

**ND Behavioral Health Planning Council (BHPC) Meeting
Job Service ND
1601 East Century Avenue
Bismarck, ND
December 4, 2019**

Draft Meeting Minutes

Council Members Attending in person: Kurt Snyder (Individual in Recovery, SUD), Chair; Lorraine Davis (Member at Large), Past Chair; Brenda Bergsrud (Consumer Family Network); Michelle Gayette (Aging Services Division); Brad Hawk (Indian Affairs Commission); Jennifer Henderson (Principal State Agency: Housing); Deb Jendro (Individual in Recovery, MH); Robin Lang (Principal State Agency: Education); Teresa Larsen (Protection and Advocacy Project); Glenn Longie (Tribal Behavior Health Representative); Carlotta McCleary (ND Federation of Families for Children's Mental Health); Kim Osadchuk (Principal State Agency: Social Services); Lisa Peterson (Principal State Agency: Criminal Justice); Kirby Schmidtgall (ND National Guard); Timothy Wicks (Veteran); Cheryl Hess-Anderson (Vocational Rehabilitation).

Others Attending: Tami Conrad (NDDHS, Project Manager); Kelli Ulberg (NDDHS, Behavioral Health); Bevin Croft (Human Services Research Institute); Krisann Miller (Little Lights Pediatric Therapy); Kim Mertz (ND Department of Health); Dan Hannaher (Lutheran Social Services); Amy Ruff (ND National Guard); Jim Vetter (Dakota Boys and Girls Ranch); Erin Oban (ND Senate).

Facilitator: Greg Gallagher, The Consensus Council, Inc.

Call to Order: Chairperson Kurt Snyder called the meeting to order at 10:06 AM, CT. BHPC members and the public provided self-introductions. With a majority of BHPC members reporting present, Chairperson Snyder declared the presence of a quorum.

Approval of Minutes. Chairperson Snyder called for the consideration of the September 12, 2019, meeting minutes (<https://www.nd.gov/dhs/services/mentalhealth/ndmhpc/minutes.html>).

TIMOTHY WICKS MADE AND LORRAINE DAVIS SECONDED A MOTION TO ADOPT THE MINUTES FROM THE SEPTEMBER 12, 2019, BEHAVIORAL HEALTH PLANNING COUNCIL MEETING. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON SNYDER DECLARED THE APPROVAL OF THE MINUTES.

Approval of Agenda. Chairperson Snyder reviewed the amended December 4, 2019, agenda, and noted that the order of the first two presentations would be reversed to better accommodate the scheduling for Dr. Bevin Croft (<https://www.nd.gov/dhs/info/publicnotice/2019/12-4-behavioral-health-planning-council-meeting.pdf>). Chairperson Snyder welcomed a motion to approve the agenda.

LORRAINE DAVIS MADE AND DEB JENRO SECONDED A MOTION TO ADOPT THE AGENDA FOR THE DECEMBER 4, 2019, BEHAVIORAL HEALTH PLANNING COUNCIL MEETING. THE MOTION PASSED UNANIMOUSLY. CHAIRPERSON SNYDER DECLARED THE APPROVAL OF THE AGENDA.

Presentation on the PLAY Project, Krisann Miller, Little Lights Pediatric Therapy. Chairperson Snyder introduced and welcomed Krisann Miller, Director of Little Lights Pediatric Therapy, to provide background information on the PLAY Project. Ms. Miller is an occupational therapist who provides home- and community-based pediatric therapy services in Bismarck and is currently a PLAY Project consultant-in-training. Ms. Miller provided a prepared presentation (<https://www.nd.gov/dhs/services/mentalhealth/ndmhpc/docs/play-project-presentation-bhpc-12-4-2019.pdf>) with extemporaneous narrative outlining the purpose, design, and delivery of the PLAY Project (www.playproject.org). The PLAY Project optimizes the role of interactive play to reinforce learning and relationships for children with autism spectrum disorders, highlighting instructive communication between pediatric professionals and parents, to directly enhance social interaction, a principal deficit for children with autism spectrum disorder. The PLAY Project was established to directly address the difficulty in accessing regular applied behavior analysis services, which evidences extended waiting lists and is restricted to administration by a professional. Evidence shows that early identification and intervention for children, ages 1-5 years, for suspected autism spectrum indicators is critical to improving longer term outcomes. Pediatricians oftentimes are slow to identify and refer children for therapy. The PLAY Project model highlights certain therapeutic objectives, including (1) focusing on social reciprocity; (2) following unstructured, naturalistic activities; (3) connecting with a child's intent and lead; (4) accentuating fun as an internal reinforcement; (5) providing intensive 20 hour/week attention; (6) building from individual to group attention; (7) generalizing activities into all interaction strategies; (8) reducing overall therapy costs. The PLAY Project has a comparable program dedicated to its use in schools, titled Teach and Play Project.

The PLAY Project uses 7 Circles of Play to train and support parents in effectively engaging with their child: (1) Understanding the PLAY Project's principles of engaging in a child's play and relationships; (2) Understanding each child's unique profile, including their comfort zone, sensory motor profile, and functional development levels; (3) Understanding individualized play plan techniques and activities; (4) Understanding family guidance practices, including coaching, modeling, and feedback; (5) Understanding the experience of interactive adult and child play times together; (6) Understanding progressive gains by reviewing video and written feedback; and (7) Revising play plan routines to match change and growth in the child. The parent applies these principles throughout the day, involving the different rituals experienced daily, including meal times, work times, bath times, bed times, etc.

Currently, PLAY Project therapy is not covered under insurance in North Dakota, making it largely unaffordable for many families. Training for PLAY Project certification, which is costly, is available through a combination of onsite training in Michigan, and other locations, and online supervision. Ms. Miller is currently researching the prospects of seeking an autism spectrum disorder waiver for reimbursement of services. Ms. Miller stated her encouragement for the state to assess how therapy options, like the PLAY Project, might be facilitated for expansion across the state, since the need is so great, especially in outlying rural areas. Chairperson thanked Ms. Miller for her presentation.

ND Behavioral Health Strategic Plan Implementation Update Report, Dr. Bevin Croft, HSRI.

Chairperson Snyder introduced Dr. Bevin Croft, who attended via conference call link, to provide an update on the current status of the state's behavioral health implementation plan. Dr. Croft provided two handouts to help guide the BHPC members' discussion on future goals based on what has been accomplished to date: (1) the ND Behavioral Health Implementation Goal Matrix,

dated November 2018 (<https://www.nd.gov/dhs/services/mentalhealth/ndmhpc/docs/nd-behavioral-health-implementation-goal-matrix-nov-2018.pdf>); and (2) the ND Behavioral Health Strategic Goals, dated January 2019 ([https://www.nd.gov/dhs/services/mentalhealth/ndmhpc/docs/nd-behavioral-health-strategic-goals-january-2019 .pdf](https://www.nd.gov/dhs/services/mentalhealth/ndmhpc/docs/nd-behavioral-health-strategic-goals-january-2019.pdf)).

Dr. Croft reminded the BHPC members of the important role they played during this past year in guiding the overall direction and priority of the state's behavioral health goals. Following the release of the state's behavioral health system study, the state prepared a working framework of 28 overarching goals, titled the the Vision 2020 Project, identifying the state's top priorities. A statewide survey of over 500 individuals produced a further streamlined list of goals, constituting the state's implementation plan. The Department of Human Services is currently reviewing the implementation plan, prior to its final approval and posting on the state's Vision 2020 website.

Dr. Croft invited the BHPC members to offer their observations or questions concerning the current status of the state's implementation effort. Members observed that the Vision 2020 Plan has appropriately articulated the state's top priorities. The overall effort helped to focus the attention of the 2019 Legislative Assembly on the state's emerging program needs, which resulted in one of the more successful sessions in recent memory. We now are facing preparations for the next legislative session. Maintaining this momentum of success will be crucial to ensuring its further success. It will be essential to make the final implementation plan as open and transparent as possible to expand people's awareness and to secure their trust.

Members stated that the fundamental structure of the state study and implementation plan have constructively engaged stakeholders statewide. The vision and execution of the plan has been reassuring. The state may need to focus an increased attention on some of the following areas:

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

- The state needs to step back and assess where its own system of services may be deficient or broken, inflicting further trauma on individuals.

Dr. Croft thanked the BHPC members for their many contributions throughout the development of the state's implementation plan. Chairperson Snyder thanked Dr. Croft for her presentation.

Chairperson Snyder called a recess for lunch.

Children's Behavioral Health Update, Kelli Ulberg, Department of Human Services, Behavioral Health Division. Chairperson Snyder introduced Kelli Ulberg, Children's Behavioral Health Administrator, Department of Human Services, Behavioral Health Unit, to provide an update on current children's behavioral health activities. Ms. Ulberg covered the following activities:

- *ND Recovery Reinvented Conference and Behavioral Health Conference.* The Department of Human Services sponsored the annual Recovery Reinvented Conference on November, 12, 2019, drawing approximately 1500 total attendees, and the Behavioral Health Conference during November 13-15, 2019, drawing approximately 500 attendees, both record attendances. Participant comments indicated a high level of satisfaction with the quality of the program.
- *2019 Legislative Session.* The 2019 Legislative Session authorized both programming and funding to support a variety of behavioral health initiatives not previously funded. It was a highly successful legislative session, moving longstanding program proposals forward.
- *State Suicide Prevention Program.* The state Suicide Prevention Program has transitioned from the Department of Health to the Department of Human Services, supervised by Alison Traynor.
- *Peer Support Certification.* The Department of Human Services is currently drafting administrative code to manage the peer support certification program.
- *School Behavioral Health Initiatives.* The Departments of Human Services and Public Instruction have been working collaboratively to administer the Prevention and Early Intervention Behavioral Health Pilot Program currently being implemented at Simile Middle School, Bismarck. The 2017 Legislative Session authorized \$150,000 to develop the pilot program framework. Various statewide stakeholders have collaborated to establish a more integrated approach to behavioral health, 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 purpose of the pilot program is to develop and replicate methods that would fit well in both rural and urban school settings, allowing for an eventual expansion of the program. Russ Riehl, Simile Middle School Principal, may make a good future presenter to cover the structure and administration of this project. Many school improvement activities have focused on better coordination of support services and have cost relatively little money.
- *School-focused Trauma Training.* 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. Training has focused on recognizing symptoms and the first steps of intervention. Increasingly school staffs are attending to the behavioral health needs of their students, across the spectrum of concerns, and seeking ways to measure a student's progression and progress.

- *Dr. Stuart Ablon Training.* The Department has contracted with Dr. Stuart Ablon to advance collaborative behavioral health problem solving within the state's schools. School staff seek to help students build new relational and self-help skills. Schools are also looking to identify support resources and to build relationships with behavioral health providers. The Department hopes to continue its relationship with Dr. Ablon to reach out further to meet the needs of schools. The October 2019 Legislative Interim Education Committee meeting presented a video of Dr. Stuart Ablon (https://drive.google.com/file/d/1sO_BQmW6LGbgXC22LWroAnD8-1clUYxa/view) recorded during a July education conference.
- *Medicaid 1915(i) State Plan Amendments.* The Department is compiling the comments received during the recent statewide public hearings and anticipates releasing draft rules that will undergo further public comment.
- *Voluntary Treatment Program.* The Department has sponsored a voluntary treatment program for parents with a child with a serious emotional disturbance diagnosis who do not wish to lose custody of their child in order to receive treatment at a residential childcare facility of care. Previously, a parent was required to transfer custody of their child for the child receive residential childcare treatment within the foster care system. State law allows for a voluntary treatment program for a child with a diagnosed serious emotional disturbance who is also on Medicaid, without the loss of custody. New state law will emphasize the prevention of out-of-home placement, allowing greater flexibility for the treatment of children. The Medicaid 1915(i) state plan amendment may likely address some aspect of this issue.
- *Free for Recovery Program.* The Department hopes to expand and replicate the Free for Recovery Program in the forthcoming months for individuals not in the corrections system.
- *Families First Program.* The federal Families First Act has shifted funding to more preventive services. The Families First Act required states to enact a Qualified Residential Treatment Program accreditation, effective October 1, 2019, for treatment centers to receive reimbursement.
- *Member Comments.* Members questioned if substance use disorder children are receiving sufficient attention regarding treatment options. A youth residential services contract will soon be awarded in Williston, providing a limited number of regional beds to match some limited capacity in the eastern part of the state. This is an identified area for further discussion within the BHPC.
- *System of Care Grant.* The Department has received a System of Care Grant, totaling \$3 million per year for four years to support the full continuum of care for children with serious emotional disturbances, ages birth through 21 years. This grant is limited to the West Central Human Service Center and the Lake Region Human Service Center. This grant include the addition of a program director and a family leave coordinator position.

Children's Cabinet and Children's Behavioral Health Task Force, Greg Gallagher, The Consensus Council, Inc. Chairperson Snyder introduced Greg Gallagher, The Consensus Council, Inc., to provide a report on the legislative mandate for the recently formed Children's Cabinet. Mr. Gallagher reported that during the 2019 Legislative Assembly, the passage of SB 2313 authorized the formation of the Children's Cabinet, creating a new inter-governmental-branch committee charged with certain core tasks, including

- Developing a comprehensive vision for how and where children are best served;

- Seeking to engage cooperation and coordinate broad-based leadership among all parties;
- Developing strategies to address gaps or needs;
- Providing for the active participation of consumers and providers; and
- Developing strategies to provide for the full continuum of care in the delivery of services, including promotion, prevention, early identification and intervention, service delivery, and recovery.

Under the provisions of SB 2313, the Children's Cabinet assumed many of the duties previously assumed by the interagency Children's Behavioral Health Task Force (CBHTF), which was repealed within SB 2313. The Department of Human Services requested that Mr. Gallagher present a summary of the proceedings and findings of the CBHTF at the first meeting of the Children's Cabinet, constituting a passing on of the CBHTF's findings to the Children's Cabinet for the Cabinet's consideration and possible action. Mr. Gallagher presented an overview of the formal testimony presented to the Children's Cabinet on November 19, 2019 (<https://www.nd.gov/dhs/services/mentalhealth/ndmhpc/docs/childrens-cabinet-testimony-greg-gallagher-12-4-2019.pdf>) and a copy of the CBHTF's final position statements (<https://www.nd.gov/dhs/services/mentalhealth/ndmhpc/docs/cbhtf-platform-positions-and-strategies-master-draft-4.0.pdf>).

Mr. Gallagher invited the BHPC to study the work of the CBHTF, to consider the CBHTF's most salient issues, and to open an operational relationship with the Children's Cabinet. There exists a significant opportunity for the BHPC to present its agenda before the Children's Cabinet and to enter into a longer term collaborative relationship regarding crucial statewide behavioral health initiatives.

Pediatric Mental Health Care Access Program, Kim Mertz, Department of Health. Chairperson Snyder introduced Kim Mertz, Healthy and Safe Communities Section Chief, North Dakota Department of Health to provide a scheduled update on the Pediatric Mental Health Care Access Program (PMHCAP). Ms. Mertz thanked the BHPC for serving as a primary advisory committee to the PMHCAP, and introduced Jeff Herman, CEO, Prairie St. John's, Fargo, and interim project liaison for the PMHCAP, as a co-presenter. Ms. Mertz and Mr. Herman provided an overview of recent activities covered within the PMHCAP's five-year plan (<https://www.nd.gov/dhs/services/mentalhealth/ndmhpc/docs/pmhca-workplan-update-bhpc-12-4-2019.pdf>).

The primary leadership team for the PMHCAP consists of Kim Mertz, Department of Health; Jeff Herman, Prairie St. John's; Kelli Ulberg, Department of Human Services; and select epidemiologists within the Department of Health. Jennifer Faul left the program due to organizational changes at Prairie St. John's. Prairie St. John's and the Department of Health are currently assessing a strategy to transition the lead responsibilities for the PMHCAP to another health system organization. The Department of Health has been communicating with another health system to assume the role of lead project coordinator for the PMHCAP. The Department will provide updates to the BHPC as this transition proceeds. Prairie St. John's will continue to provide certain clinical supports to the project.

Project ECHO, a principal means of professional development through online training, has been moving forward successfully. The next training is scheduled for November focused on trauma-informed care, a precursor for future program activities. Dr. Connell, a field medical officer for the

Department of Health, will serve as a principal consultant for screening opportunities across the state. KAT Marketing has developed a ACES-based screening app for mobile devices which integrates video prompts to assist users in providing crucial screening information. This screening activity is reviewed with professional staff to assist the individual and their family. This screening effort provides an improved opportunity for earlier identification and intervention supports to individuals. In early November, the PMHCAP leaders and consultants met to review and edit the various materials that have been under development. It is hoped that the initial pilot project will begin in the first quarter of 2020.

Members inquired if the recent management changes within the project might alter the BHPC's advisory role. Ms. Mertz assured the BHPC that any management changes will not affect the role of the BHPC moving forward. Ms Mertz reported that Family Voices ND will provide crucial guidance on case management service protocols. The Department of Health is working to develop a data management system to support this project. Ms. Mertz recommended that Dr. Connell, UND, be invited to the BHPC to discuss the breadth of the screening and case management issues touched by this project.

Ms. Mertz reported that the first-year carryover activity will continue through December 31, 2019. Following the close of this fiscal review with the federal grant managers, the final carryover amount will be reported to the BHPC. The second-year project contract will await completion following the resolution of the project management issues.

Open Discussion.

BHPC Vision Statement. Chairperson Snyder opened discussion on the unresolved status of the BHPC vision statement, a summary statement that describes or characterizes the ultimate goal of behavioral health efforts in North Dakota. During the June 2019 BHPC meeting, members requested that the BHPC membership adopt a formal statement of vision that might support the state's behavioral health systems study and its implementation plan. Greg Gallagher invited members to break into smaller groups to generate rough statements that would capture a possible vision for behavioral health in North Dakota. Members reported back with the following statements:

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

Following the reports from the various groups, Mr. Gallagher invited members to respond back with those words that most impressed them or that synthesized key, essential concepts for a possible vision statement. Members offered the following summary terms:

- Realizing North Dakotans' vision of a good, modern, and equitable behavioral health system. (Taken from current website)
- Continuum of care.
- Healthy communities.
- Equitable.
- Right time and right place. (BC/BS statement: Right care at the right time at the right place)
- Statewide
- Mental wellness.
- Accessible and available.
- Free of shame and stigma.
- Culturally sensitive.
- Responsive.
- Sam Ismir's and Lutheran Social Services' statement: When and where it is needed.
- Evidence-based.
- Effective.

Mr. Gallagher will compile the list into possible vision statement options that the members will review, amend, and approve at a future BHPC meeting. Members encouraged that the vision statement be focused, short, and inclusive of key terms. Members expressed an openness to developing a joint narrative of principles and a shorter summary vision statement.

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

- IMD Exclusion, the restriction of a facility to 16 beds or less by federal regulation. Past discussions have raised the need for the state to assess the tradeoffs of adopting this restriction or seeking a waiver of this restriction. The BHPC should receive background information on the issue and advise the state on the most responsible path forward.
- 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.
- Maggie Anderson may be a good, objective resource to lead discussions on the previous statements, considering fiscal and administrative challenges.
- Medicaid 1915(i) State Plan Amendments Update.
- Free Through Recovery Update.
- Block Grant and Budget Updates, last presented in December 2018, to be presented quarterly with an annual summative review, perhaps occurring during a June BHPC meeting. The budget review should be provided to the BHPC at a time and in a spirit that invites the BHPC to provide a meaningful review and considered advice.
- Chris Jones, Executive Director, Department of Human Services. (to be considered).
- Cory Pedersen, Director, Children Family Services.
- Insurance Department periodic reviews.

- Russ Riehl, Principal, Simile Middle School, Bismarck.
- Crisis Response. Consider Brad Brown, WCHSC, and Rosalee Etherington.
- State Hospital versus regional service centers, following on the current interim study.
- Suicide Prevention.
- Developing a Peer Support association and credentialing, considering work conducted in Virginia, Mental Health Association SAMHSA grant, ND Peer Support Association created by Adam Martin.
- Reassessing current BHPC mandated duties, reviewing the detailed contents of the Mental Health Block Grant.

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

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

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

BHPC Schedule of 2020 Meetings. Members agreed to set the following schedule for BHPC meetings during 2020, scheduled during the first two weeks of the selected month, based on the availability of the facility:

- April 2020;
- July 2020;
- October 2020 (annual meeting); and
- January 2021.

All meetings will be held at the Job Service ND Office, Bismarck.

Open Meeting Items. Chairperson Snyder raised the prospect that all BHPC members be provided an email account under the nd.gov system to offer protections to the BHPC members concerning potential future open meetings requests. The ND Board of Social Workers is proceeding to implement this effort. There is an anticipated monthly cost based on the size of the board. BHPC members requested that Tami Conrad investigate this option.

Public Comments. Chairperson Snyder opened the floor for any public comments. No members of the public stepped forth to provide comments. Chairperson Snyder closed the public comment.

Adjournment. With the completion of the approved agenda and hearing no further comments from the BHPC members, Chairperson Snyder declared the meeting adjourned at 3:43 PM, CT.

Respectfully submitted,

Greg Gallagher
Facilitator,
The Consensus Council, Inc.