North Dakota

UNIFORM APPLICATION
FY 2024/2025 Combined MHBGSUPTRS BG ApplicationBehavioral Health Assessment and Plan

SUBSTANCE ABUSE PREVENTION AND TREATMENT
and
COMMUNITY MENTAL HEALTH SERVICES
BLOCK GRANT

OMB - Approved 06/15/2023 - Expires 06/30/2026
(generated on 08/11/2026 9.36.27 AM)

Center for Substance Abuse Prevention
Division of Primary Prevention

Center for Substance Abuse Treatment
Division of State and Community Systems (DSCS)

and

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year	2025
End Year	2026

State SUPTRS BG Unique Entity Identification

Unique Entity ID	GSKXYGKGX6A4

I. State Agency to be the SUPTRS BG Grantee for the Block Grant

Agency Name	North Dakota Department of Health & Human Services
Organizational Unit	Behavioral Health Division
Mailing Address	600 E Boulevard Ave
City	Bismarck
Zip Code	58505

II. Contact Person for the SUPTRS BG Grantee of the Block Grant

First Name	Pamela
Last Name	Sagness
Agency Name	North Dakota Department of Health & Human Services - Behavioral Health Division
Mailing Address	600 E Boulevard Ave
City	Bismarck
Zip Code	58505
Telephone	701-328-8824
Fax	701-328-8969
Email Address	psagness@nd.gov

State CMHS Unique Entity Identification

Unique Entity ID	GSKXYGKGX6A4

I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name	North Dakota Department of Health & Human Services
Organizational Unit	Behavioral Health Division
Mailing Address	600 E Boulevard Ave
City	Bismarck
Zip Code	58505

II. Contact Person for the CMHS Grantee of the Block Grant

First Name	Pamela
Last Name	Sagness
Agency Name	ND Dept. of Health & Human Services - Behavioral Health Division
Mailing Address	600 E Boulevard Ave
City	Bismarck
Zip Code	58505
Telephone	701-328-8824
Fax	701-328-8969
Email Address	psagness@nd.gov

III. Third Party Administrator of Mental Health Services

Do you have a third party administrator? Yes No

First Name

Last Name

Agency Name

Mailing Address

City

Zip Code

Telephone

Fax

Email Address

IV. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

V. Date Submitted

Submission Date	8/30/2024 3:47:04 PM
Revision Date	2/10/2025 4:16:53 PM

VI. Contact Person Responsible for Application Submission

First Name	Laura
Last Name	Anderson
Telephone	701-328-8918
Fax	
Email Address	lauranderson@nd.gov

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

BSCA funding plan 2025

September 30th, 2024, to September 29th, 2026

Crisis 5%:
North Dakota will utilize BSCA supplemental funds to expand behavioral health crisis services through evidence-based training, and a primary focus on enhancing services for youth with SMI/SED. The State will collaborate with agencies to provide crisis response trainings with a youth-focus to providers identified in the statewide plan. Funding will also be utilized to enhance existing workforce and additional infrastructure associated with our system of care initiatives to focus on someone to talk to, someone to respond, and a safe place to be.

FEP 10%:
The 10% set-aside supporting interventions for individuals with mental illness, particularly youth with SMI/SED, will continue to support expansion of North Dakota's First Episode Psychosis teams. Funding will be used for on-going evidence-based training and consultation for service providers working with young adults and youth with SMI/SED, including attendance at a national conference and expanding upon workforce.

Crisis 5%		
6,293	Training for HSC crisis staff on youth-specific interventions	
FEP 10%		
12,586.00	FEP staff training and consultation	
Remaining 106,981	Workforce and infrastructure enhancements for youth crisis services, including a focus on accessibility to and special needs of youth with SMI/SED.	
Total		125,860.00

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SUPTRS]

Fiscal Year 2025

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Substance Abuse Prevention and Treatment Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
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ASSURANCES - NON-CONSTRUCTION PROGRAMS

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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions

to State (Clear Air) Implementation Plans under Section 176(c) of the Clean Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**
   b. Collecting a certification statement similar to paragraph (a)
   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: _____

Name of Chief Executive Officer (CEO) or Designee: Pamela Sagness

Signature of CEO or Designee[1]: _____

Title: Executive Director, Behavioral Health Division

Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

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2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
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13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
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18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**
   b. Collecting a certification statement similar to paragraph (a)
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2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work place in accordance with 2 CFR Part 182 by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-construction Programs and other Certifications summarized above.

State: North Dakota

Name of Chief Executive Officer (CEO) or Designee: Pamela Sagness

Signature of CEO or Designee[1]: 

Title: Executive Director, Behavioral Health Division

Date Signed: 8/30/2024

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State of
North Dakota
Office of the Governor

Doug Burgum
Governor

April 13, 2017

Ms. Virginia Simmons
Supervisory Grant Management Specialist
Office of Financial Resources, Divisions of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20850

Dear Ms. Simmons:

As Governor of North Dakota, I hereby designate Pamela Sagness to make all assurances required by the Public Health Services Act for the Community Mental Health Services Block Grant, the Substance Abuse Prevention and Treatment Block Grant, and the Projects for Assistance in Transition from the Homelessness Grant.

The designation shall remain in effect as long as I am the Governor of North Dakota and Ms. Sagness is the Director of the Behavioral Health Division of the North Dakota Department of Human Services.

All correspondence regarding the above-mentioned grants should continue to be sent to Ms. Sagness at the Department's Behavioral Health Division, 1237 West Divide Avenue, Suite 1C, Bismarck, ND 58501-1208.

Sincerely.

Doug Burgum
Governor

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2025

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1911	Formula Grants to States	**42 USC § 300x**
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	**42 USC § 300x-1**
Section 1913	Certain Agreements	**42 USC § 300x-2**
Section 1914	State Mental Health Planning Council	**42 USC § 300x-3**
Section 1915	Additional Provisions	**42 USC § 300x-4**
Section 1916	Restrictions on Use of Payments	**42 USC § 300x-5**
Section 1917	Application for Grant	**42 USC § 300x-6**
Section 1920	Early Serious Mental Illness	**42 USC § 300x-9**
Section 1920	Crisis Services	**42 USC § 300x-9**
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1941	Opportunity for Public Comment on State Plans	**42 USC § 300x-51**
Section 1942	Requirement of Reports and Audits by States	**42 USC § 300x-52**
Section 1943	Additional Requirements	**42 USC § 300x-53**
Section 1946	Prohibition Regarding Receipt of Funds	**42 USC § 300x-56**
Section 1947	Nondiscrimination	**42 USC § 300x-57**

Section 1953	Continuation of Certain Programs	**42 USC § 300x-63**
Section 1955	Services Provided by Nongovernmental Organizations	**42 USC § 300x-65**
Section 1956	Services for Individuals with Co-Occurring Disorders	**42 USC § 300x-66**

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
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   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
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c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
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   1. Abide by the terms of the statement; and
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Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING $100,000 in total costs.

The undersigned (authorized official signing for the applicant organization) certifies, to the best of his or her knowledge and belief, that

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federally appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions. (If needed, Standard Form-LLL, "Disclosure of Lobbying Activities," its instructions, and continuation sheet are included at the end of this application form.)
3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

4. Certification Regarding Program Fraud Civil Remedies Act (PFCRA) (31 U.S.C § 3801- 3812)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Public Health Service terms and conditions of award if a grant is awarded as a result of this application.

5. Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, daycare, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to $1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing the certification, the undersigned certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The applicant organization agrees that it will require that the language of this certification be included in any subawards which contain provisions for children's services and that all subrecipients shall certify accordingly.

The Public Health Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the PHS mission to protect and advance the physical and mental health of the American people.

HHS Assurances of Compliance (HHS 690)

ASSURANCE OF COMPLIANCE WITH TITLE VI OF THE CIVIL RIGHTS ACT OF 1964, SECTION 504 OF THE REHABILITATION ACT OF 1973, TITLE IX OF THE EDUCATION AMENDMENTS OF 1972, THE AGE DISCRIMINATION ACT OF 1975, AND SECTION 1557 OF THE AFFORDABLE CARE ACT

The Applicant provides this assurance in consideration of and for the purpose of obtaining Federal grants, loans, contracts, property, discounts or other Federal financial assistance from the U.S. Department of Health and Human Services.

THE APPLICANT HEREBY AGREES THAT IT WILL COMPLY WITH:

1. Title VI of the Civil Rights Act of 1964 (Pub. L. 88-352), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 80), to the end that, in accordance with Title VI of that Act and the Regulation, no person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
2. Section 504 of the Rehabilitation Act of 1973 (Pub. L. 93-112), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 84), to the end that, in accordance with Section 504 of that Act and the Regulation, no otherwise qualified individual with a disability in the United States shall, solely by reason of her or his disability, be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
3. Title IX of the Education Amendments of 1972 (Pub. L. 92-318), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 86), to the end that, in accordance with Title IX and the Regulation, no person in the United States shall, on the basis of sex, be excluded from participation in, be denied the benefits of, or be otherwise subjected to discrimination under any education program or activity for which the Applicant receives Federal financial assistance from the Department.
4. The Age Discrimination Act of 1975 (Pub. L. 94-135), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 C.F.R. Part 91), to the end that, in accordance with the Act and the Regulation, no person in the United States shall, on the basis of age, be denied the benefits of, be excluded from participation in, or be subjected to discrimination under any program or activity for which the Applicant receives Federal financial assistance from the Department.
5. Section 1557 of the Affordable Care Act (Pub. L. 111-148), as amended, and all requirements imposed by or pursuant to the Regulation of the Department of Health and Human Services (45 CFR Part 92), to the end that, in accordance with Section 1557 and the Regulation, no person in the United States shall, on the ground of race, color, national origin, sex, age, or disability be excluded from participation in, be denied the benefits of, or be subjected to discrimination under any health program or activity for which the Applicant receives Federal financial assistance from the Department.

The Applicant agrees that compliance with this assurance constitutes a condition of continued receipt of Federal financial assistance, and that it is binding upon the Applicant, its successors, transferees and assignees for the period during which such assistance is provided. If any real property or structure thereon is provided or improved with the aid of Federal financial assistance extended to the Applicant by the Department, this assurance shall obligate the Applicant, or in the case of any transfer of such property, any transferee, for the period during which the real property or structure is used for a purpose for which the Federal financial assistance is extended or for another purpose involving the provision of similar services or benefits. If any personal property is so provided, this assurance shall obligate the Applicant for the period during which it retains ownership or possession of the property. The Applicant further recognizes and agrees that the United States shall have the right to seek judicial enforcement of this assurance.

The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Pamela Sagness

Signature of CEO or Designee[1]: _____

Title: Executive Director, Behavioral Health Division

Date Signed: _____

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

State of
North Dakota
Office of the Governor

Doug Burgum
Governor

April 13, 2017

Ms. Virginia Simmons
Supervisory Grant Management Specialist
Office of Financial Resources, Divisions of Grants Management
Substance Abuse and Mental Health Services Administration
1 Choke Cherry Road, Room 7-1109
Rockville, MD 20850

Dear Ms. Simmons:

As Governor of North Dakota, I hereby designate Pamela Sagness to make all assurances required by the Public Health Services Act for the Community Mental Health Services Block Grant, the Substance Abuse Prevention and Treatment Block Grant, and the Projects for Assistance in Transition from the Homelessness Grant.

The designation shall remain in effect as long as I am the Governor of North Dakota and Ms. Sagness is the Director of the Behavioral Health Division of the North Dakota Department of Human Services.

All correspondence regarding the above-mentioned grants should continue to be sent to Ms. Sagness at the Department's Behavioral Health Division, 1237 West Divide Avenue, Suite 1C, Bismarck, ND 58501-1208.

Sincerely.

Doug Burgum
Governor

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2025

U.S. Department of Health and Human Services
Substance Abuse and Mental Health Services Administrations
Funding Agreements
as required by
Community Mental Health Services Block Grant Program
as authorized by
Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
and
Tile 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1911	Formula Grants to States	**42 USC § 300x**
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	**42 USC § 300x-1**
Section 1913	Certain Agreements	**42 USC § 300x-2**
Section 1914	State Mental Health Planning Council	**42 USC § 300x-3**
Section 1915	Additional Provisions	**42 USC § 300x-4**
Section 1916	Restrictions on Use of Payments	**42 USC § 300x-5**
Section 1917	Application for Grant	**42 USC § 300x-6**
Section 1920	Early Serious Mental Illness	**42 USC § 300x-9**
Section 1920	Crisis Services	**42 USC § 300x-9**
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section	**Title**	**Chapter**
Section 1941	Opportunity for Public Comment on State Plans	**42 USC § 300x-51**
Section 1942	Requirement of Reports and Audits by States	**42 USC § 300x-52**
Section 1943	Additional Requirements	**42 USC § 300x-53**
Section 1946	Prohibition Regarding Receipt of Funds	**42 USC § 300x-56**
Section 1947	Nondiscrimination	**42 USC § 300x-57**

Section 1953	Continuation of Certain Programs	**42 USC § 300x-63**
Section 1955	Services Provided by Nongovernmental Organizations	**42 USC § 300x-65**
Section 1956	Services for Individuals with Co-Occurring Disorders	**42 USC § 300x-66**

ASSURANCES - NON-CONSTRUCTION PROGRAMS

Certain of these assurances may not be applicable to your project or program. If you have questions, please contact the awarding agency. Further, certain Federal awarding agencies may require applicants to certify to additional assurances. If such is the case, you will be notified.

As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the 19 statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685-1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non-discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply, as applicable, with provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327-333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is $10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Costal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to

State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g) protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
17. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act Amendments of 1996 and OMB Circular No. A-133, "Audits of States, Local Governments, and Non-Profit Organizations."
18. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.
19. Will comply with the requirements of Section 106(g) of the Trafficking Victims Protection Act (TVPA) of 2000, as amended (22 U.S.C. 7104) which prohibits grant award recipients or a sub-recipient from (1) Engaging in severe forms of trafficking in persons during the period of time that the award is in effect (2) Procuring a commercial sex act during the period of time that the award is in effect or (3) Using forced labor in the performance of the award or subawards under the award.

LIST of CERTIFICATIONS

1. Certification Regarding Debarment and Suspension

The undersigned (authorized official signing for the applicant organization) certifies to the best of his or her knowledge and belief, that the applicant, defined as the primary participant in accordance with 2 CFR part 180, and its principals:

a. Agrees to comply with 2 CFR Part 180, Subpart C by administering each lower tier subaward or contract that exceeds $25,000 as a "covered transaction" and verify each lower tier participant of a "covered transaction" under the award is not presently debarred or otherwise disqualified from participation in this federally assisted project by:
   a. Checking the Exclusion Extract located on the System for Award Management (SAM) at **http://sam.gov [sam.gov]**
   b. Collecting a certification statement similar to paragraph (a)
   c. Inserting a clause or condition in the covered transaction with the lower tier contract

2. Certification Regarding Drug-Free Workplace Requirements

The undersigned (authorized official signing for the applicant organization) certifies that the applicant will, or will continue to, provide a drug-free work-place in accordance with 2 CFR Part 182by:

a. Publishing a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the grantee's work-place and specifying the actions that will be taken against employees for violation of such prohibition;
b. Establishing an ongoing drug-free awareness program to inform employees about--
   1. The dangers of drug abuse in the workplace;
   2. The grantee's policy of maintaining a drug-free workplace;
   3. Any available drug counseling, rehabilitation, and employee assistance programs; and
   4. The penalties that may be imposed upon employees for drug abuse violations occurring in the workplace;
c. Making it a requirement that each employee to be engaged in the performance of the grant be given a copy of the statement required by paragraph (a) above;
d. Notifying the employee in the statement required by paragraph (a), above, that, as a condition of employment under the grant, the employee will--
   1. Abide by the terms of the statement; and
   2. Notify the employer in writing of his or her conviction for a violation of a criminal drug statute occurring in the workplace no later than five calendar days after such conviction;
e. Notifying the agency in writing within ten calendar days after receiving notice under paragraph (d)(2) from an employee or otherwise receiving actual notice of such conviction. Employers of convicted employees must provide notice, including position title, to every grant officer or other designee on whose grant activity the convicted employee was working, unless the Federal agency has designated a central point for the receipt of such notices. Notice shall include the identification number(s) of each affected grant;
f. Taking one of the following actions, within 30 calendar days of receiving notice under paragraph (d) (2), with respect to any employee who is so convicted?
   1. Taking appropriate personnel action against such an employee, up to and including termination, consistent with the requirements of the Rehabilitation Act of 1973, as amended; or
   2. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purposes by a Federal, State, or local health, law enforcement, or other appropriate agency;
g. Making a good faith effort to continue to maintain a drug-free workplace through implementation of paragraphs (a), (b), (c), (d), (e), and (f).

3. Certifications Regarding Lobbying

Per 45 CFR §75.215, Recipients are subject to the restrictions on lobbying as set forth in 45 CFR part 93. Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions,"

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The grantee, as the awardee organization, is legally and financially responsible for all aspects of this award including funds provided to sub-recipients in accordance with 45 CFR §§ 75.351-75.352, Subrecipient monitoring and management.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Pamela Sagness

Signature of CEO or Designee[1]: 

Title: Executive Director, Behavioral Health Division

Date Signed: 8/30/2024

mm/dd/yyyy

[1]If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Please upload your state's Bipartisan Safer Communities Act (BSCA) – 3rd allotment proposal to here in addition to other documents. You may also upload it in the attachments section of this application.

Based on the guidance issued on October 11th, 2022, please submit a proposal that includes a narrative describing how the funds will be used to help individuals with SMI/SED, along with a budget for the total amount of the third allotment. The proposal should also explain any new projects planned with the third allotment and describe ongoing projects that will continue with the third allotment. The performance period for the third allotment is from September 30th, 2024, to September 29th, 2026, and the proposal should be titled "BSCA Funding Plan 2025". The proposed plans are due to SAMHSA by September 1, 2024.

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Footnotes:

BSCA funding plan 2025

September 30th, 2024, to September 29th, 2026

Crisis 5%:
North Dakota will utilize BSCA supplemental funds to expand behavioral health crisis services through evidence-based training, and a primary focus on enhancing services for youth. The State will collaborate with agencies to provide crisis response trainings with a youth-focus to providers identified in the statewide plan. Funding will also be utilized to enhance existing workforce and additional infrastructure associated with our system of care initiatives to focus on someone to talk to, someone to respond, and a safe place to be.

FEP 10%:
The 10% set-aside supporting interventions for individuals with mental illness will continue to support expansion of North Dakota's First Episode Psychosis teams. Funding will be used for on-going evidence-based training and consultation for service providers, including attendance at a national conference and expanding upon workforce.

Crisis 5%		
6,293	Training for HSC crisis staff on youth-specific interventions	
FEP 10%		
12,586.00	FEP staff training and consultation	
Remaining 106,981	Workforce and infrastructure enhancements for youth crisis services	
Total		125,860.00

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

Standard Form LLL (click here)

Name

Title

Organization

Signature: Date:

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Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Table 2 addresses funds to be expended during the 12-month period covering SFY 2025 (for most states, July 1, 2024 through June 30, 2025). Table 2 includes columns to capture state expenditures for COVID-19 Relief Supplemental funds, ARP funds, and BSCA funds. Please use these columns to capture how much the state plans to expend over the 12-month period covering SFY 2025 (for most states, July 1, 2024 - June 30, 2025). Please document the use of COVID-19 Relief Supplemental, ARP, and BSCA funds in the footnotes.

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Activity (See instructions for using Row 1.)	Source of Funds										
	A. SUPTRS BG	B. Mental Health Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID-19 Relief Funds (MHBG)[a]	I. COVID-19 Relief Funds (SUPTRS)[a]	J. ARP Funds (MHBG)[b]	K. BSCA Funds (MHBG)[c]
1. Substance Use Prevention and Treatment											
a. Pregnant Women and Women with Dependent Children											
b. Recovery Support Services											
c. All Other											
2. Primary Prevention											
a. Substance Use Primary Prevention											
b. Mental Health Prevention[dd]					$50,000.00						
3. Evidence-Based Practices for Early Serious Mental Illness including First Episode Psychosis (10 percent of total award MHBG)[ee]		$172,264.00						$73,500.00		$175,000.00	$62,000.00
4. Other Psychiatric Inpatient Care											
5. Tuberculosis Services											
6. Early Intervention Services for HIV											
7. State Hospital					$2,209,071.00						
8. Other 24-Hour Care											
9. Ambulatory/Community Non-24 Hour Care		$1,453,698.50	$10,563,270.00	$10,176,299.50	$69,106,567.00		$7,418,570.50	$497,500.00		$1,051,906.50	
10. Crisis Services (5 percent set-aside)[fg]		$86,132.00					$933,750.00	$37,500.00		$75,000.00	$56,034.00
11. Administration (excluding program/provider level) MHBG and SUPTRS BG must be reported separately[gf]		$10,539.50	$42,046.50		$1,038,104.50						
12. Total	**$0.00**	**$1,722,634.00**	**$10,605,316.50**	**$10,176,299.50**	**$72,403,742.50**	**$0.00**	**$8,352,320.50**	**$608,500.00**	**$0.00**	**$1,301,906.50**	**$118,034.00**

[a]The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until March 14, 2025 to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[b]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A-G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[c]The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 – September 29, 2025 (2nd increment) and the September 30, 2024 – September 29, 2026 (3rd increment)**. For most states the planned expenditure period for FY2025 will be July 1, 2024, through June 30, 2025. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[d]While the state may use state or other funding for prevention services, the MHBG funds must be directed toward adults with SMI or children with SED.

[e]Column 3 should include Early Serious Mental Illness programs funded through MHBG set aside.

[f]Row 10 should include Behavioral Health Crisis Services (BHCS) programs funded through different funding sources, including the MHBG set aside. States may expend more than 5 percent of their MHBG allocation.

[g]Per statute, administrative expenditures cannot exceed 5% of the fiscal year award.

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Footnotes:

Planning Tables

Table 4 - SUPTRS BG Planned Expenditures

States must project how they will use SUPTRS BG funds to provide authorized services as required by the SUPTRS BG regulations, including the supplemental COVID-19 and ARP funds. Plan Table 4 must be completed for the FFY 2025 SUPTRS BG funding. The totals for each Fiscal Year should match the President's Budget Final Enacted Allotment for the state.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	FFY 2024			FFY 2025		
Expenditure Category	**FFY 2024 SUPTRS BG Award**	**COVID-19 Award[1]**	**ARP Award[2]**	**FFY 2025 SUPTRS BG Award**	**COVID-19 Award[1]**	**ARP Award[2]**
1 . Substance Use Disorder Prevention and Treatment[5]	$5,043,836.00	$2,828,557.00	$661,108.00	$5,043,835.20	$0.00	$2,496,197.34
2 . Substance Use Primary Prevention	$1,882,184.00	$1,074,336.00	$661,108.00	$1,882,184.00	$0.00	$2,644,432.00
3 . Tuberculosis Services				$0.00	$0.00	$0.00
4 . Early Intervention Services for HIV[6]				$0.00	$0.00	$0.00
5 . Recovery Support Services[7]	$226,280.00	$125,000.00		$226,280.00	$0.00	$0.00
6 . Administration (SSA Level Only)	$376,436.00			$376,436.80	$0.00	$0.00
7. Total	**$7,528,736.00**	**$4,027,893.00**	**$1,322,216.00**	**$7,528,736.00**	**$0.00**	**$5,140,629.34**

[1]The 24-month expenditure period for the COVID-19 Relief supplemental funding is **March 15, 2021 – March 14, 2023**, which is different from the

expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the period of October 1, 2023 - September 30, 2024 should be entered here in the first ARP column, and the SUPTRS BG ARP planned expenditures for the period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[3]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the FY 2024 "standard" SUPTRS BG, which is October 1, 2023 - September 30, 2024. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[5]Prevention other than Primary Prevention

[6]For the purpose of determining which states and jurisdictions are considered "designated states" as described in section 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 45 CFR § 96.128(b) of the Substance use disorder Prevention and Treatment Block Grant (SUPTRS BG); Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the AtlasPlus HIV data report produced by the Centers for Disease Control and Prevention (CDC,), National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention (NCHHSTP). The most recent AtlasPlus HIV data report published on or before October 1 of the federal fiscal year for which a state is applying for a grant is used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective SUPTRS BG allotments to establish one or more projects to provide early intervention services regarding the human immunodeficiency virus (EIS/HIV) at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SUPTRS BG funds with the flexibility to obligate and expend SUPTRS BG funds for EIS/HIV even though the state's AIDS case rate does not meet the AIDS case rate threshold for the fiscal year involved for which a state is applying for SUPTRS BG funds. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance will be allowed to obligate and expend SUPTRS BG funds for EIS/HIV if they chose to do so and may elect to do so by providing written notification to the CSAT SPO as a part of the SUPTRS BG Application.

[7]This expenditure category is mandated by Section 1243 of the Consolidated Appropriations Act, 2023

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Footnotes:

Planning Tables

Table 5a SUPTRS BG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

A		B			B		
Strategy	IOM Target	FFY 2024			FFY 2025		
		SUPTRS BG Award	COVID-19 Award[1]	ARP Award[2]	SUPTRS BG Award	COVID-19 Award[4]	ARP Award[5]
1. Information Dissemination	Universal	$0	$0	$0	$0	$0	$0
	Selected	$0	$0	$0	$0	$0	$0
	Indicated	$0	$0	$0	$0	$0	$0
	Unspecified	$1,099,310	$322,301	$33,055	$1,099,310	$0	$1,586,659
	Total	**$1,099,310**	**$322,301**	**$33,055**	**$1,099,310**	**$0**	**$1,586,659**
2. Education	Universal	$0	$0	$0	$0	$0	$0
	Selected	$0	$0	$0	$0	$0	$0
	Indicated	$0	$0	$0	$0	$0	$0
	Unspecified	$54,966	$53,717	$33,055	$54,966	$0	$132,222
	Total	**$54,966**	**$53,717**	**$33,055**	**$54,966**	**$0**	**$132,222**
3. Alternatives	Universal	$0	$0	$0	$0	$0	$0
	Selected	$0	$0	$0	$0	$0	$0
	Indicated	$0	$0	$0	$0	$0	$0
	Unspecified	$54,966	$53,717	$33,055	$54,966	$0	$79,333
	Total	**$54,966**	**$53,717**	**$33,055**	**$54,966**	**$0**	**$79,333**
4. Problem Identification and Referral	Universal	$0	$0	$0	$0	$0	$0
	Selected	$0	$0	$0	$0	$0	$0
	Indicated	$0	$0	$0	$0	$0	$0
	Unspecified	$73,287	$107,433	$99,167	$73,287	$0	$158,666
	Total	**$73,287**	**$107,433**	**$99,167**	**$73,287**	**$0**	**$158,666**

5. Community-Based Processes	Universal	$0	$0	$0	$0	$0	$0
	Selected	$0	$0	$0	$0	$0	$0
	Indicated	$0	$0	$0	$0	$0	$0
	Unspecified	$183,218	$268,584	$231,388	$183,218	$0	$290,888
	Total	**$183,218**	**$268,584**	**$231,388**	**$183,218**	**$0**	**$290,888**
6. Environmental	Universal	$0	$0	$0	$0	$0	$0
	Selected	$0	$0	$0	$0	$0	$0
	Indicated	$0	$0	$0	$0	$0	$0
	Unspecified	$366,437	$268,584	$231,388	$366,437	$0	$396,664
	Total	**$366,437**	**$268,584**	**$231,388**	**$366,437**	**$0**	**$396,664**
7. Section 1926 (Synar)-Tobacco	Universal	$0	$0	$0	$0	$0	$0
	Selected	$0	$0	$0	$0	$0	$0
	Indicated	$0	$0	$0	$0	$0	$0
	Unspecified	$50,000	$0	$0	$50,000	$0	$0
	Total	**$50,000**	**$0**	**$0**	**$50,000**	**$0**	**$0**
8. Other	Universal	$0	$0	$0	$0	$0	$0
	Selected	$0	$0	$0	$0	$0	$0
	Indicated	$0	$0	$0	$0	$0	$0
	Unspecified	$0	$0	$0	$0	$0	$0
	Total	**$0**	**$0**	**$0**	**$0**	**$0**	**$0**
Total Prevention Expenditures		**$1,882,184**	**$1,074,336**	**$661,108**	**$1,882,184**	**$0**	**$2,644,432**
Total SUPTRS BG Award[3]		**$7,528,736**	**$4,027,893**	**$1,322,216**	**$7,528,736**	**$0**	**$5,140,629**
Planned Primary Prevention Percentage		**25.00%**	**26.67%**	**50.00%**	**25.00%**		**51.44%**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.

[3]Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

[4]The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Planning Tables

Table 5b SUPTRS BG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Activity	FFY 2024 SUPTRS BG Award	FFY 2024 COVID-19 Award[1]	FFY 2024 ARP Award[2]	FFY 2025 SUPTRS BG Award	FFY 2025 COVID-19 Award[3]	FFY 2025 ARP Award[4]
Universal Direct				$0	$0	$0
Universal Indirect				$0	$0	$0
Selected				$0	$0	$0
Indicated				$0	$0	$0
Column Total				**$0**	**$0**	**$0**
Total SUPTRS BG Award[5]	**$7,528,736**	**$4,027,893**	**$1,322,216**	**$7,528,736**	**$0**	**$5,140,629**
Planned Primary Prevention Percentage	**0.00%**	**0.00%**	**0.00%**	**0.00%**		**0.00%**

[1]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned COVID-19 Relief Supplemental expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the FFY 2022 SUPTRS BG Award amount reflects the 12 month planning period for the standard SUPTRS BG expenditures reflecting the President's FY 2022 enacted budget for the FFY 2022 SUPTRS BG Award year that is October 1, 2021 - September 30, 2022. For purposes of this table, all planned ARP expenditures between October 1, 2021 and September 30, 2022 should be entered in this column.

[3]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 – March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[4]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 – September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

[5]Total SUPTRS BG Award is populated from Table 4 - SUPTRS BG Planned Expenditures

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Planning Tables

Table 5c SUPTRS BG Planned Primary Prevention Targeted Priorities - Required

States should identify the categories of substances the state BG plans to target with primary prevention set-aside dollars from the FFY 2024 and FFY 2025 SUPTRS BG awards.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

	SUPTRS BG Award	COVID-19 Award[1]	ARP Award[2]
Prioritized Substances			
Alcohol	☑	☑	☑
Tobacco	☐	☐	☐
Marijuana	☐	☐	☐
Prescription Drugs	☐	☐	☐
Cocaine	☐	☐	☐
Heroin	☐	☐	☐
Inhalants	☐	☐	☐
Methamphetamine	☐	☐	☐
Fentanyl	☐	☐	☐
Prioritized Populations			
Students in College	☐	☐	☐
Military Families	☑	☑	☑
LGBTQI+	☐	☐	☐
American Indians/Alaska Natives	☑	☑	☑
African American	☐	☐	☐
Hispanic	☐	☐	☐
Persons Experiencing Homelessness	☐	☐	☐
Native Hawaiian/Other Pacific Islanders	☐	☐	☐
Asian	☐	☐	☐
Rural	☑	☑	☑

Underserved Racial and Ethnic Minorities	☐	☐	☐

[1]The original 24-month expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SUPTRS BG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[2]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 1, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the planned expenditure period of October 1, 2023 – September 30, 2025.The SUPTRS BG ARP planned expenditures for the FFY 2024 period of **October 1, 2023 - September 30, 2024** should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Planning Tables

Table 6 Non-Direct-Services/System Development [SUPTRS]

Please enter the total amount of the SUPTRS BG, COVID-19, or ARP funds expended for each activity. Only complete this table if the state plans to fund subrecipient agency expenditures for non-direct services/system development with SUBG or SUPTRS BG, COVID-19, and/or ARP supplemental dollars. Grantees should not include on Table 6 the SSA expenditures of up to 5% that is allowed for the SSA cost of administering the grant. Non-direct services/system development activities exclude expenditures through funding mechanisms for subrecipients providing treatment "direct service" or primary prevention efforts themselves, that are listed on Table 7. Instead, these Table 6 subrecipient agency expenditures provide support to those activities.

Planning Period Start Date: 10/1/2024 Planning Period End Date: 9/30/2025

Expenditure Category	FFY 2024					FFY 2025				
	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated[1]	D. COVID-19 [2]	E. ARP [3]	A. SUPTRS BG Treatment	B. SUPTRS BG Prevention	C. SUPTRS BG Integrated[1]	D. COVID-19 [4]	E. ARP [5]
1. Information Systems	$80,000.00	$0.00	$0.00	$0.00	$0.00	$80,000.00	$0.00	$0.00	$0.00	$0.00
2. Infrastructure Support	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3. Partnerships, community outreach, and needs assessment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6. Research and Evaluation	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7. Training and Education	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
8. Total	**$80,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$80,000.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

[1]Integrated refers to non-direct service/system development expenditures that support both treatment and prevention systems of care.

[2]The 24-month expenditure period for the COVID-19 Relief Supplemental funding is **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2024 to expend the COVID-19 Relief Supplemental Funds.

[3]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. Please list ARP planned expenditures for each standard FFY period.

[4]The original 24-month expenditure period for the COVID-19 Relief Supplemental funding was **March 15, 2021 - March 14, 2023**, which is different from the expenditure period for the "standard" MHBG/SUPTRS BG. If your state or territory has an approved second No Cost Extension (NCE) for the FY 21 SABG COVID-19 Supplemental Funding, you have until March 14, 2025 to expend the COVID-19 Relief Supplemental Funds.

[5]The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**, which is different from the expenditure period for the "standard" SUPTRS BG. Per the instructions, the standard SUPTRS BG expenditures are for the federal planned expenditure period of October 1, 2023 - September 30, 2025. The SUPTRS BG ARP planned expenditures for the FFY 2024 period of October 1, 2023 - September 30, 2024 should be entered in the first ARP column, and the SUPTRS BG ARP planned expenditures for the FFY 2025 period of October 1, 2024, through September 30, 2025, should be entered in the second ARP column.

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Planning Tables

Table 6 Non-Direct-Services/System Development [MH]

Please enter the total amount of the MHBG, COVID-19, ARP or BSCA funds expended for each activity.

MHBG Planning Period Start Date: 07/01/2024 MHBG Planning Period End Date: 06/30/2025

Activity	FY 2024 Block Grant	FY 2024[1] COVID Funds	FY 2024[2] ARP Funds	FY 2024[3] BSCA Funds	FY 2025 Block Grant	FY 2025[1] COVID Funds	FY 2025[2] ARP Funds	FY 2025[3] BSCA Funds
1. Information Systems					$0.00	$0.00	$0.00	$0.00
2. Infrastructure Support					$0.00	$0.00	$0.00	$0.00
3. Partnerships, Community Outreach, and Needs Assessment					$0.00	$0.00	$0.00	$0.00
4. Planning Council Activities (MHBG required, SUPTRS BG optional)	$30,975.00				$14,000.00	$0.00	$0.00	$0.00
5. Quality Assurance and Improvement					$0.00	$0.00	$0.00	$0.00
6. Research and Evaluation					$0.00	$0.00	$0.00	$0.00
7. Training and Education					$0.00	$0.00	$0.00	$0.00
8. Total	$30,975.00	$0.00	$0.00	$0.00	$14,000.00	$0.00	$0.00	$0.00

[1] The original expenditure period for the COVID-19 Relief supplemental funding was **March 15, 2021 - March 14, 2023**. But states that have an approved 2nd NCE will have until **March 14, 2025** to expend their COVID funds. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[2] The expenditure period for The American Rescue Plan Act of 2021 (ARP) supplemental funding is **September 1, 2021 - September 30, 2025**. Per the instructions, the standard MHBG expenditures captured in Columns A - G are for the state planned expenditure period of July 1, 2024 - June 30, 2025, for most states. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.

[3] The expenditure period for the 2nd and 3rd allotments of the Bipartisan Safer Communities Act (BSCA) funding is **September 30, 2023 - September 29, 2025** (2nd increment) and the **September 30, 2024 – September 29, 2026** (3rd increment).For most states the planned expenditure period for FY2025 will be **July 1, 2024**, through **June 30, 2025**. SAMHSA is only looking for the expenditures the state plans to expend in FY2025 in this table.
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Environmental Factors and Plan

15. Crisis Services – Required for MHBG, Requested for SUPTRS BG

Narrative Question

Substance Abuse and Mental Health Services Administration (SAMHSA) is directed by Congress to set aside 5 percent of the Mental Health Block Grant (MHBG) allocation for each state to support evidence-based crisis systems. The statutory language outlines the following for the 5 percent set-aside:

> *....to support evidenced-based programs that address the crisis care needs of individuals with serious mental illnesses and children with serious emotional disturbances, which may include individuals (including children and adolescents) experiencing mental health crises demonstrating serious mental illness or serious emotional disturbance, as applicable.*
>
> *CORE ELEMENTS: At the discretion of the single State agency responsible for the administration of the program, the funds may be used to expend some or all of the core crisis care service components, as applicable and appropriate, including the following:*
>
> - *Crisis call centers*
> - *24/7 mobile crisis services*
> - *Crisis stabilization programs offering acute care or subacute care in a hospital or appropriately licensed facility, as determined by such State, with referrals to inpatient or outpatient care.*
>
> *STATE FLEXIBILITY: In lieu of expanding 5 percent of the amount the State receives pursuant to this section for a fiscal year to support evidence based programs as required a State may elect to expend not less than 10 percent of such amount to support such programs by the end of two consecutive fiscal years.*

A crisis response system will have the capacity to prevent, recognize, respond, de-escalate, and follow-up from crises across a continuum, from crisis planning, to early stages of support and respite, to crisis stabilization and intervention, to post-crisis follow-up and support for the individual and their family. SAMHSA expects that states will build on the emerging and growing body of evidence for effective community-based crisis-intervention and response systems. Given the multi-system involvement of many individuals with M/SUD issues, the crisis system approach provides the infrastructure to improve care coordination, stabilization service to support reducing distress, promoting skill development and outcomes, manage costs, and better invest resources.

SAMHSA developed **Crisis Services: Meeting Needs, Saving Lives**, which includes "**National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit**" as well as an **Advisory: Peer Support Services in Crisis Care** and other related National Association of State Mental Health Programs Directors (NASMHPD) papers on crisis services. SAMHSA also developed "**National Guidelines for Child and Youth Behavioral Health Crisis Care**" which offers best practicies, implementation strategies, and practical guidance for the design and development of services that meet the needs of children, youth and their families experiencing a behavioral health crisis. Please note that this set aside funding is dedicated for the core set of crisis services as directed by Congress. Nothing precludes states from utilizing more than 5 percent of its MHBG funds for crisis services for individuals with serious mental illness or children with serious emotional disturbances. If states have other investments for crisis services, they are encouraged to coordinate those programs with programs supported by this new 5 percent set aside. This coordination will help ensure services for individuals are swiftly identified and are engaged in the core crisis care elements.

1. Briefly narrate your state's crisis system. For all regions/areas of your state, include a description of access to the crisis call centers, availability of mobile crisis and behavioral health first responder services, utilization of crsis receiving and stabilization centers.

North Dakota operates one 988 call center through First Link, a contracted entity, which provides telephone and text crisis services 24 hours per day. In-person crisis services are also available including mobile crisis 24 hours per day through the eight regional community behavioral health clinics. These clinics have day and overnight licensed clinicians who provide crisis assessment, crisis psychotherapy, and screening and triage. North Dakota also operates 6 regional Crisis Residential Centers which provide 24-hour access to short-term crisis stabilization. In 2022, North Dakota Behavioral Health Division received additional funds to expand the reach of mobile crisis services through a contract with a telehealth provider. Law enforcement officers are equipped with tablets which allow immediate connection to a trained behavioral health professional.

2. In accordance with the guidelines below, identify the stages where the existing/proposed system will fit in.

*a) The **Exploration** stage: is the stage when states identify their communities' needs, assess organizational capacity, identify how crisis services meet community needs, and understand program requirements and adaptation.*
*b) The **Installation** stage: occurs once the state comes up with a plan and the state begins making the changes necessary to implement the crisis services based on the SAMHSA guidance. This includes coordination, training and community outreach and education activities.*

*c) **Initial Implementation** stage: occurs when the state has the three-core crisis services implemented and agencies begin to put into practice the SAMHSA guidelines.*
*d) **Full Implementation** stage: occurs once staffing is complete, services are provided, and funding streams are in place.*
*e) **Program Sustainability** stage: occurs when full implementation has been achieved, and quality assurance mechanisms are in place to assess the effectiveness and quality of the crisis services.*

Other program implementation data that characterizes crisis services system development.
1. Someone to talk to: Crisis Call Capacity
a. Number of locally based crisis call Centers in state
i. In the 988 Suicide and Crisis lifeline network
ii. Not in the suicide lifeline network
b. Number of Crisis Call Centers with follow up protocols in place
c. Percent of 911 calls that are coded as BH related
2. Someone to respond: Number of communities that have mobile behavioral health crisis mobile capacity (in comparison to the toal number of communities)
a. Independent of first responder structures (police, paramedic, fire)
b. Integrated with first responder structures (police, paramedic, fire)
c. Number that employs peers
3. Safe place to go or to be:
a. Number of Emergency Departments
b. Number of Emergency Departments that operate a specialized behavioral health component
c. Number of Crisis Receiving and Stabilization Centers (short term, 23-hour units that can diagnose and stabilize individuals in crisis)

a. Check one box for each row indicating state's stage of implementation

	Exploration Planning	Installation	Early Implementation Less than 25% of counties	Partial Implementation About 50% of counties	Majority Implementation At least 75% of counties	Program Sustainment
Someone to talk to	☐	☐	☐	☐	☐	☑
Someone to respond	☐	☐	☐	☐	☑	☐
Safe place to go or to be	☐	☐	☐	☐	☑	☐

b. Briefly explain your stages of implementation selections here.

North Dakota is still working to expand crisis centers and mobile crisis response specific to youth. North Dakota is also in the process of standing up CCBHC certification which will assist with funding additional crisis services to support the full continuum of care for all residents.

3. Based on SAMHSA's National Guidelines for Behavioral Health Crisis Care, explain how the state will develop the crisis system.

North Dakota is looking to expand crisis stabilization unit access as well as mobile crisis response by partnering with local providers as well as enhancing the public system through CCBHC implementation.

4. Briefly describe the proposed/planned activities utilizing the 5 percent set aside.

The 5% set aside will primarily be used to support the expansion of mobile crisis and crisis units, with a particular focus on youth.

Please indicate areas of technical assistance needed related to this section.

N/A

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Environmental Factors and Plan

21. State Planning/Advisory Council and Input on the Mental Health/Substance use disorder Block Grant Application- Required for MHBG

Narrative Question

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council to carry out the statutory functions as described in 42 U.S. C. 300x-3 for adults with SMI and children with SED. To meet the needs of states that are integrating services supported by MHBG and SUPTRS BG, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance misuse prevention, SUD treatment, and recovery representation, referred to here as an Advisory/Planning Council (PC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance misuse prevention, SUD treatment, and recovery advisory council to ensure that the council reviews issues and services for persons with, or at risk, for substance misuse and SUDs. To assist with implementing a PC, SAMHSA has created **Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration.**[1]

Planning Councils are required by statute to review state plans and implementation reports; and submit any recommended modifications to the state. Planning councils monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state. They also serve as an advocate for individuals with M/SUD problems. SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

[1] **https://www.samhsa.gov/grants/block-grants/resources [samhsa.gov]**

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council involved in the development and review of the state plan and report? Attach supporting documentation (e.g. meeting minutes, letters of support, etc.)

The Council meets quarterly to discuss community-based public behavioral health services and works closely to plan for the system of care and monitor its implementation. The agenda of each meeting involves review and discussion of the priority areas found in the block grant and discussion of the system of care. The Council's input is requested prior to submission of the block grant plan. The Council developed recommendations which drove the decisions regarding the Mental Health Block Grant budget allocations. The Council has also provided recommendations to both the Department of Health and Human Services and the Governor's Office.

2. What mechanism does the state use to plan and implement community mental health treatment, substance misuse prevention, SUD treatment, and recovery support services?

Under the mandate outlined in Public Law 102-321 (42 U.S.C 300X-4), a thirty-member board -- the North Dakota Behavioral Health Planning Council (BHPC) -- was created with members appointed by the Governor of North Dakota. The Council's objective is to monitor, review, and evaluate the allocation and adequacy of mental health services in the state. Each board member is appointed to a three-year term and not less than 50% of the board is composed of individuals other than state employees and providers of mental health services. These individuals are family members or consumers of behavioral health services.

3. Has the Council successfully integrated substance misuse prevention and SUD treatment and recovery or co-occurring disorder issues, concerns, and activities into its work? (●) Yes ( ) No

4. Is the membership representative of the service area population (e.g. ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)? (●) Yes ( ) No

5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families, and other important stakeholders, and how it has advocated for individuals with SMI or SED.

As identified in the North Dakota Behavioral Health Council By-Laws, the following duties of the council are established: Review and evaluate services and programs provided by the State of North Dakota and make periodic reports to the Department of Health and Human Services and the Governor's office, including any recommendations for improvements in services, programs, or facilities; Review the status of combined behavioral health assessments and plan, staff resources, expenditure of funds and available case management information at least semi-annually.; Review the combined behavioral health assessment and plan at least annually; Work with legislators in members' respective regions to familiarize lawmakers with the need for appropriate mental health and substance abuse issues; Recommend the initiation of surveys of regional human service needs and review the results of such surveys for the purpose of recommending to the Department of Health and Human Services ways in which identified needs can be met by the Department of Health and Human Services; Serve as the State forum for meetings with governing boards of other public and private human service agencies that are brought to the council by the Department of Health and Human

Services for the purpose of promoting greater understanding, efficiency and effectiveness in the working relationships among local and regional service providers; Review the progress in the development and monitoring of the goals and objectives of the North Dakota Department of Health and Human Services, Behavioral Health Division; Promote clear lines of communication between the Department of Health and Human Services, the Governor's office, and the North Dakota Behavioral Health Planning Council; Review and recommend policies and procedures of the Department of Health and Human Services to the Department of Health and Human Services and Governor; Review the various certifications and licensing standards and assist in evaluating the Department of Health and Human Services compliance; Serve as an advocate for adults with serious mental illnesses, children with severe emotional disturbances, adults with substance use disorders, and children with substance use disorders and other individuals with mental illnesses, emotional problems, or substance use disorders.

Please indicate areas of technical assistance needed related to this section.

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Footnotes:

ND Behavioral Health Planning Council (BHPC)

Quarterly Business Meeting

April 10, 2024

Meeting Minutes

Council Members in Attendance: Emma Quinn (Consumer- Indiv. in recovery MH); Carlotta McCleary (ND Federation of Families for Children's Behavioral Health); 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); Brenda Bergsrud (Consumer Family Network); Michelle Masset (Principal State Agency: Social Services); Dan Cramer (DHHS Behavioral Health Delivery System; Melanie Gaebe, (Consumer, Indiv. in Recovery SUD; Paul Stroklund (Consumer, Family Member of an Adult with SMI); Tania Zerr (Consumer, Family Member of a Child w/SED); Kristi Kilen (Private Mental Health Provider); Heather Call (ND National Guard); Kurt Snyder (Consumer- Indiv. in Recovery); Pamela Sagness (Principal State Agency: DHHS Mental Health); Michelle Gayette (DHHS Aging Services).

Council Members Absent: Jennifer Henderson (Principal State Agency: Housing); Dr. Lisa Peterson (Consumer, Family Member of a Veteran); Lorraine Davis (Consumer- member at large); Mark Schaefer (Private Substance Use Disorder Treatment Provider); Tim Wicks (Consumer, Veteran); Amanda Peterson (Principal State Agency: NDDPI Education); Brad Hawk (Indian Affairs Commission); Michael Salwei (Healthcare Representative); Amy Veith (Principal State Agency/Criminal Justice); Cheryl Hess Anderson (DHHS, Vocational Rehabilitation Glenn Longie (Tribal Behavioral Health Representative); Carl Young (Consumer, Family Member of a Child with SED- has resigned with position now vacant); Deb Jendro (Consumer Member Indiv. in Recovery MH – has resigned with position now vacant).

Staff: Tami Conrad (DHS, Behavioral Health); Kelli Ulberg (DHS, Behavioral Health).

Facilitator: Janell Regimbal of Insight to Solutions

Call to Order: Vice Chair Matthew McCleary called the meeting to order at 10:00 AM CT, via videoconference and with members present at the ND Job Service office in Bismarck.

Quorum. Roll call indicated a majority of members were present. A quorum was declared**.** Facilitator Regimbal offered a special welcome to Kristi Kilen and Heather Call, both recent appointees and attending their first meeting; and announced Carl Young's recent resignation, thanking him for many years of dedicated service and for his work on the Executive Committee.

Approval of Minutes. CARLOTTA MCCLEARY MADE AND DAN CRAMER SECONDED A MOTION TO APPROVE THE DECEMBER 13, 2023, BHPC MEETING MINUTES AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

Approval of Agenda. Vice Chair McCleary called for the approval of the agenda as presented CARLOTTA MCCLEARY MADE AND BRENDA BERGSRUD SECONDED A MOTION TO APPROVE THE APRIL 10 AGENDA. THE MOTION PASSED UNANIMOUSLY.

Members were reminded of the mission and goals of the BHPC.

BHPC Updates: Tami Conrad provided a brief report on membership, sharing the two current consumer positions open, specifically for a family member of a child with SED and individual in recovery from SUD or MH. Online applications are currently being accepted.

- Maria Neset and Dustin Assel of the Governor's office joined us to review the process of how applications and appointments to the BHPC occur. The BHPC is one of 150+ Boards that has gubernatorial appointment responsibility. The policy team helps support the Governor by talking through Board appointments and then the Governor makes the final decisions. As members you are encouraged to make nominations via the website and to encourage people to apply. Having as much information specific to the nomination as possible is helpful in decision making. Formal paperwork goes through the Secretary of State's office if the position is classified as a gubernatorial appointment. This does not apply to specific appointments related to role specific assignments such as those associated with principal state agencies such as DPI, Housing Finance, etc. Those entities get to choose who they send. Once someone is appointed to a Board, the Governor's role is finished. The Board administrator manages the Board. We were reminded that people cannot fulfill a dual role. I.e., you can't take someone who is a state agency organization person and indicate they are also a parent of a child with SED for example to meet the 50% consumer requirement. Alignment of language between what is listed in our bylaws and in the future our policies and procedures with what is on the website is important.
- A question was posed as to when the BHPC bylaws were last revised, with specific interest in whether specific agencies were listed. Facilitator Regimbal indicated the last revision to the bylaws was made August 6, 2018. Bylaws are currently being reviewed and moved into a policy/procedure format as recommended by the Governor's office. In concert with that review, best practice recommendations provided by SAMHSA are also being consulted for this effort. A request was made to make available the previous document in effect prior to revision. Regimbal will research and provide and check to see if our bylaws are on file with the Secretary of State.
- Key takeaways from the advice of Ms. Neset and Mr. Assel included to assure the process of application and representation is as open and accessible as possible, with a wide range of voices around the table. Currently the BHPC has some specific entities written out that are not required by the federal code where we should consider updating the member description to be less specific, helping to assure balance and diverse representation. We will need to work to ensure clarity in language between our policies/procedures and what is listed on the Board website. This will include the need to establish term limits as they are not consistent currently. Reappointments are possible but not guaranteed. Attendance and engagement are important as well as the wide range of voices needed. Resignations from Boards must be formally made, with notice coming to the Administrator of the Board who then informs the Governor's office so posting can occur. The expectation is service would continue until a new appointee is available. We were advised to be as generic as possible to be in alignment with the law as our policies and procedures should not overstep what is required in law.

BHPC Survey Feedback: (PPT slides provided) Janell Regimbal provided a summary of the results of the survey utilized to assess what members want to see addressed in 2024 quarterly meetings. Nineteen responses were received that will help guide the facilitator and Executive Committee in planning the upcoming meetings as to aims, special populations and special topics for focus. Members were reminded the priorities expressed are simply for setting meeting agendas for 2024, not to alter the behavioral health plan for North Dakota. Feedback on an ongoing basis will always be considered by members to please reach out with recommendations.

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

the survey responses indicating a desire to have more discussions about not just what is going well and happening but about how the system is performing and having discussions about what may need to change. With respect to that desire, she shared some examples of metrics from other states as a means of pieces of information that could be shared on a regular basis to inform conversations about the system and how to improve it. The current HSRI dashboard is set up around the strategic plan, reporting on the various goals set and progress made towards those goals. While sharing what may be possible, we need to remember it takes time, money, staff access to get data we may want, requiring us to be judicious in how we choose what to look at. What is most important and most aligned? She encouraged members to share what type of metrics they desire to have access to. Ideas shared included the need for numbers being served versus what is needed (gap); clean data; data that can be used to tell the story to the public about BH needs (i.e. "hearts and charts"), data collection specific to various settings not just HSC such as jails, law enforcement, ER, homeless shelters, etc., data that shows the continuum of care- what the system actually looks like and then identify subsequent needs within that continuum; tribal system information; and data that shows us what both the private and public sector is doing. This conversation was noted as needing to be continued.

Ms. Croft shared AIM 10 which is related to encouraging and supporting communities to share responsibility with the state for promoting high quality behavioral health services does not currently have active goals. She is looking for a subgroup of BHPC members who may be interested in joining with Paul Stroklund who is the liaison to AIM 10. creating what should be addressed. Watch for a call for volunteers to attend the meeting Bevin will call. She shared the January dashboard and indicated the April dashboard will be up soon. North Dakota has been recognized as a good practice state for comprehensive state approaches to planning by the National Academy for State Health Policy. See the slide deck for specific goal updates. The person-centered practices self-assessment has been initiated starting with the BHD policy team and then will be done with the clinics and state hospital. Thank you was expressed to Melanie Gaebe as the new liaison for AIM 9

ND Multigenerational Plan for Aging – Overview and Involvement Opportunities:(PPT slides provided) Michelle Gayette, Assistant Director/Adult and Aging Services. Ms. Gayette shared the work undertaken by adult aging services and other stakeholders to create a living document that will help to transform the infrastructure and coordination of services for adults as they age across the lifespan. They are engaged in a process to enable stakeholders to communicate a clear vision and priorities that will guide state and local programs with private and public initiatives, policies and funding needed. She encouraged BHPC members to respond to a survey online and shared the various activities carried out so far to solicit input and the structure going forward that allows involvement, specifically wanting service on one of the four broad goal steering committees where specific objectives will be set, helping to assure behavioral health needs are addressed. She also noted the Aging and Disability Resource Link (ADRL) North Dakota, Eldercare, Disability, Long Term Care Information - North Dakota Aging and Disability Resource-LINK (assistguide.net)that can provide resources when addressing questions posed. It was also shared that Protection & Advocacy offers many helpful resources. It was noted that this work has been tied to the ND BH Strategic Plan through some continued conversations in recent months spurred by our December meeting with Melanie Gaebe shared older adults needs. The survey noted can be found at https://forms.gle/davr6stH63bgLPUM8.

Adjourned for lunch at 12:10 PM

Vice Chair Matthew McCleary reconvened the meeting at 1:00 PM.

Behavioral Health Resource Panel: Suzanne Effertz (PPT slides provided), Community Services Coordinator/Family Caregiver Support Program; Mike Chausse/ND Assistive Executive Director; Erin Oban (PPT slides provided)/State Director, USDA Rural Development. The panel assembled was in follow up to discussions at the December meeting about resources needed to assist those dealing with dementia and other issue, many of which have broader implications for all age groups with behavioral health concerns. Ms. Effertz shared services that are available to assist individuals who are caregivers for their loved ones, including the family caregiver support program and the lifespan respite care grant. (See provided slides for specifics.) In response to a question of lifespan respite grants, the applications actually need to come from a professional to justify the need and then it is sent to carechoice@nd.gov The best way to access information about assistance is to simply call 855-462-5465 to talk to a resource specialist.

Mr. Chausse shared of the many assistive devices they have to connect people of all ages to help them overcome whatever limitations they are facing. He expressed that at times older adults don't always want to use these tools as they seem them as a visible crutch. We need to assist them by seeing them as tools that can make a difference in addressing limitations they are facing. He brought several devices to show us, such as locked and timed medication dispensers, large print card decks, alert devices, special alarm clocks that can assist those who have a tough time getting up in the morning, and companion cats that have helped with emotional wellbeing. They assist with affordability of access, how to use the items and even the research needed to find the right device. Regarding senior safety programs, they prioritize based on income, rural geographical areas, and risk of nursing home placement. They also provide low interest financial loans for people to get into adaptive vehicles, home modifications, etc. Services have been used to help transitional age youth and others. He encouraged reaching out to develop a collaborative relationship between organizations to best address needs. To access ND Assistive call 1-800-895-4728, email info@ndassistive.org or check out the website at www.ndassistive.org

Ms. Oban shared USDA is one of 15 organizations within the US Department of Agriculture. Their mission is specifically to serve and create more economic opportunities and to improve the quality of life in rural and tribal communities. Since ND is considered a frontier state so USDA serves all of ND. The organization operates like a bank, providing financing and technical assistance for rural communities. (See slide deck for specific information.) They primarily have loan dollars versus grant dollars, but they have done a lot to support telemedicine in the state and to support broadband development. When asked if their office could do anything to support workforce development needs related to behavioral health, she indicated it would be limited, but perhaps some dollars for technical assistance and training or dollars through the rural business development grants. She encouraged reaching out to collaborate. They have offices in Bismarck, Devils Lake, Dickinson, Minot, and Valley City or for general inquiries info@nd.usda.gov Visit https://www.rd.usda.gov/nd

Community Connect Capacity: (PPT slides provided) Heather Brandt, Manager, Behavioral Health Community Supports, DHHS

Ms. Brandt shared the status of the Community Connect program and some of the strategies they have been implementing to respond to the demand for access to the program. The program launched in 2021, looking to expand the model of services and supports that are provided within Free Through Recovery. There are now around 60 providing agencies. In December of 2022 they started to develop some budget projections using program census data available to them, which indicated if growth continued, they could see an end of biennium deficit of 16.6M. (See slides for specific data shared around service provision and budget). Possible solutions to this budget dilemma included: increase budget; assess current census strategy; prioritization of those that present with the most need to include those who identify as parent/caregivers, pregnant, recent

IV drug use, currently homeless, CPS involvement. Starting in October 2023, the program began implementing a priority wait list to ensure that the program sustains through the end of the biennium. When asked if the program has stopped taking people, Brandt indicated no. There is a backlog and a reduction in who is getting approved as they are prioritizing who gets access. They now have added opioid settlement funds and System of Care Grant funds. They are assessing whether they have the right people accessing Community Connect versus 1915i versus FTR. Ms. Sagness shared they don't even think they have hit capacity yet of the program in trying to assess those numbers for budgeting for the future. It is important that people continue to apply to be able to show the gap so the next budget season can be planned for adequately. It was also asked how to best assess which program someone should be served. According to Brandt the best way is to meet with that person to figure out what they want and need. Do they have a functional assessment done? What services are they looking for? Perhaps they can start with Community Connect and transition to 1915i. She indicated in the future what may work best is an entry point where a person could get connected to the services/supports most appropriate for them at the beginning. When asked what the Community Connect program plans for transition age youth indicated the System of Care funding will assist them with the youth aged 18-21 in the two indicated regions of the grant. So, where there is funding, that age group will be a priority population. It was recommended to have some type of tool or process to use to work through with people to identify the best entry point for them.

1915i Dashboard Review with Q&A:(PPT slides provided) Monica Haugen, 1915i Program Administrator, DHHS

Ms. Haugen shared the enrollment report that is available on their website and now updated quarterly rather than monthly as in the past due to being able to maximize movement. See ppt slides for specifics. She shared exciting news that the Central Regional Education Association and Bismarck Public Schools are now enrolled to provide care coordination to youth and children. She is working with them to get them implementing and serving at the school. Fargo and Grand Forks Public Schools are in the process of enrolling. We were reminded that with respect to data shared, it is reliant on billed claims, of which providers have 180 days to file, therefore the months are always being updated as claims are made. When asked if there are restrictions or limits as to how large the 1915i numbers of enrollments can be, Ms. Haugen answered essentially no, as it was originally estimated 11,000 people would be eligible, which is the number approved by Medicaid. Today we have 224 enrolled, indicating we have pretty much unlimited capacity. Ms. Dendy reminded us of the various Medicaid waivers do have maximum capacities even though 1915i does not. A concern was raised about how at times people can get to a hospital from a rural area when they are in crisis, but they need help getting transportation back home, particularly in western ND. Could the non-medical transportation available via 1915i be used for this? According to Haugen, to utilize non-medical transportation, the need must be present on an existing plan for care for an individual who has been working with a care coordinator and it must be established there is a goal surrounding it. If that is in place and the provider is willing to make the trip out, absolutely. The difficulty would be the travel to get the person would not be billable – only the time the person is in the vehicle would be billable. Ms. Dendy shared there may be a possibility of a transport from a facility by ambulance as there is a policy that upon discharge from an inpatient or outpatient service, hospitals may arrange an authorized medically necessary transportation. Follow up with Kim Gabriel of DHHS was advised. The question was raised of how to best get he word out about the availability of these services, to get beyond the number currently served. There is so much potential with many providers available to serve and if more sought the services, more would be interested in providing. The department is making concerted efforts to get the word out and potentially dong some advertising which they have not done

before as well as working with entire communities to address how to do this. With respect to services to children, we were reminded that eligibility for 1915i is based upon the parents' income. While the claims process and the burden of that cannot be reduced, they may need to look at the provider enrollment process and whether they can simplify policies and procedures to make it easier. Ms. Haugen called upon Mandy Dendy of the Medicaid office for some other updates including that community health workers are coming to North Dakota, with her office helping to get the profession established as they will be instrumental in a variety of healthcare needs and will be covered by Medicaid. Her office is also working with Ms. Haugen on the simplification of policies related to 1915i that relate to items such as signatures, WHODAS documentation and a state plan amendment approved in February that allows the Daily Activities Tool to be used to qualify for 1915i if done through a human service center. There is also now a live enrollment center available 9 AM- 3 PM M-F, where a person can call and have their questions answered. One of the other things being worked on is as a part of the communication strategy, considering how the public has no idea what 1915i means. What should it be called? If you have any ideas reach out to Ms. Dendy and share them. Overall, everyone's help is needed in growing the impact 1915i can have.

Consumer Family Network Update with Q&A: (PPT slides provided) Matthew McCleary, Deputy Director/ND Federation of Families for Children's Mental Health

Mr. McCleary reminded the Council of the contract his organization holds to facilitate the Consumer Family Network around mental health needs and assist consumers in advocating for themselves as well as others. They assist with system navigation and hold an annual conference, which will be in Bismarck on June 11. They have been working on three main navigation service improvements including: greatly increased call volume; SOAR implementation and a website revamp. He shared an example of a navigation client and how the CFN helped. To increase call volume, they have been looking at branding and promotional materials for the Helpline as well as doing active in person outreach visits to all HSC and with others. (See PPT slide deck for call volume data and information about SOAR.) Mr. McCleary shared the fresh look of their website and its increased functionality.

DHHS BEHAVIORAL HEALTH UPDATES

988 Implementation Update:(PPT slides provided) Dan Cramer, Clinical Director of Regional Human Service Centers, DHHS

Mr. Cramer reminded us of the 988-call center falls within the three core pillars of high-quality crisis services – the centralized call center, the mobile crisis response, and the crisis stabilization unit. First Link manages the call center and works with the HSCs. Prior to this HSC had their own crisis numbers. See the PPT slide deck for specifics about the timeline of implementation, how the process works and utilization data from 2022 and 2023 including source of calls, as well as regional utilization. A review of the data show calls increased significantly, indicating 988 has been adopted well in our state, with the average length of call being 15 minutes. He shared that 211 continues to be used quite a bit, with those calls flowing into the 988 system seamlessly with a "no wrong door" approach. With respect to the mobile crisis, data indicates Grand Forks is not getting as many requests, indicating action items needed to assure community is educated on it and partners are aware of options. Cramer also updated on the CCBHC and AVEL progress, specifically the staffing challenges of standing up these new initiatives, with each region having some unique nuances and the pre-planning assessments that are currently under way. Appropriated funding was provided for Minot, with rollup dollars for two more sites.

Overview of Problem Gambling Services in ND: Lisa Vig-Johnson, Gambling Disorder Clinical Lead, DHHS

Ms. Vig-Johnson shared the gambling services that are now under DHHS used to be hosted by Lutheran Social Services of ND until their closure. At that time services were temporarily under the state for about two years and now due to no hosting options with other nonprofits, the state took it on permanently a little more than a year ago. She has been engaged in this work for 34 years. Services are provided statewide by a staff of four, including three clinicians and an administrative assistant. They continue to have conversations around integration planning and placement. Staff work remotely and utilizing a church in Fargo and one in Minot that hosts groups services meetings. In Grand Forks and Bismarck those same group services are provided out of the Human Service Centers. Regarding workforce development, you do not have to be an addiction counselor to receive the training necessary and to provide treatment services for a gambling addiction. They are hoping to find more individuals interested in providing this treatment. This area of specialty is always changing. As an example, the passing of legalized sports betting, with gambling via phone being so accessible has resulted in more people coming in, a younger age demographic and higher debts due to gambling. Increased funding was provided last legislative session to conduct an incidence and prevalence study so there is a better understanding of how many in ND specifically may be struggling. The last study was done in 2000. She indicated the need for more prevention and early intervention activities. While they provide outpatient treatment, there are no inpatient options in ND available, with the nearest being Granite Falls, MN. Because this is not an insurance eligible service for reimbursement they rely on partnerships with the gambling industry, the lottery, charitable gambling, Native American casinos to help subside treatment services. Many of those working to recover from gambling addiction are in recovery from alcohol and substance use and simply switched addictions. There is a significant risk of suicide, with epidemiological data showing a connection. The suicide rate for a gambler is 7x the national average. The impact of gambling addiction and the brain is often not understood. It is a true brain disease. It is a behavior that brings mood altering changes that why it is called a behavioral process addiction. Often the gambler is dealing with other trauma and has issues with depression and anxiety. A lot of work is needed to continue to raise awareness of gambling addiction. Their website https://www.gamblernd.com/ is full of resources.

ND Pediatric Mental Health Care Access Program Grant: (PPT slides provided)

Due to the meeting running behind schedule, Lyndsi Engstrom was not able to continue with plans for an update. She will be invited back in July to address the BHPC, with Ms. Eberhardt covering some of her materials in her absence. This grant was taken on by DHHS this past year, with the department getting set up to continue with the mission and purpose of the grant which is to integrate and promote pediatric mental health into various settings such as pediatric primary care and assure for consultation and education to support the work, recognizing for many involved in peds, behavioral health is not their specialty. See slides for specific training and services provided. Objectives set include: a 25% increase in children having access to services in primary care settings; increase efforts towards achieving health equity, develop and create capacity for telehealth in community-based setting through expanded partnerships with emergency department and schools. Ms. Engstrom oversees the Full Services Community Schools portion of the work. The grant also provides contracts to Family Voices and Sanford. In response to a question o how the process works, if there is a call to Family Voices for example, the family gets a call back, and the medical provider also has an opportunity to connect with a variety of psychiatrists contacted through Sanford to provide consultation. By providing support to the primary care providers, they may be able to mandate some of the behavioral health concerns that in the past they may have said no to serving, opening capacity for those who truly need the specialized care.

MH Block Grant: (PPT slides provided) Shauna Eberhardt, Clinical Policy Director, DHHS

Ms. Eberhardt reminded the group of the strategic plan ties back to the MHBG and the various AIMS. She reviewed the 5% crisis set aside requirement contract updates and training updates (see slide deck for specifics). The latest information related to federal budget considerations came out recently. The FY 2025 President's Budget is $1.0 billion, an increase of $35.0 million from the FY 2023 Final level. It also includes a 10% set-aside for evidence-based programs for early intervention and prevention of mental disorders among at-risk children and adults.

SUPTRS Block Grant: (PPT slides provided) Lacresha Graham, Manager, Addiction & Recovery Program and Policy, DHHS

As per Ms. Graham, there are no major changes to report since the last meeting, but they did post the RFP on March 28 for Pregnant and Parenting Women's Residential Services, with a May 17 deadline for proposals. July 1 will be the target for contract start. This is vital to our maintenance of efforts compliance waiver request we are currently under. The FY 2025 President's Budget request for SUPTRS is $2.0 billion, equal to the FY 2023 final level. It includes a 10% set-aside within SUPTRS BG for non-clinical recovery support services.

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

BHPC Policy and Procedure Handbook Initial Review for Feedback: (PPT slides provided): Janell Regimbal, facilitator shared progress made so far in moving the BHPC from a bylaw driven Council to one policy and procedure driven operations as advised by the Governor's office. A format has been adopted and 21 documents have been drafted. The Executive Committee has initially reviewed them and provided feedback. Those changes are being incorporated. The draft documents will be emailed to BHPC members on or about May 1 for a 30-day window to review and make comment back on any recommendations to be brought back to the Executive Committee in June. Final drafts and discussion will be a part of the July meeting.

Lightening Round Sharing by Members- Kurt Snyder shared Heartview received two grants, one related to workforce by addressing the pipeline for addiction students, coordinated through their Training Academy for Addiction Professionals (TAAP) with funding to allow as student to pick addiction as a career, get paid for some of their tuition and some to support them during training. The other grant is to develop and expand outpatient services in Dickinson. Mandy Dendy shared as of April 1 Medicaid has added two new services of interest to BH: SBIRT (Screening, Brief Intervention and Referral to Treatment) and added the allowance for interprofessional consultations to be paid for their consultation time. UND is applying for a large grant related to SBIRT. Denise Harvey shared P&A is emphasizing their employment programs at BH conferences and trainings, and they are bringing in legislators to visit with constituents about he importance of supporting the Alzheimer's and dementia priorities which will include a new FTE for DHHS for a state dementia coordinator to run an actual state program for early detection and diagnosis.

Next Meeting- July 17, 2024, via videoconference or in person at Bismarck Job Service at 1601 East Century.

Adjournment. Having completed all agenda items and hearing no further comments from BHPC members, Vice Chair McCleary adjourned the meeting at 4:20 PM CT.

Respectfully submitted,

Janell Regimbal/Facilitator

Insight to Solutions

ND Behavioral Health Planning Council (BHPC)

Quarterly Business Meeting

December 13, 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); Robin Lang on behalf of Amanda Peterson (Principal State Agency: NDDPI Education); Timothy Wicks (Consumer, Veteran); Brenda Bergsrud (Consumer Family Network); Mark Schaefer (Private Substance Use Disorder Treatment Provider); Lorraine Davis (Consumer- member at large); Michelle Masset (Principal State Agency: DHHS Social Services); Dan Cramer (DHS Behavioral Health Delivery System; Melanie Gaebe, (Consumer, Indiv. in Recovery SUD); Lisa Peterson (Consumer, Family Member of a Veteran); Paul Stroklund (Consumer, Family Member of an Adult with SMI); Jennifer Henderson (Principal State Agency: Housing); Tania Zerr (Consumer, Family Member of a Child w/SED).

Council Members Absent: Michael Salwei (Healthcare Representative); Kurt Snyder (Consumer-Indiv. in Recovery); Amy Veith (Principal State Agency/Criminal Justice); Cheryl Hess Anderson (DHHS, Vocational Rehabilitation);Pamela Sagness (Principal State Agency: DHHS Mental Health); Michelle Gayette (DHHS Aging Services); Carl Young (Consumer, Family Member of a Child with SED); Glenn Longie (Tribal Behavioral Health Representative); Camille Redman (Private Mental Health Provider – has provided resignation from BHPC); Christina Bond (ND National Guard- has provided resignation, awaiting new appointee)

Staff: Tami Conrad (DHS, Behavioral Health); Kelli Ulberg (DHS, Behavioral Health).

Facilitator: Janell Regimbal of Insight to Solutions

Call to Order: Chairperson Davis called the meeting to order at 10:02 AM CT, via videoconference and with members present at the ND Job Service office in Bismarck.

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

Approval of Minutes. TIMOTHY WICKS MADE AND MELANIE GAEBE SECONDED A MOTION TO APPROVE THE OCTOBER 18, 2023, BHPC MEETING MINUTES AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

Approval of Agenda. Chairperson Davis called for the approval of the agenda as presented MATTHEW MCCLEARY MADE AND MANDY DENDY SECONDED A MOTION TO APPROVE THE DECEMBER 13 AGENDA. THE MOTION PASSED UNANIMOUSLY.

BHPC Updates:

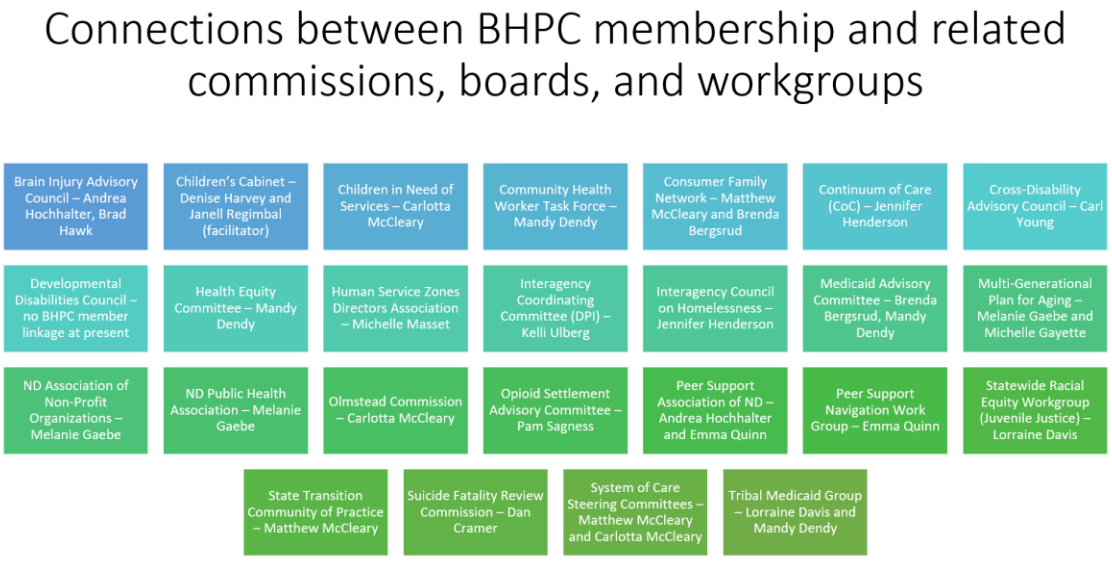
- Tami Conrad provided a brief report on membership (PPT slides provided). Currently we have an opening for a private mental health provider, an individual in recovery (MH) and are awaiting a nomination for a representative from the ND National Guard. Applications have been received and the decisions are at the discretion of the Governor. Interested applicants apply online via the Governor's website, with applications needing to be to the BHPC specifically and indicate how the criteria is met for the open position.

- Members were also alerted to upcoming changes such as term limits being indicated for all positions to follow the bylaws, along with not having specific agencies indicated for consumer positions. If your position's term limit is approaching your first step is to reach out to Tami Conrad via email to indicate whether you are interested in reappointment. Reappointments are also at the discretion of the Governor. We did receive an opinion on the questions we had regarding the revision of our bylaws. It is now recommended that groups like the BHPC not operate under bylaws but instead with a policy and procedure handbook as those can be updated without permission by the Governor's office.
- Janell Regimbal indicated she would be drafting a policy and procedure handbook for the Council between this meeting and the next for consideration. Feedback was solicited from members as to whether they wanted to continue to use the BHPC logo/letterhead or begin to use the *ND Be Legendary* brand available for use. Feedback from members indicated the importance of noting that while appointed by the Governor, the BHPC is not a part of any state agency and is an independent entity. While it is a low priority to consider "refreshing" the logo, there was interest expressed to bring this matter up in the future for consideration. The Executive Committee will consider this issue.

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 an update on the plans' notable changes since the last meeting. She also led a follow up conversation related to the request for information of members made by Janell Regimbal prior to the meeting to update information on record related to intersecting groups, resulting in the following information being gathered.

[redacted]



[redacted]

This will document will be updated as new members join. Please keep Janell informed as your memberships in groups change. As a part of this discussion, it was mentioned that the Peer Support Workforce Group could be reinitiated. Bevin will get a meeting together soon now that a new peer administrator has been Matthew McCleary, Lorraine Davis, Emma Quinn and Andrea Hochhalter and Mandy Dendy all expressed interest. This would be an exploratory meeting to understand where the opportunities are to expand and enhance peer support and navigation services across the state, looking at how the state plan coverage may coincide with ant 1915i coverage. Members were reminded they have access to SharePoint for specific information about the Strategic Plan and the most recent dashboard is always available on the home page of HSRI. The most current at this time is the **October 2023 Dashboard.**

Consumer Family Network Update: (PPT slides provided) Matthew McCleary, Deputy Director/ND Federation of Families for Children's Mental Health

Mr. McCleary reported their website overhaul will be completed within the next month. They continue to do visits across the state. Transportation continues to be identified as an ongoing issue when they are visiting with consumers. It was recommended for SOAR work to be connected with COC. Four consumers provided their perspective to 1st responders at Crisis Intervention Training, providing a great exchange for both consumers about procedures and protocols as well as to aid responders about fears of law enforcement and how to best optimize their interactions during a behavioral health crisis. Sometime early next month they will be posting a part-time peer support position to assist connecting people with services.

Behavioral Health Needs of Older Adults & ND's Multigenerational Plan for Aging: (PPT slides provided) Melanie Gaebe, Director of Public Policy/Alzheimer's Association of MN-ND

Ms. Gaebe talked of the gap, or perhaps as she better described it, the cliff, which exists related to behavioral health needs of older adults. She shared data about the population specific to our rural state such as most rural states have a higher percentage of veterans than urban states. The chances of people experiencing cognitive difficulties and living alone is large. The number of those age 65 and older who died by suicide continues to rise. The number of caregivers of those with dementia who experience depression and elevated level of stress is concerning. Ms. Gaebe as a BHPC member called the group to action, asking the BHPC to examine where the BHPC strategic plan can be expanded to capture older adults; called on us to promote healthy aging in all aspects of our work, recognizing that healthy aging starts with prenatal care; to confront ageism when we encounter it; to change the narrative of growing older; and to consider joining to assist with the state's Multigenerational Plan for Aging (MPA). She shared a vast group of organizations, associations, service providers, etc., who are all invested in flipping the script on aging in North Dakota are getting organized around priority items. To learn more and take the survey on the priorities go to this webpage https://forms.gle/davr6stH63bgLPUM8. Regarding the priority noted of *futures planning,* it was pointed out that when you aren't stable, you don't worry about your future. This is a conversation to start having more with people who are in recovery. It was also noted that long term care facilities are not trained to deal with behavioral health issues many older adults are experiencing. It was pondered "*what can we learn from tribes about end-of-life care and treatment of our elders?"* The concern of "patient dumping" of older adults in care was raised with a future desire expressed to explore these issues further.

Adjourned for lunch at 11:57 AM /Vice Chair Matthew McCleary reconvened the meeting at 1:02 PM. Lorraine Davis, Chair, resumed leading the meeting at 1:15 PM.

Block Grant Connecting Points with ND Behavioral Health Strategic Plan and Aim Workgroups: (PPT slides provided) Laura Anderson, Policy Director, DHHS Behavioral Health Division

Ms. Anderson provided a very helpful high-level overview of how the various AIMS fit into the Strategic Plan and how it weaves together multiple levels of guidance to aid strategy. The BHPC is key, and the strategic plan is the work of this group.

Mental Health Block Grant (MHBG) Update: (PPT Slides provided) Dr. Shauna Eberhardt, Clinical Policy Director, DHHS Behavioral Health Division and Dr. Emily Sargent of Sanford Health.

Dr. Eberhardt provided an overview of the First Episode Psychosis program. Its target population is young people aged 16-36 experiencing early episodes of psychosis and their families. Clients served so far have all been within the 18–24-year-old age range. It is being piloted at Southeast and West Central Human Service Centers. Research indicates that early intervention can reduce duration and severity of later episodes and increase functionality. She covered who qualifies and the governing principles employed in the team-based care structure utilized. The program is phased and time limited. In August 2023, the University of North Dakota was contracted to provide an initial fidelity review to the evidence-based practice as well as on-going reviews and monitoring. Overall the review indicated a number of strengths such as services offered to clients are tailored to meet clients where they are at while encouraging clients to move to the next stage of change; strong supervision; the psychiatrist's willingness and ability to see clients on short notice, including multiple times a week when needed; the majority of clients (92%) currently meet the program's explicit diagnostic criteria; the program takes great care in working with clients who may have previously experienced limited resources for diagnosing, managing, and treating behavioral health conditions. Clients were seen in person within 24 hours after referral by a member of the FEP team. Every client referred was seen within two weeks. Clinicians spend on average 75% of their time out in the community. The ability and willingness to meet and work with clients where they are most comfortable is a crucial strength of this program. Fidelity components and service delivery areas that the agency may wish to prioritize for improvement include assuring they focus on early intervention. While 75% percent of current clients have a history of psychiatric hospitalization before joining the FEP program, 3 clients received needed first episode psychosis intervention and half of the current clients were referred to the program from their initial hospitalization. Due to the age of the program (~ 6 months), this suggests the program is filling a needed gap in services. They also will need to focus on client retention and continued efforts to assure fidelity. BHPC members' questions centered around how the public becomes aware of this program and what work is being done to reduce the stigma of psychosis. A concern was shared that the program was not offered to an eligible individual in the Fargo area until they inquired about it. It was pointed out that at times physicians make referrals not so much on what the family needs but what they need as a provider. The program is currently developing a video via Flint to use for outreach and advertising that will target young people and their families. Stigma reduction efforts have centered around working to normalize processes with Dr. Tully, their consultant leading these efforts. They also rely on peer supports sharing.

Dr. Sargent shared about Project HEAL. The overarching purpose is to develop and expand the resources of the Treatment Collaborative for Traumatized Youth (TCTY) to address the significant gaps and improve access to evidence-based trauma services for Native American children across the state over the next 3 years. This will occur through training and delivery of culturally competent and evidence-based trauma treatments. The project's values are rooted in the traditional Anishinaabe values of the 7 grandfather teachings of truth, courage, respect, honesty, love, wisdom, and humility. The first training was just held in November and was *Honoring Children, Mending the Circle* delivered by Dr. Bigfoot. They were pleased to have a full group. Dr.

Sargent shared who the rest of the team involved which includes Dr. Samantha Beauchman, project trainer; Corinne Luther, project manager in charge of coordinating training and educational components, Sherie Madewell-Buesgens and Dr. Katelyn Mickelson, clinical therapists trained in the treatments and providing services; Kari Kosidowski, social worker, assisting with care coordination of youth and families served in the program.

North Dakota Pediatric Mental Health Care Access Program: (PPT slides provided) Shauna Eberhardt, Clinical Policy Director and Sara Kapp, Behavioral Health Administrator of DHHS Behavioral Health Division.

Ms. Kapp provided a review of the changes that have occurred in the administration of the grant and briefly reviewed the highlights of the provision for the last five years. When the application switched this fall to the behavioral health division, it resulted in restructuring of how the grant is conducted. The overall goal is the same as it has always been, to promote behavioral health integration into pediatric primary care by using telehealth modalities to provide high quality and timely detection, assessment, treatment and referral for children and adolescents, with behavioral health conditions, using evidence-based practices and methods. She reported they are still collaborating with the public health departments. Previously the grant was a five-year cycle, but it now switched to a three-year grant. The PMHCA grant was awarded from 2023-2026 with year 1 funding at $850,000 (20% cost match); year 2 at $700,000 (20% cost match); and year 3 at $700,000 (20% cost match). Program goals and objectives were reviewed. Calls have been relatively low over the past 5 years compared to other states, so they are working on this. When asked how the program intersects with Medicaid, Ms. Kapp indicated it does not. There is no billing being done from any providers using the consultation line as it is all paid for through the grant. This could be a piece of sustainability in the future. Psychiatrists have completed a CPT so they would know how much could be billed in the future. Mandy Dendy of the Medicaid office reported that the Centers for Medicare and Medicaid just approved states being able to reimburse consultations. When asked if physicians in training were a part of the grant's work, it was reported that the ECHO trainings provide some of the mental health education credits they need to have so they attend those.

The BHPC recessed for a short break from 2:25 -2:35 PM.

Substance Use Prevention, Treatment and Recovery Services (SUPTRS) Block Grant (PPT slides provided): Laura Anderson, Policy Director, DHHS Behavioral Health Division

Ms. Anderson provided an update on behalf of Lacresha Graham, who was unable to attend. Current contracts were highlighted including the Mobile Outreach Program with the City of Fargo and Peer Support Services in healthcare (shared with MHBG) with Sanford Health. This contract ends by December 31st and is currently being assessed to see what it looks like in terms of sustainability and whether it can be implemented and sustained in other areas. With regards to targeted services, adolescent residential treatment services contract with Eckert Youth Homes is ending January 9, 2024, with a new RFP to be posted shortly. Three Affiliated Tribes and Parshall Resource Center are funded as well as Human Service Centers get support for residential addiction services needed. For recovery services, Recovery Talk is funded and provides worldwide interpreters. The program was recently expanded to include individuals being able to receive calls/text at a self-prescribed frequency. The Pregnant & Parenting Women's Residential services new RFP will soon be posted. Members inquired whether interpreter services were provided in other service areas related to the MHBG since it has been expressed as a gap. It was shared that human service centers have their own contracts for interpreter services and 988 is coming up with several options with different languages as well. There were recently grants funded specific to the

New American population. Related to workforce, the block grant has a contract with Case Western to provide motivational interviewing training for child protection workers. Peer Support Training is provided by Appalachian Consulting and 1915i Training / Technical Assistance for the Corporation for Supportive Housing (shared with MHBG).

Following the various reports provided, Janell Regimbal, facilitator, called upon the members to provide feedback on the various reports received and to ascertain if having them more closely tied to the various Aims of the Strategic Plan was helpful. Feedback included:

- Members expressed appreciation,
- It was suggested to add more information about population focuses and any restrictions to help the group be better messengers to others about what is available.
- Having demographics related to who the various programs touch would be helpful.
- More data about the impact and who is impacted.
- Is progress being made?
- How do we ensure people know about these assorted services and how to access them, not just providers but the general population. Is it shared in language that can be understood?

It was shared that besides training for professionals, the BHD does regular webinars for the public offered monthly and at no cost. Behavioral Health Upcoming Trainings | Health and Human Services North Dakota

Strengthening NAMI's Presence in North Dakota (PPT slides provided): Annie Schmidt, Sr. Manager Field Capacity Building, Alliance Relations, NAMI.

Ms. Schmidt told of her connection to NAMI and the work she currently does in field capacity building. She shared about NAMI, how they operate, what their current presence in ND looks like and what they hope to be doing in the future. NAMI is the nation's largest mental health grassroots organization. So, while NAMI has been in ND since 1992, its presence has been limited, with a monthly support group in Grand Forks. The goal she shared is to have a centralized state office in North Dakota that supports programming and community organizing around the state. She shared examples of programming like support groups, various affinity groups, peer to peer education courses, programs where they train people how to share their own story in a way to help erase stigma, and a variety of educational offerings. Early this past fall they created a workgroup to help identify who needs to be on the core team to rebuild NAMI's presence here. They have been learning about the state and its opportunities and challenges and how they can best fit and develop. In January – March 2024 they will be creating a step-by-step action plan. She asked for the BHPC member's help in being a part of the work by sharing experiences with the behavioral health sphere in ND and to help define what success would look like. She provided contact information to schedule a meeting with her. Several members expressed interest in connecting. She can be reached at ASchmidt@nami.org.

System of Care Grant and Update (PPT slides provided): Katie Houle, Clinical Administrator/System of Care, DHHS

Ms. Houle came before the BHPC to provide an update of what has occurred this past quarter. We were reminded that the focus of the SOC grant is children's behavioral health, birth through age 21. The work of the grant is specifically tied to Aim 5 of the strategic plan. She specifically updated us on the progress building the infrastructure of the system of care via the development and implementation of the steering committees in each of the two regions targeted in the grant. Goals are to create a vision for the development of youth and family driven, community-based, and culturally appropriate children's behavioral health services and supports. The steering

committee will provide guidance on local strengths, barriers to services, and opportunities for change. They will provide guidance and prioritize infrastructure and service implementation in the region; and inform system and governance structures about the lived experiences of youth, families, and our child-serving workforce. Another important objective is to develop cross-system partnerships and relationships that assist in cultivating change. While the grant is not yet one year old, they have active membership of 15 members in region 7(Bismarck/Mandan) and 18 members in region 3 (Devils Lake). This includes two active members with lived experience, three active members from family run organizations. In year 2 they will be expanding membership to better represent lived experience, tribal representation, and other child-serving professionals. Each group has been identifying their key priorities and setting their purpose accordingly. BHPC members were encouraged to pay close attention to the gaps and barriers noted in each region.

Priority Setting for 2024 (PPT slides provided): Janell Regimbal, facilitator
It is time for the BHPC to reset their priorities for the coming year. Ms. Regimbal reviewed the most recent priorities set and their status. The Executive Committee works with the facilitator to set agendas for each meeting. Setting priorities will help assist in assuring that besides hearing regular reports we are digging deeper into issues that have been identified by the membership. In January, a survey will be conducted among BHPC members to solicit information that will help advise the Executive Committee to set 2024 priority items. All were reminded that they can suggest items for the agenda at any time. It was noted that the past priority related to IMD Exclusion Waiver is still relevant due to continued conversations at interim legislative committee meetings. We were informed that Medicaid took the official position on this recently, with no plans indicated to pursue the waiver at this time. Their perspective is that SUD vouchers can be used to pay for treatment in those facilities, so they don't see it as a gap, but as a continuum in North Dakota.

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

Lightening Round Sharing by Members- due to time constraints members were encouraged to share any comments in the chat as there was not time for a formal go around.

- Paul Stroklund shared about the interview process for a Superintendent of Minot schools, a reoccurring theme expressed is the mental health of kids, and particularly minority kids.
- Brad Hawk indicated MHA Nation would like to speak with the BHPC on the IMD issue, related to concerns about the number of beds. It was noted they may join at any meeting during public comment or reach out to the facilitator to request consideration to be placed on the agenda.

Next Meeting- April 10, 2024, via videoconference or in person at Bismarck Job Service at 1601 East Century.

Adjournment. Having completed all agenda items and hearing no further comments from BHPC members, Chairperson Davis called for adjournment at 4:07 PM CT. CARLOTTA MCCLEARY MADE AND MELANIE GAEBE SECONDED A MOTION TO ADJOURN. THE MOTION PASSED UNANIMOUSLY.

Respectfully submitted,

Janell Regimbal/Facilitator

Insight to Solutions

ND Behavioral Health Planning Council (BHPC)

Quarterly Business Meeting

October 18, 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); Brenda Bergsrud (Consumer Family Network); Mark Schaefer (Private Substance Use Disorder Treatment Provider); Lorraine Davis (Consumer- member at large); Michelle Masset (Principal State Agency: DHHS Social Services); Dan Cramer (DHS Behavioral Health Delivery System) Amy Veith (Principal State Agency/Criminal Justice);Kurt Snyder (Consumer- Indiv. in Recovery); Melanie Gaebe, (Consumer, Indiv. in Recovery SUD); Lisa Peterson (Consumer, Family Member of a Veteran); Paul Stroklund (Consumer, Family Member of an Adult with SMI); Michael Salwei (Healthcare Representative).

Council Members Absent: Cheryl Hess Anderson (DHHS, Vocational Rehabilitation);Pamela Sagness (Principal State Agency: DHHS Mental Health); Jennifer Henderson (Principal State Agency: Housing);; Michelle Gayette (DHHS Aging Services); Carl Young (Consumer, Family Member of a Child with SED); Glenn Longie (Tribal Behavioral Health Representative); Stacey Hunt (Private Mental Health Provider – has provided resignation from BHPC); Christina Bond (ND National Guard- has provided resignation, awaiting new appointee)

Staff: Tami Conrad (DHS, Behavioral Health); Kelli Ulberg (DHS, Behavioral Health).

Facilitator: Janell Regimbal of Insight to Solutions

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.

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

Approval of Minutes. ANDREA HOCHHALTER MADE AND AMANDA PETERSON SECONDED A MOTION TO APPROVE THE JULY 19, 2023, BHPC MEETING MINUTES AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

Approval of Agenda. Chairperson McCleary called for the approval of the agenda as presented with the substitution of a brief report related to the BH Conference by Laura Anderson on behalf of the DHHS in place of Pamela Sagness who has a scheduling conflict. TIMOTHY WICKS MADE AND BRENDA BERGSRUD SECONDED A MOTION TO APPROVE THE OCTOBER 18 AGENDA. THE MOTION PASSED UNANIMOUSLY.

BHPC Updates:

- Tami Conrad reported on three open positions currently available on the Council, including: for a private mental health provider; a consumer member in recovery (MH) and a new National Guard appointee.
- A new reimbursement form is now available for consumers applying for reimbursement for attending meetings. They will be sent out via email following the meeting.
- Janell Regimbal thanked members for their prompt response to the email solicitation for both nominations and the electronic election process for the open Vice Chair position for the Behavioral Health Planning Council Executive Committee. Two qualified members, Matthew McCleary and Carl Young agreed to have their names placed on the ballot. Following a voting window of one week, the results were reported to the Executive Committee, with the Executive Committee bringing forth a motion to approve the results of the election. ANDREA HOCHHALTER MADE AND EMMA QUINN SECONDED A MOTION TO APPROVE THE ELECTION RESULTS OF MATTHEW MCCLEARY AS VICE CHAIR OF THE BHPC EFFECTIVE AT THE CONCLUSION OF THIS MEETING. THE MOTION PASSED UNANIMOUSLY. Members were reminded that Lorraine Davis will become Chairperson following this meeting and Emma Quinn will rotate off the Executive Committee as former Chairperson. Emma was thanked for her service, and Carlotta for acting as our chairperson this past year.
- The 2024 slate of meeting dates were presented for consideration. PAUL STROKLUND AND AMANDA PETERSON SECONDED A MOTION TO MEET APRIL 10, JULY 17, OCTOBER 16, AND DECEMBER 11. THE MOTION PASSED UNANIMOUSLY. Location will continue to be North Dakota Job Service in Bismarck with option to join virtually via TEAMS.

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

Ms. Croft was unable to attend due to an organizational wide in person HSRI gathering. She sent her greetings a brief slide presentation update to share. See the slides for specific details. BHPC member liaisons for the various Aims offered additional information. Andrea Hochhalter shared she is now a member of the Brain Injury Council and willing to help with Aim 3. Carlotta McCleary shared with regards to Aim 5, the advisory committees in regions impacted by the grant have been very active, with an in-person meeting planned for the BH Conference. Kurt Snyder reported with regards to Aim 7 that there have been some great discussions about what the entity responsible for supporting the workforce transformation should look like, with good progress being made. Lorraine Davis shared the importance of the addition of goals to support tribal nations and Urban Indian communities since 48% of Native Americans in North Dakota live off reservation. Members were reminded they have access to SharePoint for specific information about the Strategic Plan and the most recent dashboard is always available on the home page of HSRI. **October 2023 Dashboard**

North Dakota Pediatric Mental Health Care Access Program: (PPT slides provided) Jenn Faul, Sanford Health, and Shauna Eberhardt, Clinical Policy Director, DHHS Behavioral Health Division

Ms. Faul provided an update on the grant's goals for the third quarter, sharing service statistics related to the goals. She did not provide an update on the school portion of activities, but members will be updated on the school related activities next quarter. The current grant year will end September 30, 2023. (See ppt slides & handout for specifics statistics.) Ms. Faul continues to meet with lead staff from ND DHHS BHD on data requirements for HRSA and streamlining

processes moving forward, continues to enroll providers to expand the program, and reviewing data across programs for ECHO topics requested in 2024.They have also been attending the school based Health Alliance national meetings and also the National Emergency Medical Services for Pediatric Services to learn how this grant is moving into EMS as they continue to build and hope to move into these areas with this expansion.

1915(i) Provider Status Update: (PPT slides provided) Monica Haugen/Administrator Behavioral Health 1915(i)/DHS

Ms. Haugen shared updated data related to provider and individual enrollment and service data as of October. She reported the number of providers is slowly increasing. Some providers are enrolled to provide more than one type of service. Individual enrollment has also increased. Redetermination of eligibility for Medicaid has impacted enrolled individuals, particularly after the public health emergency end date which triggered redetermination. Her office is trying to help providers better engage with clients so there is a better chance for re-enrollment. There has been an impact to the numbers due to losing members through this redetermination/reenrollment process. The low number of enrollments of the under 18-year-old age group is often due to services not available. There is still a lack of services available in the rural areas. Plan amendments being pursued and submitted soon following the public comment period will help to address availability issues. Amendments being pursued include: expand options for qualifying functional assessments such as the Daily Living Assessment (DLA) which are done at the HSCs ; remove annual service limits so they don't have to go through formal requests ; remove remote service delivery limits; allow more flexibility with diagnosis verification so that others besides the physician can verify dx; and increase flexibility with Peer Support/Family Peer Support provider qualifications to better align with FTR and CC around certifications. It will likely be mid-January before any amendment approval decisions are made. In the interim the Department is working to ready the background policy work that would allow quick movement of implementation of any approved amendments. We were reminded when reviewing the utilization data that it is not always the best representation of what is occurring since providers have 180 days to file their claims. Additional efforts are being made to assist providers in improving the quality of their care plans. As a result, it is hoped that some of the other services will start to be utilized. More information about the DLA was provided, specifically about its applicability with youth. See provided handout ***DLA-20 Youth Assessment of Function pdf.*** Kudos were expressed to the Department for listening closely to consumers for what is needed to remove barriers. Technical assistance calls are now occurring monthly rather than weekly, now held the first Thursday at 1 pm. Stakeholders can attend by simply clicking this link https://www.hhs.nd.gov/1915i/trainings.

American Rescue Plan Spending Updates: (PPT slides provided) Candice McDaniel, Sr. Manager/Myers, and Stauffer

Ms. McDaniel explained that Myers and Stauffer help NDDHHS digest and support processes through American Rescue Plan (ARP) spending plans. She explained some of the initiatives that have been completed and those that are planned for this next calendar year. North Dakota was approved to dispense about $31.7M through grants and pilot programs through a spending plan that was submitted to CMS in June of 2021. These dollars really helped to accelerate the home and community-based services expansion investments that increase access and support transitions and diversions from institutional settings, impacting older adults, children and adults with physical disabilities, adults, and children with intellectual or developmental disabilities, including autism spectrum disorder and brain injury. The plans four initiatives included: increasing capacity of service delivery system; supporting transitions from Life Skills Transition Center;

piloting new services to address gaps and enhancing infrastructure that support HCBS. Members suggested a possible follow-up to this presentation due to the breadth of information available.

Mental Health Block Grant (MHBG) and Substance Use Prevention, Treatment and Recovery Services Block Grant (SUPTRS) Updates: (PPT slides provided) Dr. Shauna Eberhardt, Clinical Policy Director, and Lacresha Graham, Manager, Addiction & Recovery Program and Policy/DHHS Behavioral Health Division.

Dr. Shauna Eberhardt introduced herself to the group. She is the Clinical Policy Director for DHHS Behavioral Health Division, she has been in public healthcare for about 8 years following previous work in private practice. She shared an overview of the Policy Team organizational chart, an update on the combined block grant application which was turned in on time following the review and support from the BHPC, an overview of the grant report that will be due on December 1, and an update on the MHBG. Kelli Ulberg shared briefly about Project HEAL, a collaboration with Sanford Research North for traumatized youth, primarily addressing two significant gaps – to improve evidenced based trauma services for children across the state and providing a variety of culturally sensitive trauma informed mental health services for Native American youth. With respect to future planning, Dr. Eberhardt shared that a variety of recommendations that came out of the BHPC will be a part of future planning include training, TA and integration of BH services with aging services; expansion of youth and family care, culturally nuanced services; expansion of first responder critical incident stress management (CISM) support; ongoing crisis service training and enhancements; expansion of peer support; expansion of First Episode Psychosis programming and expansion of evidenced based programs across the state. In response to a question regarding grant frequency, it was shared it occurs every two years and then the next year it is a mini application that adds to what has previously been done in the large combined application. Feedback was provided on how the BHPC can best provide input on the grant. It was noted that it is important for members to make recommendation rather than more of a public comment type role. Dr. Eberhardt indicated ongoing feedback on gaps can be discussed at any point in time and can be documented for future applications. The relatively short period in which the application itself is responded to creates some challenges but they will do their best to get information to the BHPC right away so there is more time to reflect on and digest the materials. It was also suggested that when the draft of the grant application comes to the BHPC it be tied back to the ND Plan for Behavioral Health.

Ms. Graham provided updates on the SUPTRS Block Grant. Previously Recovery Talk was exclusively a 24/7 call in services for additional support. It is now expanding to allow for an individual to sign up and ask for regular contact by a peer support specialist. Once it goes live the BHPC will be notified, and news releases, social media and the website will announce its availability. Some funding support is being provided to help assure peer support services continue for 1915i enrollees until the amendment is approved to help assure payments continue. An RFP for a pregnant and parenting women's residential treatment program is in the final stages before being posted. There are two specific maintenance of efforts (MOE) required as a part of the Block Grant. 1. Women's MOE: We are required to spend the same amount or more from FFY1994. Because we did not have a residential program, we did not meet that goal, but ND submitted a waiver, which has been approved with the additional $1MM received during the legislative session for construction costs for a program. There has not been a residential program for women in operation since 2019. 2. State MOE: There were several pieces to why we did not meet the MOE- it was mostly the cost savings related to the SUD voucher. They are now working with a federal project officer on a corrective action plan. Part of the state funding allotment will come from knowing what Medicaid spends on the state side. They did not previously need to use

Medicaid numbers. As a result, a Memorandum of Agreement between the BH division and Medical Services is being drafted to establish some processes for gaining data and assure it is what SAMHSA requires. Once everything is aligned it is hoped there will not be any future concerns.

Chairperson McCleary recessed the Council at 11:55 AM for a lunch break and reconvened at 1:05 PM.

System of Care Grant and Update (PPT slides provided): Katie Houle, Clinical Administrator/System of Care, DHHS

Ms. Houle reminded the group of the ND federal SOC grant award specifics, with ND being one of six states awarded $3M per year for the next four years for the period of 2022-2026. The purpose of the grant is to build a more robust comprehensive sets of BHS, specifically for children, adolescents and young adults that are at risk of or currently experiencing serious emotional disturbances and their families. During the first four-year period of the grant, the focus is on two geographic areas, region 7 including Standing Rock and a portion of MHA Nation, and region 3, including Spirit Lake and Turtle Mountain. The goals, core values, and timelines of critical activities of the grant thus far were reviewed. Regional Steering Committees are central to the SOC grant. Into year two they will work to seek increased representation of youth and families with lived experience, tribal community members, juvenile justice, schools, and other community stakeholders to bring the groups up to 24 active members. The committees have also expressed interest in forming working groups. Key priorities and barriers have been identified by the committees. The services discussed most and prioritized by the committees were crisis and safe beds; family peer support; and intensive care coordination models including high fidelity wrap around. Barriers most often noted include eligibility criteria, insurance status, and high risk or significant "behaviors"; workforce shortage, development, and training; lack of shared responsibility. When comparing those barriers with those identified by the SOC needs assessment there were similar issues such as disparities in access for Medicaid and private insurance; challenges implementing 1915i and Title IV-E Prevention Services; limited workforce and inexperienced staff; and different perspectives on responsibility and liabilities. Updates on family/youth engagement, cross-system partnerships, and HSC data infrastructure. Current data from March – September reporting on National Outcome Measures (NOMS) and the numbers for Diagnostic and Evaluation Services, Outpatient Services, Crisis Services, and Intensive home-based outreach and case management services in the identified regions was shared. Key priorities for the next three months include: a partial hospitalization program for the Bismarck/Mandan region; certified shelter beds for both regions; community grant funding released; family peer support – technical assistance and training; transition services for ages 18 through 21; and working closely with their evaluator to clearly define target population, vision, and key outcomes. Currently those children and youth served at the HSC in the targeted regions are under the same service model and eligibility as in the past and in the other HSC since they are collecting baseline data. When asked if there were plans to have tribal liaisons as a part of approach, .it was indicated initially it is important to have support and buy in from tribal health directors and tribal councils with the need to localize the work and help them build systems of care at the local level that bridge the gaps between child serving systems and create a strong support governance structure for that.

Behavioral Health Division DHHS Report: Laura Anderson, Policy Director/Behavioral Health Division.

Ms. Anderson provided an update on the upcoming ND Behavioral Health Children and Family Services Conference. Record numbers are registered, hitting the 1000 mark already, a week before the conference. BHPC members were encouraged to register if they have not already done so. A code was emailed to each to use for free attendance.

Consumer Family Network Overview and Update: (PPT slides provided) Matthew McCleary, Deputy Director/ND Federation of Families

Mental Health America is a consumer-run organization, with a mission of promoting mental health through education, advocacy, understanding, and access to quality care for all individuals. It includes programs, advocacy, a recovery center in Grand Forks, Mountainbrooke, and the Consumer Family Network (CFN). CFN has a contract with NDDHS. Its goals are to enhance adults with SMI participation, voice, leadership and empowerment through partnerships and collaborations with allied stakeholders to effect systems change and improve the quality of mental health services in ND; establish a statewide collaborative effort with multiple systems to engage, train, educate, and support individuals with SMI and their families; train mental health and related workforce. They connect consumers to resources such as 211, 988, the BHD and SOAR. Service data was shared and plans for website and service navigation improvements. When asked what percentage of those who call are Medicaid involved, Mr. McCleary indicated a large portion are but could not offer a specific percentage. It was suggested they connect with the Medicaid Member Engagement Coordinator, who is currently building a Medicaid Member Handbook. The Medicaid office is also currently accepting applications for a member engagement committee, to consist of members, previous, current and their family members. For more information on Medicaid member engagement contact jsheppard@nd.gov or go to https://www.hhs.nd.gov/medicaid-member-engagement. When asked whether CFN is a program of MHA, McCleary indicated CFN is a group that MHA helps facilitate. MHA gets a state contract to help support them, i.e., they act as fiscal agent. CFN is self-governing.

Specialty Services for Veterans: PTSD Treatment Center Overview & Perspectives Offered by Paul Stroklund, consumer member of BHPC

Mr. Stroklund shared with members about his experience at Hot Springs Domicile, a South Dakota treatment center. It is on the national registry and had its start in the early 1900s as a sanitarium. The Hot Springs were known for their healing waters. WW1 veterans were brought there to heal and leave. In the 1970s it was converted into a place for the treatment of SUD and PTSD. It is one of the few places left that treat dual DX. The program is 54 days in length minimum but can be longer, serving a wide age range of vets, both male and female. It is set up in a "university type setting" meaning people are not all on the same schedule for classes but you choose them from a course catalog to meet your individualized needs. The program is based around a whole life treatment approach, so it includes things like job training if appropriate. A sweat lodge is held every Friday administered by local elders. A person must detox before getting there. During any wait to access treatment a daily call came from the facility for added support. The catchment area for the facility is SD, ND, part of MN and some from MT and CO too. Transportation was available for those who may be homeless and need assistance. It was pointed out many from here go to St Could for veterans' addiction services. You may need to self-advocate to do dual SUD PTSD approach offered in this facility. It was a very beautiful facility offering specialized service as per Paul. More and more North Dakotan veterans are hearing about it and choosing this option. For more information check out Hot Springs VA Medical Center | VA Black Hills Health Care |

Veterans Affairs To find facility discussed, look under the "health services offered here" tab and choose "addiction and substance use care".

Native American Center Initiatives: (PPT slides provided) Lorraine Davis, Founder & CEO/NATIVE, Inc

Ms. Davis NATIVE Inc is Native American community-based education and services organization serving urban areas, currently in Bismarck and Fargo areas, founded in 2019. They also operate a sister organization, the Native American Development Center which provides financial services like loans, microenterprise loans, credit builder loans and consumer loans to distressed populations. They serve their target population through culturally responsive education and behavioral health programs, housing, and economic services. Specific to the state's behavioral health plan, NATIVE, Inc. provides 1915i, Community Connect and FTR services. They just recently received funding to expand into domestic violence services, specifically to increase cultural services. They are also working on an affordable housing project for families. A concern she expressed was the lack of evidenced based programs for Native American youth. They provide after school youth programs that have been culturally adapted to fit the needs of urban Native Americans. In the future they hope to get 4E funding to hire a licensed family therapist. Referrals to spiritual advisors, talking circles for men and women, sweat lodge ceremonies are all offered. Ms. Davis is passionate about her agency ensuring Native Americans have access to cultural programming and assuring services are offered for advocacy and traditional healing and cultural programs. Their organization a community needs assessment back in 2020 in their community hub of Bismarck, sharing the results of the focus groups with relation to the primary needs of social emotional, cultural, and economic areas.

Lightening Round Sharing by Members

- Andrea Hochhalter – joined Brain Injury Council. The ND Peer Support organization is now a year old with 950 peers trained and connected. They recently received a grant from BCBC Caring Foundation to advance their mission. Training for providers will be held on 11/9 to provide help with making claims. They do lunch and learns called "Casual Connections and Questions". https://www.peersupportnd.com/
- Daniel Cramer: They are working towards having at least one center becoming a CCBHC via legislative action. They additionally applied for federal grants for three other sites but recently learned they were not awarded. They will continue with the four-state funded CCBHC, the first of which will be North Central in Minot and then potentially growing to two more after that. The process has started with a centralized steering committee and a local steering team. He also shared that they have contracted with FTLDC to provide functional family therapy to staff at each of the HSC. It won't happen all at once, but two-three sites at a time with having all stood up in 2024. When asked how long it will take to establish a CBHC he indicated two to four years to be fully in place.
- Denise Harvey shared Protection & Advocacy's 2024 priorities in working with people with mental illness. Here is the formal announcement https://www.ndpanda.org/news/pa-announces-new-priorities
- Melanie Gaebe: If you have a Rotary connection, one of the priorities for them in 2023/24 is mental health and reducing the stigma of talking about mental health. She also shared the multigenerational plan on aging is in full swing and how to access the Alzheimer's Association's education offerings. https://www.alz.org/mnnd/helping_you/calendar

- Tania Zerr – she has a personal connection to this topic and is also working to educate herself on the topic of BH resources as a leader in her organization with over 350 staff and is finding the BHPC connection a great resource to learning more and sharing it with others.
- Mandy Dendy: There is now a member E-news available on their website to subscribe to. She also provided a link to the school Medicaid series they did to help get more schools engaged in billing for IEP services and to better facilitate BH services https://www.hhs.nd.gov/healthcare/medicaid/provider/education-and-training. The Medicaid division has also updated their SUD policy and provided enhanced information about levels of care and service requirement in hopes it will be easier to understand how to help get members paid by Medicaid.

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

Next Meeting- December 13, 2023, via videoconference or in person at Bismarck office of Job Service at 1601 East Century. Lorraine Davis will begin as our chairperson at the conclusion of this meeting. Carlotta McCleary was thanked for her leadership and continued role on the Executive Committee as past Chair for the next year. Mandy Dendy shared her observations as a new member of the BHPC being a place to learn about a lot of great things yet encouraged us all to be sure to focus on the action verbs related to our role of: 1. Reviewing plans, 2. Advocating for adults with serious mental illness and children with SED and others with MH problems; 3. Monitoring, reviewing and evaluating he adequacy of mental health services in the state. What is our duty of supplementing the data that we get presented by the behavioral health division? The group agreed we need to reset with new priorities for 2024's work with these comments in mind. We were reminded of the manual shared this past spring as our reference to role and function besides the bylaws. https://www.samhsa.gov/sites/default/files/planning-council-introductory-manual.pdf

Adjournment. Having completed all agenda items and hearing no further comments from BHPC members, MANDY DENDY MADE AND MATTHEW MCCLEARY SECONDED A MOTION TO ADJOURN THE MEETING. THE MOTION PASSED UNANIMOUSLY.

Chairperson McCleary declared the meeting adjourned at 3:51 PM CT.

Respectfully submitted,

Janell Regimbal/Facilitator

Insight to Solutions

Environmental Factors and Plan

Advisory Council Members

For the Mental Health Block Grant, **there are specific agency representation requirements** for the State representatives. States MUST identify the individuals who are representing these state agencies.

State Education Agency
State Vocational Rehabilitation Agency
State Criminal Justice Agency
State Housing Agency
State Social Services Agency
State Health (MH) Agency.
State Medicaid Agency

Start Year: 2025 End Year: 2026

Name	Type of Membership*	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Brenda Bergsrud	Others (Advocates who are not State employees or providers)			bbergsrud@yahoo.com
Heather Call	Others (Advocates who are not State employees or providers)			
Dr Dan Cramer	State Employees			dcramer@nd.gov
Lorraine Davis	Persons in recovery from or providing treatment for or advocating for SUD services			
Mandy Dendy	State Employees			mrdendy@nd.gov
Melanie Gaebe	Persons in recovery from or providing treatment for or advocating for SUD services			
Michelle Gayette	State Employees			mgayette@nd.gov
Denise Harvey	State Employees		PH: 701-328-3952	drharvey@nd.gov
Brad Hawk	State Employees			bhawk@nd.gov
Jennifer Henderson	State Employees			jhenderson@nd.gov
Cheryl Hess-Anderson	State Employees		PH: 701-391-7907	chess@nd.gov
Andrea Hochhalter	Family Members of Individuals in Recovery (to include family members of adults with SMI)			andrea_hochhalter@msn.com
Kristi Kilen	Providers			kkilen@sharehouse.org
Glenn Longie	Representatives from Federally Recognized Tribes		PH: 701-278-0409	glongie@outlook.com
Michelle Masset	State Employees			mmasset@nd.gov
Carlotta McCleary	Parents of children with SED			

Matthew McCleary	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)			
Amanda Peterson	State Employees			amandapeterson@nd.gov
Dr Lisa Peterson	Family Members of Individuals in Recovery (to include family members of adults with SMI)			lisapetersonphd@yahoo.com
Emma Quinn	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		PH: 503-523-9376	emmalquinn88@gmail.com
Pamela Sagness	State Employees			psagness@nd.gov
Matthew Salwei	Others (Advocates who are not State employees or providers)			michael.salwei@sanfordhealth.org
Mark Schaefer	Providers			
Kurt Snyder	Persons in recovery from or providing treatment for or advocating for SUD services			kurt@heartview.org
Paul Stroklund	Family Members of Individuals in Recovery (to include family members of adults with SMI)			paulstroklund@gmail.com
Dr. Amy Veith	State Employees		PH: 701-253-3711	aveith@nd.gov
Tim Wicks	Family Members of Individuals in Recovery (to include family members of adults with SMI)			timothy.wicksTW@gmail.com
Tania Zerr	Parents of children with SED			zerr@ymcacassclay.org

*Council members should be listed only once by type of membership and Agency/organization represented.

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

Advisory Council Composition by Member Type

Start Year: 2025 End Year: 2026

Type of Membership	Number	Percentage of Total Membership
Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)	2	
Family Members of Individuals in Recovery (to include family members of adults with SMI)	4	
Parents of children with SED	2	
Vacancies (individual & family members)	2	
Others (Advocates who are not State employees or providers)	3	
Total Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services), Family Members and Others	**13**	**50.00%**
State Employees	11	
Providers	2	
Vacancies	0	
Total State Employees & Providers	**13**	**50.00%**
Individuals/Family Members from Diverse Racial and Ethnic Populations	0	
Individuals/Family Members from LGBTQI+ Populations	0	
Persons in recovery from or providing treatment for or advocating for SUD services	3	
Representatives from Federally Recognized Tribes	1	
Youth/adolescent representative (or member from an organization serving young people)	0	
Total Membership (Should count all members of the council)	**30**	

OMB No. 0930-0168 Approved: 06/15/2023 Expires: 06/30/2026

Footnotes:

Environmental Factors and Plan

22. Public Comment on the State Plan - Required

Narrative Question

Title XIX, Subpart III, section 1941 of the PHS Act (42 U.S.C. § 300x-51) requires, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

Please respond to the following items:

1. Did the state take any of the following steps to make the public aware of the plan and allow for public comment?

a) Public meetings or hearings? ○ Yes ◉ No

b) Posting of the plan on the web for public comment? ◉ Yes ○ No

If yes, provide URL:

https://www.hhs.nd.gov/bhpc/blockgrants

If yes for the previous plan year, was the final version posted for the previous year? Please provide that URL:

https://www.hhs.nd.gov/behavioral-health/behavioral-health-reports

c) Other (e.g. public service announcements, print media) ○ Yes ◉ No

Please indicate areas of technical assistance needed related to this section.

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Footnotes:

Environmental Factors and Plan

23. Syringe Services Program (SSP) - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Narrative Question:

The Substance Use Prevention, Treatment, and Recovery Services Block Grant (SUPTRS BG) restriction[1,2] on the use of federal funds for programs distributing sterile needles or syringes (referred to as syringe services programs (SSP)) was modified by the **Consolidated Appropriations Act**, 2018 (P.L. 115-141) signed by President Trump on March 23, 2018[3].

Section 520. *Notwithstanding any other provisions of this Act, no funds appropriated in this Act shall be used to purchase sterile needles or syringes for the hypodermic injection of any illegal drug: Provided, that such limitation does not apply to the use of funds for elements of a program other than making such purchases if the relevant State or local health department, in consultation with the Centers for Disease Control and Prevention, determines that the State or local jurisdiction, as applicable, is experiencing, or is at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, and such program is operating in accordance with State and local law.*

A state experiencing, or at risk for, a significant increase in hepatitis infections or an HIV outbreak due to injection drug use, (as determined by CDC), may propose to use SUPTRS BG to fund elements of an SSP other than to purchase sterile needles or syringes. States interested in directing SUPTRS BG funds to SSPs must provide the information requested below and receive approval from the State Project Officer. Please note that the term used in the SUPTRS BG statute and regulation, *intravenous drug user* (IVDU) is being replaced for the purposes of this discussion by the term now used by the federal government, *persons who inject drugs* (PWID).

States may consider making SUPTRS BG funds available to either one or more entities to establish elements of a SSP or to establish a relationship with an existing SSP. States should keep in mind the related PWID SUPTRS BG authorizing legislation and implementing regulation requirements when developing its Plan, specifically, requirements to provide outreach to PWID, SUD treatment and recovery services for PWID, and to routinely collaborate with other healthcare providers, which may include HIV/STD clinics, public health providers, emergency departments, and mental health centers[4]. SAMHSA funds cannot be supplanted, in other words, used to fund an existing SSP so that state or other non-federal funds can then be used for another program.

In the first half of calendar year 2016, the federal government released three guidance documents regarding SSPs[5]: These documents can be found on the Hiv.gov website: **https://www.hiv.gov/federal-response/policies-issues/syringe-services-programs**,

1. **Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016** from The US Department of Health and Human Services, Office of HIV/AIDS and Infectious Disease Policy **https://www.samhsa.gov/sites/default/files/grants/ssp-guidance-for-hiv-grants.pdf ,**

2. **Centers for Disease Control and Prevention (CDC)Program Guidance for Implementing Certain Components of Syringe ServicesPrograms,2016** The Centers for Disease Control and Prevention, National Center for HIV/AIDS, Viral Hepatitis, STD and TB Prevention, Division of Hepatitis Prevention **http://www.cdc.gov/hiv/pdf/risk/cdc-hiv-syringe-exchange-services.pdf,**

3. **The Substance Abuse and Mental Health Services Administration (SAMHSA)-specific Guidance for States Requesting Use of Substance Abuse Prevention and Treatment Block Grant Funds to Implement SSPs http://www.samhsa.gov/sites/default/files/grants/ssp-guidance-state-block-grants.pdf ,**

Please refer to the guidance documents above and follow the steps below when requesting to direct FY 2021 funds to SSPs.

- **Step 1** - Request a Determination of Need from the CDC
- **Step 2** - Include request in the FFY 2021 Mini-Application to expend FFY 2020 - 2021 funds and support an existing SSP or establish a new SSP
  - Include proposed protocols, timeline for implementation, and overall budget
  - Submit planned expenditures and agency information on Table A listed below
- **Step 3** - Obtain State Project Officer Approval

Future years are subject to authorizing language in appropriations bills.

End Notes

[1] Section 1923 (b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-23(b)) and 45 CFR § 96.126(e) requires entities that receive SUPTRS BG funds to provide substance use disorder (SUD) treatment services to PWID to also conduct outreach activities to encourage such persons to undergo SUD treatment. Any state or jurisdiction that plans to re-obligate FY 2020-2021 SUPTRS BG funds previously made available such entities for the purposes of providing substance use disorder treatment services to PWID and outreach to such persons may submit a request via its plan to SAMHSA for the purpose of incorporating elements of a SSP in one or more such entities insofar as the plan request is applicable to the FY 2020-2021 SUPTRS BG funds ***only*** and is consistent with guidance issued by SAMHSA.

[2] Section 1931(a(1)(F) of Title XIX, Part B, Subpart II of the Public Health Service (PHS) Act (42 U.S.C.§ 300x-31(a)(1)(F)) and 45 CFR § 96.135(a)(6) explicitly prohibits the use of SUPTRS BG funds to provide PWID with hypodermic needles or syringes so that such persons may inject illegal drugs unless the Surgeon General of the United States determines that a demonstration needle exchange program would be effective in reducing injection drug use and the risk of HIV transmission to others. On February 23, 2011, the Secretary of the U.S. Department of Health and Human Services published a notice in the Federal Register (76 FR 10038) indicating that the Surgeon General of the United States had made a determination that syringe services programs, when part of a comprehensive HIV prevention strategy, play a critical role in preventing HIV among PWID, facilitate entry into SUD treatment and primary care, and do not increase the illicit use of drugs.

[3] Division H Departments of Labor, Health and Human Services and Education and Related Agencies, Title V General Provisions, Section 520 of the Consolidated Appropriations Act, 2018 (P.L. 115-141)

[4] Section 1924(a) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(a)) and 45 CFR § 96.127 requires entities that receives SUPTRS BG funds to routinely make available, directly or through other public or nonprofit private entities, tuberculosis services as described in section 1924(b)(2) of the PHS Act to each person receiving SUD treatment and recovery services.

Section 1924(b) of Title XIX, Part B, Subpart II of the PHS Act (42 U.S.C. § 300x-24(b)) and 45 CFR 96.128 requires "designated states" as defined in Section 1924(b)(2) of the PHS Act to set- aside SUPTRS BG funds to carry out 1 or more projects to make available early intervention services for HIV as defined in section 1924(b)(7)(B) at the sites at which persons are receiving SUD treatment and recovery services.

Section 1928(a) of Title XXI, Part B, Subpart II of the PHS Act (42 U.S.C. 300x-28(c)) and 45 CFR 96.132(c) requires states to ensure that substance abuse prevention and SUD treatment and recovery services providers coordinate such services with the provision of other services including, but not limited to, health services.

[5]***Department of Health and Human Services Implementation Guidance to Support Certain Components of Syringe Services Programs, 2016*** describes an SSP as a comprehensive prevention program for PWID that includes the provision of sterile needles, syringes and other drug preparation equipment and disposal services, and some or all the following services:

- Comprehensive HIV risk reduction counseling related to sexual and injection and/or prescription drug misuse;
- HIV, viral hepatitis, sexually transmitted diseases (STD), and tuberculosis (TB) screening;
- Provision of naloxone (Narcan?) to reverse opiate overdoses;
- Referral and linkage to HIV, viral hepatitis, STD, and TB prevention care and treatment services;
- Referral and linkage to hepatitis A virus and hepatitis B virus vaccinations; and
- Referral to SUD treatment and recovery services, primary medical care and mental health services.

Centers for Disease Control and Prevention (CDC) Program Guidance for Implementing Certain Components of Syringe Services Programs, 2016 includes a **description of the elements of an SSP** that can be supported with federal funds.

- Personnel (e.g., program staff, as well as staff for planning, monitoring, evaluation, and quality assurance);
- Supplies, exclusive of needles/syringes and devices solely used in the preparation of substances for illicit drug injection, e.g., cookers;
- Testing kits for HCV and HIV;
- Syringe disposal services (e.g., contract or other arrangement for disposal of bio- hazardous material);
- Navigation services to ensure linkage to HIV and viral hepatitis prevention, treatment and care services, including antiretroviral therapy for HCV and HIV, pre-exposure prophylaxis, post-exposure prophylaxis, prevention of mother to child transmission and partner services; HAV

and HBV vaccination, substance use disorder treatment, recovery support services and medical and mental health services;

- Provision of naloxone to reverse opioid overdoses
- Educational materials, including information about safer injection practices, overdose prevention and reversing an opioid overdose with naloxone, HIV and viral hepatitis prevention, treatment and care services, and mental health and substance use disorder treatment including medication-assisted treatment and recovery support services;
- Condoms to reduce sexual risk of sexual transmission of HIV, viral hepatitis, and other STDs;
- Communication and outreach activities; and
- Planning and non-research evaluation activities.

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Footnotes:

Environmental Factors and Plan

Syringe Services Program (SSP) Information – Table A - Required if planning for approved use of SUBG Funding for SSP in FY 25

Planning Period Start Date: 7/1/2024 Planning Period End Date: 6/30/2025

Syringe Services Program (SSP) Agency Name	Main Address of SSP	Planned Dollar Amount of SUBG Funds to be Expended for SSP	SUD Treatment Provider (Yes or No)	# of locations (include any mobile location)	Naloxone Provider (Yes or No)
No Data Available					

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Footnotes: