



STUDY OF MENTAL HEALTH CARE FOR CHILDREN

Interim Human Services Committee | Representative Matthew Ruby, Chair

Pamela Sagness, Behavioral Health Executive Director

Dr. Dan Cramer, Clinical Director, Regional Human Service Centers

April 8, 2024



Health & Human Services

North Dakota Behavioral Health Division

INTEGRATION



People achieve their behavioral health goals.



Be a place people want to work.



Resources are used effectively and efficiently.

Behavioral Health Division

Services for Children

Programs administered by Policy Team

- Behavioral Health and Education
- Treatment and Recovery Services
- Licensing
- Early Intervention
- Prevention efforts
- Other

Human Service Center (Community Behavioral Health Clinics) Service Delivery

- Waitlist and Referral Information
- Overview and Outcomes
- Program Specific Update
 - Multisystemic Therapy (MST)
 - First Episode Psychosis (FEP)
 - Functional Family Therapy (FFT)



Education and Behavioral Health Initiative

- B-HERO
- Behavioral Health School Grants
- Prevention and Early Intervention Pilot Program
- Kognito

BHERO

TECHNICAL ASSISTANCE CENTER

A group of educators and advocates who are passionate about the importance of behavioral health in our schools and communities.



Training.



Technical Assistance.



Opportunities.

How has B-HERO supported Schools

- **Weekly messaging** sent to Behavioral Health Resource Coordinators with toolkits, resources, trainings, and more.
- **Training and Technical Assistance** to 102 + schools and/or districts during the 23-24 school year.
- **Resources, webinars, and trainings** on a variety of topics including Trauma, Suicide Prevention, Multi-Tiered Systems of Support, PREPaRE Crisis, Restorative Conferences, Bullying Prevention, and more.

bhero.crea@k12.nd.us

b-hero.org



Behavioral Health School Grant

Project goal: Identify and address gaps along the behavioral health continuum of care.

This includes:

- identifying prevention and early intervention services
- supporting clinical or treatment services
- filling gaps in service coverage

Behavioral Health School Grant

Eligible Applicants

Applications are accepted from North Dakota public or private elementary or secondary schools which meet the following criteria:

- Utilized ND State Medicaid reimbursement during the previous school year.
- Submit a plan to the Behavioral Health Division Policy Team detailing collaboration with other regional school districts regarding student behavioral health needs and the use of grant funding to develop student behavioral health interventions.

Grant funds cannot be used where reimbursement or funding is available.

**2023-2025 budget:
\$9,500,000**

Behavioral Health School Grant

2023-2024 eligible School Districts and Special Education Units:

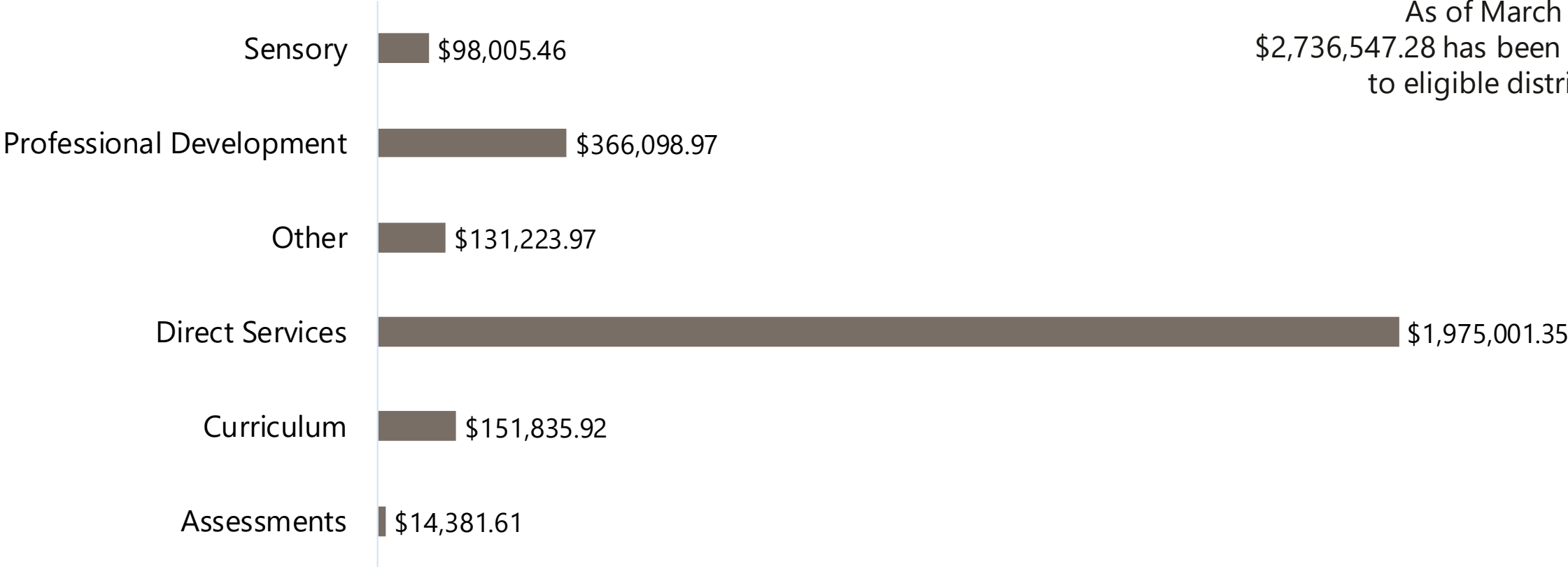
- Bismarck
- Carrington
- Dickinson
- Fargo
- Fessenden-Bowdon
- Grand Forks
- GST Special Ed. Unit
- James River Special Ed. Unit
- Jamestown
- Kensal
- Lake Region
- Mandan
- Minot
- New Rockford-Sheyenne
- Oberon
- Oliver-Mercer Special Ed. Unit
- Pingree-Buchanan
- Rural Cass Special Ed. Unit
- Sheyenne Valley Special Ed. Unit
- Souris Valley Special Ed. Unit
- South Valley Special Ed. Unit
- Upper Valley Special Ed. Unit
- Wahpeton
- West Fargo

* Highlighted districts and units have applied for 23-24 funding.

Behavioral Health School Grant

Summary

23-24 Amount Awarded by Category



As of March 31, 2024,
\$2,736,547.28 has been allocated
to eligible districts/units.

* Items included in "other" include transportation, 504 management system, materials for groups, applications, etc.

Prevention and Early Intervention Pilot Program

Initial work with Simle Middle School resulted in toolkits developed to assist in creating tier 1, tier 2, and tier 3 supports within North Dakota School buildings.

- Dunseith Elementary School – Dunseith (Currently receiving funds)
 - 52 students receiving tier 3 services through grant dollars
- Barnes County North – Wimbledon (Currently receiving funds)
 - 24 students receiving tier 3 services through grant dollars

2023-2025 Budget: \$300,000



Kognito

- Kognito delivers a practice based digital learning that helps educators and students build critical life skills to navigate difficult real-life situations, leading to more positive outcomes both in and out of the classroom.
- The Department of Human Services' Behavioral Health Division is offering these simulations available to all North Dakota school personnel and 6th-12th grade students at no-cost.



At-Risk Series for Mental Health Promotion, Early Identification, and Suicide Prevention

At-Risk for High School Educators 60 Minutes



Rene: A girl who is highly anxious about her grades and may be cutting



Rob: A boy who is withdrawn, bullied, and suffered a loss by suicide



Joey: A shy boy who has written about suicidal thoughts in an essay

At-Risk for Middle School Educators 60 Minutes



Mariah: A new girl who is being teased by a clique of popular girls

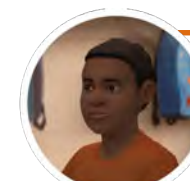


Jen: The clique ringleader, who is having trouble at home

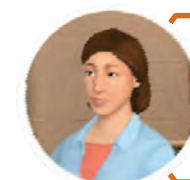


Michael: A boy struggling with impending loss and thoughts of suicide

At-Risk for Elementary Educators 60 Minutes



Derrick: A third grader who has recently become withdrawn



Ms. Parker: The mother of a fifth grader who has become increasingly disruptive and aggressive

Virtual Curriculum Students in Grades 6-12



Friend2Friend: Emotional & Mental Wellness

- ✓ Learn about mental health & wellness while reducing the stigma
- ✓ Identify warning signs of psychological distress
- ✓ Build skills to approach a peer and motivate them to access support
- ✓ Become comfortable asking a friend if they are thinking about suicide



Friend2Friend: Safe & Caring Schools

- ✓ Identify concerning thoughts and behaviors in others and oneself around bullying, harassment, self-harm, and threats
- ✓ Recognize when a peer's actions need to be shared with adults
- ✓ Discover ways to encourage a peer to open up to an adult
- ✓ Recognize role in creating a safe and caring school climate
- ✓ Feel comfortable to share concerns with an adult



Friend2Friend: Substance Use

- ✓ Understand positive social norms and refusal skills
- ✓ Recognize differences between healthy and unhealthy coping strategies
- ✓ Analyze risks associated with substance use
- ✓ Identify misuse and potential support services
- ✓ Understand how positive self-concept can be used to help others
- ✓ Apply communication skills to help a friend
- ✓ Create an action plan based on personal values and goals



Friend2Friend: Bullying Prevention

- ✓ Develop social awareness and interpersonal skills to establish and maintain positive relationships
- ✓ Appreciate diversity and build relationships with diverse individuals or groups
- ✓ Demonstrate responsible upstander behavior
- ✓ Choose appropriate strategies for responding to bullying while staying safe
- ✓ Understand how to use upstander strategies using the 3 D's: Direct, Distract, Delegate
- ✓ Identify positive support people to seek out in a conflict or crisis



Friend2Friend: Resiliency & Growth

- ✓ Learn to identify and manage the emotions one experiences when encountering challenges and failures
- ✓ Recognize unhelpful thoughts and use self-talk to reframe them
- ✓ Learn and grow from experiences, including failures and setbacks
- ✓ Reflect on mistakes to see what can be learned
- ✓ Create a plan to continue to develop the skills, values, and resources that can help you grow

Utilization in North Dakota (to date)

1,858 school staff or student teachers have activated at least one Kognito At-Risk module. These include:

- 41 counties
- 5 Education Cooperatives/Regional Education Associations
- 9 Special Education Units
- ND Center for Distance Ed

296 Friend2Friend youth modules have been completed by 6th-12th graders across North Dakota.

ND System Of Care (SOC) Grant Overview

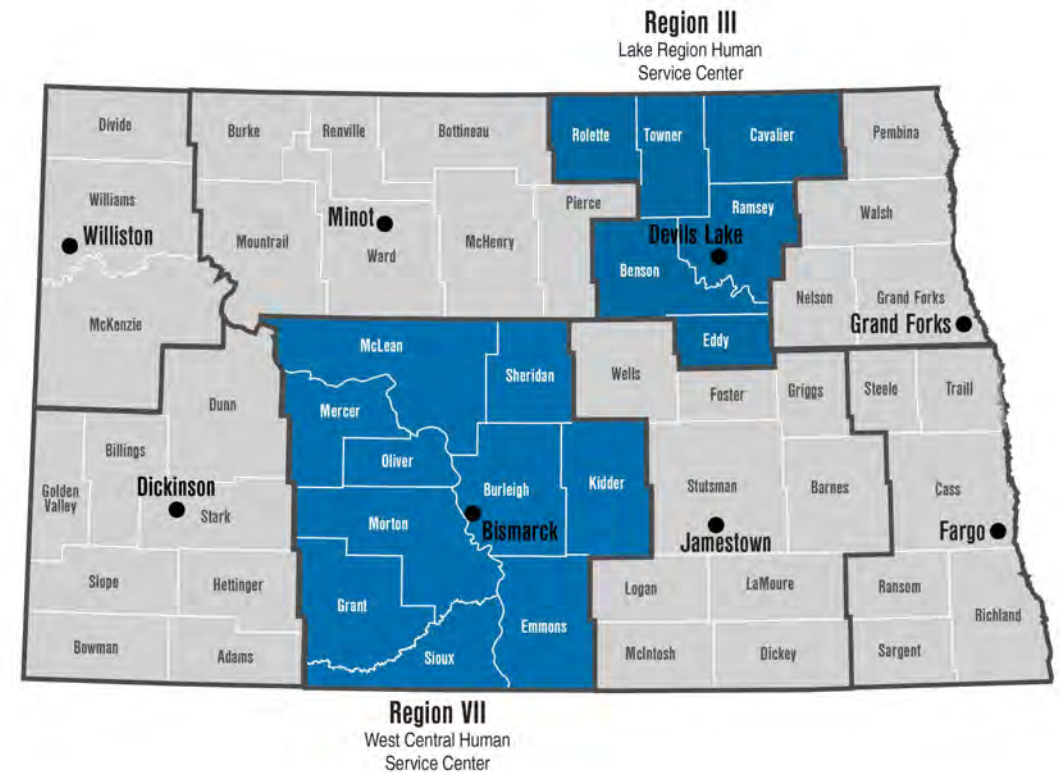
Substance Abuse and Mental Health Services (SAMHSA) System of Care (SOC) Expansion and Sustainability Grant – one of six states awarded \$3 million per year for 4 years.

SOC Grant Purpose

We will utilize funding to build and expand a comprehensive set of community-based behavioral health services and supports for children and youth with serious emotional disturbances (SED) birth - age 21 and their families.

Geographical Catchment Areas

These regions include four tribal nations: Standing Rock Sioux Tribe, Spirit Lake Nation, Turtle Mountain Band of Chippewa Indians and Mandan Hidatsa Arikara Nation.





Treatment and Recovery Services

- System of Care grant (Federal)
- Voluntary Treatment Program
- Addiction services (SUD Voucher)
- Medicaid 1915(i) State Plan Amendment

System of Care Updates Infrastructure

Milestones

- Completed a SOC Needs Assessment (Spring 2023).
- Completed over 175 virtual and in-person meetings, presentations, and trainings.
 - Prioritizing schools and educational entities, child welfare, juvenile justice, private behavioral health providers, and other community-based entities that serve children with SED.
 - Tribal Nations – monthly engagement with Turtle Mountain, Spirit Lake, and MHA Nation
 - Family-run organizations and individuals with lived experience.
- Established and continue to convene local steering committees in each of the two implementation regions.



System of Care Grant Updates

Services



Increasing Home and Community-Based Services

- Partial Hospitalization Program
 - contract with CHI St. Alexius; aiming to open services 10/1/2024
- Dakota Boys and Girls Ranch PRTF Aftercare
 - piloting as of February 1, 2024; currently supporting aftercare coordination for 7 children
- Enhance Community Connect services for transitional aged youth
- Innovations Institute University of Connecticut School of Social Work/National Wraparound Implementation Center
 - Provide technical assistance, assess system readiness and workforce development and training to implement high fidelity wraparound care coordination for children with SED
- Children's Service Grants
 - Grant opportunity closed 3/8/2023; Awards to be announced within the week

System of Care Grant Updates

Services (cont.)



Parent and Caregiver Peer Support

The State has entered into a contract with Innovations Institute to provide training and technical assistance related to system design and workforce development support for Parent and Caregiver Peer Support and Wraparound services.

Voluntary Treatment Program (VTP)

(June 1, 2023 – current)

The VTP provides out of home treatment 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. Qualified Residential Treatment Providers (QRTPs) and PATH Foster Homes are providers through the VTP.

Budget: 453,424 (expended \$154,456 to date)

Youth served: 3

- 1 pending level of care determination from Maximus Ascend
- 4 pending applications

Residential Addiction Services for Youth

A total of 52 adolescents have been served at Eckert Youth Homes from July 1, 2023 to current.

- Of the total 52 adolescents served, 26 have been billed through the SUD Voucher by Eckert.

Additionally, there have been 4 adolescents served by two other providers (Agassiz Associates- Grand Forks & Evolution Counseling- Devils Lake) and billed through the SUD Voucher from July 1, 2023- current.



Medicaid 1915(i) State Plan Amendment

Enrolled 1915(i) Providers

- Has grown to include eight providers serving all ages.
- Care Coordination for children and youth is now available in every community in North Dakota.
- Additional services such as Supported Education and Family Peer Support are growing into previously unserved areas.

Two school districts have completed their enrollment to provide 1915(i) services (Bismarck and Grand Forks), and a third is in process (Fargo.)

The Central Regional Education Association has also enrolled to provide 1915(i) Care Coordination.

Number of youth served to date

36 individuals under the age of 18 approved

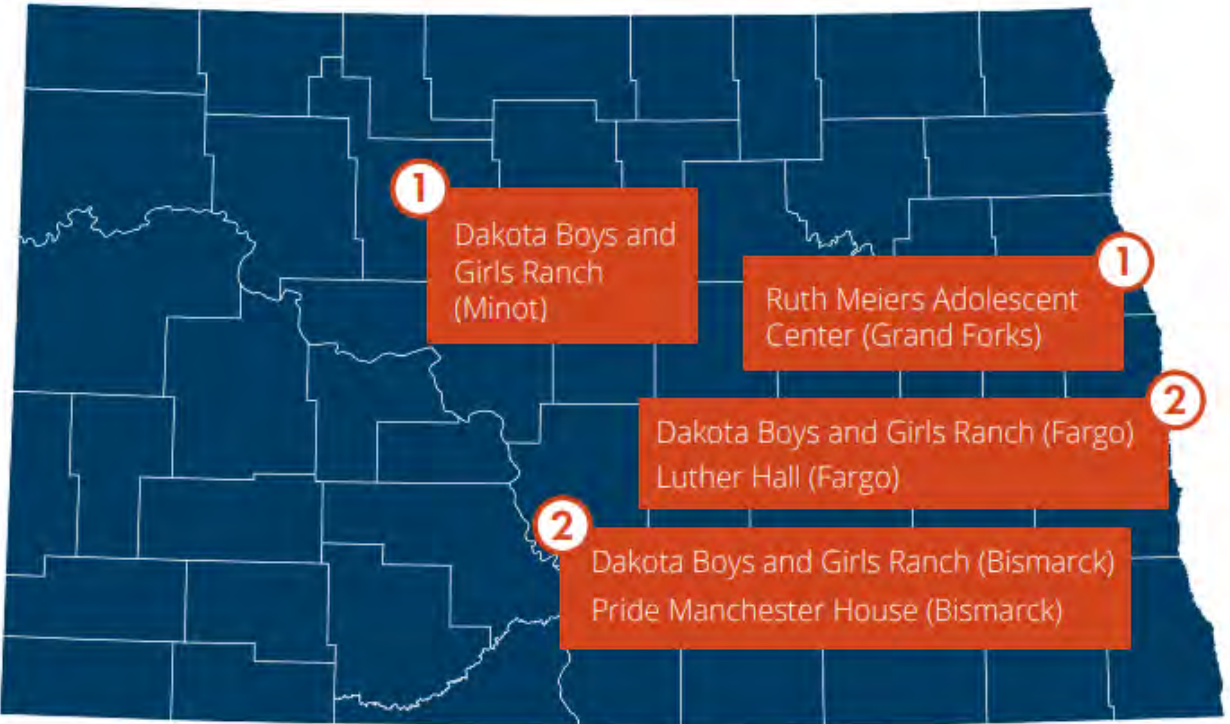


Licensing

- Psychiatric Residential Treatment Facilities (PRTF)
- Substance Use Disorder (SUD) Treatment Facilities

Psychiatric Residential Treatment Facilities for Children Licensure (PRTFs)

LOCATIONS



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

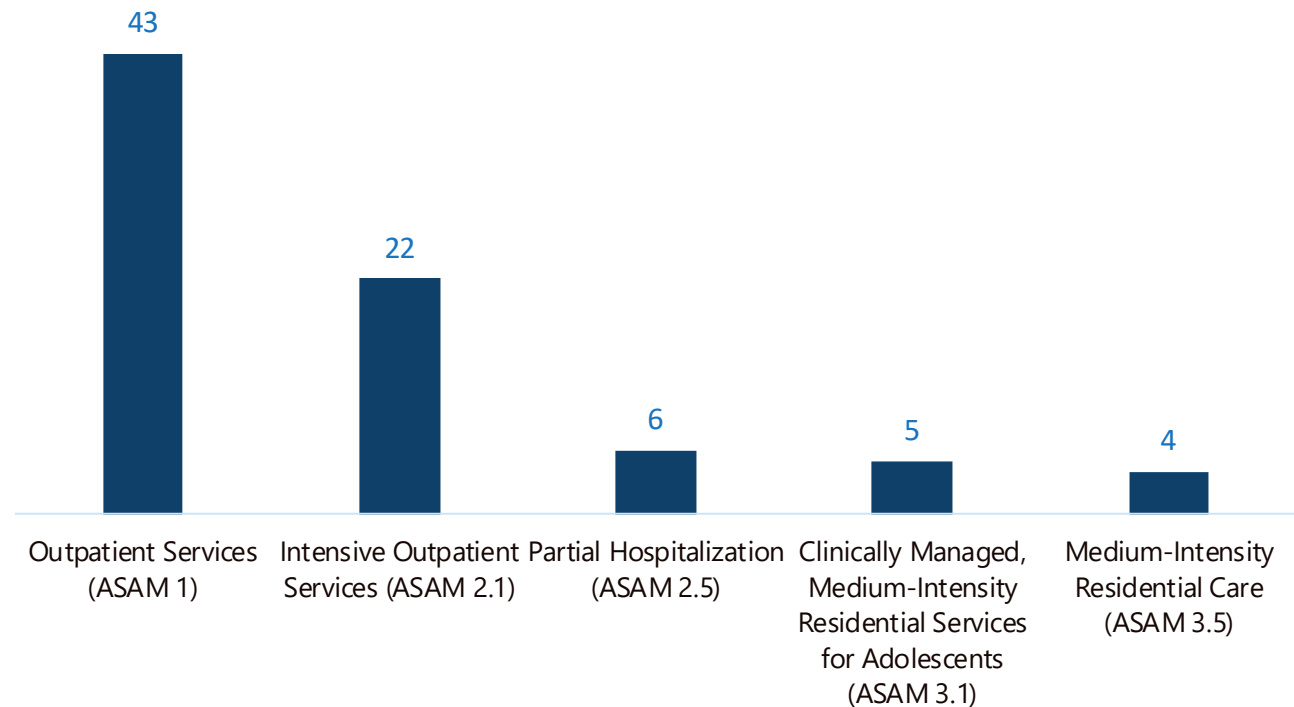
Psychiatric Residential Treatment Facilities for Children (PRTFs) are residential programs that serve children with severe behavioral health needs and who cannot be effectively treated in a less restrictive setting.

Licensing of Substance Use Disorder Treatment Programs

The Department of Health & Human Services, Behavioral Health Division (BHD) is charged establishing quality assurance-standards for the licensure of substance use disorder treatment programs as identified in the North Dakota Century Code 50-06 and North Dakota Century Code 50-31.

- Programs are reviewed every two years for compliance with North Dakota Administrative Code Article 75-09.1.
- Programs are monitored for the health and safety of the clients served.

Number of SUD programs licensed for Adolescent Treatment





Early Intervention

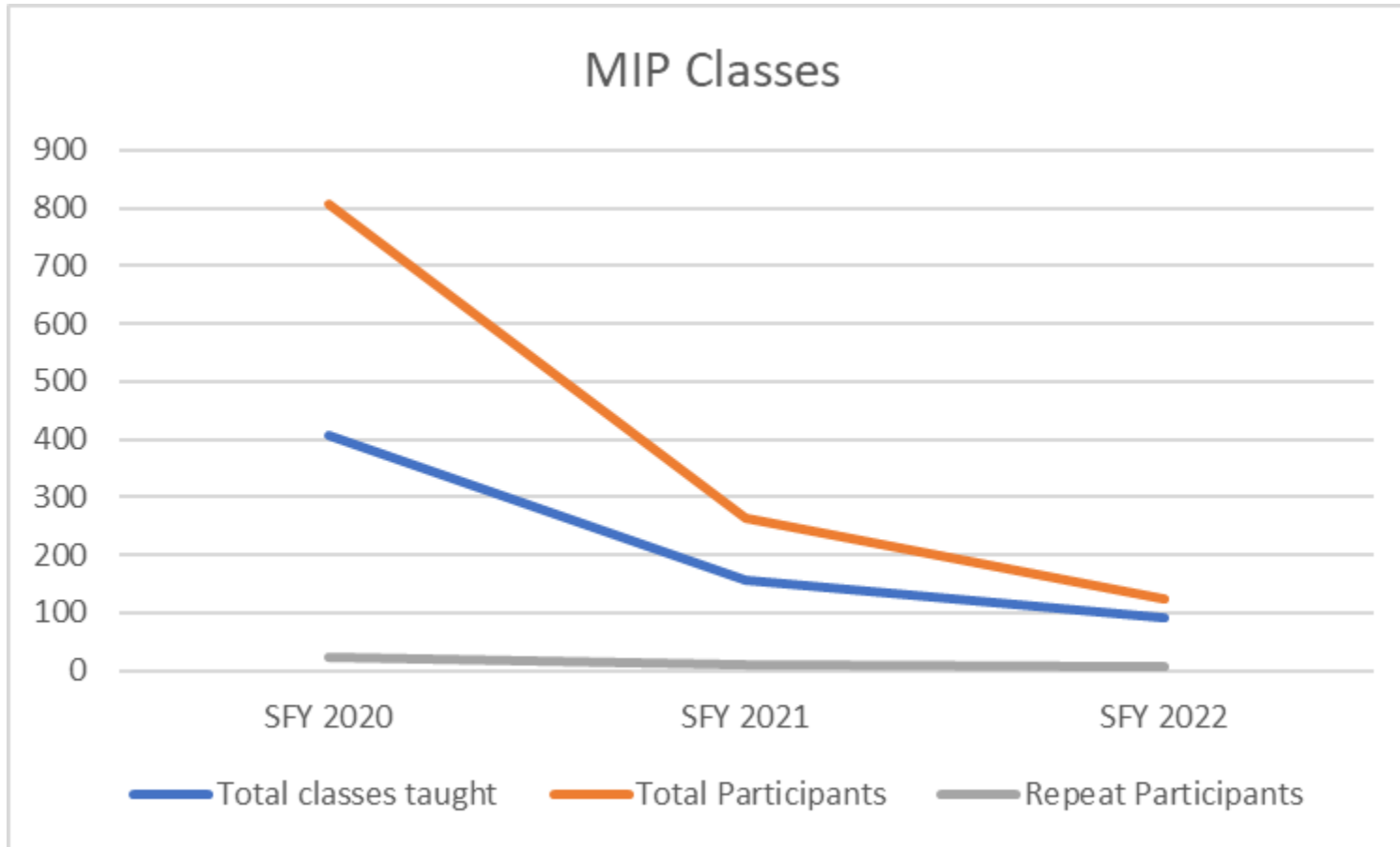
Minor in Possession (MIP) Early Intervention

Early intervention strategies identify individuals at risk for a substance use disorder with the goal to intervene to prevent a substance use disorder from developing.

As of 4/5/2024 there are currently 21 certified MIP instructors statewide

- At least 1 instructor in each of the 8 Human Service Center Regions
- 18 instructors provide the seminar with virtual/online options

Minor in Possession (MIP) Early Intervention



MIP Classes	SFY 2020	SFY 2021*	SFY 2022*
Total classes taught	406	158	92
Total Participants	808	265	124
Repeat Participants	22	9	6

*As of August 1, 2021, ND law changed to not require individuals with a MIP to participate in an early intervention education course provided by a certified provider



Prevention

A photograph of a man and a young girl in a field of tall grass at sunset. The man is wearing a checkered shirt and is holding the girl. The girl is wearing a light-colored dress and has her hand on the man's face. The background is a soft, golden sunset sky.

PARENTS LEAD.ORG

Mission: Support behavioral health of children by providing parents and caregivers with tools, resources and tips based on research and best practice. This is done by focusing on risk and protective factors through prevention methods.



Target Audience

- **North Dakota parents/caregivers** of children birth to young adult
- **Professionals** who are in contact with high-risk parents
- **Communities** sharing our tools within their local areas through different messaging

Key Messages

Behavioral health begins at home.



Look.

It's as simple as just being present with them. By paying attention to their behaviors, understanding their needs and encouraging them during all times it will help build that trusting relationship.



Listen.

One of the most effective ways to promote positive behavioral health in your home is to make sure that you and your children talk.



Love.

Children need to know and feel that they are loved and valued.

Process Measures

Community-level dissemination of program materials (October 2023-current)

- Total number of people reached through public events: 329,762
- Total number of participants through events: 35,783
- Total number of items distributed: 9,534

Parents Lead analytics (Dec 2022-Sep 2023)

- Website users: 90,122
- Campaign impressions: 30.9 million
- Total campaign clicks: 95,800

Outcome Measures

Of parents exposed to Parents Lead, positive outcomes are seen in the four protective factors:

- 72% report having more **conversations** with their child about behavioral health
- 63% are more invested in **monitoring** their children
- 76% report **role modeling** responsible behaviors with their child.
- 64% report spending more **quality time** with their child

2022 Pacific Institute for Research and Evaluation (PIRE) Parents Lead Survey results

Community Substance Use Prevention

Federal Substance Use Prevention, Treatment and Recovery Services Block Grant requires 20% set-aside (approximately \$1,400,000/year) for prevention of substance use and related consequences.

The Behavioral Health Division supports local efforts by funding Local Public Health Units and Tribes.

Data-driven priority includes underage drinking.

- 24 of 32 grantees are focusing on underage drinking, implementing programs that include:
 - Parenting and family management education programs
 - Ongoing classroom and small group education programs
 - Drug-free after school activities such as dances and parties (i.e. after prom, after-graduation)
 - Youth/adult leadership activities and cultural-based events
- From November 2023 – March 2024, total reach for the efforts identified above is 3,905 youth ages 0-20.

Suicide Prevention

Suicide Prevention Community Programming RFP

- Closed 3/27/2024
- Will be awarding up to 6 at \$75,000 each

Suicide prevention efforts integrated into:

- Parents Lead
- Behavioral Health & Education Efforts

988 is a three-digit emergency number for behavioral health crises (launched July 16, 2022)

- Marketing of 988



988 Calls, Chats, Texts August 2022 – December 2023 Demographics by Age						
0-9 years	10-15 years	16-24 years	25-44 years	45-64 years	65 and older	Unknown
10	487	1596	2208	2124	304	389

Children services supported through opioid funding

State Opioid Response Funding (federal grant)

BHD received \$4,000,000 in federal State Opioid Response (SOR) grant funds from September 30, 2023 – September 29, 2024. This funding has supported implementation of opioid efforts across the continuum.

27 Local Public Health Units are funded with SOR to implement community-based strategies. 3 are specifically targeting youth by providing education to school aged children on medication safety practices.

- 32 presentations have been provided to youth with 582 youth educated (September 30, 2023 – March 31, 2024).

Opioid Settlement Funding

BHD was appropriated \$8,000,000 in state opioid settlement funds for the 23-25 biennium.

- \$160,000 of this funding is supporting Valley City Public School to implement the Building Assets Reducing Risk (BARR) program in the Jr/Sr High School serving grades 7-12.
- This program will reach approximately 500 students.



Additional Services & Programs

Mental Health Directory

www.hhs.nd.gov/behavioral-health/directory



Mental Health Program Directory

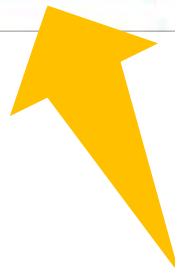
Welcome to the North Dakota Mental Health Directory. This directory is intended to help the citizens of North Dakota locate the mental health programs and services they need. Whether you are a health professional, parent, or individual seeking help, this tool is here to help.

To start, select an option below

All Programs

Adult Programs

Children Programs



170 locations in the Mental Health Program Registry that serve children.

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.

The Behavioral Health Division Policy Team has provided funding to Sanford Research North to:

- Maintain the directory of TF-CBT trained clinicians.
- Continue to provide TF-CBT training with up to six months technical assistance
- Continue to serve as point of contact for all TF-CBT efforts.

2023-2025 Budget: \$200,000

www.tcty-nd.org

Parent to Parent

The Department of Health & Human Services' Behavioral Health Division Policy Team contracts with the ND Federation of Families for Children's Mental Health (NDFFCMH) to administer the Parent to Parent support services program as a statewide collaborative effort with multiple systems to engage, train, educate, and support parents who have children with mental health disorders.

Program responsibilities include:

- Organize and lead support and educational services to parents.
- Collaborate with other private non-profit entities and link to both paid and natural supports.
- Coordinate with existing community-based organizations and programs to maximize benefit, avoid duplication, and leverage, redirect and realign resources.

During the months of July 2023-Feb 2024 Parent to Parent supports provided training and education to 99 families.

2023-2025 budget: \$75,000



CHILDREN & FAMILY SERVICES

Title IV-E Prevention Services

Title IV-E Prevention Service	Number of children that received a prevention service in 2023
Brief Strategic Family Therapy	58
Family Check Up/Everyday Parenting	68 <small>(Services started 3/2023)</small>
Healthy Families	200
Multisystemic Therapy	19 <small>(Services started 5/2023)</small>
Parent-Child Interaction Therapy	91

Child Eligibility: A child must meet the following criteria to apply for Title IV-E eligibility:

- 17 years and under (post-natal);
- Be a US Citizen and North Dakota resident;
- Not in an open foster care program (Exception: A youth who is pregnant or parenting); and
- At risk of out of home placement if preventative services are not offered.

Once the above criteria are met a determination of eligibility is made. Federal guidance defines a Title IV-E eligible child as “a candidate for foster care.”

STATUS 2023	COUNT
Applications for Child Eligibility Received	477
Applications for Child Eligibility Approved	453
Applications for Child Eligibility Denied	24

Out of State Behavioral Health

Both Medicaid and Children & Family Services report zero youth being placed out of state.

Behavioral Health Division

Services for Children

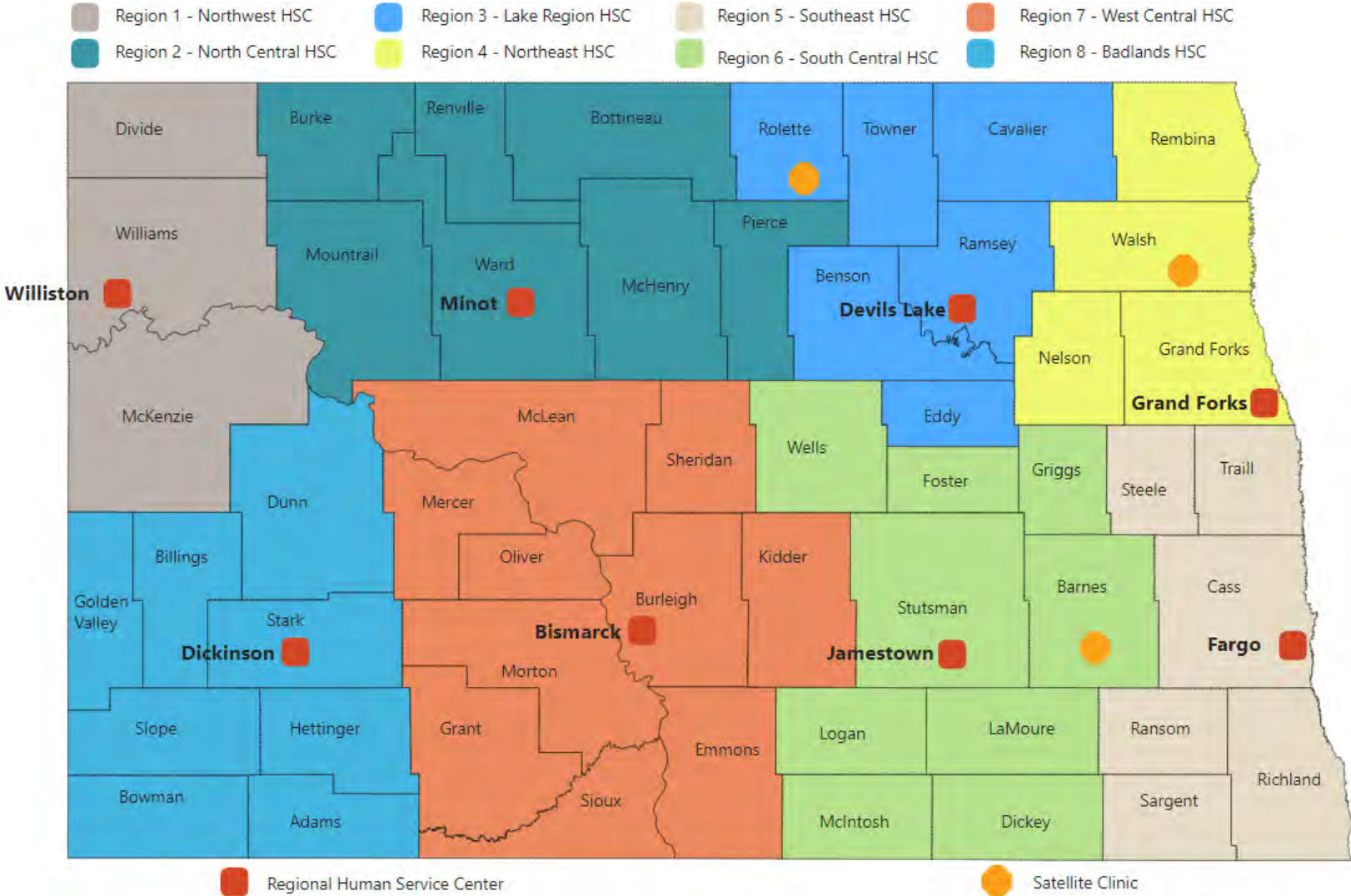
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Human Service Center (Community Behavioral Health Clinics) Service Delivery

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- Program Specific Update
 - Multisystemic Therapy (MST)
 - First Episode Psychosis (FEP)
 - Functional Family Therapy (FFT)

Human Service Centers (Community Behavioral Health Clinics)



Human Service Center

Framework to Guide Service Delivery

Strong Stable Families

- Family Focus in Design
- Maintain family connections
- Improve stability and prevent crises
- Promote and support recovery and well-being

Services Closer to Home

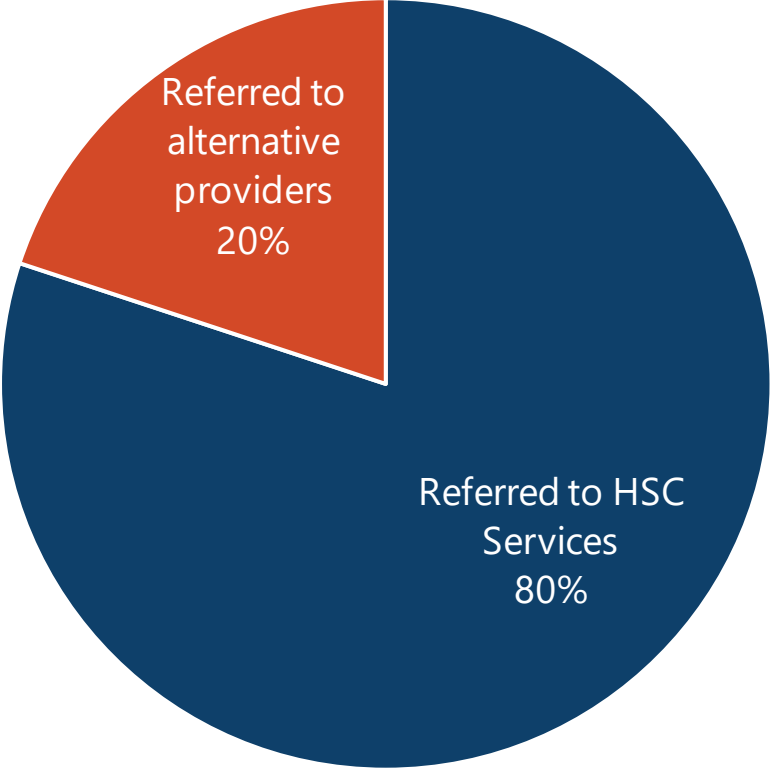
- Provided where it is convenient for individuals/families
- Engagement with schools
- No wrong door
- Focus to keep youth in the community

High Performing Team

- Foster learning and development
- Building Evidence Based Practice availability
- Utilizing outcome data to drive care

Human Service Center Waitlist and Referral Information

Outcome of Youth Clients Assessed for Services
January 2023-December 2023



Currently all regions are accepting new individuals for youth and family services.

Human Service Center Youth Services Overview

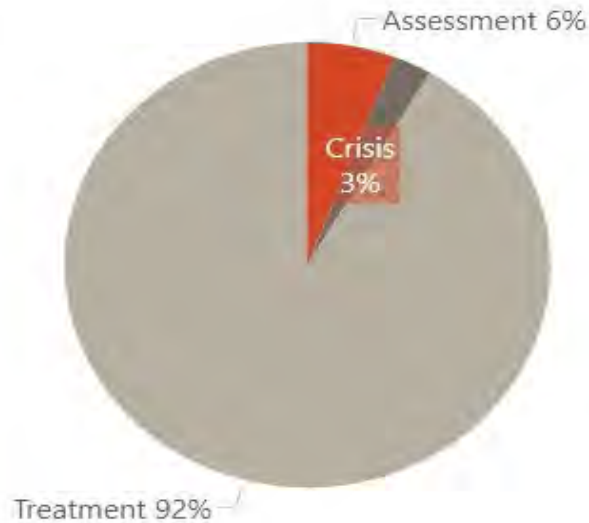
Total Number of Youth
Clients Who Received
Outpatient Services in 2023

1741

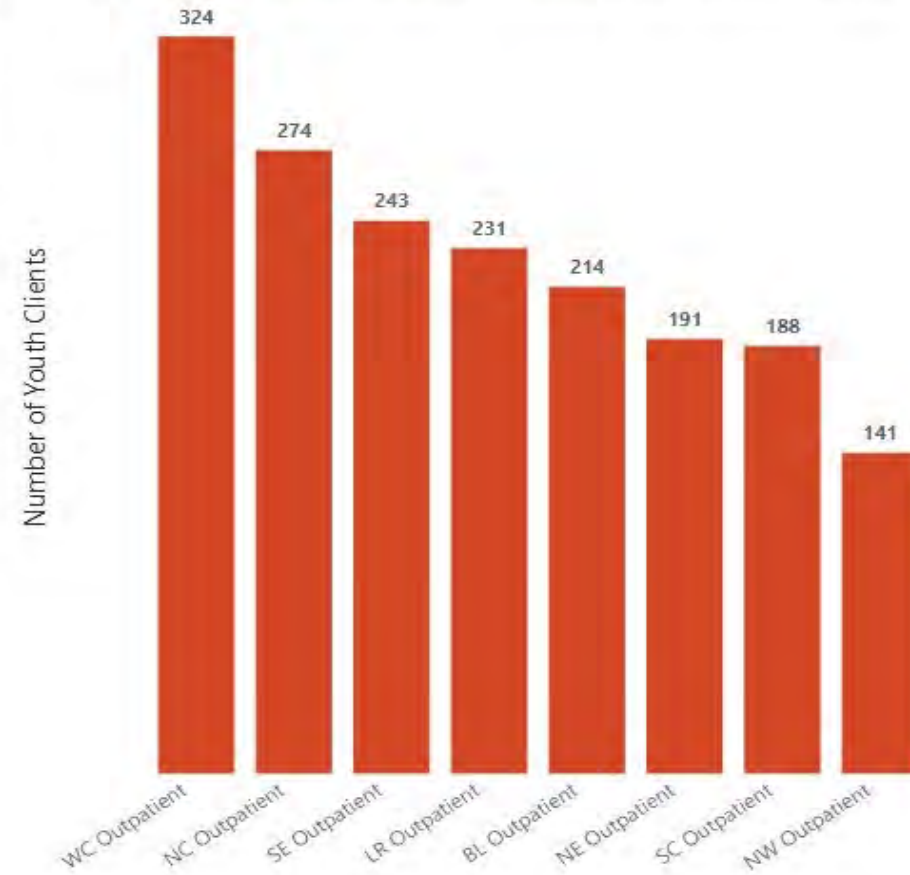
Total Number of HSC
Outpatient Services Provided
to Youth in 2023

38,959

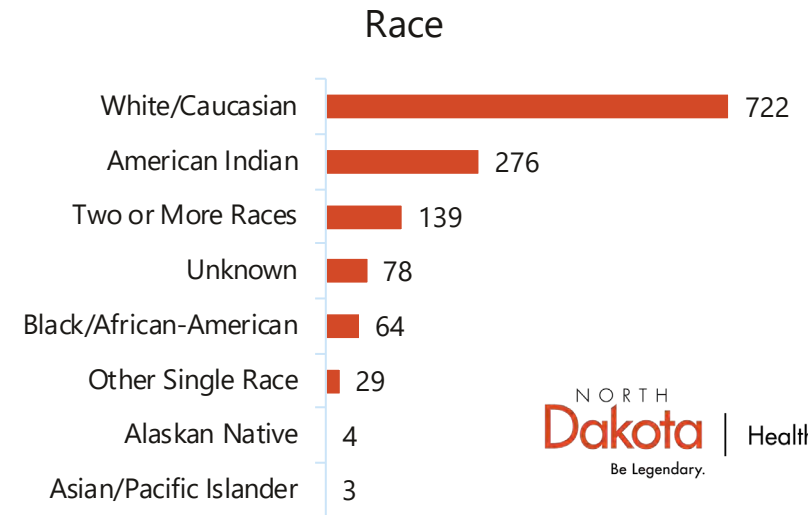
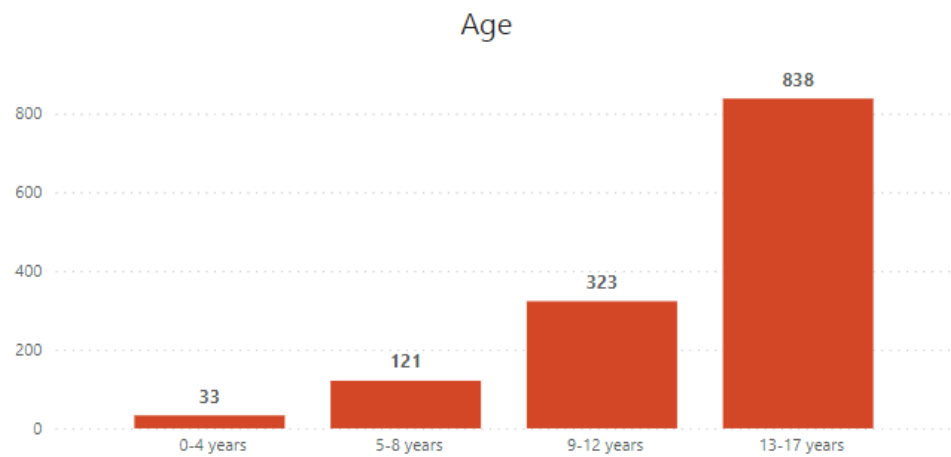
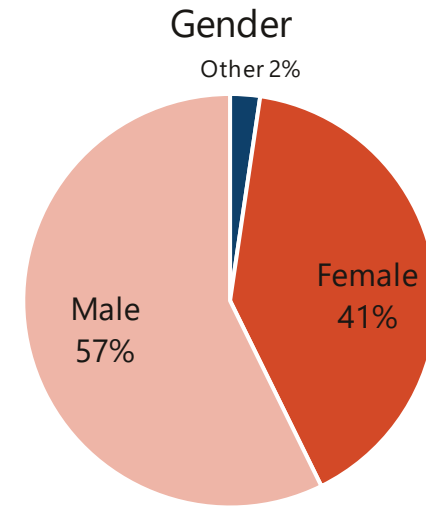
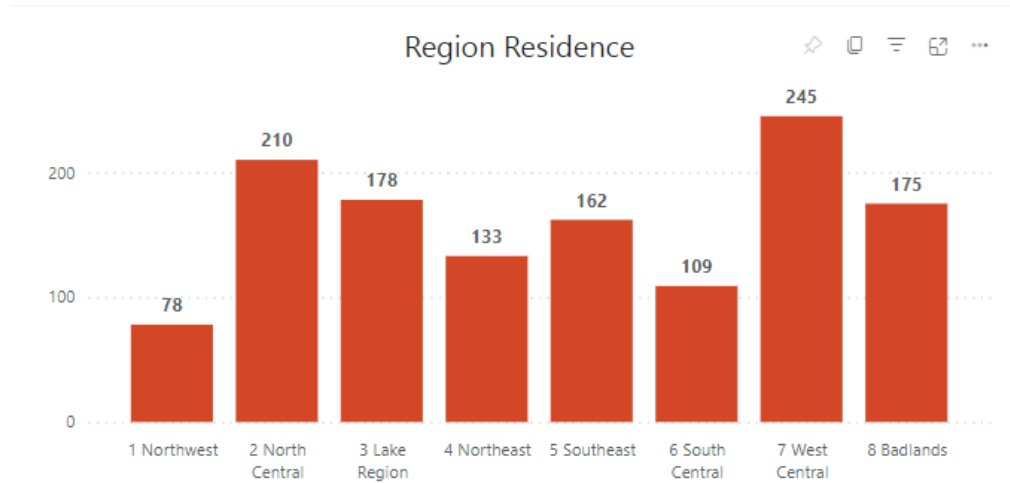
Type of Services Provided to Youth Clients in 2023



Number of Youth Clients Provided Services in 2023

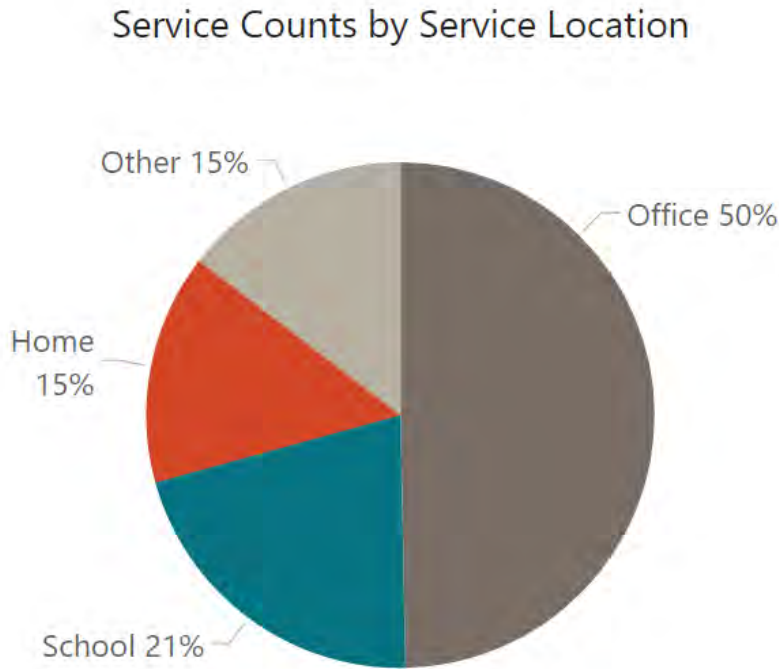


Human Service Center Characteristics of Youth Served

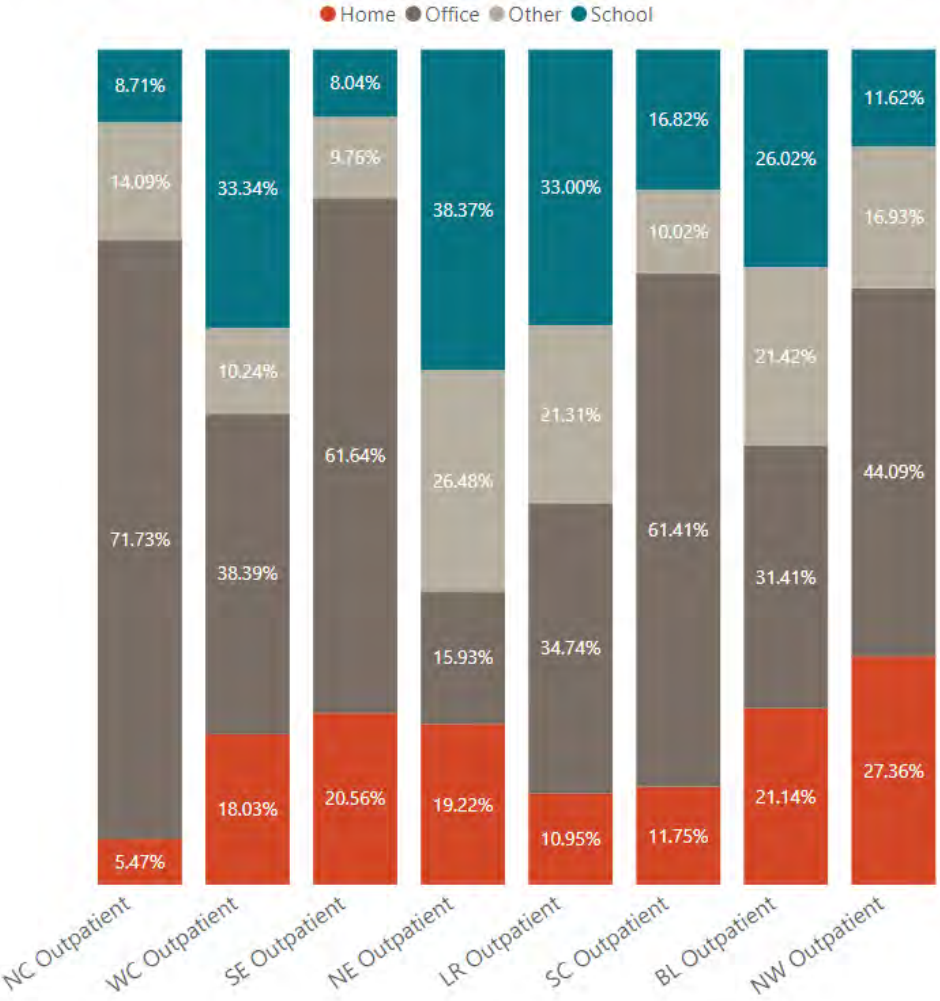


Human Service Center

Location of Services Provided to Youth



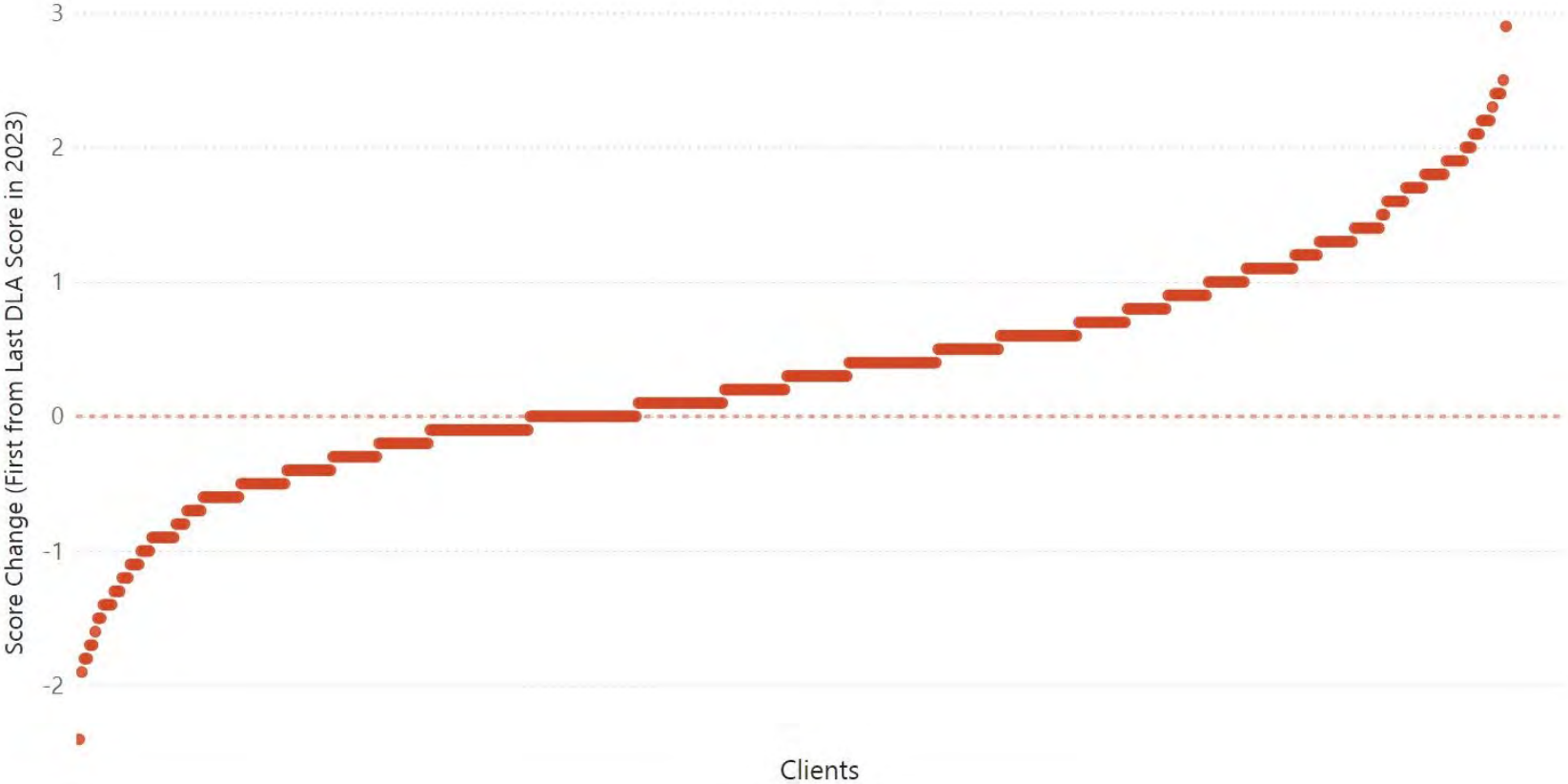
Number of Outpatient Services in 2023 by Service Location



Human Service Center Outcomes Data – Daily Living Assessment

Functional Assessment Outcomes Report (Youth)

January-December 2023

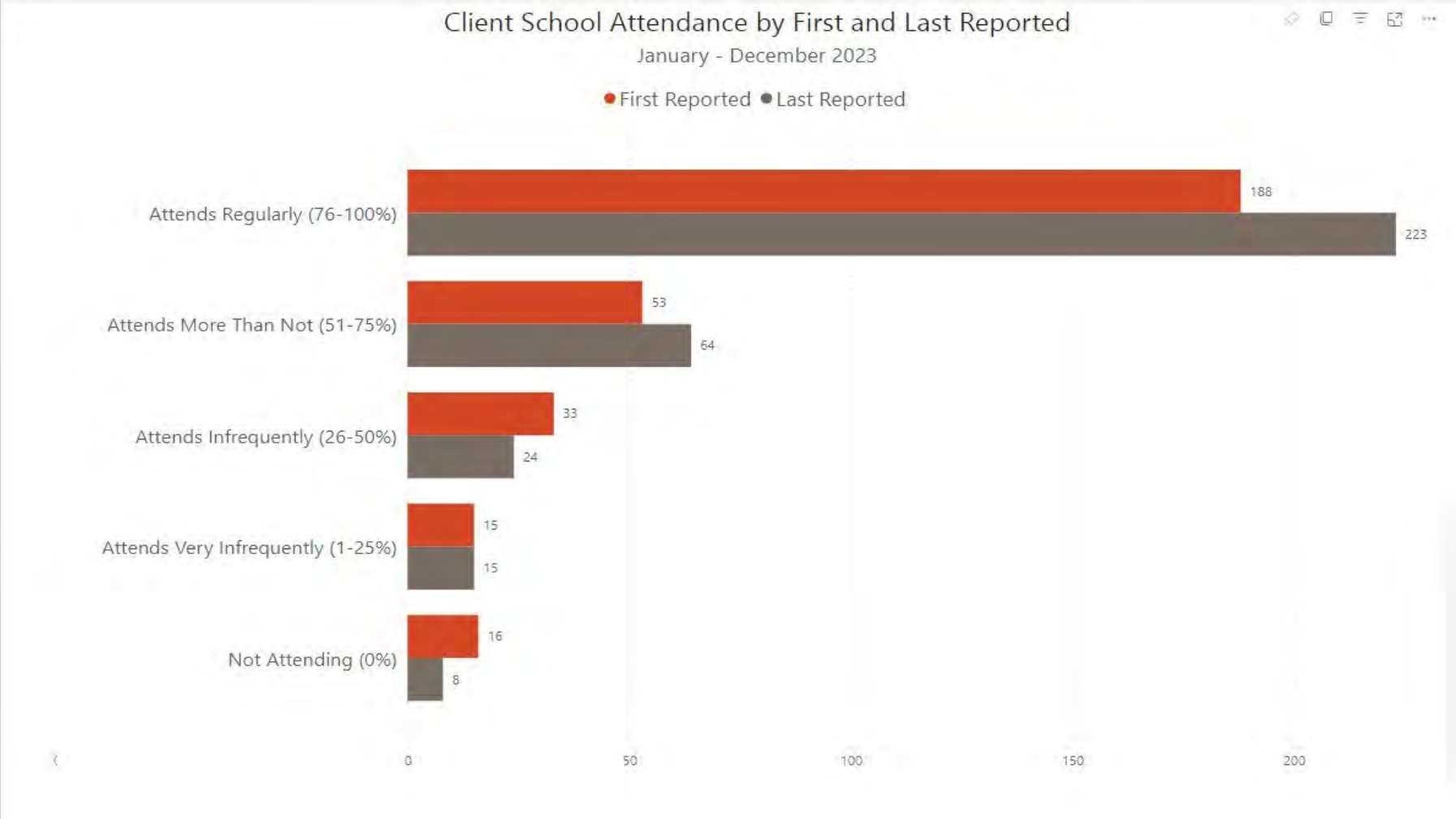


DLA-20 Overview

- Functional assessment to assess functioning in 20 different areas of daily living.
- Examples of the 20 DLAs: coping skills, mental and physical healthcare practices, family relationships, safety, alcohol and drug use.
- Each of these areas are given a number ranking from a 1 (Extreme Impairment) to a 7 (functioning and optimally and independently).

Human Service Center

Outcomes Data – Daily Living Assessment



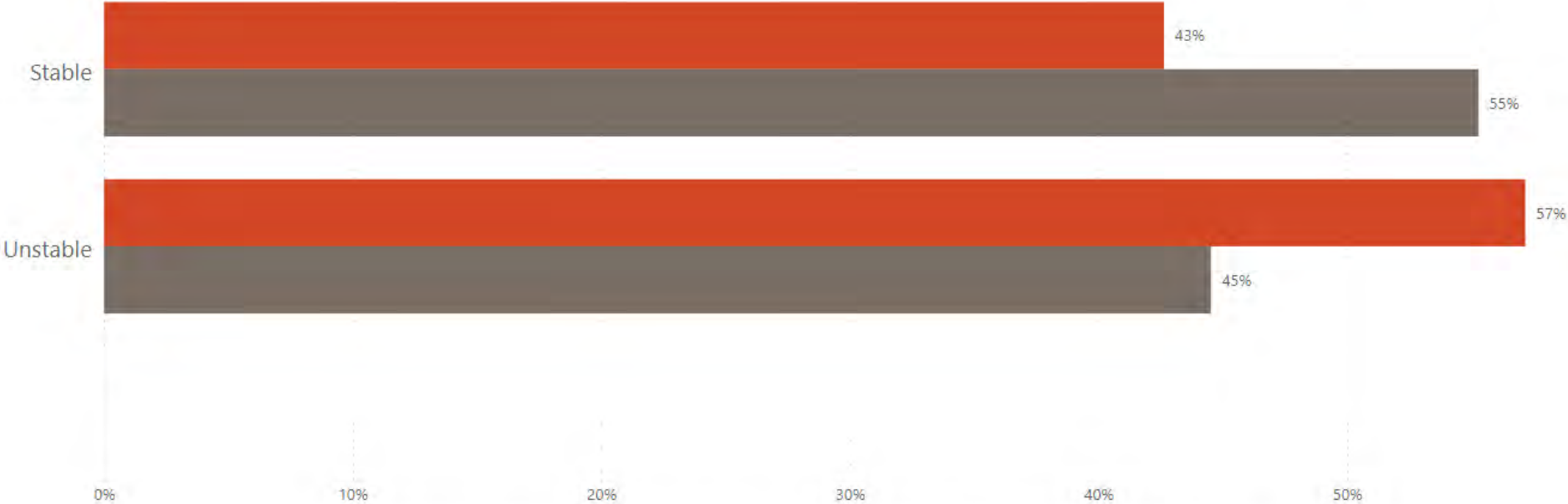
Human Service Center

Outcomes Data – Daily Living Assessment

Youth Client Housing Stability at the Beginning and End of Support*
January - December 2023

● First Reported ● Last Reported

"Stable housing for last 30 days; Contribute to stability in the home (age-appropriate): respect others & property, share chores, involve caretakers in school issues/grades"



*First reported Housing Stability compared to the last reported Housing Stability in 2023 on the Youth DLA-20 Assessment
Youth DLA-20 Domain Score ≥ 4 = Stable; Youth DLA-20 Domain Score ≤ 3 = Unstable

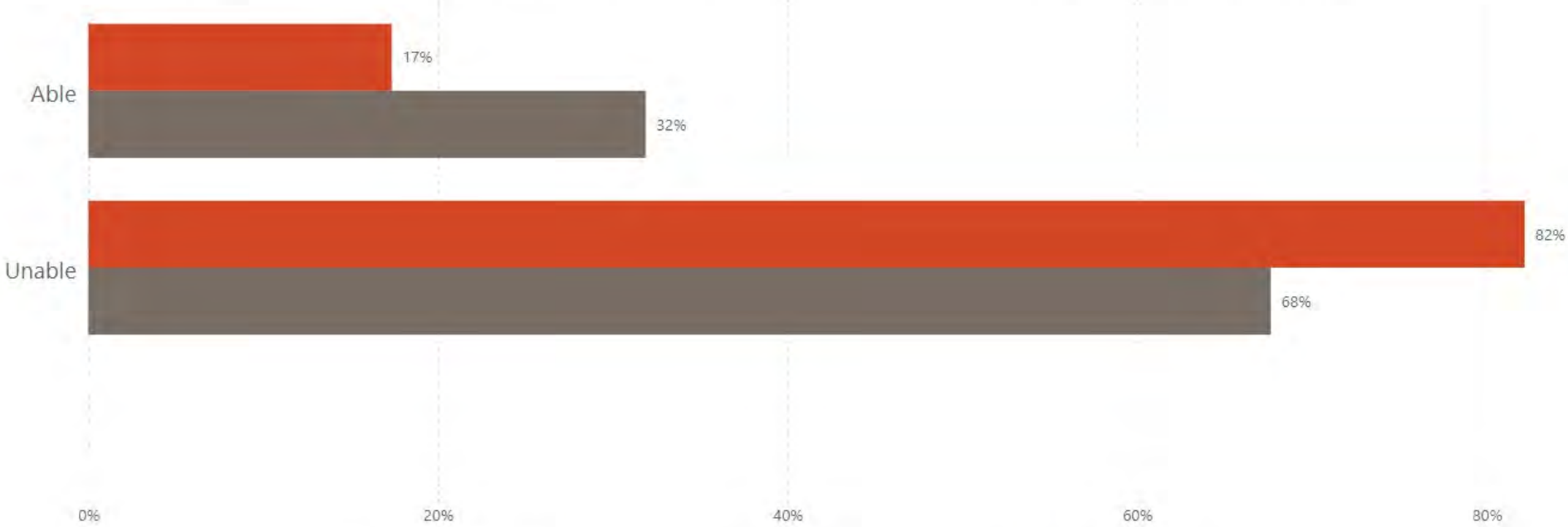
Human Service Center

Outcomes Data – Daily Living Assessment

Youth Client Coping Skills at the Beginning and End of Support*
January - December 2023

● First Reported ● Last Reported

"Accept adult correction without undue arguing, temper outburst; tolerate frustration."



*First reported Coping Skills compared to the last reported Coping Skills in 2023 on the Youth DLA-20 Assessment
Youth DLA-20 Domain Score ≥ 4 = Able; Youth DLA-20 Domain Score ≤ 3 = Unable

Human Service Center

Youth and Family Fidelity-Based Services



- Multi-System Therapy (MST)
 - Southeast Region
- First Episode Psychosis (FEP)
 - Southeast and West Central Region
- Functional Family Therapy (FFT)
 - Coming soon to all regions

Multisystemic Therapy (MST)

Program History in North Dakota

In 1990 MST Services was established to treat youth involved in the Juvenile Justice system.

1990

In 2023, the Southeast clinic adapted their program from MST Psychiatric to Standard MST to access "Families First Preservation Act" Title IV-E funds

2023

Apr. 2018

In April 2018 MST Psychiatric was started in North Dakota.

Currently

MST is under the Behavioral Health, youth and family services umbrella of the Southeast region and is currently the only MST program in North Dakota.

Multisystemic Therapy (MST)

Overview and Outcomes

Population served:

- Youth ages 12-17 and their families (with some exceptions)
- Those at high risk for out of home placement
- Families living in region 5 within 90 miles of Fargo
- Youth with difficulties in school including truancy, academic functioning, behavioral problems
- Youth who engage in substance use, running away, stealing, or non-compliance at home or in the community
- Youth experiencing suicidality or self-harm behaviors
- Youth whose caregivers are willing to engage in family treatment
- Prioritize youth with severe emotional and behavioral disorders, at highest risk for placement, and those where other services have been exhausted

Average Length of Program – 4 months / 120 days

Team Performance Over Time	Jan 1, 2020 - Dec 31, 2020	Jan 1, 2021 - Dec 31, 2021	Jan 1, 2022 - Dec 31, 2022	Jan 1, 2023 - Dec 31, 2023
Ultimate Outcomes Review				
Percent of Youth Living at Home (Target: 90%)	94.74%	88.24%	87.50%	100.00%
Percent of Youth in School/Working (Target: 90%)	63.16%	76.47%	75.00%	100.00%
Percent of Youth With No New Arrests (Target: 90%)	73.68%	70.50%	100.00%	77.78%
Case Closure Data				
Average length of stay in days for youth receiving MST (Target: 120)	140.37	156.82	128.38	135.78
Percent of youth completing treatment (Target: 85%)	94.74%	88.24%	62.50%	100.00%
Percent of youth discharged due to lack of engagement (Target: <5%)	0.00%	0.00%	22.22%	0.00%
Percent of youth placed (Target: <10%)	5.00%	11.11%	11.11%	0.00%

First Episode Psychosis (FEP) *Criteria*

Serving

- ND citizen, aged 16-36 who are suspected or confirmed early psychosis

Typical length of program

- Approximately two years

Goal

- To help improve prognosis of experiencing recovery.

Goals of First Episode Psychosis (FEP)



- To intervene early in the early stages of illness (so reducing duration and intensity of illness)
- To offer more complete treatment (wraparound)
- To promote recovery by improving the course and prognosis of illness.
- Outcomes of model show:
 - Fewer relapses and hospitalizations.
 - Better levels of overall functioning and quality of life
 - Lower costs

First Episode Psychosis (FEP)

Use and Current State-Consumer Level

- 55 individuals have been served since 2022.
- Currently serving:
 - Southeast Region-24 individuals
 - West Central Clinic-5 individuals
- Services being provided:
 - Therapy
 - Case Management
 - Medication Management
 - Peer Support



Functional Family Therapy (FFT)

Overview

- Evidence based intervention for youth ages 10-18
- Serves high risk youth with mental health and substance use disorders.
- Little to no waitlist and short treatment duration (3 to 5 months)

Current Status

- Introductory training provided to all staff
- Twenty positions being advertised to implement programming in all regions
- Goal to have at least two teams established by end of 2024 and teams in remaining regions by end of 2025.



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