ND Behavioral Health Planning Council (BHPC)
Quarterly Business Meeting
July 20, 2022
Meeting Minutes

Council Members in Attendance: Brenda Bergsrud (Consumer Family Network); Chairperson; Emma Quinn, (Consumer), Carlotta McCleary, Vice Chairperson-Elect (ND Federation of Families for Children's Mental Health); Brad Hawk (Indian Affairs Commission); Andrea Hochhalter (Consumer, Family Member of an Individual in Recovery); Denise Harvey (Protection and Advocacy Project); Matthew McCleary (Mental Health America of ND); Dawn Pearson (Principal State Agency: DHS Medicaid); Robin Lang in attendance for Amanda Peterson (Principal State Agency: NDDPI Education); Pamela Sagness (Principal State Agency: DHS Mental Health; Timothy Wicks (Consumer, Veteran); Carl Young (Consumer, Family Member of a Child with SED); Deb Jendro (Consumer, Member at Large); Lisa Peterson (Consumer, Family Member of a Veteran); Mark Schaefer (Consumer, Private Substance Use Disorder Treatment Provider); Rosalie Etherington (DHS Behavioral Health Delivery System); Michelle Gayette (DHS Aging Services); Jennifer Henderson (Principal State Agency: Housing Finance Agency); Glenn Longie (Tribal Behavioral Health Representative); Michelle Masset (Principal State Agency: DHS Social Services); Michael Salwei (Consumer, Healthcare Representative); Amy Veith (Principal State Agency/DOCR Criminal Justice).
Presenters and Staff: Kelli Ulberg (DHS, Behavioral Health); Bevin Croft (Human Services Research Institute); James Knopik (DHS, Manager Addiction & Prevention Program & Policy); Jennifer Illich (First Link, Executive Director); Lachresha Graham (DHS, Manager, Addiction/Recovery Program & Policy); Lisa Bjergaard (DOCR/DJS, Director); Krista Fremming (DHS, Deputy Director/Medical Services); Monica Haugen (HCBS Administration for Medicaid 1915(i)); Jenn Faul (Sanford Health, Program Director/ND Pediatric Mental Health Care Access Program).
Facilitator: Janell Regimbal of Insight to Solutions on behalf of The Consensus Council, Inc.

Call to Order: Chairperson Quinn called the meeting to order at 10:00 AM, CT, via video conference and with members on site at the ND Job Service office in Bismarck

Quorum. Roll call indicated a majority of members present. A quorum was declared.

Approval of Minutes. Chairperson Quinn provided a brief highlight of the April 20 minutes.
GLENN LONGIE MADE AND ANDREA HOCHHALTER SECONDED A MOTION TO APPROVE THE APRIL 20, 2022, BHPC MEETING MINUTES, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

Approval of Agenda. Janell Regimbal informed members of a modification to the agenda as presented. James Knopik will share about 9-8-8 Implementation as Moriah Opp is no longer with the Department of Human Services. Chairperson Quinn called for the approval of the amended agenda for the July 20, 2022, meeting prepared by the Executive Committee.
CARLOTTA MCCLEARY MADE AND GLENN LONGIE SECONDED A MOTION TO APPROVE THE JULY 20, 2022, BHPC MEETING AGENDA, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

Current Status of Behavioral Health Planning Council Membership: Janell Regimbal on behalf of Tami Conrad of DHS
Dawn Pearson has resigned her DHS position. The Medicaid office will be submitting a recommendation for replacement. Thanks were expressed for Dawn's commitment and contributions. Due to the resignation of Shauna Eberhardt we continue to have an opening for a

consumer member. Kirby Schmidtgall is no longer with the ND National Guard. A replacement will be submitted by the Guard. Members were reminded to direct interested parties to the Boards (nd.gov) website where applications are submitted online. Applicants must clearly indicate the role (BHPC) and their experiences that qualify them.

Summary Report of ND Behavioral Health Strategic Plan and Future Activities: (PPT slides provided) Bevin Croft of the Human Services Research Institute

Ms. Croft reminded members that a 30-minute orientation to the behavioral health strategic plan was recently recorded which includes its development, how it works, the different roles and relationships of the BPC to the plan. It was recommended the recorded session be maintained for access on the DHS website where other BHPC information is. Update provided:

- review of dashboard showing progress as of April 30, 2022.
- identified work on Aim 4 (supportive housing), Aim 7 (behavioral health work force), Aim 8 (tele-behavioral health) regarding next steps for the upcoming quarter.
- provided information on 3 new goals related to Aim 10 (advocacy to reduce seclusion and restraint in schools), Aim 11 (using epidemiological data to promote behavioral health equity) and Aim 13 (data to support service quality).

Members expressed positive feedback related to the approach identified through linkage with the Department of Health for efforts with tribal communities. It was also noted there is new guidance from the Office of Civil Rights related to the use of seclusion and restraint found on page 10 of this document https://sites.ed.gov/idea/files/qa-addressing-the-needs-of-children-with-disabilities-and-idea-discipline-provisions.pdf

Behavioral Health Division Update, Pam Sagness/DHS, Behavioral Health Division Director

Ms**. S**agness. Provided updates on the department budget process:

- They are working under several deadlines related to budget, including identifying any policy change that impact budget that would be proposed, and any changes related to budget to current funding being proposed.
- In August change packages, previously called optional adjustment requests, are submitted. This is the time to communicate needs to contract managers.
- This next budget will be a Department of Health and Human Services budget as the integration takes place September 1.
- Different teams are working on integration issues looking for opportunities for efficiencies and how things can be streamlined. The department has contracted with a consultant helping to develop some of that integration work

State Hospital Update, Rosalie Etherington/DHS, State Hospital Superintendent

Dr. Etherington provided updates regarding the new Schulte Report recommendations, including a new hospital build as had been requested, with the location still identified as Jamestown with no specific parcel noted. Where it would be would depend on an analysis of those sites based on available resources and legislative approvals. A budget for a 75-85 bed facility is being developed by working on costs with the original architect contracted to identify new costs since initial costs have increased. The report also recommended what the state hospital should do related to services. The hospital currently provides some specialized services and general psychiatric services as a safety net for when emergency departments cannot find an acute bed. They also serve the acute psychiatric needs for the Devils Lake and Jamestown regions since there are no psychiatric hospitals in those regions. Schulte recommends the State Hospital only accept admissions from other psychiatric hospital settings after a person is identified as needing a higher level of care of specialized services or for individual that are justice system involved. When asked

about timeframes, it was shared as taking anywhere from 2-5 years to design (likely 4-5) and build a new hospital, depending on if approval would be received this next legislative session. In response to a question about transitional services, there is a recommendation to transition and provide SUD residential services for that region in a different way but with no specific recommendation about transitional living facilities. Unless otherwise instructed, the State Hospital would continue to provide those services for individuals with severe persistent mental illness, substance use disorders and for sex offenders.

9-8-8 Implementation (PPT slides provided) James Knopik/DHS, Manager, Addiction & Prevention Program and Policy and Jennifer Illich/First Link, Executive Director

Mr. Knopik and Ms. Illich reviewed the timeline, future vision of 9-8-8 and FAQ, along with next steps. It was stressed this is more than a phone number change- it is a culture shift. It is hoped individuals throughout the country learn 988 is the number called if there is an issue with any behavioral health crisis, including suicidal ideation, mental health crisis and substance use disorder. Anyone dialing 988 with a 701-area code will be directed to First link in North Dakota. The number 1-800-273-8255 is widely known. It will be maintained and rerouted to 988 to assure service is reached. The language line is used with 250 languages available. 211 will not be going away. We are fortunate both exist, and both are answered by First Link. There is no wrong door in our state. They connect with the local regional human service centers to activate the mobile crisis response team, with no change to that process. Calls to 988 are routed based on the area code of the phone you are calling from. 211 is answered by geolocation. First Link covers 17 counties in MN with those counties of MN routed to them. When asked if First Link plans to hire people with lived experience like the current peer support networks, it was indicated that due to accreditation they follow guidelines where neutrality is valued and staff are not allowed to share lived experiences like a peer typically would. There are other ways to provide those linkages such as developing a database of peer support individuals that can be connected. First Link has seen growth in all areas related to calls. As per Dr. Etherington, DHS tracks the number of calls accepted, calls resolved, those where they go in person and those where there is a warm handoff to a hospital setting or for crisis stabilization facility. DHS is planning their budget accordingly. The BHPC can provide recommendations about sharing this data and how often. When asked about shelter crisis beds for children if a crisis calls for this resource, Dr. Etherington noted Dickinson was the first to certify a few weeks ago. By the end of summer, it's anticipated having at least six facilities able to accept youth in crisis. Children and Family Services gets billed for that care as per a daily established rate. A member shared their experience when they called 211 for help which led to a referral to the crisis team. Dr. Etherington offered to evaluate this specific scenario to better understand the barriers experienced. The issue of tracking crisis response referrals to differentiate between adult and youth was raised. 211 handles the after hours calls for the human service centers. Often through listening and offering support it is enough to resolve the crisis and the HSC staff do not need to go out. Resources like Teen Talk and the Trevor Line are great linked resources for callers' needs too. It was shared there needs to be more focused education of the public on what a behavioral health crisis looks like.

Chairperson Quinn recessed at 11:35 AM for a lunch break and reconvened at 1:00 PM.

State SUD Block Grant Overview & Funding Report (PPT slides provided) Lacresha Graham/Manager of Addiction Tx and Recovery Program & Policy and James Knopik/Manager of Addiction Prevention Program and Policy

Ms. Graham provided information specific to treatment and recovery aspects of the Block Grant including an overview of the grant, including contracted services in North Dakota and the recent

onsite monitoring visit. On a national level a name change from substance abuse to substance use prevention and treatment block grants is likely There are also some additional bill changes being considered noted in the ppt slides. The behavioral health combined block grant goals came out of the survey sent to the Planning Council. They align with the ND Strategic Plan. Every two years a big application is completed and in the year between, a mini grant application is done. This September the mini grant application will be completed. The four priorities (not in any order) are #1 Prevention & Early Intervention, #2: Community-Based Services, #3: Person-Centered Practice, #4: Increase Access to Targeted Service (Medication Assisted Treatment/Pregnant & Parenting Women/Withdrawal Management).

Mr. Knopik complements Ms. Graham in that he oversees the prevention set aside of the block grant. Those services are intended for individuals who have not experienced a diagnosis and are not in need of addiction treatment services. This includes the universal population, selective population, and the indicated risk population. He reviewed the various activities at the community level that are occurring as contracted via the local health units with reimbursment based on their deliverables. Besides the 12 health units, contracts are with the four tribal reservations,

Ms. Graham asked members for input regarding a possible expansion of Recovery Talk. This is the phone number that individuals can call or text 24/7. A consideration for expansion is to provide a sign up for a regular occurring text or call from a peer support specialist on a frequency determined by the individual. A decision will need to be made by Spring of 2023. It was shared that treatment programs receiving block grant funds must use priority populations in determining access. If a program were to have a wait list the priority would be as follows: #1 pregnant mom who uses drugs intravenously; #2 any other pregnant or parenting mother using substances in any other way; #3 any individual using drugs intravenously; #4 all other individuals using substances. Block grant funding is a combined application (i.e., mental health and substance use) but the funding is separate.

Eckert Youth Home had on site compliance visit last summer with no major concerns found. They did have to complete some training and documentation improvements. A concern noted the only adolescent treatment program funded is in Williston and this is to be community-based services. As per Ms. Graham, Eckert was the only applicant willing to do adolescent residential treatment. There is funding for transportation since this not close to many home communities. The goal is to have all levels of care in as many communities possible. When asked whether tobacco and vaping use is covered in the grant activities, it was noted only through compliance checks. The Department of Health addresses tobacco prevention and control. The DHS/DOH integration will provide an opportunity to look at a more integrated approach. The department has a current solicitation out for supplemental funding tied to COVID with a deadline of August 11.

North Dakota Juvenile Justice Reforms, Lisa Bjergaard/Director, Division of Juvenile Services, Department of Corrections

Ms. Bjergaard reviewed components of the bill drafted last session that rewrote the Uniform Juvenile Court Act. It hadn't seen any significant change in 50 years. The work of the Council of State Governments' juvenile justice research provided the foundation of the revisions. How "dual status youth" (child welfare and juvenile justice system) are handled was a significant piece of the reform. A time limited Juvenile Justice Commission (6 years duration) was formed to do a deep dive and propose changes overall. This group reports to the Children's Cabinet and has been in existence for 4 years. A major provision is the kids previously considered unruly become children in need of services (CHINS). They will be diverted away from arrest and prosecution via the court and now instead diverted to the Human Service Zones for referral or care if they should need it. The Zones will start receiving referrals August 1. Truancy is the only CHINS related school behavior. There is a delayed provision to go in effect next summer related to how schools should

respond to violations of law. They will be able to report delinquencies, but they will have to outline for the court what they did to try to intervene. They also looked at children placed in residential facilities who also may have ungovernable behavior with further attention needed so the police are not called in those situations. Consistency across schools will be important in situations such as when a child with autism may strike out and hit a teacher or student. Some may still contact the school resource officer. Others may use restorative justice approaches. A primary question is how we make sure we don't criminalize kids who are caught up in substance abuse or when behaviors are driven by mental health? The group has built in the use of evidenced based risk and needs assessments. Next legislative session the BHPC could consider supporting that all kids that are cited and come before the juvenile court have legal representation as this is not a provision that is currently guaranteed to them. Another area is time limitations on duration of probation and commitments to the DJS. The federal language, which is the Indian Child Welfare Act, has been put into state code so practitioners in juvenile court are aware of the protections of enrolled members of tribes. HSZs have hired a unit of staff to work with the CHINS population. DPI will continue to push out MTSS efforts and restorative justice opportunities to districts. There have been three working groups this past year related to alternatives to detention, services for kids and the CHINS work group. A bill introduced this next session will assist in cleaning up language and contain additional policy work that may result in drafting amendments. The JJ Commission has been moving towards better protecting the rights of children and making sure that only the right kids enter the juvenile justice system, with others diverted to services and interventions appropriate to their needs. Clearer pathways have been developed.

Institutions for Mental Diseases (IMD) 1115 Waivers – Krista Fremming/Deputy Director of Medical Services/DHS

Ms. Fremming reviewed the IMD Waiver fact sheet provided in the meeting packet. Facilities of more than 16 beds, primarily engaged in providing care for people with mental diseases including some substance use disorders are the focus. The Acute Psychiatric Interim Committee has discussed whether ND should apply to the Centers for Medicare and Medicaid Services to get a waiver that would enable us to pay for IMD services. Without a waiver, Medical Services is not allowed to pay for these services. States can target a waiver towards addressing substance use disorder, SMI, or both. There are quite a few requirements and milestones all states are required to address within their 1115 Waivers. Overall, the point is to show the state is making advances and its behavioral health continuum of care is serving people in the least restrictive setting of their choice. Budget neutrality is also required. This which would require a robust evaluation plan. The Schulte Study said clearly, we are not at a point where we meet the milestones, particularly around community-based services. The Executive Committee of the BHPC would like to be able to either recommend for or against an IMD Waiver but needs the data related to the framework of requirements/goals noted in the summary document provided to be confident in doing this. Prior to receiving this document, the Committee was not certain what questions needed to be answered. Now that we know the questions, data needed to answer will be obtained by reaching out to Pam Sagness and Krista Fremming to assess current reality of service structure in ND against the framework.

1915(i) Provider Status Update- Monica Haugen/Administrator Behavioral Health 1915(i)/DHS

Ms. Haugen shared we now have 31 fully enrolled group providers indicating the group enrollment is complete and at least one individual provider is enrolled who is affiliated with the group. These numbers are updated every week. Four agencies have provided services and submitted service authorizations. While the numbers sound low, one of the providers is Community Options who is the largest provider and is serving across the state. The gap between

those enrolled and those providing services may be due to a variety of reasons such as not having referrals or working on policy and procedures and implementing Medicaid into their business model. The department continues to provide training and technical assistance, including a vendor providing six-week curriculum cohorts are running through. There was $100,000 in grants which provided $10,000 each to 10 providers. Funds enabled them to cover costs of becoming a provider (training, time for training, equipment, etc.) Conflict of interest has been a barrier – i.e. a care coordination agency cannot also provide services to the individual in 1959. The department is proposing some language to CMS that may assist in this respect as the labor shortage is creating additional stressors. Twenty-five clients have been served. Some are not getting the services they need due to the conflict-of-interest issue noted or they may be on a wait list until more providers are available to serve in their area. It should be noted there is a lag time due to claim submissions so these numbers should continue to grow over the next months.

External Connecting Points & BHPC Work Group Reports

Autism Task Force (Denise Harvey)-Subcommittees are talking about family services.

Brain Injury Advisory Council (Denise Harvey)- They are focusing on including people with brain injuries and what accommodations may be needed when persons with a brain injury receive mental health services. Denise recommended BHPC consider reaching out to various groups like ATF/BIAC etc. to inquire about how access to behavioral health services is for them and any specific needs related.

Children's Cabinet (Denise Harvey)-As it relates to behavioral health, they are looking at the need to develop specialty foster homes, emergency foster care placements and having assessment shelter facilities to screen and identify the needs of children and to stabilize them. Sudden unplanned discharges are stressing the systems of care. As per Kelli Ulberg, they divided into work groups related to priority topics tied to gaps identified. They then voted on their top three they will explore and make recommendations. These three areas are lack of providers, over-representation of Native Americans in child welfare and behavioral health. Within these three areas there were priority issues which included things like integration within schools and strengthening the family unit.

Medicaid Advisory Committee (Emma Quinn)- They have been talking about state plan amendments regarding mental health, rehab services and other licensed practitioners. The next meeting is 8/16.

Olmstead Commission (Carlotta McCleary)- NDASDAC wrote an inquiry to them to explore the number of children and adults with autism that have gone into the Life Skills and Transition Center for institutional level care as it was recently reported that 100% have a behavioral issue in addition to their intellectual disability. Is it the lack of behavioral health that is getting them into the LSTC? The question was raised whether community support staff could access the use of mobile crisis units for additional support when the person with developmental disabilities is in crisis? Kelli Ulberg indicated there is a developmental disabilities crisis response available via 211. The Olmstead Commission is also looking at adding stakeholder groups.

Children in Need of Services (Carlotta McCleary)-The work of this group is nearly finished. The Human Service Zones CHINS staff are all starting soon. Processes will be in place to be ready for the August 1 change, although the workforce shortage is impacting hires in some areas.

Interagency Council on Homelessness (Jennifer Henderson)- ND Housing Finance in partnership with NDSU is preparing for a statewide needs assessment update, available in September with a finalized report October 5.

Interagency Coordinating Committee (Kelli Ulberg)- nothing to report currently.

Peer Support Navigation Work Group (Emma Quinn)- there has been no movement on this group as they have not met since our last meeting.

Seclusion & Restraint Work Group (Carlotta McClearly) This group has restructured their goal as discussed earlier in the strategic plan update discussion.

Executive Committee (Emma Quinn) The committee has had three planning meetings since the BHPC last met. This includes June 7 for agenda planning for the July BHPC meeting, June 15 with Bevin Croft, and Ebony Flint of HSRI when their team traveled to North Dakota where the restructuring of goals was discussed; and a July 7 meeting with Kyle Sargent of WICH re: behavioral workforce summit plans.

Request for Endorsement FASD Respect Act (FASD Respect Act Summary & Rationale Document provided)- Carl Young/BHPC member

Mr. Young shared information about FASD and HR4151 which at the federal level reauthorizes funding for supports, diagnostics and preventative services for children that are prenatally exposed to alcohol and develop the developmental disability called fetal alcohol spectrum disorder. He requested consideration of endorsement from BHPC to add to those already secured from The ARC of North Dakota, the Department of Human Services, Protection and Advocacy and the Department of Public Instruction. A member requested additional information about the gap that exists that this legislation is attempting to address. Carl agreed to send it via email. It was shared that Dr. Boseck, with Benson and Associates, is a neuro psychologist and is the executive director of FASnD and could be a resource as well in seeking endorsements Justin Boseck (theaapdn.org).

CARLOTTA MCCLEARY MADE AND DENISE HARVEY SECONDED A MOTION TO APPROVE THE CHAIR OF THE BEHAVIORAL HEALTH PLANNING COUNCIL PROVIDE A LETTER OF ENDORSEMENT ON BEHALF OF THE BHPC FOR THE FASD RESPECT ACT. THE MOTION PASSED WITH ONE ABSTENTION FROM ANDREA HOCHHALTER INDICATING NOT HAVING ENOUGH INFORMATION TO ACT.

Pediatric Mental Health Care Access Program (PPT slides provided) Jenn Faul/Program Director, Sanford Health

Ms. Faul provided an update on the grant's goals. The program continues to work bringing more communities and more clinics online to provide care to more kids throughout the state. Consultations and relevant training with ECHO sessions are provided each month. She shared specifically about a focus on paying attention to perinatal symptoms for pediatricians and family doctors to be aware of. Overall outcomes are doing well with ECHOs scheduled through December. On August 18/19 there will be a two-day free virtual conference featuring Dr. Ross Greene. The annual pediatric and primary care Behavioral Healthy Symposium will be held virtually September 22. In September they also have been invited by DPI to provide information on universal school screenings. Dr. Bigfoot will be providing a trauma focused cognitive behavioral therapy training called Honoring the Children: Mending the Circle. It is Native American culturally enhanced training in September. Information about all trainings can be found at the NDPMHCA website. They have now launched their own website. Previously they were hosted through the Center for Rural Health. The new website can be found at https://ndpmhca.org/.They have completed the writing and revisions of primary care principles for children's mental health. It is a 218-page guide with care guides for each of the topics. It will be printed and provided to enrolled providers in the program. They are now active on social media with a presence on Facebook, Instagram, and LinkedIn. A new national maternal mental health hotline for pregnant and postpartum moms is now available from HRSA. Text or call 1-833-9-HELP4MOMS There continues to be conversations about a sustainability plan to assure the important work of the grant can continue.

Public Comments. Chairperson Quinn called for any public comments. No members of the public came forth to provide comments.

Next Meeting- October 19, 2022, via videoconference or in person at Bismarck office of Job Service at 1601 East Century.

Adjournment. Having completed all agenda items and hearing no further comments from BHPC members, Chairperson Quinn declared the meeting adjourned at 4:25 PM, CT.

Respectfully submitted,
Janell Regimbal/Facilitator
Insight to Solutions on behalf of The Consensus Council, Inc.