



SB 2012
Senate Appropriations Committee
Senator Bekkedahl, Chairman



Behavioral Health Division, **Human Service Centers** | January 17, 2023

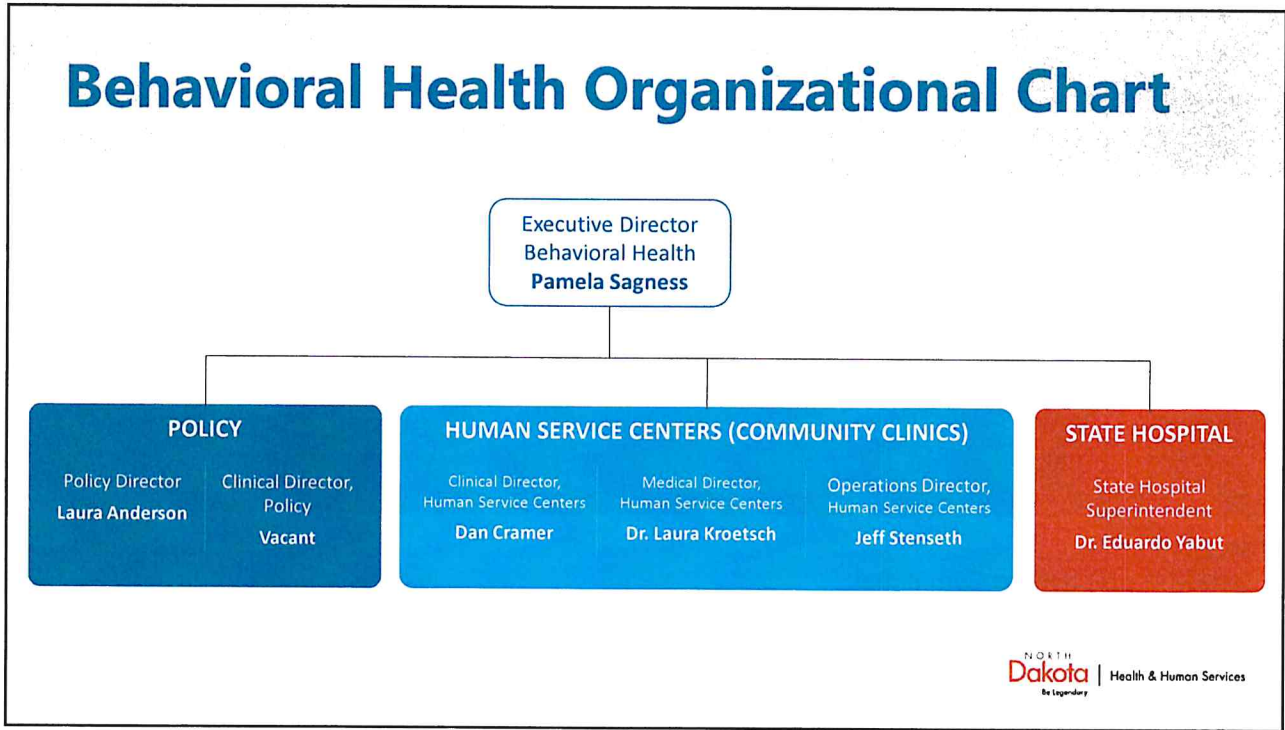
1

Roadmap

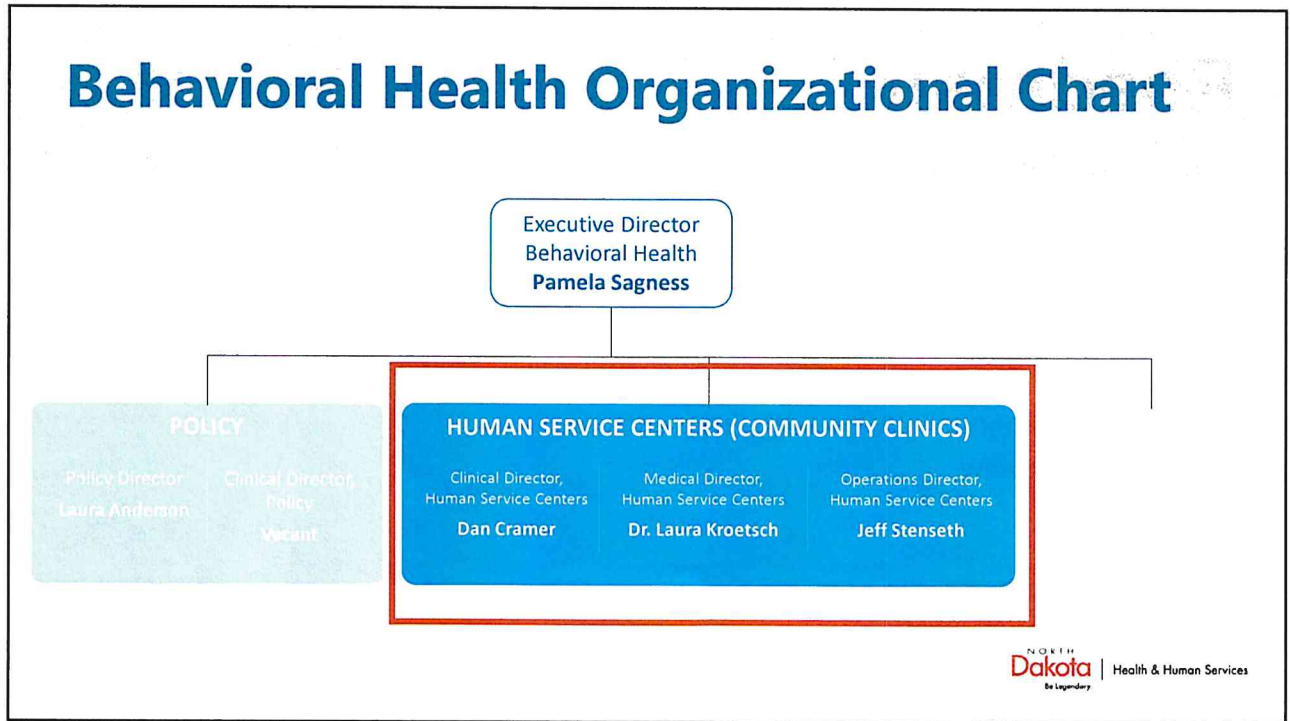
- **HSC Clinic Leadership Restructure**
- HSC Location Overview
- Services
 - Assessments
 - Treatment Services
 - Behavioral Health Crisis Care
- Essential Elements to Align with Future Vision
- Budget Overview



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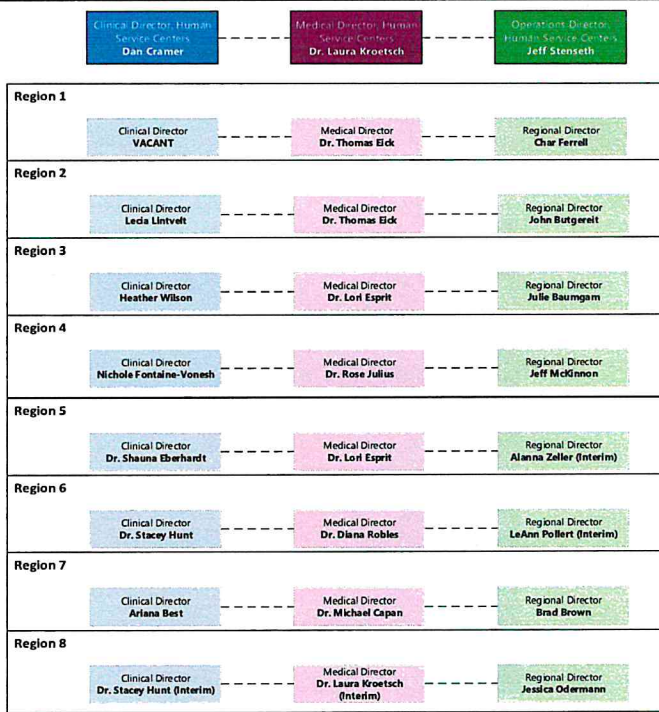


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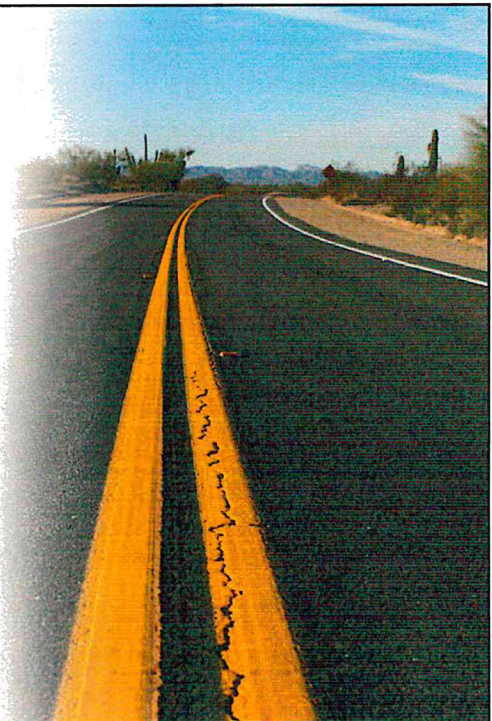
Human Service Center Leadership Structure



1

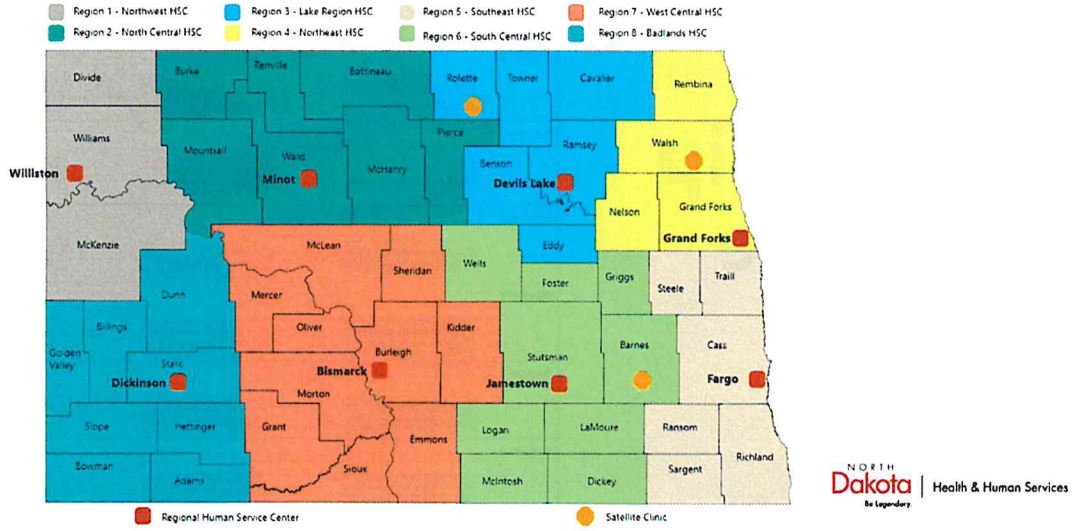
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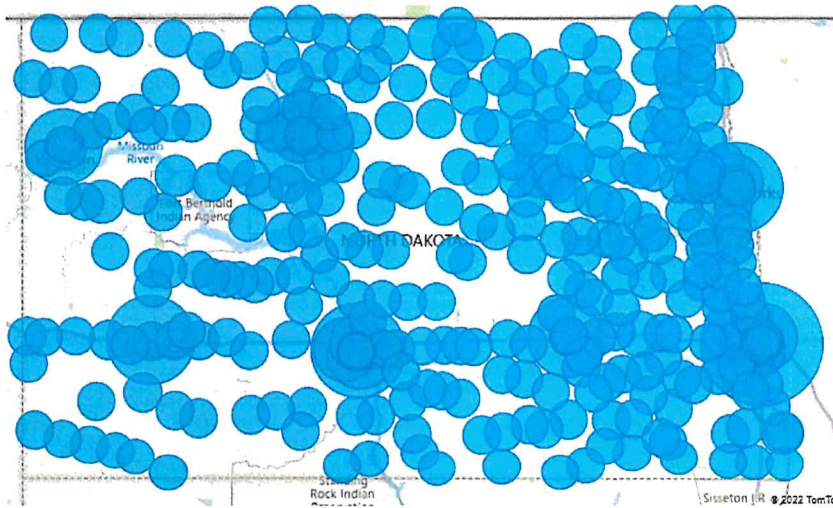
Human Service Center Locations



3

Behavioral health care penetration of services

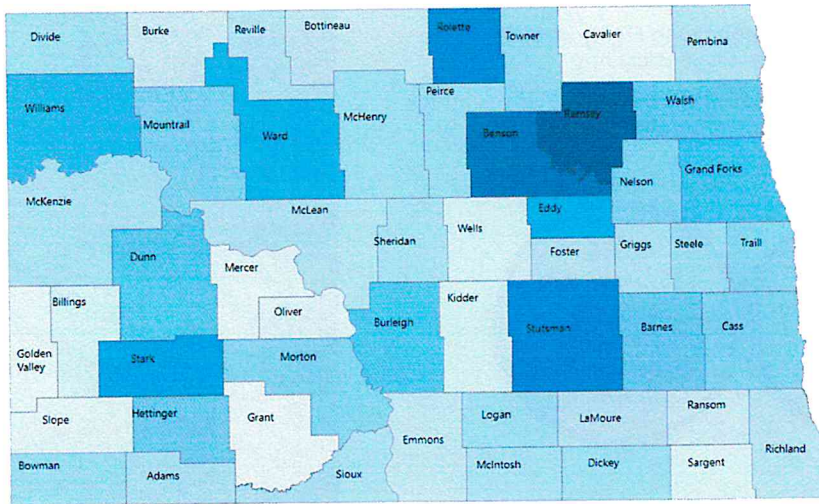
July 2021 – December 2022



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Rate of Clients Served by County

July 2021 – December 2022

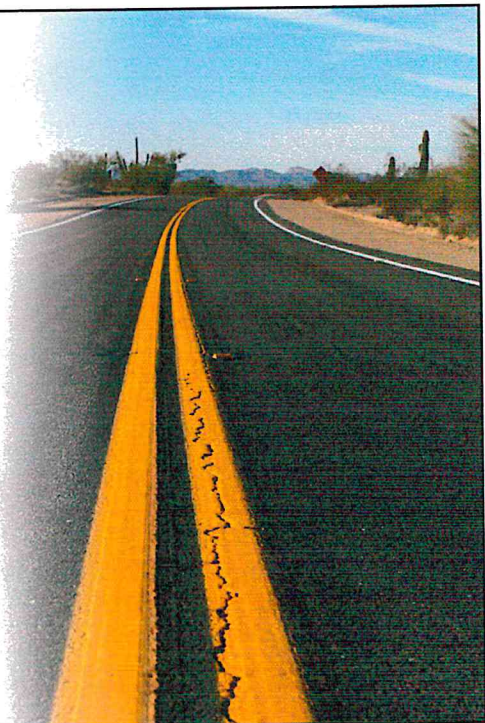


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By Legendary

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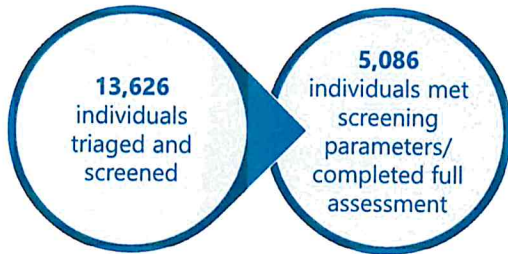
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By Legendary

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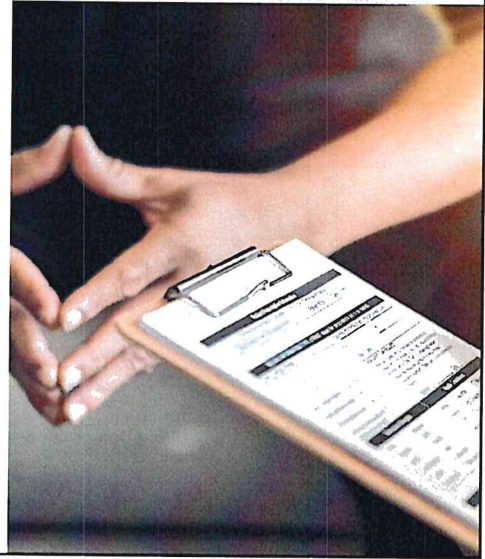
Assessments - Walk-In

July 2021 - December 2022

- Available from 8am to 5pm Monday to Friday at all 8 Community Behavioral Health Clinic Locations.
- Purpose: To rapidly assess need and connect individuals to the right services. This may include entry into the local Clinic or referral to an outside agency.



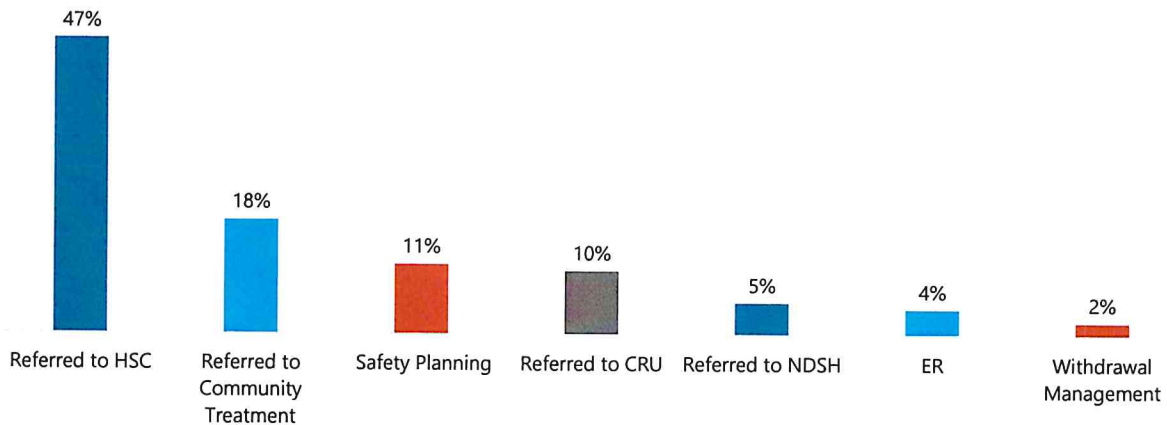
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Assessments - Results After Walk-In Assessments

July 2021 - December 2022



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Assessments - Psychological

Statutorily Required: NDCC 75-05-03-07



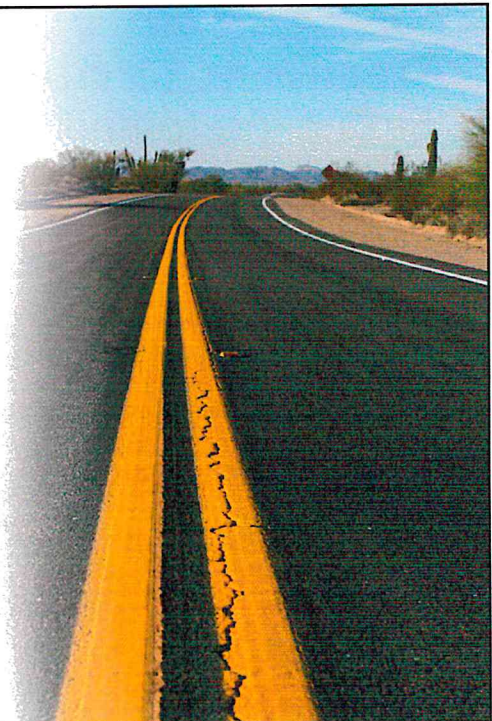
- Sex Offender Risk Assessment (In support of Pre-Sentence Investigation)
- County Referred Parental Evaluations
- Developmental Disability Evaluations
- Multidisciplinary Case Conference

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Treatment Services

Serving those with greatest need



- **Complexity:** Individuals who are experiencing moderate to severe/extreme functional impairment secondary to a behavioral health condition
- **Safety Net:** Individuals and families with limited access to other services or resources in their community.

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Treatment Services

Struggling to find community options

Significant functional impairment	High risk factors	Complex and severe diagnoses
<ul style="list-style-type: none"> • Those with significant functional impairment. • Inability to maintain safety in the community. • Difficulty maintaining a home environment. • Difficulty being managed by caregivers. • Struggle with adhering to medications and appointments 	<ul style="list-style-type: none"> • Requiring higher levels of care, such as crisis bed, partial hospital, inpatient, safe beds, detention centers, etc. • Utilization of crisis services, alternative treatment orders (ATOs), petitions, etc. • Significant risk of harm to self or others. • Unmanageable in the home or school. • Complex unavoidable psychotropic polypharmacy. 	<ul style="list-style-type: none"> • Serious Mental Illness • Children with Severe Emotional Disturbance • Dual diagnosis – active symptoms and current usage. Prison reentry substance use severity prior to incarceration consideration. • IV drug use within 1 year. • Pregnant and using substances. • First episode psychosis.

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Treatment Services

78% of clients with Severe and Extreme Impairments

For these individuals at the beginning of care:

- 28% were homeless
- 3% were residing in correctional facility
- 12% lived with parents
- 4% were in residential/transitional living

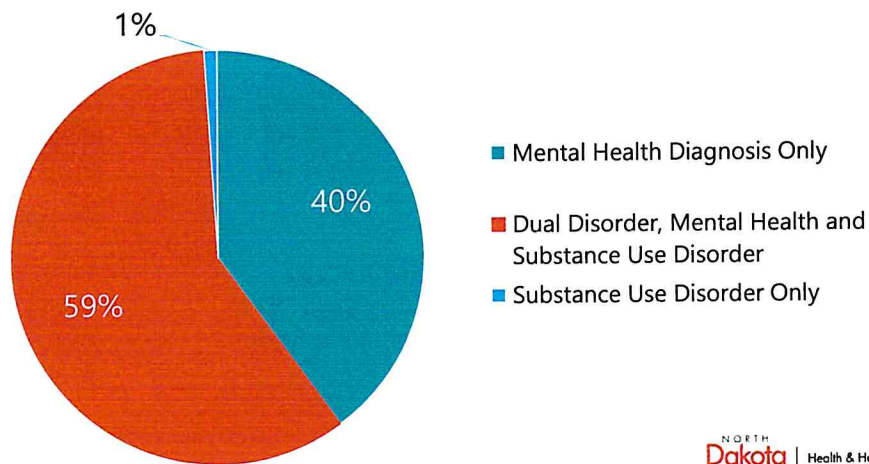
For these individuals in last 30 days:

- 5% arrested
- 12% no show
- 3.30 average hours of service
- 85% of crisis residential admissions

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Treatment Services

Diagnosis of People We Serve



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Treatment Services

Limited payment options

- Accept major third-party payor insurance plans, Medicare, Medicaid, Medicaid expansion.
- Sliding fee scale available.
- Prioritize youth and family without payment source.



Treatment Services

Working differently to connect clients to what they need



People

Help foster growth of natural and community connections



Place

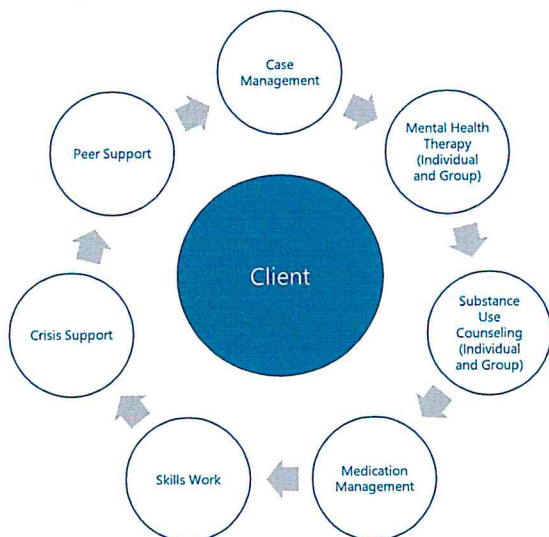
Help connect to safe and supportive living environments



Purpose

Help connect to work, community groups, or activities which facilitate meaning

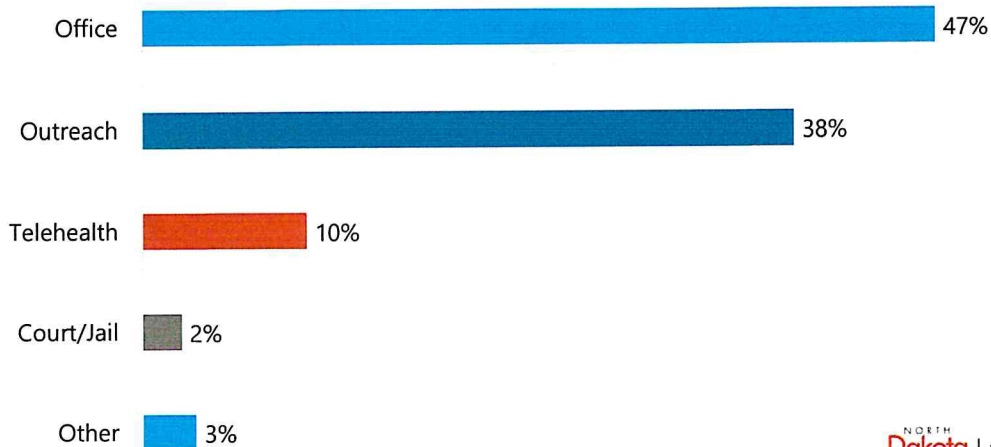
Treatment Services Team Based Care



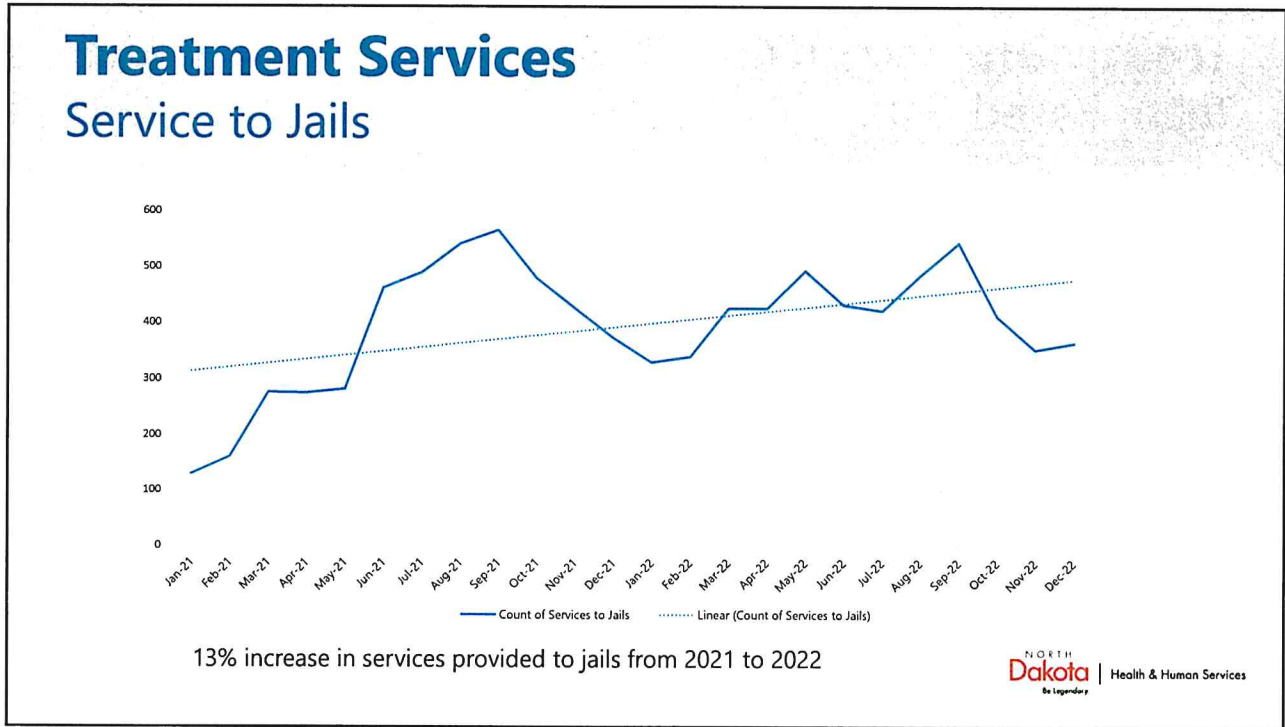
Designed to serve individuals with complex needs with specific services to include

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Treatment Services Location of Services




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Treatment Services

Medication management supports




Long-acting injectable medications

- 10% patients are on injections
- Injections administered on site or at the client residence.



Antipsychotics and mood stabilizers requiring blood monitoring

- 7% on clozapine
- 63% on meds requiring routine blood draws



Medication skills training, medication box set up, and delivery

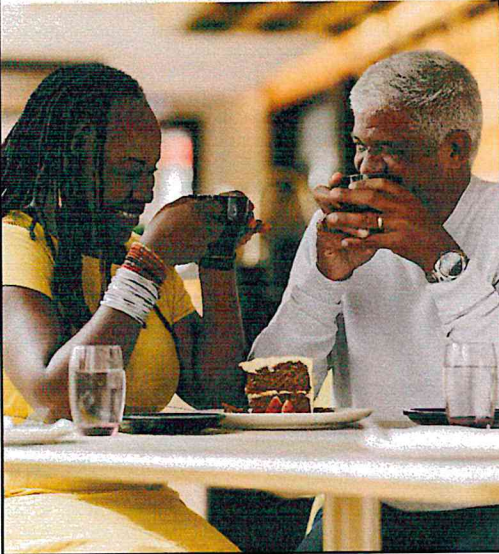
- Medication delivery access variable by region

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Treatment Services - Adult

July 2021-December 2022



304,538 services
provided to...

12,462 individuals

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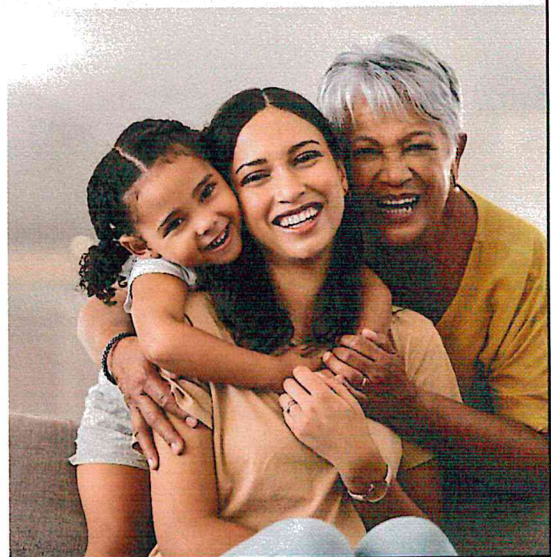
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Treatment Services - Youth & Family

July 2021-December 2022

2,098 youth/families
served

92% of youth served have
a Serious Emotional
Disturbance diagnosis

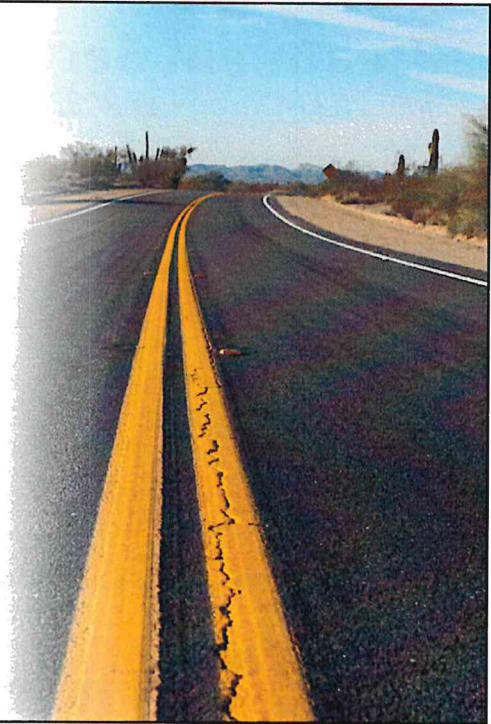


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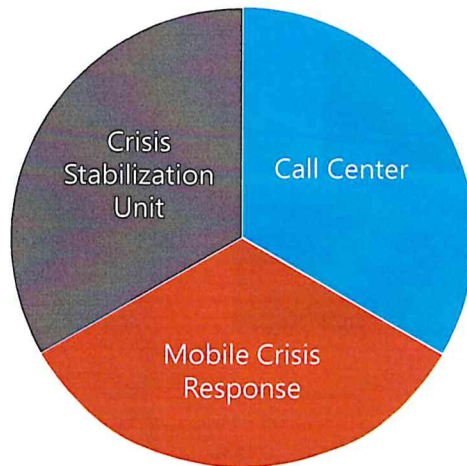
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Behavioral Health Crisis Care Core Services & Best Practices



Statewide 988 (211) Crisis Call Center: Best Practice Anchors

Purpose: Real-time access to a live person every moment of every day for individuals in crisis.

Operate every moment of every day (24/7/365)	Answer every call or coordinate overflow coverage with a resource that also meets all of the minimum crisis call center expectations	Assess risk of suicide in a manner that meets NSPL standards and danger to others within each call
Coordinate connections to mobile crisis team services	Connect individuals to facility-based care through warm hand-offs and coordinating transportation as needed	Incorporate Caller ID functioning
	Implement real-time GPS technology in partnership with the region's mobile crisis teams	

■ Full Implementation
■ Partial Implementation
■ Not Implemented

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 (SAMSHA Best Practice Tool Kit, 2020)

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Mobile Crisis: Best Practice Anchors

Purpose: Offering community-based interventions to individuals in need where they are at.

Include a licensed and/or credentialed clinician capable of assessment *	Respond where the person is (home, work, park, etc.) and not restrict services to select locations	Connect individuals to facility-based care through warm hand-offs and coordinating transportation as needed
Incorporate peers within the mobile crisis team *	Respond without law enforcement accompaniment unless special circumstances warrant inclusion	Implement real-time GPS technology in partnership with the region's crisis call center hub
	Schedule outpatient follow-up appointments to support connection to ongoing care	

■ Full Implementation
■ Partial Implementation
■ Not Implemented

* Included in Crisis Enhancement funding
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 (SAMSHA Best Practice Tool Kit, 2020)

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Behavioral Health Crisis Care


Rural Crisis Adaptation

Current

Mobile response within 45 miles radius of 8 metro areas

Future Plan

Develop agreements with critical access hospitals and with key community entities (law enforcement and Emergency Departments) for tele-response.



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Crisis Stabilization Units: Best Practice Anchors

*Purpose:
To manage risk at lowest level of care and avoid
unnecessary hospitalizations/ER visits.*

Do not require medical clearance prior to admission but will assess for and support medical stability while in the program *	Design their services to address mental health and substance use crisis issues	Employ the capacity to assess physical health needs and deliver care for most minor physical health challenges *
Staff at all times (24/7/365) with a multidisciplinary team capable of meeting the needs of individuals experiencing all levels of crisis in the community *	Offer walk-in and first responder drop-off options	Ensure timely access to licensed and/or credentialed clinicians capable of completing assessments
	Screen for suicide risk and complete comprehensive suicide risk assessments and planning when clinically indicated	

- Full Implementation
- Partial Implementation
- Not Implemented

* Included in Crisis Enhancement funding

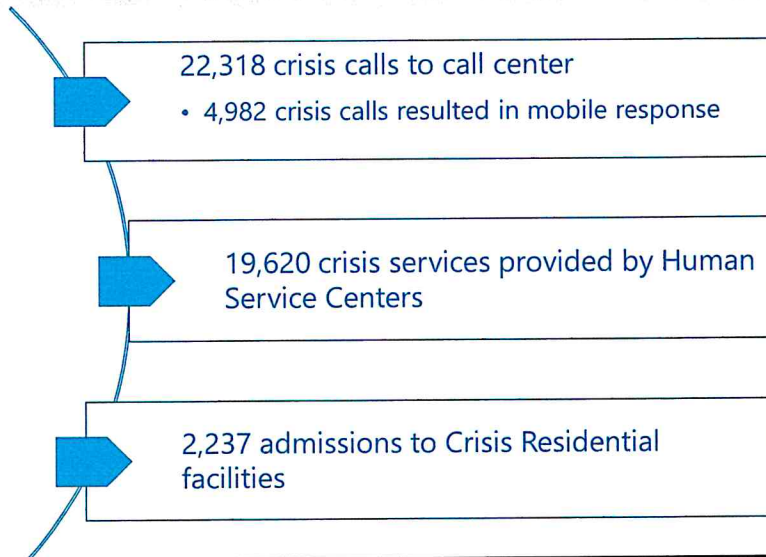


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Behavioral Health Crisis Care

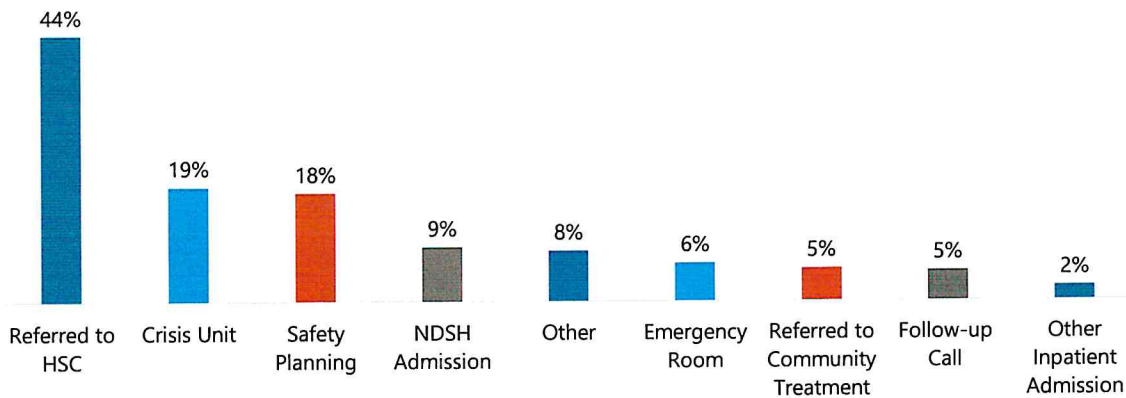
July 2021 – December 2022



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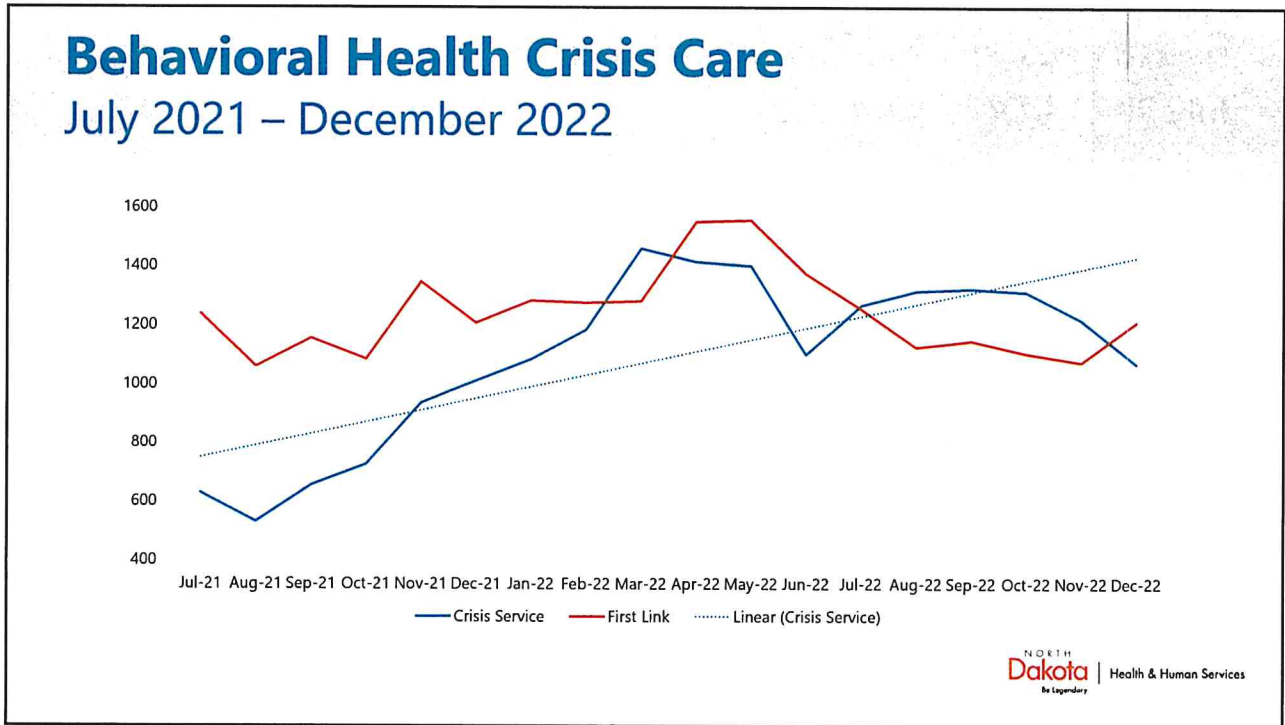
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Behavioral Health Crisis Care Results Following Crisis Assessment



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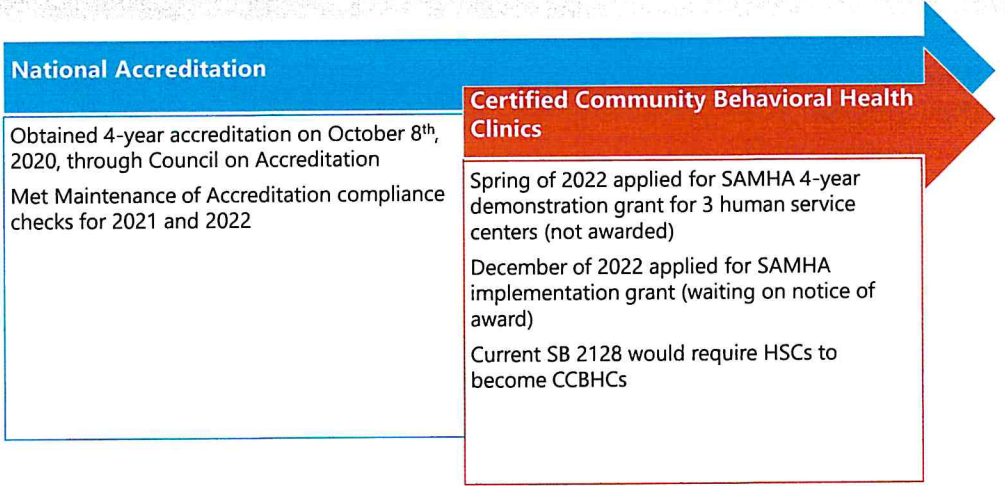
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Pathway to Certified Community Behavioral Health Clinics (CCBHCs)



National Accreditation

Obtained 4-year accreditation on October 8th, 2020, through Council on Accreditation
 Met Maintenance of Accreditation compliance checks for 2021 and 2022

Certified Community Behavioral Health Clinics

Spring of 2022 applied for SAMHA 4-year demonstration grant for 3 human service centers (not awarded)
 December of 2022 applied for SAMHA implementation grant (waiting on notice of award)
 Current SB 2128 would require HSCs to become CCBHCs

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Enhancements Required for CCBHCs

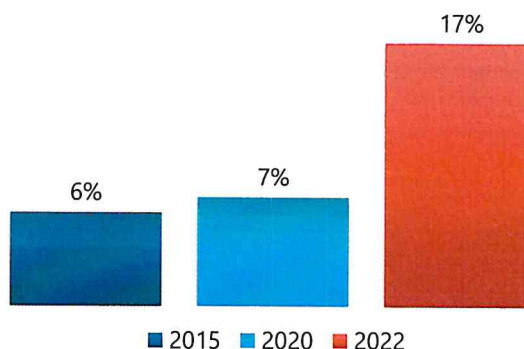
Enhanced Reporting	Enhanced Collaboration	Enhanced EHR	Enhanced VA coordination	Expand Capacity	Peer Support
<ul style="list-style-type: none"> • Data capture • Data submission 	<ul style="list-style-type: none"> • Local contracted or coordinating facilities • Primary care provider visits and medication changes 	<ul style="list-style-type: none"> • Interagency electronic connections and data exchange 	<ul style="list-style-type: none"> • Outreach extending past specific distance parameters from VA facilities 	<ul style="list-style-type: none"> • Expand service availability to greater range of need. • Increase availability of Substance Use Disorder Treatment 	<ul style="list-style-type: none"> • Increased engagement and client access

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Continued progress requires addressing team member retention

Data shows a rising vacancy rate corresponding with timeline of serving a more complex and severe patient population.

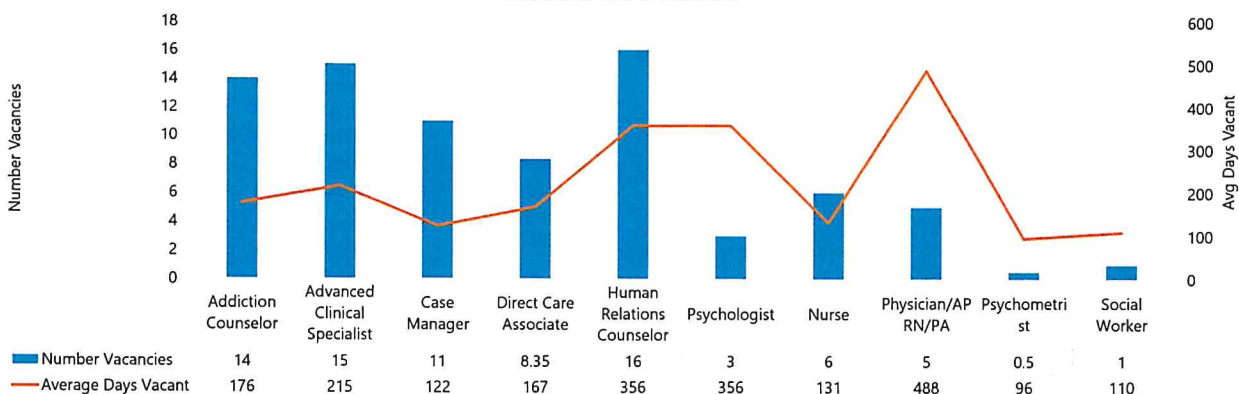
Vacancy Rate



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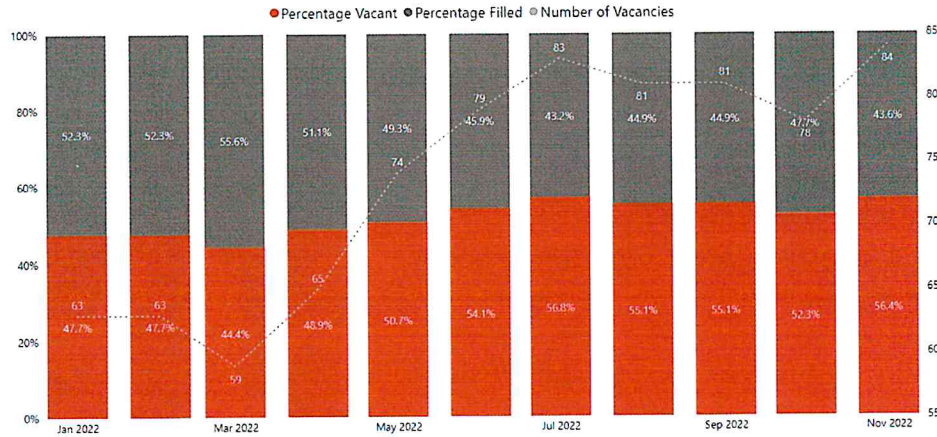
Vacancy report

Behavioral Health Vacancies



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Temporary Positions



Vacancy rates are consistently higher for temporary positions than for FTE positions.

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Vacancies impacting revenue

Licensed Addiction Counselor

- 14 current vacancies open for a combined 2,445 days
- Vacant for 175 days on average
- 9 positions vacant greater than 3 months
- Average revenue for position is \$40,687 a month
- **Estimated loss due to vacancies: \$3,315,990**

Advanced Clinical Specialists

- 15 current vacancies open for a combined 3,209 days
- Vacant for 214 days on average
- 14 positions vacant greater than 3 months
- Average revenue for position is \$39,153 a month
- **Estimated loss due to vacancies: \$4,188,066**

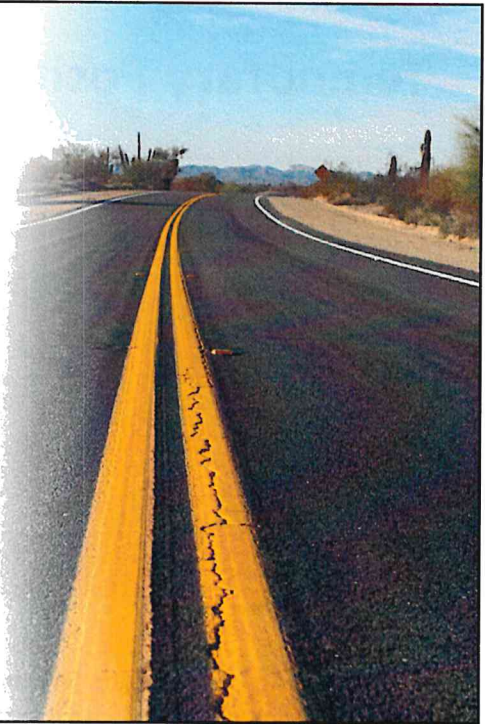
Human Relation Counselors

- 16 current vacancies open for a combined 3,873 days
- Vacant for 242 days on average
- 10 positions vacant greater than 3 months
- Average revenue for position is \$30,523 a month
- **Estimated loss due to vacancies: \$4,188,066**

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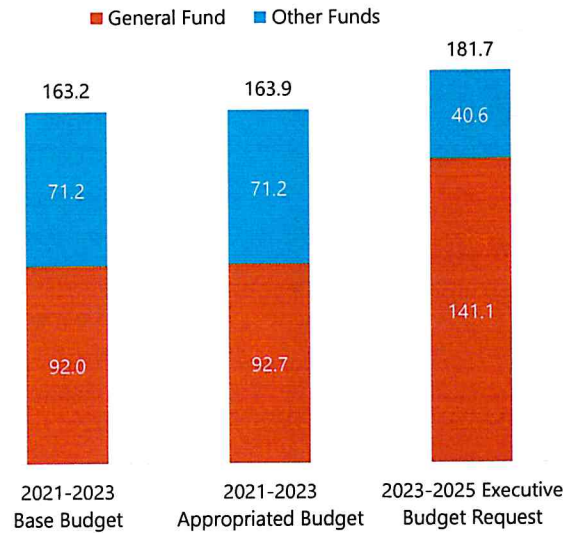
Overview of budget changes

Description	2021 - 2023 Budget Base		Increase/ (Decrease)		2023 - 2025 Executive Budget	
Salaries and Benefits	\$	121,419,280	\$	10,601,168	\$	132,020,448
Operating		14,695,687		6,237,522		20,933,209
IT Services		945,548		177,407		1,122,955
Capital Asset Expense		80,000		735,154		815,154
Capital Assets		-		-		-
Grants		26,073,310		723,129		26,796,439
Total	\$	163,213,825	\$	18,474,380	\$	181,688,205
General Fund	\$	91,958,854	\$	49,134,985	\$	141,093,839
Federal Funds		44,666,940		(18,896,503)		25,770,437
Other Funds		26,588,030		(11,764,101)		14,823,929
Total Funds	\$	163,213,824	\$	18,474,381	\$	181,688,205
Full Time Equivalent (FTE)		630.25		49.50		679.75

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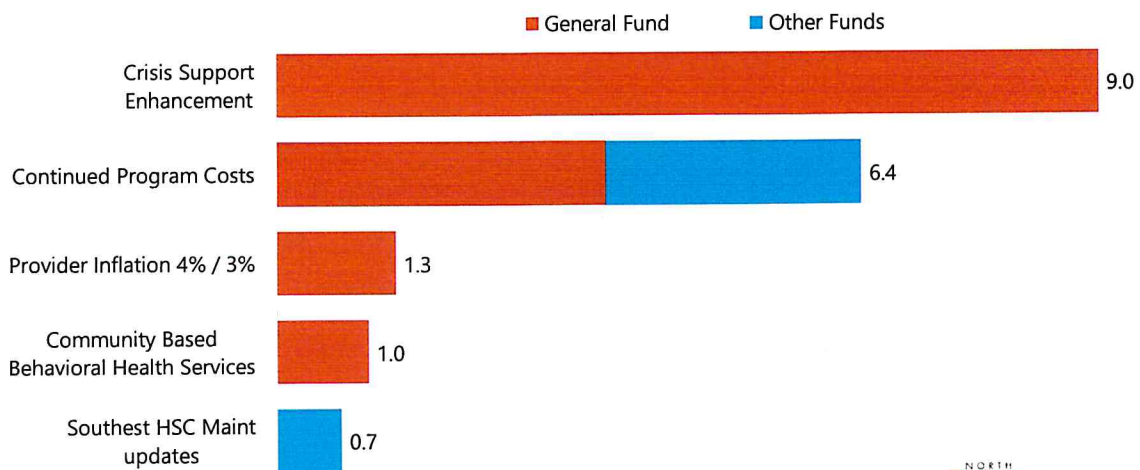
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Overview of budget changes (IN MILLIONS)

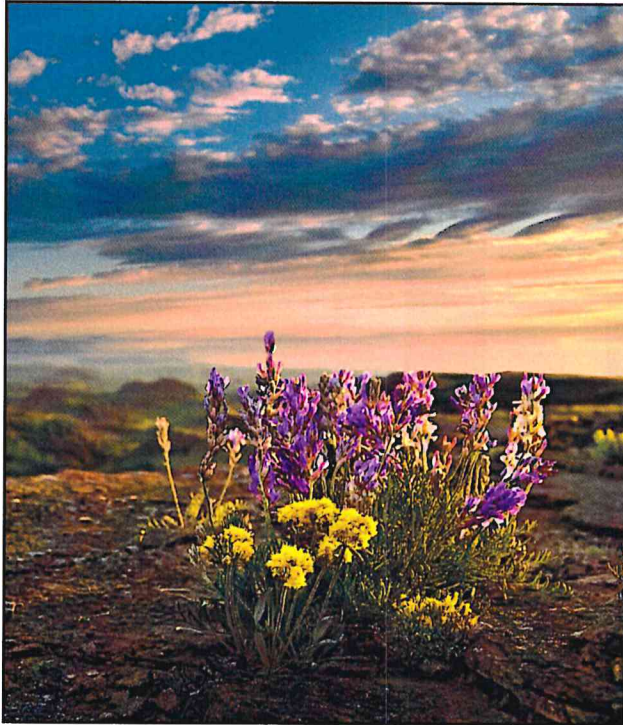


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Overview of budget changes (IN MILLIONS)



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Contact Information

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