



HB 1012

House Appropriations – Human Resources Division Committee
Senator Nelson, Chairman

Behavioral Health Division, **Policy & Administration** | January 29, 2025



| Health & Human Services

Our Vision

North Dakota is the healthiest state in the nation.

Our Mission

HHS fosters positive, comprehensive outcomes by promoting economic, behavioral and physical health, ensuring a holistic approach to individual and community well-being.

Partnerships



Formal Collaborations

- Behavioral Health Planning Council
- Opioid Settlement Committee
- Suicide Fatality Review Commission
- Child Fatality Review
- State Highway Traffic Safety Plan
- Problem Gambling Advisory Council
- Pk-12 Education Steering Committee
- Taskforce on Mental Health
- Children's Cabinet
- Interdisciplinary Specialized Docket Committee
- ND Cares

Informal Collaborations

- HHS/DOCR
- Treatment Court Collaboration
- Behavioral Health Collaboration (LTC, Hospitals)

Collaboratives

North Dakota Long-Term Care and Psychiatric Facility Collaborative – Behavioral Health

Collaborative members: ND Long Term Care Association, ND Hospital Association, Alzheimer's Association, Health & Human Services-Behavioral Health, Good Samaritan Society, Sanford Health, Prairie St. John's, SMP Health-St. Raphael, Dept of Corrections & Rehabilitation, Altru, Hill Top Home-Killdeer, LTC State Ombudsman, Benedictine Living-Ellendale

Purpose of Collaborative: Identify and address behavioral health specific issues impacting populations served by long term care facilities and psychiatric facilities in North Dakota.

Ongoing Work of the Collaborative:

- Definitions Workgroup (stable, acute, level of care, safety)
- Engage Medicaid
- Data Gathering
- Length of Stay Review
- Strategize Solutions
- State Hospital Role

WHO	Justice-involved (DOCR and civilly committed sex offender population)	Residents with Challenging Behavior (not specifically gero-psych)	Gero-Psych	Community-Based
CONSIDERATIONS / PROBLEM STATEMENTS	<p>Individuals who are justice-involved currently or by history remain in state facilities due to a lack of options.</p> <ul style="list-style-type: none"> • Aging DOCR • Sex-Offenders • Violent Crime History <p>Facility proximity to schools can be an issue in community.</p> <p>Insurance issues for long term care providers.</p> <ul style="list-style-type: none"> • Case by case review but mostly no. 	<p>Medicaid eligibility delays.</p> <p>Medicaid residents under 65 that are hospitalized, SNFs cannot bill for bed hold days.</p> <p>Provider hesitancy to support individuals with difficult behaviors due to concern support won't be available if things escalate.</p> <p>CMS very low risk tolerance for potential harm in SNFs.</p> <p>Lack of care coordination to assist individuals across systems.</p> <p>Need for consulting specialists to assist facilities in maintaining or returning individuals with high need.</p> <p>Reimbursement considerations.</p>	<p>When acute situations arise, the closest inpatient facility isn't necessarily best care for this population (mixed milieu).</p> <p>Neuro-cognitive disorder difficulty.</p> <p>Gero-psych language does not represent current population with many younger individuals.</p> <p>Connecting with peers of similar age is limited in current system.</p> <p>Specialty contracted beds located in existing Long-Term Care facilities are full. (3 providers)</p> <p>Reimbursement considerations.</p> <p>There is a significant delay in discharge/admission to a facility while reapplying for Medicaid which adds cost to the state and reduces revenue for the facility.</p> <p>NDCC 50-24.4-29 edit to avoid NDSH admission prior to Gero-psych admission.</p>	<p>Missing level of service for long term therapeutic interventions?</p> <p>Transitional living facility identity – what is a transitional time frame for a chronic disease?</p> <p>Does ND need Intermediate Care Facilities (ICF) for individuals with mental health conditions?</p> <p>Risk mitigation fund for gero-psych if qualifying issues?</p> <p>"Basic care for SMI"</p>

Roadmap

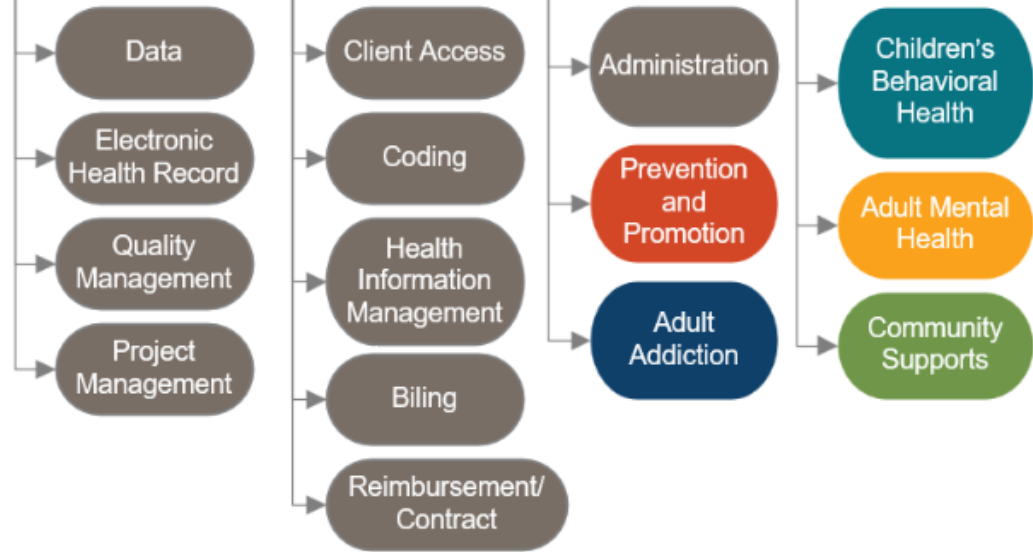
- Policy Division: Who we are
- Overview of programs
 - Including Executive Budget Request items
- 2025-2027 Budget review
 - Federal Funding
 - Decision Package Detail



Behavioral Health Division

Pamela Sagness
Executive Director
Behavioral Health Division

Policy and Administration



Clinical Director, State Hospital

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

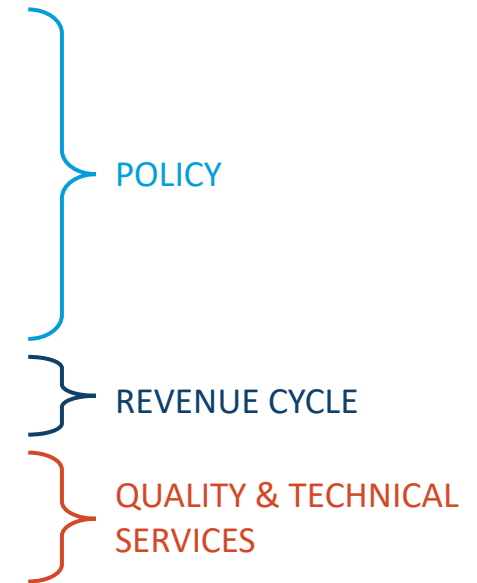


Providing **policy leadership** in partnership with public and private entities

Behavioral Health Division **Policy & Administration Overview: Our role/services**



- Regulation
- Certification
- Administration of State & Federal funding/programs
- Payer of behavioral health services
- Training & Technical Assistance
- Revenue Cycle for Clinics and State Hospital
- **Quality Improvement**
- **Data, evaluation and electronic health record**



Behavioral Health Policy & Administration

FTE Overview

Position Numbers Assigned/ Funding Exists	Number of people filling positions	# of Vacancies	# of Temporary
100	69	31	0

Average Age	43
Avg Years of Service	7.26
Retirement Risk	0%
Turnover 2023	2.9%
Turnover 2024	6.5%

Behavioral Health Division Executive Director
Pamela Sagness

Policy Director
Laura Anderson

Clinical Director, Policy
Dr. Shauna Eberhardt

Quality & Technical Services
Dir. Sarah Osse

Revenue Cycle Director
Stan Salwei

Grants and
Operations Support

5

Children's Behavioral
Health

6

Addiction

14

Prevention

5

Mental Health

3

Community Supports

13

Data

4

Electronic Health
Record

6

Quality Management

2

Project Management

1

Client Access

13

Coding

4

Credentialing

2

Billing

13

Reimbursement/
Contract

1

Policy

Prevention and Promotion James Knopik & Laura Anderson	Children's Behavioral Health Kelli Ulberg	Adult Mental Health Dr. Shauna Eberhardt	Adult Addiction James Knopik & Lacrosha Graham	Community Supports Heather Brandt
<ul style="list-style-type: none">• Suicide Prevention• Partnership for Success Grant• Substance Use Prevention Treatment & Recovery Services (SUPTRS) Block Grant)• Parents Lead• MIP and DUI Education Provider Certification• Opioid efforts (State Opioid Response Grant and Opioid Settlement)	<ul style="list-style-type: none">• Education initiatives<ul style="list-style-type: none">• School Behavioral Health Grant• B-HERO• Prevention and Early Intervention Pilot• Voluntary Treatment Program• Treatment Collaborative for Traumatized Youth (TCTY)• PRTF Licensing• System of Care Grant• Pediatric Mental Healthcare Access Grant	<ul style="list-style-type: none">• Brain Injury• Human Service Center Licensing• Mental Health Block Grant• PATH Grant• Avel eCare rural crisis expansion• Jail tele-psychiatry• Behavioral Health Facility (Williston)	<ul style="list-style-type: none">• SUD Voucher• Recovery Housing Assistance Program• SUD Treatment Program Licensing• OTP Program Licensing• Substance Use Prevention Treatment & Recovery Services (SUPTRS) Block Grant)• Opioid efforts (State Opioid Response Grant and Opioid Settlement)• Gambling Disorder Treatment	<ul style="list-style-type: none">• Free Through Recovery• Community Connect• Peer Support Certification• Permanent Supportive Housing

Enhanced operational support through Revenue Cycle and Quality & Technical Service teams

Quality & Technical Services

- Quality & Technical Services Director hired Dec 2023

Revenue Cycle Management

- Eide Bailly Assessment Report received Fall 2023
- Revenue Cycle Director hired February 2024



Quality and Technical Services Functions

Electronic Health Record

Quality management

Data and reporting

Business analysis

Project management

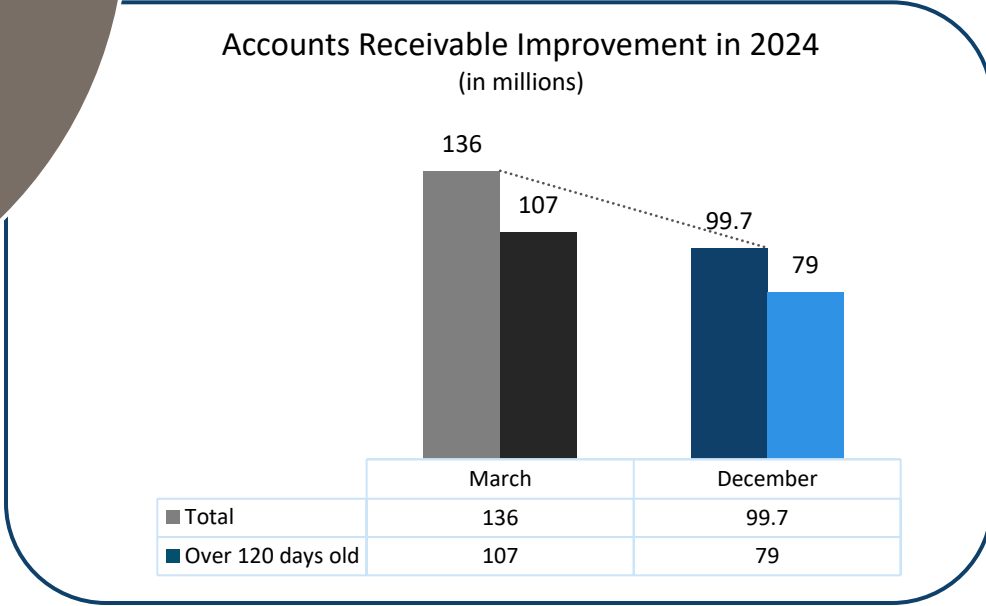
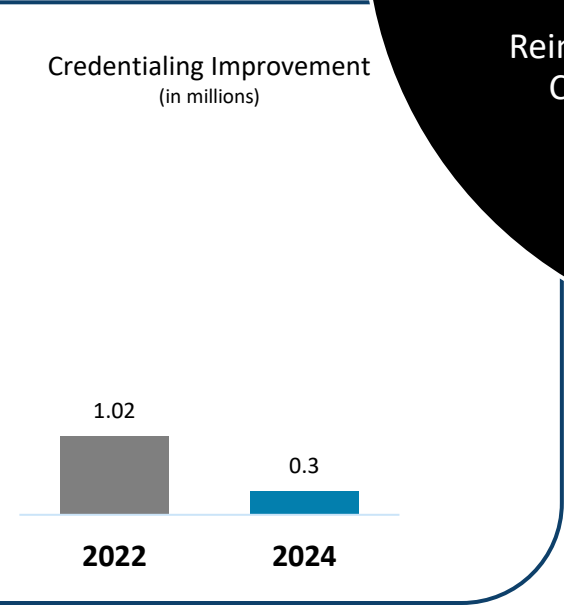
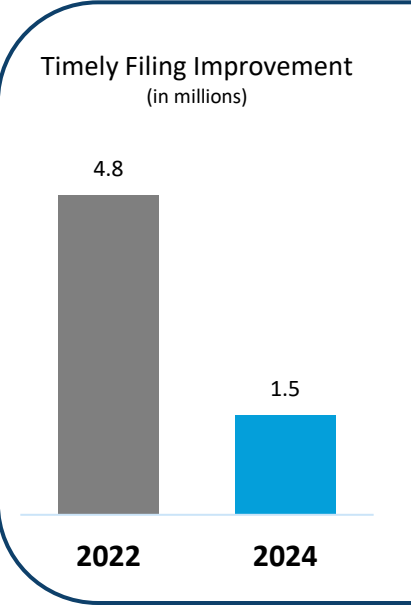
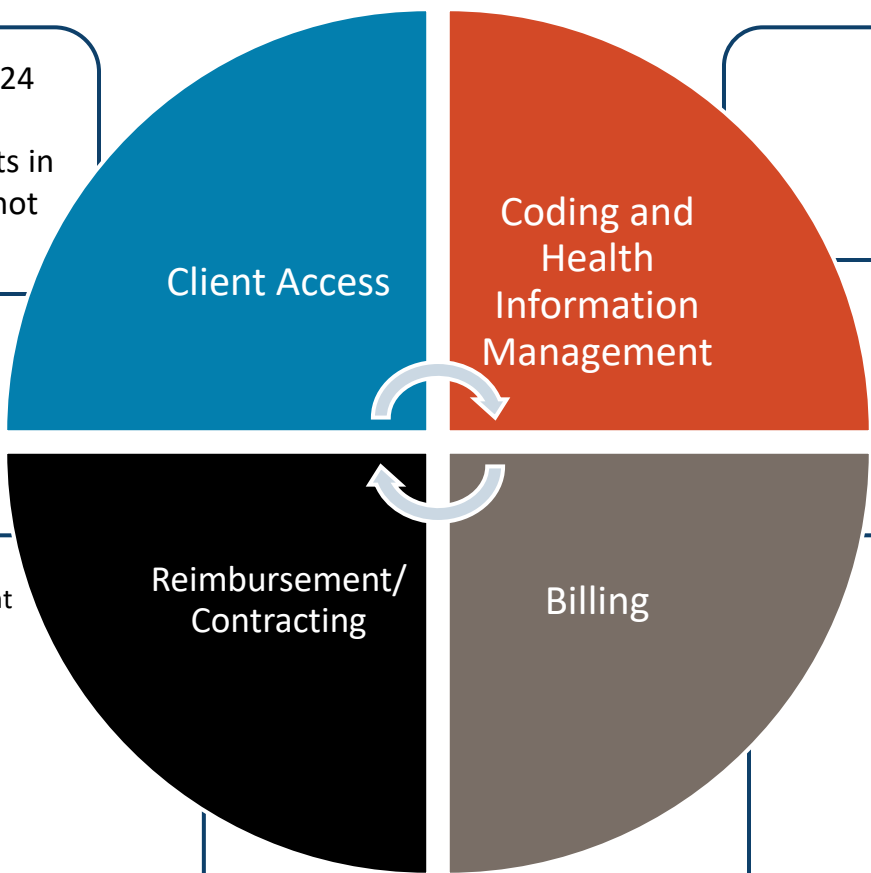
Liaison to NDIT

Revenue Cycle Management

New focused capacity starting Nov. 2024

- Enrolled over 20 clients on commercial and Medicaid products in 2 months to pay for services and not be self-pay

Creation of pre-billing coding model within Electronic Health Record



Revenue Cycle Current Initiatives

Client Access

- Increase utilization of Financial Counseling at all clinics
- Start providing Pre-Visit or Financial Clearance capabilities to update client information before the visit
- Use system technology to verify insurance eligibility on the front end of the revenue cycle

Coding and Health Information Management

- Pre-Bill coding for all services before the claim goes out to insurance to ensure all codes are added, modified and correct to submit a clean claim
- Coding education to providers

Billing

- Implement claim and coding scrubbers to ensure corrections prior to submission to improve Account Receivable dollars
- Continue work with software vendor on turning on appropriate switches in the system that will improve end-user production and efficiency
- Continue work with software vendor to build dashboards and reports
- Improve the Client Self-Pay statement, letters and communication with responsible clients to improve their experience

Roadmap

- Policy Division: Who we are
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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

Free Through Recovery



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

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



FREE THROUGH
Recovery

7,380

Individuals
served to
date

1,451

Current
participants

52

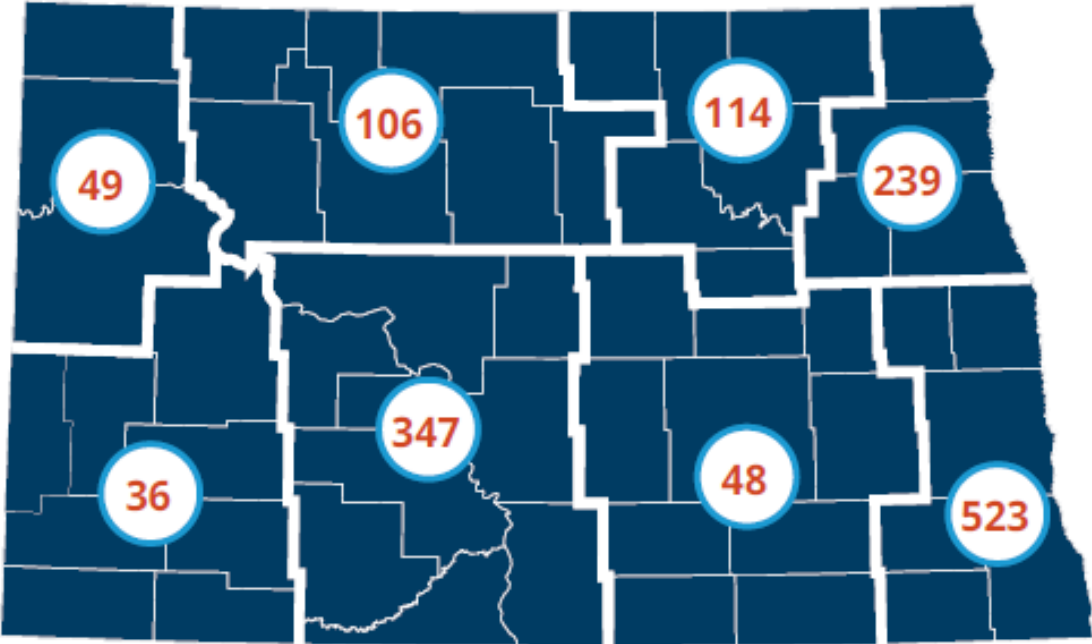
Providers



FREE THROUGH
Recovery

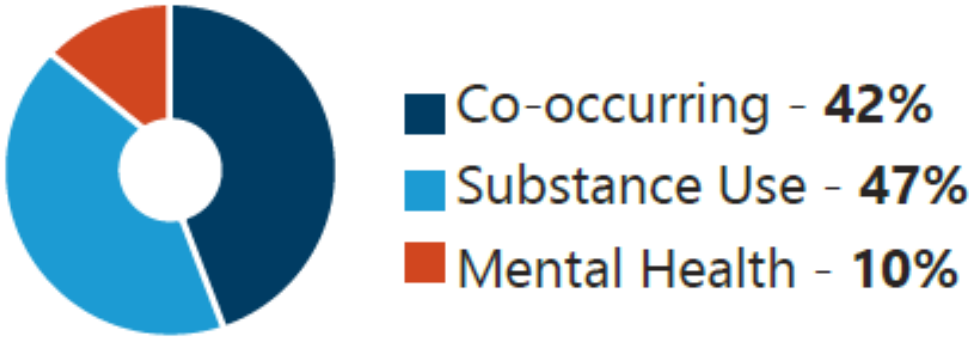
Referrals by Region

Of the 1,462 individuals currently being served



(As of Nov. 20, 2024)

Behavioral Health Needs





FREE THROUGH *Recovery*

March 2018 - Sept. 2024 Outcomes



- Met 3 or 4 outcomes - 69%
- Met < 3 outcomes - 31%

Positive outcomes were achieved by:

- **75%** of the participants in the housing domain
- **67%** of the participants in the employment domain
- **71%** of the participants in the recovery domain
- **73%** of the participants in the law enforcement domain

Overall, from March 2018 through September 2024, 69% of the time participants achieved 3 of the 4 outcomes.

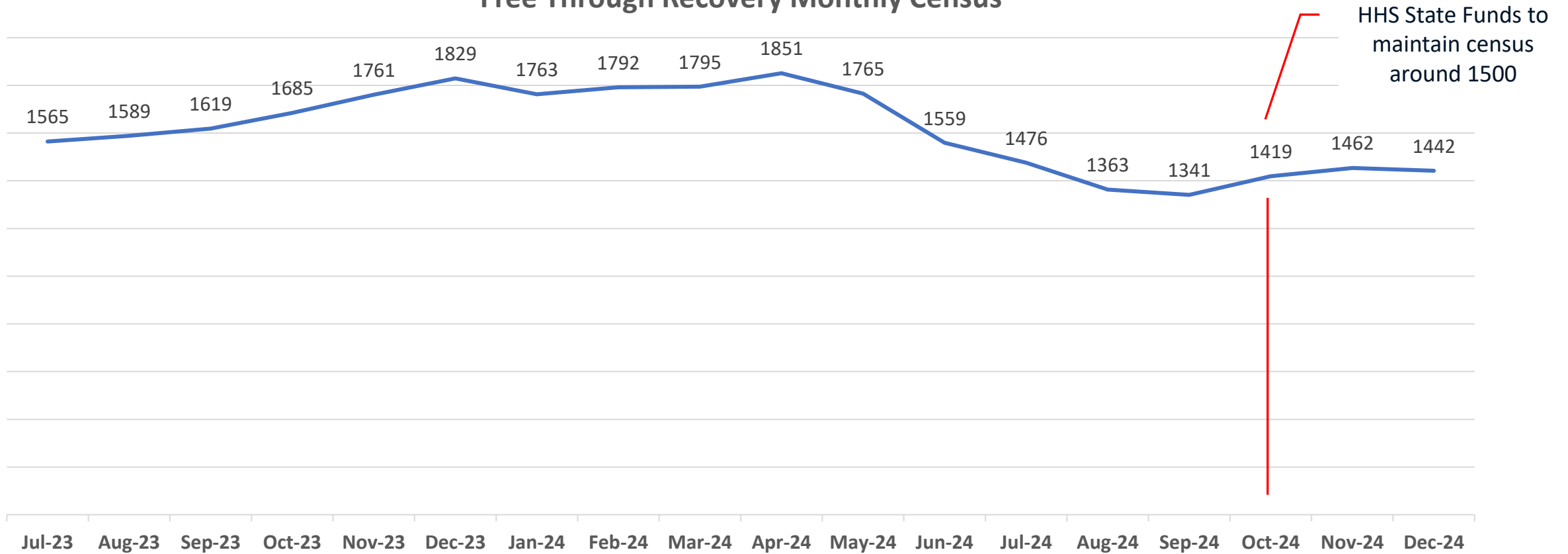
FTR corresponds with reduced reincarceration rates for participating individuals.*

*Stanford Computational Policy Lab; July 27, 2020



FREE THROUGH *Recovery*

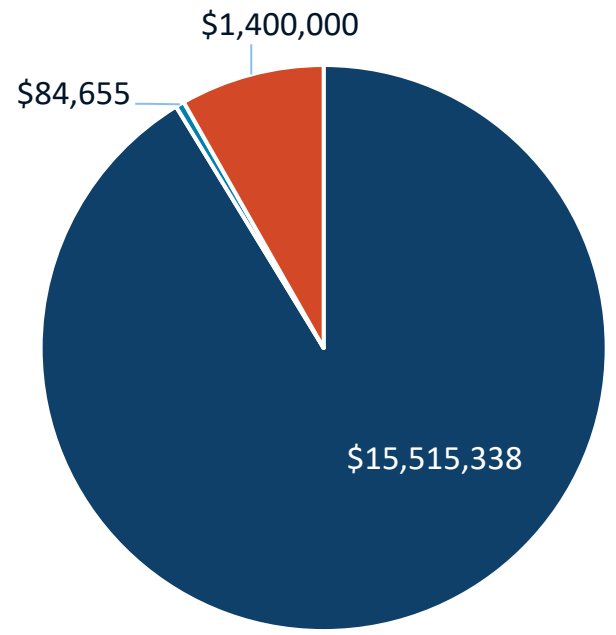
Free Through Recovery Monthly Census





FREE THROUGH Recovery

Free Through Recovery Funding 2023-2025



■ General Fund Appropriation ■ MHBG ■ Additional State Funds

2023-2025 Biennium

Amount of Funding	Type of Funding
\$15,515,338	General Fund Appropriation
\$84,655	Mental Health Block Grant

Additional HHS general funding of \$1,400,000 to maintain census around 1,500

TOTAL FUNDING	17,003,018
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FREE THROUGH
Recovery

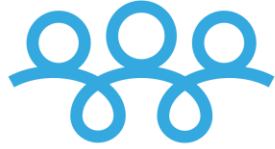
2025-2027 Biennium Budget Request

Would support average monthly census of 1,500

Increase the monthly census to 2,000 by May 2026 through the end of the biennium

	Base Budget	Executive Budget Request Provider Inflation (1.5%/1.5%)	Decision Package to MAINTAIN	Decision Package to EXPAND	TOTAL 2025-2027 BIENNIUM PROPOSAL
Free Through Recovery	15,515,338	319,444	2,423,144	4,016,908	22,274,834

Community Connect



CommunityConnect

My Recovery. My Story.



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.

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.



CommunityConnect

My Recovery. My Story.



7,878

Individuals
served to
date

1,418

Current
participants

57

Providers

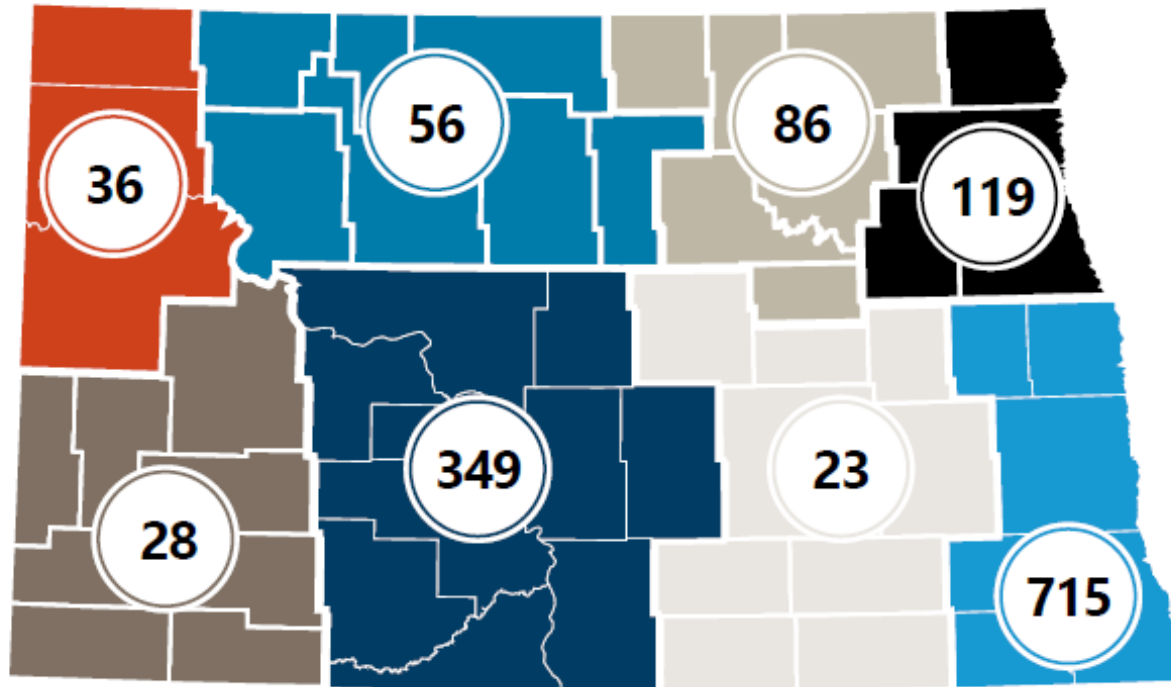


CommunityConnect

My Recovery. My Story.



Location of 1,412 active participants Community Connect (Nov. 25, 2024)



53%



Living Status

At the time of their application for eligibility, 53% of program participants indicate they are homeless.



CommunityConnect

My Recovery. My Story.



Of participants actively engaged in services:



78% of participants are actively addressing their housing needs.



75% of participants are actively addressing their employment/financial needs.

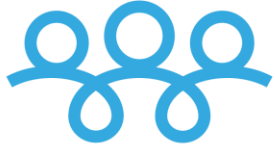


77% of participants have had no negative contact with law enforcement.



76% of participants are actively addressing their recovery needs.

At six months, **80% of participants self-report improvement** in these domains, which include housing stability, employment/financial stability, physical health, community connections, parenting, use of emergency services, and feelings of worry or anxiety in their daily life.

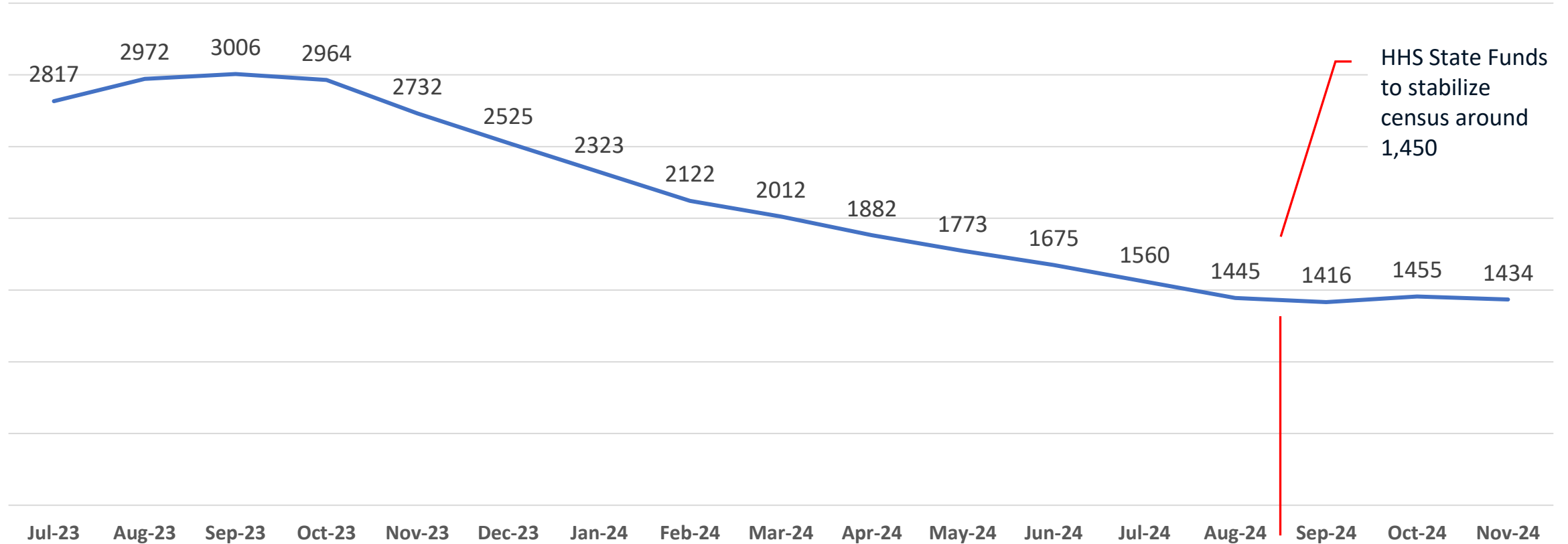


CommunityConnect

My Recovery. My Story.



Community Connect Monthly Census



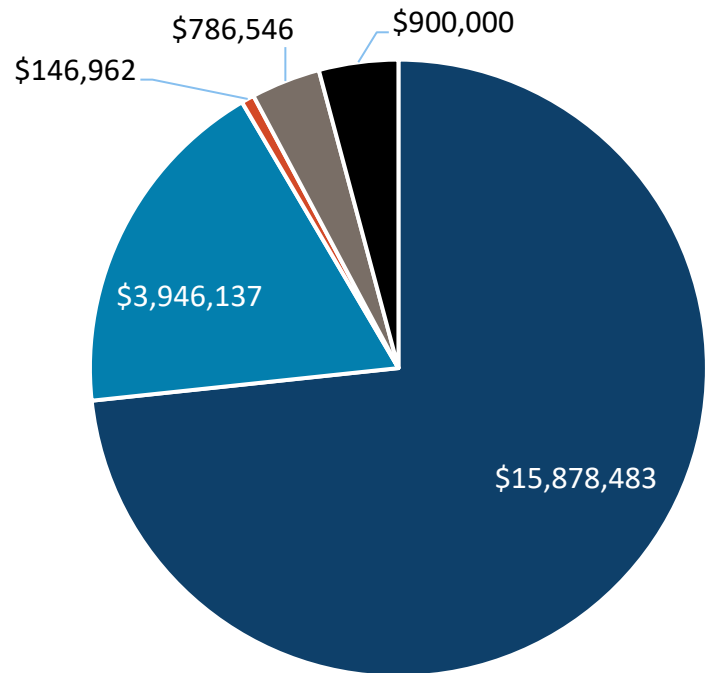


CommunityConnect

My Recovery. My Story.



Community Connect Funding 2023-2025



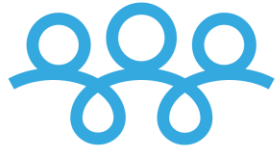
- GF Appropriation
- Opioid Settlement
- SOC Grant
- MHBG
- Additional State Funding

2023-2025 Biennium

Funding	Type of funding
\$15,878,483	General Fund Appropriation
\$3,946,137	Opioid Settlement
\$146,962	System of Care (SOC) Grant
\$786,546	Mental Health Block Grant (MHBG)

Additional HHS general funding of \$900,000 to stabilize census around 1,450

TOTAL FUNDING	\$21,308,162
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CommunityConnect

My Recovery. My Story.



2025-2027 Biennium Budget Request

Would support average monthly census of 1,500

Increase the monthly census to 2,000 by May 2026 through the end of the biennium

	Base Budget	Executive Budget Request Provider Inflation (1.5%/1.5%)	Decision Package to MAINTAIN	Decision Package to EXPAND	TOTAL 2025-2027 BIENNIUM PROPOSAL
Community Connect	15,425,679	324,672	2,337,937	4,458,814	22,547,102

Peer Support

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

Behavioral Health Policy Team Role

TRAINING

- Over **1,200** individuals trained in the core training since 2018
 - 11 sessions since July 2023, including tribal and DOCR partnerships
- Continuing education
 - 25 free training events since July 2023
- Peer support supervision
 - 7 sessions since July 2023

CERTIFICATION

Administrative Rule 75-03-43 outlines the requirements and process for two levels of peer support specialist certification:

- Certified Peer Support Specialist I (CPSS I): **408**
- Certified Peer Support Specialist II (CPSS II): **39**

REIMBURSEMENT

- Community Connect
- Free Through Recovery
- Substance Use Disorder Voucher

Reimbursement also available through 1915(i) Medicaid State Plan Amendment; Medicaid Expansion; Blue Cross Blue Shield

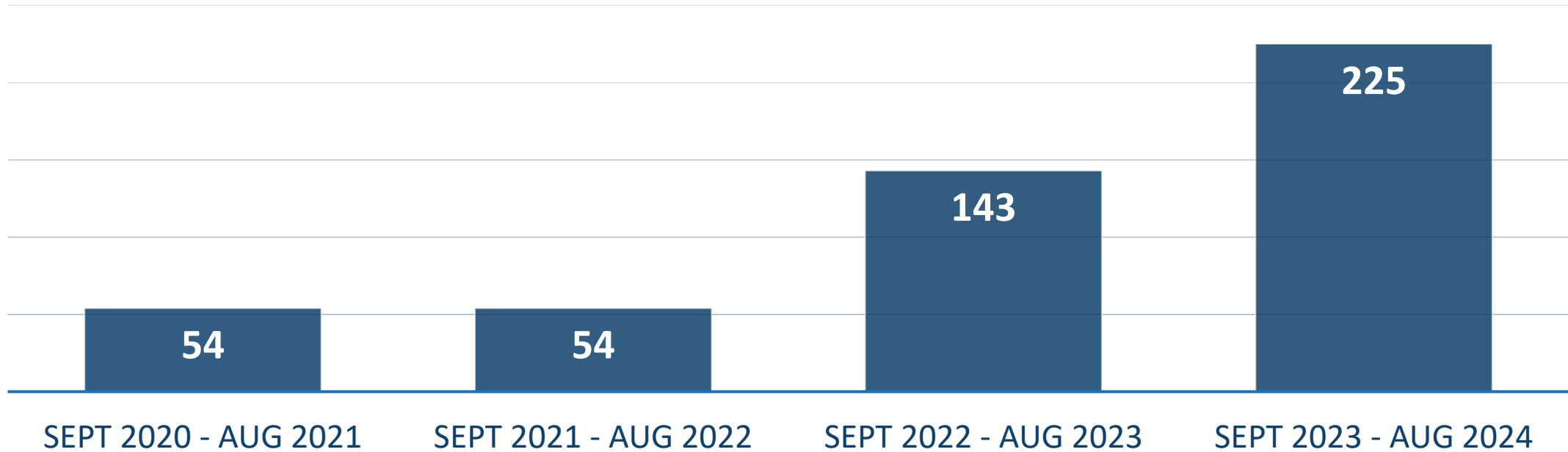
Peer Support

A part of Behavioral Health Workforce



Peer Support

Number of Peer Support Certifications Issued



	Base Budget	Decision Package	TOTAL 2025-2027 BIENNIUM PROPOSAL
Peer Support	162,010	137,990	300,000

Substance Use Disorder (SUD) Voucher

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.

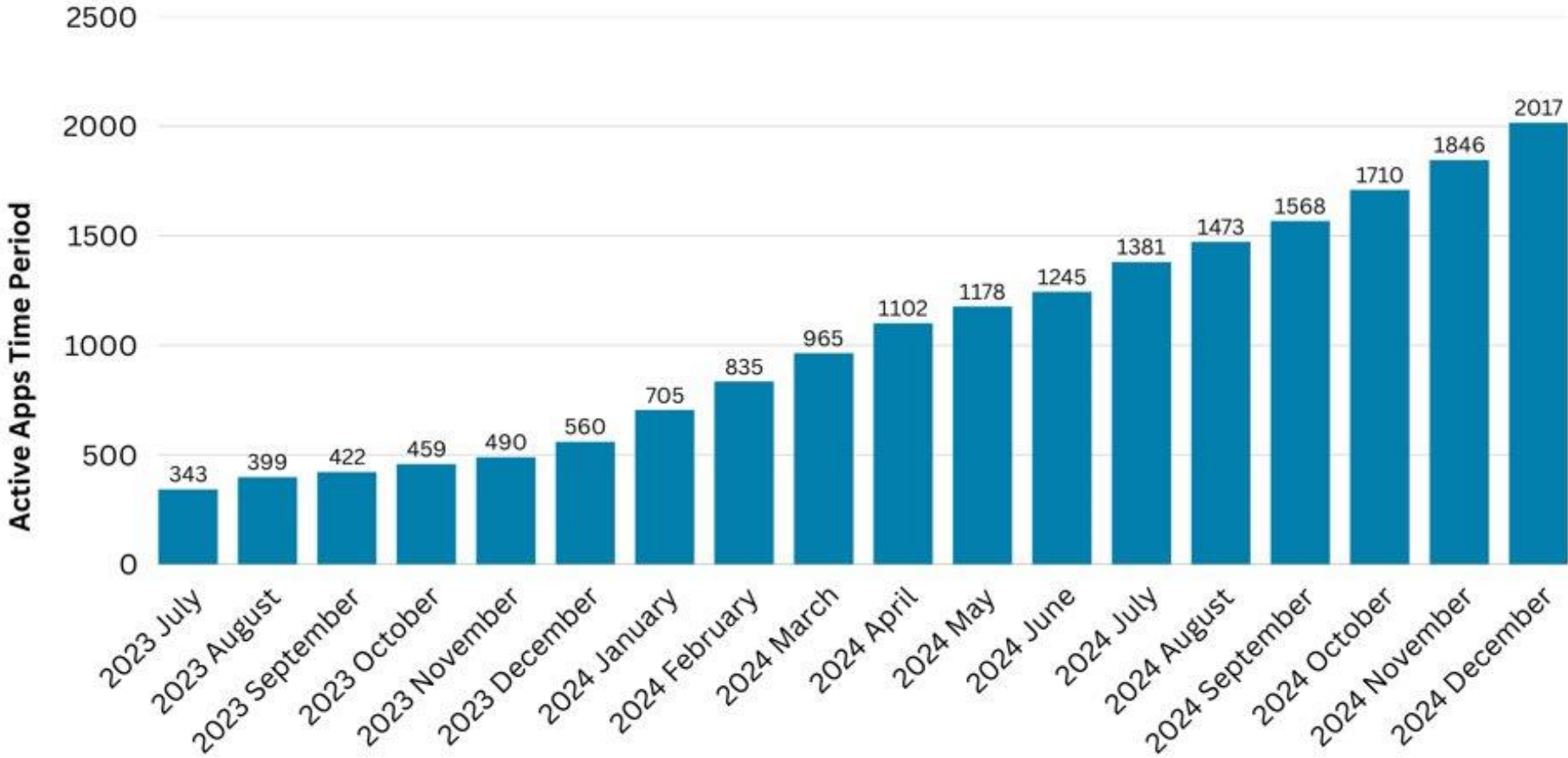
41 providers
(45% of eligible addiction
treatment providers)

9,168 individuals approved
for services since inception
in July 2016

3,900 individuals
active in this biennium

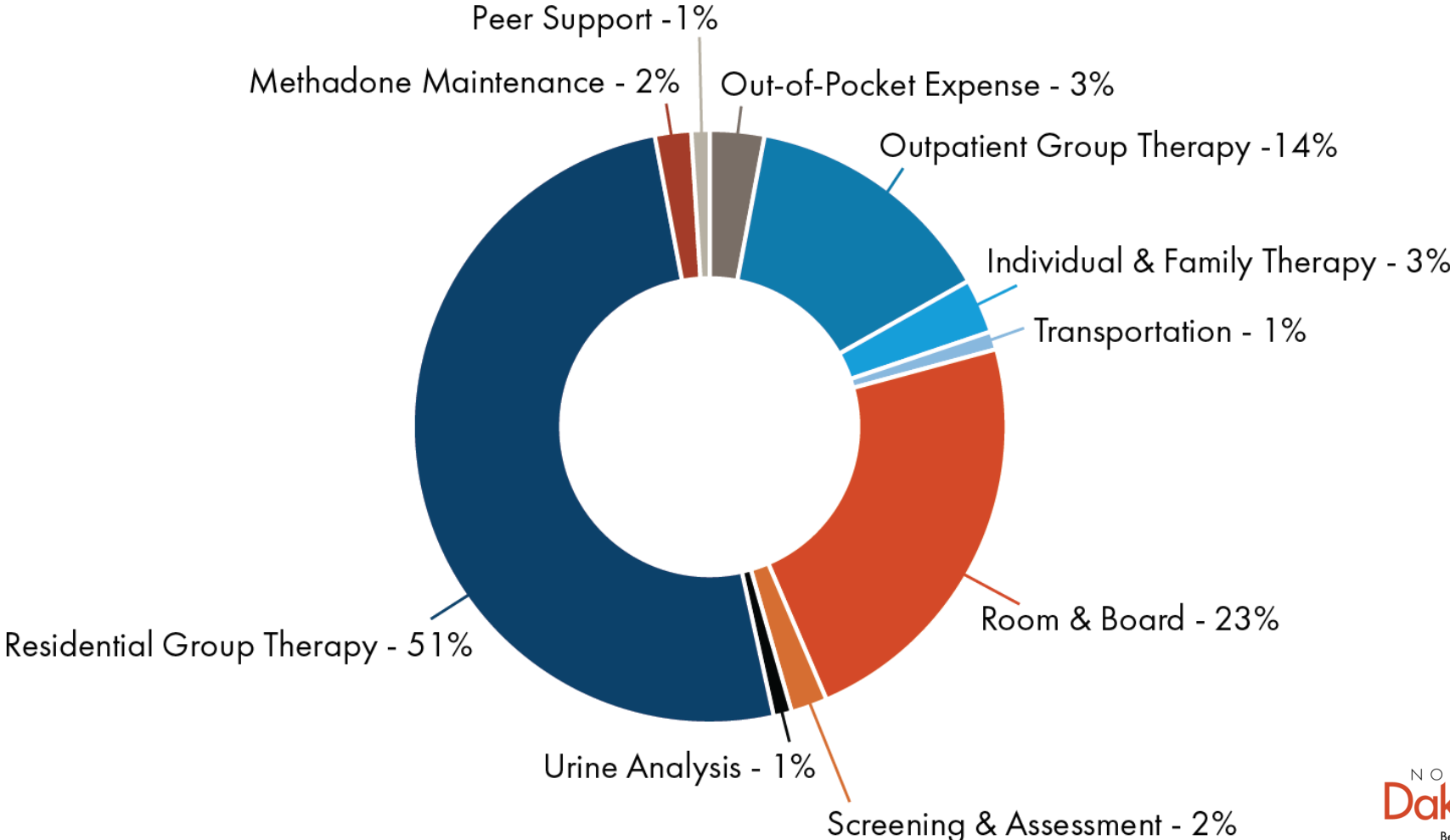
SUD Voucher

Approved Individuals (July 2023 – December 2024)



SUD Voucher

Expenditures by Service Type (July 2023 – December 2024)



SUD Voucher

Percent of Individuals Served by Service Type

July 1, 2023 - December 31, 2024



SUD Voucher *Outcomes*

Baseline and discharge ratings using a 5-point rating scale (1 lowest to 5 highest).

The following charts show the average baseline and discharge ratings for participants with complete baseline and discharge records, where the discharge occurred during the 2023-2025 biennium (n=836).



PURPOSE

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



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.)



COMMUNITY

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



HOME

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



SUD Voucher

2023-2025 Biennium Appropriation: **\$18,147,874**

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.*

IMD* Services	Non-IMD Services
45%	55%
\$8,166,543	\$9,981,311

**Institutions for Mental Disease*

SUD Voucher

2023 – 2025 Biennium Expenditures

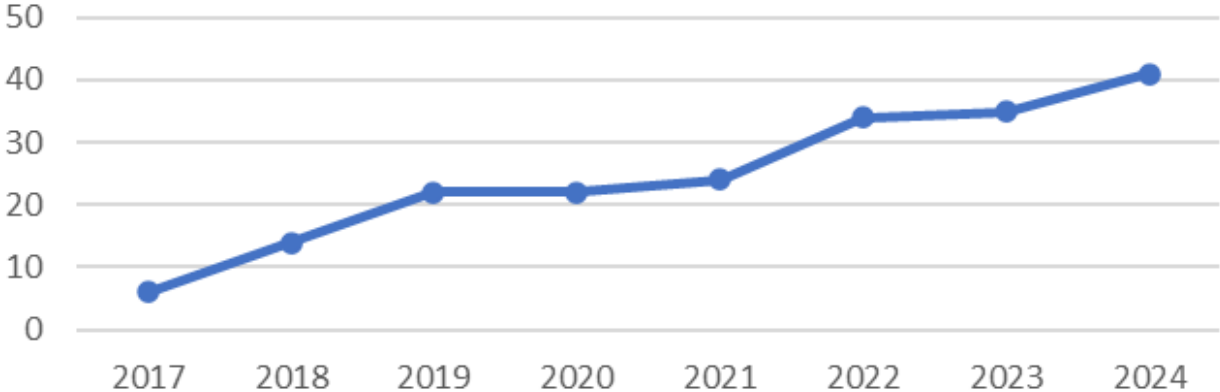
2023-2025 Biennium Appropriation: **\$18,147,874**

	IMD Services	Non-IMD Services
Percentage allocated	45%	55%
Funding amount	\$8,166,543	\$9,981,311
Paid invoices*	\$7,134,780	\$6,393,525
Refunds to Date*	\$804	\$361,399
Budget Remaining*	\$1,032,567	\$3,949,184
Estimated funding at end of biennium	<i>[funding will be expended by March 2025]</i>	\$1,634,816

*program-based estimate

SUD Voucher

Number of Providers Per Year



45% IMD = 9,476,209
 55% non-IMD = 11,582,033

	Base Budget	Executive Budget Request Provider Inflation (1.5%/1.5%)	Decision Package	TOTAL 2025-2027 BIENNIUM PROPOSAL
SUD Voucher	18,147,874	410,369	2,500,000	21,058,243

Recovery Housing Assistance Program (RHAP)

Recovery Housing Assistance Program (RHAP)

What is Recovery Housing?

Supportive living environment for individuals wanting to initiate and sustain recovery from addiction.



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)

Background and Eligibility

Developed through the 66th Legislative Assembly for the purpose of:

- Increasing evidence-based addiction recovery support services; and
- Addressing housing needs alongside addiction recovery support



Program started in May 2022



Pays up to 12 weeks of an eligible individual's living expenses at an approved Recovery Housing provider.

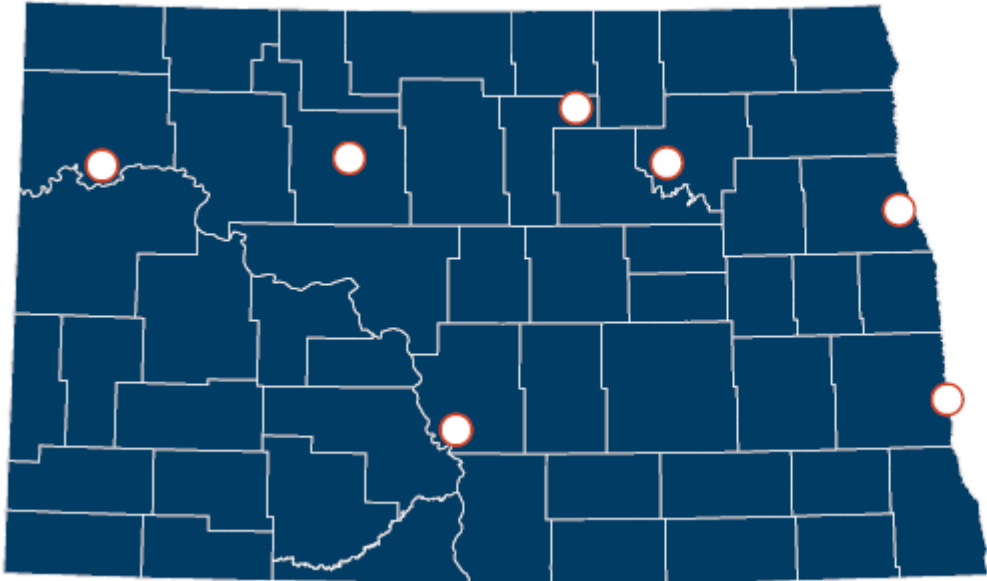


Eligibility

- ND Resident;
- Age 18 or older;
- Have a substance use disorder; and
- One of the following:
 - Currently enrolled in a HHS public assistance program; or
 - Currently enrolled in a BHD substance use disorder or community program; or
 - Household income is at or below 200% Federal Poverty Guidelines

Recovery Housing Assistance Program (RHAP) *Providers*

9 Approved RHAP Providers ~ **29** Recovery Homes
265 Approved Beds



- Bismarck – **18**
- Devils Lake – **1**
- Fargo – **2**
- Grand Forks – **1**
- Minot – **3**
- Watford City – **3**
- Wolford – **1**

WAITLIST	Est. # of Houses	Est. Bed Capacity
Current Providers	6	72
New Providers	10	224

Recovery Housing Assistance Program (RHAP)

1,297

- Individuals approved for program since May 2022

967

- Individuals received services July 2023 – December 2024

189

- Current individuals currently being served

- At baseline, 30% of participants reported being employed. Following RHAP participation, 71% of individuals reported being employed.
- 88% of participants either maintain no substance use, or reduce their substance use, while in the RHAP.



Recovery Housing Assistance Program (RHAP)

2023-2025 Biennium

Funding	Type of funding
\$1,509,088	General Fund Appropriation

Additional HHS State Funding of \$580,339

TOTAL FUNDING	\$2,089,427
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Would support approximately 172 approved beds.

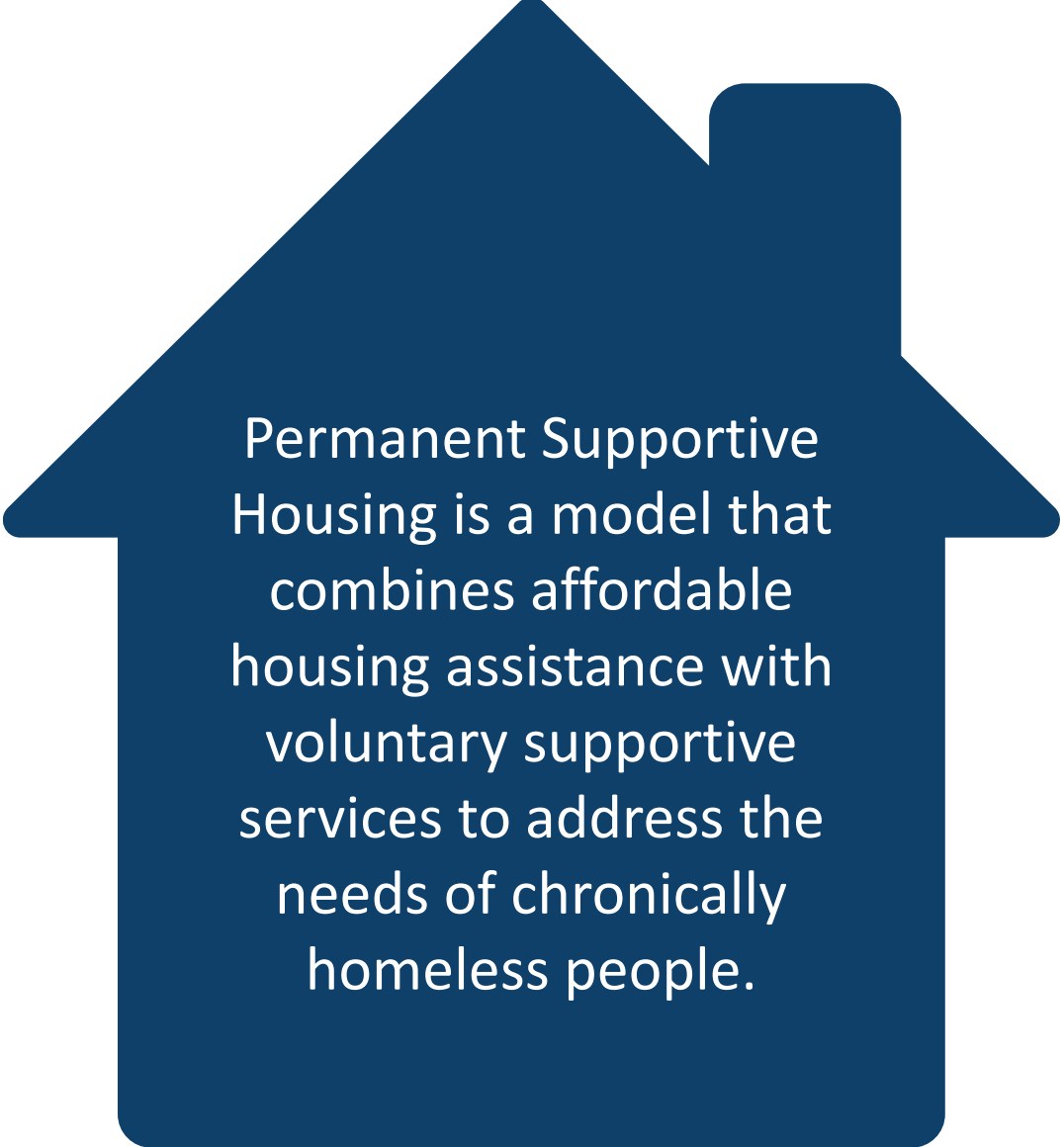
	Base Budget	Executive Budget Request Provider Inflation (1.5%/1.5%)	TOTAL 2025-2027 BIENNIUM PROPOSAL
RHAP	1,509,088	34,124	1,543,212

Permanent Supportive Housing

Permanent Supportive Housing

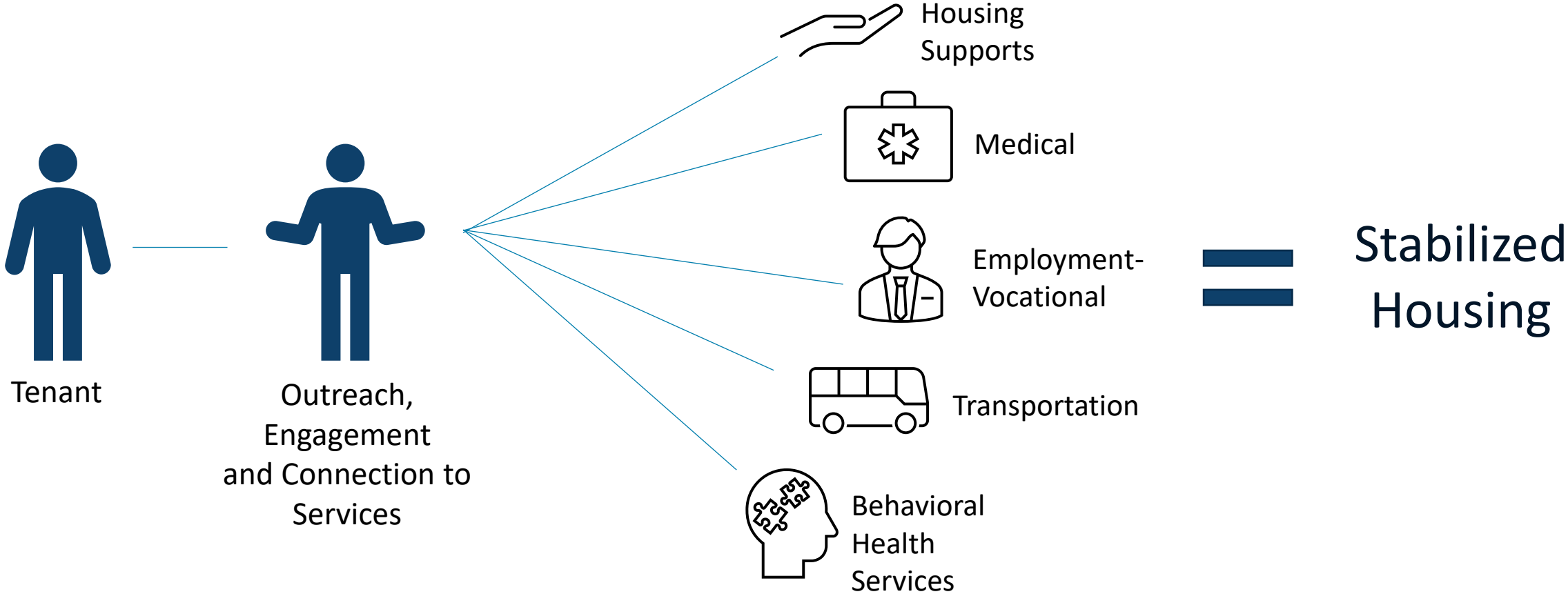
During the 2021 legislative session, Health and Human Services Behavioral Health Division was directed to distribute funding to qualified entities that:

- ☑ 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.



Permanent Supportive Housing is a model that combines affordable housing assistance with voluntary supportive services to address the needs of chronically homeless people.

Tenant Experience at Permanent Supportive Housing



Permanent Supportive Housing

Current Contracts



Grantee	Number of Units
Prairie Harvest (Stern Place & Harvest Homes)	21
Grand Forks Housing Authority (LaGrave on First)	42
Beyond Shelter (Cooper House)	42
Burleigh County Housing Authority (Edwinton)	40
Fargo Housing Authority (scattered site)*	40

**began November 2024*

2025-2027 Base Budget Request: **\$4,672,536**
No proposed change from 2023-2025 biennium

Suicide Prevention

Suicide Prevention

Suicide Fatality Review Commission (SFRC)

- A group of multidisciplinary professionals and community members appointed by HHS Commissioner that meets to evaluate the circumstances leading to and causing deaths by suicide in North Dakota to improve community and service systems and to take action to prevent further suicides.
- The first SFRC report was released January 2025.

Suicide Prevention Training Contracts

- Partner agencies:
 - American Foundation for Suicide Prevention (AFSP)
 - FirstLink
 - Haugen Performance Consulting, PLLC
- As of December 1, 2024, 31 trainings have been provided to 626 individuals throughout the state.

Community-level Suicide Prevention

- Six grants were awarded in early 2024.
- Populations of focus include:
 - Middle and High School Students
 - Parents and Families
 - Farmers and Ranchers
 - Collegiate Athletes
 - Individuals with disabilities
 - Veterans

Statewide Community Outreach

- Suicide prevention awareness messaging
- Community partnerships and collaboration
- Suicide prevention training and technical assistance

2025-2027 Base Budget Request: **\$1,313,026.00**
No proposed change from 2023-2025 biennium

Suicide Prevention 988 [Firstlink]

Need hope?
988 is here.

Get help dealing with substance use or a mental health crisis.

Talk to trained professionals 24/7 who can offer support and connect you with local help for mental health issues, suicidal thoughts or substance use.

988
CALL, TEXT OR CHAT
988Lifeline.org

988 Dakota FirstLink

Need strength?
988 is here.

Get help dealing with substance use or a mental health crisis.

Talk to trained professionals 24/7 who can offer support and connect you with local help for mental health issues, suicidal thoughts or substance use.

988
CALL, TEXT OR CHAT
988Lifeline.org

988 Dakota FirstLink

Need hope? We're here.

Suicide & Crisis Lifeline

988
CALL, TEXT OR CHAT

2025-2027 Base Budget Request: **\$2,043,330**
No proposed change from 2023-2025 biennium

988 Federal Grant: **\$838,072 annually** (current award ends 9/2025)

Opioid Settlement Fund

Opioid Settlement Fund

Current settlements with 13 manufacturers, distributors or pharmacies (one still pending)

ND has received 22.7M and expected to receive additional 40M.



\$8M was appropriated in the 2023-2025 biennium to HHS

- at least 20% to be used for opioid use prevention and overdose prevention, including best practices relating to fentanyl drug overdose, and workforce development.

Opioid Settlement Advisory Committee

Listening Sessions

The role of the Advisory Committee is to provide recommendations to HHS on use of appropriated settlement funding.

The Advisory Committee hosted listening sessions in the summer/fall of 2023 to gather public feedback.



- Themes of input included:
 - Prevention
 - Syringe Service Programs
 - Access to treatment

- Themes of input included:
 - Access to treatment and recovery services including for those in the criminal justice system
 - Enhance behavioral health workforce

- Themes of input included:
 - Syringe Service Programs
 - Access to treatment
 - Set aside for tribes

Email comments were also accepted

Opioid Settlement Committee Funding Recommendations

Opioid Settlement Advisory Committee approved the following use of funds:

- Purchase of naloxone for community distribution (\$635,380)
- Tribal implementation of opioid efforts including prevention, treatment and recovery (\$310,833)
- Opioid Settlement Fund (OSF) grant (\$7,053,7878)



Advisory Committee Priority Recommendations

1. Utilize opioid settlement funds to increase access to **community-based treatment and recovery services in rural areas.**
2. Utilize opioid settlement funds to increase access to **treatment and recovery services in jails.**
3. Utilize opioid settlement funds for **prevention activities**, including coalitions, community work, and prevention activities for youth.
4. Utilize opioid settlement funds to enhance the **behavioral health workforce.**
5. Utilize opioid settlement funds to support **Syringe Service Programs.**
6. Utilize opioid settlement funds to increase access to **community-based treatment and recovery services** in non-rural areas.

List of Opioid Remediation Uses

Exhibit E

Allowable opioid abatement and remediation strategies categorized by the following:

1. Core strategies

- Examples:
 - Purchase, training, and distribution of naloxone or other FDA-approved drug to reverse opioid overdoses
 - Treatment for incarcerated populations with opioid use disorder

2. Treatment

- Examples:
 - Support treatment for opioid use disorder
 - Support workforce development for addiction professionals who work with persons with opioid use disorder
 - Support individuals in recovery from opioid use disorder

3. Prevention

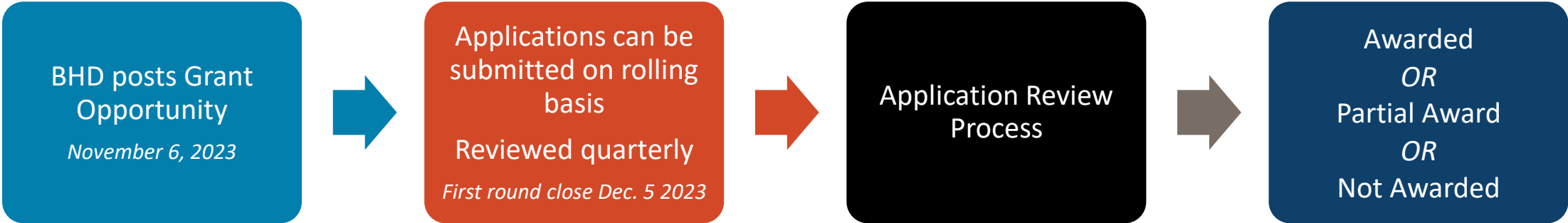
- Example:
 - Prevent overprescribing, misuse of opioids, and opioid overdose deaths

4. Other

- Example:
 - Provide education and training to abate the opioid epidemic



Opioid Settlement Grant Process



Yes or No	Points: 60	Points: 40
Exhibit E	Committee priorities	Process & outcome measures
Duplication of current efforts	Dollar amount	Impact
Best Practice	Prevention activities	Sustainability

- Behavioral Health Division Review Team:
- Licensed Addiction Counselor
 - Registered Nurse
 - Prevention Specialist

Opioid Settlement Funding Grant Highlights

14 applicants were awarded February 2024

- **Endeavor Sober Living** – Supported 21 pregnant and parenting women in their recovery journey with a recovery house. All women have seen an improvement in their employment status and 10 women have been reunified with their children. Looking at opening a second location.
- **USpire** – Supported 61 family units, including parents who are incarcerated, to build skills.
- **Heartview/TAAP** – Enhanced the behavioral health workforce by adding 8 new Licensed Addiction Counselor (LAC) training sites, adding 15 new clinical supervisors, providing 15 scholarships and 26 individual stipends
- **Heartview Dickinson** – began providing outpatient Substance Use Disorder treatment services January 27th
- **ONE Program** – connected with several tribal leaders and placed 171 ONE Boxes throughout tribal communities
- **Community Connect Providers** – 51 providers have served 942 individuals
- **Sanford Medical Center Fargo** – Became licensed as an outpatient Substance Use Disorder Treatment provider. They have connected 86 individuals to treatment services.

Opioid Settlement Grant Community Connect Providers

Provider	Region(s) serving	Payment
Better Together ND	Grand Forks, Fargo, Bismarck	419,399.00
All of Us In Recovery	All 8 regions	224,528.00
F5 Project	All 8 regions	209,581.00
Community Options	All 8 regions	173,550.00
Face It Together	Fargo, Bismarck	164,217.00
Advocates For Change	Fargo, Jamestown	83,522.00
Ridge Treatment and Reentry Center	Fargo	83,421.00
Native, Inc.	Fargo, Bismarck	76,378.00
Freedom Through Recovery	Fargo	74,572.00
Building Community Resilience LLC	Fargo	73,416.00
Seeds of Eden (no longer a provider)	Minot, Bismarck, Dickinson	71,088.00
You Shine Too	Grand Forks	60,587.00
Way of Life	Fargo	57,006.00
Light House Recovery Services	Fargo	55,137.00
NIAM	Fargo	41,467.00
Turtle Mountain Mikinaak Ode Shelter (Rolette County Only)	Devils Lake	39,962.00
Deep Roots LLC	Fargo	35,206.00
Arise Above Consulting	Grand Forks	26,982.00
Centre	Grand Forks, Fargo	26,938.00
Sunny-Side Center	Fargo	24,844.00
Revive (Aabiziishin) LLC	Devils Lake	24,800.00
Maza, LLC	Bismarck	23,860.00
Healing Circle Psychiatric Services	Fargo	22,786.00
Fraser	Fargo	22,512.00
Choice Recovery	Williston	18,405.00

Provider	Region(s) serving	Payment
Dylen's Crossing (no longer a provider)	Dickinson	18,162.00
Supportive Outreach Services (SOS)	Bismarck	16,918.00
Community Uplift Program	Fargo	16,769.00
Blessed Builders	Bismarck	15,632.00
Recovery Works	Fargo	12,078.00
Hopes Landing	Dickinson	11,308.00
Styled with Strength	Fargo	11,297.00
Cass Clay Integration Center	Fargo	9,766.00
Restore (no longer a provider)	Fargo	9,678.00
MARCO	Minot	8,899.00
Seasons in Life	Devils Lake	8,652.00
A New Creation	Devils Lake	8,310.00
Independence	Minot	7,324.00
Southwest Multi-County Correction Center (SWMCCC)	Dickinson	7,024.00
The Lotus Center	Fargo	5,182.00
Tied for Second Recovery Support	Bismarck	5,054.00
Your Pal Kal	Grand Forks	4,926.00
Northland Health Centers	Minot	4,326.00
Ministry on the Margins	Bismarck	3,682.00
Coal Country Community Health Center (CCCHC-Oliver, Mercer & Dunn counties only)	Bismarck	2,698.00
Firm Foundations	Jamestown	2,045.00
Flourishing Growth (no longer a provider)	Devils Lake	1,028.00
The Healing Center	Fargo	1,028.00
Lost & Found Recovery Center	Fargo	856.00
United Way Dickinson	Dickinson	783.00
Spectra Health	Grand Forks	214.00

Opioid Settlement Funds Spend to Date



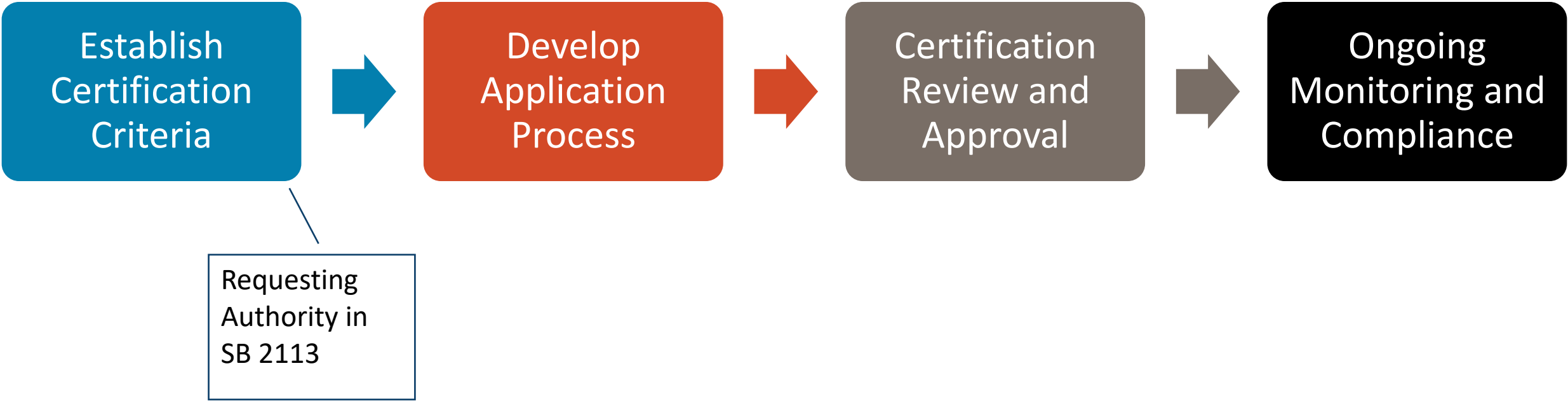
Item	Obligation	Total Expended through Dec. 31, 2024
Tribal implementation	\$310,833.00	\$310,833.00
Narcan purchasing	\$634,834.00	\$634,834.00
OSF Grant*	\$7,053,787.00	\$4,307,909.86
Administration**		\$546.00
Total	\$7,999,454.00	\$5,254,122.86

*Does not include pending reimbursements for Dec. 2024

**Travel to Listening Sessions

Certified Community Behavioral Health Clinic (CCBHC) Certification

Certification Process Components



The National CCBHC Criteria



Staffing



Availability & Accessibility of Services



Care Coordination



Scope of Services



Quality & Other Reporting



Organizational Authority, Accreditation & Governance

Throughout the criteria, emphasis on:

- Designing requirements to meet state/local needs
- Person-centered care
- Delivery of services outside the clinic
- Innovative partnerships
- Reaching individuals not currently in care
- Measurement-informed care

CCBHC Federal Grant Efforts

May 2022

NOT AWARDED

BHD submitted three federal grant applications for the FY 2022 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant (CCBHC-PDI) NOFO No. SM-22-002 for **Badlands, South Central** and **Northeast** Human Service Centers.

Dec 2022

NOT AWARDED

BHD submitted a federal grant application for FY 2023 Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants (CCBHC Planning Grants) NOFO No. SM-23-015.

May 2023

NOT AWARDED

BHD submitted three federal grant applications for the FY 2023 Certified Community Behavioral Health Clinic Planning, Development, and Implementation Grant (CCBHC-PDI) NOFO No. SM-23-024 for **Badlands, Northwest** and **Northeast** Human Service Centers.

December 2024

AWARDED

FY2025 Cooperative Agreements for Certified Community Behavioral Health Clinic (CCBHC) Planning Grants (Short Title: CCBHC Planning Grants) is posted. The purpose of this program is to support states in developing and implementing certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable behavioral health services, and prepare an application to participate in a four-year CCBHC Demonstration program. NOFO No. SM-25-001

CCBHC Planning Grant

Grant Dates: 12/31/2024 – 12/30/2025

Funding: \$1,000,000

Solicit

Solicit input from people with lived experience of mental health, substance use disorders, family members, providers and other stakeholders

Identify

Identify and select clinics to participate in the Demonstration Program

Certify

Develop process for certifying clinics as CCBHC

Develop

Develop a Prospective Payment System (PPS) for services furnished by a CCBHC [ND Medicaid]

Establish

Establish capacity to provide behavioral health services that meet Certification Criteria

Ensure

Ensure data collection and reporting capacity necessary for evaluation

Implementation Pathways

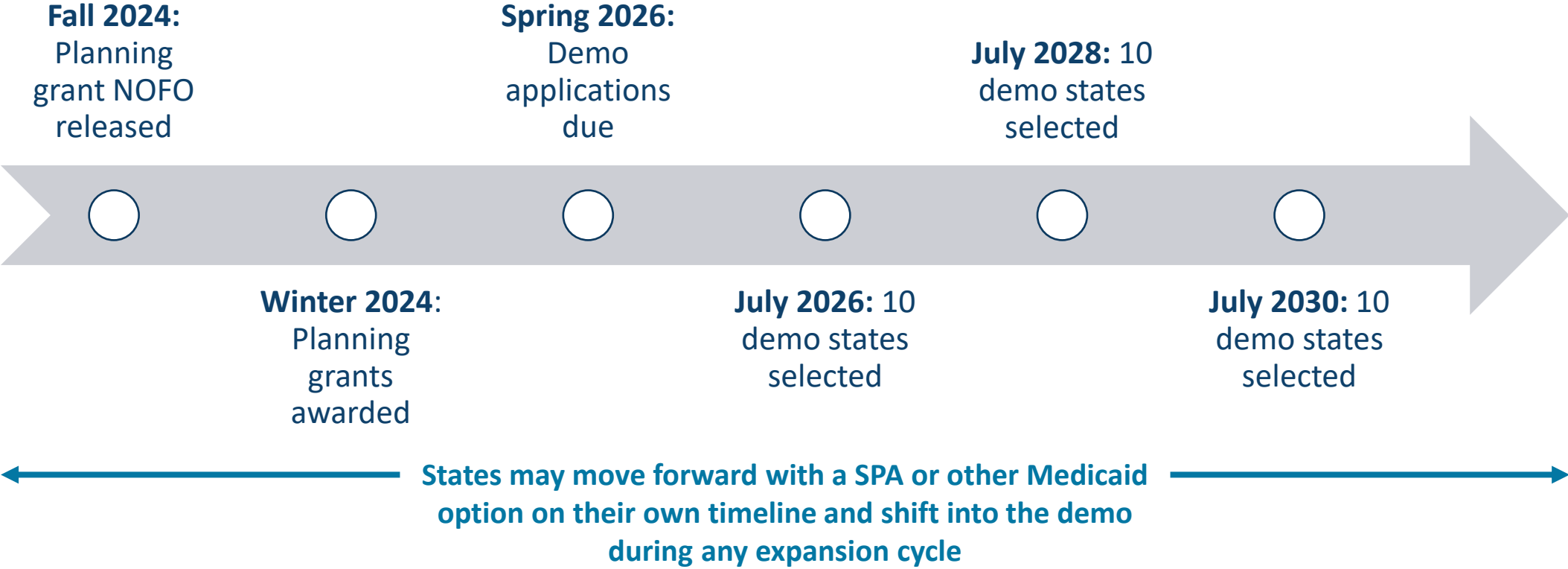
Medicaid CCBHC Options

Medicaid Demonstration
Next application opportunity in 2026
4-year demonstration with enhanced FMAP (65.68% for ND)
States must receive \$1M planning grant to apply for demo
States and clinics meet federal demo guidance (w/ opportunity to tailor model to state/local needs)
Clinics receive Medicaid PPS
States may begin small with 2+ CCBHCs and scale up over time

Medicaid SPA: CCBHC Option
Effective March 9, 2024
States may add CCBHC services to their Medicaid state plan
Statutory definition tied to SAMHSA certification criteria
Does not require PPS at this time, but states can elect to use PPS
All normal Medicaid requirements apply
Standard FMAP applies (50.97% for ND)
Add'l CMS guidance forthcoming

Other Medicaid Authorities
Includes Medicaid SPA under rehab option; Section 1115 waiver; managed care directed payment
State must specify inclusion of selected CCBHC services (some may not otherwise be included in the plan)
States can elect to use bundled payment modeled on PPS (with CMS approval)
Standard requirements of the selected Medicaid authority apply
Standard FMAP applies

Timeline: Federal Demonstration Expansion



Drug Court

Drug Court



- Partnership with DOCR and Courts
- 6 Drug Courts across 5 regions

2025-2027 Biennium Decision Package

Drug Court treatment	200,000
-----------------------------	----------------

Avel eCare

Behavioral Health Crisis Continuum

SOMEONE TO TALK TO

988

SOMEONE TO RESPOND

Mobile Crisis Response
(Human Service Center)

Avel E-care

A SAFE PLACE FOR HELP

Crisis Receiving Centers

Rural Crisis Care – Avel eCare

Total encounters: 141

- Remain in Place: 84
- Voluntary Admissions: 30
- Involuntary Admissions: 7
- Unable to complete assessment: 20

Region	Total Agencies	Regional encounters
Region 1-Northwest	5	29
Region 2- North Central	9	21
Region 3- Lake Region	5	4
Region 4- Northeast	3	11
Region 5- Southeast	10	25
Region 6- Southcentral	12	10
Region 7- West Central	6	9
Region 8- Badlands	10	12

1/1/2024-12/31/2024

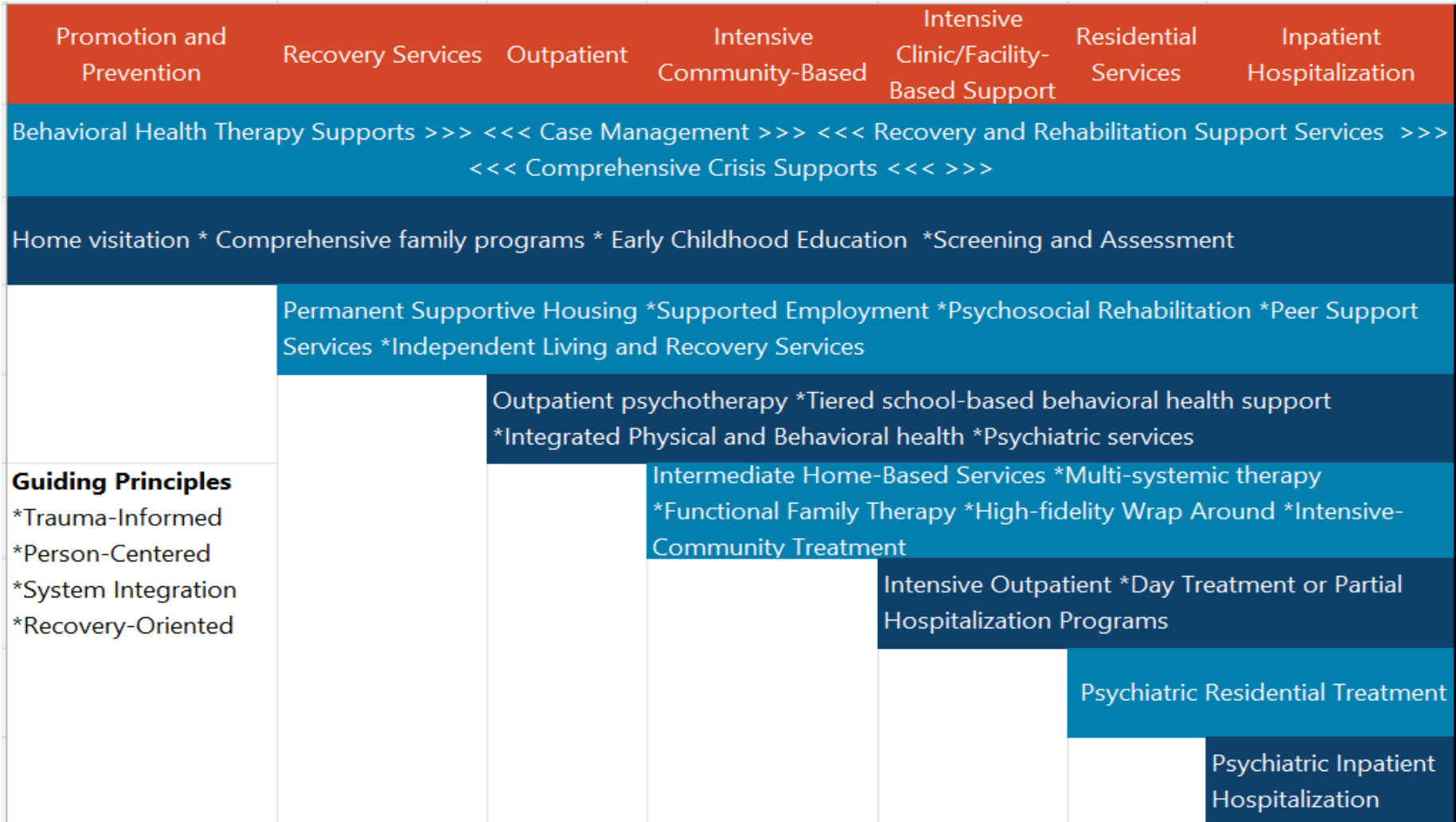
2025-2027 Biennium Decision Package
 [COMMUNITY HEALTH TRUST FUNDS]

Rural Crisis Care (Avel eCare)

2,000,000

Children's Behavioral Health

Behavioral Health Continuum of Care



Behavioral Health Navigator

Through 68th ND Legislative Assembly action, HHS created a behavioral health navigator role.

- Facilitate connection to care by identifying resources for individuals and families and helping them navigate through behavioral health care services.
- Assist in interpreting clinical language to ensure individuals can navigate to the appropriate level of care or service.
- Position is overseen by a Licensed Professional Clinical Counselor

From Oct. 2023 through Dec 2024, the behavioral health navigator assisted **304 individuals.**



Behavioral Health Navigator

In July, 2024, a request was made for BHD to screen private family referrals through the new process known as One Assessment or the Children's Treatment Services Level of Care.

- No additional resource was available
- Walk through process

Behavioral Health Navigator **temporarily** screens youth from private homes

Screening includes:

- Youth connection to community resources
- Recommendations made by clinician
- Recent (past 90 day) history of crisis services, ER visits, or hospitalizations

Private Screenings to Maximus	
Met screening-sent to Maximus	79
Open-pending	6
Connected to community-based services	23
N/A (Zone custody)	5
Insufficient info-attempts to contact	15
Parents rescinded	5
Admitted to PRTF emergently (bypassed screening)	4
Admitted to other LOC (LSTC)	1
TOTAL SCREENINGS	138

Children's Treatment Services Level of Care Determinations (CTS LOC)





House Bill 1012

House Appropriations | Human Resources Division
Representative Nelson, Chairman

North Dakota Children's One Assessment | Melissa Kainz, DNP, MSN, RN
January 29, 2025



Health & Human Services

Federal Requirements for Youth Behavioral Health Inpatient and Residential Services

- 42 CFR Part 441 Subpart D requires state Medicaid programs to have an independent team certify the need for services when a youth under age 21 is admitted to inpatient psychiatric services.
 - Inpatient psychiatric services include services provided in hospitals and psychiatric residential treatment facilities (PRTF).
 - ND Medicaid also issues a level of care for youth served in Qualified Residential Treatment Programs (QRTPs).

Level of Care Process

Pre One Assessment

Services before July 1, 2024

- **Fragmented and Inconsistent.** Prior to the one assessment, North Dakota had separate entry points and review processes for PRTF and QRTP levels of care. Additionally, the review and documentation process differed substantially between settings. PRTF reviews were based on narrative documentation only and referral information was submitted by the PRTF provider while QRTP reviews included interviews with families and youth.
- **Not Person Centered.** PRTF reviews did not include interviews of youth and families.
- **Potential for Bias.** PRTF reviews only focused on narrative documentation, not medical records.
- **Duplication.** Multiple assessments and dual determinations for the same youth.

Post One Assessment

Services After July 1, 2024

- **Streamlined approach.** One assessment and evaluation, regardless of the type inpatient or residential behavioral health treatment requested.
- **Independent.** Medical documentation review is completed by an independent third party and is broader than a narrative description.
- **Family and person-centered.** Includes interviews with youth and families. Ensures care is provided in the least restrictive, most appropriate setting to meet the youth's needs.
- **Consistent.** Clinical criteria are applied consistently for all youth across North Dakota. Eliminates variance in provider interpretation of clinical criteria.

One Assessment Transition

Did clinical criteria change?

No, the one assessment is a process change only and did not change the clinical criteria for PRTF or QRTP admission. The clinical criteria for PRTFs were updated in June 2023 and providers were trained in the criteria at that time and have had a year to adjust to the clinical criteria. The one assessment adds independent verification of clinical criteria and provider submitted information through review of clinical notes and an interview with youth and families but does not change the certificate of need (CON) clinical requirements in place prior to the one assessment.

How does this change impact the care of kids?

The new assessment will allow better supports for youth and families entering treatment service by streamlining entry and ensuring the right care at the right time, provided in the least restrictive, most appropriate setting. The one assessment creates an opportunity for NDHHS to assist families who do not qualify for PRTF level of care to identify other treatment options and resources in the community. NDHHS will also have more data related to youth entering services to allow the state to monitor and identify trends related to service delivery across the continuum of care.

What has NDHHS done to help facilities and families?

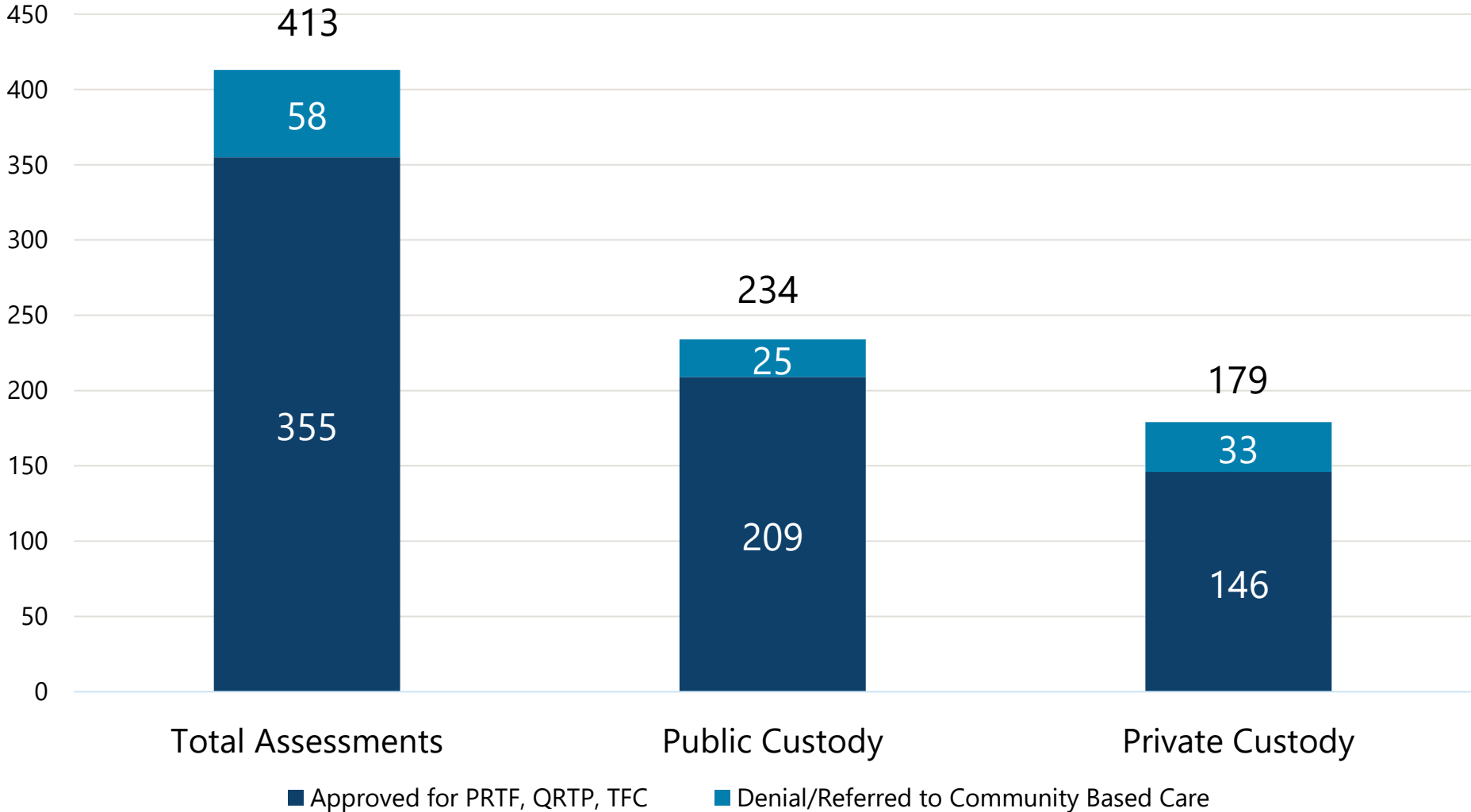
NDHHS has collaborated with providers and families to navigate changing processes. NDHHS provided multiple educational sessions to providers before, during, and after implementation of the One Assessment, with opportunities to provide feedback and ask clarifying questions. NDHHS has added a Behavioral Health Navigator to support families in determining the right source of care. NDHHS continues to assess the behavioral health landscape of North Dakota and has included stakeholders in discussions to consider further enhancements to ensure youth have the right care at the right time, provided in the least restrictive, most appropriate setting.

One Assessment

- The new process is one assessment for both PRTF and QRTP levels of care, along with the addition of Treatment Foster Care.
 - The process change to one assessment is centered around streamlining services for youth and families and ensuring that care is provided in the least restrictive, most appropriate setting.
 - This new process will ensure families and youth come through a single point of entry, allowing ND HHS to have better data about PRTF admissions and denials and an opportunity to assess and help ensure youth with behavioral health needs are directed to appropriate supports at all levels of care.
 - Under the one assessment, referrals for Children's Treatment Services assessment will go to one 3rd Party Vendor. The vendor will assess for PRTF, QRTP, and TFC level of care, and complete independent interviews with youth and families and review additional required documentation to limit bias to ensure that clinical criteria are applied appropriately and consistently for all youth across the state.

Children's Treatment Services Level of Care

July 1, 2024 - December 31, 2024



85.9%
Approved for PRTF,
QRTP, and TFC

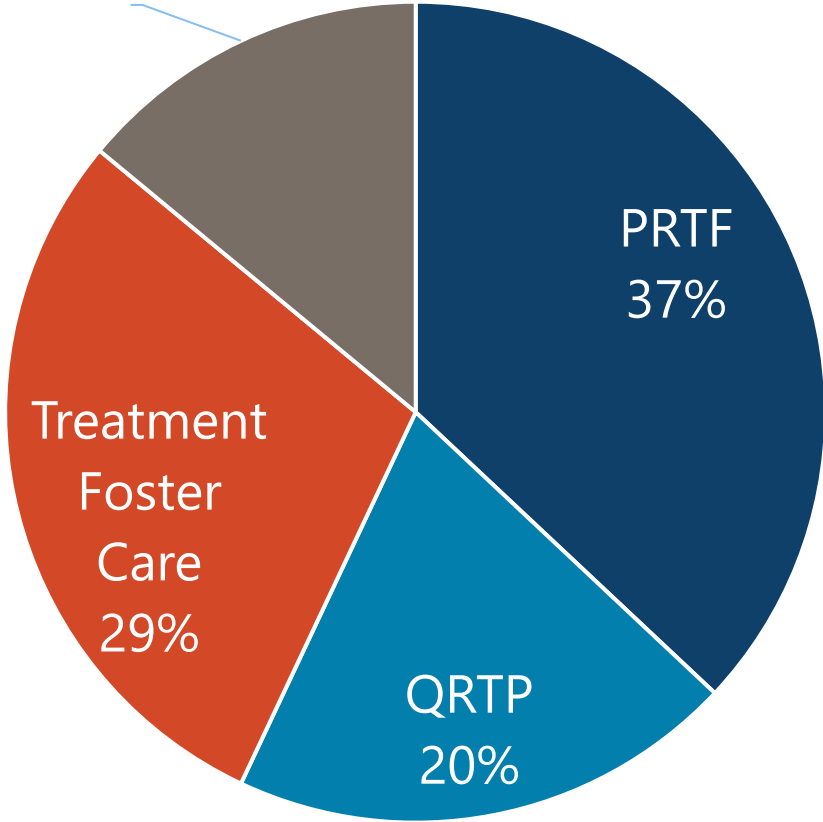
14.1%
Denials/Referred to
Community Based
Care

One Assessment Determinations

July 1, 2024 – December 31, 2024

Determination	Assessments
Community Based Care Appropriate	58
PRTF Appropriate	153
QRTP Appropriate: Difficulty of Care Level: Base	9
QRTP Appropriate: Difficulty of Care Level: 2	55
QRTP Appropriate: Difficulty of Care Level: 3	19
Treatment Foster Care Appropriate	119
TOTAL	413

Community Based Care
14%





Contact information

Melissa Kainz, DNP, MSN, RN

Utilization Review Administrator

mkkainz@nd.gov

hhs.nd.gov



Voluntary Treatment Program

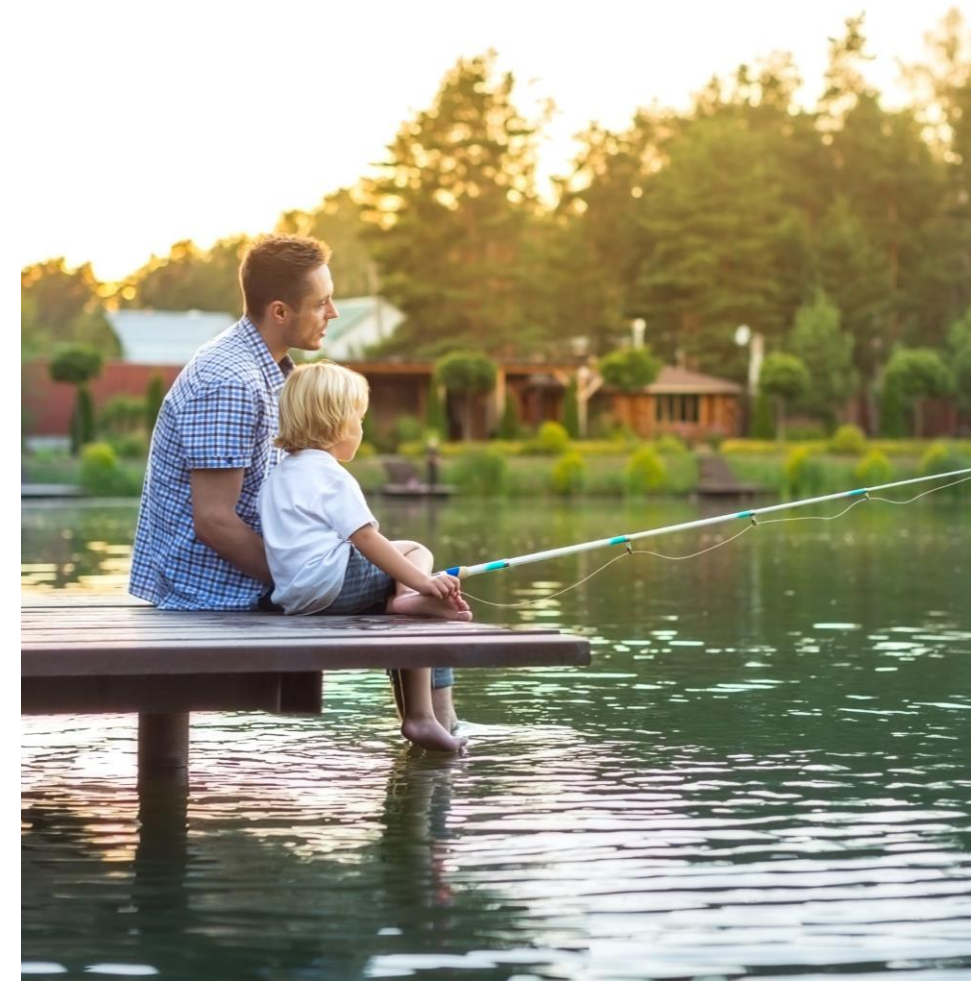
Voluntary Treatment Program

Provides out of home residential services for Medicaid-eligible children with a serious emotional disorder without requiring parents to relinquish custody (NDCC 50-06-06.13).

- The VTP will pay for maintenance costs of the treatment episode and Medicaid will pay for the treatment costs in accordance with the state plan.
- Providers include Qualified Residential Treatment Providers (QRTPs).

ELIGIBILITY

- Up to the age of 18;
- Currently have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM 5; and
- The functional impairment substantially interferes with or limits the child's role or functioning in the family, school and community activities.
- Youth are unable to be effectively served in the community



Voluntary Treatment Program

2023-2025 Biennium Appropriation: \$453,424

Through September 30, 2024, (75% of the biennium) 100% of the allocation has been expended.

- \$265,103.00 of MHBG funding has been used to support youth through December 31, 2024.
- To continue the program through June 2025, it is estimated that an additional \$600,000 of MHBG funding will be needed to support youth currently in the program and 4 additional youth.

Average 30-day cost
of a child in a QRTP

\$16,117.00*

Average length of
stay for a child in a
QRTP

4.4 months*

Average total cost for
a child at a QRTP

\$70,914.80*

Voluntary Treatment Program



Increase from 5 youth approved for VTP July 1, 2023, to June 30, 2024, to 9 youth approved from July 1, 2024-January 2025.

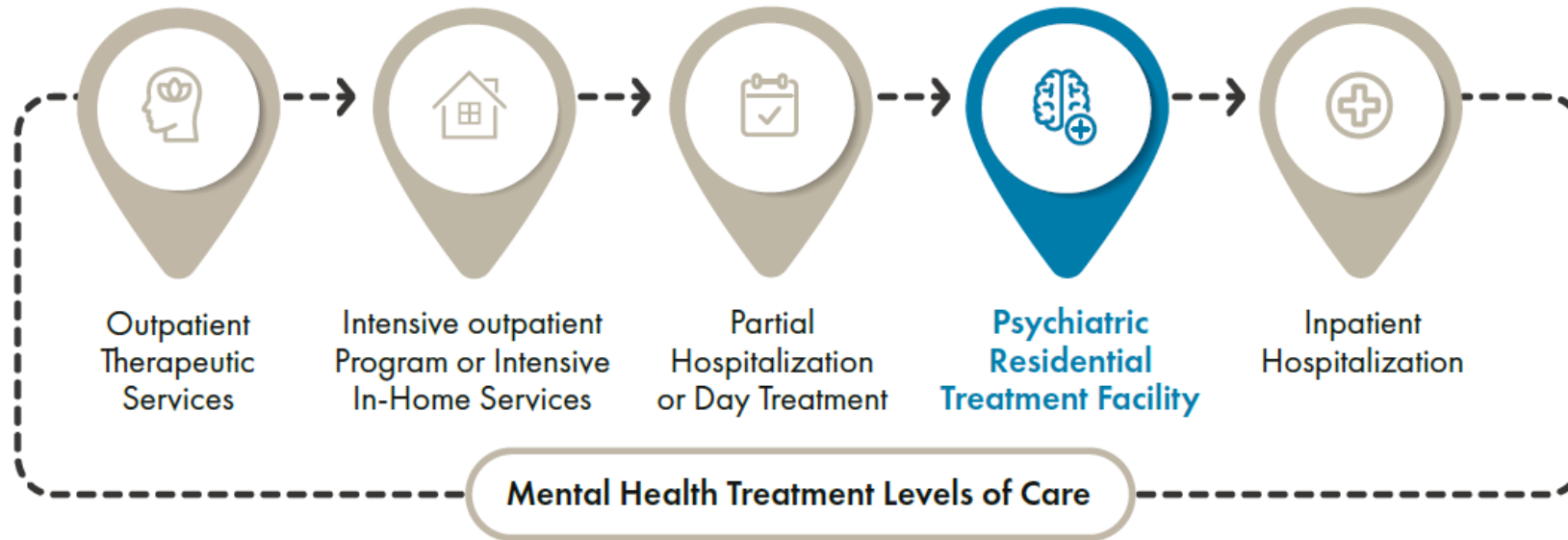
If approved, a total of 25 youth will be able to be served based on average.

	Base Budget	Decision Package	TOTAL 2025-2027 BIENNIUM PROPOSAL
Voluntary Treatment Program	453,424	1,351,997	1,805,421



Psychiatric Residential Treatment Facilities

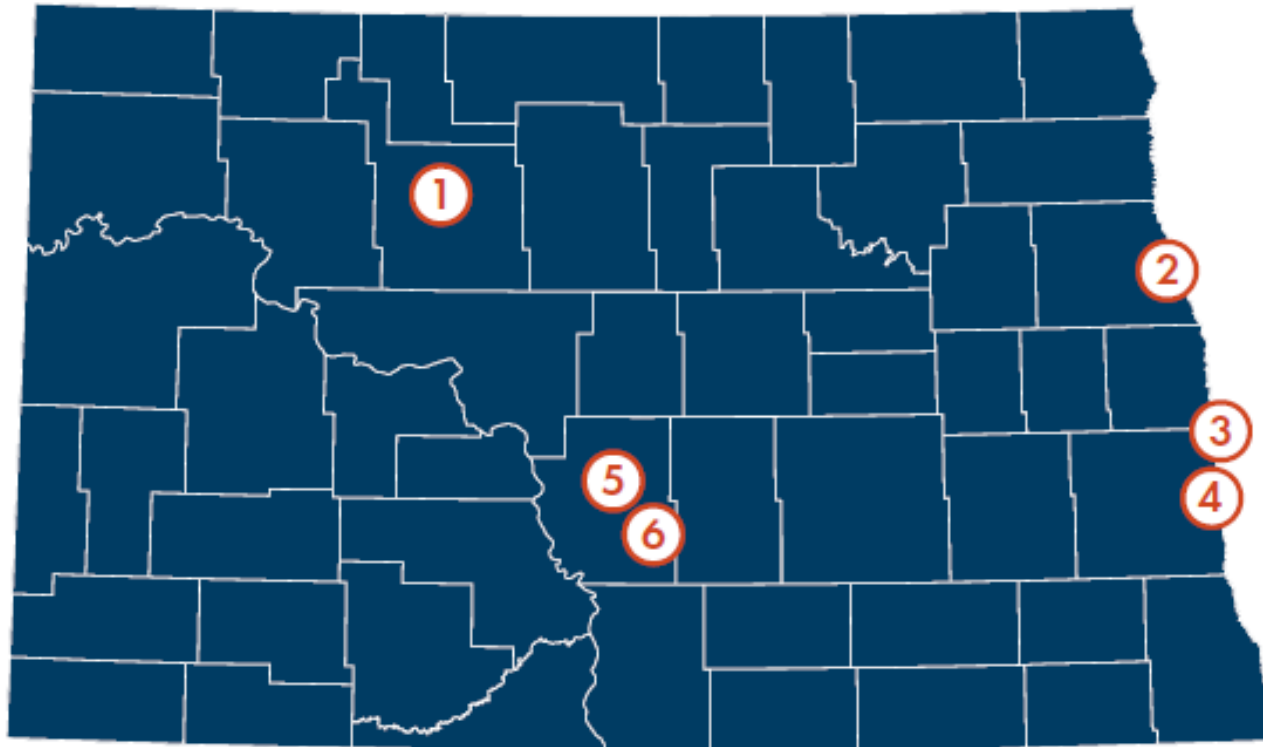
Psychiatric Residential Treatment Facilities (PRTF)



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

NDAC 75-03-17 Psychiatric Residential Treatment Facilities for Children are the rules that establish the standards governing PRTFs.

Psychiatric Residential Treatment Facilities (PRTF)



1. Dakota Boys and Girls Ranch (Minot)
2. Ruth Meiers Adolescent Center (Grand Forks)
3. Dakota Boys and Girls Ranch (Fargo)
4. Luther Hall (Fargo)
5. Dakota Boys and Girls Ranch (Bismarck)
6. Pride Manchester (Bismarck)



Development of Partial Hospitalization/ Intensive Day Treatment

Partial Hospitalization/ Intensive Day Treatment

Partial Hospitalization Programs (PHP) and intensive day treatment programs provide intensive, community-based therapeutic services that respond to the chronicity and severity of an individual's behavioral health condition. PHP and day treatment programs can be for mental health conditions, substance use disorders, and co-occurring disorders.

- There is currently limited access to PHP programs for children and adolescents across the state. Fargo (current) and Bismarck (opening in early 2025).
- Projected Impact
 - Increase frequency and intensity of behavioral health services by multidisciplinary treatment teams closer to home.
 - Reduce costly emergency room visits, and inpatient hospitalization stays.
 - Reduce Emergency Department boarding and length of hospital and residential stays.
- Funding for start-up costs as treatment services are reimbursable.

**2025-2027 Biennium Decision
Package [ONE-TIME FUNDING]**

Development of PHP/ Intensive Day Treatment

2,000,000





Youth Crisis Services

Youth Crisis Services



Nationwide best practice for youth crisis services includes:

- Someone to Contact
- Someone to Respond
- A Safe Place for Help



Youth crisis stabilization centers focus on initial response, triage, screening, assessment, and intervention to rapidly address the needs of the youth in crisis and promote de-escalation and stabilization.

	Decision Package	TOTAL 2025-2027 BIENNIUM PROPOSAL
Youth Crisis Services	3,000,000 (GF) 3,000,000 (FF)	6,000,000



Treatment Collaborative for Traumatized Youth (TCTY)

Treatment Collaborative for Traumatized Youth

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

www.tcty-nd.org

Contract with Sanford Research North

120 8th Street South Fargo, ND 58103 (701) 293-1335 TCTY@sanfordhealth.org Contact Us Roster Applications

TCTY TREATMENT COLLABORATIVE FOR TRAUMATIZED YOUTH

ABOUT US ▾ STATEWIDE PROGRAMS ▾ TRAINING ▾ TREATMENT ▾ AGENCIES & CLINICIANS ▾ RESOURCES Find a Trauma Clinician

TCTY Trains

We conduct and facilitate trainings on trauma-informed systems and trauma-specific and evidence-based screening and treatments.

Training

Think Green!

Collection

Reporting

Recycling

- solar

Treatment Collaborative for Traumatized Youth

	Base Budget	Decision Package to EXPAND	TOTAL 2025-2027 BIENNIUM PROPOSAL
TCTY	200,000	408,000	608,000

25-27 Expansion

- Focus on supporting TCTY's expert team in enhancing previous trainings and roster maintenance by adding ongoing education and resource dissemination.
- Expand TF-CBT training to offer a TF-CBT training on the western part of the state
- Add an in-person advanced TF-CBT training workshop for previously trained and newly trained mental health professionals.

This new proposal will produce the following outcomes:

- 110 TF-CBT trained,
- 180 Advanced TF-CBT trained,
- 200 attended the two-year Education Series, and
- 14,400 exposures to Awareness/Resource Messaging.

Electronic Health Record

EHR Legacy System Data Extraction & Migration

MyAvatar was implemented in 2019, at which point decision was made to leave some historical data in the legacy systems (ROAP and AIMS). In 2023, HHS was notified by the vendor that vendor support for the legacy system would end. Since that time, NDIT has provided support to the extent of their ability and BHD has provided continued funding for this system, which presents increasing data security concerns. Today, the data infrastructure of this legacy system is antiquated and is no longer able to be adequately supported by NDIT.

Project Risks	<ul style="list-style-type: none">• It is assumed that the longer this initiative is delayed, the more expensive it will be to complete the initiative due to diminishing subject matter expertise on the legacy system• HHS may become out of compliance with retention laws.• PHI will be lost or violated
Anticipated Benefits	<ul style="list-style-type: none">• Reduce maintenance funds allocated to legacy system support.• Continue to maintain compliance with retention regulations.• Reduce PHI security risk.

2025-2027 Biennium Decision Package [ONE TIME FUNDING]

**EHR Legacy System
Data Extraction & Migration**

\$1,000,000

State Hospital Network Redundancy

The State Hospital does not currently have a redundant network, which contributes to increased patient safety and legal risk in the event of network loss (e.g. the network cable is cut). Without access to internet, State Hospital staff are cut off from access to the patient medical record within the Electronic Health Record (EHR). This decision package would create a redundant network line for failover in the event of primary network loss or instability.

Project Risks	<ul style="list-style-type: none">• Single network failure could contribute to increased patient safety risks if access to the EHR is not able to be quickly restored• State Hospital staff will continue to experience interruptions with EHR connectivity, which reduced efficiency and leads to staff dissatisfaction.
Anticipated Benefits	<ul style="list-style-type: none">• Reduced potential patient safety and legal risk.• Improved EHR performance.

2025-2027 Biennium Decision Package [ONE TIME FUNDING]

State Hospital Network Redundancy

\$500,000

EHR System Recovery and Backup Solution

The Behavioral Health Division's Electronic Health Record (EHR) data is hosted by the vendor, Netsmart with no current on-premise data backup or recovery solution. Currently, the State Hospital does not have a viable option for immediate access to critical patient safety data, which contributes to increased patient safety and legal risk. This funding request is to develop a solution to create a data backup, which would be owned and maintained by the State, to ensure immediate access to critical patient data is readily accessible.

Project Risks

- Citizens served at the State Hospital may be subjected to undue safety risks in the event of an EHR service interruption.

Anticipated Benefits

- Secure patient safety in the event of EHR service/ network interruptions.

2025-2027 Biennium Decision
Package [ONE TIME FUNDING]

EHR System Recovery and Backup Solution

\$500,000

Roadmap

- Policy Division: Who we are
- Overview of programs
 - Including Executive Budget Request items
- 2025-2027 Budget review
 - Federal Funding
 - Decision Package Detail



Federal Funding for 2025-2027 Biennium

Federal Funding Source	Purpose	Current Award Deadline	Current Award
Substance Use Prevention, Treatment and Recovery Services Grant (SUPTRS)	Provide priority treatment and support services for individuals without insurance; provide primary prevention for persons not identified as needing treatment.	September 2025	\$7,530,548
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 2025	\$1,762,814
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 2025	\$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 2025	\$3,000,000
988 Grant	Improve state and territory response to 988 contacts (including calls, chats, and texts)	September 2025	\$838,072

Federal Funding for 2025-2027 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 2025	\$300,000
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.	July 2025	\$200,178
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	December 2025	\$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.	September 2025	\$1,250,000
Pediatric Mental Health Care Access Grant	Intended to promote behavioral health integration into pediatric primary care by using telehealth services to provide high quality and timely detection, assessment, treatment and referral for children and adolescents, with behavioral health conditions, using evidence-based practices and methods.	September 2025	\$858,000

Decision Package Detail

By Ongoing, One-Time and Funding Source

Decision Package	Decision Package Grouping	General	Other	Total
Electronic Health Record / Pharmacy System Recovery and Backup	IT		500,000 (SIIF)	One-Time
Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe	IT		1,000,000 (SIIF)	One-Time
State Hospital Network Redundancy	IT		500,000 (SIIF)	One-Time
Development of Partial Hospitalization/ Intensive Day Treatment	Children's Behavioral Health		2,000,000 (CHTF)	2,000,000 One-Time
Opioid Settlement	Cost to Continue		8,000,000	8,000,000 Ongoing
Avel eCare rural crisis support continuation	Behavioral Health Services		2,000,000 (CHTF)	2,000,000 Ongoing
Substance Use Disorder (SUD) Voucher	Behavioral Health Services	2,500,000		2,500,000 Ongoing
Treatment Collaborative for Traumatized Youth Expansion	Children's Behavioral Health	408,000		408,000 Ongoing
Voluntary Treatment Program	Children's Behavioral Health	1,351,997		1,351,997 Ongoing
Continue existing levels of service in Free Through Recovery and Community Connect	Services – Care Coordination	4,761,081		4,761,081 Ongoing
Free Through Recovery	Services – Care Coordination	4,016,908		4,016,908 Ongoing
Community Connect	Services – Care Coordination	4,458,814		4,458,814 Ongoing
Peer Support	Services – Care Coordination	137,900		137,900 Ongoing

Comparison of budgets and funding

By Budget Account Code

Description	2023-25 Legislative Base	2025-27 Executive Recommendation	Increase/ (Decrease)
511x Salaries - Regular	\$ 5,783,715	\$ 11,553,902	\$ 5,770,187
512x Salaries - Other	-	-	-
513x Salaries Temp	289,100	111,290	(177,810)
514x Salaries Overtime	-	-	-
516x Salaries Benefits	2,719,860	5,601,975	2,882,114
Total Salaries & Benefits	\$ 8,792,676	\$ 17,267,167	\$ 8,474,492
52x Travel	40,000	174,685	134,685
53x Supply	6,000	18,037	12,037
54x Postage & Printing	15,000	15,000	-
58x Rent/Leases - Bldg/Equip	-	6,480	6,480
61x Professional Development	60,000	179,209	119,209
62x Fees - Operating & Professional	81,260,458	95,968,688	14,708,230
60x IT Expenses	-	19,042,285	19,042,285
71x Grants, Benefits, & Claims	40,476,298	43,905,620	3,429,322
Total Operating	\$ 121,857,756	\$ 159,310,004	\$ 37,452,248
Total	\$ 130,650,431	\$ 176,577,171	\$ 45,926,740
Total General	\$ 78,668,634	\$ 116,775,231	\$ 38,106,598
Total Federal	\$ 40,703,315	\$ 42,277,919	\$ 1,574,604
Total Other	\$ 11,278,483	\$ 17,524,021	\$ 6,245,538

Operating Schedule

DESCRIPTION	2023-25 BIENNIUM		2025-27 EXECUTIVE BUDGET RECOMMENDATION			
	AMOUNT	INCREASE/ (DECREASE)	TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
BH Strategic Plan Implementation	\$ 250,000	\$ -	\$ 250,000	\$ 250,000		
Person Centered Planning	300,000	-	300,000	300,000		
Trauma Informed Practices (TCTY)	200,000	408,000	608,000	608,000		
NDCARES	85,000	-	85,000	85,000		
B-HERO	400,000	-	400,000	400,000		
Peer Support	162,010	137,990	300,000	300,000		
Prevention and Early Intervention	300,000	-	300,000	300,000		
Licensing/Certification	77,500	-	77,500	77,500		
Task Forces, Commissions, etc.	46,000	(24,750)	21,250	21,250		
Telehealth	1,500,000	-	1,500,000	1,500,000		
Suicide Prevention	1,092,132	-	1,092,132	1,092,132		
Crisis	2,043,330	-	2,043,330	2,043,330		
ND Brain Injury Network	996,483	-	996,483	996,483		
Supported Housing	4,672,536	-	4,672,536	4,672,536		
Recovery Housing Assistance Program	1,509,088	34,124	1,543,212	1,543,212		
Pregnant and Parenting Women	600,000	-	600,000	600,000		
Free Through Recovery	14,700,173	6,186,180	20,886,353	20,886,353		
Community Connect	14,364,747	7,114,737	21,479,484	21,479,484		
PATH	5,000	-	5,000		5,000	
Mental Health Block Grant	3,058,872	360,612	3,419,484		3,419,484	
Substance Use Prevention Treatment and Recovery	12,494,756	1,480,142	13,974,898		13,974,898	
Partnership for Success	2,500,000	1,000,000	3,500,000		3,500,000	
988 Improvement	252,759	1,497,241	1,750,000		1,750,000	
State Opioid Response	8,000,000	(246,034)	7,753,966		7,753,966	
State Epidimeological Outcomes Workgroup	500,000	-	500,000		500,000	
Opioid Settlement	10,000,000	(2,000,000)	8,000,000			8,000,000
Revenue Cycle Consultant	-	39,700	39,700	39,700		
Parent's LEAD	200,000	(200,000)	-			
Brain Injury Grant	450,072	(450,072)	-			
Compulsive Gambling	500,000	(500,000)	-			
BH Crisis Care for Law Enforcement (Avel eCare)		2,000,000	2,000,000			2,000,000
Drug Court		200,000	200,000	200,000		
Operating Underfund		(2,329,640)	(2,329,640)	(2,329,640)		

GENERAL FUND	\$ 43,498,999	\$ 11,566,341	\$ 55,065,340	\$ 55,065,340		
FEDERAL FUND	27,261,459	3,641,889	30,903,348		30,903,348	
OTHER FUND	10,500,000	(500,000)	10,000,000			10,000,000
GRAND TOTAL	\$ 81,260,458	\$ 14,708,230	\$ 95,968,688	\$ 55,065,340	\$ 30,903,348	\$ 10,000,000

Grants Schedule

DESCRIPTION	2023-25 BIENNIUM		INCREASE/ (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION			
	AMOUNT			TOTAL	GENERAL FUND	FEDERAL FUND	OTHER FUND
Voluntary Treatment Program	\$ 453,424	\$	1,351,997	1,805,421	\$ 1,805,421		
Parent to Parent	75,000		-	75,000	75,000		
Behavioral Health School Grants	9,500,000		-	9,500,000	9,500,000		
School Pilot	300,000		-	300,000	300,000		
Substance Use Disorder Voucher	18,147,874		2,910,369	21,058,243	21,058,243		
System of Care	6,000,000		1,066,956	7,066,956		7,066,956	
Pediatric Mental Healthcare Access	-		2,100,000	2,100,000		2,100,000	
CCBHC Federal Grant	6,000,000		(6,000,000)	-			
Partial Hospitalization / Intensive Day Treatment	-		2,000,000	2,000,000			2,000,000
GENERAL FUND	\$ 28,476,298	\$	4,262,366	\$ 32,738,664	\$ 32,738,664		
FEDERAL FUND	12,000,000		(2,833,044)	9,166,956		9,166,956	
OTHER FUND			2,000,000	2,000,000			2,000,000
GRAND TOTAL	\$ 40,476,298	\$	3,429,322	\$ 43,905,620	\$ 32,738,664	\$ 9,166,956	\$ 2,000,000

Comparison of budget expenditures and projections

By Budget Account Code

Description	2023-25 Legislative Base	Expended as of 12/31/2024	Projection through 6/30/2025	Under/ (Over) Budget
511x Salaries - Regular	\$ 5,783,715	\$ 5,241,524	\$ 6,979,625	\$ (1,195,910)
513x Salaries Temp	289,100	45,240	70,400	218,700
514x Salaries Overtime	-	10,984	10,984	(10,984)
516x Salaries Benefits	2,719,860	2,369,733	3,176,143	(456,282)
Total Salaries & Benefits	\$ 8,792,676	\$ 7,667,481	\$ 10,237,152	\$ (1,444,476)
52x Travel	40,000	389,126	401,626	(361,626)
53x Supply	6,000	134,065	135,565	(129,565)
54x Postage & Printing	15,000	108,502	113,002	(98,002)
55x Equipment under \$5,000	-	56,475	56,475	(56,475)
58x Rent/Leases - Bldg/Equip	-	33,597	33,597	(33,597)
61x Professional Development	60,000	202,151	217,151	(157,151)
62x Fees - Operating & Professional	81,260,458	52,811,692	82,004,677	(744,219)
60x IT Expenses	-	2,208	2,208	(2,208)
69x Equipment Over \$5,000	-	519,400	519,400	(519,400)
71x Grants, Benefits, & Claims	40,476,298	24,707,391	41,228,912	(752,614)
Total Operating	\$ 121,857,756	\$ 78,964,606	\$ 124,712,612	\$ (2,854,856)
Total	\$ 130,650,431	86,632,087	\$ 134,949,764	\$ (4,299,332)
Total General	\$ 78,668,634	\$ 53,012,375	\$ 77,328,641	\$ 1,339,993
Total Federal	\$ 40,703,315	\$ 28,360,954	\$ 43,578,572	\$ (2,875,258)
Total Other	\$ 11,278,483	\$ 5,258,759	\$ 14,042,551	\$ (2,764,068)



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