Burleigh-Morton Behavioral Health Coalition

BMBHC

Quarterly Meeting

Bismarck Burleigh Public Health
Microsoft Teams
Tuesday, August 5th, 2025
10:00 AM – 11:30 AM

Attendees: Madison Peterson (BBPH), Susan Kahler (BBPH), Renae Moch (BBPH), Michelle Erickson (Abused Adult Resource Center), Doreen Eichele (Dacotah Foundation), Theresa Schimdt (BBPH), Jason Tomanek (City of Bismarck Administration), Jodie Fetsch (Western Plains PH), Melissa Lennon (Altru Inpatient Behavioral Health), Kris Morrissette (Ministry on the Margins), Erin Ourada (Western Plains PH), Jena Gullo (United Way), Mike Ness (Midwest HIDTA ORS Program), Matthew McCleary (MHA & NFFCMH), Katie Fitzsimmons (NDUS), Gary Schaffer (Burleigh Co. Sheriff's Dept.), Christine Kujawa (Bismarck Veterans Memorial Public Library), Carrie Sorenson (Quality Health Associates of ND), Melanie Hanson (Centre, Inc. Mandan), Andrea Sailer (ND Brain Injury Network), Hannah Wacthus (Dacotah Foundation), Kelly McShane (UND, Behavioral Health Initiative), Bea Kaiser (Bismarck Veteran Memorial Public Library), Hiedi Bean (West Central HSC), Lynden Ring (West Central HSC), Charlotte Williams (CDC Foundation ORS/ND DHHS Behavioral Health Division), Kandy Swenning (CHI St. Alexius Bismarck-Mandan), Tiffany Melberg (Evolve Mental Health), Pamela Sagness (Executive Director Behavioral Health), Jennifer Pelster (Western Plains PH), Kelli Sears (Sanford Health), Tamsen Oberry (UTTC), Kodi Pinks (Director Non-Infectious Disease Surveillance & Data Management), Mary Senger, Cathy Palczewski (Heartview), Verna Baker (MHA Nation), Kyle Kirchmeier (Morton Co. Sheriffs Dept.), Elizabeth Kapella (BBPH Nurse-Family Partnership of Missouri Valley).
Total Attendance: 38

Welcome/Introductions:
Renae Moch, SAP Coordinator, Bismarck-Burleigh Public Health (BBPH)
Renae Moch welcomed participants and coordinated introductions.

Community Triage Center Update
Renae Moch provided an update on the Community Triage Center. Renae's previously updated that she put in a grant application for the North Dakota State Opioid settlement funds and that would be used for technical assistance. Renae was then given notice that the funding was pulled. She originally was planning to receive 100,000 in federal dollars. Due to the funding being pulled Renae tried a couple different routes. She applied for the State Opioid dollars, but they did not move forward. She then was going to ask both Burleigh County and City of Bismarck to cost share their Local Opioid settlement funds. Asking each for 50,000 dollars. She met with Burleigh County first and they made the decision to not move forward. Renae met with City of Bismarck next. She asked for the full 100,000 and they made the decision to move forward. With this funding, Renae will be able to use it for the technical assistance needed to develop a plan. Then will meet with the City Commission on how to forward with the Community Triage Center. Renae's current plan for the Community Triage Center is kicking off in August and Renae hopes around October or November that they can look at moving forward. Renae is currently working with a vendor that will help her with model development. Renae will look at things such as whether the Community Triage Center will be a medical detox, social detox, or a low barrier shelter. Renae will also look at where it'll be placed in the community, who would own the center, sustainability, Medicaid billing, private or public funding, implementation roadmap, contract language, and stakeholders.

Overdose Response Strategy Program
Charlotte Williams, PhD, Public Health Analyst and Mike Ness, DIO, Midwest HIDTA
Charlotte Williams and Mike Ness shared about the program Overdose Response Strategy (ORS). ORS is a collaboration between public health and public safety. ORS was created to help local communities reduce drug overdoses and save lives by sharing timely data, intelligence, and innovative strategies. Charlotte shared some of the programs and initiatives they have been working on, such as introductory meetings, ODMAP, OFR, ND Environmental State Scan, ONE Program, Mountain Plains ATTC, County Detention Centers relationships/initiation of MOUD, disruption of services plan, leave-behind naloxone kits, drug take-back events, community input survey. Charlotte also shared some of their partners such as, people, organizations, agencies, academic institutions, public health units, sheriff's departments, and more. ODMAP is a map of hot spots or where opioid overdose, or opioid overdose fatalities are occurring. Other substances can be listed among the map as well. There are currently 9 agencies that are registered to the ODMAP such as, Fargo police department, Grand Forks Police Department, Southwest Narcotics Task Force, Cass County Sheriff's Office, West Fargo Police Department, Fargo Cass County Public Health, Western Plains Public Health Unit, and MHA Elbowoods Memorial Health Center. Mike shared many public health partners have a lot of interest in accessing and inputting information into their ODMAP. Mike also shared that there is a lot of data is not captured on the map. The data is usually inputted when they are notified by emergency services, public health units, or people from engagement centers. Currently there is an idea of creating a centralized location at their engagement center in downtown Fargo as basically a catch all for the information that is relayed to them. The hope is to capture some of the unreported overdose incidents. The ODMAP is not open to the public only to approved agencies. ODMAP does not capture any personal identifying information and uses a geolocator and what substances where there. Charlotte shared about Overdose Fatality Review (OFR). OFR is like a social autopsy of what happens to a person when they have passed away from substance use or abuse. Charlotte and Mike are working to create a panel board for OFR with UNDS doctor Marianne Senz and even a mentor mentee program. Charlotte shared a bit more details about projects they have worked on such as creating the QR code on the Narcan boxes to provide easier access for individuals to request Narcan and assisting with naloxone distribution in county jails. Mike shared that there are currently 8 counties in Midwest HIDTA, Grand Forks, Walsh, Burleigh, Morton, Williams, Ward, Fargo, and they are working on designating Richland County and Ramsey County. For reservations they must have what is called select designation or special law enforcement credentials with local and state agencies to work on reservations and for federal credentials it must be a BIA or FBI. There is currently designation at Turtle Mountain, Spirit Lake, Fort Berthold, and still in the process at Standing Rock. Mike shared some numbers of substances that were seized in 2024, methamphetamine at number 1 with 1812 seized, fentanyl at 1003, marijuana at 283, and more. Mike said they are seeing a lot of seizing of THC products at the border towns such as Fargo and Grand Forks with it being legal in Minnesota. Counterfeit fentanyl pills are still an issue and starting to see a lot of powder fentanyl. Mushrooms and hemp products are continuing to become a concern with the inconsistency in the dosage amounts. Lastly Charlotte shared drug overdose deaths. In 2024 there was 106 deaths and as of May 12th, 2025, there has been 28 deaths.

Subcommittee Updates:
Prevention & Education Subcommittee
DFC Grant- Madison Peterson, SAP Intern

Madison Peterson shared some events she attended during the summer. Madison attended People Matter – reached 130 people – Dakota OutRight – reached 129 people – Family River Walk – reached 325 people. Madison also presented for a Boy Scout troop to receive their substance use prevention training and had many great questions from parents who wanted to better understand these substances, alcohol and marijuana, and the prevalence and impact they have been having on youth. Madison plans to attend the Youthworks back to school event and Gateway to Science event in August. Madison also shared some plans she has been working on with the schools. Madison has been working closely with Bismarck High School's School Coordinator to implement more marijuana education. With the uptick in SRO's confiscating marijuana vape pens, DFC is working to try to get more presentations or curriculum into the schools to educate youth on the effects and consequences of marijuana.

Student Committee Updates- Madison Peterson
Madison Peterson shared an update on the student committee. Madison recently attended CADCA Mid-Year Training Institute with a school coordinator and 4 youth from St. Mary high school. Madison shared how impactful the event was for the students. The students were given many new ideas and motivation for the upcoming school year on ways they can create spaces where youth can interact without substances and work it into their daily lives.

SOR Grant- Sue Kahler, SAP Coordinator (BBPH)
Sue Kahler shared a bit on the State Opioid Response (SOR) grant. Sue shared that she has submitted a continuation application for next year. There was a 10% decrease on the grant, but she continues to move forward with Narcan trainings and one box placements, along with take back events. So far there has been 29 one box placements, which is a box with an automatic training video that walks people through with administrating Narcan. Most recent places that one boxes have been placed is Bismarck Transition Center, Dakota Boy and Girls Ranch, and Job Service. Sue also completed some trainings with Cathy at Silverstream, Burleigh County Child Protection Services, and U of Mary Nursing Class. Next Narcan training is on September 17th at 6:00pm at Bismarck Burleigh Public Health.

Intoxication/Withdrawal Management
Lynden Ring, West Central Human Service Center – Emergency Crisis Services & 211 Call Center
Lynden Ring shared a more detailed overview on West Central Human Service Center (WCHSC) and the Crisis Stabilization units. Lynden provided a quick update on West Central Human Service Center changing their name to West Central Human Service Behavioral Health Clinic that is part of Certified Community Behavioral Health Clinic (CCBHC) Preparedness. WCHSC is 1 of 8 clinics in the state doing behavioral health, including substance services. WCHSC covers 10 counties and about 30,000 people. WCHSC mainly focused on Bismarck-Mandan and nearby communities, but with CCBHC they are hoping to expand their efforts and even focus on providing more and better resources to rural communities. WCHSC also has 24-hour behavioral health services with 3 full time employees between the hours of 5pm to 8am, an independent licensed therapist that does on call and works a lot with the withdrawal management center. They also do overnight hospital admissions. 8am-5pm, Monday through Friday is when they do a lot of their assessments and people can also walk in and receive triage. Lynden then shared what they have been working on in the past year or two as they have been moving towards CCBHC. WCHSC has created a peer support team where they hire individuals with actual lived experience and have gone through treatment and have gone through recovery. They

currently have 4 adult teams and one large youth team. In their youth and family services they have what is called a functional family that is evidence-based practice. Another is care coordination. Care coordination helps with the cases where people walk in or get sent there from the hospital and they are at a higher level of care so care coordinators will connect with them and assist them. Another is Behavioral Health Liaison and adding additional Licensed Addictions Counselors (LACs). The LACs are embedded in the community-based treatment teams and are in the homeless shelters, jails, detention centers, doing more of the nontraditional types of tasks. Lynden shared about WCHSC and how they contract with Dacotah Foundation for crisis stabilization units. WCHSC does crisis stabilization for behavioral health and at the crisis stabilization units are where they perform their withdrawal management, social withdrawal management services, not medical, and where people are coming after medical clearance from a hospital. There are overnight staff doing groups and have peer support in the crisis stabilization units. There are two transitional living units in Bismarck, Arbor and Sahnish, one is 8 beds, and the other is 12 beds. This is where people can get back on their feet and start working towards whatever their needs may be. On the South side of Bismarck there is a social center where individuals can receive peer support, independent living, socialization, and things they can do within the community. They also work on medication management where they can directly monitor a person's medications. If an individual is having a hard time maintaining medication compliance, they can do medication management and if they also complete their episode of care, it can be a nice way to stay connected. Dacotah Foundation also has independent residential services or apartments. Lynden shared WCHSC crisis stabilization unit or alternative care services (ACS). The ACS is not a locked facility and if individuals feel the place is not for them, they are allowed to leave. If the situation is a crisis situation, the individual is a danger to themselves or others, they will work to keep the individual there. In June the ACS had 232 admissions and 146 of them were unique meetings. Average length is about 5 days. When its withdrawal management, the length of the stay is determined by tapering the dose of the medications they are on. They also have SIT which is a drop in facility and can sit and stabilize themselves and visit with the crisis team for 23 hours and 59 minutes. From April to June 2025, there was 58 admits with an average of 19 minutes. 35 admissions had mental illness and 19 with substance use disorder. With dual diagnosis the average time is about 12 hours. Heidi Bean, a Behavioral Health Liaison for WCHSC, discussed a bit about her role. Heidi shared that she was responsible for providing community outreach, education, and engagement activities. She engages with regional stakeholders and works to develop care coordination agreements with executive leadership at regional facilities and partner organizations. The agreements will assist individuals and families to gain access to needed medical, social, education, and other services. Heidi has been working with care coordinators to provide better services and education within the community. She also organizes services, providers, and resource access by working with multidisciplinary teams and psychosocial support providers both internally and throughout the community to assist individuals in effectively improving their overall health and functioning. Heidi has worked with public health units, criminal justice organizations, law enforcement and more and assessed the types of services they need for their communities and then works to provide education to the proper stakeholders. An example is educating the public on the 988 number in cases of crisis's and providing law enforcement a tablet to assess and connect an individual that is experiencing behavioral health issues to a mental health professional.

Treatment & Recovery Subcommittee
Melissa Lennon – Altru Inpatient Behavioral Health

Melissa Lennon shared about Altru Inpatient Behavioral Health in Grand Forks, North Dakota. Altru is a secure 24 bed inpatient facility that is adjacent to Altru's outpatient behavioral health clinic. Altru staffs an executive director, director of clinical services, a nursing manager, social worker, 2 psychiatrists, 2 psychiatric mental health nurse practitioners, RN's, LPN's, Behavioral Health techs, Activity Therapist, and a teacher through Grand Forks Public Schools for adolescent patients. Altru serves both adults and adolescents, 2 distinct units with 24 total beds. Altru's Inpatient facility is an intense, structure therapeutic program and their goal is to transition a patient into outpatient or a step-down program. Average length of stay varies on the patients needs. Altru has a joint venture with Universal Health Services (UHS). For adolescent program, Altru has 6 beds and takes ages 13-17 (11 and 12 are case by case and will not accept anyone under the age of 10). Adolescent patients are also given individualized treatment plans, daily group-based treatment therapy, activity therapy with recreational therapist, medication management, discharge planning from the day of admission, family visitation and meetings, use of outdoor courtyard, and a teacher available to allow patients who are in high school or younger to attend 2-hour school sessions. For the adult program, they have 18 beds and take ages 18 and older. Adult patients are given individualized treatment plans, daily group-based treatment therapy, activity therapy with recreational therapist, medication management, discharge planning from the day of admission, family meetings (as needed) and visitation, and use of outdoor courtyard. The daily routine for patients is a daily schedule of groups, scheduled phone and visiting times, interdisciplinary teams meet daily to determine needs and discharge plans, unit is staffed 24/7 with RN's and LPN's and behavioral health techs, and 15-minute safety checks. All patients must meet admission criteria. Local patients will go to the emergency room. Regional partners will do One Call which will notify referral source of result. Admission criteria are either 1) a patient plans or intent to cause serious bodily harm to themselves or others, 2) serious harm will come to the patient due to a psychiatric illness and can not be prevented with lower level or care, 3) patient has a secondary condition such that treatment cannot be provided at a less restrictive level of care. Melissa also provided some admission exclusion criteria such as BAC > 0.1/drug level causing change in consciousness, medical conditions requiring acute treatment, severe dementia, receiving hospice care, specialized cancer care, wound care, and more. Altru's current plans for the future are opening the intake department to allow patients to be directly admitted instead of being admitted through the ER and plans for expansion by November 2026, including an additional 24 beds. For regional partners, patients currently will need to be transported by a secure transport company, law enforcement, or the ambulance. Altru recently received a patient from Sanford Bismarck and have had no issues with transportation, other then discharge since the patient will need to find transportation back, Altru assisting with the process.

Cathy Palczewski, Heartview – Opioid Grant Project Manager

Cathy Palczewski shared a quick update on the Overdose Bridge Grant. After partnering with the clinics and street outreach, they have gotten a lot more contacts. From June 2025 to July 2025, they had 242 street outreach contacts and they are only on the streets for 4 hours a week. The goal of the project is to build relationships, make them familiar with the services available, and bridge the individuals into treatment. Of the 242 contacts, 5 of the individuals scheduled evaluations at Heartview, 4 of them attained evaluations and all 4 are currently in treatment. Cathy shared she has been pleasantly surprised about the number of people that they encounter that show up to Ministry on the Margins, Dacotah Resource Center, or the library to meet with our team to work on resources for stabilization. They have also had 61 face to face contacts during open hours and it was individuals coming to look for resources at Ministry on the Margins. Cathy said they have been seeing more and more people on the streets coming from

Minneapolis, South Dakota, and many more places seeking things like ID, housing, social services, and Bismarck Burleigh Public Health's social worker and Ministry on the Margins are getting those services out there. Cathy gave an update on related to the Narcan trainings adding that she trained managers at Touchmark in Bismarck and Fargo and Sioux Falls. She provided them opioid 101 education and threw in Narcan training. Cathy said, phase 3 of the grant is stigma reduction. This looks like meeting with local first responders and conduct roundtable discussions with people that are in recovery. First responders usually see the worst of the worst, so this is to show them the good side of how that can look and talk about stigma reduction. Dickinson's Heartview now has walk in hours as well. Cathy ended with a success story from their efforts where they met a man on the street about 3 months ago who had been homeless for about 7 years and were able to bridge him into treatment. He came to open hours at Ministry on the Margins and he got connected and continues to thrive at Heartview and signed a lease into housing.

North Dakota Data Related to Opioids
Kodi Pinks, MPH – Director-Non-Infectious Disease Surveillance & Data Management
Kodi Pinks shared some data. At this point in time in 2025, there have been 53 confirmed cases for drug overdoses for North Dakota. In 2024, which is not completely closed out is 106. Kodi said they are mainly finding opiates in peoples systems, but have seen amphetamines, marijuana, and continues to watch data for xylazine. In 2025, 33 individuals had fentanyl. Between Burleigh and Morton County there have 6 drug overdose deaths in 2025. 5 of the individuals had fentanyl and 4 of the 5 had fentanyl and methamphetamine.

New Members/Organizations

Additional Comments:
Michelle Erickson – Abused Adult Resource Center
Michelle Erickson shared the HEART Program. Occurs every other Tuesday. Next HEART Family night is August 19th from 6pm-8pm.
Heartview HEART Program

Andrea Sailer - North Dakota Brain Injury Network
Andrea Sailer provided a job listing for anyone interested in brain injury.
NDBIN is hiring for Bismarck/ND SW region - Here is the job link if you are interested in brain injury or know someone who is! - https://careers.und.edu/jobs/resource-facilitator-tbi-western-region-of-nd-remote-north-dakota-united-states

Assignments/Next Meeting
November 4th, Tuesday at 10am-11:30am

Meeting Adjourned at 11:35am.
Meeting minutes taken by: Madison Peterson, SAP Intern

The Mission Statement:
"To lead and guide a continuum of care model to reduce substance abuse & behavioral health issues in our communities."

The Vision Statement:

“A safe, healthy, vibrant community, free of substance abuse, addiction and behavioral health issues.”