North Dakota Behavioral Health Planning Council Meeting Minutes

Date: December 17, 2025
Time: 10:00 a.m. – 4:00 p.m. CT
Location: Job Service ND Office – Dakota Room, Bismarck, ND
Virtual: Microsoft Teams

Welcome and Call to Order

Chairperson Tania Zerr called the meeting to order at **10:12 a.m. CT,** a late start due to technical difficulties.

Roll Call and Quorum

Roll call was conducted and a quorum was established.

Council Members Present:
Cheryl Anderson; Brenda Bergsrud; Heather Call; Melanie Gaebe; Stephanie Boucher (designee for Denise Harvey); and later Denise Harvey; Jennifer Henderson; Andrea Hochhalter; Joseph Janner; Melissa Kainz; Kristi Kilen; Glen Longie; Nancy Maier; Michelle Masset; Carlotta McCleary; Kelly McGrady; Amanda Peterson; Emma Quinn; Pamela Sagness; Michael Salwei; Mark Schaefer; Rich Smith; Kurt Snyder; and Tania Zerr.

Council Members Absent:
Dan Cramer; Brad Hawk; Megan Indvik; Glenn Longie; Phil Sorenson; and Paul Stroklund.

Review and Approval of October 15, 2025, Meeting Minutes

Motion by Rich Smith to approve October 15, 2025, meeting minutes as provided. Second, by Amanda Peterson. Motion carried unanimously

Approval of Agenda

Motion by Carlotta McCleary to approve December 17, 2025, agenda. Second is by Pamela Sagness. Motion carried unanimously

BHPC Administrative Updates and Discussion Items

Membership Update

Ms. Pinkney reported two current Council vacancies:

- Parent of a child with Serious Emotional Disturbance (SED)
- Advocate representing an agency

She noted Megan Indvik has resigned due to no longer working in a position that meets the criteria for her Council position. She will continue serving in her role until the position is filled. Melanie Flynn has been recommended for the Department of Corrections seat; however, formal appointment by the Governor's Office is still pending.

Council members discussed concerns regarding the lack of communication to applicants following submission of applications to the Governor's Office. Members shared experiences of extended waiting periods without acknowledgment or status updates. There was strong consensus that applicants should receive basic communication confirming receipt and outlining next steps or timelines. Ms. Pinkney indicated she would work with the Governor's office to raise these concerns and explore possible improvements to the process.

Initial Review – DRAFT Letter of Support Policy & Procedure

Ms. Regimbal reminded members that policy adoption follows a two-step process and that this meeting represented the **first formal read** of the proposed Letter of Support Policy and Procedure. Companion documents were provided to help illustrate how the policy could function in practice.

Council members expressed positive feedback regarding the clarity, organization, and responsiveness of the draft to concerns raised in previous meetings. Additional suggestions included:

- Clarifying that meeting all review criteria does not automatically guarantee approval of a request.
- Expanding the request form to allow applicants to describe how a proposed project advances systems-level behavioral health improvements, even if not explicitly aligned with current strategic priorities.

No action was taken. Feedback will be incorporated and the policy will return for further review at a future meeting.

Connections Update Report

Ms. Regimbal reviewed an updated inventory of Council members' participation on external boards, commissions, and workgroups. The discussion focused on:

- Identifying groups that may no longer be active or have been renamed
- Clarifying which Council members serve as formal or informal liaisons
- Identifying areas where BHPC representation may be lacking

Members assisted in clarifying the status of several groups and confirming ongoing representation. Ms. Regimbal indicated the list would be revised and shared with Bevin Croft and others as a living resource to support coordination and planning.

Summary Report of ND Behavioral Health Strategic Plan and Future Activities

Presenter: Bevin Croft, Human Services Research Institute
(PPT slides provided)

Ms. Croft provided updates on progress across several strategic plan aims, noting that the October dashboard had been published reflecting activity through September 30, 2025.

Highlights included:

- Workforce development efforts, including expanded objectives related to recruitment, retention, loan repayment, and training initiatives.
- Updates to youth services, including recognition of newly established community-based programs.
- Addition of a new goal under AIM 11 reflecting ongoing work with tribal nations through Project HEAL.
- Considerable progress under AIM 13 related to data and quality monitoring, including establishment of the Behavioral Health Division's Quality and Technical Services team.

Ms. Croft facilitated an in-depth discussion on data availability, limitations, and opportunities, emphasizing the importance of using available data while acknowledging gaps—particularly in private-sector and rural reporting. Council members discussed penetration rates, performance indicators, and the value of both quantitative and qualitative measures.

Members shared enhancement ideas such as a clearinghouse where local groups could list themselves to raise awareness of behavioral health related local coalitions, taskforces, etc., allowing for meaningful connections. It was also noted the CCBHC's were required to do a needs assessment which included a mapping process. A way to share and link this to the BHPC's work would be a welcome connection to further the work.

Ms. Croft proposed updating the Council's consensus ratings across strategic aims on a regular basis. She will provide a brief online survey in early 2026. Members expressed support for this approach and emphasized the importance of viewing progress holistically across each aim, annually.

Gambling & Problem Gambling in North Dakota

Presenter: Lisa Vig-Johnson, LAC, ICGC-II, Gambling Disorder Clinical Lead, NDDHHS
(PPT slides provided)

Ms. Vig-Johnson presented highlights from the 2024 Gambling Incidence and Prevalence Study, focusing on changes in gambling behavior following legalization of electronic pull tabs in 2018. This was the third study done in North Dakota.

Key findings included:

- Approximately 73% of North Dakota adults participated in gambling activities in the past year.
- A majority of respondents believe gambling-related harms outweigh benefits.
- An estimated 1.4% of adults meet criteria for problem gambling, consistent with prior studies.
- Nearly 18% of gamblers fall into moderate to very high-risk categories.

Ms. Vig-Johnson highlighted significant rural disparities in electronic pull-tab spending, noting extremely high per-capita expenditures in some small counties, with the highest spending per capita currently noted in Renville County. Council members discussed implications for rural communities, including financial stress on individuals and families, increased demand for social services, and the need for targeted prevention and outreach. When asked if city/county officials in these highest ranked counties are aware of the rates, Vig indicated she is uncertain, as the data is gathered by the ND Attorney General's office, but shared DHHS is targeting awareness and services in these highest rated counties.

Additional discussion addressed:

- Strong correlations between problem gambling, mental health challenges, substance use, and elevated stress. It is common to see binge drinking and daily marijuana use to deal with anxiety and sleep concerns. Related legal concerns such as embezzlement can be common as well.
- Limited treatment capacity statewide, including the absence of residential treatment options, with the nearest in patient being in Granite Falls, MN. In MN, the state pays for such treatment. For ND residents seeking in patient in MN, the cost would be approximately $12,000, with perhaps some insurance coverage available but most costs would be out of pocket. When asked why ND does not use unclaimed lottery winnings to pay for treatment like they do in MN, it was noted current treatment efforts in ND are funded by the lottery and charitable

gambling contributions. It provides enough funding to provide for the three outpatient counselors responsible for providing services statewide and some prevention It was suggested ND could fund gambling inpatient in a comparable way to the SUD voucher, but for gambling.

- Gaps in public awareness of available services, helplines, and online resources.
- Members shared concerns that perhaps college-age students were not well represented in the survey and the additional concerns of increased online gambling and sports betting access and how to best address this going forward.

Ms. Vig-Johnson outlined current prevention, outreach, and targeted awareness efforts focused on high-risk counties and populations.

Lunch Break

12:00 p.m. – 1:00 p.m.

The meeting was called back to order by Chair, Tania Zerr at 1 p.m.

Panel Discussion: Advocacy Issues Related to BHPC Work

The afternoon session began with a panel discussion focused on advocacy issues related to behavioral health systems, policy, and service access. Panelists included: Krista Fremming, Assistant Director of Medical Services; Julie Horntvedt, Executive Director, ND State Council on Developmental Disabilities and Senator Kathy Hogan, ND Senate Minority Leader. Discussion emphasized challenges faced by individuals and families with complex behavioral health and developmental disability needs, particularly those who are considered “hard to serve” within existing systems.

Key themes included:

- The importance of cross-system collaboration among behavioral health, developmental disability services, Medicaid, and legislative partners.
- Barriers families encounter when navigating multiple systems with differing eligibility requirements and service structures.
- The value of regional listening sessions and stakeholder engagement to inform policy development.
- The need for clearer pathways to translate community-identified barriers into legislative and administrative action.

Ms. Horntvedt shared their meetings occur monthly and are open to the public, welcoming our members feedback at any time. The DD Advisory Council is charged with drafting the cross-disability waiver language that will go to DHHS, then to the

Governor's office and on to the legislature, hopefully for adoption and to be included in the budget for 2027-29. Of particular interest raised in the discussion was the issue of breaking down the barriers between the DD and BH systems as well as addressing financial eligibility issues unique to children. Screening tools used were also noted as a barrier for children. It was suggested the BHPC consider submitting a position statement to the DD Advisory Council. Senator Hogan urged BHPC to consider sharing a position so that it could perhaps be included in the cross disabilities plan, creating a greater likelihood of being addressed.

Ms. Fremming shared the strides that have been made so far with Medicaid coverage for peer support. Currently Medicaid has also been looking at how they can best work with the BHD on behalf of those who may need more long term supports; twenty-four organizations are enrolled to provide service; they have made several changes to make it easier for providers to come on board such as clearer enrollment processes, simplified forms; and proactive guidance to complete the enrollment process when it is incomplete. She noted in 2023 the ASAM (American Society of Addiction Medicine) updated their levels of care criteria. State code now needs to be realigned to match. As a part of this, ND Medicaid plans to cover long-term remission monitoring. That service may be delivered by peer support specialists, but it must be provided underneath the context of a licensed addiction program, so it will have to be a different model than what is used for 1915i.

A question was posed to Ms. Fremming regarding an action step in the HSRi plan goal around establishing peer services as reimbursed service in the Medicaid State Plan (Goal 12.3/Objective 2: If legislative approval is secured, amend the Medicaid state plan to include peer support as a Medicaid state plan service). Since this was passed in 2019 and has not yet occurred, what needs to be done to move it forward. She indicated they were working to get 1915i up and running first before they will try to expand it due to workforce constraints. Members shared their concerns that 1800 peers were trained and are at risk of being lost from the workforce if they do not have an opportunity to engage with clients. Having peers in the standard Medicaid plan would help get more services to patients and maintain the workforce that has been built up.

Senator Hogan indicated a need from a legislator perspective to see better alignment of the various types of peer support. This raises the need to see peer support as a profession and a line of service versus a program. It was also noted that another specific advocacy item for the BHPC to consider is the concept of payment methods such as bundled services of wrap around that would include care coordination and peer service for families.

Senator Hogan discussed the importance of maintaining ongoing dialogue with policymakers to ensure advocacy efforts are informed by lived experience and

supported by system data and to realize how complex these issues are for legislators to understand and how can we bring clarity. She pointed to the reality of Medicaid eligibility processes being tightened up with family work requirements and limitation of benefits. She pointed to the Kaiser Foundation resources on the status of these possible changes and how they may roll out in the next two to three years. Hogan urged the BHPC to share a consistent, simple message ideally focusing on three priorities. This is best then carried out by visits orchestrated with each legislator over the next six months (those that are not up for re-election), focusing on the priorities with some case examples of why something is needed. She reminded us it is all relationship based and built over time. We were encouraged to bring our priorities to local Human Service Zone Boards meetings or other places where legislators may be invited for legislative roundtables etc. BHPC members asked to continue to have advocacy issues on each meeting's agenda.

Council Discussion: Review Function of MHBG/SUPTRS

Council members engaged in an in-depth discussion reviewing the Council's oversight role related to the Mental Health Block Grant (MHBG) and the Substance Use Prevention, Treatment, and Recovery Services (SUPTRS) block grant.

Discussion topics included:

- Clarifying the Council's role in strategic oversight.
- Ensuring Council members receive timely, meaningful data to support informed oversight.
- Aligning block grant priorities with the Behavioral Health Strategic Plan.
- Opportunities for earlier Council engagement in planning and reporting cycles yet recognizing the feedback are being gathered year-round in our various meetings and in much broader ways than what the block grant funds.
- Distinguishing between federal compliance requirements and broader system improvement goals.

Members shared their perspectives on how they feel they are doing in carrying out these responsibilities. It was indicated that while there are responsibilities of the BHPC laid out in relation to the Block Grants, it is really but a small part of the department's budget and the overall ND plan is much more encompassing. Some desires of the group included:

- Hearing about new initiative and ideas to fill gaps before they launch.
- More open time on the agendas for discussion versus hearing reports with consideration to how meeting plans can support its occurrence.

- Greater clarity on which items must be reported regularly to the Council.
- Increased opportunities to hear from those with lived experiences, those from the field and consumers.
- Less PPT and more lists or summaries of information.

The discussion reinforced the Council's responsibility to focus on system-level outcomes, accountability, and continuous improvement, knowing the BHPC can provide feedback year-round and engage in meaningful advocacy.

Behavioral Health Workforce Updates

The Council received multiple updates related to behavioral health workforce development efforts underway across the state. Discussion emphasized the growing complexity of workforce shortages, regional disparities, and the need for coordinated, data-informed strategies.

UND Workforce Center Alliance

Presenter: Kelly McShane, DrPH (PPT slides provided)

Dr. McShane provided an overview of ongoing behavioral health workforce research and analysis activities taking place since the establishment of the behavioral health initiative at UND in 2022. The main goal of the Behavioral Health Initiative is to improve the quality of life for all North Dakotans and to serve as a national leader in addressing rural behavioral health workforce needs, research, training, outreach, and service. This is carried out through investment by UND in the hiring of three new faculty members, a grants preparation officer, and the director, emphasizing:

- Continued assessment of workforce supply, demand, geographic distribution, and turnover trends.
- Use of workforce data to identify service gaps, inform education and training priorities, and support policy development.
- Collaboration with state agencies, providers, and higher education partners.
- Recognition that workforce challenges extend beyond recruitment to include retention, burnout, supervision capacity, and career advancement pathways.

McShane shared information about the various grants they are carrying out such as the Mental Health Technology Transfer Center; Addiction Technology Transfer Center, Opioid Response Network; ND HOPES, ND THRIVES; WIC Substance Use Prevention; and Behavioral Health Workforce Education and Training. Most of these have their own websites where people can go to get additional resources, sign up for trainings, etc.

Overall, they are working on getting more students into rural and medically underserved communities. Over the last two years, 57% of those who went through this program continued to work in the state of ND for one year post graduation, and of those, 71% were working in a rural or medically underserved community. In the fall of 2026, UND will launch a new clinical social work degree program. As Director she recently joined the AIM 7 work group and will be more actively involved in the collaborative work occurring there, as well as raising the invitation to reach out to her at any time to collaborate and support each other's efforts.

ND Training Academy for Addiction Professionals

Presenter: Denise Andress, MBA, BSN (PPT slides provided)

Ms. Andress shared updates on the ND Training Academy for Addiction Professionals, which was created out of the Heartview Foundation and started in 2015, noting:

- Expansion of training and certification opportunities for addiction professionals statewide that has been realized through the securing of ND Opioid Settlement Funds (OSF), in both rounds of grant funding
- Use of funding to reduce barriers to credentialing and professional development.
- The Academy's role in strengthening workforce pipelines and supporting service quality.
- Ongoing coordination with other workforce initiatives to align efforts with statewide needs.

Through OSF there have been 10 TAAP graduates; 57 trainees are on target to start training by July 2026; NDBACE improved the efficiency for registrations into training; there have been 60 inquirees and 50 transcript reviews. The work of TAAP is clearly aligned with AIM 7 of the Strategic Plan.

DHHS Reports

Mental Health Block Grant (MHBG) & SUPTRS

Presenters: Shauna Eberhardt and Lacresha Graham (PPT slides provided)

Ms. Eberhardt and Ms. Graham provided updates on MHBG and SUPTRS planning, implementation, and reporting activities. Discussion focused on:

- Alignment of block grant priorities with federal requirements and state strategic goals.
- Ongoing coordination within DHHS to ensure compliance and timely reporting.
- Continued efforts to refine performance measures and outcome reporting.
- Emphasis on using block grant funding strategically to support system-level improvement.

Council members heard an update on the current application which was a combined application submitted on August 29, 2025. Since submission, the state has received and responded to 14 revision requests, many of which involved reviewing and revising items to ensure alignment with current executive orders and SAMHSA Strategic Priorities. A review of progress as of December 1, 2025, report was also reviewed, noting areas of achievement along with an update on contracted services awarded.

Program for Mental Health and Children's Services (PMHCA)

Presenter: Sara Kapp (PPT slides provided)

Ms. Kapp provided updates on PMHCA-related activities, including current initiatives, coordination efforts, and ongoing program monitoring. The update reinforced the importance of cross-program collaboration within DHHS to support integrated services for children and families.

Current activities to achieve goals were discussed, including partnerships with EMS statewide to collaborate on expansion into emergency departments and increased primary care settings; ECHO trainings within schools; Care Coordination available within two rural schools; one additional NDFSCS school application to engage with Student for Success support and expansion into emergency departments.

Consumer Family Network Update

Presenter: Matthew McCleary, Deputy Director, ND Federation of Families for Children's Mental Health

Mr. McCleary provided an update on Consumer and Family Network activities, highlighting ongoing engagement with families and caregivers, efforts to elevate family voice in policy discussions, and participation in collaborative initiatives focused on children's mental health and systems of care.

Public Comments

No public comments were recorded.

Updates and Announcements from Members

No additional updates were provided due to the meeting time. Members were asked to submit any announcements to the facilitator to share via these minutes. None were received.

Adjournment

The meeting adjourned at **4:13 p.m. CT**.

Next Meeting:
Wednesday, April 15, 2026
Brynhild Haugland Room, ND State Capitol, Bismarck, ND
(In-person and virtual)

Submitted by:
Janell Regimbal
Facilitator, Behavioral Health Planning Council
Insight to Solutions