



# **Strategic Plan Progress Assessment Preparation**

May 2025



# Agenda

- 1 Revisit Original Recommendations and Goal-Setting Process
- 2 Discussion: Where has there been progress?
- 3 Next Steps: Survey

# Revisiting Recommendations and the Original Goal-Setting Process

The BHPC engaged in an extensive goal-setting process in  
2018-2019

# Why are we revisiting the Plan?

## RATIONALE

As a Governor-appointed group of 30 system experts with varied forms of expertise – including lived and living expertise -- the Behavioral Health Planning Council is an ideal group to understand progress to date and provide ideas about future strategic directions

**...and it has been a while!**

## WHAT'S NEXT

- Revisit the original recommendations and strategic goals from the 2018 study
- Engage in a structured process to determine how much progress has been made for each of the Plan's strategic aims
- Identify areas that need to be refocused, revisited, and refreshed

# Back in 2018...

## Goal Matrix

- 138 potential goals derived from original Behavioral Health System Study
- Created through conversations with system administrators knowledgeable about the system and its policies

## Public Prioritization Survey

- 570 members of the public
- December 2018
- Respondents indicated a priority level for each of the 138 potential goals

# 2018 GOAL PRIORITY RANKINGS






# Of the 138 Strategic Goals, the Top 10 are...

1. Implement training on trauma-informed approaches - including vicarious trauma and self-care - for all criminal justice staff
2. Expand in-home community supports for children, youth, and families, including family skills training and family peers
3. Implement Crisis Intervention Team training for all law enforcement officers and emergency medical responders statewide, with e-learning options for those in rural areas
4. Review behavioral health treatment capacity in jails and create a plan to fill gaps
5. Expand school-based mental health and SUD treatment services for children and youth.



# Top 10 Highest-Priority Goals, continued

6. Expand loan repayment programs for behavioral health students working in areas of need
7. Expand school-based early intervention activities using evidence-based curriculums
8. Expand culturally-responsive, evidence-based wraparound services for children and families involved in multiple systems
9. Expand school-based prevention activities using evidence-based curriculums
10. Implement Zero Suicide statewide



# Respondents had the highest levels of disagreement about the following goals...

1. Ensure syringe service programs statewide
2. Foster connections to national advocacy movements by supporting travel and attendance at national conferences and at virtual advocacy networks
3. Create a comprehensive database of behavioral health licensure to identify trends over time
4. Establish a state-level leadership position that represents the perspective of persons with lived experience
5. Establish a formalized training and certification process for peer support specialists

# 2018 RESPONDENT QUOTES





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I think we need to pull out all stops in addressing social emotional health for infants, toddlers, and their families as early as we can!

With limited resources, please focus on kids first. This will result in tough decisions.

Invest in ND youth! Children ARE our infrastructure!



“

All agencies need to work better.  
Not one of us is okay where we are,  
but we all seem to be siloed and  
protective of our turf.

There are too many organizations  
and funding streams operating in  
silos.

Fragmenting services is tantamount  
to fragmenting people.



“

People with lived experiences should be on ALL committees that have to do with services and supports. It is critical, and it is evidence-based. Too often North Dakota excludes or engages in tokenism.



“

Native American individuals in ND generally do not feel trust for, or valued by, the state. We experience a high rate of discrimination and structural racism with fewer appropriate treatment services.

Promoting collaboration with Tribal leaders and community members is key to determining the needs of tribal members and their road to recovery.

We should lend support, listen but they should lead.



“

We need something between crisis and recovery. Our systems should be designed to work for people, not to make people work to access them.



“

We have many people, especially our children, within our state that are suffering from trauma-induced events, substance abuse, and mental health issues. This problem will take the commitment and tenacity of many people working together statewide to use all resources available to begin the process of healing. Our most vulnerable population, our children, are being most affected. If this statewide issue is not addressed, we will see more and more negative social and emotional behaviors as these children grow into teens and adults.

# Major steps forward since 2019

Peer Support

Telebehavioral  
Health

System of Care

Suicide  
Prevention

Partnerships with  
Tribes

Crisis Services

1915(i) Supports

Supported  
Housing

Trauma-Informed  
services at  
DOCR

Behavioral  
Health Workforce  
Coordination

# Discussion: Where has there been progress?

Where have we come in five+ years? What has changed, and what hasn't?


















# Next Steps: Progress Survey

This summer, the BHPC will engage in another intentional process to gauge progress and chart a path forward. This survey is the first step.

## The Problem:

Our current dashboard snapshot visualizes **progress toward what is in the plan** but not **progress toward the actual aim**

...This could give policymakers the impression that the system is further along that it is

Aims		Complete or In Progress and On Time
1.	Develop and implement a comprehensive strategic plan	77% 
2.	Invest in prevention and early intervention	86% 
3.	Ensure all North Dakotans have timely access to behavioral health services	95% 
4.	Expand outpatient and community-based service array	90% 
5.	Enhance and streamline System of Care for Children with complex needs and their Families	86% 
6.	Continue to implement and refine the current criminal justice strategy	79% 
7.	Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce	85% 
8.	Continue to expand the use of <u>telebehavioral</u> health interventions	75% 
9.	Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches	90% 
10.	Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services	100% 
11.	Partner with tribal nations to increase health equity for American Indian populations	77% 
12.	Diversify and enhance funding for behavioral health	94% 
13.	Conduct ongoing, system-wide, data-driven monitoring of need and access	80% 

# Interim Solution – Reworked Dashboard and One-Pager

Download at

<https://www.hsri.org/projects/north-dakota-comprehensive-behavioral-health-system-analysis/>

## North Dakota Behavioral Health Plan

with North Dakota Behavioral Health Planning Council  
& Human Services Research Institute



### Partners & Purpose

Human Services Research Institute (HSRI) is supporting the North Dakota Behavioral Health Planning Council and working with service users and families, advocates, providers, administrators, and other North Dakotans to set a course for ongoing system monitoring, planning, and improvements.



### Vision of the Behavioral Health Planning Council

With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy, and happy life—free of stigma or shame—within caring and supportive communities.



### Behavioral Health System Study

HSRI and the North Dakota Department of Human Services Behavioral Health Division conducted an analysis of the state's behavioral health system, including service use and expenses. The [final report](#) details the findings and provides recommendations.



### Plan

Building on the study recommendations, we identify priority goals within each of 13 aims and establish implementation strategies to enhance the comprehensiveness, integration, cost-effectiveness, and recovery orientation of the behavioral health system to effectively and equitably meet the community's needs.

### Aims

- 1 Develop and implement a comprehensive strategic plan
- 2 Invest in prevention and early intervention
- 3 Ensure all North Dakotans have timely access to behavioral health services
- 4 Expand outpatient and community-based service array
- 5 Enhance and streamline System of Care for Children with complex needs and their families
- 6 Continue to implement and refine the current criminal justice strategy
- 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, health equity, and trauma-informed approaches
- 10 Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services
- 11 Partner with tribal nations to increase health equity for American Indian populations
- 12 Diversify and enhance funding for behavioral health
- 13 Conduct ongoing, system-wide, data-driven monitoring of need and access



[www.hsri.org/nd-plan](https://www.hsri.org/nd-plan)



# **New Measurement: Expert Progress Assessment**

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Completed by all BHPC members

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Takes about 15 minutes

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Anonymous – responses are combined

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Asks about progress toward each of the 13 aims

## Asks how close the system is to achieving each of the 13 aims

Also includes an open text question to describe why you selected the answer that you did

- ❑ **Not yet** - We have not made any significant progress toward this aim.
- ❑ **Just beginning** - We have made some steps toward achieving this aim but have not made significant progress.
- ❑ **Progressing** - We have made significant progress but still have a long way to go.
- ❑ **Well on our way** - We have made significant progress and are well on our way to achieving this aim.
- ❑ **Achieved** - This aim is nearly or fully achieved.
- ❑ I do not have enough information to assess progress toward this aim.

# Preview of July's In Person Meeting

## Review Survey Results

- HSRI will compile responses
- BHPC members will see how they assessed progress toward each aim
- HSRI will share summaries of comments for each aim

## World Café Discussion

- BHPC members will break into small groups and circulate through “stations” for each aim
- Reflect on progress assessments and survey comments
- Indicate whether scores seem too high or too low

## Full Group Consensus

- BHPC will reconvene as a full group and review notes from each station
- Vote to reach consensus (at least 75% agreement) on progress scores
- Propose changes to the strategic plan based on discussions