

**ND Behavioral Health Planning Council (BHPC) Meeting
Video Conference
October 7, 2020**

Meeting Minutes

Council Members in Attendance: Kurt Snyder (Individual in Recovery, SUD), Chair; Paul Stroklund (Family Member of an Adult with SMI), Vice Chair; Lorraine Davis (Member at Large), Past Chair; Sarah Bachmeier (Individual in Recovery-SUD); Brenda Bergsrud (Consumer Family Network); Rosalie Etherington (DHS Behavioral Health Service Delivery System); Michelle Gayette (Aging Services Division); Brad Hawk (Indian Affairs Commission); Jennifer Henderson (Principal State Agency: Housing); Cheryl Hess-Anderson (Vocational Rehabilitation); Andrea Hochhalter (Family Member of an Individual in Recovery); Deb Jendro (Individual in Recovery, MH); Teresa Larsen (Protection and Advocacy Project); Glenn Longie (Tribal Behavior Health Representative); Carlotta McCleary (ND Federation of Families for Children’s Mental Health); Amanda Peterson (Principle State Agency: Education); Lisa Peterson (Principal State Agency: Criminal Justice); Emma Quinn (Individual in Recovery-MH); Pamela Sagness (Principal State Agency: Mental Health); Mark Schaefer (Private Substance Use Disorder Treatment Provider); Kirby Schmidtgall (ND National Guard); Jodi Stittsworth (Family Member of a Child with SED); Timothy Wicks (Veteran); and Carl Young (Family Member of a Child with SED).

Presenters and Staff: Tami Conrad (NDDHS, Project Manager); Laura Anderson (DHS, Behavioral Health); Nicole Berman (ND Department of Human Services); Bevin Croft (Human Services Research Institute); Melissa Hillmyer (Human Services Research Institute); Jennifer Faul (Pediatric Mental Health Care Access Program); Krista Fremming (DHS, Medical Assistance); Alyssa Kroshus (DHS, Behavioral Health); Cory Pedersen (Children and Family Services); Mandi Peterson (University of North Dakota); Jake Reuter (DHS, Money Follows the Person); Sara Stolt (DHS); Jessica Thomasson (DHS); Kelli Ulberg (DHS, Behavioral Health); Bobbie Will (Health Department).

Facilitator: Greg Gallagher, The Consensus Council, Inc.

Call to Order: Chairperson Kurt Snyder called the meeting to order at 10:03 AM, CT, via video conference. BHPC members and presenters provided self-introductions via video conference sign-in. With a majority of BHPC members reporting present, Chairperson Snyder declared the presence of a quorum.

Approval of Minutes. Chairperson Snyder called for the consideration and approval of the [July 1, 2020, meeting minutes](#).

CARL YOUNG MADE AND LORRAINE DAVIS SECONDED A MOTION TO ADOPT THE MINUTES FROM THE JULY 1, 2020, BEHAVIORAL HEALTH PLANNING COUNCIL MEETING. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON SNYDER DECLARED THE APPROVAL OF THE MINUTES.

Approval of Agenda. Chairperson Snyder called for the consideration and approval of the [October 7, 2020, meeting agenda](#) prepared by the BHPC Executive Committee. Chairperson Snyder requested that a recently received letter from Senator Tim Mathern be placed on the agenda immediately following consideration of the letter to Governor Doug Burgum.

TERESA LARSEN MADE AND LORRAINE DAVIS SECONDED A MOTION TO INCLUDE CONSIDERATION OF SENATOR MATHERN’S LETTER WITHIN THE AGENDA AND TO ADOPT THE AMENDED AGENDA FOR THE

OCTOBER 7, 2020, BEHAVIORAL HEALTH PLANNING COUNCIL MEETING. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON SNYDER DECLARED THE APPROVAL OF THE AGENDA.

Review of BHPC Next Steps Summary: Greg Gallagher. Greg Gallagher, BHPC Facilitator, placed into record an updated report on the BHPC's *Recorded Next Steps* document. Mr. Gallagher presented the BHPC [Recorded Next Steps](#) summary, updated following the July 1, 2020, BHPC meeting, which records a cumulative listing of identified BHPC priorities, outstanding activities, and Council assignments. The Recorded Next Steps provides a basis for the development of all BHPC meeting agendas and informs BHPC members of issues that may require specific consideration.

Current Status of Behavioral Health Planning Council Membership: Tami Conrad. Chairperson Snyder recognized Tami Conrad to provide an update on current BHPC membership vacancies. Ms. Conrad reported that the status of all [BHPC membership slots](#) is identified on the BHPC website. Ms. Conrad identified several dedicated slots which are transitioning for renewal or which remain to be filled, awaiting action from the Governor's Office. Chairperson Snyder thanked Ms. Conrad for her report.

Announcement of Results of BHPC Vice Chair Election: Kurt Snyder. Chairperson announced the election of Brenda Bergsrud, who will assume the position of BHPC Vice Chairperson. Following the close of the October 7, 2020, BHPC business meeting, the effective date for new officers, the newly installed Executive Officers will include:

- Chairperson: Paul Strokland
- Vice Chairperson: Brenda Bergsrud
- Immediate Past Chairperson: Kurt Snyder

Recognition and Expression of Appreciation for Lorraine Davis, Outgoing Immediate Past Chairperson. Chairperson Snyder recognized with appreciation the contributions of Lorraine Davis, outgoing Immediate Past Chairperson, during her years of service as a member of the BHPC Executive Committee, fulfilling the successive duties of Vice Chairperson, Chairperson, and Immediate Past Chairperson. BHPC members joined in voicing their appreciation to Ms. Davis. Ms. Davis expressed with thanks and her high regard for the work of the BHPC and the efforts of all BHPC members.

Selection Process for Executive Committee Membership. Mr. Gallagher raised for the consideration of the BHPC a provision within the BHPC Bylaws which defines the size and membership of the BHPC Executive Committee:

Article VI, Section 1: Executive Committee shall be made up of not more than five (5) Council members which must include the Chairperson, Vice Chairperson, Immediate Past Chairperson, a consumer or family member representing mental health services, and a consumer or family member representing substance abuse services.

Pursuant to BHPC Bylaws, two additional Executive Committee members, representing consumers or family members, were required to fill the required membership of the Executive Committee. Andrea Hochhalter, indicating a currently heavy schedule, expressed a conditional interest in filling a slot at a future time. Chairperson Snyder stated that the Executive Committee would assume responsibility for setting forth a process to fill the two required seats on the Executive Committee, in keeping with the requirements specified in the BHPC Bylaws. Members expressed support for this proposal.

Review Status of ND Behavioral Health Strategic Plan and Set Schedule of Future Activities: Bevin Croft, HSRI. Chairman Snyder introduced Dr. Bevin Croft, Research Associate, Human Services Research Institute, to provide an update on the development and implementation of the state's [behavioral health strategic plan](#), updated on September 30, 2020, and the state's [behavioral health strategic plan protocol](#), updated July 2020. Dr. Croft provided a [PowerPoint presentation](#) to inform the BHPC of the plan's content, the various roles and processes outlined in the plan, and oversight duties of the BHPC in support of the plan. Dr. Croft's presentation covered (1) a background overview of the strategic plan; (2) the coordinated, data-driven [model](#) of the plan; (3) the roles and functions of the various state entities participating in the plan's deployment; (4) the community process used to develop the strategic plan; (5) the plan's broad development timeline; (6) the plan's four work phases, including planning, prioritizing and refinement, initiation, and monitoring and sustaining; (7) the role and activities of the BHPC; (8) the roles and activities of other entities; and (9) a summary of the plan's 13 designated aims.

Dr. Croft introduced BHPC members to the day's process of overviewing each of the plan's principal aims, each provided by an aim's designated team leader, representing a breadth and depth of interagency talent and a unified management culture. Dr. Croft introduced in succession a series of presenters assigned to present a summary of a [dedicated plan aim](#).

- Aim 1.1. Develop and implement a comprehensive strategic plan: Bevin Croft and Pam Sagness;
- Aim 2.1. Develop a comprehensive suicide prevention approach (2.2): Nicole Berman;
- Aim 3.1 Identify universal behavioral health screening: Sara Stolt and Rosalie Etherington;
- Aim 3.2 Establish statewide crisis teams: Rosalie Etherington;
- Aim 3.3 Ensure brain injury and psychiatric disability eligibility: Krista Fremming;
- Aim 4.1 Provide target case management: Krista Fremming and Rosalie Etherington;
- Aim 4.2 Expand supportive housing: Jake Reuter and Jennifer Henderson;
- Aim 4.3 Expand school-based mental health and SUD services: Krista Fremming and Laura Anderson;
- Aim 5.1 Establish and ratify a community system of care: Laura Anderson;
- Aim 5.2 Expand wraparound services across multiple systems: Sara Stolt;
- Aim 5.3 Expand in-home community supports: Sara Stolt and Rosalie Etherington;
- Aim 6.1 Implement statewide crisis intervention team training: Lisa Peterson;
- Aim 6.2 Implement trauma-informed training: Lisa Peterson;
- Aim 6.3 Review jail capacity for behavioral health needs: Lisa Peterson;
- Aim 7.1 Designate single entity responsible for workforce implementation: Laura Anderson;
- Aim 7.2 Develop program for recruitment and retention support: Laura Anerson;
- Aim 7.3 Expand loan repayment programs: Bobbie Will;
- Aim 7.4 Establish training and certification process for peer support: Nicole Berman;
- Aim 7.5 Implement credentialing programs for psychiatric rehabilitation professionals: Nicole Berman;
- Aim 8.1 Increase types of telehealth services: Rosalie Etherington and Mandi Peterson;
- Aim 9.1 Develop and initiate plan for person-centered practices: Jake Reuter;

Chairperson Snyder declared a recess for lunch at 12:15 PM, CT, with instructions to resume the agenda with the presentation of Aim 10.1.

Chairperson Snyder declared the meeting back into session at 1:00 PM, CT, and requested that the agenda proceed with the presentation of Aim 10.1

- Aim 10.1 Include training sessions at state behavioral health conference on advocacy skills and partnerships: Alyssa Kroshus;
- Aim 11.1 Convene state and tribal leaders to review strategic planning process: Brad Hawk;
- Aim 12.1 Develop system for funding opportunities: Laura Anderson;
- Aim 12.2 Establish Medicaid 1915(i) state plan to expand services: Nicole Berman;
- Aim 12.3 Establish peer services reimbursement in state Medicaid plan: Nicole Berman and Krista Fremming; and
- Aim 13.1 Draft ten-year plan to align state and local data systems: Laura Anderson.

Dr. Croft thanked the presenters for their reports and opened up a question-and-answer period to further clarify any strategic plan details. Members raised questions and expressed interest in the following:

- Ensuring movement forward on a children's system of care grant;
- Ensuring collaboration in the management and quality validation of a suicide data collection process between the Department of Health and the Department of Human Services;
- Seeking enhanced involvement of employers in peer services trainings;
- Encouraging the maintenance of telehealth services following the current public health emergency; and
- Monitoring any forfeiture of federal or state funding among certain programs because of underuse.

Dr. Croft invited BHPC members to identify any areas within the state's behavioral health plan that emerged as requiring additional or prioritized attention. Members identified the following:

- The state's strategic plan's title should be revisited and renamed to allow for a longer-term identifiable mission;
- The state should increasingly enhance peer support training and services statewide;
- The strategic plan should place suicide prevention as a high priority and the plan's efforts might benefit from a reorganization of activities and an increased attention to interagency cooperation;
- The strategic plan should emphasize improved communication among the state, the tribes, and the various agencies, including improved outreach to rural areas and the expansion of new treatment facilities;
- The strategic plan should attend to housing and home- and community-based wraparound services, engaging housing projects and coordinating services across agencies;
- The strategic plan should assist individuals in accessing and navigating across various agency services;
- The strategic plan should seek to integrate behavioral health services within school settings, including addressing systemic moves to segregate schools by disability or service status;
- The strategic plan should ensure the removal of any barriers to the provision of services within a prison setting;
- The BHPC should routinely focus on select aspects of the strategic plan to ensure a deeper study and monitoring of activities;
- The strategic plan should emphasize a children and family focus, extending suicide prevention, peer support, improved communications, across all areas of the state;
- The BHPC should consider conducting more strategic planning sessions between the BHPC's regularly scheduled quarterly business meetings;
- The strategic plan needs to raise to a higher level any communications that will better inform providers and the public of service system delivery changes;

- The strategic plan should heighten the prominent role of the BHPC as a consultation, advisory, and perhaps oversight body to the state;
- The strategic plan should seek to align reforms in the criminal justice system with the provision of behavioral health services;
- The strategic plan should seek to expand the impact of person-centered principles and practices across agencies and services;
- The BHPC should commit to conducting additional meetings to address the strategic plan's implementation into the foreseeable future;
- The strategic plan should clearly emphasize the need for a qualified workforce and reflect a person-centered culture;
- The strategic plan should incorporate sufficient training opportunities within the National Guard and support access to telehealth services;
- The strategic plan might incorporate an image of an arch, depicting building blocks of a community-wide behavioral health system, and additionally adopting the title "Keystone Project;"
- The strategic plan should engender an image of being consumer-centric, being responsive to schools, the workplace, and those most in need;
- The strategic plan's title should carry a sense of "Let's get this done!";
- The strategic plan's tone should reflect the BHPC's vision statement, emphasizing "the right time, place, and people";
- The strategic plan should attend carefully to veterans' care and peer support; and
- The BHPC should advance the aims of the strategic plan before the 2021 Legislative Assembly.

Dr. Croft thanked the BHPC members for their constructive engagement and evaluation of the strategic plan. The HSRI and the DHS will dedicate time to incorporating the content and spirit of the BHPC's comments into future enhancements of the strategic plan. Chairperson Snyder thanked Dr. Croft and all the Lead Team presenters for the quality of their presentations and their demonstrated care for the management of the state's system of care.

ND Services Person-Centered Practices and Human Services Asset Map: Jake Reuter. Chairperson Snyder recognized Jake Reuter, DHS Person-Centered Practices Director, to present an [overview](#) of the DHS Person-Centered Practices (PCP) Program. Mr. Reuter provided a summary of the PCP drawing from program content presented on the [PCP website](#).

The PCP assists individuals to retain control over life they desire and to engage fully in their communities. PCP practices assist individuals who receive services, their family members, staff, organizations, and systems in creating a positive and meaningful life, building on an individual's unique interests and strengths. North Dakota is developing a statewide vision and universal understanding of person-centeredness across all North Dakota Department of Human Services entities and community partners.

The PCP is based on a four-element process: (1) bring diverse voices to the table; (2) supporting individuals participating in services and statewide system change efforts; (3) transforming policies to reflect statewide person-centered values and culture; and (4) ensuring communications are accessible and relatable.

The state's PCP is based on principles and guidelines advanced by the National Center on Advancing Person Centered Practices and Systems. The NCAPCPS promotes systems change based on core principles to assist with the identification of local and national resources and collaborative work, including

facilitating access to content experts. The DHS' PCP efforts work to build cross-division workgroups and subject-matter experts to manage master plan objectives. The PCP references its Guide of Best Practices which outline demonstrated strategies to expand involvement of workgroups and teams. The PCP has included the active engagement of external service providers and users to further develop the program's policies.

Among the more impressive efforts of the PCP evidencing the influence of external stakeholders has been the development of the PCP's [Asset Map](#). The Asset Map is a tool to document existing stakeholder target groups and initiatives, to encourage systematic and strategic thinking across program lines, to reference potential target groups to engage, and to expand and improve program planning within the DHS. Mr. Reuter acknowledged the extensive contributions of Teresa Larsen, Protection and Advocacy Project; Pam Mack, Protection and Advocacy Project; and Kirsten Dvorak, Arc of ND. Ms. Larsen provided an overview of certain components of the Asset Map, including the development of the Asset Map and the crucial role of targeting and assisting people and organizations. Ms. Larsen directed members to the Protection and Advocacy Project's [PCP website](#) for additional information.

Chairperson Snyder thanked both Mr. Reuter and Ms. Larsen for their presentation.

Pediatric Mental Health Care Access Program, Project Update and BHPC Consultation: Jennifer Faul, PMHCAP Coordinator. Chairperson Snyder introduced Jennifer Faul, PMHCAP Coordinator, to provide and update on the PMHCAP. Ms. Faul presented a [2020 third-quarter report](#) on the PMHCAP's progress in starting up and implementing elements of the grant's programming, in consultation with the BHPC serving as the PMHCAP's advisory body.

The PMHCAP has progressed in implementing the project's Goal One: increasing telehealth behavioral health services to children and adolescents in underserved areas of the state. The program has established working relationships with select service providers building on the Collaborative Care Treatment Model, including Elbowoods Memorial Clinic, Coal Country Community Healthcare Centers, and the Center for Family Healthcare.

The program has also advanced efforts in the project's Goal Two: extending knowledge to pediatric primary care professionals across the state for the early identification, diagnosis, treatment and referral of mental health disorders. The program continues to provide Project Echo professional development sessions statewide, covering post traumatic stress disorder, separation anxiety disorder, obsessive compulsive disorder, and attention deficit hyperactivity disorder. A September symposium on integrated behavioral healthcare models included 183 registrants covering evidenced-based screenings in primary care, effective interventions, and collaborative care structures.

The program has also moved forward with implementation of the project's Goal Three: including direct school-based delivery of telehealth services due to the shortage of healthcare providers and the lack of an infrastructure of primary care clinics. The program has established relationships with Rural Cass Superintendents, South Valley Superintendents, the ND Special Education Study Council, and the Dickinson School District, with outreach efforts that span the breadth of the state.

The PMHCA's fourth- quarter plans include (1) solidify agreements to begin collaborative care with Elbowoods, Coal Country Community Healthcare, and the Center for Family Healthcare; (2) complete the animated MN Trauma screening tool; (3) launch a website under creation with the UND Center for Rural Health; (4) begin statewide on-call Child Adolescent Psychiatric Consultation; and (5) continue to build

relationships and rural outreach. During November 2-6, 2020, the PMHCAP will virtually host a professional development session on service sustainability, highlighting Cara de la Cruz and Sandra Fritsch from the Pediatric Mental Health Institute, Children's Hospital Colorado.

Ms. Faul reported that the PMHCAP's budget has directed all carryover funds to dedicated programming. Year Three programming begins October 1, 2020. Current program obligations include covering personnel salaries, care coordination, therapy services by a licensed addiction counselor, child and adolescent psychiatric on-call sessions, collaborative care services, the annual symposium, and ongoing Project Echo educational sessions.

In response to BHPC member questions, Ms. Faul stated that the PMHCAP looks forward to imbedding program elements within the state's behavioral health strategic plan, going forward. Chairperson Snyder thanked Ms. Faul for her presentation.

Report on BHPC Letter to Governor Burgum Requesting Meeting: Kurt Snyder. Chairperson Snyder referred BHPC members to the July 28, 2020, [BHPC letter to Governor Burgum](#) requesting an opportunity to report on BHPC activities and to encourage support for the appropriate level of funding for the state's behavioral health efforts, including the successful implementation of the state's strategic plan and providing for Covid-related needs. Chairperson Snyder reported that the Governor's Office has not responded to this request, at this time. Members expressed concern that the lack of a meeting, to date, and the compressed fall schedule for setting state funding priorities raises an increased need for a timely meeting. Members agreed that BHPC leadership draft follow-up email communications with the Governor's Office to pursue a meeting with the Governor's staff to cover the July 28, 2020, letter, additionally including clear references to the impact of the state's public health emergency on the wellbeing of the state's citizens, specifically behavioral health needs. Members recommended that it may be helpful for BHPC leadership to contact Maria Neset, Governor Burgum's Office, to advance this letter's requests internally within the Governor's Office.

Consideration Letter from Senator Tim Mathern: Kurt Snyder. Chairperson Snyder raised consideration of a letter from Senator Tim Mathern, received within the past few days, requesting the BHPC's direct involvement on three issues: the hiring of a State Health Officer, the management of the ND Health Department COVID response, and the issue of mask wearing. Members inquired if Senator Mathern's letter was appropriately directed to the BHPC, since the mandate of the BHPC does not directly align with the letter's request of the BHPC. Members also inferred that the mandate of the BHPC may align with the letter's content, especially considering the behavioral health impacts experienced by the state's citizens from the current public health emergency. Chairperson Snyder elected to defer further discussion on any involvement of the BHPC until the next BHPC meeting, contingent on any interim resolution to the stated matters. Members acceded to Chairperson Snyder's proposal.

Behavioral Health Division Updates: Pam Sagness, DHS. Chairperson Snyder recognized Pam Sagness to provide the [Behavioral Health Division Standing Report](#) on the activities of the Behavioral Health Division. Ms. Sagness presented an overview of the Behavioral Health Division's work responding to the state's activities during the current public health emergency, recent policy and program initiatives, current ongoing Division programming, and activities surrounding the state's behavioral health strategic planning process. Refer to the [Behavioral Health Division Standing Report](#) for a complete summary of Ms. Sagness' report to the BHPC.

Legislative Initiatives for 2021 Legislative Assembly: BHPC Membership. Chairperson Snyder opened general discussion on BHPC preparations for the 2021 Legislative Assembly. Members expressed an interest to set aside an extended time at the next BHPC quarterly meeting to review current state planning, programming, and budget priorities to develop a strategy in exercising influence during the 2021 Legislative Assembly. Mr. Gallagher raised the prospects of rescheduling the next BHPC meeting, currently set for January 6, 2021, to another date in early December 2020, to optimize the BHPC's planning. Mr. Gallagher identified Wednesday, December 9, 2020, as a reasonable alternative meeting date.

TERESA LARSEN MADE AND CARLOTTA MCCLEARY SECONDED A MOTION TO RESCHEDULE THE NEXT QUARTERLY BUSINESS MEETING OF THE BEHAVIORAL HEALTH PLANNING COUNCIL TO WEDNESDAY, DECEMBER 9, 2020, WITH THE EXPRESSED PURPOSE OF PREPARING FOR THE 2021 LEGISLATIVE ASSEMBLY. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON SNYDER DECLARED THE PASSAGE OF THE MOTION.

Public Comments. Chairperson Snyder opened the floor for any public comments. No members of the public rose to provide comments. Chairperson Snyder closed the period for public comment.

Forthcoming BHPC Meetings. The next scheduled meeting of the BHPC is set for

- Wednesday, December 9, 2020, 10:00 AM – 4:00 PM, CT.

Mr. Gallagher recommended that the BHPC set its calendar of 2021 quarterly business meetings during the December 9, 2020, BHPC meeting. Chairperson Snyder moved the selection of 2021 meeting dates to the December 9, 2020, BHPC meeting agenda.

Until further notice, all BHPC meetings will be held via video conference from 10:00 AM – 4:00 PM, CT, pending the review and approval of the BHPC Executive Committee.

Closing Comments. Chairperson Snyder expressed his appreciation to the members of the BHPC for supporting the mission of the BHPC during his tenure as a member of the BHPC Executive Committee, including Chairperson. Chairperson Snyder acknowledged Vice Chairperson Stroklund as the incoming BHPC Chairperson and wished him well. Vice Chairperson Stroklund thanked Chairperson Snyder, on behalf of the membership, for his faithful leadership. Members offered various expressions of thanks and appreciation to Chairperson Snyder for his dedicated guidance as Chairperson.

Adjournment. Having completed all item of the approved agenda and hearing no further comments from the BHPC members, Chairperson Snyder entertained a motion to adjourn.

CARLOTTA MCCLEARY MADE AND PAUL STROKLUND SECONDED A MOTION TO ADJOURN. THE MOTION PASSED UNANIMOUSLY.

CHAIRPERSON SNYDER DECLARED THE MEETING ADJOURNED AT 3:47 PM, CT.

Respectfully submitted,

Greg Gallagher
Facilitator,
The Consensus Council, Inc.

APPENDIX A

AGENDA

**Behavioral Health Planning Council
October 7, 2020**

Video Conference

Behavioral Health Planning Council Meeting
Wednesday, October 7, 2020
Video Conference Meeting

Initial Draft Agenda

- 10:00 AM Welcome and Call to Order: Kurt Snyder, Chairperson
Roll Call of Council Members via Electronic Sign-in
- Approval of July 1, 2020, Meeting Minutes
Approval of October 7, 2020, Meeting Agenda
Review of BHPC Next Steps Summary: Greg Gallagher
Current Status of Behavioral Health Planning Council Membership: Tami Conrad
- 10:15 AM Announcement of Results of BHPC Vice Chair Election, Kurt Snyder
Installment of BHPC Officers Effective October 8, 2020
- Paul Stroklund, Chairperson
 - TBD, Vice-Chairperson
 - Kurt Snyder, Immediate Past Chairperson
- Recognition and Expression of Appreciation for Lorraine Davis, Outgoing Immediate Past Chairperson
- Selection Process for Executive Committee Membership, Pursuant to [BHPC Bylaws](#):
Article VI, Section 1: Executive Committee shall be made up of not more than five (5) Council members which must include the Chairperson, Vice Chairperson, Immediate Past Chairperson, a consumer or family member representing mental health services, and a consumer or family member representing substance abuse services.
- 10:30 AM Review Status of ND Behavioral Health Strategic Plan and Set Schedule of Future Activities, Bevin Croft, [Human Services Research Institute](#)
- Overview of Strategic Plan Background and Development
Lead Staff Overview of Goals and Current Activity
- 12:15 PM Lunch
- 1:00 PM Review Status of ND Behavioral Health Strategic Plan (continued)
- Q & A from Overview of Goals and Current Activity
Discussions About BHPC Role
- 2:00 PM ND [Services Person Centered Practices](#) and Human Services [Asset Map](#), Jake Reuter, Department of Human Services
- 2:30 PM Pediatric Mental Health Care Access Program, Project Update and BHPC Consultation: Kim Mertz, Department of Health; Jennifer Faul, PMHCAP Coordinator
- 2:45 PM Report on BHPC [Letter to Governor Burgum](#) Requesting Meeting, Kurt Snyder
- Consideration Letter from Senator Tim Mathern, Kurt Snyder

- 3:00 PM Behavioral Health Division Updates: Pam Sagness, Department of Human Services
- 3:15 PM Legislative Initiatives for 2021 Legislative Assembly: BHPC Membership
- 3:40 PM Setting BHPC Meeting Dates for 2021
- 3:45 PM Public Comments
- 4:00 PM Adjourn

Next Meeting: January 6, 2021, 10:00 AM – 4:00 PM, CT (Potential Rescheduling)

Members and the interested individuals can join the Council’s proceedings, via computer or phone connection at the following address or phone numbers:

Topic: ND Behavioral Health Planning Council

Time: Oct 7, 2020 10:00 AM Central Time (US and Canada)

Join Zoom Meeting

<https://us02web.zoom.us/j/83832952638>

Meeting ID: 838 3295 2638

Optional Phone Connection: 1-346-248-7799; or one tap mobile: +13462487799. Enter code: **838 3295 2638#**

Agenda Appendix
Behavioral Health Planning Council
Letter to Governor Doug Burgum

July 28, 2020

Honorable Douglas James Burgum, Governor
Office of the Governor
600 East Boulevard Avenue
Bismarck, ND 58505

Dear Governor Burgum:

In keeping with its mandate to monitor, review, and evaluate the allocation and adequacy of behavioral health services in North Dakota and to provide advice and consultation to the Governor regarding the overall administration and service delivery of mental health and substance use disorder services, the North Dakota Behavioral Health Planning Council (Council), writes to request a meeting with you to present a series of recommendations for consideration in the development of the 2021-2023 Executive Budget. The Council requests this meeting to fulfill its mandated duties, specified in both federal and state law and honored within a well-established practice of the Council to periodically report to the Governor, ensuring a coordinated and collaborative effort in discerning the provision of essential state services.

During this current biennium, the state has made commendable progress in advancing an increasingly integrated strategic response to the state's many behavioral health needs, spanning the breadth of the continuum of care policies and practices within both mental health and substance use disorder services. Due in large measure to your proactive leadership, the state has evidenced remarkable progress in defining the state's behavioral health strategic plan and implementing promising program initiatives. This progress represents the collaborative effort of many people, organizations, and agencies, both public and nonpublic. For its part, the Council has assessed the state's effort, successes, and deficiencies from the perspective of its membership's scope, including citizens with lived experience, veterans, native populations, and state and local service providers, covering mental health and substance use disorder providers, education, vocational rehabilitation, criminal justice, housing, Medicaid, and social services. The Council's depth of knowledge and experience and its independence represent a considerable asset as you move forward with your Executive Budget.

The Council is prepared to provide an honest, forthright assessment of (1) the state's steady progress in developing and implementing on-point service programming, (2) those areas of evident community need, and (3) proposals that may secure the state's ability to sustain its hard-fought gains and to tackle those areas that still require careful attention. Commendable progress has been made—in large measure to your forthright

leadership in setting a direction, a tone, and funding. The Council is prepared to provide not only its considered counsel on the state’s standing but to offer whatever assistance and support might be required to make further advancements in the state’s behavioral health service initiatives and supportive funding.

We welcome an opportunity for representatives of the Council to meet with you to discuss our findings and to extend our offer of assistance. If you have any questions regarding this request for a meeting and any communications or support work which might result, please do not hesitate to contact me directly.

On behalf of the Council, thank you for your kind consideration of our request. I look forward to hearing from you in the near future.

Respectfully,

Kurt Snyder, Chairperson
North Dakota Behavioral Health Planning Council

Council Members:

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| Nicole Amsbaugh | Healthcare Representative |
| Sarah Bachmeier | Individual in Recovery (Substance Use Disorder) |
| Brenda Bergsrud | Consumer Family Network |
| Lorraine Davis | Member-at-Large |
| Shauna Eberhardt | Family Member of a Veteran |
| Rosalie Etherington | DHS Behavioral Health Service Delivery System |
| Michelle Gayette | Aging Services Division |
| Brad Hawk | Indian Affairs Commission |
| Jennifer Henderson | Principal State Agency: Housing |
| Cheryl Hess-Anderson | Vocational Rehabilitation |
| Andrea Hochhalter | Family Member of an Individual in Recovery |
| Stacey Hunt | Private Mental Health Provider |
| Deb Jendro | Individual in Recovery (Mental Health) |
| Teresa Larsen | Protection and Advocacy Project |
| Glenn Longie | Tribal Behavior Health Representative |
| Carlotta McCleary | ND Federation of Families for Children’s Mental Health |
| Kim Osadchuk | Principal State Agency: Social Services |
| Dawn Pearson | Principal State Agency: Medicaid |
| Emma Quinn | Individual in Recovery (MH) |
| Tom Regan | Mental Health of America of ND |
| Pamela Sagness | Principal State Agency: Mental Health |

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| Mark Schaefer | Private Substance Use Disorder Treatment Provider |
| Kirby Schmidtgall | ND National Guard |
| Kurt Snyder | Individual in Recovery (Substance Use Disorder) |
| Jodi Stittsworth | Family Member of a Child with Severe Emotional |
| Disturbance | |
| Paul Stroklund | Family Member of an Adult with Serious Mental Illness |
| Timothy Wicks | Veteran |
| Carl Young | Family Member of a Child with Severe Emotional Disturbance |

APPENDIX B
Recorded Next Steps
July 1, 2020

**North Dakota
Behavioral Health Planning Council
Meeting
July 1, 2020**

Recorded Next Steps

The *Recorded Next Steps*, updated following each quarterly BHPC meeting, records a cumulative list of identified BHPC priorities, outstanding activities, and Council assignments. The *Recorded Next Steps* provides a basis for the development of all BHPC meeting agendas and informs BHPC members of issues that may require specific consideration.

General Activity Assignments:

1. **2021 Legislative Assembly Preparations.** The BHPC identified the need to review the work of the state's strategic implementation plan, interim legislative committee proposals, Executive Budget preparations, and general discussions to recommend legislation and appropriation levels for the 2021 Legislative Assembly.
2. **State Implementation Plan Considerations.** The state may need to focus attention on the following issues regarding the implementation of the state behavioral health plan:
 - Increasing awareness, identification, and service supports regarding fetal alcohol syndrome;
 - The state implementation plan may need to go through periods of reassessing the plan's balance and allow for the inclusion of more emergent needs as they are identified;
 - There exists a need to further engage the Indian communities and to bring to the forefront their expressed priorities, allowing for a responsive system;
 - The implementation plan should identify those programs requiring unique attention for increased funding, in anticipation of the 2021 Legislative Assembly;
 - Peer support activity has gain quick attention and activity, evidencing encouraging progress and benefiting from emerging national best practices;
 - The state's proposed Medicaid 1915(i) plan affords the state a great opportunity to expand service supports statewide;
 - The state faces challenges in deploying appropriate screenings for behavioral health, brain injury, trauma, and others;
 - The state's medical community still appears to not actively engage with the behavioral health community, producing siloed efforts. There exists a need to build a truly integrated health and wellness primary care model that better unifies all service providers;
 - There exists a need to include the issues of suicide and human trafficking, mindful of their many faceted issues, within the state implementation plan;
 - The state implementation plan needs a vision statement to provide a simple, clear image of what the state is seeking to achieve;
 - The state needs to step back and assess where its own system of services may be deficient or broken, inflicting further trauma on individuals.

- 3. Peer Support Certification.** The BHPC should review work on the administrative code being prepared by the Department of Human Services regarding the peer support certification process.
- 4. Integrated Behavioral Health Programs within Schools.** Various statewide stakeholders have collaborated to establish a more integrated approach to behavioral health within schools, reconciling the historical differences that have existed regarding behavioral health language, credentialing, and service protocols among agencies, illustrated by the use of Continuum of Care and Multi-Tiered System of Supports. The BHPC should consider providing guidance on this matter.
- 5. Trauma Screening and School Supports.** The Department has contracted with Dr. Nicola Herding, Sanford Research North, to conduct school-focused trauma training, including introductory information regarding trauma and its screening. The Department has contracted with Dr. Stuart Ablon to advance collaborative behavioral health problem solving within the state's schools. The BHPC should receive presentations on this work and consider its wider application.
- 6. Families First Act.** The BHPC should receive background information on the Families First Act and the impact it may have on the state.
- 7. System of Care Grant Expansion.** The BHPC may wish to consider reviewing the pilot rollout of the federal System of Care Grant, currently restricted to two locations, for possible expansion statewide in the future.
- 8. Children's Cabinet.** The BHPC may wish to establish a relational link with and testify before the Children's Cabinet regarding any identified behavioral health priorities that may require the engagement of the state's various intergovernmental structures.
- 9. Pediatric Mental Health Care Access Program.** The BHPC will continue to receive periodic reports regarding the PMHCAP and to guide the inclusion of select PMHCAP activities within the state's behavioral health strategic plan. The BHPC may wish to request a complete review of the program's overall financial structure. The BHPC should request a complete breakdown of the first-year budget and any final carryover funds. The BHPC may request a presentation by Dr. Connell to discuss the breadth of the screening and case management issues addressed in the project.
- 10. BHPC Vision Statement.** Greg Gallagher will compile and prepare a draft BHPC vision statement that would accompany the state's behavioral health system study's implementation plan. (Task completed 7/1/2020.)
- 11. Nd.gov Email Accounts for BHPC members.** Tami Conrad will investigate the prospects of the Department of Human Services assuming the costs for providing a nd.gov email account for each BHPC member to protect the member's personal accounts from possible public open records requests.

12. Vice Chairperson Election. The Executive Committee will oversee the work of a Nomination Committee to manage the election of a new BHPC Vice Chairperson prior to the October 7, 2020, BHPC meeting.

13. Overview of the State Mental Health Block Grant. The BHPC will review and guide the Department of Human Services regarding the programming and budget of the state's Block Grant, conducting an annual review prior to the submission of the Block Grant's operational plan and budget. The designated duties of the BHPC include

- To review plans provided to the Council by the state and to submit to the state any recommendations of the Council for modifications to the plans;
- To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems; and
- To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state.

14. Public Health Emergency. The BHPC has identified the need to monitor and anticipate future behavioral health programming to meet the emergent needs brought on by the current public health emergency related to the coronavirus.

15. BHPC Meeting with Governor Burgum. The BHPC recommends that representatives from the BHPC seek a meeting with Governor Burgum, prior to the Fall 2020, to report on the activities of the BHPC, the impressive gains experienced in behavioral health initiatives statewide, identified priorities, and budgetary concerns moving forward into the 2021 Legislative Assembly.

Future Agenda Items: Members proposed the following list of presentations or extended study issues to be included in the agendas for the 2020 scheduled quarterly meetings:

1. IMD Exclusion, the restriction of a facility to 16 beds or less by federal regulation. Past discussions have raised the need for the state to assess the tradeoffs of adopting this restriction or seeking a waiver of this restriction. The BHPC should receive background information on the issue and advise the state on the most responsible path forward.
2. How might institutions that serve individuals with mental illness or individuals with substance use disorder be impacted by and institutional size restrictions. Any presentations need to respect the different missions and needs of service institutions.
3. Maggie Anderson may be a good, objective resource to lead discussions on the previous statements, considering fiscal and administrative challenges.
4. Medicaid 1915(i) State Plan Amendments Update.
5. Free Through Recovery Update.
6. Block Grant and Budget Updates, last presented in December 2018, to be presented quarterly with an annual summative review, perhaps occurring during a June BHPC

meeting. The budget review should be provided to the BHPC at a time and in a spirit that invites the BHPC to provide a meaningful review and considered advice.

7. Chris Jones, Executive Director, Department of Human Services. (to be considered).
8. Cory Pedersen, Director, Children Family Services.
9. Insurance Department periodic reviews.
10. Russ Riehl, Principal, Simile Middle School, Bismarck.
11. Crisis Response. Consider Brad Brown, WCHSC, and Rosalee Etherington.
12. State Hospital versus regional service centers, following on the current interim study.
13. Suicide Prevention.
14. Developing a Peer Support association and credentialing, considering work conducted in Virginia, Mental Health Association SAMHSA grant, ND Peer Support Association created by Adam Martin.
15. Reassessing current BHPC mandated duties, reviewing the detailed contents of the Mental Health Block Grant.

APPENDIX C

Letter from Senator Tim Mathern

September 28, 2020

September 28, 2020

To: Members of the North Dakota Health Council

From: Senator Tim Mathern, 433 16th Ave S Fargo ND, tmathern@nd.gov

Thank you for your service to our citizens through your work on the Health Council. Due to the severity of the coronavirus pandemic I ask you to call a special meeting of the Council to focus on three items; the hiring of a State Health Officer, the management of the ND Health Department COVID response, and the issue of mask wearing. Due to the Covid-19 pandemic and its devastating toll on the health of citizens of the state of North Dakota, I ask that the ND Health Council do its statutory duty to protect citizens immediately.

The governor has been unable to hire and retain a state health officer. The data collection method is confusing giving an impression that the danger is less than it is. The mask issue is clouded by conflicting direction.

I note your role is squarely in this realm considering NDCC 23-01-03 particularly underlined portions as follows.

Powers and duties of the health council. The health council shall: 1. Fix, subject to the provisions of section 23-01-02, the time and place of the meetings of the council. 2. Make rules and regulations for the government of the council and its officers and meetings. 3. Establish standards, rules, and regulations which are found necessary for the maintenance of public health, including sanitation and disease control. 4. Provide for the development, establishment, and enforcement of basic standards for hospitals and related medical institutions which render medical and nursing care, and for the construction and maintenance of such institutions, such standards to cover matters pertaining to sanitation, building construction, fire protection measures, nursing procedures, and preservation of medical records. No rule may be adopted with respect to building construction of existing medical hospitals or related medical institutions unless the rule relates to safety factors or the hospital or related medical institution changes the scope of service in such a way that a different license is required from the department pursuant to rules adopted under chapter 23-16. 5. Hold hearings on all matters brought before it by applicants and licensees of medical hospitals with reference to the denial, suspension, or revocation of licenses and make appropriate determination as specified herein. The council may direct the state health officer to do or cause to be done any or all of the things which may be required in the proper performance of the various duties placed upon the state department of health.

Further 23-01-05. Health officer - Qualifications, salary, term, duties - Advisory committee. The governor shall appoint the state health officer who must have had substantive private or public administrative experience and demonstrated experience in the management of people. The state health officer is entitled to receive a salary commensurate with that person's training and experience. The governor shall set the salary of the state health officer within the limits of legislative appropriations to the department. The state health officer is entitled to receive all necessary traveling expenses incurred in the performance of official business. The state health officer may not engage in any other occupation or business that may conflict with the statutory duties of the state health officer and holds office for a term of four years beginning January 1,

1993. The state health officer is the administrative officer of the state department of health. If the governor does not appoint as state health officer a physician licensed in this state, the governor shall appoint at least three licensed physicians recommended by the state medical association to serve as an advisory committee to the state health officer. Each member of the advisory committee is entitled to receive reimbursement of expenses in performing official duties in amounts provided by law for other state officers. The term of the advisory committee coincides with the term of the state health officer. A committee member serves at the pleasure of the governor. The duties of the state health officer are as follows: 1. Enforce all rules and regulations as promulgated by the health council. 2. Hold public health unit boards of health responsible for enforcement of state rules, serve in an advisory capacity to public health unit boards of health, and provide for coordination of health activities. 3. Establish and enforce minimum standards of performance of the work of the local department of health. 4. Study health problems and plan for their solution as may be necessary. 5. Collect, tabulate, and publish vital statistics for each important political or health administrative unit of the state and for the state as a whole. 6. Promote the development of local health services and recommend the allocation of health funds to local jurisdictions subject to the approval of the health council. 7. Collect and distribute health education material. 8. Maintain a central public health laboratory and where necessary, branch laboratories for the standard function of diagnostic, sanitary and chemical examinations, and production and procurement of therapeutic and biological preparations for the prevention of disease and their distribution for public health purposes. 9. Establish a service for medical hospitals and related institutions to include licensing of such institutions according to the standards promulgated by the health council and consultation service to communities planning the construction of new hospitals and related institutions. 10. Comply with the state merit system policies of personnel administration. 11. Establish a program to provide information to the surviving family of a child whose cause of death is suspected to have been the sudden infant death syndrome. 12. Issue any orders relating to disease control measures deemed necessary to prevent the spread of communicable disease. Disease control measures may include special immunization activities and decontamination measures. Written orders issued under this section shall have the same effect as a physician's standing medical order. The state health officer may apply to the district court in a judicial district where a communicable disease is present for an injunction canceling public events or closing places of business. On application of the state health officer showing the necessity of such cancellation, the court may issue an ex parte preliminary injunction, pending a full hearing. 13. Make bacteriological examination of bodily secretions and excretions and of waters and foods. 14. Make preparations and examinations of pathological tissues submitted by the state health officer, by any county superintendent of public health, or by any physician who has been regularly licensed to practice in this state. 15. Make all required analyses and preparations, and furnish the results thereof, as expeditiously and promptly as possible. 16. Cause sanitary statistics to be collected and tabulated, and cause to be ascertained by research work such methods as will lead to the improvement of the sanitation of the various parts of the state. 17. From time to time, cause to be issued bulletins and reports setting forth the results of the sanitary and pathological work done in the laboratories embodying all useful and important information resulting from the work carried on in the laboratories during the year, the substance of such bulletins and reports to be incorporated in the annual report of the state health officer. 18. Establish by rule a schedule of reasonable fees that may be charged for laboratory analysis. No charge may be made for any analysis conducted in connection with any public health incident affecting an entire region, community, or neighborhood. 19. a. Establish a review process for instances in which the department is requested to conduct an

epidemiological assessment of a commercial building. The epidemiological assessment must include: (1) A statement of whether there are known environmental causes; (2) If there are known environmental causes identified, a recommendation of how they can be remediated or mitigated; and (3) If there are no known environmental causes identified, a statement that no known causes exist. b. Costs for remediation, mitigation, and consultant services are the responsibility of the building owner. Proof of remediation of any identified environmental concern related to the epidemiological assessment is the burden of the building owner. Please feel free to share this letter with anyone you wish to. I believe it is crucial that you take a more direct role in this matter immediately in order to prevent increasing costs to our families and economy, and most importantly to prevent pain, suffering, and death of our fellow citizens. I look forward to your actions and response.