

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 Cloud 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 the 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