North Dakota Behavioral Health Plan

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

HSRI

Updated July 31, 2026

Partners & Purpose

Human Services Research Institute (HSRI) supports the North Dakota Behavioral Health Planning Council (BHPC) and works with service users and families, advocates, providers, administrators, and other North Dakotans **to engage in ongoing system monitoring, planning, and improvements.**

Vision of the Behavioral Health Planning Council

We aspire to a North Dakota where behavioral health is recognized as essential to well-being across the entire lifespan. From childhood through older adulthood, every person is valued and supported through a full continuum of care—delivered at the right time, in the right place, in the right way, and by the right people. Through these services, North Dakotans can thrive—living meaningful, productive, and healthy lives, free from stigma or shame, and sustained by caring, resilient 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

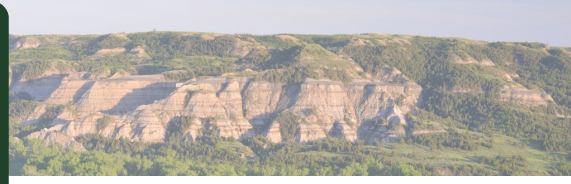
Building on the study recommendations, we identify priority goals within each of 13 aims and establish implementation strategies to enhance the comprehensiveness, integration, cost-effectiveness, and recovery orientation of the behavioral health system to meet the community's needs.

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 and enhance the outpatient and community-based service array for adults
5. Expand and enhance the outpatient and community-based service array for children, youth, and families
6. Strengthen diversion and reentry practices through cross-system collaboration to reduce incarceration, promote community integration, and support justice-involved people
7. Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce
8. Increase access and improve outcomes for rural populations
9. Ensure the system reflects its values through person-centered and trauma-informed practices and ensuring access for all
10. Encourage and support communities to share responsibility with the state for promoting high-quality services
11. Partner with Tribal nations to increase access and improve 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

Understanding this Dashboard



Consensus Ratings

In July 2025 and again in April 2026, 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 structured discussion. BHPC members were asked to rate progress along the following scale:

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.

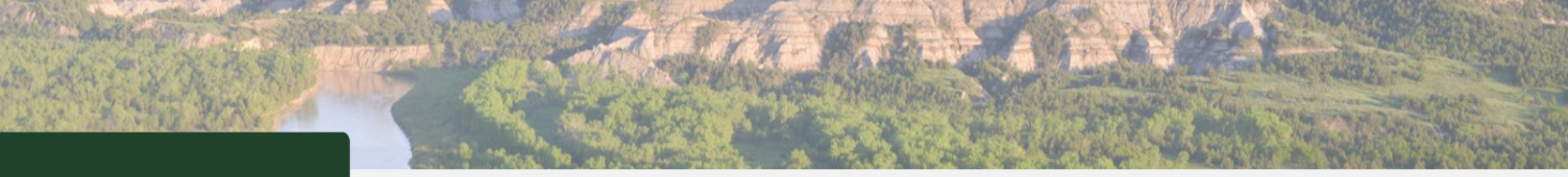
The dashboard combines administrative, survey, and population data from state and federal sources to monitor progress toward North Dakota's Behavioral Health Plan aims. Indicators are selected to illustrate behavioral health need, service access, utilization, and outcomes. Data years vary according to source availability.

Active & Completed Goals

Active goals are displayed below the aim and under the following heading: "*The following [Aim Number] goals are active."* The goal name appears in a horizontal green bar; associated objectives and progress status appear in a list separated by lines:

Goal	
Objectives	**Status**
Objective title	**Listed status**
Objective title	**Listed status**

Completed goals are displayed after active goals in a list with bullet points. Locate completed goals under the following heading: *"The following [Aim Number] goals have been completed."*



AIM 1

Develop and implement a comprehensive strategic plan

Consensus Rating:
Well on Our Way

4

The following Aim 1 goals are active:

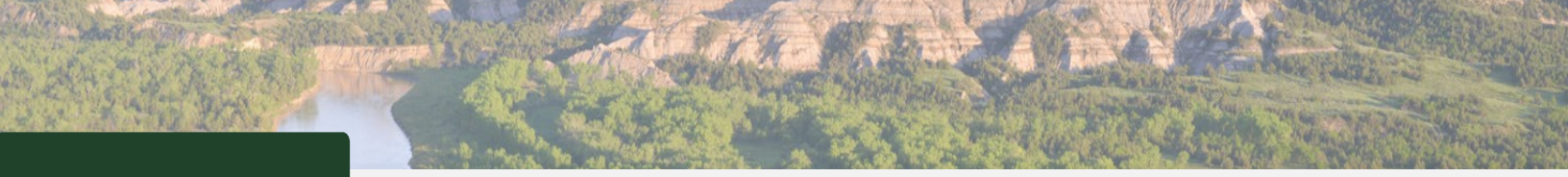
Develop and implement a comprehensive strategic plan	
Objectives	**Status**
Develop a strategic plan based on the recommendations in the 2018 HSRI report that reflects community priorities and contain actionable, feasible strategies for behavioral health systems change.	**Complete**
Secure funding for ongoing strategic planning support.	**Complete**
Perform ongoing strategic plan monitoring and revisions as appropriate using quarterly progress reports.	**In Progress**
Create 2022 strategic plan based on progress to date and lessons learned.	**Complete**
Strengthen linkages between the BHPC and related stakeholder groups (governmental advisory bodies, coalitions, and community initiatives).	**Complete**
Update dashboard to reflect Behavioral Health Planning Council feedback	**In Progress**

Overall plan progress to date

GOALS
31 of 57
Goals completed

OBJECTIVES
79 of 171
Objectives completed

ACTION STEPS
451 of 559
Action steps completed



AIM 2

Consensus Rating:
Modest Progress

Invest in prevention and early intervention

2

The following Aim 2 goals are active:

Establish and implement a Suicide Fatality Review Commission and Suicide Prevention Action Committee

Objectives	Status
Establish 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.	**Complete**
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.	**In Progress**
Convene the Suicide Prevention Action Committee to support the implementation of the recommendations of the Suicide Fatality Review Commission.	**In Progress**

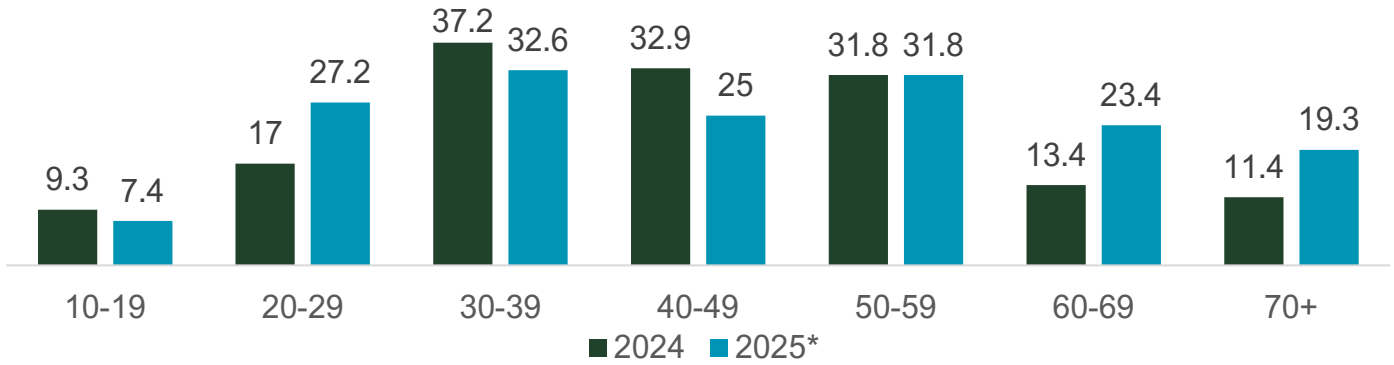
Mental Health Indicators in North Dakota

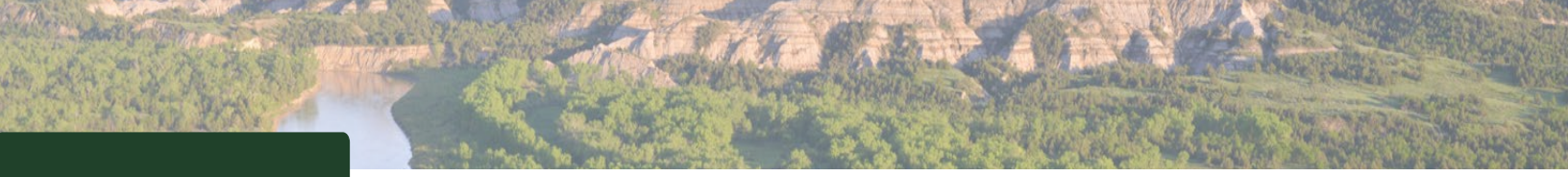
21
Suicide deaths per 100,000[1]

24%
Adults with any mental illness[2]

5%
Adults with serious mental illness[3]

Suicide rate per 100,000 by age group[1]





AIM 2

Reduce underage drinking, adult binge drinking, and related consequences	
Objectives	**Status**
Increase implementation of evidence-based and culturally relevant prevention activities at the community level.	**In Progress**
Increase implementation of evidence-based and culturally relevant early intervention activities.	**In Progress**

Substance Use Indicators in North Dakota

18%
Students currently drinking alcohol, past month[4]

27%
Adult binge drinking[2]

18%
Adult with any substance use disorder[2]

The following Aim 2 goals have been completed:

- Expand suicide prevention activities to populations most at risk of dying by suicide (completed in 2025)
- Develop a comprehensive suicide prevention approach (completed in 2026)
- Enhance prevention efforts to support children's behavioral health through Parents Lead (completed in 2026)

AIM 3

Ensure all North Dakotans have timely access to behavioral health services

Consensus Rating:
Modest Progress

2

The following Aim 3 goals are active:

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

Objectives	Status
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**
Ensure FirstLink has capacity to respond to all 988 calls, text, and chats	**Complete**
Develop and implement a communications framework to ensure awareness about 988 in general public and amongst underserved populations	**Complete**
Establish a process for transferring mental health and substance use-related 911 calls to 988 when appropriate	**In Progress**

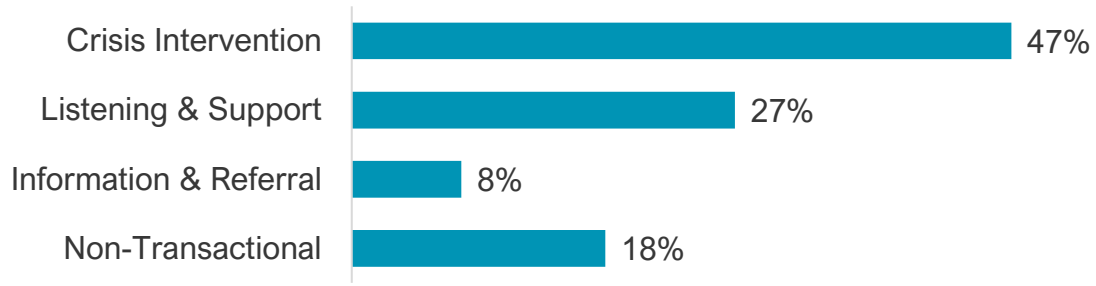
FirstLink 988 calls, texts and chats (Jan – Jul 2026)[5]

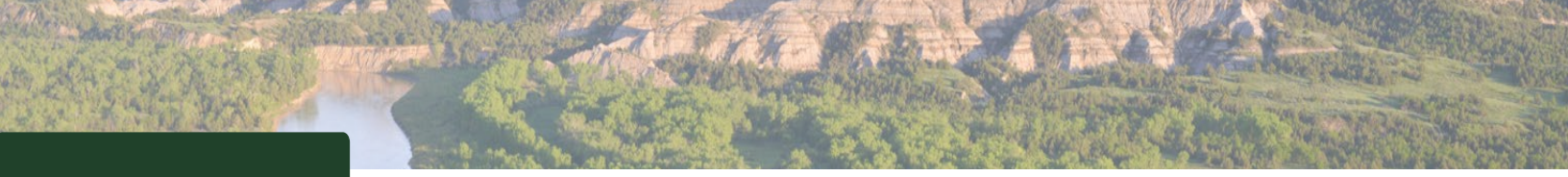
8,945
Calls answered[5]

1,050
Texts answered[5]

688
Chats answered[5]

Interaction Types (Jan - Jul 2026)[5]



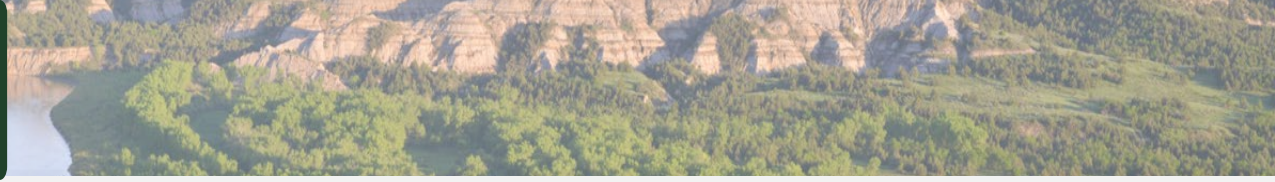


AIM 3

The following Aim 3 goals have been completed:

- Establish statewide mobile crisis teams for children and youth in urban areas (completed in 2021)
- Reduce access barriers to behavioral health services for individuals with brain injury (completed in 2023)
- Enhance the brain injury system of care through the Administration for Community Living State Partnership Program (completed in 2024)
- Incorporate brain injury screening and referral protocols into community-based behavioral health services (completed in 2026)
- Expand access to healthcare for people receiving residential substance use disorder treatment (completed in 2026)

AIM 4



Expand and enhance outpatient and community-based service array for adults

Consensus Rating:
Progressing

3

The following Aim 4 goals are active:

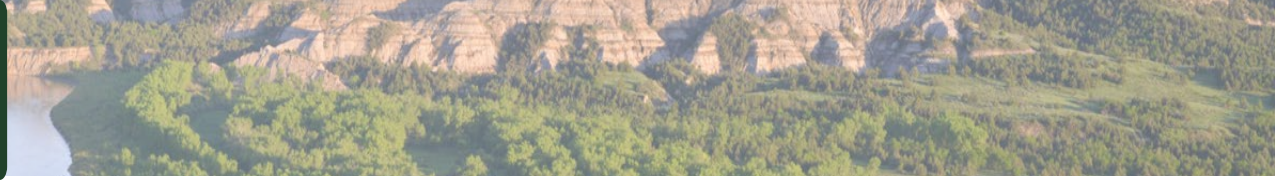
Expand evidence-based, culturally responsive supportive housing	
Objectives	**Status**
Receive technical assistance through the Medicaid Innovation Accelerator Program.	**Complete**
Increase access to supportive housing in rural areas.	**Complete**
Establish quality standards for all supportive housing services in the state.	**Complete**
Engage in evaluation and continuous quality improvement to support sustainability of supportive housing services.	**Complete**
Finance additional permanent supportive housing.	**Complete**
Examine available data to understand community needs for supportive housing and other housing supports	**Complete**
Expand PSH provider capacity to bill Medicaid for supportive services	**In Progress**

32,627
Civilian population 18+ with a serious mental illness[3]

4,125
Adults with SMI receiving services in a public behavioral health clinic[6]

13%
Penetration rate[6]
Adults with SMI receiving services in a public behavioral health clinic

AIM 4

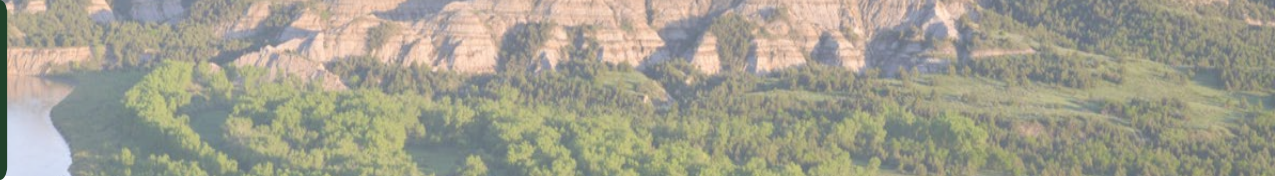


Establish a long-term structured residential option for people with significant mental health and co-occurring substance use disorder and medical support needs	
Objectives	**Status**
Conduct a study to understand community needs and develop a sustainable long-term structured residential program model.	**In Progress**

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**
Establish a state CCBHC certification program aligned with federal requirements and best practice.	**In Progress**
Certify CCBHCs throughout the state of North Dakota	**In Progress**
Secure a state plan amendment or demonstration waiver to sustainably fund CCBHCs	**In Progress**

Establish a formalized training and certification process for peer support specialists	
Objectives	**Status**
Designate personnel to oversee formalized training and credentialing process.	**Complete**
Establish a formalized training and credentialing process based on local and national best practice that includes endorsements for specific sub-groups	**In Progress**
Establish endorsements for American Indian peer services.	**Complete**
Establish an endorsement foreign-born peer services.	**Complete**
Establish a training and credentialing process for parent/caregiver peer services.	**Complete**
Establish endorsement for brain injury peer support.	**Complete**
Establish endorsement for military peer support.	**Complete**

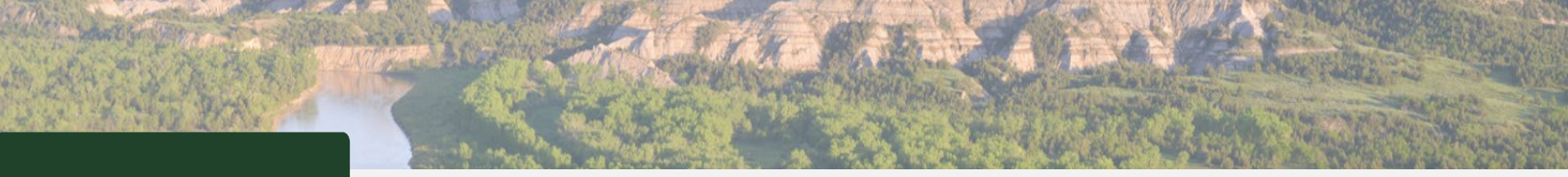
AIM 4



Establish standards for integration of peer support into the behavioral health system	
Objectives	**Status**
Consult with local and national experts in peer support to establish the scope, audience, and topic areas covered by the standards.	**Complete**
Establish standards for integration of peer support into the behavioral health system.	**In Progress**

The following Aim 4 goals have been completed:

- Provide targeted case management services based on assessed need, with a focus on enhancing self-sufficiency and connecting to natural supports and appropriate services (completed in 2021)



AIM 5

Expand and enhance the outpatient and community-based service array for children, youth, and families

Consensus Rating:
Not Yet

1

The following Aim 5 goals are active:

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

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

9,405

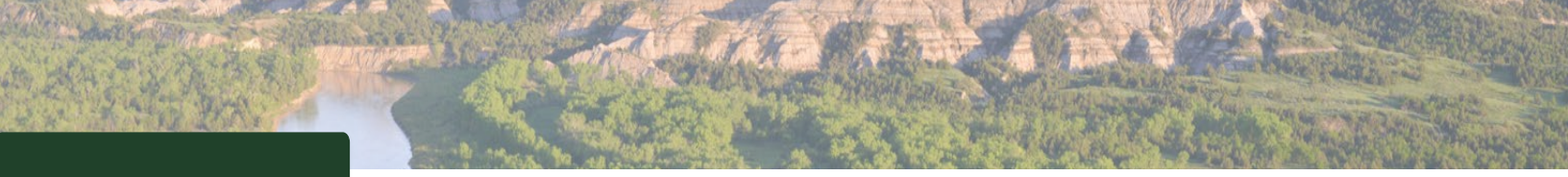
Number of Children 9-17 with significant mental health need[3]

1,184

Children 0-17 with significant health need receiving services in a public behavioral health clinic[6]

13%

Penetration rate (average)[6]
Children 0-17 with a significant mental health need receiving services in a public behavioral health clinic



AIM 5

Expand partial hospitalization and intensive day treatment services for children and youth

Objectives	Status
Implement a child and adolescent partial hospitalization program in one region	**In Progress**
Implement a child and adolescent Partial Hospitalization Program or intensive day treatment program in one additional region	**In Progress**

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

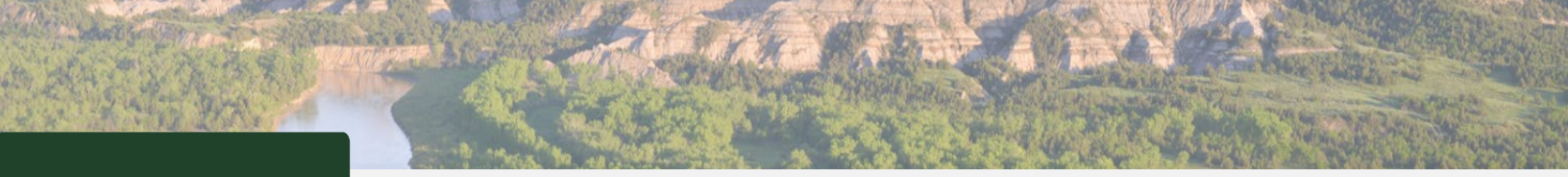
Objectives	Status
Maximize opportunities for Medicaid reimbursement of school-based mental health and substance use disorder treatment services	**Complete**
Develop and disseminate a tool for schools to use in developing comprehensive behavioral health supports	**Complete**
Provide grant funding to schools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

Expand Parent and Caregiver Peer Support across the state

Objectives	Status
Hire Parent and Caregiver Peers and provide training and technical assistance	**In Progress**
Develop infrastructure to support the expansion of Parent and Caregiver Peer Support	**In Progress**

The following Aim 5 goals have been completed:

- Establish funding and full-time staff to support the development of System of Care for Children with complex needs and their families (completed in 2023)
- Increase access to high-quality and culturally appropriate services for children and their families in the identified System of Care regions (completed in 2024)
- Establish a residential substance use treatment program for pregnant and parenting women (completed in 2025)



AIM 6

Strengthen diversion and reentry practices through cross-system collaboration

Consensus Rating:
Modest Progress

2

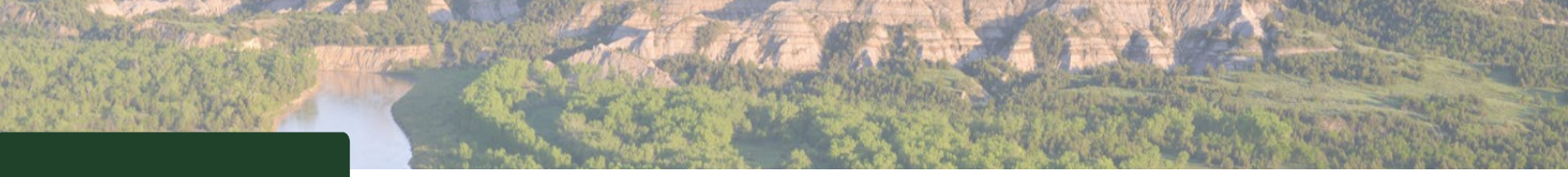
The following Aim 6 goals are active:

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

Objectives	Status
Secure funding for implementing training, screening, and referral support for brain injury within DOCR	**Complete**
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	**Complete**
Implement a brain injury training curriculum for DOCR	**In Progress**
Implement a support and referral protocol to provide resource facilitation during community reentry	**In Progress**

Train, certify, employ, and support DOCR residents to provide peer support within DOCR facilities

Objectives	Status
Provide peer support training within four DOCR facilities	**In Progress**
Certify DOCR residents as peer support specialists	**In Progress**
Employ and support DOCR residents as peer support specialists	**In Progress**

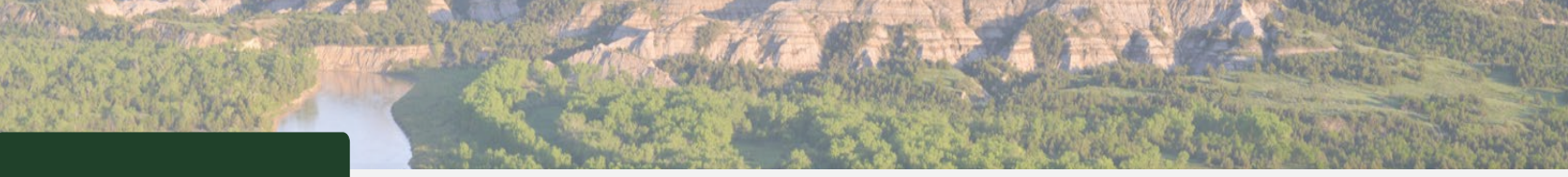


AIM 6

Provide residential substance use treatment for people on probation who are at risk of revocation	
Objectives	**Status**
Re-open the Tompkins Rehabilitation and Corrections Center.	**Complete**
Provide residential substance use treatment to people on probation at risk of revocation.	**In Progress**

The following Aim 6 goals have been completed:

- Implement a statewide Crisis Intervention Team training initiative for law enforcement, other first responders, and jail and prison staff (completed in 2024)
- Implement training on trauma-informed approaches—including vicarious trauma and self-care—for all criminal justice staff (completed in 2025)
- Review jail capacity for behavioral health needs identification, support, and referral, and create a plan to fill gaps (completed in 2026)



AIM 7

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

Consensus Rating:
Modest Progress

2

** 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.*

The following Aim 7 goals are active:

Establish a statewide peer support organization as an alliance to expand and strengthen the peer support workforce

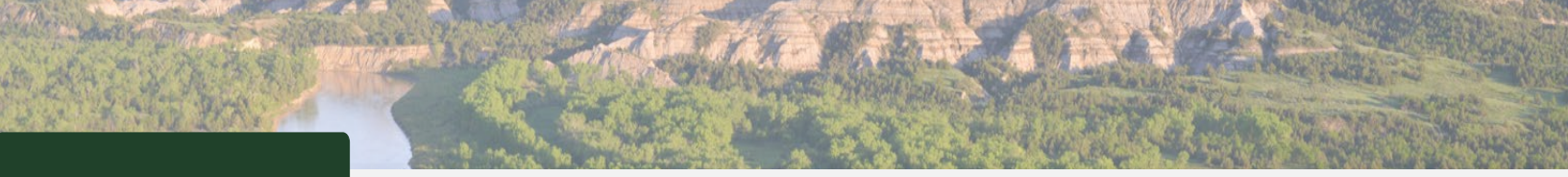
Objectives	Status
Establish the Peer Support Association of North Dakota as a peer-run 501 c3 nonprofit corporation.	In Progress
Expand and strengthen the peer workforce through resources and trainings.	In Progress

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

Objectives	Status
Create an addiction professionals pipeline at colleges and universities by providing scholarships and expanding training.	In Progress
Support addiction counselor trainees while in training with a living wage.	In Progress
Build capacity by increasing training sites and clinical supervisors.	In Progress
Establish a pilot to create a seamless pathway to licensure for members of rural, disadvantaged, and diverse populations - including American Indian participants - who can remain in in their communities throughout their education	In Progress

The following Aim 7 goals have been completed:

- Develop a program for recruitment and retention support to assist with attracting and retaining skilled providers (completed in 2022)
- Develop and implement a Behavioral Health Workforce strategy based on community summits and national best practices (completed in 2024)
- Expand loan repayment programs for behavioral health students working in areas of need (completed in 2024)



AIM 8

Consensus Rating:
Modest Progress

Increase access and improve outcomes for rural populations

2

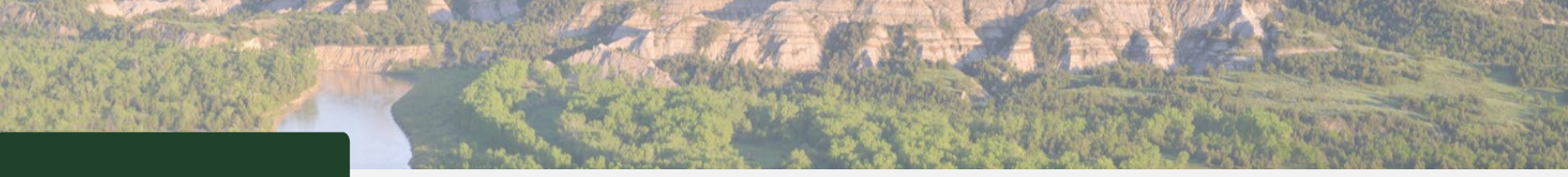
There are no active Aim 8 goals.

The following Aim 8 goals have been completed:

- Increase the types of services available through telebehavioral health (completed in 2026)
- Enhance capacity of community providers to provide telebehavioral health services through education and awareness (completed in 2024)
- Enhance mobile crisis capacity & reach by providing technology, training, & telebehavioral health crisis response through law enforcement entities in rural areas (completed in 2025)

304,105
Population living in rural areas[7]

39%
Total population living in rural areas[7]



AIM 9

Consensus Rating:
Progressing

Ensure the system reflects its values through person-centered and trauma-informed practices and ensuring access for all

3

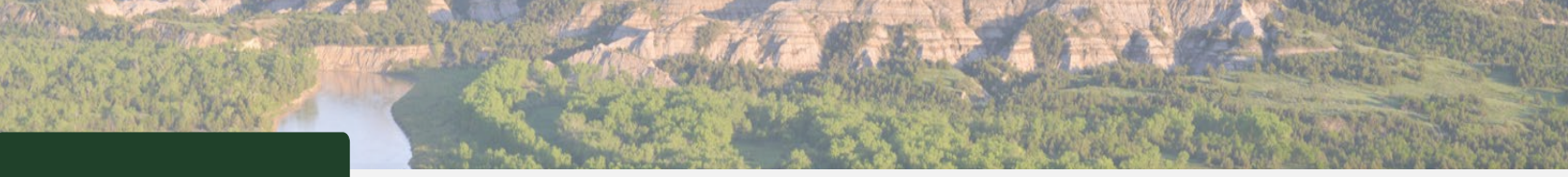
The following Aim 9 goals are active:

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

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

The following Aim 9 goals have been completed:

- 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 (completed in 2023)
- 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 (completed in 2023)
- 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 (completed in 2025)
- Build provider awareness in responsiveness to serving foreign-born populations (completed in 2025)
- Continue partnerships between BHD, CEU, ORS, and other relevant HHS divisions to support and partner on initiatives that are responsive to foreign-born communities' priorities and needs (completed in 2026)



AIM 10

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

Consensus Rating:
Modest Progress

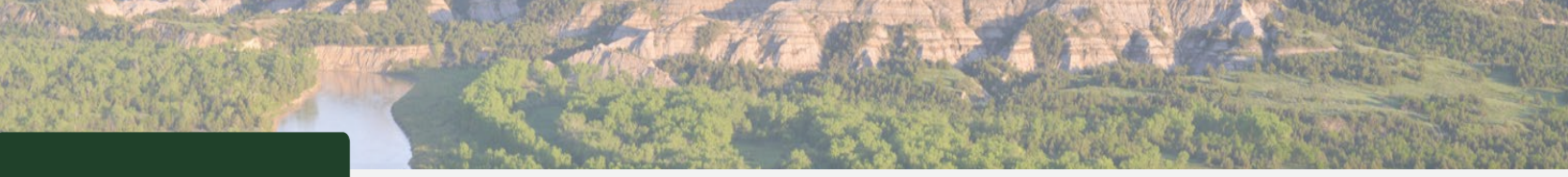
2

Provide support and resources to enhance lived experience involvement in behavioral health advocacy, programs, and initiatives

Objectives	Status
Fund a community-based organization to provide support and resources to enhance lived experience involvement in behavioral health advocacy, programs, and initiatives.	**Complete**
Provide support and resources to enhance lived experience involvement of adults in behavioral health programs and initiatives	**In Progress**
Provide scholarships to support people with lived experience to attend the state Behavioral Health Conference.	**In Progress**

The following Aim 10 goals have been completed:

- Include dedicated trainings and sessions at the state Behavioral Health Conference on advocacy skills and partnerships with advocacy communities (completed in 2023)



AIM 11

Consensus Rating:
Modest Progress

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

2

The following Aim 11 goals are active:

Establish a coordinated strategy within HHS (between BHD, CEU, and other relevant divisions) to support and partner on initiatives that are responsive to Tribal communities' priorities and needs.

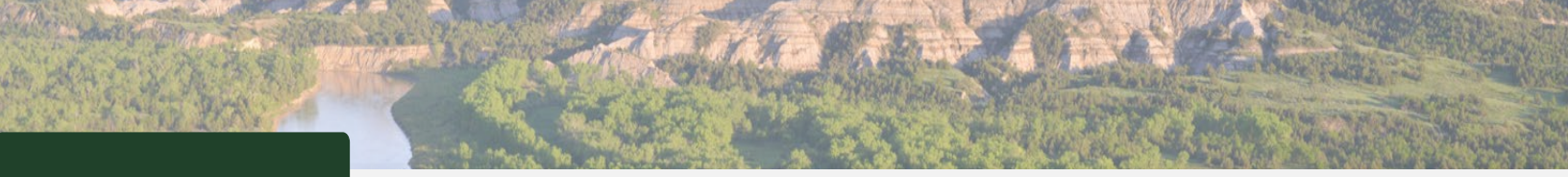
Objectives	Status
Establish a coordinated strategy within HHS (between BHD, CEU, and other relevant divisions) to support and partner on initiatives that are responsive to Tribal communities' priorities and needs.	**In Progress**

Expand capacity for culturally-informed trauma-focused treatment for youth through Project HEAL

Objectives	Status
Provide education on historical trauma for child-serving professionals	**In Progress**
Provide culturally-informed trauma-focused treatment trainings for clinicians	**In Progress**

The following Aim 11 goals have been completed:

- 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 (completed in 2023)
- 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 (completed in 2025)



AIM 12

Consensus Rating:
Modest Progress

Diversify and enhance funding for behavioral health

2

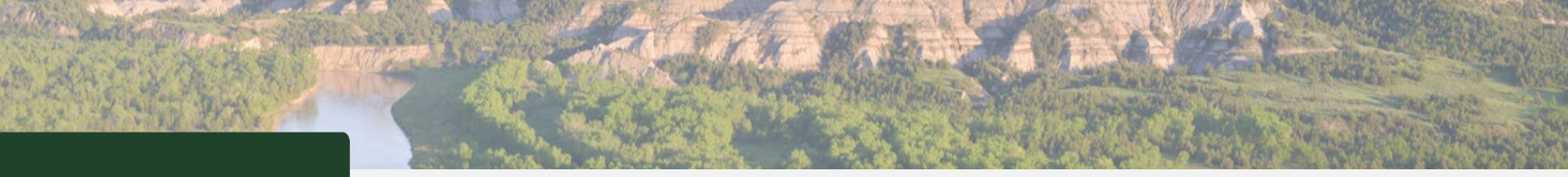
The following Aim 12 goals are active:

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

Objectives	Status
Secure legislative approval to add peer support as a Medicaid state plan service.	**Complete**
If legislative approval is secured, amend the Medicaid state plan to include peer support as a Medicaid state plan service.	**Pending**
Include peer support as covered service under Medicaid expansion.	**Complete**
Amend the Medicaid state plan to include long-term remission monitoring which can be provided by a peer support specialist.	**In Progress**

The following Aim 12 goals have been completed:

- Develop an organized system for identifying and responding to behavioral health funding opportunities (completed in 2023)
- Establish 1915(i) Medicaid state plan amendments to expand community-based services for key populations (completed in 2026)



AIM 13

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

Consensus Rating:
Modest Progress

2

The following Aim 13 goals are active:

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

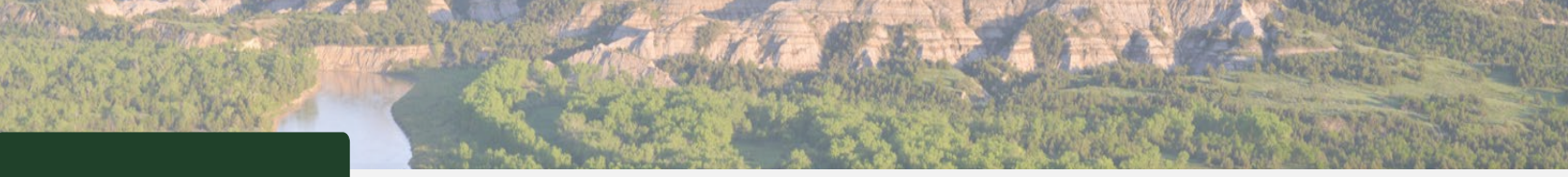
Objectives	Status
Conduct a review of epidemiological data collection and analysis processes	**Complete**
Create HHS guidance on best practice in data collection to support identifying and tracking variations in access and outcomes	**In Progress**

Align state and local data systems to support system goals of quality, transparency, and community health

Objectives	Status
Establish a Quality and Technical Services team within the Behavioral Health Division	**Complete**
Modernize the Behavioral Health Division data infrastructure through the creation of a data warehouse and establishment of a data governance framework	**In Progress**
Modernize the electronic health record system for HHS clinics	**In Progress**
Develop and implement a BHD-wide quality framework.	**In Progress**

The following Aim 13 goals have been completed:

- Expand the State Epidemiological Outcomes Workgroup to include data related to mental health in addition to substance use (completed in 2022)



SOURCES

Data Source Notes

This dashboard integrates multiple data systems to track implementation progress and monitor behavioral health outcomes across North Dakota.

Outcome Metrics

1 North Dakota Department of Health and Human Services (2025). The number of suicide deaths per 100,000 and suicide deaths per age group derived from North Dakota Violent Death Reporting System. Data for 2025 are estimated based on partial year data.

2 National Survey on Drug Use and Health (2023). 2022 – 2023 estimates for adult mental health conditions, substance use and substance use measures in the past year.

3. Substance Abuse and Mental Health Services Administration (2024). Adults with serious mental illness (SMI) and children aged 9 – 17 with significant mental health need* prevalence derived from 2024 SAMHSA state-by-state report estimates SMI using Census population data and federally approved estimation methodologies to quantify prevalence across the US.

*In this dashboard we used the term "significant mental health need" to refer to children and youth meeting the federal definition for "serious emotional disturbance"

4. Youth Risk Behavior Survey (2025). Percentage of students who currently drank at least one drink of alcohol, on at least 1 day during the 30 days prior to the survey. Report received from ND HHS.

5. FirstLink (2026). 988 utilization up to July 2026. Data received from ND HHS.

6. Uniform Reporting System Output Tables (2025). Summary information on State Mental Health Agencies clients served from July 2024 to June 2025 compiled and reported annually as part of SAMHSA's Community Mental Health Services Block Grant Report requirements. Penetration rates were manually calculated using the number of eligible adults and children** and the numbers receiving services from public behavioral health clinics.

**The age groups used to calculate the youth penetration rate vary slightly.

7. U.S. Census Bureau (2020). Urban and Rural. Decennial Census.