



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

Office of Addiction and Recovery

# State Plan working session

- The working session will include:
  - A quick recap of the planning framework
  - A short retrospective on how the council's own input got us here
  - A walkthrough of the strategic priorities, goals, and update on how we'll measure progress
  - Facilitated discussion and reaction
  - Closing with next steps and the council's role going forward

# Interagency State Substance Use Plan

- [MN Statutes, Sec. 4.046, Subd. 3. Policy and strategy development.](#)

*“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                   |

# Phase 1: 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:** Phase 1 Report documenting current state

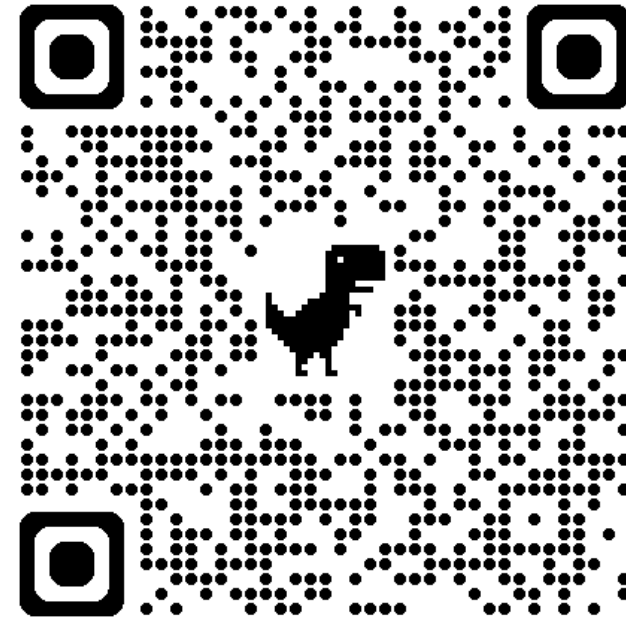
# Interagency State Substance Use Plan Report



## INTERAGENCY STATE SUBSTANCE USE PLAN REPORT



DECEMBER 2025



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

# Phase 2: Collective Impact

## **Developing Strategic Alignment:**

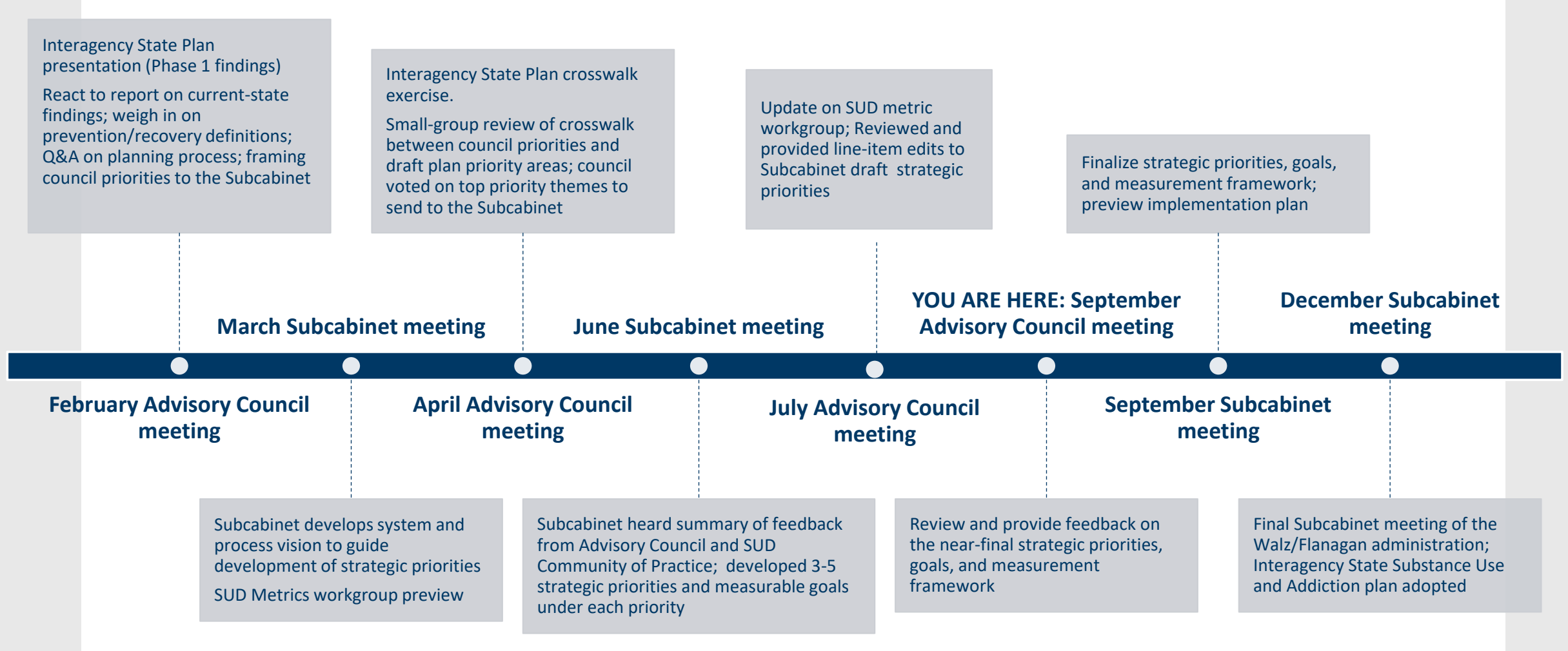
- Identifying 3-5 shared strategic priorities
- Identifying measurable goals and metrics
- Establishing accountability mechanisms for alignment

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

**Approach:** Collective impact through interagency planning

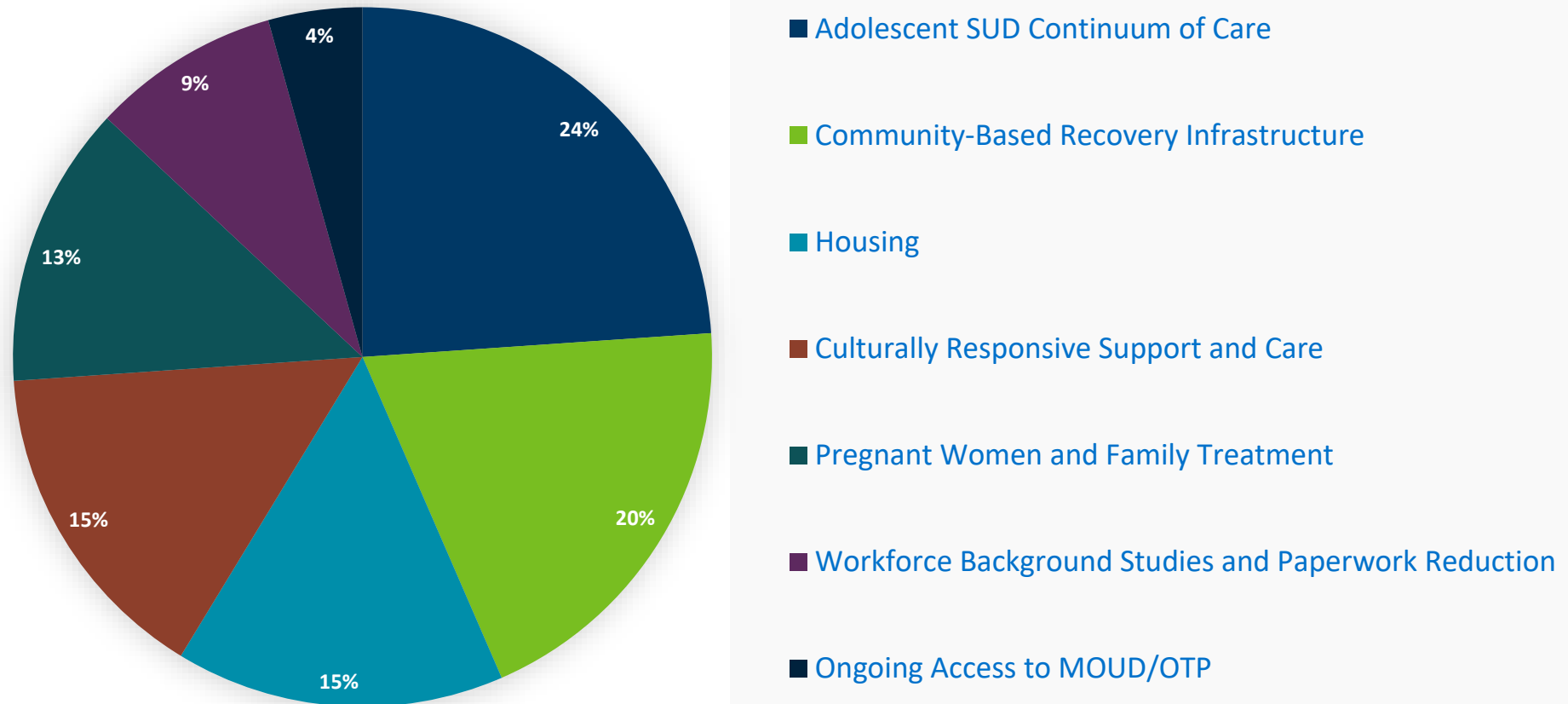
**Deliverable:** Published Interagency State Substance Use Plan (December 2026)

# Council engagement in state plan development



# What we heard from the Governor's Advisory Council

Advisory Council Votes on Priority Areas



# Subcabinet priority areas

COORDINATED  
PREVENTION  
EFFORTS

ACCESS TO  
TREATMENT,  
SERVICES AND  
SUPPORTS

REDUCING HARM,  
OVERDOSE AND  
DEATH

SHARED DATA AND  
MONITORING  
RESPONSE  
SYSTEMS

# \*Strategic priorities and goals

- **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.

\*Please refer to handout for full description

- Given that this is a near-final draft, what's the one thing you'd most want the Subcabinet to hear from this council before the plan is finalized
- What is missing that you want to draw attention to — that you'd want the Subcabinet to reflect on before this becomes final?
- Is there language here that could be read differently than intended — anything that needs to be sharper or more specific before it's public?
- As this moves toward implementation, what would make you feel confident the Subcabinet is following through on these priorities?

# Measurement framework

- [SUD Metrics Workgroup](#) – developed a comprehensive understanding of what SUD metrics are currently collected across state agencies
  - Identified opportunities to align across key state agency partners on ongoing measurement
  - Created a draft measurement framework for strategic priorities and goals
  - Developing a data implementation framework

# 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.
- This plan is being finalized amid an anticipated change in state leadership. It's intentionally built to function as a transition document — so the priorities and accountability mechanisms hold regardless of who's in those seats.

- Opportunities to *Advise, Represent, and Act* going forward
  - December meeting - continued input into the SUD Metrics Workgroup's measurement recommendations
  - Ongoing feedback channels already in place — the Council Member Feedback and Updates Form and “Act” emails between meetings
  - A role in tracking implementation progress once measurement framework is set, and in flagging where goals aren't translating to action on the ground

# Agenda

- Welcome and roll call
- Council business
- Recovery Community Network on collaborating with the treatment court in the judicial branch
- Substance Misuse Prevention at MDH
- Year-end communication
- 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.



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 July 2026 meeting minutes.

# Council business

- Council membership update
- Communities and Cultures Workgroup update

# Recovery Community Network

- Katie Blue

# Break



9/22/2026



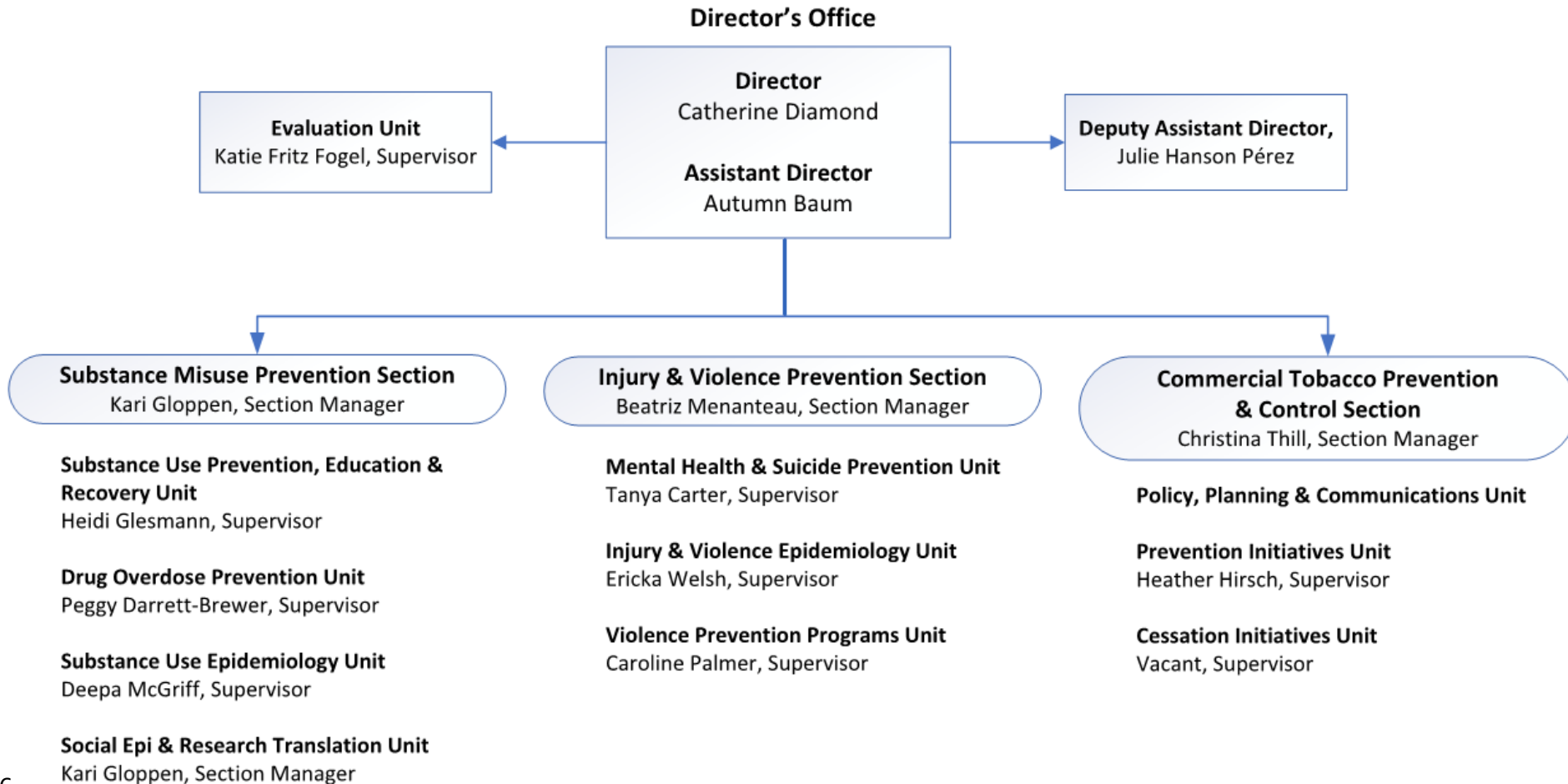
## Substance Misuse Prevention at MDH

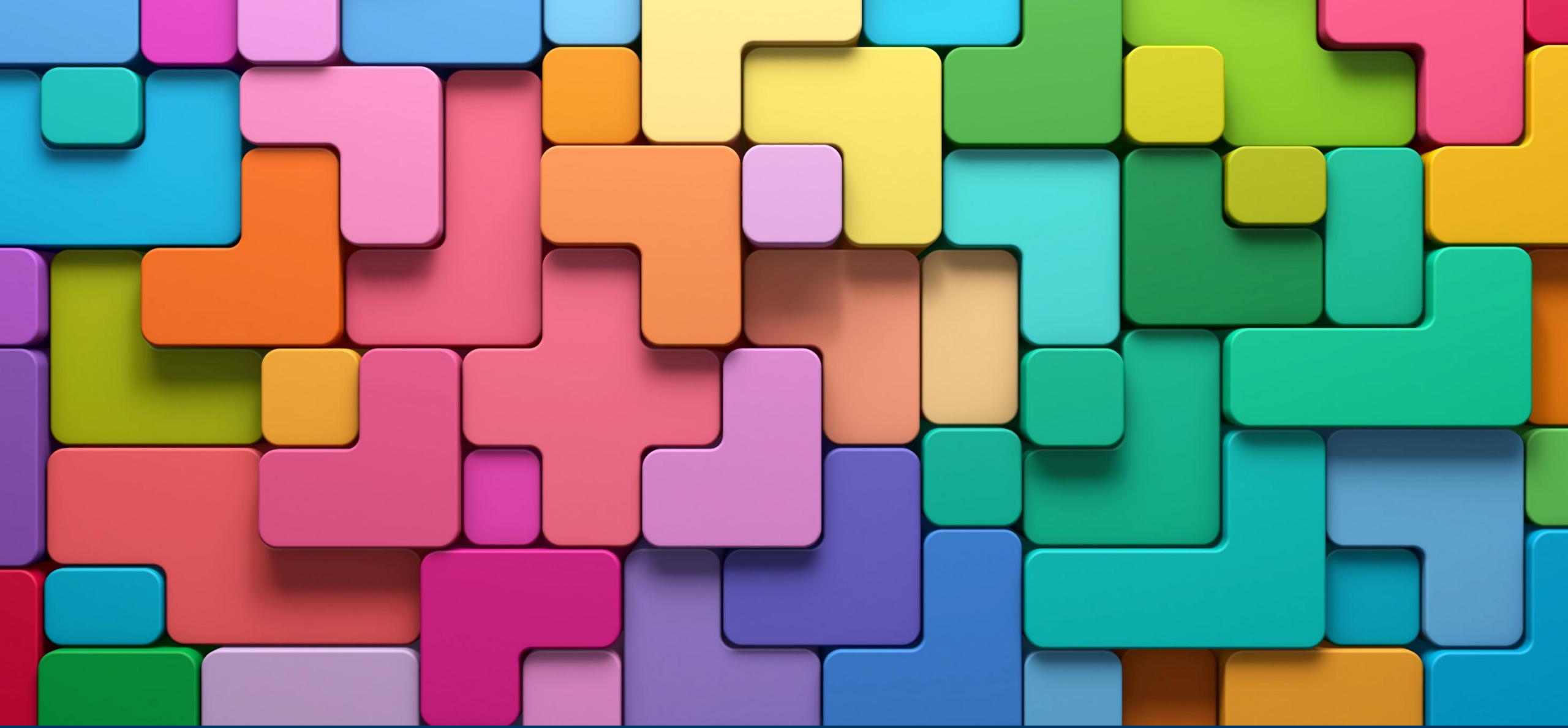
Catherine Diamond, DrPH | Division Director, Injury Prevention & Mental Health

Kari Gloppen, PhD | Manager, Substance Misuse Prevention Section

# Org Chart

## Division of Injury Prevention and Mental Health





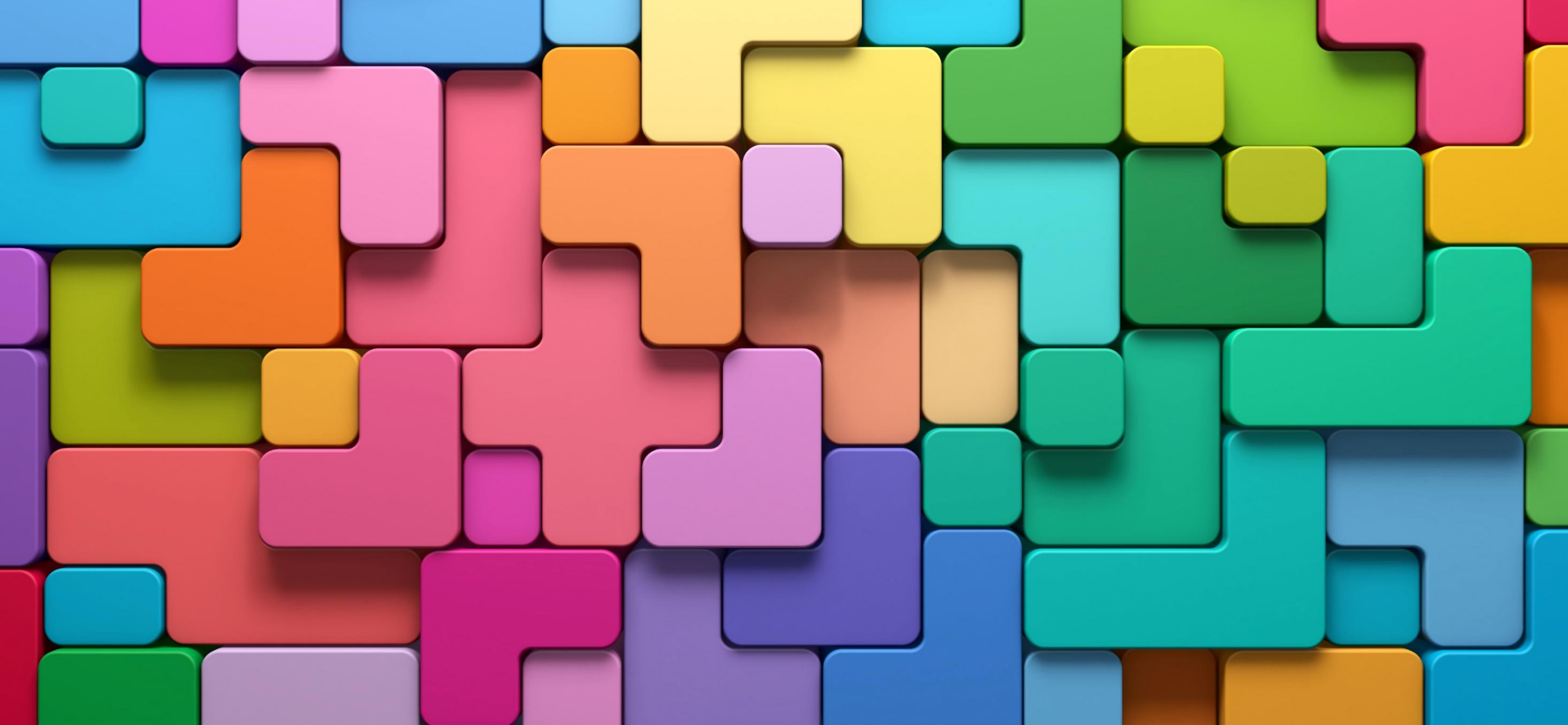
Substance Use Treatment, Recovery and Prevention Grants

# 2025 legislative session

- Established 5-year grant program, currently in year 2
  - 75% of funds for substance misuse and mental health recovery and prevention programs
  - Up to 25% of funds can be used for treatment
- 15 Awardees in total
  - 11 received 5-year grants
  - 4 received 1-year enhancement funds – extended for a 2<sup>nd</sup> year
- 60% of selected grantees included a youth component.
- All grantees included at least one prioritized population (individuals impacted by the justice system, Black/African Americans, or Urban American Indians)

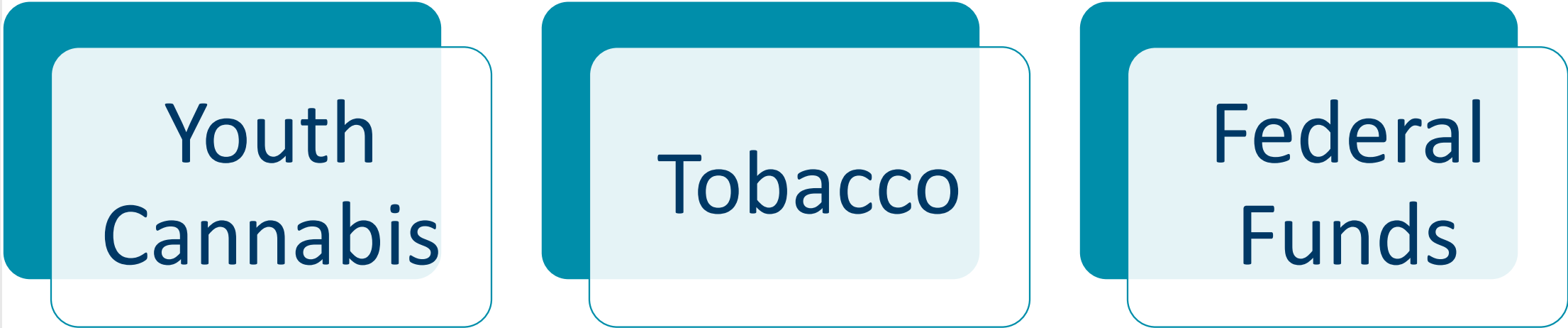
# SUPER Focus Grantee Examples

- Expansion of Certified Peer Recovery Specialists
- Youth and Peer Mentorship
- Improving linkages to care to support individuals' recovery
- Building supportive spaces that are holistic and trauma-informed, as well as culturally relevant to support youth prevention and individuals in recovery
- Increasing access to recovery resources, harm reduction supplies, and other treatment services
- Implementation of programming uplifting traditional healing practices



And more...

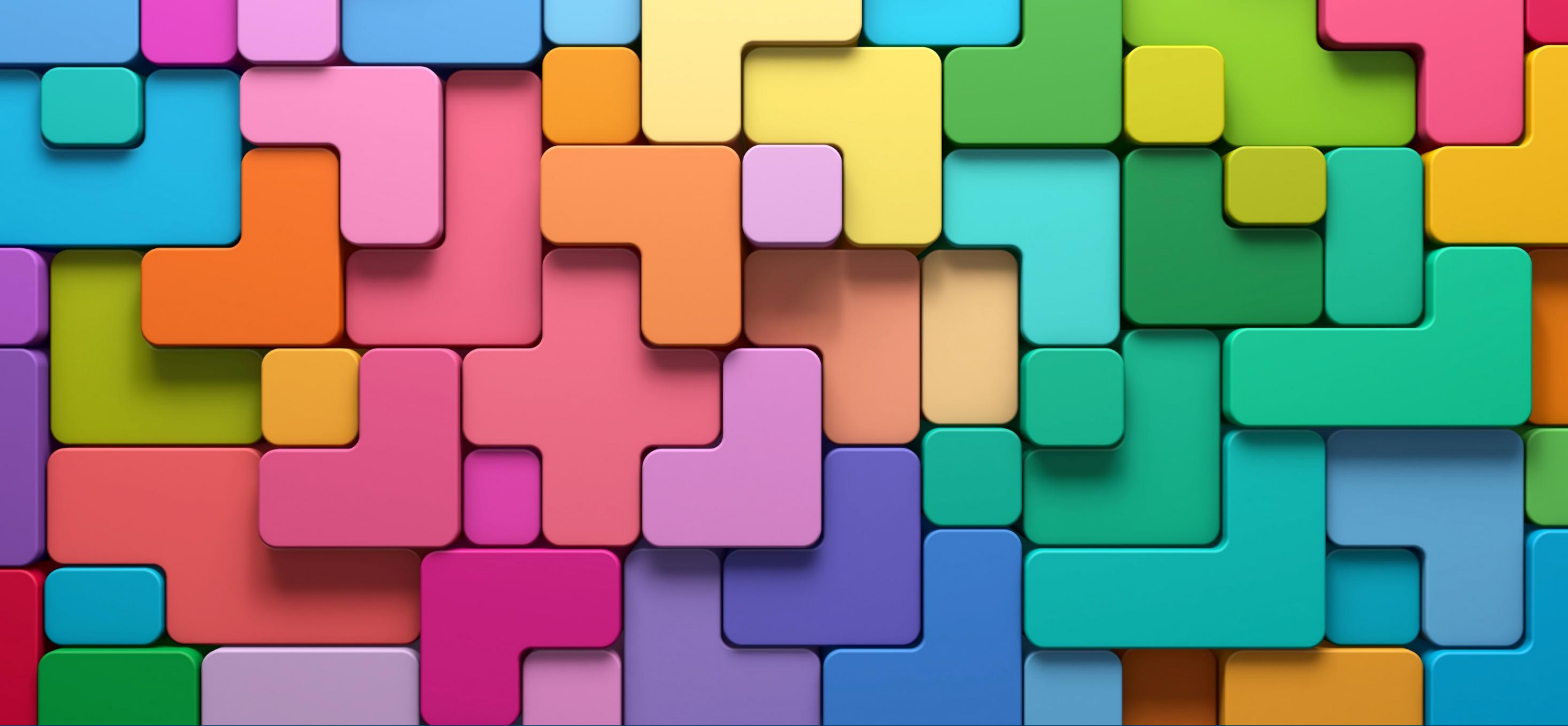
# Other Substance Focused State Funds



Youth  
Cannabis

Tobacco

Federal  
Funds



# Comprehensive Drug Overdose and Morbidity Prevention Act (COMPA)

Historic investments in MDH for Minnesota to focus on drug overdose and morbidity prevention.

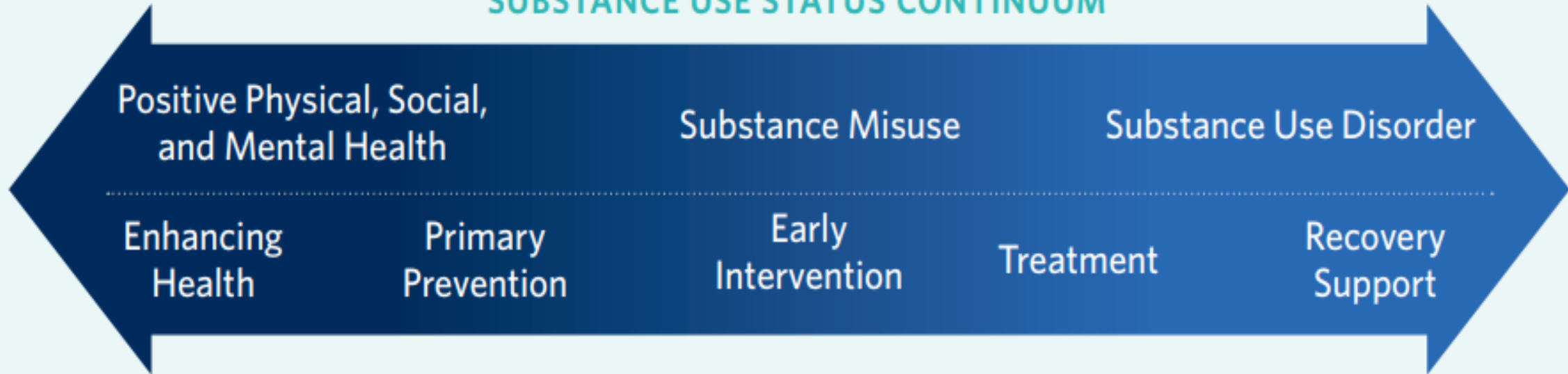
MDH grants out \$7,250,000.

Multi- disciplinary Approach – Agencywide

- IPMH, Public Health Lab, CFH, IDEPC
- Establishment of agencywide *Substance Misuse Prevention Collaboration* led by the IPMH

# Are we addressing the full continuum?

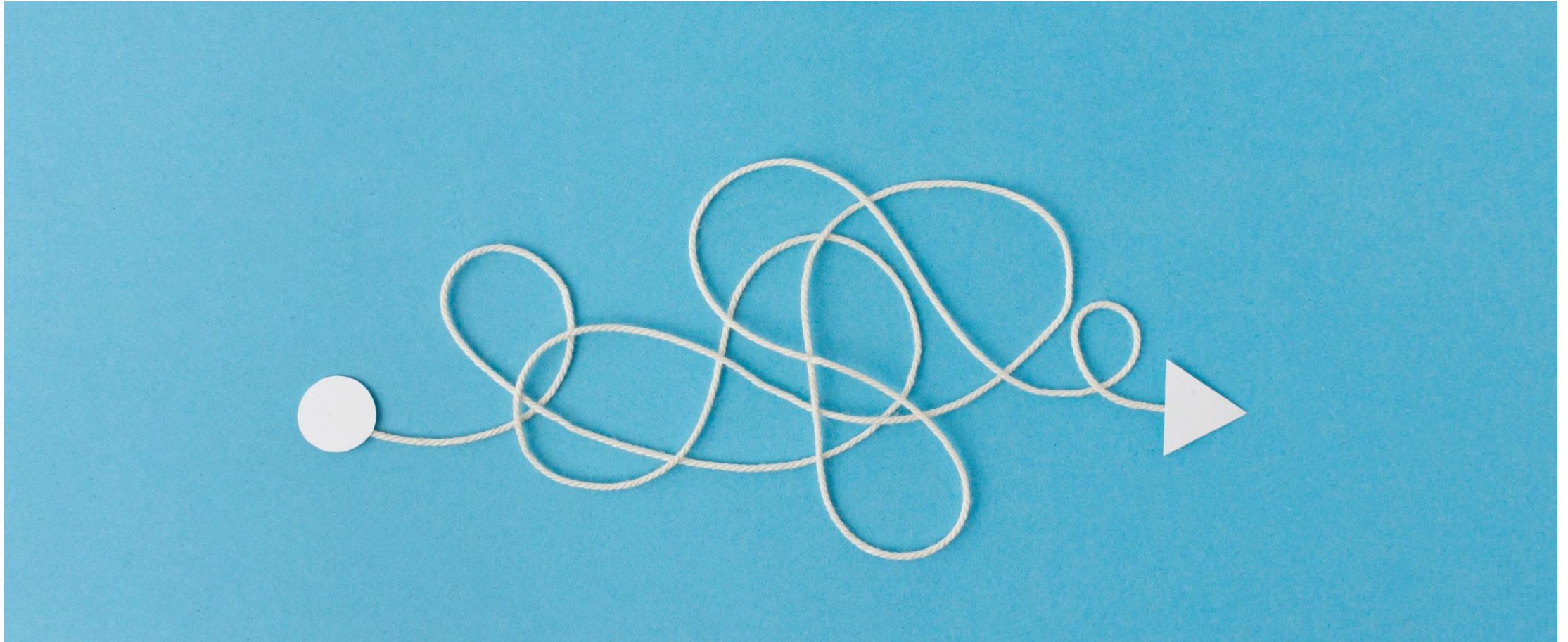
## SUBSTANCE USE STATUS CONTINUUM



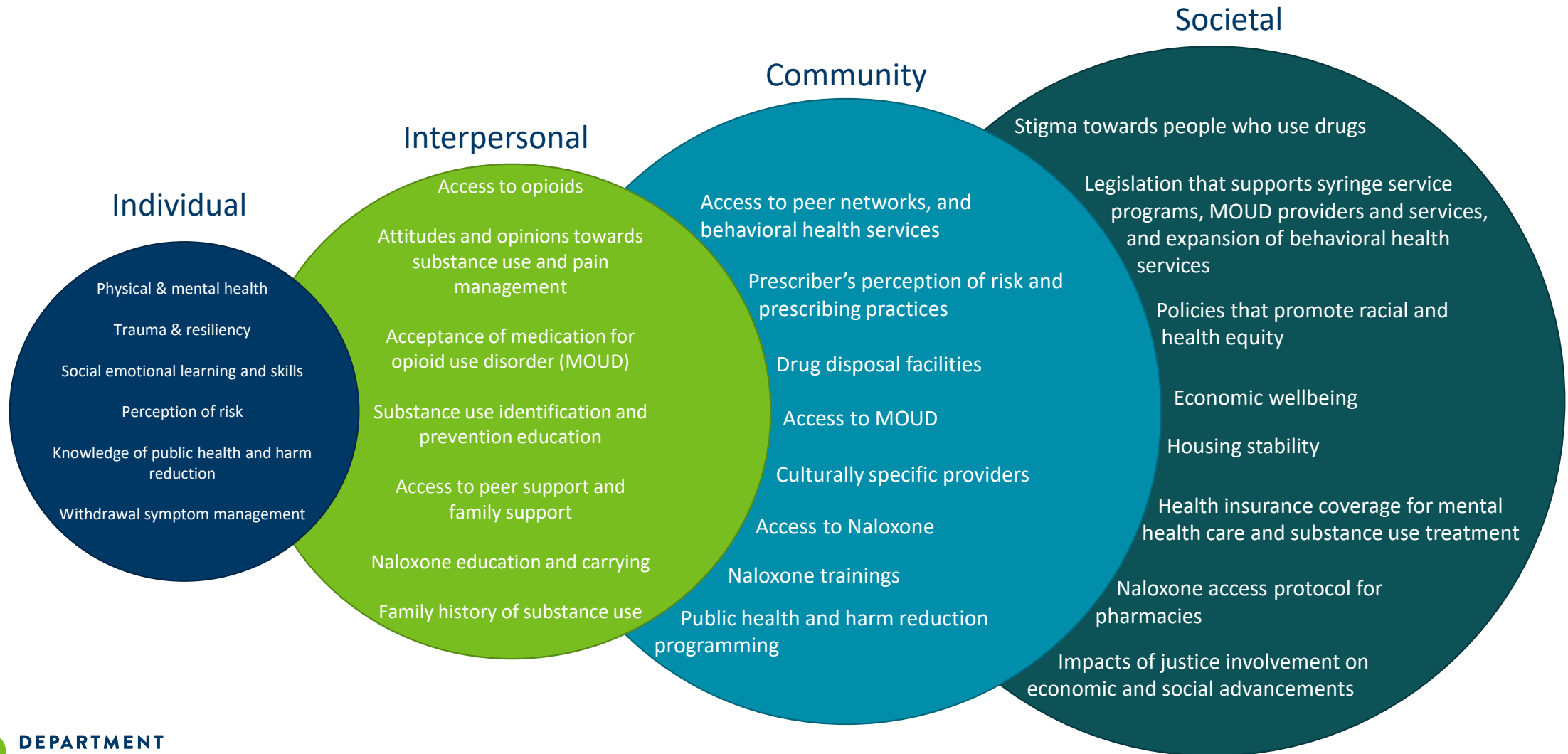
## SUBSTANCE USE CARE CONTINUUM

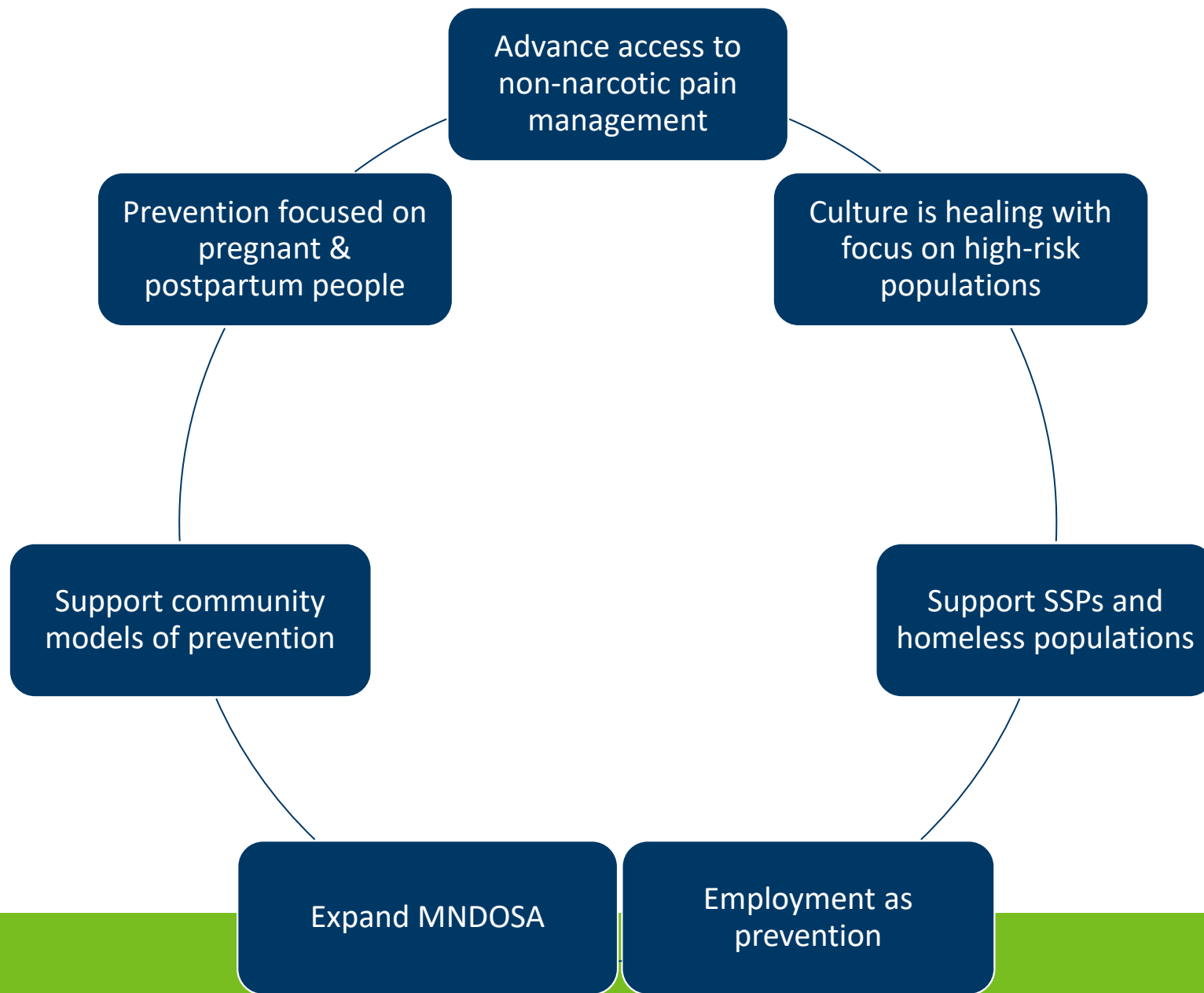
Source: *Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health* (U.S. Department of Health and Human Services, Office of the Surgeon General, 2016)

# The actual continuum



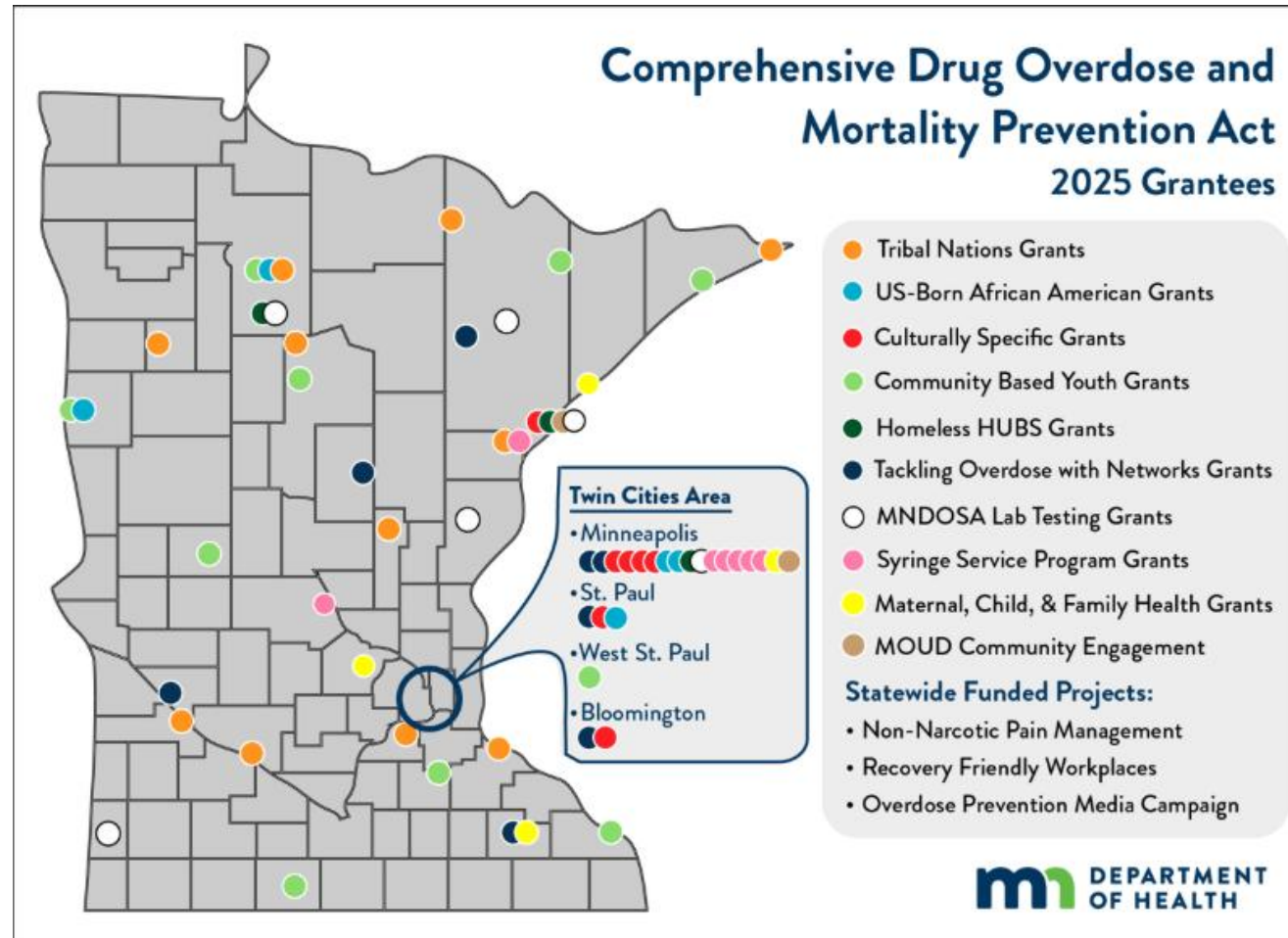
# MN Strategy: Across Lifespan and Social Ecological systems





## Seven COMPA Strategies

# Statewide Efforts



# FY25 Highlights- Non-narcotic Pain Management

## Advance access to non-narcotic pain management

- [NO PAIN](#) connected over 1,000 users to non-narcotic pain management options.
- Continuous optimization of the website for improved accessibility and human-centered design.



# FY25 Highlights- Youth-focused Coalition Building

## Youth-focused Coalition Building around Shared and Protective Factors for Substance Misuse & Suicide Prevention

Funds were granted to 10 organizations:

- 94 youth coalition meetings were held with 221 community members engaged.
- All communities receiving funds created an asset map, outlining resources and strengths existing in their local community that can be engaged and mobilized to support youth.
- Recruitment of youth focus groups that reflected at-risk youth populations across Minnesota was initiated; the "Power of Hope" media campaign was piloted.



Community Led



Cross Sector



Data Driven

# FY25 Highlights- Culturally Specific

## **Culture is healing with focus on high-risk populations: Culturally Specific Intervention and Prevention Programs**

Funds were granted to 13 organizations:

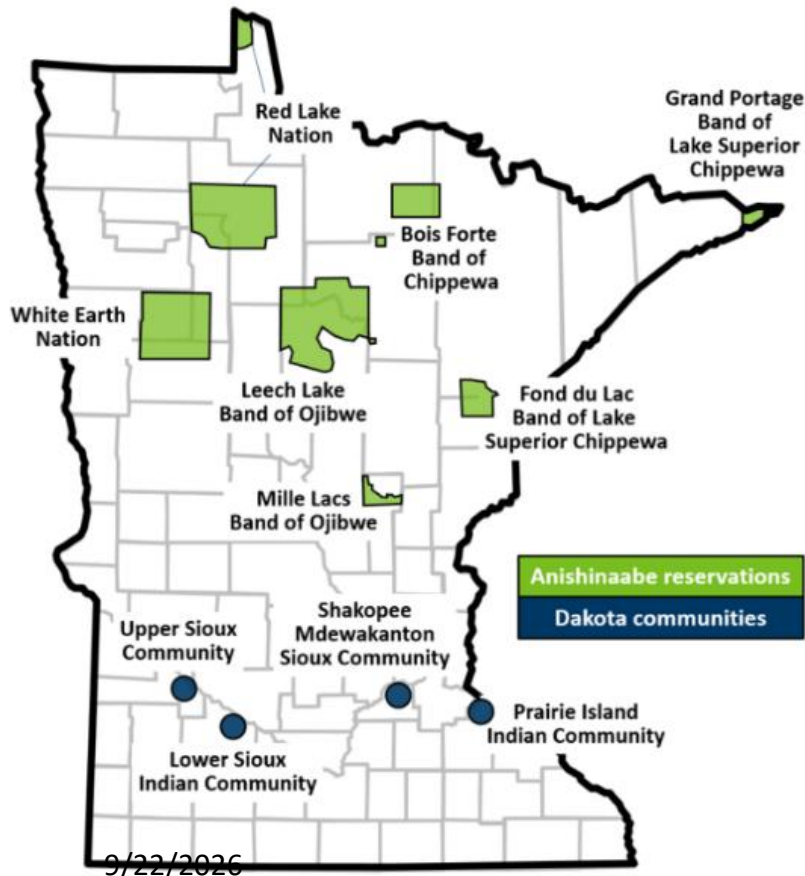
- 50,595 people were served.
- 50,392 naloxone kits were distributed.
- 361 community events were held, including tabling at community festivals to raise awareness for harm reduction and treatment resources.



# FY25 Highlights – Tribal Nations

## Culture is healing with focus on high-risk populations: Tribal Nations

11 Tribal Nations were each funded in the amount of \$181,818 per year for five years.



- Bois Forte Band of Chippewa
- Fond du Lac Band of Lake Superior Chippewa
- Grand Portage Band of Lake Superior Chippewa
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
- Mille Lacs Band of Ojibwe
- Prairie Island Indian Community
- Red Lake Nation
- Shakopee Mdewakanton Sioux Community
- Upper Sioux Community
- White Earth Nation

# FY25 Highlights- Syringe Service Programs



## **Support SSPs and homeless populations**

Funds were granted to 7 organizations to provide Syringe Service Programs:

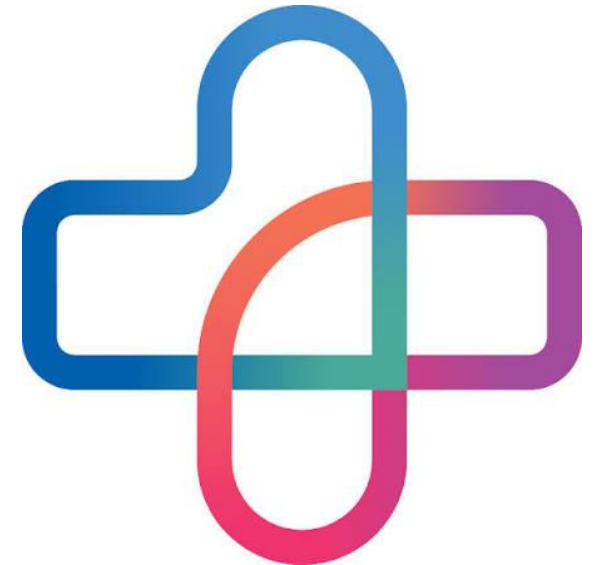
- 159,551 encounters made with individuals through SSPs with 3,008 new unduplicated participants engaged.
- 19,141 participants were served who reported experiencing homelessness or housing instability.
- 63,405 naloxone doses distributed with 646 overdose reversals reported.

# FY25 Highlights- Homeless Health Hubs

## **Support SSPs and homeless populations**

Funds were granted to 3 Homeless Health Hubs:

- 11,216 participants engaged in services through the Homeless Health Hubs in total with 2,089 newly engaged participants.
- 260 people moved into stable housing.
- 17,383 naloxone doses distributed through program engagement.



# FY25 Highlights- Recovery Friendly Workplaces

## Employment as prevention

Funds were granted to Minnesota Safety Council:

- 1,190 employees attended courses and training sessions offered by the Minnesota Safety Council with 70% of participants reporting an increase in knowledge.
- 41% of respondents to the post-course evaluation survey were participating from rural locations.



# FY25 Highlights- MNDOSA



## Expand MNDOSA

Funds were granted to 5 organizations:

- 465 total samples were tested across participating sites.
- Minnesota Hospital Association began development and implementation to engage, recruit, and educate an additional five hospitals to participate in MNDOSA.

# FY25 Highlights- Tackling Overdose with Networks

## Support community prevention models

Funds were granted to 6 clinics:

- 3,377 patients served with MOUD.
- 1,269 patients adherent to MOUD for one year or longer.
- 8,204 referrals provided by TOWNS for additional supports (e.g. food, transportation, harm reduction).
- 4,641 naloxone kits distributed.

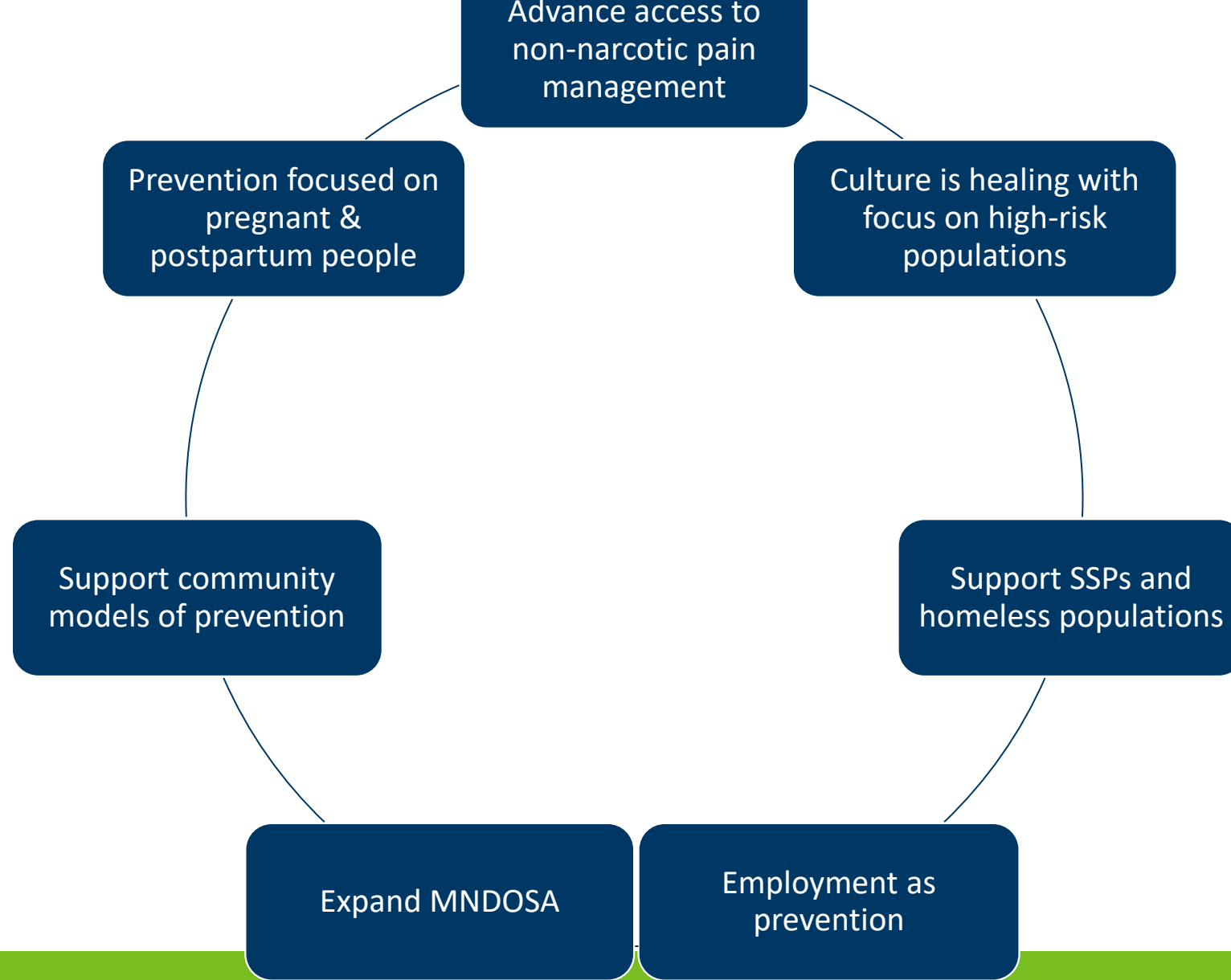


# FY25 Highlights- Pregnant and Postpartum

## **Prevention focused on pregnant and postpartum people**

Funds were granted to 4 organizations:

- 69 parenting or pregnant people received services.
- 10 babies were born testing negative for opioids.
- 5,297 community members attended events related to harm reduction services, resources, and parenting supports.



## Seven COMPA Strategies

# Future directions

- Improve evaluation efforts for COMPA findings to continue strengthening data and evidence-based programming.
- Continue to increase access to harm reduction services and improve awareness of opioid use disorder and available services statewide.
- Planning for community engagement to gather partner input for future strategic adaptations.



- Next Step: Engagement with Shareholders and Communities
- Who should be at the table?
- What comes to mind about the current state and future movement?

# Break



9/22/2026

# Year-end communication

- Discuss year-end communication to the subcabinet and new administration

# 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](mailto: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 October 6 and must be submitting using the updated 2026 [Advisory council vendor's invoice](#).
- The next meeting is Tuesday, December 1, 11:00 a.m. – 3:00 p.m.
  - Virtual with an onsite option at Centennial Office building

# Thank You!

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

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[officeofaddictionandrecovery.mmb@state.mn.us](mailto:officeofaddictionandrecovery.mmb@state.mn.us)