

**ND Behavioral Health Planning Council (BHPC) Meeting
September 12, 2019
Pioneer Room at ND State Capitol
Meeting Minutes**

Council Members Attending in person: Kurt Snyder (Individual in Recovery – SUD), Chair, Emma Quinn (Individual in Recovery – MH), Cheryl Hess-Anderson (Vocational Rehabilitation; new member), Jodi Stittsworth (Family Member of a Child with SED), Dawn Pearson (nominated but not yet appointed – Medical Services), Brad Hawk (ND Indian Affairs Commission), Lorraine Davis (Member at Large) Past Chair, Teresa Larsen (ND Protection & Advocacy Project), Carlotta McCleary (ND Federation of Families for Children’s Mental Health), Kim Osadchuk (Principle State Agency: Social Services), Jennifer Henderson (Principle State Agency: Housing)

Council Members Attending by phone: Paul Strokland (Family Member of an Adult with SMI), Vice Chair, Brenda Bergsrud

Others Attending: Tami Conrad (ND DHS), Nicole Berman (ND DHS), Bevin Croft (HSRI – by phone), and Greg Gallagher (Consensus Council)

Facilitated by: Rose Stoller, The Consensus Council, Inc.

Call to Order: Chair Kurt Snyder called the meeting to order at 10:03 a.m. Quorum was not achieved. Members provided self-introductions.

Review of BHPC Strategic Plan: Dr. Bevin Croft, HSRI, Boston, provided a review of recent strategic planning activities:

- A Dashboard is being used which follows the strategic plan for the BHPC. There have been some revisions since the last BHPC Meeting. An example was provided via handout to the members.
- The information and feedback generated at the June BHPC meeting provided good input to the strategic plan.
- Dr. Croft continues to meet with the ND DHS on a routine basis, having last met in August.
- Dr. Croft drew the Council members attention to the new “Aim 1” which is focused on the strategic planning process itself: the 13 goal areas align with the 13 recommendations and have been renumbered accordingly. This is designed to simplify the document for review.
- The “Responsible Parties” section has been expanded to reflect a more diverse group: ND DHS was previously listed in the majority of the areas. Those listed as Responsible Parties are ultimately accountable for monitoring progress and implementation of goals.
- Dr. Croft noted the next step in the strategic planning process is to glean feedback from ND DHS to finalize and edit the plan which will then be converted into a reader-friendly public document: the dashboards will be finalized (and more detailed) and reviewed quarterly
- There will be a media push when the information becomes available to the public
- An overarching vision statement, generated by Council Members, for the BHPC is needed, which can then be placed at the beginning of the strategic plan

There had been identification of the issue of human trafficking for possible inclusion in the goals of the BHPC. There have been mixed perspectives about this being in the purview of the Council and Dr. Croft was asked for her opinion. She noted that her role is to be responsive to the guidance of the BHPC and encourages the Council to always use a behavioral health lens when evaluating needs. While human trafficking did not come up in the initial strategic planning process, it's wise not to jump into something without more information. Human Trafficking is a big issue and complex; at minimum, people who are or have been trafficked should have access to trauma-based treatment.

Updates from the ND DHS: Tami Conrad reported that there are 2 new representatives on the Council, Cheryl Hess – Anderson from Vocational Rehabilitation (ND DHS) and Dawn Pearson from Medical Services (ND DHS). The Governors Office is going through submitted applications, looking for a family member of an individual in recovery, an individual in recovery, and a private substance use provider. Derek Solberg is no longer appointed to the Council.

Nicole Berman reported on the annual Behavioral Health Conference scheduled for November 13 – 15, 2019 at the Bismarck Event Center. The agenda and speakers are now being finalized and registration will be open soon. Recovery Reinvented will be November 12, 2019, at the same location as the Conference.

Kurt inquired about Project ECHO doing a presentation during the conference and he was asked to contact Tami and Nicole about finding space/time. He also noted that there have been changes with regulatory boards; examples include increased hourly requirements for ethics and for clinical supervision (a big need). The ND Addiction Counselor Association will be addressing these issues and plans to hold their noon meeting and evening meeting in concert with the Behavioral Health Conference.

Kurt inquired about the process of building the agenda, including who provides the planning and ideas? ND DHS staff reported that field service staff are ultimately responsible but seek input from others, including HSRI and stakeholder groups. Lorraine inquired about any sessions related to Native American issues and was assured that there would be.

Council members are encouraged to invite peers and those working in the peer support network to attend the Conference. There have been 290 people trained in peer support by ND DHS with the last training scheduled in October in Mandan. ND DHS is still looking to hire someone to lead the peer support program.

Public comment on the 1915i waiver is ongoing. Dawn Pearson (new Council member), recently moved from ND DHS Children & Family Services to the ND DHS Medical Services Division to work on this waiver.

The Mental Health Block Grant was submitted on time and the ND DHS is waiting on approval. Nicole Berman noted that the recommendations of the BHPC were taken into consideration in building the proposal.

Tami shared that ND DHS will be releasing a Request for Proposals (RFP) for facilitation for the BHPC, since the current contract ends September 30, 2019. Rose Stoller shared that the Consensus Council remains interested in continuing in this role.

Report on Annual Veterans Mental Health Conference: Paul reported on the annual Veterans conference in Minot that had over 300 attendees and also about 60 booths for the professional fair. He noted that the Veterans Administration (VA) is taking a community-based strategy on mental health. There is greater knowledge of veteran's experiences, recognition of unique characteristics through individual testimonials, what the Vet Centers do/can do, and how they work with addiction and other mental health and inpatient/outpatient service providers. Peer Support was highlighted and the ongoing commitment to training and support appreciated. Fr. Donohue provided an inspirational presentation regarding his personal substance abuse battles. Bemidji will host the convening next year, followed by Fargo hosting in 2021.

Update on the 1915i Waiver: There was discussion about the 1915i State Plan amendment that will provide a funding source for so many more individuals in need. This will provide offering of newly expanded services for substance use, Serious Emotional Disorders (SED) and Traumatic Brain Injury (TBI) not previously available. These new services, for adults and children, are set to begin July 1, 2020 and prioritize keeping people in their homes, reducing foster care, and so forth. Jake Reuter and the Money Follows the Person (MFP) initiative were involved in the planning.

Jennifer inquired about what kind of outreach to stakeholders is being done during the public comment period. It was reported that Public Service Announcements (PSA's) would be released next week. Public comment meetings are to be scheduled in several regions starting soon and Tami will send the schedule of these meetings to BHPC members when it is complete.

Kurt asked how people would know what to comment on? Is there a guide for people to review before providing comment? Is it a realistic plan? Other states have learned lessons about implementation of similar waivers and we can learn from them. ND DHS staff responded that there would be user-friendly information and presentations developed to help in the understanding of a complex waiver.

Presentation on Human Trafficking: Christina Sambor, local attorney and founder of Project FUSE (<https://www.projectfuse.org/>), provided a walkthrough of basic information regarding sex and labor trafficking, stereotypes of victims that are common yet incorrect, and prevalence in North Dakota. Council members were encouraged to view short videos developed by GEMS (<https://www.youtube.com/watch?v=ZvnRYte3PAk>). Christina noted that, for victims, a trauma informed approach is necessary to the development of healthy relationships. She shared information from the 2015 ND Safe Harbor Law, legal ability to consent when under-aged, juveniles not being charged with juvenile delinquency for prostitution, and the concept of a criminal vs. someone in need of treatment. She noted that the most common behavioral health concerns for victims include crippling anxiety, borderline personality disorder, and trauma, most likely beginning as a child. ND data from January 2016 shows 381 total cases, probably 95% of which are females, 25% are minors, 90% involve sex trafficking, and 10% representing labor trafficking. People of Color are over-represented in all categories. Christina encouraged BHPC members to follow the work of the ND Human Trafficking Task Force at <https://www.ndhttf.org/>.

Christina's Power Point presentation has been shared with BHPC members with the request that it not be shared or used to provide a presentation without her permission. She can be reached at:

Christina Sambor
Sambor Law & Consulting, P.C.
P.O. Box 3189
Bismarck, ND 58502-3189
701.354.3375
www.samborlaw.com

Lorraine shared that she is seeking a partnership with the tribal coalition, specifically to develop more direct services to offer Native Americans. Each tribe is unique, and must be approached based on their local, tribal customs and characteristics, Tribes need to write and tell their own stories. There was recognition of new State law that requires work in the area of Missing and Murdered Indigenous Women (MMIW). Lorraine noted that the First Lady is interested in starting a youth peer-mentoring program.

Jennifer commented that she believes that younger children need to be educated about trafficking risks and warning signs.

Teresa provided an example of a foster care brother having raped a client. The client reported the rape, but was not believed by Child Protection Services (CPS) until she became pregnant. A Guardian Ad Litem can be helpful in these situations but they aren't consistently available or assigned in each case.

Kurt shared that the Prairie Learning Center (PLC) and other providers (serving primarily youth) are struggling to stay afloat in the face of federal changes, including the Families First Act. He questioned how we, as the BHPC, help to reduce the prevalence of trafficking? Do we put it in the HSRI strategic plan? Christina said that the timing is right and that there could be more direct communication with front-line staff specializing in this area. Kurt said that the big picture is to save those drowning right now, but we need to also fix the broken bridges and confront societal perceptions.

Christina noted that there is a significant need for greater access to lawyers for youth who are in multiple systems. What we are addressing is a multi-system failure. There is a need for recruiting and training attorneys to provide family/youth law, those who are interested in diving more deeply to gain an understanding of the issues. Christina encourages looking to the "dual status" report as a starting point (<https://www.ndcourts.gov/dual-status-youth-initiative>). There needs to be a strong commitment to/presence of advocacy + direct services provided together. Christina was thanked for her presentation.

Emma noted that peer support could assist in this process, both for youth at home, those living on their own, or in placement like foster care. Carlotta shared data indicating that, while 10% of ND children have SED, only 4% are being served. Just going into CPS/Juvenile Justice creates trauma for youth and families. We need to pay closer attention to those youth who are underserved, un-served, and tend to fade in the background.

Members were reminded that Dr. Croft had indicated that there could be change made to the strategic plan and goals if the Council wants to add human trafficking to their purview. It was agreed that the BHPC needs more time dedicated to discussion before reaching a decision. There

was sentiment that we should not add something to the plan unless we have some specific action steps that we are willing and positioned to take. Dr. Croft should be consulted in that discussion.

Pediatric Mental Health Care Access Program Report: Kim Mertz, ND Department of Health (ND DOH) and Monica McConky, Prairie St. Johns (PSJ) provided an update on this project since the June meeting of the Council. A survey was conducted to determine what education is needed about pediatric MH and although there were only 13 responses (there was a short deadline to respond), the team will tabulate the responses to look for trends. The survey may be tweaked a bit and sent again to see whether more people respond. Survey questions included whether responders screen for trauma and, if so, what screening tool is used; and whether screening for autism and/or other conditions are done. All responders indicated that they screen for substance use, nicotine, and vaping. When asked what topics are most desirable for webinar trainings the top 3 chosen are anxiety, depression, and Attention Deficit Hyperactivity Disorder (ADHD). The webinars will be offered on Thursdays at noon and PSJ will also be offering case consultation. The survey did not address rural v. urban issues since this data is already collected by the UND Center for Rural Health.

Monica reported that they have partnered with First Link in Fargo, adding almost 300 sources to their existing database, and Family Voices of ND for providing care coordination. The UND Center for Rural Health is also a partner. Information was shared about Project Echo. There is some confusion about Project ECHO (the platform) and the opioid-specific ECHO program that will need to be addressed. There will be a licensed addiction counselor (LAC) added to the team as a consultant; an offer has been made but not yet accepted. There is a need for online screening tools to connect with practicing psychiatry, psychology, and pediatric MH. Dr. Joan Connell (NDDOH and private pediatric practice in Bismarck) asks the ACES questions of parents and families. There is development underway for a short video explaining ACES without using clinical terminology; youth aged 13 and older can conduct their own assessment. There is also work underway using the MN trauma screening tool. While the project is not presently working with Sanford and/or CHI, Dr. Connell is piloting the initiative in the hopes of expanding to other clinics. The most important piece comes after the screenings, assuring that the child/family end up in the right place with the right treatment.

Kim reported that nothing more is known regarding carryover dollars from the grant. The majority of the grant funds are provided to PSJ and Family Voices of ND. Any carryover will require a 20% match. Kelli Ulberg from ND DHS is also a team member, which provides for routine sharing of information. All Council members are encouraged to ask questions of any of the team members at any time.

Emma noted that this is a good initiative for kids that have access to services but questioned what is being done for parents who aren't sure if their child needs to be screened? It was stated that the scope of the grant does not include that population however, the Good Health TV program, operated by KAT Communication will be including that information. Parents Lead (<http://www.parentslead.org/>) might be able to address this for both parents and professionals and help to get information out to schools, other organizations and providers. Emma shared that schools should be a priority to capture the most youth and families.

Kim and Monica were thanked for their presentation. BHPC members who were not in attendance can receive a copy of the handouts by contacting the Consensus Council at 701.224.0588, extension 101 or rstoller@agree.org.

Mental Health Parity and Insurance Coverage Presentation: Chrystal Bartuska, Product Filing Division Director, with the ND Insurance Department, joined that office at about the same time as the Affordable Care Act (ACA) began. There are 4 key players/insurance providers in North Dakota: Blue Cross/Blue Shield (BC/BS) of ND, Sanford, Medica Insurance Co., and the Medica Health Plan.

Mental Health Parity has been around for 20 + years. The year 2013 saw the most recent and significant changes including new definitions that directly impact individuals and families. Chrystal explained the Mental Health Parity Act (MHPA), differences between “grandfathered” and “non-grandfathered” plans, and small and large group markets. She noted that, in ND, BC/BS has the highest number of grandfathered plans.

She also defined Benchmark Plans, Essential Health Benefits and the 2013 CMMS decision that states can pick their own benchmarks but must comply with certain parameters. She believes that ND picked a good plan and, as of 2014, all have to follow MHPA, except self-funded plans for which the employer selects benefits. Self-funded plans can opt out of covering MH care, Autism and other conditions. Jodi provided an example of a self-funded plan where she works, a place with 225 employees. Emma asked why opting out is acceptable and it was shared that Federal regulations don’t prevent it.

Kurt noted that, as a provider, most have this service provided in some way. There is some trouble with the application, and authorizations on the claims-processing side since providers can’t apply a higher amount of something similar to the medical/surgical side like is the case with co-pays.

Autism therapies (Applied Behavioral Analysis – ABA) coverage was developed in 2018 in response to consumer demand and changing diagnostic views. Neighboring South Dakota has an autism mandate (on the medical side), an idea that was introduced and failed in ND. ABA therapy was previously excluded because it was investigative but Chrystal believes we have good coverage now. There was nothing to compare ABA coverage on the medical/surgical side so ND Insurance Commissioner Jon Godfread developed an official bulletin including policies requiring insurance coverage:

<https://www.nd.gov/ndins/sites/www/files/documents/Bulletins/2018/20180711%20Bulletin%202018-1.pdf>.

Kurt expressed concern about the inability to sustain adolescent residential treatment services because of insurance policies combined with the census being low in this population. Medical necessity is being measured by medical standards alone while not considering or measuring high-risk behavior. What can we do as advocates, private providers? Chrystal shared that the Insurance Department does not have authority over providers so it is difficult to provide advice. Advocates and coalitions need to continue to encourage coverage but it will likely take quite a bit of time to get there.

The Insurance Department can help with appeals if someone contacts them to ask. BC/BS of ND was recently fined for market conduct infractions related to Mental Health Parity, issues that have

now been corrected. States are beginning to attend to this issue, using checklists developed for insurers to follow, and contracting with firms who specialize in this area. The process used is a “market conduct exam” by the Insurance Department of an insurer when they decline to cover the costs of specific treatments. Such market exams are time consuming and present a resource allocation problem for the Insurance Department.

A representative from Share House in Fargo asked whether the Insurance Department is hearing the same volume of our (substance use) complaints in other health areas and the answer is no. Chrystal reminded Council members that providers can advocate on behalf of an individual client and, while there is no guarantee of success, it might be worth the time.

Kurt noted that studies show a lack of coverage for substance use and behavioral health across the country. He also shared that some clients don’t want to use their insurance coverage for substance use or mental health services coverage because of stigma and shame. The Insurance Commissioner agrees, and hopes stigma is reduced over time as it has been with other diagnoses and treatments.

Chrystal summed up by saying that the Insurance Department is a consumer agency, exists to serve consumer needs, and helps to address problems. She asked that people please use the services of the office, especially since insurance companies will pay attention to them. Chrystal can be reached at:

Chrystal Bartuska
Product Filing Division Director
North Dakota Insurance Department
600 E. Boulevard Ave. | Bismarck, ND 58505
cabartuska@nd.gov | 701.328.2441 | F 701.328.4880

Chrystal was thanked for her time and her presentation.

Drafting a Vision Statement for the BHPC: At the request of Dr. Croft, the Council discussed the development of an overarching vision statement for the BHPC as a complimentary guide to the strategic plan and goals. Council members were asked to provide words and phrases that would be important in a vision statement. Using that input, draft vision statements will be developed by the facilitators and the BHPC Executive Committee, and then shared them with the full Council in December.

Update on the ND Olmstead Commission: Teresa Larsen testified this morning at the Human Services Interim Legislative Committee on this very topic and she went on to share the same with Council members. The Olmstead decision was made in 1999 by the Supreme Court of the United States (SCOTUS) based on Title II of the Americans with Disabilities Act (ADA). This represents the “most integrated setting appropriate” concept and covers all kinds of disabilities. The Olmstead decision focused mainly on mental diagnoses. SCOTUS ruled that states must comply with least restrictive settings for people who are institutionalized or those people who are *at risk of* being institutionalized.

ND developed an Olmstead Commission in 2001, which was initially co-chaired by the ND DHS and the Governors office. ND’s Commission started plan development in 2002 but nothing much

has been accomplished in the past 5 years. CMMS had funding available for “Real Choice Systems Grants Program,” a 3 year funding plan at \$900,000. 3 additional years were funded and the Commission hired a consultant to help with strategic planning. In 2015, a subcommittee chaired by Pam Sagness urged a refocus on the Olmstead decision and how best to implement it in ND. In 2018, ND DHS asked for subcommittee recommendations for membership on the Commission. ND Protection & Advocacy now has 1 additional FTE (attorney) who will chair/lead the Olmstead Commission. The position is in the process of being filled.

There was a formal complaint made to the US Department of Justice in 2015/16 that is now being investigated (with a focus on long-term care facilities, nursing homes). Settlement talks are in the works. Changes may come in the form of case management services as well as other issues. The Olmstead Commission has a much larger mission, such as concern for people residing at the Life Skills & Transition Center (LSTC) in Grafton who have been on a waiting list for community placement, in some cases, for years. The Olmstead Commission impacts more than just the elderly and people with physical disabilities. The next meeting of the Olmstead Commission is scheduled for October. At some point soon, the Olmstead Commission will be organized enough to accept calls, complaints directly. BHPC members who were not in attendance can receive a copy of Teresa’s handout by contacting the Consensus Council at 701.224.0588, extension 101 or rstoller@agree.org.

Kim inquired whether the decision covers children, including those in foster care and Teresa confirmed that children are covered.

Planning for Next BHPC Meeting:

- The next BHPC Meeting will be **Wednesday, December 4 from 10:00 – 4:00 CT** at Job Services in Bismarck (1601 Century Avenue)
- There is interest in receiving information regarding Early Periodic Screening, Diagnostic and Treatment (EPSDT) services, specific to behavioral health issues in children
- It would be good to ask Kelli Ulberg to provide an update regarding children’s mental health services
- ND DHS Executive Director Chris Jones has been invited to attend and provide an update from his perspective
- Kris Ann Miller will present information about the local Play Project (<https://www.playproject.org/>)
- Review and discussion of the Vision Statement drafts
- Continue internal discussion regarding the BHPC role, if any, with respect to human trafficking and/or consider referring this matter to the new ND Children’s Cabinet; ask Christina Sambor to review (HSRI) goals to determine whether there is an existing goal into which human trafficking fits
- Elections are to be held
- Review of the previously developed “10 Key Points” document
- An update/report from the ND DHS Office of Recovery
- A presentation about the Families First Prevention Services Act (? ND DHS Children & Family Services)
- Information from the Grand Forks Housing Authority about their Supportive Housing Initiative and perhaps, a virtual tour of the new facility

Public Comment: There was one comment shared regarding the lack of post-partum care and services for young mothers. Kim noted that Burleigh County Social Services is advocating for that assistance.

Adjournment: There being no further business, the BHPC meeting was adjourned at the call of the Chair at 3:38 p.m.

Respectfully submitted,

A handwritten signature in black ink on a light-colored background. The signature is written in a cursive style and reads "Rose M. Stoller".

Rose M Stoller, Facilitator