

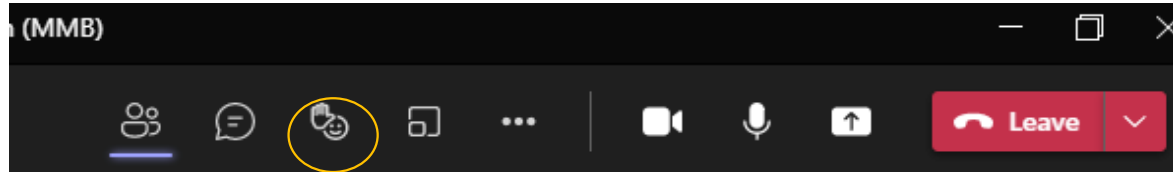
# Opioid Epidemic Response Advisory Council

February 17, 2023

10:00 a.m. – 12:45 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  
Alexia Reed Holtum, State Opioid Response Director

# Meeting Goals

- Take care of OERAC logistical business.
- Learn about the new OERAC grant dashboard
- Discuss and finalize information for the upcoming RFP
- Hear updates on OERAC legislative report
- Listen and learn from public commentators.

# Agenda

- Welcome and introductions
- Round 1 public comments
- OERAC business
- OERAC Grant Dashboard
- RFP Discussion
- Legislative Report Updates and Vote
- Round 2 Public Comment
- Adjourn (12:45)

## 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



# OERAC Business

- Approve January 2023 meeting minutes
- Updates on bylaws regarding attendance
- Updates on process regarding reimbursements

# Public Comment

10 minutes

To address the council please raise your digital hand.

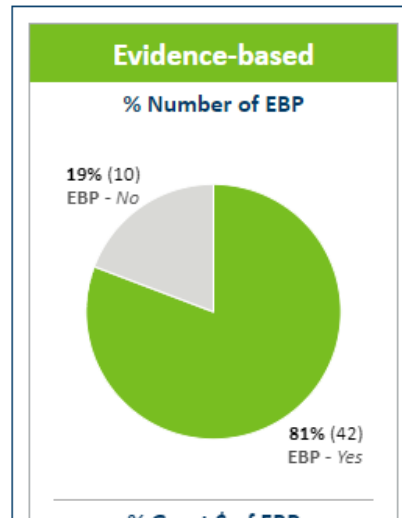
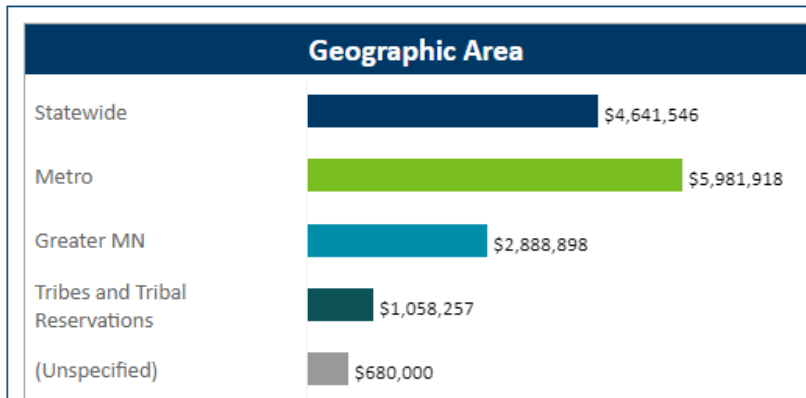
# Dashboard Update

Weston Merrick  
Senior Manager, Impact Evaluation Unit  
Minnesota Management & Budget (MMB)

# Use of Evidence in OERAC investments

Summary	By Target Population	By Grantee
<b>Total Number of Grantees</b>	<b>Total Award Amount</b>	<b>Average Award Amount</b>
52	\$15,250,619	\$293,281

Funding Year	Geographic Area	Legislative Category
<input checked="" type="checkbox"/> (All) <input checked="" type="checkbox"/> 2020 <input checked="" type="checkbox"/> 2021 <input checked="" type="checkbox"/> 2022	<input checked="" type="checkbox"/> (All) <input checked="" type="checkbox"/> (Unspecified) <input checked="" type="checkbox"/> Statewide <input checked="" type="checkbox"/> Metro <input checked="" type="checkbox"/> Greater MN <input checked="" type="checkbox"/> Tribes and Tribal Reservations	<input checked="" type="checkbox"/> (All) <input checked="" type="checkbox"/> Harm Reduction <input checked="" type="checkbox"/> Narcan use and education <input checked="" type="checkbox"/> Other continuum of care <input checked="" type="checkbox"/> Pain management <input checked="" type="checkbox"/> Primary or secondary prevention <input checked="" type="checkbox"/> Recovery and aftercare



Site: <https://mn.gov/mmb/impact-evaluation/projects/opioid-epidemic-response-advisory-council/evidence-in-oerac-grants/>

# RFP Discussion

Eric Grumdahl and Jeff Campe, DHS

# OERAC 2022 Funding and Options

- \$18.845M- 2022 Settlement Money
  - Funding will all be used in upcoming RFP
  - No encumbrance deadlines
  - No expenditure deadline - Contracts cannot be longer than 5 years
- \$6.1M - 2022 Licensing Fees
  - 4 options – OERAC vote on how to move forward
  - No encumbrance deadline per recent MMB decision
  - No expenditure deadline
  - Why vote? Why only these options?

- 1)Extend OERS RFP Contracts
- 2)Tribal Contract Carve out
- 3)All money to RFP
- 4)Do all Options

# Conflicts of Interest: 2021 Grantees

- Change the Outcome
- Southside Harm Reduction - OERS
- Steve Rummler – OERS
  - Alica House
- City of Mnpls – OERS
- MN Recovery Connection - OERS
- Stratis - OERS/NACC/ECHO
  - Heather Bell
- MN Recovery Connection - OERS
- Stratis - OERS/NACC/ECHO
  - Heather Bell
- Allina Health
  - Joe Clubb
- Allina Health Bipoc
  - Joe Clubb
- Bold North
- Hennepin HealthCare System
- Recovery Alliance Duluth



# Conflicts of Interest-2021 Grantees (cont.)

- Wayside
- Hennepin HealthCare System NOWS
- Encouraging Leaders
- Mesabi Range College
- Ramsey County
- Anishinaabe Endaad
- Red Lake
- White Earth Reservation
  - Toni Napier

# Conflicts of Interest-Tribes

- Bois Forte Band of Chippewa
- Fond Du Lac Reservation
- Gichi-Onigaming/Grand Portage Band of Lake Superior Chippewa
- Leech Lake Band of Ojibwe
- Lower Sioux Indian Community
  - Darin Prescott
- Mille Lacs Band of Ojibwe
  - Nicole Anderson
- Prairie Island Indian Community
- Red Lake Band of Chippewa India
- Shakopee Mdewakanton Sioux (Dakota) Community
- Upper Sioux Community
- White Earth Reservation

# Option 1) Extend 2021 OERS RFP contracts

Requires \$2.3M-\$3.6M, remaining to RFP = \$22.645M-\$21.345M

- Pro's

- Ensure existing investments continue
- Extension criteria : GM recommendation, spending, and compliance
- Prevents existing services having to compete through RFP

- Con's

- Amending ~18 contracts will take staff capacity
- Only 1 year of extension versus RFP award could extend up to 5 years if awarded
- Requires 2.3M-3.6M

# Option 2) Tribal contract carve out

Proposed \$1.1M (\$100k to each tribe), remaining to RFP = \$23.845M

- Pro's

- Directly impacts communities with largest OUD disparities
- Guarantee's OERAC outreach to tribes
- Flexible to needs of individual tribes

- Con's

- Staff capacity

# Option 3) Combine all funds into RFP

Combine \$6.1M into RFP = \$24.945M

- Pro's

- Increased funding = increase scope and scale
- DHS staff resources- dedicated to one project
- Continue as planned

- Con's

- Existing contracts need to reapply-service gap and proposal may not be selected
- Tribal impact may not meet needs

# Option 4) Do options 1 and 2

Proposed \$1.1M to tribes, \$2.3M-\$3.6M for contract extensions; remainder to RFP = \$21.545M-\$20.245M

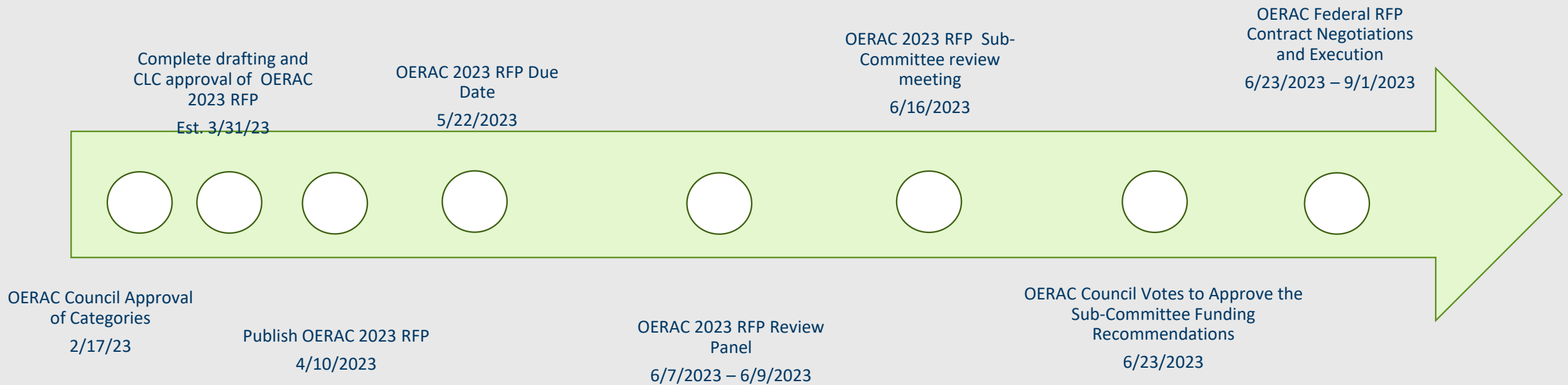
- Pros

- Allows for all benefits

- Cons

- Staff capacity
- Delays to larger RFP

# OERAC 2023 Grant RFP Funding Timelines



Add 6 weeks with either Option 1 or 2; Add 10 weeks with all options.

# Council Vote on Licensing Fee Options

- Role call vote w/ conflicts abstaining
  - 1) 2021 OERS Contact Extensions
    - Requires \$2.3M-\$3.6M, remaining to RFP = \$22.645M-\$21.345M
  - 2) Tribal carve out contracts
    - Proposed \$1.1M (\$100k to each tribe), remaining to RFP = \$23.845M
  - 3) Roll all money into RFP
    - Combine \$6.1M into RFP = \$24.945M
  - 4) Pursue 1, 2 and RFP
    - Proposed \$1.1M to tribes, \$2.3M-\$3.6M for contract extensions; remainder to RFP = \$21.545M-\$20.245M



# OERAC 2023 RFP

- **Awards totaling estimated: \$16M-20M**
  - **Recommending 3 year contracts from time of execution w/ July 1, 2023 contract start dates (earliest)**
- **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 (cont.) – 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 programming

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

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 (cont.):

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 (continued):

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.

# RFP Categories-Council discussion, and vote to approve

- New ideas or proposed changes
  - Council decision on changes
- Role call vote

# Policy Objectives and Initiatives

Rep. Dave Baker & Council Members

# Policy Objectives and Initiatives

The Council develops policy objective that guide the Council as they develop requests for proposal (RFP).

Policy objectives and initiatives also inform legislators that the Council has discussed and will support specific policies ideas.

The Council previously discussed policy objectives for 2022 and beyond. These are policies that the Council felt may need more time to refine or to build support:

# Policy Objectives

- Reimbursement reform for board certified addiction medicine physicians, licensed alcohol and drug counselors and certified peer recovery specialists, including reimbursement in alternative payment models, such as block funding
- Reimbursement reform for alternative medicine practices for chronic pain
- Reimbursement reform for alternative medicine practices for chronic pain
- Reimbursement reform for Screening, Brief Intervention and Referral to Treatment (SBIRT) in key systems, such as schools, colleges and correctional facilities-

# Policy Objectives

- Public funding to support the University of Minnesota's addiction medicine fellowship program and other professional workforce development programs
- Licensing the regulation of sober living facilities
- Addressing the lack of access to health care after release from incarceration, as well as the lack of access to CCDTF funds after release
- Policies that support equitable access to sober housing to those with felony histories, enhanced rates/incentives for programs willing to work with those with felony histories

# Policy Objectives (cont.)

- Policies that promote physician/medical provider education on pain management and alternative strategies
- Improving the Minnesota Student Survey to accurately reflect drug use trends and understand the effects of trauma/ACEs on youth
- Policies that improve technological access to telehealth, such as border to border broadband access
- Allowing the reimbursement for telemedicine policies, created for COVID, to remain permanent



# Additional Policy Objectives and Vote

- Other policy ideas or initiatives
- Vote to approve

# Public Comment (cont.)

10 minutes

To address the council please raise your digital hand.

# Items for March Meeting?

# Next Meeting

Friday, March 17<sup>th</sup>

10:00 am – 2:00 pm

Elmer L. Andersen Human Services Building

St. Paul, 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](mailto:BHD_Opioid@state.mn.us)

[Alexia.A.ReedHoltum@state.mn.us](mailto:Alexia.A.ReedHoltum@state.mn.us)