DEPARTMENT OF HUMAN SERVICES

Meeting Minutes: Opioid Epidemic Response Advisory Council (OERAC) Meeting

Date and time of meeting: October 15, 2021 from 8:30 AM to 12:30 PM

Meeting Location: Microsoft Teams meeting

Participants:

Nicole Anderson; Dave Baker, Representative – Vice Chair; Heather Bell, MD; Pete Carlson; Joe Clubb; Mary Kunesh; Dana Farley; Randy Goodwin; Sarah Grosshuesch; Alicia House; Katrina Howard; Tiffany Irvin; Erin Koegel, Representative; Mark Koran, Senator; Gertrude Matemba-Mutasa; Esther Muturi; Toni Napier; Kathryn Nevins; Darin Prescott; Anne Pylkas, MD – Chair; Judge D. Korey Wahwassuck

Minnesota Management and Budget (MMB): Kristin van Amber

Minnesota Department of Human Services (DHS): Boyd Brown; Tara Holt; Sam Nord; Johanna Schels

Meeting Goals

Meeting goals per the PowerPoint presentation, *Opioid Epidemic Response Advisory Council, October 15, 2021*, emailed to OERAC members on 10/15/2021 by Boyd Brown of Behavioral Health Division:

1. Understand evidence-based strategies at the state and local levels as presented by The Centers for Disease Control and Prevention
2. Receive insights from a MOUD in the criminal justice population panel
3. Receive an update on the recent settlements and the city/county process

Ground Rules, Welcome, Meeting Goals and Agenda, OERAC Introductions

Kristin van Amber: 8:30 AM to 8:40 AM

Kristin van Amber reviews the ground rules, *How to participate*, and welcomes guests. She explains the procedure for the public comment period to guests. She also explains the meeting goals and reviews the agenda.

OERAC members introduce themselves.

Motion to approve the meeting minutes for the OERAC meetings in August 2021 and in September 2021.

The meeting minutes for the OERAC meeting in August 2021 need to be corrected.

The meeting minutes for the OERAC meetings in August 2021 and in September 2021 are approved and the motion is passed, under the condition that the meeting minutes for the OERAC meeting in August 2021 be corrected (and before the meeting minutes are published on the Department of Human Services (DHS) website).

RFP Update

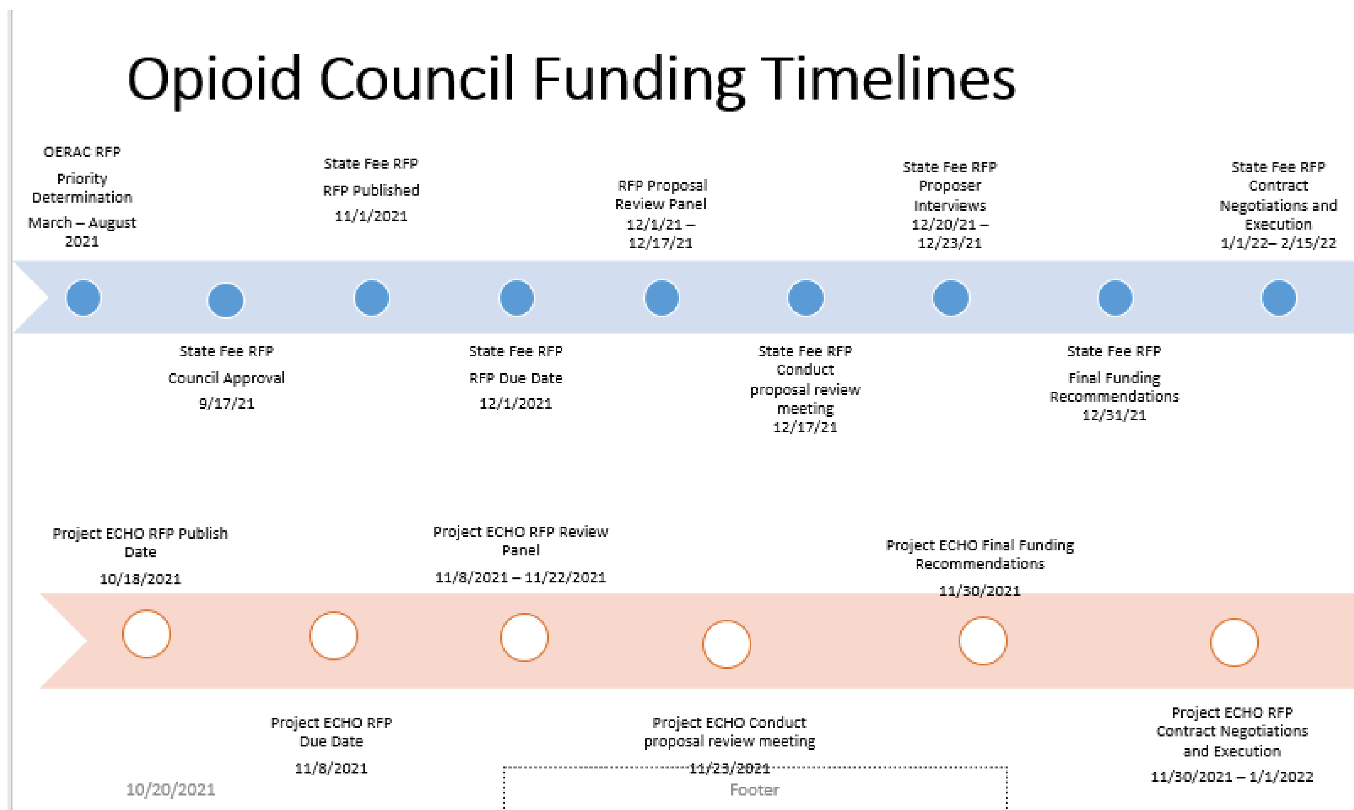
Boyd Brown: 8:40 AM to 8:45 AM

The OERAC Project ECHO Request of Proposal (RFP) will be released and published on the Department of Human Services (DHS) website on Monday, October 18, 2021. (CHI St. Gabriel's Health will no longer facilitates and supports Project ECHO.)

The OERAC General Services RFP will be released and published on the DHS website on Monday November 1, 2021. The OERAC General Services RFP targets all goals OERAC discussed and developed in the OERAC meetings in 2020/2021. The OERAC General Services RFP serves the purpose of distributing the necessary funding to pay for the implementation of these goals.

Minnesota's combined Mental Health Block Grant (MHBG) and Substance Abuse Block Grant (SABG) application has been approved by SAMHSA on Thursday, October 14, 2021. More information will be provided in the next OEARC meeting. For example, RFP deadlines and services to be provided.

Boyd Brown provides an updated OERAC funding timeline (see figure on page 3).



Open Public Comment

Kristin van Amber: 8:45 AM to 9:00 AM

Max Bowman, graduate student at the University of Minnesota Duluth and also works with Harm Reduction Sisters as part of his field work. Mr. Bowman expresses his concerns about the OERAC and its transparency. For example, who will work on the rewriting of Minnesota Statutes 256.042 or the required amendment?

Mr. Bowman would like to have the MP 4 (recordings) uploaded to the Department of Human Services (DHS) website. Representative Dave Baker points out that the OERAC meeting minutes are published on the DHS website. Tara Holt of Behavioral Health Division clarifies that the OERAC meetings are recorded, but only the transcripts are uploaded to the DHS website.

Mr. Bowman also would like to know the OERAC's approach to equitable representation.

Evidence-based Prevention Strategies (State and Local Level)

Dr. Sasha Mitral, CDC/DDNID/NCIPC/DOP: 9:00 AM to 10:00 AM

Please refer to the PowerPoint presentation, *Opioid Abuse Prevention, Evidence-Based Strategies for Communities and Partners, by Sasha Mital, MPH, PhD, October 15, 2021*.

There are three major waves of opioid overdose deaths:

- Rise in prescription opioid overdose deaths in 1999.
- Rise in Heroin overdose deaths in 2010.
- Rise in synthetic overdose deaths in 2013.

Nationwide, the estimated number of drug overdose deaths in **2020** is: **93,398**

Note: From 2013 to 2019, a growing percentage of all drug overdose deaths in the United States involved synthetic opioids. Some drivers were:

- Illicitly manufactured Fentanyl.
- Covid-19 pandemic.
- Other substance use contributed to overdose deaths.

How did we get here? Some reasons are:

- Addictive potential of prescription opioids was not recognized as being dangerous.
- Aggressive marketing of prescription opioids to clinicians.
- Over-prescribing by clinicians.
- Use of illicit Fentanyl with other drugs, especially Cocaine and Methamphetamines.

Where do we go from here? Some strategies are:

- Expand the use of Naloxone for overdose prevention.
- Expand access to treatment of substance use disorder (SUD) and opioid use disorder (OUD).
- Develop and implement an effective response to drug overdose outbreaks.

Division of Overdose Prevention at the Centers for Disease Control and Prevention (CDC)

The Division of Overdose Prevention has three major goals:

- Reduce opioid overdoses.
- Identify and address emerging drug use trends and associated public health outcomes.
- Prevent drug use initiation or drug misuse among youth and young adults.

The guiding principles of the Division of Overdose Prevention are based on the following understanding:

- Substance use disorder (SUD) is a chronic brain disease. The physiological changes in the human body influence the decision-making capacity of a person with SUD.
- SUD is influenced and reinforced by past and present life experiences and circumstances. This is why prevention, treatment, and recovery need to address adverse and traumatic life events and circumstances.
- Prevention, treatment, and recovery based on evidence-based programs informed by data and strengthened by partnerships have been proven to work. The public health sector can be a link to comprehensive prevention, treatment, and recovery services.

The guiding principles of the Division of Overdose Prevention also highlight the importance of: systems of support; involvement of communities, families, and individuals; disparities and social determinants of health; equity.

The largest fiscal investment of CDC is "state-level monitoring of the epidemic and implementing evidence-based prevention and response activities" (see slide 11 of the PowerPoint presentation, *Opioid Abuse Prevention, Evidence-Based Strategies for Communities and Partners, by Sasha Mital, MPH, PhD, October 15, 2021*.)

Dr. Mital reviews the programs of the Division of Overdose Prevention at the CDC.

Note: 66 jurisdictions have been funded, including 47 states and 16 hard hit cities and counties. At least 20% of the state funds were distributed to the local level.

It is important to get comprehensive, localized, actionable data. The overdose response strategy (ORS) of the Division of Overdose Prevention includes the following action items:

- Share data systems to inform rapid and effective community overdose prevention efforts.
- Support immediate, evidence-based response efforts that can directly reduce overdose deaths.
- Design and pilot promising strategies at the intersection of public health and public safety.
- Use effective and efficient prevention strategies that can reduce substance use and overdose long term.

(Refer to slides 14, 15, and 16 of the PowerPoint presentation, *Opioid Abuse Prevention, Evidence-Based Strategies for Communities and Partners, by Sasha Mital, MPH, PhD, October 15, 2021*.)

The CDC provides a reference document with 10 best practices to prevent opioid overdose. Please go to: http://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

Evidence-Based Strategies for Preventing Opioid Overdose: What's Working in the United States, An introduction for public health, law enforcement, local organizations, and others striving to serve their community (authored by Jennifer J. Carroll, PhD, MPH; Traci C. Green, PhD, MSc; and Rita K. Noonan, PhD).

Dr. Mital reviews the cornerstone projects (slide 19) and the pilot projects (slide 20).

Studying the Philadelphia Resilience Project as a response to overdose (slide 23).

The Martinsburg Initiative: An innovative and holistic police-school-community partnership.

Please review these additional resources:

- Preparedness Guides for States (slide 27).
- Medication-Assisted Treatment for Opioid Use Disorder (slide 28).

Dr. Mital's presentation was well-received by OERAC members. One of the questions: Is the material available in different languages? For example, in Spanish. The history of cooperation between the Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) is of interest. This pertains to the collection and analysis of data, starting in 1999. The development of an effective strategy without comprehensive data is not possible, because data informs practice.

The Minnesota Department of Health (MDH) has weekly meetings with CDC, sometimes there are daily meetings. Compared to other states, the opioid crisis in Minnesota is severe, and there are some distinct differences (to what other states have been experiencing).

Break

10:00 AM to 10:15 AM

Panel: Access to Medications for Opioid Use Disorder for Criminal Justice Involved Individuals

Weston Merrick of Minnesota Management and Budget: 10:15 AM to 11:15 AM

Captain Mark Maslonkowski, Jail Administrator, Stearns County

Alicia Ward, Director of the Jail Treatment Program, Dakota County

Dr. Tyler Winkelman, Co-Director, Health, Homelessness, and Criminal Justice Lab, Hennepin Healthcare

Prior to the discussion, Minnesota Management and Budget provides a whitepaper: *Treating Opioid Use Disorder for Criminal-Justice-Involved Individuals*

In the United States, opioid use disorder (OUD) has affected individuals, families, and communities for two decades. In 2017, OUD affected more than 2.1 million Americans and contributed to six out of ten drug overdose deaths. Many individuals in the criminal justice system suffer from OUD. Drug overdose is now a leading cause of death among formerly incarcerated individuals. Compared to the general population, recently released prisoners and jail inmates are up to forty times more likely to die of drug overdose involving opioids.

Medications for opioid use disorder (MOUD) are FDA-approved drugs that help reduce substance use disorder (SUD) and opioid use disorder (OUD). MOUD are used for medication-assisted treatment (MAT) of SUD and OUD. Drug addiction physicians and practitioners agree that providing MAT with MOUDs in prison or jail is a "continuum of care" and should be combined with counseling and behavioral therapies.

In 2019, Governor Tim Walz signed the Opiate Epidemic Response bill into law, which raises funds from prescribers, drug manufacturers, and distributors to fight the opioid crisis, while creating the Opioid Epidemic

Response Advisory Council to oversee the funding. (See [Opoid Epidemic Response Advisory Council](https://mn.gov/dhs/assets/oer-advisory-council-fact-sheet_tcm1053-398568.pdf) or go to: https://mn.gov/dhs/assets/oer-advisory-council-fact-sheet_tcm1053-398568.pdf)

The Opioid Epidemic Response Advisory Council (OERAC) identified a need to assist treatment and recovery for the justice-involved population. It is important to note that Minnesota's criminal justice system (prisons and jails) shows significant disparities; most inmates identify as American Indian, Black, and Hispanic. The Impact Evaluation Unit of Minnesota Management and Budget supports OERAC in their statewide effort in the areas of OUD prevention, treatment, and recovery. The Impact Evaluation Unit completed these tasks:

- Review literature.
- Interview stakeholders involved in providing MOUD for justice-involved individuals (focus on municipal and county jails).
- Conduct a survey about the use of MOUD in correctional and community settings.

Survey Results

In June 2021, the Impact Evaluation Unit had received 136 responses from 73 counties. Typical responders were: sheriff; community correction agency; human services department; treatment providers who administer MOUD.

Less than 50% of the responding organizations administer MOUD in jails; approx. 30% are aware of a standard OUD screening process for justice-involved individuals in their respective county.

Identified Barriers

Funding: Federal Medicaid does not pay for healthcare in prisons or jails. This means federal Medicaid does not pay for OUD screening and for administering MAT with MOUD. Counties do not have the money to provide healthcare to inmates in jail.

Jail time: Most inmates are in jail for only a few days. This is why OUD screening and MAT with MOUD is not considered a priority by most sheriffs.

Attitude: Sheriffs and their correctional facility staff are not convinced that administering MAT with MOUD in a jail setting is "moral" or "ethical" or better, "you don't treat drug use with drugs."

Lack of qualified medical staff in prisons, and specifically in jails; lack of qualified providers of MAT with MOUD in the community.

Mark Maslonkowski, Captain of Corrections and Jail Administrator, Stearns County, contributed valuable insights about administering MAT with MOUD.

Summary of various conversations:

The provision of MAT with MOUD is always linked to cost and who pays for what. Budgets for medications (pharmaceutical budgets) are cut by restricting certain medications, and MOUD becomes a focus. A cooperation between a jail and a qualified provider in the community ensures that an inmate who is treated before they enter jail continues to be treated in jail and upon release, thus providing a "continuum of care" to the justice-involved individual. Before the inmate is released from jail, their appointment for treatment for SUD/ OUD can be scheduled. The Stearns County Jail uses a low dose of Suboxone to manage an individual's withdrawal symptoms from opioid use.

Alicia Ward, Chemical Health Supervisor and Treatment Director, Dakota County. Alicia Ward supervised the treatment program at the Dakota Jail in Hastings. A pharmaceutical company provided Vivitrol to justice-involved individuals who wanted to participate in the treatment program; inmates would receive an injection up to 72 hours prior to release from jail, a medical card, and a continuing care plan for their next injection. “We're going door to door from the jail to a residential treatment center in the state.” (Alicia Ward)

A Dakota County financial worker works with inmates at the Dakota County Jail in Hastings so that medical assistance is in place on the day the inmate is released from jail.

Tyler Winkelman is a primary care physician at Hennepin Healthcare who also works at the Hennepin County Jail. Dr. Winkelman is co-director of the Health, Homelessness, and Criminal Justice Lab (HHCJ), a division of the Hennepin Healthcare Research Institute. Dr. Winkelman had the opportunity to work with the Hennepin County Sheriff’s Office to start treating justice-involved individuals with OUD.

Dr. Winkelman points out some key findings: Buprenorphine and Methadone are well known to reduce overdose deaths. When MAT with MOUD is compared to mandatory counseling for OUD (without MAT) or other adjunctive (treatment) services, then there are no differences in mental health treatment outcomes, except a reduction of drug overdoses and death from drug overdose when MAT is used.

There is a clear advantage when a justice-involved individual is started on medication while in jail versus after they have left jail.

The Office of the Minnesota Attorney General Keith Ellison Opioids Settlement Update -- Settlement Process Updates

Representative Dave Baker, Kathy Nevins, Sarah Grosshuesch, Dr. Heather Bell: 11:15 AM to 12:15 PM

The focus has been on setting up a path for how the settlement money will flow into Minnesota and how it will be distributed by OERAC. Representative Dave Baker, Kathy Nevins, Sarah Grosshuesch and Dr. Heather Bell have been working with the Office of the Minnesota Attorney General. This (planning) process will be complete in four to six weeks.

The Office of the Minnesota Attorney General sent notices to Minnesota cities and counties, officially notifying them of the existence of the settlement and their opportunity to sign on to the Memorandum of Agreement. (The settlement amount the state of Minnesota will receive depends on how many Minnesota cities and counties have signed on to the Memorandum of Agreement.) The cities and counties have until 01/02/2022 to sign on.

Public Comment

Kristin van Amber: 12:15 PM to 12:25 PM

Ashley Anderson from Rice County comments on the grant application process and the ability of organizations in rural Minnesota to respond to RFPs. Normally, the RFP is written in a specific way to solicit responses for the funding of a specific project. This makes it difficult for small, rural organizations to compete for the grant funding. Boyd Brown of the Behavioral Health Division explains the Innovation Category in the RFP as an alternative, when other categories do not match.

Next Steps and Meeting Wrap-up

Kristin van Amber: 12:25 PM to 12:30 PM

Hybrid meeting interest: Find a location for the OERAC meeting in November. Let Kristin van Amber know who would like to attend in person.

The OERAC meeting is adjourned at 12:30 PM.