

**ND Behavioral Health Planning Council (BHPC)**  
**Quarterly Business Meeting**  
**December 14, 2022**  
**Meeting Minutes**

**Council Members in Attendance:** Emma Quinn, (Consumer- Individ. in recovery MH), Carlotta McCleary, (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); Matthew McCleary (Mental Health America of ND); Mandy Dendy (Principal State Agency: Medicaid); Amanda Peterson (Principal State Agency: NDDPI Education); Timothy Wicks (Consumer, Veteran); Carl Young (Consumer, Family Member of a Child with SED); Deb Jendro (Consumer, Individ. in Recovery MH); Michelle Gayette (DHHS Aging Services); Jennifer Henderson (Principal State Agency: Housing); Paul Stroklund (Consumer, Family Member of an Adult with SMI); Brenda Bergsrud (Consumer Family Network); Pamela Sagness (Principal State Agency: DHHS Mental Health); Lisa Peterson (Consumer, Family Member of a Veteran); Mark Schaefer (Private Substance Use Disorder Treatment Provider); Lorraine Davis (Consumer- member at large); Cheryl Hess Anderson (DHHS, Vocational Rehabilitation)..

**Council Members Absent:** Michael Salwei (Healthcare Representative); Michelle Masset (Principal State Agency: DHHS Social Services); Rosalie Etherington (DHS Behavioral Health Delivery System); Glenn Longie (Tribal Behavioral Health Representative); Amy Veith (Principal State Agency/Criminal Justice); Sarah Bachmeier (Consumer- has provided resignation from BHPC); Stacey Hunt ( Private Mental Health Provider – has provided resignation from BHPC); Jodi Stittsworth (Consumer- Family member of child with SED– has provided resignation from BHPC); Christina Bond (ND National Guard); Kurt Snyder (Consumer- Individ. in Recovery).

**Staff:** Tami Conrad (DHS, Behavioral Health); Kelli Ulberg (DHS, Behavioral Health); Bevin Croft (Human Services Research Institute)

**Facilitator:** Janell Regimbal of Insight to Solutions on behalf of The Consensus Council, Inc.

**Call to Order:** Chairperson McCleary called the meeting to order at 10:02 AM CT, via video conference.

**Quorum.** Initial roll call indicated a **quorum was not initially present**. Due to a lack of majority of members present, items needing approval were delayed until a quorum was declared.

**Membership Update: Tami Conrad of DHS**

Two new members have been appointed to the BHPC since the October meeting. Mandy Dendy is now representing Medicaid and Christina Bond, the North Dakota National Guard. Open positions include an individual in recovery SUD, a family member of a child with SED and a private mental health provider. Some applicants have been received but they have not met criteria. Members were urged to encourage others to apply via [Boards \(nd.gov\)](https://boards.nd.gov) website. Applicants must clearly indicate the role (BHPC) and their experiences that qualifies them.

**Election Results Update – Executive Committee opening:** Janell Regimbal reported an electronic ballot was not needed following the October meeting as Andrea Hochhalter was our only nominee for the open position CHAIRPERSON MCCLEARY DECLARED THE POSITION ON THE EXECUTIVE COMMITTEE FILLED BY ANDREA HOCHHALTER BY ACCLAMATION and thanked Andrea for her willingness to serve in this additional capacity.

**Farm & Ranch Stress Behavioral Health Approach (PPT slides provided)-Becky Kopp-Dunham, LCSW, Co-Owner & Therapist/Farm to Farm, a part of Together Counseling Group.**

Ms. Kopp-Dunham shared about stress and mental health needs of the farm/ranch population. She is a native of North Dakota and now lives on a farm in Minnesota with her husband. She provides both in person and telehealth services in North Dakota and Minnesota. She shared about some of the unique cultural aspects of this population and how farmers and ranchers are their own greatest asset but often don't treat themselves as such when it comes to taking care of their wellbeing. There are several barriers to seeking services. The seasonal nature of the work, proximity to providers and providers who understand what farming and ranching entails impacts their availability to be served. It is common for them to have very high deductible insurance plans that are more catastrophic coverage versus wellness, proactive care approach. Farming is one of the top 10 most stressful occupations. Because of the nature of it, the whole family is impacted. The Farm-to-Farm program has grant funds to assist with copays and deductibles, but funds are soon running out. 70% of their work is done via telehealth. They have done more than 700 sessions in less than two years. Over the three years of the grant \$70,000 in therapy fees coverage has been provided. Internet and cell service can still be a barrier for some. Other states like Idaho and Colorado express similar difficulties. To help address the stigma that can come with reaching out for help, a bootstraps brochure was created for rural community events where farmers and ranchers gather. There are many collaborative partners who have come together to promote the program including Farm Rescue, NDSU Extension, ND Livestock Alliance, Farm Service Agency, ND Bankers' Association, Rural Electric Cooperatives and ND Living Magazine. The bootstrap brochure and more information about the program can be accessed here:

[ABOUT | Farm to Farm \(farmtofarmnd.com\)](https://farmtofarmnd.com)

Tami Conrad shared she attends a Farm and Ranch Rural Stress meeting. She will be reaching out to Dr. Sean Brotherson of NDSU who sits on that group to offer possible collaborative funding opportunities when they next meet on January 3.

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

Ms. Croft provided strategic plan updates, including sharing new goals added to the plan, what they hope to accomplish in the next few months, provided a demo of the SharePoint members have access to, shared progress attained through the end of September and revisited the liaison role with the group. Overall, more than 75% of the goals listed are in progress or on time, indicating the state's strategic plan is proceeding nicely. Aim 5 is one of the areas that is not progressing as well. As a result, a quarterly meeting was established with the Behavioral Health division managers to enable greater awareness of the direct line staff members work related to this aim. The state's newly awarded systems of care grant will provide another opportunity to move forward Aim 5.

New goals added include: incorporating brain injury screening and referral protocols into justice settings and community based behavioral health services; strategies to establish a 988 behavioral health crisis service line; enhancing capacity of community providers to provide telebehavioral health services through education and awareness; convene behavioral health leaders in new American/foreign-born/immigrant communities to understand and identify community-specific strengths, needs, and priorities and identify opportunities to partner with HHS; through consultation between the Behavioral Health Division and the Health Equity Unit, identify populations currently underserved by behavioral health program and initiatives, and identify strategies for promoting health equity for those underserved populations; create the groundwork to align state and local data systems to support system goals of quality, equity, transparency, cross-system collaboration and coordination; review epidemiological data collection and analysis

processes and revise to ensure they reflect best practice in identifying and tracking disparities and promoting health equity; invest in infrastructure and establish parameters for a Behavioral Health Division data collection, management, and analysis process.

Upcoming work shared and discussed with members included the need to rewrite Aim 5 goals to reflect upcoming System of Care grant work; expand on existing supportive housing goal; further expand on existing school-based behavioral health services goal; create new Aim 7 (workforce) goals to align with WICHE recommendations; and to revisit seclusion and restraint reduction.

Ms. Croft asked what pressing needs the council members were seeing for screenings. It was expressed that it is difficult to know just what screenings are being done. It would be helpful to identify this as well as barriers to screening. As per Kelli Ulberg, the Systems of Care grant will involve some sort of screening needs identification. EPSDT and FASD screenings were all mentioned as well as what types of screenings CHINS kids may get.

Members were reminded of their access to the SharePoint site to see specifics of the plan. Barriers to access were shared due to log in processes. Ebony Flint of HSRI can provide access if members email her. Regimbal reminded members of the short orientation video that outlines the SharePoint site. Email her for the link and password.

It has been a challenge to keep liaisons engaged. It seems to work best when we find those who are already engaged with a particular goal or issue so it is more of a natural fit and members can be looped in with regularly occurring meetings. Share your ideas with Ms. Croft.

### **BHPC Intersecting Work with the Children’s Cabinet with former Senator Joan Heckaman, outgoing Chairperson**

The Cabinet came about by Senate Bill 2313 in the 2019 session. They have twelve members and are written into Century Code. The tribal representative position is currently open. Interested parties may apply online. The new Chair of the Cabinet will be Representative Michelle Strinden. The group has been meeting monthly, but the new Chair will need to reassess the schedule going forward. Here is the link to their page <https://www.hhs.nd.gov/cfs/childrens-cabinet>.

Three areas set as priorities this past summer include:

1. Mental/Behavioral Health Services:  
Immediate Solutions - attract workforce to ND by breaking down barriers and fast-tracking reciprocity licensure; integrate behavioral health services in schools, keep kids out of courts, and mental health services for kids; strengthen the family unit and add more systems to help support the family; gating system- i.e. how to get kids to access to services they need; support beneficial early childhood experiences; peer support for families/parents; working, incentivizing, and providing technical services to help schools provide mental/behavioral health services to their students.
2. Over Representation of Native American Children in the Welfare System:  
Immediate Solutions: create a Native American Children’s Cabinet; an Indian Child Welfare Act (ICWA) Court; ICWA specific legal representation for child welfare cases pre and post removal; CFSTC/NATI collaboration specific to child welfare training.
3. Workforce – loan forgiveness, transportation services, paid internships - High Need Services – emergency assessment shelters; more solutions by addressing Code/Policy.

The Cabinet is very interested in having a more structured approach to its mission and vision. The Aspen Institute provided a presentation based on their document *Strong and Sustainable Children’s Cabinets: A Discussion Guide for State Leaders* which is providing ideas they may follow. There will be a bill presented by the Human Services Committee since the Cabinet cannot present bills itself, that will address the legislative make up of the group. Former Senator Heckaman was thanked for her leadership and her past work as a state legislator.

**Aim 7 Workforce Update (PPT slides provided) Heather Brandt, Manager Behavioral Health Community Supports/DHHS**

On behalf of the Aim 7 workgroup, Ms. Brandt provided updates of what has come out of the discovery process from the behavioral health workforce summit. The Summit was convened September 25-26 and attended by 60 people. Various stakeholder interviews also occurred over the summer and early fall that represented every component of the continuum of care. As a part of the Summit, past and current behavioral health workforce efforts were reviewed along with efforts from other states along with ND data. Six priority categories were developed from an original group of 20, each with goals, objectives, and action steps. Ultimately 4 recommendations came from this process:

1. Fully fund and resource a ‘backbone’ organization to lead behavioral health workforce initiatives in North Dakota.
2. Design and field ‘pipeline’ and workforce costs needs assessment/gaps analyses.
3. Enhance existing recruitment programs and create new ones.
4. Collect, review, and report on behavioral health workforce-related licensure regulations, policies, and procedures.

A public input session was held on December 1 on the behavioral health workforce strategic plan. These recommendations will get incorporated into Aim 7 of the state behavioral health plan goals,

**At the conclusion of the morning session, a quorum was declared, allowing for action items carried over from earlier in the morning to be addressed.**

**Approval of Minutes.** EMMA QUINN MADE AND PAUL STROKLUND SECONDED A MOTION TO APPROVE THE OCTOBER 19, 2022, BHPC MEETING MINUTES AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

**Approval of Agenda.** Regimbal informed members of a slight modification to the agenda due to a previously scheduled presentation no longer being available. as originally planned. Chairperson McCleary called for the approval of the amended agenda as presented. DENISE HARVEY MADE AND ANDREA HOCHHALTER SECONDED A MOTION TO APPROVE THE DECEMBER 14, 2022, AMENDED AGENDA. THE MOTION PASSED UNANIMOUSLY.

**Slate of 2023 BHPC Meeting Dates** were presented by facilitator Regimbal for approval. DEB JENDRO MADE AND MATT MCCLEARY SECONDED A MOTION TO APPROVE THE SLATE OF DATES TO INCLUDE MAY 17, JULY 19, OCTOBER 18 (ANNUAL MEETING) AND DECEMBER 13. All meetings will be held at the ND Bismarck Job Service location and available by videoconference. Tami Conrad will send outlook calendar invites with Teams links to members.

**Chairperson McCleary recessed the Council at 12:10 PM for a lunch break and reconvened at 1:00 PM.**

**Youth Support Services Overview (PPT slides provided), Brittany Fode/Licensing & Level of Care Administrator/Children and Family Services, DHHS**

Ms. Fode provided information about certified shelters, respite, shelter care and kinship care. Certified shelters were implemented as part of the 2021 legislative session. Shelter care providers must meet the safety and service standards and can then be reimbursed for service. The intent of this service is to be used as a front-end tool to address immediate placement needs while services and supports are put in place for families. Placement is allowed for up to 7 days with an additional 7 days possible if the department provides approval. In situations where a human service center is contacted regarding a child in a behavioral crisis, they will assess that child either face to face

or via telehealth. If they are not acutely suicidal or homicidal, they could make a recommendation to the child's parent/guardian that the child is placed at a certified shelter program. HSC staff follow up with the child, family, and staff within 24 hours of placement and assess the situation every 24 hours throughout the placement. They also provide for discharge planning.

To be eligible for reimbursement from CFS, the recommendation to place must come from the HSC or mobile crisis team member. They do not need to be a client of the HSC. There are currently four programs: Sunrise Youth Bureau in Dickinson, Northwest Youth Assessment Center in Williston, Youthworks in Minot and are also currently working with Grand Forks County to certify their agency. Youthworks in Bismarck has given notice that they are planning to close their certified shelter in Bismarck on December 18. HHS offered \$1.5 million in grant funding for start up funding to agencies who were interested in becoming certified. If provided grant funds the shelter would have to remain operational at least one year post grant. HSC are billed at a rate of \$396/day. The first certified site opened July 1. \$19,000 has been expended so far on thirteen youth. Placements have ranged from two to seven days. Providers are in process of submitting fiscal costs so that rates can be readjusted.

Shelter Care family settings are licensed foster care providers or licensed childcare providers. When the new safety framework was implemented this level of care was reimagined. This is used as a diversion and early intervention for children who have an open CPS assessment or where present danger exists. This care is limited to seven days. This level of care has been used as a support at increasing levels across the state. Parents must agree to this safety plan. It does not require a temporary custody order. CPS staff remain the primary contact for the family during this stay. When this began to be offered in April DHHS was expending about \$400-500/month for this care. Now it is ranging from \$1600-4200/month.

Respite care is another level of care provided. It is a preplanned arrangement available to parent or caregiver for temporary relief care for a child that has special needs requiring time limited supervision and support to maintain stability in their primary placement. Children under the age of 18 involved with human service zones, child protection services, case management (in home/foster care), Division of Juvenile Services (DJS), foster care placement, tribal social services, foster care (IV-E) clients, post-adoption or post-guardianship, department subsidy recipient only human service center (HSC) and HSC clients dually involved with a human service zone, Tribe or DJS. Overnight stays of no greater than 4 calendar days per respite care episode are allowed. Non-overnight stays of no greater than 12 hours per week per respite care episode are also allowed. There are no limits on the number of requests an eligible child may receive.

Kinship ND is a support to caregivers that began in March of 2021. To receive support the caregiver must be a North Dakota resident, have full-time care of a child who is not their own, and have a preexisting relationship with the child. They can assist caregivers who have a private arrangement, power of attorney, guardianship, tribal custody, or are doing relative foster care. The caregiver cannot be a licensed foster provider. Christina Pond is the kinship navigator for Kinship ND. More than 400 caregivers caring for 834 children have been served with \$360,000 of reimbursement to help with children's needs. Grandparents and great grandparents comprise the largest group who are accessing assistance while caring for children. These kinship services are funded through the Federal Children's Bureau as a part of the Family First Prevention Services Act. More information can be found at <https://kinshipnd.com>

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

Ms. Haugen shared as of today, there are 139 individual enrolled providers who are affiliated with an agency. Each provider is typically enrolled to provide more than one service. There has been a large influx of individual providers coming on board in the last few weeks that are pending in process. There are currently 236 individuals enrolled to receive 1915(i) services. Of those enrolled,

119 are under age 18 and 217 are age 18 or older. With regards to the WHODAS score, six fell under the score of 50 and 18 were above 50. She expressed it was really a good move to lower the score to 25 to enable more to be served. Additional data has now been added to track client utilization of services. It is important to note there is always a lag in the data available due to billing claims. In response to questions about providers, it was shared that some dropped out due to not having referrals in the past whereas now some clients are waiting for service provider availability. The department has a navigator that stays in touch with those waiting for service to connect them to a provider when available. In response to questions related to ineligibility, it was noted the data shared on the website is a cumulative number. The current ineligibility rate is almost zero as the numbers have not grown for the last few months. Ms. Haugen is constantly talking to community partners and any agencies that may be able to be referral partners. Human Service Zones (not human service centers) are where the WHODAS is completed for service eligibility. The human service centers use the WHODAS but only with their already existing clients. It was recommended that the open access process at the HSCs would be a great mechanism for program access and could be a way for people to get access to services while they are waiting for therapy service access that often has waitlists. For those wanting more information about how open access at the human service centers works, here is the link to one example. While times of the week may vary, the concept is the same. [Services: West Central: Human Service Center: Department of Human Services: State of North Dakota \(nd.gov\)](#)

Members were asked to share information with Ms. Haugen about outreach contacts she can make to help get the word out about services. The most up to date data related to providers and clients served can be found here [1915\(I\) Enrollment and Service Delivery Report.pdf](#)

**Pediatric Mental Health Care Access Program (PPT slides provided) Jenn Faul, Program Director/Sanford Health, and Lyndsi Engstrom, Program Director/ND Full-Service Community Schools Consortium**

Ms. Faul provided an update on the grant's goals. Since our last meeting she has looked more closely at the tele behavioral health provider survey data gathered by the UND School of Medicine and Health Sciences commissioned by DHS, to see where the grant could better place its services and making sure they are working towards consulting with the rural areas where there are gaps. Their goal is not necessarily to do the care but to offer a consult and provide recommendations back to the primary care provider. They have continued to do their educational offerings (ECHO) including this past quarter on depression and grief, trauma, autism, and pediatric LGBTQ. They are formulating 2023 ECHO offering plans. Past offerings are available on a YouTube channel going back to 2019. Viewership is very high on some. The end of the fourth fiscal year of the grant is now complete. Year five planning goes through September of 2023 with hopes to reapply for the grant for 2023-28. Groups like the BHPC act as advisory groups to the grant. Please provide feedback at any time. Many of the goals related to school-based delivery of telehealth services have been changed due to the work of the BHD of DHHS and DPI post pandemic. This has included a partnership with the ND Full-Service Community Schools Consortium. Lyndsi Engstrom was invited to provide an overview of the consortium and how it fits with the pediatric mental health care access grant. The consortium partners with local leaders to coordinate comprehensive support in areas from wellness to work force readiness to academic enrichment to help students, families and communities thrive. They are an intermediary between state agency, local districts and all 7 Regional Education Associations. This came about from the US Department of Education through a federal grant in 2018. The first four years were about developing infrastructure and partnerships to be able to do the work and learn from one another. They are now in year five, innovating and adding additional community schools. They have shifted from urban schools to add small and rural and have also shifted from exclusively elementary to-K-12 settings. They have



found having someone with dedicated time for this endeavor within the school is important and to not just have it added to the portfolio of the counselor or an administrator. Site coordinators fill the comprehensive needs of the students and families. There is also a need for a site-specific implementation team, and an intentional CQI process. There are eight identified pipelines of support where remedial and enrichment services are targeted. When asked what it takes to become a school site, funding for the coordinator is critical as it is not a part of the federal funding. They are working on how to make aspects of the coordinator role reimbursable from funding streams to increase sustainability. Ms. Engstrom noted to be able to scale this project to statewide, repositioning the location of services and assuring they are coordinated, reassessing current resources, and increasing collaborative efforts to ensure resources are meeting needs would be needed.

#### **IMD 1115 Waiver Discussion and Recommendations for consideration**

Chairperson McCleary reviewed activities to become better informed as a Council on this issue. A December 7 learning session was held virtually, open to all members and the public. The one-hour session was recorded. The slide deck and link to listen to the recording were emailed following the session. <https://vimeo.com/manage/videos/779071708>

Karen Kimsey and Tom Betlach from Speire Healthcare were panelists. They shared what it takes to move forward with a waiver. A waiver would allow Medicaid payments for institutions that have beds higher than 16. The Executive Committee plans to host an additional learning session featuring panelists from the National Disability Rights Network and the National Law Program before concluding whether the BHPC should consider taking a stand on this issue. Members discussed their thoughts stemming from attending the session. This included the impact a waiver may have on the further development of additional community based services, whether a waiver may make more sense for SUD versus SMI services, where the SUD voucher enters in to this discussion, assessing where ND is currently at with the standard Medicaid population accessing mental health services versus the expansion population; learning more about how the various types of waivers may enter into the equation, the implications of the amount of time and money the application process would take for ND to pursue versus if we took that money and made edits to our already existing programs, learning more about the budget neutrality requirement and assuring we have thought this through from all angles. The additional learning session will be opened to the entire BHPC and public. Watch for an email for notice for an early January session.

#### **Behavioral Health Division Update - Pam Sagness/DHHS, Behavioral Health Division**

Kelli Ulberg, Manager, Children's Behavioral Health Program and Policy provided an update on the Systems of Care grant recently awarded to the state 9/30/2022. There will be information on the DHHS website related to the grant's activities. North Dakota was one of six states awarded a \$3 million grant/year for four years from SAMHSA. The focus will be on enhancing mental health outcomes for children and youth birth to 21 through a comprehensive set of community based behavioral health services and supports for children with SED and their families. The West Central Human Service and Lake Region Human Service Center regions will be the two areas of focus, which encompasses 10 counties and tribal areas. They are currently entering into a contract with an evaluator and are going to be conducting needs assessments of those areas along with assembling local steering committees. They are in process of interviewing for a clinical administrator position who will serve as project director, and then also a lead family administrator position, with hopes of having both hired by the end of the month. There will be a lot of learning opportunities from other states and webinars and consultation calls available. The BHPC will receive regular updates.

Ms. Sagness provided information related to the upcoming state budget process, highlighting information from the executive budget and the DHHS budget process. <https://www.omb.nd.gov/sites/www/files/documents/financial-transparency/state-budgets/2023-25-executive-budget-summary-for-web.pdf>; <https://www.omb.nd.gov/sites/www/files/documents/financial-transparency/state-budgets/2023-25-governors-executive-budget-powerpoint.pdf> [2023-25 Executive Budget Highlights \(nd.gov\)](#)

She reported the Senate now has a workforce development committee which may be where behavioral health related workforce bills are heard. The Senate also now has a human resources division committee of appropriations chaired by Senator Dever. Although the department of human services and health are now united, their budgets have been put forth as two separate budget bills. The health department related budget will start on the House side and the human services department on the Senate side. The median age of the legislature is 63 while our population median age is 35, as a result they will continue to hold up current needs and what is relevant for the families we work with and how to support them.

Ms. Sagness did not yet have the details of the finalized executive budget due to timing of our meeting but shared information about how the base budget was put together and overall information. Once the detailed lists related to decision packages are available, she will provide them to our council. They will also be available on the DHHS website. Council members noted how important that specificity is to be able to advocate for needed services. Some items noted from the budget include:

- Provider increases were recommended at 4% and 3%.
- Employee increases at 6% and 4%.
- Decision packages (previously referred to as OARs) were submitted as bundled packages based on the people served. The information they have back presently are total numbers as OMB is still working on what was and was not funded within those packages.
- The bundles include crisis support services, home/community-based services; child health, safety, and wellbeing; pregnancy and parenting programs; workforce; childcare assistance and early childhood; basic needs; vulnerable adults; behavioral health for criminal justice system involved; public health and wellbeing; domestic violence prevention and treatment; data modernization and IT systems; public health emergency response, human service zones, etc.
- With regards to the State Hospital, the budget reflects funds needed for more detailed plans versus the building project itself. Although most agree a new hospital is needed, the budget requests slow things down a bit to continue with planning rather than building.
- Pre-filed bills related to policy have been submitted. That information will also be provided to the council by email.

### **External Connecting Points & BHPC Work Group Reports**

The following updates were provided:

**Autism Task Force (Denise Harvey)**-nothing new to report since last meeting.

**Brain Injury Advisory Council (Denise Harvey)**- This group has discussed how the DHS Mental Health Directory will assist in finding providers with experience working with individuals with brain injury; how 988 is not just for those who are suicidal but also as a resource for those with mental health needs. They also discussed the contract with Mental Health America to have peer organizations assist individuals with SMI with areas such as advocacy.

**Children's Cabinet (Denise Harvey)**- See former Senator Heckaman's report.

**Medicaid Advisory Committee (Emma Quinn)** no report available.



**Olmstead Commission (Carlotta McCleary)**- Efforts are being made to get more advisory councils in place and to expand to have people with disabilities help advise the Commission. They have discussed the over-representation of individuals with autism at the Life Skills and Transition Center. 100% of those at LSTC have behavioral health conditions. Letting those individuals on the care teams of LSTC know they have access to 988 and the mobile crisis teams would be important. Dan Gulya, attorney with Protection and Advocacy Project for the Olmstead Commission has given his resignation. Protection and Advocacy along with the co-chairs will be doing the hiring for that position.

**Interagency Council on Homelessness (Jennifer Henderson)**-The council has not met recently but the continuum of care coordinator is working on an annual report to the Governor and the Council. NDHFA does an assessment. The report has been released and can be found here [Publications – ND Housing \(ndhfa.org\)](https://www.ndhfa.org/publications)

The point in time count is coming up in January. Reach out to Jennifer if you want to help with this effort or want more information about the homeless coalition. \$25 million was proposed for the Housing Incentive Fund in the Governor’s budget. Within the HIF there is a 10% set aside that is relatively flexible for homelessness activities. An allocation plan is drafted and out for public comment right now with a public input hearing on January 5, information is available here at. [ND Housing \(ndhfa.org\)](https://www.ndhfa.org)

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

**Peer Support Navigation Work Group (Emma Quinn)**- This subcommittee has not met but it was reported that there is now a peer support association established. They recently met with DHHS representatives about how to best collaborate and coordinate. A provider of peer support services recently held a meeting with legislators. It included a wonderful video about the successes of peer support from those who have received the services. It was great to hear directly from consumers about the success of these services.

**Seclusion & Restraint Work Group (Carlotta McCleary)** – nothing to report.

**Executive Committee (Carlotta McCleary)** A planning meeting related to the December BHPC meeting was held as well as to plan the educational offering related to IMD waiver. Chair McCleary requested information as to whether the Executive Committee is empowered to make recommendations on behalf of the BHPC during the legislative session and what process is to be followed. Regimbal will research past documents for clarity as to protocol established and provide information back to the full BHPC.

**Public Comments.** Chairperson McCleary called for any public comments. Carl Young provided a brief update to the group that the FASD Respect Act is going to be rolled up into the Omnibus Bill and there is a good chance it could be passed by December 23.

**Next Meeting- May 17, 2023, 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 McCleary declared the meeting adjourned at 4 PM CT.

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