

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 (BHPC) 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, access for all, 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 access and outcomes 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



In summer 2025, BHPC members engaged in a consensus rating process to identify the level of progress made to date on each of the strategic plan aims. The process involved an anonymous survey followed by a daylong structured discussion. BHPC members were asked to rate progress along the following scale:

Consensus Ratings

1

Not Yet

We have not made any significant progress toward this aim.

2

Modest Progress

We have made some steps toward achieving this aim but have not made significant progress.

3

Progressing

We have made significant progress but still have a long way to go.

4

Well on Our Way

We have made significant progress and are well on our way to achieving this aim.

5

Achieved

This aim is nearly or fully achieved.

AIM 1

Consensus Rating:
Well on Our Way

Develop and implement a comprehensive strategic plan

4

1.1: Develop and implement a comprehensive strategic plan

Objectives	Status
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.	Complete
2. Secure funding for ongoing strategic planning support.	Complete
3. Perform ongoing strategic plan monitoring and revisions as appropriate using quarterly progress reports.	In Progress
4. Create 2022 strategic plan based on progress to date and lessons learned.	Complete
5. Strengthen linkages between the BHPC and related stakeholder groups (governmental advisory bodies, coalitions, and community initiatives).	Complete
6. Update dashboard to reflect Behavioral Health Planning Council feedback	In Progress

AIM 2

Consensus Rating:
Modest Progress

Invest in prevention and early intervention

2

2.1: Develop a comprehensive suicide prevention approach

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

2.2: Expand suicide prevention to populations most at risk of dying by suicide

Objectives	Status
1. Research and implement strategies to increase the responsiveness of suicide prevention materials to populations most at risk of dying by suicide.	Complete
2. Expand evidence-based, culturally responsive upstream/primary prevention suicide programs in schools in North Dakota and within tribal nations.	Complete
3. Fund community programming that increases protective factors and community connection for populations most at risk of dying by suicide.	In Progress



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	Status
1. Establish a Suicide Fatality Review Commission.	Complete
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.	Complete

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

Objectives	Status
1. Increase resources and tools available to parents/caregivers, professionals, and communities.	In Progress
2. Enhance communication efforts to increase the use of Parents Lead resources.	In Progress

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

Objectives	Status
1. Increase implementation of evidence-based and culturally relevant prevention activities at the community level.	In Progress
2. Increase implementation of evidence-based and culturally relevant early intervention activities.	In Progress

AIM 3

Ensure all North Dakotans have timely access to behavioral health services

Consensus Rating:
Not Yet

1

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

Objectives	Status
1. Expand funding for mobile crisis teams for children and youth in urban areas.	Complete
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.	Complete
3. Create contract language for mobile crisis teams for children and youth in urban areas.	Complete

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

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



AIM 3

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

Objectives	Status
1. Develop a standardized process for brain injury screening and referral.	Complete
2. Promote brain injury screening across behavioral health community-based programming.	Complete
3. Incorporate brain injury screening into existing behavioral health programming.	In Progress

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

Objectives	Status
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.	Complete
2. Ensure FirstLink has the capacity to respond to all 988 calls, text, and chats.	Complete
3. Develop and implement a communications framework to ensure awareness about 988 in general public and amongst underserved populations.	Complete

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

Objectives	Status
1. Apply for and enroll in ACL State Partnership Program.	Complete
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.	Complete

AIM 4

Expand outpatient and community-based service array

Consensus Rating:
Progressing

3

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	Status
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.	Complete
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.	Complete
3. Expand capacity within HSCs to support transitions from HSC services to primary care for those with lower assessed need.	Complete

4.2: Expand evidence-based, culturally responsive supportive housing

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

AIM 4

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

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

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

Objectives	Status
1. Designate personnel to oversee formalized training and credentialing process.	Complete
2. Establish a formalized training and credentialing process based on local and national best practice that includes endorsements for specific sub-groups	In Progress
3. Establish endorsements for American Indian peer services.	In Progress
4. Establish an endorsement foreign-born peer services.	Complete
5. Establish a training and credentialing process for parent/caregiver peer services.	Complete
6. Establish endorsement for youth peers.	In Progress
7. Establish endorsement for brain injury peer support.	Complete
8. Establish endorsement for military peer support.	Complete



AIM 4

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

Objectives	Status
1. Consult with local and national experts in peer support to establish the scope, audience, and topic areas covered by the standards.	In Progress
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	Status
1. Establish a state CCBHC certification program aligned with federal requirements and best practice.	In Progress
2. Certify CCBHCs throughout the state of North Dakota	In Progress
3. Secure a state plan amendment or demonstration waiver to sustainably fund CCBHCs	In Progress

AIM 5

Consensus Rating:
Modest Progress

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

2

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	Status
1. Secure funding and staff for System of Care Expansion.	Complete

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

Objectives	Status
1. Establish and convene a local steering committee in each of the two implementation regions.	In Progress
2. Develop governance structure for System of Care.	In Progress
3. Build strong and effective partnerships with youth and families through engagement with advocacy groups and provision of family peer support training.	In Progress
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.	Complete
5. Complete a needs assessment addressing gaps in service delivery for children and families to be served.	Complete
6. Develop a System of Care Funding Structure and Sustainability plan.	In Progress



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	Status
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.	Complete
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.	Complete
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.	In Progress
4. Establish fidelity standards and engage in evaluation and continuous quality improvement to apply to all wraparound services in the state.	In Progress

AIM 6

Consensus Rating:
Modest Progress

Continue to implement and refine the current criminal justice strategy

2

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

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

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

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

AIM 6

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

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

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

Objectives	Status
1. Secure funding for implementing training, screening, and referral support for brain injury within DOCR	Complete
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	In Progress
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

Consensus Rating:
Modest Progress

2

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	Status
1. Select a contractor with expertise in Behavioral Health Workforce to facilitate a Behavioral Health Workforce Summit.	Complete
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.	Complete
3. Develop a workforce strategy based on the Behavioral Health Workforce Summit and ongoing engagement with community partners.	Complete
4. Establish and fill a position within the BHD to coordinate behavioral workforce initiatives with community partners.	Complete



AIM 7

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

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

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

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

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

Objectives	Status
1. Establish the Peer Support Association of North Dakota as a peer-run 501 c3 nonprofit corporation.	In Progress
2. Expand and strengthen the peer workforce through resources and trainings.	In Progress



AIM 7

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

Objectives	Status
1. Create an addiction professionals pipeline at universities by providing scholarships.	In Progress
2. Support addiction counselor trainees while in training with a living wage.	Complete
3. Build capacity by increasing training sites and clinical supervisors.	Complete

AIM 8

Consensus Rating:
Progressing

Continue to expand the use of telebehavioral health

3

8.1: Increase the types of services available through telebehavioral health

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

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

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

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

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

AIM 9

Ensure the system reflects values of person-centeredness, access for all, and trauma-informed approaches

Consensus Rating:
Progressing

3

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

Objectives	Status
1. Apply for technical assistance to support statewide plan development and initiation.	Complete
2. Designate an entity to facilitate the development and initiation of statewide plan to enhance person-centered thinking, planning, and practice.	Complete
3. Engage with public stakeholders to outline the importance of person-centered thinking, planning, and practice and inform the statewide plan development.	Complete
4. Build capacity among HHS leadership and administration on person-centered thinking, planning, and practice.	Complete
5. Conduct a cross-system organizational self-assessment of person-centered thinking, planning, and practice.	In Progress
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.	In Progress

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

Objectives	Status
1. Meet with behavioral health leaders in foreign-born communities to understand strengths, needs, and priorities, and identify opportunities to partner with HHS.	Complete



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 for those underserved populations

Objectives

Status

1. Identify populations that are potentially underserved by behavioral health services and programs.

Complete

9.4: Fund ethnic, faith, and community-based organizations serving foreign-born communities to provide behavioral health programming that builds on community specific strengths, needs, and priorities

Objectives

Status

1. Fund ethnic, faith, and community-based organizations serving foreign-born communities to provide behavioral health programming that builds on community-specific strengths, needs, and priorities.

In Progress

9.5: Build provider awareness in responsiveness to serving foreign-born populations.

Objectives

Status

1. Provide responsiveness training to providers serving foreign-born populations.

In Progress



AIM 10

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

Consensus Rating:
Modest Progress



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

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

AIM 11

Consensus Rating:
Modest Progress

Partner with Tribal nations to increase access and outcomes for American Indian populations

2

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

Status

- | | |
|--|----------|
| 1. Meet with behavioral health leaders at each Tribe to understand strengths, needs, and priorities, and identify opportunities to partner with HHS. | Complete |
| 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. | Complete |

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

Objectives

Status

- | | |
|---|-------------|
| 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. | In Progress |
|---|-------------|

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

Status

- | | |
|--|-------------|
| 1. Develop partnerships and identify opportunities for service implementation with System of Care funding. | In Progress |
| 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. | Complete |
| 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. | Complete |

AIM 12

Consensus Rating:
Modest Progress

Diversify and enhance funding for behavioral health

2

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

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

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

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

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

Objectives	Status
1. Secure legislative approval to add peer support as a Medicaid state plan service.	Complete
2. If legislative approval is secured, amend the Medicaid state plan to include peer support as a Medicaid state plan service.	In Progress
3. Include peer support as covered service under Medicaid expansion.	Complete

AIM 13

Consensus Rating:
Modest Progress

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

2

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

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

13.2: Review epidemiological data collection and analysis processes and revise to ensure they reflect best practice in identifying and tracking variations in access and outcomes

Objectives	Status
1. Conduct a review of epidemiological data collection and analysis processes	Complete
2. Create HHS guidance on best practice in data collection to support identifying and tracking variations in access and outcomes	In Progress

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

Objectives	Status
1. Identify investments in infrastructure to support increased capacity for quality data collection, management, and analysis within the BHD.	Complete
2. Map current data practices for quality data collection, management, and analysis within the Behavioral Health Division.	In Progress