

North Dakota Behavioral Health Vision 20/20

Behavioral Health Planning Council Meeting
October 7, 2020



Goals for Today

1. Orient all BHPC members, including new members, to the Strategic Plan ***content***
2. Orient all BHPC members, including new members, to the Strategic Plan ***roles and processes***
3. Gather feedback on how best to **ensure the BHPC oversees and supports** the work of the Strategic Plan

AGENDA

01

10:45am

Goals overview with
lead staff

03

1:00pm

Q and A with Lead Staff
Breakout discussions
about BHPC role

10:30am

Overview and
Background

02

12:15pm

Lunch

04

OVERVIEW AND BACKGROUND



Our Approach

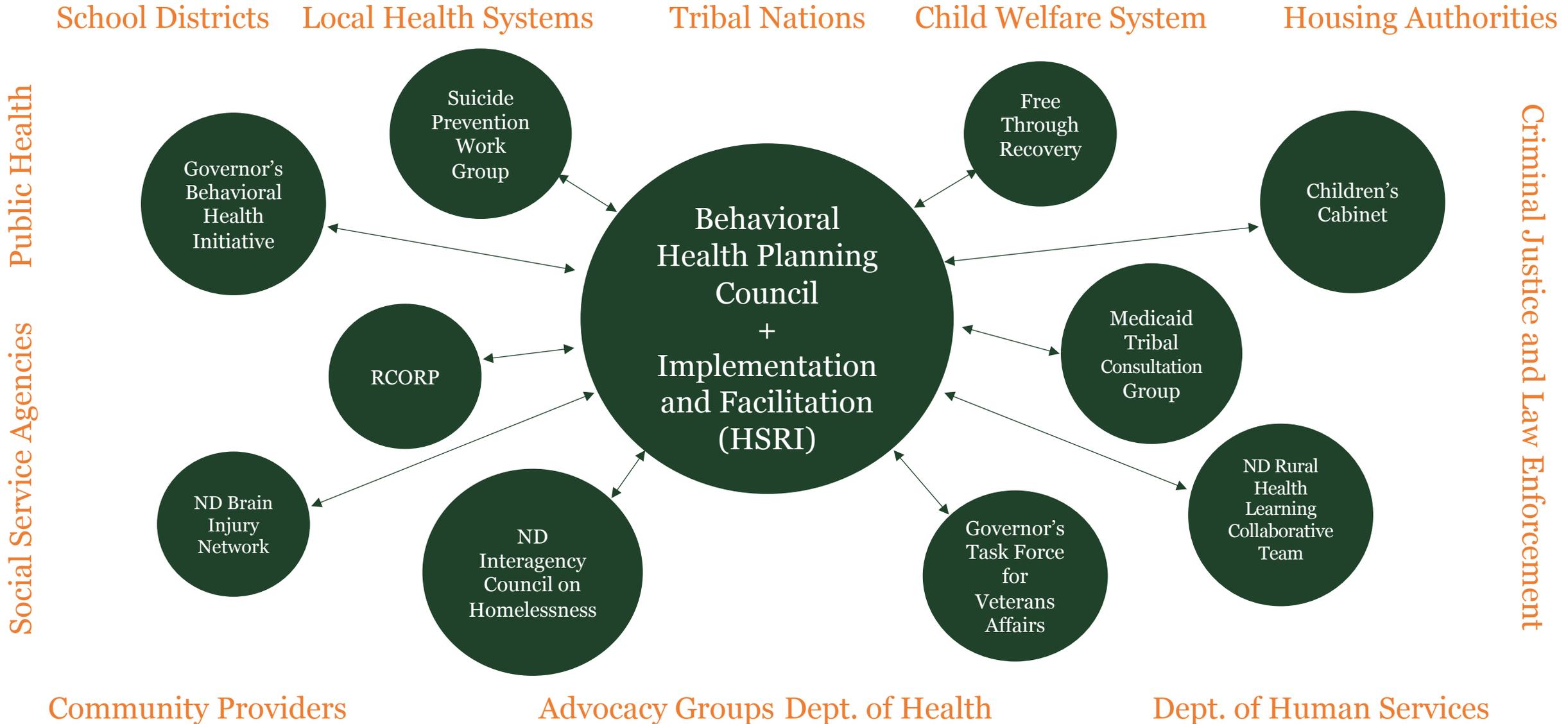
Support **coordinated, data-driven system improvement activities** through the implementation of the recommendations from the *Behavioral Health System Study*.

Set the course for the community to engage in **ongoing system monitoring, planning, and improvements** in the long-term.

A public process: <https://www.hsri.org/NDvision-2020>



Strategic Planning Roles and Functions



Process for Developing Strategic Plan



Generate Goals

HSRI drafted 138 potential strategic goals for each aim, based on the 2018 recommendations, and interviewed stakeholders throughout North Dakota to ensure relevance.



Conduct Public Survey

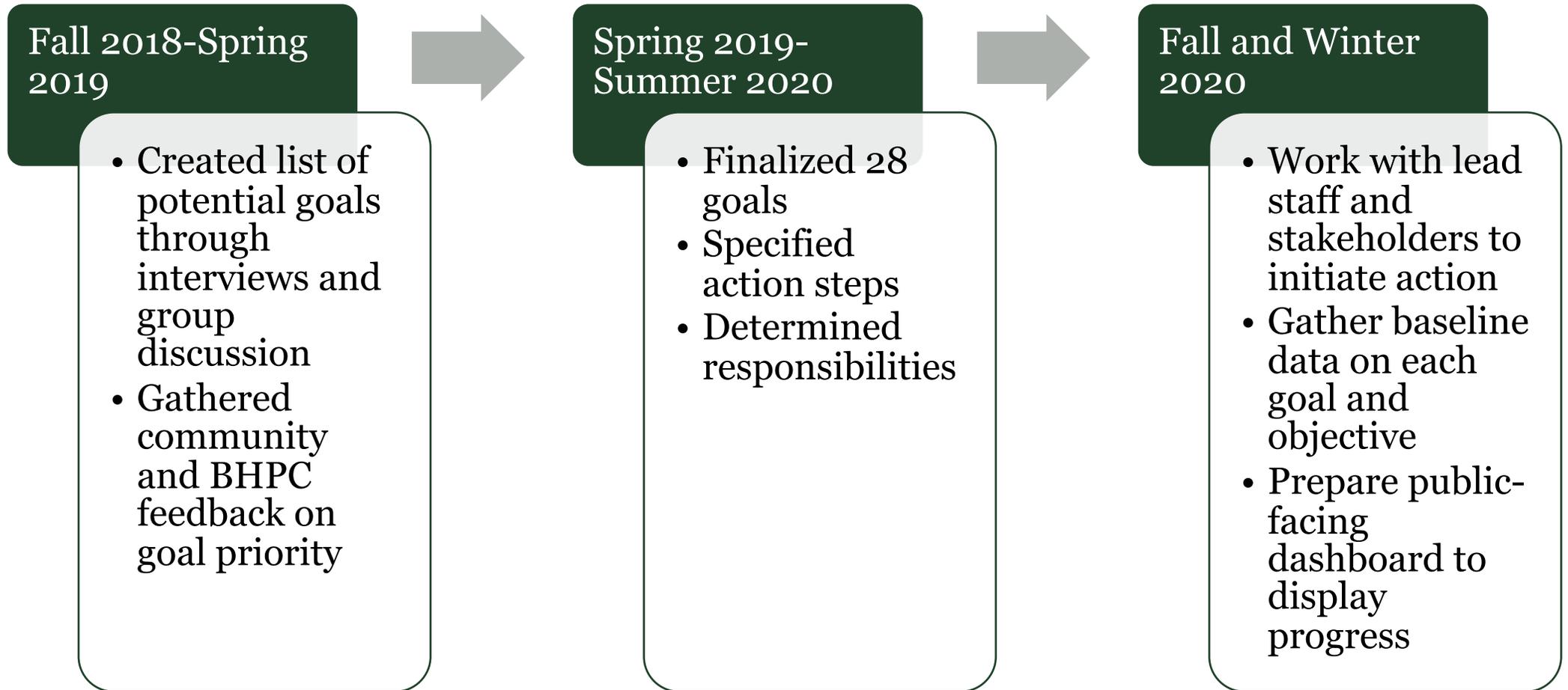
570 respondents, with broad representation across the state, weighed in on the priority of each potential strategic goal. Top five highest priority goals were automatically included in the strategic plan.



Select Goals + Finalize Plan

Each Behavioral Health Planning Council (BHPC) member nominated one goal based on: Actionable, Integral, Timely, and Values-Driven. HSRI identified additional goals based on understandings of systems transformation and representation of all 13 aims in the strategic plan. BHPC finalized 28 strategic goals.

Development Timeline – Progress To Date



Four Phases of Work



Roles and Activities - 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



Roles and Activities of other Entities

Consensus Council

- Facilitates the work of the Behavioral Health Planning Council

HSRI

- Maintains Strategic Plan, dashboards, website
- Gathers information on progress toward goals and objectives
- Works with BHPC to amend and adjust the strategic plan

DHS Behavioral Health Division

- Ensures DHS leadership are aware and supportive of all activities
- Oversees HSRI's work

Lead staff

- Coordinate and engage in the activities described in each objective
- Report progress toward goals and objectives to HSRI

GOALS AND CURRENT ACTIVITY



Strategic Plan Components

Aim	Broad, primary outcome (there are 13 aims)
Goal	One of 28 goals selected through the facilitation process
Objective	Big measurable step to advance progress toward a goal
Action Step	Specific action to advance progress toward an objective
Lead Staff	Entity tasked with coordinating and reporting completion of an action step
Completion Date	Target date for completion of an action step
Indicator	Specific, measurable outcome that demonstrates completion of the action step

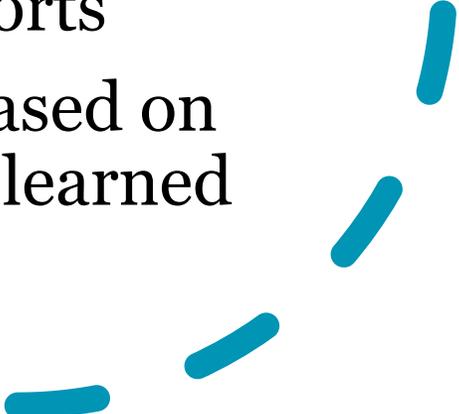
13 Aims Based on Recommendations

2018 HSRI Behavioral Health System Study

- 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



1.1 Develop and implement a comprehensive strategic plan

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
 2. Secure funding for ongoing strategic planning support
 3. Perform ongoing strategic plan monitoring and revisions as appropriate using quarterly progress reports
 4. Create 2022 strategic plan based on progress to date and lessons learned
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2.1 Develop a comprehensive suicide prevention approach develop and implement a comprehensive strategic plan

1. Develop cross-cutting workgroup (including both public and private entities)
2. Conduct a scan of suicide prevention activities in all behavioral health and primary healthcare systems in the state
3. Engage with the community to enhance awareness and gather information on community priorities for suicide prevention to inform the comprehensive suicide prevention plan
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.

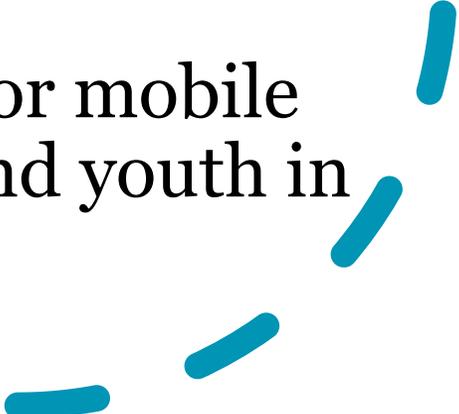
2.2 Expand the implementation of activities focused on decreasing risk factors and increasing protective factors to prevent suicide, with a focus on groups and individuals identified as high risk, including American Indian populations, LGBTQ/GNC individuals, and military service members, veterans, family members, and survivors

1. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for LGBTQ/GNC populations
2. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for American Indian populations
3. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for service members, veterans, family members, and survivors
4. Expand evidence-based, culturally responsive upstream/primary prevention suicide programs in schools in North Dakota and within tribal nations
5. Work with higher education programs that train school counselors to adopt a single suicide prevention training model

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

1. Conduct a scan of current behavioral health screening instruments and processes in all human services settings, including screening type, population, and cultural sensitivity
2. Identify a set of behavioral health screening instruments for use in all human services settings
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
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

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

1. Expand funding for mobile crisis teams for children and youth in urban areas
 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
 3. Create contract language for mobile crisis teams for children and youth in urban areas
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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

1. Review and revise Level of Care determination required for Medicaid to reimburse for Nursing Home HCBS to include brain injury
2. Review eligibility determination processes across all DHS Divisions to identify barriers in access to treatment for people with brain injury
3. Based on the review, revise policy and procedure to reduce barriers in access to treatment for people with brain injury
4. Promote provider awareness of services and eligibility using accurate and up-to-date materials
5. Establish a single hub for eligibility determination and referral to brain injury services
6. Incorporate information about brain injury prevention into existing behavioral health prevention programming

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

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.
2. Use the DLA to inform transitions to and from targeted case management consistently across HSC regions
3. Expand capacity within HSCs to support transitions from HSC services to primary care for those with lower assessed need

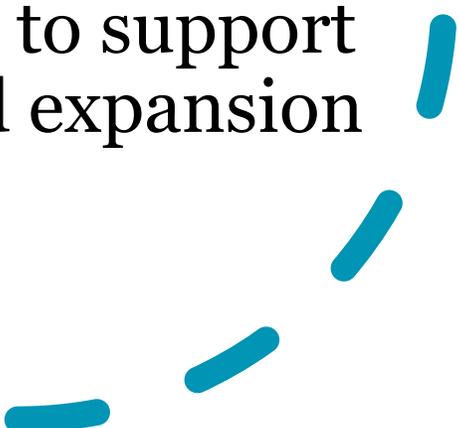
4.2 Expand evidence-based, culturally responsive supportive housing

1. Receive technical assistance through the Medicaid Innovation Accelerator Program
 2. Increase access to supportive housing in rural areas
 3. Establish standards to apply to all supportive housing services in the state
 4. Engage in evaluation and continuous quality improvement to support sustainability and quality of supportive housing services
 5. Finance additional permanent supportive housing
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4.3 Expand school-based mental health and substance use disorder treatment services for children and youth

1. Maximize opportunities for Medicaid reimbursement of school-based mental health and SUD treatment services
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

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

1. Establish a vision of a state system of care for children and youth
 2. Convene all relevant stakeholders to ratify the shared vision of a community system of care for children and youth
 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
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5.2 Expand culturally responsive, evidence-based, trauma-informed wraparound services for children and families involved in multiple systems

1. Ensure a shared definition of wraparound services that will be used in future contractual and policy documents
2. Establish fidelity standards to apply to all wraparound services in the state
3. Engage in evaluation and continuous quality improvement to support sustainability and quality of wraparound services

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

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.
 2. Expand access to in-home community supports for Medicaid beneficiaries
 3. Expand access to in-home community supports for individuals without Medicaid
 4. Ensure current peer service financing, training, and credentialing activities are applicable to family peers and youth peer services
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6.1 Implement a statewide Crisis Intervention Team training initiative for law enforcement, other first responders, and jail and prison staff

1. Identify and secure training resources
2. Create a plan for a statewide CIT initiative based on local and national best practice
3. Secure buy-in and commitment from at least one agency of each type in each human services region



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

1. Select trauma training curricula
2. Identify and secure training resources
3. Secure buy-in and commitment from DOCR trainees
4. Create a schedule that includes trainings for DOCR personnel
5. Train staff on seven teams representing each division within DOCR

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

1. Obtain buy-in from local jails to examine and address behavioral health needs
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
3. Create a plan to address gaps based on review of behavioral health needs identification, support, and referral capacity
4. Implement universal mental health and substance use disorder screening tools in at least one jail in each HSC region

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

1. Convene a Behavioral Health Workforce Work Group to review and collaborate on workforce-related goals
 2. Explore and identify legislative and regulatory prerequisites for establishing an entity responsible for behavioral health workforce implementation
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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

1. Conduct a scan of local and national programs to identify pre-existing untapped resources, barriers to effectiveness of existing resources, and best practice
 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
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7.3 Expand loan repayment programs for behavioral health students working in areas of need

1. Review current loan repayment programs to identify best practice and barriers to effectiveness
 2. Revise and/or expand loan repayment programs for behavioral health students working in areas of need
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7.4 Establish a formalized training and certification process for peer support specialists

1. Designate personnel to oversee formalized training and credentialing process
 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
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7.5 Implement credentialing programs for Certified Psychiatric Rehabilitation Professionals

1. Identify existing and planned behavioral health services and positions for which a CPRP Certification could be a preferred qualification or requirement
2. Identify options for financing CPRP certification
3. Engage with local providers to promote awareness of the benefits of CPRP certification and explore options for incentivizing the certification
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)

8.1 Increase the types of services available through telebehavioral health

1. Identify and facilitate resolution of any regulatory or funding barriers to adoption telebehavioral health services
 2. Develop clear, standardized procedural and regulatory guidelines for telebehavioral health
 3. Identify priority services for telebehavioral health expansion
 4. Expand capacity for school-based telebehavioral health services
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9.1 Develop and initiate action on a statewide plan to enhance overall commitment to person-centered thinking, planning, and practice across DHS systems

1. Apply for technical assistance to support statewide plan development and initiation
2. Designate an entity to facilitate the development and initiation of statewide plan to enhance person-centered thinking, planning, and practice
3. Engage with public stakeholders to outline the importance of person-centered thinking, planning, and practice and inform the statewide plan development
4. Build capacity among DHS leadership and administration on person-centered thinking, planning, and practice
5. Conduct a cross-system organizational self-assessment of person-centered thinking, planning, and practice
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

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

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
2. With the presenters, develop at least two sessions on advocacy skills and partnerships with advocacy communities
3. Include dedicated trainings and sessions at the state Behavioral Health Conference related to advocacy skills and partnerships with advocacy communities

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

1. Attend a meeting of tribal leaders to present strategic planning process and invite leaders to partner
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.

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

1. Select a lead entity and personnel to take the lead on system development and administration
 2. Secure funding for staff time and resources
 3. Develop a system for identifying behavioral health funding opportunities
 4. Develop a process for responding to behavioral health funding opportunities
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**12.2 Establish
1915(i) Medicaid
state plan
amendments to
expand
community-based
services for key
populations**

1. Secure legislative approval for the 1915(i) state plan amendments
2. Draft 1915(i) state plan amendments
3. Submit 1915(i) state plan amendments to CMS for approval



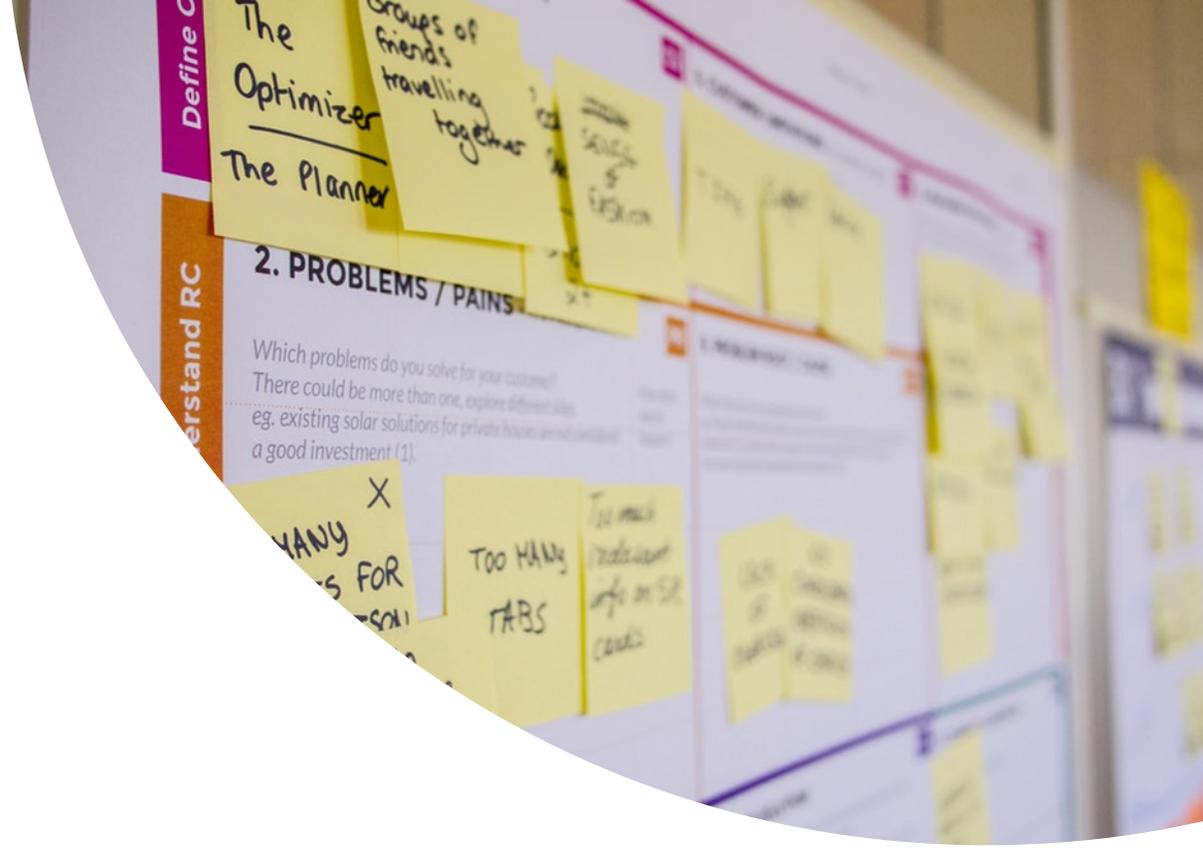
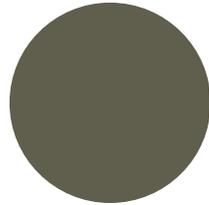
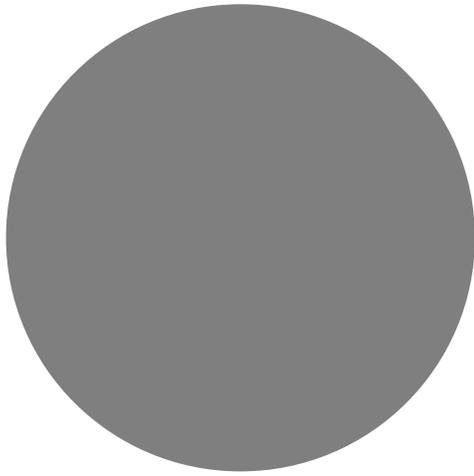
12.3 Establish peer services as a reimbursed service in the Medicaid state plan

1. Secure legislative approval to add peer support as a Medicaid state plan service
2. If legislative approval is secured, amend the Medicaid state plan to include peer support as a Medicaid state plan service



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)

1. Establish a data work group with representatives from each relevant entity
 2. Conduct a review of current alignment of state and local data systems
 3. Draft a ten-year plan based on review of state and local data systems
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Q & A ON STRATEGIC PLAN GOALS



DISCUSSION: HOW CAN WE
ENSURE THE COLLECTIVE
KNOWLEDGE AND WISDOM
OF THE BHPC IS LEVERAGED
TO SUPPORT THIS PLAN?





Round Robin

- Please respond to the following questions:
 1. What areas/goals are you most interested in supporting?
 2. What are your outstanding questions about this process?
 3. What would be most useful for the BHPC to perform its oversight role? During meetings? Between meetings?



WRAP UP



Thank You.



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