

Meeting Minutes: Behavioral Health Planning Council

Date: 04/07/2025
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: Rahma Adem, Charlie Mishek, Sara Costello-Fedje, Anessa DeGroat, Tom Delaney, Tamir Elnabarawy, Melodie Garcia, Kari Irber, Heather Ites, Keith Koegler, Diane Neal, Jen Sather, John Parsons, Tim Pilcher, Kristine Preston, Mary Rogers, Henry Scere, Teresa Steinmetz, Lori Thorpe, Tanya Carter, Johanna Schels, Krysia Weidell, Steven Wilson

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:

- Rahma Adem- Advocacy Organizations Mental Health
- 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
- Henry Scere- Substance Use Disorder Providers
- Teresa Steinmetz – Assistant Commissioner of the Behavioral Health Administration (BHA), representing DHS

- 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, 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 introduced Teresa Steinmetz to provide the update.

Teresa Steinmetz, Assistant Commissioner provided an update on recent termination of federal grant, including

- On March 25th, BHA received notification from Substance Abuse and Mental Health Services Administration (SAMHSA) that all COVID related funding was unexpectedly and immediately terminated. due to the pandemic being over. There was approximately \$27.5 Million dollars that was remaining in the funding streams, impacting 85 current contracts; 51 contracts were solely funded through these dollars and 34 programs were partially funded by these dollars.
- This termination is impacting key services like the warm line- which takes about 1200 calls per month as well as peer led support services for mental health (MH) and substance use disorder (SUD) services. Tribal nations, urban Indian organizations, Black, Indigenous, and People of Color (BIPOC) primary prevention services, school base substance use prevention services, first episode psychosis services, woman's culturally responsive services are impacted by the termination of this funding.
- The Minnesota Attorney General's office joined another 22 States and the District of Columbia, to challenge SAMHSA's termination of this funding and a hearing has been scheduled for April 17th.
- The exact impacts on the work and the future of these funding sources are unknown.
- Claims for services provided prior to the March 24th cut off need to be submitted for providers to be reimbursed for services.
- There are 90 days to submit claims for reimbursement. Providers should submit claims as soon as they are able.

- The Department of Health is also experiencing the impacts of COVID funding termination.
- DHs has reached out to all affected grantees to inform them of this situation, to stop work, what contracts are impacted and that litigation is forthcoming.
- No DHS positions are dependent on this funding source.
- Teresa Steinmetz also explained that due to federal restructuring, SAMHSA will cease to exist and the new administration is going to be the Administration for Healthy America.

Council members asked the following questions and DHS staff respond:

Question- With termination of funding, this affects clients and patients and those served by these programs. The grantees may also have to downsize or put staff on leave or let them go. If the funding comes back, they would have to quickly reverse that. Is that what you see happening?

Answer- DHS staff responded, yes, that's something grantees would have to decide to do for themselves.

Question- The federal fiscal people that we will have to appeal to get reimbursed- who are these people?

Answer- DHS staff responded, most of the contacts that we have at the federal level are the same previous SAMHSA workers that we have been working with.

Question- Will this impact our work with the Council at all?

Answer- DHS staff responded, As this was unprecedented and completely unpredictable, we are unsure how this will affect Minnesota. So far, we still have our base block grants, so we will continue to do the work and plan for future funding. We do not know the extent of impact these and other possible budget cuts.

Minnesota's Use of the Block Grants, Behavioral Health Administration Federal Grants Team

- Kari Irber presented a block grant use refresher including an overview of:
 - the block grants that are within the Council's scope
 - the span of block grants over fiscal years
 - what the Substance Use Block grant must fund and current uses
 - what the Mental Health Block grant must fund and current uses

Application- Gaps and Needs Assessment Process, Behavioral Health Administration

- **Keith Koegler** gave an overview of the block grant application process including:
- the strengths, needs, and gaps assessment process for the application which includes all behavioral health services in the state, regardless of funding type.
 - the process for how DHS is determining the gaps and needs based on:
 - positions of provider associations and other organizations
 - the Behavioral Health Planning Council and other council recommendations
 - a survey of providers
- **Jen Sather**, Director of SUD services, gave an overview of the following substance use disorder service challenges and recommendations based on a report outlining the last four years in SUD services. Challenges included:

- still embracing the Minnesota (or episodic) Model,
- stigma regarding harm reduction,
- significant disparities for the American Indian Community,
- services for the whole family, and
- community involvement.

Recommendations included:

- client-centered care and shifting to longitudinal, person-centered model,
- harm reduction services expansion, including safe recovery sites, wound care, syringe exchanges, harm reduction vending machines and other harm reduction options,
- increased Tribal involvement while expanding tribal representation on councils and in legislative settings,
- parenting people and SUD treatment-expanding services for those with children while receiving services for SUD,
- holistic care and addressing the recovery continuum including with housing, education, peer recovery, and employment and,
- collaborating with relevant stakeholders including government entities and American Indian team and;
- Direct access expansion- moving to a more direct access model of care and moving away from Rule 20.

- **Diane Neal**, Director of Mental Health services, gave an overview of the following Mental Health highlights, challenges, and opportunities:

Highlights included:

- first episode psychosis (FEP) expansion and moving to sustainability,
- increased access for youth and families in schools,
- innovative practices on assessing Fetal Alcohol Syndrome,
- increased training and consultation for the workforce with early childhood, and
- supporting therapist working with deaf and hard of hearing clients experiencing Serious Mental Illness.

Challenges Included:

- meeting needs of complex youth on the continuum,
- stigma for American Indian and culturally specific communities seeking MH services
- workforce shortage of mental health professionals,
- high needs and requests for services,
- geriatric population gaps in care for those on Medicare, and
- Gaps in continuum that crossover to health, judicial and other areas.

Recommendations included:

- investing in workforce and identify increased opportunities to support the mental health workforce,
- identifying gaps on the continuum of care across the lifespan including youth and families, adults and elderly,

- supporting American Indian cultural practices in delivery of services by partnering with Tribes and Indian organizations, school inclusion of “Elders”, and building partnerships with American Indian community,
- addressing cultural and other barriers impacting access and care such as expanding translations and identifying gaps and disparities that are culturally related, and
- increasing integrated service delivery and care of physical health, substance use, medical and other disabilities.

Discussion and Questions:

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

- Is care accessible in your area or for your demographic?
- What issues are people experiencing getting access to care?
- Has access been impacted by the effects of the legacy of COVID-19? How so?
- How does funding impact access to care?

Council members had the following thoughts on these questions:

- A comment on privacy of personal information while trying to access services. Comment on confidentiality and what information would be shared with who or what entities and how this information may be used in the future. How is information shared and what information is necessary to access care. Personal questions at intake being too invasive and limiting people wanting to access care.
- The issues of languages and translations and many programs not providing services based on high cost of translation services incurred by the providing program. Language barriers to accessing and providing services in both mental health and SUD services. Translation services can feel intrusive in such intimate and personal settings. High needs for populations needing translations services, and few options for providers that can meet those needs. Reimbursement rates not high enough to cover both services and interpretive services. Specially trained interpreters for both mental health and SUD services. Possibility of utilizing AI translation services, while considering confidentiality while using those services.
- Changes in funding for IOP and housing opportunities while in treatment and the SUD provider community to look at closing housing options for SUD services due to those changes. Housing is already a high need in recovery, and these changes will increase the need for recovery housing. Board and Lodging services are also being reviewed and providers are writing letters to senators for support for Board and Lodging.
- Question/Discussion- Warm line already being affected with limited support.
- A council member asked, how is Group Residential Housing (GRH) housing being utilized or is it affected by the ability to use GRH funding to support housing? – DHS staff responded, GRH is now called Housing Services and it is still in place. Trying to get residences certification through the governor’s budget and not tied to a person’s treatment.

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

- Tamir shared a federal update with the Behavioral Health Planning Council. He discussed Congress's efforts to pass a budget resolution. The House and Senate each passed different budget resolutions. Both chambers are attempting to navigate to agree on one concurrent resolution. Over the weekend, the Senate passed a new budget resolution, but it does not resolve the difference in the amounts between the Senate and House cuts. It defers those decisions to the respective committees on how much money to cut for programs under their purview. The Trump Administration is reassuring that Medicaid benefits won't be cut, but there is no way to meet the numbers they are looking for cuts without utilizing Medicaid. OMB will be sending one revision package to Congress for consideration.

Question: A council member asked, will people on Community Access for Disability Inclusion (CADI) Developmental Disabilities (DD) or other waivers possibly be affected by budget cuts?

Answer: DHS staff responded, we aren't exactly sure at this point what types of cuts they may pursue- so it's possible. Although the government states they aren't touching benefits and only administration although it's not clear how they would meet numbers for cuts without doing so. At this point everything is on the table.

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

- Heather talked about the seats that are open and up for election. She described the requirement of a review panel of seated members of the council to review and score applications for consideration. She asked for three volunteers from the council to help. She informed that the review work is available for per diem stipend.
 - Two members volunteered to review applications- Annessa DeGroat and Krysia Weidell.
 - An E-memo with information on the open council seats and how to apply will be available for distribution soon. She will send it out to the council to distribute among member networks.
- **Closing and Adjourn**
Charlie Mishek asked if there were additional questions, gave a brief closing statement, and ended the meeting at 2:52.

Next Meeting

Date: June 2nd, 2025 – Priority Areas for Application

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