PROJECT DASHBOARD

North Dakota Plan for Behavioral Health

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Partners & Purpose

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

Vision

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.

North Dakota Behavioral Health System Study

In 2017-2018, HSRI and the North Dakota Department of Human Services Behavioral Health Division conducted an analysis of North Dakota's behavioral health system, including use and expenses. The final report details the findings and provides 13 areas of recommendations for improvement.

The Plan

Building on the recommendations from the study, we identified priority goals and established implementation strategies to enhance the comprehensiveness,



integration, cost-effectiveness, and recovery orientation of the behavioral health system to effectively and equitably meet the needs of the community.

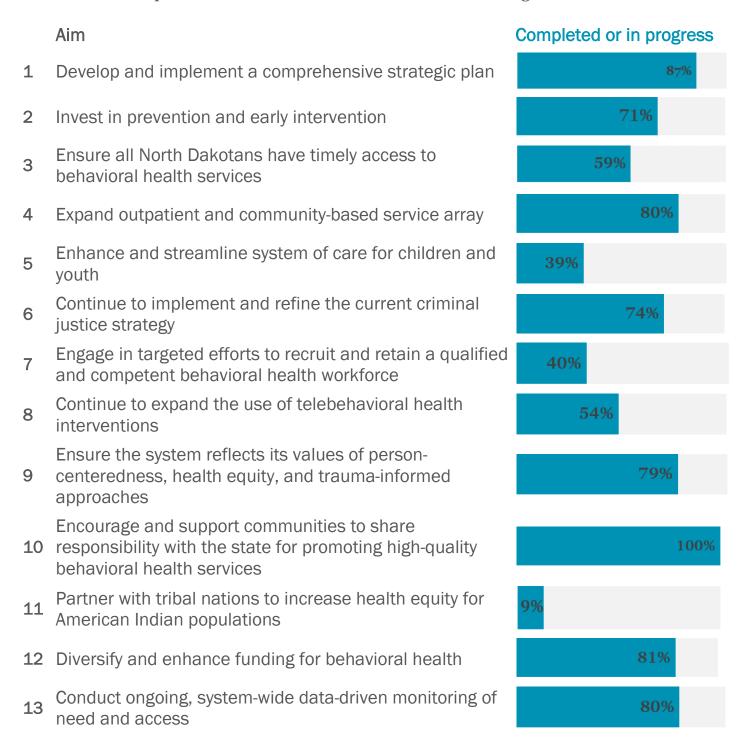
How to Use This Dashboard

This dashboard summarizes the goals and objectives of The Plan and is updated every three months. The information can be used to inform and educate, track project status, and encourage participation with local and state entities to improve the behavioral health system.



Summary

After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected **13 aims with 28 goals**. Many of these goals will take several years to achieve. To track progress, we've created objectives, action steps, benchmarks, completion dates, and indicators of success for each goal.



AIM 1

Develop and implement a comprehensive strategic plan

How We're Achieving This Aim





1.1 Develop and implement a comprehensive strategic plan

Objectives Complete

Develop a strategic plan based on the recommendations in the 2018 HSRI report that reflects community priorities and contains actionable, feasible strategies for behavioral health systems change



2 Secure funding for ongoing strategic planning support



Perform ongoing strategic plan monitoring and revisions as appropriate using quarterly progress reports



4 Create 2022 strategic plan based on progress to date and lessons learned

Strengthen linkages between the BHPC and related stakeholdergroups (governmental advisory bodies, coalitions, and community initiatives)

Invest in prevention and early intervention

How We're Achieving This Aim

2 + 9
Goals Objectives

21 Action Steps

71%

71% completed or in progress

2.1 Develop a comprehensive suicide prevention approach

	Objectives	Complete
1	Develop cross-cutting workgroup (including both public and private entities)	50%
2	Conduct a scan of suicide prevention activities in all behavioral health and primary healthcare systems in the state	
3	Engage with the community to enhance awareness and gather information on community priorities for suicide prevention to inform a comprehensive suicide prevention plan	50%
4	Develop the comprehensive suicide prevention plan focused on decreasing risk factors and increasing protective factors	50%

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 Complete Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for LGBTQ and gender nonconforming communities Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for American Indian populations Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for service members, veterans, family members, and survivors Expand evidence-based, culturally responsive upstream/primary prevention suicide programs in schools in North Dakota and within tribal nations Work with higher education programs that train school counselors to adopt suicide prevention training models in alignment with workgroup 50%

recommendations

Ensure all North Dakotans have timely access to behavioral health services

How We're Achieving This Aim





3.1 Identify universal age-appropriate, culturally sensitive, evidence-based behavioral health—mental health, substance use, brain injury, and traumascreening instruments for children and adults in all human services settings

Objectives Complete

- Conduct a scan of behavioral health screening instruments and processes currently used in all human services settings
- 2 Identify a set of behavioral health screening instruments for use in all human services settings
- Assess administrative rules and revise as needed to include requirements for completing screenings, and ensure all new contracts include a requirement to complete screenings
- Revise policies so information from evidence-based trauma screening tools are privileged and may only be used for screening, treatment, referral, and services, or in the aggregate for data monitoring and analysis



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

Objectives Complete

Expand funding for mobile crisis teams for children and youth in urban areas



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



Create contract language for mobile crisis teams for children and youth in urban areas



3.3 Ensure people with brain injury and psychiatric disability are aware of eligibility services through all avenues, including Medicaid Services

Objectives Complete

Review and revise Nursing Facility Level of Care criteria to reduce access barriers for people with brain injury



2 Review eligibility determination processes across all DHS Divisions to identify access barriers for people with brain injury



- Based on the review, revise policy and procedure to reduce access barriers for people with brain injury
- Promote provider awareness of services and eligibility using accurate and up-to-date materials
- Establish navigation to facilitate eligibility determination and referral to services for people with brain injury
- Incorporate information about brain injury prevention into existing behavioral health prevention programming

Expand outpatient and communitybased service array

How We're Achieving This Aim

3 + 10
Goals Objectives

80% completed or in progress

25 Action Steps

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 Complete

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



Use the Daily Living Activities Functional Assessment (DLA) to inform
 transitions to and from targeted case management consistently across
 Human Service Center (HSC) regions



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



4.2 Expand evidence-based, culturally supportive housing

	Objectives	Complete
1	Receive technical assistance through the Medicaid Innovation Accelerator Program	✓
2	Increase access to supportive housing in rural areas	\
3	Establish quality standards for all supportive housing services in the state	50%
4	Engage in evaluation and continuous quality improvement to support sustainability of supportive housing services	
5	Finance additional permanent supportive housing	60%

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

	Objectives	Complete
1	Maximize opportunities for Medicaid reimbursement of school-based mental health and substance use disorder treatment services	50%
2	Develop and disseminate a tool for schools to use in developing comprehensive behavioral health supports	\

Enhance and streamline system of care for children and youth

How We're Achieving This Aim





5.1 Establish and ratify a shared vision of a community system of care for children and youth

Objectives Complete

- 1 Establish a vision of a state system of care for children and youth
- 2 Convene all relevant stakeholders to ratify the shared vision of a community system of care for children and youth
- Submit a response to the SAMHSA System of Care Expansion and Sustainability Grant Funding Opportunity Announcement to support system of care planning and expansion in North Dakota



5.2 Expand culturally responsive, evidence-based, trauma-informed wraparound services for children and families

Objectives

Establish a shared definition of wraparound services that will be used in future contractual and policy documents

Establish fidelity standards to apply to all wraparound services in the state

Engage in evaluation and continuous quality improvement to support

5.3 Expand in-home community supports for children, youth, and families—including family skills training and family peers

Objectives Complete

- Map the current capacity, location, financing, oversight, eligibility, staffing, and populations served for all existing in-home services in the state
- 2 Expand access to in-home community supports for Medicaid beneficiaries

sustainability of wraparound services

3 Expand access to in-home community supports for individuals without Medicaid

Continue to implement and refine the current criminal justice strategy

How We're Achieving This Aim





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

	Objectives	Complete
1	Identify and secure training resources	
2	Create a plan for a statewide Crisis Intervention Team initiative based on local and national best practice	75%
3	Secure buy-in and commitment from at least one agency of each type in each human services region	50%

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

	Objectives	Complete
1	Select trauma training curricula	67%
2	Develop internal staff resources to help move the DOCR from Traumasensitive to trauma-responsive/trauma-informed	/
3	Secure buy-in and commitment from Department of Corrections and Rehabilitation (DOCR) trainees	\
4	Create an evidence-guided trauma treatment program	
5	Create a plan for sustainability for trauma-reform projects	

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

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

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

How We're Achieving This Aim



30 Action Steps

40%

40% completed or in progress

7.1 Designate a single entity responsible for supporting behavioral health workforce* implementation

* 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

Objectives Complete

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

7.2 Develop a program for providing recruitment and retention support to assist with attracting providers to fill needed positions and retain skilled workforce

Objectives Complete

Conduct a scan of local and national programs to identify preexisting
 untapped resources, barriers to effectiveness of existing resources, and best practice



2 Draft parameters for a program for providing recruitment and retention support based on the scan

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

Objectives Complete

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

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

Objectives Complete

Designate personnel to oversee formalized training and credentialing process



Establish a formalized training and credentialing process based on local and national best practice that includes tracks for specific subgroups including culturally specific peers, family peers, and youth peers



- Establish a track for culturally specific (specific to American Indian and New American populations) peer services
- **4** Establish a track for family peer services
- 5 Establish a track for youth peers
- 6 Establish a track for brain injury peer support

7.5 Implement a program of core competencies for staff providing direct support to people with psychiatric disabilities, substance use disorders, and brain injury (e.g., mental health technicians, case aides, coordinators)

Objectives Complete

- Identify existing and planned behavioral health services and positions for which a core competencies program should be applied
- Establish a set of core competencies for staff providing direct support to people with psychiatric disabilities, substance use disorders, and brain injury
- Modify existing training, credentialing, and certification programs for all positions identified in objective 1 to incorporate the core competencies set
- Incent the use of the core competencies in state regulations, policies, and protocols

Continue to expand the use of telebehavioral health

How We're Achieving This Aim





8.1 Increase the types of services available through telebehavioral health

	Objectives	Complete
1	Identify and facilitate resolution of any regulatory or funding barriers to adoption of telebehavioral health services	25%
2	Develop clear, standardized procedural and regulatory guidelines for telebehavioral health	
3	Identify priority services for telebehavioral health expansion	/
4	Expand capacity for school-based telebehavioral health services	
5	Capitalize on learnings and best practices for telebehavioral health practices that were expanded as a result of the pandemic	

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

How We're Achieving This Aim



assessment



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

	Objectives	Complete
1	Apply for technical assistance to support statewide plan development and initiation	/
2	Designate an entity to facilitate the development and initiation of statewide plan to enhance person-centered thinking, planning, and practice	/
3	Engage with public stakeholders to outline the importance of person- centered thinking, planning, and practice and inform the statewide plan development	/
4	Build capacity among DHS leadership and administration on person- centered thinking, planning, and practice	/
5	Conduct a cross-system organizational self-assessment of person- centered thinking, planning, and practice	50%
6	Develop and execute an action plan to enhance the Behavioral Health Division's commitment to person-centered thinking, planning, and	

practice based on public engagement and organizational self-

AIM 10

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

How We're Achieving This Aim



communities



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

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

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

How We're Achieving This Aim



11 Action Steps

9% completed or in progress

11.1 Convene state and tribal leaders to review behavioral health strategic goals and explore an aligned strategic planning process and options for a training program for all behavioral health professionals that includes modules on health equity and American Indian history, culture, and governance

Objectives Complete

- Attend a meeting of tribal leaders to present strategic planning process and invite leaders to partner
 - Convene a group of key stakeholders in each tribe to further explore alignment with the Strategic Plan. The group will be determined by tribal leadership and may include IHS, tribal health, Urban Indian collaborative (based at NATIVE, Inc.), community health representatives (CHRs), behavioral health personnel in K-12 schools
- collaborative (based at NATIVE, Inc.), community health representatives (CHRs), behavioral health personnel in K-12 schools and tribal colleges, housing departments, social services, tribal courts, behavioral health treatment providers, Child Protective Services and Sanford Tribal Outreach
- 3 Ensure alignment and cultural relevance from an Urban Indian perspective

Objectives Complete

Ensure the strategic planning process is and continues to be aligned with the priorities and initiatives of tribal nations and Urban Indian populations, which may include revisions or additions to the strategic plan

Explore options for creating an ongoing training program for
behavioral health professionals that includes modules on health equity and American Indian history, culture, and governance

Diversify and enhance funding for behavioral health

How We're Achieving This Aim

3 + 9
Goals Objectives

16 Action Steps

81%

81% completed or in progress

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

Objectives Complete

Secure funding for Behavioral Health Division staff time to complete the remaining objectives



- Designate personnel to coordinate identification and response to behavioral health funding opportunities
- Develop a system for identifying behavioral health funding opportunities



4 Develop a process for responding to behavioral health funding opportunities

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

Objectives Complete

1 Secure legislative approval for the 1915(i) state plan amendments



2 Draft 1915(i) state plan amendments



3 Submit 1915(i) state plan amendments to CMS for approval



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

Objectives Complete

Secure legislative approval to add peer support as a Medicaid state plan service



2 If legislative approval is secured, amend the Medicaid state plan to include peer support as a Medicaid state plan service

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







13.1 Draft a 10-year plan for aligning DHS and other state and local data systems to support system goals of quality, equity, transparency, cross-system collaboration and coordination

Objectives

Establish a data work group with representatives from each relevant entity

Conduct a review of current alignment of state and local data systems

50%

Draft a 10-year plan based on review of state and local data systems