

## 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:**

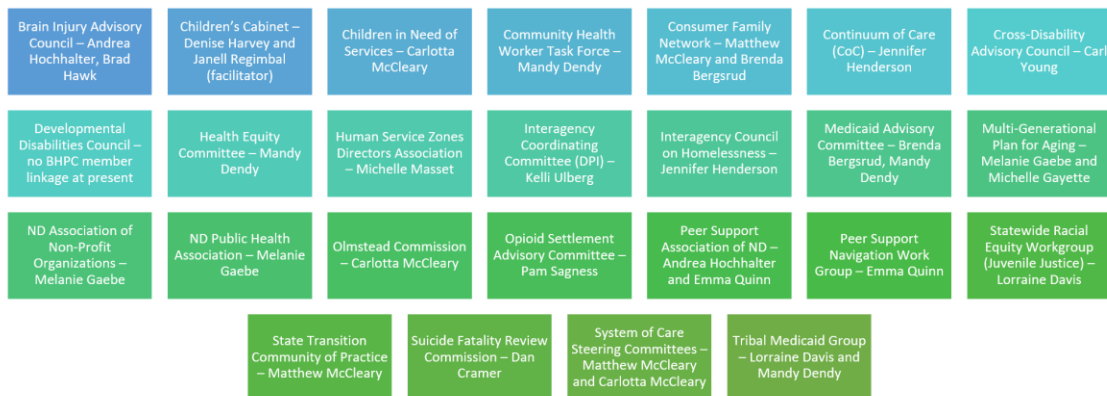
- Tami Conrad provided a brief report on membership (PPT slides provided). Currently we have an opening for a private mental health provider, an individual in recovery (MH) and are awaiting a nomination for a representative from the ND National Guard. Applications have been received and the decisions 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.

## Connections between BHPC membership and related commissions, boards, and workgroups



Updated 12/13/2023

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 1<sup>st</sup> 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 Lachesha 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 31<sup>st</sup> 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](mailto: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