

# 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.**



## 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.**



[Download Final Report](#)

## 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.



## 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	Status
1 Develop and implement a comprehensive strategic plan	 <b>33%</b> Complete
2 Invest in prevention and early intervention	 <b>21%</b> Complete
3 Ensure all North Dakotans have timely access to behavioral health services	 <b>9%</b> Complete
4 Expand outpatient and community-based service array	 <b>28%</b> Complete
5 Enhance and streamline system of care for children and youth	 <b>5%</b> Complete
6 Continue to implement and refine the current criminal justice strategy	 <b>16%</b> Complete
7 Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce	 <b>13%</b> Complete
8 Continue to expand the use of telebehavioral health interventions	<b>0%</b> Complete
9 Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches	 <b>79%</b> Complete
10 Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services	 <b>25%</b> Complete
11 Partner with tribal nations to increase health equity for American Indian populations	<b>0%</b> Complete
12 Diversify and enhance funding for behavioral health	 <b>56%</b> Complete
13 Conduct ongoing, system-wide data-driven monitoring of need and access	<b>0%</b> Complete

## AIM 1

# Develop and implement a comprehensive strategic plan

### How We're Achieving This Aim

28 Action Steps

**1** + **4**  
Goal Objectives



Lead Staff and BHPC Liaisons  
Bevin Croft, Pam Sagness, Brenda Bergsrud

## 1.1 Develop and implement a comprehensive strategic plan

### Objectives

Complete

- 1 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
- 3 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



AIM 2

# Invest in prevention and early intervention

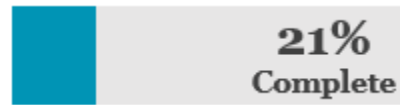
## How We're Achieving This Aim

19 Action Steps

2 + 9

Goals

Objectives



Lead Staff and BHPC Liaisons

Moriah Opp, Carlotta McCleary, Carl Young


## 2.1 Develop a comprehensive suicide prevention approach

### Objectives

Complete

- |   |  |     |
|---|--|-----|
| 1 | Develop cross-cutting workgroup (including both public and private entities)   |     |
| 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   | 33% |

## 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
1 Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for LGBTQ and gender non-conforming communities	
2 Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for American Indian populations	
3 Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for service members, veterans, family members, and survivors	
4 Expand evidence-based, culturally responsive upstream/primary prevention suicide programs in schools in North Dakota and within tribal nations	
5 Work with higher education programs that train school counselors to adopt a single suicide prevention training model	

## AIM 3

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

### How We're Achieving This Aim

22 Action Steps

**3 + 13**

Goals

Objectives



Lead Staff and BHPC Liaisons

Rosalie Etherington, Krista Fremming, James Knopik,  
Lynden Ring, Sara Stolt, Jessica Thomasson,  
Alanna Zellar, Emma Quinn

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

### Objectives

Complete

- 1 Conduct a scan of behavioral health screening instruments and processes currently used in all human services settings

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- 2 Identify a set of behavioral health screening instruments for use in all human services settings

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- 3 Assess administrative rules and revise as needed to include requirements for completing screenings, and ensure all new contracts include a requirement to complete screenings


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- 4 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
1 Expand funding for mobile crisis teams for children and youth in urban areas	50%
2 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	
3 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
1 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	
3 Based on the review, revise policy and procedure to reduce access barriers for people with brain injury	
4 Promote provider awareness of services and eligibility using accurate and up-to-date materials	
5 Establish navigation to facilitate eligibility determination and referral to services for people with brain injury	
6 Incorporate information about brain injury prevention into existing behavioral health prevention programming	

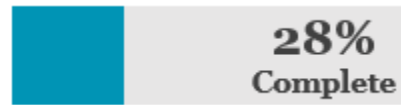
AIM 4

# Expand outpatient and community-based service array

## How We're Achieving This Aim

25 Action Steps

**3** + **10**  
Goals Objectives



Lead Staff and BHPC Liaisons

Laura Anderson, Rosalie Etherington, Amanda Francis, Krista Fremming, Jennifer Henderson, Dr. Laura Kroetsch, Jake Reuter, Sarah Bachmeier, Emma Quinn

### 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**

- |          |   |   |
|----------|---|---|
| <b>1</b> | 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 | ✓ |
| <b>2</b> | Use the Daily Living Activities Functional Assessment (DLA) to inform transitions to and from targeted case management consistently across Human Service Center (HSC) regions           | ✓ |
| <b>3</b> | 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 fidelity standards for all supportive housing services in the state	
4 Engage in evaluation and continuous quality improvement to support sustainability of supportive housing services	
5 Finance additional permanent supportive housing	40%

## 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	
2 Develop and disseminate a tool for schools to use in developing comprehensive behavioral health supports	

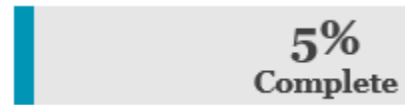
AIM 5

# Enhance and streamline system of care for children and youth

## How We're Achieving This Aim

21 Action Steps

**3** + **10**  
Goals Objectives



Lead Staff and BHPC Liaisons

Cory Pederson, Pam Sagness, Sara Stolt, Kelli Ulberg, Carlotta McCleary, Amanda Peterson

## 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

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2 Convene all relevant stakeholders to ratify the shared vision of a community system of care for children and youth

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3 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

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

### Objectives

Complete

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

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

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- 3 Engage in evaluation and continuous quality improvement to support sustainability of wraparound services

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

### Objectives

Complete

- 1 Map the current capacity, location, financing, oversight, eligibility, staffing, and populations served for all existing in-home services in the state

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- 2 Expand access to in-home community supports for Medicaid beneficiaries

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

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- 4 Ensure current peer service financing, training, and credentialing activities are applicable to family peers and youth peer services

AIM 6

# Continue to implement and refine the current criminal justice strategy

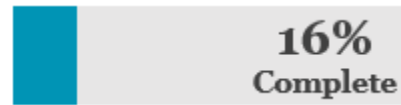
## How We're Achieving This Aim

30 Action Steps

3 + 12

Goals

Objectives



Lead Staff and BHPC Liaisons  
Lance Anderson, Lisa Peterson

## 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

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 Identify and secure training resources

3 Secure buy-in and commitment from Department of Corrections and Rehabilitation (DOCR) trainees

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4 Create a schedule that includes trainings for DOCR personnel

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5 Train staff on seven teams representing each division within DOCR

### 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	50%
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	

## AIM 7

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

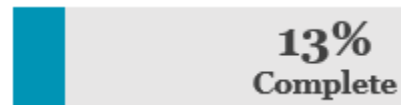
### How We're Achieving This Aim

30 Action Steps

5 + 15

Goals

Objectives



Lead Staff and BHPC Liaisons

Heather Brandt, Rebecca Quinn, Kurt Snyder

## 7.1 Designate single entity for supporting coordinated 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

- 1 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

- 1 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
1 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
1 Designate personnel to oversee formalized training and credentialing process	
2 Establish a formalized training and credentialing process based on local and national best practice that includes tracks for specific sub-groups including culturally specific peers, family peers, and youth peers	
3 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

- 1 Identify existing and planned behavioral health services and positions for which a core competencies program should be applied

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- 2 Establish a set of core competencies for staff providing direct support to people with psychiatric disabilities, substance use disorders, and brain injury

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- 3 Modify existing training, credentialing, and certification programs for all positions identified in objective 1 to incorporate the core competencies set

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- 4 Incent the use of the core competencies in state regulations, policies, and protocols



AIM 8

# Continue to expand the use of telebehavioral health

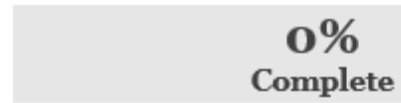
## How We're Achieving This Aim

10 Action Steps

**1 + 4**

Goal

Objectives



Lead Staff and BHPC Liaisons

Rosalie Etherington, Mandi Peterson,  
Mark Schaefer

## 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

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- 2 Develop clear, standardized procedural and regulatory guidelines for telebehavioral health

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- 3 Identify priority services for telebehavioral health expansion

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- 4 Expand capacity for school-based telebehavioral health services

AIM 9

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

## How We're Achieving This Aim

**1** + **6**  
Goal Objectives

14 Action Steps



Lead Staff and BHPC Liaisons  
Pam Sagness, Sarah Bachmeier

## 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-assessment	

AIM 10

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

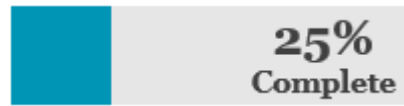
## How We're Achieving This Aim

4 Action Steps

1 + 3

Goal

Objectives



Lead Staff and BHPC Liaisons  
Alyssa Kroshus, Sarah Bachmeier

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

#### Objectives

Complete

1 Identify local or national experts who can deliver presentations and trainings

2 With the presenters, develop at least two sessions on advocacy skills and partnerships with advocacy communities

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



AIM 11

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

## How We're Achieving This Aim

12 Action Steps

1 + 5

Goal

Objectives



Lead Staff and BHPC Liaisons

Laura Anderson, Brad Hawk,  
Brenda Bergsrud, Lorraine Davis

**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**

- 1 Attend a meeting of tribal leaders to present strategic planning process and invite leaders to partner

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2 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 and tribal colleges, housing departments, social services, tribal courts, behavioral health treatment providers, Child Protective Services and Sanford Tribal Outreach

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- 3 Ensure alignment and cultural relevance from an Urban Indian perspective

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

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- 5 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

16 Action Steps

**3** + **9**  
Goals Objectives



Lead Staff and BHPC Liaisons  
Laura Anderson, Krista Fremming,  
Dawn Pearson, Pam Sagness, Teresa Larsen

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

Objectives

Complete

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

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- 2 Designate personnel to coordinate identification and response to behavioral health funding opportunities




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- 3 Develop a system for identifying behavioral health funding opportunities


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- 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
1 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	

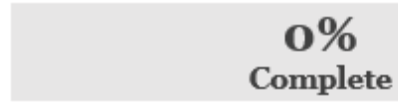
AIM 13

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

## How We're Achieving This Aim

5 Action Steps

**1** + **3**  
Goal                      Objectives



Lead Staff and BHPC Liaisons  
Laura Anderson, Bevin Croft, Carl Young

## 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

Complete

- 1 Establish a data work group with representatives from each relevant entity

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

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