



Advisory Council mission:

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

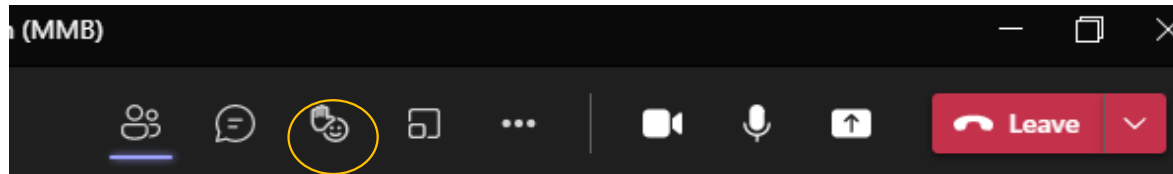
Opioid Epidemic Response Advisory Council

October 27, 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
- Listen and learn from public commentors
- Report on Tribal Consultations
- Hear updates on settlement dollars from Attorney General's Office
- Hear an overview and impact of SUD-related Legislation from 2023
- Learn about Brown County's experience in settlement spending
- Discuss lessons learned from the RFP grant cycle

Agenda

- Welcome and introductions
- Round 1 public comment **(10:25)**
- OERAC Business
- Tribal Consultations Presentation **(11:00)**
- DHS Updates
- Lunch **(approx. 11:50)**

- Attorney General's Office Updates **(12:20)**
- 2023 Legislative Update **(12:25)**
- Brown County Opioid Settlement Spending Overview **(12:55)**
- Grant Cycle Lessons Learned **(1:15)**
- Round 2 public comment **(1:55)**
- 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
- 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
- Dr. Ashwin George, Minnesota Society of Addiction Medicine

Council roll call (continued)

- Sarah Grosshuesch, Local Department of Health
- Jack Martin, Nonprofit Organization
- Erin Koegel, Minnesota House of Representatives
- Kelly Morrison, Minnesota State Senate
- Bill Lieske, Minnesota State Senate
- Toni Napier, Alternative Pain Management Therapies
- Charles Reznikoff, Mental Health Advocate Representative
- Brock Reed, Board of Pharmacy
- Judge Nicole J. Starr, Judge or Law Enforcement

Non-Voting Members

- Dana Farley, Department of Health
- Eric Grumdahl, Department of Human Services
- Marina Fuhrman, Department of Corrections
 - Subbing for Jolene Rebertus

Public Comment

10 minutes



OERAC Business

Membership Transitions

Welcome!

Jack Martin, Nonprofit Organization

Judge Nicole J. Starr, Judge or Law Enforcement

Dr. Charles Reznikoff, Mental Health Advocate Representative

OERAC Business

- Approve September 2023 meeting minutes
- January elections
- Update on four new member seats
- MDH deployment of tribal funds
- OERAC “Checkbook”

OERAC Checkbook

Kari Irber | Budget and Finance Director



Minnesota Tribal Consultations Report: Identifying Key Issues and Priorities

Representative Dave Baker | OERAC Chair



DEPARTMENT OF
HUMAN SERVICES

Agenda

- Overview of Tribal Consultations
- Site Visits Recap
- Key Issues Discussed in Consultations
- Looking Ahead

Overview of Tribal Consultations

Purpose

1. Establish a platform for collaboration and communication on shared issues and priorities involving substance use.
2. Engage with Tribal leaders and communities to gain valuable insights and foster partnerships that would contribute to addressing critical challenges collectively.

Tribes Visited

- Fond-Du-Lac
- Bois Forte
- Grand Portage
- Upper Sioux
- Lower Sioux
- White Earth Nation
- Red Lake Nation
- Mille Lacs
- Leech Lake

Participants

- Commissioner of the Department of Human Services in Minnesota: Jodi Harpstead
- Director of the Office of Addiction and Recovery: Jeremy Drucker
- OERAC Chair: Minnesota State Representative Dave Baker
- OERAC Vice Chair: Kathy Nevins
- Tribal Leadership
- Office of Indian Policy Director: Vernon LaPlante
- Several other key DHS staff members

Additional Site Visits

- Leech Lake Band's Ahnji-Be-Mah-Diz Recovery Center
- Leech Lake Band's medication-assisted treatment program
- Red Lake treatment facility in Ponemah
- Little Cedar Spirit Tree (Manidoo-giizhikens) in Grand Portage
- White Earth Nation's new behavioral health clinic
- White Earth Nation's new transitional housing facility
- White Earth Nation's new cannabis dispensary
- American Indian SUD Summit at Bois Forte



Little Cedar Spirit Tree, Grand Portage

Key Issues and Needs Identified

The consultations improved the council's understanding of common needs and challenges faced by Tribal Nations in responding to substance use needs.

1. Medical Withdrawal Management
2. Behavioral Health Treatment Services
3. Funding Strategies
4. Workforce Shortages
5. Supports for Justice-Involved Members and Families
6. Differing Experiences and Perspectives for Moving Forward

1) Medical Withdrawal Management

- Tribes' need for on-reservation medical withdrawal management services
- Funding for multiple culturally specific detox facilities located within Tribal communities
- Financial support, licensing, and technical assistance required
- Structure for withdrawal management may include traditional residential support, mobile withdrawal management, or integration with local hospital facility

1) Examples: Medical Withdrawal Management

- **Red Lake Nation:** desire to create a withdrawal management program as part of a larger full continuum of care program on the reservation they referred to as a “Sober Village”.
- **Leech Lake Band of Ojibwe:** identified their Opioid Treatment Program in their Recovery Center as a suitable location to provide medical withdrawal management, at least on a temporary basis.



Red Lake Nation Government Center

2) Behavioral Health Treatment Services

- Emphasis on Tribal-owned behavioral health services across the care continuum on or near reservation
- Need to create a standard for a continuum of care for SUD treatment, from emergency services through housing and reentry programs
- General acceptance for suboxone treatment but need to incorporate culture into treatment facilities
- Need to be able to bill for cultural practices while maintaining privacy and without compromising the sacredness of the traditions.
- Trauma-informed services and family education
- Federal and State funding for behavioral health is challenging to deploy and limitations are complex

2) Examples: Behavioral Health Treatment Services

- **Red Lake Nation:** desires to create a “Sober Village” which would offer services across the continuum
- **White Earth:** is exploring options for a 16-bed facility. One hospital might have land on their complex that they could use, but bonding proposal would require DHS help.

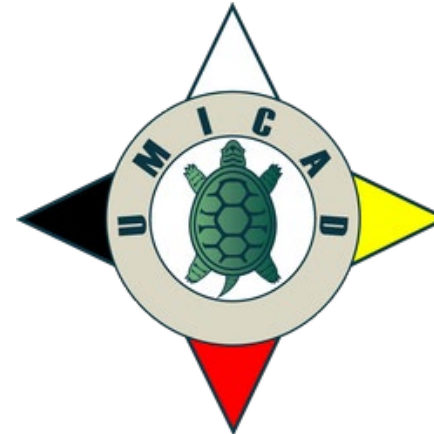


3) Funding Strategies

- Desire for a more flexible and user-friendly grant process
- Allocation challenges and grant writing assistance
- Comparison with federal direct funding formula
- Infrastructure development needs

3) Examples: Funding Strategies

- **Fond du Lac:** among others, is managing 27 grants for one program. Recommended revising grant process to include multi-year, umbrella contracts with direct allocations to Tribes
- **UMICAD:** has lacked strong investment for a long time. Funding for this program would support expansion of Recovery Community Organizations, peer specialists, and healing standards endorsed by Tribal Nations



4) Workforce Shortages

- Workforce shortages and retention challenges
- Livable wage considerations
- Those lived experience, including peer support specialists, need expanded certification programs and array of standards for certification that are endorsed by Tribal Nations



5) Supports for Justice-Involved Members and Families

- Funding need to assist previously incarcerated individuals with reentry and provide independent living supports.
- Need a process to work with jails to provide services to those incarcerated.
- Impact on families separated by incarcerated parents.
- Developing a standard of care that incorporates a release plan for Tribal members reentering from jails.

6) Differing Experiences and Perspectives for Moving Forward

- Some Tribes are plugged in to DHS grant opportunities and are familiar with OERAC's resources, while others have been missed in communication.
- Relationships with counties that share land borders with Tribes are largely dependent on one or two employees per county, and these relationships are impacted by employee turnover.
- Dakota Tribes and Ojibwe Tribes hold different opinions on how state allocations should be divided.

Looking Ahead

- Red Lake Nation received funding during this RFP cycle to support Tribal members in accessing SUD services.
- OERAC is developing a Tribal directory to facilitate a targeted communication plan. This aims to improve engagement with Tribal entities that are not currently enrolled in the self-select e-memo notices from DHS.
- In fiscal year 2024, \$4 million is available for grants to culturally specific providers for technical assistance navigating culturally specific and responsive substance use programs. An additional \$400,000 is available to support four trainings for culturally specific providers for grant writing training for substance use programs.
- OERAC has the opportunity to modify the RFP process to better meet the needs of the Tribal Nations.
- There was widespread support for the new Urban Tribal seat on the Council.
- MDH will soon be dispensing a \$1.1 million grant across Minnesota Tribes.
- The council should carefully consider how to support equitable allocations of all future funding across Minnesota Tribal Nations.

DHS Updates

Jenny Rennquist | State Opioid Response Supervisor
Amanda Langston | OERAC Lead

Staffing Update

Three new grant managers
starting on November 8th



Legislative Report Progress Update

The first draft of the 2023 Legislative Report is underway. This draft will be sent to Council members in advance of the December 1st meeting.

Step - 1: November 29th, First draft of legislative report completed and sent to OERAC members

Step - 2: December 1st, Report presented to OERAC for Council to provide feedback

Step - 3: December 2nd – January 12th, Feedback is implemented and draft undergoes multiple levels of review






Step - 4: January 19th, Report presented to OERAC for a 2nd and final review

Step - 5: January 25th, Commissioner's office reviews report

Step -6: January 27th, Legislative Affairs office will make small, final changes

Step -7: January 31st, (deadline), Final draft will be sent to designated legislators

2022 Policy Objectives and Recommendations

- | | | |
|--|---|---|
| 1. 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. |  | <i>No known new legislation or advancements in reimbursement reform</i> |
| 2. Reimbursement reform for alternative medicine practices for chronic pain. |  | <i>No known new legislation or advancements in reimbursement reform</i> |
| 3. Reimbursement reform for family centered therapies. |  | <i>MN Session Law 2023 Ch 61 sec. 22: \$10M in FY24 set aside for families and family treatment capacity-building and start-up grants</i> |
| 4. Reimbursement reform for Screening, Brief Intervention and Referral to Treatment (SBIRT) in key systems, such as schools, colleges and correctional facilities. |  | <i>MN Statutes 245G, 254A, 254B, and 122A: SBIRT is now reimbursable for licensed providers in these settings</i> |
| 5. Public funding to support the addiction medicine fellowship program and other professional workforce development programs. |  | <i>MN Session Law 2023 Ch 41 subd 46: Appropriates \$270k in FY24 and \$270k in FY25 to support the Addiction Medicine Graduate Medical Education Fellowship; and
MN Session Law 2023 Ch 70 sec 6: Establishes a Cultural and Ethnic Minority Infrastructure Grant program including workforce development for SUD professionals.</i> |

2022 Policy Objectives and Recommendations (2)

6. Licensing the regulation of sober living facilities.



MN Statutes 2022 254B.01: Better defines sober living facilities

7. Addressing the lack of access to health care after release from incarceration, as well as the lack of access to CCDTF funds after release.



*CCDTF is now the Behavioral Health Fund (BHF); MN Statutes 2023 241.021, subd. 1: Correctional facilities must provide naloxone to individuals discharged; and
MN Laws 2023 Ch 61 art. 4 sec. 23: Provides \$400k in FY24 and \$200k in FY25 for studying possibility of waiver to allow persons soon to be released from corrections to have MA prior to discharge.*

8. 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.



*MN Statutes 2022 254B.01: Better defines sober living facilities.
MN Statutes 2023 Ch 52 subd. 3: Appropriates \$2.13M each year for supportive stable housing initiatives to support incarcerated persons upon release.*

9. Policies that promote physician/medical provider education on pain management and alternative strategies.



MN Session Laws Ch 61 subd. 18: Appropriates \$1.31M in FY24 and \$1.29M in FY25 to expand the Project ECHO program

10. Improving the Minnesota Student Survey to accurately reflect drug use trends and understand the effects of trauma/ACEs on youth.



No known new legislation or advancements in reimbursement reform.

11. Policies that improve technological access to telehealth, such as border to border broadband access.



MN Session Laws Ch 43 art. 3: Appropriates \$100M to supplement the Infrastructure Investment and Jobs Act to expand high-speed broadband across the state

30 Minute Lunch Break



Attorney General's Office Updates

Eric Maloney | Assistant Attorney General

2023 Legislative Overview

Kristy Graume | Director of Legislative and External Affairs
Elyse Bailey | Budget Director

Strengthening Minnesota's SUD Continuum- 2023 legislative session highlights



- Investments span the continuum of care—prevention, harm reduction, treatment, recovery
 - Public awareness campaigns, school-linked early interventions
 - Increasing access and simplifying SUD comprehensive assessments, improving bed finder tool
 - Move toward evidence-based, culturally responsive treatment standards
 - Peer recovery services reforms and funding
 - Investments in housing, anti-poverty measures, education

Opiate Epidemic Response Advisory Council (OERAC)

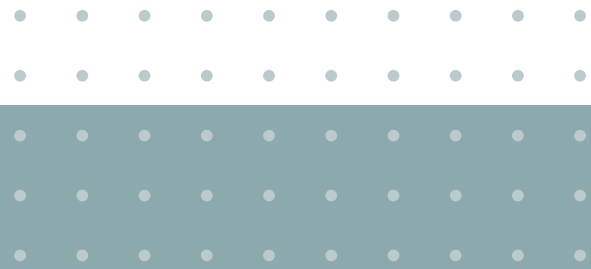


- Modifies membership to ensure Tribal Nations, urban American Indian/Indigenous populations, and African American/Black communities are better represented.
- Modifies rural/urban divide for DHS appointments.
- Grant making requirements that dedicate resources to disproportionately impacted communities- minimum of 50% for culturally-specific or culturally responsive programs.
- Ongoing funding for traditional healing grants and overdose prevention
- Project ECHO hub for OTPs

Addressing the Opioid Crisis



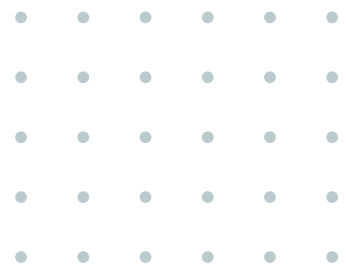
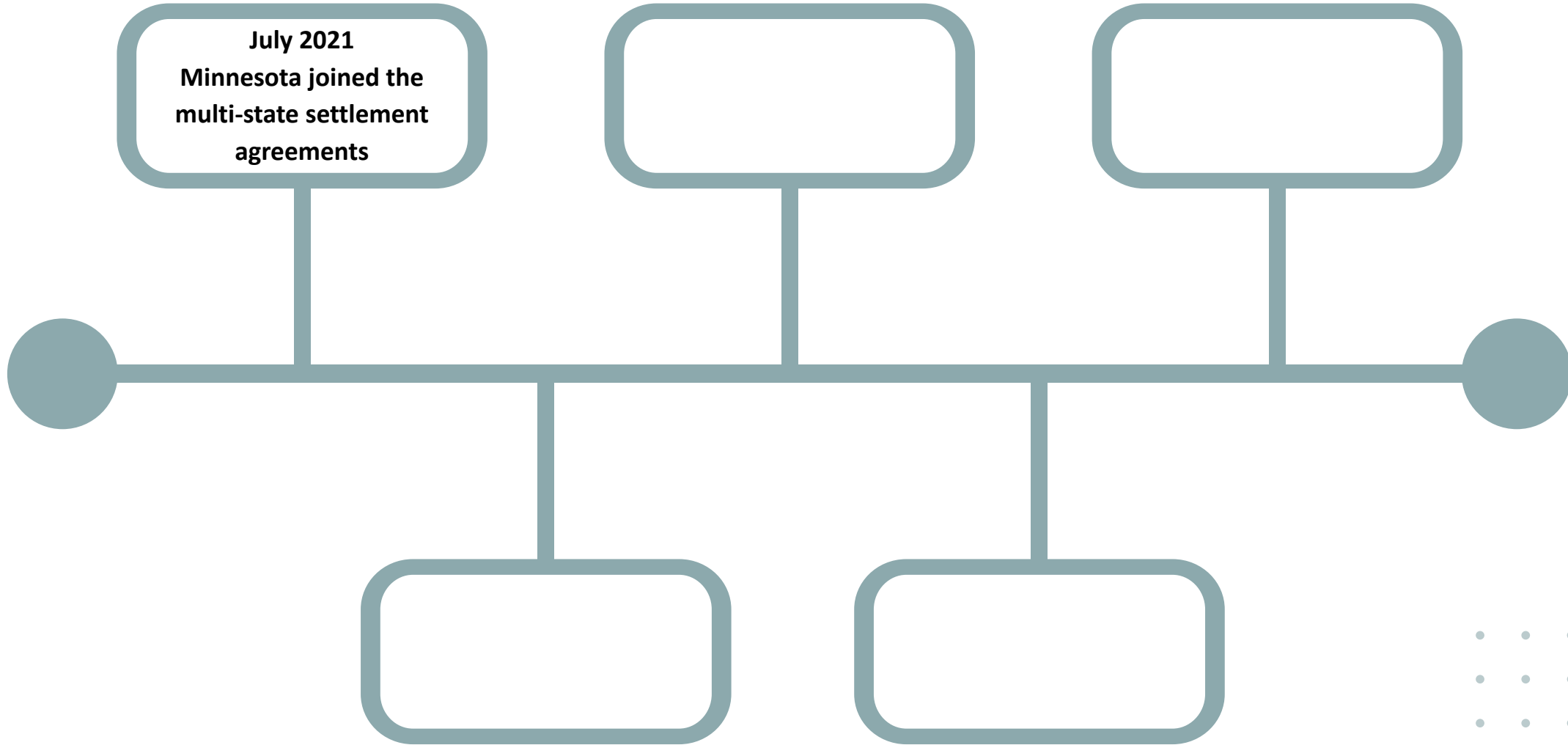
- Funding to develop MA demonstrations for behavioral health services in correctional facilities, traditional healing, contingency management
- Start-up and capacity building grants for withdrawal management programs
- Family treatment start-up/capacity building grants
- Requiring naloxone onsite at schools, congregate housing programs, SUD treatment, jail/prison
- Overdose surge text alert system
- Safe recovery sites start-up funding
- Harm reduction supplies for culturally-specific organizations



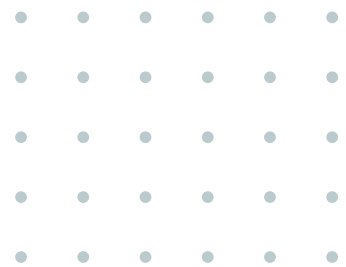
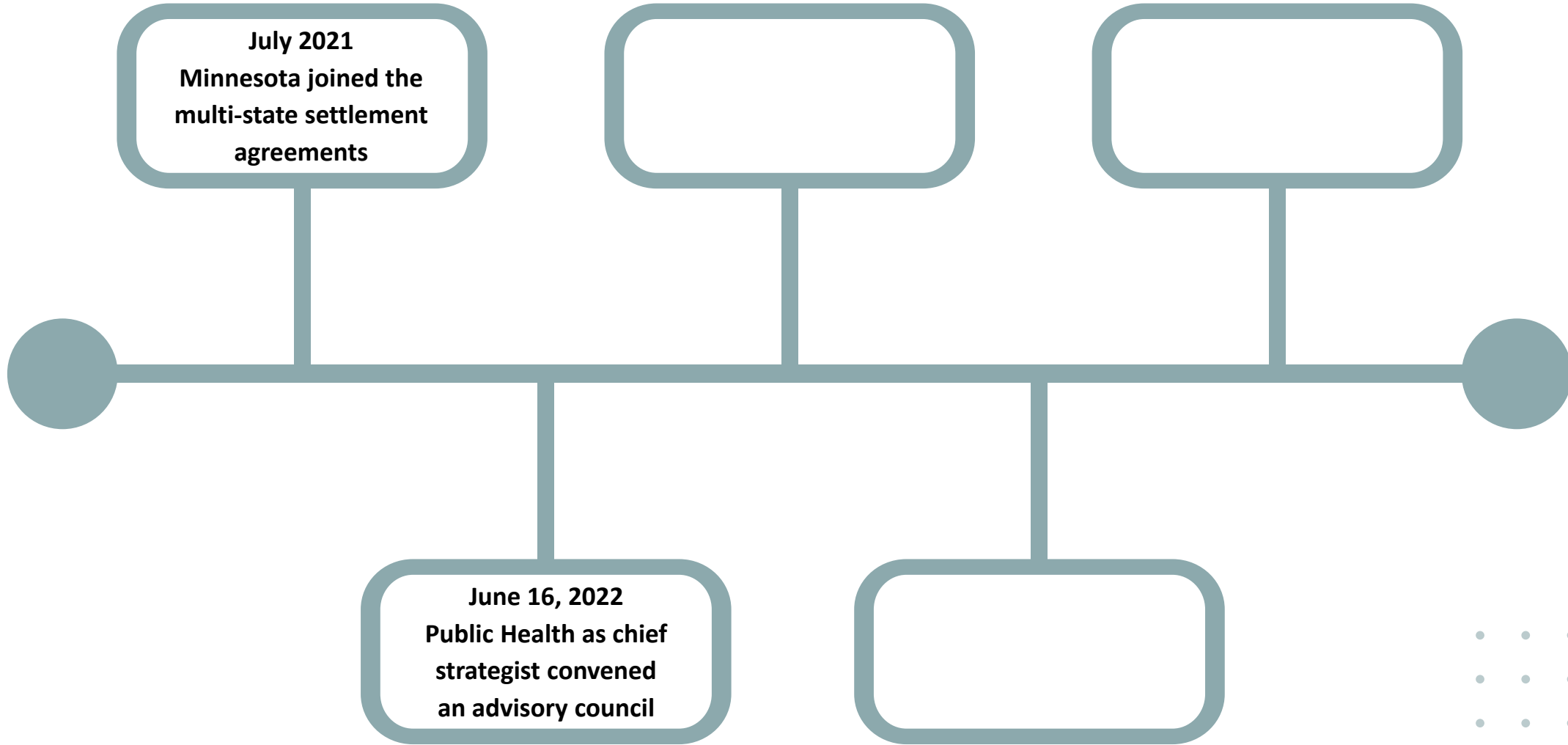
OPIOID SETTLEMENT RESPONSE IN BROWN COUNTY



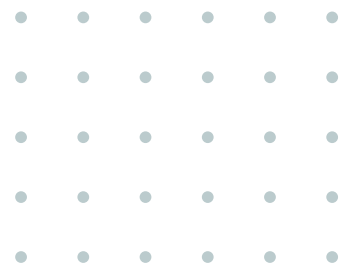
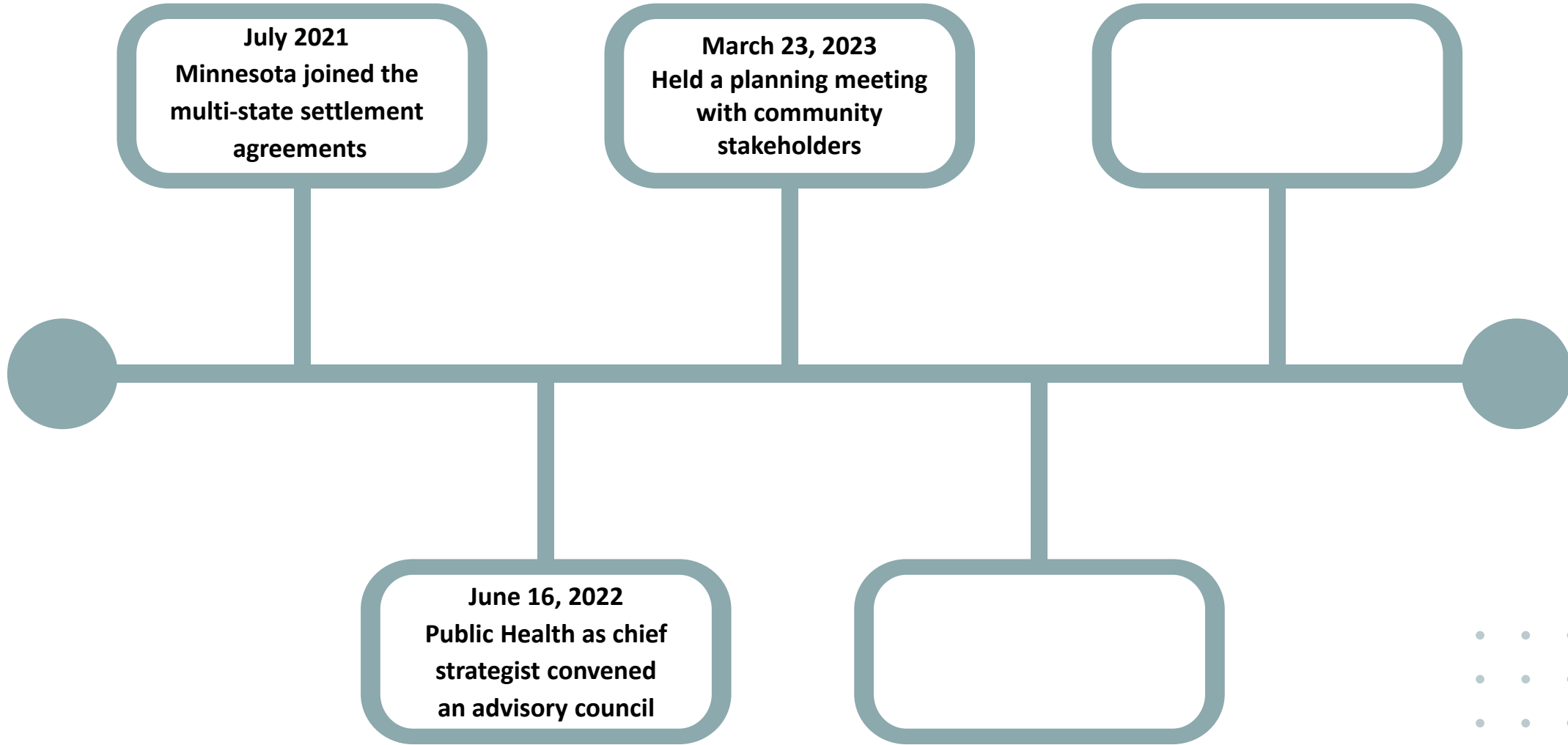
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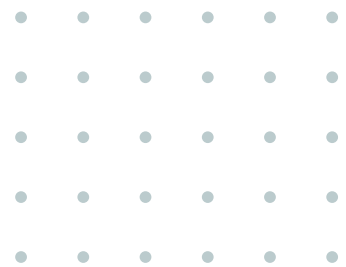
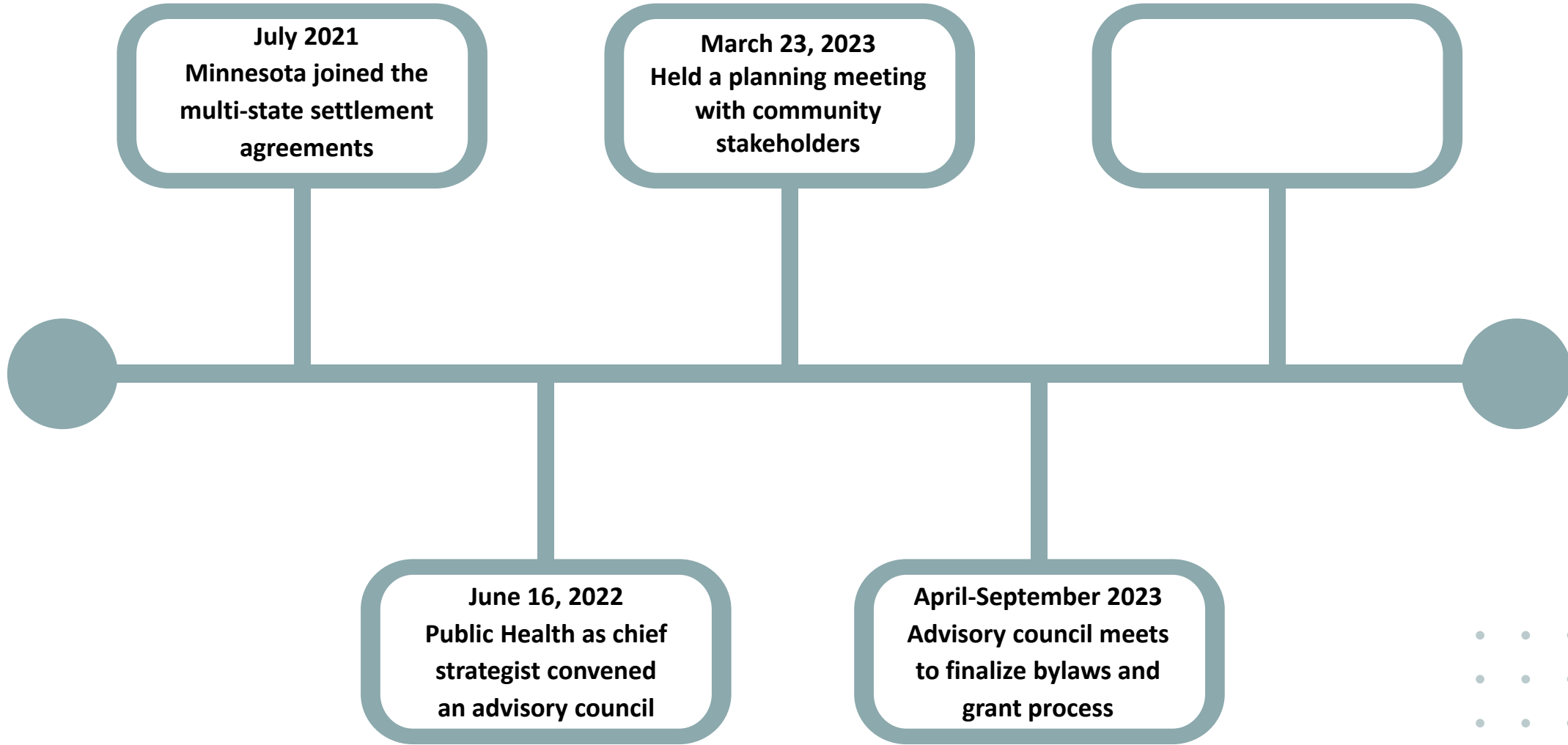
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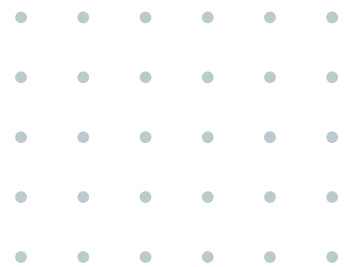
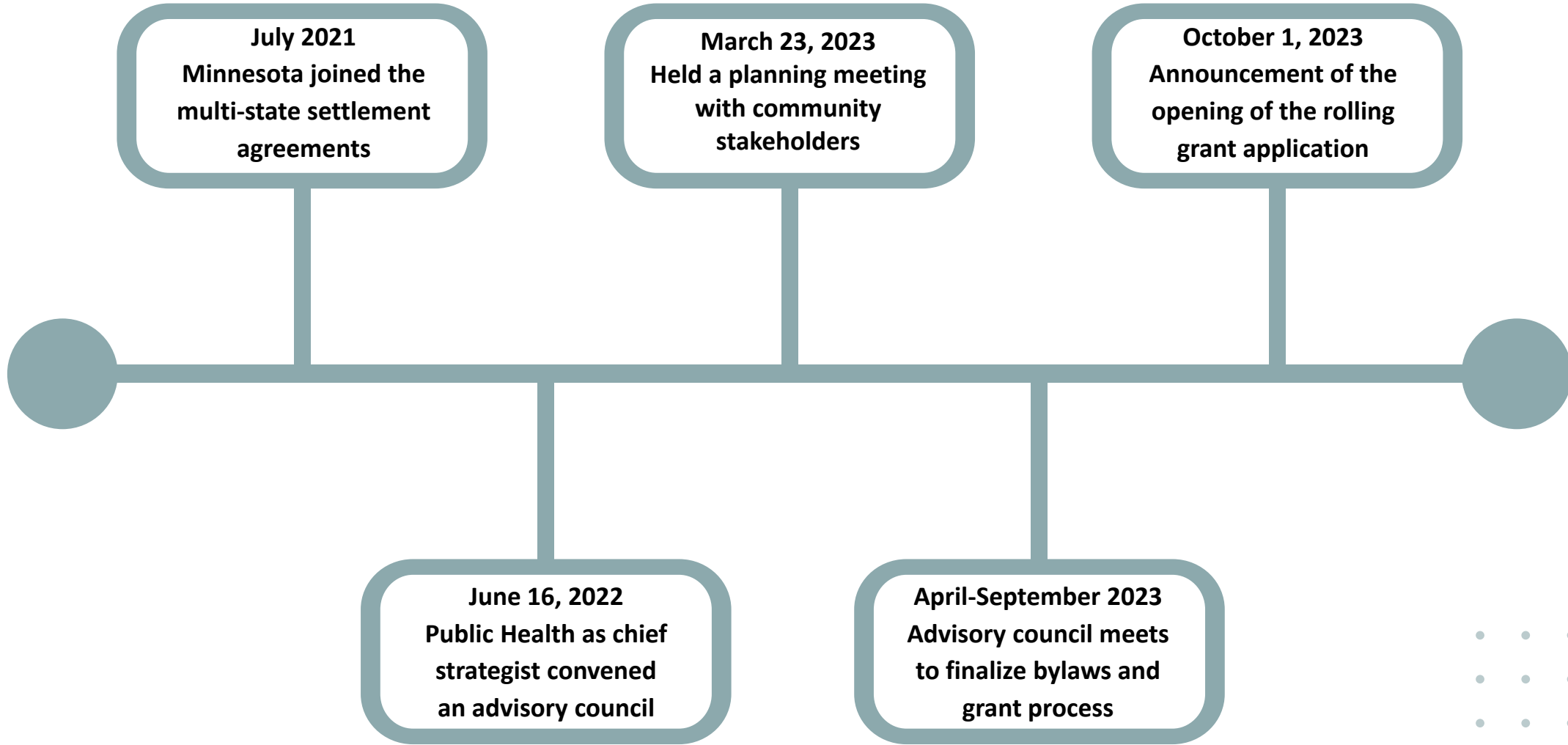
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MOVING FORWARD



Grant Cycle Lessons Learned

Discussion

- What changes would you like to see incorporated into the process next cycle?
- What aspects of the process went well that we should replicate in the next cycle?

Public Comment, 2nd Round

5 minutes



Next Meeting

December 1st: United Hospital, Hastings Regina Campus, Hastings MN

Thank you

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

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