

Meeting Minutes: Behavioral Health Planning Council

Date: 08/04/2025
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, Sara Costello-Fedje, Ta'Yonna Mays, Anessa DeGroat, Melodie Garcia, Marissa Lang, Ellie Skelton, Krysia Weidell, Zamzam Ahmed, Lori Thorpe, Tanya Carter, Ellie Miller, Teresa Steinmetz, Tamir Elnabarawy, Mary Rogers, Kristine Preston, Kari Irber, Heather Ites, Keith Koegler, Tim Pilcher, Johanna Hernandez, James Xiong, Phyllis Bengston, Terry Gromala, Lauren Webber

Agenda items and minutes

Welcome, Charlie Mishek, Chair

- Charlie Mishek provided a welcome and introduction.

Roll Call, Charlie Mishek, Chair

Charlie Mishek attended by video conference, Heather Ites took the roll call, and the following members were present and attended by video conference:

- 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
- Ta'Yonna Mays- Mental Health Promotion Providers
- Marissa Lang- Representing Parents/Guardians of a Child/Youth/Young Adult in Recovery from or at Risk of Substance Use Disorder
- Ellie Skelton- Family Member of an Adult in Recovery from or At-Risk of Substance Use Disorder #2
- 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
- Lauren Webber- Representing the Minnesota Department of Corrections
- Ellie Miller- Representative Minnesota Housing Finance Agency

Introductions

The following non-members introduced themselves:

- 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
- Tim Pilcher – Minnesota Department of Human Services, BHA
- Keith Koegler – Minnesota Department of Human Services, BHA
- James Xiong- Minnesota Department of Human Services, BHA
- Terry Gromala- Minnesota Department of Human Services, BHA

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.

Behavioral Health Administration Update, Kristine Preston, Deputy Assistant Commissioner

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

- The upcoming SAMHSA Block Grant application is due September 1st.
- The state is facing a different funding environment than it has in the past, there have been significant federal level funding cuts, and there are different funding priorities.
- Given the changes we are approaching the new block grant application in a way that allows us to be more responsive to federal changes. This includes creating priorities and strategies at a broader level to have flexibility to fund different projects as things change.

Application Walk-through, BHA Federal Grants Team- Kari Irber, Keith Koegler, Tim Pilcher

- **Kari Irber** gave an overview of the application process
 - **Deadline for block grant submission is September 1st.**
 - Department of Human Services (DHS) is currently completing all parts of the application. The Behavioral Health Planning Council will review the draft application before we submit it.
 - DHS will email the application documents in mid-August for your review and feedback. You may also review the final versions in WebBGAS in late August. The application will also be available for public comment.
 - Kari gave an overview of the application sections.

- **Tim Pilcher** gave an overview of Steps 1 and 2 of the application:
 - In step 1, we describe:
 - how the mental health and substance use services system is currently organized at the state level
 - DHS and other state agencies' roles in delivering the services, and
 - how the public mental health and substance use services system is organized at the regional, county, tribal, and local levels.
 - In step 2 we describe:
 - the unmet needs and gaps in mental health and substance use disorder services, and
 - how state will use the block grant to address these needs and gaps.
 - A summary of the identified needs and gaps was provided.
- **Keith Koegler** provided an overview of the Priority Areas and Performance Indicators, budget planning tables, and other planning tables.
 - DHS is creating goals and objectives in each of several priority areas to address the unmet needs and gaps. Performance indicators will demonstrate how these are met in State Fiscal Years (SFY) 2026 and 2027. Priorities must be projects that the block grant will fund. DHS must report in future years about how the state achieved the goals.
 - DHS must detail how it will spend block grant, state, and federal funds in future years in Tables 2-6 and provide addition planning details in tables 3 and 5c.
- **Kari Irber** gave an overview of the environmental factors and plan.
 The Environmental Factors and Plan are a series of 15 different questionnaires that DHS must complete to explain how various block grant requirements are being met and how services are provided.

Discussion and Questions: BHA Federal Grants Team

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

- **How well do these priorities align with emerging behavioral health trends and challenges you're seeing in your work or community?**
- **Are there specific populations or geographic areas you feel are underserved by the current priorities?**
- **What potential barriers do you foresee in implementing these proposed initiatives?**
- **What voices or perspectives might be missing from this application?**

Council members had the following thoughts on these questions:

- **A Council Member asked:** With the development of the mental health services and supports, are we looking at adding medications into that list as people's funding for mental health and PMAPS and things are being cut? When clients enter off the street and need medications, they often do not have access to them, could this be a use for the grant funds?

DHS Responded: Funding agencies to use it for medications for those without insurance or waiting to get on insurance is something the block grant can be used for if it is related to the funding categories the block grant supports. There are other state funding streams and other areas that could also support similar work.

- **A Council Member asked:** How is the data collection for external factors determined? Is that written in the state plan for the block grant? You mentioned the number reduced and was that due to a change in the plan or internal operations decision?

DHS Responded: We identify the priorities and the specific strategies for meeting those priorities. For each one of the strategies that you identify, you have to identify how you're going to measure your success at meeting the outcome. We have a lot of variables and you have a lot of options in identifying what that source of data is depending on the strategies.

- **A Council Member asked:** We talked about Youth Services as being one of the areas to look at as they are underserved on a lot of levels, especially substance use disorders. Is there any change in language on the federal level relating to youth?

DHS Responded: The federal guidelines are really strong on prevention services, in particular, prevention is a very strong focus and one of our priorities is enhancing children's and family system of care. On the federal level they are asking more about how services are targeted to children.

- **A Council Member stated:** Access is going to be the hardest part with the new administration and we need to work on making accessibility to these funds more streamlined as possible. This is for all of the areas, being accessible to the people who need it. Is there a way to advertise it to access these funding streams?

DHS responded: These funds aren't available for every service due to guidelines. There are state contracting and procurement guidelines such as competitive RFP processes. There is nothing we are talking about today that would make this process simpler. This funding is not for individuals to access directly. The process for these funds would be for DHS to issue contracts to agencies for services and for the agencies to advertise the services.

- **A council member asked:** Are there any concerns with the executive order about people experiencing homelessness and how they may view this state application?

DHS responded: There are concerns about how the executive orders will impact this population. There are court actions pending but we don't know how this will play out. To utilize this funding in this area, it would need to be for people with a mental illness or substance use disorder experiencing homelessness. There is still specific language from SAMHSA in the application about addressing unhoused populations.

- A council member expressed the need to get tribal input.

DHS requested that if we missed something in this process to let us know so we can fill that gap as quickly as possible. If there are any other additional thoughts on these questions, please email them to us. DHS will also send these questions out again with the application material for the council's review later this month.

Program Overview- SUD Primary Prevention Services by Phyllis Bengston

- **Primary Prevention Funding and Definition-** Our Primary Prevention funding comes from the Substance Abuse & Mental Health Services Administration (SAMHSA) Block Grant 20% Primary Prevention Set

Aside. Federal Definition of Primary Prevention: Services for those who have never been in CD Treatment nor have ever been assessed as needing CD Treatment.

- Minnesota is divided into regions and there are regional prevention coordinators for each of the 7 regions.
- Strategic prevention framework- includes skill building and guiding communities through building relationships and connections in the communities they are working with. Focus is on improving strategies that communities are currently doing well at and bolstering what is currently working well.
- Regional Program Coordinators (RPC)- collaborate local, statewide, and community partners to share trainings, toolkits, evidence-based strategies, and other information with those working in the field.
- Research is utilized to correct misperceptions of norms and integrate strategies to reduce and prevent teen alcohol use at community populations levels. A review of research conducted on school age students use of alcohol, tobacco and other substance use. This research shows that family, community and social norms impact youth's use rates.
- Evidence supports positive approach, keeping ownership in the community, and correcting misperceptions is important in shifting use trends.

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

Shared a federal update on the Reconciliation Bill and the Senate Appropriations committee bill.

- The bill does **not** consolidate SAMHSA with HRSA, NIH and CDC into what would've been an administration for a healthy America and does **not** consolidate the block grants with the State Opioid Response grant into what would have been a new Behavioral Health Innovation block grant as was previously proposed. Instead, the grants stay the same and are funded at essentially the same levels as before.
- The bill that was passed into law is still being analyzed on how it impacts the state.
- Estimates are preliminary, but what we do know is that this is pretty clearly a historic disinvestment in Medicaid that according to our initial estimates, will result in more than 140,000 people losing their coverage in Minnesota.
- It will reduce our federal funding by roughly \$1.1 billion over the first four years of enactment. And that's in addition to separate impacts to the state budget, which are still being analyzed, and then hundreds of millions of dollars in new administrative costs for counties.
- Impacts on eligibility and the limits it will put on adults without children include 80 hour/month community engagement requirement and cost sharing requirements and limits on lawful immigrants.
- Impacts on providers include funding prohibitions on certain reproductive health providers, caps/reductions on state directed payments, and limits retroactive coverage from three months to one month.

- Impacts on financial stability include imposing state penalties and sanctions by CMS for eligibility errors, reduces FMAP for undocumented people in Emergency Medical Assistance from 90% to just over 50%, prohibits new or increased provider taxes and gradually reduces existing taxes to 3.5%.

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

Applications are currently being reviewed by the review panel. Due to the impact of events in MN, the Secretary of State website was impacted, and limitations were put on access to information.

Closing and Adjourn

Charlie Mishek asked if there were additional questions, gave a brief closing statement, and ended the meeting at 2:56pm.

Next Meeting

Date: October 6th, 2025 –How Grant Funds are Used and Reported

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