



In 2006, North Dakota's mental health care system received an F grade. Three years later, it has advanced to a D—a poor grade, but one that indicates the potential for steady advancement.

The Division of Mental Health and Substance Abuse (DMHSA) oversees mental health services, which are delivered through eight regional human service centers and one state hospital. North Dakota is among the nation's most rural states.

North Dakota is one of a minority of states with a budget surplus—amounting to \$1.2 billion. The state is proceeding cautiously, but steadily, to adopt and adapt evidence-based practices (EBPs) in rural and frontier areas. The state's gradual approach to developing community-based services has involved extensive education and planning over the past three years.

The state has embraced evidence-based integrated dual diagnosis treatment (IDDT) based on national models. A pilot program is operating in Fargo, with plans to expand to other locations. DMHSA also expects to implement a statewide certified peer specialist initiative once it receives approval from the federal Center for Medicare and Medicaid Services (CMS).

DMHSA is implementing the North Dakota Consumer and Family Network, with peer staff in each of the eight regions, to enhance consumer involvement in policy development, education, and recovery promotion efforts. The Network will hold a statewide consumer conference in March 2009, a sign of the increased focus on recovery and consumer empowerment.

DMHSA has also obtained funds for police Crisis Intervention Team (CIT) training. CIT is being piloted in the Minot area, with expansion to other communities expected. The state is also studying the federal supported employment model.

North Dakota faces an extreme workforce challenge, but DMHSA is working with the Western Interstate Commission for Higher Education (WICHE) and the University of North Dakota to develop and support professional capacity. The state is also engaged in public education and efforts to reduce stigma, including a statewide billboard campaign as part of the federal Campaign for Mental Health Recovery.

The North Dakota Department of Human Services, the parent organization of DMHSA, employs a tribal liaison between the agency and tribal social service programs.

Innovations

- CIT and IDDT pilot programs
- Consumer and Family Network
- Peer specialists proposal program

Urgent Needs

- Implement ACT pilot programs
- Housing options
- Expand evidence-based practices

Consumer and Family Comments

- *“Desperately need more services . . . The programs are not operating appropriately due to low salaries of staff to provide the services . . . so frequent turnover and lack of support. The programs appear to be in name only.”*
- *“The best thing is that services are available, and costs are prorated according to income. However, you have to be able to get to them (driving many miles), and follow-up appointments with medical personnel may be infrequent.”*
- *“The state has such a small population that everyone knows someone who knows the patient . . . People here are proud and stoic and don't always seek help because of the loss of privacy involved along with the stigma of mental illness.”*

There are significant concerns. A major disappointment—and mistake—is DMHSA's failure to implement Assertive Community Treatment (ACT), even in population centers such as Fargo, Minot, and Bismarck.

Lack of affordable, supportive housing remains a problem. Promising practices are being implemented in only a few sites. A serious lack of community services exists, and those that are available are spread thin, exacerbating the gap between hospitalization and office visits.

North Dakota is headed in the right direction at a deliberate, measured pace, but it is at the beginning of a long road.

Current DMHSA leadership has taken significant steps in the areas of planning, pilot programs, workforce development, and consumer involvement. The budget surplus provides an opportunity to expand EBPs from pilot projects to routine availability. ACT pilots should be implemented, at least in larger communities.

Moving from an F to a D represents progress and a foundation for further improvement. North Dakota's challenge now is to keep building.