

ND Behavioral Health Stakeholders Group Testimony
Human Services Committee Meeting
July 22, 2014

Chairman Damschen and Committee Members, my name is Rod St. Aubyn and I am representing the steering committee of the Behavioral Health Stakeholders Group. Thank you for the opportunity to testify before your committee.

We have not had the opportunity to review Renee Schulte's final report, but based on the preliminary report we want to compliment Renee and Elle for their very thorough and comprehensive analysis. We feel that your committee "more than got your money's worth" in their report.

I have provided for you our summary report entitled "Building Stronger Behavioral Health Services in North Dakota." A link on our website for this report can be found at <http://www.ndbehavioralhealth.com/#/summarystrategic-plan> (**July 18, 2014 – Building Strong Behavioral Health Services in North Dakota Summary Report**). In the interest of time, I am not going to go over this report page by page, but instead provide you with a brief history of our work and our initial recommendations for your committee's consideration. Our efforts have been totally voluntary with the goal which is summarized by the title of this report – to build stronger behavioral health services in our state. Joy Ryan, also a steering committee member, testified on behalf of our group at your April 9, 2014 meeting. I want to repeat something extremely important that Joy had told you in April – "This interim study is important. Behavioral health issues in North Dakota have reached a critical stage and your committee has recognized the concerns." This is something that our founding steering committee recognized and wanted to assist your committee and your consultant, Renee Schulte, in developing her final report. Our efforts actually began before a consultant was selected. Our steering committee was comprised of John Vastag, Joy Ryan, Sen. Tim Mathern, Sen. Judy Lee, Rep. Pete Silbernagel, Rep. Kathy Hogan, and me. Our efforts were not meant to compete with the Consultant's report, but instead be a resource for their efforts by working with all stakeholders. Our final product is meant to complement the Consultant's final report.

Our steering committee secured some grants to establish two behavioral health (BH) stakeholder meetings. The first meeting was held in Fargo on February 6-7, 2014 and we invited numerous stakeholders representing a comprehensive array of interests, such as BH providers, consumer advocates, Department of Human Services, law enforcement, hospitals, all behavioral health professionals, ND Medical Association, the UND Medical School, the Governor's Office, judicial representatives, schools, Department of Corrections and Rehabilitation, ND National Guard, Association of Counties, State and County Health Departments, ND Indian Affairs, long term care, Attorney General's Office, and health insurers. During the two day meeting, this motivated group of stakeholders first identified the BH challenges that existed in our state. This group then spent many hours trying to identify possible solutions to these challenges.

We followed up with a second meeting held in Bismarck on March 25, 2014 and opened up participation to anyone else that wanted to participate. The preliminary findings were presented and subgroups identified specific action steps. The discussions and recommendations were structured in four area Substance Abuse, Adult Mental Health, Children's Mental Health and Workforce issues.

We have had a several conference calls with stakeholders to further refine our recommendations/action plans. The finalized Recommended Action Plan can be found beginning on Page 6 of our report. I am reluctant to call it "finalized" because we envision this to be a dynamic product that will need to be periodically reviewed and modified to deal with an ever-changing BH environment within our state. The list of stakeholder participants can be found beginning on page 34 of the report. I want to stress that we worked cooperatively with Renee and Elle and they participated in our meetings and conference calls as well.

The issues we face with the behavioral health system did not occur overnight, nor will the solutions be able to be accomplished immediately. I am reminded of what my friend and former co-worker, Dan Ulmer, used to say when faced with a monumental problem. He would often say "that it is like trying to eat an elephant whole. I guess we just need to do it one bite at a time." This is what your committee is facing. Though it may look daunting, we need to systematically address the issues over a period of time. Some solutions will take legislative "fixes", some may only require collaboration among key stakeholders, and others may be accomplished administratively.

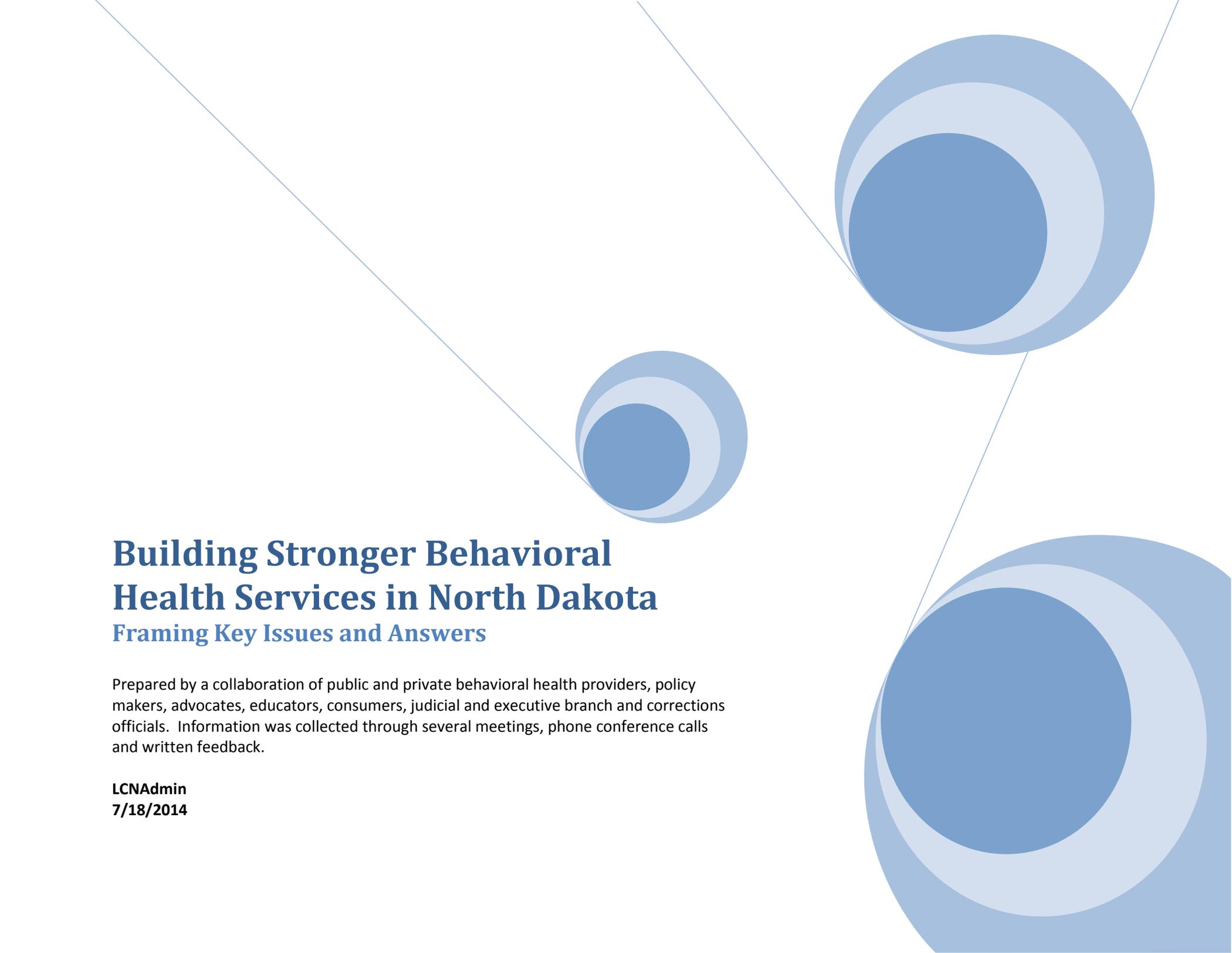
Our steering committee looked at the Recommended Action Plan and tried to prioritize the most urgent needs based on the feedback from the stakeholders. The Behavioral Health Stakeholders Priority Recommendations for 2015 can be found beginning on page 26. Those recommendations are color coded for actions requiring legislation or funding in 2015, those requiring legislation or funding in 2017, and those that could be accomplished administratively and could commence in some form immediately.

What our stakeholders group is offering you is a "road map" for providing better behavioral health services for our state's residents in the future. The Schulte Report provides you with the framework for system changes, while our stakeholders have given specific changes to execute the Schulte Report. We feel that whatever changes are incorporated, they need to be measurable and "evidence based". These need to be evaluated periodically to ensure that these changes are effective. The potential is there for a lawsuit over behavioral health issues not unlike what the state faced with the ARC lawsuit over developmental disability issues. We feel strongly that through collaboration with the stakeholders we can avoid costly and needless litigation and develop services that can be a model for other states.

We need to address these issues "one bite at a time" and not be overwhelmed with the daunting tasks. We feel that the work of the Stakeholders Group is not done. In fact, it is just beginning. Through collaboration with all these stakeholders, a review of the BH system should be evaluated periodically to ensure effective BH services for our citizens. Our steering committee has never seen such motivation among the stakeholders. All are committed to building the best behavioral health system in the country. Stakeholders stand ready to assist you during the next legislative session to gain approval of

meaningful behavioral health funding and changes. We urge you to review these recommendations and adopt them in bill drafts for the 2015 Legislative Session.

Chairman Damschen and committee members, thank you again for addressing this issue and letting us testify before your committee. Our steering committee is present today. We would be happy to answer any questions that the committee may have.



Building Stronger Behavioral Health Services in North Dakota

Framing Key Issues and Answers

Prepared by a collaboration of public and private behavioral health providers, policy makers, advocates, educators, consumers, judicial and executive branch and corrections officials. Information was collected through several meetings, phone conference calls and written feedback.

LCNAdmin
7/18/2014

Acknowledgements

This project was a volunteer driven initiative that was dependent on the voluntary contributions of participants, facilitators, experts and presenters. Thanks to the over 100 participants that have been involved in this process over the last five months. (Appendix A – list of Participants) This process was facilitated by the Behavioral Health Steering Committee which included Senator Judy Lee, Senator Tim Mathern, Representative Kathy Hogan, Representative Pete Silbernagel, Joy Ryan, Rod St. Aubyn and John Vastag.

Special thanks to the Dakota Medical Foundation and the Health Policy Consortium (HPC) who provided financial support for various meetings/materials/meals/website. Both of these organizations are strongly committed to improving the quality and accessibility of community based services for persons with behavioral health issues. Special thanks also to Sanford Health for providing the administrative support services of Pam Posey.

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THE PROCESS

Background Information

In the fall of 2013, a group of concerned individuals met to discuss the emerging behavioral health challenges. After reviewing the legislative initiative to review existing services and identify unmet needs, it was agreed that a private parallel process could be helpful in identifying key issues and potential solutions. The group decided that a two day working session would be held in February 2014 with key stakeholders from both various provider organizations and also related partners.

Stakeholder Meeting I

The stakeholder meeting had two distinct components. The first day began with an environmental scan of behavioral health in North Dakota prepared by Dr. Nancy Volgletanz-Holm and presented by Dr. Gwen Halaas, UND School of Medicine. The participants then spent the afternoon identifying and prioritizing key challenges in three areas of behavioral health: Adult Mental Health; Children's Mental Health; Adult/Adolescent Substance Abuse. A SAMSHA template of the components of a comprehensive system of behavioral health care was shared.

The second day the participants worked to identify recommendations and solutions for the issues and challenges identified on the first day. Only the top four to six areas of concern were addressed in the group process although additional recommendations were suggested by the participants. Thirty three individuals participated in the first session.

Stakeholder Meeting 2

A second stakeholder session was held in Bismarck on March 25th at the UND Center for Family Medicine to share the preliminary findings and begin the development of specific action steps. Thirty eight individuals participated in the second session. This session resulted in the preliminary list of recommendations and action steps.

Additional Feedback

The recommendations from the second meeting were shared with all stakeholders and individuals who had indicated interest. They were given a month to provide feedback or additional suggestions.

Recommendation Reviews – Conference Calls

Three phone conference calls were held in early June to review the recommendations/action plans prior to publication of this document.

Website

A website was developed to provide additional access to information on the process. It is currently available at:

<http://www.ndbehavioralhealth.com/#/home>

“Final Report - Road Map for the Future”

The steering committee recognizes that implementation of all of the recommendations in this report will take a number of years. It is the intent of this document, that it be used in collaboration with the recommendations of the Legislative Consultant, Renee Schulte, to begin to address the myriad of issues. Many of the issues can be addressed through administrative action while others will require legislation and or funding.

THE RECOMMENDATIONS

Full recommendations

The recommendations in this report are organized into five areas; Adult Mental Health, Children's Mental Health, Adult/Adolescent Substance Abuse, Work Force Development and Legislative Recommendations.

Workforce development had major similarities across all of the program areas and for this reason was combined into one set of recommendations. The recommendations for legislative consideration during the 2015 session were combined into one section for easier access to policy makers as to the roadmap ahead.

Some of the recommendations can be accomplished administratively by various groups such as insurers, state level departments or local groups.

Legislative Recommendations

The recommendations for legislative consideration during the 2015 session were then combined into one document.

Adult Mental Health Recommended Action Plan

Strategic Initiative 1: Increase accessibility to behavioral health services through a more consistent, coordinated and transparent system of care

Adult Goal 1.1 Identify core services available in all regions of the state including public and private providers. Have a consistent public sector delivery system that is routinely monitored based on public data.

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
HSC provide data on current core services provided including outcome measures if available.	DHS/Medical School	To be done by Jan 2015	Data routinely provided like quarterly budget update.
Establish a unified system of DHS core services – that are available and accessible through HSC or private providers by vouchers. (Use SAMSHA Guidelines/Grid)	ND Legislature	* 2015 session	Regular data reporting on provision of core services by regions. (like quarterly budget summary)
Review data to identify where service is lacking or inconsistencies between regions.	DHS	2015 session	Regular reporting to legislators like the quarterly update.
Study option of having both public and private BH providers and insurers using common data system.	DHS/Medical School	2017 legislative session	Comprehensive data system

Expand eligibility for case managers beyond federal definitions to assure that all people with functional needs have access to services – including privatization of case management.	DHS	2017	Reduce numbers of persons in jails with behavioral health issues.
Establish a state level structure that coordinates seamless systems of care, i.e. DHS/DPI/DoC/Dept. of Health, Insurance Department, and School of Medicine.	Governor’s office	Sept 2015	Report to interim legislative committee on ongoing for the next four years.
Expand Peer support systems.	DHS/MHA	2017	Reduce inappropriate use of crisis services
Expand use of telemedicine to some or all core services offered through human services.	DHS/Private providers Develop inventory of current services and potential expansion services	Beginning in 2015	Assure that telemedicine behavioral health services has increased access to rural areas.
Address telemedicine reimbursement from insurers.	Insurers and ND Insurance Commissioner, private and public providers	2017 legislative session	Prepare a report and recommendations for 65 th session regarding technology and policy needs.
Establish training for 1 st responders on BH core services.	DHS and Law enforcement	2017	All first responders trained.
Establish and publish a 24 hour response system statewide for BH core services.	DHS and First Link, First responders	2017	System in place including evaluation and data components.
Establish 4 Adult Mental Health Assessment Centers in the 4 largest communities in ND. Establish a Hennepin county model; may need to look at the 72 hour hold that MN has in place; develop process to make sure people have a correct diagnosis.	Hospital Association, Medical Association, DHS, Legislature	*2015 session	First system established by 2016 with additional assessment centers added through 2019.

Assure that payers understand and support through funding the key components of core services.	DHS and Insurers, Insurance Department	2017	May or may not require legislation.
Add to Medicaid dollars with state funding for IMD exclusion.	DHS , Stakeholders, legislators	2017	Broader access to appropriate service.

Adult Goal 1.2 Identify and inform consumers/partners of available services

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Make consumers aware of the services provided/211 and through SAMHSA directory.	Need a professional marketing plan (similar to Easy as Pie campaign)	*2015 leg session	At completion.
Assure that 211 has access to all funded provider information including for profit providers.	First Link and DHS	2015	At completion.
Establish electronic application system for public BH services.	Sheldon Wolff /DHS	2017	Full implementation.

Adult Goal 1.3 Strengthen relationships between providers

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Expand role of regional BH Task Forces (CCC's) from all of the different partners to address cross system issues and develop joint training.	Director of each HSC shall convene with local law enforcement partners, hospital association, medical association, private agencies, EMS, public health, FQHCs, legislators, homeless programs, counties.	Within 6 months	Regular meetings will be held at least quarterly and minutes will be maintained. At least one annual training will be held in each region.
Better coordination with all partners through improved communication – i.e. newsletters, e-mail.	DHS/Law Enforcement/UND/ ND Association of Psychologist, Psychiatrists, social workers and addiction counselors	2017	

Adult Goal 1.5 Develop crisis response system with accountability standards

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Involve key Behavioral Health partners (EMS, law enforcement, health care providers, and private providers partners, homeless clinics, public health in the crisis mobile response team (Southeast Region) to develop outcome standards.	DHS – SE; Fargo and Cass County Law Enforcement, first responders.	By January 1, 2015 have a formal report on opportunities, any limitations and recommendations	At completion.
Expanding the crisis mobile response team to other regions with outcome standards and reporting requirements based on the pilot project.	DHS	*2015 legislative session	To have crisis response services available in all regions by 2019.

Adult Goal 1.6 Improve Discharge Planning and Coordination

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Involve key Behavioral Health partners (law enforcement, health care providers, and private partners) in one region to develop discharge planning protocols in one region including the establishment of outcome measures. Fund a one year pilot project for one year.	DHS Private providers Private insurance companies; DHS for HSC clients; Medicaid funding (traditional and expansion populations)	* 2015	

Expanding the discharge planning protocols to other regions with outcome standards and reporting requirements based on the pilot project.		2017	
Determine what is needed for county jails to access medical information for clients. Can the jails have electronic access to provider's health records?	Sheldon Wolf and requesting assistance from Mike Mullen - In collaboration with the Court system and the CGIS system, consider options	2015	At completion.

Strategic Initiative 2: Identify and address changes in Rules/NDCC/Licensing issues

Adult Goal 2.1 Review and Revise commitment procedures/processes

Action Steps

Key Leaders

Date implemented

Outcome

Action Steps	Key Leader	Date implemented	How to Measure
Support DHS Task Force Expand involvement to other stakeholders to address hearing and dispositional hearing timelines. Support Interim Health Care Reform committee changes in expert examiners including the expansion of nurse practitioners as health care expert witnesses.	Dr. Etherington, Interim Committee State's Attorneys	6 months * 2015 legislation	Report by October 2014. Simplify procedures.

Adult Goal 2.3 Revise the NDCC to permit Law Enforcement to access behavioral health information to assure public safety

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Establish mechanism so that law enforcement can access information on individuals who may have been committed.	Commitment task force (Dr Etherington)	6 months May need 2015 legislation	At completion.
Amend law to allow Attorney General to review commitment records prior to issuing concealed weapons requests records.	Attorney General/ BCI	6 months	

Children and Adolescent Mental Health Recommended Action Plan

Strategic Initiative 1: Increase accessibility to specialized behavioral health services through a more consistent, coordinated and transparent system of care.

Children/Adolescent Goal 1.1 **Identify core services available in all regions of the state including public and private providers. Have a consistent public sector delivery system that is routinely monitored based on public data.**

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Identify actual HSC children’s services with common definitions and data by service by region.	DHS, Stakeholders, Legislature	Fall 2014	At completion.
Adopt core service standards or grid for children/adolescent mental health through DHS.	ND legislature, Stakeholders	*2015	At completion.
Identify unmet children’s needs by region.	Advocacy groups: Family Voices, MHA, NAMI, Autism taskforce, DHS , providers Stakeholders	Fall 2015	At completion.
Establish children/adolescent assessment network or centers in each region of state to incorporate attendant/shelter care with a system like STEP at DBR.	DHS, Stakeholders, DJS/Youthworks, DBGR	* 2015	More consistent comprehensive assessments to ensure that functional needs are addressed. Decrease the number of children inappropriately placed in county or DJS custody.

Assure that the assessment process is consistently utilized by various providers.	DHS, Advocacy groups: Family Voices, MHA, NAMI, Autism taskforce, DHS, providers, Stakeholders,	July 2017	To assure appropriate services at appropriate level of care for children.
Expand case management throughout the system regardless of payment streams including DJS/Counties/HSC/schools (No wrong door for case management for children) Allow PDD into system.	DHS/DJS/Counties, Schools Stakeholders	2017 biennium	To assure that children with mental health needs have access to services.
Expand peer mentoring.	DHS/MHA, Stakeholders	2017 Biennium	At completion.
Expand eligibility and funding for parent to parent case management.	Stakeholders	2017 Biennium	At completion.
Establish regional children's BH Task Force from all of the different partners to address cross system issues and develop joint training.	Director of each HSC shall convene with schools, juvenile court private providers, hospitals, Stakeholders	Within 6 months	Regular meetings will be held at least quarterly and minutes will be maintained. At least one annual training will be held in each region.
Expand awareness and utilization of children's crisis services at HSC's through education/networking.	DHS, First Link, stakeholders, legislators	July 2016	At completion based on DHS data.
Inform the public of the children's mental health issues to reduce the stigma and increase early intervention through education and media efforts.	DHS, MHA, Stakeholders	* 2015	Ongoing

Children/ Adolescent Goal 1.2 **Evaluate residential treatment service options/expand community alternatives**

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Review current in-state residential service options to determine if the current system is meeting the needs of children including a review of level of care and geography.	DHS, Stakeholders	Six months	At completion – monitor bed utilization for residential treatment length of stay.
Expand eligibility for family support and partnership. (both insurance and Medicaid)	DHS, Stakeholders	Next biennium	At completion.
Expand behavioral health services including family support and partnership programs on the reservations to reduce unnecessary use of residential treatment.	DHS/Tribes, Stakeholders	Next biennium	Reduced inappropriate use of residential.
Review reimbursement mechanisms and NDCC so parents don't have to give up custody to get services.	DHS/Legislature bill draft , Stakeholders	Next Biennium	DHS will provide information on utilization of this system and prepare recommendation to address any unmet needs and inform partners of the process.
Expand community alternatives by applying for a Medicaid waiver for HCBS services for at least half of the available options	DHS Stakeholders	Next biennium	At completion. To be evaluated at the end of the biennium.
Assure that the assessment process is consistently utilized by various providers.	DHS, Advocacy groups: Family Voices, MHA, NAMI, Autism taskforce, DHS , providers, Stakeholders	July 2017	Assure appropriate services at appropriate level of care for children.

Strategic Initiative 2: Expand availability of behavioral health services within the schools.

Children/Adolescent_Goal 2.1 Expand onsite behavioral health services within the schools.

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps Establish a system to allow for MH providers in schools similar to Yellowstone County in Montana.	Key Leader DPI and DHS , Stakeholders	Date implemented Next biennium	How to Measure At Completion earlier intervention in less restrictive environment.
Establish Mental Health Day Treatment Programs in schools i.e. Partial hospitalizations.	DPI/DHS, Stakeholders	Next biennium	At completion broader array of services reduction in out of home placements.
Expand options for school districts to contract directly with non-profit agencies to provide onsite behavioral health services that will augment not replace school counselors.	Human Services Committee recommend expansion of funding under DPI for school districts to have the option of hiring qualified mental health professionals (LP, LICSW, LPCC, LMFT) to provide assessment and coordinated referral of students with complex or critical clinical needs (e.g. chemical abuse, self-injurious behavior, thoughts of harm to self or others). Stakeholders		

Strategic Initiative 3: Establish early childhood behavioral health screening and assessment.

Children/ Adolescent Goal 3.1 **Establish consistent early childhood behavioral health screening, assessment and treatment to be available for all pre-school children.**

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps Fund and expand routine standardized screening using evidence based practice throughout the state to routinely screen all 2, 3 and 4 year olds at primary care sites. – Pilot project in 2015 Full implementation in 2017	Key Leader DHS/DPI, Stakeholders, Legislators	Date implemented * 2015 Legislature	How to Measure Evidence based system implemented across the state integrated into primary care system.
Evaluate outcome data on behavioral health screening tools done with Health Tracks – monitor referral patterns and unmet needs.	DHS, Stakeholders	By January 2015	Recommend changes in system based on evaluation.

Adult/Adolescent Substance Abuse Recommended Action Plan

Strategic Initiative 1: Increase accessibility to specialized behavioral health services through a more consistent, coordinated and transparent system of care.

Substance Abuse Goal 1.1 **Identify core services available in all regions of the state including public and private providers. To have a consistent public sector delivery system that is routinely monitored based on public data.**

Action Steps	Key Leaders	Date implemented	Outcome
Adopt ASAM Core Services Grid - one for Adult and one for Adolescent. (See Appendix B - 3)	ND Legislature, Stakeholders	*2015	Clear expectations.
Evaluate availability of current services within the grid. Need to know what the unmet needs are – (supply/demand) – waiting lists.	DHS/ SA Providers NDACA/NDATPC/DHS, Stakeholders	2015	Common vision, knowledge of resources, identify holes, common language and measurements. Systematic planning to address unmet need.
Expand use of private providers to provide DHS core services based on new grid including allowing private providers access to Medicaid funding.	NDACA/NDATPC/DHS, Stakeholders	*2015	Expanded availability of services.
Establish a simplified transparent web site (use DHS/SAMSHA information)	DHS/First Link , Stakeholders	Six months	More public information.

that is easily accessible to the public through 211.			
Expand use of recovery navigators/coaches.	NDACA/NDATPC/DHS, Stakeholders	2017 Legislative session	Implemented state wide with performance standards.

Substance Abuse Goal 1.2 Expand Medical and Social detoxification resources

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Assess current services and develop a plan to assure services in all regions. Support local efforts to build comprehensive detox structure.	NDACA/NDATPC/DHS, Stakeholders, Law Enforcement, Public Health, Legislators	January 2017	Completion of plans in 8 regions.
Expand the behavioral health training model first responders used in Cass County to the whole state and integrate into Post Training standards.	JICC workgroup and MHA , Stakeholders	* Legislation July 2016	Full implementation of training.

Substance Abuse Goal 1.3 Identify funding structures both public and private that support a comprehensive system of care.

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Adopt ASAM Core Services Grid. Work with insurance providers to fund the grid.	SA Providers and DHS/Insurers NDACA/NDATPC/DHS, Stakeholders, Legislators	July 2015	Consistency between insurers and public funders.
Expand Medicaid to Licensed addiction agencies and others that are eligible for 3 rd party reimbursements.	Legislature , Stakeholders	July 2015	Implemented

Strategic Initiative 2: Inform the public of the risks of substance abuse through education and media efforts to reduce abuse.

Substance Abuse Goal 2.1 **Develop a major public information campaign and primary prevention initiative.**

Action Steps	Key Leaders	Date implemented	Outcome
Market 211	DHS and FirstLink, Stakeholders	One year/on-going	Completion
Develop formal statewide effort with local community involvement.	Governor’s office DHS/Health Department Local Public Health, Stakeholders	Ongoing	Completed and maintained.
Expand Parent Lead initiative.	DHS/DPI , Stakeholders	Ongoing	

Behavioral Health Workforce Development Recommended Action Plans

Strategic Initiative 1: Increase the availability of training professionals in all of the behavioral health fields.

Workforce Goal 1.1 To build a network or system of planning that assures that all interested parties/systems are working together.

Action Steps	Key Leaders	Date implemented	Outcome
Action Step	Key Leaders	Date implemented	Outcome
Develop behavioral health workforce.	ND AHEC RU Ready ND, NDUS, Various professionals Boards/Organizations	2016 – 2022	Gain of 40 behavioral health care workers.
Tuition assistance for behavioral health students, including tuition buy-downs, Internship stipends.	NDUS	2016	Assist 65 NDUS students taking behavioral health programs and 40 complete programs.
Advocate behavioral health students as part of the Inter-Professional Education (IPE) approach to clinical rotations.	ND AHEC UND NDUS, Various professional Boards/organizations	2016—2022	Gains in teamwork and understanding of 40 students in behavioral health.

Workforce Goal 1.2 Expand and train substance abuse workforce and key partners.

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Require that all primary care physicians have 2.5 CEU's of substance abuse training annually.	Medical Association, Medical School, Stakeholders, various other professional Boards and Associations, NDUS		Completed

Provide basic training in schools on behavioral health issues for teachers, child care providers using Mental Health First Aide model.	DPI and ND University System, Stakeholders, NDSU Extension	*July 2015	When fully implemented it will.
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Adult Mental Health Goal 1.4 Expand and train workforce and key partners.

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps	Key Leader	Date implemented	How to Measure
Establish a focus group that will promote the training and integration of primary care with behavioral health.	UND – Medical School, DHS, LTC Association, Hospital Association	By 2016	Completed.
Require and fund the infrastructure for telehealth/e- psychiatry in all hospitals and human service centers.	Department of Health/ Department of Human Service - ND Legislature, ND Hospital Association	2017	Completed so that telehealth is available in all parts of the state.
Fund professional education for high need areas i.e. LAC. Change laws and regulations to allow students in training to be reimbursed.	NDSU/UND and various funders		
STEM type program for Behavioral Health.			
Implement Rural MH and SA Tool Box.	CAH, Rural Health, MHA, DHS and Health Department, ND Hospital Association	*January 2015	Completed by 2017 in at least 4 regions and an additional 4 regions by 2019.

Work Force issues 1.5 Adult Mental Health Review Licensing requirements for various mental health/LAC professionals.

Action Steps	Key Leaders	Date implemented	Outcome
Action Steps Establish professional licensing board standards to allow: <ol style="list-style-type: none"> 1. One year of practice if licensed in another state. 2. Process for meeting ND licensing standing during the 1 year period. 3. Reciprocity of licenses between Montana, South Dakota and Minnesota. 4. Method for issuing licenses within 30 days. 	Key Leader Various Licensing Boards	Date implemented * 2015 legislative session	How to Measure
Improve timeliness of approval for new providers by licensing boards and MA/Insurers.	Various Licensing Boards		
Require that private 3 rd party payers include coverage for couples and marriage & family therapy as part of behavioral health services and include all licensed mental health professionals with established competencies in couples, relationship, and family therapy as eligible providers.	Human Services Committee recommend a bill be drafted that requires all 3 rd party insurers operating in the state of ND to provide coverage for CPT Codes for Family Psychotherapy (e.g. 90846 Family Psychotherapy without the patient present, 90847 Family Psychotherapy, conjoint psychotherapy with the patient present, and 90849 Multiple-Family Group Psychotherapy). Coverage will include Licensed Psychologists, Licensed	*2015 legislative session	Expand service providers.

	Independent Clinical Social Workers, Licensed Professional Clinical Counselors and Licensed Marriage and Family Therapists. Providers will need to have established, with their licensure boards, competencies in providing marital and family psychotherapy.		
State amend its Medicare and Medicaid plan to include LPCC and LMFT Licensed Professionals in its coverage. Our state has grown and our population has very diverse needs; to exclude highly competent providers from the mix of clinicians qualified to receive Medicare and Medicaid reimbursement severely limits the options of people in need. Past efforts to amend the plan have received push back from those who wish to maintain their exclusivity in providing services. It is time to move past that narrow focus and provide a more comprehensive and health focused array of professionals.		* 2015 legislative session	
Extend prescription privileges to qualified Licensed Psychologists. Currently New Mexico and Louisiana have set		*2017 legislative session	

<p>licensure standards and license qualified psychologists to prescribe certain medications related to nervous and mental health disorders. Additional qualified prescribers will help alleviate wait times for access to Psychiatrists or Clinical Nurse Specialists which has gone from weeks to now months. Those waits have created a great deal of frustration for persons in need of prescription services who then seek those services through emergency care or walk in clinics, creating both increased costs and a lack of continuity in care.</p>			
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BEHAVIORAL HEALTH STAKEHOLDERS PRIORITY RECOMMENDATIONS FOR 2015

ALL ACTIONS IN GREEN REQUIRE LEGISLATION or FUNDING IN 2015

ALL ACTIONS IN PURPLE WILL REQUIRE LEGISLATION OR FUNDING IN 2017

ALL ACTIONS IN BLACK ARE ADMINISTRATIVE AND COULD BE STARTED IMMEDIATELY

Substance Abuse

Action Steps	Key Leaders	Date implemented	Outcome
<p>CORE SERVICES Adopt ASAM Core Services Grids - one for Adult and one for Adolescent. Define HSC Roles, move to a private and/or voucher system whenever possible.</p>	ND Legislature, Stakeholders	*2015	Clear expectations, for public and private providers. Regular data reporting and possible expansion of available resources.
<p>EXPAND MEDICAID Expand Medicaid to Licensed addiction agencies and others that are eligible for 3rd party reimbursements.</p>	Legislature , Stakeholders/ NDACA/NDATPC/DHS	July 2015	Expansion of available resources Could be administrative rather than legislative.
<p>TRAIN 1st RESPONDERS Expand the behavioral health training model for first responders used in Cass County to the whole state and integrate into Post Training standards.</p>	JICC workgroup and MHA , Stakeholders	July 2016	Full implementation of training.
<p>INSURANCE COVERAGE Work with insurance providers to fund ASAM Core Service.</p>	SA Providers and DHS/Insurers NDACA/NDATPC/DHS, Stakeholders Legislators,	On – going	Consistency between insurers and public funders. (Administrative)

ADULT MENTAL HEALTH

Action Steps	Key Leaders	Date implemented	Outcome
<p style="color: purple;">CORE SERVICES Established a unified system of DHS core services – that are available and accessible through HSC or private providers by or vouchers. (Use SAMSHA Guidelines/Grid)</p>	DHS and ND Legislature	* 2017 session	DHS will provide data on provision of NDCC core services by regions (like quarter budget summary) starting 1/2015. Next interim to study core adult mental health needs to make recommendations to Legislature. (Administrative)
<p style="color: green;">ASSESSMENT CENTERS Establish 4 Adult Mental Health Assessment Centers in the 4 largest communities in ND. Train Critical Access Hospitals to triage behavioral health issues including access to telemedicine to Mental Health Assessment Centers.</p> <p style="color: green;">Establish a Hennepin county “like” model; may need to look at the 72 hour hold that MN has in place; to include developing process to make sure people receive a diagnosis or the correct diagnosis.</p>	Hospital Association, Medical Association, DHS, Legislature	*2015 session	Establish four assessment units, one every 6 month starting January 1, 2016.
<p>HCBS WAIVER Expand the range of community based services through mental health HCBS waiver to assure access in both rural and urban.</p>	DHS	*2015 session	Fully implementation statewide – target Date 2017. (Administrative)

<p>FIRST LINK/211 Assure that 211 has access to all funded provider information including for profit providers (make it a requirement for MA and contracts). Assure that consumers aware of services through 211 and SAMHSA director.</p>	<p>First Link and DHS</p>	<p>2015</p>	<p>At completion</p>
<p>MOBILE CRISIS UNITS Expanding the crisis mobile response team to other regions with outcome standards and reporting requirements after the establishment of comprehensive assessment services.</p>	<p>DHS</p>	<p>*2017 legislative session</p>	<p>To have crisis response services available in all regions by 2019.</p>
<p>DISCHARGE PLANNING Involve key Behavioral Health partners (law enforcement, health care providers, and private partners) in one region to develop discharge planning protocols in one region including the establishment of outcome measures. Fund a one year pilot project for one year.</p>	<p>DHS Private providers Private insurance companies; DHS for HSC clients; Medicaid funding (traditional and expansion populations)</p>	<p>* 2015</p>	<p>Consistent system of care for hospital discharges.</p>

<p><u>Commitment Related Legislation</u> Support DHS Task Force that addresses hearing timelines.</p> <p>Support changes in expert examiners including the expansion of nurse practitioners as Health care expert witnesses.</p> <p>Establish mechanism so that law enforcement can access information on individuals who may have been committed.</p>	<p>Dr. Etherington, Interim committee, State's attorneys</p>	<p>* 2015 legislation</p>	<p>Report by October 2014 Legislation should be prepared by DHS. (Administrative and Legislative)</p>
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Children/Adolescent Mental Health

Action Steps	Key Leaders	Date implemented	Outcome
<p style="color: green;">ASSESSMENT SERVICES Establish children/adolescent assessment network or centers in each region of state to incorporate attendant/shelter care with a system like STEP at DBR. These services should include access through critical assess hospitals using telemedicine.</p>	<p style="color: green;">DHS, Stakeholders DJS/Youthworks, DBGR</p>	<p style="color: green;">* 2015</p>	<p style="color: green;">More consistent comprehensive assessments to ensure that functional needs are addressed. Decrease the number of children inappropriately placed in county or DJS custody.</p>
<p style="color: purple;">CORE SERVICES Adopt core service standards or grid for children/adolescent mental health through DHS.</p>	<p style="color: purple;">DHS, ND legislature, Stakeholders</p>	<p style="color: purple;">*2017</p>	<p style="color: purple;">DHS will provide data on provision of NDCC core services by regions (like Quarterly budget summary) starting 1/2015. Next interim to study core Adult mental health needs to prepare recommendations to Legislature. (Administrative)</p>
<p style="color: green;">PRE-SCHOOL SCREENING/ASSESSMENT Evaluation outcome data on behavioral health screening tools done with Health Tracks and Healthy Steps – monitor referral patterns and unmet needs. Prepare Recommendations to establish routine standardized screening using evidence based practice throughout the state to routinely screen all 2, 3 and 4 year olds at primary care sites. – Pilot project in 2015 Full implementation in 2017.</p>	<p style="color: green;">DHS/DPI, Stakeholders, Legislators</p>	<p style="color: green;">* 2015 Legislature</p>	<p style="color: green;">Evidence based system implemented across the state integrated into primary care system. Interim committee monitoring next session. (Administrative and Legislative)</p>

WORKFORCE DEVELOPMENT

Action Steps	Key Leaders	Date implemented	Outcome
<p>LICENSING STANDARDS Establish professional licensing board standards for mental health professionals to allow</p> <ol style="list-style-type: none"> 1. One year of practice if licensed in another state. 2. Process for meeting ND licensing standing during the 1 year period. 3. Reciprocity of licenses between Montana, South Dakota and Minnesota. <p>Method for issuing licenses within 30 days.</p>	<p>Various Licensing Boards</p>	<p>* 2015 legislative session</p>	<p>Reduce barriers for applicants and increase providers.</p>
<p>LAC STIPEND Expand numbers of LAC by Establishing a stipend program for LAC interns that would be forgiven if LAC practices in state for 4 years. Proposed \$25,000/applicant.</p>	<p>NDACA/NDATPC/DHS, Legislature, Stakeholders, various other professional Boards and Associations, NDUS</p>	<p>*July 2015 40 slots – \$1, 000,000</p>	<p>Increase LAC</p>
<p>LAC TRAINING SLOTS Expand LAC training slots by providing stipends for organizations that offer training slots. (\$5,000/slot)</p>	<p>Legislature, Stakeholders, Six LAC training Consortiums</p>	<p>*July 2015 40 slots - \$200,000</p>	<p>Increase LAC</p>

<p>STUDENT LOAN BUY DOWNS Establish a student loan buy down system for licensed BH clinical staff.</p>	<p>Legislature, DHS, NDUS</p>	<p>July 2015</p>	<p>Increased BH providers throughout state.</p>
<p>TRAIN PARTNERS Provide basic training in schools on behavioral health issues for teachers, child care providers using Mental Health First Aid model.</p>	<p>DPI and ND University System, Stakeholders, NDSU Extension</p>		<p>When fully implemented it will provide a network of trained first responders. This could be administrative or if funding needed consider in 2017.</p>
<p>BROADEN INSURANCE Encourage private 3rd party payers include coverage for couples and marriage & family therapy as part of behavioral health services and include all licensed mental health professionals with established competencies in couples, relationship, and family therapy as eligible providers. Provide coverage for CPT Codes for Family Psychotherapy (e.g. 90846 Family psychotherapy without the patient present, 90847 Family psychotherapy, conjoint psychotherapy with the patient present, and 90849 Multiple-family group psychotherapy).. Providers will need to have established competencies by their licensure boards.</p>	<p>Legislature, Insurance Providers, DHS, Various Licensing Boards Including Psychologists, Social Workers, Licensed Counselors, Licensed Marriage and Family Therapists.</p>	<p>July 2015</p>	<p>Expand available service providers Administrative – work with 3rd party payers.</p>

<p>EXPAND MEDICAID Amend state Medicaid plan to include LPCC and LMFT licensed Professionals in its coverage. It is time to provide a more comprehensive array of professionals.</p>	<p>DHS May require additional matching funds.</p>	<p>July 2015</p>	<p>Increase numbers of providers and expand consumer options.</p>
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ALL ACTIONS IN GREEN REQUIRE LEGISLATION or FUNDING IN 2015

ALL ACTIONS IN PURPLE WILL REQUIRE LEGISLATION OR FUNDING IN 2017

ALL ACTIONS IN BLACK ARE ADMINISTRATIVE AND COULD BE STARTED IMMEDIATELY

APPENDIX A

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