North Dakota Behavioral Health System Study

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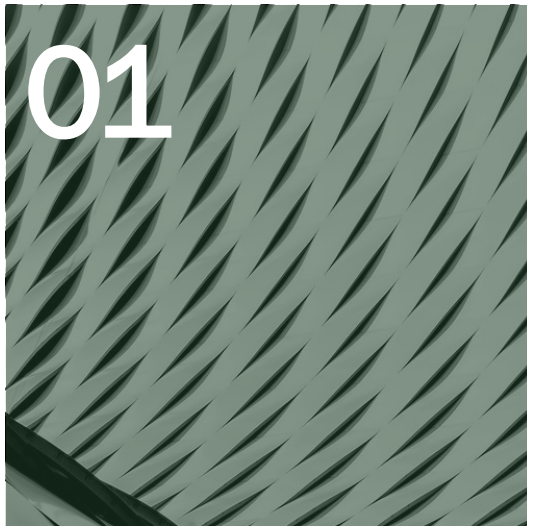
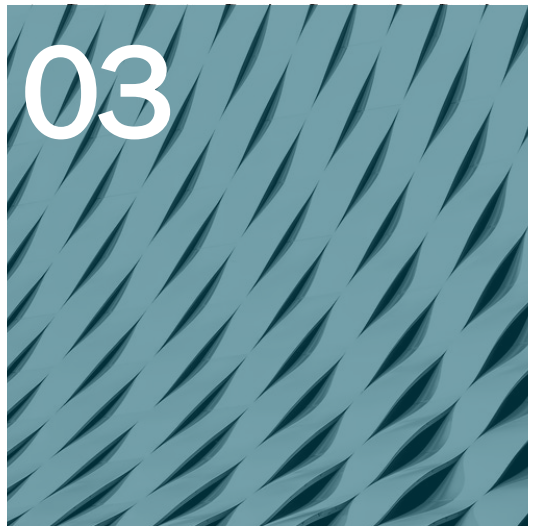
AGENDA



Key Findings



Discussion

Aims & Approach

Recommendations

AIMS & APPROACH

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

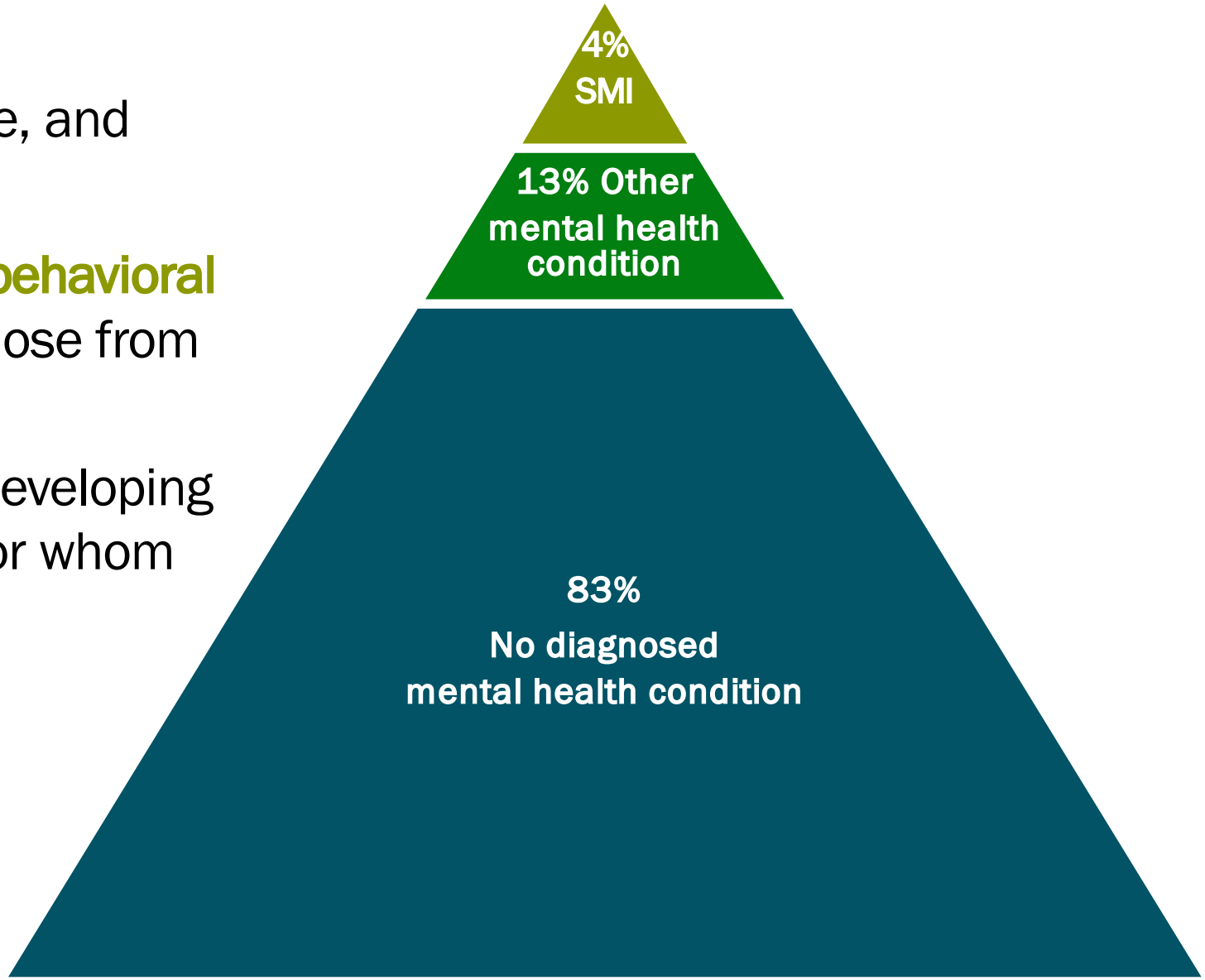
Medicaid Claims and State Service Utilization Data

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

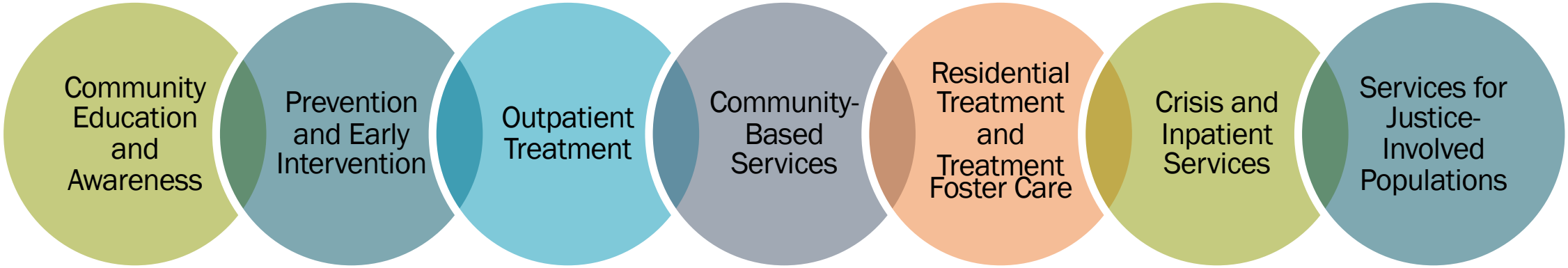
Project Scope

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

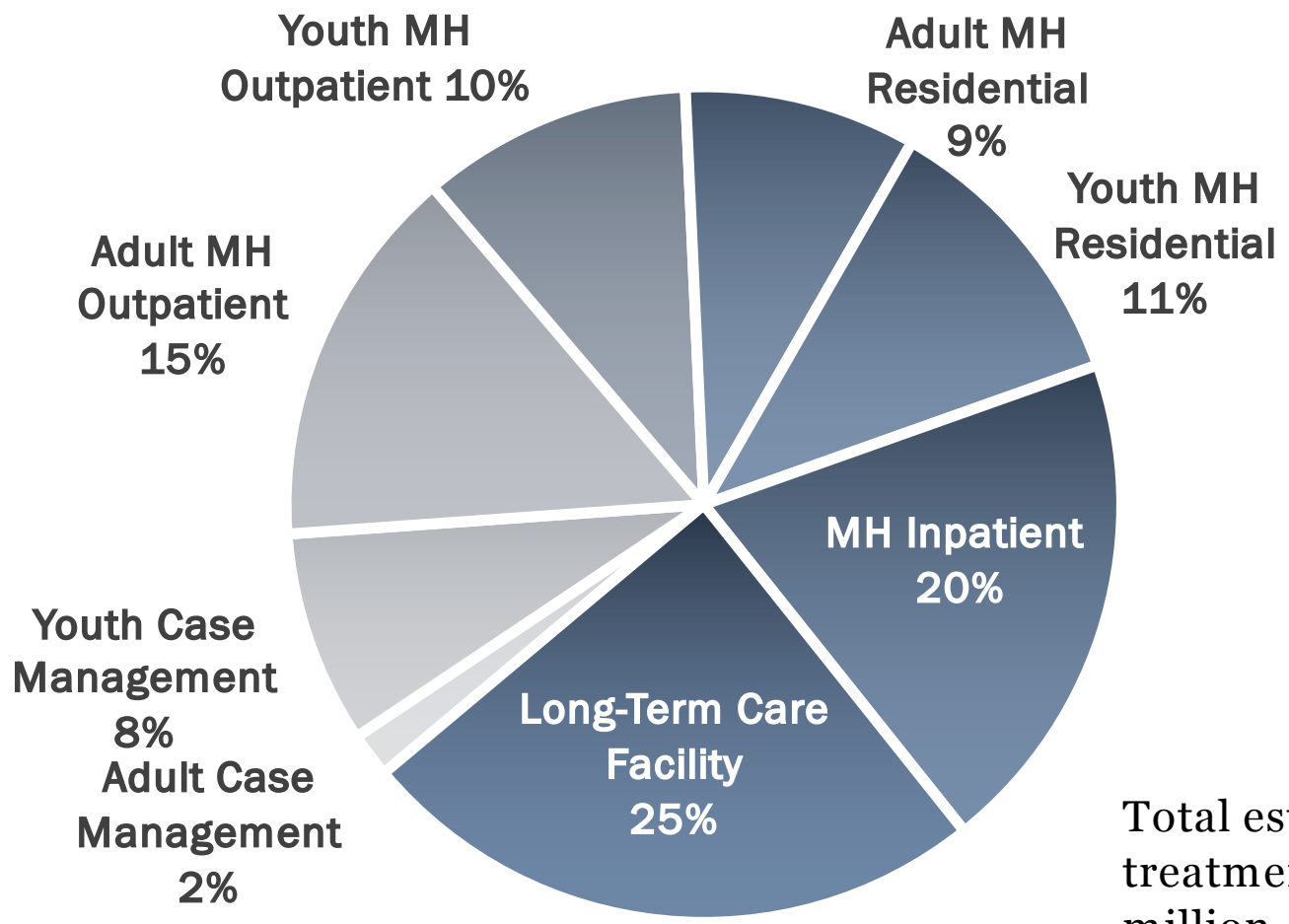


A good and modern behavioral health system spans numerous program types and agencies to provide the right mix of services at the right time.



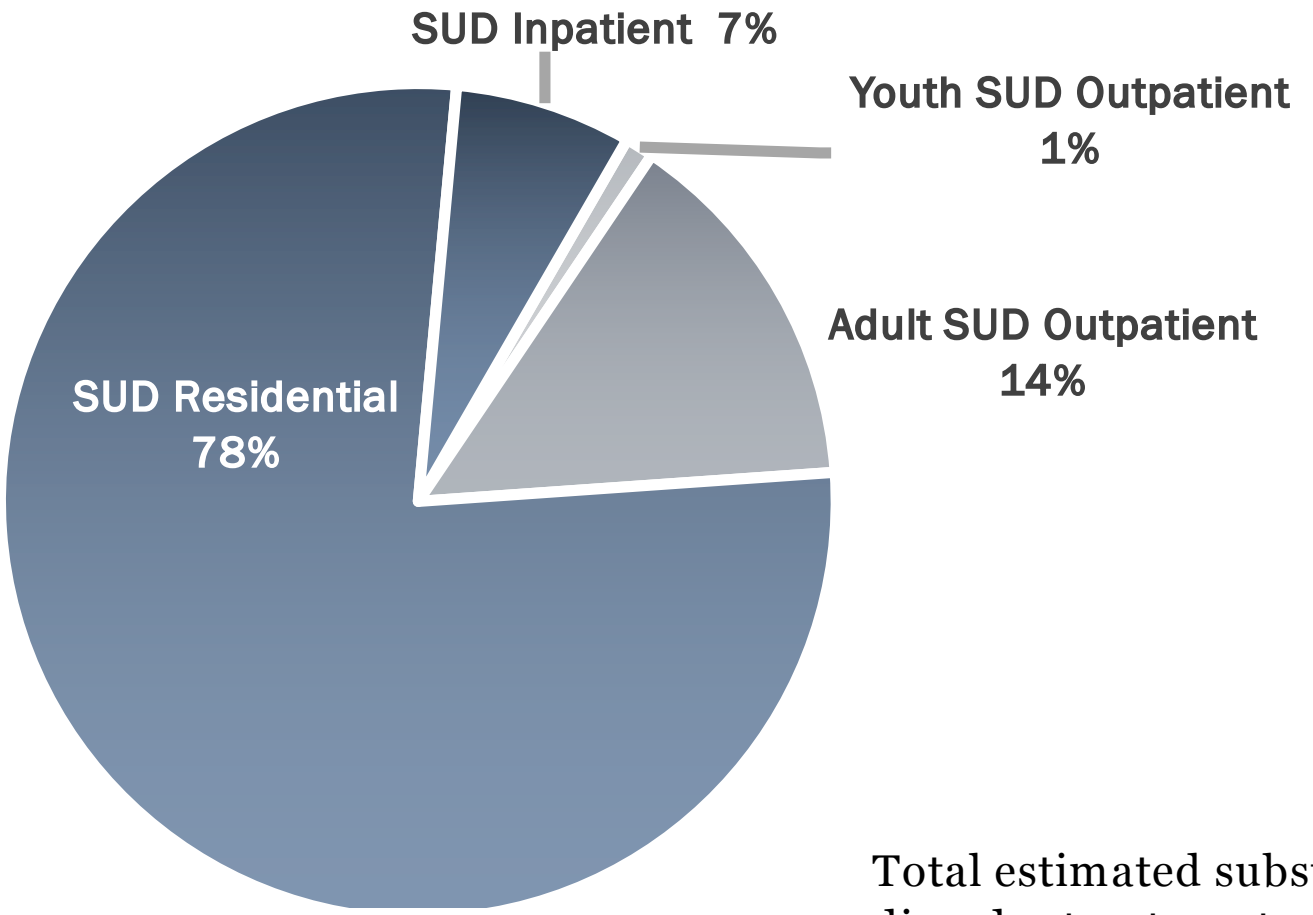
KEY FINDINGS AND RECOMMENDATIONS

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



Total estimated mental health treatment expenditures were $59 million

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

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

for LGBTQ individuals within the behavioral health system

9.8 Ensure a trauma-informed system

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

DISCUSSION

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Thank You.

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