

Draft Meeting Minutes

Date: 6/4/2024

Location: Virtual meeting

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

Council members in virtual attendance:

- | | | |
|------------------|-----------------------|----------------------------|
| 1. Gavin Bart | 7. Beth Elstad | 13. Anderson Saint Georges |
| 2. Brandy Brink | 8. Wendy Jones | 14. Kimberly Stokes |
| 3. Farhia Budul | 9. Jeffrey Lind | 15. LaTricia Tate |
| 4. Colin Cash | 10. William Messinger | 16. Fiyfaz Karim |
| 5. Autumn Dillie | 11. Suzanne Nash | 17. Travis Winship |
| 6. John Donovan | 12. Lynne Redleaf | |

Absent:

1. Pamela Lanhart

State guests in virtual attendance:

1. Catherine Diamond - MDH

Office of Addiction and Recovery (OAR), Minnesota Management and Budget (MMB) Department of Human Services (DHS), and staff:

- | | | |
|-----------------------------------|--------------------------------|----------------------------|
| 1. Jeremy Drucker - virtual | 3. Jose Phipps - virtual | 5. Stacy Sjogren - virtual |
| 2. Jennifer Blanchard – in person | 4. Catherine Rohde – in person | |

Welcome and Roll Call

- **Members and guests were welcomed:** 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 April 2024 meeting minutes.

Public comment

- No public comment

Office of Addiction and Recovery updates

The updates included DHS Reorganization, the Kick-off of MOUD in Jails workgroup, the Adolescent Substance Misuse Action Team, the National Governor's Association convening around Harm Reduction activities and fiscal mapping, a recap of the Naloxone Saturation convening (virtual in April and an in-person event in May), and the Legislative session results.

Finalize Council's focus for remainder of year

The council continues to focus on current recommendations with a focus on criminal justice. Council members expressed a desire to track specific recommendations, ask for status reports from state agencies, and focus future meetings on background studies reform and increasing MOUD in jails and prisons. The Council also shared a desire to balance emergent issues with existing recommendations. A summary of emergent issues shared by the Council at the previous meeting and in a follow-up, survey include:

- Learn about state government i.e., legislative process, RFP process, where to go within state government with questions or concerns, SUD service delivery system and funding sources.
- Examine gaps in SUD/BH delivery system and funding sources – identify barriers to service, prioritize needs, and recommend how to overcome them.
- Discuss evidence-based practices for RCOs, what is working and how to invest.
- Create intentional space for community to gather and meet with advisory council members.
- Learn from one another, council members organizing “lunch and learns”.
- Center disparities and communicate “out” to encourage more collaboration.
- Focus on current recommendations focused on criminal justice reform.
- Background studies reform.
- MOUD in jails and prisons.
- Balance a focus on recommendations with emergent issues or opportunities.

The Council will continue to lift up emergent issues that are critical to address while also working on issues that no one else has a specific focus on. The group shared a willingness to focus the October in-person meeting on background studies reform.

Emerging Issues Generation and Voting:

The council participated in a group exercise to identify additional emergent issues and vote on potential areas to focus time for the remainder of the 2024 year.

- Lack of adolescent - MAT/MOUDs via private insurance
- Lack of adolescent non-prescription SUD treatment and counseling facilities for adolescents
- Lack of access to SUD treatment for youth with a focus on African American/BIPOC youth
- Industry burnout
- Lack of integrated cross-sector data from various agencies that touch SUD
- Workforce development
- Support for use of traditional medicines
- Community Engagement
- Too much focus on providers starting MOUD but little focus on providers who will continue MOUD
- Lack of adolescent providers
- Stigma/Public Education
- Veterans and service member SUDs
- Methamphetamine plus Opioids
- Education on Harm Reduction
- One central "place" where communities can access information on SUD programs that work to begin building more resources for programs that can be replicated.
- Support for treatment courts utilizing best practices
- Prevention Vs. Intervention
- Cost Share - Consolidated fund cost share is unequally applied to high-poverty counties
- Culture is prevention
- Access to more treatment centers (and culturally based centers, too)
- Listen to diverse communities about their most pressing barriers
- Better investigations within native communities to determine drug sources.
- Discuss how funds are going to be given to this crisis and sources of those funds.

Small group discussions

These breakout sessions were used to further dive into areas of interest, identified by council members, including community engagement, Workforce development, and adolescent access to SUD.

Workforce development

- Council duty fulfillment:
 - How does a focus on this issue help the Council meet its duty to "examine what services and supports are needed in communities that are disproportionately impacted by the opioid epidemic"?
 - Workforce shortages - particularly for adolescents - is necessary.
 - Training and competencies to be able to work with specific communities. Trainees don't feel prepared.

- To reach communities in need, we need a path that allows those from such communities to access training. (loan forgiveness, reimbursement rates don't provide livable wage, types of licensing)
- Rural MN actions - Advocating for special rate for treatment centers in rural areas. (not necessarily specific ethnic populations), tuition reimbursement
- LADC workforce vs workforce writ large - Who is writing the "SECOND prescription" meaning who should be committed to working with a person through the long haul?
- Having good research on topics such as, what really prevents adolescents from seeking further treatment (stigma, risk of lawsuits, shared custody situations)? Then how can we break through these barriers?
- What role or action could the council take?
 - Comprehensive rate reform
 - Assess how to get people to move to regions in need of most assistance
 - Tele services challenges - secure adequate reimbursement (audio and video)
 - Idea: learn more about existing research on this topic

Community engagement

- Council duty fulfillment:
 - How does a focus on this issue help the Council meet its duty to "examine what services and supports are needed in communities that are disproportionately impacted by the opioid epidemic?"
- What role or action could the council take?
 - Talking to the public guides the development of programming. Our services would not have come to be without hearing from people what they needed. I never would have thought about the role "pets" play in someone's ability to access treatment.
 - There don't seem to be enough people who know what we're doing. Can we do more outreach.
 - This is an opportunity for awareness about the Council.
 - Could we create an online place where people can share their needs and ideas with us?
 - Think with more intention. We need more diversity - more diversity of thought will engage more diverse communities.
 - Work with organizations who are doing the work. Get their input.
 - Share information on ways to engage other groups.
 - Innovating - meet people where they are at. Council members, as individuals or as a council, seek information and help reduce stigma.
 - Have individual council members host conversations in their communities to have conversations. Giving council members the talking points, and tools to do that.
 - Then what? Our community doesn't want to have another listening session. What are we going to do with the information we gather? We don't want to listen just to listen.

- Storytelling - summarize ways to harvest what we hear and have it available to use in individual advocacy? Mobilize the larger voice - to the legislature. If part of our charge to bring those needs forward is this a path to do that.
- MDH has done community listening sessions, but they aren't always where the communities are.
- Create a place where people can go to learn about the work of the council.
- Can we be innovative in how we lift the voices of people?
- I believe Community Engagement is the core of what we should focus on, especially in those communities most impacted by the opioid epidemic. I would like to see us focus on making sure these communities know what is out there to be utilized in this fight and hear from them what else they need to be successful.
- Don't duplicate work. Can we gather the findings and share them with the council to inform their work?

Adolescent access to SUD – (Jose) Using bullets, include key points from your discussion

- Council duty fulfillment
 - How does a focus on this issue help the Council meet its duty to "examine what services and supports are needed in communities that are disproportionately impacted by the opioid epidemic"?
- What role or action could the council take?
 - Harm Reduction, Naloxone in schools, Naloxone not being affective in youth ODs
 - Youth/adolescent SUD treatment/prevention programs are usually underfunded.
 - More adolescents are using substances and getting caught selling substances; many youths in the criminal justice system have history of substance use. This is also seen in CPS screening.
 - School questionnaire on substance use. Good way to gauge usage while still being anonymous.
 - Is this something the council should take on? Is the adolescent pop adversely affected or more at risk versus norms?
 - Older coaches and mentors would work better for youth aftercare/post treatment.
 - Significant issues seen are after adolescents receive treatment, inpatient or outpatient, they go back to their family or community where there are substances used.
 - More adolescent peer support needed. More opportunities to make connections. More availability of sober opportunities-in-patient, outpatient, aftercare. Sober groups, clubs, events, etc.
 - Not enough adolescent services. if you have money, there are services available. Need more programming and resources on top of that. Go to treatment and make progress. But go back into their community and go back. Peer and community support.
 - We need to study the consequences of cannabis legalization. People don't know that even if it is legalized on the State level, it's not legal on the fed level. Individuals still have to pass background studies and drug tests.

- Youth are going to be most impacted by new cannabis legalization. This will significantly impact brain development.
- Treatment rates are not worth the risk to insurance companies, which is why there are not many programs available. Finding access for programming for youth is limited.
- Gaps in access to care and medications directly impacts communities of color

Results of the discussions will give the leadership team more information about the viability of popular topics as a Council focus and ideas about how to share upcoming meetings.

Presentation and discussion with Catherine Diamond DrPH, Manager, Injury and Violence Prevention

Catherine Diamond provided a comprehensive presentation of Substance misuse and overdose prevention, including the MDH mission, MN strategy across social-ecological systems, teams working on prevention programming and strategies, including Non-Narcotic Pain Management, Cross-Cultural Prevention, Community Prevention, Recovery Friendly Workplaces, MN Drug Overdose and Substance use surveillance activity, Prevention in a TOWN (youth model) to include telehealth bridging services and address youth mental health, and Substance Use Disorder in Pregnant and Postpartum People.

Debrief and adjourn

- The Advisory Council meeting adjourned at 3:00 pm. The next meeting is scheduled for Tuesday, August 6, 11:00 a.m.– 3:00 p.m.
- This will be a virtual meeting.

Resources

- [The Minnesota Statewide Health Assessment](#)