

March 13th 2020 OPIOID EPIDEMIC RESPONSE ADVISORY COUNCIL NOTES

MN Department of Revenue
600 Robert St N, St Paul, MN 55101
Skjedstad Room (#2000), 2nd Floor
9:00 am to 4:00 pm

PARTICIPANTS:

In Person: Chair - Anne Pylkas, Vice Chair - Dave Baker, Esther Muturi, Chris Eaton, Kari Oldfield for Sarah Grosshuesch, Willie Pearl Evans, Erin Koegel, Mark Koran, John Sutherland, Nikki Vilendrer for Dr. Halena Gazelka, Korey Wahwassuck, Health Delegate Dana Farley, Corrections Delegate Jolene Rebertus, and Human Services Delegate Gertrude Matemba-Mutasa

By Phone: Shelly Elkington, Katrina Howard, Kathy Nevins, Toni Napier and Darin Prescott

Absent: Wendy Burt, Peter Carlson, Nicole Anderson

MAD Facilitator - Facilitator Kris Van Amber

MMB Staff - Weston Merrick

DHS Staff - Tara Holt

Public Attendees - Kathy Lane, Mary McCarthy, April Beachem, Juliana Milhofer, Dwayne Green, Jeshua Livstrom, Kelly Enders, Jamie Hockert, Rebecca Ramsey, Dominique Wilson, Jessica Hultgren, Weston Merrick.

The Chair, Anne Pylkas, opened the meeting with a note about the urgency to determine funding at today's meeting because we missed the deadline and the legislature may not be in session next week as a result of the spreading of the covid-19. The Vice Chair, Dave Baker, added that it might not be as urgent as it was yesterday due to the covid-19 but we still need to make final decisions on funding today.

Public Comment - Esther and Willie announced they had invited a group of people to speak at 10 am based on the agenda. The council members agreed to allow the group to speak at 10 am as the agenda discussed.

Dave provided an update to the members about the shift in today's meeting from the last meeting objectives based a meeting that took place with select legislators last Friday, March 6th. Dave expressed that he has found the process of the council to be slower than he thought and we would be deploying funds right now. He said at the March 6th meeting the authors of the bill, Representative Olson and Senator Rosen plus Senator Koran, Senator Eaton, Representative Koegel and himself expressed their concerns, but if we are able to come out of this meeting with good recommendations they could be inserted into the opioid epidemic response bills moving forward. Inserting the recommendations into bill form will be a way to quickly deploy money if we are able to come to agreement today. We need to pivot from the request for proposal process.

Senator Eaton added that the rush is coming down from the Chief Author Senator Rosen because the council missed the deadline and frankly she is embarrassed. Senator Rosen told her clearly she will pass a bill to fund direct allocations that were in the last round of the State Opioid Response grants from the Federal Government if the council does not make funding decisions today. We need to come up with a concrete alternative, as she is a powerful Senator. Senator Koran stated that his take was that Senator Rosen was hoping that we are further along, we want to get the dollars that are currently available right

now so that is the urgency that sits out there today. He said the drafted bill language to refund the SOR grants won't be dropped in the Senate unless we- can't get there today. Representative Koegel said we need to get the money out there to the programs we know are working.

The question was asked to the council members about how they feel about that process?

- Gertrude would like to ensure the money gets in the hand of those agencies who are doing a good job, but so long as there is a level of transparency and that we know that they are doing good work.
- Korey said it seem to me that if the money is available and we ensure transparency we could look at potential awardees based on what is working and then continue our work using the process we have started.
- Shelley wants to ensure that we don't duplicate current grants.
- Dave – the legislature put faith into the council coming into the process but here we are and we need to be doing this today.
- Jolene – this will be difficult for her agency as they were not able to run the discussion and decision points through her administration for input but she acknowledged that they are non-voting members.
- Dana – agreed with Jolene as he needs to run the discussion and decisions through his administration information ahead of time. He said that not basing the decisions off of the council identified priorities is a concern. He also brought up that the SOR grants does not allow for all the good work of other agencies grants to be funded, SAMHSA where the SOR grant funding comes from, has a treatment lens and less of a primary prevention lens. He is also concerned with selection bias as the council would only be basing the decision making off of the grantees that were able to get funded.

He has sat on the review panels for DHS and other agencies that are a collaborative process but many times good proposals couldn't be funded because they didn't have a grant writer, there wasn't enough money to fund every good proposal, the people who really need it are put off by the process, sometimes the ones that get funded are the ones that have a good – sometimes it is because they have a good grant writer. St. Gabes is more than just ECHO as they have a community health piece of the work but that didn't get funded under SOR because it didn't fit the funding criteria.

- Esther – I would like to echo what Dana said as the communities I represent, mental health and people of color, don't have resources to know how to respond. She believes we need to find a way to make it easier for those without the resources of bigger agencies to apply.
- Erin said her understanding we don't have to stick to the SOR grants, we can look at programs outside of the lens but we just need to have recommendations come forward. Erin said we may get focused legislation but we also make the case the house will take up the more prepared the better. We could be put in a tough spot.
- Darin said he was not in favor of the doing it this way but with that said he wants to make sure that it is acknowledged that the Dakota and Ojibwe tribal practices are effective and that they need funding based on their communities disparate number of deaths. He said he will continue to advocate for Dakota communities and Ojibwe communities in Nicole's absence.
- Kathy – I just want to step back up because she thought we were going to discuss chronic pain today. Instead we are getting funding decisions without all the topic areas being discussed. I

don't feel like this is realistic if I am understanding correctly. I feel like we don't really have a choice and I am super disappointed.

- Dave – Kathy what you are saying is what I anticipated hearing today and you are right in how you feel, shocked and concerned. Maybe what we need to do today from a legislative standpoint is to go back with some appropriations to some groups but that doesn't mean our work doesn't continue. I don't want to overrule the council voice and we have some folks that aren't being heard and I don't want to be disrespectful of them.
- Anne thinks we should do 50% appropriations and 50% request for proposals.
- Mark I think in the discussion it is clear we don't all agree on everything but what things would we consider as high priorities that could be our short term immediate hits via funding.
- Chris - I don't know if any recommendations are prepared but I wouldn't mind hearing them, as well as what the financial state and the legal state is for getting the dollars out to the community
- Gertrude - I understand the need to do something now balanced with the feeling like we have just learned new information so the key is to being flexible enough to be responsive to a timely need which is what we need to do today.
- Anne – What I am seeing is a decision we need to make. Do we want to go ahead and make recommendations or do we want the legislature decide?
- Korey we don't want to lose the council members ability to make those recommendations in the future. We have to make funding decisions today and acknowledge that there is no fair way of making those decisions other than what was previously funded programs that have been already vetted.
- Jolene – The States of Minnesota's grants and procurement process exists to allow everyone an opportunity to apply for funding. Have we asked the Department of Administration for help or should we? It sounds like the task today is how we can prioritize funding that needs to be sent today.
- Jeshua Livstrom, Operations Manager for the Behavioral Health Division which supervises the grants and contracts section, presented that with the Department of Human Services 9-10 months from start to finish is considered base practice for the request for proposal process. With that said we could plot a best case scenario whereby request for proposal process could get some contracts out in August and some in December, knowing that negotiations with tribes and counties take a little longer. The only ability agencies have to fast track funding is with single source contracts. He has a call out to the Office of Grants Management director to see if there is an exemption for a single source option but hasn't heard back.
- Anne stated she doesn't want to use the request for proposal process and the council members didn't know the grants process would take 9 months long.
- Jolene and Dana both said there was a presentation on the request for proposal process at the beginning of the council meetings (October meeting) and DHS has stated the length multiple times since.
- Dana gave an example of how long the process takes with their requests for proposals. Yes 9 -12 months is painfully slow and every state agency if they were honest would tell you that. The legislation was overoptimistic, but he appreciates that.
- Dave said maybe he missed those discussions but a timeline from DHS and decisions on what grant funds to be refunded is needed but they say they can't do that.

- DHS said that Dave is correct DHS is unable to provide guidance on what funds to choose over another as we are required to follow the grants and procurement process.
- Dave said we have to have clear direction from the department and we are paying them plentiful. We need to have a clear system when we move forward.
- Chris would like to apologize that it took that long to get money out the door, we are at a bit of crisis, deaths are increasing, three to four doses for naloxone doses are needed to revive folks and that is where the money should be going today.
- DHS reiterated the OERAC funding is not available from the general fund until 7/1/2020 which means DHS can't appropriate it prior July 1st or later based on when the funding is encumbered.

We pivoted the conversation to the guests that were invited for the inclusion conversation. Guests that will be speaking are Yussuf Shafie, Jasmine Carey and Patricia Carter.

Yussuf spoke that he would like the council to know how hard it is to respond to the request for proposal at the state as they are small and don't have the ability to write a proposal that they might not get then they are out resources in terms of time and dollars.

Jasmine is the legislative and policy director for the Minnesota Council for Minnesotans of African Heritage. Her office advises communities on many different issues, last year the African American communities started coming to them asking for lots of help with opioid issues. She wanted to reiterate the importance of looking at the issue and the response from a cultural lens. She said they need help getting technical assistance to the African American communities that aren't being reached or unaware that there is even a request for proposal that they could apply for.

Patricia Carter said the community is at turning point. Her community has a lot of stigma and unmet mental health needs. They need a slower process that is able to build trust and establish connections. One of the biggest barriers is the grant process itself. The process takes so long and the community needs one flexible enough to move quicker. Part of the problem is that the potential applicant is required to check boxes, another one is the concept of writing a response to an open request for proposal. I think if the state can reimagine an easier and faster grant process it would work to address many community's needs.

Jon thanked the guests for their comments and said we need to get the funds out but we as a council members need to be able to get the funds out based on assessing the approaches that are actually working by collecting data to track outcomes. He suggested that some of the initial money may need to go to technical assistance for grant writing.

Gertrude said that an average grant writer charges \$200 plus an hour and works 50 plus hours on a grant. That might be too much of the budget and a better long term approach.

A question was asked to DHS' Jeshua Livstrom about if the legislature can set aside dollars for writing grants. He responded that the current process is set up to provide technical assistance within the process but we are required to do so in an equitable way. He also confirmed that there is an option for responders to do a showcase presentation to the evaluation team but that needs to be factored in the length of the request for proposal process.

Erin said she doesn't want to put any additional burden on programs that need the money. We should be able to be creative enough to allow the dollars to be used for the needs of the community in terms of treatment and prevention.

Anne agrees with Erin.

Erin – suggested we need to put down clear opportunities and funding today. Erin said she can take the language agreed upon today back to the legislature for the appropriation to be added to ongoing opioid council fix it bills once we have the decisions on how to spend the money.

Dana – Said that the good thing about the legislative process is there is a lot of flexibility in, we can put the dollars we want to spend into buckets, but we want the projects that have already shown efficacy, we know there will be some new federal money coming but we don't know the terms of the acceptance of those federal dollars.

The other things is that state agencies can provide additional technical assistance as long as we are equitable by sharing the information provided to the applicant to all of those applying. We need to simplify that process as much as possible.

Erin – I would like it to be like a job application, where the grantees fill out a short application and the council does the interviews.

Anne – said for today we need to get the dollars out and then we can work on the request for proposal process. She asked if we can save some of the money that we think available for the request for proposal process for those that are not now getting funding.

Darin talked about past applications he has seen that did a strategic concept paper which was really effective and easy to complete.

Kathy – I would like to say if we are able to bring people in to speak may imply that they have a higher priority for funding than those who are not able to come in to speak to us. She wants to ensure that everyone has equal access to the funds available even if they have to prorated grant terms. If so can we figure out a prorated concept process not just current request for proposal process?

Anne – asked the legislative OERAC team members if we, the council, are prepared to do that work today, will they give us more time say August or July to issue a request for proposal process for the remainder of the money?

Mark – said if we can come up with that plan today as the single voice of the committee but we would still need to move in an expeditious time frame in terms of the remainder of the funds.

Erin – said if we are able to create a timeline today I think that might work.

Dana – said as long as a bill is moving along, amendments can be added and it is easy to allocate money but it is much harder of a task to allocate funding in a thoughtful process. As the council whereby we are addressing the needs of Minnesotans we need to be able to translate that into funding that reflects thoughtful evidence based best practices including cultural reflective practices.

Chris - clarified that in the legislative process once the budget is established they can't change the budget targets but they can change the language. These dollars are from the special revenue account so this doesn't affect the general fund amounts.

Dave made an offer to take a step back and clarify the process with DHS next week by sitting down with Jeshua to go over the best case scenario process. Other legislators are welcome to attend that meeting so we may have more awareness of the situation is at the capital and maybe able to have a clarity of a solution that will work for everyone.

Chris clarified whatever decisions we don't make today and approved from the legislature can't be appropriated until January when the next legislative session begins. The current session adjourns May 18th, after that and before July we can't recommend direct allocations.

Anne said we want to make direct allocations today and prepare the next request for proposal for a pared down process that Jeshua and Dave are discussing.

A question from the audience was asked by Know the Truth a school program from Teen Challenge if they are eligible for the direct appropriations as they haven't received funding gotten funding from SOR before but have been vetted by other entities as they receive \$400,000 in federal funding right now? The council responded they will be determining that later today.

Katrina – said her recommendation would be to follow the request for process.

A question was had about the request for proposal process posting timeframe.

Jeshua said we have to post it for 3 weeks but the feedback from the community is they like it to be longer than that.

Break

DHS legislative team member, Chelsea Magadance, gave an update on the proposed Opioid Epidemic Response Advisory Council language to house file 3838 which would make a number of changes, mostly technical and cleanup language.

- One of the provisions DHS brought to the bill was to institute a 3 year term limit, which I understand the council members discussed and voted for. The council agreed. DHS wanted to propose language that would stagger those terms you discussed and voted on, DHS would like to take that proposal and have the council propose staggering the terms so that all the members would not leave the council at the same time. We wanted to get your feedback and thoughts about half of the member's terms expiring 9/2022 and the other half a year later on 9/2023. She reassured staff that nothing would prohibit members from serving multiple terms. The council agreed to that change.
- One other change is for the language in house file 3838 language from last session that is not crystal clear about DHS' role versus the council roles in grants. DHS is proposing that we add a sentence under grant making that the council shall determine grants and the grant amounts and then DHS shall issue those grants. The council agreed to that change.
- The last changes is that in house file 3838 language that currently says no more than 3% of the award may be used by a grantee for administration. We are proposing that change to 10%, which is still extremely low. The council agreed to that change.

We also discussed a Board of Pharmacy change to the licensing fee for medical gas distributors. The proposal would change the fee back to \$260. This has had an adverse effect on rural areas of the state being able to purchase a tank of oxygen. It would result in a decrease in opioid fees revenues by \$540,000 if it is passed. However there may be new revenues coming in as well.

Anne suggested we determine the short term objective appropriation percentages so we can reach today's goals. Then we can determine the medium term objectives vetting criteria, strategic concept paper, and timeline for that process and council vetting for organizations appropriations. The thing we need to get done today for medium term objectives is the timeline for that process.

A request for a vote was asked for?

- Clarification was given that this vote was just for this year as next year the council would follow the normal process of awarding funding.
- Darin wanted to know if the tribes fit into the current scenario.
- A question was asked if we can submit a list to the legislators with all of the state opioid funding. Weston Merrick said he has one that will need updated and he will send that list to the state agencies for their review and updating.

Voting for the current for the first year appropriation was completed. All members agreed except Darin and Katrina. Darin discussed that the Dakota tribes couldn't agree to follow the current GPRA data collecting process. DHS explained that GPRA is the data collection requirements of the Federal grant which is many pages of information but not outcome based so that would not be part of the OERAC grants, Darin said he could change his vote to yes then. Katrina abstained from voting as she did not have a chance to review it with the Board of Pharmacy team members.

Anne asked for non-voting members to vote.

- Dana said it is was good to move forward.
- Jolene said she trusts the council members and hasn't had time to run it by the commissioner.
- Gertrude said she does not having enough information but will go with the group decision.

The next decision is how much funding we want to go to short term and medium term goals.

Top decision do we want dollars to go to short term and medium term goals -

The group decided on 50% of the appropriation to go to short term and 50% to go to medium term goals.

Dana wanted to clarify where naloxone fits as we need to be mindful of the \$3 million that is currently allocated towards naloxone. Some of those grants will end 4/30/2020 and some will end 9/30/2020. His concern is that the naloxone is providing a buffer for the opioid overdose deaths that are resulting from the increasing potency of synthetics.

Anne – said short term is more geared to naloxone than medium term goals

The council members discussed that for the short term goals we are trying to determine the percentages for the legislative buckets and then DHS grants.

The first category is prevention and education where we currently have about 20% of the DHS opioid grant dollars appropriated.

- Dave – under prevention education we had 25% of the funding from the last meeting going towards this category.
- The question is do we want to stick with these numbers for the short term?
- Kathy – asked if these numbers are based on the 17 things we voted on?
- Anne said no this is based on the current SOR grantees. We are aware this is not an exhaustive list. Prevention education also includes youth prevention, prevention and awareness.
- Kathy – can we add the total dollars of those currently?
- Anne – said the total dedicated amount is 3.7 million dollars. You can put 3.7 for naloxone. 4.8 - million in prevention and education in current SOR grants.

The second category is Training on treatment where we currently have 9% of the DHS opioid grant dollars appropriated.

- Echo's are currently getting \$2 million dollars.

The third category is the expansion and continuum of care that is medication assisted treatment, peer recovery, workforce, withdrawal management, recovery services, and recovery coordination where we currently have about 57% of the DHS opioid grant dollars appropriated.

The fourth category is the development of measures to assess and protect the ability of cancer patients and survivors, persons battling life threatening illnesses, persons suffering from severe chronic pain, and persons at the end stages of life, who legitimately need prescription pain medications, to maintain their quality of life by accessing the needs of individuals described in this clause who are elderly or who reside in underserved or rural areas of the state where we currently have about 14% of the DHS opioid grant dollars appropriated.

[A review of the current funding under each category was reviewed.](#)

Anne – asked the council if we want to add programs that we know about or add things that we know about that that wouldn't fit into the above categories?

Dave – said his take was the focus on the short term goals based on the vetted funding from DHS and then we can for the medium term objectives we can look at new additions is his recommendation.

Kathy – clarified that all the items highlighted are the ones expiring this year. It was clarified that all the opioid funds expire this year some in April and some in September.

It was cautioned that we were supposed to hear from the chronic pain groups. There is a perception that we are not providing them any money and if we are going to make informed decisions we should have heard from them.

Kathy – said it is ok to keep them out of the short term appropriations is her initial reaction but at the same time but we had asked for a presentation from the provider and pain side. We had several folks ready that might be able to represent those groups. Maybe when we suspend those discussions but that would mess up those numbers.

Anne said we need 1-1.5 hour's discussion by 2pm.

Dave asked if we need to have the medium term determinations today.

Kathy asked if we could take identified projects set to expire and work on those

Anne said would like to fund naloxone, echo's and mat funding.

Anne, Dave and Dana asked to do this based on data and outcome. John agreed.

John asked if DHS can provide data outcomes? DHS doesn't currently collect data outcomes outside of the Federal requirements and those are more about numbers than outcomes.

Chris doesn't think we currently have the ability to collect the information the members are asking for.

Weston said that there are many types of data collection. The current SOR performance measures are not relative because they are not outcome evaluations to show the impact. The type of evaluation that MMB will do to one or two of the programs will be able to provide evidence based outcome evaluations with opioids in the future.

Anne said we are going to recommend a percentage, of the funding.

Dave said he has a problem with that as it is hard to make legislation with percentages.

Willie thought we were going to discuss the ones that were already funded.

Erin said we should break it down to each short term one by geographical region.

Chris says she feels the angst of this and we are going to just need to wing it and go in depth next round of funding.

John recommends we give more to naloxone right now and take some others away from others but put something in the 4th bucket.

A discussion was had about refunding the State Targeted Response grants that are ending on April 30th 2020

Naloxone

- It is important to remember out of state access and tribal access.
- Valhalla was requested to be removed as they are a for profit entity
- A motion was made and passed to fund;
 - Rural Aids Action Network - \$366,666.67
 - MDH to provide naloxone to the eight regional emergency medical service providers and see if they can also include tribal entities both urban and rural and syringe exchange programs - \$366,666.67
 - Steve Rummel Hope Network - \$366,666.67

The council determined that the naloxone language would also allow for needle exchange.

ECHO

The decision was to fund:

- St. Gabriel's Health - \$100,000
- Hennepin Healthcare with Native American Community Clinic - \$112,000
- Wayside Recovery Center - \$200,000

Expansion/Enhancement of Care

The decision was to fund:

- Mille Lacs - \$50,000
- American Indian Family Center - \$50,000
- Community Health Worker Alliance - \$50,000
- Northwest Indian Community Development Center - \$50,000

Medication Assisted Treatment

The decision was to fund:

- Native American Community Clinic - \$130,000
- St. Louis - \$150,000
- Culturally Responsive African American Treatment program - \$720,000

For the short term decisions Darin is ok with that as long as the medium term funding has more for American Indian programming that includes culturally responsive programming.

Measurement for Chronic Pain

The decision was to fund:

- Nothing in this category under short term appropriations.

Dave said we need to carefully word out a press release about needed with the DHS communications department. Jolene we need to be very clear about these being short term appropriations not long term goal. Willie agreed to help DHS along with Dave.

Medium term goals

- A discussion about what objectives we could choose to fund.
- At the February meeting we had previously decided on;
 - 25% for prevention
 - 25% for training on treatment
 - 40% for expansion and enhancement of the continuum of care and;
 - 10% for the Measurement of Chronic Pain
- The council members agreed to keep the numbers above and discuss the actual appropriations in each category at the next meeting.
- The group decided a meeting in April for 4 hours that could be done remotely would be preferable. Tara will look for availability in the DHS Lafayette video technology room.
- Jolene suggested that medium term goals follow the RFP process which allows us to vet the grantees.
- DHS will set up a meeting with Dave, Anne, Erin, Chris, Mark, Gertrude and Jeshua to look at the RFP process.
- Gertrude said DHS will look to see if we can address the complexity piece so the process can be more accessible.

- After Dave meets with Jeshua he will let the council members know the plan and if that doesn't work we go to plan B. Plan B may be to double the funding in the appropriations decided on today.

Public Comment Period –

Brandi Brink from WErecovery spoke and shared the good work she is doing on prevention of opioid use on college campuses and around Mankato. She said her organization can't sustain the work they are doing beyond September without additional funds.

Traci – I don't understand why we are talking about Naloxone as everyone is going to get addicted to it. Anne responded that clarified if she was discussing Suboxone? Traci said Naloxone, Narcan and suboxone are the same thing. Anne said that the evidence shows suboxone used as a medication for those diagnosed with opioid use disorder saves lives. Traci said she has been on suboxone she is trying to prevent it from becoming a problem and but that is just her own opinion.

Mary McCarthy, Rural Aids Action Network, just wanted to let everyone know she is available to the council in the future.

The meeting was adjourned.