



Governor's Advisory Council on Opioids, Substance Use, and Addiction

Office of Addiction and Recovery

- Welcome and roll call
- Council time with the Office of Addiction and Recovery
- Legislative Prep and Overview
- Implementing the Council's Feedback
- Year-end letter from council chairs
- Public comment
- Debrief and adjourn

Council Charge

Purpose

- Advise the Governor's Subcabinet on Opioids, Substance Use, and Addiction on the purposes and duties described in Minnesota Statutes 4.046.
- Represent community leaders, individuals with direct experience with addiction (and recovery), individuals providing treatment services, and other relevant stakeholders.

Council duties

1

Advise the Subcabinet regarding implementation of its purpose, policy and strategy development, and public engagement.

2

Identify opportunities and barriers for the development and implementation of policies and strategies to expand access to effective services for people in Minnesota suffering from (experiencing) addiction (and recovery).

3

Examine what services and supports are needed in communities that are disproportionately impacted by the opioid epidemic.

4

Provide opportunities for Minnesotans who have directly experienced addiction (and recovery,) to address needs, challenges, and solutions.

Advisory council guiding principles

- **Center equity:** Acknowledge the disparities in Minnesota and the communities that are disproportionality impacted, including those based on race, geography, and economic status. The council agrees to support the Governor and Lieutenant Governor's commitment to diversity, inclusion, and equity as essential core values and top priorities to achieve better outcomes for all Minnesotans.
- **Acknowledge intersectionality:** Recognize the role of intersectionality and the need to address stigma and disparities to achieve outcomes for individuals and families impacted by substance use and addiction. This includes being geographically responsive and acknowledging the unique needs in urban and rural communities.
- **Take a systems level approach:** Acknowledge that solutions do not exist in isolation and that underlying structures and systems often prevent successful treatment and recovery outcomes, including workforce, housing, criminal justice, and financing challenges.
- **Create an inclusive process:** Engage and listen to the voices of people with lived experience to provide community and individual input into decisions that affect them.
- **Focus on results:** Identify opportunities for the development and implementation of policies and strategies that are transformative and lead to better outcomes for individuals and families.

Accomplishments

2024 Year-end report

- Welcomed new voices to the Council
- Statewide Goal for Substance Use Disorder in the One Minnesota Plan
- Minnesota's First Naloxone Saturation Strategy
- Advocated for Changes During the 2024 Legislative Session
- Workgroup Launched to Expand MOUD Access in Jails
- Centered Communities Disproportionately Impacted by Substance Use
- Guided Cannabis Legislation Implementation
- Expanded Access to Care Before Release
- Strengthened SUD Treatment Standards for Minnesotans who are incarcerated
- Developed the Council's 2025 Legislative Agenda



Open meeting law requires public bodies to **record and maintain votes** of its members.



Formal votes will be held for meeting minutes and formal decisions made by the Advisory Council.



Virtual meetings require a vote by roll call and a quorum (simple majority) is required to vote.

Roll call and introductions

- Share your name and affiliation

Approval of meeting minutes

- Approval of December 2025 meeting minutes.

Council time with the Office of Addiction and Recovery

- OAR updates
- Interagency State Substance Use Plan Report



Interagency State Substance Use Plan Report

Jeremy Drucker | Director and Assistant Commissioner

Subcabinet on Opioids, Substance Use, and Addiction

Created in 2022 by the legislature and Governor Walz to improve outcomes for Minnesotans experiencing substance use disorder, their families, and their communities by working across state government.

Chaired by the Addiction and Recovery Director and consisting of 12 state agencies:

- Human Services
- Children, Youth, and Families
- Health
- Education
- Higher Education
- Public Safety
- Corrections
- Commerce
- Management and Budget
- Direct Care and Treatment
- Cannabis Management
- Interagency Council on Homelessness

The purposes of the subcabinet are to identify:

- Challenges that exist within state government that create silos around addiction, treatment, prevention, and recovery;
- Opportunities that exist within state government that support accessible and effective substance use disorder treatment options or addiction-related services;
- Barriers and gaps in service for all Minnesotans seeking treatment for opioid or substance use disorder, particularly those barriers and gaps affecting members of communities disproportionately impacted by substance use and addiction;
- How the state can address addiction as a chronic disease, emphasizing that there are multiple ways to enter sobriety; and
- Policies and strategies that address prevention efforts, including addressing underlying causes of addiction and public awareness and education around the dangers of issues including but not limited to opioid abuse, use of fentanyl and other synthetic opioids, other substance use, excessive alcohol consumption, and addiction.

Interagency State Substance Use Plan

- Sec. 4046 MN Statutes, Subd. 3. Policy and strategy development.

(9) develop and publish a comprehensive substance use and addiction plan for the state. The plan must establish goals and priorities for a comprehensive continuum of care for substance misuse and substance use disorder for Minnesota. All state agencies' operating programs related to substance use prevention, harm reduction, treatment, or recovery or that are administering state or federal funds for those programs shall set program goals and priorities in accordance with the state plan. Each state agency shall submit its relevant plans and budgets to the subcabinet for review upon request.

Multi-phased approach

Aspect	Phase 1: Current State	Phase 2: Strategic Alignment	Phase 3: Statewide Planning
Timeline	2024-2025	2026	2027+
Status	✓ Complete	→ In Progress	→ Future
Scope of planning	Interagency	Interagency	Statewide

Three-phase approach to planning: Phase 1

Understanding the Current State:

- Analyzing existing plans, recommendations, and federal and state commitments
- Conducting fiscal mapping across all state SUD spending
- Mapping current state of Minnesota's SUD continuum of care
- Identifying areas of alignment

Purpose: Establish foundational understanding of the current continuum necessary for strategic alignment

Approach: State enterprise planning – descriptive and comprehensive

Deliverable: Phase 1 Report (Early 2026) documenting current state

Interagency State Substance Use Plan Report

Key substance use and SUD prevalence data

Identification of the roles and responsibilities of subcabinet state agencies as they relate to response to substance use, misuse, and SUD

Highlights of the results of the state's first fiscal mapping of all state spending related to substance use response across the continuum of care

Analysis of state commitments made through state statute, other state plans, and community and partner reports and a description of the system as it is currently

Key substance use and SUD prevalence data

- **Data Systems Across State Agencies:** Minnesota tracks demographic and outcomes data across multiple state agencies showing how programs and state resources impact Minnesotans.
- **Surveillance of Substance Use Trends:** State data systems provide critical sightlines into substance use patterns informing statewide responses to substance use.
- **Monitoring Effectiveness:** [SUD Metrics Workgroup](#) creating catalog of key SUD metrics enabling subcabinet agencies and external partners to evaluate whether interventions are working and where resources are most needed.

Coordinates across agencies to improve outcomes for those experiencing SUD, their families, and their communities

State Medicaid Agency and Single State Authority for SUD: administers MN Health Care Programs, funds housing supports (inc. for those experiencing SUD), and administers key SUD-related funding sources (e.g., SAMHSA Substance Abuse Block Grant, State Opioid Response grants, opioid settlement funds, Behavioral Health Fund)

State public health authority: leverages grant funding, technical assistance, and epidemiological surveillance to support SUD activities across the continuum with focus on prevention, recovery, and intersections with other public health issues

Administers office that ensures health plan compliance with substance abuse requirements

Leads investigation & enforcement efforts, and SUD-related crime intervention and prevention efforts

Funds school-based prevention and recovery efforts (e.g., grants for recovery schools)

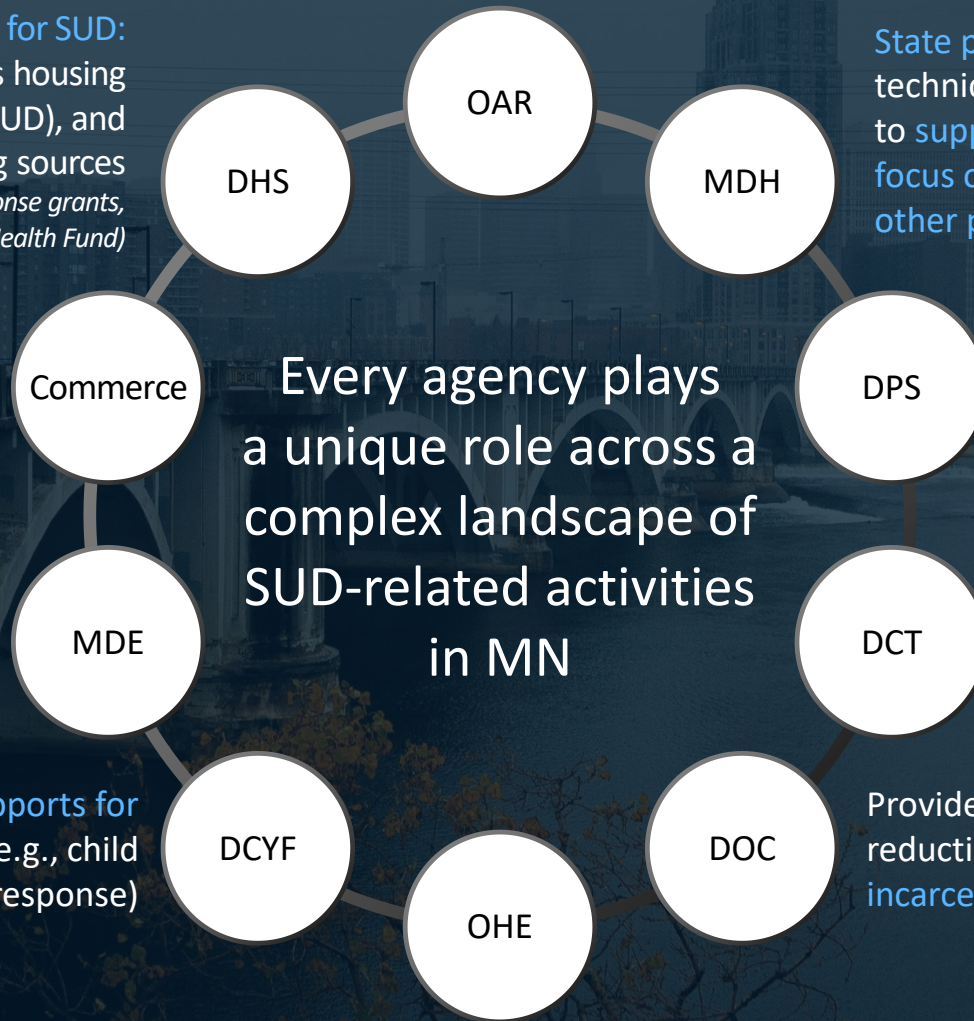
Runs inpatient residential SUD treatment facilities, and provides SUD treatment to civilly committed individuals

Funds early intervention and recovery supports for children and families affected by SUD (e.g., child protection, prenatal substance exposure response)

Provides treatment, recovery, and harm reduction services for Minnesota's incarcerated population

Administers grant supporting training for licensed drug and alcohol counselor programs

Every agency plays a unique role across a complex landscape of SUD-related activities in MN



State SUD spending

- Nine state agencies administered roughly \$823 million in SUD funding in Fiscal Year 2024 (FY24), ninety-five percent of which is administered by grantees or providers vs. state agencies.
- Federal sources provided 65% of FY24 funding (primarily Medicaid), state sources 32%, and the remaining 3% from opiate epidemic response funds, county/Tribal dollars, and private grants.
- Approximately \$672 million in SUD funding was spent on treatment and recovery services across 110 Medicaid billing codes, representing 82% of total continuum of care funding.
- Approximately \$160 million funded 123 grant programs and directly related services.
- Outpatient/community-based care makes up the majority of treatment and services funding, driven primarily by Medicaid (96%).
- Subcabinet agencies reported that nearly 80% of SUD funding has federal or state restrictions on how it must be used.

To better understand the current state the report includes analysis of:

- State and federal statutory commitments and federal grant guidelines (i.e. federal funding streams that outline how those dollars need to be spent)
- Existing plans, reports and recommendations
- State agency goals and priorities; including 1115 SUD System Reform waiver goals
- National best practices and evidence-based approaches to addressing substance use and responding to SUD

Analysis of directives and commitments

- [Minn. Stat. 254B.15 SUBSTANCE USE DISORDER SYSTEM REFORM](#)
- [Minn. Stat. 256.042 OPIATE EPIDEMIC RESPONSE ADVISORY COUNCIL](#)
- [Minn. Stat. 4.046 OPIOIDS, SUBSTANCE USE, AND ADDICTION SUBCABINET](#)
- [Minn. Stat. 144.0528 COMPREHENSIVE DRUG OVERDOSE AND MORBIDITY PREVENTION ACT](#)
- Many other statutes and initiatives are referenced in the report and are equally important in the state's response to SUD

Current state is anchored in directives and commitments

Minn. Stat. 254B.15 SUBSTANCE USE DISORDER SYSTEM REFORM

- Established in 2016 and required DHS to reform the continuum of treatment for individuals with SUD including a “Direct Access” to treatment model
- Created the pathway for implementing an array of Medicaid services that supports and expands the continuum of care and the 1115 SUD System Reform waiver.

Minn. Stat. 256.042 OPIATE EPIDEMIC RESPONSE ADVISORY COUNCIL (OERAC)

- OERAC was established in 2019, “to develop and implement a comprehensive and effective statewide effort to address the opioid use and overdose epidemic in Minnesota.”
- Oversees an array of grant funded programs guided by the statute

Current state is anchored in directives and commitments

Minn. Stat. 4.046 OPIOIDS, SUBSTANCE USE, AND ADDICTION SUBCABINET

- Subcabinet was established in 2022, “to more effectively coordinate and marshal state resources...”
- Break down silos that limit access to SUD services by identifying gaps and strategic and innovative approaches to responding to substance use, misuse and SUD.

Minn. Stat. 144.0528 COMPREHENSIVE DRUG OVERDOSE AND MORBIDITY PREVENTION ACT (COMPA)

- COMPA was established in 2023, to further fund prevention activities, harm reduction, surveillance and epidemiologic investigations, and evaluations for monitoring, addressing, and preventing drug overdoses statewide through integrated strategies paid for with state grant funding

Analysis of plans and recommendations

The One Minnesota Plan

Substance Use Disorder
System Reform Report
and Recommendations

Minnesota Naloxone
Saturation Strategy

2023 American Indian
SUD Summit Report

Minnesota Interagency
Council on Homelessness
Crossroads to Justice Plan

Opioid Epidemic
Response Advisory
Council 2025 Legislative
Report

2024 Comprehensive
Overdose and Morbidity
Prevention Act Legislative
Report

The Department of
Human Services' 1993-99
study "The Challenges
and Benefits of Chemical
Dependency Treatment"

Minnesota's Model of
Care for Substance Use
Disorder Legislative
Report

Interim evaluation report:
Minnesota SUD System
Reform Section 1115
demonstration project
evaluation

2024 Statewide Health
Assessment

2023 Governor's Advisory
Council on Opioids,
Substance Use, and
Addiction Report

Key findings: Analysis of the current state

- Minnesota has a continuum of care—it is fragmented in places and there are gaps in service, but the underlying framework exists. Care coordination, linkages to care, and increased organizational coordination are critical to an individual's ability to navigate the system
- Minnesota has made significant investments aligned with national best practices and evidence-based responses to address SUD and substance misuse
- Ensuring adequate ongoing funding for each continuum component will continue to be a challenge—enhanced coordination and alignment between state agencies and partners will be key to meeting future needs
- Every state agency plays a unique and important role in supporting individuals across the continuum
- Minnesota has a robust community and public engagement framework, but ongoing engagement is critical to meeting the needs of community
- Ensuring Minnesota has an array of services and supports that meet an individual's unique needs no matter where they are in their recovery journey is critical

Key findings: Areas of alignment across state agencies

Naloxone
distribution

Justice-involved
treatment and
recovery pathways

Culturally responsive
services such as
traditional healing

Addressing the
interaction between
SUD and maternal &
child health

Integration of
behavioral health
into school-based
settings

Strategies focused
on addressing
unsheltered
homelessness

A focus on data &
quality
infrastructure

Expanding access to
medications for
opioid use disorder

- Report to be released early February
- Share out with partners and stakeholders for reaction
- Establish foundational understanding necessary for strategic alignment



Looking Ahead



The statute requires that agencies "set program goals and priorities in accordance with the state plan"



Interagency SUD Metrics Workgroup developing a catalog of SUD measures



Work with subcabinet to identify cross-agency priorities, goals and measures and potential areas of alignment that support this effort

Three-phase approach to planning: Phase 2

Developing Strategic Alignment:

- Identifying shared strategic priorities
- Identifying measurable goals
- Establishing accountability mechanisms for alignment

Purpose: Transform descriptive understanding into strategic action with clear priorities, goals, and accountability

Approach: Interagency planning—collaborative and action-oriented

Deliverable: Published Interagency State SUD Plan (Late 2026)

Engagement and resources

- Register to attend the Dept. of Human Services [SUD Community of Practice](#) on February 18th, to engage further with OAR on the presentation of this report
- Visit our [website](#) where you can subscribe to our [newsletter](#) – OAR will use this listserv to communicate future engagement opportunities
- Attend future [OAR monthly webinars](#) for updates and discussions on phase 2 development of the Interagency State Substance Use Plan





Critical Exclusions for SUD and Justice-Involved Populations

HR1 “community engagement” implications

- [CMS Informational Bulletin](#) regarding Medicaid community engagement requirements under Section 71119 of the "Working Families Tax Cut" legislation (Public Law 119-21), December 8, 2025.
- This law requires "applicable individuals" to demonstrate community engagement as a condition of Medicaid eligibility.
- The law also **excludes** certain populations from the definition of "applicable individual," meaning they are categorically exempt from any community engagement requirements.
- The law also provides additional **exceptions** that apply on a time-limited or circumstantial basis.

Medically frail individuals

Individuals who are "medically frail or otherwise have special medical needs (as defined by the Secretary)" are excluded from the definition of "applicable individual."

- Individuals with a substance use disorder
- Individuals with a disabling mental disorder
- Individuals who are blind or disabled (as defined in Section 1614 of the Act)
- Individuals with a physical, intellectual, or developmental disability that significantly impairs their ability to perform one or more activities of daily living
- Individuals with a serious or complex medical condition

Treatment program participants

A "participant in a drug addiction or alcoholic treatment and rehabilitation program [DAA] (as defined in [section 3\(h\) of the Food and Nutrition Act of 2008](#))" is excluded from the definition of "applicable individual":

“[DAA] means any such program conducted by a private non-profit organization or institution, or a publicly operated community mental health center, under part B of title XIX of the Public Health Service Act (42 U.S.C. 300x et seq.) to provide treatment that can lead to the rehabilitation of drug addicts or alcoholics”

Three Categories of Qualifying DAA Facilities

- **Private nonprofit organizations or institutions** conducting drug addiction or alcoholic treatment and rehabilitation programs
- **Publicly operated community mental health centers** providing such treatment
- **Publicly operated community health centers** (extended via 7 U.S.C. § 2012a, enacted in 1985)

Previous guidance for DAA facility eligibility

(a) Tax exempt; and,

(b) Certified by the state agency responsible for the treatment and rehabilitation of drug addicts or alcoholics (DHS) as:

- Receiving funding under part B of title XIX (block grants); or
- Eligible to receive funding under part B of title XIX even if no funds are being received; or
- Operating to further the purposes of part B of title XIX, to provide treatment and rehabilitation of drug addicts and/or alcoholics.

U.S. Department of Agriculture, Food and Nutrition Service. (2006, March 8). *Drug addiction and alcoholic treatment and rehabilitation programs* [Policy memo]. <https://www.fns.usda.gov/snap/eligibility/drug-alcoholic-treatment-rehabilitation-programs-addition>

Previous guidance for DAA facility eligibility

“Where the DAA center in question offers an alternative model of treatment or rehabilitation not eligible for licensing by the state, the state's Title XIX agency should still make a determination as to whether or not the facility is operating to further the purpose of part B of title XIX, to provide treatment and rehabilitation of drug addicts and/or alcoholics. FNS will be satisfied with a simple letter from the appropriate state agency acknowledging that the facility is operating for this purpose.”

U.S. Department of Agriculture, Food and Nutrition Service. (2006, March 8). *Drug addiction and alcoholic treatment and rehabilitation programs* [Policy memo]. <https://www.fns.usda.gov/snap/eligibility/drug-alcoholic-treatment-rehabilitation-programs-addition>

Exclusions and exceptions for justice-involved populations

- **Current Inmates:** an "inmate of a public institution" is excluded from the definition of "applicable individual."
- **Recently Incarcerated Individuals:** an additional exception applies to "an individual who was an inmate of a public institution at any point during the three-month period ending on the first day of a month in which the individual is otherwise subject to the community engagement requirement."

Reliable information and data coordination

- Encounter data, provider payment records, SUD diagnosis codes, and treatment admission records could be sufficient methods to verify exclusion status without requiring additional documentation from individuals.
- Collection and coordination of DOC incarceration and release data, combined with county jail records, could be used to verify exclusions and exceptions for justice-involved populations without requiring additional documentation from individuals.

State agency Legislative Proposal Process

Every year, executive agencies develop proposals for the Governor's consideration

Proposal development occurs throughout the year and can take 18 months or more

Bulk of proposal development work occurs between June – November for the upcoming legislative session

Proposal process and budget package varies based on multiple factors:

- Policy vs. budget year
- Budget forecast (surplus/deficit)
- Who's in Governor's office and legislature
- Priorities of Governor's office, state agency leadership, and other pressures impacting state programs and people receiving services
- Session starts February 17, 2026



2026 Legislative Themes

Key themes going into 2026 legislative session

- **Treatment Access**

- Low barrier access to MOUD through removal of prior auth
- Pharmacist prescribing MOUD aligned with federal changes
- Increasing availability of withdrawal management and clarifying county of financial responsibility
- Peer recovery clarifications aligned with federal guidance
- Behavioral Health Fund eligibility determinations

- **Justice-Involved (youth, adults and family focus)**

- Reentry case management for 1115 Reentry Waiver
- Diversion programs focusing on treatment rather than incarceration
- Family preservation through programs like Minnesota Model Jail Practices Learning Community

- **Recovery Friendly Workplace**

Advocacy organizations with SUD impact

- [MN Association of Resources for Recovery and Chemical Health \(MARRCH\)](#): SUD specific.
- [MN Alliance of Recovery Community Organizations \(MARCO\)](#): Waiting for 2026 agenda.
- [Impact Minnesota](#): Their legislative agenda is on their website.
- [Fentanyl Free Communities](#): This link has information on their 2025 legislative agenda. 2026 agenda is very similar in it's focus.
- [Mental Health Legislative Network \(MHLN\)](#): Waiting for 2026 agenda.
- [National Alliance on Mental Illness \(NAMI\)](#): Sign up for their legislative updates newsletter.
- [Minnesota Justice for All Coalition](#): Presenting their legislative agenda at Wilder on February 10th at 6pm. Must register to attend.
- [Juvenile Justice Advisory Committee](#): Some overlap with SUD and justice-involvement within the juvenile population.



Implementing the Council's Feedback

Feedback Interviews

- Interviews were conducted in 2025 with 10 out of 18 council members.
- Main pieces of feedback for OAR were to communicate with the council more frequently and to provide additional ways for members to coordinate efforts.

12/2/2025 Meeting Follow Up Poll

- Received responses from 10 out of 18 council members.
- All respondents wanted emails from OAR between council meetings and majority wanted to share info via an online form or email.

Council Member Feedback and Updates Form

- The form will be used to gather feedback as well as any issues, community updates, or resources council members would like to highlight.
- Link will be included in emails to the council and council members can fill out the form at any time.

Act Emails

- Emails will be sent out during the months the council is not meeting.
- Emails will include OAR curated resources and information council members would like to be shared or highlighted.

Allowing more opportunities for action

Communities and Cultures Workgroup

- 11 out of 18 council members have expressed interest
- Kick off meeting is scheduled for February 6

Aligning Council Meetings with Legislative Cycle

- The council's 2026 meeting schedule was shifted to align with when legislative proposals for 2027 will be developed.

The Interagency State Substance Use Plan

- The council will be able to participate in the development of Phase 2 of the plan, which will inform future state agency goals and priorities.

Draft 2025 Year-End letter

- [2025 Year end letter.pdf](#)

Ongoing priorities of the council

- Program integrity and accountability
- Supporting cultural communities that are being targeted by ICE and are also disproportionately impacted by SUD
- Advocating for culturally responsive care
- Evidence-based harm reduction
- Housing First
- Supporting justice-involved individuals
- Increasing access to Medications for Opioid Use Disorder (MOUD)
- Acknowledging multiple access points for person-centered care
- Background studies reform
- Adolescent and family recovery support services

Public comment opportunity

- Try to limit comments to two minutes so others may speak.
- The facilitator will help you mind the time.
- Please submit public comments to officeofaddictionandrecovery.mmb@state.mn.us
- You are also welcome to contact Jeremy Drucker, Addiction and Recovery Director jeremy.drucker@state.mn.us

Debrief and adjourn

- Closing comments from the chair and vice-chair
- The next meeting is Tuesday, April 7, 11:00 a.m. – 3:00 p.m.
 - Veterans Service Building, 20 W. 12th St., Saint Paul, MN 55155

Thank You!

<https://mn.gov/mmb/oar/gacosua/>

<https://mn.gov/mmb/oar/>

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