

**ND Behavioral Health Planning Council (BHPC)  
Quarterly Business Meeting  
July 21, 2021**

**Meeting Minutes**

**Council Members in Attendance:** Brenda Bergsrud (Consumer Family Network), Chairperson; Lorraine Davis (Member at Large); Rosalie Etherington (DHS Behavioral Health Service Delivery System); Michelle Gayette (DHS Aging Services Division); Jennifer Henderson (Principal State Agency: Housing); Cheryl Hess-Anderson (Vocational Rehabilitation); Andrea Hochhalter (Family Member of an Individual in Recovery); Deb Jendro (Individual in Recovery-MH); Teresa Larsen (Protection and Advocacy Project); Glenn Longie (Tribal Behavior Health Representative); Carlotta McCleary (ND Federation of Families for Children’s Mental Health); Dawn Pearson (Principle State Agency: Medicaid); Amanda Peterson (Principle State Agency: Education); Lisa Peterson (Principal State Agency: Criminal Justice); Pamela Sagness (Principal State Agency: Mental Health); Kirby Schmidtgall (ND National Guard); Jodi Stittsworth (Family Member of a Child with SED); Timothy Wicks (Veteran); Carl Young (Family Member of a Child with SED).

**Presenters and Staff:** Tami Conrad (NDDHS, Project Manager); Bevin Croft (Human Services Research Institute); Vivian Solomon (Human Services Research Institute); Jennifer Faul (Pediatric Mental Health Care Access Program); Kim Mertz (Department of Health); Kelli Ulberg (DHS, Behavioral Health); Denise Harvey (Protection and Advocacy Project).

**Facilitator:** Greg Gallagher, The Consensus Council, Inc.

**Call to Order:** Chairperson Brenda Bergsrud called the meeting to order at 10:04 AM, CT, via video conference. BHPC members and presenters provided self-introductions via video conference sign-in.

**Quorum.** With a majority of total current BHPC members reporting present, Chairperson Bergsrud declared the presence of a quorum.

**Approval of Minutes.** Chairperson Bergsrud called for the review of the [February 17, 2021, BHPC meeting minutes](#). Mr. Gallagher provided a summary of the minutes and supporting attachments.

GLENN LONGIE MADE AND TIMOTHY WICKS SECONDED A MOTION TO APPROVE THE FEBRUARY 17, 2021, BHPC MEETING MINUTES, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON BERGSRUD ANNOUNCED THE PASSAGE OF THE MOTION AND DECLARED THE APPROVAL OF THE FEBRUARY 17, 2021, MEETING MINUTES.

**Approval of Agenda.** Chairperson Bergsrud called for the review of the [July 21, 2021 meeting agenda](#) prepared by the BHPC Executive Committee. Mr. Gallagher provided an overview of the agenda.

TERESA LARSEN MADE AND CHARLOTTA MCCLEARY SECONDED A MOTION TO APPROVE THE JULY 21, 2021, BHPC MEETING AGENDA, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON BERGSRUD ANNOUNCED THE PASSAGE OF THE MOTION AND DECLARED THE APPROVAL OF THE JULY 21, 2021, MEETING AGENDA.

**Review of BHPC Next Steps Summary.** Greg Gallagher placed into the record the [BHPC Next Steps Summary](#), dated June 29, 2021, reflecting BHPC actions following the February 17, 2021, BHPC meeting. The *Recorded Next Steps* provides 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. No action was required by the BHPC membership.

**Current Status of Behavioral Health Planning Council Membership: Tami Conrad.** Chairperson Bergsrud recognized Tami Conrad to provide an update on current BHPC membership vacancies. Ms. Conrad reported five dedicated slots which are transitioning for renewal or which remain to be filled, awaiting action from the Governor's Office:

- Healthcare Representative
- Family Member of a Veteran
- Principle State Agency: Social Services, pending
- Mental Health America of ND, pending
- Family Member of an Adult with SMI

The membership of state boards and commissions is [managed](#) by the Governor's Office. [BHPC membership and governance rules](#) and the [application form for BHPC membership](#) are posted for ready public access. Individuals interested in being considered for a designated Council vacancy, including individuals and agency representatives, must submit an application which will be considered by the Governor's Office, leading ultimately to an appointment by the Governor, if accepted. BHPC members are encouraged to reach out to qualified individuals and invite them to apply.

Teresa Larsen requested consideration for the development of BHPC accommodations allowing all individuals to access the website information in an appropriate manner. Ms. Conrad stated that she would take this recommendation back to the Department for further consideration. Members encouraged communications with the Governor's Office to expedite lingering unresolved applications. Ms. Conrad will work with the Governor's Office to resolve pending applicatiton reviews.

**BHPC Vice Chairperson Election and BHPC Officers' Succession.** Greg Gallagher reported that according to BHPC Bylaws the election of the BHPC Vice Chairperson is scheduled to occur prior to the October 2021 BHPC business meeting. Following the October 2021 meeting, Brenda Bergsrud will move to the Immediate Past Chairperson position on the Executive Committee, Emma Quinn will move to the Chairperson position on the Executive Committee, a newly elected Vice Chairperson will assume duties on the Executive Committee, and Kurt Snyder, current Immediate Past Chairperson, will rotate out of the Executive Committee.

The BHPC Bylaws also identify two separate slots on the BHPC Executive Committee that remain unfilled: one representative of an Individual or Family Member of an Individual in Recovery, and one representative of an Individual or Family of an Individual in Recovery – MH. The Executive Committee has agreed to defer any election of these two position until following the Vice Chairperson election, effectively following the October 2021 BHPC business meeting, to allow all interested individuals to better select the office they wish to pursue. Members expressed satisfaction with the proposed election plan of action.

**BHPC Member Reimbursement Policy.** Tami Conrad reported on the current reimbursement policy for BHPC consumer members who are not representatives of state or local governmental agencies. Under current rules, all non-agency BHPC consumer members are entitled to a per diem stipend for any related business meeting. These reimbursement rules will be addressed more spectically at a future meeting. BHPC consumer members can contact Ms. Conrad regarding their current reimbursement status.

**Summary Report of ND Behavioral Health Strategic Plan and Future Activities, Bevin Croft, [Human Services Research Institute](#).** Chairperson Bergsrud recognized Dr. Bevin Croft, HSRI, to provide an update on the status of the [state's behavioral health strategic plan](#). Dr. Croft recognized Vivian Solomon as a technical assistant for the project. Dr. Croft presented a summary of recent activities implementing the state's behavioral health strategic plan, including conducting ongoing system monitoring, planning, and general coordination.

Dr. Croft stated that HSRI and the Department of Human Services have established a secure SharePoint site to allow BHPC members and staff to access information related to the state strategic plan's program activities. This SharePoint tool, requiring a free or existing Microsoft 365 account, allows for all BHPC members to access any strategic plan information. Information on accessing the SharePoint tool will be forwarded to all BHPC members. Dr. Croft provided a summary presentation of the SharePoint site's design.

Dr. Croft referenced the recently developed [Project Dashboard: North Dakota Plan for Behavioral Health](#), which provides a summary update on performance indicators of success within the strategic plan for each of the plan's principal aims, objectives, and activities. The Project Dashboard was released in April 2021 and will be updated as the strategic plan progresses. HSRI compiled a list of programs and acronyms for reference and has begun work to compile a list of statewide stakeholders to inventory agency contacts and programs.

Dr. Croft provided a summary of recent work in certain key strategic plan aims, highlighting Aim 1: *Developing and Implementing a Comprehensive Strategic Plan*. This aim constitutes a driving organizational effort for the plan and it is anticipated that this aim will orchestrate amendments to the various other aims as the state refines and adjusts priorities. It is possible that old strategic goals will be retired and and new goals will emerge in importance. The BHPC will be an instrumental player in guiding this realignment work. Dr. Croft recommended that Aim 1 include a new objective: *Strengthen linkages between the BHPC and related stakeholder groups (governmental advisory bodies, coalitions, and community initiatives)*. Creating linkages to other groups, such as state advisory councils, is becoming increasingly important to secure the strategic plan's relevance and impact. Members expressed support for this proposal and recommended that HSRI reach out to the Brain Injury Advisory Council, Olmstead Commission, ND State Autism Task Force, Children's Cabinet, ND State Council on Developmental Disabilities, ND State Medicaid Advisory Committee, among other groups, to move this objective's work forward. Members observed that these councils focus attention on policy initiatives and collectively offer a potential forum for integrated planning and policy advancement.

Members recommended several options to structure this inter-council sharing:

- Form a separate team of representatives from the various councils to collaborate on proposal and coordinate shared efforts.

- Establish clear communications channels among the councils to share initiatives.
- Facilitate the advancement of a comprehensive Asset Map of services and initiatives.
- Coordinate the navigation of providers and consumers through the service system.
- Conduct a crosswalk of program initiatives among councils, referencing the minutes and agendas of the various councils.
- Establish a network of council liaisons who can foster enhanced communication and proactive planning among councils.
- State behavioral health strategic plan leaders need to identify activities that would benefit from sharing with other councils.

Dr. Croft noted that Aim 7 (*Engage in targeted efforts to recruit and retain a qualified and competent behavioral health workforce*) has shown significant activity and progress and identified Rebecca Quinn (Brain Injury Network) and Kurt Snyder as instrumental in making progress in this area. Dr. Croft and Heather Brandt observed that work within the Peer Support aim has focused on the various ways individuals receive training and certification and has shown considerable progress. Dr. Croft remarked that Objective 7.5 (*Implement a program of core competencies for staff providing direct support to people with psychiatric disabilities, substance use disorders, and brain injury (e.g., mental health technicians, case aides, coordinators)*) has undergone some revision. The focus has become more refined, concentrating on identifying and supporting core competencies applicable to a wide variety of staff members. Focusing on core competencies is a meaningful change in direction and opens itself to various policy matters.

Dr. Croft highlighted the increasing importance of Aim 12: *Diversify and enhance funding for behavioral health*, managing the various funding sources that will need to be accessed to advance the aims of the strategic plan in an efficient way. The state plan has marked Goal 12.2 (Medicaid 1915(i)) as completed and ready to be retired, with the successful approval and startup of the program. Dr. Croft noted that additional work is required in Goal 12.3 to enhance peer support services outside of Medicaid 1915(i). Teresa Larsen observed that non-Medicaid 1915(i) Peer Support, previously approved in the 2019 legislative session, still awaits implementation, despite DHS assurances to do so. Members concurred with Ms. Larsen's statements and reiterated that BHPC should continue to advocate for this service enhancement and monitor the state's efforts. Members noted that both substance use and mental health interests need to be mutually respected and comparable efforts need to be ensured. Tami Conrad reported that DHS has applied Covid emergency funding to advance peer support services at the Human Service Centers and State Hospital. Members encouraged DHS to market this opportunity to consumers. Members encouraged the DHS to identify peer support broadly as behavioral health programming, without singular references to substance use or mental health labeling. Members noted that any marketing of services must also include consideration for first contact referrals from law enforcement, among other stakeholders, illustrating the multiple agency aspect of this work. Members suggested that the state strategic plan specifically include monitoring of state program efforts by the BHPC. Chairperson Bergsrud stated that peer support services will be an ongoing agenda item within the strategic plan. Ms. Brandt reported that of the 600 peer support trainees registered, 80 have been certified. Pam Sagness stated that peer support trainees do not need to be certified; peer support training and certification is not specifically licensing.

Ms. Larsen observed that the 2021 legislative session included one FTE within the Behavioral Health Division to support state grant searches, marking a benefit to Aim 12.

**2021 Legislative Assembly Summary Report on BHPC Legislative Committee Legislative Activities:** Brenda Bergsrud, Emma Quinn, Kurt Snyder, Carlotta McCleary, Teresa Larsen. Carlotta McCleary and Teresa Larsen presented, on behalf of the BHPC Legislative Committee, a summary of the BHPC's [activities](#) during 2021 Legislative Session. BHPC legislative activities, including bill monitoring, strategy development, and testimony writing, were managed by the BHPC Legislative Committee, consisting of Brenda Bergsrud, Emma Quinn, Kurt Snyder, Teresa Larsen, and Carlotta McCleary. The Committee's weekly videoconference meetings and minutes were provided to BHPC members, allowing all members to participate. Ms. McCleary reported that the DHS Executive Budget proceeded steadily through both Chambers, securing funding and policy provisions supportive of BHPC priorities. Ms. McCleary and Ms. Larsen observed that BHPC testimony supporting key elements within the strategic plan and identified BHPC priorities evidenced significant success. Legislators consulted regularly with BHPC members and attended well to BHPC testimony.

Members discussed the importance of monitoring the activities of the interim legislative committee throughout 2021-2022. The BHPC Legislative Committee should resume its work and coordinate monitoring activities throughout the interim committee sessions.

CARLOTTA MCCLEARY MADE AND GLENN LONGIE SECONDED A MOTION TO REINSTATE THE BHPC LEGISLATIVE COMMITTEE TO MANAGE 2021-2022 INTERIM LEGISLATIVE COMMITTEE ACTIVITIES. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON BERGRUD ANNOUNCED THE PASSAGE OF THE MOTION AND DECLARED THE REINSTATEMENT OF THE BHPC LEGISLATIVE COMMITTEE.

Chairperson Bergsrud will appoint the membership of the BHPC Legislative Committee.

Pam Sagness reinforced the BHPC Legislative Committee's assessment that the 2021 Legislative Session advanced both funding and policy matters constructively. Ms. Sagness recommended deferring any further DHS comments on the session's activity until her afternoon presentation. Chairperson Bergsrud accepted this recommendation.

**Special Presentation of a Resolution of Recognition, Commendation and Appreciation to Teresa Larsen.** Chairperson Bergsrud declared a pause of the Regular Order to consider a *Resolution of Recognition, Commendation and Appreciation* to Teresa Larsen, as prepared and approved unanimously by the BHPC Executive Committee. Chairperson Bergsrud called forth Ms. Larsen to present a framed copy of an Executive Committee resolution. Carlotta McCleary read the [resolution](#), which was followed by a spontaneous expression of consent by the entire BHPC membership.

Ms. Larsen expressed her appreciation to the BHPC membership for the award and stated her abiding appreciation for the good work of and need for the BHPC to advance the common good for all citizens.

Chairperson Bergsrud called a recess for lunch.

Chairperson Bergsrud declared the resumption of the Regular Order of Business at 1:16 PM, CT.

**Pediatric Mental Health Care Access Program, Project Update and BHPC Consultation: Kim Mertz, Department of Health; Jennifer Faul, PMHCAP Coordinator.** Chairperson Bergsrud recognized Jennifer Faul, Coordinator of the Pediatric Mental Health Care Access Program, to provide the program's quarterly report to the BHPC.

Ms. Faul presented a summary of recent program activities and system enhancements referenced in the [PMCHAP Quarterly Report](#), including an assessment of underserved areas within the state, improvements in the management of screening protocols across providers, expanded school-based initiatives, the formation of a service advisory committee, increased statewide networking and collaboration efforts, increased [ECHO training](#) attendance and [statewide symposium](#) offerings, enhancement and initiation of certain service coding opportunities for providers, and the provision of [direct services](#) and care coordination.

Ms. Faul invited suggestions from BHPC members on how to improve service accessibility and marketing across the state. Together, Ms. Faul and BHPC members provided a series of potentially beneficial initiatives, including coordinating outreach to pediatricians, expanding use of the ECHO training sessions, initiating ongoing communications with the Academy of Family Medicine Practitioners, broadening school outreach, establishing a broad communication network with all state clinics and rural health sites (approximating 900 staff providers), maintaining close connections with Family Voices of ND and Pathfinders, and initiating contacts with the juvenile justice system and Children Family Services. Ms. Faul expressed appreciation for the suggestions offered by the BHPC members.

**Report on Department of Human Services' Executive Budget: Pam Sagness.** Chairperson Bergsrud invited Pam Sagness, DHS Behavioral Health Division, to provide a summary report on the behavioral health 2021-2023 Executive Budget and important program initiatives. Ms. Sagness guided BHPC members through her [prepared presentation](#).

Members expressed appreciation to Ms. Sagness for the presentation and congratulated her and the DHS Behavioral Health Division for the successful resolution of the budget and policy initiatives resulting from the 2021 Legislative Session.

**Conversation with Chris Jones, Executive Director, Department of Human Services.** Chairperson Bergsrud welcomed Chris Jones, Executive Director of the ND Department of Human Services, to join in a conversation with the BHPC membership on behavioral health matters across the state. Mr. Jones expressed his appreciation for the invitation to meet with the BHPC.

Mr. Jones stated that the 2021 Legislative Session was a challenging session that effectively restored funding, originally reduced by 15% to meet emergent budget shortfalls, and produced some program funding increases to meet increased service needs. DHS did experience some administrative cuts. Progress has been made in reducing the population of residents at the Life Skills and Transition Center - Grafton, and to move steadily toward the replacement of the current State Hospital with another structure(s) better fitting the needs of the state, perhaps providing for a 75-bed facility. The overall goal of the state is to reduce institutionalization rates.

Mr. Jones stated the DHS has adopted and is moving deliberately in establishing a person-centered culture and approach to planning and service delivery. The state's Human Service System endorses and strives to fully implement person-centered practices in all its work across all

its service centers and programs. The state is facing significant workforce limitations that are impacting access to and potentially the quality of service provision across the healthcare system, including behavioral health. With an increasing demand for services and a limited workforce to meet these needs, the state needs to find effective and efficient ways to align the right resources to meet real human needs, seeking to be fair and equitable in the distribution of these limited human and financial resources.

In response to questions, Mr. Jones observed that the state has historically encountered various times of notable shortages in human and financial resources, requiring creative solutions. Peer Support services marks an important step in engaging the right people to perform the right kind of service in a manner that respects and meets needs, responsively. Mr. Jones noted that responding to needs will require a disciplined assessment of what kinds of programs will be most effective within the bounds of available resources. There is always a need to flexibly reallocate resources when such a move will improve the quality and reach of services. Members observed that one of the peer support system's challenges lies in connecting peer support providers with those in need, and current registry or referral practices do not optimize making such connections.

In response to questions, Mr. Jones stated that the recent move to adjust the eligibility standards for Medicaid 1915(i) services by lowering the current WHODAS cut score of 50 to 25 illustrates a reasonable response to concerns raised on service accessibility. It is important for the human service system to monitor participation and eligibility levels, learn from past practices, and move toward service standards that define best practices.

Mr. Jones underscored the importance of respecting the role and complexity of both the public and private service sectors in providing human services. DHS is mindful of these differences and works to build complementary services. Members noted that during the recent legislative session the need to assist both public and private providers and consumers to navigate through the public service system has emerged as a significant challenge. The state needs to dedicate effort in helping people, both providers and consumers, to better understand and access services through the human service system. The DHS [Asset Map](#) offers a beginning step in building collaboration among DHS and related outside organizations. Describing how people might find their way through this system awaits further work. Generally, people do not understand the service delivery system and they need an advocate to help and guide them.

Discussions emphasized a need for DHS and BHPC to attend to the workforce challenges, which have been marked as a significant initiative in the state's behavioral health plan.

Mr. Jones and members noted children's interests represent a particularly important concern and initiative across all agencies and service systems. The state Children's Cabinet marks a recent and encouraging effort to improve interagency service collaboration. Children have their own distinct needs, including behavioral health supports, but children, especially children ages birth – five years, appear to be underserved and under represented. It should be a principal responsibility for all parties to stand up and meet children's and their families' needs.

Mr. Jones invited the BHPC and the DHS to work together closely, since both parties share a common mission, vision, and values. Both BHPC and DHS need to continue to communicate openly and work to seek consensus, where it is possible, on issues of common concern. Both parties need to respect each other's role and commitment to doing what is right.

Members requested that DHS work to release budget details earlier in the budget cycle than what occurred prior to the 2021 legislative session. Mr. Jones welcomed this observation.

Mr. Jones observed that states are being asked to redefine what infrastructure means—it is more than bridges and roads and now includes investments in human support services and training. Although DHS is not an economic development agency, DHS is interested in helping support services that uplift people.

Chairperson Bergsrud thanked Mr. Jones for his time and contributions to a beneficial communication. Mr. Jones thanked the BHPC for the invitation and encouraged the BHPC to continue with its good work.

### **BHPC Priority Issues**

- **Extended Review of Mental Health Block Grant and SUD Block Grant, 2021-2022: Tami Conrad.**
- **Plans for State Hospital, 2021-2023: Rosalie Etherington.**
- **IMD Exclusion Study, 2021-2022.**
- **Medicaid 1915(i) Implementation Update: Dawn Pearson.**
- **WHODAS Standards Setting Process: Rosalie Etherington.**
- **Service Provider and Applicant Navigation System.**

Mr. Gallagher presented a list of priority issues advanced by the BHPC for review and management at this meeting. Some issues may require an update of time-sensitive information while others may be deferred to a future meeting.

A. *Extended Review of Mental Health Block Grant and SUD Block Grant, 2021-2022.* Tami Conrad reported that the DHS is proceeding to submit the state's required Block Grant applications by September 1, 2021, based on BHPC comments collected through a recent [survey](#). Ms. Conrad recommended that the programmatic and financial review of both the 2021-2022 Mental Health Block Grant and the SUD Block Grant be deferred to a future BHPC meeting to allow sufficient time to provide a comprehensive review of both Block Grants which may require several meetings to complete. Chairperson Bergsrud accepted this recommendation.

B. *Plans for State Hospital, 2021-2023: Rosalie Etherington.* Dr. Etherington reported that an interim Acute Psychiatric Treatment Committee study of a new State Hospital will proceed for the next several months, leading ultimately to a resolution for consideration by the Legislative Assembly. Dr. Etherington previously presented an extended summary on the planning for a new State Hospital, including foundational studies, during a [special BHPC Legislative Committee meeting](#) on December 29, 2020. The interim committee study will include an assessment of larger versus smaller building options, with a current proposal set at 75 beds at the Jamestown location and additional smaller-level bed capacity in the Dickinson area. Dr. Etherington welcomed a recommendation of support from the BHPC for a new State Hospital to help secure an eventual approval. The BHPC Legislative Committee, through Committee resolution during its [March 19, 2021, meeting](#), agreed to submit supportive testimony for a new State Hospital. The interim committee study will consider a new State Hospital's size, distribution of beds across a central site and additional satellite site(s), IMD Exclusion considerations, staffing requirements, a dedicated



sex offender unit, among other concerns. It is anticipated that this short-term study could result in a recommendation that might be forwarded to the future special legislative session in November 2021 for review and possible approval, although a fall study resolution appears to be a difficult timeframe to meet.

C. *IMD Exclusion Study, 2021-2022.* Dr. Etherington reported that the State Hospital study will include a study of the IMD Exclusion in the interim Acute Psychiatric Treatment Committee. Dr. Etherington recommended that the BHPC review the HSRI study on IMD Exclusion (included in the [December 29, 2021, BHPC Legislative Committee minutes](#)) and attend to the developments of the Acute Psychiatric Care Committee. The BHPC may then assess further action at a future meeting. Chairperson Bergsrud accepted this recommendation.

D. *Medicaid 1915(i) Implementation Update: Dawn Pearson.* Dawn Pearson reported that the state [Medicaid 1915\(i\) Program](#) is proceeding in its early stages of implementation and provided a [summary presentation](#), including consumer and provider participation numbers. There exists a need to enroll providers for reimbursement. DHS is proceeding with a plan amendment to allow a shift in the WHODAS cut score from 50 to 25. Ms. Pearson recommended that a more comprehensive report on Medicaid 1915(i) be scheduled for a future BHPC meeting. Chairperson Bergsrud accepted this recommendation.

E. *WHODAS Standards Setting Process: Rosalie Etherington.* . Dr. Etherington provided an overview of the WHODAS, the [World Health Organization Disability Assessment Scale](#), which has been discussed widely recently regarding its use in determining eligibility for Medicaid services. The WHODAS measures an individual's functioning level in six domains: cognition, mobility, self-care, getting along, life activities, and participation. Dr. Etherington observed that the WHODAS, although widely accepted among professionals, is perceived by many to be a new measure which raises suspicions over its accuracy and potential use in restricting individuals' access to services. WHODAS measures an individual's functioning capacity of select daily living skills to ascertain a diagnosis and to assess the effects of an impairment. WHODAS was normed with individuals with mental illness, brain injuries, medical illnesses, intellectual disabilities, and has been recognized worldwide. Functioning skills are focused on core skills for daily living, with attention placed on measuring observed impairments that might impact a person's full life opportunities. The final measured score is noted as a disability score. Resulting disability scores contribute to determining eventual treatments and accommodations.

The WHODAS scale ranges from 0 (extreme impairment) and 100 (high functioning levels). The state's approved WHODAS score, currently set at 50, will undergo a six-month studied assessment of its appropriateness based on recorded use data. An initial internal DHS review indicates that the state might benefit by seeking approval for a revised WHODAS cut score of 25. A new application to seek a 25 cut score is being prepared. The WHODAS is valid and reliable and its internal scoring measures cannot be changed. The ultimate determination of eligibility does allow for the inclusion of a wider group of people, but that process has not yet been determined.

Any cut score will necessarily set limits to who might be eligible for services. In determining the best approach to assessment, professionals might need to weigh the benefit of seeking a Medicaid 1915(i) Services approach versus a Medicaid Rehabilitative Services approach to seeking coverage for services. Medicaid has recently expanded the use of Rehab Services, which requires no WHODAS score, allowing for more people to access appropriate services. Rehab Services should

be considered at the same time a Medicaid 1915(i) service claim is sought. The Rehab Services option offers more flexibility for most individuals.

Dr. Etherington noted that certain skills, such as cognition, memory, and physical skills, may need to be discerned carefully through the observation and analysis phases of any assessment. It is important for professionals to consider coding ramifications and selecting the best treatment model for their patients. Additional training is essential for professionals to better understand the implications of using select codes, some which will allow for optimal flexibility in ensuring treatment and cost coverage.

To become a registered Medicaid provider (either as an individual or a group) eligible for service reimbursement, professionals are required to complete and submit an [online registration form](#). Dr. Etherington noted that it may be desirable for the state to provide navigation services to assist professionals in (1) working their way through the registration process, (2) understanding the complexities of the CPT and DSM coding system, and (3) managing paperwork for patients and insurance providers. Rehabilitative services offer supports up to the point of where an individual can begin employment activities. Employment supports, in themselves, are not covered by Rehab Services. Services can help build accommodations for daily living and employment. Medicaid Rehab Services are now applicable to all registered professional providers and to the Human Services Centers. Medicaid Rehab Services provide flexible options in meeting the needs of eligible individuals.

Dr. Etherington observed that discussions on assessment determinations oftentimes highlight the perceived difficulty of professionals to register as approved service providers, eligible to receive Medicaid reimbursement, including Medicaid 1915(i) services. Providers seek assurances that service reimbursements will be adequately compensated. Dr. Etherington noted that the state is working to offer technical assistance to providers in applying proper service codes to optimize service coverage for eligible individuals. This will require more extensive training for providers encouraging the fullest use of flexible codes to expand the eligibility for appropriate services.

Members expressed strong interest in learning more about Medicaid Rehabilitative Services at future BHPC meetings.

*F. Service Provider and Applicant Navigation System.* Mr. Gallagher noted that the BHPC members had identified provider and consumer navigation as an important agenda item, moving forward. BHPC members recommended that any BHPC study of navigation be system-wide and include Medicaid Rehabilitative Services. Ms. Pearson stated that she is preparing a comparison of Medicaid 1915(i) and Medicaid Rehabilitative Services for future discussions. Mr. Gallagher recommended that the matter be deferred to a future BHPC meeting. Chairperson Bergsrud accepted this recommendation.

**Public Comments.** Mr. Gallagher opened the floor for any public comments. No members of the public came forth to provide comments. Mr. Gallagher closed the period for public comment.

**Review of BHPC Next Steps Summary.** Greg Gallagher revisited the [BHPC Next Steps Summary](#). The BHPC Executive Committee will use the Next Steps Summary to build future meeting agendas.

**BHPC Meeting Dates for 2021.** Future BHPC meeting dates include the following:

- Wednesday, October 20, 2021, 10:00 AM – 4:00 PM, CT;

**Adjournment.** Having completed all agenda items and hearing no further comments from BHPC members, Chairperson Bergsrud entertained a motion to adjourn.

CARLOTTA MCCLEARY MADE AND TIMOTHY WICKS SECONDED A MOTION TO ADJOURN. THE MOTION PASSED UNANIMOUSLY.

CHAIRPERSON BERGSRUD DECLARED THE MEETING ADJOURNED AT 3:55 PM, CT.

Respectfully submitted,

Greg Gallagher  
Facilitator,  
The Consensus Council, Inc.

**Appendix A**  
**BHPC Meeting Agenda**  
**July 21, 2021**

**Behavioral Health Planning Council Meeting**  
**Wednesday, July 21, 2021**  
**10:00 PM – 4:00 PM, CT**

**In-Person Information**

Job Service ND Office - Dakota Room  
1601 E. Century Ave., Bismarck, ND

**Virtual Information**

Join Virtually: [Click here to join the meeting](#)  
Join by phone: 701-328-0950, Conference ID: 279 089 418#

**Agenda**

10:00 AM Welcome and Call to Order: Brenda Bergsrud, Chairperson  
Roll Call of Council Members via Electronic Sign-in  
Quorum

Approval of February 17, 2020, Meeting Minutes  
Approval of July 21, 2021, Meeting Agenda  
Review of BHPC Next Steps Summary: Greg Gallagher

Current Status of Behavioral Health Planning Council Membership: Tami Conrad

1. Healthcare Representative
2. Family Member of a Veteran
3. Principle State Agency: Social Services
4. Mental Health America of ND
5. Family Member of an Adult with SMI

BHPC Vice Chairperson Election and BHPC Officers' Succession: Greg Gallagher

BHPC Member Reimbursement Policy: Tami Conrad

10:15 AM Summary Report of ND Behavioral Health Strategic Plan and Future Activities, Bevin Croft, [Human Services Research Institute](#)

- Review of Behavioral Health Strategic Plan SharePoint Site
- Summary of Behavioral Health Funding Strategies and Priorities.
- Leads and Liaison Summary Activities.
- Aim 3, Brain Injury Screening and Services.
- Aim 7, Peer Support Services, including non-Medicaid 1915(i) Peer Support Services.
- Aim 12, Identifying Core Funding Strategies.
- New Funding Available for Community-Based Mental Health Services, [Section 9817 of the American Rescue Plan Act of 2021](#).
- Interim Committee Reports on Strategic Plan

Open Discussion: BHPC Members

- 11:30 AM 2021 Legislative Assembly Summary Reports
- Summary Report on BHPC [Legislative Committee Legislative Activities](#):  
Brenda Bergsrud, Emma Quinn, Kurt Snyder, Carlotta McCleary, Teresa Larsen.
- Report on Department of Human Services' Forthcoming Initiatives, Pam Sagness.
- 12:15 PM Lunch Break
- 1:15 PM Report on Department of Human Services' Executive Budget: Pam Sagness.
- 1:45 PM Pediatric Mental Health Care Access Program, Project Update and BHPC Consultation: Kim Mertz, Department of Health; Jennifer Faul, PMHCAP Coordinator
- 2:00 PM Conversation with Chris Jones, Executive Director, Department of Human Services
- 2:45 PM BHPC Priority Issues
- Extended Review of Mental Health Block Grant and SUD Block Grant, 2021-2022: Tami Conrad.
  - Plans for State Hospital, 2021-2023: Rosalie Etherington.
  - IMD Exclusion Study, 2021-2022.
  - Medicaid 1915(i) Implementation Update: Dawn Pearson.
  - WHODAS Standards Setting Process: Rosalie Etherington.
  - Service Provider and Applicant Navigation System.
- 3:40 PM Public Comments
- 3:55 PM Next Steps
- 4:00 PM Adjourn

2021 BHPC Meeting Dates:

- Wednesday, October 20, 2021, 10:00 AM – 4:00 PM, CT

Individuals who need accommodations in order to participate or would like information about joining the meeting can contact Greg Gallagher at 701-224-0588 ext. 102, 711 (TTY) or [ggallagher@agree.org](mailto:ggallagher@agree.org).

Date Posted: July 15, 2021

Date Revised: July 16, 2021 (changed Microsoft Teams link and conference call number)