

Meeting Minutes: Behavioral Health Planning Council

Date: 06/02/2025
Minutes prepared by: Heather Ites
Meeting Location: Minnesota Department of Human Services (DHS)
Elmer L. Andersen Building
540 Cedar Street, St. Paul, MN 55101
Room C2222

Attendance

- Present: Charlie Mishek, Muna Khalif, Sara Costello-Fedje, Ta'Yonna Mays, Anessa DeGroat, Melodie Garcia, Christen Donley, Ellie Skelton, Krysia Weidell, Zamzam Ahmed, Lori Thorpe, Tanya Carter, Tom Delaney, Teresa Steinmetz, Tamir Elnabarawy, Mary Rogers, Kristine Preston, Diane Neal, Jen Sather, John Parsons, Kari Irber, Heather Ites, Keith Koegler, Tim Pilcher, Johanna Schels, Steven Wilson, Emma Rice, James Xiong, Aisha Elmquist, Lisa Monahan,

Agenda items and minutes

Welcome, Charlie Mishek, Chair

- Charlie Mishek provided a welcome and introduction.

Roll Call, Charlie Mishek, Chair

Charlie Mishek took the roll call, and the following members were present:

- Charlie Mishek - Chair, Representing Parents/Guardians of a Child/Youth/Young Adult in Recovery from or at Risk of Substance Use Disorder
- Sara Costello-Fedje – Representing Advocacy Organizations - substance use disorder
- Melodie Garcia – Representing Peer-Led Mental Health Consumer/Survivor Organizations
- Anessa DeGroat – Representing Peer-Led Substance Use Recovery Community Organization (RCOs)
- Krysia Weidell – Representing Family Members of an Adult with Lived Experience of Mental Health #1
- Muna Khalif- Culturally Specific Mental Health Providers or Organizations
- Ta'Yonna Mays- Mental Health Promotion Providers
- Christen Donley- Family Member of an Adult in Recovery form or At-Risk of Mental Health #1

- Ellie Skelton- Family Member of an Adult in Recovery from or At-Risk of Substance Use Disorder #2
- Krysia Weidell- Family Members of Adult in with Lived Experience of Mental Health #1
- Zamzam Ahmed- Youth/Young Adult with Lived Experience of Mental Health
- Teresa Steinmetz – State Mental Health Authority and State Substance Authority
- Lori Thorpe- State Economic Development Authority
- Mary Rogers – Representing the Minnesota Office of Ombudsmen
- Tanya Carter – Representing the Minnesota Department of Health
- Tom Delaney – Representing the Minnesota Department of Education

Introductions

The following non-members introduced themselves:

- John Parsons – Public
- Kari Irber – Minnesota Department of Human Services, Behavioral Health Administration (BHA)
- Kristine Preston – Minnesota Department of Human Services, BHA, Deputy Assistant Commissioner
- Johanna Schels – Minnesota Department of Human Services, BHA
- Heather Ites – Minnesota Department of Human Services, BH Planning Council Lead
- Diane Neal – Minnesota Department of Human Services, BHA, Director of Mental Health
- Jen Sather – Minnesota Department of Human Services, BHA, Director of Substance Use Disorder Services
- Tim Pilcher – Minnesota Department of Human Services, BHA
- Keith Koegler – Minnesota Department of Human Services, BHA

Behavioral Health Administration Update, Kristine Preston, Deputy Assistant Commissioner

Kristine Preston, Deputy Assistant Commissioner for the Behavioral Health Administration provided an update:

- Today marks the first day of State workers returning to the office 50%.
- The state Legislature has not yet passed a budget for the next biennium, which begins on July 1st. If they are unable to reach an agreement, a special session will be called so they can promptly pass a budget for the next biennium.
- The next block grant application is due September 1st, and we have not yet received the application and are not sure what changes there will be. We are preparing for the application utilizing previous applications, knowing that we will need to pivot with any changes to the application. We anticipate changes, as the federal government has been making changes in many areas.
- We do not have a firm timeline for when we will receive the new application for federal block grant funding.

Questions:

Heather Ites provided an overview of how to ask questions during the presentation and encouraged additional questions or input to be emailed to Heather Ites.

Strengths, Gaps, and Needs Assessment Results Presentation, BHA Federal Grants Team, Jen Sather, Diane Neal, Kari Irber

- **Kari Irber** gave an overview of the needs assessment process including:
 - Needs and gaps identified by literature review of over twenty professional, community, provider, and peer organizations to provide the summary that will be presented today.
 - A May 2025 survey of Minnesota's behavioral health systems strengths and needs which was sent to Substance Use and Mental Health providers, professionals, and staff. The 600+ responses continue to be analyzed and incorporated into the needs assessment process.
 - Acknowledgment that a survey directed to a broad general public would help illicit a more comprehensive view of gaps and needs seen by those in need of and those receiving services.
 - **Kristine Preston** explained that the public and clients receiving services might also be surveyed about additional needs from their perspectives.
- **Jen Sather**, Director of SUD services, and **Diane Neal**, Director of Mental Health services, gave an overview of the following needs that were identified:
 - Stable Resources- including staffing, reimbursement rates, wait lists, rural areas
 - Increased services and resources focusing on long-term interventions and services across the lifespan
 - Client-driven and person-centered services that better address basic life needs and circumstances of each client.
 - Quality Behavioral Health Data to better inform the response to various mental health and SUD issues.
 - Increased and expanded early identification to be more universally available and address a wider variety of conditions.
 - Services specifically for incarcerated and post-incarcerated populations to help with transition and success upon re-entry into the community.
 - Services for children and youth specifically in schools, and a transition from detention and hospital settings to in-home and family-based services.
- **Kristine Preston** stated that she wanted to stop and ask if there is any feedback related to what has been discussed so far regarding the needs assessment. Council members and public asked the following questions and provided the following input:
 - A council member expressed support for the idea of survey being sent out to customers of the service and also non-customers to get ideas of people that have not become customers, so we understand why they have not received services.
 - A council member provided input that feedback from clients is that there are so many requirements of the Behavioral Health Fund and insurance that do not allow for client choice of which services they want (ie groups or individual services).
 - A member of the public put forward the need for prevention education families of children in school to ensure that parents know how to identify and prevent substance

use and for treatment services and recovery residences for pregnant and parenting women.

- Diane Neal provided response of some projects DHS is working on for pregnant and parenting women.
- A member of the public identified:
 - that the issue of wait times for psychiatrists are too long and counseling network could assist with this.
 - the potential solution to join interstate licensing compact to assist with wait times.
- A council member asked if the state would provide additional resources to support State Medical Review Team due to increase in need based on potential changes to Medicaid work requirements.
 - Teresa Steinmetz thanked the member for the feedback and offered that DHS is analyzing the Medicaid changes issues and provided a DHS resource with more information about these efforts.

Priority Areas Overview for Application

Keith Koegler, BHA Federal Grants Team, explained the following process, considerations, and requirements for creating priorities for the application based on the needs assessment:

- Based on Minnesota's strengths, gaps, and needs assessment and SAMHSA'S stated priority and population focus areas, we will develop specific priority areas to address the service gaps and needs in Minnesota.
- This will include workplans and performance measures that we plan to meet in the next two years.
- There can be additional block grant expenditures not in the priority areas.
- SAMHSA has not issued guidance yet about the priorities they want states to focus on and likely won't until the end of June or possibly July.
- We expect SAMHSA to continue to at least focus on the priority areas required by the US Code and Code of Federal Regulations
- Provided a quick refresher on what block grants can fund and identified possible need to use more block grant funds for people that might lose insurance due to federal budget changes.

Keith also explained the likely SAMHSA SUBG Priorities:

- Primary Prevention activities (people that do not need treatment)
- Pregnant women and women with dependent children specialized SUD treatment services
- Substance use disorder treatment
- Persons who inject use drugs
- Recovery support services

In addition, Keith explained the likely SAMHSA MHBG Priorities:

- Early Serious Mental Illness (ESMI) services (example: First Episode Psychosis (FEP))
- Behavioral Health Crisis services (mobile crisis services, crisis stabilization, crisis contact center or crisis call centers)
- Mental health services for:
 - children with a Serious Emotional Disturbance (SED)
 - adults with a Serious Mental Illness (SMI)
 - rural populations
 - people experiencing homelessness

Program Overviews, Emma Rice and Jen Sather:

- **First Episode Psychosis (FEP), Emma Rice BHA First Episode Psychosis Consultant:**
 - 5 teams over MN that provide FEP services and technical assistance.
 - Coordinated Specialty Care (CSC) for FEP as a way for those experiencing symptoms to receive care prior to higher levels of care needed.
 - CSC teams include a team lead, family education specialist, therapist, employment and education specialist, case manager, individual peer support, family peer support, and medication prescriber. Fully staffed teams can serve 25-30 individuals at a time
 - Time frame for receiving services is about 2 years including a step-down model of care.
- **Primary Prevention Overview, Jen Sather BHA SUD Director:**
 - Provided a brief trailer for a more thorough overview at next meeting by the DHS expert in this area.
 - Almost all of our Primary Prevention funding comes from the Substance Abuse & Mental Health Services Administration (SAMHSA) Substance Use Block Grant
 - 20% Primary Prevention Set-Aside of block grant, so it is a heavy focus
 - Federal Definition of Primary Prevention: Services for those who have never been in SUD Treatment nor have ever been assessed as needing SUD Treatment. Information before the problem even begins.

Discussion and Questions: BHA Federal Grants Team

DHS presented the following questions for the council to consider and discuss:

- **What priorities do you recommend for using the block grant funds to increase and/or improve mental health services?**
- **What priorities do you recommend for using the block grant funds to increase and/or improve substance use disorder services?**
- **What priorities are not being addressed by current block grant funding?**

Council members had the following thoughts on these questions:

- A comment on more funding going to OTP programs to get the capacity increased. Client to staff ratio is increasing in the recent years and staffing is not keeping up with client needs.
- A council member brought up work training incorporated into SUD treatment. The member noted working with people in their 30's and 40's with insufficient job training to be successful while working on SUD treatment. Training for client's who need more help being successful after SUD treatment is concluded. This may also include day-to-day training to help people be productive in their everyday lives.
- Question/ discussion: Is there a breakdown of where the current funds are being utilized? Response from DHS: That information is available and has been shared in larger overviews. An example is that within the \$26 million SUD block grant funds, about \$9 million of those dollars are allocated to the Behavioral Health Fund to pay for those individuals that are not eligible for insurance or services insurance doesn't pay for. Additional amounts go to the various set asides including services for pregnant women and primary prevention services. On the MHBG side, 25% is for American Indian services, 10% is for FEP services, and 5% is for crisis services of the total \$15.5 million of the MHBG. DHS staff advised council to suggest projects that members want to see more work done in.
- Question/discussion: In reference to the gaps and needs assessment, are these priorities that are already being covered, or do they need more coverage or are they excluded from coverage?
DHS responded, it is probably both and that most of the broad categories can be covered. The difference is what we are focusing the mental health and SUD treatment and primary prevention on, and can we use the block grant to meet some of the needs, but it will not cover all of it. It might cover parts of the needs. It is a both/and, a starting point and also what work is being done in this direction as a framework. Is it Medicaid funded, is it Medicaid eligible, is there state funding, is it eligible for the block grant, and is a combination of funds sufficient or do we still have a gap where we would like to dedicate additional resources to build it out? Also need to think about changes in funding, requirements, or a cut to state funding, is it eligible for block grant funding so you can fill gaps that might develop. Rate increases are hard to fund through the block grant because the block grant cannot be used to pay for what you can bill to Medicaid.
- Question/discussion: Can high deductible insurance plans or high out of pocket costs that individuals face when receiving services be supplemented through the block grant? DHS Response: This would fall in the underinsured category, great thought. It would also require looking at the individual insurer to see if you have the ability to waive a deductible or copay. Provided link in chat to SAMHSA guidance on this area: [Guidance for Block Grant Funds for Cost-Sharing Assistance for Private Health Insurance \(PDF\)](#)
- Question/ discussion: are block grant funds able to be utilized for tuition reimbursement or financial aid for students in MH or SUD programs? DHS response: This has not historically been an allowable use of block grant funding and is not anticipated to

change. Although the block grant couldn't fund this, there are a lot of other initiatives in Minnesota including tuition programs to assist in workforce development.

- **How are federal funding cuts affecting the priority areas for block grant funding?**
 - Discussion of the termination of harm-reduction services that had previously been funded by grants that are no longer available. Specifically, in regard to the lack of street outreach for unhoused encampments. Some can't obtain Narcan, or safer use supplies due to the grants being gone. A few people up north have not been able to work with pregnant women programs.

DHS acknowledged the struggles and provided a link to the [Medicaid Matters webpage](#).

Federal Funding & Policy Update, Tamir Elnabarawy, Director of Federal Relations, DHS:

Tamir shared a federal update; specifically on the Reconciliation Bill that was passed out of the house and the impact on Medicaid:

- The bill as it is currently drafted, would strip hundreds of thousands of Minnesotans from healthcare coverage and essential care.
- Much of the bill appears to be designed to drive disenrollment and essentially force states to kick people out of programming.
- Kaiser Family Foundation estimated between 152,000- 235,000 people would lose coverage. DHS' initial estimates are lower (20,000-64,000).
- The bill would increase medical debt and uncompensated care, particularly for vulnerable rural hospitals.
- Gender affirming care could be impacted for youth and adults.
- Funding for family planning and reproductive services would essentially eliminate federal funding for Planned Parenthood of MN and its affiliates, totally around \$170 million per year.
- Limit retroactive coverage for Medicaid from three months to one.
- Imposes cost sharing for adult expansion group above 100% FPL.
- Mandatory work requirements for adult expansion group.
- Increases frequency of eligibility redeterminations for adult expansion group to 6 months.
- Provided several outreach and engagement events and resources related to the bill.
- Presented next steps for the bill.

Council Updates: Membership and Opening Seats, Heather Ites, Planning Council Coordinator:

Heather talked about the seats that are open and up for election and the number of applicants for each seat. Heather asked if there were any objections to proceeding with selecting members given the number of applicants and there were no objections. Review Panel members are in the process of reviewing applicants.

Closing and Adjourn

Charlie Mishek asked if there were additional questions, gave a brief closing statement, and ended the meeting at 2:52 pm.

Next Meeting

Date: August 4th, 2025 – Application Feedback

Time: 1:00 PM

Location: Minnesota Department of Human Services, Elmer L. Andersen Building, 540 Cedar Street, St. Paul, MN 55101 Room C2222 and virtually via Teams