

North Dakota Behavioral Health Vision 20/20: Strategic Plan Protocol

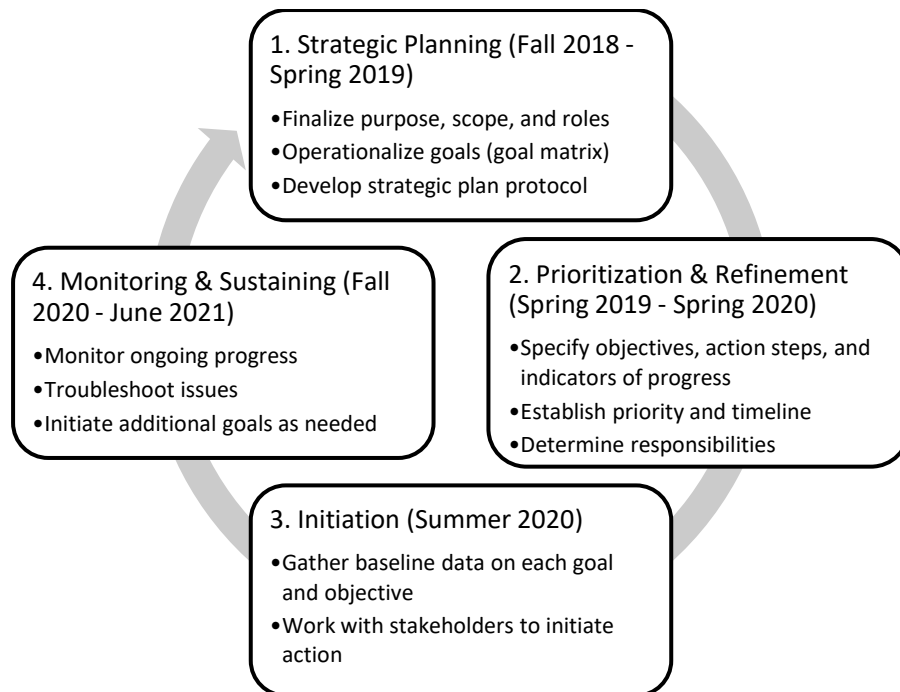
Human Services Research Institute, July 2020

Introduction and Background

In the final report of the 2018 *North Dakota Behavioral Health System Study*, the Human Services Research Institute (HSRI) detailed a set of recommendations to guide system improvement activities for the state in the coming years. The recommendations were based on HSRI's quantitative and qualitative analysis, national principles for a good and modern behavioral health system, and the community's vision for systems change. HSRI made recommendations related to ensuring the state has adequate infrastructure to implement and sustain data-driven system change. These recommendations involved creating and executing an implementation plan and conducting an ongoing, system-wide monitoring of need and access to behavioral health services. This *Strategic Plan Protocol* provides a roadmap for these **coordinated, data-driven system improvement activities** through the implementation of the recommendations from the *Behavioral Health System Study*. The goal of this work is to set the course for the North Dakota community to engage in **ongoing system monitoring, planning, and improvements** in the long-term.

Phases of Work

The work involves four phases: *Strategic Planning, Prioritization and Refinement, Initiation, and Monitoring and Sustaining*.



Phase 1. Strategic Planning – The basis for the work is recommendations offered in the 2018 *North Dakota Behavioral Health System Study Final Report*. To begin this phase, HSRI visited Bismarck in October 2018 to meet with stakeholder groups to finalize the purpose, scope, and role of this effort. During the visit, it was determined that the Behavioral Health Planning Council would be a central entity that drives system improvement activities, with support from HSRI. The work of this visit formed the

basis of this *Strategic Plan Protocol* and the accompanying *Goals Matrix*, both living documents that will inform North Dakota's behavioral health system change efforts.

Phase 1 Products: Strategic Plan Protocol and Goals Matrix

Phase 2. Prioritization and Refinement – HSRI's report has a range of recommendations that vary in degree of priority and ease of implementation. This phase involved establishing an initial priority order for acting upon recommendations. Using the 2018 [North Dakota Behavioral Health System Study](#) as a starting point, HSRI generated a [comprehensive list of strategic goals](#), which were reviewed and vetted with the Behavioral Health Planning Council and other stakeholders. Next, HSRI hosted an online survey asking public stakeholders to review the strategic goals and identify which goals they saw as having highest priority. In all, 570 people took the survey, and a [summary of the results](#) is available on the project website. During the December 2018 meeting of the Behavioral Health Planning Council, members reviewed the survey results and agreed that the five goals rated as having highest priority by public stakeholders will be included in the 2019 strategic plan. Next, the Behavioral Health Planning Council engaged in a prioritization exercise in which each member was invited to nominate one strategic goal for inclusion in the Strategic Plan. Members were asked to consider the following criteria in selecting the goals:

- **Actionable** - Can stakeholders take actions to advance policy and practice to reach the goal? Are anticipated barriers to progress surmountable?
- **Timely** - Can the goal be accomplished in the next few years? Or for longer-range goals, can a key objective be accomplished in the short term to lay groundwork for future advancements?
- **Integral** - Will achieving this goal set the state on a course to continue transformation by changing the underlying structures or practices of the system itself? Will this goal create a system that is better-able to reach goals in the future?
- **Values-driven** - Does it promote community values and priorities including equity, person-centeredness, trauma-informed care, and fiscal responsibility?

After the meeting, Behavioral Health Planning Council members who were not present at the meeting were invited to nominate goals as well. Finally, HSRI nominated five goals in our role as system experts and facilitators of the strategic planning process. The process outlined above resulted in the selection of the strategic goals contained in the *Behavioral Health Vision 20/20 Strategic Plan*. Next, HSRI conducted a series of conversations with stakeholders from the behavioral health system to draft and refine specific goals and objectives for each goal using the SMART framework. SMART is a system for rating goals to ensure they are Specific, Measurable, Attainable, Realistic, and Time-Bound. The goals and objectives specify individual action steps, timelines, responsibilities, and indicators of progress/success.

Phase 2 Product: Initial Behavioral Health Vision 20/20 Strategic Plan (prioritized goals and objectives)

Phase 3. Initiation – This phase consists of initiating action on goals and objectives in order of priority, developing metrics to monitor progress, troubleshooting issues as they arise to prevent disruption in progress, and revising and amending protocols and goals as indicated. In this phase, lead staff of responsible entities are named for each objective, and the content of the strategic plan is finalized and posted publicly on the Behavioral Health 20/20 website (<https://www.hsri.org/NDvision-2020>).

Phase 3 Product: Final (public) Behavioral Health Vision 20/20 Strategic Plan

Phase 4. Monitoring and Sustaining – During the monitoring and sustaining phase, progress toward all goals and objectives will be reviewed and posted publicly in the form of “Dashboards,” brief summaries of each goal that display progress. As efforts continue, contexts change, and new goals and priorities arise, the strategic plan will be reviewed and revised as needed to reflect changes in course, the introduction of new goals and objectives, and discontinuation of goals and objectives that are no longer relevant.

Phase 4 Products: Dashboards for each Goal updated quarterly, strategic plan revisions

Roles, Group Coordination, and Communication Processes

The table below describes roles of key entities involved in facilitating, overseeing, and implementing the strategic planning process.

Entity	Role and Activities	Contact
Behavioral Health Planning Council (BHPC)	The central entity that drives system improvement activities Advises all project activities, including processes, plan development, and communications with the public Approves the content in the strategic plan Meets quarterly with HSRI to review progress and determine next steps Executive Committee meets monthly with HSRI	Kurt Snyder, Chair Lorraine Davis, Past Chair Vice Chair, Paul Stroklund
Consensus Council	Facilitates the work of the Behavioral Health Planning Council	Greg Gallagher
Human Services Research Institute (HSRI)	Maintains all project materials, including the Strategic Plan and Dashboards Maintains website (https://www.hsri.org/NDvision-2020) Attends each BHPC meeting and meets with Executive Committee Gathers information on progress toward goals and objectives Works with BHPC to amend and adjust the Strategic Plan as needed	Bevin Croft
North Dakota Department of Human Services (DHS) Behavioral Health Division (BHD)	Ensures DHS leadership are aware and supportive of the strategic planning activities Oversees HSRI’s work Supports coordination of HSRI meetings and site visits	Pam Sagness Laura Anderson Alyssa Kroshus Tami Conrad
Lead Staff – Responsible Entities (identified in each objective in the strategic plan)	Coordinate and engage in the activities described in each objective Report progress toward goals and objectives to HSRI	See Strategic Plan