

**North Dakota
Behavioral Health Planning Council
Meeting
July 21, 2021**

Recorded Next Steps

The *Recorded Next Steps*, updated following each quarterly BHPC meeting, records a cumulative list 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.

General Activity Assignments:

- **2021-23 Legislative Assembly Activities.** The BHPC has identified the need to review the state’s behavioral health priorities and to recommend appropriate legislative initiatives during the biennial Legislative Assemblies, including
 - Advancing the state’s strategic implementation plan,
 - Prioritizing interim legislative committee proposals,
 - Supporting and tailoring Executive Budget proposals, and
 - Establishing a legislative bill monitoring process and facilitating general discussions on legislative progress.

- **Overview of the State Mental Health Block Grant and State SUD Block Grant.** The BHPC will review and guide the Department of Human Services regarding the programming and budget of the state’s Block Grants, conducting an annual review prior to the submission of the Block Grants’ operational plans and budgets. 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.
 - To monitor, review, and evaluate, not less than once each year, the allocation and adequacy of mental health services within the state.

- **Issue-based Studies, 2021-2023.** The BHPC Executive Committee has identified a set of selective issues that require extended study and discussions to direct the BHPC’s future efforts:
 - Plans for State Hospital, 2021-2023.
 - IMD Exclusion Study, 2021-2022.
 - Medicaid 1915(i) and Medicaid Rehabilitative Service Implementation.
 - WHODAS Standards Setting Process.
 - Service Provider and Applicant Navigation System, including Rehabilitative Services.

- **Public Health Emergency.** The BHPC has identified the need to monitor and anticipate future behavioral health programming to meet the emergent needs brought on by the current public health emergency related to the coronavirus.
- **State Implementation Plan Considerations.** The BHPC seeks to support the continued refinement and full implementation of the state’s behavioral health strategic plan, mindful to include the following elements:
 - Establishing a liaison role in the management of the strategic plan’s 13 principal aims.
 - Increasing awareness, identification, and service supports regarding fetal alcohol syndrome.
 - The state implementation plan may need to periodically reassess 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.
 - Peer support activity has gained quick attention and activity, evidencing encouraging progress and benefiting from emerging national best practices.
 - The state’s forthcoming 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 needs to step back and assess where its own system of services may be deficient or broken, inflicting further trauma on individuals.
 - The state needs to coordinate a diversified means of funding behavioral health programming.
- **Pediatric Mental Health Care Access Program.** The BHPC will continue to (1) receive periodic reports regarding the PMHCAP and (2) guide the inclusion of select PMHCAP activities within the state’s behavioral health strategic plan. The BHPC seeks to receive periodic reports on the program’s overall financial structure. The BHPC seeks to review a complete breakdown of the program’s annual budgets and any 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.
- **Peer Support Certification.** The BHPC should review and monitor the peer support certification process.

- **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 guide and monitor this progress.
 - **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.
 - **Assessment of Screening Tools and Protocols.** The state may need to assess the manner in which screening and evaluation tools are selected, administered, and calibrated, including assessing the adopted cut-score standards applied to the WHODAS.
 - **Studying Implications of an IMD Waiver and Determining Position of BHPC.**
 - **Families First Act.** The BHPC should receive background information on the Families First Act and the impact it may have on the state.
 - **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.
 - **Children's Cabinet.** The BHPC may wish to establish a relational link with and testify periodically before the Children's Cabinet regarding any identified behavioral health priorities that may require the engagement of the state's various intergovernmental structures.
 - **Assessment of Transition of Former Lutheran Social Services Programs into State's Broader Service System.**
 - **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.
 - **BHPC Meeting with Governor Burgum.** The BHPC recommends that representatives from the BHPC seek an annual meeting with Governor Burgum, or his representative(s), to report on the activities of the BHPC, the impressive gains experienced in behavioral health initiatives statewide, identified priorities, and budget priorities moving forward into the next Legislative Assembly.

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

1. 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.
2. Medicaid 1915(i) State Plan Implementation Updates.
3. Medicaid Provider Training and Ombudsman.
4. Assessment of EPSDT accessibility and inclusion of behavioral health issues.
5. Lisa Bjergaard, DOCR, Implementation of the Juvenile Justice Act Provisions.
6. Potential use of Legacy Funds to support behavioral health initiatives.
7. Free Through Recovery Updates.
8. Chris Jones, Executive Director, Department of Human Services, July 2021.
9. Cory Pedersen, Director, Children Family Services.
10. Insurance Department periodic reviews on behavioral health insurance coverage issues.
11. Russ Riehl, Principal, Simile Middle School, Bismarck.
12. Crisis Response. Consider Brad Brown, WCHSC, and Rosalee Etherington.
13. State Hospital versus regional service centers, following on the current interim study.
14. Suicide Prevention.
15. 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.
16. Reassessing current BHPC mandated duties.