

## North Dakota Behavioral Health Plan

Progress and Updates for the Behavioral Health Planning Council | October 2025

Adjusting
Aim 6 to
better reflect
current
actions and
priorities

Previous wording:

Continue to implement and refine the current criminal justice strategy

Updated wording:

Strengthen diversion and reentry practices through cross-system collaboration to reduce incarceration, promote community integration, and support justice-involved people.



Adjusting Aim 8 to encompass more than just Telebehavioral health and to reflect rural populations as a high priority

Previous wording:

Continue to expand the use of telebehavioral health

Updated wording:

Increase access and improve outcomes for rural populations



# Broaden aim 5 beyond just System of Care grant activities to reflect actions to improve overall services for children, youth, and families

#### **Current aims**

Aim 4: Expand outpatient and community-based service array

Aim 5: Enhance and streamline System of Care for Children with Complex needs and their Families

#### **Proposed aims**

Aim 4: Expand and enhance the outpatient and community-based service array for adults

Aim 5: Expand and enhance the outpatient and community-based service array for children, youth, and families



#### Additional Updates

#### Aim 1 – Strategic Planning

- June dashboard published
- On track
   September
   dashboard (will
   reflect some
   recent updates)

#### Aim 7 - Workforce

 Updating objectives to reflect expanded and continuing work of the Training Academy for Addiction Professionals (TAAP)

#### Aim 9 – System Values

- Created new goal focused on creating more coordination within HHS to support and partner with foreign-born communities
- Completed personcentered practices selfassessment with BHD policy team

#### Aim 10 – Community Involvement

 New goal to reflect the advocacy education and support work done by the Consumer Family Network

#### Aim 11 – Partnering with Tribal Nations

 Reworked training goal to focus more broadly around coordination within HHS to support and partner with Tribal communities

#### Aim 12 – Financing

 New objectives related to continuing and enhancing support for providers to participate in the 1915(i)

#### Aim 13 – Data and Quality

 Developing new goals to reflect the work of the Quality and Technical Services Team



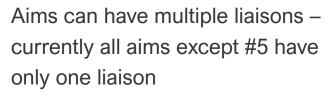
#### Be a liaison!



Time commitment – 1-3 hours per quarter



Monthly – quarterly email correspondence with HSRI team and lead staff



Email <a href="mailto:bcroft@hsri.org">bcroft@hsri.org</a> with interest



Asked for input/advisement on major changes to goals



Can request information or suggest ideas any time



# Establishing metrics for progress – group brainstorm

- Suicide fatality rates
- Prevalence of mental health and substance use problems
- Penetration rates
- Prison re-entry rates
- Numbers of providers licensed/certified

#### Aims

- Develop and implement a comprehensive strategic plan
- Invest in prevention and early intervention
- Ensure all North Dakotans have timely access to behavioral health services
- Expand outpatient and community-based service array
- Enhance and streamline System of Care for Children with complex needs and their families
- Strengthen diversion and reentry practices
- 7 Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce
- 8 Continue to expand the use of telebehavioral health interventions
- 9 Ensure the system reflects its values of person-centeredness, access for all, and trauma-informed approaches
- Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services
- Partner with tribal nations to increase access and outcomes for American Indian populations
- Diversify and enhance funding for behavioral health
- Conduct ongoing, system-wide, datadriven monitoring of need and access



### Thank You.



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