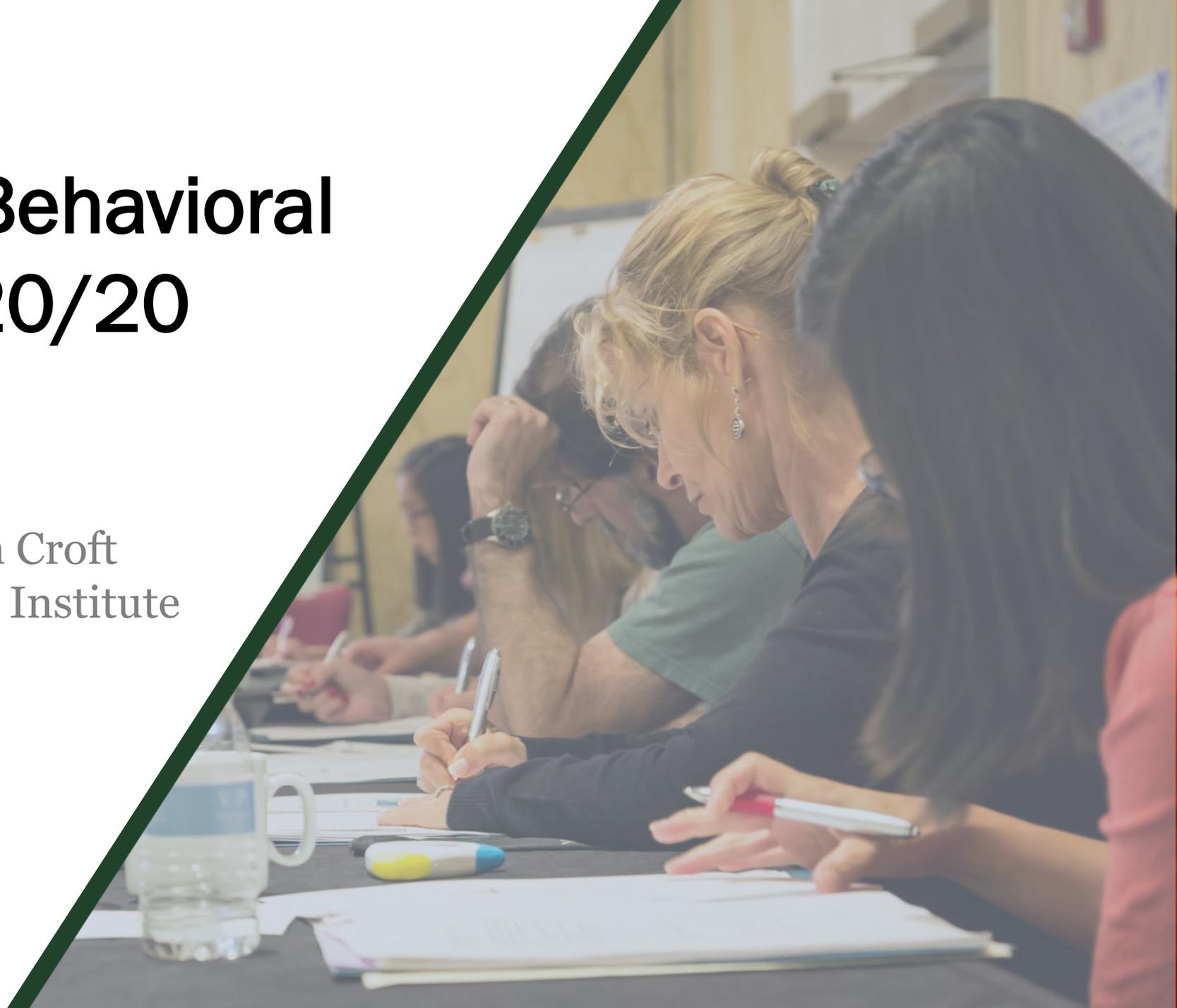


North Dakota Behavioral Health Vision 20/20

June 2019

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AGENDA

01

Next Steps

03

Group Discussion

Strategic Planning
Process Overview

02

Strategic Goal Review
in Work Groups

04

THE STRATEGIC PLANNING PROCESS



Our approach

Support **coordinated, data-driven system improvement activities** through the implementation of the recommendations from the *Behavioral Health System Study*

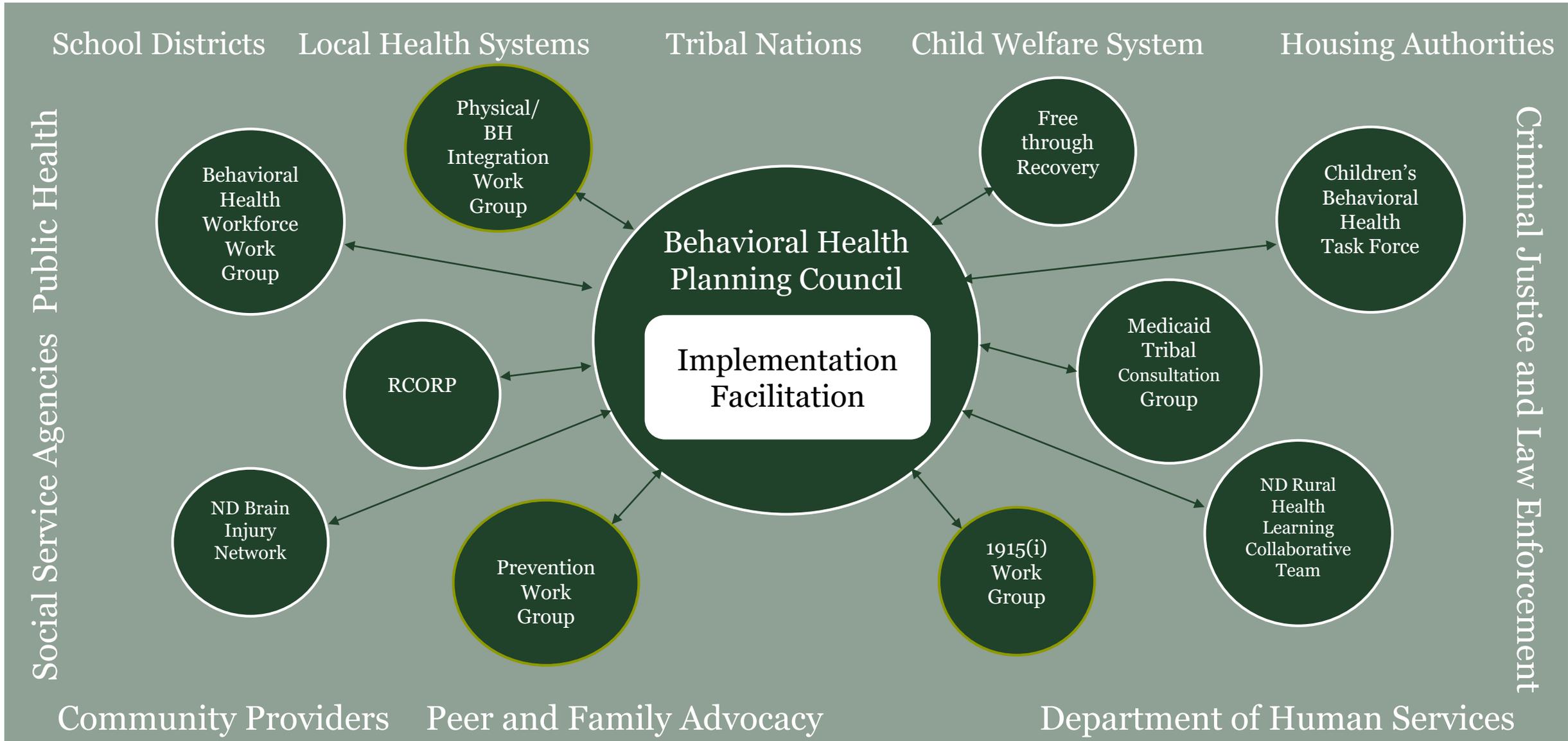
Set the course for the community to engage in **ongoing system monitoring, planning, and improvements** in the long-term

A public process:

<https://www.hsri.org/NDvision-2020>



Strategic Planning Roles and Functions



The Strategic Goals are based on the recommendations of the HSRI *Behavioral Health System Analysis*, principles of good and modern behavioral health systems, and the community's vision for system change.

Invest in **prevention and early intervention**

Ensure **timely access** to behavioral health services

Expand **outpatient and community-based services**

Enhance and streamline **system of care for children and youth**

Continue **criminal justice** strategy

Recruit and retain a competent **workforce**

Expand **telebehavioral health**

Ensure values of **person-centeredness, cultural competence, and trauma-responsiveness**

Encourage and support **community involvement**

Partner with tribal nations to increase **health equity**

Diversify and enhance **funding**

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

Process for selecting 2019 Strategic Goals

- Public survey
 - Respondents asked to weigh in on the priority of each of 138 strategic goals
 - 570 people took the survey with broad representation across the state
 - Top five highest priority goals were automatically included in the 2019 strategic plan
- Behavioral Health Planning Council nominations
 - Each member nominated one goal based on whether it is: **Actionable, Integral, Timely, and Values-driven**
- HSRI identified additional goals based on our understanding of systems transformation

Four Phases of Work



LOOKING AHEAD





Next Steps

- Summer 2019: Finalize full Strategic Plan
 - Objectives, action steps, timelines, responsible entities, and indicators of progress for each goal
- September 2019 and quarterly thereafter: First progress report and goal refinement



Next Steps for the BH Planning Council

- **Today:**

- Meet in one Work Group to review a group of strategic goals (30 minutes)
- Share back key points to the full group (15 minutes per group)

- **Moving Forward:**

- Stay engaged in an ongoing fashion to support review, finalization and monitoring of the goals



Work Group Roles

- **Facilitator** leads the discussion of goals based on the guiding questions
- **Timekeeper** ensures that each goal is given equal time for consideration during the work group's deliberations (if the group is smaller than three people, one person can take the facilitator and timekeeper roles).
- **Reporter** who is responsible for reporting back the Planning Council



Work Group Questions

- Are the objectives and action steps reasonable? Can they feasibly be completed in the time allotted?
- Would you recommend removing or revising any action steps?
- Would you add any objectives or action steps?
- Would you recommend any other revisions to the plan content?

REVIEW OF STRATEGIC GOALS





Work Group 1: Suicide Prevention & Access

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, and military service members, veterans, family members, and survivors



Work Group 1: Suicide Prevention & Access

2.1 Identify universal age-appropriate, culturally-sensitive behavioral health screening instruments for children and adults in all human services and social services settings

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



Work Group 2: Outpatient Services & System of Care

3.1 Provide targeted 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 and appropriate services

3.2 Expand evidence-based, culturally responsive supportive housing

3.3 Expand school-based mental health and substance use disorder treatment services for children and youth



Work Group 2: Outpatient Services & System of Care

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



Work Group 3: Criminal Justice

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

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

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



Work Group 4: Workforce & Telebehavioral Health

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

7.1 Increase the types of services available through telebehavioral health



Work Group 5: Person-Centered Approaches, Health Equity, & Advocacy and Tribal Partnerships

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



Work Group 5: Person-Centered Approaches, Health Equity, & Advocacy and Tribal Partnerships

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

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

Work Group 6: Funding and Data

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

12.1 Draft a ten-year plan for aligning DHS and other state and local data systems to support system goals (e.g. quality, equity, transparency, cross-system collaboration and coordination) and increase readiness for implementing value-based payment models



Wrap-up & Discussion

- Revisit items from the work group reports
- Continuing engagement and support on strategic goals

Thank You.



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