

— NORTH DAKOTA —

BEHAVIORAL HEALTH



What is Behavioral Health?

Preventing and treating depression and anxiety

Preventing and treating substance abuse or other addictions

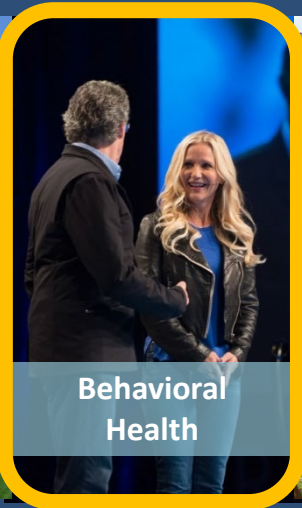
Supporting recovery

Creating healthy communities

Promoting overall well-being

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

Governor Doug Burgum's STRATEGIC INITIATIVES





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

SAMHSA

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

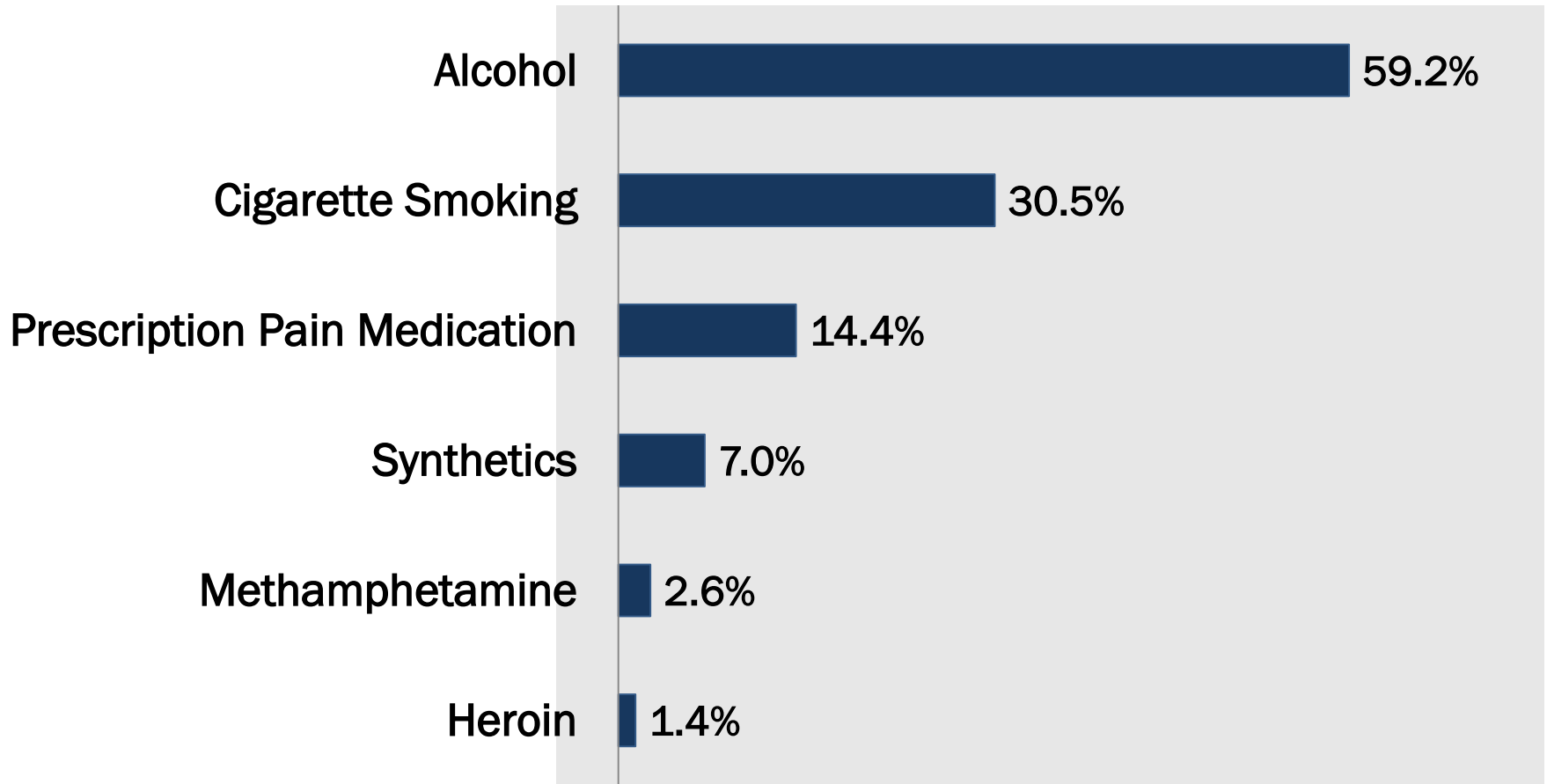
Persons with **serious mental illness (SMI)** are now dying *25 years earlier* than the general population.

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



Reported LIFETIME Use Among ND High School Students

2017 YRBS



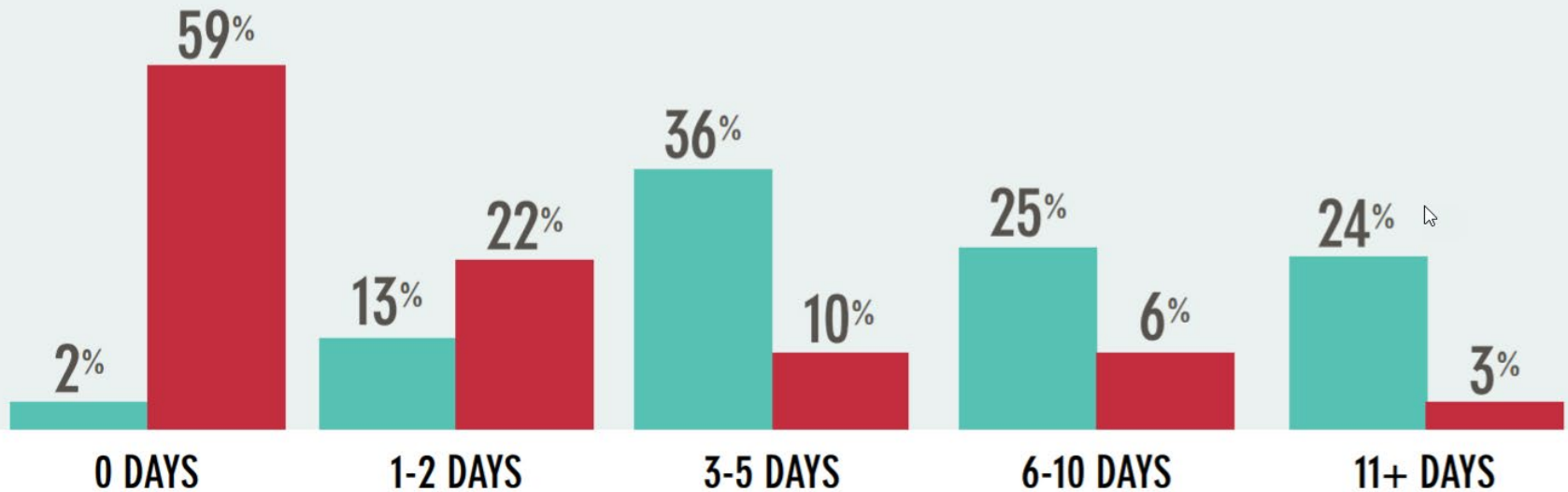
In 2009 (the last time the question was asked), lifetime use of **MARIJUANA** among ND high school students was 30.7%

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



ND Young Adult Survey, 2016

PERCEIVED VERSUS ACTUAL BINGE* DRINKING BEHAVIOR AMONG YOUNG ADULTS

(Number of days in past 30 days)



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

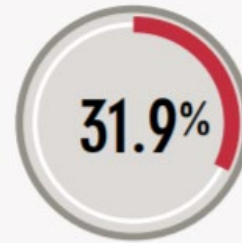
 Perceived peer use  Actual use

Adults Age 18 and Older Past 30-Day Substance Use

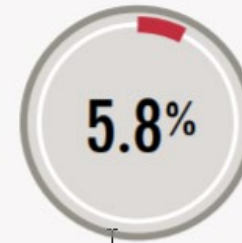
National Survey on Drug Use and Health



BINGE ALCOHOL USE



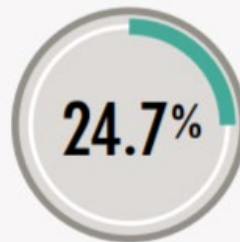
TOBACCO



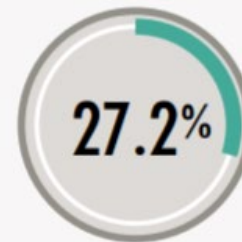
MARIJUANA



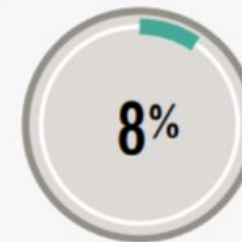
ILLICIT DRUGS



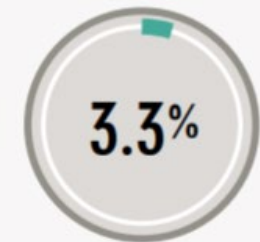
BINGE ALCOHOL USE



TOBACCO



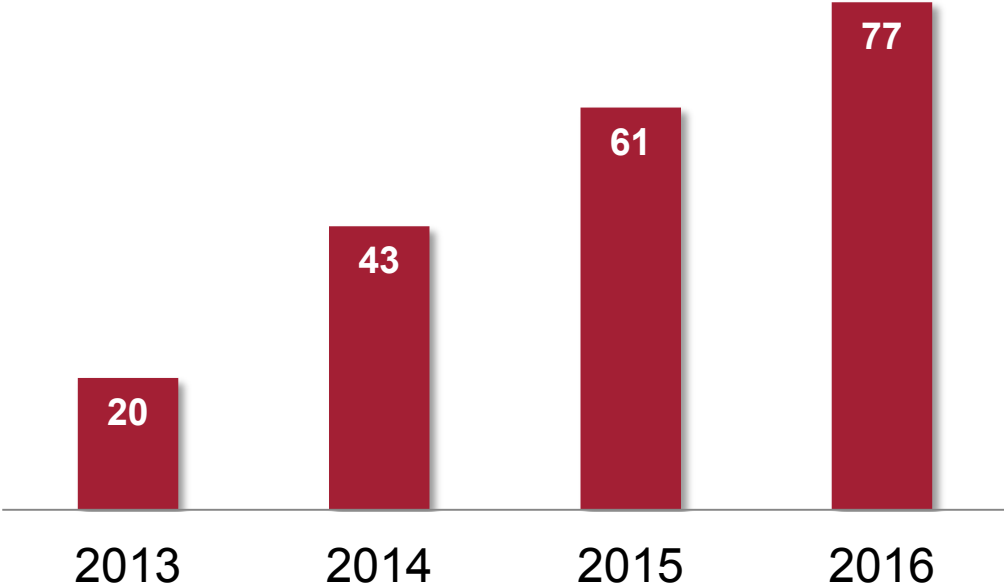
MARIJUANA



ILLICIT DRUGS

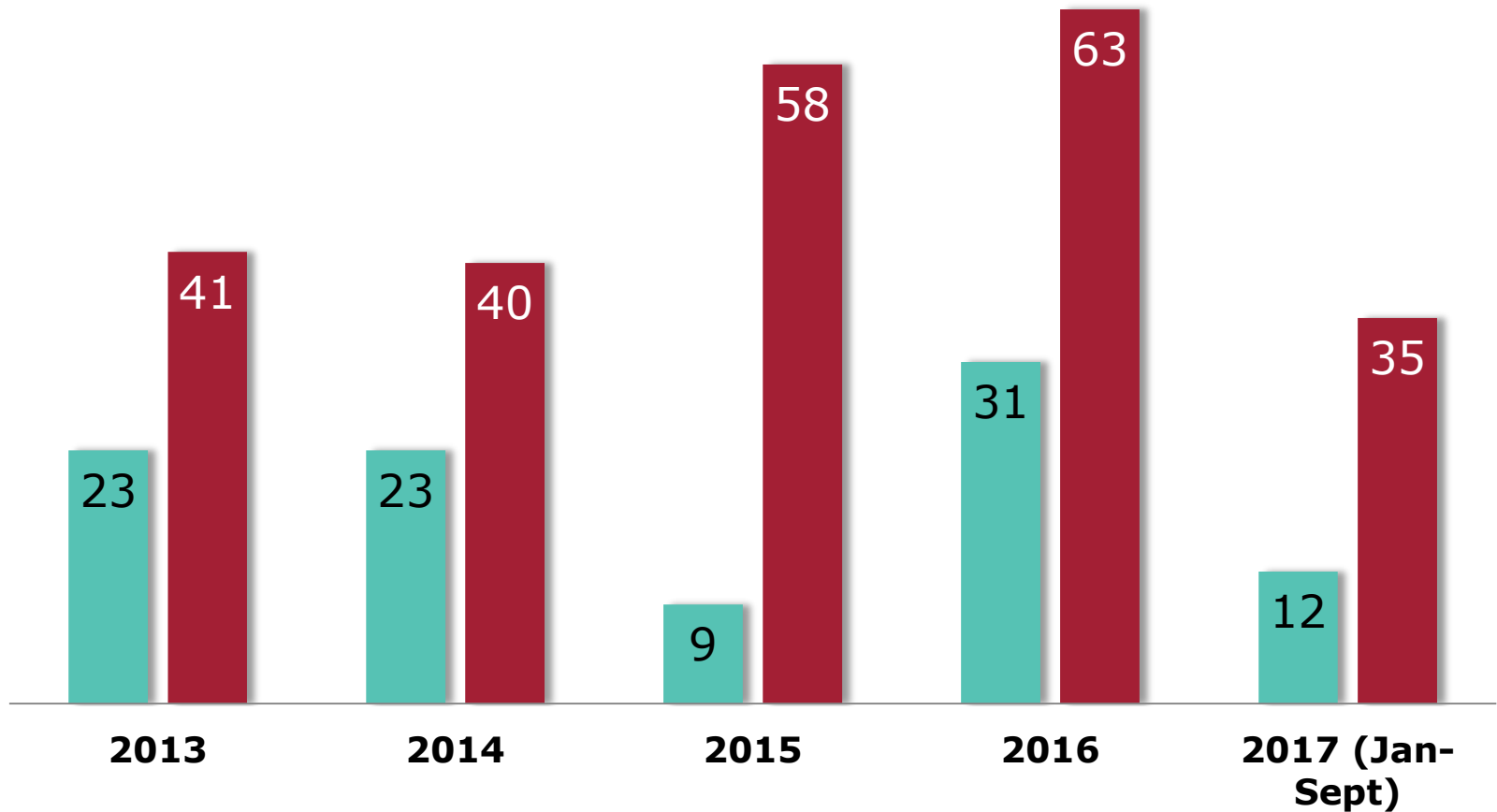
OPIOID OVERDOSE


Deaths in North Dakota



OPIOID AND ALCOHOL DEATHS - CASS COUNTY

■ Opioid-related Deaths





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

ND Behavioral Health System Study 2018

North Dakota Prevention Priorities



Underage Drinking



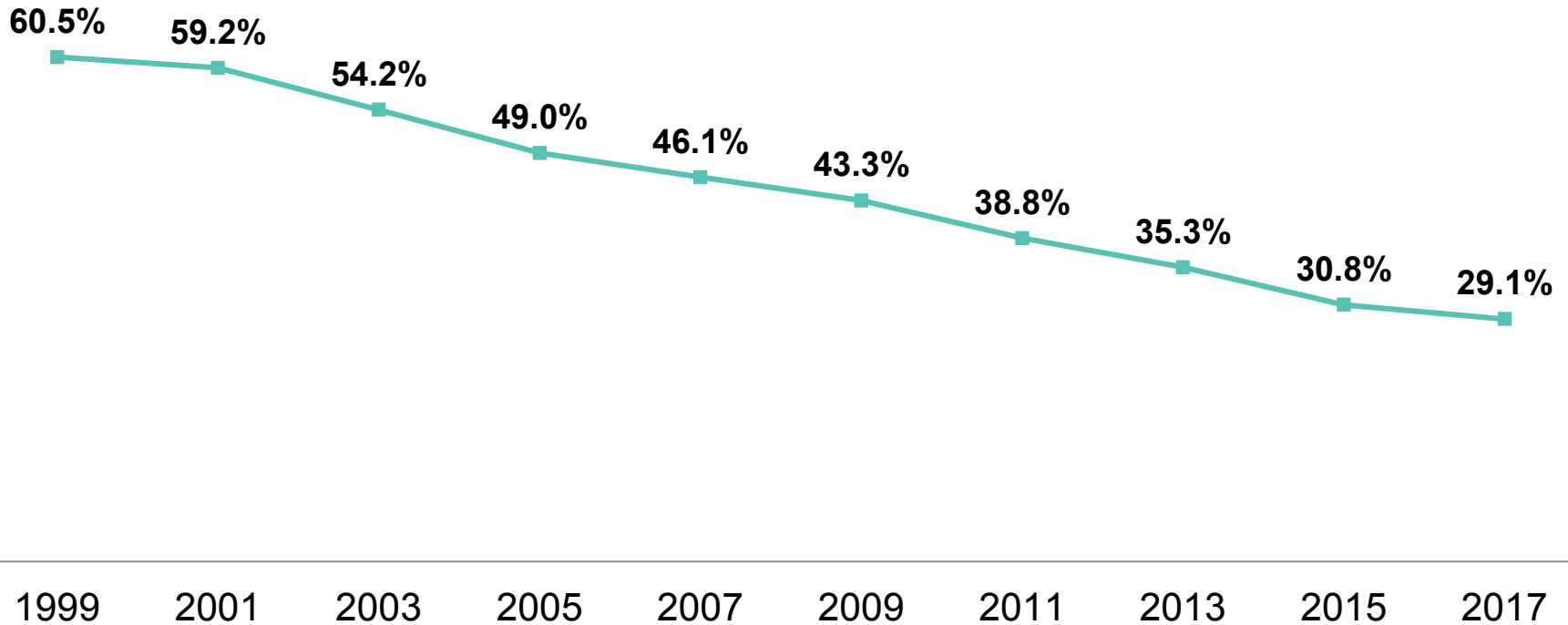
Adult Binge Drinking



Prescription Drug / Opioid Abuse

PREVENTION WORKS

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



Youth Risk Behavior Survey

Age of Initiation

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

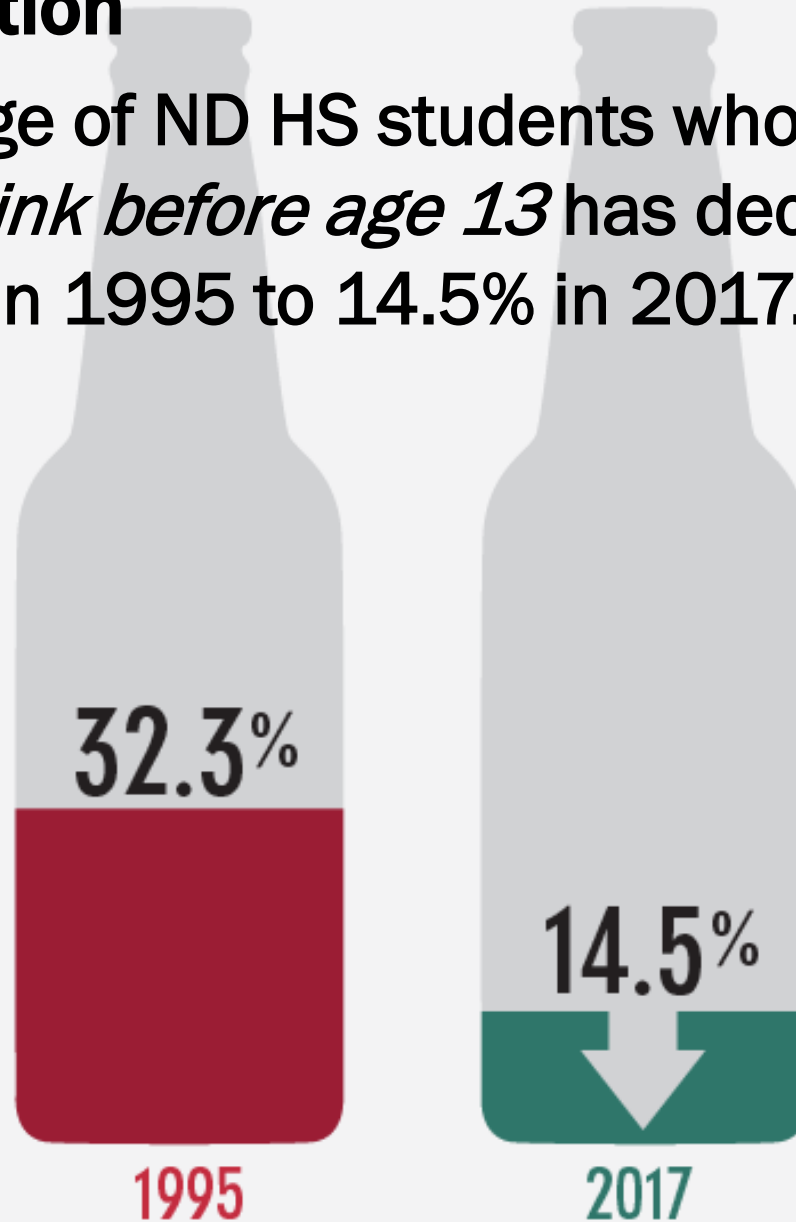
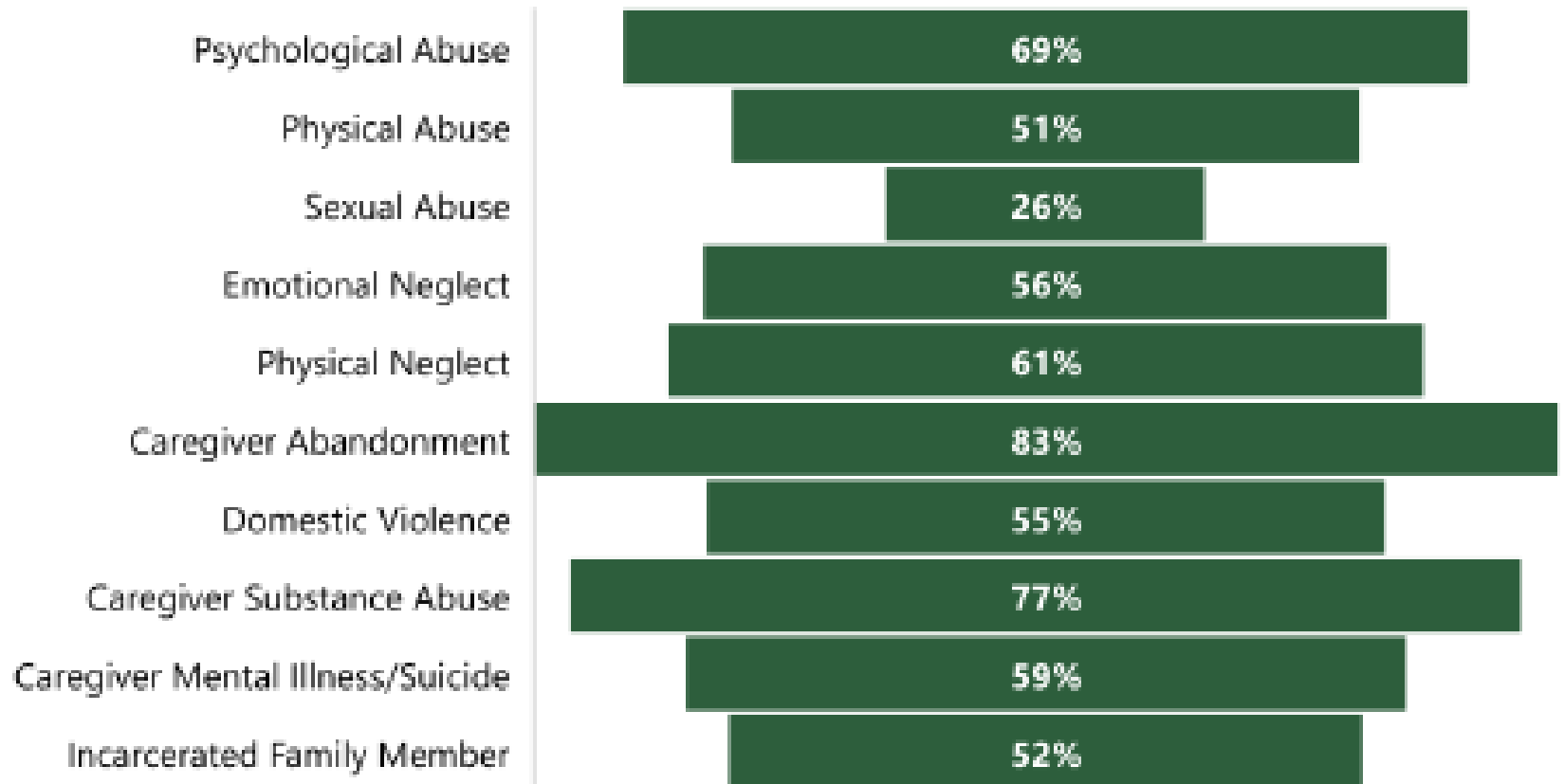


Figure 18

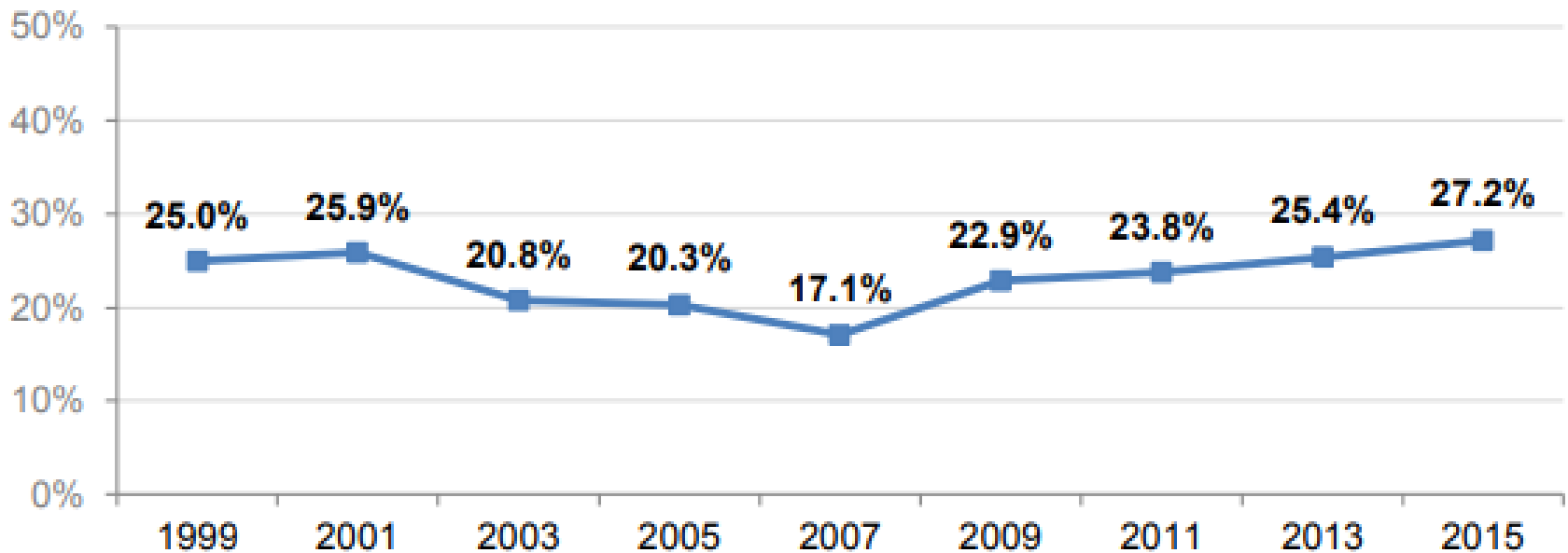
A high proportion of foster care children and youth admitted in 2016 and 2017 had indicated **adverse childhood events**.



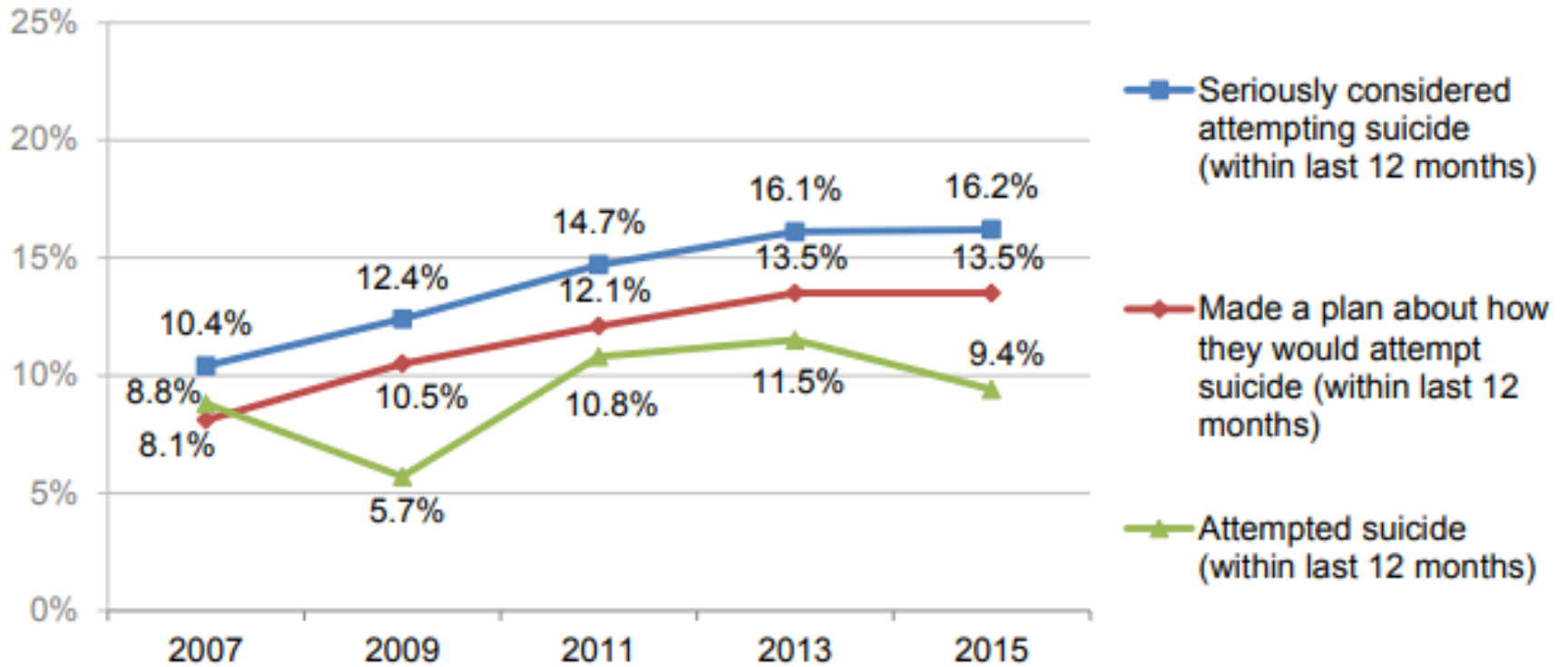
Source: PATH ND; n=386; Children and youth in the sample endorsed an average of 5.9 ACEs.

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

YRBS



ND High School Students - Suicide YRBS



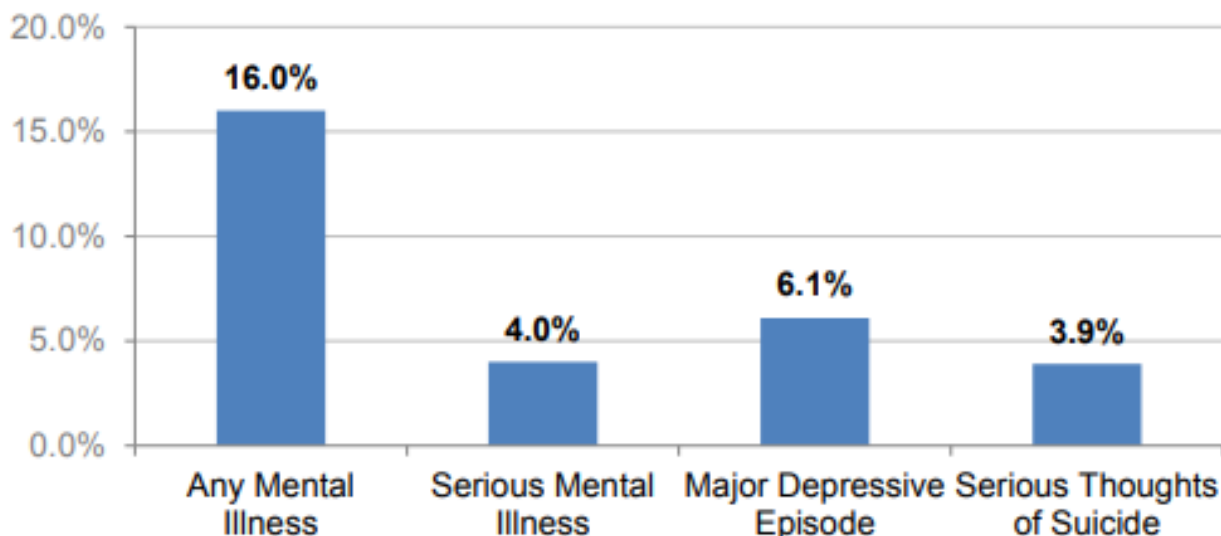
Adult Mental Health

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

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

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

National Survey on Drug Use and Health, 2013 and 2014



DATA RESOURCE

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

SUND.ND.GOV

SUBSTANCE USE DATA AT YOUR FINGERTIPS.

[Home](#)

[By Substance](#)

[By Location](#)

[By Demographic](#)

[About Us](#)

Select an Option to the
Right to Start Viewing
Data 

[+ Advanced Search](#)

[How to use this site](#)

By Substance

Substance Type

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

By Location

National / North Dakota

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

Regional

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

By Demographic

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

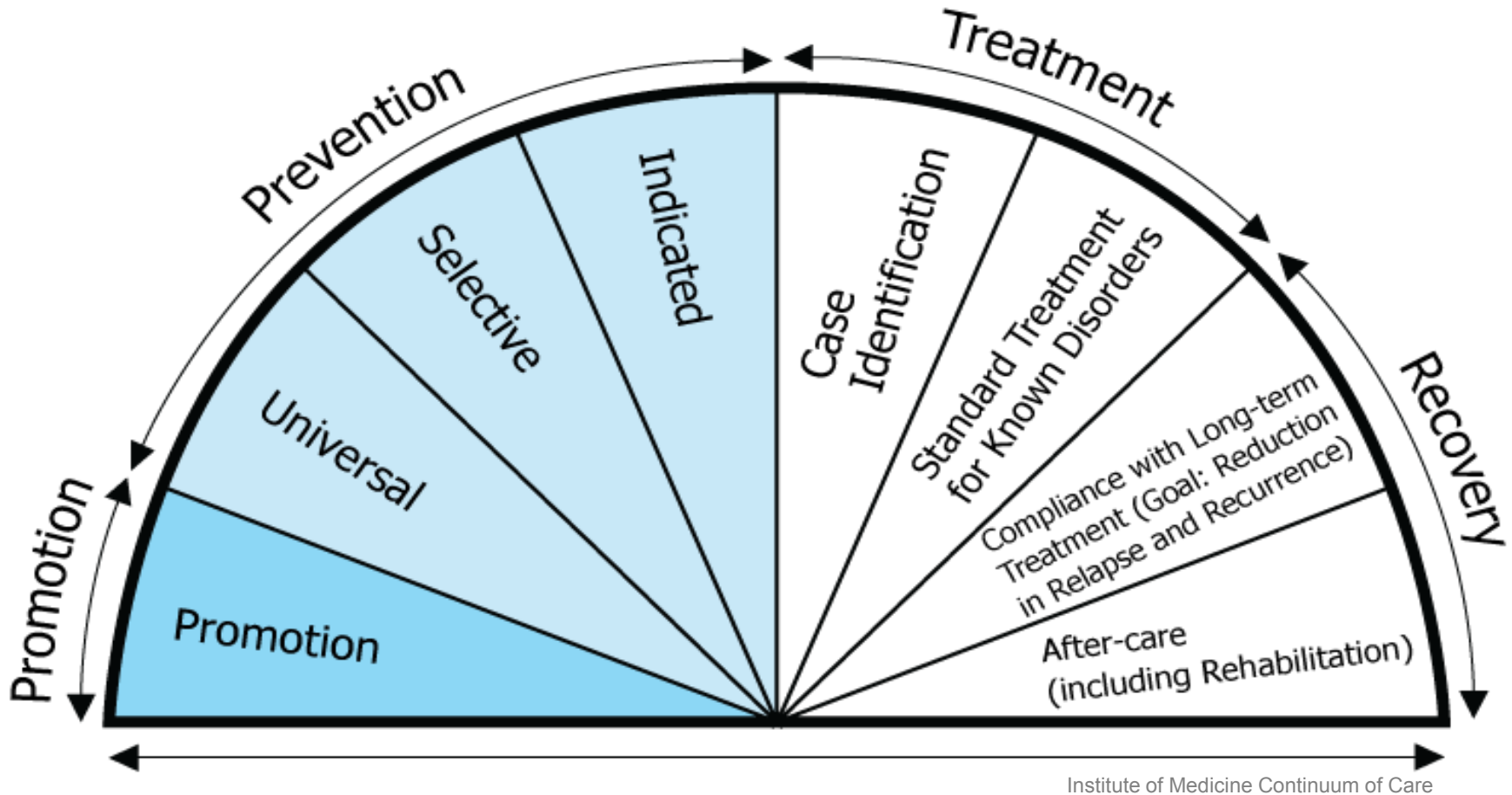
Grade

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

Age

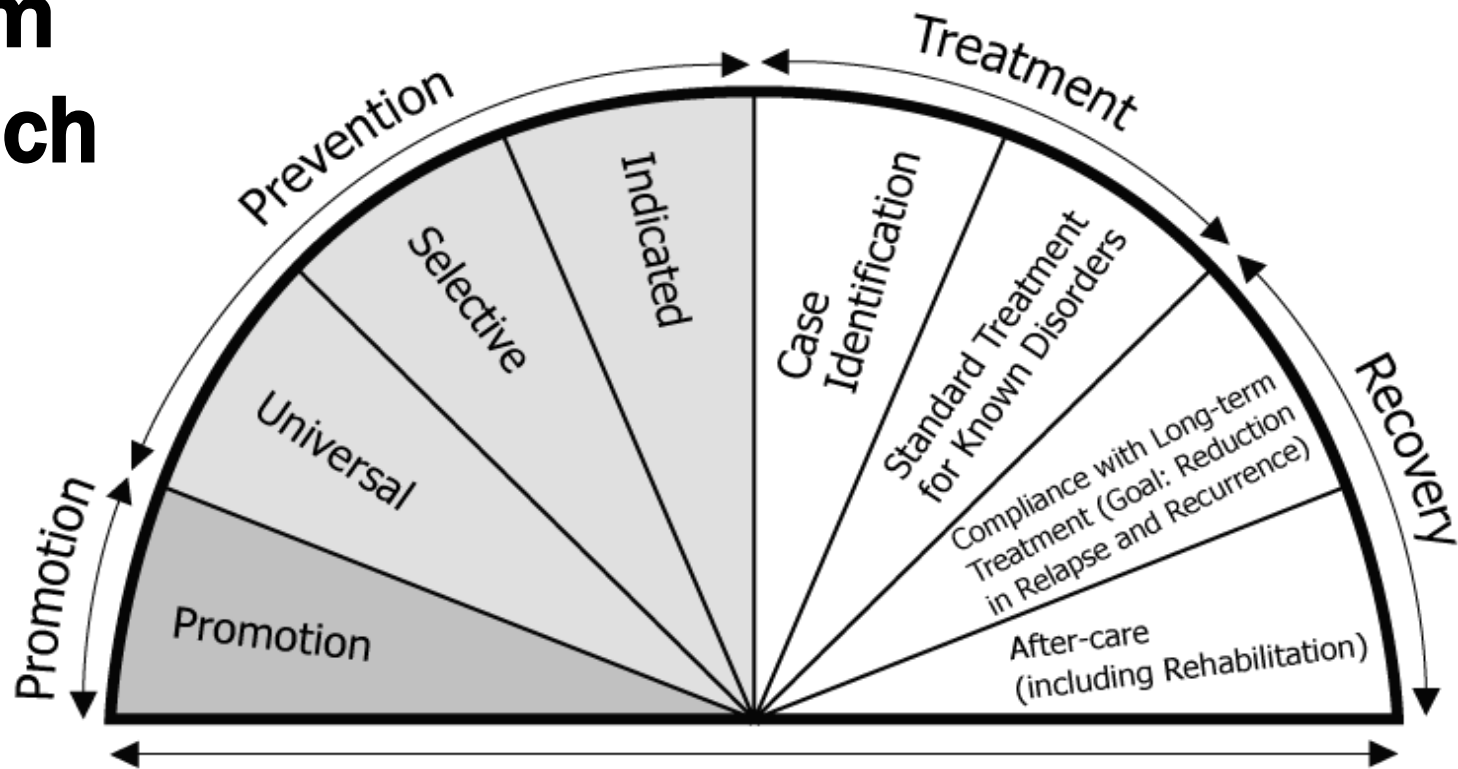
12+	
12-17	<18
12-20	18-24
18-25	18+
25-34	26+
35-44	45-54
55-64	65+

Behavioral Health Continuum of Care Model



The goal of this model is to ensure there is **access to a full range of high quality services** to meet the various needs of North Dakotans.


System Approach



	Prevention/ Promotion	Early Intervention	Treatment	Recovery
FUNDING				
WORKFORCE				
BEST PRACTICE				

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

ND's Behavioral Health System is in a state of reform:



Need for community based services



Stop criminalizing behavioral health



Support full continuum of care

North Dakota Behavioral Health System Study

Bevin Croft, MPP, PhD
Human Services Research Institute



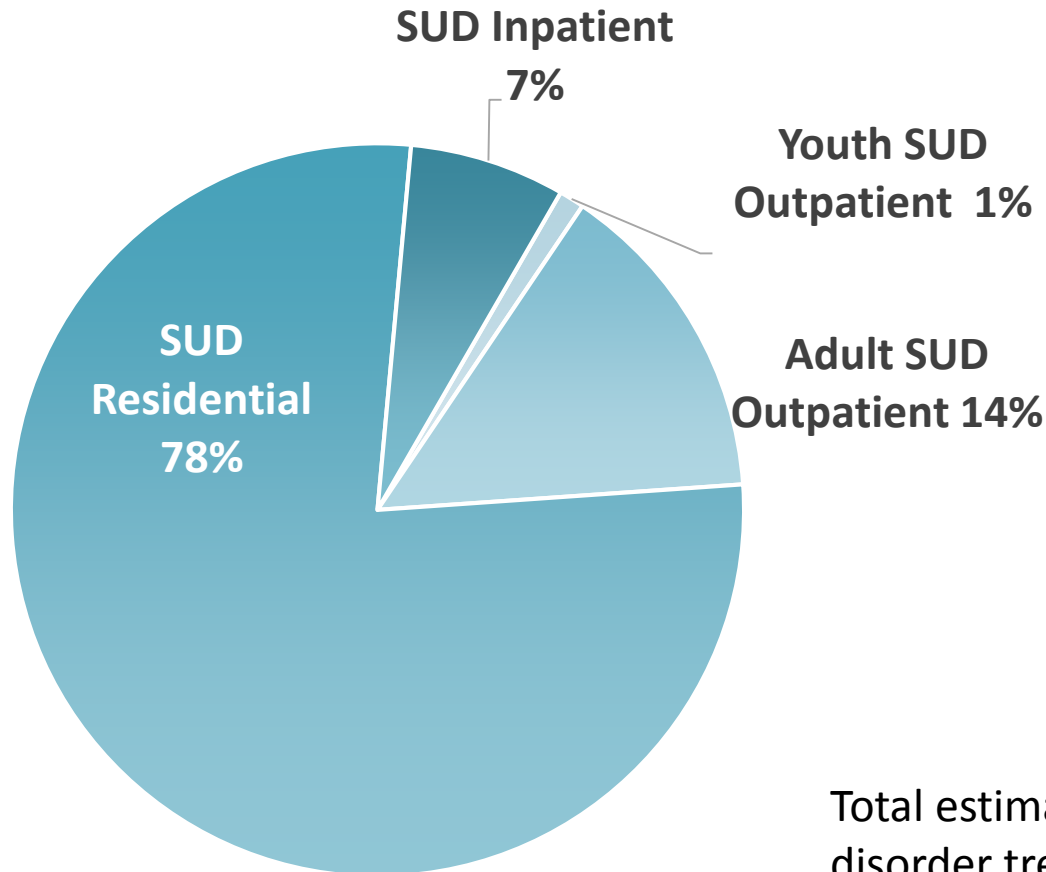
BEHAVIORAL HEALTH IN NORTH DAKOTA

The 250 page report provides more than 65 recommendations in 13 categories.

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-side data-driven monitoring of needs and access

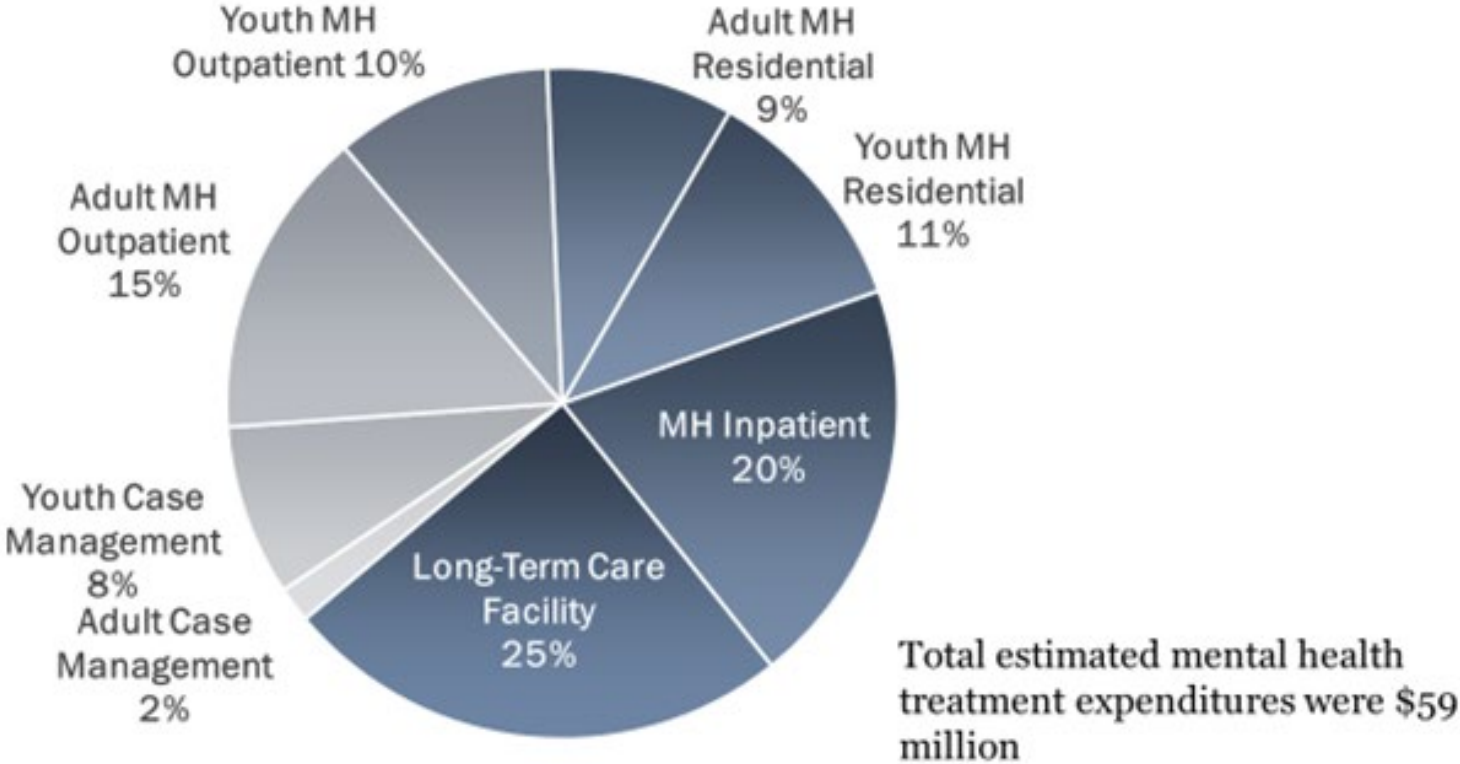


Residential and inpatient expenditures accounted for about 85% of substance use disorder treatment services in FY2017.

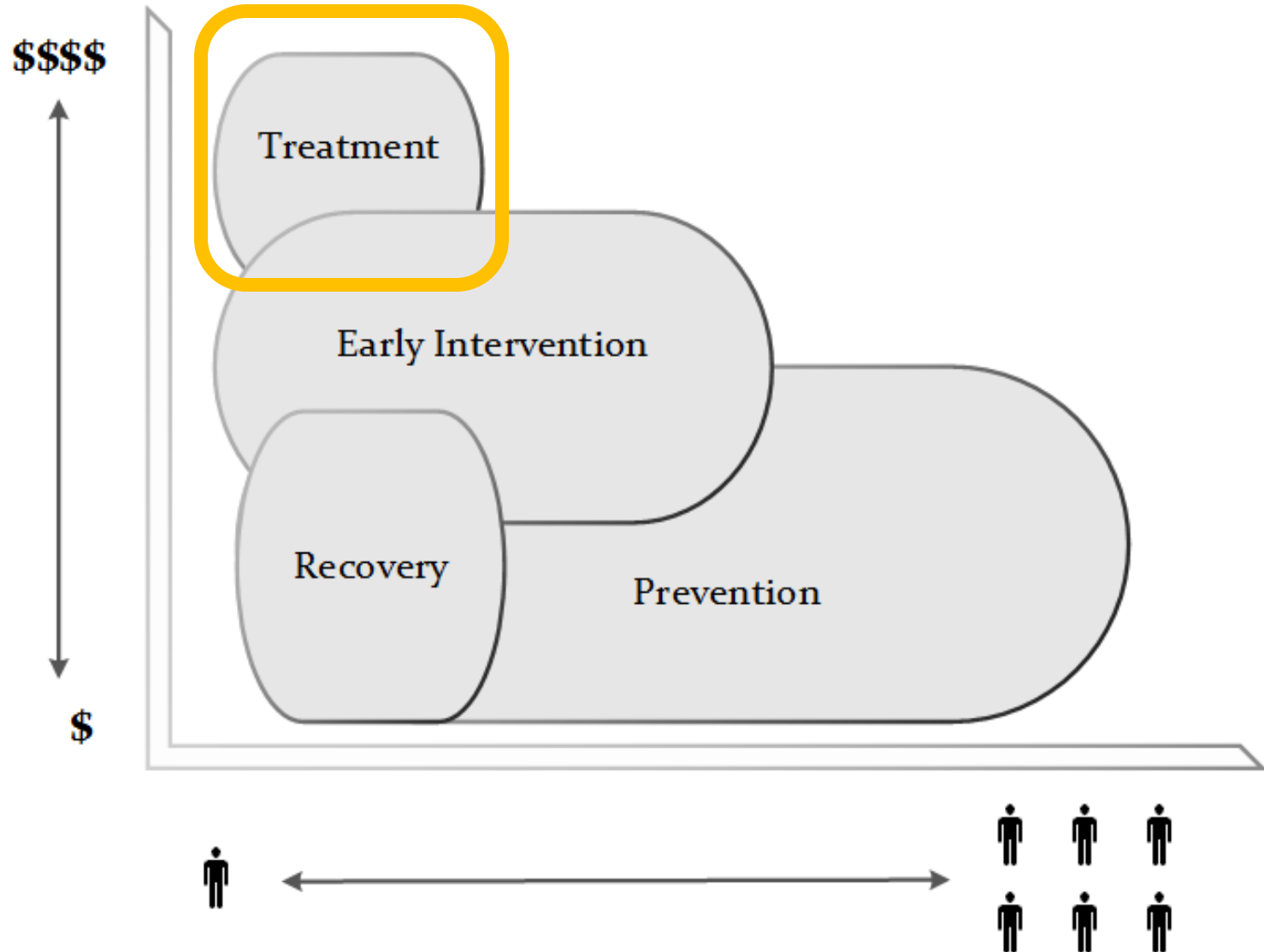


Total estimated substance use disorder treatment expenditures were \$19 million

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



Return on Investment



NEXT STEPS

Department of Human Services Behavioral Health Division contracted with Human Services Research Institute (HSRI) to begin the implementation process:

Task	Timeframe
Phase 1: Planning	September to October 2018
Phase 2: Prioritization and Refinement	November to December 2018
Phase 3: Initiation	January to March 2019
Phase 4: Monitoring and Sustaining	April 2019 to June 30
Total	July, 2018 – June, 2019

Legislative Interim Action

Develop Mental Health Voucher - \$750,000

- Appropriation to the Department of Human Services for improving mental health services
- \$750,000 – 1 year of program implementation (1 year-implementation delay to write administrative rules)

Fund Substance Abuse and Mental Illness Prevention - \$600,000

- \$300,000 for Substance Abuse Prevention/Early Intervention
- \$300,000 for Mental Illness Prevention/Early Intervention

Continue Implementation of HSRI Recommendations - \$408,000

- Department of Human Services shall continue coordination of the implementation of recommendations relating to the state's behavioral health system
- 1 FTE authorized

Expansion of Free Through Recovery (outside of DOCR populations) - \$7,000,000

- Behavioral Health Division shall establish and implement a community behavioral health program to provide comprehensive community-based services for individuals who have serious behavioral health conditions
- \$5,250,000 - Program Implementation
- \$1,750,000 - 6 FTEs

Expansion of Targeted Case Management - \$12,196,834

- Expansion to include designated behavioral health services providers delivering targeted case management services for individuals with severe mental illness and individuals with severe emotional disturbance
- 1 FTE authorized

Develop Peer Support Certification - \$275,000

- Behavioral Health Division shall establish and implement a program for the certification of peer support specialists
- 1 FTE authorized

QUESTIONS?

