ND Behavioral Health Planning Council (BHPC)
Quarterly Business Meeting
October 19, 2022
Meeting Minutes

Council Members in Attendance: Chairperson; Emma Quinn, (Consumer), Carlotta McCleary, Vice Chairperson-Elect (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 Project); Matthew McCleary (Mental Health America of ND); Melissa Klocke-Joyce (Principal State Agency: DHS Medicaid); Amanda Peterson (Principal State Agency: NDDPI Education); Timothy Wicks (Consumer, Veteran); Carl Young (Consumer, Family Member of a Child with SED); Deb Jendro (Consumer, Member at Large);; Rosalie Etherington (DHS Behavioral Health Delivery System); Michelle Gayette (DHS Aging Services); Jennifer Henderson (Principal State Agency: Housing Finance Agency); Michelle Masset (Principal State Agency: DHS Social Services); Michael Salwei (Consumer, Healthcare Representative; Paul Stroklund (Consumer, Family Member of an Individual SUD).
Council Members Absent: Brenda Bergsrud (Consumer Family Network); Pamela Sagness (Principal State Agency: DHS Mental Health;); Lisa Peterson (Consumer, Family Member of a Veteran); Mark Schaefer (Consumer, Private Substance Use Disorder Treatment Provider); Glenn Longie (Tribal Behavioral Health Representative); Amy Veith (Principal State Agency/DOCR Criminal Justice); Sarah Bachmeier (Consumer).
Presenters and Staff: Tami Conrad (DHS, Behavioral Health); Kelli Ulberg (DHS, Behavioral Health); Bevin Croft (Human Services Research Institute; Monica Haugen (HCBS Administration for Medicaid 1915(i)); Jenn Faul (Sanford Health, Program Director/ND Pediatric Mental Health Care Access Program).
Facilitator: Janell Regimbal of Insight to Solutions on behalf of The Consensus Council, Inc.

Call to Order: Vice Chairperson McCleary called the meeting to order at 10:02 AM CT, via video conference and with members on site at the ND Job Service office in Bismarck

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

Approval of Minutes. CARL YOUNG MADE AND ANDREA HOCHHALTER SECONDED A MOTION TO APPROVE THE JULY 20, 2022, BHPC MEETING MINUTES, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

Approval of Agenda. Janell Regimbal informed members of a slight modification to the agenda due to a previously scheduled presentation no longer being available. as presented. Chairperson McCleary called for the approval of the amended agenda as presented. ANDREA HOCHHALTER MADE AND LORRAINE DAVIS SECONDED A MOTION TO APPROVE THE OCOBER 19, 2022, BHPC MEETING AGENDA, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

Membership Update: Tami Conrad of DHS
New members Paul Stroklund (consumer family member) and Melissa Klocke-Joyce (DHHS Medicaid rep) were welcomed. We are awaiting the official appointment of the Consumer ND National Guard member and are open to applicants for the position now open due to the resignation of Jodi Stittsworth (consumer family member MH). Members were urged to encourage others to apply via Boards (nd.gov) website. Applicants must clearly indicate the role (BHPC) and their experiences that qualifies them.

Regular attendance is a requirement of membership on the Council. Members were reminded to alert the facilitator if they needed to be absent. As per our bylaws, the Council has the authority and obligation to replace members who have not regularly attended. Sarah Bachmeier (consumer member in recovery SUD) has not attended for quite some time. PAUL STROKLUND MADE AND EMMA QUINN SECONDED A MOTION TO REMOVE SARAH BACHMEIER FROM THE BHPC DUE TO LACK OF ATTENDANCE IN ORDER TO ENABLE ANOTHER APPOINTMENT TO BE MADE. THE MOTION PASSED UNANIMOUSLY.
Election results related to the current open position for the Vice Chairperson was reported by Janell Regimbal. Lorraine Davis was nominated for the position and accepted that nomination. No additional nominees were received. As a result, no election balloting by email was required. CHAIRPERSON MCCLEARY DECLARED THE POSTION OF VICE CHAIR FILLED BY LORRAINE DAVIS BY ACCLAMATION. This will result in an additional opening on the Executive Committee. A solicitation by email will go to members. Andrea Hochhalter submitted her name for consideration.

Health Equity Office Overview, Krissie Guerard/Health Equity Director, DHHS: (PPT slices provided)
Ms. Guerard told of the mission of the unit to work to understand and reduce the rates of health disparities among North Dakotans by providing opportunities for interventions and to improve healthcare access for everyone. The unit was established in 2018. She shared an overview of the department's work. The strategic plans which guide their work are available on their website and are updated monthly. Health Equity Unit Strategic Plan 11.4.2022 (nd.gov) and the plan specific to COVID 19 Addressing COVID-19 in Special Populations 11-7-2022.pdf (nd.gov).Her team has now been meeting with the HSRI and Behavioral Health team for the past year now. Upon review of groups their team is working with it was pointed out by a member that it is important to assure the urban Indian population is also noted and addressed and not just tribal communities. When asked if the unit will be able to be sustained following the current grant funding ending it was noted a large workforce grant will be available to fund beginning in May of 2024. It is a priority to continue to fund.

Summary Report of ND Behavioral Health Strategic Plan and Future Activities: (PPT slides provided) Bevin Croft of the Human Services Research Institute
Ms. Croft provided strategic plan updates, especially specific to Aim 11 related to tribal nations health equity and the ongoing work alongside the Health Equity Office. They have cross walked goals between their strategic plans and identified areas to partner up. The tribal health liaisons have been reaching out to communities and leaders and have been extremely helpful in understanding needs, priorities and opportunities Other underserved populations besides American Indians are also our focus. Goals added will focus work on the New American foreign born immigrant populations and LGBTQ2S. Members were asked to identify other special populations to consider for embedding considerations for those those populations in the plan. DPI representative Amanda Peterson agreed to be in contact with Ms. Guerard to assure her team was in contact with tribal school leadership. Other updates provided included:

- Aim 7 (recruit and retain a qualified and competent BH workforce) the update identified next steps coming from the recently completed Summit. Rebecca Quinn of UND Center for Rural Health is the person who will continue to work with WICHE on implementing strategies gained from the Summit. Appreciation was expressed from those that attended and for the momentum now created to move initiatives forward.
- Aim 6 (criminal justice strategy) there has been a lot of DOCR and DHHS collaboration with connecting services to jails with lots of commendable progress being made.

- Aim 8 (tele behavioral health) each goal in this aim was written pre COVID so there is a need to update approach, recognizing that much has changed. Direction is needed from the BHPC as to where to take these goals going forward. The question was raised as to if progress made in reimbursement rates for tele behavioral services would be sustained post pandemic to support the ongoing need and build up of the infrastructure. Panelists would be asked to address this question in the afternoon session.
- Aim 13 (system wide data driven monitoring) is getting reworked to expand using data to understand need, access, and quality.

Behavioral Health Division Update, Tami Conrad on behalf of Pam Sagness/DHHS, Behavioral Health Division

Ms. Conrad **p**rovided updates on the following:

- A mental health program directory is now live which allows the public to search for behavioral health providers based on location and on type of intervention needed. Over 170 programs are listed currently. It also includes out of state providers licensed in ND. https://www.hhs.nd.gov/behavioral-health/directory
- The Behavioral Health Children and Family Services Conference in Fargo had almost nine hundred attending in person or virtually.
- A System of Care Grant was awarded to the state. More information will be available by the December meeting of this group. The Lake Region Human Service Center and West Central Human Service Center and tribal communities are the target areas. It is a four-year grant and focuses on birth through age 21. More discussions are forthcoming on needs assessment and advisory functions, although no formal advisory groups are required. Two full time positions related to the grant will be posted.

Vice Chairperson McCleary recessed at 11:45 AM for a lunch break and reconvened at 1:00 PM.

Tele-behavioral Health: Mandi Peterson Sr. Research Analyst ND Healthcare Workforce Group, UND (PPT slides provided) along with panelists Sara Stallman LICSW and Tina Jacobs of Together Counseling, Dr. Tami DeCoteau of DeCoteau Trauma Informed Care & Practice and Liz Tofteland, Health Program Manager for the Central Regional Education Association (CREA ND)

Ms. Peterson joined to provide survey results to help set the stage for the provider panelists. The Center for Rural Health was funded in both 2017 and in 2022 to do a follow up survey. The two surveys are not comparable based on the conditions. A survey instrument of about thirty-five questions was developed to ask about their facility or organization, attributes, population served, types of services, duration, volume, payment options and added in questions related to practice changes due to the pandemic in the follow up survey. Unfortunately, the follow up survey did not have any respondents from critical access hospitals. The request for information via the survey came during times when facilities were very burdened and with limited workforce. The first survey had over one hundred respondents and this follow up only fifty-eight. Over the last few months however they have been able to get more information, Challenges noted were lack of providers, a lack of familiarity with equipment, and the ability of individuals to operate the equipment, prohibitive costs of equipment and security concerns. Ms. Peterson noted that more data may be able to be accessed via new sources of information available such as the program/provider registry. (See slides for details.) Provider panelists shared their experiences with telehealth, obstacles experienced, opportunities that have arisen, and best practices discovered. We learned:

Experiences:

- DeCoteau: Zoom format that is HIPAA compliant with texting system for reminders and to provide the link, older clients may struggle the most with the format and need additional office support. Allowed for continued service during the pandemic and now some still prefer it but most have wanted to go back to face to face. Sometimes they simply want to telehealth to be able to shift to when they cannot travel for some reason. It has reduced cancellation and no-show rates tremendously.
- Together Counseling: Tele health services have opened and diversified the amount and type of clients served. Rural schools access their practice through this means through a simple MOU partnership process. Schools identify the student needing service and get them connected to a licensed provider through their group. They currently have eighteen school partnerships across the state. This takes away the need to travel, miss additional class time, parents do not need to take time off work, etc. It eliminates a lot of barriers. They started these school partnerships a couple of years ago.
- CREA: Services are focused on school nursing delivering behavioral health services. They are currently in six schools.

Obstacles:

- DeCoteau: Wi-Fi connectivity and privacy, particularly for rural reservation-based clients where there may be overcrowding in the home. Sometimes people may choose to do their appointment in their car due to privacy. Youth sometimes do not have access to supportive adults int eh home so if they are in crisis, it can be hard to connect them with somebody to follow up. They need to assure the client knows how to connect with (** in a crisis and how to handle a disconnection. A good model is to work through the schools to mitigate these things. Resources in the community or lack of can often be barriers. Stigma is still a barrier.
- Together Counseling: Similar issues to what Dr. DeCoteau shared and highlighted the connectivity issue during school breaks as sometimes families do not have the equipment or internet access. Families with high deductible health plans or high co-pay plans can be a real barrier. They look for other financial resources to help these families and make sure they are aware of the bills they will get so they are not surprised. Stallman shared about the high needs of farmers and ranchers and their escalated suicide rates. Telehealth is important to this population. This niche population benefits by specialized providers who can relate to the nature of their situations. They have the Farm-to-Farm Services to alleviate this barrier.
- CREA: They contract directly with the school and therefore bill the schools, so it is a school budget issue. The stigma of mental health can sometimes be a barrier. School counselors are integral in setting up services and securing parental consent. They only serve students in grades 5-12. There is sometimes an issue in how to best help the school to identify the students that could most benefit from the services. Each student needs an emergency/crisis plan prior to beginning services.

Opportunities:

- DeCoteau: Access to hard-to-reach clients such as those on reservations since it removes travel barriers and privacy issues of getting help in a small town. It has also allowed them to have better opportunities to have consultation meetings and other meetings to coordinate services. It cuts down on stigma for children.
- Together Counseling: Allows for services to be accessed more discreetly. An average week of fifteen providers delivering services they are seeing 126 clients a week via telehealth this past week indicating that the demand for telehealth was just not during the pandemic. Typically, the telehealth is occurring because if it did not the service would not

occur, so numbers impacted are far greater with it as an option. This also has made it possible for providers to seek their own telehealth more readily and do it in a way that does not impact their level of service provision due to taking away travel. Their practice group uses telehealth for reunification cases, for the provision of EMDR and PCI and those therapies proven effective when delivered in that mode. They are doing a program called Connection Support used in various schools. Those districts with funding to put towards mental health can contract for a 30-minute rate with a typical cap of ten sessions per student or staff. It is meant to revolve around general stress management strategies, coping skills, time management and other general skills needed in daily life. It is a preventative and early intervention service before they need full on diagnostic assessment. At times they may find they can be a few sessions in and notice more is needed than connecting support service they can refer in house or into the community.
CREA: School budgets can be a barrier for them since schools use their funding to contract however once they see student improvement there is no complaint.

Best practices:

- DeCoteau: Assure there are safety plans for crisis and supportive caregivers nearby. At times there are certain components of the work that must occur in office to do dome of the deeper trauma processing work. Clients who dissociate may be limited in using telehealth. Young children need shorter sessions and supportive caregivers available to help keep them engaged or even to participate in the sessions. Doing telehealth meant they had to up their game on e documentation. They set up a secure email system and have all documents as fillable online. It also allows parents to send secure emails outside of sessions to provide information about how their child is doing.
- Together Counseling: Address confidentiality and mandated reporting right up front just like if in office. Need to talk about what happens if they lose their connection, and what a welfare check would look like if there are concerns. Only use models well supported to use via telehealth such as EMDR, PCI-T, CBT, etc. It is easier to get a parent to join in when they need to since they can join via telehealth as well.
- CREA: Starting telehealth with a family meeting is a terrific way to build relationship and for all to see how this mode really works.

How can this Council better support you in this work?

- When asked about the gap in service despite telehealth options, with over 173 school districts in the state with 480 school plans, there is still a large gap of access to care. Behavioral Health School grants are available to school districts that qualify. https://www.hhs.nd.gov/education/grant-funding
- We need more workforce!
- Finances to be able to do more programs like Connect & Support.
- Budget for outreach to hard to serve populations like rural farm and ranchers, reservations, etc.
- Rural and underserved population clients seem to have greater needs and be more complex than in the past. It would be helpful to bill for case management services.

Pediatric Mental Health Care Access Program (PPT slides provided) Jenn Faul/Program Director, Sanford Health

Ms. Faul provided an update on the grant's goals as the end of the fourth fiscal year of the grant is now complete. This past quarter she and a representative from Family Voices traveled throughout the state visiting all the clinics utilizing their services to learn from them about what more they need. Forty case consultations were provided this past quarter of kids coming into the

primary care office and the provider calling the consult line for a recommendation. There is also a ROI filled out so Family Voices can reach out to see what additionally can be offered to them. They discover that this referral yields a request for many more service needs than when asked in the primary care office. From these forty consult referrals 107 additional referrals were generated, allowing for families to be more fully served. Eighteen ECHO were held this year. Save the date for the 2023 Behavioral Health Symposium set for September 21. Ninety-eight attended the 2022 virtual event. Their website was recently updated to include testimonials from providers and a number of resource diagnostic folders and resources for parents. Trauma Screener training is now available online as well to be available on demand. See the PPT slides for more information. Council members asked how we can best ascertain the various resources available to meet behavioral health needs within schools through the variety of programs like the PMHCAP and others we heard about today and what the gaps remaining may be.

1915(i) Provider Status Update- Monica Haugen/Administrator Behavioral Health 1915(i)/DHS
Ms. Haugen shared a brief report. As of today, the state has 241 individuals enrolled to receive 1915(i) services. Fully enrolled providers who are not yet providing services is at 16. There are seven who are fully providing services, one of which is Community Options who provide on a statewide basis. Eight providers have group enrollment in place but have yet to get their individual providers enrolled. They had a great response to the Medicaid Academy offered which is an intensive training for providers about how to enroll and incorporate Medicaid billing into their business model. They are just starting their next 6-week cohort, which at its conclusion will have trained thirty-eight providers. Thirty-five providers applied for grants to use for service delivery expansion.

Mobile Crisis Services (PPT slides provided) Dr. Dan Cramer/HSC Clinical Director
Dr. Cramer introduced himself to the group. He is the newly named Clinical Director and is a psychologist by training. He has been the regional director at South Central HSC for six or seven years. The goal is to transition him out of the HSC Director position over time to focus exclusively on supervising the other clinical directors throughout the human service centers. ND mobile crisis services were born out of a group from the state that traveled to Arizona to look at a best practice model of crisis service delivery, one built upon SAMHSA's best practice guidelines. Dr, Cramer provided definition of service structure, data, and regional trends. (See ppt slides for specific information). Overall, when you go to the person there are better outcomes for the person. He explained we do not yet have a lot of good data yet. The goal is to help people be successful at the lowest level of care and to avoid hospitalization when we can. The goal is to keep people safe so if that means hospitalization, that is ok. When responding to a question about why the numbers of those served under the age of eighteen was low, it was discussed it may be a documentation code error or, they need to do a better job of reaching out to schools and others to educate about the mobile crisis service availability. Units respond in person within a 45-mile radius of each of the human service center hubs. Those outside that radius utilize telehealth services. Four or five mobile crisis units have peer supports connected to the teams. The three primary roles of HSC are to assess, crisis response and treatment. They play a "safety net" role. https://www.hhs.nd.gov/regional-human-service-centers.
Dr. Cramer indicated they are working on GPS technology that will help with safety of staff. They are piloting this in Bismarck knowing that safety and proper clinical support to the teams is important for the workforce. Knowing when to involve law enforcement is something else, they are working on from a risk management perspective. While each crisis unit has some unique aspects, Dr. Cramer expressed the conversation with this group has led him to believe that they may need to be clearer in their approach as to what connections are made in each region to assure

knowledge of the units' availability. As his presentation concluded Dr. Cramer was able to debrief with the group a specific crisis response situation a BHPC member raised as a concern in July. DHHS has a meeting planned with the emergency room provider involved in this situation to better uncover where gaps occurred and how the situation can be mitigated. Having peer support available in ERs may have been a key additional resource in this situation.

External Connecting Points & BHPC Work Group Reports

Due to time constraints, these updates were provided by email and incorporated into the minutes for updating the group.

Autism Task Force (Denise Harvey)- A survey going out soon to gather feedback on areas to build on as far as diagnosis, treatment, information, support, knowledge about Autism.

Brain Injury Advisory Council (Denise Harvey)- The DHS Mental Health Directory will indicate providers with experience working with individuals with Brain Injury.

Children's Cabinet (Denise Harvey)- The Cabinet has made a recommendation to provide funding for the expansion of in-home family therapy and drug and alcohol treatment for youth as well as addressing recruiting mental health and addiction treatment providers.

Medicaid Advisory Committee (Emma Quinn) At their most recent meeting they had a presentation from the Behavioral Health Department and FirstLink on 988, and on the state plan amendment for the mental health rehabilitative services and other licensed practitioners.

Olmstead Commission (Carlotta McCleary)- a report was not provided.

Interagency Council on Homelessness (Jennifer Henderson)-The council has not met recently. NDHFA is going to discuss the role of the group with the Governor's office. The next annual report is being drafted and an update should be available by the end of November.

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

Peer Support Navigation Work Group (Emma Quinn)- This subcommittee has not met. If interested in meeting, please contact Janell to assist in finding a time to meet. Bevin Croft conducted a peer support focus group to discuss barriers people are experiencing when coming out of the DOCR.

Seclusion & Restraint Work Group (Carlotta McClearly) – a report was not provided.

Executive Committee (Emma Quinn) A planning session on 9/1 set the agenda for the October meeting. The Chair sent an endorsement letter to follow up Board action for FASD. An upcoming planning session is set for 10/24 with DHHS staff members Krista Fremming, Pam Sagness and Mandy Dendy to discuss data needed to aid in a recommendation related to IMD waivers.

Public Comments. Vic**e** Chairperson McCleary called for any public comments. No members of the public came forth to provide comments.

Next Meeting- December 14, 2022, via videoconference or in person at Bismarck office of Job Service at 1601 East Century.

Adjournment. Having completed all agenda items and hearing no further comments from BHPC members, Vice Chairperson McCleary declared the meeting adjourned at 3:52 PM, CT.

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