

Thursday Connections with SUD at DHS

Nov. 21, 2024

3:00-3:05: Logistics and introductions

3:05-3:15: Team updates

3:15-3:25: Ethics Committee from Minnesota Alliance of Rural
Addiction Treatment Programs (MARATP)

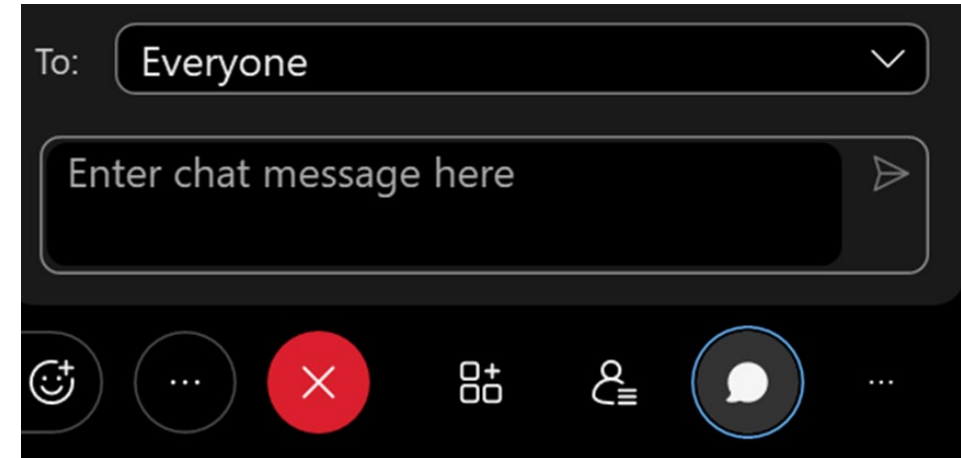
3:25-4:00: SUD Primary Prevention and Recovery Services Team

Meeting Logistics

- All attendees, except presenters, will remain muted
- To save bandwidth, please keep cameras off
- We will work to address all questions during the time allotted.
- A summary of questions, comments and responses will be posted on the Thursday Connections with SUD webpage within one month of the meeting date.

Using Chat

1. Submit questions in the chat
2. Questions submitted via chat will be addressed during Q&A portion of meeting
3. Post chat questions to everyone to allow for all attendees to see conversation
4. Refrain from using chat during presentations



Use chat feature to enter questions

SUD Unit Leadership at DHS

- **Jen Sather**, Deputy Director for Substance Use Disorder Services
- **Kim Maley**, Manager of SUD Recovery and Prevention Services
- **Andrea Abel**, Supervisor, SUD Primary Prevention and Recovery Services Team
- **Nathaniel Dyess**, Supervisor, SUD Reform & Redesign Team
- **Amelia Fink**, Supervisor, SUD Clinical Policy Team
- **Chris Renville**, Supervisor, Behavioral Health American Indian Team
- **Kate Toftness**, Opioid Response Team Supervisor Interim



Reform and Redesign Team Updates

Nathaniel Dyess | Reform and Redesign Team Supervisor

SUD Reform & Redesign Team Updates – 1115 SUD System Reform Demonstration Waiver

- Centers for Medicare and Medicaid Services (CMS) granted Minnesota a temporary extension of the 1115 SUD waiver, through June 30, 2025
- 46 outpatient programs must certify their ASAM level of care (enroll) by Jan. 1, 2025. 21 programs have yet to make contact
- Grace period will be extended to providers who demonstrate commitment to completing certification

SUD Reform & Redesign Team Updates - ASAM Implementation

- Request for Proposal (RFP) for Evidence-Based Training
 - Contract awarded to The Change Companies
 - On-demand, virtual, and in-person trainings available starting in January
 - E-memo with more information to follow

SUD Reform & Redesign Team Updates - ASAM Training & Support

- On-the-Spot: ASAM Integration and Application
 - 3rd Friday of the month at 11 am CST
- Open Office for SUD Portal Assistance
 - 2nd Friday of the month at 11 am CST
 - Dec.13, 2024
 - Jan. 10, 2025
- ASAM Lunch & Learn Training Meeting - **Now monthly!**
 - 4th Wednesday at 12 pm CST
 - Nov. 27, 2024: Withdrawal Management: Alcohol Withdrawal
 - Dec. 18, 2024: Withdrawal Management: TBD (date adjusted due to Holiday)
 - Jan. 22, 2025, Topic: TBD

SUD Reform & Redesign Team Updates – 1115 Reentry Demonstration

- 2024 Legislature directed DHS to apply to CMS for an 1115 Reentry Waiver with the expected application submission date of early 2025
- Tribal consultation is being finalized for the tribal entity seat(s) for Reentry Working Group and for input on the tribal pilot site
- The county jail pilot sites will be determined by a competitive process, more information will be coming in future meetings

SUD Reform & Redesign Team Updates – Federal Block Grant Peer Review Process

- An e-memo seeking professionals to participate in independent peer review to be released in coming weeks
- Please submit questions regarding the peer review process to sud.peer.review.dhs@state.mn.us

Managed Care Organization Networking Events

Schedule:

1/21/2025 – South County Health Alliance

1/23/2025 – Medica

1/28/2025 – PrimeWest Health

1/30/2025 - UCare

2/04/2025 – Itasca Medical Care

2/06/2025 – Hennepin Health

2/11/2025 – Blue Plus

2/13/2025 – HealthPartners

- The event scheduling links and surveys designed to assess topics of interest will be released in the first week of December through MHCP Provider News and DHS e-memo.
- Each meeting will last one hour and will include a presentation from the MCO on the surveyed topics of interest, followed by a Q&A session. Additionally, the survey provides an opportunity for providers to submit questions in advance of the meeting.
- Providers will have a period of 2 to 3 weeks to register and submit their responses to the survey.



SUD Clinical Policy Team

Amelia Fink | SUD Clinical Policy Supervisor

SUD Clinical Policy Updates

- [State Plan Amendment](#) for OTP Bundled Rates posted ([25-01](#)) submitted to CMS
- State Plan Amendment for Outpatient ASAM Levels of Care ([24-40 MA draft \(PDF\)](#)) submitted to CMS
- Integrated Peer Training RFP coming soon (P/T contract)
- Peer Recovery Support Services and Recovery Community Organization Working Group coming soon, survey for participation has closed

SUD Clinical Policy Updates

- ASAM 2.5 Level of Care plan upon SPA approval
 - Timeline
 - Process
 - Training
- Reminder: [Behavioral Health Fund Request](#) form: “I certify that to the best of my knowledge and belief, the information provided above is complete and correct. I understand that if the information provided is false or incomplete, I may be responsible for the total cost of treatment provided.” [BHF eligibility Guidelines](#)



SUD Problem Gambling Team

Kim Maley | Manager of SUD Prevention and Recovery

Problem Gambling Team Update

- We have been very successful with our recruiting efforts for the Advisory Task Force on Compulsive Gambling
- We are still looking for an applicant for a youth aged 18-24, who is at risk of or in recovery from gambling disorder
- Secretary of State Boards and Commissions website to apply is here: [Board/Commission Details](#)
- Questions? Please reach out to dhs.problemgamblingprogram@state.mn.us

MINNESOTA ASSOCIATION OF RESOURCES FOR ADDICTION TREATMENT PROFESSIONALS (MARATP)

Ethics Committee Representatives



OVERVIEW

Who are we?

The MARATP Ethics Committee is comprised of dedicated professionals from diverse disciplines within the field of addiction recovery. Our mission is to support professionals navigating complex ethical situations by offering thoughtful consultation and guidance.

When does the Committee meet?

Frequency: Every other month

Day/Time: Fridays at 10:00AM

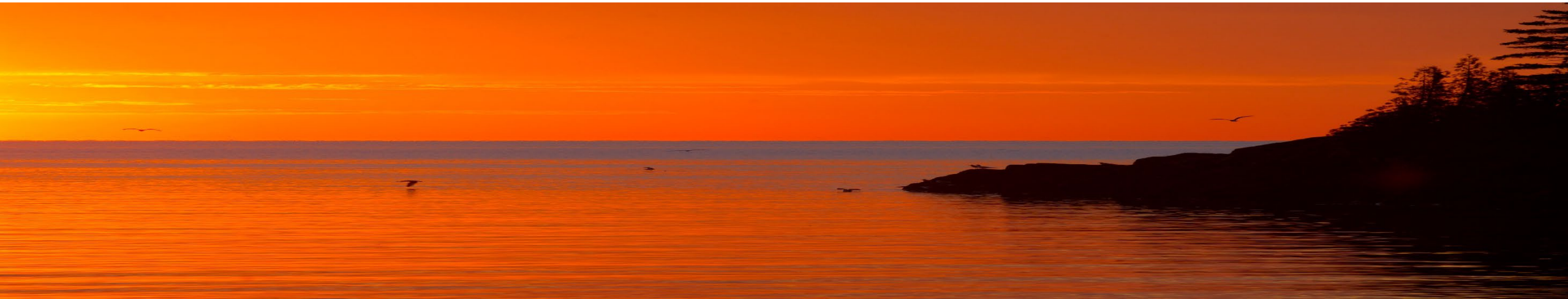
How to join the Ethics Committee?

The MARATAP Ethics Committee is seeking new members! If you're passionate about ethical practice in addiction recovery and want to contribute, we'd love to hear from you. If interested, you can reach out to Carmichael Finn at carmichael.finn@outlook.com for more information.



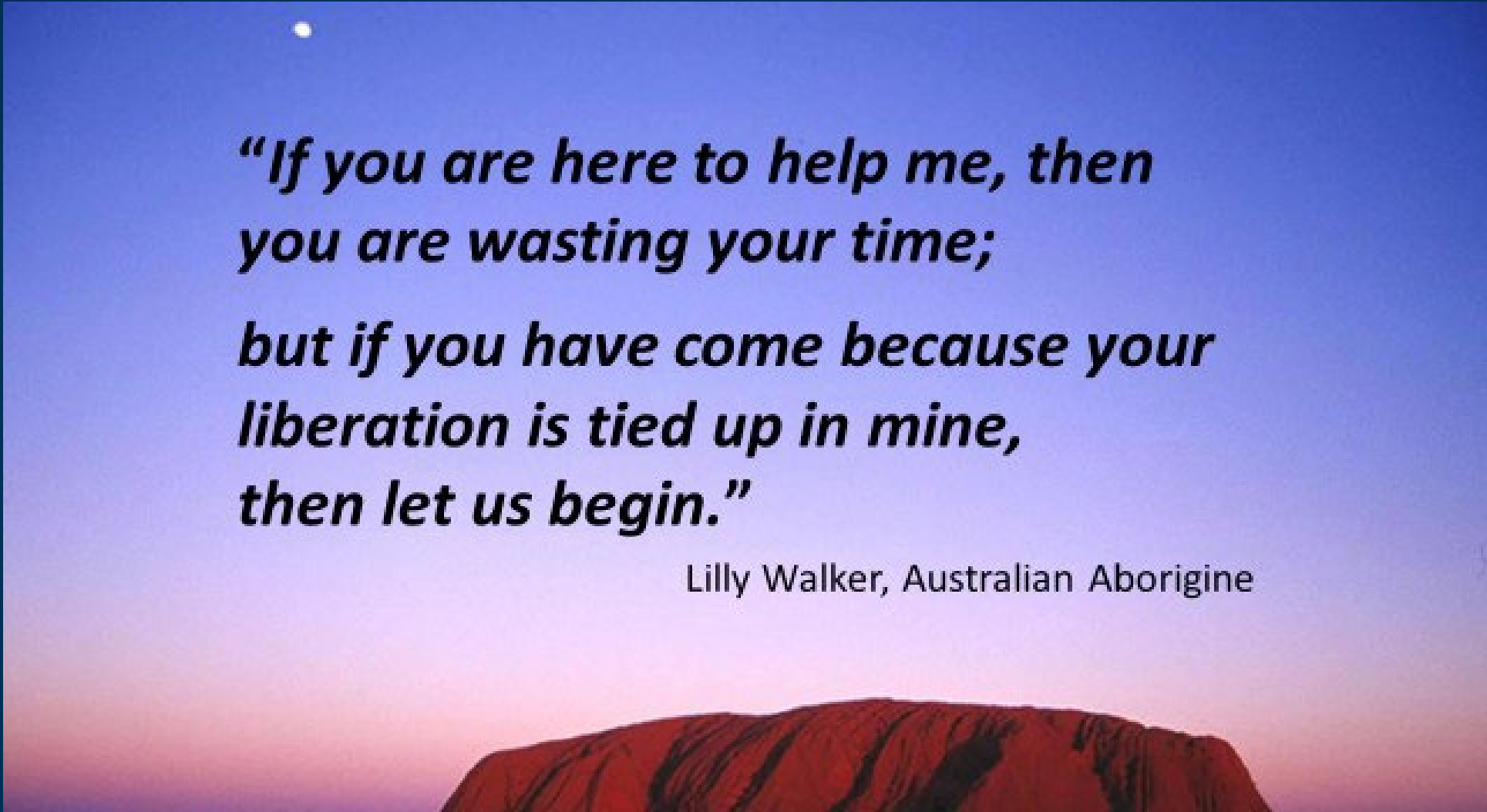
REQUESTING AN ETHICS CONSULT & OTHER CONSIDERATIONS

- Go to maratp.org (<https://www.maratp.org/>)
 - In the top right-hand corner, select the “More” option.
 - From the drop-down menu, select “MARATP ETHICS RESOURCES”.
 - Scroll down and complete the “Ethics Consultation Form” then hit “Submit”.
- Considerations when submitting consultation requests:
 - Provide a clear and detailed description of your dilemma.
 - Avoid including Protected Health Information (PHI) to maintain confidentiality.
 - Your identity will remain confidential unless Minnesota reporting laws require action.
 - If the dilemma involves imminent danger, please call 911 immediately.
 - A committee member will respond to your inquiry within 48 hours via the email address provided.
 - The Ethics Committee offers ethical guidance, not legal advice. In legal matters, we encourage you to consult an attorney.



WELCOME

Phyllis Bengtson/LaShawnda Bishop/Jeffrey Asamoah - SA Primary Prevention | Behavioral Health Administration



***“If you are here to help me, then
you are wasting your time;
but if you have come because your
liberation is tied up in mine,
then let us begin.”***

Lilly Walker, Australian Aborigine

Primary Prevention Funding and Definition

- Our Primary Prevention funding comes from the Substance Abuse & Mental Health Services Administration (SAMHSA) Block Grant
- 20% Primary Prevention Set Aside
- Federal Definition of Primary Prevention: Services for those who have never been in CD Treatment nor have ever been assessed as needing CD Treatment

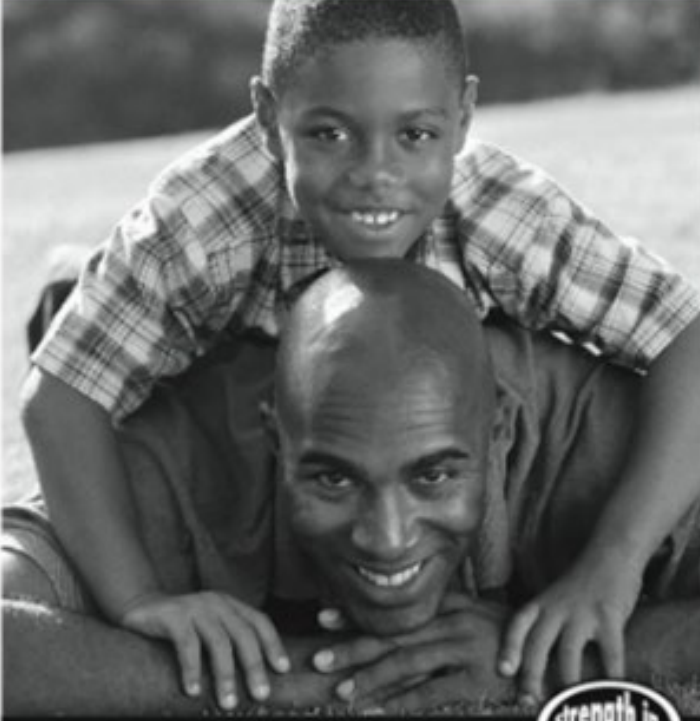
Who is part of this?

- MN Dept of Human Services – Behavioral Health Administration
- Regional Prevention Coordinators
- MN Prevention Resource Center
- SUMN.org www.sumn.org
- Positive Community Norms Grants
- SEL/SUD Curricula in schools (Bright Bound)

Sharing Resources & Promotion

“If we want
HEALTH,
we must
promote
HEALTH.”

Dr. Jeffrey Linkenbach
Founder Montana Institute




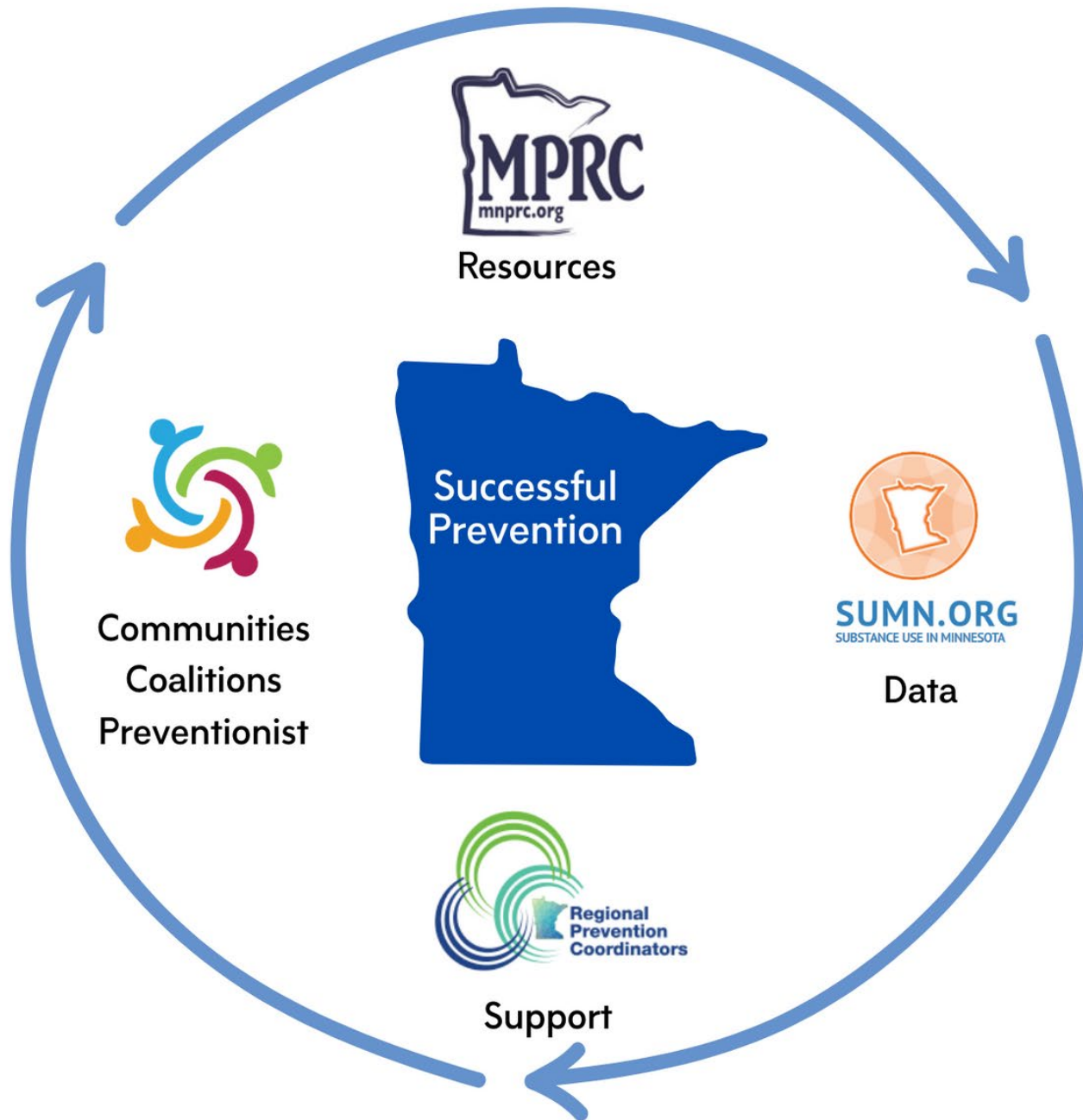
Be a Role Model.

Provide children with positive examples.
78% of ETHS parents don't think it's okay to give alcohol to their own children, even if they're there to supervise.

2004 Strength in Numbers Parent Survey. N=217 ETHS parents. This publication is supported by Drug-Free Communities Support Program grant number 2003-40-03-0041, funded by the Office of National Drug Control Policy, the Rotary Club of Everett, Lighthouse & Mission Settlement Fund.

For more information and resources, visit www.peerservices.org





Minnesota Regional Prevention Coordinators (RPC's)

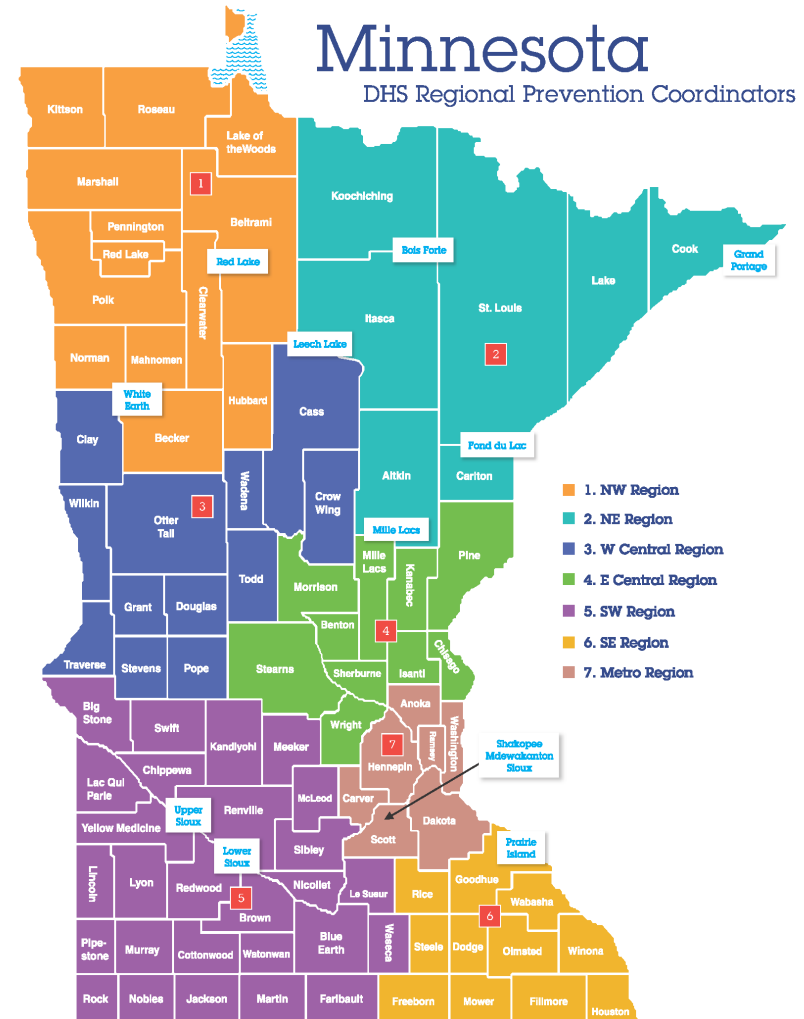


**Regional
Prevention
Coordinator**
Alcohol Tobacco and Other Drugs

Communities across Minnesota have concerns about youth using alcohol, tobacco and other drugs. Our role is to help support individuals and communities working to prevent this.

We help support, facilitate, and consult on:

- Where to begin
- Getting the right people to the table
- Creating a plan
- Putting the plan into action
- Figuring out what's working and what's not



Alcohol, Tobacco, and Other Drugs (ATOD)

REGIONAL PREVENTION COORDINATORS (RPC)



**NW Region 1:
Melissa**



**NE Region 2:
Laura**



**W Central Region 3:
Nicki**



**E Central Region 4:
Patti**



**SW Region 5:
Kylie**



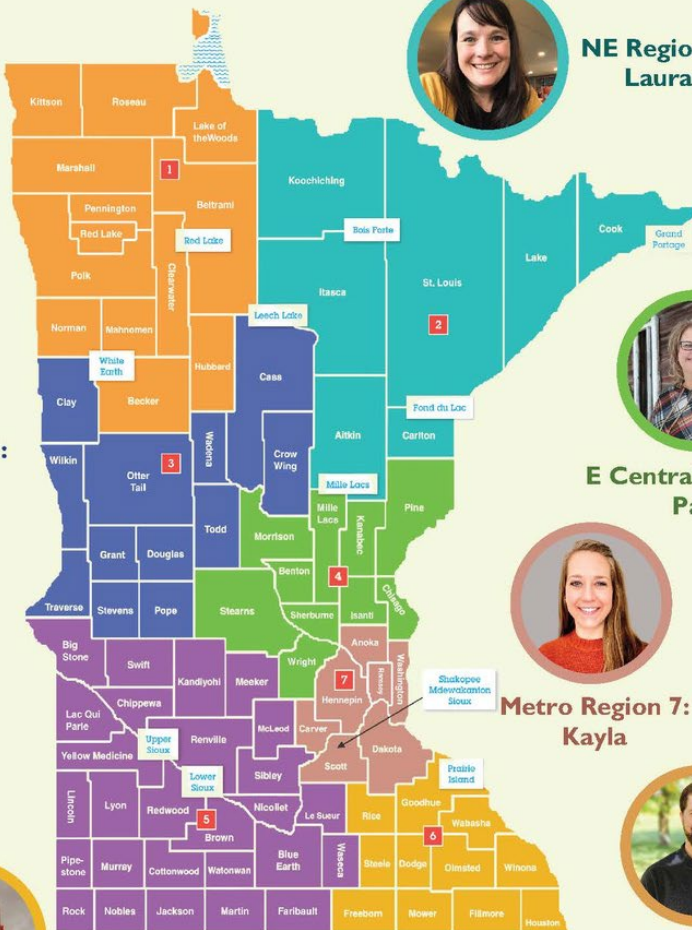
**Metro Region 7:
Kayla**



**SE Region 6:
Phillip**



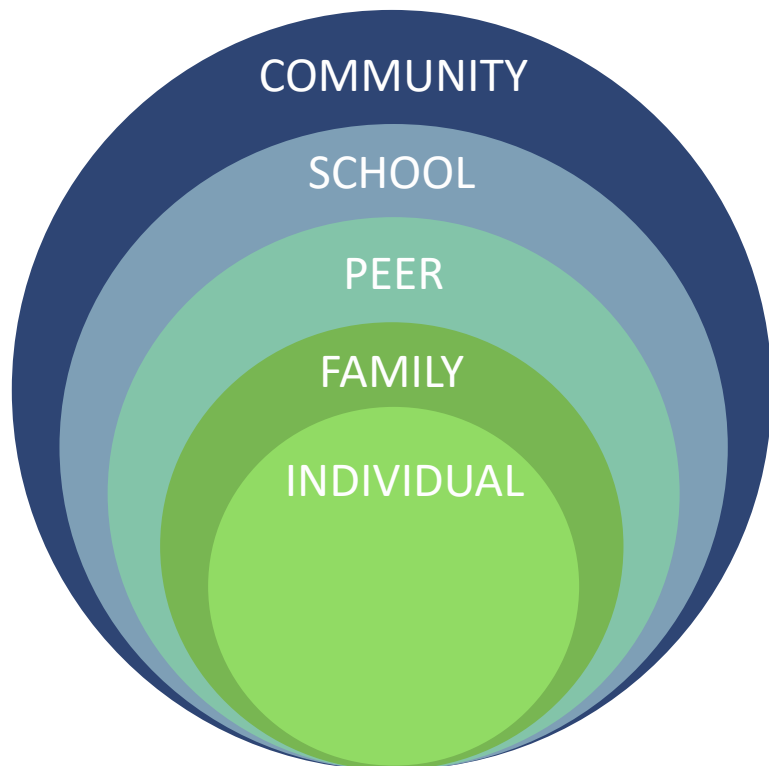
**SE/Metro Cohort 5:
David**



Funded by the Minnesota Department of Human Services, Behavioral Health, Housing, and Deaf & Hard of Hearing Services Administration

Skill Building & Guiding Communities

THE SOCIO-ECOLOGICAL MODEL



Protective factors are characteristics at the biological, psychological, family, community or cultural level that precede and are **associated with a lower likelihood of negative outcomes such as substance misuse and mental health challenges.**

Because they are associated with many types of outcomes, we call them **SHARED** protective factors.

We can use these categories to examine both protective and risk factors using data from the Minnesota Student Survey.

Skill Building and Guiding Communities



Strategic Prevention Framework

Substance Abuse and Mental Health Association
(SAMHSA)- Center of Substance Abuse
Prevention (CSAP)

Skill Building and Guiding Communities



**Science of the
Positive**



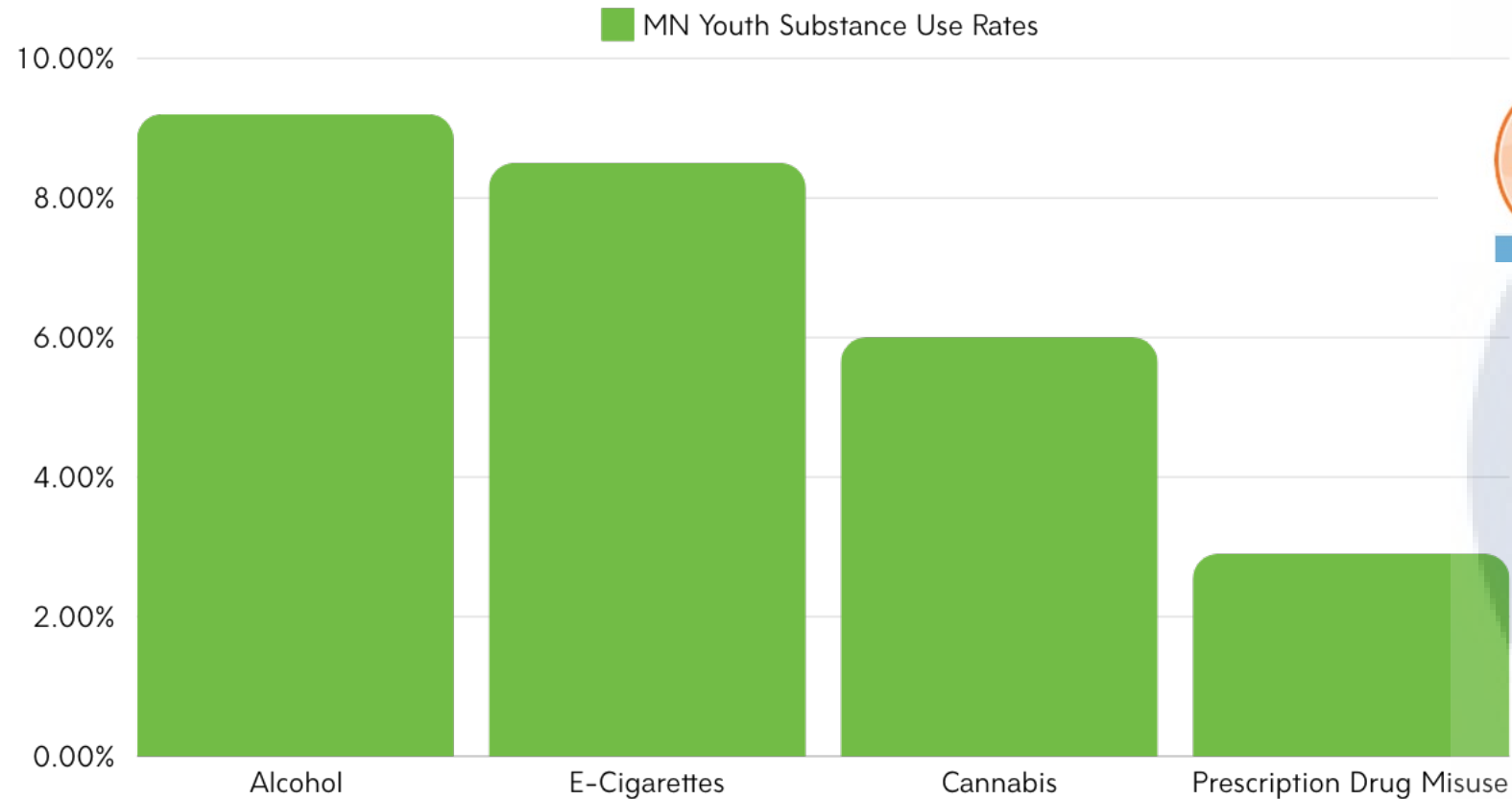
Skill Building and Guiding Communities



RPCs specialize in networking and leverage their connections to help community members and substance misuse prevention workers build relationships and deepen partnerships

Skill Building & Guiding Communities

COMMUNITY



SUMN.ORG
SUBSTANCE USE IN MINNESOTA

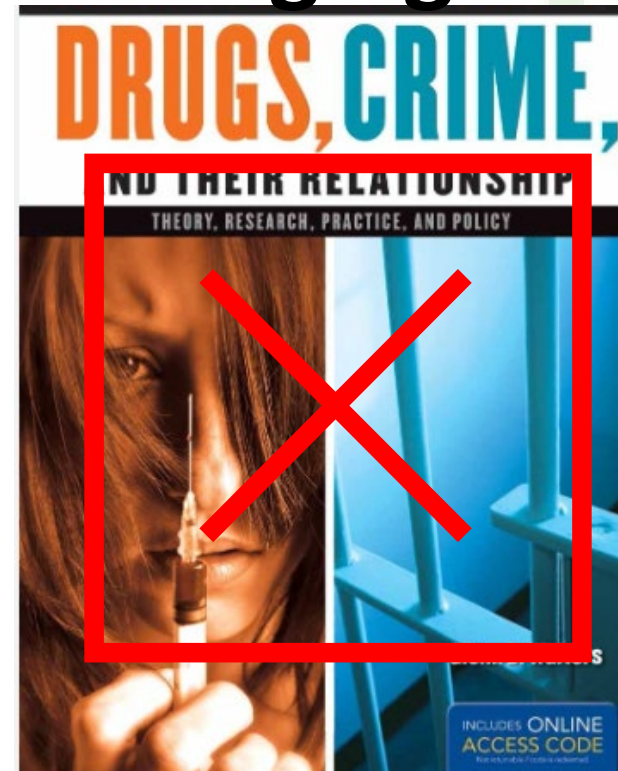
Sharing Resources and Promotion



RPCs collaborate local, statewide, and community partners to share trainings, toolkits, evidence-based strategies, and other information with those working in the field.

Sharing Resources & Promotion

Best Practice for Prevention Messaging



Building Relationships and Connections



RPCs specialize in networking and leverage their connections to help community members and substance misuse prevention workers build relationships and deepen partnerships

Building Relationship & Connections



DIVERSITY



EQUITY



INCLUSION



BELONGING



PCN Grant Goals

Reduce underage alcohol, nicotine & other drug use

Increase positive, healthy behaviors. Create sustainable change and transformation.

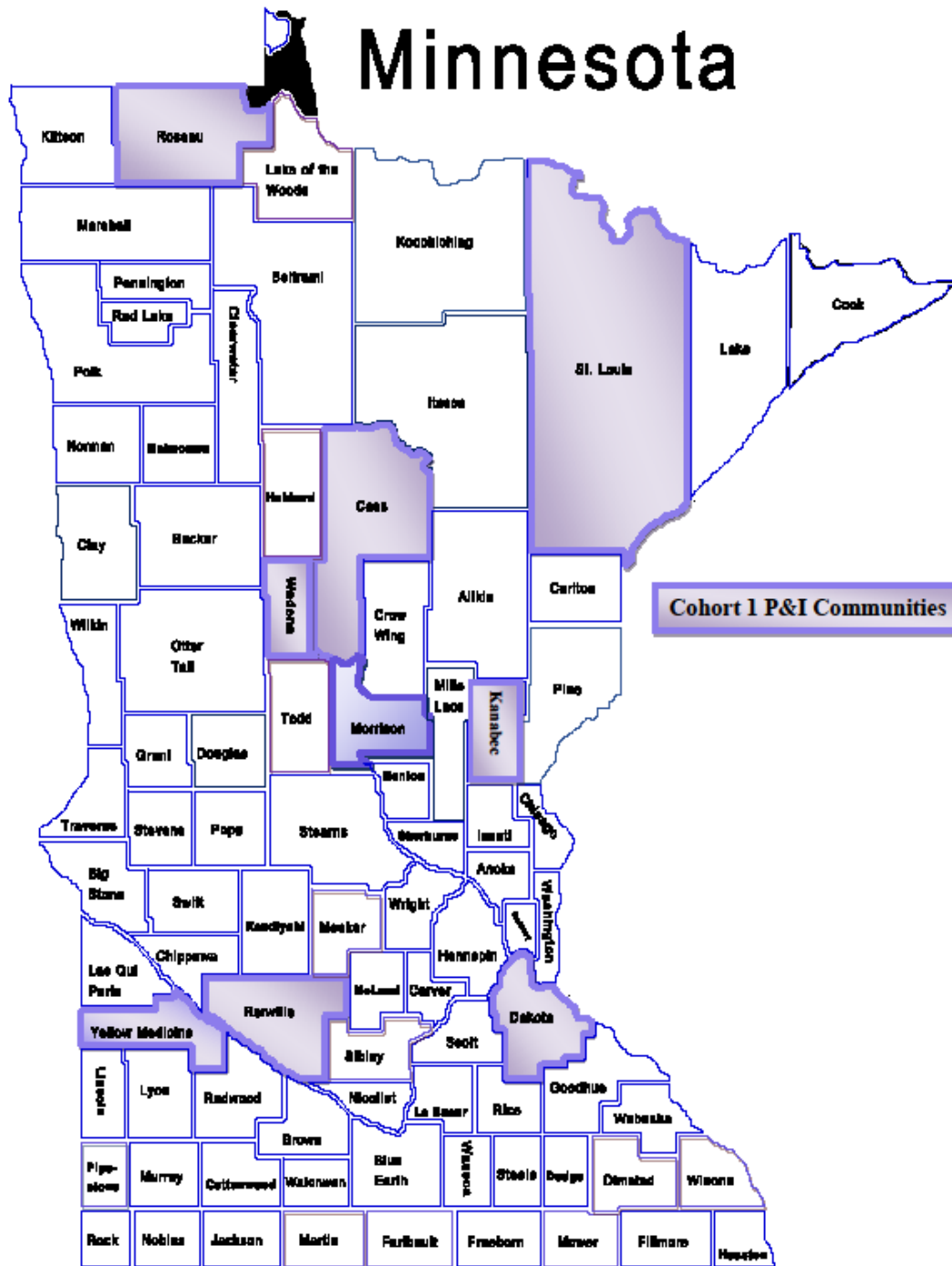
Build community capacity to reduce underage substance use

Build and increase protective factors in the community.

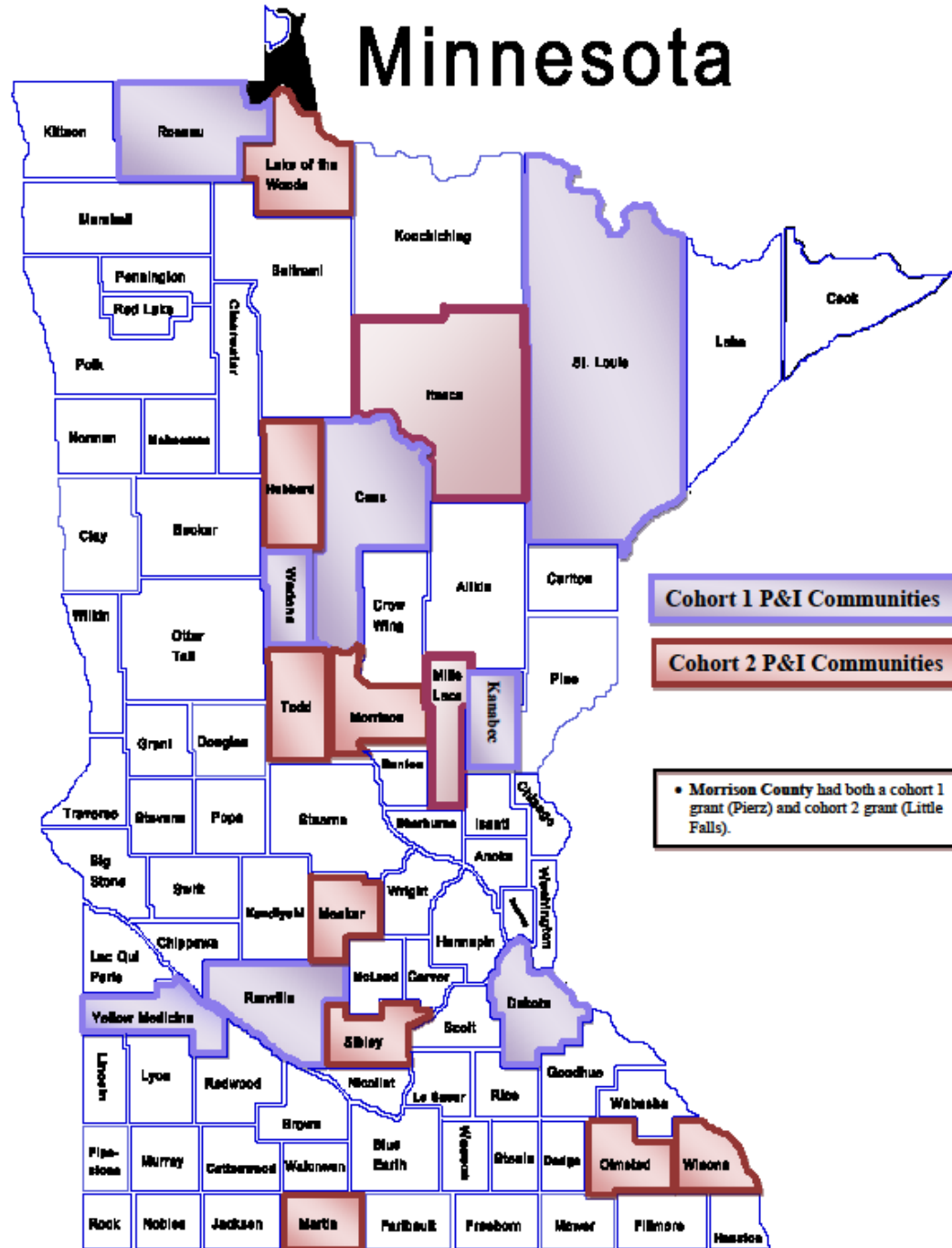
Reduce disparities

Increase access to resources, opportunities, involvement, and connections.

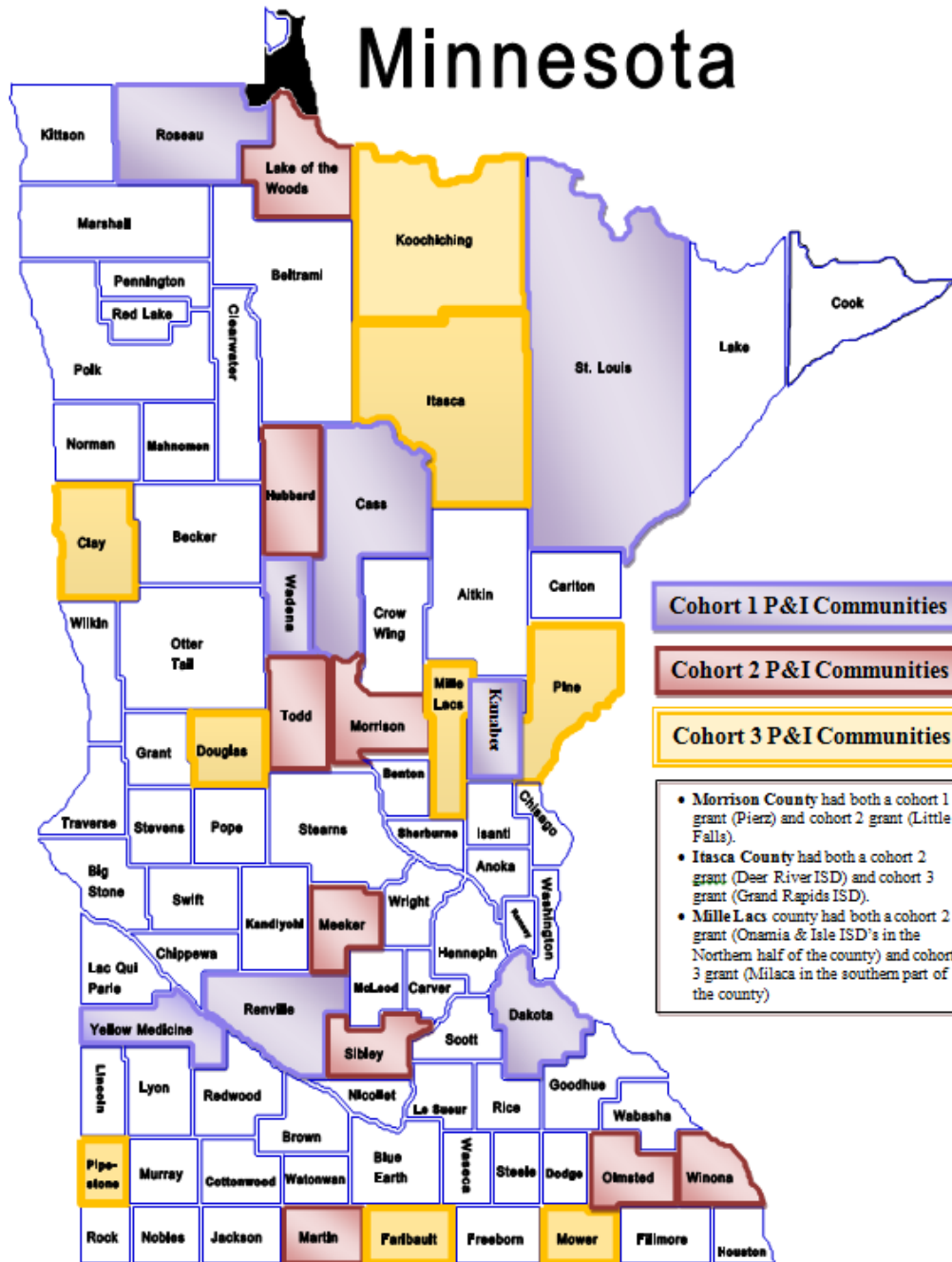
Minnesota



Minnesota



Minnesota



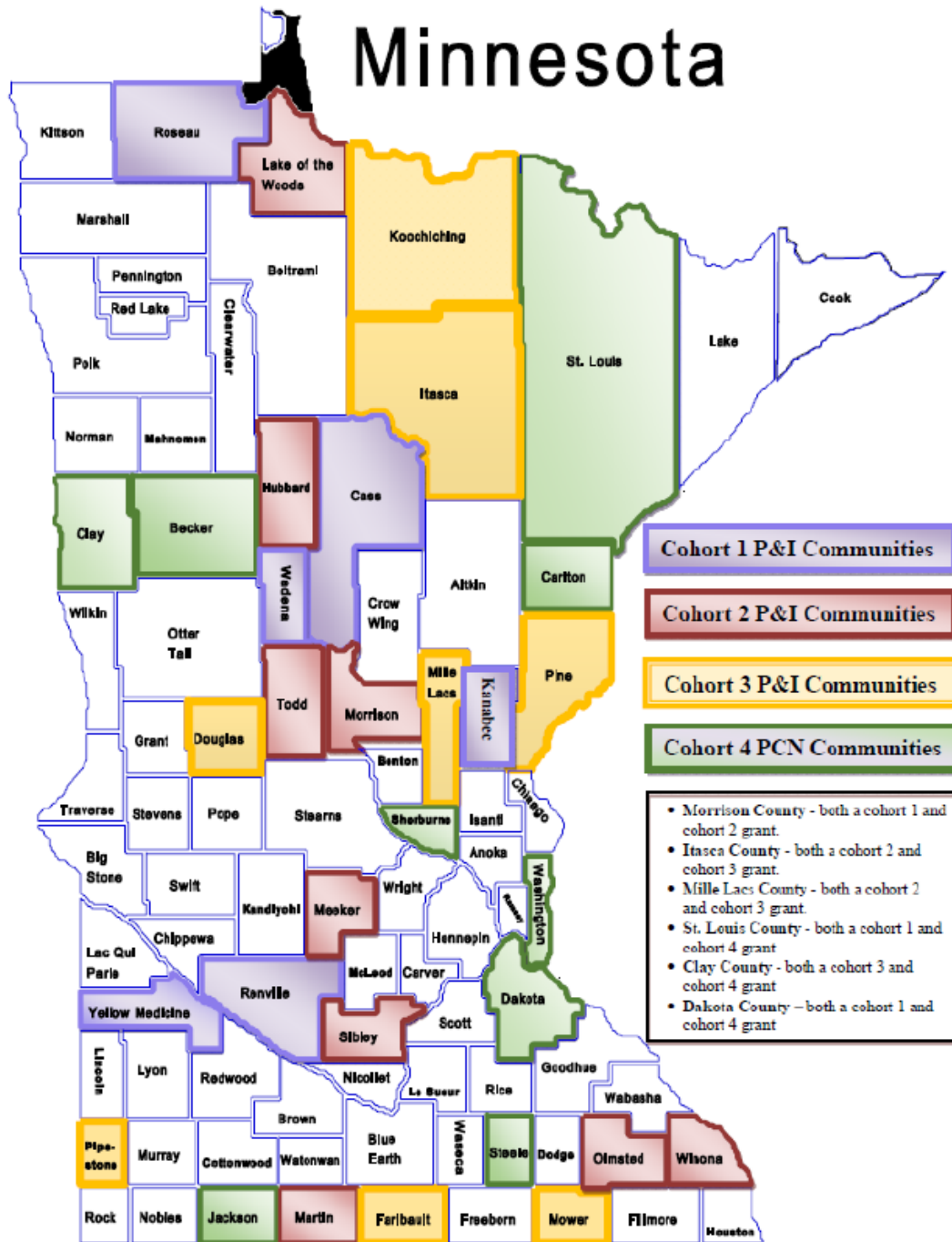
Cohort 1 P&I Communities

Cohort 2 P&I Communities

Cohort 3 P&I Communities

- Morrison County had both a cohort 1 grant (Pierz) and cohort 2 grant (Little Falls).
- Itasca County had both a cohort 2 grant (Deer River ISD) and cohort 3 grant (Grand Rapids ISD).
- Mille Lacs county had both a cohort 2 grant (Onamia & Isle ISD's in the Northern half of the county) and cohort 3 grant (Milaca in the southern part of the county)

Minnesota



Cohort 4 PCN Communities

- Big Lake
- Blooming Prairie
- Carlton and Cloquet
- Dilworth-Glyndon-Felton
- Forest Lake
- Frazee-Vergas
- Inver Grove Heights
- Jackson County Central
- Rock Ridge



The solutions are in community.

Linkenbach, J. (2007, 2009-2011, 2015-2016). The Science of the Positive: The Seven Core Principles Workbook.



PCN GRANTS

- Community Driven – The Solutions are in the Community
 - Conduct a Community Needs Assessment & Develop a Strategic Plan
- Youth Involvement
 - Youth Groups - PhotoVoice
 - Youth Leadership Academy (YLA)

How do we change the norms?

- Extensive Trainings
- Evidenced-Based Curriculum
- Compliance (RBST, Compliance Checks, Social Host)
- Media Campaign- PSN Messaging - Focusing on the positive - **DOSAGE**

My Traditions say no to alcohol and so will I



10 school districts in Cohort 3 MN DHS ADAD Positive Community Norms
Student Survey May 2017

Change people's perceptions and
you will change their behaviors:

That is the magic of . . .

Positive Community Norms (PCN).

Reducing Youth Alcohol Use

This research provides evidence for utilizing the PCN approach to effectively correct misperceptions of norms and integrate strategies to reduce and prevent teen alcohol use at community population levels.

Child and Adolescent Social Work Journal
https://doi.org/10.1007/s10560-020-00666-4



Reduction of Youth Monthly Alcohol Use Using the Positive Community Norms Approach

Jeffrey W. Linkenbach¹ · Phyllis L. Bengtson² · Jaimie M. Brandon³ · A.J.J. Fredrickson² · Jason R. Kilmer⁴ · Darren T. Lubbers² · Jordan D. Ooms² · Valerie S. Roche¹ · Sara J. Thompson¹

© Springer Science+Business Media, LLC, part of Springer Nature 2020

Abstract
This research evaluated the impact of the Positive Community Norms (PCN) approach on (a) correcting misperceptions of norms of peer alcohol use and (b) reducing prevalence of monthly alcohol use among a sample of high-school students. A 5-year intervention (consisting of a mix of strategies centered around promoting actual norms related to alcohol use) was implemented by community coalitions in 11 school districts selected by the Minnesota Department of Human Services. Yearly assessments of teen substance abuse norms were conducted in each community, as well as surveys of parents and adults in the community. In the absence of control communities, national data from Monitoring the Future (MTF) (Miech et al., in Monitoring the future national survey results on drug use, 1975–2017: secondary school students, vol1 [Monograph]. Institute for Social Research, The University of Michigan, Ann Arbor, MI, 2018) were utilized as a comparison condition. At the end of the 5 years, 8th- and 10th-grade students in the PCN intervention communities were more likely to report never using alcohol than students in the MTF Survey comparison group. This finding was also true for 8th-, 10th-, and 12th-grade students combined. This research provides evidence for utilizing the PCN approach to effectively correct misperceptions of norms and integrate strategies to reduce and prevent teen alcohol use at community population levels.

Keywords Positive community norms · Youth alcohol prevention · Social norms · Misperceptions · Media campaign

Introduction
Alcohol continues to be the most widely used substance by youth in the United States, with 61.5% of high school seniors, 42.2% of high school sophomores, and 23.1% of eighth-grade students reporting any lifetime use of alcohol (Miech et al., 2018). Alcohol use is associated with a range of unwanted consequences, including academic impacts, dropping out of school, social outcomes, driving-related risks, and health effects (U.S. Department of Health and Human Services, 2016; Dupont et al., 2013; White & Hingson, 2013). Drinking by adolescents is influenced by a number of factors including alcohol-related social media engagement (Curtis et al., 2018), television, music, advertising, and other media exposure (Kilmer, Kilmer, & Grossberg, 2014), parental influences (Rushy, Light, Crowley, & Westling, 2018), enforcement of underage drinking laws (Paschall, Grube, Thomas, Cannon, & Treffers, 2012), perceived social norms (Pedersen et al., 2017), and interactions of multiple variables (e.g., media and norms) (Janssen et al., 2018). Underage drinking remains an important focus of prevention and intervention efforts across the United States (U.S. Department of Health and Human Services, 2016).
Nationally, the Monitoring the Future (MTF) survey documents teenage and young adult substance use behavior and has demonstrated a downward trend in adolescent alcohol use over the past several years (Miech et al., 2018). In 2002, rates of any use and having “been drunk” began to decline from previous years and gradually declined until 2018, when 12th-grade respondents reported their lowest ever rates of alcohol use and drunkenness (Miech et al., 2018). In 2017, there were no significant changes across any prevalence

DOI Jeffrey W. Linkenbach
jwl@montana.edu

¹ The Montana Institute, Bozeman, MT, USA
² Behavioral Health Division, Minnesota Department of Human Services, Minneapolis, MN, USA
³ BHI Analytics, Keego Harbor, MI, USA
⁴ Department of Psychiatry & Behavioral Sciences, School of Medicine, University of Washington, Seattle, WA, USA

Published online: 17 April 2020 

article: <https://link.springer.com/article/10.1007/s10560-020-00666-4>

Linkenbach, J.W., Bengtson, P.L., Brandon, J.M. et al. Reduction of Youth Monthly Alcohol Use Using the Positive Community Norms Approach. *Child Adolesc Soc Work J* 38, 1–11 (2021). <https://doi.org/10.1007/s10560-020-00666-4>

Skill Building & Guiding Communities

In Minnesota

8th, 9th, and 11th graders are...

3x LESS likely to use **tobacco and marijuana** when they **feel their parents care for them.**

3x LESS likely to use **tobacco and marijuana** when they **feel they can talk to their parent or guardian.**

Skill Building & Guiding Communities

...also

8th, 9th, and 11th graders are...

8x LESS likely to use alcohol

7x LESS likely to vape

9x LESS likely to use marijuana

when they
correctly perceive
that most of their
peers do not use.

Building Relationship & Connections

TRUTH IS 98%
of middle school students
in **Austin** **DON'T**
drink alcohol monthly

APAC
ALTERNATIVE PREVENTION AND CARE
SMARTER DRUG & ALCOHOL USE

87.9%
of Mora 9th Grade
students do **NOT**
vape in a typical
month.

2022 MSS Data

MOST
Big Lake students
choose **NOT**
to vape
(2019 MSS)

BigLake
SCHOOLS

FUNDING PROVIDED BY MN DHS BHDH

MOST
CARLTON MIDDLE
SCHOOL STUDENTS
CHOOSE
NOT
TO USE ALCOHOL OR
VAPE IN A TYPICAL
MONTH.

OUR VOICES
OUR FUTURE

CARLTON COUNTY
DRUG PREVENTION
COLLECTION

Data based on the 2022 MSS

Funded by the MN Department of Human Services, Behavioral Health Division.

Our Story...Our Transformation

ISD #317



S.T.E.P. COALITION

	2012	2013	2014	2015
Actual Alcohol Use % of 6-12 grade students who report drinking monthly or more often:	26%	16%	16%	13%
Perceived Alcohol Use % of 6-12 grade students who think most other students in their school drink monthly or more often.	60%	61%	53%	50%
Campaign Awareness % of 6-12 grade students who report seeing "The Movement" messages a few times a month or more:	22%	77%	84%	85%

Community Stories

Parents of a 6th grade student was talking about the Slick Tracy Curriculum. They stated that they never would have had the conversations with their child without the help of the program. They would have just told him not to drink. They were grateful for it.

One of the youth group members indicated that she has gained more confidence in herself. She thinks others view her different and by attending trainings she is more confident in saying no to alcohol and drugs.

Everywhere I go, I am asked, "How can we do what they are doing in Deer River?". People are excited to make things happen, there is a noticeable positive atmosphere that makes a person want to be involved, to be a part of making the school and community even better for your youth, families and citizens overall.

"I can honestly say that if the Movement was not here I would be drinking. Because I know that most kids don't drink, I can say to others, you know what? Most aren't, so either am I."

"I think the articles in the local newspapers are a good indication that the coalition is having an impact within the community. The article quote, "The numbers say it all. Deer River students are taking a stand against alcohol use," is pretty powerful. Great work everyone! I'm proud to be from a community that cares about this!

A bus driver told us that every time he drives by our billboard about parenting he is reminded to talk to his kids about alcohol use.

Improv theater has given students a voice in a whole new way. Thank you to the S.T.E.P. Coalition for funding the training for some DRHS students. The impact on these kids' lives and the conversations they have started in our community is amazing!

The positive exists and is worth growing!
-Dr. Jeff Linkenbach

In 2015, 84% of 6-12 grade students reported that their parents DO NOT allow them to drink alcohol at home.

Deer River students who report their parents allow them to drink alcohol at home are 22 times MORE LIKELY to drink alcohol monthly.



Positive Norms Data Grows Health

2024 Student PCN Survey – Cohort 4 PCNs

- Students who report their parents allow them and friends to drink alcohol at home are **9.8 times MORE LIKELY to drink** monthly compared to students who reported their parents do NOT allow them and friends to drink alcohol at home.

Risk Ratio

2017 Student PCN Survey – Cohort 3 P&Is

- Students who drink alcohol monthly or more often are **16.6 times more likely to also use marijuana monthly** or more often

Protective Factor

2024 Student PCN Survey – Cohort 4 PCNs

- Students who report their parents would feel it is wrong or very wrong for them to use marijuana are **13 times less likely to use marijuana monthly** or more often

Risk Ratio

2017 Student PCN Survey – Cohort 3 P&Is

- Students who perceive the risk of smoking marijuana one or twice a week as no risk or slight risk are **16.7 times MORE LIKELY to use marijuana monthly** compared to students who perceive the risk to be moderate or great

RETURN

But “Does this work?”

Assessment of Change Over Time



- Annual Student Surveys
 - All students grades 7-12
 - High participation rates
- Limitations
 - Self-report
 - Did not capture data on each strategy, only on the total mix of strategies

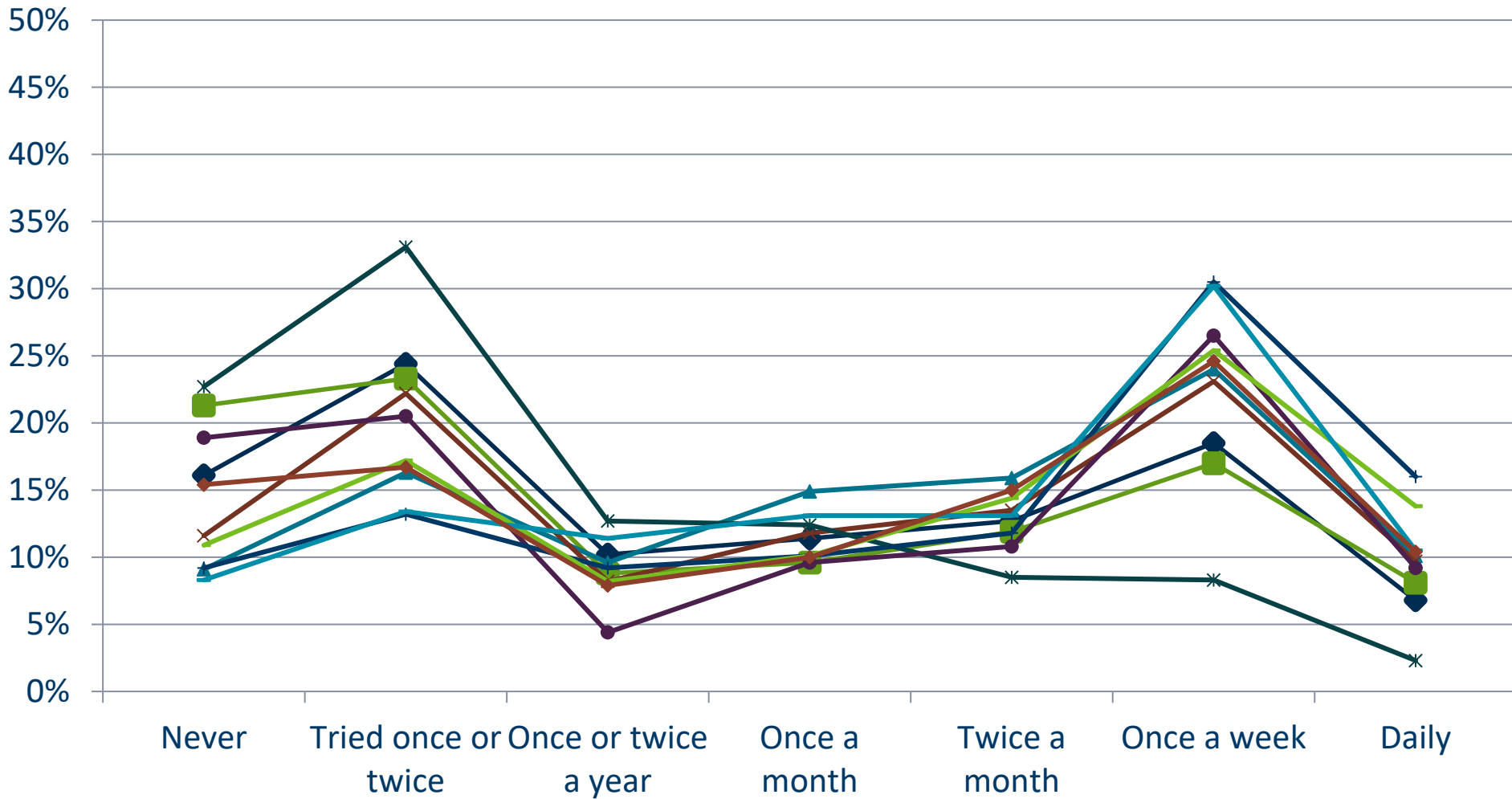
Methodology

- Online survey administered in either February or March.
- Depending on the school district, students surveyed were either in 6th-12th grade or 7th-12th grade.
- Response rate goal of 85%. An overall response rate of 80% reached.

“Everyone Lies On Those
Surveys!”

“How often do you think most students in your school use alcohol?”

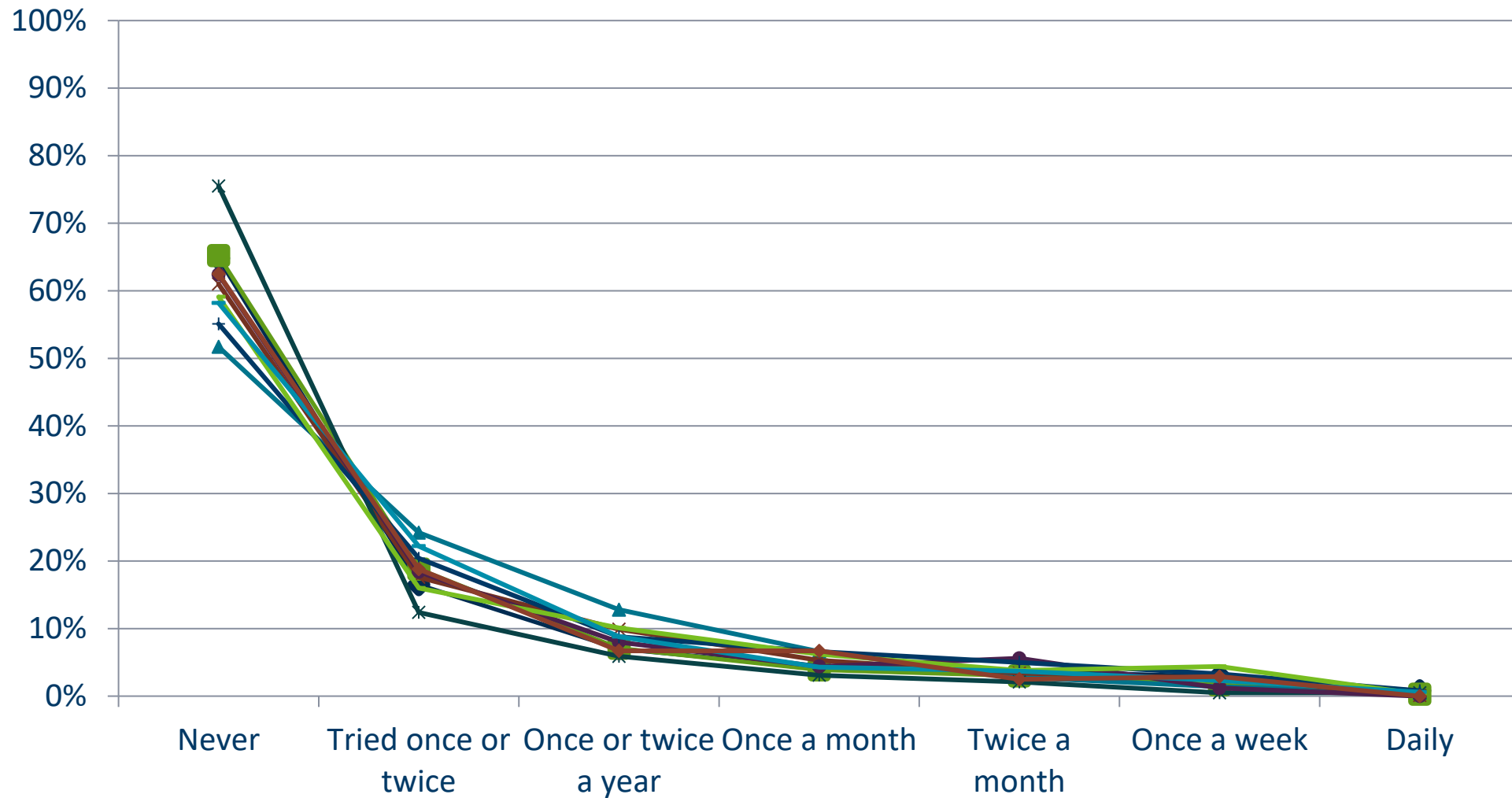
(Grades 7-12, n=6446) MN – DHS-PCN Student Data from P&I Project 2017 – Q16e



10 school districts in Cohort 3 MN DHS ADAD Positive Community Norms Student Survey May 2017

“How often do you use alcohol?”

(Grades 7-12, n=6446) MN – DHS- PCN Student Data from P&I Project 2017 –Q15e

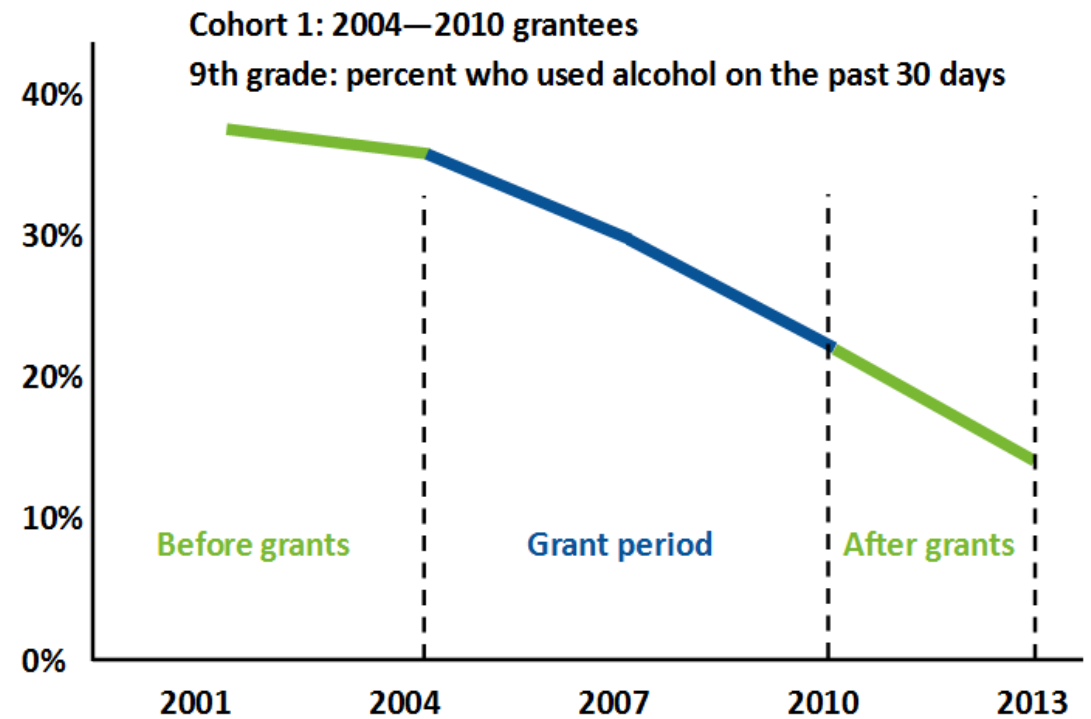


10 school districts in Cohort 3 MN DHS ADAD Positive Community Norms Student Survey May 2017

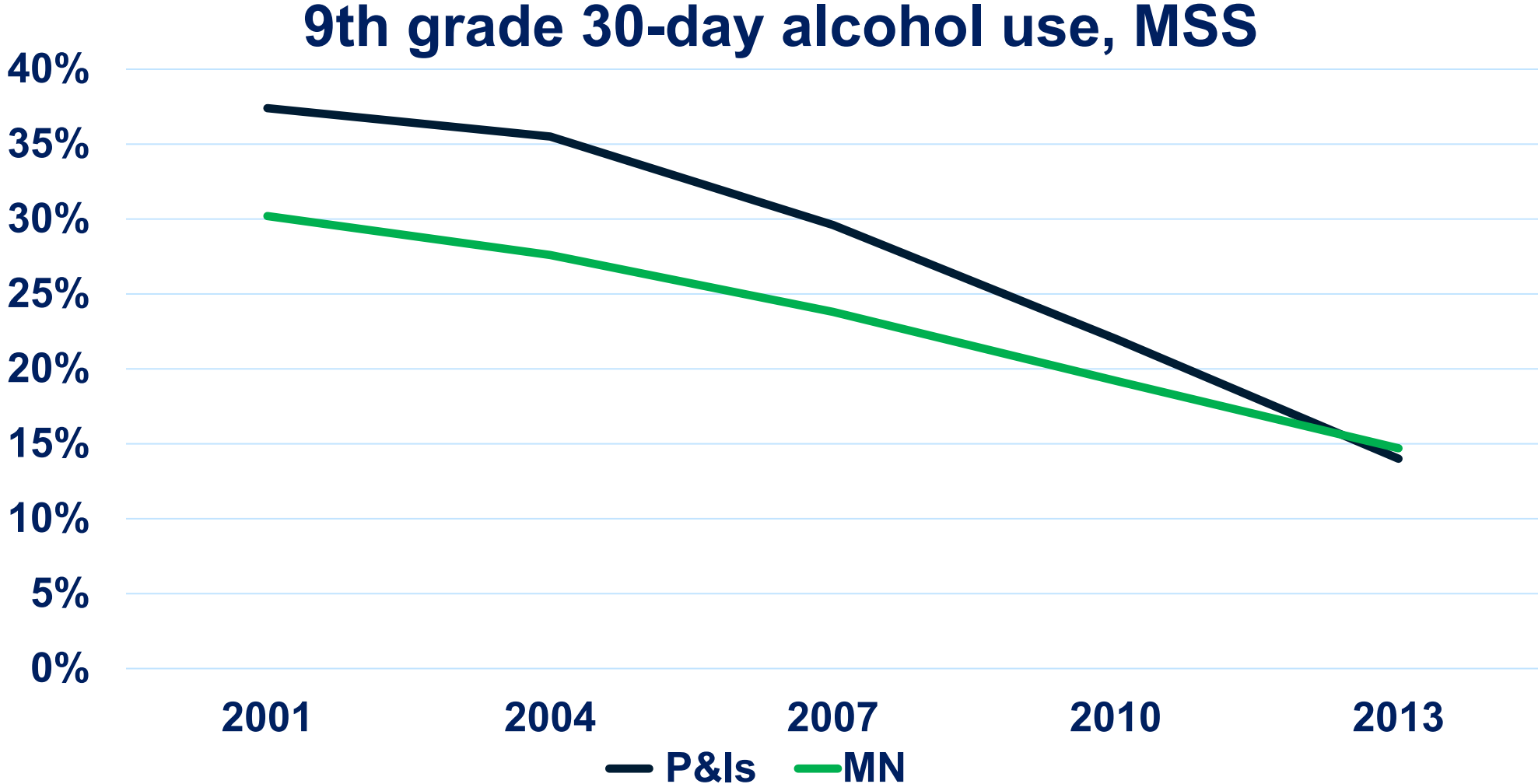
Between 2004 to 2013 in the first cohort of P&I schools

*9th grade alcohol use
in the previous 30 days
went from:*

- *28.6% above the state average to*
- *4.8% below average*



Cohort 1 Results

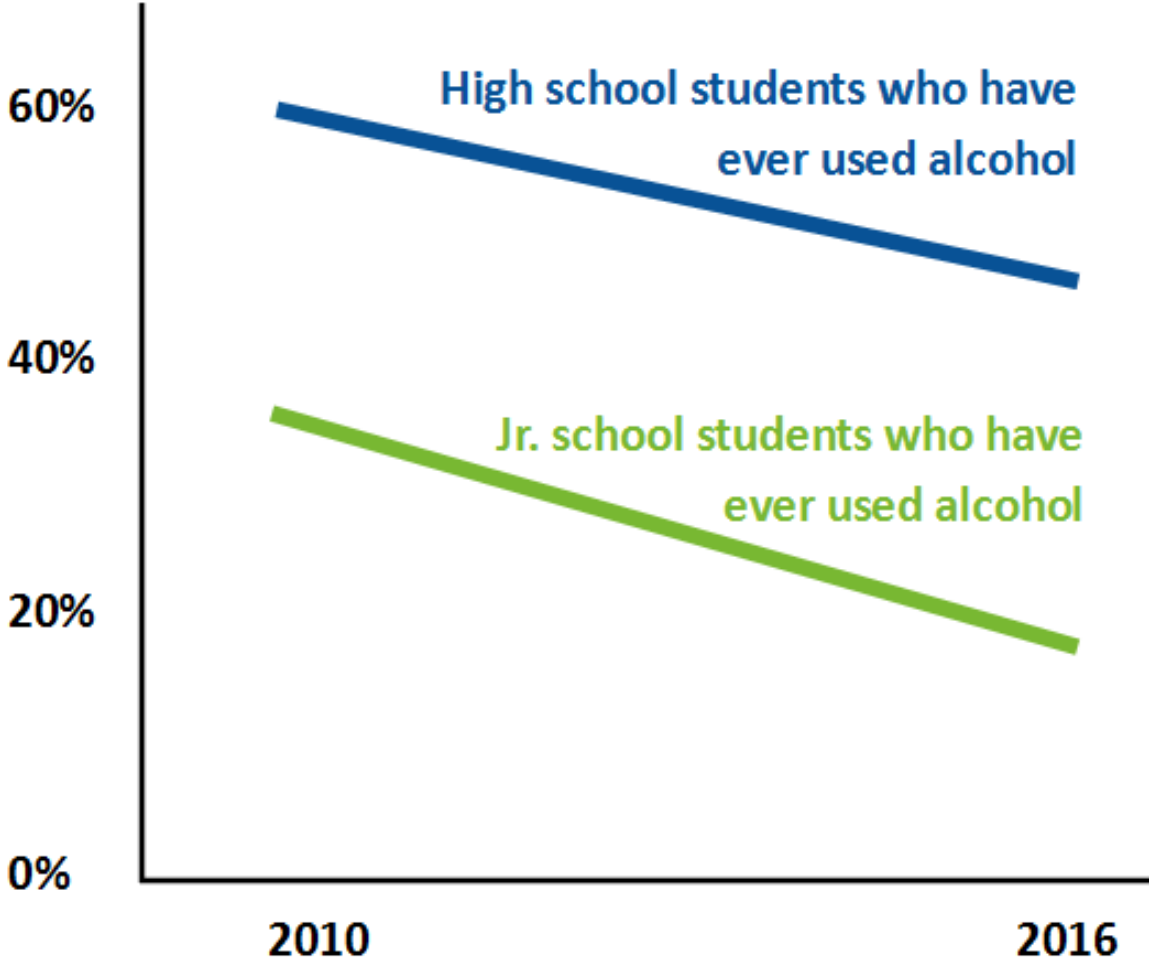


Cohort 2: Students who have ever used alcohol)

High schools alcohol use went down 23 percent



Jr. high school alcohol use went down 50 percent



Cohort 3 Results

- The 10 PCN Communities in Cohort 3 reduced youth last 30-day alcohol use by 8.3*%.
- Minnesota as a whole reduced youth last 30-day alcohol use by 2.9*%

*based on 2016 & 2019 MSS data

MORE Data from cohort 2

PCN survey 2012-2016

- 66 percent reduction in monthly use of Meth
- 60 percent reduction in monthly use of other illegal drugs (includes heroin)
- 55 percent reduction in monthly use of over the counter drugs for the purpose of getting high
- 50 percent reduction in the use of prescription drugs without a doctor's prescription

“I have witnessed huge shifts in perceptions, community members really listening to the youth, and adults letting kids know that we care.


– Cohort 1 Community Member

P&I Community Member Comments . . .

“Our community has totally
changed how we look at
kids”



“This has given us ‘hope’ up
in the Iron Range.”



“I am excited that people are beginning to have the tough conversations about alcohol within their families.”

Lessons Learned

- Positive approach is beneficial
- Key to give ownership to the community – the Solutions are in the Community
- Misperceptions Matter
 - **PCN Data & Risk Ratios are 'very' helpful for knowing what to focus on**

Lesson's Learned

- It's not the big media; it's the conversations
- Youth are powerful agents for change
- Comprehensive community approach is KEY! – BUILD COMMUNITY
- TA by RPC's is critical

Bright Bound

Strategic prevention activities in a schools

- A response to 2023 statute in place that calls for
 (“educate middle school and high school students on the health effects on children and adolescents of cannabis use and substance use, including but not limited to the use of fentanyl or mixtures containing fentanyl, consistent with local standards” [Sec. 120B.215 MN Statutes](#))
- Being done in collaboration with Department of Health and Department of Education.
- Currently completing the planning and research phase which includes curriculum vetting.

- Ramping up – To begin services the 2025/26 School Year
 - Andrea Orengo & Marcos Perez
- To implement . . . Within grades 3-5 and also 6-9.
 - Social Emotional Learning curriculum and Primary Prevention of Substance Use Disorder
- Aim to provide evidence based SUD primary prevention curricula in multiple languages, that can be presented in person or virtually.

Thoughts

Questions

Comments

Questions?



Thank you!

Phyllis Bengtson

763-232-5890

LaShawnda Bishop

651-431-6472

Jeffrey Asamoah

651-431-7273

What questions do you have for the SUD Unit today?

We will try to answer your questions at this meeting.

Questions that require more research will be posted within one month on the Thursday Connections with SUD at DHS webpage.



Thank You!

For updates about future meetings and responses to questions not answered during this meeting, please visit the [Thursday Connections with SUD at DHS webpage](#).