



SB 2012

House Appropriations – Human Resources Division Committee
Senator Nelson, Chairman

Behavioral Health Division, **Policy** | March 13, 2023



Health & Human Services

Roadmap

- Policy Division: Who we are
- Overview of programs
 - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
- One-time funding for 2023-2025 biennium
- Section additions to First Engrossed SB 2012
- Relevant policy bills
- Budget review



Behavioral Health is Health!

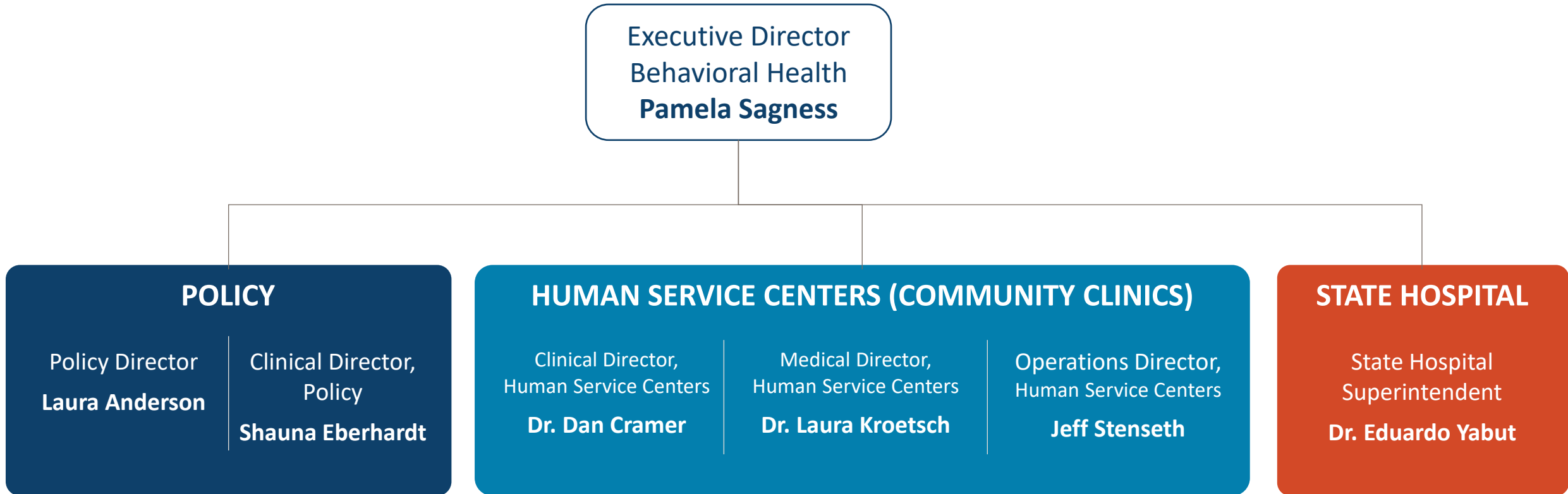


Behavioral Health Division

Who we are



Behavioral Health Organizational Chart



Behavioral Health Organizational Chart

Executive Director
Behavioral Health
Pamela Sagness

POLICY

Policy Director
Laura Anderson

Clinical Director,
Policy
Shauna Eberhardt

HUMAN SERVICE CENTERS (COMMUNITY CLINICS)

Clinical Director,
Community Clinics
Dr. Dan Cramer

Medical Director,
Community Clinics
Dr. Laura Kroetsch

Operations Director,
Community Clinics
Jeff Stenseth

STATE HOSPITAL

State Hospital
Superintendent
Dr. Eduardo Yabut

Behavioral Health Division Policy Team

Purpose & NDCC References

NDCC 50-06-01.43 establishes a Policy Division responsible for:

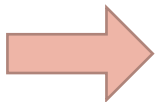


Reviewing and **identifying service needs and activities** in the state's behavioral health system in an effort to:

- ensure health and safety,
- access to services, and
- quality services.



Establishing **quality assurance standards** for the licensure of substance use disorder program services and facilities



NDCC 50-31

Substance Abuse
Treatment Programs



Providing **policy leadership** in partnership with public and private entities

Improving the lives of North Dakotans



Support the Full
Continuum of Care



Increase Community-
Based Services

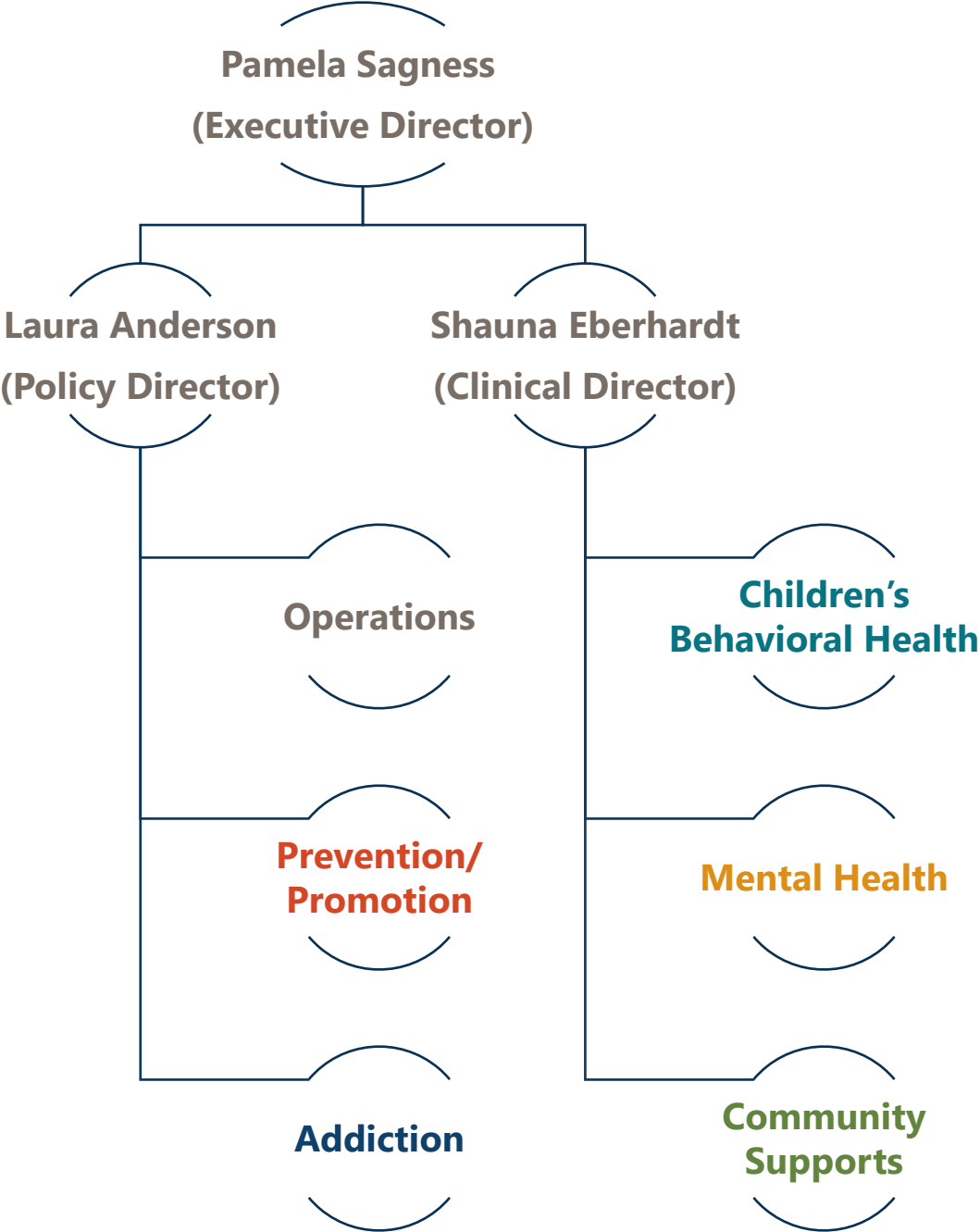


Prevent Criminal
Justice Involvement
for Individuals with a
Behavioral Health
Condition

Behavioral Health Division Policy Team

Staffing & Team Structure

Behavioral Health - Policy			
21-23 Authorized FTE Base	23-25 Executive Budget FTE	3/9/2023 Vacancies <i>(from base)</i>	
37.0	39.0	3	
Average Age	Average Yrs of Service	Turnover 2021	Turnover 2022
43 Years	6 years	3.03%	12.12%



Our role is to provide policy leadership, regulate providers, administer programs, and provide training and technical assistance to meet the following goals:

PREVENTION AND PROMOTION

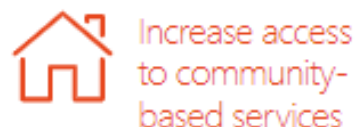


Increase implementation of effective prevention statewide^{2,3,10}

Decrease underage drinking²

Decrease adult binge drinking and related consequences²

Decrease opioid misuse and overdose²



Promote mental health²

Decrease death by suicide^{2,3,4,5}

CHILDREN'S BEHAVIORAL HEALTH



Partner with schools to support children's behavioral health across the continuum⁵

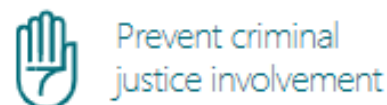


Develop early intervention capacity^{2,3}

Increase capacity for community-based services^{3,4,8,10}

Improve access to quality services¹⁰

Improve family-driven services and supports⁵



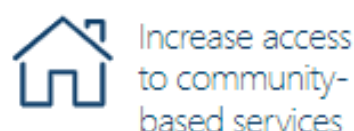
Develop diversion capacity and support children with behavioral health conditions in the justice system⁵

ADULT ADDICTION



Develop and enhance recovery support services⁴

Develop early intervention capacity^{2,3}



Improve access to quality services¹⁰

Increase capacity for community-based services^{3,4,7,8}

Stop shame and stigma surrounding addiction¹⁰

ADULT MENTAL HEALTH



Develop and enhance recovery support services⁴

Develop early intervention capacity^{2,3}



Increase capacity for community-based services^{3,4,7,8}

Stop shame and stigma surrounding mental health¹⁰

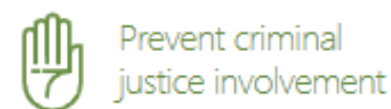
COMMUNITY SUPPORTS



Develop and enhance recovery support services⁴



Increase capacity for community-based services^{3,4,8,10,12}



Develop diversion capacity and support individuals with behavioral health conditions in the justice system⁵

Roadmap

- Policy Division: Who we are
- Overview of programs
 - Including Executive Budget Request items
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- Section additions to First Engrossed SB 2012
- Additional considerations
- Relevant policy bills
- Budget review



FREE THROUGH Recovery

Free Through Recovery is a community based behavioral health program designed to increase recovery support services to individuals involved with the criminal justice system who have behavioral health concerns.

The mission of Free Through Recovery is to:

- improve healthcare outcomes
- reduce recidivism



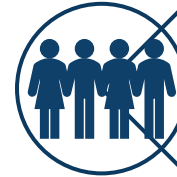
FREE THROUGH Recovery

ELIBILITY

- 18+
- criminal justice system involvement
- behavioral health condition
- daily living challenges



5,273 participants since
February 2018



1,356 active participants
(as of 1/31/22)

REFERRALS

- by a parole and probation officer
- if the person is transitioning from prison, through an internal assessment process at DOCR

FREE THROUGH Recovery

March 2018 - October 2022 Outcomes



■ Met 3 or 4 outcomes - 68%
■ Met < 3 outcomes - 32%

Positive outcomes were achieved by:

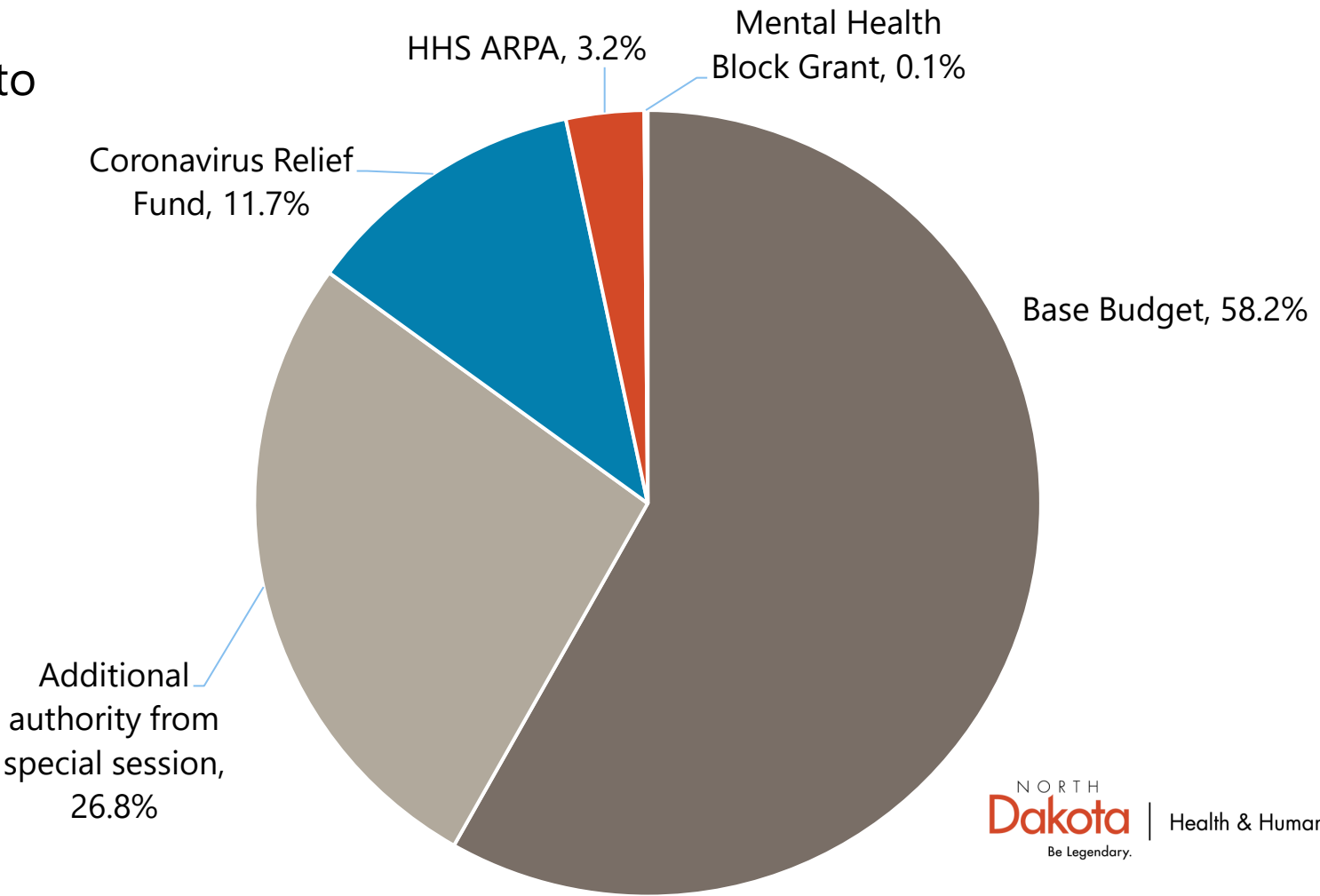
- + **75%** of the participants in the housing domain
- + **66%** of the participants in the employment domain
- + **69%** of the participants in the recovery domain
- + **72%** of the participants in the law enforcement domain

FTR corresponds with reduced reincarceration rates for participating individuals.*

FREE THROUGH
Recovery

2021-2023 Biennium

The following funds are projected to be used for 2021-23 (~\$12 million)



FREE THROUGH
Recovery

2023-2025 Biennium Budget Request

<p>Base Budget \$7,173,620 + 4%/3% Provider Inflation</p>	<p>Base Budget + 4%/3% Provider Inflation + \$8,326,380 in Executive Budget Request</p>
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Approximate Number of People Served per Month	683	1,577
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- Included in First Engrossed SB 2012
- Additional \$8,326,380
 - 4%/4% Provider Inflation



CommunityConnect

My Recovery. My Story.

Community Connect is a community based behavioral health program designed to increase recovery support services to individuals who have behavioral health concerns.

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



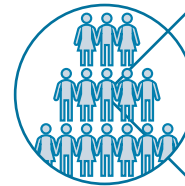


CommunityConnect

My Recovery. My Story.

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.



4,606 participants since
February 2021



1,909 active participants
(as of 1/31/22)



CommunityConnect

My Recovery. My Story.

Of participants actively engaged in services:



96% of participants are actively addressing their housing needs.



92% of participants are actively addressing their employment/financial needs.



92% of participants have had no negative contact with law enforcement.



93% of participants are actively addressing their recovery needs.

Overall, from February 2021, through December 2022, **66%** of the time participants achieved 3 of 4 outcomes.

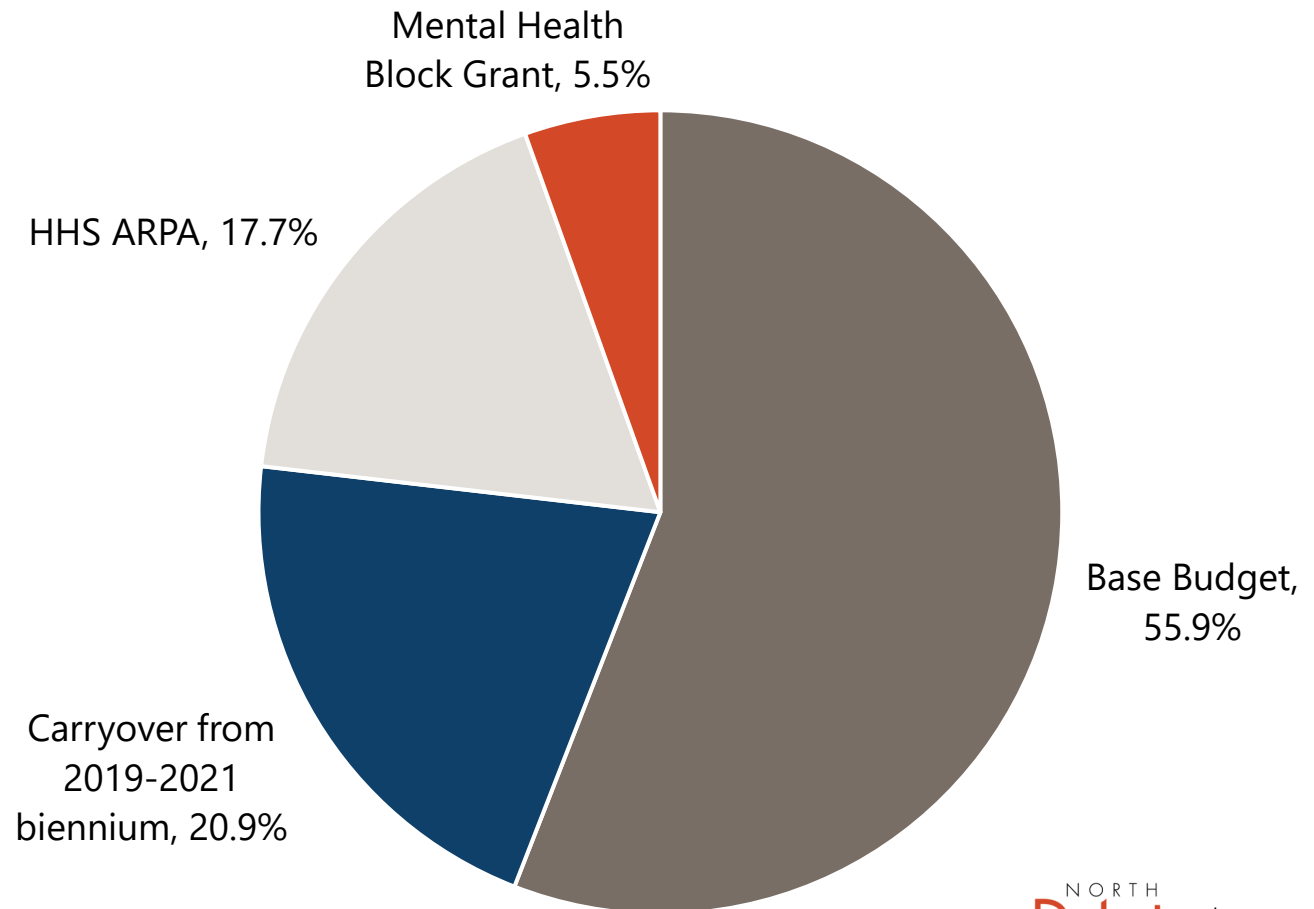


CommunityConnect

My Recovery. My Story.

2021-2023 Biennium

The following funds are projected to be used for 2021-23
(~ \$14 million)

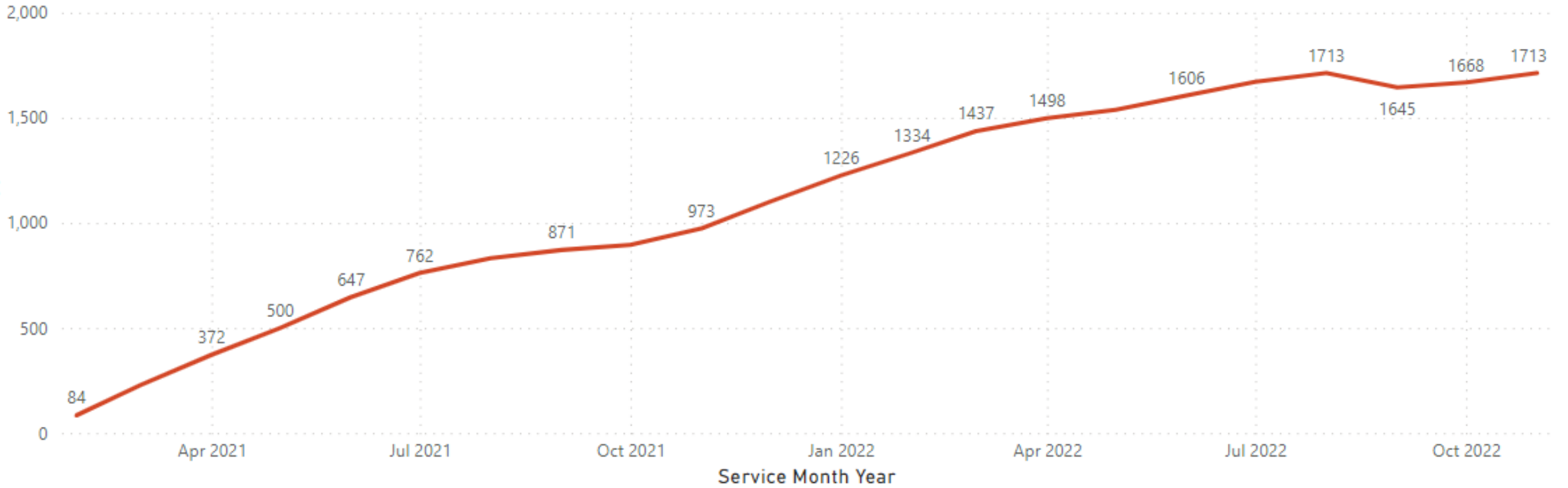




CommunityConnect

My Recovery. My Story.

Program Growth





Community**Connect**

My Recovery. My Story.

2023-2025 Biennium Budget Request

Base Budget \$8,021,486 +
4%/3% Provider Inflation

Base Budget +
Provider Inflation +
**\$7,019,514 in Executive
Budget Request**

Approximate Number of People Served per Month

815

1,595

Included in First Engrossed SB 2012

- Additional \$7,019,514
- 4%/4% Provider Inflation

Peer Support

What is it?

A Peer Support Specialist is a person or family member 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 **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

Peer Support

A part of Behavioral Health Workforce



Peer Support

Behavioral Health Policy Team Role

TRAINING

Since 2018 the Behavioral Health Division has hosted 28 trainings and trained over 790 individuals.

CERTIFICATION

As of December 30, 2022, the Behavioral Health Division has certified:

+ 169 CPSS I

+ 26 CPSS II

REIMBURSEMENT

- Community Connect
- Free Through Recovery
- Substance Use Disorder (SUD) Voucher

(Other: 1915(i) Medicaid State Plan Amendment & Medicaid Expansion)

2023-2025 Base Budget Request: **\$162,010**
No proposed change from 2021-2023 biennium

Substance Use Disorder (SUD) Voucher

The SUD Voucher program was established to:

- improve access to quality services
- allow for individual choice of providers.

The SUD Voucher is a payer of addiction treatment and recovery services when funding is a barrier to accessing services.

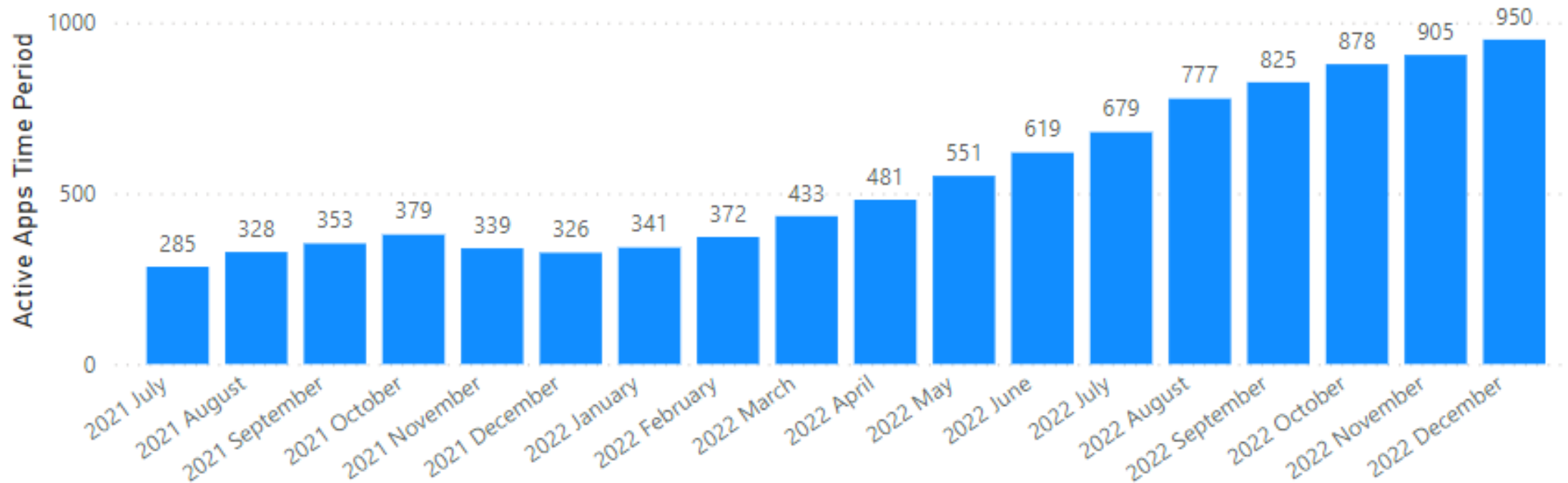
As of February 1, 2023, there are **35 providers** participating.
(an increase from 27 in February 2022)

Since its inception in July 2016 approximately **5,800** individuals have received services.

As of March 6, 2023, **1,293** individuals are actively being served.

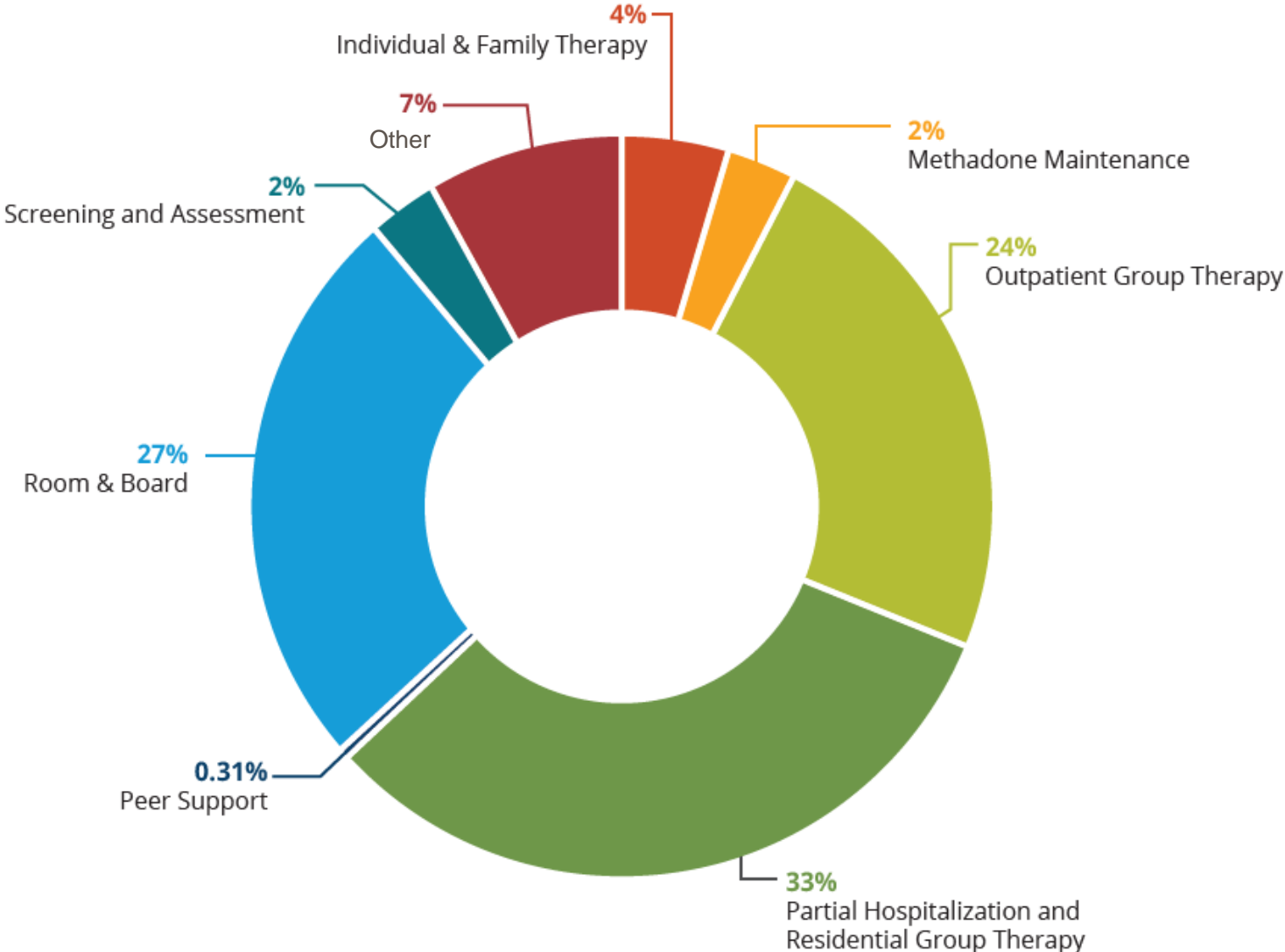
Substance Use Disorder (SUD) Voucher

Active Applications July 2021 – December 2022



SUD Voucher

Expenditures by Service Type (July 1, 2021 – December 31, 2022)



Substance Use Disorder (SUD) Voucher

Since inception, all four outcomes measures increased 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.



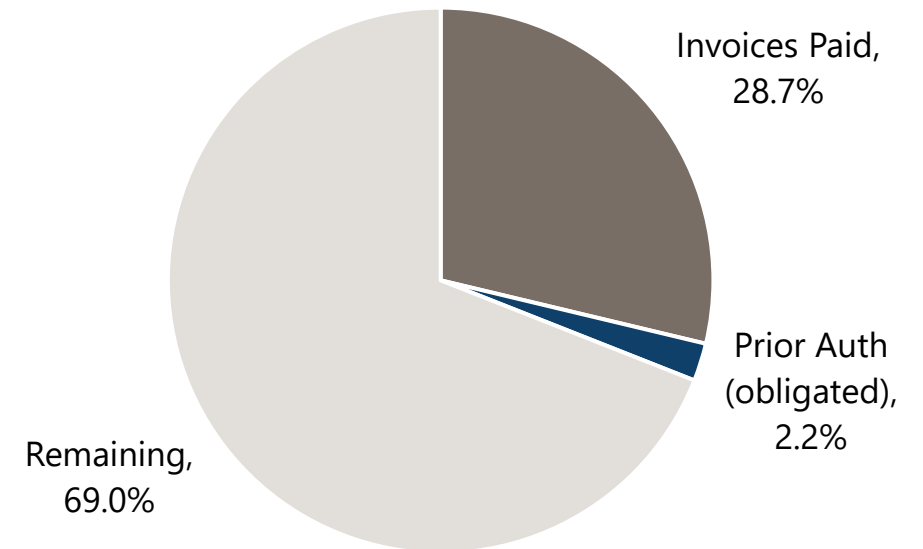
SUD Voucher

2021-2023 Biennium Appropriation \$15,358,911

During 67th Legislative Assembly, NDCC 50-06-42. was updated to include:

5. *The department shall allocate funding appropriated for the substance use disorder treatment voucher as follows:*
 - a) *No more than **forty-five percent** of the appropriated amount may be allocated for **residential substance use disorder services administered by licensed substance abuse treatment programs with more than sixteen beds.***
 - b) *The remaining appropriation must be allocated for residential programs with sixteen or fewer beds, nonresidential outpatient, and ancillary substance use disorder services administered by licensed substance abuse treatment programs.*

45% IMD (\$6,911,510)
Expenditures through 1/31/2023



SUD Voucher



During 2021 Legislative Assembly, NDCC 50-06-42. was updated to include:

- *The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020*

Section 16. Amendment. included in First Engrossed SB 2012 removes this language

SUD Voucher

(expenditures through 1-31-2023)

2021-2023 Biennium Appropriation \$15,358,911

Increasing the number of participants on Medicaid (1 FTE)

- Eligible individuals are assisted in completing the Medicaid enrollment process
- Since December 2021, 219 individuals have been enrolled in Medicaid.

Medicaid coverage

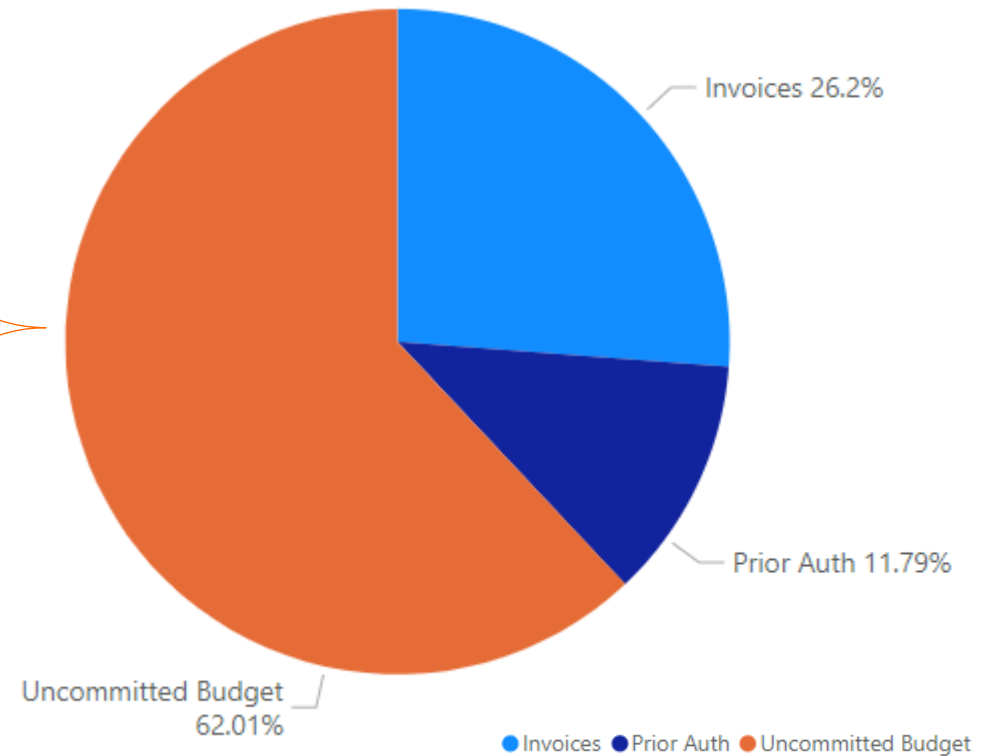
- On October 1, 2020, methadone maintenance coverage began for opioid use disorder.

Provider reductions

- Reduction in providers billing most intensive levels of care

Delayed invoice submission

- Provider workforce causing delays in billing



SUD Voucher

Executive Budget Request



SUD Voucher 1.0 FTE

- Request to convert the current temporary position working in the SUD Voucher system to permanent status.

Included in First Engrossed SB 2012

SUD Voucher Audit

Audit Report SFY 2021

Two primary findings:

1. Income verification
2. Incorrect payments

Response:

- A new full-time employee was hired, Medicaid Eligibility Specialist, who verifies if a participant is eligible for both SUD and Medicaid.
- A link to Medicaid Guidance that lists approved services added to the provider guidance for billing purposes.
- In July 2021, a documented process was implemented for a quarterly update on client status. If a client became Medicaid eligible or obtains other insurance, this would be identified in the update. This would initiate the Department to review all expenses paid to determine if a refund is appropriate.



SUD Voucher Audit

Audit Report SFY 2021

Considerations:

- Retroactive eligibility of Medicaid
 - It appears the policies the auditor referenced [Eligibility-Current and Retroactive 510-03-25-10](#), which identifies both a 3 month and a 1-year retroactive eligibility; however, the eligibility cannot be generalized to be retroactive 1 year for anyone that qualifies for Medicaid.
 - In review of 10 samples from the audit findings list – 7 of 10 individuals should not have been included in the audit total of “incorrectly paid”.
- “Up to 293 people could have benefitted from the SUD program services if they had not been denied because the program ran out of funds.”
 - The SUD Voucher continued to fund individuals approved in the program until June 30, 2020 at which time new applications were not taken. However, DHS had additional funds to serve individuals (309 served) during this period with other grant funds approved. (Regular updates provided to legislators, interim committees, and funding approved by budget committee.)



SUD Voucher – Grants

NDCC 50-06-42.1.

\$2,000,000 appropriated during 2021 legislative session; up to 2 grants
\$3,000,000 appropriated during 2021 special session; change to up to 4 grants

**RFP posted
and Heartview
Foundation
Awarded**

March 1, 2022 – February 28, 2027
\$2,027,167

Dickinson residential treatment program – expected open date May 2023

**Current Request
for Proposal
(4th time)**

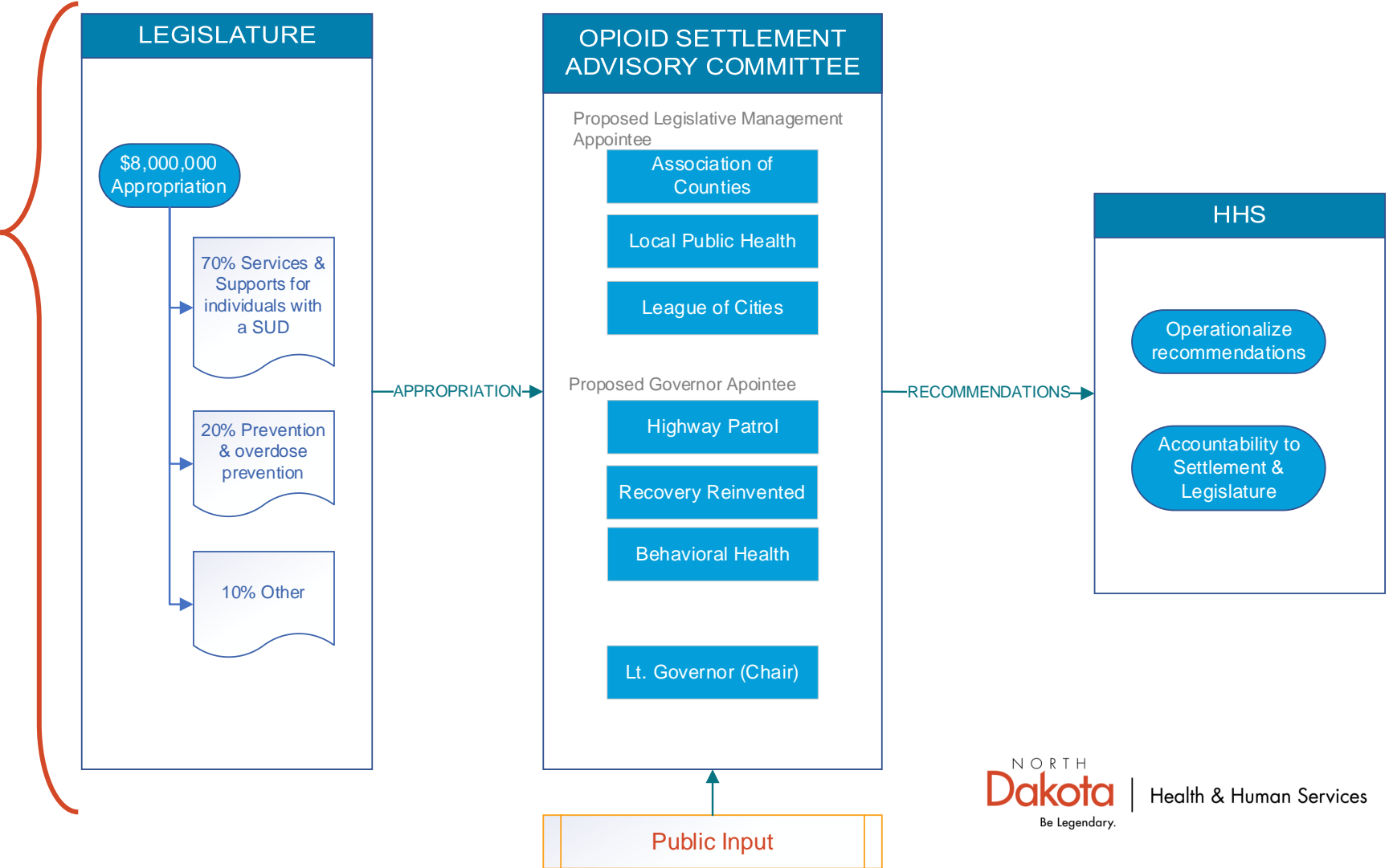
RFP 325-22-810-066; closed February 15, 2023

- For the period of April 1, 2023, through March 31, 2028
- **No more than three awards** not to exceed **\$2,972,833** total for all awards
- Grant funds for a licensed addiction treatment program with <17 beds in an underserved area

Included in First Engrossed SB 2012, Section 24

Opioid Settlement

Bill	2023-2025 General Fund*
HB 1447: Relating to creation of the opioid settlement fund	\$8,000,000
SB 2248: opioid settlement fund	\$1,500,000



Opioid Efforts

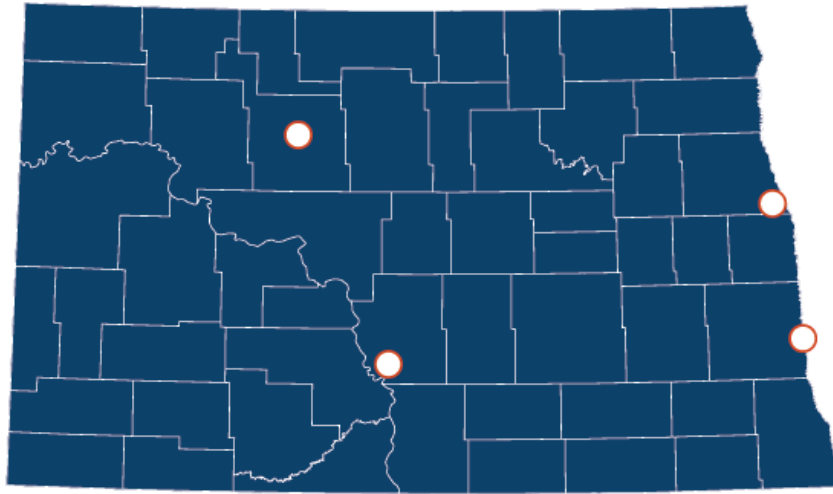
GOAL 1	GOAL 2	GOAL 3	GOAL 4
Prevent opioid misuse	Reduce harm related to opioids	Improve access to evidence-based treatment	Increase access to recovery support services

948 *known* successful overdose reversals using naloxone occurred from October 2021 – September 2022.

Request a free 2-dose Narcan kit: www.hhs.nd.gov/opioids

Licensing of Opioid Treatment Programs

North Dakota has **4** licensed Opioid Treatment Programs (OTP) in the state

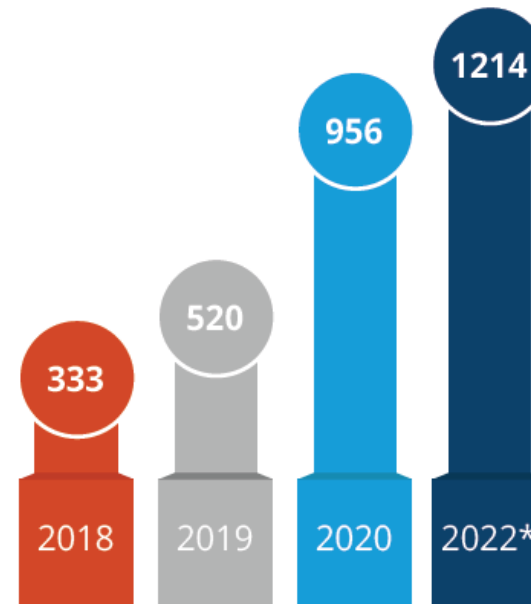


There are currently **828** individuals actively receiving services from an OTP.*

On average individuals travel **15** miles one way to an OTP for their services.*

There are currently no licensed Medication Units in the state.

Unique individuals served by OTPs.



Pregnant and Parenting Women Addiction Treatment

Executive Budget Request includes:

- \$1,000,000 one-time special fund
- \$600,000 general fund

Included in First Engrossed SB 2012



Executive Budget Request – Behavioral Health Navigator 1.0 FTE



Position Responsibilities:

- assist with the navigation and connection to the needs of people across the continuum of care.
- maintain relationships with a wide variety of community agencies

Included in First Engrossed SB 2012

Permanent Supportive Housing

During the 2021 legislative session, the North Dakota Department of Health & Human Services' Behavioral Health Division was directed to develop a methodology to distribute funds to qualified entities that:

- utilize best practices for permanent supportive housing,
- provide recovery-oriented and person-centered services, and
- submit process and outcome measures to the department

New grant agreements initiated on January 1, 2022, encompassing best practices in Permanent Supportive Housing:

Prioritizes individuals with most needs

Reduces barriers to stable housing within limits of federal mandated policies

Housing stabilization plans

Ongoing outreach and engagement with tenants

Access to training and technical assistance

Reporting on process and outcome measures

Permanent Supportive Housing

Current Contracts

2021-23 biennium

PRAIRIE HARVEST MENTAL HEALTH

- › Stern Place: 9 units
- › Harvest Homes: 12 units

GRAND FORKS HOUSING AUTHORITY

- › La Grave on First: 42 units

FARGO HOUSING

- › Cooper House: 42 units

BURLEIGH CO HOUSING

- › Edwinton: 40 units

2023-2025 Base Budget Request: **\$4,672,536**
No proposed change from 2021-2023 biennium

- + **174** tenants supported (7/1/2022 - 12/14/2022)
- + **100%** of tenants have either a substance use disorder or mental health condition and were considered chronically homeless at the time of admission
- + Less than **20%** of tenants move, of the tenants that move, **56%** leave for other permanent housing.

Recovery Housing Assistance Program (RHAP)



Stable housing plays a vital role in people's recovery from substance use disorders.

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

The program pays for up to 12 weeks of the individual's stay at an approved Recovery Housing Provider.

RECOVERY HOUSING PROVIDES

Substance-free home environment

Space to focus on continued growth and healing

24-hour peer-led support and connection

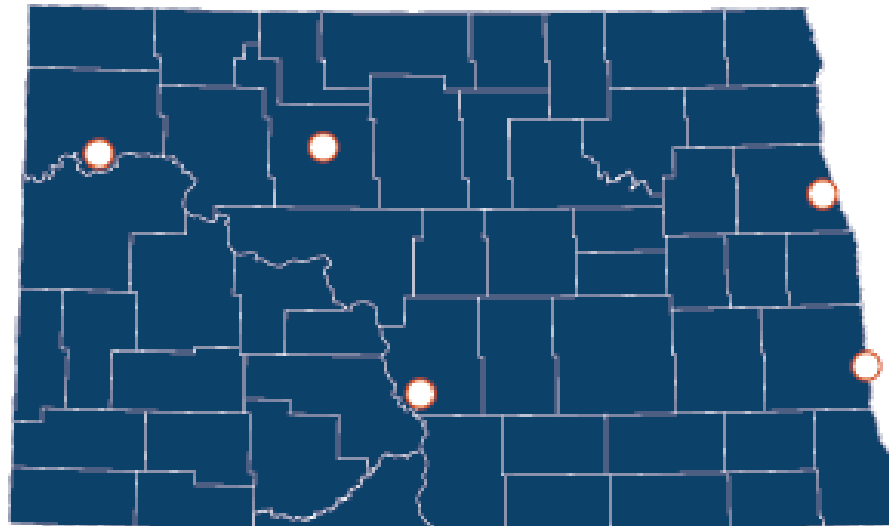
Resources to support individual life goals

Recovery Housing Assistance Program (RHAP)

Participant Eligibility

- ND Resident *and*
- Age 18 or older *and*
- Experiencing a substance use disorder *and*
- Has not been a participant of the program within the last 365 days *and*
- One of the following:
 - Currently enrolled in a Department of Health & Human Services Public Assistance Program or
 - Household income is at or below 200% Federal Poverty Guidelines

CURRENT RHAP PROVIDERS (10) (as of January 5, 2023)



Minot – 1
Bismarck/Mandan – 5
Watford City – 1
Fargo – 2
Grand Forks – 1

Recovery Housing Assistance Program (RHAP)



69% of participants experienced an improvement in their **employment** status



49% of participants saw an improvement in their **mental health**

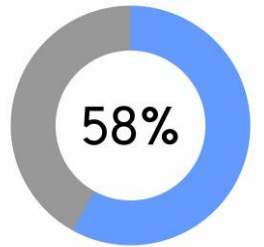


50% of participants saw an improvement in the impact their **substance use** has on their lives

Recovery Housing Assistance Program (RHAP)

RHAP Launched May 2022

actively serving individuals
for 58% of the biennium



2021-2023 Biennium Appropriation	\$350,000 <i>(\$200,000 base budget + \$150,000 carryover from 2019-2021 biennium)</i>
Expenditures through 2/28/2023	\$221,575
Invoices in process (as of 3/8/2023)	\$70,312
Approximate obligation based on current applications approved and average length of stay of 6.5 weeks	\$107,212
<i>REMAINING</i>	<i>(\$49,099)</i>

268 individuals approved during the 2021-2023 biennium (as of 2/3/2023)

Recovery Housing Assistance Program (RHAP)

2023-2025 Biennium Projections

	ESTIMATED NUMBER OF PEOPLE	BUDGET
Base Budget	174	\$200,000
Potential Need*	1,132	\$1,304,455.75

**Estimations based on current utilization of current providers*

\$1,300,000 additional included in First Engrossed SB 2012

Mental Health Directory

During the 67th Legislative Assembly, Senate Bill 2161 was passed which required the Department to develop and administer a Mental Health Program Directory.

The goal of this directory is to assist North Dakota citizens with locating and accessing mental health services.

As March 10, 2023, **228 mental health programs** are registered in the directory.

The directory allows users to search for mental health programs by:

- location
- population served
- type of mental health specialty and interventions
- telehealth availability



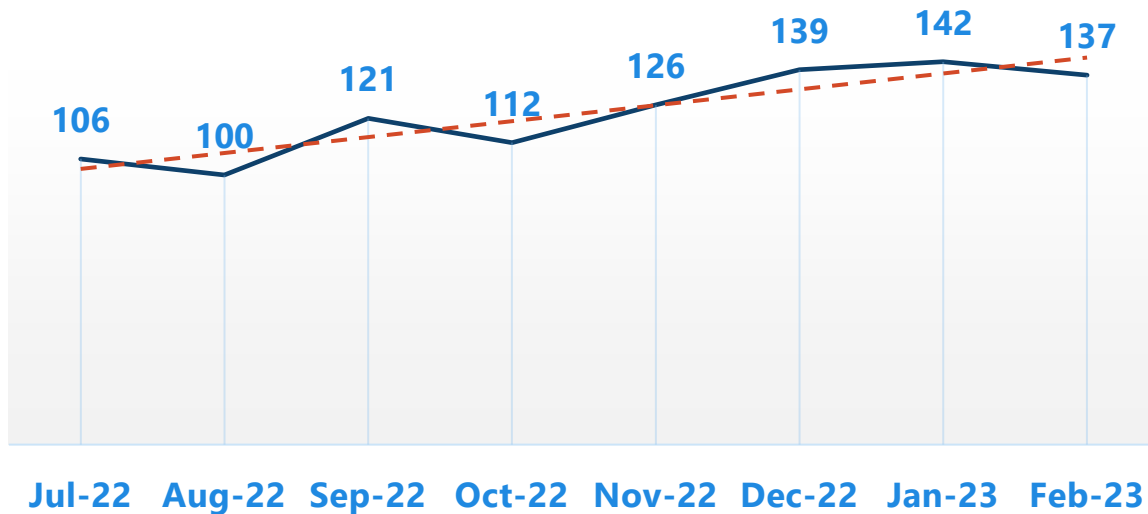
The directory is online at
hhs.nd.gov/behavioral-health/directory

Additional Consideration

(Public Testimony in Senate)

1.0 FTE request for 1915(i)

Number of Enrolled Individual Providers



Not included in First Engrossed SB 2012



Behavioral Health and Education

Overview of Efforts & Budget



	General Fund	Other Fund
Behavioral Health Resource Coordinators (B-HERO)		\$400,000*
Virtual Behavioral Health Professional Development – Education System (Kognito)	\$300,000**	
Behavioral Health School Grant	\$3,000,000**	
Prevention and Early Intervention Pilot	\$300,000**	

* Governor's Emergency Education Fund (GEER), spending authority is needed

** No changes from 2021-2023 biennium appropriation

Included in First Engrossed SB 2012

- \$400,000 spending authority for B-HERO
- \$3,500,000 additional for Behavioral Health School Grant

Behavioral Health Resource Coordinators

During the 2019 legislative session:

- [Senate bill 2149](#) established the requirement for each school within a district to designate an individual as a behavioral health resource coordinator.
- [Senate bill 2313](#) required the Behavioral Health Division to provide resources to behavioral health resource coordinators



Supporting Behavioral Health Resource Coordinators



- **Central Regional Education Association (CREA)** awarded contract
- From this partnership, **B-HERO** (Behavioral Health and Education: Resources and Opportunities) was formed to provide resources, training, and technical assistance to identified Behavioral Health Resource Coordinators.

What B-HERO does.



Training.



Technical Assistance.



Opportunities.

bhero.crea@k12.nd.us
b-hero.org

TECHNICAL ASSISTANCE CENTER

WEEKLY COMMUNICATION TO BEHAVIORAL HEALTH RESOURCE COORDINATORS

Since inception in Spring of 2021, B-HERO has:

- disseminated weekly communications to the **365 unique Behavioral Health Resource Coordinators** throughout the state
- has supported **135 educators through technical assistance.**

TRAINING OPPORTUNITIES

- Suicide Prevention and Intervention
- Trauma
- Relationship Building and Drop-Out
- Prevention
- School Crisis Prevention and Intervention

Kognito

During the 2021 legislative session, Senate Bill 2311 amended Subsection 28 of section 50-06-05.1. to include:

“online virtual mental health and suicide prevention simulation-based training program that incorporates hands-on practice, contextual learning, and personalized feedback through interactive role-playing.”

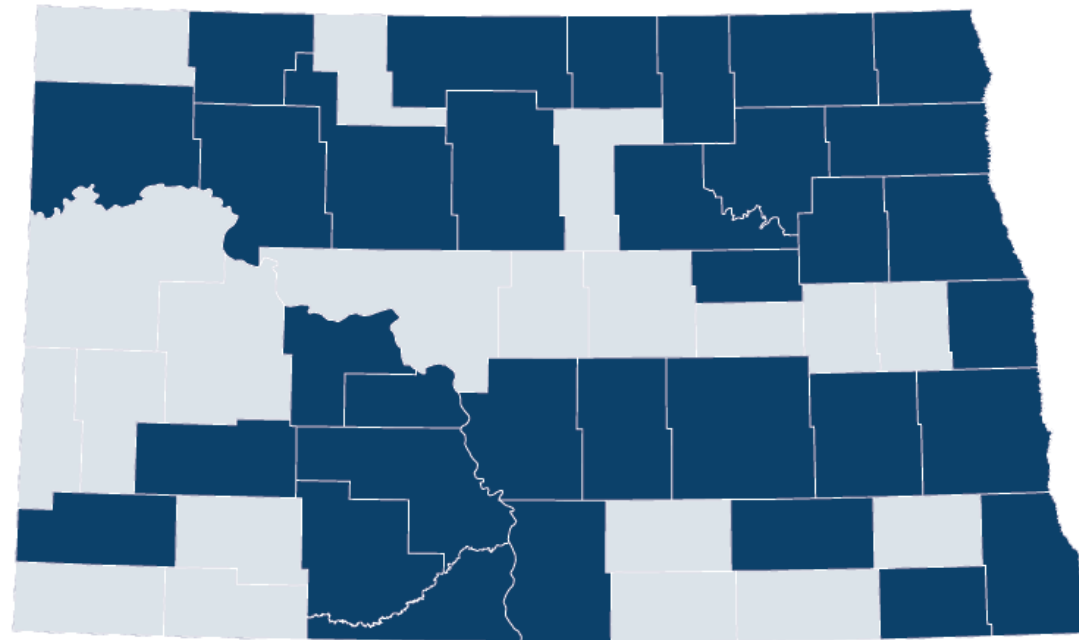


Virtual Behavioral Health Professional Development – Education System (Kognito)

Kognito is an **online, role-playing simulation** for educators that:

- builds awareness, knowledge, and skills about mental health and suicide prevention, and
- prepares users to lead real-life conversations with students to build resilience, strengthen relationships, and connect them with support.

Usage & Staff Activity



**Blue represents at least one activation by a staff member per county*

As of December 2022,

- + 813 activations (started a module)
- + 134 schools or special education units have utilized Kognito
- + 32 counties have at least one school utilizing Kognito

Behavioral Health School Grant

During the 2019 legislative session, Senate Bill 2012 appropriated general fund dollars for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.



Behavioral Health School Grant

Project Goal



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

This includes:

- identifying prevention and early intervention services that have no other funding source,
- using funds to reimburse clinical or treatment services that are effective but not currently covered services
- filling gaps in service coverage for populations that do not qualify for other forms of reimbursement.

Behavioral Health School Grant

Eligible Applicants

- Utilize ND State Medicaid reimbursement the previous school year
- Submit a plan detailing collaboration with other regional school districts

**A school district may not use grant funding to duplicate or fund existing services.*



Behavioral Health School Grant

2021-2022 School Year Participation (20)

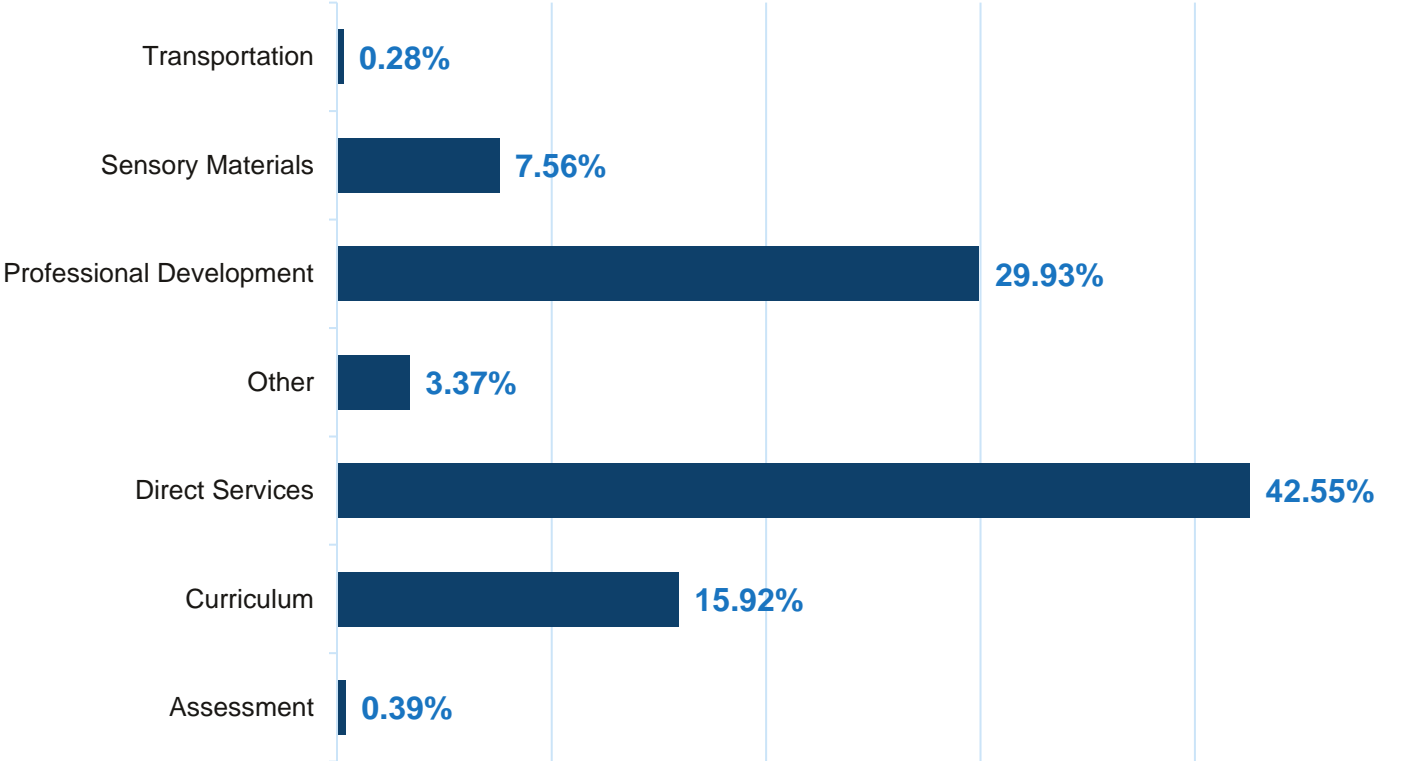
School districts/special education units eligible 2021-2022 school year (22)

- Bismarck Public School
- Carrington School District
- Dickinson Public School
- East Central Special Education Unit (Fessenden-Bowdon, Kensal, & Pingree-Buchanan)
- Fargo Public School
- Grand Forks Public School
- Jamestown Special Education Unit
- James River Special Education Unit
- Lake Region Special Education Unit
- Mandan Public School
- Minot Public School
- New Rockford – Sheyenne District
- Oliver-Mercer Special Education Unit
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- South Valley Special Education Unit
- Wahpeton Public School
- West Fargo Public School

Behavioral Health School Grant

2021-2022 School Year Participation

Grant Utilization by Category



Behavioral Health School Grant

2022-2023 School Year Participation

School districts/special education units eligible this 2022-2023 school year (25)
(not highlighted are currently in contract as of 3/6/2023 [24])

- Bismarck Public School
- Carrington Public School
- Dickinson Public School
- Fargo Public School
- Fessenden-Bowdon
- Grand Forks & Grand Forks Special Education Unit
- Griggs Steele Traill Special Education Unit
- James River Special Education Unit
- Jamestown Special Education Unit
- Kensal
- Lake Region Special Education Unit
- Mandan Public School
- Minot Public School
- New Rockford – Sheyenne
- Oberon
- Oliver – Mercer Special Education Unit
- Pingree – Buchanan
- Rural Cass Special Education Unit
- Sheyenne Valley Special Education Unit
- South Central Prairie Special Education Unit
- South Valley Special Education Unit
- Souris Valley Special Education Unit
- Upper Valley Special Education Unit
- Wahpeton Public School
- West Fargo & West Fargo Special Education Unit

Behavioral Health School Grant Budget Review

2021 – 2023 Biennium Appropriation: \$3,000,000

2021-2022 School Year		2022-2023 School Year	
Funding Eligibility Based on Medicaid Reimbursements (22 schools eligible)	\$2,073,653.00	Funding Eligibility Based on Medicaid Reimbursements (25 schools eligible)	\$2,486,851.00
Funds Expended (20 school districts/special ed units participated)	\$1,724,864.95	Funds Obligated* (24 schools as of 3/6/2023)	\$1,275,135.05
<i>Remaining</i>	<i>\$1,275,135.05</i>	<i>Remaining</i>	<i>\$0</i>

*To ensure all eligible districts and units can apply for funding for behavioral health needs of students during the 2022-2023 school year, eligible funding amounts determined by the previous school year Medicaid billing amount **was reduced by 50%**.

Behavioral Health School Grant Budget Review



School Year	2020-2021	2021-2022	2022-2023	2023-2025
Total Medicaid Paid	\$1,757,517.37	\$2,073,653	\$2,486,851	TBD
Number of Districts/ Units	25	22	25	TBD
Appropriation	\$1,500,000	\$3,000,000		<i>\$6,500,000*</i>

**obligated

**\$3,000,000 Base Budget + \$3,500,000 added by Senate in First Engrossed SB 2012*

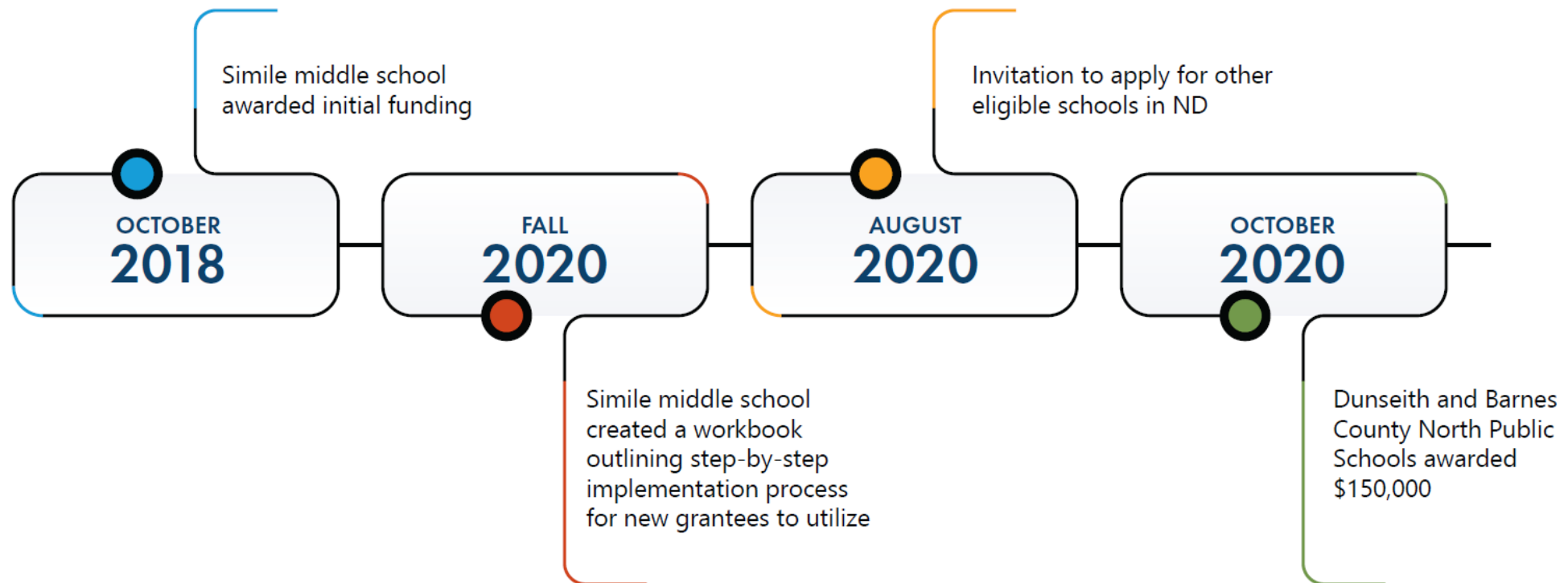
Prevention and Early Intervention Pilot

During the 2017 legislative session, House Bill 1040 appropriated \$150,000 to the Department for the purpose of establishing a children's behavioral health prevention and early intervention pilot project in a school system.

During the 2019 legislative session, Senate Bill 2012 appropriated \$300,000 to continue and expand this project to two schools in rural and tribal areas.



Prevention and Early Intervention Pilot Timeline



Prevention and Early Intervention Pilot Toolkits

Phase One: Building Your Foundation

Phase II: Strengthening Tier 1 While Adding Tier 2

Overview

Phase II is all about sustaining your tier 1 while developing your tier 2 system. You will be creating tier 2 interventions but never leave tier 1. The tier 1 MTSS team will continue to meet and do their work to sustain the system. Tier 1 must always be considered when discussing students who may be ready for a tier 2 intervention.

In general, schools have established tier 1 and tier 3 or sometimes referred to as general education and special education. Teachers are good at identifying the highest need students but get stuck when trying to figure out the middle group of kids. Tier 2 is the most difficult phase to complete.

Tier 2 is all about thinking differently and being creative with the resources you already have. It is a mind shift to think about supporting learners in different ways. Schools often shy away from implementing new approaches because they feel like they need more staff or more money. In reality, we just need to think differently and understand the MTSS approach. It is about systems.

In phase II, we will be providing many tier 2 resources. The purpose of tier 2 is to provide structure and re-teaching for students who need extra; tier 1 is not enough for them. Tier 2 should consist of no more than 15% of your student population. If it exceeds this, teachers can become overwhelmed and it may mean the system is not working. If this is the case, you must go back to your tier 1 and analyze what is/is not working.

What is 15% of your school?

Do you think you are already exceeding this number? If yes, revisit your phase I toolkit before moving forward.

If this phase II tool kit is in your hands, you will create a tier 2 system for your school. Depending on your role, you may be identified to be part of both tier 1 and tier 2 teams. The tier 2 team will be created with the help of this toolkit. The timelines below are happening simultaneously and are meant to guide your work.

Phase One: Reviewing and refining system			
Prior to school starting	Start of school year	Middle of school year	End of school year
New teachers understand schoolwide MTSS system; posters and documents are updated if needed; ticket system in ready; teach to	Review school-wide MTSS system for all staff	Progress monitor, Data Review according to previously identified review dates	Evaluate system using one of the tools provided Determine what changes and updates need to be made

Phase III: Supporting Tiers 1 and 2 with Tier 3 Interventions

Overview:

Congratulations! You've made it to the final phase of work. This is the phase everyone wants to get to right away: bringing in an outside agency to collaborate. It is generally easy to identify the behavioral students but hard to pinpoint what they need. It can be more difficult to identify internalizing students. This phase III guide will help you understand both types of students and provide solid interventions for your most difficult students.

Your clinician or outside service provider will be a part of this Phase III process but only a small part. The school personnel are going to do the majority of heavy lifting in creating interventions and plans for your tier 3 students. A tier 3 student would still have access to all that is available in tier 1 and 2 and are now receiving even more support with tier 3.

In this guidebook, you will discuss your roles and responsibilities, ways to increase communication amongst staff (and your service provider), ideas to involve families, the role of special education, and gain more ideas to help support tier 3 kids. Before looking at these students, we ask you to review all the work done up to this point. Celebrate and acknowledge how far your school has come. Plan some sort of celebration to reflect before moving on to the Phase III checklist and implementation.

Review to move forward

Take the time to review the processes below and document with your tier 3 team members. (This can be its own meeting to start everyone on the same page.) If you are bringing new people to this team, we encourage you to start with this so everyone can have the same foundation moving forward.

- Strategic Intervention Plan designed for your school and your students
 - An understanding of individualized and group supports
 - Resources for teaching behavior expectations
 - ILP template
 - Tier 2 guide for decision making
 - Data collection systems
 - Team-approach to decision making for student needs
 - New or different roles for current staff
- Tier 2**
- Major-minor flowchart
 - Documentation procedures for behavior (SIRs, ODRs, etc)
 - Tickets for positive behavior
- Tier 1**

Prevention and Early Intervention Pilot

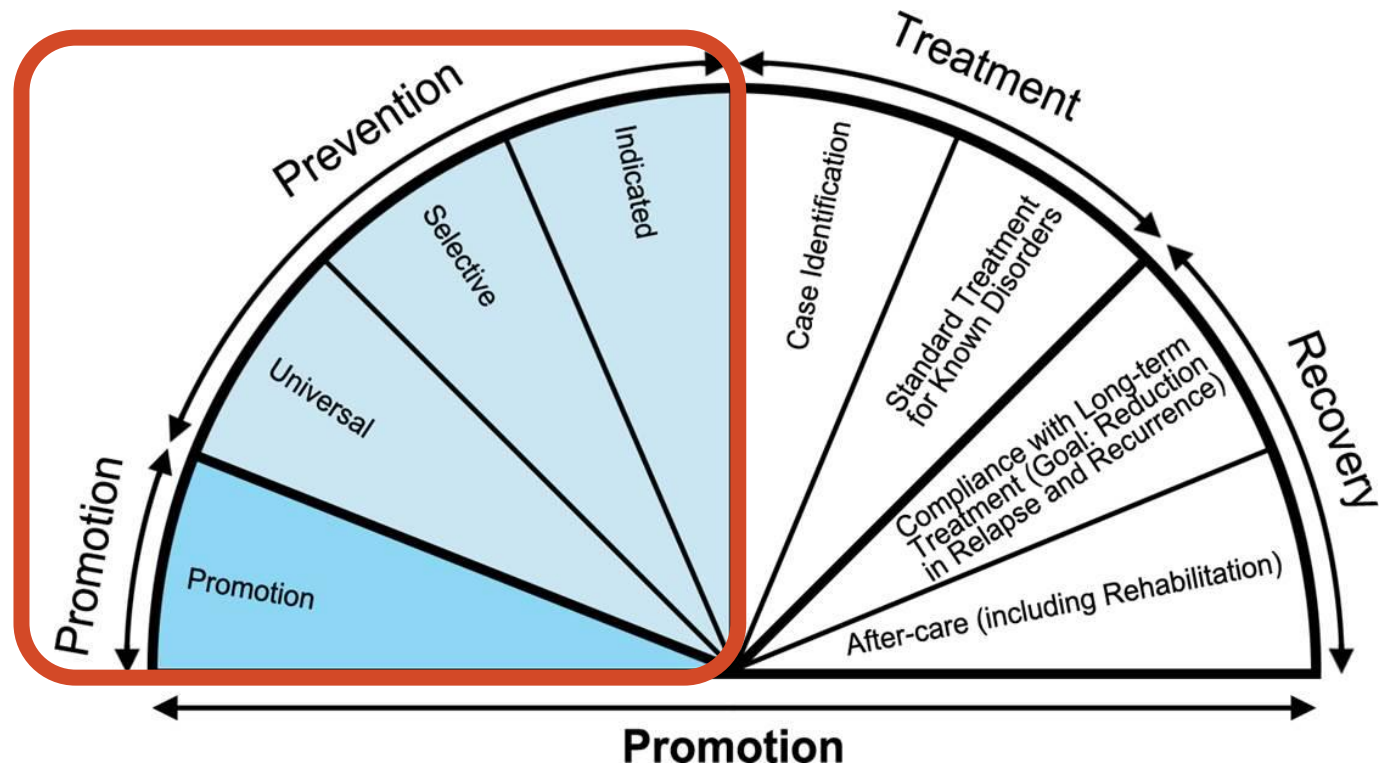
Schools Participating

Simle Middle School	<p>Created and provided a 3-Phase Workbook to be utilized by other pilot schools.</p> <p>They continue to support students with Tier 1, 2, and 3 interventions.</p>	<p>Number of behavior referrals decreased from:</p> <ul style="list-style-type: none"> • 905 in the 14-15 school year • to 141 in the 21-22 school year
Dunseith Elementary School	<ul style="list-style-type: none"> • Provide updated behavioral health materials • Counselor and elementary room classes • Contract with a local mental health provider to offer on-site behavioral health services to students who are underinsured, uninsured, or those with copays. 	<p>Number of behavior referrals decreased from:</p> <ul style="list-style-type: none"> • 140 in the 19-20 school year • to 35 in the 21-22 school year
Barnes County North	<ul style="list-style-type: none"> • Provides professional development to staff • Purchase materials for a counseling room • Contract with a mental health provider to offer on-site behavioral health services to students who are underinsured, uninsured, or those with copays. 	<p>Number of behavior referrals decreased from</p> <ul style="list-style-type: none"> • 50 in the 21-22 school year • to 36 in the 22-23 school year

Substance Use Prevention

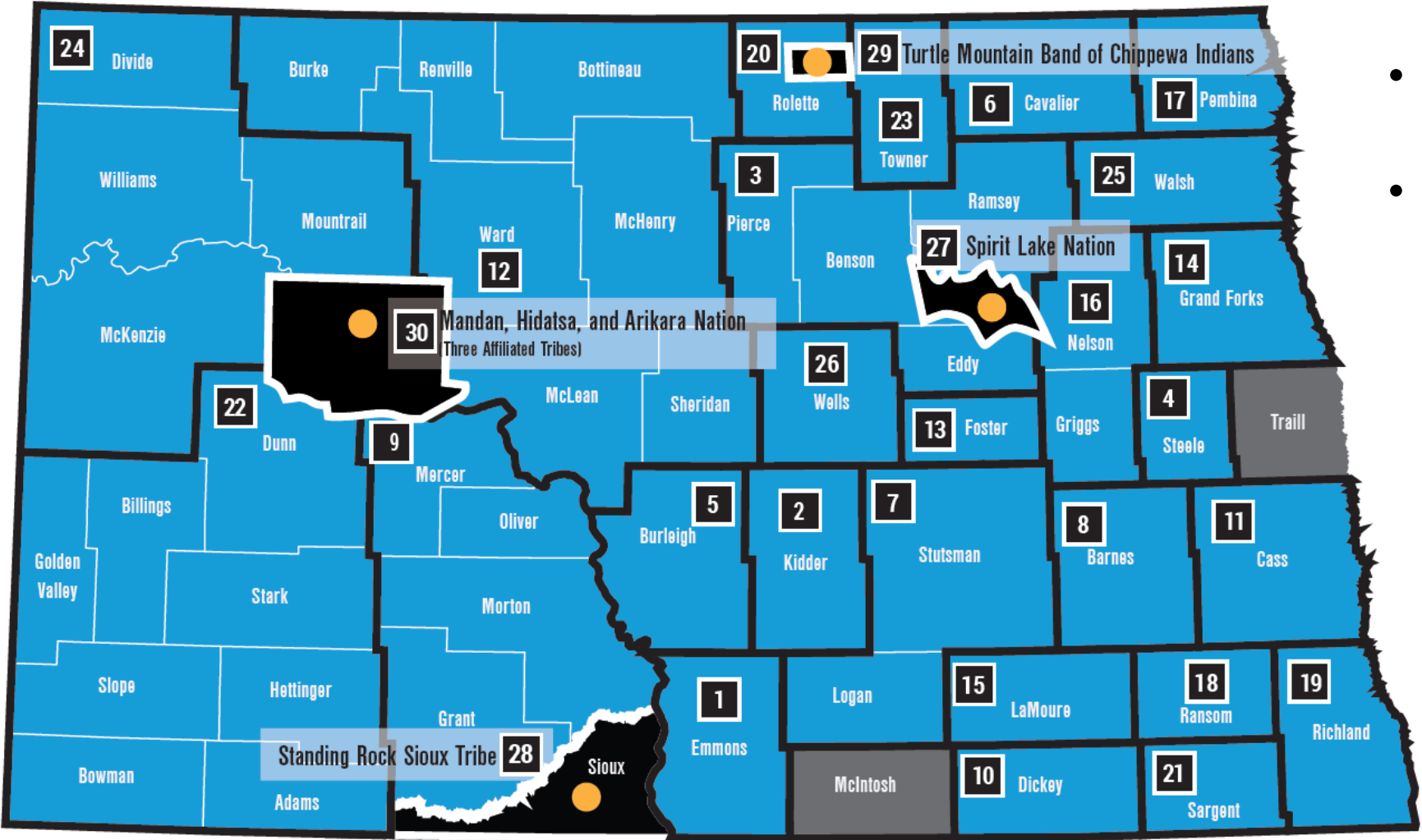
What is prevention?

Prevention is a proactive approach; creating an environment that promotes the health and wellbeing of individuals and communities, which prevents problems before they occur.



Substance Use Prevention

Community-Level Efforts



- 26 Local Public Health Units
- 4 Tribes

Roadmap

- Policy Division: Who we are
- Overview of programs
 - Including Executive Budget Request items
- Federal Funding for 2023-2025 biennium
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Federal Funding for 23-25 Biennium

Federal Funding Source	Purpose	Current Award Deadline	Current Award
Substance Use Prevention, Treatment and Recovery Services Grant (SUPTR)	Provide priority treatment and support services for individuals without insurance; provide primary prevention for persons not identified as needing treatment.	September 2023	\$6,534,169
Mental Health Block Grant (MHBG)	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.	September 2023	\$1,466,936
State Opioid Response Grant (SOR)	Address the opioid overdose crisis by providing resources to states and territories for increasing access to FDA-approved medications for the treatment of opioid use disorder (MOUD), and for supporting the continuum of prevention, harm reduction, treatment, and recovery support services for opioid use disorder (OUD) and other concurrent substance use disorders.	September 2023	\$4,000,000
System of Care Grant (SOC)	Provide resources to improve the mental health outcomes for children and youth, birth through age 21, with serious emotional disturbances (SED), and their families.	September 2023	\$3,000,000
988 Grant	Improve state and territory response to 988 contacts (including calls, chats, and texts)	April 2024	\$708,333

Federal Funding for 23-25 Biennium

Federal Funding Source	Purpose	Current Award Deadline	Current Award
PATH	Support community-based outreach, mental health and substance abuse referral/treatment, case management and other support services, as well as a limited set of housing services for adults who are homeless or at imminent risk of homelessness and have a serious mental illness.	July 2023	\$311,974.00
Traumatic Brain Injury State Partnership Program	Create and strengthen person-centered, culturally competent systems of services and supports that maximize the independence and overall health and well-being of all people with TBI across the lifespan, their family members, and their support networks.	September 2024	\$286,578.00
Cooperative Agreements for Certified Community Behavioral Health Clinic Planning Grants	Support states to develop and implement certification systems for CCBHCs, establish Prospective Payment Systems (PPS) for Medicaid reimbursable services, and prepare an application to participate in a four-year CCBHC Demonstration program	*not yet awarded	Potential for \$1,000,000
Strategic Prevention Framework-Partnerships for Success	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 and mental health promotion services.	*not yet awarded	Potential for \$2,500,000

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One-time funding

2021 – 2023 Approved

- None

2023 – 2025 Requests

- Pregnant and Parenting Women
 - \$1 million in Strategic Investment and Improvements Fund (SIIF)

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SB 2012 Section 13

Permanent Supportive Housing Grants

SECTION 13. PERMANENT SUPPORTIVE HOUSING GRANTS.

Subdivision 2 of section 1 of this Act includes the sum of \$4,672,536 from the general fund for permanent supportive housing grants. The department of health and human services shall develop a funding methodology to distribute the funding 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, and authorize the department to conduct onsite visits to review program operations.



SB 2012 Section 16 AMENDMENT 50-06-42

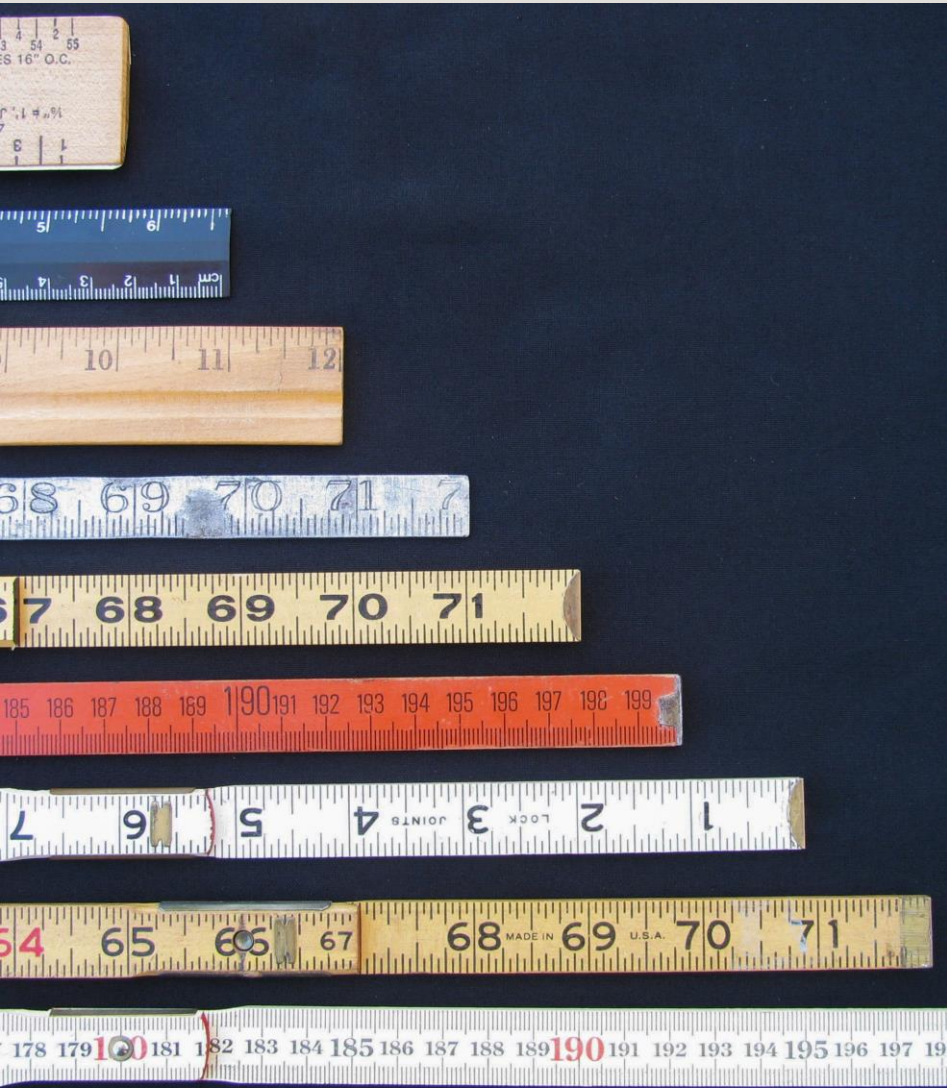
Removes language:

The department shall deny a licensed substance abuse treatment program's substance use disorder treatment voucher system application and deny reimbursement by the substance use disorder treatment voucher system if the licensed substance abuse treatment program is an institution for mental diseases and reimbursement is requested for residential beds added on or after July 1, 2020



SB 2012 Section 22

Provider Process and Outcome Measures



SECTION 22. PROVIDER PROCESS AND OUTCOME MEASURES. Providers that receive funding from the department of health and human services shall submit process and outcome measures, as required by the department, to the department for programs and services supported by state funding during the biennium beginning July 1, 2023, and ending June 30, 2025, for the department to evaluate the administration of the programs and services using the appropriation for the program or service.

SB 2012 Section 24

Exemption – Unexpended Appropriations

(Suicide Prevention)



SECTION 24. EXEMPTION – UNEXPENDED APPROPRIATIONS.

The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2023, and ending June 30, 2025:

1. The sum of \$750,000 appropriated from the general fund for suicide prevention grants in chapter 37 of the 2019 Session Laws;

SB 2012 Section 24

Exemption – Unexpended Appropriations

(SUD Voucher Grants)



SECTION 24. EXEMPTION – UNEXPENDED APPROPRIATIONS.

The following appropriations are not subject to the provisions of section 54-44.1-11 and may be continued into the biennium beginning July 1, 2023, and ending June 30, 2025:

6. Any amounts appropriated to the department of health and human services in chapter 550 of the 2021 Special Session Laws.
9. The sum of \$2,000,000 appropriated for substance use disorder voucher system grants in chapter 12 of the 2021 Session Laws which may be continued and spent pursuant to section 50-06-42.1.

TO BE CONSIDERED - SB 2012 Section 20

Community Behavioral Health Program

SECTION 20 (Governor's Recommendation).

COMMUNITY BEHAVIORAL HEALTH PROGRAM.

Pursuant to section 3 of this Act, the director of the office of management and budget may transfer appropriation authority between line items within subdivisions 1, 2, and 3 of section 1 of this Act, section 1 of Senate Bill No. 2012, and any remaining appropriation authority for the department of health and human services approved by the sixty-eighth legislative assembly for the biennium beginning July 1, 2023, and ending June 30, 2025, as requested by the department of health and human services. The department may transfer funds for the continuation of the community behavioral health program pursuant to subsection 2 of section 54-23.3-10.



TO BE CONSIDERED - SB 2012 Section 26

Exemption

SECTION 26 (Governor's Recommendation). EXEMPTION.

The amount appropriated for the purpose of free through recovery program in chapter 549 of the 2021 Special Session Laws is not subject to the provisions of section 54-44.1-11. Any unexpected funds from this appropriation are available for the free through recovery program during the biennium beginning July 1, 2023, and ending June 30, 2025.



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Relevant policy bills being considered & budget impact

Bill	General Fund*
HB 1312: Kognito	0
HB 1390: suicide fatality review commission	\$15,000
HB 1447: Relating to creation of the opioid settlement fund	\$8,000,000
Sb 2128: CCBHC grant	\$1,000,000
SB 2149: 988	0
SB 2152: recovery residences	0
SB 2248: opioid settlement fund	\$1,500,000

**Current State*

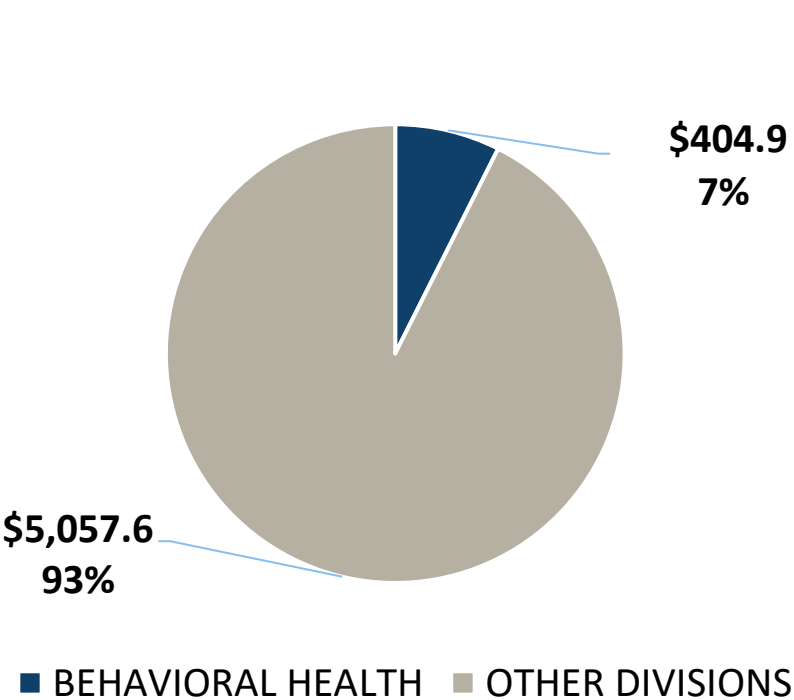
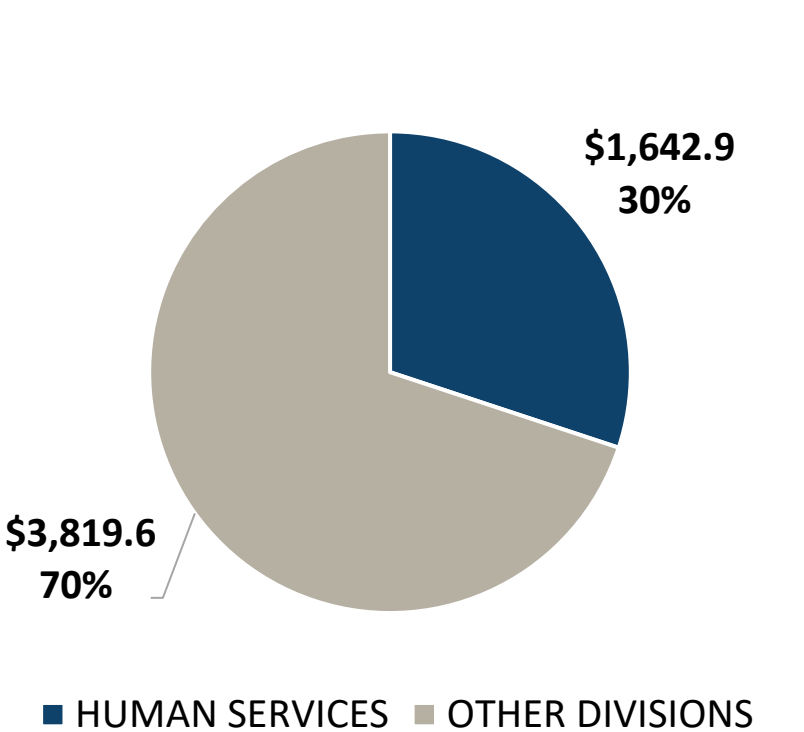
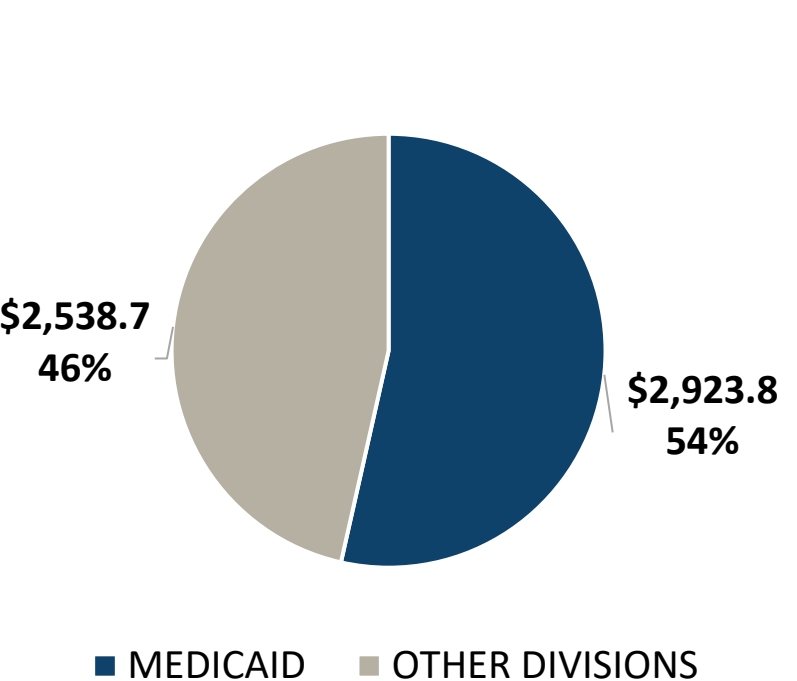
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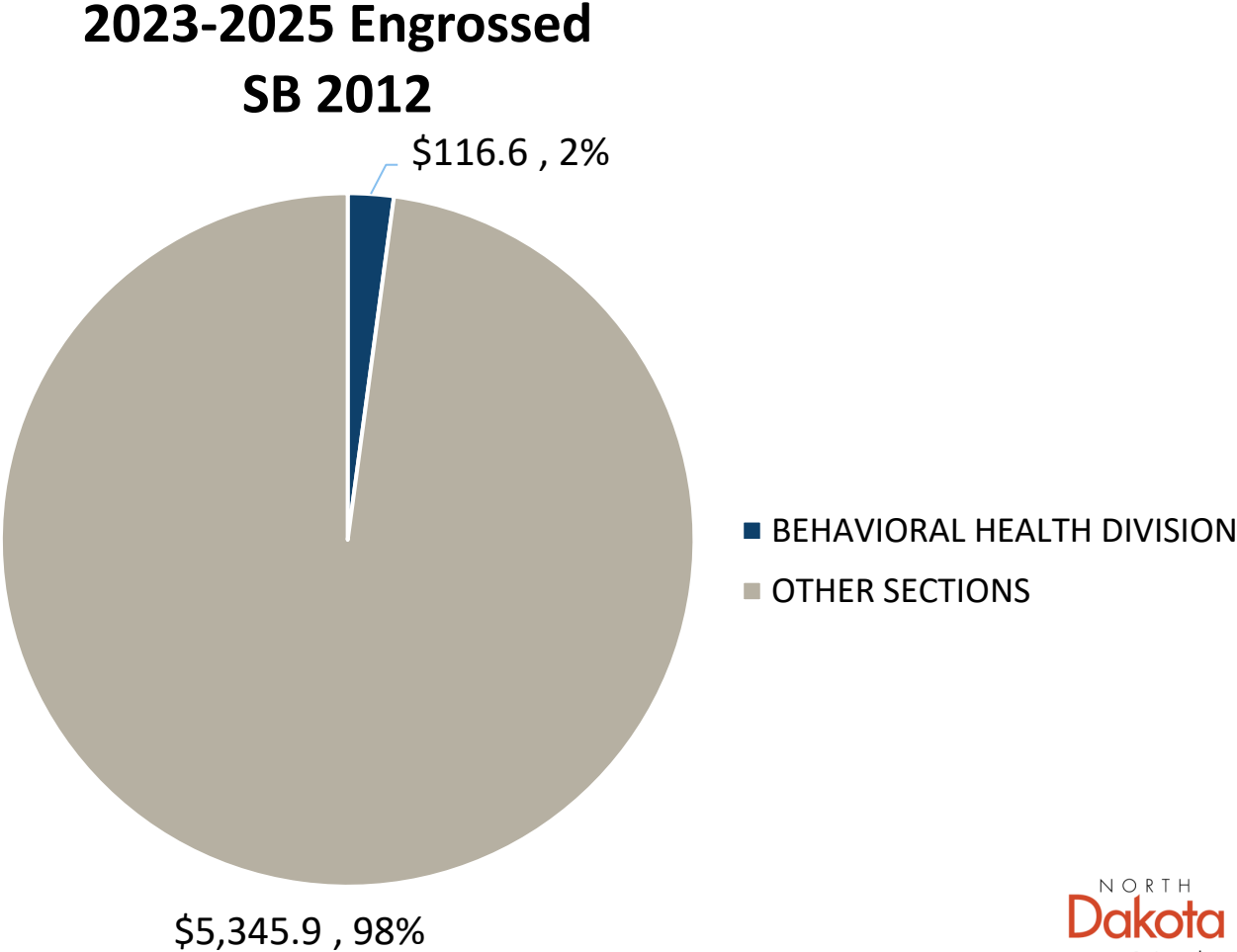
Division budgets compared to Engrossed SB 2012

2023-2025 Engrossed SB 2012 in millions



Section budget compared to Engrossed SB 2012 (in millions)

Represents 2% of SB 2012, \$116.6 million



Comparison of 2023-2025 budgets and related funding

By major expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	\$ 7,193,820	\$ 1,256,196	\$ 8,450,016	\$ (109,131)	\$ 8,340,885
Operating	56,684,267	12,074,085	68,758,352	1,769,278	70,527,630
IT Services	-	-	-	-	-
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	28,220,135	5,932,356	34,152,491	3,590,266	37,742,757
Total	\$ 92,098,222	\$ 19,262,637	\$ 111,360,859	\$ 5,250,413	\$ 116,611,272

General Fund	\$ 42,025,043	\$ 9,877,067	\$ 51,902,110	\$ 4,847,374	\$ 56,749,484
Federal Funds	42,297,585	(1,774,062)	40,523,523	(16,083)	40,507,440
Other Funds	7,775,594	11,159,632	18,935,226	419,122	19,354,348
Total Funds	\$ 92,098,222	\$ 19,262,637	\$ 111,360,859	\$ 5,250,413	\$ 116,611,272

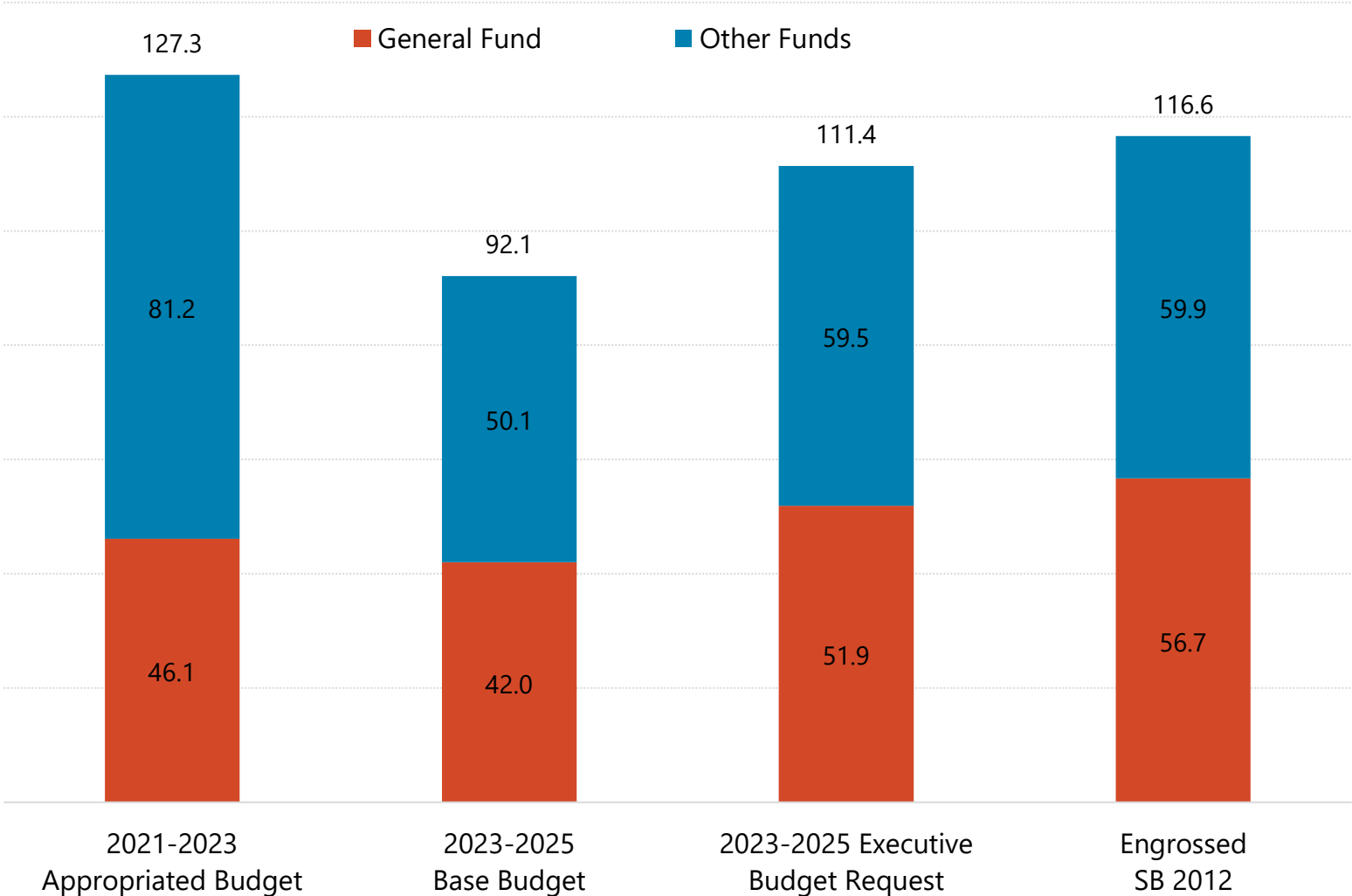
Full Time Equivalent (FTE)	37.00	2.00	39.00	-	39.00
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Comparison of 2023-2025 funding

By fund source

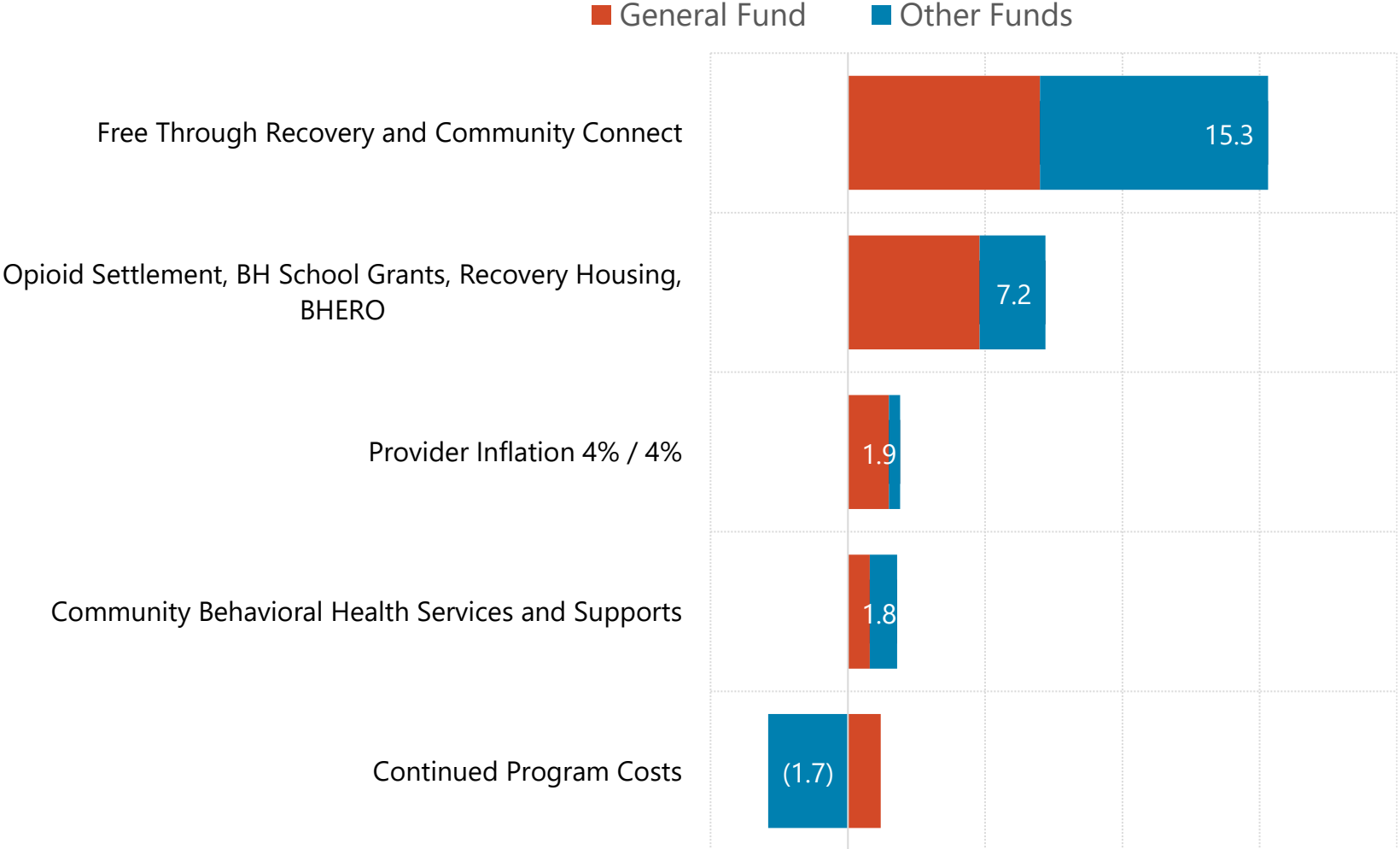
Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
General Fund	\$ 42,025,043	\$ 9,877,067	\$ 51,902,110	\$ 4,847,374	\$ 56,749,484
Federal Funds	42,297,585	(1,774,062)	40,523,523	(16,083)	40,507,440
Other Funds	7,775,594	11,159,632	18,935,226	419,122	19,354,348
Total Funds	\$ 92,098,222	\$ 19,262,637	\$ 111,360,859	\$ 5,250,413	\$ 116,611,272

Comparison of total budget with funding (in millions)



Comparison of base budget to Engrossed SB 2012

(in millions)



Comparison of 2023-2025 budgets and related funding

By detailed expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	\$4,914,324	\$611,037	\$5,525,361	\$(112,868)	\$5,412,493
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	68,640	236,060	304,700	-	304,700
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	2,210,856	409,099	2,619,955	3,737	2,623,692
Total Salaries & Benefits	\$7,193,820	\$1,256,196	\$8,450,016	\$(109,131)	\$8,340,885
52x Travel	25,000	-	25,000	-	25,000
53x Supply	6,000	-	6,000	-	6,000
54x Postage & Printing	2,500	12,500	15,000	-	15,000
55x Equipment under \$5,000	-	-	-	-	-
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	-	-	-	-	-
59x Repairs	-	-	-	-	-
61x Professional Development	64,458	(4,458)	60,000	-	60,000
62x Fees - Operating & Professional	56,586,309	12,066,043	68,652,352	1,769,278	70,421,630
67x Expenses	-	-	-	-	-
53x Supplies	-	-	-	-	-
60x IT Expenses	-	-	-	-	-
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over \$5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	28,220,135	5,932,356	34,152,491	3,590,266	37,742,757
72x Transfers	-	-	-	-	-
Total Operating	\$84,904,402	\$18,006,441	\$102,910,843	\$5,359,544	\$108,270,387
Total	\$92,098,222	\$19,262,637	\$111,360,859	\$5,250,413	\$116,611,272

Comparison of 2023-2025 budgets and related funding

By detailed expense

	2023 - 2025	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x		\$611,037	\$5,525,361	\$(112,868)	\$5,412,493
512x		-	-	-	-
513x		236,060	304,700	-	-
514x Salaries Overtime		-	-	-	-
516x Salaries Benefits	2,210,820	409,099	2,619,955	3,737	2,623,692
Total Salaries & Benefits	\$7,193,820	\$1,256,196	\$8,450,016	\$(109,131)	\$8,340,885
52x Travel	25,000	-	25,000	-	25,000
53x Supply	6,000	-	6,000	-	6,000
54x Postage & Printing	2,500	12,500	15,000	-	15,000
55x Equipment under \$5,000	-	-	-	-	-
58		(4,458)	60,000	-	55,542
		12,066,043	68,652,352	1,769,278	70,421,630
		-	-	-	-
		-	-	-	-
68x Land Building Other Capital		-	-	-	-
		-	-	-	-
		5,932,356	34,152,491	3,590,266	37,742,757
		-	-	-	-
		\$18,006,441	\$102,910,843	\$5,359,544	\$108,270,387
Total	\$92,098,222	\$19,262,637	\$111,360,859	\$5,250,413	\$116,611,272

- 6%/4% Increases
- 2 new FTEs
- Minor additional shifting

- Reduced Increases to 4%/4%

- Maintenance of & provider rate inflation for FTR and Community Connect services
- Opioid Settlement authority
- Pregnant & Parenting Women
- Shifting in federal grant authority

- Minor shifting based on current expenditures/ need

- Additional Recovery Housing Assistance Program
- B-HERO authority
- Increase in Provider Inflation to 4%/4%

- Additional federal authority for CCBHC federal grant
- Provider rate inflation for SUD Voucher

- Additional Behavioral Health School Grant
- Increase in Provider Inflation to 4%/4%



Contact Information

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www.behavioralhealth.nd.gov