



## HB 1012 Overview to House Appropriations

Behavioral Health Division

Pamela Sagness | Executive Director  
Jan. 16, 2025



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## 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.



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## Behavioral Health Division North Dakota Century Code Authority

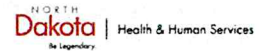
### 50-06-01.4.d Administration of behavioral health programs, including:

- 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 of services;
- establishing quality assurance standards for the licensure of substance use disorder program services and facilities;
- providing policy leadership in partnership with public and private entities; and
- providing chronic disease management, regional intervention services, and twenty-four-hour crisis services for individuals with behavioral health disorders.

### 50-06-05.3. Regional Human Service Centers - Powers - Duties

**25-02-01. State hospital for the mentally ill - Location - Title - Administration and control.** An institution for the care of the mentally ill must be maintained at the city of Jamestown and must be known as the state hospital. The department of health and human services shall administer and control the state hospital.

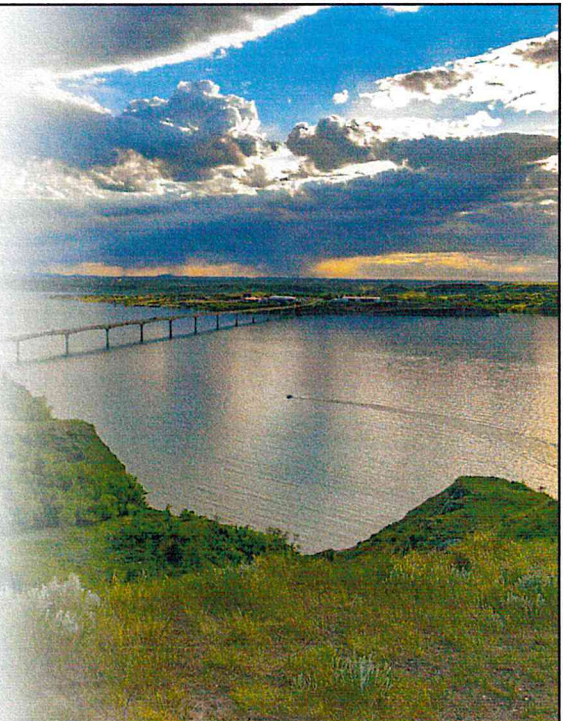
### 50-31 Substance Abuse Treatment Programs



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## Behavioral Health Division Presentation Roadmap

- Behavioral Health is Health
- Improving the Lives of North Dakotans
- Behavioral Health in North Dakota
- Who We Are
- 2025 – 2027 Budget Overview



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## What is Behavioral Health?

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



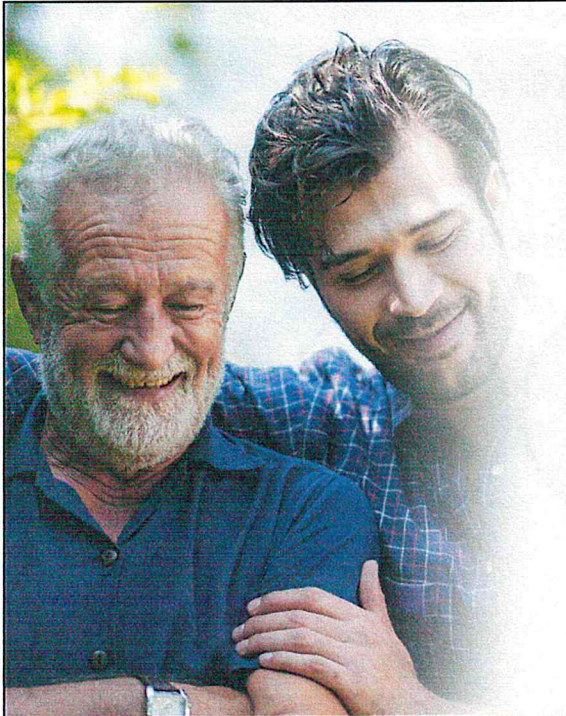
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# Behavioral Health is Health!

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## Mental Health and Physical Health is Fundamentally Linked.

The average lifespan for individuals with serious mental illness is 25-30 years less than the general public.

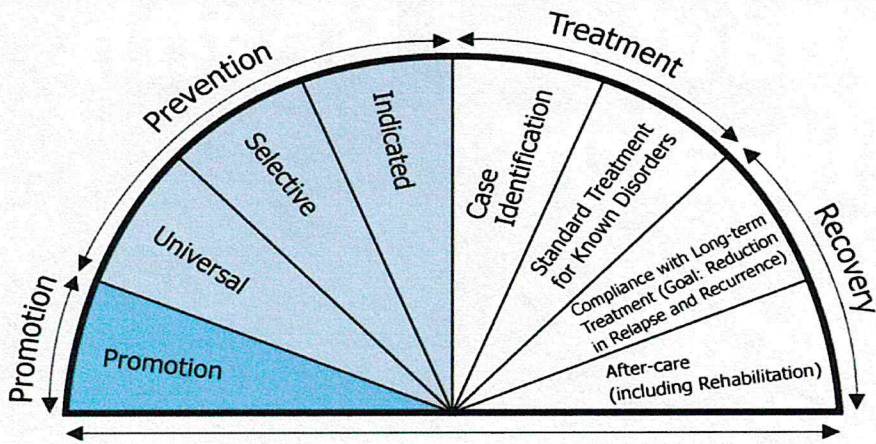
Individuals with depression have a 40% higher risk of developing heart diseases than the general population.

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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.



Institute of Medicine Continuum of Care

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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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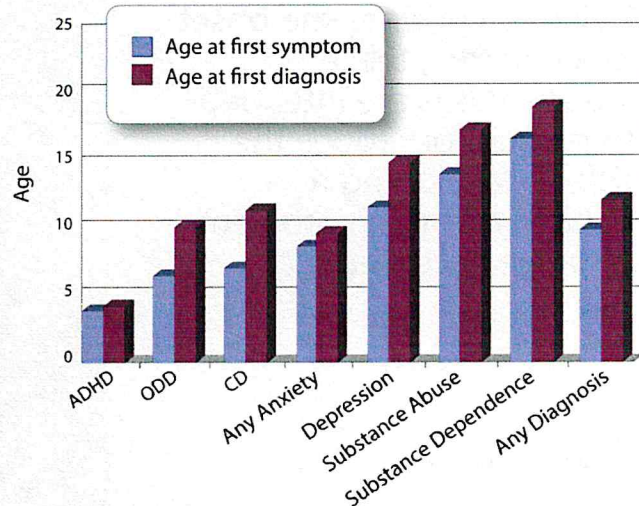
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## EARLY INTERVENTION Windows of Opportunity

- 1/2 of all people with mental and/or substance use disorders are diagnosed by age 14
- 3/4 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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Intervening during  
windows of  
opportunity, **CAN**  
prevent the disorder  
from developing.

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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.

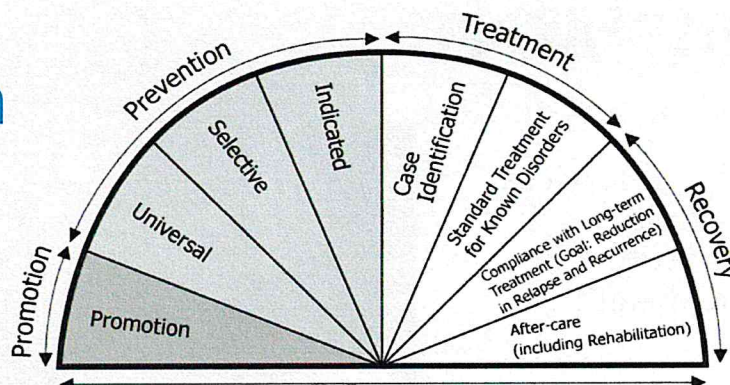


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# System Approach

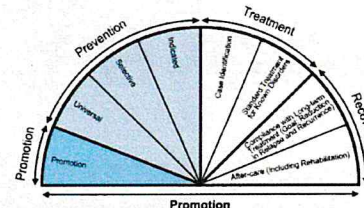


	Prevention/ Promotion	Early Intervention	Treatment	Recovery
<b>FUNDING</b>				
<b>WORKFORCE</b>				
<b>BEST PRACTICE</b>				

← READINESS & SOCIAL DETERMINANTS OF HEALTH →

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## *DRAFT* Behavioral Health Services By Region



REGION	Prevention	Early Intervention	Crisis		Treatment										Withdrawal Management	Recovery
			Adult	Youth	Assessment		Outpatient		Partial Hospitalization/ Day Treatment		Residential		Inpatient			
					Adult	Youth	Adult	Youth	Adult	Youth	Adult	Youth	Adult	Youth		
1 (Williston)																
2 (Minot)																
3 (Devils Lake)																
4 (Grand Forks)																
5 (Fargo)																
6 (Jamestown)																
7 (Bismarck)																
8 (Dickinson)																

Other considerations: specialty services (State Hospital; Gero psych facilities; Psychiatric Residential Treatment Facilities)

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# Assessing the Behavioral Health System

2014 Schulte Report

2016 Behavioral Health Assessment

2018 Behavioral Health System Study

2022 Acute Psychiatric  
Residential Care Report

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## **ROADMAP** The Behavioral Health Systems Study, April 2018



**North Dakota  
Behavioral Health  
System Study**

Final Report  
April 2018



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# North Dakota Behavioral Health System Study TIMELINE



1/1/2017 to  
6/30/2018

Behavioral Health Division  
in contract with Human  
Services Research Institute  
(HSRI) to conduct an  
in-depth review of North  
Dakota's behavioral health  
system.

Final report released April  
2018



8/1/2018 to  
6/30/2019

Behavioral Health Division  
in contract with HSRI to  
initiate and facilitate the  
implementation of a  
strategic plan based off the  
recommendations from the  
comprehensive study of  
ND's behavioral health  
system published April  
2018.



2019 -  
Present

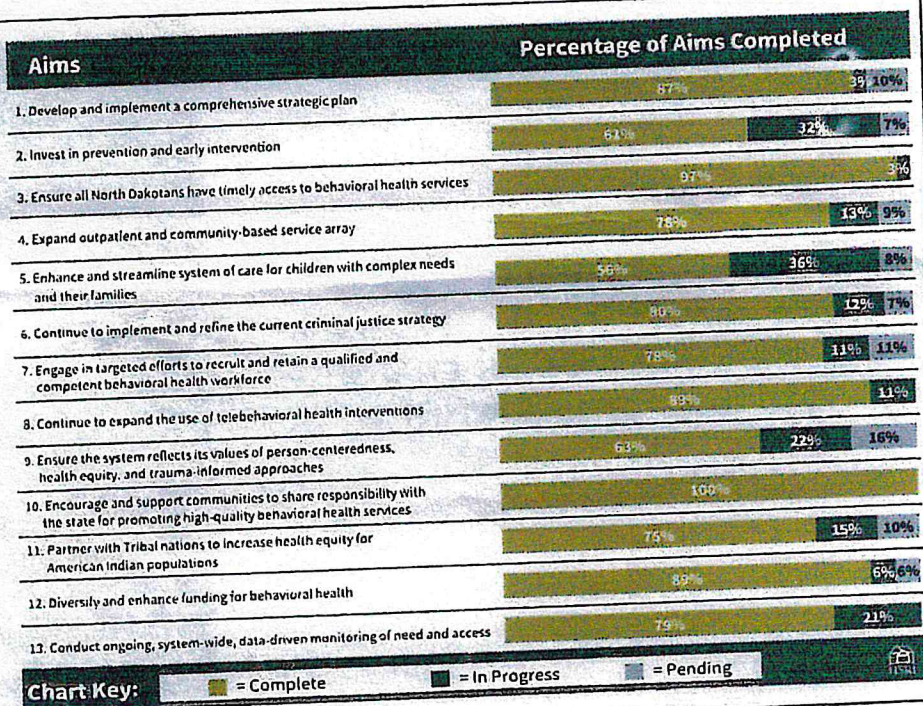
Behavioral Health Division  
in contract with HSRI to  
prioritize and refine the  
strategic plan, including  
goals and objectives.  
Initiation of the strategic  
plan and monitoring and  
sustaining this  
implementation.

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Department

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## Implementation Summary

After learning from the  
community about their  
priorities for systems  
change, the Behavioral  
Health Planning  
Council selected 13  
aims with 28 goals.



Oct. 2024 Project Dashboard

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## Behavioral Health Principles



### Behavioral health is health:

- Stop the shame and stigma around behavioral health
- Ensure integration and parity of health and behavioral health



Support the full continuum of care across prevention, early intervention, treatment and recovery



### Ensure person-centered care:

- Meet people where they are
- Engage in individual and family-driven care
- Provide trauma-informed services
- Provide services focused on recovery



Ensure behavioral health services and supports are available in the community: avoid institutionalizing and criminalizing



### Be efficient and effective:

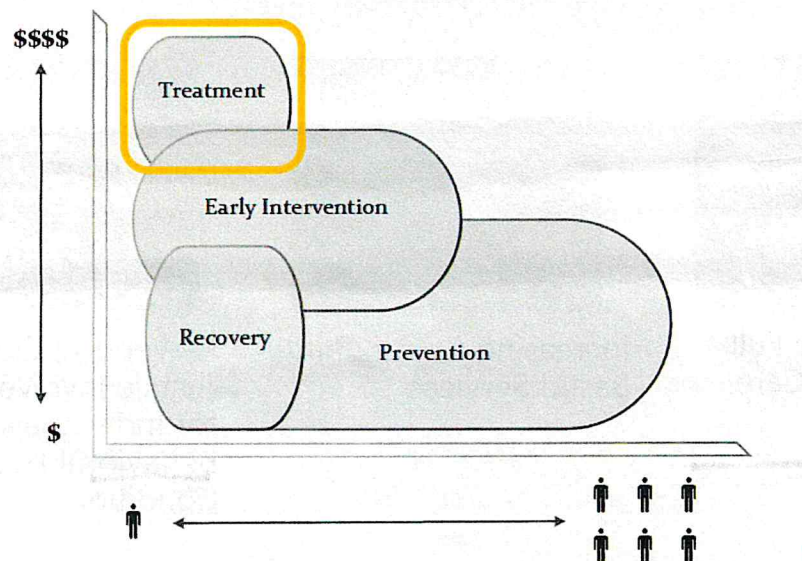
- Leverage best practices
- Monitor and evaluate outcomes
- Measure the return on investments



Develop, recruit, and retain a competent behavioral health workforce

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## Return on Investment

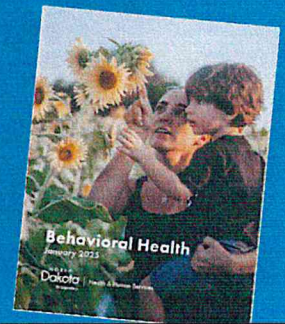


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# Improving the lives of North Dakotans



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## Priorities



Supporting the Full Continuum of Care



Increasing Community-Based Services



Preventing Criminal Justice Involvement for Individuals with a Behavioral Health Condition

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## 2023 Session Implementation



Jail Tele-psychiatry



Virtual Behavioral Health  
Crisis Care Expansion  
(Avel eCare)



Behavioral Health School  
Grant



New State Hospital  
planning



Suicide Fatality Review  
Commission



Opioid Settlement  
Funding

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## Jail Tele-Psychiatry Expansion

**16 jails**  
participating.

**791 services**  
provided between  
Jan. and Dec. 2024.

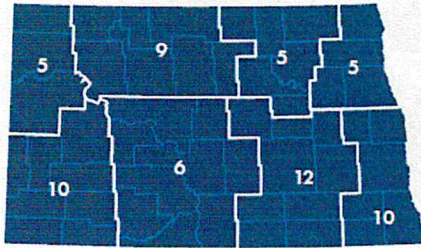
Custom	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24	Jul-24	Aug-24	Sep-24	Oct-24	Nov-24	Dec-24
Barnes County Jail	0	0	0	0	0	1	0	0	0	0	0	0
Bottineau County Jail	0	0	0	2	0	0	2	1	0	0	1	2
Burleigh Morton Detention Center	0	0	0	0	0	14	16	14	22	20	7	20
Cass County Jail	3	1	1	5	3	10	8	8	13	18	11	19
Grand Forks County Correctional Center	0	0	3	11	10	4	4	13	10	31	29	45
Heart Of America Correctional Center	2	1	0	0	0	0	0	0	0	1	0	0
Lake Region Correctional Center	0	0	5	12	15	12	8	11	9	13	3	2
McKenzie County Correctional Facility	2	3	3	3	1	4	5	4	2	4	2	10
Mercer County Jail	0	0	0	0	0	0	2	0	2	0	0	0
Mountrail County Correctional Center	0	1	1	2	2	2	1	0	2	3	2	6
Pembina County Jail	1	3	2	1	0	0	0	0	0	0	0	0
Richland County Jail	0	0	0	3	4	5	4	14	7	11	7	8
Stutsman County Correction Center	0	0	0	0	0	0	0	0	0	0	0	3
The Southwest Multi-County Correction Center	12	7	7	3	5	1	3	5	5	6	2	6
Walsh County Jail	3	3	5	2	4	6	4	1	4	2	1	2
Ward County Jail	0	0	0	2	2	3	4	7	9	5	7	2
Williams County Correctional Center	0	0	0	0	0	3	4	2	4	4	9	7
<b>Total</b>	<b>23</b>	<b>19</b>	<b>27</b>	<b>46</b>	<b>46</b>	<b>65</b>	<b>65</b>	<b>80</b>	<b>89</b>	<b>118</b>	<b>81</b>	<b>132</b>

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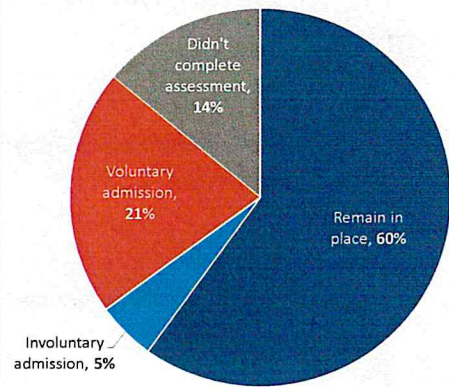


## Virtual Behavioral Health Crisis Care Expansion (Avel eCare)

62 law enforcement agencies and the ND Highway Patrol have signed on to the program as of Oct. 21, 2024



141 encounters from Jan. – Dec. 2024



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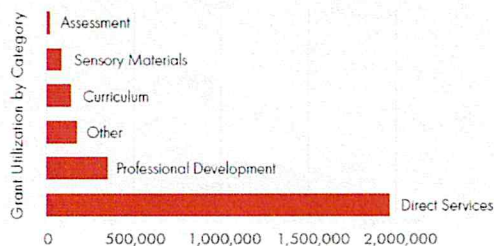
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## Behavioral Health School Grant

### 2023-2024 SCHOOL YEAR

24 ND school districts or special education units received \$2.7 million for behavioral health needs of students.

#### Approved Funding Categories



2021-2023 biennium appropriation: \$3 million | 2023-2025 biennium appropriation: \$9.5 million

### 2024-2025 SCHOOL YEAR

25 school districts and special education units are eligible to apply for funding totaling \$4,483,793.84.

- As of Nov. 15, 2024, 20 eligible districts/special education units have been approved for funding totaling \$3,721,086.96.

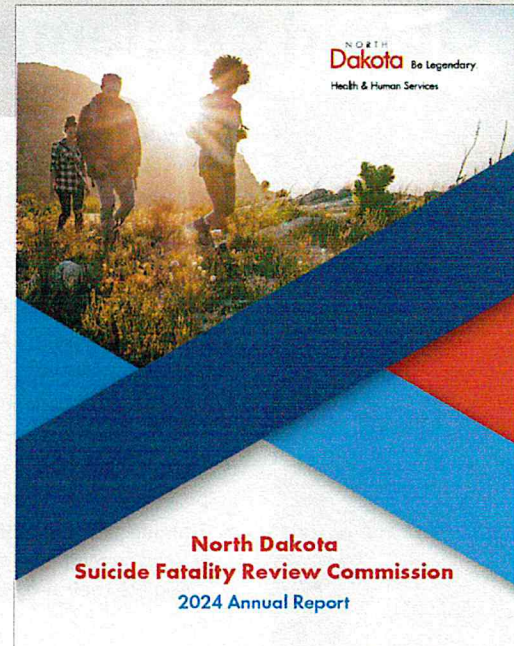
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## Suicide Fatality Review Commission

- House Bill 1390, passed during the 68<sup>th</sup> Legislative Assembly, created and enacted a new section to chapter 23-07 of the North Dakota Century Code relating to the creation of a Suicide Fatality Review Commission.
- The first commission meeting to review cases commenced in January 2024.
- The Commission completed thorough case reviews of a sample of suicide deaths that occurred in North Dakota in 2022 (18 of 184 suicide deaths) to identify evidence-based prevention measures.



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## 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.

Through HB 1447 and codified in North Dakota Century Code 50-36, the 68th Legislative Assembly established an opioid settlement fund within the state treasury.

\$8M was appropriated in the 2023-2025 biennium to HHS, with at least 20% to be used for opioid use prevention and overdose prevention, including best practices relating to fentanyl drug overdose, and workforce development.

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## Opioid Settlement Fund



Following priorities set by the ND Opioid Settlement Advisory Committee and national settlement requirements, HHS opened a grant opportunity November 2023. 65 applications were received; **14 applications** were awarded to begin implementation Feb. 2024.

Grant Impacts (as of Oct. 24, 2024):

- **Endeavour Sober Living** has established a recovery house in Minot to support pregnant and parenting women through their recovery journey.
- **Community Connect** providers have served an additional 749 individuals throughout the state by providing recovery support services.
- **Sanford Medical Center Fargo** has established an outpatient treatment program and is providing medications for opioid use disorder.
- **Training Academy for Addiction Professionals (TAAP)**, operated by Heartview Foundation, trained seven new addiction counselors and currently has nine active trainees set to complete their program by winter 2025.

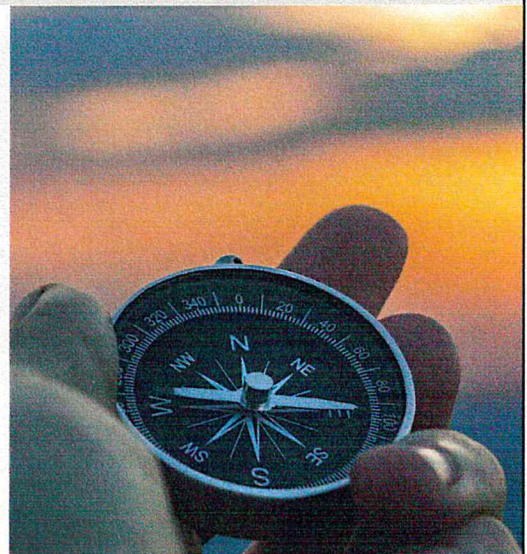
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## Behavioral Health Navigator

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.

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



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FREE THROUGH

*Recovery*



Housing



Employment



Recovery



Involvement with  
Law Enforcement

33



FREE THROUGH

*Recovery*

7,380

Individuals  
served to  
date

1,451

Current  
participants

52

Providers

34





## CommunityConnect

My Recovery. My Story.



**7,878**

Individuals  
served to  
date

**1,418**

Current  
participants

**57**

Providers

35

## Peer Support



**1,200+** Peer  
Support  
Specialists trained

**446** Certified Peer  
Support  
Specialists

Peer Support is billable to:

- Substance Use Disorder Voucher
- Community Connect program
- Medicaid 1915i
- BCBS Commercial and Medicaid Expansion

Integrating Peers into:

- Treatment Centers
- Emergency Departments
- Jails

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## Substance Use Disorder (SUD) Voucher

- **7,048** individuals served to date
- **1,489** individuals currently active
- **35** private providers

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## Addiction System Outcomes



Since 2016, **addiction treatment** services have expanded.

- 2016: 75 licensed programs (including 25 residential programs)
- 2024: 106 (including 37 residential)

The first **Opioid Treatment Program** in the state opened in 2016

- 2024: Four programs serving 1,125 individuals.

**Substance Use Disorder Voucher (SUD Voucher)** launched in 2016

- Created the opportunity for 8,500 individuals to access treatment from private providers.

**Free Through Recovery** launched in 2018 and **Community Connect** launched in 2021.

- Provided care coordination, peer support, and recovery support for over 14,000 North Dakotans.
- Community providers are reimbursed based on outcomes and show consistent monthly success of 70% of participants achieving 3 of 4 goals (housing, employment, recovery, and criminal justice domains).

A **recovery housing assistance program (RHAP)** was launched in 2022

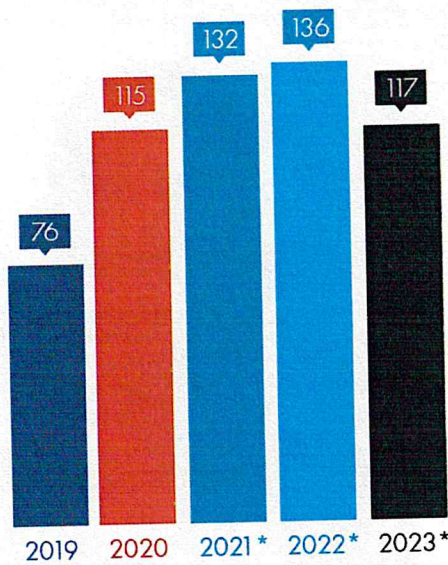
- Over 1,100 individuals have been supported
- Out of 502 participants who reported lack of employment upon entering program, 57% reported improvement in their employment status at the end of programming.
- Participants see an average weekly income growth of 152% at program conclusion.

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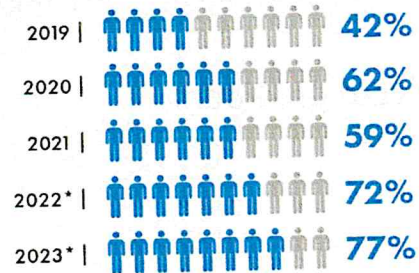
## Drug Overdose Deaths

North Dakota Violent Death Reporting System Data, ND HHS Health Statistics and Performance (last updated Oct. 15, 2024)



2024: 91\*\*

### Percentage of Drug Overdose Deaths Where Fentanyl Was Present in Toxicology



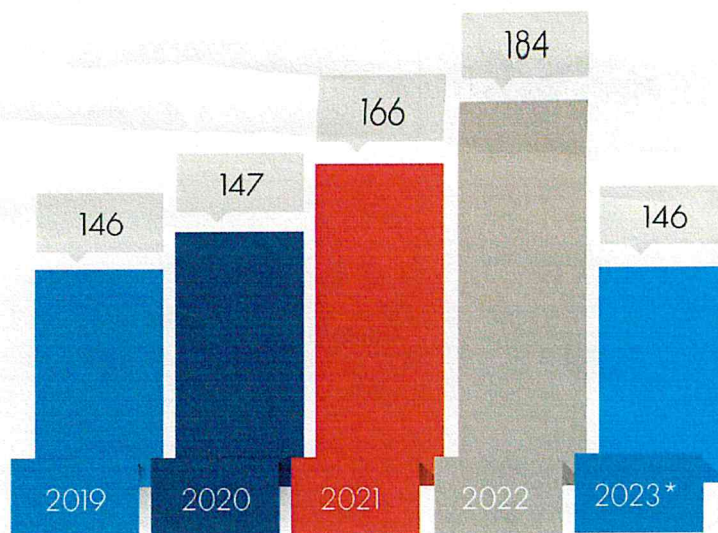
\*preliminary data

\*\*preliminary through 12-10-24

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## Suicide Deaths

North Dakota Violent Death Reporting System Data, ND HHS Health Statistics and Performance (last updated Oct. 15, 2024)



2024: 129\*\*

\*preliminary data

\*\*preliminary through 12-10-24

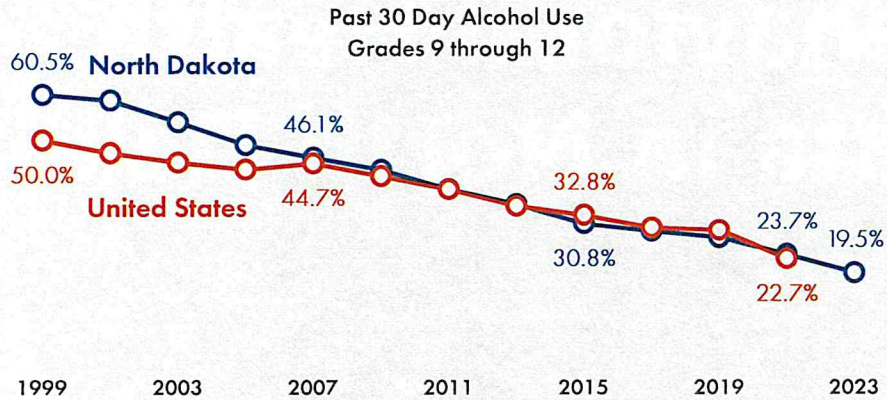
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## Prevention Works!

### YOUTH Alcohol Use

(CDC, High School Youth Risk Behavior Survey, 2013 through 2021; ND High School YRBS, 2023)



In 2023, the High School Alcohol Use Was One-Third the Rate It was in 1999.

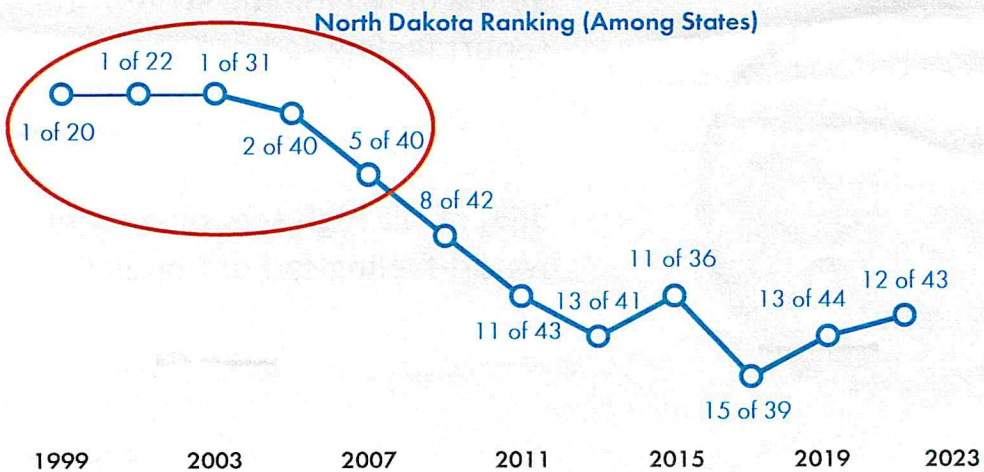
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## Prevention Works!

### YOUTH Alcohol Use

(CDC, High School Youth Risk Behavior Survey, 2013 through 2021; ND High School YRBS, 2023)



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# Behavioral Health Data in North Dakota

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## YOUTH Mental Health

(ND YRBS, 2023)



**30.9% of ND middle school students**  
report feeling sad or hopeless

**35% of ND high school students**  
report feeling sad or hopeless.

*(almost every day for 2 weeks or more in a row so they stopped doing  
some usual activities in the past year).*

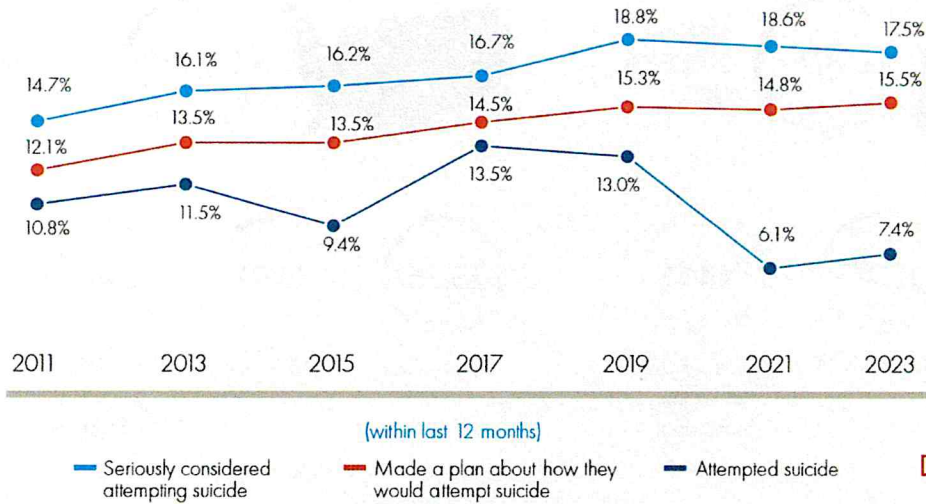
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## YOUTH Suicide

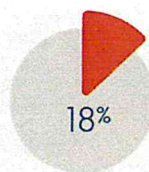
North Dakota High School Students (ND YRBS)



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## ADULT Mental Health (ages 18+)

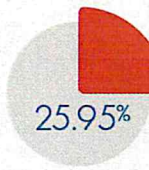
National Survey on Drug Use and Health, ND 2021-2022 Estimates



8% reported their **mental health was not good** eight or more days in the last month.

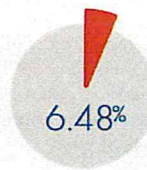


10.34% reported having a **major depressive episode** in the past year.



25.95% had **any mental illness** in the past year.

Approximately 155,420 ND adults (18+) had any mental illness in the past year.



6.48% reported a **serious mental illness** in the past year.

Approximately 38,810 ND adults (18+) have serious mental illness in the past year.

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## ADULT Past 30-Day Substance Use (ages 18+)

National Survey on Drug Use and Health, ND 2021-2022 Estimates



BINGE  
ALCOHOL  
USE



BINGE  
ALCOHOL  
USE



TOBACCO



MARIJUANA



ILLCIT DRUGS  
(other than  
marijuana)



TOBACCO



MARIJUANA



ILLCIT DRUGS  
(other than  
marijuana)

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## ADULT Addiction

National Survey on Drug Use and Health, ND 2021-2022 Estimates



An estimated 20.8% of ND adults (18+) **met the criteria for a Substance Use Disorder** within the last year.

**77.6%**

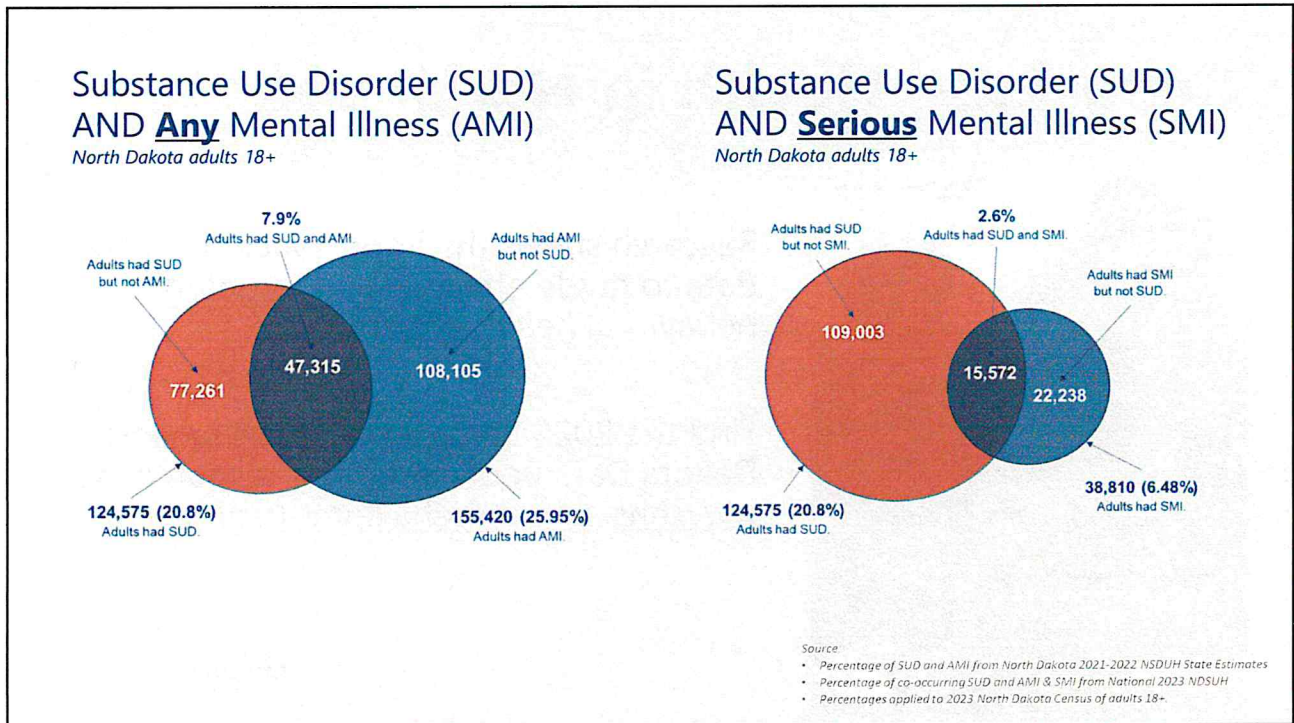
An estimated 77.6% of ND adults (18+) who needed treatment for substance use **did not receive treatment in the past year.**

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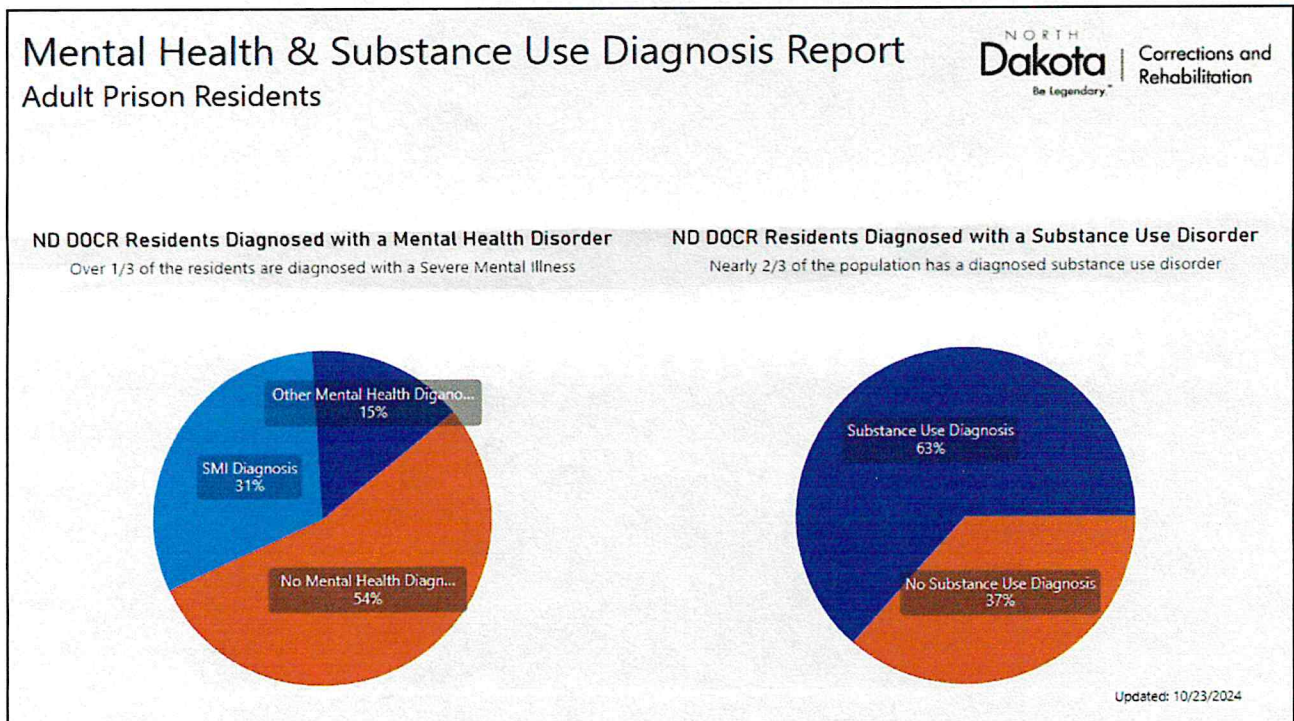


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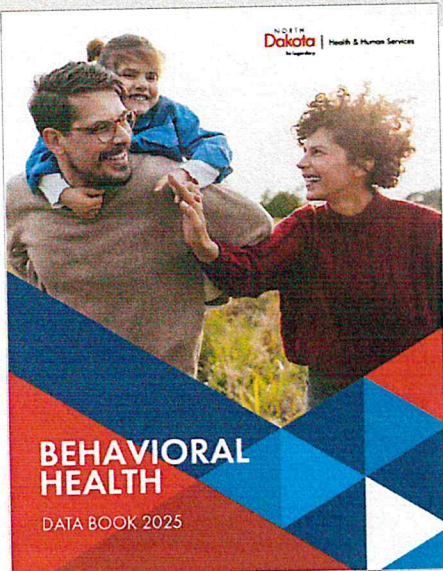
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## Behavioral Health in North Dakota



Research shows the importance of using data to guide effective and targeted behavioral health efforts.

Find the 2025 Behavioral Health in North Dakota Data Book and other resources at [www.hhs.nd.gov/behavioral-health/data](http://www.hhs.nd.gov/behavioral-health/data).

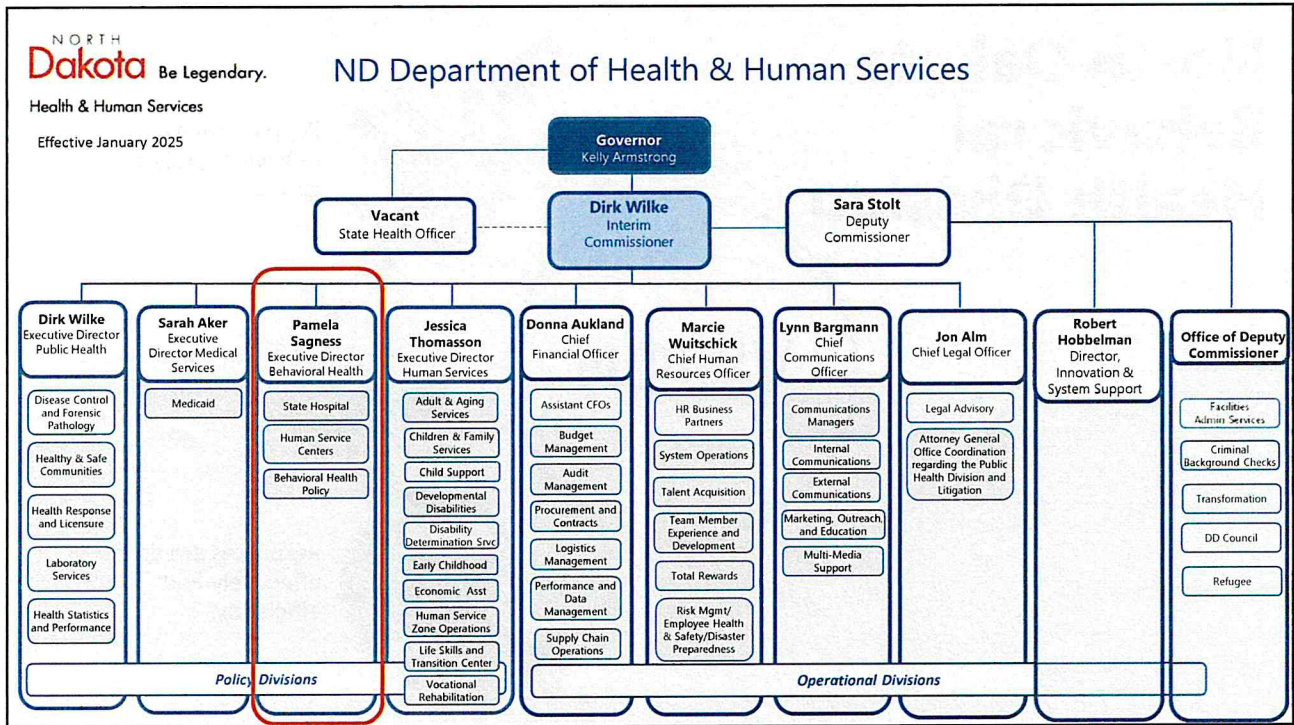
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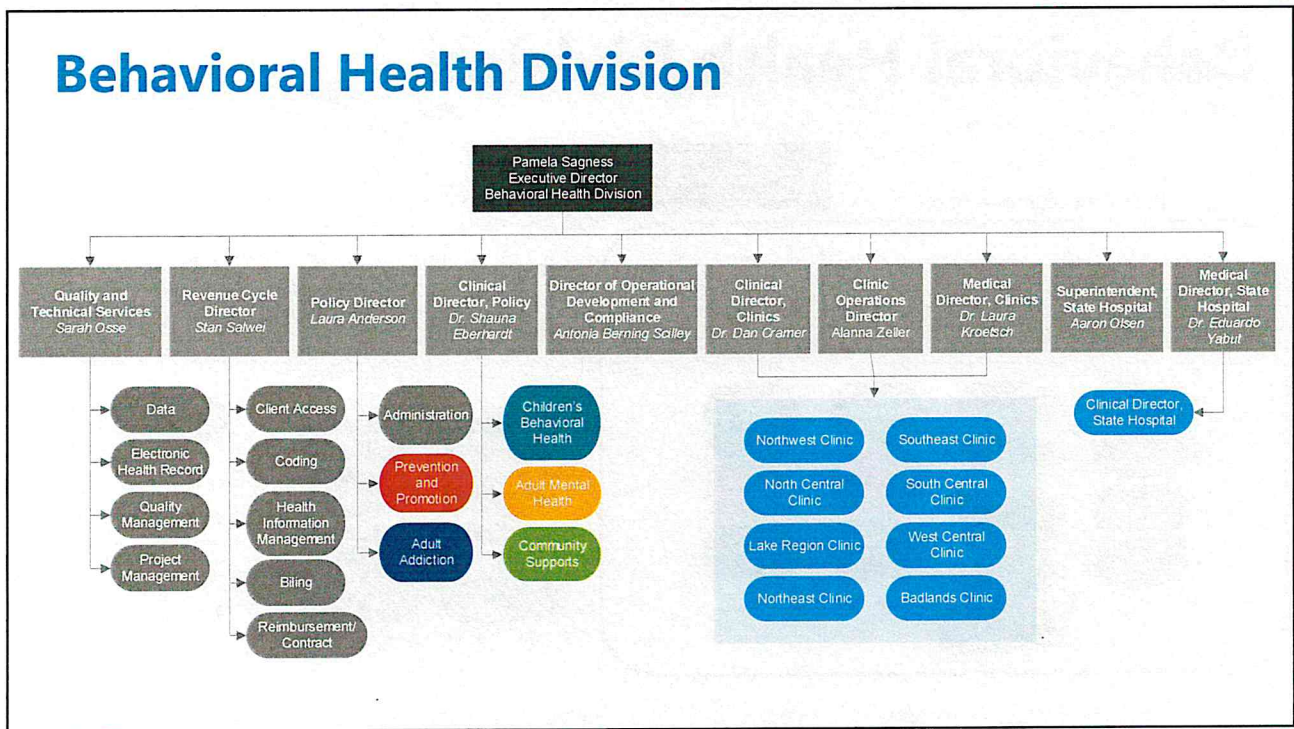
Who we are . . .  
**Behavioral Health  
Division**

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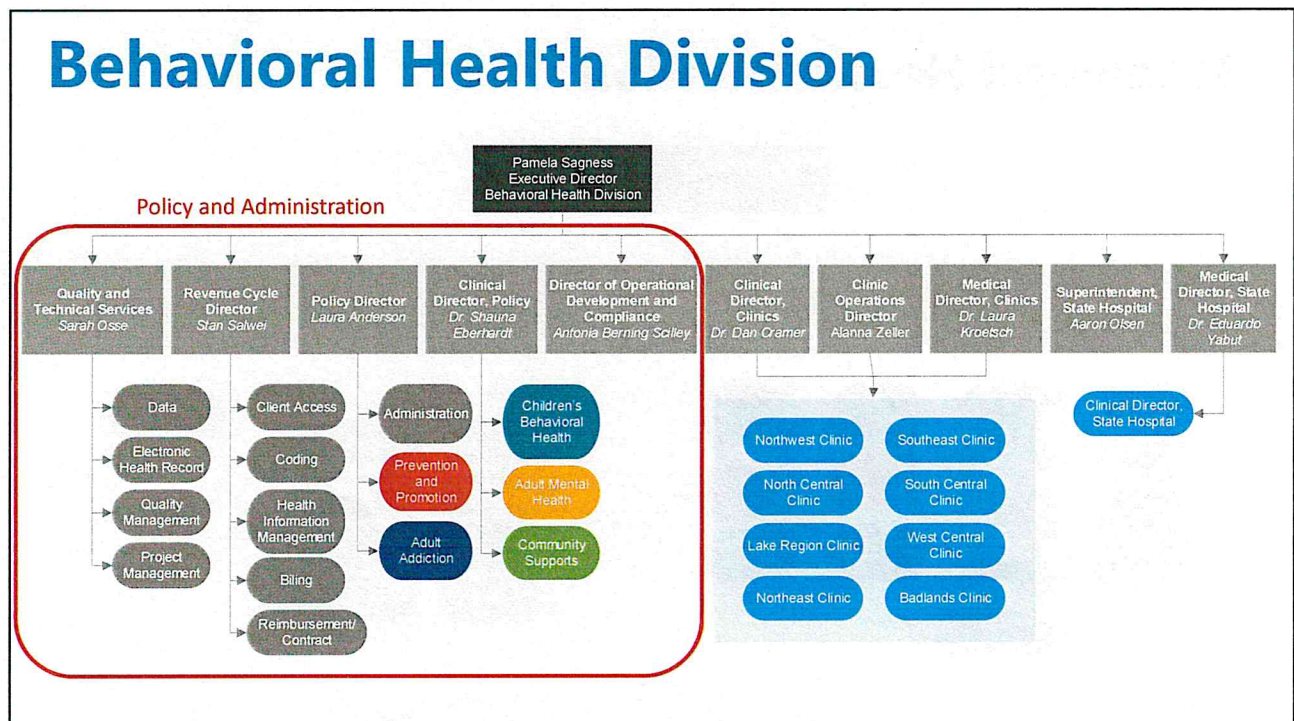


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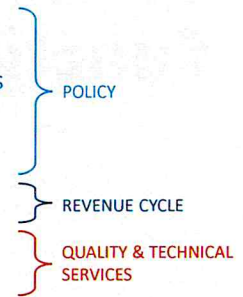


## Behavioral Health Division

### 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**



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## 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

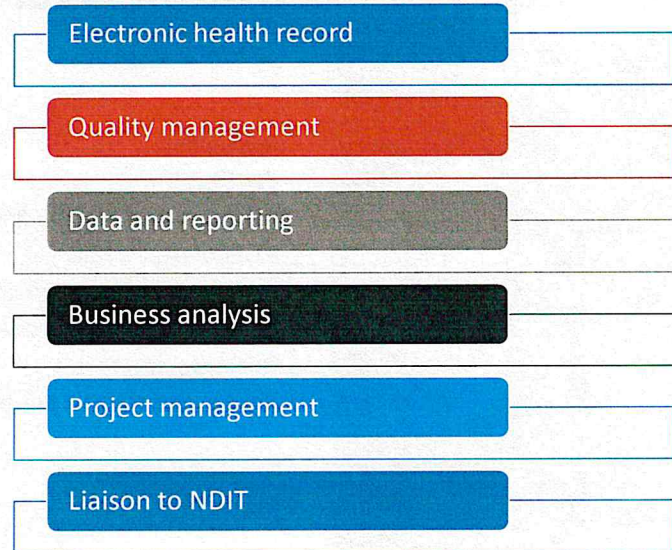
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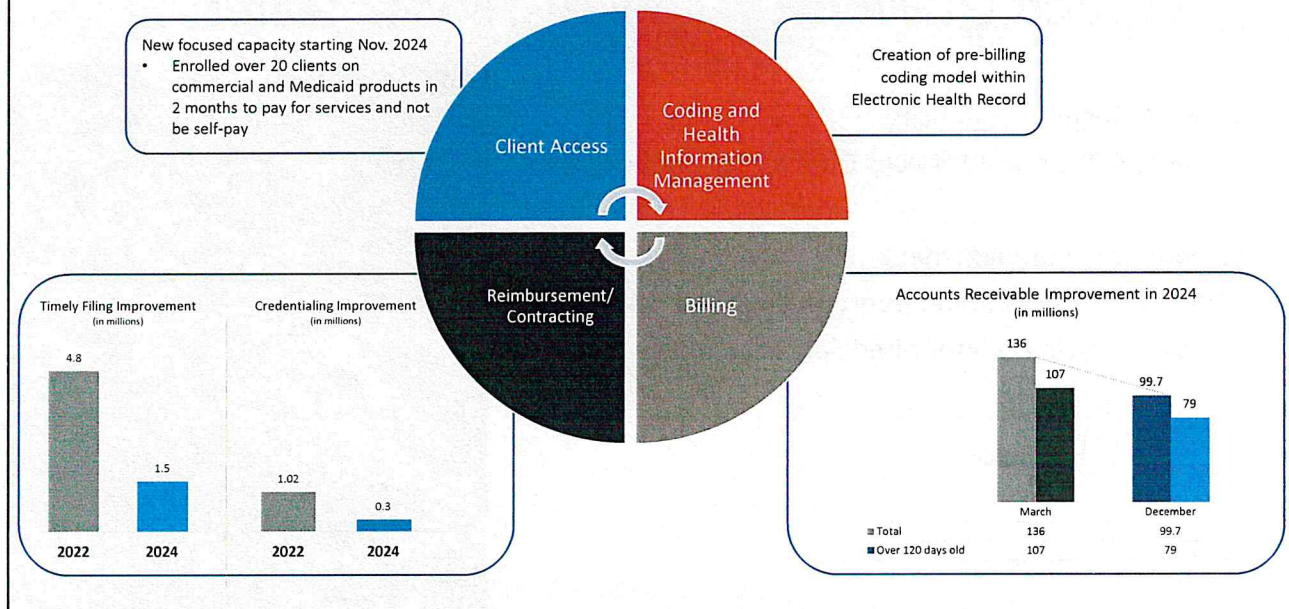


# Quality and Technical Services Functions



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# Revenue Cycle Management



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## Administration of State & Federal Programs across Continuum of Care

### Prevention and Early Intervention

- Parents Lead
- Suicide prevention
- Partnership for Success (PFS) Grant
- B-HERO
- Prevention and Early Intervention School Pilot

### Treatment

- Substance Use Disorder (SUD) Voucher
- Gambling treatment
- Jail tele-psychiatry
- Voluntary Treatment Program (VTP)
- Treatment Collaborative for Traumatized Youth (TCTY)
- System of Care (SOC) Grant
- Mental Health Block Grant (MHBG)

### Recovery

- Recovery Housing Assistance Program (RHAP)
- Free Through Recovery
- Community Connect
- Permanent Supportive Housing
- Brain Injury services

- Substance Use Prevention Treatment and Recovery Services (SUPTRS) Block Grant
- State Opioid Response (SOR) Grant
- Opioid Settlement
- Behavioral Health School Grant

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## Regulation



### 106 Substance Use Disorder Treatment programs licensed (Oct. 1, 2024)

- 11 new programs in 2024



### 4 Opioid Treatment Programs licensed

- Currently serving 1,140 individuals (Oct. 22, 2024)



### 6 Psychiatric Residential Treatment Facilities

- 82 beds serving children between the ages of 5 and 18.

62



## Certification

Minor in Possession (MIP) Education Instructors

- **18** certified providers

Driving Under the Influence (DUI) Education Instructors

- **38** certified providers

Peer Support Specialists

- **406** Certified Peer Support Specialist I
- **38** Certified Peer Support Specialist II



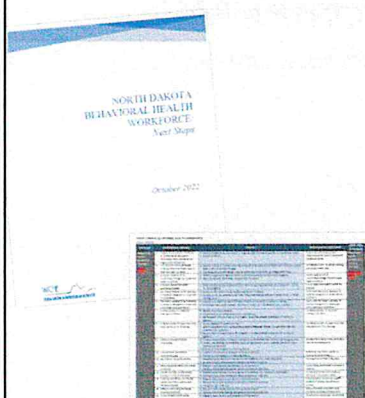
*Certified Community Behavioral Health Clinic (CCBHC) certification in development (SB 2113)*

Jan. 7, 2025

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## Behavioral Health Workforce

HSRI Recommendation to "engage in targeted efforts to recruit and retain a qualified, competent behavioral health workforce" put in motion the following:



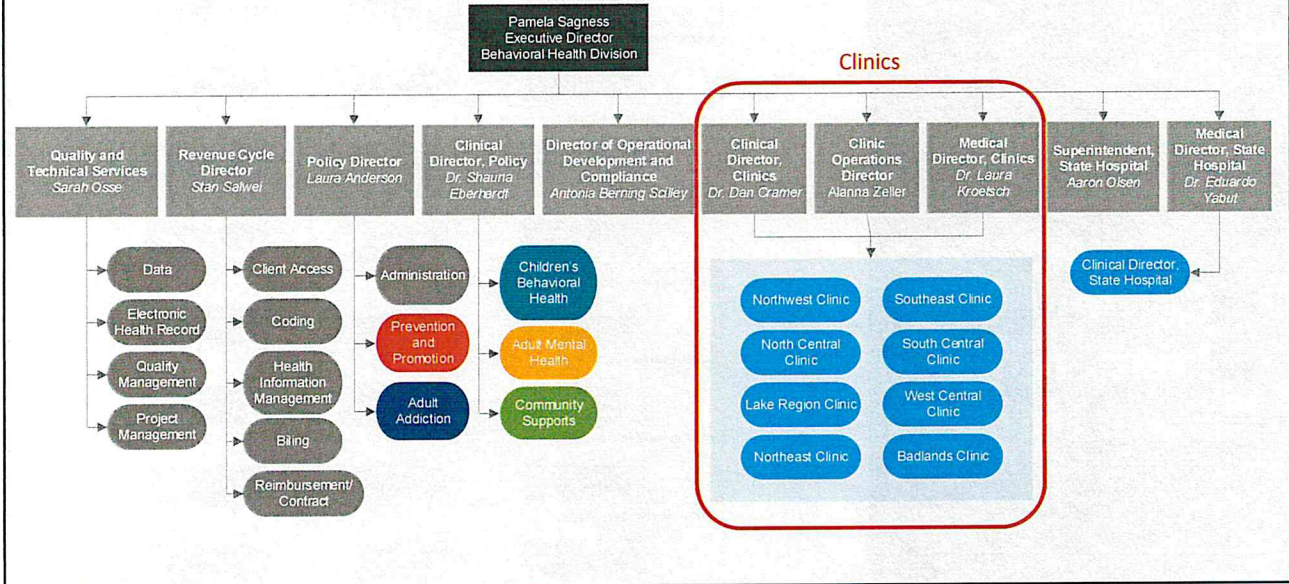
- Creation of **Aim 7 Behavioral Health Workforce workgroup** (private providers; UND, Center for Rural Health; Department of Commerce; UND, Center for Rural Health)
- Development of **Peer Support Certification**
- Coordination and facilitation of a **Behavioral Health Workforce Summit**
- Development of a **Behavioral Health Workforce Strategy**
- Hire of a **Behavioral Health Workforce team member** to facilitate the implementation of the strategic plan

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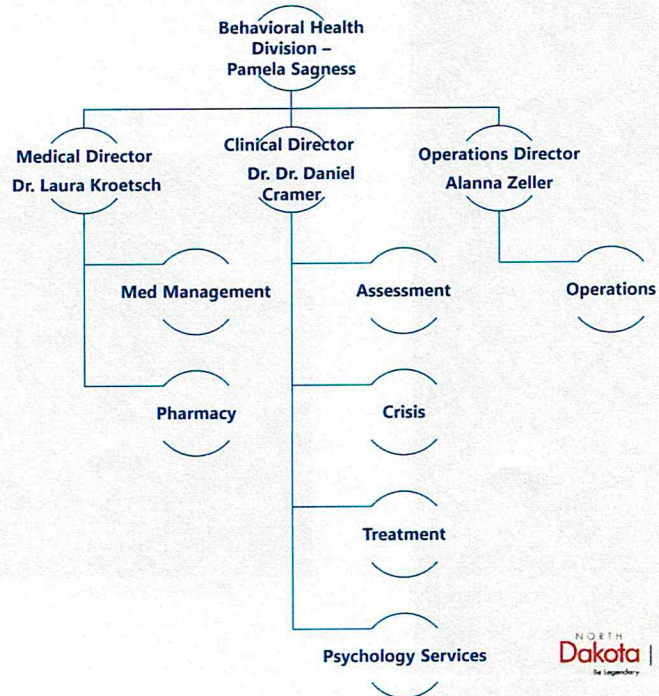


## Behavioral Health Division



65

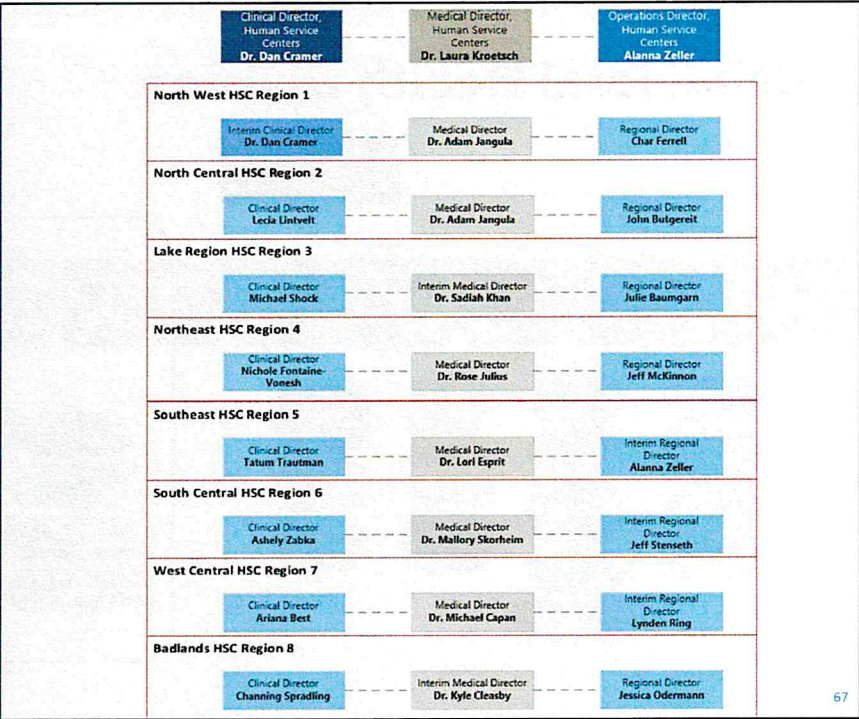
## HUMAN SERVICE CENTERS



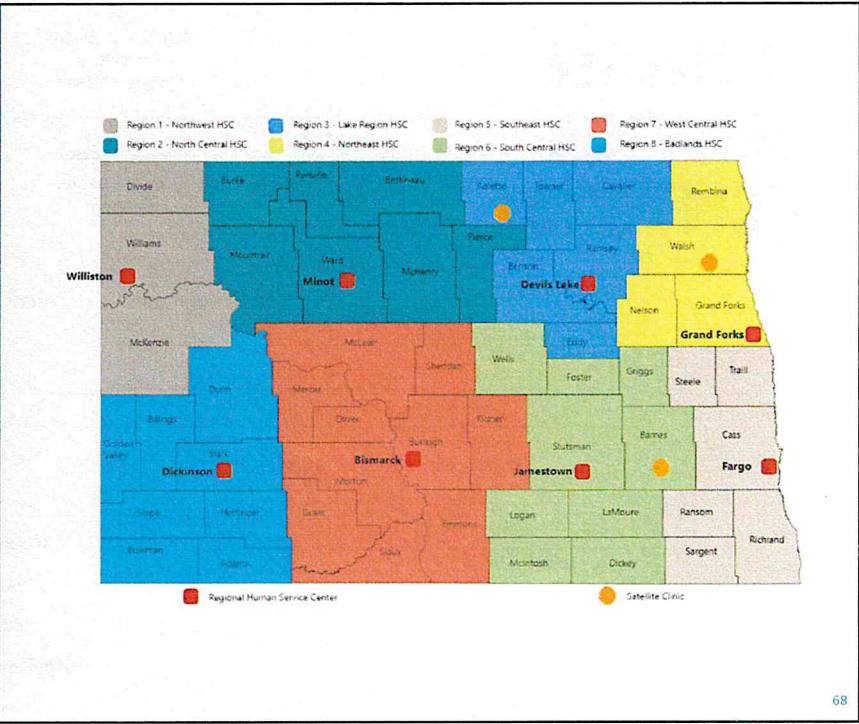
66



# Human Service Center Leadership Structure



# Human Service Center Locations





## Section Overview



### Who we are

All 8 Clinics provide Community Behavioral Health Services and are state-operated providers of integrated mental health and substance use outpatient care

Responsible to comply with:

- NDCC 25-03.1
- NDCC 50-06
- NDAC 75-05,
- NDAC 75-09.1



### Our role

To provide timely and effective behavioral health services to citizens of North Dakota to improve the quality of life through achieving and sustaining recovery.



### Services

- Crisis Services
- Regional Intervention Services
- Outpatient Services
- Extended Care Services
- Targeted Case Management
- Psychiatric Services
- Psychiatric Medication Management
- Psychological Services
- Substance Use and Other Addictive Disorders
- Individual, Group and Family Therapy
- Community Consultation and Education
- Youth and Family Services
- Rehabilitative Services



### Partners | Providers

- Recovery Centers
- Contracted crisis units
- Transitional Living Facilities
- 3.1 SUD Residential
- Hospitals/ER's/Critical Access Hospitals
- Community Inpatient Hospital
- Crisis Psychiatric and Nursing (Legacy, LLC, FasPsych)
- Consultants (MTM, NatCon, FFT LLC)
- Crisis Services (Avel E-Care, Solutions mobile crisis)
- Medical Detox (Clay County Receiving Center)
- Employment Support (Vocational Rehabilitation)
- Sex Offender Treatment (STAND)
- Jail Behavioral Health Services (Integrated Telehealth Partners)
- UND Med School (UND)
- Other (med delivery, taxi, etc.)

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## 50-06-05.3. Regional Human Service Centers - Powers - Duties

*Regional human service centers shall provide human services to all eligible individuals and families to help individuals and families achieve or maintain social, emotional, and economic self-sufficiency by providing human services to:*

- a. *Prevent, reduce, or eliminate dependency;*
- b. *Prevent or reduce inappropriate institutional care by providing for care while institutionalized or providing for community-based or other forms of less restrictive care;*
- c. *Secure referral or admission for institutional care;*
- d. *Provide outpatient diagnostic and treatment services; and*
- e. *Provide rehabilitation and crisis services for patients with mental, emotional, or substance use disorders, an intellectual disability, and other psychiatric conditions, particularly for those patients who have received prior treatment in an inpatient facility.*

\*SB 2113 to update language

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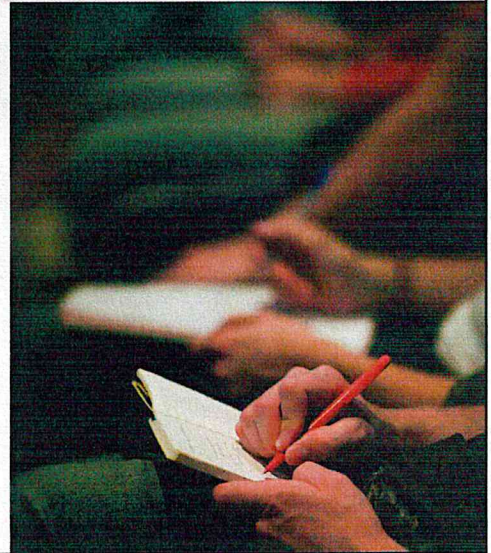
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## SB 2113

- Name transition from Human Service Centers to Behavioral Health Clinics
- Update in language to align with behavioral health best practice
  - Example: Update "Prevent, reduce, or eliminate dependency" to "Build resilience, self-sufficiency, and independence"



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## Key Accomplishments

- All Regional Human Service Centers (behavioral health clinics) achieved 4-year Council on Accreditation (COA) expedited re-accreditation.
- Ruth Meier's Adolescent Center (RMAC) achieved a 3-year Commission on Accreditation of Rehabilitation Facilities (CARF) re-accreditation.
- Badlands, Southeast, Lake Region approved sites for ND Training Academy for Addiction Professionals
  - West Central and South Central application pending approval
- Established Release and Integration program with Department of Corrections and Rehabilitation.
- Through funding approved during 2023-2025 legislative session:
  - Implemented the Centurion Mobile Duress System
  - Established FasPsych and Legacy, LLC contracts in July 2024 in 2 regions
    - provides on-call psychiatry and nursing support during nights, weekends, and holidays at the crisis stabilization center (CSC).
- Roll-out of Avel services in all regions in July 2024 to partner with local law enforcement to provide telehealth crisis support.

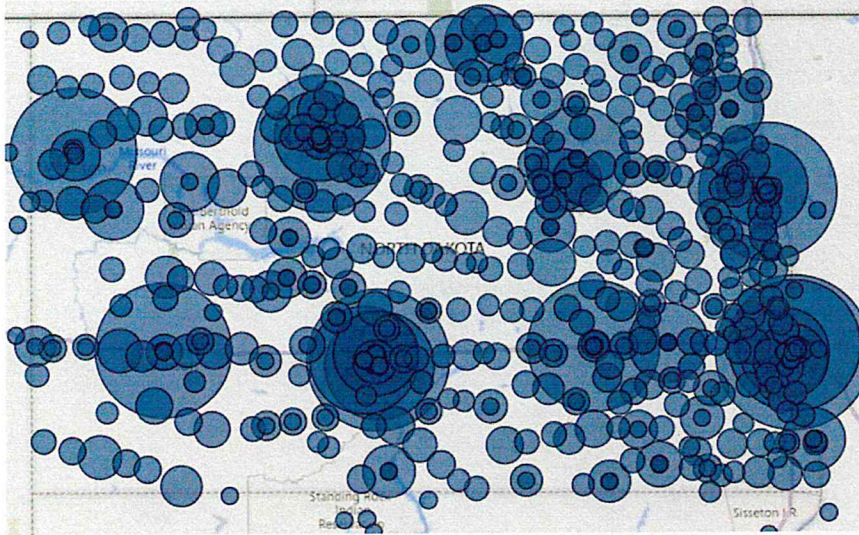


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## Behavioral health care penetration of services

July 2023 – December 2024



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Individuals  
Served  
7/2023-12/2024

10,382 adults served

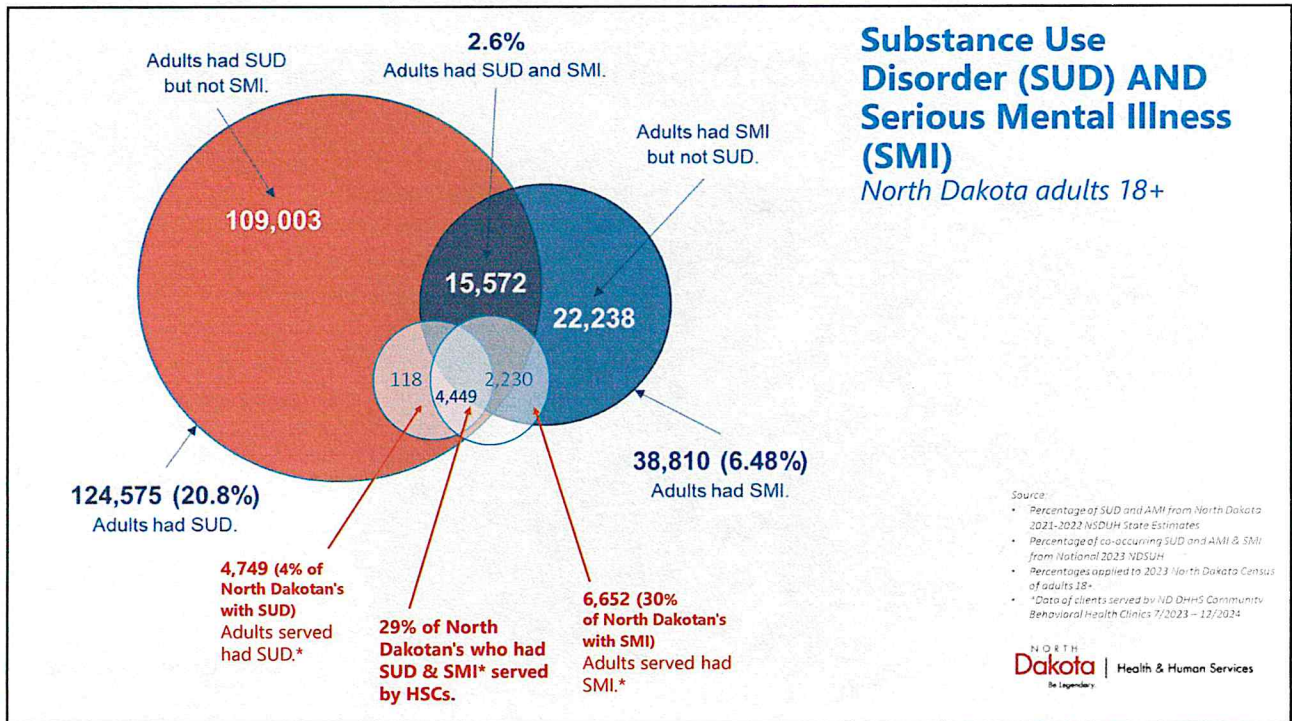
231,860 adult services

2,380 youth served

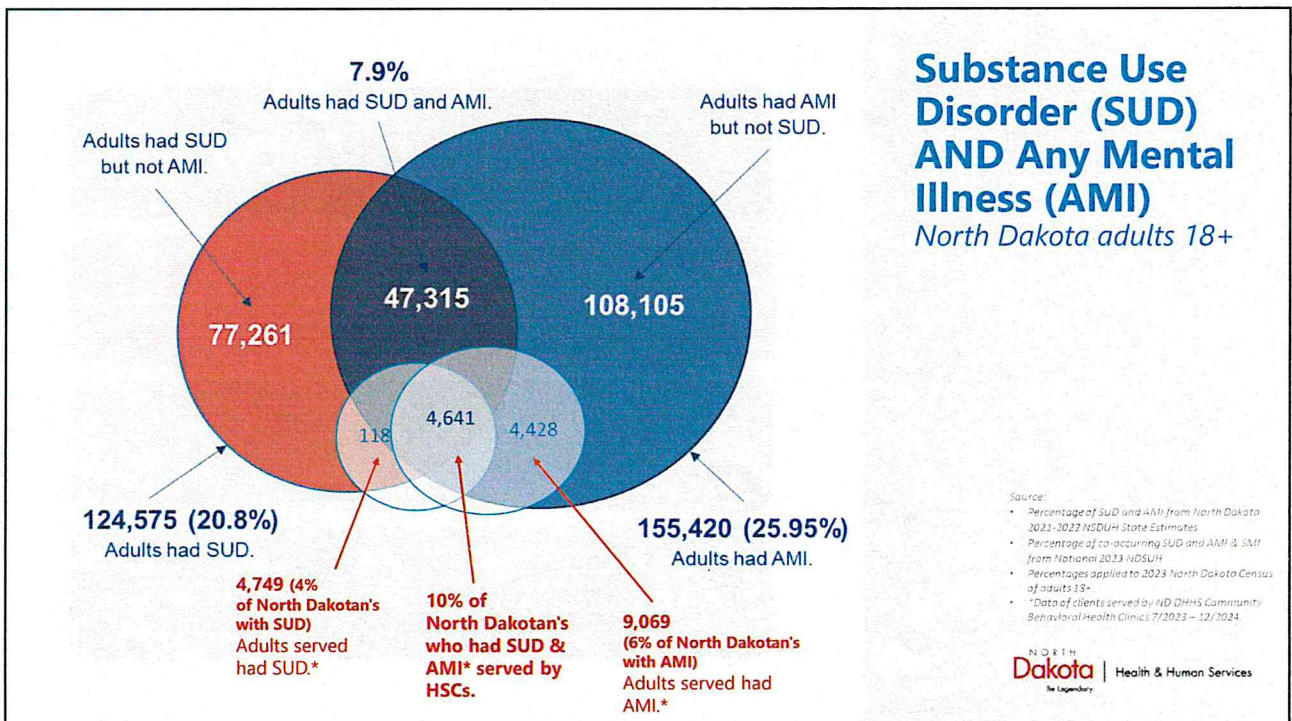
63,310 youth services

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## Certified Community Behavioral Health Clinics

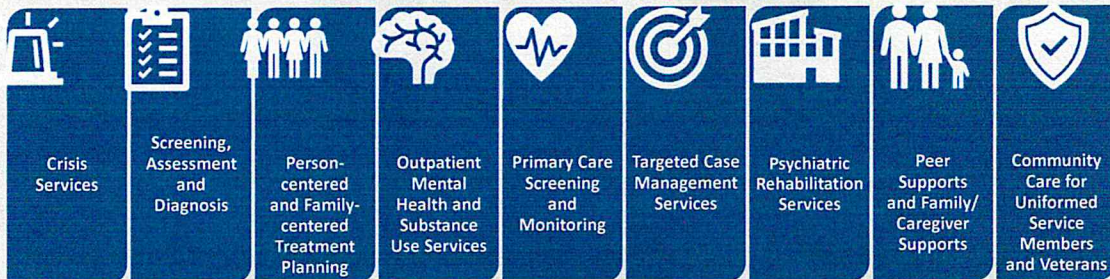


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## Certified Community Behavioral Health Clinics

# CCBHC

Services may be delivered directly by the CCBHC or by a Designated Collaborating Organization (DCO). CCBHCs are expected to directly deliver the majority of encounters.



*Provision of all services is person- and family-centered.*

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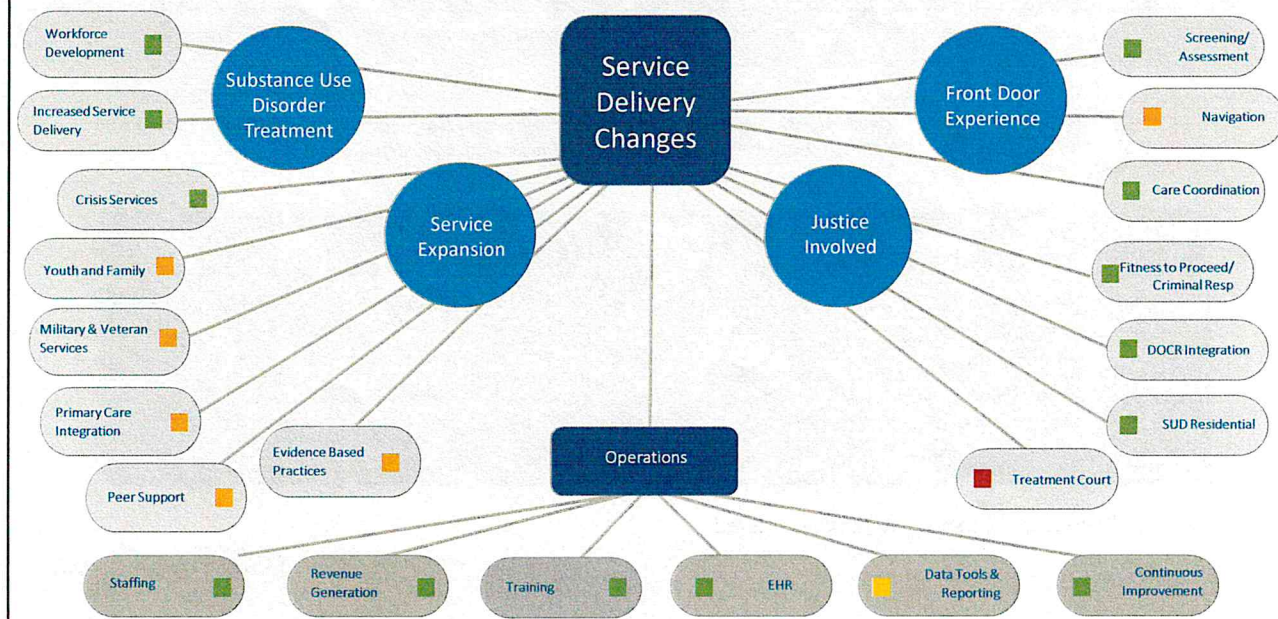
## ND PLANNING AND IMPLEMENTATION TIMELINE\*



\*THIS TIMELINE WAS PREPARED FOR NORTH DAKOTA BY NATIONAL COUNCIL FOR MENTAL WELLBEING BASED ON STANDARD PRACTICES

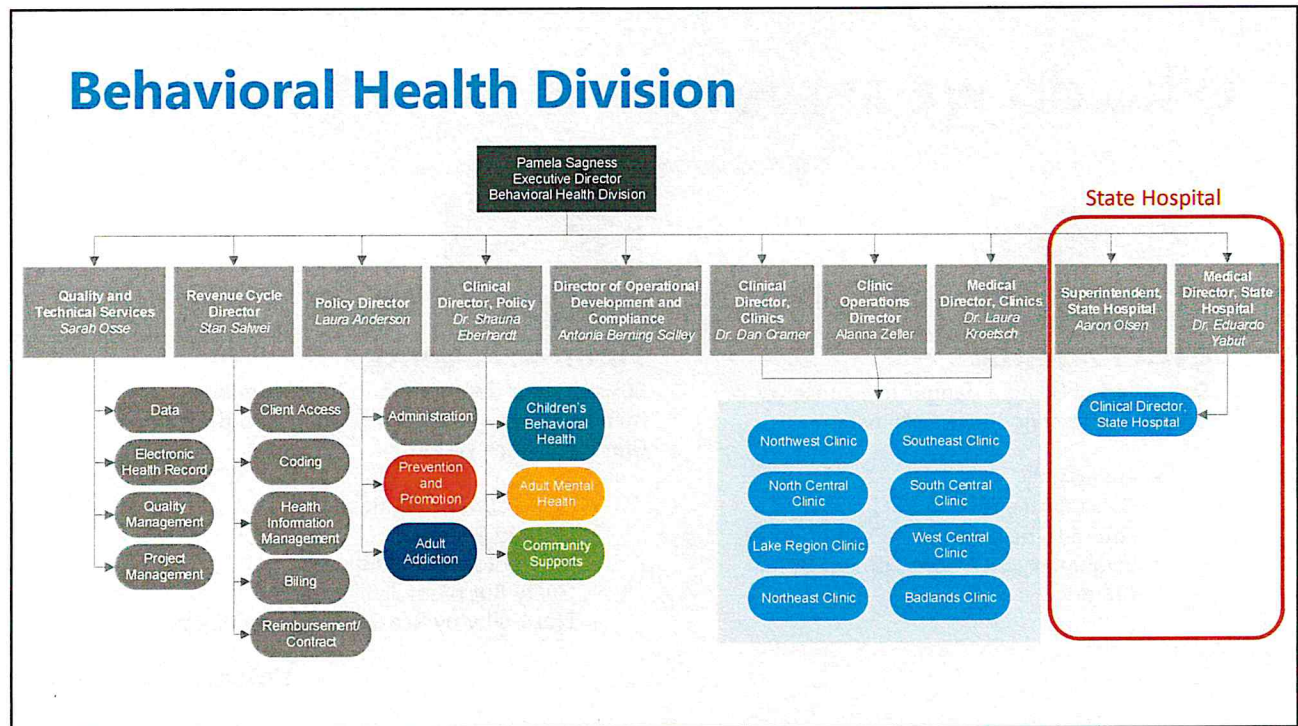
79

## Clinic Service Enhancement Initiatives



80





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## Who are we?



Inpatient psychiatric and substance use disorder treatment facility located in Jamestown ND.

Providing rehabilitation, forensic and acute psychiatric services through compassionate care, promoting healing and wellness to a diverse population of clients from across North Dakota.

**Total Current Staff 355**

Psychologists	Facilities
Psychiatrists	Registered Nurses
Licensed Nurse Practitioner	Security
Social Worker's	Grounds
Direct Care Assistant	Maintenance
Security	Occupational Therapist
Licensed Addiction Counselor	Activities
Ancillary	


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## Who do we serve?



### Civil Patients:

Suspected of being a danger to themselves or others due to serious mental illness.

- Emergency
- Court Ordered
- Found to be a danger to self or others
- Involuntary Civil Commitment by Judge



### Forensic Patients:

Suspected or determined to have a serious mental illness who are involved in with the Criminal Justice system.

- Court Ordered Evaluation
- Unfit to Proceed
- Pre-sentence Evaluation
- Guilty But Mentally Ill
- Not Guilty by Reason of Mental Illness

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## ND State Hospital Programs and Services

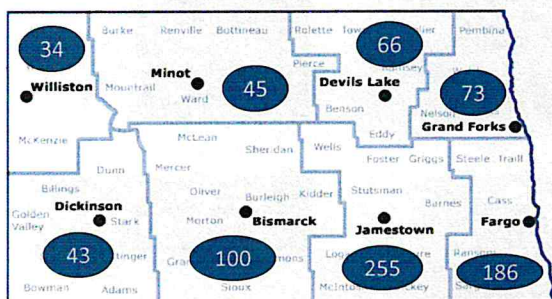


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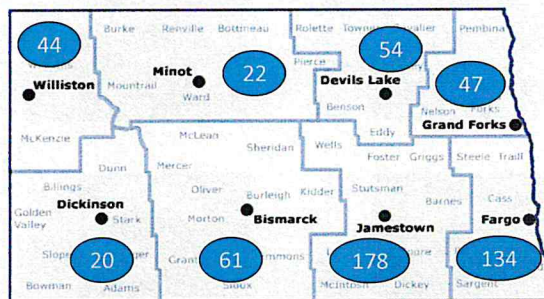
## Admissions by Region

2021-2023  
Biennium



Outside ND: 31  
Unknown: 27

2023-2025  
Biennium

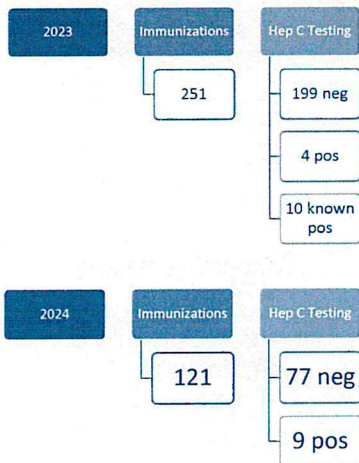


Outside ND: 16  
Unknown: 16

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## Primary Care



Dental Appointment Type	TOTAL
Exam	78
Prophy / FMD	9
Extraction	91
Filling	23
Xray	147
Adjust Denture	3
Impressions	4
Send out labs	3
Other	1
<b>TOTAL:</b>	<b>359</b>

Dental Appointment Type	TOTAL
Exam	233
Prophy / FMD	31
Extraction	235
Filling	76
Xray	603
Adjust Denture	4
Impressions	12
Send out labs	12
Other	5
<b>TOTAL:</b>	<b>1211</b>



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## Off Campus Appointments

Eye Exams	85	Cardiology	16	Holter Monitor	7	EGD	3
CT	28	OB	13	DEXA Scan	7	Interventional Radiology	3
MRI	28	Endocrinology	13	Nephrology	9	PET Scan	3
Orthopedic	28	Neurology	13	Neurosurgery	12	Oral Surgery	2
Ultrasound	21	Colonoscopy	12	Hematology	5		
Surgical Consult/follow up	17	ENT	10	Neuropsych	5	Total for 2023-2024 <b>499</b>	
Brace/Shoe Fitting	12	Podiatry	9	Pulmonary	7		
Urology	34	Sleep Medicine/Study	9	Echo	9		
Oncology	31	Audiology	10	GI	4		
Wound Clinic	20	Dermatology	9	Mammogram	5		

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## Student Training & Education

### Students from UND Department of Psychiatry & Behavioral Science

- 40 3<sup>rd</sup> year medical students in 2023
- 9 residents in 2023

### Nursing Student Hours

- 6,052 hours
- 349 students
- Representing 9 schools

### Nurse Practitioner training hours

- 500+ hours

### High School Student training hours

- 3 hours

### Pharmacy Student Hours

- 1,400 Hours

### Counseling students

- 1,485 hours

### SW Students

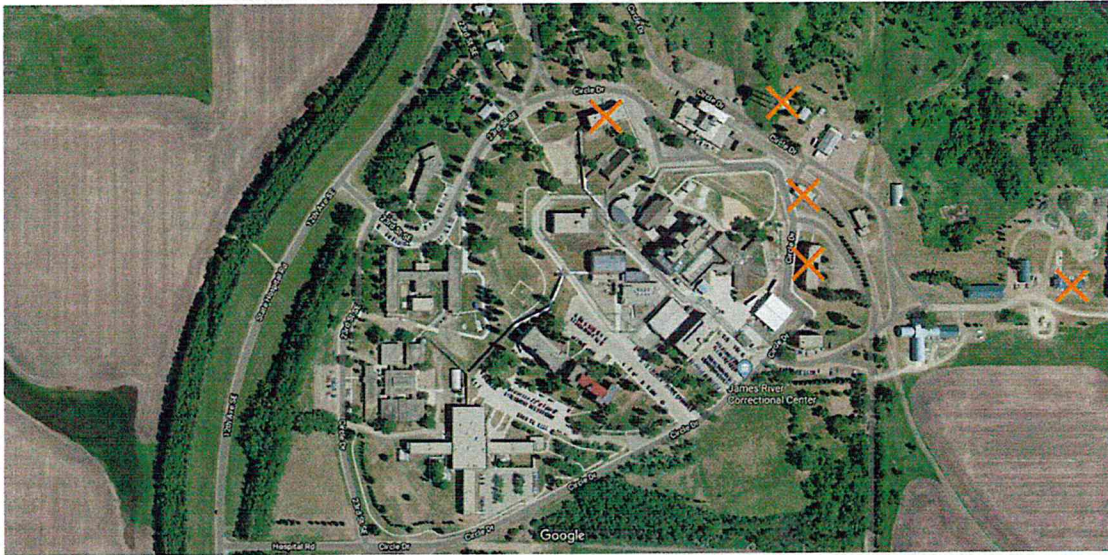
- 1,158 hours

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## APPROPRIATION/DEMOLITION



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## 2021-23 HHS Agency Operations Audit

### FINDING 2023-02 Opportunities to Improve Safeguarding Controlled Substances at State Hospital

- Pyxis Automated Dispensing Cabinet (ADC)
- Monthly Pharmacy Inspection
- Performance Improvement Initiative:
  - Dual Signature Count
- Reduction in Wastage:
  - Dual signature for half tablet use, reducing wastage by 85%.
- Timely Access Removal

**Opportunities to Improve Safeguarding Controlled Substances at the State Hospital**

**WHAT HAPPENED**  
Our team found several issues with controls for safeguarding controlled substances at the North Dakota State Hospital. We did not identify any diversion of controlled substances during the audit period. However, the weaknesses in controls for safeguarding these medications increase the risk of diversion to occur.

**BACKGROUND**  
One way to classify medications is by controlled substances or non-controlled substances. Controlled substances are divided into five "schedules." A "Schedule I" substance would be the most addictive, and a "Schedule V" substance would be the least addictive. An updated and complete list of the schedules is published annually in Title 21 Code of Federal Regulations. North Dakota state law (N.D.C.C. 19-03.1) identifies controlled substances. Substances are placed in their respective schedule based on whether they have a currently accepted medical treatment in the United States, their relative abuse potential, and the likelihood of causing dependence when abused. Examples of controlled substances are medications such as Xanax and Valium, which are commonly prescribed to manage acute symptoms of anxiety and panic disorders.

Controlled substances that are not monitored are at a greater risk of diversion. Diversion means taking medication from a patient for personal or others for personal use. Common methods for diverting controlled substances include:

- Stealing syringes or vials
- Under-dosing patients
- Replacing controlled substances with another product
- Taking medications from patients that are given on an as-needed basis
- Pulling duplicates down
- Failing to dispose of or document waste of medications

The North Dakota State Hospital provides short-term acute inpatient psychiatric and substance abuse treatment, intermediate psycho-social rehabilitation services, forensic services, and safety net services for adults. The hospital also provides residential addiction treatment services for adult male and female clients referred to the Tompkins Rehabilitation Center. There was an average daily census of 125 residential and inpatient patients per day during our audit period. Because of the nature of the diseases treated and services provided, the State Hospital keeps various controlled substances on hand to meet the patient's treatment needs.

**Pharmacy Walk-Throughs – Issues Not Addressed**  
North Dakota Administrative Code (N.D.A.C. 61-07-01.13) requires a monthly walk-through by the pharmacist or qualified designee that reviews safeguards over the medication inventory and documentation of the findings. These walk-throughs look to identify weaknesses in areas that could increase the risk of diversion occurring such as medications being stored securely, access to keys to open secure storage, and proper logging of controlled substances.

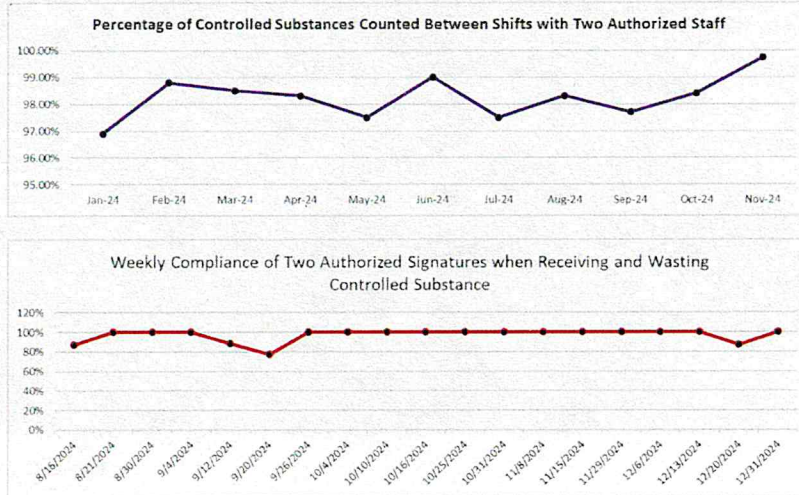
We found **several issues** with controls for safeguarding **controlled substances** at the North Dakota State Hospital.

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# Improvement timeline

Continuous Quality Improvement data



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## EFFICIENCY

- The building will be more efficient to maintain, heat, and cool.
- More efficient and concise layout which will make it easier to staff.
- Consolidated building footprint which will reduce time, staff redundancy, and footfall allowing staff to care for patients more effectively.

## COST-EFFECTIVE SOLUTION

- Renovating the existing building to the level that's needed is cost prohibitive.
- Renovation would be a significant disruption without reducing capacity during a long construction period.
- New location would visually disassociate the hospital from JRCC, but would still allow specific service agreements to remain
- More cost effective to operate, staff and maintain a single 309,614 sf facility vs the existing multi-building 503,417 sf

## IMPROVED CARE & EXPERIENCE

- Increase patient capacity without significant staff increases
- Increase capacity will contribute to reducing the waitlist for admissions.
- Improve patient safety, security and well being
- Modern healthcare facility design, current security technology, etc.

NORTH DAKOTA STATE HOSPITAL | THE WHY



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## PROJECT GUIDING PRINCIPLES

"OUR MISSION IS DEDICATED TO THE CARE, TREATMENT, AND SUPPORT OF EACH INDIVIDUAL'S JOURNEY TOWARD WELLNESS AND RECOVERY WITHIN A SAFE ENVIRONMENT THAT PROMOTES REINTEGRATION IN THE COMMUNITY"

<b>RECOVERY</b>	<b>REINTEGRATION</b>	<b>SAFETY</b>	<b>FLEXIBILITY &amp; EFFICIENCY</b>	<b>COURAGE EVOLUTION &amp; EXPLORATION</b>	<b>CLIENTS FIRST</b>
Foster the reintegration of clients into the community by empowering them to develop the skills and awareness needed to lead successful lives despite illness or injury. The building should facilitate this by ensuring separation from the prison system and incorporating features like enclosed courtyards, outdoor space, and natural light to create a supportive environment.	Facilitate individualized reintegration at various levels by designing a home-like environment, offering access to community spaces, creating a familiar and less-traumatizing setting, and providing a testing ground for tailored caregiver-patient interactions.	Prioritize comprehensive safety for staff, clients, visitors, contractors, and the community by implementing anti-ligature measures, minimizing blind spots, ensuring the proximity of staff to clients, and integrating alert systems, access systems, and tracking mechanisms for both clients and staff.	Maximize space flexibility and efficiency by creating adaptable units capable of shifting or opening specialized care, incorporating smart technology, and strategically placing spaces to enable more efficient and responsive healthcare delivery, and ensuring a dynamic response to changing needs.	Leverage research insights to design an innovative and entirely new environment that actively supports clients in their recovery, fostering a space that encourages courage, exploration, and personal evolution rather than merely rehashing or rehashing existing spaces.	Prioritize clients by placing their needs and experiences at the forefront of every aspect so that decisions are centered on enhancing the overall client experience.
<b>INTEGRATION</b>	<b>EQUITABLE COMMUNITIES</b>	<b>WELL-BEING</b>	<b>CHANGE</b>	<b>RECOVERY</b>	<b>ECOSYSTEMS</b>
<b>WATER</b>	<b>ENERGY</b>	<b>RESOURCES</b>	<b>ECONOMY</b>		

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**EXTERIOR VIEWS**  
VIEW FROM SOUTH

\$300,000,000 Budget Request



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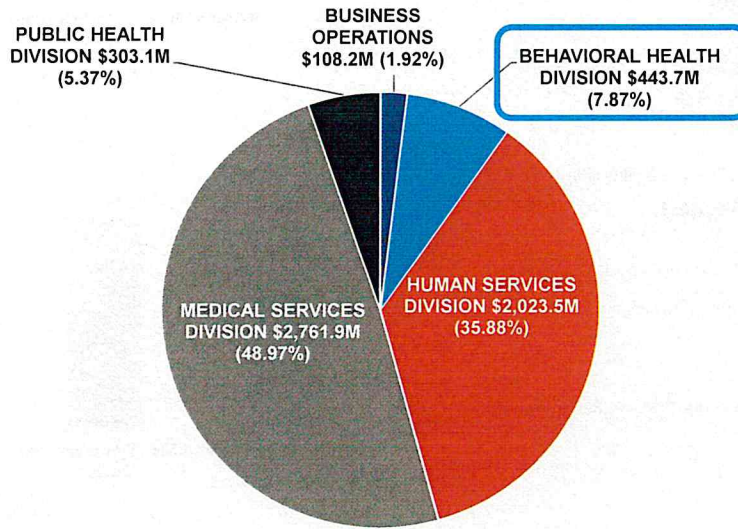
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# 2025-2027 Budget Request

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## 2025-27 HHS Base Budget Request: by Division



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## Comparison of budgets and funding

### By Major Expense

Description	2023-25 Budget Base	Increase/ (Decrease)	2025-27 Executive Budget Request
Salaries and Benefits	\$ 234,082,646	\$ 24,707,176	\$ 258,789,822
Operating	143,577,158	28,233,279	171,810,437
IT Services	14,630,169	5,690,876	20,321,045
Capital Asset Expense	1,372,499	972,000	2,344,499
Capital Assets	60,800	300,036,000	300,096,800
Grants	40,476,301	3,429,320	43,905,621
<b>Total</b>	<b>\$ 434,199,573</b>	<b>\$ 363,068,651</b>	<b>\$ 797,268,224</b>
<b>General Fund</b>	<b>\$ 320,082,490</b>	<b>\$ 44,197,566</b>	<b>\$ 364,280,056</b>
<b>Federal Funds</b>	<b>76,126,835</b>	<b>6,595,880</b>	<b>82,722,715</b>
<b>Other Funds</b>	<b>37,990,248</b>	<b>312,275,205</b>	<b>350,265,453</b>
<b>Total Funds</b>	<b>\$ 434,199,573</b>	<b>\$ 363,068,651</b>	<b>\$ 797,268,224</b>

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## Comparison of budgets and funding

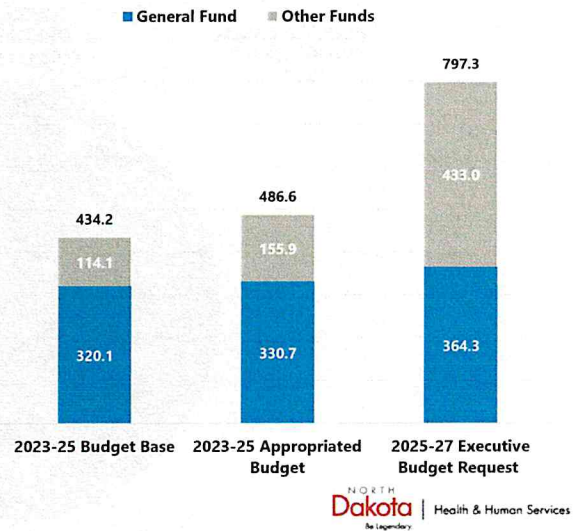
By Base Budget, Current Appropriated Budget, and Requested Budget (IN MILLIONS)

### 2023-25 Appropriated Budget

- Other Funds
  - \$22.48M One-time funding SIIF
  - \$2.65M Law enforcement telehealth
- General Funds
  - \$1.95M One-time Behavioral Health facility grant

### 2025-27 Executive Budget Request

- Other Funds
  - \$300M State Hospital Build one-time bonding authority
  - \$8M Opioid Settlement ongoing funding
  - (\$6M) Savings Plan
- General Funds
  - \$6.7M Continue and expend Free Through Recovery and Community Connect services
  - (\$25M) Savings Plan



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## 2023-2025 One-Time Funding

Project	Amount	Fund Type	Progress
Southeast Human Service Center Capital Projects	735,154	SIIF	Parking lot resurfacing
			Mechanical Safety System update
Behavioral health facility grant	1,950,000	GF	Entered into contract with CHI St. Alexius Health Williston to establish a behavioral health facility
Behavioral health facility grant	8,250,000	SIIF	Grant recipient not secured by 6/1/2024; 6,400,000 to be used for Badlands and Northwest clinics to expand community-based behavioral health services
Pregnant and parenting residential	1,000,000	SIIF	Entered into contract with Providence House Minot for construction and renovation of a SUD residential program for pregnant and parenting women
Law enforcement telehealth	2,650,000	FSFR	Entered into contract with Avel eCare to implement rural crisis telehealth with law enforcement
State Hospital design	12,500,000	SIIF	Designed

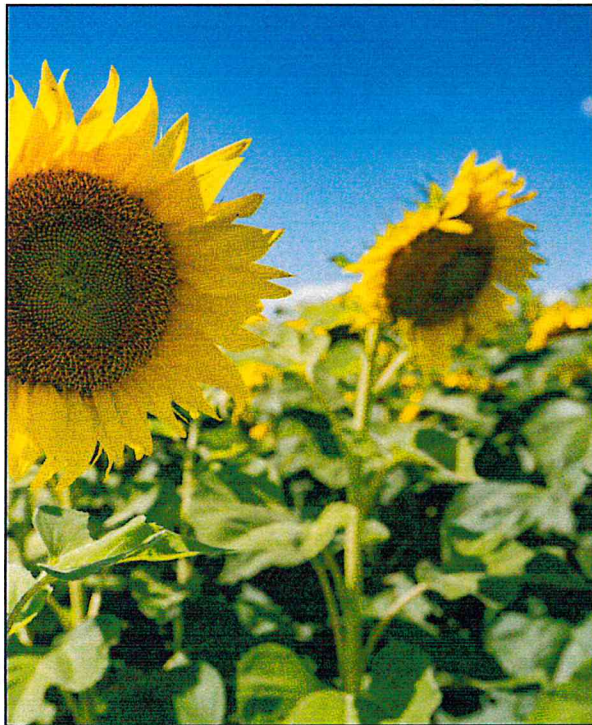
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## Related Bills

Bill	Brief	Appropriation
<b>SB 2036</b>	Relating to fitness to proceed and remediation of juveniles	4,580,000 GF/ 1,000,000 FF
<b>SB 2037</b>	Relating to juvenile court petitions, fitness to proceed in juvenile court proceedings, and collateral consequences the juvenile court may order	350,328 Fiscal Note
<b>SB 2081*</b>	Relating to geropsychiatric facilities	-
<b>SB 2096</b>	Appropriations to the department of health and human services for state hospital facilities and to provide for regional acute psychiatric treatment and residential supportive housing services.	105,000,000 GF
<b>SB 2113*</b>	Relating to certified community behavioral health clinics and the financing of health and human services	300,000 Fiscal Note
<b>SB 2200</b>	Relating to the creation of the 988 crisis hotline program and the 988 crisis stabilization fund and the imposition of a 988 access fee; to provide for a legislative management report; to provide an appropriation; to provide a continuing appropriation	50,000 GF
<b>HB 1337</b>	Appropriation to the department of health and human services for grants to counties for mental health services for incarcerated individuals; and to provide for a report.	10,000,000 GF
<b>HB 1347</b>	Relating to district court supervised treatment programs approved by the supreme court	

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## Behavioral Health Division

Pamela Sagness  
Executive Director  
[psagness@nd.gov](mailto:psagness@nd.gov)

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1. The first part of the report is a general introduction to the subject of the study.

2. The second part of the report is a detailed description of the methods used in the study.

3. The third part of the report is a discussion of the results of the study.

4. The fourth part of the report is a conclusion and a list of references.

5. The fifth part of the report is a list of appendices.

6. The sixth part of the report is a list of figures and tables.

7. The seventh part of the report is a list of footnotes.

8. The eighth part of the report is a list of references.

9. The ninth part of the report is a list of appendices.

10. The tenth part of the report is a list of figures and tables.

11. The eleventh part of the report is a list of footnotes.

12. The twelfth part of the report is a list of references.

13. The thirteenth part of the report is a list of appendices.

14. The fourteenth part of the report is a list of figures and tables.