

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

**Date and time of meeting:** September 16, 2022 from 10:00 AM to 2:00 PM

**Meeting Location:** In-person meeting location: Elmer L. Andersen Human Services Building, 540 Cedar Street, St. Paul

Online meeting location: Microsoft Teams

**Members present** (Names in italics are non-voting OERAC members):

Representative Dave Baker – Chair, Kathryn Nevins - Vice Chair, Dr. Heather Bell, MD, Peter Carlson, Joe Clubb, Sarah Grosshuesch, Nicole Anderson, Alicia House, Brock Reed (*filling in for Katrina Howard*), Tiffany Irvin, Senator Mary Kunesh, Toni Napier, Darin Prescott, Dr. Anne Pylkas, Esther Muturi, *Eric Grumdahl, Jolene Robertus, Mark Kinde (filling in for Dana Farley)*

**Members not present:**

Senator Mark Koran and Judge Korey Wahwassuck

**DHS & MMB (MAD) staff and support present** (guest presenters noted later):

Alexia Reed Holtum, Sam Nord, Kris Van Amber, Alicia Baker, Jeffrey Campe, April Beachem, Dwayne Green, Tara Holt

## Meeting Agenda

I.	<b>Welcome, Reminders, &amp; Roll Call</b>	<b>15 minutes</b>	<b>10:00 AM</b>
II.	<b>OERAC business</b>	<b>5 minutes</b>	<b>10:15 AM</b>
	a. Approval of July Meeting Minutes		
III.	<b>Round 1 Public Comment</b>	<b>10 minutes</b>	<b>10:20 AM</b>
IV.	<b>Syringe Services Program</b>	<b>30 minutes</b>	<b>10:30 AM</b>
V.	<b>Break</b>	<b>10 minutes</b>	<b>11:00 AM</b>
VI.	<b>Overview of Addictions Presentation</b>	<b>30 minutes</b>	<b>11:10 AM</b>
VII.	<b>Traditional Healing Grants</b>	<b>25 minutes</b>	<b>11:40 AM</b>
VIII.	<b>Lunch</b>	<b>30 minutes</b>	<b>12:05 PM</b>
IX.	<b>Minneapolis/St. Paul grantee presentations</b>	<b>30 minutes</b>	<b>12:35 PM</b>
X.	<b>Grant contract updates for current RFP</b>	<b>20 minutes</b>	<b>1:05 PM</b>
XI.	<b>Council seat updates and thank you</b>	<b>10 minutes</b>	<b>1:25 PM</b>
XII.	<b>SUD Summit Updates</b>	<b>5 minutes</b>	<b>1:35 PM</b>
XIII.	<b>Round 2 Public Comment</b>	<b>10 minutes</b>	<b>1:50 PM</b>
XIV.	<b>Adjourn</b>		<b>2:00 PM</b>

## Welcome

Representative Dave Baker, OERAC Chair, calls the meeting to order at 10:17 am. Meeting was delayed due to technical difficulties at the in-person meeting location. Rep. Baker welcomes all meeting attendees. Kris Van Amber goes over ground rules of the hybrid meeting for all members and guests. Alexia Reed Holtum introduces Eric Grumdahl, new Assistant Commissioner for the Behavioral Health, Housing, and Deaf & Hard of Hearing Services Administration.

## Meeting Goals, Meeting Agenda, Roll Call for OERAC Members

Van Amber goes through the agenda: 10:27 am

Van Amber goes through roll call: 10:28 am

## OERAC Business Items

Rep. Baker asks to move to approve July minutes, 10:37 am

Nevins moves to approve minutes, Prescott seconds, and minutes are moved and approved, 10:38 am

## Round 1 Public Comment

First Public Comment period from 10:39 AM to 10:56 AM

Guests: Jessie Saavedra (online), Dina Smith (online), Pastor Rozenia Hood Fuller (in-person)

Saavedra asks when second public comment occurs on the agenda. An attendee provides agenda in the online meeting chat.

Smith shares that she has never attended a public meeting like OERAC. She is a grandmother to a child that was born addicted to opiates and with autism. She expresses interest in learning more and getting involved in programs that can provide resources for her grandson.

Pastor Hood Fuller introduces herself and the churches she leads in the Minneapolis community (Good News Baptist Church and George Floyd Square Memorial). She shares her enthusiasm for the work done to help people recover and live the lives they want and deserve. She encourages OERAC to be mindful about how easy it is to give grant funding to established organizations that tend to be historically white and to consider smaller and newer organizations that already do the work without the funding.

Alicia House asks if churches are allowed to apply for OERAC funding. Reed Holtum will follow up with DHS legal staff to confirm, but believes some of OERAC's funding sources allow churches to receive funding. OERAC has different funding sources (state, federal, national settlement, etc.) that come with different rules and stipulations.

## Harm Reduction and Syringe Services Program (MDH)

Anna Bosch, Minnesota Department of Health (MDH) Infectious Disease, Epidemiology, Prevention, and Control Division – Harm Reduction and the Syringe Services Program (SSP) presentation from 10:56 am to 11:25 am.

[INSERT LINK TO SLIDES](#)

During the presentation, Rep. Baker asks Bosch if the land acknowledgement statement at the beginning of her presentation is relevant for this particular issue regarding harm reduction and asks for clarity regarding the initiative. Bosch clarifies that the land acknowledgment in her slides is an agency-wide initiative at MDH in coordination with the Minnesota Indian Affairs Council. Prescott confirms that MDH has been doing this for over a year and shows appreciation for the effort. Rep. Baker expresses a need for further conversation about land acknowledgements and other statements being included in future OERAC presentations, as such statements may become a distraction from the work of OERAC. Rep. Baker commends the work OERAC has done to help support these communities, but worries that such statements could be getting out of scope for the council and wants to lay the ground work for further conversations. Grumdahl echoes Prescott's sentiments, interest in further conversations on the topic, and the connection between the opioid epidemic and land theft, racism, and other disparities in indigenous communities and communities of color. Representative Erin Koegel comments that these types of statements do inform the work and that there are disparities because of historical trauma and a land acknowledgement is one way to heal that. Joe Clubb offers that he has attended many state meetings where land acknowledgements are accepted practice and that Allina has an acknowledgement statement that is used for their presentations as well. The group decides to defer back to Bosch and to address the conversation at a later time.

After the presentation, Senator Mary Kunesch offers her thanks and perseverance to helping people get the treatment they need. Rep. Baker asks if the agency has started to see changes in how people are administering drugs, such as needles being replaced by counterfeit pills. Bosch explains that that depends on the SSP's community. SSPs are serving communities regardless of types of substances, so MDH does not have a detailed answer. Rep. Baker follows up by asking if agencies are asking SSPs for this information and shows interest in that type of information being tracked.

## Break

5 minute break announced by Van Amber, 11:25 am – 11:30 am

## Overview of Addictions Presentation (DHS)

Rick Moldenhauer, Department of Human Services (DHS) Behavioral Health Division – What is and What Should Never Be: Overview of Addictions presentation from 11:30 am – 12:05 pm.

During the presentation, Sen. Kunesch has a question regarding a federal data map presented by Moldenhauer. There is a difference in data between the Dakotas and Minnesota; why does South Dakota seem to have lower rates? Moldenhauer suggests that South Dakota has smaller population and Medicaid coverage is less in the Dakotas than Minnesota so in turn there are no funding mechanisms for treatment services for a smaller population.

After the presentation, Clubb expresses her gratitude for the work and advocacy Moldenhauer has done in their 18 years of working together. Sarah Grosshuesch shares that she has been working with school districts in her county on how to develop a plan and policy for administering Narcan or Naloxone in school settings. The schools are struggling because they want model policies to use before they do such a thing.

Van Amber shares that due to the delays experienced with technology, the agenda will be restructured. Lunch will be next, followed by a policy update from MDH, then grantee updates, then Perry Moore's traditional healing presentation, then back on track with the written schedule with grant updates.

## Lunch

From 12:05 PM to 12:25 PM

## MDH Policy Updates

Van Amber introduces Mark Kinde from MDH; Kinde is filling in for Dana Farley. Kinde provides MDH policy updates from 12:25 pm to 1:33 pm

Kinde wants to speak more as a point of awareness for the council. In preparation for the upcoming legislative session, MDH is doing some technical housekeeping to modify Minnesota Statute, Section 151.37 sub. 12, paragraph a, clause 6. This change is to provide clarity around the persons who can administer opiate antagonists for drug overdose in schools. Currently, the clause's wording says it includes licensed school nurses and public health nurses but leaves out other types of nurses (RNs, LPNs, etc.) that provide health care in schools and can potentially respond to an opiate overdose. This was an unintentional inadvertent omission.

In addition, Kinde says we have a separate statute for a Good Samaritan overdose prevention law since many schools do not have a nurse in every building. This law would address non healthcare professionals administering opiate antagonists and liability. Because of the gap in language between the previously mentioned statute and the state's Good Samaritan law, that creates confusion for schools that lack licensed school nurses and public health nurses, but do have other types of nursing staff in their school. MDH's Child and Family Health Division and the Health Promotion and Chronic Disease Division consulted with the nursing and pharmacy boards on modifying the language.

House shows concern regarding how these changes may run up against Steve's Law (state's Good Samaritan law). She says that nothing should override Steve's Law, as that makes it so that anyone can administer opiate antagonists. She questions if we're building a barrier that doesn't exist.

Heather Bell agrees with House in that MDH's statute creates confusion among school staff. Bell shares that when talking to different communities around the state, clinics have a hard time getting schools to stock naloxone because of perceived barriers around naloxone storage in the nurse's office, after school access to naloxone, teachers needing proper training to administer, etc.

Van Amber asks Rep. Baker if there's room for further MDH conversation. What Rep. Baker hears is that MDH is trying to simplify policy and nothing is simple in government. Rep. Baker says that due to tight schedule, we'll consider this for next month's agenda.

## Regional Grantee Presentations

Van Amber introduces each grantee.

**Allina Health (Katie Anschutz and Joe Dubay)** from 12:34 pm to 12:55 pm

[INSERT LINK TO SLIDES](#)

Rep. Koegel asks why Allina is specifically targeting Medicare recipients in their project. Anschutz explains that there is an eligibility cliff that Medicare recipients fall off of when they don't meet certain eligibility for hospital

care. Allina only has two inpatient programs in the state that serve Medicare recipients, but outside of that there is nothing else. So this program is a way that Allina can support a population that was not originally receiving support. Rep. Koegel follows up with clarification if there's a difference between Medicare vs. Medicaid coverage? Clubb jumps in and clarifies that Allina takes any coverage, but this also serves Medicare.

Rep. Koegel asks how the recent nurse's strike affected Allina's BIPOC internship program. Clubb shares that patients were transferred to the med surge unit and patients that needed a lower level of care were discharged and transferred to outpatient services. Allina experienced the challenge of not having enough replacement nurses to staff the hospital. The unit opened up again as of September 15<sup>th</sup> and patients transferred to med surge were transferred back to their original unit. Additionally, Anschutz explained that the intern in question was in outpatient care, which wasn't impacted by the strike.

**Hennepin Healthcare (Dr. Gavin Bart)** from 12:56 pm to 1:16 pm.

[INSERT LINK TO SLIDES](#)

Nevins asks how confident Dr. Bart is in getting continued funding for telehealth services when the public health emergency ends. She thinks telehealth work is phenomenal and beneficial to rural populations. Dr. Bart addresses the answer by clarifying between telemedicine versus the mobile app. Regarding telemedicine, the state of Minnesota has signed on through 2023 for satisfactory reimbursement of that service. With the accumulating evidence of telemedicine, HHS/CMS are acutely aware of the evidence, so he is hopeful that federal and state legislators will be able to allow some continuation of either zoom or Teams interaction. What will happen to the funding line for reimbursement will be the question, as many services are barely squeaking by with current rates. As for mobile apps, there is currently only one FDA approved and reimbursable app on the market. Everyone is creating mobile apps, so we don't want to create a funding structure for products that don't work.

House asks for more understanding about Dr. Bart's mobile application, asking specifically how many potential clients don't have a smartphone or are at a level of readiness for using the app as part of treatment. Dr. Bart says that they do not have enough data on diversity of app usage. He does say that there are concerns about equity and access, as access to a smartphone device is a barrier and creates a disparity in healthcare. Once you even out access to a device, utilization of apps by race and ethnicity equals out and potentially has higher use in BIPOC communities due to wariness to seeking healthcare. Dr. Bart clarifies that the app is not a substitute for care, just something that can help people when they're not ready for treatment or are out of the hospital and waiting for their first intake appointment.

Rep. Koegel asks if the app is prescriptive or can anyone use it. Dr. Bart confirms the app does not need a prescription or doctor's referral for use, but doesn't know what the cost would be if someone wanted to purchase it at home.

## **Traditional Healing Grants**

Perry Moore, DHS State Opioid Response Team, gives presentation from 1:17 pm to 1:38 pm.

[INSERT LINK TO SLIDES](#)

After the presentation, Rep. Koegel asks Moore if the program has seen people that might not have gone into treatment or tried other things use a traditional healing program and found it effective. Moore says yes, that traditional healing programs have provided people an opportunity to feel heard. The overwhelming sentiment from clients is that the care reflects who they are as a person and addresses something in them that they didn't know was there. The positive feedback has been seen across all age groups and elders have come out of their

shells to connect with traditional practices. Moore also shares that this program is a wonderful way for the state to say “we want to work with you with what you need” and that much of this work was already being done within the communities, but now the state is able to support and amplify that work.

Rep. Koegel asks if MAT be used in the traditional healing process. Moore says some do have more modern methods of care integrated into their programs. Moore reminds attendees that traditional healing is not a caricature of antiquity, but rather the use of traditional practices that are responsive to the community through the community at present through the lens of the culture in question. That does not mean they lack modernity or access to medication or modern practice.

Rep. Baker wants to know what kind of feedback, reports, or evaluations can be made available to understand the successes of the program and set it up for future success and sustainability. Moore shares that programs do have to submit quarterly reports to DHS on ceremonies and practices under grant purview. Moore offers to meet quarterly to share those reports, but suggests waiting until the last quarter so data can be properly aggregated. Moore also shares that the majority of the data received is qualitative data, which is deemed more culturally appropriate and provides richer data that more accurately tells the story of the program.

Reed Holtum clarifies Moore’s work, his funding, and how it connects to OERAC. Traditional Healing programs is not part of the OERAC block grant. Reed Holtum sees this as an opportunity to further explain and introduce the breadth and depth of her team within DHS, which includes Moore. Rep. Baker asks if a flow chart can be provided that includes Moore’s work on the DHS State Opioid Resonse (SOR) Team.

Prescott comments that qualitative data is a fit for this type of program due to the storyteller history and oral tradition of tribal communities. Elders are opening up after years and years of silence in these groups and that’s where we can bring an information summary to this group. With evaluation it’s easier to check marks, but what does that really tell us compared to qualitative data?

## **Grant contract updates for current RFP**

Jeff Campe, DHS State Opioid Response (SOR) Team, from 1:38 pm to 1:45 pm

Campe provides updates on the current round of contracts for the current OERAC block grant RFP. Of the 13 contracts: all have completed negotiations, 8 have passed financial budget approval, 4 have passed legal approval, and 4 are out for signature. The goal is to have fully executed contracts and work to begin on September 30<sup>th</sup>.

Nevins asks when grantees get their funding. Campe says as soon as contracts are fully executed, grantees are eligible for reimbursement on EGMS right away. Reed Holtum explains that grantees do not get money up front, but instead get reimbursed for work 30 days after they submit an invoice.

Tiffany Irvin asks what if grantee doesn’t come to agreement with DHS and what happens to the money. Campe explains that if that were to happen, DHS staff would come back to the council and decide what to do with the money. That said, all contracts have gone through negotiations and all grantees have moved forward in the process.

Rep. Baker asks if OERAC can move forward with a public statement once all contracts are approved and signed. Campe says yes, DHS has an approved press release ready to go once all contracts are signed and that OERAC members will receive a copy of the approved press release prior to it going public.

Nevins asks if there a process in place for applicants that didn’t get funded to get feedback on their application. Campe says yes, those that have already requested feedback are queued up and ready to be sent once contracts

are signed by new grantees. Nevins worries that that is a lot of emails to process, but Campe assures Nevins that he hasn't received a lot of requests for feedback and that the requests are manageable.

House asks if you can ask for feedback on proposals that weren't your own. She explains that when certain groups don't get funding, the general public may be interested in learning why. DHS and OERAC members provide answers, but there seems to be need for clarification on that question. Grumdahl explains that there is a set of information that can be made public after the whole contracting process is complete, but that is different than somebody soliciting feedback about why a specific applicant wasn't selected.

## Council seat updates and thank you

Alicia Baker from 1:45 pm to 1:53 pm

Reed Holtum formally introduces Alicia Baker as part of her team at DHS and how she will be helping with OERAC alongside Campe. A. Baker updates the council on application dates and times for the council seats that are up for reappointment. A. Baker reminds members that state statute changed so that half of the seats turn over September 30, 2022 and the other half turn over September 30, 2023. Vacancies have been posted on the Secretary of State's website and applications will be accepted until September 26<sup>th</sup>.

Terms that end on September 30, 2023 and are up for reappointment or a new appointment are: Public member with chronic pain, public member in opioid recovery, alternative pain management therapies, licensed opioid treatment program representative, Board of Pharmacy representative, MN Hospital Association representative, both House of Representative seats, Department of Human Services Commissioner or their representative, Department of Health Commissioner or their representative, and Department of Corrections Commissioner or their representative.

A. Baker also gives time to thank the individual members whose terms end September 30<sup>th</sup> for their service to OERAC: Nevins, Rep. Baker, Rep. Koegel, Irvin, Clubb, Toni Napier, Katrina Howard, and Peter Carlson.

## SUD Summit update

From 1:53 pm to 1:55 pm

A. Baker shares that the SUD summit originally planned for this fall has been pushed back to late 2022/early 2023. In the meantime, listening sessions will be held on Wednesday, October 12<sup>th</sup> from 11:30 am – 1:00 pm and 6:30 pm – 8:00 pm. DHS is finalizing a registration email, which will also be sent to OERAC members to attend or share with interested parties. The information from the listening sessions will be used to inform the SUD summit's agenda, speakers, etc.

## Round 2 Public Comment

Second public comment from 1:55 pm to 2:03 pm

Guests: Mary McCarthy (online), Marcus Cage (in-person)

McCarthy is the executive director for the Rural AIDs Action Network (RAAN), which is an OERAC grant recipient. Commends the work of the council and wants to provide feedback regarding Rep. Baker's question about changes in syringe use. McCarthy shares that they have seen an increase in syringe use over the last couple of years. Once RAAN started offering smoking supplies, many clients stepped down from syringe use. There have been a lot of changes, but does not see it as something that is going to decrease, which Moldenhauer's presentation and national data supports that notion.

Cage is a pastor that has served St. Paul for 18 years and was invited to attend today's meeting by the Elder's Council in Minneapolis. Commends everyone for their hard work and excited about the working already being done. Helps run a 245G program for the past year and a half and wants to make connections and to learn more about the landscape and services being provided.

Rep. Baker thanks Van Amber for stepping in to facilitate this month. Irvin expresses her gratitude for serving on OERAC; she has reapplied for her seat, but wants to thank everyone in case this is her last meeting as a council member.

Next meeting will be Friday, October 21<sup>st</sup> from 10:00 am – 2:00 pm. Hybrid meeting will occur, in-person meeting location will be Bemidji, MN. November's meeting will be Friday, November 18<sup>th</sup> from 10:00 am – 2:00 pm in the Twin Cities metro area (tentatively St. Paul) as well as a hybrid option.

## **Adjourn**

Irvin makes the motion for adjournment, Rep. Koegel seconds. The OERAC meeting adjourns at 2:04 PM