

Improving Behavioral Health in North Dakota: A Preliminary Appraisal of Resources, Barriers, and Emerging Solutions

A Presentation to the North Dakota Legislature
Human Services Interim Committee
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Overview of the Presentation

- Definitions, Data Sources, & Determinants of BH
- Estimates of BH Indicators and Resources
- Study Questions & Emerging Solutions

Legislative Study on ND Behavioral Health

- Role of SMHS in North Dakota Behavioral Health
 - Statewide Health Workforce Issues: BH is Essential to Health
 - BH Specialty Training: Department of Clinical Neuroscience
 - Psychiatry Residency Program; Medical Student Clerkships
- UND
 - Clinical Psychology
 - Counseling Psychology
 - School Counseling
 - Addiction Counseling
 - Social Work
 - Psychiatric Nursing
 - All Allied Health & Education Professions

Definitions

- Behavioral Health
 - Mental Health Continuum
 - Mild and Moderate Psychological Distress
 - Serious Psychological Distress (SPD)
 - Serious Mental Illness (SMI) in Adults
 - Serious Emotional Disturbance (SED) in Youth
 - Substance Abuse and Dependence
 - Continuum from “Problem Drinking” to Abuse and Dependence
 - Other Addictive Disorders

Data Sources

- Data Sources
 - National, State, & County Data Sets
 - National and State Professional & Advocacy Groups
 - Provider, Educator, & Researcher Discussions ($N=8$)

Modifiable Health Determinants

- Physical environment (10%)
- Health Care (20%)
- Individual Behavior (30%)
- Social Environment (40%)



*From the County Health Rankings
<http://www.countyhealthrankings.org>

Estimates of Behavioral Health Indicators & Resources

Overall Rank

- 1 New Hampshire
- 2 Vermont
- 3 Massachusetts
- 4 Minnesota
- 5 New Jersey
- 6 North Dakota**
- 7 Iowa
- 8 Nebraska
- 9 Connecticut
- 10 Maryland
- 11 Virginia
- 12 Wisconsin
- 13 Maine
- 14 Utah
- 15 Wyoming
- 16 Kansas
- 17 Pennsylvania
- 18 South Dakota
- 19 Washington
- 20 Idaho



ECONOMIC
WELL-BEING

6



EDUCATION

1



HEALTH

16



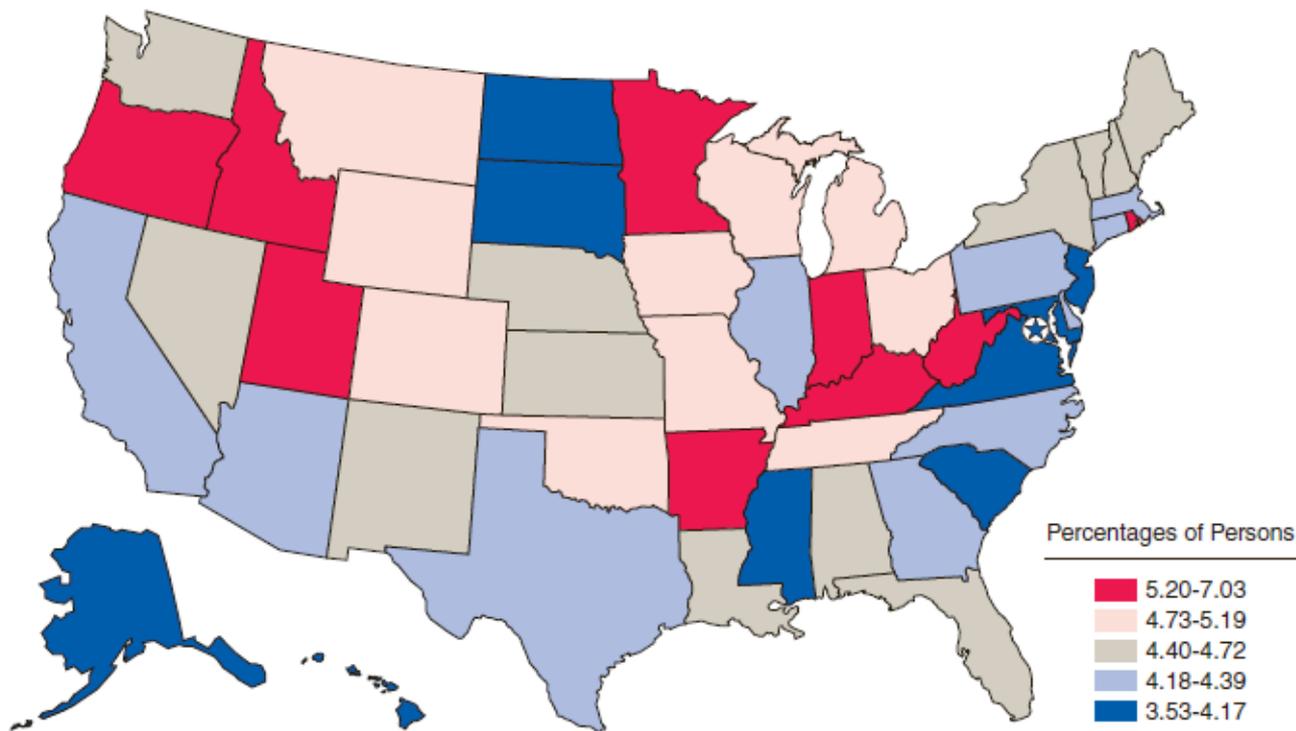
FAMILY AND
COMMUNITY

25

<http://www.aecf.org/KnowledgeCenter/PublicationsSeries/KCDatabookProds.aspx>

Estimates of Behavioral Health Indicators & Resources

Figure 1 (REVISED). Serious Mental Illness in Past Year among Persons Aged 18 or Older, by State: Percentages, Annual Averages Based on 2008 and 2009 NSDUHs

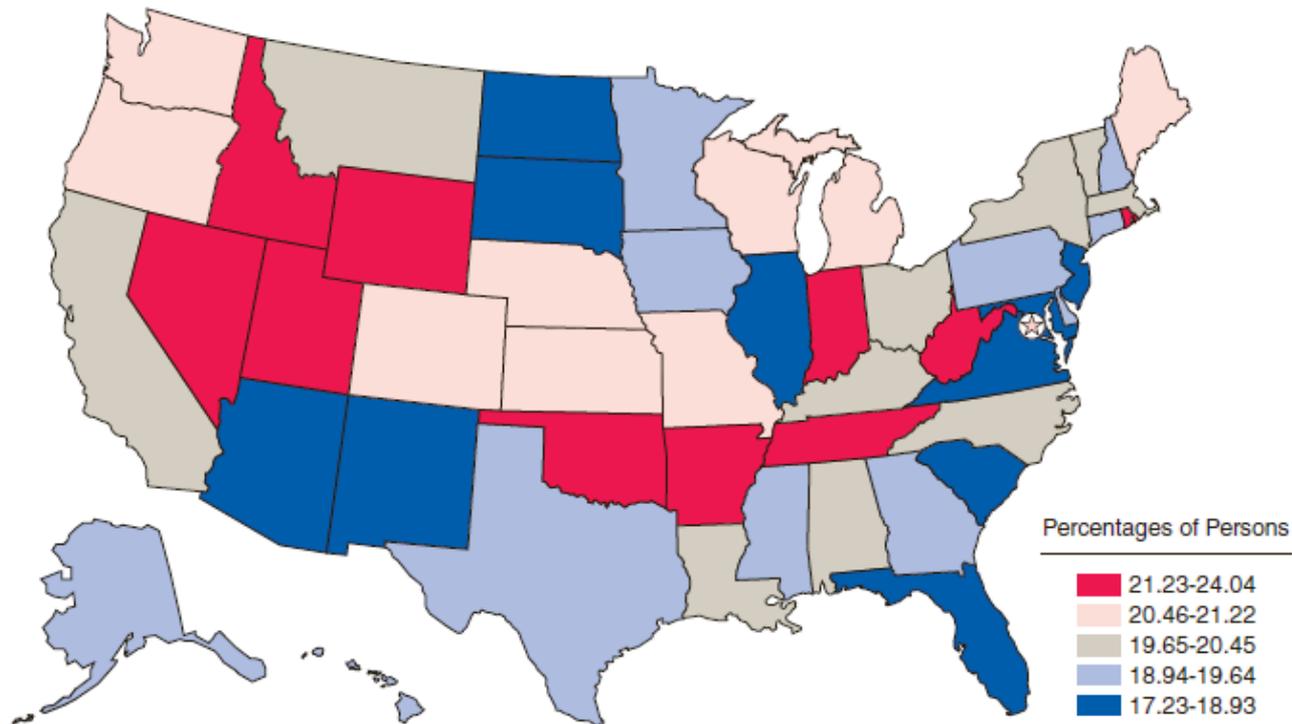


Note: Some 2008-2009 estimates may differ from previously published estimates due to updates (see End Note 6).

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008 to 2009 (Revised March 2012).

Estimates of Behavioral Health Indicators & Resources

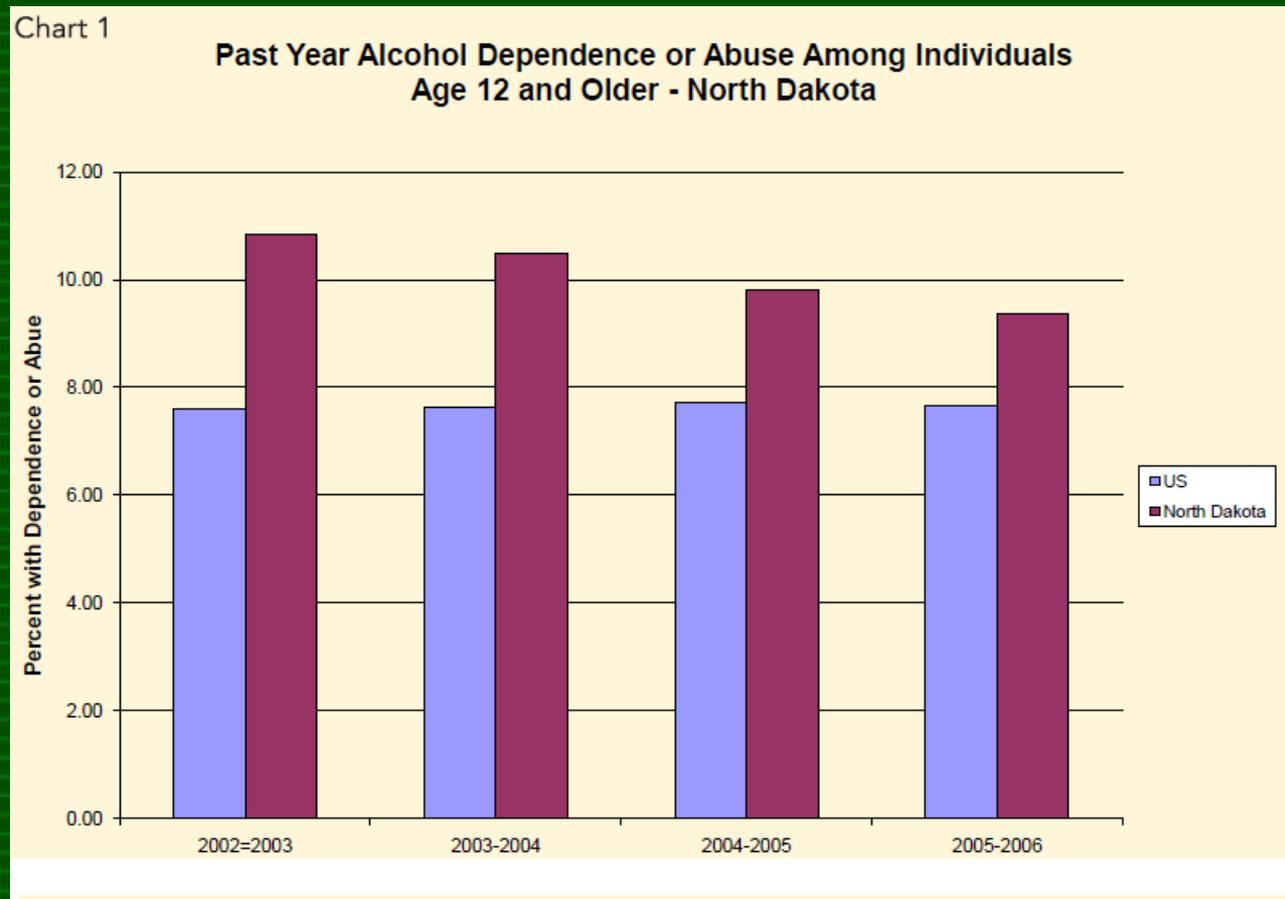
Figure 2 (REVISED). Any Mental Illness in Past Year among Persons Aged 18 or Older, by State: Percentages, Annual Averages Based on 2008 and 2009 NSDUHs



Note: Some 2008-2009 estimates may differ from previously published estimates due to updates (see End Note 6).

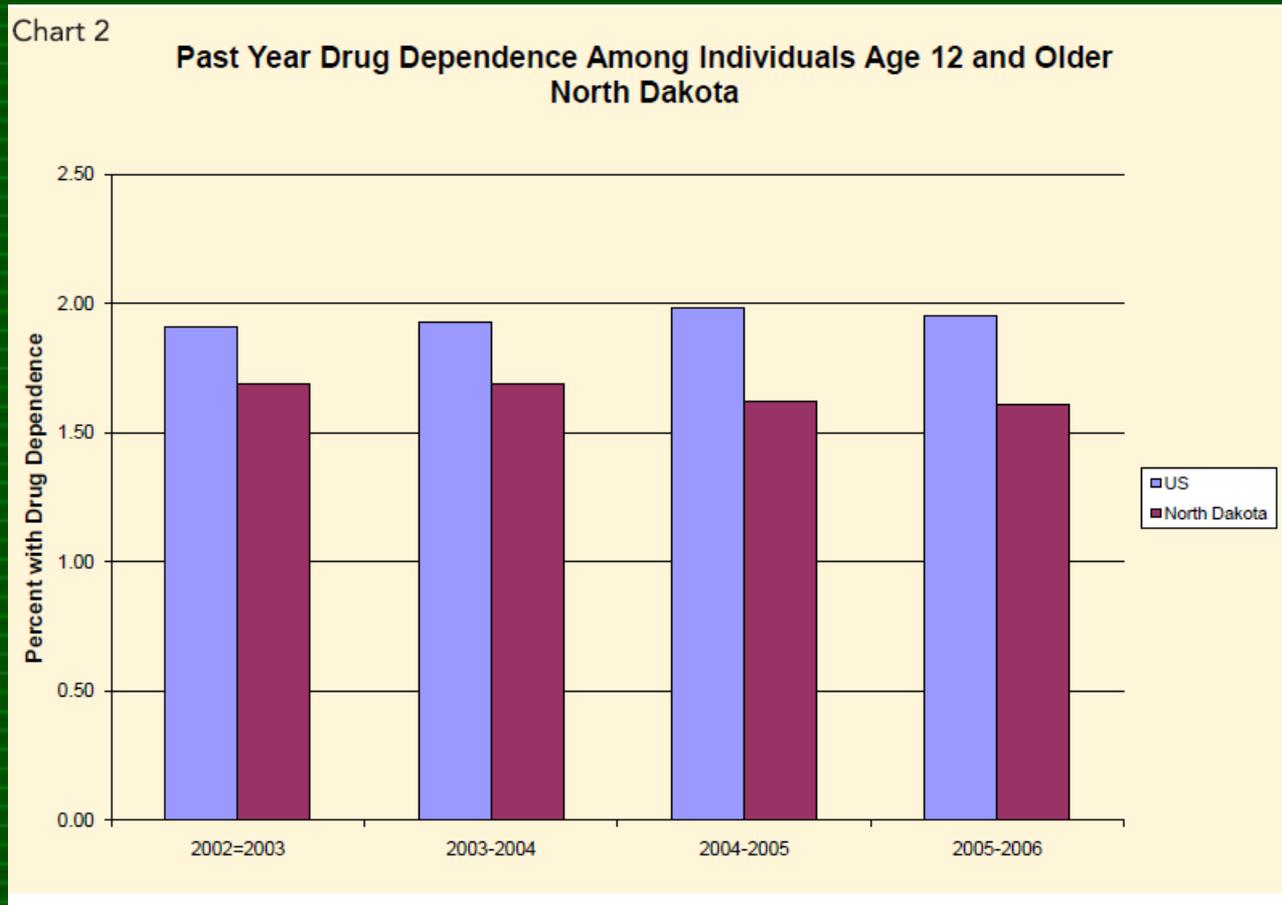
Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health, 2008 to 2009 (Revised March 2012).

Estimates of Behavioral Health Indicators & Resources



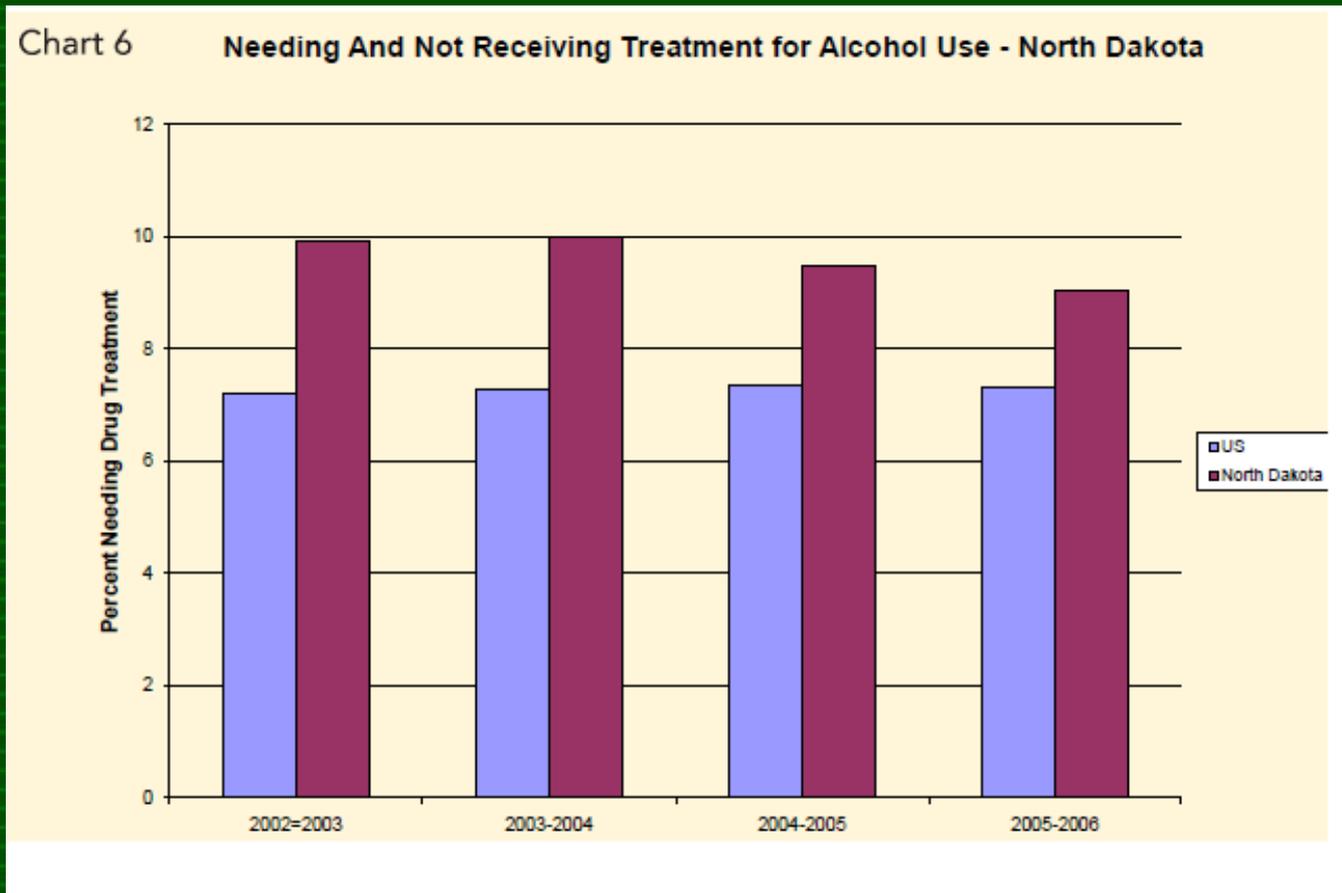
<http://store.samhsa.gov/product/North-Dakota-Substance-Abuse-and-Mental-Health-Issues-At-A-Glance/STATEBRF09-ND>

Estimates of Behavioral Health Indicators & Resources



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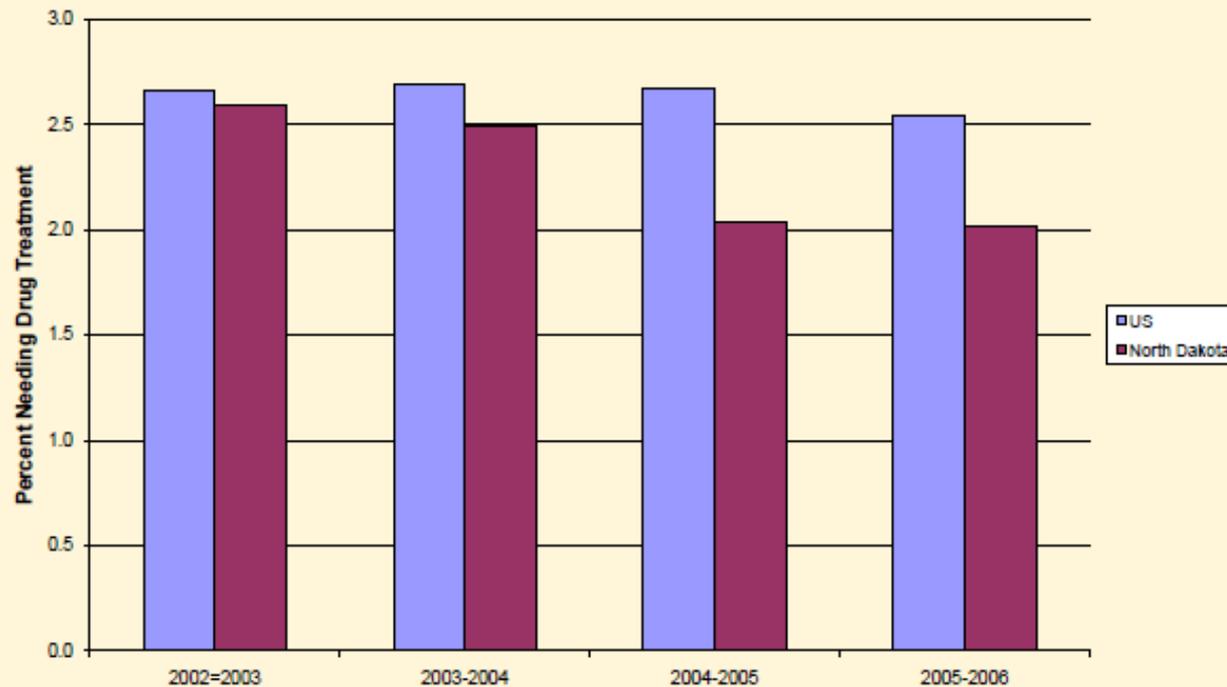


<http://store.samhsa.gov/product/North-Dakota-Substance-Abuse-and-Mental-Health-Issues-At-A-Glance/STATEBRF09-ND>

Estimates of Behavioral Health Indicators & Resources

Chart 5

Needing and Not Receiving Treatment for Drug Use Among
Individuals Age 12 and Older - North Dakota



<http://store.samhsa.gov/product/North-Dakota-Substance-Abuse-and-Mental-Health-Issues-At-A-Glance/STATEBRF09-ND>



Estimates of Behavioral Health Indicators & Resources

- The number of treatment facilities in North Dakota increased from 47 in 2002 to 65 in 2006.
 - Increase primarily due to addition of 12 private, nonprofit facilities and 4 state-operated facilities
 - In 2006
 - 60 of 65 facilities offered some form of outpatient care
 - 23 of 65 offered some form of residential care

<http://store.samhsa.gov/product/North-Dakota-Substance-Abuse-and-Mental-Health-Issues-At-A-Glance/STATEBRF09-ND>

Estimates of Behavioral Health Indicators & Resources

- Nonfederal psychiatric hospital beds per 1000 adults SMI
 - US – 10.8 beds per 1000 adults with SMI
 - ND – 13.4 beds per 1000 adults with SMI
 - ND ranks 13 out of 51

www.nami.org/gtsTemplate09.cfm?Section=Findings...cfm...

Estimates of Behavioral Health Indicators & Resources

- National Alliance on Mental Illness Score Card

- 2006

- United States D
- North Dakota F

- 2009

- United States D
- North Dakota D
- B = 6 states
- C = 18 states
- D = 21 states
- F = 6 states

Details of NAMI's Grade Scorecard	2009	
	U.S.	N.D.
Health Promotion and Measurement	D	F
Financing and Core Treatment Services	C	D
Consumer and Family Empowerment	D	D
Community Integration and Social Inclusion	D	F

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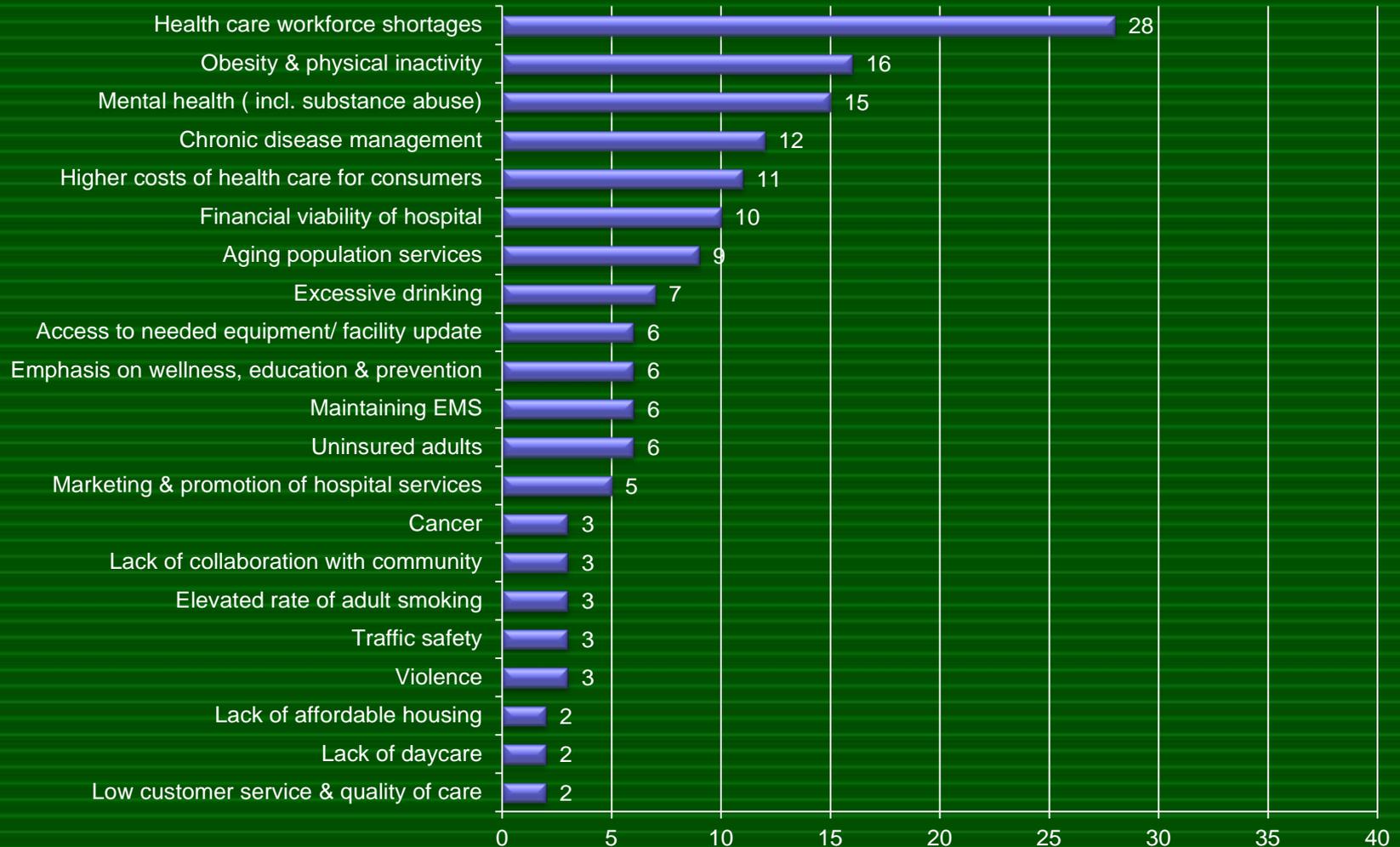
Estimates of Behavioral Health Indicators & Resources

Findings from NAMI's Assessment of the Nation's Mental Health Services (2009)

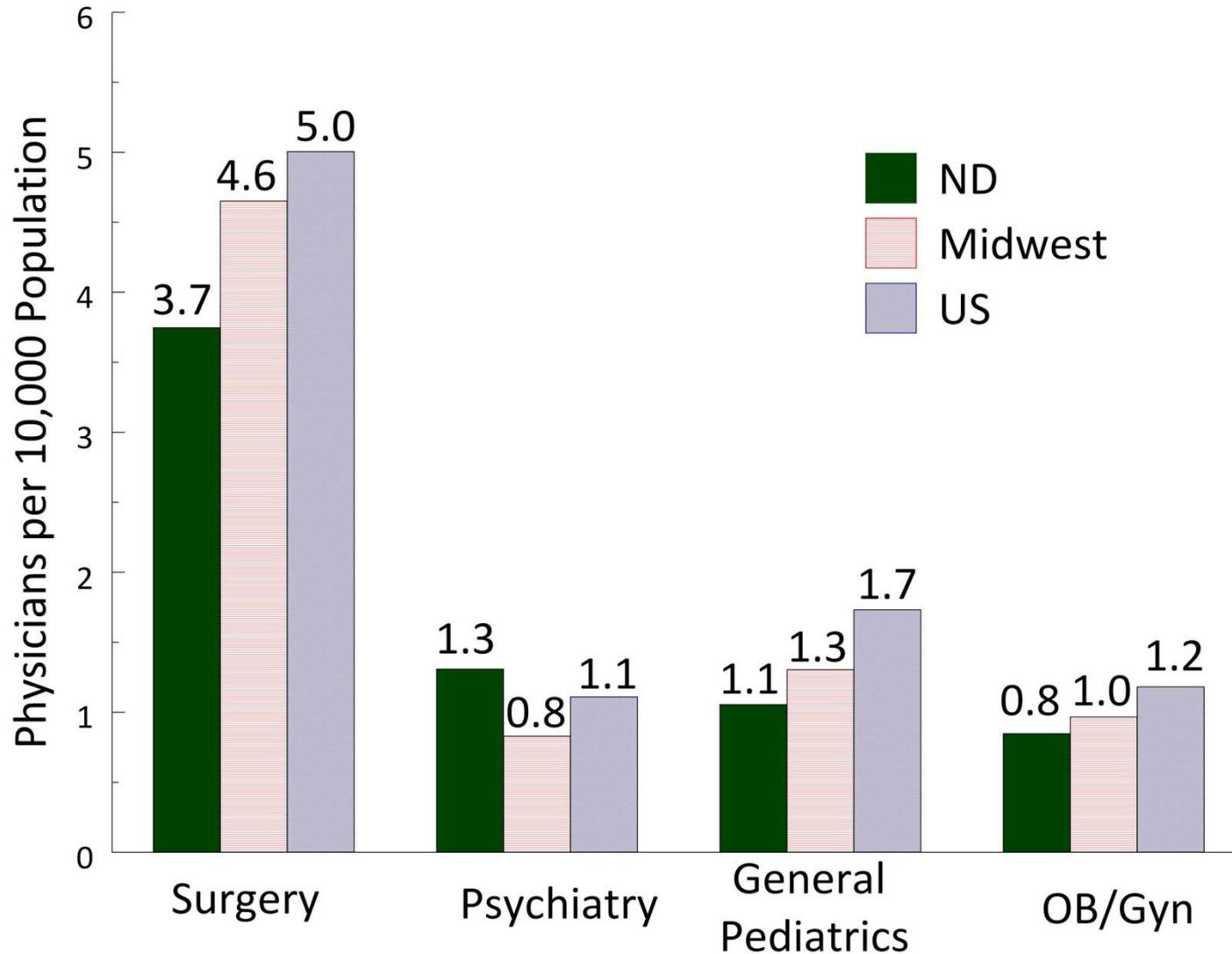
- Lack of focus on wellness and survival for people with SMI
- Lack of adequate data on critical mental health services
- Lack of important insurance coverage for BH
- Lack of adequate plans for maintaining the BH workforce
- Lack of accessible information from state mental health agencies
- States are improving education but stigma remains a concern
- Rural solutions are unique

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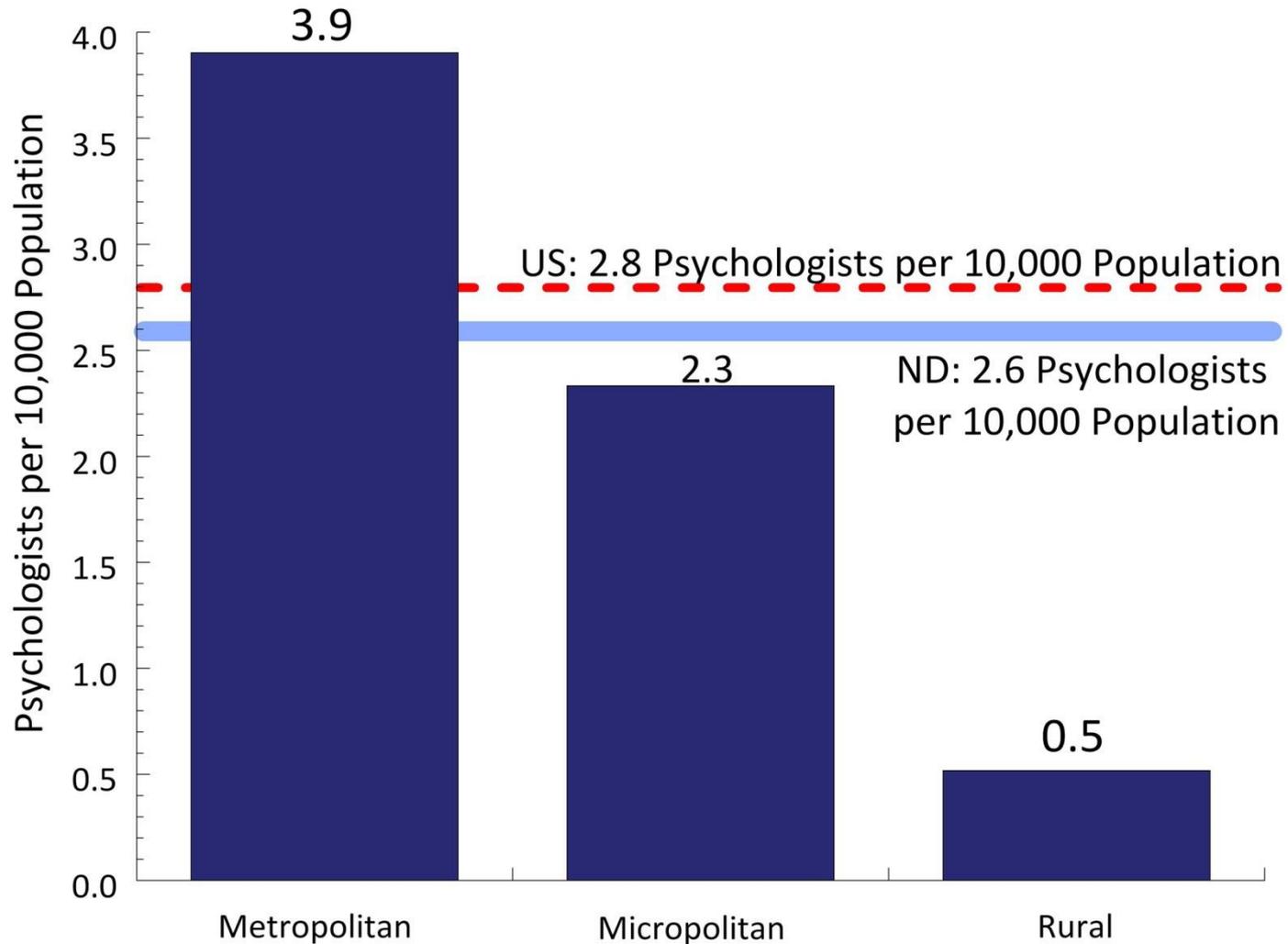
Health Needs Most Frequently Prioritized in CHNA's



Other Physician Providers



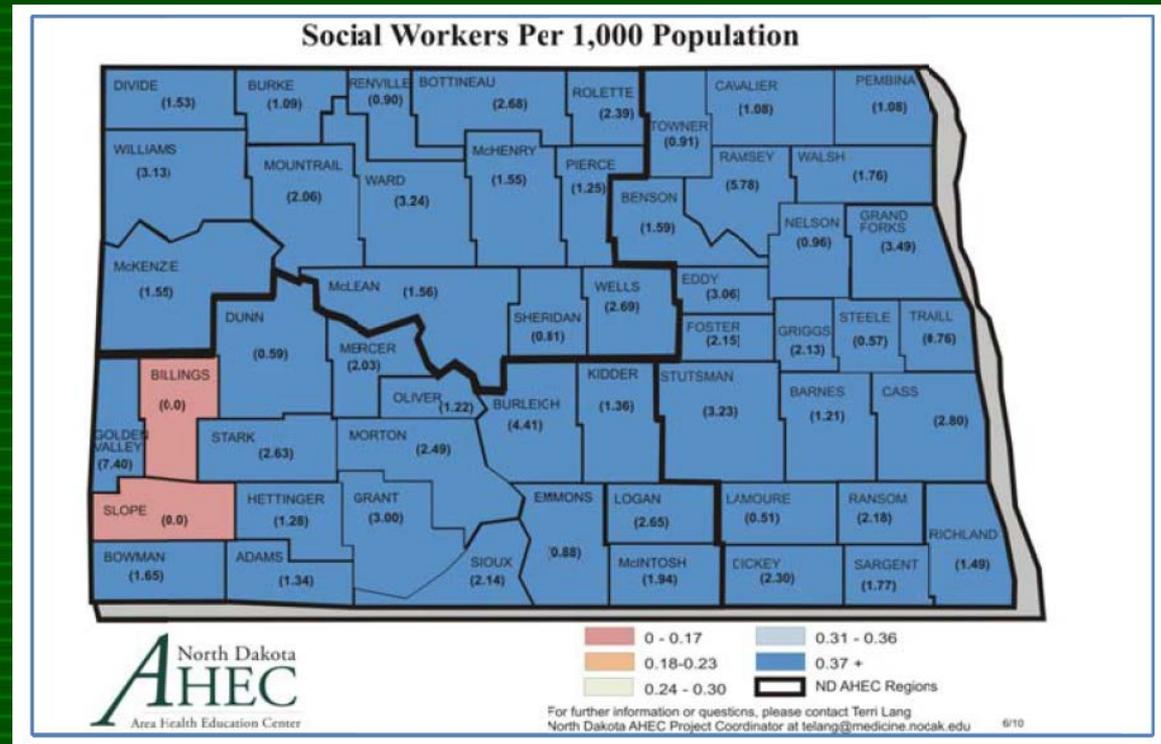
Psychologists per 10,000 Population



Social Workers

Supply Characteristics of Providers

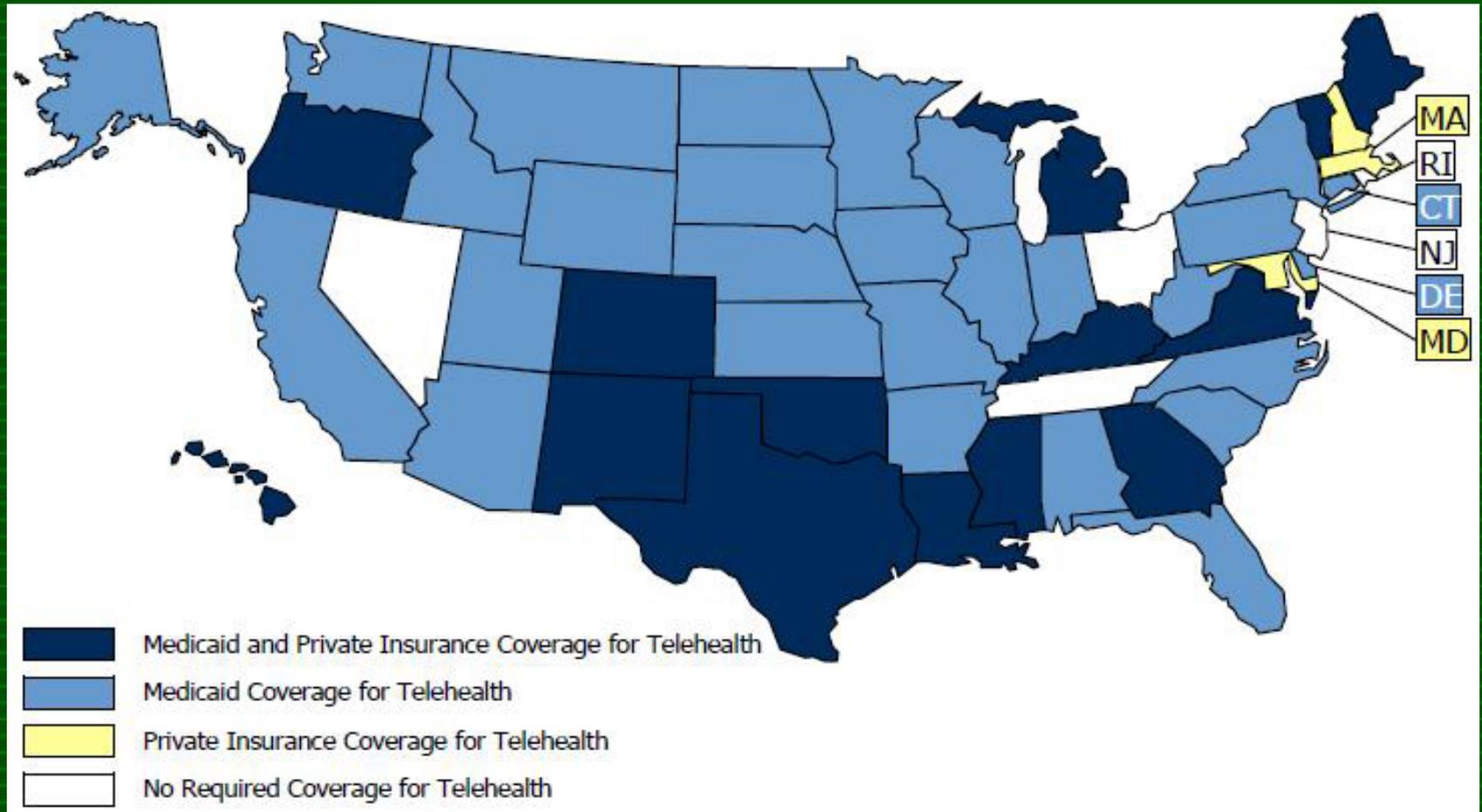
- ▶ There are 3.1 ND Social Workers per 1,000 people compared to 0.24 nationally. Two counties have less than the national average (ND Social Work Licensure Database, 2010, U.S. Census Bureau, 2009)



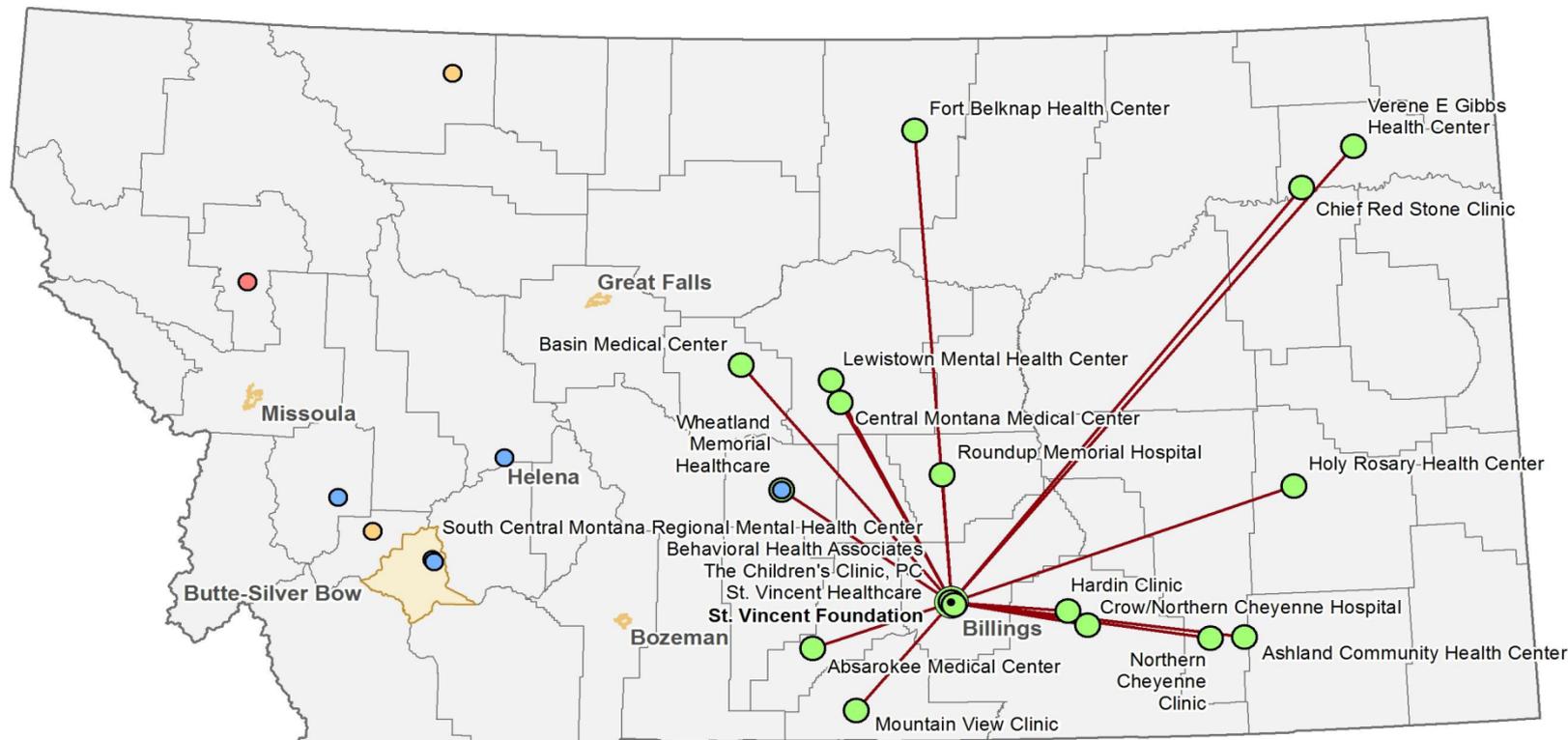
Conclusions: Current ND Health Care Provider Workforce

- Mild to moderate shortages of primary care providers, general surgeons, pediatricians, OB-GYNs, and especially dentists
- Adequate number of mental health workers (compared with US averages)
- Largest challenge in North Dakota is maldistribution of providers, rather than major shortage

Telehealth Insurance Coverage



Partners in Health Telemedicine (Montana) - Telehealth Network Sites and Community-Based Rural Outreach, Quality, and Network Development Grantees



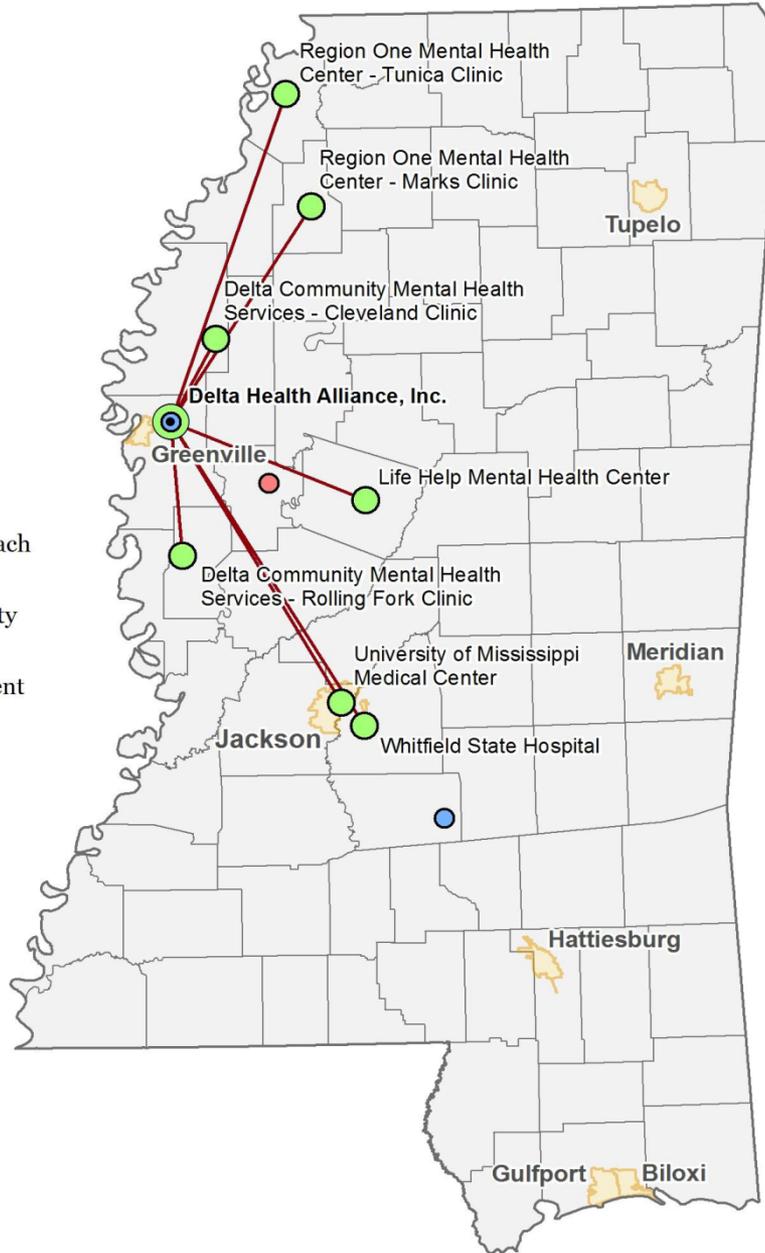
Telehealth Networks and Community-based Rural Grantees

- Hub/Lead Applicant
- Spoke/Network Member
- Rural Health Care Services Outreach Grant Program grantees
- Small Health Care Provider Quality Improvement grantees
- Rural Health Network Development Program grantees

Delta Telepsychiatry (Mississippi) - Telehealth Network Sites and Community-Based Rural Outreach, Quality, and Network Development Grantees

Telehealth Networks and Community-based Rural Grantees

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-  Rural Health Network Development Program grantees



Further Study Questions

- Effectiveness Analyses of Current Systems
- Costs, Barriers, and Benefits of New Systems (Structures?)
- What Policies Would Innovate, Sustain, & Contain Costs of Existing and New Systems/Structures?

Estimates of Behavioral Health Indicators & Resources

Several work groups have formed to address issues and innovate

- The WICHE Mental Health Program
- North Dakota Mental Health Planning Council
- CHI-Fargo Division Tele-Behavioral Health Network
- Health Policy Consortium
- North Dakota Critical Access Hospital (CAH) Quality Network
- Protection and Advocacy of Individuals with Mental Illness

Emerging Solutions

- Integration of Physical and Behavioral Healthcare
 - Primary Care serving mild/moderate BH conditions
 - Specialty BH Care serving SED/SMI conditions
 - Emerging models include health homes & ACO
 - In ND, this requires MORE connections/coordination of systems
 - Reimbursement reforms to support
 - Policies to innovate & support

Emerging Solutions

- Telemedicine/psychiatry to help distribution gaps
 - HRSA funds available for Centers to establish infrastructure
 - HIT for medical records have started this process
 - Models already established in some clinic settings
 - In ND, this requires MORE connections/coordination of systems
 - Reimbursement reforms critical, several states have adopted
 - Policies to innovate & support