

North Dakota Behavioral Health Vision 2020: 2019 Strategic Goals

January 2018

Background

HSRI is supporting the North Dakota Behavioral Health Planning Council to engage in coordinated, data-driven system transformation activities based on the recommendations from the 2018 Behavioral Health System Study. This document outlines the 2019 strategic goals selected during the *Prioritization and Refinement* phase of the work (for more information about the overall strategic planning process, see the [Strategic Plan Protocol](#))

Using the 2018 [North Dakota Behavioral Health System Study](#) as a starting point, HSRI generated a [comprehensive list of strategic goals](#), which were reviewed and vetted with the Behavioral Health Planning Council and other stakeholders. Next, HSRI hosted an online survey asking public stakeholders to review the strategic goals and identify which goals they saw as having highest priority. In all, 570 people took the survey, and a [summary of the results](#) is available on the project website.

Goal Selection Process

During the December 19, 2018 meeting of the Behavioral Health Planning Council, members reviewed the survey results and agreed that the five goals rated as having highest priority by public stakeholders will be included in the 2019 strategic plan. Next, the Behavioral Health Planning Council engaged in a prioritization exercise in which each member was invited to nominate one strategic goal for inclusion in the 2019 Strategic Plan. Members were asked to consider the following criteria in selecting the goals:

- **Actionable** - Can stakeholders take actions to advance policy and practice to reach the goal? Are anticipated barriers to progress surmountable?
- **Timely** - Can the goal be accomplished in 2019? Or for longer-range goals, can a key objective be accomplished during 2019?
- **Integral** - Will achieving this goal set the state on a course to continue transformation by changing the underlying structures or practices of the system itself? Will this goal create a system that is better-able to reach goals in the future?
- **Values-driven** - Does it promote community values and priorities including equity, person-centeredness, trauma-informed care, and fiscal responsibility?

After the meeting, Behavioral Health Planning Council members who were not present at the meeting were invited to nominate goals as well. Finally, HSRI nominated five goals in our role as system experts and facilitators of the strategic planning process.

2019 Strategic Goals

The process outlined above resulted in the selection of the following strategic goals:

Goal #1 Invest in prevention and early intervention

1.1 Implement Zero Suicide statewide

1.2 Expand the implementation of activities focused on decreasing risk factors and increasing protective factors to prevent suicide, with a focus on groups and individuals identified as high

risk, including American Indian populations, LGBTQ/gender non-conforming individuals, older adults, and military service members, veterans, family members, and survivors

Goal #2 Ensure all North Dakotans have timely access to behavioral health services

- 2.1 Identify universal age-appropriate, culturally-sensitive behavioral health screening instruments (including trauma, brain injury) for children and adults
- 2.2 Establish statewide mobile crisis teams for children and youth in urban areas
- 2.3 Ensure people with brain injury and psychiatric disability are aware of eligibility services through all avenues, including Medicaid Waiver Services

Goal #3 Expand outpatient and community-based service array

- 3.1 Provide case management services on a continuum of duration and intensity based on assessed need, with a focus on enhancing self-sufficiency and connecting to natural supports
- 3.2 Expand evidence-based supportive housing
- 3.3 Expand school-based mental health and substance use disorder treatment services for children and youth

Goal #4 Enhance and streamline system of care for children and youth with complex needs

- 4.1 Establish and ratify a shared vision of a community system of care for children and youth
- 4.2 Expand culturally-responsive, evidence-based, trauma-informed wraparound services for children and families involved in multiple systems
- 4.3 Expand in-home community supports for children, youth, and families, including family skills training and family peers

Goal #5 Continue to implement and refine the current criminal justice strategy

- 5.1 Implement Crisis Intervention Team training for all law enforcement officers and emergency medical responders statewide, with e-learning options for those in rural areas
- 5.2 Implement training on trauma-informed approaches – including vicarious trauma and self-care – for all criminal justice staff
- 5.3 Review behavioral health treatment capacity in jails and create a plan to fill gaps

Goal #6 Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce

- 6.1 Designate a single entity responsible for supporting behavioral health workforce implementation
- 6.2 Develop a program for providing recruitment and retention support to assist with attracting providers to fill needed positions and retain skilled workforce
- 6.3 Expand loan repayment programs for behavioral health students working in areas of need

6.4 Establish a formalized training and certification process for peer support specialists

6.5 Implement credentialing programs for Certified Psychiatric Rehabilitation Professionals

Goal #7 Continue to expand the use of telebehavioral health interventions

7.1 Increase the types of services available through telebehavioral health

Goal #8 Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches

8.1 Develop and initiate action on a statewide plan to enhance overall commitment to person-centeredness across DHS systems

8.2: In partnership with tribal nations and local communities, create an ongoing training program for all behavioral health professionals that includes modules on health equity and American Indian history, culture, and governance

Goal #9 Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services

9.1 Include dedicated trainings and sessions at the state Behavioral Health Conference related to advocacy skills and partnerships with advocacy communities

Goal #10 Partner with tribal nations to increase health equity for American Indian populations

10.1 Re-convene state and tribal leaders to review behavioral health strategic goals and explore an aligned strategic planning process

Goal #11 Diversify and enhance funding for behavioral health

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

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

11.3 Establish peer services as a reimbursed service in the Medicaid state plan

Goal #12 Conduct ongoing, system-wide, data-driven monitoring of need and access

12.1 Draft a ten-year plan for aligning DHS and other state and local data systems to support system goals and increase readiness for implementing value-based payment models