

2/21 Meeting

Anne, Darin, Peter, Gertrude, Jolene, Katrina, Dana, Kathy, Chris, Toni, Korey, Nicole, Wendy, John, Sarah, Nikki for Halena, Esther, Willie Pearl, Shelly

Absent – Mark Koran,

Kris facilitator, April, Duane, Amanda, Maisha, John Poupart, Sandra, Kelly Endres, -Council Housekeeping =

Skip April, May 15 – 9-4pm, July 17 - Walker, move to quarterly, figure out our yearly calendar. September, November

Subcommittees – Law Enforcement, Cultural/Individual Differences Subcommittees – better define the objectives for specific RFP. Propose drafting a charter for the subcommittees so they know their charge which will happen after the meeting.

Tribal bill – Julie Rosen is opposed, Senator Eaton spoke Rosen that two tribal members was the negotiation point at last session, Nicole – I am not opposed that they have to consult with the tribes, Ojibwe – 6 additional tribes, Darin would have 4 total, not opposed, they need to hear the voice of the other tribal members, Darin added that the size of the council would be larger, but tribes are different, he met with the Dakota – thought only would add one as not every tribe would opt to add one. Dave assume that wants the voice of the tribes,. Intent of the language was that each tribal council rep would communicate with the tribal. Maybe we have a collaborative subcommittee where they have a unified voice where we hear from them all without expanding. He suggests that we don't expand it. Nicole – comment overabundance representation of tribes – which isn't agreed with. Kathy – made the comment because she thought other people filling another role that fit the role of the tribe, most of her clients are tribal so they can avoid the tribes to avoid daily dosing, she is bringing forward things that are happening with. She apologize as did not mean to be offensive, In state, a few outstate and a lot of tribal members. Korey, teachable moment – legislation enacted we need to make sure that we have to keep in mind the tribal sovereignty that they all communicate differently in terms of communication. When we look at the disportiatne effect on AI that we the subcommittee. Legislature to think about the tribal sovereignty. Maybe with a subcommittee to add a voice. John proposal Dave made is reasonable one, it is important if we don't hear the voices so the subcommittee is a good compromise to help Minnesota families. Willie disagrees the research and data NA more od, broaden the table – value the tribes are saying, negotiation – excluding the cultural currency – tribes are different with different approaches, those at the table set because of the opioid use disorder need. John respond – he validates her words, but we as a group as a compromise, which allows the culturally competence for , Willie spoke that legislature who wrote the language, we don't have the people affected at the table, we need a standard of fairness. Jolene said MDC Commissioner is in favor, Dana said MDH Commissioner is in favor as well, Dana tried to clear on their thoughts of Nicole and Darin – MIAC, Nicole agreed to be Ojibwe and Darin agreed to be Dakota with another committee. Darin spoke that ratified, they were disappointed that each tribe didn't have representation. Nicole could go either way but tribal sovereignty piece Nicole and Darin have to move forward back and forth to tribes. Chris – conference committee conversation that we had to keep a manageable number, Eaton worked on the bill , Rosen is in the finance - not likely to

pass in the senate. Personally she is fine if we could twice as many people. Anne agreed with Erin, lots of communities affected by that but we can't logistically have representation from each community. Health care providers that we hear from every community Darin – supports Nicole but at the point of the council and timeline but supports the subcommittee. Tribal Nation Subcommittee and communication with tribes – where are we in terms of agreement? Sarah said consultation looks good on paper but concern is that we don't formalize what that means, concern a tokenism without bringing the power to the decision making. She would like their to be some mean where the group ranks as well, staff need the expectations so they know what to do. Sarah wants to ensure that input happens before rather than feedback after. It is their responsibility to reply. Winnie Pearl agrees with Sarah. Anne asked logistically questions – Sarah said it depends on the community, tribes have a formal process, other groups, don't think it is a bad thing to allow for transparency, Sarah found that local public and all of county representative but she would like to survey them. What would that consultation look like – Mille Lacs come through her, each tribe has a director that would be a good starting point for the conversation, for Mille lacs specifically we are notified and for feedback. Dear tribal leader including health director in that letter, route it within each tribe to include input that way. Have a voice to MIAC as well – does the letter and MIAC that would be on any tribal input is needed and who needs to be on the committee. What does that subcommittee look like- perhaps like this, Dave – tribal members should be invited now, whether they are here, voting – concern, want them here and invited, letters sent, we want them here. How to we get their voices here, they are welcome and invited. Next steps – approach is to consultaion and letters, first step – tribal nations subcommittee different than the other committees or specific tribal communities, Korey thought – tribal we need to ask and robust discussions time for those difference from tribes from other communities. Broader representation more committees with different focuses. What would that look like? One subcommittee with different focuses, members from this committee with additional stakeholders added. Nicole added that important that we are inclusive – for her that people just want to be heard. Every community we need to have flexibility in how we are spending funding, as we can't have one blanket approach, Korey know we are on timeline but appreciate this discussion that this opens other doors, Darin agrees with keeping subcommittee separate for tribal members, urban members would be welcome as well, melting the culture conversation the health equity committee and it wasn't effective. Dave added a thought that we are committed to get more participation but for the short term we have folks attend meetings, formalize structure in November for tribal subcommittee. Korey added that we need to have a cultural community individual differences that include urban group as well. Anne thought about finalize a tribal subcommittee and a cultural community/individual differences, Voted that we are having those two committees. John says we still need to define culture so we know who to include? Dana thought we should vote on tribal first, including urban nations as well. Perhaps formalization of representation. Korey added that tribal nations group and for the other diversity encompasses a lot of different groups versus culture. First might need a charter about diversity, next step to sit down. First formalize the Native American subcommittee and invite all the tribal nation membership teams know with Nicole and Darin leading that work. Nicole first, all in favor. Passed.

Diversity committee makeup conversation – Willie said we need to put it on the calendar, there are other people that they want to say, what is diversity, each community is different by putting it on the schedule or person of color including the lgbq communities part of cultural diversity community. We just don't to be put to the back. People of color were not. March meeting or May meeting to make it a priority. Uncomfortable discussion but that is why we are here. March Agenda – can we spend the same

amount of time for the other discussion? Dave is asking for folks to come onboard with this discussion prepared without excluding others. Willie and Dave will have that discussion on Monday. John asked for that Human rights campaign added to the meeting. Let us know who to invite, John and Willie will add that. Gertrude spoke about conversation about being inclusive, don't need committees but a concerted effort to inform all communities. We can consider a level of transparency whereby we are letting people come here so that they are notified and get assurance that we are listening to them. Korey, asked the dear tribal letter equivalent, let us know who to invite, deaf and hard of hearing community. Process to engage with a letter on how to engage, following up, but need to know who to contact. DHS role what we need to do support coordination support for chairs and co-chairs for this work. We knew this is where the work is going to be. We don't want to miss anything, I do get offended when folks feel excluded from the bill.

Tracy heard that folks about chronic pain is not well represented. Anne added that public comments held until after the meeting.

There could be some technical glitch on the objectives. So we want to have some initial ranking – John was completely surprised as a clinician that long term coordination wasn't weighed high as this is about access. Many of these patients are using opioids because they have a mental health issue based on research. He was shocked, Jolene thought we should talk about the survey it. Anne discussed that the survey are the average rank. Instructions were not clear, maybe skewed, why don't we go through it and discuss it here and then if we want to do another survey than we can. Katrina has a comment about pmp but have pilot that for integration – toying with that broadening for tools with integration of clinical tools. Dana said we are going over these a couple times, in the rfp can we have an innovative category. Dave looking at the 17 with lots of duplication, consider consolidating of these ideas. Dave thought we have done a good job of getting to the needs of the state, maybe ask the committee a lot of them that are close to the same is this is our moment where we begin prioritizing. Senator Eaton envisioned more things that would help people in the trenches, thought it would be more treatment funding, people are dying her hope is the small amount of money on more treatment, prevention vs. institutional systems. Anne asking if we want to rank on urgency vs if this is a good idea. John that we have to rank on the need. John – why we have had deaths is by access which we haven't had. Korey – two things in structuring some federal grants where we have purpose areas and then first round is focus on purpose areas with less buckets, focus on one of the buckets, Sarah said it is worth saying we did it as a gap analysis so if we are going to rank these as for the first year of money available we can collapse them as summarize under a rfp. This was a gaps analysis not at a funding ranking. Pete said that we need to work off of agenda and what is manageable and follow the agenda. Let's eat and work.

Kris – spoke about

Dave spoke about absorbing all the work we have been doing, what he wants to be ready to put RFP out. Do we need to prioritize our objectives but maybe we need to put the wheels on the ground and not set up – he wants to make it happen. Katrina – completely agree with core but as we see RFPs out we are mindful of the gaps prioritize them. Korey – We have to do both setting the framework for the council going forward we need some framework before we just put out grants otherwise we review grant we have nothing to weight it against, Eaton – agree that we put out context of SOR grants that we are filling grants that we are doing, Darin – I agree with Baker but how Eaton how much amount grant writer to forward the MN home visiting rfp process was a good one. Dave wondering what we need.

Dana how can we move this forward in an actionable way...we are looking for rfp that are in these broad areas in this work that may include these strategies but not exclusive. Then what is the limits of the funds and how the scoring criteria. CDC grants. Broad category and emphasize these are the strategies, public forums/stakeholders meetings. Kathy doesn't see any of the objectives doesn't address number 4. We don't know what to do with chronic pain. Number 12 about holistic medicine that is trying to address. I don't think we have addressed number 4 maybe at the March meeting we need to spend some time addressing this. Which number does each item belong under. Willie we are going to go through the list and drop them in the buckets and then see how things shake out.

Large bucket that meet these objectives so you honor both than with the rfp process so you don't want to waste time for a grant that won't be funded. We can't fund everything but priority queue if more funding comes you don't have to reapply. Pete echoing that word of mouth and application that comes in about what areas of extra speech. Gertrude solution between community and council driven solutions. But what we should consider the communities give the . April spoke about the rfp with approximately for this money, when we get the proposals we look category by category. Then we scored separate from the other categories, then they are scored we do have the flexibility say disparities, access throughout the state, we can choose with proper justification. Jolene I like this direction if there is some way to draw to specific population for proposals that include in

Gertrude considered asking for holistic approaches what reaches across the categories. Shelly concerned that we might be getting too hard for folks. Shelly thinks we need to focus more on the pain part that passed. We need some pain specialist for this -

Dave Baker update on the AG meeting – so we met with the AG and other lawyers for the counties, cities suing manufacturers and such – 2- attorneys representing tribes, cities, counties unique conversation about where it what at. Stress about how they are going to cut pie, all we cared about conversation about our role versus cities/counties look like, so we would like to know what they are doing so we don't duplicate, can we pool our funds together to bring money back to the communities, how do we do this, ask them to talk to their clients about what we are doing, no updates on settlements, we aren't trying to take their money, just best work for the communities. Right now a understanding, continue conversation within AG as the conduit. We want them as part of our conversation and stakeholder group. Support the Attorney General the best we can but they don't show accountable. Shelly added advocacy – watching MN to respond with the dollars and settlements. Extremely personal. State of Washington to do amazing things trying to replicate MN. Association of Minnesota Counties – ask by Sarah. Consider this but she can advocate as well.

Dave asked for a committee on vetting the grants, this person that has satisfied our recommendations, workforce.

Ask for member of subcommittee for chronic pain as non-voting members. Pain management doctors for the next meeting

Policy proposals for the next meeting.

Kathy – do we adjust the buckets or we chronic pain piece is in response to other legislation nothing to do with us, how folks dependent on opioids, Dana goes back to the legislation – gap analysis on the top 3 what you put out as RFP doesn't have to focus on the buckets. March – strategy for March 4th. John

thinks about courage Kenny about other approaches to opioids, multiple strategies, not just getting opioids off the bat. That is why they are thinking of it as a treatment. John suggested bringing up the priorities with their organization. Kathy d that very few

13 lots of folks that need a consult and be able to add that to their consult.

Category 3 may be the area of urgency. What we have to the discussion about the urgency of the items in each category. Dana – overview of the buckets, Katrina emphasis to one bucket but we

Evaluation criteria –

- Urgency
- Projects that account for cultural or individual differences
- Innovative

Number 4 next meetings

We should put the percentage of the dollars that we want at that table. If we are given the money today where would we put the money within the county? 23% in category 1 and 2 and 54% in category 3, with knowing we need to consider category 4. Dana added some complexity – is this money going to be for one year? Kathy wants to talk about number 4 the development of measurements to assess. What is the efficacy of various types of alternative medications for the efficacy of pain? Dana reminds us to

Availability of funds versus flexibility. Darin – look at a minimum of 2 – 3 years, tribes the month of year 8 they are finding a new job and starting over. Shelly messaging about what we are doing, we could communicate about this. Dana said we can put some of that into our ...but funds additional bucket for transparency for what is happening to that bucket. Kathy makes motion that we go with 25%, 25%, 40% and 10% for now.

Urgency –

Pete- would like to tie to meet contract deliverables then you get the remainder of the years of your grants.

Gertrude – look for matching funds so that promotes more sustainability for broader support so the community continues to be sustainable. Evaluation and metrics can tell us what they are going to track and how many people we successfully transition from here to there. Evaluate people on what they actually can accomplish.

Korey spoke about in-kind contributions as they may not have funds

Ranking/Urgent Need – Darin do we want one in each category. Sarah said we have limited a dollars so hard to determine from prevention or tertiary prevention items. Chris said we should fund a lot of naloxone, Dave consider another survey for monkey survey give that priorities in that specific bucket. Katrina suggest we vote rank in each category plus all 17, dana not sure if urgency with clear direction and rather do good well thought process. Not sure do a couple things but prioritize – we want to save lives but we naloxone is not in the right bucket. Kathy said she doesn't know cost and impact so she doesn't want an exercise in futility. She doesn't feel like she has the knowledge to do that accurately. Shelly thinks we should walk back a second – to say urgency is not a word is not fair to me. To get into the weeds from each member that things are going to look differently. Understand the urgency please.

Dave as I was listening – consider retracting that maybe we aren't ready for that. We still need to hear more and pause that conversation until a little later. Prioritization is for allocation of funds –

Dave – look at draft rfp which will have many changes. We will know our hard number on July 1st.

Folks needed at the table for next month –

Tracy – one thing to say about Naloxone – opioids for pain, what are going to do when they get addiction to suboxone – trading in another drug for another drug. Another point is

Julie from Hennepin county – rfp that Somali community in cedar riverside we don't have good data on their use rate but antidotes is that they have opioid use disorder at high rates. Urge grant writing to be broad enough in the top communities.

Tracy – legislation clarification about mme's – doctors are getting report cards –language needs to be amended.

John Poupart – Appreciate on AI and local government. Add that subcommittee focusing on the tribes in MN. Mention of metro Indians as well that we don't want to take away from them. There are liaisons Kathy Wilke and Jackie Dione at MDH and Vern LaPlante at DHS. Governor added a cabinet member to work on state tribal relations. Very different cultural differences between tribes.