

North Dakota Behavioral Health Planning Council Meeting Minutes

Date: December 11, 2024

Location: Job Service ND Office, Dakota Room, Bismarck, ND, and Microsoft Teams

Time: 10:00 AM – 4:00 PM CT

Council Members in Attendance

Brenda Bergsrud (Consumer Family Network); Heather Call (ND National Guard); Dan Cramer (DHHS Behavioral Health Delivery System); Lorraine Davis (Consumer, Member-at-Large); Melanie Gaebe (Consumer, Individual in Recovery SUD, Chair); Andrea Hochhalter (Consumer, Family Member of an Individual in Recovery); Denise Harvey (Protection and Advocacy); Jennifer Henderson (Principal State Agency: Housing); Megan Indvik (MH & SU Advocacy Org); Melissa Kaine on behalf of Mandy Dendy (Principal State Agency, Medicaid); Kristi Kilen (Private Mental Health Provider); Michelle Massett (Principal State Agency: Social Services); Amanda Peterson (Principal State Agency: NDDPI Education); Emma Quinn (Consumer, Individual in Recovery MH); Pamela Sagness (Principal State Agency: DHHS Mental Health); Paul Stroklund (Consumer, Family Member of an Adult with SMI); Tania Zerr (Consumer, Family Member of a Child with SED); Richard Smith (Consumer, Family Member of Veteran) Kurt Snyder (Consumer, Individual in Recovery); Timothy Wicks (Consumer, Veteran).

Council Members Absent

Cheryl Anderson (DHHS Vocational Rehabilitation); Brad Hawk (Indian Affairs Commission); Joseph Jahner (Individual in Recovery MH); Glenn Longie (Tribal Behavioral Health); Carlotta McCleary (Youth MH & SU Advocacy); Michael Salwei (Consumer, Health Care); Mark Schaefer (Consumer, Private SUD Treatment Provider); Dr. Amy Veith (Principal State Agency- DOCR Criminal Justice).

Janell Regimbal confirmed a quorum was present.

Staff Present: Tami Conrad (DHHS Behavioral Health Representative)

Facilitator: Janell Regimbal of Insight to Solutions

Call to Order

The meeting was called to order by Acting Chair Melanie Gaebe at 10:04 AM CT, via videoconference and in person at the ND Job Service office in Bismarck.

Approval of Minutes

Motion by Andrea Hochhalter to approve the October 16, 2024, meeting minutes as presented. Seconded by Paul Stroklund. Motion carried unanimously.

Approval of Agenda

Motion by Amanda Peterson to approve the agenda as amended to include adjustments for executive committee appointments and policy/procedure change later in the meeting. Seconded by Tania Zerr. Motion carried unanimously.

Meeting Business

Membership Report

Tami Conrad announced new members appointed by the Governor's Office:

- Rich Smith, Behavioral Health Coordinator for Dickinson Public Schools, but appointed as a representative of a family member of a veteran.
- Megan Indvik, Chief Advancement Officer of F5, appointed as a representative of a MH & SU Advocacy Organization.
- Joseph Jahner, representing a consumer in recovery MH.

Open positions remain for a tribal behavioral health representative and a family member of a child with SED. Members were encouraged to recommend candidates. Michelle Gayette recently retired from state employment so the aging division will be providing a replacement for their position.

Matthew McCleary was thanked for his time and dedication to the BHPC as his term ended. Matthew will continue to be with us in the future for his reports relating to the Consumer Family Network contract. A question was raised as to whether the Governor's office would reconsider the interruption of Matthew McCleary's appointment as he was to succeed as Vice Chair to the Chair role, beginning this meeting. Because his term ended, Melanie Gaebe as per BHPC Policies and Procedures has now transitioned to Chair, leaving the Vice Chair position open. It was agreed to seek guidance from the Governor's office during this meeting as to whether they would reconsider with flexibility, given the leadership position McCleary occupied. As a result, the agenda was adjusted to allow time for a response before proceeding to an election for the open position.

ND Behavioral Health Strategic Plan Update (PPT slides provided)

Bevin Croft from the Human Services Research Institute provided updates on:

- Progress in behavioral health dashboard metrics up through September were shared via the October Dashboard. Croft noted that a lot of the activity occurring is around the Systems of Care work and much progress in prevention and early intervention activities. A new suicide data dashboard was shared. Several new goals and objectives added to the plan were highlighted.
- Workforce initiatives addressing critical shortages.

- Advocacy efforts for Certified Community Behavioral Health Clinics (CCBHCs). Members emphasized the importance of legislative advocacy for continued funding and support due to its importance of system building capacity.

Continuum of Care Conversation with Shauna Eberhardt (PPT slides provided)

Shauna Eberhardt, Clinical Director for Behavioral Health Policy Division, provided an in-depth presentation on the continuum of youth mental health care in North Dakota. The presentation addressed:

- **Current Continuum:** A detailed overview of prevention, early intervention, outpatient services, intensive home- and community-based services, partial hospitalization programs, psychiatric residential treatment facilities (PRTFs), and acute hospitalization. She highlighted care coordination and crisis services as elements spanning all levels of care.
- **Gaps Identified:**
 - Limited youth-specific crisis services.
 - Behavioral health workforce shortages.
 - Inadequate funding through fee-for-service models.
 - Lack of crisis residential services for youth.
 - Challenges in navigating services for complex cases.
- **Enhancements:**
 - Implementation of high-fidelity wraparound care coordination for youth and families.
 - Partnerships with Medicaid and CFS to align clinical criteria for PRTF services.
 - New behavioral health navigator role assisting families with access and follow-up care.
 - Funding for partial hospitalization programs, including new referrals through St. Alexius starting December 2024.
- **Future:**
 - Expansion of CCBHC models to address funding gaps and improve access.
 - Increased regional collaboration to improve service integration.
 - Technical assistance and staffing support for PRTFs.

Attendees expressed appreciation for the detailed analysis and discussed challenges related to systemic barriers, workforce limitations, and funding models. Members emphasized the importance of ongoing updates and cross-agency collaboration.

DHHS and Contractor Q&A Session (PPT slides/reports provided)

Update reports were provided in writing to BHPC members related to the MHBG, SUPTRS, and NDPMHCA reports from DHHS Behavioral Health staff and from the Consumer Family Network contract. When asked if there are plans for increased peer support opportunities for youth and families it was noted there is a pilot project within the system of care regions to expand peer support into family and caregiver peer support as well. Consultants from the University of Connecticut and the Innovations Institute are assisting with this. Two positions will be funded through SOC (one at WCHSC and one at LRHSC) for parents with lived experience navigating the child serving system on behalf of their children into those clinical teams. They hope to have the first parent and caregiver peer support training in April of 2025. There will also be some funds from SOC going to the Federation of Families to expand their workforce. Youth peer support would be the next venture. There were no other questions submitted to the staff to respond to. A member made a recommendation to consider breaking up the reported age groups in the reports further to reflect further delineation from the ages 26 and up. It would be better to indicate from 26-44 and then 45-65 and 65+.

State Hospital Update with A&E and Building Project Management Teams (PPT slides provided via this link [241211_NDSH Design Update.pdf](#))

Representatives from JLG Architects and TEGRA Group presented updates on the State Hospital modernization project, highlighting infrastructure improvements and enhanced patient care capabilities. Representatives from JLG Architects and TEGRA Group provided a detailed update on the modernization project at the State Hospital, which included providing a historical context. Key points included:

- **Infrastructure Improvements:** Plans to enhance safety, accessibility, and efficiency within the hospital's facilities, including updated HVAC systems, expanded patient areas, and upgraded technology for care delivery.
- **Design Philosophy:** A focus on creating trauma-informed environments, incorporating natural light, private spaces for patients, and outdoor therapeutic areas to improve patient well-being.
- **Project Timeline:** They will be finishing construction related documents over the next six months with the hopes construction could begin in July or August of 2025 if funded. From that point on it would be about a 29-month project. Updates on current progress and upcoming milestones were shared.
- **Community Integration:** Plans to improve transitional services for patients reentering community settings, aligning with broader behavioral health initiatives in North Dakota.

Questions and Comments:

- **Workforce Needs:** Members raised concerns about whether facility updates would address ongoing workforce shortages and asked how the design would support staff efficiency and satisfaction.
- **Crisis Management:** Questions were posed regarding how the updated facilities would improve crisis response for acute patients. Representatives emphasized the importance of flexible care spaces and improved coordination with external crisis services.
- **Patient Capacity:** Council members inquired about the hospital's ability to accommodate increasing patient numbers. The project team assured attendees that capacity planning had been integral to the redesign process.

The discussion concluded with members expressing appreciation for the comprehensive plan and its alignment with statewide behavioral health goals and being updated on the status of funding for the project. Currently the appropriated funds are for design only. The design team is meeting with the new Armstrong administration next week. The goal would be to bring a bill to fund the building project, with of course the question being at what level would be funded and how would it be paid for.

Recessed for Lunch/Reconvened at 1PM

Reinitiate BHPC Updates from morning session re: Leadership Position & Policy and Procedure Revisions

Tami Conrad reported back the Governor's office responded to the inquiry sent this morning that new members were appointed to bring a fresh perspective to the Council and Chair and Vice Chair positions do not impact those appointment decisions. Given this we will continue with following our policy and procedure of succession of Vice Chair to Chair, with Melanie Gaebe assuming the current role of Chair and a call for nominations for Vice Chair was placed to allow for a hybrid vote to take place supporting our current meeting structure. Paul Stroklund and Tanya Zerr made self-nominations. A motion was made by Tim Wick and second by Andrea Hochhalter to close nominations, passed unanimously. Each candidate provided a brief overview of why they are interested in serving and what they would bring to the position. Paper ballots were provided to in person attendees and those attending online were asked to email their vote to facilitator Regimbal by 2:15 PM when the voting window would be closed and result announced following the break.

Proposed changes to the policy and procedure first presented in October related to changes, revisions or new policies and procedures created were reviewed. Key updates included:

- Policy changes now require a supermajority of 2/3 of members present for approval.

- Clarifications were added for consistency in adoption and revision processes.

Motion to approve the revised policy as presented by Paul Stroklund. Second, by Amanda Peterson. Motion carried unanimously.

The conflict-of-interest policy redraft was not yet ready to be considered as we are awaiting further guidance from the Attorney General's office. Information will be brought back to the Council at the May meeting.

DHHS Budget and Legislative Bill Draft Overview (Handout provided)

Pamela Sagness provided an overview and update on this topic. While the DHHS budget was due in August, the various budgets submitted across state agencies then come together in the Governor's budget which was presented last week by outgoing Governor Burgum. While the information provided in that budget is what will be shared today with the Council, members were urged to remember the Armstrong administration will adjust the budget. Everything is fairly stable in committee chairs in Human Services committee except for the Committee Chair. The new Chair is Matt Ruby. Term limits are impacting assignments, with people moving into appropriations assignments more quickly.

A key item the department is working on in preparation for the session is being able to clearly communicate about minimum standards and how to best communicate about levels of services and service categories using everyday language. The importance of being able to clearly report on what is available in each region and how much further there is to go to get to the minimum standards set will be important. Also to communicate what the consequences are to people when these services are not available or if they must leave their home communities to get access and the issue of keeping in mind the whole continuum of residents – i.e., across age spectrums and rural as well as more urban centers.

Ms. Sagness reviewed the Decision Packages coming from behavioral health division (formerly known as OAR- Optional Adjustment Requests). See handout attached. There will be things in other departments that will be related to the interest of behavioral health such as things in aging and housing, etc. so we may want to request their decision package list too. If something does not come forward in the Governor's budget, it could be brought forward by a legislator via a bill draft. There will also be some policy bills such as one to put into code the CCBHC certification and the changing of language from "human service centers" to "behavioral health clinics" to help avert the confusion between human service zones and centers. Comment shared to help interpret the handout provided include:

- If green, it was funded exactly as proposed. If salmon, it was partially funded with edit made at the Gov office. If grey, it was completely removed.
- When the department puts forth their budget it was to meet current need as it is hard to ask for expansion when you are not able to meet current needs.
- Funds to build the new State Hospital were not placed in the Governor's budget.

- There were some legislators who shared at the budget section that only 1-2 CCBHCS should be done rather than working on all 8, which is the opposite communication of what had previously been shared.
- It is important to “level set” expectations. Not all these decision package items will get funding. They will need to be prioritized and there will need to be clarity about what is expansion versus what is meeting the already existing need.

Ms. Sagness was requested to provide the Council with the one-page document on each of the decision package items referenced on the list to promote greater understanding of the budgeted items and as an aid for the Council to decide on prioritized items.

Following a brief break, the meeting was reconvened at 2:32 PM

Behavioral Health Workforce Initiatives Update (PPT slides provided)

Monica Haugen, Administrator BH Workforce, DHHS and Kurt Snyder, Executive Director, Heartview Foundation presented updates on workforce strategies. As of 11/1/24 Ms. Haugen indicated her new role is to lead efforts to grow and sustain the behavioral health workforce, working at the macro level across all initiatives. Including working with the Aim 7 work group and the public and private partners. Haugen shared the wide variety of groups she met with in her first sixty days to establish a foundation for what is happening with regards to the workforce across the state and the various needs. She has also been reviewing previous legislative bills related to the workforce, researching what other states have done and reviewed authored reports. She has also been revising the behavioral health toolkit for employers. A mapping of workforce project is underway.

Mr. Snyder shared the expansion of training sites and clinical supervision resources and the establishment of scholarships to boost entry into behavioral health professions. Through their work there was a gain of 16 training sites. They are forecast to graduate 28 trainees through the course of the grant. They provided 20 different scholarships ranging from \$1700-\$10,000. New partnerships with Dickinson State University and Minot State, Bismarck State College and United Tribes Technical College have increased capacity. Online clinical supervision training has made an impact on trainee completion. It has also helped people get the opportunities they need to get trained and stay in their home communities to serve. When asked about the sustainability to continue to fund the efforts, Mr. Snyder indicated the Opioid Settlement Funding is expected to provide \$8MM for every biennium into this effort but the legislature must allocate the money to be spent, and they must write the grant to compete for the award.

Election for Vice Chair Results

Facilitator Regimbal announced Tania Zerr received the most votes via online email ballots submitted and paper ballot collected from those attending in person.

Legislative Advocacy Planning

The following BHPC members volunteered to be appointed to the Legislative Committee joining the Executive Committee members: Rich Smith, Megan Indvik, Paul Stroklund and

Emma Quinn. This formally established group will meet a total of 8 times between December and April for one-hour virtual meetings. All members of the BHPC are welcome to attend at any time. Agendas and minutes will be publicly posted. The Facilitator will keep all member apprised by emailing the notices and minutes to the full BHPC. Members were asked to assist in outlining advocacy goals for the legislative session, to help guide the work of the committee. Past priorities were reviewed and approach taken. Items noted in October were provided as a starting point with additional items from today's discussion. The following list was provided for the committee to begin its work on how to best proceed:

- HSRI aims
- Comprehensive care frameworks
 - Community based
 - Across all populations
 - High fidelity wraparound for children that supports the entire family
- Improving BH access
- Integrated peer support
 - Youth & Family
- Increase financial stability through state funding of critical items/core services x region.
- IMD Waiver – continued opposition to it but with focus on the following to assist:
 - State plan changes needed to do increase days of care
 - SUD voucher set aside for IMDs (decision package item)
 - Policy changes to increase flexibility to address gaps
 - Increased coordination between providers and state
 - Establish rigorous monitoring framework
- Implement culturally responsive BH traditional healing services into state systems
- Meet minimums (at least) of service expectations in each region of the state
- Fund the building of the state hospital
- Fund school grants -without match school incentives decrease to deliver BH
- Supported housing –
 - access across state
 - address addiction and criminal background issues
- Decision package items

Public Comments

Attendees shared perspectives on improving community engagement and addressing service gaps in underserved areas.

Lightening Round Updates

Council members provided brief updates on their ongoing projects, collaborations, and initiatives supporting behavioral health.

Adjournment

The meeting adjourned at 3:50 PM CT. The next meeting is scheduled for May 14, 2025, at the Job Service ND Office and via Microsoft Teams.

Submitted by: Janell Regimbal, Facilitator