DEPARTMENT OF HUMAN SERVICES

Advisory Council mission:
To develop and implement a comprehensive and effective statewide effort
to address the opioid addiction and overdose epidemic in Minnesota.
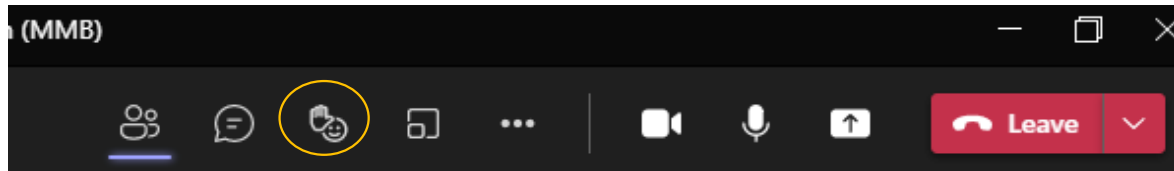
Opioid Epidemic Response Advisory Council

March 17, 2023

10:00 a.m. – 1:00 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.

Council member group norms (cont.)

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 <u>provide your insights and comments during the public comment opportunities</u>. Guests in the room that wish to make public comment can sign up on the form at the information table. Guests observing remotely that wish to make public can email Alicia.baker@state.mn.us.

- If observing remotely, we ask that you don't use the chat function or raise your hand during OERAC discussions.

Welcome

Representative Dave Baker, OERAC Chair
Dr. Kathy Nevins, OERAC Vice Chair
Alexia Reed Holtum, State Opioid Response Director

Meeting goals

- Take care of OERAC logistical business

- Discuss and finalize information for the upcoming 2023 RFP

  - Approve RFP categories

  - Approve RFP scoring

- Hear updates from two current Twin Cities-based OERAC grantees

- Hear legislative updates on Fentanyl-related laws

- Listen and learn from public commentors

Agenda

- Welcome and introductions
- OERAC business
- Round 1 public comments **(10:25)**
- Finalize OERAC grant funding priorities
- Break **(approx. 11:55)**
- Grantee presentation
- Legislative updates
- Round 2 Public comment **(approx. 12:45)**
- Adjourn **(approx. 1:00)**

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

Council roll call (cont.)

- 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)

- 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 February 2023 meeting minutes

Public Comment
10 minutes

Finalize 2023 OERAC grant funding priorities

Review Advisory Council decisions to date.

Finalize 2023 OERAC grant funding priorities
RFP Category Decision

Category A: Primary Prevention and Education

Awards totaling estimated: 10% ($2.02M-$2.15M)

Category A: Primary Prevention and Education - Develop and implement Opioid Use Disorder (OUD) primary prevention and education services including, but not limited to:

- Develop community prevention efforts such as strategic messaging on the consequences of opioid and stimulant misuse

- Implement school-based prevention programs and outreach

  - 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.

Category B: Secondary Prevention and Harm Reduction

Awards totaling estimated: 10% ($ 2.02M-$2.15M)

Category B: Secondary Prevention and Harm Reduction - Develop and implement Opioid use disorder (OUD) prevention and harm reduction services including, but not limited to:

- 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.

- Purchase and distribute the opioid overdose antidote reversal naloxone and train on its use.

  - May include purchasing NaloxBox and Naloxone vending machines

- Purchase and distribution of fentanyl test strips (FTS).

- Provide support services for family members and friends of individuals experiencing OUD.

Category B (cont.)

- Provide harm reduction services including, but not limited to:

  - Management, support, or collaboration with syringe service programs

  - Support of integrated harm reduction services singly within treatment settings, or treatment providers collaborating with community-based harm reduction organizations

- 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.

  - Examples of qualifying platforms being utilized in other states include: The SOAR Initiative, and Bad Batch Alert

Category C: Workforce Development

Awards totaling estimated: 20% ($4.05M-$4.31M)

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

Retention programs for current workforce

- Employee training
- Career tracks for advancement
- Continuing education

Expansion of workforce for, but not limited to:

- Peer Recovery Specialist
- LADC
- Addiction Fellows
- Mental Health
- Treatment Providers
- Internship programs

Category C (cont.)

- Training on the Treatment of Opioid Addiction Evidence Based Practices

  - Training and boot camps on the use of all Food and Drug Administration (FDA) approved opioid addiction medications

  - Extension of Community Healthcare Outcomes (project ECHO). Project ECHO's applying may be existing or new, however priority in funding will be to new project ECHO's focused on the following high need communities:

    - African American, with east African focus at least bi-monthly

    - Justice involved adults

    - Note: Multimodal Treatment of Chronic Pain project ECHO proposals should be submitted in Category E

Category C (continued)

- 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.

- 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

Category D: Expansion and Enhancement of CoC-Treatment

- Awards totaling estimated: 35% ($7.09-$7.54M)

- Category D: Expansion and Enhancement of a Continuum of Care for Opioid-Related Substance Use Disorders

  1. Treatment-Develop, implement and expand access to OUD treatment services including, but not limited to:

     i. Linkage to care

        - Through emergency medical services (EMS) and emergency departments (ED) for clients treated for nonfatal overdose

        - Provide treatment transition and coverage for individuals reentering communities from criminal justice settings or other rehabilitative settings

Category D: Expansion and Enhancement of CoC (cont.)

ii. Purchase and implement mobile or non-mobile medication units that provide appropriate privacy and adequate space to administer and dispense medications for medication unit services may be provided in mobile units, assuming compliance with all applicable federal, state, and local law:

- Administering and dispensing medication for OUD treatment

- Collecting samples for drug testing or analysis

- Dispensing of take-home medications

- Initiating methadone, buprenorphine, or naltrexone; and

- Counseling and other services, in units that provide appropriate privacy and 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.

Category D

- Awards totaling estimated: 35% ($7.05-$7.55M)

- Category D: Expansion and Enhancement of a Continuum of Care for Opioid-Related Substance Use Disorders

  iii. Detox centers that utilize MOUD programming

  iv. Start-up funding for Withdrawal Management or other OUD continuum of care service gaps in rural Minnesota.

  - Withdrawal management service designs must include strategies to ensure compliance with [245F licensing requirements](#) and must meet all 245F licensing requirements prior to providing withdrawal management.

Category D (continued)

- Withdrawal management service designs should include strategies to incorporate, or easily adopt proposed [ASAM Criteria changes](#) for withdrawal management to ensure they are able to easily adapt to proposed legislation guided by ASAM criteria across the substance use disorder continuum of care.

- Proposals to bridge other OUD service gaps in rural communities should include compelling evidence of the OUD service gap in addition to how the proposal will bridge the gap.

Category D: Recovery

- Awards totaling estimated: 35% ($7.05-$7.44M)

- Category D: 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:

  - Recovery coaches

  - Vocational training

  - Employment training

Category D: Recovery (continued)

- Transportation

- Childcare

- Legal assistance

- Recovery Community Organizations

- Housing supports (i.e., application fees, deposits, rental assistance, utility deposits, and utility assistance)

- Recovery housing (i.e. sober houses)

- Tribal specific

Category E: Chronic Pain and Alternative Treatments

Awards totaling estimated: 10% ($2.02M-$2.15M)

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

- Develop measures to assess and protect the ability of those who legitimately need prescription pain medications to maintain their quality of life.

- Expand access to holistic pain treatments.

- Non-medication related pain treatments

- Multimodal Treatment of Chronic Pain Extension for Community Healthcare Outcomes (ECHO)

Category F: Emerging/Innovative Strategies

Awards totaling estimated: 15% ($3.04M-$3.24M)

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

- Clearly demonstrate a strategy, practice, or organization that is Emerging or Innovative as defined below:

  - Emerging- New or promising practices, strategies, or organizations showing evidence for improving OUD outcomes, but not yet well established in Minnesota

  - Innovative- The practical implementation of new ideas or services to improve outcomes related to OUD in Minnesota

Category F (continued)

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

Category F (cont.)

- Programs, initiatives, or strategies that fit into multiple categories

  - PLEASE BE ADVISED: Proposals submitted in category F for fitting into multiple categories should do so with caution, and be sure the proposal is not largely composed of deliverables fitting into categories A-E

Council approval of categories

- Motion

- Discussion

- Roll call vote

Finalize 2023 OERAC grant funding priorities
RFP Scoring Decision

RFP Scoring

Previous 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

RFP Scoring (continued)

- Revised Scoring- 100 Points possible

- Executive Summary- 5 points

- Description of Applicant Organization- 5 points

- Description of Target Population- 10 points

- Cultural Competency of Organization- 20 points

- Service Design- 10 points

- Work Plan- 20 points

- Evaluation plan- 10 points

- Budget- 15 points

- Professional responsibility- 5 points

Executive Summary: 5 Points

Executive Proposal Summary succinctly summarizes the essential elements of the proposal; problems and the main activities of the proposal to solve identified problems; and the broader impact of the project on the community and OUD within Minnesota. The Executive Proposal Summary should be 800 words or less, and communicate:

- A high level overview of the proposed project

- Identify the population and geographic area being served

- Provide a brief description of the impact achieved

- Overall goals and benefits of the project

- Anticipated barriers to achieving intended goal

Description of the Applicant Organization: 5 points

Describe your agency. Please include:

- Agency's mission

- Overview of services historically provided by the agency

- Historical population and geographic areas(s) served

- Summary of agency experiences and achievements that support the agency's ability to achieve this proposal

- Previous opioid related grant projects

- Overview of key personnel with staff experience, achievements, and credentials relevant to achieving proposed services

Letters of reference may be included and will not count towards the page limitation of 20 pages.

Description of Target Population: 10 Points

Clearly describe the population served and geographic reach of the proposal. Identify which target populations, as outlined in the RFP will be served. If proposal is targeting a population outside of those defined in the RFP, please provide evidence and background supporting the need for services proposed. This section should include:

- Projected total number of people (all demographics) served by the proposal with geographic area

- Projected number of people served within target population(s) of the proposal

- Clear understanding of target population needs and other pertinent information to effective service delivery, and reducing disproportionate impact of OUD within target population

- Barriers, systemic or otherwise, creating challenges to serving target population(s) or geographic area

Cultural Competency of Organization: 20 points

Provide information relevant to the organization's ability to meet the needs of the target population. This section should include:

- Historical relationship and previous work or projects, and any other relevant information to support the agency's ability to effectively serve the target population(s)
- Collaborative relationships with agencies serving the same population with letters of support (letters of support do not count toward 20 page proposal limit)

Cultural Competency of Organization: 20 points (continued)

Additionally, to score "good" or above in this requirement, proposal's must demonstrate the agency either currently has in place, or has goals and objectives in their proposal workplan to implement, at least two of the following:

Cultural Competency of Organization: 20 points (cont.)

- Staff and/or leadership are reflective of the community being served
- Meets criteria as a "culturally specific or culturally responsive program" as defined in 254B Subd. 4a.
- Strategies for being responsive to the needs of population(s) such as community advisory boards or other mechanisms for continuous quality improvement as it pertains to cultural competence
- Letters of recommendation from community agencies validating existing service to the target population with culturally specific services
- Organizational planning for sustaining long-term cultural competence, such as key staff recruitment and retention, and collaborative relationships with critical partners in serving target population

Service Design: 10 points

Describe in a summary format, the proposed services/project that your organization plans to use the grant funding for. The summary should communicate:

- Major activities of the proposed project

- A general timeline/sequence for these activities

- Short and long-term goals of these activities

- What aspect of the identified problem are these activities meant to address?

- An understanding of resources necessary for proposed activities

- Any partnerships relevant to the project

- Specific services that will be provided by the applicant

Work Plan: 20 points

Clearly define and detail the goals and objectives of the project using the provided template. This template will also be used if the proposal is awarded to measure your progress toward each goal. This section should communicate:

- Objectives (key tasks/duties) that must be carried out to implement the project successfully – as much as possible, try to organize goals, objectives, and activities in the order they will be started

- Person(s) responsible for each task

- Target dates for task completion

- A clear timeline for project activity

Evaluation Plan, Reporting and Performance: 10 points

Based on the Goals and Objectives provided in Proposal Requirement Number 6 (Work Plan): Describe the specific outcome measures of the project and how those measures will be used to determine success, and how data will be collected for the outcomes described. Outcomes must be objective and measurable. For potentially subjective outcome measures, programs should develop, or utilize existing guidelines to ensure evaluators are consistent in recording outcomes throughout the project. This section should communicate:

- How outcomes relate to addressing the problem/target population identified in the proposal

- Quantitative and qualitative data that will be used to measure progress toward goals

- What tools/resources will be used to collect and measure data

- Any benchmarks, thresholds, or specific targets in determining success of proposal

Budget: 15 points

This section should specify the grant amount requested and detail all expenses for the proposed project.

- Describe and explain the proposed use of the grant funds and any applicable matching funds.

- Identify supporting services, associated costs and which components are essential to delivering minimum quality services.

- Include a budget narrative for the applicant and each subcontracting entity.

Budget: 15 points (continued)

- The explanation should provide sufficient detail to justify the total amount budgeted in each category.

- The program budget must be complete and reasonable, must correspond to the proposed program activities, and must specify how the amounts for each budget item were determined.

Responders are encouraged to apply for only the amount needed for their proposed programs. Budget proposals will be judged on efficient use of funds (that is, funds are being spent on direct services versus administrative costs, as detailed in their budget proposal) and overall cost-effectiveness.

Professional Responsibility and Data Privacy: 5 points

Responsibility: It is crucial that the State locate reliable grantees to serve our clients. The successful Responder must be professionally responsible. Therefore, Responders must include in their Proposals satisfactory information regarding their professional responsibility.

- Professional responsibility information includes providing information concerning any complaints filed with or by professional and/or state or federal licensing/regulatory organizations within the past six years against your organization or its employees relating to the provision of services. If such complaints exist, please include the date of the complaint(s), the nature of the complaint(s), and the resolution/status of the complaint(s), including any disciplinary actions taken.

Professional Responsibility and Data Privacy: 5 points (continued)

- All Proposals must also include information about pending litigation and/or litigation resolved within the past two years that relates to the provision of services by your organization and/or its employees. If such litigation exists, please include the date of the lawsuit, nature of the lawsuit, and the dollar amount being requested as damages, and if resolved, what the resolution was (e.g. settled, dismissed, withdrawn by plaintiff, verdict for plaintiff with $x damages awarded, verdict for Responder, etc.).

- Responder should also submit information which demonstrates recognition of their professional responsibility. This may include awards, certifications, and/or professional memberships.

Professional Responsibility and Data Privacy: 5 points (cont.)

Data Privacy: Has your organization or any proposed subcontractor in the past five years suffered any breach or loss of personal, financial or other data considered private or confidential? If so, please provide a description of such breaches, and provide details on what steps were taken to address the issue both in the short term and the longer term to prevent such a breach/loss from happening again.

The information collected from these inquiries will be used in the State's determination of the award of the contract. It may be shared with other persons within the Minnesota Department of Human Services who may be involved in the decision-making process, and/or with other persons as authorized by law. You are not required to provide any of the above information. However, if you choose not to provide the requested information, your organization's Proposal may be found nonresponsive and given no further consideration. The State reserves the right to request any additional information to assure itself of a Responder's professional status.

Council approval for scoring changes

- Motion

- Discussion

- Roll call vote

Grantee stories

South Side Harm Reduction

- Jack Martin

Southside Harm Reduction Services

OERAC Presentation March 2023

Who is Southside Harm Reduction?

- We are dedicated to meeting people where they are at and deeply believe in supporting the health, well being, and autonomy of people who use drugs in Minneapolis
- Use a relationship-based approach for participants, the larger community, and partner organizations

Who is Southside Harm Reduction?(cont.)

- Started in 2017 in East Phillips as a grassroots response to increasing overdose deaths and lack of resources + volunteer run
- Currently we are the largest Harm Reduction organization in the state
- We serve everyone but mostly see Indigenous, houseless

Who is Southside Harm Reduction? (cont.)

Services

- Completely mobile services (meeting people where they are at) through outreach and direct deliveries
- We offer comprehensive harm reduction services including syringe services, rapid testing, linkage to care
- We also have larger community services including syringe pick up, overdose response and other trainings

What is Harm Reduction?

- At SHRS, we center our participants' health, safety, and autonomy. We think of harm reduction as meeting people where they're at, without judgement, and working with them from there.
- Acknowledging the risks associated with drug use and sex work, and providing tools that reduce those risks such as education, supplies, and support systems.
- Ultimately Harm Reduction works to reduce the harms related to drug use and other activities and comes from the understanding not everyone is ready to stop using

Effectiveness of Harm Reduction

Harm Reduction is a collection of highly effective interventions

- Builds trust with highly stigmatized populations

- Prevents overdose deaths

- Promotes sobriety and linkage to care

- Reduce disease transmission such as HIV, Hep C, and more

- Increases proper disposal of syringes

- Extremely cost effective intervention

OERAC + DHS Funding Activities

This funding has supported the following

- Community and organization overdose response and other trainings

    - In 2022 Southside more than doubled the number of trainings

      completed

- Distribution of almost 35,000 doses of naloxone directly to those highest

  at risk of overdose. And more than 5,000 fentanyl test strips

Thank You!

10 Minute Break

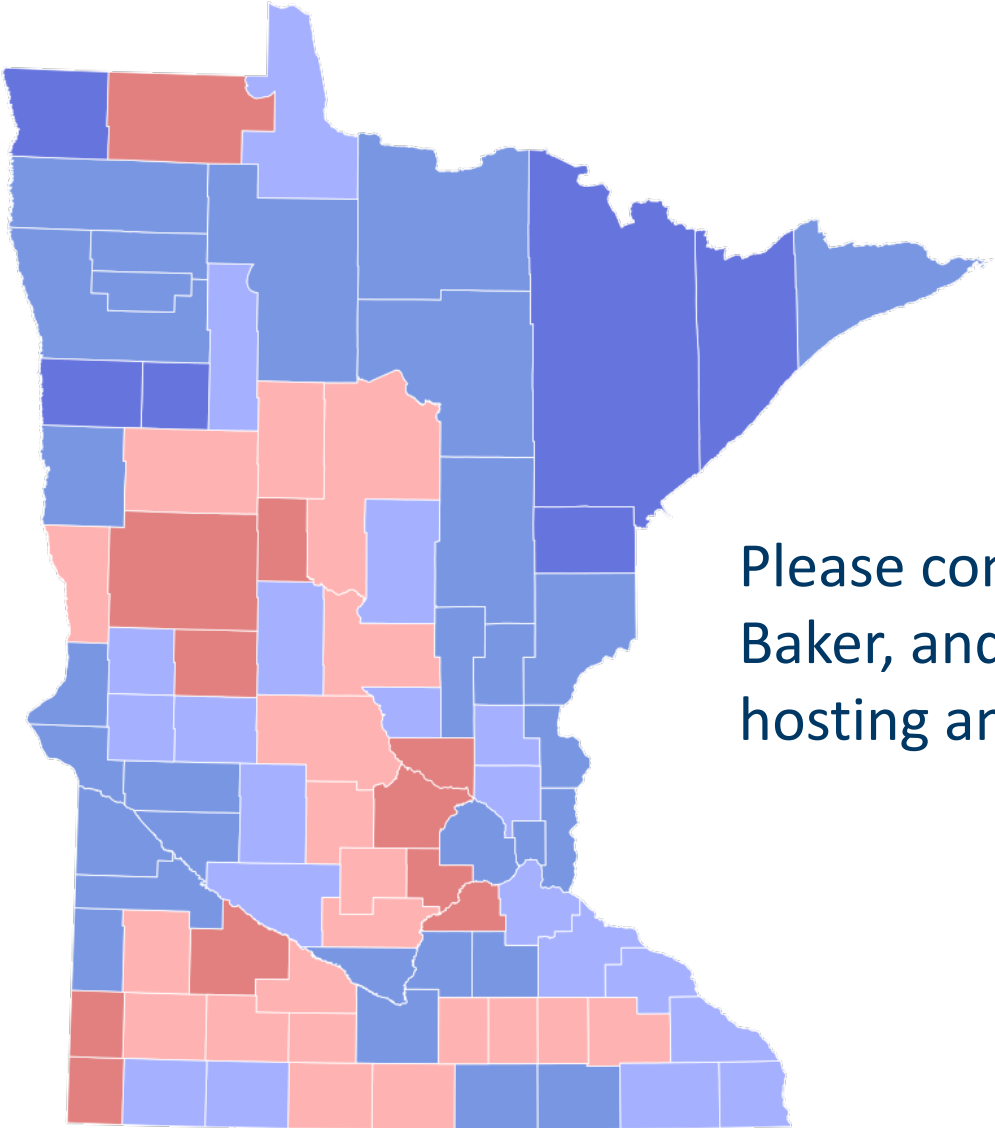# Legislative updates on fentanyl laws
Rep. Dave Baker

Public Comment, 2nd Round

10 minutes

Request for non-metro meeting spaces and locations

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

Next Meeting

Friday, April 21st
10:00 am – 2:00 pm
Board of Pharmacy Building
335 Randolph Avenue, Suite 230
St. Paul, MN

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