

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

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

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Year-end Report | December 2023



# Table of Contents

- Letter from the chair .....1
- Purpose of this report ..... 2
- Introduction ..... 3
- Overview ..... 4
- 2023 Advisory Council Members ..... 6
- Identified priorities for 2023 ..... 8
- Recommendations .....10



# Letter from the chair

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As Chair of the Governor's Advisory Council on Opioids, Substance Use, and Addiction, I am pleased to present the following report on the Council's activities, areas of focus, and recommendations from its inaugural year. This report tells the story of the Council's first year, from appointing a chair and drafting a charter, to narrowing in on areas of focus, to providing recommendations around ways to improve outcomes for Minnesotans experiencing substance use disorders (SUD).

As this report documents, the first half of the year focused on building a strong foundation for future Council actions. That foundation included building both the infrastructure around the values of the Council and how this body would deliberate together, as well as building knowledge around current state initiatives regarding SUD, the role of the state in a state-supervised, county-administered human services system, and other key policy areas.

From the beginning, however, the Council expressed the desire to engage in areas that offered the opportunity to provide transformational change to how Minnesotans experience the inter-related systems of SUD, including housing, employment, and criminal justice. The Council also expressed a strong and uniform desire to address the egregious disparities experienced by American Indian and Black Minnesotans.

Those two aims came together in a primary focus this year on Minnesotans involved in the criminal justice system, where we know the same communities that are most impacted by SUD and overdoses are over-represented. Since 2015, 1-in-5 overdoses have involved an individual released within the last year from a correctional facility, and the collective impact of SUD and incarceration on communities is monumental. Hence the recommendations made in this year-end report are focused in that area, though not exclusively.

Ultimately the Council recognized that the inter-related web that makes up the gamut of SUD services and supports stretches not just throughout federal, state, Tribal, and local governments, but through non-profits, commercial insurance markets, and a multitude of other entities.

In the coming years the Council will continue to focus on improving outcomes for Minnesotans and communities where the need for equity is greatest. The Council looks forward to continuing its partnership with the Office of Addiction and Recovery, the Walz Flanagan administration, and the many partners who come together to assist Minnesotans experiencing SUD achieve and sustain recovery.

Sincerely,

**Beth Elstad**

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



## Purpose of this report



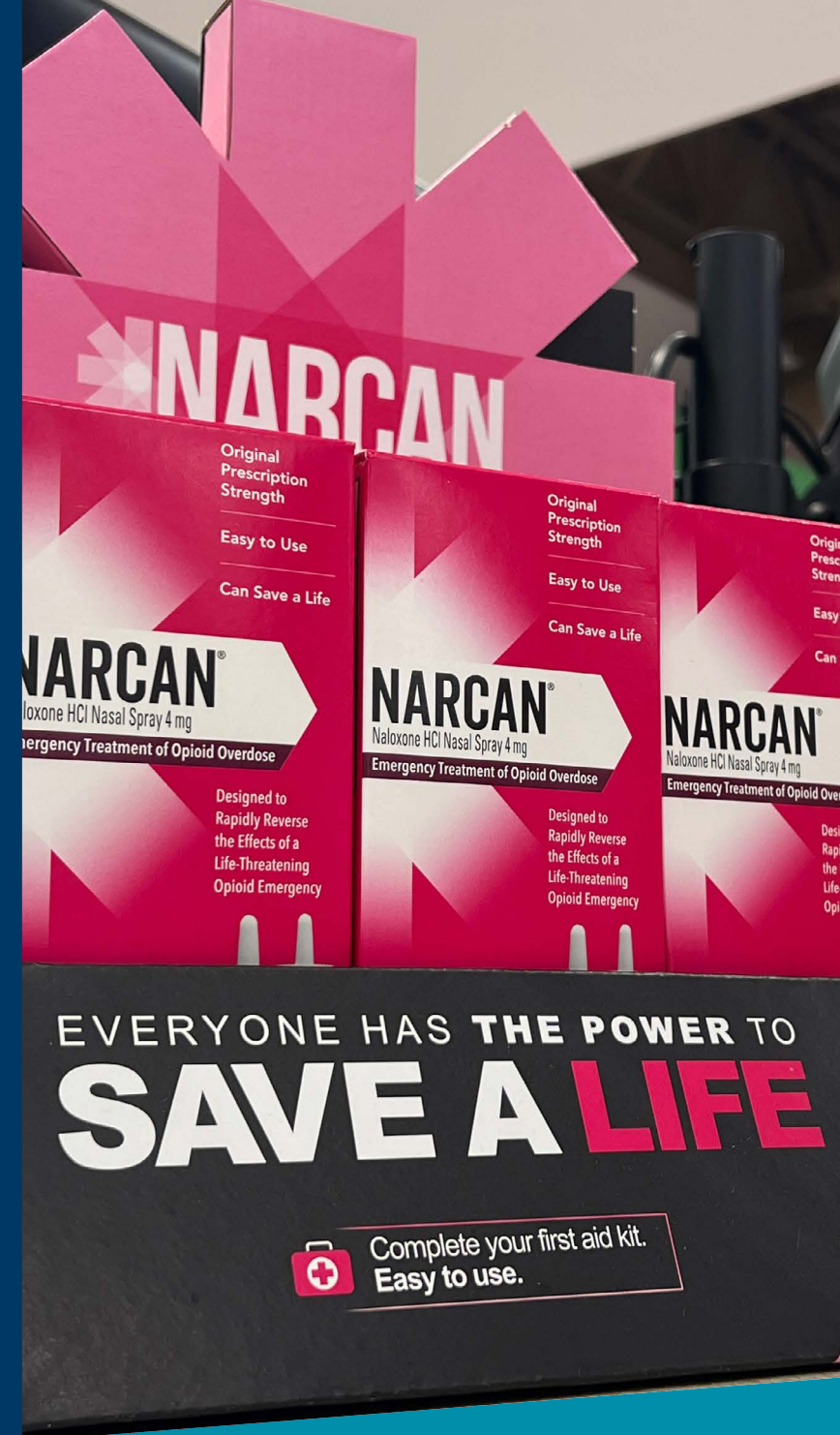
Document the activities of the Governor's Advisory Council on Opioids, Substance Use, and Addiction during its inaugural year.



Articulate areas of focus into which the Council chose to delve in 2023.



Document and transmit recommendations from the Council to the Governor, Lieutenant Governor, Subcabinet on Opioids, Substance Use, and Addiction, the legislature, and other interested parties.



# Introduction

Substance and opioid use disorder hurts individuals, destroys families, and harms communities. In addition to the emotional and social impact, substance use disorder has a tremendous financial impact as well. A study from the Minnesota Department of Health (MDH) showed that excessive drinking alone cost Minnesotans \$7.85 billion in 2019, through lost productivity, health care costs, and other costs such as those related to criminal justice and motor vehicle crashes<sup>1</sup>. The total financial cost equals \$1,383 per Minnesota resident.

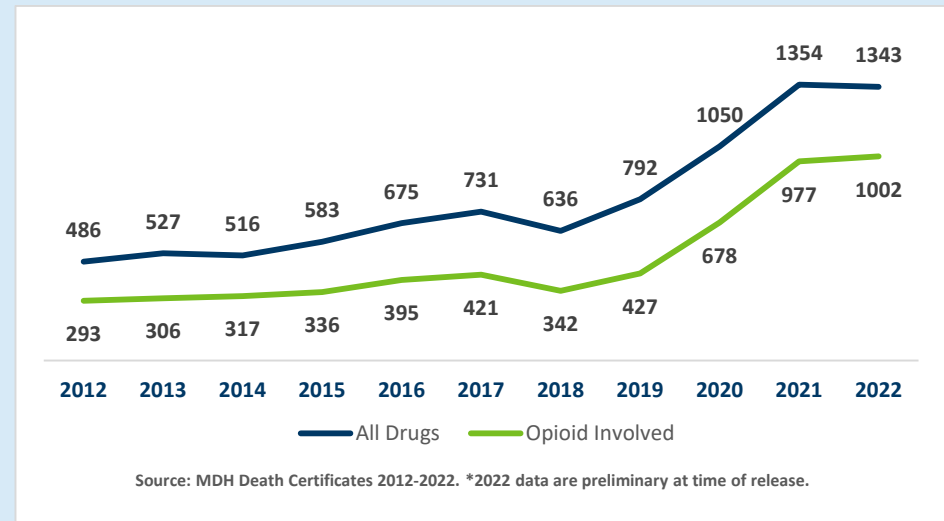
Drug overdose deaths in particular have a tragically high cost, reverberating throughout a community and impacting the wellbeing of friends, family, and neighbors. The emergence of fentanyl, a synthetic opioid 50 times more powerful than heroin, has driven a nationwide overdose crisis that claimed the lives of over 100,000 Americans in 2022. In Minnesota opioid-involved overdose deaths increased over 40% from 2020 to 2022, and the number of deaths has more than doubled since 2019<sup>2</sup>. Native American Minnesotans are dying at over nine times the rate of white Minnesotans, and Black Minnesotans at over three times the rate. Since 2015, 1-in-5 fatal overdoses affected individuals released from a correctional facility within the last year.

In response to this crisis, Governor Tim Walz and the Legislature passed legislation in 2022 [Minn Stat. 4.046] to combat the epidemic in Minnesota. This legislation created a subcabinet focused on substance use, a director to chair the subcabinet, and a Governor’s Advisory Council on Opioids, Substance Use, and Addiction. In 2023 an Office of Addiction and Recovery was created to lead and administer the subcabinet and support the advisory council.

<sup>1</sup> [https://www.ajpmonline.org/article/S0749-3797\(22\)00295-1/fulltext](https://www.ajpmonline.org/article/S0749-3797(22)00295-1/fulltext)

<sup>2</sup> <https://www.health.state.mn.us/communities/opioids/opioid-dashboard>

## Opioid-involved overdose counts mirror all drug overdose numbers among MN residents



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

The Governor's Advisory Council on Opioids, Substance Use, and Addiction consists of up to 18 members appointed by the governor. This external advisory body is comprised of Minnesotans with lived experience with substance use disorder, either having experienced substance use disorder themselves, having a family member with a substance use disorder, or having another connection to the disease. Council members include community leaders, individuals with direct experience with addiction, individuals providing treatment services, and other relevant communities. The chair of the council is appointed by the governor.

## ADVISE

Advise the Subcabinet regarding implementation of its purpose, policy and strategy development, and public engagement.

## IDENTIFY

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).

## EXAMINE

Examine what services and supports are needed in communities that are disproportionately impacted by the opioid epidemic.

## PROVIDE

Provide opportunities for Minnesotans who have directly experienced addiction (and recovery) to address needs, challenges, and solutions.



Inaugural appointments made to the Advisory Council took effect in January 2023, and the Council held its first meeting on February 16th, 2023. First-year activities of the Council included developing a charter, selecting a chair and vice-chair, narrowing priorities, and developing recommendations for the governor, subcabinet, legislature and other partners.

JANUARY	FEBRUARY	APRIL	JUNE	AUGUST	OCTOBER	DECEMBER
<b>APPOINTMENTS</b>	<b>1<sup>st</sup> MEETING</b>	<b>2<sup>nd</sup> MEETING</b>	<b>3<sup>rd</sup> MEETING</b>	<b>4<sup>th</sup> MEETING</b>	<b>5<sup>th</sup> MEETING</b>	<b>FINAL MEETING OF 2023</b>
OAR Director and Advisory Council Members	Remarks from Lt. Governor Flanagan  Council member priorities and hopes for the council  Public comments	Governor appoints chair  Presentation Governor's budget related to SUD  Developed draft charter and guiding principles  Discussed priorities, purpose, and duties of the council	Council elects vice chair  Time with Representative Dave Baker - Chair of OERAC  Engagement with MN Attorney Generals Office regarding opioid settlement  DHS, MDH, and DOC leadership present results of the 2023 legislative session  Discussed actions of the council that could be transformational	Council meets in-person to build relationship and share perspectives from their communities  Engagement with DHS Assistant Commissioner - vision for behavioral health financing  Working session to identify priority areas to advise the subcabinet on and how to engage and seek the voice of people with lived experience	Council meets in-person for a "deep dive" into key priority areas for 2023  Presentation from Deputy Inspector General and Legislative Director from DHS, Deputy Commissioner from DOC, and MMB leadership  Working session to develop recommendations and capture community reflections for 2023 Yearend Report to the subcabinet off meeting in February	Finalize Yearend Report to the Governor's Subcabinet  Outline agenda for 2024

# 2023 Advisory Council Members

NAME	LOCATION
Farhia Budul	Minneapolis, MN
Colin Cash – Vice Chair	Onamia, MN
Kyle Christianson	Moorhead, MN
Autumn Dillie	Minneapolis, MN
John Donovan	Big Lake, MN
Beth Elstad – Chair	Duluth, MN
Wendy Jones	St. Paul, MN
Fiyyaz Karim	St. Paul, MN
Pamela Lanhart	Burnsville, MN
Jeffrey Lind	Bemidji, MN
Bobby Marines	Rochester, MN
William Messinger	St. Paul, MN
Anderson Saint Georges	Detroit Lakes, MN
Kimberly Stokes	Britt, MN
LaTricia Tate	Minneapolis, MN
Arden Two Bears	Minneapolis, MN
Travis Winship	Minneapolis, MN





As part of their creation of a Charter, the Council developed principles to guide them in accomplishing the purpose and duties set by the Minnesota Legislature, which include expanding access to treatment and supporting recovery-oriented systems of care. The guiding principles inform how the group works together and makes decisions, and outline how they determine their 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.

## Identified priorities for 2023

Council members focused a significant amount of time discussing and refining priority areas in this first year. Through a deliberate and collaborative process, they began with a broad list of areas of importance, including hearing from people with lived experience, the intersectionality between housing and substance use disorder, increasing access to recovery services, reducing stigma, workforce development, and state contracting and criminal justice reform. The council progressively refined these priority areas to align with level of importance, council capacity, timelines, and current opportunities for transformational action. The council decided to focus its attention on justice-involved individuals and more particularly found tremendous opportunity with increasing access to medicines for opioid use disorder (MOUD) in jails and prisons, and background studies reform.

The Council did a deep dive into these priority areas, hearing from Deputy Inspector General Dawn Davis from the Department of Human Services on background studies, and Deputy Commissioner Nan Larson from the Department of Corrections and Dr. Weston Merrick, Principal Manager of Impact Evaluation at Minnesota Management and Budget (MMB) on MOUD in jails in prisons. From those presentations and accompanying work sessions, the Council developed recommendations for the governor, the subcabinet, and the legislature.



## Why justice-involved individuals?

The Department of Corrections (DOC) is one of the largest, if not the largest, provider of SUD treatment in Minnesota, with about 85% of persons incarcerated experiencing an SUD. Opioid Use Disorder (OUD) particularly impacts this population. A report from MMB highlighted:



Nationwide, recent data shows the odds of reporting a history of criminal justice system involvement increased more than five-fold for persons with OUD and that drug overdose is now a leading cause of death among formerly incarcerated individuals.



Since 2015, 1-in-5 fatal overdoses affected individuals released from a correctional facility within the last year<sup>3</sup>.

In order to reduce recidivism and death it is imperative that individuals currently incarcerated receive quality substance use and opioid use disorder treatment, and that when released, they re-enter into healthy recovery ecosystems.

<sup>3</sup> [Medication for Opioid Use Disorder for Individuals in the Criminal Justice System \(mn.gov\)](https://www.mn.gov/medication-for-opioid-use-disorder-for-individuals-in-the-criminal-justice-system)

# Factors contributing to increased overdose deaths for people involved in the justice system

Research shows this disproportionate risk of death after incarceration stems from a combination of factors, including:



Loss of opioid tolerance



Social isolation



Lack of opportunity/poverty



Insufficient early intervention, treatment, and recovery options for individuals in the criminal justice system



Lack of connection to health insurance and other public programs



## Recommendations

The Council began its inaugural year with a broad set of interests related to addressing substance use disorder, from the intersectionality between housing and substance use disorder (SUD) to the role of transportation in rural communities, to economic opportunity for those experiencing SUD and more. Over the course of the year the Council engaged in a series of exercises to narrow its focus and align its recommendations with current opportunities for transformational action. Given the strong association between substance use disorder and incarceration, the Council focused its attention on recommendations primarily in that area. More particularly, the Council found tremendous opportunity with increasing access to medicines for opioid use disorder (MOUD) in jails and prisons, and background studies reform. While the Council's recommendations focused in those areas, there were additional recommendations outside those foci that were also deemed critical, such as creating more flexible, culturally responsive, and permanent funding, strengthening the treatment component of the SUD continuum of care, and others. Those recommendations appear following the ones that are justice-involved.



## Increasing access to MOUD in jails and prisons

Medicines for opioid use disorder (MOUD) are proven therapies to help treat opioid use disorder. They also reduce recidivism, the spread of disease, criminal justice involvement, as well as increase the likelihood an individual remains in treatment and maintains employment<sup>4</sup>. Despite the success of MOUDs in treating opioid use disorder, a 2021 study from Minnesota Management and Budget found that less than half of all jails in Minnesota provide access to these medicines for those incarcerated<sup>5</sup>. A recent ruling from the Department of Justice affirmed that individuals currently taking MOUD are protected under the Americans with Disabilities Act to continue taking their medicine<sup>6</sup>. Having access to MOUD for incarcerated individuals can be transformative in initiating a recovery journey that will reduce the chance of recidivism and a return to use. Not having access to MOUD following release can result in painful withdrawals and even death. Within the first two weeks after release, the risk of death from drug overdose is 12.7 times higher than for the general population.

At the final Council meeting on Dec. 6, where the Council amended and ratified the recommendations, there was a rich discussion around the question of mandates and whether jails and prisons should be required to provide treatment options like MOUD. There was unanimous support that all incarcerated individuals should have access to treatment options, but energetic discussion around the pathway to achieving that outcome. Ultimately the Council agreed that the following recommendations laid out a clear pathway toward 100 percent access for incarcerated individuals and that an unfunded mandate could result in unintended and unwanted consequences.

<sup>4</sup> [How effective are medications to treat opioid use disorder? | National Institute on Drug Abuse \(NIDA\) \(nih.gov\)](#)

<sup>5</sup> [Medication for Opioid Use Disorder for Individuals in the Criminal Justice System \(mn.gov\)](#)

<sup>6</sup> [U.S. Department of Justice, Civil Rights Division, Disability Rights Section Technical Assistance document: The Opioid Crisis and the ADA](#)

## 2024 recommendations from the Council to increase access to MOUD for incarcerated individuals:

1

**Create a work group including counties, jails, medical professionals, and others to identify barriers and solutions, and a cost estimate for providing 100 percent access to MOUD and other treatment options to those incarcerated.** Some of the barriers to accessing MOUD in jails are related to funding, staffing, and geographical access to providers who prescribe these medicines. While some barriers have been reduced, such as federal repeal of the so-called X-Waiver, other barriers remain. A work group including counties, jails, medical professionals, and other key partners should be convened to create shared understanding of the issues and to co-create solutions. Included among the issues the work group examines should be:

- 1.1 An estimate of the cost for providing 100 percent access to MOUD to those in correctional facilities
- 1.2 Best practices and administrative changes to expediting MA access for those exiting facilities
- 1.3 Methods to monitor and ensure compliance with ADA requirements around access to MOUD
- 1.4 Workforce and staffing
- 1.5 Coordinated re-entry services to promote continuing access to MOUD and recovery supports following release

*“My son spoke of the difficulty of going through withdrawals alone while in the county jail system. In addition to being alone and sick, inmates must appear at court, meet with legal aid, try to make plans and find assistance once released, all while barely being able to concentrate during that time. If more critical and immediate SUD services could be provided while incarcerated, perhaps we would see fewer deaths upon release.”*



2

**Pursue federal Medicaid dollars to drive towards universal access to MOUD in jails and prisons - 1115 Reentry waiver.** Generally, individuals who are held involuntarily in a public institution may be eligible for and enrolled in Medicaid, but federal Medicaid funds may not be used to pay for services while they are incarcerated. This is commonly called the “Medicaid Inmate Exclusion Policy” and applies to all Medicaid services, with an exception for inpatient stays in a medical institution (hospitals, nursing facilities, etc.). Recently the Biden administration has been encouraging states to apply for an 1115 reentry waiver that would allow states to cover a package of pre-release services for up to 90 days prior to a person’s expected release date<sup>7</sup>. The Biden administration has emphasized access to MOUD and case management as core services that should be covered under a state’s waiver application.

3

**Encourage counties to consider opioid settlement dollars to support MOUD and other SUD supports for individuals with opioid use disorder in jails.** Minnesota is expected to receive over \$500 million dollars in the next 18 years through opioid settlement funds. Those dollars will be shared amongst the state (25 percent) and local governments, including counties (75 percent)<sup>8</sup>.

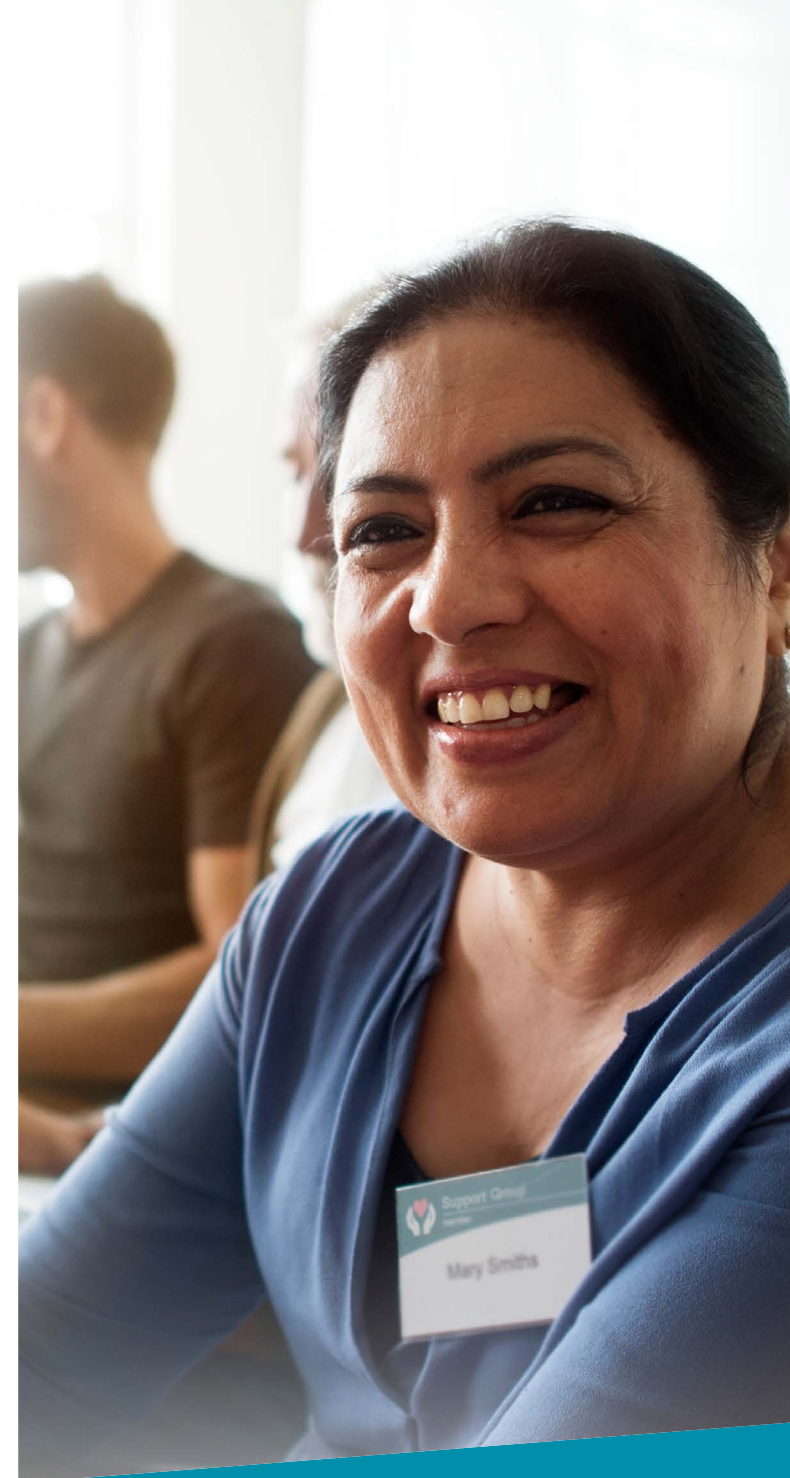
## Other recommendations related to justice-involved individuals and substance and opioid use disorder:

4

**Develop and enforce a consistent template for community releases and releases between jails and prisons, including access to SUD services.** In the 2023 legislative session, legislation passed requiring the Commissioner of Corrections to develop and distribute model discharge plans to all jails in the state. Access to substance use disorder services, including access to medications, should be included in those model discharge plans, as well as model plans for release between jails and prisons. The release plans should be culturally responsive.

<sup>7</sup> [Fact sheet: Biden-Harris Administration Takes Action During Second Chance Month to Strengthen Public Safety, Improve Rehabilitation in Jails and Prisons, and Support Successful Reentry | The White House](#)

<sup>8</sup> [The Office of Minnesota Attorney General Keith Ellison Fighting the Opioid Epidemic in Minnesota](#)



5

**Support successful re-entry for individuals with SUD leaving incarceration.** In the 2023 legislative session, the Department of Corrections brought forward a proposal to fund additional case management and release planning for individuals with opioid use disorder leaving prison. That proposal included funding for a peer re-entry pilot program. DOC should bring that proposal forward again, including efforts to expand and permanently fund Bridging Benefits, a joint DOC and DHS program proven to connect high-risk individuals released from prison to Medical Assistance (MA), housing, and other public benefits.

6

**Harm reduction kits for people leaving incarceration.** Currently the Department of Corrections provides harm reduction kits to individuals with opioid use disorder leaving prisons. These kits include naloxone, fentanyl test strips, a letter of support, and other educational material. Long term funding for these kits should be secured for both DOC and jails.

7

**Support peer recovery specialists in jails and prisons and explore establishing Forensic Peer Recovery Specialist as a certified, MA-reimbursable service.** Certified Peer Recovery Support Specialists (CPRSS) are individuals with lived experience who work with individuals experiencing substance use disorder (SUD) to help them achieve and sustain recovery. Recently the state received grant funding to train peers within the prison system. New funding for SUD passed in the last legislative session includes treatment, recovery, and preventions grants, as well as other new sources of funding. State agencies responsible for administering those grants should consider peer support for incarcerated populations as they develop implementation plans. Last legislative session, counties were also allowed 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.

8

**Invest in the expansion of Minnesota treatment courts for both adults and adolescents to improve public safety.** As of 2022, there are 37 permanent treatment courts and 33 start-up courts throughout the state. Although treatment courts save taxpayers money over time through reduced crime and public safety costs, they initially cost the court system more, and the judicial branch cannot establish and operate these courts without sufficient funding.



9

**Create an ombudsperson for substance use disorder and recovery.** The Minnesota Legislature created the Office of Ombudsman for Mental Health and Developmental Disabilities (OMHDD), an independent state agency with a mandate to promote the highest attainable standards of treatment, competence, efficiency, and justice for persons receiving services for mental health, developmental disabilities, chemical dependency, and emotional disturbance. Currently, state statute requires the governor to appoint a single Ombudsman who must be a person who has knowledge and experience concerning the treatment, needs, and rights of clients. To ensure adequate expertise, focus, and resources across disability and mental health services and treatment, an Ombudsman focused on behavioral health broadly or substance use disorder specifically should be required under state statute. In addition, redirecting and designating the use of SAMHSA Protection and Advocacy grant funding to support this recommendation should be explored.

## Background studies reform

Minnesota's background studies process is critical to ensuring that Minnesota caregiver positions and other key professions are filled with qualified, trustworthy individuals. It is also true that, in certain cases, individuals are disqualified from certain positions due to past substance use they have recovered and moved on from. And in some cases, such as certified peer recovery support specialists, it is the very lived experience that would make an individual an ideal candidate that is also what is preventing them from serving in that capacity.

Reforming the background studies process so that Minnesotans are simultaneously protected from potential bad actors, and individuals who have a tremendous amount to give and share with others are allowed to serve, will go a long way toward addressing needed staffing shortages in key areas as well as remove barriers for individuals building and living productive lives. Additionally, there are improvements that can be made to the process to make it easier for providers, individuals, and the state to administer background checks in a more efficient and timely manner.



*I worked with an individual to get accepted into an LPN nursing program; they were working as a CNA in another facility and had had their background set aside. They had no violent offenses...impaired driving related offenses and a graduate of a treatment court with over 2 years of recovery. They had to pursue a set aside to be able to perform clinicals as part of their LPN program. Their clinical experience was delayed because the set aside request took so long to get approved. After graduating the LPN program, the same person enrolled in another college to pursue an RN degree. The clinicals for the RN program were with the same medical system as the LPN clinicals but at another location. The college had to do another background check which then triggered another request for reconsideration; after submitting the college did not receive the paperwork that was sent with a rejection and packet of information to pursue another request for reconsideration. The individual also didn't get his copy of the paperwork for notification. When he called DHS, he was told they couldn't do anything other than send another letter/ packet via mail. The process took too long, and this individual was forced to drop out of the nursing program.*



# 2024 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. Some of these recommendations were enacted in the 2023 legislative session but others were not. The Governor and Legislature should follow task force recommendations for:

- 1.1. Removing the bar to set-aside for any permanent disqualifications that do not require federal law compliance.
- 1.2. Reviewing the current disqualification structure to consider if changes should be made to the lookback period or the number of disqualification tiers.
- 1.3. Fully funding the automation of the request for reconsideration process. The 2023 Legislature funded the planning portion for this recommendation but not the implementation portion. The Department of Human Services (DHS) should prioritize resource allocation for immediate implementation for automating the reconsideration process.

2

**Decrease decision timeline for reconsiderations.** The current time it takes for DHS to make decisions regarding reconsiderations is creating barriers for providers to fill positions and for applicants waiting to hear whether they are disqualified. DHS should explore and prioritize opportunities to reduce the time it takes for decision-making within the reconsideration process.

3

**Remove barriers for applicants in the background studies process.** An example of this is that oftentimes applicants must seek out their own information that the state has already gathered through electronic records. This creates an additional burden for job seekers and applicants when that information is already in possession of the state. To reduce this burden the state should share the information it has gathered on an applicant with that applicant. Such barriers make the background study process overly onerous for an applicant to navigate.



4

**Require educational systems to educate on licensure requirements and possible barriers to employment.** Some individuals in recovery unknowingly pursue career paths where their past may present barriers to future employment. Educational systems should make individuals aware of these potential barriers before beginning an educational pathway so people can make informed decisions about their careers.

## Additional recommendations

1

**Support traditional healing throughout the substance use disorder continuum of care.** For example, 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 legislative session, resources were allocated to continue funding traditional healing practices in Minnesota, as well as to evaluate the feasibility and potential design needed to fund traditional healing long-term through billable services such as Medicaid. In August 2023 at an American Indian SUD summit, continuous support for traditional healing throughout the substance use continuum was identified as a key priority. Minnesota should continue to look for ways to support and weave traditional healing practices in prevention, harm reduction, treatment, and recovery.

2

**Create more flexible, permanent, and culturally responsive funding opportunities for tribes, counties, and non-profit organizations.** Minnesota's behavioral health system is largely funded by grants. Over the past seven years these grants have become more numerous and unwieldy. For instance, in 2016 the Behavioral Health Division (BHD) at DHS administered 273 grants, and by 2023 that number had grown to 852. While grants are an important mechanism for supporting some programs, many programs are ill-served by this system. Some of the drawbacks for potential grantees include uncertainty around sustainability, time-and-resource-intensive applications and reporting, overly restrictive parameters for services that can be reimbursed, and a system that often excludes smaller non-profits and non-profits led by individuals in communities disproportionately impacted by substance use and opioids<sup>9</sup>. Minnesota should examine alternative ways to finance behavioral health services that provide flexibility while maintaining accountability, such as umbrella contracts, direct allocations, and other forms of grant management redesign such as cash advances for smaller non-profits. This was a major theme from the American Indian SUD summit in August 2023.

<sup>9</sup> [Minnesota Management and Budget Impactful Grantmaking Best Practices](#)

3

**Fully fund and implement the findings from the substance use disorder rate study completed in 2023.** A law passed during the 2021 legislative session required an analysis of the current rate-setting methodology for all outpatient services in medical assistance and MinnesotaCare, including rates for behavioral health, substance use disorder treatment, and residential substance use disorder treatment. The first of two reports was released in August and the second will be delivered by January 15, 2024<sup>10</sup>. The final report will include legislative language necessary to modify existing or implement new rate methodologies, with a new substance use disorder treatment rate methodology, and a detailed fiscal analysis. Minnesota should fully fund the findings from the rate study.

4

**Create more housing support opportunities for individuals with substance use disorder.** The new budget for housing stability approved this year is the biggest investment in housing and homelessness in Minnesota history<sup>11</sup>. Housing continues to be a core need as it relates to individuals experiencing substance use disorder, particularly individuals transitioning from residential treatment. Recovery without stable housing is challenging to say the least. The State should continue to explore opportunities to support housing options for people with substance use disorder, including sober housing, recovery housing, housing for parents in recovery and their children, as well as other financial supports.

<sup>10</sup> [Minnesota Health Care Programs Fee for Service Outpatient Services Rate Study \(mn.gov\)](https://mn.gov/health-care-programs-fee-for-service-outpatient-services-rate-study)

<sup>11</sup> [Housing justice: Taking critical steps forward in Minnesota \(mn.gov\)](https://mn.gov/housing-justice-taking-critical-steps-forward-in-minnesota)





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