

What is Behavioral Health?

A state of mental/emotional being and/or choices and actions that affect **WELLNESS**.

Preventing and treating depression and anxiety

Preventing and treating substance use disorder or other addictions

Supporting recovery

Creating healthy communities

Promoting overall well-being

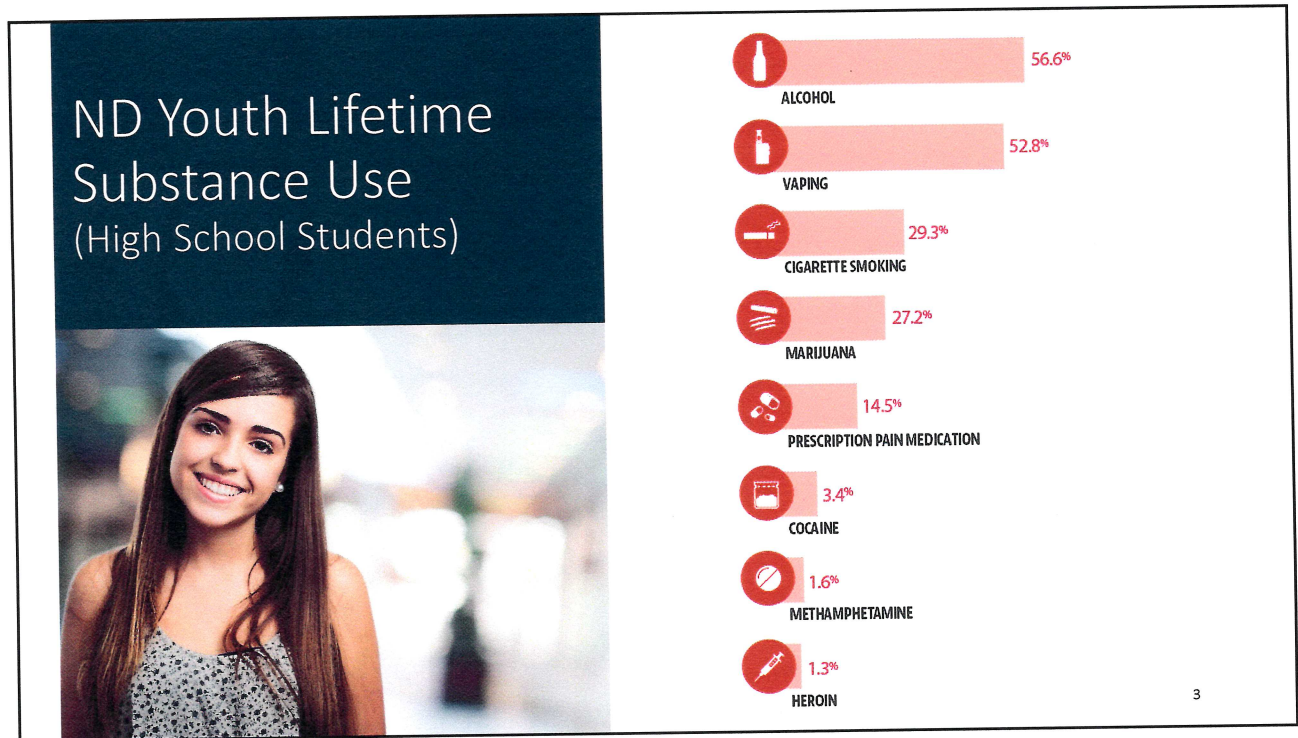
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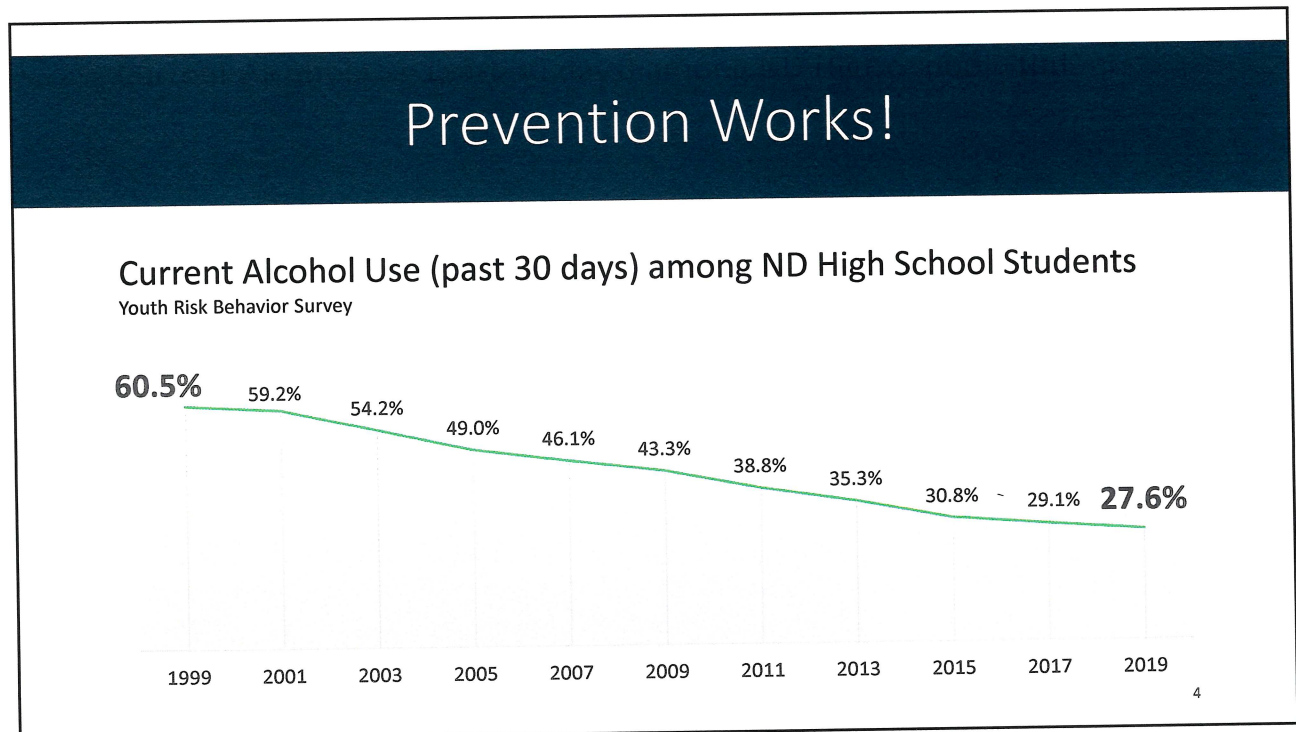
BEHAVIORAL HEALTH IS HEALTH



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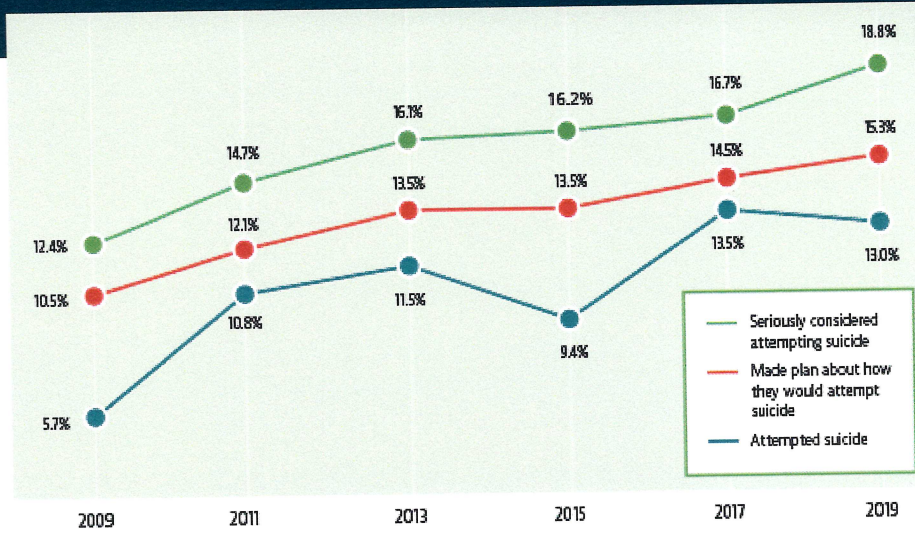
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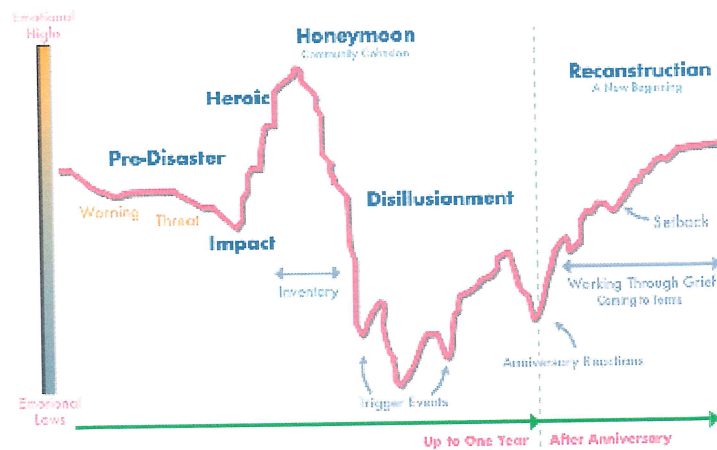
Youth Suicide

(High School Students; past 12 months)



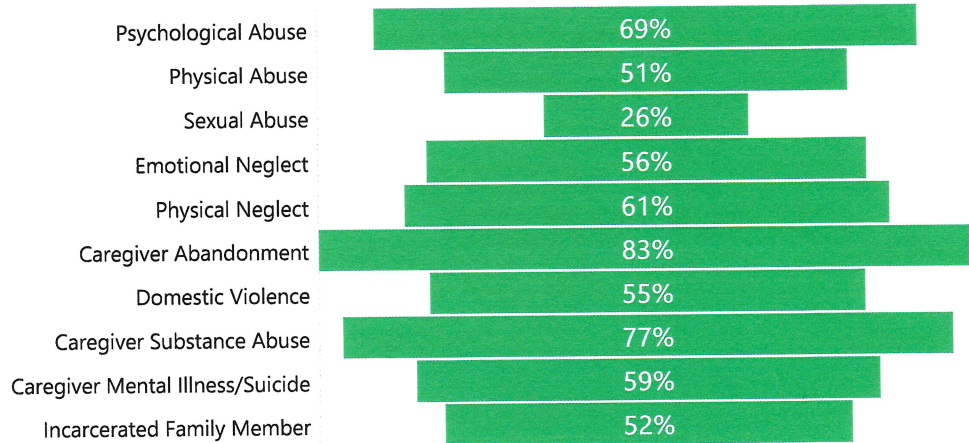
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Disaster Impacts to Behavioral Health



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A high proportion of foster care children and youth admitted in 2016 and 2017 had indicated adverse childhood events.



Source: PATH ND; n=366; Children and youth in the sample endorsed an average of 5.9 ACEs.

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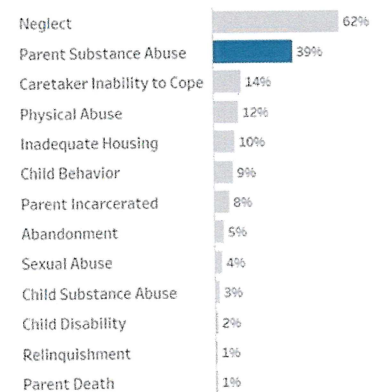
42% of children removed from their home was because of parent substance abuse.

Removal reasons

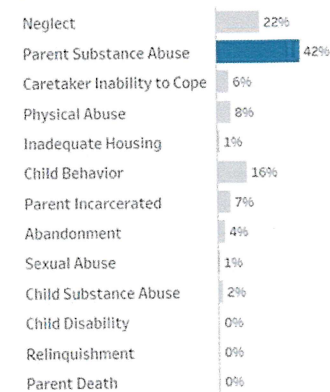
Percent of children entering care for each removal reason

(note: multiple reasons may be selected for a single child, Federal Fiscal Year 2017)

National



North Dakota



Data source: state-submitted AFCARS data

Percent of children entering care for each removal reason.
Note: Multiple reasons may be selected for a single child

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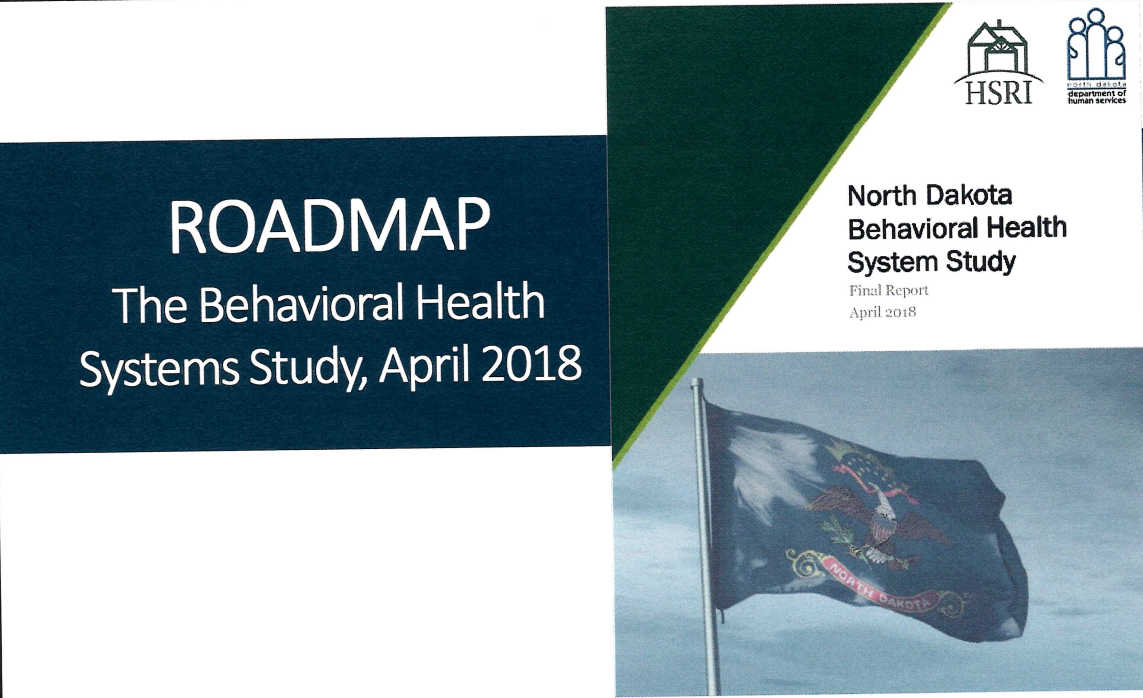
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BEHAVIORAL HEALTH DATA BOOKLET

All data resources are available at www.behavioralhealth.nd.gov/data.

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ROADMAP

The Behavioral Health Systems Study, April 2018

North Dakota Behavioral Health System Study

Final Report
April 2018

HSRI

NORTH DAKOTA
Department of Human Services

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North Dakota Behavioral Health System Study RECOMMENDATIONS

The 250-page report provides more than 65 recommendations in 13 categories.

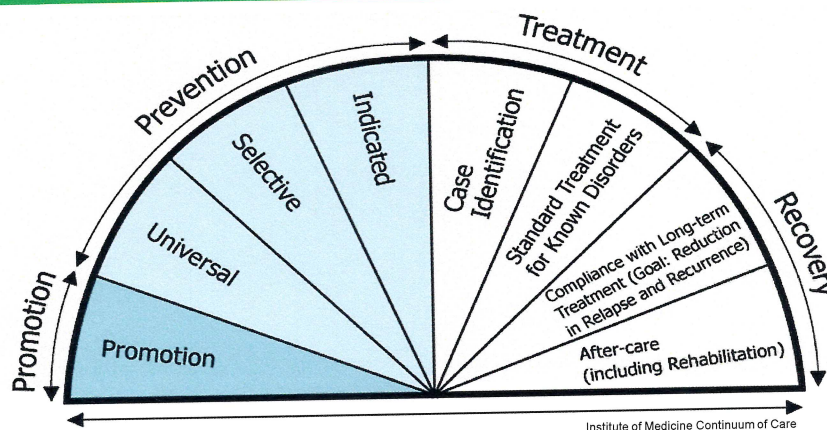
1. Develop a comprehensive implementation plan
2. Invest in prevention and early intervention
3. Ensure all North Dakotans have timely access to behavioral health services
4. Expand outpatient and community-based service array
5. Enhance and streamline system of care for children and youth
6. Continue to implement/refine criminal justice strategy
7. Engage in targeted efforts to recruit/retain competent behavioral health workforce
8. Expand the use of tele-behavioral health
9. Ensure the system reflects its values of person-centeredness, cultural competence, trauma-informed approaches
10. Encourage and support the efforts of communities to promote high-quality services
11. Partner with tribal nations to increase health equity
12. Diversify and enhance funding for behavioral health
13. Conduct ongoing, system-side data-driven monitoring of needs and access

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Behavioral Health **Continuum of Care Model**

The goal of this model is to ensure there is access to a full range of high quality services to meet the various needs of North Dakotans.



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PROMOTION/PREVENTION

- Delivered prior to the onset of a disorder, these interventions are intended to prevent or reduce the risk of developing a behavioral health problem or preventing death.



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EARLY INTERVENTION

- These strategies identify those individuals at risk for or showing the early signs of a disorder with the goal of intervening to prevent progression.



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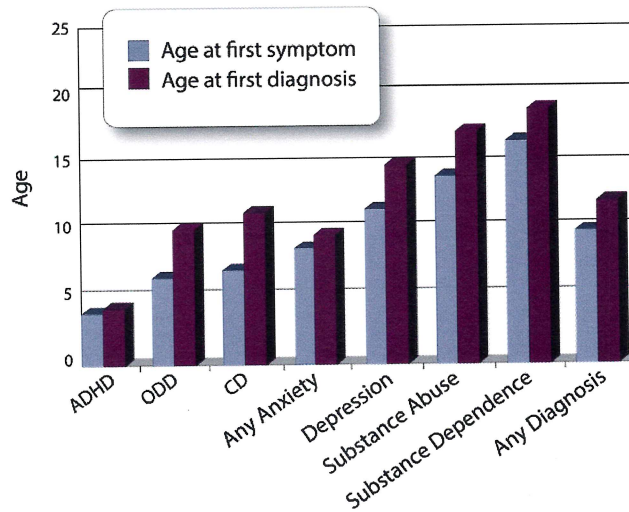
EARLY INTERVENTION

- ½ of all people with mental and/or substance use disorders are diagnosed by age 14
- ¾ of people with these conditions are diagnosed by age 24

(2009 Preventing Mental, Emotional, and Behavioral Disorders Among Young People: Progress and Institute of Medicine)

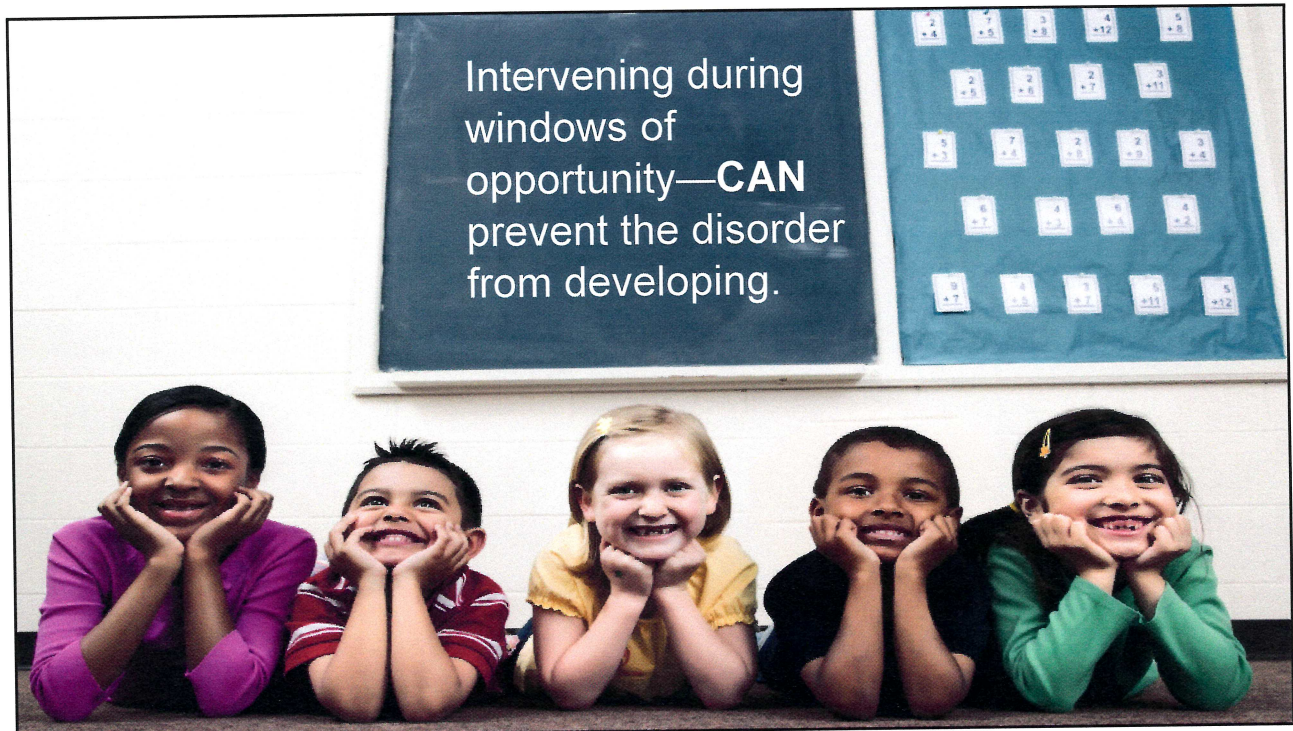
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WINDOWS OF OPPORTUNITY



<http://www.samhsa.gov/capt/sites/default/files/images/windows-opportunity-char-lg.jpg>

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TREATMENT

- These clinical services are for people diagnosed with a behavioral health disorder.



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RECOVERY

- These services support individuals' abilities to live meaningful, productive lives in the community.



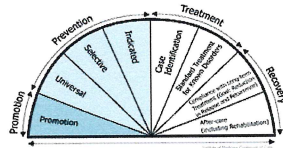
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Ensure availability and access to a broad, flexible array of effective, **community-based services and supports** for children and their families that address their emotional, social, educational, and physical needs, including traditional and nontraditional services as well as natural and informal supports.

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Keys to Reforming North Dakota's Behavioral Health System



**Support the full
Continuum of Care**



**Increase
Community-Based Services**



**Prevent Criminal Justice
Involvement for Individuals with
a Behavioral Health Condition**

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SB 2012 SECTION	PROGRAM/SERVICE	DIVISION BUDGET
1	Substance Use Disorder Voucher (additional dollars to support need, additional capacity [2 FTE], and reduction in age eligibility from 18 to 14; previously SB 2175)	Behavioral Health Division
	Parents Lead	Behavioral Health Division
	Mental Illness Prevention (previously 2028)	Behavioral Health Division
	Recovery home grant program	Behavioral Health Division
	Maintain trauma-informed practices network (funding moved from SB 2291)	Behavioral Health Division
	Suicide prevention transfer from Department of Health	Behavioral Health Division
	Statewide Behavioral Health Crisis Services	Field Services Division
4	Peer Support certification (previously SB 2032)	Behavioral Health Division
5	Community Behavioral Health Program (expansion of Free Through Recovery; previously SB 2029)	Behavioral Health Division
18	IMD, Bed Capacity, and Medicaid waiver (1115) Study	Field Services Division
21	School Behavioral Health Grants (previously 2300)	Behavioral Health Division
22	School Behavioral Health Program	Behavioral Health Division
38	Expansion of Targeted Case Management – youth with SED (previously 2031)	Medical Services
39	Expansion of Targeted Case Management – adults with SMI (previously 2031)	Medical Services
40	Withdrawal management coverage in Medicaid	Medical Services
41	1915i Medicaid State Plan Amendment (adults and youth [previously 2298])	Medical Services
45	Sustain HSRI Behavioral Health Study Implementation support (previously SB 2030)	Behavioral Health Division

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1915i State Plan Amendment



The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

Individual Eligibility	Services
<ul style="list-style-type: none"> • The individual is age 0+; and • The individual is currently enrolled in ND Medicaid or Medicaid Expansion; and • The individual resides in and will receive services in a setting meeting the federal home and community-based setting requirements, and • The individual has a mental illness, substance use disorder or traumatic brain injury diagnosis <p>The individual has a functional impairment, which substantially interferes with or substantially limits the ability to function in the family, school or community setting, as evidenced by a complex score of 50 or higher on the WHODAS 2.0.</p>	<ul style="list-style-type: none"> • Care Coordination • Training and Supports for Unpaid Caregivers • Community Transitional Services • Benefits Planning • Non-Medical Transportation • Respite • Prevocational Training • Supported Education • Supported Employment • Housing Support Services • Family Peer Support • Peer Support

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Senate Bill 2149 Behavioral Health Resource Coordinators

PASSED

- Passed Senate (7-0) (44-3)
- Passed House (14-0) (86-4)

15.1-07-34

Youth behavioral health training to teachers, administrators, and ancillary staff.

...Each school within a district shall designate an individual as a behavioral health resource coordinator.

...The superintendent of public instruction shall maintain the contact information of the behavioral health resource coordinator in each school.

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Senate Bill 2313 Children's System of Services and Cabinet

PASSED

- Passed Senate (5-0-1) (44-0)
- Passed House (14-0) (81-9)

50-06-05.1

To develop a system of services and supports to provide behavioral health services and supports in the community for children at risk of or identified as having a behavioral health condition and for the families of these children.

To provide resources on mental health awareness and suicide prevention to the behavioral health resource coordinator at each school. The resources must include information on identifying warning signs, risk factors, and the availability of resources in the community.

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Behavioral Health and Education

Prevention and Early Intervention Pilot

The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating \$300,000 to the Department of Human Services for the purpose of establishing a children's prevention and early intervention behavioral health services pilot project in the school system; including services to children suffering from the effects of behavioral health issues.

October 2018 - Pilot project to Simle Middle School in Bismarck.

October 2020 – Pilot project expansion awarded to Dunseith Public School (tribal) and Barnes County North Public School (rural).

Behavioral Health School Grant Program

The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating \$1,500,000 to the Department of Human Services for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.

25 schools utilized ND State Medicaid reimbursement during the previous school year and are eligible for funding.

12 grant applications have been received and awarded from 7 schools (3/5/2021)

Behavioral Health Resource Support (B-HERO)

The ND 66th Legislative Assembly passed Senate Bill 2149 which established the requirement for each school within a district to designate an individual as a behavioral health resource coordinator and Senate Bill 2313 which established the requirement for DHS to provide resources to behavioral health resource coordinators.

The Central Regional Education Association (CREA) was awarded the contract (through a Request for Proposal) to provide resources, information, and support to school behavioral health resource coordinators at each school in North Dakota, collaborating with the Behavioral Health Division.

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Parents Lead Toolkit

PARENTING DURING A PANDEMIC

PARENTS LEAD.ORG

The start of school and fall activities can be stressful under normal circumstances, let alone during a pandemic. To help engage parents and children in open communication and support them through this transition, the North Dakota Department of Human Services' Behavioral Health Division has created a new toolkit for parents called **Parenting During a Pandemic**.

The new Parents Lead resource touches on a variety of topics, including:

- how to support children going back to school, whether they are going in-person a few days a week or participating in full-time distance learning
- balancing teleworking with children at home
- supporting a child when they are grieving the loss of activities
- knowing when a child is ready to stay home alone
- age-specific ideas on supporting children impacted by COVID-19 and much more!

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