
 Kali Bauer

Youth Tobacco Enforcement
 (Synar; Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG))
 Tom Volk

Early Intervention Provider Certification (MIP/DUI)
 Kali Bauer

Suicide Prevention

Opioid Misuse and Overdose Prevention
 Amy Lies

Parents Lead
 Sara Kapp

CHILDREN'S BEHAVIORAL HEALTH

Kelli Ulberg

Adolescent Residential Treatment
 (Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG))

Regulation of Youth Residential Psychiatric Facilities

Prevention of Out-of-Home Placement for Children
 (Voluntary Treatment Program [VTP])
 Sara Kapp

Behavioral Health and Education
 Kayla Stastny

Treatment Collaborative for Traumatized Youth
 (TCTY)

Children Mental Health Programs
 (Mental Health Block Grant)

Systems for Individuals with a First Episode of Psychosis
 (Mental Health Block Grant)
 Tami Conrad

System of Care Grant (SOC)
 Katie Houle

ADDICTION PROGRAMS

James Knopik & Laura Anderson

Regulation of Substance Use Treatment Providers
 Amanda Myhre

Medicaid

Enhanced behavioral

Pregnant and Parenting Women Programming
 (Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG))
 Lacreasha Graham

Tribal Treatment and Recovery
 (Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG))

Medication Assisted Treatment
 (Opioid Treatment Programs - OATP)
 James Knopik

Withdrawal Management
 Lacreasha Graham

Recovery Supports

Substance Use Disorder (SUD) System
 Lori Steele

Problem Gambling
 James Knopik

Recovery Housing Assistance
 Amanda Myhre

Division Policy Team

Quality Management Lead
Sarah Osse

Data/Evaluation
Matthew Best

TEAM AND POLICY

Mcresha Graham

MENTAL HEALTH PROGRAM AND POLICY

Vacant

COMMUNITY SUPPORTS PROGRAM & POLICY

Heather Brandt

PTRS BG)

Adult Mental Health Programs
(Mental Health Block Grant)

Free Through Recovery
Eric Bonness

Substance Use Disorder (SUD)

Mental Illness and Homelessness
(PATH Grant)
Tami Conrad

Community Connect
Alyson Olthoff

2015(i) State Plan Amendment Training and Technical Assistance
Monica Haugen

Brain Injury Programs
Tami Conrad

Peer Support
Kristy Johnson

Health services in response to the COVID-19 pandemic and flooding disasters
(Emergency COVID Response Grant)

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

Permanent Supportive Housing

Women Treatment
Treatment, and Recovery
(BG))

Substance Use Disorder (SUD)

Community Connect
Alyson Olthoff

Recovery Supports
Treatment, and Recovery
(BG))

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

Peer Support
Kristy Johnson

Client
(OTP)

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

Peer Support
Kristy Johnson

Client
(OTP)

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

Peer Support
Kristy Johnson

Client
(OTP)

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

Peer Support
Kristy Johnson

Client
(OTP)

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

Peer Support
Kristy Johnson

(D) Voucher Payment

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

Peer Support
Kristy Johnson

Client
(OTP)

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

Peer Support
Kristy Johnson

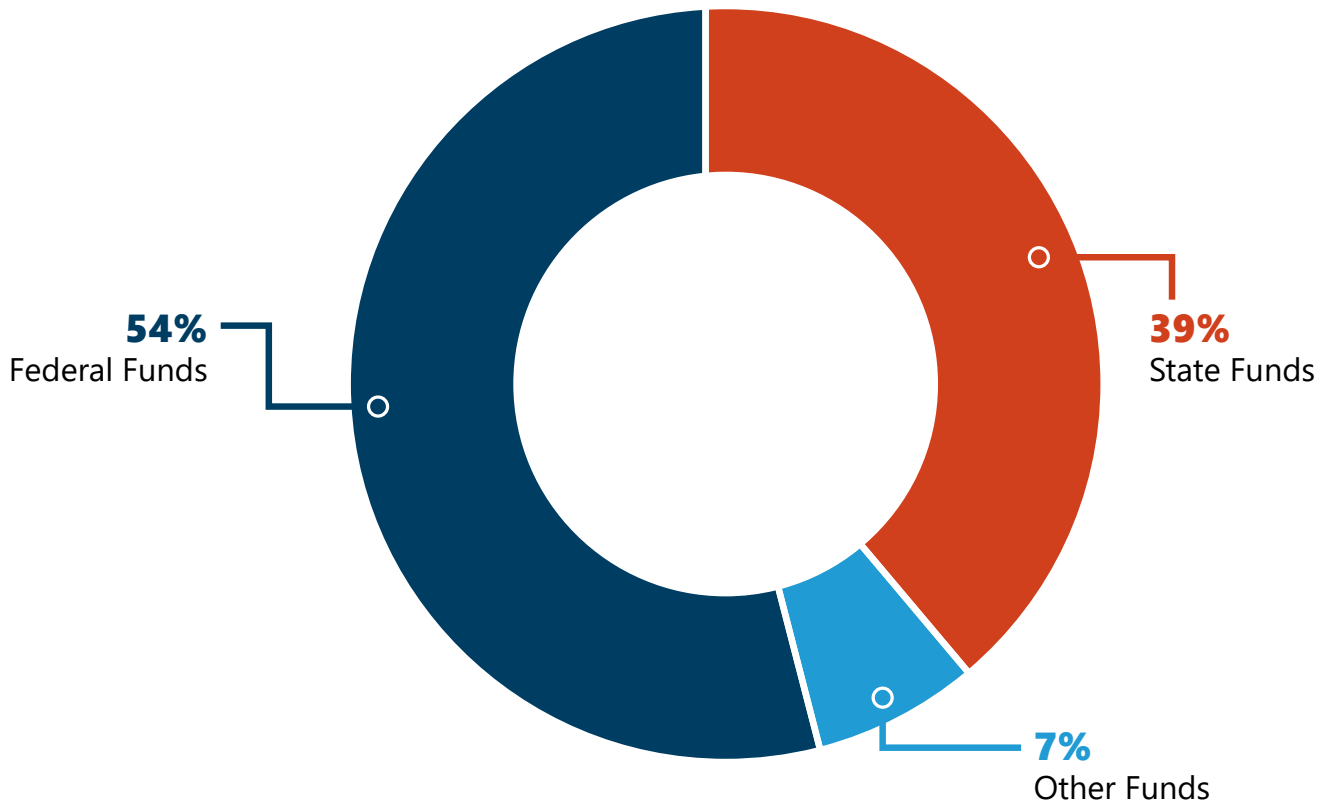
Recovery Program (RHAP)

Systems for Individuals with a First Episode of Psychosis
(Mental Health Block Grant)
Tami Conrad

Peer Support
Kristy Johnson

Funding Overview

State and federal funding administered by the division supports the implementation of best practice to ensure the most effective, efficient and comprehensive behavioral health system.



2021-2023 Biennium Funding Appropriation

General Funds

General Funds are appropriated by the state legislative body. The division receives General Fund dollars to fund the following initiatives.

Initiatives funded through State General Funds:

- | | | |
|--|-------------------------------|---|
| ⊕ Brain Injury services | ⊕ Voluntary Treatment Program | ⊕ Recovery Housing Assistance Program |
| ⊕ Parent to Parent | ⊕ Parents Lead | ⊕ Treatment Collaborative for Traumatized Youth |
| ⊕ Substance Use Disorder (SUD) Voucher | ⊕ Community Connect | ⊕ Suicide Prevention |
| | ⊕ School Behavioral Health | |

Other Funds

Other funds are any other type of fund the department may receive that isn't general fund or federal funds.

⊕ Free Through Recovery (Department of Corrections and Rehabilitation funds)

⊕ Problem Gambling



Federal Funds

Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS)

The Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS) program authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SUPTRS BG. SUPTRS BG is governed by Title 45 Code of Federal Regulations Part 96 and the Tobacco Regulations for Substance Use Prevention, Treatment and Recovery Services Block Grant; Final Rule, 61 Federal Register 1492. The SUPTRS BG program provides funds to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity to prevent and treat substance misuse.

Targeted Populations and Service Areas

- Pregnant women and women with dependent children,
- Individuals who use substances intravenously,
- Tuberculosis services,
- Primary prevention services (no less than 20% of SUPTRS BG allotment must be spent on substance use primary prevention strategies).

Tobacco Use Prevention – Synar Amendment

Synar is a provision of SUPTRS BG funding (Final Rule, 61 Federal Register 1492) and focuses on reducing youth tobacco access through regulation and enforcement.

Mental Health Block Grant (MHBG)

The Mental Health Block Grant (MHBG) Program is authorized by section 1911 of Title XIX, Part B, Subpart I and II of the Public Health Services Act and administered federally by the United States Department of Health and Human Services: Substance Abuse and Mental Health Service Administration. The MHBG program provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions.

Targeted Populations and Service Areas

Adults with **serious mental illnesses (SMI)**. Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association’s Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits, one or more major life activities, such as:

- Basic daily living (for example, eating or dressing)
- Instrumental living (for example, taking prescribed medications or getting around the community)
- Participating in a family, school, or workplace

Children with **serious emotional disturbances (SED)**. Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child’s role or functioning in family, school, or community activities.

Projects for Assistance in Transition from Homelessness (PATH)

The PATH grant program is authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Grants are distributed annually to all 50 states, the District of Columbia, Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, and the U.S. Virgin Islands. Each state or territory solicits proposals and awards funds to local public or nonprofit organizations, known as PATH providers.

Federal Funds

The Behavioral Health Division seeks additional funding opportunities based on needs identified within the service system. The division provides administration and oversight for several discretionary federal grant programs, including the State Opioid Response grant (SOR) and System of Care Grant.

State Opioid Response (SOR)

The SOR grant is a two-year grant (through September 2024), which aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD).

North Dakota SOR grant goals include:

- Prevent substance (mis)use (specifically focused on opioids and stimulants)
- Reduce harm related to opioids and stimulants
- Improve access to evidence-based treatment
- Increase access to recovery support services

System of Care Grant (SOC)

The System of Care grant is up to four years (through September 2026). The purpose of this program is to provide resources to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbances (SED), and their families. This program supports the implementation, expansion, and integration of the System of Care (SOC) approach by creating sustainable infrastructure and services that are required as part of the Comprehensive Community Mental Health Services for Children and their Families Program (also known as the Children’s Mental Health Initiative or CMHI).

North Dakota SOC grant goals include:

- Develop a sustainable infrastructure to support the System of Care approach for North Dakota children with SED and their families.
- To increase access of high-quality and culturally appropriate services and supports available to children with SED and their families in the identified regions.



Behavioral Health System Study Recommendations

In 2017-2018 the Human Services Research Institute (HSRI) completed a study of North Dakota's behavioral healthcare system revealing 13 key recommendations. HSRI's recommendations are based on an in-depth analysis of stakeholder feedback, local data and the availability of services in North Dakota in contrast to the Institute of Medicine's Continuum of Care model. These recommendations include:

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-wide data-driven monitoring of needs and access

HSRI continues to support the state with system change. A list of 140 strategic goals have been established to improve all aspects of the system. In coming years, North Dakota will achieve its vision for a 'good and modern' behavioral health care system through continued collaboration with stakeholders, ongoing system monitoring, and implementation of strategic planning efforts.





Community Behavioral Health Promotion

Substance Use Prevention, Treatment and
Recovery Services Block Grant
(SUPTRS BG previously the SABG)

Substance Misuse Prevention Community
Funding Distribution

Early Intervention

Synar

Training and Technical Assistance

Suicide Prevention

Parents Lead

The Substance Abuse Prevention and Treatment Block Grant (SUPTRS BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

North Dakota's Department of Health & Human Services', Behavioral Health Division utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance misuse.

The purpose of the SUPTRS BG is to:

- + provide priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery for individuals without insurance that are not covered by Medicaid, Medicare, or private insurance, or for whom coverage is terminated for short periods of time.
- + provide primary prevention by supporting universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- + collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

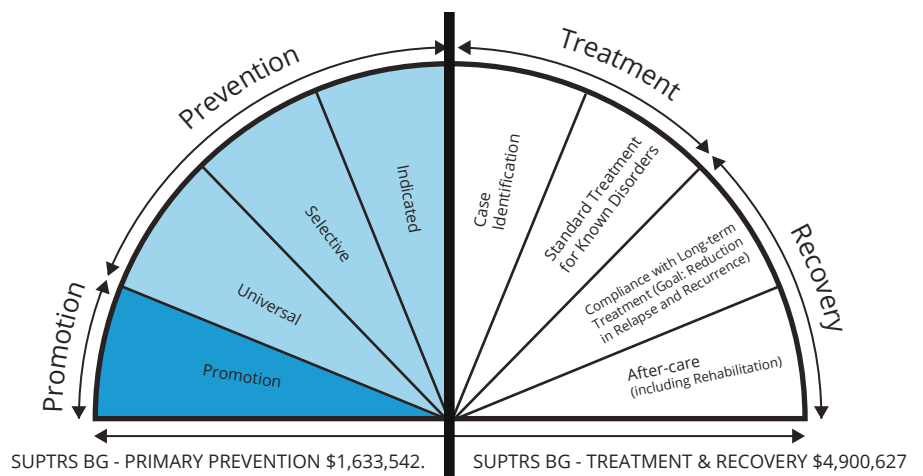
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 CODE OF FEDERAL REGULATIONS Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 FEDERAL REGISTER 1492 was published on January 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SUPTRS BG allotment on substance misuse primary prevention strategies. These strategies are directed at creating an environment that promotes the health and wellbeing of individuals and communities which prevents problems before they occur – and cannot be directed at individuals identified to be in need of treatment.

FUNDING

Department of Health and Human Services' Behavioral Health Division Policy Team receives approximately \$6,534,169 per year. As of October 2022, approximately \$1,633,542 (25%) is allocated to primary prevention.



NORTH DAKOTA GOALS

Increase access to quality substance misuse-related services across the continuum of care.

PREVENTION

- + Increase implementation of effective prevention statewide
- + Decrease underage drinking
- + Decrease adult binge drinking and related consequences
- + Decrease opioid misuse and related consequences

TREATMENT/RECOVERY

- + Increase evidence-based treatment and recovery support services, with a priority on high-risk populations:
 - + Pregnant women and women with dependent children
 - + Individuals using drugs intravenously
 - + Adolescents



ACTIVITIES

PREVENTION

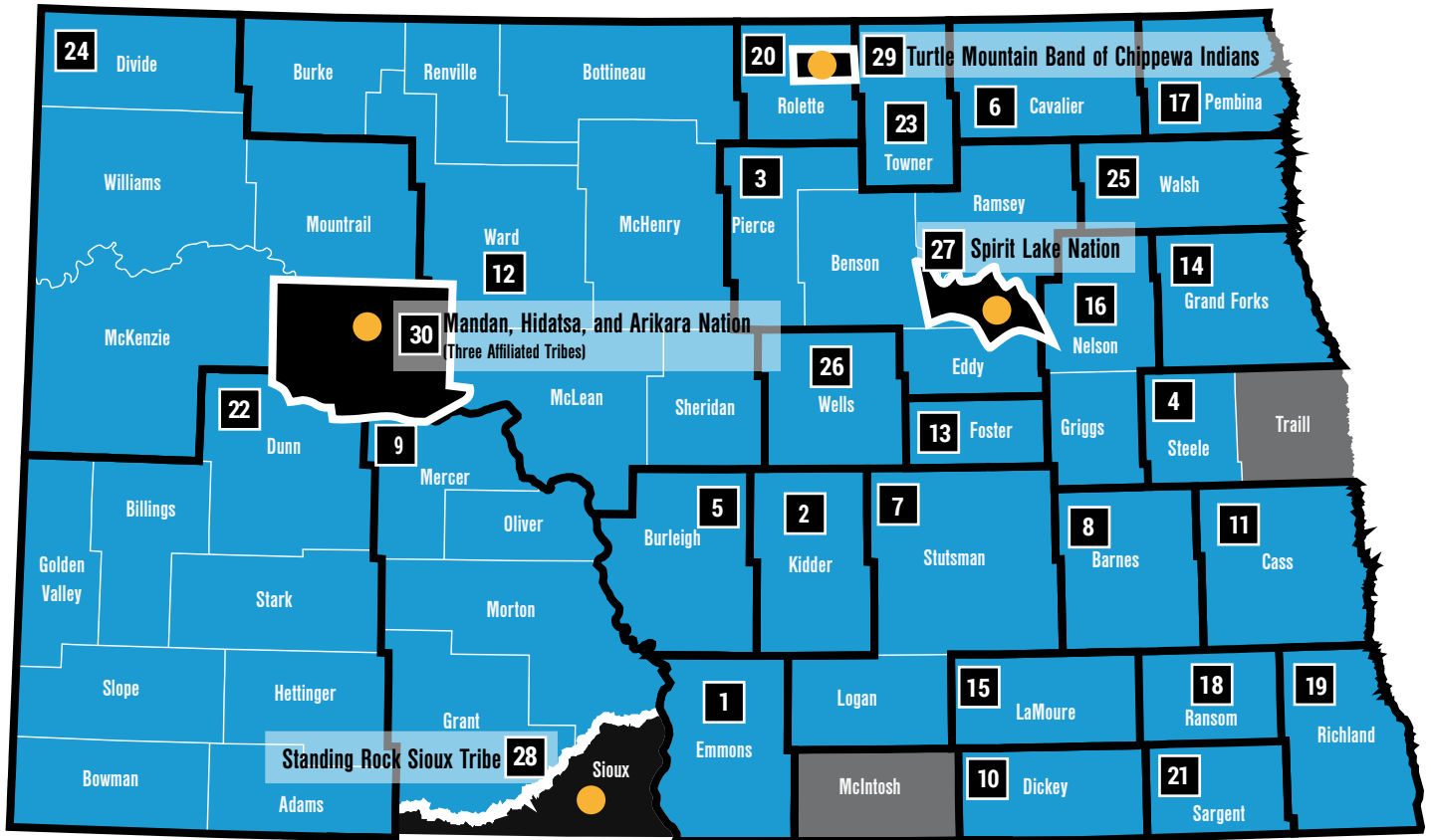
- + Training and technical assistance
- + Community and tribal alcohol and other drug prevention programs across the state
- + Underage drinking prevention efforts, including Parents Lead
- + Adult binge drinking prevention efforts, including the Speak Volumes campaign
- + Opioids Fill With Care
- + DUI education program licensing; provider certification
- + Minor in possession education provider certification
- + Synar program (youth tobacco enforcement)

TREATMENT/RECOVERY

- + Public program funding
- + Special Populations
 - Youth Residential Services Program
 - Pregnant and Parenting Women
 - Tribal programs
- + Recovery
 - Recovery Talk program
 - Mobile outreach program
 - Peer support development
- + Withdrawal Management
- + Workforce Development
- + Call Kay

Substance Misuse Prevention Community Funding Distribution

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES' BEHAVIORAL HEALTH DIVISION



Local Public Health Units

- 1. Emmons County (*Custer Health Collaborative*)
 - 2. Kidder County (*Custer Health Collaborative*)
 - 3. Lake Region District Health Unit
 - 4. Steele County Public Health Department
 - 5. Bismarck-Burleigh Public Health
 - 6. Cavalier County Health District
 - 7. Central Valley Health Unit
 - 8. City-County Health Department
 - 9. Custer Health
 - 10. Dickey County Health District
 - 11. Fargo-Cass Public Health Unit
 - 12. First District Health Unit
 - 13. Foster County Health Department
 - 14. Grand Forks Public Health Unit
 - 15. LaMoure County Public Health Department
 - 16. Nelson-Griggs District Health Unit
 - 17. Pembina County Health Department
 - 18. Ransom County Public Health
 - 19. Richland County Health Department
 - 20. Rolette County Public Health Unit
 - 21. Sargent County District Health Unit
 - 22. Southwestern District Health Unit
 - 23. Towner County Public
 - 24. Upper Missouri District Health Unit
 - 25. Walsh County Health Department
 - 26. Wells County District Health Unit
- Tribes**
- 27. Spirit Lake Nation
 - 28. Standing Rock Sioux Tribe
 - 29. Turtle Mountain Band of Chippewa Indians
 - 30. Manda, Hidatsa, and Arikara Nation (Three Affiliated Tribes)

BG Substance Use Prevention, Treatment, and Recovery Services Block Grant
 Substance Abuse Prevention Community and Tribal Grants
 Total award for October 1, 2022 - September 30, 2023 reporting period: \$1,762,500
 Priority: Prevention of underage drinking and adult binge drinking

SOR State Opioid Response Grant (SOR) Community Implementation Grant
 Total SOR award for Federal Fiscal Year 2022: \$4,000,000
 Priority: Prevention, harm reduction, treatment, and recovery related to opioid and stimulant use and misuse

Early Intervention

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

Research suggests that investing in early intervention services can contribute to a reduction in health care costs and help ensure the improved health and well-being of individuals. Early initiation of problem behavior and involvement in the criminal justice system is a risk factor for substance misuse and related consequences. Therefore, ensuring that this population is receiving evidence-based early intervention services is important in preventing further problems.



Minor In Possession Early Intervention

The Department of Health and Human Services Behavioral Health Division is authorized to certify **Minor in Possession (MIP) instructors** (NDCC 50-06-44) in an effort to:

- + prevent the onset of substance use disorders (SUD) among youth who do not yet meet criteria for SUD, but are exhibiting early warning signs
- + increase capacity of the workforce
- + increase access to evidence-based early intervention services

As of December 1, 2022, there are 26 certified MIP education instructors.

Minor In Possession (MIP) Early Intervention Classes		
	July 2020 – June 2021*	July 2021 – June 2022**
Total classes taught	406	158
Total participants who completed the class	808	265
Total repeat participants	22	9

**ND law required individuals with a MIP to participate in an early intervention education course provided by a certified provider.*

***As of August 1, 2021, ND law changed to not require individuals with a MIP to participate in an early intervention education course provided by a certified provider.*

Driving Under the Influence Early Intervention

The Behavioral Health Division licenses ASAM 0.5 Driving Under the Influence (DUI) Seminar Programs (NDCC 50-31) and certifies the instructors who teach these evidence-based classes.

As of December 1, 2022:



DUI programs are licensed



DUI instructors are certified

WHAT IS SYNAR?

The Synar regulation was formed after an amendment (section 1926) was added to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321) to address youth access to tobacco. The amendment, which is implemented by SAMHSA, requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to youth.

Currently, the Synar regulations require states to:

- + Enforce underage access laws to a degree that reasonably can be expected to reduce the illegal sale of tobacco products
- + Conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors
- + Maintain tobacco retailer violation rate to 20% or less (a violation refers to youth being able to purchase tobacco products)
- + Submit an annual report detailing activities to enforce the law

Synar



WHAT IS THE LEGAL AGE TO PURCHASE TOBACCO?

The PL 116-94 Appropriations Bill signed into law by the President on December 20, 2019 increased the minimum age for purchasing tobacco products from 18 to 21. This legislation (known as "Tobacco 21" or "T21") was effective immediately which made it illegal to sell any tobacco product—including cigarettes, cigars, and e-cigarettes—to anyone under 21. The new federal minimum age of sale applies to all retail establishments and persons with no exceptions. Because of the federal changes, SAMHSA has updated its guidance document for the Synar program to increase the minimum age to 21 and requires states to enforce the new age requirement of 21.



WHY IS SYNAR IMPORTANT TO NORTH DAKOTA?

States must comply with the Synar Amendment to receive the full Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) award. Specifically, if the violation rate is greater than 20%, the state could lose up to 10% of this funding. ND's Department of Health & Human Services' Behavioral Health Division receives approximately \$6,534,169 annually; a 10% loss would equal \$653,417. North Dakota's violation rate in 2022 was 18.9% which is a significant increase from 5.7% in 2020.



IS SYNAR EFFECTIVE?

While the national weighted average retailer violation rate (RVR) for the 50 states and the District of Columbia (weighted by state population) was 40.1% in FY 1997, the RVR has steadily fallen since then to 9.6% in FY 2018 meaning less retailers are selling tobacco to our youth.

Recent research shows the enforcement of youth access laws through the Synar program is directly responsible for a portion of the decline in youth smoking rates. The Synar program has also contributed to a decline in the percentage of youth smokers who report retail sources as their usual source of tobacco products. At the same time, tobacco use among youth has been declining. According to the 2021 North Dakota Youth Risk Behavior Survey, the percentage of high school students reporting current cigarette use dropped from 40.6% in 1999 to 5.9% in 2021.



WHAT CAN WE DO?

Active enforcement of youth tobacco access laws is an important component of a comprehensive youth tobacco prevention program and leads to reductions in youth smoking. All efforts to reduce youth tobacco access should be combined with other efforts to reduce youth tobacco use. We need to:

Collaborate (creation of a youth access tobacco group/committee).

Enforce youth tobacco access laws – statewide enforcement.

Mobilize the community to reduce minors' access by implementing local efforts.

Create stronger restrictions/policies on retailer sales of tobacco products.

Educate retailers (letters and packets to all establishments along with training opportunities).

Increase the price of tobacco products.

Implement mass media campaigns.

What is T/TA (Training and Technical Assistance)?

A collaborative process of providing targeted assistance and support.

What are the goals of T/TA?

Strengthen the capacity (resources and readiness) of individuals, groups, and organizations to implement and sustain effective strategies and positive outcomes in all areas of the Continuum of Care.

How is T/TA Delivered?

- + In-person training
- + Consultations
- + Online events
- + Collaboration and resource sharing
- + Information dissemination
- + Statewide and national meetings

Training & Technical Assistance



Are you...

- + Unsure of how to assess the issues within your community?
- + Attempting to identify the best solution to a community problem?
- + Trying to write a strategic plan for a prevention effort, recovery program or treatment initiative?
- + Looking for how other communities accomplished a particular strategy?
- + Dealing with low capacity, awareness or readiness within your community or organization?

The ND T/TA team can assist with all of these and more!

The North Dakota Behavioral Health Division's Training and Technical Assistance Team strives to be accessible, responsive, comprehensive, effective and sustainable.

The Behavioral Health Division Training and Technical Assistance Team can offer information and support through a wide variety of topics and resources.

TOPICS

- + Data collection and assessment
- + Strategic planning
- + Evidence-based prevention, treatment and recovery policies, programs and practices
- + Comprehensive implementation
- + Capacity building
- + Cultural competency
- + Sustainability
- + Evaluation
- + Data-driven decision-making
- + North Dakota Century Code
- + Subcontracting
- + Risk and protective factors
- + Media campaigns and promotion

RESOURCES

- + Recorded training events
- + Webinars
- + Guidance documents on evidence-based strategy implementation
- + Training videos
- + Sample policies
- + Sample Memorandums of Understanding (MOUs) and subcontracting documents
- + Marketing Tools
- + Community Success Stories
- + Access to resources through the Behavioral Health website and the Prevention Resource and Media Center (PRMC)



Suicide Prevention

Suicide is a serious public health problem that can have long-lasting effects on individuals, families, and communities. The good news is that suicide is preventable.

Effective suicide prevention requires multiple approaches. This includes prevention and protective strategies for individuals, families, and communities. Everyone can help prevent suicide by learning the warning signs and promoting prevention and resilience.



NORTH DAKOTA INITIATIVES

988 Suicide and Crisis Lifeline

988 is a new three-digit emergency number for behavioral health crises. 988 officially launched on July 16, 2022 and is accessible 24/7, anywhere in the United States.

When a North Dakota resident calls 988, a trained member of the state's Lifeline crisis center, FirstLink, answers. FirstLink staff listens to the caller, provides support, and shares resources if needed. If additional support is needed, FirstLink connects the person to their local Human Service Center's mobile crisis team.

Resources and Technical Assistance

Communities

Training provided to Free Through Recovery and Community Connect providers around suicide prevention strategies

Training opportunities for the public

- ND Behavioral Health and Children and Family Services Conference
- Monthly wellness webinars

Schools

Behavioral Health in Education: Resources and Opportunities (B-HERO) Technical Assistance Center

Virtual Behavioral Health Professional Development (Kognito)

Toolkits

Parents

Parents Lead provides parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health.

Suicide Prevention Grant Program

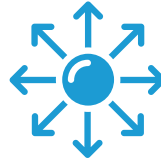
A Request for Proposals was posted September 2021. Six community partners were awarded funds to expand suicide prevention efforts through June 2023, specifically targeting the following best practices:



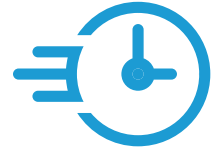
Identify and Assist
Persons at Risk



Ensure Access to
Effective Mental Health
and Suicide Care and
Treatment



Support Safe Care
Transitions and Create
Organizational Linkages



Provide for Immediate
and Long-Term
Postvention

GRANTEE	GOALS
American Federation for Suicide Prevention	Provide Safeside Primary CARE Training to physicians, advanced care professionals and nursing staff.
City of Grand Forks Police Department	Implement the Columbia-Suicide Severity Rating Scale; review and revise policy directives related to calls for individuals experiencing a mental health crisis.
F5 Project	Utilize Columbia-Suicide Severity Rating Scale as an assessment tool and engage intervention protocols.
FirstLink	Provide training in SafeTALK to community members at no cost and provide suicide risk assessment screening for those calling 988 or 211.
McKenzie County Community Coalition	Implement suicide prevention and postvention policies in local schools and businesses along with referral paths.
Youthworks (Mountain Plains)	Review, revise and implement policy for suicide prevention, both at an agency-wide level and at a programmatic level for the Short-Term Care and Assessment Centers.

PARENTS LEAD.ORG

Parents Lead is an evidence-based prevention program that provides parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health.

The parent-child relationship is essential to the development and well-being of children. In fact, healthy bonding and attachment between parent and child is one of the biggest factors preventing behavioral health issues like underage drinking, drug use, depression, and anxiety.

Parents Lead



Research continually shows when parents engage in **ongoing conversations, positive role-modeling, effective monitoring** and **support** children are less likely to develop behavioral health issues like substance abuse, depression, anxiety, and suicidal thoughts.

Of parents exposed to Parents Lead, positive outcomes are seen in the four protective factors:



Ongoing Conversations

72% report having more conversations with their child about behavioral health.



Positive Role-Modeling

76% report role modeling responsible behaviors with their child.



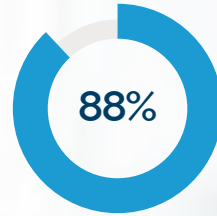
Effective Monitoring

63% are more invested in monitoring their children.

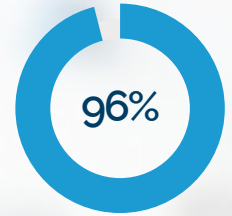


Support and Engagement

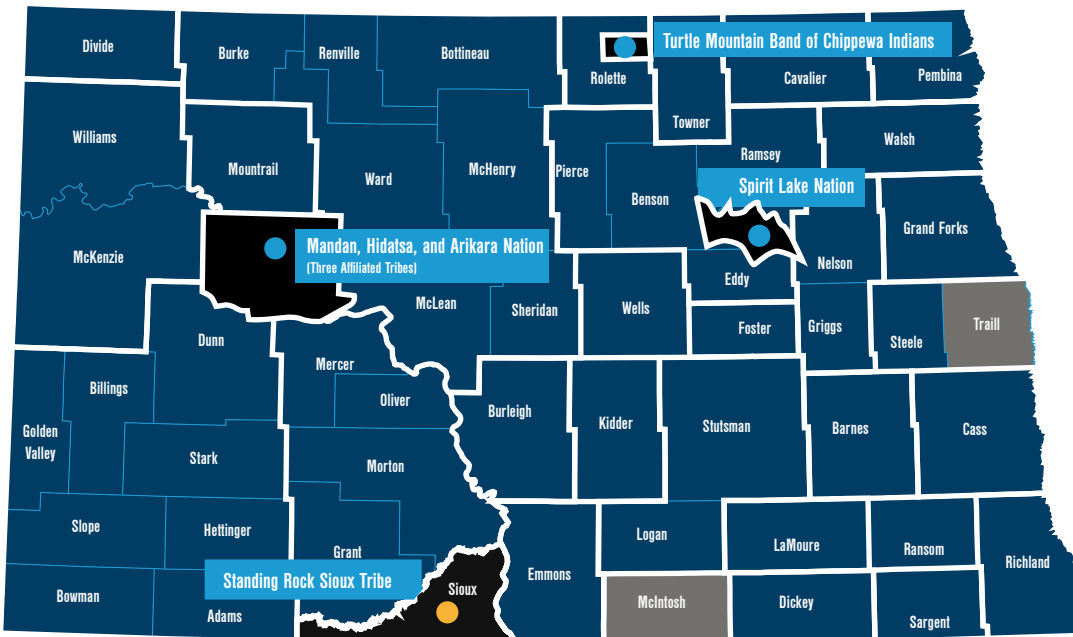
64% report spending more quality time with their child.



88% who accessed Parents Lead found the information to be helpful.



96% of individuals would recommend Parents Lead to a friend.



Local implementation of Parents Lead is occurring in 51 of the 53 counties and 4 federally recognized tribes.

Statewide Communication

In 2022 over 2,500 Parents Lead Resources were distributed at the North Dakota State Fair.

The Parents Lead statewide media campaign has resulted in 51.3 million impressions by mass media, online displays, social media, online videos, and digital radio.

(October 2021-Sept 2022)

Parents Lead Funding Sources

- ✓ State General Funds: \$200,000 for 2021-2023 biennium.
- ✓ Department of Transportation NHTSA grant: \$50,000 in FFY 2022
- ✓ SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) Prevention dollars up to: \$342,000 in FFY 2022





Children's Behavioral Health

Behavioral Health in Schools

Children's Behavioral Health Prevention
and Early Intervention Pilot Grant

School Behavioral Health Grant

Behavioral Health in Education Resources
and Opportunities Technical Assistance
Center (B-HERO)

Kognito

Treatment Collaborative for Traumatized
Youth (TCTY)

Voluntary Treatment Program (VTP)

Psychiatric Residential Treatment
Facilities (PRTFs) for Children Licensure

Parent to Parent

System of Care (SOC) Grant

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.

Examples are:

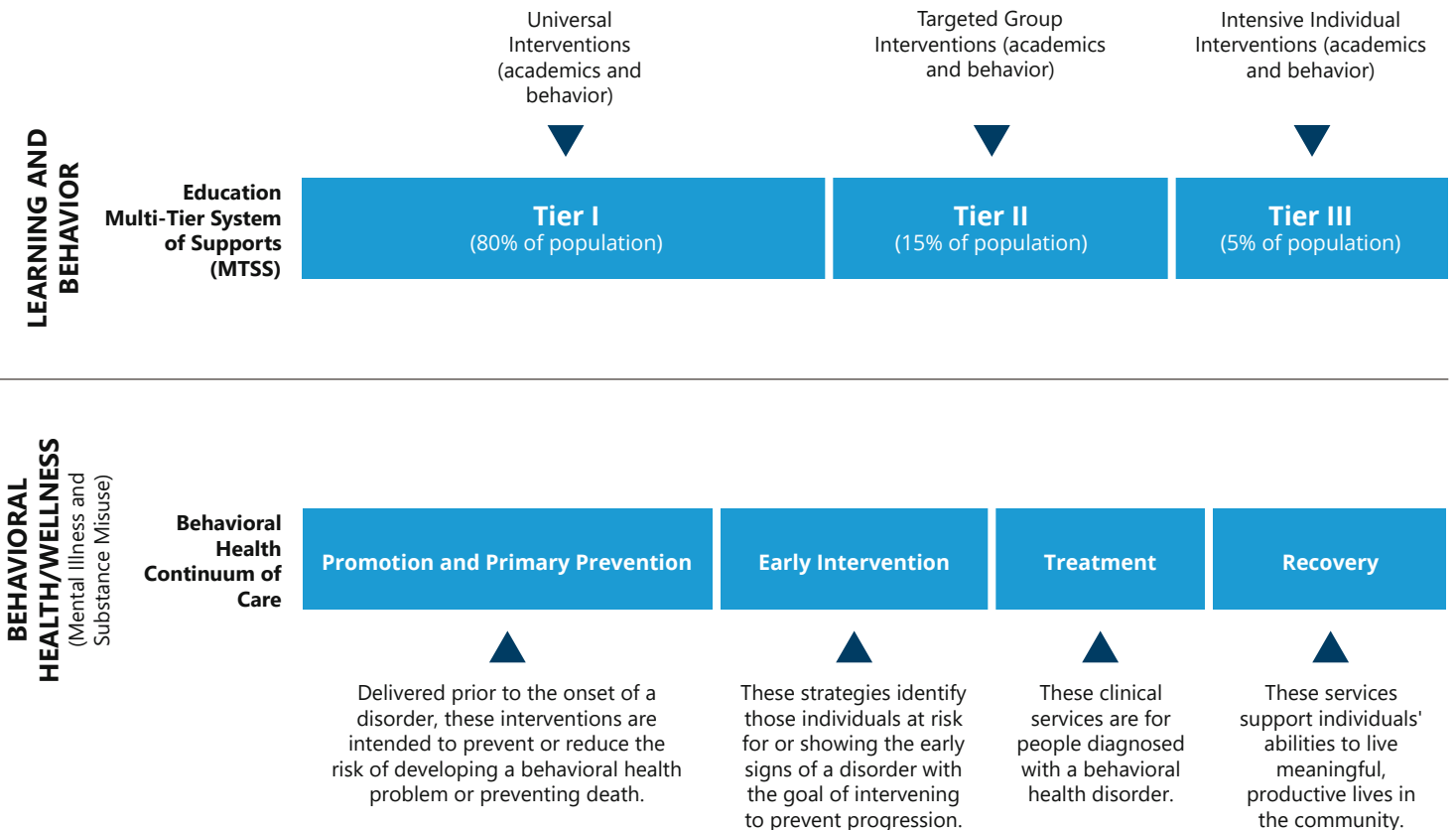
- + Preventing and treating depression and anxiety
- + Preventing and treating substance use disorder or other addictions
- + Supporting recovery
- + Creating healthy communities
- + Promoting overall well-being

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 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

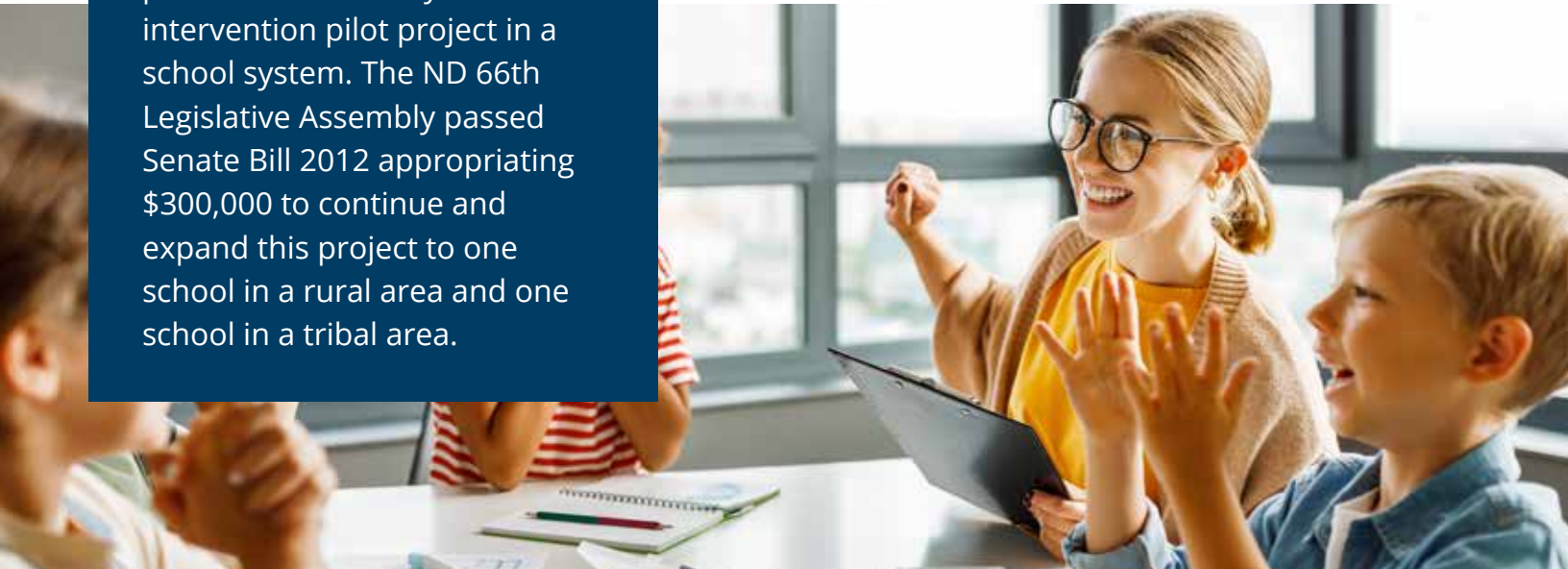
- a licensed associate professional counselor licensed under chapter 43-47 (COUNSELORS)
- a licensed certified social worker licensed under chapter 43-41 (SOCIAL WORKERS)
- a licensed professional counselor licensed under chapter 43-47 (COUNSELORS)
- an associate marriage and family therapist licensed 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

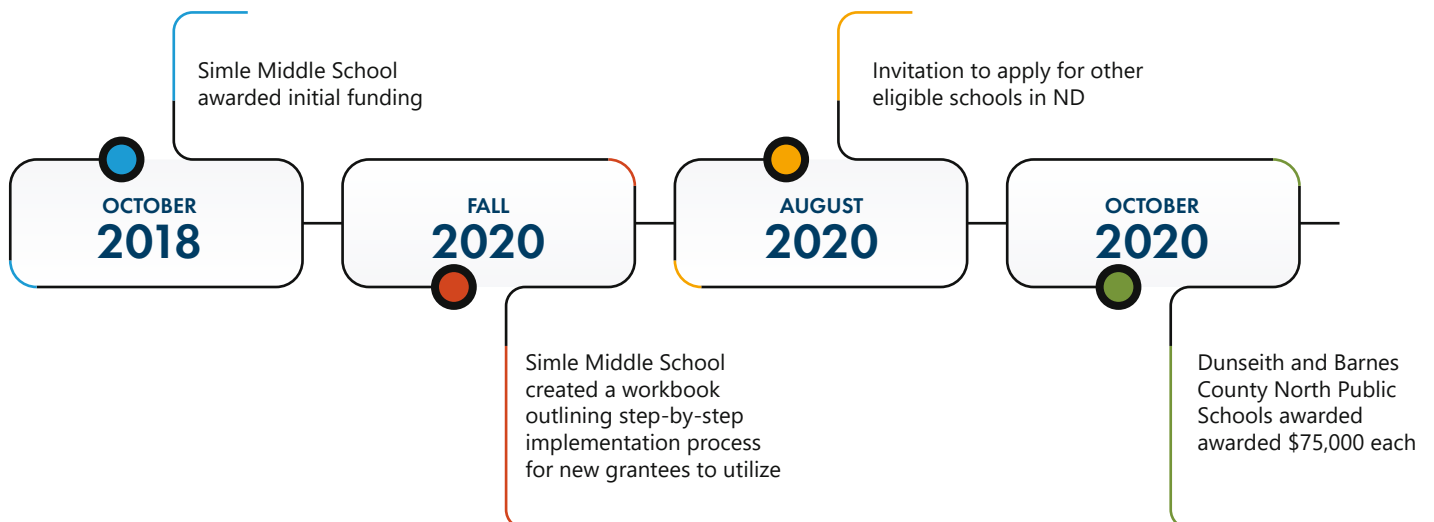
Children's Behavioral Health Prevention and Early Intervention Pilot Grant

The ND 65th Legislative Assembly passed House Bill 1040 appropriating \$150,000 to the Department of Health & Human Services for the purpose of establishing a children's behavioral health prevention and early intervention pilot project in a school system. The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating \$300,000 to continue and expand this project to one school in a rural area and one school in a tribal area.



Goal of the project

To demonstrate improvement to children's behavioral health in a school setting and identify how a fully integrated continuum of support could look in various schools throughout North Dakota.



Support is provided to students based on identified need, emphasizing prevention and early intervention. Examples of services provided in the pilot include:

- + School-wide positive behavioral supports
- + Whole class lessons on behavioral health topics
- + Individual counseling and/or social skills sessions for students at risk
- + Culturally sensitive staff development
- + Contract with outside mental health professionals to deliver mental health services within the school setting

What are the schools saying?

Dunseith Public School

Since receiving the grant we have seen a decrease in office referrals. We have also seen a decrease in severe behaviors. Another positive aspect is we have more students engaging in positive behavior, such as holding the door open, saying thank you, etc...

Kerry Azure, Elementary Principal

Barnes County North Public School

We are so grateful to have the opportunity to work with the North Dakota Department of Health & Human Services - Behavioral Health Division to provide the necessary behavioral health supports for our students. The funding they have provided through the grant has allowed us to bring in a mental health provider for our students, so they don't have to spend a half day or full day out of our building.

Danielle Bosse, Elementary Principal

The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating general fund dollars for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.

School Behavioral Health Grant



PROJECT GOAL

Identify and address gaps along the behavioral health continuum of care. This includes:

- + identifying prevention and early intervention services
- + supporting clinical or treatment services
- + filling gaps in service coverage

Grant funds cannot be used where reimbursement or funding is available.

ELIGIBLE APPLICANTS

Applications are accepted from North Dakota public or private elementary or secondary schools which meet the following criteria:

- + Utilized ND State Medicaid reimbursement during the previous school year.
- + Submit a plan to the Behavioral Health Division Policy Team detailing collaboration with other regional school districts regarding student behavioral health needs and the use of grant funding to develop student behavioral health interventions.

2021-2023 biennium appropriation: \$3,000,000

2022-2023 SCHOOL YEAR

25 school districts and special education units are eligible to apply.

+ As of January 18, 2023, 15 eligible districts/special education units have been approved for funding totaling \$1,023,909.44.

To ensure all eligible districts and units are able to apply for funding for behavioral health needs of students during the 2022-2023 school year, eligible funding amounts determined by the previous school year Medicaid billing amount was reduced by 50%.

+ Amount billed to Medicaid by eligible schools during the 2021-2022 school year: \$2,486,851.

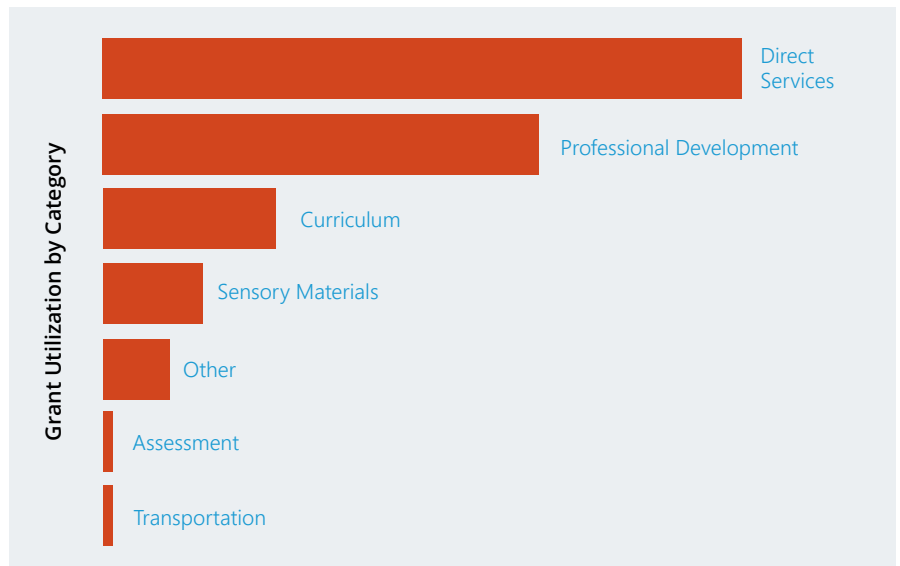
2021-2022 SCHOOL YEAR

18 ND school districts or special education units received funding. These entities received a total of \$1,724,864.95 to use towards the behavioral health needs of students.

They include:

Bismarck Public Schools	Minot Public Schools
Carrington School District	New Rockford Sheyenne District
Dickinson Public Schools	Oliver-Mercer Special Education Unit
East Central Special Education Unit	Rural Cass Special Education Unit
Fargo Public Schools	Sheyenne Valley Special Education Unit
Grand Forks Public Schools	South Valley Special Education Unit
James River Special Education Unit	Wahpeton Public Schools
Jamestown Public Schools	West Fargo Public Schools
Lake Region Special Education Unit	
Mandan Public Schools	

Approved Funding Categories



Examples:

Direct Services – Therapy / Clinical Counseling– for students with no insurance or to cover co-pays, BCBA contracts/consults, skill-based intervention groups, Extended Year SEL Summer programming

Professional Development – Safety Care, STAR program, Nonviolent Crisis Intervention, ONEder Academy Training, Collaboration with Tier 2/3 Clinical Providers, Consultation with Clinical Psychologist

Curriculum – Second Step Curriculum, STAR Program/Media, Crisis Prevention Institute -workbooks/materials, Zones of Regulation, Conscious Discipline

Sensory Materials – Flexible seating, fidgets

Assessments – Social-Language Development Test, BRIEF reporting forms, SEL surveys for students/adults

BEHAVIORAL HEALTH IN EDUCATION

Resources and Opportunities Technical Assistance Center (B-HERO)



Behavioral Health Resource Coordinator Support

The ND 66th Legislative Assembly passed Senate Bill 2149, which established the requirement for each school within a district to designate an individual as a Behavioral Health Resource Coordinator, and Senate Bill 2313, which required the Department of Health and Human Services' Behavioral Health Division to provide resources on mental health awareness and suicide prevention to the Behavioral Health Resource Coordinators.

In November 2020, the Behavioral Health Division awarded a contract to the Central Regional Education Association (CREA) – one of 7 regional education associations within North Dakota – to provide resources, information, and support to school Behavioral Health Resource Coordinators (BHRCs). As a result, the Behavioral Health in Education: Resources and Opportunities (B-HERO) Technical Assistance Center was formed.

Who is B-HERO?

A group of educators and advocates passionate about the importance of behavioral health in North Dakota schools and communities.

We provide access to:



Trainings



Technical Assistance



Opportunities

We want to help:



Stop the
Stigma



Build Healthier
Schools



Avoid
Burnout

Since inception in Spring of 2021, B-HERO has disseminated weekly communications to the 365 unique BHRCs throughout the state and has supported 135 educators through technical assistance and BHRCs communities of practice. Through its weekly messaging, B-HERO has focused on providing evidence-based resources aimed at supporting behavioral health, and has told the stories of programs and services that work in North Dakota schools.

Overall, B-HERO has reached dozens of schools in North Dakota in the past two years through training offerings, including upwards of 650 educators.

Since the 2021-2022 school year, B-HERO has implemented and supported the following endorsed training opportunities to BHRC and other educators throughout the state on a variety of topics, including:

Suicide Prevention & Intervention

- + Sources of Strength
 - To date, 5 new schools have implemented Sources of Strength while 8 others have been supported in recalibration efforts. In total, 167 students and 65 school staff members have received training in Sources of Strength.
- + Question, Persuade, Refer Suicide Prevention Gatekeeper Training
 - Since Spring of 2022, over 55 ND educators have received QPR Training.

Relationship Building & Dropout Prevention

- + Harvard Relationship Mapping Protocol
 - Upwards of 30 educators have received training in the Relationship Mapping protocol.
- + B-HERO Endorsed Relationship Building Strategies
 - Since the start of the 2022-2023 school year, 130 educators have received all or a portion of this training.
- + Check & Connect
 - Since fall of 2021, 4 schools have implemented a dropout intervention program.

Trauma

- + Trauma-Sensitive Schools: A New Perspective on Student Behavior and Learning
 - Since June of 2021, B-HERO has facilitated Trauma Sensitive Schools Training for over 180 educators, with 38 receiving certification to deliver the professional learning curriculum. 10 of those trainers are BHRCs.
 - During the current school year, B-HERO is facilitating this training for over 150 educators, with 57 in progress to receive certification to deliver the professional learning curriculum in their school buildings. 11 of those upcoming trainers are BHRCs.

School Crisis Prevention & Intervention

- + PREPaRE School Crisis Prevention & Intervention Training
 - Since Spring of 2022, 5 unique school teams have participated.

Kognito is an online, role-playing simulation for educators that builds awareness, knowledge, and skills about mental health and suicide prevention, and prepares users to lead real-life conversations with students to build resilience, strengthen relationships, and connect them with support.

The Department of Health & Human Services' Behavioral Health Division is offering these simulations to all North Dakota school personnel at no cost through the 2023-2024 school year.

Virtual Behavioral Health Professional Development – Education System (Kognito)



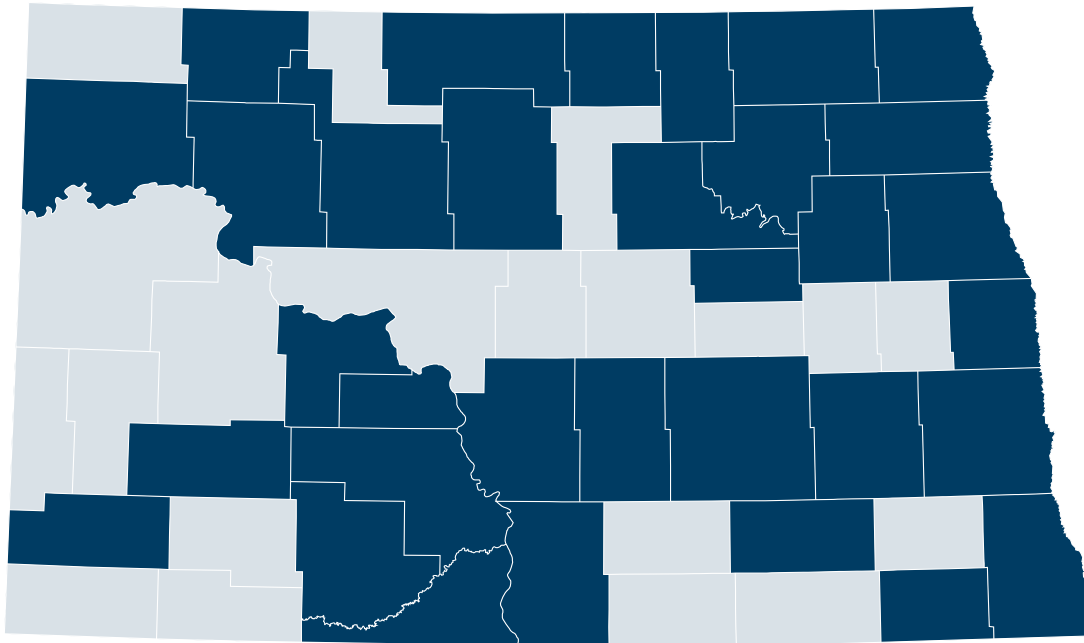
Kognito is for all school personnel in K-12 public, private, tribal schools, and special education units in ND including, but not limited to teachers, support staff, custodians, paraprofessionals, district leaders, administrators, etc. Kognito is also available to student teachers attending ND accredited teacher preparation programs.

Modules are available at the elementary, middle and high school levels. Users can complete the 45–60 minute interactive, evidence-based modules at their own pace and receive feedback in real time.

Module Objectives

- Increase knowledge and awareness about child/adolescent/teen mental health and suicide
- Identify warning signs of psychological distress
- Increase knowledge and awareness about bullying and cyberbullying
- Build skills in leading conversations with students in distress, discuss concerns, build resilience, and increase connectedness
- Assess the need for referral, motivate a student to seek help, and make a warm hand-off to support
- Understand school's specific support services and availability

Usage & Staff Activity



As of December 2022,

- + 813 activations (started a module)
- + 134 schools or special education units have utilized Kognito
- + 32 counties have at least one school utilizing Kognito

**Blue represents at least one activation by a staff member per county*

Ratings

98%

rated it as Excellent, Very Good, or Good

96%

said it was based on scenarios relevant to their experience

93%

would recommend it to others

Quotes

What did you like about the training?

"I liked that I was leading the conversation, so that it felt like I was practicing hands on for a situation that could realistically happen in my classroom or with a parent."

"The interactive simulation that you had to choose the best response and if it wasn't correct you were alerted on what you should have done or why it was incorrect."

"I liked the scenarios where I had to think about how I should respond in a situation."

The Treatment Collaborative for Traumatized Youth (TCTY) mission is to enhance the availability of evidence-based mental health treatment for traumatized individuals in North Dakota through implementing evidence-based treatments and building a multidisciplinary collaborative network across the region.
www.tcty-nd.org

Treatment Collaborative for Traumatized Youth (TCTY)



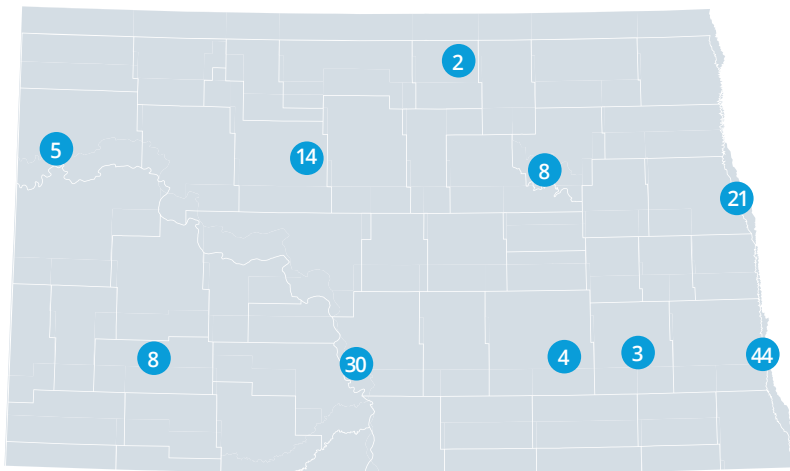
Types of Traumatic Events

- + Child sexual abuse
- + Adult sexual abuse
- + Psychological or emotional abuse
- + Physical assault
- + Domestic violence
- + School or community violence
- + Military, war, or political violence
- + Child neglect
- + Serious or medical injury
- + Natural disasters
- + Forced displacement
- + Witnessing death
- + Grief/losing a loved one
- + Receiving death threats or harassment
- + Being a first responder
- + Witnessing assault, abuse, or violence

Activities/Outcomes

The Behavioral Health Division Policy Team has provided funding to Sanford Research North to:

- Maintain the directory of TF-CBT trained clinicians.
- Continue to provide TF-CBT training with up to six months technical assistance
- Continue to serve as point of contact for all TF-CBT efforts.



● Number of Centers/Agencies in cities with TCTY Trained Clinician(s)

Trainings

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents ages 3–18. TF-CBT integrates cognitive behavioral techniques with trauma-specific interventions.

- + 2021 – 30 clinicians across 18 agencies attended (23 clinicians rostered)
- + 2022 - 42 clinicians across 28 agencies attended (24 clinicians rostered)
- + 2023 – training to be held in April
- + Approximately 475 clinicians trained since project implementation with approximately 200 of those rostered*

**Rostered means that the clinician completed the TF-CBT training and six months of consultation calls and is rostered to the directory.*

Free Lunch and Learn Opportunities - Hosted learning and consultation sessions with speakers and topics that enhance services for complex trauma survivors

- + 13 sessions with a total of 347 people attending

13 other presentations/trainings provided to universities, clinicians, public and private providers and educators.

Consultation Calls

TF-CBT Learning Collaborative (from Spring 2021 training)

- + 24 consultation calls

TF-CBT Learning Collaborative (from Spring 2022 training)

- + 24 consultation calls

Cognitive Processing Therapy (CPT) Learning Collaborative

- + 61 calls; 24 ND clinicians attended; 11 ND clinicians across 10 agencies now certified in CPT

Technical Assistance

Continued engagement with the network through the TCTY listserv

- + 54 email communications in 2021
- + 57 email communications in 2022

Resources made available through TCTY website

- + 109 resources

Launched TCTY Facebook page – August 2021

- + 232 social media posts
- + Reached over 13,000 individuals

Community Outreach

TCTY hosted a booth at the Carl Ben Eielson- Indian Education Back to School Night, providing children, parents, and caregivers with resources to assist in Native American Behavioral Health education

Trauma, Resiliency, Native American Mental Health – West Fargo Public School Staff Training (3 trainings)

Voluntary Treatment Program (VTP)

The VTP provides out of home treatment services for Medicaid-eligible children with a serious emotional disorder without requiring parents to relinquish custody (NDCC 50-06-06.13). The VTP will pay for maintenance costs of the treatment episode and Medicaid will pay for the treatment costs in accordance with the state plan. Qualified Residential Treatment Providers (QRTPs) and PATH Foster Homes are providers through the VTP.

The goal of the Voluntary Treatment Program is to improve functioning of youth.



ELIGIBILITY

- Up to the age of 18;
- Mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM 5; and
- Functional impairment that substantially interferes with or limits the child's role or functioning in family, school and community activities.

From July 2021-December 2022, the Division received 35 applications (150% increase since previous year). 7 were approved and admitted into a QRTP, 4 were approved and later withdrawn, 5 denied and 19 were withdrawn.

Reasons for approval and later withdrawn (4):

- Did not meet the QRTP level of care determination by Ascend (2)
- Remained at home and were withdrawn by parent/guardian prior to final determination (2)

Reasons for denial (5):

- Not all community based services were utilized (3)
- Did not have a SED or qualifying diagnosis (1)
- Other residential options available (1)

Reasons for withdrawal (19):

- Other placement occurred prior to decision (4)
- Lived/moved out of state (3)
- Youth received additional community support and no longer needed residential care (8)
- Youth was placed under custody of the zone or DJS (4)



	Cost per youth	Length of stay
Youth 1*	79,258.08	6 months
Youth 2	29,789.20	2 months
Youth 3	89,691.84	6 months
Youth 4	43,956.64	3 months
Youth 5	130,997.68	9 months
Youth 6	83,140.60	6 months
Youth 7	49,293.76	4 months
Youth 8	Youth admitted Nov 2022	1 month (this youth still receiving services)

\$453,424 was authorized in DHHS budget for the 2021-2023 biennium.

As of September 30, 2022 (63% of the biennium) 100% of the allocation has been expended.



The average cost of a child in a Q RTP for 30 days: \$14,059 (using only the daily rates of the two Q RTPs utilized this biennium)

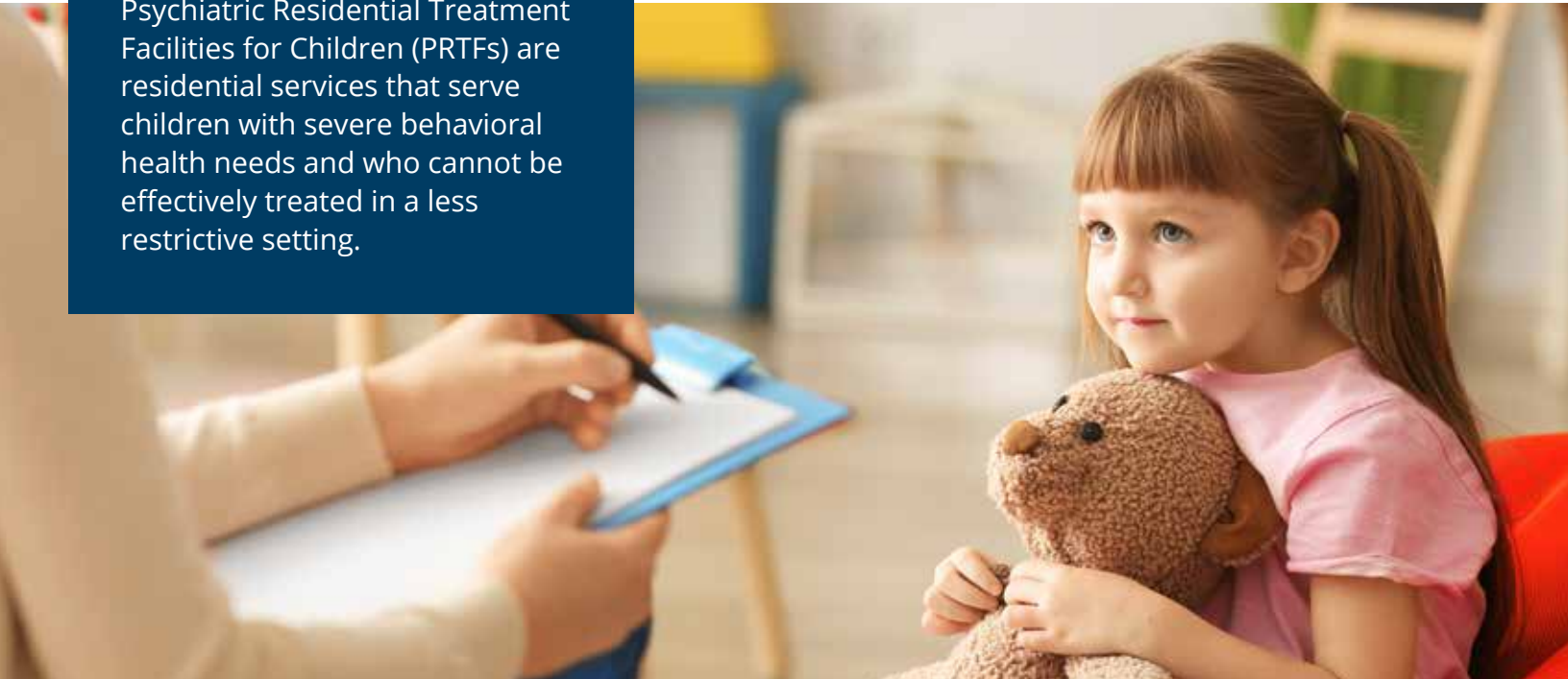
Of the youth receiving residential services; four youth received services through Home on the Range and four youth received services through Dakota Boys and Girls Ranch.

*approved in the 2019-2021 biennium and received services in 2021-2023 biennium.

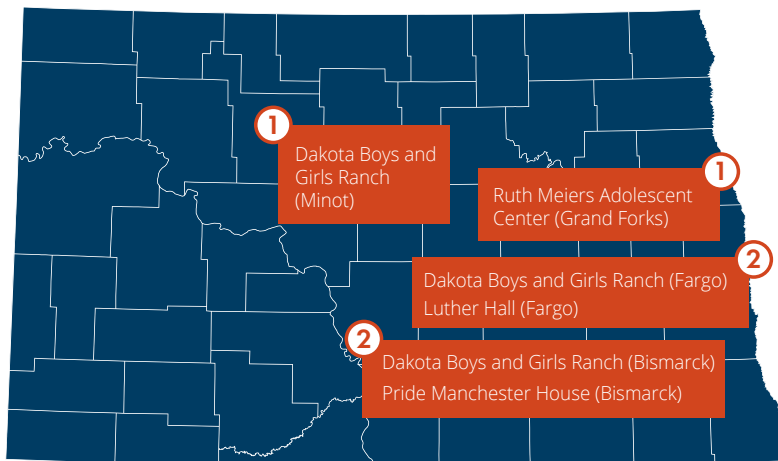
NDCC 25-03.2-02 requires the Department of Health & Human Services to adopt rules and standards for the licensing of Psychiatric Residential Treatment Facilities for Children (PRTFs) operating in North Dakota.

Psychiatric Residential Treatment Facilities for Children (PRTFs) are residential services that serve children with severe behavioral health needs and who cannot be effectively treated in a less restrictive setting.

Psychiatric Residential Treatment Facilities for Children Licensure (PRTFs)



LOCATIONS



North Dakota Administrative Code (NDAC) 75-03-17 Psychiatric Residential Treatment Facilities for Children are the rules that establish the standards governing PRTFs.

PURPOSE

The licensure process aims to ensure health and safety and compliance with minimum standards in care and treatment of children receiving services in the facility.

The Division is required to license PRTFs every two years. There are six licensed PRTFs in ND with a total of 82 beds serving children between the ages of 5 through 18.

Capacity per facility:

- Fargo Dakota Boys and Girls Ranch - **16**
- Bismarck Dakota Boys and Girls Ranch - **16**
- Minot Dakota Boys and Girls Ranch - **16**
- Luther Hall - **16**
- Pride Manchester - **8**
- Ruth Meiers Adolescent Center - **10**



Parent To Parent

The Department of Health & Human Services' Behavioral Health Division Policy Team contracts with the ND Federation of Families for Children's Mental Health (NDFFCMH) to administer the Parent to Parent support services program as a statewide collaborative effort with multiple systems to engage, train, educate, and support parents who have children with mental health disorders. Program responsibilities include:

- + Organize and lead support and educational services to parents.
- + Collaborate with other private non-profit entities and link to both paid and natural supports.
- + Coordinate with existing community-based organizations and programs to maximize benefit, avoid duplication, and leverage, redirect and realign resources.

Services provided by NDFFCMH may include attending meetings at the request of a parent, assisting parents in understanding their child's mental health needs, assisting parents in becoming involved in a support network, assisting parents in obtaining training on how to advocate for their child, assisting parents in locating informal services and supports and/or assisting parents in accessing information on their rights and responsibilities.

- + Total budget of \$75,000 for July 1, 2021 through June 30, 2023.
- + Number of new parents receiving services - **36**
- + Number of families provided support and education - **351**

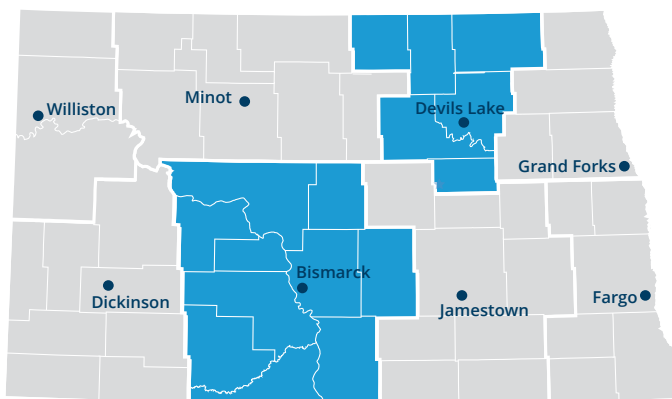
Families from 18 counties have received services this biennium:

Barnes	3
Burleigh	129
Cass	42
Emmons	20
Griggs	2
Kidder	14
McHenry	12
McLean	10
Mercer	4
Morton	28
Mountrail	33
Renville	3
Rolette	4
Stark	1
Unknown	1
Walsh	8
Ward	17
Wells	6
Williams	8

**The numbers reported are from July 2021 - November 2022. NDFFCMH Parent to Parent Support Program has multiple funding sources, including funding from DHHS - Behavioral Health Division Policy Team. The data reported from NDFFCMH reflects data from the entire parent support program, not just the portion supported by the Behavioral Health Division Policy Team.*

ND System of Care (SOC) Grant

The North Dakota Department of Health and Human Services' Behavioral Health Division was one of six states to be awarded \$3 million per year (starting in 2022) for 4 years starting by the federal Substance Abuse and Mental Health Services Administration as part of the System of Care Expansion and Sustainability Grant (SOC). The SOC grant is designed to enhance mental health outcomes for children and youth, birth through age 21. The initial grant efforts will be focused in two regions of the state.



Purpose

To build and expand community-based behavioral health services and supports for children and youth with Serious Emotional Disturbances (SED) and their families. These services and supports include:

- + Outpatient services
- + 24-hour crisis emergency services
- + Intensive home-based outreach and case management
- + Intensive day treatment
- + Respite care
- + Recovery support services
- + Transition services from child/youth to adult service system

Framework

System of Care is a spectrum of effective, community-based services and supports for children, youth, and young adults with or at-risk for mental health challenges and their families. The primary goal is to help families function better at home, in school, and in the community. The services and supports aim to:

- ⊕ Be organized into a coordinated network across the continuum of care.
- ⊕ Build meaningful partnerships with youth and families.
- ⊕ Address the unique and cultural and linguistic needs of each child and family.

The dimensions of System of Care include the integration of all child-serving services and supports. These include both professional and natural supports across the lifespan.

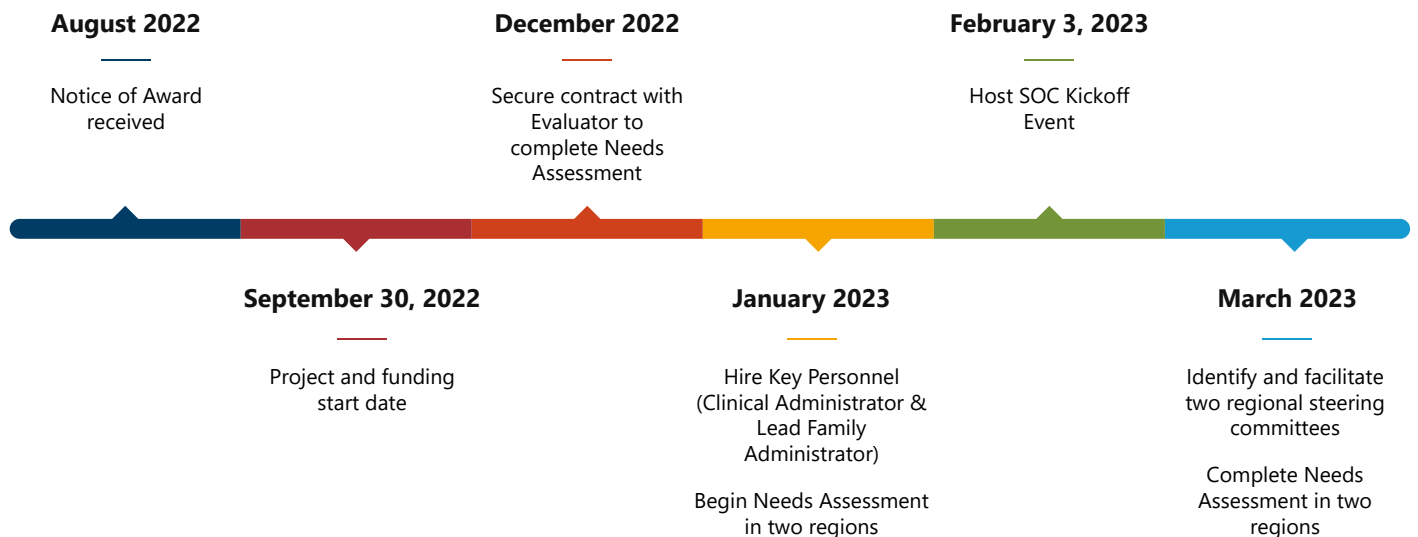


Goals

1 one To increase access of high-quality and culturally appropriate services and supports available to children with SED and their families in the identified regions.

2 two Develop a sustainable infrastructure to support the System of Care approach for North Dakota children with SED and their families.

Progress*



Note: This work aligns with the Human Services Research Institute's report to enhance and streamline the system of care for children and youth. The HHS behavioral health grant administrator position approved by the 2021 North Dakota Legislature was instrumental in ND receiving this opportunity.

*As of 3-8-2023



Adult Addiction

Substance Use Prevention, Treatment
and Recovery Services Block Grant
(SUPTRS BG previously the SABG)

Substance Use Disorder (SUD) Voucher

Licensing of Substance Use Disorder
Treatment

Licensing of Opioid Treatment Programs
and Medication Units

Recovery Housing Assistance Program

State Opioid Response (SOR) Grant

Problem Gambling

The Substance Abuse Prevention and Treatment Block Grant (SUPTRS BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

North Dakota's Department of Health & Human Services', Behavioral Health Division utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance misuse.

The purpose of the SUPTRS BG is to:

- + provide priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery for individuals without insurance that are not covered by Medicaid, Medicare, or private insurance, or for whom coverage is terminated for short periods of time.
- + provide primary prevention by supporting universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- + collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

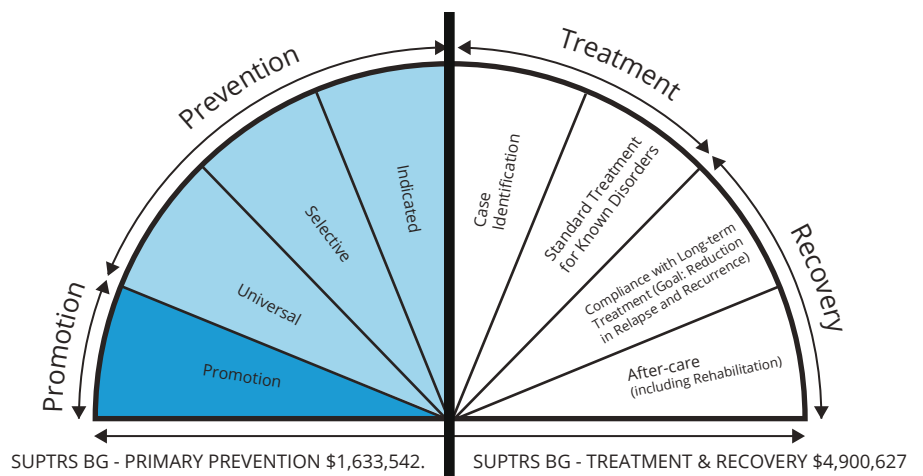
Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)

The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 CODE OF FEDERAL REGULATIONS Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 FEDERAL REGISTER 1492 was published on January 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SUPTRS BG allotment on substance misuse primary prevention strategies. These strategies are directed at creating an environment that promotes the health and wellbeing of individuals and communities which prevents problems before they occur – and cannot be directed at individuals identified to be in need of treatment.

FUNDING

Department of Health and Human Services' Behavioral Health Division Policy Team receives approximately \$6,534,169 per year. As of October 2022, approximately \$1,633,542 (25%) is allocated to primary prevention.



NORTH DAKOTA GOALS

Increase access to quality substance misuse-related services across the continuum of care.

PREVENTION

- + Increase implementation of effective prevention statewide
- + Decrease underage drinking
- + Decrease adult binge drinking and related consequences
- + Decrease opioid misuse and related consequences

TREATMENT/RECOVERY

- + Increase evidence-based treatment and recovery support services, with a priority on high-risk populations:
 - + Pregnant women and women with dependent children
 - + Individuals using drugs intravenously
 - + Adolescents



ACTIVITIES

PREVENTION

- + Training and technical assistance
- + Community and tribal alcohol and other drug prevention programs across the state
- + Underage drinking prevention efforts, including Parents Lead
- + Adult binge drinking prevention efforts, including the Speak Volumes campaign
- + Opioids Fill With Care
- + DUI education program licensing; provider certification
- + Minor in possession education provider certification
- + Synar program (youth tobacco enforcement)

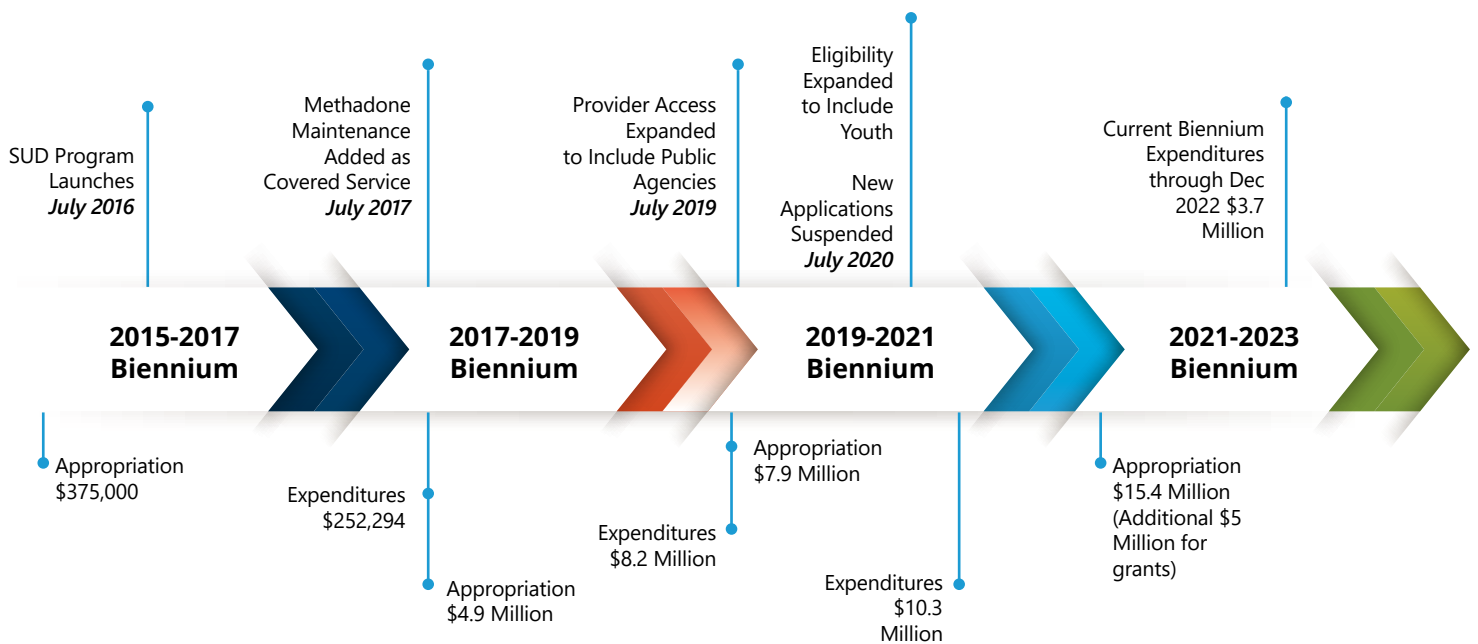
TREATMENT/RECOVERY

- + Public program funding
- + Special Populations
 - Youth Residential Services Program
 - Pregnant and Parenting Women
 - Tribal programs
- + Recovery
 - Recovery Talk program
 - Mobile outreach program
 - Peer support development
- + Withdrawal Management
- + Workforce Development
- + Call Kay

Substance Use Disorder (SUD) Voucher

During the 64th Legislative Session the Department of Health and Human Services was appropriated funding to administer a voucher system to pay for substance use disorder treatment services. The Department's Behavioral Health Division was assigned the responsibility to develop administrative rules and implement the voucher system.

The SUD Voucher program was established to improve access to quality services and allow for individual choice of providers.



Since its inception in July 2016 approximately 5,800 individuals have received services through the SUD Voucher.

Gender

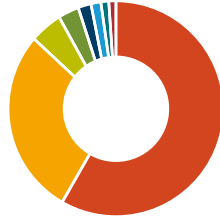


Male - **61%**



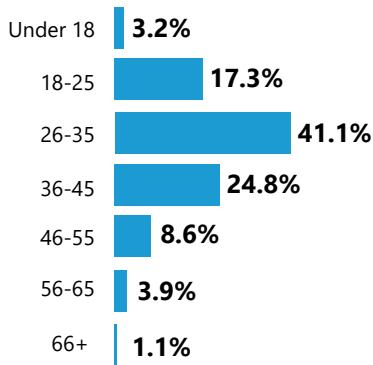
Female - **39%**

Race



- White - **64.7%**
- American Indian - **25.5%**
- African American - **7.4%**
- Hispanic - **5.6%**
- Other - **1.5%**
- Prefer not to answer - **0.9%**
- Asian - **0.4%**
- Native Hawaiian - **0.4%**

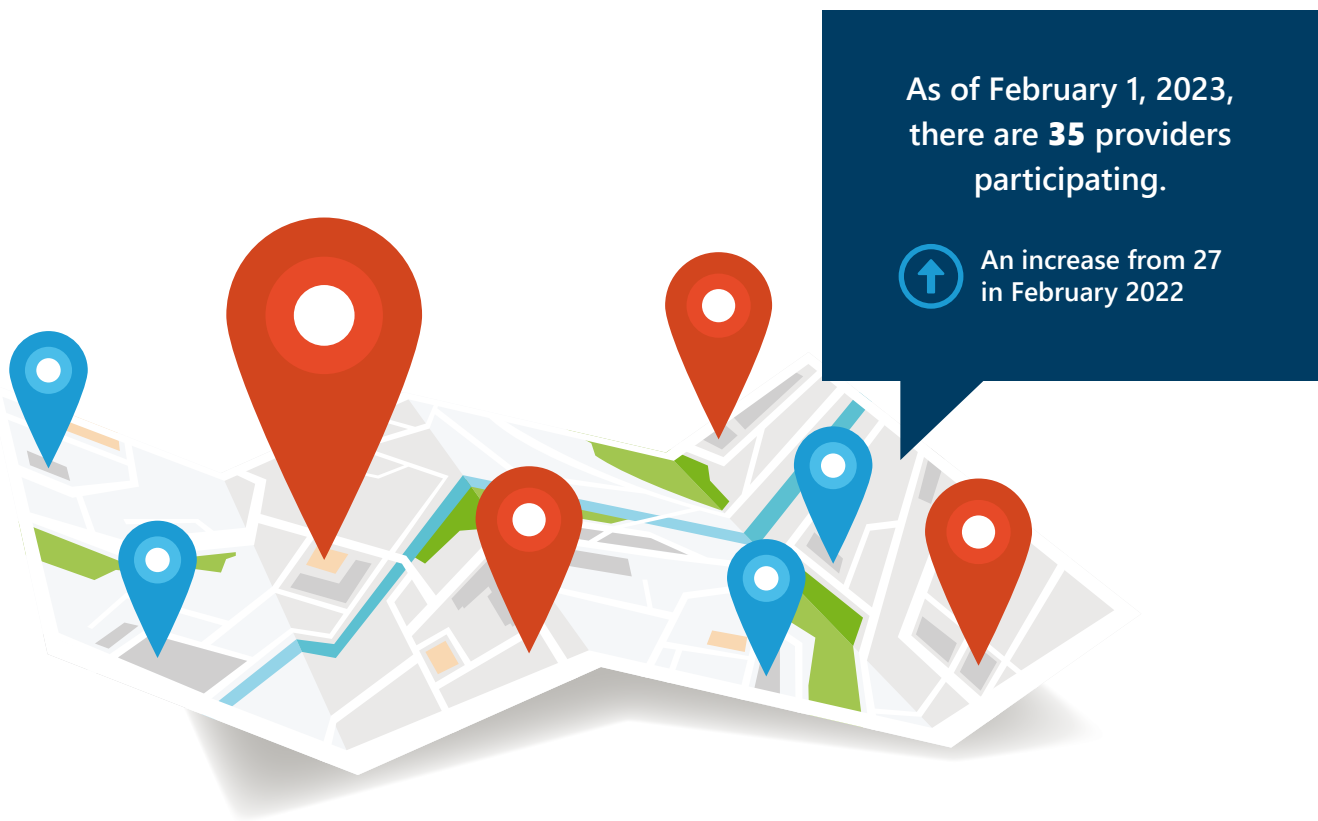
Age



Living Environment

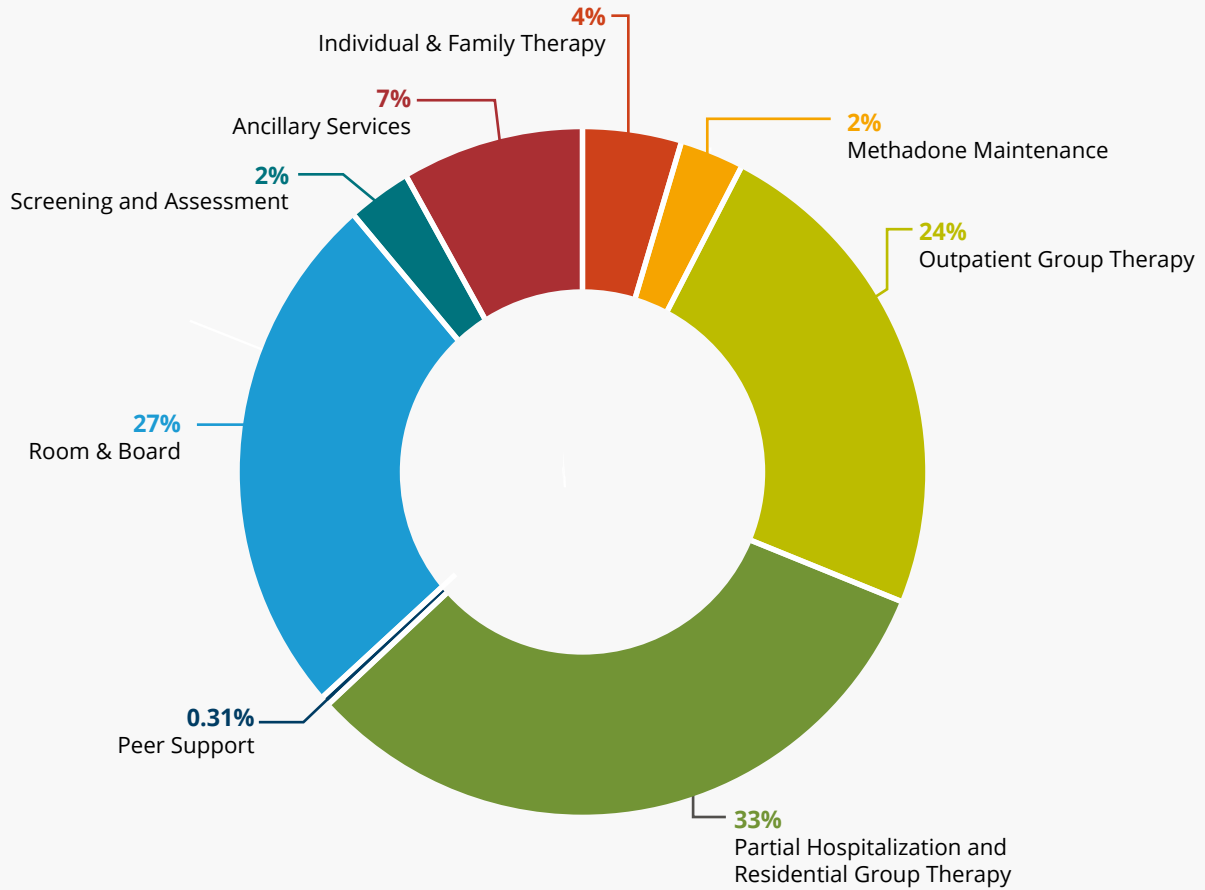


- Independent - **54%**
- Homeless - **28%**
- Dependent - **18%**

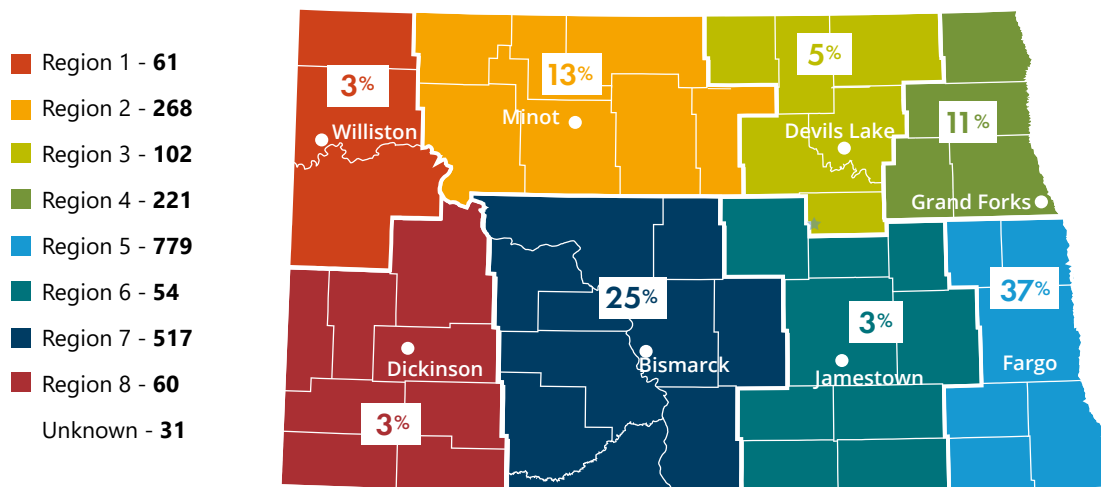


Expenditures by Service Type

Percentage of expenditures by service type from July 1, 2021 through December 31, 2022.



Program Participants By Human Service Center Region



Outcome Measures

Programs utilizing the SUD Voucher are required to assess each individual at the beginning and again when completing services. The outcome measure uses a 5-point rating scale (1 lowest to 5 highest). The outcomes are based on Substance Abuse and Mental Health Services Administration (SAMHSA) identified recovery dimensions.

The following outcomes are for participants who completed services paid for by the SUD Voucher on or after July 1, 2021. n = 747

Since inception, all four outcomes measures increased following services reimbursed through the SUD Voucher program.



PURPOSE

Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).



COMMUNITY

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



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.)



HOME

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



■ Pre ■ Post

Licensing of Substance Use Disorder Treatment Programs

The Department of Health & Human Services, Behavioral Health Division (BHD) is charged establishing quality assurance-standards for the licensure of substance use disorder treatment programs as identified in the North Dakota Century Code 50-06 and North Dakota Century Code 50-31.

- Programs are reviewed every two years for compliance with North Dakota Administrative Code Article 75-09.1.
- Programs are monitored for the health and safety of the clients served.

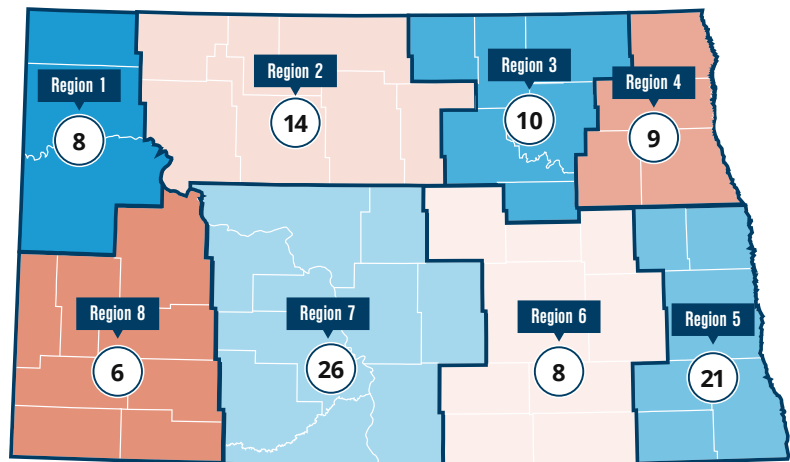


North Dakota has **102** licensed substance use disorder treatment programs (as of December 1, 2022).

Of the 102 Licensed programs:

38 programs are licensed for residential treatment

Number of Licensed Programs by Human Service Center Region



2021



2022



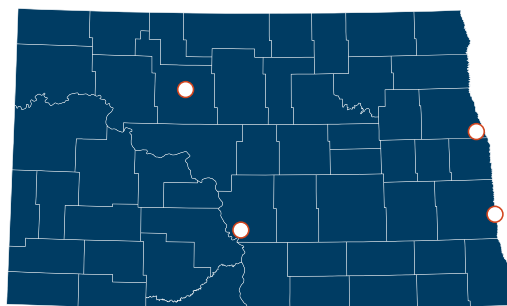
The Department of Health & Human Services, Behavioral Health Division Policy Team is designated as the state opioid treatment authority and charged with ensuring adherence of Opioid Treatment Programs and Medication Units to state and federal regulations as identified in North Dakota Century Code 50-31.

Licensing of Opioid Treatment Programs and Medication Units



- + Opioid Treatment Programs provide medication for opioid use disorder in conjunction with counseling, and supportive services to treat individuals suffering from an opioid use disorder.
- + Medication Units are a satellite of an Opioid Treatment Program that provide remote dispensing of FDA approved medication for opioid use disorder.
- + Programs are reviewed on an annual basis for compliance with North Dakota Administrative Code Article 75-09.1, and applicable federal regulation.
- + Programs are monitored for the health and safety of the clients served and to establish quality assurance-standards for the licensure of programs, services, and facilities.

North Dakota has **4** licensed Opioid Treatment Programs (OTP) in the state

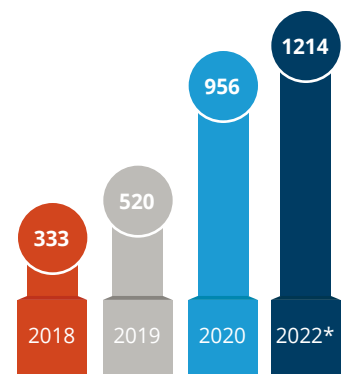


There are currently **828** individuals actively receiving services from an OTP.*

On average individuals travel **15** miles one way to an OTP for their services.*

There are currently **no** licensed Medication Units in the state.

Unique individuals served by OTPs.



*Data as of November 25, 2022

The Recovery Housing Assistance Program (RHAP) provides financial support for individuals in recovery to access Recovery Housing.

Recovery Housing Assistance Program



In 2018, the Human Services Research Institute (HSRI) conducted a comprehensive analysis of the current behavioral health system in North Dakota. Relating specifically to housing, the study identified two recommendations:

- ⊕ Address housing needs alongside behavioral health needs
- ⊕ Promote timely linkage to community-based services following crisis, inpatient, and residential treatment

In consideration of the recommendations for housing outlined in the study, The North Dakota Department of Health and Human Services' Behavioral Health Division received funding during the 66th Legislative Assembly to develop and implement a new Recovery Housing Assistance Program (RHAP). Due to COVID-19, implementation was delayed, and the funding was carried-over to the 2021-2022 biennium. The RHAP program launched in May 2022.

RECOVERY HOUSING PROVIDES

- Substance-free home environment
- Space to focus on continued growth and healing
- 24-hour peer-led support and connection
- Resources to support individual life goals

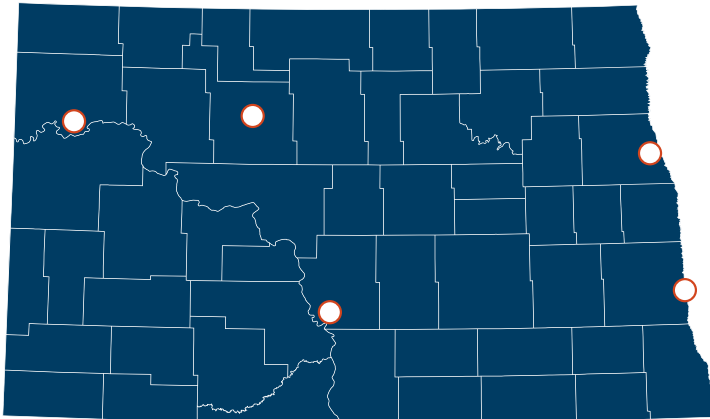
The program pays for up to 12 weeks of an eligible individual's living expenses at an approved Recovery Housing provider.

ELIGIBILITY CRITERIA

- ND Resident and
- Age 18 or older and
- Experiencing a substance use disorder and
- Has not been a participant of the program within the last 365 days and
- One of the following:
 - Currently enrolled in a Department of Health & Human Services Public Assistance Program or
 - Household income is at or below 200% Federal Poverty Guidelines

CURRENT RHAP PROVIDERS

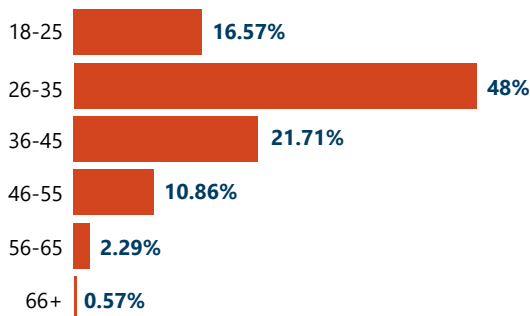
(as of January 5, 2023)



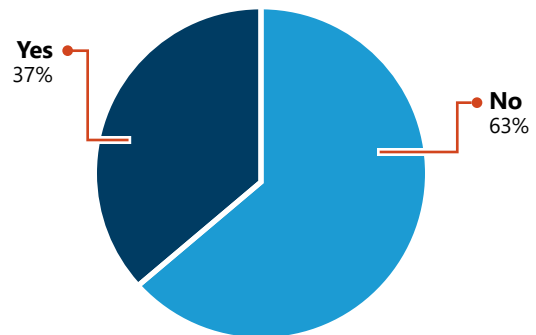
- Minot – 1
- Bismarck/Mandan – 5
- Watford City – 1
- Fargo – 2
- Grand Forks - 1

177 individuals have experienced the Recovery Housing Assistance Program benefits from May through December 2022

Participants by **Age Range**



Participants by **Tribal Affiliation**



69% of participants experienced an improvement in their **employment** status



50% of participants saw an improvement in the impact their **substance use** has on their lives



49% of participants saw an improvement in their **mental health**

BUDGET

2021 – 2023 budget: \$350,000 general fund

Amount spent as of December 5, 2022 (program launched May 2022): \$140,750

The North Dakota Department of Health and Human Services' Behavioral Health Division administers the State Opioid Response (SOR) Grant, funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of this program is to address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders. The current award is for \$4,000,000 from September 30, 2022 through September 29, 2023.

State Opioid Response (SOR) Grant



North Dakota Grant Goals

Goal 1

Prevent opioid and stimulant misuse

Goal 2

Reduce harm related to opioids and stimulants

Goal 3

Improve access to evidence-based treatment

Goal 4

Increase access to recovery support services

Implementation Overview

Statewide Efforts

NDSU School of Pharmacy implements the **ONE program**. The purpose is to equip pharmacists with tools to screen for opioid use disorder, to identify patient needs, and provide counseling and support to assist them in safely using prescribed opioids.

From September 2021 – September 2022:

- 66 pharmacists participated in the ONE Program
- 2,927 screenings completed
- 30% of patients were identified at high risk for accidental opioid overdose
- 998 individuals were informed about naloxone benefits/availability

Statewide Efforts

Department of Corrections and Rehabilitation increasing availability of Medications for Opioid Use Disorder (MOUD).

- From September 2021 – September 2022, 51 individuals received Medications for Opioid Use Disorder (MOUD).

Opioids: Fill with Care campaign implementation:

Every aspect of the opioid crisis requires great care. From understanding the risks and benefits of pain medications to knowing the signs of addiction, to recognizing an overdose and knowing how to help - there are ways all of us can care for each other and ourselves.

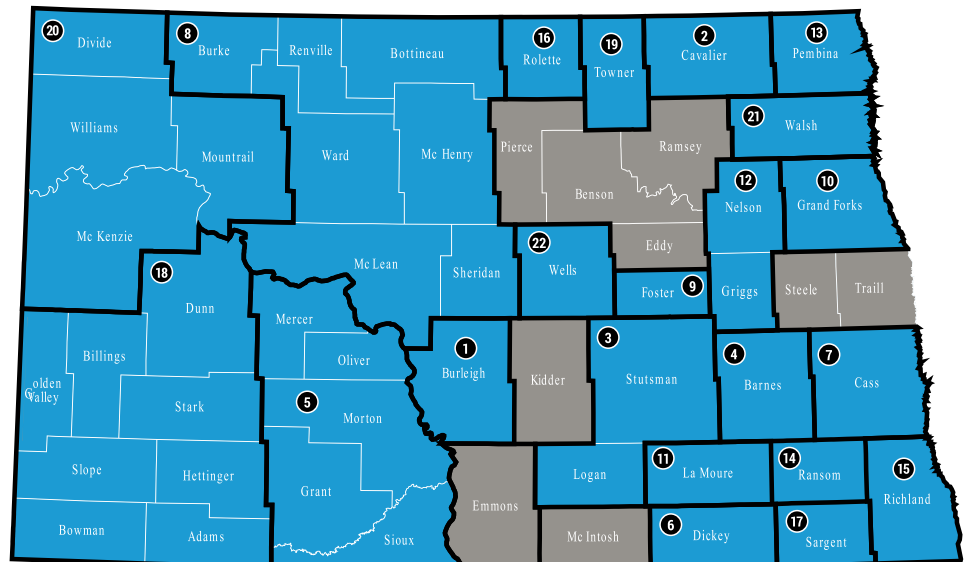
Naloxone purchase and distribution

From September 2021 – September 2022, 15,408 naloxone kits were distributed through both statewide and community efforts.

Community Efforts

The Division is currently in contract with 22 Local Public Health Units and two tribes (Spirit Lake Nation and Standing Rock Sioux Tribe) to support community-level implementation of efforts to address the opioid crisis (September 2022 – September 2023).

- + 15 communities will be preventing opioid and stimulant misuse by increasing awareness of **Parents Lead**
- + 19 communities will be educating about **safe medication disposal** and providing safe medication disposal products (Detera bags and DisposeRX)
- + 14 communities will be **reducing harm** by either operating a Syringe Service Program (SSP), promoting SSP services, or exploring how to start a SSP
- + 16 communities will be improving access to **treatment**
- + 13 communities will be improving access to **recovery** support services



- | | |
|---|---|
| 1. Bismarck-Burleigh Public Health Unit | 12. Nelson-Griggs District Health Unit |
| 2. Cavalier County Health District | 13. Pembina County |
| 3. Central Valley Health District | 14. Ransom County Public Health |
| 4. City-County Health District | 15. Richland County Health Department |
| 5. Custer Health | 16. Rolette County Public Health District |
| 6. Dickey County Health District | 17. Sargent County District Health Unit |
| 7. Fargo Cass Public Health | 18. Southwestern District Health Unit |
| 8. First District Health Unit | 19. Towner County Public Health |
| 9. Foster County Public Health | 20. Upper Missouri District Health Unit |
| 10. Grand Forks Public Health | 21. Walsh County Health Department |
| 11. LaMoure County Public Health Dept. | 22. Wells County District Health Unit |

From September 2021 to September 2022, the Division contracted with 19 Local Public Health Units and 1 Tribe to support community-level implementation of efforts to address the opioid crisis.

From September 2021 – September 2022:

- + There were 948 known successful overdose reversals using naloxone.
- + 2,171 people were trained in overdose education and naloxone.
- + 14,248 safe medication disposal products (DisposeRX and Detera bags) were distributed

The term "gambling disorder" means a chronic, progressive disease that is characterized by a preoccupation with gambling, loss of control over gambling behaviors, and often disregard for the negative consequences as a result of gambling.

Gambling disorder includes gambling behavior that compromises, disrupts or damages personal, family or vocational pursuits.

NDCC 50-06-21 requires the Department of Health & Human Services to contract with a qualified treatment service provider for the development and implementation of a program for gambling prevention, awareness, crisis intervention, financial counseling and gambling disorder treatment.

Gambling Disorder Treatment, Awareness and Prevention

IMPLEMENTATION

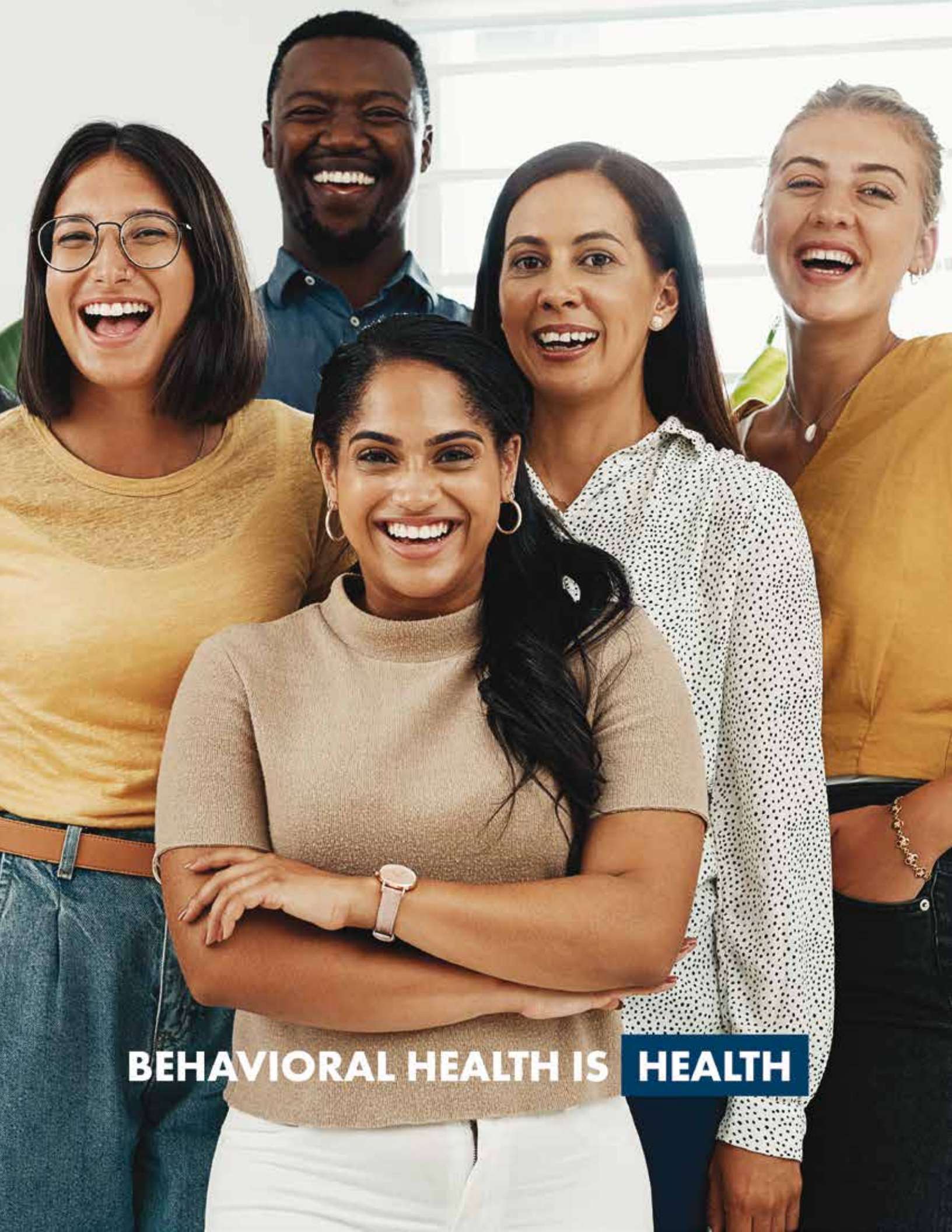
- + Gambling Disorder Treatment Services for individuals with a gambling disorder.
- + Communication efforts (billboards, television ads and bus wraps) to address problem gambling prevention, awareness, crisis intervention and treatment services (www.gamblernd.com).
- + Collaboration with the state's Problem Gambling Advisory Council.

FUNDING (2021-2023 biennium)

- + \$636,000 of lottery funds
- + \$80,000 of charitable gaming funds

STATE FISCAL YEAR OUTCOMES

	2021	2022
ND residents received gambling treatment services	64	75
In-person counseling hours	406	683
Tele-behavioral health hours	331	308
Gambler ND website views	3,447	5,926



BEHAVIORAL HEALTH IS HEALTH



Adult Mental Health

Mental Health Block Grant (MHBG)

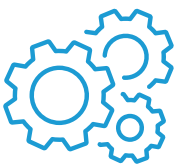
Brain Injury Services

Projects for Assistance in Transition
from Homelessness (PATH) Program

Mental Health Directory

The Substance Abuse and Mental Health Services Administration (SAMSHA) administers the Mental Health Block Grant (MHBG), which makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions to provide community mental health services.

Mental Health Block Grant



Purpose

The purpose of the MHBG is to provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI) and to children with serious emotional disturbances (SED) and to monitor progress in implementing a comprehensive, community-based mental health system.



Funding

The Department of Health and Human Services' Behavioral Health Division Policy Team receives approximately \$1,466,936 per year. As of October 2022, approximately \$73,346 (5%) is allocated to crisis services and \$146,693 (10%) is allocated to First Episode Psychosis (FEP) services.

Targeted Populations

Adults with Serious Mental Illness (SMI)

Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association’s Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits one or more major life activities, such as:

- Basic daily living (eating, dressing, etc.)
- Instrumental living (taking prescribed medications or getting around community)
- Participating in family, school, or workplace

Children with Serious Emotional Disturbance (SED)

Includes persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child’s role or functioning in family, school, or community activities.

Behavioral Health Planning Council

The Behavioral Health Planning Council is responsible for reviewing, monitoring, and evaluating the adequacy of behavioral health services for its state. The council completes duties as specified in the MHBG statute, as well as advises, consults with, and makes recommendations to state mental health authorities and single state authorities regarding their activities.

The majority (51% or more) of a state’s planning council should be comprised of consumers and family members.

Learn more at hhs.nd.gov/ndmhpc

Funded Programs/Services

- ⊕ Consumer Family Network
- ⊕ Peer Support
- ⊕ Workforce Training and Development
- ⊕ Statewide Family Network
- ⊕ Trauma Training and Consultation for Psychiatric Residential Treatment Facilities
- ⊕ Children's Services
- ⊕ First Episode Psychosis
- ⊕ Crisis Services

Brain Injury Services

North Dakota Century Code 50-06.4 established the Department of Health and Human Services as the lead agency in the state for the purpose of coordinating services for individuals who have a brain injury.



What is a brain injury?

Brain Injury encompasses anything that happens to the brain after birth and leading up to but not including degenerative dementia.

- ⊕ Traumatic Brain Injury (TBI) - External events/concussion: assaults, falls, motor vehicle crash, blast injury
- ⊕ Non-Traumatic/Acquired Brain Injury -Internal events: stroke, tumor, anoxia (loss of oxygen to the brain), aneurysm, infections (including COVID-19)

Individuals with brain injuries in North Dakota are eligible to receive services through multiple federal and state programs, including Vocational Rehabilitation, the Extended Services program, 1915(i), Community Connect and Free Through Recovery.

Is it just a concussion?

A concussion is a type of Traumatic Brain Injury (TBI) caused by a bump, blow, or jolt to the head or a hit to the body that causes the head and brain to move rapidly back and forth.

Brain Injury Advisory Council (BIAC)

PURPOSE

To improve the quality of life for all individuals with brain injury and their families through brain injury awareness, prevention, research, education, collaboration, support services, and advocacy.



Brain Injury Initiatives

Pre-Vocational Program

PURPOSE

Intense pre-vocational services for individuals to be successful, improve soft skills, identify future employment goals, and achieve a quality lifestyle they choose.

\$265,714 general fund was allocated in the 2021-23 biennium.

Return to Work Program

PURPOSE

To provide quality services to individuals with a brain injury to achieve competitive employment through effective placement and long-term follow through services in the person's community.

\$265,123 general fund was allocated in the 2021-23 biennium.

North Dakota Brain Injury Network (NDBIN) www.ndbin.org

PURPOSE

NDBIN provides resource facilitation and navigation to individuals who have a brain injury and their families. NDBIN staff also provide community outreach and education, brain injury screening, support groups and social opportunities, peer support, survivor connections and collaboration with public and private agencies.

\$474,719 general fund was allocated in the 2021-23 biennium.
NDBIN is administered by the University of North Dakota.



727 individuals were served from July 2021 - December 2022.



Monthly in-person brain injury support groups are held in Bismarck, Minot, Dickinson, Fargo, Grand Forks and Devils Lake. A brain injury support group is also offered monthly virtually.

Projects for Assistance in Transition from Homelessness (PATH) program

The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 created the Projects for Assistance in Transition from Homelessness (PATH) program. The PATH program is a federal formula grant distributed to each state, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, American Samoa, and the U.S. Virgin Islands.

The PATH Program supports the delivery of outreach and services to individuals who are experiencing homelessness and diagnosed with a serious mental illness. Over 500 providers are involved with the PATH Program nationally. The North Dakota Department of Health & Human Services, Behavioral Health Division, administers the PATH Program with services provided in the regional human service centers.

North Dakota receives \$300,000 annual federal funding for the PATH grant. The state is required to contribute one dollar for every three dollars of federal money received.

North Dakota PATH programs are part of homelessness services provided at the regional human service centers. PATH programs in North Dakota served 283 persons from July 1, 2021 through June 30, 2022.

Eligibility

- + Diagnosed with a serious mental illness; or
- + Diagnosed with a co-occurring serious mental illness and substance use disorder, and
- + Are experiencing homelessness or at imminent risk of homelessness

Services

- + Outreach to locate and provide assistance to those in need of services
- + Assistance with meeting immediate needs such as obtaining food, shelter, clothing, transportation, financial assistance, benefits and services
- + Assistance with applying for and obtaining housing
- + Assistance with obtaining employment
- + Assistance with completing social security applications
- + Referral for mental health assessments and psychological or psychiatric evaluations
- + Referral for addiction services



During the 67th Legislative Assembly, SB 2161 was passed which required the North Dakota Department of Health and Human Services' Behavioral Health Division to develop and administer a Mental Health Program Directory.

The goal of this directory is to assist North Dakota citizens with locating and accessing mental health services.

North Dakota Mental Health Program Directory



For the purpose of this directory, a Mental Health Program is:

- + An agency/organization that provides mental health services by a licensed mental health professional
- + Individually licensed mental health professionals that operate as a sole proprietor (business)

The directory allows users to search for mental health programs by location, population served, type of mental health specialty and intervention. People can also search for programs that offer telehealth services.



The directory is online at hhs.nd.gov/behavioral-health/directory

As of January 30, 2023, **226** mental health programs are registered in the directory.



Mental health programs should register online at hhs.nd.gov/behavioral-health/program-registry.





Community Supports

Peer Support

Free Through Recovery (FTR)

Community Connect

Permanent Supportive Housing

1915(i) Medicaid State Plan
Amendment

Peer Support

A Peer Support Specialist is a person who uses his or her lived experience of recovery from mental illness, substance use and/or brain injury and skills learned in formal training to deliver services to promote mind-body recovery and resiliency.

Peer Support is recognized as an evidence-based practice for the treatment of mental health and substance use challenges which increases the recovery and wellness of both the peer specialist and the person receiving services.



Peer Support is **Effective**

Peer Support compliments and is supplemental to clinical services. The role of a peer support specialist is distinct and does not replace the clinician.

Role of a Peer Support Specialist

- + Provide support and encouragement to achieve goals
- + Assist with connecting to clinical care and community resources
- + Teach skills such as stress management, conflict resolution, and parenting
- + Offer proactive, flexible, and long-term follow-up

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.



Health

Choices that support one's overall well-being.



Home

A safe and stable place to live.



Purpose

Meaningful daily activities, such as a job, school, or volunteering.



Community

Relationships and social networks that provide support, friendship and love.

Training

Since 2018 the Behavioral Health Division has hosted **28 trainings** and trained over **790 individuals**.

Certification

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 outlines the requirements and process for two levels of Peer Support Specialist certification:

- + Certified Peer Support Specialist I (CPSS I)
- + Certified Peer Support Specialist II (CPSS II)

As of December 30, 2022, the Behavioral Health Division has certified:

- + 169 CPSS I
- + 26 CPSS II

Reimbursement

Reimbursement for peer support services is available through:

- + Community Connect
- + Free Through Recovery
- + Substance Use Disorder Voucher
- + 1915(i) Medicaid State Plan Amendment
- + Medicaid Expansion



Free Through Recovery (FTR)

Free Through Recovery (FTR) is a community-based behavioral health program designed to increase access to recovery support services for individuals engaged with the criminal justice system who have a serious behavioral health concern. Free Through Recovery is a partnership between the Department of Health & Human Services and the Department of Corrections and Rehabilitation.

The mission of Free Through Recovery is to improve healthcare outcomes and reduce recidivism by delivering high-quality community behavioral health services linked with effective community supervision. The goals are to improve engagement in quality services and to provide access to individualized services that are responsive to each person's specific needs.



Eligibility

- + Be 18 years of age or older
- + Involved with the criminal justice system and at risk for future criminal justice involvement
- + Have a behavioral health condition such as; bipolar disorder, major depression, psychotic disorders of all types, post-traumatic stress disorder, obsessive compulsive disorder, borderline personality disorder, panic disorder, moderate and severe substance use disorder(s)
- + Display concerns/challenges in areas of daily living (housing, employment, etc.)

Services

Care Coordination

A Care Coordinator assists with support in working towards long and short-term goals.

Recovery Services

Recovery looks different for everyone, a provider can assist with access to individualized resources needed to help lead a healthy and fulfilling life.

Referrals

Individuals can be referred to the program by a parole and probation officer, or if the person is transitioning from prison, through an internal assessment process at the Department of Corrections and Rehabilitation.

Peer Support

A supportive relationship with a peer who has similar lived experience and who serves as an advocate and mentor, offering sound advice and resources.

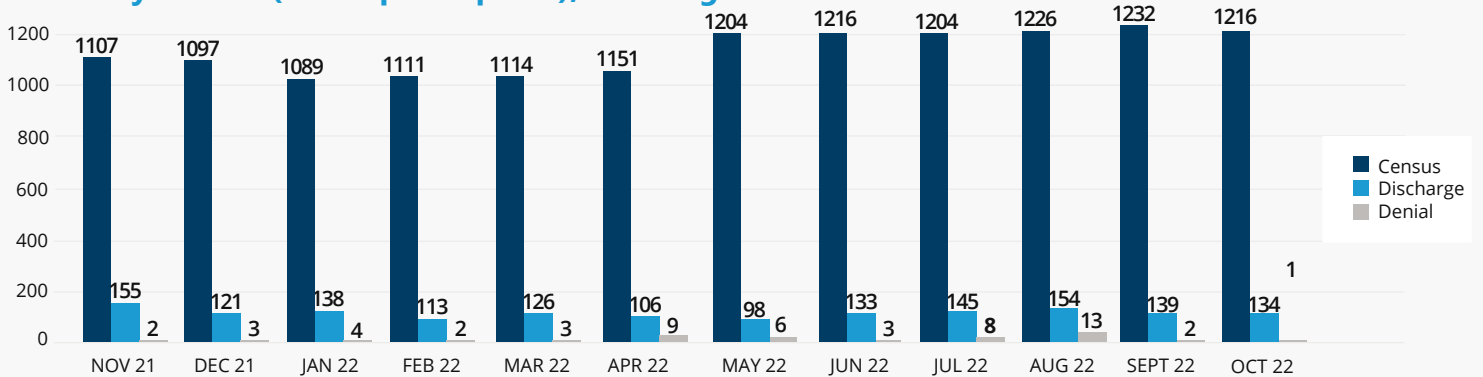
Providers

There are currently **38** providers located throughout the state with the capacity to serve **1,800** participants.

Implementation

Free Through Recovery launched on February 1, 2018. Since then, **4,782** individuals have participated in the program, with **1,247** individuals currently being served (as of October 2022).

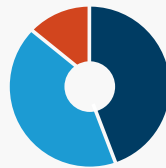
Monthly Census (active participants), Discharges and Denials



Of the 4,782 total participants:

- **42%** have a co-occurring (mental health and substance use) behavioral health need.
- **65%** are male.
- **61%** are between the ages of 31-50 and a third (**28%**) of the individuals are between the ages of 18-30.
- **62%** are white.
- **27%** of participants are Native American.
- **91%** have a moderate-high or high risk of committing new crimes (LSI-R score of 30 or above).

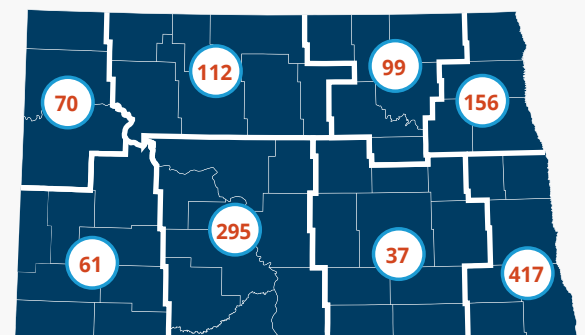
Behavioral Health Needs



- Co-occurring - **42%**
- Substance Use - **48%**
- Mental Health - **10%**

Referrals by Region

Of the 1,247 individuals currently being served (as of October 2022)

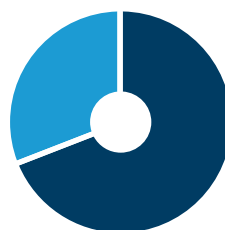


Outcomes

Free Through Recovery providers are reimbursed with a pay for performance model. In addition to monthly base pay, providers can receive performance pay if participants meet at least 3 of 4 outcome metrics (Housing, Employment, Recovery, and Involvement with Law Enforcement).

Overall, from March 2018 through October 2022, **68%** of the time participants achieved 3 of 4 outcomes.

March 2018 - October 2022 Outcomes



- Met 3 or 4 outcomes - **68%**
- Met < 3 outcomes - **32%**

Positive outcomes were achieved by:

- ➕ **75%** of the participants in the housing domain
- ➕ **66%** of the participants in the employment domain
- ➕ **69%** of the participants in the recovery domain
- ➕ **72%** of the participants in the law enforcement domain



CommunityConnect
My Recovery. My Story.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.

Community Connect



Stakeholders in the 2018 HSRI ND Behavioral Health System Study reported that North Dakota's current behavioral health system is "primarily crisis oriented and pays inadequate attention to rehabilitative and community-based services." The study identified a recommended (4.1) to ensure access to needed recovery support services, including providing funds to support the implementation of a "Free Through Recovery" program separate from the criminal justice system. During the 2019 North Dakota legislative session, Senate Bill 2012 passed which created a new section in ND Century Code and provided funding to implement Community Connect.

ELIGIBILITY

- + Be 18 years of age or older
- + Reside in North Dakota
- + Have a mental health or substance use disorder impacting functionality in multiple domains, including housing, employment, parenting, physical health, and/or community connections.

Services

Care Coordination

A care coordinator assists with short and long-term goals, barriers, and provides a source of connection and support.

Peer Support

A peer support specialist is an individual with similar lived experience that offers hope, support, and advocacy.

Recovery Services

Access to services or programs to assist an individual with meeting their needs and goals.

Providers

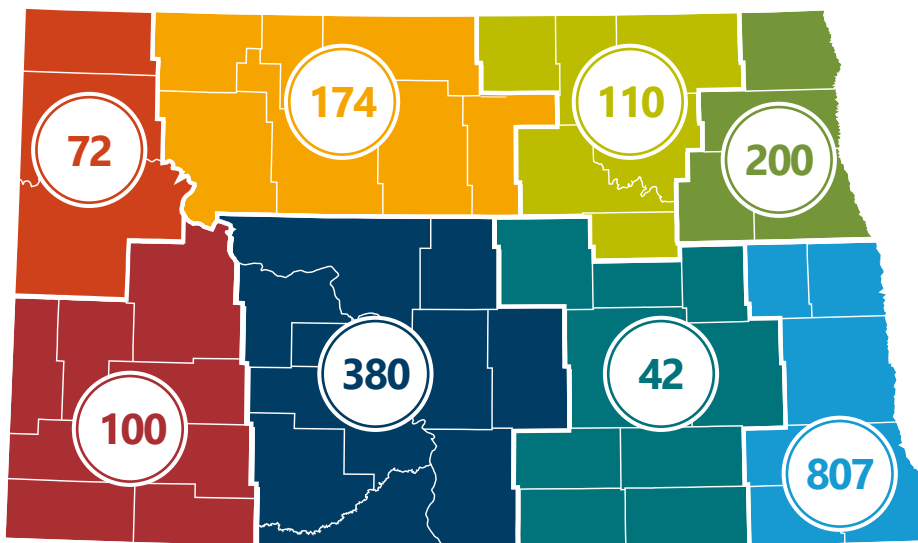
There are currently **46** providers located throughout the state employing over **250** Care Coordinators and **120** Certified Peer Support Specialists.



Participants

The following charts provide a breakdown of all currently active participants within the Community Connect program.

Participant Home Region



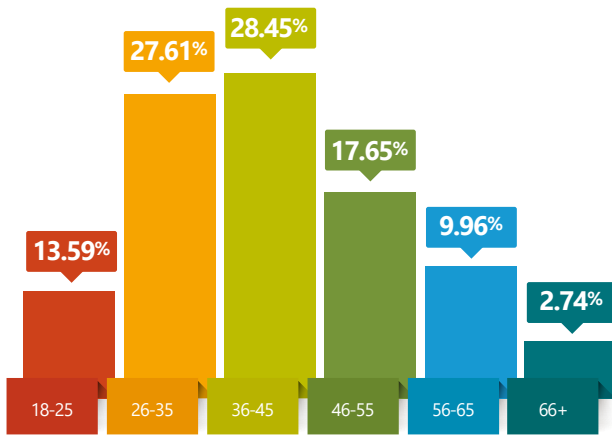
Since program inception in February 2021, the program has served **4,025** participants.

There are currently **1,898** participants within the Community Connect program.

- Region 1 - Williston
- Region 2 - Minot
- Region 3 - Devils Lake
- Region 4 - Grand Forks
- Region 5 - Fargo
- Region 6 - Jamestown
- Region 7 - Bismarck
- Region 8 - Dickinson

Age Range

53% of participants are between the ages of 26-45



48%

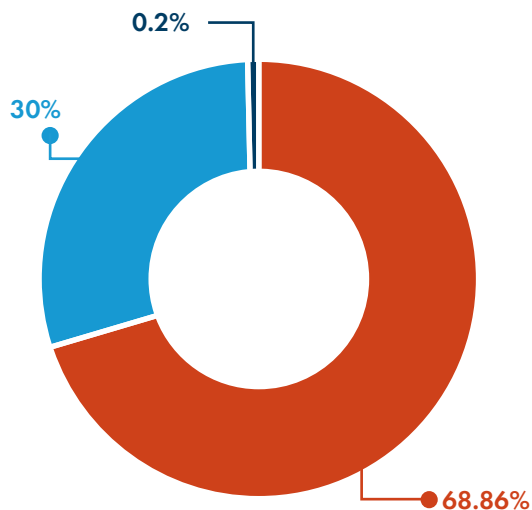


Living Status

At the time of their application for eligibility, **48%** of program participants indicate they are homeless

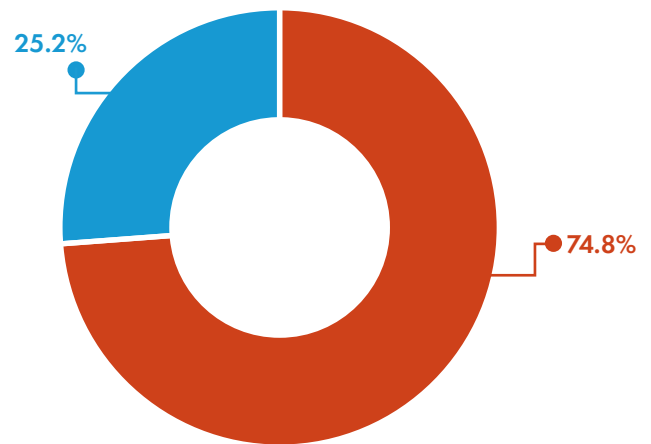
Parent/Caregiver

30% of program participants report they are a parent or caregiver



Tribal

25.2% of applicants report they are enrolled in a ND tribe



Peer Support Engagement

Peer Support Specialists bring hope by sharing their experiences and promoting a sense of belonging. A Peer Support Specialist is an individual who uses their lived experience and skills learned through formal training to deliver services to promote mind-body recovery and resiliency.

1 in 6 Community Connect participants are actively engaging with a Certified Peer Support Specialist.

Outcomes

The Community Connect program utilizes a pay-for-outcomes model. Outcomes in the domains of criminal justice, employment/financial, housing, and recovery are gathered monthly.

Of participants actively engaged in services:



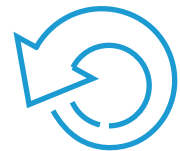
96% of participants are actively addressing their housing needs.



92% of participants are actively addressing their employment/financial needs.



92% of participants have had no negative contact with law enforcement.



93% of participants are actively addressing their recovery needs.

Needs and Progress

Upon intake and at least every 6 months information is collected from program participants around their self-reported wellbeing in multiple domains. At 6 months, **83% of program participants self-report improvement** in these domains, which include housing stability, employment/financial stability, physical health, community connections, parenting, use of emergency services, and feelings of worry or anxiety in their daily life.



Permanent Supportive Housing

During the 2021 legislative session, the North Dakota Department of Health & Human Services' Behavioral Health Division was directed to develop a methodology to distribute funds to qualified entities that:

- + utilize best practices for permanent supportive housing,
- + provide recovery-oriented and person-centered services, and
- + submit process and outcome measures to the department.



Current Contracts 2021-23 biennium

PRAIRIE HARVEST MENTAL HEALTH

- > Stern Place: 9 units
- > Harvest Homes: 12 units

GRAND FORKS HOUSING AUTHORITY

- > La Grave on First: 42 units

FARGO HOUSING

- > Cooper House: 42 units

BURLEIGH CO HOUSING

- > Edwinton: 40 units

- + **174** tenants supported (7/1/2022 - 12/14/2022)
- + **100%** of tenants have either a substance use disorder or mental health condition and were considered chronically homeless at the time of admission
- + Less than **20%** of tenants move, of the tenants that move, **56%** leave for other permanent housing.

What is **Permanent Supportive Housing**?

Permanent: tenants must meet the basic obligations of their lease agreement. Housing is affordable and costs no more than 30% of income.

Supportive: tenants have access to support services that they need and want to retain housing. Services must be individualized to meet the unique needs of each tenant.

Housing: tenants have a private, independent and secure place to make their home. Housing is integrated into the community.

What are the pillars of supportive services?



Community-based:

tenants are offered services integrated in the community



Navigation:

assist tenants in navigating issues and choices related to their ability to remain housed



Choice:

tenants have choices and the supportive services are voluntary, the tenant cannot be evicted for rejecting services



Independent living skills:

this type of support is crucial to help tenants with limited skills learn to meet their tenancy obligations



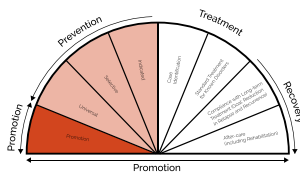
Behavioral health services: includes mental health and substance use

Medicaid 1915(i) State Plan Amendment

During the 2019 legislative session, North Dakota lawmakers authorized the Department of Health & Human Services to create a Medicaid 1915(i) State Plan Amendment. The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.



Based on the 2018 HSRI ND Behavioral Health System Study, three keys to reforming North Dakota's behavioral health system were identified:



Support the full continuum of care



Increase community-based services



Prevent criminal justice involvement for individuals with a behavioral health conditions

The implementation of the Medicaid 1915(i) State Plan Amendment supports these keys and also aligns with the 2018 HSRI ND Behavioral Health System Study recommendation 12.2: Pursue 1915(i) Medicaid state plan amendments.

Benefits Of 1915(i)



Consumers

Services available closer to home and are specifically targeted to need



Behavioral Health Professionals

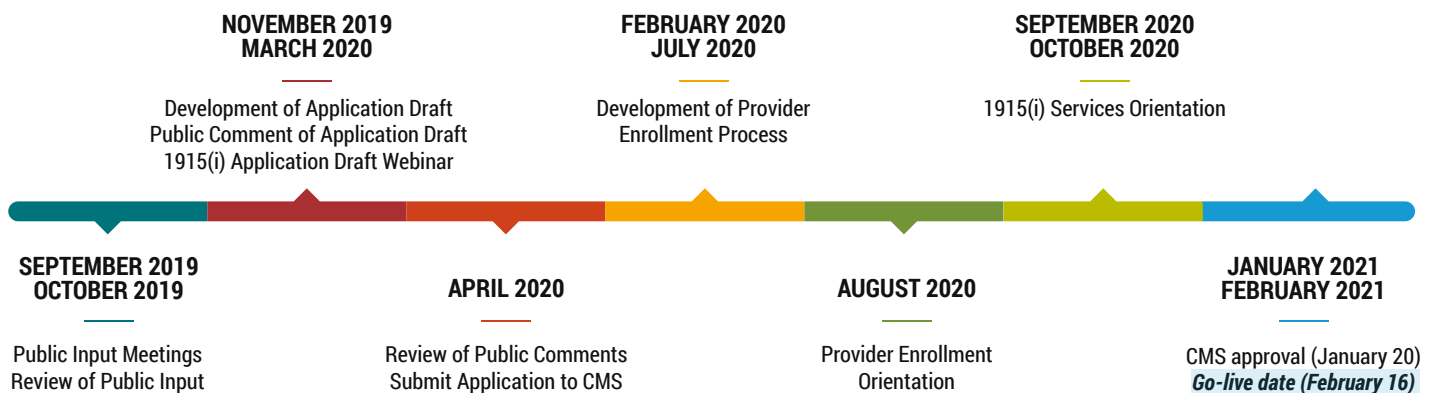
Opportunities to expand workforce through non-traditional behavioral health providers and improve access in rural areas through an expanded workforce



Private Providers

Opportunities to bill for new services, expanding services and increasing revenue

Timeline



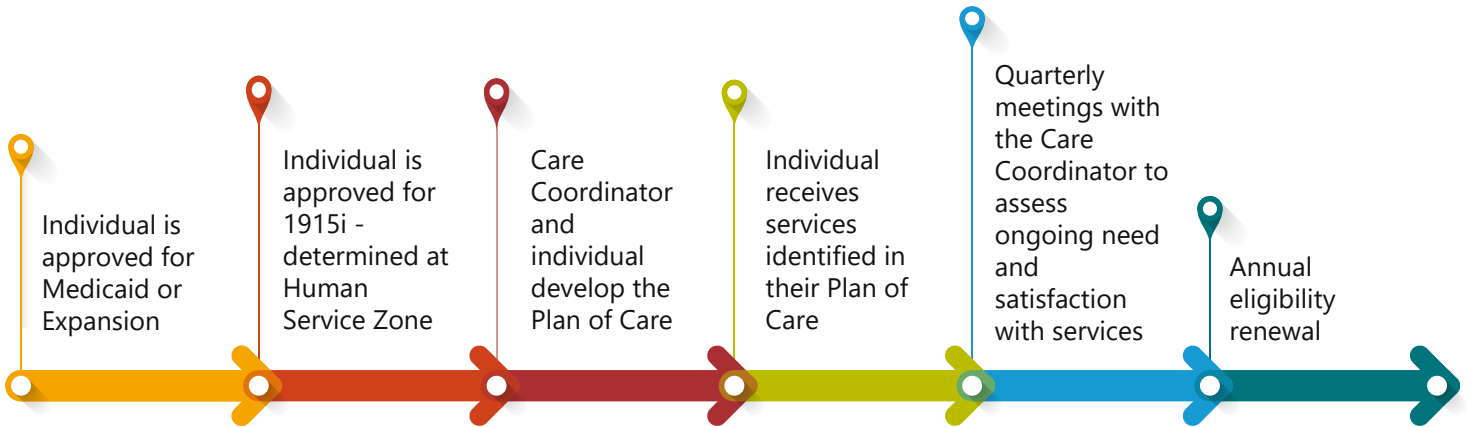
Eligible Individuals meet the following criteria:

- Age 0+; and
- Currently enrolled in ND Medicaid or Medicaid Expansion; and
- Household income at or below 150% of the Federal Poverty Level; and
- Receive a World Health Organization Disability Assessment Schedule (WHODAS) score of 25 or above; and
- Reside in and will receive services in a setting meeting the federal home and community-based setting requirements, and
- Have a qualifying Substance Use Disorder, Mental Illness or Brain Injury diagnosis.

The following services are approved through the 1915(i):

- Care Coordination
- Training and Supports for Caregivers
- Community Transition Services
- Benefits Planning
- Non-Medical Transportation
- Respite
- Prevocational Training
- Supported Education
- Supported Employment
- Housing Support Services
- Peer Support
- Family Peer Support

What is the process for receiving services under the 1915(i)?

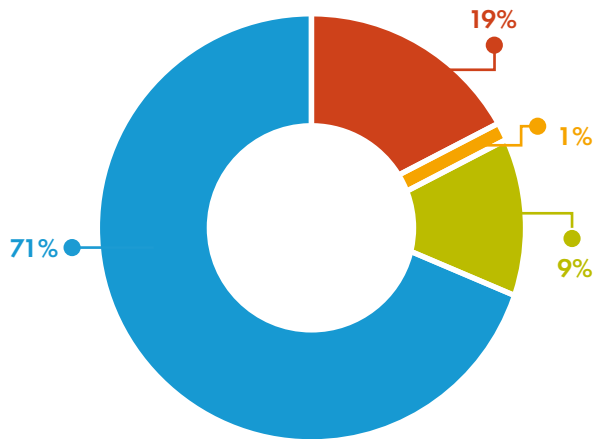


AS OF DECEMBER 1, 2022

+ 130 enrolled individual providers

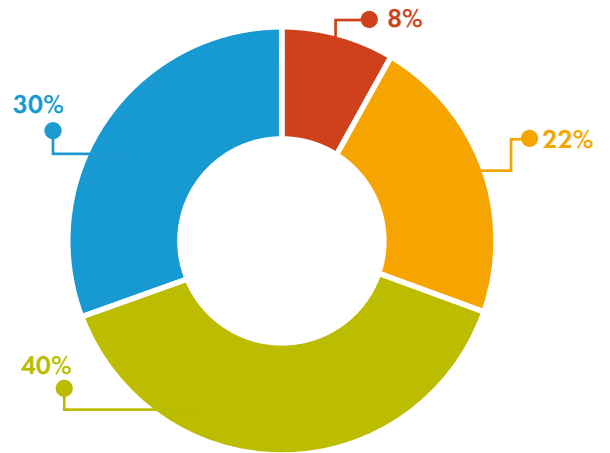
+ 236 enrolled individual participants

Participants by Race



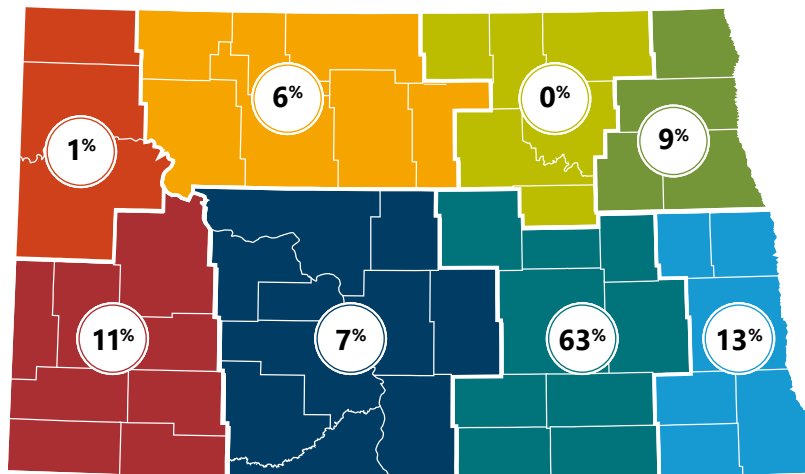
- American Indian/Alaskan Native
- Asian
- Black/African American
- White

Participants by Age



- Under 18
- 18-29
- 30-49
- 50-69
- 70+

Participants by Region



- Region 1 = 1%
- Region 2 = 6%
- Region 3 = 0%
- Region 4 = 9%
- Region 5 = 13%
- Region 6 = 63%
- Region 7 = 7%
- Region 8 = 11%

NORTH
Dakota | Behavioral Health
Be Legendary. HEALTH & HUMAN SERVICES

behavioralhealth.nd.gov