

**ND Behavioral Health Planning Council (BHPC)
Quarterly Business Meeting
October 13, 2021**

Meeting Minutes

Council Members in Attendance: Brenda Bergsrud (Consumer Family Network), Chairperson; Emma Quinn, (Consumer), Vice Chairperson; Kurt Snyder (Consumer), Immediate Past Chairperson; Carlotta McCleary, Vice Chairperson-Elect (ND Federation of Families for Children’s Mental Health); Lorraine Davis (Consumer, Member at Large); Rosalie Etherington (DHS Behavioral Health Service Delivery System); Michelle Gayette (DHS Aging Services Division); Brad Hawk (Indian Affairs Commission); Jennifer Henderson (Principal State Agency: Housing); Andrea Hochhalter (Consumer, Family Member of an Individual in Recovery); Denise Harvey (Protection and Advocacy Project); Glenn Longie (Tribal Behavior Health Representative); Michelle Massette (Principal State Agency: DHS Social Services); Matthew McCleary (Mental Health America of ND); Dawn Pearson (Principle State Agency: DHS Medicaid); Amanda Peterson (Principle State Agency: NDDPI Education); Pamela Sagness (Principal State Agency: DHS Mental Health); Michael Salwei (Healthcare Representative); Kirby Schmidtgall (Consumer, ND National Guard); Jodi Stittsworth (Consumer, Family Member of a Child with SED); Timothy Wicks (Consumer, Veteran); Carl Young (Consumer, Family Member of a Child with SED).

Presenters and Staff: Kelli Ulberg (DHS, Behavioral Health); Bevin Croft (Human Services Research Institute); Vivian Solomon (Human Services Research Institute); Jennifer Faul (Pediatric Mental Health Care Access Program); Donene Feist (Family Voices ND); Vicki Peterson (Family Voices ND); Heather Brandt (DHS); LeCresha Graham (DHS)

Facilitator: Greg Gallagher, The Consensus Council, Inc.

Call to Order: Chairperson Brenda Bergsrud called the meeting to order at 10:05 AM, CT, via video conference. BHPC members and presenters provided self-introductions via video conference sign-in.

Quorum. With a majority of total current BHPC members reporting present, Chairperson Bergsrud declared the presence of a quorum.

Approval of Minutes. Chairperson Bergsrud called for the review of the [July 21, 2021, BHPC meeting minutes](#). Mr. Gallagher provided a summary of the minutes and supporting attachments.

GLENN LONGIE MADE AND CARLOTTA MCCLEARY SECONDED A MOTION TO APPROVE THE JULY 21, 2021, BHPC MEETING MINUTES, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON BERGSRUD ANNOUNCED THE PASSAGE OF THE MOTION AND DECLARED THE APPROVAL OF THE JULY 21, 2021, MEETING MINUTES.

Approval of Agenda. Chairperson Bergsrud called for the review of the [October 13, 2021, meeting agenda](#) prepared by the BHPC Executive Committee. Mr. Gallagher provided an overview of the agenda.

EMMA QUINN MADE AND CHARLOTTA MCCLEARY SECONDED A MOTION TO APPROVE THE OCTOBER 13, 2021, BHPC MEETING AGENDA, AS PRESENTED. THE MOTION PASSED

UNANIMOUSLY. CHAIRPERSON BERGRUD ANNOUNCED THE PASSAGE OF THE MOTION AND DECLARED THE APPROVAL OF THE OCTOBER 13, 2021, MEETING AGENDA.

Review of BHPC Next Steps Summary. Greg Gallagher placed into the record the [BHPC Next Steps Summary](#), dated July 21, 2021, reflecting BHPC actions following the July 21, 2021, BHPC meeting. The *Recorded Next Steps* provides 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. No action was required by the BHPC membership.

Current Status of Behavioral Health Planning Council Membership: Tami Conrad. Mr. Gallagher provided an update on current BHPC membership vacancies, on behalf of Tami Conrad. Mr. Gallagher reported that the dedicated vacant slots which are transitioning for renewal or which remain to be filled, are expected to be appointed soon by the Governor's Office:

- Healthcare Representative
- Family Member of a Veteran
- Principle State Agency: Social Services, pending
- Mental Health America of ND, pending
- Family Member of an Adult with SMI

The membership of state boards and commissions is [managed](#) by the Governor's Office. [BHPC membership and governance rules](#) and the [application form for BHPC membership](#) are posted for ready public access. Individuals interested in being considered for a designated Council vacancy, including individuals and agency representatives, must submit an application which will be considered by the Governor's Office, leading ultimately to an appointment by the Governor, if accepted. BHPC members are encouraged to reach out to qualified individuals and invite them to apply. Mr. Gallagher reported that Ms. Conrad and he have been working with Maria Neset from the Governor's Office and have provided suggestions regarding the application form and the designation of areas of interest, including the designation of a desired council.

BHPC Vice Chairperson Election and BHPC Officers' Succession. Greg Gallagher recognized Carlotta McCleary as the newly elected BHPC Vice Chairperson, following the election process set forth by the BHPC Bylaws and supervised by the BHPC Executive Committee. Ms. McCleary expressed her appreciation, stating that she looked forward to the work that lies ahead. Following the October 13, 2021 meeting, Brenda Bergsrud will move to the Immediate Past Chairperson position on the Executive Committee, Emma Quinn will move to the Chairperson position on the Executive Committee, Carlotta McCleary will move to the Vice Chairperson position on the Executive Committee, and Kurt Snyder, current Immediate Past Chairperson, will rotate off the Executive Committee.

The BHPC Bylaws also identify two separate slots on the BHPC Executive Committee that remain unfilled: one representative of an Individual or Family Member of an Individual in Recovery, and one representative of an Individual or Family of an Individual in Recovery – MH. The Executive Committee has agreed to defer any election of these two position until the placement of forthcoming new members, unless the appointments encounter a significant delay. Members expressed satisfaction with the proposed election plan of action.

Summary Report of ND Behavioral Health Strategic Plan and Future Activities, Bevin Croft, [Human Services Research Institute](#)

- Updates on State Plan Dashboard and Project Activities
- HSRI Assessment of Strategic Planning Progress
- Consideration of Future Plan Amendments

Chairperson Bergsrud recognized Dr. Bevin Croft, HSRI, to provide an update on the status of the [state's behavioral health strategic plan](#). Dr. Croft recognized Vivian Solomon as a technical assistant for the project. Dr. Croft presented a [summary report](#) of recent activities implementing the state's behavioral health strategic plan, including conducting ongoing system monitoring, planning, and general coordination. Dr. Croft's summary report presented several key recommendations for consideration by the BHPC.

Dr. Croft referenced the recently developed [Project Dashboard: North Dakota Plan for Behavioral Health](#), which provides a summary update on performance indicators of success within the strategic plan for each of the plan's principal aims, objectives, and activities. The Project Dashboard was released in April 2021 and will be updated as the strategic plan progresses.

Members observed that strategic plan's updates correctly identify a need to communicate with other key state advisory bodies perhaps not previously referenced, including, among others:

- State Medicaid Medical Advisory Committee.
- Olmstead Commission.
- Brain Injury Advisory Council.
- IDEA Committee.
- Interagency Council on Homelessness, recommended as an addition to the plan.
- Juvenile Justice Reform Committee, Children in Need of Services Committee, recommended as an addition to the plan.

Dr. Croft deferred further discussion on certain state plan components until following the other BHPC agenda items, especially those related to peer support, service navigation, screenings. Work on the strategic plan has reached a point where every Aim is being reassessed for completion and replacement, amendment, or redirection.

Members, referencing Dr. Croft's summary, noted and reinforced future enhancements to the state plan including

- Mobile crisis teams for youth and children, clearly defining first-contact points, referral options, and meaningful service delivery, including shelter beds.
- Assessment of uniform school services statewide, beyond the few identified pilot sites.
- Expansion of telehealth service.
- Brain injury eligibility and services.
- Targeted case management and care coordination.
- Needs assessment protocols within case management.
- System of care for children and youth and the need for a single shared vision.
- Collaboration with the Juvenile Justice Planning Group.
- Aim 10 might be replaced with another more appropriate goal.
- Establish a Tribal Nations Partnership to address access barriers.
- Replace Aim 12.2 with another goal, since Medicaid 1915(i) has been effectively implemented.
- Increase the number of schools that can participate in the school-based behavioral health programs allowed within the current pilot program.

- Increase telehealth options to receive services.
- Expanded workforce development efforts across all elements of the behavioral health system.

Mr. Gallagher thanked Dr. Croft for her presentation and announced that the afternoon session will allow for further discussion on the strategic plan.

Behavioral Health Division, Department of Human Services Updates: Pam Sagness. Chairperson Bergsrud recognized Pam Sagness, DHS Behavioral Health Division Director, to provide an update on state behavioral health activities. Ms. Sagness provided a summary of anticipated activities regarding the management of currently unobligated America Rescue Plan Act funding at the forthcoming Special Legislative Session, scheduled for early November 2021. Current discussions have examined how to expand home- and community-based services to address both mental health and substance use disorder needs. Approximately \$4 Million is being asked to service 2000 more individuals, above the 1000 individuals currently being served. Approximately \$3 Million in grants are available for certain SUD Voucher grant services. Among other activities currently moving forward or under consideration for future funding include expanded childcare, planning for the State Hospital services and plant replacement, expanded behavioral healthcare accessibility in Williston and Dickinson within the CHI system, approval for posting the position of grants writer within the DHS Behavioral Health Division, Behavioral Health Division discussions with the Department of Health's Health Equity Office in anticipation of the forthcoming merger of Departments, provision of tribal-specific behavioral health out-patient care and an assessment of state licensure requirements compatible with Medicaid regulations. Ms. Sagness deferred further comments until the broader state strategic plan discussions later in the meeting.

Mental Health and Substance Use Block Grant Management: LeCresha Graham and Kelli Ulberg, DHS Behavioral Health Division. Chairperson Bergsrud recognized LeCresha Graham and Kelli Ulberg to provide an overview of the management of the ND Mental Health and Substance Use Block Grant. Ms. Graham provided a [prepared presentation](#) of the [ND Mental Health and Substance Use Block Grant](#). Ms. Ulberg reported that the MHBG allots \$1.248 Million in biennial grants to the state, of which a 5% crisis invention set-aside funding and a 10% set-aside provided for first episode psychosis funding. The state has established Memoranda of Agreements with human service centers to provide field services, including children's health. A select amount of funding supports the administration of the ND Behavioral Health Planning Council activities. MHBG funding cannot be directed to prevention activities.

Mr. Gallagher noted that the Executive Committee has expressed an interest in delving deeper into the MHBG and SUDBG provisions to better inform the BHPC on possible approaches to longer term state planning and affording the BHPC of providing well-informed recommendations to the DHS and the Governor's Office.

Overview of Local Behavioral Health Priorities, Making Connections: Susan Kahler, Burleigh Morton Behavioral Health Coalition. Mr. Gallagher welcomed Susan Kahler, Burleigh – Morton Behavioral Health Coalition, to provide background information on current behavioral health outreach activities in Burleigh and Morton Counties. Mr. Gallagher observed that the Executive Committee had expressed an interest in learning more about regional efforts to plan and administer behavioral health programs across the state, and Ms. Kahler's presentation represents the first of these presentations.

Ms. Kahler expressed her appreciation for the invitation to present and provided a summary overview of the BMBHC's priorities and activities. The Coalition consists currently of approximately 119 members representing a wide array of agencies and organizations, largely based in Bismarck, Mandan, and Lincoln. Ms. Kahler stated that a 2017 regional assessment identified homelessness and the administration of a detox center as principal priorities for attention. The service gap analysis evidenced a need for a centralized med-detox center and the establishment of a low-barrier homeless shelter in the two-county region. The BMBHC has established three priorities: (1) prevention and treatment; (2) detoxification; and (3) emergency sheltering.

A social detox center was established under the management of the West Central Human Service Center, which has helped to relieve service demands. The Coalition has secured a state opioid response grant and a five-year Drug Free Communities grant. Documentation has shown an increased rate of overdose cases and an identified need for more Narcan kits. Custer District Health Unit, Mandan, has established a regional syringe exchange program. The Missouri Valley Coalition for Homeless People has actively participated in the Coalition with a dedicated mission of addressing homelessness and its related social service needs. The Heartview Foundation provides recovery housing and peer interviews and support for detox. The membership of the BMBHC offers a broad span of experience and its members have demonstrated a commitment to working collaboratively.

In response to member questions, Ms. Kahler observed that the state's behavioral health strategic plan offered an opportunity to further statewide education and discussion on behavioral health needs across communities. Ms. Kahler noted that there exists a clear need for a common repository of data and data sources that are needed to document community needs and to expand community educational efforts. Ms. Kahler encouraged the BHPC to expand educational outreach regarding the content and direction of the state's behavioral health strategic plan. Ms. Kahler observed that the information presented during the Mental Health and Substance Use Block Grants offered value if shared with local and regional interest groups. Ms. Kahler stated that law enforcement has actively participated in the Coalition's activities, since law enforcement staff oftentimes are first responders during crisis interventions. Law enforcement has encountered the unique challenge of responding to emergent human needs while balancing its responsibilities to enforce local and state laws.

In response to a question on the definition of behavioral health within the BMBHC, Ms. Kahler stated that the Coalition has generally defined behavioral health in terms of substance use, not in terms of mental health. Ms. Kahler observed that the Coalition has not generally addressed the wider scope of mental health issues and has focused primarily on substance use issues.

Chairperson Bergsrud, on behalf of the BHPC, thanked Ms. Kahler for her presentation.

Chairperson Bergsrud declared a recess for lunch at 12:02 PM.

Chairperson Bergsrud called the BHPC back to Regular Order at 1:03 PM.

Pediatric Mental Health Care Access Program, Jennifer Faul, PMHCAP Coordinator

- Grant Program Updates
- Service Navigation Challenges

Chairperson Bergsrud recognized Jennifer Faul, Coordinator of the Pediatric Mental Health Care Access Program, to provide the program's quarterly report to the BHPC.

Ms. Faul presented a summary of recent program activities and system enhancements referenced in the [PMCHAP Quarterly Report](#), including an assessment of program's coverage area, expanded school-based initiatives, increased statewide networking and collaboration efforts, increased ECHO training attendance and the statewide symposium, and general program enhancements across the state.

Ms. Faul enumerated that various program linkages with the state's behavioral health strategic plan that have been generated through recent discussions with individuals working on the state's behavioral health strategic plan. These linkages include attention to prevention and intervention, enhanced screening and evaluation, expanded school-based mental health and substance use treatment, streamlined community services for children and youth, and school-based telehealth options.

Ms. Faul identified certain challenges that the PMCHAP is working to address, including:

- The PMCHAP remains underutilized and is expanding its outreach efforts.
- Attendance at ECHO's and the symposium remains a priority focus, impacted during the pandemic where providers are experiencing increasing levels of burnout and demand on their time. This has been both a challenge and success.
- Access to care and accessing care that *is* available is a challenge - as is the case for the rest of the country. Providers are sometimes unwilling to staff a case with the consult line despite having knowledge of the service.
- Parents providing their children who struggle with behavioral health issues, with alcohol or marijuana to "calm them down" or to "sleep."

Ms. Faul recognized the PMCHAP's close connections with Family Voices of ND, who will be addressing the BHPC on critical screening and care coordination matters. Ms. Faul expressed appreciation for the suggestions offered by the BHPC members. In response to questioning, Ms. Faul stated that the PMCHAP anticipates approximately \$400,000 in carryover that will be directed to identified service priority areas. Mr. Gallagher thanked Ms. Faul for her presentation and invited Ms. Faul's participation in the discussions to follow.

Navigating Services for Providers and Recipients: Donene Feist, Family Voices of North Dakota; Vicki Peterson, Family Voices of North Dakota. Mr. Gallagher recognized Donene Feist, and Vicki Peterson to provide background information on navigation services for providers and service recipients, a priority challenge identified by the BHPC. Ms. Feist and Ms. Peterson provided a [prepared presentation](#) on the care coordination and navigation services provided by [Family Voices of North Dakota](#), on behalf of the PMCHAP. Both Ms. Feist and Ms. Peterson emphasized the practice of conversing with clients regarding referrals, the intake process, and general care coordination to optimize overall investment in better outcomes. Both observed certain negative factors encountered thus far that impede service outcomes, including:

- Not having enough mental health providers for children and youth across the state.
- Lacking programs and services for families who have children and youth with mental health issues. including education systems.
- Increasing high cost of services and treatment for behavioral health for children.
- Increasing family and relationship conflicts and difficulties.

- Social isolation.
- Maintaining dosages and side effects of prescription drugs as treatment.

Ms. Feist and Ms. Peterson identified systemic challenges to meeting the needs of children:

- Workforce limitations in most areas.
- Access to programs impacted by criteria that are too strict.
- Lack of integration between education and medical services.
- Lack of funding.
- Lack of awareness of mental telehealth services.
- Lack of awareness of behavioral health needs marked by a choice to ignore needs.
- Stigmatism of behavioral health persists.

BHPC members reinforced the presentation’s components, including seeking to build wraparound services within schools, attending to the protection of student’s rights to receive appropriate behavioral health-related services under IDEA within special education, attending to youth involved with the juvenile correctional system, and expanding care coordination to more services. Chairperson Bergsrud thanked Ms. Feist and Ms. Peterson for their presentation.

Best-Practice Peer Support Principles and Training: Carlotta McCleary, ND Federation of Families for Children’s Mental Health; Heather Brandt, Department of Human Services. Chairperson Bergsrud recognized Carlotta McCleary and Heather Brandt to provide a report on peer support services and certification requirements, a primary interest identified by the BHPC. Ms. McCleary and Ms. Brandt presented evidenced [foundational principles](#) of peer support services and the [certification processes](#) employed by the DHS and the ND Federation of Families for Children’s Mental Health, referencing the DHS manual, [Supervising Peer Specialists in the Behavioral Health System](#), overviewing peer support program management.

BHPC members noted that a high-quality peer support training program needs to integrate certain core elements, including (1) establishing a well-grounded system of supervision; (2) developing uniform protocols of service management; (3) adopting clear rules of ethical conduct; (4) attending to the appropriate matching of peer to the client; and (5) readily advancing accessible referrals and simplified intake. Ms. McCleary and Ms. Brandt underscored the importance of building peer support certification around core competencies and skill building based on common, lived experience. Developing job descriptions will enhance peer support delivery and clarify roles of engagement. BHPC members identified a need to consider including gender-based boundaries into the training curriculum.

BHPC members identified a need for learn more about Medicaid and private insurance coverage of peer support services, perhaps inviting Caprice Knapp, DHS Medical Services, to a future BHPC meeting.

Chairperson Bergsrud thanked Ms. McCleary and Ms. Brandt for their presentation.

State Hospital Study and Plan of Action: Rosalie Etherington

- State Hospital Priorities and Options
- IMD Exclusion Considerations
- BHPC Resolution of Support

Mr. Gallagher recognized Rosalie Etherington to provide an update on the State Hospital Study and future planning. Dr. Etherington reported that the [Interim Legislative Acute Psychiatric Treatment Committee](#) has completed two meetings and has authorized contracting with Renee Schulte Consulting to conduct a comprehensive study of the State Hospital and the various options open to the state to provide appropriate psychiatric treatment, going forward. Any final recommendations will include consideration of IMD Exclusion options.

Dr. Etherington stated that CHI has been designated to provide a ten-bed psychiatric facility in Dickinson to provide behavioral health services, with the possible expansion of a facility in Williston. This action to expand services to these locations does not preempt but may inform any eventual findings of the Schulte Study. Carlotta McCleary noted that a [podcast](#) of Dr. Etherington discussing the State Hospital studies is now available for all to learn more about the various options under consideration. Dr. Etherington speculated that any final recommendation on the State Hospital may not be forthcoming until mid-2022, awaiting final determination during the 2023 Legislative Assembly.

BHPC members discussed the IMD Exclusion and the importance for the state to adhere to securing statewide behavioral health services that highlight home- and community-based services. (The Medicaid Institutions for Mental Diseases (IMD) exclusion prohibits the use of federal Medicaid financing for care provided to most patients in mental health and substance use disorder residential treatment facilities larger than 16 beds.) Members noted that the BHPC has consistently advocated for an appropriate Continuum of Care approach to services, and recognizes HCBS as consistent to this provision of services. The State Hospital provides specialized psychiatric treatment and serves a vital role in that capacity, not incompatible with HCBS securing a balanced statewide system. Any discussion on the merits for a new State Hospital should not be over-shadowed by any discussion on the IMD. Care should be given to address each issue as a separate matter. ND has the second-smallest State Hospital in the country, evidencing the state's ability to advance HCBS while advancing improvements in a State Hospital.

BHPC members expressed an interest in issuing, within a five-month timeframe, a resolution of support for the State Hospital as an integral component of the state's behavioral health service system. Dr. Etherington has prepared and will forward for further review and discussion a resolution seeking the support of the BHPC before the Interim Acute Psychiatric Care Committee and the larger Legislative Assembly in 2023 to fully fund a new State Hospital, providing a crucial element of care within the state's continuum of care system for behavioral health.

CARLOTTA MCCLEARY MADE AND ANDREA HOCHHALTER SECONDED A MOTION INSTRUCTING THE EXECUTIVE COMMITTEE TO RECEIVE AND AMEND THE RESOLUTION OF SUPPORT FOR THE STATE HOSPITAL PREPARED BY DR. ETHERINGTON FOR BHPC REVIEW, PERHAPS BY THE NEXT BHPC MEETING, SCHEDULED FOR DECEMBER 8, 2021. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON BERGRUD ANNOUNCED THE PASSAGE OF THE MOTION AND DECLARED APPROVAL OF THE RESOLUTION.

KURT SNYDER MADE AND ROSALIE ETHERINGTON SECONDED A MOTION INSTRUCTING THE EXECUTIVE COMMITTEE TO PREPARE FOR FUTURE BHPC CONSIDERATION A REVIEW OF THE IMD EXCLUSION AND THE ADVANCEMENT AND CLARIFICATION OF PRO-COMMUNITY OR HOME- AND COMMUNITY-BASED SERVICES AT A FORTHCOMING BHPC MEETING, DETERMINED BY THE EXECUTIVE COMMITTEE. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON BERGRUD

ANNOUNCED THE PASSAGE OF THE MOTION AND DECLARED THE APPROVAL OF THE RESOLUTION.

State Behavioral Health Strategic Plan: Future Direction Discussions: Bevin Croft. Chairperson Bergsrud reintroduced Bevin Croft to facilitate discussions leading to the resolution of amendments to the state's behavioral health strategic plan. Dr. Croft observed that most strategic goals are good, relevant, and worthy of retention. Dr. Croft referenced her earlier [presentation](#) and identified several goals that may require amendments forthcoming from the BHPC.

Aim 3.1 Universal Screening. Dr. Croft observed that aside from certain screening improvements (e.g., mental health, SUD, brain injury, and trauma screening) this Aim has evidenced limited progress. The Aim is broad and difficult to manage across the state's various systems (e.g., schools, juvenile justice, healthcare, etc.), introducing the prospect of reconsidering its scope. Members recommended several options:

- Juvenile Justice reforms may allow for transferring screenings to child welfare, perhaps, applying the HealthTracks screening protocol.
- Effort should be made in finding alternatives to juvenile detentions, allowing for more controlled screenings that are standardized.
- Within critical care access hospitals, screening protocols need clarification.
- Certain CMS-driven screening protocols may need to be reassessed since parties or observing that they are not working well, requiring a better tool to meet care requirements.
- Effort is required to integrate and enhance behavioral health screenings within standard medical care protocols.
- Effort should be made to include youth in assessing the appropriateness of youth-based screenings, gaining insights on the use of computer-based screening tools (e.g., Columbia Diagnostic Screening; quick-scan assessments to initiate conversations).
- Expand school-based screening efforts across more districts, beyond pilot sites.
- Develop screening apps for use in school settings, conducive to student preferences.
- Integrate screening across other goals and agency lines, using appropriate screening options, and exercising caution in adopting universal screenings administrative rules under current settings.

Members provided other recommendations impacting the strategic plan's priorities:

- Enhance a Children's System of Care, inclusive of school-based delivery and interagency wrap-around services, providing a HCBS approach to services that is evidence-based.
- Attend to defining and developing workforce development solutions that increase the number of staff and attend to the professional development needs of staff.
- Enhance peer support services, as presented earlier in the session.
- Advance funding of peer support services in areas not currently offering peer support.
- Optimize the use of Medicaid Rehabilitative Services funding to meet treatment needs.
- Access those organizations that currently provide outreach support (e.g., Family Support Services, Mental Health America, Federation of Families, Family Voices of ND) to gain further insights across the various Aims.
- Place multiple-attempt suicide cases as a priority identification factor in providing emergency services.

Dr. Croft thanked BHPC members for their contributions.

Public Comments. Mr. Gallagher, on behalf of Chairperson Bergsrud, opened the floor for any public comments. No members of the public came forth to provide comments. Mr. Gallagher closed the period for public comment.

Review of BHPC Next Steps Summary. Greg Gallagher revisited the [BHPC Next Steps Summary](#). The BHPC Executive Committee will use the Next Steps Summary to build future meeting agendas.

BHPC Meeting Dates for 2021. Mr. Gallagher reported that the next meeting of the BHPC has been tentatively scheduled for Wednesday, December 8, 2021, pending final facilities arrangements. A notification will be sent when arrangements are completed.

Adjournment. Having completed all agenda items and hearing no further comments from BHPC members, Chairperson Bergsrud declared the meeting adjourned at 3:58 PM, CT.

Respectfully submitted,

Greg Gallagher
Facilitator,
The Consensus Council, Inc.