

— NORTH DAKOTA —  
**BEHAVIORAL**  
**HEALTH**

Pamela Sagness  
Director, Behavioral Health Division



# What is Behavioral Health?

Preventing and treating depression and anxiety

Preventing and treating substance abuse or other addictions

Supporting recovery

Creating healthy communities

Promoting overall well-being

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

By 2020, mental health and substance use disorders will surpass all physical diseases as a major cause of disability worldwide.

SAMHSA



Persons with **behavioral health disorders** die, on average, about *5 years earlier* than persons without these disorders.

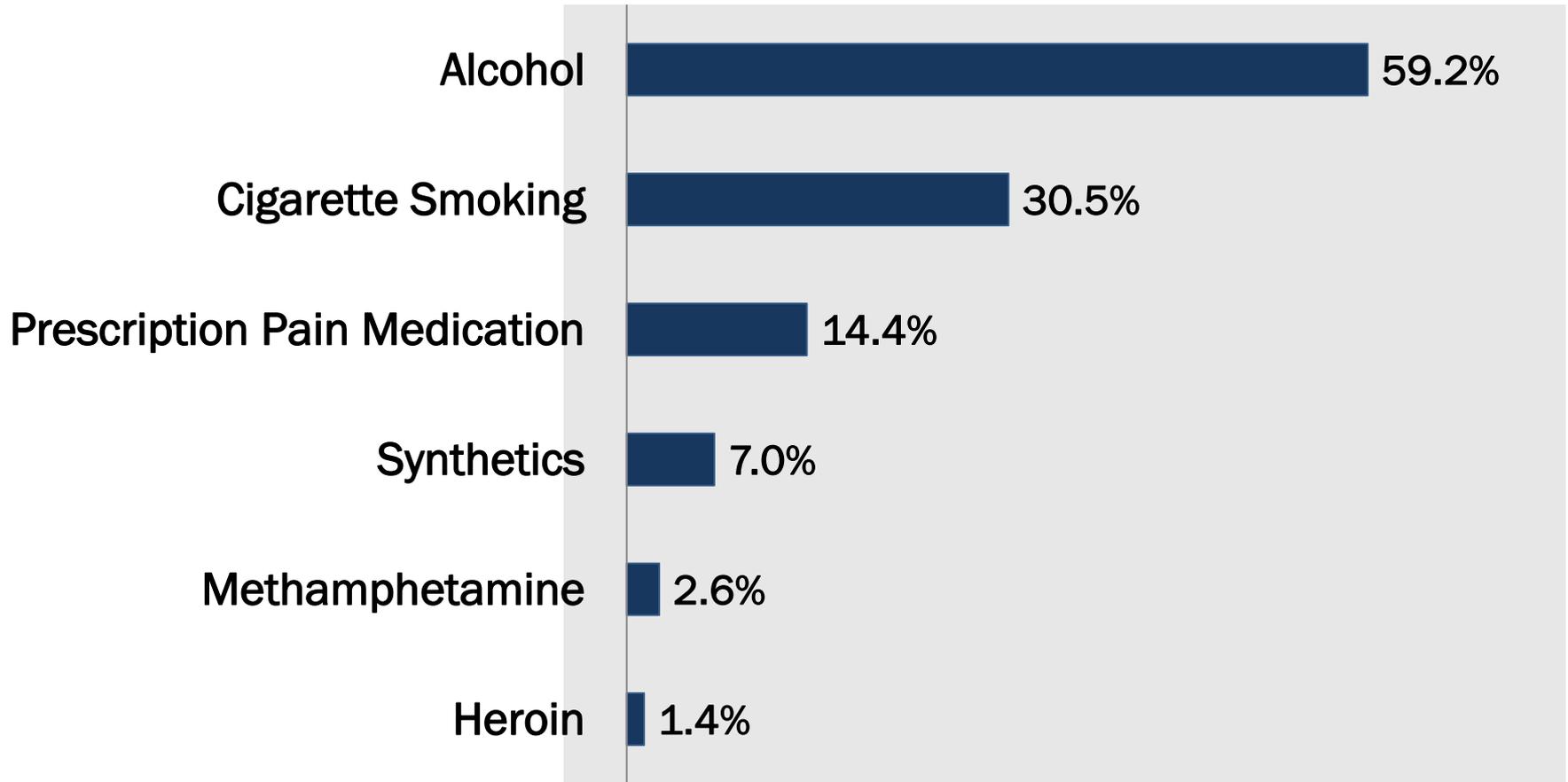
Persons with **serious mental illness (SMI)** are now dying *25 years earlier* than the general population.

(Druss BG, et al. Understanding Excess Mortality in Persons With Mental Illness: 17-Year Follow Up of a Nationally Representative US Survey. Medical Care 2011; 49(6), 599–604.)



## Reported LIFETIME Use Among ND High School Students

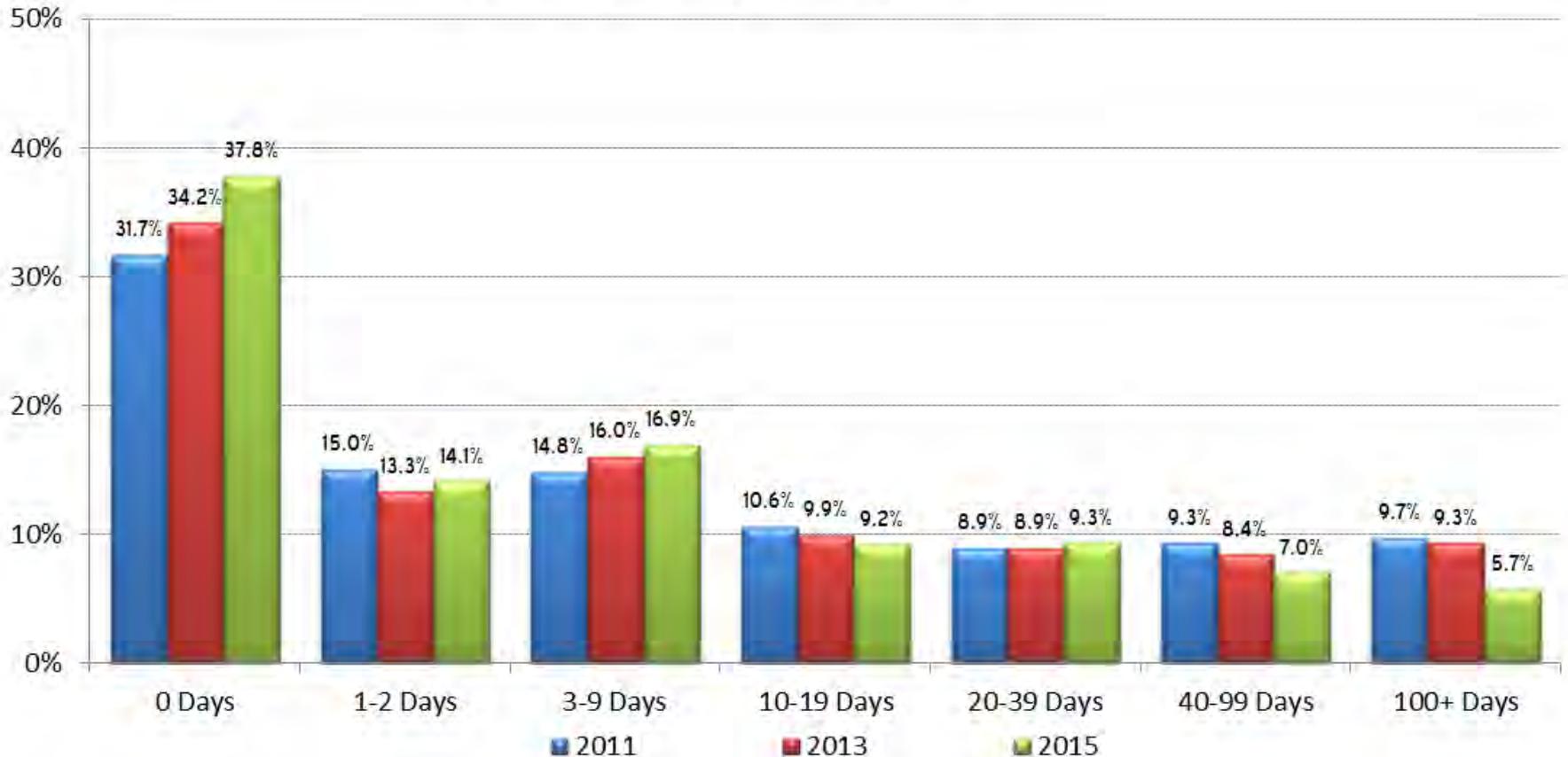
2017 YRBS



In 2009 (the last time the question was asked), lifetime use of **MARIJUANA** among ND high school students was 30.7%

# Substance Use Prevalence

Alcohol Lifetime Use, ND YRBS



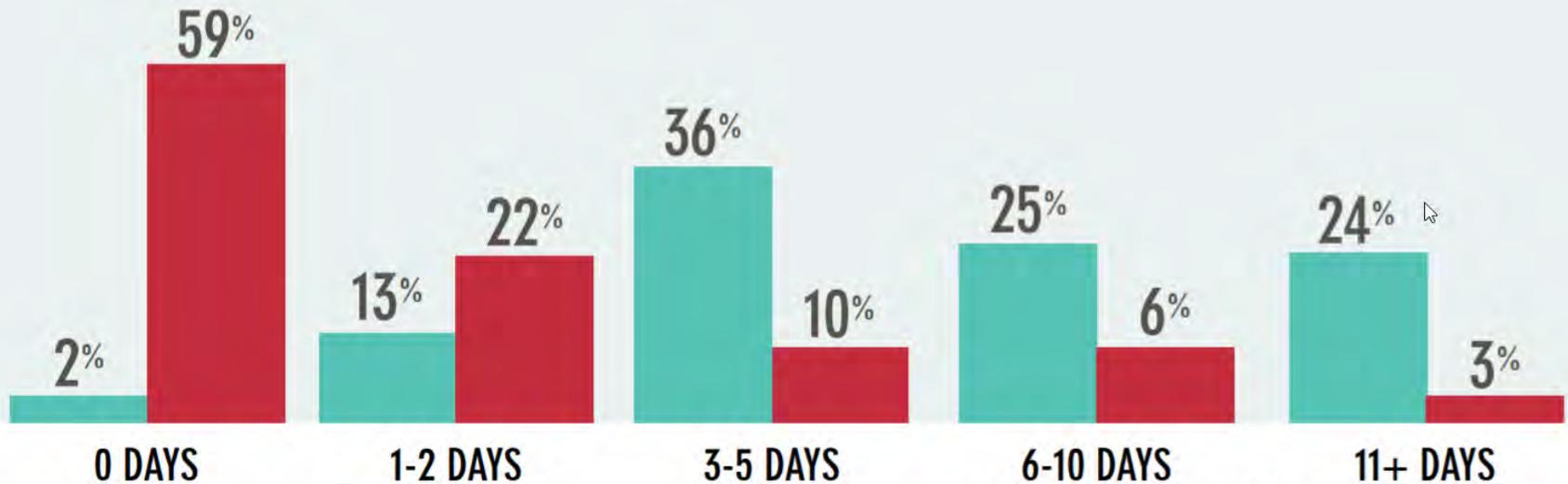
Number of days students report consuming alcohol in their lifetime.

A significant misperception is revealed when perceptions of how frequently peers binge drinking are compared to actual binge drinking rates.

ND Young Adult Survey, 2016

## PERCEIVED VERSUS ACTUAL BINGE\* DRINKING BEHAVIOR AMONG YOUNG ADULTS

(Number of days in past 30 days)

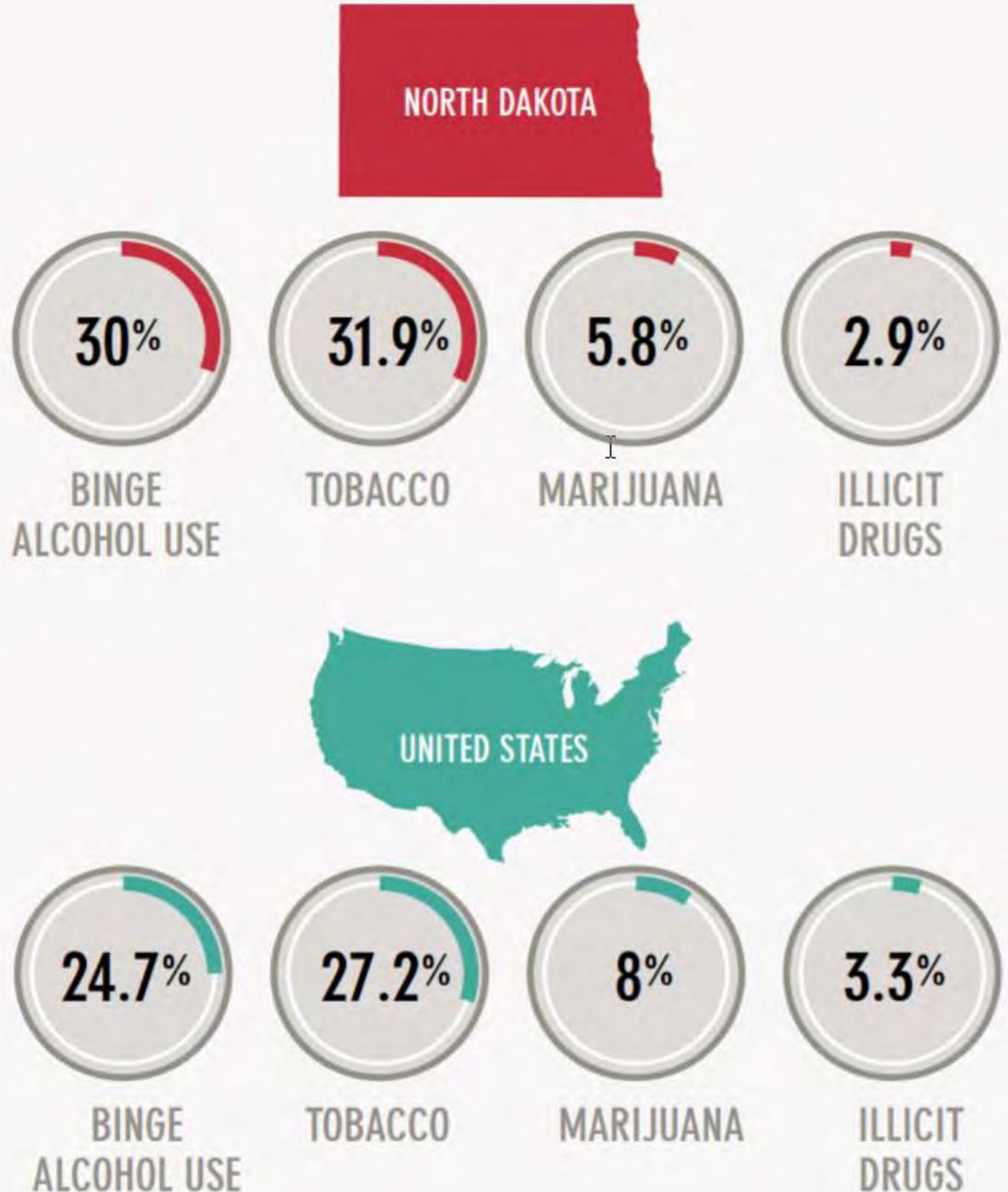


\*5 or more drinks on an occasion or in a row

 Perceived peer use  Actual use

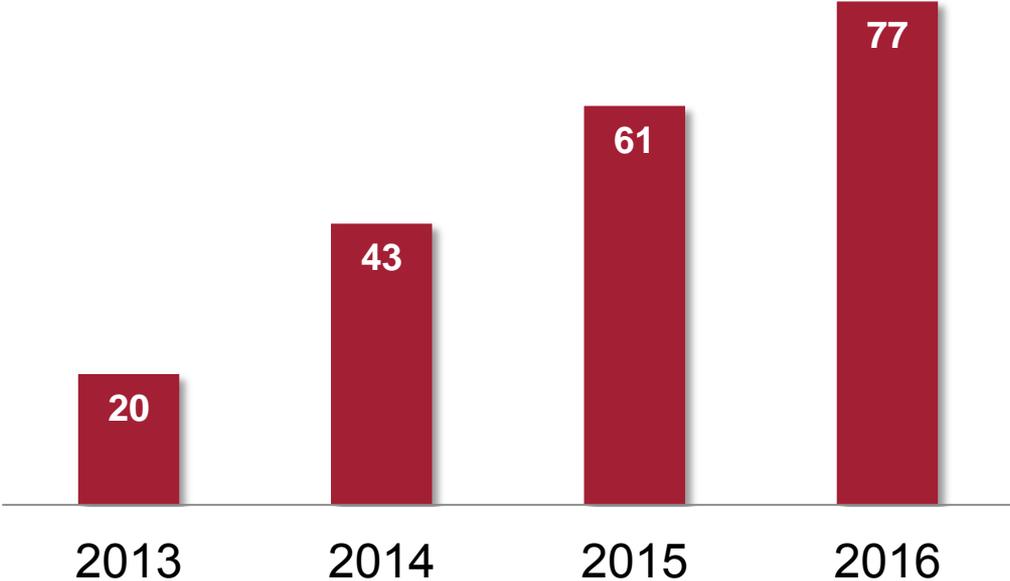
# Adults Age 18 and Older Past 30-Day Substance Use

*National Survey on Drug Use and Health*



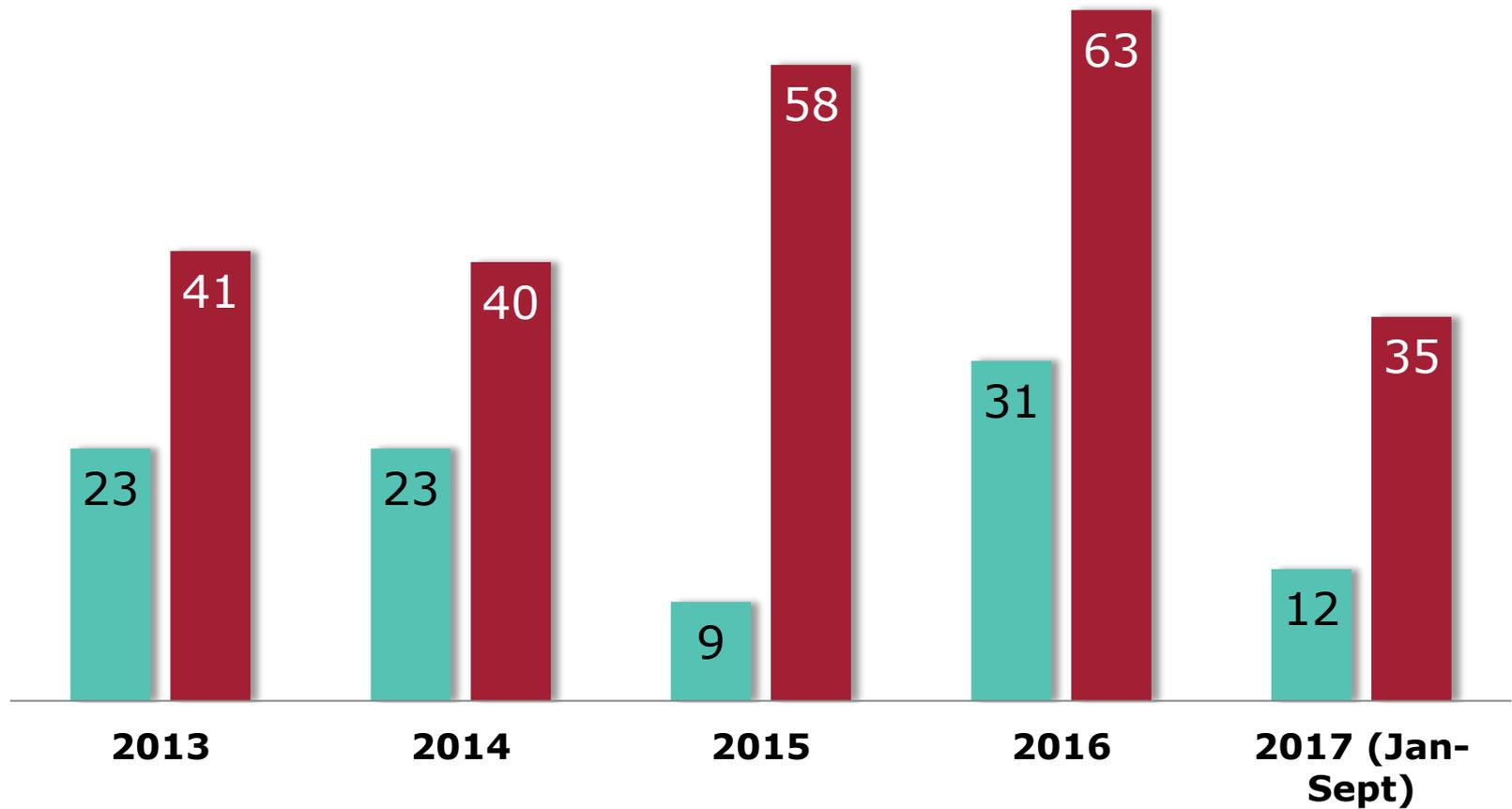
# OPIOID OVERDOSE

## Deaths in North Dakota



# OPIOID AND ALCOHOL DEATHS - CASS COUNTY

■ Opioid-related Deaths





“Compared to national averages, North Dakota fares well on most indicators of physical and behavioral health. One exception to this is **alcohol use**; North Dakota ranks much higher than the national average in excessive drinking and alcohol-related motor vehicle crash deaths.”

ND Behavioral Health System Study 2018

# North Dakota Prevention Priorities



**Underage Drinking**



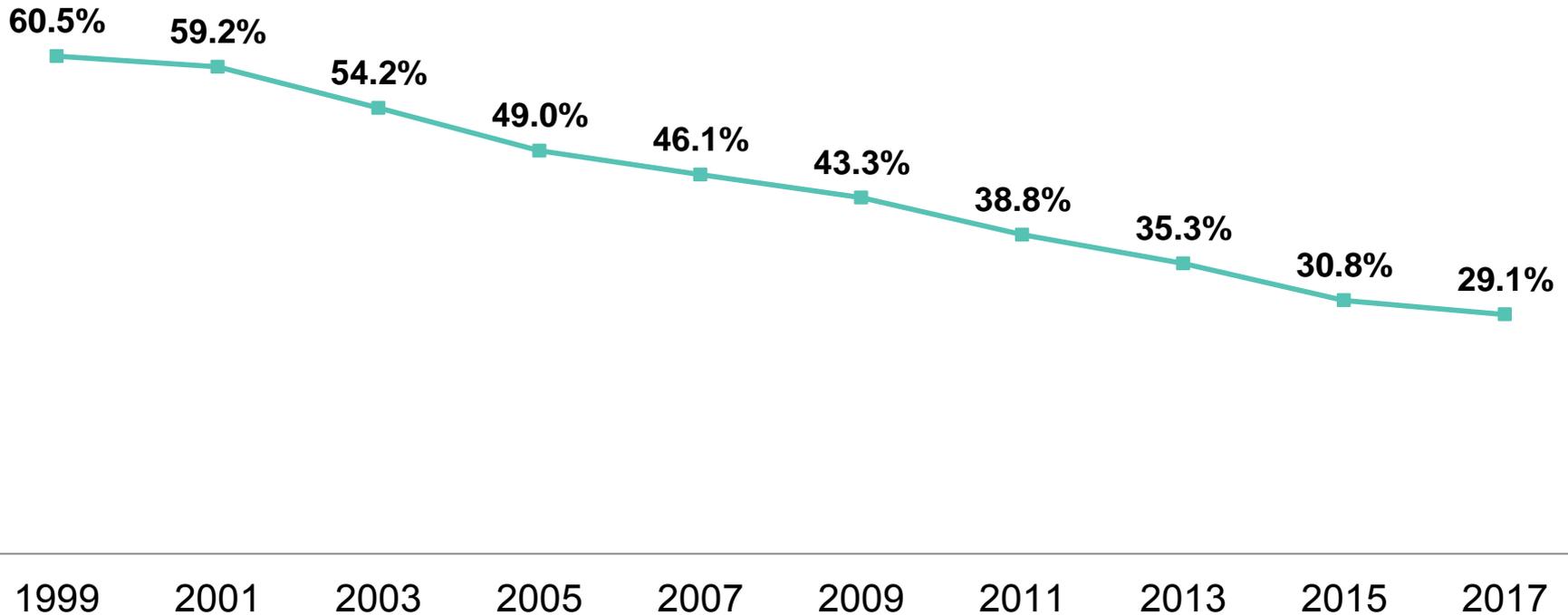
**Adult Binge Drinking**



**Prescription Drug / Opioid Abuse**

# PREVENTION WORKS

Current Alcohol Use (past 30 days) among ND High School Students



Youth Risk Behavior Survey

## Age of Initiation

The percentage of ND HS students who report *having their first drink before age 13* has decreased from 32.3% in 1995 to 14.5% in 2017. (YRBS)

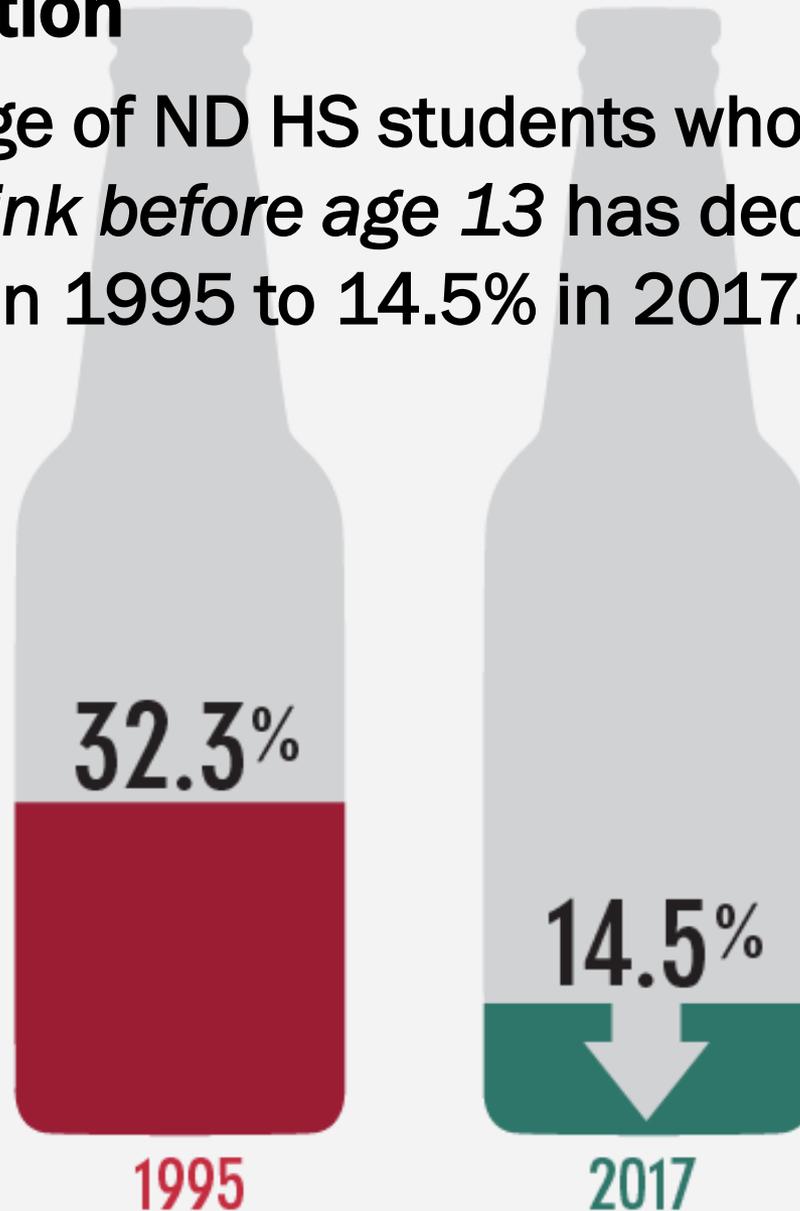
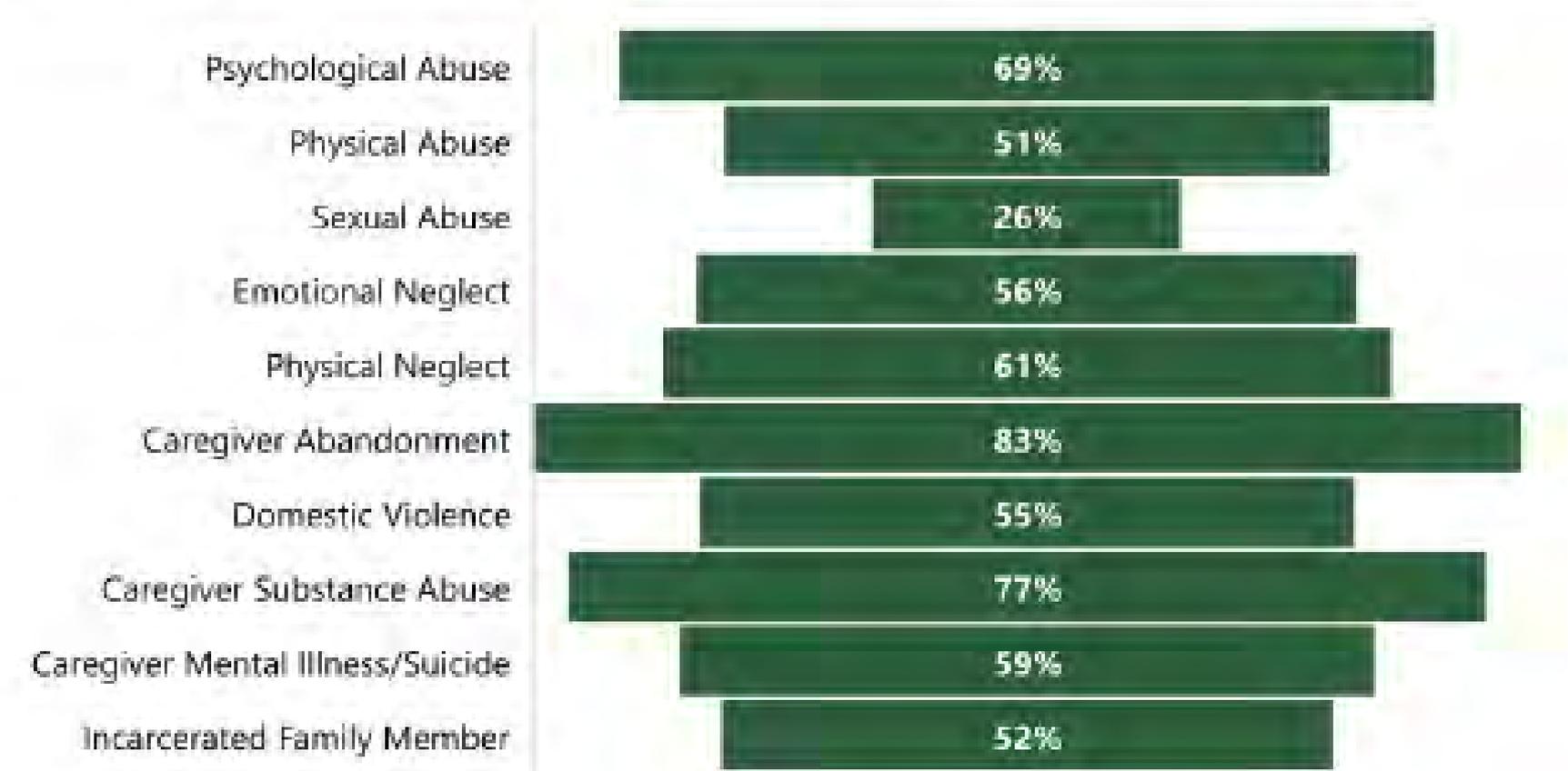


Figure 19

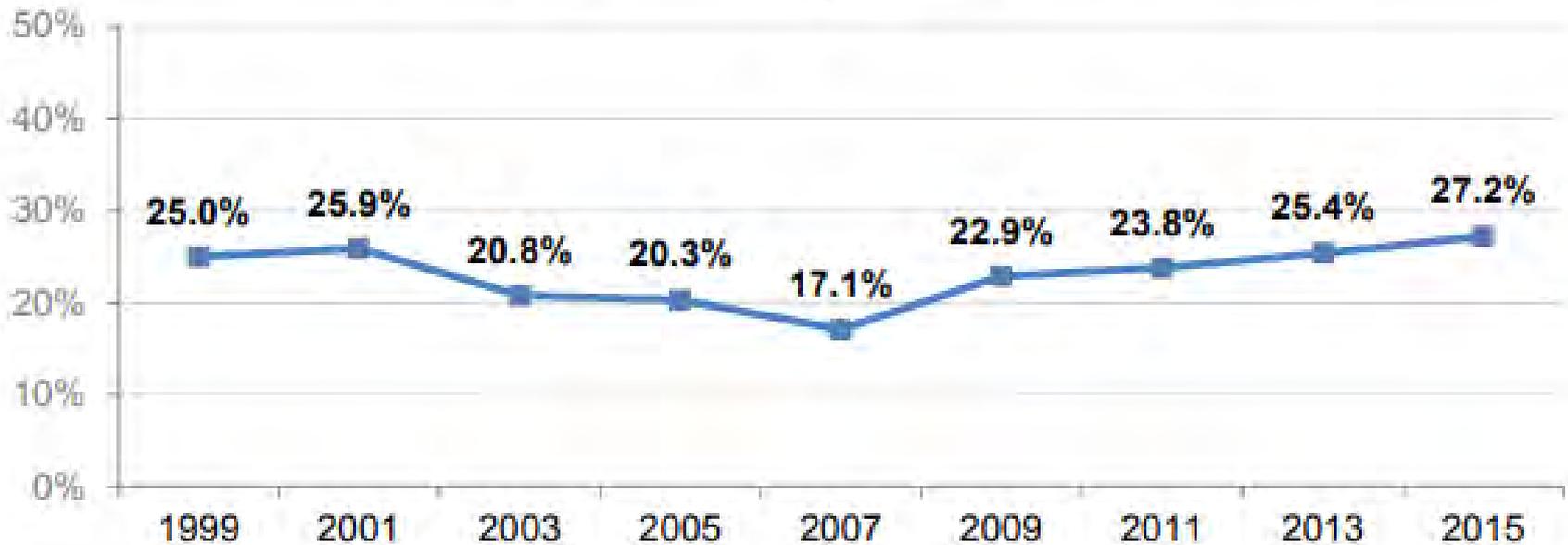
A high proportion of foster care children and youth admitted in 2016 and 2017 had indicated **adverse childhood events**.



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

**ND High School Students reported feeling sad or hopeless**  
*(almost every day for 2 or more weeks in a row so that they stopped doing some usual activities during the last 12 months)*

YRBS



### ND High School Students - Suicide YRBS



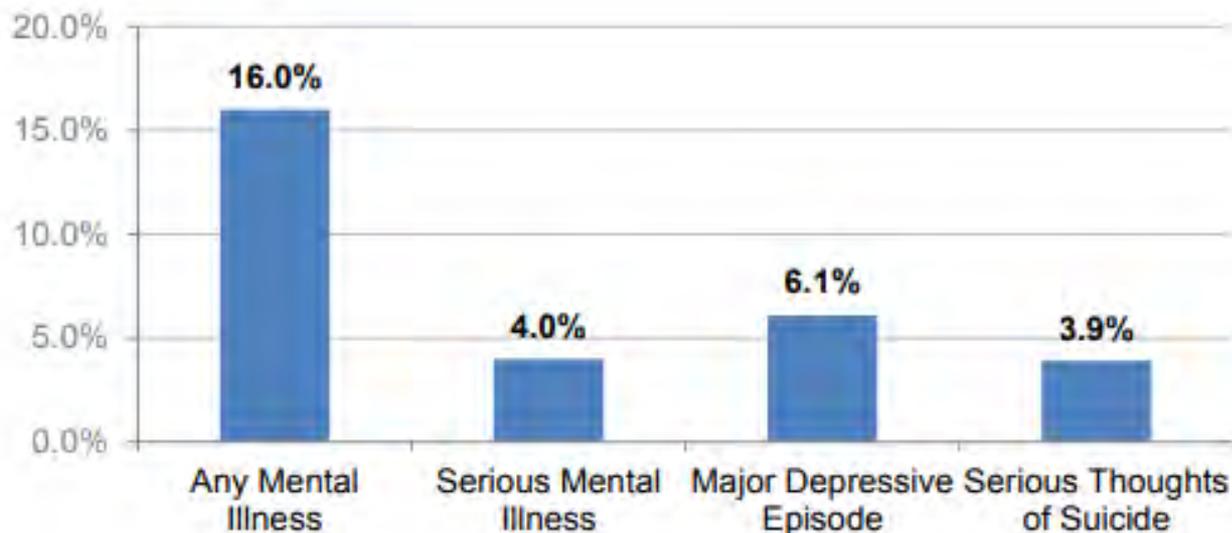
## Adult Mental Health

Approximately one in three (31.2%) ND adults report their mental health (including stress, depression, and problems with emotions) was not good on at least one day within the past 30 days. Similarly, one in three (33.9%) report poor physical or mental health kept them from doing their normal usual activities, such as self-care, work or recreation (within the past 30 days).<sup>24</sup>

Approximately 17% of ND adults report they have been told at some time in their life that they have a depressive disorder (including depression, major or minor depression and dysthymia).<sup>25</sup> And, an estimated six percent of ND adults (ages 18 and older) have experienced a major depressive episode in the past year.<sup>26</sup>

### Reported Mental Illness within the Past Year among ND Adults ages 18 and older

*National Survey on Drug Use and Health, 2013 and 2014*



# DATA RESOURCE

**WHAT'S HAPPENING  
IN YOUR REGION?**

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**SUND.ND.GOV**

SUBSTANCE USE DATA AT YOUR FINGERTIPS.

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[By Substance](#)

[By Location](#)

[By Demographic](#)

[About Us](#)

Select an Option to the  
Right to Start Viewing  
Data 

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## By Substance

### Substance Type

[Alcohol](#)  
[Tobacco](#)  
[Marijuana](#)  
[Prescription Drugs](#)  
[Other Drugs](#)

## By Location

### National / North Dakota

[North Dakota](#)  
[United States](#)

### Regional

[View Regional Map](#)

[Northwest](#)  
[North Central](#)  
[Lake Region](#)  
[Northeast](#)  
[Southeast](#)  
[South Central](#)  
[West Central](#)  
[Badlands](#)

## By Demographic

[Adult](#)  
[Youth](#)

### Grade

[Middle School](#)  
[High School](#)  
[University](#)

### Age

<a href="#">12+</a>	
<a href="#">12-17</a>	<a href="#">&lt;18</a>
<a href="#">12-20</a>	<a href="#">18-24</a>
<a href="#">18-25</a>	<a href="#">18+</a>
<a href="#">25-34</a>	<a href="#">26+</a>
<a href="#">35-44</a>	<a href="#">45-54</a>
<a href="#">55-64</a>	<a href="#">65+</a>

# **EFFECTIVE CHILDREN'S BEHAVIORAL HEALTH SYSTEM**



# CORE VALUES:

Community-based

Family-driven

Youth-guided

Culturally and linguistically competent



# KEY PRINCIPLES

Multi-system collaboration

Integration

Least restrictive

Resist criminalizing

Broad array of services and supports

Accessible (timely)

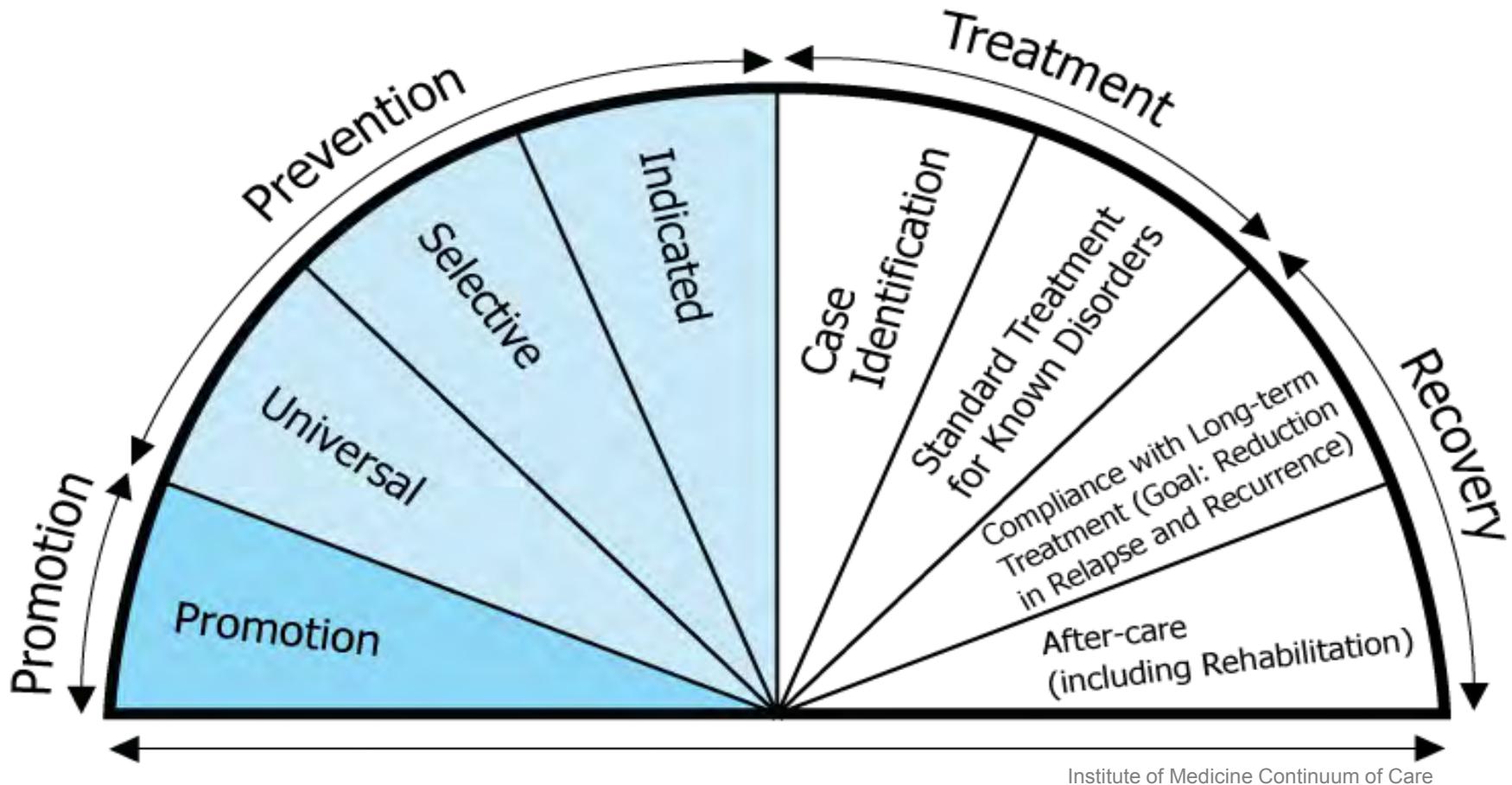
Quality (effective, show outcome)

Tailored to youth and family

Strengths based

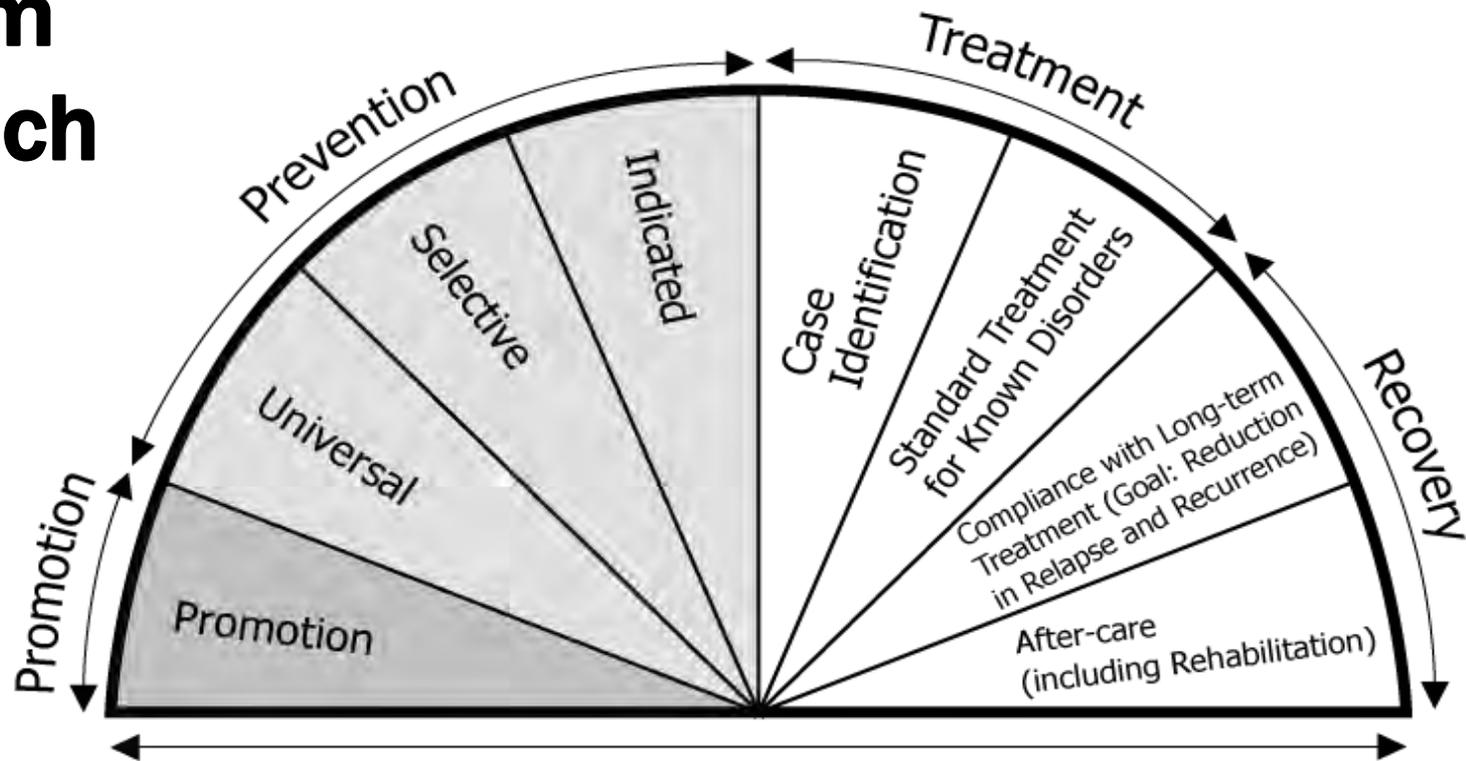


# Behavioral Health Continuum of Care Model



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.

# System Approach



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

← **READINESS & SOCIAL DETERMINANTS OF HEALTH** →

# North Dakota Behavioral Health System Study

Bevin Croft, MPP, PhD  
Human Services Research Institute



# Study Aims

**1**

**Conduct an in-depth review of North Dakota's behavioral health system**

**2**

**Analyze current utilization and expenditure patterns by payer source**

**3**

**Provide actionable recommendations for enhancing the integration, cost-effectiveness and recovery orientation of the system to effectively meet community needs**

**4**

**Establish strategies for implementing recommendations**

# Data Sources

## Document Review

Gather and synthesize existing reports, white papers, and other material relevant to study aims

## Stakeholder Interviews

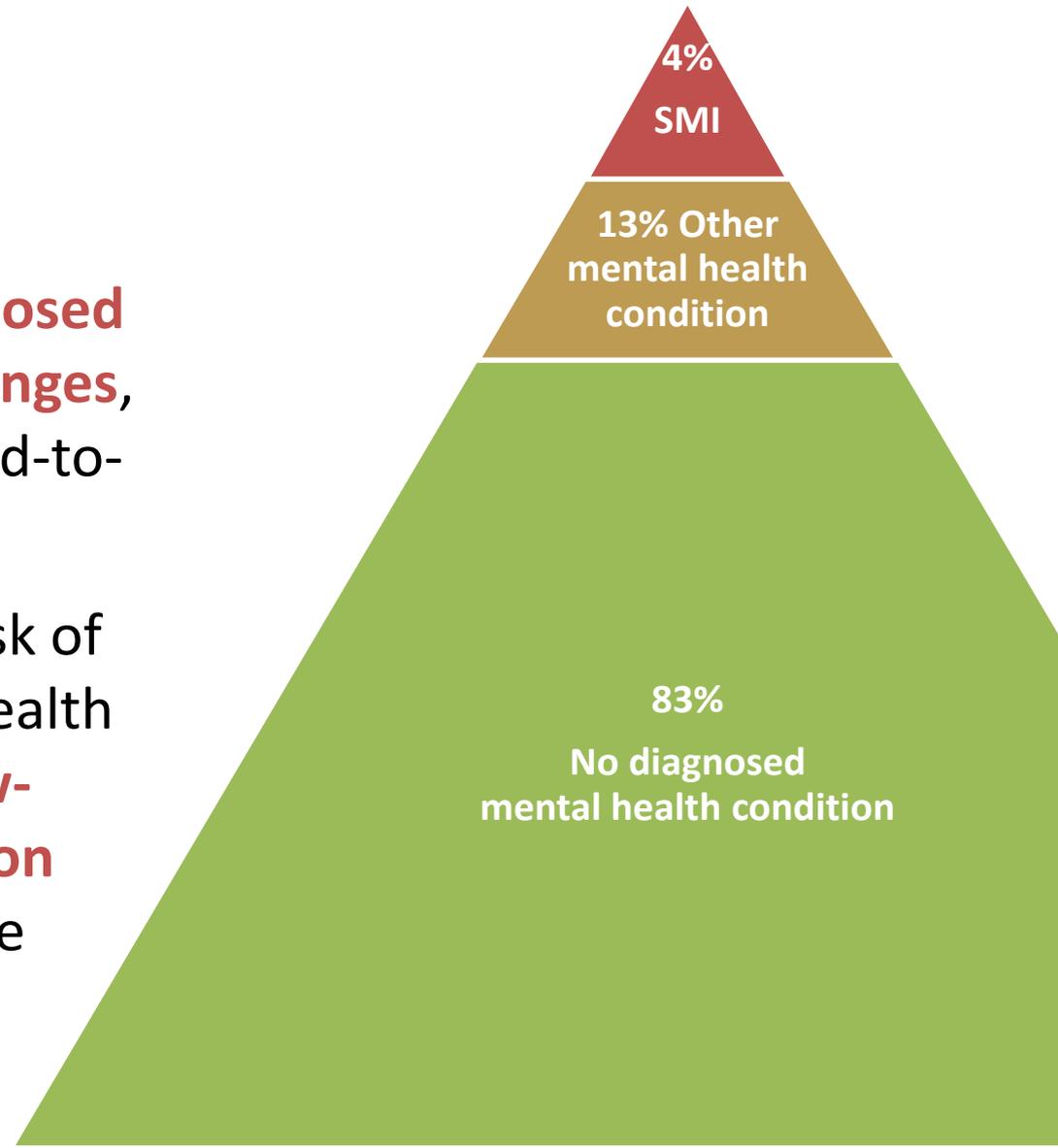
66 in-depth interviews with 120 stakeholders with in-depth knowledge of the system

## Medicaid Claims and State Service Utilization Data

Data on utilization and cost for individuals who received Medicaid-funded or DHS behavioral health services

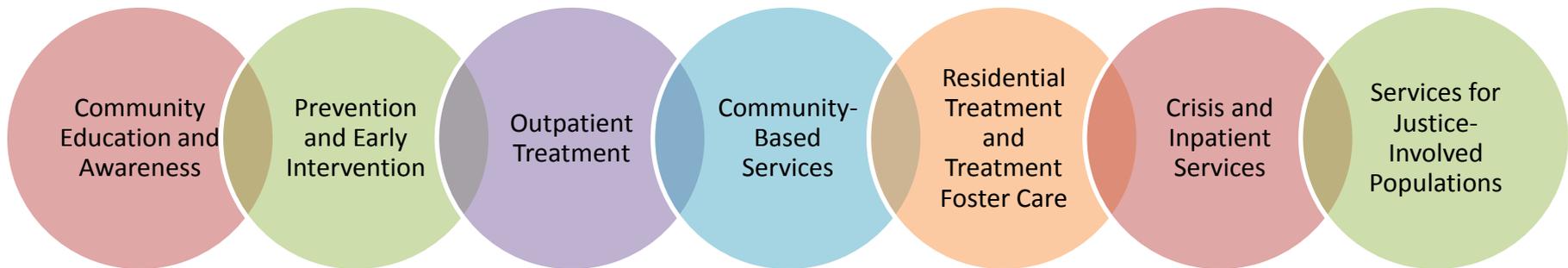
# A **population health** focus includes:

- Individuals with mild, moderate, and intensive **service needs**
- Individuals with **undiagnosed behavioral health challenges**, including those from hard-to-reach populations
- Adults and children at risk of developing behavioral health conditions for whom **low-cost, proactive prevention strategies** could avert the need for behavioral health interventions

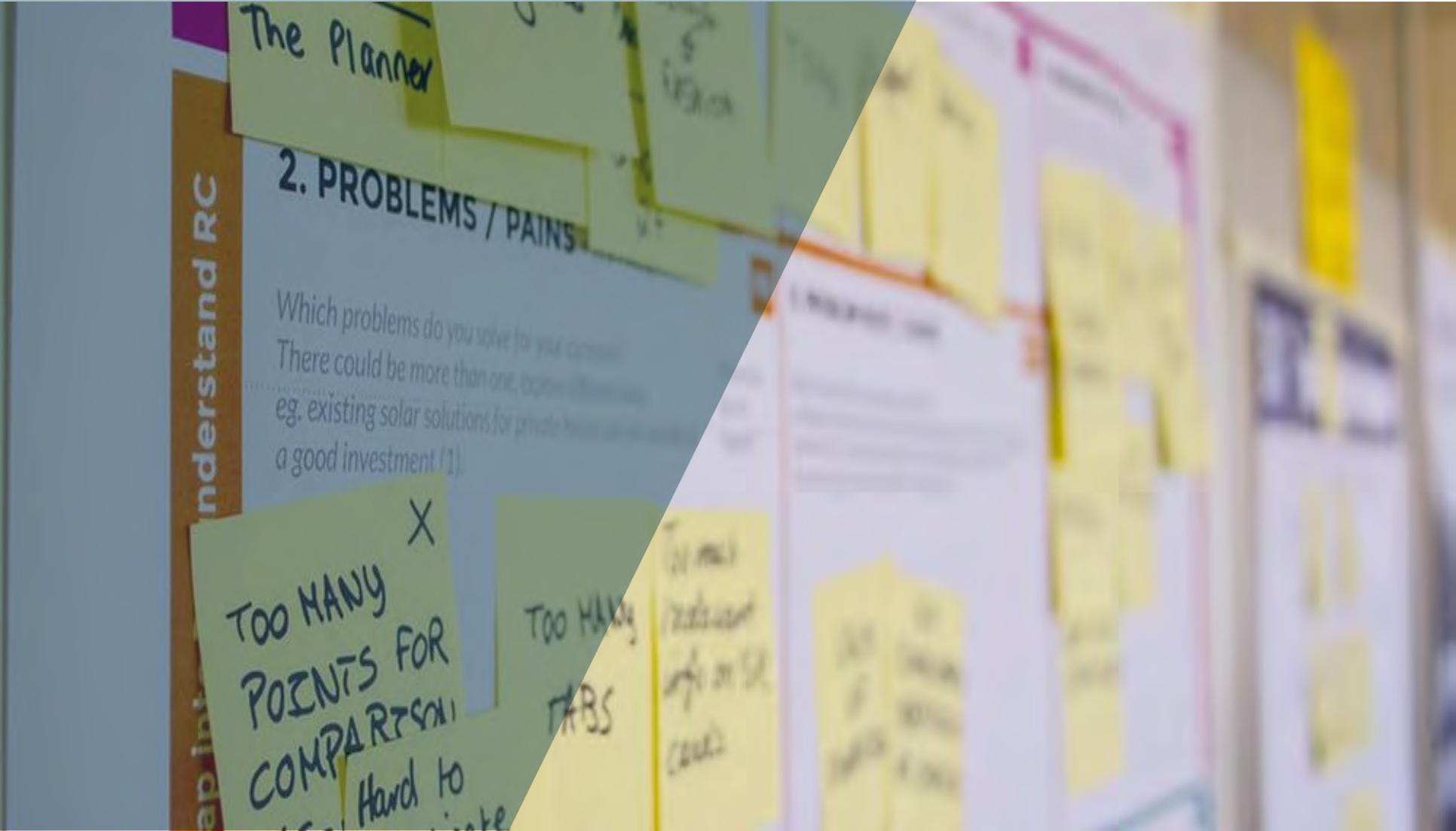




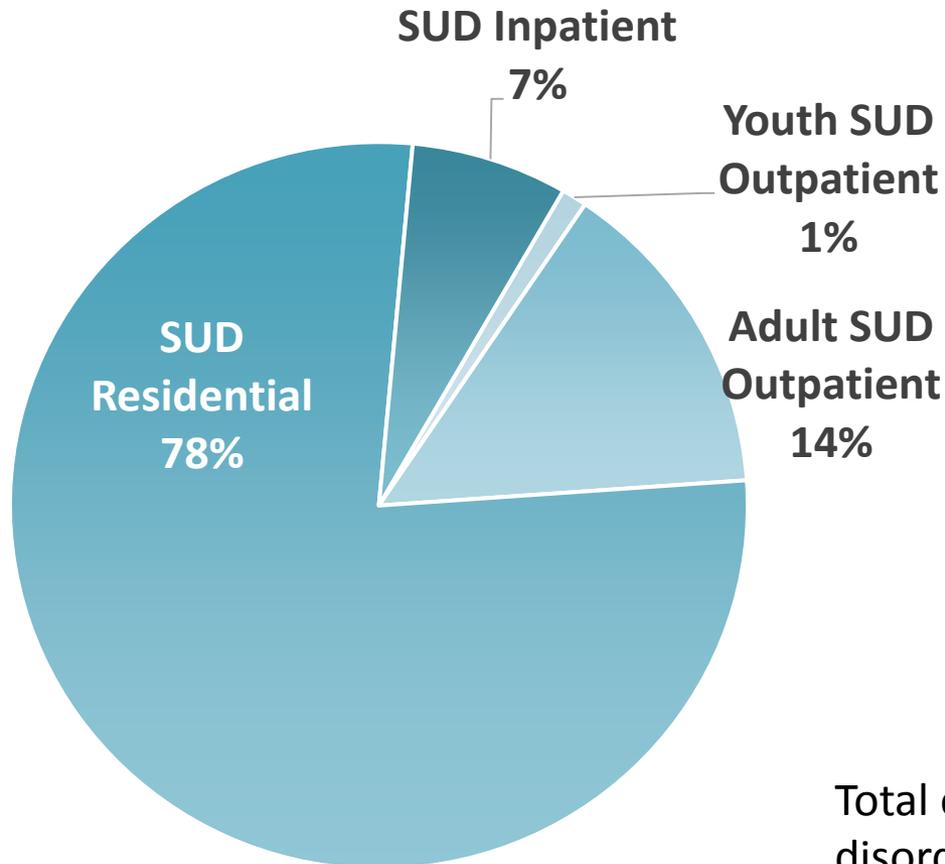
A good and modern behavioral health system spans numerous program types and agencies to provide the right mix of services at the right time.



# KEY FINDINGS AND RECOMMENDATIONS

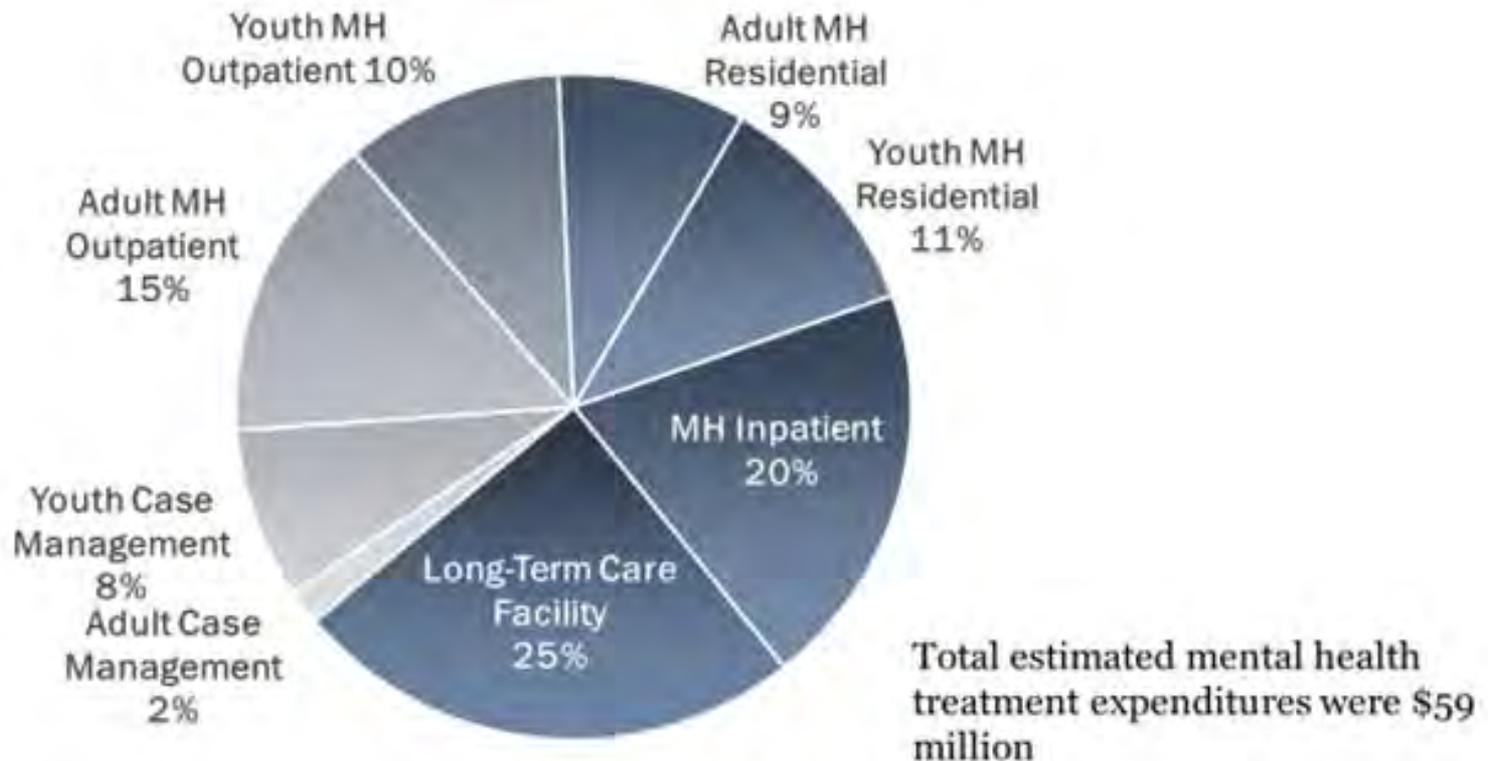


# Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.

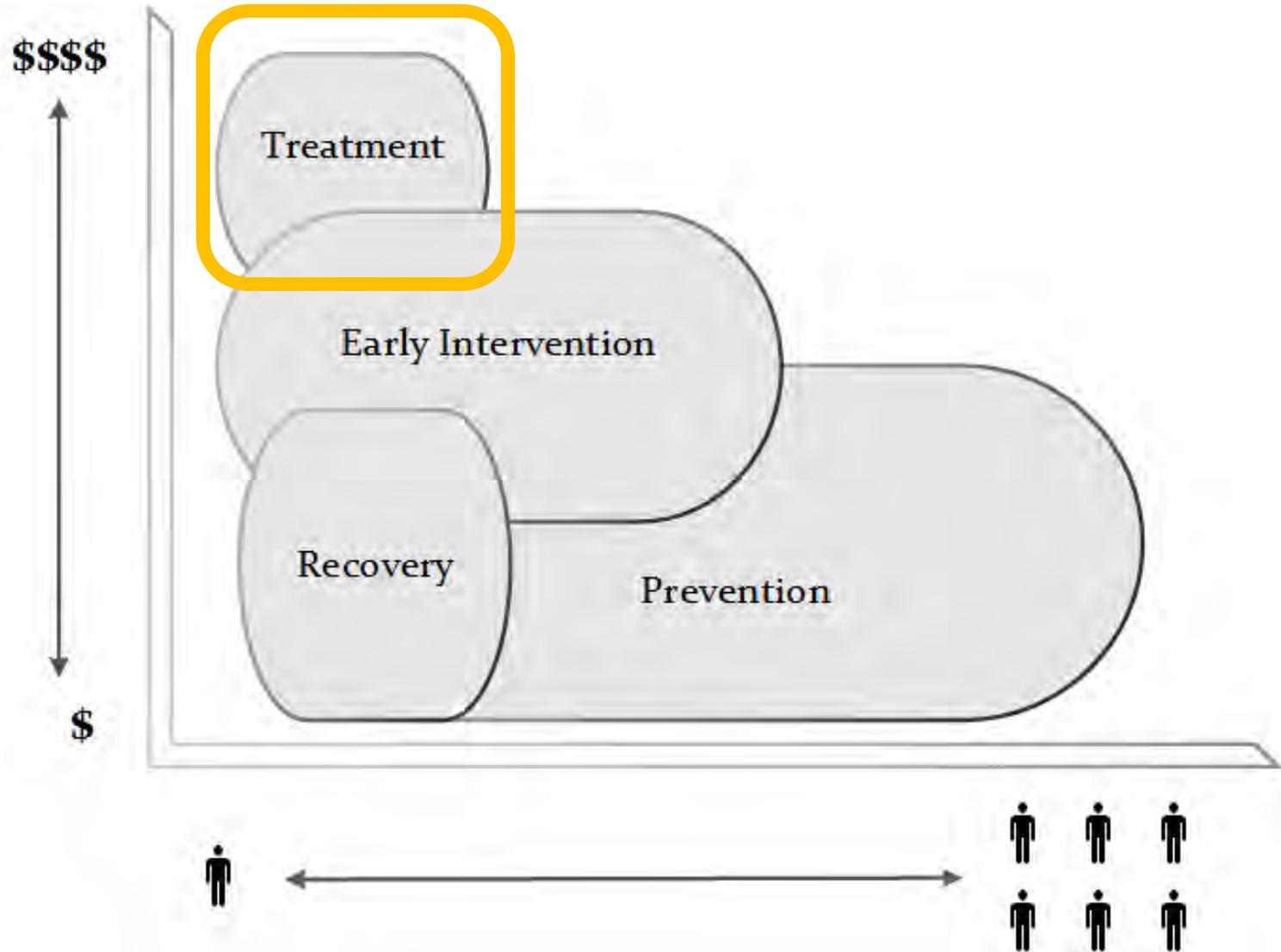


Total estimated substance use disorder treatment expenditures were \$19 million

**Residential, inpatient, and long-term care facility services accounted for a majority of mental health system treatment service expenditures in FY2017.**



# Return on Investment





A single, overarching, inclusive, and comprehensive **implementation plan** is needed to coordinate planned and ongoing efforts.

**1 – Develop a comprehensive implementation plan**

- 1.1 Reconvene system stakeholders, including service users and their families
- 1.2 Form an oversight steering committee to coordinate with key stakeholder groups
- 1.3 Establish work groups to address common themes identified in this report

There's a relative **scarcity of funds for prevention and early intervention** work—which many stakeholders viewed as a **missed opportunity**.

**2 - Invest in prevention and early intervention**

- 2.1 Prioritize and implement evidence-based social and emotional wellness initiatives
- 2.2 Expand existing substance use prevention efforts, restore funding for the Parents Lead program
- 2.3 Build upon and expand current suicide prevention activities
- 2.4 Continue to address the needs of substance exposed newborns and their parents
- 2.5 Expand evidence-based services for first-episode psychosis

We noted significant **regional variation** in the proportions of individuals receiving services, and **persons with brain injury** face substantial barriers to accessing needed services.

**3 – Ensure all North Dakotans have timely access to behavioral health services**

- 3.1 Coordinate and streamline information on resources
- 3.2 Expand screening in social service systems and primary care
- 3.3. Ensure a continuum of timely and accessible crisis response services
- 3.4 Develop a strategy to remove barriers to services for persons with brain injury
- 3.5 Continue to invest in evidence-based harm-reduction approaches

Only **41.7%** of working-age adults who received publicly funded outpatient mental health services **were employed** in 2016.

**4 – Expand  
outpatient and  
community-  
based service  
array**

- 4.1 Ensure access to needed coordination services
- 4.2 Continue to shift funding toward evidence-based and promising practices
- 4.3 Expand the continuum of SUD treatment services for youth and adults
- 4.4 Support and coordinate efforts to enhance the availability of outpatient services in primary care
- 4.5 Address housing needs alongside behavioral health needs
- 4.6 Promote education and employment among behavioral health service users

In FY 2017, 16% of all public behavioral health service dollars in North Dakota went to services delivered in **long-term care facilities**, with a **per capita cost of \$12,713**.

**4 – Expand outpatient and community-based service array (continued)**

- 4.7 Restore/enhance funding for Recovery Centers
- 4.8 Promote timely linkage to community-based services following a crisis
- 4.9 Examine community-based alternatives to behavioral health services currently provided in long-term care facilities

Stakeholders described a **“double bottleneck”** in the system—with some children and youth underserved while others are receiving services at a higher level than is needed.

**5 – Enhance  
and streamline  
system of care  
for children and  
youth**

- 5.1 Improve coordination between education, early childhood, and service systems
- 5.2 Expand targeted, proactive in-home supports for at-risk families
- 5.3 Develop coordinated system to enhance treatment foster care capacity and cultural responsiveness
- 5.4 Prioritize residential treatment for those with significant/complex needs

We observed a great amount of **energy and attention** to improving the system's capacity to meet the needs of **justice-involved individuals with behavioral health needs.**

**6 – Continue to implement and refine criminal justice strategy**

- 6.1 Ensure collaboration and communication between systems
- 6.2 Promote behavioral health training among first-responders and others
- 6.3 Review behavioral health treatment capacity in jails
- 6.4 Ensure Medicaid enrollment for individuals returning to community

Issues with **certification and licensing**, as well as **staffing and retention**, were frequently raised as key barriers to ensuring a well-qualified workforce.

**7 – Engage in targeted efforts to recruit and retain competent behavioral health workforce**

- 7.1 Establish single entity for supporting workforce implementation
- 7.2 Develop single database of statewide vacancies for behavioral health positions
- 7.3 Provide assistance for behavioral health students working in areas of need in the state
- 7.4 Raise awareness of student internships and rotations
- 7.5 Conduct comprehensive review of licensure requirements and reciprocity

We applaud current initiatives to expand **peer support services**. These services must be delivered according to **national practice standards** in a manner that maintains the integrity of peer support.

**7 – Engage in targeted efforts to recruit and retain competent behavioral health workforce (continued)**

- 7.6 Continue establishing training and credentialing program for peer services
- 7.7 Expand credentialing programs to prevention and rehabilitation practices
- 7.8 Support a robust peer workforce through training, professional development, competitive wage

Penetration rates for **telebehavioral health services** steadily rose across the study period, and stakeholders saw possibilities for further expansion.

**8 – Expand the use of telebehavioral health**

- 8.1 Support providers to secure necessary equipment/staff
- 8.2 Expand the reach of services for substance use disorders, children and youth, American Indian populations
- 8.3 Increase types of services available
- 8.4 Develop clear, standardized regulatory guidelines

We documented **significant disparities**, particularly for LGBTQ individuals, New Americans, and American Indian populations.

**9 – Ensure the system reflects its values of person centeredness, cultural competence, trauma-informed approaches**

- 9.1 Promote shared decision-making
- 9.2 Promote mental health advance directives
- 9.3 Develop statewide plan to enhance commitment to cultural competence
- 9.4 Identify cultural/language/service needs
- 9.5 Ensure effective communication with individuals with limited English proficiency

**American Indian populations are overrepresented in treatment settings but underrepresented in the behavioral health workforce and leadership.**

**9 – Ensure the system reflects its values of person centeredness, cultural competence, trauma-informed approaches**

- 9.6 Implement additional training
- 9.7 Develop/promote safe spaces for LGBTQ individuals within the behavioral health system
- 9.8 Ensure a trauma-informed system
- 9.9 Promote organizational self-assessments

# The Behavioral Health Talking Circle resulted in Recommendation 11 –

**Partner with tribal nations  
to increase health equity**



The “**nothing about us without us**” mantra holds that behavioral health systems should be continuously and significantly informed by people who use those services.

**10 – Encourage and support the efforts of communities to promote high-quality services**

- 10.1 Establish a state-level leadership position representing persons with lived experience
- 10.2 Strengthen advocacy
- 10.3 Support the development of and partnerships with peer-run organizations
- 10.4 Support community efforts to reduce stigma, discrimination, marginalization
- 10.5 Provide and require coordinated behavioral health training among related service systems

The system could improve its cost-efficiency by **drawing down more funds** for community-based services and employing prevention and early intervention strategies with a **high return on investment.**

**12 – Diversify and enhance funding for behavioral health**

- 12.1 Develop an organized system for identifying/responding to funding opportunities
- 12.2 Pursue 1915(i) Medicaid state plan amendments
- 12.3 Pursue options for financing peer support and community health workers
- 12.4 Sustain/expand voucher funding and other flexible funds for recovery supports
- 12.5 Enroll eligible service users in Medicaid
- 12.6 Join in federal efforts to ensure behavioral and physical health parity

We documented a need to **harmonize data** across services and systems and to ensure that data that are collected and analyzed to **inform system design and development.**

**13 – Conduct ongoing, system-side data-driven monitoring of needs and access**

- 13.1 Enhance and integrate provider data systems
- 13.2 Develop system metrics to track progress on key goals
- 13.3 Identify and target services to those with highest service costs

**QUESTIONS?**



# Prevention Resource and Media Center

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NORTH DAKOTA **PREVENTION** RESOURCE & MEDIA CENTER

Free Materials Initiatives Get Involved What Works **A Day for Prevention**

How do I build a healthy community?

Learn How >

Underage Drinking > Binge Drinking > Prescription Drug & Opioid Abuse > Mental Health >

Free resources and assistance available to ND individuals and communities

[www.prevention.nd.gov](http://www.prevention.nd.gov)

## Prevention Works.

Your community can work together to become a healthier, more vibrant place to live.



The majority (72%) of North Dakota adults believe alcohol and other drug prevention programs are a good investment because they save lives and money.

CRS 2017

# Get Involved!

**Follow these steps to build a healthy community:**



Target the problem



Find resources



Build support



Do what works

**Get started now!**

Visit [www.prevention.nd.gov/get-involved](http://www.prevention.nd.gov/get-involved) to access tools and resources.

# Referral



## Need help?

Find a behavioral health  
treatment provider near you.

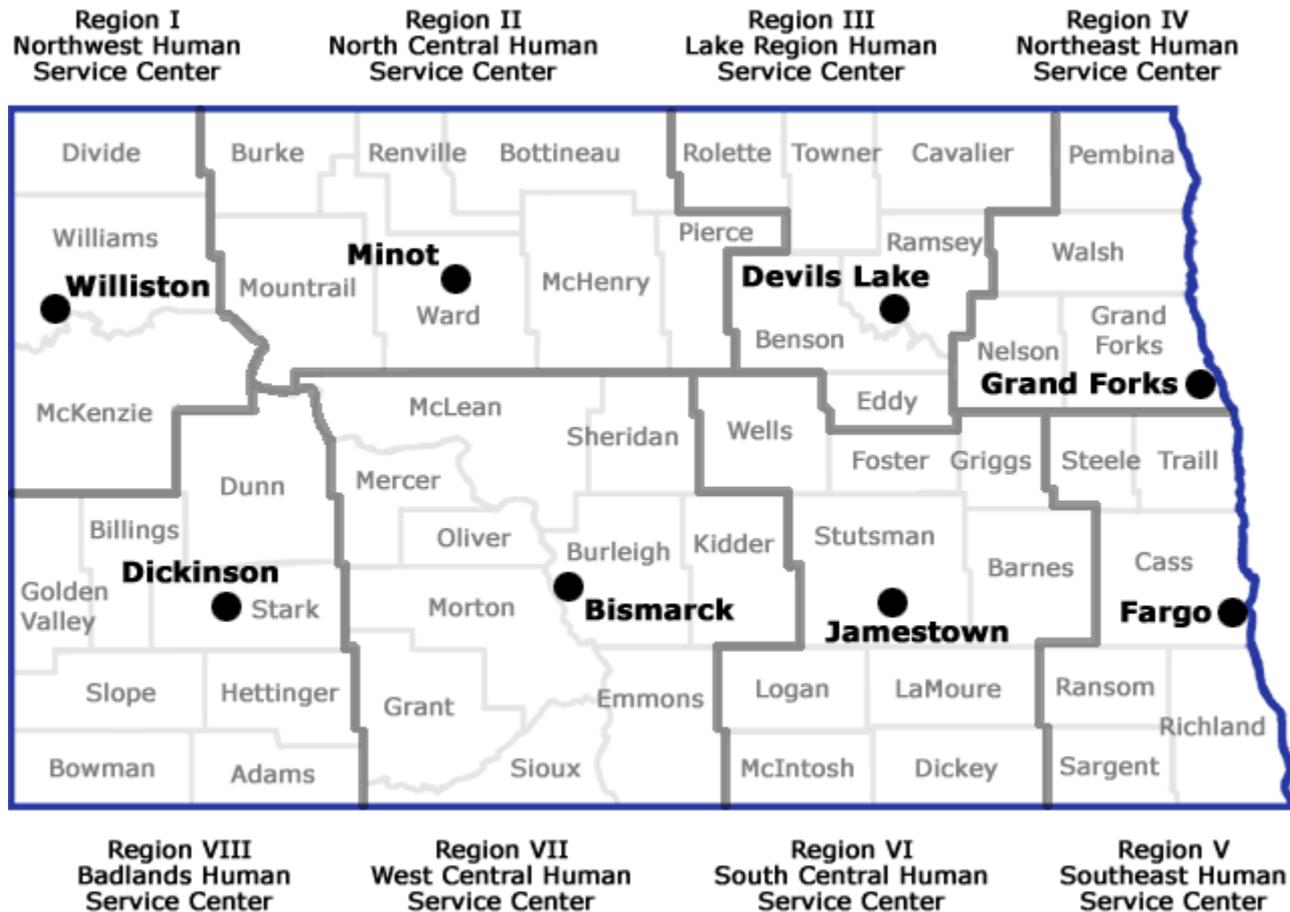


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HEALTH**

[behavioralhealth.dhs.nd.gov/addiction/locator](http://behavioralhealth.dhs.nd.gov/addiction/locator)

# Referral

## Human Service Center Open Access



# Referral

## Human Service Center Open Access

### HOW DOES IT WORK?

- 1 Individual walks in to a behavioral health program with any need
- 2 Immediate triage is provided
- 3 Individual's need is categorized as one of the following:

#### EMERGENT

Acute symptoms with high severity.

#### URGENT

Acute symptoms with moderate severity, where in the absence of intervention can become high severity.

#### ROUTINE

Need does not meet urgent or emergent. Routine services include but are not limited to an initial individual intake and assessment appointment.

- 4 Timing of service delivery is determined by the categorization of need:

#### EMERGENT

Immediate care

#### URGENT

Within a day

#### ROUTINE

Within a week

# Resources

[www.behavioralhealth.dhs.nd.gov](http://www.behavioralhealth.dhs.nd.gov)

NORTH DAKOTA  
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## LICENSING

[ND MENTAL HEALTH AND  
SUBSTANCE ABUSE PLANNING  
COUNCIL](#)

## OPIOIDS

## PROBLEM GAMBLING

## RECOVERY TALK

## ROBINSON RECOVERY

## SAPT BLOCK GRANT

## SERVICE LOCATOR

## SUBSTANCE USE DISORDER VOUCHER

## RESOURCES

## Service Locator

[Behavioral Health Treatment Services Locator](#)

[Buprenorphine Treatment Physician Locator](#)

[Veterans Affairs Substance Use Disorder Program Locator](#)

[Opioid Treatment Program Directory](#)

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**Behavioral Health Division**  
Published by Amy Steinert (7) · April 2 at 9:00am · 🌐

It's National Public Health Week!  
Share this infographic to help people understand how we all play a role in creating the healthiest nation.

**Building community ties to strengthen public health**

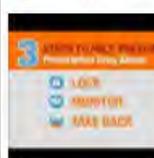
For the first time since 1993, U.S. life expectancy has declined, while other countries are still improving. It's up to all of us to start moving in the right direction.



**Behavioral Health Division**  
Published by Amy Steinert (7) · March 31 at 8:45am · 🌐

Do you have prescription pain medication in your home? Watch the video to learn about the three simple steps you can take to keep your loved ones safe. <https://www.youtube.com/watch?v=a2LQ2UfJGgw>

**PSA Lock. Monitor. Take Back**



YOUTUBE.COM

**Behavioral Health Division**  
Published by Amy Steinert (7) · March 27 at 1:45pm · 🌐

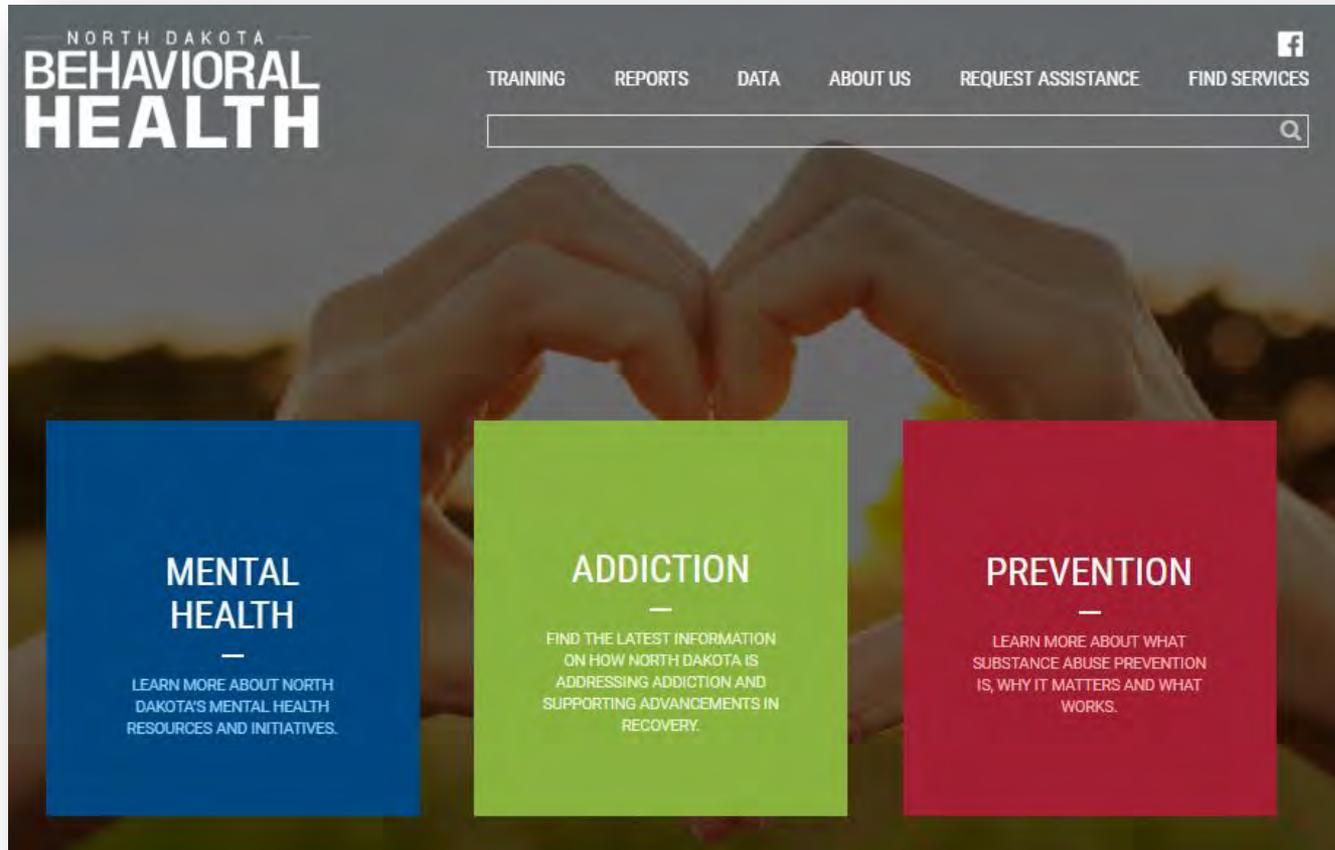
Behavioral health is an essential part of overall health in which prevention works, treatment is effective and people recover.



**Behavioral health is health**

Facebook page [www.facebook.com/ndbhd/](http://www.facebook.com/ndbhd/)

# ND Behavioral Health Division



Provides a platform for sharing professional development opportunities for behavioral health professionals

[www.behavioralhealth.dhs.nd.gov](http://www.behavioralhealth.dhs.nd.gov)

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**QUESTIONS?**

