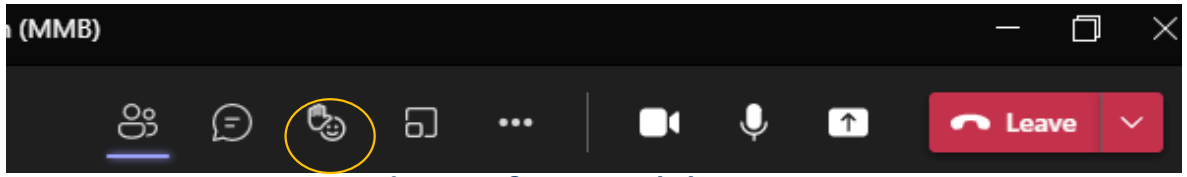
Opioid Epidemic Response Advisory Council

January 20, 2023

10:00 a.m. – 2:00 p.m.

Council member group norms

1. Please say your name when you speak.
2. Put yourself on mute when not speaking. You will help everyone hear the presenter.
3. Put your hand up if you would like to speak.



4. Participate on video, if possible.
5. Stay with us! Stand up, walk around, etc.
6. Minimize the use of cell phones and email.
7. “Step up/step back.”
8. Technical difficulties happen.
9. **Please do not use chat feature as this is a hybrid meeting and not all members will see your comments**.

Guest welcome and request

- Welcome to our guests!
- We ask that our guests provide your insights and comments during the public comment opportunities.
- We ask that you don’t use the chat function and raise your hand during OERAC discussions.

Welcome

Representative Dave Baker, OERAC Chair

Meeting Goals

- Take care of OERAC logistical business.
- Hear from new Addiction and Recovery Director
- Discuss and finalize information for the upcoming RFP
- Learn about county and city opioid settlement funding updates
- Hear about DHS legislative updates
- Review initial findings from the SUD Summit
- Learn about the State Opioid Response Team structure and federal funding
- Review State Unintentional Drug Overdose Reporting System (SUDORS)
- Listen and learn from public commentors.

Agenda

- Welcome and introductions
- Round 1 public comments
- OERAC business
- Remarks from Addiction and Recovery Director
- RFP Discussion
- County and city opioid settlement funds
- DHS Legislative Update
- Break and Lunch (12:25)
- SUD Summit Summary
- Overview of State Opioid Response (SOR) Team
- State Opioid Response – SAMHSA 2022
- State Unintentional Drug Overdose Reporting System (SUDORS) Data Presentation
- Round 2 Public Comment
- Adjourn (2:15)

Council Roll Call

Voting Members

- Chair –Dave Baker, Minnesota House of Representatives
- Vice Chair - Kathryn Nevins, Public Member with Chronic Pain, Intractable Pain or Rare Disease or Condition
- Nicole Anderson, Minnesota Ojibwe Indian Tribal Representative
- Dr. Heather Bell, Minnesota Medical Association
- Sadie Broekemeier, Licensed Opioid Treatment Program, Sober Living Program, or Substance Use Disorder Program Representative
- Peter Carlson, Minnesota Ambulance Association
- Joe Clubb, Minnesota Hospital Association
- Sarah Grosshuesch, Local Department of Health
- Alicia House, Nonprofit Organization
- Tiffany Irvin, Public Member in Opioid Recovery

Council Roll Call Continued

Voting Members

- Erin Koegel, Minnesota House of Representatives
- Mark Koran, Minnesota State Senate
- Mary Kunesh, Minnesota State Senate
- Esther Muturi, Mental Health Advocate
- Toni Napier, Alternative Pain Management Therapies
- Darin Prescott, Minnesota Dakota Indian Tribal
- Dr. Anne Pylkas, Minnesota Society of Addiction Medicine
- Brock Reed, Board of Pharmacy
- Judge D. Korey Wahwassuck, Judge or Law Enforcement

Non-Voting Members

- Dana Farley, Department of Health
- Eric Grumdahl, Department of Human Services
- Jolene Rebertus, Department of Corrections

Public Comment

10 minutes

To address the council please raise your digital hand.

OERAC Business

- Approve November 2022 meeting minutes
- Chair and Vice Chair Elections
- Workgroup Updates – Kathy Nevins

Statement from Addiction and Recovery Director

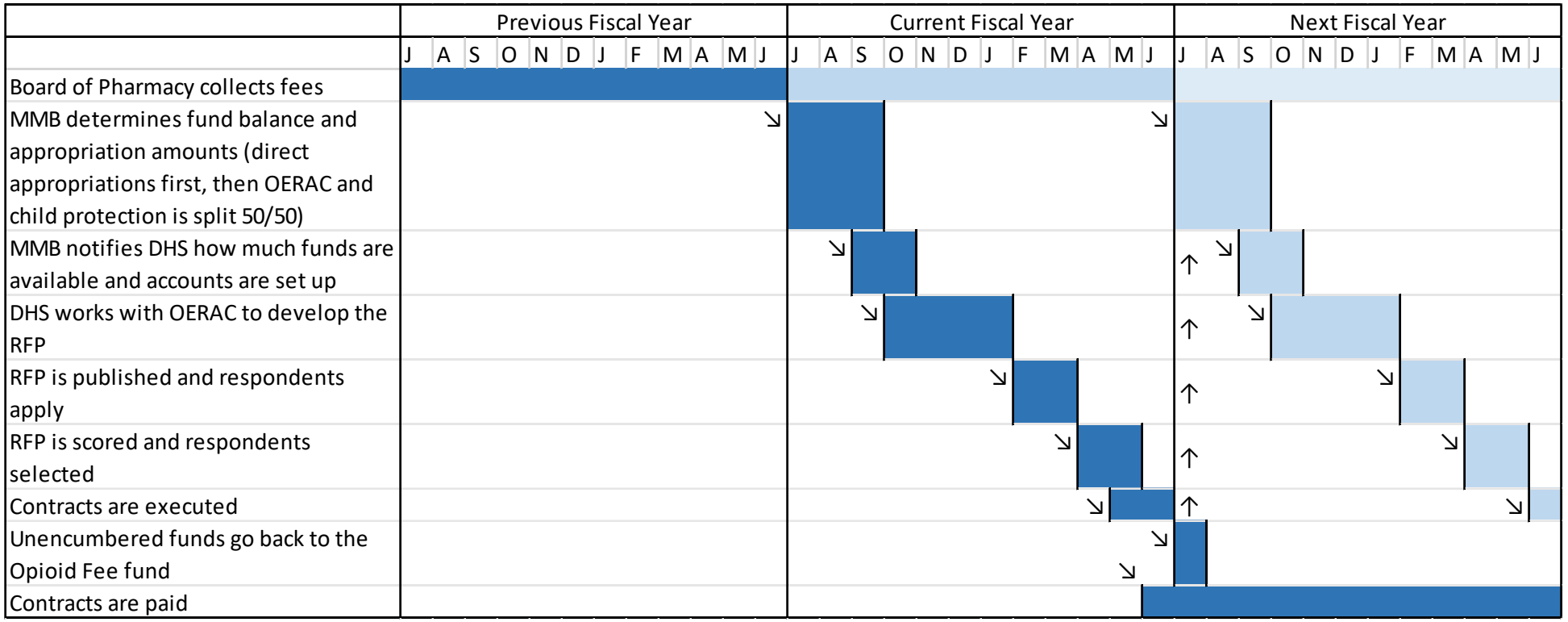
Welcome, Jeremy Drucker!

RFP Discussion

Eric Grumdahl and Jeff Campe, DHS

Licensing Fees

- Must be encumbered by no later than end of the SFY it was issued in



Licensing Fees

- Available balance must be encumbered by 6/30/23
- Strategies
  - Long term- Continue administrative discussions with MMB on interpretation of Licensing Fee encumbrance requirements
  - Long term- Pursue legislative fix
  - Short term- Issue Naloxone saturation RFP and offer contract extensions for OERS (OERAC 2021) RFP recipients to ensure encumbrance of licensing fee $ before 6/30/23
  - Open to other ideas/feedback from OERAC Council

Naloxone Saturation RFP & OERS Contract Extension Process

- Present options and strategy to OERAC Council
- OERAC Approval
- Contact and negotiate with organizations on extension
- Draft Naloxone RFP (see timeline)
- Complete execution of amendments to extend OERS contracts before 6/15/23
- Complete contract execution of Naloxone RFP awardees before 6/15/23

2021 OERS RFP Contract Extensions

- Offer all 2021 OERS RFP awardees extension of up to a % of: year 2 budget amount of originally proposed budget.

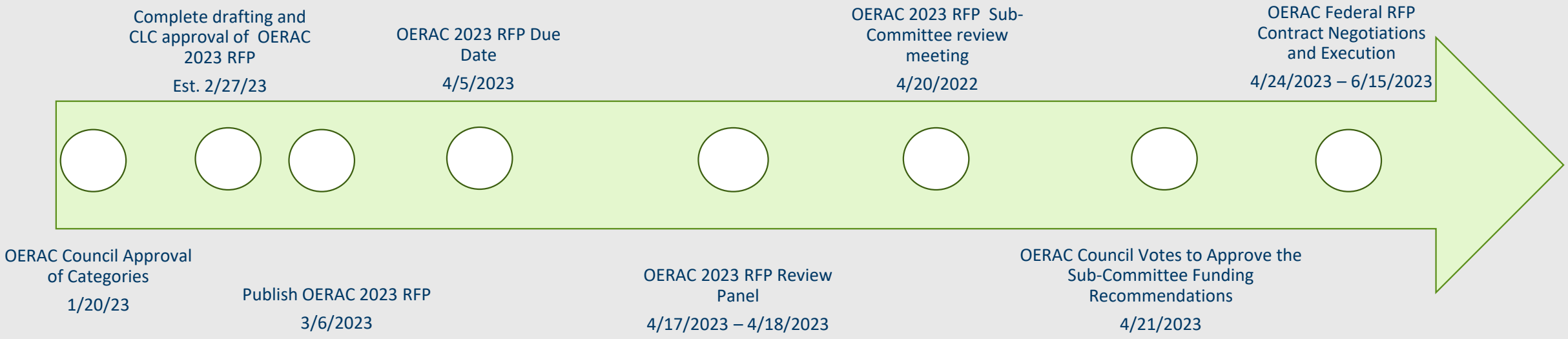
Example: $XX Breakout Options

% Yr 2 OERS Budget	$ OERS 2021 Extension	$ Naloxone RFP
100%	$3,681,293.00	$ X,XXX,XXX.00
75%	$2,760,969.75	$ X,XXX,XXX.00
50%	$1,840,646.50	$ X,XXX,XXX.00
25%	$920,323.25	$ X,XXX,XXX.00

OERAC Naloxone Saturation RFP

- **Awards totaling estimated: TBD based on % toward contract extensions**
- **Simplified RFP process to expedite process**
- Purchase, distribute and train on the opioid overdose antidote reversal naloxone and train on its.
  - May include purchasing NaloBox and Naloxone vending machines and other innovative approaches to Naloxone distribution

OERAC 2023 Grant RFP Funding Timelines



OERAC 2023 RFP

- **Awards totaling estimated: $16M-20M**
- 5 Categories
  - **Prevention and Harm Reduction**
  - **Workforce Development**
  - **Expansion and Enhancement of a Continuum of Care for Opioid-Related Substance Use Disorders**
  - **Chronic Pain and Alternative Treatments**
  - **Emerging and/or Innovative Strategies, Practices, and Organizations**

A. Prevention and Harm Reduction - Develop and implement Opioid use disorder (OUD) prevention and education services including, but not limited to:

- **Category A: Awards totaling estimated: 10% (est. $1.6M-2M)**

1. Training of peers, first responders, and other key community sectors on recognition of opioid overdose, appropriate use of the opioid overdose antidote naloxone, and/or opioid use disorder.
2. Purchase and distribute the opioid overdose antidote reversal naloxone and train on its use.
    a. May include purchasing NaloBox and Naloxone vending machines
3. Purchase and distribution of fentanyl test strips (FTS).
4. Provide support services for family members and friends of individuals experiencing OUD.
5. Develop community prevention efforts such as strategic messaging on the consequences of opioid and stimulant misuse
6. Implement school-based prevention programs and outreach
    a. May include training for teachers and other school faculty on strategies, resources, and best practices for addressing OUD in students and parents or family members of students.
7. Provide harm reduction services including, but not limited to:
    a. Management, support, or collaboration with syringe service programs
    b. Support of integrated harm reduction services singly within treatment settings, or treatment providers collaborating with community-based harm reduction organizations
8. Development, marketing, and management of a technology based platform informing communities of overdose spikes, bad fentanyl batches, and other applicable dangers to individuals still in active use. The platform should also serve as a linkage to services and resources such as fentanyl strips, naloxone, treatment, and recovery support.
    a. Examples of qualifying platforms being utilized in other states include: The SOAR Initiative, and Bad Batch Alert.

B. Workforce Development – Develop, implement and expand OUD workforce development programs, including but not limited to:

- **Category B: Awards totaling estimated: 20% (est. $3.2M-4M)**

1. Retention programs for current workforce
    a. Employee training
    b. Career tracks for advancement
    c. Continuing education
2. Expansion of workforce for, but limited to:
    a. Peer Recovery Specialist
    b. LADC
    c. Addiction Fellows
    d. Mental Health
    e. Waivered Providers
    f. Internship programs

B. Workforce Development – Develop, implement and expand OUD workforce development programs, including but not limited to:

3. Training on the Treatment of Opioid Addiction based on Evidence Based Practice
    a. Training and boot camps on the use of all Food and Drug Administration (FDA) approved opioid addiction medications.
    b. Extension of Community Healthcare Outcomes (project ECHO) (current or new); or new Project ECHO programs focused on the following high need communities:
        i. African American, with an East African focus at least bimonthly
        ii. Justice involved adults
        iii. *Note:* Multimodal Treatment of Chronic Pain Extension for Community Healthcare Outcomes (ECHO) should apply in category **D. Chronic Pain and Alternative Treatments**

    c. Train the trainer and/or training on the American Society of Addiction Medicine (ASAM) criteria documentation and procedures (or comparable evidence based practice) in the treatment of individuals experiencing OUD.

4. Provision of grant writing classes and/or consultation to emerging, culturally specific, or small community organizations applying for OERAC or other grants targeting the opioid epidemic in Minnesota.

C. Expansion and Enhancement of a Continuum of Care for Opioid-Related Substance Use Disorders

- **Category C: Awards totaling estimated: 35% (est. $5.6M-7M)**

1. Treatment – Develop, implement and expand access to OUD treatment services including, but not limited to:
    a. Linkage to care
        i. Through emergency medical services (EMS) and emergency department (ED) for clients treated for nonfatal overdoses.
        ii. Provide treatment transition and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings.

    b. Purchase and implement mobile or non-mobile medication units that provide appropriate privacy and adequate space to administer and dispense medications for OUD treatment in accordance with federal regulations. The following services may be provided in mobile medication units, assuming compliance with all applicable federal, state, and local law:
        i. Administering and dispensing medications for opioid use disorder treatment;
        ii. Collecting samples for drug testing or analysis;
        iii. Dispensing of take-home medications;
        iv. Initiating methadone, buprenorphine, or naltrexone; and
        v. Counseling and other services, in units that provide appropriate privacy and have adequate space, may be provided directly or when permissible through use of telehealth services. Non-mobile medication units may also offer the above services where space allows for quality patient care and are consistent with state and local laws and regulations.

    c. Detox centers that utilize MOUD programing

C. Expansion and Enhancement of a Continuum of Care for Opioid-Related Substance Use Disorders

2. Recovery – Develop, implement and expand access to OUD recovery support services, including but not limited to:
    a. Recovery coaches
    b. Vocational training
    c. Employment training
    d. Transportation
    e. Childcare
    f. Legal Assistance
    g. Recovery Community Organizations
    h. Housing supports (i.e., application fees, deposits, rental assistance, utility deposits, and utility assistance),
    i. Recovery Housing (i.e. sober houses)
    j. Tribal specific

D. Chronic Pain and Alternative Treatments - Develop, implement and expand chronic pain services, including but not limited to:

- **Category D: Awards totaling estimated: 15% (est. $2.4M-$3M)**

1. Develop measures to assess and protect the ability of those who legitimately need prescription pain medications to maintain their quality of life.
2. Expand access to holistic pain treatments.
3. Non-medication related pain treatments
4. Multimodal Treatment of Chronic Pain Extension for Community Healthcare Outcomes (ECHO)

E. Emerging and/or Innovative Strategies, Practices, and Organizations- Proposals should meet at least one of the following criteria:

- **Category E: Awards totaling estimated: 20% (est. $3.2M-4M)**

1. Clearly demonstrate a strategy, practice, or organization that is *Emerging* or *Innovative* as defined below*:*
    a. *Emerging-* New or promising practices, strategies, or organizations showing evidence for improving OUD outcomes, but not yet well established in Minnesota
    b. *Innovative-* The practical implementation of new ideas or services to improve outcomes related to Opioid Use Disorder in Minnesota.

E. Emerging and/or Innovative Strategies, Practices, and Organizations- Proposals should meet at least one of the following criteria:

2. Programs, initiatives, or strategies not within the scope of categories A-D
    a. Note: Proposals include any evidence, experience, or other rationale to illustrate efficacy in at least one of OERAC's overall goals to:
        i. Reduce opioid deaths
        ii. Improve treatment and recovery outcomes
        iii. Increase awareness and reduce stigma of OUD
        iv. Reduce harm to individuals in active use and their family members

E. Emerging and/or Innovative Strategies, Practices, and Organizations- Proposals should meet at least one of the following criteria:

3. Programs, initiatives, or strategies that fit into multiple categories
    a. **PLEASE BE ADVISED**: Proposals submitted under the criteria of fitting into multiple categories should do so with extreme caution as they may be reviewed less favorably if the proposal is perceived by reviewers to fit better in any of the categories A-D. Proposal largely within scope of categories A-D, but touch on other categories are encouraged to submit proposals in the category the majority of deliverables fall in scope of.

Proposal Submission Form- Revisions

- Target Population and Geographic Location added to top of Appendix C
- Recommendations from OERAC work group

Target Population and Geographic Location added to top of Appendix C

CATEGORY – Choose the category this proposal is being submitted for
☐ Category A: Prevention and Harm Reduction
☐ Category B: Workforce Development
☐ Category C: Expansion and enhancement of a continuum of care for opioid related substance Use disorders (SUD)
☐ Category D: Chronic Pain and Alternative Treatments
☐ Category E: Emerging and/or Innovative Strategies, Practices, and Organizations

Target Population --Please list the primary populations the submitted proposal targets					
☐ Native American	☐ African American	☐ East African	☐ West African	☐ Youth	☐ Women
☐ Homeless	☐ Justice Involved	☐ LGBQT	☐ Pregnant/Parenting	☐ BIPOC	
☐ Other (Please specify)					

Please select the geographic location the proposal will serve (select all that apply)		
☐ Statewide	☐ Metro	☐ North East Minnesota
☐ North West Minnesota	☐ South East Minnesota	☐ South West Minnesota
☐ Other (please specify):		

Recommendations from OERAC work group

- Recommendations from work group will be incorporated to Appendix C

Proposal Requirement Number 1: Executive Summary (5 Points) Rename "Summary of Project"

Original wording: Provide a brief description of Responder's project design in response to achieving the deliverables as defined in this RFP. The Executive Summary should demonstrate the Responder's familiarity with the project elements, its solutions to the problems presented and knowledge of the requested services with particular attention to the targeted population and any problems anticipated in accomplishing the work.

Recommendation: *Summarize the essential elements of the proposal, including the problem you are hoping to address, the main activities to address the problem, and your desired outcome. Additionally, summarize the broader impact that the project will have in your community. This summary of the entire proposal should be 800 words or less and should communicate:*

- A general understanding of the proposed project
- The overall goal/proposed benefit of the project
- The general issue/population the project is hoping to impact -The name/top level description of the applicant organization/agency
- Anticipated barriers to achieving your intended goal.

RFP Scoring

100 total possible points

- Executive Summary- 5 points
- Description of Applicant Organization-5 points
- Description of Target Population- 20 points
- Service Design- 20 points
- Work Plan- 20 Points
- Evaluation Plan- 10 points
- Budget- 15 points
- Professional Responsibility- 5 points

Considerations for Improving Scoring

- Incorporate elevated scrutiny for target population and organization ability to serve the target population.
- Legal has determined this ok to do provided RFP clearly illustrates goal of reaching disparate population
  - OERAC RFP's meet criteria to incorporate increased scrutiny related to target populations
  - Proposed improvements to scoring

Proposed RFP Scoring Changes

- Consideration for changes to Improve Description of Target Population section Scoring
  - Breaking into 2 clear sections with separate scoring to help guide scoring-
    - clearly delineate between serving a population in need and cultural competency for serving population.
  - Bonus Points

Proposed RFP Scoring Changes – Option 1

Description of Target Population-Two subsections for rating with potential 5 point bonus. 1) Population served; 2) Cultural competency; and 3) Bonus points- 5 point bonus for exceptional demonstration of targeting underserved population and cultural competency in serving targeted population. (5)(20/25 Points)

1) Population served- Describe the target population and geographic reach and underserved populations (as defined in RFP) being targeted by the program with strategies for reaching underserved populations. Description clearly illistrates need of populatoin being targeted.

2) Cultural competency of organization/program- Explain how your staff and leadership are reflective of the community, culturally-competent, and responsive to the population(s) being served. Identify your plan, including staff recruitment and retention, for improving targeted population ties, rapport, and engagement. Description clearly illustrates organization's ability to effectively serve population(s) being targeted.

3) Bonus points- Award 5 bonus points if program clearly demonstrates effective strategies for targeting underserved populations and clearly demonstrates a high degree of cultural competence through key personnel and established relationships with underserved populations being targeted (Must score a total of 18.75 between 1) and 2)).

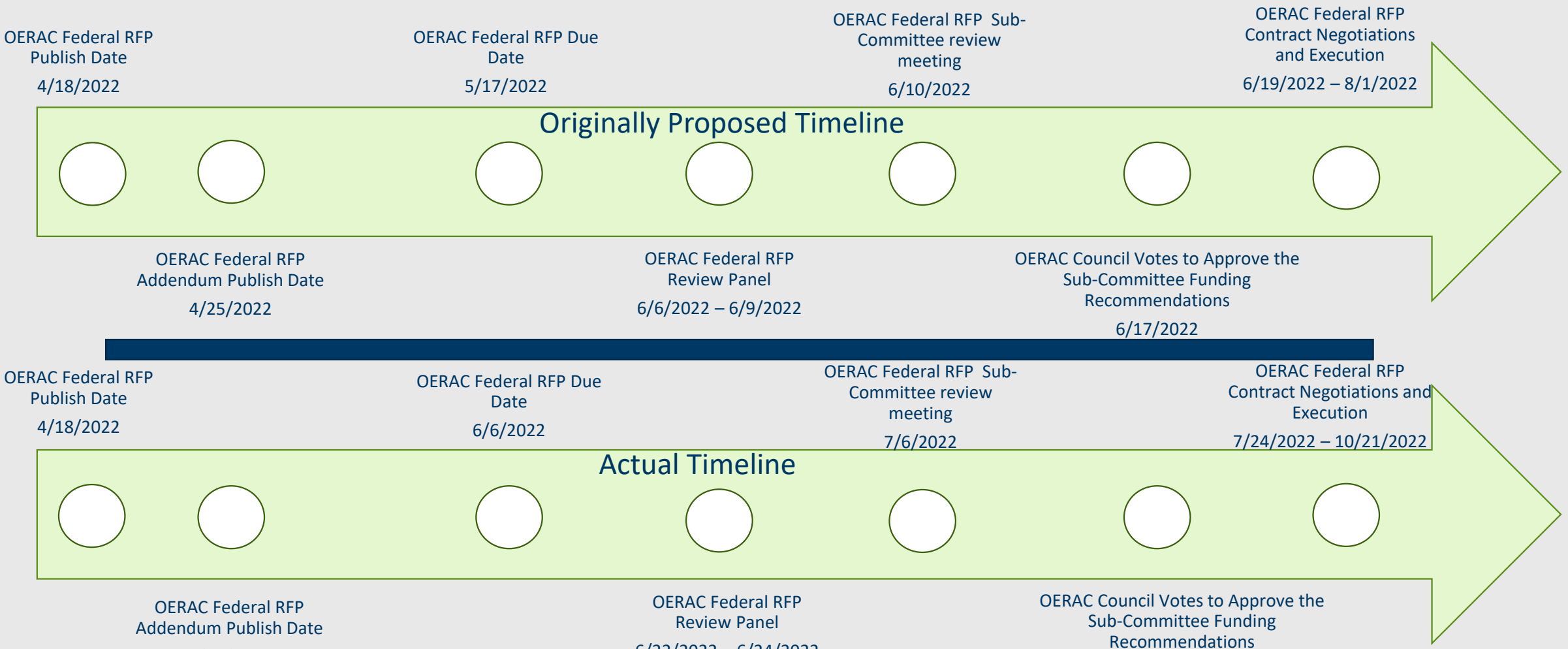
Proposed RFP Scoring Changes – Option 2

- 5-10 bonus points for meeting the following criteria:
- "Culturally specific or culturally responsive program" means a substance use disorder treatment service program or subprogram that is culturally responsive or culturally specific when the program attests that it:
  - improves service quality to and outcomes of a specific community that shares a common language, racial, ethnic, or social background by advancing health equity to help eliminate health disparities;
  - ensures effective, equitable, comprehensive, and respectful quality care services that are responsive to an individual within a specific community's values, beliefs and practices, health literacy, preferred language, and other communication needs; and
  - is compliant with the national standards for culturally and linguistically appropriate services or other equivalent standards, as determined by the commissioner.

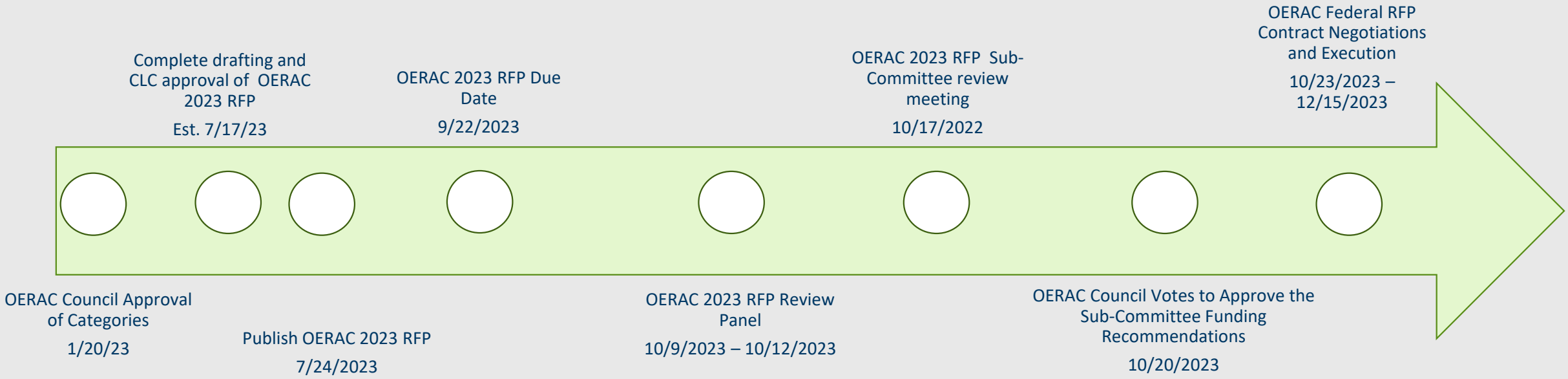
Proposed RFP Scoring Changes – Option 3

- 5-10 bonus points for meeting the following criteria:
- Community Advisory Board. GRANTEE shall establish a community advisory board consisting of six (6) community members. The advisory board shall reflect the demographics of the community served by GRANTEE. The advisory board shall meet monthly and provide recommendations to inform programmatic decision-making by GRANTEE.

Projected-OERAC Federal Block Grant RFP Funding Timelines



OERAC 2023 Grant RFP Funding Timelines



County Opioid Settlement Work

- Local Public Health has held four opioid sharing meetings with a fifth meeting scheduled
  - Time to come together to share where counties are at with the opioid settlement logistics
  - This has been a place to share what counties have started to plan for funding delegation
  - MDH presented in December to the group to share resources for collecting OUD related death data, providing counties with an accurate understanding of what is going on in their county
- Local Public Health will be working with DHS on beta testing for reporting requirements
- Counties have been moving forward with their funding including:
  - Creating Opioid Advisory Councils with wide representation
  - Working with Tribes to create a greater impact
  - Working with county jails and health departments to address needs

LPHA
Local Public Health Association of Minnesota

Association of Minnesota Counties

DHS Legislative Update

Kristy Graume, Department of Human Services

Break and enjoy lunch together
30 minutes

Please contact Alexia Reed Holtum at DHS if you have any comments or questions about the topics discussed today.

BHD_Opioid@state.mn.us

Alexia.A.ReedHoltum@state.mn.us

SUMMARY & REPORT OUT

THE FOCUS OF THE SUD SHARED SOLUTIONS SUMMIT

The two-day SUD Summit with be directly responsive to the five themes (or tracks) identified in the Listening Sessions:

- A Coordinated, Holistic, Integrated Continuum of Care
- Prevention & Education
- Cultural Engagement & Responsiveness
- Funding & Workforce
- Law, Policy & the Criminal Justice System

THE GOAL OF THE SUD SHARED SOLUTIONS SUMMIT

- Throughout the 2-day summit, participants completed a **SOAR (Strengths, Opportunities, Aspirations & Results) Analysis** – a strategic planning tool that can be used to help create and execute a strategy.
- A SOAR analysis works by focusing on strengths and how they can be leveraged to take advantage of opportunities. The tool is used by groups in team brainstorming session(s).
- Information gathered during the summit will serve as the foundation for a three-to-five-year action plan to improve Minnesota's substance use disorder system

SOAR ANALYSIS – A TOOL FOR STRATEGIC PLANNING

	Foundations Attributes of uniqueness & pride	**Goals** We seek to achieve
Current Assertions of MN	**STRENGTHS**	**OPPORTUNITIES**
Future Signals of the right path	**ASPIRATIONS**	**RESULTS**

Day 1 – Breakouts – SOAR Focus Questions

Strengths:

1. What is Minnesota's greatest achievement? What are we known for?
2. What does Minnesota do that is unique?
3. What does Minnesota do that others want to copy?
4. What key resources are available that provide an advantage for individuals to connect with their communities in a world where information resources can be found nearly everywhere?
5. Maybe a focus on Minnesota is too broad, can you think of the work of a particular provider, program, or service that you consider to be a success?
6. Why does that provider, program, or service stand out to you?
7. What 5-8 things would you consider Minnesota's greatest strengths?

Opportunities:

1. What is the community asking for related to (breakout topic)?
2. Do you see any alignment with strengths related to (breakout topic) and the identified community needs?
3. What are key areas of untapped potential for the (breakout topic)?
4. What community partnerships would lead to greater success?
5. What changes do you expect to see over the next five years? Where could the (breakout topic) make a difference?
6. What are the top 3-5 opportunities to work on?

Day 2 – Breakouts – SOAR Focus Questions

Aspirations:

1. What is our community passionate about?
2. What should our future community look like?
3. What strategic initiative would support our aspirations?
4. Based on the passions and the needs of our community, what can we do to advance the (breakout topic's) strategic plan goals?
5. What are the top 3-5 aspirations to focus on?

Results:

1. Considering the identified strengths, opportunities, and aspirations, how will we know we are on track in achieving our goals?
2. What results do we want to see?
3. How might we track the impact or changes that have happened?
4. What are 3-5 indicators we would want to include on a scorecard?
5. What resources would we need to implement these measures?

A COORDINATED, HOLISTIC, INTEGRATED CONTINUUM OF CARE

Strengths: • Quality of treatment programs • Culture of innovation • Culturally specific treatment & programs • Collaboration • Funding (BH Fund) • Drop-in/walk-in centers • Availability of peer support	**Opportunities:** • Decrease overdose rates • Workforce supports & sustainability • Increased access to housing & transportation • Family involvement • Rate adjustments • Innovation
Aspirations: • Strategy & plans • Streamlined funding • Guaranteed access • Social determinant of health (full continuum) • Cultural & diverse options • Reduce stigma	**Results:** • Having timelines to track direct access to services • Uniform survey to track improvements • Client satisfaction data • Standardized SUD assessment tool • Data on ease of access to enter & participate in programming with ability to identify barriers

PREVENTION & EDUCATION

Strengths: • Data driven strategies • Commitment to the greater good • Public health infrastructure & 7 regional prevention coordinators • Technical assistance & guidance • Coalition building & working to serve problems • Innovation & evidence based interventions • SUD is not in a silo	**Opportunities:** • Prevention infrastructure in k-12 curriculum & funding for staffing • Early prevention curriculum that includes family & youth in decision-making • A system that works regardless of the substance causing the most uproar at the moment • Being proactive vs reactive re driving prevention & education efforts
Aspirations: • LADCs in every school • Require age appropriate preventative education • Increase state & local funding • Prevention targeted to needs of actual high risk populations • Training	**Results:** • Decrease in arrests and/or hospitalizations related to substance abuse • Decrease in fatal and non-fatal overdoses • Reduction in school SUD violations • Lower rates of children/early teens who have tried alcohol or drugs

CULTURAL ENGAGEMENT & RESPONSIVENESS

Strengths: • Leadership of tribal governments • Pockets of programs that demonstrate the power of culturally specific programming • RCO models that support emerging, diverse leadership for the field	**Opportunities:** • Lack of space • Increase in accessible services • Availability of wet houses • Transitional housing (from incarceration, drug court, prison)
Aspirations: • Anything about us, without us, is not us • Decriminalization of houselessness • Dispelling silos & working together • Access to care for all humans • Professionals who reflect their participants • Supporting professionals based on their practicums & licensure • Allocated funding for communities of color	**Results:** • Track speed of access in to residential care for non-English speakers • Audits conducted by individuals utilizing services • Realize increase in BIPOC providers • Decriminalization of drug use • Significant decrease in racial disparities in health, recovery & overdose deaths • End of encampment sweeps

FUNDING & WORKFORCE

Strengths:
- Availability of funding (BH Fund)
- Strong work ethic
- Passionate workforce
- Positive relationships among providers
- Resiliency through Covid-19
- A legislature that is supportive of needs

Opportunities:
- Flexibility in statutes
- Partnerships
- Reduce barriers re LADCs
- Rates that support quality services
- Communication with higher education
- More public awareness re SUD careers & employment path

Aspirations:
- Increase in workforce, particularly BIPOC
- Outreach to potential workforce especially through higher education programs (MASC & MAHS)
- Increased reimbursement rates
- Good alignment between state & providers about communications and workgroups
- Changes to 245g/documentation requirements to ease burden on counselors
- Funding for integrated care

Results:
- Consistent staff to patient ratio
- Knowledge of & data on turnover rate by program or provider
- Transparent information shared by payors
- Increase in published DAANES data
- Longitudinal study of client outcomes

LAW, POLICY & THE CRIMINAL JUSTICE SYSTEM

Strengths: • Direct access • Drug Court • Person-centered care • Multi-disciplinary collaboration • Variety of available services/resources • Access to funding • Openness to MOUD/MAT	**Opportunities:** • Requiring SBIRT • Collaboration & education within criminal justice system • Early Intervention • Outcome based performance • Increased partnership & collaboration • Expanding on continuum of care
Aspirations: • Access & collaboration of care • Removing stigma • Harm reduction • Reducing/removing punitive action for those providing & seeking services • Reducing disparities	**Results:** • Recovery capital is increased, therefor having more support systems • Laws are amended to increase workforce • Long-term staff retention • Track effectiveness of new & different models of care • Jail & prison systems have outcome measures tied to SUD programming

SUMMARIZING THE RESULTS OF THE SUD SUMMIT

- Solicited feedback from the 193 in-person and 415 virtual registered stakeholders
- A snapshot of how stakeholders identified:
  - A person in recovery
  - Family or friend of someone confronting SUD
  - Concerned community member
  - An advocate
  - Program staff
  - Philanthropy
  - Government representative
  - Others

WHERE WE GO FROM HERE

SUD Listening Sessions 10/2022

SOAR Analysis 1/2023

Identify SUD Reform Strategic Plan 4/2023

WHERE WE GO FROM HERE - SUD REFORM CHARTER

Reform Objectives

Execute 3-5 year strategic plan, developed from SUD listening sessions and SUD Summit

Steering Committee Reset

- MARRCH
- MARATAP
- MDH
- Office of Indian Affairs
- DHS
- Medical Professionals
- OERAC
- Community Members
- People with lived experience
- Educators
- RCO
- CCBHC

*** Members reflected of communities served**

Scope

To be defined by the Steering Committee and Community Members

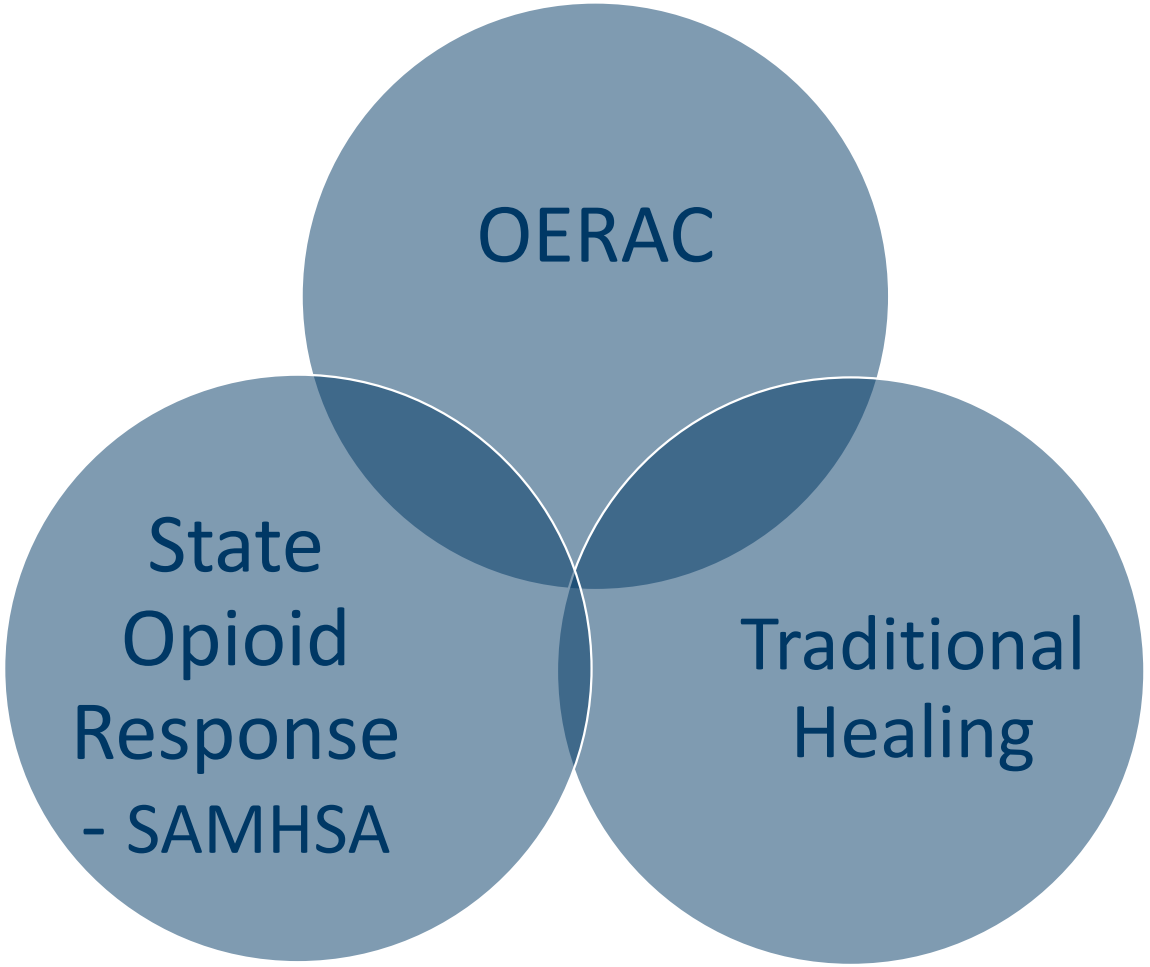
Risk

Initiating Reform	Ignoring Reform
- Possible missteps that will need to be corrected - This is a challenging long term initiative - Infrastructure modernization - Embracing the unknown	- People will die from SUD related disease - Providers/Communities will be unable to support those in need - The need will exceed capacity

Community Accountability

What	When
- Email communication updates from Committee	- Quarterly
- Feedback/Listening Session/Surveys to provide input	- Quarterly
- Interactive/Virtual update from Committee	- Every 6 months

State Opioid Response Team Overview and Updates



DEPARTMENT OF HUMAN SERVICES

MINNESOTA FY2022 STATE OPIOID RESPONSE (SOR) GRANT

Tara Holt, Project Director

April Beachem, Project Coordinator

Minnesota Department of Human Services | mn.gov/dhs

DISCLAIMER

- PLEASE NOTE, ALTHOUGH THESE FUNDS HAVE BEEN AWARDED TO DHS, WE HAVE NOT YET RECEIVED FINAL APPROVAL OF THE PROPOSED BUDGET FROM SAMHSA.

FUNDING

- FEDERAL FUNDS
  - Department of Health and Human Services (HHS) -Substance Abuse and Mental Health Services Administration (SAMHSA)
- PROJECT PERIOD:
  - 09-30-2022 – 09-29-2024
- AWARD:
  - 09-30-2022 – 09-29-2023
  - $11,357,382

RESTRICTIONS

- No start ups
  - Must have been providing services for two years or more
- Must be evidence-based
- Limited harm reduction
  - No syringes
  - No smoking supplies
  - No supplies that could be used for illegal drug use
- Minnesota's total indirect rate must be at or below 5% ($567,869 is 5% of $11,357,382)
- MUST be willing to administer the government performance and results act (GPRA) survey
  - GPRA is a public law that was passed by Congress in 1993 (revised in 2010). GPRA was enacted to improve stewardship in the Federal government and to link resources and management decisions with program performance.
  - Approximately 40 page survey

RESTRICTIONS

- SAMHSA REQUIRES SERVICES TO START WITHIN 90 DAYS OF AWARD
- SERVICES THAT WERE BILLABLE ONCE ESTABLISHED WERE INELIGIBLE TO CONTINUE UNDER SOR 2022
- SAMHSA NOT HAPPY WITH THE LENGTH OF TIME IT TOOK TO EXECUTE CONTRACTS AND GET SERVICES STARTED WITH SOR 2020 AND REQUIRED MN TO PUT IN PLACE A MORE EFFECTIVE PLAN FOR SOR 2022

FUNDING DECISION

- **TYPE OF SERVICE**
  - ECHO, OUTREACH, NALOXONE, MEDICATION for OPIOID USE DISORDER, ETC.
- **REIMBURSEABLE**
  - ARE SERVICES BILLABLE ONCE PROGRAM IS ESTABLISHED
- **GPRA REPORTING COMPLIANT**
  - AT LEAST 25%
- **QUARTERLY REPORTING**
  - ON TIME WITH QUARTERLY REPORTING

FUNDING DECISION cont.

- **STATUS OF WORK PLAN**
  - ARE DELIVERABLES ON TIME
- **PROVIDING SERVICES FOR AT LEAST 2 YEARS**
  - SAMHSA REQUIREMENT
- **REMAINING SOR 2020 FUNDS**
  - ARE THEY ON A SOR 2020 NO-COST EXTENSION FOR MORE THAN 9 MONTHS

FUNDING DECISION cont.

- **LOCATION OF SERVICE**
  - STATEWIDE, METRO, GREATER MN
- **POPULATION SERVING**
  - NATIVE AMERICAN, AFRICAN AMERICAN, PREGNANT AND PARENTING WOMEN, HOMELESS, VETERANS, ETC.

RFP

- **Approximately** $1,700,000/year
  - School based prevention (approximately $350,000)
  - Expand and enhance Native American MOUD (approximately $750,000)
  - Consultation with Addiction Medicine, Physician and Pain Management specialists for Statewide Planning (approximately $300,000)
  - ECHO targeting culturally responsive Native American Curriculum (approximately $300,000)
- **Approximate** timeline
  - Publish mid-February
  - Proposals due end of March
  - Awards made mid-April
  - Contracts executed June
- To get notification of updates on this and other Behavioral Health Division activities sign up at:

https://public.govdelivery.com/accounts/MNDHS/subscriber/new

QUESTIONS

DEPARTMENT OF HEALTH

Circumstances of Fatal Overdoses in MN SUDORS, 2019-2021

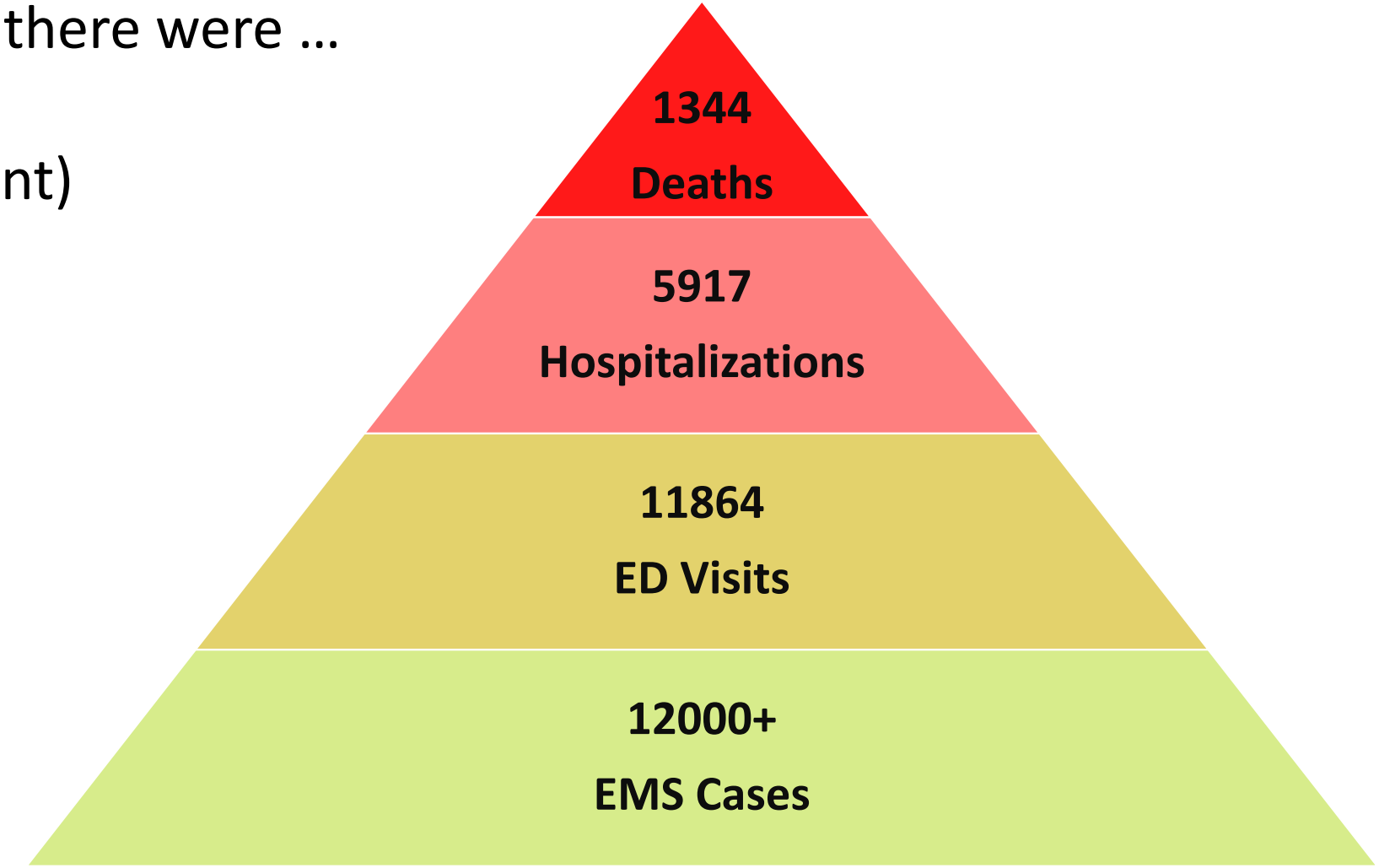
January 20, 2023

Mary DeLaquil, MPH

The 2021 Overdose injury pyramid shows the impact of overdoses in Minnesota

For every overdose death there were …

4 Hospitalizations (Inpatient)
9 Emergency Dept Visits
10 EMS cases



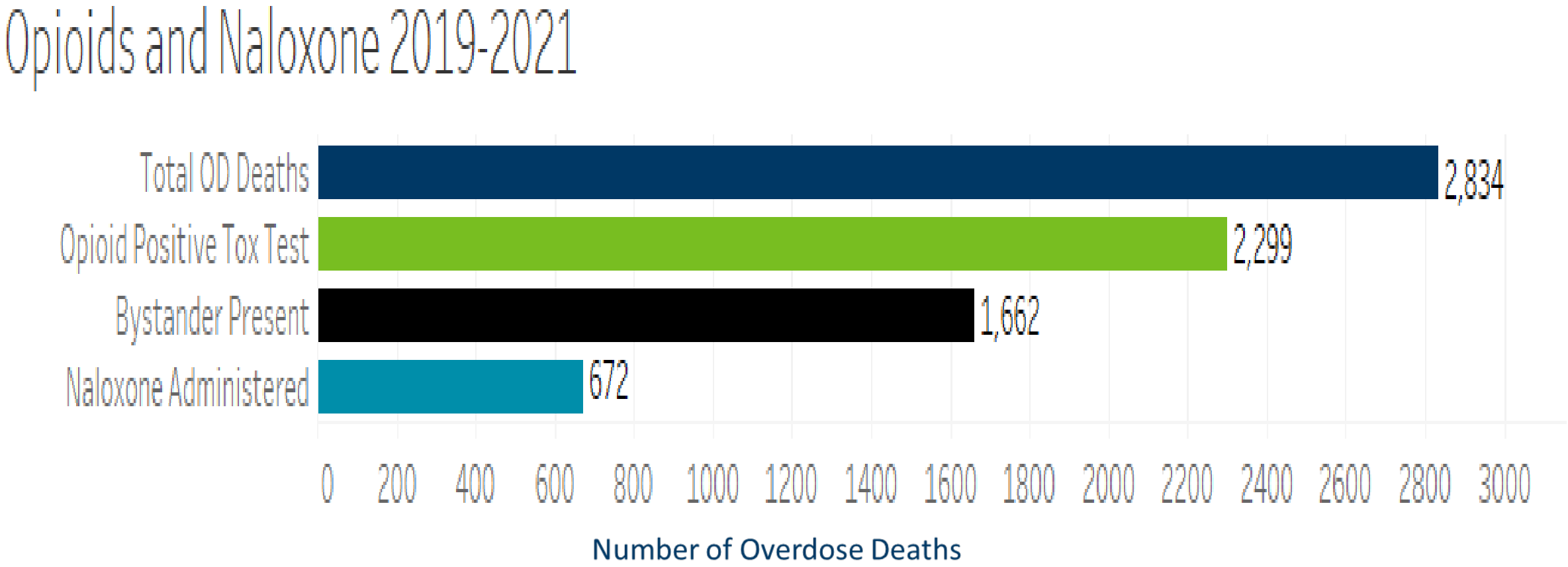
About the SUDORS system

- **Purpose – provide circumstantial and granular overdose mortality data to assist data-driven case reviews, prevention efforts, policy proposals and grant writing**
- **State Unintentional Drug Overdose Reporting System (SUDORS) has been active in Minnesota since July 2017 (opioid-involved and AIP only up to 2019)**
- **SUDORS includes de-identified case level data on all unintentional & undetermined occurrent overdose deaths in Minnesota starting in 2019. This is different from death certificate data where analysis is done across all manners**
- **Undetermined OD cases are shared by the SUDORS and the Violent Death Reporting System (VDRS) – both projects share the same CDC system. Suicidal OD is solely in NVDRS.**
- **The MDH SUDORS web site is the portal for dissemination of SUDORS information.** https://www.health.state.mn.us/communities/opioids/data/sudors.html

SUDORS in MN

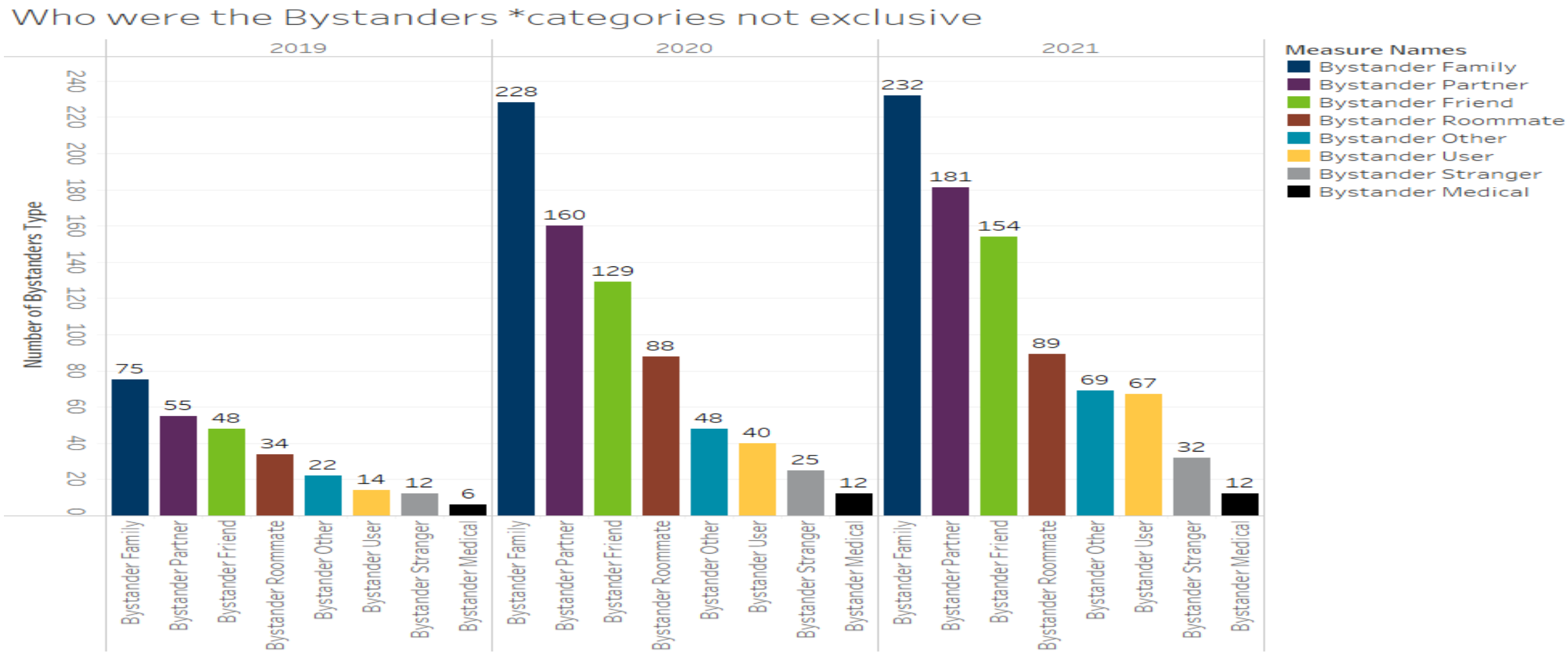
Statewide Findings

Naloxone was administered in 24% of all cases



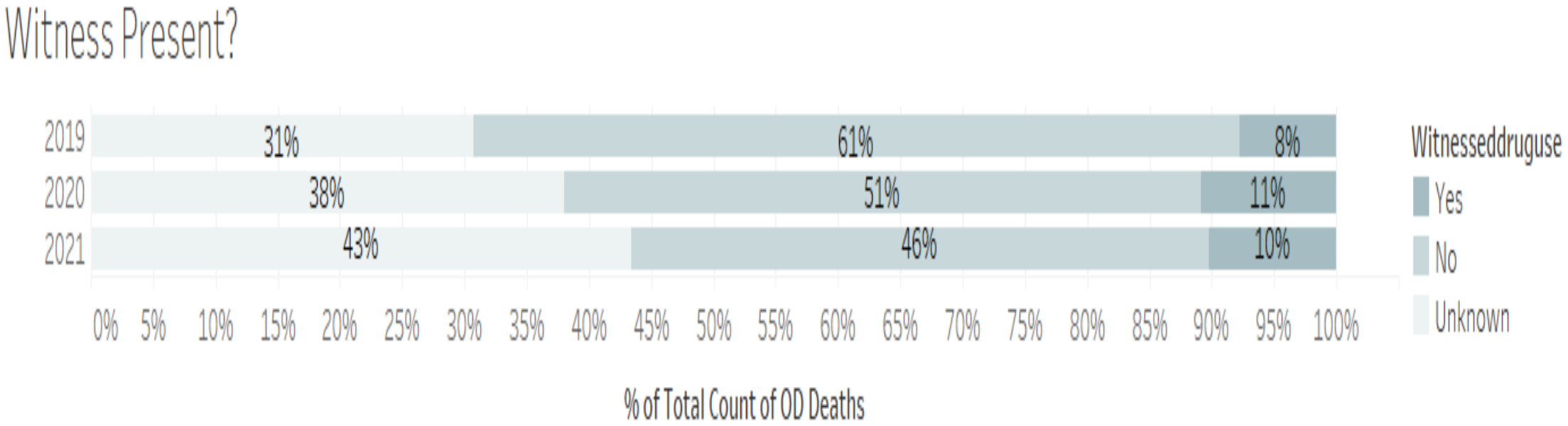
SOURCE: SUDORS, MDH, 2019-2021

Statewide a family member was the most common bystander present at an overdose scene



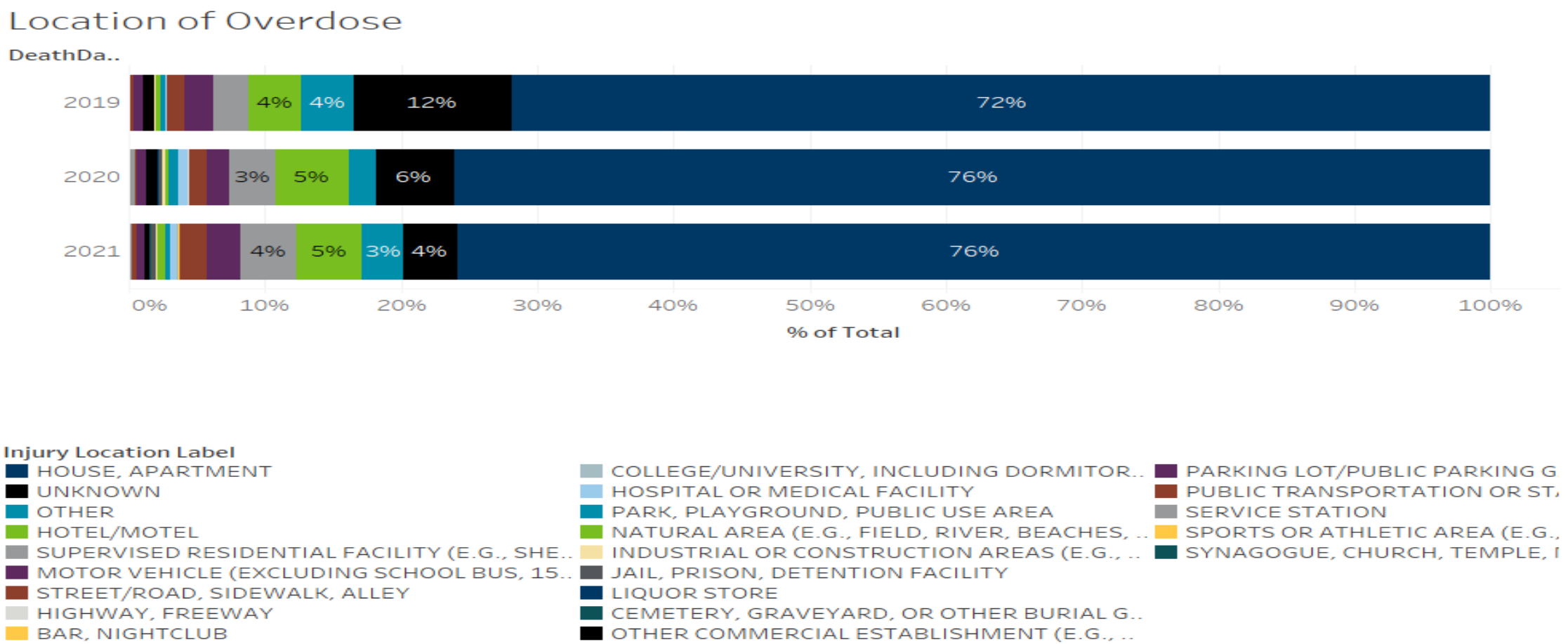
SOURCE: SUDORS, MDH, 2019-2021

A minority of overdoses were witnessed in Minnesota



SOURCE: SUDORS, MDH, 2019-2021

Over 70% of overdoses in Minnesota occurred in private residences, 2019-2021



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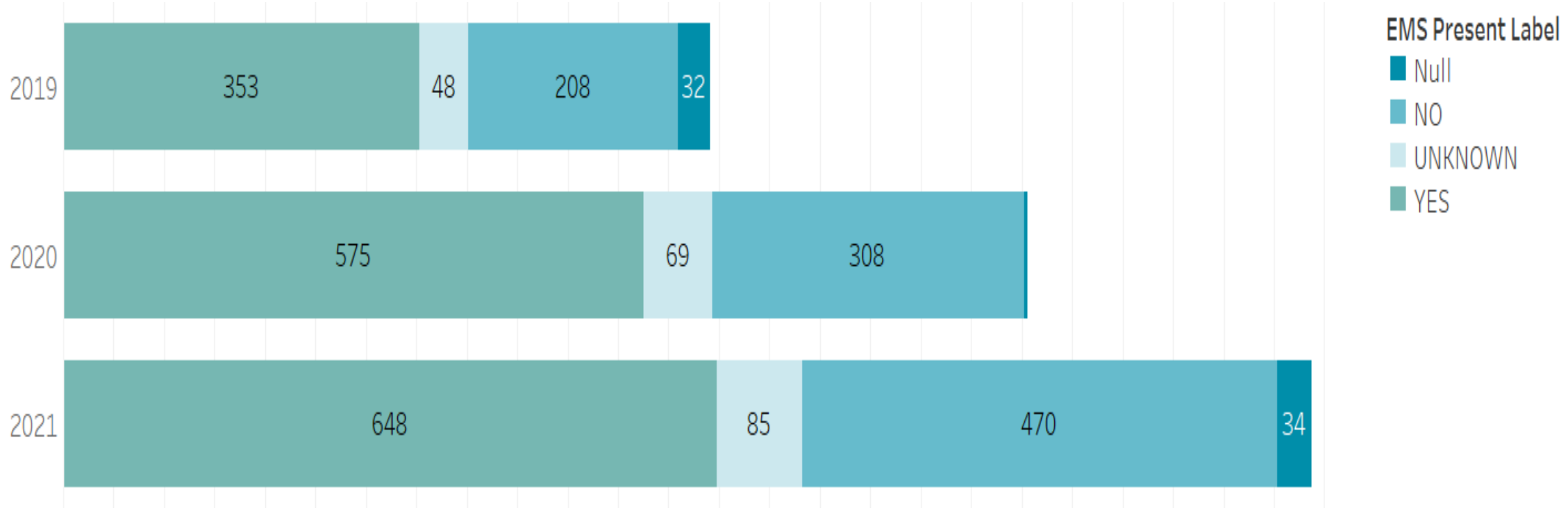
SOURCE: SUDORS, MDH, 2019-2021

Over 55% of overdoses in Minnesota had EMS present at the scene, 2019-2021



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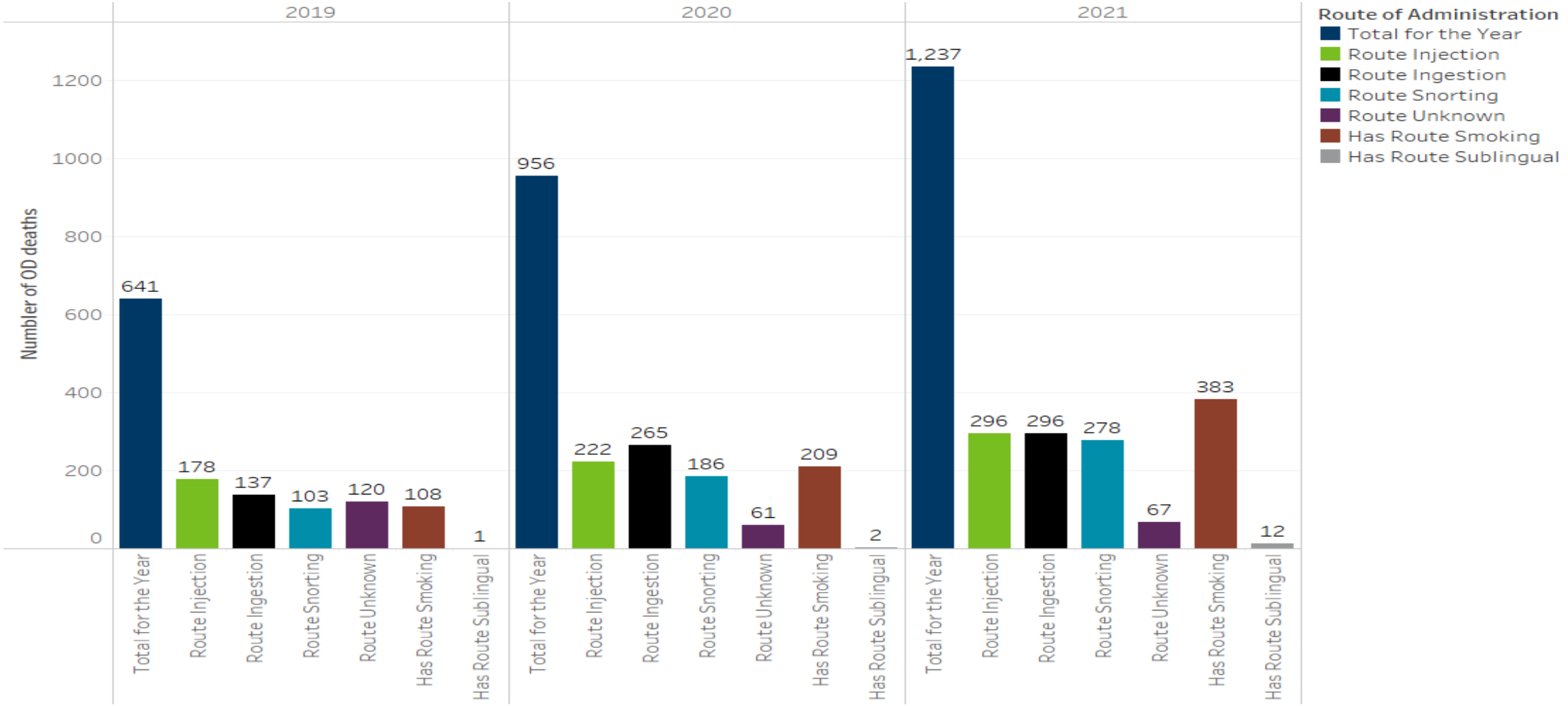
SOURCE: SUDORS, MDH, 2019-2021

The most common route of administration changed over the years in Minnesota



SOURCE: SUDORS, MDH, 2019-2021

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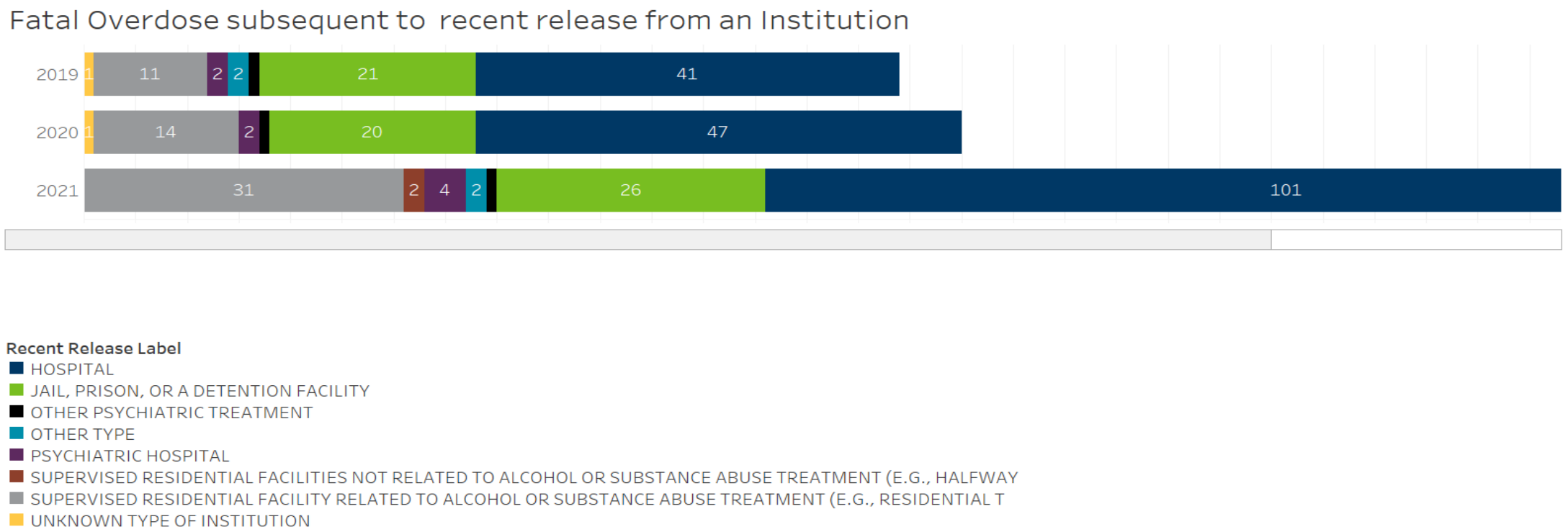
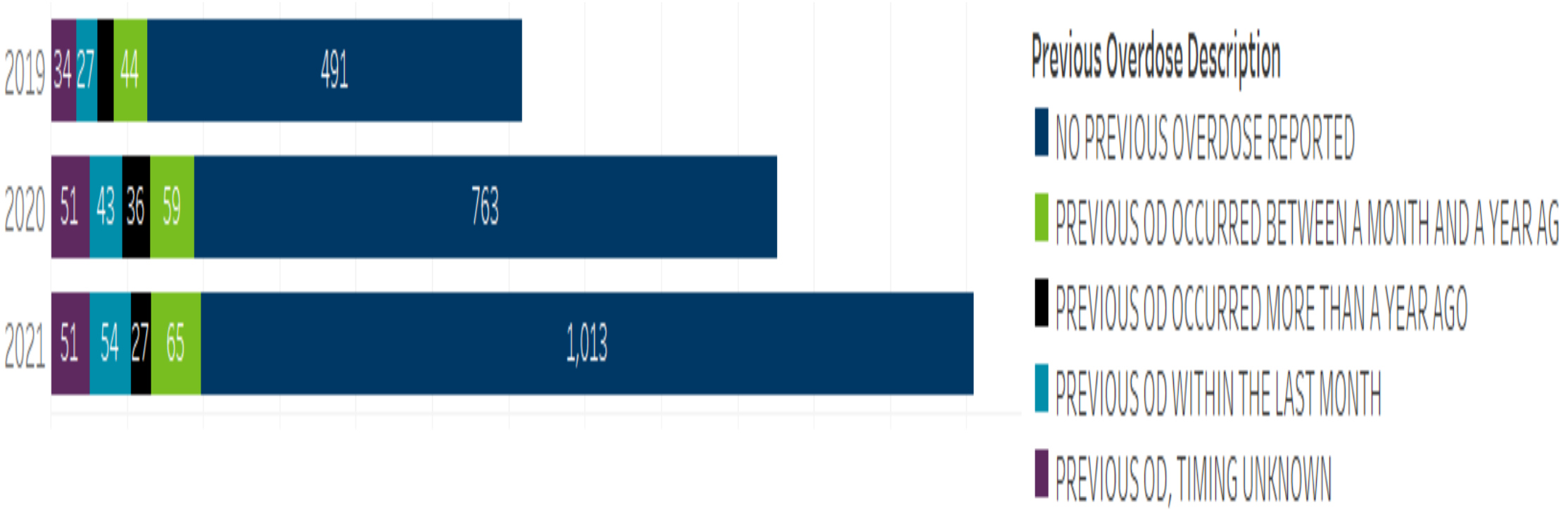
Overdose deaths (12%) occurred after an institutional release



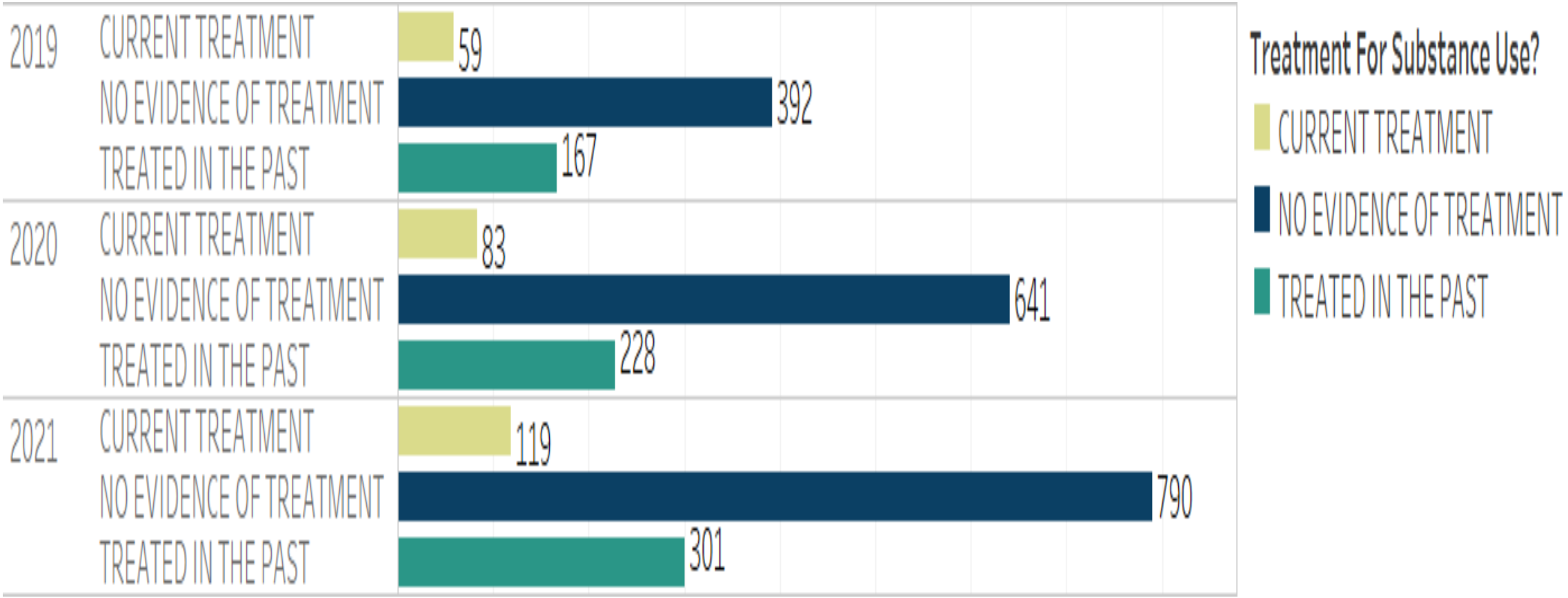
SOURCE: SUDORS, MDH, 2019-2021

Most decedents (80%) had no history of a Previous Overdose



SOURCE: SUDORS, Minnesota Department of Health, 2019-2021

Most decedents (64%) had no record of substance use treatment

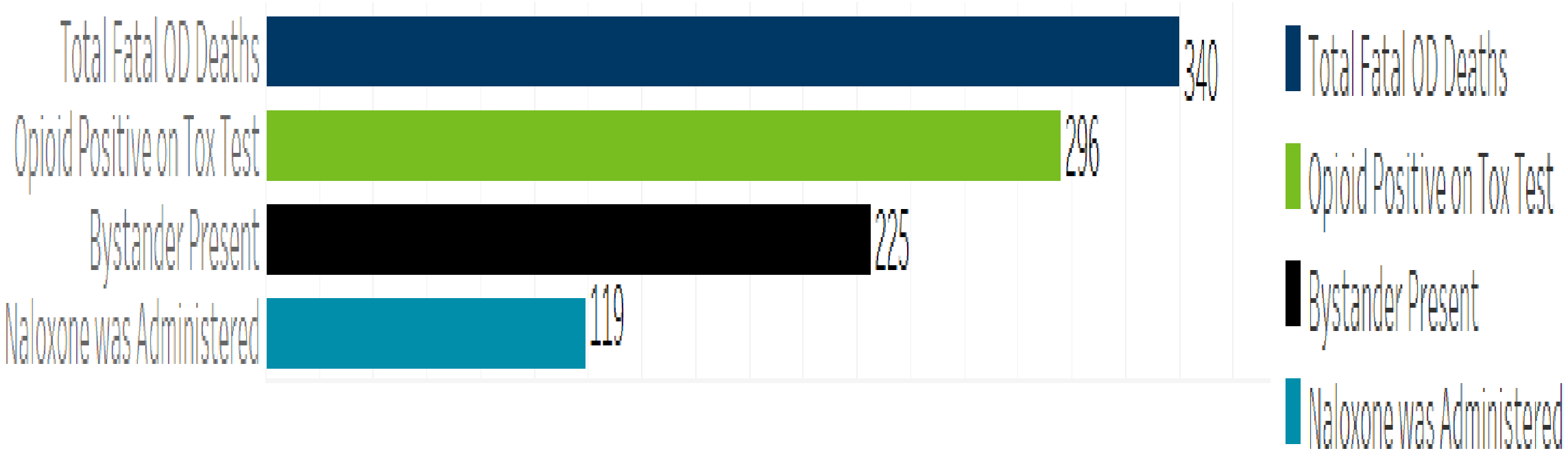


SOURCE: SUDORS, Minnesota Department of Health, 2019-2021

SUDORS Findings

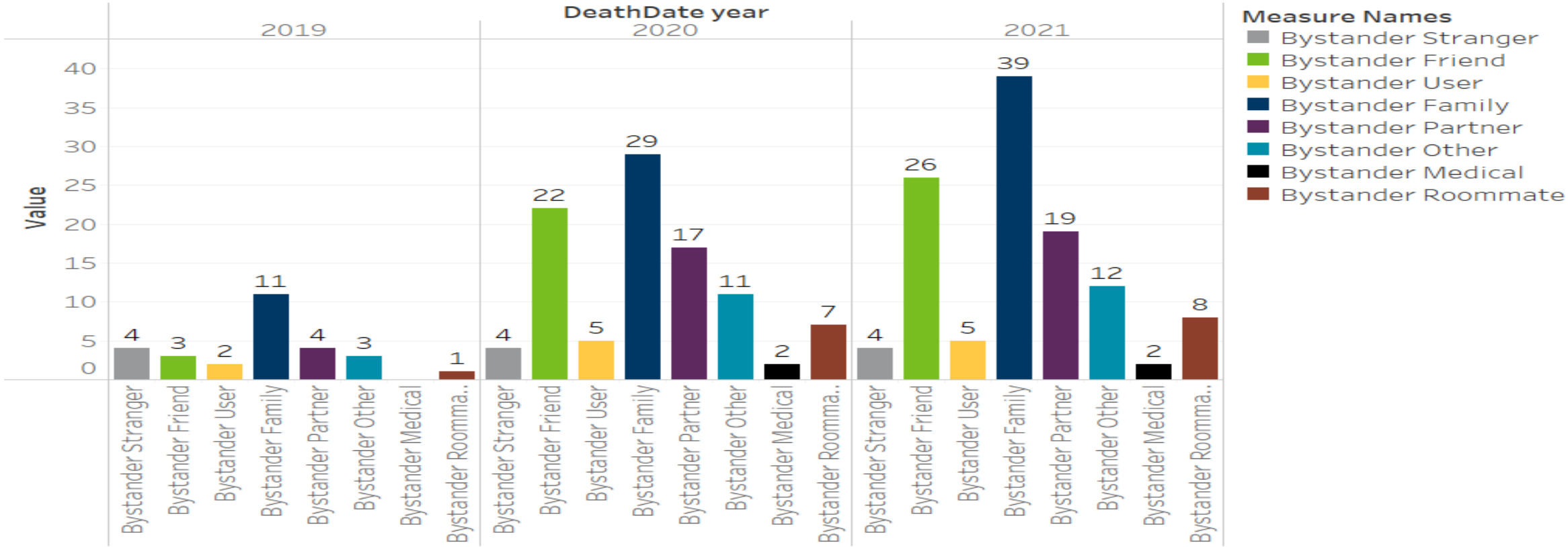
Among the American Indian Population

Opioids were detected in 87% and Naloxone was administered in 35% of overdose fatalities among American Indians, 2019-2021



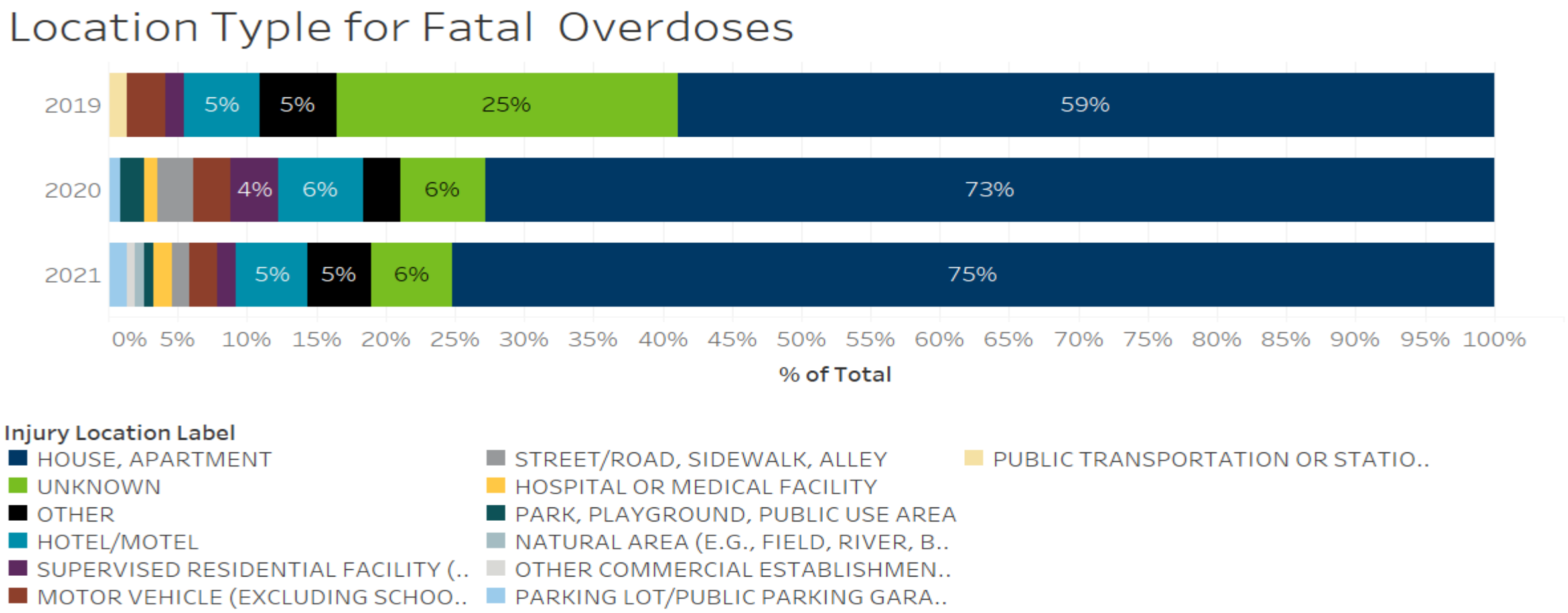
SOURCE: SUDORS, MDH, 2019-2021

Most common type of bystander was a family member at American Indian overdoses



SOURCE: SUDORS, MDH, 2019-2021

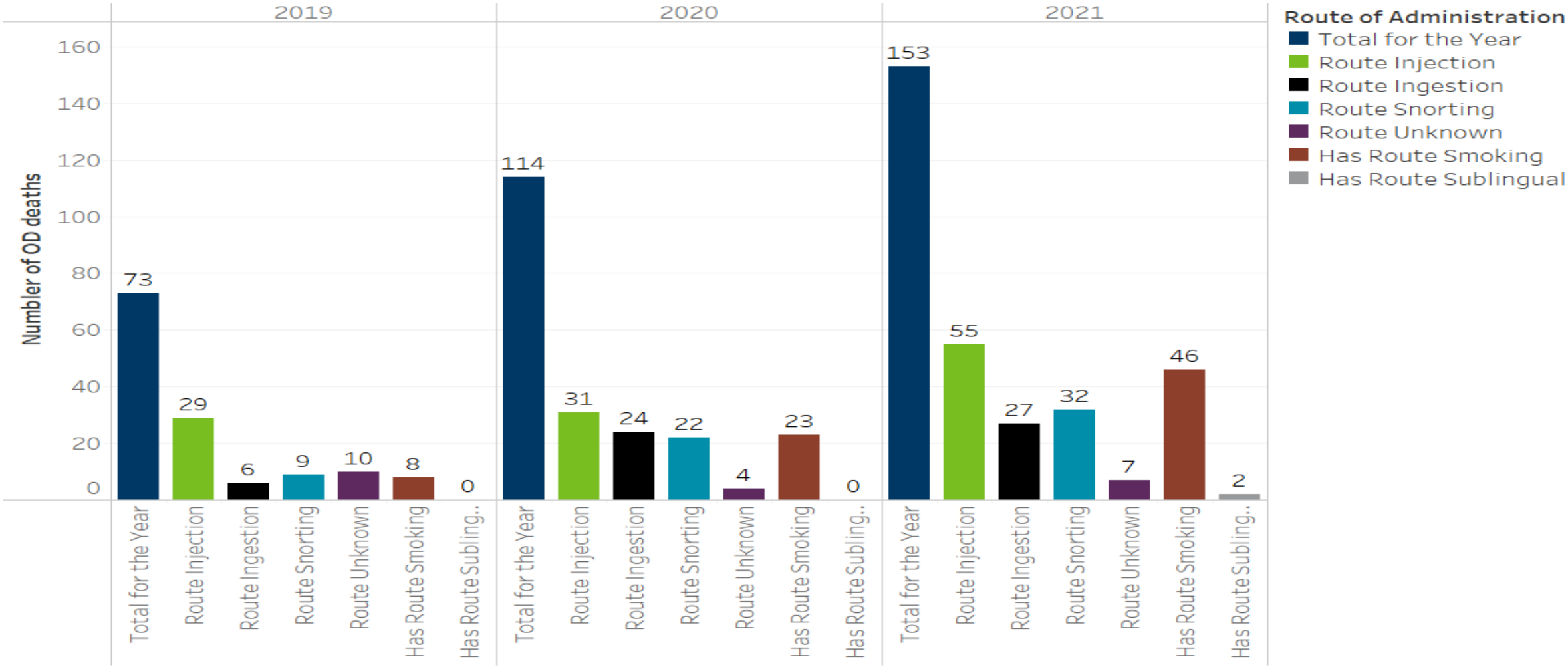
The percentage of fatal overdoses in a private residence increased during COVID19 restrictions among American Indians



DEPARTMENT OF HEALTH

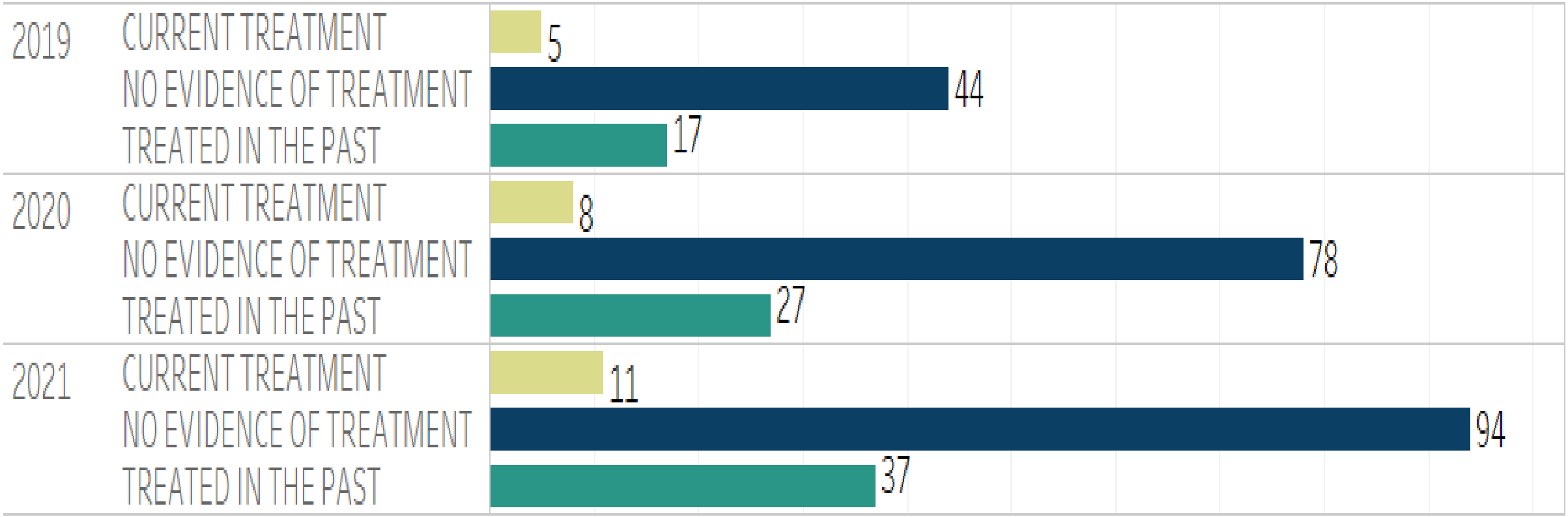
SOURCE: SUDORS, MDH, 2019-2021

Among the American Indians smoking as a route of administration increased 5 times 2019 to 2021



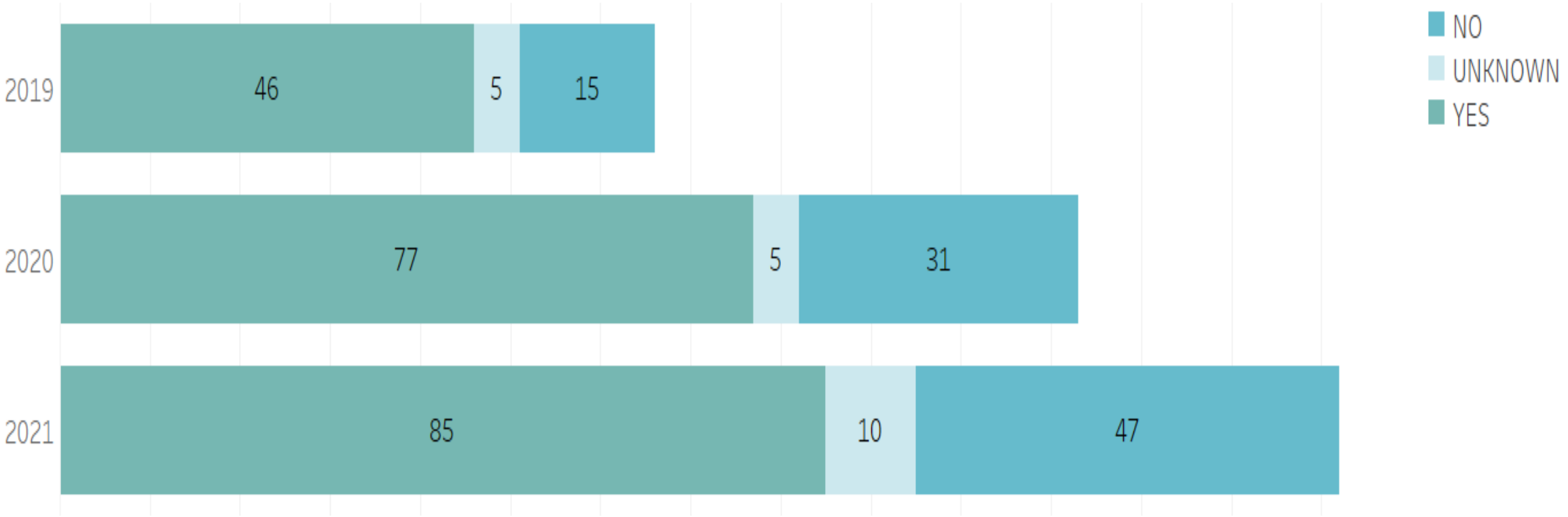
SOURCE: SUDORS, MDH, 2019-2021

Mirroring state numbers 64% among American Indian overdose deaths had no previous or current substance use treatment



SOURCE: SUDORS, MDH, 2019-2021

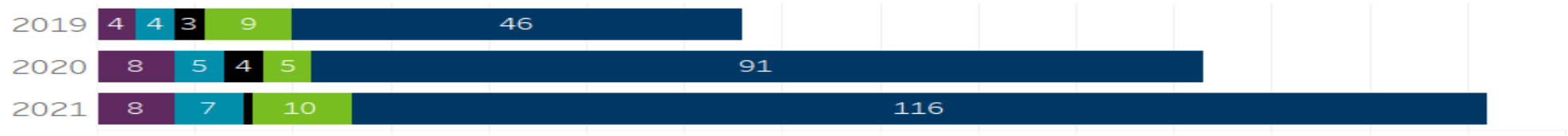
Over 62% of American Indian overdoses had EMS present at the scene, 2019-2021



DEPARTMENT OF HEALTH

SOURCE: SUDORS, MDH, 2019-2021

Records noted a previous non-fatal overdose for 26% of the American Indian overdose decedents



Previous Overdose Description

- NO PREVIOUS OVERDOSE REPORTED
- PREVIOUS OD OCCURRED BETWEEN A MONTH AND A YEAR AGO
- PREVIOUS OD OCCURRED MORE THAN A YEAR AGO
- PREVIOUS OD WITHIN THE LAST MONTH
- PREVIOUS OD, TIMING UNKNOWN

SOURCE: SUDORS, MDH, 2019-2021

Limitations

Only cases that meet the SUDORS inclusion definition are included, therefore it is possible that not all Accidental/Undetermined OD deaths are present in the analysis

The SUDORS Codebook is not publicly available. Please check with your SUDORS state administrator, Mary DeLaquil, for variable definitions if needed.

Bystanders are defined as any person eleven years or older present at the location

SUDORS has 600+ variables but not every question can be answered. Only data present in the records can be abstracted

Due to the above, undercounts for many circumstantial variables can be assumed.

Thank You!

Mary DeLaquil
mary.delaquil@state.mn.us

Public Comment

10 minutes

To address the council please raise your digital hand.

Next Meeting

Friday, February 17th
10:00 am – 2:00 pm
The Grand Event Center
Mora, MN

Request for non-Metro Meeting Spaces/Locations

Please contact Lexi Reed Holtum, Alicia Baker, and/or Jeff Campe if interested in hosting an OERAC meeting in 2023

Thank you!

Please contact Alexia Reed Holtum at DHS if you have any comments or questions about the topics discussed today

BHD_Opioid@state.mn.us

Alexia.A.ReedHoltum@state.mn.us