Let’s Hear it From the People
The State of Mental Health Care in North Dakota
OUR MISSION

“MHAN advocates for a consumer/family driven mental health system of care that provides an array of service choices that are timely, responsive and effective.”
VALUES

MHAN values the work done by many in this arena including the ND Department of Human Services and County Social Service agencies, legislators, public and private sector providers and the Behavioral Health Stakeholder group. However, these efforts do not go far enough - or respond quickly enough to solve the critical nature of the gaps in service, the lack of access and, ultimately, to the prevention of loss of life. Additionally, there has not been an intentional effort to engage consumers and obtain family input for these deliberations. For those reasons, MHAN shares the following values, upon which we build a case for leadership and action for policymakers and the public to consider.
PRIORITIES
1. PEER-TO-PEER AND FAMILY-TO-FAMILY SUPPORT

MHAN believes that these services should be included and adequately funded (not volunteer, but with fair wages and benefits) in every region of the state through Regional Recovery Centers, family and consumer run non-profits, or other appropriate outlets.
1. PEER-TO-PEER AND FAMILY-TO-FAMILY SUPPORT

Schulte agrees: “The use of peers, family support peers, recovery coaches, and other persons with lived experience, is an evidence-based practice and a growing national trend with good treatment outcomes. In rural areas with behavioral health professional shortages, like North Dakota, using peers and other interested persons like teachers, law enforcement personnel, emergency workers, etc. are instrumental to expanding the workforce. In addition, increasing the number of out-stationed workers in the community is key to improving access to services.”
2. CONSUMER CHOICE

When someone with a mental health disorder is poor, or uninsured in North Dakota, one is captive to the services made available through the Regional Human Service Center. While these services are intended to be effective, they are not available equitably in all regions, nor are they adequate to meet the need. MHAN believes that the state should redirect funding through a voucher system or like model, to allow consumers choice and access to services in the private sector. Such choice can foster results driven accountability.
2. CONSUMER CHOICE

Schulte agrees: “Although some may think that this DHS directed system is more functional and streamlined, in actuality it has created less competition and thereby a lower standard of care. The HSCs are the sole provider of many services not giving consumers any options. In a state where all available providers are needed in order to get the work accomplished, the dominance of the HSC system of care is counter-productive. The issue of lack of care coordination or case management was the second most common concern noted throughout the state. Challenges include not being able to access case management, with the lack of choice due to having only one provider of services (DHS), a culture of dependence upon the government system, and a lack of uniform eligibility criteria for program participation was noted.”
3. DIVERSION FROM CORRECTIONS SYSTEMS

Too many North Dakotans are ending up in youth or adult corrections systems due to lack of mental health care, both inpatient and outpatient. MHAN believes that diversion needs to be a top priority in systemic planning efforts through prevention, early intervention and treatment.
3. DIVERSION FROM CORRECTIONS SYSTEMS

A recent report from the ND Department of Corrections and Rehabilitation supports this premise: In ND 56% of youth in juvenile corrections have mental health concerns that require a medication that must be managed by psychiatry staff. In adult corrections, 28% of male inmates have mental health concerns that are being treated by DOCR psychiatry staff. 41% of female inmates have mental health concerns that are being treated by DOCR psychiatry staff.
4. CORE SERVICES, ZERO REJECT MODEL AND ADEQUATE FUNDING FOR PUBLIC AND PRIVATE SERVICES

MHAN believes that consumers and families are key to defining the core services they need to maintain good mental health and productivity. MHAN believes that a state system of care requires a zero reject model rather than turning people away because of waiting lists, wait times, non-cooperation or being too sick or not sick enough. Adequate funding for mental health services is a federal requirement that is not being met by the State of North Dakota, thus exposing the state to legal action. Schulte agrees.
4. CORE SERVICES, ZERO REJECT MODEL AND ADEQUATE FUNDING FOR PUBLIC AND PRIVATE SERVICES

The Schulte Report said another goal is to: “Increase funding options for youth and adults” as “There is a large gap in funding options for services in North Dakota.” The study judged that, “the current system encourages failure at various treatment levels before authorizing treatment. This is not recovery-focused treatment. Parity for mental health services is not currently happening within the state as mandated by federal law.”
5. CONFLICT FREE GRIEVANCE AND APPEALS PROCESSES

When consumers and families are faced with a concern about DHS services, they have nowhere, other than the DHS, to turn.
5. CONFLICT FREE GRIEVANCE AND APPEALS PROCESSES

Schulte states it best and MHAN agrees: “When looking at the system in North Dakota, one thing that sets it apart from many other systems is the almost total reliance on DHS as provider of services. In this role, there is no independent appeal mechanism for families or consumers. DHS is the provider, regulator and oversight to itself. The lack of checks and balances makes a very poor business model in any field.”
6. ACCESS TO A FULL AND FUNCTIONAL CONTINUUM OF CARE

That provides people with disabilities the rights to receive services in the most integrated setting appropriate, as described by the Olmstead decision (1999). People with mental disabilities, and those at risk, must also be afforded community-based treatment when appropriate, as indicated in the Americans with Disabilities Act (ADA – 1990). Community-based supports might include mobile crisis intervention, crisis residential placement, recovery centers, supportive housing, employment training and opportunities, and benefits planning for money management.
6. ACCESS TO A FULL AND FUNCTIONAL CONTINUUM OF CARE

Schulte agrees: "Lawsuits are happening across the country in which states are not offering a choice of services to individuals or requiring that they seek only institutional care. The need for home and community based services is critical with changes in the federal landscape and the expectation of integration of individuals with needs into the general population."
Of those 375 surveyed, 224 were professionals and 151 were consumers and families.
Do consumers and families have convenient access to mental health services in their local community?

- Yes: 72%
- No: 28%
Are consumers and families experiencing waiting times to receive any mental health services?

- Yes: 86%
- No: 14%
List the length of wait time.

- 2 weeks or less: 4%
- 1 to 2 months: 52%
- 2 to 3 months: 24%
- 3 to 6 months: 8%
- Over 6 months: 11%
What is the average wait time if consumers and families are in crisis?

- 2 weeks or less: 49%
- 1 to 2 months: 13%
- 2 to 3 months: 6%
- 3 to 6 months: 6%
- Over 6 months: 6%
Are there sufficient crisis residential facilities in the consumers and family's local community?

- Yes: 83%
- No: 3%
- Not sure: 14%
Do consumers and families have sufficient choices in their local community where they can obtain mental health services?

- Yes: 76%
- No: 12%
- Not sure: 12%
For individuals who may be suicidal, are there sufficient services in their local community?

- 59% Yes
- 23% No
- 18% Not sure
Are consumers and families able to access the mental health coverage they need with their insurance/medical plan?

- Yes: 63%
- No: 37%
For children who are Medicaid eligible, are their families receiving a Health Tracks Screening or an Early and Periodic Screening, Diagnostic, and Treatment screening?

- 31% Yes
- 51% No
- 8% Don’t know
- 10% I Have never heard of this
Have families been asked or recommended to relinquish custody of their child in order for the child to obtain mental health services?

- Yes: 49%
- No: 51%
Have children been involved with the juvenile justice system due to behavioral health issues?

- Yes: 87%
- No: 13%
Are you aware of children being in a detention center, youth correctional center, or jail due to a behavioral health issue?

- Yes: 88%
- No: 12%
Have children been involved with social services as a result of a behavioral health issue?

- Yes: 92%
- No: 8%
Are you aware of consumers being involved with the criminal justice system due to a behavioral health issue?

- Yes: 91%
- No: 9%
Are you aware of consumers being in a detention center, jail or prison due to a behavioral health issue?

- Yes: 88%
- No: 12%
Are you experiencing waiting times to receive any mental health services?

- Yes: 65%
- No: 35%
If yes, list the length of wait time.

- 2 weeks or less: 16%
- 1 to 2 months: 14%
- 2 to 3 months: 11%
- 3 to 6 months: 17%
- Over 6 months: 41%
Were you in or did you experience a crisis during the waiting period?

- Yes: 49%
- No: 51%
Have you or a family member been in need of phone crisis services to address emergency mental health needs at any time?

- Yes: 53%
- No: 47%
If yes, rate your satisfaction with this service:

- 1 (Worst experience)
- 2
- 3
- 4
- 5 (Best experience)
In your opinion, are there sufficient crisis residential facilities in your local community?

- Yes: 84%
- No: 16%
In your opinion, are there sufficient in-patient psychiatric services in your local community?

- Yes: 84%
- No: 16%
In your opinion, are there sufficient choices in your local community on where you or a family member can obtain mental health services?

- Yes: 76%
- No: 24%
In your opinion, are there sufficient services in your community for individuals who may be suicidal?

- Yes: 79%
- No: 21%
If yes has your child received a Health Tracks screening or an Early and Periodic Screening, Diagnostic and Treatment screening?

- Yes
- No
- Don’t know
- I Have never heard of this
18.1% of adult North Dakotans (roughly 105,523) have experienced some form of mental illness.
13% to 20% of children in North Dakota (between 22,610 and 34,785) have a mental disorder.
F-M Ambulance Services in North Dakota report that 1/3 of their calls are behavioral health related, including depression, suicidal ideation, anxiety and depression.
70% of North Dakota judges have sentenced at least one person to prison (even if they were not considered high-risk) to receive mental health, alcohol, or drug addiction treatment
89% of youth in juvenile corrections have mental health problems
75% of youth in juvenile corrections have a serious emotional disorder.
56% of youth in juvenile corrections have a mental health issue that requires medication which must be monitored by psychiatry.
Approximately 70% of the inmate population is diagnosed with a mental illness and 30% are prescribed psychiatric medications.
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