

# **Draft Meeting Minutes**

Date: 08/06/2024

**Location: Virtual Meeting** 

Open meeting law in-person location, staffing, and council member in attendance:

- Room 2360, Elmer Andersen Building, 540 Cedar Street
- In attendance:
  - o Jennifer Blanchard, OAR
  - o Jose Phipps, OAR

**Online:** Beth Elstad, Colin Cash, John Donovan, Wendy Jones, Jeffrey Lind, Pamela Lanhart, Kimberly Stokes, Anderson Saint Georges, LaTricia Tate, Brandy Brink, William Messinger, Suzanne Nash, Gavin Bart, and Travis Winship.

Absent: Farhia Budul, Autumn Dillie, and Lynne Redleaf

Office of Addiction and Recovery (OAR), Minnesota Management and Budget (MMB) Department of Human Services (DHS), and staff: Jeremy Drucker, Jennifer Blanchard, Jose Phipps, and Stacy Sjogren

#### Welcome and Roll Call

- Members and guests were welcomed, and Beth Elstad Chair, provided opening remarks.
- Roll call and introductions: Roll call was taken, and introductions were made.
- Review of agenda: Agenda and objective for the meeting were reviewed.
- Approve minutes: Members voted to approve June 2024 meeting minutes.

#### **Public comment**

No Public comment

### Council time with the Office of Addiction and Recovery (OAR)

Jeremy Drucker, Director of the Office of Addiction and Recovery, provided an update on the Governor's Subcabinet on Opioids, Substance Use, and Addiction.

- Jeremy welcomed Community Consultants working to help lead the implementation of the Crossroads to Justice strategic plan to drive action to create new pathways to housing, racial and health justice for people facing homelessness.
- OAR is working in partnership with DHS and MDH to create a statewide Naloxone Saturation Strategy.
- The MOUD is a Jails workgroup kicked-off, co-chaired by the Minnesota Sheriff's Association and Minnesota Medical Association. The workgroup will release an interim report of recommendations before the end of the year.
- DHS, in partnership with DOC, is working on an application to CMS for the 1115 Reentry Waiver.
- OAR has begun work on developing an All-SUD funds database.
- Twin City Recovery Project, in partnership with OAR held a Unity Dinner event on June 27<sup>th</sup>.
- OAR provided a preview of the 2025 legislative session, including the timeline for budget development.

### Department of Human Services (DHS) Background Studies presentation

The Office of Inspector General presented on background studies reform efforts. They provided an update on reform efforts, provided an overview of what passed during the 2023 session, and shared ideas for consideration for the 2025 session.

- 2025 Ideas for Consideration
  - Remove bar to set aside for any permanent disqualification that does not require federal law compliance.
  - Review current disqualification structure to consider if changes should be made to the lookback period or the number of disqualification tiers.
  - Investment in infrastructure to support greater transparency within the background study process by improving sharing of data with policymakers, stakeholders, and members of the public.
  - Codification of requirement to provide list of community resources.
  - o Feasibility study analysis to determine if DHS should seek to become FBI fingerprint channeller.
- Questions and comments from members:
  - Similar to how Tribal Nations exercise their sovereignty, are there special or unique considerations to other diverse populations?
    - Response: DHS does honor Tribal sovereignty to run their own background studies, specifically around child foster care. There are interagency agreements in place regarding background considerations with seven Tribal Nations, such as the Family First law (4-E). For substance use disorder (SUD) treatment and programming, there are federal guidelines that must be adhered to. There is more leeway for child programs than SUD programs.
  - What is allowed in the Private sector/free market? Regarding background checks, licensure, and settings where clinical work is done (hospitals, clinics, for example).

- Response: DHS does not work with licensing boards. Health licensing boards govern their own background studies.
- o There is a need to expand on user experience; it is very complicated and not user-friendly.
  - Response: System testers have been dispatched to review processes to make them simpler and more streamlined. Many disqualified individuals never came back to finish.

The council participated in a Mural-based discussion regarding how they want to individually and collectively champion Background Studies Reform. Questions included:

- What efforts are already underway outside of state government to address this issue?
  - Creating space for community conversations
  - Meetings with advocates, discussions on how to utilize MN listening sessions as an opportunity to hear from community members experiencing housing instability and how backgrounds create barriers
  - Meetings with local legislators
  - Conversations with Recovery Policy Alliance
  - Discussions with people with lived experience
  - Honor and remember our loved ones gone to soon, sharing their photos and their stores
  - Conversations with MN Workforce to better understand employment barriers due to background issues
- How might these efforts better unite to generate some more momentum for change?
  - Build awareness and education public campaigns
  - Identify champions to move reform efforts forward
  - Creating opportunities for the legislative to hear us
  - Mobilize voters
  - Agree on consistent language to help increase understanding
- Is there a clear role for the Council in advocating for reform? Actions the council can take to make this clear to policymakers.
  - Bring our lived experience forward to show the human impact on needed change
  - Provide "stories" that help policymakers understand the human impact and why reform is needed
  - Seek harmonization across state agencies and private sector for background search parameters
  - Honest brokers for policymakers Making suggestions to legislators or policymakers coming from a place of lived experience
  - Bringing the collective voices to action
  - Council members can bring information and action steps back to their communities
  - o Advocate that people with lived experience be part of implementation of any reforms
  - Outline unintended consequences
- What are the key takeaways for the next legislative session?
  - Ensure we understand the unintended consequences of what we are asking
  - More "human" interactions are needed to increase the urgency of these needed reforms
  - Need to take this beyond "technical" changes and help legislators understand the human impact
  - Better messaging around why a "one size fits all" isn't the best approach for background studies
  - Humanize the impact of the background process-community voice
  - Allowing people to participate and work through background study issues

### Department of Corrections (DOC) 2911 Rule Making Presentation

The Inspector General for DOC, Greg Huska and Rulemaking manager Ian Lewenstein, provided a high-level overview of the rule-making process and discussed how jails can better support people with SUD as they transition into and out of jails. DOC will also join October in-person meeting for an additional working session.

The council participated in a Mural-based discussion providing feedback to questions posed by DOC. Questions included:

- When someone is admitted to jail, what questions and info should be gathered about their SUD?
  - Substance of use and date of last use for each substance, including current list of medications
  - When was the last time you used drugs and alcohol? Do you experience withdrawal when you don't use?
- What should jails do to protect the health and safety of someone managing withdrawal
  - Ensure people aren't held responsible for their responses during withdrawal
  - Make sure there are protocols in place and are being followed correctly
  - How jail personnel are trained could be a big part of protecting health and safety of someone managing withdrawal. Not just training on MOUDs, harm reduction, etc., but training in implicit bias, cultural competence, etc.
  - Consider using people with lived experience to ask intake questions
  - If the person is known, avoid having them retell their trauma history
- What info or actions on substance use should jails give or take when someone leaves jail?
  - o Real connections, actual access to services, (warm handoff)
  - Provide information on treatment, self-help, housing, employment
  - In a perfect world, connect the individual with a Peer Recovery Specialist embedded at a local Recovery Community Organization. Not just give them a name and number but set up a 1-to-1 meeting.
  - Education and strong encouragement of medications for OUD. Suboxone or methadone but also an appointment should be set up with a provider before they are released. Also, definitely naloxone and fentanyl test strips.
  - Leverage and engagement of support network
  - Intake for treatment when appropriate and willing done prior to release
  - At least for prison, this has been studied in randomized trials.
    - Appointments set after you leave, or
    - Treatment during incarceration, facilitating handoff to treatment facilities/other resources once they leave the facility, and assistance with navigating services/resources (most effective options).
    - Information alone does not work.
- What are the gaps in jails for members of Tribal Nations and Indigenous people?
  - Culturally appropriate treatment and interventions
  - Education and awareness-stigma and personal bias
  - Evidence based practices don't always align with indigenous practices
  - Harmful attitudes and biases among some jail personnel that affect how people are treated.
    (Not a gap, but a barrier)
  - Bottlenecked entry points to services
  - Leaving it to Tribal Nations to provide services
  - More access to services is needed for Tribal members needing assistance off of reservations
- Which healthcare services should jails provide that they aren't currently providing?
  - MOUD and peer services

- o Access to more pathways to self-help
- Life skills training
- o Trauma informed treatments
- o Education on MOUD and recovery services
- o Reintegration- responsive services and support- mental health, SUD, trauma
- Overall lack of skills, training, and basic/fundamental skills to obtain IDs and fill out forms for resources.

## Next meeting and adjourn

The Advisory Council meet adjourned at 3:00 p.m. The next meeting is scheduled for Tuesday, October 1 at the Minnesota Department of Human Services.

#### Planning for future work

- This makes it easier to "refer" to the table data or chart info.
- To do that, hover over your table and right click on the compass sign at the top left (or right click on figures). Select "Insert caption." It will automatically number your tables/charts/figures for you if you do them in order.
- Try not to merge fields. The simpler your chart is, the easier it is to understand (and also this helps with accessibility).

Use the table style below. It is our standard style.

Table 1: You can add captions to tables and figures by selecting "Insert Caption" in the References tab

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