

Council Meeting Minutes

Date: 6.3.2025

Location: virtual

Attendance

Open meeting law virtual meeting, staffing and council members in attendance.

Council members in attendance:

- Gavin Bart
- Brandy Brink
- Colin Cash
- John Donovan
- Wendy Jones
- Fiyyaz Karim
- Jeffrey Lind
- Janice Mehle
- William Messinger
- Suzanne Nash
- Lynne Redleaf
- Anderson Saint Georges
- LaTricia Tate
- Khou Vang

Absent:

- Autumn Dillie
- Pamela Lanhart
- Kimberly Stokes
- Travis Winship

Office of Addiction and Recovery (OAR), Minnesota Management and Budget (MMB) staff:

- Jennifer Blanchard
- Stacy Sjogren
- Cat Rohde
- Jeremy Drucker

Guests

- Mark Sanders, Great Lakes ATTC

Welcome and Roll call

- **Members and guests were welcomed:** Wendy Jones, Chair provided opening remarks and introduced Janice and Khou as new members.
- **Review of Agenda:** Agenda and objectives for the meeting were reviewed.
- **Roll call:** Roll call was taken.
- **Approve minutes:** Members voted to approve the February and April 2025 minutes.

Public comment

- No public comment.

Council time with the Office of Addiction and Recovery

Jeremy Drucker provided an update including:

- The legislative session has ended, a special session may be called
 - Came to global target agreements.
 - Two areas, HHS bill and HS bill, will need to be voted on and forwarded to the Governor.
 - **Q:** Can you provide information on Mid-point billing?
 - **A:** Instead of billing for 60-minute increments, billing will be split into 15-minute increments. There will be six possible billing codes, depending on the service provided.
- Federal response
 - Tracking budget and cancellation of federal funds.
 - There are steep cuts to Medicaid in the current bill that will impact MN with @\$500 million in lost revenue.
 - Several agencies will be combined to make a new agency and different block grants will be merged into a single block grant, resulting in a loss of @4 billion dollars.
 - **Q:** How does the 2023 bill interact with the federally passed Halt Fentanyl Act that heavily criminalizes minimal amounts of fentanyl?
 - **A:** Federal law overrides state law.
 - **Q:** I'm concerned about Medicaid cuts with Federal funding changes. Is there an awareness in MN govt about this problem?
 - **A:** Yes, we have the Naloxone Saturation Strategy, and the portal is reopened. Dedicated \$\$ will continue to fund the strategy. There will be a role for council members to advocate.
- Update on interagency substance use plan
 - We are looking at each agency's work on SUD.
 - Currently working on a fiscal map exercise to ID what the state's spending includes on SUD.
 - We are looking to ID how to streamline work on SUD among state agencies.
 - We are looking at data sources and methods of measuring outcomes.
- MOUD in Jails workgroup update and low barrier workgroup
 - Ending the MOUD in Jails workgroup. An interim report has been shared. A final report will be prepared in September.
 - Stratis Health is preparing a resource for correctional facilities.
 - Starting a MOUD low barrier workgroup with MDH and DHS.
 - **Q:** Did the low barrier workgroup have a call for applicants?
 - **A:** No, it is internal and not directed by OSS. There are MD's from across MN participating.
 - **Q:** What is the scope of the work from Stratis?

- **A:** Stratis provides content expertise. The scope is limited to budget and relies on their work with correction facilities.
- Recovery Friendly Workplace
 - Created a statewide RFW initiative with the National RFW.
 - Preparing a gaps analysis and determining what a statewide assessment would include.

Briefing on April results and proposed vision for the council work over the next two-years

Wendy spoke about the April meeting and the goal to set strategic priorities for 2025 – 2027.

- These new priorities do not replace current strategies.
- As a council we represent council goals.
- April 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.

Presentation from Great Lakes Addiction Technology Transfer Center (ATTC)

Mark Sanders, Program Manager for Great Lakes ATTC, presented on Recovery-Oriented Systems of Care in Illinois (ROSC's).

Mark's presentation is available [online](#).

- **Q:** How do you maintain quality control? Making sure different counties are instituting evidence-based programs?
 - **A:** We provided coaching, and each council submits a monthly report which the state provides feedback on. We also provide technical assistance and are starting to add research.
- **Q:** Does the Illinois Recovery Council that serve as an umbrella; supporting, monitoring, doing quality control?
 - **A:** Yes.
- **Q:** Is the Illinois ROSC Center funded through the state?
 - **A:** Yes. The state funds them to oversee the entire ROSC Council.
- **Q:** How many ROSC councils are there?
 - **A:** 43 ROSC Councils covering 56 counties.
- **Q:** Is Illinois a county operated or a state-run service system?
 - **A:** State-run.

Council Priorities Action Planning

Activity One

Wendy opened the segment with a reminder that we (as a council) are focusing on “what can the Governor's Advisory Council members can do to act”. She noted that many council members are already “acting” in the course of their professional work and in their communities and called on council members to share some of their experiences.

Khou Vang

In the Southeast Asian community, we have great things happening like education for breaking the stigma that's surrounding substance use disorder, but a struggle is there's not enough providers in the community that speak the same language as the residents.

LaTricia Tate

There are only a handful of black ROSCs so it's very hard for us to reach the community in a way that we should. In the last few weeks, I pulled together all the black ROSCs to form a coalition where we can provide services to our community because I recognize that we all offer something different and that we should be able to refer to one another, share resources, do events together, etc. We started meeting and we'll be offering our first event in a couple weeks.

Colin Cash

To set a baseline knowledge of why culturally relevant services are important, I have a lot of friends that are left-handed right and I'm predominantly right-handed. I write a lot of with my right hand, and I don't see anything wrong with grabbing a pair of scissors or a serrated knife because the system is designed for me as a right-handed person. When individuals who are left-handed grab a pair of scissors or grab a serrated knife, it's very hard for them to use. That is the importance of relevant culturally specific services. When left-handed people go into a left-handed store and they see this store is designed for them, that is what it's like for me when I receive culturally relevant services or when I see culturally relevant services represented in the continuum like the Native American peer recovery services model.

I noticed even the question of sustainability is different from a Western context to a Tribal context. In Red Lake, Minnesota we're talking about sustainability, especially in terms of business and funding. The sustainability looks so drastically different when we incorporate Tribalistic or Tribal world views and philosophies to where all the work doesn't just fall on the provider or the peer, or the counselor but where it is the community that is fulfilling these efforts, where they can receive sweat lodge ceremonies, support childcare work, and the community is picking up the bulk of the work and tie back to Don Coyhis's healing. There's a healing forest in place, and this healing forest is always giving. When talking in terms of sustainability, whether peer support model or grant funding is there or not, there's a system of sustainability already in place that helps achieve a recovery orientated system of care that improves treatment outcomes, that doesn't fall on the shoulders of just the people that are providing services.

Brandy Brink

I am part of the Substance Use Advisory Council. This is a collaboration with me, a community outreach individual that represented United Way in our region, and our police chief. We got together and discussed how we were each reaching the groups of people that we primarily interact with and how we could have a further reach regarding to substance use or misuse, the availability of Narcan, etc. by us coming together. The ROSC model was the concept that took place.

We have been meeting for about 3 years in our region and have about 75 individuals that attend this meeting. This includes our county director and sheriff from both of our adjoining counties, prosecutors, teachers, our district Superintendent, parents, and providers within our county.

The first year we did a World Café style, to identify what this group means and what we are looking to accomplish. We offered a lot of networking opportunities and held provider spotlights so individuals that were doing the work could come to these meetings and share the work that they're doing or the resources that were available. After the first year we re-evaluated and now we're at the stage of breaking out into committees. Subcommittees will target youth and Healthcare systems.

I would not call us a ROSC, as of today. We don't have a board. We have no formal structure at this point. We are an informal group of 75 organizations from all different walks of life coming together within Blue Earth and Nicollet County.

Padlet activity one

Stacy directed everyone to a Padlet activity that asked the following:

1. Have you been encouraging culturally responsive care professionally?
2. Have you been encouraging ROSC professionally?
3. Where else have you seen or heard of these practices occurring?

Council members entered their responses and briefly discussed some of the entries.

Activity Two

Wendy asked for council members to commit to taking action steps outside of regularly scheduled council meetings. To be part of a workgroup (as a short-term commitment, once or twice a week) to meet and define the workgroup's role, develop a charter, and develop a product that can be shared at the next meeting in October.

Volunteers included:

- LaTricia Tate
- Suzanne Nash
- Bill Messinger

Padlet activity two

Stacy directed everyone to a second Padlet activity that asked, “How are YOU willing to engage in future Council initiatives?”

Council members noted where they could act in the following categories:

- Educate networks and advocate for ROSC councils locally and nationally.
- Engage in community outreach to amplify the message of ROSC councils and gather insights.
- Push for legislative action to secure funding for pilot programs.
- Facilitate listening sessions, ID gaps in services, & advocate for culturally responsive care.
- Engage with local leaders and ID key stakeholders to drive the work forward.
- Proactively advocate for funding and policies that prioritize culturally responsive care.

Q: Is there any money to help incentivize this effort?

A: As it relates to these listening sessions, we support Community orgs who are the host of those and there will be a small budget for that.

Q: Under the topic heading “engage with leaders, stakeholders, etc.”, it would be helpful if we had a letter of introduction saying that we're moving in this direction, and a representative from the council would appreciate 60 minutes of your time (or something to that effect).

A: Jeremy and Wendy will connect on that.

Next steps

Wendy noted next steps for convening the workgroup:

- Defining logistics, setting up a structure for this work.
- Once the framework is set, meet a couple more times to determine what and how to operationalize putting the council into action.

Next Meeting and adjourn

The Advisory Council meeting adjourned at 2:45 p.m.

Next meeting details include:

- Date: Tuesday, October 7, 2025
- Time: 11:00 a.m. – 3:00 p.m.
- Location: In-person meeting
 - Veterans Service Building, 20 W. 12th St., Saint Paul, MN 55155
 - Fifth floor
- Possible presentation by John Connolly, Deputy Commissioner, Department of Human Services.