



HB 1012

Senate Appropriations – Human Resources Division Committee
Senator Dever, Chairman

Behavioral Health Division, **Policy & Administration** | March 19, 2025



| Health & Human Services

Behavioral Health Division

Pamela Sagness
Executive Director
Behavioral Health Division

Policy and Administration

Quality and
Technical Services
Sarah Osse

Revenue Cycle
Director
Stan Salwei

Policy Director
Laura Anderson

Clinical
Director, Policy
*Dr. Shauna
Eberhardt*

Director of Operational
Development and
Compliance
Antonia Berning Scilley

Clinical
Director,
Clinics
Dr. Dan Cramer

Clinic
Operations
Director
Alanna Zeller

Medical
Director, Clinics
*Dr. Laura
Kroetsch*

Superintendent,
State Hospital
Aaron Olsen

Medical
Director, State
Hospital
*Dr. Eduardo
Yabut*

Data

Electronic
Health Record

Quality
Management

Project
Management

Client Access

Coding

Health
Information
Management

Billing

Reimbursement/
Contract

Administration

Prevention
and
Promotion

Adult
Addiction

Children's
Behavioral
Health

Adult Mental
Health

Community
Supports

Northwest Clinic

North Central
Clinic

Lake Region Clinic

Northeast Clinic

Southeast Clinic

South Central
Clinic

West Central
Clinic

Badlands Clinic

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

COMPARISON OF BUDGETS AND FUNDING

BY MAJOR EXPENSE

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	\$ 8,792,675	\$ 8,474,492	\$ 17,267,167	\$ (1,211,587)	\$ 16,055,580
Operating	81,381,458	14,980,641	96,362,099	(2,170,420)	94,191,679
IT Services	-	19,042,285	19,042,285	(3,500,000)	15,542,285
Grants	40,476,298	3,429,322	43,905,620	17,597,697	61,503,317
Total	\$ 130,650,431	\$ 45,926,740	\$ 176,577,171	\$ 10,715,690	\$ 187,292,861
General Fund	\$ 78,668,633	\$ 38,106,598	\$ 116,775,231	\$ 1,255,656	\$ 118,030,887
Federal Funds	40,703,315	1,574,604	42,277,919	-	42,277,919
Total Funds	\$ 130,650,431	\$ 45,926,740	\$ 176,577,171	\$ 10,715,690	\$ 187,292,861

BH Policy and Administration Budget as % of HHS Total Budget

- 3%

Budget by Funding Source of Engrossed HB 1012

- General Fund: 63.0%
- Federal Fund: 22.6%
- Other Fund: 14.4%

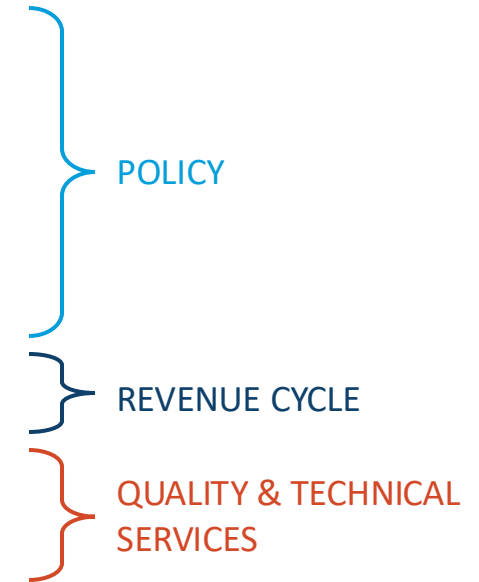
Budget by Pass Through

- Paid to Private Providers: 82.9%
- Admin: 8.8%
- IT: 8.3%

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 & Lacreasha 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

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

CHANGES TO BASE BUDGET

BY ONGOING, ONE-TIME AND FUNDING SOURCE

BASE BUDGET CHANGES	DESCRIPTION	2025-27 EXECUTIVE BUDGET		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Service – Cost to Continue	Opioid Settlement		\$8,000,000 Opioid Settlement Fund		\$8,000,000 Opioid Settlement Fund
Behavioral Health Services	Avel eCare rural crisis support continuation		\$2,000,000 CHTF		\$1,000,000 CHTF
Behavioral Health Services	Substance Use Disorder (SUD)	\$2,500,000		\$2,500,000	
Services - BH Expansion	Drug Court treatment support	\$200,000		\$200,000	
Services - Care Coordination	Continue existing levels of service for Free Through Recovery and Community Connect	\$4,761,081		\$4,761,081	
Services - Care Coordination	Free Through Recovery	\$4,016,908		\$4,016,908	
Services - Care Coordination	Community Connect	\$4,458,814		\$4,458,814	
Services - Care Coordination	Peer Support	\$137,900		\$137,900	
Children's Behavioral Health	Development of Partial Hospitalization/ Intensive Day Treatment *One Time		\$2,000,000 CHTF		\$2,000,000 CHTF
Children's Behavioral Health	Treatment Collaborative for Traumatized Youth Expansion	\$408,000		\$408,000	
Children's Behavioral Health	Voluntary Treatment Program	\$1,351,997		\$1,351,997	
IT	Electronic Health Record / Pharmacy System Recovery and Backup *One Time		\$500,000 SIIF		\$500,000 SIIF
IT	Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe *One Time		\$1,000,000 SIIF		\$1,000,000 SIIF
IT	State Hospital Network Redundancy *One Time		\$500,000 SIIF		\$500,000 SIIF

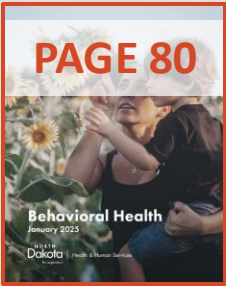
CHANGES TO BASE BUDGET - CONTINUED

BY ONGOING, ONE-TIME AND FUNDING SOURCE

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
House Amendment	Behavioral Health Facility Grant *One Time				\$12,960,000 SIIF
House Amendment	Grant for Community Cultural Center *One Time				\$1,000,000 SIIF
House Amendment	Medical Expenses for IMD Providers			\$500,000	
House Amendment	Substance Use Disorder (SUD) - 50/50 Inpatient/Outpatient			\$500,000	
House Amendment	Mental Health Voucher for Incarcerated Individuals			\$2,500,000	
House Amendment	Behavioral Health Services for Nursing Homes and Basic Care Facilities			\$2,000,000	
House Amendment	FTE Block Grant Salary Reduction			(\$1,211,587)	
House Amendment	Operational Reduction			(\$3,398,000)	
Provider Inflation	Provider Inflation (1.5%/1.5% to 2%/2%)	\$1,088,608		\$1,453,885	

Service – Cost to Continue **Opioid Settlement**

Opioid Settlement Fund



Current settlements with 13 manufacturers, distributors or pharmacies.

ND has received 22.7M and is projected to receive additional 48M.

\$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. (NDCC 50-36-06)

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Service – Cost to Continue	Opioid Settlement		\$8,000,000 Opioid Settlement Fund		\$8,000,000 Opioid Settlement Fund

List of Opioid Remediation Uses - Exhibit E



Allowable opioid abatement and remediation strategies categorized by the following (including examples):

1. Core strategies

- 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

- 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

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

4. Other

- Provide education and training to abate the opioid epidemic

Opioid Settlement Advisory Committee

Listening Sessions

The role of the Advisory Committee is to provide recommendations to HHS on use of appropriated settlement funding. (NDCC 50-36-03)

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

Themes of input included:

- Prevention
- Syringe Service Programs
- Access to treatment
- Access to treatment and recovery services including for those in the criminal justice system
- Enhance behavioral health workforce
- Set aside for tribes



Opioid Settlement Committee Funding 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.

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** – Served 73 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 974 individuals
- **Sanford Medical Center Fargo** – Became licensed as an outpatient Substance Use Disorder Treatment provider and served 46 individuals. They have connected 102 individuals to treatment services through the Emergency Department and Ambulatory Care.

Behavioral Health Services Current & Expansion



Rural Crisis (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

65 agencies utilizing Avel and the ND Highway Patrol

Total encounters: 162

- Remain in Place: 98
- Voluntary Admissions: 34
- Involuntary Admissions: 9
- Unable to complete assessment: 20

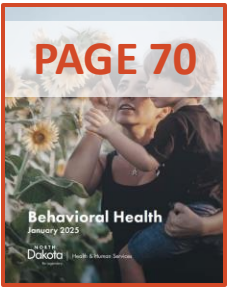
Region	Total Agencies	Regional encounters
Region 1-Northwest	5	32
Region 2- North Central	9	24
Region 3- Lake Region	5	4
Region 4- Northeast	5	12
Region 5- Southeast	11	28
Region 6- Southcentral	14	13
Region 7- West Central	6	10
Region 8- Badlands	10	15
ND Highway Patrol	1	4

1/1/2024-2/28/2025

First Engrossed HB 1012 includes:

- Section 25 allows for carryover from 23-25 biennium

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Behavioral Health Services	Avel eCare rural crisis support continuation		\$2,000,000 CHTF		\$1,000,000 CHTF



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.

SUD Voucher

43 providers

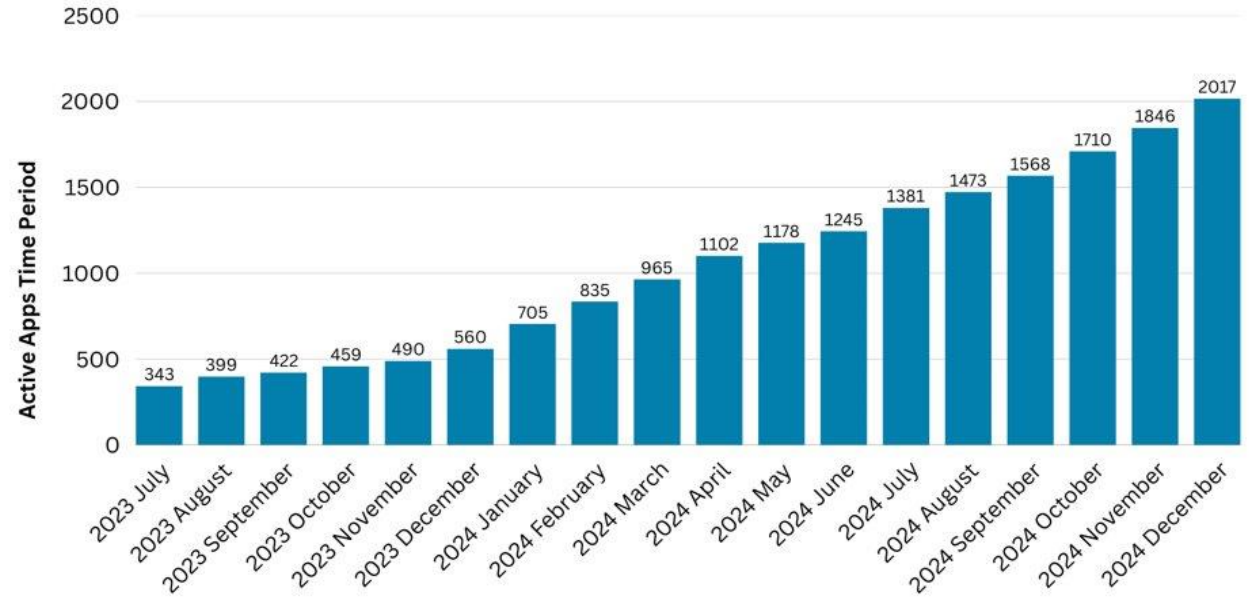
(46% of eligible addiction treatment providers)

9,424 individuals approved for services since inception in July 2016

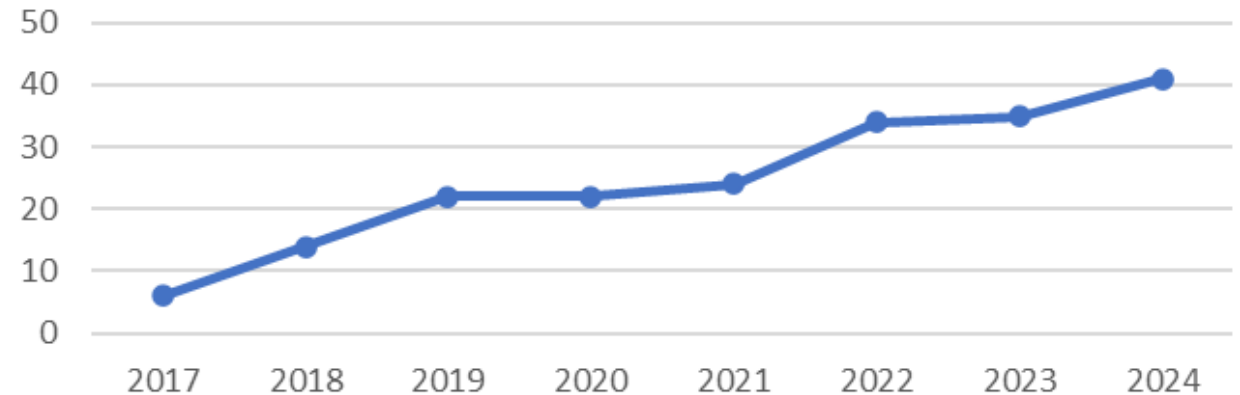
4,154 individuals active in this biennium

*As of 2/28/2025

Approved Individuals (July 2023 – December 2024)



Number of Providers Per Year



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*

First Engrossed HB 1012 includes Section 33:

- Changing “**forty-five percent**” to “**fifty percent**”
- “*The department, during the last quarter of the biennium, may reallocate projected unused funds that were allocated under paragraph 2 to residential facilities outlined in paragraph 1.*”

SUD Voucher

2023 – 2025 Biennium Expenditures (through 3-12-2025)

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*	\$8,207,608	\$7,147,840
Refunds to Date*	\$804	\$415,277
Budget Remaining*	(\$40,261)	\$3,248,768
Estimated funding at end of biennium	Funding was expended in March 2025	\$1,258,010

*program-based estimate

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Behavioral Health Services	Substance Use Disorder (SUD)	\$2,500,000		\$2,500,000	

SUD Voucher

House Amendments to Engrossed HB 1012

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
House Amendment	Medical Expenses for IMD Providers			\$500,000	
House Amendment	Substance Use Disorder (SUD) - 50/50 Inpatient/Outpatient			\$500,000	
House Amendment	Mental Health Voucher for Incarcerated Individuals			\$2,500,000	

First Engrossed HB 1012 includes: Section 33 amends NDCC 50-06-42. Substance use disorder treatment voucher system - Mental health treatment voucher system for incarcerated individuals.

Pages 16-17 of First Engrossed HB 1012

1 SECTION 33. AMENDMENT. Section 50-06-42 of the North Dakota Century Code is
 2 amended and reenacted as follows:
 3 **50-06-42. Substance use disorder treatment voucher system - Mental health**
 4 **treatment voucher system for incarcerated individuals.**
 5 1. The department shall establish and administer, within the limits of legislative
 6 appropriations, a voucher system to address underserved areas and gaps in the
 7 state's substance abuse treatment system and to assist in the payment of addiction
 8 treatment services and medical costs provided by licensed substance abuse treatment
 9 programs, excluding regional human service centers and hospital- or medical clinic-
 10 based programs for medical management of withdrawal.
 11 a. An out-of-state licensed substance abuse treatment program located within a
 12 bordering state may participate in the voucher program to serve an underserved
 13 area of this state pursuant to the rules adopted by the department. The
 14 department shall develop rules to include processes and requirements for an
 15 out-of-state provider to receive reimbursement only for outpatient and
 16 community-based services upon a provider completing an assessment of need
 17 and receiving approval from the department.
 18 2b. Services eligible for the voucher program include only those levels of care
 19 recognized by the American society of addiction medicine, with particular
 20 emphasis given to underserved areas and programs. The department shall
 21 ensure that a licensed substance abuse treatment program, hospital, and
 22 medical clinic program accepting vouchers collects and reports process and
 23 outcome measures.
 24 3c. The department shall develop requirements and provide training and technical
 25 assistance to a licensed substance abuse treatment program, hospital, and
 26 medical clinic program accepting vouchers. A licensed substance abuse
 27 treatment program, hospital, and medical clinic program accepting vouchers shall
 28 provide evidence-based services.
 29 4-d. The department shall allocate funding appropriated for the substance use
 30 disorder treatment voucher as follows:
 31 a. No

1 (1) Except as provided in paragraphs 3 and 4, no more than forty-five
 2 percent of the appropriated amount may be allocated for residential
 3 substance use disorder services administered by licensed substance abuse
 4 treatment programs with more than sixteen beds.
 5 b.(2) The remaining appropriation must be allocated for residential programs with
 6 sixteen or fewer beds, nonresidential outpatient, and ancillary substance
 7 use disorder services administered by licensed substance abuse treatment
 8 programs.
 9 (3) The department, during the last quarter of the biennium, may reallocate
 10 projected unused funds that were allocated under paragraph 2 to residential
 11 facilities outlined in paragraph 1.
 12 (4) The department may reimburse a licensed substance abuse treatment
 13 program with more than sixteen beds the incurred direct medical costs of an
 14 eligible individual who does not have resources to cover the medical costs.
 15 The department may develop rules and may not exceed the total amount
 16 appropriated for medical cost reimbursement.
 17 2. The department shall establish and administer, within the limits of legislative
 18 appropriations, a voucher system to address underserved areas and gaps in the
 19 state's mental health treatment system for individuals detained or confined in a county
 20 jail or detention center or regional corrections center and to assist in the payment of
 21 mental health treatment services provided by a licensed mental health professional
 22 acting within their scope of practice, excluding a regional human service center.
 23 a. Services eligible for the voucher program include only diagnostic assessment
 24 and mental health therapy for individuals with a mental health concern detained
 25 or confined in a county jail or detention center or regional corrections center. The
 26 department shall ensure that a licensed mental health professional accepting
 27 vouchers collects and reports process and outcome measures.
 28 b. The department shall develop requirements and provide training and technical
 29 assistance to licensed mental health professionals accepting vouchers. A
 30 licensed mental health professional shall provide evidence-based services.

Drug Court

- Partnership with DOCR and Courts
- Service expansion in Fargo area

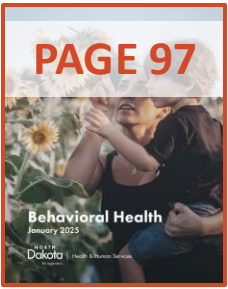


BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - BH Expansion	Drug Court treatment support	\$200,000		\$200,000	

Services – Care Coordination



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

7,545

Individuals
served to
date

1,532

Current
participants

52

Providers



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.

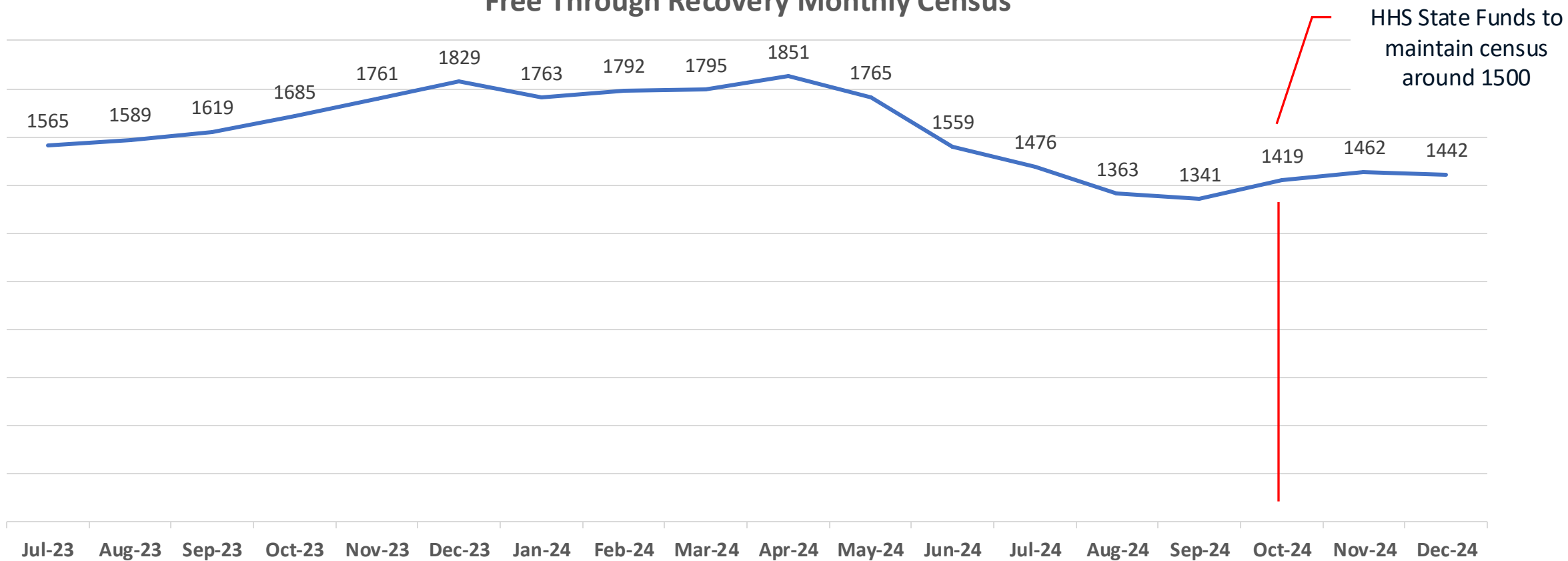
FTR corresponds with reduced reincarceration rates for participating individuals.*

*Stanford Computational Policy Lab; July 27, 2020



FREE THROUGH *Recovery*

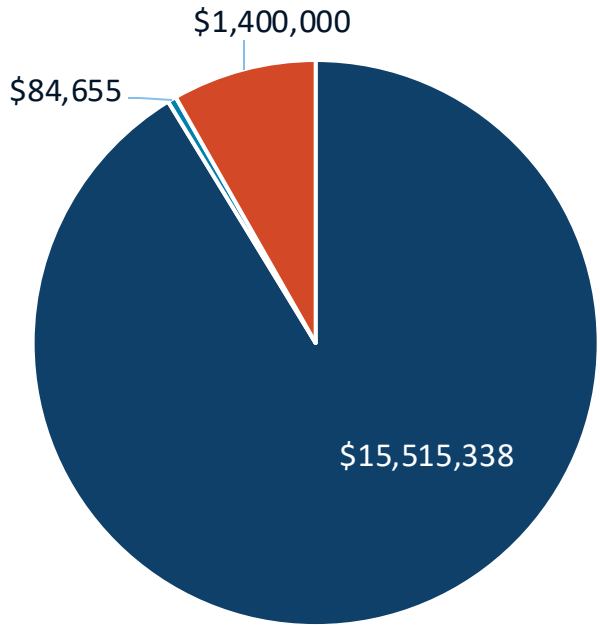
Free Through Recovery Monthly Census





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

2,423,144 for Free Through Recovery
Would support average monthly census of 1,500

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Care Coordination	Continue existing levels of service for Free Through Recovery and Community Connect	\$4,761,081		\$4,761,081	
Services - Care Coordination	Free Through Recovery	\$4,016,908		\$4,016,908	

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

First Engrossed HB 1012 includes total 25-27 Biennium Proposal = 21,955,390



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.



8,038

Individuals
served to
date

1,470

Current
participants

57

Providers



CommunityConnect

My Recovery. My Story.



Of participants actively engaged in services:



78% of participants are actively addressing their housing needs.



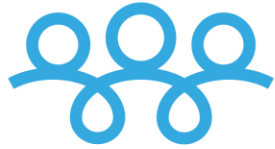
75% of participants are actively addressing their employment/financial needs.



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



76% of participants are actively addressing their recovery needs.

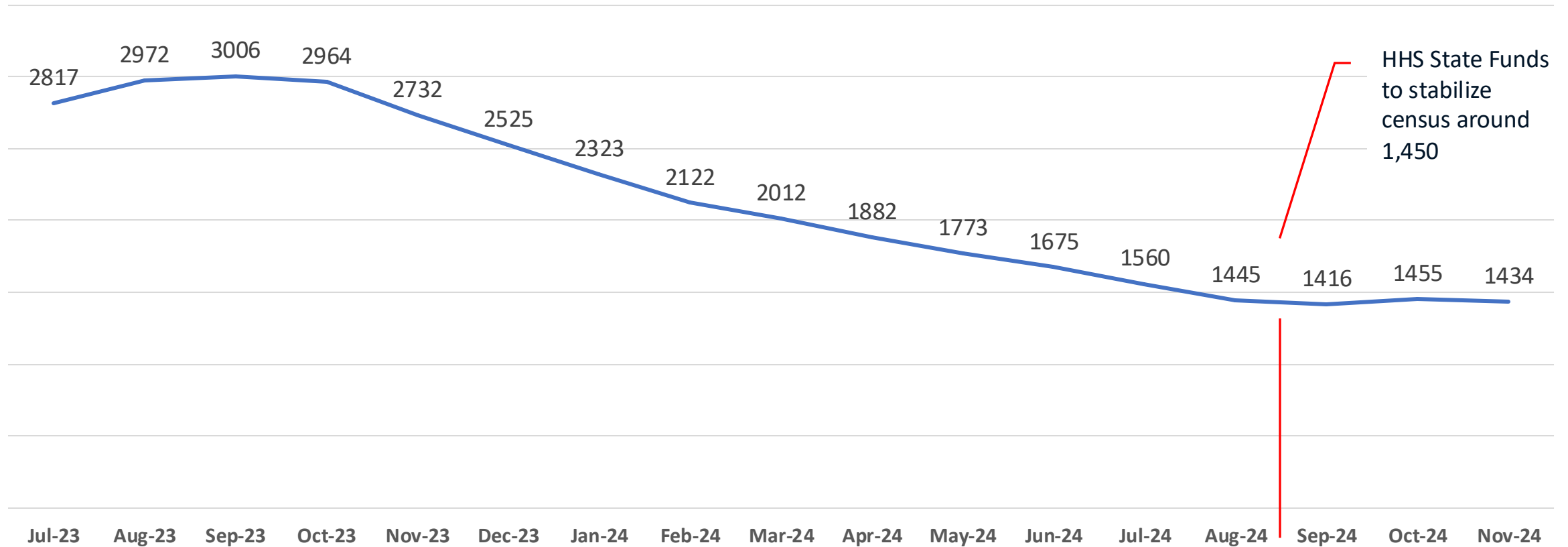


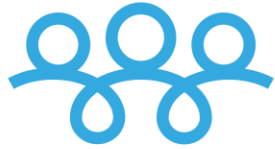
CommunityConnect

My Recovery. My Story.



Community Connect Monthly Census



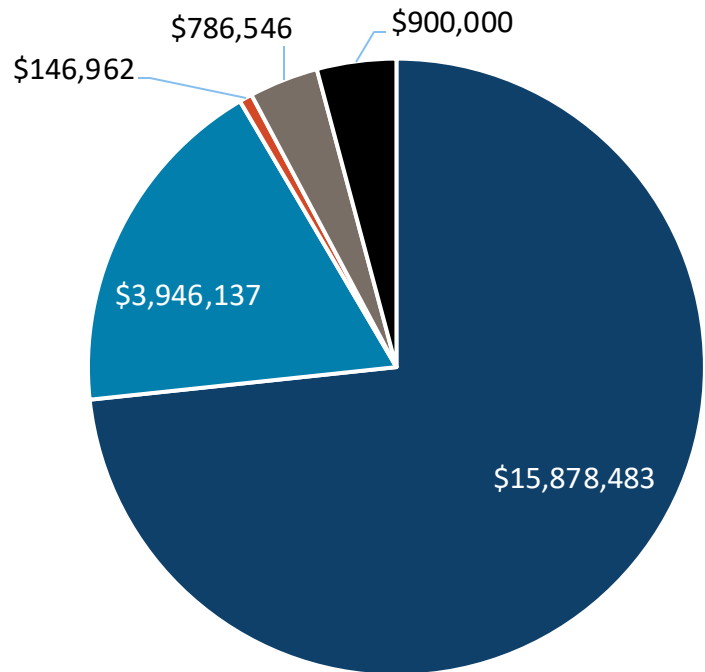


CommunityConnect

My Recovery. My Story.



Community Connect Funding 2023-2025



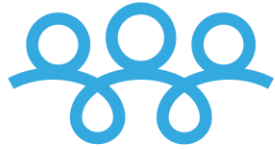
- GF Appropriation
- Opioid Settlement
- SOC Grant
- MHBG
- Additional State Funding

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

2,337,937 for Community Connect
Would support average monthly census of 1,500

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Care Coordination	Continue existing levels of service for Free Through Recovery and Community Connect	\$4,761,081		\$4,761,081	
Services - Care Coordination	Community Connect	\$4,458,814		\$4,458,814	

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

First Engrossed HB 1012 includes total 25-27 Biennium Proposal = 22,222,430

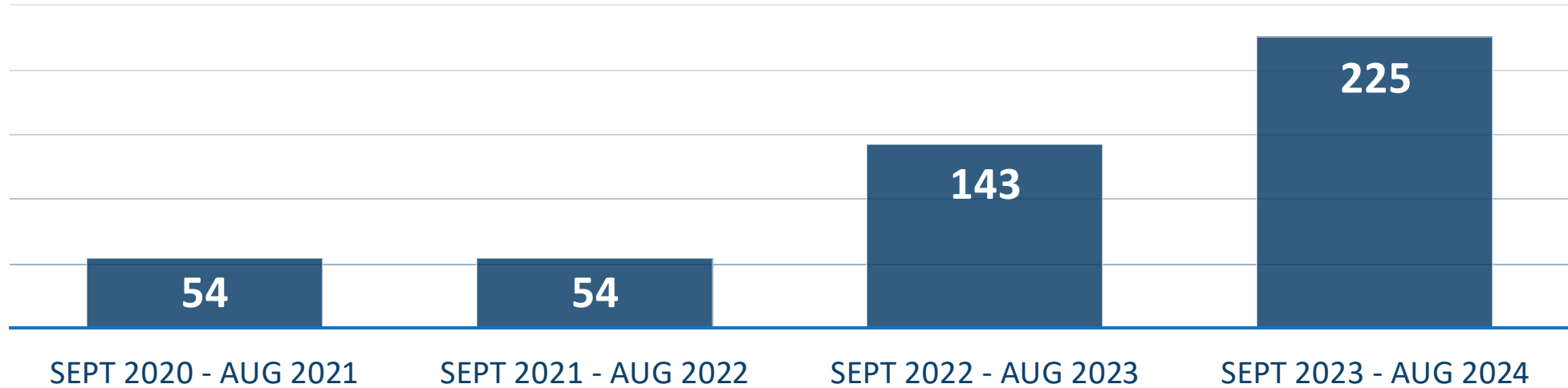


Peer Support

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

Number of Peer Support Certifications Issued



BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Services - Care Coordination	Peer Support	\$137,900		\$137,900	

First Engrossed HB 1012 includes total 25-27 Biennium Proposal = 300,000

Children's Behavioral Health

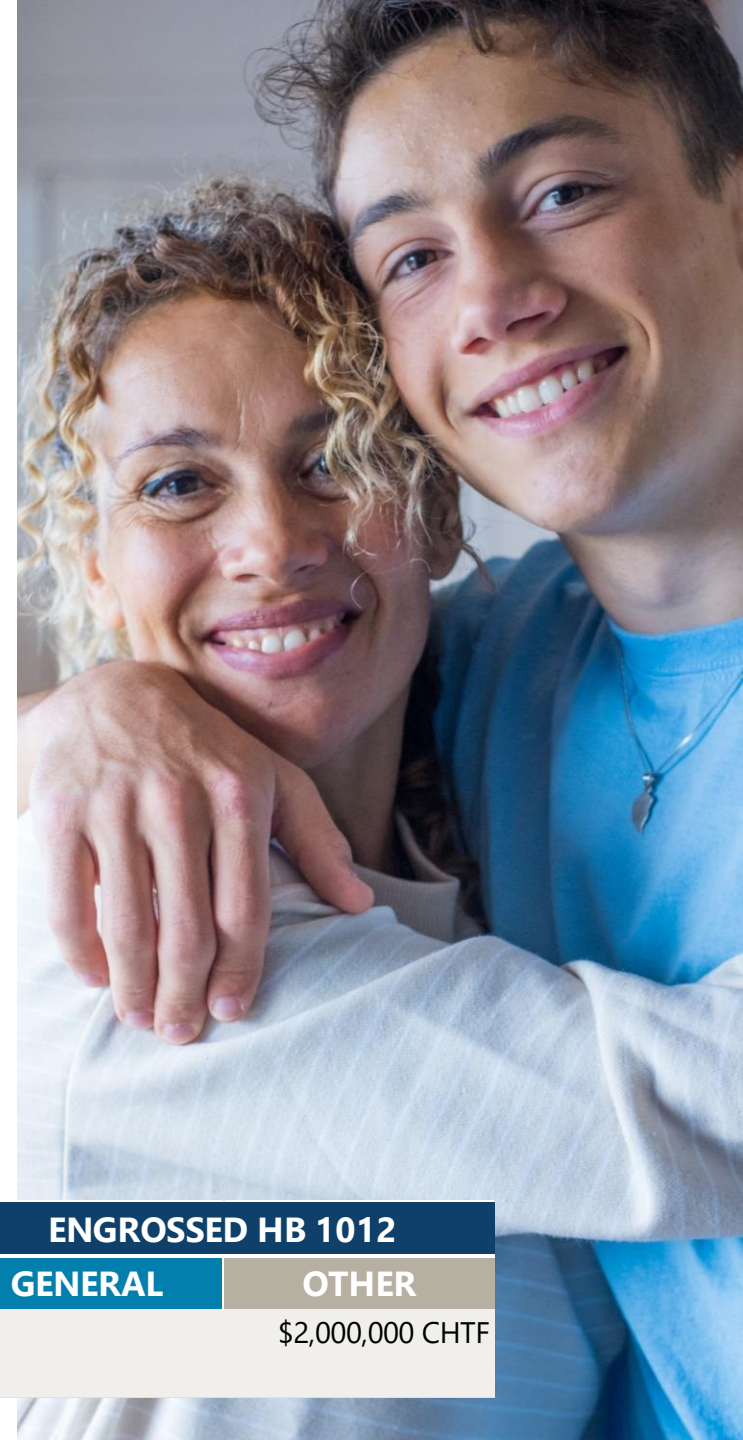


Development of Partial Hospitalization/ Intensive Day Treatment

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.



BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Children's Behavioral Health	Development of Partial Hospitalization/ Intensive Day Treatment *One Time		\$2,000,000 CHTF		\$2,000,000 CHTF



Treatment Collaborative for Traumatized Youth (TCTY)

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.

Contract with Sanford Research North

Treatment Collaborative for Traumatized Youth

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Children's Behavioral Health	Treatment Collaborative for Traumatized Youth Expansion	\$408,000		\$408,000	

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.

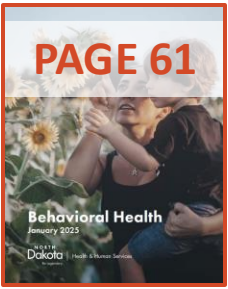
This new proposal will produce the following outcomes:

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

First Engrossed HB 1012 includes total 25-27 Biennium Proposal = 608,000



Voluntary Treatment Program



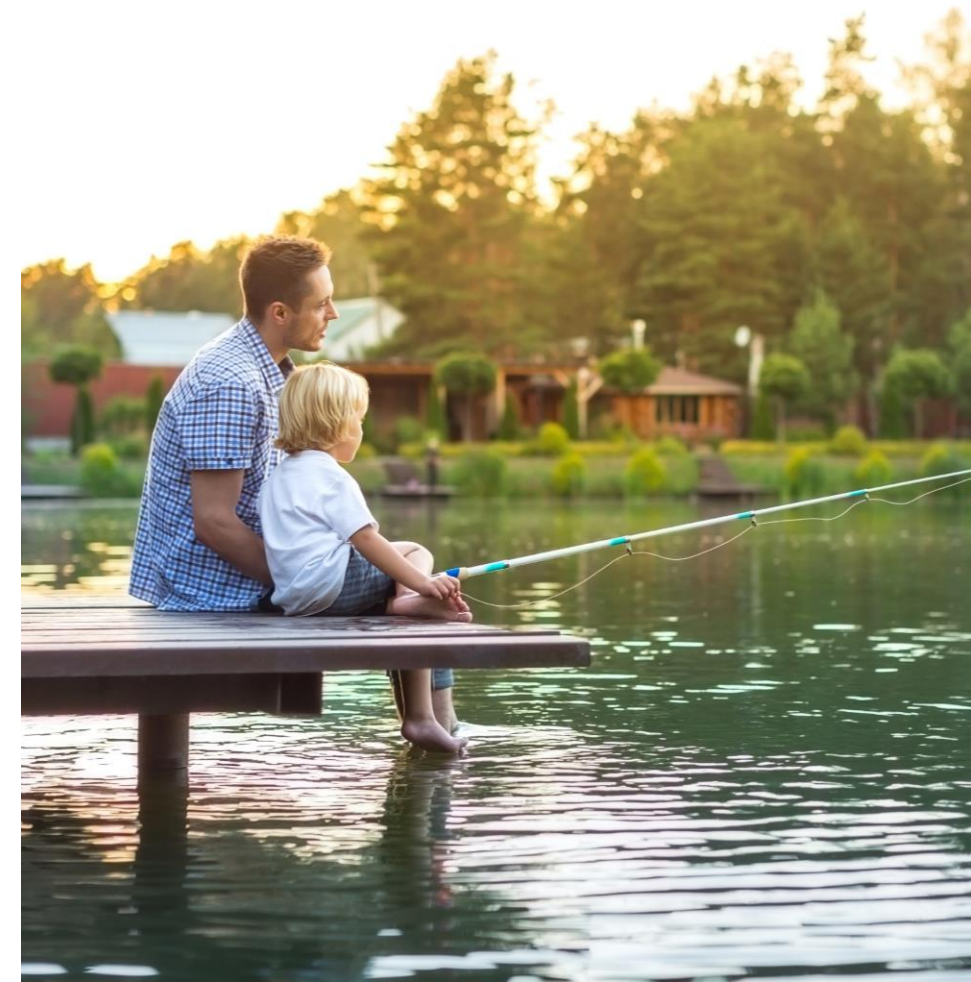
Voluntary Treatment Program

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 December 31, 2024, 98% of the 2023-2025 appropriation has been expended.

- \$265,103.00 of Mental Health Block Grant (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*

QRTP: Qualified Residential Treatment Program

*These numbers are based off the 23-25 biennium data through September 2024.

Voluntary Treatment Program



BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
Children's Behavioral Health	Voluntary Treatment Program	\$1,351,997		\$1,351,997	

This funding in addition to base budget would support approximately 25 youth during the 2025-2027 biennium based on average costs.

First Engrossed HB 1012 includes total 25-27 Biennium Proposal = 1,805,421

Information Technology

Electronic Health Record

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
IT	Electronic Health Record / Pharmacy System Recovery and Backup *One Time		\$500,000 SIIF		\$500,000 SIIF
IT	Retire Electronic Health Record Legacy System Data Extraction & Migration on Mainframe *One Time		\$1,000,000 SIIF		\$1,000,000 SIIF
IT	State Hospital Network Redundancy *One Time		\$500,000 SIIF		\$500,000 SIIF

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 Proposal [ONE TIME FUNDING]

EHR Legacy System Data Extraction & Migration

\$1,000,000

First Engrossed HB 1012 includes the total 25-27 Biennium Proposal.

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.

<p>Project Risks</p>	<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.
<p>Anticipated Benefits</p>	<ul style="list-style-type: none"> • Reduced potential patient safety and legal risk. • Improved EHR performance.

2025-2027 Biennium Proposal[ONE TIME FUNDING]

<p>State Hospital Network Redundancy</p>	<p>\$500,000</p>
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First Engrossed HB 1012 includes the total 25-27 Biennium Proposal.

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 Proposal [ONE TIME FUNDING]

EHR System Recovery and Backup Solution

\$500,000

First Engrossed HB 1012 includes the total 25-27 Biennium Proposal.

House Amendments

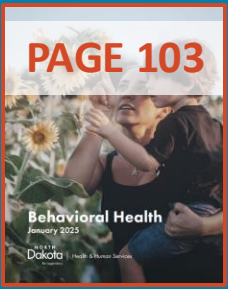
First Engrossed HB 1012

House Amendments

BASE BUDGET CHANGES	DESCRIPTION	RECOMMENDATION		ENGROSSED HB 1012	
		GENERAL	OTHER	GENERAL	OTHER
House Amendment	Behavioral Health Facility Grant *One Time				\$12,960,000 SIIF
House Amendment	Grant for Community Cultural Center *One Time				\$1,000,000 SIIF
House Amendment	Behavioral Health Services for Nursing Homes and Basic Care Facilities			\$2,000,000	
House Amendment	FTE Block Grant Salary Reduction			(\$1,211,587)	
House Amendment	Operational Reduction			(\$3,398,000)	
Provider Inflation	Provider Inflation (1.5%/1.5% to 2%/2%)	\$1,088,608		\$1,453,885	

Permanent Supportive Housing


Engrossed HB 1012 Section 21



Permanent Supportive Housing

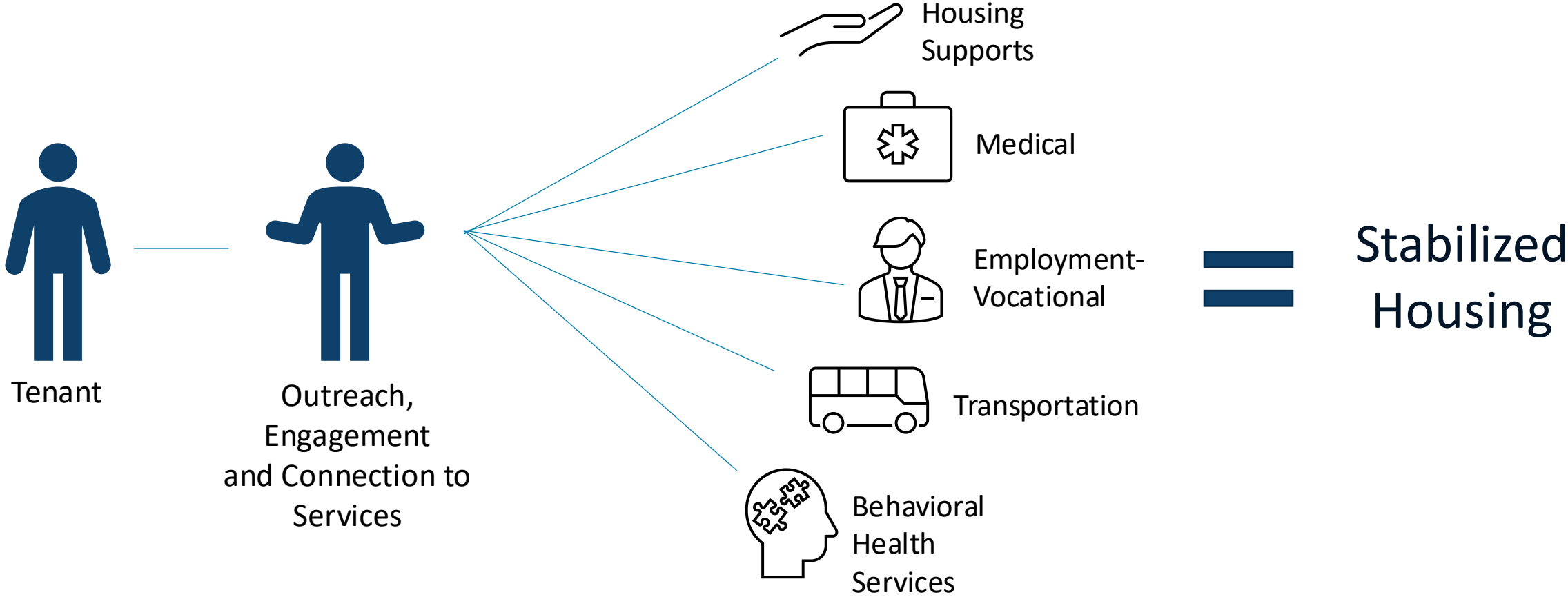
During the 2021 legislative session, Health and Human Services Behavioral Health Division was directed to distribute funding to qualified entities that:

- ☑ 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*

First Engrossed HB 1012 includes:

- 25-27 Base Budget Request: **\$4,672,536**
No proposed change from 2023-2025 biennium
- Section 21. PERMANENT SUPPORTIVE HOUSING GRANTS

COMPARISON OF BUDGET EXPENDITURES AND PROJECTIONS BY PROGRAM

PROGRAMS	2023-25 LEGISLATIVE BASE	ONE TIME / CARRYOVER	2023-25 EXPENSES THROUGH DECEMBER	PROJECTION THROUGH 6/30/2025	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012	GENERAL	FEDERAL	OTHER
BH LICENSING CERTIFICATION & ADMINISTRATION	\$ 8,683,353	\$ 11,200,000	\$ 4,581,137	\$ 13,661,300	\$ 11,816,556	\$ 14,496,413	\$ 26,312,969	\$ 8,886,042	\$ 442,873	\$ 16,984,055
REVENUE CYCLE ADMINISTRATION	15,003	-	531,704	531,704	4,038,011	(345,000)	3,693,011	3,693,011	-	-
QUALITY & TECHNICAL ADMINISTRATION	232,561	-	584,999	644,934	3,376,056	(285,000)	3,091,056	3,091,056	-	-
BEHAVIORAL HEALTH INFORMATION TECHNOLOGY	-	-	-	-	19,042,285	(3,500,000)	15,542,285	13,542,285	-	2,000,000
VIRTUAL BEHAVIORAL HEALTH CRISIS CARE	-	2,650,000	569,922	1,250,000	-	-	-	-	-	-
VOLUNTARY TREATMENT PROGRAM/BH FACILITY GRANTS	453,424	-	442,788	453,424	1,805,421	-	1,805,421	1,805,421	-	-
MENTAL HEALTH BLOCK GRANT	3,058,872	1,999,554	2,364,763	4,446,302	3,419,484	-	3,419,484	-	3,419,484	-
SUBSTANCE ABUSE BLOCK GRANT	14,093,061	11,603,032	13,932,053	20,250,549	15,560,592	-	15,560,592	-	15,560,592	-
PEDIATRIC MENTAL HEALTH CARE ACCESS PROGRAM	-	-	465,662	465,662	2,100,000	-	2,100,000	-	2,100,000	-
BRAIN INJURY	1,471,306	-	1,000,294	1,373,322	996,483	(62,000)	934,483	934,483	-	-
OPIOID SETTLEMENT	10,000,000	-	2,808,123	8,000,000	8,000,000	-	8,000,000	-	-	8,000,000
STATE OPIOID RESPONSE (SOR)	8,000,000	-	5,138,024	8,000,000	8,000,000	-	8,000,000	-	8,000,000	-
GAMBLING	500,000	-	-	500,000	-	-	-	-	-	-
PARENTS LEAD	200,000	-	97,672	191,815	-	-	-	-	-	-
SUD VOUCHER	18,147,874	3,216,756	12,568,356	17,989,814	21,058,243	3,637,697	24,695,940	24,695,940	-	-
PARTNERSHIP FOR SUCCESS	2,500,000	-	200,000	1,010,000	3,500,000	-	3,500,000	-	3,500,000	-
FREE THROUGH RECOVERY	15,893,821	-	12,202,787	17,283,514	22,274,836	(1,314,812)	20,960,023	20,960,023	-	-
COMMUNITY CONNECT	15,425,678	-	16,211,506	16,818,147	22,547,100	(1,320,058)	21,227,042	21,227,042	-	-
BEHAVIORAL HEALTH EDUCATION	10,200,000	-	3,175,392	6,703,545	10,200,000	-	10,200,000	10,200,000	-	-
SUICIDE PREVENTION	3,588,855	321,735	3,794,296	5,306,983	5,121,356	(216,000)	4,905,356	3,155,357	1,749,999	-
SYSTEM OF CARE	12,000,000	-	2,362,946	4,049,729	7,500,000	-	7,500,000	-	7,500,000	-
HOUSING SUPPORTS	6,186,624	-	3,594,733	6,014,088	6,220,748	(375,550)	5,845,198	5,840,198	5,000	-
TOTAL	\$ 130,650,432	\$ 30,991,077	\$ 86,627,157	\$ 134,944,833	\$ 176,577,171	\$ 10,715,690	\$ 187,292,861	\$ 118,030,858	\$ 42,277,948	\$ 26,984,055

COMPARISON OF BUDGETS AND FUNDING

BY MAJOR EXPENSE

DESCRIPTION	2023-25 LEGISLATIVE BASE	INCREASE / (DECREASE)	2025-27 EXECUTIVE BUDGET RECOMMENDATION	INCREASE / (DECREASE)	ENGROSSED HB 1012
Salaries & Benefits	\$ 8,792,675	\$ 8,474,492	\$ 17,267,167	\$ (1,211,587)	\$ 16,055,580
Operating	81,381,458	14,980,641	96,362,099	(2,170,420)	94,191,679
IT Services	-	19,042,285	19,042,285	(3,500,000)	15,542,285
Grants	40,476,298	3,429,322	43,905,620	17,597,697	61,503,317
Total	\$ 130,650,431	\$ 45,926,740	\$ 176,577,171	\$ 10,715,690	\$ 187,292,861
General Fund	\$ 78,668,633	\$ 38,106,598	\$ 116,775,231	\$ 1,255,656	\$ 118,030,887
Federal Funds	40,703,315	1,574,604	42,277,919	-	42,277,919
Other Funds	11,278,483	6,245,538	17,524,021	9,460,034	26,984,055
Total Funds	\$ 130,650,431	\$ 45,926,740	\$ 176,577,171	\$ 10,715,690	\$ 187,292,861

BH Policy and Administration Budget as % of HHS Total Budget

- 3%

Budget by Funding Source of Engrossed HB 1012

- General Fund: 63.0%
- Federal Fund: 22.6%
- Other Fund: 14.4%

Budget by Pass Through

- Paid to Private Providers: 82.9%
- Admin: 8.8%
- IT: 8.3%



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