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Purpose

This report presents an overview of the North Dakota Department of Human Services’ Behavioral Health Division with the intent to outline the division by first identifying behavioral health needs, a history of behavioral health services, an overview of roles, responsibilities, and organizational structure; funding and initiatives; and last by aligning current initiatives with recommendations provided by North Dakota Behavioral Health System Study.
North Dakota Behavioral Health Principles

To deliver an effective response to people in need, the following principles should be embraced:

- **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**
Behavioral Health System Study Timeline

<table>
<thead>
<tr>
<th>1/1/2017 to 6/30/2018</th>
<th>8/1/2018 to 6/30/2019</th>
<th>2019 - Present</th>
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<tr>
<td>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.</td>
<td>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.</td>
<td>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.</td>
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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, our goal is to deliver actionable, viable, and culturally relevant strategies that empower service users and promote wellness and recovery.
April 2018 Behavioral Health System Study

Served as a component of interim legislative committee studies during the 65th Legislative Interim.

This report presents the findings from the North Dakota Comprehensive Behavioral Health Systems Analysis, conducted by the Human Services Research Institute (HSRI) for the North Dakota Department of Human Services’ Behavioral Health Division.

The 250-page report provides more than 65 recommendations in 13 categories. This set of recommendations is intentionally broad and far-reaching; it is not expected, nor suggested, that stakeholders in North Dakota endeavor to implement all these recommendations at once.

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

Implementation

HSRI is continuing to support the North Dakota Behavioral Health Division and the North Dakota Behavioral Health Planning Council to engage in coordinated, data-driven system transformation activities based on the recommendations from 2018 Behavioral Health System Study.

Working with stakeholders - including service users and families, advocates, providers, administrators, and other North Dakotans – HSRI is helping the state set its course for ongoing system monitoring, planning, and improvements in the long term.
The North Dakota Department of Human Services (NDDHS), a state government agency, provides services to assist individuals with maintaining and improving their quality of life, which may be threatened by lack of financial resources, emotional crises, disabling conditions, or an inability to protect themselves [North Dakota Department of Human Services, n.d.].

Mission
To provide quality, efficient, and effective human services, which improve the lives of people.
System Values

- Person Centered
- Trauma Informed
- Recovery Oriented
- Integrated
- Data Driven
- Best Practice
- Transparency
- Accountability
Behavioral Health Division

The Behavioral Health Division (NDCC 50-06-01.4) is 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; and

Providing policy leadership in partnership with public and private entities.

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, 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.
Our Responsibilities
The division administers federal and state funding to address identified gaps and apply resources like funding, training and technical assistance to address system needs.

Administration
The division administers funding by contracting with providers and agencies throughout the state. Planning, implementation, and evaluation of efforts align into the following general categories:

- Community and Behavioral Health Promotion
- Children’s Behavioral Health
- Adult Mental Health
- Addiction Services

Regulation
The division ensures the health and safety of individuals receiving services in certain levels of behavioral health treatment by licensing of facilities. Regulation is provided for the following:

- Substance Use Disorder Treatment Facilities
- Regional Human Service Centers
- Psychiatric Residential Treatment Facilities (PRTF) for Children
- Opioid Treatment Programs (OTP)

Collaboration and Partnerships
The division works collaboratively with state and local partnerships to achieve shared goals focusing on the behavioral health system.

Training and Technical Assistance
The division provides training and technical assistance with a goal to support individuals, providers and communities in building capacity and implementing evidence-based strategies. Efforts include:

- Hosting training events (Behavioral Health Conference, community prevention trainings, etc.).
- Facilitating statewide collaboration and sharing resources.
- Developing tools and resources based on data and evidence-based strategies.
- Free prevention resources available to the community.
State Epidemiological Outcomes Workgroup
Research shows the importance of using data to guide effective and targeted behavioral health efforts. The Behavioral Health Division utilizes epidemiological data to identify trends, priorities, and to target funding.

State Epidemiological Outcomes Workgroups (SEOWs) are groups of data experts and prevention stakeholders responsible for bringing data on substance abuse and related behavioral problems to the forefront of the prevention planning process.

The mission of the North Dakota SEOW is to identify, analyze and communicate key substance abuse and related behavioral health data to guide programs, policies and practices.

ND's SEOW has built a broad representation of diverse partners and continues to provide leadership in identifying data needs. Partners include:

- Center for Rural Health, University of North Dakota
- Department of Corrections & Rehabilitation
- Department of Health
- Department of Human Services
- Department of Public Instruction
- Department of Transportation
- Highway Patrol
- Mental Health America of North Dakota
- North Dakota State University
- NDSU Extension
- North Dakota University System
- Office of the Attorney General
- Office of the State Tax Commissioner
- Spirit Lake Sioux Tribe
- Standing Rock Sioux Tribe
- Three Affiliated Tribes
- Turtle Mountain Band of Chippewa Indians, Turtle Mountain Community College

The ND SEOW develops data products such as the:

- Epidemiological Profile
- Data Booklet
- Topic-Specific Data Briefs
- Substance Use in North Dakota (SUND) website: www.sund.nd.gov

The North Dakota Department of Human Services' Behavioral Health Division initiated the SEOW network in 2006.
Strategic Plan

The Behavioral Health initiatives are designed to address needs and gaps as identified in the ND Behavioral Health Study conducted by the Human Services Research Institute and align with recommendations as identified within the report.
The superscript numbers referenced behind each goal align with the SD Behavioral Health System Study 13 Recommendations.
**COMMUNITY BEHAVIORAL HEALTH PROMOTION**  
*James Knopik*

<table>
<thead>
<tr>
<th>Section</th>
<th>Contact</th>
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<tbody>
<tr>
<td>Community Prevention Efforts</td>
<td>Katelyn Rykal</td>
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<tr>
<td>Tribal Prevention Efforts</td>
<td>Katelyn Rykal</td>
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<tr>
<td>Youth Tobacco Enforcement</td>
<td>Katelyn Rykal</td>
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<tr>
<td>(Synar, Substance Abuse Prevention and Treatment Block Grant)</td>
<td>Tom Volk</td>
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<tr>
<td>Early Intervention Provider Certification (MIP/DUI)</td>
<td>Amy Lies</td>
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<tr>
<td>Suicide Prevention</td>
<td>Moriah Ogg</td>
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<td>Opioid Overdose Prevention</td>
<td>Katelyn Rykal</td>
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<td>Parents Lead</td>
<td>Katelyn Rykal</td>
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<td>Prevention Communication</td>
<td>Katelyn Rykal</td>
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<td>(Opioids, Fill with Care; Speak Volumes)</td>
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**CHILDREN’S BEHAVIORAL HEALTH**  
*Kelli Ulberg*

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<td>Adolescent Residential Treatment</td>
<td>Angela Niffenegger</td>
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<td>(Substance Abuse Prevention)</td>
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<td>Regulation of Youth Residential Facilities</td>
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<tr>
<td>Behavioral Health and Education</td>
<td>Amanda Francis</td>
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<td>Children Mental Health Programs</td>
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<tr>
<td>(Mental Health Block Grant)</td>
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<td>Systems for Individuals with a First Episode of Psychosis</td>
<td>Tami Conrad</td>
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<tr>
<td>(Mental Health Block Grant)</td>
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<tr>
<td>Treatment Collaborative for Traumatized Youth (TCTY)</td>
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**Administrative Support**  
*Julie Huwe; Stacey Pfeifer; Nikki Sigler*

**Project Management**  
*Vacant*

**Behavioral Health Promotion Strategist**  
*Vacant*
## Behavioral Health and Education

### ADDICTION PROGRAM AND POLICY

- **Medication Assisted Treatment (OTP)**
  - James Knopik
- **Withdrawal Management**
  - Lacresha Graham
- **SUD Voucher Payment System**
  - Lori Steele
- **Recovery Supports**
  - Amy Lies
- **Regulation of Substance Use Disorder Treatment Facilities**
  - James Knopik

### MENTAL HEALTH PROGRAM AND POLICY

- **Behavioral Health Promotion Strategist**
  - Vacant
- **Quality Management Lead**
  - Sarah Osse
- **Data/Evaluation**
  - Matthew Best
- **ADDICTION PROGRAM AND POLICY**
  - Lacresha Graham / James Knopik
- **MENTAL HEALTH PROGRAM AND POLICY**
  - Nicole Berman

### Problem Gambling Programs

- **Brain Injury Programs**
  - Tami Conrad

### Tribal Treatment and Recovery Supports

- **Pregnant and Parenting Women Treatment Programming**
  - Angela Niffenegger
  - (Substance Abuse Prevention and Treatment Block Grant)
- **Brain Injury Programs**
  - Tami Conrad
- **Problem Gambling Programs**
  - James Knopik

### Military and Behavioral Health (ND Cares)

- **Medicaid 1915(i) State Plan Amendment Training and Technical Assistance**
  - Monica Haugen
- **Military and Behavioral Health**
  - (ND Cares)

### Community Connect

- **Community Connect**
  - Heather Brandt

### Enhanced behavioral health services in response to the COVID-19 pandemic and flooding disasters

- **Enhanced behavioral health services in response to the COVID-19 pandemic and flooding disasters**
  - Laura Anderson

### Tribal Treatment and Recovery Supports

- **Tribal Treatment and Recovery Supports**
  - Angela Niffenegger
  - (Substance Abuse Prevention and Treatment Block Grant)

### Early Intervention Provider Certification (MIP/DUI)

- **Early Intervention Provider Certification (MIP/DUI)**
  - Amy Lies

### Opioid Overdose Prevention

- **Opioid Overdose Prevention**
  - Katelyn Rykal

### Tribal Prevention Efforts

- **Youth Tobacco Enforcement**
  - Tom Volk
  - (Synar; Substance Abuse Prevention and Treatment Block Grant)

### Suicide Prevention

- **Suicide Prevention**
  - Moriah Opp

### Community Prevention Efforts

- **Community Prevention Efforts**
  - Katelyn Rykal

### Project Management

- **Project Management**
  - Vacant

### Behavioral Health Promotion Strategist

- **Behavioral Health Promotion Strategist**
  - Vacant

### Quality Management Lead

- **Quality Management Lead**
  - Sarah Osse

### Topics

- **ADDICTION PROGRAM AND POLICY**
  - Lacresha Graham / James Knopik
- **MENTAL HEALTH PROGRAM AND POLICY**
  - Nicole Berman
- **Brain Injury Programs**
  - Tami Conrad
- **Problem Gambling Programs**
  - James Knopik
- **Pregnant and Parenting Women Treatment Programming**
  - Angela Niffenegger
  - (Substance Abuse Prevention and Treatment Block Grant)
- **Brain Injury Programs**
  - Tami Conrad
- **Problem Gambling Programs**
  - James Knopik

### Community Connect

- **Community Connect**
  - Heather Brandt

### Military and Behavioral Health (ND Cares)

- **Military and Behavioral Health**
  - (ND Cares)

### Medicaid 1915(i) State Plan Amendment Training and Technical Assistance

- **Medicaid 1915(i) State Plan Amendment Training and Technical Assistance**
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- **Enhanced behavioral health services in response to the COVID-19 pandemic and flooding disasters**
  - Laura Anderson

### Tribal Treatment and Recovery Supports

- **Tribal Treatment and Recovery Supports**
  - Angela Niffenegger
  - (Substance Abuse Prevention and Treatment Block Grant)
General Funds are appropriated by the state legislative body. The division receives General Fund dollars to fund the following initiatives.

Initiatives funded through State General Funding:

- Brain Injury services
- Parent to Parent
- Substance Use Disorder (SUD) Voucher
- Voluntary Treatment Program
- Parents Lead
- Community Connect
- School Behavioral Health
- Recovery Home Grants
- Treatment Collaborative for Traumatized Youth
- Suicide Prevention

2019-2021 Biennium Funding Sources

State and federal funding administered by the division supports the implementation of best practice to ensure the most effective, efficient and comprehensive behavioral health system.
Other Funds

Other funds are any other type of fund the department may receive that isn’t general fund or federal funds.

- Free Through Recovery (Department of Corrections and Rehabilitation funds)
- Problem Gambling

Federal Funds

Substance Abuse Prevention and Treatment Block Grant (SAPTBG)

The Substance Abuse Prevention and Treatment Block Grant (SABG) program 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. SABG is governed by Title 45 Code of Federal Regulations Part 96 and the Tobacco Regulations for Substance Abuse Prevention and Treatment Block Grant; Final Rule, 61 Federal Register 1492. The SABG program provides funds to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, 6 Pacific jurisdictions, and 1 tribal entity to prevent and treat substance abuse.

Targeted Populations and Service Areas

- Pregnant women and women with dependent children,
- Intravenous drug users,
- Tuberculosis services,
- Early intervention services for HIV/AIDS,
- Primary prevention services (no less than 20% of SABG allotment must be spent on substance abuse primary prevention strategies).

Tobacco Use Prevention – Synar Amendment

Synar is a provision of SABG funding (Final Rule, 61 Federal Register 1492) and focuses on reducing youth tobacco access through the regulation and enforcement.
**Mental Health Block Grant (MHBG)**

The Mental Health Block Grant (MHBG) Program is authorized by section 1911 of Title XIX, Part B, Subpart I and II of the Public Health Services Act and administered federally by the United States Department of Health and Human Services: Substance Abuse and Mental Health Service Administration. The MHBG program provides funds and technical assistance to all 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and 6 Pacific jurisdictions.

**Targeted Populations and Service Areas**

The MHBG program targets:

- **Adults with serious mental illnesses.** 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 (for example, eating or dressing)
  - Instrumental living (for example, taking prescribed medications or getting around the community)
  - Participating in a family, school, or workplace

- **Children with serious emotional disturbances.** Includes persons 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.

**Projects for Assistance in Transition from Homelessness (PATH)**

The PATH grant program is authorized by the Stewart B. McKinney Homeless Assistance Amendments Act of 1990. Grants are distributed annually to all 50 states, the District of Columbia, Puerto Rico, the Northern Mariana Islands, Guam, American Samoa, and the U.S. Virgin Islands. Each state or territory solicits proposals and awards funds to local public or nonprofit organizations, known as PATH providers.

**Federal Funds**

The Behavioral Health Division seeks additional funding opportunities based on needs identified within the service system. The division provides administration and oversight for several discretionary federal grant programs, including the Emergency Grant to Address Mental and Substance Use Disorders during COVID-19 and State Opioid Response grant (SOR).

**State Opioid Response (SOR)**

The SOR grant is a two-year grant (through September 2022), which aims to address the opioid crisis by increasing access to medication-assisted treatment using the three FDA-approved medications for the treatment of opioid use disorder, reducing unmet treatment need, and reducing opioid overdose related deaths through the provision of prevention, treatment and recovery activities for opioid use disorder (OUD).

**North Dakota SOR grant goals include:**

- Preventing opioid overdose related deaths by increasing implementation of evidence-based prevention strategies.
- Increasing comprehensive evidence-based treatment and recovery services to support positive outcomes for individuals with an Opioid Use Disorder (OUD).
- Increasing capacity of recovery support services to support individuals with an OUD.

**Emergency Grant to Address Mental and Substance Use Disorders During COVID-19**

The purpose of the Emergency COVID-19 grant is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for adults impacted by the COVID pandemic.

The program addresses the needs of individuals with serious mental illness, individuals with substance use disorders, and/or individuals with co-occurring serious mental illness and substance use disorders. Additionally, the program focuses on meeting the needs of individuals with mental disorders that are less severe than serious mental illness, including those in the health care profession.
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-side 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.
Community Behavioral Health Prevention

Substance Abuse Prevention and Treatment Block Grant (SAPT BG)

Substance Abuse Prevention Community Funding Distribution

Synar Training and Technical Assistance

Minor in Possession (MIP) Provider Certification

Suicide in North Dakota

Parents Lead

Strategic Prevention Framework Partnership for Success Grant (PFS)
The Substance Abuse Prevention and Treatment Block Grant (SAPT BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

The North Dakota Department of Human Services’ Behavioral Health Division utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance abuse.

The purpose of the SAPT 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.

Substance Abuse Prevention and Treatment Block Grant (SAPT BG)

The SAPT BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act (PDF | 253 KB). 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 SAPT BG. 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 (PDF | 259 KB) was published on January 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SAPT BG allotment on substance abuse 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.

FUNDING

The Department of Human Services’ Behavioral Health Division receives approximately $6,534,236 per year. As of 2016, approximately $1,633,559 (25%) is allocated to primary prevention.
NORTH DAKOTA GOALS

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

TREATMENT/RECOVERY

Increase evidence-based community treatment and recovery support services, with a priority on populations at risk:

- Pregnant women and women with dependent children
- Individuals using drugs intravenously
- Adolescents

PREVENTION

Increase implementation of effective prevention statewide

- Decrease underage drinking
- Decrease adult binge drinking and related consequences
- Decrease prescription drug misuse and related consequences

ACTIVITIES

TREATMENT/RECOVERY

- Public program funding (through contracts/MOUs with Human Service Centers)
- Special Populations (SAPT BG requirement)
  - Youth Residential Services Program
  - Pregnant and Parenting Women
  - Tribal programs
- Recovery
  - Recovery Talk program
  - Mobile outreach program
  - Peer support development
- Withdrawal Management
- Workforce Development
- Peer Support for pregnant or parenting women: Call Kay

PREVENTION

- Training and technical assistance
- Tribal alcohol and other drug community prevention programs
- Community prevention programs
- Underage drinking prevention efforts, including Parents Lead
- Adult binge drinking prevention efforts, including the Speak Volumes campaign
- Opioids Fill With Care
- DUI education program licensing; provider certification
- Minor in possession education provider certification
- Synar program (youth tobacco enforcement)
Behavioral Health Division’s Portfolio  |  Community Behavioral Health Promotion/ Prevention

Substance Abuse Prevention Community Funding Distribution

NORTH DAKOTA DEPARTMENT OF HUMAN SERVICES’ BEHAVIORAL HEALTH DIVISION

Local Public Health Units

1. Upper Missouri District Health Unit
2. LaMoure County Public Health Department
3. Lake Region District Health Unit
4. Sargent County District Health Unit
5. Ransom County Public Health
6. Richland County Health Department
7. Pembina County Health Department
8. Steele County Public Health Department
9. Wells County District Health Unit
10. Foster County Health Department
11. Towner County Public Health District
12. Custer Health
13. City-County Health Department
14. Rolette County Public Health Unit
15. Central Valley Health Unit
16. Southwestern District Health Unit
17. Cavalier County Health District
18. Emmons County Public Health
20. Walsh County Health Department
21. First District Health Unit
22. Dickey County Health District
23. Grand Forks Public Health Department
24. Nelson-Griggs District Health Unit
25. Fargo Cass Public Health

Substance Abuse Prevention and Treatment Block Grant

Substance Abuse Prevention Community and Tribal Grants
Total award for 2021-2023 biennium: $2,140,000*
Priority: Prevention of underage drinking and adult binge drinking

State Opioid Response Grant (SOR)
Community Prevention, Treatment, and Recovery Implementation Grant
Total award Federal Fiscal Year 2021: $4,000,000
Priority: Prevention and treatment of opioid and stimulant use and misuse

*Community Grant Awards align to the federal fiscal year, Tribal Grant Awards align to the state fiscal year

Parents Lead Community Implementation Grant
Total award State Fiscal Year 2021: $159,995
Priority: Youth substance use and behavioral health issues
Substance Abuse Prevention and Treatment Block Grant
Substance Abuse Prevention Community and Tribal Grants
Total award for 2021-2023 biennium: $2,140,000*
Priority: Prevention of underage drinking and adult binge drinking

*Community Grant Awards align to the federal fiscal year, Tribal Grant Awards align to the state fiscal year

State Opioid Response Grant (SOR)
Community Prevention, Treatment, and Recovery Implementation Grant
Total award Federal Fiscal Year 2021: $4,000,000
Priority: Prevention and treatment of opioid and stimulant use and misuse

Parents Lead Community Implementation Grant
Total award State Fiscal Year 2021: $159,995
Priority: Youth substance use and behavioral health issues

**Tribes**

- 26. Spirit Lake Nation
- 27. Turtle Mountain Band of Chippewa Indians
- 28. Standing Rock Sioux Tribe
- 29. Mandan, Hidatsa, and Arikara Nation (Three Affiliated Tribes)
WHAT IS 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 December 20, 2019, increased the minimum age for purchasing tobacco products from 18 to 21. This legislation (known as “Tobacco 21” or “T21”) is effective immediately, and it is now illegal for a retailer 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. In order to do this, a state law increasing the age to 21 will need to be implemented.
WHY IS SYNAR SO IMPORTANT TO NORTH DAKOTA?

States must comply with the Synar Amendment to receive the full Substance Abuse Prevention and Treatment Block Grant (SABG) award. Specifically, if the violation rate is greater than 20%, the state could lose up to 10% of this funding. ND’s Department of Human Services’ Behavioral Health Division receives approximately $6,533,901 annually; a 10% loss would equal $653,390. North Dakota’s violation rate in 2020 was 5.7%, which is a slight increase from 5.4% in 2019.

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 that 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 Youth Risk Behavior Survey (YRBS), the percentage of students reporting current cigarette use dropped from 34.8% in 1995 to 8.3% in 2019.

WHAT SHOULD WE DO MOVING FORWARD?

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 through statewide enforcement
- Mobilize the community to reduce minors’ access by implementing local efforts
- Stronger restrictions/policies on retailer sales of tobacco products
- Retailer education (letters and packets to all establishments along with training opportunities)
- Increase the price of tobacco products
- Implement mass media campaigns

DOES THE CDC SUPPORT SYNAR?

Synar is a comprehensive strategy that specifically targets youth access of tobacco by focusing on laws, enforcement, and education which aligns with CDC’s recommendation for preventing tobacco use among youth (page 19; CDC’s Best Practices for Comprehensive Tobacco Control Programs, 2014): “Mobilize the community to restrict minors’ access to tobacco products in combination with additional interventions such as stronger local laws directed at retailers, active enforcement of retailer sales laws, and retailer education with reinforcement.”
### What is T/TA (Training and Technical Assistance)?
A collaborative process of providing targeted assistance and support.

### What are the goals of T/TA?
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 T/TA Delivered?
- In-person training
- Consultations
- Online events
- Collaboration and resource sharing
- Information dissemination
- Statewide and national meetings

### 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 T/TA team can assist with all of these and more!*

*The North Dakota Behavioral Health Division’s Training and Technical Assistance Team is accessible, responsive, comprehensive, effective and sustainable.*
The Behavioral Health Division’s Training and Technical Assistance Team can offer information and support through a wide variety of topics and resources.

<table>
<thead>
<tr>
<th>Topics</th>
<th>Resources</th>
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</thead>
<tbody>
<tr>
<td>Data collection and assessment</td>
<td>Recorded training events</td>
</tr>
<tr>
<td>Strategic planning</td>
<td>Webinars</td>
</tr>
<tr>
<td>Evidence-based prevention, treatment and recovery policies, programs and practices</td>
<td>Guidance documents on evidence-based strategy implementation</td>
</tr>
<tr>
<td>Comprehensive implementation</td>
<td>Training videos</td>
</tr>
<tr>
<td>Capacity building</td>
<td>Sample policies</td>
</tr>
<tr>
<td>Cultural competency</td>
<td>Sample Memorandums of Understanding (MOUs) and subcontracting documents</td>
</tr>
<tr>
<td>Sustainability</td>
<td>Marketing tools</td>
</tr>
<tr>
<td>Evaluation</td>
<td>Community success stories</td>
</tr>
<tr>
<td>Data-driven decision-making</td>
<td>Access to resources through the Behavioral Health website and the Prevention Resource and Media Center (PRMC)</td>
</tr>
<tr>
<td>North Dakota Century Code</td>
<td></td>
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<tr>
<td>Subcontracting</td>
<td></td>
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<tr>
<td>Risk and protective factors</td>
<td></td>
</tr>
<tr>
<td>Media campaigns and promotion</td>
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For more information visit the Behavioral Health website at behavioralhealth.nd.gov and complete the “Request Assistance” form.
The Department of Human Services’ Behavioral Health Division is authorized to certify Minor in Possession (MIP) providers in an effort to increase capacity of the workforce and access to evidence-based early intervention services (NDCC 50-06-44).

Research indicates 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 abuse and related consequences. Therefore, ensuring that this population is receiving evidence-based early intervention services is important in preventing further problems.

From August 2019 to November 2020, 13 Minor in Possession Providers offered 97 classes that were completed by 150 unique individuals. There are 37 certified Minor in Possession Providers in the state of North Dakota (December 2020).

Goals of Minor in Possession Provider Certification:

1. Increase capacity of workforce to provide evidence-based alcohol and drug education services.
2. Increase access to evidence-based early intervention services for youth sentenced to alcohol and drug education.
3. Prevent the onset of substance use disorders (SUD) among youth who do not yet meet criteria for a SUD, but are exhibiting early warning signs.

Administrative Rules 75-09.2-01 detail the requirements and the process for providers to become certified to provide this service in the state.
Adult binge drinking in North Dakota is a serious public health issue, resulting in many consequences impacting individuals, families and communities.

**GOALS**

1. Increase awareness of standard drink sizes.
2. Increase understanding of what binge drinking is and moderate alcohol consumption guidelines.
3. Increase likelihood that those drinking will plan for a safe ride home.

**Speak Volumes**

34.1% of North Dakota adults aged 18 and older report binge alcohol* use in the past 30 days.

More than one in six (17%) adult arrests in ND are for driving under the influence (Crime in North Dakota, 2019)

35% of fatal crashes in ND are alcohol related (ND Department of Transportation, 2020)

Speak Volumes addresses adult binge drinking and related consequences through comprehensive messaging about binge drinking, standard drink sizes, and alcohol volume.

*Binge drinking: 5 or more drinks of alcohol on an occasion or in a row
North Dakota's suicide rate increased more than any other state, rising 58% from 1999 to 2020 (CDC, 2018).

ND’s rate is consistently higher than the national average, taking 154 lives in 2017. This is 1 person every 57 hours (AFSP, 2019).

It remains the second leading cause of death for North Dakotans age 15-34 (NDDoH, 2020).

North Dakota High School Students (within last 12 months)

Youth Risk Behavior Surveillance System (YRBSS), 2019

Visit www.behavioralhealth.nd.gov/prevention/suicide
Increasing community-based behavioral health services can reduce suicide.

- Expansion of peer support workforce
- Provision of care coordination and peer support services through Free Through Recovery and Community Connect (expanded Free Through Recovery)
- Providing individuals choice in treatment through the Substance Use Disorder (SUD) Voucher
- Behavioral Health and Education efforts, supporting school personnel, families and students.
- Implementation of Parents Lead program aiming to support parents in promoting the behavioral health of their children.

Where to get help?
If you believe you or someone in your life may be suicidal, please call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) to speak to a counselor.
Parents Lead is a North Dakota evidence-based program that provides parents and caregivers with the support, tools and resources needed to best promote the behavioral health of their children.

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 among children.

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

- **Ongoing Conversations**
  - 72% report having important conversations with their children more often.

- **Positive Role-Modeling**
  - 82% report being more conscious of role modeling for their children.

- **Effective Monitoring**
  - 86% are more invested in monitoring their children.

- **Support and Engagement**
  - 85% feel that being involved and supportive of their children’s interests is of great importance to their behavioral health.

The North Dakota Behavioral Health Systems Study 2018 recommends expansion of existing substance use prevention efforts, including restoration of funding for the Parents Lead program (Recommendation 2.2).
Supporting Parents and Families during COVID-19

- ND Governor declared state of emergency March 13, 2020
- On March 15, 2020, the first Parents Lead COVID resource was developed.
- 20 new COVID specific Parents Lead resources have been developed to assist parents and families.
- These COVID support resources have been viewed 10,615 times.
- The most viewed Parents COVID resource is Co-Parenting During a Pandemic, which has been viewed 1,499 times.

Statewide Communication

In 2020, Parents Lead provided 2,237 Parents Lead resource kits to 487 K-12 schools across the state.

Parents Lead Media Campaign has resulted in 102,675,699 total impressions by mass media, online displays, social media, online videos, and digital radio. (January - September 2020)

Prior to the pandemic, 57,859 users viewed 104,607 pages on parentslead.org. (March 15, 2019 - March 15, 2020)

Since the state of emergency, 123,515 users viewed 193,004 pages on the parentslead.org. (March 15, 2020 - December 15, 2020)

Parents Lead Funding Sources

- State General Funds: $200,000 for 2019-2021 biennium
- Department of Transportation NHTSA grant: $50,000 in 2019
- SAMHSA Substance Abuse Prevention and Treatment Block Grant (SAPT BG): Prevention dollars up to $200,000
- SAMHSA State Opioid Response (SOR) Grant: prevention of opioid and stimulant use [ending September 2022] up to $200,000

Local implementation of Parents Lead is occurring in 50 of the 53 counties and 4 federally recognized tribes.
The North Dakota Department of Human Services’ Behavioral Health Division (BHD) received the PFS award in 2015 ($1,648,188 per year, for 5 years) from the Substance Abuse and Mental Health Services Administration (SAMHSA) as a continuation grant following the successful completion of the state’s Strategic Prevention Framework State Incentive Grant (SPF SIG). The PFS grant ended September 30, 2020. The Division applied for additional funding from SAMHSA however, North Dakota was not awarded.

GOALS
The goal of North Dakota’s PFS was to decrease underage drinking rates and related consequences by increasing capacity of ND ‘high-need’ communities to implement evidence-based prevention efforts.

COMMUNITY FUNDING
85% of the PFS funds were required to support local efforts. States were required to develop an approach to fund communities of high need (based on available data).

North Dakota identified ten communities to receive PFS funding using a rating system, which is based on the following four criteria; (1) population (20%); (2) consumption rates (30%); (3) consequences rates (30%); and (4) risk factors for underage drinking (20%).

### Total Amount Available to Communities (2015- 2020)

<table>
<thead>
<tr>
<th>Local Public Health Unit or Tribe</th>
<th>Total Funding for Entire Project Period</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central Valley Health Unit</td>
<td>$537,537.95</td>
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<tr>
<td>City-County Health Department</td>
<td>$537,537.95</td>
</tr>
<tr>
<td>Foster County Health Department</td>
<td>$403,153.46</td>
</tr>
<tr>
<td>LaMoure County Public Health Department</td>
<td>$403,153.46</td>
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<tr>
<td>Rolette County Public Health District</td>
<td>$403,153.46</td>
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<tr>
<td>Southwestern District Health Unit</td>
<td>$940,691.41</td>
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<tr>
<td>Spirit Lake Sioux Tribe</td>
<td>$403,153.46</td>
</tr>
<tr>
<td>Turtle Mountain Band of Chippewa Indians</td>
<td>$403,153.46</td>
</tr>
<tr>
<td>Upper Missouri District Health Unit (only Williams and McKenzie Counties)</td>
<td>$671,922.44</td>
</tr>
<tr>
<td>Wells County District Health Unit</td>
<td>$403,153.46</td>
</tr>
</tbody>
</table>
UNDERRAGE DRINKING PREVENTION STRATEGIES IMPLEMENTED BY PFS COMMUNITIES

Grantees implemented strategies such as Parents Lead, Social Host, Responsible Beverage Server Training, Alcohol Restrictions at Community Events, Special Events and Conditions, Texting Tiplines, Alternative Events, Loud Party and Teen Party Ordinances, School Policies, Sobriety Checkpoints, Saturation Patrols, and Party Patrols.

With the loss of PFS funding, the Division went from 28 total Substance Abuse Prevention Grantees in 2020 focusing efforts on underage drinking and adult binge drinking down to 16 going into 2021. Total funding available for primary prevention efforts focusing on alcohol decreased from approximately $2,470,000 in 2020 down to $1,070,000 going into 2021. This is a 57% decrease in primary prevention funding which impacts statewide capacity, evaluation and efforts by the State Epidemiological Outcomes Workgroup (SEOW).

PFS Grant Successes
PREVENTION WORKS

Promising improvements in children and parents talking about alcohol, tobacco, and other drugs during the course of the PFS.

+ Across all grantees, there was an average 3% increase in high school students reporting they talked with their parents about drugs and alcohol. City-County saw a 9% increase and Wells County saw a 24% increase.

Notable improvements in reducing alcohol availability and lifetime alcohol use as the PFS communities addressed the social availability.

+ Communities saw decreases in youth reporting getting alcohol from another adult. Among high school students, Foster County improved from 22.2% to 14.3%. Turtle Mountain improved from 26.3% to 19.7%.

+ On average, grantees saw a 3% point increase in high school students reporting lifetime abstinence from alcohol use (43.3% in 2017 to 47.4% in 2019). Rolette County reported a 13% point increase (44% to 57.3%); LaMoure and Upper Missouri increased 8% points; and Turtle Mountain increased 7% points.

Overall, grantees experienced reductions in current alcohol use and binge drinking among youth - a long-term outcome for the grant.

+ Middle school students reporting current alcohol use in LaMoure decreased from 6.6% to 2.2%. Upper Missouri high school students reporting current alcohol use decreased from 33.7% to 25.6%.

+ Middle school students reporting binge drinking in Wells County decreased from 5.1% to 1.1%. Central Valley high school students reporting binge drinking decreased from 18.5% to 11.8% and LaMoure decreased from 12.5% to 8.6%.

All communities experienced increases in prevention capacity in areas such as workforce, resources, effective communication, community engagement, active leadership, readiness for change and sustainability.
The ND 65th Legislative Assembly passed House Bill 1040 appropriating $150,000 to the Department of Human Services for the purpose of establishing a children’s behavioral health prevention and early intervention pilot project in a school system.

The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating $300,000 to continue and expand this project to two schools in a rural and tribal area.

OCTOBER 2018

The North Dakota Department of Human Services’ Behavioral Health Division awarded the Children’s Prevention and Early Intervention Behavioral Health Pilot Project to Simle Middle School in Bismarck, ND in October of 2018.

Simle Middle School is implementing processes and strategies complementing the foundation built.

## Children's Behavioral Health Prevention and Early Intervention Pilot Grant

### OCTOBER 2018

The North Dakota Department of Human Services’ Behavioral Health Division awarded the Children’s Prevention and Early Intervention Behavioral Health Pilot Project to Simle Middle School in Bismarck, ND in October of 2018.

Simle Middle School is implementing processes and strategies complementing the foundation built.

### PREVENTION/PROMOTION

- Increase access to promotion/prevention-based curricula.
- Implement yoga and mindfulness practices.

### EARLY INTERVENTION

- Identify/develop a screening and referral process for youth with “silent symptoms” who may be at risk for:
  - Suicide
  - Mental illness
  - Substance use
  - Experiencing trauma

### TREATMENT AND RECOVERY

- Collaboration with Sanford Health for in-school services and supports.
EXPANDING THE PILOT

Simle Middle School developed a workbook outlining step-by-step their implementation process for Phase 1 of the pilot, which the new grantees will be able to utilize and customize based upon their enrollment size and behavioral health needs of their students.

Invitation to Apply (ITA)

The Department of Human Services released a ITA August 2020.

Eligible applicants could be a public or private elementary or middle school in North Dakota demonstrating the following:
- Serves a majority tribal and/or rural population
- Leadership support for innovative solutions regarding behavioral health.
- Successful implementation of the Multi-Tier Systems of Support (MTSS). Preferred candidates will articulate their Tier 1 interventions along with evidence of data collected.
- Readiness to implement strategies within 30 days of award.
- Ability to develop and implement a sustainability plan once the grant funds end.

Goal of the Project

The goal of this project is 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.

Award

Dunseith Public School and Barnes County North Public School were awarded October 2020.

The two school districts together will share up to $150,000 to build a comprehensive strategy to improve children’s behavioral health in school settings by using a fully-integrated continuum of support that includes health promotion, primary prevention, treatment and recovery that can be shared with other North Dakota schools in the future.

Visit behavioralhealth.nd.gov/education for more information.
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 Department of Human Services’ Behavioral Health Division to provide resources on mental health awareness and suicide prevention to the Behavioral Health Resource Coordinators.

**September 2020**
The Behavioral Health Division posted a Request for Proposal seeking proposals from entities for the purpose of providing resources, information, and support to school behavioral health resource coordinators at each school in North Dakota, collaborating with the Behavioral Health Division.

**November 2020**
The Behavioral Health Division awarded the contract to the Central Regional Education Association (CREA) - one of seven regional education associations that supports students, educators, and schools in North Dakota.
In collaboration with the Behavioral Health Division, the CREA will develop a web resource hub and disseminate evidence-based content to include webinars, toolkits, templates, training and technical assistance resources to support the behavioral health of students and families in the school on topics including, but not limited to:

- Substance use disorder prevention and treatment
- Mental illness prevention and treatment
- Suicide prevention
- Anxiety, coping, resilience
- Behavioral health support during the COVID-19 pandemic
- Restorative practices
- Behavioral health service reimbursement options
- Evidence-based curriculums
- Multi-tiered systems of support
- Professional development
- Community behavioral health resources by region of the state

School personnel have the knowledge and skills to support the health and wellbeing of every student and family.

Engage K-12 Behavioral Health Resource Coordinators in training, technical assistance and opportunities to facilitate connections.

VISION

School personnel have the knowledge and skills to support the health and wellbeing of every student and family.

MISSION

Engage K-12 Behavioral Health Resource Coordinators in training, technical assistance and opportunities to facilitate connections.
The ND 66th Legislative Assembly passed Senate Bill 2012 appropriating $1,500,000 to the Department of Human Services for the purpose of providing behavioral health services and support grants to school districts to address 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 that have no other funding source, using funds to reimburse clinical or treatment services that are effective but not currently covered services, and filling gaps in service coverage for populations that do not qualify for other forms of reimbursement.

### Eligible Applicants

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

- Utilized ND Medicaid reimbursement during the previous school year.
- Submit a plan to the Department of 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.

### Implementation

September 2020
Grant guidance posted

As of January 20, 2021, applications were received from six schools/districts and $728,308 has been awarded in contract.

- Lake Region Special Education
- Grand Forks Public Schools
- West Fargo Public Schools
- Fargo Public Schools
- Rural Cass Special Education Unit
- Bismarck Public Schools

Visit [behavioralhealth.nd.gov/education](http://behavioralhealth.nd.gov/education) for more information
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.

The Division 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:**
- Fargo Dakota Boys and Girls Ranch - 16
- Bismarck Dakota Boys and Girls Ranch - 16
- Minot Dakota Boys and Girls Ranch - 16
- Luther Hall - 16
- Pride Manchester House - 8
- Ruth Meiers Adolescent Center - 10

Psychiatric Residential Treatment Facilities (PRTFs) are residential based services developed to support children in need of and able to respond to active psychotherapeutic intervention and who cannot be effectively treated in a less restrictive setting.

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

The Behavioral Health Division has provided funding to Sanford Research North to:

Continue to support the Treatment Collaborative for Traumatized Youth (TCTY) statewide training in methods of treating traumatized children with associated psychiatric problems by providing an annual Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) training to clinicians from the public and private behavioral health service delivery system including a minimum of 6 months of calls to provide support and opportunities for clinicians in training to staff cases with other clinicians who have received the training.

- Approximately 150 clinicians have been trained in TF-CBT across the state.

Maintain the Treatment Collaborative for Traumatized Youth (TCTY) website: www.tcty-nd.org. Families can connect with trained clinicians to find services needed for children at this website.

Continue to promote training in the screening of possible effects of psychological trauma in youth around the state by providing trauma screening trainings with up to six months technical assistance as needed.

- Seven trainings were conducted from Summer/Fall of 2019 through Fall of 2020 to educate professionals on the use of the University of Minnesota's Traumatic Stress Screen for Children and Adolescents (TSSCA) screening tool.

- 235 professionals from across the state attended the trainings.
The VTP provides 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 VTP will pay for maintenance costs of the treatment episode and Medicaid will pay for the treatment costs in accordance with the state plan. Qualified Residential Treatment Providers (QRTPs) and PATH Foster Homes are providers through the VTP.

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

**ELIGIBILITY**

Children with a serious emotional disorder* who are:

- Up to the age of 18;
- Currently have a diagnosable mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria specified in the DSM 5; and
- The functional impairment substantially interferes with or limits the child's role or functioning in the family, school, and community activities.

*This includes any mental health disorders (including those of biological etiology) listed in the DSM 5, with the exception of substance use and developmental disorders, which are excluded, unless they co-occur with another diagnosable serious emotional disturbance.

**From July 2019 - December 2020, the Division received 14 applications. Six were approved, two denied and six were withdrawn.**

Of the six applications approved, three did not meet the QRTP level of care and remained at home. Reasons for denial: not eligible for Medicaid (2). Reasons for withdrawal: Youth received additional community supports and no longer needed residential care (3), youth discharged from PRTF to home (1), youth in need of continued treatment at PRTF level of care (1), parents unwilling to participate in family therapy if youth placed in residential care (1).

As of December 31, 2020, five youth have participated in the program. Three were approved during this biennium and two were approved during the 2017-2019 biennium and continued to receive services into the 2019-2021 biennium.

**OF THE 5 INDIVIDUALS SERVED**

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</tbody>
</table>

As of December 31, 2020, five youth have participated in the program. Three were approved during this biennium and two were approved during the 2017-2019 biennium and continued to receive services into the 2019-2021 biennium.
$533,440 was authorized in DHS budget for the 2019-2021 biennium.

As of 12-31-2020 (75% of the biennium), 46% of the allocation has been expended ($245,537).

The average cost of a child in a QRTP for 30 days: $13,160 (using only the daily rates of the three QRTPs utilized this biennium).

The average cost of a child in a PATH Foster Home for 30 days is approximately $3,245. No PATH Foster Homes were available to youth this biennium. (All five youth received services at Dakota Boys and Girls Ranch).
The Department of Human Services’ Behavioral Health Division contracts with the ND Federation of Families for Children’s Mental Health (NDFFCMH) to administer the Parent to Parent support services program as a statewide collaborative effort with multiple systems to engage, train, educate, and support parents who have children with mental health disorders. Program responsibilities include:

- Services provided by NDFFCMH may include attending meetings at the request of a parent, assisting parents in understanding their child’s mental health needs, assisting parents in becoming involved in a support network, assisting parents in obtaining training on how to advocate for their child, assisting parents in locating informal services and supports and/or assisting parents in accessing information on their rights and responsibilities.

- Total budget of $150,000 for July 1, 2019 through June 30, 2021.

- Number of new parents receiving services - 29
- Number of unduplicated parents receiving services - 560

Organize and lead support and educational services to parents.

Collaborate with other private nonprofit entities and link to both paid and natural supports.

Coordinate with existing community-based organizations and programs to maximize benefit, avoid duplication, and leverage, redirect and realign resources.
Services provided by NDFFCMH may include attending meetings at the request of a parent, assisting parents in understanding their child’s mental health needs, assisting parents in becoming involved in a support network, assisting parents in obtaining training on how to advocate for their child, assisting parents in locating informal services and supports and/or assisting parents in accessing information on their rights and responsibilities.

+ Total budget of $150,000 for July 1, 2019 through June 30, 2021.

+ Number of new parents receiving services - 29

+ Number of unduplicated parents receiving services - 560

Families from 23 counties have received services this biennium:

<table>
<thead>
<tr>
<th>County</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>Benson</td>
<td>2</td>
</tr>
<tr>
<td>Burleigh</td>
<td>154</td>
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<tr>
<td>Cass</td>
<td>59</td>
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<tr>
<td>Emmons</td>
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<tr>
<td>Stutsman</td>
<td>2</td>
</tr>
<tr>
<td>Traill</td>
<td>2</td>
</tr>
<tr>
<td>Unknown</td>
<td>87*</td>
</tr>
<tr>
<td>Walsh</td>
<td>1</td>
</tr>
<tr>
<td>Ward</td>
<td>15</td>
</tr>
<tr>
<td>Wells</td>
<td>8</td>
</tr>
<tr>
<td>Williams</td>
<td>8</td>
</tr>
</tbody>
</table>

*Per NDFFCMH’s monthly reports, incomplete data entry or data entry errors result in “unknown.”
Adult Substance Used Disorder

Substance Abuse Prevention and Treatment Block Grant

Recovery Housing

State Opioid Response (SOR) Grant

Substance Use Disorder (SUD) Voucher

Licensing of Substance Use Disorder Treatment & DUI Education Programs

Licensing of Opioid Treatment Programs and Medication Units
The Substance Abuse Prevention and Treatment Block Grant (SAPT BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories.

The North Dakota Department of Human Services’ Behavioral Health Division utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance abuse.

The purpose of the SAPT 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.

The SAPT BG is authorized by section 1921 of Title XIX, Part B, Subpart II and III of the Public Health Service (PHS) Act (PDF | 253 KB). 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 SAPT BG. 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 (PDF |259 KB) was published on January 19, 1996.

SAMHSA requires that grantees spend no less than 20% of their SAPT BG allotment on substance abuse 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.

**FUNDING**

The Department of Human Services’ Behavioral Health Division receives approximately $6,534,236 per year. As of 2016, approximately $1,633,559 (25%) is allocated to primary prevention.
The Substance Abuse Prevention and Treatment Block Grant (SAPT BG) program (through the Substance Abuse and Mental Health Services Administration [SAMHSA]) provides funds and technical assistance to all states and territories. The North Dakota Department of Human Services' Behavioral Health Division utilizes the funds to plan, implement, and evaluate activities supporting the full continuum of care related to substance abuse. The purpose of the SAPT BG is to:

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**NORTH DAKOTA GOALS**

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

**TREATMENT/RECOVERY**

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

**PREVENTION**

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

**ACTIVITIES**

**TREATMENT/RECOVERY**

- Public program funding (through contracts/MOUs with Human Service Centers)
- Special Populations (SAPT BG requirement)
  - Youth Residential Services Program
  - Pregnant and Parenting Women
  - Tribal programs
- Recovery
  - Recovery Talk program
  - Mobile outreach program
  - Peer support development
- Withdrawal Management
- Workforce Development
- Peer Support for pregnant or parenting women: Call Kay

**PREVENTION**

- Training and technical assistance
- Tribal alcohol and other drug community prevention programs
- Community prevention programs
- Underage drinking prevention efforts, including Parents Lead
- Adult binge drinking prevention efforts, including the Speak Volumes campaign
- Opioids Fill With Care
- DUI education program licensing; provider certification
- Minor in possession education provider certification
- Synar program (youth tobacco enforcement)
 CHARACTERISTICS OF RECOVERY HOUSING INCLUDE:

**Safe environment**
This transitional housing provides a physically and emotionally safe, secure, and respectful environment for individuals with the chronic disease of addiction. Recovery houses often have one live-in staff responsible for the management of the house.

**Structured living**
Daily and weekly schedules and routines provide structure for individuals to focus on physical, social, mental, and community wellness. Regular house meetings, group activities, and community volunteering foster accountability.

**Support Network**
A 24-hour network of peers and trained staff dedicated to recovery provides encouragement and support when needed. Individuals often have opportunities to become mentors to other residents fostering individual and community dependability.

**Community Integration**
Connecting individuals to their local community to build individual resources and adapt to a recovery lifestyle improves social connections and feelings of acceptance.
Many times individuals in early recovery find themselves needing to make changes in their living environments, social activities, employment, and sometimes family connections. Recovery Housing helps individuals find a safe place, compassionate people, and a life full of purpose and fun that doesn't involve substances.

**HOW RECOVERY HAPPENS**

- **High Service intensity**
  - **Acute care** (ER, detox, hospitalization, residential treatment)
  - **Supportive services in the community** (including outpatient care, recovery support services, job readiness, other)

- **Low Service intensity**
  - **Long-term recovery:** Independent, meaningful living in the community

Stabilization ———— Recovery process duration
State Opioid Response (SOR) Grant

Award Dates
September 30, 2020 – September 29, 2021
(with potential to continue through September 29, 2022)
Award Amount: $4,000,000 per year

GRANT GOALS

1. Decrease use/misuse of stimulants and opioids through the implementation of evidence-based primary prevention strategies.

2. Prevent opioid overdose-related deaths by increasing implementation of evidence-based prevention strategies.

3. Increase comprehensive evidence-based treatment and recovery services to support positive outcomes for individuals with an Opioid Use Disorder (OUD) and/or Stimulant Use Disorder.

IMPLEMENTATION

Statewide
NDSU School of Pharmacy implements the ONE Rx program, a three-hour continuing education seminar and patient care process. 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.

Partnership with ND Department of Corrections and Rehabilitation to increase availability of Medication Assisted Treatment

Opioids: Fill with Care messaging: Every aspect of the opioid crisis requires great care. From understanding the risks and benefits of pain medications to knowing the signs of addiction, to recognizing an overdose and knowing how to help - there are ways all of us can care for each other and ourselves.

Naloxone purchase and distribution

www.behavioralhealth.nd.gov/opioids
Community-Level
North Dakota State Opioid Response (SOR) Grant Community Implementation

OUTCOMES

ONE Rx program*

- 75 pharmacies enrolled, over 6,500 screenings completed
- Over 20% of patients were identified at high risk for accidental opioid overdose
- 93% of patients at risk for misuse/overdose received interventions for safe opioid use
- 30% were informed about naloxone benefits/availability
- 6.7% of patients were identified at elevated risk for an opioid use disorder

Community Efforts*

- Number of naloxone/Narcan doses administered: 176
- Number of known successful overdose reversals using naloxone/Narcan: 90
- Number of people trained in overdose education and naloxone: 40
- Number of Deterra bags distributed: 108
- Number of clients served by Recovery Support Services: 9
- Number of clients served by Medication Assisted Treatment: 36
- Reach of Opioids: Fill with Care messages and materials: 8,130

*As of December 2020
During the 64th Legislative Session the Department of Human Services (DHS) was appropriated funding to administer a voucher system to pay for substance use disorder treatment services. The Department’s Behavioral Health Division was assigned the responsibility to develop administrative rules and implement the voucher system.

The SUD Voucher program was established to allow individuals to choose a provider and to address barriers to treatment and increase the ability of people to access treatment and services for substance use disorders.

### Appropriations

- **2015-2017 Biennium**: $375,000
- **2017-2019 Biennium**: $7.9 Million
- **2019-2021 Biennium**: $7.9 Million

### Expenditures

- **2015-2017 Biennium**: $252,294
- **2017-2019 Biennium**: $4.9 Million
- **2019-2021 Biennium**: $8.2 Million

### Key Milestones

- **SUD Program Launches**: July 2016
- **Methadone Maintenance Added as Covered Service**: July 2017
- **Provider Access Expanded to Include Public Agencies**: July 2019
- **Eligibility Expanded to Include Youth**: July 2020
- **New Applications Suspended**: July 2020

### 2019-2021 Biennium Expenditures through December 11, 2020: $9.6 Million
Since its inception, approximately 4,200 individuals have received services through the SUD Voucher.

From July 1, 2019 through Sept. 30, 2020, approximately 2,296 individuals have received services.

As of July 1, 2020, new individual & provider applications were suspended due to exhausted appropriations.

The number of new applications for the SUD Voucher has increased each State Fiscal Year.

**Number of New Applications**

- 20* $7,007,738.10
- 19 $5,869,678.22
- 18 $2,418,614.83
- 17 $252,293.85

*New applications closed July 1, 2020.*
Total Voucher Reimbursements by Provider
$9,646,815.76

The data below describes provider reimbursements from July 1, 2019 through December 11, 2020 ($9,866,108.57). Cumulative refunds received during this time totaled $219,292.81 for a net expenditure of $9,646,815.76.

<table>
<thead>
<tr>
<th>Provider</th>
<th>Reimbursements</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sharehouse</td>
<td>$2,417,909.35</td>
</tr>
<tr>
<td>Prairie St. Johns LLC</td>
<td>$2,096,678.27</td>
</tr>
<tr>
<td>Community Medical Services</td>
<td>$1,756,979.23</td>
</tr>
<tr>
<td>Growing Together Inc.</td>
<td>$1,172,896.48</td>
</tr>
<tr>
<td>Heartview Foundation</td>
<td>$1,117,898.26</td>
</tr>
<tr>
<td>Agassiz Associates PLLC</td>
<td>$557,889.82</td>
</tr>
<tr>
<td>First Step Recovery (Village Family Service)</td>
<td>$307,293.15</td>
</tr>
<tr>
<td>Drake Counseling Services</td>
<td>$206,874.63</td>
</tr>
<tr>
<td>St. Thomas Counseling Center</td>
<td>$105,236.57</td>
</tr>
<tr>
<td>Goodman Addiction Services</td>
<td>$87,913.87</td>
</tr>
<tr>
<td>Heart River Alcohol &amp; Drug</td>
<td>$13,602.70</td>
</tr>
<tr>
<td>Faa Addiction Services</td>
<td>$12,955.47</td>
</tr>
<tr>
<td>Good Road Recovery Center</td>
<td>$6,820.95</td>
</tr>
<tr>
<td>Willow Tree Counseling PLLC</td>
<td>$5,159.82</td>
</tr>
</tbody>
</table>

Expenditures by Service Type

Percentage of expenditures by service type from February 6, 2020 through December 11, 2020.

- 30.6% Partial Hospitalization & Residential Group Therapy
- 22.8% Outpatient Group Therapy
- 14.2% Room & Board
- 13.6% Methadone Maintenance
- 4.9% Individual & Family Therapy
- 11.9% Ancillary Services
- 1.7% Screening & Assessments
- 0.3% Recovery Coach / Peer Support

1 Partial Hospitalization and Residential Group Therapy includes therapy services provided in the ASAM 2.5 and 3.5 levels of care
2 Outpatient Group Therapy includes therapy services provided in the ASAM 1 and 2.1 levels of care
3 Ancillary Services includes urinalysis, transportation, and deductible/copayment reimbursements
OUTCOME MEASURES

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

Since inception, all four outcomes measures increased following services reimbursed through the SUD Voucher program.

The Division has continued to provide reimbursement for eligible services for individuals already active in the program. As of January 11, 2021, the voucher is currently serving 456 individuals.

To continue supporting community-based services:

- In October 2020, the North Dakota Emergency Commission and Budget Section approved the Department of Human Services' Behavioral Health Division request for $1.7 million in Coronavirus Aid, Relief, and Economic Security (CARES) Act funding for the development of a Community-Based Behavioral Health Program.

- The North Dakota Department of Human Services' Behavioral Health Division received a federal State Opioid Response (SOR) grant program for October 2018 – September 2020.
The Department of Human Services’ Behavioral Health Division (BHD) is charged with the administration of alcohol and drug abuse programs, including establishing quality assurance-standards for the licensure of programs, services, and facilities as identified in the North Dakota Century Code 50-06 and North Dakota Century Code 50-31.

- 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.

North Dakota has 92 licensed substance use disorder treatment programs.

The Division currently licenses ASAM 0.5 level of care, specifically a Driving Under the Influence (DUI) education program. Thirty-four programs have a license for this level of early intervention education and 70 individuals are certified DUI education instructors.

License of Substance Use Disorder Treatment & DUI Education Programs

The Department of Human Services’ Behavioral Health Division (BHD) is charged with the administration of alcohol and drug abuse programs, including establishing quality assurance-standards for the licensure of programs, services, and facilities as identified in the North Dakota Century Code 50-06 and North Dakota Century Code 50-31.

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TREATMENT services are clinical and for individuals with a behavioral health disorder.

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

Opioid Treatment Programs provide Medication Assisted Treatment in conjunction with counseling, and supportive services to treat individuals suffering from an Opioid Use Disorder.

Medication Units are a satellite of an Opioid Treatment Program that provide remote dispensing of FDA-approved medication for Opioid Use Disorder.

The Department of Human Services’ Behavioral Health Division (BHD) is designated as the state opioid treatment authority and charged with ensuring adherence of Opioid Treatment Programs and Medication Units to state and federal regulations as identified in North Dakota Century Code 50-31.

Licensing of Opioid Treatment Programs and Medication Units

North Dakota has three licensed Opioid Treatment Programs (OTP) in the State

There are currently 729 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.

* North Dakota OTP Central Registry Data as of December 1, 2020
Adult Mental Health

Mental Health Block Grant

Brain Injury Services

Gambling Disorder Treatment, Awareness, and Prevention

Projects for Assistance in Transition from Homelessness (PATH) Program
WHAT IS THE 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.

The purpose of the MHBG is to provide community mental health services for adults with a serious mental illness and children with a serious emotional disturbance. Funding supports the planning, administration, and educational activities related to the services provided and for evaluating the programs and services carried out by the plan. Grantees can be flexible in the use of funds for both new and unique programs or to supplement their current activities.

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 or dressing)
- Instrumental living (taking prescribed medications or getting around community)
- Participating in family, school, or workplace

Children with Serious Emotional Disturbance (SED)
Includes persons 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.
Funded Programs/Services

- Consumer Advocacy Groups
- Peer Support
- Workforce Training
- Children's Services
- First Episode Psychosis
- Behavioral Health Planning Council
North Dakota Century Code 50-06.4 established the Department of Human Services as the lead agency in the state for the purpose of coordinating services for individuals who have a brain injury. Services include resource facilitation, information and referral, mentoring, pre-vocational skills program, return to work program, and social and recreational services.

**PROGRAMS/INITIATIVES**

**North Dakota Brain Injury Network (NDBIN)**

**PURPOSE**

Primary emphasis on providing resource facilitation/resource navigation to individuals who have a brain injury and their families. NDBIN staff provide information through outreach and education, referral services, peer support, and more.

$558,494 general fund was allocated in the 2019-2021 biennium. *Funded by the Department and administered by the University of North Dakota.*

<table>
<thead>
<tr>
<th>State Fiscal Year 2019-2020 outcomes:*</th>
</tr>
</thead>
<tbody>
<tr>
<td>NDBIN website views: 13,319; Social media posts: 232</td>
</tr>
<tr>
<td>249 clients served, 76 new referrals, 28 closed cases, avg. cost per client $311.25</td>
</tr>
<tr>
<td>Facilitated 52 support groups, 29 meetings/conferences attended, 19 trainings with 808 attendees</td>
</tr>
<tr>
<td>Satisfaction survey results: 73% were satisfied with their experience with NDBIN</td>
</tr>
</tbody>
</table>

*includes data from March-June 2020 which may represent a decline in activity due to COVID-19 related safety measures and precautions.*
**North Dakota Brain Injury Network (NDBIN)**

**PROGRAMS/INITIATIVES**

**Brain Injury Services**

North Dakota Century Code 50-06.4 established the Department of Human Services as the lead agency in the state for the purpose of coordinating services for individuals who have a brain injury. Services include resource facilitation, information and referral, mentoring, pre-vocational skills program, return to work program, and social and recreational services.

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- Primary emphasis on providing resource facilitation/resource navigation to individuals who have a brain injury and their families. NDBIN staff provide information through outreach and education, referral services, peer support, and more.

**Pre-Vocational Program**

**PURPOSE**

Intense pre-vocational services for individuals to be successful, improve soft skills, identify future employment goals and achieve a quality lifestyle they choose.

<table>
<thead>
<tr>
<th>State Fiscal Year 2019-20 outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ 135 individuals served</td>
</tr>
<tr>
<td>+ Changes in funding method allowed the ability to put an end to the wait list for services.</td>
</tr>
<tr>
<td>+ Average of 2.37 hours of intervention per month</td>
</tr>
<tr>
<td>+ Top interventions, 847 hours of job readiness, 591 hours client engagement, 350 hours of job coaching.</td>
</tr>
</tbody>
</table>

**Social and Recreational Program**

**PURPOSE**

Provide social and recreational services, including day support to individuals who have sustained a brain injury. Emphasis must be on community involvement and inclusion and supplement support group experience.

<table>
<thead>
<tr>
<th>$20,000 general fund dollars allocated to community providers throughout the state in the 2019-20 FY. Funded and administered by the Department.</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Four contracts with community providers providing services throughout the state</td>
</tr>
<tr>
<td>+ Providers serve an average of 5-15 individuals each month</td>
</tr>
<tr>
<td>+ Includes activities such as attending baseball games, art classes, craft classes, movies, etc.</td>
</tr>
</tbody>
</table>

**Return to Work Program**

**PURPOSE**

To provide quality services to individuals with a brain injury to achieve competitive employment through effective placement and long-term follow through services in the person's community.

<table>
<thead>
<tr>
<th>State Fiscal Year 2019-20 outcomes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ 84 individuals served</td>
</tr>
<tr>
<td>+ $13.63 average wage paid for FT employment working an average of 163 hours/month. Average tenure of over a year.</td>
</tr>
<tr>
<td>+ $11.18 average wage paid for PT employment working an average of 93 hours/month. Average tenure of over a year.</td>
</tr>
<tr>
<td>+ Average 2.89 hours of intervention per month</td>
</tr>
</tbody>
</table>

**Brain Injury Advisory Council (BIAC)**

**PURPOSE**

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

<table>
<thead>
<tr>
<th>$25,000 general fund dollars allocated in the 2019-2021 biennium for facilitation of the council. Funded by the Department and administered by The Consensus Council.</th>
</tr>
</thead>
<tbody>
<tr>
<td>+ Four contracts with community providers providing services throughout the state</td>
</tr>
<tr>
<td>+ Providers serve an average of 5-15 individuals each month</td>
</tr>
<tr>
<td>+ Includes activities such as attending baseball games, art classes, craft classes, movies, etc.</td>
</tr>
</tbody>
</table>
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 persona, family or vocational pursuits.

NDCC 50-06-21 requires the Department of Human Services to contract with qualified treatment service providers for the development and implementation of a program for gambling prevention, awareness, crisis intervention, financial counseling and mental health treatment.

FUNDING (2019-2021 biennium)

+ $636,000 of lottery funds

IMPLEMENTATION

The Department of Human Services’ Behavioral Health Division contracts services through Gambler’s Choice of Lutheran Social Services. Services include:

- Statewide treatment for individuals with a gambling disorder.
- Conduct media campaigns (billboards, television ads and bus wraps) to address problem gambling prevention, awareness, crisis intervention and treatment services (www.gamblernd.com).
- Gambler Healing 12 step Recovery online course.

The Department of Human Services’ Behavioral Health Division also collaborates with the Problem Gambling Advisory Council.

2020 STATE FISCAL YEAR OUTCOMES

+ 67 ND residents received gambling treatment services
+ 1,020 hours of in-person services were delivered
+ 441 hours of tele-behavioral health services were delivered
+ Most problematic forms of gambling: 61% casino gambling, 28% charitable gambling, 6% internet gambling
+ When filing health insurance claims for gambling treatment, 90% of claims have been denied
+ 6,949 Gambler ND website viewers
Projects for Assistance in Transition from Homelessness (PATH) program

The Stewart B. McKinney Homeless Assistance Amendments Act of 1990 created the Projects for Assistance in Transition from Homelessness (PATH) program. The PATH program is a federal formula grant distributed to each state, the District of Columbia, Puerto Rico, Guam, the Northern Mariana Islands, American Samoa, and the U.S. Virgin Islands.

The PATH program supports the delivery of outreach and services to individuals who are experiencing homelessness and diagnosed with a serious mental illness. Over 500 providers are involved with the PATH program nationally. The North Dakota Department of Human Services’ Behavioral Health Division, administers the PATH program with services provided in the regional human service centers.

North Dakota receives $300,000 annual federal funding for the PATH grant. The state is required to contribute one dollar for every three dollars of federal money received.

In calendar year 2019, North Dakota PATH staff contacted 1,175 individuals and enrolled 467 individuals in the PATH program.

PATH services are available to those who meet the following:

- Are diagnosed with a serious mental illness; or
- Are diagnosed with a co-occurring serious mental illness and substance use disorder, and
- Are experiencing homelessness or at imminent risk of experiencing homelessness.

Services provided through PATH include:

- Outreach to locate and provide assistance to those in need of services
- Assistance with meeting immediate needs such as obtaining food, shelter, clothing, transportation, financial assistance, benefits and services
- Assistance with applying for and obtaining housing
- Assistance with obtaining employment
- Assistance with completing social security applications
- Referral for mental health assessments and psychological or psychiatric evaluations
- Referral to addiction related services
A Peer support specialist is a person who uses his or her lived experience of recovery from mental illness and/or addiction, plus skills learned in formal training, to deliver services in behavioral health settings to promote mind-body recovery and resiliency.

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

PEER SUPPORT IS EFFECTIVE

Peer support specialists bring hope by sharing their experiences and promoting a sense of belonging.

- Improves quality of life.
- Improves whole health, including conditions like diabetes.
- Decreases hospitalizations and inpatient stays.
- Reduces health care costs.

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 the Behavioral Health Division hosted 18 trainings and trained over 450 individuals.

Certification
The ND 66th Legislative Assembly passed Senate Bill 2012 giving the Behavioral Health Division authority to develop and implement a program for the certification of peer support specialist.

Administrative Rules 75-03-43 were promulgated and 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 December 30, 2020, the Behavioral Health Division has certified:

- 22 CPSS I
- 9 CPSS II

Reimbursement
The Behavioral Health Division reimburses peer support services through the Free Through Recovery, Community Connect, and Substance Use Disorder Voucher programs.

The creation of the 1915(i) Medicaid State Plan Amendment allows North Dakota Medicaid to pay for additional home and community-based services, which includes peer support and family peer support.
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 the Department of 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.

FUNDING

Starting November 2020, the Department of Human Services has utilized Coronavirus Relief Funds (CRF) through the Community-Based Behavioral Health Program to ensure individuals have access to needed service as appropriation is expended.

TO BE ELIGIBLE FOR FREE THROUGH RECOVERY, INDIVIDUALS MUST 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.)

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.

Services Provided by Free Through Recovery

- **Care Coordination**
  A care coordinator assists with support in working towards long-term 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.

- **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.
FREE THROUGH RECOVERY PROVIDERS
There are currently 35 Free Through Recovery Providers located throughout the state with the capacity to serve 1,800 participants.

IMPLEMENTATION
Free Through Recovery launched on February 1, 2018. Since then, over 2,905 individuals have participated in the program, with 922 individuals being served (as of December 2020).

Monthly Census (active participants), Discharges and Denials

<table>
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<th>Month</th>
<th>Census</th>
<th>Discharge</th>
<th>Denial</th>
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</tr>
<tr>
<td>DEC 20</td>
<td>922</td>
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</tr>
</tbody>
</table>

There has been a total of 2,174 discharges from Free Through Recovery. The majority of individuals declined or stopped participating (39%), followed by those who had no contact with their care coordinator or absconded (23%). 247 individuals were identified as not eligible.

Of the 2,905 total participants:
- 45% of participants have a co-occurring (mental health and substance use) behavioral health need.
- 63% of participants are male.
- Half of the participants (56%) are between the ages of 31-50 and a third (34%) of the individuals are between the ages of 18-30.
- The majority (64%) of participants are white. 27% of participants are Native American.
- 72% of participants have a moderate-high or high risk of committing new crimes (LSI-R score of 30 or above).
- The majority of referrals to the program come from the Bismarck area (29%), followed by Fargo (27%).

OUTCOMES
Free Through Recovery providers are reimbursed with a pay for performance model. In addition to monthly base pay, providers can receive performance pay if participants meet at least three of four outcome metrics (housing, employment, recovery, and involvement with law enforcement).

Overall, from March 2018 through December 2020, providers earned performance pay for 68% of their participants.

March 2018 - December 2020 Outcomes
- Met 3 or 4 outcomes - 68%
- Met < 3 outcomes - 32%

Positive outcomes were achieved by:
- 71% of the participants in the law enforcement domain
- 76% of the participants in the housing domain
- 66% of the participants in the employment domain
- 70% of the participants in the recovery domain
During the 2019 North Dakota legislative session, Senate Bill 2012 passed which authorized the Department of Human Services’ Behavioral Health Division to develop an expansion of the Free Through Recovery program model to serve individuals outside of the criminal justice system.

The systems of care within communities can be difficult to navigate and are fragmented. By connecting and assisting individuals in navigating appropriate services to address their needs and goals, we can prevent further involvement in other systems, such as child welfare and criminal justice. Cross-sector partnership across government agencies and community-based providers will assist with responding more proactively to the needs of individuals and families in communities before they reach a higher level of risk or need, allowing them to recover in their chosen community.

**FUNDING**
The 2019-2021 budget included $4,500,000.

The mission of Community Connect is to provide quality, community-based behavioral health services that promote collaboration and partnership to meet the individual needs of every person served.
SERVICES

Care Coordination
An ongoing source of connection that assists participants with accessing treatment and recovery support services, while creatively problem-solving barriers. It also includes the provision of care planning, referrals, and cross-sector partnership and collaboration with public and private providers regarding participant care. Each provider is responsible to ensure that every program participant is matched to a care coordinator.

Peer Support
Connection with a peer who has similar lived experience and demographics. Peer support specialists bring hope by sharing their experiences and promoting a sense of belonging. A peer support specialist is an individual who uses lived experience and skills learned through formal training to deliver services, promoting mind-body recovery and resiliency. Each provider is responsible to ensure that peer support is offered and available to all program participants.

Recovery Services
Include access to supportive housing, educational opportunities, meaningful employment, leisure activities and wellness, family and community social supports, parenting education, spiritual engagement, nourishment assistance programs, and any other individualized resources needed to help participants lead a healthy and fulfilling life.

ELIGIBILITY

To be eligible for the program individuals must:

+ Be 18 years of age or older
+ Reside in North Dakota
+ Have a mental health or substance use disorder diagnosis that is impacting their functionality in domains including housing, employment/financial, physical health, and community connections.

Applications for eligibility will be prioritized based on the severity of the impact of the identified behavioral health conditions and additional priority will be given to:

+ Parents and caregivers
+ Parents and caregivers with child protection services involvement
+ Pregnant women
+ Individuals that utilize emergency and detox centers
+ Individuals who are homeless or at risk of homelessness
+ Individuals who use drugs intravenously

Community Connect began providing services on February 1, 2021

OUTCOMES
Providers are reimbursed with a pay for positive outcomes model. In addition to monthly based pay, providers can receive outcome pay if participants meet at least three of the four-outcome metrics (housing, employment/financial, recovery/social supports, and criminal justice involvement).
The COVID-19 pandemic can take a toll on stress levels. Fear and anxiety about a disease can be overwhelming while also considering the many changes we are having to make to our routines and traditions to keep each other safe.

The Behavioral Health Division has resources, supports and services available.

COVID-19 Behavioral Health Division Response

**OUTREACH AND ENGAGEMENT**

**Project Renew**

هج For support and assistance with finding resources, call 701.223.1510 to talk with a trained counselor.

هج Operated by Lutheran Social Services for ND, funded through the Crisis Counseling Program

هج Visit [projectrenew.nd.gov](http://projectrenew.nd.gov)

- 108 population served received individual crisis counseling
- 153 population served received group counseling/public education
- 1,115 population served received brief educational/supportive contact

*Through December 2020

**Reach For Resilience**

هج If you work in a healthcare setting and are experiencing additional stress because of the COVID-19 pandemic, call “Reach For Resilience” at 701.365.4920 to be connected with a mental health expert who can provide support and resources 24/7.

هج Operated by Sanford Health, funded through the Emergency Grant to Address Mental and Substance Use Disorders during COVID-19

هج Visit [reach4resiliencend.com](http://reach4resiliencend.com)

- 5 healthcare professionals called for support.
- 864 healthcare professionals have been reached through the outreach efforts.

*Through December 2020
SERVICES
The Department of Human Services’ Behavioral Health Division has partnered with community providers who can help if you need treatment for mental or substance use disorders. These efforts are funded through the Emergency Grant to Address Mental and Substance Use Disorders During COVID-19.

Substance Use Disorder Services
Heartview serves adults impacted by not but the COVID-19 pandemic through virtual MAT support groups and telehealth services, including in western ND.
+ Call 701.222.0386 or 1.800.337.3160
+ Visit www.heartview.org

ShareHouse serves adults 18 and older suffering from a substance use disorders and mental health disorders through chemical use assessments, residential SUD treatment and outpatient SUD treatments. Services are also available via telehealth platforms.
+ Walk-in clinic: 877.419.2533
+ Admissions: 877.419.2533 or after hours: 701.354.3716
+ Visit www.sharehouse.org

115 individuals with SUD have received direct service.
1,124 individuals with SUD have attended support groups.
147 crisis calls have been received.
*Through December 2020

Mental Health Services
Agassiz Associates serves adults experiencing anxiety, depression, stress and/or co-occurring substance use disorder issues during the COVID-19 pandemic and ensuing recovery period.
+ Call 701.746.6336
+ Visit agassizassociates.com

ShareHouse serves adults 18 and older suffering from a substance use disorders and mental health disorders through chemical use assessments, residential SUD treatment and outpatient SUD treatments. Services are also available via telehealth platforms.
+ Walk-in clinic: 877.419.2533
+ Admissions: 877.419.2533 or after hours: 701.354.3716
+ Visit www.sharehouse.org

1 individual with mental illness (MI) less severe than severe mental illness (SMI) has received direct service.
1,087 individuals with mental illness (MI) less severe than severe mental illness (SMI) have attended support groups.
*Through December 2020

RESOURCES
Help is Here
Visit behavioralhealth.nd.gov/helpishere for information and resources on supporting behavioral health during the COVID-19 pandemic.

NORTH DakoTA Behavioral Health Services

Parents Lead
Parents, family members, and other trusted adults play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear. Visit parentslead.org/COVID-19 for tips and resources.

FUNDING
The Department of Human Services’ Behavioral Health Division was awarded the Crisis Counseling Program (CCP) to assist individuals and communities in recovering from the effects of natural and human-caused disasters through the provision of community-based outreach and psychoeducational services. The CCP supports short-term interventions that involve assisting disaster survivors in understanding their current situation and reactions, mitigating stress, developing coping strategies, providing emotional support, and encouraging linkages with other individuals and agencies that help survivors in their recovery process.
+ Immediate Services Program which provides funds for up to 60 days of services immediately following a disaster declaration – June 4, 2020 – September 9, 2020
+ Regular Services Program which provides funds for up to nine months following a disaster declaration - September 9, 2020 through June 8, 2021

The North Dakota Department of Human Services’ Behavioral Health Division was awarded the Emergency Grants to Address Mental and Substance Use Disorders During COVID-19 from the federal Substance Abuse and Mental Health Services Administration (SAMHSA) to support the state’s behavioral health response to the COVID-19 pandemic.
+ April 20, 2020 through August 19, 2021
+ $2 million