

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

Date and time of meeting: October 21, 2022 from 10:00 AM to 2:00 PM

Meeting Location: In-person meeting location: Northwest Indian Community Development Center (NICDC), Bemidji MN

Online meeting location: Microsoft Teams

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

Representative Dave Baker – Chair, Kathryn Nevins - Vice Chair, Nicole Anderson, Alicia House, Brock Reed, Representative Erin Koegel, Tiffany Irvin, Senator Mary Kunesh, Toni Napier, Darin Prescott, Sadie Broekemeier, *Jolene Robertus, Dana Farley*

Members not present:

Esther Muturi, Senator Mark Koran, Dr. Heather Bell, MD, Sarah Grosshuesch, Joe Clubb, Peter Carlson, Judge Corey Wahwassuck, Dr. Anne Pylkas, *Eric Grumdahl*

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

Alexia Reed Holtum, Sam Nord, Stacy Sjogren, Alicia Baker, Jeffrey Campe, April Beachem, Tara Holt, Matt Burdick, Kristy Graume, Maychee Mua, Lyndsey Hanson, Amelia Fink

Meeting Agenda

I.	Welcome, Reminders, & Roll Call	15 minutes	10:00 AM
II.	OERAC business	10 minutes	10:15 AM
	a. Approval of September Meeting Minutes		
	b. Review OERAC purpose statement		
III.	Round 1 Public Comment	10 minutes	10:25 AM
IV.	Bemidji Community Panel	60 minutes	10:35 AM
V.	Peer Recovery Policy Proposal	20 minutes	11:35 AM
VI.	Break/Lunch	30 minutes	11:55 AM
VII.	SUD Summit Update	10 minutes	12:25 PM
VIII.	RFP Review	60 minutes	12:35 PM
IX.	Break	5 minutes	1:35 PM
X.	Round 2 Public Comment	10 minutes	1:40 PM
XI.	Next Meeting	10 minutes	1:50 PM
XII.	Adjourn		2:00 PM

Welcome

Representative Dave Baker, OERAC Chair, calls the meeting to order at 10:04 am. Dave welcomes all meeting attendees. Stacy goes over ground rules of the hybrid meeting for all members and guests.

Meeting Goals, Meeting Agenda, New Member Welcome, Roll Call for OERAC Members

Stacy Sjogren goes through the agenda: 10:16 am

Alexia Reed Holtum and Matt Burdick welcome new and returning council members: 10:17 am

Sjogren goes through roll call: 10:21 am

OERAC Business Items

Rep. Baker asks to move to approve September minutes, 10:29

Mary Kunesh, moves to approve minutes, Kathy Nevins seconds, and minutes are moved, 10:30

10:30: Rep. Baker reviews state statute and purpose of the council

Round 1 Public Comment

From **10:33 AM to 10:48 AM**

Two members of the Bemidji City Council welcomed OERAC to the city of Bemidji:

- Audrey Thayer joins as a citizen and volunteer with nonprofit in housing projects as well as a member of the city council. She's an instructor at Leech Lake Tribal College. Working over 15 years in the community, working with those experiencing homelessness and drug use.
- Emilie Rivera sits on the state Guardian ad Litem board along with her role on the city council. Appreciate OERAC coming to Bemidji, high rate of drug use and out of home placement. Financial burden for Beltrami county and city police, need funding to offset those needs. Alternative programming to divert people from some of these issues.

Reed Olson, Beltrami County Commissioner (District 2). Also a non-profit operator for those experiencing homelessness and sits on a task force for shelters. Says that the opioid crisis is alive and well in Beltrami County. He has heard of overdoses in shelters, but thankfully naran and fentanyl test strips on hand to support. We need to take a holistic approach to addressing opioid epidemic, with an investment in mental health and housing.

Bemidji Community Panel

From **10:48 AM – 11:42 AM**

Speakers: Martin Jennings, NICDC Executive Director; Earl Robinson, Leech Lake Band of Ojibwe Human Services Director; Salena Beasley, Administrative Officer for Red Lake Chemical Health Programs; Jay Coughenour, Director of behavioral health at Sanford Health (Bemidji); Clinton Alexander, Behavioral Health Director for White Earth Nation; Natasha Kingbird, NICDC Ombishkaa Women's Reentry Lead Coordinator.

After Jennings provides introductions to the panel, panelists describe the work that they do and what they see in the community regarding opioids and addiction treatment:

Coughenour discusses how Sanford helps fill gaps in healthcare programs and services in the North land. He shares historically there has been an absence of services; not enough over time and not culturally competent. Sanford has been great stewards of resources given to them and have made significant progress in providing natively competent programs. These are services didn't exist 4 years ago, but what Sanford already offers can't keep pace with the need and they need additional resources. Expresses specific concerns regarding the separation that occurs within families when people need treatment and how that impacts children and grandparents. Sanford has quadrupled their staff over the last 4 years, offer 26 service lines, and partner with the tribes, community, and local governments. Additionally, Sanford is building a new facility that will opening to provide psychiatric emergency care and hiring staff with the expectation that they carry service competence relevant to the native community.

Beasley gives an overview of services and programs for the Red Lake nation; a high needs rural area with a population of 15/16,000 members. Her team needs to serve the general population and cover all aspects of care (prevention to recovery), but with limited time and money. Recipient of current OERAC money for community-wide prevention for Opioid Use Disorder (OUD). People know the risks and dangers of OUD (incarceration, separation of families, etc.), so they are trying to figure out how to show people ways to incorporate their culture to live in a positive way and keep families together. They are working on aligning their seven prevention strategies with the seven grandfather teachings. Along with prevention messaging, Red Lake is also providing inpatient treatment for adults and youth, outpatient treatment, and daily basis Medication Assisted Treatment (MAT). Currently expecting issues with space and staffing; the current space is too small and it is difficult to find individuals that have the credentials necessary in the area to hire and retain them. Hard to find nurses to do suboxone dosing; currently contracting with an MD in the Twin Cities metro to oversee the MAT program because Red Lake does not have a local MD that can provide that service. To provide an option for community members that are too ashamed to ask for help/services, harm reduction "kind kits" are available upon request. Anybody in active use can come in and staff meet with them privately to educate on materials, CPR, administering naloxone, and calling for help.

Robinson discusses SUD services Addiction and Dependency Program, assessment office in Cass Lake or get a comprehensive assessment over the phone. Outpatient centers offered for men, women, and adolescents. Also have a recovery center currently licensed as a halfway house, but is undergoing the process of being licensed as a full residential treatment facility. The facility – formerly a hotel in the area – was acquired and renovated by the tribal council because they had been wanting a residential treatment facility for band members instead of sending them off the reservation for treatment. The goal is for the facility to offer a men's wing and a women's wing. Robinson is trying to get qualified staff on board, recently hired a new manager with LADC credentials. Leech Lake also has an opioid coalition that is awaiting a grant award from DHS to fund more activities involving that group, including the continuation of an opioid summit held by the coalition. A service gap Leech Lake experiences is in relation to detox facilities. The nearest detox facility is in Park Rapids, which can create a transportation barrier to clients and the providers that need to pick them up to start treatment. There have also been challenges in hiring staff for mental health services, especially after COVID.

Alexander talked broadly about equity vs equality in funding and support for native populations. Alexander points out that despite states like West Virginia being known as hot spots for opioid overdose and death rates,

Minnesota American Indian rates are much higher per 100,000. Because of that statistic, tribes have greater needs and have a right to funding since they are also taxpayers. There are needs for detox, stabilization, and withdrawal management support along with narcan training and utilization. Alexander also discusses the work White Earth Nation is doing with pre-arrest diversion for those that need mental health/substance use services but ultimately end up behind bars. Shares that when searching for state funding, it is challenging to use western models of evaluation on traditional healing programs. Alexander would like to see a more equitable approach to RFP processes to access funding.

Kingbird gives an overview of the women's and men's recovery programs she helps oversee for NICDC. Her program works with indigenous men transitioning home from incarceration. Kingbird estimates over 200 men and 100-150 women have been served last year through their program, which incorporates finding cultural identity while supporting the person's work towards healing. Kingbird's program offers healing and traditional healing events as part of their reentry program's services. Barriers she mentions includes attaining housing, slow turnaround time to get a person into treatment, the distance/travel time to seek services in a timely manner, and strains on staffing. Kingbird's office was recently granted 4 AmeriCorps recovery navigator positions, but are having trouble finding staff to fill the roles. Peer support has also been implemented to better connect with those needing assistance.

Due to interest in further discussion, Rep. Baker asks to add an additional 10 min for questions around 11:30 AM. Jennings closes by saying that resources are never enough to address the root causes of addiction and urges for systemic changes that remove barriers towards housing, employment, healthcare, etc.

Rep. Baker to Robinson regarding the new licensing residential treatment center in Cass Lake: how has the MDH/DHS licensing process been? Any delays or issues? Robinson says that because of their tribal status they have the option – and have chosen the option – to work with the Minnesota Chippewa tribe to obtain their residential facility license. It's a little different process, but still required to have same policies that the state would require. Policies are currently being updated and under legal review, they will then go through tribal council approval and MCT body review.

Rep. Baker recalls hearing that there is ongoing communication across the different tribal partners and wants to hear more. Coughenour says that he along with Beasley and other community partners sit on a county facilitated collaborative for behavioral health and substance abuse issues. Sanford then uses the information learned from these meetings to inform decisions on needs assessments and service provision. Coughenour also brings up the earlier point about detox services; he says that medical detox standards are high and involve a significant amount of money upfront to get such a program going. Rep. Baker follows up by reminding the audience about settlement dollars that are coming in and asking if the tribal community has been discussing what to do with those funds since they will have more flexibility with how to use the funds? Panelists answer that the question may be better suited for the American Indian Advisory Council, as they have state representation on that board.

Rep. Koegel asks about the kind kits. Is the size of red lake a barrier to giving out kind kits? Does that hinder access? Beasley says that transportation is a huge issue in the area and that her program provides transportation to Minneapolis a few times a week and on call drivers to pick people up for treatment. Beasley also shared that prior to tribal per capita payments being distributed, her team went to local grocery stores and provided narcan and training on how to use it; 600 kits were distributed over the course of two days. The project went so well that they intend to do it again before the next per capita payment is released in December.

Peer Recovery Policy Proposal

From 11:45 AM to 12:10 PM

Speakers: Kristy Graume, Director of Legislative and External Affairs for DHS, and Amelia Fink, SUD Clinical Policy Supervisor for DHS

Graume prefaces by saying that the governor's budget is still being finalized, so the proposed policy in this presentation are ideas at this point and feedback is being solicited.

DHS 2023 peer ideas build on knowledge acquired through the implementation of MA peer services, growth of the Recovery Community Organization (RCO) community, and research conducted by MMB. Ideas include:

- develop a state-based, community-led credentialing process and RCO operational standards for non-profit organizations seeking to become an RCO;
- integrate and streamline standards and training for recovery peers and mental health peers;
- expand MA vendor eligibility for peer recovery services to counties;
- add base funding for RCO grants to pay for community-based recovery services that are not MA eligible;
- Provide additional funding for family, mental health, and recovery peer training.
- Offering start-up grants for culturally specific RCOs

Question from Dana Farley: Any ideas or proposals pertaining to supervision of peer recovery specialists?

Graume says that this current proposal doesn't have anything addressing supervision but would be interested in hearing thoughts and suggestions from OERAC members. Fink adds that it's an issue that her team has heard. There is opportunity for non-billable services and for any grant funding for non-billable towards RCOs could potentially go towards supervision costs since that's not time that is paid for.

Question from Tiffany Irvin: Regarding standards of training, has there been any thought towards creating a career ladder for peers? Irvin works as a NAADAC Commissioner and worked with Arkansas to create a peer career ladder. Gives opportunity for career growth and better delineation between people new to the field and those with 500+ hours. Graume says she isn't sure if that was previously considered, but she loves the idea. Minnesota already does something similar for LADCs to create different levels of career ladders and considering doing that more internally as well. Fink adds that right now the focus is on aligning standards and mental health vs. SUD structures. However, Fink is very open to the idea once a better structure is in place.

Question from Sadie Broekemeier: A barrier currently seen in peer recovery is they have to be enrolled in the program and with enrollment comes paperwork (weekly treatment plan reviews, discharge summaries). That paperwork limits ability to serve clients because some clinics do not have the infrastructure to do all of the paperwork without meeting the client. Also brings up issues with having to change specialists during the client's different points of treatment. Will these things change and if not, why? Fink validates what Broekemeier laid out in her experience as a clinician. She says that DHS is aware that the workforce is just not there and it's not feasible for LADCs to be involved in every step. DHS is looking to address these issues, potentially looking at creating a lower level of care and paperwork.

[INSERT LINK TO SLIDES](#)

Break (Lunch)

From 12:11 PM – 12:30 PM

Rep. Baker announces a break for lunch, 12:11 PM – 12:30 PM

Substance Use Disorder Summit Update

From 12:30 PM – 12:47 PM

Reed Holtum and Alicia Baker share updates on the Substance Use Disorder (SUD) Summit and the listening sessions held to inform the summit's agenda. The SUD Summit will be held January 10 and 11, 2023; the summit will be hybrid and location will be determined shortly.

Listening sessions were held October 12th with over 400 attendees participating. Data on participants was shared, including location in the state and their interest in the SUD summit. Preliminary results from the sessions were shared out and a full report will be provided on a separate landing page on the DHS website.

All updates and information regarding the SUD Summit will be posted on <https://mn.gov/dhs/general-public/about-dhs/public-participation/>. Questions can be emailed to mnsudsummit@gmail.com.

Looking ahead to next RFP

12:47 Rep. Baker asks Evan Romanoff with the MN Attorney General's office to provide further details regarding settlement dollars:

- The settlements will bring a total of a little over \$300 million;
- 75% of those funds will go directly to cities and counties, 25% will go directly to the state to be disturbed through OERAC;
- \$6.5 million already in to cities and counties;
- October 31 is expected for the first payment of \$4 million directly to the state and the remainder of the city and county fund ;
- Second distributor payment is expected Nov or Dec 2022 = \$5 million to state, \$7.5 million to cities and counties.
- Johnson & Johnson payments will be either later this year or early 2023. The Year 1-4 payments will be accelerated because the state was able to get all counties and cities signed on to the settlement agreement. First payment will be a little over \$41 million; \$10-10.5 million will go to the state, \$30-31 million will go to cities and counties.
- Tribes had separate settlement deals, which will provide \$675 million for all federally recognized tribes in the country.

Romanoff shares that he'll provide further details in writing to share out with OERAC council members.

1:09 pm Jeff Campe, Reed Holtum, and Tara Holt from the State Opioid Response (SOR) Team discuss DHS information and start RFP Discussion.

Reed Holtum provides overview of OERAC's role in process: council determines what they want for categories, DHS goes through publishing the RFP and allow responders to submit applications, applications go through RFP review, then OERAC sub council reviews the reviews and the whole council votes on final slate of applicants. That timeframe typically takes 6-8 months.

Tara Holt then speaks about the federal grant funding aspects of SOR. SAMHSA (Substance Abuse and Mental Health Administration) awarded DHS \$11,357,300.82 per year (September to September). Approximately \$10 million will go directly to contracting services, the rest is for administration and data purposes.

The grant award is focusing on include individuals experiencing homelessness with opioid use disorder, reaching the American Indian communities with culturally responsive and mobile medications for opioid use disorder, treatment services that are not reimbursable with other funding, creating the naloxone saturation plan with primarily with nasal naloxone, recovery support, prevention and awareness services. There will also be a small RFP coming out focused on school-based primary prevention and tribal medications for opioid use disorder.

SAMHSA is not looking to fund workforce development and training, especially for physicians, conferences, previously funded startup services that are now self-sustainable, infrastructure costs, and equipment.

Jeff Campe updates OERAC on new grantees, sharing that all 13 contracts have been executed. Farley asks if there is a public list available of all the grantees, Campe confirms. Rep. Baker also mentions a press release being sent out, Reed Holtum says it has a little bit of amending to do before it is published.

Campe and Reed Holtum review what is already in statute about OERAC and what the council is asked to fund with their grant RFPs. Campe covers past recipients of OERAC grants.

Campe invites Weston Merrick from MMB to discuss options for evaluation, as SOR Team is wanting to learn more about how to better evaluate the impact of the programs OERAC funds. Campe shares that there is the potential for either doing a needs assessment, developmental evaluation, process evaluation, outcome evaluation, or impact evaluation. It is suggested that we potentially either add evaluation as an RFP category or contract out the service due to not having staff to conduct the evaluation themselves. Merrick says that having someone to help think about how to collect that data so that you can see what grantees are doing really quickly and make those strategic business decisions would be helpful. He sees that as a potential gap in the evaluation process currently, as evaluations can take a long time to see if there is meaningful behavior change and changes in well-being.

Senator Mary Kunesh pushes back on putting resources towards needs assessment specifically, saying that in many cases we know the needs. Campe says that the needs assessment is only one option up for discussion. Alicia House and Jolene Robertus mention that we already collect data from grantees, perhaps we could combine the data to see how services are being used, who's being served, etc. Campe says that we do have the data, but we need someone to combine it, analyze it, and give it back to us. Reed Holtum confirms that the data evaluation aspect of the work is a heavy lift and DHS does not have the staff to do such a lift at this time.

Another point of discussion is redefining or refining the definition for the Innovative Category. Past OERAC reviews comment that there didn't seem to be a clear, structured definition of what was meant by innovative. Applications last time seemed like they could also fit in other categories; reviewers stated that just because something is new and innovative to the applicant, doesn't mean it's new and innovative in the practice space. Members comment that perhaps we could distinguish more along practices that do not have enough evidence to be considered an evidence-based best practice yet. There were also questions about moving applicants around to different categories; there were some "Innovative Category" applicants that could have scored better in another category. Campe confirms that DHS is not allowed to move applications around because they can't assume intent.

Finally, potential new populations to highlight were discussed. Some areas/populations include: transportation, housing, school-based support service programs that could also help with identifying family members and foster children that need assistance.

[INSERT LINK TO SLIDES](#)

Round 2 Public Comment

From **2:04 PM to 2:06 PM**: No comments

Next Meeting and Next Steps

Stacy Sjogren: from **2:06 PM to 2:10 PM**

Next meeting will be Friday, November 18th from 10:00 am – 2:00 pm in St. Paul. Hybrid and in-person meeting will occur. There will be no December meeting.

Adjourn

The OERAC meeting adjourns at **2:10 PM**