

SB 2012

Senate Appropriations – Human Resources Division Committee
Senator Dever, Chairman

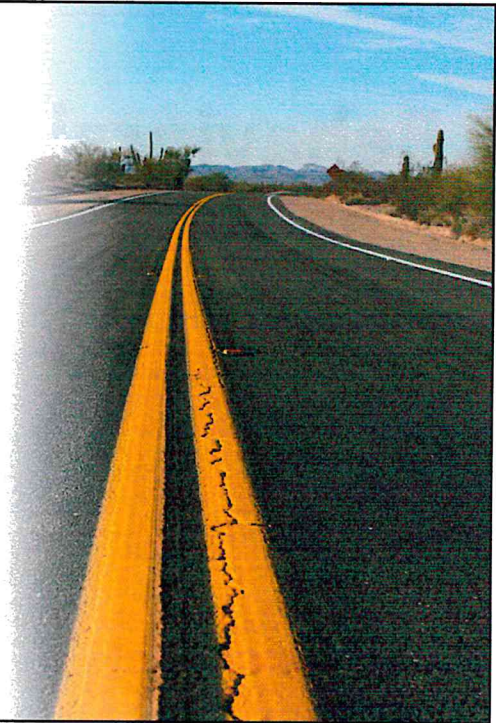
Behavioral Health Division, **Policy** | February 7, 2023



1


Roadmap

- Policy Division: Who we are
- Overview of programs
 - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Proposed section additions to SB 2012
- Additional considerations
- Relevant policy bills
- Budget review



2

Behavioral Health is Health!




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3

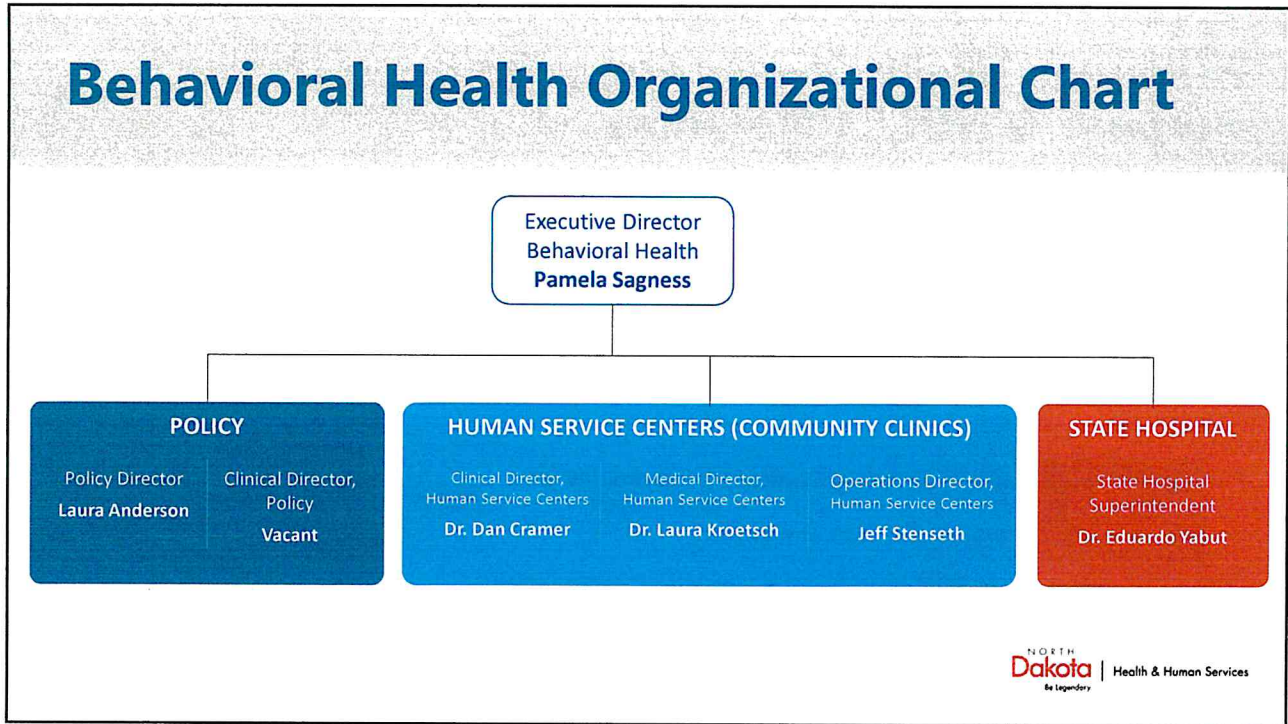
Behavioral Health Division

Who we are

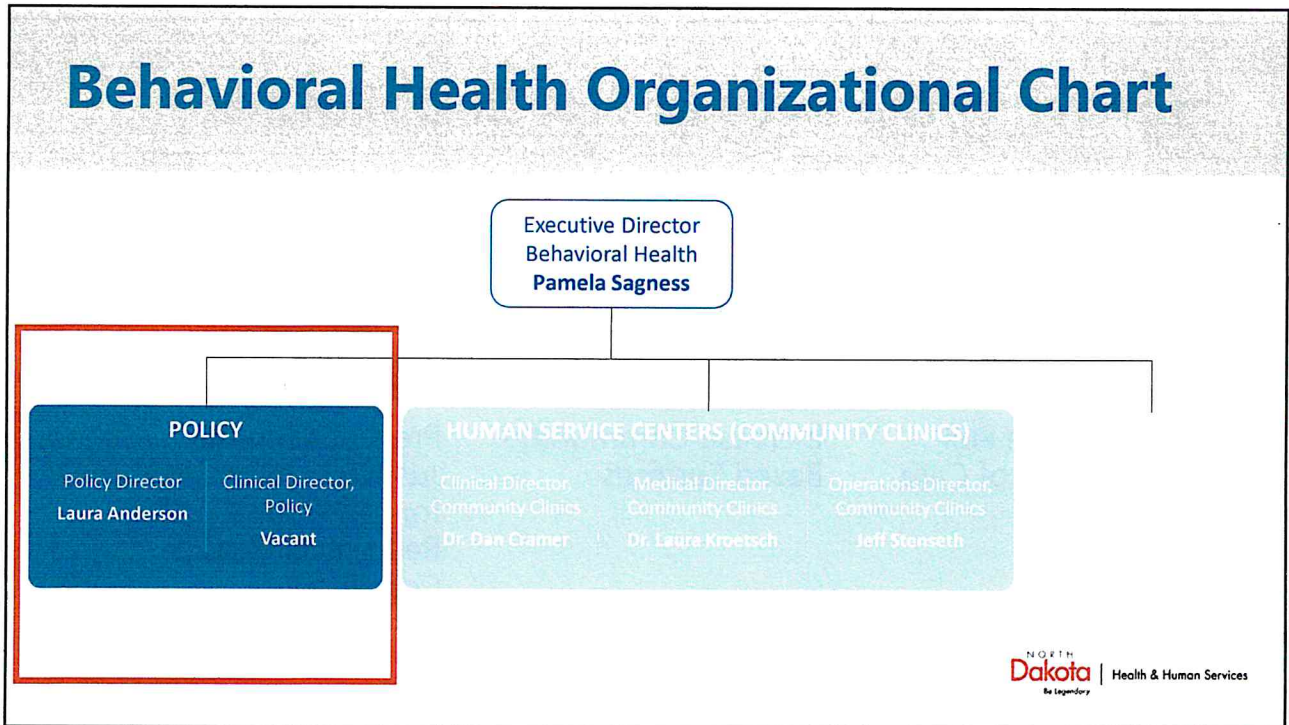


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4



5



6

Behavioral Health Division Policy Team Purpose & NDCC References

NDCC 50-06-01.43 establishes 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



NDCC 50-31

Substance Abuse Treatment Programs



Providing **policy leadership** in partnership with public and private entities



7

Improving the lives of North Dakotans



Support the Full Continuum of Care



Increase Community-Based Services



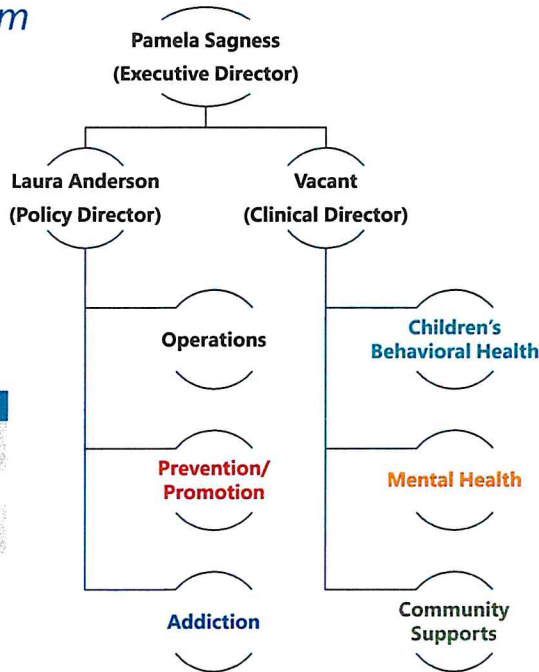
Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition



8

Behavioral Health Division Policy Team Staffing & Team Structure

Behavioral Health - Policy			
21-23	23-25	12-31-22	
Authorized FTE Base	Executive Budget FTE	Vacancies (from base)	
37.0	39.0	6	
Average Age	Average Yrs of Service	Turnover 2021	Turnover 2022
43 Years	6 years	3.03%	12.12%



9

Our role is to provide policy leadership, regulate providers, administer programs, and provide training and technical assistance to meet the following goals:

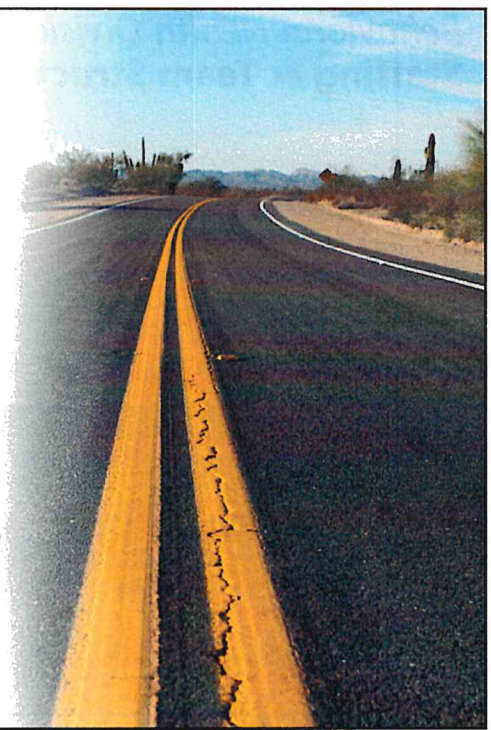
PREVENTION AND PROMOTION	CHILDREN'S BEHAVIORAL HEALTH	ADULT ADDICTION	ADULT MENTAL HEALTH	COMMUNITY SUPPORTS
<p> Supporting the full continuum of care</p> <p>Increase implementation of effective prevention statewide^{1,2,3}</p> <p>Decrease underage drinking²</p> <p>Decrease adult binge drinking and related consequences²</p> <p>Decrease opioid misuse and overdose²</p> <hr/> <p> Increase access to community-based services</p> <p>Promote mental health²</p> <p>Decrease death by suicide^{2,3,4}</p>	<p> Supporting the full continuum of care</p> <p>Partner with schools to support children's behavioral health across the continuum¹</p> <hr/> <p> Increase access to community-based services</p> <p>Develop early intervention capacity^{2,3}</p> <p>Increase capacity for community-based services^{2,3,4,5}</p> <p>Improve access to quality services²</p> <p>Improve family-driven services and supports¹</p> <hr/> <p> Prevent criminal justice involvement</p> <p>Develop diversion capacity and support children with behavioral health conditions in the justice system⁶</p>	<p> Supporting the full continuum of care</p> <p>Develop and enhance recovery support services⁴</p> <p>Develop early intervention capacity^{2,3}</p> <hr/> <p> Increase access to community-based services</p> <p>Improve access to quality services²</p> <p>Increase capacity for community-based services^{4,5,6}</p> <p>Stop shame and stigma surrounding addiction²</p>	<p> Supporting the full continuum of care</p> <p>Develop and enhance recovery support services⁴</p> <p>Develop early intervention capacity^{2,3}</p> <hr/> <p> Increase access to community-based services</p> <p>Increase capacity for community-based services^{2,3,4,5}</p> <p>Increase capacity for community-based services^{2,3,4,5}</p> <p>Stop shame and stigma surrounding mental health²</p>	<p> Supporting the full continuum of care</p> <p>Develop and enhance recovery support services⁴</p> <hr/> <p> Increase access to community-based services</p> <p>Increase capacity for community-based services^{2,3,4,5}</p> <hr/> <p> Prevent criminal justice involvement</p> <p>Develop diversion capacity and support individuals with behavioral health conditions in the justice system⁶</p>

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

10

Roadmap

- Policy Division: Who we are
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- Proposed section additions to SB 2012
- Additional considerations
- Relevant policy bills
- Budget review



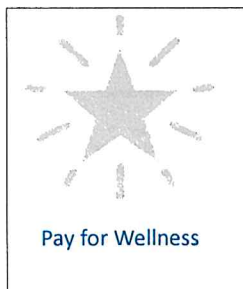
11

FREE THROUGH *Recovery*

Free Through Recovery is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.

The mission of Free Through Recovery is to:

- improve healthcare outcomes
- reduce recidivism



12


FREE THROUGH Recovery

ELIBILITY


- 18+
- criminal justice system involvement
- behavioral health condition
- daily living challenges

REFERRALS


- by a parole and probation officer
- if the person is transitioning from prison, through an internal assessment process at DOCR



4,973 participants since February 2017



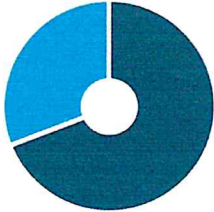
1,311 active participants (as of 12/30/22)



13

FREE THROUGH Recovery

March 2018 - October 2022
Outcomes




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

Positive outcomes were achieved by:

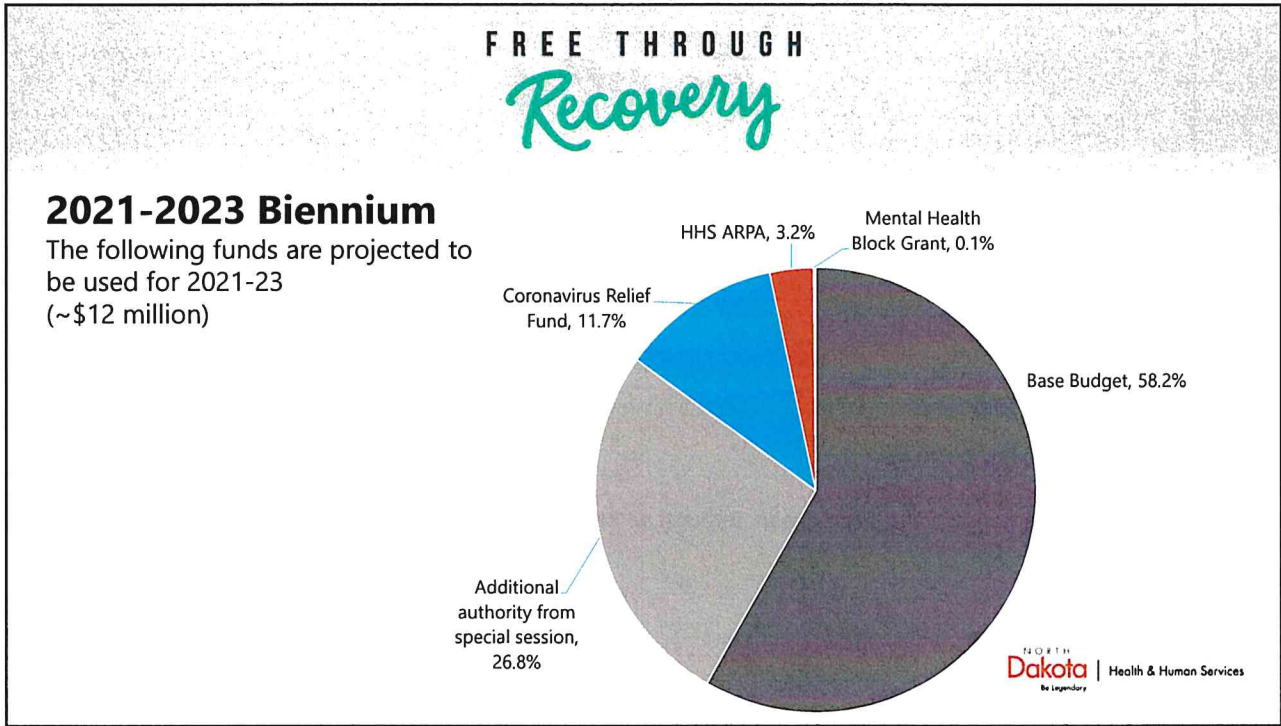
- + **75%** of the participants in the housing domain
- + **66%** of the participants in the employment domain
- + **69%** of the participants in the recovery domain
- + **72%** of the participants in the law enforcement domain

FTR corresponds with reduced reincarceration rates for participating individuals.*



*Stanford Computational Policy Lab; July 27, 2020

14



15


FREE THROUGH
Recovery

2023-2025 Biennium Budget Request

	Base Budget \$7,173,620 + 4%/3% Provider Inflation	Base Budget + 4%/3% Provider Inflation + \$8,326,380 in Executive Budget Request
Approximate Number of People Served per Month	683	1,577

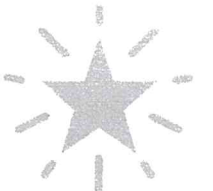
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16

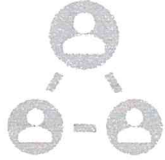


Community Connect is a community based behavioral health program designed to increase recovery support services to individuals who have behavioral health concerns.


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




Pay for Wellness



Non-Traditional Providers (46 providers)




17




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.




4,025 participants since February 2021




1,899 active participants




18


CommunityConnect
 My Recovery. My Story.


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.

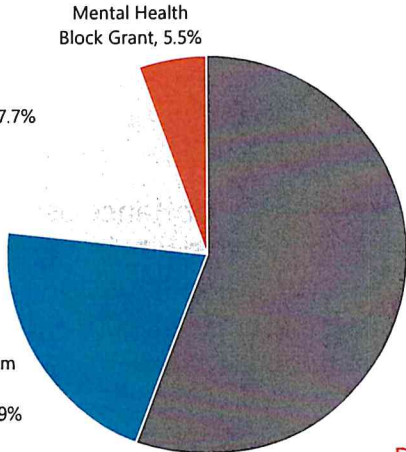
Overall, from February 2021, through December 2022, **66%** of the time participants achieved 3 of 4 outcomes.

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19


CommunityConnect
 My Recovery. My Story.

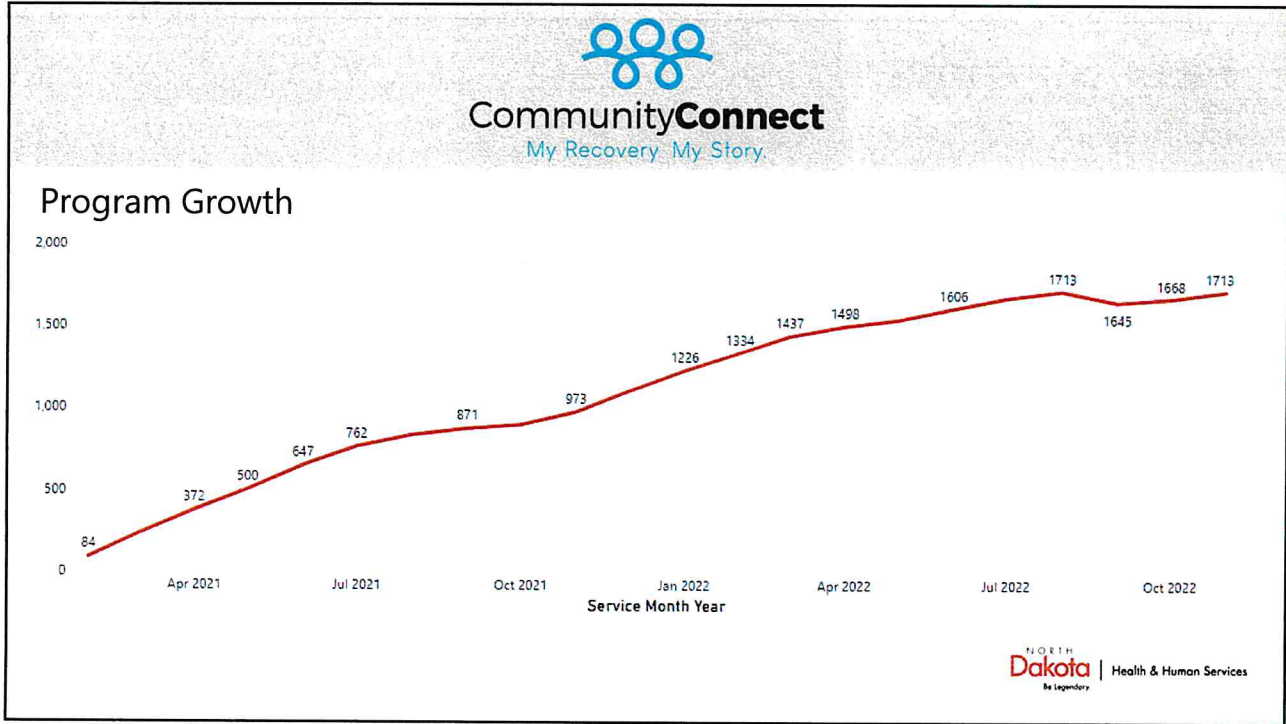
2021-2023 Biennium
 The following funds are projected to be used for 2021-23 (~ \$14 million)



Funding Source	Percentage
Base Budget	55.9%
Carryover from 2019-2021 biennium	20.9%
HHS ARPA	17.7%
Mental Health Block Grant	5.5%

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20



21

CommunityConnect
My Recovery. My Story.

2023-2025 Biennium Budget Request

Base Budget \$8,021,486 + 4%/3% Provider Inflation	Base Budget + Provider Inflation + \$7,019,514 in Executive Budget Request
Approximate Number of People Served per Month	815 1,595

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22

Peer Support

What is it?

A Peer Support Specialist is a person or family member 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 **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

Peer Support

A part of Behavioral Health Workforce



Peer Support Behavioral Health Policy Team Role

TRAINING

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

CERTIFICATION

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

- + 169 CPSS I
- + 26 CPSS II

REIMBURSEMENT

- Community Connect
- Free Through Recovery
- Substance Use Disorder (SUD) Voucher

(Other: 1915(i) Medicaid State Plan Amendment & Medicaid Expansion)

2023-2025 Base Budget Request: **\$162,010**
No proposed change from 2021-2023 biennium



25

Substance Use Disorder (SUD) Voucher

The SUD Voucher program was established to:

- improve access to quality services
- allow for individual choice of providers.

The SUD Voucher is a payer of addiction treatment and recovery services when funding is a barrier to accessing services.

As of February 1, 2023, there are **35 providers** participating. (an increase from 27 in February 2022)

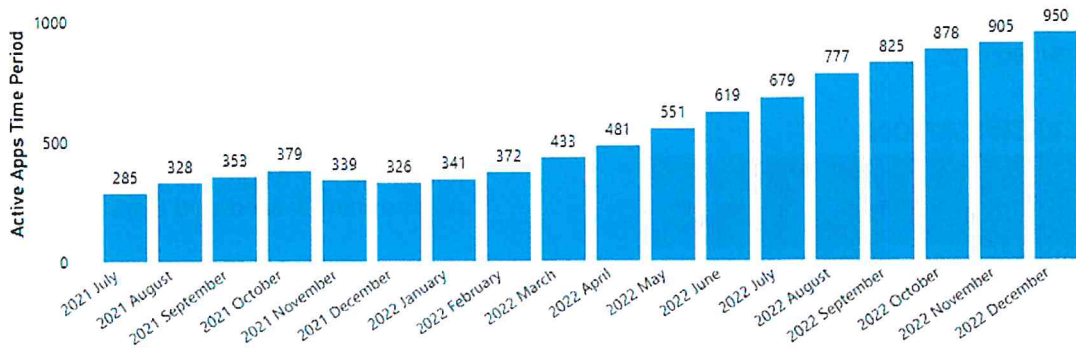
Since its inception in July 2016 approximately **5,800** individuals have received services.

As of December 31, 2022, **1,207** individuals are actively being served.



26

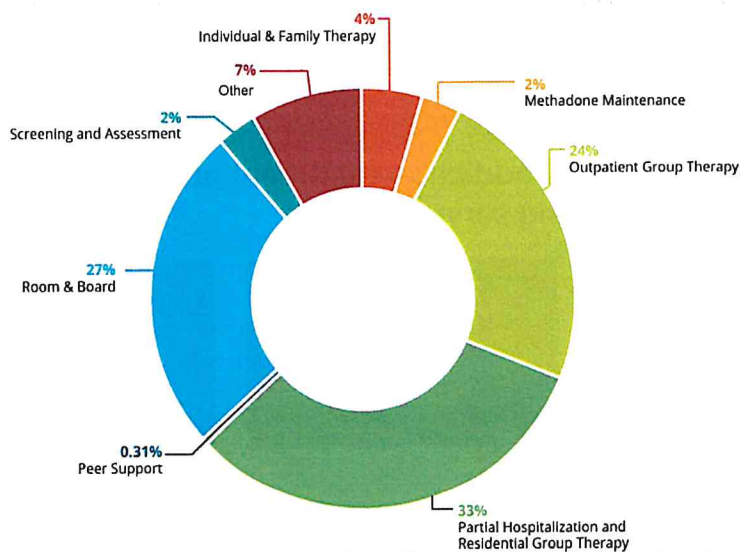
Substance Use Disorder (SUD) Voucher Active Applications July 2021 – December 2022



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27

SUD Voucher Expenditures by Service Type (July 1, 2021 – December 31, 2022)



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28

Substance Use Disorder (SUD) Voucher

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

29

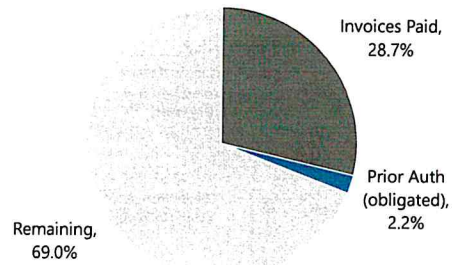
SUD Voucher

2021-2023 Biennium Appropriation \$15,358,911

During 67th Legislative Assembly, NDCC 50-06-42. was updated to include:

5. The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:
 - a) No more than **forty-five percent** of the appropriated amount may be allocated for **residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.**
 - b) The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.


45% IMD (\$6,911,510) Expenditures through 1/31/2023



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30

SUD Voucher



During 2021 Legislative Assembly, NDCC 50-06-42. was updated to include:

- *The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020*

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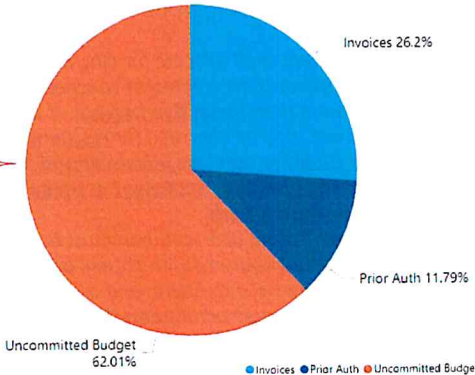
31

SUD Voucher

(expenditures through 1-31-2023)

2021-2023 Biennium Appropriation \$15,358,911

- Increasing the number of participants on Medicaid (1 FTE)**
 - Eligible individuals are assisted in completing the Medicaid enrollment process
 - Since December 2021, 219 individuals have been enrolled in Medicaid.
- Medicaid coverage**
 - On October 1, 2020, methadone maintenance coverage began for opioid use disorder.
- Provider reductions**
 - Reduction in providers billing most intensive levels of care
- Delayed invoice submission**
 - Provider workforce causing delays in billing



Category	Percentage
Uncommitted Budget	62.01%
Invoices	26.2%
Prior Auth	11.79%

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32

SUD Voucher Executive Budget Request



SUD Voucher 1.0 FTE

- Request to convert the current temporary position working in the SUD Voucher system to permanent status.

33

SUD Voucher Audit

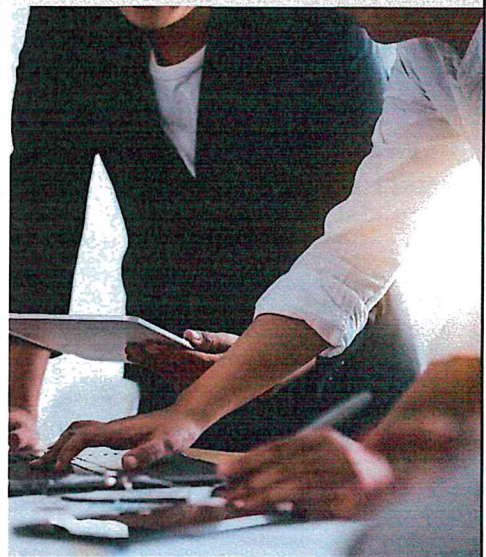
Audit Report SFY 2021

Two primary findings:

1. Income verification
2. Incorrect payments

Response:

- A new full-time employee was hired, Medicaid Eligibility Specialist, who verifies if a participant is eligible for both SUD and Medicaid.
- A link to Medicaid Guidance that lists approved services added to the provider guidance for billing purposes.
- In July 2021, a documented process was implemented for a quarterly update on client status. If a client became Medicaid eligible or obtains other insurance, this would be identified in the update. This would initiate the Department to review all expenses paid to determine if a refund is appropriate.



34

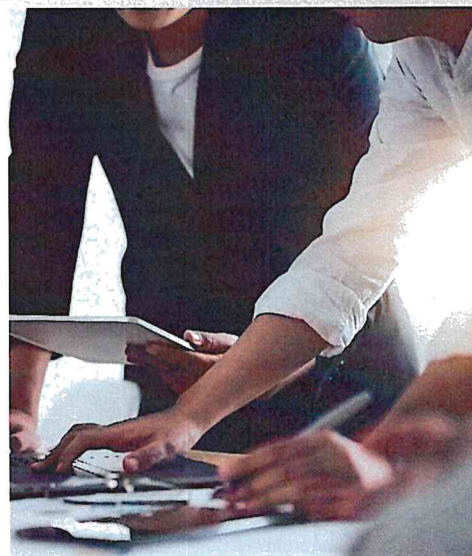
SUD Voucher Audit

Audit Report SFY 2021

Considerations:

- Retroactive eligibility of Medicaid
 - It appears the policies the auditor referenced [Eligibility-Current and Retroactive 510-03-25-10](#), which identifies both a 3 month and a 1-year retroactive eligibility; however, the eligibility cannot be generalized to be retroactive 1 year for anyone that qualifies for Medicaid.
 - In review of 10 samples from the audit findings list – 7 of 10 individuals should not have been included in the audit total of "incorrectly paid".

- "Up to 293 people could have benefitted from the SUD program services if they had not been denied because the program ran out of funds."
 - The SUD Voucher continued to fund individuals approved in the program until June 30, 2020 at which time new applications were not taken. However, DHS had additional funds to serve individuals (309 served) during this period with other grant funds approved. (Regular updates provided to legislators, interim committees, and funding approved by budget committee.)



SUD Voucher – Grants

NDCC 50-06-42.1.

*\$2,000,000 appropriated during 2021 legislative session; up to 2 grants
\$3,000,000 appropriated during 2021 special session; change to up to 4 grants*

RFP posted and Heartview Foundation Awarded

March 1, 2022 – February 28, 2027

\$2,027,167

Dickinson residential treatment program – expected open date May 2023

Current Request for Proposal (4th time)

RFP 325-22-810-066; closes February 15, 2023

- For the period of April 1, 2023, through March 31, 2028
- **No more than three awards** not to exceed **\$2,972,833** total for all awards
- Grant funds for a licensed addiction treatment program with <17 beds in an underserved area

Pregnant and Parenting Women Addiction Treatment

Executive Budget Request includes:

- \$1,000,000 one-time special fund
- \$600,000 general fund



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

New grant agreements initiated on January 1, 2022, encompassing best practices in Permanent Supportive Housing:

Prioritizes individuals with most needs

Reduces barriers to stable housing within limits of federal mandated policies

Housing stabilization plans

Ongoing outreach and engagement with tenants

Access to training and technical assistance

Reporting on process and outcome measures

Permanent Supportive Housing

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

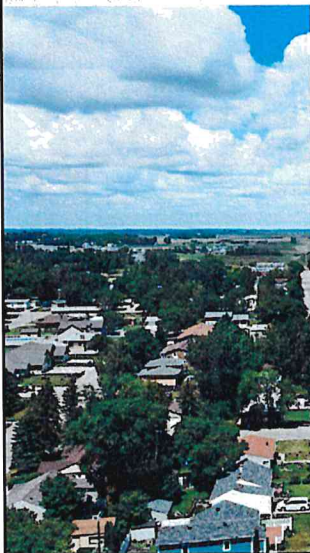
BURLEIGH CO HOUSING
 > Edwinton: 40 units

2023-2025 Base Budget Request: **\$4,672,536**
 No proposed change from 2021-2023 biennium



- **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.

Recovery Housing Assistance Program (RHAP)



Stable housing plays a vital role in people's recovery from substance use disorders.

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

The program pays for up to 12 weeks of the individual's stay at an approved Recovery Housing Provider.

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 |
|---------------------------------|--|---|--|

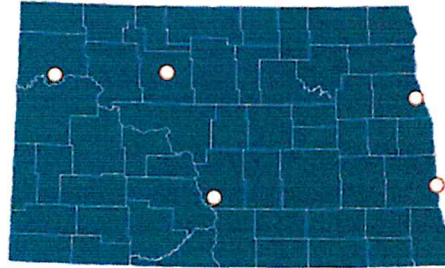


Recovery Housing Assistance Program (RHAP)

Participant Eligibility

- 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 (10) *(as of January 5, 2023)*



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



41

Recovery Housing Assistance Program (RHAP)



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



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



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



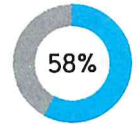
42

Recovery Housing Assistance Program (RHAP)

RHAP Launched May 2022

actively serving individuals for 58% of the biennium

2021-2023 Biennium Appropriation	\$350,000 <i>(\$200,000 base budget + \$150,000 carryover from 2019-2021 biennium)</i>
Expenditures through 1/31/2023	\$165,821
Invoices in process (as of 2/3/2023)	\$103,642
Approximate obligation based on current applications approved and average length of stay of 6.5 weeks	\$118,909
REMAINING	(38,372)



268 individuals approved during the 2021-2023 biennium (as of 2/3/2023)



43

Recovery Housing Assistance Program (RHAP)

2023-2025 Biennium Projections

	ESTIMATED NUMBER OF PEOPLE	BUDGET
Base Budget	174	\$200,000
Potential Need*	1,132	\$1,304,455.75

*Estimations based on current utilization of current providers



44

Brain Injury



North Dakota Brain Injury Network (NDBIN)	\$474,719
Pre-Vocational Services	\$256,714
Return to Work Services	\$265,123



45

Mental Health Directory

During the 67th Legislative Assembly, Senate Bill 2161 was passed which required the Department 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.

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

The directory allows users to search for mental health programs by:

- location
- population served
- type of mental health specialty and interventions
- telehealth availability



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

46

Executive Budget Request – Behavioral Health Navigator 1.0 FTE



Position Responsibilities:

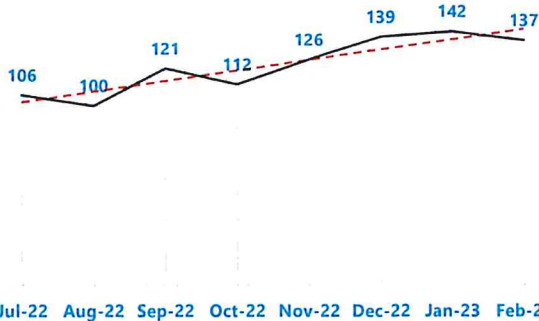
- assist with the navigation and connection to the needs of people across the continuum of care.
- maintain relationships with a wide variety of community agencies

47

Additional Consideration – Public Testimony

1.0 FTE request for 1915(i)

Number of Enrolled Individual Providers



48

Behavioral Health and Education Overview of Efforts & Budget



	General Fund	Other Fund
Behavioral Health Resource Coordinators (B-HERO)		\$400,000*
Virtual Behavioral Health Professional Development – Education System (Kognito)	\$300,000**	
Behavioral Health School Grant	\$3,000,000**	
Prevention and Early Intervention Pilot	\$300,000**	

* Governor's Emergency Education Fund (GEER), spending authority is needed
 ** No changes from 2021-2023 biennium appropriation

49

Behavioral Health Resource Coordinators

During the 2019 legislative session:

- [Senate bill 2149](#) established the requirement for each school within a district to designate an individual as a behavioral health resource coordinator.
- [Senate bill 2313](#) required the Behavioral Health Division to provide resources to behavioral health resource coordinators



50

Supporting Behavioral Health Resource Coordinators



- **Central Regional Education Association (CREA)** awarded contract
- From this partnership, **B-HERO** (Behavioral Health and Education: Resources and Opportunities) was formed to provide resources, training, and technical assistance to identified Behavioral Health Resource Coordinators.

What B-HERO does.



Training.



Technical Assistance.



Opportunities.

bhero.crea@k12.nd.us
b-hero.org



51

BHERO

TECHNICAL ASSISTANCE CENTER

WEEKLY COMMUNICATION TO BEHAVIORAL HEALTH RESOURCE COORDINATORS

Since inception in Spring of 2021, B-HERO has:

- disseminated weekly communications to the **365 unique Behavioral Health Resource Coordinators** throughout the state
- has supported **135 educators through technical assistance.**

TRAINING OPPORTUNITIES

- Suicide Prevention and Intervention
- Trauma
- Relationship Building and Drop-Out
- Prevention
- School Crisis Prevention and Intervention

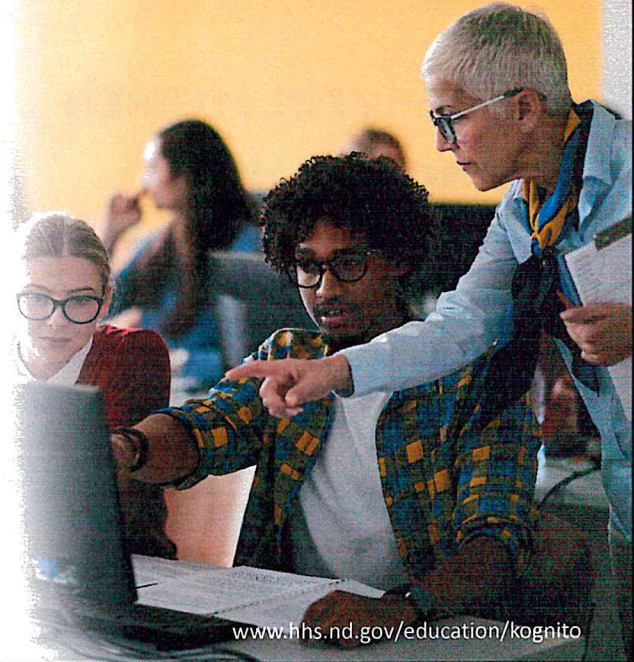


52

Kognito

During the 2021 legislative session, Senate Bill 2311 amended Subsection 28 of section 50-06-05.1. to include:

“online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on practice, contextual learning, and personalized feedback through interactive role-playing.”



www.hhs.nd.gov/education/kognito

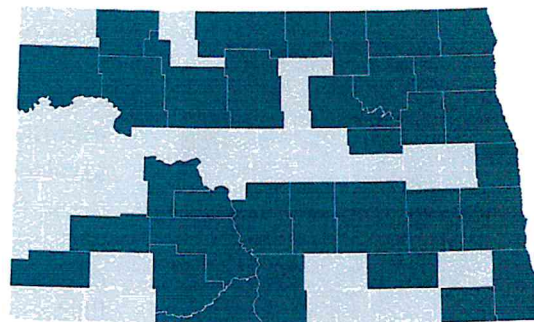
53

Virtual Behavioral Health Professional Development – Education System (Kognito)

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.

Usage & Staff Activity



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

- 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

54

Behavioral Health School Grant

During the 2019 legislative session, Senate Bill 2012 appropriated general fund dollars for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.



55

Behavioral Health School Grant Project Goal



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

This includes:

- identifying prevention and early intervention services that have no other funding source,
- using funds to reimburse clinical or treatment services that are effective but not currently covered services
- filling gaps in service coverage for populations that do not qualify for other forms of reimbursement.

56

Behavioral Health School Grant Eligible Applicants

- Utilize ND State Medicaid reimbursement the previous school year
- Submit a plan detailing collaboration with other regional school districts

**A school district may not use grant funding to duplicate or fund existing services.*

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57

Behavioral Health School Grant 2021-2022 School Year Participation (20)

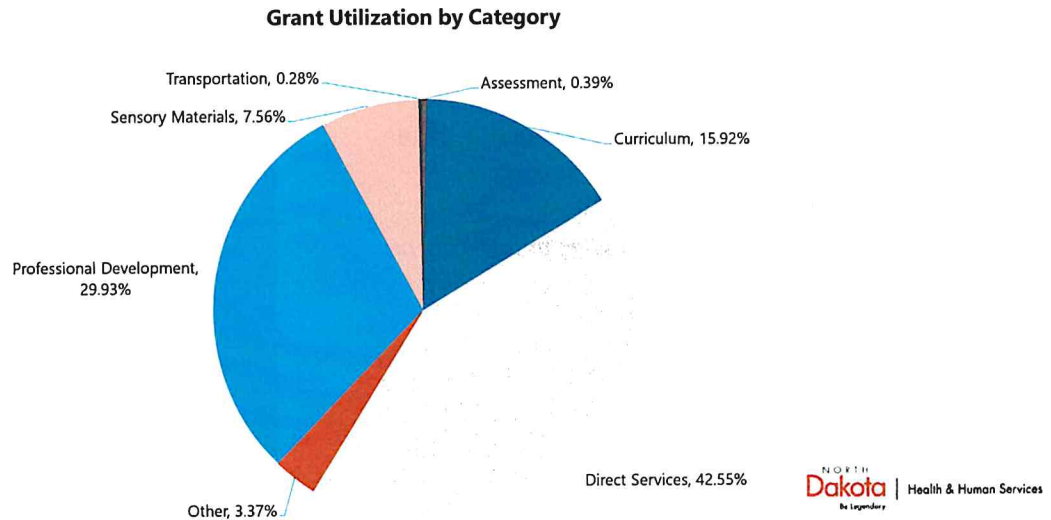
School districts/special education units eligible 2021-2022 school year (22)

- Bismarck Public School
- Carrington School District
- Dickinson Public School
- East Central Special Education Unit (Fessenden-Bowdon, Kensal, & Pingree-Buchanan)
- Fargo Public School
- Grand Forks Public School
- Jamestown Special Education Unit
- James River Special Education Unit
- Lake Region Special Education Unit
- Mandan Public School
- Minot Public School
- New Rockford – Sheyenne District
- Oliver-Mercer Special Education Unit
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- South Valley Special Education Unit
- Wahpeton Public School
- West Fargo Public School

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58

Behavioral Health School Grant 2021-2022 School Year Participation



59

Behavioral Health School Grant 2022-2023 School Year Participation

School districts/special education units eligible this 2022-2023 school year (25)
(highlighted are currently in contract as of 1-31-2023 [21])

- Bismarck Public School
 - Carrington Public School
 - Dickinson Public School
 - Fargo Public School
 - Fessenden-Bowdon
 - Grand Forks & Grand Forks Special Education Unit
 - Griggs Steele Traill Special Education Unit
 - James River Special Education Unit
 - Jamestown Special Education Unit
 - Kensal
 - Lake Region Special Education Unit
 - Mandan Public School
 - Minot Public School
 - New Rockford – Sheyenne
 - Oberon
 - Oliver – Mercer Special Education Unit
 - Pingree – Buchanan
 - Rural Cass Special Education Unit
 - Sheyenne Valley Special Education Unit
 - South Central Prairie Special Education Unit
 - South Valley Special Education Unit
 - Souris Valley Special Education Unit
 - Upper Valley Special Education Unit
 - Wahpeton Public School
 - West Fargo & West Fargo Special Education Unit
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60

Behavioral Health School Grant Budget Review

2021 – 2023 Biennium Appropriation: \$3,000,000

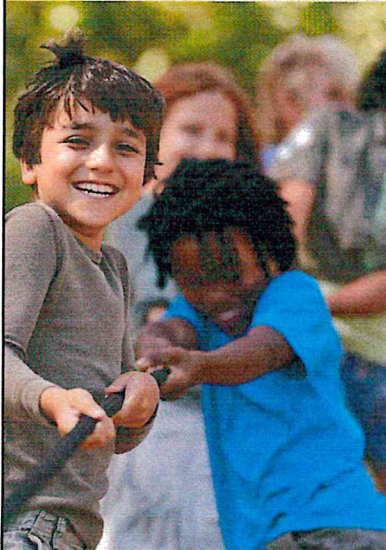
2021-2022 School Year		2022-2023 School Year	
Funding Eligibility Based on Medicaid Reimbursements (22 schools eligible)	\$2,073,653.00	Funding Eligibility Based on Medicaid Reimbursements (25 schools eligible)	\$2,486,851.00
Funds Expended (20 school districts/special ed units participated)	\$1,724,864.95	Funds Obligated* (21 schools as of 1-31-2023)	\$1,056,218.95
<i>Remaining</i>	<i>\$1,275,135.05</i>	<i>Remaining</i>	<i>\$218,916.10</i>

*To ensure all eligible districts and units can 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%**.




61

Behavioral Health School Grant Budget Review



School Year	2020-2021	2021-2022	2022-2023
Total Medicaid Paid	\$1,757,517.37	\$2,073,653	\$2,486,851
Number of Districts/ Units	25	22	25
Appropriation	<i>\$1,500,000</i>	<i>\$3,000,000</i>	



62

Prevention and Early Intervention Pilot

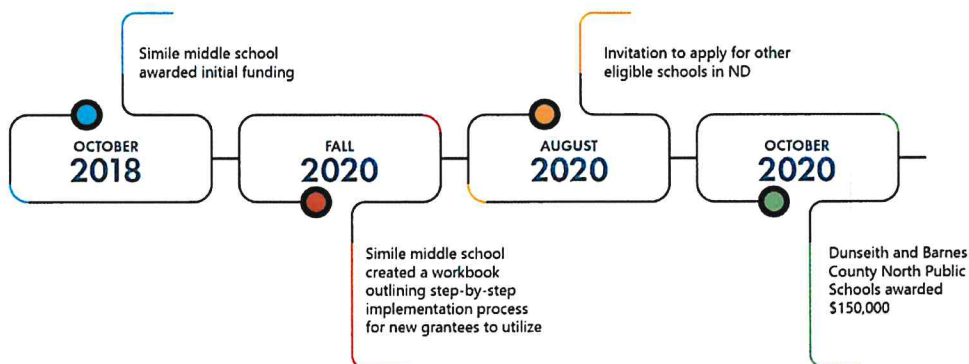
During the 2017 legislative session, House Bill 1040 appropriated \$150,000 to the Department for the purpose of establishing a children's behavioral health prevention and early intervention pilot project in a school system.

During the 2019 legislative session, Senate Bill 2012 appropriated \$300,000 to continue and expand this project to two schools in rural and tribal areas.



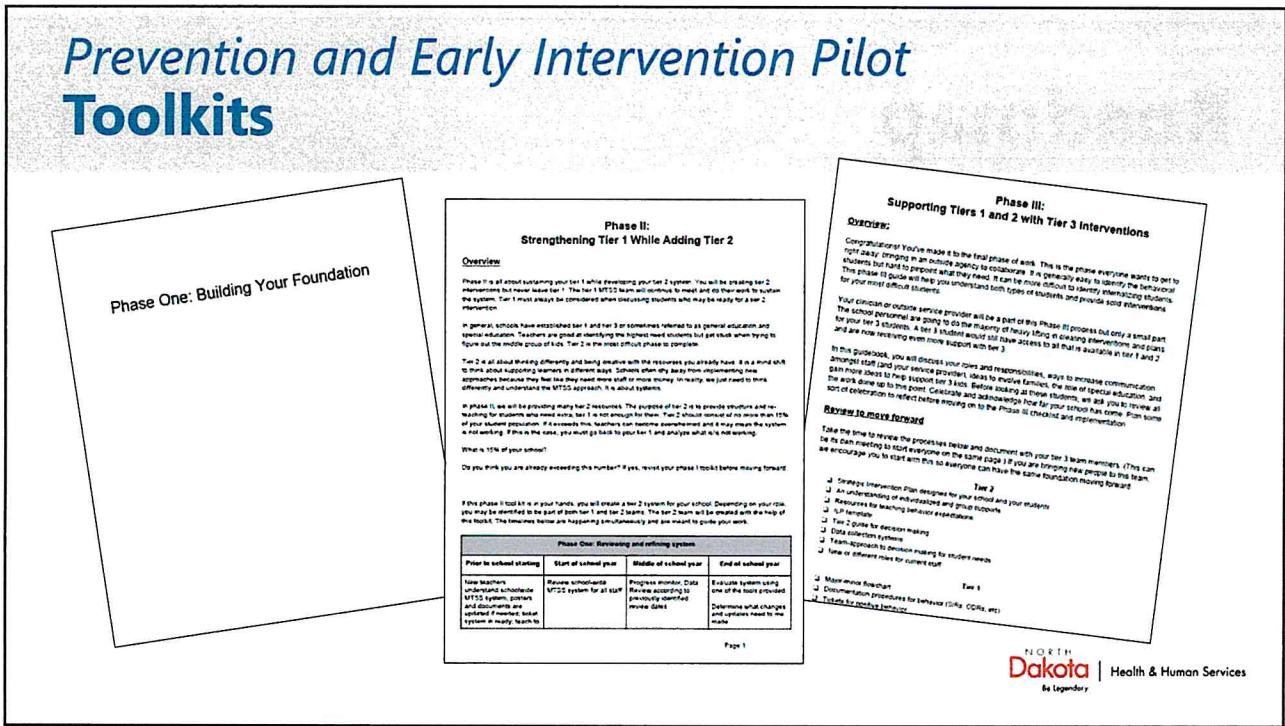
63

Prevention and Early Intervention Pilot Timeline



64

Prevention and Early Intervention Pilot Toolkits



65

Prevention and Early Intervention Pilot Schools Participating

Simle Middle School
Dunseith Elementary School
Barnes County North

Created and provided a 3-Phase Workbook to be utilized by other pilot schools.

They continue to support students with Tier 1, 2, and 3 interventions.

- Provide updated behavioral health materials
- Counselor and elementary room classes
- Contract with a local mental health provider to offer on-site behavioral health services to students who are underinsured, uninsured, or those with copays.
- Provides professional development to staff
- Purchase materials for a counseling room
- Contract with a mental health provider to offer on-site behavioral health services to students who are underinsured, uninsured, or those with copays.

Number of behavior referrals decreased from:

- 905 in the 14-15 school year
- to 141 in the 21-22 school year

Number of behavior referrals decreased from:

- 140 in the 19-20 school year
- to 35 in the 21-22 school year

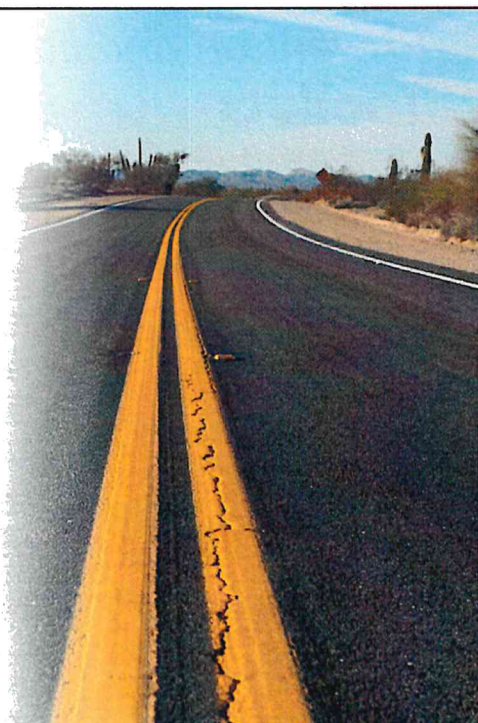
Number of behavior referrals decreased from:

- 50 in the 21-22 school year
- to 36 in the 22-23 school year

66

Roadmap

- Policy Division: Who we are
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67

Federal Funding for 23-25 Biennium

Federal Funding Source	Purpose	Current Award Deadline	Current Award
Substance Use Prevention, Treatment and Recovery Services Grant (SUPTR)	Provide priority treatment and support services for individuals without insurance; provide primary prevention for persons not identified as needing treatment.	September 2023	\$6,534,169
Mental Health Block Grant (MHBG)	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.	September 2023	\$1,466,936
State Opioid Response Grant (SOR)	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.	September 2023	\$4,000,000
System of Care Grant (SOC)	Provide resources to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbances (SED), and their families.	September 2023	\$3,000,000
988 Grant	Improve state and territory response to 988 contacts (including calls, chats, and texts)	April 2024	\$708,333



68

Federal Funding for 23-25 Biennium

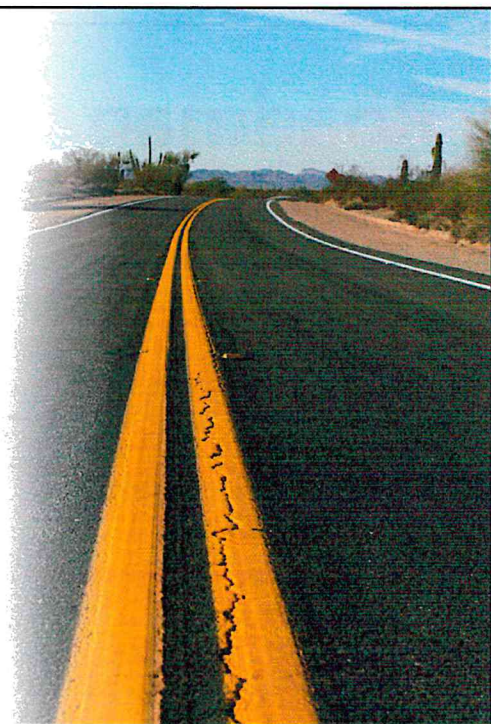
Federal Funding Source	Purpose	Current Award Deadline	Current Award
PATH	Support community-based outreach, mental health and substance abuse referral/treatment, case management and other support services, as well as a limited set of housing services for adults who are homeless or at imminent risk of homelessness and have a serious mental illness.	July 2023	\$311,974.00
Traumatic Brain Injury State Partnership Program	Create and strengthen person-centered, culturally competent systems of services and supports that maximize the independence and overall health and well-being of all people with TBI across the lifespan, their family members, and their support networks.	September 2024	\$286,578.00
Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants	Support states to develop and implement certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC Demonstration program	*not yet awarded	Potential for \$1,000,000
Strategic Prevention Framework-Partnerships for Success	Reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention and mental health promotion services.	*not yet awarded	Potential for \$2,500,000



69

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70

One-time funding being requested (2023-2025)



Pregnant and Parenting Women Treatment Program

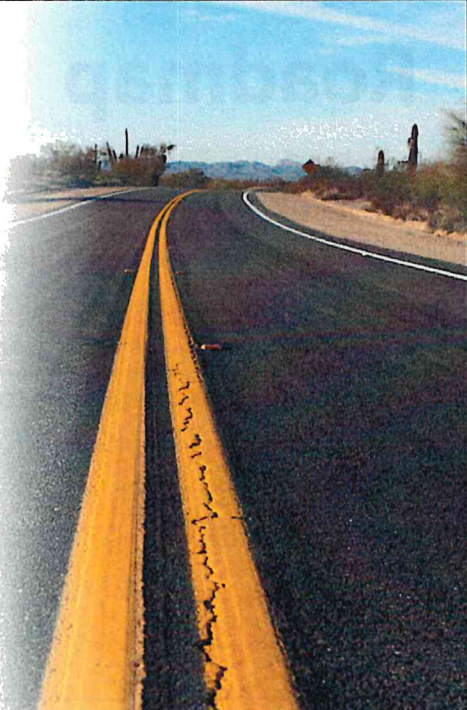
- \$1 million in Strategic Investment and Improvements Fund (SIIF)

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71

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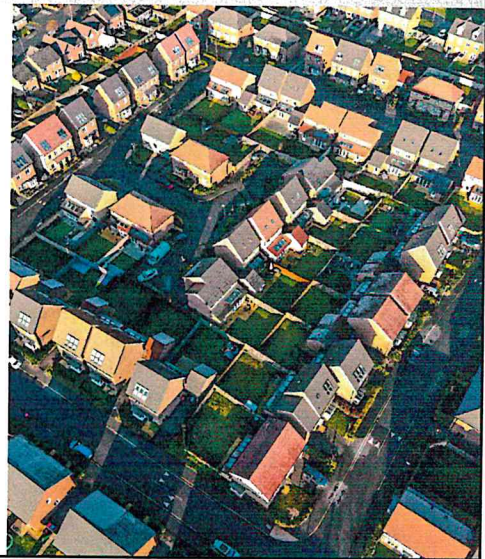


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72

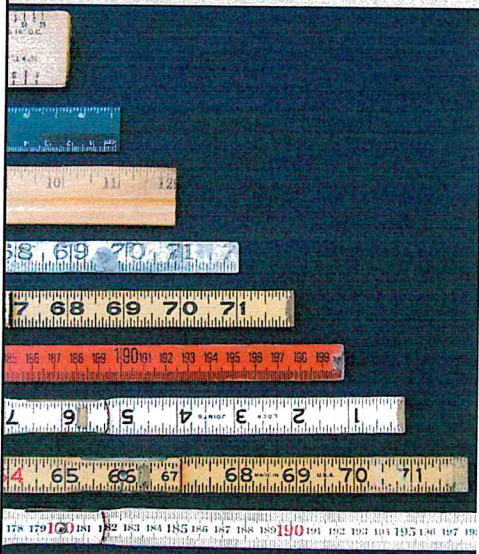
SB 2012 Section 12 Permanent Supportive Housing Grants

**SECTION 12 (Governor's Recommendation).
PERMANENT SUPPORTIVE HOUSING GRANTS.**
Subdivision 2 of section 1 of this Act includes the sum of \$4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding to qualified entities that utilize best practices for permanent supportive housing, provide recovery-oriented and person-centered services, submit process and outcome measures to the department, and authorize the department to conduct onsite visits to review program operations.



SB 2012 Section 19 Provider Process and Outcome Measures

**SECTION 19 (Governor's Recommendation).
PROVIDER PROCESS AND OUTCOME MEASURES.**
Providers that receive funding from the department of health and human services shall submit process and outcome measures, as required by the department, to the department for programs and services supported by state funding during the biennium beginning July 1, 2023, and ending June 30, 2025, for the department to evaluate the administration of the programs and services using the appropriation for the program or service.



SB 2012 Section 20 Community Behavioral Health Program

**SECTION 20 (Governor's Recommendation).
COMMUNITY BEHAVIORAL HEALTH PROGRAM.**
Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department may transfer funds for the continuation of the community behavioral health program pursuant to subsection 2 of section 54-23.3-10.



SB 2012 Section 22 Exemption – Suicide Prevention



**SECTION 22 (Governor's Recommendation).
EXEMPTION.** The sum of \$750,000 from the general fund appropriated to the department of health and human services for the purpose of providing suicide prevention grants in chapter 37 of the 2019 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation approved under section 54-44.1-11 for continuation into the 2021-23 biennium are available for the suicide prevention grants during the biennium beginning July 1, 2023, and ending June 30, 2025.

SB 2012 Section 26 Exemption – Free Through Recovery

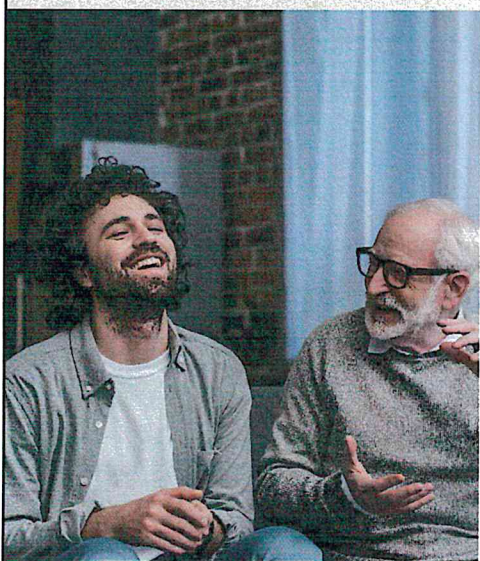
SECTION 26 (Governor's Recommendation). EXEMPTION. The amount appropriated for the purpose of free through recovery program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the free through recovery program during the biennium beginning July 1, 2023, and ending June 30, 2025.



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77

SB 2012 Section 29 Exemption – Intent. SUD Voucher Grants



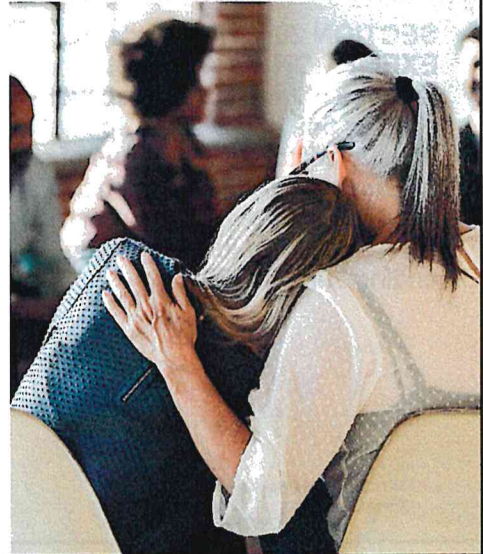
SECTION 29 (Governor's Recommendation). EXEMPTION - INTENT. The amount appropriated for the purpose of projects, financial assistance, grants, and services including Medicaid eligibility system upgrades, child care services, to provide community-based behavioral health services, and for substance use disorder treatment voucher system grants in chapter 550 of the 2021 Special Session, Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for projects, financial assistance, grants, and services during the biennium beginning July 1, 2023, and ending June 30, 2025. Notwithstanding subsection 3 of section 50-11.1-14.1, the department may provide financial assistance to beneficiaries related to child care services. Notwithstanding subsection 2 of section 50-06-42.1, the department may award up to four grants rather than two grants for substance use disorder treatment voucher system grants. The requirements of chapter 54-44.4 do not apply to this subsection, including the selection of recipients and the disbursement of funds.

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78

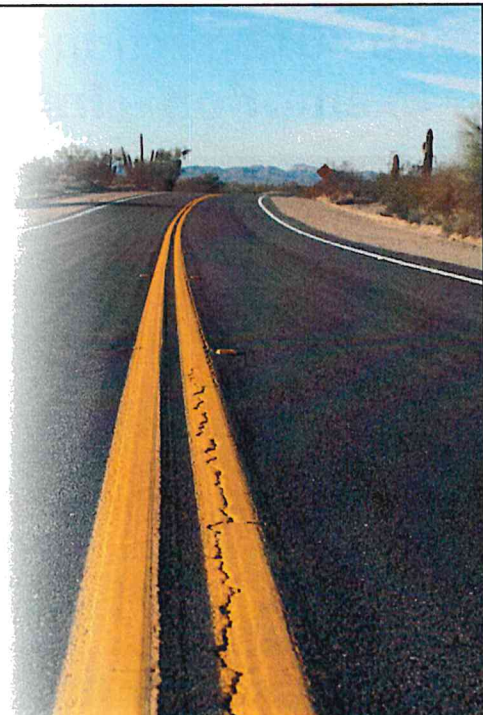
New Section: SB 2012 Exemption

NEW SECTION. EXEMPTION. The amount appropriated for substance use disorder treatment voucher system grants in chapter 12 of the 2021 Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpended funds from this appropriation are available for the substance use disorder treatment voucher system grants pursuant to section 50-06-42.1 during the biennium beginning July 1, 2023, and ending June 30, 2025.



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SB 2012 Additional considerations

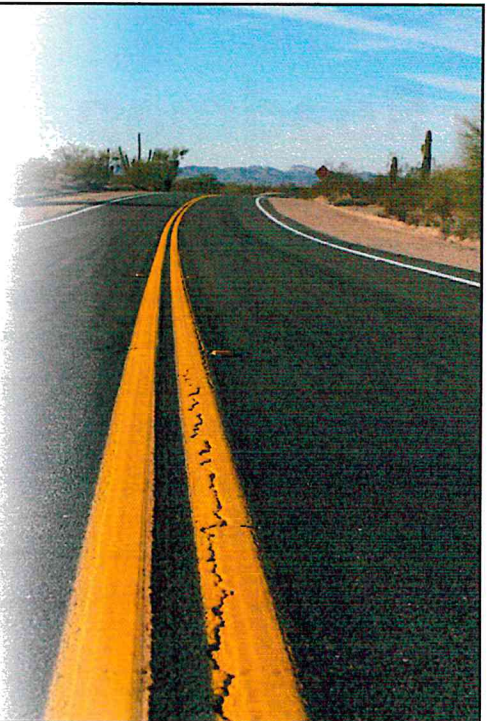
- Recovery Housing Assistance Program (RHAP)
- B-HERO spending authority
- Opioid Settlement spending authority
- Brain Injury funding flexibility
- Move Free Through Recovery appropriation from DOCR to HHS budget*
- FTE to assist with 1915(i) provider outreach/enrollment/training



81

Roadmap

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82

Relevant policy bills being considered & budget impact

Bill	General Fund*
HB 1312: Kognito	0
HB 1390: suicide fatality review commission	\$15,000
SB 2322: mental health & well-being advisory committee	\$5,000,000
SB 2149: 988	0
SB 2152: recovery residences	0
SB 2166: recovery grants	\$3,000,000**

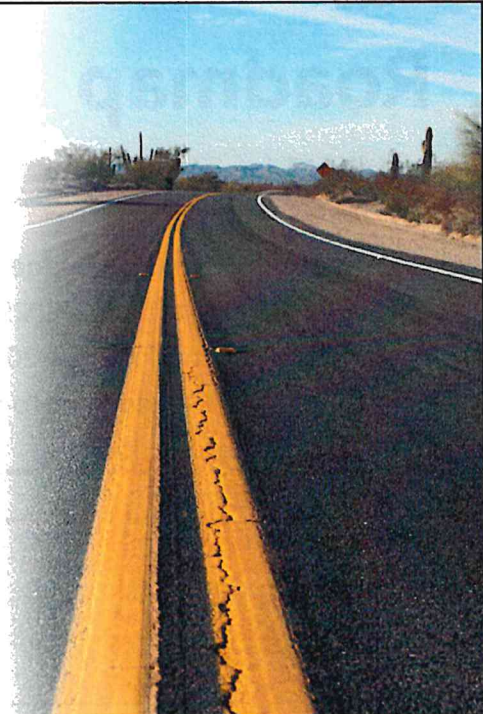
*Current State
 **appropriation is to Department of Commerce



83

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84

Overview of Budget Changes

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
Salaries and Benefits	\$7,193,820	\$1,256,196	\$8,450,016
Operating	56,684,267	12,074,085	68,758,352
IT Services	-	-	-
Capital Asset Expense	-	-	-
Capital Assets	-	-	-
Grants	28,220,135	5,932,356	34,152,491
Total	\$92,098,222	\$19,262,637	\$111,360,859
General Fund	\$42,025,043	\$9,877,067	\$51,902,110
Federal Funds	42,297,585	(1,774,062)	40,523,523
Other Funds	7,775,594	11,159,632	18,935,226
Total Funds	\$92,098,222	\$19,262,637	\$111,360,859
Full Time Equivalent (FTE)	37.00	2.00	39.00



85

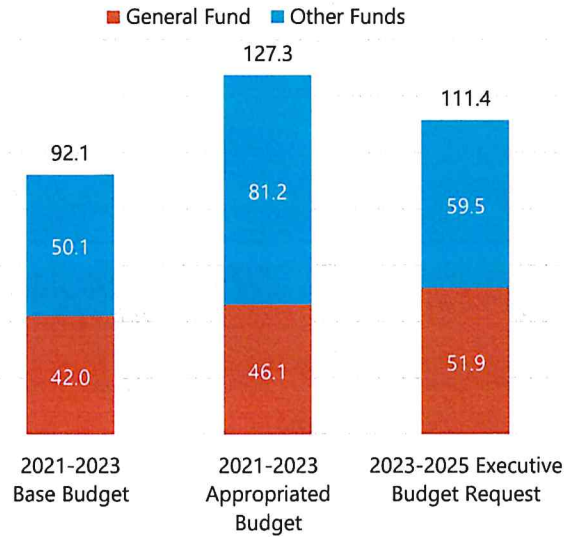
Overview of Budget Changes by Funding Source

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
General Fund	42,025,043	9,877,067	51,902,110
Federal Funds	42,297,585	(1,774,062)	40,523,523
Other Funds	7,775,594	11,159,632	18,935,226
Total Funds	\$92,098,222	\$19,262,637	\$111,360,859



86

Overview of Budget Changes (IN MILLIONS)



87

Overview of Budget Changes

Budget detail by account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular	4,914,324	611,037	5,525,361
513x Salaries Temp	68,640	236,060	304,700
516x Salaries Benefits	2,210,856	409,099	2,619,955
Total Salaries & Benefits	\$7,193,820	\$1,256,196	\$8,450,016
52x Travel	25,000	-	25,000
53x Supply	6,000	-	6,000
54x Postage & Printing	2,500	12,500	15,000
61x Professional Development	64,458	(4,458)	60,000
62x Fees - Operating & Professional	56,586,309	12,066,044	68,652,352
71x Grants, Benefits, & Claims	28,220,135	5,932,355	34,152,491
Total Operating	\$84,904,402	\$18,006,441	\$102,910,843
Total	\$92,098,222	\$19,262,637	\$111,360,859

88

Overview of Budget Changes

Budget detail by account

Description	2021 - 2023 Budget Base	Increase/ (Decrease)	2023 - 2025 Executive Budget
511x Salaries - Regular		611,037	5,525,361
513x Salaries Temp		236,060	304,700
516x Salaries Benefits	2,210,856	409,099	2,619,955
Total Salaries & Benefits	\$7,193,820	\$1,256,196	6,437,624
52x Travel	25,000	-	0
53x Supply		-	6,000
54x Postage & Printing		12,500	15,000
61x Professional Development		(4,458)	60,000
62x Fees - Operating & Professional		12,066,044	68,652,352
71x Grants, Benefits, & Claims		5,932,355	34,152,491
Total Operating	\$9,208,276	\$18,006,441	\$102,910,843
Total	\$9,208,276	\$19,262,637	\$111,360,859

- 6%/4% Increases
- 2 new FTEs
- Minor additional shifting

- Minor shifting based on current expenditures/ need

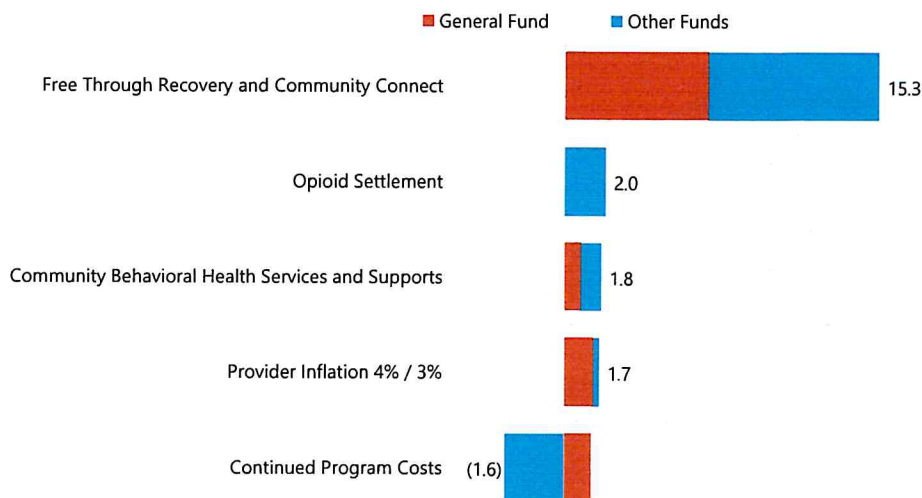
- Maintenance of & provider rate inflation for FTR and Community Connect services
- Opioid Settlement authority
- Pregnant & Parenting Women
- Shifting in federal grant authority

- Additional federal authority for CCBHC federal grant
- Provider rate inflation for SUD Voucher

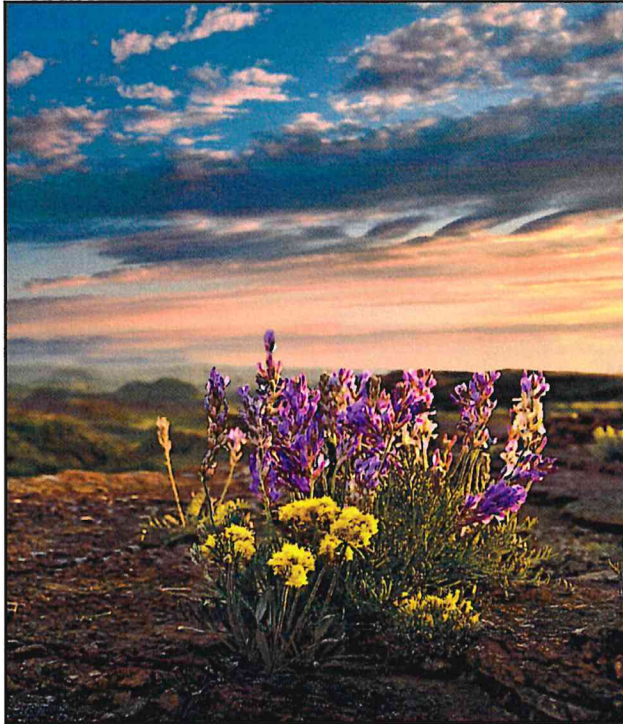


89

Overview of Budget Changes (IN MILLIONS)



90



Contact Information

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Policy Director

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