

ND Behavioral Health Planning Council (BHPC)
Quarterly Business Meeting
May 17, 2023
Meeting Minutes

Council Members in Attendance: Emma Quinn (Consumer- Indiv. 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); Deb Jendro (Consumer, Indiv. in Recovery MH); Jennifer Henderson (Principal State Agency: Housing); Brenda Bergsrud (Consumer Family Network); Pamela Sagness (Principal State Agency: DHHS Mental Health); Mark Schaefer (Private Substance Use Disorder Treatment Provider); Lorraine Davis (Consumer- member at large); Cheryl Hess Anderson (DHHS, Vocational Rehabilitation); Michelle Masset (Principal State Agency: DHHS Social Services); Dan Cramer (DHS Behavioral Health Delivery System) Amy Veith (Principal State Agency/Criminal Justice); Christina Bond (ND National Guard); Kurt Snyder (Consumer- Indiv. in Recovery); Melanie Gaebe, (Consumer, Indiv. in Recovery SUD).

Council Members Absent: Lisa Peterson (Consumer, Family Member of a Veteran); Paul Stroklund (Consumer, Family Member of an Adult with SMI); Michelle Gayette (DHHS Aging Services); Carl Young (Consumer, Family Member of a Child with SED); Michael Salwei (Healthcare Representative); Glenn Longie (Tribal Behavioral Health Representative); 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).

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 10:01 AM CT, via videoconference and with members present at the ND Job Service office in Bismarck. Members present introduced themselves as Melanie Gaebe and Dan Cramer were welcomed as new members.

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

Approval of Minutes. ANDREA HOCHHALTER MADE AND PAM SAGNESS SECONDED A MOTION TO APPROVE THE DECEMBER 14, 2022, BHPC MEETING MINUTES AS PRESENTED. THE MOTION PASSED UNANIMOUSLY. ANDREA HOCHHALTER MADE AND MARK SCHAEFER SECONDED A MOTION TO APPROVE THE JANUARY 10, 2023, SPECIAL MEETING MINUTES. THE MOTION PASSED UNANIMOUSLY. LORRAINE DAVIS MADE AND EMMA QUINN SECONDED A MOTION TO APPROVE THE APRIL 28, 2023, LEGISLATIVE COMMITTEE MEETING MINUTES. THE MOTION PASSED UNANIMOUSLY FROM COMMITTEE MEMBERS.

Approval of Agenda. Chairperson McCleary called for the approval of the agenda as presented. TIMOTHY WICKS MADE AND MELANIE GAEBE SECONDED A MOTION TO APPROVE THE MAY 17 AGENDA. THE MOTION PASSED UNANIMOUSLY.

BHPC Updates:

Tami Conrad reported on open positions for a private mental health provider and family member of a child with SED. There have been applicants for the provider position with an appointment expected soon. Janell Regimbal indicated she has recently reviewed the BHPC Bylaws, looking for any needed updates, specifically assuring information related to electronic voting, virtual meetings and any updates related to language references due to DHS and DoH integration. It may also be prudent to establish information related to a standing legislative committee. Guidance has been sought through the Governor's office and it was also mentioned to assure we are congruent with SAMHSA recommendations for councils. We hope to provide information related to bylaws at the July meeting.

The SAMHSA virtual site visit occurred February 15-17, 2022, with a final report being issued to NDDHHS on December 28, 2022. Ms. Conrad emailed the report to BHPC members in early January with a request for any questions or comments. None were received. The report was once again provided with the meeting packet and Ms. Conrad reviewed the contents of the report with the Committee, with Pam Sagness and Tami Conrad responding to questions from members. EMMA QUINN MADE AND MARK SCHAEFER SECONDED A MOTION TO ACCEPT THE REPORT. THE MOTION PASSED UNANIMOUSLY.

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, sharing the April 2023 snapshot update of the dashboard indicating the progress of all 13 aims. Many of the goals are shown as on time and in progress. Members were reminded of their access to the SharePoint site providing details of every goal, objective, and action step with timeline tracking. New goals were drafted with the launching of the System of Care Grant around Aim 5. Ms. Croft reviewed the liaison list for every Aim, indicating we now have liaisons for every Aim. She indicated the findings of the SAMSHA report are in alignment with what we already know from the assessment, but she will further review it to make sure the recommendations are reflected in the plan.

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

Ms. Haugen shared data as of May 1 related to 1915i services, explaining that individual enrollments dipped as those getting services through the HSZ went through reorganization since our last meeting, resulting in a back log of getting people re-enrolled. Individual provider applications in pending status are much higher than typical as well as for group applications. In response to questions received it was shared that several HSZs pulled back their enrollments as they were not ready to implement services and would be required to report even when not delivering services. Their intention is to reenroll when they are clearer about structure and changes going forward. Ms. Haugen will be back in touch with them. WHODAS scoring related to children is being reviewed to ascertain if the scores need to be lowered or if an alternative assessment for children should be used. Struggles with the reimbursement of transportation across the state were shared and the need to bring on additional providers of that component of service was urged. The importance of realizing that all services provided must relate back to an identified need attached to a goal to be reimbursed. When asked about the type of agencies providing care coordination, the sky is the limit if they meet qualifications. There are churches, United Ways and others getting ready to enroll. Providers now cover a good portion of the state.

[1915\(I\) Enrollment and Service Delivery Report.pdf](#)

2023 Legislative Session Recap of BHPC Educational Efforts

Ms. Regimbal briefly highlighted the *Summary of 2023 Activities* document provided. A panel discussion of Legislative Committee members Carlotta McCleary, Andrea Hochhalter, Emma Quinn, and Lorraine Davis was held with those members present sharing their observations related to efforts and outcomes, identifying what issues may warrant further educational efforts, recommended next steps for the BHPC between now and the next assembly and responding to questions from the group. Chair McCleary indicated the legislative groups were pleased to hear from the BHPC due to the nature of it being a broad-based group, particularly regarding the IMD Exclusion Waiver. She thanked Paul Stroklund for his work behind the scenes. Besides showing opposition to the IMD Exclusion Waiver, the committee shared being in favor of MH Courts, were supportive of the DHHS budget bill and 988 funding support. Members expressed their appreciation for the expertise and time committed to the weekly meetings, pulling together testimony and showing leadership which reflected positively on the BHPC. It was expressed by the group that being able to assemble a group on a weekly basis was a challenge, especially in being able to function as a quorum was not always assembled; as well as assuring minutes were taken. They expressed the need for an adequate budget for support of additional meeting times and drafting position statements. When considering what future issues will need to be addressed, it was noted the state hospital, IMD Waiver, Indian Child Welfare Act and juvenile delinquency prevention related issues will all intersect with the BHPC. The importance of using the HSRI framework as a lens in which to view and talk about the BHPC positions was important. Even though it was a relatively “good” budget outcome from the session, it will be important to take a closer look at funding in the department so we can do a better job of advocating. Workforce issues will continue to be an issue needing advocacy. The need to educate legislators will be ongoing and now especially so with term limits in place.

Chairperson McCleary recessed the Council at 11:50 PM for a lunch break and reconvened at 1:00 PM.

System of Care Grant and Update (PPT slides provided) Katie Houle/Clinical Administrator and Megin Mitchell/Lead Family Administrator, System of Care, DHHS

Kelli Ulberg, Manager of Children’s Behavioral Health Program and Policy introduced her two new team members, Ms. Houle, and Ms. Mitchell, both who are full-time permanent staff members of the behavioral health division. They provided an overview of the system of care framework and specifics about the grant. North Dakota is one of six states awarded \$3 million per year for four years from SAMSHA. The grant’s focus is to build a strong comprehensive set of community-based services for youth with serious emotional disturbances, including those from birth to age 21 and their families. There is a big focus on family engagement. As a staff they have been building awareness, educating people about approach, and identifying points of collaboration. Region 7 and Region 3 are the geographic areas targeted along with the tribal nations within those regions. Developing infrastructure that can support the system of care approach (governance policies and funding structures along with cross system partnerships that will support a strong system of care is the focus along with what to do to fill critical gaps in community-based services that are evidenced based, and trauma informed. Intensive care coordination and taking a public health approach and being mindful of health equity is important. Youth and families with lived experiences will be critical to inform policy, identify barriers and service needs. They are working closely with the Health Equity Tribal Liaisons from the DHHS. Local steering committees have been established and convened in each of the geographic areas. A needs assessment has been completed. Seventy plus meetings and presentations have occurred across the child serving continuum. Council members pointed out the importance of being able to offer stipends and

childcare to those with lived experience who are attending meetings and to involve law enforcement in these conversations that are taking place. It was shared that stipends are available through the SOC grant but not anything in place yet for childcare. So far only Bismarck law enforcement has been involved but they will engage others. The School Resource Officer Association and Juvenile Justice Commission were offered as important places of intersectionality.

Pediatric Mental Health Care Access Program (PPT slides provided & pdf handout) 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, sharing service statistics related to the goals. The current grant year will end September 30, 2023. (See ppt slides & handout for specifics statistics.) Over the course of this grant much effort has been placed into screening tools. The <https://ndscreening.com> has evidenced based screening tools built into this site, broken down by age group and for individuals and caregivers. The modules have videos and tools. Everything is now included. The person taking the screening uses an iPad to complete the tool. The provider can look at the provider portfolio and see the responses. It will give a green, yellow, or red-light scoring – green indicating good to go, yellow – monitoring needed and red – a referral needed. They are excited to pilot this before dispersing to a larger segment of clinics to see what the data tells them. The next ECHO session will be on childhood obesity. They were invited to be a part of Northland Clinics to attend their annual sports screening with any literature related to mental health. They will be completing the purchase and disbursement of the Reaching Teens Curriculum [Reaching Teens: Strength-Based, Trauma-Sensitive, Resilience-Building Communication Strategies Root - AAP](#) which is an American Academy of Pediatrics endorsed work. It is available for adults who work with kids, to assist them in having the conversations that need to take place with youth. It includes over 400 videos with toolkits. There are a number of training events in the works as well.

Ms. Engstrom provided preliminary information to the BHPC in December about the work of the Full-Service Community Schools Consortium. [NDFSCS – ND Full-Service Community Schools Consortium](#). She shared additional schools have now been added besides the six posted on their website. Joining Ellendale, Jefferson Elementary Fargo), Washington Elementary (Minot), Solen Cannonball, Wilton and Northern Cass are Heart River Elementary (Dickinson), Prairie Rose Elementary (Dickinson), Sunnyside Elementary (Minot), Underwood and Griggs County Central. They have been busy having preliminary meetings to help schools think about gaps they have within the behavioral health continuum of support within each school and discussing gap fillers and bridges of support. They have now moved onto the next level of conversation with those schools which is related to decision making and advancing implementation of either training or services in advance of next school year and learning about the no cost extension recently announced which will help build the best plans. School personnel have really been taking a comprehensive approach, seeing that treatment and intensive services are necessary, as well as universal supports. The consortium is supporting their schools exploring 1915i as a funding source. Ms. Engstrom's employer, one of the seven regional education associations has initiated their provider application and has offered their staff the opportunity to be observers of the care coordinator training. A council member pointed out the importance of assuring all the screenings used are up to date with the newest and approved and coded correctly and referred out to "medically necessary" services. Ms. Faul indicated they follow Bright Futures and all evidence based behavioral pieces are included. It was shared that the new

notice of funding opportunity has come out for the next five years. As a new merged entity, the HHS department has decided Kelli Ulberg and her team will be the lead on the grant. They will be sure to report to this group what the next grant proposal will look like.

Data Driven Decision Making: An Overview of the Health and Wellbeing in North Dakota, 2022: A Social Determinants of Health Perspective, NDSU Center for Social Research (PPT slides provided) Nancy Hodur, PhD/Director and Karen Olson, Lead Researcher

Ms. Olson was invited to share results from the study conducted on behalf of the Blue Cross Blue Shield Caring Foundation. After laying the groundwork for the framework of social determinants of health and their importance in understanding health as the idea that the conditions in which we live, learn, work, and play all impact our health not simply pharmaceuticals and being in a doctor's office. Health begins in our relationships and is complex. To better understand these conditions that people in North Dakota are living in, the approach of the study was to look at specific measures within each of the five determinants. They also explored the demographics to better understand the state's population. See the slides provided for details of findings shared. Ms. Olson reminded the group that we would each have our own takeaways from the data and should not that all the social determinants and behaviors are relevant factors to overall health. They are interdependent. North Dakota has many strengths. The state's population is growing and becoming more diverse. The economy of the state is strong overall with the state having resources. Housing costs are low relative to the rest of the nation and most people have enough to eat. Many are engaged in their community. They have internet access and access to healthcare and exercise opportunities. Despite these strengths the prospect of a vibrant, healthy future is a challenge for many in our state. Some populations face far greater disparities in health than others. It is important to consider how culture systems, historical practices, and how they have impacted our current situations. One quarter of all people in our state live in or near poverty. How do we improve self-sufficiency and how do we ensure safety nets? Quality early education is a foundation for future success in school and workforce, yet North Dakota ranks last in the rate of enrollment. ND children are more likely to live with someone experiencing mental illness, with someone abusing substances and to have a family member in a jail or prison and more likely to witness domestic violence than the national average. Life expectancy is down. Mental health concerns are on the rise. Alcohol, drug overdose and suicide are the leading factors in premature death in our state. Knowing and understanding this data helps us to manage our shared resources more efficiently when making decisions. The full report can be found here [BCBSCF2023_FinalReport.pdf \(ndsu.edu\)](#)

The Council members expressed interest in a continued focus on bringing in other sources of data like this regularly to assist in what they should be paying attention to. This includes review of the DHHS Data Book, department of corrections, juvenile justice, and DPI data.

Substance Prevention and Treatment Block Grant (SAPTBG) Update (PPT slides provided)- Lacresha Graham/Manager, Addiction & Recovery Program and Policy, DHHS

Ms. Graham provided updates related to name change of the grant from SUD Block Grant to Substance Use Prevention, Treatment & Recovery Services Block Grant (SUPTRS BG), contract updates, maintenance of efforts spending updates, upcoming FFY 2024 application process and reporting. The contract with the Corporation for Supportive Housing was recently extended for two years. Additional training and technical assistance have been contracted to assist providers on integrating peer support services in their settings (both in treatment and community settings). The requirement for the state's maintenance of efforts related to women's services is based on the amount spend in FFY 1994. Due to two women's residential programs for pregnant and

parenting women ended in 2019, the state was short in this area. The funds for MOE in this area can be either state or federal. RFPs went out but with no responses. The department went into the legislative session with an additional funding request to assist in securing a location including being able to cover construction costs. A one-time allocation of \$1M was approved and an additional \$600K for continued program support to that program. For MOE related to state funds we cannot spend less than the average of the two previous years. We did not meet the requirement and therefore needed to request a waiver, identifying why this occurred and how plans are moving forward. The work with SUD vouchers contributed to this decrease and ND Medicaid began covering methadone maintenance. In the 67th legislative session approval of a position to work specifically on Medicaid eligibility was added. Last year an additional 115 individuals signed up. As of April 1, this year, 194 individuals have been assisted in attaining eligibility. All the services these individuals are getting would have been in the past needing to come from SUD vouchers and now are redirected to Medicaid. There are now fewer high-cost residential services available in the state, also resulting in less spending. Additionally, a couple of outpatient programs also closed. We are still in compliance with making improvements such as Free Through Recovery, Community Connect, increased peer support training and certification and the Medicaid 1915i plan amendment. She is awaiting word on the waiver submitted. The next block grant application is due September 1, 2023. There have been several changes to the application with three additional sections (health equity, harm reduction and crisis services. The block grant is combined with the mental health priorities, including prevention/early intervention, community-based services, person centered practice and increase access to targeted services. Consideration for adding a work force related priority as well as supporting the full continuum of care may be considered. Ms. Graham plans to bring a near final draft of the application to the July BHPC meeting to receive feedback via a work session during the meeting to enable being able to incorporate any recommendations from the council into the application.

Behavioral Health Division DHHS Report (PPT slides provided)-Pam Sagness/Executive Director, Behavioral Health Division

Ms. Sagness provided a very thorough review of legislative outcomes as it relates to policy bills, legislative study recommendations and HHS budget. Please see the provided PPT slides for all information including a link to find specifics beyond the slide content. She thanked the Legislative Committee of this group for their work and expressed how behavioral health continues to be a top priority not only for Governor Burgum, but also for the executive and judicial branches.

External Connecting Points & BHPC Work Group Reports

The following updates were provided:

Autism Task Force (Denise Harvey)- this group will be dissolved as of August 1 related to legislative action due to the formation of the Cross-Disability Task Force.

Brain Injury Advisory Council (Denise Harvey)- nothing new to report related to this group either but Denise did recommend that it would be helpful to have someone from each of these represented specialized population groups (autism and brain injury) join us to talk about behavioral health needs and gaps in services. Even though the Autism Task Force will sunset, there is a private advocacy group around autism, the ND Autism Spectrum Disorder Advocacy Coalition (NDASDAC) who could be invited to share.

Children's Cabinet (Denise Harvey)- Carlotta McCleary has been asked to speak with them about behavioral health needs.

Medicaid Advisory Committee (Emma Quinn) Peer Support has been added to the Medicaid Expansion plans.

Olmstead Commission (Carlotta McCleary)- Janet Johnson has been hired as the new coordinator. They recently provided a summary of findings back to the NDASDAC related to concerns that group raised about individuals with autism ending up at the LSTC and the over-representation of those with autism in that level of care, with the concern being if there really are adequate community-based resources for those with autism. Olmstead's findings concurred that there is an over representation in this level of care due to a lack of community-based resources particularly those with complex needs especially dual diagnosis with autism spectrum disorder and DD with behavioral health issues. It was noted data provided by LSTC indicates medical complexity has little to do with those admissions as a majority are categorized as having a mild disability but is due to behavioral issues such as harm to self, harm to others, elopement, etc. Further evaluation was recommended by the Commission. It was also noted they are looking into transportation issues.

Interagency Council on Homelessness (Jennifer Henderson)- Jennifer reported by email there is nothing new to report but now that the legislative session is over, they will check with the Governor's office to see where he would like the group to address. She indicated the NDHFA's budget bill includes 13.5M for the Housing Incentive Fund and 2.5M for the ND Homeless Grant and Emergency Solutions Grant.

Interagency Coordinating Committee (Kelli Ulberg)- no report available.

Peer Support Navigation Work Group (Emma Quinn/Andrea Hochhalter)- The Peer Support Association have almost completed their bylaws. They have started holding quarterly lunch and learns. They meet with the state every 60 days to ensure they are working together and collaborating. The state is putting on training on integrating peer supports.

Executive Committee (Carlotta McCleary) Planning meetings were held January 4 to review the past protocols related to legislative committee work; March 30 to plan this meeting, and on April 27th to review and recap legislative committee actions to share with this full group.

Public Comments. Chairperson McCleary called for any public comments. None were provided.

Next Meeting- July 19, 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 3:50 PM CT.

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