

# *Behavioral Health Care Services in North Dakota: An Overview of Systems and Supports*

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

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- National BH System & Services
- North Dakota BH Systems, Services & Supports
- Conclusions and Next Steps

# U.S. Behavioral Health Care System

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- Behavioral Health Disorders (BHD) are
  - Common
  - Treatable
  - Often not accessed or accessible
    - Stigma, culture, and ubiquitousness
    - Shortage of Providers and Maldistribution
    - Reduced Reimbursement
    - Lack of integration across care systems

# Behavioral Health Services Providers

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- Specialty BH Providers
  - Psychiatrists, Psychologists, Specialty Nurses & Social Workers, Addiction Counselors, other Master-level licensed BH therapists
- Primary Care Physicians
  - Family Medicine, Pediatrics, Internal Medicine, Ob/Gyn, Emergency
- Social/Human Services
  - School counselors, criminal justice professionals, aging & disability
- Informal Volunteers
  - Support groups, peer counselors
- Setting of BH services affects access, reimbursement, & outcomes

# BH Services Settings & Treatments (SAMHSA)

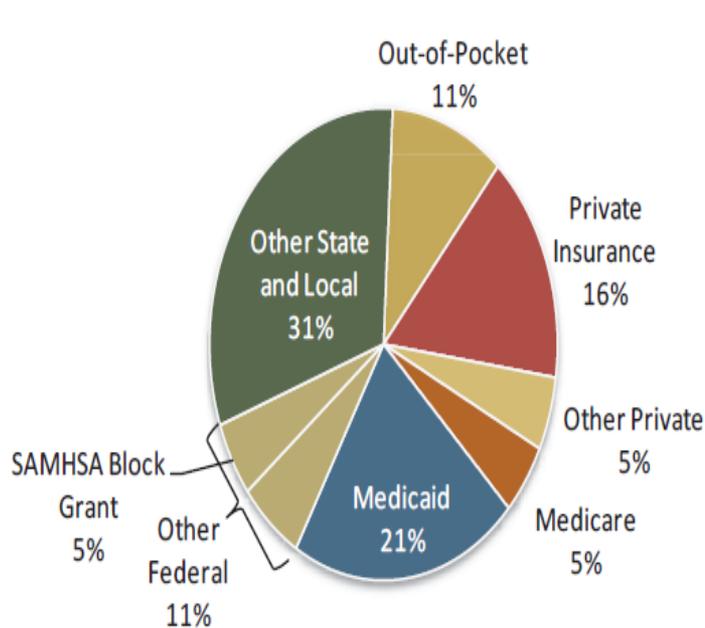
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- Specialty behavioral health clinics & hospitals
- Outpatient independent providers
- Health clinics, hospitals, long-term care centers
- Mutual support groups and peer-run organizations
- Schools/Educational settings
- Jails and prisons
- Other community settings
- At home through telebehavioral or home-based services
- Treatment and services include assessment/diagnosis, counseling/psychotherapy, medications, and supportive services (care management/coordination)

# Distribution of Spending for Substance Abuse & Mental Health Treatment U.S. 2009

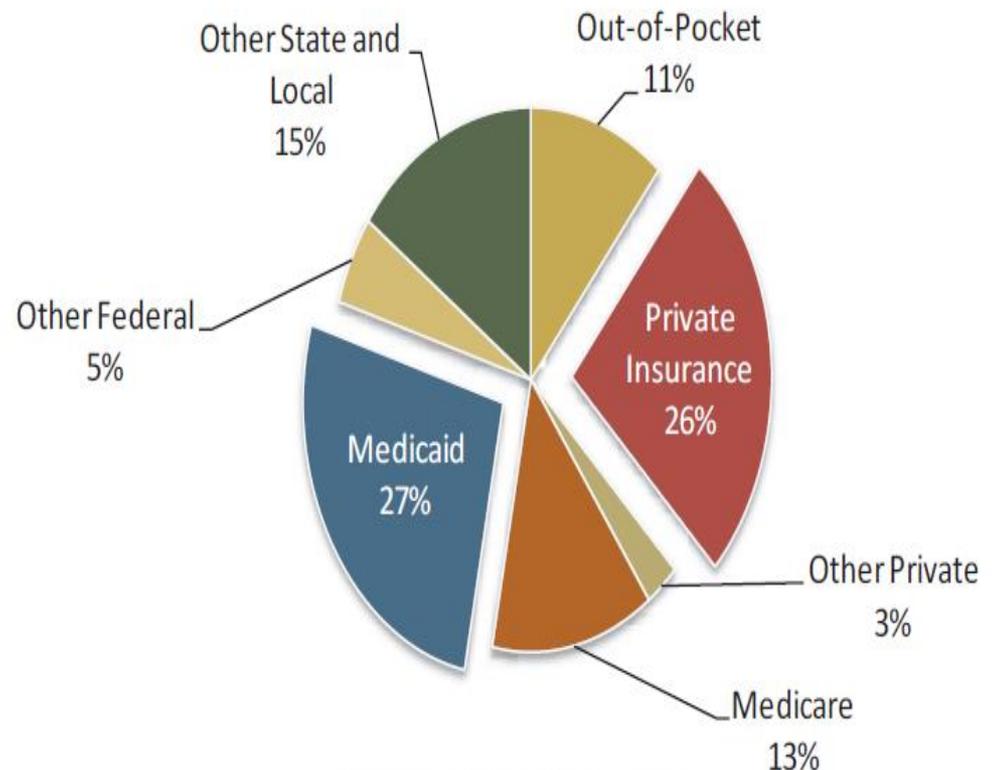
Public payers account for the majority of SA & MH treatment

Distribution of Spending on SA Treatment by Payer, 2009



SA Spending = \$24 Billion

Distribution of Spending on MH Treatment by Payer, 2009

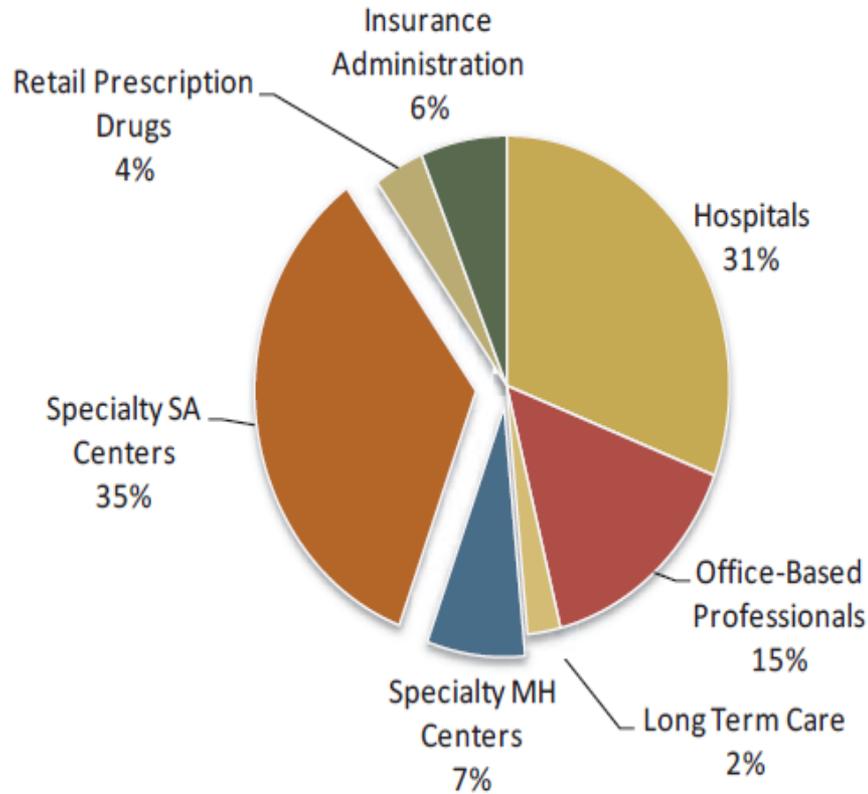


MH Spending = \$147 Billion

<https://store.samhsa.gov/shin/content/SMA13-4740/SMA13-4740.pdf>

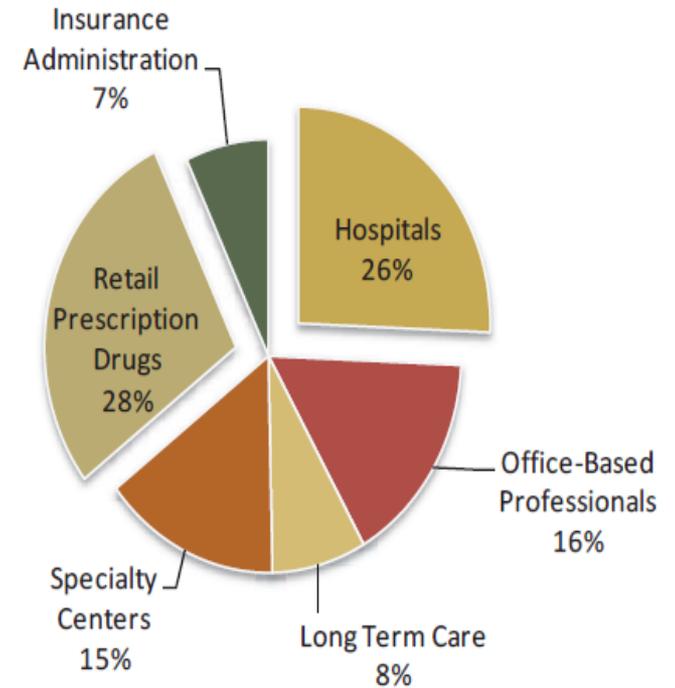
# Distribution of Spending by Provider Type for Substance Abuse and Mental Health, U.S. 2009

## Distribution of SA Spending by Provider Type, 2009



SA Spending = \$24 Billion

## Distribution of MH Spending by Provider Type, 2009

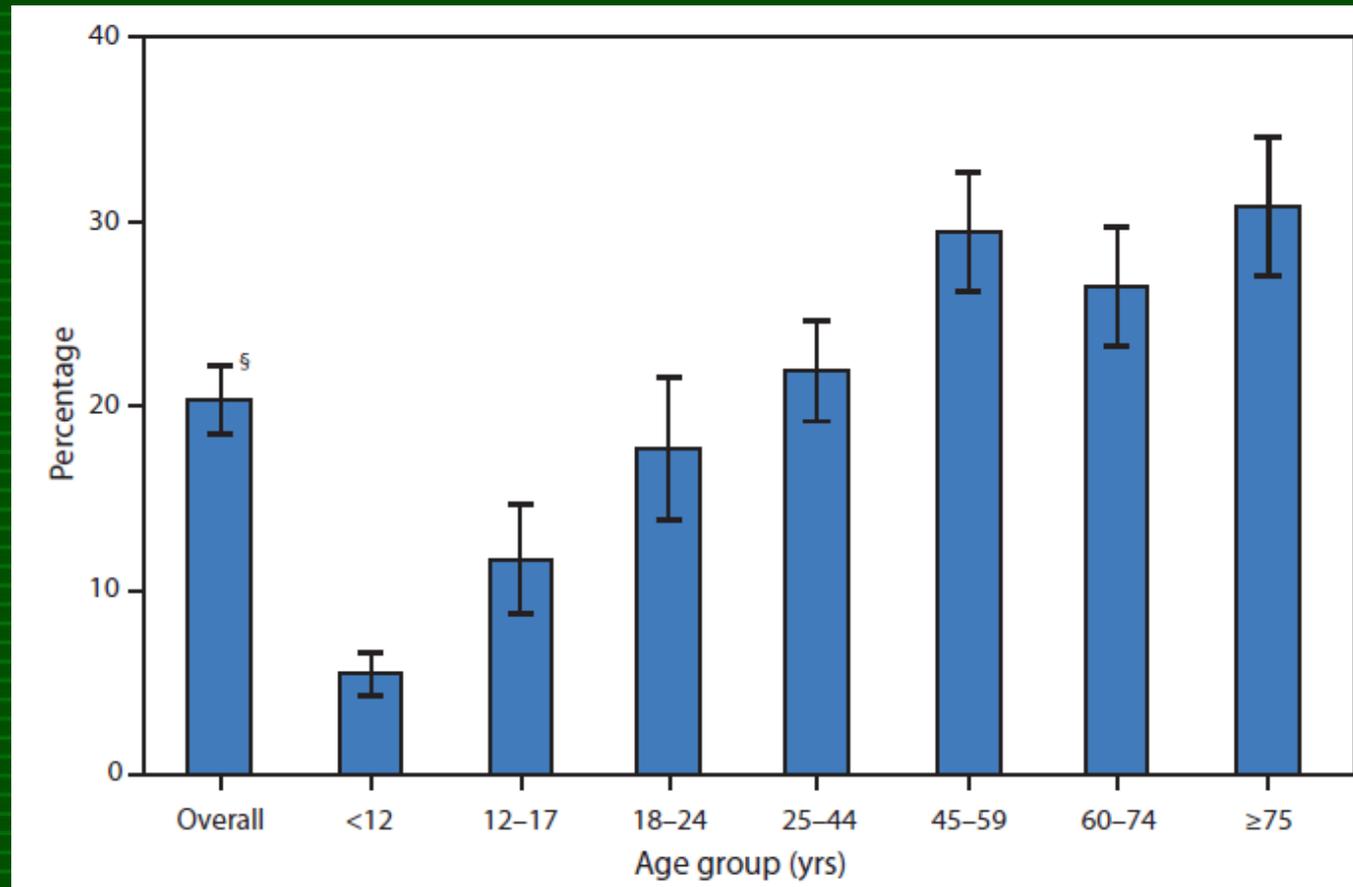


MH Spending = \$147 Billion

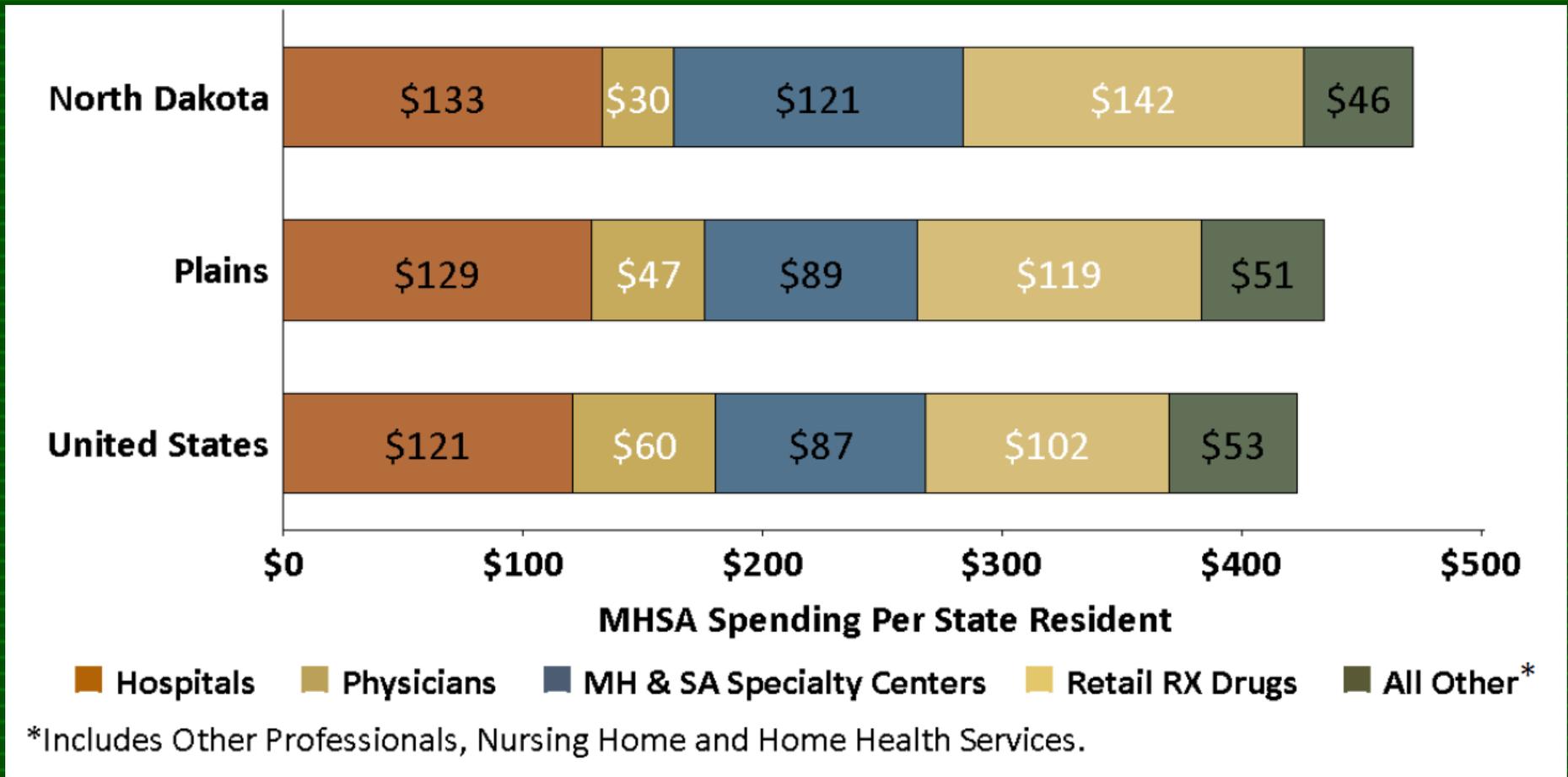
<https://store.samhsa.gov/shin/content/SMA13-4740/SMA13-4740.pdf>

# BH Services Settings: Primary Care

- Percentage of Mental Health–Related\* Primary Care† Office Visits, by Age Group — National Ambulatory Medical Care Survey, United States, 2010



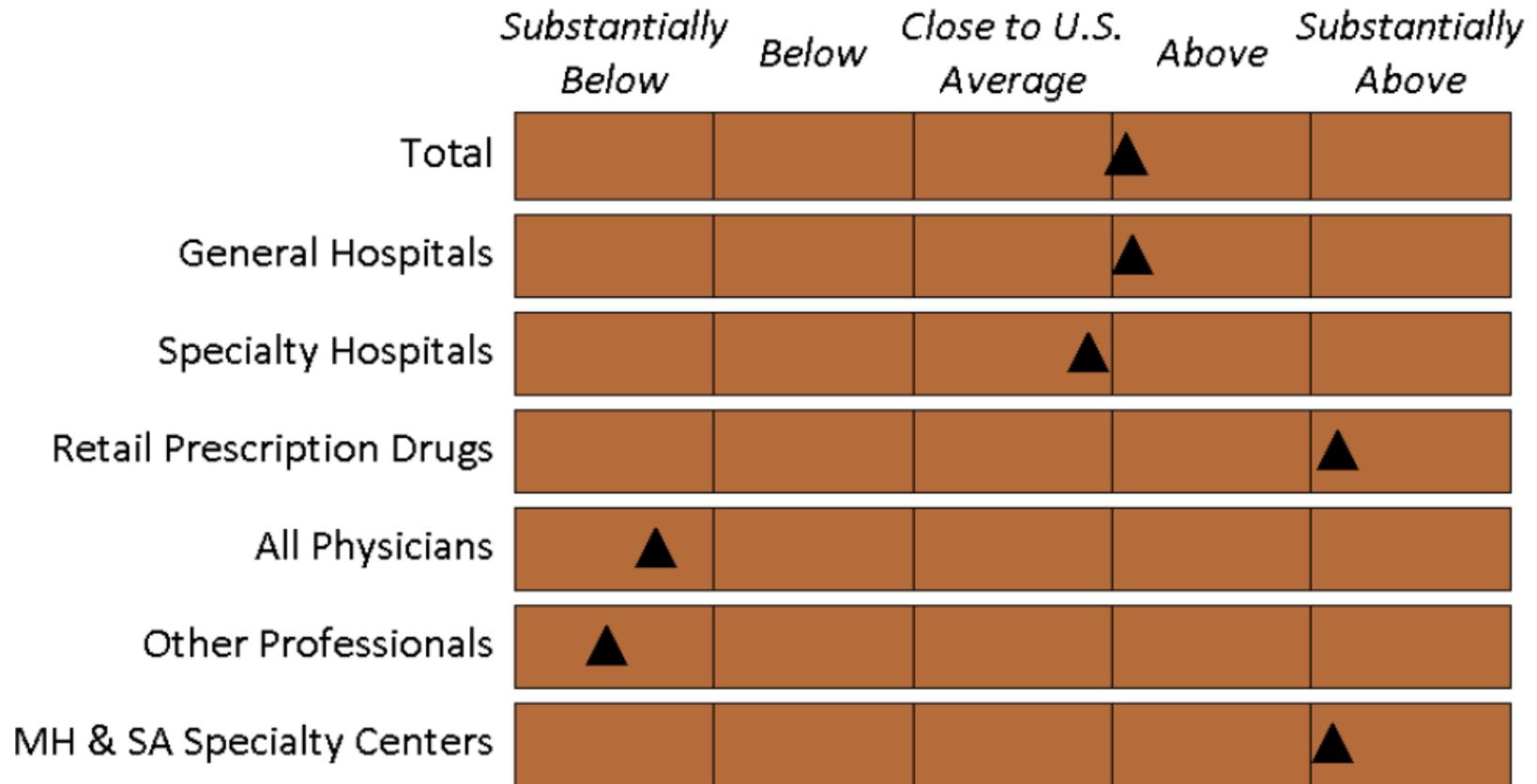
# Estimates of Mental Health & Substance Abuse Spending per Person by Region and Service (2005)



<https://store.samhsa.gov/shin/content/SMA12-4702/SMA12-4702.pdf>

# Mental Health & Substance Abuse Spending per State Resident (2005)

## North Dakota Profile



<https://store.samhsa.gov/shin/content/SMA12-4702/SMA12-4702.pdf>

# Need for BH Services: United States

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- Nearly one-third of U.S. adults has a diagnosable BH disorder (BHD) in any given year
- Depression is the leading cause of disability worldwide
- Persons with BHDs have higher morbidity and mortality rates
- One in 5 youths 13-18 years have or will have a serious mental illness
- Suicide is 3<sup>rd</sup> leading cause of death, ages 10-24
- **75% of BHDs over lifetime emerge by age 24; 50% by age 14**
- Much higher rates of BHDs for incarcerated & homeless persons
- Medicaid eligible persons are twice as likely to have a BHD
- **50-60% of persons with BHDs do not receive treatment**

(Merikangas et al., 2010; NIMH & SAMHSA, 2015)

## BH Services in North Dakota: Need & Access

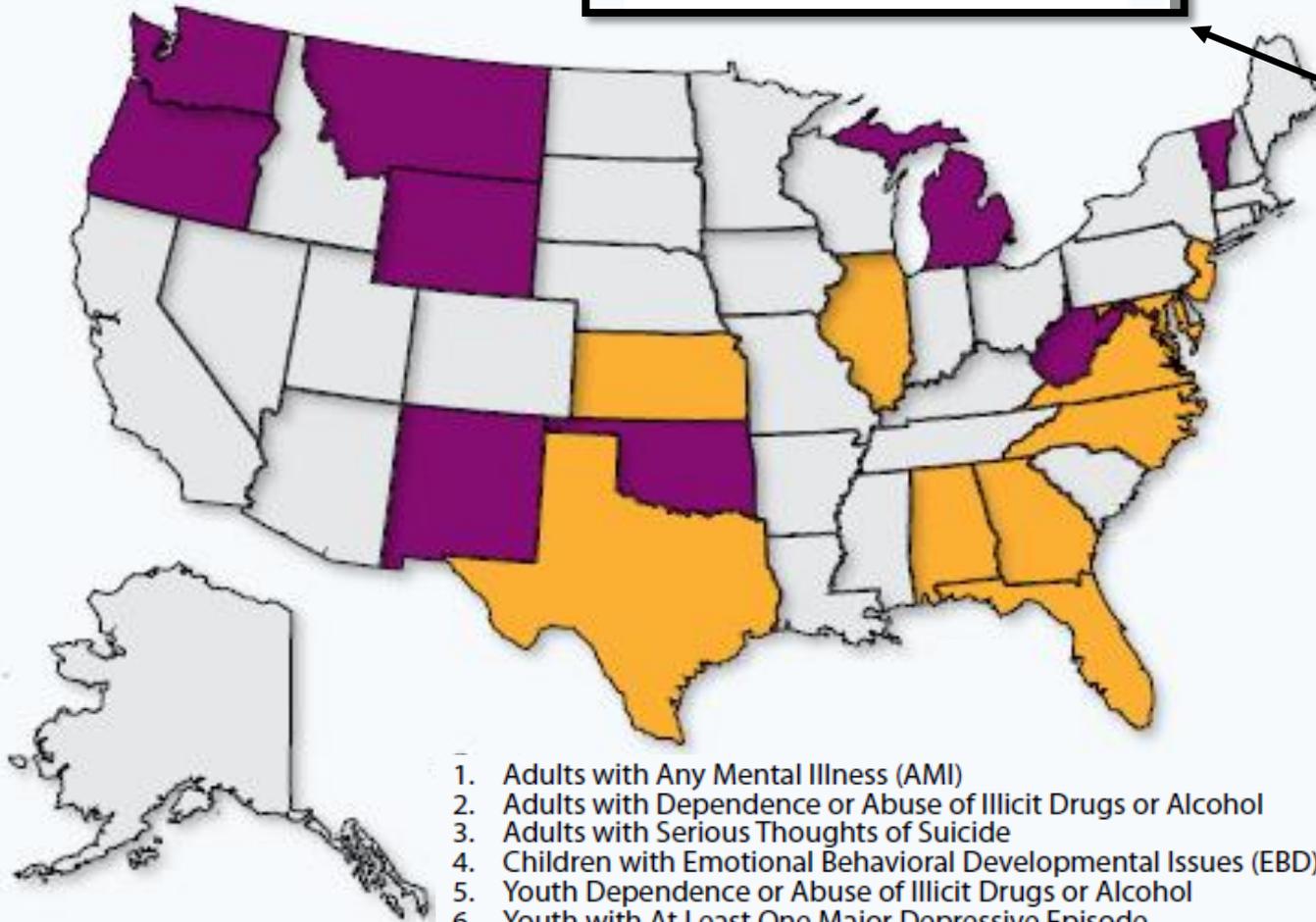
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- North Dakota is lower or similar to U.S. rates for most BHDs with two exceptions:
  - Among highest in alcohol use disorders
  - Among highest in youth suicide attempts & suicide

Higher rank = Lower need

# Need Ranking

11 North Dakota



Need Ranking	
1	New Jersey
2	Maryland
3	Florida
4	Alabama
5	North Carolina
6	Texas
7	Georgia
8	Illinois
9	Virginia
10	Kansas
11	North Dakota
12	Missouri
13	New York
14	Nevada
15	Connecticut
16	Colorado
17	Minnesota
18	Nebraska
19	South Dakota
20	Tennessee
21	Wisconsin
22	South Carolina
23	California
24	Hawaii
25	Louisiana
26	Mississippi
27	Delaware
28	Iowa
29	Pennsylvania
30	Indiana
31	Ohio
32	Massachusetts
33	Utah
34	Alaska
35	Idaho
36	New Hampshire
37	Maine
38	Kentucky
39	Arkansas
40	Arizona
41	Rhode Island
42	West Virginia
43	Wyoming
44	Montana
45	Oregon
46	Vermont
47	Oklahoma
48	Michigan
49	Washington
50	District of Columbia
51	New Mexico

<http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%20Report%20FINAL.pdf>

# 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

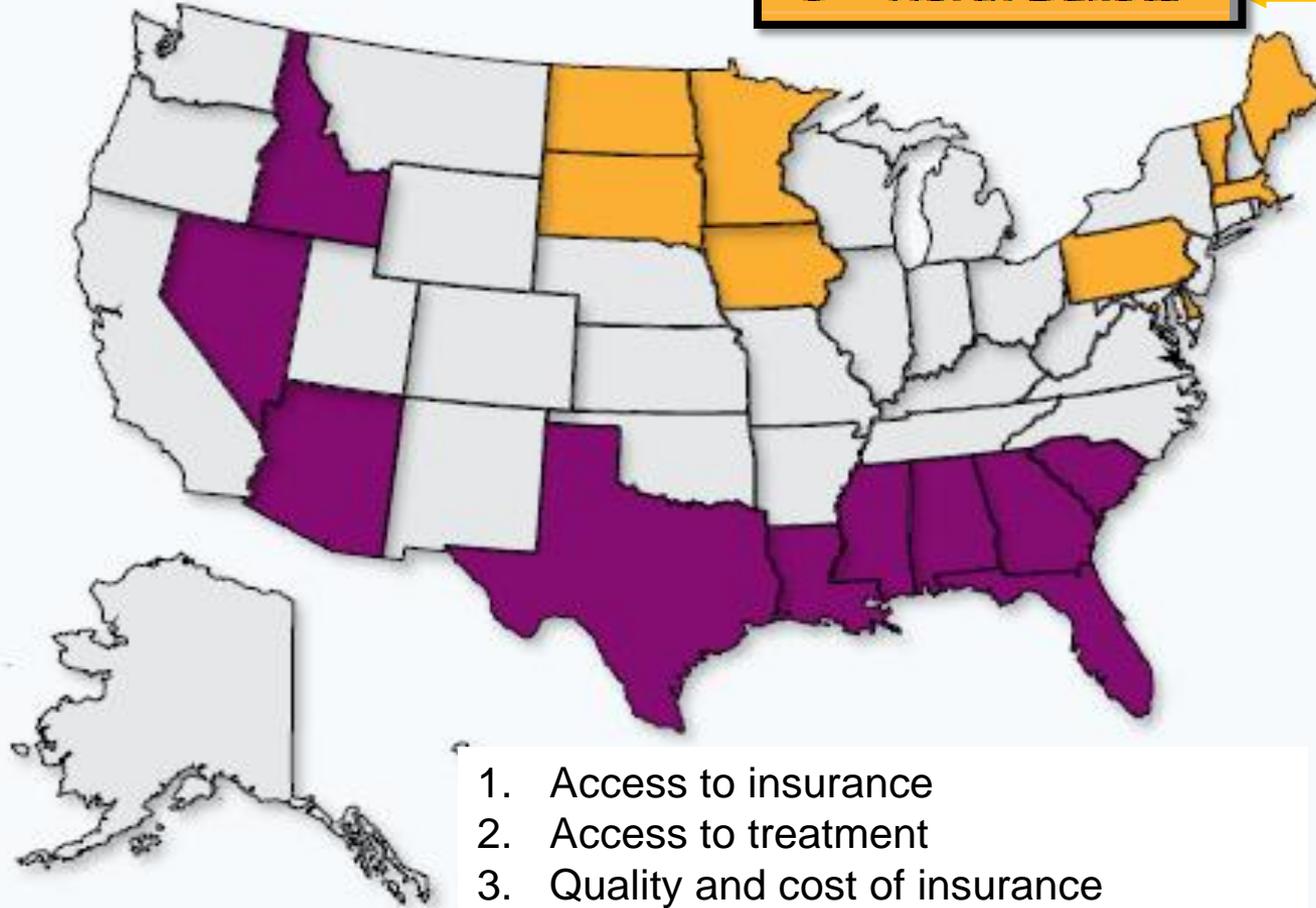
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<http://www.aecf.org/KnowledgeCenter/PublicationsSeries/KCDatabookProds.aspx>

Higher rank = Higher access

# Access Ranking

6 North Dakota



Access Ranking	
1	Vermont
2	Massachusetts
3	Maine
4	Delaware
5	Iowa
6	North Dakota
7	Pennsylvania
8	Minnesota
9	South Dakota
10	District of Columbia
11	Nebraska
12	Hawaii
13	Connecticut
14	Wisconsin
15	Rhode Island
16	New Hampshire
17	Ohio
18	New York
19	Maryland
20	Kentucky
21	Illinois
22	West Virginia
23	Michigan
24	Kansas
25	Wyoming
26	New Jersey
27	New Mexico
28	Oregon
29	Alaska
30	North Carolina
31	Missouri
32	Virginia
33	Tennessee
34	Oklahoma
35	Montana
36	Indiana
37	California
38	Washington
39	Colorado
40	Utah
41	Arkansas
42	Idaho
43	South Carolina
44	Florida
45	Georgia
46	Arizona
47	Texas
48	Louisiana
49	Alabama
50	Mississippi
51	Nevada

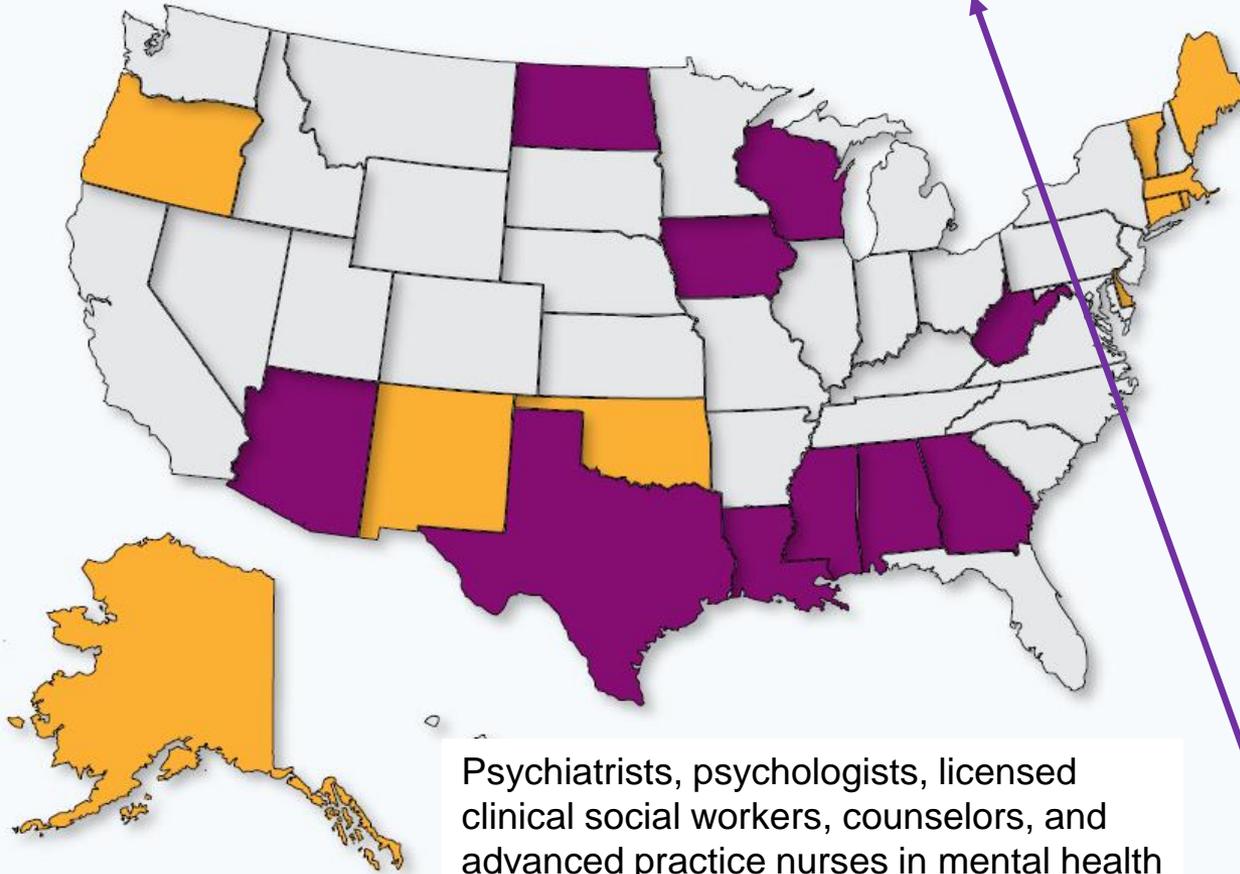
1. Access to insurance
2. Access to treatment
3. Quality and cost of insurance
4. Access to special education
5. Workforce availability

<http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%20Report%20FINAL.pdf>



# Mental Health Workforce Availability

**43** North Dakota **1,033:1**



Rank	State	Ratio
1	Massachusetts	248:1
2	Delaware	293:1
3	Vermont	329:1
4	Maine	342:1
5	Rhode Island	361:1
6	New Mexico	376:1
7	Oregon	410:1
8	Oklahoma	426:1
9	Alaska	450:1
10	Connecticut	455:1
11	New Hampshire	493:1
12	New York	510:1
12	Wyoming	510:1
14	Washington	533:1
15	Nebraska	560:1
16	Colorado	570:1
17	Utah	587:1
18	Hawaii	597:1
19	California	623:1
20	Michigan	661:1
21	Maryland	666:1
22	District of Columbia	675:1
23	Arkansas	696:1
23	North Carolina	696:1
25	Minnesota	748:1
26	Montana	752:1
27	New Jersey	809:1
28	Pennsylvania	837:1
29	Idaho	839:1
30	Illinois	844:1
31	Kentucky	852:1
32	Kansas	861:1
33	South Dakota	871:1
34	Florida	890:1
35	Indiana	890:1
36	Missouri	947:1
37	Tennessee	974:1
38	South Carolina	995:1
39	Virginia	998:1
40	Nevada	1,015:1
41	Ohio	1,023:1
42	Wisconsin	1,024:1
43	North Dakota	1,033:1
44	Iowa	1,144:1
45	Arizona	1,145:1
46	Mississippi	1,183:1
47	Louisiana	1,272:1
48	West Virginia	1,291:1
49	Georgia	1,440:1
50	Texas	1,757:1
51	Alabama	1,827:1

Psychiatrists, psychologists, licensed clinical social workers, counselors, and advanced practice nurses in mental health care (County Health Rankings, 2013)

<http://www.mentalhealthamerica.net/sites/default/files/Parity%20or%20Disparity%20Report%20FINAL.pdf>

# Mental Health Professionals in North Dakota

Profession	Number	Source
Addiction Counselors	333	NPI*
Counselors (LAPC, LPC, LPCC)	333 (active)	ND Board
Clinical Social Worker	337	ND Board
Marriage & Family Therapists	42	ND Board
Nurse Specialists (Psychiatric)	22	NPI*
Psychologists	242 (248)	NPI* (ND Board)
Psychiatrists	109	NPI*

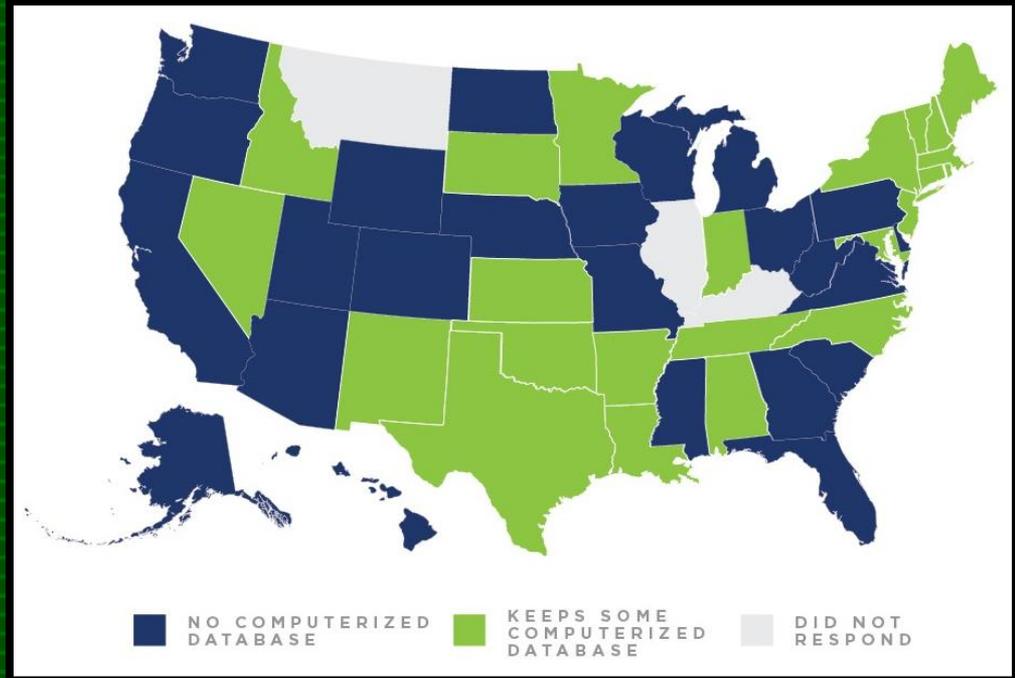
\* NPI = National Provider Identifier

- North Dakota has 48% of the psychiatric beds necessary to meet the needs of its population
- Still, it is ranked 7, so only 6 other states come close to this goal

North Dakota	
Number of Psychiatric Beds per 100,000 Population (Target is 50 beds per 100,000)	State Ranking
22.3	7

<http://www.tacreports.org/bed-study>

- 22 states including South Dakota and Minnesota use a computerized database to track available beds in public and sometimes private facilities



<http://thinkprogress.org/health/2014/02/24/3307231/computerized-database-psychiatric-beds/>



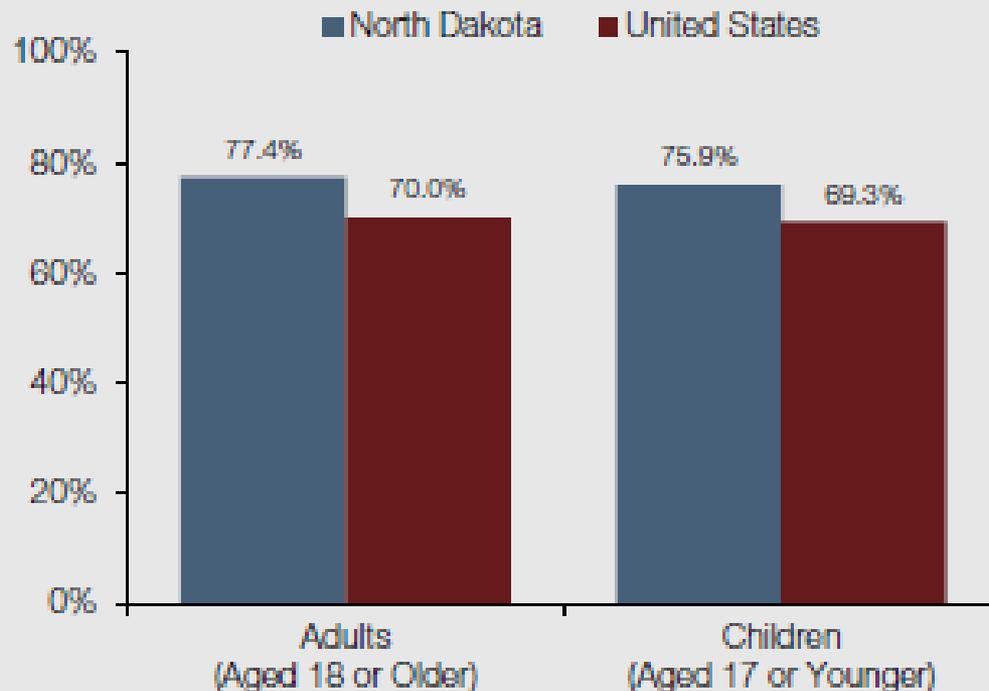
# INVOLUNTARY TREATMENT LAWS: QUALITY AND USE

## QUALITY OF LAWS

State	Inpatient Commitment Grade (42.5%)	Outpatient Commitment Grade (42.5%)	Emergency Evaluation Grade (15%)	Cumulative QOL Grade	Use of Laws Grade
North Dakota	A+	B	A+	A	C+

<http://tacreports.org/storage/documents/2014-state-survey-abridged.pdf>

## Mental Health Consumers in North Dakota and the United States Reporting Improved Functioning from Treatment Received in the Public Mental Health System (2013)<sup>6</sup>



*The percentage of adolescents reporting improved functioning from treatment received through the public mental health system was higher in North Dakota than in the nation as a whole.*

Source: Center for Mental Health Services, Uniform Reporting System, 2013.

# Transforming the BH Care System

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- “Fixing” the BH System requires “disruptive” innovation!
- Report by the Congressional Research Service (2009) indicates 5 key and interrelated actions:
  - Routine and systematic use of Evidence-based Practice
  - Resolving the workforce shortage issues
  - Ensuring access to care by removing financial barriers
  - Coordinating mental health care with general health care and social services
  - Developing a way to systematically measure and improve the quality of care delivered

# Quality of Care Measures

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- Measuring the quality of mental health care requires data on multiple measures collected over a sustained period of time.
- The measures need to reflect patterns in at least two areas:
  - (1) the process of obtaining care; and
  - (2) the outcome of the care received

# Transforming the BH Care System in ND

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- National fixes apply; uniquely in North Dakota:
  - We have high workforce shortages but we also have lower overall need due to higher levels of education and access to insurance.
  - Workforce shortages should be improved with first steps of reforming workforce eligibility and reimbursement policies
  - BH services are more concentrated in human services centers compared to the U.S. thus an area for innovation includes better integration of public and private services
  - Developing consumer-centered resources for accessing BH services (e.g., websites) for both public and private settings