

Meeting Minutes

Name of meeting: Opioid Epidemic Response Advisory Council (OERAC) Meeting
Date and time of meeting: 23-October-2020 from 8:30 AM to 12:30 PM
Location of meeting: Virtual

Participants

Dave Baker; Heather Bell; Boyd Brown; Wendy Burt; Peter Carlson; Chris Eaton; Shelly Elkington; Dana Farley; Sarah Grosshuesch; Katrina Howard; Erin Koegel; Gertrude Matemba-Mutasa; Toni Napier; Kathy Nevins; Darin Prescott; Anne Pylkas; Jolene Rebertus; Kristin van Amber; D. Korey Wahwassuck.

Guest Presenters:

Kristy Graume, DHS; Eric Maloney, office of the Attorney General; Weston Merrick, MMB.

Meeting goals per the agenda, dated 23-October-2020 submitted by Kristin van Amber:

- Build a picture of Minnesota's funding by receiving an update on the Opiate Epidemic Response direct appropriations and DHS SOR 2020 funding.
- Determine 2021 funding with consideration for the Opiate fund collection timeline.
- Determine top policy recommendations to recommend in the legislative report.
- Receive an update from DHS policy legislative team on proposed OERAC legislative changes.
- Receive a levels of evidence for proposed activities overview.

Welcome, Introductions, and Meeting Format

Kristin van Amber

8:30 to 8:50

Chat box feature available for questions and comments.

Review of ground rules and meeting goals. (See Opioid Epidemic Response Advisory Council (OERAC) PowerPoint presentation, dated 23-October-2020.)

Attorney General Update on Federal Opioid Lawsuit

Eric Maloney

8:50 to 8:55

In October 2020, the Oxycontin drugmaker Purdue Pharma pleaded guilty to federal criminal charges. A settlement was reached between Purdue Pharma and the Department of Justice (DOJ) in the amount of \$8.34 billion (on paper) which translates into \$225 million to be received by the DOJ, because the company filed for Chapter 11 bankruptcy protection in September 2020. The Purdue Pharma bankruptcy claim will come before a bankruptcy court to decide whether or not it will accept the settlement. After the bankruptcy has been finalized, Purdue Pharma will remain a public benefit corporation (also known as government owned corporation) to allow for public benefits in addition to profits for shareholders. Purdue Pharma will sell opioid treatment drugs again. This will create a legal challenge that will need to be navigated, because the federal government will own a company that sells narcotic drugs, such as Oxycodone, which is a common drug of abuse and sold under the name OxyContin. At this time, it is not clear how much money states will receive from the DOJ lawsuit against Purdue Pharma. Most likely, the money will be wire-transferred to Minnesota Management and Budget (MMB). Minnesota is one of the states that did not consent to the settlement reached by DOJ; Minnesota desires Purdue Pharma pay

more for the harm they have caused. In addition, it is not clear whether the Sackler family will face other criminal or civil charges.

Mallinckrodt Pharmaceuticals, the largest generic opioid manufacturer in the United States, faces billions of dollars in legal costs because of its role in the opioid crisis. Mallinckrodt Pharmaceuticals filed for Chapter 11 bankruptcy protection in October 2020. In February 2020, the company reached an agreement in principle for a \$1.6 billion settlement with attorneys general in 47 states and US territories. In addition, a recent court decision could force the company to pay hundreds of millions of dollars in higher rebates to state Medicaid programs for its drugs. The company sells Oxycodone under the name Roxicodone.

Public Comment

All 8:55 to 9:05

No public comments.

Health Equity Workgroup Update

Anne Pylkas 8:55 to 9:10

The Health Equity Workgroup has been looking for a leader. Anne Pylkas, Chair of the Health Equity Workgroup, would like Gertrude Matemba-Mutasa, Assistant Commissioner of Community Supports Administration, lead the Health Equity Workgroup. However, DHS is not aware of this responsibility. Gertrude Matemba-Mutasa ensures OERAC that DHS would accept the leadership role if asked. Gertrude will speak with her executive team to determine who may be available to lead the workgroup.

Anne Pylkas reports the Health Equity Workgroup did not meet as planned. Dana Farley of the Minnesota Department of Health expresses interest in joining DHS with regard to leading the workgroup. Others have expressed their interest in the last OERAC meeting on 18-September-2020, including DOC. However, there has been no follow-up.

Direct Appropriation Updates

Dwayne Greene Boyd Brown 9:10 to 9:30

Dwayne Greene, Behavioral Health Division, provides an Excel spreadsheet to present an update on direct appropriations, indicating the following: vendor; priority; activities and services; population served; funding length; and funding amount.

The funding periods fall between these dates: 01-July-2019 and 30-June-2024 or SFY20 to SFY24
The total funding amount over the entire allocation period is: \$15,113,000.00

The direct appropriation timeline starts on 01-July-2019 with four original grantees in the Legislation: Unity Family Healthcare St. Gabriel's ECHO; Hennepin Healthcare ECHO; Traditional Healing; Naloxone Education and Distribution.

On 01-July-2020, eight grantees were added for a funding period of only one year: St Louis County; Wayside Recovery Center; Hennepin HealthCare Native ECHO; NWICDC; Mille Lacs Band; Turning Point; Alliance Wellness Center, My Home Inc.

To review the priorities of OERAC as directed by law, click:
[2019 Minnesota Statutes, 256.042 Opiate Epidemic Response Advisory Council](#)

To comply with paragraph (3) of the aforementioned law, the following contracts have been added:

Number	Amount	Priority of Direct Appropriation	Populations of Focus
8	\$10,812,000	Expansion and Enhancement of Continuum of Care	Greater MN, American Indian, East African, African American
7	\$2,656,000	Training on Treatment of Opioid Addiction	Greater MN, American Indian, Women and Children, African American, Metro
5	\$1,645,000	Prevention and Education	Greater MN, statewide, African American

State Opioid Response Grants 2020 Update

Gertrude Matemba-Mutasa

9:30 to 9:55

The Department of Human Services is fortunate to receive the 2020 State Opioid Response Grant in the amount of \$22,451,414 for two years, from 30-September-2020 to 29-September-2022. The yearly grant amount is \$11,225,707.

The three funding priorities are:

1. Increase access to medication-assisted treatment (MAT)
2. Increase outreach to culturally appropriate opioid use disorder (OUD) treatment providers to reach these populations of focus:
 - African American
 - American Indian
 - Individuals with justice-involvement and OUD
 - Individuals who are hard to reach, such as pregnant and parenting women with OUD, the homeless, and other communities of color.
3. Increase evidence-based prevention, treatment, and recovery services.

There will be two virtual 2020 SOR community engagement events:

- Greater Minnesota on 28-October-2020 from 4:00 PM to 6:00 PM
- Metro Area on 29-October-2020 from 4:00 PM to 6:00 PM

There are five OUD treatment providers who are named in the 2020 SOR application:

- Minnesota Community Mental Health Foundation, [Fast-Tracker](#): \$279,600
- [Russel Herder](#), [knowthedangers.com](#): \$600,000
- Minnesota Department of Health, Emergency Responder Naloxone Education and Distribution: \$600,000
- [Bois Forte Band of Chippewa](#) (“Ojibwe”) and [Dakota \(Sioux\) Communities](#)¹, Culturally Responsive Prevention, Treatment and Recovery Services: \$1,100,000
- [Board of Pharmacy](#), Prescription Opioid Monitoring Program: \$170,000

The project period starts on 15-January-2021 and ends on 29-September-2022. This means all RFPs will be developed this fall. This involves three different processes. Some of the funding includes recovery housing. This is why the DHS Housing Division will issue an RFP for \$2,000,000 million. The Behavioral Health Division will issue RFPs for \$16,350,482. There will be smaller grants for \$212,000 for nicotine

¹ Federally recognized: Prairie Island, Lower Sioux, Upper Sioux, Shakopee. Non-federally recognized: Mendota.

education and training. The rest of the funding or \$1,139,332 will be spent for DHS program staffing and related costs.

Important note: DHS is focused on culturally specific work that addresses disparity and embraces evidence-based treatment services and practices.

OERAC members questioned the inclusion of Herder Russel in the 2020 SOR grant application. Response by Boyd Brown, Grants and Contacts Section Supervisor, Behavioral Health Division: BHD applied for its first 2-year SOR grant from SAMHSA in 2018. BHD and Russel Herder have worked together since 2018 to create and maintain this website: knowthedangers.com The website alerts the public about the dangers of opioid use and encourages clients with OUD to seek treatment. At the bottom of the website, knowthedangers.com, the Minnesota Department of Human Services is mentioned as a partner in this outreach to the public.

The Bois Forte Band of Chippewa did not receive any funding from the 2018 SOR grant. DHS wants to ensure that all tribes receive funding for the opioid response, especially because American Indians are more impacted by the opioid epidemic than other populations of focus.

At DHS it is common to use a grant application process that involves one or more co-applicants. For example Russel Herder and the four other co-applicants named in the 2020 ROR grant application. Co-applicants need to participate in the grant application process and provide current information, data, and statistics, depending on the requirements of the funding opportunity announcement (FOA). This is why the proceeds of the grant are shared between DHS and co-applicants. (Gertrude Matemba-Mutasa)

Gertrude Matemba-Mutasa will work with the Grants and Contracts Section of BHD to ensure OERAC members will be provided information about how the funding from grant awards are distributed. Focus will be on the equitable distribution of these funds to culturally appropriate treatment providers and programs with evidence-based treatment services. Per Dave Baker's request, DHS/ BHD will provide an Excel spreadsheet that provides the information OERAC members are seeking:

- Name of grantee
- Name of their program/ project
- Amount of the grant
- Time period of the grant

Dave Baker, Representative and Vice Chair of OERAC, asks BHD to document all grant-related processes and to ensure there are no "double grants." Coordination is needed between a) the activities of the OERAC and b) the activities as they relate to the 2020 SOR grant. The documentation needs to be thorough, and it needs to include a plausible explanation why the grantee has received or will receive the grant and the respective amount. What is the best mechanism to track funding from both OERAC and DHS to a treatment provider for the same or a similar purpose?

2021 Funding Timeline Development

Boyd Brown

9:55 to 10:45

Boyd Brown and Tara Holt are the project directors for the 2020 SOR Grant and developed the funding timeline from the date of the publication of the 2020 SOR RFP on 09-November-2020 to the data of the execution of the contracts on 01-August-2021. (Refer to the Opioid Epidemic Response Advisory Council PowerPoint presentation, dated 23-October-2020, for the complete funding timeline.)

Boyd and Tara will work with Anne Pylkas and Dave Baker and provide all information OERAC members need to prepare for the review of the responses to the 2020 SOR RFP. OERAC members are encouraged to participate in the RFP review as members of the Review Panel. BHD will know the amount of available funding for selected grantees in July 2021; contracts will be executed in September 2021.

If there were a conflict of interest or the appearance thereof, then it would need to be clarified. Some OERAC members are treatment providers; this is why the member may not be able to participate in the RFP process. It is important to note that the 2020 SOR Grant is treated like all other grants. However, some tasks of the RFP process are extended to OERAC members because of the existence of the council. OERAC members may choose the level of their involvement except there be a conflict of interest.

OERAC members are concerned that treatment providers do not know how much money they will get until later in 2021. This is why they would like to see the funding timeline be pushed out by 3 months to October, 2021. The Grants and Contracts Section of BHD will need to find out how the transition from FYP2020 to FYP2021 will impact a possible extension of the funding timeline.

Boyd Brown of BHD will examine all laws that may apply with regard to settlement money. He will also clarify the constraints on the funding timeline caused by fiscal processes at the end of FYP2021. He will try to clarify how much money OERAC members who are also treatment providers will receive.

Break **All** **10:45 to 11:00**

Review and Define List of Council Policy Recommendations **Kristy Graume** **11:00 to 11:40**

OERAC will identify policy recommendations for the next year. Think about what is important, possible, and feasible.

There are two legislative processes at DHS: a) budget proposal process; these are proposals with a fiscal impact the Governor may include in his budget recommendations to the Legislature and b) policy proposal process; these are proposals that do not have a fiscal impact to the state budget. DHS is in the final stages of policy development. At this time, DHS has some certainty that some of their proposals will move forward.

Policy proposal that allows modifications to the OERAC statute:

Most of the provisions in the policy bill have been shared with OERAC in the past Legislative session.

The changes are:

- Extend the terms of the OERAC members to ensure continuity of the work.
- Grantees are allowed up to 10% of the grant award for the administration of the grants awarded by OERAC. The current law allows 3%.
- OERAC determines grant awards and funding amounts, and the Commissioner of Human Services administers these grants and ensures compliance with applicable laws.
- Modified timeline for reporting grants proposed to be awarded by OERAC. DHS is required to submit a legislative report to the Legislature in March 2021; the proposal moves the report to December 2021.

OERAC Proposed Policy Changes from DHS Legislative Team **Kristin van Amber** **11:40 to 11:55**

Please click on the link: <https://padlet.com/renderappa/z6lce2m27nsasoj8>

Public Comment**All****12:15 to 12:25**

A discussion ensues about the stewardship fund, the first of its kind in the United States. Should the 2020 SOR grant funding directly go to this fund?

Gertrude Matemba-Mutasa clarifies that federal funding has restrictions with regard to who can receive the money. This leads to another question: Why would the state (DHS/ BHD) transfer the federal 2020 SOR grant funding to the OERAC Council? This would create multiple funding streams, because DHS/ BHD will receive from the 2020 SOR grant \$1,139, 332 for DHS program staff and related costs. Who would be responsible for managing the funds? For example, for the equitable distribution of the 2020 SOR grant funding that is allocated to go to treatment providers that are already named in the 2020 SOR grant application, including the treatment providers who will be selected to receive grants.

Anne Pylkas and Dave Baker would like to discuss this topic, and then bring the results of their discussion back to the OERAC. The topic will be added to the agenda for the next OERAC meeting on 20-November-2020. Dave Baker would like to invite legislators. However, there should be no attempt to change the bill. The intent is to help DHS manage the 2020 SOR grant.

The Minnesota Student Survey by the Minnesota Department of Education has been administered statewide every three years since 1989. The last survey was held in 2019; the next survey will be in 2022. For an overview of the Minnesota Student Survey click this link:
<https://education.mn.gov/MDE/dse/health/mss>

OERAC members note that participation in the survey has not been a priority for schools because the time spent on the survey is needed for teaching class. If the survey were tied to a grant, then schools would be more open to it. OERAC members and DHS would like a streamlined version of the survey be held every year to gain more data. This survey should focus on SUD/ OUD and mental health. The most important questions are: How do the participating schools receive funding to implement actions based on the survey results? What is the best strategy? Dana Farley of Minnesota Department of Health will develop a preliminary strategy and present it to OERAC members.

Telehealth and telemedicine should remain in place beyond Covid-19. An outreach to treatment providers is needed to put weight behind the respective policy initiative. DHS has been advocating for telehealth and telemedicine for SUD/ OUD treatment providers. At this time, Governor Walz has granted DHS broad authority to continue telehealth and telemedicine through June 2021. Funding for telehealth and telemedicine needs to continue, because many treatment providers operate their facilities at 50% capacity or they are close to shutting their doors because a staff member may have Covid-19. In addition to significant efforts involved in planning for Covid-19 contingencies, many of the treatment providers are also planning to incorporate medication-assisted treatment (MAT) in their patients' treatment plans.

Addiction medicine certified providers are not reimbursed as specialists, they are reimbursed as generalists. This may have to change. A meeting is needed for a policy discussion, and treatment providers should be invited.

Neerja Singh, Deputy Director of BHD, would be able to provide an update about telehealth and telemedicine at the next OERAC meeting on 20-November-2020. Please note: The “telehealth waivers” in Minnesota are contingent on the national policy.

Patients with OUD in treatment need to be tested for opioid use on a regular basis. However, insurance companies limit the number of drug screenings. This is why some treatment providers pay for these screenings. A meeting with Minnesota health insurers should be arranged to start a discussion about possible insurance plan amendments. Legislative action is not needed. (Jolene Rebertus)

Next Steps and Meeting Wrap-up

Kristin van Amber

12:25 to 12:30

Monthly OERAC meetings need to be schedule for one year.

The OERAC meeting adjourns ate 12:30 PM.

Here are some links that pertain to the content of the meeting minutes: <http://mn.gov/dhs/opioids> (Registration for the opioid website)

Access to Student Survey Data (provided by Dana Farley)

1. Minnesota Department of Education: <https://education.mn.gov/MDE/dse/health/mss/> Online, interactive reports and PDF tables by county and school district Data for ACE categories, ACE scores, and protective factors
2. MDH Minnesota Center for Health Statistics: <https://www.health.state.mn.us/data/mchs/surveys/mss/index.html> Regional, county and demographic PDF reports
3. Data Substance Use in MN: www.sumn.org Online tables by county and region Other fact sheets and resources

Telehealth and telemedicine: http://wdoc.house.leg.state.mn.us/leg/LS91/1_2020/HF0105.2.pdf