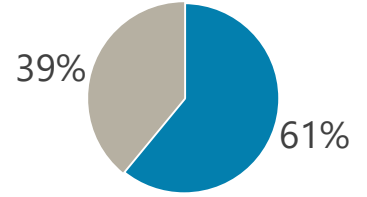


Northwest Human Service Center (NWHSC) provides services to individuals who live in Divide, Williams, and McKenzie counties. This region is comprised of 54,491 residents (7% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

15,915 Services Provided to **864** Adult Clients

39% of adult clients have dual disorder or mental health & substance abuse. 61% have mental health diagnosis only.

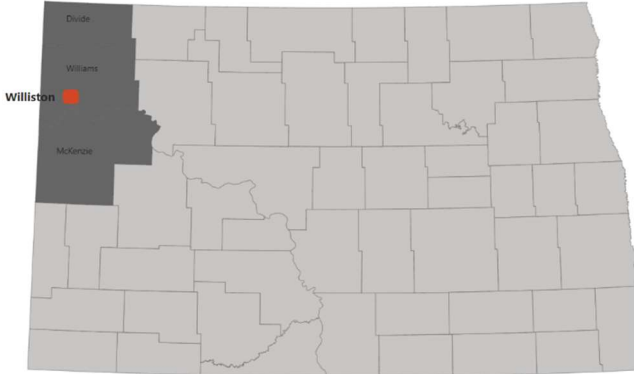


93% Youth served have Serious Emotional Disturbance Disorder. NWHSC served **180** youth & families.

Regional Overview for House Appropriations

Northwest Human Service Center

Data: July 2021 – December 2022



Assessment Services

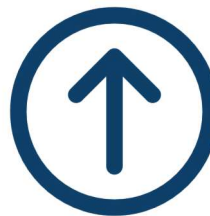
741 individuals were triaged and screened. **346** met need for full assessment



- Referred to HSC
- Referred to NDSH
- Other
- Referred to CRU
- Referred to Safety Planning
- ER
- Referred to Community Treatment
- Withdrawal Management

80% of individuals were referred to receive services at NWHSC following triage & assessment.

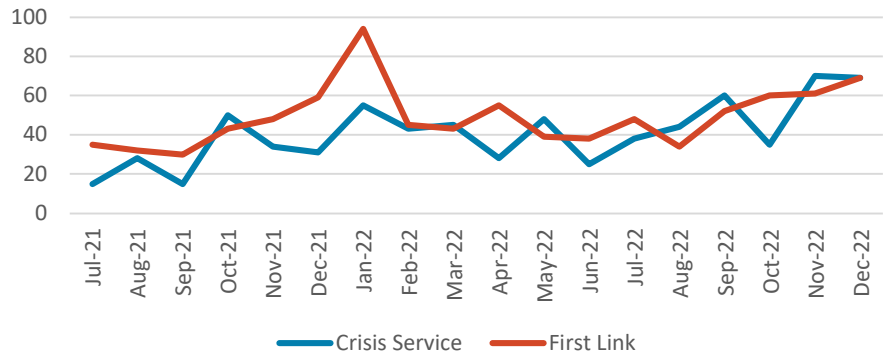
Increasing Service Needs



Services to jails & crisis services have been increasing.

Crisis Services

885 crisis calls to call center
 149 mobile crisis response
 733 crisis services provided by NWHSC
 53 admissions to Northwest Crisis Residential facility



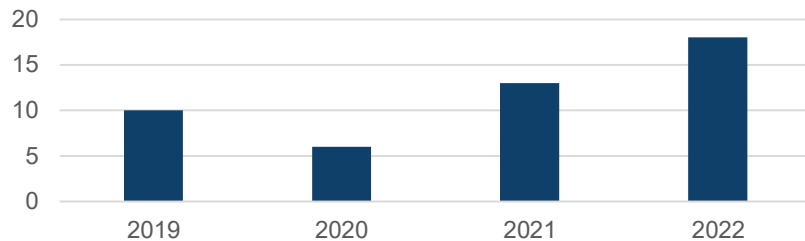
Workforce

The number of resignations has drastically increased in the last few years. There were 18 resignations alone in 2022, resulting in 51% of the FTE workforce. Of the 53 exit interview surveys collected between 2018-2022, 51% left for the private sector.

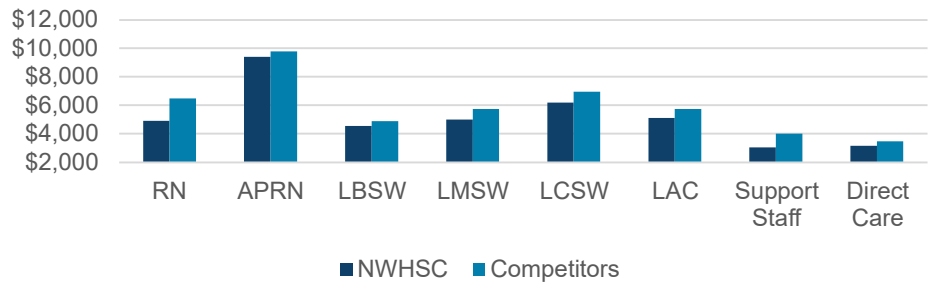
There have been improved recruitment efforts, but retention remains problematic due to lower salaries. Multiple oil companies in the region provide housing stipend in addition to salaries, from \$500 to \$2,000 a month.

| 21-23 Authorized FTE Base | 21-23 Requested Additional FTE | 21-23 Requested Based FTE | # Vacancies from base (3/1/2023) |
|---------------------------|--------------------------------|---------------------------|----------------------------------|
| 35.05 | 4.0 | 39.05 | 10.75 |

Number of Resignations



Comparison of Avg. Monthly Pay to Community Private Sector



NWHSC Successes & Challenges

Near fully staffed crisis team to provide 24 hour crisis responsive service

- Working on RFP for crisis residential unit. Utilizing NCHSC or BLHSC in the meantime
- Ride-alongs with law enforcement building trust in staff
- Ongoing collaboration with hospital emergency department

Strong Private Sector

- Williams County Behavioral Health grant has afforded many of our former staff to move to the private sector to continue providing service
- Healthy working relationships among private and public providers to minimize duplication of services
- Clients do not leave triage without an appointment in the community

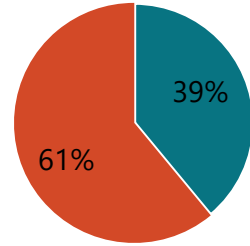
Staffing Challenges

- Imminent risk and crisis services are a priority
- Unable to provide full realm of team-based care until fully staffed
- Building culture from bottom up
- Unified staff working as a team to assure all clients have needs met

North Central Human Service Center (NCHSC) provides services to individuals who live in Bottineau, Burke, McHenry, Mountrail, Pierce, Renville & Ward counties. This region is comprised of 98,663 residents (13% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

47,768 Services Provided to **1,898** Adult Clients

61% of adult clients have dual disorder or mental health & substance abuse. 39% have mental health diagnosis only.

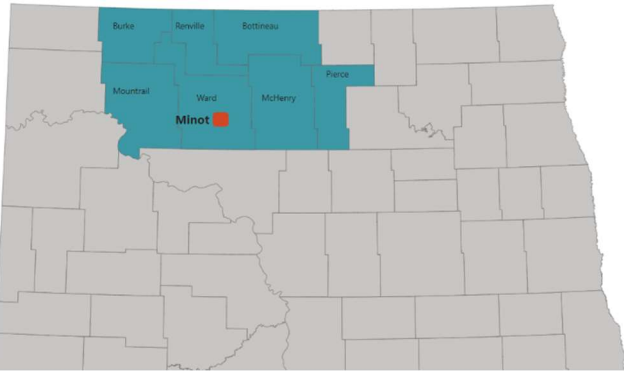


91% Youth served have Serious Emotional Disturbance Disorder.
NCHSC served **305** youth & families.

Regional Overview for House Appropriations

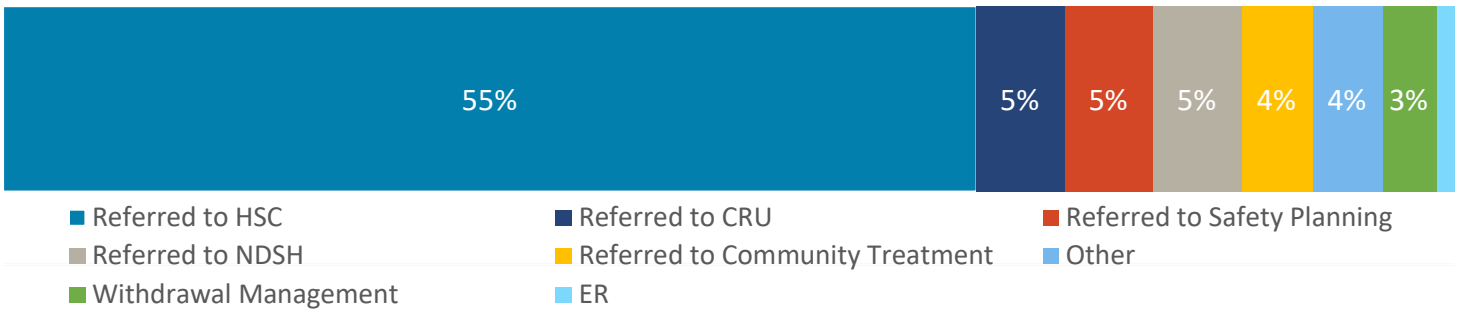
North Central Human Service Center

Data: July 2021 – December 2022



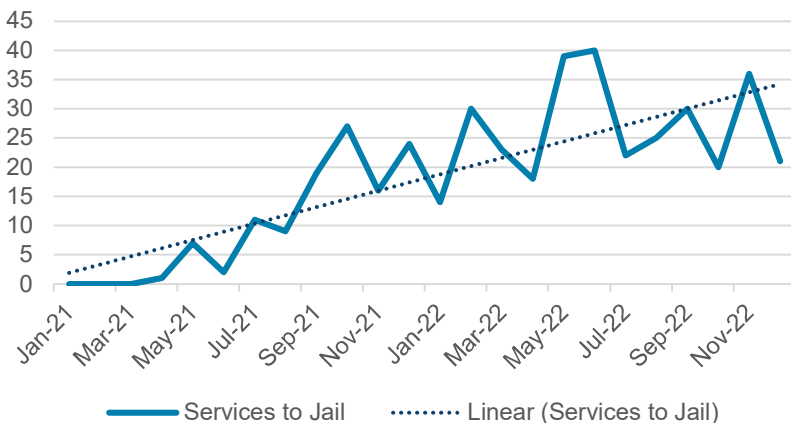
Assessment Services

1,649 individuals were triaged and screened. 838 met need for full assessment.



55% of individuals were referred to receive services at NCHSC following triage & assessment.

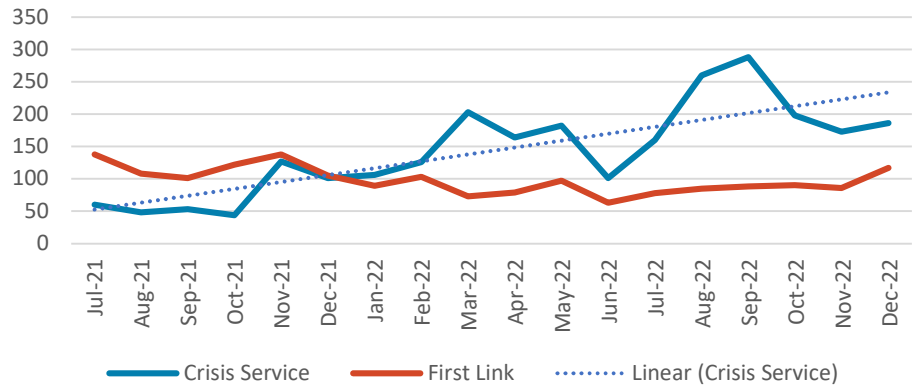
Increasing Service Needs



Services to jails & crisis services have been increasing

Crisis Services

- 1,760 crisis calls to call center
- 1,032 mobile crisis response
- 2,580 crisis services provided by NCHSC
- 111 admissions to North Central Crisis Residential facility



Workforce

| 21-23 Authorized FTE Base | 21-23 Requested Additional FTE | 21-23 Requested Based FTE | # Vacancies from base (3/1/2023) |
|---------------------------|--------------------------------|---------------------------|----------------------------------|
| 93.7 | 3.5 | 97.2 | 14 |

NCHSC had a 44% turnover rate over the 21-23 biennium.

- Large discrepancy between private industry pay and state wages
- Shift to consumers with higher level of need and higher risk
- Shift from traditional office-based services to community-based services

Over the biennium, 8 students have been in internships/practicums with NCHSC. Four current staff are in school for licensed disciplines as a “grow our own” efforts for recruitment.

Retained 3 highly qualified Psychologists throughout biennium despite shortages in other regions

- Specialized Training in assessment of Autism Spectrum Disorder

NCHSC Successes & Challenges

Dedicated Staff

- Staff are flexible and resilient
- Committed to meeting client needs, often putting themselves at risk
- Have seen a recent increase in staffing & applications

Community Supports

- Key partnerships with Minot Police Department, Trinity Health, Minot Public School
- Community Coordinating Meeting held monthly to increase communication and collaboration across the region
- Prevention Meeting with Community Youth Agencies to increase collaboration for high-risk youth and families

Staff Safety

- Staff encounter ongoing verbal threats, harassment, physical harm and death threats during outreach.
- Staff are sent in pairs to locations with known safety concerns
- Staff encounter consumers with active self-harm, substance use, and aggressive behaviors

Regional Overview for House Appropriations

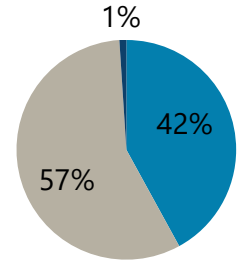
Lake Region Human Service Center

Data: July 2021 – December 2022

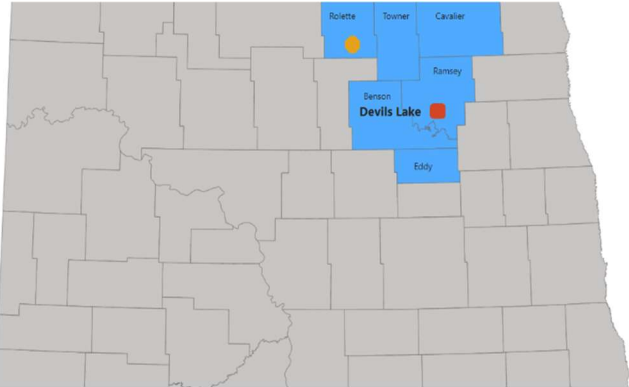
Lake Region Human Service Center (LRHSC) provides services to individuals who live in Benson, Cavalier, Eddy, Ramsey, Rolette, and Towner counties, including Spirit Lake Nation and Turtle Mountain Band of Chippewa. This region is comprised of 37,568 residents (5% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

21,021 Services Provided to 1,419 Adult Clients

57% of adult clients have dual disorder or mental health and substance abuse. 42% have mental health diagnosis only and 1% have substance use disorder only.

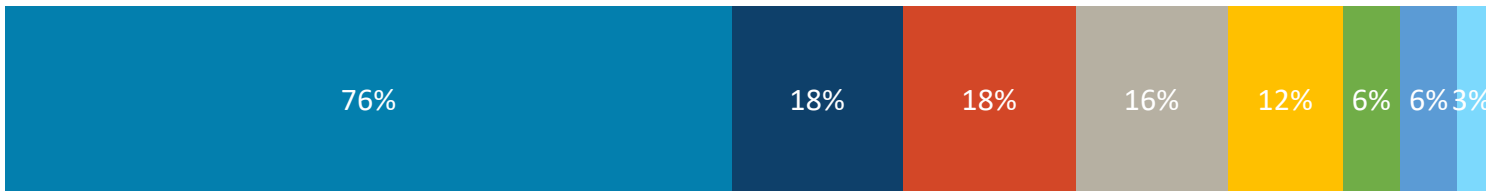


84% Youth served have Serious Emotional Disturbance Disorder.
LRHSC served **260** youth and families.



Assessment Services

2,116 individuals were triaged and screened. 687 met need for full assessment.

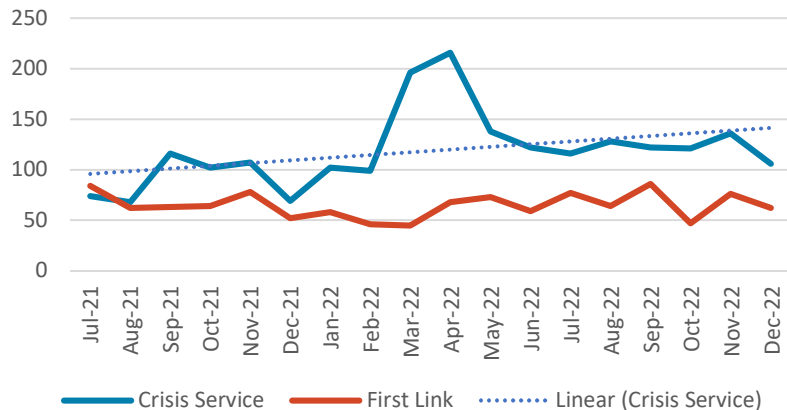


- Referred to HSC
- Referred to Safety Planning
- Referred to Community Treatment
- Referred to CRU
- Other
- Withdrawal Management
- ER
- Referred to NDSH

76% of individuals were referred to receive services at LRHSC following triage and assessment.

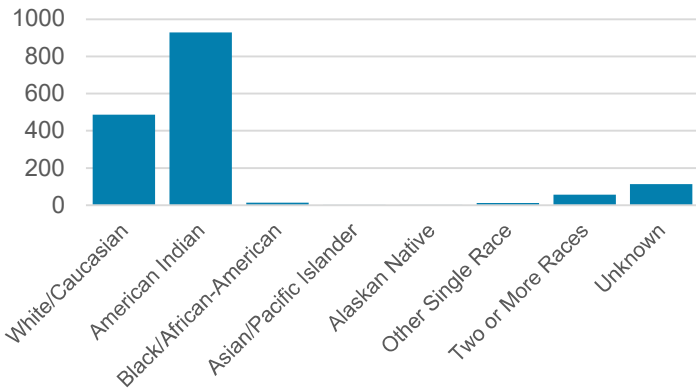
Crisis Services

1,164 crisis calls to call center
858 mobile crisis response
2,138 crisis services provided by LRHSC
247 admissions to Lake Region Crisis Residential facility

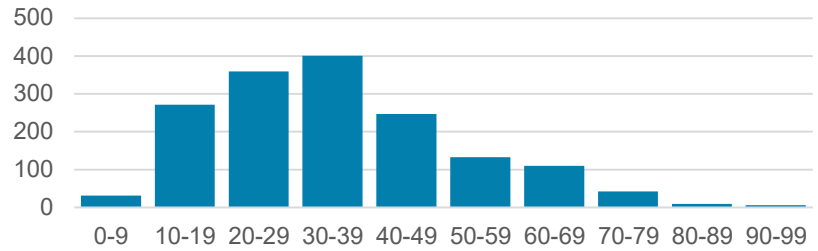


Demographics of Who We Serve

Race



Age Distribution



Workforce

| 21-23 Authorized FTE Base | 23-25 Requested Additional FTE | 23-25 Requested Base FTE | # Vacancies from base (3/1/2023) |
|---------------------------------|--------------------------------------|--------------------------------|--|
| 44.5 | 2 | 46.5 | 6 |

System of Care

ND was one of 6 states awarded \$3 million per year for up to 4 years for System of Care (SOC) Grant through SAMSHA. LRHSC was one of two regions in ND selected to utilize the funding to build and expand behavioral health services and supports for youth with serious emotional disturbances and their families.

SOC is a spectrum of effective, community-based services and supports for children and youth with serious emotional disturbances that is organized into a coordinated network, builds meaningful partnerships with families and youth, and addresses their cultural and linguistic needs, in order to help them function better at home, school, in the community and throughout life.

The implementation of SOC requires interagency partnerships with publicly funded services, private agencies, tribal services, school and educational services, social and child welfare agencies, juvenile justice services, health services, youth and family advocacy organizations, and the youth and families most impacted.

LRHSC Successes & Challenges

Successes

- Outreach to multiple schools in the region and creativity about how to access resources with limited availability.
- Longevity in leadership, availability of an active Outreach Office in Rolette County, and fully staffed Crisis Services Team.

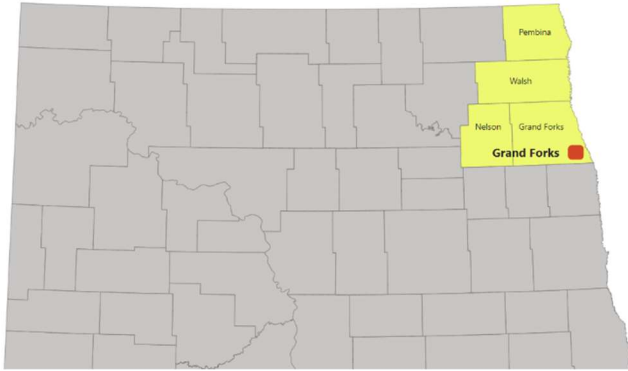
Staffing Challenges

- Vacancies/turnover/burnout due to very difficult work
- No addiction counselors on site in the Devils Lake office, limited services are covered by Rolla staff.
- No clinicians on site in the Rolla office, limited services are covered by Devils Lake staff.
- A significant amount of time is spent on travel due to extremely rural region, leaving staff unavailable to provide services during those travel times.

Regional Overview for House Appropriations

Northeast Human Service Center

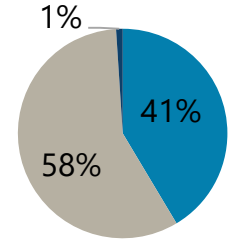
Data: July 2021 – December 2022



Northeast Human Service Center (NEHSC) provides services to individuals who live in Grand Forks, Walsh, Pembina & Nelson counties. This region is comprised of 92,995 residents (12% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

34,441 Services Provided to **1,561** Adult Clients

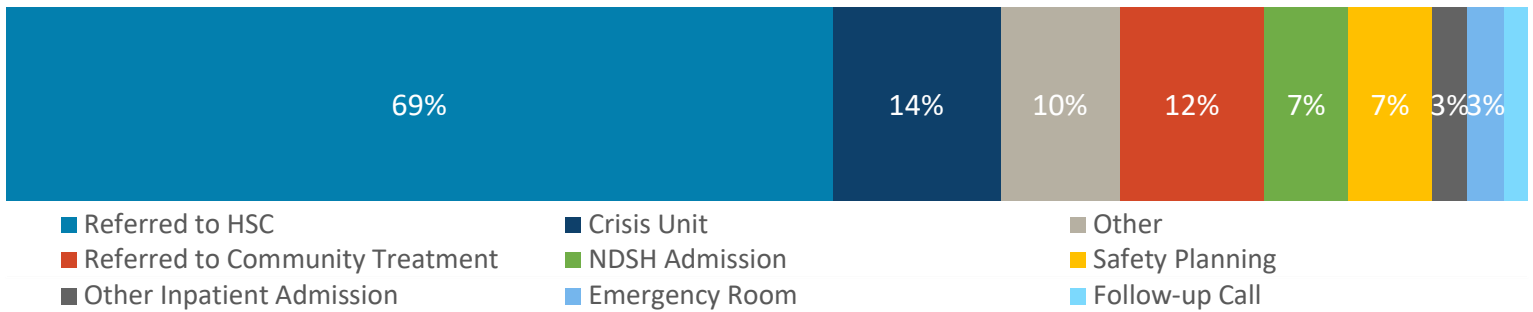
58% of adult clients have dual disorder or mental health & substance abuse. 41% have mental health diagnosis only and 1% have substance use disorder only.



96% Youth served have Serious Emotional Disturbance Disorder. NEHSC served **221** youth & families.

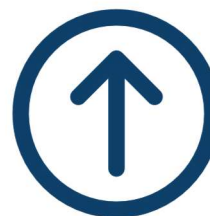
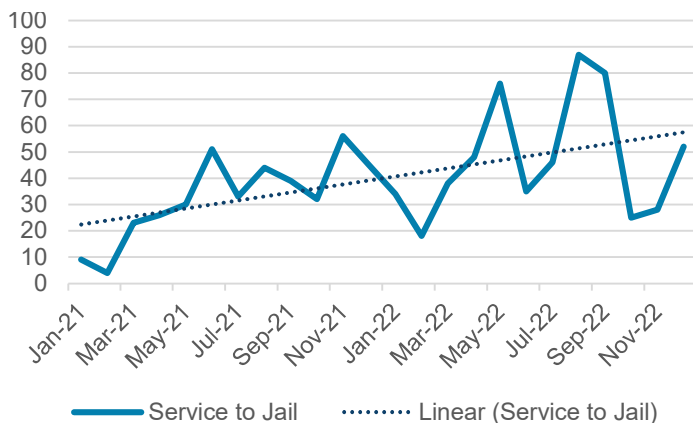
Assessment Services

1,649 individuals were triaged and screened. 838 met need for full assessment.



69% of individuals were referred to receive services at NEHSC following triage & assessment.

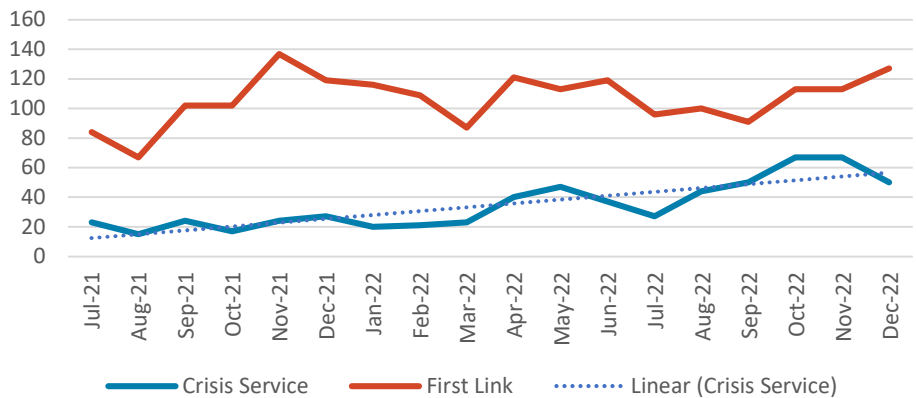
Increasing Service Needs



Services to jails & crisis services have been increasing

Crisis Services

1,916 crisis calls to call center
 158 mobile crisis response
 623 crisis services provided by NEHSC
 166 admissions to Northeast Crisis Residential facility



Workforce

| 21-23 Authorized FTE Base | 21-23 Requested Additional FTE | 21-23 Requested Based FTE | # Vacancies from base (3/1/2023) |
|---------------------------|--------------------------------|---------------------------|----------------------------------|
| 105.1 | 6.0 | 111.1 | 24.1 |

Ruther Meier Adolescent Center (RMAC)

The Ruth Meier Adolescent Center (RMAC) is a Psychiatric Residential Treatment Facility (PRTF) that provides residential services to youths aged 12-18.

The program can have up to 10 youth, but due to workforce issues, it has been operating at only 20-30% capacity. Workforce issues have resulted in RMAC reducing youth admits, negatively impacting NEHSC revenue over the past biennium.

In 2021, the hourly rate for Direct Care Associates was increased from \$18 to \$20 per hour, yet still have workforce challenges. NEHSC is working with the Department of Human Service Talent Acquisition team to recruit both clinical & direct care staff. Youth clinicians are a small pool and RMAC has lost 2 mental health clinicians to the private sector for higher pay. RMAC is contracting with a private provider who comes to provide therapy for youth.

RMAC has been operating at the bare minimum of direct care staffing while continuing to adhere to both ND Administrative code & Accreditation standards. As of 3/10 RMAC has open full-time Direct Care Associate Supervisor & Direct Care Associated (DCA) positions, an open 0.8 FTE DCA position, and 6 unfilled temporary DCA positions.

NEHSC Successes & Challenges

Rural Services

- Grafton satellite office providing outreach to rural areas
- Park River established telehealth areas to connect with NEHSC Crisis Services

Coordinating Criminal Justice, Mental Health Care & Courts

- Dr. Rose Julius, medical director at NEHSC, & Judge Brad Cruff, Richland County Judge, represented ND for national train-the-trainer event on addressing individuals with behavioral health needs in the justice system.
- Will use their training to train other district judges in ND.

Crisis Services

- NEHSC has one on-call staff for the entire region for weekday nights and weekends.
- Rural providers have expressed frustration about lack of options for inpatient psychiatric care & access to timely emergency behavioral health services.
- Crisis Residential Unit is understaffed and can only access 5 of the 15 beds at this time.
- St, Stand, Stay is not fully developed, limiting rural providers options to decrease ER visits & time in the ER.

Regional Overview for House Appropriations

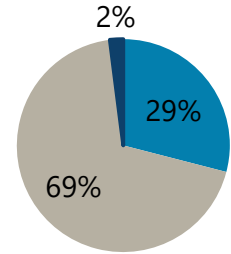
Southeast Human Service Center

Data: July 2021 – December 2022

Southeast Human Service Center (SEHSC) provides services to individuals who live in Traill, Cass, Ransom, Sargent, Steele & Richland counties. This region is comprised of 222,439 residents (29% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

86,127 Services Provided to **2,890** Adult Clients

69% of adult clients have dual disorder or mental health & substance abuse. 29% have mental health diagnosis only and 2% have substance use disorder only.

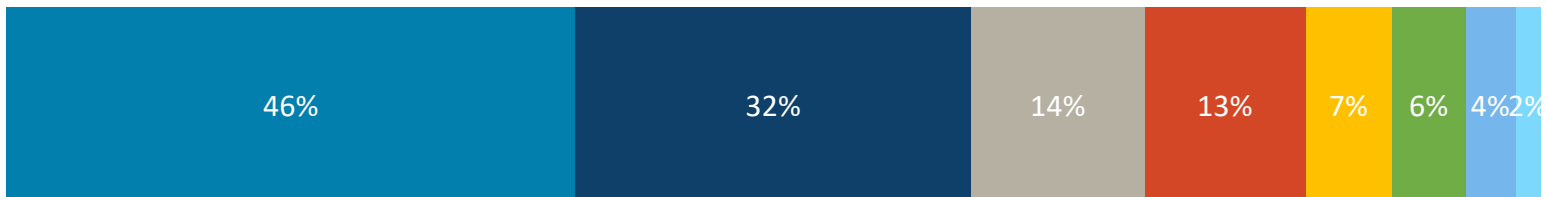


93% Youth served have Serious Emotional Disturbance Disorder. SEHSC served **297** youth & families.



Assessment Services

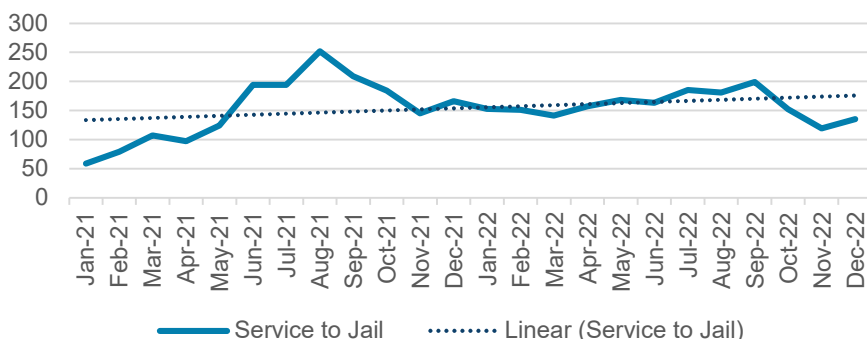
3,314 individuals were triaged and screened. 586 met need for full assessment.



- Referred to HSC
- Referred to Community Treatment
- Referred to Safety Planning
- Other
- Referred to CRU
- ER
- Referred to NDSH
- Withdrawal Management

46% of individuals were referred to receive services at SEHSC following triage & assessment.

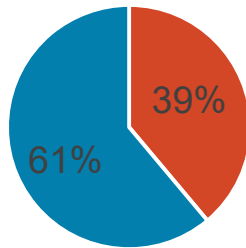
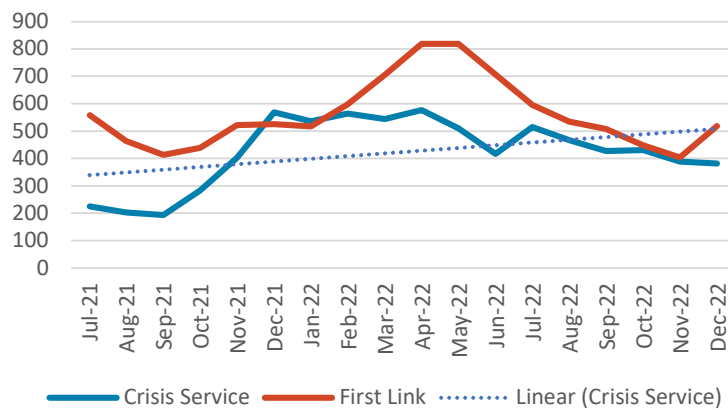
Increasing Service Needs



Services to jails & crisis services have been increasing

Crisis Services

10,091 crisis calls to call center
 1,238 mobile crisis response
 7,633 crisis services provided by SEHSC
 581 admissions to Southeast Crisis Residential facility



SEHSC provides the largest proportion of crisis service than any other HSC. 39% of all crisis services provided statewide is by SEHSC compared to 61% by the combined other 7 centers.

Workforce

| 21-23 Authorized FTE Base | 21-23 Requested Additional FTE | 21-23 Requested Based FTE | # Vacancies from base (3/1/2023) |
|---------------------------|--------------------------------|---------------------------|----------------------------------|
| 133.9 | 18.0 | 151.9 | 13.0 |

As the population in our region grows, the number of staff to serve the population has not. Past efforts to help mitigate the need for staff was the ability to hire temporary positions. SEHSC has a large temporary staff pool used to supplement need; however, there has been an inability to hire these non-benefited positions. These positions have a high turnover & low recruitment and retention rate.

Youth Programs

SEHSC is one of two regions that received Mental Health Block grant dollars to implement First Episode Psychosis (FEP) programming, with the goal to assist young people experiencing early episodes of psychosis & their families providing early intervention services. The program commenced in April 2022 & the team currently has 18 cases.

SEHSC is the only region that provides Multisystemic Therapy (MST) which targets youth at risk of out-of-home placement due to serious behavioral problems & co-occurring mental health systems. SEHSC team was recognized in 2022 & nationally awarded with the "Whatever It Takes" award. They also are receiving the Program of the Year award at the Family Based Conference in March 2023 for filling gaps in services in ND.

SEHSC Successes & Challenges

Contract Utilization

- 1196 admissions for medical detox provided through Clay County Receiving Center
- 779 psychiatric inpatient admissions at Prairie St. Johns & Sanford-Fargo

Peer Supports

- To better support best practice principles outlined by SAMSHA, 7 peer supports, which are currently temporary employees, are being integrated into front door services with plans to expand into treatment teams

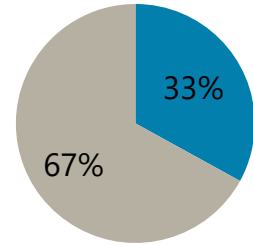
Staff Safety

- Noticeable increase of intense and dangerous situations causing mitigation efforts including but not limited to sending multiple staff out to engage the individual.
- This leads to revenue impacts because both roles cannot bill the services.
- These intense situations lead to a high rate of burnout and increased turnover rates.

South Central Human Service Center (SCHSC) provides services to individuals who live in Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman & Wells counties. This region is comprised of 55,291 residents (7% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

30,353 Services Provided to **1,139** Adult Clients

67% of adult clients have dual disorder or mental health & substance abuse. 33% have mental health diagnosis only.

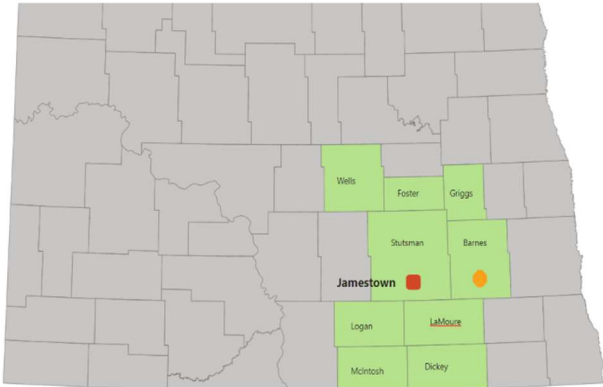


96% Youth served have Serious Emotional Disturbance Disorder. SCHSC served **218** youth & families.

Regional Overview for House Appropriations

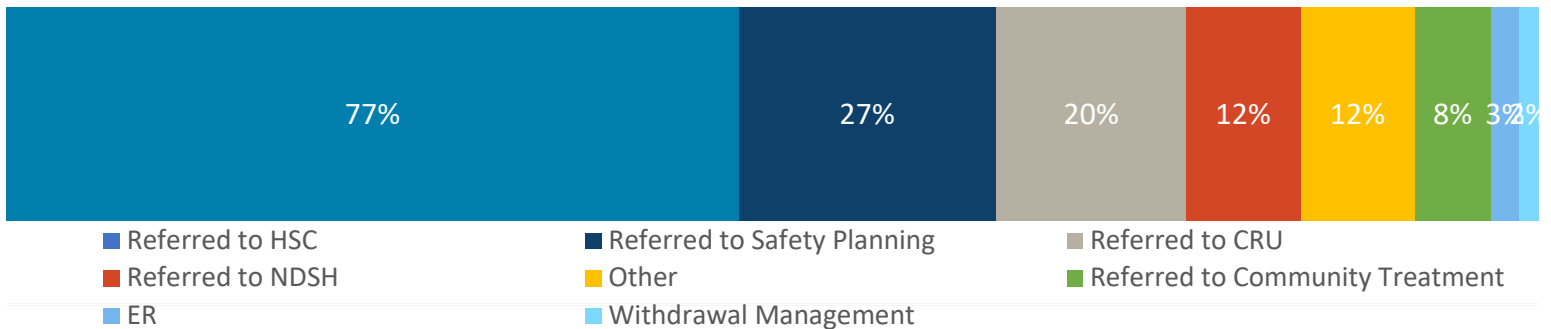
South Central Human Service Center

Data: July 2021 – December 2022



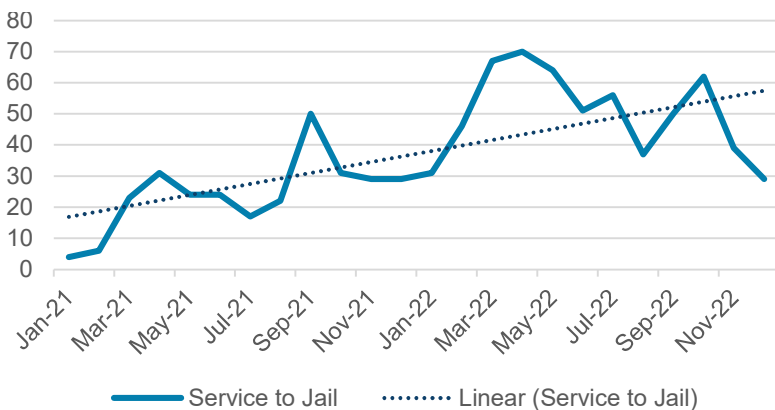
Assessment Services

1,766 individuals were triaged and screened. 593 met need for full assessment.



77% of individuals were referred to receive services at SCHSC following triage & assessment.

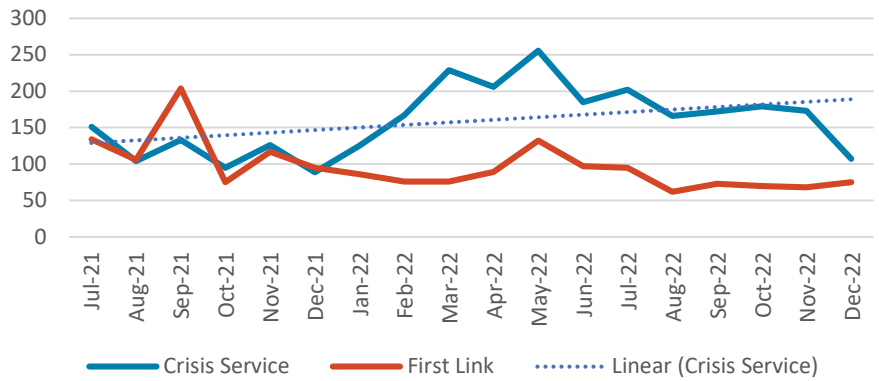
Increasing Service Needs



Services to jails & crisis services have been increasing

Crisis Services

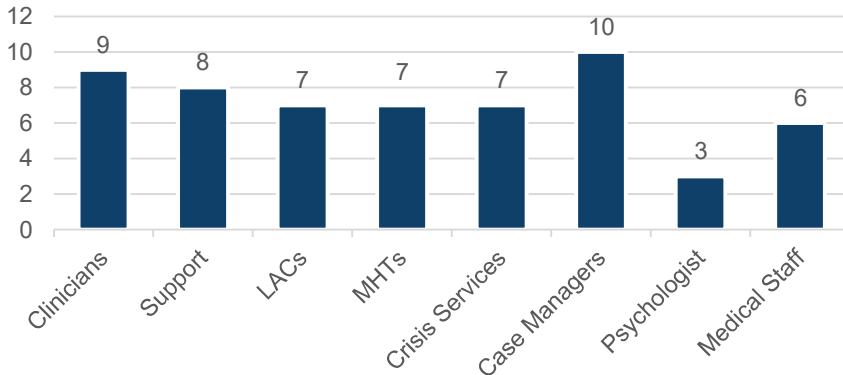
1,730 crisis calls to call center
 535 mobile crisis response
 2,865 crisis services provided by SCHSC
 201 admissions to South Central Crisis Residential facility



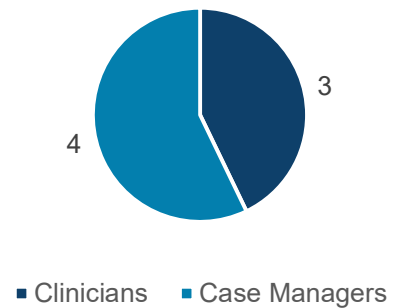
Workforce

| 21-23 Authorized FTE Base | 21-23 Requested Additional FTE | 21-23 Requested Based FTE | # Vacancies from base (3/1/2023) |
|---------------------------|--------------------------------|---------------------------|----------------------------------|
| 56.0 | 4.0 | 60.0 | 3.0 |

FTE By Role



Crisis Services Staff



Currently SCHSC has 8 staff in behavioral health that are underfilled. Underfill positions require a terminally licensed therapist to provide supervision on a weekly basis, which results in a decrease in revenue.

SCHSC Successes & Challenges

Drug Court

- Upon acceptance into drug court, 54% had a positive drug screen. After successful completion of the program, only 3% were positive
- At the end of the program, 93% were competitively employed in the community

Grow Your Own

- Currently, SCHSC has 12 behavioral health staff of 48 (25%) employed that completed their internship at one time through SCHSC.
- SCHSC employs 19 staff that started with DHHS in a lower classification and were reclassified after obtaining licensure; 10 of those doing it through supervision at SCHSC.

Challenges

- Lack of staff available to provide the level of care that is needed to effectively provide treatment in rural areas.
- People who have mental illness and co-occurring disorders are vulnerable to homelessness. There is no homeless center located in the region served by SCHSC.

Regional Overview for House Appropriations

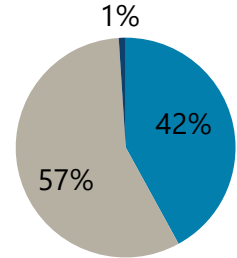
West Central Human Service Center

Data: July 2021 – December 2022

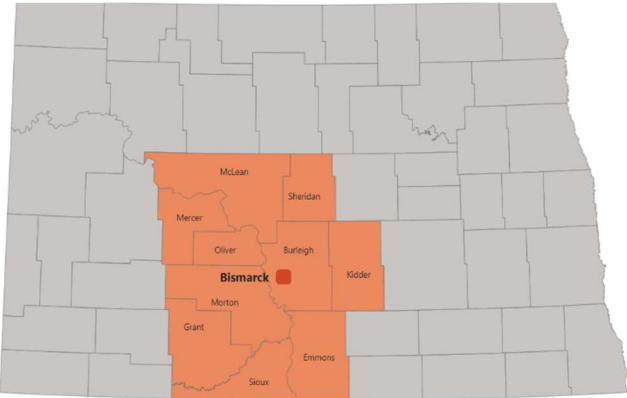
West Central Human Service Center (WCHSC) provides services to individuals who live in Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, & Sioux counties. This region is comprised of 165,505 residents (21% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

57,221 Services Provided to **2,341** Adult Clients

57% of adult clients have dual disorder or mental health & substance abuse. 42% have mental health diagnosis only and 1% have substance use disorder only.



93% Youth served have Serious Emotional Disturbance Disorder. WCHSC served **419** youth & families.



Assessment Services

1,987 individuals were triaged and screened. 1,034 met need for full assessment.

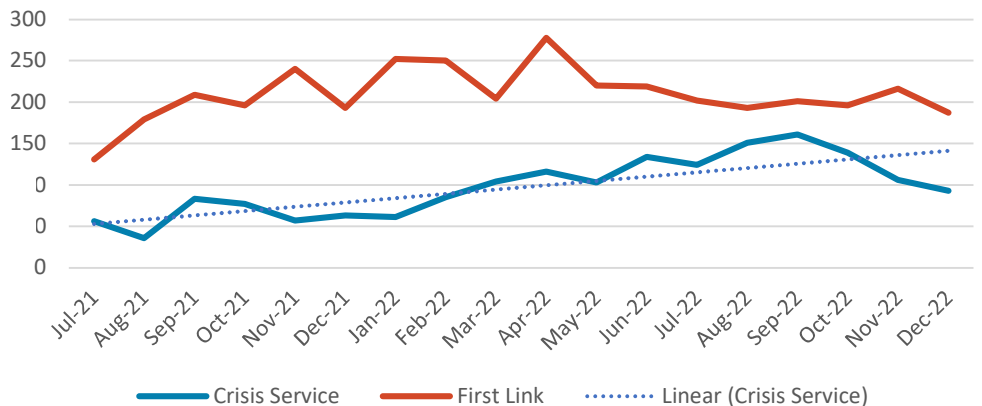


- Referred to HSC
- Referred to Community Treatment
- Referred to CRU
- Other
- Referred to Safety Planning
- Referred to NDSH
- Withdrawal Management
- ER

78% of individuals were referred to receive services at WCHSC following triage & assessment.

Crisis Services

3,766 crisis calls to call center
489 mobile crisis response
1,749 crisis services provided by WCHSC
679 admissions to West Central Crisis Residential facility



Workforce

| 21-23 Authorized FTE Base | 23-25 Requested Additional FTE | 23-25 Requested Base FTE | # Vacancies from base (3/1/2023) |
|---------------------------------|--------------------------------------|--------------------------------|--|
| 92.0 | 7.0 | 99.0 | 11 |

WCHSC has supplemented the full-time team member positions with temp positions consisting of 5 Skills Integrators and 2 Peer Support Specialists. With lack of competitive pay and no benefits these positions experience high turnover and extended periods of remaining open/unfilled.

Youth Programs

ND was one of 6 states awarded \$3 million per year for up to 4 years for System of Care (SOC) Grant through SAMSHA. WCHSC was one of two regions in ND selected to utilize the funding to build and expand behavioral health services & supports for youth with serious emotional disturbances & their families.

SOC is a spectrum of effective, community-based services & supports for children & youth with serious emotional disturbances that is organized into a coordinated network, builds meaningful partnerships with families & youth and addresses their cultural & linguistic needs, in order to help them function better at home, school, in the community & throughout life.

WCHSC is also another one of two regions that received Mental Health Block grant dollars to implement First Episode Psychosis (FEP) programming, with the goal to assist young people experiencing early episodes of psychosis & their families providing early intervention services.

FEP affects many people and occurs worldwide with an annual incidence of 15.2 per 100,000. It usually develops between ages 16-25, with men developing FEP at a younger age than women. It accounts for 25% of all hospital bed days, 40% of all long-term care days, 20% of all Social Security Benefit days, and costs the nation up to \$65 Billion per year.

Research indicates that early intervention can reduce duration and severity of later episodes and increase functionality (Albert & Weibell, 2019).

WCHSC Successes & Challenges

Youth

- Bismarck Public Schools collaboration positively impacts youth and families
- SOC Grant introduction and overview of National Outcome Measures tool, SAMSHA requirements, best practices, and strategies from TriWest Group completed.

Crisis Services

- Mobile Crisis fully implemented within the region
- Crisis Residential Unit (CRU) fully implement with Sit, Stand, Stay model
- CRU capacity reduced due to contractor workforce issues

Workforce

- Turnover rate at 23.17% for 2022
- Key clinical positions open for a several months to over one year
- Lost revenue due to workforce shortages and inability to hire

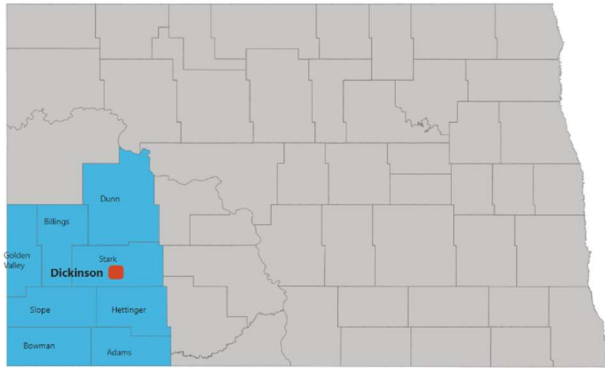
Badlands Human Service Center (BLHSC) provides services to individuals who live in Adams, Billings, Bowman, Dunn, Hettinger, Golden Valley, Slope, & Stark counties. This region is comprised of 47,996 residents (6% of North Dakota's population) as estimated by 2021 U.S. Census Bureau.

13,698 Services Provided to **1,037** Adult Clients

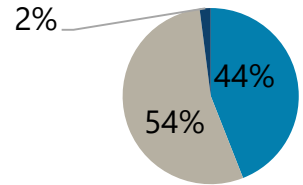
Regional Overview for House Appropriations

Badlands Human Service Center

Data: July 2021 – December 2022



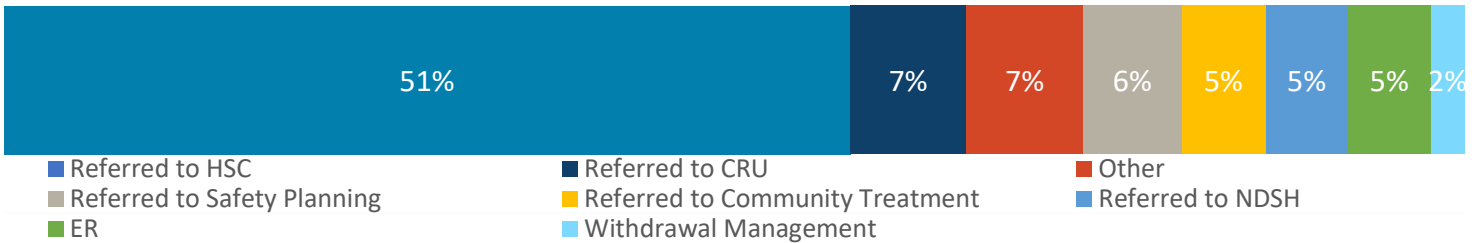
54% of adult clients have dual disorder or mental health & substance abuse. 44% have mental health diagnosis only and 2% have substance use disorder only.



93% Youth served have Serious Emotional Disturbance Disorder.
BLHSC served **262** youth & families.

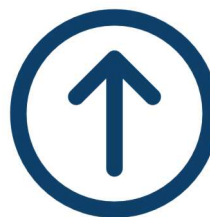
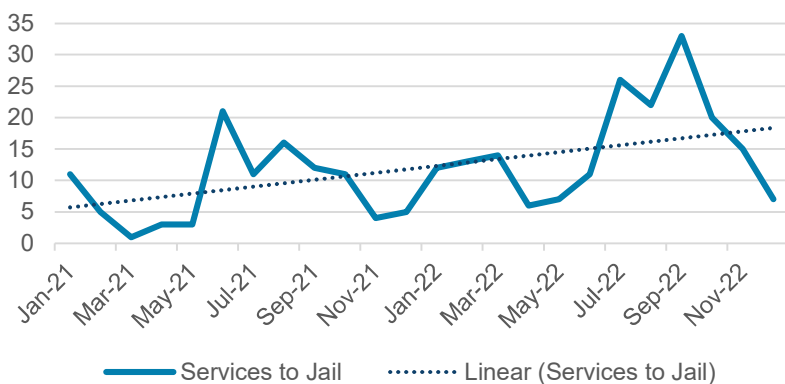
Assessment Services

909 individuals were triaged and screened. 455 met need for full assessment.



51% of individuals were referred to receive services at BLHSC following triage & assessment.

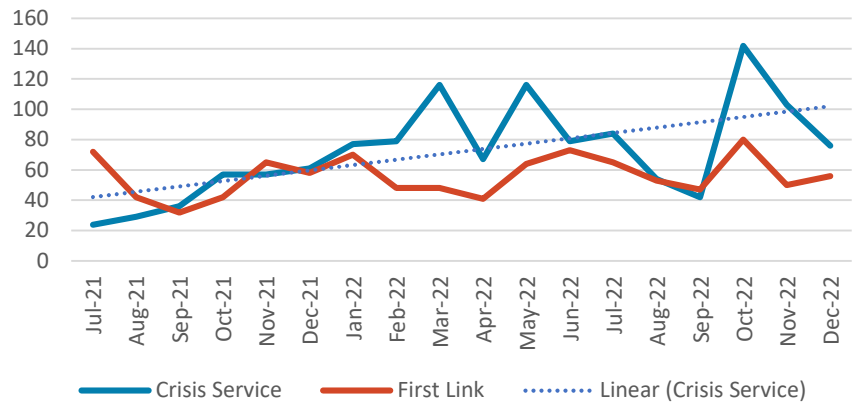
Increasing Service Needs



Services to jails & crisis services have been increasing

Crisis Services

1,006 crisis calls to call center
 523 mobile crisis response
 1,299 crisis services provided by BLHSC
 199 admissions to Badlands Crisis Residential facility



Workforce

| 21-23 Authorized FTE Base | 21-23 Requested Additional FTE | 21-23 Requested Base FTE | # Vacancies from base (3/1/2023) |
|---------------------------|--------------------------------|--------------------------|----------------------------------|
| 59 | 3 | 62 | 5 |

Recruitment challenges for professional disciplines. It is difficult to recruit individuals willing to relocate to Southwest North Dakota who also hold the appropriate licensure (e.g., nursing, psychiatry, psychology, addiction counseling, mental health counseling, social work). When BLHSC does get promising candidates, job offers are often declined because the position is not telehealth/office-based, or the wage is non-competitive for the intensity of community-based services BLHSC offers.

Underfill staff and the revolving door. To meet demand for services, BLHSC has underfilled therapist positions by recruiting new graduates in need of clinical supervision or by promoting staff within the center who are pursuing their master's degrees. This strategy is an upstream approach to growing from within, but also takes upwards of two years to earn the highest possible revenue from these staff if they are retained long term. While this strategy has helped fill positions, it has led to a revolving door of open positions in the center requiring ongoing staff training and increased clinical supervision time that also reduces revenue generating opportunities. Underfill employees are typically unable to bill services at the highest rate or to all insurances but have been invaluable in providing necessary client care.

Interim leadership. BLHSC has had interim leadership with both the clinical director and medical director positions for several months. The work as one culture of the human service centers has provided the center with great support; however, the center staff and supervisors have limited access to the expertise of these positions due to their limited availability from the expectations and workload of the two leaders in their other full-time roles.

BLHSC Successes & Challenges

Strengthened Community Partnerships

- BLHSC has worked closely with the Dickinson Police Department and Stark County Sheriff to ensure crisis services are safe and effective. BLHSC provided training during the police department crisis intervention team training and services in 2022.
- BLHSC has increased services in the jail for crisis services, triage and assessments, psychiatry, and therapy. This has improved our partnerships and continuity of care.

Limited Resources

- Southwest North Dakota has no acute psychiatric hospital which results in increased burden on crisis workers and other first responders to find adequate transportation to a bed outside of the region, often at the ND State Hospital. This barrier has also resulted in unnecessary holds in the jail until beds become available.
- Individuals served have limited access to transportation, no internet access, phone, internet, computer, or housing, making the need for in person services vital, yet difficult for recruitment in the region.
- Southwest North Dakota has no short-term homeless shelter or transitional housing that follows the housing first approach. This results in demands on community resources for hotel stays or bus tickets out of the region, which often forces clients away from their natural supports or home community to simply have their most basic needs met.
- BLHSC needs a new location for the crisis stabilization facility to meet safety standards but has been unable to secure a location that would allow for ease of transition and minimal construction costs. This has led to the inability to fully implement walk-in/drop-off services.



YOUTH AND FAMILY SERVICES ENHANCEMENTS

DHS KEY PRIORITIES: Strong, Stable Families and Services Closer to Home

The North Dakota Department of Human Services' regional human service centers have enhanced community-based treatment services to support youth with behavioral health needs and their families.

Key Benefits:



Provides short-term, high intensity treatment that is individually tailored to meet the needs of each youth and his or her family.



Keeps families together by avoiding out-of-home placement of at-risk youth.



Provides in-home and community-based services including skills training and skills integration for youth and families.

Who Qualifies?

Services are designed for youth with behavioral health needs that put them at high risk of being removed from their homes.

The risk may be from a mental health condition, severe emotional disturbance and/or substance use issues. These impairments may also be causing issues with their safety and daily living activities in their school and community.

Treatment is intense and may not be appropriate for youth with mild impairments.

How Does it Work?

A specialized team of therapists, licensed addiction counselors, care coordinators, skills trainers and skill integrators work with each youth and family to create an individualized treatment plan. Services are provided in the youth's home or community setting with participation from family members.

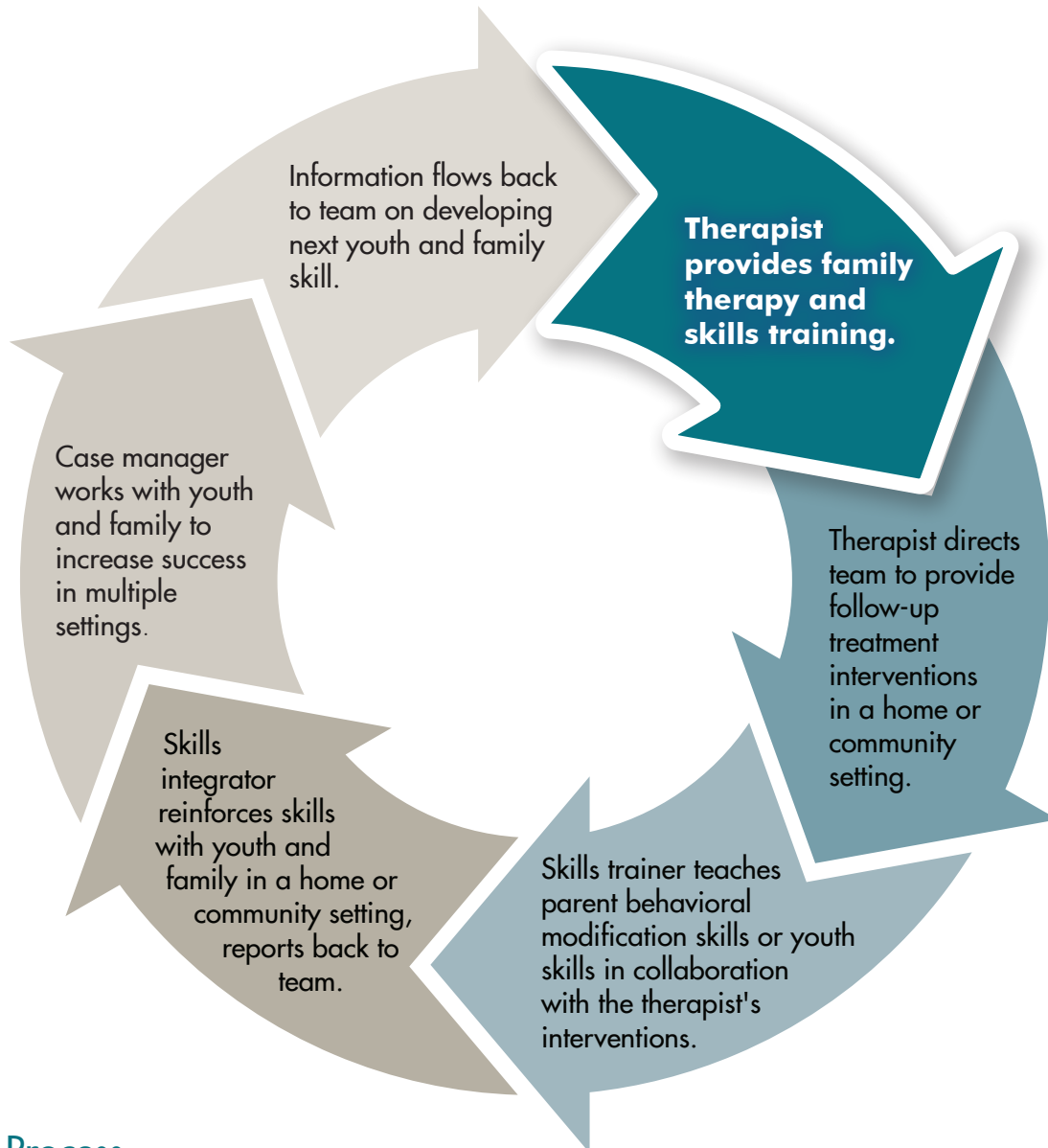
All services are led by a therapist with different levels of services based on each family's specific situation.

Services begin with higher intensity and gradually decrease after the youth shows improvement and there is less risk of an out-of-home placement. At any time the services can be increased again to support the youth and family.

Types of Service Interventions

Services may include:

- Care coordination
- In-home family therapy
- Individual therapy
- In-home and community-based skills training
- Individual or group parent behavioral modification training
- Substance use disorder treatment
- Telehealth for rural families



Referral Process

Youth and their families can walk in to a human service center during regular business hours for a screening to see if they qualify for a full assessment and follow-up services. Youth and families who do not qualify for these services will be referred to local community providers. There is no application process.

Professionals from human service zone offices, juvenile court, school districts, tribal entities and other community agencies can also refer youth and their families for these high-intensity treatment services.

A sliding fee schedule is available based on a family's ability to pay and insurance is accepted, if available.