

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

Recommendations to the Governor's Subcabinet on Opioids,
Substance Use, and Addiction

Year-end Report | December 2024



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Letter from the chairs

As the Chair and Co-Chair of the Governor’s Advisory Council on Opioids, Substance Use, and Addiction, we are proud to share the story of our second year—a year defined by collaboration, learning, and progress.

Over the past year, we’ve deepened our commitment to supporting Minnesotans with substance use disorders (SUDs), especially those most impacted—like people involved in the justice system and individuals from Black and Indigenous communities. We welcomed new members to the Council and saw our 2024 recommendations take root in policy, practice, and statewide discussions, including but not limited to:

- Advancing background study reform to improve outcomes for people affected by SUDs.
- Securing authorization for a federal 1115 Reentry waiver in the supplemental FY 2024-25 budget.
- Securing SUD as a measurable goal within the One Minnesota framework.

At the heart of this work is the understanding that hardship—poverty, addiction, and loss—is the counterpart to healing, opportunity, recovery, and love. Transformation happens when people use their voices and refuse to give up. Our Council, the courageous individuals who share their stories, and our community of supporters embody this hope and possibility.

As we close out the year, we’re filled with gratitude and look ahead to 2025 with optimism. Our policy recommendations, outlined in this report, are designed to make a real impact across the continuum of care.

Year one has shown us the incredible opportunity—and responsibility—we have to improve outcomes for Minnesotans living with SUDs. This work strengthens our entire state. We’re honored to have the expertise of council members from every corner of Minnesota and look forward to learning from even more people with lived experience and those working in the field.

Together with partners across sectors, we’ll keep advancing solutions that support recovery and create opportunities for all Minnesotans.



Beth Elstad
Chair



Colin Cash
Co-Chair

Purpose of this report



Showcase the activities and accomplishments of the Governor's Advisory Council on Opioids, Substance Use, and Addiction during its second year.



Highlight the key areas the Council has prioritized for focus in 2024.



Present the Council's 2025 recommendations to the Governor, Lieutenant Governor, Subcabinet on Opioids, Substance Use, and Addiction, the legislature, and other interested parties.



Introduction

The ongoing crisis of Substance Use Disorders (SUDs) and substance misuse in Minnesota is harming our communities and our economy. Our State's ability to thrive depends on ensuring that everyone, including those living with SUDs, has access to the support they need to contribute their talents and strengths toward building a vibrant and flourishing Minnesota. The Governor's Advisory Council on Opioids, Substance Use, and Addiction was established in 2022, along with a subcabinet and the Office of Addiction and Recovery [Minn Stat. 4.046], to address these state-wide concerns across the continuum of care. Now in its second year, the Council focuses on expanding access to evidence-based treatments and recovery support systems.

The Impact of Substance Use on Minnesota

Minnesota is beginning to see positive results from proven approaches to addressing SUDs and substance misuse. Preliminary data from the Minnesota Department of Health shows that for the first time since 2018, overdose deaths in 2023 decreased by 8% (from 2022 to 2023). During the same period, nonfatal opioid overdoses increased by 11%, reflecting greater availability of life-saving interventions like naloxone¹. Similarly, overdose deaths for American Indians in Minnesota also declined for the first time in nearly 15 years. Despite this encouraging decrease in overdose deaths, the need for comprehensive support along the continuum of care remains significant. In 2018, an estimated 290,000 Minnesotans experienced substance use disorder², and overdose deaths between 2014 to 2022 grew by approximately 300%³. Given the continued wide-ranging impact of substance use, Minnesota must continue to prioritize supports for individuals and families and continue efforts to improve outcomes. Therefore, reducing the impact of SUDs and substance misuse is a clear priority in the state's One Minnesota Strategic Plan⁴.



Overdose rates are even more alarming when disaggregated by social determinants like race. In 2021 and 2022, Black residents were more than three times as likely to die from drug overdose than white residents, and American Indian residents were approximately ten times as likely to die from a drug overdose than white residents⁵. Furthermore, approximately 85% (approximately 6,500 people) of people incarcerated in one of our state's correctional facilities are diagnosed with SUD, and yet, a 2021 study from Minnesota Management and Budget found that less than 50% of all jails in Minnesota provide access to medicines for opioid use disorder (MOUD)⁶.

The economic burden of SUDs in Minnesota is equally staggering. Excessive drinking alone cost the state \$7.85 billion in 2019 through lost productivity, healthcare expenses, criminal justice costs, and motor vehicle crashes⁷. These costs are paid by the Government and Minnesotans, including non-drinkers, either directly through costs like lost wages and public safety expenses, or indirect costs like insurance premiums.

Fortunately, excellent treatment options exist and are proven to reduce recidivism⁸, the spread of disease, and criminal justice involvement, as well as increase the likelihood that an individual remains in treatment and employed⁹. However, they must be available to those needing them. Despite the proven effectiveness of medicines for opioid use disorder (MOUD), such as Methadone, Buprenorphine, and Naltrexone, access remains limited.

This gap in access underscores the importance of our Council's continued efforts to build a strong, coordinated continuum of care. For this reason, we are proud that we closed 2024 strong, building on the prior year's momentum. The Governor's supplemental budget for 2024 included funding to reduce overdoses and recidivism among incarcerated Minnesotans through the authorization for a Medicaid 1115 Reentry Waiver. Starting 90 days before re-entry, this waiver gives an individual returning to society after being involved in the justice system access to holistic treatment, including case management and re-entry coordination, comprehensive SUD treatment, peer support, mental health interventions, management of complex and chronic medical conditions, and access to prescription medications. Additionally in 2024 the Governor and legislature approved a 3% rate increase for SUD residential treatment providers, another recommendation from the Advisory Council.

Powered by the investments in the 2023 legislative session, over \$200 million in substance use disorder investments are now rolling out, including key components of the Department of Health's Comprehensive Overdose and Morbidity and Prevention Act. Additionally, the Opioid Epidemic Response Advisory Council (OERAC) is also distributing \$20 million through its RFP process to strengthen prevention, harm reduction, treatment, recovery, and workforce development efforts across Minnesota. OERAC's funding comes from the opioid settlement negotiated by the Minnesota Attorney General as well as licensing fees paid by opioid manufacturers.

These investments are critical—they will save lives and improve care and outcomes for Minnesotans living with substance use disorders. That said, challenges remain. We must continue working with our many partners across the substance use continuum to ensure every Minnesotan can access the support and care they need to achieve and sustain recovery.

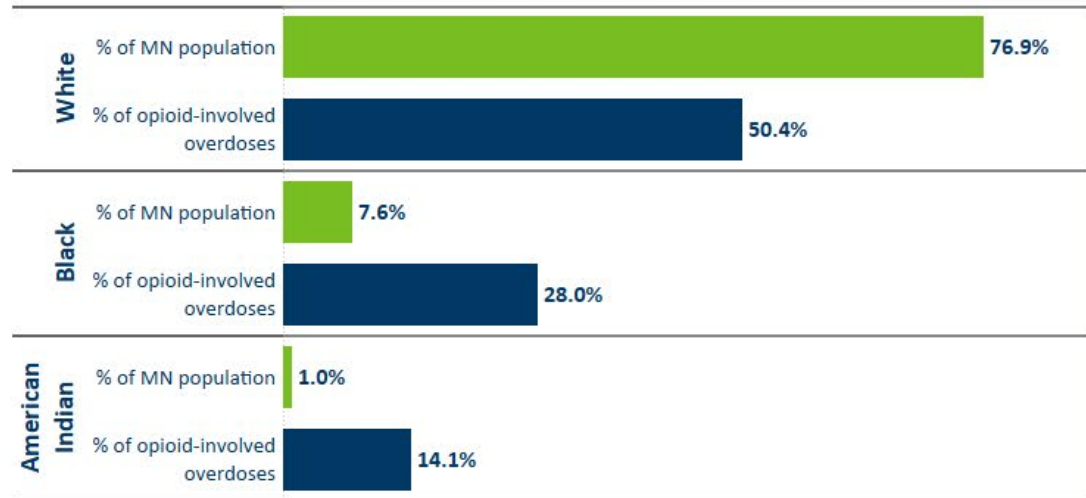


Opioid-involved overdose deaths, by race

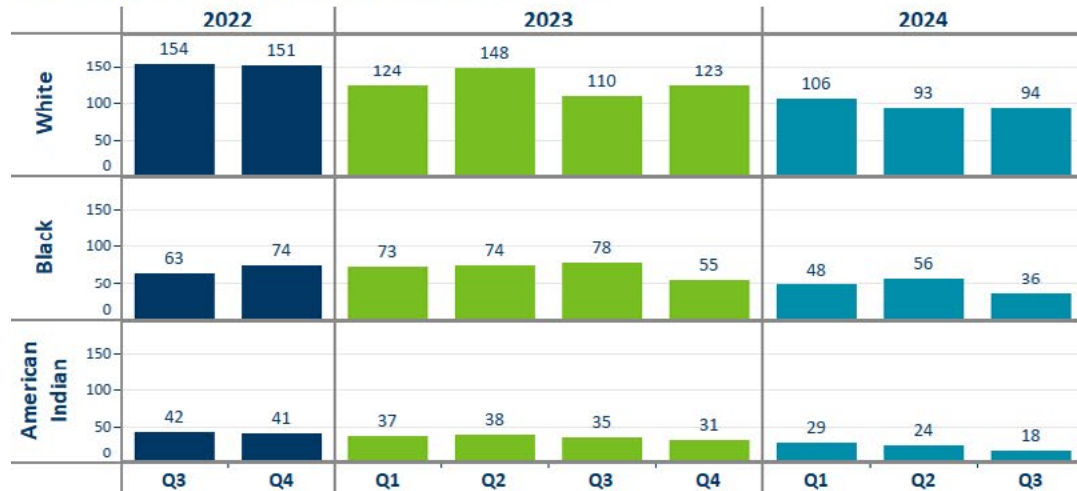
In 2023, over \$200 million in substance use disorder investments were signed into law by Governor Walz and are now rolling out. This includes key components of the Department of Health’s Comprehensive Overdose Morbidity and Prevention Act. Additionally, the Opioid Epidemic Response Advisory Council (OERAC) distributed \$20 million through its RFP process last year to strengthen prevention, harm reduction, treatment, recovery, and workforce development efforts across Minnesota. These investments are critical—they will and are saving lives and improving care and outcomes for Minnesotans living with substance use disorders.

In 2023 and 2024 opioid overdose deaths show a decrease for the first time in several years. The figures on pages 5 and 6 show these declines both by ethnicity and geographically. While this decline is certainly encouraging, challenges remain. We must continue working with our providers and partners across the substance use continuum to support Minnesotans wherever they are on their recovery journey and assist people in living self-directed and purpose filled lives.

Comparison of opioid-involved overdose death population to MN population, 2023

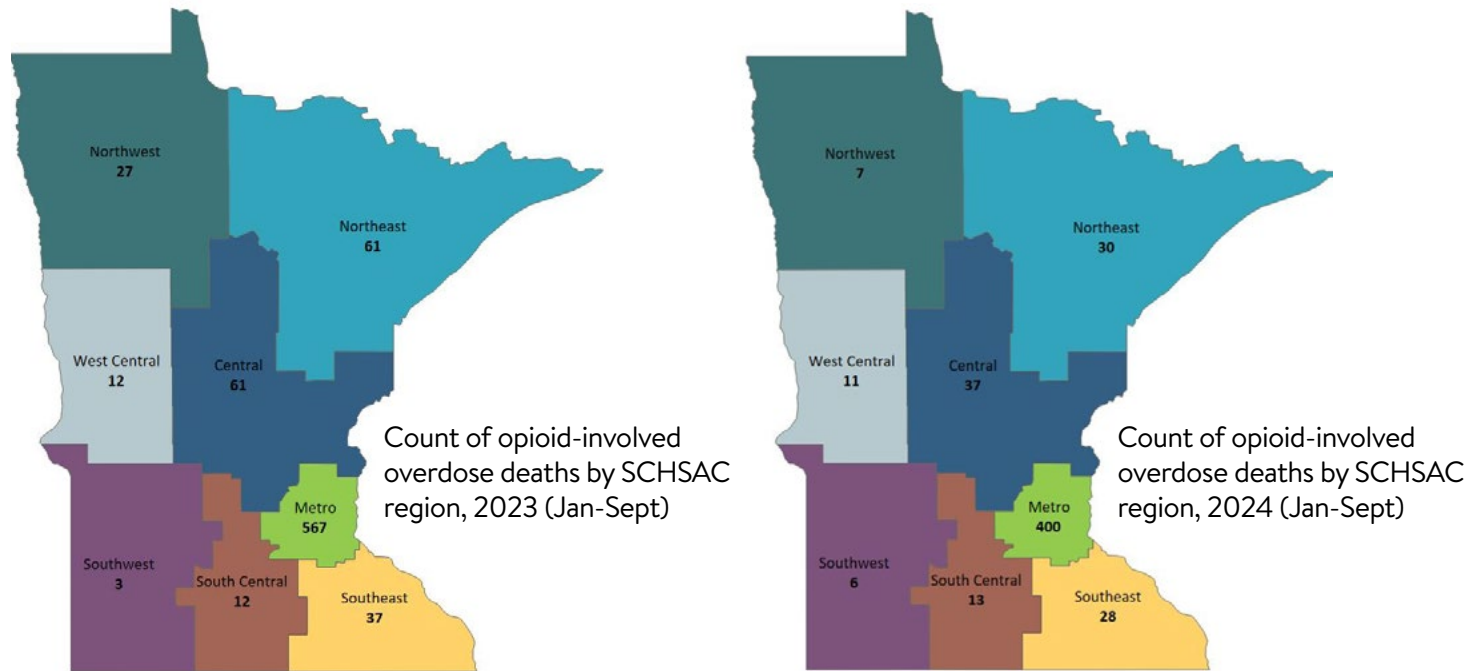


Previous 8 quarters of opioid-involved overdose deaths



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2018-2024MN Population data from MN Compass dashboard referencing U.S. Census Bureau, 2023 Population Estimates

Opioid-involved overdose deaths, by region



Region	2022 (Jan. - Sept.)	2023 (Jan. - Sept.)	2024 (Jan. - Sept.)	% Change 2022-2024
Northwest	24	27	7	-70.8%
Northeast	55	61	30	-45.5%
Central	65	61	37	-43.1%
Southeast	49	37	28	-42.9%
Metro	534	567	400	-25.1%
Southwest	7	3	6	-14.3%
West Central	12	12	11	-8.3%
South Central	13	12	13	0.0%

* Data for 2024 is preliminary and likely to change as cases are finalized.

Source: Minnesota Death Certificates, Injury and Violence Prevention Section, MDH

In its first year, the Council established principles to guide its purpose and duties, which were set by the Minnesota Legislature. These principles shaped the group's decision-making process and defined how it sets priorities.

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.

2024 Advisory Council Members

The Governor's Advisory Council on Opioids, Substance Use, and Addiction consists of up to 18 members appointed by the governor. Its members are Minnesotans who have personal or professional connections to substance use disorders, such as individuals with lived experience, those with family members affected by opioids and substance use disorders, or others with ties to the issue. The council includes community leaders, individuals with direct experience with addiction, treatment providers, and representatives from related communities. The council's chair is also appointed by the governor.



Gavin Bart
Minneapolis



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Mankato



Farhia Budul
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Colin Cash
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Autumn Dillie
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John Donovan
Big Lake



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Kimberly Stokes
Britt



LaTricia Tate
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Minneapolis

2024 Accomplishments

Welcomed new voices to the Council

Four new members were appointed by Governor Walz in 2024: Dr. Gavin Bart, Brandy Brink, Suzanne Nash, and Lynne Redleaf. These additions strengthen the council with additional perspectives to ensure it stays attuned to the experiences and opportunities statewide and across cultures.

Clear Statewide Goal for Substance Use Disorder

Substance Use Disorder was included as a Measurable Goal in the One Minnesota Strategic Plan, which is a statewide effort to tackle Minnesota's most pressing challenges. By including substance use disorders, the state has made it clear that supporting Minnesotans with SUDs is a top priority. The goal is to reduce opioid-related deaths by 2027. The initial goal of a 5% reduction was accomplished, and a new goal is under development.

Minnesota's First Naloxone Saturation Strategy

The Council participated and helped inform the state's first Naloxone Saturation Strategy. In the summer of 2023, an interagency group from Minnesota was selected to participate in a Substance Abuse and Mental Health Services Administration (SAMHSA)-sponsored naloxone saturation policy academy to learn from other states and develop a statewide naloxone distribution action plan. The group discussed how to create a distribution policy and strategy that gets naloxone to Minnesotans in the quantity and format they need while centering partners and others in the community in planning. As a result, in May 2024, over 50 partners joined state agency leaders and staff and discussed what naloxone saturation would look like in their communities and how to achieve it. State leaders will use the wisdom gathered to help inform, draft, and share back a statewide naloxone saturation strategy.



Advocated for Change During the 2024 Legislative Session

The Council played an active and influential role during the 2024 legislative session. Members testified and met with legislators on critical substance use disorder (SUD) issues, including recovery residence requirements, peer support rules and regulations, changes related to the Office Ombudsman of Mental Illness and Developmental Disabilities, and more.

Workgroup Launched to Expand MOUD Access in Jails

The Council's recommendation to create a MOUD in jails workgroup was actualized in May when the Office of Addiction Recovery convened the group. This workgroup is organized by the Minnesota Office of Addiction and Recovery in partnership with the Minnesota Medical Association and Minnesota Sheriff's Association and continues to meet. The group's goal is focused on identifying barriers and solutions to providing medications to help Minnesotans who are incarcerated and experiencing opioid use disorder.

Centered Communities Disproportionately Impacted by Substance Use

The Council reaffirmed its commitment to addressing the needs of communities disproportionately affected by substance use, including Minnesota's American Indian community in alignment with its 2024 recommendations. To affirm this priority and deepen understanding, the Council visited the Mille Lacs Band Health and Human Services Center in April, meeting with Tribal health leaders and holding their meeting on Tribal lands. These discussions informed the development of 2025 recommendations and will continue to guide decision-making moving forward.



Guided Cannabis Legislation Implementation

In 2023, the recreational use of cannabis was legalized in the state of Minnesota. To ensure the smooth implementation of this rule, the Governor created an Office of Cannabis Management to regulate and license cannabis and hemp businesses, along with a Cannabis Advisory body. The Council provided feedback to the Department of Health to guide the implementation and deployment of \$5.5 million in treatment, prevention, and recovery grants from the 2023 Adult Use Cannabis bill.

Expanded Access to Care Before Release

The Governor's Supplemental Fiscal Year 2024-25 Budget included the Council's recommendation to pursue a federal 1115 Reentry Waiver, which passed the legislature and was signed into law. The proposal implemented the first phase of a federal 1115 Medicaid Demonstration Waiver (known as the Medicaid 1115 Reentry Waiver), which provides reimbursement for certain physical and behavioral health services in prisons and jails 90 days prior to a person's release. The first phase of the waiver improves access to important services like medicines for opioid use disorder, substance use treatment, and care coordination in three state and several local facilities.

Strengthened SUD Treatment Standards for Minnesotans who are incarcerated

The Council provided feedback to the Department of Corrections on the proposed 2911 Jail Rules, which sets minimum standards and expands access to SUD treatment options. This feedback was incorporated into the proposed rules to provide more comprehensive and effective care for individuals who are incarcerated.

Developed the Council's 2025 Legislative Agenda

The Council's primary legislative focuses in 2025 center on providing support for individuals who are justice-involved, reforming the background study process, and implementing targeted support programming for populations that need it the most.



Community Engagement

The Council remains committed to prioritizing community engagement. Members hosted events statewide to foster connections, and learn from and with diverse perspectives. These relationships ensured that the voices of Minnesotans directly shaped the Council's decision-making and priorities.



Sheriff's Department Visitation in Crow Wing County

Advisory Council member Kim Stokes visited Essential Health's Baxter Clinic, where staff partnered with county social services and jail staff to launch a substance use disorder program providing nonjudgmental, medication-based care for individuals experiencing incarcerations and withdrawal. The visit highlighted innovative rural approaches and sparked discussions about expanding resources to sustain these critical efforts.



Youth Panel in North Minneapolis

Twin Cities Recovery Project and Advisory Council member LaTricia Tate co-hosted a community engagement event with OAR at Sanctuary Church in North Minneapolis. The event, moderated by Dr. Jonathan Lofgren, aimed to put a spotlight on adolescent substance use disorder, featuring a powerful youth panel that provided a space for young people to share their personal experiences with substance use disorder and discuss the impact of addiction on their community.



Unity Dinner in North Minneapolis

LaTricia Tate, Twin Cities Recovery Project and Advisory Council member partnered with OAR and Black Faces Black Voices of Recovery in North Minneapolis to host a Unity Dinner. The dinner brought people from across disciplines together to share a meal and have important conversations about the challenges communities are facing with SUD. Conversations focused on effective strategies, opportunities to strengthen partnerships, and ways to uplift the communities served.



Family Recovery Day in Bloomington

Thrive Family Recovery Resources executive director and Advisory Council member Pam Lanhart and her team hosted a family recovery fun day at Hometown Church in Bloomington. The event brought together resources and family activities to celebrate recovery, health and well-being with the whole family.

REMEMBER OUR LOVED ONES

Remember Our Loved Ones Event in Winona

Indigenous Peoples Task Force Programs Manager and Advisory Council member, Suzanne Nash, founded the Remember our Loved Ones Event; a memorial to share the stories of our loved ones lost to opioids and alcohol, change the stigma and bring awareness that these are real people and not just statistics. This event has been hosted both at the Minnesota State Capitol and The Winona Dakota Gathering event for the past two years. Each year has brought healing and hope to our community and families who have lost a loved one. Unfortunately, each year more stories and pictures are added to the memorial.



Council visit Mille Lacs Band of Ojibwe Health and Human Service Center in Vineland

Pathfinder Solutions Director of Tribal Development and Advisory Council co-chair Colin Cash hosted a visit for council members at the Mille Lacs Band Health and Human Services Center. The visit offered an opportunity for council members to, tour the new facility, hear from Tribal health leaders and learn more about the services and supports offered to the community.



Recommendations

In its second year, the Council continues to strengthen its mission. Throughout the year, the Council prioritized hearing from diverse communities across Minnesota as well as learning from numerous experts across the state agencies. This input played a key role in shaping the Council's 2025 recommendations, which center on providing support for individuals who are justice-involved, reforming the background study process, and implementing targeted support programming for populations that need it the most.

Supporting Justice-Involved individuals

2025 Recommendations from the Council to Increase Access to Medication Assisted Treatment (MAT) including MOUD for People who are Incarcerated or Justice-Involved

1 Increase Access to MOUD for Incarcerated Individuals:

Earlier in 2024, Governor Walz added the 1115 Reentry waiver to the supplementary budget, which enables Minnesota to submit a request to the Centers of Medicare and Medicaid Services to cover the cost of a set of pre-release services up to 90 days prior to a person's release date. It is crucial that this reentry waiver be implemented properly and ensure that people who are involved in the justice system, experiencing SUD get the support they need - namely, with access to MOUDs. Lack of resources (funding, qualified staff, and providers) is one of the primary reasons why the majority of facilities in the carceral system do not administer MOUDs. Therefore, the Council recommends:

- Fund efforts to address barriers to providing federally required services and all FDA-approved MOUDs in jails and prisons.
- Maintain support for the 1115 Reentry waiver to drive towards universal access to MOUD in jails and prisons.



2 Support Successful Re-entry for Individuals with SUD Leaving Incarceration:

Support systems and access to MOUDs are essential for individuals experiencing SUDs. Establishing connections between Recovery Community Organizations and individuals prior to their release from jail or prison provides critical support during the transition. These connections offer a foundation of support that increases the likelihood of successful recovery and reintegration. Therefore, the Council recommends:

- Create incentivized rates to support increasing MOUD providers in rural communities.
- Support connection between local Recovery Community Organizations and jails and prisons.

Other Recommendations Related to Justice-Involved Individuals and Substance and Opioid Use Disorder

3 Increase Capacity to Provide Peer Recovery Services in Jails and Prisons:

Certified Peer Recovery Support Specialists (CPRSS) bring lived experience to their work, supporting individuals with substance use disorder (SUD) on their path to recovery. Recently the state received grant funding to train peers within the prison system, marking an important step towards providing this critical support to people who are incarcerated. State agencies responsible for administering those grants should consider incorporating peer support into their implementation plans. Additionally, legislative changes in 2023 now allow counties to become eligible vendors for peer support. Counties should examine the feasibility and opportunity this offers for providing peer support for those incarcerated in jail settings. To amplify this resource, the Council recommends:

- Fund programs to create increased access for people with substance use disorders to utilize peer recovery specialists' services in jails and prisons.
- Explore establishing Forensic Peer Recovery Specialists as a certified, MA-reimbursable service.

Addressing Substance Use Disorders in Minnesota's Veteran Population

Nationally, over 80% of veterans report struggling with SUD¹⁰. With over 320,000 veterans living in Minnesota, addressing SUD is critical¹¹. Veterans often face unique challenges, including post-traumatic stress, chronic pain, and difficulties transitioning to civilian life, which contribute to higher rates of substance use.

Embedding veteran Certified Peer Recovery Specialists (CPRS) in veteran courts and Recovery Community Organizations is a vital step in providing effective, culturally competent support. Veteran CPRS bring lived experience, a shared understanding of military culture, and specialized training to guide others on the path to recovery. By integrating these peer-based supports, we can create a more responsive and accessible system for veterans, helping them navigate recovery with dignity and understanding.

4 Increase Capacity in Communities to Support Justice-Involved People with Substance and Opioid Use Disorder:

Individuals who are justice-involved with substance and opioid use disorders face significant barriers to accessing the care and support they need. Increasing funding for withdrawal management programs in rural communities addresses critical gaps where resources are often limited. Similarly, diversion programs in treatment courts provide alternatives to incarceration, focusing on healing and reducing the long-term impact on families, particularly children. These investments not only improve outcomes for individuals and families but also promote community stability. Therefore, the Council recommends:

- Increase funding for withdrawal management programs in rural communities.
- Increase funding for diversion programs in treatment courts for families/children involved in the child protection system.

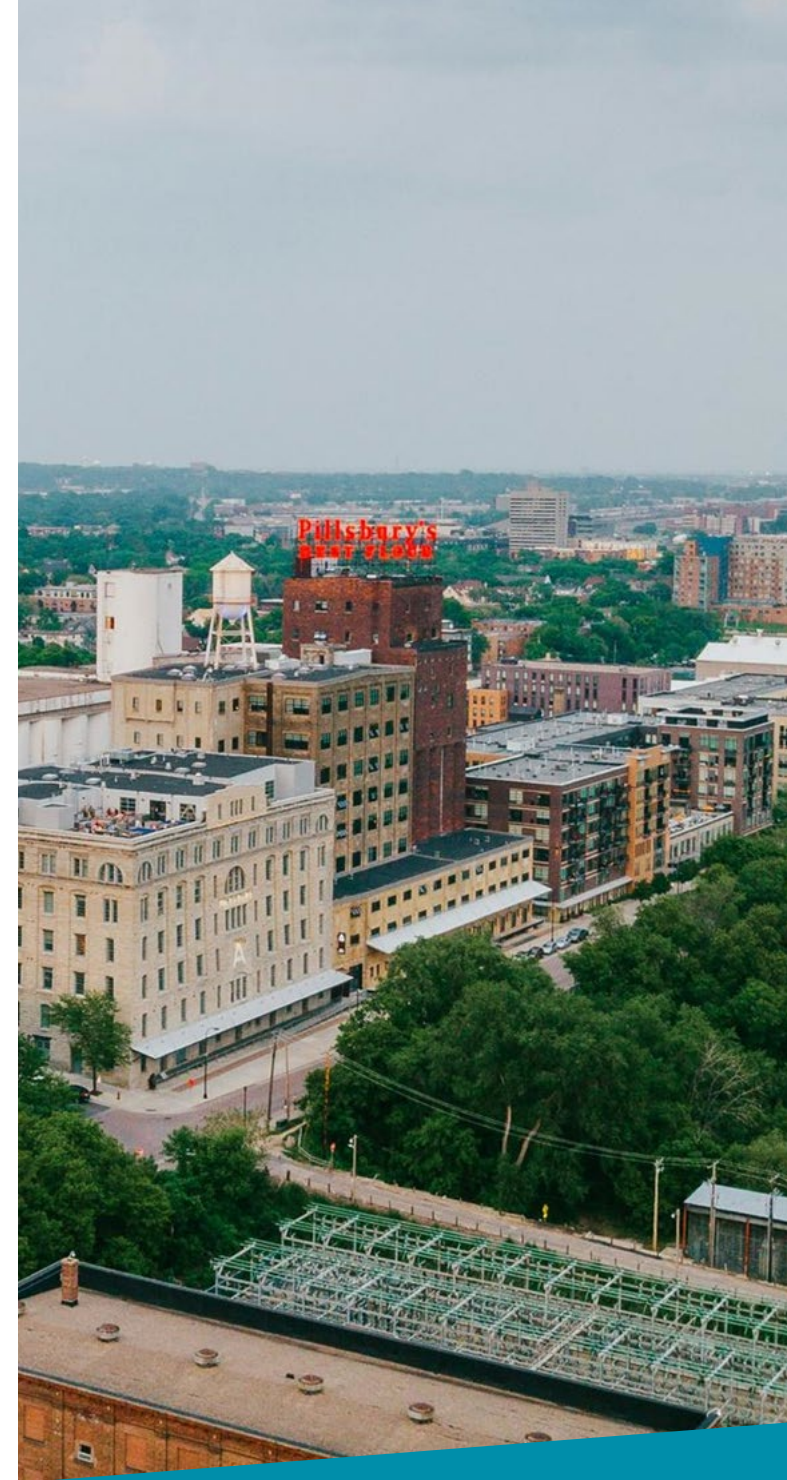
Background Studies Reform

2025 Recommendations from the Council on Reforming the Background Studies Process

1 Implement Recommendations from the Background Study Task Force:

In December 2022, recommendations were released from a background study task force. While some were addressed during the 2023 and 2024 legislative sessions, critical recommendations remain outstanding. We recommend the Governor and Legislature prioritize the following:

- Remove the bar to set aside for any permanent disqualifications that do not require federal law compliance.
- Review the current disqualification structure to consider if changes should be made to the lookback period or the number of disqualification tiers.



2 Reduce Administrative Burdens and Invest in Infrastructure to Create Greater Transparency within the Current Background Studies Process:

A common barrier to background study approval is the time it takes to complete the study (anecdotally, more than several months). Simplifying and streamlining the administration process will decrease barriers for providers to fill positions and for applicants waiting to hear whether they are disqualified. We recommend the Department of Human Services (DHS) explore and prioritize opportunities to reduce decision-making times within the reconsideration process, including:

- Simplify the online appeal process.
- Improve time frames for returning background checks.

Other Recommendations Related to Background Studies Reform

3 Fund a Public Education Campaign to Address Misconceptions about Background Studies:

Misconceptions can discourage qualified individuals from pursuing roles in caregiver positions and other vital fields experiencing staffing shortages. By explaining how the process works, addressing the stigma around past substance use, and highlighting the value of lived experience in roles like peer recovery support, a campaign can reduce unnecessary barriers.

4 Review Background Study Requirements for Licensed Alcohol and Drug Counselors (LADCs) and Peer Support Specialists:

Reviewing background study requirements for Licensed Alcohol and Drug Counselors (LADCs) and Peer Support Specialists is an important step to allowing individuals with valuable lived experience to serve in these roles. For roles like Peer Support Specialists, lived experience is often what makes someone uniquely qualified to guide others in recovery. Reviewing these requirements can help ensure we remove unnecessary barriers while maintaining safety, enabling more people to contribute their expertise and empathy to the recovery process.



Additional Recommendations

1 Fund Comprehensive Adolescent SUD Services that Provide Age-Appropriate Treatment, Seamless Program Placement, and Robust Support Linkages:

Funding age-appropriate treatment and early intervention programs is crucial, as there is substantial evidence that SUDs in adolescence may lead to other harmful behaviors, including violence, delinquency, truancy¹³. Early intervention helps young people develop healthy habits, treat their SUDs, and build positive futures that benefit them and their communities.

2 Develop a Coordinated Statewide Strategy for Peer Support, Family Peer Support, and Peer Recovery Support Services:

A coordinated statewide strategy for peer support services will help ensure consistent access to effective peer support services, which are proven to improve recovery outcomes. Studies have shown that peer coaching during SUD recovery decreases involvement in the criminal justice system, improves treatment retention, reduces relapse rates, and increases housing stability¹².

3 Support and Expand Funding for Traditional Healing throughout the Substance Use Disorder Continuum of Care:

Research consistently points to the value of traditional healing practices designed and delivered by American Indian people. These practices are proven to address whole health and the root cause of inter-generational trauma, promote self-esteem and resiliency, prevent substance use disorders, and promote recovery from substance use disorders. In the 2023 and 2024 legislative sessions, resources were allocated to continue funding traditional healing practices in Minnesota, as well as to evaluate the feasibility and potential design needed to fund long-term traditional healing through billable services such as Medicaid. Continuous support for traditional healing throughout the substance use continuum remains a key priority. Minnesota should continue to look for ways to support and weave traditional healing practices in prevention, harm reduction, treatment, and recovery.

The Role of Homelessness in Indigenous Populations Experiencing SUDs

Homelessness among Indigenous communities in the Twin Cities metro area reflects deep-rooted disparities that demand urgent attention. Although American Indians represent only 1% of Minnesota's population, they make up 9% of the population experiencing homelessness. They are also 32 times more likely to experience homelessness than white Minnesotans. These disparities have been compounded by a 41% increase in families experiencing homelessness in the metro area over the past two years and a statewide 53% rise in unsheltered homelessness.

Unsheltered individuals face significantly heightened risks, including being three times more likely to experience substance use disorders compared to those in shelters. Addressing these challenges requires sustained support for homelessness prevention, culturally responsive programming, and traditional healing practices tailored for Indigenous communities. These approaches, especially when focused on youth and adults alike, can help mitigate the systemic inequities contributing to homelessness and support long-term recovery and stability.

4 Create more Housing Support Opportunities for Individuals with Substance Use Disorders:

Housing continues to be a core need as it relates to individuals experiencing substance use disorder, particularly individuals transitioning from residential treatment. Without it, maintaining recovery becomes significantly more difficult. We recommend the State continue to explore expanded housing options for individuals with substance use disorder, including sober living environments, recovery housing, and family-focused housing for parents in recovery and their children. Providing these resources, along with financial support, can help create a stable foundation for recovery and long-term success.

5 Fund Family-Centered SUD Treatment Services that Prioritize Keeping Families Together while Ensuring Child Safety and Wellbeing:

SUD is complex on its own, but when a family is involved, the challenges grow. Especially when balancing the needs of the individual with the safety of children. Children have the best outcomes when they can stay with their families in a safe environment. Supporting families affected by SUD requires carefully designed programs that address the impact of addiction on every family member while prioritizing safety and stability.

6 Fund Programs that Address the Complex Needs of Individuals with SUD who Experience Homelessness and Chronic Health Conditions:

Individuals who are experiencing homelessness and other chronic health conditions require extra support to achieve stability and begin healing from SUD. Access to stable housing and targeted programming is a critical foundation to recovery. The council recommends the State dedicate resources to funding programs specific to this group.



7 Fully Fund and Implement Findings from the Behavioral Health Rate Study:

The Department of Human Services (DHS) published the Minnesota Health Care Programs Fee-for-Service Outpatient Services Rate Study in January 2024. This study assessed and recommended updates to Minnesota’s rate-setting methodologies for behavioral health and substance use disorder services under medical assistance and MinnesotaCare. The Council recommends the State fully fund and implement the recommendations from this report.

8 Defend and Expand Cannabis Tax Revenue to Support Services and Support for People With Substance Use Disorder:

The legalization of cannabis in 2023 introduced a 10% gross receipts tax and the standard 6.875% sales tax on cannabis sales, with 80% of this revenue directed to Minnesota’s general fund¹⁴. A portion of this revenue should be reinvested into treatment, prevention, and recovery services for individuals experiencing substance use disorders. This approach ensures that individuals impacted by substance use have access to the resources they need, helping to address and reduce the broader public health challenges linked to addiction.



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