



Advisory Council mission:

To develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.

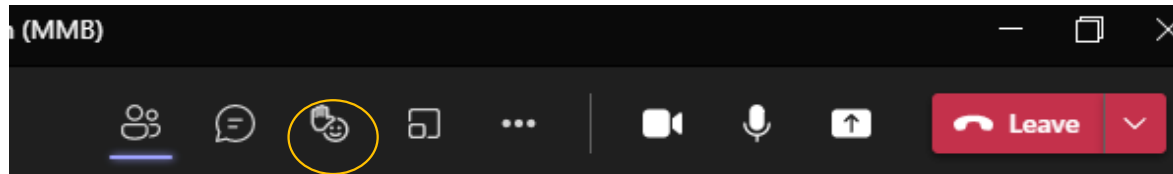
Opioid Epidemic Response Advisory Council

June 16, 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. 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.
- *This meeting will be recorded for meeting minute purposes. Recording will be deleted immediately after written minutes are completed.*

Welcome

Representative Dave Baker, OERAC Chair
Dr. Kathy Nevins, OERAC Vice Chair

Meeting goals

- Take care of OERAC logistical business
- Discuss DHS implementation updates regarding OERAC contracts and upcoming RFP
- Learn about Fourier-Transform Infrared Spectroscopy (FTIR) machines and Hennepin County opioid settlement expenditures
- Discuss legislative updates from the 2023 session
- Hear updates from the MN Office of Addiction and Recovery
- Discuss updates on the Teva opioid settlement
- Listen and learn from public commentators

Agenda

- Welcome and introductions
- OERAC business
- Round 1 public comments **(10:20)**
- DHS staffing updates
- Current OERAC grant cycle updates
- Break **(approx. 11:15)**
- External reports and presentations
- 2023 legislative session – initial reflections
- Lunch break **(approx. 12:20)**
- Office of Addiction and Recovery updates
- Teva Opioid Settlement Presentation
- Round 2 public comment **(1:50)**
- Next meeting and adjourn **(approx. 2:00)**

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
- 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
- Kelly Morrison, 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 April 2023 meeting minutes
- New and expiring council member terms

Public Comment

10 minutes



DHS Updates

Jen Sather
Substance Use Disorder Director
Behavioral Health Division
MN Department of Human Services

Current OERAC grant cycle updates

Jeff Campe
Grant Manager, State Opioid Response Team
Behavioral Health Division
MN Department of Human Services

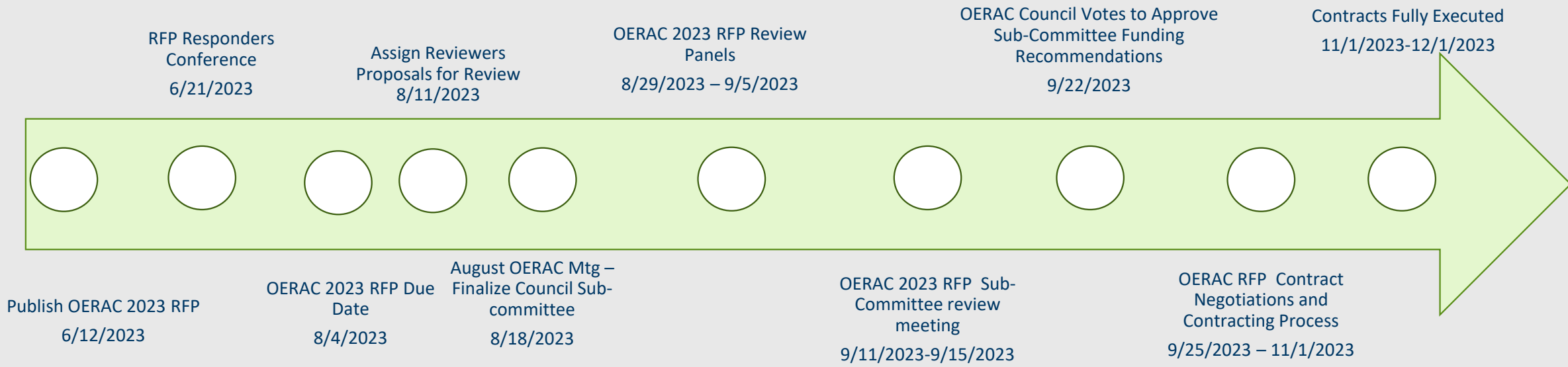
Opioid Epidemic Response Services (OERS) RFP

- The purpose of this Request for Proposals (RFP) is to fund services across the six categories as part of a multi-faceted strategy to eliminate health disparities related to OUD and strive toward the goal of zero OUD-related deaths in Minnesota.
- Total amount available for RFP awards: **\$20, 649,221**
- Contract Length: 11/1/2023 to 6/30/2026
- **Across 6 broad categories**
 1. Category A: Primary prevention and education for opioid related substance use disorders (SUD)
 2. Category B: Secondary prevention and harm reduction for opioid-related SUDs
 3. Category C: Workforce development and training on the treatment of opioid related SUDs
 4. Category D: Expansion and enhancement of a continuum of care for opioid related SUDs
 5. Category E: Chronic pain and alternative treatments
 6. Category F: Emerging and/or Innovative: strategies, practices, and organizations aimed at improving the impact of opioid related SUDs on the state of Minnesota

Opioid Epidemic Response Services RFP

- Published Date:6/13/23
- Close Date: 8/4/2023
- [Grants and RFPs / Minnesota Department of Human Services \(mn.gov\)](#)
 - Behavioral Health Divisions (BHD) online grant management system.
- Responders Conference: on Wednesday, June 21, 2023, via Webex from 9:30 p.m. to 11:00 p.m. Central Time
 - Responders Conference link can be found in section 4.1 of the RFP or

Updated OERAC 2023 Grant RFP Funding Timelines



Remaining 2023 OERAC Meeting Schedule Update

- July – No meeting
- August 18, 2023
- September 22, 2023
- October 27, 2023
- December 1, 2023

OERAC Sub-committee volunteers needed

- Requested volunteers now from OERAC Council to serve on sub-committee to make final recommendations for RFP awards on September 22, 2023 OERAC meeting
- Sub-committee meeting: 4-8 hours on day and time TBD between week of:
 - **Monday, September 11th, 2023 to Friday, September 15th, 2023**
- Conflicts cannot be determined until after all proposals are received – members with any conflict cannot participate
 - Council members interested should sign-up now unless they are certain a conflict will exist
 - Legislators and members from State agencies are highly encouraged to participate as conflicts are least likely
- Roll call present members to ask if interested and can commit to being available that week?
 - If interested but unable to commit with certainty, please indicate and when you will know and we can follow-up

OERS 2023 RFP Application Reviewers Recruitment/Update

- Targeted Recruitment to key stakeholder groups
 - Counties
 - Tribes
 - OUD/SUD List Serves
 - Past/Current Grantees
 - OERAC Members and Attendee list
- 52 reviewers interested: (as of 6/13)
- Estimated Total Reviewers Needed: 125

What's required to be a reviewer?

- Reviewers must have professional or personal experience with Opioid Use Disorder (OUD).
 - This includes, but is not limited to, substance use disorder (SUD) treatment providers, individuals with lived experience or their family members, professionals working with individuals experiencing OUD (for example: county employees, employees working with tribes, LADCs, techs, peer recovery specialists, outreach workers, clinical trainees).
- **Your agency applying does not exclude you** from being able to participate as a reviewer for categories in which you did not apply (assuming no other COI exists)

What are the benefits of being a reviewer?

- Improve your own grant writing: gain insight into the application process from multiple perspectives.
- Expand your subject matter knowledge: learn about issues like service gaps and potential solutions for consideration in future funding.
- Grow your network of contacts: meet members from stakeholder groups who help reduce the impact of OUD in Minnesota.
- Make a direct impact: have a voice in improving OUD services.

- Send an email to: BHD_Opioid@state.mn.us
 - Subject line “OERS 2023 RFP Reviewer”
 - Time commitment: estimated 10-13 hours.
 - 1 hour training
 - 6-9 hrs- reviewing and scoring (two-week period to complete, 8/14-8/28)
 - 3 hrs- for review panel (exact date TBD: week of 8/29-9/5)
 - Please contact ASAP if interested or with questions

OERAC Contract updates

- 19 original OERAC 2021 contracts
 - 17 being extending
 - 15 awarded additional funds, 2 awarded NCE
 - 2 opted to not continue and end contract 6/30/23
 - 10 fully executed, 7 in final stages of approval and signature
- Tribal Special Appropriation-going through final approvals with DHS and MDH

10 minute break





Drug Checking Technology

Odie Spinelli | SOR Team

What is Drug Checking?

Drug checking is a harm reduction and overdose prevention tool.

Drug checking technologies we'll talk about today:

- **Immunoassay:** Commonly known as test strips. Can be administered by anyone, anywhere.
- **FTIR:** Fourier-Transform Infrared Spectroscopy. Generates a spectrum using infrared radiation. Trained technician operated at a point of care or mobile site.
- **MS:** Mass Spectrometer. Measures the mass vs charge ratio of ions. Used as confirmatory testing. Samples must be sent to a lab.

Why Drug Checking is Important

- **Informed decision making-** Knowing what is in a substance allows people to make informed decisions about what they put in their bodies and how.
- **Trend monitoring-** Detecting new trends early will help with rapid response.
- **Supply variation-** Drug supply can vary between state, city or even neighborhood.
- **Better Data-** Test strip limitations mean using them on their own cannot provide an accurate picture of the local drug supply. Toxicology data has limitations as well.

Immunoassay (Test Strips)

Odie Spinelli | SOR Team

Immunoassay Testing

Test Strip Strengths:

- **Affordable-** FTS \$1/strip, XTS \$2/strip
- **Portable-** can be used anywhere
- **Easy to Use-** can be administered by the public with minimal training.
- **Have the highest sensitivity-** can detect fentanyl at lower levels than some other technologies

Test Strip Limitations:

- **Only test for the substance the strip is made for-** We cannot detect new trends with strips
- **Does not measure concentration or differentiate analogs-** will not tell you how much fentanyl or which analogs are present (ex: carfentanil etc.)
- **Risk of false positives-** FTS false positives with meth, diphenhydramine (Benadryl) and MDMA. XTS false positives when testing substances cut with lidocaine.

Fourier-Transform Infrared Spectroscopy (FTIR)

Odie Spinelli | SOR Team

FTIR Strengths:

- **Proven to work-** FTIR is the standard in Harm Reduction for Point of Care drug checking
- **Quick results-** results are given during the participants visit
- **Portable-** The machines are the size of a small table-top printer and can be used at brick-and-mortar sites or mobile sites (ex: vans)
- **Comprehensive-** A trained technician can detect whatever is in their database library

FTIR Limitations:

- **Require training-** FTIR are not as simple as scanning a substance and getting a read out of its contents
- **Cannot detect substances present in small amounts (less than about 5%)-** This can result in lack of detection of potent substances that are concentrated in low levels. This is why they are used in conjunction with test strips and confirmatory MS
- **Does not measure concentration-** Does not break down the content of a substance into percentages
- **Won't communicate substances not in the drug checkers reference database-** Can be addressed by staying connected to drug checkers globally and updating libraries when new substances of interest show up

Mass Spectrometry (MS)

Odie Spinelli | SOR Team

Mass Spectrometry

MS Strengths:

- **Confirmatory testing**- used as confirmatory testing for point of care FTIR sites
- **Can identify new adulterants**- MS can pick up things we did not yet know to look for
- **Can identify similar analogs**- ex: can break apart and differentiate fentanyl, carfentanil, fluorofentanyl
- **Can identify trace amounts**- Unlike FTIR, MS does not have a 5% limitation of detection

MS Limitations:

- **Not Point of Care**- Sample must be sent to a lab and interpreted by highly skilled laboratory technologists
- **Chocolate Chip Cookie Effect**- A sample of a substance is just a small part of a batch. There is always a chance that there are other components present in other parts of a batch
- **Cannot promise a substance is safe to use**- The goal of drug checking is never to guarantee the safety of a substance



Drug Checking in Practice

Odie Spinelli | SOR Team

Using Immunoassay, FTIR, and MS in Tandem

Using all these technologies in tandem helps address limitations of using a single method on its own.



Drug Checking Responsibilities

- **Consent-** Drug checking cannot not exist without people who use drugs participating and fully consenting to all aspects of participation.
- **Harm Reduction-** Use trend analysis to respond to the opioid epidemic. The data gained should first and foremost be used to reduce harm and save lives.
- **Responsiveness-** When issuing batch alerts or trend reports, pair them with updates on responses to the data and plans to address any arising concerns.

Thank You!

Odie Spinelli

Odie.Spinelli@state.mn.us

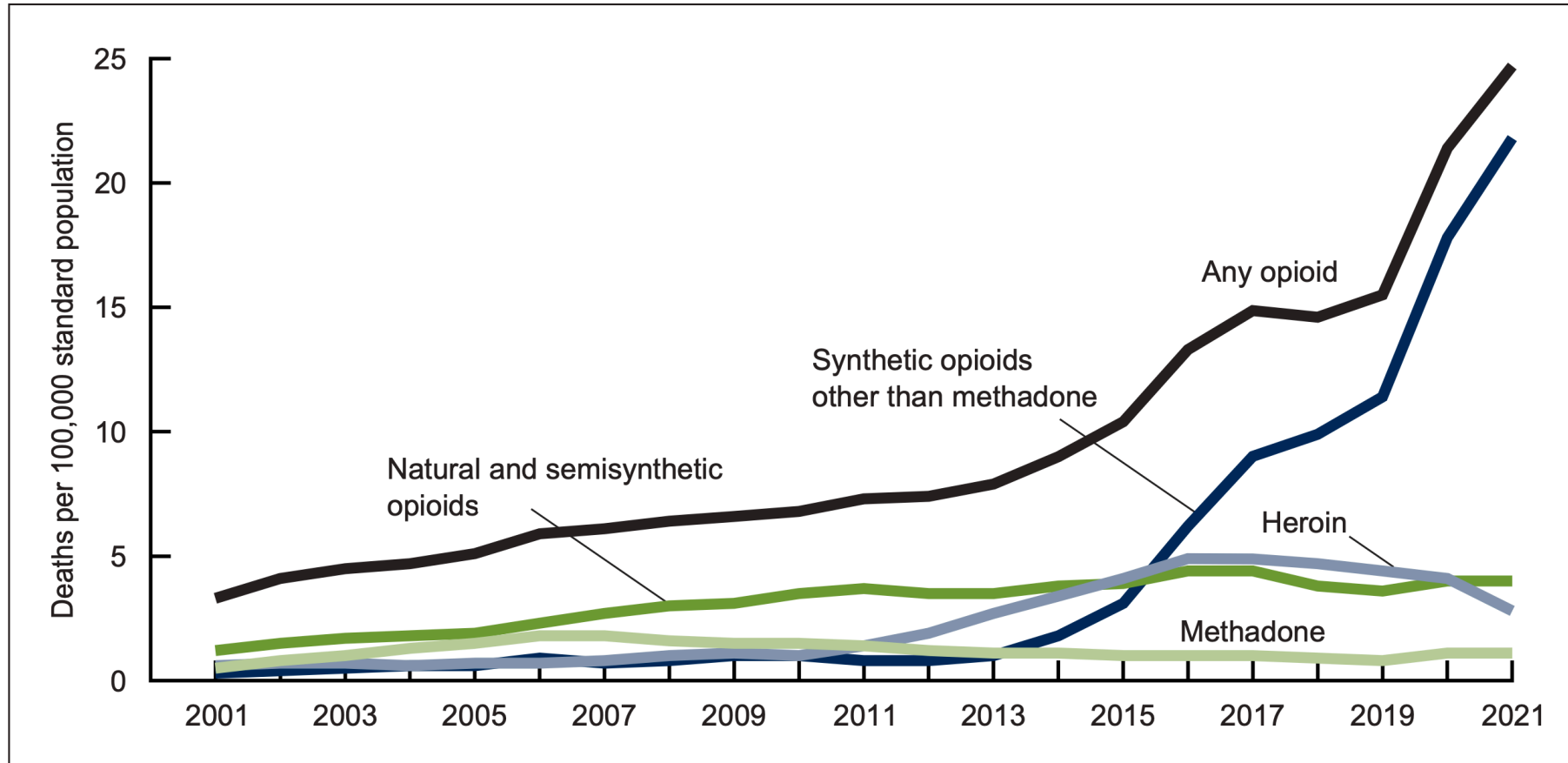
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Hennepin County Opioid Framework

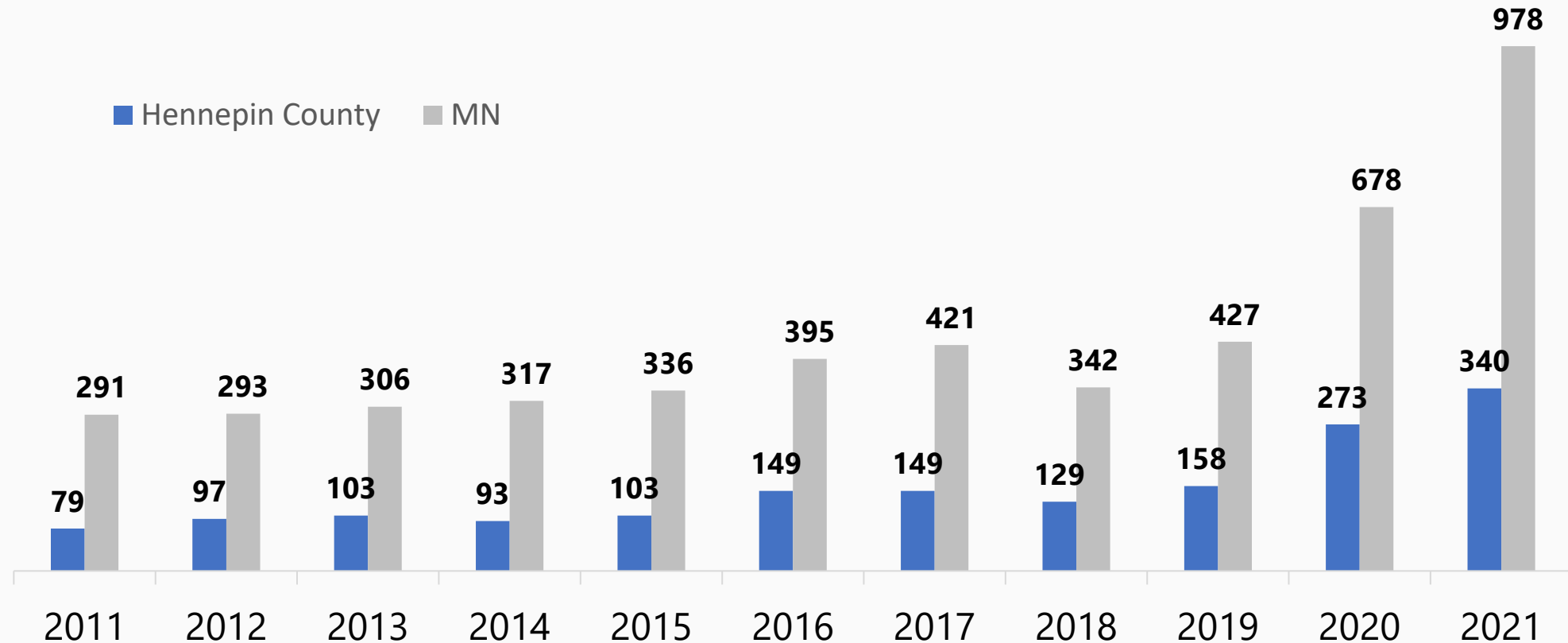
OERAC | June 16, 2023

National trajectory of opioid-related deaths

Age-adjusted rate of drug overdose deaths involving opioids, by type of opioid: United States, 2001–2021



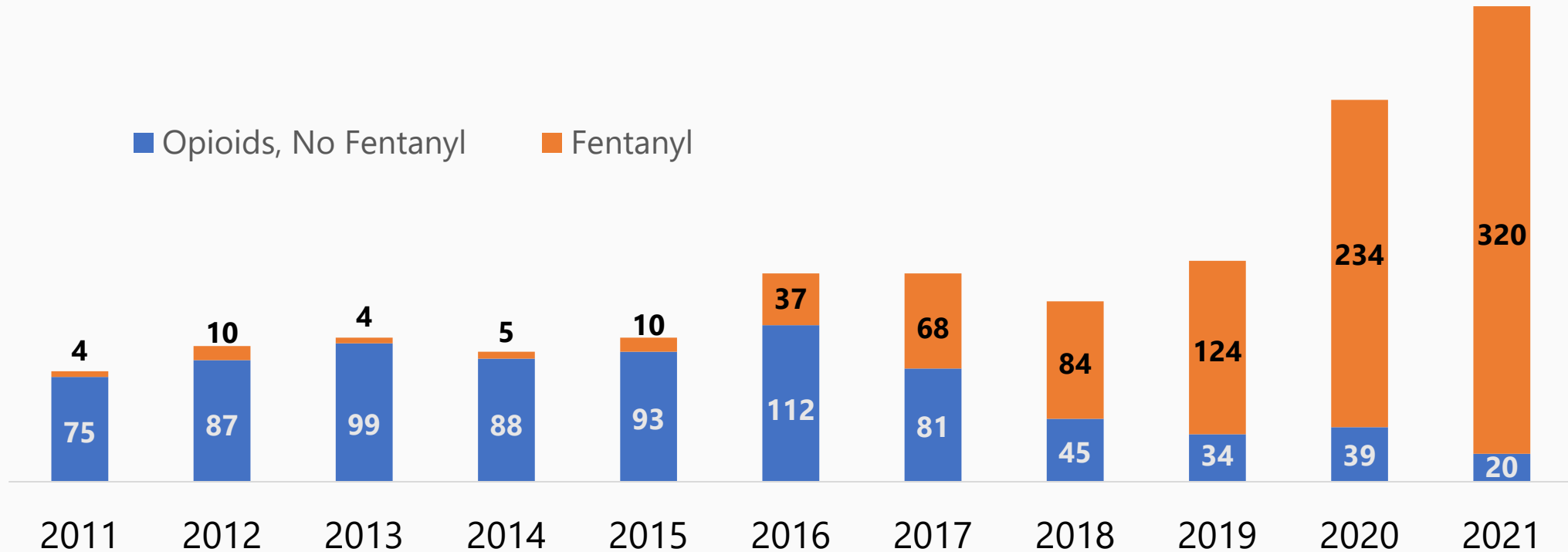
Opioid-related deaths, Hennepin County and Minnesota residents, 2011–2021



Source: Minnesota Department of Health Vital Statistics, Hennepin County Public Health
Minnesota Dept of Health Drug Overdose Dashboard, www.health.state.mn.us/communities/opioids/opioid-dashboard/index.html



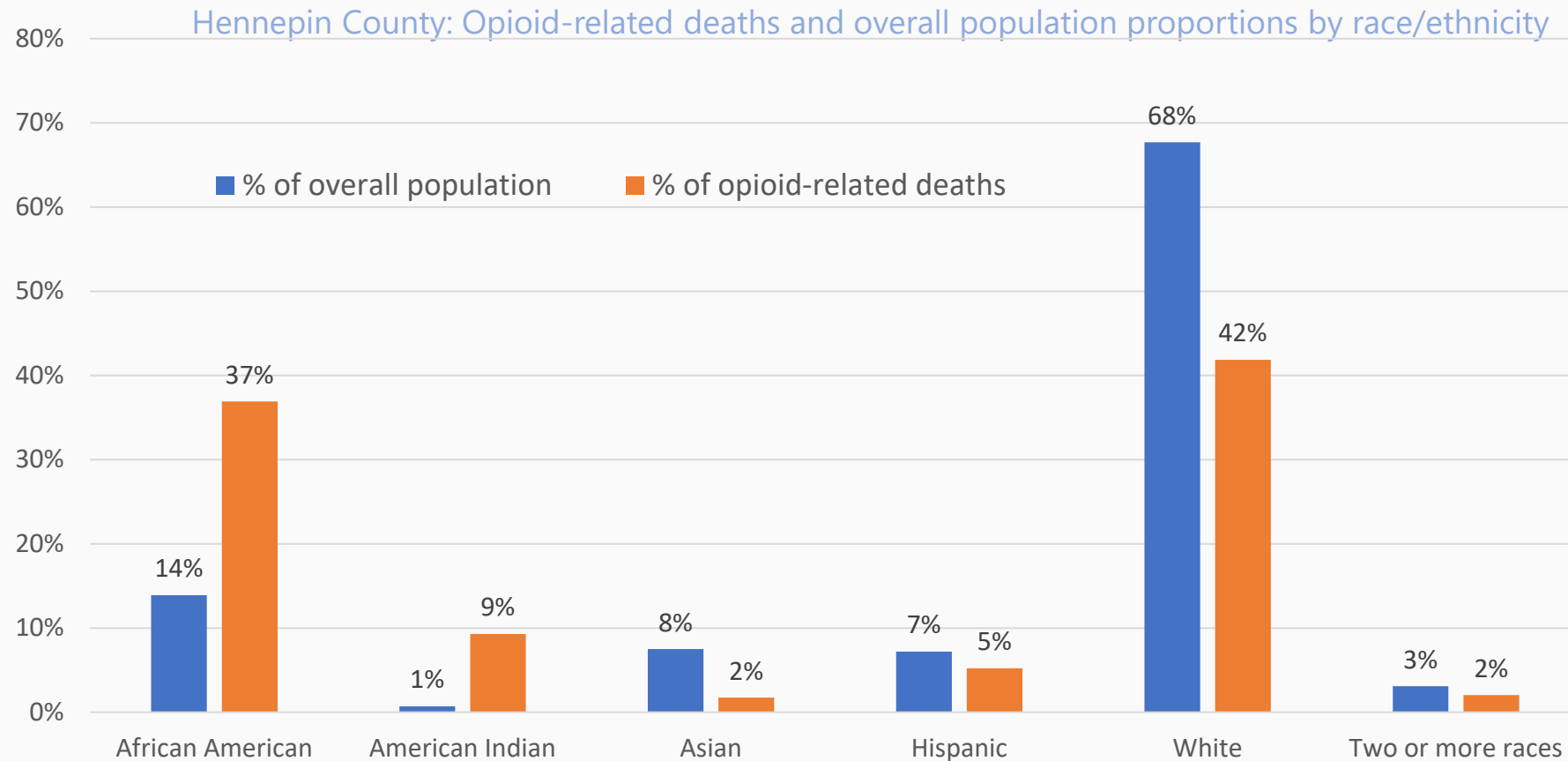
Opioid-related deaths – fentanyl, Hennepin County residents, 2011-2021



Source: Minnesota Department of Health Vital Statistics, Hennepin County Public Health



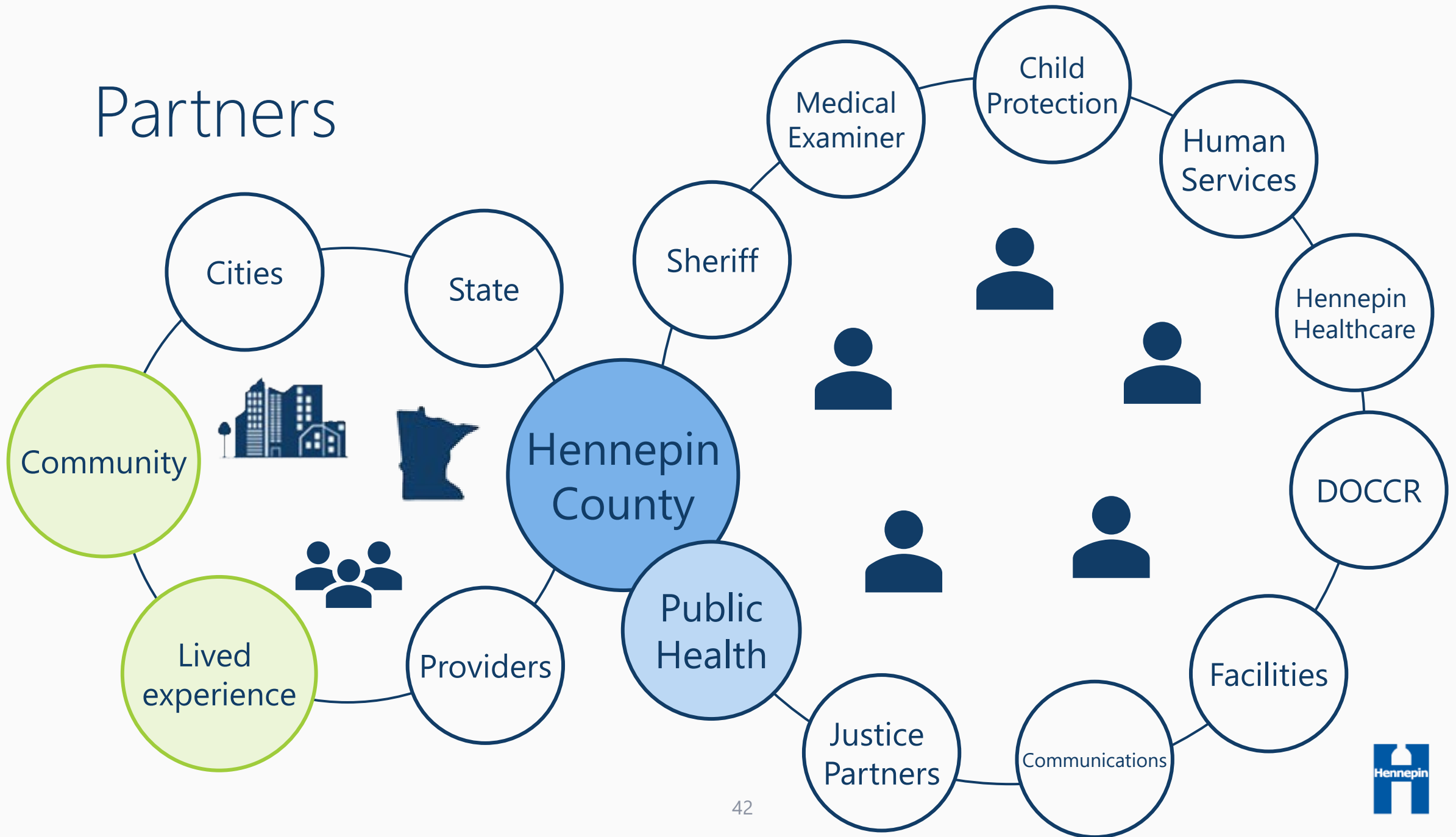
Opioid-related deaths disproportionately affect American Indians and African Americans



Source: 2020 opioid-related deaths; Hennepin County Public Health; Minnesota Department of Health Vital Statistics



Partners



Opioid framework pillars



Prevention

Prevent further spread of opioid crisis



Response

Avert overdose deaths



Treatment

Provide evidence-based treatment and recovery services

Guiding principles

- Spend money to save lives
- Use evidence to guide spending
- Invest in youth prevention
- Focus on racial equity
- Develop a transparent, inclusive decision-making process





Community collaboration

- Community contracts
- Overdose spike alerts
- Medicine drop boxes
- Data Infrastructure
- Opioid website
- Fentanyl risk education campaign (plan for launch)
- Child Protection coordination (continued and expanded)





Expand harm reduction

- Infectious disease testing
- Overdose spike alerts
- Naloxone (Narcan) distribution
- Syringe exchanges
- Fentanyl testing strips
- Community contracts





Community

- Contracts with 17 diverse community organizations
- Request for proposals
- Suburban response





Clinical

- Adult Detention Center
- Adult Corrections Facility
- Juvenile Detention Center
- Health Care for the Homeless
- Hennepin Healthcare / HCMC
- Mental Health Center
- NorthPoint
- Public Health Clinic





Treatment

Spectrum of medication and therapeutic options

- Project Child
- Diversion and Recovery team
- Residential and outpatient treatment
- 1800 Chicago
- Project STARS
- In-home Family Recovery
- Embedded social workers
- Youth treatment and recovery

Settlement funds

- \$42 million over 18 years
- Use guiding principles and pillars to drive work
- Coordination with Hennepin County cities
- Yearly public meeting
- Expand RFP process
- Focus on American Indian, African American, and unsheltered homeless populations and disparity reduction

julie.bauch@hennepin.us

Julie Bauch, MS, RN, PHN



2023 Legislative session – initial reflections



Passed legislation for OERAC

- The council shall "meet with each of the 11 federally recognized Minnesota Tribal Nations individually on an annual basis in order to collaborate and communicate on shared issues and priorities"
- New seat: "one member representing an urban American Indian community"
- Commissioner appointments ensure that at least one-third of council members reside outside of the seven-county metropolitan area
 - previously one-half of membership

Passed legislation for SUD Services in MN

- Policy

- Direct Access
- Family treatment center regulations
- OTP regulations and OTP rate methodology (Medicare model)
- ASAM/SUD reform provisions, improving quality of SUD treatment (UM, admin)
- Naloxone requirement at schools, congregate housing programs, SUD treatment, jail/prison
- SUD public awareness campaign
- Overdose surge text alert system
- Counties eligible vendors of peer recovery services

- Workgroups/Studies

- Opioid Treatment Program Workgroup
- Recovery Community Organizations Workgroup
- Sober home consumer protections
- MA demonstration study: BH services in jails, prisons, traditional healing, contingency management

- Start-Up/Capacity Funding

- Safe Recovery Sites
- Family Treatment
- Withdrawal Management

Passed legislation for SUD Services in MN (Cont.)

- Grants

- Recovery Community Organizations
- Tradition Healing (grants ongoing)
- Harm reduction supplies and culturally specific
- Culturally specific RCO
- Overdose prevention
- Family enhancement center
- White Earth digital therapy tool
- Wellness in Woods
- OTP ECHO
- Hennepin Health ECHO

- Training

- Naloxone
- ASAM competency, evidence-based training for providers
- Peer streamlining training, testing w/ MN cert board
- Peer training funds

- Cannabis (HF 100)

- BHD, Housing: data collection, advise OCM on grants, lead agency drug testing

30 minute lunch break





Governor's Subcabinet on Opioids, Substance Use, and Addiction

Jeremy Drucker | Director and Assistant Commissioner

Subcabinet on Opioids, Substance Use, and Addiction

Created in 2022 by the legislature and Governor Walz to improve outcomes for Minnesotans experiencing substance use disorder, their families, and their communities by working across state government.

Chaired by the Addiction and Recovery Director and consisting of eight state agencies:

- Human Services
- Health
- Education
- Higher Education
- Management and Budget
- Corrections
- Public Safety
- Interagency Council on Homelessness

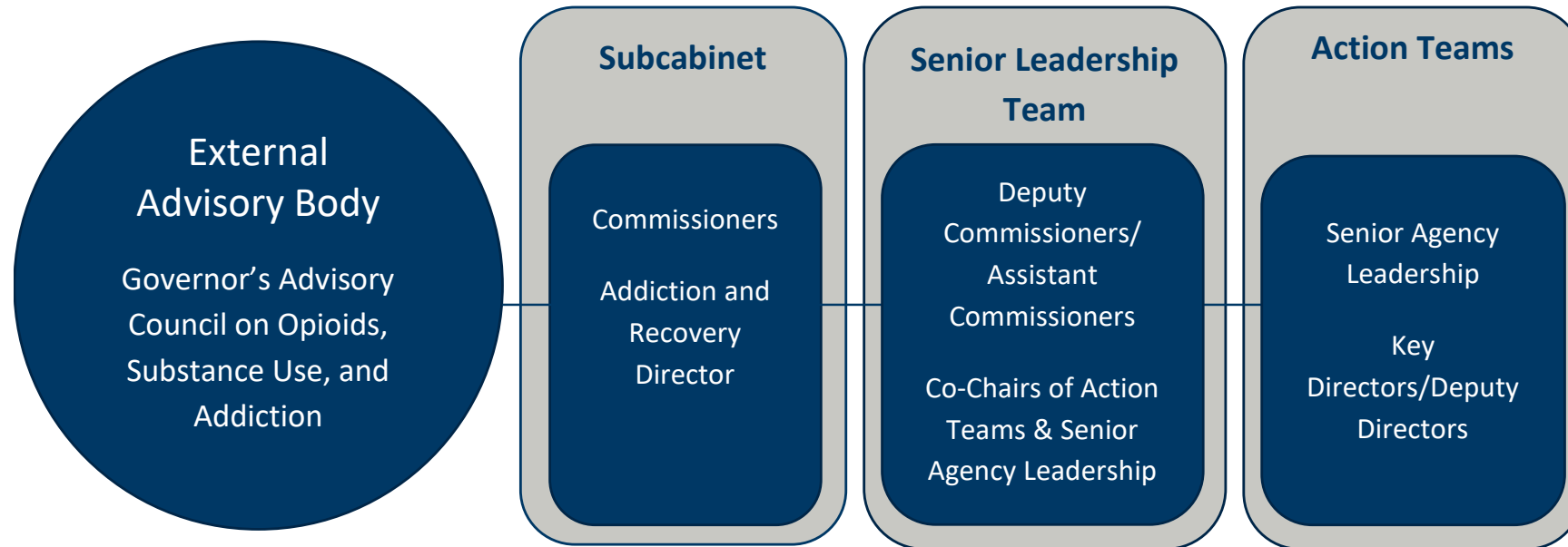


Governor's advisory council on opioids, substance use, and addiction

- Advises the subcabinet regarding implementation of its purpose, policy and strategy development, and public engagement.
- Identifies opportunities and barriers for the development and implementation of policies and strategies to expand access to effective services for people in Minnesota suffering from (experiencing) addiction (and recovery).
- Examines what services and supports are needed in communities that are disproportionately impacted by the opioid epidemic.
- Provides opportunities for Minnesotans who have directly experienced addiction (and recovery) to address needs, challenges, and solutions.

Advisory Council Members	
Farhia Budul	Minneapolis, MN
Colin Cash—Vice Chair	Onamia, MN
Kyle Christianson	Moorhead, MN
Autumn Dillie	Minneapolis, MN
John Donovan	Big Lake, MN
Beth Elstad – Chair	Duluth, MN
Wendy Jones	St. Paul, MN
Fiyyaz Karim	St. Paul, MN
Pamela Lanhart	Burnsville, MN
Jeffrey Lind	Bemidji, MN
Bobby Marines	Rochester, MN
William Messinger	St. Paul, MN
Kate Noffke	St. Paul, MN
Anderson Saint Georges	Detroit Lakes, MN
Kimberly Stokes	Britt, MN
LaTricia Tate	Minneapolis, MN
Arden Two Bears	Minneapolis, MN
Travis Winship	Minneapolis, MN

Subcabinet governance structure



Strategic Alignment

- Opioid Epidemic Response Advisory Council (OERAC)
- County/local level efforts
- SUD Reform Waiver
- One Minnesota Plan
- Federal strategy

Office of Addiction and Recovery (OAR)

- The budget that passed includes a proposal for a permanent OAR which includes 5 FTEs and funds to create an all-SUD funding database. FTEs include:
 - Director and Assistant Commissioner
 - Deputy Director
 - Youth focused FTE
 - 2 additional FTEs (likely focused on public engagement and project coordination)
- The OAR will staff the subcabinet and the Governor's Advisory Council

- The early stages of the subcabinet will focus on a limited number of priority areas.
- As the subcabinet matures and the OAR builds infrastructure the number of areas of focus will expand.
- Each focus area will be assigned an action team.
- Initial action teams will focus on:
 - **Unsheltered populations (phase 1)**
 - **Justice involved populations (phase 1)**
 - **Youth addiction and recovery (phase 2)**

Current areas of work

- Xylazine coordinated response
- Naloxone distribution
- Public engagement framework
- Office of Addiction and Recovery establishment planning
- American Indian SUD Summit
- Budget implementation

Legislative overview

- The 2023 budget invests over \$200M over four years in addressing substance use
- Many of these proposals focus on reducing deaths in Native and Black communities, where the disparities are greatest
- These investments cross the continuum of care—prevention, harm reduction, treatment, recovery
- Many of these investments look at the intersection of SUD, housing, health care, and other supports.
- Taken as a whole, this budget session significantly moved Minnesota toward a more comprehensive public health approach to substance use disorder

- Safe recovery and harm reduction
- Treatment quality enhancements
- Peer support investments
- Overdose Prevention and Morbidity Act
- Housing investments for people experiencing SUD and exiting correctional facilities
- Increase in penalties for fentanyl and decriminalization of paraphernalia and residue
- Supporting culturally specific organizations
- Cannabis bill prevention, education, and recovery grants

Thank You!

Office of Addiction and Recovery

Jeremy.Drucker@state.mn.us

Teva opioid settlement presentation

Eric Maloney and Evan Romanoff
MN Attorney General's Office



The Office of
Minnesota Attorney General Keith Ellison

helping people afford their lives and live with dignity, safety, and respect • www.ag.state.mn.us

OPIOID SETTLEMENTS TEVA PRODUCT OPTION

Evan Romanoff and Eric Maloney

“First Wave” Settlements (Distributors + J&J)

- Distributors / Johnson & Johnson settlements
 - Minnesota joined summer 2021
 - Cities and counties joined by January 2022
- Minnesota’s allocation: **\$303 million**
 - Minnesota earned maximum amount
 - Paid over 18 years
 - Designated for opioid abatement
 - \$63 million received so far

“Second Wave” Settlements Terms and Structure

- Five new settlements with two opioid manufacturers and three chain pharmacies
- Maximum payment for Minnesota: **~\$243 million**
 - **Teva: \$51 million over 13 years**
 - Allergan: \$28 million over 7 years
 - CVS: \$62 million over 10 years
 - Walgreens: \$67 million over 15 years
 - Walmart: \$35 million in 1 year*

*assuming full release of claims

Teva Settlement's Product Option

- Teva has agreed to provide Settlement Product
 - Settlement Product is one kit (2 devices per kit) of Naloxone Hydrochloride Nasal Spray (4 mg strength), *i.e.*, generic Narcan
 - Teva values the product at up to \$1.2 billion
 - Each kit valued at a fixed Wholesale Acquisition Cost (WAC) of \$125/kit
 - Settlement Product provided over 10 years
- State can select cash conversion in lieu of Settlement Product
 - Cash conversion is 20% of the WAC. It is paid on a 12-year basis, whereas the Product is available over a 10-year terms.
- State can select all cash, all product, or a combination of both
- State has option to change its election every two years
- What does that mean for Minnesota?

Minnesota Maximum Settlement Product Quantity

- Total maximum quantity: 151,381 kits over 10 years
- Maximum annual quantity: 15,138 kits (30,276 devices)
- Total WAC value: \$18,922,597.95
- Cash conversion: **\$3,784,519.59**, paid over 12 years, starting July 2024
 - **\$315,376.63/year**
 - Cash conversion would be split like other monetary payments: 75% to local governments, 25% to state



Considerations

- What is more valuable to the State: 30,276 devices or \$315,376.63?
- How much is the State paying for Narcan now?
- Legislation requiring schools to maintain nasal naloxone supply
- March 2023 FDA approval for over-the-counter, nonprescription use
- Current use of Narcan vs. other overdose prevention products
- Consequences of accepting treatment product from opioid manufacturer

Additional Information

- Forecasts required
 - Annual written forecasts of the estimated quantities of Settlement Product that the State anticipates ordering from Teva for delivery during the immediately following calendar year
- Purchase orders
 - State must submit purchase orders (up to four/year) setting forth the quantity of Settlement Product to be delivered and desired delivery date, based on the annual forecasts
 - State may select up to five delivery locations, which must meet certain requirements (*e.g.*, must be licensed distributor/wholesaler, pharmacy, or associated with a licensed physician, and must be able to appropriately store Product)

Additional information continued

- State may designate an agency, officer, or official
 - Subsequent Settlement Product election forms
 - Submit written forecasts
 - Place purchase orders
 - Coordinate logistics of delivery/inspection of Settlement Product
 - Coordinate distribution of Settlement Product within the State

- **September 6, 2023:** Initial Settlement Product Opt-In date for 2024-2025
- Subsequent product election forms due by:
 - 1/1/2025
 - 1/1/2027
 - 1/1/2029
 - 1/1/2031
- Subsequent forecasts due each year by January 1

Decisions to make

- Should the state elect to receive generic Narcan from Teva?
 - If so, how much?
- Which agency/office should be designated?
- Deadline to provide feedback

Questions?

- Minnesota Office of Addiction and Recovery
 - Jeremy Drucker, Director: Jeremy.Drucker@state.mn.us
 - Jennifer Blanchard, Deputy Director: Jennifer.M.Blanchard@state.mn.us
- Minnesota Attorney General
 - Website: www.ag.state.mn.us/opioids
 - Email: opioids@ag.state.mn.us
 - Telephone: (612) 429-7126
- www.nationalopioidsettlement.com
 - Includes national settlement documents, FAQs, summaries, etc.

OERAC Draft Legislative Report

Public Comment, 2nd Round

10 minutes



Next Meeting

August 18th – Government Services Center, Duluth MN

September 22 instead of September 15 to allow additional RFP review time

October 27 instead of October 20 due to MEA weekend

Thank you

Please contact DHS staff if you have any comments or questions about the topics discussed today

BHD_Opioid@state.mn.us

alicia.baker@state.mn.us

jeff.campe@state.mn.us