

**Behavioral Health Advisory Council**  
**New Member Orientation**  
**June 25, 2013**  
**1:30 p.m. to 4:00 p.m. (CDT)**

**Members Present:** DeWayne Glassgow, Lois Knoke, Belinda Nelson, Carol Regier, Roseann Peterson Olson, Sara Weishaar, Phyllis Arends, Daniele Dosch, Kori Kromminga

**Divison Staff Present:** Amy Iversen-Pollreisz, Jennifer Humphrey, Stacy Bruels, Gina Brimner (WICHE consultant)

**Minutes**

**I. Welcome and Introductions – Amy Iversen-Pollreisz**

**II. Overview of the Department of Social Services – Amy Iversen-Pollreisz**  
(Please see PowerPoint presentation in back of binder for more information.)

**Discussion**

- A question was asked regarding HSC's (Human Services Center) capacity; HSC tries to maintain a capacity around 80-90% to allow for involuntary commitments.
- Funding for HSC includes state funds and federal funds (about 60%); use Medicaid/Medicare when we can. Counties also are supposed to pay a portion.
- There was discussion of a rumor about block grant funds going away due to the passage of the Affordable Care Act and the expansion of Medicaid. Because of the Supreme Court decision to make this expansion optional, the conversation has changed in order to maintain services available in states that are not adopting the expansion. It is unlikely that any time in the near future the block grant funds will go away.
- Although mental health and substance abuse tend to go hand in hand, they are funded separately; however, the federal government is supportive of joint services.
  - An example: If someone is treated for substance abuse at Keystone, but the addiction is driven by a mental health illness, there is separate funding for time spent on mental health and substance abuse services. Providers are allowed to provide a certain amount of time on mental health treatment services;

however, if it's an intense mental illness, one must go to a separate facility to receive specialized treatment.

- The methamphetamine program will continue as it is in the base budget and funded annually.

**III. Overview of the Division of Community Behavioral Health – Jennifer Humphrey** (Please see PowerPoint presentation in back of binder for more information.)

**Discussion**

- There was discussion around incorporating mental health into the prevention program as it seemed the prevention program focused on substance abuse. The Substance Abuse Prevention Treatment (SAPT) block grant provided for substance abuse prevention services; a separate suicide prevention grant recently ended. A State Prevention Enhancement grant was awarded to develop the strategic plan for the prevention program. The division would like to have more flexibility to use the SAPT funds for mental health illness prevention.
- The Substance Abuse Prevention and Treatment block grant has more funding, but mental health receives more funding from Medicaid.
- If people do not qualify for Medicaid or indigent funding, they may apply for a hardship where certain criteria must be met or pay for the services themselves.
- When breaking down funding sources, about 49% comes from the federal government, about 49% comes from the state government and 1% from other sources.

**IV. Overview of the Behavioral Health Advisory Council – Jennifer Humphrey** (Please see PowerPoint presentation in back of binder for more information.)

**V. Questions/Comments**

**VI. Adjourn**

The meeting adjourned at 4:00 p.m.