



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

State Advisory Council on Mental Health
Thursday, March 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), Holly Hanson (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, Wade Brost (MHSATS), Peter Fischer, Nicolee M. Holmgren, Dave Einzig, Elliot Butay (NAMI MN), Patrick Rhone, Anna Lynn (MDH), Sarah Driever, Dr. BraVada Garrett-Akinsanya, **Jade London**, **Pamela McCabe**, **Cheryl Lundsgaard**, Faith, Jeffry Lind, Susan Hasti, Erica Lammers, **Mary K.**

Other attendees: Teresa Steinmetz, Mikki Maruska, Heather Ites, Kari Irber, James Xiong, Devon Steen

AGENDA and NOTES

1. Opening & Meeting Guidelines

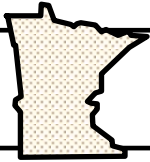
- Meeting opened with reminders to mute microphones and use the **chat or “raise hand” feature** for discussion.
- **Respectful Meeting Guidelines** reviewed:
 - No verbal interruptions.
 - Use chat/raise-hand for engagement.
 - Hate speech or threats prohibited; violators will be removed.
- Participants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

- Members submitted attendance information via chat and signed in physically (for in-person attendees).



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- **New Member Introduced: Returning:** Ellie Smith, Reappointment

4. What is an Advisory Council? Advisory Council Role and Responsibilities

A presentation reviewed the purpose and function of the State Advisory Council on Mental Health.

Presenter: Vice Chair Sierra Grandy

Advisory Role

The council exists to:

- Provide **recommendations and policy guidance**
- Share information with the public and policymakers
- Influence decision-makers at the state level

The council **does not directly implement services or enforce policies**. Instead, it focuses on identifying issues, developing recommendations, and advocating for improvements to the mental health system.

Three Pillars of Effective Advocacy

Members discussed three key components that strengthen the effectiveness of the council:

Membership

- Active and diverse participation strengthens council impact.
- Members are encouraged to attend workgroups and contribute their expertise.

Knowledge

- Recommendations should be informed by research, data, and community experiences.

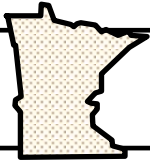
Influence

- Council work should focus on influencing policymakers, state agencies, and community leaders.

Members noted that **advocacy is a learned skill that develops through engagement and participation**.

4.1 Member Participation and Engagement

- Members discussed the need for greater engagement in council activities.
- Concerns were raised that some members attend meetings but do not actively participate in workgroups or discussions.
- Members were encouraged to:



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- Speak up in meetings
- Share expertise
- Recruit additional participants with relevant knowledge.

Advocate burnout was also acknowledged as a challenge for members balancing council work with other responsibilities.

4.2 Diversity and Membership

- Increasing diverse membership was highlighted as essential.
- Diverse perspectives help:
 - Represent community needs more accurately
 - Strengthen policy recommendations
 - Improve council influence.
- Members were encouraged to join workgroups and recruit additional participants.

5. Community Mental Health Concerns

Members discussed the mental health impact of recent events affecting communities.

Participants reported that many communities have experienced:

- Economic impacts
- Stress in workplaces
- Effects on schools and families
- Broader social disruptions

Many individuals in the community have been directly or indirectly affected by these events.

Proposed Action

Council leadership proposed developing a formal letter addressing the mental health impacts on communities.

The letter would:

- Highlight the emotional and psychological impacts on residents
- Bring attention to these concerns for policymakers and state leaders
- Encourage action to address mental health needs across communities

Council members expressed support for this initiative.

6. Mental Health System Challenges

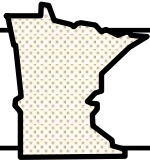
Members discussed growing concerns regarding stress within the mental health provider system.

Key concerns included:

- Provider agencies facing increased scrutiny and oversight
- Fear among providers regarding fraud investigations and compliance audits
- The potential closure of clinics, particularly in rural and underserved areas
- Disruptions in care when providers close or reduce services

Members raised concerns about:

- How clients will receive services if clinics close



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- The stress experienced by providers navigating increased regulatory oversight
- The potential long-term impact on the state's already strained mental health system

Members discussed the need for support systems for both providers and clients during this period.

7. Medicaid Program Integrity and CMS Review

An update was provided regarding Medicaid oversight activities.

The Centers for Medicare & Medicaid Services (CMS) will conduct a focused review of Medicaid claims in high-risk program areas.

Key details include:

- Approximately 30 claims will be reviewed in each of 14 high-risk program areas
- Providers will be asked to submit supporting documentation
- The state will have 60 days to provide documentation once claims are identified

Participants noted that this review will require significant coordination between providers and state agencies.

Failure to complete documentation requirements could lead to withholding of Medicaid funds, creating financial risks for the state.

8. Substance Use Prevention Funding

Members discussed the allocation of federal substance use prevention block grant funding.

Federal guidelines require:

- 20% of prevention funding to be dedicated to primary prevention strategies

Historically, Minnesota has used these funds for Positive Community Norms initiatives for more than 20 years.

Participants noted that substance use patterns have changed significantly, and it may be necessary to explore new prevention strategies and updated evidence-based approaches.

9. Peer Support Workforce

Discussion focused on the mental health peer support workforce.

Current Situation

- Over 1,000 individuals have been trained as peer support specialists in Minnesota.
- However, there is currently no formal system to support peers in obtaining employment after training.

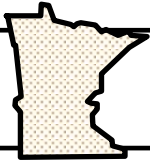
Proposed Recommendation

Members recommended exploring the creation of an organization that could:

- Provide employment guidance for peer specialists
- Offer workplace readiness and soft skills training
- Connect peer specialists with employers
- Provide ongoing support after certification

Work is underway to develop a new peer support training curriculum, which is expected to be available by summer 2027.

10. School Mental Health Initiatives



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The Minnesota Department of Education shared updates on upcoming mental health initiatives for schools.

Upcoming activities include:

- School safety series on student mental health systems
- Training on social-emotional learning
- Suicide prevention training for educators
- Webinars on mental health curriculum options
- Trauma-informed training modules for early childhood professionals

Many of these training opportunities are free for educators and school personnel.

DHS and the Department of Education continue to collaborate to strengthen mental health support for rural and underserved school communities.

11. Community Outreach and Awareness

Members discussed several outreach efforts aimed at increasing awareness of mental health resources. One initiative includes mental health awareness programming at the Minnesota State Fair, where organizations and partners will share information with the public.

Additional outreach efforts may include educational campaigns and community engagement opportunities.

12. Legislative Engagement

Members were encouraged to engage directly with policymakers.

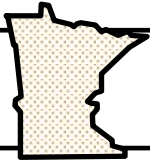
Suggested actions included:

- Attending legislative town halls
- Communicating with elected officials
- Raising awareness of mental health system challenges

Members emphasized that direct communication with legislators can help increase awareness of community needs and policy priorities.

13. Action Items

1. Encourage council members to participate in workgroups and recruit additional participants.
 2. Draft and distribute a council letter addressing the mental health impact of recent community events.
 3. Continue analysis of mental health parity compliance data for upcoming legislative reporting.
 4. Prepare recommendations related to:
 - Workforce shortages
 - School mental health coordination
 - Community mental health supports
 5. Follow up on reports regarding psychiatric residential treatment facilities submitted to the legislature.
 6. Develop proposals for pediatric mental health funding opportunities as they become available.
 7. Compile information on best practices for primary prevention strategies.
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9. Closing

- Final reminders shared regarding next meeting and legislative follow-up items.
- Meeting adjourned.
 - Claudia thanks everyone for their time
 - 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, April 2nd, 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
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