

# 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 Approves all project activities, including processes, goal selection, and communications with the public 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 (TBD)
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 ( <a href="https://www.hsri.org/NDvision-2020">https://www.hsri.org/NDvision-2020</a> ) Attends each BHPC meeting 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
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

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Overview

The Human Services Research Institute (HSRI) is supporting the North Dakota Behavioral Health Planning Council to engage in coordinated, data-driven system transformation activities based on the recommendations from the 2018 Behavioral Health System Study. This document contains detailed information about the goals, objectives, action steps, timelines, and indicators for the current Strategic Goals. This is a living document and will be revised and updated as systems transformation activities continue to progress. Quarterly beginning in the fall of 2020, HSRI will post a report detailing progress to date, revisions to the strategic plan, and any additional relevant information. For more information about the strategic planning process, and to access the latest information about the strategic plan, visit the project website: <https://www.hsri.org/NDvision-2020>

## Vision Statement (*currently being developed by the Behavioral Health Planning Council*)

## Relevant Entities, Initiatives, and Work Groups

Because this is a large-scale systems transformation effort, progress toward each goal will involve coordination and collaboration between a range of entities including state and local governmental agencies, community organizations, and other groups whose activities and missions are relevant to that goal. These agencies might include (but are not limited to):

### North Dakota Department of Human Services (DHS)

- Behavioral Health Division (BHD)
- Aging Services Division
- Child and Family Services (CFS)
- Developmental Disabilities Division (DD)
- Division of Vocational Rehabilitation
- Field Services Division (FS)
- Medicaid Division (MA)

### Behavioral health service providers

Bureau of Indian Affairs (BIA)

Bureau of Indian Education (BIE)

Centers for Independent Living (CILs)

Chamber of Commerce

Dakota OutRight

Department of Corrections and Rehabilitation (DOCR)

Department of Labor

Department of Public Instruction (DPI)

District attorneys and public defenders

Family Voices

Federation of Families

Housing Authorities (local and tribal)

Housing service providers

Human Service Zones (formerly Social Services)

Indian Affairs Commission

Indian Health Service

Job Service

Law enforcement agencies, including school resource officers

Mandan, Hidatsa, and Arikara Nation

Mental Health America of North Dakota

North Dakota Association of Counties (NDACo)

North Dakota Brain Injury Network (ND BIN)

North Dakota Correctional Administrators Association

North Dakota Department of Health (DoH)

North Dakota Department of Veterans Affairs

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North Dakota Emergency Medical Services Association (NDEMSA)  
North Dakota Housing Finance Agency (NDHFA)  
North Dakota National Association of Housing Redevelopment  
Associations (NAHRO)  
North Dakota National Guard  
NDCares  
Peer-run organizations  
Private health systems  
Protection and Advocacy

Public Health Units  
Regional Education Association (REA)  
Sheriff's Association  
Spirit Lake Nation  
Standing Rock Sioux Tribe  
Turtle Mountain Band of Chippewa  
United States Department of Agriculture (USDA)  
Universities and colleges including tribal colleges

In addition to work undertaken by the entities listed above, there are numerous initiatives and work groups that have already been formed in North Dakota to work toward a better behavioral health system. In many cases, work toward a goal will involve leveraging these initiatives and work groups to advance progress. Relevant initiatives and work groups include (but are not limited to):

American Indian Collaborative (based in Native American Development Center)  
Avera E-care  
Behavioral Health Planning Council  
Brain Injury Advisory Council Continuum of Care Work Group  
Children's Caucus  
Children's Consultation Network (Cass and Clay County)  
Fargo-Moorhead Homeless Coalition  
Free through Recovery  
Gold Star Task Force Bismarck  
Governor's Behavioral Health Initiative  
Governor's Task Force for Veterans Affairs  
High Plains Fair Housing  
Housing Services Collaborative  
Jail Administrators Group  
Medicaid Innovation Accelerator Program (IAP) Partnerships technical assistance  
Money Follows the Person (MFP)

North Dakota Chapter of the American Foundation for Suicide Prevention  
North Dakota Coalition for Homeless People  
North Dakota Full Service Community Schools Consortium (NDFSCS)  
North Dakota Interagency Council on Homelessness (NDICH)  
North Dakota Suicide Prevention Coalition (NDSPC)  
Pediatric Mental Health Care Access Program  
Practice Link Portal  
Project ECHO  
ReThink Mental Health (Cass/Clay Counties)  
Rural Communities Opioid Response Program (RCORP)  
South East Education Cooperative (SEEC) School-Based Medicaid Consortium  
State Epidemiological Work Group  
Supportive Housing Collaborative/Continuum of Care  
University of North Dakota (UND) Health Care Workforce Group  
University of North Dakota (UND) Health Care Workforce Initiative  
Vision West North Dakota

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Definitions in this Strategic Plan

**Aim:** A broad, primary outcome. Each aim aligns with the 13 major recommendations made in the HSRI report.

**Goal:** Many of the goals in this strategic plan will take multiple years to achieve.

**Objective:** One measurable step to advance progress toward a goal.

**Action Step:** A specific action taken to advance progress toward an objective and goal.

**Completion Date:** The target date for completion of an action step [*note: completion dates have not yet been included for this draft; responsible parties will be establishing completion dates in the coming weeks*]

**Responsible Entities – Lead Staff:** Entities that are tasked with completion of an action step, with specific staff identified as contacts when possible. The lead staff person will be shown in bold.

**Indicator:** The specific, measurable outcome that demonstrates completion of the action step.

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*[Note: For items that are upcoming or in progress, completion dates will be added in consultation with the lead staff identified for each objective]*

## Aim #1 Develop and implement a comprehensive strategic plan

### 1.1 Develop and implement a comprehensive strategic plan

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>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</b>	1.1 Conduct a survey of the community to understand goal priority to inform strategic plan development	12/31/18	<b>HSRI – Bevin Croft</b> Behavioral Health Planning Council	-survey results posted on project website	COMPLETE
	1.2 Select strategic goals to include in the plan	12/31/18	<b>HSRI – Bevin Croft</b> Behavioral Health Planning Council	-Selected 2020 strategic goals	COMPLETE
	1.3 Develop the draft strategic plan	6/30/19	<b>HSRI – Bevin Croft</b> Behavioral Health Planning Council	-Draft plan reviewed by the BHPC	COMPLETE
	1.4 Finalize the strategic plan based on comprehensive review		<b>HSRI – Bevin Croft</b> BHD – Pam Sagness and Laura Anderson Behavioral Health Planning Council	-Finalized Plan -Dashboard of final plan posted on website	In progress

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>2. Secure funding for ongoing strategic planning support</b>	2.1 Secure funding for ongoing strategic planning support for 2020-2021 biennium	3/31/19	<b>BHD – Pam Sagness</b>	-Secured funding	COMPLETE
	2.2 Secure funding for ongoing strategic planning support for the biennium beginning 2022		<b>BHD – Pam Sagness</b>		
<b>3. Perform ongoing strategic plan monitoring and revisions as appropriate using quarterly progress reports</b>	3.1 Conduct Fall 2020 progress review and post an updated dashboard on the project website		<b>HSRI – Bevin Croft</b> Behavioral Health Planning Council	-Dashboard posted publicly	
	3.2 Conduct Winter 2021 progress review and post an updated dashboard on the project website		<b>HSRI – Bevin Croft</b> Behavioral Health Planning Council	-Dashboard posted publicly	
	3.3 Conduct Spring 2021 progress review and post an updated dashboard on project website		<b>HSRI – Bevin Croft</b> Behavioral Health Planning Council	-Dashboard posted publicly	
<b>4. Create 2022 strategic plan based on progress to date and lessons learned</b>	4.1 Select goals for inclusion in the 2022 strategic plan		<b>HSRI – Bevin Croft</b> Behavioral Health Planning Council	-List of 2022 strategic goals	Goals may be continued from the 2020 strategic plan, or they may be selected from the larger list of strategic goals

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	4.2 Develop the draft 2022 strategic plan		<b>HSRI – Bevin Croft</b> Behavioral Health Planning Council	-Draft plan reviewed by the BHPC	
	4.3 Finalize the 2022 strategic plan based on comprehensive review		<b>HSRI – Bevin Croft</b> Behavioral Health Planning Council	-Finalized Plan	

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Aim #2 Invest in prevention and early intervention

## 2.1 Develop a comprehensive suicide prevention approach

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Develop cross-cutting workgroup (including both public and private entities)</b>	1.1 Convene relevant entities to review and assess current suicide prevention efforts.		Nicole Berman - DHS BHD	Workgroup met	
	1.2 Develop roles and expectations for entities in the workgroup		Workgroup	Roles and expectations documented in workgroup charter	
<b>2. Conduct a scan of suicide prevention activities in all behavioral health and primary healthcare systems in the state</b>	2.1 Develop a scan protocol including an instrument, data collection protocol, sample frame, and recruitment strategy		Workgroup	Scan protocol developed	
	2.2 Complete scan and review data to establish baseline levels of suicide prevention activities		Workgroup	Scan completed and baseline efforts documented	
<b>3. Engage with the community to enhance awareness and gather information on community priorities for suicide prevention to inform the comprehensive suicide prevention plan</b>	3.1 Hold at least one community event to enhance awareness and gather information on community priorities for suicide prevention to inform the comprehensive suicide prevention plan		Workgroup	Community event(s) completed	
	3.2. Solicit web-based community feedback (via a survey or web page) to understand community priorities to inform the comprehensive suicide prevention plan		Workgroup	Web-based feedback	

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>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.</b>	4.1 Create a 2021 Suicide Prevention Plan that incorporates activities focused on decreasing risk factors and increasing protective factors to prevent suicide into the overall behavioral health continuum of care		Workgroup	Plan developed	
	4.2 Identify funding, including state suicide prevention funding, to support implementation of the comprehensive suicide prevention plan		Workgroup	Plan finalized with funding and action steps for each activity	

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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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for LGBTQ/GNC populations</b>	1.1 Dakota OutRight will work with the BHD to review existing suicide prevention materials and activities and provide suggestions for increasing the responsiveness of those materials and activities for LGBTQ/GNC populations		BHD – <b>Nicole Berman</b> , Dakota OutRight	-Completed review -Suggestions for enhancing responsiveness of materials and activities	
	1.2 BHD will identify strategies and opportunities for increasing the responsiveness of suicide prevention materials and activities for LGBTQ/GNC populations		BHD – <b>Nicole Berman</b> Dakota OutRight	-List of strategies and opportunities	
<b>2. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for American Indian populations</b>	2.1 In partnership with tribal representatives, review existing suicide prevention materials and activities and provide suggestions for increasing the responsiveness of those materials and activities for American Indian populations		BHD – <b>Nicole Berman</b> Indian Affairs – Brad Hawk	-Completed review -Suggestions for enhancing responsiveness of materials and activities	
	2.2 BHD will identify strategies and opportunities for increasing the responsiveness of suicide prevention materials and activities for American Indian populations		BHD – <b>Nicole Berman</b> Indian Affairs – Brad Hawk	-List of strategies and opportunities	

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>3. Research and implement strategies to increase the responsiveness of suicide prevention materials and activities for service members, veterans, family members, and survivors</b>	3.1 In partnership with the National Guard and North Dakota Cares coalition, review existing suicide prevention materials and activities and provide suggestions for increasing the responsiveness of those materials and activities for service members, veterans, family members, and survivors		BHD – Nicole Berman, National Guard – TBD NDCares – TBD	-Completed review -Suggestions for enhancing responsiveness of materials and activities	
	3.2 BHD will identify strategies and opportunities for increasing the responsiveness of suicide prevention materials and activities for service members, veterans, family members, and survivors		BHD – Nicole Berman National Guard – TBD NDCares – TBD	-List of strategies and opportunities	
<b>4. Expand evidence-based, culturally responsive upstream/primary prevention suicide programs in schools in North Dakota and within tribal nations</b>	4.1 Expand evidence-based, culturally relevant upstream/primary prevention suicide programs in North Dakota schools		BHD –Nicole Berman Sources of Strength – Mark LoMurray Indian Affairs – Brad Hawk	-70 schools implementing a suicide prevention program, to include sustaining the current schools	
	4.2 In partnership with tribal representatives, coordinate at least one evidence-based, culturally responsive suicide prevention program or training within each Bureau of Indian Education (BIE) school		BHD –Nicole Berman BIE – TBD Indian Affairs – Brad Hawk	-At least one program or training implemented in each BIE school	Trainings may include Sources of Strength, SafeTALK, or others

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>5. Work with higher education programs that train school counselors to adopt a single suicide prevention training model</b>	5.1 Meet with representative's higher education programs to discuss and review current practices and potential models		BHD – <b>Nicole Berman</b> University System – Katie Fitzsimmons	-Documentation of discussions with representatives from the three universities	
	5.2 Select a model for use in higher education programs that train school counselors.		BHD – <b>Nicole Berman</b> University System – Katie Fitzsimmons	-Model selected	

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Aim #3 Ensure all North Dakotans have timely access to behavioral health services

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Conduct a scan of current behavioral health screening instruments and processes in all human services settings, including screening type, population, and cultural sensitivity</b>	1.1 Develop a scan protocol including data collection process, sample frame, and recruitment strategy, and means of assessing cultural sensitivity and implementation readiness		DHS – Sara Stolt FS – Rosalie Etherington CFS – Cory Pederson	-Scan protocol	
	1.2 Complete scan to generate list of current tools and assess adequacy of current tools, extent of use, and potential implementation barriers and facilitators		DHS – Sara Stolt FS – Rosalie Etherington CFS – Cory Pederson	-Completed scan -Relevant entities review scan data -Documented baseline levels of screening activities	
<b>2. Identify a set of behavioral health screening instruments for use in all human services settings</b>	2.1 Using the scan data and research literature on best practice, select a set of culturally sensitive, evidence-based candidate screening tools		DHS – Sara Stolt FS – Rosalie Etherington CFS – Cory Pederson	-Set of candidate tools	Tool has been selected for children's trauma screening; Various tools used in other settings
	2.2 Meet with representatives from all human services settings to review and select from the list of candidate tools		DHS – Sara Stolt FS – Rosalie Etherington CFS – Cory Pederson	-Meeting of representatives -Final set of screenings	

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>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</b>	3.1 Assess administrative rules and revise as needed to include requirements that all substance use disorder treatment providers licensed through BHD complete screenings specified by BHD		<b>DHS – Sara Stolt</b> FS – Rosalie Etherington BHD – Pam Sagness CFS – Cory Pederson	-Completed draft administrative rules that include screening requirements	
	3.2 Ensure all new BHD contracts with providers include a requirement to complete screenings and report screening data to BHD		<b>DHS – Sara Stolt</b> FS – Rosalie Etherington BHD – Pam Sagness CFS – Cory Pederson	-All new contracts created in state fiscal year 2020 include screening and data reporting requirements	
<b>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</b>	4.1 Revise North Dakota Century Code 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		<b>DHS – Sara Stolt</b> FS – Rosalie Etherington BHD – Pam Sagness	-Revised Century Code (passage of HB 1108)	COMPLETE HB 1108, signed into law 3/21/19, includes language to revise Century Code so that screening tool records are privileged

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	4.2 Review and revise relevant entities' policies so that information from evidence-based trauma screening tools may only be used for screening, treatment, referral, and services, or in the aggregate for data monitoring and analysis		DHS – Sara Stolt CFS – Cory Pederson	-Revised policies	

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

Objective	Action Step	Completion Date	Responsible Entities	Indicator	Status and Notes
<b>1. Expand funding for mobile crisis teams for children and youth in urban areas</b>	1.1 Secure funding for expanded crisis services	10/31/19	<b>FS – Rosalie Etherington</b>	-Secured funding	COMPLETE Expanded crisis services were funded in the 2019 legislative session
	1.2 Identify opportunities for Medicaid reimbursement for mobile crisis services		<b>FS – Rosalie Etherington</b> MA - TBD	-Completed review of Medicaid state plan for potential opportunities	FS has worked with Medicaid to clarify language around Medicaid reimbursement of services in the Rehab Plan (Crisis Intervention) Review could involve exploring avenues for other state Medicaid plans to fund crisis services; for example, NJ and NM fund crisis services through their state plans. Review should include not just Medicaid language but also implementation, regional differences, etc.
<b>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</b>	2.1 Review existing mobile crisis program in Fargo 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		<b>FS – Lyndon Ring and Alanna Zellar</b>	-Completed review	Current contract is with the agency Solutions FS sub-committee has been looking at these issues

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Objective	Action Step	Completion Date	Responsible Entities	Indicator	Status and Notes
	2.2 Review national crisis response programs to understand implementation challenges and opportunities and inform efforts to scale the service out to other areas of the state		<b>FS – Lyndon Ring and Alanna Zellar</b>	-Completed review	Have had conversations with some other states around specialized services to children
<b>3. Create contract language for mobile crisis teams for children and youth in urban areas</b>	3.1 Create draft contract language for mobile crisis teams for children and youth in urban areas		<b>FS – Lyndon Ring and Alanna Zellar</b>	-Draft contract language	Have been reviewing language of Denver's RFP for similar services
	3.2 Finalize contract language for mobile crisis teams for children and youth in urban areas		<b>FS – Lyndon Ring and Alanna Zellar</b>	-Finalized contract language	

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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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Review and revise Level of Care determination required for Medicaid to reimburse for Nursing Home HCBS to include brain injury</b>	1.1 Review and revise Level of Care determination required for Medicaid to reimburse for Nursing Home and HCBS to include brain injury		MA – Krista Fremming Aging Services – Nancy Nikolas-Maier ND BIN – Rebecca Quinn DHS – Jessica Thomasson	-revised Level of Care screening determination	ND Brain Injury Network convenes a Continuum of Care Work Group that has worked on this issue
<b>2. Review eligibility determination processes across all DHS Divisions to identify barriers in access to treatment for people with brain injury</b>	2.1 Review eligibility determination processes across all DHS Divisions to identify access barriers for people with brain injury		DHS – Jessica Thomasson ND BIN – Rebecca Quinn	-Completed review of eligibility determination processes -List of access barriers	Could occur through the Brain Injury Advisory Council Continuum of Care Work Group
<b>3. Based on the review, revise policy and procedure to reduce barriers in access to treatment for people with brain injury</b>	3.1 Based on the review, revise policy and procedure to reduce barriers in access to treatment		DHS – Jessica Thomasson ND BIN – Rebecca Quinn	-Revised policy and procedure	
<b>4. Promote provider awareness of services and eligibility using accurate and up-to-date materials</b>	4.1 Create guidance for all DHS providers on eligibility determination processes		DHS – Jessica Thomasson ND BIN – Rebecca Quinn	-Guidance created	Target audience would be HCBS workers and all departments within DHS
	4.2 Issue guidance for all DHS providers on eligibility determination processes		DHS – Jessica Thomasson ND BIN – Rebecca Quinn	-Guidance issued	Target audience would be HCBS workers and all departments within DHS

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>5. Establish a single hub for eligibility determination and referral to brain injury services</b>	5.1 Establish a single hub for eligibility determination and referral to brain injury services		<b>DHS – Jessica Thomasson</b> ND BIN – Rebecca Quinn	-Hub established with a BHD contract	
<b>6. Incorporate information about brain injury prevention into existing behavioral health prevention programming</b>	6.1 Incorporate information about brain injury prevention into existing behavioral health prevention programming		<b>BHD – James Knopik, DHS – Jessica Thomasson</b> ND BIN – Rebecca Quinn DoH Injury Prevention - TBD	-Revised behavioral health prevention programming	-Parents Lead may have capacity for expansion to include brain injury

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## Aim #4 Expand outpatient and community-based service array

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>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.</b>	1.1 Adjust the Medicaid plan to include private providers of targeted case management services for adults with serious mental illness and children with serious emotional disturbance.		MA – Krista Fremming	-Revised Medicaid state plan	
<b>2. Use the DLA to inform transitions to and from targeted case management consistently across HSC regions</b>	2.1 Ensure DLA data are accessible in the electronic health record		FS – Rosalie Etherington	-DLA accessible in electronic health record	
	2.2 Analyze data at the individual and regional level to identify individuals ready for transition out of targeted case management services and into appropriate alternative services		FS – Rosalie Etherington	-Data reports identifying transition readiness and demographic and regional trends	Successful transitions will be contingent on availability of alternative support services, including supported employment and housing, peer supports, community-based family supports, and supports for individuals in physical health systems

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>3. Expand capacity within HSCs to support transitions from HSC services to primary care for those with lower assessed need</b>	3.1 Educate HSC prescribers to collaborate with health systems to support transition and act in a consultative role		<b>FS – Dr. Kroetsch and Rosalie Etherington</b>	<ul style="list-style-type: none"> <li>-Prescribers demonstrate competency in consultative role evidenced by successful completion of orientation and training</li> <li>-Prescribers identify one community provider with whom they can partner</li> </ul>	

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## 4.2 Expand evidence-based, culturally responsive supportive housing

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Receive technical assistance through the Medicaid Innovation Accelerator Program</b>	1.1 Complete all activities associated with the Medicaid IAP TA Plan for North Dakota		<b>MA – Jake Reuter and Dawn Pearson</b> BHD – Bianca Bell	-Completion of TA	Detailed TA plan and activities developed as part of the IAP activities.
<b>2. Increase access to supportive housing in rural areas</b>	2.1 Strengthen linkages between existing affordable housing and supportive services in rural areas		<b>MA – Jake Reuter and Dawn Pearson</b> NDHFA – Jennifer Henderson BHD – Tami Conrad and Bianca Bell FS – Tonya Perkins	-Outreach and information sharing events in each HSC region	Could use currently scheduled landlord trainings as an opportunity for outreach events
	2.2 Conduct outreach to increase awareness about the application process for affordable housing – including Section 8 – particularly in rural communities		<b>MA – Jake Reuter and Dawn Pearson</b> NDHFA – Jennifer Henderson NAHRO – TBD First Link	-At least two outreach events conducted in each region	
<b>3. Establish fidelity standards to apply to all supportive housing services in the state</b>	3.1 Based on national best practice and local context, create a plan for assessing fidelity to single site and scattered site supportive housing services in the state		<b>MA -Jake Reuter and Dawn Pearson</b> BHD – Tami Conrad and Bianca Bell	-Supported housing fidelity assessment plan	Related to IAP technical assistance

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>4. Engage in evaluation and continuous quality improvement to support sustainability and quality of supportive housing services</b>	3.2 Conduct a scan of existing fidelity standards used in the state and national fidelity standards, and assess those standards for cultural responsiveness and applicability to local programs		<b>MA -Jake Reuter</b> and Dawn Pearson BHD – Tami Conrad and Bianca Bell	-Scan of local and national fidelity standards	Related to IAP technical assistance; CSH has already
	3.3 Based on the scan, identify fidelity standards to use with all supportive housing services in the state		<b>MA -Jake Reuter</b> and Dawn Pearson BHD – Tami Conrad and Bianca Bell	-State-specific fidelity standards	Related to IAP technical assistance
	4.1 Secure needed resources to analyze the cost-effectiveness of supportive housing in an ongoing manner		<b>MA -Jake Reuter</b> and Dawn Pearson BHD – Tami Conrad and Bianca Bell	-Ongoing funding for data analysis and monitoring	Includes initial cost-effectiveness analysis as well as resources for ongoing analysis. IAP application includes potential resources for technical assistance, but ongoing funding has not been identified
	4.2 Create a protocol for analyzing outcomes and fidelity of current and planned supportive housing		<b>MA -Jake Reuter</b> and Dawn Pearson BHD – Tami Conrad and Bianca Bell	-Outcomes and Fidelity Protocol	Related to IAP technical assistance

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	4.3 Review capacity of all supportive housing providers to collect and report required outcomes and fidelity data		<b>MA -Jake Reuter</b> and Dawn Pearson BHD – Tami Conrad and Bianca Bell	-Documentation of provider capacity	Related to IAP technical assistance
	4.4 Revise contractual requirements to include outcomes and fidelity measurement and reporting requirements		<b>MA -Jake Reuter</b> and Dawn Pearson BHD – Tami Conrad and Bianca Bell	-Revised contractual requirements	Related to IAP technical assistance
<b>5. Finance additional permanent supportive housing</b>	5.1 Identify projects where PSH services could feasibly be implemented and determine locations for future development		<b>NDHFA – Jennifer Henderson</b> MA -Jake Reuter and Dawn Pearson	-Projects identified	Cooper House in Fargo and LaGrave on First in Grand Forks have been implemented, and a PSH project in Bismarck is under construction
	5.2 Secure state financing for additional permanent supportive housing		<b>MA -Jake Reuter</b> and Dawn Pearson <b>NDHFA – Jennifer Henderson</b>	-Secured financing	Financing will be determined by the legislative session

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
5.3 Finalize state financing for additional permanent supportive housing	5.3 Finalize state financing for additional permanent supportive housing		<b>MA -Jake Reuter</b> and Dawn Pearson NDHFA – Jennifer Henderson	-Approved financing	Financing will be finalized in November 2019
	5.4 Develop additional supportive housing for families with children		<b>MA -Jake Reuter</b> and Dawn Pearson NDHFA – Jennifer Henderson	-Plans for additional project in place	Fargo's Jeremiah Program serves single parents and their children. A second project for families experiencing domestic violence is being built.
	5.5 Examine state plans and funding eligibility documents to ensure opportunities for innovative approaches to delivery of supportive housing		<b>MA -Jake Reuter</b> and Dawn Pearson NDHFA – Jennifer Henderson	-List of opportunities for innovative approaches for future consideration	

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## 4.3 Expand school-based mental health and substance use disorder treatment services for children and youth

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Maximize opportunities for Medicaid reimbursement of school-based mental health and SUD treatment services</b>	1.1 Conduct a review of all school-based mental health and SUD services that are eligible for Medicaid reimbursement		<b>MA – Krista Fremming</b> DPI – Robin Lang BHD – Pam Sagness	-Completed review -List of Medicaid-reimbursable services	
	1.2 Information about Medicaid reimbursement of school-based services will be disseminated at three DPI conferences		<b>MA – Krista Fremming</b> DPI – Robin Lang BHD – Pam Sagness	-Dedicated sessions are held at three DPI conference	The New Administrators Workshop is held in the fall. A Special Education Leadership Institute is held twice per year Some written guidance on behavioral analysts reimbursement has been distributed.
	1.3 Review the SEEC School-Based Medicaid Billing Services model and determine relevance for other REAs		<b>MA – Krista Fremming</b> DPI – Robin Lang BHD – Pam Sagness	-Completed review shared with all REAs in the state	
<b>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</b>	2.1 Adopt a crosswalk between the Multi-Tiered System of Support (MTSS) and the behavioral health system of care		<b>BHD – Kelli Ulberg</b>	-Crosswalk of MTSS and BH Continuum of Care	COMPLETE HB 1040 Children's Behavioral Health School Pilot Committee includes members of REAs, DPI, and BHD

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	2.2 Review outcomes and implementation data from the Simle Middle School Behavioral Health Pilot to identify aspects that should be scaled out to other schools in the state.		<b>BHD – Kelli Ulberg</b>	Review of outcomes completed	
	2.3 Identify other successful (evidence-based, culturally responsive, trauma-informed, youth-centered) local and national models of school-based services that could be adopted		<b>BHD – Kelli Ulberg</b>	-List of promising models	Northern Cass has a model that is worth looking at, as does Beulah
	2.4 Develop tool that summarizes aspects of the pilot and other models that could be adopted by schools		<b>BHD – Laura Anderson</b>	Tool developed	
	2.5 Disseminate tool to North Dakota schools		<b>BHD – Kelli Ulberg</b>	Tool disseminated	

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Aim #5 Enhance and streamline system of care for children and youth

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Establish a vision of a state system of care for children and youth</b>	1.1 Draft preliminary materials depicting a state system of care for children and youth based on the System of Care literature and national best practice, informed by state-specific contexts and groups		<b>BHD –Pam Sagness CFS – Cory Pedersen</b>	-Draft System of Care materials	Related to objective 1, goal 4.3 (mapping the in-home and community-based service system)
	1.2 Meet with relevant entities and representatives from relevant initiatives and work groups to review and discuss the draft materials		<b>BHD –Pam Sagness CFS – Cory Pedersen</b>	-Meetings with all relevant entities -Summary of community feedback and reflections	
	1.3 Amend draft materials based on stakeholder feedback		<b>BHD –Pam Sagness CFS – Cory Pedersen</b>	-Final System of Care materials	
<b>2. Convene all relevant stakeholders to ratify the shared vision of a community system of care for children and youth</b>	2.1 Meet with all relevant stakeholders to ratify the shared vision of a community system of care for children and youth		<b>BHD –Pam Sagness CFS – Cory Pedersen</b>	-Ratified System of Care materials	
<b>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</b>	3.1 Submit a response to the SAMHSA System of Care Expansion and Sustainability Grant Funding Opportunity Announcement	7/31/19	<b>BHD –Kelli Ulberg</b>	-Response submitted	COMPLETE

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5.2 Expand culturally responsive, evidence-based, trauma-informed wraparound services for children and families involved in multiple systems

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Ensure a shared definition of wraparound services that will be used in future contractual and policy documents</b>	1.1 Draft a statewide definition of wraparound services based on national and local best practice that aligns with the shared vision of the community system of care (Goal #4.1)		DHS – Sara Stolt FS – Rosalie Etherington	-draft definition	
	1.2 Review and finalize definition with all relevant entities		DHS – Sara Stolt FS – Rosalie Etherington	-finalized definition	
<b>2. Establish fidelity standards to apply to all wraparound services in the state</b>	2.1 Conduct a scan of existing fidelity standards used in the state and national fidelity standards, and assess those standards for cultural responsiveness and applicability to local programs		DHS – Sara Stolt FS – Rosalie Etherington	-scan of local and national fidelity standards	
	2.2 Based on the scan, identify fidelity standards to use with all wraparound services in the state		DHS – Sara Stolt FS – Rosalie Etherington	-State-specific fidelity standards	
<b>3. Engage in evaluation and continuous quality improvement to support sustainability and quality of wraparound services</b>	3.1 Secure needed resources for ongoing data analysis and monitoring		DHS – Sara Stolt FS – Rosalie Etherington	-resources allocated	
	3.2 Create a protocol for analyzing outcomes and fidelity to wraparound services		DHS – Sara Stolt FS – Rosalie Etherington	-Outcomes and Fidelity Protocol	

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	3.3 Ensure all wraparound providers have the capacity to collect and report required outcomes and fidelity data		DHS – Sara Stolt FS – Rosalie Etherington	-documentation of provider capacity	
	3.4 Ensure all contracts include outcomes and fidelity measurement and reporting		DHS – Sara Stolt FS – Rosalie Etherington	-Revised contractual requirements	

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>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.</b>	1.1 Map the current availability, financing, oversight, eligibility, staffing, and populations served for existing in-home services in the state, and use this information to inform expansion and quality improvement activities.		DHS – Sara Stolt BHD – Kelli Ulberg FS – Rosalie Etherington	-complete and comprehensive map of in-home services	Currently, in-home services are funded and administered in a fragmented way, and it is difficult to determine gaps and opportunities for expansion. This action step can also inform discussions related to the statewide system of care (goal 4.1)
<b>2. Expand access to in-home community supports for Medicaid beneficiaries</b>	2.1 Review Medicaid eligibility requirements and eligibility determination processes to identify potential barriers to access to medically necessary services, and identify strategies to address those barriers		DHS – Sara Stolt BHD – Pam Sagness CFS – Cory Pederson	-completed review of eligibility requirements -strategies to expand access	
	2.2 Create an action plan to address access barriers and implement strategies to expand access to in-home community supports for Medicaid beneficiaries		DHS – Sara Stolt BHD – Pam Sagness CFS – Cory Pederson	-action plan	
<b>3. Expand access to in-home community supports for individuals without Medicaid</b>	3.1 Meet with relevant entities to identify a set of actionable, feasible strategies to expand access to in-home supports for individuals who can't access these services through other means		DHS – Sara Stolt BHD – Pam Sagness CFS – Cory Pederson	-strategies to expand access	

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	3.2 Draft an action plan to implement strategies to expand access to in-home supports for individuals who can't access these services through other means		DHS – Sara Stolt BHD – Pam Sagness CFS – Cory Pederson	-action plan	
<b>4. Ensure current peer service financing, training, and credentialing activities are applicable to family peers and youth peer services</b>	4.1 Review current peer service financing, training, and credentialing policy and practice for relevance and applicability to family peers		DHS – Sara Stolt CFS – Cory Pedersen BHD – Kelli Ulberg, Nicole Berman, and Bianca Bell	-completed review	Related to review outlined in goal 6.4
	4.2 Review current peer service financing, training, and credentialing policy and practice for relevance and applicability to youth peers		DHS – Sara Stolt CFS – Cory Pedersen BHD – Kelli Ulberg, Nicole Berman, and Bianca Bell	-completed review	Related to review outlined in goal 6.4
	4.3 Revise current peer service financing, training, and credentialing policy to ensure relevance to family peers and youth peer services		DHS – Sara Stolt CFS – Cory Pedersen BHD – Kelli Ulberg, Nicole Berman, and Bianca Bell	-revised policies	Related to goal 6.4

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Aim #6 Continue to implement and refine the current criminal justice strategy

6.1 Implement a statewide Crisis Intervention Team training initiative for law enforcement, other first responders, and jail and prison staff

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Identify and secure training resources</b>	1.1 Identify grant funding opportunities to support a statewide CIT initiative		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Training resources identified	Completion date related to a scan of opportunities, but should continue for the entire year.
	1.2 Pursue grant funding for a statewide CIT initiative		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Submitted grant application	Completion date to be revised as grant funding opportunities are identified
	1.3 Identify additional funding sources to support a statewide CIT initiative		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Available resources secured	
<b>2. Create a plan for a statewide CIT initiative based on local and national best practice</b>	2.1 Engage with law enforcement, jail administrators, and EMS groups to understand their preferences and priorities for a statewide CIT Initiative		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt DoH - Chris Price and Kerry Krikava Jail Administrators group	-Documented conversations with law enforcement groups, jail administrators, and EMS	Jail Administrators Group meeting 2/28/19 Conversation with EMS 2/27/18 Bismarck Police Dept. 2/27/18
	2.2 Conduct a local and national scan of best practice in CIT initiatives		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt DoH – Chris Price and Kerry Krikava Heartview – Doug Herzog	-Scan completed	Pennington, SD and IL have model programs. MN has done work in this area. Fargo has successfully implemented a CIT training program

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	2.3 Conduct a scan of best practice in cultural adaptations of CIT for American Indian populations		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Scan completed	The Barbara Schneider Foundation in MN has done work in this area
	2.4 Create a plan for a statewide CIT initiative based on local and national best practice		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Draft plan	NIC has engaged with the ND DOCR to support CIT training
<b>3. Secure buy-in and commitment from at least one agency of each type in each human services region</b>	3.1 Secure buy-in and commitment from at least four law enforcement agencies		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-MOUs with law enforcement agencies	Begin with the counties that have already implemented some form of CIT, identify champions and early adopters.
	3.2 Secure buy-in and commitment from at least four EMS providers		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt DoH – Chris Price and Kerry Krikava	-MOUs with EMS providers	
	3.3 Secure buy-in and commitment from at least two jail administrators		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-MOUs with jails	
	3.4 Secure buy-in and commitment from DOCR to implement CIT Training in the ND State Penitentiary		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-MOU with DOCR	

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Select trauma training curricula</b>	1.1 Apply to send representatives to the PRA trauma training train-the-trainer event	4/30/19	<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-application submitted	COMPLETE three representatives from DOCR were accepted to attend the training
	1.2 Participate in the train-the-trainer event (if selected) and evaluate the PRA trauma training and others for suitability for North Dakota	6/30/19	<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Completed train-the-trainer PRA trauma training -Trainings evaluated for suitability	COMPLETE three representatives from DOCR attended the training Attendees decided that the training would work but that some additional modules are needed to focus on vicarious trauma and self-care
	1.3 Select a training on vicarious trauma and self-care		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Selected training	Possible that some trauma trainings cover vicarious trauma and self-care
<b>2. Identify and secure training resources</b>	2.1 Identify and secure resources for key staff to participate in the train-the-trainer trainings		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Training resources identified and secured	Some resources may be available through federal sources (SAMHSA, NIC)
	2.2 Identify and secure resources for materials to conduct trainings for DOCR staff trainees		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Training resources identified and secured	
	2.3 Identify and secure resources for personnel to coordinate and track training participation on an ongoing basis		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Staffing coordination resources identified and secured	

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>3. Secure buy-in and commitment from DOCR trainees</b>	3.1 Secure buy-in and commitment from team leads from each of the seven DOCR divisions		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-MOUs with team leads from each of the seven divisions	
<b>4. Create a schedule that includes trainings for DOCR personnel</b>	4.1 Create a 2020 training calendar that includes train-the-trainer trainings and statewide trainings for identified DOCR personnel		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-2020 Training Calendar	
	4.2 Create an ongoing training calendar that includes dates beyond 2020, and a process for expanding trainings across all of DOCR		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Ongoing training calendar	
<b>5. Train staff on seven teams representing each division within DOCR</b>	5.1 Initiate trainings based on the 2020 Training Calendar		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-Trainings begin	
	5.2 Complete 90% of trainings on the 2020 Training Calendar scheduled as of the action step's completion date		<b>DOCR – Lisa Peterson</b> BHD – Heather Brandt	-90% of scheduled trainings completed	Use 90% in case some trainings need to be rescheduled for weather, etc.

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Obtain buy-in from local jails to examine and address behavioral health needs</b>	1.1 Meet with leadership from local jails to review and provide feedback on this goal, objective, and action steps and obtain buy-in on activities related to this goal		<b>DOCR – Lisa Peterson</b> BHD – Pam Sagness	-Documented conversations with jail administrators	COMPLETE Conversations held with Jail Administrators Group on 2/28/19 and at a statewide meeting on 3/7/19. The goal, objectives, and action steps have been revised based on this feedback
<b>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</b>	2.1 Conduct a review of capacity in jails that includes: detailed list of gaps related to behavioral health need identification, support, and referral; and potential solutions to address gaps		<b>DOCR – Lisa Peterson</b> BHD – Pam Sagness	-List of gaps with accompanying solutions	Could take place as part of the Jail Administrators Group, consider regional variation
	2.2 Conduct a review of funding sources by individual's status (i.e. county, state, federal) to better understand how treatment services in jails can be financed		<b>DOCR – Lisa Peterson</b> BHD – Pam Sagness	-Identification of funding sources by jail	
<b>3. Create a plan to address gaps based on review of behavioral health needs identification, support, and referral capacity</b>	3.1 Create a plan to address gaps based on review of behavioral health needs identification, support, and referral capacity		<b>DOCR – Lisa Peterson</b> BHD – Pam Sagness	-Jail behavioral health capacity expansion plan	

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	3.2 Execute MOUs with jails based on jail capacity expansion plan		<b>DOCR – Lisa Peterson</b> BHD – Pam Sagness	-MOUs with jails	
<b>4. Implement universal mental health and substance use disorder screening tools in at least one jail in each HSC region</b>	4.1 Select a brief mental health and substance use disorder screening tool for use in jails		<b>DOCR – Lisa Peterson</b> BHD – Pam Sagness	-Screening tool selected	
	4.2 Obtain buy-in from jail administrators to implement the screening instrument		<b>DOCR – Lisa Peterson</b> BHD – Pam Sagness	-MOUs with jails	Work with Jail Administrators Group
	4.3 Implement universal mental health and substance use disorder screenings in at least one jail in each HSC region		<b>DOCR – Lisa Peterson</b> BHD – Pam Sagness	-At least one jail in each HSC region routinely implementing screening with all individuals	

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Aim #7 Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Convene a Behavioral Health Workforce Work Group to review and collaborate on workforce-related goals</b>	1.1 Convene a Behavioral Health Workforce Work Group for an initial meeting to review and collaborate on workforce-related goals		<b>BHD -Laura Anderson</b> UND - TBD	-First meeting of Behavioral Health Workforce Work Group	This group should be coordinated with the UND Health Workforce Initiative's health care workforce group
	1.2 Establish a basic Behavioral Health Workforce Work Group charter and meeting schedule		<b>BHD -Laura Anderson</b> UND - TBD	- Behavioral Health Workforce Work Group charter - Meeting Schedule	The group should be tasked with overseeing and coordinating activity on the workforce-related strategic goals
	1.3 Convene the Behavioral Health Workforce Work Group for at least one additional meeting to review progress and continue collaboration on workforce-related strategic goals		<b>BHD -Laura Anderson</b> UND - TBD	-At least one additional meeting of the Behavioral Health Workforce Work Group	
<b>2. Explore and identify legislative and regulatory prerequisites for establishing an entity responsible for behavioral health workforce implementation</b>	2.1 Explore and identify legislative and regulatory prerequisites for establishing an entity responsible for behavioral health workforce implementation		<b>BHD -Laura Anderson</b> UND - TBD	-List of legislative and regulatory prerequisites	

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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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Conduct a scan of local and national programs to identify pre-existing untapped resources, barriers to effectiveness of existing resources, and best practice</b>	1.1 Conduct a scan of existing programs in North Dakota that provide recruitment and retention support for behavioral health and related fields to identify untapped resources and barriers to effectiveness of these resources for behavioral health professionals		<b>BHD -Laura Anderson</b> UND - TBD	-Completed scan -List of existing resources -Identified barriers and challenges with existing resources	These materials may be reviewed by the Behavioral Health Work Force Work Group
	1.2 Conduct a scan of national best practice for programs that support behavioral health workforce and recruitment, and assess those practices for relevance to North Dakota		<b>BHD -Laura Anderson</b> UND - TBD	-List of national best practice	These materials may be reviewed by the Behavioral Health Work Force Work Group
<b>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</b>	2.1 Draft parameters for a program for providing recruitment and retention support based on review of local and national programs		<b>BHD -Laura Anderson</b> UND - TBD	-Draft parameters	
	2.2 Review draft parameters with the Behavioral Health Workforce Work Group and revise based on their feedback		<b>BHD -Laura Anderson</b> UND - TBD	-Revised parameters	

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## 7.3 Expand loan repayment programs for behavioral health students working in areas of need

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Review current loan repayment programs to identify best practice and barriers to effectiveness</b>	1.1 Review current loan repayment programs to identify best practice and barriers to effectiveness		<b>DoH – Bobbie Will</b> BHD -Lacresha Graham UND – Rebecca Quinn	-List of best practice -List of barriers to effectiveness	UND has begun a list based on the DoH Primary Care Office's list of health care loan repayment programs
<b>2. Revise and/or expand loan repayment programs for behavioral health students working in areas of need</b>	2.1 Create a plan to revise and/or expand loan repayment programs for behavioral health students working in areas of need in the next two years		<b>DoH – Bobbie Will</b> BHD -Lacresha Graham UND – Rebecca Quinn	-Loan repayment expansion plan	Should be informed by the Behavioral Health Workforce Work Group
	2.2 Work with stakeholders to revise and/or expand existing loan repayment programs		<b>DoH – Bobbie Will</b> BHD -Lacresha Graham UND – Rebecca Quinn	-Revise and/or expand at least two existing loan repayment programs	Idea is to work within existing programs to identify “low-hanging fruit” before engaging in more comprehensive reform in coming years. There may be opportunities to revise and/or expand programs, but these have not yet been systematically explored

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## 7.4 Establish a formalized training and certification process for peer support specialists

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Designate personnel to oversee formalized training and credentialing process</b>	1.1 Obtain funding for needed personnel	4/30/19	BHD – Nicole Berman	-Funding secured	COMPLETE Funding proposed in SB 2032 was approved in the 2019 legislative session
	1.2 Designate and train oversight personnel	2/29/20	BHD – Nicole Berman	-Personnel designated -Personnel trained	COMPLETE
<b>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</b>	2.1 Review current training and credentialing process to identify strengths/assets and areas for expansion		BHD – Nicole Berman	-Completed review -List of strengths/assets and areas for expansion	Review should include considerations for peers in rural areas and services for various populations (mental health, culturally specific peers, forensic, etc.); related to goal 4.3 objective 4
	2.2 Revise current training process as needed based on review		BHD – Nicole Berman	-Revised peer training process	COMPLETE
	2.3 Add tracks for culturally specific peer services, family peers, youth peers, and any other sub-groups based on review of current training process		BHD – Nicole Berman	-Training tracks	

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## 7.5 Implement credentialing programs for Certified Psychiatric Rehabilitation Professionals

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Identify existing and planned behavioral health services and positions for which a CPRP Certification could be a preferred qualification or requirement</b>	1.1 Identify existing and planned behavioral health services and positions for which a CPRP Certification could be a requirement		<b>BHD – Nicole Berman</b> FS – Jeremy Smith MA – Krista Fremming	-List of existing and planned services and positions	Several services in the 1915(i) and others already in place, including mental health technician services, would likely align with CPRP certification
<b>2. Identify options for financing CPRP certification</b>	2.1 Identify state funding for covering or subsidizing CPRP certification, if any		<b>BHD – Nicole Berman</b> FS – Jeremy Smith MA – Krista Fremming	-Identified public funding sources, if any	CPRP certification costs
	2.2 Identify opportunities for providers to cover or subsidize CPRP certification		<b>BHD – Nicole Berman</b> FS – Jeremy Smith MA – Krista Fremming	-Identified private funding sources	
<b>3. Engage with local providers to promote awareness of the benefits of CPRP certification and explore options for incentivizing the certification</b>	3.1 Engage with local providers to promote awareness of the benefits of CPRP certification and explore options for incentivizing the certification		<b>BHD – Nicole Berman</b> FS – Jeremy Smith MA – Krista Fremming	-Documentation of engagement with local providers	Human Service Zones may have an interest in taking part in these discussions as well as community-based providers and Recovery Centers

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>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)</b>	4.1 Explore revising Medicaid policy to add CPRP as a recognized, reimbursable mental health professional		<b>BHD – Nicole Berman</b> FS – Jeremy Smith MA – Krista Fremming	-Documentation of options for revising Medicaid policy	Next step will be to pursue opportunities for revising Medicaid policy
	4.2 Ensure all new relevant service descriptions include incentives for CPRP certification		<b>BHD – Nicole Berman</b> FS – Jeremy Smith MA – Krista Fremming	-Service descriptions include incentives for CPRP certification	Contingent on passage of financing for the 1915(i) SPAs

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Aim #8 Continue to expand the use of telebehavioral health interventions

## 8.1 Increase the types of services available through telebehavioral health

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Identify and facilitate resolution of any regulatory or funding barriers to adoption telebehavioral health services</b>	1.1 Conduct a scan of procedural and regulatory challenges for implementing telebehavioral health, beginning with the 2018 UND report		<b>FS – Rosalie Etherington UND – Mandy Peterson</b>	-List of procedural and regulatory challenges	2018 UND report includes a list that can be updated
	1.2 Conduct a scan of national best practice regarding procedural and regulatory guidelines for telebehavioral health		<b>FS – Rosalie Etherington UND – Mandy Peterson</b>	-National scan	Scan should focus on other rural states. The DoH initiative (ECHO Program) has access to a national network that can support this.
	1.3 Generate strategies for resolving procedural and regulatory barriers based on review		<b>FS – Rosalie Etherington UND – Mandy Peterson</b>	-List of strategies	2018 UND report includes some strategies that can be reviewed and updated
<b>2. Develop clear, standardized procedural and regulatory guidelines for telebehavioral health</b>	2.1 Draft clear, standardized procedural and regulatory guidelines for telebehavioral health based on local and national scan		<b>FS – Rosalie Etherington UND – Mandy Peterson</b>	-Draft telebehavioral health guidelines	This was a separate strategic goal but is a prerequisite for expansion of services
	2.2 Review Medicaid and HSC policy and procedure for alignment with draft guidelines and revise as needed		<b>FS – Rosalie Etherington UND – Mandy Peterson</b>	-Completed review of Medicaid policy and procedure -Completed review of HSC policy and procedure -Revised telebehavioral health guidelines	

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>3. Identify priority services for telebehavioral health expansion</b>	3.1 Identify priority services for telebehavioral health expansion		<b>FS – Rosalie Etherington UND – Mandy Peterson</b>	-Identified services	Services should be identified with input from relevant groups
<b>4. Expand capacity for school-based telebehavioral health services</b>	4.1 Using available data, identify schools to invite to participate in the Pediatric Mental Health Care Access Program, and determine their current capacity for expansion of telebehavioral health services		<b>FS – Rosalie Etherington UND – Mandy Peterson</b>	-Schools identified -Capacity for telebehavioral health services assessed for each school	Selected schools should be those that could benefit most from telebehavioral health services.
	4.2 Secure buy-in from school administrators to participate in the Pediatric Mental Health Care Access Program		<b>FS – Rosalie Etherington UND – Mandy Peterson</b>	-MOUs with school administrators	MOU should include a plan to ensure school capacity for telebehavioral health services
	4.3 Develop and disseminate a packet of informational materials for school administrators that illustrates the benefits of offering school-based telebehavioral health services		<b>FS – Rosalie Etherington UND – Mandy Peterson</b>  DPI – Robin Lang	-Materials developed -Materials disseminated to school administrators across the state	Information should draw from national and local research evidence and best practice.

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Aim #9 Ensure the system reflects its values of person-centeredness, health equity, and trauma-informed approaches

9.1 Develop and initiate action on a statewide plan to enhance overall commitment to person-centered thinking, planning, and practice across DHS systems

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Apply for technical assistance to support statewide plan development and initiation</b>	1.1 Secure needed partnerships with state and advocacy organizations to demonstrate cross-system collaboration and service user engagement in technical assistance application	2/28/19	<b>BHD – Bianca Bell</b> <b>MA – Jake Reuter</b>	-Partnerships identified in technical assistance application	COMPLETE
	1.2 Apply for technical assistance through the National Center on Advancing Person-Centered Practices and Systems	2/28/19	<b>BHD – Bianca Bell</b> <b>MA – Jake Reuter</b>	-Completed technical assistance application	COMPLETE
<b>2. Designate an entity to facilitate the development and initiation of statewide plan to enhance person-centered thinking, planning, and practice</b>	2.2 Develop and issue an RFP for facilitating development and initiation of the statewide plan	9/30/19	<b>DHS – Sara Stolt</b> <b>BHD – Bianca Bell</b> <b>MA – Jake Reuter</b>	-Completed RFP	COMPLETE
	2.3 Select an entity to facilitate the development and initiation of the statewide plan	10/31/19	<b>DHS – Sara Stolt and Pam Sagness</b> <b>BHD – Bianca Bell</b> <b>MA – Jake Reuter</b>	-Entity selected	COMPLETE

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>3. Engage with public stakeholders to outline the importance of person-centered thinking, planning, and practice and inform the statewide plan development</b>	3.1 Create a guide outlining best practice for participant engagement in North Dakota	6/30/20	DHS – Pam Sagness BHD – Bianca Bell MA – Jake Reuter	-Participant engagement guide	COMPLETE
	3.2 Create an Asset Map to clarify engagement aims, target groups, existing engagement assets, and engagement gaps	3/31/20	DHS – Pam Sagness BHD – Bianca Bell MA – Jake Reuter	-Engagement Asset Map	COMPLETE
	3.3 Create fully accessible webpage on ND DHS website to provide information on person-centered practice, including the assessment process, status updates, and ways to provide input and direction.	8/31/20	DHS – Pam Sagness BHD – Bianca Bell MA – Jake Reuter	-Webpage posted	
	3.4 Hold a Person-Centered Practices Summit, open to the public, to raise awareness about the DHS person-centered practices initiatives.	9/30/20	DHS – Pam Sagness BHD – Bianca Bell MA – Jake Reuter	-Summit held	
<b>4. Build capacity among DHS leadership and administration on person-centered thinking, planning, and practice</b>	4.1 Develop or identify informational and training materials suitable for DHS leadership	10/31/19	DHS – Sara Stolt BHD – Bianca Bell MA – Jake Reuter	-Training materials identified	COMPLETE

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	4.2 Conduct training sessions for and distribute informational materials to all ND DHS executive leadership	11/30/19	DHS – Sara Stolt BHD – Bianca Bell MA – Jake Reuter	-Completed training sessions for all ND DHS executive leadership -Materials distributed to all ND DHS leadership -Demonstration of understanding via post-training survey	COMPLETE
<b>5. Conduct a cross-system organizational self-assessment of person-centered thinking, planning, and practice</b>	5.1 Develop a protocol for an organizational self-assessment that includes meaningful engagement with service user and family groups throughout the process	2/29/20	DHS – Pam Sagness BHD – Bianca Bell MA – Jake Reuter	-Self-assessment protocol	COMPLETE
	5.2 Conduct a cross-system organizational self-assessment, informed by service user/family and community priorities	12/31/20	DHS – Pam Sagness BHD – Bianca Bell MA – Jake Reuter	-Organizational self-assessment completed	
<b>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</b>	6.1 Develop an action plan based on public engagement and organizational self-assessment	12/31/20	DHS – Pam Sagness BHD – Bianca Bell MA – Jake Reuter	-Action Plan	

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	6.2 Initiate action on the statewide plan	1/31/21	<b>DHS – Pam Sagness</b> BHD – Bianca Bell MA – Jake Reuter	-Statewide plan initiated	

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Aim #10 Encourage and support communities to share responsibility with the state for promoting high-quality behavioral health services

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>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</b>	1.1 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		<b>BHD – Alyssa Kroshus</b>	-Identified presenter	Presenters should be persons with lived experience
<b>2. With the presenters, develop at least two sessions on advocacy skills and partnerships with advocacy communities</b>	2.1 Develop a session on promoting advocacy skills for people with lived experience (target audience: people with lived experience)		<b>BHD – Alyssa Kroshus</b>	-Session description	
	2.2 Develop a session on partnering with advocacy communities to provide high quality behavioral health services (target audience: providers)		<b>BHD – Alyssa Kroshus</b>	-Session description	
<b>3. Include dedicated trainings and sessions at the state Behavioral Health Conference related to advocacy skills and partnerships with advocacy communities</b>	3.1 Include dedicated trainings and sessions at the state Behavioral Health Conference related to advocacy skills and partnerships with advocacy communities		<b>BHD – Alyssa Kroshus</b>	-Sessions included in behavioral health conference	

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Aim #11 Partner with tribal nations to increase health equity for American Indian populations

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Attend a meeting of tribal leaders to present strategic planning process and invite leaders to partner</b>	1.1 Obtain a place on the agenda of the tribal leadership meeting at United Tribes Technical College	4/30/19	<b>BHD – Laura Anderson Indian Affairs - Brad Hawk</b>	-UTTC tribal leadership meeting agenda	COMPLETE
	1.2 Meet with tribal leaders to present strategic planning process and offer an invitation to partner	4/30/19	<b>BHD – Laura Anderson Indian Affairs - Brad Hawk</b>	-Meeting with tribal leaders	COMPLETE
<b>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.</b>	2.1 Review trainings related to health equity and American Indian history, culture, and governance		<b>BHD – Laura Anderson Indian Affairs - Brad Hawk</b>	-completed review	Review should include trainings that have been used in North Dakota and other trainings used nationwide (i.e. nationally-recognized trainings, those used in neighboring states)
	2.2 Meet with tribal leaders or their designees to review the 2020 strategic plan and discuss whether and how to align the goals with efforts in each of the tribal communities and to discuss partnership options for trainings		<b>BHD – Laura Anderson Indian Affairs - Brad Hawk</b>	-Meeting(s) with tribal leaders or their designees	Trainings should be conducted by or in partnership with representatives from tribal nations

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
	2.2 Ensure the strategic planning process is aligned with that of tribal nations, which may include revisions or additions to the strategic plan  2.3 Identify next steps to secure an ongoing partnership with tribal leaders or their designees for current and future strategic planning efforts, including next steps for developing and implementing training for behavioral health staff on health equity and American Indian history, culture, and governance		<b>BHD – Laura Anderson Indian Affairs - Brad Hawk</b>	-Draft aligned strategic planning process  -MOUs with tribal leaders	Additional objectives and action steps will be added based on discussions with tribal leaders or designees

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Aim #12 Diversify and enhance funding for behavioral health

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Select a lead entity and personnel to take the lead on system development and administration</b>	1.1 Convene representatives from relevant entities to determine the best entity to take the lead on developing and maintaining a system for responding to behavioral health funding opportunities		<b>DHS – Chris Jones</b> BHD – Pam Sagness	-Primary entity identified	
	1.2 Designate personnel to coordinate identification and response to behavioral health funding opportunities		<b>DHS – Chris Jones</b> BHD – Pam Sagness	-Personnel designated	
<b>2. Secure funding for staff time and resources</b>	2.1 Secure funding for staff time and resources		<b>DHS – Chris Jones</b> BHD – Pam Sagness	-Secured funding for staff time and resources	Might involve allocating within an existing budget
<b>3. Develop a system for identifying behavioral health funding opportunities</b>	3.1 Conduct a scan of public (e.g. federal grant opportunities) and private (e.g. foundations) funding sources and existing connections with potential funders		<b>BHD – Pam Sagness and Laura Anderson</b>	-Completed scan	Include some process that involves tracking existing relationships with funders or potential funders for follow-up and coordination
	3.2 Create a protocol for tracking funding opportunities on an ongoing basis		<b>BHD – Pam Sagness and Laura Anderson</b>	-Tracking protocol	Can provide examples of simple spreadsheets and processes

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Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>4. Develop a process for responding to behavioral health funding opportunities</b>	4.1 Convene entities to explore how to feasibly disseminate information about funding opportunities, support grant and proposal-writing, and foster collaboration across agencies and between agencies and community partners		<b>BHD – Pam Sagness and Laura Anderson</b>	-Notes from discussions on response process	
	4.2 Create a protocol for responding to behavioral health funding opportunities		<b>BHD – Pam Sagness and Laura Anderson</b>	-Response protocol	

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## 12.2 Establish 1915(i) Medicaid state plan amendments to expand community-based services for key populations

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Secure legislative approval for the 1915(i) state plan amendments</b>	1.1 Secure legislative approval for the 1915(i) SPA for adults	4/30/19	<b>MA – Dawn Pearson BHD –Bianca Bell</b>	-Legislative approval	COMPLETE An OAR for an adult 1915(i) was included in the governor's budget and was approved in the 2019 legislative session
	1.2 Secure legislative approval for the 1915(i) SPA for children and youth	4/30/19	<b>MA – Dawn Pearson BHD –Bianca Bell</b>	-Legislative approval	COMPLETE A 1915(i) SPA for children and youth was funded in the 2019 legislative session
<b>2. Draft 1915(i) state plan amendments</b>	2.1 Obtain CMS technical assistance to support development of the 1915(i) SPAs	8/31/19	<b>MA – Dawn Pearson BHD –Bianca Bell</b>	-TA obtained	COMPLETE DHS applied and was selected to receive CMS technical assistance to develop the 1915(i) SPAs
	2.2 Engage in preliminary conversations with CMS about proposed SPAs	10/31/19	<b>MA – Dawn Pearson BHD –Bianca Bell</b>	-Conversations documented	COMPLETE
	2.3 Draft a 1915(i) SPA for adult services based on parameters developed in 2018	12/31/19	<b>MA – Dawn Pearson BHD –Bianca Bell</b>	-Draft 1915(i) for adults	COMPLETE
	2.4 Draft a 1915(i) SPA for children and youth based on materials developed in 2015 and revised in January 2019	3/1/20	<b>MA – Dawn Pearson BHD –Bianca Bell</b>	-Draft 1915(i) for children and youth	COMPLETE

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>3. Submit 1915(i) state plan amendments to CMS for approval</b>	3.1 Finalize and submit the 1915(i) SPA for adults to CMS	4/30/20	<b>MA – Dawn Pearson BHD –Bianca Bell</b>	-Submitted 1915(i)	COMPLETE
	3.2 Finalize and submit the 1915(i) SPA for children and youth to CMS	4/30/20	<b>MA – Dawn Pearson BHD –Bianca Bell</b>	-Submitted 1915(i)	COMPLETE Expect the CMS review process to take between 4 and 6 months. Expect that ND will be asked to respond to one or more rounds of questions from CMS.

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

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

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Secure legislative approval to add peer support as a Medicaid state plan service</b>	1.1 Secure legislative approval to add peer support as a Medicaid state plan service	4/30/19	<b>BHD – Nicole Berman MA – Krista Fremming</b>	-Legislative approval	COMPLETE Legislative approval was secured in the 2019 legislative session
<b>2. If legislative approval is secured, amend the Medicaid state plan to include peer support as a Medicaid state plan service</b>	2.1 Amend the Medicaid state plan to include peer support as a Medicaid state plan service		<b>BHD – Nicole Berman MA – Krista Fremming</b>	-Amended state plan	

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Aim #13 Conduct ongoing, system-wide, data-driven monitoring of need and access

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)

Objective	Action Step	Completion Date	Responsible Entities - Lead Staff	Indicator	Status and Notes
<b>1. Establish a data work group with representatives from each relevant entity</b>	1.1 Identify representatives from each relevant entity to serve on a statewide data work group		BHD – Laura Anderson and Heather Mertz	-Data work group roster	
	1.2 Establish a schedule of meetings and scope of work for the data work group		BHD – Laura Anderson and Heather Mertz	-Schedule of meetings and scope of work	Scope of work can be based on the action steps outlined here
<b>2. Conduct a review of current alignment of state and local data systems</b>	2.1 Obtain information about current data systems and their interoperability with other data systems		BHD – Laura Anderson and Heather Mertz	-Information about data systems of all relevant entities	
	2.2 Map data systems and interoperability (or lack thereof)		BHD – Laura Anderson and Heather Mertz	-State and local data system map	
<b>3. Draft a ten-year plan based on review of state and local data systems</b>	3.1 Draft a ten-year plan based on review of state and local data systems		BHD – Laura Anderson and Heather Mertz	-10-year plan	

# North Dakota Behavioral Health Vision 20/20 Strategic Plan

## Acronyms

BH	Behavioral health
BHD	Behavioral Health Division
BIA	Bureau of Indian Affairs
BIE	Bureau of Indian Education
BJA	Bureau of Justice Assistance
CBHTF	Children's Behavioral Health Task Force
CFS	Children and Family Services Division
CIL	Center for Independent Living
CIT	Crisis Intervention Team (law enforcement behavioral health training)
DHS	Department of Human Services
DLA	Daily Living Activities Functional Assessment
DOCR	Department of Corrections and Rehabilitation
DoH	ND Department of Health
DPI	Department of Public Instruction
DVR	Division of Vocational Rehabilitation
EMS	Emergency Medical Services
EPSDT	Early and Periodic Screening, Diagnosis, and Treatment
FQHC	Federally Qualified Health Center
FS	Field Services Division
FTR	Free though Recovery
HCBS	Home and Community-Based Services
HSC	Human Service Center
IAC	Indian Affairs Commission
IAP	Innovation Accelerator Program Partnerships (a Medicaid technical assistance initiative)
IHS	Indian Health Service
LAC	Licensed Addiction Counselor
LGBTQ/GNC	Lesbian, gay, bisexual, transgender, queer/questioning
MA	Medicaid Division
MAT	Medication-assisted treatment
ND BIN	North Dakota Brain Injury Network
NDFSCS	North Dakota Full Service Community Schools Consortium
NAHRO	North Dakota National Association of Housing Redevelopment Associations
NDEMSA	North Dakota Emergency Medical Services Association

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NDHFA	North Dakota Housing Finance Agency
NDICH	North Dakota Interagency Council on Homelessness
NDSPC	North Dakota Suicide Prevention Coalition
NIC	National Institute of Corrections
PSJ	Prairie St. John's
RCORP	Rural Communities Opioid Response Program
REA	Regional Education Association
SAMHSA	Substance Abuse and Mental Health Services Administration
SEOW	State Epidemiological Outcomes Workgroup
SUD	substance use disorder
TA	Technical assistance
TFC	Treatment foster care
UTTC	United Tribes Technical College