Meeting Minutes: Behavioral Health Planning Council

Date: 10/06/2025
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, Rahma Adem, Anessa DeGroat, Melodie Garcia, Ellie Skelton, Krysia Weidell, Ellie Miller, Tom Delaney, Mary Rogers, Aubrey Haddican, Kristine Preston, Kari Irber, Heather Ites, Keith Koegler, Johanna Schels, Steven Wilson, Emma Rice, James Xiong, Shirley Cain, Jenna Beeson-Brevig

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:

- 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
- Anessa DeGroat – Representing Peer-Led Substance Use Recovery Community Organization (RCOs)
- Rahma Adem- Advocacy Organizations- Mental Health
- Henry Scere- Substance Use Disorder Provider
- Krysia Weidell – Representing Family Members of an Adult with Lived Experience of Mental Health #1
- Ellie Skelton- Family Member of an Adult in Recovery from or At-Risk of Substance Use Disorder #2
- Ellie Miller- State Housing Authority
- Mary Rogers – Representing the Minnesota Office of Ombudsmen

- Aubrey Haddican – Representing the Minnesota State Child Welfare Authority
- Tom Delaney – Representing the Minnesota Department of Education

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
- Shirley Cain- Minnesota Department of Human Services, BHA American Indian Team
- Jenna Beeson-Brevig- Minnesota Department of Human Services, BHA
- Johanna Schels – 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

Behavioral Health Administration Update

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

Block Grant Application – Key Points

Block grant application update:

Application was submitted on time. Thanked council and everyone for input.

1. Changing Policy and Funding Landscape

- **Context:**
    - State and federal environments are shifting rapidly.
    - **State level:** Ongoing **budget challenges**.
    - **Federal level: Policy changes** and **funding cuts** that can occur unexpectedly.

2. Approach to This Year's Application

- The team designed **flexible priorities** to allow for:
    - **Rapid adjustments (pivoting)** to unanticipated changes.
    - Continued use of funds for **allowable purposes** without requiring repeated approvals or amendments.
- **Priorities were intentionally broad** to maintain adaptability.
- Goal: **Maximize agility** during the upcoming **two-year funding cycle (FFY26–27)**.

Federal Shutdown Impact

1. Current Situation

- The **Block Grant** is funded by the **U.S. Department of Health and Human Services (HHS)** through **SAMHSA** (Substance Abuse and Mental Health Services Administration).
- As of now:
    - **No direct impact** from the federal shutdown.
    - **Medicaid** is **excluded** from the shutdown and remains operational.
    - For the block grants, the state is **still spending from prior fiscal years' funds** (not yet using FY26–27 funds). No direct impact at this time.

2. Potential Future Impacts

- If the shutdown continues:
    - Possible **delays in drawing down funds** (e.g., slower federal payment processing).
    - Delays may occur if there are **staffing shortages** or **federal priorities shift**.
- The department is **closely monitoring** the situation but remains stable for now.

Program Integrity and Accountability

1. Background

- Ongoing **media coverage and scrutiny** regarding integrity issues at DHS and other agencies.
- The **Governor issued an executive order** mandating all state agencies to strengthen program integrity.

2. Goals of the Executive Order

- Ensure:
    - Funds are provided **only to eligible recipients**.
    - **Services billed are actually delivered**.
    - Providers **follow program rules and standards**.

3. Behavioral Health Administration (BHA) Focus

- BHA is emphasizing:

    - **Verification of recipient eligibility**.
    - **Oversight of Medicaid-funded services**.
    - **Accountability among service providers**.
- Dedicated effort to:
    - **Close system loopholes** exploited by "bad actors."
    - Recognize that **most providers are compliant and well-intentioned**.

Review of block grant application

Presented by: BHA 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

Funding Overview

- Mental Health Block Grant (MHBG): $14.8M
- SUPTRS (Substance Use Prevention, Treatment, and Recovery Services) Block Grant: $26.7M
- BSCA Funds: $1.01M
- Application was submitted August 29, 2025

Key Focus

- Application includes 7 Strategic Priorities
- Emphasizes flexibility, adaptability, and responsiveness to changing federal and local needs

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Strategic Priorities (Summary)

Priority #1: Reduce Overdose Deaths

- Increase naloxone access, training, and community response.
- Build partnerships for wide distribution, especially in high-need areas.
- **Targets:**

- Year 1: +25% naloxone kit distribution, +30% training completions compared to 2025
- Year 2: +50% naloxone kit distribution, +60% training completions compared to 2025

Priority #2: Expand Access to Mental Health Services

- Broaden services for SMI, SED, and early serious mental illness.
- Expand First Episode Psychosis (FEP) programs and Coordinated Specialty Care (CSC) to address early serious mental illness including bipolar disorder.
- **Targets:**
  - Increase to 360 FEP participants (6 teams) by Year 2Expand CSC teams to also support early serious mental illness including bipolar disorder with 30 individuals served by year 2.
  - Maintain or increase service participation in other services for people with SMI or SED

Priority #3: Expand Substance Use Disorder (SUD) Services

- Increase access and improve quality of care for individuals in substance use disorder services
- Improve access for rural, pregnant, individuals experiencing homelessness, high-risk communities and underserved populations.
- These will be through targeted outreach and mobile and community-based services.
- **Targets:**
  - Increase number of people served in SUD treatment by 4% from 2025 by year 2
  - Increase number of pregnant women served in SUD treatment services by 2% from 2025 by year 2
  - Increase number of women with dependent children served in SUD treatment services by 4% from 2025 by year 2

Priority #4: Crisis System Enhancement

- “Anyone, anywhere, anytime” access to crisis services.
- Strengthen coordination between 988 centers, CCBHCs, and mobile crisis teams.
- Develop equitable funding formula for 24/7 crisis coverage statewide.

Priority #5: Workforce Development – Mental Health

- .Build behavioral health system capacity through professional certification, evidence-based workforce training, and community stigma reduction education

- **Targets** 120 new clinicians trained in TF-CBT each year
    - +1% growth in LICSWs by Year 2

Priority #6: Workforce Development – Substance Use Disorder

- Expand workforce licensure and certifications and reduce stigma.
- **Target:**
    - +10% Peer Recovery Specialists by year 2
    - +10% Licensed Alcohol and Drug Counselors (LADCs) by year 2

Priority #7: Expand & Innovate Prevention Services

- Prevention and early intervention for youth and high-risk groups.
- **Target**:
    - Maintain/increase percentage of students reporting *no alcohol use in last 30 days* compared to 2022 survey results.

Discussion questions:

- Do you feel the priorities in this application truly reflect the needs of the populations you represent?
- Are there any aspects of the application or funding requirements that remain unclear to you?
- How could the application development process be improved for next year?

Overview of upcoming block grant reports

Due Date: December 1, 2025

- Reports include:
    - progress on each the previous priorities for SFYs 24 and 25.
    - Program expenditures and performance
    - Number of clients served
    - Primary prevention activities
    - Maintenance of Effort (MOE) requirements
- Reports will be shared via WebBGAS and PDF for council review.

Discussion Questions:

- What would make you feel more confident in your advisory role when it comes to these reports?
- If you could get one additional piece of information or training about the reporting process, what would be most valuable?

Program Highlights – Mobile Crisis Services

Overview by: Jenna Beeson-Brevig- DHS BHA Mobile Crisis Team

- 24/7 access across all 87 counties + 4 tribal teams.
- Serves children and adults in voluntary, community-based settings.
- Staff include professionals, peer specialists, and trainees.
- Goals:
    - Stabilize crises and connect clients to ongoing support.
    - Reduce hospitalizations and improve follow-up care.
- Proven to link more people to outpatient treatment than hospitalization.

American Indian Team Program Highlights

Presenter: Shirley Cain, DHS Human Services Manager

Each tribal and urban partner is implementing culturally grounded mental health and prevention work:

- **Fond du Lac:** 800+ culturally relevant therapy sessions; foster care screening.
- **Indian Health Board:** Diagnostic evaluations, group therapy, 12 cultural training sessions.
- **White Earth Nation:** Trauma-informed community outreach; 500+ residents contacted.
- **Grand Portage:** Women's Talking Circles, Elder storytelling, student outreach.
- **Mille Lacs Band:** 100+ adult therapy sessions; 12 cultural trainings.
- **American Indian Family Center:** 12 healing ceremonies; Indigenous therapy training.
- **Leech Lake:** Youth-led events; culturally focused prevention projects.
- **Fond du Lac Prevention:** Traditional ATOD prevention through seasonal activities.
- **Native American Community Clinic:** Land-based recovery retreats; men's health focus.

- **White Earth Prevention:** School programs, Red Ribbon Week, annual sobriety events.

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: December 1st, 2025 – Application Feedback
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