



# **Behavioral Health Planning Council Updates**

## **December 13, 2023**

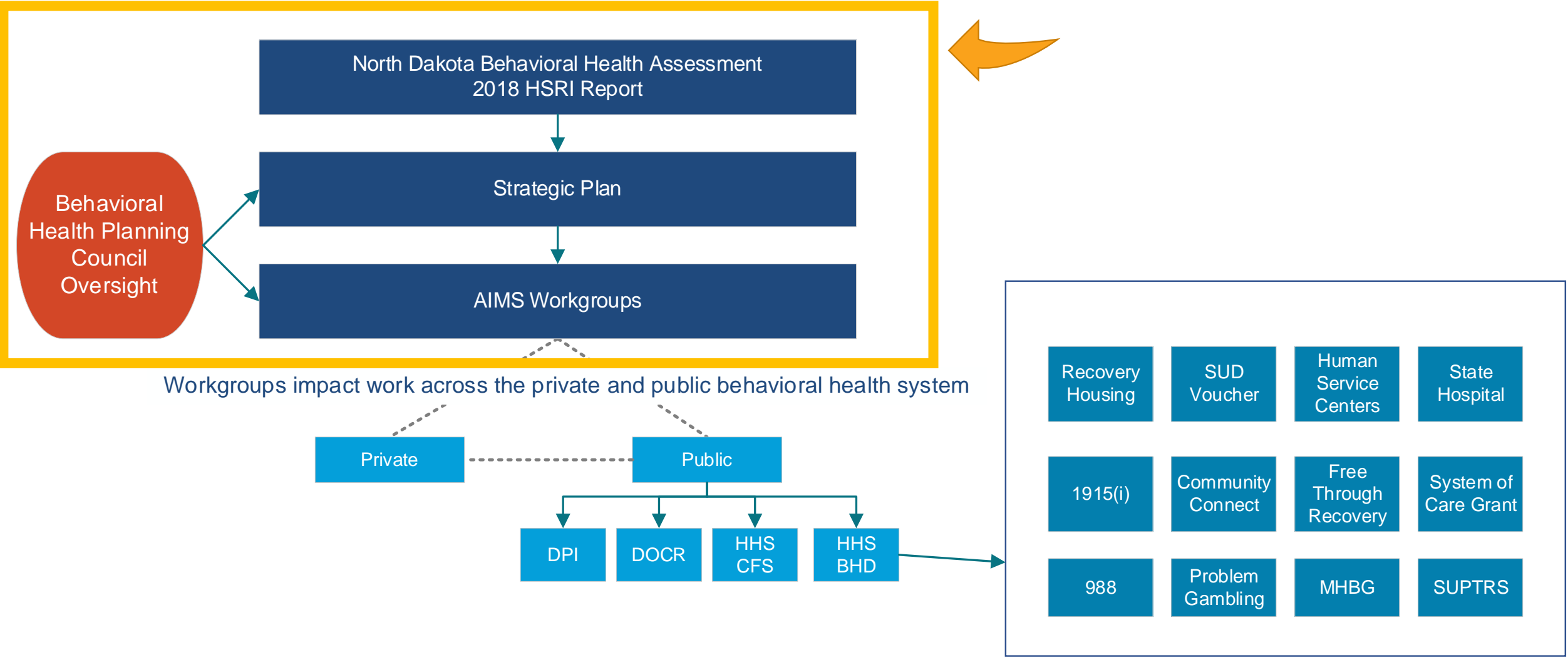
NORTH  
**Dakota**  
Be Legendary.

Health & Human Services

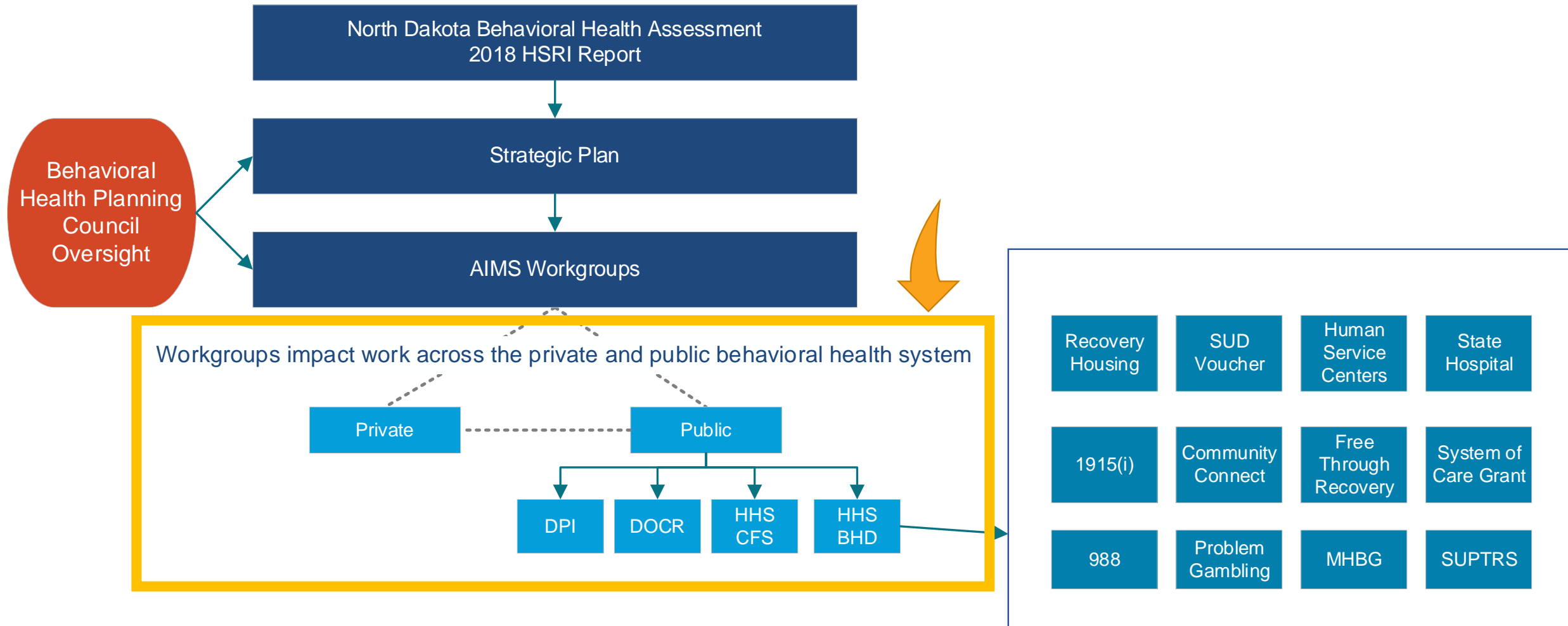


# **Block Grant Connecting Points with ND Behavioral Health Strategic Plan and Aim Workgroups Planning**

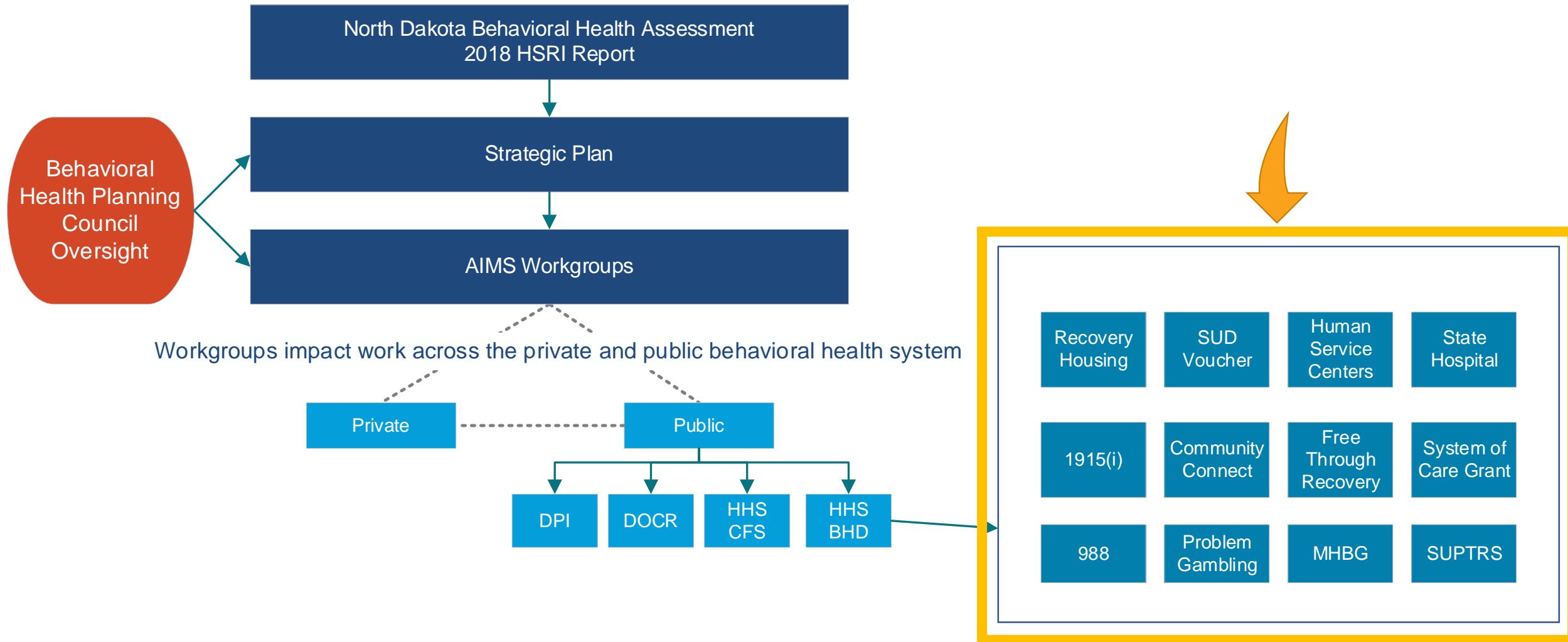
# Block Grant Connecting Points with ND Behavioral Health Strategic Plan and Aim Workgroups Planning



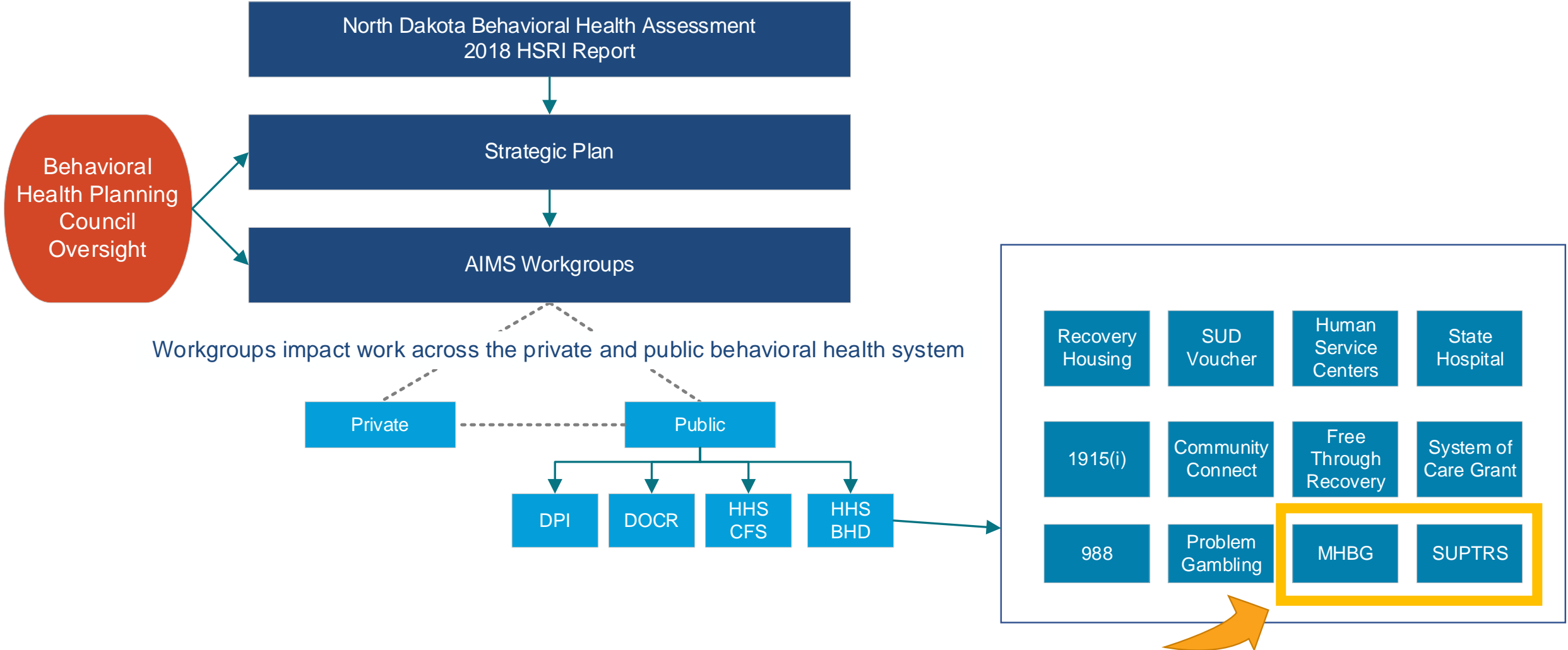
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# Considerations for SUPTRS & MHBG



- Behavioral Health Strategic Plan (AIMs Workgroups)
- Federal Requirements
- SAMHSA priorities
- Federal legislative changes
- State legislative changes
- Local gaps

Block Grant  
Planning and  
Implementation

# Planning Table: Priority Areas and Annual Performance Indicators

## Priority Areas



Prevention and  
Early  
Intervention  
(Aim 2)



Community  
Based Services  
(Aim 3; 4; 5)



Person-  
Centered  
Practice  
(Aim 9; 11)



Increase Access  
to Targeted  
Services  
(Aim 3; 4)



Workforce  
(Aim 4; 7)





# Mental Health Block Grant (MHBG)

# First Episode Psychosis (10% Set Aside of MHBG)



- Target population: young people experiencing early episodes of psychosis and their families
- Pilot program started at Southeast and West Central Human Service Centers.

# Why is early intervention important?

- Psychosis affects many people
  - Occurs worldwide with an annual incidence of 15.2 per 100,000
  - Usually develops between ages 16-25, men younger than women
  - Accounts for 25% of all hospital bed days
  - Accounts for 40% of all long-term care days
  - Accounts for 20% of all Social Security Benefit days
  - Costs the nation up to \$65 Billion per year
- Research indicates that early intervention can reduce duration and severity of later episodes and increase functionality (Albert & Weibell, 2019)

# Who Qualifies for FEP?

- Requires a formal screening for associated symptomatology for ages 16-35, but acceptance for treatment of identified individuals felt to be consistent with the following criteria:
- Early experience of symptoms of psychosis which may include the following:
  - Delusions (false beliefs)
  - Hallucinations (seeing or hearing things that others do not see or hear)
  - Incoherent speech
  - Memory problems
  - Trouble thinking clearly or concentrating
  - Disturbed thoughts or perceptions
  - Difficulty understanding what is real
  - Poor executive functioning (the ability to use information to make decisions)
  - Behavior that is inappropriate for the situation
- Substance use may be present; however, rule out substance induced psychosis

# Governing Principles

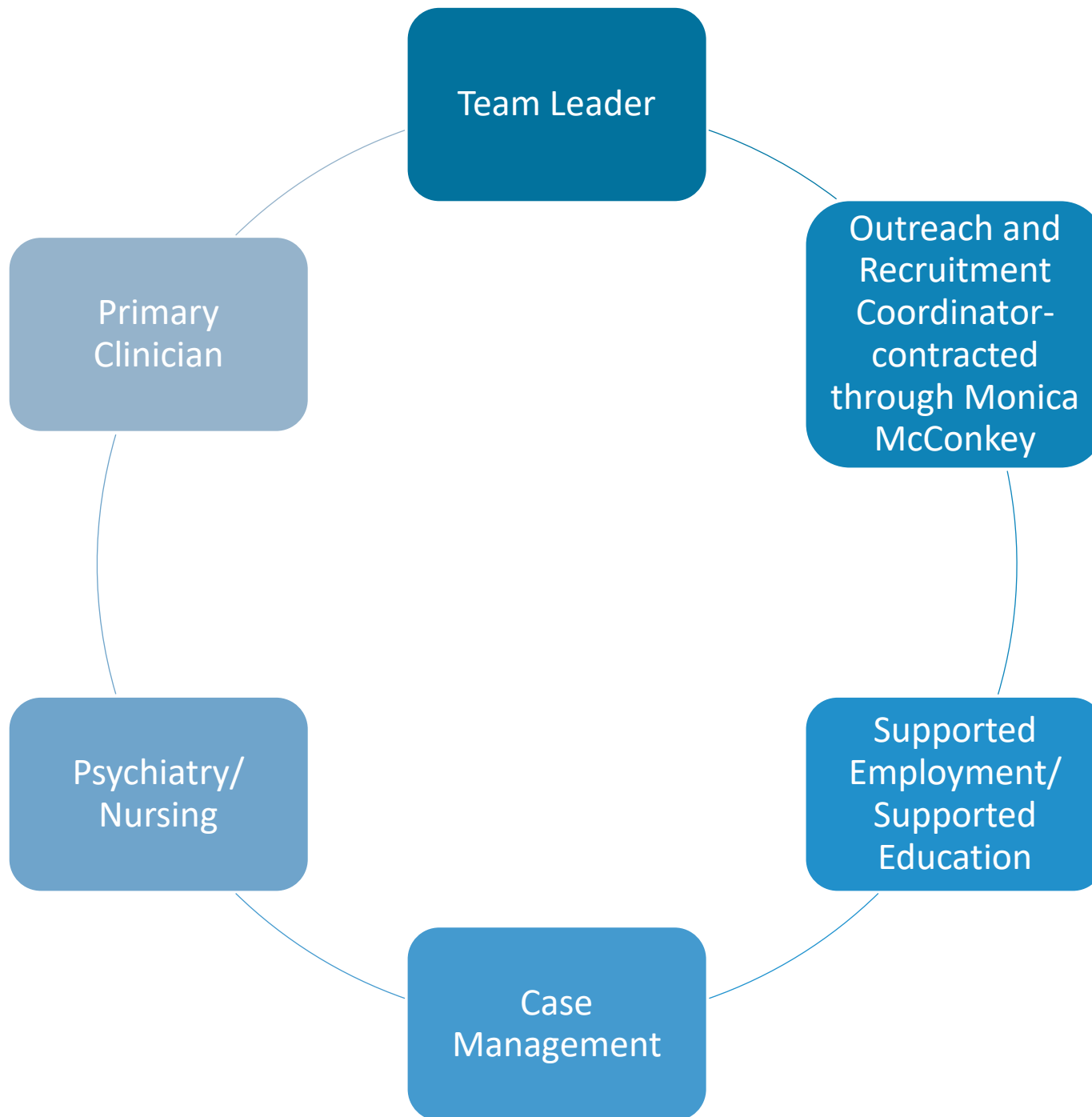
Limiting disability  
as a central focus

Recovery as a personal journey in which an  
individual acquires skills and personalized supports

Shared decision-making provides a framework within preferences  
of patients can be integrated with provider recommendations

Culture Competence as an interpretive framework for symptoms, signs, and behavior focused  
on how information is transmitted, revised, and recreated within families and societies

# Team-based care



# Phased and time-limited

Phase	Phase 1: Engagement with Team and Initial Needs Assessment	Phase 2: Ongoing Intervention and Monitoring	Phase 3: Identification of Future Needs and Services Transition
Timing (approximate)	Months 1-3	Months 4-18	Months 19-24
Purpose	<ul style="list-style-type: none"> <li>Develop trusting relationship with client and family</li> <li>Introduce client and family to all members of Team</li> <li>Conduct needs assessment</li> <li>Provide support</li> <li>Minimize stigma, limit stress</li> <li>Establish goals</li> <li>Engage in safety planning</li> <li>Ensure adequate housing and financial resources</li> </ul>	<ul style="list-style-type: none"> <li>Provide OnTrackNY interventions as appropriate</li> <li>Review and revise goals</li> <li>Explore risk factors for relapse</li> <li>Strengthen support network</li> <li>Support positive self regard and assist in managing stress</li> <li>Maintain continuity of contact</li> </ul>	<ul style="list-style-type: none"> <li>Re-assess clients' needs, strengths, and support/treatment preferences.</li> <li>Prepare for termination.</li> <li>Meet with client (both alone and with family) to mark end of the experience with the OnTrack Program.</li> </ul>

# Training and fidelity

- Initial training contract with NY Ontrack for evidence-based model
- Team members have attended annual conferences each year since implementation
- Technical assistance provided throughout rollout and implementation
  - Dr. Tully providing on-going training in CBT for psychosis (CBTp), Understanding psychosis, and family interventions
  - Dr. Tully contract renewal for training and clinical consultation through 2025

In August 2023, University of North Dakota was contracted to provide an initial fidelity review to the evidence-based practice as well as on-going reviews and monitoring



# WCHSC Fidelity review overview

- Clinical team members include a clinical team leader, a care coordinator/case manager, a therapist, a peer support specialist, and a psychiatrist. The team currently serves four adult clients and two youth clients experiencing a first episode of psychosis. The team was trained in the On-Track New York model and follows a coordinated specialty care (CSC) model. CSC promotes shared decision-making and uses a team of specialists who work with the client to create a personal treatment plan including psychotherapy, medication management, family education and support, case management, and work or education support.
- On September 26, 2023, we conducted a virtual site fidelity review via Zoom which consisted of interviews with the clinical team leader, care coordinator/case manager, therapist, psychiatrist, and peer support specialist. The assessor reviewed the health record checklist-review of three patient records prepared by a non-clinical staff member at the site, and program documents.
  - The program achieved either good or high fidelity (a score of '4' and '5', respectively) across the majority (79%) of components on the FEPS-FS-1.0 scale.
  - The program reports that their clinicians have received formal training and supervision in CBT, Client Psychoeducation, Family Education, and Motivational Interviewing.
  - The program provides Pharmacotherapy, CBT, Client and Family Psychoeducation, and Peer Support services to support health and deal with Substance Use Disorders.

# SEHSC fidelity review overview

- Clinical team members include a clinical team leader, a care coordinator/case manager, a therapist, a peer support specialist, and a psychiatrist. The team currently serves 26 clients experiencing a first episode of psychosis. The team was trained in the On-Track New York model and the Navigator model and follows a coordinated specialty care (CSC) model. CSC promotes shared decision-making and uses a team of specialists who work with the client to create a personal treatment plan including psychotherapy, medication management, family education and support, case management, and work or education support.
- On September 18, 2023, an onsite fidelity review was conducted which consisted of interviews with the clinical team leader, care coordinator/case manager, therapist, and psychiatrist. On September 21, 2023, a virtual interview was conducted with the peer support specialist. The assessor reviewed the health record checklist, a review of five client records prepared by a non-clinical staff member at the site, and program documents.
  - The program achieved either good or high fidelity (a score of '4' and '5', respectively) across the majority (80%) of components on the FEPS-FS-1.0 scale.
  - The program reports that their clinicians have received formal training and supervision in CBT, Client Psychoeducation, Family Education, and Motivational Interviewing.
  - The program provides Pharmacotherapy, CBT, Client and Family Psychoeducation, and Peer Support services to support health and deal with Substance Use Disorders.
  - Fidelity components and service delivery areas that the agency may wish to prioritize for improvement include:
    - Component 13: Early Intervention
    - Component 31: Client Retention
    - Component 35: Assuring Fidelity

# Strength areas

- All services (case management/care coordination, evidence-based psychotherapy, substance use management, supportive education and employment, pharmacotherapy, health services) are offered to clients and tailored to meet clients where they are at while encouraging clients to move to the next stage of change.
- Strong supervision
- “A significant strength of this program is the psychiatrist’s willingness and ability to see clients on short notice, including multiple times a week when needed.”
- “Majority of clients (92%) currently meet the program’s explicit diagnostic criteria. The program takes great care in working with clients who may have previously experienced limited resources for diagnosing, managing, and treating behavioral health conditions.”
- Program offers services to clients ages 16-36, with all of their current clients falling between the age ranges of 18 and 24
- Clients were seen in person within 24 hours after referral by a member of the FEP team. Program strengths included meeting face-to-face with every referral within two weeks of receiving an initial referral
- The FEP team has an individualized approach for each of its clients, but they strongly recommend having family or other social supports involved when appropriate. Lots of educational information is provided to clients and their families
- “Clinicians spend on average 75% of their time out in the community. The ability and willingness to meet and work with clients where they are most comfortable is a crucial strength of this program”

# Growth areas

Fidelity components and service delivery areas that the agency may wish to prioritize for improvement include:

- Component 13: Early Intervention

“While 75% percent of current clients have a history of psychiatric hospitalization before joining the FEP program, 3 clients received needed first episode psychosis intervention and half of the current clients were referred to the program from their initial hospitalization. Due to the age of the program (~ 6 months), this suggests the program is filling a needed gap in services.”

- Component 31: Client Retention

- Component 35: Assuring Fidelity

# General inquiries about the program:

## **West Central Human Service Center**

Ariana Best, LPCC, Clinical Director

[abest@nd.gov](mailto:abest@nd.gov)

(701) 328-8841

## **Southeast Human Service Center**

Audrey Hopkins, Lead Administrator

[ahopkins@nd.gov](mailto:ahopkins@nd.gov)

701-630-0898

# References

- Albert N, Weibell MA. The outcome of early intervention in first episode psychosis. *Int Rev Psychiatry*. 2019 Aug-Sep;31(5-6):413-424. doi: 10.1080/09540261.2019.1643703. Epub 2019 Aug 28. PMID: 31456455.
- NY Ontrack. (2016). Outreach and recruitment manual. Retrieved on [https://ontrackny.org/portals/1/Files/Resources/Outreach%20Manual\\_5%2016%2016%20FINAL.pdf](https://ontrackny.org/portals/1/Files/Resources/Outreach%20Manual_5%2016%2016%20FINAL.pdf)

# Project HEAL





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



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Intervention  
(Aim 2)



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Increase Access  
to Targeted  
Services  
(Aim 3; 4)



Workforce  
(Aim 4; 7)

# Community-based services (Aim 3; 4; 5)

- Mobile Outreach Program – City of Fargo
- Peer Support Services in healthcare (shared with MHBG)
  - This contract ends by the December 31<sup>st</sup>

# Increase Access to Targeted Services (Aim 3; 4)

- Adolescent Residential Treatment Services – Eckert Youth Homes
  - Contract ending January 9, 2024
  - New RFP to be posted shortly
- Tribal Nations – Three Affiliated Tribes; Parshall Resource Center
- Human Service Centers support
- Recovery Services - Recovery Talk; World Wide Interpreters
  - Program expanded to include individuals being able to receive calls/text at a self-prescribed frequency
- Pregnant & Parenting Women's Residential
  - New RFP to be posted shortly

# Workforce (Aim 4; 7)

- Motivational Interviewing Training for child protection workers – Case Western.
- Peer Support Training – Appalachian Consulting
- 1915i Training / Technical Assistance – Corporation for Supportive Housing (shared with MHBG)

# Administering SUPTRS Block Grant

- SUPTRS data collection system – FEI, Inc.



# Contact Information

## Policy Director

- Laura Anderson
- [lauranderson@nd.gov](mailto:lauranderson@nd.gov)

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