# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Overview

The Human Services Research Institute (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 contains detailed information about the goals, objectives, action steps, timelines, and indicators for the current Strategic Goals. This is a living document and will be revised and updated as systems transformation activities continue to progress. Quarterly beginning in the fall of 2020, HSRI will post a report detailing progress to date, revisions to the strategic plan, and any additional relevant information. For more information about the strategic planning process, and to access the latest information about the strategic plan, visit the project website: https://www.hsri.org/NDvision-2020

## Vision Statement *(currently being developed by the Behavioral Health Planning Council)*

## Relevant Entities, Initiatives, and Work Groups

Because this is a large-scale systems transformation effort, progress toward each goal will involve coordination and collaboration between a range of entities including state and local governmental agencies, community organizations, and other groups whose activities and missions are relevant to that goal. These agencies might include (but are not limited to):

North Dakota Department of Human Services (DHS)
- Behavioral Health Division (BHD)
- Aging Services Division
- Child and Family Services (CFS)
- Developmental Disabilities Division (DD)
- Division of Vocational Rehabilitation
- Field Services Division (FS)
- Medicaid Division (MA)

Behavioral health service providers
Bureau of Indian Affairs (BIA)
Bureau of Indian Education (BIE)
Centers for Independent Living (CILs)
Chamber of Commerce
Dakota OutRight
Department of Corrections and Rehabilitation (DOCR)
Department of Labor
Department of Public Instruction (DPI)
District attorneys and public defenders
Family Voices
Federation of Families
Housing Authorities (local and tribal)
Housing service providers
Human Service Zones (formerly Social Services)
Indian Affairs Commission
Indian Health Service
Job Service
Law enforcement agencies, including school resource officers
Mandan, Hidatsa, and Arikara Nation
Mental Health America of North Dakota
North Dakota Association of Counties (NDACo)
North Dakota Brain Injury Network (ND BIN)
North Dakota Correctional Administrators Association
North Dakota Department of Health (DoH)
North Dakota Department of Veterans Affairs

North Dakota Emergency Medical Services Association (NDEMSA)
North Dakota Housing Finance Agency (NDHFA)
North Dakota National Association of Housing Redevelopment Associations (NAHRO)
North Dakota National Guard
NDCares
Peer-run organizations
Private health systems
Protection and Advocacy
Public Health Units
Regional Education Association (REA)
Sheriff's Association
Spirit Lake Nation
Standing Rock Sioux Tribe
Turtle Mountain Band of Chippewa
United States Department of Agriculture (USDA)
Universities and colleges including tribal colleges

In addition to work undertaken by the entities listed above, there are numerous initiatives and work groups that have already been formed in North Dakota to work toward a better behavioral health system. In many cases, work toward a goal will involve leveraging these initiatives and work groups to advance progress. Relevant initiatives and work groups include (but are not limited to):

American Indian Collaborative (based in Native American Development Center)
Avera E-care
Behavioral Health Planning Council
Brain Injury Advisory Council Continuum of Care Work Group
Children's Caucus
Children's Consultation Network (Cass and Clay County)
Fargo-Moorhead Homeless Coalition
Free through Recovery
Gold Star Task Force Bismarck
Governor's Behavioral Health Initiative
Governor's Task Force for Veterans Affairs
High Plains Fair Housing
Housing Services Collaborative
Jail Administrators Group
Medicaid Innovation Accelerator Program (IAP) Partnerships technical assistance
Money Follows the Person (MFP)
North Dakota Chapter of the American Foundation for Suicide Prevention
North Dakota Coalition for Homeless People
North Dakota Full Service Community Schools Consortium (NDFSCS)
North Dakota Interagency Council on Homelessness (NDICH)
North Dakota Suicide Prevention Coalition (NDSPC)
Pediatric Mental Health Care Access Program
Practice Link Portal
Project ECHO
ReThink Mental Health (Cass/Clay Counties)
Rural Communities Opioid Response Program (RCORP)
South East Education Cooperative (SEEC) School-Based Medicaid Consortium
State Epidemiological Work Group
Supportive Housing Collaborative/Continuum of Care
University of North Dakota (UND) Health Care Workforce Group
University of North Dakota (UND) Health Care Workforce Initiative
Vision West North Dakota

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## Definitions in this Strategic Plan

**Aim:** A broad, primary outcome. Each aim aligns with the 13 major recommendations made in the HSRI report.

**Goal:** Many of the goals in this strategic plan will take multiple years to achieve.

**Objective:** One measurable step to advance progress toward a goal.

**Action Step:** A specific action taken to advance progress toward an objective and goal.

**Completion Date:** The target date for completion of an action step [*note: completion dates have not yet been included for this draft; responsible parties will be establishing completion dates in the coming weeks*]

**Responsible Entities – Lead Staff:** Entities that are tasked with completion of an action step, with specific staff identified as contacts when possible. The lead staff person will be shown in bold.

**Indicator:** The specific, measurable outcome that demonstrates completion of the action step.

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[*Note: For items that are upcoming or in progress, completion dates will be added in consultation with the lead staff identified for each objective*]

## Aim #1 Develop and implement a comprehensive strategic plan

### 1.1 Develop and implement a comprehensive strategic plan

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **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** | 1.1 Conduct a survey of the community to understand goal priority to inform strategic plan development | 12/31/18 | **HSRI – Bevin Croft** Behavioral Health Planning Council | -survey results posted on project website | COMPLETE |
| | 1.2 Select strategic goals to include in the plan | 12/31/18 | **HSRI – Bevin Croft** Behavioral Health Planning Council | -Selected 2020 strategic goals | COMPLETE |
| | 1.3 Develop the draft strategic plan | 6/30/19 | **HSRI – Bevin Croft** Behavioral Health Planning Council | -Draft plan reviewed by the BHPC | COMPLETE |
| | 1.4 Finalize the strategic plan based on comprehensive review | | **HSRI – Bevin Croft** BHD – Pam Sagness and Laura Anderson Behavioral Health Planning Council | -Finalized Plan -Dashboard of final plan posted on website | In progress |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **2. Secure funding for ongoing strategic planning support** | 2.1 Secure funding for ongoing strategic planning support for 2020-2021 biennium | 3/31/19 | **BHD – Pam Sagness** | -Secured funding | COMPLETE |
| | 2.2 Secure funding for ongoing strategic planning support for the biennium beginning 2022 | | **BHD – Pam Sagness** | | |
| **3. Perform ongoing strategic plan monitoring and revisions as appropriate using quarterly progress reports** | 3.1 Conduct Fall 2020 progress review and post an updated dashboard on the project website | | **HSRI – Bevin Croft** Behavioral Health Planning Council | -Dashboard posted publicly | |
| | 3.2 Conduct Winter 2021 progress review and post an updated dashboard on the project website | | **HSRI – Bevin Croft** Behavioral Health Planning Council | -Dashboard posted publicly | |
| | 3.3 Conduct Spring 2021 progress review and post an updated dashboard on project website | | **HSRI – Bevin Croft** Behavioral Health Planning Council | -Dashboard posted publicly | |
| **4. Create 2022 strategic plan based on progress to date and lessons learned** | 4.1 Select goals for inclusion in the 2022 strategic plan | | **HSRI – Bevin Croft** Behavioral Health Planning Council | -List of 2022 strategic goals | Goals may be continued from the 2020 strategic plan, or they may be selected from the larger list of strategic goals |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 4.2 Develop the draft 2022 strategic plan | | **HSRI – Bevin Croft** Behavioral Health Planning Council | -Draft plan reviewed by the BHPC | |
| | 4.3 Finalize the 2022 strategic plan based on comprehensive review | | **HSRI – Bevin Croft** Behavioral Health Planning Council | -Finalized Plan | |

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## Aim #2 Invest in prevention and early intervention

### 2.1 Develop a comprehensive suicide prevention approach

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Develop cross-cutting workgroup (including both public and private entities)** | 1.1 Convene relevant entities to review and assess current suicide prevention efforts. | | **Nicole Berman** - DHS BHD | Workgroup met | |
| | 1.2 Develop roles and expectations for entities in the workgroup | | Workgroup | Roles and expectations documented in workgroup charter | |
| **2. Conduct a scan of suicide prevention activities in all behavioral health and primary healthcare systems in the state** | 2.1 Develop a scan protocol including an instrument, data collection protocol, sample frame, and recruitment strategy | | Workgroup | Scan protocol developed | |
| | 2.2 Complete scan and review data to establish baseline levels of suicide prevention activities | | Workgroup | Scan completed and baseline efforts documented | |
| **3. Engage with the community to enhance awareness and gather information on community priorities for suicide prevention to inform the comprehensive suicide prevention plan** | 3.1 Hold at least one community event to enhance awareness and gather information on community priorities for suicide prevention to inform the comprehensive suicide prevention plan | | Workgroup | Community event(s) completed | |
| | 3.2. Solicit web-based community feedback (via a survey or web page) to understand community priorities to inform the comprehensive suicide prevention plan | | Workgroup | Web-based feedback | |

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **4. Based on workgroup recommendations, scan results, and community events, develop a comprehensive suicide prevention plan focused on decreasing risk factors and increasing protective factors to prevent suicide into the overall behavioral health continuum of care.** | 4.1 Create a 2021 Suicide Prevention Plan that incorporates activities focused on decreasing risk factors and increasing protective factors to prevent suicide into the overall behavioral health continuum of care | | Workgroup | Plan developed | |
| | 4.2 Identify funding, including state suicide prevention funding, to support implementation of the comprehensive suicide prevention plan | | Workgroup | Plan finalized with funding and action steps for each activity | |

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## 2.2 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/GNC individuals, and military service members, veterans, family members, and survivors

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for LGBTQ/GNC populations** | 1.1 Dakota OutRight will work with the BHD to review existing suicide prevention materials and activities and provide suggestions for increasing the responsiveness of those materials and activities for LGBTQ/GNC populations | | BHD – **Nicole Berman,** Dakota OutRight | -Completed review<br>-Suggestions for enhancing responsiveness of materials and activities | |
| | 1.2 BHD will identify strategies and opportunities for increasing the responsiveness of suicide prevention materials and activities for LGBTQ/GNC populations | | BHD – **Nicole Berman** Dakota OutRight | -List of strategies and opportunities | |
| **2. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for American Indian populations** | 2.1 In partnership with tribal representatives, review existing suicide prevention materials and activities and provide suggestions for increasing the responsiveness of those materials and activities for American Indian populations | | BHD – **Nicole Berman** Indian Affairs – Brad Hawk | -Completed review<br>-Suggestions for enhancing responsiveness of materials and activities | |
| | 2.2 BHD will identify strategies and opportunities for increasing the responsiveness of suicide prevention materials and activities for American Indian populations | | BHD – **Nicole Berman** Indian Affairs – Brad Hawk | -List of strategies and opportunities | |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **3. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for service members, veterans, family members, and survivors** | 3.1 In partnership with the National Guard and North Dakota Cares coalition, review existing suicide prevention materials and activities and provide suggestions for increasing the responsiveness of those materials and activities for service members, veterans, family members, and survivors | | BHD – **Nicole Berman,** National Guard – TBD NDCares – TBD | -Completed review -Suggestions for enhancing responsiveness of materials and activities | |
| | 3.2 BHD will identify strategies and opportunities for increasing the responsiveness of suicide prevention materials and activities for service members, veterans, family members, and survivors | | BHD – **Nicole Berman** National Guard – TBD NDCares – TBD | -List of strategies and opportunities | |
| **4. Expand evidence-based, culturally responsive upstream/primary prevention suicide programs in schools in North Dakota and within tribal nations** | 4.1 Expand evidence-based, culturally relevant upstream/primary prevention suicide programs in North Dakota schools | | BHD –**Nicole Berman** Sources of Strength – Mark LoMurray Indian Affairs – Brad Hawk | -70 schools implementing a suicide prevention program, to include sustaining the current schools | |
| | 4.2 In partnership with tribal representatives, coordinate at least one evidence-based, culturally responsive suicide prevention program or training within each Bureau of Indian Education (BIE) school | | BHD –**Nicole Berman** BIE – TBD Indian Affairs – Brad Hawk | -At least one program or training implemented in each BIE school | Trainings may include Sources of Strength, SafeTALK, or others |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **5. Work with higher education programs that train school counselors to adopt a single suicide prevention training model** | 5.1 Meet with representative's higher education programs to discuss and review current practices and potential models | | BHD – **Nicole Berman** University System – Katie Fitzsimmons | -Documentation of discussions with representatives from the three universities | |
| | 5.2 Select a model for use in higher education programs that train school counselors. | | BHD – **Nicole Berman** University System – Katie Fitzsimmons | -Model selected | |

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## Aim #3 Ensure all North Dakotans have timely access to behavioral health services

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Conduct a scan of current behavioral health screening instruments and processes in all human services settings, including screening type, population, and cultural sensitivity** | 1.1 Develop a scan protocol including data collection process, sample frame, and recruitment strategy, and means of assessing cultural sensitivity and implementation readiness | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington<br>CFS – Cory Pederson | -Scan protocol | |
| | 1.2 Complete scan to generate list of current tools and assess adequacy of current tools, extent of use, and potential implementation barriers and facilitators | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington<br>CFS – Cory Pederson | -Completed scan<br>-Relevant entities review scan data<br>-Documented baseline levels of screening activities | |
| **2. Identify a set of behavioral health screening instruments for use in all human services settings** | 2.1 Using the scan data and research literature on best practice, select a set of culturally sensitive, evidence-based candidate screening tools | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington<br>CFS – Cory Pederson | -Set of candidate tools | Tool has been selected for children's trauma screening; Various tools used in other settings |
| | 2.2 Meet with representatives from all human services settings to review and select from the list of candidate tools | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington<br>CFS – Cory Pederson | -Meeting of representatives<br>-Final set of screenings | |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **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** | 3.1 Assess administrative rules and revise as needed to include requirements that all substance use disorder treatment providers licensed through BHD complete screenings specified by BHD | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington<br>BHD – Pam Sagness<br>CFS – Cory Pederson | -Completed draft administrative rules that include screening requirements | |
| | 3.2 Ensure all new BHD contracts with providers include a requirement to complete screenings and report screening data to BHD | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington<br>BHD – Pam Sagness<br>CFS – Cory Pederson | -All new contracts created in state fiscal year 2020 include screening and data reporting requirements | |
| **4. Revise policies so that 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** | 4.1 Revise North Dakota Century Code so that 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 | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington<br>BHD – Pam Sagness | -Revised Century Code (passage of HB 1108) | COMPLETE<br>HB 1108, signed into law 3/21/19, includes language to revise Century Code so that screening tool records are privileged |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 4.2 Review and revise relevant entities' policies so that information from evidence-based trauma screening tools may only be used for screening, treatment, referral, and services, or in the aggregate for data monitoring and analysis | | **DHS – Sara Stolt**<br>CFS – Cory Pederson | -Revised policies | |

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

| Objective | Action Step | Completion Date | Responsible Entities | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Expand funding for mobile crisis teams for children and youth in urban areas** | 1.1 Secure funding for expanded crisis services | 10/31/19 | **FS – Rosalie Etherington** | -Secured funding | COMPLETE<br>Expanded crisis services were funded in the 2019 legislative session |
| | 1.2 Identify opportunities for Medicaid reimbursement for mobile crisis services | | **FS – Rosalie Etherington**<br>MA - TBD | -Completed review of Medicaid state plan for potential opportunities | FS has worked with Medicaid to clarify language around Medicaid reimbursement of services in the Rehab Plan (Crisis Intervention)<br>Review could involve exploring avenues for other state Medicaid plans to fund crisis services; for example, NJ and NM fund crisis services through their state plans. Review should include not just Medicaid language but also implementation, regional differences, etc. |
| **2. Review existing mobile crisis programs to understand implementation challenges and opportunities, explore relevance to the child/youth population, and inform efforts to scale the service out to other areas of the state** | 2.1 Review existing mobile crisis program in Fargo to understand implementation challenges and opportunities, explore relevance to the child/youth population, and inform efforts to scale the service out to other areas of the state | | **FS – Lyndon Ring and Alanna Zellar** | -Completed review | Current contract is with the agency Solutions<br>FS sub-committee has been looking at these issues |

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| Objective | Action Step | Completion Date | Responsible Entities | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 2.2 Review national crisis response programs to understand implementation challenges and opportunities and inform efforts to scale the service out to other areas of the state | | **FS – Lyndon Ring and Alanna Zellar** | -Completed review | Have had conversations with some other states around specialized services to children |
| **3. Create contract language for mobile crisis teams for children and youth in urban areas** | 3.1 Create draft contract language for mobile crisis teams for children and youth in urban areas | | **FS – Lyndon Ring and Alanna Zellar** | -Draft contract language | Have been reviewing language of Denver's RFP for similar services |
| | 3.2 Finalize contract language for mobile crisis teams for children and youth in urban areas | | **FS – Lyndon Ring and Alanna Zellar** | -Finalized contract language | |

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Review and revise Level of Care determination required for Medicaid to reimburse for Nursing Home HCBS to include brain injury** | 1.1 Review and revise Level of Care determination required for Medicaid to reimburse for Nursing Home and HCBS to include brain injury | | **MA – Krista Fremming**<br>Aging Services – Nancy Nikolas-Maier<br>ND BIN – Rebecca Quinn<br>DHS – Jessica Thomasson | -revised Level of Care screening determination | ND Brain Injury Network convenes a Continuum of Care Work Group that has worked on this issue |
| **2. Review eligibility determination processes across all DHS Divisions to identify barriers in access to treatment for people with brain injury** | 2.1 Review eligibility determination processes across all DHS Divisions to identify access barriers for people with brain injury | | **DHS – Jessica Thomasson**<br>ND BIN – Rebecca Quinn | -Completed review of eligibility determination processes<br>-List of access barriers | Could occur through the Brain Injury Advisory Council Continuum of Care Work Group |
| **3. Based on the review, revise policy and procedure to reduce barriers in access to treatment for people with brain injury** | 3.1 Based on the review, revise policy and procedure to reduce barriers in access to treatment | | **DHS – Jessica Thomasson**<br>ND BIN – Rebecca Quinn | -Revised policy and procedure | |
| **4. Promote provider awareness of services and eligibility using accurate and up-to-date materials** | 4.1 Create guidance for all DHS providers on eligibility determination processes | | **DHS – Jessica Thomasson**<br>ND BIN – Rebecca Quinn | -Guidance created | Target audience would be HCBS workers and all departments within DHS |
| | 4.2 Issue guidance for all DHS providers on eligibility determination processes | | **DHS – Jessica Thomasson**<br>ND BIN – Rebecca Quinn | -Guidance issued | Target audience would be HCBS workers and all departments within DHS |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **5. Establish a single hub for eligibility determination and referral to brain injury services** | 5.1 Establish a single hub for eligibility determination and referral to brain injury services | | **DHS – Jessica Thomasson** ND BIN – Rebecca Quinn | -Hub established with a BHD contract | |
| **6. Incorporate information about brain injury prevention into existing behavioral health prevention programming** | 6.1 Incorporate information about brain injury prevention into existing behavioral health prevention programming | | **BHD – James Knopik,** DHS – Jessica Thomasson ND BIN – Rebecca Quinn DoH Injury Prevention - TBD | -Revised behavioral health prevention programming | -Parents Lead may have capacity for expansion to include brain injury |

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## Aim #4 Expand outpatient and community-based service array

### 4.1 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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. 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.** | 1.1 Adjust the Medicaid plan to include private providers of targeted case management services for adults with serious mental illness and children with serious emotional disturbance. | | **MA – Krista Fremming** | -Revised Medicaid state plan | |
| **2. Use the DLA to inform transitions to and from targeted case management consistently across HSC regions** | 2.1 Ensure DLA data are accessible in the electronic health record | | **FS – Rosalie Etherington** | -DLA accessible in electronic health record | |
| | 2.2 Analyze data at the individual and regional level to identify individuals ready for transition out of targeted case management services and into appropriate alternative services | | **FS – Rosalie Etherington** | -Data reports identifying transition readiness and demographic and regional trends | Successful transitions will be contingent on availability of alternative support services, including supported employment and housing, peer supports, community-based family supports, and supports for individuals in physical health systems |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **3. Expand capacity within HSCs to support transitions from HSC services to primary care for those with lower assessed need** | 3.1 Educate HSC prescribers to collaborate with health systems to support transition and act in a consultative role | | **FS – Dr. Kroetsch and Rosalie Etherington** | -Prescribers demonstrate competency in consultative role evidenced by successful completion of orientation and training<br>-Prescribers identify one community provider with whom they can partner | |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## 4.2 Expand evidence-based, culturally responsive supportive housing

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Receive technical assistance through the Medicaid Innovation Accelerator Program** | 1.1 Complete all activities associated with the Medicaid IAP TA Plan for North Dakota | | **MA – Jake Reuter** and Dawn Pearson<br>BHD – Bianca Bell | -Completion of TA | Detailed TA plan and activities developed as part of the IAP activities. |
| **2. Increase access to supportive housing in rural areas** | 2.1 Strengthen linkages between existing affordable housing and supportive services in rural areas | | **MA – Jake Reuter** and Dawn Pearson<br>NDHFA – Jennifer Henderson<br>BHD – Tami Conrad and Bianca Bell<br>FS – Tonya Perkins | -Outreach and information sharing events in each HSC region | |
| | 2.2 Conduct outreach to increase awareness about the application process for affordable housing – including Section 8 – particularly in rural communities | | **MA – Jake Reuter** and Dawn Pearson<br>NDHFA – Jennifer Henderson<br>NAHRO – TBD<br>First Link | -At least two outreach events conducted in each region | Could use currently scheduled landlord trainings as an opportunity for outreach events |
| **3. Establish fidelity standards to apply to all supportive housing services in the state** | 3.1 Based on national best practice and local context, create a plan for assessing fidelity to single site and scattered site supportive housing services in the state | | **MA -Jake Reuter** and Dawn Pearson<br>BHD – Tami Conrad and Bianca Bell | -Supported housing fidelity assessment plan | Related to IAP technical assistance |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 3.2 Conduct a scan of existing fidelity standards used in the state and national fidelity standards, and assess those standards for cultural responsiveness and applicability to local programs | | **MA -Jake Reuter** and Dawn Pearson BHD – Tami Conrad and Bianca Bell | -Scan of local and national fidelity standards | Related to IAP technical assistance; CSH has already |
| | 3.3 Based on the scan, identify fidelity standards to use with all supportive housing services in the state | | **MA -Jake Reuter** and Dawn Pearson BHD – Tami Conrad and Bianca Bell | -State-specific fidelity standards | Related to IAP technical assistance |
| **4. Engage in evaluation and continuous quality improvement to support sustainability and quality of supportive housing services** | 4.1 Secure needed resources to analyze the cost-effectiveness of supportive housing in an ongoing manner | | **MA -Jake Reuter** and Dawn Pearson BHD – Tami Conrad and Bianca Bell | -Ongoing funding for data analysis and monitoring | Includes initial cost-effectiveness analysis as well as resources for ongoing analysis. IAP application includes potential resources for technical assistance, but ongoing funding has not been identified |
| | 4.2 Create a protocol for analyzing outcomes and fidelity of current and planned supportive housing | | **MA -Jake Reuter** and Dawn Pearson BHD – Tami Conrad and Bianca Bell | -Outcomes and Fidelity Protocol | Related to IAP technical assistance |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 4.3 Review capacity of all supportive housing providers to collect and report required outcomes and fidelity data | | **MA -Jake Reuter** and Dawn Pearson BHD – Tami Conrad and Bianca Bell | -Documentation of provider capacity | Related to IAP technical assistance |
| | 4.4 Revise contractual requirements to include outcomes and fidelity measurement and reporting requirements | | **MA -Jake Reuter** and Dawn Pearson BHD – Tami Conrad and Bianca Bell | -Revised contractual requirements | Related to IAP technical assistance |
| **5. Finance additional permanent supportive housing** | 5.1 Identify projects where PSH services could feasibly be implemented and determine locations for future development | | **NDHFA – Jennifer Henderson** MA -Jake Reuter and Dawn Pearson | -Projects identified | Cooper House in Fargo and LaGrave on First in Grand Forks have been implemented, and a PSH project in Bismarck is under construction |
| | 5.2 Secure state financing for additional permanent supportive housing | | **MA -Jake Reuter** and Dawn Pearson NDHFA – Jennifer Henderson | -Secured financing | Financing will be determined by the legislative session |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 5.3 Finalize state financing for additional permanent supportive housing | | **MA -Jake Reuter** and Dawn Pearson NDHFA – Jennifer Henderson | -Approved financing | Financing will be finalized in November 2019 |
| | 5.4 Develop additional supportive housing for families with children | | **MA -Jake Reuter** and Dawn Pearson NDHFA – Jennifer Henderson | -Plans for additional project in place | Fargo's Jeremiah Program serves single parents and their children. A second project for families experiencing domestic violence is being built. |
| | 5.5 Examine state plans and funding eligibility documents to ensure opportunities for innovative approaches to delivery of supportive housing | | **MA -Jake Reuter** and Dawn Pearson NDHFA – Jennifer Henderson | -List of opportunities for innovative approaches for future consideration | |

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Maximize opportunities for Medicaid reimbursement of school-based mental health and SUD treatment services** | 1.1 Conduct a review of all school-based mental health and SUD services that are eligible for Medicaid reimbursement | | **MA – Krista Fremming**<br>DPI – Robin Lang<br>BHD – Pam Sagness | -Completed review<br>-List of Medicaid-reimbursable services | |
| | 1.2 Information about Medicaid reimbursement of school-based services will be disseminated at three DPI conferences | | **MA – Krista Fremming**<br>DPI – Robin Lang<br>BHD – Pam Sagness | -Dedicated sessions are held at three DPI conference | The New Administrators Workshop is held in the fall. A Special Education Leadership Institute is held twice per year Some written guidance on behavioral analysts reimbursement has been distributed. |
| | 1.3 Review the SEEC School-Based Medicaid Billing Services model and determine relevance for other REAs | | **MA – Krista Fremming**<br>DPI – Robin Lang<br>BHD – Pam Sagness | -Completed review shared with all REAs in the state | |
| **2. Develop and disseminate a tool for schools to use in developing comprehensive behavioral health supports, through the children's behavioral health school pilot efforts** | 2.1 Adopt a crosswalk between the Multi-Tiered System of Support (MTSS) and the behavioral health system of care | | **BHD – Kelli Ulberg** | -Crosswalk of MTSS and BH Continuum of Care | COMPLETE<br>HB 1040 Children's Behavioral Health School Pilot Committee includes members of REAs, DPI, and BHD |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 2.2 Review outcomes and implementation data from the Simle Middle School Behavioral Health Pilot to identify aspects that should be scaled out to other schools in the state. | | **BHD – Kelli Ulberg** | Review of outcomes completed | |
| | 2.3 Identify other successful (evidence-based, culturally responsive, trauma-informed, youth-centered) local and national models of school-based services that could be adopted | | **BHD – Kelli Ulberg** | -List of promising models | Northern Cass has a model that is worth looking at, as does Beulah |
| | 2.4 Develop tool that summarizes aspects of the pilot and other models that could be adopted by schools | | **BHD – Laura Anderson** | Tool developed | |
| | 2.5 Disseminate tool to North Dakota schools | | **BHD – Kelli Ulberg** | Tool disseminated | |

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## Aim #5 Enhance and streamline system of care for children and youth

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Establish a vision of a state system of care for children and youth** | 1.1 Draft preliminary materials depicting a state system of care for children and youth based on the System of Care literature and national best practice, informed by state-specific contexts and groups | | **BHD –Pam Sagness CFS – Cory Pedersen** | -Draft System of Care materials | Related to objective 1, goal 4.3 (mapping the in-home and community-based service system) |
| | 1.2 Meet with relevant entities and representatives from relevant initiatives and work groups to review and discuss the draft materials | | **BHD –Pam Sagness CFS – Cory Pedersen** | -Meetings with all relevant entities -Summary of community feedback and reflections | |
| | 1.3 Amend draft materials based on stakeholder feedback | | **BHD –Pam Sagness CFS – Cory Pedersen** | -Final System of Care materials | |
| **2. Convene all relevant stakeholders to ratify the shared vision of a community system of care for children and youth** | 2.1 Meet with all relevant stakeholders to ratify the shared vision of a community system of care for children and youth | | **BHD –Pam Sagness CFS – Cory Pedersen** | -Ratified System of Care materials | |
| **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** | 3.1 Submit a response to the SAMHSA System of Care Expansion and Sustainability Grant Funding Opportunity Announcement | 7/31/19 | **BHD –Kelli Ulberg** | -Response submitted | COMPLETE |

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Ensure a shared definition of wraparound services that will be used in future contractual and policy documents** | 1.1 Draft a statewide definition of wraparound services based on national and local best practice that aligns with the shared vision of the community system of care (Goal #4.1) | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington | -draft definition | |
| | 1.2 Review and finalize definition with all relevant entities | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington | -finalized definition | |
| **2. Establish fidelity standards to apply to all wraparound services in the state** | 2.1 Conduct a scan of existing fidelity standards used in the state and national fidelity standards, and assess those standards for cultural responsiveness and applicability to local programs | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington | -scan of local and national fidelity standards | |
| | 2.2 Based on the scan, identify fidelity standards to use with all wraparound services in the state | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington | -State-specific fidelity standards | |
| **3. Engage in evaluation and continuous quality improvement to support sustainability and quality of wraparound services** | 3.1 Secure needed resources for ongoing data analysis and monitoring | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington | -resources allocated | |
| | 3.2 Create a protocol for analyzing outcomes and fidelity to wraparound services | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington | -Outcomes and Fidelity Protocol | |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 3.3 Ensure all wraparound providers have the capacity to collect and report required outcomes and fidelity data | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington | -documentation of provider capacity | |
| | 3.4 Ensure all contracts include outcomes and fidelity measurement and reporting | | **DHS – Sara Stolt**<br>FS – Rosalie Etherington | -Revised contractual requirements | |

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Map the current capacity, location, financing, oversight, eligibility, staffing, and populations served for all existing in-home services in the state, and use this information to inform expansion and quality improvement activities.** | 1.1 Map the current availability, financing, oversight, eligibility, staffing, and populations served for existing in-home services in the state, and use this information to inform expansion and quality improvement activities. | | **DHS – Sara Stolt**<br>BHD – Kelli Ulberg<br>FS – Rosalie Etherington | -complete and comprehensive map of in-home services | Currently, in-home services are funded and administered in a fragmented way, and it is difficult to determine gaps and opportunities for expansion. This action step can also inform discussions related to the statewide system of care (goal 4.1) |
| **2. Expand access to in-home community supports for Medicaid beneficiaries** | 2.1 Review Medicaid eligibility requirements and eligibility determination processes to identify potential barriers to access to medically necessary services, and identify strategies to address those barriers | | **DHS – Sara Stolt**<br>BHD – Pam Sagness<br>CFS – Cory Pederson | -completed review of eligibility requirements<br>-strategies to expand access | |
| | 2.2 Create an action plan to address access barriers and implement strategies to expand access to in-home community supports for Medicaid beneficiaries | | **DHS – Sara Stolt**<br>BHD – Pam Sagness<br>CFS – Cory Pederson | -action plan | |
| **3. Expand access to in-home community supports for individuals without Medicaid** | 3.1 Meet with relevant entities to identify a set of actionable, feasible strategies to expand access to in-home supports for individuals who can't access these services through other means | | **DHS – Sara Stolt**<br>BHD – Pam Sagness<br>CFS – Cory Pederson | -strategies to expand access | |

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 3.2 Draft an action plan to implement strategies to expand access to in-home supports for individuals who can't access these services through other means | | **DHS – Sara Stolt**<br>BHD – Pam Sagness<br>CFS – Cory Pederson | -action plan | |
| **4. Ensure current peer service financing, training, and credentialing activities are applicable to family peers and youth peer services** | 4.1 Review current peer service financing, training, and credentialing policy and practice for relevance and applicability to family peers | | **DHS – Sara Stolt**<br>CFS – Cory Pedersen<br>BHD – Kelli Ulberg, Nicole Berman, and Bianca Bell | -completed review | Related to review outlined in goal 6.4 |
| | 4.2 Review current peer service financing, training, and credentialing policy and practice for relevance and applicability to youth peers | | **DHS – Sara Stolt**<br>CFS – Cory Pedersen<br>BHD – Kelli Ulberg, Nicole Berman, and Bianca Bell | -completed review | Related to review outlined in goal 6.4 |
| | 4.3 Revise current peer service financing, training, and credentialing policy to ensure relevance to family peers and youth peer services | | **DHS – Sara Stolt**<br>CFS – Cory Pedersen<br>BHD – Kelli Ulberg, Nicole Berman, and Bianca Bell | -revised policies | Related to goal 6.4 |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Aim #6 Continue to implement and refine the current criminal justice strategy

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Identify and secure training resources** | 1.1 Identify grant funding opportunities to support a statewide CIT initiative | | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt | -Training resources identified | Completion date related to a scan of opportunities, but should continue for the entire year. |
| | 1.2 Pursue grant funding for a statewide CIT initiative | | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt | -Submitted grant application | Completion date to be revised as grant funding opportunities are identified |
| | 1.3 Identify additional funding sources to support a statewide CIT initiative | | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt | -Available resources secured | |
| **2. Create a plan for a statewide CIT initiative based on local and national best practice** | 2.1 Engage with law enforcement, jail administrators, and EMS groups to understand their preferences and priorities for a statewide CIT Initiative | | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt DoH - Chris Price and Kerry Krikava<br>Jail Administrators group | -Documented conversations with law enforcement groups jail administrators, and EMS | Jail Administrators Group meeting 2/28/19<br>Conversation with EMS 2/27/18<br>Bismarck Police Dept. 2/27/18 |
| | 2.2 Conduct a local and national scan of best practice in CIT initiatives | | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt DoH – Chris Price and Kerry Krikava<br>Heartview – Doug Herzog | -Scan completed | Pennington, SD and IL have model programs. MN has done work in this area. Fargo has successfully implemented a CIT training program |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 2.3 Conduct a scan of best practice in cultural adaptations of CIT for American Indian populations | | **DOCR – Lisa Peterson** BHD – Heather Brandt | -Scan completed | The Barbara Schneider Foundation in MN has done work in this area |
| | 2.4 Create a plan for a statewide CIT initiative based on local and national best practice | | **DOCR – Lisa Peterson** BHD – Heather Brandt | -Draft plan | NIC has engaged with the ND DOCR to support CIT training |
| **3. Secure buy-in and commitment from at least one agency of each type in each human services region** | 3.1 Secure buy-in and commitment from at least four law enforcement agencies | | **DOCR – Lisa Peterson** BHD – Heather Brandt | -MOUs with law enforcement agencies | Begin with the counties that have already implemented some form of CIT, identify champions and early adopters. |
| | 3.2 Secure buy-in and commitment from at least four EMS providers | | **DOCR – Lisa Peterson** BHD – Heather Brandt DoH – Chris Price and Kerry Krikava | -MOUs with EMS providers | |
| | 3.3 Secure buy-in and commitment from at least two jail administrators | | **DOCR – Lisa Peterson** BHD – Heather Brandt | -MOUs with jails | |
| | 3.4 Secure buy-in and commitment from DOCR to implement CIT Training in the ND State Penitentiary | | **DOCR – Lisa Peterson** BHD – Heather Brandt | -MOU with DOCR | |

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Select trauma training curricula** | 1.1 Apply to send representatives to the PRA trauma training train-the-trainer event | 4/30/19 | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt | -application submitted | COMPLETE<br>three representatives from DOCR were accepted to attend the training |
| | 1.2 Participate in the train-the-trainer event (if selected) and evaluate the PRA trauma training and others for suitability for North Dakota | 6/30/19 | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt | -Completed train-the-trainer PRA trauma training<br>-Trainings evaluated for suitability | COMPLETE<br>three representatives from DOCR attended the training<br>Attendees decided that the training would work but that some additional modules are needed to focus on vicarious trauma and self-care |
| | 1.3 Select a training on vicarious trauma and self-care | | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt | -Selected training | Possible that some trauma trainings cover vicarious trauma and self-care |
| **2. Identify and secure training resources** | 2.1 Identify and secure resources for key staff to participate in the train-the-trainer trainings | | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt | -Training resources identified and secured | Some resources may be available through federal sources (SAMHSA, NIC) |
| | 2.2 Identify and secure resources for materials to conduct trainings for DOCR staff trainees | | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt | -Training resources identified and secured | |
| | 2.3 Identify and secure resources for personnel to coordinate and track training participation on an ongoing basis | | **DOCR – Lisa Peterson**<br>BHD – Heather Brandt | -Staffing coordination resources identified and secured | |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **3. Secure buy-in and commitment from DOCR trainees** | 3.1 Secure buy-in and commitment from team leads from each of the seven DOCR divisions | | **DOCR – Lisa Peterson** BHD – Heather Brandt | -MOUs with team leads from each of the seven divisions | |
| **4. Create a schedule that includes trainings for DOCR personnel** | 4.1 Create a 2020 training calendar that includes train-the-trainer trainings and statewide trainings for identified DOCR personnel | | **DOCR – Lisa Peterson** BHD – Heather Brandt | -2020 Training Calendar | |
| | 4.2 Create an ongoing training calendar that includes dates beyond 2020, and a process for expanding trainings across all of DOCR | | **DOCR – Lisa Peterson** BHD – Heather Brandt | -Ongoing training calendar | |
| **5. Train staff on seven teams representing each division within DOCR** | 5.1 Initiate trainings based on the 2020 Training Calendar | | **DOCR – Lisa Peterson** BHD – Heather Brandt | -Trainings begin | |
| | 5.2 Complete 90% of trainings on the 2020 Training Calendar scheduled as of the action step's completion date | | **DOCR – Lisa Peterson** BHD – Heather Brandt | -90% of scheduled trainings completed | Use 90% in case some trainings need to be rescheduled for weather, etc. |

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Obtain buy-in from local jails to examine and address behavioral health needs** | 1.1 Meet with leadership from local jails to review and provide feedback on this goal, objective, and action steps and obtain buy-in on activities related to this goal | | **DOCR – Lisa Peterson** BHD – Pam Sagness | -Documented conversations with jail administrators | COMPLETE Conversations held with Jail Administrators Group on 2/28/19 and at a statewide meeting on 3/7/19. The goal, objectives, and action steps have been revised based on this feedback |
| **2. Conduct a review of capacity in jails that includes: detailed list of gaps related to behavioral health need identification, support, and referral; potential solutions to address gaps; and funding sources by individual status** | 2.1 Conduct a review of capacity in jails that includes: detailed list of gaps related to behavioral health need identification, support, and referral; and potential solutions to address gaps | | **DOCR – Lisa Peterson** BHD – Pam Sagness | -List of gaps with accompanying solutions | Could take place as part of the Jail Administrators Group, consider regional variation |
| | 2.2 Conduct a review of funding sources by individual's status (i.e. county, state, federal) to better understand how treatment services in jails can be financed | | **DOCR – Lisa Peterson** BHD – Pam Sagness | -Identification of funding sources by jail | |
| **3. Create a plan to address gaps based on review of behavioral health needs identification, support, and referral capacity** | 3.1 Create a plan to address gaps based on review of behavioral health needs identification, support, and referral capacity | | **DOCR – Lisa Peterson** BHD – Pam Sagness | -Jail behavioral health capacity expansion plan | |

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
| --- | --- | --- | --- | --- | --- |
| | 3.2 Execute MOUs with jails based on jail capacity expansion plan | | **DOCR – Lisa Peterson** BHD – Pam Sagness | -MOUs with jails | |
| **4. Implement universal mental health and substance use disorder screening tools in at least one jail in each HSC region** | 4.1 Select a brief mental health and substance use disorder screening tool for use in jails | | **DOCR – Lisa Peterson** BHD – Pam Sagness | -Screening tool selected | |
| | 4.2 Obtain buy-in from jail administrators to implement the screening instrument | | **DOCR – Lisa Peterson** BHD – Pam Sagness | -MOUs with jails | Work with Jail Administrators Group |
| | 4.3 Implement universal mental health and substance use disorder screenings in at least one jail in each HSC region | | **DOCR – Lisa Peterson** BHD – Pam Sagness | -At least one jail in each HSC region routinely implementing screening with all individuals | |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Aim #7 Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Convene a Behavioral Health Workforce Work Group to review and collaborate on workforce-related goals** | 1.1 Convene a Behavioral Health Workforce Work Group for an initial meeting to review and collaborate on workforce-related goals | | **BHD -Laura Anderson**<br>UND - TBD | -First meeting of Behavioral Health Workforce Work Group | This group should be coordinated with the UND Health Workforce Initiative's health care workforce group |
| | 1.2 Establish a basic Behavioral Health Workforce Work Group charter and meeting schedule | | **BHD -Laura Anderson**<br>UND - TBD | - Behavioral Health Workforce Work Group charter<br>- Meeting Schedule | The group should be tasked with overseeing and coordinating activity on the workforce-related strategic goals |
| | 1.3 Convene the Behavioral Health Workforce Work Group for at least one additional meeting to review progress and continue collaboration on workforce-related strategic goals | | **BHD -Laura Anderson**<br>UND - TBD | -At least one additional meeting of the Behavioral Health Workforce Work Group | |
| **2. Explore and identify legislative and regulatory prerequisites for establishing an entity responsible for behavioral health workforce implementation** | 2.1 Explore and identify legislative and regulatory prerequisites for establishing an entity responsible for behavioral health workforce implementation | | **BHD -Laura Anderson**<br>UND - TBD | -List of legislative and regulatory prerequisites | |

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Conduct a scan of local and national programs to identify pre-existing untapped resources, barriers to effectiveness of existing resources, and best practice** | 1.1 Conduct a scan of existing programs in North Dakota that provide recruitment and retention support for behavioral health and related fields to identify untapped resources and barriers to effectiveness of these resources for behavioral health professionals | | **BHD -Laura Anderson** UND - TBD | -Completed scan -List of existing resources -Identified barriers and challenges with existing resources | These materials may be reviewed by the Behavioral Health Work Force Work Group |
| | 1.2 Conduct a scan of national best practice for programs that support behavioral health workforce and recruitment, and assess those practices for relevance to North Dakota | | **BHD -Laura Anderson** UND - TBD | -List of national best practice | These materials may be reviewed by the Behavioral Health Work Force Work Group |
| **2. Draft parameters for a program for providing recruitment and retention support based on review of local and national programs and conversations with Behavioral Health Work Force Work Group** | 2.1 Draft parameters for a program for providing recruitment and retention support based on review of local and national programs | | **BHD -Laura Anderson** UND - TBD | -Draft parameters | |
| | 2.2 Review draft parameters with the Behavioral Health Workforce Work Group and revise based on their feedback | | **BHD -Laura Anderson** UND - TBD | -Revised parameters | |

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Review current loan repayment programs to identify best practice and barriers to effectiveness** | 1.1 Review current loan repayment programs to identify best practice and barriers to effectiveness | | **DoH – Bobbie Will**<br>BHD -Lacresha Graham<br>UND – Rebecca Quinn | -List of best practice<br>-List of barriers to effectiveness | UND has begun a list based on the DoH Primary Care Office's list of health care loan repayment programs |
| **2. Revise and/or expand loan repayment programs for behavioral health students working in areas of need** | 2.1 Create a plan to revise and/or expand loan repayment programs for behavioral health students working in areas of need in the next two years | | **DoH – Bobbie Will**<br>BHD -Lacresha Graham<br>UND – Rebecca Quinn | -Loan repayment expansion plan | Should be informed by the Behavioral Health Workforce Work Group |
| | 2.2 Work with stakeholders to revise and/or expand existing loan repayment programs | | **DoH – Bobbie Will**<br>BHD -Lacresha Graham<br>UND – Rebecca Quinn | -Revise and/or expand at least two existing loan repayment programs | Idea is to work within existing programs to identify "low-hanging fruit" before engaging in more comprehensive reform in coming years. There may be opportunities to revise and/or expand programs, but these have not yet been systematically explored |

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Designate personnel to oversee formalized training and credentialing process** | 1.1 Obtain funding for needed personnel | 4/30/19 | BHD – **Nicole Berman** | -Funding secured | COMPLETE<br>Funding proposed in SB 2032 was approved in the 2019 legislative session |
| | 1.2 Designate and train oversight personnel | 2/29/20 | BHD – **Nicole Berman** | -Personnel designated<br>-Personnel trained | COMPLETE |
| **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** | 2.1 Review current training and credentialing process to identify strengths/assets and areas for expansion | | BHD – **Nicole Berman** | -Completed review<br>-List of strengths/ assets and areas for expansion | Review should include considerations for peers in rural areas and services for various populations (mental health, culturally specific peers, forensic, etc.); related to goal 4.3 objective 4 |
| | 2.2 Revise current training process as needed based on review | | BHD – **Nicole Berman** | -Revised peer training process | COMPLETE |
| | 2.3 Add tracks for culturally specific peer services, family peers, youth peers, and any other sub-groups based on review of current training process | | BHD – **Nicole Berman** | -Training tracks | |

## 7.5 Implement credentialing programs for Certified Psychiatric Rehabilitation Professionals

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Identify existing and planned behavioral health services and positions for which a CPRP Certification could be a preferred qualification or requirement** | 1.1 Identify existing and planned behavioral health services and positions for which a CPRP Certification could be a requirement | | **BHD – Nicole Berman**<br>FS – Jeremy Smith<br>MA – Krista Fremming | -List of existing and planned services and positions | Several services in the 1915(i) and others already in place, including mental health technician services, would likely align with CPRP certification |
| **2. Identify options for financing CPRP certification** | 2.1 Identify state funding for covering or subsidizing CPRP certification, if any | | **BHD – Nicole Berman**<br>FS – Jeremy Smith<br>MA – Krista Fremming | -Identified public funding sources, if any | CPRP certification costs |
| | 2.2 Identify opportunities for providers to cover or subsidize CPRP certification | | **BHD – Nicole Berman**<br>FS – Jeremy Smith<br>MA – Krista Fremming | -Identified private funding sources | |
| **3. Engage with local providers to promote awareness of the benefits of CPRP certification and explore options for incentivizing the certification** | 3.1 Engage with local providers to promote awareness of the benefits of CPRP certification and explore options for incentivizing the certification | | **BHD – Nicole Berman**<br>FS – Jeremy Smith<br>MA – Krista Fremming | -Documentation of engagement with local providers | Human Service Zones may have an interest in taking part in these discussions as well as community-based providers and Recovery Centers |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **4. Incent CPRP certification in state regulations, policies, and protocols (e.g. revising service descriptions to include the certification as a preferred or required qualification)** | 4.1 Explore revising Medicaid policy to add CPRP as a recognized, reimbursable mental health professional | | **BHD – Nicole Berman**<br>FS – Jeremy Smith<br>MA – Krista Fremming | -Documentation of options for revising Medicaid policy | Next step will be to pursue opportunities for revising Medicaid policy |
| | 4.2 Ensure all new relevant service descriptions include incentives for CPRP certification | | **BHD – Nicole Berman**<br>FS – Jeremy Smith<br>MA – Krista Fremming | -Service descriptions include incentives for CPRP certification | Contingent on passage of financing for the 1915(i) SPAs |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Aim #8 Continue to expand the use of telebehavioral health interventions

### 8.1 Increase the types of services available through telebehavioral health

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Identify and facilitate resolution of any regulatory or funding barriers to adoption telebehavioral health services** | 1.1 Conduct a scan of procedural and regulatory challenges for implementing telebehavioral health, beginning with the 2018 UND report | | **FS – Rosalie Etherington UND – Mandy Peterson** | -List of procedural and regulatory challenges | 2018 UND report includes a list that can be updated |
| | 1.2 Conduct a scan of national best practice regarding procedural and regulatory guidelines for telebehavioral health | | **FS – Rosalie Etherington UND – Mandy Peterson** | -National scan | Scan should focus on other rural states. The DoH initiative (ECHO Program) has access to a national network that can support this. |
| | 1.3 Generate strategies for resolving procedural and regulatory barriers based on review | | **FS – Rosalie Etherington UND – Mandy Peterson** | -List of strategies | 2018 UND report includes some strategies that can be reviewed and updated |
| **2. Develop clear, standardized procedural and regulatory guidelines for telebehavioral health** | 2.1 Draft clear, standardized procedural and regulatory guidelines for telebehavioral health based on local and national scan | | **FS – Rosalie Etherington UND – Mandy Peterson** | -Draft telebehavioral health guidelines | This was a separate strategic goal but is a prerequisite for expansion of services |
| | 2.2 Review Medicaid and HSC policy and procedure for alignment with draft guidelines and revise as needed | | **FS – Rosalie Etherington UND – Mandy Peterson** | -Completed review of Medicaid policy and procedure<br>-Completed review of HSC policy and procedure<br>-Revised telebehavioral health guidelines | |

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| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **3. Identify priority services for telebehavioral health expansion** | 3.1 Identify priority services for telebehavioral health expansion | | **FS – Rosalie Etherington UND – Mandy Peterson** | -Identified services | Services should be identified with input from relevant groups |
| **4. Expand capacity for school-based telebehavioral health services** | 4.1 Using available data, identify schools to invite to participate in the Pediatric Mental Health Care Access Program, and determine their current capacity for expansion of telebehavioral health services | | **FS – Rosalie Etherington UND – Mandy Peterson** | -Schools identified<br>-Capacity for telebehavioral health services assessed for each school | Selected schools should be those that could benefit most from telebehavioral health services. |
| | 4.2 Secure buy-in from school administrators to participate in the Pediatric Mental Health Care Access Program | | **FS – Rosalie Etherington UND – Mandy Peterson** | -MOUs with school administrators | MOU should include a plan to ensure school capacity for telebehavioral health services |
| | 4.3 Develop and disseminate a packet of informational materials for school administrators that illustrates the benefits of offering school-based telebehavioral health services | | **FS – Rosalie Etherington UND – Mandy Peterson** DPI – Robin Lang | -Materials developed<br>-Materials disseminated to school administrators across the state | Information should draw from national and local research evidence and best practice. |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Aim #9 Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Apply for technical assistance to support statewide plan development and initiation** | 1.1 Secure needed partnerships with state and advocacy organizations to demonstrate cross-system collaboration and service user engagement in technical assistance application | 2/28/19 | **BHD – Bianca Bell**<br>**MA – Jake Reuter** | -Partnerships identified in technical assistance application | COMPLETE |
| | 1.2 Apply for technical assistance through the National Center on Advancing Person-Centered Practices and Systems | 2/28/19 | **BHD – Bianca Bell**<br>**MA – Jake Reuter** | -Completed technical assistance application | COMPLETE |
| **2. Designate an entity to facilitate the development and initiation of statewide plan to enhance person-centered thinking, planning, and practice** | 2.2 Develop and issue an RFP for facilitating development and initiation of the statewide plan | 9/30/19 | **DHS – Sara Stolt**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Completed RFP | COMPLETE |
| | 2.3 Select an entity to facilitate the development and initiation of the statewide plan | 10/31/19 | **DHS – Sara Stolt and Pam Sagness**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Entity selected | COMPLETE |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **3. Engage with public stakeholders to outline the importance of person-centered thinking, planning, and practice and inform the statewide plan development** | 3.1 Create a guide outlining best practice for participant engagement in North Dakota | 6/30/20 | **DHS – Pam Sagness**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Participant engagement guide | COMPLETE |
| | 3.2 Create an Asset Map to clarify engagement aims, target groups, existing engagement assets, and engagement gaps | 3/31/20 | **DHS – Pam Sagness**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Engagement Asset Map | COMPLETE |
| | 3.3 Create fully accessible webpage on ND DHS website to provide information on person-centered practice, including the assessment process, status updates, and ways to provide input and direction. | 8/31/20 | **DHS – Pam Sagness**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Webpage posted | |
| | 3.4 Hold a Person-Centered Practices Summit, open to the public, to raise awareness about the DHS person-centered practices initiatives. | 9/30/20 | **DHS – Pam Sagness**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Summit held | |
| **4. Build capacity among DHS leadership and administration on person-centered thinking, planning, and practice** | 4.1 Develop or identify informational and training materials suitable for DHS leadership | 10/31/19 | **DHS – Sara Stolt**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Training materials identified | COMPLETE |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 4.2 Conduct training sessions for and distribute informational materials to all ND DHS executive leadership | 11/30/19 | **DHS – Sara Stolt**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Completed training sessions for all ND DHS executive leadership<br>-Materials distributed to all ND DHS leadership<br>-Demonstration of understanding via post-training survey | COMPLETE |
| **5. Conduct a cross-system organizational self-assessment of person-centered thinking, planning, and practice** | 5.1 Develop a protocol for an organizational self-assessment that includes meaningful engagement with service user and family groups throughout the process | 2/29/20 | **DHS – Pam Sagness**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Self-assessment protocol | COMPLETE |
| | 5.2 Conduct a cross-system organizational self-assessment, informed by service user/family and community priorities | 12/31/20 | **DHS – Pam Sagness**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Organizational self-assessment completed | |
| **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** | 6.1 Develop an action plan based on public engagement and organizational self-assessment | 12/31/20 | **DHS – Pam Sagness**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Action Plan | |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 6.2 Initiate action on the statewide plan | 1/31/21 | **DHS – Pam Sagness**<br>BHD – Bianca Bell<br>MA – Jake Reuter | -Statewide plan initiated | |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Aim #10 Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Identify local or national experts who can deliver presentations and trainings on advocacy skills and partnerships with advocacy communities at the state behavioral health conference** | 1.1 Identify local or national experts who can deliver presentations and trainings on advocacy skills and partnerships with advocacy communities at the state behavioral health conference | | **BHD – Alyssa Kroshus** | -Identified presenter | Presenters should be persons with lived experience |
| **2. With the presenters, develop at least two sessions on advocacy skills and partnerships with advocacy communities** | 2.1 Develop a session on promoting advocacy skills for people with lived experience (target audience: people with lived experience) | | **BHD – Alyssa Kroshus** | -Session description | |
| | 2.2 Develop a session on partnering with advocacy communities to provide high quality behavioral health services (target audience: providers) | | **BHD – Alyssa Kroshus** | -Session description | |
| **3. Include dedicated trainings and sessions at the state Behavioral Health Conference related to advocacy skills and partnerships with advocacy communities** | 3.1 Include dedicated trainings and sessions at the state Behavioral Health Conference related to advocacy skills and partnerships with advocacy communities | | **BHD – Alyssa Kroshus** | -Sessions included in behavioral health conference | |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Aim #11 Partner with tribal nations to increase health equity for American Indian populations

### 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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Attend a meeting of tribal leaders to present strategic planning process and invite leaders to partner** | 1.1 Obtain a place on the agenda of the tribal leadership meeting at United Tribes Technical College | 4/30/19 | **BHD – Laura Anderson Indian Affairs - Brad Hawk** | -UTTC tribal leadership meeting agenda | COMPLETE |
| | 1.2 Meet with tribal leaders to present strategic planning process and offer an invitation to partner | 4/30/19 | **BHD – Laura Anderson Indian Affairs - Brad Hawk** | -Meeting with tribal leaders | COMPLETE |
| **2. Meet with tribal leaders or their designees to review the strategic plan and explore aligned strategic planning process and options for creating an ongoing training program for behavioral health professionals that includes modules on health equity and American Indian history, culture, and governance.** | 2.1 Review trainings related to health equity and American Indian history, culture, and governance | | **BHD – Laura Anderson Indian Affairs - Brad Hawk** | -completed review | Review should include trainings that have been used in North Dakota and other trainings used nationwide (i.e. nationally-recognized trainings, those used in neighboring states) |
| | 2.2 Meet with tribal leaders or their designees to review the 2020 strategic plan and discuss whether and how to align the goals with efforts in each of the tribal communities and to discuss partnership options for trainings | | **BHD – Laura Anderson Indian Affairs - Brad Hawk** | -Meeting(s) with tribal leaders or their designees | Trainings should be conducted by or in partnership with representatives from tribal nations |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| | 2.2 Ensure the strategic planning process is aligned with that of tribal nations, which may include revisions or additions to the strategic plan | | **BHD – Laura Anderson Indian Affairs - Brad Hawk** | -Draft aligned strategic planning process | |
| | 2.3 Identify next steps to secure an ongoing partnership with tribal leaders or their designees for current and future strategic planning efforts, including next steps for developing and implementing training for behavioral health staff on health equity and American Indian history, culture, and governance | | **BHD – Laura Anderson Indian Affairs - Brad Hawk** | -MOUs with tribal leaders | Additional objectives and action steps will be added based on discussions with tribal leaders or designees |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Aim #12 Diversify and enhance funding for behavioral health

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Select a lead entity and personnel to take the lead on system development and administration** | 1.1 Convene representatives from relevant entities to determine the best entity to take the lead on developing and maintaining a system for responding to behavioral health funding opportunities | | **DHS – Chris Jones**<br>BHD – Pam Sagness | -Primary entity identified | |
| | 1.2 Designate personnel to coordinate identification and response to behavioral health funding opportunities | | **DHS – Chris Jones**<br>BHD – Pam Sagness | -Personnel designated | |
| **2. Secure funding for staff time and resources** | 2.1 Secure funding for staff time and resources | | **DHS – Chris Jones**<br>BHD – Pam Sagness | -Secured funding for staff time and resources | Might involve allocating within an existing budget |
| **3. Develop a system for identifying behavioral health funding opportunities** | 3.1 Conduct a scan of public (e.g. federal grant opportunities) and private (e.g. foundations) funding sources and existing connections with potential funders | | **BHD – Pam Sagness and Laura Anderson** | -Completed scan | Include some process that involves tracking existing relationships with funders or potential funders for follow-up and coordination |
| | 3.2 Create a protocol for tracking funding opportunities on an ongoing basis | | **BHD – Pam Sagness and Laura Anderson** | -Tracking protocol | Can provide examples of simple spreadsheets and processes |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **4. Develop a process for responding to behavioral health funding opportunities** | 4.1 Convene entities to explore how to feasibly disseminate information about funding opportunities, support grant and proposal-writing, and foster collaboration across agencies and between agencies and community partners | | **BHD – Pam Sagness and Laura Anderson** | -Notes from discussions on response process | |
| | 4.2 Create a protocol for responding to behavioral health funding opportunities | | **BHD – Pam Sagness and Laura Anderson** | -Response protocol | |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Secure legislative approval for the 1915(i) state plan amendments** | 1.1 Secure legislative approval for the 1915(i) SPA for adults | 4/30/19 | **MA – Dawn Pearson BHD –Bianca Bell** | -Legislative approval | COMPLETE An OAR for an adult 1915(i) was included in the governor's budget and was approved in the 2019 legislative session |
| | 1.2 Secure legislative approval for the 1915(i) SPA for children and youth | 4/30/19 | **MA – Dawn Pearson BHD –Bianca Bell** | -Legislative approval | COMPLETE A 1915(i) SPA for children and youth was funded in the 2019 legislative session |
| **2. Draft 1915(i) state plan amendments** | 2.1 Obtain CMS technical assistance to support development of the 1915(i) SPAs | 8/31/19 | **MA – Dawn Pearson BHD –Bianca Bell** | -TA obtained | COMPLETE DHS applied and was selected to receive CMS technical assistance to develop the 1915(i) SPAs |
| | 2.2 Engage in preliminary conversations with CMS about proposed SPAs | 10/31/19 | **MA – Dawn Pearson BHD –Bianca Bell** | -Conversations documented | COMPLETE |
| | 2.3 Draft a 1915(i) SPA for adult services based on parameters developed in 2018 | 12/31/19 | **MA – Dawn Pearson BHD –Bianca Bell** | -Draft 1915(i) for adults | COMPLETE |
| | 2.4 Draft a 1915(i) SPA for children and youth based on materials developed in 2015 and revised in January 2019 | 3/1/20 | **MA – Dawn Pearson BHD –Bianca Bell** | -Draft 1915(i) for children and youth | COMPLETE |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **3. Submit 1915(i) state plan amendments to CMS for approval** | 3.1 Finalize and submit the 1915(i) SPA for adults to CMS | 4/30/20 | **MA – Dawn Pearson**<br>**BHD –Bianca Bell** | -Submitted 1915(i) | COMPLETE |
| | 3.2 Finalize and submit the 1915(i) SPA for children and youth to CMS | 4/30/20 | **MA – Dawn Pearson**<br>**BHD –Bianca Bell** | -Submitted 1915(i) | COMPLETE<br>Expect the CMS review process to take between 4 and 6 months. Expect that ND will be asked to respond to one or more rounds of questions from CMS. |

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

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Secure legislative approval to add peer support as a Medicaid state plan service** | 1.1 Secure legislative approval to add peer support as a Medicaid state plan service | 4/30/19 | **BHD – Nicole Berman**<br>**MA – Krista Fremming** | -Legislative approval | COMPLETE<br>Legislative approval was secured in the 2019 legislative session |
| **2. If legislative approval is secured, amend the Medicaid state plan to include peer support as a Medicaid state plan service** | 2.1 Amend the Medicaid state plan to include peer support as a Medicaid state plan service | | **BHD – Nicole Berman**<br>**MA – Krista Fremming** | -Amended state plan | |

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Aim #13 Conduct ongoing, system-wide, data-driven monitoring of need and access

### 13.1 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)

| Objective | Action Step | Completion Date | Responsible Entities - Lead Staff | Indicator | Status and Notes |
|---|---|---|---|---|---|
| **1. Establish a data work group with representatives from each relevant entity** | 1.1 Identify representatives from each relevant entity to serve on a statewide data work group | | BHD – **Laura Anderson** and Heather Mertz | -Data work group roster | |
| | 1.2 Establish a schedule of meetings and scope of work for the data work group | | BHD – **Laura Anderson** and Heather Mertz | -Schedule of meetings and scope of work | Scope of work can be based on the action steps outlined here |
| **2. Conduct a review of current alignment of state and local data systems** | 2.1 Obtain information about current data systems and their interoperability with other data systems | | BHD – **Laura Anderson** and Heather Mertz | -Information about data systems of all relevant entities | |
| | 2.2 Map data systems and interoperability (or lack thereof) | | BHD – **Laura Anderson** and Heather Mertz | -State and local data system map | |
| **3. Draft a ten-year plan based on review of state and local data systems** | 3.1 Draft a ten-year plan based on review of state and local data systems | | BHD – **Laura Anderson** and Heather Mertz | -10-year plan | |

## Acronyms

| | |
|---|---|
| BH | Behavioral health |
| BHD | Behavioral Health Division |
| BIA | Bureau of Indian Affairs |
| BIE | Bureau of Indian Education |
| BJA | Bureau of Justice Assistance |
| CBHTF | Children's Behavioral Health Task Force |
| CFS | Children and Family Services Division |
| CIL | Center for Independent Living |
| CIT | Crisis Intervention Team (law enforcement behavioral health training) |
| DHS | Department of Human Services |
| DLA | Daily Living Activities Functional Assessment |
| DOCR | Department of Corrections and Rehabilitation |
| DoH | ND Department of Health |
| DPI | Department of Public Instruction |
| DVR | Division of Vocational Rehabilitation |
| EMS | Emergency Medical Services |
| EPSDT | Early and Periodic Screening, Diagnosis, and Treatment |
| FQHC | Federally Qualified Health Center |
| FS | Field Services Division |
| FTR | Free though Recovery |
| HCBS | Home and Community-Based Services |
| HSC | Human Service Center |
| IAC | Indian Affairs Commission |
| IAP | Innovation Accelerator Program Partnerships (a Medicaid technical assistance initiative) |
| IHS | Indian Health Service |
| LAC | Licensed Addiction Counselor |
| LGBTQ/GNC | Lesbian, gay, bisexual, transgender, queer/questioning |
| MA | Medicaid Division |
| MAT | Medication-assisted treatment |
| ND BIN | North Dakota Brain Injury Network |
| NDFSCS | North Dakota Full Service Community Schools Consortium |
| NAHRO | North Dakota National Association of Housing Redevelopment Associations |
| NDEMSA | North Dakota Emergency Medical Services Association |

| | |
|---|---|
| NDHFA | North Dakota Housing Finance Agency |
| NDICH | North Dakota Interagency Council on Homelessness |
| NDSPC | North Dakota Suicide Prevention Coalition |
| NIC | National Institute of Corrections |
| PSJ | Prairie St. John's |
| RCORP | Rural Communities Opioid Response Program |
| REA | Regional Education Association |
| SAMHSA | Substance Abuse and Mental Health Services Administration |
| SEOW | State Epidemiological Outcomes Workgroup |
| SUD | substance use disorder |
| TA | Technical assistance |
| TFC | Treatment foster care |
| UTTC | United Tribes Technical College |