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

Office of Addiction and Recovery

MINNESOTA
GOVERNOR'S ADVISORY COUNCIL ON
OPIOIDS, SUBSTANCE USE, AND ADDICTION

July 14, 2026

Agenda

- Welcome and roll call
- Council business
- Council time with the Office of Addiction and Recovery
- Legislative updates
- Interagency State Substance Use Plan discussion
- 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.

Procedures

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 April 2026 meeting minutes.

Council business

- Council membership update
- Communities and Cultures Workgroup update

Updates from OAR

- All-SUD Funds Fiscal Map
- Children's Cabinet co-hosting listening sessions
- Terms and conditions – Notice of Awards
- Preparing for the Governor transition

Transition preparation

- Management Analysis and Development (MAD) is the state's management consulting practice
- MAD establishes a gubernatorial transition office every 4 years (needed or not)
- Broadly, they set the stage so governor-elect can start transition work right away

Agency leader/key staff timeline (transition office focus)

Through June	July-August	September-October	November-December	January 4
• Engage **key** leaders and staff • Consider button-ups vs hand-offs as relevant	• Instructions from MAD to state agencies • Compile requested materials	• MAD produces materials for transition team • Agencies continue preparations	• Transition office open • Budget and cabinet are likely priorities • Agency briefings as needed/ requested	• New administration begins

Throughlines for all: Continue established work and support our teams

Break

Setting the state for the 2027 legislative session

- Budget session
- Historic retirements
- New governor

2027 Legislative Session Preliminary Focus

Catherine Diamond | Director, Injury Prevention & Mental Health

DEPARTMENT OF HEALTH

Tobacco & Alcohol

- Modernizing the Alcohol Excise Tax
- Prohibit price discounts and coupons of commercial tobacco products

Healthcare

- Unified Opioid Response & Healthcare Access
  - Establish a Pharmacist MOUD Workforce Development Program
  - Strengthen No Wrong Door Access to MOUD in Healthcare Settings
  - Strengthen Rural Healthcare Accountability and Capacity for MOUD
- Mobile Health Grant Demonstration Program

Data

- Fatality Review Leadership and Management
- MN Student Survey
- Authority to collect data from hospitals for syndromic surveillance
- Traumatic Brain Injury
  - Modernizing TBI Registry Statutory Language
  - Maintaining a robust traumatic brain and spinal cord injury (TBI/SCI) registry

RFW

- Recovery Friendly Workplace Framework

Related

- Partnership to Prevent Firearm Injury and Violence
- Suicide Prevention
  - Local Outreach to Suicide Survivors (LOSS) Teams
  - Statewide Postvention Response
  - American Indian Suicide Prevention
- Community-Led Mental Health Promotion
  - Mental Health Community Initiated Care (CIC)
  - Culturally Responsive Mental Health
  - Mental Health and Data Center

Thank You

Catherine Diamond

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Preliminary 2027 Legislative Proposal Ideas

Behavioral Health Administration

Gena Savage| Behavioral Health Legislative Director, DHS

DEPARTMENT OF HUMAN SERVICES

Context and Considerations

- The ideas presented today are preliminary proposal concepts under consideration for the 2027 legislative session.
  - The 2027 session will begin with a new gubernatorial administration, so the Governor's Budget priorities have not yet been established.
  - Our goal is to share ideas with community partners, gather input, and identify potential concerns.
  - Proposal concepts and language may be added, removed, or modified prior to the legislative session.

Tribal Health Sovereignty and Medication Access

Proposal to pursue a State Plan Amendment (SPA) to reimburse Indian Health Service (IHS) and 638 Tribal Facilities for the full price of high-cost outpatient medications

- Current reimbursement is limited to the encounter rate, which does not reflect the actual price of high-cost prescription medications
- Aligns reimbursement methodology for Tribal Nations with other Medicaid pharmacies and approaches adopted by other states
- 100% federally funded, consistent with the federal government's trust and treaty obligations to Tribal Nations

1115 Reentry Demonstration Waiver

Federal compliance proposal to:

1. Align state law with updated CMS requirements by reducing pre-release MA coverage from 90 days to 60 days prior to release
2. Clarify that the Reentry waiver covers all medication-assisted treatment (MAT) for SUD, rather than limiting coverage to medications for opioid use disorder (MOUD)
3. Extend timeline for Reentry Capacity Building Grants from June 2027 to June 2028
4. Authorize DOC to enroll as a MHCP provider and bill MA for eligible services provided under the Reentry waiver
5. Establish statutory authority for correctional facilities to share data with DHS

Opioid Epidemic Response Advisory Council (OERAC) Changes

Proposal to:

1. Update statutory terminology by replacing “sober home representative” title with “recovery residence representative” to reflect current terminology
2. Expand OERAC’s use of settlement funds to support non-grant activities administered by DHS, such as:
   - Naloxone Portal
   - Bright Bound school initiatives
   - Health communication campaigns
   - Other professional or technical contracts consistent with the purposes of the settlement funds
3. Transition OERAC facilitation costs from DHS administrative account to the opioid settlement account
4. Extend the expiration date for OERAC grantees from three years to five years

Program Integrity Package

Proposal to strengthen program integrity:

- Behavioral Health Fund (BHF): clarifying requirements after transitioning BHF eligibility determinations to DHS
- Intensive Residential Treatment Services (IRTS): updating documentation standards and establishing supervision and affiliation limits for mental health professionals
- Individual treatment plan (ITP): clarifying requirements for completion and client disagreement with ITP; resolving inconsistencies between 256B and 245I for Adult Day Treatment (ADT)
- ADT and Partial Hospitalization Program (PHP): establishing certification and decertification authority
- Assertive Community Treatment (ACT): expanding allowable tools to measure ACT fidelity
- Level of Care Assessment: funding access to a standardized assessment tool at no cost to providers serving individuals receiving services through ARMHS, IRTS, and ACT services

Mental Health Proposals

Children's Residential Crisis Stabilization

- Creates a new MA benefit for a short-term, residential stabilization service for children and youth under age 21 who do not require hospitalization but cannot be safely stabilized in their home or community.

Children's Mental Health Training Academy

- Develops workforce training modules to strengthen knowledge and skills across key children's mental health service areas, including targeted case management, community-based services, residential treatment, and child welfare settings.

Certification of Family and Mental Health Peers

- Establishes a third-party certification process for family and mental health peer specialists.

Transition to American Society of Addiction Medicine (ASAM) 4

Timeframe Goals	Milestone	What's Happening
2026-2027	**Statute Drafting & Internal Engagement**	Draft language developed with the Advisory Workgroup and NIATx
2026-2027	**Community Engagement (you are here)**	Provider and community feedback shapes the final draft
2027	**State-Level Preparation**	DHS builds systems, training, and technical assistance infrastructure
Late 2027	**Legislative Package Finalized**	Complete draft ready for the 2028 session
2028	**Legislative Session***	Bill introduced and considered by the Legislature
2029	**Provider-Level Preparation**	Organizations update documents, policies, EHRs, and operations
Jan 2030	**Full Implementation**	Effective date — ASAM 4th Edition standards active statewide

Questions?

DEPARTMENT OF HUMAN SERVICES

Thank You!

Gena Savage

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DEPARTMENT OF CORRECTIONS

Governor's Advisory Council on Opioids, Substance Use Disorder, and Addictions

Kelly Haff | Legislative Director

Minnesota Department of Corrections

11 state correctional facilities

More than **4,500** staff

7,931 incarcerated persons

17,734 individuals under DOC community supervision

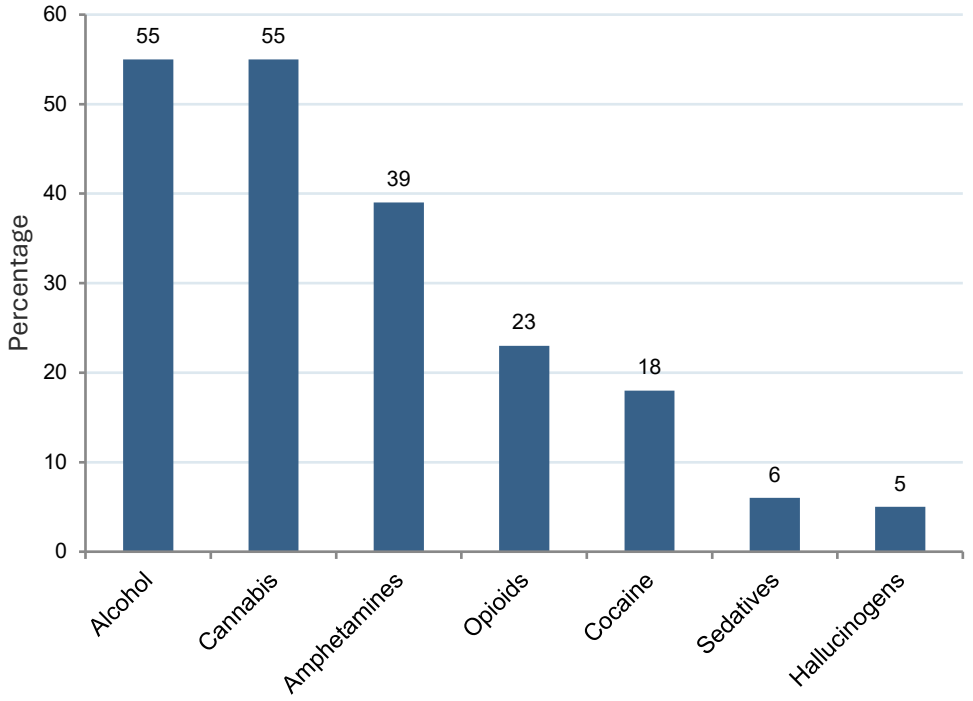
95% of incarcerated people return to Minnesota communities

67% remain free of a felony conviction upon reentry

SUD is one of the DOC's largest treatment and reentry needs

- **81%** of the incarcerated population has one or more substance use disorder diagnoses.
  - The average person has **2.6** SUD diagnoses
- **1,884** incarcerated individuals have an opioid use disorder diagnoses
  - **23%** of the state's prison population
- **1,051** inpatient SUD treatment beds across the DOC
- **78%** successful SUD treatment completion

SUD Diagnoses in MCF Population



Source: 2025 MNDOC Performance Report

2026 Legislative Session Results

Mental Health Unit Authority Expansion

- Creates authority to create Mental Health Unit beds in other facilities
- Allows mental health unit beds to be used for short-term care, assessment, and stabilization

Medication Continuation in Jails

- Clarifies jail's requirements to continue incarcerated person's prescription medication
- Provides more details about how to change or discontinue medication

Substance Use Disorder Statute Update

- Updates DOC SUD statute to reflect residential, intensive outpatient, and outpatient treatment practices for adults and juveniles
- Supports 1115 Waiver work

Looking Ahead

- 1115 reentry waiver work continues
  - Application submitted, pending federal approval
- Chapter 2911 rulemaking
- Budget and legislative proposal planning kicked off last week
  - Pitches and decisions through Fall
- 44 out of 201 legislators are not running for reelection
- New governor, new commissioner, new priorities

Thank you!

Kelly Haff

DOC Legislative Director

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Break

Interagency State Substance Use Plan

- MN Statutes, Sec. 4.046, Subd. 3. Policy and strategy development.

"The subcabinet shall 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: Understanding the Current State	Phase 2: Developing Strategic Alignment	Phase 3: Statewide Planning
Timeline	2024-2025	2026	2027+
Status	✓Complete	→ In Progress	→ Future
Scope of planning	Interagency	Interagency	Statewide

Understanding the current state

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: Published Interagency State Substance Use Plan Report documenting current state

Developing strategic alignment

Developing Strategic Alignment:

- Identifying 3-5 shared strategic priorities
- Identifying measurable goals and metrics
- Establishing accountability mechanisms for alignment

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

Approach: Collective impact through interagency planning

Deliverable: Published Interagency State Substance Use Plan (December 2026)

Identifying strategic priorities and goals

Strategic priorities and goals were developed through one-on-one meetings with agency leaders; discussions with the Subcabinet; and priorities identify by Governor's Advisory Council, including:

- Adolescent SUD continuum of care
- Community-based recovery infrastructure
- Housing
- Culturally responsive support and care
- Pregnant women and family treatment
- Workforce background studies and paperwork reduction
- Ongoing access to MOUD/OTP

Four strategic priorities emerged

Coordinated prevention infrastructure

Access to a continuum of care

Shared data infrastructure and response systems

Reducing substance use-related overdoses and deaths

Coordinated prevention infrastructure

Strategic Priority:

- *Minnesotans have access to a full continuum of prevention services, building awareness and education to prevent substance use before it begins, identifying and intervening early with those at risk, and reducing harm and supporting recovery for those already experiencing substance use disorder.*

Goals:

- Deploy prevention funding through a coordinated process
- Create shared understanding of prevention roles and responsibilities

Access to a continuum of care

Strategic Priority:

- *Minnesotans experiencing substance misuse or substance use disorder have timely access to effective and appropriate treatment and services.*

Goals:

- Identify and strengthen referral pathways from critical entry points
- Increase access to services needed for sustained recovery by building recovery infrastructure
- Coordinate resources to reach individuals, families, or communities most impacted by substance use disorder

Shared data infrastructure and response systems

Strategic Priority:

- *Minnesotans benefit from a substance use monitoring and response system that detects harm early, shares data and information across agencies, and connects data to action.*

Goals:

- Build shared cross-agency data infrastructure
- Promote monitoring and early detection of health indicators
- Advance investigatory monitoring

Reducing substance use-related overdoses and deaths

Strategic priority:

- *Every community in Minnesota experiences a reduction in substance use-related overdoses and deaths.*

Goals:

- Expand low-barrier medication for opioid use disorder
- Coordinate harm reduction service infrastructure
- Coordinate resources to reach communities experiencing the greatest overdose burden

Discussion

- Looking across all four priorities, where do you feel the strongest sense of “yes, this is right”?
- What would you have expected to see here that isn’t showing up?

SUD Metric Workgroup

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

Debrief and adjourn

- Closing comments from the chair and vice-chair
- Council member reimbursement requests for traveling to today's meeting are due by July 28 and must be submitting using the updated 2026 Advisory council vendor's invoice.
  - Available online and on SharePoint.
- The next meeting is Tuesday, September 1, 11:00 a.m. – 3:00 p.m.
  - Location TBD

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Thank You!

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

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