



Behavioral Health

January 2025

NORTH
Dakota

Be Legendary.

Health & Human Services

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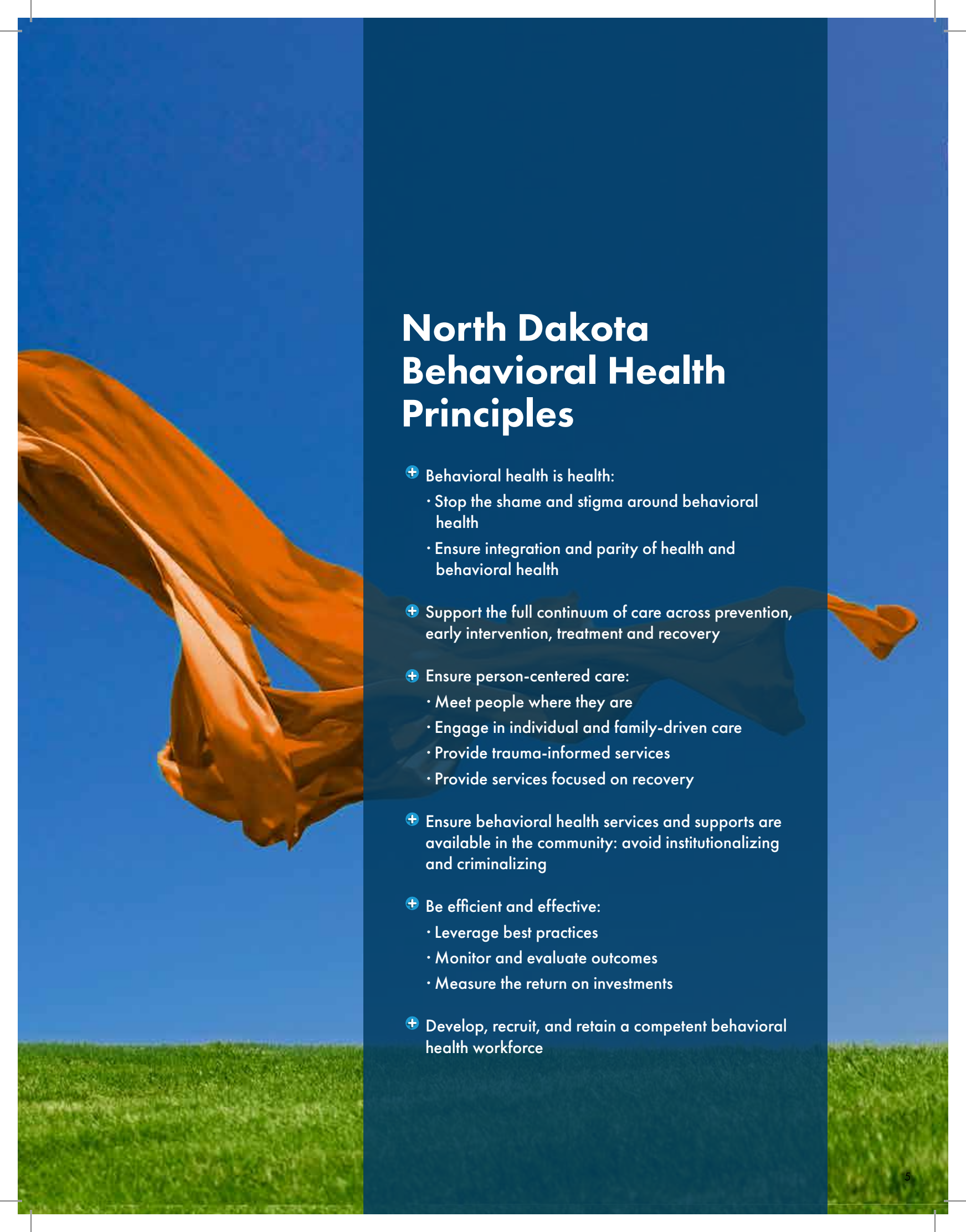
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Purpose

This report presents an overview of the North Dakota Department of Health and Human Services' Behavioral Health Division with the intent to outline the division by first providing an overview of roles, responsibilities, and organizational structure; funding and initiatives; and then by aligning current initiatives with recommendations provided by the North Dakota Behavioral Health System Study.





North Dakota 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

North Dakota Department of Health and Human Services

The North Dakota Department of Health and Human Services (HHS) is a state government agency with the mission to foster positive, comprehensive outcomes by promoting economic, behavioral, and physical health, ensuring a holistic approach to individual and community well-being.

System Values



Person Centered



Trauma Informed



Recovery Oriented



Integrated



Data Driven



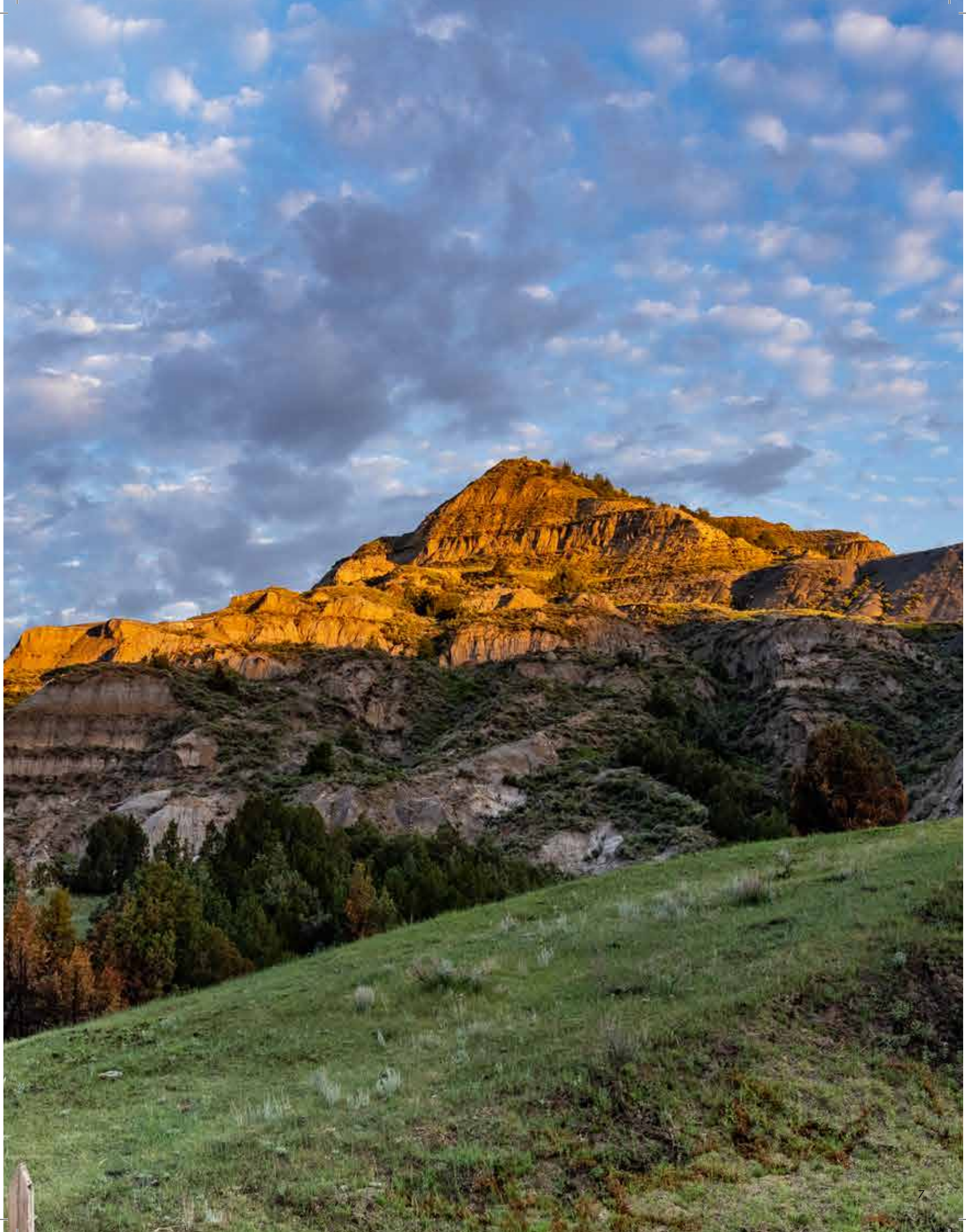
Best Practice



Transparency

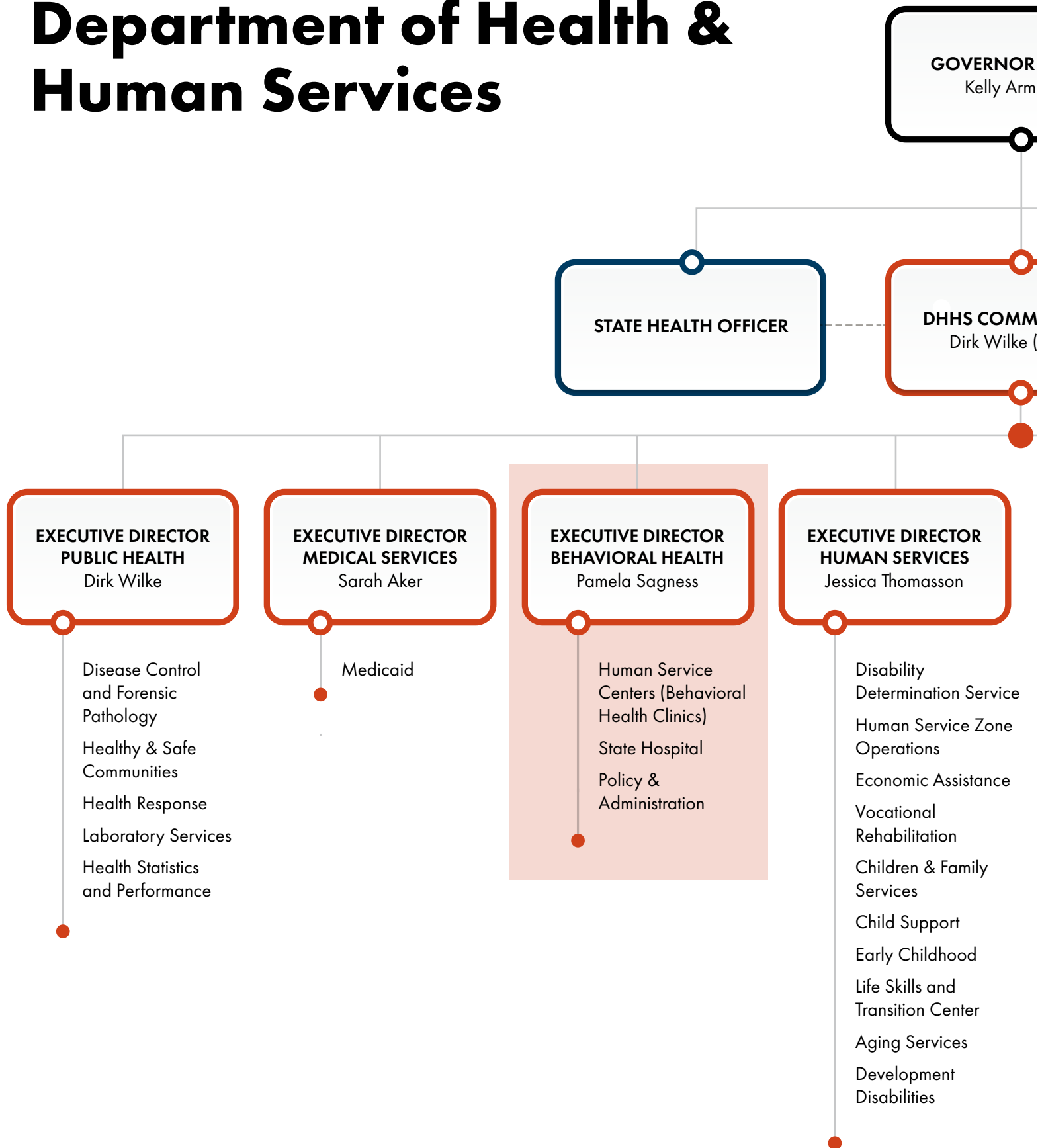


Accountability



NORTH DAKOTA

Department of Health & Human Services



IOR'S OFFICE
Armstrong

COMMISSIONER
Milke (Interim)

DEPUTY COMMISSIONER
Sara Stolt

CHIEF FINANCIAL OFFICER
Donna Auklund

- Assistant CFOs for each Division
- Budget Management
- Audit Management
- Procurement and Contracts
- Logistics Management
- Performance and Data Management
- Supply Chain Operations

CHIEF HUMAN RESOURCES OFFICER
Marcie Wuitschick

- HR Business Partners for each Division
- Operations and Digital
- Talent Acquisition
- Talent Management and Development
- Total Rewards
- Risk Management/Employee Health
- Safety/Disaster Preparedness

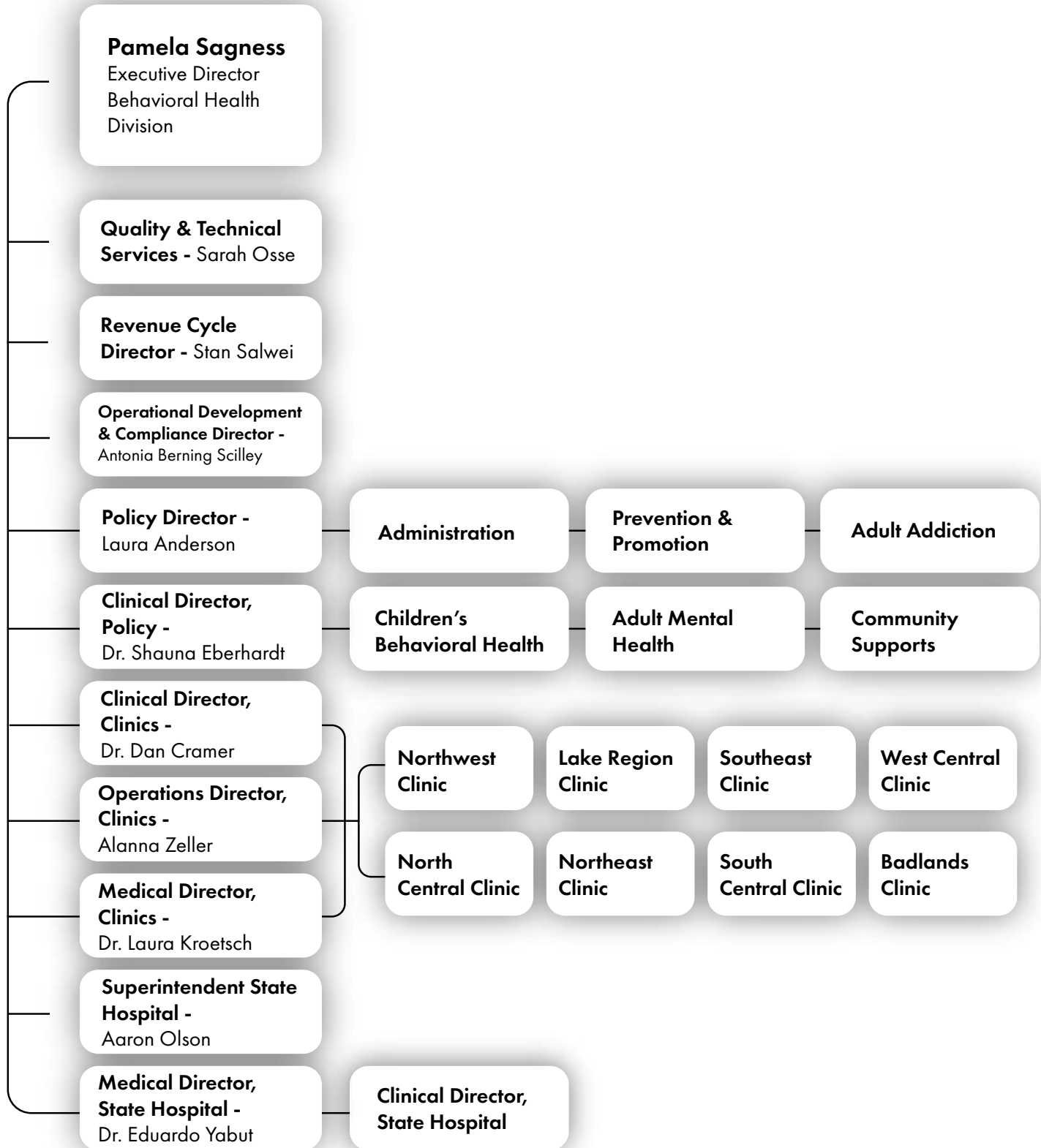
CHIEF COMMUNICATION OFFICER
Lynn Bargmann

- Communications Managers for each Division
- Internal Communications
- External Communications
- Marketing, Outreach, and Education
- Multi-Media Support

CHIEF LEGAL OFFICER
Jon Alm

- Legal
- Attorney General Office Coordination regarding the Public Health Division and Litigation

Behavioral Health Organization Chart



Behavioral Health Division

The Behavioral Health Division consists of a Policy and Administration team, the regional Human Service Center Clinics (Behavioral Health Clinics) and the State Hospital.

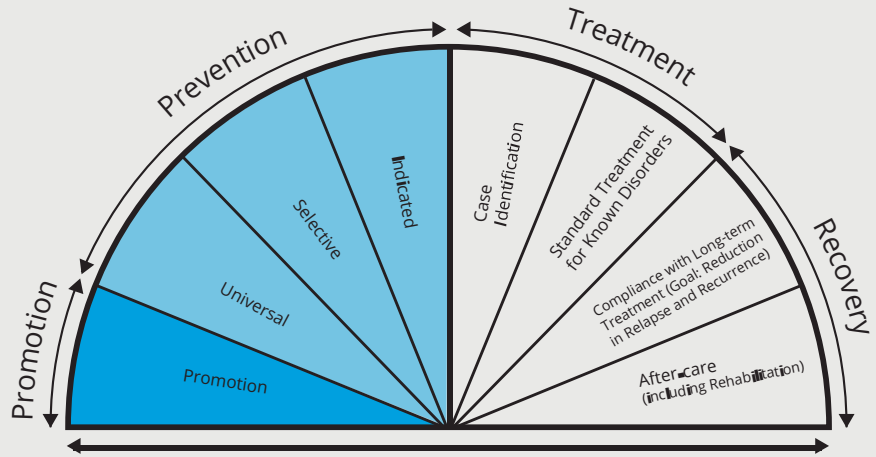
A Vision for Behavioral Health Services

“Behavioral health is an essential part of overall health in which promotion removes barriers, prevention works, treatment is useful, and people recover. Services throughout the continuum should reflect current knowledge, technology and be grounded in evidence-based practice. Throughout all levels of the continuum, there should be a continuous promotion of healthy behaviors and lifestyles, a primary driver of health outcomes.”

Pamela Sagness, Executive Director

Our Approach

Services provided by the division are grounded in the Institute of Medicine’s Continuum of Care model. The model recognizes the need for a full range of high-quality services including promotion, prevention, treatment, and recovery [SAMHSA].



Promotion & Prevention

Strategies create an environment that promotes the health and well-being of individuals and communities, which prevents problems before they occur.



Early Intervention

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



Treatment

Services are clinical interventions designed to address the needs of an individual with a behavioral health diagnosis.



Recovery

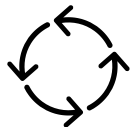
Services support the individuals’ ability to live a meaningful, productive life in the community.



WE WANT TO SEE:

- Individuals, families, communities, and businesses with positive behavioral health.
- Individuals struggling with behavioral health conditions achieve independence and live a self-directed life in recovery.

WE ACHIEVE THIS BY:



Supporting the full
continuum of care



Increasing access to
community-based services

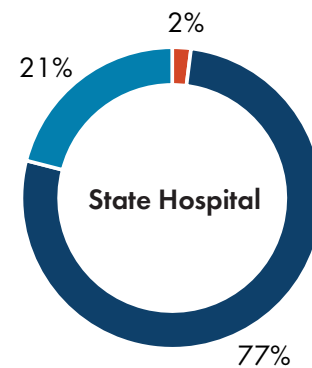
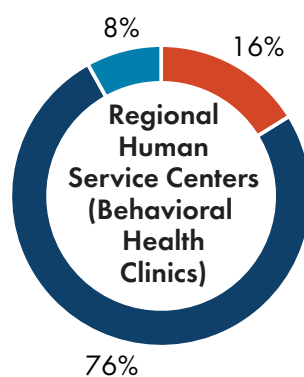
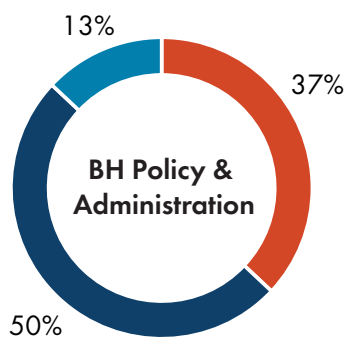
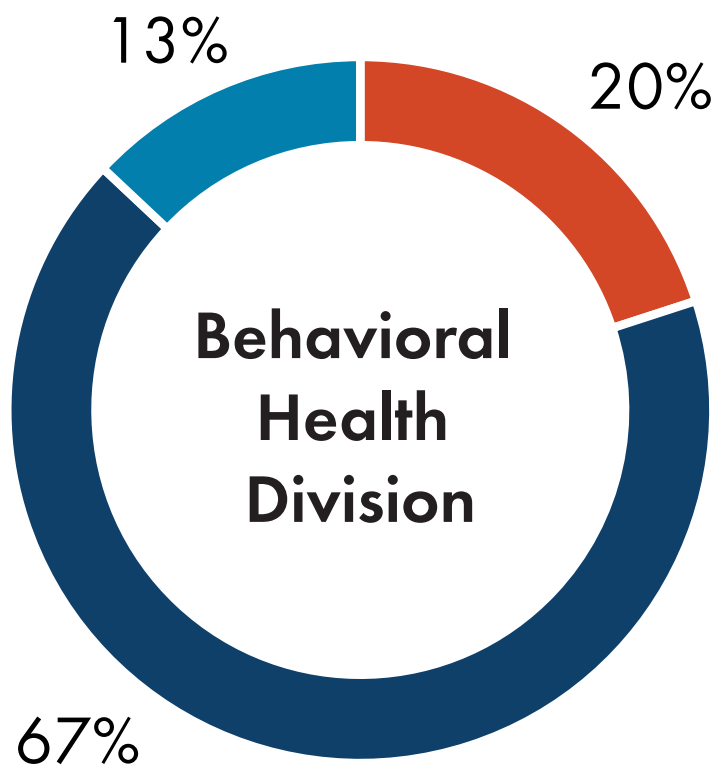


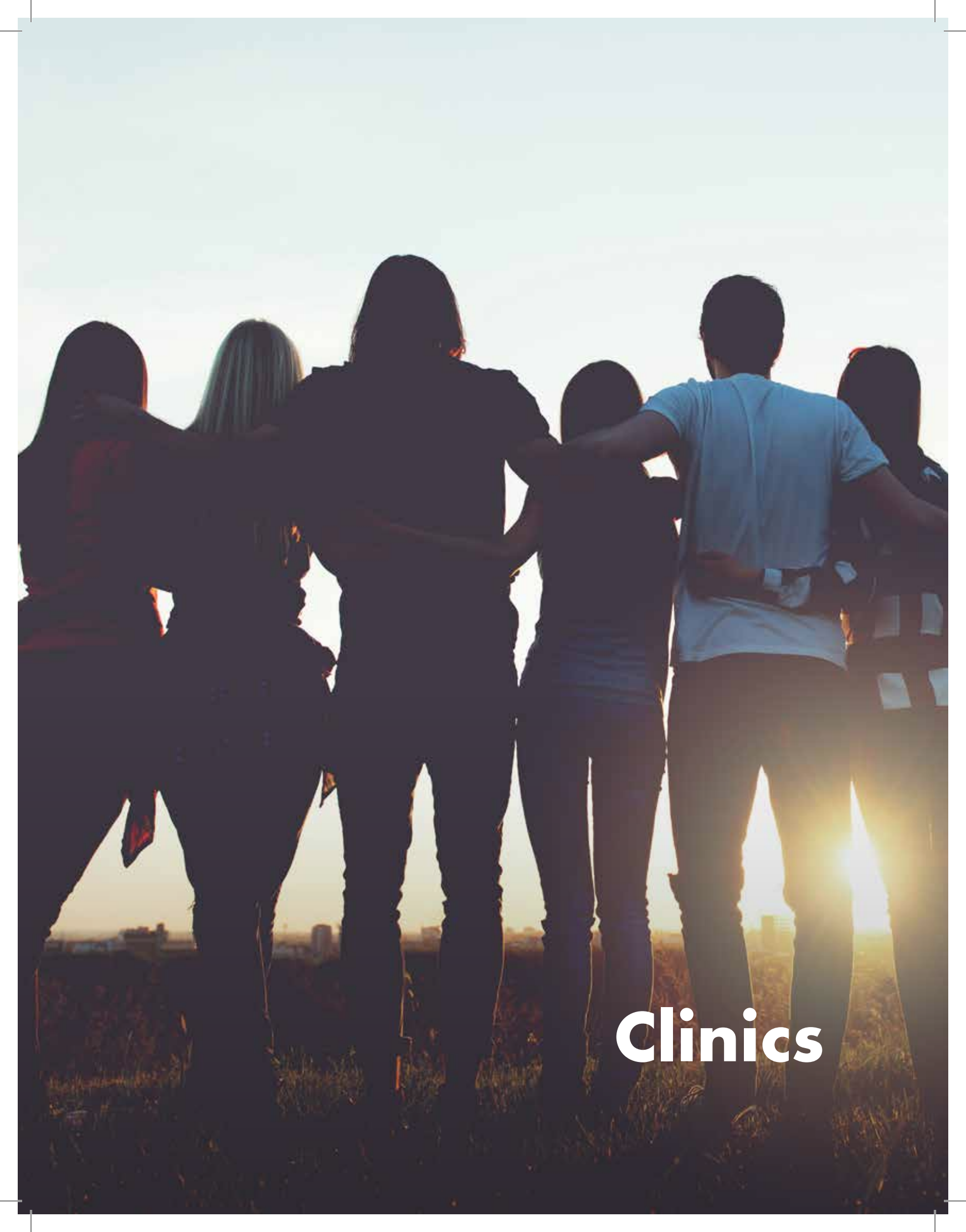
Preventing criminal
justice involvement

Behavioral Health Funding Overview

2023-2025 Biennium Appropriation

HHS administers state and federal funding to support the implementation of best practice to ensure the most effective, efficient and comprehensive behavioral health system.





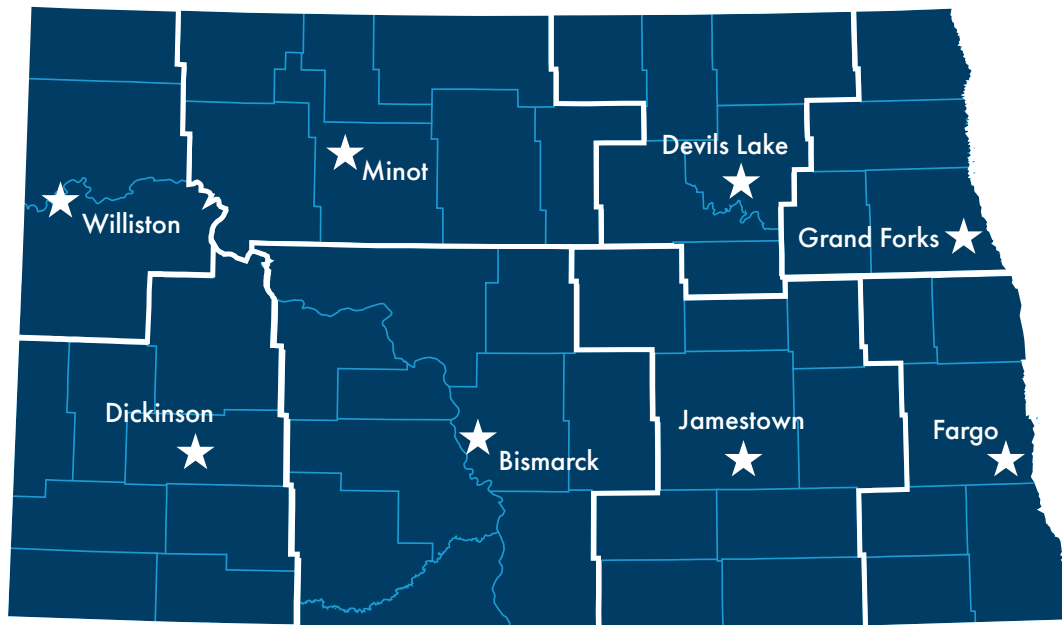
Clinics

Regional Human Service Centers (Behavioral Health Clinics)

North Dakota Health and Human Services operates eight regional Human Service Centers (Behavioral Health Clinics) that provide behavioral health services to North Dakotans. Each center serves a designated multi-county area.



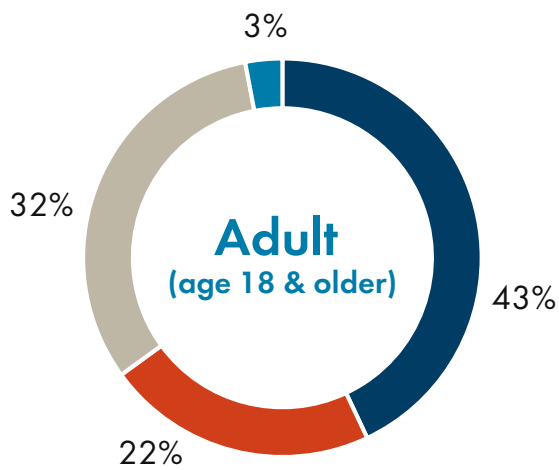
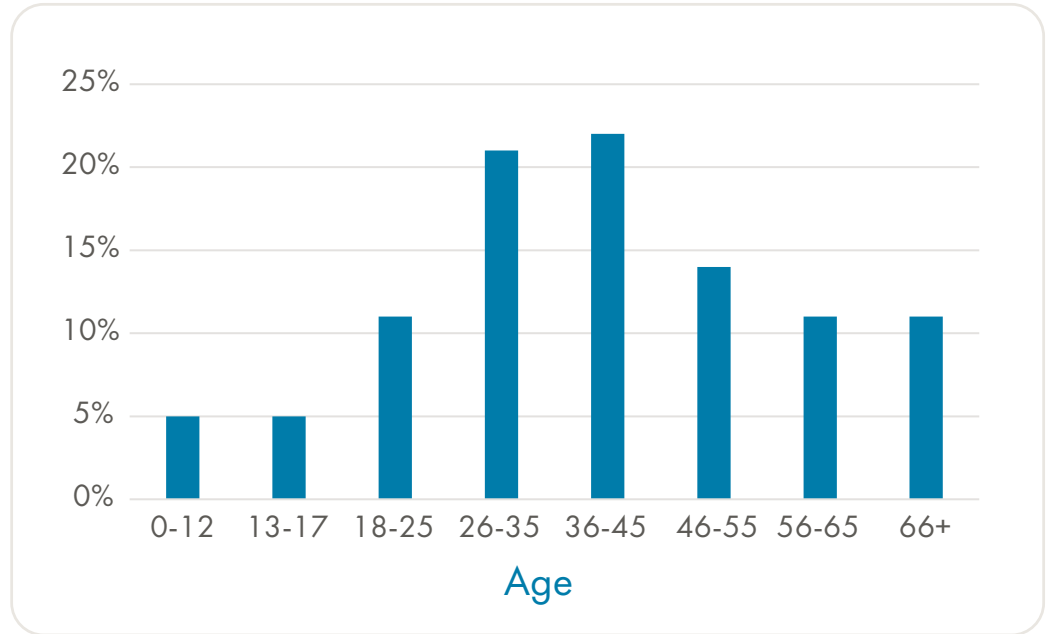
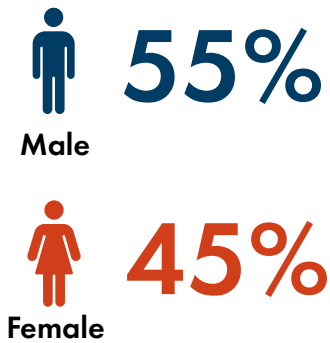
Region I Northwest Human Service Center Region II North Central Human Service Center Region III Lake Region Human Service Center Region IV Northeast Human Service Center



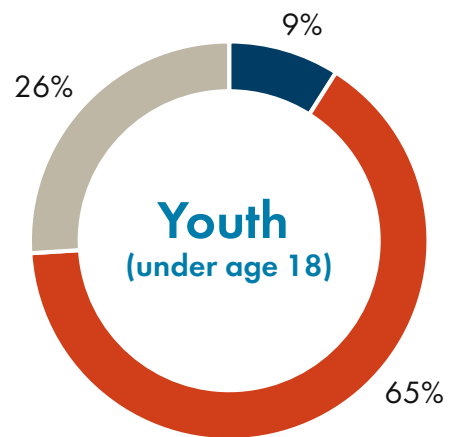
Region VIII Badlands Human Service Center Region VII West Central Human Service Center Region VI South Central Human Service Center Region V Southeast Human Service Center

Demographics of People Served

The Behavioral Health Clinics provided services to 18,418 people from January 2022 to June 2024.



- Both mental health & Substance Use Disorder
- Serious Mental Illness
- Other mental health diagnosis
- Substance Use Disorder



- Both mental health & Substance Use Disorder
- Serious Emotional Disturbance
- Other mental health diagnosis

Services

From January 2022 to June 2024, 13,896 individuals were assessed for a level service with 7,566 being referred for ongoing services provided by the Human Service Center.

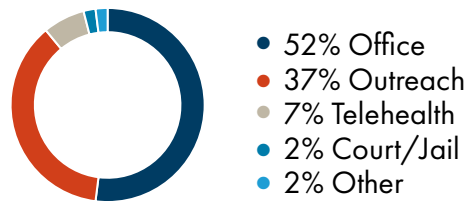
Individuals not referred for ongoing services through the Human Service Centers were referred to community treatment providers and social supports.

Type of Services Provided

- 29,595 assessment services
- 54,228 psychiatric services
- 40,277 crisis services
- 424,244 mental health and substance use services
- 2,784 psychological evaluations

Location at Start of Service

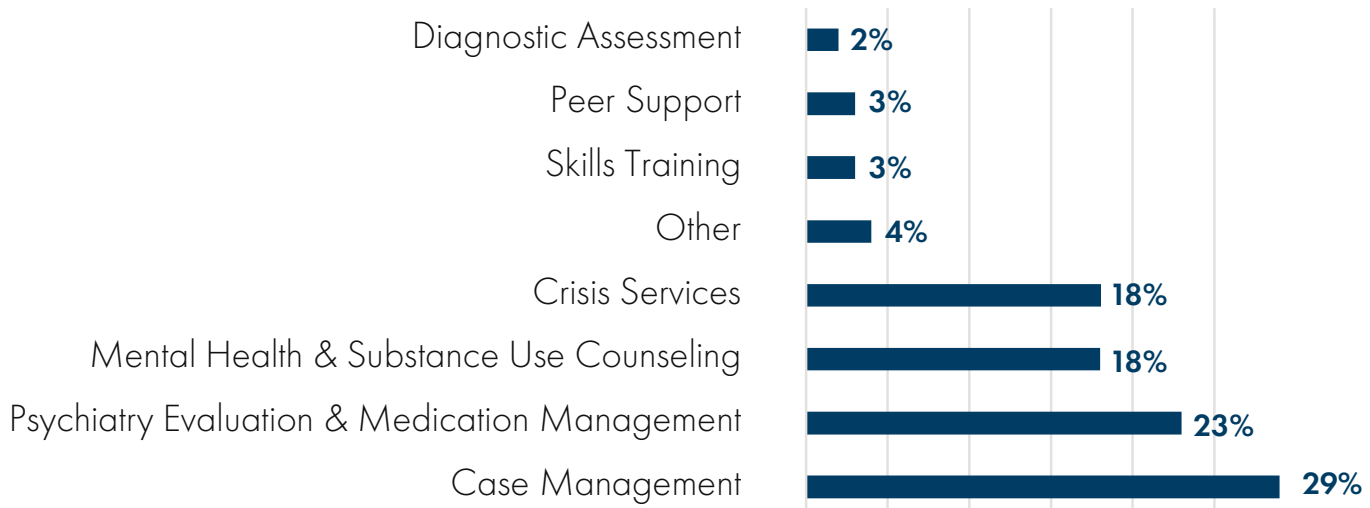
(does not speak to location of all services)



Services to Jails

10,625 services were provided to 2,088 individuals in a jail setting.

Percentage of total services provided to individuals in a jail setting:



Crisis services

Improvements to the clinic’s Electronic Health Record (EHR) to better capture crisis services were implemented in September 2023. The following data is from September 2023 through August 2024. 9,084 crisis services were provided to 3,260 individuals.

As a result of the crisis response:

- 46% of individuals went to a crisis stabilization unit.
- 20% of individuals went to other facilities or natural supports.
- 17% of individuals were able to remain home.
- 12% of individuals went the emergency department.
- 5% of individuals went to detention or jail.

Services to Youth and Families

103,499 services were provided to 3,478 youth.

West Central and Lake Region Human Service Centers (WCHSC and LRHSC) are implementing efforts through a federal System of Care (SOC) Grant designed to enhance mental health outcomes for youth through the age of 21. This effort began in the spring of 2023.

Southeast Human Service Center (SEHSC) offers Multisystemic Therapy (MST), which aims to promote pro-social behavior and reduce criminal activity, mental health symptomology, out-of-home placements, and illicit substance use in youth. Since 2022, 64 youth have received MST services through SEHSC.

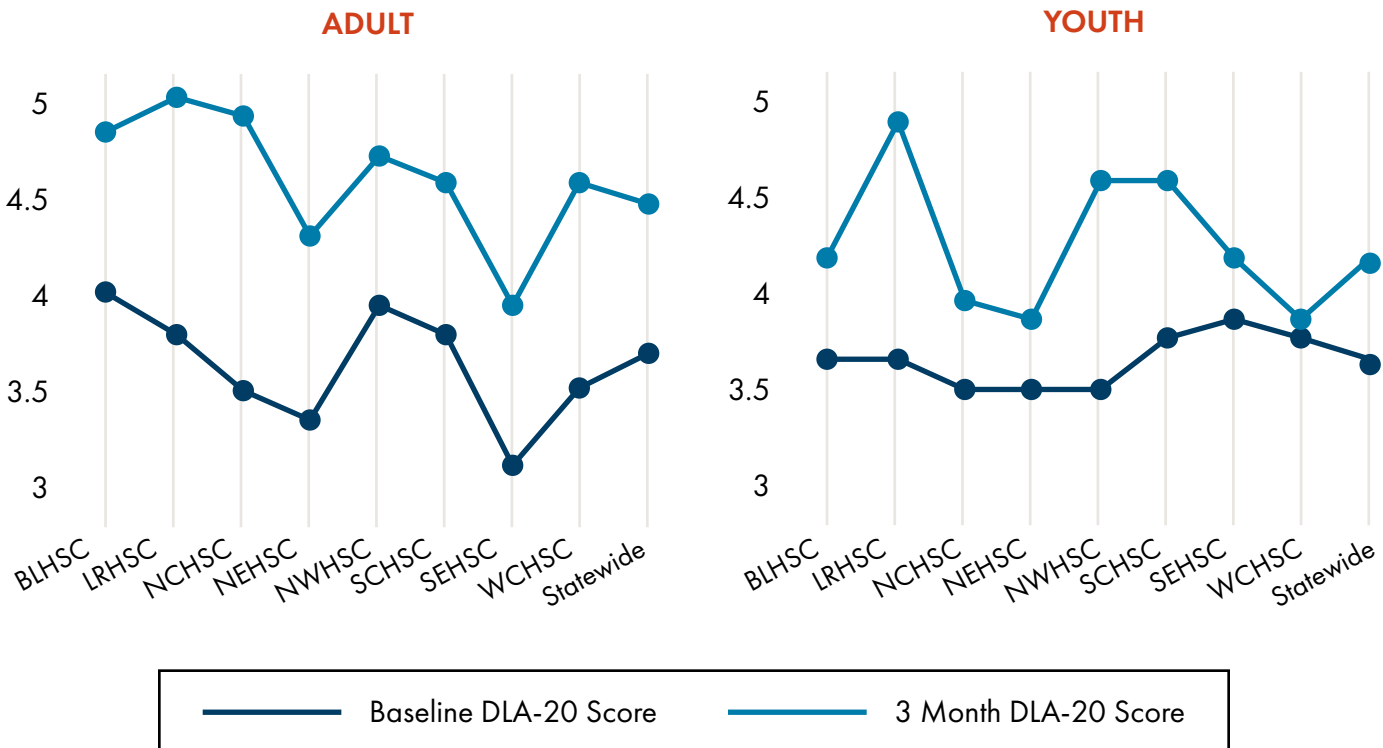
SEHSC and WCHSC operate a First Episode Psychosis (FEP) program funded by the federal Community Mental Health Services Block Grant (MHBG) which supports young people ages 16-35 experiencing early episodes of psychosis and their families in providing early intervention services. Since 2022, 67 individuals received FEP services.

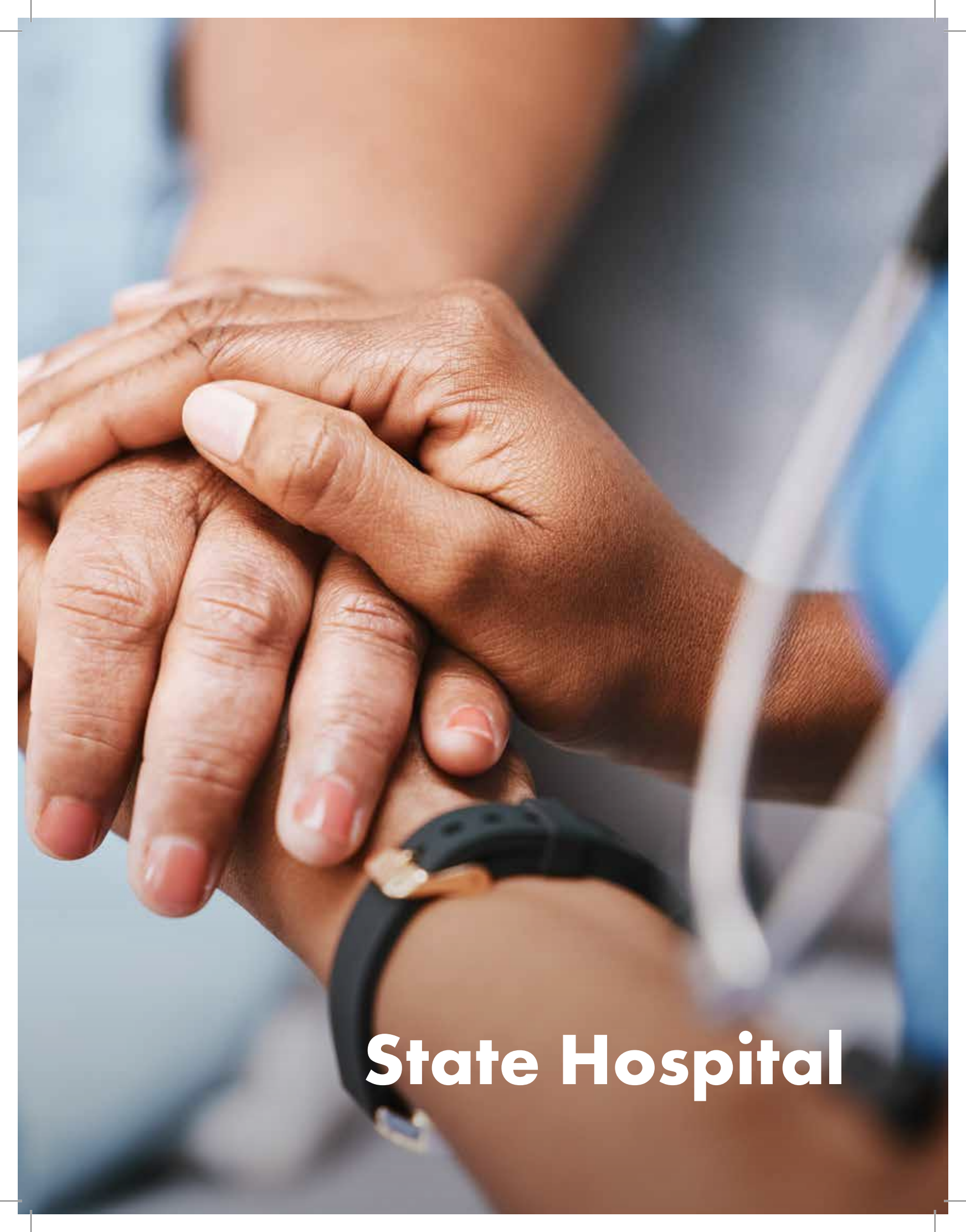
Impacts

Daily Living Activities (DLA)-20 functional assessments assess the level of functioning or impairment compared to the entire population. Higher scores indicate more independence while lower scores indicate more difficulty with daily activities.

Between October 4, 2023, and October 4, 2024*, average DLA-20 scores improved across all eight Human Service Centers for both adult and youth individuals served from the beginning of service to three months later.

*DLA-20 data collection process was modified on 10/4/2023 thus limiting the ability to analyze data prior to this date.





State Hospital

State Hospital



The North Dakota State Hospital, based in Jamestown, offers comprehensive behavioral health services for adults, including acute inpatient psychiatric care, substance use disorder treatment, intermediate psychosocial rehabilitation, forensic evaluations, and safety net services. For individuals requiring residential addiction treatment, the Tompkins Rehabilitation Center (TRC) serves male and female clients within the hospital's continuum of care.

The hospital also provides specialized, secure inpatient evaluation and treatment services for individuals deemed sexually dangerous, ensuring a structured and safe environment tailored to their specific needs.

Article IX, Section 12 of the ND Constitution outlines that the State Hospital must be located in Jamestown, ND.

ND Century Code 25-02 requires the ND Department of Health and Human Services to administer the State Hospital.

Number of Individuals Served (July 2023 - Nov. 30, 2024)

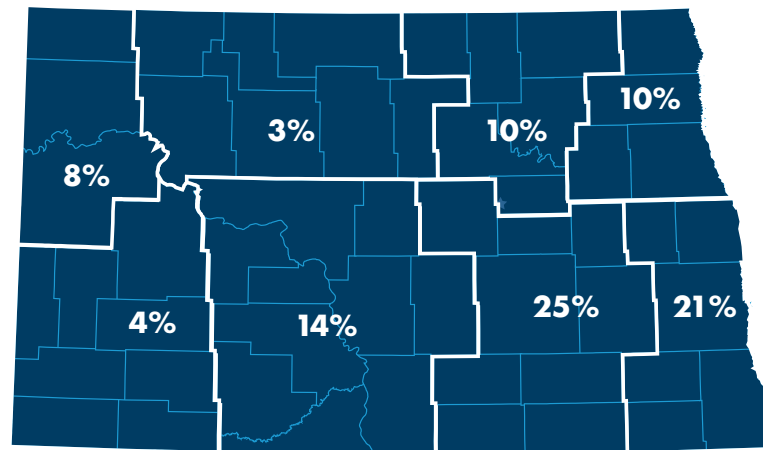
Total Hospital: 596 People

- **Inpatient Hospital: 498**
- **Sex Offender Treatment and Evaluation Program (SOTEP): 30**
- **Tompkins Rehabilitation Center: 82**

The State Hospital provides the following programs and services:

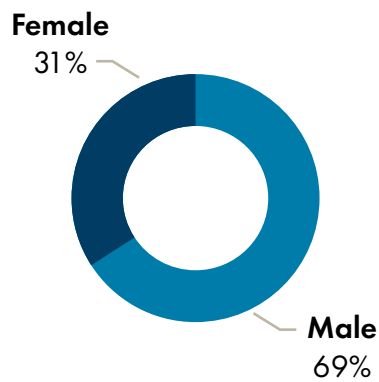
- Acute Psychiatric services
- Geriatric Psychiatric services
- Psychiatric Rehabilitation services
- Forensic services
- Sex Offender Residential Treatment
- Substance Use Disorder Residential Treatment

Home Region of Patients

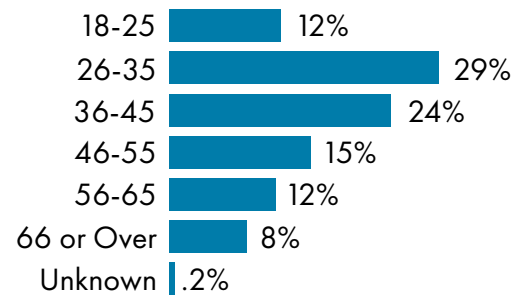


3% - Outside ND | 2% - Unknown

Gender



Age



Average Daily Census by Unit

- Inpatient Hospital: 78
- Sex Offender Treatment and Evaluation Program (SOTEP): 27.5
- Tompkins Rehabilitation Center: 7.5

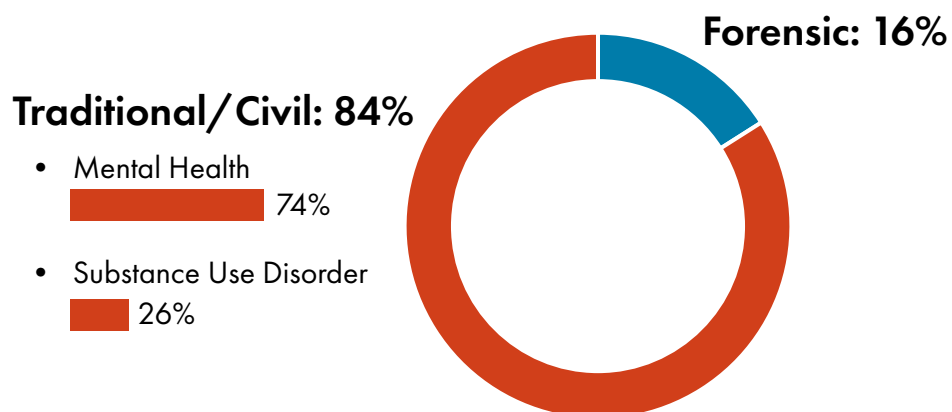
Average Length of Stay

- Inpatient Hospital: 66 days
- Sex Offender Treatment and Evaluation Program (SOTEP): 10.5 years*
- Tompkins Rehabilitation Center: 54 days

*This value reflects the current average for patients served by the SOTEP program, many of whom were still admitted at the time of report development.

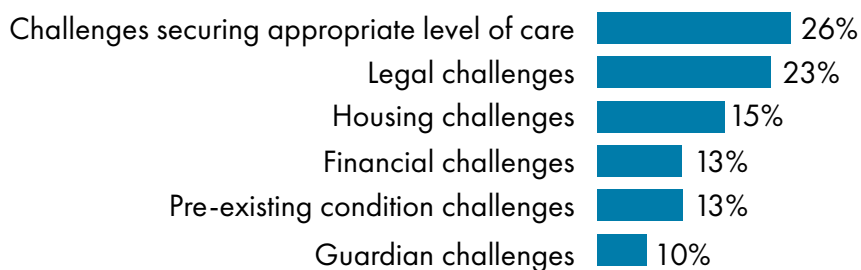


Type of Admission (July 2023 - Nov. 30, 2024)



Barriers to Discharge

Based on discharges between Nov. 29, 2023 and Dec. 19, 2024





Community Behavioral Health Promotion

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)



The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 CODE OF FEDERAL REGULATIONS Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 FEDERAL REGISTER 1492 was published on Jan. 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SUPTRS BG allotment on substance misuse primary prevention strategies. These strategies are directed at creating an environment that promotes the health and well-being of individuals and communities which prevents problems before they occur – and cannot be directed at individuals identified to be in need of treatment.

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

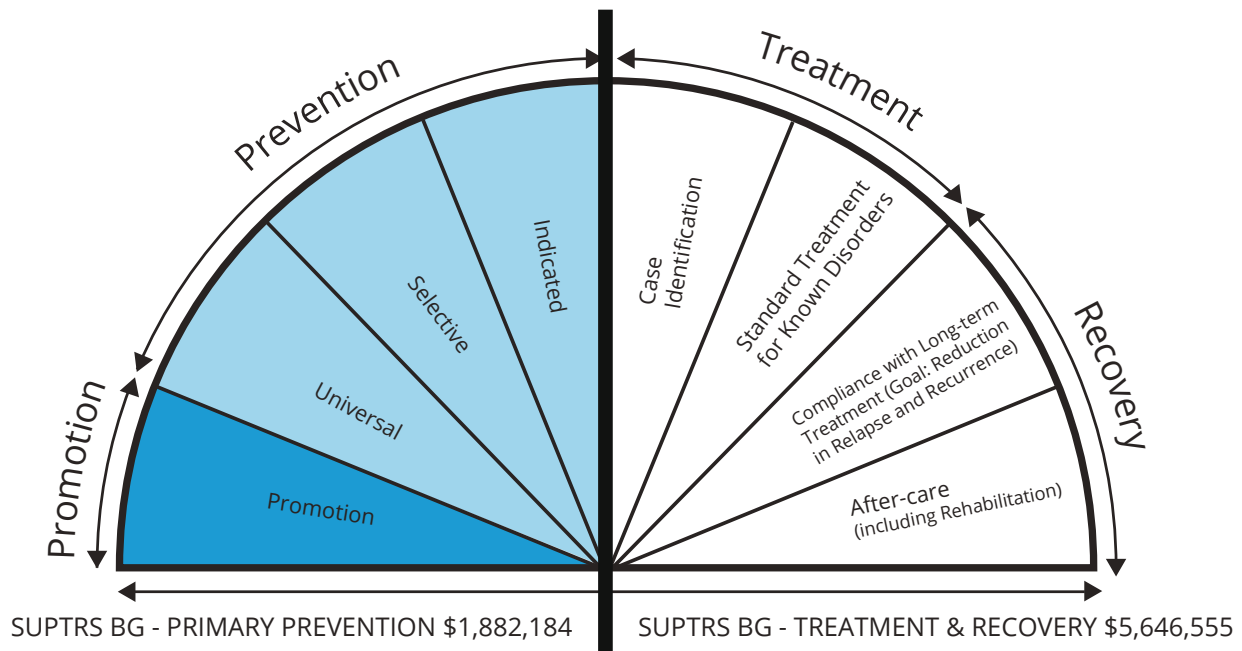
Health and Human Services utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance misuse.

The purpose of the SUPTRS BG is to:

- Provide priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery for individuals without insurance that are not covered by Medicaid, Medicare, or private insurance, or for whom coverage is terminated for short periods of time.
- Provide primary prevention by supporting universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

Funding

HHS receives approximately \$7,528,736 per year. As of Oct. 2024, approximately \$1,882,184 (25%) is allocated to primary prevention.



North Dakota Goals

Increase access to quality substance misuse-related services across the continuum of care.

PREVENTION

- Increase implementation of effective prevention statewide.
- Decrease underage drinking.
- Decrease adult binge drinking and related consequences.
- Decrease opioid misuse and related consequences.

TREATMENT/RECOVERY

- Increase evidence-based treatment and recovery support services, with a priority on high-risk populations:
 - Pregnant women and women with dependent children.
 - Individuals using drugs intravenously.



Activities

PREVENTION

- Training and technical assistance
- Community and tribal alcohol and other drug prevention programs across the state
- Underage drinking prevention efforts, including Parents Lead
- Adult binge drinking prevention efforts, including the Speak Volumes campaign
- Opioids: Take Care, Be Aware
- DUI education program licensing; provider certification
- Minor in possession education provider certification
- Synar program (youth tobacco enforcement)

TREATMENT/RECOVERY

- Public program funding
- Special Populations
 - Youth residential services program
 - Pregnant and parenting women
 - Tribal programs
- Recovery
 - Recovery Talk program
 - Mobile outreach program
 - Peer support development
- Withdrawal management
- Workforce development

SYNAR



The Synar regulation was formed after an amendment (section 1926) was added to the Alcohol, Drug Abuse, and Mental Health Administration Reorganization Act (PL 102-321) to address youth access to tobacco. The amendment, which is implemented by SAMHSA, requires states to enact and enforce laws prohibiting the sale or distribution of tobacco products to youth.

Currently, the Synar regulations require states to:

- Enforce underage access laws to a degree that reasonably can be expected to reduce the illegal sale of tobacco products.
- Conduct annual, unannounced inspections that provide a valid probability sample of tobacco sales outlets accessible to minors.
- Maintain tobacco retailer violation rate to 20% or less (a violation refers to youth being able to purchase tobacco products).
- Submit an annual report detailing activities to enforce the law.

WHAT IS THE LEGAL AGE TO PURCHASE TOBACCO?

The PL 116-94 Appropriations Bill signed into law by the President on Dec. 20, 2019, increased the minimum age for purchasing tobacco products from 18 to 21. This legislation (known as "Tobacco 21" or "T21") was effective immediately which made it illegal to sell any tobacco product—including cigarettes, cigars, and e-cigarettes—to anyone under 21. The new federal minimum age of sale applies to all retail establishments and persons with no exceptions. Because of the federal changes, SAMHSA has updated its guidance document for the Synar program to increase the minimum age to 21 and requires states to enforce the new age requirement of 21.

WHY IS SYNAR IMPORTANT TO NORTH DAKOTA?

States must comply with the Synar Amendment to receive the full Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) award. Specifically, if the violation rate is greater than 20%, the state could lose up to 10% of this funding. North Dakota Health & Human Services receives approximately \$7,528,736 annually; a 10% loss would equal \$752,874. North Dakota's violation rate in 2024 was 16.8% which is a significant increase from 5.7% in 2020.

IS SYNAR EFFECTIVE?

While the national weighted average retailer violation rate (RVR) for the 50 states and the District of Columbia (weighted by state population) was 40.1% in FY 1997, the RVR has steadily fallen since then to 9.6% in FY 2018 meaning less retailers are selling tobacco to our youth.

Recent research shows the enforcement of youth access laws through the Synar program is directly responsible for a portion of the decline in youth smoking rates. The Synar program has also contributed to a decline in the percentage of youth smokers who report retail sources as their usual source of tobacco products. At the same time, tobacco use among youth has been declining. According to the North Dakota Youth Risk Behavior Survey, the percentage of high school students reporting current cigarette use dropped from 40.6% in 1999 to 5.4% in 2023.



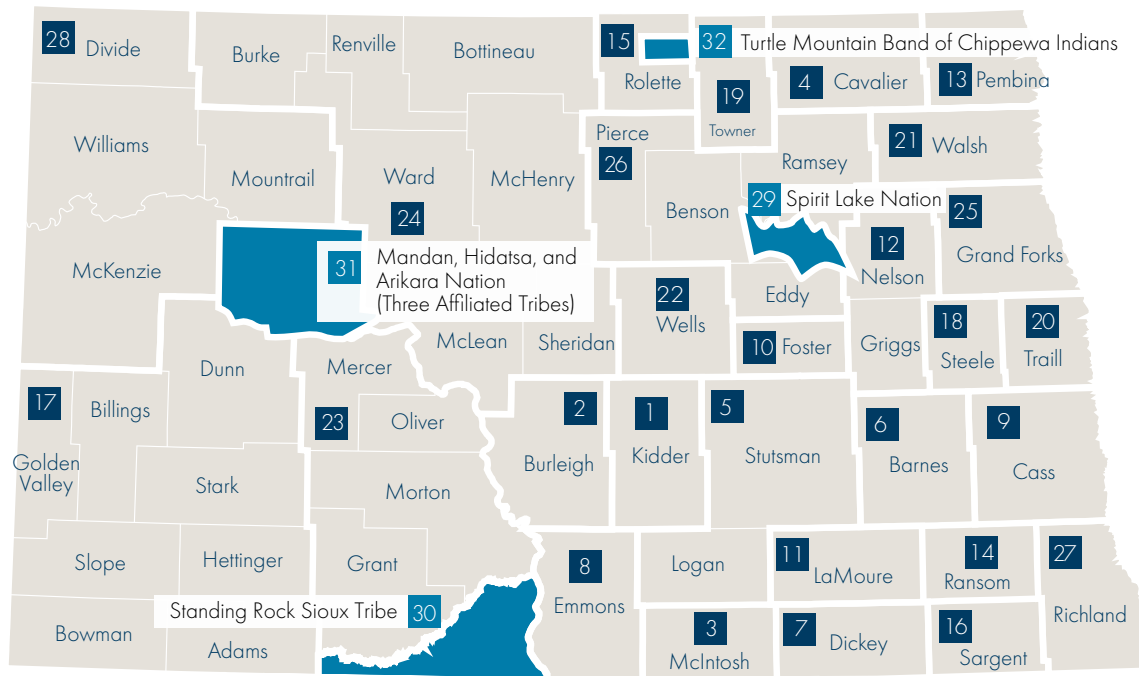
WHAT CAN WE DO?

Active enforcement of youth tobacco access laws is an important component of a comprehensive youth tobacco prevention program and leads to reductions in youth smoking. All efforts to reduce youth tobacco access should be combined with other efforts to reduce youth tobacco use. We need to:

- Collaborate (creation of a youth access tobacco group/committee).
- Enforce youth tobacco access laws – statewide enforcement.
- Mobilize the community to reduce minors' access by implementing local efforts.
- Stronger restrictions/policies on retailer sales of tobacco products.
- Educate retailers (letters and packets to all establishments along with training opportunities).
- Increase the price of tobacco products.
- Implement mass media campaigns.

Substance Misuse Prevention Community Funding Distribution

NORTH DAKOTA DEPARTMENT OF HEALTH & HUMAN SERVICES BEHAVIORAL HEALTH DIVISION



LOCAL PUBLIC HEALTH UNITS

- 1. Kidder County (Western Plains Public Health Collaborative)
- 2. Bismarck-Burleigh Public Health
- 3. McIntosh District Health Unit
- ● 4. Cavalier County Health District
- 5. Central Valley Health Unit
- 6. City-County Health Department
- 7. Dickey County Health District
- 8. Emmons County (Western Plains Public Health Collaborative)
- 9. Fargo-Cass Public Health Unit
- 10. Foster County Health Department
- 11. LaMoure County Public Health Department
- 12. Nelson-Griggs District Health Unit
- 13. Pembina County Health Department
- 14. Ransom County Public Health
- 15. Rolette County Public Health Unit
- 16. Sargent County District Health Unit
- 17. Southwestern District Health Unit
- ● 18. Steele County Public Health Department
- ● 19. Towner County Public Health
- ● 20. Traill District Health Unit
- ● 21. Walsh County Health Department
- ● 22. Wells County District Health Unit
- ● 23. Western Plains Public Health
- ● 24. First District Health Unit
- ● 25. Grand Forks Public Health Unit
- ● 26. Lake Region District Health Unit
- ● 27. Richland County Health Department
- ● 28. Upper Missouri District Health Unit
- Tribes
 - ● 29. Spirit Lake Nation
 - ● 30. Standing Rock Sioux Tribe
 - ● 31. Mandan, Hidatsa, and Arikara Nation (Three Affiliated Tribes)
 - ● 32. Turtle Mountain Band of Chippewa Indians

Substance Use Prevention, Treatment, and Recovery Services Block Grant Substance Abuse Prevention Community and Tribal Grants
 Total award for Oct. 1, 2023 - Sept. 30, 2026 reporting period: \$5.46 Million
 Priority: Prevention of underage drinking and adult binge drinking

State Opioid Response Grant (SOR) Community Implementation Grant
 Total SOR award for Sept. 30, 2024 - Sept. 29, 2027: \$4 million annually
 Priority: Prevention, harm reduction, treatment, and recovery related to opioid and stimulant use and misuse

Partnership for Success Grant (PFS)
 Total PFS award for Oct. 1, 2023 - Sept. 30, 2028: \$5 Million
 Priority: Prevention with aims to reduce the onset and progression of alcohol misuse and its related consequences in young adults.

Training and Technical Assistance



Are you...

- Unsure of how to assess the issues within your community?
- Attempting to identify the best solution to a community problem?
- Trying to write a strategic plan for a prevention effort, recovery program or treatment initiative?
- Looking for how other communities accomplished a particular strategy?
- Dealing with low capacity, awareness or readiness within your community or organization?

The ND Training and Technical Assistance team can assist with all of these and more!

The North Dakota Training and Technical Assistance Team strives to be accessible, responsive, comprehensive, effective and sustainable.

What is Training & Technical Assistance?

A collaborative process of providing targeted assistance and support.

What are the goals of Training & Technical Assistance?

Strengthen the capacity (resources and readiness) of individuals, groups, and organizations to implement and sustain effective strategies and positive outcomes in all areas of the continuum of care.

How is Training & Technical Assistance Delivered?

- In-person training
- Consultations
- Online events
- Collaboration and resource sharing
- Information dissemination
- Statewide and national meetings



The Training and Technical Assistance Team can offer information and support through a wide variety of topics and resources.

TOPICS

- Data collection and assessment
- Strategic planning
- Evidence-based prevention, treatment and recovery policies, programs and practices
- Comprehensive implementation
- Capacity building
- Cultural competency
- Sustainability
- Evaluation
- Data-driven decision-making
- North Dakota Century Code
- Subcontracting
- Risk and protective factors
- Media campaigns and promotion

RESOURCES

- Recorded training events
- Webinars
- Guidance documents on evidence-based strategy implementation
- Training videos
- Sample policies
- Sample Memorandums of Understanding (MOUs) and subcontracting documents
- Marketing tools
- Community success stories
- Access to resources through the Health and Human Service website

Early Intervention



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

Research suggests that investing in early intervention services can contribute to a reduction in health care costs and help ensure the improved health and well-being of individuals. Early initiation of problem behavior and involvement in the criminal justice system is a risk factor for substance misuse and related consequences. Therefore, ensuring that this population is receiving evidence-based early intervention services is important in preventing further problems.

Minor In Possession Early Intervention

The Department of Health & Human Services (HHS) is authorized to certify Minor in Possession (MIP) instructors (NDCC 50-06-44) in an effort to:

- Prevent the onset of substance use disorders (SUD) among youth who do not yet meet criteria for SUD, but are exhibiting early warning signs.
- Increase capacity of the workforce.
- Increase access to evidence-based early intervention services.

As of October 1, 2024, there are 18 certified MIP education instructors.

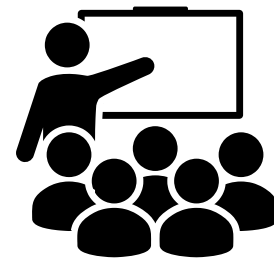
MINOR IN POSSESSION (MIP) EARLY INTERVENTION CLASSES		
	July 2022 - June 2023	July 2023 - June 2024
Total classes taught	92	90
Total participants who completed the class	124	114
Total repeat participants	6	5



Driving Under the Influence Early Intervention

HHS licenses ASAM 0.5 Driving Under the Influence (DUI) Seminar Programs (NDCC 50-31) and certifies the instructors who teach these evidence-based classes.

	July 2023 - June 2024
Total classes taught	144
Total participants	513
Total repeat participants	12



39 DUI instructors are certified (as of Oct. 1, 2024).

Partnership for Success (PFS) Grant



Awarded in September 2023, Health and Human Services (HHS) receives \$1.25 million per year, for up to five years, to administer the PFS grant, funded through the Substance Abuse and Mental Health Services Administration (SAMHSA). The purpose of the PFS program is to help reduce the onset and progression of substance misuse and its related problems by supporting the development and delivery of state and community substance misuse prevention.

The PFS program is grounded in the Strategic Prevention Framework (SPF), a community engagement model grounded in public health principles, including providing data-driven evidence-based services to underserved communities.

The North Dakota PFS grant will address youth alcohol use by focusing on selective prevention efforts. Selective prevention measures target subsets of the total population that are considered at-risk for substance use/misuse.

Subgroups at greater risk of substance use/ misuse:

- College students.
- Active-duty military members and their families.
- Children of parents with a substance use disorder or mental health condition.

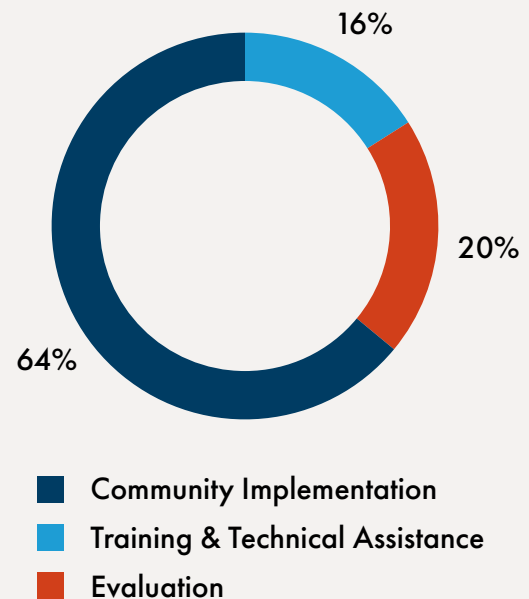


Funding for high-need communities

In October 2024, 64% of the funding was allocated to support community providers. North Dakota identified five high-need communities to fund using a high-need community formula. Measures used in the high need community formula included capacity, consequences, consumption, intervening variables, and target populations.

- First District Public Health, Minot
- Grand Forks Public Health
- Lake Region District Health Unit, Devils Lake
- Richland County Health Department, Wahpeton
- Upper Missouri District Health Unit, Williston

North Dakota PFS funding allocations



Training and technical assistance

Youth Connections provide trainings to community grantees while HHS behavioral health team members also provide ongoing training and technical assistance.

Evaluation

Wyoming Survey and Analysis Center is contracted to conduct required federal evaluation activities of community and state-level activities.

Suicide Prevention



Suicide is a serious public health problem that can have long-lasting effects on individuals, families, and communities. Effective suicide prevention requires multiple approaches. This includes prevention and protective strategies for individuals, families, and communities. Everyone can help prevent suicide by learning the warning signs and promoting prevention and resilience.

NORTH DAKOTA INITIATIVES

988 Suicide and Crisis Lifeline

988 is a three-digit number for help dealing with substance use or mental health crisis. 988 Officially launched on July 16, 2022, and is accessible 24/7, to anyone in need, anywhere in the United States.

When a North Dakota resident calls or texts 988, a trained crisis counselor at the state's Lifeline crisis center, FirstLink, answers. FirstLink staff listen to the caller, understand how their problem is affecting them, provide support, and share resources, if needed. If additional support is needed, FirstLink connects the person to their local Human Service Center's (Behavioral Health Clinic) mobile crisis team or in certain circumstances, to necessary emergency services. Along with call and text, a chat feature is also available via the 988 website, accessible by smart phone or computer: chat.988lifeline.org.

Since rolling out the 988 Suicide & Crisis Lifeline in July 2022, FirstLink has **answered nearly 14,000** contacts via 988— **over 10,000** more than the previous 12 months. Calls are answered at an average speed of **20 seconds**. With over **11,650** calls to 988, the average talk time is **15.8 minutes**. Since FirstLink began taking 988 chat and texts in February 2023, they have engaged with individuals via **1,015 chats and 1,273 text messages**.

Suicide &
Crisis Lifeline

988

CALL, TEXT OR CHAT

Most recent period compared to implementation of 988 chat and text:

TEXTS: 54 in Jan. 2023; 120 in Sept. 2024 = 122% increase

CHATS: 73 in Jan. 2023; 82 in Sept. 2024 = 12% increase

Percentage increase for Sep. 2023-2024 compared to the previous year:

CALLS: 4,541 Sept. 22 - Sept. 23; 7,149 Sept. 23 - Sept. 24 = 57% increase

North Dakota's 988 media campaign carries the goal of reaching members of the general public and increasing call, text and chat volume to the 988 Suicide and Crisis Lifeline. Individuals and agencies can order 988 Suicide Prevention materials at no cost: [Behavioral Health Free Resources > Suicide Prevention/988 \(x-shops.com\)](https://www.behavioralhealthfree.com/resources/suicide-prevention/988)



Suicide Fatality Review Commission

During the 68th Legislative Assembly of North Dakota, in 2023, Gov. Burgum signed House Bill 1390, which 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. This mandated Health and Human Services (HHS) to establish the Commission, which came to fruition in October 2024 with an initial meeting of the commissioned members. The first Commission meeting to review cases occurred in January of 2024.

The Commission is a multidisciplinary group of professionals and community members appointed by the North Dakota Department of Health and Human Services Commissioner that meets to evaluate the circumstances leading to and causing deaths by suicide in North Dakota to improve community and service systems and to take action to prevent further suicides. Suicide fatality review is a professional process aimed at improving system responses to individuals at risk for suicide. Commission reviews are designed to prevent suicide by eliminating stigma, providing access to resources, and increasing connectedness throughout the state of North Dakota well as examine systems issues, and not the performance of individuals.

Members of the North Dakota Suicide Fatality Review Commission are appointed by the Commissioner and include representatives from:

- ND Health and Human Services Behavioral Health Division
- ND Health Statistics and Performance Section in the Public Health Division of HHS, Surveillance & Data Management
- ND Health and Human Services - Human Service Center Clinics
- Sanford Health
- Cass County Coroner's Office
- State Forensic Examiner's Office
- University of North Dakota
- Metro-Area Ambulance Service, Inc.
- FirstLink, North Dakota's 988 Call Center
- Simle Middle School, Bismarck
- Fargo VA Health Care System
- American Foundation for Suicide Prevention
- Minot Police Department
- North Dakota Indian Affairs Office

The Suicide Fatality Review Commission has held four suicide fatality reviews since the beginning of 2024. Each Commission review looked at between four and six individual suicide death cases with a total of 18 cases reviewed. Suicide prevention recommendations were made and the Suicide Fatality Review Commission Report was written based on the findings of the Commission, along with the ND Child Fatality Review Team and the Cass County Suicide Fatality Review Team.

Suicide Prevention Community Program Funding Awards

HHS sought Suicide Prevention Community Programming efforts through an RFP posted Feb. 22, 2024. The RFP sought to procure agencies working to prevent deaths by suicide by supporting the implementation of prevention efforts using life skills and resilience, as well as connectedness, as areas of programmatic focus. The RFP resulted in six contracts beginning work on April 12, 2024. Work within these contracts will continue through June 30, 2025. [▶](#)

Grantee	Goals
Consensus Council – statewide	<p>Consensus Council is partnered with West Fargo Public Schools and Bismarck Public Schools to provide restorative practices as both prevention and intervention from harmful behavior. These services allow students to build and repair relationships and provide an alternative to punitive and exclusionary discipline practices which disconnect and isolate youth from their school community and stigmatize their character upon return. Specifically, facilitators facilitate Belonging and New Student Circles which are six-week sessions designed for students to get to know their peers in a unique and intentional way, and Restorative Conferencing which allows students engaging in and/or impacted by harmful behavior to address and repair harm in a meaningful way. This program also provides an opportunity for students returning from suspension to revisit the incident leading to their discipline and engage them in repairing harm/relationships (when appropriate) and planning to prevent future harm from occurring.</p> <ul style="list-style-type: none"> To date, 36 students have been impacted by these services.
Cook Center for Human Connection – statewide	<p>The Cook Center for Human Connection is offering a suicide prevention and awareness campaign by the name of My Life is Worth Living. More specifically, My Life is Worth Living addresses the alarming rise in youth depression, anxiety, and suicide in North Dakota by directly engaging youth and their families with research-backed suicide prevention strategies in compelling media, live interactive virtual events, and rich extended resources.</p>
Eyes on the Horizon, LLC – statewide	<p>This effort targets North Dakota farmers and ranchers, promoting the incorporation of protective factors through a three-pronged approach, farm/ranch couples retreats, presenting at agriculture industry meetings in cooperation with agriculture business partners, and media messaging promoting protective factors.</p> <ul style="list-style-type: none"> To date, program planning has occurred, retreats are scheduled for late fall 2024-early winter 2025, and radio ads have been recorded.
Haugen Performance Consulting, PLLC – Grand Forks, ND and statewide	<p>This effort targets sport ecosystem stakeholders through the Ready, Set, Next (RSN) program, which is designed to increase resilience, coping skills, and connection within sport spaces. Courses are available for non-athlete stakeholders (e.g., sports medicine, coaches, administration) and collegiate student-athletes (six module workshop series delivered virtually throughout North Dakota). The programming is just launching as the first several months were preparation-focused while collegiate activities were on summer break.</p>
Minot State University – ND Center for Persons with Disabilities	<p>The Resilience Through Connection ECHO® aims to provide a deep exploration of the various factors that impact social connection and the predictors of loneliness. Sessions will be tailored with strategies to increase life skills, resilience, and foster a sense of connectedness for people with disabilities and individuals with poor mental health. This includes enhancing knowledge of protective factors against suicide, emphasizing the importance of social connectedness, and raising awareness of ND resources and activities that promote a sense of belonging.</p>
Peer Vision – Minot, North Dakota	<p>Peer Vision for Mental Health, through their Vets for Vets program, is working to build peer support availability in their city and region that promotes connection among former service members who are struggling with mental health concerns and interruptions in their overall wellness and quality of life. Peer support offers the opportunity for individuals to interact with others who are facing similar life struggles and promotes connection and belonging. Having a designated gathering space— the Minot Vets for Vets Center—with trained staff and volunteer peer support specialists and open hours that coincide with times when many individuals find a heightened need for support, provides a positive option for coping and connecting with others. Vets for Vets has seen increasing activity in bi-monthly peer support groups, community contacts and outreach.</p>



Suicide Prevention Training Opportunities

American Foundation for Suicide Prevention (AFSP)

AFSP provides three trainings throughout North Dakota that are supported by HHS. These include the Clinical Approach to Preventing Suicide: An Introduction (CAPS), SafeSide Prevention, and Talk Saves Lives.

- As of Dec. 1, 2024, 13 trainings have been provided to 442 individuals across North Dakota.

FirstLink

FirstLink provides the Suicide Risk Assessment training. Through this training, participants learn to effectively use the Columbia-Suicide Severity Rating Scale (C-SSRS) screening tool to assess suicide risk and what appropriate next steps to take in a suicide crisis.

- As of Dec. 1, 2024, six trainings have been provided to 90 individuals across North Dakota.
- FirstLink has also completed six safeTALK trainings to a total of 57 people with this contract. safeTALK is a half-day training in suicide alertness that helps participants recognize a person with thoughts of suicide and connect them with resources who can help them in choosing to live.

Haugen Performance Consulting

HHS contracts with Haugen Performance Consulting, PLLC to provide VitalCog, an evidence-based suicide prevention training course to various stakeholders. Modules available include student athlete, athletics staff, workplace and construction. Courses can be presented virtually or in-person.

- As of Dec. 1, 2024, six trainings have been completed for 37 people.
- The individuals trained interact with 9217 unique student-athletes and 18,122 non-athletes in North Dakota.
- The next virtual training is January 27, 2025. In 2025, they will offer 1-2 trainings monthly.



Parents Lead is an evidence-based prevention program that provides parents and caregivers with a wide variety of tools and resources to support them in creating a safe environment for their children that promotes behavioral health.

Look. Listen. Love. Parenting doesn't have to be defined by moments of struggle. Ninety-nine percent of the job is showing up—being there for the small, everyday moments. Those small acts build stronger bonds and prevent issues like underage drinking, drug use, depression, and anxiety.



Look. It's as simple as being present. Pay attention to their behaviors, understand their needs, and encourage them in all moments. This builds trust and connection.



Listen. Open communication is key to promoting positive behavioral health. Make sure you and your children talk often, sharing thoughts and feelings freely.



Love. Above all, children need to know they are loved and valued. That sense of security and love is the foundation for their well-being.

Research continually shows when parents engage in **ongoing conversations, positive role-modeling, effective monitoring** and **support**, children are less likely to develop behavioral health issues like substance abuse, depression, anxiety, and suicidal thoughts.

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



Ongoing Conversations

72% report having more conversations with their child about behavioral health.



Effective Monitoring

63% are more invested in monitoring their children.



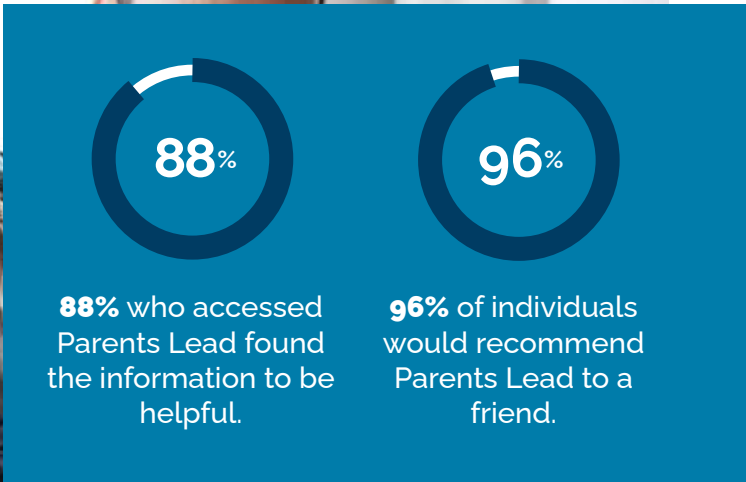
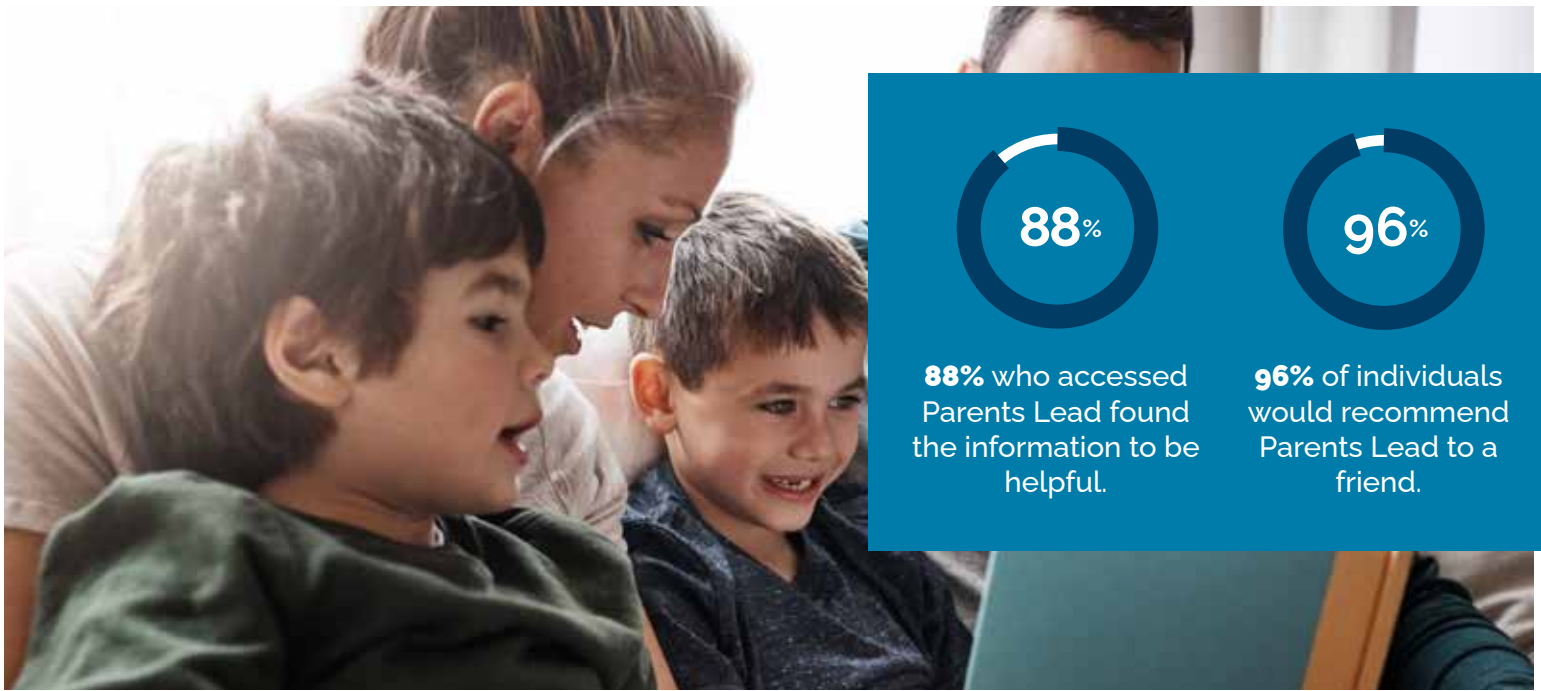
Positive Role-Modeling

76% report role modeling responsible behaviors with their child.

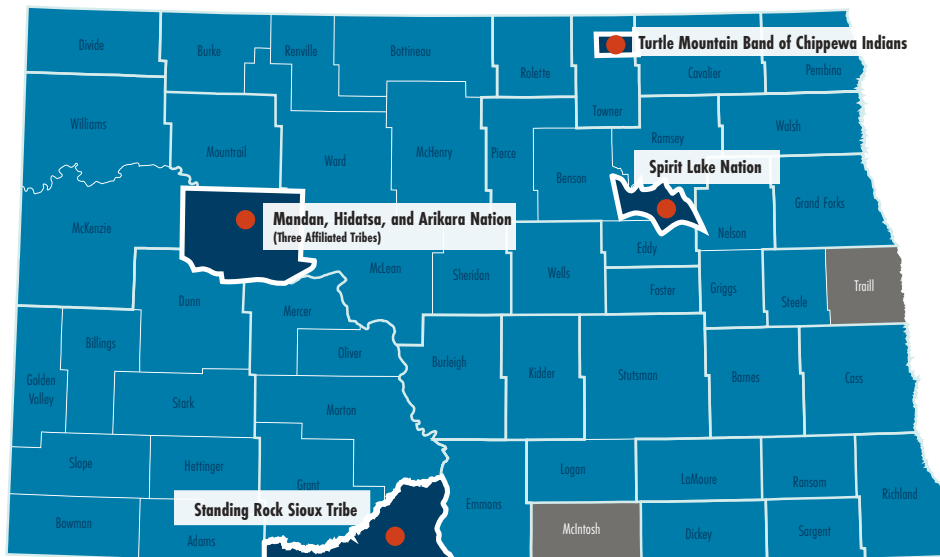


Support and Engagement

64% report spending more quality time with their child.



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



Local implementation of Parents Lead is occurring in 51 of the 53 counties and 4 federally recognized tribes.

Statewide Communication

From October 2023 to September 2024, 219,736 Parents Lead materials were distributed, reaching countless families and communities. Additionally, a total of 3,008 hours have been dedicated to initiatives and activities that support parents and caregivers in promoting children's behavioral health.

The Parents Lead statewide media campaign has resulted in 21.5 million impressions by mass media, online displays, social media, online videos, and digital radio. (July 1, 2023-June 30, 2024)

Parents Lead Funding Sources

- ✓ State General Funds: \$200,000 for 2023-2025 biennium.
- ✓ Department of Transportation NHTSA grant: \$75,000 in FFY 2023, \$140,000 in FFY 2024.
- ✓ SAMHSA Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) Prevention dollars up to: \$402,150 in FFY 2023



Health & Human Services

For more information visit:
hhs.nd.gov/behavioral-health
or email us at dhsbhd@nd.gov

A close-up photograph of a young child with light hair and blue eyes, wearing a bright yellow jacket. The child is resting their chin on their hand and looking directly at the camera with a thoughtful expression. In the background, another child is visible, slightly out of focus, looking down. The scene is set outdoors with natural light, possibly during sunset or sunrise, creating a warm atmosphere. The text "Children's Behavioral Health" is overlaid in the bottom right corner.

**Children's
Behavioral
Health**

System of Care (SOC) Grant



System of Care Framework

A System of Care (SOC) is a spectrum of effective, community-based services and supports for children, youth, and young adults with or at-risk for mental health challenges and their families. The primary goal is to help families function better at home, in school, and in the community. The services and supports aim to:

- Be organized into a coordinated network across the continuum of care.
- Build meaningful partnerships with youth and families.
- Address the unique and cultural and linguistic needs of each child and family.

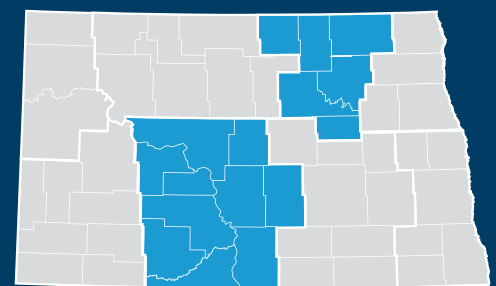
The dimensions of System of Care include the integration of all child-serving services and supports. These include both professional and natural supports across the lifespan.



The System of Care (SOC) grant is designed to enhance mental health outcomes for children and youth, birth through age 21. The goals of North Dakota's System of Care initiative are:

- ▶ To increase access of high-quality and culturally appropriate services and supports available to children with serious emotional disturbances (SED) and their families in the identified regions, and;
- ▶ To develop a sustainable infrastructure to support the System of Care approach for North Dakota children with SED and their families.

North Dakota was one of six states to be awarded \$3 million per year (starting in 2022) for four years by the federal Substance Abuse and Mental Health Services Administration as part of the System of Care Expansion and Sustainability Grant (SOC). The initial grant efforts will be focused in two regions of the state.



Grant Priorities and Milestones

Infrastructure Development:

- **Local/Regional Empowerment:** Regional SOC Steering Committees have convened since April 2023 to provide guidance on System of Care implementation.
- **Youth and Family Involvement:** Parent with lived experience as part of the SOC state team and engaging individuals with lived experience in SOC steering committees.
- **Cross-system Partnerships:** Investment in developing partnerships across child-serving systems including behavioral health, child welfare, juvenile services, schools, and the private sector.
- **Tribal-State Partnerships:** Development of partnerships and funding streams with MHA Nation, Standing Rock Sioux, Spirit Lake Nation, and Turtle Mountain Band of Chippewa Indians to serve Native American youth and families.
- **Workforce Development:** Hired personnel in regional HSCs and other child-serving settings to provide home and community-based services for children with behavioral health needs and their families. This includes investing in training in Functional Family Therapy, Parent and Caregiver Peer Support, SPARCS, Seeking Safety, TF-CBT, EMDR, Play Therapy, and other evidence-based practices.
- **Sustainability:** Invest directly in the implementation and expansion of reimbursable behavioral health services, 1915(i) home and community-based services, and Title IV-E Prevention Services.
- **Data evaluation:** Completed regional needs assessments and asset mapping. Targeted evaluation focused on assessing clinical and social outcomes of youth and families to support ongoing implementation and sustainability.

Data Highlights

Sept. 30, 2023 - Sept. 29, 2024



745

Individuals trained in behavioral health evidence-based practices.



1,110

Youth and families engaged in program outreach efforts.



1,959*

Youth and families receiving evidence-based mental health services.

*number of individuals served is a duplicated count across quarters for grant year 2.

Note: This work aligns with the Human Services Research Institute's report to enhance and streamline the system of care for children and youth (HSRI Aim 5).

Service Implementation

Prevention and Early Intervention



- Parent Child Interaction Therapy (PCIT) and Parent Child Psychotherapy (CPP) treatment services for early childhood.
- Healthy Families ND expansion of home visitation (ages 0-3).
- Native American community-based cultural programming.

Outpatient and Integrated Care



- Trauma-focused CBT (TF-CBT), Eye Movement and Desensitization and Reprocessing (EMDR), Play Therapy, and other evidence-based practices delivered in outpatient and integrated settings.
- SPARCS and Seeking Safety treatment groups in school settings.
- Parent Support and Psychoeducation Groups.
- School-based Care Coordination for children with behavioral health needs.
- Funded salary and benefits of Clinicians in both SOC regions to expand the capacity to serve and travel to rural and underserved regions.

Intensive Home and Community-Based Services



- Psychiatric Residential Treatment Facility (PRTF) Aftercare intensive care coordination, Functional Family Therapy, intensive in-home treatment.
- Care coordination, peer support, and independent living skill groups for transitional-aged youth (ages 16 through 21).
- Family Check-up/Everyday Parenting program.
- Community-based care coordination, birth through age 21.

Partial Hospitalization or Day Treatment



- Child and Adolescent Partial Hospitalization Program at CHI Alexius Hospital.

Crosscutting Implementation and Planning

- Parent and Caregiver Peer Support
- High Fidelity Wraparound – intensive care coordination for youth in multiple systems
- Parents with lived experience serving parents and caregivers of children with behavioral health needs.

Behavioral Health and Education System Integration – The Basics

LANGUAGE MATTERS

The behavioral health system and education system speak different languages.

WHAT IS BEHAVIORAL HEALTH?

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

Examples are:

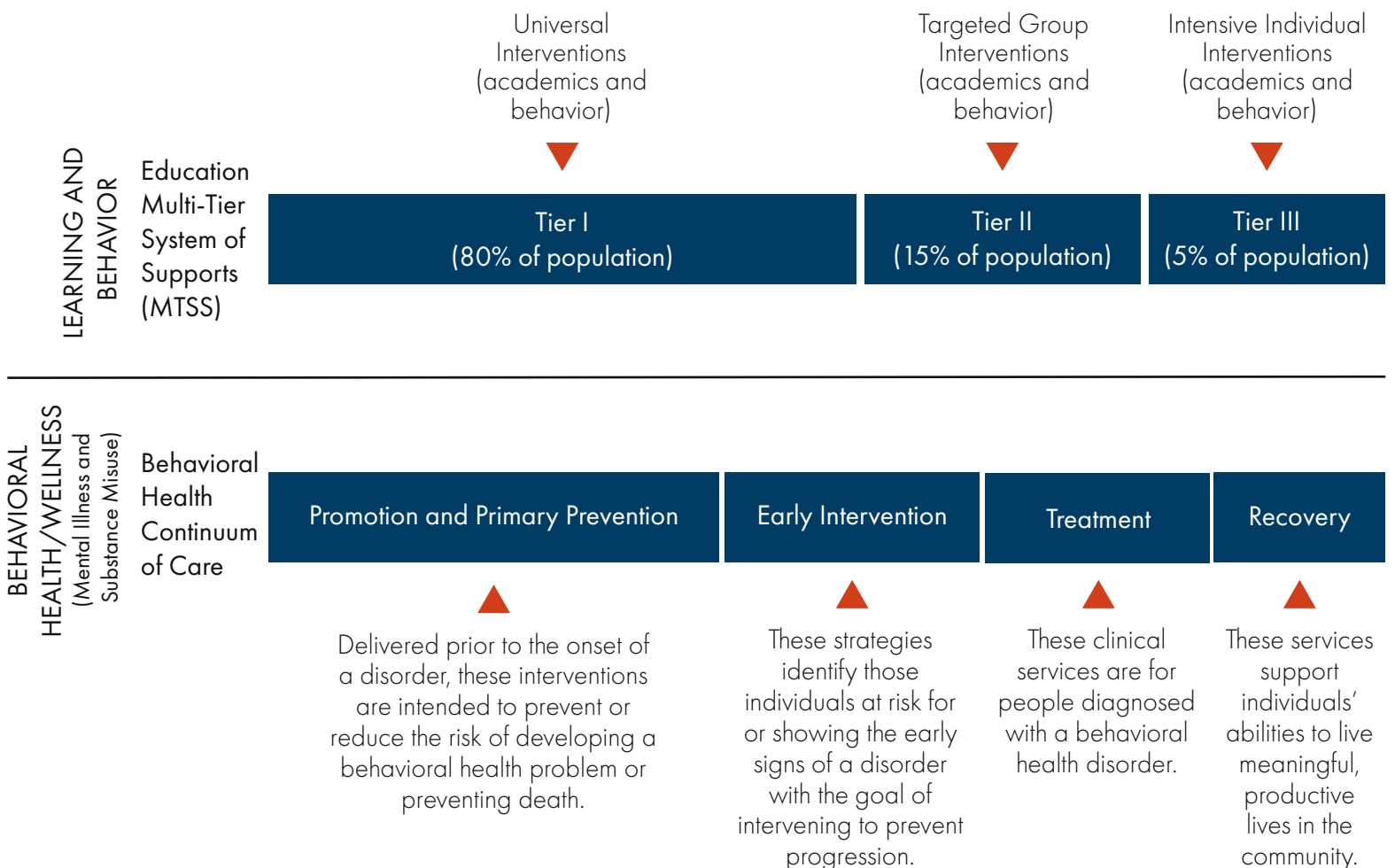
- Preventing and treating depression and anxiety.
- Preventing and treating substance use disorder or other addictions.
- Supporting recovery.
- Creating healthy communities.
- Promoting overall well-being.

Behavioral health needs are not synonymous with:

- The special education needs identified through an Individualized Education Program (IEP).
- School safety issues.

Considerations for Integration of Behavioral Health and Education

What systems are needed for schools to identify behavioral health needs?



Schools report feeling pressured to become behavioral health experts and providers. It is crucial that these services are provided by appropriate behavioral health clinicians for liability and billing reasons.

BEHAVIORAL HEALTH PROFESSIONAL TIERS (NDCC 25-01-01)

The tiered system for behavioral health professionals in North Dakota was established in 2017, by the 65th Legislative Assembly and is found in Chapter 25-01-01 of the ND Century Code. The intent of the tiered system was to establish a basic ranking of behavioral health professionals (both licensed and unlicensed) based on education and scope of practice.

Tier 1 mental health professional

A tier 1a mental health professional is

- a psychiatrist licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- a psychologist licensed under chapter 43-32 (PSYCHOLOGISTS)

A tier 1b mental health professional is

- a licensed physician or a physician assistant licensed under chapter 43-17 (PHYSICIANS AND SURGEONS)
- an advanced practice registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)

Tier 2 mental health professional

A tier 2a mental health professional is an independent clinician who is

- a licensed clinical social worker under chapter 43-41 (SOCIAL WORKERS)
- a licensed professional clinical counselor licensed under chapter 43-47 (COUNSELORS)
- a licensed marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)

A tier 2b mental health professional is

- an addiction counselor licensed under chapter 43-45 (ADDICTION COUNSELORS)
- a registered nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)

Tier 3 mental health professional

- a licensed associate professional counselor licensed under chapter 43-47 (COUNSELORS)
- a licensed master social worker or licensed baccalaureate social worker under chapter 43-41 (SOCIAL WORKERS)
- a licensed professional counselor licensed under chapter 43-47 (COUNSELORS)
- an associate marriage and family therapist licensed under chapter 43-53 (MARRIAGE AND FAMILY THERAPY PRACTICE)
- an occupational therapist licensed under chapter 43-40 (OCCUPATIONAL THERAPISTS)
- a licensed practical nurse licensed under chapter 43-12 (NURSE PRACTICES ACT)
- a behavior analyst licensed or registered under chapter 43-32 (PSYCHOLOGISTS)
- a vocational rehabilitation counselor practicing under chapter 50-06.1 (VOCATIONAL REHABILITATION)
- a school psychologist
- a human relations counselor

Tier 4 mental health professional

- direct care associate or technician

Children's Behavioral Health Prevention and Early Intervention Pilot Grant

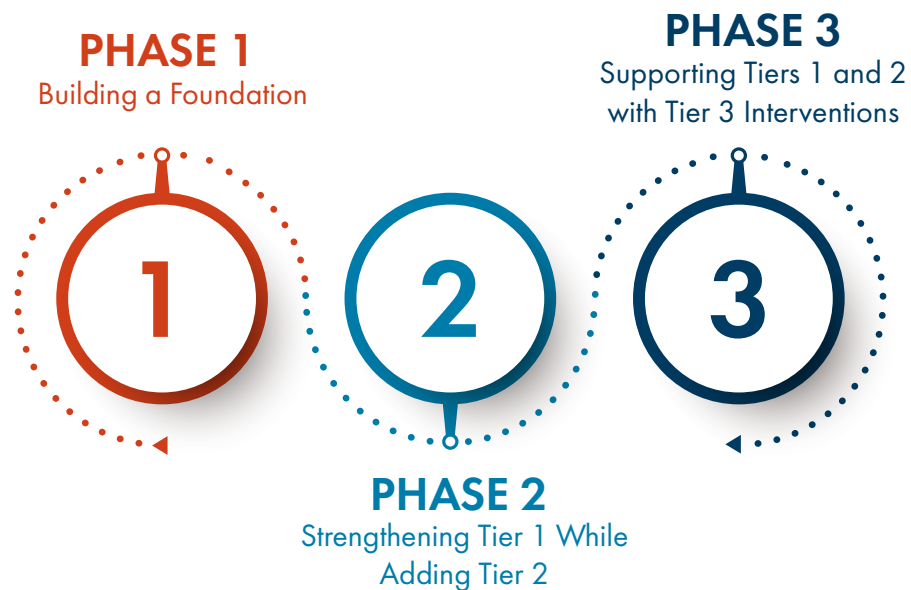


The ND 65th Legislative Assembly initiated a children's behavioral health prevention and early intervention pilot project, allocating \$150,000 to HHS. With SB 2012, the 66th Assembly provided \$300,000 to expand the project to include one rural and one tribal school.

Project goal

To demonstrate improvement to children's behavioral health in a school setting and identify how a fully integrated continuum of support could look in various schools throughout North Dakota.

Three toolkits to support implementing multi-tiered systems of support at the building level are available for all school administrators and staff.



Support is provided to students based on identified need, emphasizing prevention and early intervention. Examples of services provided in the pilot include:

- School-wide positive behavioral supports.
- Whole class lessons on behavioral health topics.
- Individual counseling and/or social skills sessions for students at risk.
- Culturally sensitive staff development.
- Contract with outside mental health professionals to deliver mental health services within the school setting.

Implementation Highlights

Dunseith Elementary

- Funding for identified students to receive support from a mental health provider when insurance, co-pays, or high deductibles are a barrier.
- Collaborative support and consultation for school staff from a mental health provider.
- During the 2023-2024 school year, 154 students received support through these dollars.

Barnes County North

- Funding for identified students to receive support from a mental health provider when insurance, co-pays, or high deductibles are a barrier.
- Travel for mental health provider to travel to support students in the school building.
- Professional Development opportunities for staff.
- During the 2023-2024 school year, 33 students received support through these dollars.

School Behavioral Health Grant



The ND 66th Legislative Assembly passed SB 2012, appropriating general fund dollars to provide behavioral health services and support grants to school districts for addressing student behavioral health needs.

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.

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

ELIGIBLE APPLICANTS

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

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

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.

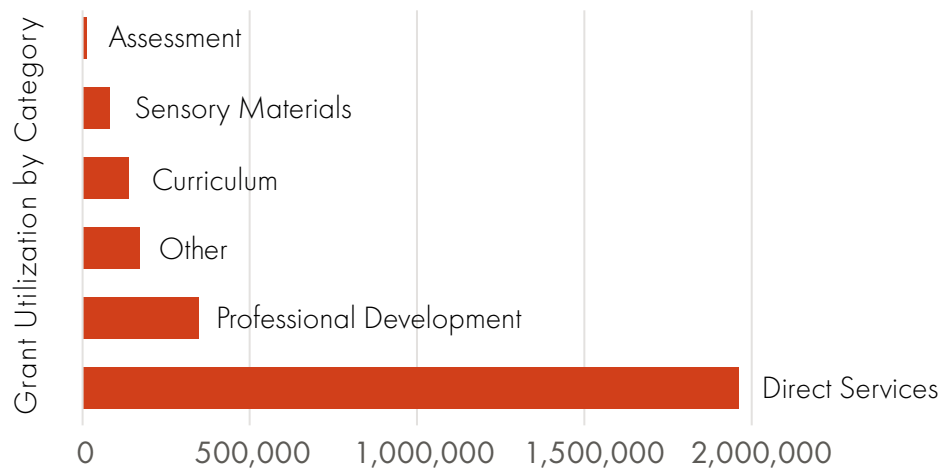
The amount billed for school-based services to Medicaid during the 2023 - 2024 school year increased by over \$1.5 million from the previous school year. This means school districts and special education units are eligible for \$1.5 million more during the 2024-2025 school year than the 2023-2024 school year.

2023-2024 SCHOOL YEAR

Twenty-four ND school districts or special education units received funding. These entities received a total of \$2.7 million to use towards the behavioral health needs of students.

- Bismarck Public Schools
- Carrington School District
- Dickinson Public Schools
- East Central Special Education Unit which includes Kensal, Pingree-Buchanan, and Fessenden-Bowdon
- Fargo Public Schools
- Grand Forks Public Schools
- GST Special Education Unit
- James River Special Education Unit
- Jamestown Public Schools
- Lake Region Special Education Unit
- Mandan Public Schools
- Minot Public Schools
- New Rockford Sheyenne District
- Oberon Public School
- Oliver-Mercer Special Education Unit
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- Souris Valley Special Education Unit
- South Valley Special Education Unit
- Upper Valley Special Education Unit
- Wahpeton Public Schools
- West Fargo Public Schools

Approved Funding Categories



Examples:

Direct Services – therapy / clinical counseling– for students with no insurance or to cover co-pays, BCBA contracts/consults, targeted case management, extended school psychology services

Professional Development – safety care, trauma training, nonviolent crisis intervention training, restorative practices training

Curriculum –second step curriculum, applied behavior analysis curriculum, autism curriculum, social skills

Sensory Materials – flexible seating, fidgets, sensory room materials

Assessments – functional behavior assessments, Devereux Student Strengths Assessment

Other - transportation costs, survey platforms, student retreats

Behavioral Health in Education Resources and Opportunities Technical Assistance Center (B-HERO)



The ND 66th Legislative Assembly passed Senate Bill 2149, which established the requirement for each school within a district to designate an individual as a Behavioral Health Resource Coordinator, and Senate Bill 2313, which required the Health and Human Services (HHS) Behavioral Health Division to provide resources on mental health awareness and suicide prevention to the Behavioral Health Resource Coordinators.

In November 2020, HHS awarded a contract to the Central Regional Education Association (CREA) – one of 7 regional education associations within North Dakota – to provide resources, information, and support to school Behavioral Health Resource Coordinators (BHRCs). As a result, the Behavioral Health in Education: Resources and Opportunities (B-HERO) Technical Assistance Center was formed.

Who is B-HERO?

A group of educators and advocates passionate about the importance of behavioral health in North Dakota schools and communities.

WE PROVIDE ACCESS TO:



Trainings



Technical Assistance



Opportunities

WE WANT TO HELP:



Stop the Stigma



Build Healthier Schools



Avoid Burnout

Since inception in Spring of 2021, B-HERO has disseminated weekly communications to the 375 unique BHRCs throughout the state and has supported 348 educators through technical assistance and BHRCs communities of practice. Through its weekly messaging, B-HERO has focused on providing evidence-based resources aimed at supporting behavioral health, and has told the stories of programs and services that work in North Dakota schools.

Overall, B-HERO has reached dozens of schools in North Dakota in the past two years through training offerings, including upwards of 2,200 educators.

Since the 2021-2022 school year, B-HERO has implemented and supported the following endorsed training opportunities to BHRCs and other educators throughout the state on a variety of topics, including:

Suicide Prevention & Intervention

- Sources of Strength
 - To date, 9 schools have been supported in some capacity. In total, 366 students and 85 school staff members have received training in Sources of Strength.
- Question, Persuade, Refer Suicide Prevention Gatekeeper Training
 - Since Spring of 2022, over 139 educators have received QPR Training.

Relationship Building & Dropout Prevention

- Harvard Relationship Mapping Protocol
 - B-HERO developed a Facilitator Training on the protocol. Upwards of 242 educators have received training in the Relationship Mapping protocol, with 19 trained as facilitators across the state.
- Check & Connect
 - Since fall of 2021, 10 schools have implemented a dropout intervention program.

Restorative Practices

- During the 2023-2024 school year, 37 educators have been trained in Restorative Practices.
- It is expected that 265 educators will be trained in this evidence-based intervention during the 2024-2025 school year.

Trauma

- Trauma-Sensitive Schools: A New Perspective on Student Behavior and Learning
 - Since June of 2021, B-HERO has facilitated Trauma Sensitive Schools Training for over 300 educators, with 50 receiving certification to deliver the professional learning curriculum. 12 of those trainers are BHRCs.
 - Bounce Back or Support for Students
- Exposed to Trauma
 - Since fall 2023, 120 educators have been trained in these trauma focused interventions for elementary and secondary grade levels.

School Crisis Prevention & Intervention

- PREPaRE School Crisis Prevention & Intervention Training
 - Since Spring of 2022, 81 school staff have been trained in Workshop I and/or II of the model.
 - It is anticipated that 180 educators will be trained during the 2024-2025 school year.

Pediatric Mental Health Care Access Program (PMHCA) Grant



Health and Human Services (HHS) was awarded a three year continuation (2023-2026) grant by the Health Resources and Services Administration (HRSA), Maternal and Child Health Bureau (MCHB) to expand tele-behavioral health services for children and youth within the state.

The Pediatric Mental Health Care Access program is intended to promote behavioral health integration into pediatric primary care by using telehealth services to provide high quality and timely detection, assessment, treatment and referral for children and adolescents, with behavioral health conditions, using evidence-based practices and methods. This is implemented through the following activities:

1. **Promote** behavioral health integration in pediatric primary care in new or existing telehealth access programs.
2. **Provide** training and education to support the treatment of children and adolescents with behavioral disorders.
3. **Support** telehealth consultation and referral to a local pediatric behavioral health provider, to the extent possible.
4. **Serve** as a resource for pediatric primary care providers, psychiatrists, mental health professionals, and care coordinators.

The North Dakota PMHCA program increases pediatric providers' comfort to treat and manage mild to moderate behavioral health concerns in day-to-day practice through:



FUNDING: 2023-2024- \$850,000 | 2024-2025- \$858,000 | 2025-2026- \$700,000

*Federal awards require a 20% State Match



North Dakota Grant Goals

Goal 1: Increase the capacity of primary care providers to screen, diagnose and treat children for behavioral health disorders in primary care settings.

Goal 2: Develop and create capacity for telehealth programs in community-based settings by expanding partnerships within emergency departments and schools.

Implementation Progress (through Aug. 2024)

- 99 enrolled providers for the PMHCA program within 7 clinics.
- Conducted ECHO training sessions to 241 professionals on different behavioral health topics.
- Provided 18 consultation calls for Primary Care providers to receive collaboration on detection, assessment, treatment and referral for children and adolescents.
- Provided Care Coordination to 18 families within North Dakota.
- Increased sites for care delivery to include Local Public Health Units, Full Service Community Schools, University of North Dakota mobile clinic and other youth serving entities.
- Increased communication to providers and professionals on North Dakota databases to include the Mental Health Directory, FirstLink, Bed Registry and other Behavioral Health resources within the state.
- Implemented various Behavioral Health trainings within 37 schools across North Dakota to include Check and Connect, Bounce Back, Supporting students exposed to trauma, Tough Kids, Nurtured Heart, Trauma Sensitive Schools and other evidence-based trainings.

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. www.tcty-nd.org

Types of Traumatic Events

- Child sexual abuse
- Adult sexual abuse
- Psychological or emotional abuse
- Physical assault
- Domestic violence
- School or community violence
- Military, war, or political violence
- Child neglect
- Serious or medical injury
- Natural disasters
- Forced displacement
- Witnessing death
- Grief/losing a loved one
- Receiving death threats or harassment
- Being a first responder
- Witnessing assault, abuse, or violence

Program Goals & Impact



Provide annual TF-CBT training with up to six months technical assistance. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is an evidence-based treatment for children and adolescents ages 3-18. TF-CBT integrates cognitive behavioral techniques with trauma-specific interventions.

As of June 30, 2024:

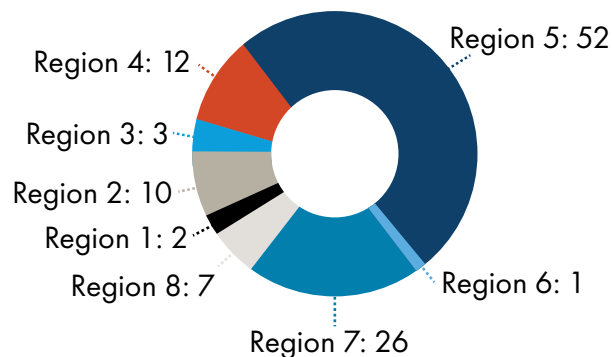
Approximately 550 clinicians have been trained since project implementation with approximately 114 of those clinicians actively rostered.*

**Rostered means that the clinician completed the TF-CBT training and six months of consultation calls and is rostered to the directory <https://www.tcty-nd.org/clinicians/> and active means they have maintained contact with TCTY and elect to be on the website*

TCTY Website

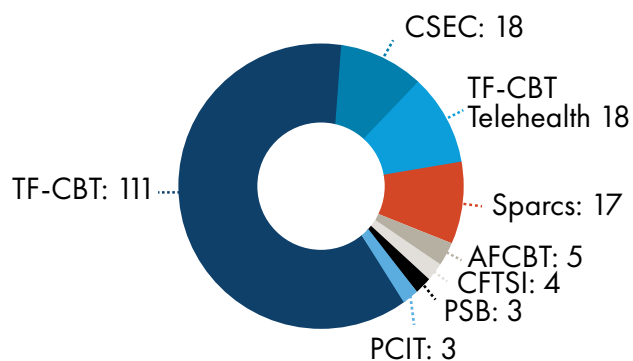
Currently Rostered & Active:

- 114 Clinicians
- 77 Agencies



Summary of Treatments Rostered:

- Treatments offered by the 114 rostered clinicians across ND



Additional outcomes from July 1, 2023 – June 30, 2024

- Bring Your Own Lunch and Learn – Complex Trauma Education Series: 10 trainings with 248 attendees.
- Continued engagement with the network through TCTY listserv - 60 emails with resources and training opportunities.
- 161 resources made available through the TCTY website.
- 521 Social Media Posts.
- TCTY team spoke at 22 trainings and community events.

Total Budget for 2023-2025 Biennium: \$200,000 General Fund.

Enhancing Trauma Care for Native American Youth to HEAL



The mission of Project HEAL is to develop and expand resources to address gaps and improve access to culturally relevant trauma services for Native American youth to heal.

Project HEAL is a collaboration between Health and Human Services and Sanford Research North – Treatment Collaborative for Traumatized Youth (TCTY). This project is led by:

- **Licensed Clinical Psychologist Dr. Emily Sargent, enrolled member of White Earth Band of Minnesota Chippewa Tribe**
- **Licensed Clinical Psychologist Dr. Samantha Beauchman, enrolled member of the Turtle Mountain Band of Chippewa**



GOAL 1:

Improve knowledge of trauma-informed care of Native American youth for professionals in child-serving systems in our region through education of trauma with Native American youth and communities.

During this reporting period, Project HEAL provided five educational sessions, in-person and virtual, focused on trauma awareness and culturally responsive treatment for Native American youth. These trainings addressed the impacts of historical trauma, culturally relevant strategies for promoting child and family resilience, and caregiving for Native American youth who have experienced trauma. Led by Drs. Beauchman, Sargent, and Victoria Williams, the sessions were attended by 89 professionals from various fields, including prenatal providers, tribal child advocates, and licensed mental health clinicians.



GOAL 2:

Increase access to culturally-informed trauma-focused treatments to Native American youth in our state by training mental health clinicians in culturally-informed treatment applications.

Project Heal hosted Honoring Children, Mending the Circle (HCMC) in November 2023, which is a cultural enhancement of Trauma Focused Cognitive Behavioral Therapy (TF-CBT). The training included 15 clinicians across North Dakota and consultation calls have been taking place over the last year. The 2023-2024 HCMC training cohort will be completing their HCMC calls in November 2024. Twelve clinicians are regularly attending the consultation calls, indicating 21 HCMC cases have been staffed by the clinicians.



GOAL 3:

Increase access to services by allocating time of trained providers to provide in-person and telehealth treatment to Native American youth.

Over the last reporting year, 18 Native American Children were seen by Sanford Traumatic Stress Treatment Center (TSTC). There were five TSTC clinicians trained in Honoring Children Mending the Circle and provided traumatic stress services to Native American children and families. All ND Tribes are utilizing Project Heal.

Tribal Outreach

Over the past year, the Project HEAL team has been building relationships with ND tribal nations, including regular meetings with ND Tribal Liaisons, Sisseton Wahpeton Oyate and MHA Nation Tribes. A total of nine meetings have been held with ND Tribal Nations.

This effort is funded through the Mental Health Block Grant through the Substance Abuse and Mental Health Services Administration (SAMHSA), administered through the North Dakota Department of Health and Human Services – Behavioral Health Division.

**September 1, 2023 - August 31, 2024*

Voluntary Treatment Program (VTP)



The Voluntary Treatment Program reimburses for 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 program will cover maintenance costs associated with the treatment episode, while ND Medicaid will cover treatment costs in accordance with the state plan. Qualified Residential Treatment Providers (QRTPs) and PATH Foster Homes are designated providers through the VTP.

The primary goal of the VTP is to improve the functioning of youth.

ELIGIBILITY

- Up to the age of 18;
- Mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM 5; and
- Functional impairment that substantially interferes with or limits the child's role or functioning in family, school and community activities.

From July 2023 - September 2024, HHS received 49 applications (compared to 46 applications received during the 2021-2023 biennium).

- 9 youth were admitted to a QRTP
- 17 applications were denied
- 23 applications were withdrawn

Reasons for denial (17):

- Did not have Medicaid, assisted with community based services (4)
- Not all community based services were utilized (8)
- Other residential options available (5)

Reasons for withdrawal (23):

- Other placement occurred prior to decision (5)
- Moved out of state (2)
- Youth placed under custody of zone or DJS (2)
- Parent/Guardian withdrew application (10)
- Applied for Psychiatric Residential Treatment Facility (PRTF) admission (4)



	Cost per youth	Length of stay
Youth 1	\$95,018.00	5 months
Youth 2	\$33,664.00	3 months
Youth 3	\$77,465.00	6 months
Youth 4*	\$102,260.00	5 months
Youth 5	\$46,708.00	4 months
Youth 6*	\$26,264.00	2 months
Youth 7*	\$16,616.00	1 month
Youth 8*	\$16,616.00	1 month
Youth 9*	\$11,107.00	1 month

*Denotes youth still in QRTP

A total of \$453,424 was authorized in the HHS budget for the 2023-2025 biennium.

Through Sept. 30, 2024 (63% of the biennium) 94% of the allocation has been expended with 5 youth currently residing in a QRTP.

The average cost of a child in a QRTP for 30 days: \$16,117.00.*

The average length of stay for a child in a QRTP is 4.4 months.*

The average cost for a child at a QRTP is \$70,914.80.*

*These numbers are based off the 23-25 biennium data.

Of the youth receiving residential services; six youth received services through Home on the Range and three youth received services through Dakota Boys and Girls Ranch.



Parent to Parent

Health and Human Services (HHS) contracts with the ND Federation of Families for Children’s Mental Health (NDFFCMH) to administer the Parent to Parent support services program. This initiative is a statewide collaborative effort that engages, trains, educates, and supports parents of children with mental health disorders.

Program responsibilities include:

- Organizing and leading support and educational services for parents.
- Collaborating with other nonprofit entities and linking to both paid and natural supports.
- Coordinating with existing community-based organizations and programs to maximize benefits, avoid duplication, and realign resources.

Services provided by NDFFCMH may include:

- Attending meetings at the request of parents.
- Assisting parents in understanding their child’s mental health needs.
- Helping parents become involved in a support network.
- Providing training on how to advocate for their child.
- Assisting parents in locating informal services and supports.
- Accessing information on their rights and responsibilities.

- Total budget of \$75,000 for July 1, 2023 - June 30, 2025.
- Number of new parents receiving services - 33
- Number of families provided support and education - 134
- Number of parent contacts - 3,039
- Hours of support to families - 774

Families from 17 counties have received services this biennium:

Barnes	3
Burleigh	34
Cass	25
Foster	4
Grand Forks	11
Hettinger	1
McLean	7
Morton	7
Mountrail	3
Oliver	5
Ramsey	2
Rolette	3
Sheridan	2
Stark	5
Unknown	11
Walsh	2
Ward	6
Williams	3

**The numbers reported are from July 1, 2023 - August 2024. NDFFCMH Parent to Parent Support Program has multiple funding sources, including funding from HHS. The data reported from NDFFCMH reflects data from the entire parent support program, not just the portion supported by HHS.*

Psychiatric Residential Treatment Facilities for Children (PRTFs)

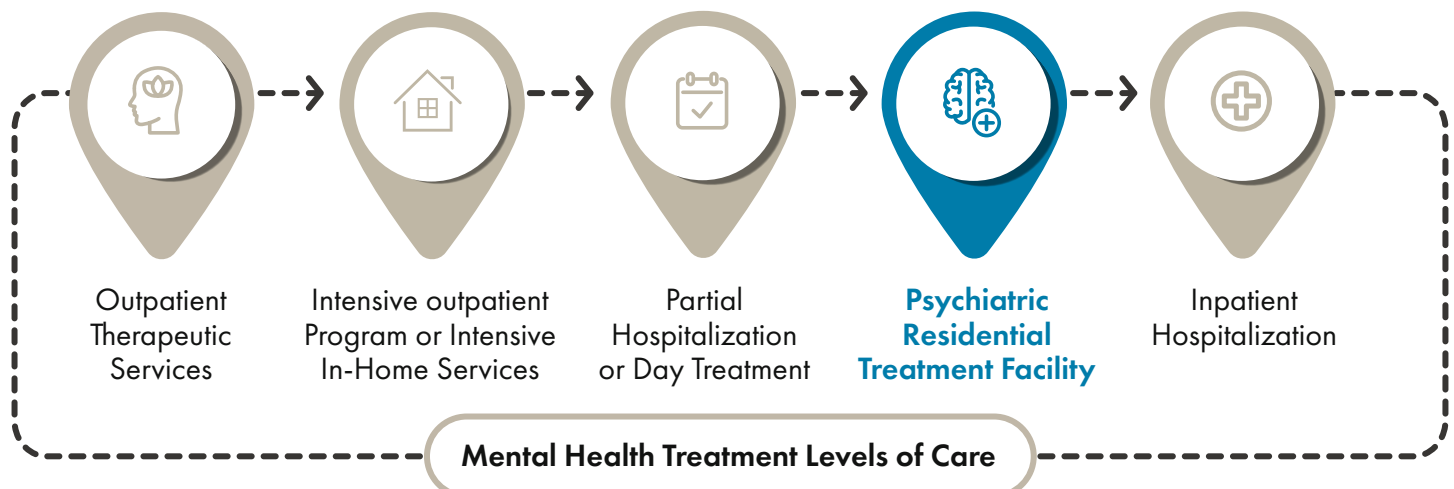
NDCC 25-03.2-02 requires Health & Human Services to adopt rules and standards for the licensing of Psychiatric Residential Treatment Facilities for Children (PRTFs) operating in North Dakota.

North Dakota Administrative Code (NDAC) 75-03-17 Psychiatric Residential Treatment Facilities for Children are the rules that establish the standards governing PRTFs.

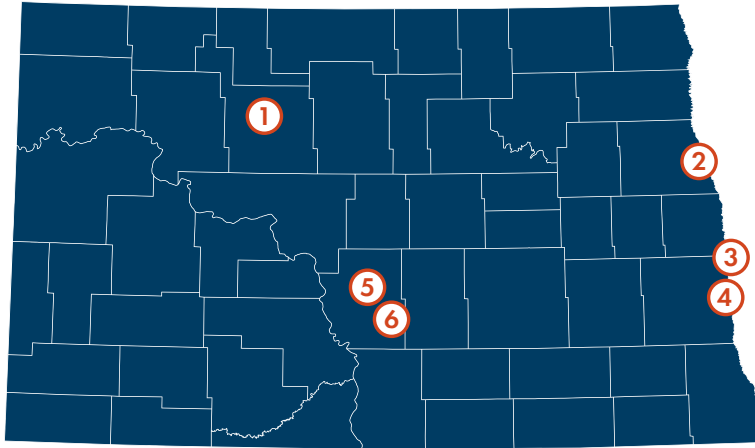


Psychiatric Residential Treatment Facilities (PRTFs) are residential facilities that provide children and adolescents with a comprehensive 24-hour therapeutic environment integrating group living, educational services and a clinical program based upon an interdisciplinary clinical assessment and an individualized treatment plan that meets the needs of the child and family.

PRTFs are available to children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in their own family, in another home or a less restrictive setting. Admission to a PRTF is based on medical necessity.



LOCATIONS



1. Dakota Boys and Girls Ranch (Minot)
2. Ruth Meiers Adolescent Center (Grand Forks)
3. Dakota Boys and Girls Ranch (Fargo)
4. Luther Hall (Fargo)
5. Dakota Boys and Girls Ranch (Bismarck)
6. Pride Manchester (Bismarck)

PURPOSE

The licensure process aims to ensure health and safety and compliance with minimum standards in care and treatment of children receiving services in the facility.

HHS is required to license PRTFs every two years. There are six licensed PRTFs in ND with a total of 82 beds serving children between the ages of 5 through 18.

Capacity per facility:

- Dakota Boys and Girls Ranch - Minot (ages 10 through 17) - 16
- Ruth Meiers Adolescent Center - Grand Forks (ages 12 through 17) - 10
- Dakota Boys and Girls Ranch - Fargo (ages 10 through 17) - 16
- Luther Hall - Fargo (ages 10 through 17) - 16
- Dakota Boys and Girls Ranch - Bismarck (ages 10 through 17) - 16
- Pride Manchester - Bismarck (ages 5 through 13) - 8





**Adult
Addiction**

Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG)



The SUPTRS BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act. The PHS Act required the secretary of the U.S. Department of Health and Human Services to create regulations as a precondition to making funds available to the states and other grantees under the SABG. Title 45 CODE OF FEDERAL REGULATIONS Part 96 was published on March 31, 1993, and The Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 FEDERAL REGISTER 1492 was published on Jan. 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SUPTRS BG allotment on substance misuse primary prevention strategies. These strategies are directed at creating an environment that promotes the health and well-being of individuals and communities which prevents problems before they occur – and cannot be directed at individuals identified to be in need of treatment.

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

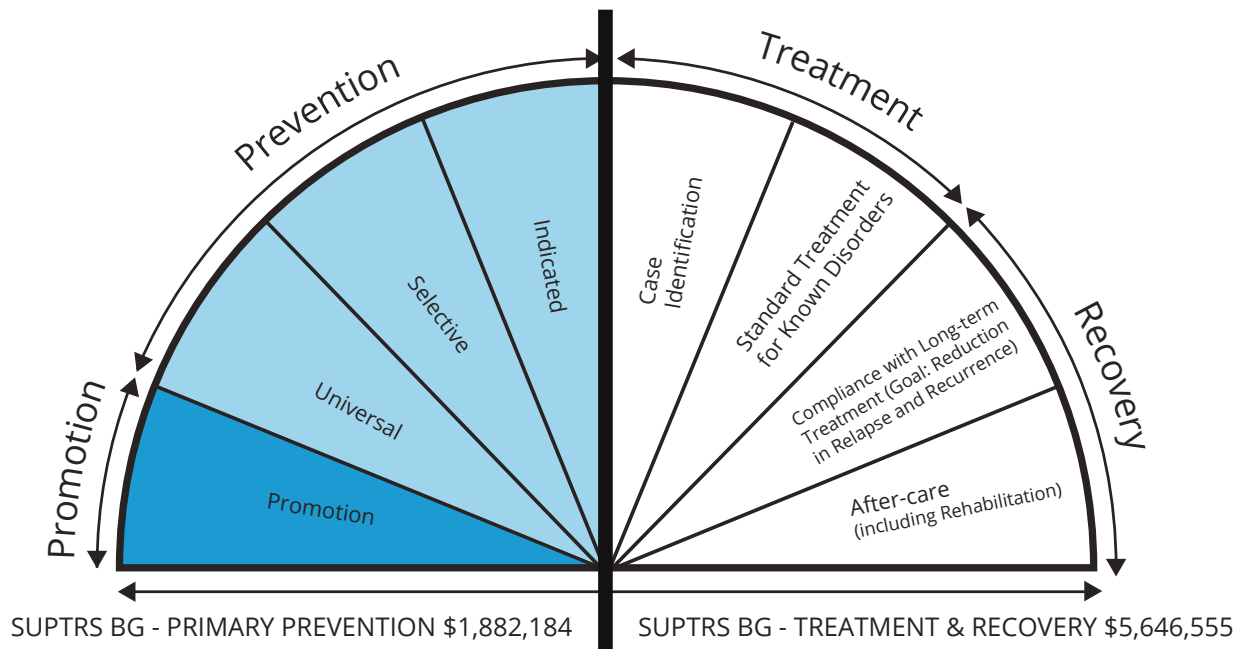
Health and Human Services utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance misuse.

The purpose of the SUPTRS BG is to:

- Provide priority treatment and support services that demonstrate success in improving outcomes and/or supporting recovery for individuals without insurance that are not covered by Medicaid, Medicare, or private insurance, or for whom coverage is terminated for short periods of time.
- Provide primary prevention by supporting universal, selective, and indicated prevention activities and services for persons not identified as needing treatment.
- Collect performance and outcome data to determine the ongoing effectiveness of behavioral health promotion, treatment, and recovery support services.

Funding

HHS receives approximately \$7,528,736 per year. As of Oct. 2024, approximately \$1,882,184 (25%) is allocated to primary prevention.



North Dakota Goals

Increase access to quality substance misuse-related services across the continuum of care.

PREVENTION

- Increase implementation of effective prevention statewide.
- Decrease underage drinking.
- Decrease adult binge drinking and related consequences.
- Decrease opioid misuse and related consequences.

TREATMENT/RECOVERY

- Increase evidence-based treatment and recovery support services, with a priority on high-risk populations:
 - Pregnant women and women with dependent children.
 - Individuals using drugs intravenously.



Activities

PREVENTION

- Training and technical assistance
- Community and tribal alcohol and other drug prevention programs across the state
- Underage drinking prevention efforts, including Parents Lead
- Adult binge drinking prevention efforts, including the Speak Volumes campaign
- Opioids: Take Care, Be Aware
- DUI education program licensing; provider certification
- Minor in possession education provider certification
- Synar program (youth tobacco enforcement)

TREATMENT/RECOVERY

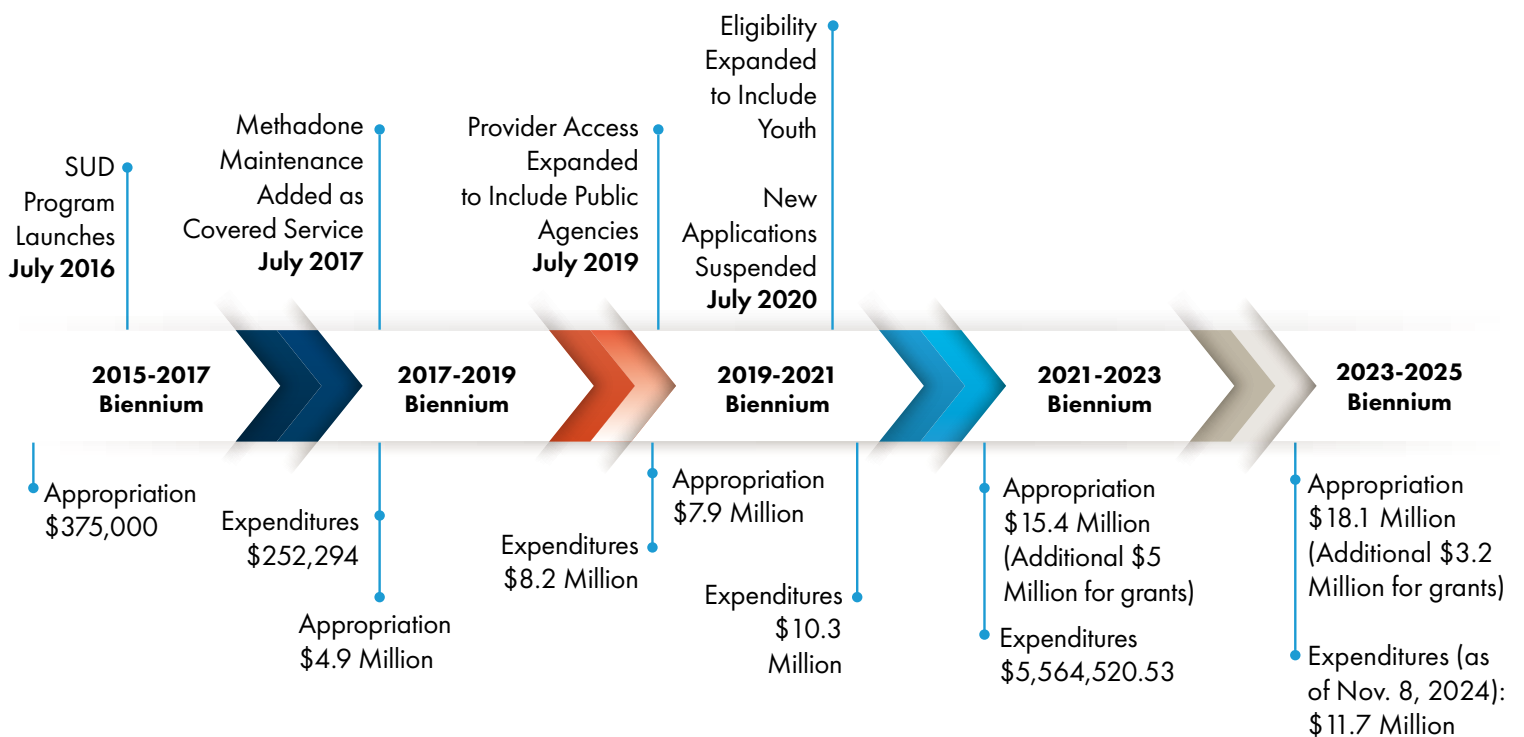
- Public program funding
- Special Populations
 - Youth residential services program
 - Pregnant and parenting women
 - Tribal programs
- Recovery
 - Recovery Talk program
 - Mobile outreach program
 - Peer support development
- Withdrawal management
- Workforce development

Substance Use Disorder (SUD) Voucher



Health & Human Services (HHS) administers the SUD Voucher program, as directed from the 64th Legislative Assembly. The program improves access to quality services and allows for individual choice of providers.

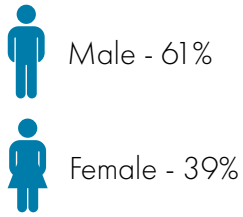
Program Timeline



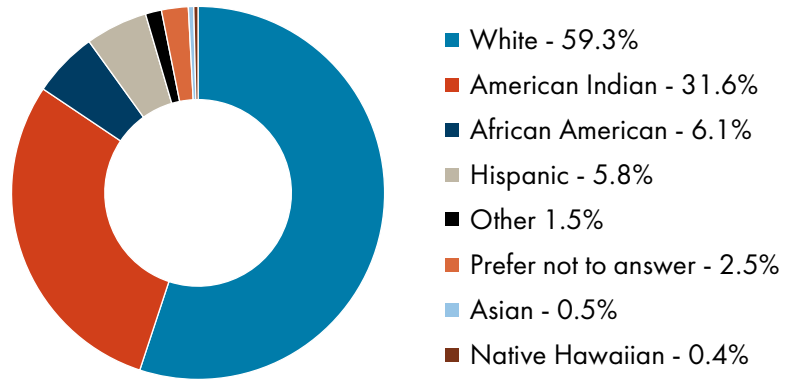
Program Impact

Since its inception in July 2016, approximately 8,650 individuals have been approved for services through the SUD Voucher.

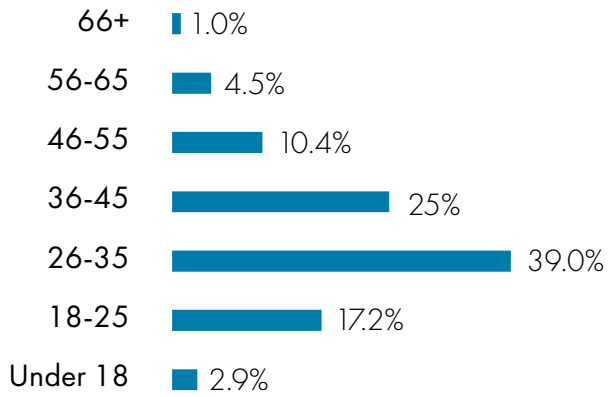
Gender



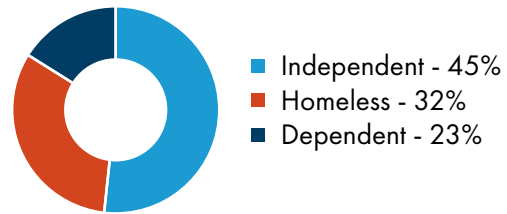
Race



Age

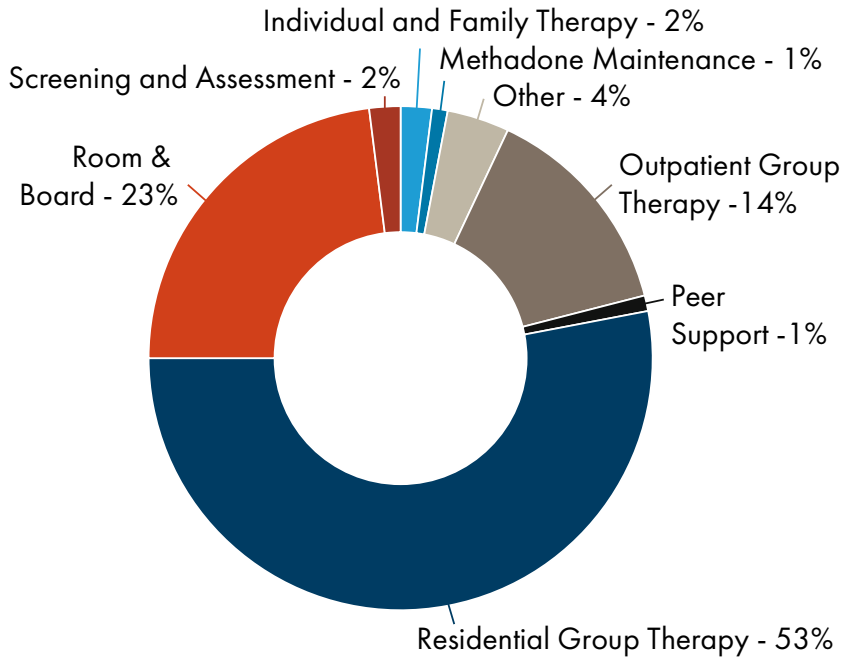


Living Environment



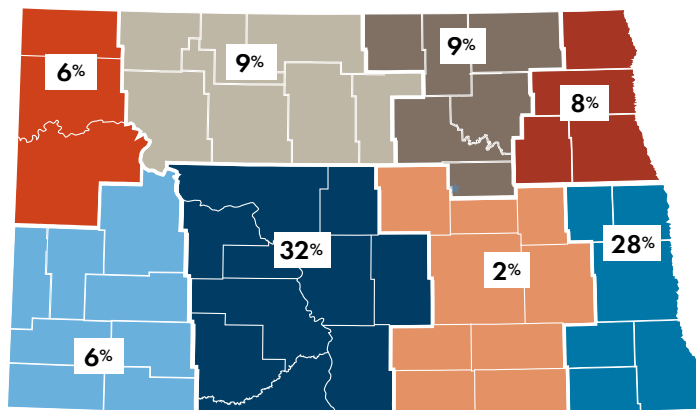
Expenditures by Service Type

Percentage of expenditures by service type from July 1, 2023 through Sept. 30, 2024.



Program Participants By Human Service Center Region

July 1, 2023 - Sept. 30, 2024



Region 1 - 192	Region 6 - 52
Region 2 - 279	Region 7 - 1,029
Region 3 - 304	Region 8 - 189
Region 4 - 245	Unknown - 8
Region 5 - 919	

Percent of Individuals Served by Service Type

July 1, 2023 - Sept. 30, 2024



Screening and Assessment



Room and Board



Urine Analysis



Residential Group Therapy



Individual and Family Therapy



Outpatient Group Therapy



Methadone Maintenance



Out-of-Pocket Expense



Peer Support



Transportation

Outcome Measures

Programs utilizing the SUD Voucher are required to assess each individual at the beginning of services and upon completion. The outcome measure uses a 5-point rating scale (1 lowest to 5 highest). The outcomes are based on Substance Abuse and Mental Health Services Administration (SAMHSA) identified recovery dimensions.

The following outcomes are for participants who completed services paid for by the SUD Voucher on or after July 1, 2023. n = 693

Since inception, the averages for all four outcome measures improved following services reimbursed through the SUD Voucher program.



PURPOSE

Identify the extent to which the individual participates in meaningful daily activities (employment, school, volunteering, family caretaking, other activities, etc.).



COMMUNITY

Identify the extent to which the individual's relationships and social networks provide support, friendship, love, and hope for overall wellbeing.



HEALTH

Identify how well the individual makes informed healthy choices supporting their physical health and emotional wellbeing (physical activity, attending medical appointments, taking medications as prescribed etc.)



HOME

Identify the stability and safety of the individual's living environment.



■ Pre ■ Post

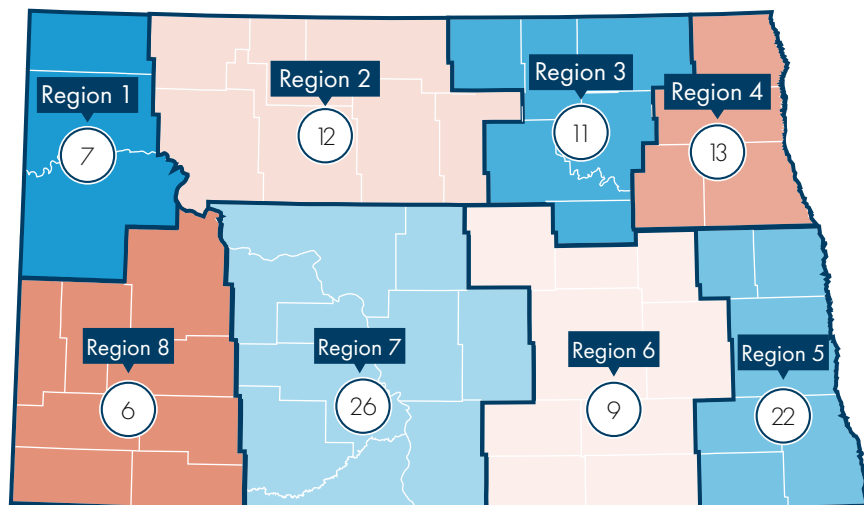
Substance Use Disorder Treatment Program Licensing



Health and Human Services (HHS) is responsible for establishing quality assurance standards for the licensure of substance use disorder treatment programs, as outlined in North Dakota Century Code 50-06 and North Dakota Century Code 50-31. HHS conducts regular reviews of these programs to ensure compliance with North Dakota Administrative Code Article 75-09.1 and monitors the health and safety of clients served.

- 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 Licensed Programs by Human Service Center Region

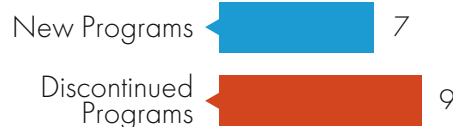


North Dakota has **106** licensed substance use disorder treatment programs

(as of October 1, 2024).

37 programs are licensed for residential treatment

2023



2024



Opioid Treatment Program (OTP) and Medication Unit Licensing

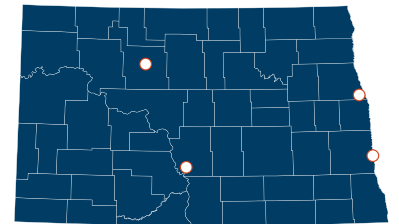
Designated as the state opioid treatment authority (North Dakota Century Code 50-31-07), Health and Human Services administers licensing for OTP and medication units, as well as ensures adherence to state and federal regulations.



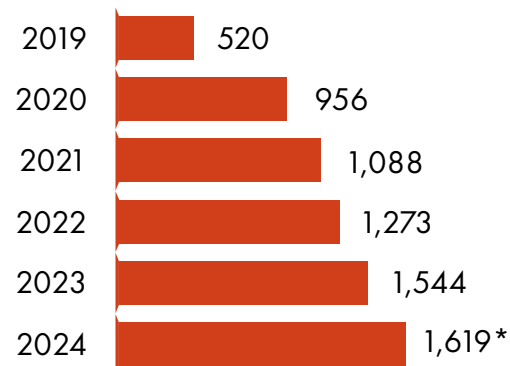
- OTPs provide medication for opioid use disorder in conjunction with counseling and supportive services to treat individuals suffering from an opioid use disorder.
- Medication units are a satellite of an OTP that provide remote dispensing of FDA approved medication for opioid use disorder.
- Programs are reviewed on an annual basis for compliance with North Dakota Administrative Code Article 75-09.1, and applicable federal regulation.
- Programs are monitored for the health and safety of the clients served and to establish quality assurance standards for the licensure of programs, services, and facilities.

North Dakota has 4 licensed OTPs in the state

- There are currently **1,140** individuals actively receiving services from an OTP.*
- On average individuals travel **16** miles one way to an OTP for their services.*
- There are currently no licensed medication units in the state.



Unique individuals served by OTPs



*Data as of October 22, 2024

Recovery Housing Assistance Program

The Recovery Housing Assistance Program (RHAP) provides financial support for individuals in recovery to access Recovery Housing.



In 2018, the Human Services Research Institute (HSRI) conducted a comprehensive analysis of the current behavioral health system in North Dakota. Relating specifically to housing, the study identified two recommendations:

- Address housing needs alongside behavioral health needs
- Promote timely linkage to community-based services following crisis, inpatient, and residential treatment

In consideration of the recommendations for housing outlined in the study, The Health and Human Services (HHS) received funding during the 66th Legislative Assembly to develop and implement a new Recovery Housing Assistance Program (RHAP). Due to COVID-19, implementation was delayed, and the funding was carried-over to the 2021-2022 biennium. The RHAP program launched in May 2022.

RECOVERY HOUSING PROVIDES

- Substance-free home environment
- Space to focus on continued growth and healing
- 24-hour peer-led support and connection
- Resources to support individual life goals

The program pays for up to 12 weeks of an eligible individual's living expenses at an approved Recovery Housing provider.

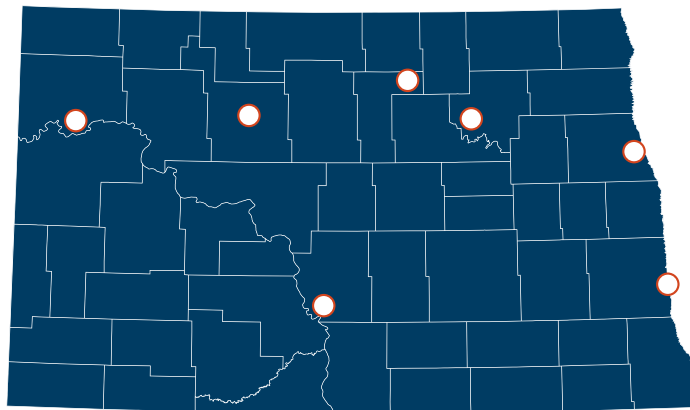
ELIGIBILITY CRITERIA

- ND Resident and
- Age 18 or older and
- Experiencing a substance use disorder and
- One of the following:
 - Currently enrolled in a HHS public assistance program or
 - Currently enrolled in a HHS Behavioral Health Division substance use disorder or community program or
 - Household income is at or below 200% Federal Poverty Guidelines

CURRENT RHAP PROVIDERS

(as of Oct. 1, 2024)

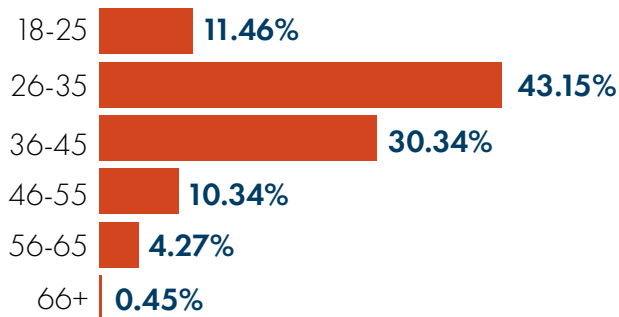
There are **nine** approved providers across the state with **28** recovery homes.



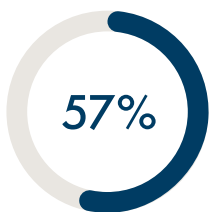
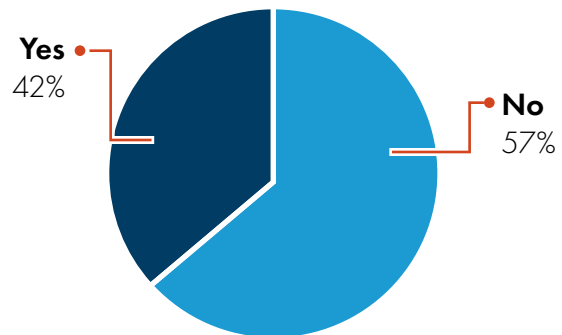
- Bismarck – 17
- Devils Lake – 1
- Fargo – 2
- Grand Forks – 1
- Minot – 3
- Watford City – 3
- Wolford – 1

1,152 individuals have experienced the Recovery Housing Assistance Program benefits from May 2022 through Oct. 2024

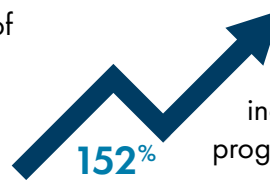
Participants by **Age Range**



Participants by **Tribal Affiliation**



Out of **502** participants who reported lack of employment upon entering program, **57%** reported improvement in their employment status at the end of programming.



Overall, participants see an average weekly income growth of **152%** at program conclusion.

BUDGET

2023 - 2025 appropriation: \$1,509,088

Amount spent as of October 1, 2024: \$1,020,122

State Opioid Response (SOR) Grant



Funded through the Substance Abuse and Mental Health Services Administration (SAMHSA), the purpose of this grant is to address the public health crisis caused by escalating opioid misuse, opioid use disorder (OUD), and opioid-related overdose across the nation. The current award is for \$4,000,000 from September 30, 2024 through September 29, 2025.

North Dakota Grant Goals

GOAL 1

Prevent opioid and stimulant misuse.

GOAL 2

Reduce harm related to opioids and stimulants.

GOAL 3

Improve access to evidence-based treatment.

GOAL 4

Increase access to recovery support services.

Implementation Overview

Statewide Efforts

NDSU School of Pharmacy implements the **ONE program**. The purpose is to equip pharmacists with tools to screen for opioid use disorder, to identify patient needs, and provide counseling and support to assist them in safely using prescribed opioids.

From September 2023 - September 2024:

- 73 pharmacists participated in the ONE Program
- 10,212 screenings completed
- 13% of patients were identified at high risk for accidental opioid or opioid use disorder

Department of Corrections and Rehabilitation increasing availability of Medications for Opioid Use Disorder (MOUD).

- From September 2023 – September 2024, 339 individuals received MOUD.

Opioid campaign implementation:

HHS disseminated campaign messaging for the Opioids: Take Care, Be Aware campaign. The messaging aims to increase the understanding of risks of pain medications, know signs of addiction, recognize an overdose and know how to effectively respond to an overdose.

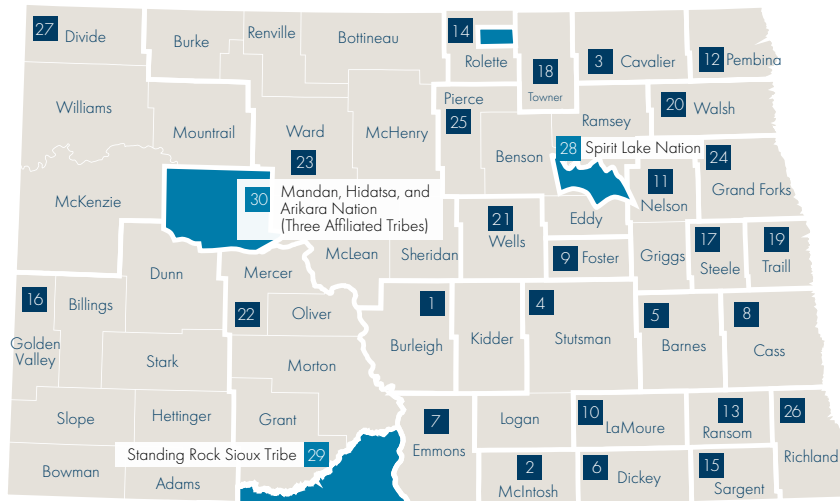
Naloxone purchase and distribution

From September 2023 – September 2024, 28,597 naloxone kits were distributed through both statewide and community efforts.

Community Efforts

The Division is currently in contract with 27 Local Public Health Units and 3 tribes to support community-level implementation of efforts to address the opioid crisis (September 2024 – September 2025).

- 30 communities will operate **Opioid Overdose Prevention Education and Naloxone Distribution (OEND) programs**
- 27 communities will be educating about **safe medication disposal** and providing safe medication disposal products (Deterra bags and DisposeRx)
- 1 community will be **reducing harm** by either operating a Syringe Service Program (SSP), promoting SSP services, or exploring how to start a SSP
- 3 communities will be improving access to **treatment**
- 2 communities will be improving access to **recovery** support services



- | | | |
|---|--|---|
| 1. Bismarck-Burleigh Public Health | 12. Pembina County Health Department | 24. Grand Forks Public Health Unit |
| 2. McIntosh District Health Unit | 13. Ransom County Public Health | 25. Lake Region District Health Unit |
| 3. Cavalier County Health District | 14. Rolette County Public Health Unit | 26. Richland County Health Department |
| 4. Central Valley Health Unit | 15. Sargent County District Health Unit | 27. Upper Missouri District Health Unit |
| 5. City-County Health Department | 16. Southwestern District Health Unit | 28. Spirit Lake Nation |
| 6. Dickey County Health District | 17. Steele County Public Health Department | 29. Standing Rock Sioux Tribe |
| 7. Emmons County (Western Plains Public Health Collaborative) | 18. Towner County Public Health | 30. Mandan, Hidatsa, and Arikara Nation |
| 8. Fargo-Cass Public Health Unit | 19. Traill District Health Unit | |
| 9. Foster County Health Department | 20. Walsh County Health Department | |
| 10. LaMoure County Public Health Department | 21. Wells County District Health Unit | |
| 11. Nelson-Griggs District Health Unit | 22. Western Plains Public Health | |
| | 23. First District Health Unit | |

From September 2023 to September 2024, HHS contracted with 27 local public health units and 3 Tribes to support community-level implementation of efforts to address the opioid crisis.

From September 2023 – September 2024:

- There were 721 known successful overdose reversals using naloxone.
- 981 people were trained in overdose education and naloxone.
- 10,374 safe medication disposal products (DisposeRX and Deterra bags) were distributed.

Opioid Settlement Funding



Acting through the North Dakota Attorney General's Office, North Dakota (along with many other states) entered into litigation with opioid manufacturers and distributors. As a result, ND is expected to receive \$60 million in settlement funding from the various manufacturers and distributors over the next 18 years.

- 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. \$8 million was appropriated in the 2023-2025 biennium to Health and Human Services, 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.
- The Opioid Settlement Advisory Committee was established to provide input and recommendations for opioid settlement spending. The committee consists of six voting members and a nonvoting presiding officer. The committee was codified in ND Century Code 50-36-03.

2023-2025 Biennium Budget Overview

- Opioid Settlement Fund (OSF) Grant: \$7,053,787
- Purchase Narcan (naloxone) to provide the low barrier, no cost medication to individuals across the state: \$634,834
- Tribal efforts to address the opioid crisis with activities across the continuum of prevention, treatment, and recovery: \$310,833
- Opioid Settlement Advisory Committee Administration: \$546

Opioid Settlement Fund (OSF) Grant

Utilizing recommendations and priorities from the Opioid Settlement Advisory Committee, the the OSF Grant opportunity was announced in November 2023. The grant was open to individuals and entities throughout the state proposing opioid remediation and abatement efforts that align with Exhibit E of settlement documents. HHS received 65 applications and awarded 14.

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.

OSF Grantees:

- **Central Valley Health District (\$37,409):** Developed a syringe service program in Jamestown to help individuals with a substance use disorder connect to treatment and recovery services.
- **Community Connect Providers (\$3.9 million):** Expanded access to the community-based behavioral health program designed to provide behavioral health support services to individuals through the provision of care coordination and peer support in their North Dakota community.
- **Community Medical Services (\$452,389):** Expanded the Opioid Treatment Program in Grand Forks by connecting individuals in need of opioid use disorder to evidence-based treatment services.
- **Endeavor Sober Living (\$535,000):** Established a recovery house in Minot specifically serving pregnant and parenting women.
- **First District Health Unit (\$66,681):** Expanded the syringe service program in Minot to help individuals with a substance use disorder connect to treatment and recovery services.
- **Heartview Foundation (\$426,527):** Established medications for opioid use disorder services in southwest North Dakota.
- **Nelson-Griggs District Health Unit (\$21,600):** Implemented a system to standardize patient screenings for opioid use disorder within local hospitals to increase access to treatment and recovery services.
- **North Dakota State University Opioid and Naloxone Education (ONE) Program (\$82,537):** Worked hand-in-hand with tribal leaders to implement opioid harm prevention in tribal communities.
- **Northeast Central Judicial District Drug Court in Grand Forks/Department of Corrections and Rehabilitation (\$51,000):** Provided substance use disorder treatment services and coordination of care to individuals involved in the Northeast Central Judicial District Drug Court in Grand Forks.
- **Richland County Treatment Court (\$134,000):** Provided substance use disorder treatment services and coordination of care to individuals involved in the Richland County Treatment Court.
- **Sanford Medical Center Fargo (\$397,430):** Provided medications for opioid use disorder education and awareness training to health care providers, expand Screening, Brief Intervention, and Referral to Treatment (SBIRT) and increase distribution of naloxone to uninsured patients.
- **Training Academy of Addiction Professionals /Heartview Foundation (\$613,002):** Supported development of behavioral health workforce in North Dakota through increased addiction counselor training opportunities, college scholarships and paid internships.
- **USpireND – Healthy Families North Dakota (\$130,075):** Provided home visiting program for parents who are incarcerated and pregnant, parents who are incarcerated and have given birth within the last year, and parents in recovery and parents who have not yet entered recovery.
- **Valley City Public School (\$160,000):** Implemented an evidence-based prevention curriculum in the Valley City Junior/Senior High School.

Gambling Disorder Treatment, Awareness and Prevention



The term “gambling disorder” means a chronic, progressive disease that is characterized by a preoccupation with gambling, loss of control over gambling behaviors, and often disregard for the negative consequences as a result of gambling. Gambling disorder includes gambling behavior that compromises, disrupts or damages personal, family or vocational pursuits.

NDCC 50-06-21 requires the Department of Health & Human Services to develop and implement a program for gambling prevention, awareness, crisis intervention, financial counseling and gambling disorder treatment.

IMPLEMENTATION

- Gambling disorder treatment services for individuals with a gambling disorder and affected others.
- Communication efforts (billboards, television ads and bus wraps) to address problem gambling prevention, awareness, crisis intervention and treatment services (www.gamblernd.com).
- Collaboration with the state's Problem Gambling Advisory Council.

FUNDING (2023-2025 biennium)

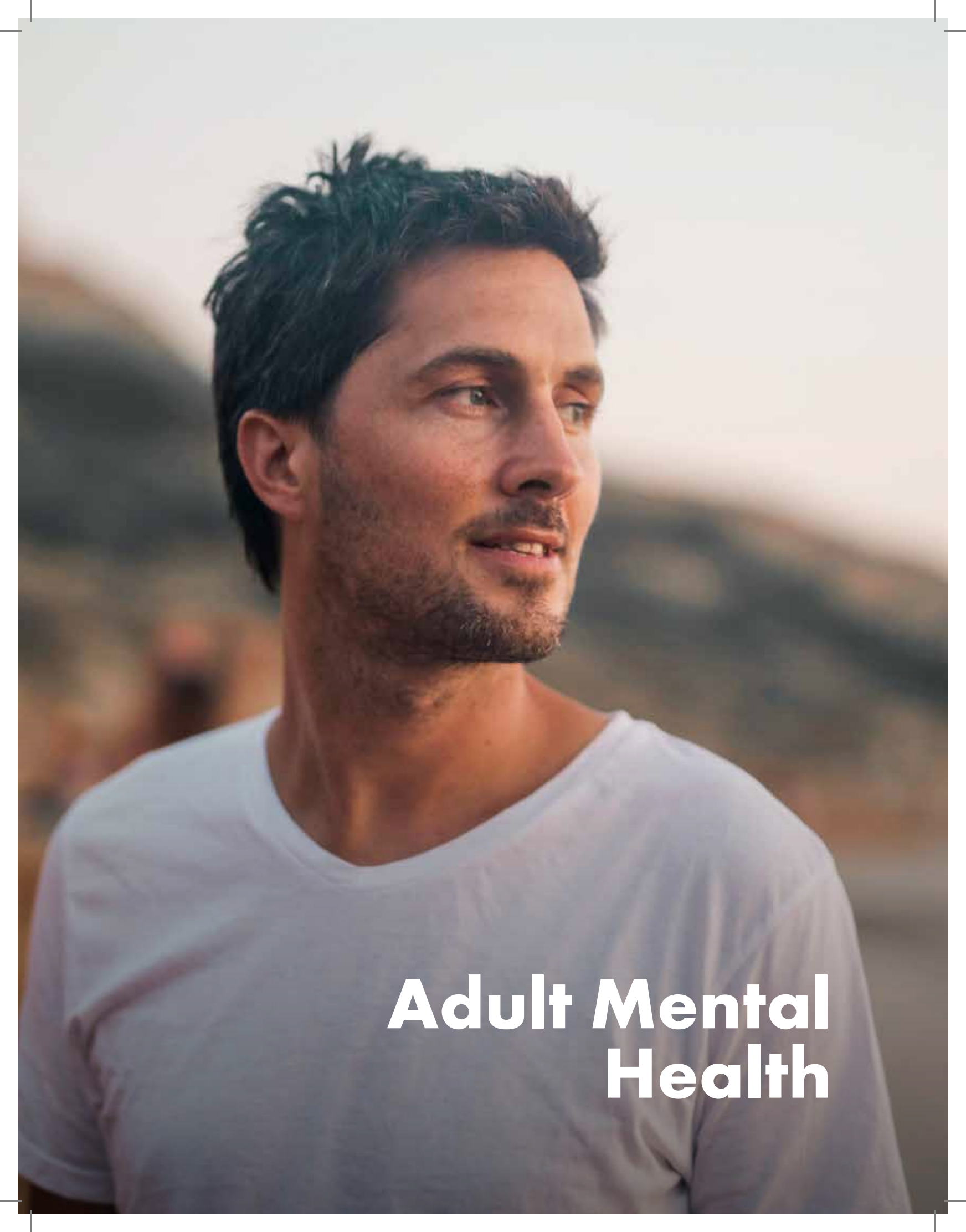
- \$632,800 of lottery funds
- \$580,000 of charitable gaming funds

STATE FISCAL YEAR OUTCOMES

	July 2023 - June 2024	July 2024 - Oct. 2024
ND residents received gambling treatment services	177	149
In-person counseling hours	799	344
Tele-behavioral health hours	406	332
ND Residents received brief intervention services	42	30

RESEARCH

Health and Human Services in contract with Gemini Research is completing a North Dakota Recreation Activity Survey with a focus on gambling activities within the state. The purpose is to identify the health, leisure, and recreation needs of North Dakota residents. The survey closed October 11, 2024 with 2,937 responses.

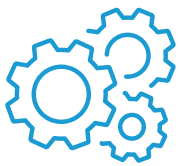


Adult Mental Health

Mental Health Block Grant (MHBG)



The Substance Abuse and Mental Health Services Administration (SAMSHA) administers the Mental Health Block Grant (MHBG), which makes funds available to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and six Pacific jurisdictions to provide community mental health services.



Purpose

The purpose of the Mental Health Block Grant is to provide comprehensive, community-based mental health services to adults with serious mental illnesses (SMI) and to children with serious emotional disturbances (SED) and to monitor progress in implementing a comprehensive, community-based mental health system.



Funding

Health and Human Services receives approximately \$1,709,742 per year from October 2023 - September 2025.

Targeted Populations

Adults with Serious Mental Illness (SMI)

Includes persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition—as defined by the Psychiatric Association’s Diagnostic and Statistical Manual (DSM) of Mental Disorders. Their condition substantially interferes with, or limits one or more major life activities, such as:

- Basic daily living (eating, dressing, etc.).
- Instrumental living (taking prescribed medications or getting around community).
- Participating in family, school, or workplace.

Children with Serious Emotional Disturbance (SED)

Includes individuals up to age 18, who have a diagnosable behavioral, mental, or emotional issue (as defined by the DSM). This condition results in a functional impairment that substantially interferes with, or limits, a child’s role or functioning in family, school, or community activities.



Behavioral Health Planning Council

The Behavioral Health Planning Council is responsible for reviewing, monitoring, and evaluating the adequacy of behavioral health services for its state. The council completes duties as specified in the MHBG statute, as well as advises, consults with, and makes recommendations to state mental health authorities and single state authorities regarding their activities.

The majority (51% or more) of a state's planning council should be comprised of consumers and family members.

Learn more at hhs.nd.gov/ndmhpc

Funded Programs and Services

- Consumer Family Network
- Peer Support
- Workforce Training and Development
- Children's Services (Project Heal; trauma trainings)
- First Episode Psychosis
- Crisis Services

Brain Injury Services



North Dakota Century Code 50-06.4 established the Department of Health and Human Services as the lead agency in the state for the purpose of coordinating services for individuals who have a brain injury.

What is a brain injury?

Brain Injury encompasses anything that happens to the brain after birth and leading up to but not including degenerative dementia.

- ▶ **Traumatic Brain Injury (TBI)** - External events/concussion: assaults, falls, motor vehicle crash, blast injury
- ▶ **Non-Traumatic/Acquired Brain Injury** - Internal events: stroke, tumor, anoxia (loss of oxygen to the brain), aneurysm, infections (including COVID-19)

Individuals with brain injuries in North Dakota are eligible to receive services through multiple federal and state programs, including Vocational Rehabilitation, 1915(i), Community Connect and Free Through Recovery.

Is it just a concussion?

A concussion is a type of Traumatic Brain Injury (TBI) caused by a bump, blow, or jolt to the head or a hit to the body that causes the head and brain to move rapidly back and forth.

Brain Injury Advisory Council (BIAC)

PURPOSE

To improve the quality of life for all individuals with brain injury and their families through brain injury awareness, prevention, research, education, collaboration, support services, and advocacy.

Brain Injury Initiatives

North Dakota Brain Injury Network (NDBIN)

www.ndbin.org

PURPOSE

NDBIN provides resource facilitation and navigation to individuals who have a brain injury and their families. NDBIN staff also provide community outreach and education, brain injury screening, support groups and social opportunities, peer support, survivor connections and collaboration with public and private agencies.

\$996,483 general fund was allocated in the 2023-25 biennium.

During the 2023-25 biennium, NDBIN utilized increased funding to hire two additional resource facilitators.

NDBIN is administered by the University of North Dakota.



202 individuals were served from July 2023 - September 2024.

- 94 received care coordination
- 108 received information and referral



Between July 2023 and September 2024 NDBIN held 281 community outreach events reaching 3,607 individuals.

Community Living State Partnership Grant Administration

PURPOSE

North Dakota received this federal grant to develop a Brain Injury Advisory Council guidebook, a brain injury state plan, develop a brain injury survivors engagement group, and expand access to brain injury educational materials and trainings. \$1,000,890 in federal funds were awarded to North Dakota in 2021 for this five year grant.

OUTCOMES

- Developed a four-year brain injury state plan: www.ndbin.org/about-us/state-plan.
- Established a Brain Injury Voices program.
- Created a network of support and a training curriculum for Native Americans with brain injury.
- Established brain injury screening and referring protocols for criminal justice and behavioral health providers.

Behavioral Health Service Navigation



Find behavioral health services:
www.hhs.nd.gov/behavioral-health/find-services



Mental Health Program Directory

HHS maintains a Mental Health Program Directory, as a directive of SB 2161 from the 67th Legislative Assembly. The goal of this directory is to assist North Dakota citizens with locating and accessing mental health services. The directory allows users to search for mental health programs by location, population served, insurance coverage, type of mental health specialty and intervention. People can also search for programs that offer telehealth services. As of Oct. 22, 2024, **223** mental health programs are registered in the directory, with **295** locations.

For the purpose of this directory, a mental health program is:

- An agency or organization that provides mental health services by a licensed mental health professional
- Individually licensed mental health professionals that operate as a sole proprietor or business.

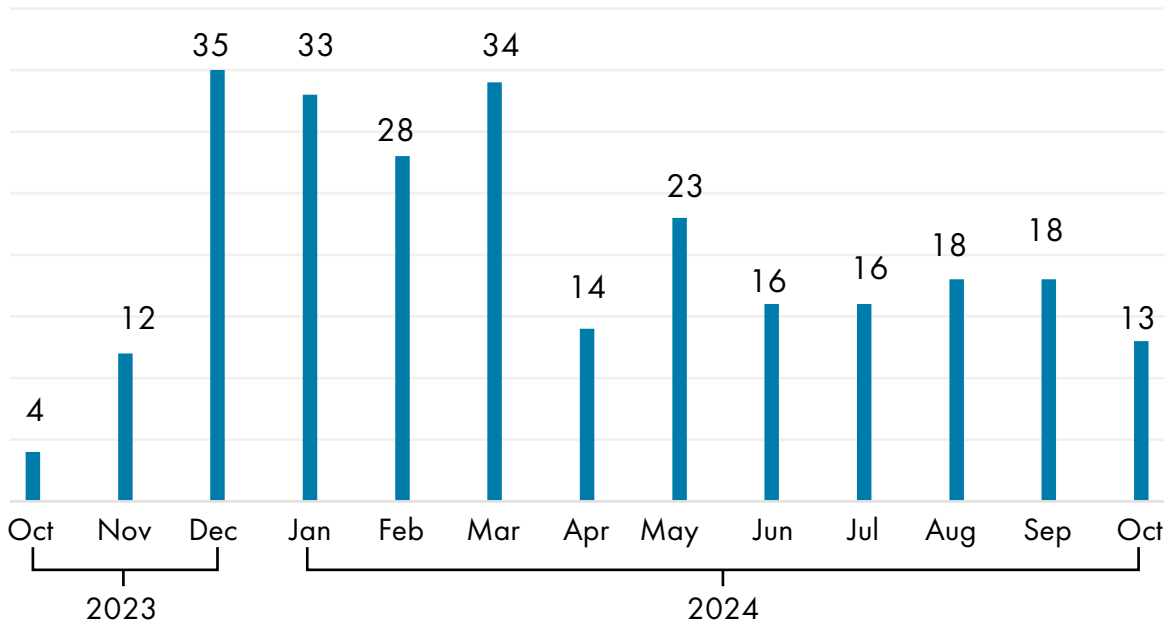
The directory is online at hhs.nd.gov/behavioral-health/directory

From Oct. 2023 through Oct 2024, the behavioral health navigator **assisted 264 individuals.**

Behavioral Health Navigator

Arising from 68th ND Legislative Assembly action, HHS created a behavioral health navigator role to facilitate connection to care by identifying resources for individuals and families and helping them navigate through behavioral health care services. The navigator can also assist in interpreting clinical language to ensure individuals can navigate to the appropriate level of care or service.

Number of Individuals Assisted by the Behavioral Health Navigator, by Month



The behavioral health navigator is available during business hours and can be reached by calling 701-328-8920 or emailing bhnavigator@nd.gov. Individuals experiencing a behavioral health crisis can call or text 988 (available 24/7).

Behavioral Health Bed Management System

HHS launched the behavioral health bed management system October 2024 as directed by the 67th ND Legislative Assembly. The system will allow for visibility into behavioral health bed utilization throughout the state.

Funding for the system is approved through Centers for Medicare & Medicaid Services, at a 90/10 federal match. HHS contracted with Bamboo Health to implement the system on Aug. 16, 2023. As of Nov. 26, 2024, 47 of the 53 residential and inpatient behavioral health treatment facilities are configured into the system.

Total provider facilities will include:

- 7 psychiatric hospitals
- 6 psychiatric residential treatment facilities for youth
- 7 crisis stabilization facilities
- 6 transitional living facilities
- 23 substance use disorder facilities
- 4 geriatric psychiatric facilities

View the Bed Management System here: www.hhs.nd.gov/behavioral-health/find-services

Virtual Behavioral Health Crisis Care



This virtual behavioral health crisis care model equips law enforcement with on-demand access to behavioral health experts who can assess citizens having a mental health crisis and assist with making informed recommendations for managing the situation.

Program highlights:

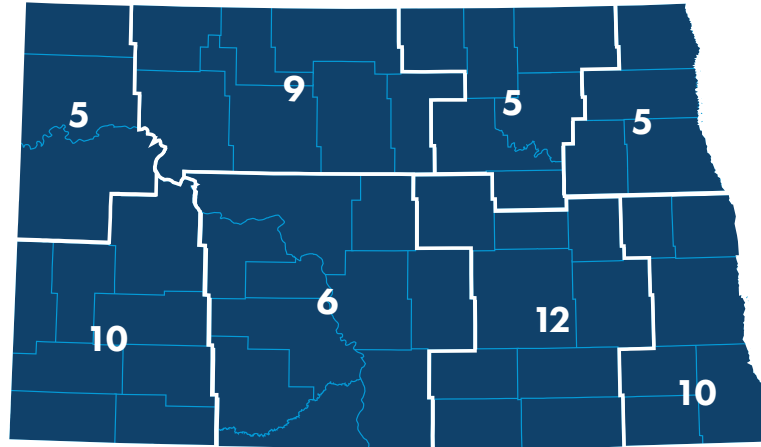
- Targeting rural areas where mobile crisis response is limited.
- Great opportunity for law enforcement to connect with regional Human Service Centers (Community Behavioral Health Clinics) to learn about local/regional services.
- Avel provides a warm hand off to the regional Human Service Centers (Community Behavioral Health Clinics) when they engage with a citizen and the Clinic follows up with the individual after the crisis.
- Highest request of services are for individuals with suicidal ideation, self-harm and depression.

The Department of Health and Human Services was appropriated funding during the 68th ND Legislative Assembly to enter into contract with an entity to implement a virtual behavioral health crisis care program for rural law enforcement.

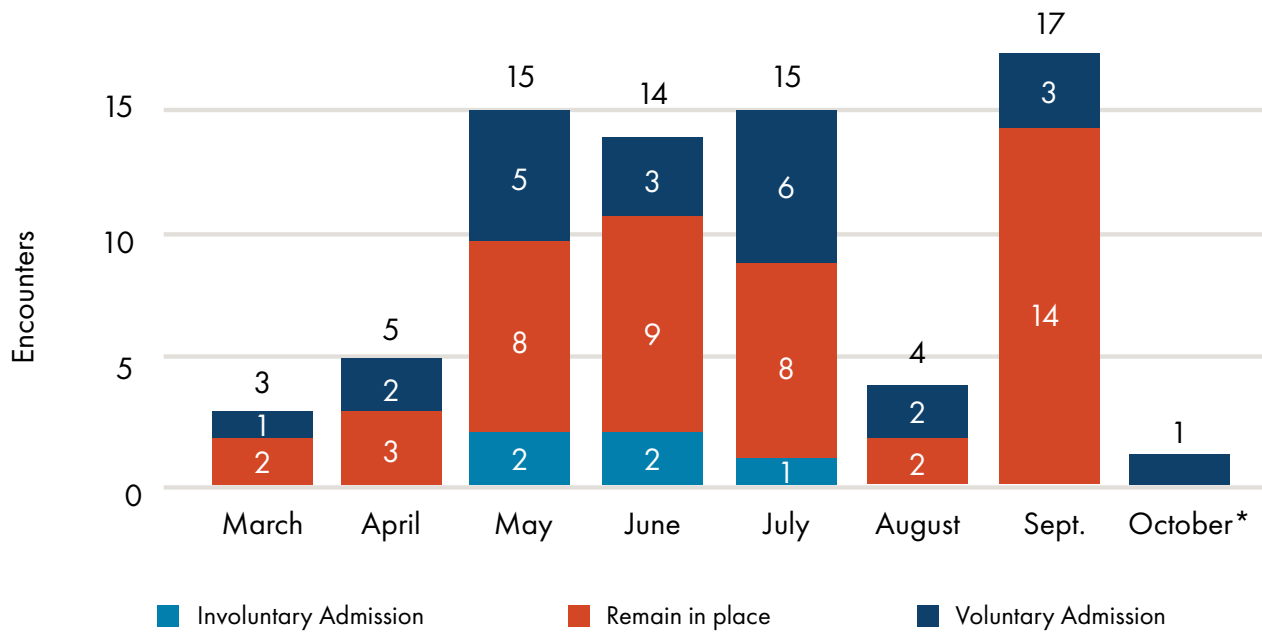
Funding

\$2,650,000 ARPA funds (2023-2025 Biennium) The Behavioral Health Division entered into contract with Avel eCare.

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



Encounters per month by recommended outcome



* As of October 6, 2024

Jail Tele-Psychiatry



The Department of Health and Human Services' Behavioral Health Division was appropriated funding during the 68th ND Legislative Assembly to enter into contract with an entity to provide tele-psychiatry for individuals in jail settings.



Funding

- \$1,500,000 General Fund (2023-2025 Biennium).
- The Behavioral Health Division entered into contract with Integrated Telehealth Partners.



Goals

1. Implement jail tele-psychiatry services in jails across all regions in ND.
2. Provide tele-psychiatry services to inmates screened for mental illness in jail prior to release.

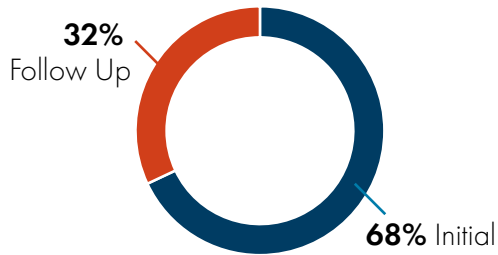


Target Population

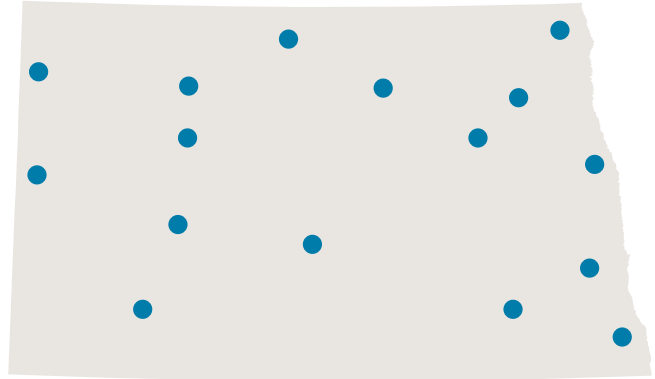
Adults presently incarcerated in jail settings
- Persons ages 18 and older who have a diagnosable behavioral, mental, or emotional condition.

As of September 18, 2024:

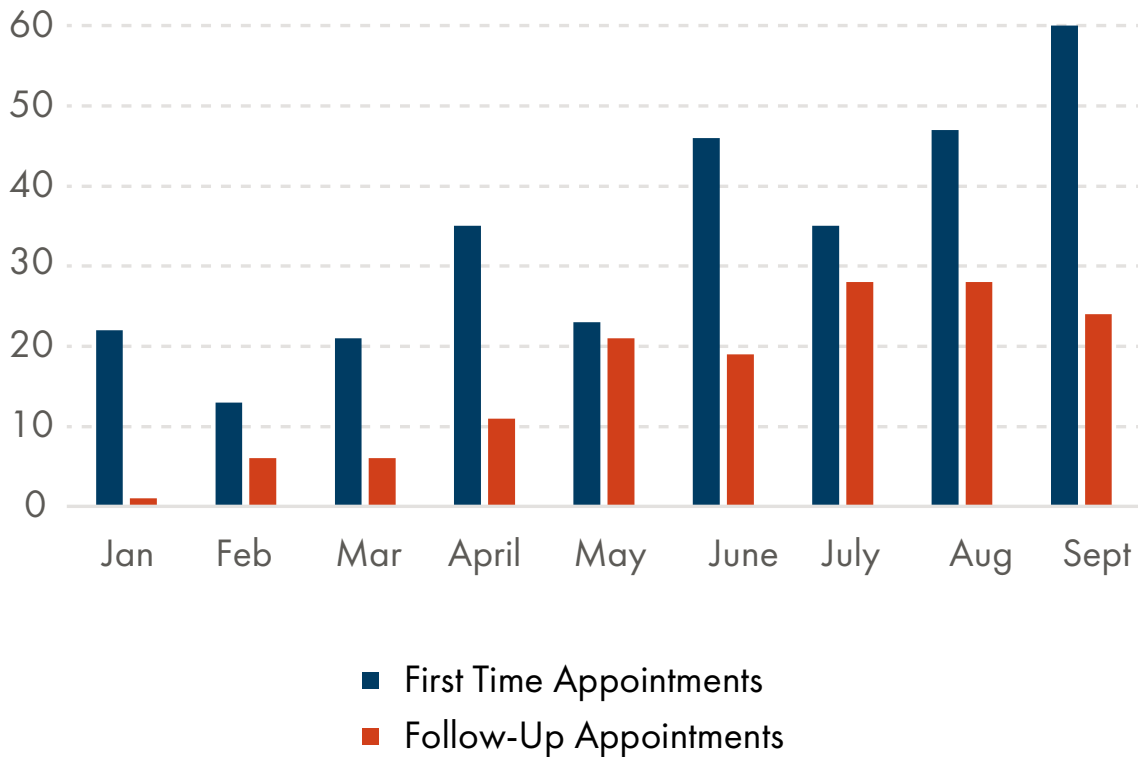
- Tele-psychiatry is implemented in 16 jails across the state.
- 446 total services provided from January through Sept. 2024

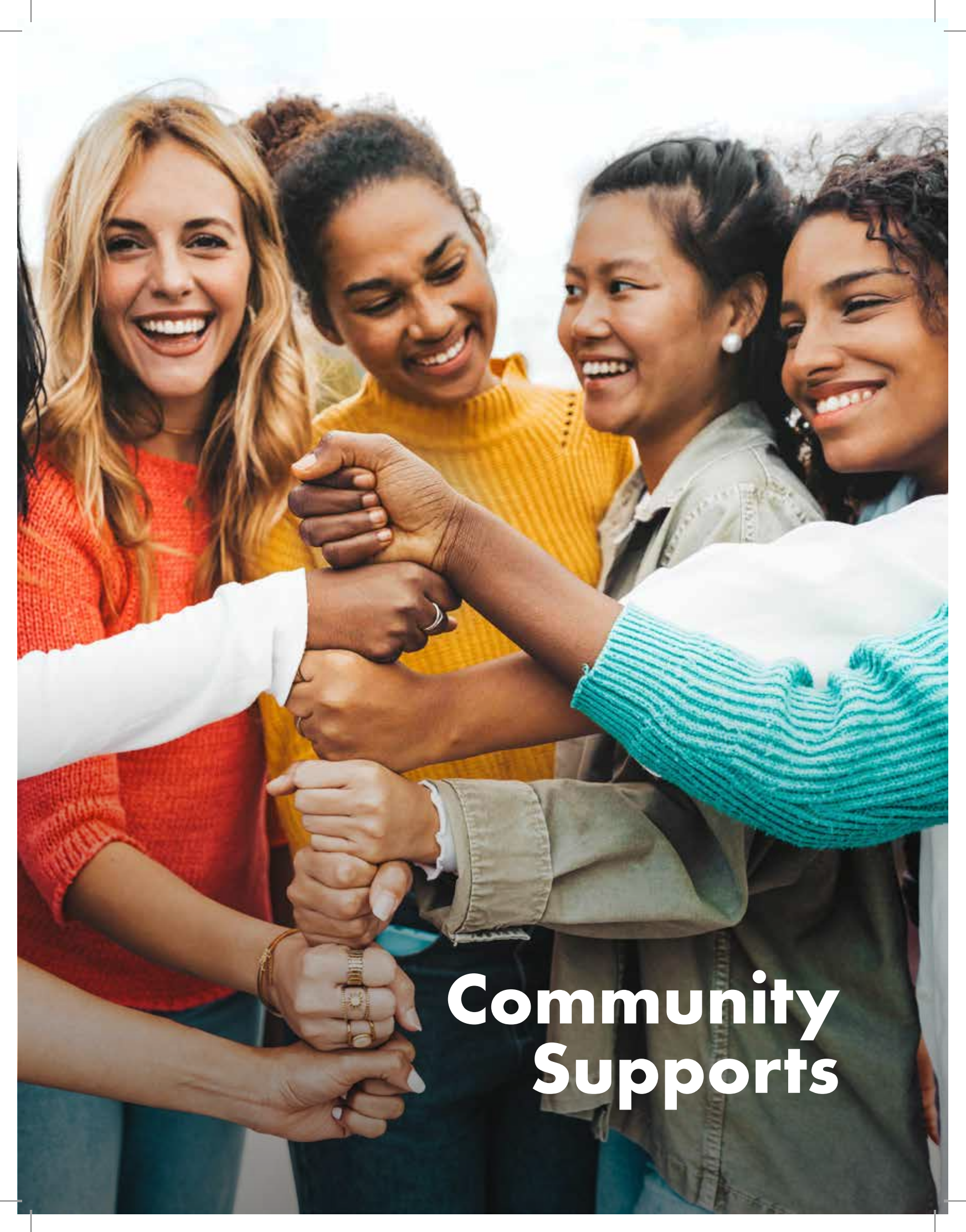


Locations of Participating Jails in ND



Number of Appointments by Month





Community Supports

Peer Support



A peer support specialist is a person who uses his or her lived experience of recovery from mental illness, substance use and/or brain injury and skills learned in formal training to deliver services to promote mind-body recovery and resiliency.

Peer support is recognized as an evidence-based practice for the treatment of mental health and substance use challenges which increases the recovery and wellness of both the peer specialist and the person receiving services.

Peer Support is Effective

Peer support compliments and is supplemental to clinical services. The role of a peer support specialist is distinct and does not replace the clinician.

Role of a Peer Support Specialist

- Provide support and encouragement to achieve goals.
- Assist with connecting to clinical care and community resources.
- Teach skills such as stress management, conflict resolution, and parenting.
- Offer proactive, flexible, and long-term follow-up.

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.



Health

Choices that support one's overall well-being.



Home

A safe and stable place to live.



Purpose

Meaningful daily activities, such as a job, school, or volunteering.



Community

Relationships and social networks that provide support, friendship and love.



Training

Since 2018, Health and Human Services (HHS) has hosted **48 trainings and trained 1,258 individuals.**

Certification

HHS implements a peer support specialist certification program, on the authority of the ND 66th Legislative Assembly.

Administrative Rule 75-03-43 outlines the requirements and process for two levels of peer support specialist certification:

- Certified Peer Support Specialist I (CPSS I)
- Certified Peer Support Specialist II (CPSS II)

As of Nov. 26, 2024, HHS has certified:

- 386 CPSS I
- 38 CPSS II

Reimbursement

Reimbursement for peer support services is available through:

- Community Connect
- Free Through Recovery
- Substance Use Disorder Voucher
- 1915(i) Medicaid State Plan Amendment
- Medicaid Expansion
- Blue Cross Blue Shield

Free Through Recovery (FTR)



Free Through Recovery (FTR) is a community-based behavioral health program designed to increase access to recovery support services for individuals engaged with the criminal justice system who have a serious behavioral health concern. Free Through Recovery is a partnership between Health & Human Services and the Department of Corrections and Rehabilitation.

The mission of Free Through Recovery is to improve healthcare outcomes and reduce recidivism by delivering high-quality community behavioral health services linked with effective community supervision. The goals are to improve engagement in quality services and to provide access to individualized services that are responsive to each person's specific needs.

Eligibility

- Be 18 years of age or older.
- Involved with the criminal justice system and at risk for future criminal justice involvement.
- Have a behavioral health condition such as; bipolar disorder, major depression, psychotic disorders of all types, post-traumatic stress disorder, obsessive compulsive disorder, borderline personality disorder, panic disorder, moderate and severe substance use disorder(s).
- Display concerns/challenges in areas of daily living (housing, employment, etc.).

Services

Care Coordination

A Care Coordinator assists with support in working towards long and short-term goals.

Recovery Services

Recovery looks different for everyone, a provider can assist with access to individualized resources needed to help lead a healthy and fulfilling life.

Referrals

Individuals can be referred to the program by a parole and probation officer, or if the person is transitioning from prison, through an internal assessment process at the Department of Corrections and Rehabilitation.

Peer Support

A supportive relationship with a peer who has similar lived experience and who serves as an advocate and mentor, offering sound advice and resources.

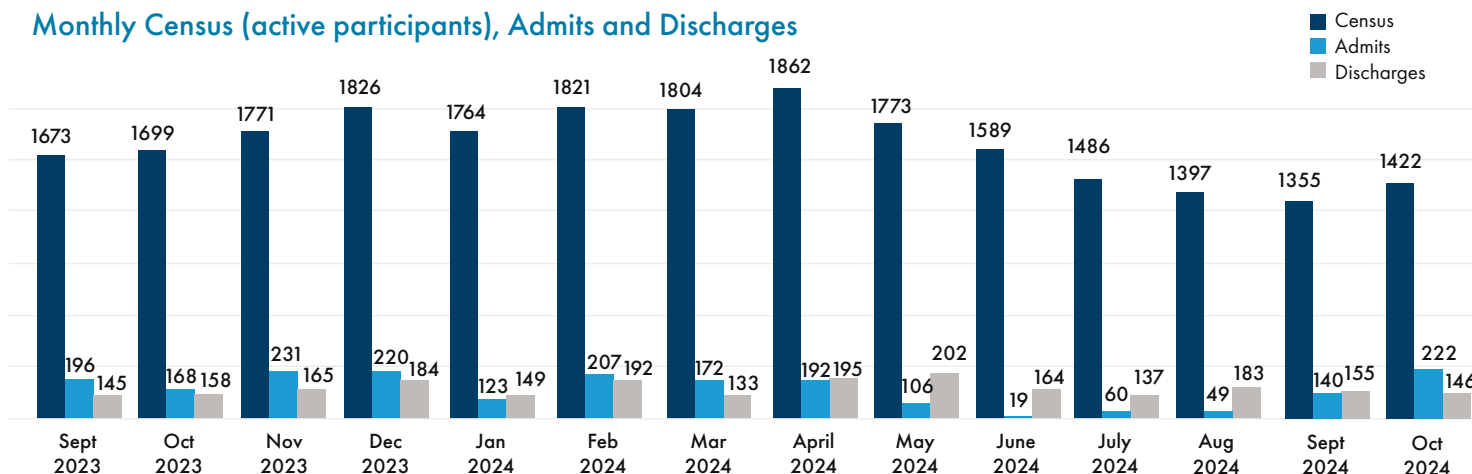
Providers

There are currently **55** providers located throughout the state with the capacity to serve **1,500** participants.

Implementation

Free Through Recovery launched on Feb. 1, 2018. Since then, **7,155** individuals have participated in the program, with **1,462** individuals currently being served (as of Nov. 20, 2024).

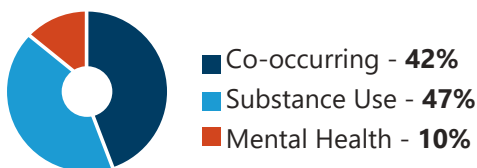
Monthly Census (active participants), Admits and Discharges



Of the 7,155 total participants

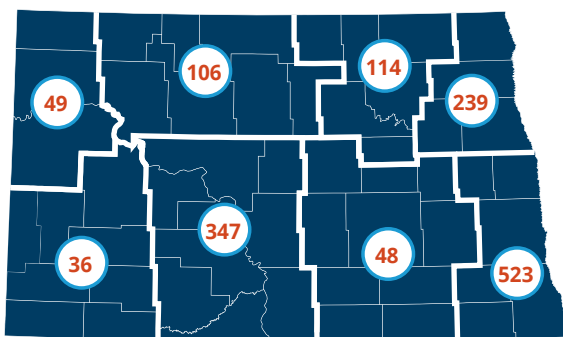
- 42% have a co-occurring (mental health and substance use) behavioral health need.
- 64% are between the ages of 31-50 and a quarter (23%) of the individuals are between the ages of 18-30. One percent of individuals are over the age of 65.
- 28% of participants are Native American; 4% of participants are Hispanic.
- 16% of program participants live within the rural regions of 1, 3, 6 and 8.

Behavioral Health Needs



Referrals by Region

Of the 1,462 individuals currently being served



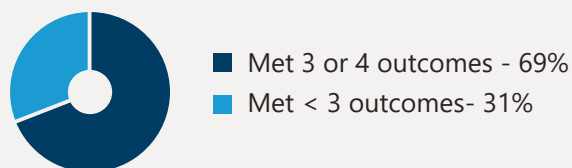
(As of Nov. 20, 2024)

Outcomes

The Free Through Recovery program utilizes a pay-for-outcomes model. Outcomes in the domains of criminal justice, employment/financial, housing, and recovery are gathered monthly.

Overall, from March 2018 through September 2024, 69% of the time participants achieved 3 of the 4 outcomes.

March 2018 - Sept. 2024 Outcomes



Positive outcomes were achieved by:

- **75%** of the participants in the housing domain
- **67%** of the participants in the employment domain
- **71%** of the participants in the recovery domain
- **73%** of the participants in the law enforcement domain

Community Connect



CommunityConnect

My Recovery. My Story.

The mission of Community Connect is to provide quality, community-based behavioral health services to meet the needs of each person.



Stakeholders in the 2018 HSRI ND Behavioral Health System Study reported that North Dakota's current behavioral health system is, "primarily crisis-oriented and pays inadequate attention to rehabilitative and community-based services." The study identified a recommendation (4.1) to ensure access to needed recovery support services, including providing funds to support the implementation of the "Free Through Recovery" program separate from the criminal justice system. During the 66th ND Legislative Assembly, Senate Bill 2012 passed which created a new section in ND Century Code and provided funding to implement Community Connect.

ELIGIBILITY

- Be 18 years of age or older.
- Reside in North Dakota.
- Have a mental health or substance use disorder impacting functionality in multiple domains, including housing, employment, parenting, physical health, and/or community connections.

Services

Care Coordination

A care coordinator assists with short and long-term goals, barriers, and provides a source of connection and support.

Peer Support

A peer support specialist is an individual with similar lived experience that offers hope, support, and advocacy.

Recovery Services

Access to services or programs to assist an individual with meeting their needs and goals.

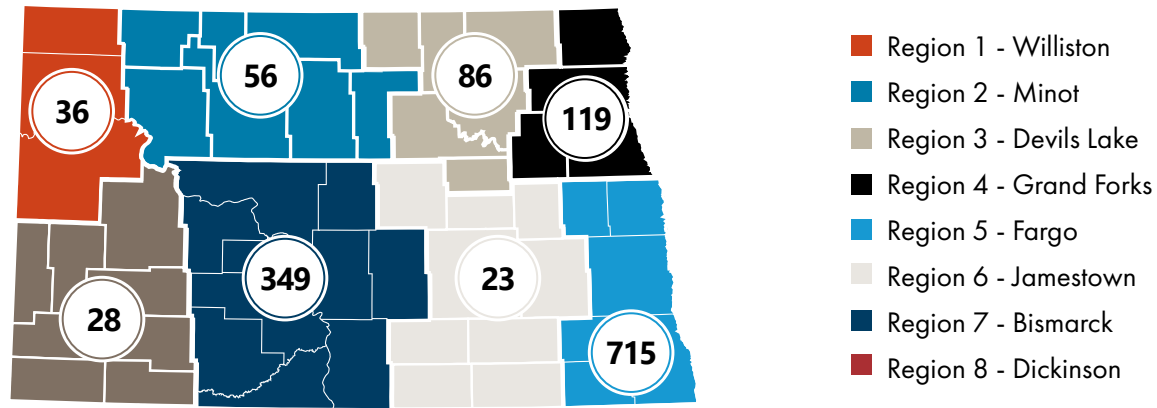
Providers

58 providers • **318** Care Coordinators • **147** Peer Support Specialists

Participants

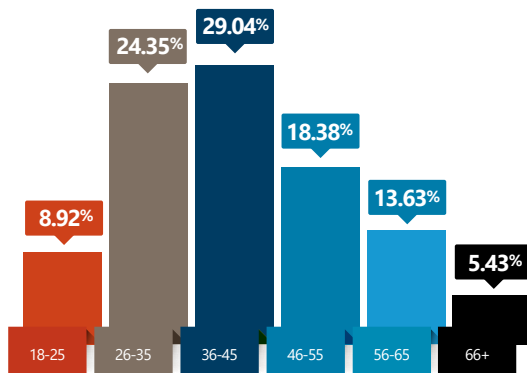
The following charts provide a breakdown of all currently active participants within the Community Connect program.

- Since program inception in February 2021, the program has served 7,654 participants.
- There are currently 1,412 participants within the Community Connect Program.



Age Range

53% of participants are between the ages of 26-45

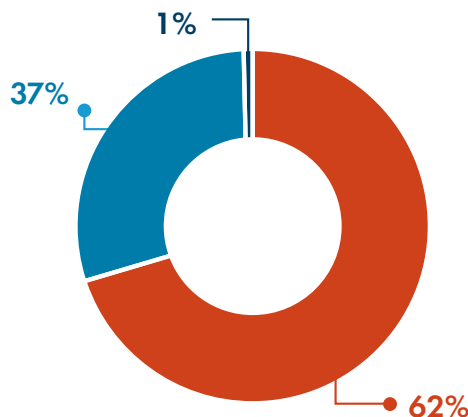


53%



Living Status

At the time of their application for eligibility, 53% of program participants indicate they are homeless.



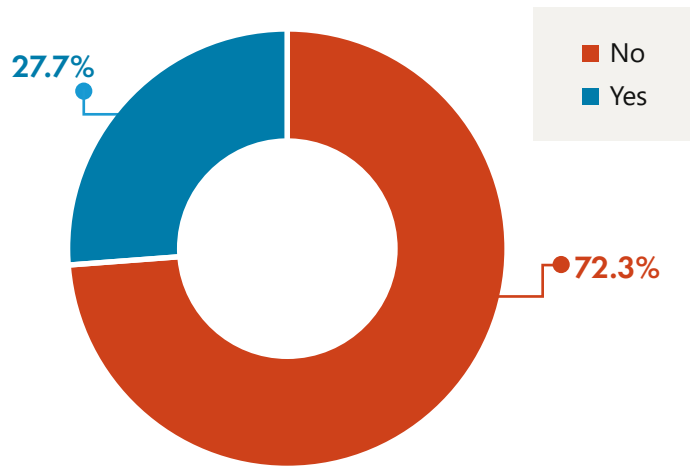
Parent/Caregiver

37% of program participants report they are a parent or caregiver.

- No
- Yes
- Unsure

Tribal

27.7% of applicants report they are enrolled in a ND tribe.



- **31.48%** Turtle Mountain Chippewa
- **25.42%** Standing Rock Sioux
- **19.37%** Tribe Other
- **12.59%** Spirit Lake Nation
- **8.47%** Three Affiliated Tribes
- **2.91%** Sisseton Wahpeton Oyate

Peer Support Engagement

Peer support specialists bring hope by sharing their experiences and promoting a sense of belonging. A peer support specialist is an individual who uses their lived experience and skills learned through formal training to deliver services to promote mind-body recovery and resiliency.

1 in 3 Community Connect participants are actively engaging with a certified peer support specialist.

Outcomes

The Community Connect program utilizes a pay-for-outcomes model. Outcomes in the domains of criminal justice, employment/financial, housing, and recovery are gathered monthly.

Of participants actively engaged in services:

Data reflects current biennium: July 1, 2023 - Aug. 31, 2024



78% of participants are actively addressing their housing needs.



75% of participants are actively addressing their employment/financial needs.



77% of participants have had no negative contact with law enforcement.



76% of participants are actively addressing their recovery needs.

Needs and Progress

Upon intake, and at least every six months, information is collected from program participants around their self-reported well-being in multiple domains. At six months, **80% of program participants self-report improvement** in these domains, which include housing stability, employment/financial stability, physical health, community connections, parenting, use of emergency services, and feelings of worry or anxiety in their daily life.



Permanent Supportive Housing (PSH)



Upon legislative directive in 2021, Health and Human Services (HHS) developed methodology to distribute funds for permanent supportive housing. Funds are distributed to qualified entities that:

- Utilize best practices for permanent supportive housing.
- Provide recovery-oriented and person-centered services.
- Submit process and outcome measures to the department.

PSH is a model that combines affordable housing assistance with voluntary supportive services to address the needs of chronically homeless people. The services are designed to build independent living and tenancy skills and connect people with community-based care, treatment, and employment services. In addition to ending homelessness for people who are chronically homeless, research has demonstrated that permanent supportive housing can increase housing stability and improve health.

Eligibility

New referrals for tenancy at the property shall be accepted from the local Continuum of Care (COC) through the coordinated entry process, by which individuals and households experiencing homelessness are prioritized for housing based on the Coordinated Entry, Assessment, Referral, and Evaluation (CARES) Prioritization Policy.

Services

Services shall be designed to support individuals in solving predictable problems by proactive planning, relationship building, vigilant oversight of critical incidents, and communication and coordination with property managers.

Supportive Services may include:

- Outreach and engagement
- Assessments
- Housing stabilization and service plans
- Tenancy support
- Community engagement

Current Contracts 2023-25 biennium

**236 total tenants supported
from July 2021 to June 2024**

PRAIRIE HARVEST MENTAL HEALTH

- Stern Place (9 units): 9 tenants support since July 2021
- Harvest Homes (12 units): 17 tenants supported since July 2021

GRAND FORKS HOUSING AUTHORITY

- LaGrave On First (41 units): 77 tenants supported since July 2021

BURLEIGH CO HOUSING

- Edwinton (41 units): 57 tenants supported since July 2021

BEYOND SHELTER (FORMERLY FARGO HOUSING AUTHORITY)

- Cooper House (42 units): 77 tenants supported since July 2021

FARGO HOUSING AUTHORITY

- (40 units): Grant awarded 11/1/2024

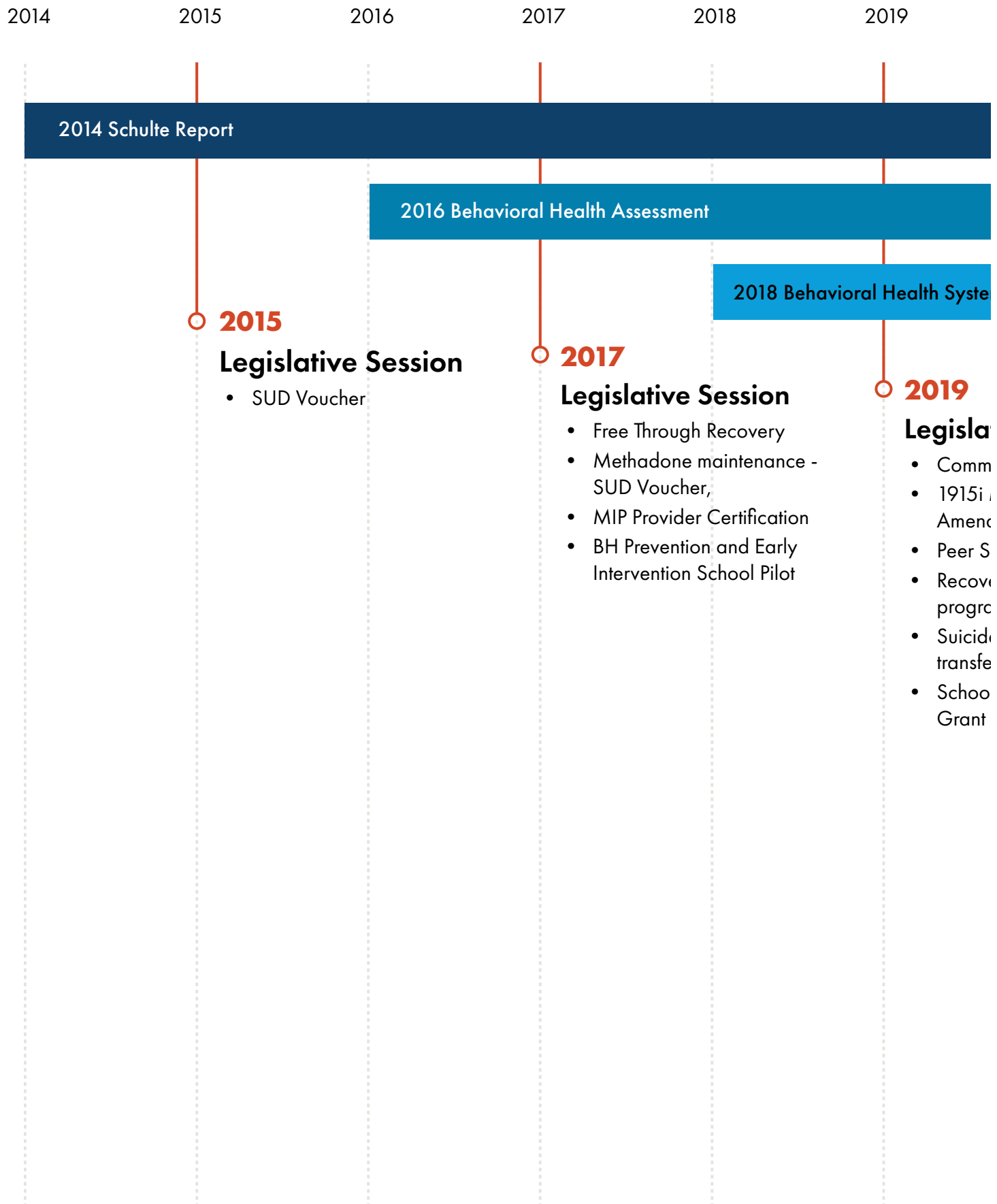
Program Outcomes

- Reduction in service calls.
- Partnerships with private providers to come on-site and provide outreach and connection to their services, occupational therapists, addiction counseling, nursing, med management.
- Community integration events designed to bring awareness to the tenants on what services and supports are in the community.
- Onsite housing support specialists.
- Services designed to improve self-sufficiency and learn budgeting skills.
- Resources for training and supporting staff.



Appendix

North Dakota Behavioral Health System History



2020

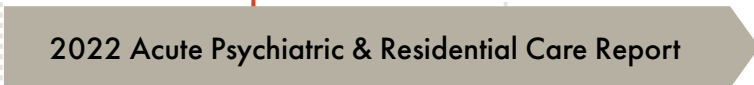
2021

2022

2023

2024

2025



Legislative Session

- Community Connect
- 15i Medicaid State Plan Amendment
- Peer Support Certification
- Recovery housing grant program
- Suicide prevention program transfer to DHS
- School Behavioral Health Grant Program

2021

Legislative Session

- Permanent Supportive Housing Grants
- SUD Voucher Grant
- Bed Management System
- Mental Health Registry

2023

Legislative Session

- Expand school behavioral health grants
- Increased resources for Community Connect and Free Through Recovery
- Created opioid settlement fund
- Expand of Recovery Housing Assistance Program
- Reduced addiction regulation requirements to improve access to early intervention services
- Funding to transition up to 3 Human Service Centers to Certified Community Behavioral Health Centers
- Tele-health crisis services expansion
- Tele-psychiatry services for jail settings
- Comprehensive planning of a new ND State Hospital
- 10-bed acute inpatient behavioral health beds in Williston region
- Suicide fatality review panel

Behavioral Health Division Policy and Clinics/State Hospital integration initiated



North Dakota Behavioral Health System Study

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.

www.hsri.org/NDvision-2020

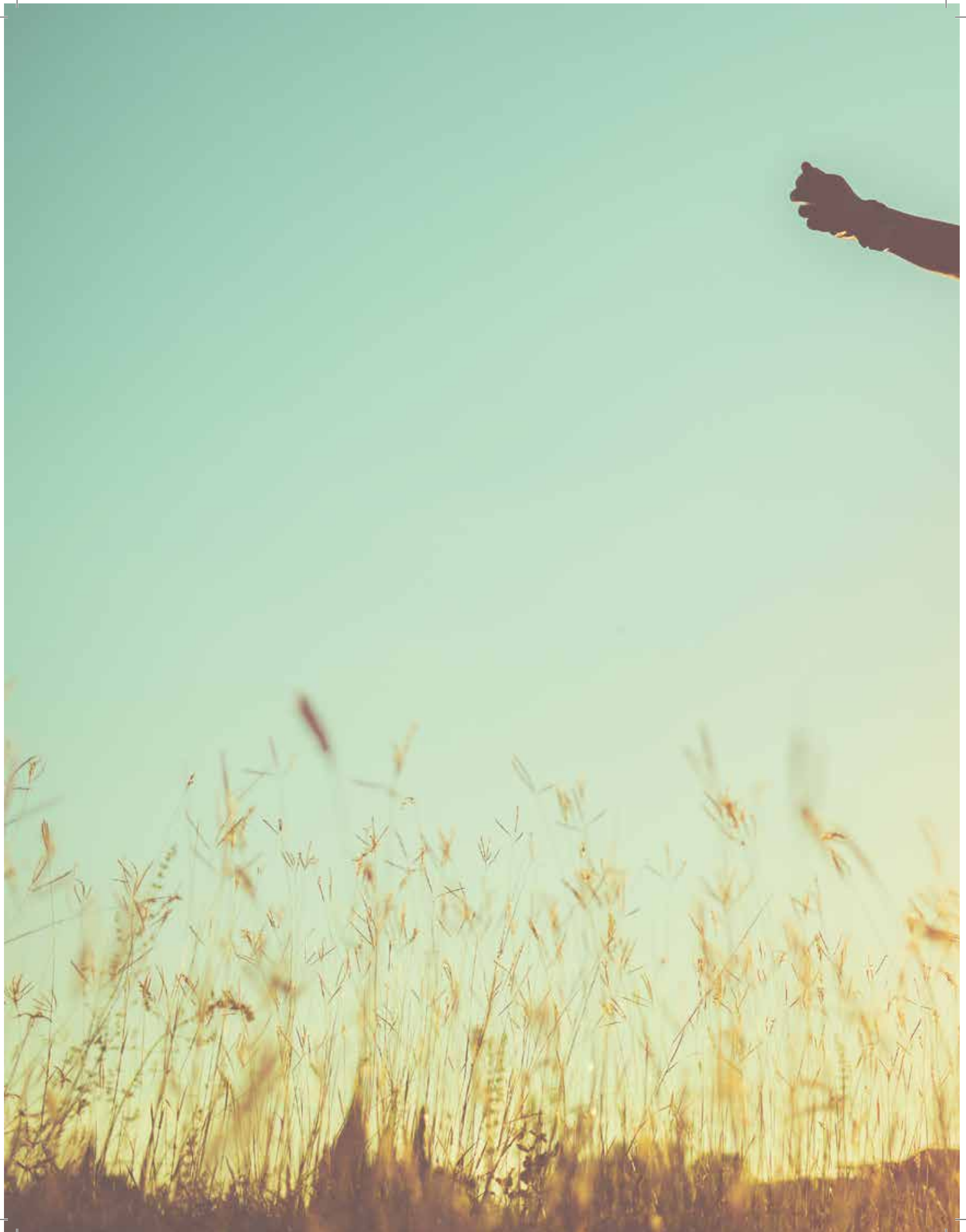
The Human Services Research Institute (www.hsri.org) is an independent, nonprofit research institute that helps public agencies develop effective, sustainable systems to deliver high-quality health and human services and supports in local communities. In the behavioral health space, their goal is to deliver actionable, viable, and culturally relevant strategies that empower service users and promote wellness and recovery

Behavioral Health System Study Recommendations

In 2017-2018 the Human Services Research Institute (HSRI) completed a study of North Dakota's behavioral healthcare system revealing 13 key recommendations. HSRI's recommendations are based on an in-depth analysis of stakeholder feedback, local data and the availability of services in North Dakota in contrast to the Institute of Medicine's Continuum of Care model. These recommendations include:

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

HSRI continues to support the state with system change. A list of 140 strategic goals have been established to improve all aspects of the system. In coming years, North Dakota will achieve its vision for a 'good and modern' behavioral health care system through continued collaboration with stakeholders, ongoing system monitoring, and implementation of strategic planning efforts.





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