

North Dakota Behavioral Health Planning Council Meeting Minutes

Date: April 15, 2026

Time: 10:00 a.m. – 4:00 p.m. CT

Location: Brynhild Haugland Room, ND State Capitol, and Virtual: Microsoft Teams

Welcome and Call to Order

Chairperson Tania Zerr called the meeting to order at 10:03 a.m. and welcomed members attending both in person and virtually.

New Council members were introduced:

- Melanie Flynn, Department of Corrections
 - Patricia “Trish” Camisu, Consumer/Family Member with lived experience
 - Ashley Roulette, Mental Health/Substance Use Advocate Representative
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Roll Call and Quorum

Roll call was conducted and a quorum was confirmed.

Council Members Present:

Brenda Bergsrud; Patricia Camisu, Melanie Flynn, Melanie Gaebe; Denise Harvey; Brad Hawk, Andrea Hochhalter; Melissa Kainz; Kristi Kilen, Nancy Maier; Michelle Masset; Carlotta McCleary; Jen Withers for Amanda Peterson; Emma Quinn; Ashley Roulette, Pamela Sagness; Rich Smith; Kurt Snyder; Phil Sorenson and Tania Zerr.

Council Members Absent:

Cheryl Anderson; Heather Call, Dan Cramer; Jennifer Henderson, Glenn Longie; Kelly McGrady, Michael Salwei, Mark Schaefer; and Paul Stroklund.

Approvals

December 17, 2025, meeting minutes were reviewed.

Motion by Rich Smith. Seconded by Brenda Bergsrud. Motion carried unanimously.

The meeting agenda was presented with no proposed changes.

Motion by Melanie Gaebe. Seconded by Michelle Massett. Motion carried unanimously.

Administrative Updates and Discussion Items

Membership Update

Council leadership reported:

- One current vacancy for a consumer/individual in recovery (mental health)
- A potential future vacancy for a tribal behavioral health representative
- Resignation of Joseph Jahner, with appreciation expressed for his service.

Discussion emphasized the importance of maintaining required representation and continued recruitment efforts.

Letter of Support Policy and Procedure

The Council conducted a final review of the Letter of Support Policy and Procedure following prior reviews.

Discussion highlighted:

- The policy reflects Council feedback and refinement over multiple meetings.
- Requests will be routed through the Executive Committee
- Monthly Executive Committee meetings support timely review.
- Members may refer inquiries to Council leadership for guidance.

Motion by Andrea Hochhalter. Seconded by Melanie Gaebe. Motion carried unanimously.

Council Connections and Engagement Update

An updated inventory of Council member connections to boards, commissions, and workgroups was presented.

Discussion emphasized:

- The importance of understanding system connections across the state
 - The document as a living resource to support coordination.
 - The need for ongoing updates from members
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Council Purpose and Legislative Advocacy Update

The Facilitator reaffirmed the purpose of the Council:

To monitor, review, and evaluate the allocation and adequacy of mental health and substance use services in North Dakota, focusing on wellness and recovery that is consumer- and family-driven.

Legislative Priorities

The Chair reported on Executive Committee activities including outreach to legislators outlining 2026 priorities:

- Workforce capacity
- Youth behavioral health
- Crisis and State hospital pressures and alternatives
- Community-based residential capacity
- Medical detox capacity
- Housing within the behavioral health continuum
- System accountability and oversight
- Continued opposition to the IMD waiver

Discussion noted:

- Legislators have acknowledged these priorities.
- Continued engagement and education are needed to achieve alignment.

Cross-Disability Waiver and Policy Engagement

Council members discussed engagement with stakeholders involved in the Cross-Disability Waiver proposal.

Key points:

- Input was provided through direct meetings and written comments.
- Emphasis on:
 - Financial eligibility for children and families
 - Addressing siloed systems

- Avoiding screening tools as gatekeepers
- Promoting person-centered support

A primary concern identified:

- Current proposals exclude mental health conditions from disability categories.

The Council expressed strong support for inclusion of children with mental health needs and its specific inclusion in the document shared and discussed potential participation in public testimony. The document will be amended to clearly indicate the inclusion of mental health as a category to be included. Arrangements were made to ensure representation at the April 16 meeting where public testimony will be taken.

Behavioral Health Strategic Plan – Progress Assessment

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

The Council participated in the second round of progress assessments across the thirteen strategic aims of the Behavioral Health Strategic Plan by taking an online survey prior to the meeting. The Survey results (63% response rate) were presented and discussed.

Key System Themes

- Workforce shortages remain the most significant system challenge.
- Continued gaps in prevention and early intervention
- Improved infrastructure for:
 - Suicide prevention
 - 988 crisis access
- Persistent challenges in:
 - Rural access
 - Timeliness of services
 - Cultural and linguistic accessibility

Breakout Discussions

Members participated in breakout groups with virtual breakout rooms and on-site breakout groups to:

- Validate survey findings.

- Identify priority areas.
- Discuss accuracy of progress ratings.

Key discussion themes included:

- Workforce challenges impact all aspects of the system.
- Need for sustainable funding and structure for peer support roles
- Increasing demand for home- and community-based services
- Limited residential options for individuals with serious mental illness
- Rural access and transportation barriers
- Need for earlier intervention and stronger prevention efforts

Consensus Rating Process

Council members used a real-time polling tool to update consensus scores across all thirteen aims. Discussion emphasized:

- Aligning perceived progress with **actual system outcomes**
- Adjusting scores downward where system impact remains limited despite program presence.

Public Comment (Mid-Meeting Opportunity)

Public comment was invited. No public comments were received.

Recess for Lunch

The Council recessed for lunch and reconvened at 1:00 p.m. for the afternoon session.

North Dakota's Children's Cabinet Presentation and Discussion

Presenters: Senator Michelle Axtman, Chair of Children's Cabinet and Senator Kathy Hogan, Chair of Working Group of Cabinet on Youth with Complex Unmet Needs

(PPT slides provided)

Presenters provided an overview of the Children's Cabinet, now housed under the Governor's Office.

Children's Cabinet Key Priorities

- Strategic plan development (completed)
- Child well-being dashboard (in progress)
- Identification of effective practices (ahead of schedule)

Early Childhood Initiatives

- Statewide kindergarten readiness checklist
- School readiness toolkit for families

Discussion emphasized:

- Fragmentation across systems
- Need for improved coordination and shared data
- Importance of early intervention

Children with Complex Needs Workgroup (1556)

Discussion focused on system challenges for children with complex needs.

Key Findings

- Lack of appropriate placements, including children “hoteling.”
- Significant regional variation in services
- Limited rural resources
- Absence of crisis stabilization services for youth

System Challenges

- Increased parental relinquishment of custody.
- Workforce shortages
- Limited-service coordination

Guiding Principles

- Child-centered, family-focused care
- “No wrong door” approach
- Trauma-informed services
- Local decision-making with state support

Children’s Residential Placements (QRTP & PRTF)

Presenters: Brittany Fode, Licensing & Level of Care Administrator, DHHS/CFS, and Shauna Eberhardt, Policy Clinical Director, DHHS/BHD

(PPT slides provided)

The Council received a comprehensive overview of children’s residential placement services in North Dakota, including updates on Qualified Residential Treatment Programs (QRTPs) and Psychiatric Residential Treatment Facilities (PRTFs). Presentations emphasized a continued shift toward least restrictive, community-based care, with residential treatment serving as one component within a broader continuum designed to support children and families.

Brittany Foote provided an overview of North Dakota’s transition from Residential Child Care Facilities (RCCFs) to QRTPs, driven by implementation of the Family First Prevention Services Act.

This transition reflects a shift away from long-term congregate care toward time-limited, clinically appropriate treatment and increased use of family-based placements. Historically, children placed in RCCFs often remained for extended periods, 18 to 24 months or longer—with limited progress toward permanency. QRTPs are designed to provide structured therapeutic interventions with clearly defined treatment goals and discharge planning expectations.

System-level impacts of this transition include:

- A significant reduction in congregate care utilization, with North Dakota moving from one of the highest rates nationally to among the lowest.
- Fewer children are entering foster care.
- Increased placement in kinship and family foster homes
- Expansion of prevention services aimed at supporting families and avoiding placement.

Current system data reflects:

- A limited number of QRTP beds statewide with high utilization
- A relatively small percentage of children in foster care placed in QRTP settings.
- The majority of children served in family-based placements.

Placement decisions are guided by a clinical alignment process, involving cross-system collaboration to determine the least restrictive and most appropriate level of care, including QRTP, PRTF, or treatment foster care.

Shauna Eberhardt provided an overview of PRTFs as the most intensive level of care within the behavioral health continuum for youth. PRTFs serve children with significant psychiatric needs who cannot be safely or effectively treated in home, outpatient, or partial hospitalization settings. Services include:

- 24-hour structured therapeutic care
- Integrated clinical, psychiatric, and educational services
- Treatment guided by medical necessity
- A focus on short-term stabilization and intervention

PRTFs are not intended for long-term placement but serve as a critical component within the continuum when lower levels of care are insufficient.

Several initiatives aimed at strengthening access to residential care and supporting families were highlighted:

- **Family Navigator Role:**
A Medicaid-funded position designed to assist families—particularly those in private custody—in navigating evaluations, referrals, and funding pathways for residential treatment.
- **Voluntary Treatment Program:**
Provides a pathway for families to access higher levels of care without relinquishing custody.
- **Clinical and Workforce Investments:**
Efforts include trauma-informed care training, staff support strategies, and implementation of evidence-based practices to improve outcomes and reduce restrictive interventions.

Discussion across QRTP and PRTF services highlighted several consistent themes:

- Continued movement toward prevention and family-based care
- Ongoing gaps in community-based services and crisis stabilization
- Workforce shortages impacting service availability across the continuum.
- Challenges for families in navigating access to appropriate care

- The interdependence of system components, where limitations in one affect others
 - Increased focus on outcomes, including reduced length of stay and successful transition to community-based services.
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Report Highlights

1. Pediatric Mental Health Care Access Program (PMHCA)

Presented by: Sara Kapp, DHHS Program Administrator

(PPT slides provided)

Discussion highlighted:

- Low utilization despite system needs.
- Efforts to expand awareness and engagement.
- School partnerships and care coordination pilots

Key barrier:

- Limited provider engagement

2. Consumer and Family Network Update

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

Key themes included:

- Increased demand for system navigation support
- Insurance and workforce barriers
- Limited support groups and resources
- Loss of federal SOAR infrastructure

Discussion emphasized the need for whole-family support approaches.

Advocacy and Planning Discussion

Members engaged in discussion regarding ongoing and emerging advocacy priorities, with a focus on aligning efforts with key system issues identified throughout the meeting.

Discussion emphasized the importance of strengthening the Council's role in policy engagement, stakeholder communication, and system-level advocacy, particularly in areas where gaps and pressures were consistently identified.

Key areas of focus included:

- **Children's Behavioral Health and System Coordination:**
Members discussed the importance of continued engagement with initiatives such as the Children's Cabinet and the Children with Complex Needs workgroup. Emphasis was placed on ensuring that behavioral health perspectives are integrated into broader cross-system planning efforts, particularly related to service coordination, crisis response, and family support. Facilitator Regimbal will continue to keep the Children's Cabinet informed by sending our materials and minutes of meetings, etc.
- **Cross-Disability Waiver and Policy Development:**
The Council discussed ongoing developments related to the Cross-Disability Waiver proposal, including the need to advocate for inclusion of children with mental health conditions and to address concerns related to eligibility, system silos, and access to services. Members noted the importance of timely engagement, including participation in stakeholder discussions and potential public testimony.
- **Workforce and System Capacity:**
Workforce challenges were identified as a critical advocacy issue, impacting access to services across the continuum. Members discussed the need to continue elevating workforce capacity as a priority.
- **Council Role in Advocacy:**
Discussion reinforced the Council's responsibility to serve as a voice for system-level issues, informed by both data and lived experience. Interest was expressed in identifying more consistent and structured opportunities for engagement.
- **Communication and Coordination:**
The importance of clear, coordinated messaging was emphasized to ensure that advocacy efforts are aligned, timely, and reflective of Council priorities. Members discussed the value of continued collaboration with state agencies, system partners, and community stakeholders.

Overall, the discussion highlighted a shared interest in strengthening the Council's impact on advocacy efforts, while ensuring that engagement remains aligned with its advisory role and strategic priorities.

Announcements / Lightening Round

Announcements included:

- Behavioral health awareness event Bloomin Light Out of the Darkness Gala will be held May 22 in Bismarck.
 - Behavioral Health Workshop scheduled June 3–4 in Bismarck at the Bismarck Career Academy. The event will offer free registration and is intended for a broad audience, including human service providers, private agencies, regional entities, and policymakers. The workshop will emphasize interactive engagement and collaboration rather than lecture-based sessions. Participation from the Governor’s Office is anticipated.
 - P&A ND has a training initiative focused on employment for individuals with mental health conditions focused on supporting employment for individuals with mental health conditions. The initiative emphasizes employment as a key intervention that can improve long-term outcomes and reduce reliance on the behavioral health system. Supporting materials, including a PowerPoint presentation, are available, with potential for additional resource sharing.
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Public Comment

No public comments were recorded.

Adjournment

The meeting adjourned at approximately 4:05 p.m. CT.

Next Meeting

Wednesday, July 15, 2026

Submitted by:

Janell Regimbal
Facilitator, Behavioral Health Planning Council
Insight to Solutions