

North Dakota

UNIFORM APPLICATION

FY 2016/2017 - STATE BEHAVIORAL HEALTH ASSESSMENT AND PLAN

SUBSTANCE ABUSE PREVENTION AND TREATMENT and COMMUNITY MENTAL HEALTH SERVICES BLOCK GRANT

OMB - Approved 06/12/2015 - Expires 06/30/2018
(generated on 08/10/2016 3.08.28 PM)

Center for Substance Abuse Prevention
Division of State Programs

Center for Substance Abuse Treatment
Division of State and Community Assistance

and

Center for Mental Health Services
Division of State and Community Systems Development

State Information

State Information

Plan Year

Start Year 2016

End Year 2017

State SAPT DUNS Number

Number 802743534

Expiration Date

I. State Agency to be the SAPT Grantee for the Block Grant

Agency Name North Dakota Department of Human Services

Organizational Unit Behavioral Health Division

Mailing Address 1237 West Divide Avenue, Suite 1C

City Bismarck

Zip Code 58501

II. Contact Person for the SAPT Grantee of the Block Grant

First Name Pamela

Last Name Sagness

Agency Name North Dakota Department of Human Services - Behavioral Health Division

Mailing Address 1237 West Divide Avenue Suite 1C

City Bismarck

Zip Code 58501

Telephone 701-328-8824

Fax 701-328-8969

Email Address psagness@nd.gov

State CMHS DUNS Number

Number 802743534

Expiration Date

I. State Agency to be the CMHS Grantee for the Block Grant

Agency Name North Dakota Department of Human Services

Organizational Unit Behavioral Health Division

Mailing Address 1237 West Divide Avenue Suite 1C

City Bismarck

Zip Code 50501

II. Contact Person for the CMHS Grantee of the Block Grant

First Name Pamela

Last Name Sagness

Agency Name ND Dept. of Human Services - Behavioral Health Division

Mailing Address 1237 W. Divide Avenue

City Bismarck

Zip Code 58501

Telephone 7013288733

Fax 701-328-8969

Email Address lsauer@nd.gov

III. State Expenditure Period (Most recent State expenditure period that is closed out)

From

To

IV. Date Submitted

Submission Date

Revision Date

V. Contact Person Responsible for Application Submission

First Name Lauren

Last Name Sauer

Telephone 701-328-8733

Fax 701-328-8969

Email Address lsauer@nd.gov

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [SA]

Fiscal Year 2017

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
 Substance Abuse Prevention and Treatment Block Grant Program
 as authorized by
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
 and
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1921	Formula Grants to States	42 USC § 300x-21
Section 1922	Certain Allocations	42 USC § 300x-22
Section 1923	Intravenous Substance Abuse	42 USC § 300x-23
Section 1924	Requirements Regarding Tuberculosis and Human Immunodeficiency Virus	42 USC § 300x-24
Section 1925	Group Homes for Recovering Substance Abusers	42 USC § 300x-25
Section 1926	State Law Regarding the Sale of Tobacco Products to Individuals Under Age 18	42 USC § 300x-26
Section 1927	Treatment Services for Pregnant Women	42 USC § 300x-27
Section 1928	Additional Agreements	42 USC § 300x-28
Section 1929	Submission to Secretary of Statewide Assessment of Needs	42 USC § 300x-29
Section 1930	Maintenance of Effort Regarding State Expenditures	42 USC § 300x-30
Section 1931	Restrictions on Expenditure of Grant	42 USC § 300x-31
Section 1932	Application for Grant; Approval of State Plan	42 USC § 300x-32
Section 1935	Core Data Set	42 USC § 300x-35
Title XIX, Part B, Subpart III of the Public Health Service Act		
Section 1941	Opportunity for Public Comment on State Plans	42 USC § 300x-51
Section 1942	Requirement of Reports and Audits by States	42 USC § 300x-52
Section 1943	Additional Requirements	42 USC § 300x-53

Section 1946	Prohibition Regarding Receipt of Funds	42 USC § 300x-56
Section 1947	Nondiscrimination	42 USC § 300x-57
Section 1953	Continuation of Certain Programs	42 USC § 300x-63
Section 1955	Services Provided by Nongovernmental Organizations	42 USC § 300x-65
Section 1956	Services for Individuals with Co-Occurring Disorders	42 USC § 300x-66

ASSURANCES - NON-CONSTRUCTION PROGRAMS

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As the duly authorized representative of the applicant I certify that the applicant:

1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
5. Will comply with the Intergovernmental Personnel Act of 1970 (42 U.S.C. §§4728-4763) relating to prescribed standards for merit systems for programs funded under one of the nineteen statutes or regulations specified in Appendix A of OPM's Standard for a Merit System of Personnel Administration (5 C.F.R. 900, Subpart F).
6. Will comply with all Federal statutes relating to nondiscrimination. These include but are not limited to: (a) Title VI of the Civil Rights Act of 1964 (P.L. 88-352) which prohibits discrimination on the basis of race, color or national origin; (b) Title IX of the Education Amendments of 1972, as amended (20 U.S.C. §§1681-1683, and 1685- 1686), which prohibits discrimination on the basis of sex; (c) Section 504 of the Rehabilitation Act of 1973, as amended (29 U.S.C. §§794), which prohibits discrimination on the basis of handicaps; (d) the Age Discrimination Act of 1975, as amended (42 U.S.C. §§6101-6107), which prohibits discrimination on the basis of age; (e) the Drug Abuse Office and Treatment Act of 1972 (P.L. 92-255), as amended, relating to nondiscrimination on the basis of drug abuse; (f) the Comprehensive Alcohol Abuse and Alcoholism Prevention, Treatment and Rehabilitation Act of 1970 (P.L. 91-616), as amended, relating to nondiscrimination on the basis of alcohol abuse or alcoholism; (g) §§523 and 527 of the Public Health Service Act of 1912 (42 U.S.C. §§290 dd-3 and 290 ee-3), as amended, relating to confidentiality of alcohol and drug abuse patient records; (h) Title VIII of the Civil Rights Act of 1968 (42 U.S.C. §§3601 et seq.), as amended, relating to non- discrimination in the sale, rental or financing of housing; (i) any other nondiscrimination provisions in the specific statute(s) under which application for Federal assistance is being made; and (j) the requirements of any other nondiscrimination statute(s) which may apply to the application.
7. Will comply, or has already complied, with the requirements of Title II and III of the Uniform Relocation Assistance and Real Property Acquisition Policies Act of 1970 (P.L. 91-646) which provide for fair and equitable treatment of persons displaced or whose property is acquired as a result of Federal or federally assisted programs. These requirements apply to all interests in real property acquired for project purposes regardless of Federal participation in purchases.
8. Will comply with the provisions of the Hatch Act (5 U.S.C. §§1501-1508 and 7324-7328) which limit the political activities of employees whose principal employment activities are funded in whole or in part with Federal funds.
9. Will comply, as applicable, with the provisions of the Davis-Bacon Act (40 U.S.C. §§276a to 276a-7), the Copeland Act (40 U.S.C. §276c and 18 U.S.C. §874), and the Contract Work Hours and Safety Standards Act (40 U.S.C. §§327- 333), regarding labor standards for federally assisted construction subagreements.
10. Will comply, if applicable, with flood insurance purchase requirements of Section 102(a) of the Flood Disaster Protection Act of 1973 (P.L. 93-234) which requires recipients in a special flood hazard area to participate in the program and to purchase flood insurance if the total cost of insurable construction and acquisition is \$10,000 or more.
11. Will comply with environmental standards which may be prescribed pursuant to the following: (a) institution of environmental quality control measures under the National Environmental Policy Act of 1969 (P.L. 91-190) and Executive Order (EO) 11514; (b) notification of violating facilities pursuant to EO 11738; (c) protection of wetland pursuant to EO 11990; (d) evaluation of flood hazards in floodplains in accordance with EO 11988; (e) assurance of project consistency with the approved State management program developed under the Coastal Zone Management Act of 1972 (16 U.S.C. §§1451 et seq.); (f) conformity of Federal actions to State (Clear Air) Implementation Plans under Section 176(c) of the Clear Air Act of 1955, as amended (42 U.S.C. §§7401 et seq.); (g)

protection of underground sources of drinking water under the Safe Drinking Water Act of 1974, as amended, (P.L. 93-523); and (h) protection of endangered species under the Endangered Species Act of 1973, as amended, (P.L. 93-205).

12. Will comply with the Wild and Scenic Rivers Act of 1968 (16 U.S.C. §§1271 et seq.) related to protecting components or potential components of the national wild and scenic rivers system.
13. Will assist the awarding agency in assuring compliance with Section 106 of the National Historic Preservation Act of 1966, as amended (16 U.S.C. §470), EO 11593 (identification and protection of historic properties), and the Archaeological and Historic Preservation Act of 1974 (16 U.S.C. §§ 469a-1 et seq.).
14. Will comply with P.L. 93-348 regarding the protection of human subjects involved in research, development, and related activities supported by this award of assistance.
15. Will comply with the Laboratory Animal Welfare Act of 1966 (P.L. 89-544, as amended, 7 U.S.C. §§2131 et seq.) pertaining to the care, handling, and treatment of warm blooded animals held for research, teaching, or other activities supported by this award of assistance.
16. Will comply with the Lead-Based Paint Poisoning Prevention Act (42 U.S.C. §§4801 et seq.) which prohibits the use of lead based paint in construction or rehabilitation of residence structures.
16. Will cause to be performed the required financial and compliance audits in accordance with the Single Audit Act of 1984.
17. Will comply with all applicable requirements of all other Federal laws, executive orders, regulations and policies governing this program.

LIST of CERTIFICATIONS

1. CERTIFICATION REGARDING LOBBYING

Title 31, United States Code, Section 1352, entitled "Limitation on use of appropriated funds to influence certain Federal contracting and financial transactions," generally prohibits recipients of Federal grants and cooperative agreements from using Federal (appropriated) funds for lobbying the Executive or Legislative Branches of the Federal Government in connection with a SPECIFIC grant or cooperative agreement. Section 1352 also requires that each person who requests or receives a Federal grant or cooperative agreement must disclose lobbying undertaken with non-Federal (non- appropriated) funds. These requirements apply to grants and cooperative agreements EXCEEDING \$100,000 in total costs (45 CFR Part 93). By signing and submitting this application, the applicant is providing certification set out in Appendix A to 45 CFR Part 93.

2. CERTIFICATION REGARDING PROGRAM FRAUD CIVIL REMEDIES ACT (PFCRA)

The undersigned (authorized official signing for the applicant organization) certifies that the statements herein are true, complete, and accurate to the best of his or her knowledge, and that he or she is aware that any false, fictitious, or fraudulent statements or claims may subject him or her to criminal, civil, or administrative penalties. The undersigned agrees that the applicant organization will comply with the Department of Health and Human Services terms and conditions of award if a grant is awarded as a result of this application.

3. CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan, or loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such Federal funds. The law does not apply to children's services provided in private residence, portions of facilities used for inpatient drug or alcohol treatment, service providers whose sole source of applicable Federal funds is Medicare or Medicaid, or facilities where WIC coupons are redeemed.

Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

The authorized official signing for the applicant organization certifies that the applicant organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. The applicant organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

The Department of Health and Human Services strongly encourages all grant recipients to provide a smoke-free workplace and promote the non-use of tobacco products. This is consistent with the DHHS mission to protect and advance the physical and mental health of the American people.

I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Maggie D. Anderson

Signature of CEO or Designee¹: _____

Title: Executive Director - ND Dept. of Human Services

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Footnotes:

State Information

Chief Executive Officer's Funding Agreement - Certifications and Assurances / Letter Designating Signatory Authority [MH]

Fiscal Year 2017

U.S. Department of Health and Human Services
 Substance Abuse and Mental Health Services Administrations
 Funding Agreements
 as required by
 Community Mental Health Services Block Grant Program
 as authorized by
 Title XIX, Part B, Subpart II and Subpart III of the Public Health Service Act
 and
 Title 42, Chapter 6A, Subchapter XVII of the United States Code

Title XIX, Part B, Subpart II of the Public Health Service Act		
Section	Title	Chapter
Section 1911	Formula Grants to States	42 USC § 300x
Section 1912	State Plan for Comprehensive Community Mental Health Services for Certain Individuals	42 USC § 300x-1
Section 1913	Certain Agreements	42 USC § 300x-2
Section 1914	State Mental Health Planning Council	42 USC § 300x-3
Section 1915	Additional Provisions	42 USC § 300x-4
Section 1916	Restrictions on Use of Payments	42 USC § 300x-5
Section 1917	Application for Grant	42 USC § 300x-6
Title XIX, Part B, Subpart III of the Public Health Service Act		
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1. Has the legal authority to apply for Federal assistance, and the institutional, managerial and financial capability (including funds sufficient to pay the non-Federal share of project costs) to ensure proper planning, management and completion of the project described in this application.
2. Will give the awarding agency, the Comptroller General of the United States, and if appropriate, the State, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the award; and will establish a proper accounting system in accordance with generally accepted accounting standard or agency directives.
3. Will establish safeguards to prohibit employees from using their positions for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
4. Will initiate and complete the work within the applicable time frame after receipt of approval of the awarding agency.
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Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1,000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

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I hereby certify that the state or territory will comply with Title XIX, Part B, Subpart II and Subpart III of the Public Health Service (PHS) Act, as amended, and summarized above, except for those sections in the PHS Act that do not apply or for which a waiver has been granted or may be granted by the Secretary for the period covered by this agreement.

I also certify that the state or territory will comply with the Assurances Non-Construction Programs and Certifications summarized above.

Name of Chief Executive Officer (CEO) or Designee: Maggie D. Anderson

Signature of CEO or Designee¹: _____

Title: Executive Director - ND Dept. of Human Services

Date Signed: _____

mm/dd/yyyy

¹If the agreement is signed by an authorized designee, a copy of the designation must be attached.

Footnotes:

State Information

Disclosure of Lobbying Activities

To View Standard Form LLL, Click the link below (This form is OPTIONAL)

[Standard Form LLL \(click here\)](#)

Name	<input type="text"/>
Title	<input type="text"/>
Organization	<input type="text"/>

Signature: _____ Date: _____

Footnotes:

Planning Tables

Table 2 State Agency Planned Expenditures [MH]

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Activity (See instructions for using Row 1.)	A.Substance Abuse Block Grant	B.Mental Health Block Grant	C.Medicaid (Federal, State, and Local)	D.Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E.State Funds	F.Local Funds (excluding local Medicaid)	G.Other
1. Substance Abuse Prevention* and Treatment							
a. Pregnant Women and Women with Dependent Children*							
b. All Other							
2. Substance Abuse Primary Prevention							
3. Tuberculosis Services							
4. HIV Early Intervention Services							
5. State Hospital			\$0	\$0	\$5,072,156	\$0	\$1,087,709
6. Other 24 Hour Care		\$0	\$0	\$0	\$0	\$0	\$0
7. Ambulatory/Community Non-24 Hour Care		\$432,708	\$20,861,884	\$10,629,153	\$61,146,625	\$0	\$8,049,979
8. Mental Health Primary Prevention**		\$0	\$0	\$0	\$0	\$0	\$0
9. Evidenced Based Practices for First Episode Psychosis (10% of the state's total MHBG award)		\$175,916	\$0	\$0	\$0	\$0	\$0
10. Administration (Excluding Program and Provider Level)		\$1,081,537	\$0	\$232,579	\$4,611,282	\$0	\$0
11. Total	\$0	\$1,690,161	\$20,861,884	\$10,861,732	\$70,830,063	\$0	\$9,137,688

* Prevention other than primary prevention

** It is important to note that while a state may use state or other funding for these services, the MHBG funds must be directed toward adults with SMI or children with SED.

Footnotes:

Planning Tables

Table 4 SABG Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Expenditure Category	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
1 . Substance Abuse Prevention* and Treatment	\$4,900,165	\$4,573,483
2 . Substance Abuse Primary Prevention	\$1,306,705	\$1,633,387
3 . Tuberculosis Services		
4 . HIV Early Intervention Services**		
5 . Administration (SSA Level Only)	\$326,677	\$326,677
6. Total	\$6,533,547	\$6,533,547

* Prevention other than primary prevention

** 1924(b)(2) of Title XIX, Part B, Subpart II of the Public Health Service Act (42 U.S.C. § 300x-24(b)(2)) and section 96.128(b) of the Substance Abuse Prevention and Treatment Block Grant; Interim Final Rule (45 CFR 96.120-137), SAMHSA relies on the HIV Surveillance Report produced by CDC, National Center for HIV/AIDS, Hepatitis, STD and TB Prevention. The HIV Surveillance Report, Volume 24, will be used to determine the states and jurisdictions that will be required to set-aside 5 percent of their respective FY 2016 SABG allotments to establish one or more projects to provide early intervention services for HIV at the sites at which individuals are receiving SUD treatment services. In FY 2012, SAMHSA developed and disseminated a policy change applicable to the EIS/HIV which provided any state that was a "designated state" in any of the three years prior to the year for which a state is applying for SABG funds with the flexibility to obligate and expend SABG funds for EIS/HIV even though the state does not meet the AIDS case rate threshold for the fiscal year involved. Therefore, any state with an AIDS case rate below 10 or more such cases per 100,000 that meets the criteria described in the 2012 policy guidance would be allowed to obligate and expend FY 2016 SABG funds for EIS/HIV if they chose to do so.

Footnotes:

Planning Tables

Table 5a SABG Primary Prevention Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Strategy		IOM Target	FY 2016	FY 2017
			SA Block Grant Award	SA Block Grant Award
Information Dissemination	Universal			
	Selective			
	Indicated			
	Unspecified		\$257,341	\$320,677
	Total		\$257,341	\$320,677
Education	Universal			
	Selective			
	Indicated			
	Unspecified		\$64,335	\$64,135
	Total		\$64,335	\$64,135
Alternatives	Universal			
	Selective			
	Indicated			
	Unspecified		\$64,335	\$32,068
	Total		\$64,335	\$32,068
Problem Identification and Referral	Universal			
	Selective			
	Indicated			
	Unspecified		\$12,867	\$80,169
	Total		\$12,867	\$80,169

Community-Based Process	Universal		
	Selective		
	Indicated		
	Unspecified	\$321,676	\$529,118
	Total	\$321,676	\$529,118
Environmental	Universal		
	Selective		
	Indicated		
	Unspecified	\$566,151	\$577,219
	Total	\$566,151	\$577,219
Section 1926 Tobacco	Universal		
	Selective		
	Indicated		
	Unspecified	\$20,000	\$30,000
	Total	\$20,000	\$30,000
Other	Universal		
	Selective		
	Indicated		
	Unspecified		
	Total	\$0	\$0
Total Prevention Expenditures		\$1,306,705	\$1,633,387
Total SABG Award*		\$6,533,547	\$6,533,547
Planned Primary Prevention Percentage		20.00 %	25.00 %

*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Footnotes:

Planning Tables

Table 5b SABG Primary Prevention Planned Expenditures by IOM Category

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award	FY 2017 SA Block Grant Award
Universal Direct		
Universal Indirect		
Selective		
Indicated		
Column Total		\$0
Total SABG Award*	\$6,533,547	\$0
Planned Primary Prevention Percentage	0.00 %	

*Total SABG Award is populated from Table 4 - SABG Planned Expenditures

Footnotes:

Planning Tables

Table 5c SABG Planned Primary Prevention Targeted Priorities

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Targeted Substances	
Alcohol	b
Tobacco	e
Marijuana	e
Prescription Drugs	b
Cocaine	e
Heroin	b
Inhalants	e
Methamphetamine	e
Synthetic Drugs (i.e. Bath salts, Spice, K2)	e
Targeted Populations	
Students in College	e
Military Families	b
LGBTQ	e
American Indians/Alaska Natives	b
African American	e
Hispanic	e
Homeless	e
Native Hawaiian/Other Pacific Islanders	e
Asian	e
Rural	b
Underserved Racial and Ethnic Minorities	e

Footnotes:

Planning Tables

Table 6a SABG Resource Development Activities Planned Expenditures

Planning Period Start Date: 10/1/2016 Planning Period End Date: 9/30/2018

Activity	FY 2016 SA Block Grant Award				FY 2017 SA Block Grant Award			
	Prevention	Treatment	Combined	Total	Prevention	Treatment	Combined	Total
1. Planning, Coordination and Needs Assessment	\$15,040			\$15,040	\$18,432			\$18,432
2. Quality Assurance	\$5,440	\$10,000		\$15,440	\$6,528	\$10,000		\$16,528
3. Training (Post-Employment)	\$10,240	\$40,000		\$50,240	\$6,528	\$40,000		\$46,528
4. Education (Pre-Employment)	\$0			\$0	\$0			\$0
5. Program Development	\$98,800			\$98,800	\$118,560			\$118,560
6. Research and Evaluation	\$10,400			\$10,400	\$2,496			\$2,496
7. Information Systems	\$10,800			\$10,800	\$19,200			\$19,200
8. Total	\$150,720	\$50,000	\$0	\$200,720	\$171,744	\$50,000	\$0	\$221,744

Footnotes:

Planning Tables

Table 6b MHBG Non-Direct Service Activities Planned Expenditures

Planning Period Start Date: 7/1/2016 Planning Period End Date: 6/30/2017

Service	Block Grant
MHA Technical Assistance Activities	\$195,000
MHA Planning Council Activities	\$20,000
MHA Administration	\$82,656
MHA Data Collection/Reporting	\$125,000
MHA Activities Other Than Those Above	
Total Non-Direct Services	\$422,656
Comments on Data: <input type="text"/>	
Footnotes:	

Environmental Factors and Plan

22. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application

Narrative Question:

Each state is required to establish and maintain a state Mental Health Planning/Advisory Council for adults with SMI or children with SED. To meet the needs of states that are integrating mental health and substance abuse agencies, SAMHSA is recommending that states expand their Mental Health Advisory Council to include substance abuse, referred to here as a Behavioral Health Advisory/Planning Council (BHPC). SAMHSA encourages states to expand their required Council's comprehensive approach by designing and implementing regularly scheduled collaborations with an existing substance abuse prevention and treatment advisory council to ensure that the council reviews issues and services for persons with, or at risk for, substance abuse and substance use disorders. To assist with implementing a BHPC, SAMHSA has created [Best Practices for State Behavioral Health Planning Councils: The Road to Planning Council Integration](#).⁹⁷

Additionally, [Title XIX, Subpart III, section 1941 of the PHS Act \(42 U.S.C. 300x-51\)](#) applicable to the SABG and the MHBG, requires that, as a condition of the funding agreement for the grant, states will provide an opportunity for the public to comment on the state block grant plan. States should make the plan public in such a manner as to facilitate comment from any person (including federal, tribal, or other public agencies) both during the development of the plan (including any revisions) and after the submission of the plan to SAMHSA.

For SABG only - describe the steps the state took to make the public aware of the plan and allow for public comment.

For MHBG and integrated BHPC: States must include documentation that they shared their application and implementation report with the Planning Council; please also describe the steps the state took to make the public aware of the plan and allow for public comment.

SAMHSA requests that any recommendations for modifications to the application or comments to the implementation report that were received from the Planning Council be submitted to SAMHSA, regardless of whether the state has accepted the recommendations. The documentation, preferably a letter signed by the Chair of the Planning Council, should state that the Planning Council reviewed the application and implementation report and should be transmitted as attachments by the state.

Please consider the following items as a guide when preparing the description of the state's system:

1. How was the Council actively involved in the state plan? Attach supporting documentation (e.g., meeting minutes, letters of support, etc.).
2. What mechanism does the state use to plan and implement substance abuse services?
3. Has the Council successfully integrated substance abuse prevention and treatment or co-occurring disorder issues, concerns, and activities into its work?
4. Is the membership representative of the service area population (e.g., ethnic, cultural, linguistic, rural, suburban, urban, older adults, families of young children)?
5. Please describe the duties and responsibilities of the Council, including how it gathers meaningful input from people in recovery, families and other important stakeholders, and how it has advocated for individuals with SMI or SED.

*Additionally, please complete the Behavioral Health Advisory Council Members and Behavioral Health Advisory Council Composition by Member Type forms.*⁹⁸

⁹⁷<http://beta.samhsa.gov/grants/block-grants/resources>

⁹⁸There are strict state Council membership guidelines. States must demonstrate: (1) the involvement of people in recovery and their family members; (2) the ratio of parents of children with SED to other Council members is sufficient to provide adequate representation of that constituency in deliberations on the Council; and (3) no less than 50 percent of the members of the Council are individuals who are not state employees or providers of mental health services.

Please use the box below to indicate areas of technical assistance needed related to this section:

Footnotes:

2. State Behavioral Health Planning/Advisory Council and Input on the Mental Health/Substance Abuse Block Grant Application

Under the mandate outlined in Public Law 102-321 (42 U.S.C 300X-4), thirty member board -- the North Dakota Mental Health and Substance Abuse Planning Council -- was created with members appointed by the Governor of North Dakota. The Council's objective is to monitor, review, and evaluate the allocation and adequacy of mental health services in the state. Each board member is appointed to a three-year term and not less than 50% of the board is composed of individuals other than state employees and providers of mental health services.

In 2013, the Council voted to change its structure to integrate mental health and substance abuse planning populations. The North Dakota Mental Health and Substance Abuse Planning Council's composition was modified and new member positions were added to bring a voice to substance use disorder issues. The structure of the North Dakota Mental Health and Substance Abuse Planning Council includes representatives of the service area population including the Indian Affairs Commission, the Aging Services Division, families of children with SED, families of adults with SMI, families of adults/children with substance use disorder, consumers, military veterans, and families of military veterans. Membership includes both rural and urban representation. There is a variety of ages represented and the membership includes two youth representatives. As ethnic and culture changes in North Dakota, the Council will remain cognizant of such changes and will make adjustments as needed.

On May 5, 2016, the Council met with staff from the Governor's Office to propose changing the Council name to the Behavioral Health Planning Council and to propose a restructuring of membership to be more representative of the full behavioral health continuum of care. The Governor's Office did approve the name change but continues to work with the Council regarding changes to membership.

The Council meets quarterly to discuss community-based public behavioral health services and works closely to plan for the system of care and monitor its implementation. The agenda of each meeting involves review and discussion of the priority areas found in the block grant and discussion of the continuum of care. The Council's input is woven into the block grant plan. A subcommittee of the Council reviews the needs and gaps identified through various sources -- including a legislative study, the Behavioral Health Barometer, and stakeholder feedback -- and identifies priorities for the upcoming block grant planning period. The Council priorities are woven into the application and plan. Please refer to the Council minutes for the past year, which are attached to this application.

The draft block grant plan is provided to the Council for their review and feedback. Please refer to their letter submitted with this application. The plan is also provided to the general public via the Department of Human Services website (<http://www.nd.gov/dhs/services/mentalhealth/>). Public notice is provided and written comments are taken at any time during the year.

MEETING MINUTES

North Dakota Mental Health and Substance Abuse Planning Council Quarterly Meeting July 16-17, 2015

Members Present: Jodi Stittsworth, Carl Young, Siobhan Deppa, Lynden Ring, Jennifer Henderson, Kim Osadchuk, Deb Johnson, Deb Jendro, Lisa Peterson, Troy Ertelt, Darrin Albert, Derek Solberg, Jeff Olson, Gail Schauer, Rosalie Etherington, Teresa Larsen, Jamie Becker for Carlotta McCleary, Siobhan Deppa

Staff Members Present: Lauren Sauer, Jim Jacobson

Introductions: Members introduced themselves.

Approval of the Minutes: Date should be changed to 2015. Siobhan motioned to approve the minutes with the noted change. Jennifer Henderson seconded. Motion carried.

Additions to the Agenda: Nominating Committee, Name Update, Council Structure

Public Comment: Comment received from Jessica Bauer.

Review/Approval of Applications for Membership: No applications received.

Remaining work on the 2016-17 block grant application: The Council reviewed the indicators identified by the subcommittee.

- Consider having someone from housing to discuss programs and waiting lists.
- Noted that the ACT information would be for a program not yet in existence but possibly someplace down the road.
- Council to make a formal request of Executive Office
- Full Council: Face to Face meeting in August after review period to finalize the application.

Nominating Committee: Will look at officers, bylaws, structure. Lisa Peterson, Troy Ertelt, Rosalie Etherington were identified as committee members.

Subcommittees: Subcommittees did not meet during the interim.

Consumer and Family Network Report: Siobhan Deppa provided an update on the CFN work. They held the 4th annual conference April 28-29, 2015. There were 75 in attendance. The conference included recovery panels (people speaking on their recovery from mental health and/or substance use disorders). The CFN has elected officers: Marie William, Deb Jendro, Sara Highum. The CFN established a bylaws committee and a selection committee to nominate people to attend the Alternatives Conference in Memphis.

Medicaid Expansion Update: Lynden Ring reported that there is a transportation coordinator with Sanford Health. Anyone with Medicaid Expansion can receive transportation to medical appointments. Lynden will provide the council with the number.

Recovery Center Update: No report. There is a change in how this report will be handled in the future.

Division Report: Lauren Sauer reported that the PATH Grant was submitted this Spring. The program will receive technical assistance from CMHS concerning PATH data definitions in preparation of transitioning to the Homeless Management Information System. Lauren reported that the Fall 2015 Behavioral Health Conference will be September 1-3, 2015 at the Ramkota Hotel in Bismarck. Lauren reported that additional slots have been received from the Legislature for the Extended Services employment program. The Mental Health Technician Certification program continues with over 700 people certified across the state.

Legislative Results: WCHSC has received 4 additional crisis beds and received funding for mobile crisis services. The seclusion and restraint study was selected for the interim. Senator Dever sponsored the bill. There was discussion concerning setting up a subcommittee or use the Executive Committee to attend legislative meetings. Universities will start providing mental health competencies for new teachers (preteachers). SB2209 provides for suicide prevention training to teachers in middle and high school, administrators, and support staff annually. CFN had a strong presence for peer support during the legislature. Housing incentive fund reauthorized at \$40 million.

Other Business: Council structure tabled to October meeting. Council name changed tabled to October meeting.

Agenda for the October Meeting:

- Introductions:
- Approval of the Minutes
- Additions to the Agenda:
- Public Comment:
- Election of Officers
- Review/Approval of Applications for Membership:
- Remaining work on the 2016-17 Block Grant Application
- Subcommittees:
- Council Restructuring
- Assertive Community Treatment
- Consumer and Family Network Report:
- Medicaid Expansion Update:
- Recovery Center Update:
- Division Report:
- Other Business:

- Agenda for the October Meeting
- Adjourn

Adjourn: Meeting adjourned at 3:55pm on 4-16-2016.

MEETING MINUTES

North Dakota Mental Health and Substance Abuse Planning Council Quarterly Meeting November 6, 2015

Members Present: Jodi Stittsworth, Carl Young, Deb Johnson, Lisa Peterson, Siobhan Deppa, Teresa Larsen, Debbie Baier, Darrin Albert, Jennifer Henderson, Rosalie Etherington, Tim Wicks

Staff Members Present: Lauren Sauer, Becky Bailey, Stacie Dailey, Mark Doerner, Pam Sagness

Introductions: Members introduced themselves.

Approval of the Minutes: Siobhan Deppa moved to approve the minutes. Teresa Larsen seconded. Motion carried.

Additions to the Agenda: None

Public Comment: None

Election of Officers: Tabled to future meeting to allow for Council restructuring to take place prior to a change in leadership.

Review/Approval of Applications for Membership: Tabled to January 2016 meeting to allow for Council restructuring to take place prior to committing to new members.

Calendar for Upcoming Year: Tabled to future meeting to allow for Council restructuring and further discussion on Council's needs.

Council Restructuring: Pam Sagness facilitated discussion concerning restructuring the Planning Council. Discussion included:

- **Council Name Change:** The national movement is away from "mental health and substance abuse" and towards "behavioral health." Rosalie Etherington moved to change the Council name to Behavioral Health Planning Council. Tim Wicks seconded. Motion carried. Name change recommendation will be forwarded to the Governor's Office for consideration.
- **Membership:** The Council reviewed the membership list. There are mandatory positions (principle state agencies for mental health, education, vocational rehabilitation, criminal justice, housing, social services, Medicaid, 51% or more consumers and family members, adult members (consumers) who receive mental health services, family members of children with emotional disturbances). Need to be thoughtful about what the Council represents, looks at best practices, and what partners should be represented. There needs to be clarification on what "state employee" actually means.

The Council needs to consider how best to involve the following:

- Health
- Criminal Justice
- Education – including Special Education
- Prevention
- Children and Family Services
- Courts/Judges, law enforcement, etc.
- Civil commitment
- Governor's Office
- Suicide Prevention
- Legislators (have been members in the past)
- ND CARES

The Council discussed the need to clarify roles/titles of positions (who is considered a state employee): in particular, the Indian Affairs Commission and Protection and Advocacy.

- Mission/Purpose/Vision of the Council: The Council discussed what should be included in a mission/vision statement including:
 - Best practice/effective practice
 - Focus on the full behavioral health system
 - Make sure to be client and family focused
 - Timely service
 - Comprehensive
 - Access
 - Community inclusion
 - Produce outcome
- A subcommittee was formed to work on draft statements and membership composition. This subcommittee will include Pam Sagness, Lisa Peterson, Carlotta McCleary, Robyn Throlson, Carl Young

SUD Subcommittee: It was questioned if the SUD Leadership Group can be a subcommittee of the Planning Council. The subcommittee will consider this.

Interim Human Services Committee: Pam Sagness provided an update on the August and November interim committee meetings.

Behavioral Health Stakeholders Summit: Scheduled for November 17th in Fargo. Will be addressing children and adult mental health issues. Will also look at SUD services.

Olmstead Activities: The Council will be receiving regular updates on activities regarding the Olmstead Commission and how the Council can interact with the group.

Brain Injury Services: Will be discussing a needs assessment in the future.

Partnership for Success: Will receive \$9 million over the next five years.

Assertive Community Treatment Presentation: Darrin Albert and Rosalie Etherington provided an overview of Assertive Community Treatment.

Consumer and Family Network Report: Reviewing and strengthening bylaws. CFN Council attended mental health first aid training. Partnered with P&A on presentation on mental health care advanced directives at Behavioral Health Conference. Several attended Alternatives Conference. Next meeting of the network will be November 16.

Recovery Center Update: No update.

First Episode Psychosis: 5% of the mental health block grant needs to be spent on programs to work with individuals experiencing the first episode psychosis.

Mental Health Waiver: CMS approved technical assistance for a 1915i amendment versus a 1915c. A subcommittee was formed to attend the technical assistance. Members will be Carl Young, Kim Osandchuk, Carlotta McCleary, Teresa Larsen, Pam Sagness, Siobhan Deppa, Lisa Peterson. Stacie Dailey will forward information to the subcommittee as she receives it.

Other Business: None.

Agenda for the December Meeting:

- Introductions:
- Approval of the Minutes
- Additions to the Agenda:
- Public Comment:
- Report from Subcommittee on Mission/Vision/Membership
- Harley Engleman – The North Dakota State Provisional Hiring Program (10:30am)
- Further work on Council Restructuring
- Election of Officers
- Needs Assessment
- Update on SAMHSA site visit reports
- Murphy Bill
- Consumer and Family Network Report:
- Other Business:
- Adjourn

Adjourn: Meeting adjourned at 2:55pm on 11-6-15.

MEETING MINUTES

North Dakota Mental Health and Substance Abuse Planning Council Quarterly Meeting March 4, 2016

Members Present: **Patricia Arnold** (Safe & Healthy Schools), **Carl Young** (Family member), **Rosalie Etherington** (DHS-Field Services), **Jennifer Henderson** (Housing & Finance Agency), **Carlotta McCleary** (Federation of Families & Mental Health America), **Pamela Sagness** (DHS-Behavioral Health Division), **Siobhan Deppa** (Consumer Family Network), **Cheryl Hess** (Vocational Rehabilitation), **Theresa Larsen** (Protection & Advocacy), **Debra Baier** (Medicaid), **Deb Jendro** (Adult mental health consumer), **Debra Johnson** (Family member), **Derek Solberg** (Family member), **Michelle Gayette** (Aging Services), and **Timothy Wicks** (Veteran)

Staff Members Present: Lauren Sauer, Becky Bailey, Stacie Dailey, Julie Huwe

Approval of the Minutes: Rosalie Etherington made a motion to approve the minutes. Carl Young Seconded. Motion carried

Additions to the Agenda:

- Update on the Olmstead Training
- Update on the meeting with the Governor's office on planning council changes
- Letter to the Governor's office
- New logo for the council
- Tobacco tax
- Role of the Human Service Centers

ND Cares Presentation: First Lady Betsy Dalrymple

- Joined by Joe Faller – Executive Director of ND Cares
- <http://governor.nd.gov/first-lady/nd-cares>
- 56,770 veterans in ND (11% of the state's population) which doesn't include service members, families or survivors.
- ND Cares is a coalition dedicated to strengthening an accessible, seamless system of support for service members, veterans, families and survivors in North Dakota.
- Formed in May of 2013 from an invitation from the Federal Substance Abuse Mental Health Services Administration
- North Dakota sent a team of 15 professionals to a conference focused on behavioral health.
- They were tasked with starting a coalition to ensure that service members, veterans, families and survivors in North Dakota have local access to behavioral health services.

- More than 45 military and civilian professionals throughout North Dakota
- They are not a service provider, rather a coalition dedicated to providing awareness and creating a well-recognized brand to help those heroes who deserve services find them, hopefully in their home community
- The current goals of the coalition:
 - To conduct a comprehensive assessment of needs
 - To integrate existing programs and resources to strengthen an effective and efficient service system
 - To develop a leader network to support collaborative efforts
- Some examples of projects made by North Dakota:
 - Executive order 2015-05 – officially established North Dakota Cares and allowed for legislative appropriation
 - Formation of the veterans caucus in the North Dakota State Legislator
 - ND Cares has met with the VA Administration to agree on data sharing
 - Resolved a barrier to services that resulted from eligibility disconnect between regional human service centers and the VA
 - Began a shift of service providers from asking are you a veteran to have you ever served in the US military
 - The National Guard personal are beginning to use the Human Service Center regions as their boundaries
 - A creation of the North Dakota Data Book and the Military Reference Guide
 - Providers are more cognizant of state resources and connection to those resources are improving
 - The ND Cares community program has been the most recent project – launched last fall
 - https://www.nd.gov/veterans/files/resource/ND%20Cares%20Ver2_0.pdf
 - The goal is to have every city in the state, no matter how large or small, become a ND Cares Community and work to establish local events to educate the community and to honor service members, veterans, families, and survivors.
 - Bismarck is in the process of signing up to be a community program
 - Would like the ND Cares Community Sign in every city and town
 - There are currently 12 cities and counties that have become an ND Cares Community
 - Bottineau, Cavalier, Devils Lake, Foreman, Grafton, Grand Forks, Medora, Grenora, New Rockford, Pierce County, Washburn, and West Fargo
 - There are ideas and resources in the ND Cares Community Toolkit
 - The legislature appropriated money to train providers. They are negotiating to get the cost down

Human Services Interim Committee Report – Pamela Sagness

- Yesterday's meeting was to start having conversations about what bills they will be bringing forward
- They had testimony the first day
- They did some site visits to Fargo programs
- They had testimony regarding mental health Parity by Blue Cross Blue Shield and Sanford
- Information was given on the restructuring of the human service centers and the state hospital and what their role will look like
- Spent the rest of the time working on bills.
- All the testimony is on the legislative website
<http://www.legis.nd.gov/files/resource/committee-memorandum/17.9350.01000.pdf>
- Workforce issues will be addressed in the Health Services Interim Committee on July 27th.
- The committee started drafting bills to be reviewed in July.
- The Incarcerations Issues Committee – They are looking at behavioral health and corrections. They are currently in the middle of a national project about North Dakota called the Justice Reinvestment, looking at how they can better utilize corrections.
- Parity Issue – Carlotta McCleary
 - There is an issue about what insurance companies feel Parity is and what individuals feel like when their claims are denied.
 - The insurance companies have said that there are no complaints.
 - There seems to be a disconnect between consumers and those who testified.
- The next Human Services Interim Committee in on July 25th & 26th in Bismarck.

Behavioral Health Conference Update – Lauren Sauer

- May 17-19, Minot
- The Pre-conference will be Don Osborn on the foundations of clinical supervision.
- The full schedule can be found at <http://behavioralhealthconference.nd.gov/schedule>
- There are approximately 200 registered
- Registrations will be taken through the last day

Consumer Family Network – Siobhan Deppa

- CFN Quarterly Report – handout
- CFN Conference – May 23 – 25th
 - Theme is recovery to a better life
 - Ramada Inn – Bismarck
 - Annual CFN Members meeting will be held during the conference
 - Pamela Sagness will speak on the Department of Human Services
 - There will be a legislative round table with questions
 - The 4 dimensions of wellness will be covered
 - Planning on 47 consumers
 - Chair Yoga

- The benefits of adult coloring
- CFN Is looking to entice younger members to join

Report for Sub-Committee on 10 Key Points – Carlotta McCleary

- 10 Key Points Recommendations handout
- Missing from the 10 points
 - The Parity issues – Attorney General and Insurance Commissioner
 - Change to key issues – take out number
 - Access to quality services for military members and their family
 - Who’s the audience for the key points
 - Change wording for Zero-Reject points
 - Department of human services points, label for each audience
 - Recommendations for Policies
 - Recommendations for Human services
 - Get email responses for the final version
 - Adding Parity and veterans (different wording)
- This will be attached to a letter to the Governor
- **Carl Young made a motion to approve the 12 key points substance on the list with changes – Rosalie Etherington second – Motion passed**

Continuation of Old Business

- SAMSHA Site visit Draft Report
 - This is a draft and it is not final
 - The Department was asked to read it for factual accuracy and to send the response
 - We have an extension to respond to the draft until May 20th.
 - The recommendation is for the council to read the section that specifically address the Planning Council and recommend any factual accuracy changes.
 - That section starts on Page 18.
 - Any changes to this section need to come from the council.
 - Send any factual accuracy changes to Pam by May 19.
 - This report is based on the time of September of 2014.
 - The Planning Council has already started making the changes that were recommended in the report.
 - The Recommendations begin on the bottom of page 23.
 - The Division will start taking action once we have the final version.
 - Lauren will break down the final version into recommendations and conditions. He will also include a fact sheet that explains statutes and set asides.
 - The council would like to have further discussion on fiscal matters and compliance with federal rules in regards to how the money has to be spent.
 - Pam is having a meeting next week to discuss how the funding is put into the budget.

- **Theresa Larsen made a motion that the council supports DHS to put the MHBG Funding in the budget as a singular line item rather than multiple items. Second Carlotta McCleary. Motion passed.**
- Murphy Bill
 - A letter was sent to Kevin Kramer from the Mental Health Advocacy Network. (Hand out)
 - Theresa Larsen will send out an email to Siobhan to be passed onto the council members regarding current mental health bills.
 - They are incorporating pieces of the Murphy Bill into other legislation.
 - Carl Young will sent information to Siobhan to be passed onto the council members regarding the most recent comments on the Murphy Bill.

New Business

- Olmstead Training – Theresa Larsen
 - There were 11 sites across the state utilizing IVN
 - An Attorney from the Department of Justice was brought in and discussed the mental health aspect of Olmstead.
 - David Boeck, Director of Legal Services, gave a background on the Americans with Disabilities Act, Which is the basis of Olmstead. His PowerPoint will be added to the P&A website.
 - Approximately 80 participants
 - Theresa will update the Olmstead Commission on the training.
- Meeting with the Governor’s staff regarding council changes – Pamela Sagness
 - Pam and Lauren met with representatives who oversee the commissions and our representative – Tami Ternes.
 - They reviewed all of the changes and made a recommendation to simplify and send a one page letter that says step by step what changes we want. Siobhan will send that to the Governor’s office.
 - There are many members of the committee who haven’t completed applications, so everyone can be formally appointed. The application would not work to forward. Lauren will look into it and report that it is not working.
- Letter to Governor requesting a meeting to discuss the 12 Key Points.
 - Was suggested that we try to get the name change of the council approved and the new logo and send the letter on the new letterhead.
 - Pam and Lauren will follow up with the Governor’s office weekly once the letter requesting the council changes is sent.
 - The council reviewed the letter and recommended to change the word should in the second paragraph.
 - **Jennifer Henderson made a motion to approve the letter to the Governor as amended. Second Derek Solberg. Motion passed.**
- The new logo for the council
 - The logos were created by the Divisions design staff and edits can be made.
 - **Council voted to approve logo option number 1 with changes to colors from blue to green.**

- Proposed tobacco tax – Carlotta McCleary
 - The increased revenue from the proposed bill will be going to Veterans and Behavioral Health.
 - The planning council was made to receive funding.
 - The projected income was 30 million per year.
 - There are questions on how the funding from the tax would work.
 - Terry Traynor – ND Association of Counties
 - There were legislators involved in drafting the bill.
 - In his understanding the legislature would appropriate the money, but it must be consistent with what the council feels are the needs.
 - The money might go to DHS, private providers, or DOH as long as they are consistent with the council priorities.
- Pam was approached by a few legislatures asking to be a part of the Council.
 - **Carlotta McCleary made a motion support the discussion of consideration to have legislature members on the council. Second Rosalie Etherington. Motion passed 8 to 4.**
 - Need a clarification from SAMSHA how they would be reimbursed for attending the meetings.
 - Lauren will look up the history of legislators on the council in the past.
 - Should they be a voting member or not.
- Role of the HSC – Rosalie Etherington
 - Rosalie was asked by the Human Services Interim Committee to clarify the role of the human service centers within the behavioral health system.
 - There is an assumption that the public system should be everything to everyone.
 - The original mission is what is in statute.
 - Behavioral health emergency services – *24-hour services to manage and resolve crises on the least restrictive setting necessary, with referral to community services, in lieu of State Hospital, whenever appropriate.*
 - Regional Intervention Services – *Must refer to appropriate community service in lieu of State Hospital Admission.*
 - Management of chronic disease within the behavioral health context – *Develop a plan for an integrated, multidisciplinary continuum of services for chronically mentally ill to be provided in the least restrictive setting necessary.*
 - Presentation is on the DHS website – <http://www.nd.gov/dhs/Info/testimony/2015-2016-interim/human-services/2016-5-11-human-service-center-role-future-vision-slides.pdf>

Next meeting is June 22, 2016 – 8:00am – 5:00pm
 North Dakota State Capital - Brynhild Haugland Room

Agenda for next meeting

- Information on housing and employment - What we currently have and what we need
- Lauren Sauer will prepare an update on Extended Services
- Cheryl Hess - Employment
- Jake Reuter – Money Follows the Person
- Jennifer Henderson - Housing
- Rosalie Etherington – HSC Contracts
- Adding Legislative members to the Planning Council
- Further discussion on tobacco tax

Sub-Committee meeting – 12 Key Points

May 27th – 1:00-4:00

Bismarck – Prairie Hills Plaza – Prairie Rose Room
1237 W Divide Ave suite 1C

Sub-Committee meeting – Recommendations on Shulte report

June 20th - 9:30 -12:00

Bismarck – Prairie Hills Plaza – Prairie Rose Room
1237 W Divide Ave suite 1C

Grand Forks - Northeast Human Service Center – Room 5E

151 S 4th St Ste 401

MEETING MINUTES

North Dakota Mental Health and Substance Abuse Planning Council Quarterly Meeting June 22, 2016

Members Present: Patricia Arnold (Safe & Healthy Schools), , Jennifer Henderson (Housing & Finance Agency), Carlotta McCleary (Federation of Families & Mental Health America), Pamela Sagness (DHS- Behavioral Health Division) , Siobhan Deppa (Consumer Family Network), Cheryl Hess (Vocational Rehabilitation), Theresa Larsen (Protection & Advocacy), Deb Jendro (Adult mental health consumer), Debra Johnson (Family member), Michelle Gayette (Aging Services), Kurt Snyder (Heartview Foundation), Jodi Stitsworth (Parent), Lisa Peterson (Dept. of Corrections & Rehabilitation)

Staff Members Present: Lauren Sauer, Stacie Dailey, Julie Huwe

Meeting was called to order at 8am and adjourned until a quorum was present at 8:20

Approval of the Minutes:

Motion made by Michelle Gayette to approve the minutes. Debra Johnson Seconded. Motion carried

Additions to the Agenda:

- Membership and titles

Spring Conference Update: Lauren Sauer

- Held May 17th through May 19th in Minot at the Grand
- 172 were registered
- Next conference is September 6th through the 8th in Fargo

CFN Update: Siobhan Deppa

- Conference was held in May in Bismarck at the Ramada Inn
 - Approximately 80 were in attendance
 - New people were elected to fill in the vacancies that are across the state
 - 2 awards were given out
 - There was a legislative panel. Senator Mathern told the council to email him regarding support for peer support before the legislative session
 - They voted to have 3 platforms
 - Peer Support
 - Recovery Centers
 - Education for law enforcement regarding people with mental illness
 - There was advance directive training and Olmstead training
- June meeting for the council was held on June 21st

- All members are going to email their legislatures regarding the 3 platforms
- Finalization of bylaws and policies
- Looking into having the Wellness Recovery Action Planning Training
- The next CFN conference will be in April or May of 2017 in Bismarck

New Members:

Kurt Schneider – Heartview Foundation

Jeff Herman - Prairie St John

Tom Regan - Mental Health America

Membership: Pam Sagness

The Governor’s office has a question on medical provider position

- They want us to have additional conversation on what we’re looking for.
- They are ready to approve as soon as we have a decision on the medical provider.
- We specifically send invites to people from the medical community when we want information on certain topics
- Someone who is more global would be helpful
- We have bylaws that specifically state that participation is vital
- Consider changing medical to health

Motion made by Carlotta McCleary to make the medical provider position a broader definition of healthcare representative. Deb Johnson seconded. Motion carried
Pam will speak with the Governor’s office regarding the change.

The process of new members has been that Lauren received the letter, request, email or application to be a new member. He brings them to the council where they are voted on by the members. The approved name then goes to the Governor’s office for his approval.

Key Point Recommendations from the sub-committee:

- Siobhan has drafted a letter to the Governor. We are waiting on the new letterhead.
- They have been separated into key points for the Governor and key points for the Department of Human Services
- The attachments listed on the document are still being drafted
- #2 changes to Medicaid 1915i to say funded and included and implemented in the 2017-2019 biennium budget.
- The Behavioral health division has been meeting with the 1915i stakeholders to discuss what is needed
- Subcommittee will work on the wording
- Add another item to include funding for continuation of Medicaid expansion after it sunsets
- Connect 3, 5, 8, and 9 to 1915i
- #3 work on the language to include more inclusive language not just those with SMI Case management

Motion made by Theresa Larsen to accept the key points as amended. Michelle Gayette seconded. Motion carried

10 Key Points to Department of Human Services:

- Add eligibility/quality assurance
- Add grievance process

Motion made by Lisa Peterson to add create an independent appeal process to the 10 key points for both the Governor and DHS. Carlotta McCleary seconded.

Discussion - Ask to see the appeal process before adding this and develop recommendations. Look into what other states are doing.

Motion has been rescinded by Lisa and Carlotta. The discussion was tabled until we get more information from Dr. Etherington.

New Business

Role of the Division vs. Role of field – Pam Sagness

- DHS Behavioral Health System Handout
- This is from the testimony that Pam Presented in August of 2015 - http://www.legis.nd.gov/files/committees/64-2014%20appendices/17_5024_03000appendix.pdf
- The Medical Director (Dr. Andrew McLean) consults with both the Policy division and the Service Delivery System
- Pam is the Director of the Policy Division, which looks at the system globally
 - We license and un-license Private and state facilities across the state.
 - Pam is not in the chain of command of the Human Service Centers
- Dr. Etherington oversees the State Hospital and the 8 Human Service Centers as one service delivery system
- Roles of the Behavioral Health System
 - Provide regulation
 - Write administrative code
 - Provide updates to ND Century code
 - Provide testimony that is global to the system
 - Collect data across the entire system whenever possible and make recommendations based on that data
 - Partner within the department and outside of the department to:
 - Improve access to services
 - Address behavioral health workforce needs
 - Develop policy
 - Assure that quality services are available for those with behavioral health service needs
 - Currently working on an updated version of the assessments and stakeholders groups that will be presented to the Human Services Interim Committee , July 25th & 26th

- 50% of funding is federal
- Work closely with SAMSHA on a regular basis
- Administer the state programs that are legislatively funded
- Regulation – Licensing Human Service Centers, PRTF's, all substance abuse programs, both private and public.
- Need to be data driven
- Role of the Behavioral Health Delivery System
 - Provide directly or through contracts the full continuum of integrated behavioral health (in treatment for a specific population)
 - Recommending that the language in ND Century Code be changed
- 8 core values
 - It is currently being rolled out to all staff that work in service delivery of the Behavioral Health Division.
 - Looking to increasing the values to other divisions and other areas of the department
- Dr. Etherington provided testimony to the Human Services Interim Committee on best practices and core services in May
- Dr. Etherington - CEO of the whole system. Supervises Clinic Directors and Jeff Stenseth
- Jeff Stenseth – COO – Supervises the Human Service Center Directors
 - Fiscal
 - Operations
 - Contracts
 - HR

Money Follows the Person: Jake Reuter

- CMCS Informational Bulletin Handout
- Housing Related Services Glossary Handout
- Medicaid Innovation Accelerator Program Handout
- Housing is identified as a primary barrier
- There are long waiting lists for vouchers across the state
- North Dakota State Hospital Transition Assistance Program
 - \$2500 to assist in leaving the institution and returning to the community
 - Can be accessed through the Human Service Centers SMI case management or addiction counseling staff
- Housing Crosswalk Document looks at
 - Pre-tenancy issues
 - Finding and accessing housing
 - How to support the individual once they are in the community
- Medicaid Innovation Accelerator Program (IHP)
 - 3 webinars based on understanding what services Medicaid can pay for to support housing

- Goal is to create a crosswalk document
- Looked at services the state currently provides
- Showed other state examples
- Permanent Supportive Housing
 - Looks at combining affordable rental with voluntary flexible support services
 - Teaching the individual what the role of a responsible tenant is
 - Plan for the type of supports they will need
 - Will help determine gaps

Housing: Jennifer Henderson

- Affordable Housing PowerPoint
- Affordable Housing Facts handout
- The Economics of Affordable Rent Handout
- <https://www.ndhfa.org/>
- Affordable housing is defined as 30% of your income
- HUD sets fair market price
- Currently North Dakota only has federal vouchers for housing
- Burleigh County housing has a wait list of 500 families and they are planning on closing it
- Families could wait 6 months to a year to get a voucher
- Finding available housing
 - Money Follows the Person database
<http://www.ndcpd.org/projects/mfp/listings/>
 - ND Housing Finance Agency - <https://www.ndhfa.org/Finance/DevProp.aspx>
 - ND Apartment Association - <http://ndaa.rentlinx.com/Search.aspx>
- The housing Initiative fund is part of the Governor's budget recommendation

Employment: Cheryl Hess

- SEP Training & Stabilization handout
- SEP Plans Served & Employed handout
- Statewide Served & Employed handout
- Job Development & Placement Services handout
- VR Flyer
- Tips and guidance document for counselors to use in relation to substance use – (Not a policy) <http://www.nd.gov/dhs/dvr/docs/ad-best-practices.pdf>
- Policies come out of the federal regulations
- Cheryl will bring the councils concerns regarding treatment and length of sobriety back to VR

Extended Services – Lauren Sauer

- Extended Services PowerPoint
- An extension of Supported Employment
- Will look at developing a better description for VR Other Extended Services

Next meeting is August 24, 2016 8:00 AM – 4:00 PM
North Dakota State Capital - Brynhild Haugland Room

Agenda for next meeting

- Review Application for membership to council
- Review eligibility requirements – Dr. Etherington
- Appeal process – Dr. Etherington
- Update on high fidelity and quality assurance – Dr. Etherington
- 1915i examples from other states – Jake Reuter
- Letterhead

DRAFT

MEETING MINUTES

North Dakota Mental Health and Substance Abuse Planning Council Quarterly Meeting March 4, 2016

Members Present: Jodi Stittsworth, Carl Young (by phone), Lisa Peterson, Rosalie Etherington, Kim Osadchuk, Darrin Albert, Jennifer Henderson, Carlotta McCleary, Pam Sagness, Siobhan Deppa, Jeff Olson, Lyndon Ring, Cheryl Anderson, Corinne Hoffman (For Theresa Larsen), and Brad Hawk

Staff Members Present: Lauren Sauer, Laura Anderson, Becky Bailey, Stacie Dailey, Julie Huwe

Report from nominating committee:

Nominated for Chair: Siobhan Deppa, Carl Young

Nominated for Vice-Chair: Carlotta McCleary, Darrin Albert

Council voted

Chair: **Siobhan Deppa** (10) Carl Young (4)

Vice-Chair: **Carlotta McCleary** (7), Darrin Albert (3), Siobhan Deppa (3)

Approval of the Minutes: Jodi Stittsworth made a motion to approve the minutes. Lyndon Ring Seconded. Motion carried

Additions to the Agenda:

- Provide an update on the First Episode Psychosis program –Lauren Sauer & Pam Sagness
 - Informed by SAMSHA that congress increased the set aside for FEP from 5% to 10%.
 - They increased the block grant by the additional 5%
 - This is a funded requirement
 - We have to submit within a week an overview plan of what we'll be doing with the funding
 - Nationally they are looking at creating a minimum requirement set aside where all states would get at least a set amount
 - This increases the amount from \$36,000 to \$87,000
 - We need to develop who will provide the service and then talk about what we do from there
 - Want guidance from the council on doing a pilot for the first year so we can get our outcome measures put together, we can look at our reporting.
 - We can get free consultation through the national partners and SAMSHA
 - **Have a full discussion at the next meeting** (Agenda Item)

- The point of the program is to have providers not do the wait and see
- Right size our proposal from being consultants to stakeholders to choosing a vendor who can provide services and then provide training and technical assistance to the vendor
- The council is comfortable with the division moving ahead with the pilot knowing that isn't the end goal
- Budget for the Planning Council (the Block Grant budget) – Carlotta McCleary
 - Concerned about Peer Support
 - The block grant was not effected with the recent budget cuts because it's federal
 - We are waiting for the site-review from SAMSHA
 - We have needed to make changes within the division
 - There is a 5% admin cap and the Feds said we were at 35% (not a final number)
 - We have had positions that will no longer be funded through the division for mental health

Calendar for the Remainder of the Year:

- Meeting should be called by the Chair and not the Division
- There is administrative support through the division (Julie Huwe)
- If the division wants something on the agenda they would go to Siobhan as the chair and ask that it be included
- The chair will write the agenda and send it to Julie to send out
- Julie will book the rooms for the meetings
- What the council could look into:
 - Should there be a more formalized document on the division's role?
 - What are the training needs of new chairs and offices?
 - Should the training needs be built into the budget?
- Volunteers to work on operating rules, where is the background, where is it written in statue, orientation for new members & look into national organization
- **Lisa will do the presentation on bylaws and structure at next meeting (Agenda Item)**
- There should be an annual meeting with the Governor

Mission/Objectives/Vision:

Sub-committee had met to discuss the mission and vision statement:

- Vision: The vision of the Behavioral Health Planning Council is a system in North Dakota that supports a full continuum of behavioral health services.

Carlotta McCleary made a motion to accept the Mission as rewritten. Lyndon Ring Seconded. Motion carried.

- Council Mission: The mission of the Behavioral Health Planning Council is to evaluate the behavioral health system, advocate, and advise the State of North Dakota regarding the overall behavioral health system of care. The Behavioral Health Planning Council supports the full continuum.

Carlotta McCleary made a motion to accept the council objectives as written. Pam Sagness Seconded. Motion carried.

- The Councils objectives include:
 - Ongoing monitoring, review, and evaluation of the behavioral health system of care.
 - Advocacy for adults with a serious mental illness, children with a serious emotional disturbance, individuals with substance use disorders and other individuals with behavioral health disorders.
 - Review of the behavioral health block grant and advisement to the Behavioral Health Division.
 - Advising the Governor, policy makers, agencies, and stakeholders.

Carlotta McCleary made a motion to accept the Vision as rewritten. Rosalie Etherington Seconded. Motion carried.

- Council Vision: North Dakota will be a place where all people are living, learning, working, and enjoying life in their community.

Introductions were made

Public Comment

Further work on Council Restructuring/membership: Pam Sagness

Membership:

- Membership handout with proposed membership changes
- There will be one vote from the public center instead of two

Pam Sagness made a motion to accept the shift in 3 positions as defined by the sub-committee. Lisa seconded. Motion carried.

- Resident issue – Deb Johnson will stay on the council until her term is up.
- Carlotta will recommend someone from one of her agencies to fill one of her positions.

Rosalie made a motion to accept Kurt Snyder as a member. Carlotta Seconded. Motion carried.

Rosalie made a motion to accept Jeff Herman as a member. Pam Sagness seconded. Motion carried.

Pam Sagness made a motion to accept Davina French as a member. Lisa Peterson seconded. Motion carried.

- **Open positions will be discussed at the next meeting.** (Agenda Item)

Furthering the councils work:

- Other groups or organizations that the council can partner with:
 - Governors Prevention Advisory Council
 - Olmstead Commission
 - Substance Use Disorder Leadership Group
 - ND Cares
- Do we want to get reports or updates from these groups? How often? What information are we looking for?
- Have the list of groups available at each meeting and have a standing agenda item on looking at the list and see who we want reports from.
- At the least have annual updates from the groups
- Look back in the minutes to get the list we had and pass along to the members to see if there was anyone we missed – Siobhan and Carlotta
- **Prioritize the list at the next meeting** (Agenda Item)
- **Quick updates at the next meeting from:** (Agenda Item)
 - ND Cares
 - GPAC

Calendar for the Remainder of the Year:

- One of the considerations for this year should be legislative session so we have things prepared and have a voice
- The July Human Services Interim Committee is where they are taking the recommendations from all the needs assessments to identify their bills moving forward. We should have out recommendations ready for the meeting.
- The council will need to ask Representative Hogan to be placed on the agenda for the July meeting to come forward with recommendations.
- Sub-Committee to work on recommendations with a goal by the end of April
 - Rosalie Etherington
 - Carlotta McCleary
 - Pam Sagness
 - Lisa Peterson
 - Siobhan Deppa
 - Jennifer Henderson
 - Cheryl Anderson

- Council meetings:
 - May – July Recommendations
 - June – New members (if Governor’s office has appointed members)
 - July – Presentation to Human Services Interim Committee (Not council meeting)
 - August – Review block grant application (Invite Behavioral Health Stakeholders Steering Committee Executive committee to last 2 hours of the meeting)
 - Meet with the Governor in June, July, or August – Pull it back to Statute
 - December after Governor’s budget possible polycom
 - Need to give Julie several weeks in advance of the meeting to book the polycom rooms

Needs Assessment:

- The Behavioral Health Division is completing a needs assessment related to behavioral health
- Hoping it will take the place of the Shulte Report
- Will be presented at the Human Services Interim Committee in July

Murphy Bill:

- Mental Health Advocacy Network – Mostly consumers and some providers drafted a letter to Congressman Kramer regarding the legislation
- Carlotta will send the letter to council members
- Involves privacy issues
- The council would like to see the full legislation before deciding how to go forward
- Siobhan, Carlotta, and Carl will work on getting information together regarding the bill and send it to the members

Consumer and Family Network Report:

- Scheduled to meet the third Tuesday in March
- Working on bylaws
- Planning the annual conference, hopefully in the spring

Behavioral Health Conference:

- May 17-20 In Minot
- Registration can be done online at <http://behavioralhealthconference.nd.gov/>

Called to adjourn at 11:40

Environmental Factors and Plan

Behavioral Health Advisory Council Members

Start Year: 2016 End Year: 2017

Name	Type of Membership	Agency or Organization Represented	Address,Phone, and Fax	Email(if available)
Darrin Albert	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		5619 20th Street Circle SouthFargo ND, 58104 PH: 701-235-8315	darrin.albert@yahoo.com
Patricia Arnold	State Employees	North Dakota Department of Public Instruction	600 E. Boulevard Avenue Bismarck ND, 58505 PH: 701-328-2265 FX: 701-328-2461	parnold@nd.gov
Debbie Baier	State Employees	North Dakota Department of Human Services	600 E. Boulevard Avenue Bismarck ND, 58505 PH: 701-328-4864 FX: 701-328-1544	dabaier@nd.gov
Shiobahn Deppa	Others (Not State employees or providers)	Consumer Family Network ND	2130 s. 12th Street Bismarck ND, 58504 PH: 701-223-8535	siobhandeppa@gmail.com
Troy Ertelt	Providers	Assessment and Therapy Associates of Grand Forks, PLLC	725 Hamline StreetGrand Forks ND, 58203 PH: 701-780-6881	tertelt@atagf.com
Rosalie Etherington	State Employees	North Dakota State Hospital	2605 Circle DriveJamestown ND, 58401 PH: 701-253-3694 FX: 701-253-3999	retherinton@nd.gov
Michelle Gayette	State Employees	North Dakota Department of Human Services	1237 W. Divide Avenue Bismarck ND, 58501 PH: 701-328-4613 FX: 701-328-8744	mgayette@nd.gov
Brad Hawk	State Employees	North Dakota Indian Affairs Commission	600 E. Boulevard Avenue Bismarck ND, 58505 PH: 701-328-2428 FX: 701-328-1537	bhawk@nd.gov
Jennifer Henderson	State Employees	North Dakota Housing Finance Agency	PO Box 1535Bismarck ND, 58502 PH: 701-328-8055 FX: 701-328-8090	jhenaderson@nd.gov
Jeff Herman	Providers	Prairie St. John's	510 4th Street SouthFargo ND, 58103 PH: 701-476-7221	Jeff.Herman@uhsinc.com
	Individuals in Recovery (to include		2709 Elm StreetFargo	

Deb Jendro	adults with SMI who are receiving, or have received, mental health services)		ND, 58102 PH: 701-235-9923 FX: 701-235-9923	debjfederation@yahoo.com
Debra Johnson	Family Members of Individuals in Recovery (to include family members of adults with SMI)		930 N. 3rd StreetGrand Forks ND, 58203 PH: 701-795-9143 FX: 701-772-5560	djohnsonphf@yahoo.com
Jane Johnson	Providers	North Dakota National Guard	3920 31st St. NorthFargo ND, 58102 PH: 701-451-6078 FX: 701-451-6064	jane.m.johnson.nfg@mail.mil
Teresa Larsen	Others (Not State employees or providers)	Protection and Advocacy Project of North Dakota	400 East Broadway Bismarck ND, 58501 PH: (701) 328-2950 FX: (701) 328-3934	tlarsen@nd.gov
Carlotta McCleary	Others (Not State employees or providers)	Mental Health America of North Dakota	PO Box 4106Bismarck ND, 58502-4106 PH: 701-255-3692	cmcclary@mhand.org
Jeffrey Olson	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		PO Box 473Wilton ND, 58579 PH: 701-426-6308	jro.ptf@hotmail.com
Kim Osadchuk	State Employees	Burleigh County Social Services	415 E. Rosser Avenue Bismarck ND, 58501 PH: 701-222-6670	kosadchuk@nd.gov
Lisa Peterson	State Employees	North Dakota Department of Corrections and Rehabilitation	PO Box 1898Bismarck ND, 58502 PH: 701-328-6790 FX: 701-328-6651	lapeterson@nd.gov
Tom Regan	Others (Not State employees or providers)	Mental Health America of North Dakota	PO Box 4106Bismarck ND, 58501 PH: 701-255-3692	tom@heartview.org
Lynden Ring	State Employees	West Central Human Service Center	1237 W. Divide Avenue Bismarck ND, 58501 PH: 701-328-8758 FX: 701-328-8900	lring@nd.gov
Pamela Sagness	State Employees	North Dakota Department of Human Services	1237 W. Divide Avenue Bismarck ND, 58501 PH: 701-328-8824 FX: 701-328-8969	psagness@nd.gov
Kurt Snyder	Individuals in Recovery (to include adults with SMI who are receiving, or have received, mental health services)		101 East Broadway AvenueBismarck ND, 58501 PH: 701-222-0386	kurt@heartview.org
Derek Solberg	Family Members of Individuals in Recovery (to include family members of adults with SMI)		1006 N. 29th StreetBismarck ND, 58501 PH: 701-530-2420	dacksolberg@hotmail.com
Jodi Stittsworth	Parents of children with SED		739 Great Plains CtGrand Forks ND, 58201 PH: 701-610-1724	jodi1510@hotmail.com

Robyn Throlson	State Employees	North Dakota Department of Human Services	1237 W. Divide Avenue Bismarck ND, 58501 PH: 701-328-8955 FX: 701-328-8969	rthrolson@nd.gov
Timothy Wicks	Others (Not State employees or providers)		Bismarck Military Service Center Bismarck ND, 58506 PH: 701-333-4828	timothy.j.wicks.nfg@mail.mil
Carl Young	Parents of children with SED		206 2nd Street SEGarrison ND, 58540 PH: 701-463-7804	carl@clientfactor.com

Footnotes:

Environmental Factors and Plan

Behavioral Health Council Composition by Member Type

Start Year: 2016 End Year: 2017

Type of Membership	Number	Percentage
Total Membership	30	
Individuals in Recovery* (to include adults with SMI who are receiving, or have received, mental health services)	4	
Family Members of Individuals in Recovery* (to include family members of adults with SMI)	2	
Parents of children with SED*	2	
Vacancies (Individuals and Family Members)	2	
Others (Not State employees or providers)	5	
Total Individuals in Recovery, Family Members & Others	15	50.0%
State Employees	11	
Providers	3	
Federally Recognized Tribe Representatives	0	
Vacancies	1	
Total State Employees & Providers	15	50.0%
Individuals/Family Members from Diverse Racial, Ethnic, and LGBTQ Populations	1	
Providers from Diverse Racial, Ethnic, and LGBTQ Populations	1	
Total Individuals and Providers from Diverse Racial, Ethnic, and LGBTQ Populations	2	
Persons in recovery from or providing treatment for or advocating for substance abuse services	3	

* States are encouraged to select these representatives from state Family/Consumer organizations.

Indicate how the Planning Council was involved in the review of the application. Did the Planning Council make any recommendations to modify the application?

Footnotes: