

**Behavioral Health Planning Council**  
**Executive Committee Meeting Minutes**

**Date:** January 12, 2026

**Time:** 3:00 PM–4:00 PM CT

**Location:** Virtual (Microsoft Teams)

Attendance: Tania Zerr, Melanie Gaebe, Andrea Hochhalter and Rich Smith

Absent: Kurt Snyder

Also present: Monica Haugen and Tiffany Pinkney of DHHS and Janell Regimbal, facilitator

**Welcome and Call to Order: Tania Zerr, Chairperson**

Chairperson Tania Zerr called the meeting to order at **3:15 PM CT** and stated the goal of the meeting was to work through time-sensitive executive committee follow-up items related to BHPC advocacy discussions, particularly those stemming from the December BHPC meeting.

**Roll Call of Executive Committee Members via Electronic Sign-in / Quorum Established**

A quorum was confirmed based on **three (3)** executive committee members present at the outset.

**Agenda Approval – January 12, 2026**

Motion by Melanie Gaebe, second by Rich Smith to approve the January 12, 2026 agenda as presented. Motion carried unanimously.

**Approval of Past Meeting Minutes – November 7, 2025**

Motion by Rich Smith moved to approve November 7, 2025, meeting minutes as presented, second by Melanie Gaebe. Motion carried unanimously.

**BHPC Advocacy Issues: December Follow-Up & Updates to Priority Items or Position Statements**

The Executive Committee discussed follow-up actions needed after recent BHPC advocacy conversations, with particular attention to clarifying near-term messaging, determining whether interim-year advocacy priorities should be documented, and identifying an appropriate approach for BHPC engagement on cross-disability waiver issues.

Members discussed whether BHPC should maintain the existing legislative priorities document (previously developed for the legislative session) or create an updated interim-year version. The group noted that historically BHPC priority documents have typically been produced for legislative sessions (biennial cycle), and that an interim-year priorities document would be a newer practice—though members agreed there are significant developments that justify interim clarity, Rural Health Transformation funding specifically. Key themes discussed included:

- **Shifting from “advocacy asks” to “implementation support”** for items funded in the most recent legislative session (e.g., state hospital replacement funding), while also identifying where BHPC should help shape ongoing implementation decisions and maintain attention to remaining gaps.
- **Rural Health Transformation Program (RHTP):** Members emphasized the need to leverage the RHTP opportunities to advance BHPC strategic plan aims. The Committee discussed how BHPC could communicate alignment between BHPC priorities and RHTP investment areas.
- **Peer support and Medicaid coverage questions:** The Committee referenced December discussion on peer support reimbursement and the evolving emphasis on certain Medicaid authorities (including discussion referencing a perceived shift toward 1915(i) roll-out). The group considered whether peer support should be positioned as (1) an interim administrative request pathway (e.g., state plan amendment-type process) and/or (2) groundwork for the next legislative session.
- **Maintaining concise, usable communications:** Members repeatedly stressed that external-facing messaging must be short, clear, and consistent—particularly for legislative audiences and broader stakeholders. The Committee affirmed the value of “one-page” tools to promote consistent messaging among BHPC members.

The Committee discussed different approaches to packaging BHPC messaging:

- One option was **two one-page documents**:
  1. An interim advocacy priorities page (including implementation support and groundwork for next session), and
  2. An informational page summarizing how RHTP aligns with BHPC strategic priorities (using the crosswalk developed by staff as the basis).
- A second option was a **single two-sided (front/back) one-pager** that accomplishes both purposes.

The group did not take a formal vote but generally leaned toward maintaining simplicity and avoiding duplicative documents, while still ensuring RHTP alignment is clearly communicated.

The Committee identified that meaningful updates are needed on the status of items reflected in the prior priority buckets (e.g., school-based behavioral health services, detox capacity, crisis services, local care options, workforce, and other listed priorities). Members emphasized that without clearer implementation status, the Executive Committee could not responsibly “check off” priorities or decide what should be elevated or reworded for 2026.

**Action/Support Offer:** Monica Haugen (BHD) offered to consult internally and compile **bullet-point updates** indicating what has occurred in the last year across priority areas and what is currently in motion, recognizing that she may not have ground-level details on all items but can help gather them.

Members also raised the importance of being able to speak to:

- **Remaining gaps vs. funded initiatives** (e.g., services concentrated in limited geographic radii; “pilot project” limitations; regional inequities),
- **“Gap-to-goal” framing** (best practices vs. “good enough”), and
- Strengthening BHPC’s credibility with stakeholders and legislators by referencing both progress and unmet need.

The Committee agreed that once (1) BHD implementation updates and (2) the RHTP crosswalk input are available, a refreshed draft can be developed.

Janell Regimbal will take the first pass at drafting revised messaging materials (based on incoming information), then convene a short follow-up meeting for the Executive Committee to review and refine. Members also discussed using a shared “working document” format to streamline edits and reduce time spent reviewing line-by-line in a live meeting.

As part of the advocacy follow-up discussion, the Committee addressed how BHPC should communicate concerns related to cross-disability waiver planning and the Cross Disability Advisory Council’s upcoming meeting.

The Executive Committee reiterated three concern areas previously raised by BHPC members:

1. **Appropriateness of screening tools** being used for children;
2. **Children’s eligibility/financial eligibility considerations** (including concerns about parent-based financial eligibility); and

3. **System navigation barriers** at the intersection of behavioral health and developmental disability services, and the impact on families.

Members discussed that written comments are important for the record, but that **live participation** (agenda time or public comment) is often more impactful and ensures BHPC input is clearly documented. The next Cross Disability Advisory Council meeting is scheduled for February 19, 2026, 1:00–4:00 PM (virtual). The Committee discussed that agendas may not be released until approximately one week prior, but that public comment is required and BHPC should request either a clearly identified public comment opportunity, and/or a brief set time on the agenda (e.g., ~10 minutes) for BHPC to present comments. Melanie Gaebe indicated she expects to be available and can serve as a primary spokesperson if needed, with Andrea Hochhalter offered to attend as a secondary/supporting participant (tag-team support), but not to lead.

**Next step:** Janell Regimbal will communicate to the BHPC contact/stakeholder coordinating with the Cross Disability Advisory Council that BHPC intends to participate and requests a clear mechanism for comment (public comment and/or agenda time), and that BHPC will designate representatives as details are confirmed.

**BHPC Review Function Follow-Up Discussion/Implications for Future Agenda Development**

Due to time constraints and the volume of advocacy follow-up items requiring near-term direction, this agenda item was **not fully addressed** during the meeting. The Chair and members acknowledged the need to return to this topic at a future meeting.

**Conference Visibility of BHPC Ideas Discussion with BHD Staff**

This agenda item was **not reached** before adjournment due to time constraints. Members indicated the meeting's immediate focus needed to remain on advocacy follow-up actions and near-term deadlines and deferred to a subsequent Executive Committee agenda.

**4:15 PM — Adjourn**