

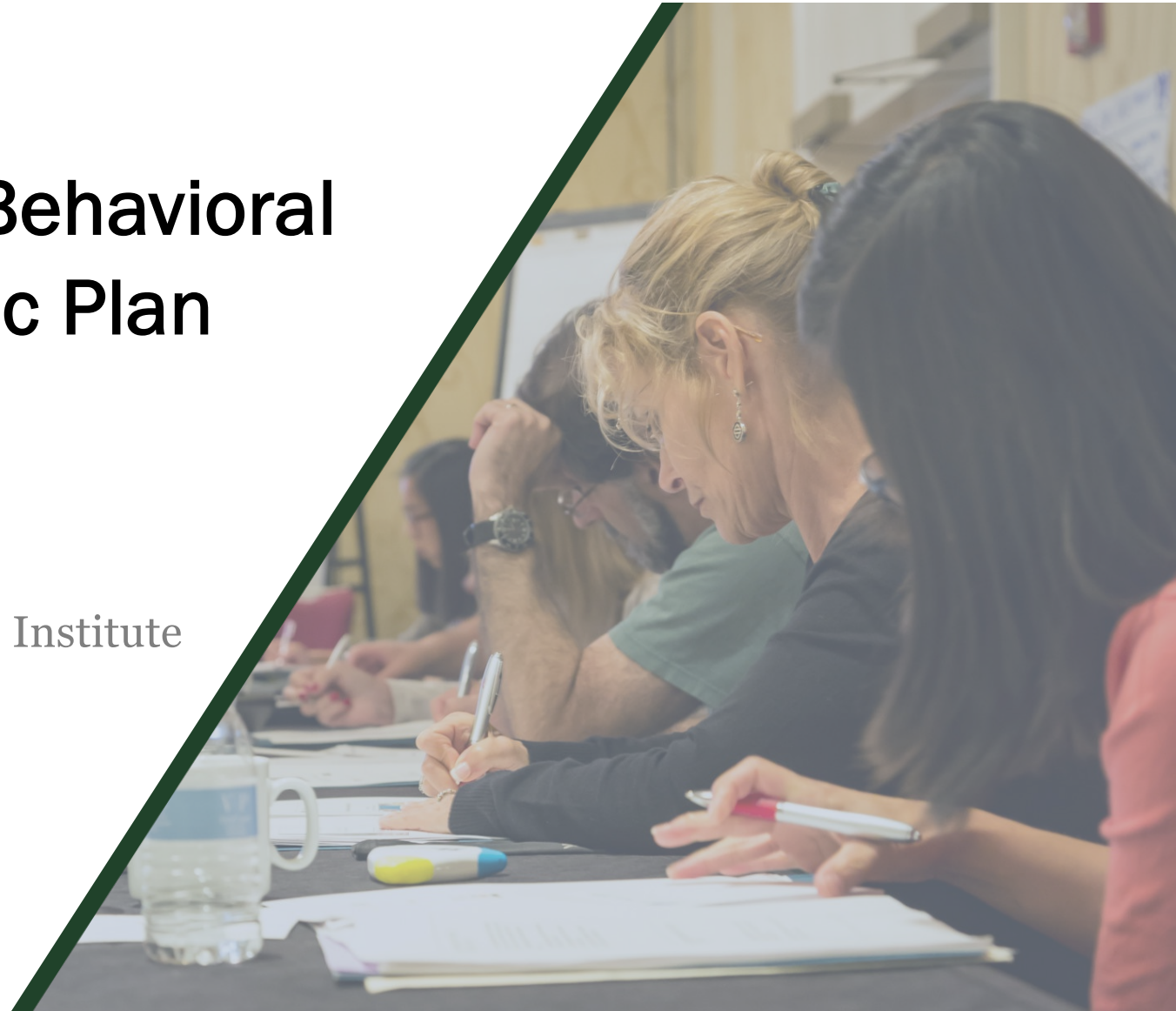
# North Dakota Behavioral Health Strategic Plan

Fall 2021 Update

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# Today's Tasks

## This morning

1. Identify linkages with related advisory groups
2. Review progress to date
3. Offer consideration for future plan amendments

## This afternoon

4. Discussion about progress and barriers to progress
5. Identify goals for inclusion in the 2022 strategic plan

Strengthening  
our  
relationships  
with other  
governmental  
bodies

Autism Task Force

Brain Injury Advisory Council

Children's Cabinet

Developmental Disabilities Council

Medicaid Advisory Committee

Olmstead Commission

Interagency Coordinating Committee (DPI)

The 13 Aims are based on the recommendations of the 2018 HSRI *Behavioral Health System Study*, principles of good and modern behavioral health systems, and the community's vision for system change.

1. Develop & implement a **comprehensive strategic plan**
2. Invest in **prevention and early intervention**
3. Ensure **timely access** to behavioral health services
4. Expand **outpatient and community-based services**
5. Enhance & streamline **system of care for children**
6. Continue **criminal justice** strategy
7. Recruit and retain a **qualified & competent workforce**
8. Expand **telebehavioral health**
9. Ensure values of **person-centeredness, cultural competence, and trauma-responsiveness**
10. Encourage and support **community involvement**
11. Partner with tribal nations to increase **health equity**
12. Diversify and enhance **funding**
13. Conduct ongoing, system-wide, **data-driven monitoring** of needs and access



# Progress To Date

<b>Aim</b>	<b>Description</b>	<b>Progress</b>
<b>1</b>	Develop and implement a comprehensive strategic plan	<b>60%</b>
<b>2</b>	Invest in prevention and early intervention	<b>35%</b>
<b>3</b>	Ensure all North Dakotans have timely access to behavioral health services	<b>45%</b>
<b>4</b>	Expand outpatient and community-based service array	<b>68%</b>
<b>5</b>	Enhance and streamline system of care for children and youth	<b>11%</b>
<b>6</b>	Continue to implement and refine the current criminal justice strategy	<b>42%</b>
<b>7</b>	Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce	<b>22%</b>
<b>8</b>	Continue to expand the use of telebehavioral health interventions	<b>38%</b>
<b>9</b>	Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches	<b>79%</b>
<b>10</b>	Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services	<b>100%</b>
<b>11</b>	Partner with tribal nations to increase health equity for American Indian populations	<b>0%</b>
<b>12</b>	Diversify and enhance funding for behavioral health	<b>75%</b>
<b>13</b>	Conduct ongoing, system-wide, data-driven monitoring of need and access	<b>60%</b>



## Highlights

- ✓ Peer support certification
- ✓ School-based services
- ✓ Telebehavioral health
- ✓ Trauma training and screening
- ✓ Person-centered practices
- ✓ Streamlining behavioral health funding
- ✓ Multi-stakeholder data work group



## Aim by Aim Update – Aim 1

### **Develop and implement a comprehensive strategic plan**

- Work is on track
- Need to establish stronger connections with related initiatives (objective 5)
- *Recommendation: Continue*



## Aim by Aim Update – Aim 2

**Invest in prevention and early intervention –  
develop comprehensive suicide prevention  
approach and expand suicide prevention  
activities with key groups**

- Work is on track
- *Recommendation: Continue*





## Aim by Aim Update – Aim 3 Goal 3.1

### **Ensure timely access to services – identify universal behavioral health screenings**

- Use of some screenings have increased/strengthened (e.g. trauma screening)
- Otherwise, there has been limited progress
- This goal is very ambitious, and its broad scope makes progress difficult
- *Recommendation: Reconsider current approach*



## Aim by Aim Update – Aim 3 Goal 3.2

### **Ensure timely access to services – establish statewide mobile crisis teams for children and youth**

- Goal met – providers now offer mobile crisis services in urban areas throughout the state
- *Recommendation: Continue, extend, or replace*



## Aim by Aim Update – Aim 3 Goal 3.3

**Ensure timely access to services – ensure people with brain injury are aware of eligibility services through all avenues**

- Some progress, but more work is needed to ensure greater awareness of and access to behavioral health services for people with brain injury
- *Recommendation: Redouble efforts and continue*



## Aim by Aim Update – Aim 4 Goal 4.1

### **Expand outpatient + community-based services – Provide targeted case management services based on need**

- Goal met – people are matched to TCM based on assessed need
- ...but more work to be done to ensure people receive the right coordination/navigation supports at the right time
- *Recommendation: Replace with another goal*



## Aim by Aim Update – Aim 4 Goal 4.2

### **Expand outpatient + community-based services – Expand supported housing**

- Strong progress
- Current focus is on establishing quality standards and monitoring outcomes
- *Recommendation: Continue*



## Aim by Aim Update – Aim 4 Goal 4.3

### **Expand outpatient + community-based services – Expand school-based services**

- Most objectives met
- Remaining objective focused on increasing awareness of Medicaid reimbursement among schools
- *Recommendation: Continue and incorporate new objectives*



## Aim by Aim Update – Aim 5 Goal 5.1

**Enhance and streamline system of care for children and youth – establish and ratify a shared vision**

- Limited progress
- *Recommendation: Redouble efforts and continue*



## Aim by Aim Update – Aim 5 Goals 5.2 and 5.3

### **Enhance and streamline system of care for children and youth – expand wraparound services and in-home community supports**

- Limited progress
- *Recommendation: Redouble efforts and continue*





## Aim by Aim Update – Aim 6

### **Continue to implement and refine the current criminal justice strategy**

- Strong progress on all three goals
  - Establish statewide Crisis Intervention Team Training
  - Establish trauma training program
  - Review capacity for behavioral health needs identification, support, and referral in jails
- *Recommendation: Continue*



## Aim by Aim Update – Aim 7

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

- Good movement on 7.1 to establish a behavioral health workforce summit and workgroup
- Strong progress on goal 7.4 (peer services)
- Other goals will be supported by progress in 7.1
- *Recommendation: Continue*



## Aim by Aim Update – Aim 8

### **Continue to expand telebehavioral health**

- Strong progress, in part because of necessary expansion because of the pandemic
- *Recommendation: Continue*



## Aim by Aim Update – Aim 9

### **Ensure system reflects values of person-centered, equitable, trauma-informed approaches**

- Strong progress
- Related to larger ND DHS Person-Centered Practices Initiative - <https://www.hsri.org/nd-pcp>
- *Recommendation: Continue*



## Aim by Aim Update – Aim 10

### **Encourage and support communities to share responsibility with the state**

- Modest goal met
- *Recommendation: Replace with another goal related to this aim*



## Aim by Aim Update – Aim 11

### **Partner with tribal nations to increase health equity**

- Goals have been reworked multiple times with very limited progress
- Upcoming consolidation with Department of Health calls for a reconsideration of this goal
- *Recommendation: Continue but consider revisions to address barriers to progress*



## Aim by Aim Update – Aim 12, Goal 12.1

### **Diversify and enhance funding – develop a system for identifying and responding to funding opportunities**

- Good progress toward 12.1 with dedicated position created within Behavioral Health Division
- *Recommendation: Continue*



## Aim by Aim Update – Aim 12, Goal 12.2

### **Diversify and enhance funding – establish 1915(i) state plan amendment**

- Goal has been met
- *Recommendation: Replace or refocus on access to and implementation of the 1915(i) services*





## Aim by Aim Update – Aim 12, Goal 12.3

### **Diversify and enhance funding – establish peer services as Medicaid state plan service**

- Limited progress
- *Recommendation: Continue, but revisit and revise with lead staff*



## Aim by Aim Update – Aim 13


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

- Strong progress building from State Epidemiological Outcomes Workgroup
- *Recommendation: Continue, but revisit and revise with lead staff*




## In Summary, we recommend:

- Revisit and reconsider two goals:
  - 3.1 - establishing universal behavioral health screening – consider carving out a smaller goal related to needs identification
  - 11.1 – partnering with tribal communities – revisit with DoH Health Equity Office to align with their efforts
- Continue all other goals
- **Select one to four new goals, either based on goals that have been met or in new areas**



Initial  
criteria we  
used to  
select our  
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 one or two years? Or for longer-range goals, can a key objective be accomplished in one or two years?
  - **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?
- 



## Discussion

- Thoughts about progress to date?
- Agreements or disagreements with HSRI's recommendations?
- How might we rework goal 3.1 related to screening?
- What new goals would you like to see?
- Strategic Goals: <https://www.hsri.org/publication/goal-matrix-north-dakota-behavioral-health-vision-20-20>
- Survey Results: <https://www.hsri.org/publication/north-dakota-behavioral-health-vision-20-20-survey-results>



## Possibilities...

- Prevention and early intervention
- Homelessness
- Behavioral health and primary care integration
- State hospital initiative
- 1915(i) implementation
- Public health emergency preparedness



# Wrap Up and Next Steps

Thank You.



[www.hsri.org/NDvision-2020](http://www.hsri.org/NDvision-2020)

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