

North Dakota Behavioral Health Planning Council Meeting Minutes

Date: May 14, 2025

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); 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 Kainz 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); Brad Hawk (Indian Affairs Commission); Cheryl Anderson (DHHS Vocational Rehabilitation); Joseph Jahner (Individual in Recovery MH); Carlotta McCleary (Youth MH & SU Advocacy); Michael Salwei (Consumer, Health Care); Mark Schaefer (Consumer, Private SUD Treatment Provider).

Council Members Absent

Dan Cramer (DHHS Behavioral Health Delivery System); Glenn Longie (Tribal Behavioral Health); Dr. Amy Veith (Principal State Agency- DOCR Criminal Justice). And Timothy Wicks (Consumer, Veteran).

Janell Regimbal confirmed a quorum was present.

Call to Order

The meeting was called to order by Chair Melanie Gaebe at 10:01 AM CT, via videoconference and in person at the ND Job Service office in Bismarck.

Approval of Minutes

Motion by Megan Indvik to approve December 11, 2024, meeting minutes as presented. Seconded by Andrea Hochhalter. Motion carried unanimously.

Approval of Agenda

Motion by Tania Zerr to approve the agenda as amended to reflect Janell Regimbal would be sharing Tami Conrad's report in her absence. Seconded by Richard Smith. Motion carried unanimously.

Meeting Business

Membership Report

Janell Regimbal reported on behalf of Tami Conrad, with the following membership report:

- Mark Schaefer, Lorraine Davis, Andrea Hochhalter, Kurt Snyder, Timothy Wicks, Tania Zerr and Emma Quinn all have appointments expiring June 30, 2025. They were reminded they may be reappointed at the discretion of the Governor but must reach out to Tami Conrad to let her know if they are interested. Members were informed that Timothy Wicks has communicated he will not be making reapplication, opening a position of Consumer, Veteran.
- Aging Services and DOCR have been notified to provide a recommendation to the Council for their representative.
- Open positions remain for a tribal behavioral health representative and a family member of a child with SED. Members were encouraged to recommend candidates.

An update was also provided regarding advisement related to the BHPC draft conflict of interest policy. Stephen Hanson of the ND Attorney General's office has provided guidance back to Ms. Conrad that the council would be subject to the ethics commission rules found in NDAC chapter 115-04-01 since the members are appointed officials of the executive branch. Our current draft policy encompasses some but not all the chapter. It was noted we would be better off to simply adopt following the chapter versus writing out our own policy. He also addressed previous concerns discussed of consumer members having a conflict under the rules, but he did not think they would have a conflict due to their status as consumers of services, because the things voted on would be things they would not receive any greater benefit than the public.

Engagement Activities of BHPC Legislative Committee (see written report provided)

Melanie Gaebe highlighted the report of activities provided by facilitator Regimbal. Members expressed their gratitude for the work of the committee comprised of Melanie Gaebe, Andrea Hochhalter, Lorriane Davis, Tania Zerr, Kurt Snyder, Rich Smith, Paul Stroklund, Emma Quinn, and Megan Indvik. Feedback included being cautioned to provide broad support for everyone; to have a well-rounded approach we need to look at all populations, general and specific subgroups like the elderly and children. It was noted that activities should begin earlier than the month prior to session next time to enable better access to legislators and to build relationships.

1915i Update (PPT slides provided)

Cody Stanley, 1915i Administrator introduced himself, as he is three months on the job. He provided a brief overview of where the program is now and where it needs to go in the future. A change of the program name is desired. He shared how members can monitor the dashboard to see enrollment information on an ongoing basis. Goals include renewal of state plan amendment which must be done every five years; have all billing done through Therap starting June 2026; make programmatic less administratively taxing on providers; and increase community understanding of program. He also noted that the youth area is largely unexplored for 1915i as are the rural areas. He wondered if churches would be interested in being providers to better serve rural areas.

In response to questions about “whether there was shared work that could be done with the systems of care grant” he indicated there has been some but could more conversations. “Due to reluctance around agency and provider registration being needed and the barrier it provides, could this be changed?” he replied it was a hard line with CMS. “Have you seen an increase in recruitment of providers?” it seems to have leveled off the last couple of months.

Members shared their appreciation for the efforts to simplify processes.

Summary Report on ND Behavioral Health Strategic Plan and Future Activities (PPT slides provided)

Bevin Croft from the Human Services Research Institute provided background on why the strategic plan is being revisited. The plan itself is now six years old. It involved an extensive goal setting process. It is comprised of aims and goals. Besides revisiting the plan itself, we will also review how progress is being reported. The new proposed measurement system is set to be gap based. It is important to note currently the dashboard is activity based.

Comments shared included that even though children’s needs were a high priority, not much has happened. Many goals were to “expand” services but to do that workforce would need to be a part of it too. While there have been major steps forward in many areas it must also be tempered with not all populations having crisis services, peer support, 1915i, etc. More attention is needed across the age spectrum, with children and seniors needing increased concentration along with rural areas. It was noted we need to be able to tell both stories- we have made great strides AND we need to still show where we are still on fire and continue to need to garner support. Maintenance still needs to happen on issues as well.

Between the May and July meetings of the BHPC each member will be asked to complete a survey via a survey monkey link. The July meeting will largely focus on the review of goals and related work, using a World Café format. The meeting will be in person only to accommodate this need.

Recessed for Lunch/Reconvened at 1:02 PM

DHHS Budget & Legislative Session Recap (PPT Slides provided)

Pamela Sagness, Executive Director of the Behavioral Health Division, provided an overview of key outcomes from the 2025 North Dakota legislative session impacting behavioral health. Highlights included:

- **New State Hospital:** \$300M allocated down from \$330M with construction beginning July 2025 and completion anticipated in 2027. The funds for this project ended up being in OMB rather than HB1012. The building will be completed structurally so they could add on in the future.
- **Free Through Recovery & Community Connect:** Fully funded to expand services from 1,500 to 2,000 individuals/month.
- **Certified Community Behavioral Health Centers (CCBHCs):** Four clinics in process now (Minot, Fargo, Williston, and Dickinson). Continued support, including hiring for 103 positions (58 for area to meet increased demands and 45 to expand to CCHBC services). These changes have already started to roll out by partnering not duplicating; Care Coordinators are at the front door; they must make the service changes first and then rate setting will come after; people will not be turned away but will be connected to others.
- **Name Change:** Human Service Centers will be changed to *Behavioral Health Clinic* to help alleviate the confusion between HSC and HSZ.
- **Private Facility Expansion:** Inpatient beds funded in Williston (10 adult beds), Grand Forks (24 beds, primarily adult), and Bismarck (30 beds, primarily youth). These are all 1X costs.
- **SUD Voucher:** Increased funding and expansion to cover some medical expenses.
- **Telehealth & Crisis Care:** Continued funding for jail-based services and Avel E-Care.
- **988 Lifeline:** Additional funding for FirstLink operations.
- **Partial Hospitalization Programs:** Ongoing support included in the budget.
- **Opioid Settlement Funds:** Maintained at \$8 million per biennium. RFP has already been released.
- **Long-Term Structured Residences:** A directive for HHS to plan and report by October 2026.

- **Licensing Updates:** Reclassification of mental health professional tiers (SB 2079).
- **Policy Clean-Up & Juvenile Mental Health Measures:** Legislation included cleanup language for the State Hospital (SB 2078), juvenile fitness to proceed (SB 2036), and juvenile mental health evaluations (SB 2037).

In response to a question as to the status of BH grants for schools, Ms. Sagness indicated it is level funded at \$9M, with the same methodology as in the past.

Office of Reentry & Recovery: Direction & Behavioral Health

Jonathan Holth introduced himself and shared information about his new Cabinet level position. The road map for the office is still in process. It will focus on operationalizing relationships between all the parties that work in the space of reentry and recovery. He has been on a listening tour of visits around the state. It is important to know that our state's number of incarcerated people rose by 21% in the last ten years, whereas nationally the rates have declined by 20%.

He has been working with a group of stakeholders who have identified challenges and opportunities in our criminal justice system. The group had over two dozen recommendations, some as policy but the rest were contained in three legislative bills:

- **HB1425:** Has a front-end focus of deflect and divert. It clarifies the processes law enforcement uses with permissive language to allow locals to come up with processes. It also created a pilot program for prosecutor-based diversion. Three counties will be pilots with an application process for funds. Results will be reported back to legislators before the next session. This bill also includes a study of DOCR pretrial services.
- **HB1417:** Looks at fees and parole/probation violations. There are uncollected fees related to monthly supervision, indigent defense, etc. Definitions were updated and they will examine what is and isn't working
- **HB1549:** Looks at the backend of the criminal justice system, those reentering or about to reenter. Ensures DOCR works with NDDOT to assure everyone has an ID card upon release and access to medical care upon release. It will also study record sealing and expungement and access to housing.

Overall, this session there was much discussion about data. A comprehensive study of data collection and data sharing is needed along with cross agency collaboration.

DHHS Behavioral Health Division Updates & Related Discussions (PPT slides provided)

Shauna Eberhardt, Clinical Director for Behavioral Health Policy Division, provided an update on the Pediatric Mental Health Care Access grant, sharing how it works, contracts funded by the grant. She also provided information on Reaching Teens implementation.

Laura Anderson, Policy Director/Behavioral Health Division, provided information on the status of federal cuts they were notified of in March and plans to mitigate the impacts. An update was provided regarding the federal COVID-related behavioral health grants awarded to North Dakota HHS, totaling \$9,452,779 across multiple supplemental funding streams (SUPTRS and MHBG). As of March 24, 2025:

- Approximately **\$3.18 million** had been expended, with **\$6.27 million** remaining.
- Funds were allocated or planned for expenditure across several categories including:
 - External contracts (23.1%)
 - ND HHS services (12.7%)
 - Substance use and youth mental health plans in development (18.1%)
 - Previously rendered services (40.5%)

Several contracts were either **canceled or terminated**, including those with BeMoreColorful, Flint Communications, Gemini Consulting, and multiple regional providers for mental health support and community messaging initiatives.

A list of **ongoing contracts through September 30, 2025**, was shared, including projects with the City of Fargo, UND, various peer and crisis response consultants, and 19 local public health units and 4 tribal entities focused on substance use prevention.

The presentation detailed the reasoning behind contract terminations and re-allocations, while noting that a portion of the funding was either intentionally returned or remains under planning. It was noted that the overall implications to the Block Grants may be that the funding may go back to 2019 levels. There have been inflationary increases since then.

Consumer Family Network Contractor Update (PPT slides provided)

Matthew McCleary provided an overview of the *Consumer Family Network (CFN)*, a program operated by Mental Health America of ND that supports adults and families navigating the behavioral health system. Services include:

- **System Navigation Assistance:** Helping individuals and families connect to mental health, housing, and financial services, including support for parents and individuals facing housing instability or mental health crises.
- **SOAR Program:** Assists individuals experiencing or at risk of homelessness in applying for SSI/SSDI benefits through a streamlined, evidence-based process.
- **Outreach Activities:** Highlighted recent visits to Human Service Centers across the state and participation in various statewide conferences and community events.

- **Call Data:** Between December and March, CFN received 39 service navigation calls from across all eight regions.
- **CFN Conference 2025:** Scheduled for June 3 in Bismarck with topics including Indigenous mental health practices, state services updates, professional boundaries, and crisis prevention tools.

The presentation emphasized the individualized support CFN provides to meet the complex needs of consumers and their families across North Dakota.

Following a brief break, the meeting was reconvened at 2:40 PM

Public Comments

None provided.

Lightening Round Updates

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

Adjournment

A motion by Pamela Sagness was made to adjourn the meeting at 3:39 PM CT. Second by Carlotta McCleary. Motion carried unanimously.

The next meeting is scheduled for July 16, 2025, at the Job Service ND Office. Please note the meeting will NOT be offered via Microsoft Teams.

Submitted by: Janell Regimbal, Facilitator