

ND Behavioral Health Planning Council (BHPC)
Quarterly Business Meeting
April 20, 2022
Meeting Minutes

Council Members in Attendance: Brenda Bergsrud (Consumer Family Network); Chairperson; Emma Quinn, (Consumer), Vice Chairperson; Kurt Snyder (Consumer); Carlotta McCleary, Vice Chairperson-Elect (ND Federation of Families for Children’s Mental Health); Lorraine Davis (Consumer, Member at Large); Brad Hawk (Indian Affairs Commission); Andrea Hochhalter (Consumer, Family Member of an Individual in Recovery); Denise Harvey (Protection and Advocacy Project); Matthew McCleary (Mental Health America of ND); Dawn Pearson (Principal State Agency: DHS Medicaid); Amanda Peterson-morning only with representation by Robin Lang in afternoon (Principal State Agency: NDDPI Education); Pamela Sagness (Principal State Agency: DHS Mental Health); Jodi Stittsworth (Consumer, Family Member of a Child with SED); Timothy Wicks (Consumer, Veteran); Carl Young (Consumer, Family Member of a Child with SED); Cheryl Hess-Anderson (DHS Vocational Rehabilitation); Deb Jendro (Consumer, Member at Large); Lisa Peterson (Consumer, Family Member of a Veteran); Mark Schaefer (Consumer, Private Substance Use Disorder Treatment Provider);

Presenters and Staff: Tami Conrad (DHS, Administrator Mental Health Programs); Kelli Ulberg (DHS, Behavioral Health); Bevin Croft (Human Services Research Institute); Ebony Flint (Human Services Research Institute); Monica Haugen (HCBS Administration for Medicaid 1915(i)). Kim Mertz (ND Department of Health/Healthy and Safe Communities Section Chief on behalf of the Pediatric Mental Health Care Access Program); Heather Brandt (DHS, Behavioral Health Community Supports Manager); Chris Jones (DHS, Executive Director); Tracy Mohn (BCBS of ND, Manager Behavioral Health/Health Integration).

Facilitator: Janell Regimbal of Insight to Solutions on behalf of The Consensus Council, Inc.

Call to Order: Chairperson Quinn called the meeting to order at 10:00 AM, CT, via video conference. She welcomed new members attending and new facilitator Janell Regimbal. BHPC members provided self-introductions.

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

Approval of Minutes. Chairperson Quinn provided a brief highlight of the December 8, 2021, meeting minutes and pointed out the attachments provided related to the meeting.

TIMOTHY WICKS MADE AND CARLOTTA MCCLEARY SECONDED A MOTION TO APPROVE THE DECEMBER 8, 2021, BHPC MEETING MINUTES, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON QUINN ANNOUNCED THE PASSAGE OF THE MOTION AND DECLARED THE APPROVAL OF THE DECEMBER 2021, MEETING MINUTES.

Approval of Agenda. Chairperson Quinn informed the members of two slight modifications to the agenda: Kim Mertz will be presenting on behalf of the NDPMHCAP grant, which calls for a time modification to 3:30 pm rather than 11:30 am. Also, Tracy Mohn of BCBS of ND will be joining Heather Brandt in the overview of Peer Support program funding. Quinn called for the approval of the amended agenda for the April 20, 2022, meeting prepared by the Executive Committee.

CARL YOUNG MADE AND CHARLOTTA MCCLEARY SECONDED A MOTION TO APPROVE THE APRIL 20, 2022, BHPC MEETING AGENDA, AS PRESENTED. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON QUINN ANNOUNCED THE PASSAGE OF THE MOTION AND DECLARED THE APPROVAL OF THE APRIL 20, 2022, MEETING AGENDA.

Current Status of Behavioral Health Planning Council Membership: Tami Conrad of DHS

Ms. Conrad reported there is one open position created by Sara Bachmeier's (consumer/SU) resignation. Applications are being solicited via the [Boards \(nd.gov\)](https://boards.nd.gov) website. Members were reminded applications are online and applicants must clearly indicate the role (BHPC) and their experiences that qualify them to be considered. Shauna Eberhardt may also be resigning her position, but it is hoped she will consider continuing. BHPC members were encouraged to identify others to apply. Dustin Assel is now the Boards and Commissions manager. An Oath of Office is required to be received via a paper copy. Watch your email for communication from Dustin. Two individuals are up for reappointment in June. Formal resubmission is required.

BHPC Executive Committee Election Results: Janell Regimbal reviewed the electronic election process, with the voting window opening on April 14 for the election to expand the membership of the Executive Committee to provide for two additional members representing an individual or family member of an individual in recovery substance use disorder AND an individual or family member in recovery-mental health. The election via email took place in accordance with BHPC bylaws. Results reported following the close of the election window at 8 PM April 19, 2022, are that Lorraine Davis, who ran unopposed, has been elected to serve in the recovery SUD slot and Carl Young received the majority of votes and has been elected to serve in the recovery MH slot. Both have agreed to serve. Their terms will begin at the close of this business meeting.

Review of Mission and Function of ND BHPC: (PPT slides provided) Janell Regimbal

A review of the purpose, key functions, and specific duties of the group were provided. She also addressed membership issues such as terms, compensation, attendance, and a summary of the key pf requirements this group helps to fulfill as a part of the Mental Health Block Grant. This presentation will help form a brief orientation going forward for new members as they join.

Summary Report of ND Behavioral Health Strategic Plan and Future Activities: (PPT slides provided) Bevin Croft of the Human Services Research Institute

Ms. Croft provided:

- dashboard update showing progress as of January 2022.
- identified next steps for the upcoming quarter.
- provided updates on other governmental groups.
- shared thoughts about the Schulte Report.

Aim seven related to the behavioral health workforce was covered and shown as an example of timely progress with their workgroup convening regularly. There has been ongoing connection with the Department of Health Office of Health Equity. Their work is aligned with Aim 10 seclusion and restraint in schools. The document is "living." Plans get amended and updated regularly. BHPC members may always check on the plan online via SharePoint. Reach out to Bevin if you do not currently have access. The group was introduced to Ebony Flint of HSRI. Ebony started in December and is the primary point of contact for ND's plan. She is a peer specialist and trainer.

New members were reminded to get involved in Aims. Each of the thirteen aims has goals and action steps. They are driven by a lead person and a liaison from BHPC who the point person from the Council is. Many of the groups meet monthly. If you are interested in being a liaison, send Bevin or Ebony a note. While the dashboard is updated quarterly. Croft offered to provide an orientation to the state plan. Ms. Regimbal will schedule one with all invited to attend. In response to a question posed "with regards to the updated dashboard, what stands out?" Croft mentioned having had productive meetings with Lance Anderson and Amy Leith on the

Justice System Aim. Promising ideas have been shared about how to work within jails and reduce practice barriers. They are looking at establishing a screening tool for jails. Members were offered an opportunity to provide an update on groups they relate to. The Executive Committee may want to consider incorporating these updates into future agendas to see where behavioral health issues are also being worked on. Denise Harvey reported the Brain Injury Advisory Council is planning how to run their group and working on including more consumer and family members. A grant will enhance what this group is doing.

Regarding the Schulte Report, Croft reported having read the report and heard testimony offered at the Acute Psychiatric Treatment Committee on April 5, 2022. There were a few areas particularly important to our work. There were many comments regarding data system's needs. Three areas not specifically in our plan that were in the Schulte Report include: building a new state hospital; expanding capacity in critical access hospitals; codify and update the purpose of the state hospital and regional human service centers. It was recommended the Executive Committee look closely at the Schulte Report as now is the time to share opinions.

Ebony Flint and Bevin Croft will be in North Dakota, arriving on May 23. They will be traveling to Bismarck, Jamestown and Dickinson and are open to joining any groups.

A member noted that in 2021 there was a bill related to tele-behavioral health to be able to continue to serve those that were in jails. There was push back from some jails but not others. Related to Aim 6 we need to work with feedback of helping to make sure jail staff allow for private space to meet with clients. It was requested that we explore the status of this bill.

Recap of Previous Year's Activities & Feedback from NDBHPC Members of Priorities of Focus for 2022: (PPT slides provided) Janell Regimbal. A summary of items regularly provided as report outs, the focused topics for meetings held in 2021 and the established priorities from the previous year were provided to enable the group to discuss and make decisions as to the focus of 2022 meetings and efforts. Following member discussion, it was decided:

- **Carryover items from 2021**
 - o Continued focus on 1915(i) regarding Human Service Zones, overall communication and the work of the Navigator position hired. A vendor was recently secured to assist with provider enrollment. The Schulte Report indicated there is a great need for technical assistance in this area. This group will focus now more on monitoring progress of 1915(i) by hearing periodic reports.
 - o Continued focus on the Medicaid IMD rule.
- **New priority items for 2022:**
 - o Juvenile Justice Act provisions – specifically service access and screening at HSZ level.
 - o Implementation of 988- connections with Moriah Opp on suicide prevention.
 - o Funding- as it relates to Federal COVID fund utilization and Legacy Funds.
 - o Peer Support credentialing
 - o Crisis Response- specific to children, safe bed/shelter care access, and schools.

BHPC Work Group Reports

Peer Support Navigation (Brenda Bergsrud)- this group has had one meeting, discussing barriers to certification related to cost and the weeklong in person training. They have reviewed the number working and the broad areas where peer support occurs and how to best assure

culturally relevant support occurs for populations such as Native American and New Americans. It was also noted to consider other groups such as veterans, etc.

Seclusion & Restraint (Carlotta McClearly) This group has made some goal decisions. The setting where they have the most concerns are in schools. They have discussed data and policy issues and where the allies and supporters may be for the elimination of seclusion and restraint. Next steps include brainstorming with a national alliance group.

Executive Committee (Emma Quinn) January 4, 2022, meeting minutes were shared providing for the Resolution of Support for a new State Hospital drafted based on guidance from the BHPC discussion in December. Plans were made to share the resolution with policy makers including the Acute Psychiatric Care committee and the Human Services Committee. The group also discussed a resolution of support for the advancement of home and community-based services and the appropriate application of the Medicaid IMD Rule within the state systems of care. On March 17, a planning meeting was held to develop the agenda for the April Meeting. On March 30, a planning meeting to have further discussions with Dr. Etherington on the Medicaid IMD Exclusion as per the BHPC desire to have this smaller group work to identify a set of questions to move the discussion. This group will help to prepare for a larger BHPC discussion in July.

Chairperson Quinn recessed the group at 11:45 AM and reconvened the group at 1:00 PM.

MH Block Grant Funding Report (PPT slides provided) Tami Conrad, DHS. Ms. Conrad responded to a request at the last meeting to provide a funding report. Her presentation slides outline the dollar amount and who has been funded this current FFY (10/1/2021-9/30/2022) through the MHBG and the Supplement 1 Planning Funds. She responded to the following questions posed:

“Will the 1st episode psychosis program be expanded to other parts of the state?” Fargo and Bismarck were initially identified. There will be some capability of expansion once implantation is in play.

“Is the Sanford Partnership in all locations?” Sanford provides training to all.

It was reported that the MHBG virtual site visit has occurred. They met with many staff. The final report is not yet available. Once it is provided, it will be made available to all Council members. As a Council we are to have responsibility over both SU and MH Block Grants. We may request technical assistance for Board members to be better equipped for the combined areas. It was requested by members that updates from both MH and SU be incorporated into future meetings.

Supplement 1 Planning funding report was also provided. Monthly webinars related to trauma were incorporated through the disaster grant related to 2019 flooding. This funding goes through September 2022. A MOU with Catholic Charities serves individuals that need MH services and may have high deductibles etc. All information is contained on the DHS website. Sharehouse and Heartview both offer SU services. Outreach and engagement services were provided in disaster impacted areas. A pilot was conducted with Sanford providing specific peer support for Emergency Services personnel. COVID dollars allowed for Dakota Trauma contract to be expanded to Dickinson including peer support and tele-behavioral health services. Continued collaboration with Heartview and ShareHouse for SU services. Sanford Health “Reach for Resilience” healthcare professional hotline and great website under the same name were implemented. Through collaboration with human service centers peer support was added to assist with crisis teams. It has allowed peer supports to be in waiting rooms of centers.

1915(i) Technical Assistance and Training update from Monica Haugen, HCBS Administration for Medicaid 1915(i)

Members requested an update on 1915(i) training and technical assistance during the meeting. Ms. Haugen was able to join for an impromptu update. She reported:

- An IRFP related to training and technical assistance is not yet finalized. It will provide for a contract with a vendor to provide TA for Medicaid enrollment for any providers who want to participate, particularly focusing on rural, non-traditional partners.
- A targeted 4-week curriculum is being created which will include:
 - Week 1: group enrollment
 - Week 2: individual provider enrollment
 - Week 3 policies, procedures, and changes in business models to support services.
 - Week 4: claims and submission process
- They anticipate having ten one-month cohorts. The size of each cohort group is not yet known. Council members can assist by getting the word out about these opportunities. They hope to roll out the first cohorts in June or July.
- Currently there is on-going technical assistance being offered each Wednesday at 1 pm via a call open to most anyone. Their website has a button to join the call. They are working with Human Service Zones every other week with TA calls due to the vital role they are playing in processing applications.

Haugen responded to questions including:

“What is the difference between enrolled care coordination preauthorized or not?”
Authorized means there is a way to capture service provision and can verify delivery.

“When it comes to increased service users, are they new people who had not attempted applications before or those who attempted before the WHODAS score was changed?” The vast majority are those who are new. There are about 12-15 that have come in again post WHODAS score change. They are attempting to follow up with those that had been denied.

“What trends are you seeing?” Trends are following the areas where intensive training is occurring. They have worked with WCHSC, SEHSC and SCHSC. They will now add the other regions and private therapy clinics. They are working on promotional materials.

“Is the outreach to the HSC the same as to the HSZ?” HSC are mostly where the applications originate. HSZ are where they process them. As a result, the TA is quite different.

ND DHS/DOH Integration (PPT slides provided) Chris Jones, Executive Director of DHS

Executive Director Jones joined to share information about the upcoming integration slated to occur on September 1, 2022. His slides and comments provided information as to where the integration is as of today; guiding principle and goals; workstream progress update, the DHHS organizational structure and team member participation and communication. While the integration is identified as taking place on September 1, he said that is just the beginning. A number of states are doing integrations of health and human services departments. As per Pam Sagness, of the Behavioral Health division, BHPC will be a key to all of this. Over the past year they have been working to clarify between policy and service delivery to make sure they are creating clear leadership. Now they can come together and align strategy. The implementation of HSRI and the Schulte report come together with this one integration. There will be many opportunities to work across these verticals according to Ms. Sagness. When asked about how field services and private side concerns both can be assured, Mr. Jones said that concern is one of the reasons for this integration. There will be a policy division, but it will not be separate from the services side. They will work closely and engage providers. Consistency and points of access will be important.

Peer Support Program (PPT slides provided) Heather Brandt DHS, Behavioral Health Community Supports Manager

Ms. Brandt provided the group with the history of the peer support program in North Dakota, an overview of the program including training, certification process, collaborative efforts, as well as challenges they are working through and new opportunities. Through 1915(i) amendment to the ND State Medicaid Plan we now have twelve billable services that have never been available. Sanford Fargo is piloting a peer support program in their ER. They have identified having 150 unique people who come into their ER each month with SUD. The goal is to have a peer available who can engage and get them the services they need to help reduce subsequent ER visits. Heartview is doing this in Bismarck ER as well. The F5 Project also goes into Sanford Detox ward at time of admittance to provide peer support. Ms. Brandt responded to the following questions:

“Are you considering from a cultural perspective adding veterans?” Yes. Vet Centers and ND Cares were identified as resources to consider. It was noted long term career National Guard members are not considered eligible for veterans’ benefits. Family Peer Support for veterans’ groups may be a great place to start. They had requested a military experienced trainer.

“We were told that Medicaid base would be amended for peer support. Is there an update on this?” Early conversations have started but there is no timeline or goals developed yet.

“There was a peer support working at a HSC who was not allowed to be a peer due to his criminal background. What can be done to alleviate this issue?” Individual enrolled partners need to go through background checks. There is an appeal process. These rules are being reviewed and feedback is being solicited. This individual was allowed to retain employment but in a modified role. DHS has been helpful in trying to work out these situations. There is a difference between peer support and getting reimbursed by different payers. We will see different credentialing for different payers.

BHPC has requested to be better informed about decision making about rules and for clarification about federal policy versus what can be changed. A Peer Support Association is forming. It is in the initial stages, with a virtual meeting planned for April 27.

Tracy Mohn of Blue Cross Blue Shield of ND joined Ms. Brandt as she provided a funding overview of peer support services. Peer Support services are now a part of all their commercial plans as of January 1, 2022. It does not require pre-authorization. She encouraged providers to go their website to apply to be a provider. The credentialing application needs approval before billing can occur. Peer Support Specialists will each have an NPI #. Each plan has its own cost share deductibles. Peers need to be credentialed as a Peer 1 or 2 and to fill out an application that can be verified. There has not been much interest in providers coming on board yet, so they are planning a mailer to encourage providers. While included in all commercial plans, they are not included in the FEP benefit plan. Any changes to that federal plan need to come through the Directors office of FEP. When asked how the group could best advocate for its inclusion in FEP and Tri Care, she did not know but offered to assist in finding a contact for us.

Behavioral Health Division Update, Pam Sagness

Ms. Sagness. provided an update on state behavioral health activities.

- An application has been submitted for a Systems of Care grant. DHS had previously applied but was not awarded. \$3 million is available per year for 4 years. The Devils Lake and Bismarck regions were identified for implementation if awarded.
- Opioid Funding: The Department will receive a portion of these settlement dollars. As per the Attorney General, 75% will go to the behavioral health division. There will also be dollars going to local jurisdictions. It is not known how soon these dollars will be available.

- This past session two technology related enhancements were approved. The Mental Health Registry will be like the registry related to addiction services. The goal is to launch July 1. A bed management system for residential in patient will be a once-a-day system to better understand where bed capacity is. It will lead to better analysis.
- Schulte Report: The report focused on the highest level of services. While there has been much progress, we need to recognize the original report was in 2014. Since then, the SUD voucher has served more than five hundred people; HSC have implemented 24/7 crisis response; 1915(i) has added twelve new services; HSC and the State Hospital have all seen tremendous growth in need. We are really at the beginning of this need bubble.
- On April 21 there will be a strategic review with the Governor. Budget guidelines will come out in May, making this the perfect time for advocates to be talking to budget managers. Budgets will go to the Governor in September.
- The school pilot at Simle Middle School has continued with work on the grant to be expanded. A workbook and tool kits are being developed. Dunseith and Barnes County North are getting technical assistance. School Behavioral Grant Funding is available

Chairperson Quinn provided a brief break from 3-3:15 PM.

Pediatric Mental Health Care Access Program (PPT slides provided) Kim Mertz ND Department of Health/Healthy and Safe Communities Section Chief

Ms. Mertz provided a Year 3 data report as well as a first quarter update for Year Four of the grant. The grant was initiated in 2018. She reminded members the ECHO sessions are all recorded and available on the UND website. Currently the grant is at \$1.1 M due to \$600K carryover. Activities to spend down those funds must be aligned with current goals. They cannot add new activities. She sought input from BHPC members as to their ideas on how to increase usage of the ND PMHCA Consultation Line and the CAP of Coffee. Direct mailing, conference blasts to health care providers and reverse marketing to parents have been utilized. Members were asked to reach out to share ideas.

Public Comments. Chairperson Quinn called for any public comments. No members of the public came forth to provide comments.

Next Meeting

Chairperson Quinn reminded members the next meeting is July 20, 2022. Members were asked to consider in person attendance at the Bismarck office of Job Service at 1601 East Century. Videoconference links will continue.

Adjournment. Having completed all agenda items and hearing no further comments from BHPC members, Chairperson Quinn declared the meeting adjourned at 3:40 PM, CT.

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