BEHAVIORAL HEALTH

A state of mental/emotional being and/or choices and actions that affect WELLNESS.

- Preventing and treating depression and anxiety
- Preventing and treating substance use disorder or other addictions
- Supporting recovery
- Creating healthy communities
- Promoting overall well-being
BEHAVIORAL HEALTH IS HEALTH
BEHAVIORAL HEALTH AND EDUCATION INTEGRATION
NEW EFFORTS

- Prevention/Early Intervention Pilot Grant
- School Behavioral Health Grants
- Behavioral Health Resource Coordinator Support
- 1915i Medicaid State Plan Amendment
The goal of the ND Prevention and Early Intervention Pilot Grant is to develop a pilot which demonstrates improvement to children’s behavioral health in a school setting. The goal of this project is to learn with schools on how a fully integrated continuum of support could look in schools throughout North Dakota.

The appropriation for this effort can be reviewed in Section 24 of Senate Bill 2012.

Simle Middle School (Bismarck Public Schools) was awarded the original Pilot funding in October 2018.

2019 Legislative Session established expansion of the pilot to included 2 additional schools serving rural and tribal schools.
Applications available August 3rd
Due September 15th

Applications will be accepted from North Dakota public or private elementary or secondary schools which are able to demonstrate the following criteria:

▪ Serves a majority tribal and/or rural population
▪ Leadership support for innovative solutions regarding behavioral health.
▪ Successful implementation of the Multi-Tier Systems of Support (MTSS). Preferred candidates will articulate their Tier 1 interventions along with evidence of data collected.
▪ Readiness to implement strategies within 30 days of award.
▪ Ability to develop and implement a sustainability plan once the grant funds end.
Grants up to $75,000 will be awarded by October 1, 2020

Implementation period of the grants will be for the 2020-2021 school year.

Simle Middle School implementation resources and support will be available to awarded grantees. These resources include step by step implementation guide, assessment tools, templates, data collection, team to team coaching, onsite support, etc.
Prevention and Early Intervention School
Grant Application OPEN!

Applications will be accepted from North Dakota public or private elementary or secondary schools which are able to demonstrate the following criteria:

- Serves a majority tribal and/or rural population
- Leadership support for innovative solutions regarding behavioral health.
- Successful implementation of the Multi-Tier Systems of Support (MTSS). Preferred candidates will articulate their Tier 1 interventions along with evidence of data collected.
- Readiness to implement strategies within 30 days of award.
- Ability to develop and implement a sustainability plan once the grant funds end.

Read more about behavioral health and education integration in ND.
Applications available end of August
Open applications until funding is exhausted.

The sum of $1,500,000 for the purpose of providing behavioral health services and support grants to school districts to address student behavioral health needs.

• To be eligible to receive a student behavioral health grant, a school district must submit a plan to the department of human services detailing collaboration with other regional school districts regarding student behavioral health needs and the use of grant funding to develop student behavioral health interventions.

• A school district may not use grant funding to duplicate or fund existing services.
Post Request for Proposal mid-August
Launch of support services October/November

To include:
- Behavioral health and prevention resources
- Emergency medical contacts and resources
- Links to applicable grants and funding
- Multi-tiered Systems of Support (MTSS) resources
- Professional development resources
- Webinars/trainings
UPCOMING INITIATIVES

**August 3**
Prevention and Early Intervention Pilot Grant Application live

**August 10 (approximately)**
Behavioral Health Resource Coordinator Support Request for Proposal posted

**End of August**
School Behavioral Health Grant Application live (ongoing application and award period while funding is available)

**Sept. 15**
Prevention and Early Intervention Pilot Grant Applications due

**Oct. 1**
1915(i) services reimbursable
Prevention and Early Intervention Pilot Grant to be awarded

**November**
Behavioral Health Resource Coordinator Support Implementation
Behavioral Health and Education

ND Behavioral Health and Education Integration Efforts

Timeline

**ND Behavioral Health Transformation overview** (Spring 2020)

Watch Pamela Sagness, director of the Behavioral Health Division in the North Dakota Department of Human Services provide a presentation at the 2019 Governor's Summit on Innovative Education.

Upcoming Opportunities

**Prevention and Early Intervention Pilot Grant**

**Behavioral Health School Grant Funding**

**Behavioral Health Resource Coordinators**

**1915(i) Medicaid State Plan Amendment**

[Learn More] [Learn More] [Learn More] [Learn More]
1915i MEDICAID STATE PLAN AMENDMENT
During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services (Department) to create a Medicaid 1915(i) State Plan Amendment.

The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.
North Dakota’s 1915(i) Medicaid State Plan Amendment draft proposes to serve individuals meeting the following eligibility criteria:

1. The individual is age 0+; and
2. The individual is currently Medicaid or Medicaid Expansion Eligible; and
3. The individual resides and will receive services in a setting meeting the federal home and community-based setting requirements, and
4. The individual has a diagnosis of mental illness, substance use disorder, or traumatic brain injury, excluding intellectual disability or developmental disability, identified in the most recent diagnostic and statistical manual.

In addition, the participant must also meet the following needs-based eligibility criteria: * Have a functional impairment, which substantially interferes with or substantially limits the ability to function in the family, school or community setting, as evidenced by a complex score of 50 or higher on the WHODAS 2.0.
1915(i) MEDICAID STATE PLAN AMENDMENT PROCESS

- Individual is approved for Medicaid or Expansion
- Individual is approved for 1915i
  - Diagnosis, Community Setting, Functional Impairment
- Care Coordination Agency is responsible to develop a Person-Centered Care Plan
- Individual receives services identified in their individualized care plan
- Quarterly meetings with the care coordinator to assess implementation of the plan and ongoing needs
- Annual eligibility renewal
<table>
<thead>
<tr>
<th>SERVICE TYPE</th>
<th>DESCRIPTION</th>
<th>AGE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Care Coordination</td>
<td>Coordinates participant care, develops Person-centered Plan of Care plan of care and assists individuals with gaining access to needed1915(i) and other services.</td>
<td>0+</td>
</tr>
<tr>
<td>Training and Supports for Caregivers</td>
<td>Service directed to individuals providing unpaid support to a recipient of 1915(i) services. Services are provided for the purpose of preserving, educating, and supporting the family and/ or support system of the individual.</td>
<td>0+</td>
</tr>
<tr>
<td>Community Transitional Services</td>
<td>Non-recurring basic household set-up expenses for individuals transitioning from certain institutions to a private residence where the person is directly responsible for his or her own living expenses. Transition Coordination services are also available.</td>
<td>0+</td>
</tr>
<tr>
<td>Benefits Planning</td>
<td>Assists individuals considering employment with making informed decisions regarding public benefits and work incentives. Counselors are knowledgeable on public benefits, including Social Security Disability Insurance (SSDI), Supplemental Security Income (SSI), Medicare, Medicaid etc.</td>
<td>0+</td>
</tr>
<tr>
<td>Non-Medical Transportation</td>
<td>Assists participants with transportation needs to gain access to services, activities and resources, as specified by their plan of care.</td>
<td>0 to 21</td>
</tr>
<tr>
<td>Respite</td>
<td>Provided to participants unable to care for themselves. Furnished on a short-term basis because of the absence or need for relief of persons who normally provide care for the participant.</td>
<td>0 to 21</td>
</tr>
<tr>
<td>Prevocational Training</td>
<td>Assists participants with developing general, non-job-task-specific strengths and skills that contribute to paid employment</td>
<td>18+</td>
</tr>
<tr>
<td>Supported Education</td>
<td>Assists participants who want to start or return to school or formal training with a goal of achieving skills necessary to obtain employment.</td>
<td>5+</td>
</tr>
<tr>
<td>Supported Employment</td>
<td>Assists participants with obtaining and keeping competitive employment at or above the minimum wage.</td>
<td>14+</td>
</tr>
<tr>
<td>Housing Support Services</td>
<td>Assists participants with accessing and maintaining stable housing in the community.</td>
<td>Six months prior to 18th birthday</td>
</tr>
<tr>
<td>Peer Support</td>
<td>Trained and certified individuals with lived experience as recipients of behavioral health services promote hope, self-determination, and skills to participants to achieve long-term recovery from a behavioral health disorder.</td>
<td>18+</td>
</tr>
<tr>
<td>Family Peer Support</td>
<td>FPSS provide a structured, strength-based relationship between a Family Peer Support provider and the parent/family member/caregiver for the benefit of the child/youth.</td>
<td>Families with children under age 18</td>
</tr>
</tbody>
</table>
The Provider Enrollment Orientation will provide a basic overview of the following:

- Overview of the State Medicaid Agency 1915(i) Services.
- Identify the steps to enroll as a 1915(i) Medicaid/ Medicaid Expansion Service Provider.
- Provide resources and support for the provider enrollment process.
- Answer questions about the provider enrollment process.

Who should attend?
- Individual's/ agencies interested in enrolling a 1915(i) Medicaid Provider.

This training is offered online and will be held over a two-hour period. Multiple sessions are offered, please attend one.

Wednesday, August 19, 2020
10 am – 11:30 am

Wednesday, August 19, 2020
1 pm – 2:30 pm

1915(i) Services Orientation will provide a basic overview of the following:

- Eligibility/ Enrollment
- WHODAS 2.0 Assessment
- Home & Community Based Setting Rule
- Conflict of Interest Standards/ Waiver
- Individual Rights & Participant Choice
- Services

Who Should Attend?
- Individual's/ agencies enrolled as 1915(i) Medicaid Provider.

This training is offered online.

Wednesday, September 01, 2020
10 am - 11:30 am
1915(i) Medicaid State Plan Amendment

During the 2019 legislative session, North Dakota lawmakers authorized the Department of Human Services (Department) to create a Medicaid 1915(i) State Plan Amendment. The amendment allows North Dakota Medicaid to pay for additional home and community-based services to support individuals with behavioral health conditions.

Download the Application

Project Status

- **NOVEMBER 2019**
  - Development of Application Draft
  - Public Comment on Application Draft
  - 1915(i) Application Draft Webinar

- **FEBRUARY 2020**
  - Development of Provider Enrollment Process

- **SEPTEMBER 2020**
  - 1915(i) Services Orientation
  - 1915(i) Billing Orientation

- **SEPTEMBER 2019**
  - Public Input Meetings
  - Review of Public Input
- **OCTOBER 2019**
  - -
- **AUGUST 2020**
  - Review of Public Comments
  - Submit Application to CMS
  - Provider Enrollment Orientation
- **OCTOBER 2020**
  - Anticipated Service Implementation Date

In April 2020, the Department submitted the 1915(i) Medicaid State Plan Amendment Application to the Centers for Medicare & Medicaid Services (CMS) for review. The Application describes who is eligible, the process for enrollment, what services are available, what providers can render services, and how quality will be assured.

Following the submission, CMS and the Department will engage in a back and forth process of feedback and revisions until CMS grants final approval of the application.
PEER SUPPORT SPECIALIST CERTIFICATION
Administrative Rules:
75-03-43 Certified Peer Support Specialists

- Public hearing was held at 2:00 pm March 26, 2020 in room 210 of the Judicial Wing of the State Capitol.
- Public comment was accepted through 5:00 pm April 6, 2020.
- Administrative Rule Committee meeting June 9, 2020.
Certified Peer Support Specialist I
- Self-identify as an individual who has personal lived experience and is willing to publicly identify
- At least 18 years of age
- Currently resides/employed within the state
- HS diploma
- Successfully complete division-approved training program

Certified Peer Support Specialist II
- All requirements of a CPSS I, and
- At least 1,500 direct service hours as a peer support specialist.
<table>
<thead>
<tr>
<th>Application</th>
<th>Certification</th>
<th>Recertification</th>
</tr>
</thead>
</table>
| • Proof of successful completion of peer support training  
• Three letters of recommendation  
• Personal statement  
• Signed code of ethics  
• $50 fee | • Approved by the BHD  
• Effective for 2 years | • Personal statement  
• Signed code of ethics  
• Evidence of compliance  
• $50 fee |

**RECIROCITY**  
• A certified peer support specialist from another state may obtain certification in ND if the department has entered into a reciprocity agreement with the state that issued the certificate

**CONTINUING EDUCATION**  
• 20 hours required during the 2-year certification period  
• No more than 4 hours self-study or distance learning  
• 2 hours must be on ethics

**REVOCATION/COMPLAINTS**  
• The BHD may revoke certificate based on determination that it is necessary to protect welfare, health and safety of ND residents.  
• Revocation can be appealed
TRAININGS

• Webinar was held July 16th on Peer Support Certification process: https://vimeo.com/441144696

• Webinar was held August 6th on Supervising Peer Support Specialists
Peer Support

What are peer support specialists?

Peer support specialists bring hope by sharing their experiences and promoting a sense of belonging. Peer support has existed in the behavioral health field for decades; however, its rapid growth in recent years is due to the increasing evidence supporting its effectiveness. Peer support specialists use their experience to:

- Establish positive rapport.
- Serve as a pro-social model.
- Offer insight to the individual’s care team.
- Provide support focused on advocacy, coaching, and mentoring.

Peer support is effective, and can:

- Improve quality of life.
- Improve whole health, including conditions like diabetes.
- Improve engagement and satisfaction with services and supports.
- Decrease hospitalizations and inpatient stays.

Recovery is a process of change through which individuals improve their health and wellness, live self-directed lives, and strive to reach their full potential.

- **Health**: Choices that support one’s overall well-being.
- **Home**: A safe and stable place to live.
- **Purpose**: Meaningful daily activities, such as job, school, or volunteering.
- **Community**: Relationships and social networks that provide support, friendship and love.
COVID-19 RESOURCES
SUPPORTING NORTH DAKOTA ADULTS AND BEHAVIORAL HEALTH PROVIDERS DURING THE COVID-19 PANDEMIC

The outbreak of the coronavirus (COVID-19) can be stressful for people. Fear and anxiety about a disease can be overwhelming and cause strong emotions. Finding ways to cope with the stress will help make you, the people you care about, and your community stronger.

Resources, tools and training available: www.behavioralhealth.nd.gov/covid-19
Looking for support during the COVID-19 pandemic for yourself or someone you love?

PROJECT RENEW, a new behavioral health program providing community support services and outreach to individuals impacted by the COVID-19 pandemic, in partnership with Lutheran Social Services of North Dakota.

Call 701-223-1510 (M-F between 8-5pm CT) OR email renew@lssnd.org. Visit projectrenew.nd.gov for information on coping and well-being, wellness tips, and who to call in a crisis situation.
Parents, family members, and other trusted adults play an important role in helping children make sense of what they hear in a way that is honest, accurate, and minimizes anxiety or fear.
Talking to Your Child about COVID-19

Elementary School

The World Health Organization officially declared a coronavirus pandemic. Health experts predict that the virus and its impact on our communities is just beginning.

You play an important role in helping children and teens better understand what’s happening and help them manage their own related worries or anxiety.

Here are some tips that can help:

School-age children will be more aware of what is going on. They have probably had discussions at school and with friends.

- Talk to your elementary age children. Explain what happened while reassuring them that you and your child’s teachers will do everything to keep them healthy and safe.
- Children this age are also concerned about their own health, as well as that of family and friends. For example, they may have heard that kids aren’t impacted by coronavirus but that older people are. Try to ease their fears by explaining what is going on.
- Provide extra reassurances.
- Let them know you are more irritable and shaky. Be extra patient.
- Keep media coverage.
- Try to continue normal home routines, especially at bedtime. If routines are disrupted due to school or after-school activity closures, explain that this is part of the precautions grown-ups are taking to prevent people from getting sick.

If you persist, point out all the things adults are doing to help and prevent the virus from spreading. Children like to be helpful and feel like they can do something from hand washing to writing letters to nursing homes.

Ask them if they have any questions. If they do, check the facts and tell them what you know without exaggerating or overexplaining. Use these resources to help them learn more about the virus.

- Understanding Coronavirus and How Germs Spread - Brain TV Podcast (plus 80 other science series on news literacy called "Move It!")
- "Just for Kids: A Comic Exploring the New Coronavirus" - Minnesota Public Radio

With media coverage and obvious changes to our daily routines, even the youngest children are aware that something big is happening. Your child may express anxiety over the unknown, or more specifically, fear of a loved one getting sick. If a loved one does get sick, acknowledge your child’s feelings, whatever they are.

Your child may want to help their family members while they are sick, but with strict contact guidelines they won’t be able to physically be around them. Let them send letters, cards, art projects, and if your loved one is well enough try a video chat. If you need to seek out professional help, many facilities are offering telehealth services and are able to deal with heavy topics.

Remember that your child’s number one source of strength and comfort. Taking care of yourself will better allow you to take care of your children. So make sure you have healthy outlets for all the different emotions you’re feeling as well.

Back to School DURING A PANDEMIC

Starting a new school year is a stressful time under the best of circumstances, let alone during a pandemic. The biggest way we can support our children through another transition is to engage in open communication and role model healthy behaviors.

Keep Talking

Listen

Give your child the gift of your ears! Provide a space for your child to talk with you about their questions and concerns about what school will look like. Encourage your child to vocate for their thoughts and feelings by checking in with them regularly. Remain calm, understanding that their feelings can change often. Let your child’s questions guide your conversations.

Be honest

Prepare your child for changes they could face when starting school this fall, such as face mask requirements, distanced seating or eating places, extra handwashing, and wear them on the other side when possible.

Practice washing your hands together and applying hand sanitizer. This will be even more important this fall.

Add a family photo or a special object to your child’s backpack, so they can have an object to keep calm when they’re away from home.

Remember your child live on your school’s resources, and that everything you tell them can help keep everyone safe.
Project Renew services, provided in partnership with Lutheran Social Services of ND, include:

• supporting community members in understanding physical and emotional reactions to COVID-19
• developing and improving coping strategies
• reviewing options, and connecting with other individuals and agencies that may be of assistance.

Call 701-223-1510.
8 a.m. to 5 p.m. CT, M-F
www.projectrenew.nd.gov
The purpose of this program is to provide crisis intervention services, mental and substance use disorder treatment, and other related recovery supports for adults impacted by the COVID-19 pandemic.

AWARD DATES: April 2020 – August 2020
AWARD AMOUNT: $2,000,000
# Emergency COVID-19 Grant Grantees

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>Grantees</th>
</tr>
</thead>
<tbody>
<tr>
<td>Healthcare practitioners with mental illness</td>
<td></td>
<td>Sanford Health</td>
</tr>
<tr>
<td>Individuals with mental illness</td>
<td></td>
<td>Agassiz Associates</td>
</tr>
<tr>
<td>Individuals with substance use disorder</td>
<td></td>
<td>Heartview, Sharehouse</td>
</tr>
<tr>
<td>Individuals with serious mental illness</td>
<td></td>
<td>DHS Human Service Centers (Regions 2, 4, 5, 6 and 7)</td>
</tr>
</tbody>
</table>
Federal Funding Changes: Not Awarded

Strategic Prevention Framework Partnership for Success Grant
- ND submitted application March 2020
- $1,000,000 per year, up to 5 years
- 8/30/2020 – 8/29/2025

GOAL: prevent the onset and reduce the progression of substance abuse and its related problems while strengthening prevention capacity and infrastructure at the community and state level

COVID-19 Emergency Response for Suicide Prevention Grants
- ND submitted application May 2020
- $800,000
- 6/30/2020 – 11/30/2021

GOAL: support states and communities during the COVID-19 pandemic in advancing efforts to prevent suicide and suicide attempts among adults age 25 and older in order to reduce the overall suicide rate and number of suicides in the U.S.
Background

Goal: improve access to quality substance use disorder treatment services and allow for individual choice, by providing reimbursement where other third-party reimbursement is not available.

• Initiated during 2015 legislative session (NDCC 50-06-42)
• Began serving individuals in 2016

4,200 individuals have received services through the SUD Voucher from July 2017 through June 2020.

Twenty-one providers are providing voucher services.
Of the participants,

- 74.6% were not employed
- 84.1% had GED/HS diploma
- 4.0% had a military affiliation
- 19.3% had dependent living environment and 26% homeless
### Exhausted Appropriation

**2019-2021 Appropriation: $7,997,294**

<table>
<thead>
<tr>
<th><strong>CURRENT INDIVIDUALS</strong></th>
<th><strong>NEW INDIVIDUALS</strong></th>
<th><strong>NEW PROVIDERS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• Continue to be covered by their voucher and no interruption to their care and medically necessary services should occur.</td>
<td>• Applications not considered for approval after 5pm on June 30, 2020.</td>
<td>• Applications not considered for approval after 5pm on June 30, 2020.</td>
</tr>
</tbody>
</table>
Continuing Medication-Assisted Treatment

Methadone is not currently covered by the ND Medicaid program.

- To ensure methadone services are provided to eligible individuals, the three Opioid Treatment Programs (OTPs) in the state that offer methadone services were provided federal funding to continue serving new individuals after June 30th.

- These services have continued since July 1st and will maintain through September 30, 2020, at which point Medicaid is expected to begin reimbursing for methadone services, due to federal law changes.
# SUD Voucher Appropriation

<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>TOTAL BUDGET</strong></td>
<td>$575,000</td>
<td>$4,917,087</td>
<td>$7,997,294</td>
</tr>
<tr>
<td><strong>AMOUNT EXPENDED</strong></td>
<td>$252,293.85</td>
<td>$8,288,293.05</td>
<td>$7,149,151.91</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>(as of August 3, 2020)</td>
</tr>
</tbody>
</table>
### 2019-2021 Appropriation Update

<table>
<thead>
<tr>
<th></th>
<th>As of July 3, 2020</th>
<th>As of August 3, 2020</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount expended</td>
<td>$7,007,738.10</td>
<td>$7,149,151.91</td>
</tr>
<tr>
<td>Pending invoices**</td>
<td>$1,125,508.45</td>
<td>$1,263,827.14</td>
</tr>
<tr>
<td>Remaining prior authorization</td>
<td>$10,558,630.11</td>
<td>$5,541,738.39*</td>
</tr>
</tbody>
</table>

*De-obligated $5,188,428.32 after reconciling prior-authorizations with providers*
EMERGENCY COMMISSION

- DHS can only request up to $500,000 from the Emergency Commission. The Department will have over-expended more than that amount in maintaining services to the individuals already enrolled in the program for the next 12 months. An additional $500,000 will not allow the program to open to new participants, even if approved.

CARES FUNDING

- DHS requested CARES funding and it was determined by OMB to be not allowed.

The department is exploring additional funding sources to provide payment for these vital substance use disorder services to serve North Dakota’s underserved areas and gaps in the state’s substance abuse treatment system.
<table>
<thead>
<tr>
<th>Provider</th>
<th>Reimbursements ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>SHAREHOUSE</td>
<td>$3,992,228.22</td>
</tr>
<tr>
<td>PRAIRIE ST JOHNS LLC</td>
<td>$3,991,969.29</td>
</tr>
<tr>
<td>HEARTVIEW FOUNDATION</td>
<td>$2,342,244.95</td>
</tr>
<tr>
<td>COMMUNITY MEDICAL SERVICES</td>
<td>$2,265,374.36</td>
</tr>
<tr>
<td>GROWING TOGETHER INC</td>
<td>$1,009,182.07</td>
</tr>
<tr>
<td>AGASSIZ ASSOCIATES PLLC</td>
<td>$678,659.48</td>
</tr>
<tr>
<td>VILLAGE FAMILY SERVICE CENTER, THE</td>
<td>$657,010.22</td>
</tr>
<tr>
<td>DRAKE COUNSELING SERVICES</td>
<td>$557,259.88</td>
</tr>
<tr>
<td>ST THOMAS COUNSELING CENTER</td>
<td>$310,017.36</td>
</tr>
<tr>
<td>GOODMAN ADDICTION SERVICES</td>
<td>$174,861.77</td>
</tr>
<tr>
<td>HEART RIVER ALCOHOL &amp; DRUG ABUSE SVCS</td>
<td>$16,688.54</td>
</tr>
<tr>
<td>GOOD ROAD RECOVERY CENTER</td>
<td>$13,826.25</td>
</tr>
<tr>
<td>FAA ADDICTION SERVICES</td>
<td>$10,103.11</td>
</tr>
<tr>
<td>WILLOW TREE COUNSELING PLLC</td>
<td>$2,545.28</td>
</tr>
</tbody>
</table>
The 13 Aims are based on the recommendations of the 2018 HSRI *Behavioral Health System Study*, principles of good and modern behavioral health systems, and the community’s vision for system change.

<table>
<thead>
<tr>
<th>Aims</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Develop &amp; implement a comprehensive strategic plan</td>
</tr>
<tr>
<td>2. Invest in prevention and early intervention</td>
</tr>
<tr>
<td>3. Ensure timely access to behavioral health services</td>
</tr>
<tr>
<td>4. Expand outpatient and community-based services</td>
</tr>
<tr>
<td>5. Enhance &amp; streamline system of care for children</td>
</tr>
<tr>
<td>6. Continue criminal justice strategy</td>
</tr>
<tr>
<td>7. Recruit and retain a qualified &amp; competent workforce</td>
</tr>
<tr>
<td>8. Expand telebehavioral health</td>
</tr>
<tr>
<td>9. Ensure values of person-centeredness, cultural competence, and trauma-responsiveness</td>
</tr>
<tr>
<td>10. Encourage and support community involvement</td>
</tr>
<tr>
<td>11. Partner with tribal nations to increase health equity</td>
</tr>
<tr>
<td>12. Diversify and enhance funding</td>
</tr>
<tr>
<td>13. Conduct ongoing, system-wide, data-driven monitoring of needs and access</td>
</tr>
</tbody>
</table>