

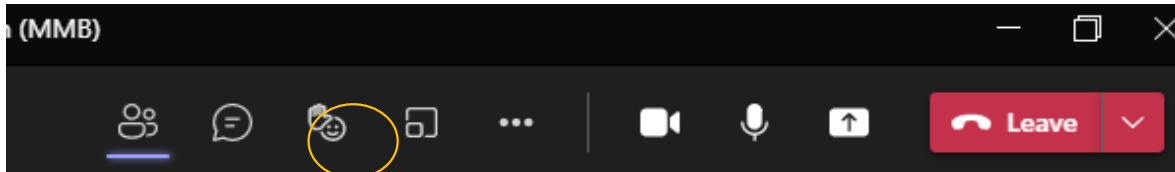
Opioid Epidemic Response Advisory Council

September 16th, 2022

10:00 a.m. – 2:00 p.m.

Council member group norms

1. Please say your name when you speak.
2. Put yourself on mute when not speaking. You will help everyone hear the presenter.
3. Put your hand up if you would like to speak.



4. Participate on video, if possible.
5. Stay with us! Stand up, walk around, etc.
6. Minimize the use of cell phones and email.
7. "Step up/step back."
8. Technical difficulties happen.
9. **Please do not use chat feature as this is a hybrid meeting and not all members will see your comments.**

Guest welcome and request

- Welcome to our guests!
- We ask that our guests provide your insights and comments during the public comment opportunities.
- We ask that you don't use the chat function and raise your hand during OERAC discussions.

Welcome

Representative Dave Baker, OERAC Chair

DHS Staffing Updates

- Eric Grumdahl – Assistant Commissioner, Behavioral Health, Housing, and Deaf and Hard of Hearing Services (BHDH)
- Kristine Preston - Interim Deputy Assistance Commissioner, Behavioral Health

Meeting Goals

- Take care of OERAC logistical business.
- Be informed of the most current data related to Minnesota via reports from MMB and MDH.
- Receive updates on contract execution and council seats
- Learning from grantees
- Listen and learn from public commentors.

Agenda

- Welcome and introductions
- OERAC business
- Round 1 public comments
- Harm Reduction and Syringe Services Program
- Break and enjoy lunch (11:00)
- What is and What Should Never Be
- Traditional Healing Grants
- Break and Lunch (12:05)
- Minneapolis/St. Paul area grantee presentations
- Grant Contract Updates for Current RFP
- Council seat updates and thank you
- SUD Summit Update
- Round 2 Public Comment
- Adjourn (2:00)

Voting Members

- Chair –Dave Baker, Minnesota House of Representatives
- Vice Chair - Kathryn Nevins, Public Member with Chronic Pain, Intractable Pain or Rare Disease or Condition
- Nicole Anderson, Minnesota Ojibwe Indian Tribal Representative
- Dr. Heather Bell, Minnesota Medical Association
- Peter Carlson, Minnesota Ambulance Association
- Joe Clubb, Minnesota Hospital Association
- Sarah Grosshuesch, Local Department of Health
- Alicia House, Nonprofit Organization
- Katrina Howard, Board of Pharmacy
- Tiffany Irvin, Public Member in Opioid Recovery
- Erin Koegel, Minnesota House of Representatives

Council Roll Call continued

Voting Members

- Mark Koran, Minnesota State Senate
- Mary Kunesh, Minnesota State Senate
- Esther Muturi, Mental Health Advocate
- Toni Napier, Alternative Pain Management Therapies
- Darin Prescott, Minnesota Dakota Indian Tribal
- Dr. Anne Pylkas, Minnesota Society of Addiction Medicine
- Judge D. Korey Wahwassuck, Judge or Law Enforcement

Non-Voting Members

- Dana Farley, Department of Health
- Eric Grumdahl, Department of Human Services
- Jolene Rebertus, Department of Corrections

- Approve July 2022 meeting minutes

Public Comment

10 minutes

To address the council please raise your digital hand.



Harm Reduction and Syringe Services Program

Anna Bosch, MPH (she/her/hers) | Harm Reduction Program Specialist
Infectious Disease Epidemiology Prevention and Control (IDEPC)

Land Acknowledgement

Every community owes its existence and vitality to generations from around the world who contributed their hopes, dreams, and energy to making the history that led to this moment. Some were brought here against their will, some were drawn to leave their distant homes in hope of a better life, and some have lived on this land for more generations than can be counted. Truth and acknowledgment are critical to building mutual respect and connection across all barriers of heritage and difference.

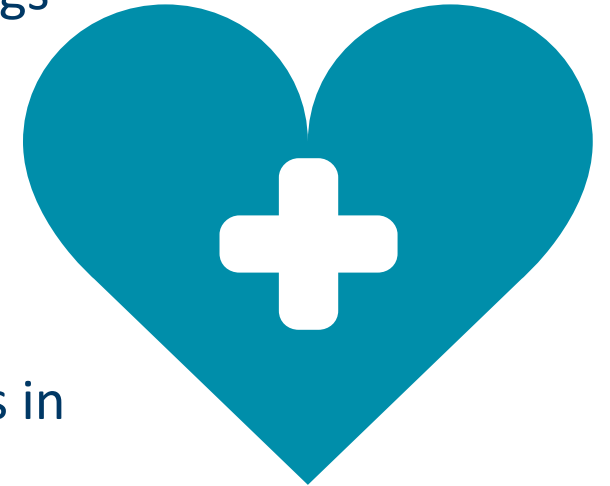
We begin this effort to acknowledge what has been buried by honoring the truth. We are standing on the ancestral lands of the Dakota people. We want to acknowledge the Dakota, the Ojibwe, the Ho Chunk, and the other nations of people who also called this place home. We pay respects to their elders past and present. Please take a moment to consider the treaties made by the Tribal nations that entitle non-Native people to live and work on traditional Native lands. Consider the many legacies of violence, displacement, migration, and settlement that bring us together here today. Please join us in uncovering such truths at any and all public events.*

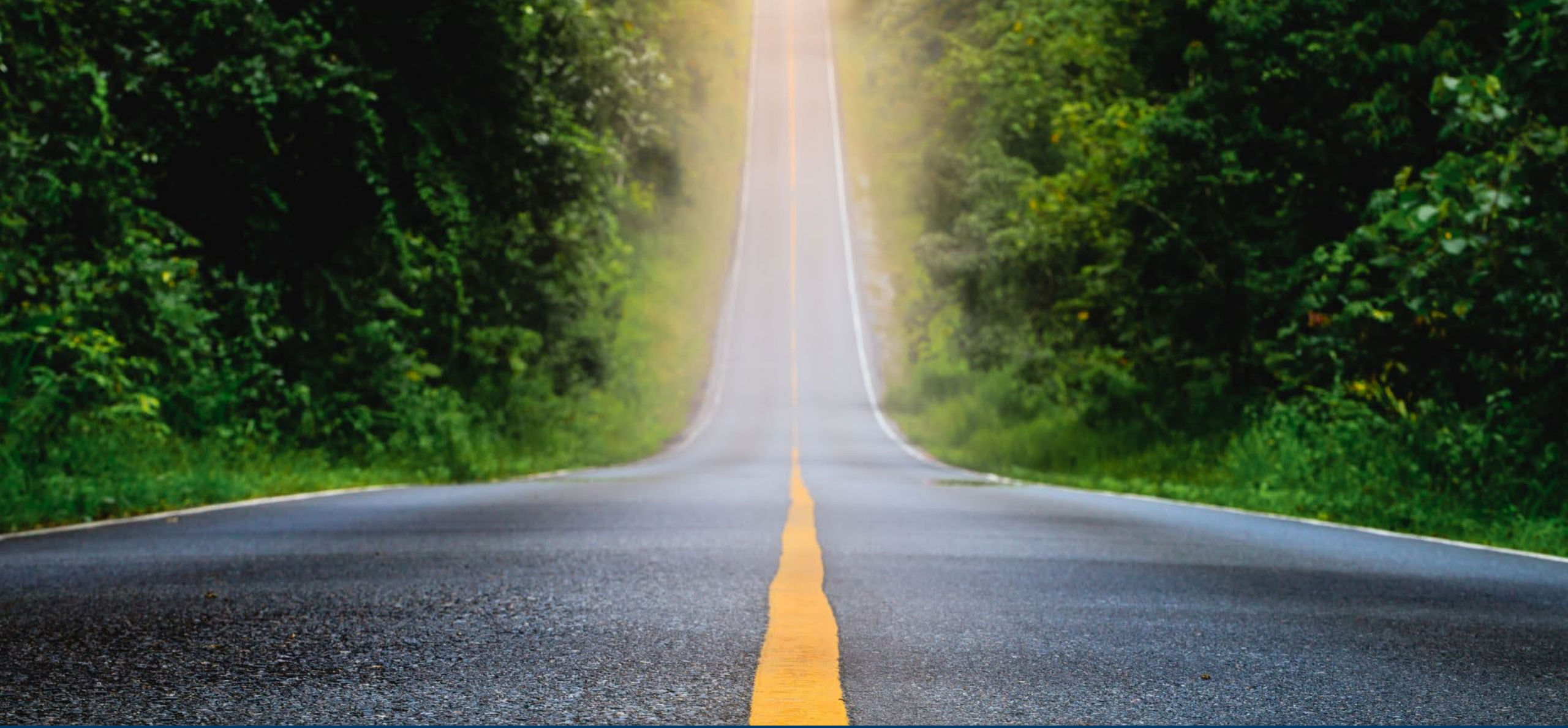
*This is the acknowledgment given in the USDAC Honor Native Land Guide – edited to reflect this space by Shannon Geshick, MTAG, Executive Director Minnesota Indian Affairs Council

Principles of Harm Reduction

Harm Reduction is a set of practical strategies that:

- Accepts drug use as a part of our world, but does not ignore real harms
- Attempts to minimize harm by acknowledging that some ways of using drugs are safer than others.
- Focuses on quality of individual and community life.
- Non-judgmental and non-coercive.
- Includes the voices and insights of people who use drugs as primary agents in reducing harm.
- Recognizes that the realities of poverty, class, racism, social isolation, past trauma, sex-based discrimination, and other social inequalities affect both people's vulnerability to and capacity for effectively dealing with drug-related harm.





Overview of Syringe Services Programs

Syringe Service Programs (SSPs): More Than Syringes

Minnesota Department of Health-funded SSPs provide:



HIV & Hepatitis C
prevention,
testing & linkage
to care



Education about
overdose prevention,
including safer
injection practices



Sharps containers
& safe disposal
of used
syringes



Referrals to
medical, mental &
sexual health
services



Naloxone kit
distribution,
training &
education

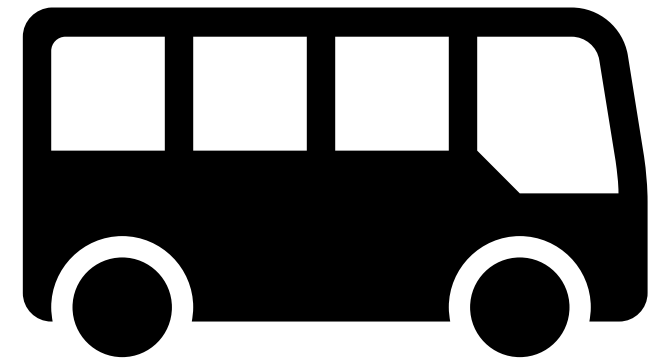
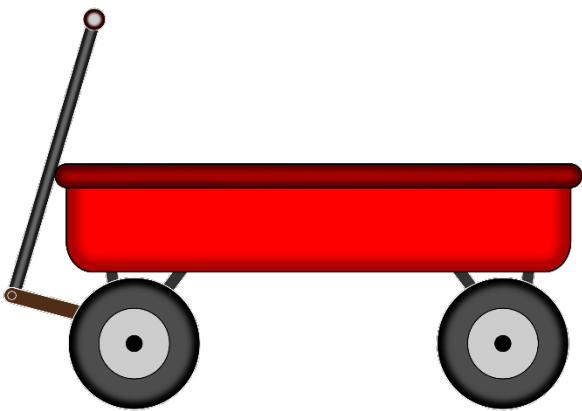
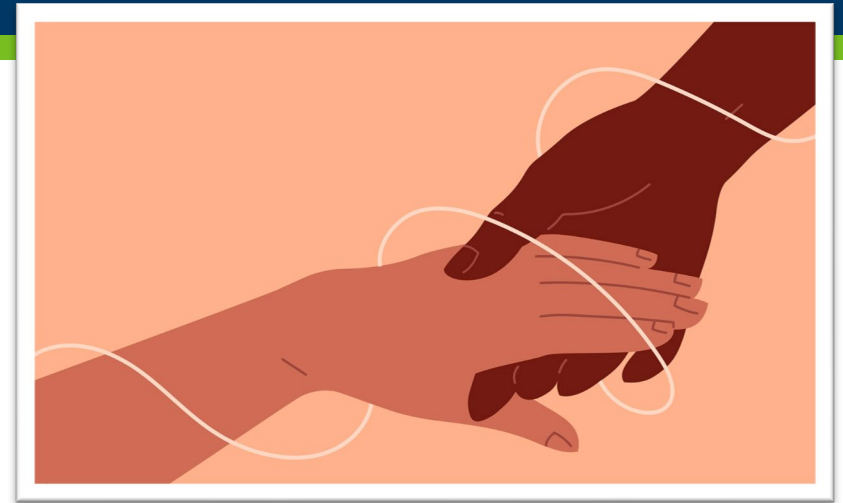
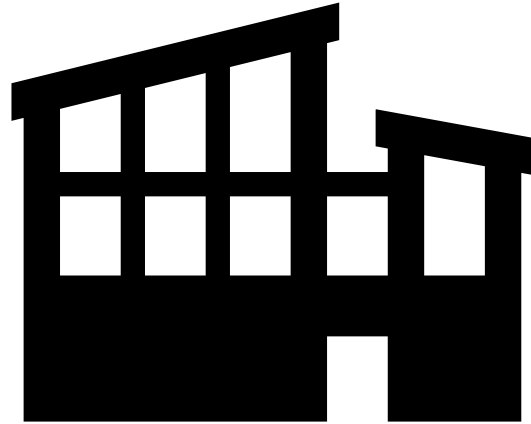


Sterile syringes
at no cost



Referrals to
substance use
disorder treatment &
recovery supports

SSPs: Meeting People Where They Are



MDH IDEPC-Funded Syringe Services Programs

Our six MDH IDEPC-funded syringe services programs (SSPs) are:

**RAINBOW
HEALTH
MAINLINE**

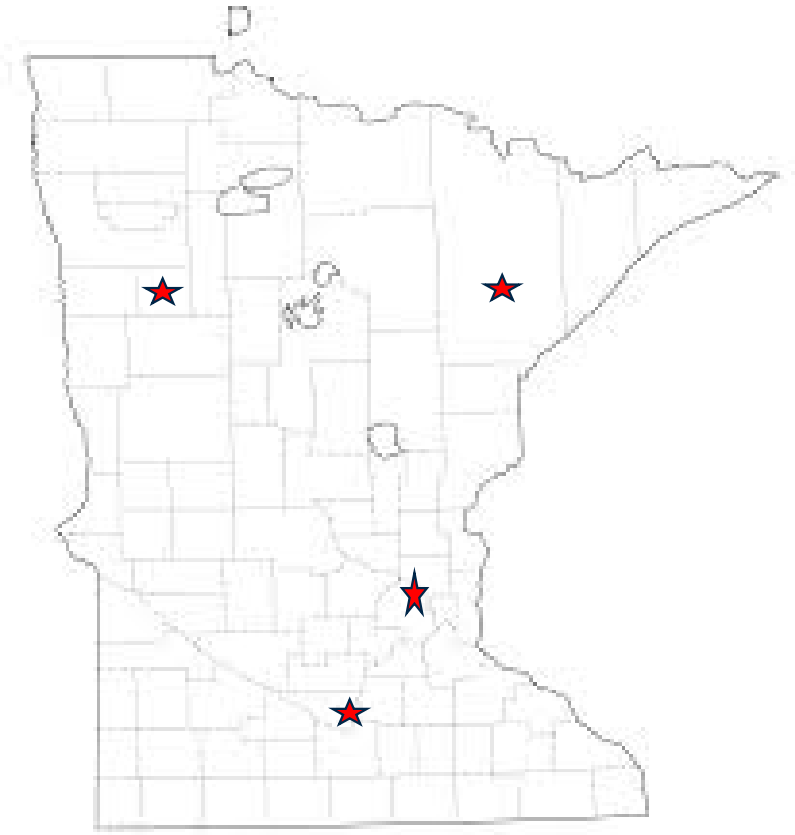


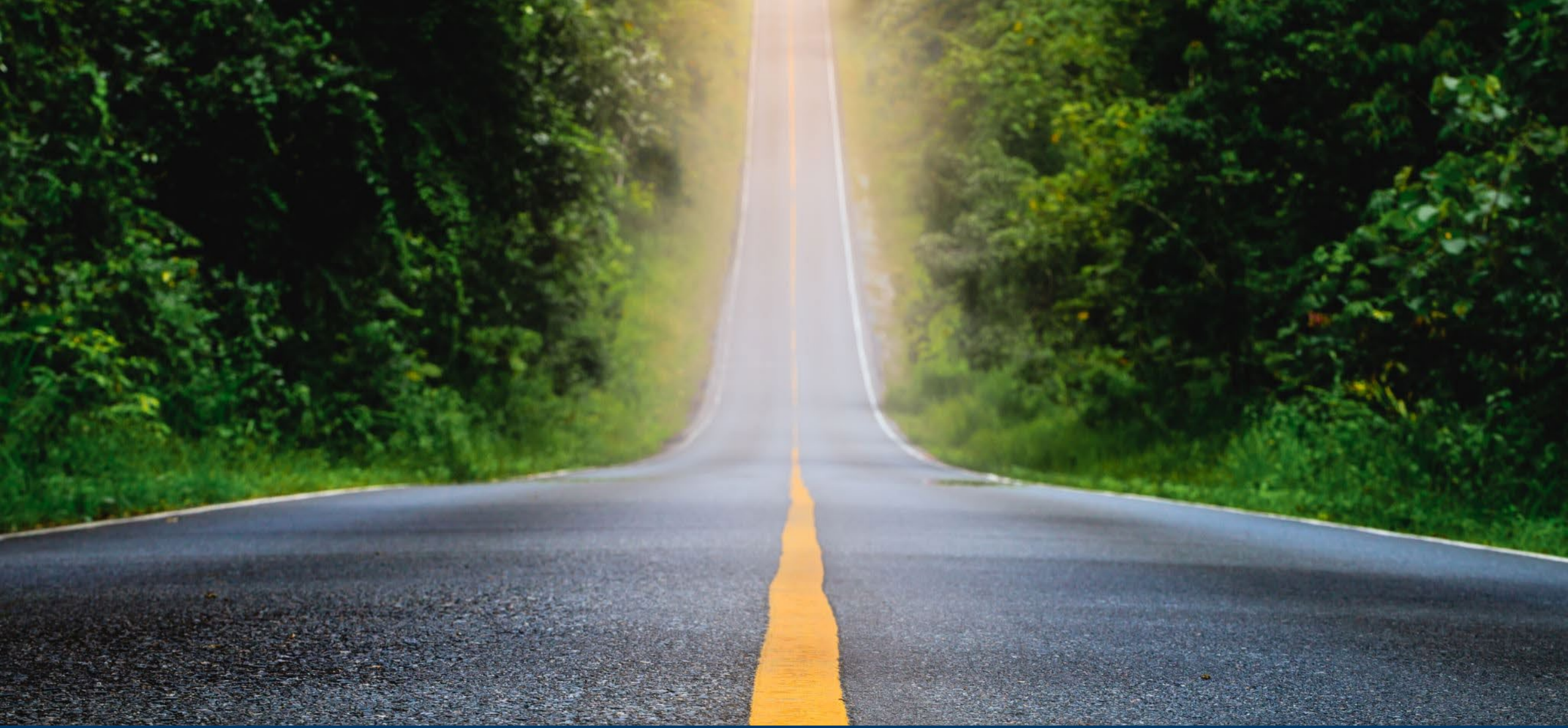
MDH-IDEPC also funds two other established SSPs to provide HIV testing and early intervention services.



Other Syringe Services Programs in MN

- White Earth Nation – Health Division
- Hennepin County Public Health – Red Door Services
- Rural AIDS Action Network (RAAN) – Mankato and Virginia
- Aliveness Project (mobile unit)

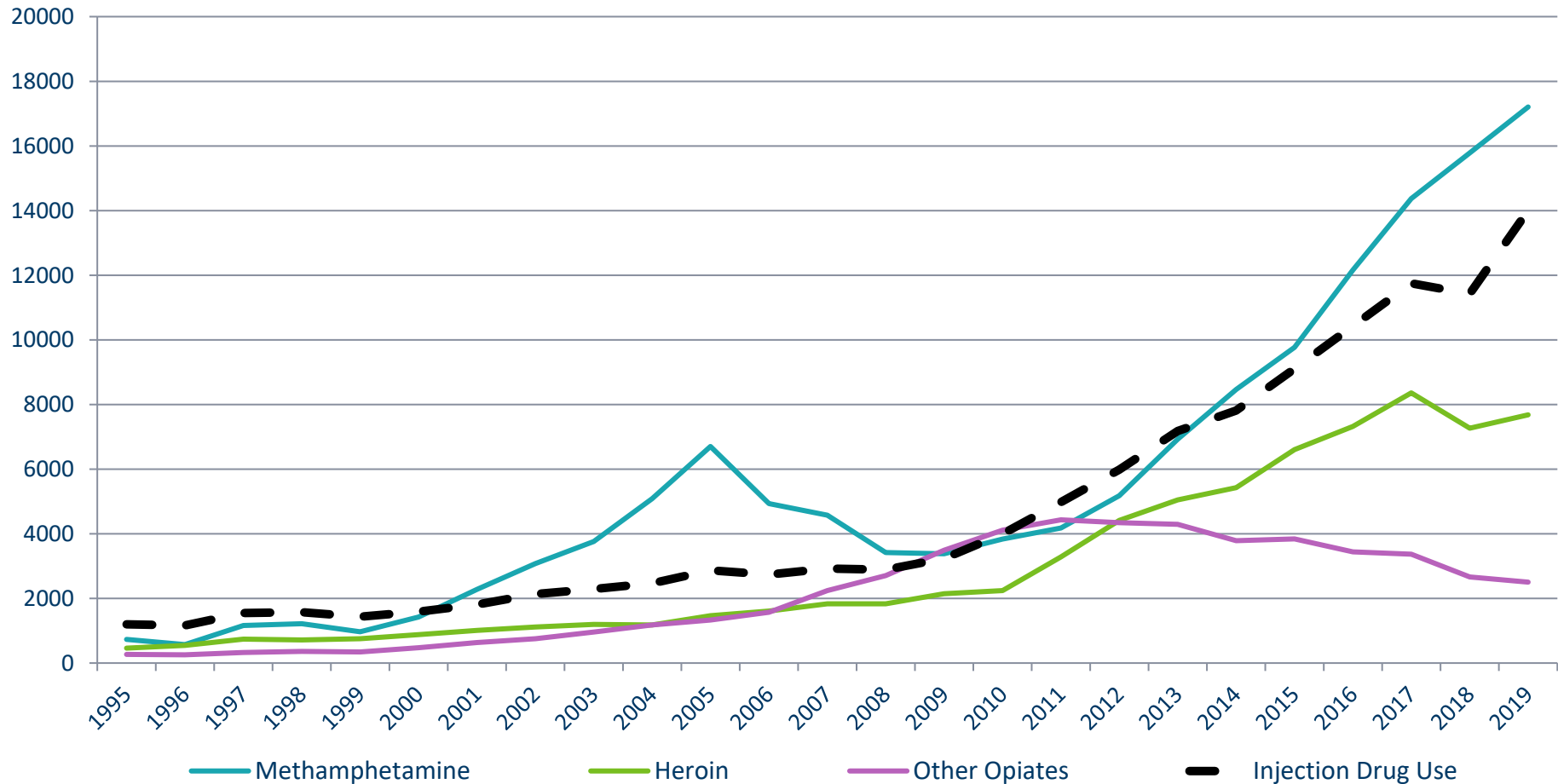




The Need for Syringe Services Programs

Need for SSPs: Rise in Injection Drug Use

Primary Substance at Admission to SUD Treatment Services for Adults CY1995 - CY2019



Source: Minnesota Department of Human Services, BHD, DAANES (11/1/2021), Minnesota SUDORS, Injury and Violence Prevention Section, Minnesota Department of Health, 2019-2021

- Over 330% increase in injection drug use from 2009 to 2019
- During 2019 – 2021, injection was the route of administration for a quarter (25%) of accidental overdose deaths in Minnesota.
- Difficult for SSPs to keep up with demand, funding has not kept up with demand

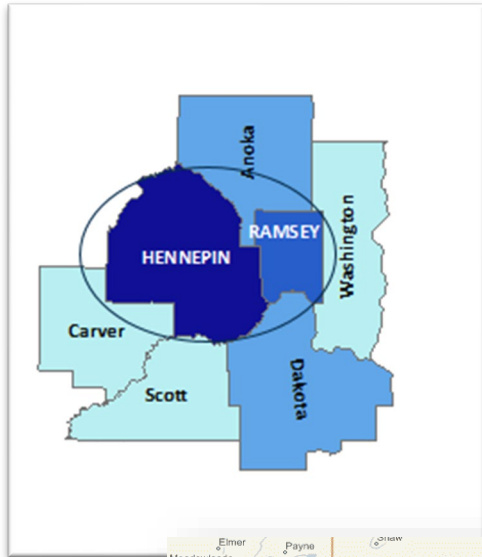
Need for SSPs: Overdose

- In 2021, 1,286 Minnesotans died of drug overdose.
- For every one drug overdose death, there were nearly 12 non-fatal drug overdoses.

Need for SSPs: Infectious Disease

- Hepatitis C (HCV):
 - In 2018 there were 33,856 people living with chronic HCV in MN
 - 75% of US cases due to IDU, or more specifically, sharing syringes/supplies
 - In 2021, 22% of HCV tests conducted at MDH IDEPC-funded SSPs were positive
- HIV:
 - In the U.S., 1 in 10 HIV infections associated with IDU
 - In 2021, there were 298 new cases of HIV in MN, 11.4% of which reported injection drug use.

Impacts of Injection Drug Use In MN: HIV Outbreaks



Hennepin/Ramsey Counties HIV Outbreak

- In February 2020, MDH Health Alert Network declared an outbreak among people who inject drugs (PWID)
- Current total is 149 cases
- Risk factors:
 - 48% IDU + encampment-related
 - 42% MSM/IDU (non-encampment)
 - 10% IDU (non-encampment)

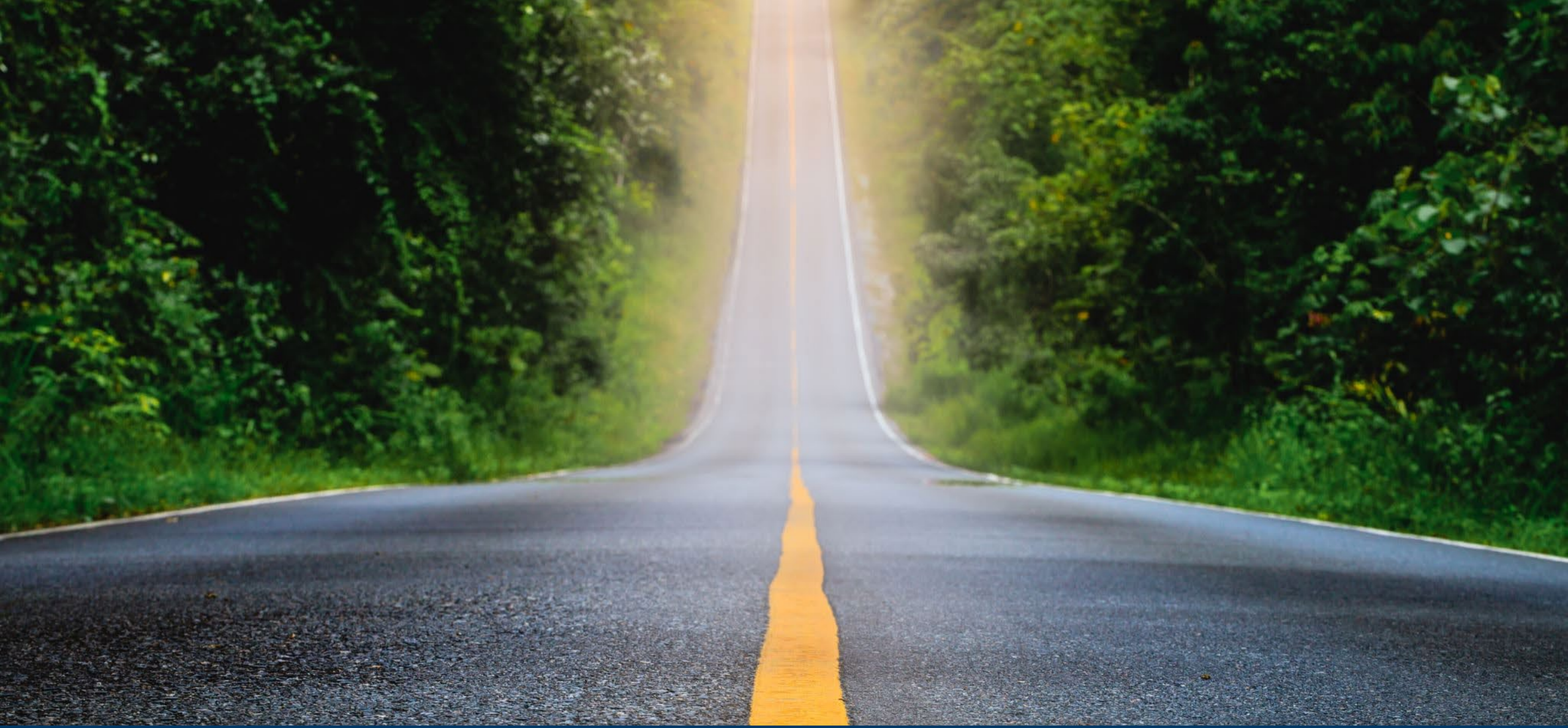


Duluth Area HIV Outbreak

- In 2021, MDH Health Alert Network declared an HIV outbreak in the Duluth Area
- Current total is 26 cases
- Risk factors:
 - IDU only and Men who have sex with men (MSM)/IDU: 44%
 - MSM only: 40%
 - No Risk Reported: 8%
 - Heterosexual: 8%

Homelessness and Substance Use Deaths

- SSPs are directly engaging people experiencing homelessness (PEH)
- Results from statewide homeless mortality analysis (2017-2021):
 - One in three deaths among PEH were substance-use related
 - One in 10 of *all* overdose deaths in Minnesota involved PEH
 - Compared to the total Minnesota population, PEH had:
 - 11x higher risk of fatal opioid overdose
 - 16x higher risk of fatal overdose involving methamphetamines and opioids



Benefits of Syringe Services Programs

Overdose Prevention

- In 2021, MDH IDEPC-funded SSPs distributed around 52,000 doses of naloxone directly to people who use drugs
- SSP participants reported reversing nearly 1,200 overdoses with naloxone acquired at MDH IDEPC-funded SSPs*

*Likely large underestimate, not all SSPs collect, participant disclosure is voluntary, etc.



Reduce drug
overdose death

Disease Prevention

- People who have access to a SSP are 50% less likely to acquire HIV and Hepatitis C
- In 2021, MDH IDEPC-funded SSPs:
 - Distributed 1,796,622 sterile syringes
 - Provided 1,085 HIV tests and 370 HCV tests



Reduce incidence
of HIV and Hep C
infections

Cost-Savings

- High costs to treat HCV and HIV
- One SSP with an annual budget of 500k would only need to prevent 3 new cases of HIV to be cost-saving in an area of lower HIV incidence like MN
- Additional cost-savings for other increasing drug-related morbidities like emergency wound care, MRSA, endocarditis, etc.



Reduce
infectious disease
treatment and
other costs

Community Safety

- Areas with SSPs are associated with LESS syringe litter.
 - In 2021, the Minnesota Department of Health (MDH)-funded SSPs took in 937,614 used syringes
- SSPs reduce needle-stick injury to law enforcement by 66%
 - Currently, one in three officers are stuck with a needle during their career
- SSPs are not associated with increased crime in areas that they serve



Reduce needle-stick injuries and discarded syringes in communities

Reduction in Use and Linkage to Treatment

Research shows that SSPs do not cause any increase in drug use

When people have access to an SSP they are:

- **Five times more likely to enter treatment** for substance use disorder
- **Three times more likely to reduce or stop injecting drugs**



Increase
likelihood to
enter treatment

Safe Spaces as a Bridge

- SSPs are a **bridge** to other services because they develop trust with participants
- In 2021, the 6 IDEPC MDH-funded SSPs:
 - Served 12,000 unique clients
 - Conducted 27,703 exchanges.
- In 2021, the 6 IVPS MDH-funded linkage to care SSPs engaged with:
 - 4,505 clients in 14,093 client interactions



Collaborative linkage to care

- Positive rapid HIV test at a pop-up organized by Southside
- Connected with a Healthcare for the Homeless (HCH) nurse for confirmatory testing at event.
- Linked to HIV care by HCH and Indigenous People's Task Force (IPTF)

“This person has maintained continued contact with outreach workers from all 3 agencies. As of 3 months they continue to be on their medication, have an undetectable viral load and have now made multiple referrals of friends to HCH and IPTF for PREP, Hep-C and HIV care.”

NorthPoint: Linkage to treatment

- A youth approached SSP staff outside site, multiple times over a few weeks
- Individual came inside SSP one day, stating readiness to enter treatment
- Individual said they'd return next day to call facilities. No showed.
- A few days later, individual approaches SSP staff outside again and SSP finds a facility, supports call to Dad, all agree to meet at SSP the next day
- Youth shows up the next day! Dad drives him to treatment.

“A few days later a case worker from the treatment facility reached out to the SSP staff to share that the young man had asked her to call us to let us know he had finally made it to treatment and that he was going to be ok.”

Linkage to treatment

“I met a participant who...recently moved here from the reservation and was struggling maintaining sobriety. This participant volunteered during outreach...when things were very busy, and he states that he felt good about being of service to his community. This participant was a great source of feedback from the population we serve and offered helpful suggestions for ways to address some of the community’s needs.

When I first met this participant, he was in a treatment program that he felt was not a good fit. I told him about NACC's Tribal Health Intensive Outpatient Program...was set up with an intake appointment and a cell phone so we could continue connecting. This participant continues to make progress towards his goals...And continues to do outreach. 😊”



Questions?

Thank You!

Anna Bosch

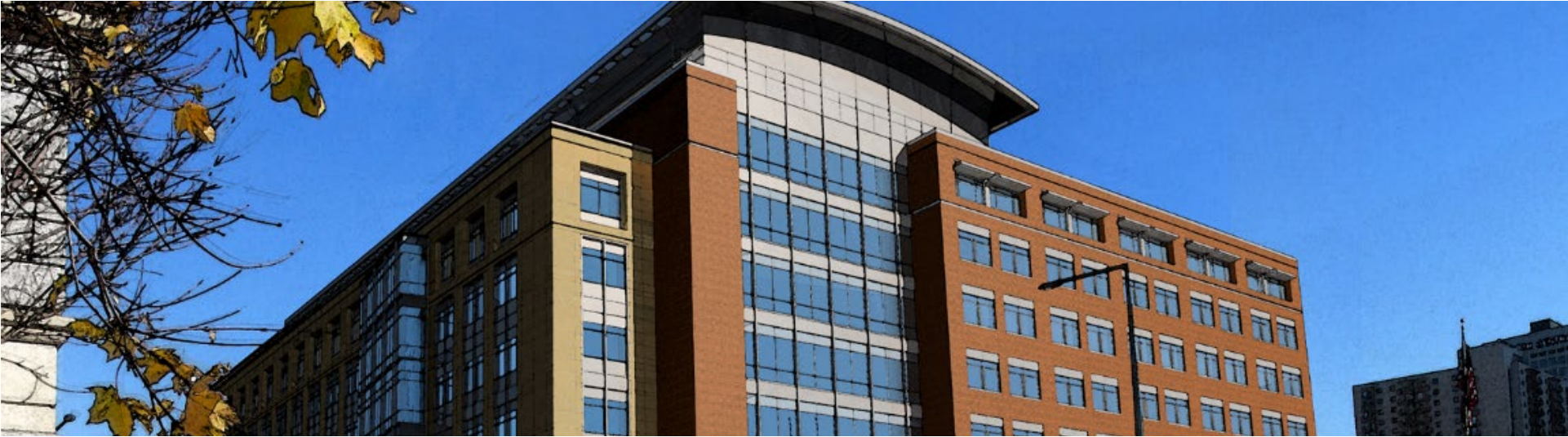
Anna.r.bosch@state.mn.us

Break 10 minutes

Please contact Alexia Reed Holtum at DHS if you have any comments or questions about the topics discussed today.

BHD_Opioid@state.mn.us

Alexia.A.ReedHoltum@state.mn.us



Opioid Epidemic Response Advisory Council, September 2022 “What is and What Should Never Be”

Rick Moldenhauer, MS, LADC, ICADC, LPCC | Human Services Rep. 2
State Opioid Treatment Authority Representative | Behavioral
Health Division, DHS

- Presented by Rick Moldenhauer, MS, LADC, ICADC, LPCC

Human Services Representative 2/State Opioid Treatment Authority

P: (651) 431 2474

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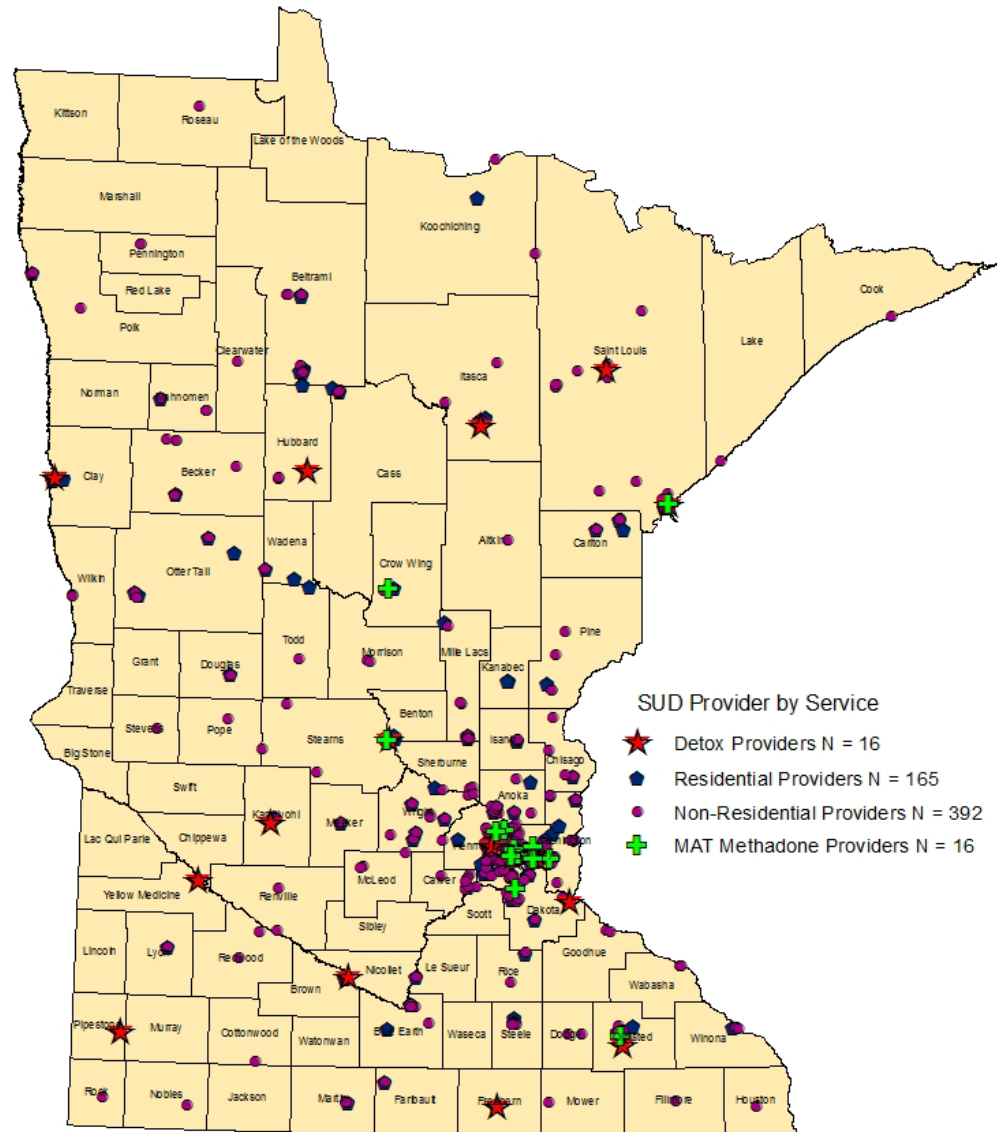
Behavioral Health Division, DHS

PO Box 64977

St Paul, Minnesota 55164-0977

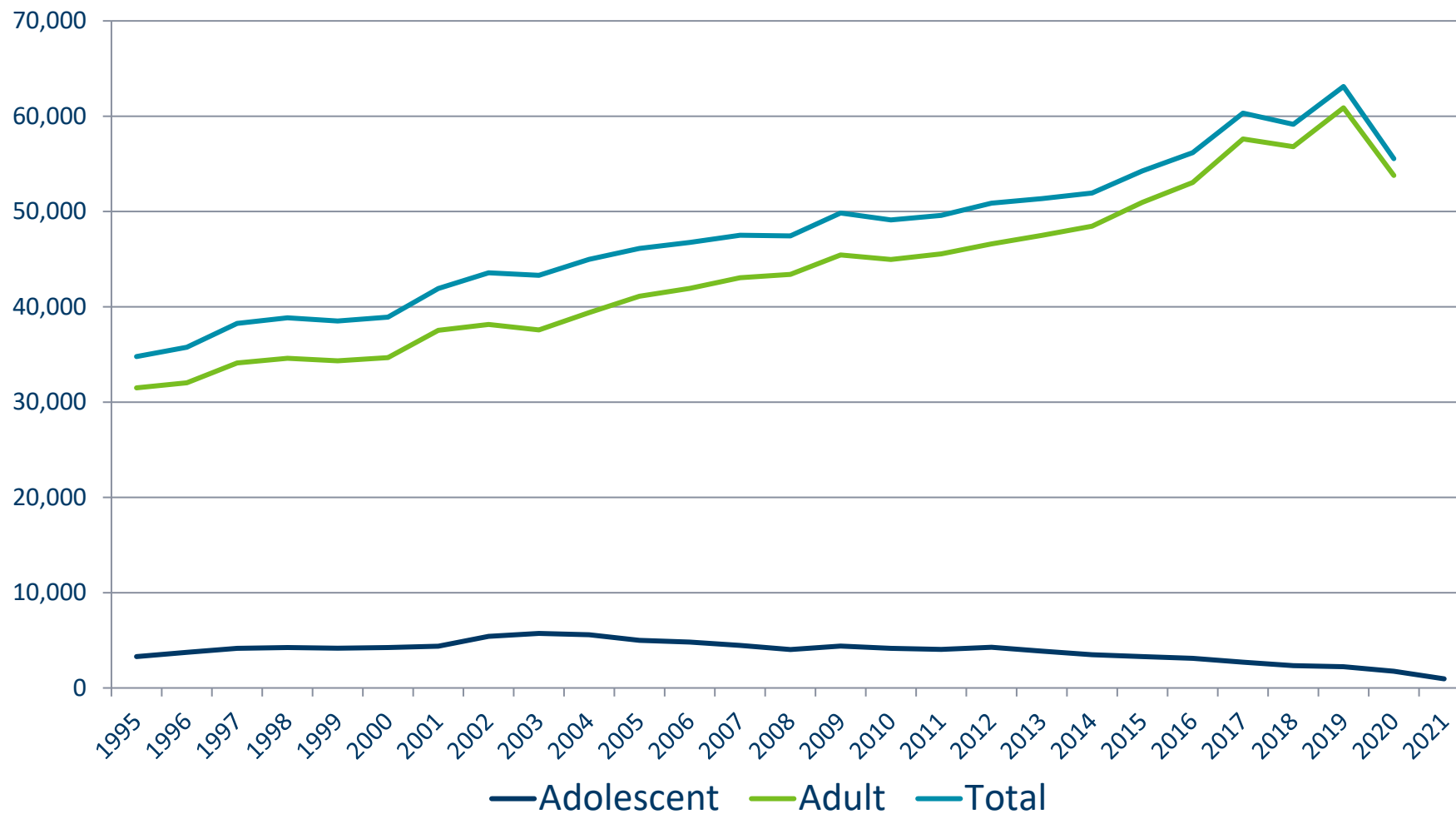
richard.moldenhauer@state.mn.us

Substance Use Disorder Treatment Providers



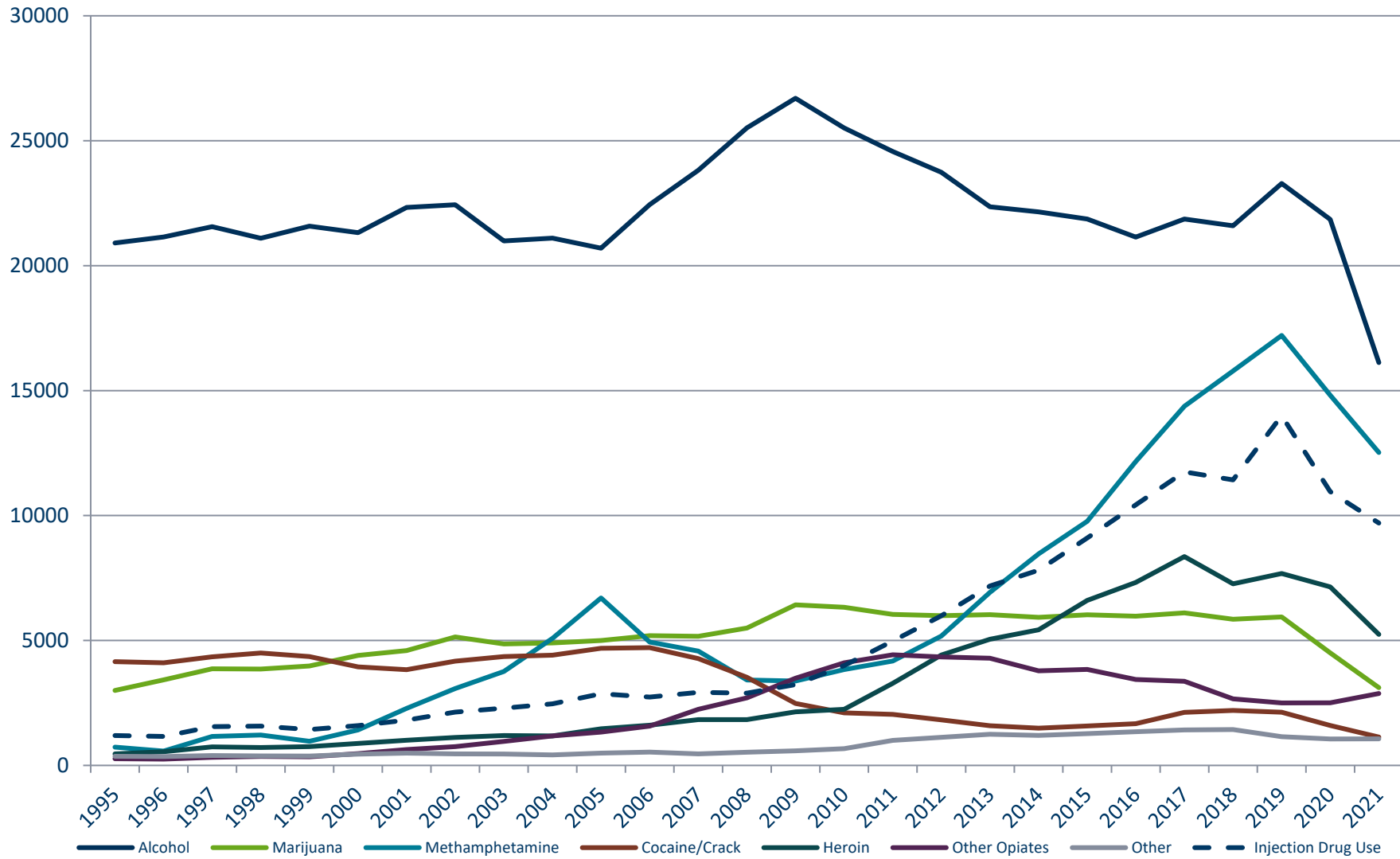
Source: Minnesota Department of Human Services, BHD (8/24/2018)

SUD Treatment Admissions CY1995 – CY2021



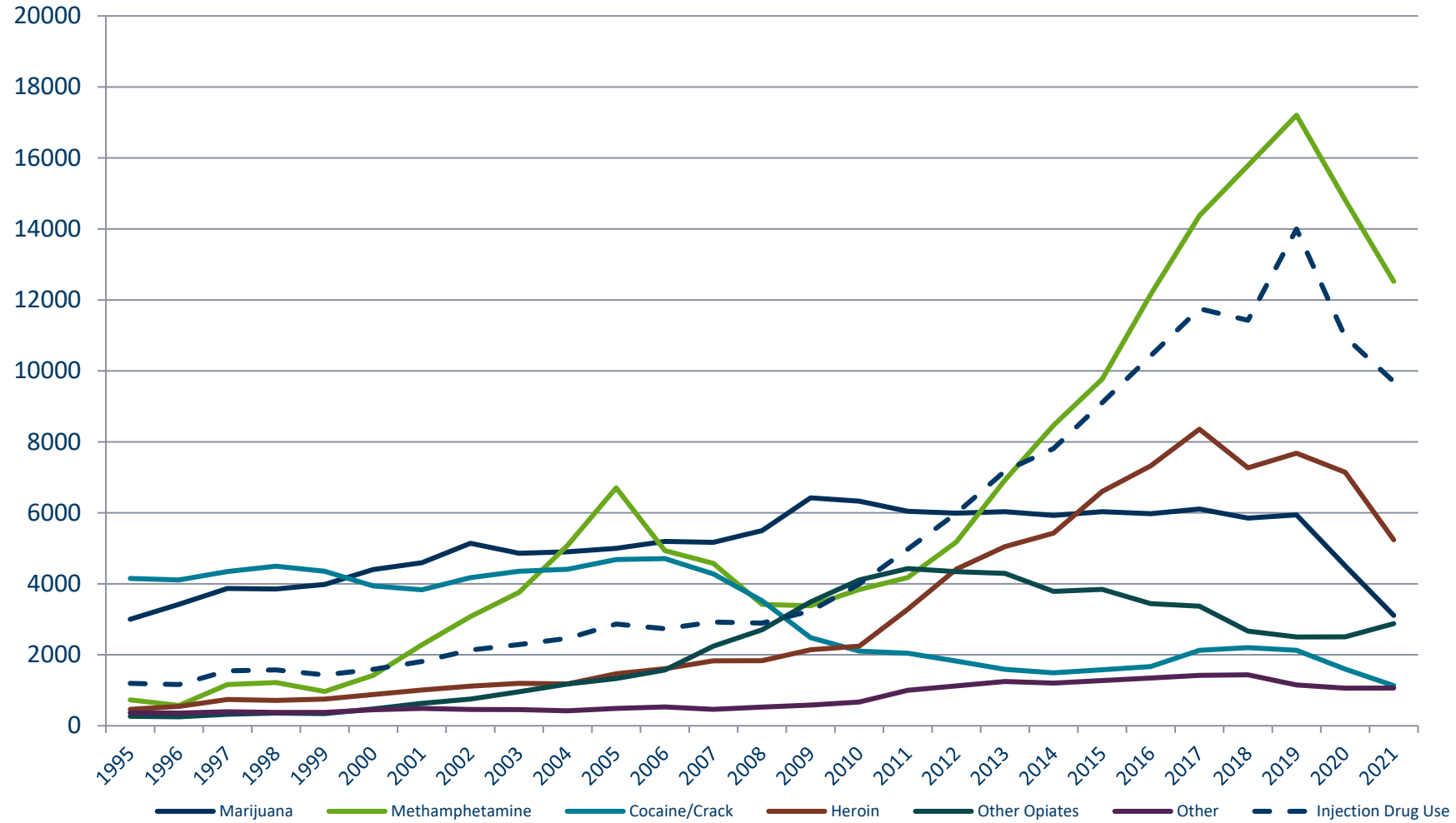
Source: Minnesota Department of Human Services, BHD, DAANES (11/1/2021)

Primary Substance at Admission to SUD Treatment Services for Adults CY1995 - CY2021



Source: Minnesota Department of Human Services, BHD, DAANES (11/1/2021)

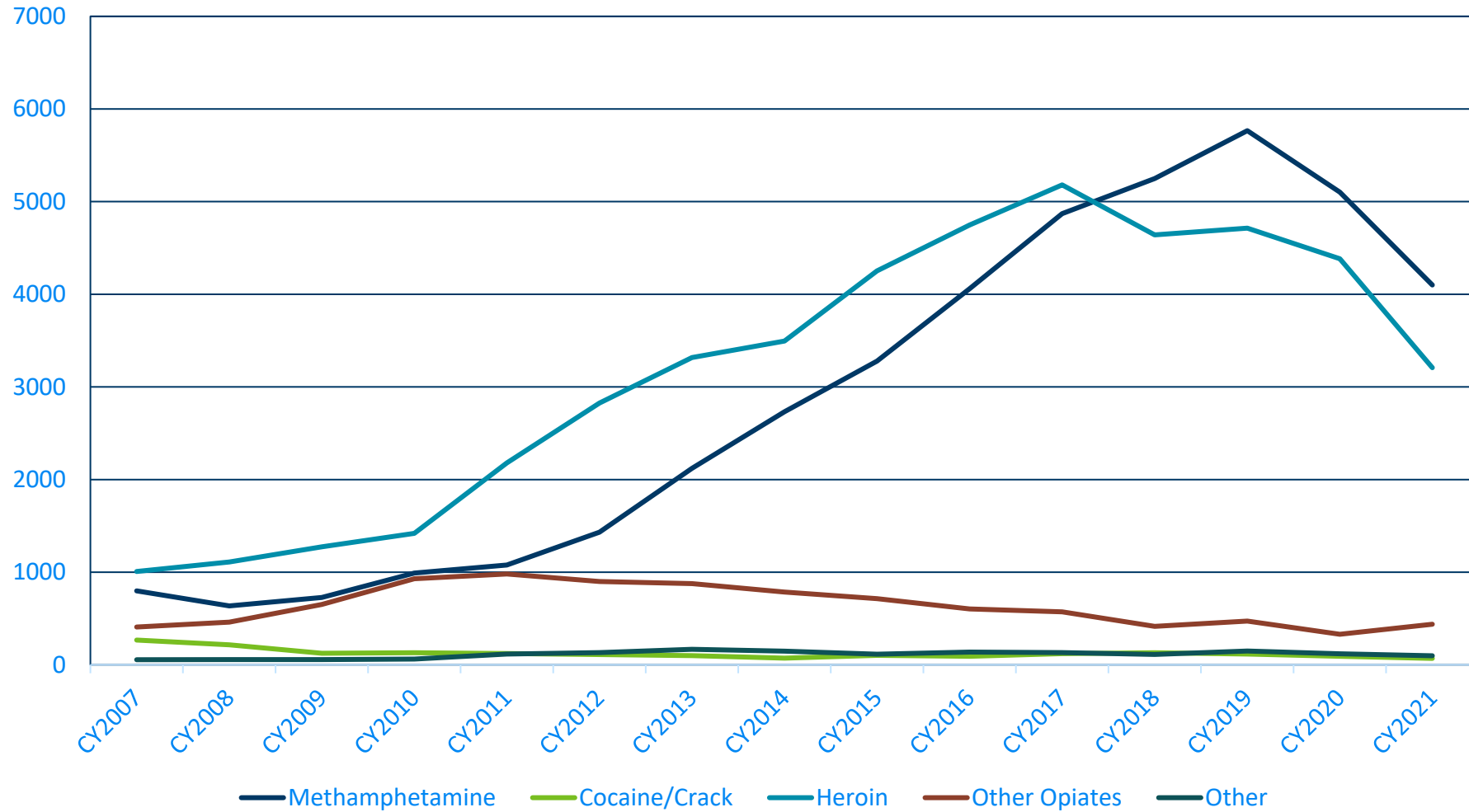
Primary Substance at Admission to SUD Treatment Services for Adults CY1995 - CY2021



* Alcohol not included in chart

Source: Minnesota Department of Human Services, BHD, DAANES (11/1/2021)

CY2021 Primary Substance of Abuse at Admission to SUD Treatment Services for Clients Who Have Indicated Injection Drug Use in the Past 6 Months



Excludes Alcohol and Marijuana

Source: Minnesota Department of Human Services, BHD, DAANES (11/1/2021)



Are real people...



Epidemic

adjective

ep·i·dem·ic | \ ,e-pə-'de-mik \

Definition of *epidemic*

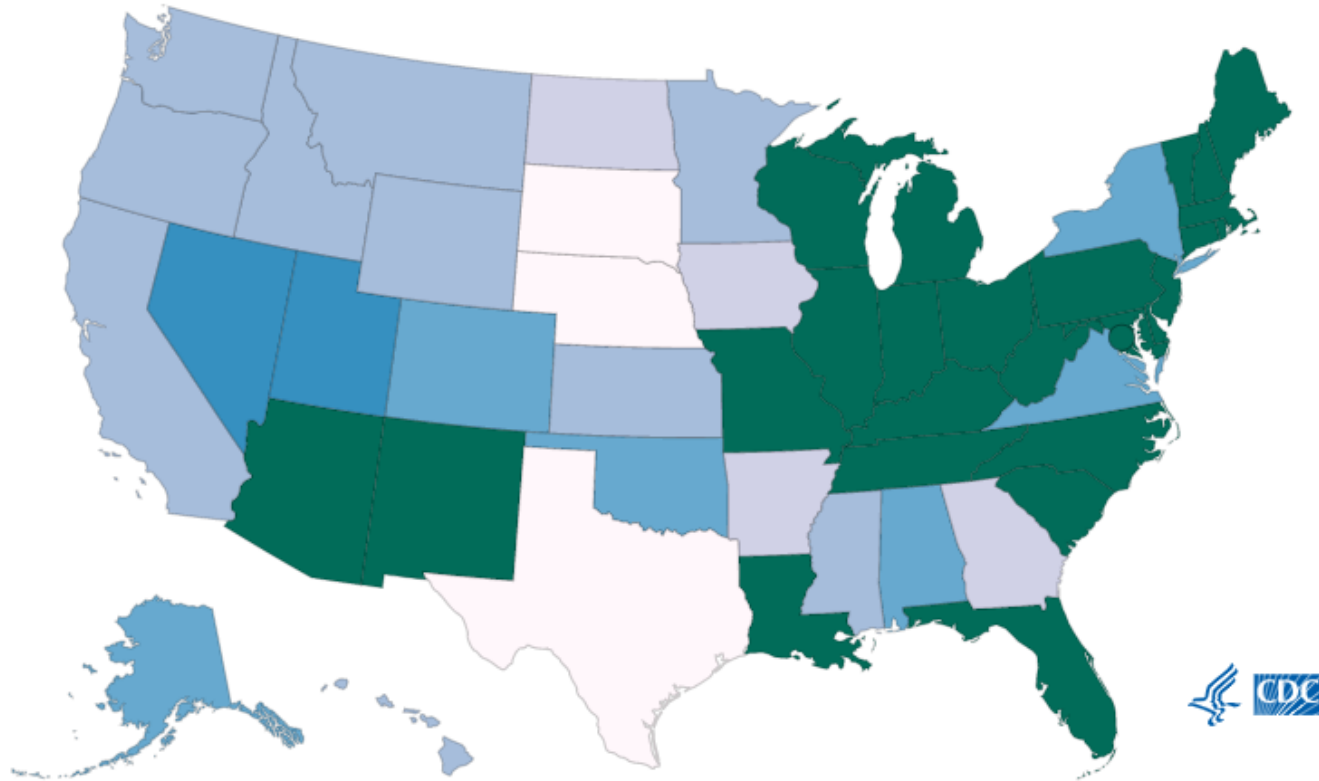
1 : affecting or tending to affect a disproportionately large number of individuals within a population, community, or region at the same time typhoid was epidemic

2a : excessively prevalent

b : contagious sense

3 : characterized by very widespread growth or extent : of, relating to, or constituting an epidemic the practice had reached epidemic proportions

Number and age-adjusted rates of drug overdose deaths by state, US 2019



Range Category

○ 6.9 to 11.0

● 13.6 to 16.0

● 18.6 to 21.0

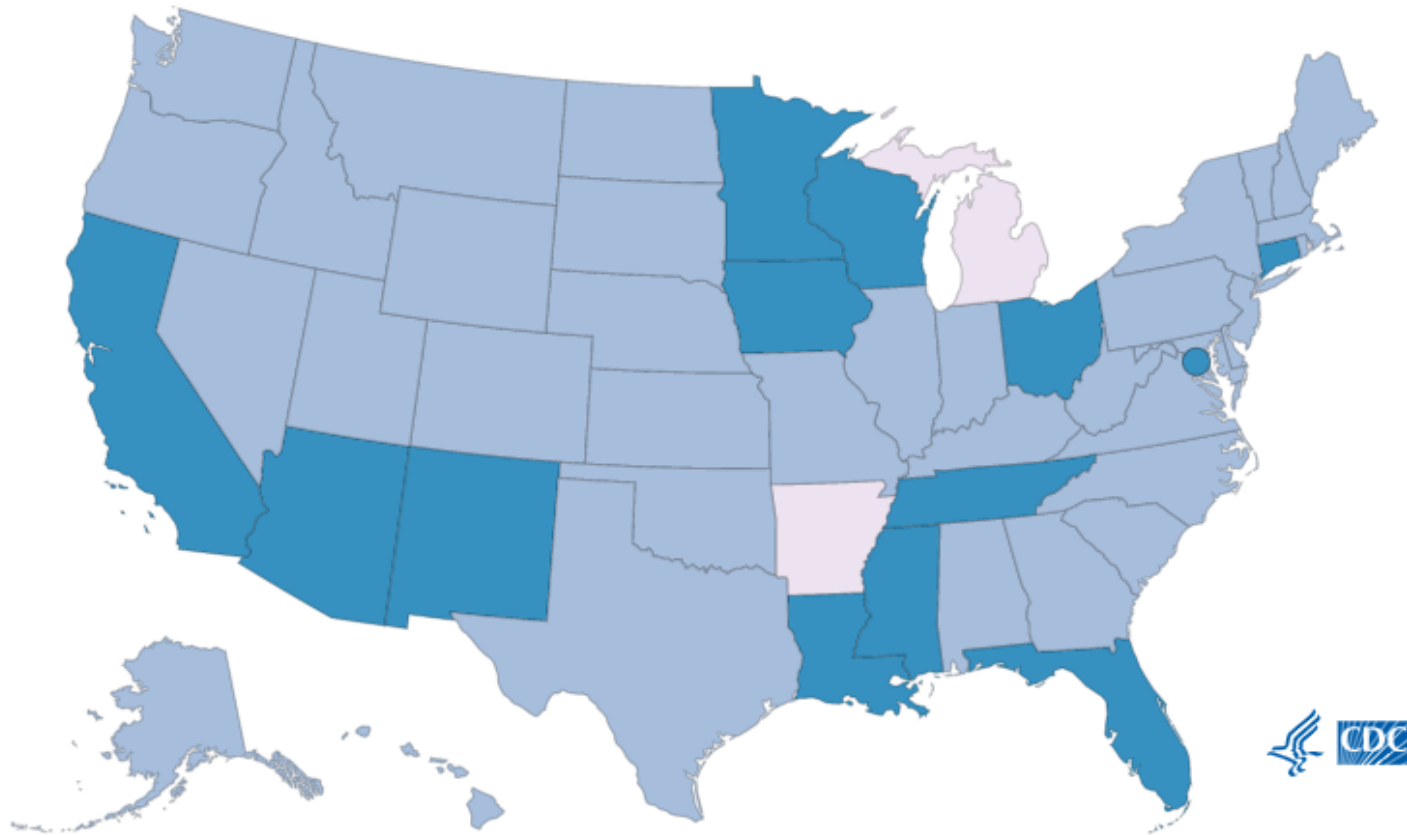
● 11.1 to 13.5

● 16.1 to 18.5

● 21.1 to 57.0



Statistically significant drug overdose death rate increase from 2018 to 2019, US States



Changes in drug overdose death rate from 2018 to 2019, US States

● Decrease

● Stable

● Increase

Opioid Overdose Deaths

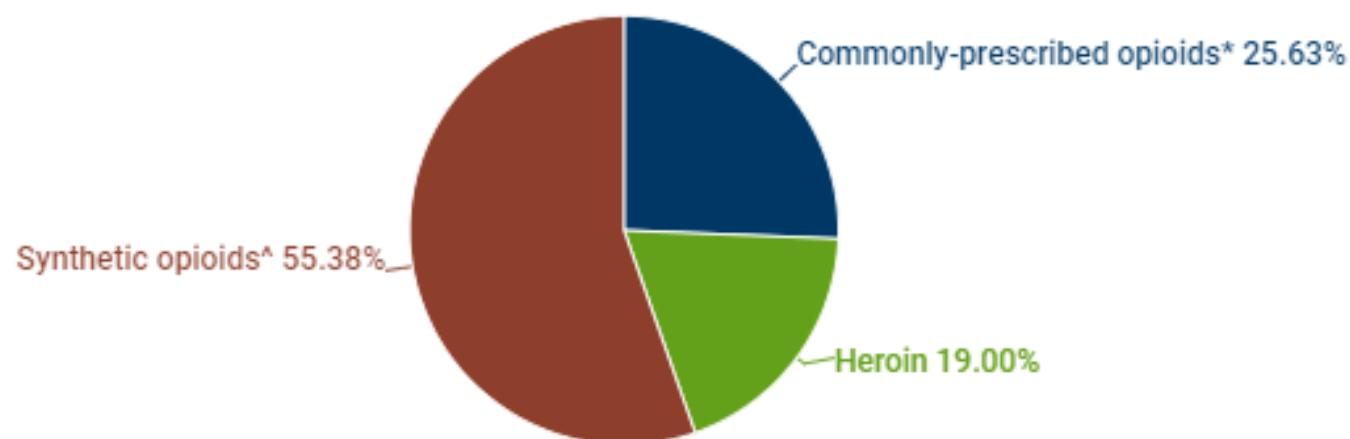
Opioid-involved overdose deaths have increased in Minnesota since 2000.



[Download data](#) [Drug Overdose Data Sources](#)

Source: Minnesota death certificates

In 2019, synthetic opioids were involved in the greatest proportion of opioid overdose deaths.



[Download data](#) [Drug Overdose Data Sources](#)

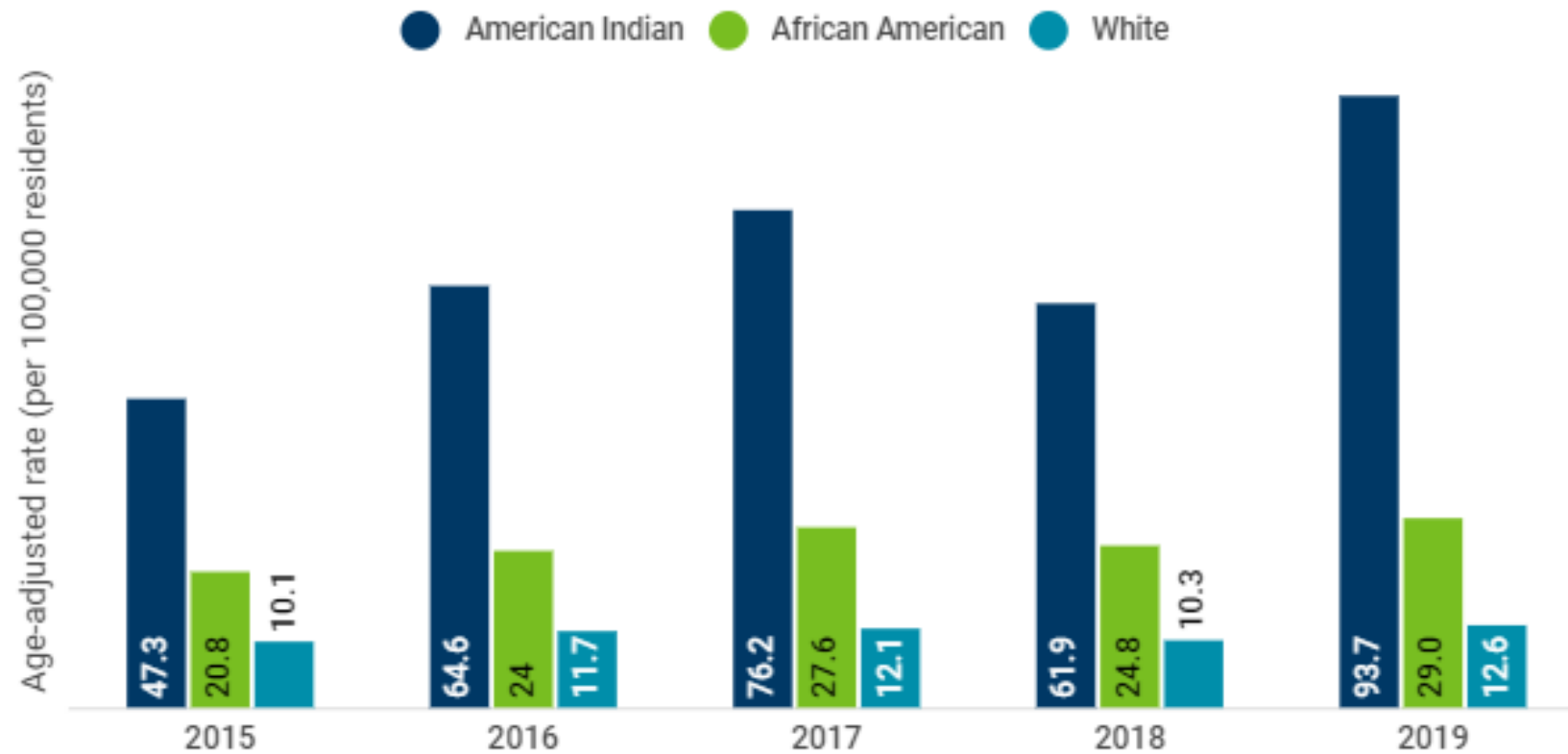
Note: deaths may involve more than one drug. They also include unintentional overdoses, suicide, and homicide.

^{*}*Commonly-prescribed opioids* refers to opioids that may or may not have been legally prescribed to the person. With deaths related to commonly-prescribed opioids, it can be difficult to determine whether the pills were being used as prescribed or used inappropriately. Read more at [Opioid Overdose Death Reporting](#).

[^]*Synthetic opioids* include fentanyl and fentanyl analogs like carfentanyl, tramadol, etc.

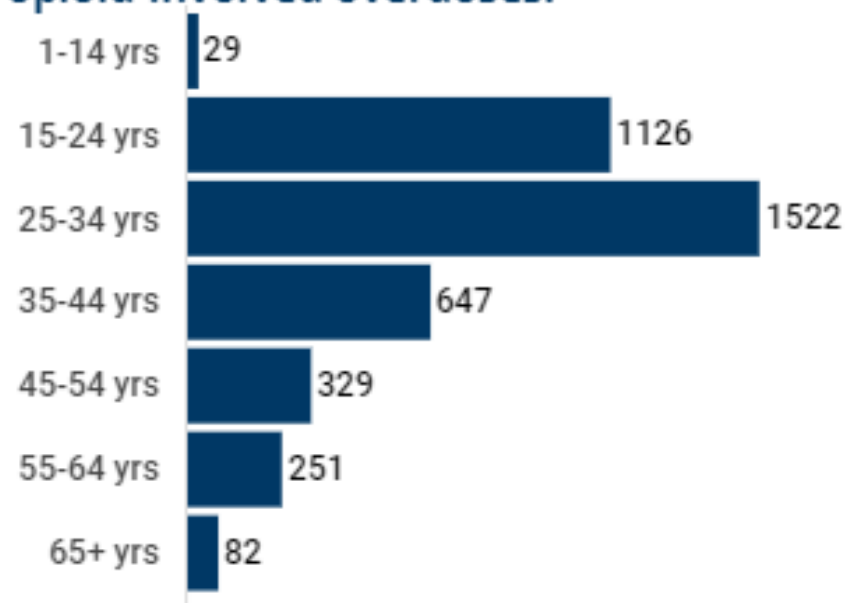
Source: Minnesota death certificates

In Minnesota, American Indians are seven times as likely to die from a drug overdose as whites, and African Americans are twice as likely to die from a drug overdose as whites.



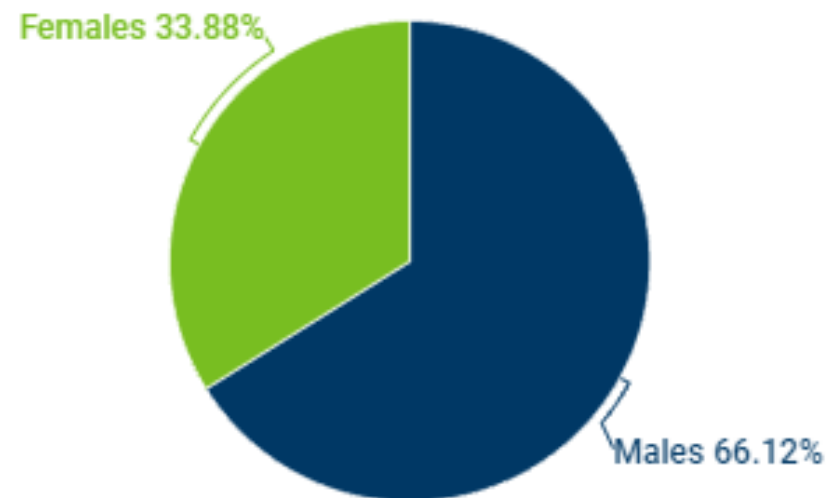
[Download data](#) [Drug Overdose Data Sources](#)
Source: Minnesota death certificates

In 2020, ages 15-34 years had the greatest number of ER visits for opioid-involved overdoses.



[Download data](#) [Drug Overdose Data Sources](#)
Source: Minnesota hospital discharge data

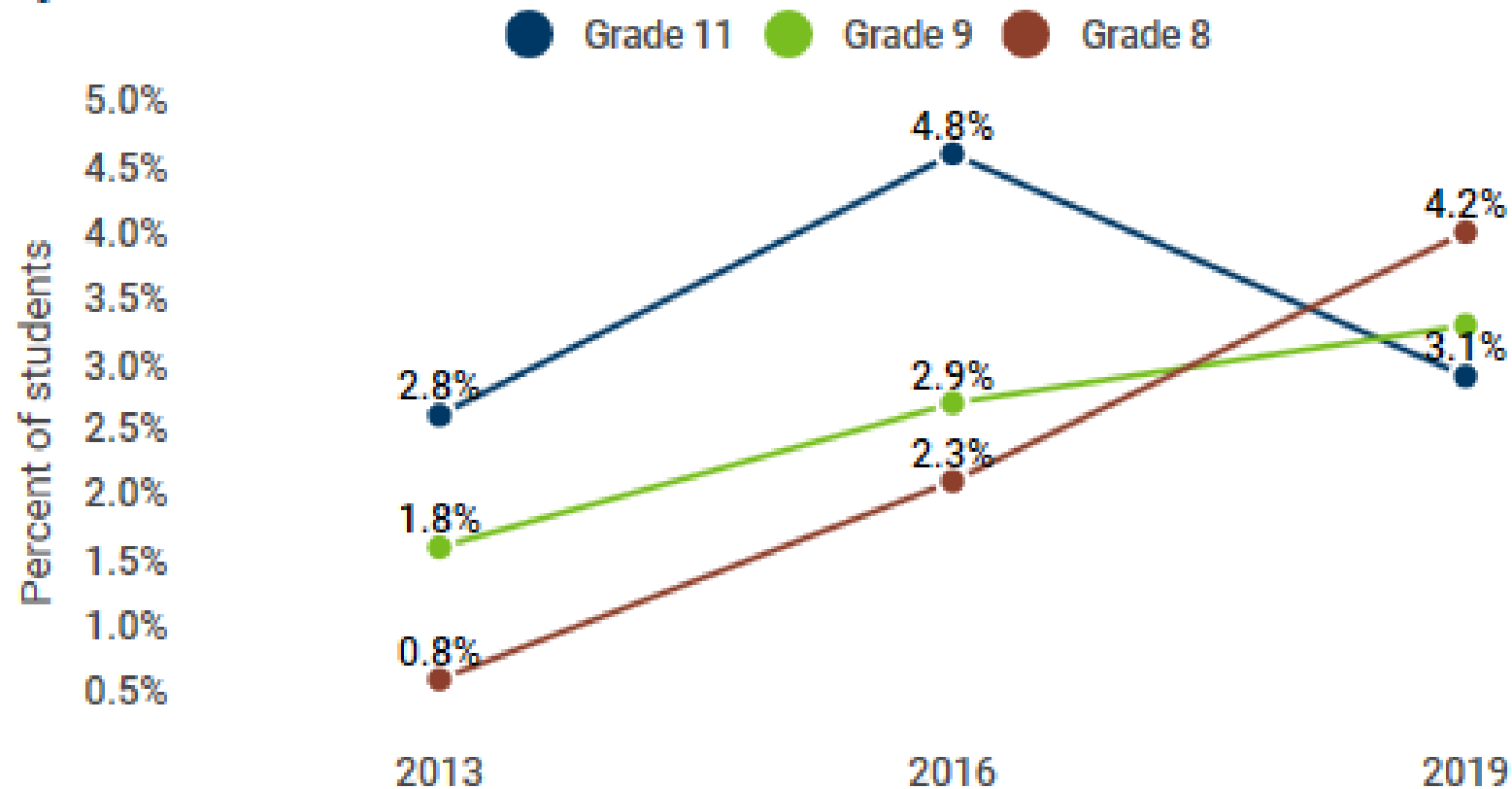
Males had more ER visits for opioid-involved overdoses in 2020.



[Download data](#) [Drug Overdose Data Sources](#)
Source: Minnesota hospital discharge data

Use and Misuse Among Youth

The percentage of Minnesota students using prescription pain medications without a prescription or differently than how a doctor instructed was higher in 2019 than in 2013. Inappropriate use by eighth grade students has increased steadily.



[Download data](#) [Drug Overdose Data Sources](#)

Source: Minnesota Student Survey

12 Month-ending Provisional Number of Drug Overdose Deaths

Based on data available for analysis on:

10/3/2021

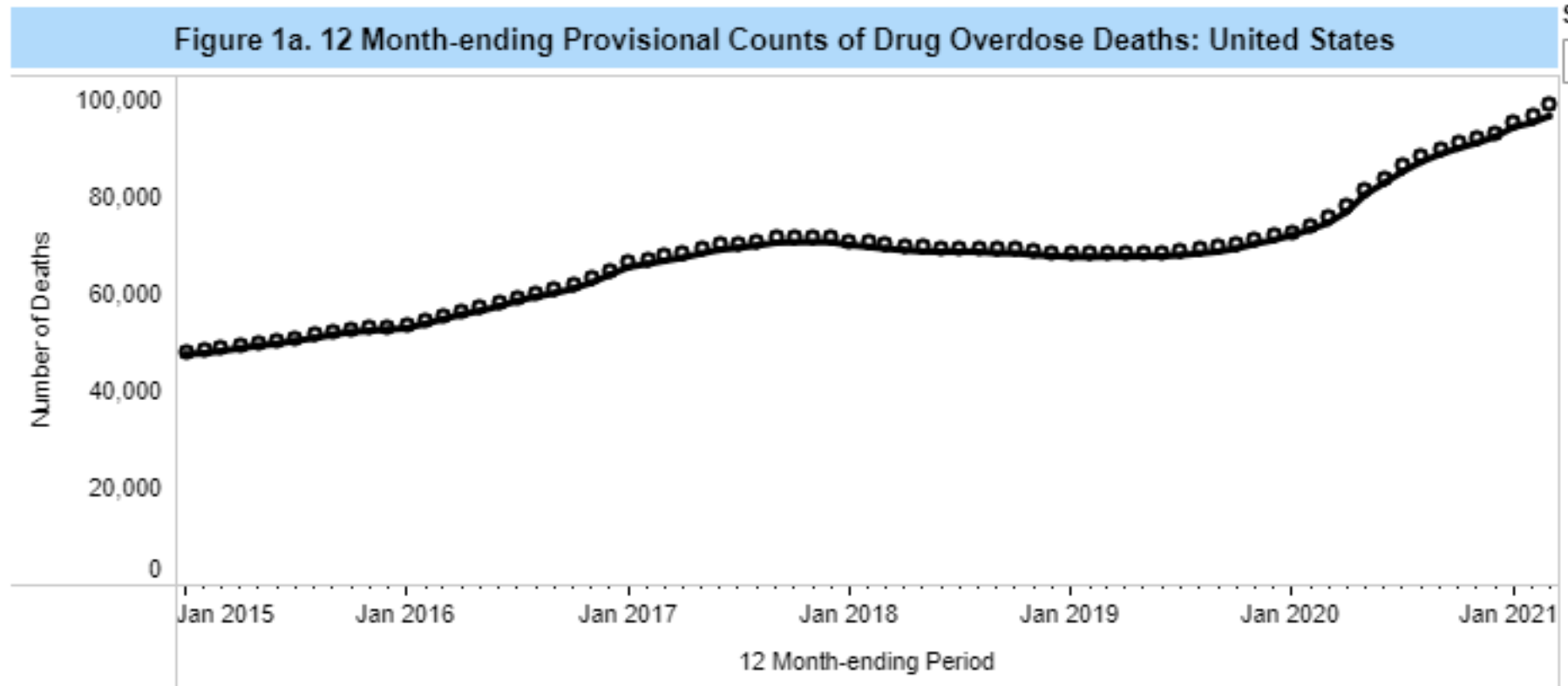
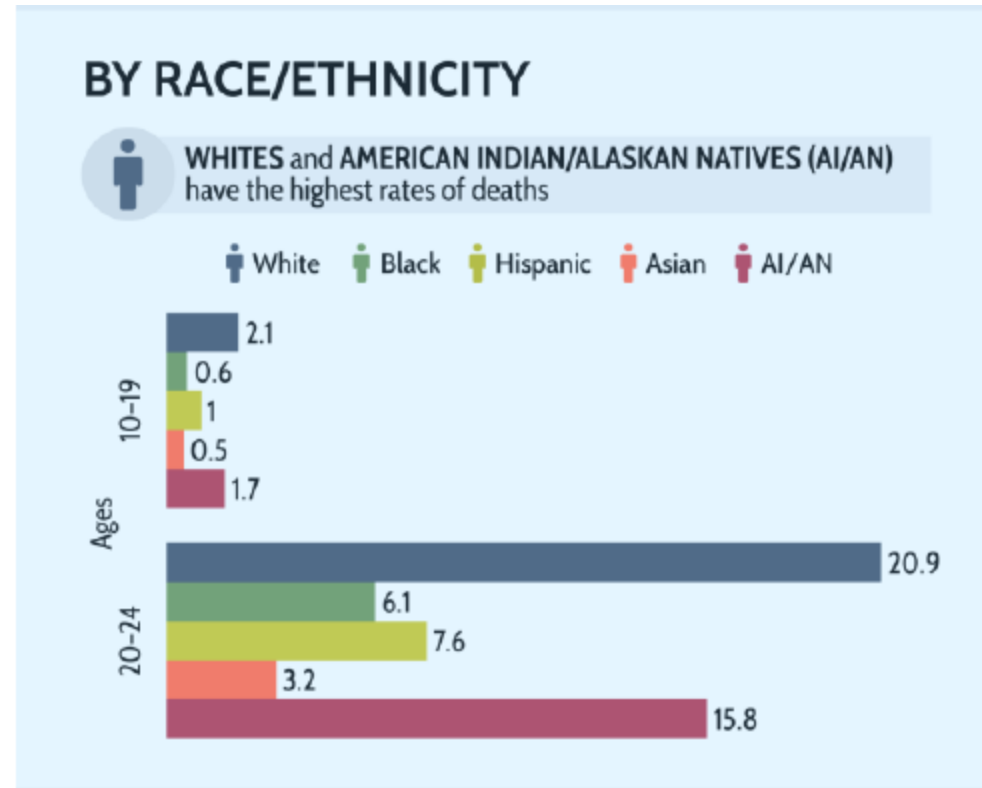


Figure 1b. Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: March 2020 to March 2021

SOURCE: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>

This infographic focuses on the rates (per 100,000) of drug poisoning deaths of adolescents and young adults ages 10-24, from 2014-2016

Drug poisoning is an improper use of illicit drugs or medicine that is either prescribed or over-the-counter

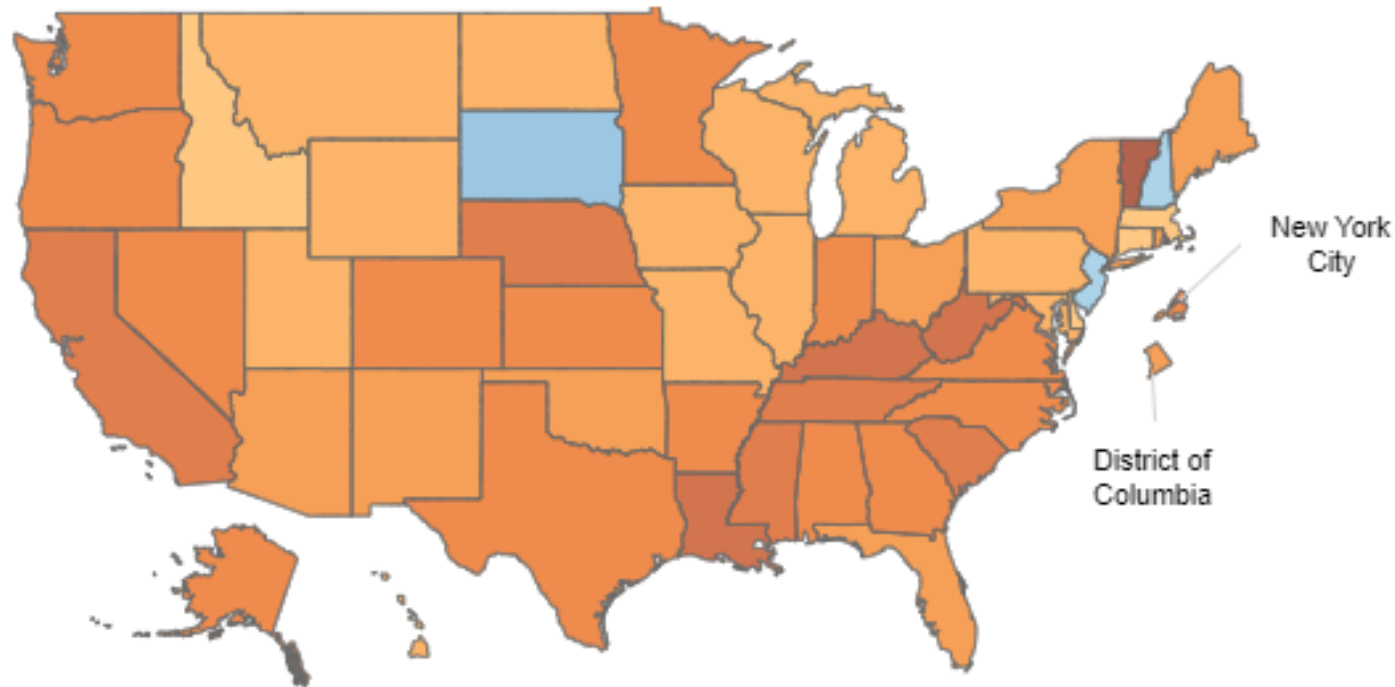


Source:

<https://www.childrensafetynetwork.org/sites/childrensafetynetwork.org/files/Disparities%20in%20Drug%20Poisoning%20Infographic%20FINAL.pdf>

Provisional Drug Overdose Death Counts

Figure 1b. Percent Change in Reported 12 Month-ending Count of Drug Overdose Deaths, by Jurisdiction: March 2020 to March 2021



Select predicted or reported number of deaths

- Predicted
- Reported

Percent Change for United States

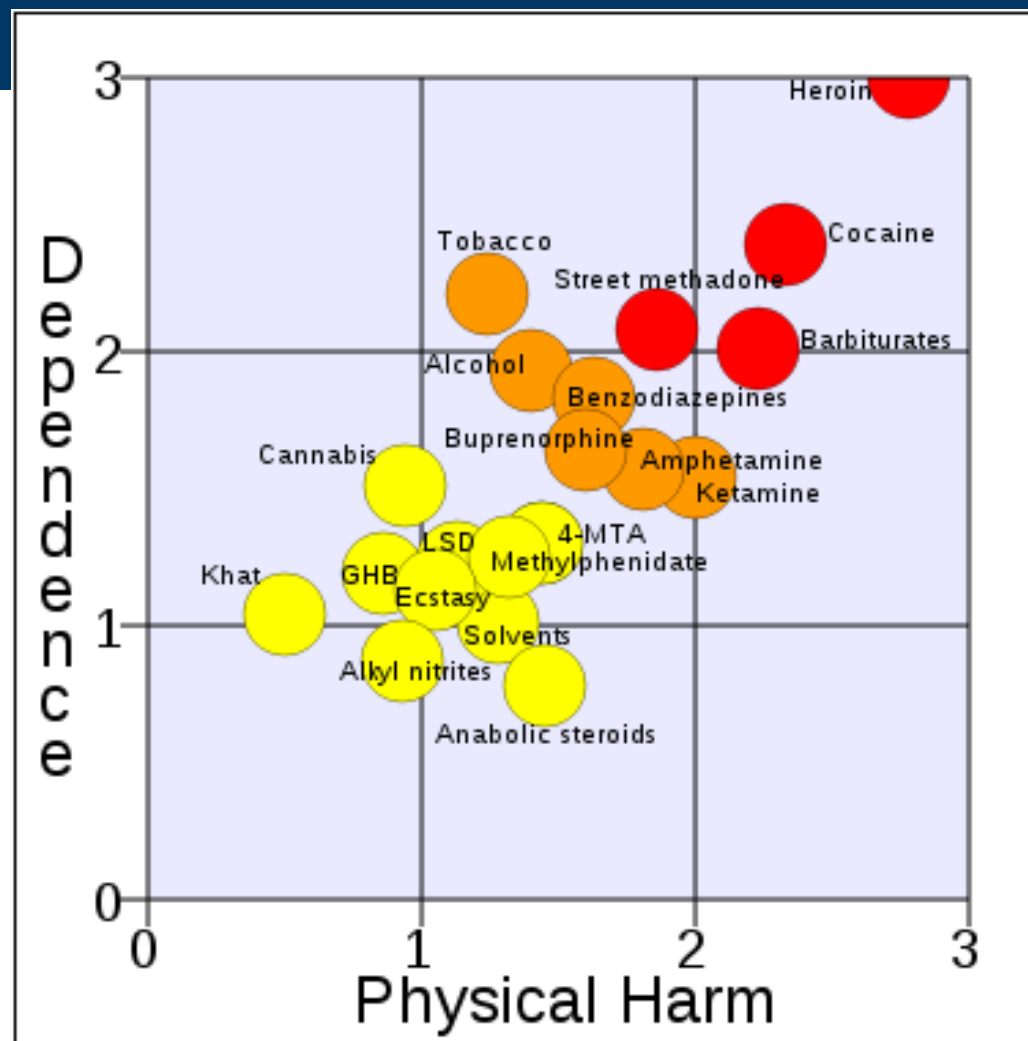
29.6



Legend for Percent Change in Drug Overdose Deaths Between 12-Month Ending Periods



SOURCE: <https://www.cdc.gov/nchs/nvss/vsrr/drug-overdose-data.htm>



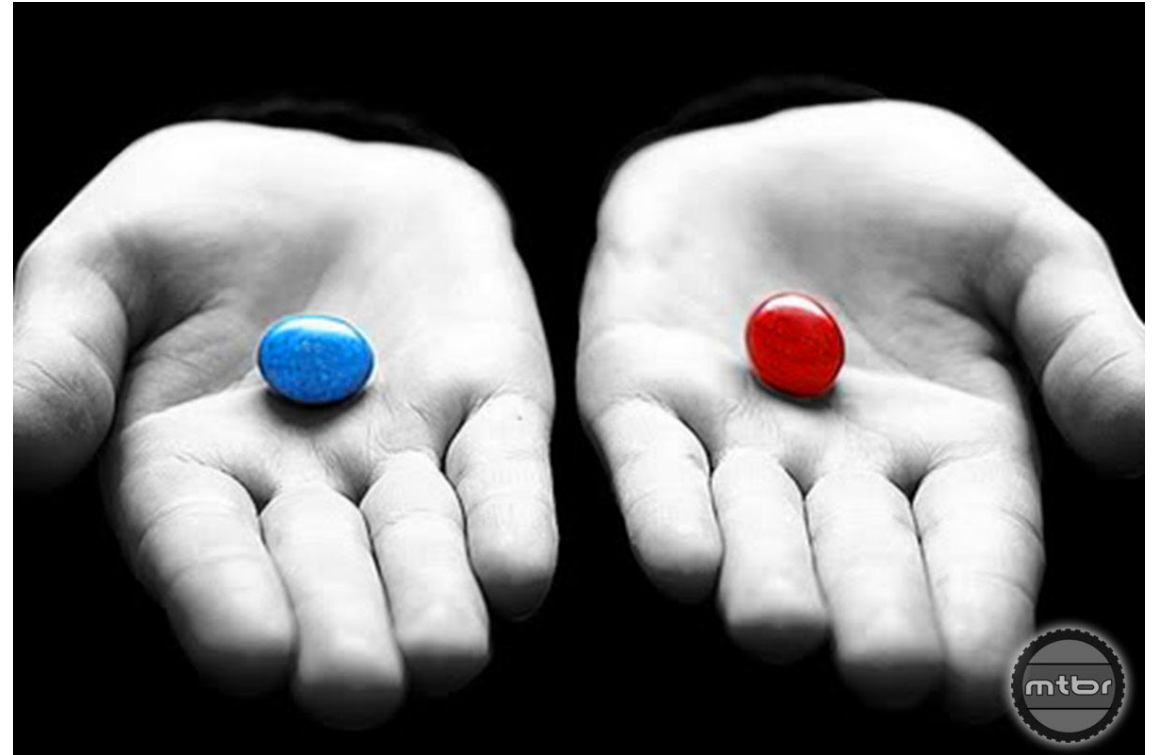
Nutt, D; King, LA; Saulsbury, W; Blakemore, C (2007). "Development of a rational scale to assess the harm of drugs of potential misuse". *Lancet* 369 (9566): 1047–53

STIGMA

“When the truth is found, to be lies....”

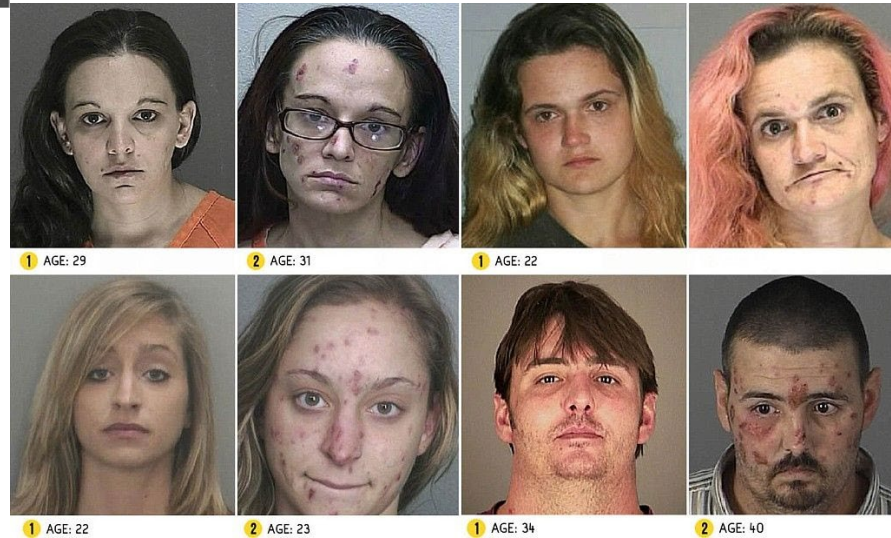
- Truth ----stigma-----lies,
- Stigma is planted in ignorance, watered and fertilized by denial and projection...
- Don't confuse anonymity with silence..

Comforting lie vs. painful truth





...It's better to burn out than to fade away...



Anticipation becomes allowance become apathy

- Mortality rate is $d/p \cdot 10^n$
- SD is
$$SD = \sqrt{\frac{\sum |x - \bar{x}|^2}{n}}$$
- The only acceptable attrition rate for preventable conditions is

ZERO

Traditional Healing Overview

Perry Moore





Background

New behavioral health funding passed under the [opiate epidemic response legislation](#). Beginning in state fiscal years 2020-21, there are appropriations for \$2 million per year in traditional healing grants and through 2025.

\$10,000,000 through 2025 grant funding

\$25,000 Tribally-driven evaluation framework



Scope & scale

Traditional healing grants include 10 of the 11 Tribal Nations in Minnesota.

This includes 3 Dakota communities :

Prairie Island Indian Community

Lower Sioux Indian Community

Upper Sioux Community

And, 7 Anishinaabe reservations:

Grand Portage

Bois Forte Tribe

Red Lake Nation

White Earth Nation

Leech Lake Band of Ojibwe

Fond du Lac

Mille Lacs Band of Ojibwe



Scope & scale

5 urban Indian organizations were awarded traditional healing grant funds through a competitive Request for Proposal (RFP) process:

1. American Indian Community Housing Organization
2. American Indian Family Center
3. Northwest Indian Community Development Center
4. Native American Community Clinic
5. Minnesota Indian Women's Resource Center

Goals in the context of the opioid epidemic

1. Provide traditional healing practices

➤ Multi-generational

2. Increase behavioral healthcare workforce

➤ Hire, consult and/or recruit a cultural advisor(s), healers, elders, helpers, etc. & mentoring

3. Create and implement a culturally-affirming evaluation framework

Break and enjoy lunch together 30 minutes

Please contact Alexia Reed Holtum at DHS if you have any comments or questions about the topics discussed today.

Alexia.A.ReedHoltum@state.mn.us

Mental Health and Addiction Services

Grant Updates – Q3 2022

Allina Health – Mental Health and Addiction Services

- Bridging Clinic
- Virtual Addiction Clinic
- BIPOC Internship Program
- MAT Provider Training

Opioid Response Grants – Allina Health

Bridging Clinic

- Based in Abbott Northwestern Emergency Department
- Overview:
 - Bridging MAT services for patients seen at ANW ED – walk-ins and appointments available
 - Rapid access to assessment and higher levels of care within Allina system if needed and/or requested
 - Harm reduction focus
- Successes:
 - Availability for appointments expanded to include inpatient Addiction Medicine provider referrals
 - Virtually all ANW ED providers are now X Waivered
 - Development and dissemination of DEI&B education focused on working with diverse individuals with SUD and MH
- Continued needs and next steps:
 - Marketing
 - Expanding appointments to metro EDs for individuals that cannot participate in virtual services

Opioid Response Grants – Allina Health

Virtual Addiction Clinic (VAC)

- Based out of New Ulm Medical Center – Hospital-Based Clinic
- Overview:
 - Provides MAT and Addiction Psychiatry services, Addiction Therapy, and Peer Support on a virtual platform
 - Expands addiction support for Medicare recipients
 - Harm reduction focus
- Successes:
 - MAT providers for VAC expanded from two providers to six providers in 2022
 - Recently hired third therapist
 - Integration of Pathfinder app
- Continued needs and next steps:
 - Hiring LICSW to expand Medicare access
 - Finalizing order set for ambulatory providers to refer to VAC Allina-wide

Opioid Response Grants – Allina Health

MAT Provider Training

- Based out of MH&A Clinical Service Line (Allina-wide)
- Overview:
 - Expand MAT providers and increase provider comfort in prescribing MAT in outpatient, ED, and inpatient settings through education and continued support
- Successes:
 - Consolidation of MAT training
 - Developing standard MAT order sets for ED, inpatient, and outpatient
- Continued needs and next steps:
 - Integration of Provider to Provider (P2P) application for case consultation and support
 - Finalizing education primer/package
 - Education delivery options (in-person / hybrid / virtual)
 - Exploring “critical case” format for monthly or bi-monthly connection and education

Opioid Response Grants – Allina Health

BIPOC Internship Program

- Based out of Mercy Hospital – Unity Campus
- Overview:
 - In partnership with Metropolitan State University, we have created a paid internship program to support BIPOC students entering into the substance use treatment field
- Successes:
 - Hiring of two interns – two for summer semester, one continuing to fall semester
 - Program pays interns a livable wage
 - Provides additional supervision with a focus on cultural considerations and professional development
 - Improvement of current internship support structure
- Continued needs and next steps:
 - Recruitment and training of next intern cohort
 - Expand program to Masters-level students at Metro State

Questions?

Thank you for the opportunity to present

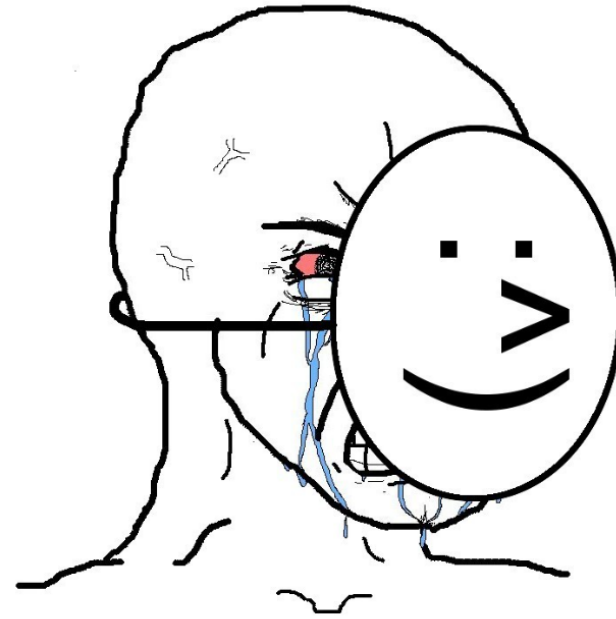
Digital support apps for OUD

Gavin Bart, MD PhD FACP DFASAM
Director, Division of Addiction Medicine
Hennepin Healthcare
Professor of Medicine
University of Minnesota Medical School
bartx005@umn.edu

It's 2 AM...



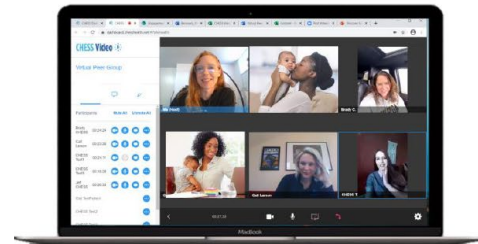
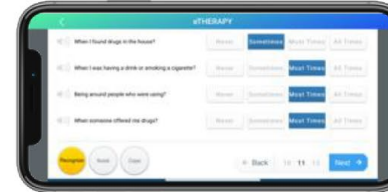
It's 8 AM...



Digital app support



Teaches key coping skills (CBT) to succeed in recovery using engaging videos, instruction, exercises, & practice



CHES' Peer Team offers video support group meetings in the app, 7 days/week

- **Variety of topics covered**
 - Mindfulness
 - Co-occurring disorders
 - Open discussion
 - Art/nature to promote wellness
 - Family and Parenting
 - LGBTQIA+
 - Nicotine Recovery
 - Mental Wellness
 - Guided Meditation

ALONGSIDE with SHANE
WEDNESDAYS @ 4PM ET/3PM CT/2PM MT/1PM PT
 An open and safe space to share your experience, strength, and hope, utilizing guided but free-flowing conversation to get to know one another. Reflect on where you've been so you can be proud of where you are now and excited about where you'd like to be.



ALONGSIDE with MARY
THURSDAYS @ 12PM ET/11AM CT/10AM MT/9AM PT
 The arts are wonderful avenue for expressing yourself and to promote healing while on your recovery path. Each week, Mary will present a new theme and you will be invited to create something: poetry, painting, collage, etc., inspired by the theme.



eConnections

- Cognitive behavioral therapy
 - On demand
 - High fidelity
 - Outcomes match in person
- Craving management
 - Stress and craving surveys
 - Measure sharable
- Mindfulness
- eRecovery
 - On demand
 - Peer support
 - Meetings
 - Self-paced modules
 - Interest groups
 - “lifeline” button

Hennepin Healthcare plan

- Distribute 1,000 user licenses good for 1-year of unlimited use to Hennepin
 - 245G patients
 - OBAT patients
 - Hospitalized patients with OUD upon discharge
 - ED patients with overdose/OUD upon discharge
 - Hennepin county jail upon release
- Project coordinator
 - Facilitate patient download and use
 - Orient staff to dashboard use
- Evaluation
 - Hopeful partnership with MMB to track outcomes of recipients
 - Retention in treatment
 - Treatment uptake

Thank you

- OERAC
- Jeff Campe
- HHF Grants



Contract Status Update



- Contract Negotiations

- 13/13- Negotiations complete



- Finance Budget Approval

- 8/13-Budget Approved; 5 resubmitted after corrections



- Legal Approval

- 4/13 approved; 4/13 queued for legal review/approval



- Out for signature

- 4/13 queued for DocuSign



- Fully Executed-work can begin

- September 30, 2022-projected all contracts fully executed

Council Seats Update

- Statute change in 2021 staggered the terms of OERAC seats
- Half of the council terms end in Sept. 2022, the other half in Sept. 2023
- Applications for open seats started review on September 7th
- Current OERAC members can reapply for their position

Council Seats Update

- Terms transitioning 9/30/2022:
 - Public Member with Chronic Pain, Intractable Pain, or Rare Disease or Condition
 - Public Member in Opioid Recovery
 - Alternative Pain Management Therapies
 - Licensed Opioid Treatment Program, Sober Living Program or Substance Use Disorder Program Representative
- **Appointed** terms transitioning 9/30/22:
 - Board of Pharmacy
 - MN Hospital Association
 - MN Ambulance Association
 - MN House of Representatives (2)
 - Dept. of Human Services Commissioner or Rep
 - Dept. of Health Commissioner or Rep
 - Dept. of Corrections Commissioner or Rep

Thank You

- Kathy Nevins
- Tiffany Irvin
- Toni Napier
- Katrina Howard
- Joe Clubb
- Peter Carlson
- Representative Dave Baker
- Representative Erin Koegel

Substance Use Disorder Summit

- After thorough discussion, the summit will be pushed back to a later date to allow more time for planning
- In the meantime, listening sessions will be hosted to engage various stakeholders
- Feedback received will then be used to inform the summit's agenda
- Date: October 12th
- Time(s): 11:30 am – 1:00 pm and 6:30 pm – 8:00 pm

Public Comment

10 minutes

To address the council please raise your digital hand.

Next Meeting

Friday, October 21, 2022

10:00 am – 2:00 pm

Northwest Indian Community Development Center

Bemidji, MN

November Meeting

Friday, November 18, 2022

10:00 am – 2:00 pm

Elmer L. Andersen Human Services Building

Room 2360

St. Paul, MN

Thank you!

Please contact Alexia Reed Holtum at DHS if you have any comments or questions about the topics discussed today

Alexia.A.ReedHoltum@state.mn.us