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

Council Meeting Minutes

Date: 9.22.2026
Location: Midtown Square - Nelson Mandela Community Room, 3333 W Division St, St Cloud, MN 56301

Optional working session

An additional hour from 10:00 a.m. – 11:00 a.m. was used as opportunity for council members to meet and talk further about the Interagency State Substance Use and Addiction Plan and the subcabinet strategic priorities and goals.

Jennifer walked through a timeline of how each council meeting, and the council's engagement in the state plan development, has helped inform the following Subcabinet meeting.

Draft strategies include:

- **Coordinated Prevention Efforts** — full continuum of prevention services. Goals: coordinated prevention funding process; documented prevention roles/responsibilities across agencies.
- **Access to Treatment, Services, and Supports** — timely access to effective, appropriate services and supports. Goals: strengthen referral pathways; rapid connection between levels of care; expand low-barrier MOUD statewide; build recovery infrastructure for sustained recovery/reintegration.
- **Reducing Harm, Overdose, and Death** — reduction in addiction-related harms and overdose deaths. Goals: real-time health-indicator monitoring; coordinated harm-reduction activities; targeted funding to most-impacted communities.
- **Shared Data and Monitoring Response Systems** — early harm detection and data-to-action. Goals: shared cross-agency data infrastructure; advanced investigatory monitoring with supportive treatment pathways.

Comments

- Either take treatment out or be more explicit. I think you need to explicitly say recovery in there in the priority statement.
- Stakeholder should to be engaged in metric development.
- The Mark 10 is a data set out there but is not funneled to the state.
- We need to capture what is happening now. (the measurements).
- Phase two is getting coordination in place.
- Phase three is looking to the future and partnering with counties, Tribal nations, etc.
- It is difficult to get consensus on what recovery measurement looks like.
- We talk about recovery and harm reduction, but they are different concepts and goals. We need to be cognizant of how we move this forward.

- Families are not called out enough in these priorities.
- Very happy harm reduction is called out. It moves people along the continuum.
- Measures need to come from data sources.
- Not many harm reduction metrics are noted in the measurements.
- How many syringes we're giving out and taking in.
- HIV diagnosis are going down every year.
- Naloxone distribution of overdose reversals via clients, things that might not even be captured in our data systems that we are capturing via Community report.
- None of the measurements on the draft are from grant reporting.
- There is no data point that has anything to do with families, except pregnant women.
- Almost every measure assumes a case has been identified, there is nothing about screening.
- One item that was changed, we did shift language to reduce drug supply related harms.
- Family is the number one factor in supporting recovery, that should be added.
- OREAC added a bullet point to educate families. Prevention includes the family system. All the funding is currently on in-school education.
- Prevention metrics are being built out. We are only including current process measures.
- Parent use is a precipitating factor for placement of children. That is a metric that could be used.
- Generational use could be another metric or predictor.
- Want to expand on goals of adulterants.
- The impact of adulterants on people's introduction to MOUDs.
- The report speaks to surveillance systems, we are not looking at this goal from enforcement. It is purposely kept at a broad level.

The online form to submit feedback was reactivated.

Next steps:

- The Interagency State Substance Use and Addiction Plan is slated for publication in December 2026.
- Accountability mechanisms accompanying the plan: Implementation plan and a Subcabinet charter — both intended to formalize how agencies commit to the plan's priorities.
- It's intentionally built to function as a transition document — so the priorities and accountability mechanisms hold regardless of who's in those seats.

Council Meeting Attendance

Council members in attendance:

- Gavin Bart
- Colin Cash
- Brandy Brink
- Autumn Dille
- John Donovan
- Wendy Jones
- Pamela Lanhart
- Jeffrey Lind
- William Messinger
- Suzanne Nash
- Lynne Redleaf
- Anderson Saint Georges
- LaTricia Tate
- Meg Thomas

Absent:

- Fiyyaz Karim
- Janice Mehle
- Kimberly Stokes
- Khou Vang

Office of Addiction and Recovery (OAR) staff:

- Jennifer Blanchard
- Nathaniel Dyess
- Cat Rohde

Guests:

- Catherine Diamond (MDH)
- Kari Gloppen (MDH)
- Katie Blue (Recovery Community Network)
- Courtney Eystad (Effective Living Center)
- Michael Mynczywor (Veterans Justice Program)
- Christel Roelofs (Kandiyohi County Community Corrections)
- Tami Jo (Kandiyohi County Community Corrections)

Welcome and Roll call

- **Members and guests were welcomed**: Wendy Jones, Chair provided opening remarks, welcomed the council members and introduced Meg Thomas as a new council member. She thanked RCN for hosting the council in Saint Cloud.
- **Review of Agenda:** Agenda and objectives for the meeting were reviewed.
- **Roll call:** Roll call was taken.
- **Approve minutes:** Members voted to approve the July 2026 minutes.

Council Business

- Jennifer provided an update on council membership and discussed upcoming board term end dates.
    - Board Terms
    - Resignation template

Recovery Community Network on collaborating with the treatment court in the judicial branch

Katie, Courtney, Mike, Christel, and Tami Jo shared their different organizations and roles and how they work with RCN to support people in recovery.

- Katie served in the military for 20 years, came to RCN after going through recovery, and noted that RCN was started by John Donovan.
- She spoke on the history of RCN and the relationships they have with jails, treatment courts, probation, treatment providers, veteran services and community organizations to support people in recovery.
- The goal is continuity across all settings.
- Mike introduced the Sequential Intercept Model which helps identify different points where people need to be connected with recovery services.
- Veterans court has been around for 10 years and people are encouraged to go through the residential treatment programs first, before trying to find stable housing.
- RCN also does jail outreach and reentry programs,
- Every jail has their own rules, so relationships with each facility have to be handled differently.
- RCN tries to make it low barrier to help people reach out to RCN.
- RCN continues to support people when they are back in the community.
- Once people are released, RCN supports them with appointments, resources, and recovery goals.
- RCN is very community based and does at least 60 events per year to keep visibility high.
- RCN started showing up to drug court. Probation officers are helping id who needs RCN.
- Courtney talked about peer recovery and how it helps people choose to seek help. Effective Living Center works closely with RCN.
- Going to a meeting with a peer recovery specialist further supports the person
- Mike talked about judges and noted it is a team approach with probation. Neither the judges or probation officers are quick to throw people in jail and Probation is excellent with veterans support.
- RCN tries to let participants know that they are a safe place.
- Christal and Tami Jo from Kandiyohi Corrections have had OREAC guide them and help id people who need recovery support and they are working with Katie at RCN and want to bring them in to Kandiyohi.
- Peer Recovery Specialist are new there and still developing the process with the drug court.
- CPRS workforce can sometimes be iffy because peer support specialists may be sober in certain areas, but not in others.
- There is no detox center in Saint Cloud anymore, so RCN will drive people to centers as far as Brooklyn Park.
- RCN is still working on getting funding from the county.
- MARCO certification helped RCN work in a more professional setting.
- RCN steps in when a participant completes their treatment plan and provides many resources.
- They were going to transition fairs in the jails, but that funding ended. When they meet people in the jails, those relationships extend after they are released.
- 10% of what they do is Medicaid billable, the rest comes from grant funding and they have a $450k operating budget.
- Sustained support would help with advocacy.

Questions/Comments

- C: A community based RCO has a huge impact.
- Q: What is the benefit of have CPRS come from and RCO, instead of having your own?
    - A: The RCO has more ties to resources.
- Mike said he has four CPRS, but the need to too great, so they rely on RCN. Even if the veteran doesn't reach out, RCN will reach out to them.
- Treatment comes to an end, but RCN continues
- The cannabis card doesn't help.
- Courts are supporting of evidence-based care when it comes to cannabis, but jails have their own policies.
- Q: I though DOC was going to make a policy to allow meds in jails
    - A: That has passed and is allowing jails more autonomy when they can not sustain the current prescribed meds. Then the jail docs can make changes to the meds.
- C: We need to fund RCOs. They are in the community, jails, and clinics. We need to support all organizations under MARCO certification.

Substance Misuse Prevention at MDH

Catherine Diamond and Kari Gloppen shared information on the different areas of work they focus on and their different funding streams.

- SUPER grants are very specific to prevention funding. Want to expand to include:
    - How to stop addiction before it starts
    - How to help people in treatment
    - How to help people in recovery
- Other buckets of funding include:
    - Youth Cannabis – commercial cannabis funding
    - Tobacco – state funding supports this
    - Federal funds from the CDC
- COMPA grants total $7,250,000 and are required to fit their work in 7 or 9 strategies.
- Strategy 1: Non-Narcotic Pain Management
    - Grant program to advance access to services
        - 1 contract with Hennepin Health (final stages of completion) to continue No Pain MN, a directory of alternative services to opioids
- Strategy 2: Cross Cultural Prevention
    - Grant program focused on culturally specific work – including a portion of funding dedicated to organizations serving US Born Black Minnesotans
        - 7 awards to LPH and CBOs; 5 awards to organizations serving US Born Black Minnesotans
    - Grant program focused on Tribal Nations that exist within the state borders
        - 10 agreements completed in year 1; 11 agreements planned for year 2
- Strategy 3: SSPs and Homeless Population
    - Grants to fund new and existing syringe services providers to serve people experiencing homelessness
        - 7 awards (5 new, 2 existing)
    - Grants for Homeless Overdose Prevention and Resource Hubs

        - 3 awards
- Strategy 4: Destigmatization and Employer Training
    - Grant program to equip employers with skills to know how to respond to those with SUD, how to destigmatize SUD and recovery
        - 1 grant awarded to lead Supervisor Impairment Training to decrease stigma and increase supportive worksites as well as a measurement of employer interest/readiness to identify future focus areas
    - Media messaging campaigns to destigmatize SUD
        - 1 contract to build on Know the Dangers Campaign in partnership with DHS
- Strategy 5: MN Drug Overdose and Substance Use Surveillance Activity (MNDOSA)
    - Funding to expand overdose surveillance to more hospitals
        - 3 awards in first year; 5 more planned for year 2; recruitment in partnership with MHA
- Strategy 6: Prevention in Community
    - Grants to clinics to lead Tackling Opioids with Networks (TOWN) clinic-community partnership model; Including funding to support community collaboration through Regional Multidisciplinary Overdose Prevention Teams
        - 7 clinics awarded funding
        - 2 TA systems – physician support; telehealth to bridge gap between interest in treatment and available appointments
    - Grant program to address youth mental health and SUD prevention in schools and communities
        - 10 awards (school districts, counties, LPH, CBOs)
- Strategy 7: Substance Use Disorder in Pregnant and Postpartum People
    - Improve neonatal abstinence syndrome data collection
        - Identify trends, risk factors, and impacts of substance use during pregnancy
    - RFP and grant funding to identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth
        - Connect newborns with NAS and their families to services and supports.
        - Implement substance use disorder- related recommendations from the maternal mortality review as a framework of activities for these organizations.
        - 4 grants awarded
- Funding will end June 30, 2028
- All eleven tribal nations participating in the grant programs
    - Their needs include supporting cultural events to help with prevention.

Catherine and Kari also spoke to Recovery Friendly Workplaces.

- A Steering committee co-facilitated by OAR, MDH and the Safety council worked to develop recommendations for how a statewide RFW certification could be structured.
- The Safety council has been conducting training to help companies' id substance use.
- MDH will be putting out a RFP soon to get help setting up the program for companies to get certified in MN.

Discussion:

- C: The lag time for MNDOSA is so big, it's not helpful data. Any way to get more frequent refreshes? Also the samples are not on the dashboard. Can we get that testing data?

- C: Suggest moving up the reporting before the end of the grant cycle.
- Q: How do you interface and coordinate with different grant areas?
    - A: OAR helps. We have reps on OREAC. Relationships through the Subcabinet also help support this.
- C: This circles back to the priorities and goals - coordinated prevention efforts. When you read that, you should see harm reduction come through. This is why these are important process goals.
    - C: OAR looks at all levels at DHS, MDH, and other agencies so that the work can keep going when upper management changes.
- C: Have we gone too far with the saturation of naloxone? Targeted distribution is more successful. We need humans to distribute naloxone to make connections. Vending machines do not move people along the continuum. 64% of harm reduction money should not be in just naloxone.
    - C: This goes back to the importance of peer recovery specialists.
- Q: So in one of your strategies supporting Community models on prevention, have you done any work or reached out to Jeff Lincoln in the Montana Institute?
    - A: DHS has worked with them a lot, we haven't. But he's done some incredible work in Minnesota already and it's real evidence based going into high schools on with prevention programming and has seen dramatic decreases in substance use.
- C: And it seems like if we're looking at a prevention model, he's already got a model
- C: Patients that fall into learned helplessness because of benefits, i.e – people can only keep their housing if they maintain their disability.
    - C: People who come to Red Door have a similar problem.
    - C: This goes back to strategies, Access to treatment and recovery, the first goal is an example of a critical touchpoint.
- Regarding RFW, MDH has an RFP for a contract that is being reviewed. We will need to have a single person who is solely responsible for moving the program forward. A consultant will help create the model.
- C: A goal is to have state agencies work together to put out RFPs.
- C: The interagency harm reduction workgroup is a good example of a group with a framework and a strategy to have better pathways to their leadership.

Year-end communications

Wendy spoke of the opportunity to share information about the council with the new administration in 2027.

- With the changes coming in the new year, with a new Governor, we want to pen a letter to the new administration from the council to share our priorities.
- Are there particular points or stories you want to share to help the new administration further support the councils goals?

Comments

- There are good people doing good work, don’t shut them down.
- We 're really supposed to be looking at two critical populations that have higher rates. And I think we're finding some things are very effective and we ought to say what those are.
- We don’t have a stable funding base, that should be a goal.

- We are heavily dependent on Medicaid funding and SAMHSA grants in MN. Can we explore creative solutions?
- What other chronic health condition is funded from grant to grant? They can't fund a sustainable health system.
- If someone is incarcerated, they get help immediately. People who are not incarcerated have trouble getting help because there isn't enough funding.
- Need to remind people of the cost benefits.
- Break down direct costs to MN taxpayer and break down cost benefits. It needs to be simple numbers that people understand. This is the cost of providing the service, this is the cost of not providing the service.
- When you are a poor county, you have more needs, you have more costs.
- What other chronic health condition is being funded grant to grant?
- Waste, fraud, and abuse is a frustrating topic. MN is made to sound like the worst in the nation. We are not getting our money's worth from treatment centers.
- Clients/patients are not necessarily going to group therapy. There may not always be accountability. People show up late to group. There is no programming in the evening regarding recovery. How much $$ per person per month for this? High intensity, 7 days a week, $300 a day, $9k month per person. What's going on inside these centers is not always helping people improve or set them up for success.
- **Will have a draft letter to send to the council by the December meeting.**

Public comment

- No public comment.

Next Meeting and adjourn

- The Advisory Council meeting adjourned at 3 p.m.
- Next meeting details include:
    - **Date:** Tuesday, 12/1/2026, 11 a.m. – 3 p.m.
    - **Time:** 11:00 a.m. – 3:00 p.m.
    - **Location:** Virtual