

STATE ADVISORY COUNCIL ON MENTAL HEALTH
and Subcommittee on Children's Mental Health

State Advisory Council on Mental Health
Thursday, February 5th, 2026, 11am - 1pm
In-Person and Virtual Meeting

Attendance (bold = in-person)

Claudia Daml – Chair, **Cici Hughes** – Subcommittee Co-Chair, **Sierra Grandy** – Vice Chair, Jen Springer, **Alison Wolbeck**, Sara Sundeen (DEED/VRS), Shanna Langston (MN DOC), Donna Lekander, Dr. Damir Utrzan, Suwana Kirkland, Jamie Hayes, Alyssa Greene (MDH), Tom Delaney (MDE), Rodney Peterson, Diane Neal (DHS/BHA Director of Mental Health), Wayne Garrett, Aaron Wittnebel, Holly Hanson, **Wade Brost** (MHSATS), **Peter Fischer**, Dave Einzig, Elliot Butay (NAMI MN), Patrick Rhone, Anna Lynn (MDH), Sarah Driever, Dr. BraVada Garrett-Akinsanya, **Dave Lee, Jade L., Pamela McCabe, Cheryl L., Susan Hosti, Mary K.**

Other attendees: Mikki Maruska, Heather Ites, Kari Irber, James Xiong, Devon Steen, Diane Neal, Deb LaCroix-Kinniry

AGENDA and NOTES

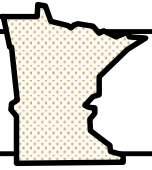
1. Opening & Meeting Guidelines

- Meeting opened with reminders to mute microphones and use the **chat or “raise hand” feature** for discussion.
- **Respectful Meeting Guidelines** reviewed:
 - No verbal interruptions.
 - Use chat/raise-hand for engagement.
 - Hate speech or threats prohibited; violators will be removed.
- Participants introduced themselves with name, pronouns, affiliation, and workgroup.

2. Land Acknowledgement

- Read by **Vice Chair Sierra Grandy**
- Acknowledged the nation’s history of colonization, slavery, and systemic racism.
- Reaffirmed the Council’s commitment to **diversity, equity, inclusion**, and dismantling systemic racism.

3. Attendance & New Members



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- Members submitted attendance information via chat and signed in physically (for in-person attendees).
- **New Member Introduced: Jamie Hayes Returning: Ellie Smith**

4. DHS Behavioral Health Administration (BHA) Update

Presenter: Gena Savage presented on behalf of DHS BHA, with additional context provided by Diane Neal.

4.1 Mobile Mental Health Crisis Services

Overview

The presentation focused heavily on Minnesota's Mobile Mental Health Crisis Services and their current status, utilization, and system-level challenges.

Strengths and Positive Impacts

Council members and stakeholders noted:

- Mobile crisis teams are viewed as essential and highly valued community resources.
- Strong collaboration exists among counties and regional providers.
- Mobile crisis programs support outpatient mental health providers by responding to emergencies that cannot be safely handled in office settings.
- Providers reported mobile crisis teams often serve as first-line stabilization support.

Identified Challenges

Participants described several barriers affecting service delivery:

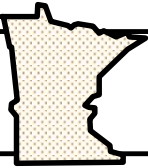
1. **Administrative Burden During Crisis**
 - Crisis assessments and intake documentation requirements may overwhelm individuals and families during emergency situations.
 - Concerns were raised that crisis response should prioritize stabilization over documentation demands.
2. **Rapid Access Psychiatry Program Utilization**
 - Members reported limited utilization due to required entry through mobile crisis and intake pathways.
 - Questions were raised about streamlining access to psychiatric support services.
3. **Workforce Diversity**
 - Stakeholders identified the need to expand cultural and linguistic diversity within mobile crisis teams to better reflect community demographics.
4. **Training and Statutory Guidance**
 - Council members suggested DHS provide additional training through Train Link regarding crisis statutes, service eligibility, and best operational practices.

Additional Service Coordination Question

- Members asked whether mobile crisis teams could assist with MN Choices assessments and connections to long-term county support services.

4.2 Legislative Activity and Policy Discussion

- Members discussed recent legislative hearings related to behavioral health.



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- It was noted that the current legislative cycle is not a budget year, limiting large-scale funding proposals.
- Concern was raised that recent hearings may not have sufficiently included mental health provider perspectives.
- Members suggested DHS consider supporting or requesting a dedicated legislative hearing focused on mental health system needs.
- Senate hearing schedules were shared for member reference.

4.3 Federal Funding Concerns – SAMHSA

Council members discussed instability related to federal Substance Abuse and Mental Health Services Administration (SAMHSA) grant funding.

Key Points:

- Some nonprofit providers received grant termination notices on January 13, 2026.
- Notices were rescinded approximately five days later.
- This sequence created operational and workforce uncertainty for provider organizations.
- Members expressed concern about ongoing federal funding reliability and sustainability of behavioral health programs.

4.4 Fraud Investigation Impacts on Services

Members discussed the impact of statewide fraud investigations on behavioral health and disability service delivery, specifically referencing:

- Personal Care Assistance (PCA) programs
- Parent payment programs

Concerns included:

- Service disruptions
- Increased provider compliance burden
- Potential workforce destabilization

4.5 Workforce Stability and Community Impacts

Participants reported additional workforce challenges, including:

- Reports of employees, particularly within metropolitan service areas, expressing concern about immigration enforcement activities.
- Some staff absences reportedly linked to fear or uncertainty regarding immigration policies.
- Members emphasized the need to monitor workforce stability and community trust in service systems.

5. Workgroup Representation and Engagement

Members identified representation across multiple SACMH workgroups, including:

- Mental Health Supports and Wellbeing
- Juvenile Justice
- Integrated Care
- Cultural Diversity



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- Mental Health in Schools
- Outreach to Diverse Communities
- LAC Workgroup
- State Fair Workgroup

A representative from the Department of Commerce expressed interest in joining a SACMH workgroup.

6. Member Announcements and Communication

- DHS contact information was shared:
 - Diane Neal
 - Email: diane.neal@state.mn.us
 - Members were advised that response delays may occur due to workload backlog.

7. Public and Member Comments

Members expressed appreciation for the DHS/BHA presentation and acknowledged the importance of continued collaboration between agencies, providers, and advisory council members.

9. Closing

- Final reminders shared regarding next meeting and legislative follow-up items.
- Meeting adjourned.
 - Claudia thanks everyone for their time
 - Next meeting is November 6th
 - Send questions to Claudia or Council email
 - Contact mhadvisorycouncil.dhs@state.mn.us with questions

Thank You!

The next State Advisory Council on Mental Health and Subcommittee on Children’s Mental Health meeting will be held on Thursday, March 5th, 2026, from 10am until 1pm.

Next Steps

Task	Who	By when
Notify Chairs/Co-chairs of any issues requiring help or explanation	Members	As needed
Review workgroup descriptions to join workgroup https://mn.gov/dhs/mh-advisory-council/workgroups/	Members	Now and ongoing



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Will elevate issue of Workgroups website page to leadership group for attention	Claudia	During planning meetings
If you are a person with a disability, or know a person with a disability, who needs an accommodation in order to participate in a work group, please let the chair of the workgroup know or send Tom Delaney an email thomas.delaney@state.mn.us to get you connected with what you need.	Members needing accommodation for workgroup participation	asap
Email Dr. B if interested in joining Outreach to Diverse Communities workgroup bravada.akinsanya@aacwi.org	Members	asap
Please send all invoices and new member paperwork to mhadvisorycouncil.dhs@state.mn.us	Members/new members	Receipts due before 6/30/26
Next meeting is Thursday, November 6th, 2025, from 10am until 1pm	All	