

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

**Date and time of meeting:** 18-February-2022 from 8:30 AM to 12:30 PM

**Meeting Location:** Microsoft Teams meeting

**Participants:**

Nicole Anderson; Dave Baker, Representative – Acting Chair; Dr. Heather Bell, MD; Joe Clubb; Mary Kunesh, Senator; *Dana Farley*; Sarah Grosshuesch; Alicia House; Katrina Howard; Tiffany Irvin; Erin Koegel, Representative; *Gertrude Matemba-Mutasa*; Esther Muturi; Toni Napier; Kathryn Nevins; Darin Prescott; Dr. Anne Pylkas, M; *Jolene Robertus*; Judge D. Korey Wahwassuck

**Note:** Names in italics are non-voting OERAC members.

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 as found in the OERAC meeting agenda emailed to OERAC members on 17-February-2022 by Tara Holt of Behavioral Health Division:

1. Address OERAC business items
2. Receive an opioid settlement update from the Attorney General's Office
3. Review and approve federal grant funding recommendations
4. Discuss and finalize the legislative approval OERAC policy objectives
5. Decide on Fentanyl next steps

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

Kristin van Amber of Minnesota Management and Budget: 8:30 AM to 8:45 AM

Kristin van Amber reviews the ground rules and welcomes guests. She explains the procedure for the public comment period. She also explains the meeting goals, emphasizing the importance of the meeting, and reviews the agenda.

OERAC members introduce themselves.

## OERAC business items

Tara Holt of Behavioral Health Division, Minnesota Department of Human Services: 8:45 AM to 9:05 AM

A motion is presented to approve the meeting minutes for the OERAC meeting on 07-January-2022. The motion is passed, and the meeting minutes are approved without changes. The meeting minutes can be uploaded to the Minnesota Department of Human Services website.

Alexia (“Lexi”) Reed Holtum has been hired as the first State Opioid Response Program Director. In this role, she is responsible for the development and implementation of strategies, initiatives, and policies to effectively address Minnesota’s opioid epidemic. Through interfacing with many organizations, non-profits, and government officials, she will deliver a high-quality granting process. In recent years, Lexi has proven her passion for helping people who live with addiction by getting resources to Minnesotans where the need is greatest. As she builds the foundation of future opioid resources in our state, Lexi will work closely with OERAC and DHS to strengthen and support the OERAC’s commitment to implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.

OERAC members and Gertrude Matemba-Mutasa, Assistant Commissioner, Community Supports Administration, Minnesota Department of Human Services, welcome Lexi Reed Holtum to OERAC.

Tara Holt explains a change to the OERAC Bylaws. This change is required “so that the OERAC Bylaws match the legislative language passed last session in the First Special Session.” The change pertains to the end of the first term of some OERAC members.

“The initial term for members of the Opiate Epidemic Response Advisory Council amended Minnesota Statutes, section 256.042, subdivision 2, to add paragraph (a), clauses (1), (3), (5), (7), (9), (11), (13), (15) and (17), ends September 30, 2022. The initial term for members identified under Minnesota Statutes, 307.17 section 256.042, subdivision 2, paragraph (a), clauses (2), (4), (6), (8), (10), (12), (14), and (16), ends September 30, 2023”

Please refer to the PowerPoint presentation: *Opioid Epidemic Response Advisory Council, February 18, 2022*

Author: Tara Holt of Behavioral Health Division

For a copy of the presentation, please write to: [Tara.Holt@state.mn.us](mailto:Tara.Holt@state.mn.us)

Tara explains:

The OERAC members that need to be reappointed or re-elected in October 2022 include:

Two OERAC members who are also members of the House of Representatives;

One OERAC member appointed by the Board of Pharmacy;

The OERAC members who represent: opioid treatment programs; sober living programs; and substance use disorder programs licensed under chapter 245G.

The OERAC member who represents professionals providing alternative pain management therapies.

The OERAC member appointed by the Minnesota Ambulance Association.

The public OERAC member who is a Minnesota resident, and who is in opioid addiction recovery.

The public OERAC member who is a Minnesota resident, and who suffers from chronic pain, intractable pain, or a rare disease or condition.

The OERAC member who represents the Minnesota Hospital Association.

The commissioners of the Minnesota Department of Human Services, the Minnesota Department of Health and the Minnesota Department of Corrections, and/or their designees.

Please refer to the PowerPoint presentation: *Opioid Epidemic Response Advisory Council, February 18, 2022*

Author: Tara Holt of Behavioral Health Division

For a copy of the presentation, please write to: Tara.Holt@state.mn.us

Tara Holt explains the process for becoming a member of OERAC: The Department of Human Services (DHS) works with the office of the Minnesota Secretary of State to gather the information required to apply for an open OERAC member position. Only the office of the Minnesota Secretary of State can accept applications. When the deadline for accepting applications has closed, the office of the Minnesota Secretary of State sends the applications to DHS for review, and to select a candidate. This review process is similar to a “request for proposal or RFP.” The Commissioner of DHS will appoint the OERAC member. This decision is also based on equity and geographical coverage. OERAC members are appointed in September and join OERAC in October (of every year).

A motion is presented to match the language of the OERAC Bylaws to the legislative language passed during the last legislative session. The motion is passed.

**Note:** The “last legislative session” means the 92<sup>nd</sup> Legislative Session convened on 14-June-2021 and adjourned on 7-July-2021.

The Behavioral Health Division received two applications for the OERAC Chair position.

Representative Dave Baker would like to serve as OERAC Chair. Representative Baker was acting chair during the absence of OERAC Chair Dr. Anne Pylkas. Representative Baker is in an excellent position to provide guidance to the new State Opioid Response Program Director.

Dr. Heather Bell is interested in the OERAC Chair position as well and can demonstrate excellent understanding of the opioid epidemic across the state based on her experience in addiction medicine.

Kristin van Amber sends an email to all voting OERAC members who are present in the meeting. OERAC members return their email responses with their vote to Kristin van Amber.

Representative Dave Baker receives 8 votes. Dr. Heather Bell receives 5 votes.

Representative Dave Baker will be the OERAC Chair for the next 12 months, starting on 18-February-2022.

OERAC members decide to vote for the OERAC Vice Chair position as well.

Dr. Heather Bell and Cathryn Nevins are interested.

Kristin van Amber sends an email to all voting OERAC members who are present in the meeting. OERAC members return their email responses with their vote to Kristin van Amber.

Cathryn Nevins receives 8 votes. Dr. Heather Bell receives 6 votes.

Cathryn Nevins will be OERAC Vice Chair for the next 12 months, starting on 18-February-2022.

Tara Holt provides a brief update on contracts. OERAC approved the following grantees in January 2022: Rummler Foundation and Minnesota Recovery Connection. Both provider organizations signed their contract, and the contracts are being executed. The grantees will receive their first grant funding in March 2022 at the latest. The ECHO grant was awarded to Stratis Health and has been executed.

## Opioid Settlement Update

Assistant Attorney General Eric Maloney of the Office of Minnesota Attorney General Keith Ellison: 9:05 AM to 9:25 AM

On February 25, 2022, opioid manufacturer Johnson & Johnson and the nation's three largest opioid distributors — Cardinal Health, McKesson, and AmerisourceBergen — gave their final approval to the \$26 billion settlement, which will bring \$303 million to Minnesota. The companies' commitment to move forward with the settlements follows successful efforts in the states to win local subdivisions' approval of the settlements, including Minnesota's December 2021 agreement between the state, cities, and counties that set how the settlement funds will be allocated and used within the state. In Minnesota, all 87 counties as well as 143 cities have signed on to the settlements. Minnesota will receive its full share of \$303 million once the Legislature passes legislation necessary to implement the statewide agreement.

The full update and press release can be found here:

[https://www.ag.state.mn.us/Office/Communications/2022/02/25\\_OpioidSettlement.asp](https://www.ag.state.mn.us/Office/Communications/2022/02/25_OpioidSettlement.asp)

## OERAC federal grant RFP

Boyd Brown of Behavioral Health Division, Minnesota Department of Human Services: 9:25 AM to 10:25 AM

BHD will request a no-cost extension for grants that end in March 2023. According to BHD, it is not likely that the no-cost extension will be granted. BHD is confident that a no-cost extension will be granted for all grants funded through the American Rescue Plan Act (ARPA).

### Funding amounts and contracting timelines

**\$5,700,000** (\$200,000 dedicated to Leech Lake Band of Ojibwe)

Funding Period: 7/1/2023 to 6/30/2025

**\$2,233,334** to be spent in state fiscal year 2023

Funding Period: 7/1/2022 to 6/30/2023 with \$1,614,736 of this amount to be spent by 03/14/2023

**\$1,733,333** to be spent in state fiscal year 2024

Funding Period: 7/1/2023 to 6/30/2024

**\$1,733,333** to be spent in state fiscal year 2025

Funding Period: 7/1/2024 to 6/30/2025

### Requirements for funding

**\$500,000** for East African culturally appropriate opioid services in order to increase outreach and participation in treatment.

East African culturally appropriate prevention, treatment, and recovery services. These services must align with federal CLAS (Culturally and Linguistically Appropriate Services) standards for East Africans with opioid use disorder.

East African culturally appropriate outreach and access services: provide culturally appropriate outreach and access services in the East African communities thorough outreach navigators and peer recovery specialists.

This funding ends on March 14, 2023 without further funding added; the recommendation is to increase this funding to \$1,000,000. OERAC needs to approve the increase.

## **Recommendations for funding**

**\$250,000** for Fentanyl awareness.

**Note:** OERAC member suggests to change “Fentanyl awareness” to “Fentanyl prevention”. OERAC may want to further discuss this, because the federal government approves the use of Fentanyl strips; an approval process is in place.

**\$1,000,000** for Opioid Hotline with telephone, text messaging, and website to respond to questions about Opioid Use Disorder (OUD), stimulant misuse, and other substance use disorders (SUDs), and to make the appropriate referrals to providers who offer treatment services. The Opioid Hotline is needed to provide after-hour support for opioid-related issues that individuals and families go through when provider offices are closed. (For example in the evenings, at night, and on weekends.)

**Note:** Minnesota is the only state in the Midwest that does not have an Opioid Hotline. Can the recommended Opioid Hotline be streamlined with other existing hotlines in Minnesota? Tara Holt of the Behavioral Health Division will research what other states are doing with regard to opioid hotlines.

**\$1,000,000** for the prevention of Neonatal Opioid Withdrawal Syndrome by educating and treating pregnant and parenting women with opioid use disorder until they have recovered.

**\$500,000** for new and existing initiatives that increase the workforce for the intervention, prevention, and treatment of opioid use disorder.

**\$650,000** to increase culturally responsive intervention, prevention, treatment, and recovery services for underserved populations where CLAS (Culturally and Linguistically Appropriate Services) standards are an integral part of those services.

**\$900,000** for continuum-of-care services that are required for successful (prior to and after) transitions, including supportive recovery services.

**\$400,000** for Project ECHO to provide an African American focused ECHO hub to increase substance use disorder specialty care capacity, and to improve quality; this will decrease unmet treatment needs. The ECHO hub should include culturally responsive topics specific to East Africans; quarterly meetings.

**The following motion is presented to OERAC voting members, and in their own writing:**

“Approve \$ 5.7 million of Covid/ Opioid grant dollars and direct DHS staff to prepare a priority list of categories, similar to the December 2021 RFP programs, not including federally prohibited items, and NOT to identify specific dollar amounts - this will be worked on in the working group, and to have this sent with recommended dollar allocations for OERAC membership vote prior to the March OERAC meeting.”

The motion is passed.

## Break

10:25 AM to 10:40 AM

## Legislative report/ OERAC policy objectives

Tara Holt of Behavioral Health Division, Minnesota Department of Human Services: 10:40 AM to 11:10 AM

The OERAC policy objectives for the state fiscal year 2022 are listed below; these objectives need to be refined, and then support must be built.

Reimbursement reform for board-certified addiction medicine physicians, licensed alcohol and drug counselors, and certified peer recovery specialists, including reimbursement using alternative payment models, such as block funding.

Reimbursement reform for alternative medicine practices for chronic pain.

Reimbursement reform for family-centered therapies.

Reimbursement reform for Screening, Brief Intervention and Referral to Treatment (SBIRT) in key systems, such as schools, colleges, and correctional facilities.

Public funding to support the University of Minnesota's addiction medicine fellowship program and other professional workforce development programs.

Licensing the regulation of sober living facilities.

Addressing the lack of access to health care after release from incarceration, as well as the lack of access to the Consolidated Chemical Dependency Treatment Fund (CCDTF) after release.

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.

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

Improving the Minnesota Student Survey to accurately reflect drug use trends and understand the effects of trauma/ adverse childhood experience (ACE) on youth.

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

Allowing the reimbursement for telemedicine policies, created for COVID, to remain permanent.

## Current opioid legislative bills

Katrina Howard of the Board of Pharmacy and member of the DHS Legislative Team: 11:10 AM to 11:40 AM

The Board of Pharmacy is requesting OERAC support of legislative language changes to Minnesota Statute 152.126, regarding the MN Prescription Monitoring Program (PMP). The PMP is seen as a clinical tool for prescribers and pharmacists to utilize when dispensing or prescribing not only opioids, but also any controlled substance. Given OERAC's role in trying to curb the opioid epidemic, Katrina asked for council support of the proposed legislation, the council agreed to support the Board of Pharmacy legislative language changes.

## Fentanyl – next steps

Chair Dave Baker and Tara Holt of Behavioral Health Division, Minnesota Department of Human Services: 11:40 AM to 12:10 PM

Fentanyl is a powerful synthetic opioid that is much stronger than other drugs. Fentanyl can be prescribed, or it is illicitly-manufactured. Illicitly-manufactured Fentanyl is driving the increase in drug overdoses in Minnesota and across the country. Fentanyl is widely available, so it is often added intentionally or unintentionally to other drugs such as Heroin, Cocaine, and Methamphetamines. Fentanyl in other drugs can be detected with Fentanyl test strips.

OERAC will continue the discussion about Fentanyl test strips and determine if they need to develop a strategy to combat drug overdoses caused by Fentanyl.

## Public comment

12:10 PM to 12:30 PM

**Note:** OERAC Vice Chair, Kathryn Nevins, suggests to hold the public comment session at the beginning of the OERAC meeting to provide more time for public participants.

### Core messages of public comments

Mary McCarthy: Harm reduction services have been under attack. However, harm reduction is a prevention strategy for opioid use disorder (OUD) and substance use disorder (SUD) and part of the continuum of care.

**Note:** SAMHSA provides information and current best-practices for harm reduction:  
<https://www.samhsa.gov/find-help/harm-reduction>

Farhia Budul: East African communities need representation on the OERAC. They need culturally specific recovery services.

Pearl Evans: There is too much information in the OERAC meetings. The request is to make this information “user friendly” and to provide this information every three to four months.

Sheila Grabosky: Patients with chronic pain would benefit from mental health counseling. Patients with intractable pain – severe, constant, relentless, and debilitating pain that is not curable – must have access to safe medication.

Camie LaValle: Fentanyl test strips are needed.

Jessie Saavedra: Fentanyl awareness and harm reduction messaging is needed.

## Adjourn

The OERAC meeting adjourns at 12:30 PM.