

**ND Behavioral Health Planning Council (BHPC) Meeting
Video Conference
July 1, 2020**

Draft Meeting Minutes

Council Members in Attendance: Kurt Snyder (Individual in Recovery, SUD), Chair; Paul Stroklund (Family Member of an Adult with SMI), Vice Chair; Lorraine Davis (Member at Large), Past Chair; Sarah Bachmeier (Individual in Recovery-SUD); Rosalie Etherington (DHS Behavioral Health Service Delivery System); Brad Hawk (Indian Affairs Commission); Jennifer Henderson (Principal State Agency: Housing); Andrea Hochhalter (Family Member of an Individual in Recovery); Stacey Hunt (Private Mental Health Provider); Deb Jendro (Individual in Recovery, MH); Glenn Longie (Tribal Behavior Health Representative); Carlotta McCleary (ND Federation of Families for Children’s Mental Health); Dawn Pearson (Principal State Agency: Medicaid); Lisa Peterson (Principal State Agency: Criminal Justice); Emma Quinn (Individual in Recovery-MH); Pamela Sagness (Principal State Agency: Mental Health); Kirby Schmidtgal (ND National Guard); Jodi Stittsworth (Family Member of a Child with SED); Carl Young (Family Member of a Child with SED).

Others Attending: Tami Conrad (NDDHS, Project Manager); Kim Mertz (ND Department of Health); Jennifer Faul (Pediatric Mental Health Care Access Program); Bianca Bell (ND Department of Human Services); Nicole Berman (ND Department of Human Services); Krissie Guerard; Jeremy Fugelberg; Zoey Winkler; Ann Crews Melton (Consensus Council); Dan Hannaher (Lutheran Social Services); Katie Armbrust; Tamra Huesers; Anita Martin; Krisanna Holkup Peterson; Laura Anderson; and four unidentified individuals.

Facilitator: Greg Gallagher, The Consensus Council, Inc.

Call to Order: Chairperson Kurt Snyder called the meeting to order at 10:04 AM, CT, via video conference. BHPC members and the public provided self-introductions via video conference sign-in. Chairperson Snyder recognized Andrea Hochhalter as a new member to the BHPC. With a majority of BHPC members reporting present, Chairperson Snyder declared the presence of a quorum.

Approval of Minutes. Chairperson Snyder called for the consideration of the December 4, 2019, meeting minutes (<https://www.nd.gov/dhs/services/mentalhealth/ndmhpc/docs/minutes/2019-12-4-ndhpc-minutes.pdf>). The originally scheduled April 1, 2020, BHPC meeting was cancelled following the Governor’s issuance of a public health emergency.

GLENN LONGIE MADE AND ROSALIE ETHERINGTON SECONDED A MOTION TO ADOPT THE MINUTES FROM THE DECEMBER 4, 2019, BEHAVIORAL HEALTH PLANNING COUNCIL MEETING. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON SNYDER DECLARED THE APPROVAL OF THE MINUTES.

Approval of Agenda. Chairperson Snyder reviewed the July 1, 2020, meeting [agenda](#) prepared by the BHPC Executive Committee and entertained a motion to approve the agenda.

EMMA QUINN MADE AND JENNIFER HENDERSON SECONDED A MOTION TO ADOPT THE AGENDA FOR THE JULY 1, 2020, BEHAVIORAL HEALTH PLANNING COUNCIL MEETING. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON SNYDER DECLARED THE APPROVAL OF THE AGENDA.

Review of BHPC Next Steps Summary: Greg Gallagher. Chairperson Snyder recognized Greg Gallagher to provide an updated report on the BHPC's *Recorded Next Steps* document. Mr. Gallagher presented the BHPC [Recorded Next Steps](#) summary, updated following the December 4, 2019, BHPC meeting, which records a cumulative listing of identified BHPC priorities, outstanding activities, and Council assignments. The Recorded Next Steps provides a basis for the development of all BHPC meeting agendas and informs BHPC members of issues that may require specific consideration. Chairperson Snyder thanked Mr. Gallagher for the overview and identified the document as a helpful resource, guiding future BHPC agenda development.

Current Openings on the Behavioral Health Planning Council: Tami Conrad. Chairperson Snyder recognized Tami Conrad to provide an update on current BHPC membership vacancies. Ms. Conrad reported that the standing of all BHPC membership slots is identified on the BHPC website: <https://www.governor.nd.gov/boards/BoardDetails.aspx?boardid=64>. Ms. Conrad identified several dedicated slots that remain open, awaiting action from the Governor's Office: the Healthcare Representative awaits final approval; the Department of Public Instruction Representative awaits appointment; the terms of service for Carl Young, Stacey Hunt, and Deb Jundro expire with the July 1, 2020, meeting and may be filled according to the rules of the BHPC; Shauna Eberhardt (Family Member of a Veteran) recently resigned and the slot may be filled according to the rules of the BHPC. Carlotta McCleary reported that Tom Regan has recently resigned from Mental Health America, opening a new vacancy on the BHPC. Mr. Regan's letter of resignation will be forthcoming shortly. Ms. Conrad reported that meeting honoraria will be honored for video conference meetings and a letter of clarification will be forthcoming to members who might be eligible to receive an honorarium for meeting participation.

Behavioral Health Division Update: Pam Sagness, Director, Behavioral Health Division, ND Department of Human Services. Chairperson Snyder recognized Pam Sagness to provide the [Behavioral Health Division Standing Report](#) on the activities of the Behavioral Health Division. Pam Sagness provided extemporaneous comments supported by a prepared PowerPoint presentation.

Pam Sagness presented an overview of the Behavioral Health Division's work responding to the state's activities during the current public health emergency. The DHS has established a [COVID-19 website](#) to provide up-to-the-moment updates on statewide initiatives. Ms. Sagness noted those updated activities related to program and policy changes resulting from emergent situations (<http://www.nd.gov/dhs/info/covid-19/program-policy.html>). This summary website provides ongoing updates related to [Behavioral Health Contacts](#), [Resources for Individuals and Families](#), [Provider Q&A](#), [Housing and Homelessness](#), [News and Notices](#), [Provider Resources](#), and [Child Care Providers](#). The DHS has also setup a dedicated [Behavioral Health Division website](#) focused uniquely on emergent behavioral health concerns arising from the people's responses to the pandemic, including grieving, loss, stress management, and more. The DHS has set up an online [Employers Toolkit](#) to help employers support their employees during the highly stressful experiences of the pandemic on their personal and professional lives, including best practices for the management of people during difficult times, monitoring signs of distress, connecting to human service professionals, and providing care for emergency responders. DHS provides

connections to [Parents Lead](#) to offer supports to parents and the care of children during difficult times, such as the pandemic.

Ms. Sagness referenced ongoing work related the Crisis Counseling Program and the Immediate Assistance Program (Project Renew), programs which provide funding to the state to provide immediate crisis counseling, managed through short-term grants from the Federal Emergency Management Administration (FEMA) and the Substance Abuse and Mental Health Services Administration (SAMSHA). The state's grant funding extends through June 30, 2020, with the possibility of extending funding for an additional nine months, which the state has applied for. Lutheran Social Services provides direct program support for this effort, including 24/7 grief management, referrals to additional community services, and other direct supports.

Ms. Sagness reported that DHS had applied in April 2020, for an emergency grant to address mental and substance use disorders during the pandemic. This grant, extending April 2020 through August 2021, provides \$2 Million to provide increased treatment and recovery services for individuals with mental illness and/or substance use disorder and healthcare practitioners with a mental illness. The DHS has issued an RFP for provider support and letters of award are currently being issued, including the following:

- Substance use disorder treatment and recovery supports will be provided by Sharehouse, Inc. and Heartview Foundation;
- Mental illness treatment and recovery supports (not serious mental illness) will be provided by Agassiz Associates;
- Serious mental illness and co-occurring treatment and recovery supports will be provided by Public Service delivery system, with a focus on Regions 2, 4, 5, 6, and 7;
- Supports for healthcare providers with a mental illness (not SMI) will be provided by a provider-yet-to-be-determined; and
- Serious mental illness peer support via phone will be provided by a provider-yet-to-be-determined.

Ms. Sagness reported that the DHS has applied for a COVID-19 emergency response for suicide prevention grant through SAMSHA, totaling \$800,000 for 16 months, advancing efforts to prevent suicide and suicide attempts among adults age 25 and older. The DHS is awaiting word on the announcement of any award.

In response to a question, Ms. Sagness recognized the unique needs of rural and farm populations who are experiencing difficult economic and mental health challenges. The DHS, in cooperation with the Agricultural Department, has dedicated resources into facilitating easier access to and referral services for direct behavioral health supports for rural populations.

Ms. Sagness provided a broad overview of the DHS' longstanding efforts to address the states behavioral health needs, including the progression of state planning efforts, such as the *Behavioral Health Planning Final Report* from Schulte Consulting, the *2016 ND Behavioral Health 2014 Assessment: Gaps and Recommendations*, and the *2018 ND Behavioral Health System Study* from Human Services Research Institute (HSRI). In the most-recent HSRI study, 13 key areas encompassing 65 recommendations have formed the basis for the state's behavioral health strategic plan, [Vision 2020](#).

The DHS has identified three core goals, which have formed the state's principal efforts since the 2019 Legislative Assembly:

1. Support the Full Continuum of Care;
2. Increase Community-Based Services; and
3. Prevent Criminal Justice Involvement for Individuals with a Behavioral Health Condition.

Among several key activities, the DHS has moved forward with the development and submission of the Medicaid 1915(i) State Plan and the adoption of Peer Support Specialist Certification within state administrative rulemaking (75-03-43), including the development of a supported application process for self-identifying individuals seeking peer support certification for mental illness, addiction or substance use disorder, or brain injury.

The Free Through Recovery program has produced remarkable results, although sustaining current funding levels through the remainder of the biennium is in question. FTR includes individuals with substance use (43%), mental health (11%), and co-occurring (46%) concerns. Recent data indicate commendable FTR outcome success rates, including having met 3 or 4 outcomes (68%) or having met less than 3 outcomes (32%).

Ms. Sagness provided a summary of the 2019 Legislative Assembly accomplishments impacting behavioral health services statewide, including a dozen specific initiatives summarized in the presentation document.

- SB 2012, the DHS Administrative Funding Bill: substance use disorder voucher; Parents Lead; mental illness prevention; recovery home grant program; maintain trauma-informed practices network; suicide prevention transfer to DHS from the Department of Health; statewide behavioral health crisis services; peer support certification; community behavioral health program; IMD, bed capacity, and Medicaid waiver study; school behavioral health grants; school behavioral health program; expansion of targeted case management – youth with SED; expansion of targeted case management – adults with SMI; withdrawal management coverage in Medicaid; 1915(i) Medicaid State Plan Amendment; sustain HSRI behavioral health study implementation support;
- HB 1103, the opioid treatment medication units initiative and the approval of administrative rules;
- HB 1105, voluntary treatment program and SUD voucher;
- SB 2149, behavioral health resource coordinators for K12 schools, statewide;
- SB 2313, children's system of services and cabinet;
- SB 2246, public intoxication; and
- SB 2240, references to substance use disorders.

Ms. Sagness commented on recent efforts regarding behavioral health outreach into the state's K12 schools. The Medicaid 1915(i) State Plan, concentrated efforts to address seclusion and restraint policies, and enhanced mental health services with schools are principal areas for hopeful improvements, going forward.

Ms. Sagness deferred to Dr. Rosalie Etherington to present principal findings of the recently completed hospital bed study which corresponds closely with the 2018 HSRI state study and arose

from the SB 2012. The bed study focused on the proper balance of inpatient bed capacity for psychiatric residential services to outpatient/community services and whether Medicaid waivers should be used for psychiatric beds. Dr. Etherington reported that the HSRI hospital study presented the following findings:

- The state has sufficient inpatient bed capacity;
- Approximately 6-10 additional hospital beds are needed in western ND;
- The recommended size of the State Hospital capacity should stand at 75-85 beds;
- There is a need to develop and expand alternatives to inpatient treatment;
- There is a need to develop standardized coordination of services, statewide; and
- There is a need to integrate behavioral health services into physical healthcare.

Dr. Etherington stated that the state's behavioral health system will show capacity improvement with the combination of an expansion of statewide behavioral health services, the expansion of Assertive Community Treatment, the expansion of emergency services, and implementation of the Medicaid 1915(i) Home and Community Based Services, including the implementation of the Intensive In-home Family – Youth Service Program, and the work of the Psychiatric Residential Treatment Facility Workgroup.

Ms. Sagness thanked Dr. Etherington for her presentation. Ms. Sagness stated her gratitude to the BHPC for its longstanding support to advance the state's behavioral health system, which has evidenced remarkable growth and improvement in recent years. Now the DHS and all state agencies are facing dramatic budget cuts to meet budget reduction objectives (-15%) set by the Governor. The DHS budget faces a \$55 Million budget cut, based on current projections. The DHS has set a goal to meet any budget cuts while protecting direct services as much as possible. Members identified a need to attend to a clear strategy of securing housing arrangements for individuals with behavioral health needs, statewide, including certain dedicated service vouchers.

In response to questions on the peer support certification, Ms. Sagness stated that the peer support certification is currently applicable to adults, not children. Certification provides a standard of care but is not equivalent to licensure and is not required to provide the service. Medicaid 1915(i) does have opportunities for family peer support, determined by the payer, that is not dependent on the state's peer support certification program but instead focuses on national training and certification. Such an effort is payer-determined. The Medicaid 1915(i) is the defining program for any children's peer support, based on payer design.

Chairperson Snyder thanked Ms. Sagness for her presentation and the participation of BHPC members. Chairperson Snyder recognized the great progress that the state has made in recent years and noted concern for the approaching budget cuts that may lessen the state's ability to sustain this level of progress.

Medicaid 1915(i) State Plan: Dawn Pearson and Bianca Bell, Department of Human Services. Chairperson Snyder introduced Dawn Pearson and Bianca Bell within the Behavioral Health Division of the ND Department of Human Services to provide a report on the current standing of the Medicaid 1915(i) State Plan.

Bianca Bell and Dawn Pearson presented an overview of the development, public comments, and submission process for the state's [Medicaid 1915\(i\) State Plan](#). The DHS submitted the state's Medicaid 1915(i) State Plan on April 29, 2020, with an expected reply by the Centers for Medicare and Medicaid Services (CMS) by July 28, 2020. The DHS received approximately 31 public comments constituting over 100 unique recommendations to improve the draft plan's various components. These public comments touched on issues such as age, service limits, diagnosis codes for designated criteria, among other areas. The DHS now anticipates an implementation date, pending CMS approval, around October 1, 2020.

The DHS has begun posting [application guidance](#) including program eligibility criteria, the [application for program services](#), the [service fee schedule](#), and anticipated [provider trainings](#), which will mark significant steps forward in preparing the state for program implementation. The DHS is placing a priority on providing comprehensive provider trainings, especially for those providers who have not been Medicaid-approved providers in the past. The DHS has compiled a library of [Medicaid 1915\(i\)-related resources](#) to guide providers and the public regarding the design and operations of the program, including an overview of the Medicaid 1915(i) [Home and Community Based Behavioral Health Services](#).

Members expressed appreciation for DHS' efforts to move this program development work forward. Members also identified a need to alert prospective program providers to begin their Medicaid provider application process as early as possible, since the Medicaid review and acceptance process can take an extended period of time, and to anticipate difficulties in processing third-party billings through Medicaid.

Chairperson Snyder thanked Bianca Bell and Dawn Pearson for their presentation.

Indian Affairs Commission, Behavioral Health Initiatives: Brad Hawk, Indian Affairs Commission. Chairperson Snyder recognized Brad Hawk, Indian Affairs Commission, to provide an overview of the work of the Indian Affairs Commission in response to the state's public health emergency.

Brad Hawk presented a summary report supported with a PowerPoint presentation. The Commission has both encountered significant challenges and noted commendable engagement in community partners throughout the public health community. To date, approximately 6000 tribal members have been coronavirus tested statewide, reporting approximately 220 positive cases, representing a 3.6% positivity rate. Community dashboards have been established for each of the tribal communities, in cooperation with the state Health Department, via interparty agreements. Tribal communities have actively advanced community education efforts and established community health protocols. Tribal communities have committed themselves to sustaining their outreach efforts, since it is anticipated that this challenge will remain for the foreseeable future.

Tribal leaders have been working closely with Governor Burgum, the Department of Health, and other state agencies to provide a constructive, consistent message and to anticipate a variety of impacts to the wider community, including health and economic effects. The CARES Act has assisted many communities; however, the CARES Act did not provide protections to tribal casinos, which has raised concerns over the critical impact casinos make on local economies. Standing Rock has provided an excellent example of community-wide outreach and testing efforts.

The effects of providing extended services to meet local needs has produced evident burnout among providers. The community needs are great, the providers are responding, and the effects of meeting these needs has produced a fatigue among the providers, including health care workers, day care workers, school staff, and businesses. The virus has significantly added additional burdens on people who were already heavily engaged in their daily responsibilities.

Chairperson Snyder thanked Mr. Hawk for his presentation.

Meeting the Behavioral Health Needs of Individuals with Disabilities: Teresa Larsen, Protection and Advocacy. Chairperson Snyder recognized Carlotta McCleary to present an overview of the behavioral health needs of individuals with disabilities, in place of Teresa Larsen, who has unable to attend the BHPC meeting.

Carlotta McCleary reported that the North Dakota Disabilities Advocacy Consortium has developed a [Standards of Care Statement](#) designed to heighten awareness of the unique needs of individuals with disabilities during the current public health emergency. The NDDAC advocates for the adoption of certain standards of care, including attention to communications, visitation policies and the provisions of PPE, that should be adopted by medical and behavioral health institutions and professionals. Throughout all responses to individuals with disabilities during this time, professionals must remain attentive to the provisions of the Americans with Disabilities Act. The NDDAC is mindful of discussions that have arisen in other parts of the nation regarding healthcare rationing and the impact this potentially poses for individuals with disabilities. The NDDAC is working to assist the state in proactively anticipating such concerns and to develop practices and communications that might forestall such events in North Dakota. The NDDAC is working with the DHS, the ND Hospital Association, and the ND Medical Association to broaden the impact of these standards of care during this pandemic across the state's health and human services community.

The NDDAC is also working to secure the safety of all school children by advancing uniform crisis intervention procedures within the continuum of care. On July 2, 2020, Dan Stewart, Legal Director, Minnesota Disability Law Center, will present before the [Education Policy Committee](#) on policies and practices related to students with disabilities who experience behavioral health crisis or who engage in intense and aggressive behavior for communication purposes. (Note: the Committee meeting produced final [Committee minutes](#).)

Chairperson Snyder thanked Ms. McCleary for her presentation.

Having achieved the BHPC morning agenda, Chairperson Snyder called a recess for lunch with the instruction to reconvene at the designated time. The BHPC stood in recess.

Recess for Lunch

Chairperson Snyder called the BHPC back to order at 1:02 PM, CT.

Pediatric Mental Health Care Access Program, Budget, Operations: Kim Mertz, Department of Health. Chairperson Snyder recognized Kim Mertz, Section Chief, Healthy and Safe Communities, North Dakota Department of Health, to provide an update report on the Pediatric Mental Health Care Access Program (PMHCAP).

Kim Mertz provided a summary report of the PMHCAP activities, referencing a [PMHCAP program summary flyer](#) (replacement web version), and an overview of the program's budget. Ms. Mertz reported that project management has transferred successfully from Prairie St. John to Sanford Research, as was previously accounted for by the Department, and retained the skilled leadership of Jennifer Faul. Ms. Mertz reported that the PMHCAP annual budget approximates \$450,000 per year across a five year project. Previous carryover funding has been directed entirely to Sanford Research North to support past and current activities specified within the grant, as directed through guidance from the project's federal project director. Sanford Research North has allowed the project to reestablish its programming foundations and has provided tangible stability.

Ms. Mertz introduced Jennifer Faul, PMHCAP facilitator, to provide an update on program activities. Jennifer Faul identified the principal elements of the PMHCAP: (1) enhancing program reach by engaging with partners; (2) Leveraging the potential to expand program reach through training and online offerings; and (3) identifying a local champion who makes personal connections in support of the program.

Enhancing Program Outreach. The PMHCAP's emphasis on building partnerships has moved ND to create a collaborative care model, conducive to the state's rural nature. To address the state's limited number of pediatric mental healthcare providers, the PMHCAP has established a multiagency-based cooperative care team. Valley Voices is a nationally recognized leader facilitating the medical model of pediatric mental health care coordination. The PMHCAP has contracted with Drake Counseling to provide licensed addiction counseling and mental health therapy services, including screening and treatment via a telehealth model, especially to areas across the state without ready access to these services. The PMHCAP coordinates with Sanford Pediatric Psychiatric Services providing consultation and staffings with the care coordination team to enhance care diagnostics and to work with pediatric providers. The PMHCAP has established a clinic with the UND Center for Family Health Care, with Dr. Connell, as the first clinic of choice for reaching out to underserved areas. The PMHCAP has established a relationship with Elbow Woods Clinic, with Dr. Kathy Eagle, moving steadily to establish a clinic presence and outreach to school settings. The PMHCAP is assessing the use of the Case Management Database System out of the University of Washington, recognized for its customization of data needs and reporting. The purchase of this data system marks a significant investment into future functionality. The PMHCAP has also coordinated with First Link Program to enhance services regarding telehealth modeling, especially during our current pandemic. The PMHCAP has worked closely with the state's insurance providers regarding reimbursement for care provided through a cooperative care model, attending to the use of certain CPT codes. The PMHCAP will be working this fall with regional education associations to improve outreach to the state's schools.

Expanding Training and Online Offerings. The PMHCAP has conducted nine ECHO sessions, a principal means of professional development through online training. An ECHO session offers a content specialist who provides interactive training for registered participants statewide, using the ECHO system set up by the UND Center for Rural Health, which provides communications support for hundreds of professionals statewide. Dr. Justin Boseck, Pediatric Neuro Psychologist and Board-Certified Clinical School Psychologist, facilitates the content sessions. PMHCAP has now scheduled two ECHO sessions per month, scheduled through to 2021. All [ECHO sessions](#) are recorded and stored at the UND School of Medicine website and are accessible for individuals to view as needed. CME are available for participation in the ECHO sessions. Additional trainings on

ACES and trauma are being scheduled to provide further training on the Minnesota Trauma Screener. Other future trainings, including an online symposium on integrative behavioral health scheduled in September 2020, will be forthcoming.

Identifying Local Champions. The PMHCAP works to identify and foster relationships with recognized service champions from across the state. The PMHCAP has begun working with the ND Association of American Pediatrics and its extensive network of professionals. The PMHCAP continues to look to the BHPC for its guidance and leadership in behavioral health planning, positively impacting the state.

In response to a question regarding how the BHPC might best advise and serve the PMHCAP, Ms. Faul and Ms. Mertz requested that the BHPC identify where the PMHCAP might best fit within the emerging state behavioral health strategic plan, outlined within the HSRI report. The PMHCAP with its \$2.5 Million budget provides significant resources to impact both direct services and help contribute to the state's strategic plan. The PMHCAP is well-structured to accommodate and meet several strategic aims of the state, under the leadership and guidance of the BHPC.

Members agreed that among the most challenging gaps within the state's system of care is the care of children's and youth's behavioral health needs, the very issues addressed within the design of the PMHCAP.

Chairperson Snyder thanked both Ms. Mertz and Ms. Faul for their presentation.

Mental Health Block Grant: Structure, Content, BHPC Duties. Nicole Berman, Department of Human Services. Chairperson Snyder recognized Nicole Berman, Department of Human Services, to provide an overview of the state's [Mental Health Block Grant](#).

Nicole Berman stated that the purposes of the state's Mental Health Block Grant include:

1. Provide community mental health services for adults with a serious mental illness and children with a serious emotional disturbance;
2. Evaluate programs and services carried out under the plan; and
3. Facilitate the planning, administration, and educational activities related to providing services under the plan.

The state submits a program application every two years, with the most current application representing a mini-application, constituting a periodic report on the state's overall progress, to date.

The Block Grant's target populations include:

1. Adults with serious mental illnesses, including persons age 18 and older who have a diagnosable behavioral, mental, or emotional condition as defined by the Psychiatric Association's *Diagnostic and Statistical Manual (DSM) of Mental Disorders*, where the condition substantially interferes with, or limits, one or more major life activities, such as, basic daily living, instrumental living, or participating in family, school, or workplace activities; and

2. Children with serious emotional disturbances, including persons up to age 18 who have a diagnosable behavioral, mental, or emotional issue, as defined by the DSM, where the condition results in a functional impairment that substantially interferes with, or limits, a child's role or functioning in family, school, or community activities.

The Block Grant requires the state to institute a 10% set aside for First Episode Psychosis Programs and the management of the Behavioral Health Planning Council. A mental/behavioral health planning council is mandated within the Block Grant and is responsible for

1. Reviewing, monitoring, and evaluating the adequacy of behavioral health services for the state;
2. Reviewing issues and services for persons with mental disorders and/or substance abuse and substance use disorders; and
3. Performing duties as specified in the Block Grant statute, as well as advising, consulting with, and making recommendations to the state mental health authorities and single state authorities regarding their activities.

The designated duties of the BHPC include

- To review plans provided to the Council by the state and to submit to the state any recommendations of the Council for modifications to the plans;
- To serve as an advocate for adults with a serious mental illness, children with a severe emotional disturbance, and other individuals with mental illnesses or emotional problems; and
- To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state.

The membership of the BHPC consists of at least 50% consumer representation. The BHPC is responsible for guiding the development and direction of the state's behavioral health strategic plan, supported by the 2018 HSRI state study.

The state's Block Grant currently funds programs and services related to the following:

- Consumer advocacy groups;
- Peer support;
- Workforce training, including the state behavioral health conference;
- Children's services through human service centers;
- First episode psychosis; and
- The state's BHPC.

The BHPC provides broad guidance related to the direction and level of funding for designated program areas. Block Grant funding is understood as the payer of last resort.

Members expressed an interest for the BHPC to exercise greater involvement in the design of the two-year funding cycles, providing guidance on funding and program priorities. In response to member questioning, Ms. Berman stated that Block Grant funding is dedicated principally for workforce development and family and parent-to-parent peer support as a way fo supporting

children. There is no current priority for dedicated funding for children’s peer support, per se, but the DHS is open to such discussions. Members requested that the Block Grant budget be provided to the BHPC for its consideration.

BHPC Vision Statement for State Behavioral Health Plan: Greg Gallagher, Consensus Council. Chairperson Snyder recognized Greg Gallagher to provide a report on the drafting of a vision statement for the state’s behavioral health strategic plan, as requested at the December 2019 BHPC meeting.

Greg Gallagher provided a draft report on the development of a [Vision Statement](#) authorized by the BHPC membership at its December 4, 2019, BHPC quarterly business meeting. Mr. Gallagher stated that during the June 25, 2019, meeting of the BHPC members requested that the BHPC membership develop and adopt a formal statement of vision that might support the state’s behavioral health systems study and its implementation plan. During the December 4, 2019, meeting of the BHPC, members took up and examined the purpose and prospective format of such a BHPC vision statement: a summary statement that would describe or characterize the ultimate goal of behavioral health efforts in North Dakota.

During the December 2019 BHPC meeting, members drafted [general statements](#) that represented elements of a possible vision for behavioral health in North Dakota and instructed Mr. Gallagher to develop a draft vision statement that would capture the collective sentiments of the BHPC. BHPS members stated their intent to review, amend, and approve a Vision Statement at the subsequent BHPC meeting. Members recommended that the vision statement be focused, short, and inclusive of key terms. Members expressed an openness to developing a joint narrative of principles and a shorter summary vision statement.

Pursuant the the directive of the BHPC, Mr. Gallagher reviewed the recorded sentiments of the BHPC members and prepared for consideration and possible adoption the following vision statement describing and defining the aspirational goal of the North Dakota behavioral health delivery system.

A Statement of Vision.

With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy and happy life—free of stigma or shame, within caring and supportive communities.

In response to a question regarding a possible need for the inclusion of “culturally relevant,” Mr. Gallagher responded that the phrase “offering every North Dakotan” represented a straightforward manner of including *all* individuals and communities, without distinction.

In response to a question inquiring into the use of the phrase “...and by the right people,” Mr. Gallagher stated that the phrase was a late inclusion into the statement to address several hanging uncertainties: how to address workforce development, how to touch on and imply professional competency, how to provide a nod to certification and licensure, how to acknowledge the role of peer support and self-identified peers, among other matters. Given the

inclusion of these related matters, the introduction of the phrase “...and by the right people” allowed for a more open-ended, poetic means of capturing the proper role of people in the work of providing behavioral health supports to all people, inclusive of varied settings and capacity.

Members inquired if the phrase, “...by the right people,” might introduce a turf argument or be exclusive about who is better trained, more proper, or better qualified, resulting in an unsettling debate. The state’s current workforce discussions raise the point that the best person may be different in different communities.

Following discussions, Chairperson Snyder opened the floor for the resolution of the vision statement

CARLOTTA MCCLEARY MADE AND GLEN LONGIE SECONDED A MOTION TO ADOPT THE PROPOSED VISION STATEMENT AS PRESENTED:

A Statement of Vision.

With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy and happy life—free of stigma or shame, within caring and supportive communities.

CHAIRPERSON SNYDER REQUESTED A ROLL CALL VOTE.

- LORRAINE DAVIS: YES
- ROSALIE ETHERINGTON: YES
- JENNIFER HENDERSON: YES
- ANDREA HOCHHALTER: YES
- DEB JENDRO: YES
- GLENN LONGIE: YES
- CARLOTTA MCCLEARY: YES
- LISA PETERSON: YES
- EMMA QUINN: YES
- PAM SAGNESS: YES
- KIRBY SCHMIDTGALL: YES
- KURT SNYDER: YES
- JODI STITTSWORTH: YES
- PAUL STROKLUND: YES
- CARL YOUNG: YES
- DAWN PEARSON: YES
- SARAH BACHMEIER: YES

TOTAL: 17 YES; 0 NO; 0 ABSTAINING

WITH EVERY VOTING MEMBER RECORDING A VOTE IN THE AFFIRMATIVE, RESULTING IN A UNANIMOUS RESULT, THE MOTION PASSED.

CHAIRPERSON SNYDER DECLARED THE MOTION APPROVED.

Chairperson Snyder thanked Mr. Gallagher for his presentation and the preparation of the Vision Statement draft. Chairperson Snyder thanked the full membership of the BHPC for its active engagement in the development and resolution of the Vision Statement.

Chairperson Snyder raised the question whether the BHPC wished to develop a statement of principles that might accompany the Vision Statement, as had been introduced by some members' comments. No comments or motion for action were forthcoming. Chairperson Snyder stated that there existed no need to advance any statement of principles at this time, allowing for the possible introduction of such a statement in the future. For now, the Vision Statement provides the principal summary statement for the state's behavioral health system.

Planning for the 2021 Legislative Assembly: BHPC Members. Chairperson Snyder opened general discussion on BHPC preparations for the 2021 Legislative Assembly. Chairperson Snyder deferred to Pam Sagness to open present broad timelines and issues for the BHPC's consideration.

Pam Sagness reminded BHPC members that Interim Committees must review any legislative proposals at least two times prior to a Committee's consideration and approval of a proposal as a bill draft. The Human Services Committee and the Judiciary Committee are both moving to closure on their available meeting dates. The BHPC will need to clearly communicate any proposals or information to key legislators prior to the session.

Ms. Sagness stated that the final Executive Budget will impact all future behavioral health programming, going forward. All parts of the behavioral health budget are important and it will be crucial that one part of the budget not be pitted against another part of the budget. Speaking clearly and consistently will determine what legislators hear. Budget savings should focus first on seeking administrative and service efficiencies. The BHPC needs to seek out legislative and community champions to secure behavioral health funding.

Members observed that the behavioral health of all citizens has arisen as a principal concern and emergent priority across the state during the current public health emergency. The BHPC needs to listen to the voices of consumers, especially the most vulnerable, and to communicate these stories clearly to legislators as they deliberate how best to allocate the state's resources. The BHPC must also attend to the needs of providers who, themselves, are experiencing unique personal, professional, and financial stressors. Members expressed their interest in participating proactively in the budget-building process, exploring ways to mitigate the anticipated \$55 Million loss in the DHS's administrative and service budget. Members expressed a desire to analyze the DHS' budget components that are most likely to be vulnerable to cuts and build evidence-based arguments to safeguard priority areas. Members identified areas where they might provide testimony to highlight impactful programs, such as the Free Through Recovery Program and Peer Support. Members discussed how BHPC might identify and recruit strong advocacy voices and organizations to build strong alliances in support of sustained behavioral health programming.

Members recommended that representatives from the BHPC seek a meeting with Governor Burgum to report on the activities of the BHPC, the impressive gains experienced in behavioral health initiatives statewide, identified priorities, and budgetary concerns. This meeting should provide factual information on the state's standing regarding behavioral health, express gratitude for the Governor's past support for behavioral health, and seek the Governor's continued support

in securing the hard-fought gains in behavioral health initiatives in recent years. The state's current pandemic experience illustrates the pre-eminent need to secure behavioral health resources: the need is current and critical. Members observed that any meeting with the Governor needed to occur between August and October 2020.

Members identified certain key priorities: Home and Community Based Services; telehealth; workforce capacity; among others. Members introduced the prospect of seeking emergency access to the Legacy Fund to address the state's multiple needs during this unusual time. Now may be the time for the state to spend more, not less, facing the next wave of the state's public health emergency.

PAUL STROKLUND MADE AND CARLOTTA MCCLEARY SECONDED A MOTION TO FORM A COMMITTEE, CONSISTING OF CARLOTTA MCCLEARY, PAUL STROKLUND, CARL YOUNG, EMMA QUINN, AND PAM SAGNESS, TO DRAFT A LETTER TO GOVERNOR BURGUM, BY AUGUST 1, 2020, REQUESTING A MEETING WITH REPRESENTATIVES OF THE BEHAVIORAL HEALTH PLANNING COUNCIL, AT THE EARLIEST OPPORTUNITY, TO PRESENT THE COUNCIL'S AND STATE'S ACCOMPLISHMENTS AND TO ADVANCE A CONSTRUCTIVE FUTURE AGENDA FOR BEHAVIORAL HEALTH IN NORTH DAKOTA. UPON RECEIPT OF ANY REQUEST BY THE GOVERNOR TO MEET WITH BHPC REPRESENTATIVES, THE BHPC CHAIR WILL RECONVENE A SPECIAL MEETING OF THE BHPC TO PREPARE PRE-MEETING NOTES AND RECOMMENDATIONS.

THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON SNYDER DECLARED THE APPROVAL OF THE MOTION.

Chairperson Snyder instructed the appointed committee to proceed quickly with the scheduling of its meeting and to forward the letter and any preparatory notes to him for signature and submission to the Governor, on behalf of the BHPC, prior to August 1, 2020.

BHPC Emerging Issues; Nominating Committee for Vice Chairperson; and Next Steps: BHPC Members. Chairperson Snyder open discussion on any BHPC emerging issues and next steps requiring attention, including the creation of a nominating committee to seek nominees for the BHPC Vice Chairperson's election at the October 7, 2020, BHPC meeting.

Mr. Gallagher referred members to the current list of issues previously identified by the BHPC for future consideration. Mr. Gallagher suggested that members amend items to this list reflecting current affairs. Members agreed by assent to move forward the following list of presentations or extended study issues to be included in the agendas for future quarterly business meetings:

- How might institutions that serve individuals with mental illness or individuals with substance use disorder be impacted by any institutional size restrictions. Any presentations need to respect the different missions and needs of service institutions.
- Update on the activities of the ND Disabilities Advocacy Consortium by Teresa Larsen.
- Maggie Anderson may be a good, objective resource to lead discussions on the previous statements, considering fiscal and administrative challenges.
- Medicaid 1915(i) State Plan Implementation Updates.
- Free Through Recovery Updates.

- Detailed Mental Health Block Grant and Budget Presentation to be presented quarterly with an annual summative review. The budget review should be provided to the BHPC at a time and in a spirit that invites the BHPC to provide a meaningful review and considered advice.
- Chris Jones, Executive Director, Department of Human Services. (to be considered).
- Cory Pedersen, Director, Children Family Services.
- Insurance Department periodic reviews.
- Russ Riehl, Principal, Simile Middle School, Bismarck.
- Crisis Response. Consider Brad Brown, WCHSC, and Rosalee Etherington.
- State Hospital versus regional service centers, following on the current interim study.
- Suicide Prevention.
- Developing a Peer Support association and credentialing, considering work conducted in Virginia, Mental Health Association SAMHSA grant, ND Peer Support Association created by Adam Martin.
- (Members agreed to remove the IMD waiver issue from immediate consideration, but requested to assess its implication at a later time.)

Election of the BHPC Vice Chairperson. At the December 4, 2019, BHPC meeting, Mr. Gallagher reported that the BHPC Bylaws require an annual meeting, to be conducted during October, where the BHPC Vice President position would be elected based on the bylaw's defined criteria. Since the schedule of meetings in 2019 included a September 2019 meeting in place of the defined October meeting date and because the election of the Vice Chairperson position occurred in March 2019 to fill an emergent vacancy, there existed a need to realign the BHPC meeting schedule to meet the bylaw's terms. At the December 2019 BIAC meeting, members discussed the best scenario to meet the BHPC bylaws provisions.

TERESA LARSEN MADE AND CARLOTTA MCCLEARY SECONDED A MOTION THAT THE CURRENT EXECUTIVE OFFICERS OF THE BEHAVIORAL HEALTH PLANNING COUNCIL REMAIN IN THEIR CURRENT ROLES UNTIL A NEW VICE CHAIRPERSON IS ELECTED IN OCTOBER 2020 AND THE REQUIRED ROTATION OF EXECUTIVE OFFICERS ROLES OCCURS, IN KEEPING WITH THE BYLAWS OF THE BEHAVIORAL HEALTH PLANNING COUNCIL.

THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON SNYDER DECLARED THE MOTION APPROVED.

Mr. Gallagher reported that in light of past practice and the requirements of the BHPC Bylaws, Chairperson Snyder has agreed to establish a Nomination Committee, chaired by Lorraine Davis, Immediate Past Chairperson, to facilitate a nomination and election process consistent with the BHPC Bylaws. Glenn Longie and Deb Jendro volunteered to serve on the Nomination Committee, as well. Mr. Gallagher will provide assistance to the committee. The Nomination Committee will prepare an election process and conduct the election prior to the October 7, 2020, BHPC meeting.

Forthcoming BHPC Meetings. The next scheduled meetings of the BHPC include the following dates:

- October 7, 2020 (annual meeting); and
- January 6, 2021.

Until further notice, all BHPC meetings will be held via video conference from 10:00 AM – 4:00 PM, CT, pending the review and approval of the BHPC Executive Committee.

Public Comments. Chairperson Snyder opened the floor for any public comments.

Tamra Huesers, Recovery Coordinator at the Harmony Center in Minot and a person with a lived experience with mental health issues, expressed her appreciation for the flow of the day's discussions. Ms. Huesers stated that recent COVID-19 events have illustrated the difficulties in conducting normal healthcare operations. The emergence of telephone- and video-conference-based contacts has proven to be helpful in maintaining contact with many individuals. However, there exist clear restrictions for many because of limited access to adequate devices and/or poor internet capacity. Technology-based care offers great potential, but it requires sufficient resources to secure this capacity. Ms. Huesers stated she would welcome any initiatives that might improve the prospects of accessing and distributing these resources. Chairperson Snyder thanked Ms. Huesers for her comments. Chairperson Snyder suggested the USDA as a potential source of grants to support telehealth improvements, although in the past the USDA has favored support for addiction-related services. Ms. Huesers expressed her appreciation for this suggestion.

Chairperson Snyder closed the public comment.

Adjournment. With the completion of the approved agenda and hearing no further comments from the BHPC members, Chairperson Snyder entertained a motion to adjourn.

CARLOTTA MCCLEARY MADE AND CARL YOUNG SECONDED A MOTION TO ADJOURN. THE MOTION PASSED UNANIMOUSLY.

CHAIRPERSON SNYDER DECLARED THE MEETING ADJOURNED AT 3:12 PM, CT.

Respectfully submitted,

Greg Gallagher
Facilitator,
The Consensus Council, Inc.

- [APPENDIX A:](#) **Agenda**
- [APPENDIX B:](#) **Recorded Next Steps**
- [APPENDIX C:](#) **Behavioral Health Division Updates**
- [APPENDIX D:](#) **Pediatric Mental Health Care Access Program Update Report**
- [APPENDIX E:](#) **Draft Vision Statement for the North Dakota Behavioral Health Strategic Plan**

APPENDIX A

AGENDA

**Behavioral Health Planning Council
July 1, 2020**

Video Conference

**Behavioral Health Planning Council Meeting
Wednesday, July 1, 2020
Video Conference Meeting**

Draft Agenda

- 10:00 AM Welcome and Call to Order: Kurt Snyder, Chairperson
Roll Call of Council Members
- Approval of December 4, 2019, Meeting Minutes
Approval of July 1, 2020, Meeting Agenda
Review of BHPC Next Steps Summary: Greg Gallagher
Current Openings on the Behavioral Health Planning Council: Tami Conrad
- 10:15 AM Behavioral Health Division Updates: Pam Sagness, Department of Human Services
- DHS Initiatives in Response to Public Health Emergency;
 - DHS Behavioral Health Program Updates;
 - State Behavioral Health Strategic Planning, HSRI Activities;
 - DHS Preparations for Executive Budget Proposal, 2021-2023 Biennium
- 11:00 AM Medicaid 1915(i) State Plan: Dawn Pearson and Bianca Bell, Department of Human Services
- 11:20 AM Indian Affairs Commission, Behavioral Health Initiatives: Brad Hawk, Indian Affairs Commission
- 11:40 AM Meeting the Behavioral Health Needs of Individuals with Disabilities: Teresa Larsen, Protection and Advocacy
- 12:00 PM Lunch Break
- 1:00 PM Pediatric Mental Health Care Access Program, Budget, Operations: Kim Mertz, Department of Health
- 1:20 PM Mental Health Block Grant: Structure, Content, BHPC Duties: Nicole Berman, Department of Human Services
- 2:00 PM BHPC Vision Statement for State Behavioral Health Plan. Greg Gallagher, Consensus Council
- 2:15 PM Planning for 2021 Legislative Assembly: BHPC Members
- 2:30 AM BHPC Emerging Issues; Nominating Committee for Vice Chairperson Election; and Next Steps
- 2:45 AM Public Comments
- 3:00 PM Adjourn

Next Meeting: October 7, 2020, 10:00 AM – 4:00 PM, CT

Members and the interested individuals can join the Council's proceedings, via computer or phone connection at the following address or phone numbers:

Join the Meeting at <https://us02web.zoom.us/j/87942778575>; Meeting ID:
879 4277 8575

Optional Phone Connection: 1-346-248-7799; or one tap mobile:
+13462487799. Enter code: 879 4277 8575#

APPENDIX B

**Recorded Next Steps
December 4, 2019**

**North Dakota
Behavioral Health Planning Council
Meeting
December 4, 2019**

Recorded Next Steps

General Activity Assignments:

- 1. 2020 Legislative Assembly Preparations.** Members identified the need to begin early in 2019 to review the work of the state implementation plan, interim legislative committee proposals, and general discussions to recommend legislation for the 2020 Legislative Assembly.

- 2. State Implementation Plan Considerations.** The state may need to focus attention on the following issues regarding the implementation of the state behavioral health plan:
 - Increasing awareness, identification, and service supports regarding fetal alcohol syndrome;
 - The state implementation plan may need to go through periods of reassessing the plan's balance and allow for the inclusion of more emergent needs as they are identified;
 - There exists a need to further engage the Indian communities and to bring to the forefront their expressed priorities, allowing for a responsive system;
 - The implementation plan should identify those programs requiring unique attention for increased funding, in anticipation of the 2021 Legislative Assembly;
 - Peer support activity has gain quick attention and activity, evidencing encouraging progress and benefiting from emerging national best practices;
 - The state's proposed Medicaid 1915(i) plan affords the state a great opportunity to expand service supports statewide;
 - The state faces challenges in deploying appropriate screenings for behavioral health, brain injury, trauma, and others;
 - The state's medical community still appears to not actively engage with the behavioral health community, producing siloed efforts. There exists a need to build a truly integrated health and wellness primary care model that better unifies all service providers;
 - There exists a need to include the issues of suicide and human trafficking, mindful of their many faceted issues, within the state implementation plan;
 - The state implementation plan needs a vision statement to provide a simple, clear image of what the state is seeking to achieve;
 - The state needs to step back and assess where its own system of services may be deficient or broken, inflicting further trauma on individuals.

- 3. Peer Support Certification.** The BHPC should review work on the administrative code being prepared by the Department of Human Services regarding the peer support certification process.

- 4. Integrated Behavioral Health Programs within Schools.** Various statewide stakeholders have collaborated to establish a more integrated approach to behavioral health within schools, reconciling the historical differences that have existed regarding behavioral health language, credentialing, and service protocols among agencies, illustrated by the use of Continuum of Care and Multi-Tiered System of Supports. The BHPC should consider providing guidance on this matter.
- 5. Trauma Screening and School Supports.** The Department has contracted with Dr. Nicola Herding, Sanford Research North, to conduct school-focused trauma training, including introductory information regarding trauma and its screening. The Department has contracted with Dr. Stuart Ablon to advance collaborative behavioral health problem solving within the state's schools. The BHPC should receive presentations on this work and consider its wider application.
- 6. Families First Act.** The BHPC should receive background information on the Families First Act and the impact it may have on the state.
- 7. System of Care Grant Expansion.** The BHPC may wish to consider reviewing the pilot rollout of the federal System of Care Grant, currently restricted to two locations, for possible expansion statewide in the future.
- 8. Children's Cabinet.** The BHPC may wish to establish a relational link with and testify before the Children's Cabinet regarding any identified behavioral health priorities that may require the engagement of the state's various intergovernmental structures.
- 9. Pediatric Mental Health Care Access Program.** The BHPC will continue to receive periodic reports regarding the PMHCAP. The BHPC may wish to request a complete review of the program's overall financial structure. The BHPC should request a complete breakdown of the first year budget and any final carryover funds. The BHPC may request a presentation by Dr. Connell to discuss the breadth of the screening and case management issues addressed in the project.
- 10. BHPC Vision Statement.** Greg Gallagher will compile and prepare a draft BHPC vision statement that would accompany the state's behavioral health system study's implementation plan.
- 11. Nd.gov Email Accounts for BHPC members.** Tami Conrad will investigate the prospects of the Department of Human Services assuming the costs for providing a nd.gov email account for each BHPC member to protect the member's personal accounts from possible public open records requests.

Future Agenda Items: Members proposed the following list of presentations or extended study issues to be included in the agendas for the 2020 scheduled quarterly meetings:

1. IMD Exclusion, the restriction of a facility to 16 beds or less by federal regulation. Past discussions have raised the need for the state to assess the tradeoffs of adopting this

- restriction or seeking a waiver of this restriction. The BHPC should receive background information on the issue and advise the state on the most responsible path forward.
2. How might institutions that serve individuals with mental illness or individuals with substance use disorder be impacted by and institutional size restrictions. Any presentations need to respect the different missions and needs of service institutions.
 3. Maggie Anderson may be a good, objective resource to lead discussions on the previous statements, considering fiscal and administrative challenges.
 4. Medicaid 1915(i) State Plan Amendments Update.
 5. Free Through Recovery Update.
 6. Block Grant and Budget Updates, last presented in December 2018, to be presented quarterly with an annual summative review, perhaps occurring during a June BHPC meeting. The budget review should be provided to the BHPC at a time and in a spirit that invites the BHPC to provide a meaningful review and considered advice.
 7. Chris Jones, Executive Director, Department of Human Services. (to be considered).
 8. Cory Pedersen, Director, Children Family Services.
 9. Insurance Department periodic reviews.
 10. Russ Riehl, Principal, Simile Middle School, Bismarck.
 11. Crisis Response. Consider Brad Brown, WCHSC, and Rosalee Etherington.
 12. State Hospital versus regional service centers, following on the current interim study.
 13. Suicide Prevention.
 14. Developing a Peer Support association and credentialing, considering work conducted in Virginia, Mental Health Association SAMHSA grant, ND Peer Support Association created by Adam Martin.
 15. Reassessing current BHPC mandated duties, reviewing the detailed contents of the Mental Health Block Grant.

APPENDIX C

Behavioral Health Division Updates

**Pam Sagness, Director
Behavioral Health Division,
ND Department of Human Services**

July 1, 2020

[Behavioral Health Division Update](#)

APPENDIX D

Pediatric Mental Health Care Access Program Update Report

**Kim Mertz, Section Chief
Healthy and Safe Communities,
ND Department of Health**

**Jennifer Faul, Coordinator,
Pediatric Mental Health Care Access Program**

July 1, 2020

[PMHCAP Summary Flyer](#)

APPENDIX E

**Draft Vision Statement for the
North Dakota Behavioral Health Strategic Plan**

**Greg Gallagher, Deputy Director
The Consensus Council**

July 1, 2020

**A Vision Statement for the
North Dakota Behavioral Health System:
A Resolution for Consideration and Adoption by the
North Dakota Behavioral Health Planning Council**

During the June 25, 2019, meeting of the North Dakota Behavioral Health Planning Council (BHPC), members requested that the BHPC membership develop and adopt a formal statement of vision that might support the state's behavioral health systems study and its implementation plan. During the December 4, 2019, meeting of the BHPC, members took up and examined the purpose and prospective format of such a provisional BHPC vision statement: a summary statement that would describe or characterize the ultimate goal of behavioral health efforts in North Dakota.

BHPC members broke into small groups to generate general statements that would capture a possible vision for behavioral health in North Dakota. Members reported back with the following statements:

- Implementation of the full continuum of care across the state.
- System responsive to individual needs, from promotion and prevention through recovery and treatment, including crisis intervention.
- Needed services are available at the right time and the right place. Wherever the person is at, there the services are available.
- Behavioral health services are available and accessible in a broad-based manner, and based on the full continuum of care, utilizing evidence-based best practices and technologies to be effective and efficient and ensuring an adequate and culturally competent work force.
- Envision a society where mental wellness is a foundation of a healthy community.
- Holistic wellbeing that includes economic capabilities.
- Healthy communities, free of stigma and shame, with access to a full behavioral health continuum of care.

Following the reports from the various groups, BHPC members developed summative words or phrases that most impressed them or that synthesized key, essential concepts for a possible vision statement. Members offered the following summary terms:

- Realizing North Dakotans' vision of a good, modern, and equitable behavioral health system. (Taken from current website)
- Continuum of care.
- Healthy communities.
- Equitable.
- Right time and right place. (BC/BS statement: Right care at the right time at the right place)
- Statewide
- Mental wellness.
- Accessible and available.
- Free of shame and stigma.

- Culturally sensitive.
- Responsive.
- Sam Ismir’s and Lutheran Social Services’ statement: When and where it is needed.
- Evidence-based.
- Effective.

BHPS members requested the BHPC facilitator to compile the generated list into possible vision statement options that the members would review, amend, and approve at a future BHPC meeting. Members recommended that the vision statement be focused, short, and inclusive of key terms. Members expressed an openness to developing a joint narrative of principles and a shorter summary vision statement.

For the consideration and resolution of the North Dakota Behavioral Health Planning Council, the following vision statement describes and defines the aspirational goal of the North Dakota behavioral health delivery system.

A Statement of Vision.

With full regard for the value of each person, appropriate behavioral health services, encompassing the full continuum of care, are readily available at the right time, in the right place and manner, and by the right people, offering every North Dakotan their best opportunity to live a full, productive, healthy and happy life—free of stigma or shame, within caring and supportive communities.

Respectfully submitted,

Greg Gallagher
BHPC Facilitator