ND Behavioral Health Planning Council (BHPC)

Quarterly Business Meeting

April 10, 2024

Meeting Minutes

Council Members in Attendance: Emma Quinn (Consumer- Indiv. in recovery MH); Carlotta McCleary (ND Federation of Families for Children's Behavioral Health); Andrea Hochhalter (Consumer, Family Member of an Individual in Recovery); Denise Harvey (Protection and Advocacy); Matthew McCleary (Mental Health America of ND); Mandy Dendy (Principal State Agency: Medicaid); Brenda Bergsrud (Consumer Family Network); Michelle Masset (Principal State Agency: Social Services); Dan Cramer (DHHS Behavioral Health Delivery System; Melanie Gaebe, (Consumer, Indiv. in Recovery SUD; Paul Stroklund (Consumer, Family Member of an Adult with SMI); Tania Zerr (Consumer, Family Member of a Child w/SED); Kristi Kilen (Private Mental Health Provider); Heather Call (ND National Guard); Kurt Snyder (Consumer- Indiv. in Recovery); Pamela Sagness (Principal State Agency: DHHS Mental Health); Michelle Gayette (DHHS Aging Services).

Council Members Absent: Jennifer Henderson (Principal State Agency: Housing); Dr. Lisa Peterson (Consumer, Family Member of a Veteran); Lorraine Davis (Consumer- member at large); Mark Schaefer (Private Substance Use Disorder Treatment Provider); Tim Wicks (Consumer, Veteran); Amanda Peterson (Principal State Agency: NDDPI Education); Brad Hawk (Indian Affairs Commission); Michael Salwei (Healthcare Representative); Amy Veith (Principal State Agency/Criminal Justice); Cheryl Hess Anderson (DHHS, Vocational Rehabilitation Glenn Longie (Tribal Behavioral Health Representative); Carl Young (Consumer, Family Member of a Child with SED- has resigned with position now vacant); Deb Jendro (Consumer Member Indiv. in Recovery MH – has resigned with position now vacant).

Staff: Tami Conrad (DHS, Behavioral Health); Kelli Ulberg (DHS, Behavioral Health).

Facilitator: Janell Regimbal of Insight to Solutions

Call to Order: Vice Chair Matthew McCleary called the meeting to order at 10:00 AM CT, via videoconference and with members present at the ND Job Service office in Bismarck.

Quorum. Roll call indicated a majority of members were present. A quorum was declared**.** Facilitator Regimbal offered a special welcome to Kristi Kilen and Heather Call, both recent appointees and attending their first meeting; and announced Carl Young's recent resignation, thanking him for many years of dedicated service and for his work on the Executive Committee.

Approval of Minutes. CARLOTTA MCCLEARY MADE AND DAN CRAMER SECONDED A MOTION TO APPROVE THE DECEMBER 13, 2023, BHPC MEETING MINUTES AS PRESENTED. THE MOTION PASSED UNANIMOUSLY.

Approval of Agenda. Vice Chair McCleary called for the approval of the agenda as presented CARLOTTA MCCLEARY MADE AND BRENDA BERGSRUD SECONDED A MOTION TO APPROVE THE APRIL 10 AGENDA. THE MOTION PASSED UNANIMOUSLY.

Members were reminded of the mission and goals of the BHPC.

BHPC Updates: Tami Conrad provided a brief report on membership, sharing the two current consumer positions open, specifically for a family member of a child with SED and individual in recovery from SUD or MH. Online applications are currently being accepted.

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- Maria Neset and Dustin Assel of the Governor's office joined us to review the process of how applications and appointments to the BHPC occur. The BHPC is one of 150+ Boards that has gubernatorial appointment responsibility. The policy team helps support the Governor by talking through Board appointments and then the Governor makes the final decisions. As members you are encouraged to make nominations via the website and to encourage people to apply. Having as much information specific to the nomination as possible is helpful in decision making. Formal paperwork goes through the Secretary of State's office if the position is classified as a gubernatorial appointment. This does not apply to specific appointments related to role specific assignments such as those associated with principal state agencies such as DPI, Housing Finance, etc. Those entities get to choose who they send. Once someone is appointed to a Board, the Governor's role is finished. The Board administrator manages the Board. We were reminded that people cannot fulfill a dual role. I.e., you can't take someone who is a state agency organization person and indicate they are also a parent of a child with SED for example to meet the 50% consumer requirement. Alignment of language between what is listed in our bylaws and in the future our policies and procedures with what is on the website is important.
- A question was posed as to when the BHPC bylaws were last revised, with specific interest in whether specific agencies were listed. Facilitator Regimbal indicated the last revision to the bylaws was made August 6, 2018. Bylaws are currently being reviewed and moved into a policy/procedure format as recommended by the Governor's office. In concert with that review, best practice recommendations provided by SAMHSA are also being consulted for this effort. A request was made to make available the previous document in effect prior to revision. Regimbal will research and provide and check to see if our bylaws are on file with the Secretary of State.
- Key takeaways from the advice of Ms. Neset and Mr. Assel included to assure the process of application and representation is as open and accessible as possible, with a wide range of voices around the table. Currently the BHPC has some specific entities written out that are not required by the federal code where we should consider updating the member description to be less specific, helping to assure balance and diverse representation. We will need to work to ensure clarity in language between our policies/procedures and what is listed on the Board website. This will include the need to establish term limits as they are not consistent currently. Reappointments are possible but not guaranteed. Attendance and engagement are important as well as the wide range of voices needed. Resignations from Boards must be formally made, with notice coming to the Administrator of the Board who then informs the Governor's office so posting can occur. The expectation is service would continue until a new appointee is available. We were advised to be as generic as possible to be in alignment with the law as our policies and procedures should not overstep what is required in law.

BHPC Survey Feedback: (PPT slides provided) Janell Regimbal provided a summary of the results of the survey utilized to assess what members want to see addressed in 2024 quarterly meetings. Nineteen responses were received that will help guide the facilitator and Executive Committee in planning the upcoming meetings as to aims, special populations and special topics for focus. Members were reminded the priorities expressed are simply for setting meeting agendas for 2024, not to alter the behavioral health plan for North Dakota. Feedback on an ongoing basis will always be considered by members to please reach out with recommendations.

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

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the survey responses indicating a desire to have more discussions about not just what is going well and happening but about how the system is performing and having discussions about what may need to change. With respect to that desire, she shared some examples of metrics from other states as a means of pieces of information that could be shared on a regular basis to inform conversations about the system and how to improve it. The current HSRI dashboard is set up around the strategic plan, reporting on the various goals set and progress made towards those goals. While sharing what may be possible, we need to remember it takes time, money, staff access to get data we may want, requiring us to be judicious in how we choose what to look at. What is most important and most aligned? She encouraged members to share what type of metrics they desire to have access to. Ideas shared included the need for numbers being served versus what is needed (gap); clean data; data that can be used to tell the story to the public about BH needs (i.e. "hearts and charts"), data collection specific to various settings not just HSC such as jails, law enforcement, ER, homeless shelters, etc., data that shows the continuum of care- what the system actually looks like and then identify subsequent needs within that continuum; tribal system information; and data that shows us what both the private and public sector is doing. This conversation was noted as needing to be continued.

Ms. Croft shared AIM 10 which is related to encouraging and supporting communities to share responsibility with the state for promoting high quality behavioral health services does not currently have active goals. She is looking for a subgroup of BHPC members who may be interested in joining with Paul Stroklund who is the liaison to AIM 10. creating what should be addressed. Watch for a call for volunteers to attend the meeting Bevin will call. She shared the January dashboard and indicated the April dashboard will be up soon. North Dakota has been recognized as a good practice state for comprehensive state approaches to planning by the National Academy for State Health Policy. See the slide deck for specific goal updates. The person-centered practices self-assessment has been initiated starting with the BHD policy team and then will be done with the clinics and state hospital. Thank you was expressed to Melanie Gaebe as the new liaison for AIM 9

ND Multigenerational Plan for Aging – Overview and Involvement Opportunities:(PPT slides provided) Michelle Gayette, Assistant Director/Adult and Aging Services. Ms. Gayette shared the work undertaken by adult aging services and other stakeholders to create a living document that will help to transform the infrastructure and coordination of services for adults as they age across the lifespan. They are engaged in a process to enable stakeholders to communicate a clear vision and priorities that will guide state and local programs with private and public initiatives, policies and funding needed. She encouraged BHPC members to respond to a survey online and shared the various activities carried out so far to solicit input and the structure going forward that allows involvement, specifically wanting service on one of the four broad goal steering committees where specific objectives will be set, helping to assure behavioral health needs are addressed. She also noted the Aging and Disability Resource Link (ADRL) North Dakota, Eldercare, Disability, Long Term Care Information - North Dakota Aging and Disability Resource-LINK (assistguide.net)that can provide resources when addressing questions posed. It was also shared that Protection & Advocacy offers many helpful resources. It was noted that this work has been tied to the ND BH Strategic Plan through some continued conversations in recent months spurred by our December meeting with Melanie Gaebe shared older adults needs. The survey noted can be found at https://forms.gle/davr6stH63bgLPUM8.

Adjourned for lunch at 12:10 PM

Vice Chair Matthew McCleary reconvened the meeting at 1:00 PM.

Behavioral Health Resource Panel: Suzanne Effertz (PPT slides provided), Community Services Coordinator/Family Caregiver Support Program; Mike Chausse/ND Assistive Executive Director; Erin Oban (PPT slides provided)/State Director, USDA Rural Development. The panel assembled was in follow up to discussions at the December meeting about resources needed to assist those dealing with dementia and other issue, many of which have broader implications for all age groups with behavioral health concerns. Ms. Effertz shared services that are available to assist individuals who are caregivers for their loved ones, including the family caregiver support program and the lifespan respite care grant. (See provided slides for specifics.) In response to a question of lifespan respite grants, the applications actually need to come from a professional to justify the need and then it is sent to carechoice@nd.gov The best way to access information about assistance is to simply call 855-462-5465 to talk to a resource specialist.

Mr. Chausse shared of the many assistive devices they have to connect people of all ages to help them overcome whatever limitations they are facing. He expressed that at times older adults don't always want to use these tools as they seem them as a visible crutch. We need to assist them by seeing them as tools that can make a difference in addressing limitations they are facing. He brought several devices to show us, such as locked and timed medication dispensers, large print card decks, alert devices, special alarm clocks that can assist those who have a tough time getting up in the morning, and companion cats that have helped with emotional wellbeing. They assist with affordability of access, how to use the items and even the research needed to find the right device. Regarding senior safety programs, they prioritize based on income, rural geographical areas, and risk of nursing home placement. They also provide low interest financial loans for people to get into adaptive vehicles, home modifications, etc. Services have been used to help transitional age youth and others. He encouraged reaching out to develop a collaborative relationship between organizations to best address needs. To access ND Assistive call 1-800-895-4728, email info@ndassistive.org or check out the website at www.ndassistive.org

Ms. Oban shared USDA is one of 15 organizations within the US Department of Agriculture. Their mission is specifically to serve and create more economic opportunities and to improve the quality of life in rural and tribal communities. Since ND is considered a frontier state so USDA serves all of ND. The organization operates like a bank, providing financing and technical assistance for rural communities. (See slide deck for specific information.) They primarily have loan dollars versus grant dollars, but they have done a lot to support telemedicine in the state and to support broadband development. When asked if their office could do anything to support workforce development needs related to behavioral health, she indicated it would be limited, but perhaps some dollars for technical assistance and training or dollars through the rural business development grants. She encouraged reaching out to collaborate. They have offices in Bismarck, Devils Lake, Dickinson, Minot, and Valley City or for general inquiries info@nd.usda.gov Visit https://www.rd.usda.gov/nd

Community Connect Capacity: (PPT slides provided) Heather Brandt, Manager, Behavioral Health Community Supports, DHHS

Ms. Brandt shared the status of the Community Connect program and some of the strategies they have been implementing to respond to the demand for access to the program. The program launched in 2021, looking to expand the model of services and supports that are provided within Free Through Recovery. There are now around 60 providing agencies. In December of 2022 they started to develop some budget projections using program census data available to them, which indicated if growth continued, they could see an end of biennium deficit of 16.6M. (See slides for specific data shared around service provision and budget). Possible solutions to this budget dilemma included: increase budget; assess current census strategy; prioritization of those that present with the most need to include those who identify as parent/caregivers, pregnant, recent

IV drug use, currently homeless, CPS involvement. Starting in October 2023, the program began implementing a priority wait list to ensure that the program sustains through the end of the biennium. When asked if the program has stopped taking people, Brandt indicated no. There is a backlog and a reduction in who is getting approved as they are prioritizing who gets access. They now have added opioid settlement funds and System of Care Grant funds. They are assessing whether they have the right people accessing Community Connect versus 1915i versus FTR. Ms. Sagness shared they don't even think they have hit capacity yet of the program in trying to assess those numbers for budgeting for the future. It is important that people continue to apply to be able to show the gap so the next budget season can be planned for adequately. It was also asked how to best assess which program someone should be served. According to Brandt the best way is to meet with that person to figure out what they want and need. Do they have a functional assessment done? What services are they looking for? Perhaps they can start with Community Connect and transition to 1915i. She indicated in the future what may work best is an entry point where a person could get connected to the services/supports most appropriate for them at the beginning. When asked what the Community Connect program plans for transition age youth indicated the System of Care funding will assist them with the youth aged 18-21 in the two indicated regions of the grant. So, where there is funding, that age group will be a priority population. It was recommended to have some type of tool or process to use to work through with people to identify the best entry point for them.

1915i Dashboard Review with Q&A:(PPT slides provided) Monica Haugen, 1915i Program Administrator, DHHS

Ms. Haugen shared the enrollment report that is available on their website and now updated quarterly rather than monthly as in the past due to being able to maximize movement. See ppt slides for specifics. She shared exciting news that the Central Regional Education Association and Bismarck Public Schools are now enrolled to provide care coordination to youth and children. She is working with them to get them implementing and serving at the school. Fargo and Grand Forks Public Schools are in the process of enrolling. We were reminded that with respect to data shared, it is reliant on billed claims, of which providers have 180 days to file, therefore the months are always being updated as claims are made. When asked if there are restrictions or limits as to how large the 1915i numbers of enrollments can be, Ms. Haugen answered essentially no, as it was originally estimated 11,000 people would be eligible, which is the number approved by Medicaid. Today we have 224 enrolled, indicating we have pretty much unlimited capacity. Ms. Dendy reminded us of the various Medicaid waivers do have maximum capacities even though 1915i does not. A concern was raised about how at times people can get to a hospital from a rural area when they are in crisis, but they need help getting transportation back home, particularly in western ND. Could the non-medical transportation available via 1915i be used for this? According to Haugen, to utilize non-medical transportation, the need must be present on an existing plan for care for an individual who has been working with a care coordinator and it must be established there is a goal surrounding it. If that is in place and the provider is willing to make the trip out, absolutely. The difficulty would be the travel to get the person would not be billable – only the time the person is in the vehicle would be billable. Ms. Dendy shared there may be a possibility of a transport from a facility by ambulance as there is a policy that upon discharge from an inpatient or outpatient service, hospitals may arrange an authorized medically necessary transportation. Follow up with Kim Gabriel of DHHS was advised. The question was raised of how to best get he word out about the availability of these services, to get beyond the number currently served. There is so much potential with many providers available to serve and if more sought the services, more would be interested in providing. The department is making concerted efforts to get the word out and potentially dong some advertising which they have not done

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before as well as working with entire communities to address how to do this. With respect to services to children, we were reminded that eligibility for 1915i is based upon the parents' income. While the claims process and the burden of that cannot be reduced, they may need to look at the provider enrollment process and whether they can simplify policies and procedures to make it easier. Ms. Haugen called upon Mandy Dendy of the Medicaid office for some other updates including that community health workers are coming to North Dakota, with her office helping to get the profession established as they will be instrumental in a variety of healthcare needs and will be covered by Medicaid. Her office is also working with Ms. Haugen on the simplification of policies related to 1915i that relate to items such as signatures, WHODAS documentation and a state plan amendment approved in February that allows the Daily Activities Tool to be used to qualify for 1915i if done through a human service center. There is also now a live enrollment center available 9 AM- 3 PM M-F, where a person can call and have their questions answered. One of the other things being worked on is as a part of the communication strategy, considering how the public has no idea what 1915i means. What should it be called? If you have any ideas reach out to Ms. Dendy and share them. Overall, everyone's help is needed in growing the impact 1915i can have.

Consumer Family Network Update with Q&A: (PPT slides provided) Matthew McCleary, Deputy Director/ND Federation of Families for Children's Mental Health

Mr. McCleary reminded the Council of the contract his organization holds to facilitate the Consumer Family Network around mental health needs and assist consumers in advocating for themselves as well as others. They assist with system navigation and hold an annual conference, which will be in Bismarck on June 11. They have been working on three main navigation service improvements including: greatly increased call volume; SOAR implementation and a website revamp. He shared an example of a navigation client and how the CFN helped. To increase call volume, they have been looking at branding and promotional materials for the Helpline as well as doing active in person outreach visits to all HSC and with others. (See PPT slide deck for call volume data and information about SOAR.) Mr. McCleary shared the fresh look of their website and its increased functionality.

DHHS BEHAVIORAL HEALTH UPDATES

988 Implementation Update:(PPT slides provided) Dan Cramer, Clinical Director of Regional Human Service Centers, DHHS

Mr. Cramer reminded us of the 988-call center falls within the three core pillars of high-quality crisis services – the centralized call center, the mobile crisis response, and the crisis stabilization unit. First Link manages the call center and works with the HSCs. Prior to this HSC had their own crisis numbers. See the PPT slide deck for specifics about the timeline of implementation, how the process works and utilization data from 2022 and 2023 including source of calls, as well as regional utilization. A review of the data show calls increased significantly, indicating 988 has been adopted well in our state, with the average length of call being 15 minutes. He shared that 211 continues to be used quite a bit, with those calls flowing into the 988 system seamlessly with a "no wrong door" approach. With respect to the mobile crisis, data indicates Grand Forks is not getting as many requests, indicating action items needed to assure community is educated on it and partners are aware of options. Cramer also updated on the CCBHC and AVEL progress, specifically the staffing challenges of standing up these new initiatives, with each region having some unique nuances and the pre-planning assessments that are currently under way. Appropriated funding was provided for Minot, with rollup dollars for two more sites.

Overview of Problem Gambling Services in ND: Lisa Vig-Johnson, Gambling Disorder Clinical Lead, DHHS

Ms. Vig-Johnson shared the gambling services that are now under DHHS used to be hosted by Lutheran Social Services of ND until their closure. At that time services were temporarily under the state for about two years and now due to no hosting options with other nonprofits, the state took it on permanently a little more than a year ago. She has been engaged in this work for 34 years. Services are provided statewide by a staff of four, including three clinicians and an administrative assistant. They continue to have conversations around integration planning and placement. Staff work remotely and utilizing a church in Fargo and one in Minot that hosts groups services meetings. In Grand Forks and Bismarck those same group services are provided out of the Human Service Centers. Regarding workforce development, you do not have to be an addiction counselor to receive the training necessary and to provide treatment services for a gambling addiction. They are hoping to find more individuals interested in providing this treatment. This area of specialty is always changing. As an example, the passing of legalized sports betting, with gambling via phone being so accessible has resulted in more people coming in, a younger age demographic and higher debts due to gambling. Increased funding was provided last legislative session to conduct an incidence and prevalence study so there is a better understanding of how many in ND specifically may be struggling. The last study was done in 2000. She indicated the need for more prevention and early intervention activities. While they provide outpatient treatment, there are no inpatient options in ND available, with the nearest being Granite Falls, MN. Because this is not an insurance eligible service for reimbursement they rely on partnerships with the gambling industry, the lottery, charitable gambling, Native American casinos to help subside treatment services. Many of those working to recover from gambling addiction are in recovery from alcohol and substance use and simply switched addictions. There is a significant risk of suicide, with epidemiological data showing a connection. The suicide rate for a gambler is 7x the national average. The impact of gambling addiction and the brain is often not understood. It is a true brain disease. It is a behavior that brings mood altering changes that why it is called a behavioral process addiction. Often the gambler is dealing with other trauma and has issues with depression and anxiety. A lot of work is needed to continue to raise awareness of gambling addiction. Their website https://www.gamblernd.com/ is full of resources.

ND Pediatric Mental Health Care Access Program Grant: (PPT slides provided)

Due to the meeting running behind schedule, Lyndsi Engstrom was not able to continue with plans for an update. She will be invited back in July to address the BHPC, with Ms. Eberhardt covering some of her materials in her absence. This grant was taken on by DHHS this past year, with the department getting set up to continue with the mission and purpose of the grant which is to integrate and promote pediatric mental health into various settings such as pediatric primary care and assure for consultation and education to support the work, recognizing for many involved in peds, behavioral health is not their specialty. See slides for specific training and services provided. Objectives set include: a 25% increase in children having access to services in primary care settings; increase efforts towards achieving health equity, develop and create capacity for telehealth in community-based setting through expanded partnerships with emergency department and schools. Ms. Engstrom oversees the Full Services Community Schools portion of the work. The grant also provides contracts to Family Voices and Sanford. In response to a question o how the process works, if there is a call to Family Voices for example, the family gets a call back, and the medical provider also has an opportunity to connect with a variety of psychiatrists contacted through Sanford to provide consultation. By providing support to the primary care providers, they may be able to mandate some of the behavioral health concerns that in the past they may have said no to serving, opening capacity for those who truly need the specialized care.

MH Block Grant: (PPT slides provided) Shauna Eberhardt, Clinical Policy Director, DHHS

Ms. Eberhardt reminded the group of the strategic plan ties back to the MHBG and the various AIMS. She reviewed the 5% crisis set aside requirement contract updates and training updates (see slide deck for specifics). The latest information related to federal budget considerations came out recently. The FY 2025 President's Budget is $1.0 billion, an increase of $35.0 million from the FY 2023 Final level. It also includes a 10% set-aside for evidence-based programs for early intervention and prevention of mental disorders among at-risk children and adults.

SUPTRS Block Grant: (PPT slides provided) Lacresha Graham, Manager, Addiction & Recovery Program and Policy, DHHS

As per Ms. Graham, there are no major changes to report since the last meeting, but they did post the RFP on March 28 for Pregnant and Parenting Women's Residential Services, with a May 17 deadline for proposals. July 1 will be the target for contract start. This is vital to our maintenance of efforts compliance waiver request we are currently under. The FY 2025 President's Budget request for SUPTRS is $2.0 billion, equal to the FY 2023 final level. It includes a 10% set-aside within SUPTRS BG for non-clinical recovery support services.

Public Comments. Vice Chairperson McCleary called for public comments. None were provided.

BHPC Policy and Procedure Handbook Initial Review for Feedback: (PPT slides provided): Janell Regimbal, facilitator shared progress made so far in moving the BHPC from a bylaw driven Council to one policy and procedure driven operations as advised by the Governor's office. A format has been adopted and 21 documents have been drafted. The Executive Committee has initially reviewed them and provided feedback. Those changes are being incorporated. The draft documents will be emailed to BHPC members on or about May 1 for a 30-day window to review and make comment back on any recommendations to be brought back to the Executive Committee in June. Final drafts and discussion will be a part of the July meeting.

Lightening Round Sharing by Members- Kurt Snyder shared Heartview received two grants, one related to workforce by addressing the pipeline for addiction students, coordinated through their Training Academy for Addiction Professionals (TAAP) with funding to allow as student to pick addiction as a career, get paid for some of their tuition and some to support them during training. The other grant is to develop and expand outpatient services in Dickinson. Mandy Dendy shared as of April 1 Medicaid has added two new services of interest to BH: SBIRT (Screening, Brief Intervention and Referral to Treatment) and added the allowance for interprofessional consultations to be paid for their consultation time. UND is applying for a large grant related to SBIRT. Denise Harvey shared P&A is emphasizing their employment programs at BH conferences and trainings, and they are bringing in legislators to visit with constituents about he importance of supporting the Alzheimer's and dementia priorities which will include a new FTE for DHHS for a state dementia coordinator to run an actual state program for early detection and diagnosis.

Next Meeting- July 17, 2024, via videoconference or in person at Bismarck Job Service at 1601 East Century.

Adjournment. Having completed all agenda items and hearing no further comments from BHPC members, Vice Chair McCleary adjourned the meeting at 4:20 PM CT.

Respectfully submitted,

Janell Regimbal/Facilitator

Insight to Solutions

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