

Meeting Minutes: Behavioral Health Planning Council

Date: 12/01/2025
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, Sarah Costello-Fedje, Muna Khalif, Zamzam Ahmed, Melodie Garcia, Krysia Weidell, Ellie Miller, Tom Delaney, Tanya Carter, Lauren Webber, Aubrey Haddican, Kristine Preston, Kari Irber, Heather Ites, Keith Koegler, Tim Pilcher, Johanna Hernandez, Terry Gromala, Steven Wilson, James Xiong, Tanya Wenning, Wendy Jones

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.

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
- Melodie Garcia – Representing Peer-Led Mental Health Consumer/Survivor Organizations
- Sarah Costello-Fedje- Advocacy Organizations- Substance Use Disorder
- Muna Khalif- Culturally Specific Mental Health Providers or Organizations
- Krysia Weidell – Representing Family Members of an Adult with Lived Experience of Mental Health #1
- Zamzam Ahmed- Youth/Young Adults with Lived Experience of Mental Health
- Ellie Miller- State Housing Authority

- Lauren Webber- State Criminal Justice Authority
- Tanya Carter- State Health Authority
- Aubrey Haddican – Representing the Minnesota State Child Welfare Authority
- Tom Delaney – Representing the Minnesota Department of Education

The following members were absent:

- Cynthia Murphy
- Mike Beltowsky
- Tara Brown
- Rahma Adem
- Jamal Adam
- Christen Donley- as planned
- Eleanor Skelton
- Kellie Kujak
- Ta'yonna Mays
- Glen Maloney III
- Marissa Lang- as planned
- Kristin Peterson
- Anessa DeGroat
- Laura Lee Runia
- Henry Scere
- Jason Urbanczyk
- Joni Brigam
- Pam Hughes
- Lori Thorpe
- Teresa Steinmetz- as planned
- Mary Rogers- as planned

Introductions

The following non-members introduced themselves:

- Kari Irber – Minnesota Department of Human Services, BHA
- Kristine Preston – Minnesota Department of Human Services, BHA, Deputy Assistant Commissioner
- Terry Gromala- Minnesota Department of Human Services, BHA
- Steve Wilson- Minnesota Department of Human Services, BHA
- Johanna Hernandez – Minnesota Department of Human Services, BHA
- Heather Ites – Minnesota Department of Human Services, BH Planning Council Lead
- Keith Koegler – Minnesota Department of Human Services, BHA
- Tim Pilcher – Minnesota Department of Human Services, BHA

- Tanya Wenning- Minnesota Judicial Branch
- Wendy Jones- Public

Behavioral Health Administration Update

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

1. Federal Block Grant Report Submitted

- Annual report was successfully submitted last week (ahead of deadline).
- Work focused on updating priorities from the last block grant cycle.
- Significant effort put into improving the quality of data reporting.
- Increased focus on accurate cost and service capture and documentation.
- Goal is to support consistent year-to-year comparisons (“apples to apples”).

Acknowledgment given to DHS teams involved, including:

- Federal block grant team
- Data and evaluation team
- Finance team

2. Program Integrity Focus at DHS

- Statewide emphasis on maintaining high integrity in Medicaid and grant programs.
- Ongoing agency initiatives to prevent fraud, waste, and abuse.
- Noted increased public attention to high-risk Medicaid programs.
- Four programs implicated fall within Behavioral Health Administration oversight.

Current actions include:

- Launching pre-payment review processes for Medicaid claims.
- Enhancing contracting and oversight practices.
- Strengthening compliance with federal requirements.

3. Federal Reporting and Year-End Work

- Current DHS teams handling significant federal year-end reporting tasks.
- Work relates to:
 - End of the calendar year reporting deadlines.
 - Reporting periods that lag by three months after grant cycles end.

4. Pending Discussion With SAMHSA

- Ongoing back-and-forth with SAMHSA concerning the block grant application submitted on Sept. 1.
 - Further clarification and updates expected from Federal Reporting team.
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Year-in-Review Summary

BHA Federal Grants Team

Meeting Format Recap

The council followed a consistent structure this year, which included:

1. Roll call
2. Deputy Assistant Commissioner update
3. Training or updates on block grant application and reporting
4. Presentations from DHS program teams
5. Council updates
6. Adjournment

Members were invited to offer feedback and propose improvements.

Presenters and Key Topics in 2025

Throughout the year, the Council heard from multiple presenters addressing major DHS behavioral health initiatives:

Program & Issue Presentations

- **Federal Relations:**
Tamir shared federal updates, policy changes, and national initiatives impacting Minnesota.
- **First Episode Psychosis Program:**
Emma Rice provided program updates and emerging needs.
- **Mobile Crisis Services:**
Jenna Beeson-Brevig described current operations and statewide system activity.
- **American Indian Program Grants:**
Shirley Cain highlighted targeted work supporting tribal communities.

- **Primary Prevention Programming:**
Phyllis Bengtson shared prevention efforts and priorities.
 - **State Opioid Response (presented today):**
Rick Moldenhauer discussed opioid treatment authority obligations and statewide response activities.
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Block Grant Educational and Informational Series

Council members participated in an iterative learning process to build block grant understanding:

Topics Covered

- ✓ Block Grant 101 — introduction to funding, terminology, set-asides, and allocation rules
- ✓ Overview of federal funding sources supporting behavioral health
- ✓ Explanation of how dollars can be used within each grant type
- ✓ Needs assessment and gap identification processes
- ✓ Priority area development and rationale
- ✓ Full walkthrough of the submitted grant application
- ✓ Review of final priorities and content submitted to SAMHSA
- ✓ Overview of federal block grant reporting requirements

This process was designed to:

- Improve council familiarity with funding expectations
 - Increase transparency on planning and spending decisions
 - Ensure informed advisory participation
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Application Review Status

- Minnesota submitted the FY block grant application in late August.
- SAMHSA is reviewing and issuing revision requests.
- Revision requests reopen specific sections for DHS to add clarity or detail.
- Revision work will continue and we will update the council.

FFY 2024-25 Block Grant Reporting

- The report was due December 1, 2025 and was submitted on November 26, 2025.
- The report included priorities, expenditures, client data and prevention and treatment activities.

WebGAS Access Instructions for Report Review

Council members may review submitted Block Grant reports through the SAMHSA WebGAS system. To access these materials, follow the steps below:

- Go to the WebGAS portal: <https://bgas.samhsa.gov/>
- Enter the following credentials:
- **Username:** citizenmn
- **Password:** citizen
- Select **“View an Existing Application.”**
- Two submitted reports will appear:
- **“2026 SUPTRS Block Grant Report”**
 - Reflects the SUPTRS block grant reporting
- **“2026 Mental Health Block Grant Report”**
 - Reflects the MHBG reporting
- Click **“View Application”** to open.
- Use the navigation menu to view individual sections, including:
- Expenditure reporting
- Priority updates
- Program descriptions
- Demographic and service utilization data
- Prevention and treatment activities

Members may review specific report elements such as budget tables, program narratives, data summaries, and statewide outcome information.

Upcoming Mini-Application – FFY 2026–2027 Block Grant

A mini-application for the FFY 2026–27 Block Grant cycle will be due to SAMHSA on **September 1, 2026**. Additional details, including submission structure, documentation needs, and review timelines, will be shared as guidance becomes available from the federal government.

Request for Council Input

As part of this planning process, BHA invites council members to provide recommendations and ideas regarding potential spending priorities, including:

- New or unmet areas requiring investment
- Populations experiencing gaps in service
- Programs demonstrating strong results that may be scaled
- Innovation or pilot programs needing continued support

Council input will help shape draft recommendations brought forward during mid-year planning discussions.

Engagement & Feedback Request

Council was specifically asked to provide:

1. Topic Areas for the Upcoming Year

Examples may include:

- Emerging behavioral health trends
- Service delivery innovations
- Community needs not yet addressed
- Data reporting and outcome measures

2. Suggested Presenters or Organizations

Open call for recommendations:

- Not limited to DHS presenters
 - Could include external providers, advocacy groups, community partners, research experts, or service systems
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Engagement and Participation Update

Context

- DHS staff highlighted a concern about reduced meeting engagement, minimal dialogue, and low attendance.
 - The goal is to create a more collaborative, participatory environment where members actively shape priorities and decisions.
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What DHS Observed

Low participation trends

- Limited discussion during meetings
- Few questions or reactions to presentations
- Little to no post-meeting feedback submitted by members

Low attendance

- Several members not showing up consistently
 - Some members absent for multiple meetings
 - Attendance rates were lower than expected compared to similar councils
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Actions Taken / Underway

Direct outreach to members

- Heather is contacting members to:
 - Identify barriers to attendance
 - Understand scheduling challenges
 - Explore potential format adjustments
 - Encourage continued participation

Increasing visibility

- Roll call is kept on the agenda intentionally so:
 - Attendance patterns are transparent
 - Members can see gaps in participation
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Why Engagement Matters

DHS emphasized that:

- The council's input directly guides **block grant priorities, program direction, and investments.**
 - Strong participation helps ensure that:
 - ✓ Member priorities are reflected in statewide decisions
 - ✓ Funding aligns with community needs
 - ✓ Council members feel ownership in outcomes
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Encouragement for Member Engagement

Participants are encouraged to:

- ✓ Speak up during meetings
- ✓ Use chat
- ✓ Raise their hands
- ✓ Email feedback when needed

DHS also acknowledged differences in personal style, cultural norms, and comfort levels that affect participation.

Commitment Moving Forward

DHS leadership stated they are open to:

- Changing the format
- Trying new structures for discussion
- Creating multiple engagement channels
- Adapting scheduling, if needed
- Continuous improvement based on feedback

Program Highlights – State Opioid Response

Overview by: Rick Moldenhauer State Opioid Treatment Authority

Purpose of Presentation

Rick provided a high-level overview of statewide trends related to:

- **Substance use patterns**
- **Treatment admissions**
- **Overdose mortality data**

Key Data Source

- DAANES (Drug and Alcohol Abuse Normative Evaluation System)
Used for intake and discharge reporting across treatment programs.

Key Highlights

- Presentation included **21 slides** summarizing trends from approximately **2007–2024**.
- Data reflects **treatment admissions only**, not full population prevalence.

- Actual need for services is estimated to be **significantly higher** (only ~1 in 7 to 1 in 10 access treatment).
- Minnesota currently has:
 - ~500 state-licensed programs
 - Additional tribal-licensed programs
 - ~20 opioid treatment programs
- Data points represent individuals who were able to enter treatment based on available resources, timing, and funding.
- First statewide year-over-year decrease in opioid-related overdose deaths in five years
- Continued racial disparities, including:
 - 10x higher mortality risk for American Indian residents
 - 3x higher for Black Minnesotans
- Youth misuse patterns showing:
 - Continued growth in misuse of prescription opioids among grades 8–9
 - Stable patterns among grade 11 students
 - Growth in methamphetamine-related admissions

Context Shared

Rick emphasized:

- Admissions represent a small subset of individuals needing services.
- Data can be doubled to estimate prevalence due to limited access.
- Trends vary by region and service availability.

Follow-Up and Availability

Rick offered:

- Copies of the slide deck and extended versions upon request.
 - Availability for future meetings to dive deeper into selected data areas.
 - Direct contact via email or phone for questions or assistance.
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Federal Funding & Policy Update

Presenter: Tamir Elnabarawy, Director of Federal Relations, DHS

Overview

Tamir provided a federal landscape update focusing on federal funding status, implications for Medicaid, and administrative actions related to immigration policy. Key concerns highlighted included continued uncertainty regarding federal appropriations, potential service disruptions, and anticipated policy changes with statewide effects.

Federal Funding Status

- The federal government is currently operating under a **continuing resolution (CR) through January 30**.
- Funding levels remain unchanged during the CR period.
- Congress is working toward standard appropriations legislation for the remainder of the fiscal year.
- Senate leadership is expected to consider HHS funding shortly after the holiday recess.

Funding Challenges Noted:

- High likelihood of difficulty securing a bipartisan, full-year agreement.
 - Risk of a funding lapse or shutdown near **January 30**, which could mirror past shutdown impacts.
 - Shutdowns directly affect federal staffing and program administration, particularly CMS operations.
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Medicaid Program Considerations

- Previous federal guidance indicated Medicaid could operate through **December 31** without appropriations.
 - Because the CR now extends beyond that boundary, DHS is actively assessing how Medicaid and related grants would function if federal funding lapses.
 - DHS is engaging federal partners and will provide updates when available.
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Potential Healthcare Reconciliation Bill

- Senate is considering another reconciliation package focused more directly on **healthcare policy**.
- This follows a prior reconciliation bill that resulted in significant reductions to health programs, particularly Medicaid, in support of broader federal priorities.
- DHS is preparing for renewed administrative and operational efforts similar to those required in response to prior legislation.

Public Charge Policy Update

- The U.S. Department of Homeland Security has proposed changes that rescind the previous administration's public charge rule and expand the criteria used in determining whether an applicant is likely to become a "public charge."
- Proposed changes may:
 - Expand the types of benefits included in determinations.
 - Consider past use of benefit programs.
 - Potentially include Medicaid, SNAP, and housing supports.

Potential Impacts Noted:

- Prior public charge rules caused significant fear and uncertainty in immigrant communities.
- Potential for reduced benefit utilization due to misunderstanding of eligibility or risk.
- County and provider staff are likely to have increased questions.

Planned DHS Actions:

- Distribution of informational materials to provider partners and stakeholders.
- Increased promotion of free and confidential immigration legal resources.
- Clarification of which benefits do or do not affect immigration eligibility.

Member Comment

Sarah Joy Costello asked whether additional supports could be made available during coverage gaps, including access to medication and pharmacy assistance resources while individuals transition to more stable insurance coverage.

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

- Heather informed that the Per Diem process has changed and that anyone with outstanding invoices should reach out to her.
- Please update contact information on Secretary of State website. All personal information is now protected and not open to the public.
- 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.

Next Meeting

Date: February 2nd

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

Orientation TBD