

July 17, 2020 OPIOID EPIDEMIC RESPONSE ADVISORY COUNCIL

WebEx

11am – 1pm

Attendance

Members: Chair Dr. Anne Pylkas, Vice Chair Representative Dave Baker, Nicole Anderson, Wendy Burt, Senator Chris Eaton, Willie Pearl Evans for Dana Farley, Sarah Grosshuesch, Representative Erin Koegel, Gertrude Matemba-Mutasa, Toni Napier, Kathy Nevins, Darin Prescott, Judge Korey Wahwassuck, Jolene Rebertus,

Absent: Dr. Heather Bell, Peter Carlson, Shelly Elkington, Senator Mark Koran, Esther Muturi, Cody Wiberg for Katrina Howard,

MMB Staff: Weston Merrick

DHS Staff: Elyse Bailey, April Beachem, Boyd Brown, Kristy Graume, Dwayne Green, Chelsea Magadance, Perry Moore, and Tara Holt

I. Opioid Epidemic Response Fund Update

Delayed until the September 17th Meeting

II. Opioid Overdose Data Update by Nate Wright at MDH



~~2019 preliminary... 2018 overdose...~~

Dave asked Nate if we are tracking or capturing the information differently, Nate replied that no changes have been made to the data collection processed. So the trends accurately reflect the drug overdose deaths.

Dave asked how Minnesota is ranking to other neighboring states? Nate responded that for 2018 Minnesota remains with the lowest drug overdose mortality rates (8th or 9th lowest). Wisconsin has a higher overdose mortality rate than Minnesota, the Dakota's and Iowa are similar rates to Minnesota. When we look at the Minnesota state rate it does mask significant drug overdose mortality rates, when looking at the American Indian or African American population those remain among the highest rate in the nation. In the disparity ratio between American Indian and white and African American and white overdose deaths remain amongst the highest in the United States for the most recent data that we have.

III. Initial Discussion about the disparities within the opioid epidemic and the creation of steps to ensure equity within the opioid epidemic response

Today we would like to take the first real steps in acknowledging the disparities within the opioid epidemic and begin to discuss steps to ensure we are creating some equity within our work ahead in the next year. We have had this important discussion on our

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agenda and for multitude of reasons it is often tabled but it needs to be revisited and today is the first step in doing so.

To level set disparities can be related to sex (male/female), race or ethnicity, income, education, sexual orientation or geography, Multiple socioeconomic factors contribute to health disparities, including income, education, residential segregation, stress, social and physical environment, employment, and many others. Disparities according to income and education have increased for smoking, with low-income persons smoking at higher rates which are similar conditions that can lead an individual to utilize opioids. Achieving health equity, eliminating disparities, and improving the health of all U.S. population is important in addressing the opioid epidemic.

- One noted disparity that I became aware of is that African American Minnesotans are being prescribed Suboxone at an almost non-existence rate but their methadone utilization is high. I would like to ask each member to speak as I call on you about the disparities they see in the opioid epidemic (Please be respectful to each other and not interrupt and if you choose to pass simply say so at your turn)
- Anne discussed the death rates and the homeless population which most of them are American Indian as it is apparent from the data.
- Chris discussed horrified by the latest deaths, overdose have increased and believes the pandemic and synthetics are responsible. There is always been a disparity and it is sad that we weren't able to target that in our last funds.
- Dave echoed Chris' comment and need to refocus on the opioid epidemic.
- Sarah access to variety of treatment options and greater Minnesota divide but even within the metro if you are pregnant it can be difficult. A lot of the same population is disproportionately affected by the opioid epidemic are effected by others.
- Toni lives and work White Earth are really struggling, we don't have everyone back to work and those working are not in the office. So we are really struggling and it is not enough, so hoping for some normalcy. The community is hurting.
- Kathy, echoed Toni's comments about how much covid is impacting the communities and all the work they are trying to do with opioids. SAMHSA changes has hurt us patient successes, homelessness, couch surfing, food insecurity and transportation issues has never been as bad as it is right now. Happy to see the prescribed prescriptions going done in the report but meth and fentanyl is the vast majority of what she is currently seeing in Northern Minnesota. When I look at steps that could help our community health workers, bandwidth to get internet availability in rural Minnesota.
- Darrin agreed with what Toni and Kathy shared and wanted to mention disparities within the American Indian data as some tribes report data differently and there are some individuals that may not be enrolled in a Federally recognized Tribe because of bias don't identify their race. Pandemic goes on seeing more narkan

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being made available but don't always see reports of when it is used unless it results in death. We are seeing decrease in opioids prescribed but some are transitioning to other substances of use.

Dave asked why some tribes are reporting different – Darrin said that it is up to each tribe what they report outside of deaths. He can only speak on behalf of Lower Sioux resistant to share data with outside entity as in the past it has been leveraged for grants but no benefit from the grant. He more than anything just wanted to bring awareness to the issue.

- Korey discussed that the primary focus has been covid but they have started to do some collaborative work with the Leech Lake family centered court model that has been funded and having zoom meetings.
- Gertrude just happy to have conversation about disparities, work at DHS were we are asking ourselves how can we do our work and address disparities within the work at the same time. Equity is what we do every day, happy to hear the group share where they see the disparities and hopefully take that thinking when we have new opportunities and applying it to see how it lines up. Example of HIV showing communities of color having huge disparities within HIV but the funding was not aligning with that disparity so we aligned the funding with the disparities and are making a bigger impact.
- Jolene will speak from a criminal justice lens and it will surprise no one that the criminal justice system is impacted by disparities, when you take a look at our number of opioid use disorders mimic those disparities. We are starting to look at opioid overdose death data and seeing very similar trends.
- Willie piggyback off of Gertrude's statement that as a council we really need to look at the data and then invest in culturally responsive programming. She also thinks we need to establish what equity means to us as a council and as we move forward with allocating funds in the future make sure we keep this in mind.

Thank you all for sharing the next what steps do you think as a council we should take to begin creating an equitable response?

- Anne said she thinks we had some really great ideas in the last rfp, we don't need to reinvent the wheel but we can go further and with the new data we have the obligation to go further. As a council getting the money to where it needs to be and hearing from the folks that represent the community.
- Dave agreed with Anne, the dollar amount is disappointing, we got a lot of ideas, really worried about the East African communities in his area, the Somali community are really being effected by opioids but they don't know anything about addiction, our plan was to bring forward a support group to help families, but we had to pull back on the grant because the money wasn't there or try a different avenue of funding.
- Chris said we did that before we put out the rfp before we had to cancel it.
- Sarah said prior to covid which she wanted to connect with Anne, what I think would be good especially as we have time before the next rfp is to do some

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community engagement. We don't have the ability with all the voices needed at the table but the council can go out to the community.

- Erin having the council have more of an equitable breakdown of the dollars of the fund so that we can disperse it to the community organizations. She and Liz had an informal discussion to see if there are some concrete changes to the legislation so the council can have a bigger impact.
- Toni discussed that she is sad and the disparities for the American Indian communities are so big and she would like to have input from each tribe. Each tribe needs to have their own solution so we toss back about the smaller focus group to physically take the time to talk to the nations to see what they need so we can bring that back to the table. As far as alternative pain management we need a way of developing more research based data for the different types of modalities. We need to fund some research based data for that.
- Darrin would add to Toni's comment about getting together to get together part of gathering with tribal leaders and folks that deal with substance use but on hold because of covid. But there was a plan to do that initially however right now it is on hold and we could resurrect that again.
- Korey, we had some robust discussions with a broader representation in order for it not to be big, we can and should go out to them to get their input. Include all communities of color to be as effective and efficient as possible.
- Willie agree with Sarah and Korey about adding a community engagement piece to this whether it is a virtual or in person. Consider getting input with a survey.
- Jolene concurs with everyone that we need to hear from the community. She has suggested some options in the past and happy to do so again.
- Kathy added that would like to see the ideas submitted in the RFP – we can do that as it was redacted.

Common theme of the above discussion is that we need to include a community engagement component whereas the council goes out to the community to hear from them and ensure engagement with all recognized tribes in Minnesota.

Do we think it worthwhile to adopt the SAMHSA Special Conditions of grant or develop are own?

- Anne does not see this to be worthwhile as it would complicate the grant process.
- Korey I agree with Anne in order to keep things as simple as process.
- Jolene added as a grant reviewer and the need to have simplified things we can
- Willie wondering if we can use DAANES to inform our work? I responded that DAANES is limited in terms of racial disparity information but it can be made available as applicable.

IV. Opioid Epidemic Response Proposed Legislative Changes

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- Willie added that if we really want to be effective with equity we as a council should make a statement of equity and make that part of the legislative proposal.
- Anne I agree to add a statement of health equity, Willie recommends that we review literature, draft a statement and send it around for internal and external discussion.
- Erin would like to create a public policy workgroup to look at the language, work with the House and Senate authors to see where changes can be made with the goal of getting more funding to the council itself. Anne questioned how much support there might be for this, Erin said there always could be oppositional.
- A public policy workgroup was created and folks that would like to participate will reply to an email that Tara send out to the members for interest.
- Erin will lead the workgroup and Tara will coordinate with her and get names to her.

V. Request for proposal simplification discussion

- Chris would like to still work on simplifying the rfp as it is still too long and like people of diverse communities to put together a proposal without a professional grant writer. The grant application process is unequitable especially for the smaller agencies we are targeting.
- Anne agrees with Chris. If we can add some time to how we can change this rfp on the next agenda and make sure the grants and contracts team should be available.
- Erin asked if the money went into the account July 1st is that correct. Elyse Bailey discussed is that money just went into the account and it is being processed. Erin just stated that we would be able to get that money out to them as possible and September is the soonest it will be getting out. Elyse stated that there was a slight delay with the revenue coming in through June 30th so there was a week or two delay.
- We need to table the remainder of this discussion until a later meeting.
- Dwayne Green, DHS grant contract manager, great discussion. DHS and council has the same goal, there are some changes that we can make but many of the statements are legal definitions. Chris asked if they can legislate changes in the process? Dwayne said these are state laws so these are State requirements not just for DHS. Anne discussed the covid grant from MDH that was not a difficult process and easy to fill out. So if we could model something like that if it is possible. Dwayne stated that the covid grant may have had relaxed rules as it was for emergency funding.

VI. Public Comment

VII. Next Steps and Meeting Wrap Up

- OERAC Meeting September 18th scheduled for 9am to 4pm
- Agenda items for that meeting?