

Opioid Epidemic Response Advisory Council (OERAC)

Meeting Minutes for February 20, 2026

Meeting Location: Hybrid meeting using WebEx and in-person at Great River Regional Library – St. Cloud, Mississippi Room 106, 1300 W. St. Germain Street, St. Cloud, MN 56301.

Members present: (Names in italics are non-voting OERAC members)

Remote: Sarah Grosshuesch, Rep. Robert Bierman, Dr. Ashwin George, Curtis Jackson, Senator Zaynab Mohamed, Brock Reed, Kristi Schoen, Yussuf Shafie, Dr. Antony Stately

In person: Joe Clubb, Rep. Dave Baker, Jack Martin, James Marthaler, Dave Matteson, Richard Printon, Dr. Charles Reznikoff, *Deepa McGriff, Jolene Rebertus, Teresa Steinmetz*

Members not present: Dr. Heather Bell, Abdirahman Warsame

State Staff Members Present: Laura Farlow, Stacy Sjogren

Call to order

Facilitator Stacy Sjogren and Chair Joe Clubb began the meeting at 10:00 am, reviewed the OERAC mission, the meeting ground rules and gave a guest welcome. The meeting agenda was confirmed, and a roll call followed. Quorum was secured. See voting log for details.

Business items

Minutes approval: Dave Matteson moved to approve the minutes from the January 16, 2026 meeting. Seconded by Kristi Schoen. Motion passed with roll call vote. See voting log for details.

Welcome new council member: The council welcomed new member Yussuf Shafie, who introduced himself to the council.

Council member farewell: The council expressed their appreciation to the departing member, Judge Nicole Starr, for her service to the council.

Fall Seat Transitions: DHS staff provided an overview of the upcoming fall seat transition process. For direct seats, the organization will be contacted directly. Open positions will be posted for application on the Secretary of State's website in March. Following a minimum application period, a review panel – comprising

representatives from the three non-voting state agencies on OERAC and at least one Tribal representative – will evaluate and score all applications. The highest scoring applicant will be recommended to the Commissioner of Human Services for confirmation.

Public Comment

OERAC Chair, Joe Clubb, welcomed public comment at 10:20AM.

- Sheila Grabosky, speaking as a person living with chronic pain, addressed the Council. She expressed concerns regarding the Council's seat replacement process, specifically noting the absence of an interview on her past application. She also raised concerns about the distribution of OERAC grant funding and the high proportion awarded to larger organizations with established grant writers. She advocated for increased funding to smaller, community-based entities that directly help people with OUD.

Interagency State Substance Use and Addiction Plan Report

Jeremy Drucker, Director of the Office of Addiction and Recovery, presented the recently published Interagency State Substance Use and Addiction Plan Report.

Quarterly Financial Status Report

Kate Mayer, the Budget Director for the Behavioral Health Administration at DHS presented the OERAC Quarterly Financial Update. Noted an expected one-time increase in the settlement funds for Fiscal Year 26, due to the structure of settlement payments.

Grantee Presentation – Amethyst Recovery Solutions

Marcus Bell, Director of Research at Amethyst Recovery Solutions, presented on their OERAC Grant on Neural Discovery United with Recovery (N-DUR); Bridging Community, Clinical, and Basic Science Research.

Primary Prevention Education

Kari Gloppen, Interim Manager of the Substance Misuse Prevention Section at the Minnesota Department of Health, presented on upstream and systems approaches to overdose prevention.

2026 RFP Discussion

DHS staff reviewed the timeline and past work for the OERS 2026 Request for Proposals (RFP), noting that final decisions must be made at the April Council meeting. Staff also referenced the request from the February meeting for recommendations on funding levels and categories for the RFP.

DHS staff presented recommendations related to total funding, number of contracts, and proposed project categories to begin the Council discussion. It was noted that OERAC funds must be distributed through grant

contracts. As a result, certain initiatives – such as the naloxone portal- are not eligible for funding at this time. DHS noted that alternative approaches, including a harm reduction kit vendor model, are being consulted with the department’s legal team.

Staff shared that, at the current funding level, administrative capacity allows for oversight of 25 RFP contracts and 11 Tribal Nation contracts.

Member comments: Baker, Reed, Steinmetz, Marthaler, Clubb, Reznikoff, Martin, Matteson, Grosshuesch, Rebertus, Stately, George, Bierman

Funding Discussion

DHS staff confirmed that licensing and registration fees have remained consistent over the last few years while the settlement amount has fluctuated. A significant increase in available funding occurred in SFY26 without a corresponding increase in administrative or oversight resources. This has coincided with expanded efforts related to program integrity within the Department of Human Services.

The Council discussed the flexibility to carry forward unspent funds into future RFP cycles, noting that older funds are priorities for spending.

Contracts and Funding Cap

The Council discussed a recommendation to fund up to 25 contracts, with a proposed funding cap of \$600,000 per contract. Key points included:

- The importance of maintaining a funding cap, given historical trends of grantee underspending. Members discussed whether maintaining a funding cap is preferable to allowing applicants to request funding based on project need. There was general agreement that a cap is beneficial, but the RFP should clearly communicate that applicants are not expected to request the maximum amount
- The number of contracts, rather than the individual award amounts, was identified as the primary driver of administrative workload. Oversight requirements remain consistent.
- Some concern was raised about staff capacity if additional targeted RFPs or set-aside funding opportunities are layered on top of the 25 contracts. The Council discussed whether other state agencies could assist with contract management. Staff will follow up on this point at the April meeting.
- Additional ideas included establishing varying funding caps by category, particularly for infrastructure-focused projects, and the possibility of creating an infrastructure category without a cap.

Targeted Funding

The council discussed the use of targeted funding and direct grants, including for Tribal Nations and Urban American Indian organizations. Key points included:

- General support for direct grants and targeted funding approaches, with request to add approach for African American community serving organizations.
- Emphasis that Tribal Nation funding should allow flexibility for Tribes to determine how funds are used.

- Discussion that targeted RFPs for Urban American Indian organizations should be inclusive and whether the funding could be incorporated into the main RFP to reduce administrative burden, noting that the 2025 funding cycle met this goal without a separate process.
- The importance of ensuring targeted funding opportunities are accessible and structured in a way that prevents smaller organizations from having to compete directly with larger, more resourced entities

The Council emphasized the urgency of distributing high-quality funds to address opioid-related deaths while managing administrative capacity.

Category Discussion

Primary Prevention and Education Category Discussion

The Council discussed the Primary Prevention and Education category and reviewed recommended project types, including:

1. Positive youth development
2. Culture as prevention
3. Parent and trusted adult education for connecting with youth about substance use

Members noted that existing language related to limiting naloxone-related activities (e.g., 10% cap) should remain included in the category guidance.

Key discussion points:

- Need to define primary prevention as either preventing initiation of use or preventing misuse.
- Whether the category should be limited to youth populations or be for general population. Members emphasized that primary prevention can also target families and communities and should include efforts that strengthen family and community support.
- Whether primary prevention projects should partner with harm reduction organizations if there are naloxone funds within the project budget.

Harm Reduction Category Discussion

The Council discussed the Harm Reduction category and reviewed the following recommended project types:

1. Syringe Service Program (SSP) infrastructure support, including but not limited to technology or existing building upgrades.
2. Creating new SSPs to address service area gaps in Faribault, Bemidji, and Southern Minnesota
3. Provide sustainability funding for existing SSPs
4. Support for Harm Reduction Organizations to continue or expand current operations, including but not limited to staffing and supplies

Key discussion points:

- The Council considered a proposal to implement a 30% cap on naloxone-related expenses within harm reduction projects. Members generally expressed support for this approach, with discussions including:

- Recognition that naloxone is a critical tool for preventing overdose deaths, while emphasizing that harm reduction encompasses a broader range of services, including education, drug checking/test strips, and overdose prevention strategies.
- State naloxone portal currently distributes only intranasal naloxone, while intramuscular (IM) naloxone can be a more cost-effective option for some providers.
- Concern about proposals that focus primarily or exclusively on naloxone distribution without incorporating other evidence-based harm reduction practices.
- Agreement that a 30% cap provides a general guideline.
- Members highlighted the importance of investing in infrastructure and systems that respond to overdoses and support individuals who use drugs
- The Council discussed the potential inclusion of youth-focused harm reduction efforts, including education and training, and whether these should be incorporated within this category or in coordination with the Primary Prevention category

Workforce Development Category Discussion

The Council discussed the Workforce Development category and reviewed the following recommended project types:

1. Current staff development training or certifications on topics related to opioid use disorder, including but not limited to harm reduction, anti-stigma, wound care, etc.
2. Sponsorship to create more providers (LADCS, etc.)
3. Justice-involved peer recovery specialists program support.

Key discussion points:

- Council members requested additional data on the outcomes and impact of this category from previous RFP cycles in Minnesota to better inform future funding decisions.
- There was general agreement that projects focused on current staff training (Recommendation 1) may be more difficult to measure in terms of outcomes and may not align as closely with the Council's priorities at this time.
- Members emphasized the importance of expanding both the provider workforce and support roles, including care coordinators.
- A Council member proposed pausing the Workforce Development category for the 2026 RFP cycle and instead incorporating Recommendations 2 and 3 into the Continuum of Care category.
- The Council discussed revisiting Workforce Development in the 2027 RFP cycle, with a plan to engage subject matter experts to better identify and prioritize specific workforce needs.

Expansion and Enhancement of the Continuum of Care Category Discussion

The Council discussed the Expansion and Enhancement of the Continuum of Care category and reviewed the following recommended project types:

1. Expand MOUD service delivery in non-traditional, low barrier settings
2. Expand availability of long-acting injectable formulations of buprenorphine
3. Increase access to OUD providers in Greater Minnesota

Key discussion points:

- DHS staff clarified that funding under this category would support non-reimbursable services associated with MOUD delivery. The DHS MOUD Policy Lead further specified that eligible costs would include support services and administrative functions necessary to implement and sustain MOUD programs.

- Council members suggested adding a project area focused on transitional care, particularly for individuals moving from higher levels of care (e.g., hospital settings) to lower levels of care. These models are for individuals who remain in hospital settings due to a lack of stable housing or recovery support services.
- Council discussed the use of the term “Greater Minnesota” and recommended removing the term to allow for more inclusivity in proposal submissions.

Chronic Pain and Alternative Treatments Category Discussion

The Council discussed the Chronic Pain and Alternative Treatments category and agreed with recommendation to leave category open to all proposals.

Adjourn

Next meeting: April 17th, 10AM – 3:30PM in Duluth, MN.

Roll Call and Voting Log

February 20, 2026

P = in person R = remote participant A = absent Y = yes (approve)

Member	Attendance status	Minutes approval
Joe Clubb	P	Y
Sarah Grosshuesch	R	--
Rep. Dave Baker	P	Y
Dr. Heather Bell	A	--
Rep. Robert Bierman	R	Y
Dr. Ashwin George	R	Y
Curtis Jackson	R	Y
Jack Martin	P	Y
James Marthaler	P	Y
Dave Matteson	P	Y
Senator Zaynab Mohamed	R	Y
Richard "Rick" Printon	R	Y
Brock Reed	R	Y
Dr. Charlie Reznikoff	P	Y
Kristi Schoen	R	Y
Yussuf Shafie	R	ABSTAIN
Dr. Antony Stately	R	--
Abdirahman Warsame	A	--
Deepa McGriff	P	
Jolene Rebertus	P	
Teresa Steinmetz	P	
Tally	voting members present= 19 absent= 2	Yes = 13
		Motion by Matteson, Second by Schoen Approved