



Human Services
Research Institute



North Dakota Behavioral Health Plan

BHPC Update | December 2023

Updates and Progress



Liaisons are updated monthly and copied on progress update emails with lead staff



The October 2023 Dashboard is now published on the Behavioral Health Plan website: <https://www.hsri.org/nd-plan>

Summary



After learning from the community about their priorities for systems change, the Behavioral Health Planning Council selected 13 aims with associated goals. Many of these goals will take several years to achieve. To track progress, we've created objectives, action steps, benchmarks, completion dates, and indicators of success for each goal.

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

Aim 2: New Goal to establish and implement a Suicide Fatality Review Commission.

Establish a Suicide Fatality Review Commission. (met)

Convene the Suicide Fatality Review Commission to review instances of suicide and recommend policies, protocols, and other actions that work to improve community, service, and system responses to individuals at risk of suicide. (in progress)

Two new action steps for goal 4.3 focused on technical assistance and care coordination training for school-based providers.

Provide technical assistance to schools districts/Regional Educational Consortiums to enroll as 1915(i) providers.

Provide care coordination training to school staff in anticipation of 1915(i) enrollment

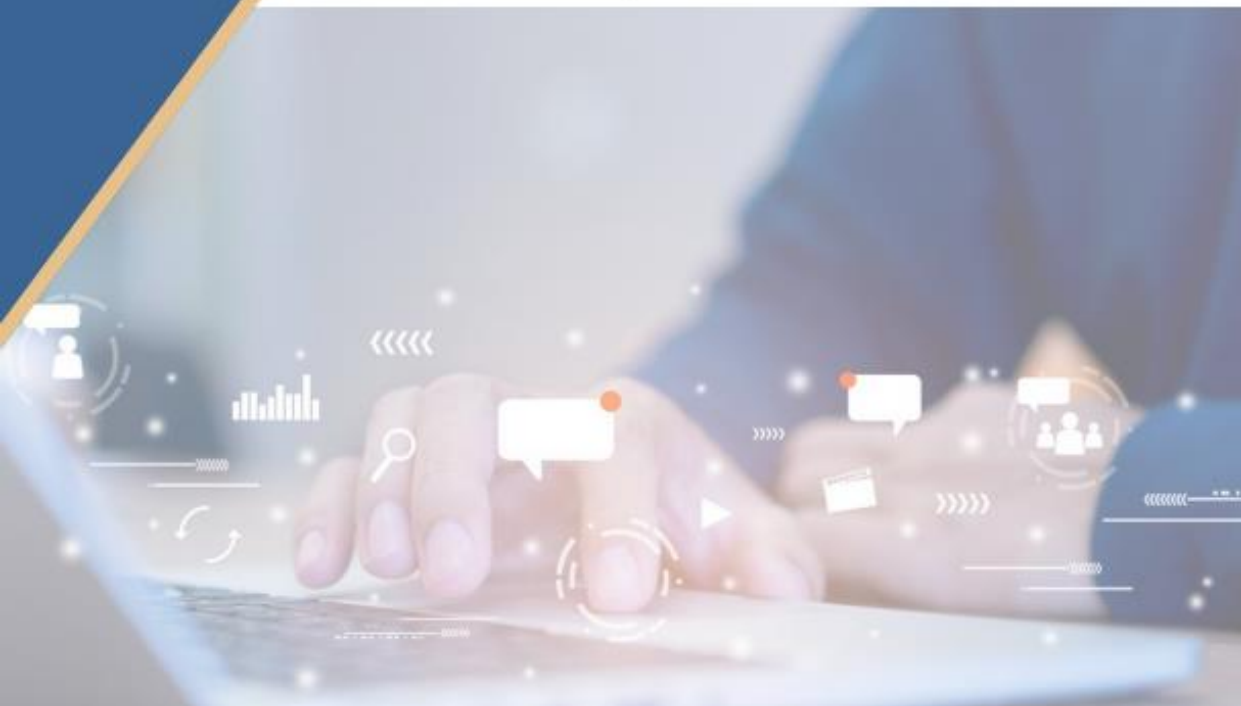


Person-Centered Practices Self-Assessment

For Governmental Agencies That Oversee Human Services

Mary Lou Bourne for the National Center on Advancing Person-Centered Practices and Systems

February 2022



Aim 9: Behavioral Health Division planning to engage in a person-centered practices self-assessment

Part of the state's Person-Centered Practices Initiative: <https://www.hsri.org/nd-pcp>

[Person-Centered Practices Self-Assessment](#)

Plain language version: [NCAPPS Person-Centered Self-Assessment for Systems: Plain Language Overview](#)

Efforts to advance health equity building from community conversations are underway

Goal 9.4 related to funding community-based organizations serving New American/foreign-born/immigrant and refugee communities is complete. The organizations will receive funding in the Fall.

New Goal 11.2 to offer trainings and other learning opportunities for tribal nations. (this was a need identified based on conversations with leaders in tribal communities)

Goal 13.2, objective 1 is complete – the Department of Public Health has reviewed its data collection with an equity lens and is developing guidance on best practice in data collection to identify and track disparities and promote health equity.

Other Highlights this Quarter

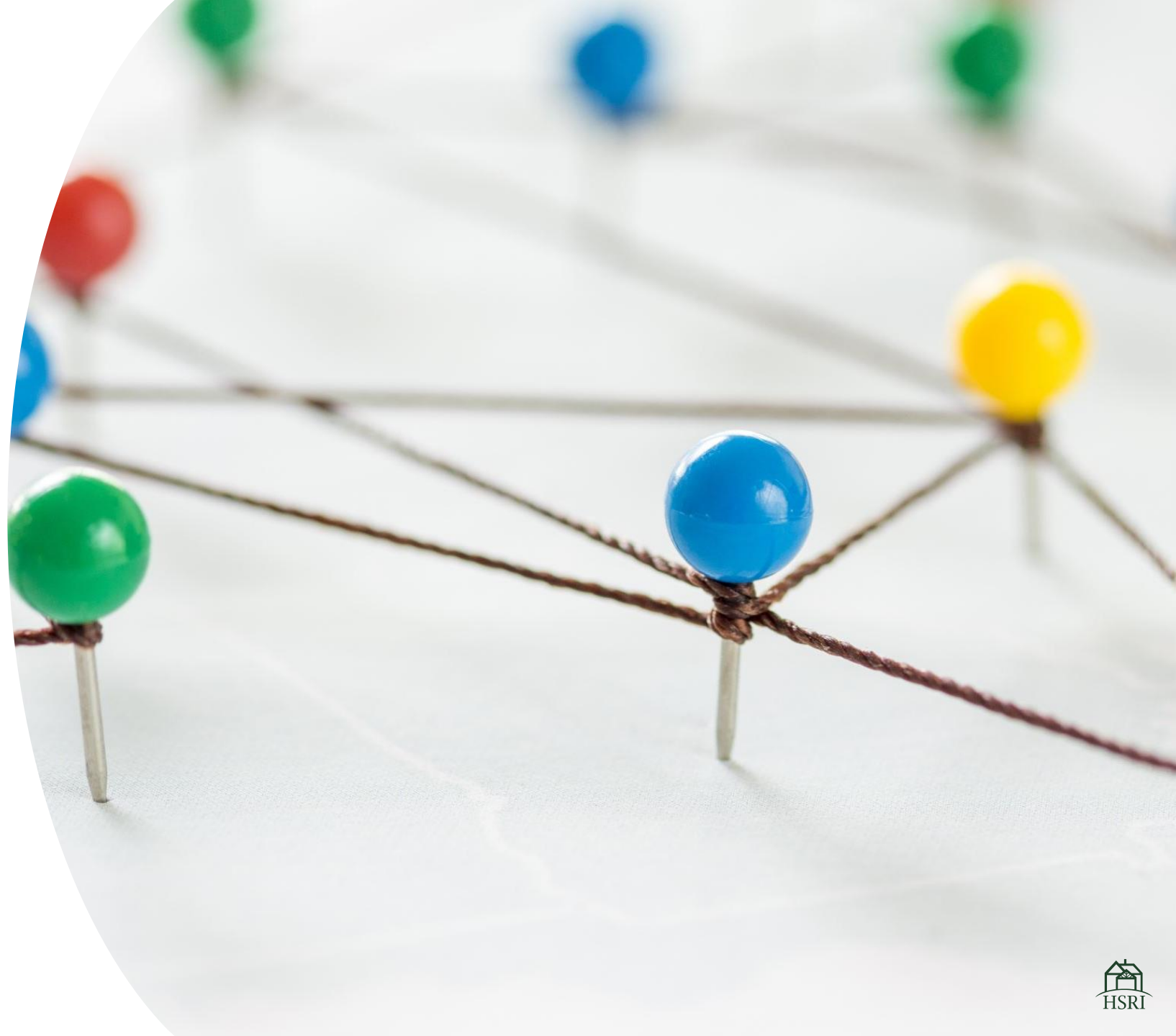
Aim 5: System of Care Community Needs Assessment complete

Aim 6: The active goals in this Aim are around CIT, screening, and trauma-informed approaches.

Aim 7: Recent meetings have been productive and thoughtful. There will be a logic model for review in the upcoming meeting.

Exploring connections between BHPC membership and related commissions, boards, and workgroups

Many BHPC members are part of initiatives that are related to behavioral health in North Dakota. How can we use the BHPC to identify these intersections and facilitate alignment?



Are these accurate? Other groups that share BHPC membership and focus areas?

Brain Injury Advisory Council – Andrea Hochhalter, Brad Hawk

Children’s Cabinet – Denise Harvey

Children in Need of Services – Carlotta McCleary

Community Health Worker Task Force – Mandy Dendy

Human Service Zones Directors Association – Michelle Masset

Interagency Coordinating Committee (DPI) – Kelli Ulberg

Interagency Council on Homelessness – Jennifer Henderson

Medicaid Advisory Committee – Brenda Bergsrud, Emma Quinn

Multi-Generational Plan for Aging – Melanie Gaebe and Michelle Gayette

Olmstead Commission – Carlotta McCleary

Peer Support Association of ND – Andrea Hochhalter

Peer Support Navigation Work Group – Emma Quinn

Thank You.



www.hsri.org/ND-plan

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