

## Council Meeting Minutes

**Date:** 10.7.2025

**Location:** Centennial Office Building, Lady Slipper room, 658 Cedar St., Saint Paul, MN 55155

### Attendance

#### Council members in attendance:

- Gavin Bart
- Colin Cash
- Autumn Dillie
- Wendy Jones
- Pamela Lanhart
- William Messinger
- Suzanne Nash
- Lynne Redleaf
- Anderson Saint Georges
- Kimberly Stokes
- Khou Vang
- Travis Winship

#### Absent:

- Brandy Brink
- John Donovan
- Fiyaz Karim
- Jeffrey Lind
- Janice Mehle
- LaTricia Tate

#### Office of Addiction and Recovery (OAR) staff:

- Jennifer Blanchard
- Nathaniel Dyess
- Cat Rohde
- Jeremy Drucker
- Ashley Wolf

#### Guests:

- John Connolly, Deputy Commissioner DHS

### Welcome and Roll call

- **Members and guests were welcomed:** Wendy Jones, Chair, welcomed the group to the in-person meeting, provided opening remarks, and reflected on where the June meeting ended.
- **Review of Agenda:** Agenda and objectives for the meeting were reviewed.
- **Roll call:** Roll call was taken.
- **Approve minutes:** Members voted to approve the June 2025 minutes.

## Public comment

- No public comment.

## Council time with the Office of Addiction and Recovery

Jeremy Drucker provided updates including:

- Introducing new OAR staff Ashley Wolf, Recovery Corp Project Coordinator, and Nathaniel Dyess, OAR Policy Director, to the council members.
- Community Engagement highlights:
  - Overdose awareness events in August, the Walk for Recovery during Recovery month in September, the upcoming Harm Reduction summit, and the upcoming Beltrami County Conversation.
- Jeremy presented at the recent American Indian SUD Summit in Morton, MN, led by the American Indian Advisory Council (AIAC).
- Recovery Friendly Workplaces:
  - Minnesota (as an employer) will likely be the first state to be nationally certified as a Recovery Friendly Workplace.
  - Preparing to encourage MN workplaces to become recovery friendly, by launching a steering committee to develop a state-led certification process.
- MDH launched [Be Cannabis Aware](#), a new public education campaign to help youth understand the impact of cannabis.
- The 1115 Reentry Waiver is still under review.
- Safe Recovery sites are in the final stages of negotiations. Grant awards should be announced in the coming weeks.
- Work continues on an Interagency Substance Use State Plan. The plan will include the results of the recent fiscal mapping exercise, done to understand the scale of different funding streams supporting the SUD care continuum and how those funds were budgeted and spent. The plan will also include details about the continuum of care and where those dollars fall within the continuum. The plan is scheduled to be available in early 2026.
- The [final report](#) from the Task Force on Holistic and Effective Responses to Illicit Drug Use to the legislature is available.
- The [MOUD in Jails final report](#) has been published.

## John Connolly, Deputy Commissioner Department of Human Services/Medicaid Director

DC Connolly oversees all the policy areas at DHS as well as serving as the Medical Director and shared impacts to Medicaid as a result of the reconciliation bill.

- Great changes are coming to Medicaid, and they will affect program integrity.
  - Medicaid is vital to substance use as it pays for over half the supports. It covers 1 in 4 – 5 residents, over 1.2 million people in MN.
  - The new federal bill will impact over 140,000 people who could lose eligibility and cause a loss of 1.4 million in funding.
  - The new “work requirements” (for eligibility) will be 80 hours a month. It is a paperwork requirement because over 70% of people currently covered are working. Anytime you add additional requirements, you see a decrease in enrollments.
  - There will be a new, twice per year, review of eligibility for the expansion population covered under the Affordable Care Act (ACA) which will be a burden on people.
  - Auto-renewal will continue based on point in time eligibility whenever possible.
  - Special enrolment for American Indians will continue. That population will be exempt from the new work and eligibility requirements discussed during the presentation.
  - People with complex conditions often qualify for enrollment.
  - If a person has an SUD diagnosis or is in a treatment program, they are exempt from the “work requirements”.
- There are specific impacts on providers, especially hospitals.
  - Because of the caps on what the state can pay, there will be more uncompensated care.
- [Medicaid Matters](#) is a useful resource.
- Note: The Office of Indian Policy and been renamed as Tribal and Urban Indian Relations.

### Questions (Q/A) and Comments (C):

- **Q:** How are the clearinghouses, for people who are submitting for reimbursement, operating?
  - **A:** We will feed them all the claims and they will run them through a set of analytics and will contact DHS if a claim needs expert review. The provider will have a chance to reply to any concerns. This should all occur in regular claim cycles, without a delay.
- **Q:** Will the caps affect Tribal Nations and counter rates for services they provide in rural areas?
  - **A:** No. Tribal service delivery and billing will not be impacted.
- **Q:** In relation to CMS billing services, hypothetically, what is your understanding of a person with a criminal background billing for services, specifically under the SUD umbrella?
  - **A:** Some providers have background check requirements. The answer is not simple.
- **C:** The state has safeguards that prevent independent data analysis of Medicaid, but it would be very helpful to have. We should create academic partnerships with state Medicaid office for independent analysis.
- **Q:** What is the status on the Opioid Treatment Program’s (OTP) bundled rate update that was enacted in Minnesota Statutes, Section, [254B.121](#), which has an effective date of January 1, 2026?

- **A:** We will ask Behavioral Health Administration for a response on that.
- **Q:** DHS has not claimed responsibility for the lack of oversight on billable Medicaid. How are you going to hold those accountable going forward?
  - **A:** On the program/policy side, we are prioritizing program integrity, asking for more resources to be proactive. We are working to build that culture and skill set. This will be a multi-year project. We used to wait for investigations to complete their report but now take administrative action immediately. Fraudulent payments were stopped, and new legislative proposals will come out to assist that. We will be reviewing our internal structures.
- **Q:** How does MN compare to other states in how it manages Medicaid?
  - **A:** Some states use value-based models with respect to outcomes, saving, and care management. Minnesota does some value based arrangements through the [Integrated Health Partnerships](#) program. There is some interest in exploring value-based models in SUD treatment services.
- **Q:** Do you need more Medicaid fraud investigators?
  - **A:** Our Inspector General has indicated that we do need more investigators.
- **C:** California's 1115 waiver has contingency management paid for.
  - **Note:** A waiver is needed for the payment portion. DHS completed a feasibility study for implementing an 1115 waiver for contingency management.

DC Connolly noted that the goal at DHS is to listen and not be defensive, so the hard questions are appreciated.

## Update from the Chair(s)

Wendy reminded the council about the formation of a committee to address the goal to set strategic priorities for 2025 – 2027 and noted the following:

- These new priorities do not replace current strategies.
- As a council we represent council goals.
- The April meeting dug deeper into the council's ultimate outcome.
  - We identified barriers and opportunities.
  - We identified two intertwined priorities, around culturally responsive care and recovery-oriented systems of care (ROSC).
  - We want to activate on a local level.
  - We identified steps to take to activate the council's work and acknowledged that many council members are already involved in doing that work.

## Council members sharing

Wendy asked the group to share what have they have observed in the past month, i.e. - engagement in their communities and recent events, as well as their reflections on what they learned or observed during recovery month. Council members were also asked to highlight any upcoming events.

Responses included:

- #1 question I get is, “how do I get housing?”
- I am amazed at the work being done at the grass-roots level and the impact it has.
- At the recent memorial event to remember those we have lost, participants wrote a poem, using the name of their loved one. Sadly, there has been an increase in infants dying of overdose. The poem is another way to do intervention in place of just handing out educational materials.
- 90% of addiction treatment resides outside of hospitals. Hennepin County Medical Center will have a new addiction treatment program at the entrance of the hospital. That prominent placement embodies how we value people with substance use disorders.
- I’d like a conversation with legislative leaders about money in the cannabis bills and alcohol tax and how we can take some of that money and use it for treatment.
- An observation on a recent event; people new to this work are becoming aware that there is not a lot of grant dollars available and are worried about sustainability.
- With what is happening federally, and the cut to funding, how do we make sure our state agencies are granting projects that have no federal pathways?
  - Note: the recent fiscal mapping project looked at sources of funding and their flexibilities.
- Opioid overdoses are up 18% in MN overall. Recovery month was positive but stigma in the community is still debilitating.
- People need more than harm reduction services; they still need to be connected to treatment and recovery services.
- Organizations are losing so much funding, continuing to provide services is a struggle. Hearing about the great work that people are doing (boots on the ground) keeps us going.
- The [MAARCH conference](#) is coming up (October 27 – 29). Is anyone open to volunteering or staffing a booth?
  - Council members expressed interest and suggested preparing quick questions to help engage people.
- Reestablishing the trust of the public is vital. Disparities are still a hurdle, but we continue to advocate for the people in recovery and strategize on how to further support them.
- I have noticed an increase in mental health needs at care facilities. How can we help people address their mental health before they address their recovery? How can we help facilitate a “warm” handoff from treatment centers to resources, i.e. – housing?
- Housing and reimbursement rates are always top of mind.
- Most of the conversations in this group revolve around urban issues.
- Counselor burnout and their poor wages is becoming a critical issue. We need to adjust the wages and remove barriers to putting new people in the field. What are the options to getting people with lived experience into this field and getting around background reform?

- [A fundraiser](#) for Pink Cloud Foundation is coming up on Nov 20.
- I have interviewed with Vertex Pharmaceuticals on working with them on an option for non-narcotic pain medications.
- I see more people starting to speak up about addiction. There is more education and supports in my community addressing substance use and homelessness. Recently a Hmong talk show invited people on to share their stories about their experience with recovery. I also attended a fundraiser recently where people in recovery shared stories and offered hope and encouragement to each other.
- We started a SUD consultation program to help support family members.
- [Together: Family Recovery](#), a documentary about recovery will be shown at the Twin Cities Film Festival on October 22.

### **Themes included:**

- Rebuilding trust, especially in rural areas
- The housing need

### **Next steps**

- There will not be a year-end report for 2025. The chairs will prepare a letter to the subcabinet.
- Submit reimbursement forms for your time and any travel expenses by 10/21/2025.

### **Next Meeting and adjourn**

The Advisory Council meeting adjourned at 3:00 p.m.

Next meeting details include:

- Date: Tuesday, December 2, 2025
- Time: 11:00 a.m. – 3:00 p.m.
- Location: Virtual