

# North Dakota Behavioral Health Plan

with North Dakota Behavioral Health Planning Council  
& Human Services Research Institute



## Partners & Purpose

Human Services Research Institute (HSRI) is supporting the North Dakota Behavioral Health Planning Council and working with service users and families, advocates, providers, administrators, and other North Dakotans to **set a course for ongoing system monitoring, planning, and improvements.**



## Vision of the Behavioral Health Planning Council

With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy, and happy life—free of stigma or shame—within caring and supportive communities.



## Behavioral Health System Study

HSRI and the North Dakota Department of Human Services Behavioral Health Division conducted an analysis of the state's behavioral health system, including service use and expenses. The [final report](#) details the findings and provides recommendations.



## Plan

Building on the study recommendations, we identify priority goals within each of 13 aims and establish implementation strategies to enhance the comprehensiveness, integration, cost-effectiveness, and recovery orientation of the behavioral health system to effectively and equitably meet the community's needs.

## Aims

- 1 Develop and implement a comprehensive strategic 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 with complex needs and their families
- 6 Continue to implement and refine the current criminal justice strategy
- 7 Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce
- 8 Continue to expand the use of telebehavioral health interventions
- 9 Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches
- 10 Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services
- 11 Partner with tribal nations to increase health equity for American Indian populations
- 12 Diversify and enhance funding for behavioral health
- 13 Conduct ongoing, system-wide, data-driven monitoring of need and access



[www.hsri.org/nd-plan](http://www.hsri.org/nd-plan)

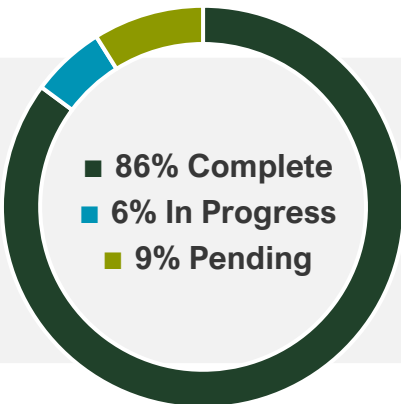


Introduction

After learning from the community about their priorities for systems change, the Behavioral Health Planning Council identified **13 aims**. To track progress, each of the 13 aims have associated goals with a series of objectives, all of which are detailed in this Project Dashboard.

AIM 1

Develop and implement a comprehensive strategic plan

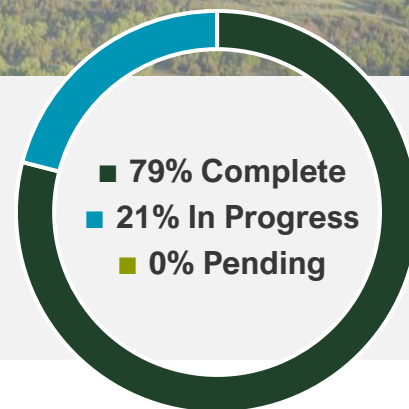


1.1: Develop and implement a comprehensive strategic plan

Objectives	Completed
1. Develop a strategic plan based on the recommendations in the 2018 HSRI report that reflects community priorities and contain actionable, feasible strategies for behavioral health systems change.	100%
2. Secure funding for ongoing strategic planning support.	100%
3. Perform ongoing strategic plan monitoring and revisions as appropriate using quarterly progress reports.	89%
4. Create 2022 strategic plan based on progress to date and lessons learned.	100%
5. Strengthen linkages between the BHPC and related stakeholder groups (governmental advisory bodies, coalitions, and community initiatives).	100%
6. Update dashboard to reflect Behavioral Health Planning Council feedback	25%

# AIM 2

## Invest in prevention and early intervention



### 2.1: Develop a comprehensive suicide prevention approach

Objectives	Completed
1. Develop a cross-cutting workgroup (including both public and private entities).	100%
2. Develop a suicide prevention logic model to guide Behavioral Health Division suicide prevention activities.	100%
3. Engage with the community to enhance awareness and collaboration around the activities in the suicide prevention logic model.	100%

### 2.2: Expand suicide prevention activities with a focus on American Indian populations, LGBTQ communities, and military service members, veterans, family members, and survivors

Objectives	Completed
1. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for LGBTQ and gender non-conforming communities.	100%
2. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for service members, veterans, family members, and survivors.	100%
3. Expand evidence-based, culturally responsive upstream/primary prevention suicide programs in schools in North Dakota and within tribal nations.	100%



## AIM 2

### 2.3: Establish and implement a Suicide Fatality Review Commission to review instances of suicide and recommend policies, protocols, and other actions that work to improve community, service, and system responses to individuals at risk of suicide

Objectives	Completed
1. Establish a Suicide Fatality Review Commission.	100%
2. Convene the Suicide Fatality Review Commission to review instances of suicide and recommend policies, protocols, and other actions that work to improve community, service, and system responses to individuals at risk of suicide.	100%

### 2.4: Enhance prevention efforts to support children's behavioral health through Parents Lead

Objectives	Completed
1. Increase resources and tools available to parents, caregivers, professionals, and communities.	75
2. Enhance communication efforts to increase the use of Parents Lead resources.	Pending

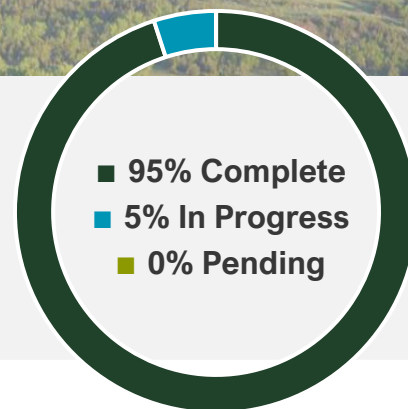
### 2.5: Reduce underage drinking, adult binge drinking, and related consequences

Objectives	Completed
1. Increase implementation of evidence-based and culturally relevant prevention activities at the community level.	33%
2. Increase implementation of evidence-based and culturally relevant early intervention activities.	Pending



## AIM 3

### Ensure all North Dakotans have timely access to behavioral health services



#### 3.1: Establish statewide mobile crisis teams for children and youth in urban areas

Objectives	Completed
1. Expand funding for mobile crisis teams for children and youth in urban areas.	100%
2. Review existing mobile crisis programs to understand implementation challenges and opportunities and inform efforts to scale the service out to other areas of the state.	100%
3. Create contract language for mobile crisis teams for children and youth in urban areas.	100%

#### 3.2: Reduce access barriers to behavioral health services for individuals with brain injury

Objectives	Completed
1. Review and revise Nursing Facility Level of Care criteria to reduce access barriers for people with brain injury.	100%
2. Review eligibility determination processes across all HHS Divisions to identify access barriers for people with brain injury.	100%
3. Incorporate information about brain injury prevention into existing behavioral health prevention programming.	100%



## AIM 3

### 3.3: Incorporate brain injury screening and referral protocols into community-based behavioral health services

Objectives	Completed
1. Develop a standardized process for brain injury screening and referral.	100%
2. Promote brain injury screening across behavioral health community-based programming.	100%
3. Incorporate brain injury screening into existing behavioral health programming.	63%

### 3.4: Develop and execute planning, implementation, and communications strategies to establish a 988 behavioral health crisis service line

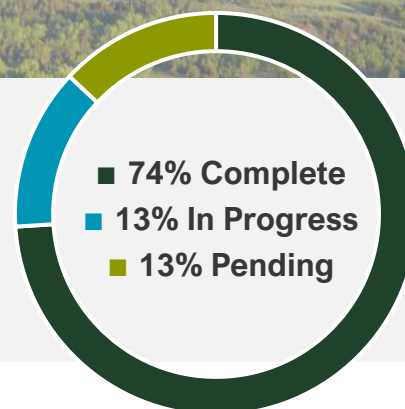
Objectives	Completed
1. Engage a statewide coalition of first responders, providers, people with lived experience, and state administrators to develop a state plan to inform implementation of 988.	100%
2. Ensure FirstLink has the capacity to respond to all 988 calls, text, and chats.	100%
3. Develop and implement a communications framework to ensure awareness about 988 in general public and amongst underserved populations.	83%

### 3.5: Enhance the brain injury system of care through the Administration for Community Living State Partnership Program

Objectives	Completed
1. Apply for and enroll in ACL State Partnership Program.	100%
2. Complete a brain injury system study to examine existing programs to identify potential pathways and treatment options and gaps, and recommendations for strategies to address gaps, potential federal and state funding sources, and a method to evaluate the efficacy of new programs.	100%

## AIM 4

### Expand outpatient and community-based service array



#### 4.1: Provide targeted case management services based on assessed need, with a focus on enhancing self-sufficiency and connecting to natural supports and appropriate services

Objectives	Completed
1. Revise the Medicaid state plan to include private providers of targeted case management services for adults with serious mental illness and children with serious emotional disturbance.	100%
2. Use the Daily Living Activities Functional Assessment (DLA) to inform transitions to and from targeted case management consistently across Human Service Center (HSC) regions.	100%
3. Expand capacity within HSCs to support transitions from HSC services to primary care for those with lower assessed need.	100%

#### 4.2: Expand evidence-based, culturally responsive supportive housing

Objectives	Completed
1. Receive technical assistance through the Medicaid Innovation Accelerator Program.	100%
2. Increase access to supportive housing in rural areas.	100%
3. Establish quality standards for all supportive housing services in the state.	100%
4. Engage in evaluation and continuous quality improvement to support sustainability of supportive housing services.	100%
5. Finance additional permanent supportive housing.	75%

# AIM 4

## 4.3: Expand school-based mental health and substance use disorder treatment services

Objectives	Completed
1. Maximize opportunities for Medicaid reimbursement of school-based mental health and substance use disorder treatment services.	100%
2. Develop and disseminate a tool for schools to use in developing comprehensive behavioral health supports.	100%
3. Provide grant funding to schools to address gaps along the behavioral health continuum of care.	80%
4. Engage Behavioral Health Resource Coordinators in each school in North Dakota to address behavioral health in schools.	83%
5. Offer free, evidence-based, online, virtual, mental health and suicide prevention training for school personnel and students across North Dakota.	75%

## 4.4: Establish a formalized training and certification process for peer support specialists

Objectives	Completed
1. Designate personnel to oversee formalized training and credentialing process.	100%
2. Establish a formalized training and credentialing process based on local and national best practice that includes endorsements for specific sub-groups including culturally specific peers, family peers, and youth peers.	50%
3. Establish endorsements for culturally specific American Indian peer services.	33%
4. Establish an endorsement for culturally specific New American/foreign-born/immigrant and refugee peer services.	100%
5. Establish a training and credentialing process for parent/caregiver peer services.	100%
6. Establish endorsement for youth peers.	Pending
7. Establish endorsement for brain injury peer support.	100%
8. Establish endorsement for military peer support.	100%





## AIM 4

### 4.5: Establish standards for integration of peer support into the behavioral health system

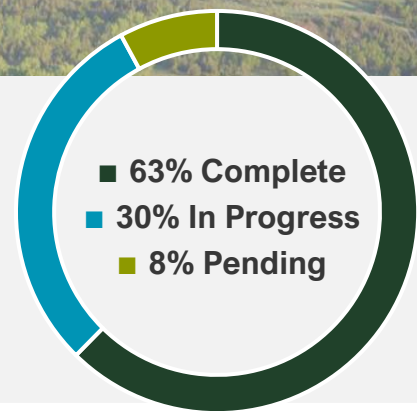
Objectives	Completed
1. Consult with local and national experts in peer support to establish the scope, audience, and topic areas covered by the standards.	75%
2. Establish standards for integration of peer support into the behavioral health system.	Pending

### 4.6: Establish a state Certified Community Behavioral Health Clinic (CCBHC) certification program and certify all eight regional Human Service Centers (public behavioral health clinics) as CCBHCs

Objectives	Completed
1. Establish a state CCBHC certification program aligned with federal requirements and best practice.	60%
2. Certify CCBHCs throughout the state of North Dakota	Pending
3. Secure a state plan amendment or demonstration waiver to sustainably fund CCBHCs	33%

## AIM 5

### Enhance and streamline System of Care for Children with Complex needs and their Families



#### 5.1: Establish Funding and full-time staff to support the development of System of Care for Children with complex needs and their families

Objectives	Completed
1. Secure funding and staff for System of Care Expansion.	100%

#### 5.2: Develop a sustainable infrastructure to support the System of Care approach for North Dakota children and families

Objectives	Completed
1. Establish and convene a local steering committee in each of the two implementation regions.	75%
2. Develop governance structure for System of Care.	Pending
3. Build strong and effective partnerships with youth and families through engagement with advocacy groups and provision of family peer support training.	66%
4. Identify collaborative contacts and opportunities to partner in tribal nations. Partnerships activities will be ongoing and reflected in objectives throughout this aim. These include Standing Rock Sioux Tribe, Mandan Hidasta Arikara Nation, Spirit Lake Nation, and Turtle Mountain Band of Chippewa.	100%
5. Complete a needs assessment addressing gaps in service delivery for children and families to be served.	100%
6. Develop a System of Care Funding Structure and Sustainability plan.	75%



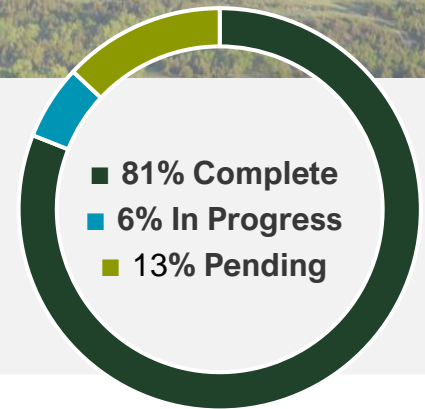
## AIM 5

### 5.3: Increase access to high-quality and culturally appropriate services for children and their families in the identified System of Care regions

Objectives	Completed
1. BHD and two regional, publicly funded behavioral health clinics will partner on implementing grant data requirements and build upon current youth and family services and supports in two identified System of Care regions.	100%
2. Enter into partnership between BHD and private agencies in the WCHSC and LRHSC regions to enhance current services and fill gaps in children's behavioral health continuum of care.	100%
3. Expand culturally responsive, evidence-based, and trauma-informed wraparound services for children and families in the System of Care regions to lay the groundwork for statewide expansion.	25%
4. Establish fidelity standards and engage in evaluation and continuous quality improvement to apply to all wraparound services in the state.	Pending

## AIM 6

### Continue to implement and refine the current criminal justice strategy



#### 6.1: Implement a statewide Crisis Intervention Team training initiative for law enforcement, other first responders, and jail and prison staff

Objectives	Completed
1. Identify and secure resources for pilot implementation within the ND DOCR.	100%
2. Pilot a CIT initiative within the ND DOCR.	100%
3. Secure buy-in and commitment from at least one agency of each type in each human services region for expanded CIT.	100%

#### 6.2: Implement training on trauma-informed approaches—including vicarious trauma and self-care—for all criminal justice staff

Objectives	Completed
1. Select trauma training curricula.	100%
2. Develop internal staff resources to help move the DOCR from trauma-sensitive to trauma-responsive and trauma-informed.	100%
3. Secure buy-in and commitment from Department of Corrections and Rehabilitation (DOCR) divisions.	100%
4. Implement trauma screenings in DOCR prisons and use the screening data to develop an evidence-guided trauma treatment program.	40%
5. Create a detailed plan for sustainability for trauma-reform projects to be integrated in the DOCR strategic plan.	100%





## AIM 6

### 6.3: Review jail capacity for behavioral health needs identification, support, and referral, and create a plan to fill gaps

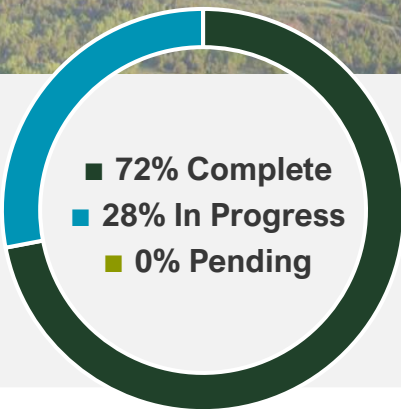
Objectives	Completed
1. Obtain buy-in from local jails to examine and address behavioral health needs.	100%
2. Conduct a review of behavioral health identification, support, and referral capacity in jails.	100%
3. Create a plan to address gaps based on review of behavioral health needs identification, support, and referral capacity.	100%
4. Implement universal mental health and substance use disorder screening tools in at least one jail in each HSC region.	100%
5. Strengthen referral pathways between jails and behavioral health clinics	Pending

### 6.4: Enhance brain injury support capacity within the Department of Corrections and Rehabilitation

Objectives	Completed
1. Secure funding for implementing training, screening, and referral support for brain injury within DOCR	100%
2. Develop a brain injury screening implementation plan and data tracking plan with input from NDBIN, DOCR, DHHS-BHD, treatment providers, individuals with lived experience, and their family members	Pending
3. Implement a brain injury training curriculum for DOCR	Pending
4. Implement a support and referral protocol to provide resource facilitation during community reentry	Pending

# AIM 7

## Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce\*



*\* Note: The “behavioral health workforce” encompasses all licensed and unlicensed staff providing prevention, early intervention, treatment, services, or supports to people with mental health conditions, substance use disorders, or brain injury.*

### 7.1: Develop and implement a Behavioral Health Workforce strategy based on community summits and national best practices

Objectives	Completed
1. Select a contractor with expertise in Behavioral Health Workforce to facilitate a Behavioral Health Workforce Summit.	100%
2. Convene a Behavioral Health Workforce Collaborative, with representatives from relevant groups and initiatives invited, to review and collaborate on workforce-related goals and establish a mechanism for sharing activities and aligning efforts.	100%
3. Develop a workforce strategy based on the Behavioral Health Workforce Summit and ongoing engagement with community partners.	100%
4. Establish and fill a position within the BHD to coordinate behavioral workforce initiatives with community partners.	100%



## AIM 7

### 7.2: Develop a program for recruitment and retention support to assist with attracting and retaining skilled providers

Objectives	Completed
1. Conduct a scan of local and national programs to identify preexisting untapped resources, barriers to effectiveness of existing resources, and best practice.	100%
2. Expand current health care workforce recruitment and retention support programs to include a focus on behavioral health workforce.	100%

### 7.3: Expand loan repayment programs for behavioral health students working in areas of need

Objectives	Completed
1. Review current loan repayment programs to identify best practice and barriers to effectiveness.	100%
2. Revise and/or expand loan repayment programs for behavioral health students working in areas of need.	100%

### 7.4: Establish a statewide peer support association to expand and strengthen the peer support workforce

Objectives	Completed
1. Establish the Peer Support Association of North Dakota as a peer-run 501 c3 nonprofit corporation.	100%



# AIM 7

## 7.5: Expand and strengthen the behavioral health workforce through the Training Academy for Addiction Professionals

Objectives

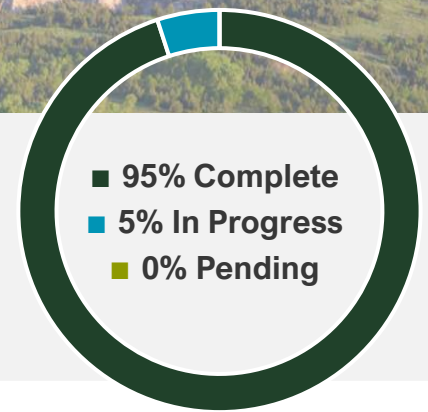
Completed

1. Create an addiction professionals pipeline at universities by providing scholarships.	50%
2. Support addiction counselor trainees while in training with a living wage.	50%
3. Build capacity by increasing training sites and clinical supervisors.	60%



# AIM 8

## Continue to expand the use of telebehavioral health



### 8.1: Increase the types of services available through telebehavioral health

Objectives	Completed
1. Identify and facilitate resolution of any regulatory or funding barriers to adoption of telebehavioral health services.	100%
2. Develop clear, standardized procedural and regulatory guidelines for telebehavioral health.	100%
3. Identify priority services for telebehavioral health expansion.	100%
4. Capitalize on learnings and best practices for telebehavioral health practices that were expanded as a result of the pandemic.	100%
5. Contract with a provider to offer telebehavioral health services in jail.	100%

### 8.2: Enhance capacity of community providers to provide telebehavioral health services through education and awareness

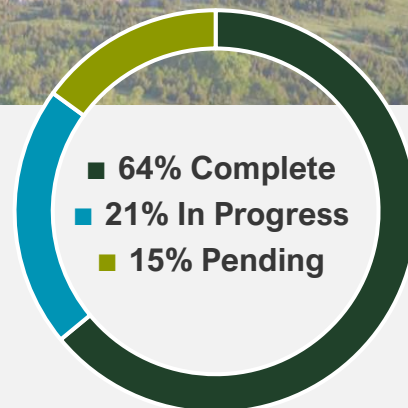
Objectives	Completed
1. Offer training for providers on best practice in providing telebehavioral health services.	100%
2. Include providers that offer telebehavioral health options in the Behavioral Health Registry.	100%

### 8.3: Enhance mobile crisis capacity & reach by providing technology, training, & telebehavioral health crisis response through law enforcement entities in rural areas

Objectives	Completed
1. Obtain funding for enhanced telebehavioral health crisis response.	100%
2. Secure a vendor to provide technology, training, and telebehavioral health services for law enforcement entities in rural areas.	100%
3. Enhance mobile crisis capacity and reach by providing technology, training, and telebehavioral health crisis response through law enforcement entities in rural areas.	66%

# AIM 9

**Ensure the system reflects values of person-centeredness, health equity, and trauma-informed approaches**



## 9.1: Develop and initiate action on a statewide plan to enhance overall commitment to person-centered thinking, planning, and practice

Objectives	Completed
1. Apply for technical assistance to support statewide plan development and initiation.	100%
2. Designate an entity to facilitate the development and initiation of statewide plan to enhance person-centered thinking, planning, and practice.	100%
3. Engage with public stakeholders to outline the importance of person-centered thinking, planning, and practice and inform the statewide plan development.	100%
4. Build capacity among HHS leadership and administration on person-centered thinking, planning, and practice.	100%
5. Conduct a cross-system organizational self-assessment of person-centered thinking, planning, and practice.	25%
6. Develop and execute action plans to enhance the Behavioral Health Division's commitment to person-centered thinking, planning, and practice based on the self-assessments.	Pending

## 9.2: Convene behavioral health leaders in New American/foreign-born/immigrant and refugee communities to understand and identify community-specific strengths, needs, and priorities, and identify opportunities to partner with HHS

Objectives	Completed
1. Meet with behavioral health leaders in New American/foreign-born/immigrant and refugee communities to understand strengths, needs, and priorities, and identify opportunities to partner with HHS.	100%



## AIM 9

**9.3: Through consultation between the Behavioral Health Division and the Community Engagement Unit, identify populations currently underserved by behavioral health program and initiatives, and strategies for promoting health equity for those underserved populations**

Objectives	Completed
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1. Identify populations that are potentially underserved by behavioral health services and programs.	100%
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**9.4: Fund ethnic, faith, and community-based organizations serving New American/foreign-born/immigrant and refugee communities to provide behavioral health programming that builds on community specific strengths, needs, and priorities**

Objectives	Completed
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1. Fund ethnic, faith, and community-based organizations serving New American/foreign-born/immigrant and refugee communities to provide behavioral health programming that builds on community-specific strengths, needs, and priorities.	75%
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**9.5: Build provider awareness in cultural humility and responsiveness**

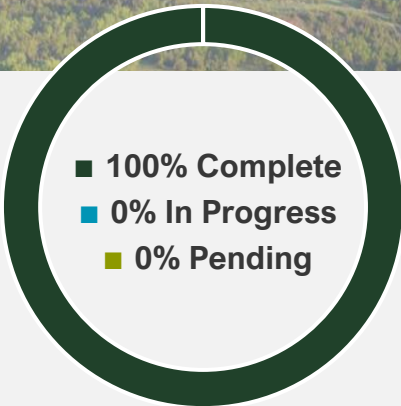
Objectives	Completed
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1. Provide cultural humility and responsiveness training to providers serving New American, foreign-born, immigrant, and refugee populations.	50%
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# AIM 10

Encourage and support communities to share responsibility with the state for promoting high-quality services



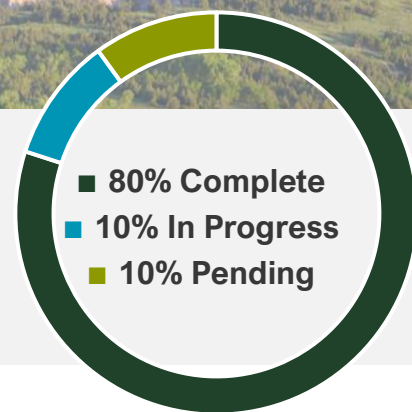
## 10.1: Include dedicated trainings and sessions at the state Behavioral Health Conference on advocacy skills and partnerships with advocacy communities

Objectives	Completed
1. Identify local or national experts who can deliver presentations and trainings .	100%
2. With the presenters, develop at least two sessions on advocacy skills and partnerships with advocacy communities.	100%
3. Include dedicated trainings and sessions at the state Behavioral Health Conference on advocacy skills and partnerships with advocacy communities.	100%



# AIM 11

## Partner with Tribal nations to increase health equity for American Indian populations



### 11.1: Convene behavioral health leaders in Tribal nations and Urban Indian communities to understand and identify community-specific strengths, needs, and priorities, and identify opportunities to partner with HHS

Objectives	Completed
1. Meet with behavioral health leaders at each Tribe to understand strengths, needs, and priorities, and identify opportunities to partner with HHS.	100%
2. Meet with behavioral health leaders in Urban Indian communities to understand and identify community-specific needs and priorities, and identify opportunities to partner with HHS.	100%

### 11.2: Develop and implement an annual training plan incorporating behavioral health related trainings and other learning opportunities for Tribal nations

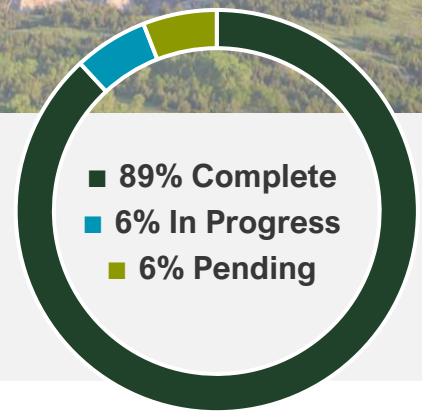
Objectives	Completed
1. Develop an annual training plan incorporating behavioral health related trainings and other learning opportunities for Tribal nations and formalize a process for requesting trainings and learning opportunities.	25%

### 11.3: Through the System of Care Initiative, create sustainable funding pathways for Tribal nations to provide behavioral health programming for children, adolescents, and young adults and their families that builds on community-specific strengths, needs, and priorities

Objectives	Completed
1. Develop partnerships and identify opportunities for service implementation with System of Care funding.	67%
2. Develop and implement children's behavioral health service grants that prioritize culturally responsive evidence-based practices, and Indigenous healing practices that minimize barriers to accessing appropriate local, regional and state-wide behavioral health services for American Indian children, adolescents, and young adults with SED and their families.	100%
3. Enhance the infrastructure for sustainable funding pathways for Tribal nations to provide behavioral health programming for children, adolescents, and young adults and their families.	100%

# AIM 12

## Diversify and enhance funding for behavioral health



### 12.1: Develop an organized system for identifying and responding to behavioral health funding opportunities

Objectives	Completed
1. Secure funding for Behavioral Health Division staff time to complete remaining objectives.	100%
2. Designate personnel to coordinate identification and response to behavioral health funding opportunities.	100%
3. Develop a system for identifying behavioral health funding opportunities.	100%
4. Develop a process for responding to behavioral health funding opportunities.	100%

### 12.2: Establish 1915(i) Medicaid state plan amendments to expand community-based services for key populations

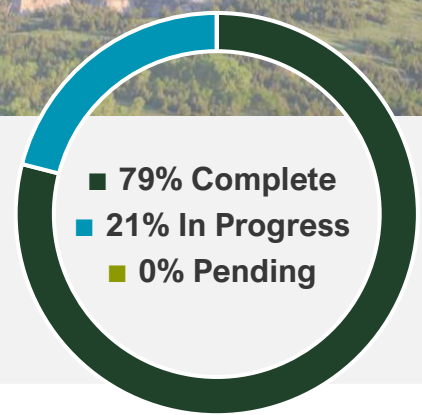
Objectives	Completed
1. Secure legislative approval for the 1915(i) state plan amendments.	100%
2. Draft 1915(i) state plan amendments.	100%
3. Submit 1915(i) state plan amendments to CMS for approval.	100%

### 12.3: Establish peer services as reimbursed service in the Medicaid state plan and the Medicaid expansion plan

Objectives	Completed
1. Secure legislative approval to add peer support as a Medicaid state plan service.	100%
2. If legislative approval is secured, amend the Medicaid state plan to include peer support as a Medicaid state plan service.	Pending
3. Include peer support as covered service under Medicaid expansion.	100%

# AIM 13

## Conduct ongoing, system-wide, data-driven monitoring of need and access



### 13.1: Create the groundwork to align state and local data systems to support system goals of quality, equity, transparency, cross-system collaboration and coordination

Objectives	Completed
1. Establish a data work group with representatives from each relevant entity.	100%
2. Conduct a review of current alignment of state and local data systems.	100%

### 13.2: Review epidemiological data collection and analysis processes and revise to ensure they reflect best practice in identifying and tracking disparities and promoting health equity

Objectives	Completed
1. Conduct an equity review of epidemiological data collection and analysis processes	100%
2. Create HHS guidance on best practice in data collection to support identifying and tracking disparities and promoting health equity.	60%

### 13.3: Invest in infrastructure and establish parameters for a Behavioral Health Division data collection, management, and analysis process

Objectives	Completed
1. Identify investments in infrastructure to support increased capacity for quality data collection, management, and analysis within the BHD.	100%
2. Map current data practices for quality data collection, management, and analysis within the Behavioral Health Division.	Pending