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Legislative Report

Opioid Epidemic Response Advisory Council

Grant Award Update & Evidence-Based Analysis of Opioid Legislative Appropriations

February 2021

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Minnesota Statutes, Chapter 3.197, requires the disclosure of the cost to prepare this report. The estimated cost of preparing this report is $3,700.

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I. Legislation

Minn. Stat. §256.042 OPIATE EPIDEMIC RESPONSE ADVISORY COUNCIL.

Subdivision 1. Establishment of the advisory council.

(d) The council, in consultation with the commissioners of human services, health, public safety, and management and budget, shall establish goals related to addressing the opioid epidemic and determine a baseline against which progress shall be monitored and set measurable outcomes, including benchmarks. The goals established must include goals for prevention and public health, access to treatment, and multigenerational impacts. The council shall use existing measures and data collection systems to determine baseline data against which progress shall be measured. The council shall include the proposed goals, the measurable outcomes, and proposed benchmarks to meet these goals in its initial report to the legislature under subdivision 5, paragraph (a), due January 31, 2021.

Subd. 4. Grants.

(a) The commissioner of human services shall submit a report of the grants proposed by the advisory council to be awarded for the upcoming fiscal year to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance, by March 1 of each year, beginning March 1, 2020.

Subd. 5. Reports.

(a) The advisory council shall report annually to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by January 31 of each year, beginning January 31, 2021. The report shall include information about the individual projects that receive grants and the overall role of the project in addressing the opioid addiction and overdose epidemic in Minnesota. The report must describe the grantees and the activities implemented, along with measurable outcomes as determined by the council in consultation with the commissioner of human services and the commissioner of management and budget. At a minimum, the report must include information about the number of individuals who received information or treatment, the outcomes the individuals achieved, and demographic information about the individuals participating in the project; an assessment of the progress toward achieving statewide access to qualified providers and comprehensive treatment and recovery services; and an update on the evaluations implemented by the commissioner of management and budget for the promising practices and theory-based projects that receive funding.

II. Introduction

A. Background

Legislation passed in 2019 that created the Opioid Epidemic Response Advisory Council and the Opiate Epidemic Response Account[1]. Governor Walz signed the Opiate Epidemic Response bill into law, which raises funds from prescribers, drug manufacturers, and distributors to fight the opioid crisis, while creating the Opioid Epidemic Response Advisory Council to oversee the funding[2]. The purpose of the Opioid Epidemic Response Advisory Council is to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.[3]

The council is made up of legislators from both bodies, tribal nation and state agency representatives, providers, advocates, and individuals personally impacted by the opioid crisis, as well as representation from law enforcement, social service agencies, and the judicial branch. A full list of council seats can be found at the Minnesota Secretary of State's Office. The commissioner of human services ensures that the council includes geographic, racial, and gender diversity, and that at least one-half of council members appointed by the commissioner reside outside of the seven-county metropolitan area.

The council will:

- Review local, state and federal initiatives and activities related to education, prevention, treatment and services for individuals and families experiencing and affected by opioid use disorder;
- Establish priorities to address the state's opioid epidemic, for the purpose of recommending initiatives to fund;
- Recommend to the commissioner of human services specific projects and initiatives to be funded;
- Ensure that available funding is allocated to align with other state and federal funding to achieve the greatest impact and ensure a coordinated state effort;
- Consult with the commissioners of human services, health, and management and budget to develop measurable outcomes to determine the effectiveness of funds allocated; and
- Develop recommendations for an administrative and organizational framework for the allocation, on a sustainable and ongoing basis, of any money collected from the Opiate Epidemic Response Account.[4]

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[1] Minnesota Laws 2019, Regular Session, Chapter 63

[2] HF 400

[3] Minn. Stat. 256.042, subd. 1(a)

[4] Minn. Stat. 256.042, subd. 1(b)

B. Purpose of Report

This report consolidates two statutorily required reports:

1. Minn. Stat. § 256.042, subd. 5 requires the advisory council to report annually by January 31 of each year on information about the individual projects that receive grants and the overall role of the project in addressing the opioid addiction and overdose epidemic in Minnesota. Minn. Stat § 256.042, subd. 1(d) requires the council to include proposed goals, measureable outcomes, and proposed benchmarks to meet goals in the report to the legislature due January 31, 2021.
2. Minn. Stat. § 256.042, subd. 4 requires the commissioner of human services to submit a report of the grants proposed by the advisory council to be awarded for the upcoming fiscal year by March 1 of each year.

This report covers the four report areas: 1) Opioid Epidemic baseline, outcomes and benchmarks[5]; 2) Individual Grants update[6]; 3) Assessment of progress toward achieving statewide access to treatment[7]; and 4) Individual grants proposed for FY22.[8] The Department of Human Services drafted this report in consultation with the Opioid Epidemic Response Advisory Council ("the Council"), the Minnesota Management and Budget Department (MMB), and the Minnesota Board of Pharmacy.

The Department of Human Services distributed a draft report to the full Council on January 12, 2021 to review and provide feedback. The Council discussed the report at their meeting on January 15, 2021 and provided feedback. The Council provided final approval of the report on February 19, 2021.

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[5] As delineated in Minn. Stat. 256.042, subd. 1(d)

[6] As delineated in Minn. Stat. 256.042, subd. 5

[7] As delineated in Minn. Stat. 256.042, subd. 5

[8] As delineated in Minn. Stat. 256.042, subd. 4

III. Opioid Epidemic Goals, Outcomes and Benchmarks

A. Background

This section outlines the proposed goals, measurable outcomes, and proposed benchmarks to meet the goals that the Council has developed. The goals and measures were drawn from agency experience across a range of prior taskforces and initiatives to meet Minnesota's Opioid Epidemic. They build on the best available data to inform a holistic view of current patterns of prevention, early intervention, treatment, and recovery.

B. Goals

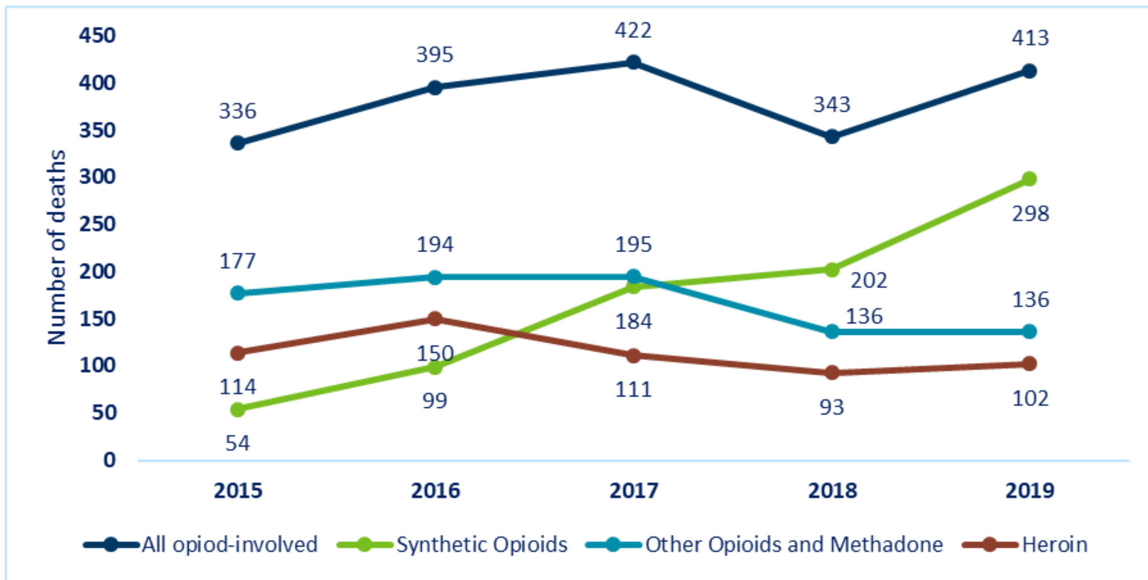
- Increase access to treatment
- Improve retention in care
- Produce measures to assess and protect access to pain medication for those in need
- Reduce unmet need for prevention, treatment, and recovery services
- Reduce opioid overdose-related deaths
- Support a comprehensive response to the opioid epidemic

C. Benchmarks and Outcome Measures

The following figures show trends in the selected outcome measures in Minnesota in recent years. Outcomes in the following areas are included: fatal overdoses, nonfatal overdoses, opioid prescribing, youth misuse, substance use disorder treatment, and multigenerational effects.

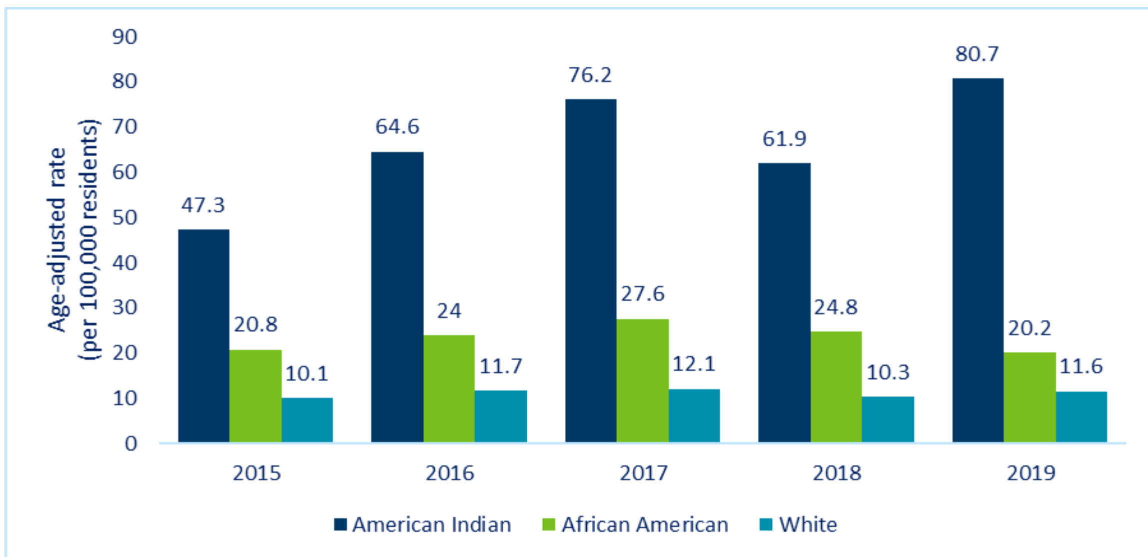
Fatal overdoses

Figure 1. Opioid overdose deaths



Data source: Minnesota death certificates. Benchmark: 2019.

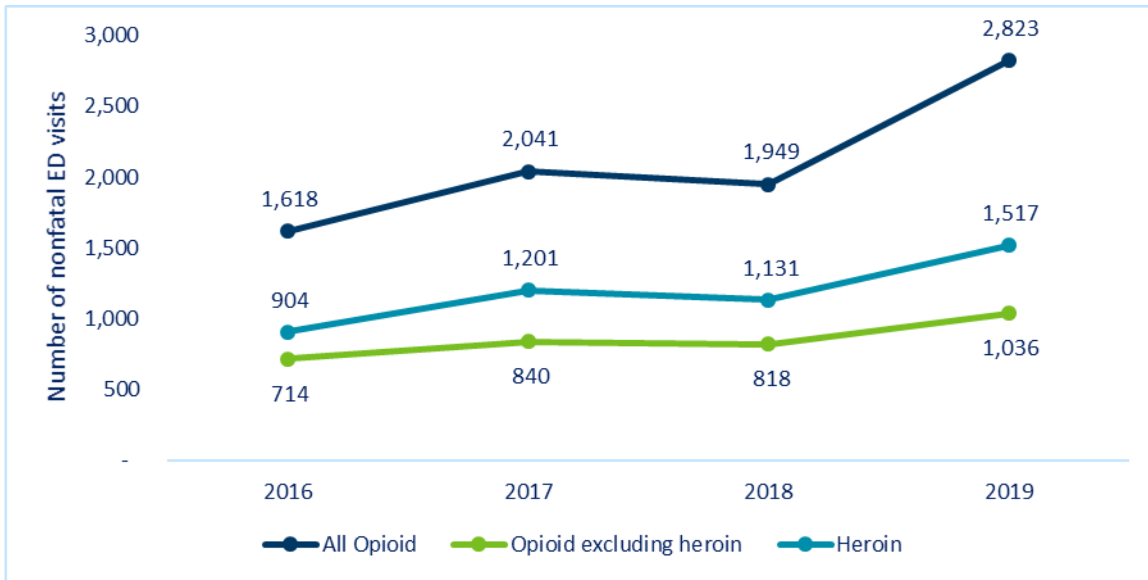
Figure 2. Disparities in overdose deaths



Data source: Minnesota death certificates. Benchmark: 2019.

Nonfatal overdoses

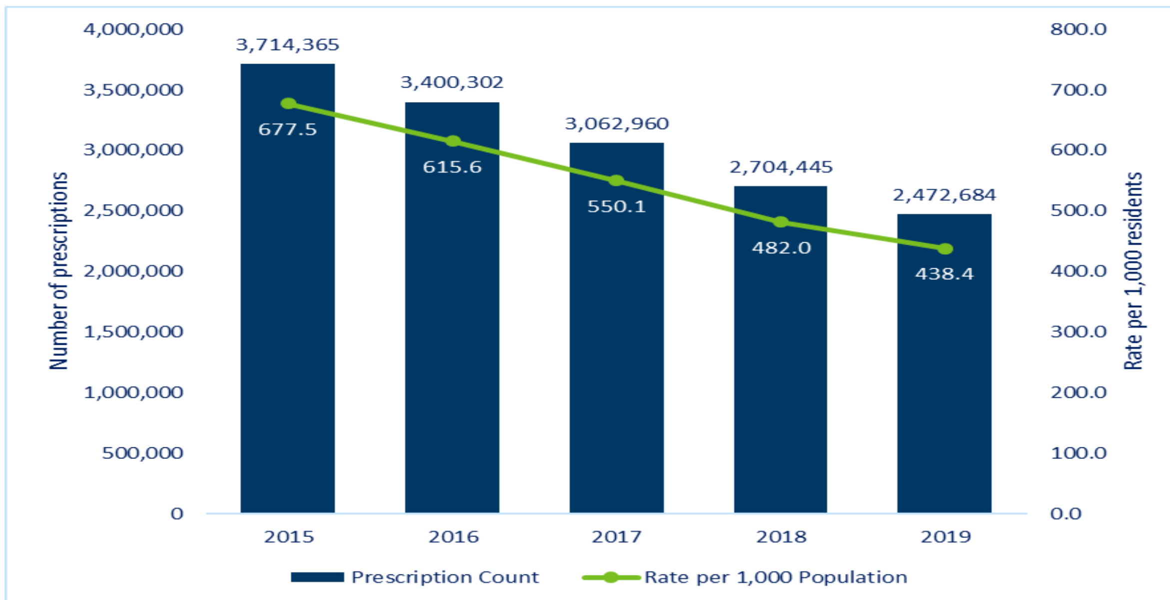
Figure 3. Nonfatal opioid overdoses



Data source: Minnesota hospital discharge data. Benchmark: 2019.

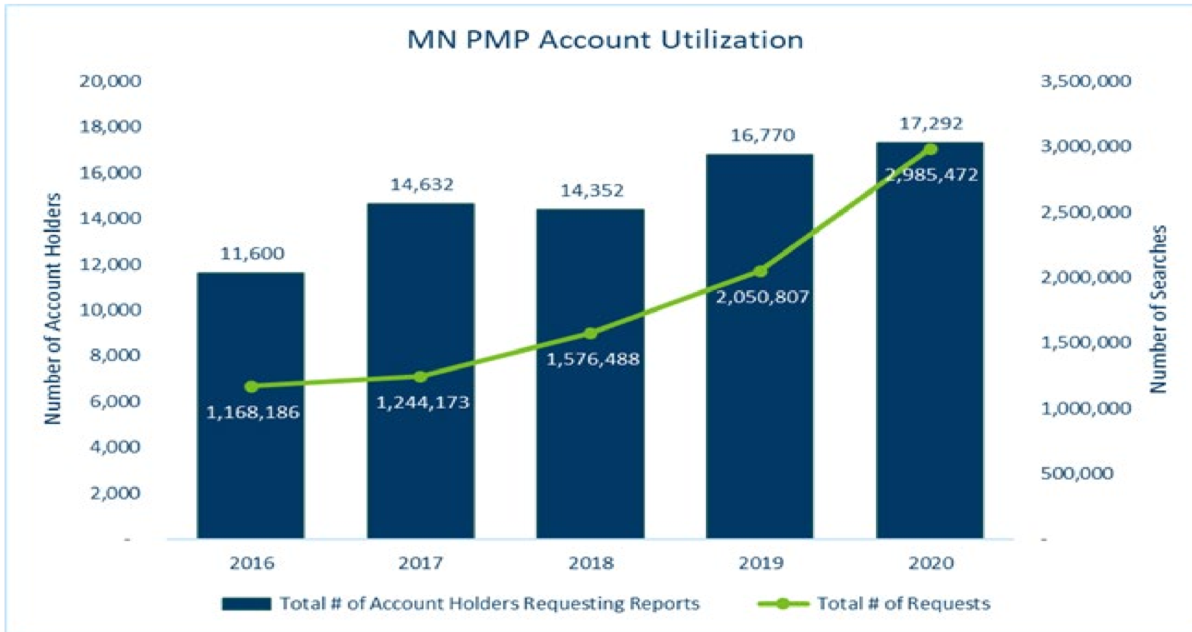
Opioid prescribing

Figure 4. Opioid prescriptions and prescription rate per 1,000 MN residents



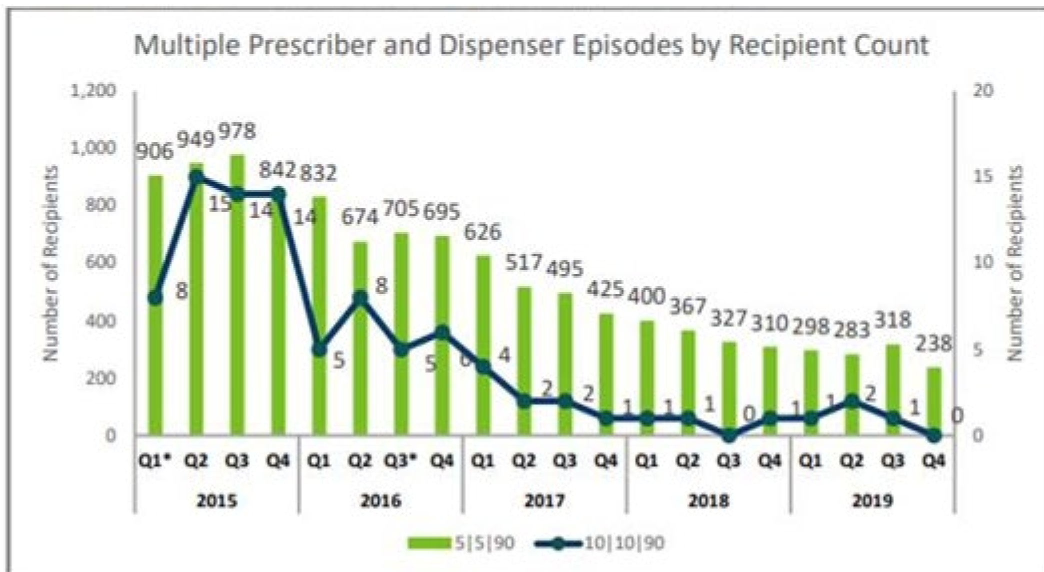
Data source: Prescription Monitoring Program 2019 Annual Report. Benchmark: 2019.

Figure 5. MN Prescription Monitoring Program (PMP) Account Utilization



Data Source: Prescription Monitoring Program. Benchmark: 2020 (Of note, this will be included in the 2020 Annual Report which is not yet published)

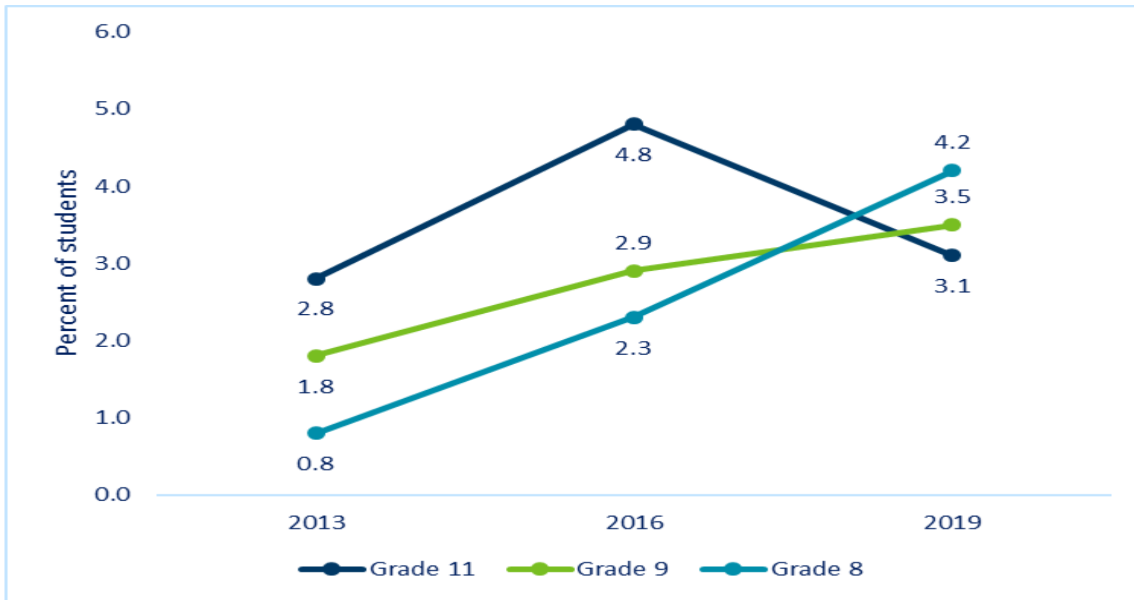
Figure 6. Multiple Prescriber and Dispenser Episodes by Recipient Count



Data source: Prescription Monitoring Program 2019 Annual Report.

Youth misuse

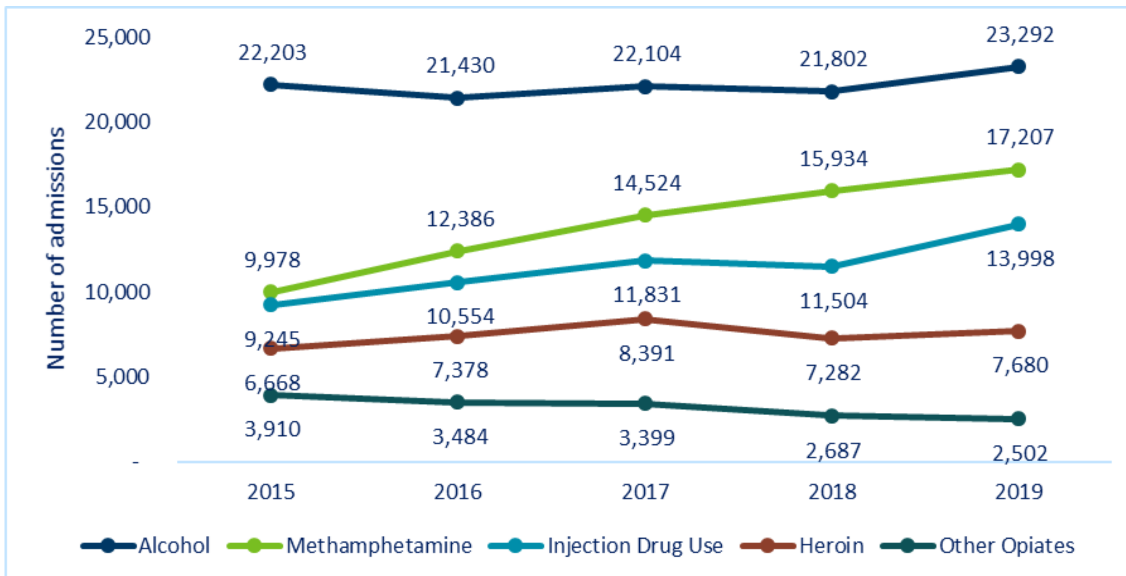
Figure 7. Percentage of youth who report using or misusing prescription pain medications



Data source: Minnesota Student Survey. Benchmark: 2019.

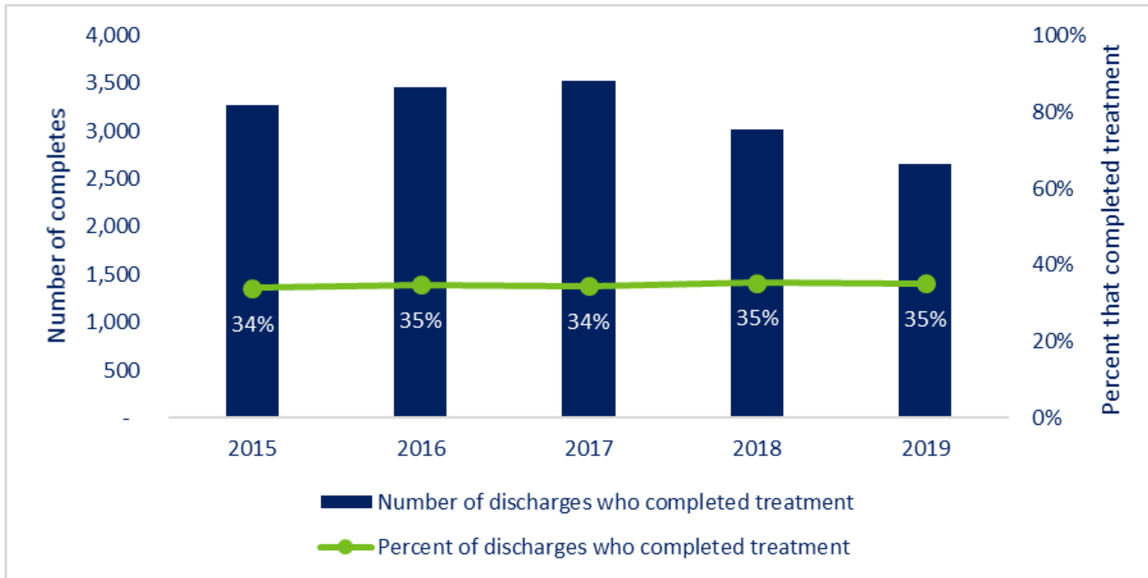
Substance use disorder treatment

Figure 8. Number of substance use disorder treatment admissions



Data source: Minnesota Department of Human Services, DAANES. Benchmark: 2019.

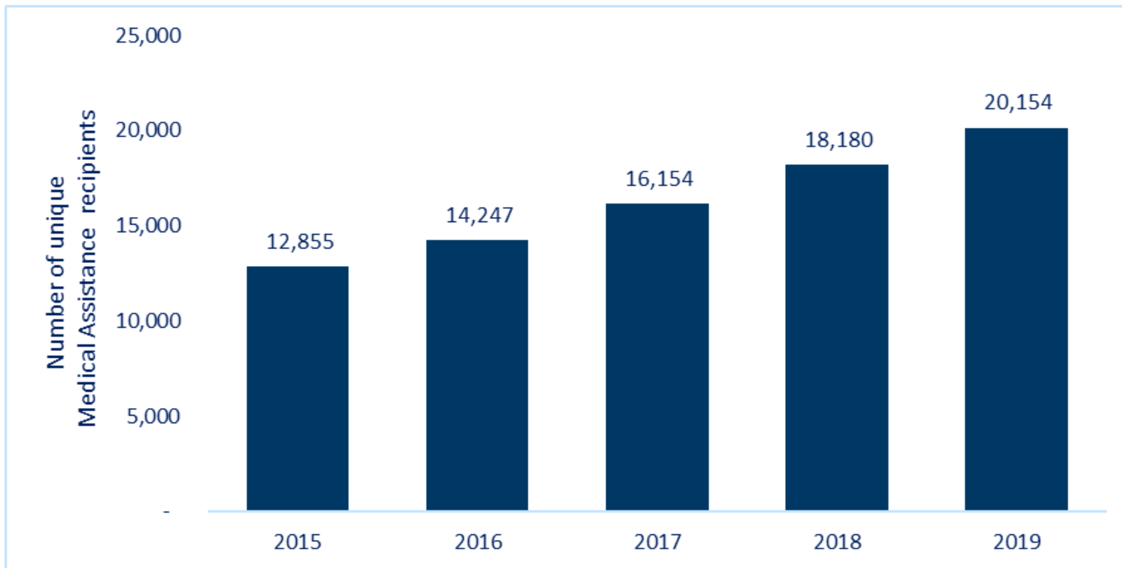
Figure 9. Substance use disorder treatment discharges



Data source: Minnesota Department of Human Services, DAANES. Benchmark: 2019.

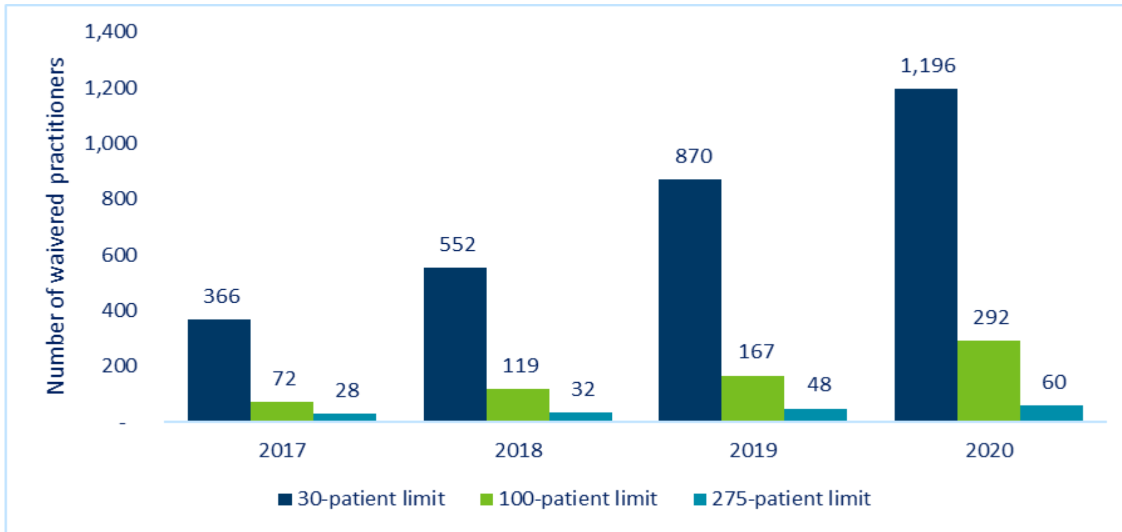
Note: The chart shows data for individuals whose primary abuse problem was opioid use disorder. In addition to "completer," other discharge status options were "non-completer" or "other."

Figure 10. Individuals who receive Medication-Assisted Treatment



Data source: Minnesota Department of Human Services. Benchmark: 2019.

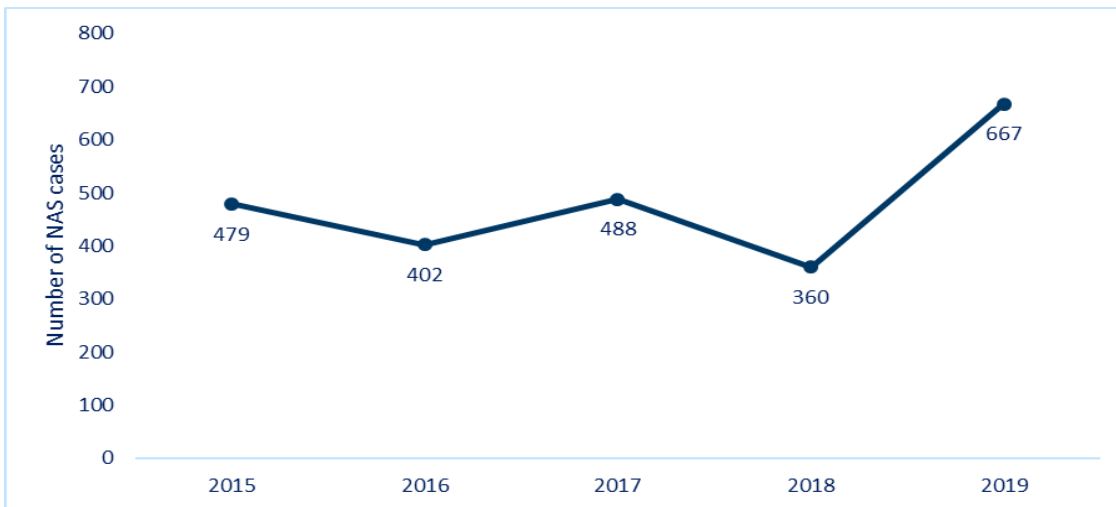
Figure 11. DATA-Waivered providers in Minnesota



Data source: Controlled Substances Act Registrants Database, Drug Enforcement Administration. Benchmark: 2019. Note: Primary care providers must have a DATA-waiver to administer, dispense, and prescribe buprenorphine. Patient limits are calculated on an annual basis.

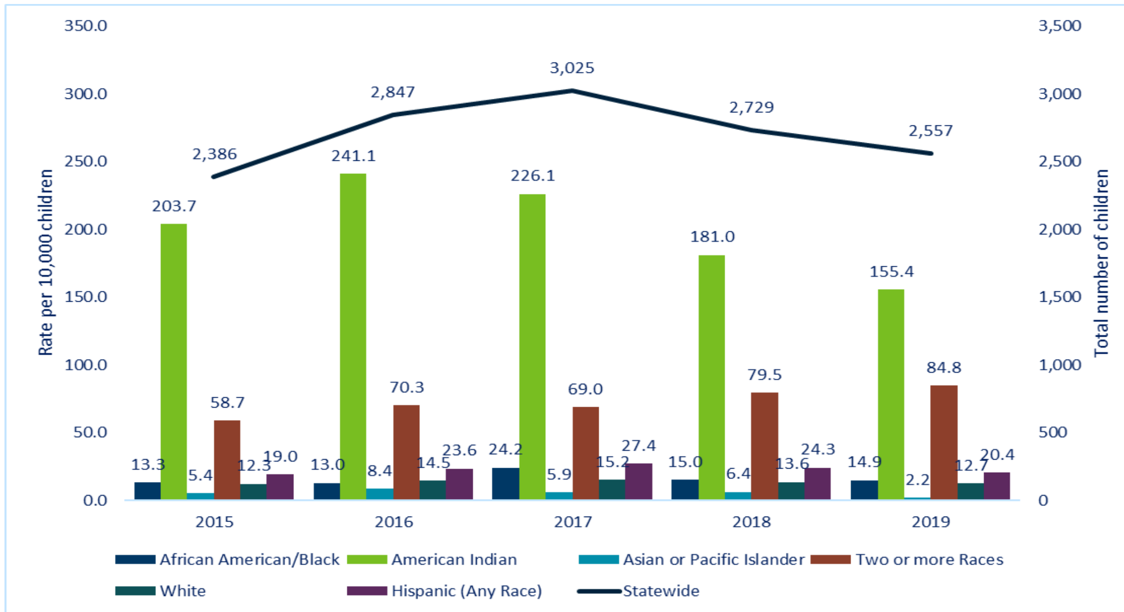
Multigenerational effects

Figure 12. Neonatal Abstinence Syndrome cases



Data source: Minnesota hospital discharge data. Benchmark: 2019.

Figure 13. Children entering out-of-home care with parental drug use as a reason



Data source: Minnesota Department of Human Services. Benchmark: 2019.

IV. Individual Grants – Status Update

A. Available Funding

The Opioid Epidemic Response Fund was established to hold licensure and registration fees collected from opioid manufacturers and distributors.[9] Once these fees are collected, Minn. Stat. 256.043, subd. 3 delineates how these funds must be appropriated.[10] $13,502,186.64 in licensure and registration fees were collected in the first year, ending June 30, 2020, for the Opioid Epidemic Response Fund (OERF). This amount is far lower than initial estimates projected at $21 million per year. Due to this shortfall, after the direct appropriation passed by the legislature in 2020[11] and other statutorily required obligations, there were not adequate funds available to disseminate additional funds through the Council's request for proposal (RFP) process. Therefore, the Council voted to suspend the RFP that was issued on May 27, 2020, and decided to re-issue the RFP in the next fiscal year. Also, due to this shortfall, MMB did not conduct any experimental or quasi-experimental evaluation studies.

The table below provides the total fees collected, as well as direct appropriations and other obligations for Fiscal Year 2021.

[9] Minn. Stat. 256.043, subd. 1

[10] Funds are appropriated to the Commissioner of Human Services for the provision of administrative services to the Council; to the Board of Pharmacy for the collection of registration fees; to the Commissioner of Public Safety for the Bureau of Criminal Apprehension; and of the remaining funds 50% for child protection services and 50% for grants by the Council.

[11] 2020 Laws, Regular Session, Chapter 113

Opioid Epidemic Response Fund Annual Revenue	
Total Revenue (April-June of previous FY20)	$13,502,000[12]
Direct Appropriation to DHS	$3,907,000
Transfer to General Fund by 6/30/21	$2,720,000[13]
Child Protection obligated amount	$3,187,000
Legislatively appropriated grants amount (Chapter 113)	$2,733,000
Amount remaining for Council Grants through RFP	$955,000

B. Direct Appropriations

In accordance with statutory requirements, the Council works with DHS to issue an RFP; the Council makes recommendations on grant awards, and DHS awards grants. In 2020, the Council supported legislation[14] that made direct legislative appropriations from the Opiate Epidemic Response Fund as a way to expedite grant awards, rather than going through an administrative grant award process. The legislative appropriations were provided to organizations that were receiving State Opioid Response funds through the Department of Human Services that were expiring in September 2020. If remaining funds were available after appropriations were allocated, the Council was planning to issue grant awards. Due to less funds than anticipated being collected, the Council did not award any grant awards for state fiscal year 2021. The table below provides information on the direct appropriations.

[12] $1,096,580 has been collected in FY21. The majority of fees are collected between March-June of each fiscal year.

[13] The Council will be reimbursing 50% of the funds to the General Fund in FY20 and the other 50% in FY21.

[14] HF 4601

Vendor	Activities/Services	Goals	Amount
St. Louis County/Center for Alcohol and Drug Treatment	Provide prevention, treatment and recovery activities for opioid use disorder - Provide modalities in treatment that allow for continued MAT services during client transitions - Employ mental health professional (providing diagnostic assessments, individualized treatment plans, walk-in OBOT hours) - Develop strategic planning process/needs and capacity assessment - Provide Medication First Models - Meet all necessary conditions for standard medical billing for OBOT services	1) Reduce opioid overdose deaths related to relapse. 2) Improve retention in care. 3) Increase access to opioid related treatment for persons with an OUD and co-occurring mental health or SUD. 4) Support a comprehensive response to the opioid epidemic. 5) Provide Medication First Models.	$150,000
Wayside Recovery Center	Provide 19 WWS ECHO sessions - Increase number of spoke agencies from 239 to 275 by diversifying topics and marketing/outreach - Provide 18 Peer Support ECHO sessions during the grant period - Invest in peer recovery support service team with enhanced training for 7 peer recovery support specialists and create a peer support warm line that will be available weekday evenings 5-9 -Provide 10 IWW ECHO sessions during the grant period - Increase the number of participants to Wayside's Super Hub from 574 to 650 participants	1) Continue Wayside Women's Services (WWS) Extension for Community Healthcare Outcomes (ECHO) 2). Expand ECHO Super Hub. 3) Continue Peer Support ECHO with Partners. 4) Test an enhanced Peer Support SUD model of care to identify best practices in an emerging field. 5) Continue Indigenous Women Wellness (IWW) ECHO with partners. 6) Reach additional populations through partner driven ECHO sessions.	$200,000

Vendor	Activities/Services	Goals	Amount
Unity Family Healthcare dba St Gabriel's	Train third year medical students in hopes that they would continue on with a fellowship in addiction and become a waivered medication assisted treatment (MAT) provider - Conduct site visits to a set of clinics/facilities that attend ECHO - Train waivered residents on real world applications of information learned in waiver process - Train staff within correction settings on the importance and benefits of offering MAT	1) Increase the number of primary care providers treating patients with opioid use disorder. 2) Increase the opioid use disorder knowledge of third year medical students and familiarize them with medication- assisted treatment. 3) Conduct in person post-wavier training for two different residency programs in Minnesota. 4) Conduct in person meeting with criminal justice leadership in our state to educate on medication-assisted treatment within correctional settings. 5) Enhance network/ connection with pilot sites by conducting site visits to a set of clinics/facilities that attend ECHO	$100,000
Hennepin Health Care Native American ECHO	Design, coordinate, and deliver essential curriculum in minimum of 22 Extension for Community Healthcare Outcomes (ECHO) sessions to address opioid use, opioid use disorders and integrated care among Native Americans. Introduce Indigenous Health Toolkit as an assessment and training tool for Native American.	1) Build workforce capacity and knowledge so clinics can launch Medical Assisted Treatment (MAT) practices that treat Native Americans with Opioid Use Disorders (OUD). 2) Increase interest and participation in Midwest Tribal ECHO. 3) Provide Evaluation & Quality Improvements on a regular basis.	$112,000

Vendor	Activities/Services	Goals	Amount
Northwest Indian Community Development Center (NWICDC)	Increase the amount of trained paraprofessionals in the Northwest area of Minnesota who are able to provide culturally affirming peer services to mothers with active or prior opioid use.	Increase the number of additional paraprofessional/peer- training opportunities related to pre/post-natal care, peer support/peer recovery, mother of tradition and family spirit trainings offered in the region.	$50,000
Mille Lacs Band	Reduce the unmet Opiate treatment needs of the Native Americans in our community Identify, assess and admit more community members with opioid addiction to treatment programs (outpatient or inpatient) according to their individual needs. Reduce the number of community members who are unaware of treatment options Identify areas where members can become informed about treatment options.	1) Identify, assess and admit more community members with opioid addiction to treatment programs (outpatient or inpatient) according to their individual needs. 2) Identify areas where members can become informed about treatment option	$50,000
Turning Point	Educate MAT providers, behavioral health providers, existing systems partners on the current statistics, African American opioid us disorders, community factors, service effectiveness and Cultural considerations to care. Collaborate with area drug rehabilitation facilities to create a training regarding African American opioid use disorders and identify more community members with opioid addiction.	1) Expand understanding of MAT as an effective treatment model for culturally specific opioid treatment for African Americans. 2) Increase Turning Point's efficacy and fidelity when serving opioid addicted African Americans. 3) Lower the rate of African Americans overdoses. 4) Reduce the unmet Opiate recovery needs of the African American community.	$144,000

Vendor	Activities/Services	Goals	Amount
Alliance Wellness Center, Inc.	Identify, assess and admit more community members with opioid addiction to Medication Assisted Treatment (MAT) at Alliance Wellness clinic - Identify and secure available business space within Somali concentrated community i.e. Cedar Riverside -Open residential treatment facility for at least 10 residents	1) Reduce the unmet Opiate treatment needs of the African American community 2) Reduce number of Somali overdoses	$144,000
My Home, Inc.	Provide an Opioid Use Disorder (OUD) resource to the Twin Cities African-American population. Test the population of Ramsey County Public Health clients to determine who among that population have an Opiate Use Disorder (OUD) and treat that subset with a combination of Cognitive Behavioral Therapy, MAT, Digital Prescription Therapy and non-opioid therapy (e.g. Mindfulness Therapy, Acupuncture).	1) Add Digital Prescription Therapy (reSet-O) to programs and provide an Opioid Use Disorder resources to the Twin Cities African-American population. 2) Coordinate and support African Americans experiencing Opioid Use Disorder in accessing services available from the county and state resources.	$144,000
Rural AIDS Action Network	Identify and invite community members with a substance use disorder to receive services, target would be to provide services to an additional 50 people in northern St Louis County - Provide services including Naloxone kits, with training as needed/requested, to community members. The goal will be to ensure Naloxone distribution in an additional 15+ counties in greater Minnesota - Support grass-roots syringe services programs throughout greater Minnesota. The goal will be to provide needed supplies to a minimum of three additional programs, in addition to any individuals served independently.	1) Establish a syringe services program in Hibbing 2)Increase access to Naloxone kits in greater Minnesota communities 3) Support grass-roots syringe services programs throughout greater Minnesota	$367,000

Vendor	Activities/Services	Goals	Amount
Steve Rummler Hope Foundation	Sustain and expand naloxone distribution to partner organizations across the state - Improve the accessibility of current program assets and materials - Develop a more robust community training network and comprehensive calendar - Continue Overdose Prevention Manager's professional development to improve their capacity to provide relevant services to affected community - Expand awareness of the Steve Rummler HOPE Network and services, overdose and opioid use in the state of Minnesota, and the importance of naloxone access - Conduct research to strengthen knowledge base and direct Network action - Expand Prescriber Education program to improve relevance of naloxone and information on SUD for a broader range of medical professions - Expand the scope of the Overdose Prevention program into a wider range of primary prevention efforts, integrating SRHN's naloxone distribution model into the broader network of addiction and recovery services.	1) Develop the scope and capacity of the Overdose Prevention Program, which provides naloxone and naloxone training across the state of Minnesota 2) Build Steve Rummler HOPE Network Internal Capacity 3) Program Development	$367,000

Vendor	Activities/Services	Goals	Amount
Ka Joog	Identify, assess and admit more community members with opioid addiction to Medication Assisted Treatment (MAT) at various providers in the Twin Cities and in Greater MN - Promote and deliver regionally accessible and culturally responsive Outreach in various community settings on medication assisted treatment - Host and conduct community workshops in the Twin Cities and in Greater MN - Provide community members with Naloxone kits along with printed or audio recorded instructions about how to administer Naloxone with Opioid overdose situations - Promote and deliver regionally accessible and culturally responsive workshops	1) Reduce the unmet Opiate treatment needs of the African American community 2) Develop MAT Provider Network Database 3) Expand knowledge within the Somali cultural communities of Minnesota about the various medication assisted treatment available to community members. 4) Community Education 5) Distribute a minimum of 1000 Naloxone Kits to Somali community members throughout the Twin Cities and in Greater MN 6) Expand knowledge within the Somali cultural communities of Minnesota about the access to medication assisted treatment.	$144,000
Twin Cities Recovery Project	Create and implement a peer-driven, medication-first pilot project in partnership with Minneapolis Fire Department (MFD), the University of Minnesota (UMN), and Hennepin County Emergency Medical Services (HEMS), among other community partners. - Provide Pilot Project services in collaboration with partners - Build Infrastructure and expertise to support program beyond grant period	Reduce the unmet Opiate treatment needs of the African American community	$144,000
Minnesota Department of Health – EMS Naloxone	Purchase and distribute opiate antagonists among first responders, tribal entities, and harm reduction groups - Educate and train emergency medical services persons, tribal partners, harm reduction, and other partners who provide services to those at risk of opioid overdose in the use of opiate antagonists	Reduce opioid overdose deaths	$367,000

Vendor	Activities/Services	Goals	Amount
American Indian Family Center	Reduce the unmet Substance abuse and Opiate treatment needs of American Indian women that are pregnant and/or postpartum and Child Protective Services /Indian Child Welfare Act involved. Women are involved in family preservation or reunification efforts. Promote the Khunsi Onikan (KO) program by developing American Indian specific outreach materials. Provide American Indian Culturally specific outpatient treatment services. Participants have access to appropriate technology to ensure participation in virtual delivery of treatment services. Provide traditional practices for participants in order to participate in the ceremonial part of cultural treatment services. Provide collaborative treatment approaches with participant's care team. Establish a step-down program in which the client can still receive support and attend other women empowering groups at AIFC.	1) Identify, assess and admit American Indian women that have substance abuse disorders and opioid abuse disorders to Khunsi Onikan. 2) Establish a partner Medication Assisted Treatment (MAT) program that would include Urinalysis (UA) services. 3) Develop a social media campaign for AIFC social media platforms, including use of our website. 4) Provide groups 4 times a week and individual sessions once a week to each client. 5) Keep track of how many participants can partake in groups and one on ones successfully each day regarding technology. 6) Provide Traditional Medicines and teachings to participants. 7) Establish partnership between AIFC Mental Health and Chemical Health Services to have a KHUNSI ONIKAN counselor in Diagnostic Assessments (DA). 8) Attain Release of Information from CP/ICWA, social workers etc. to put together a case plan to benefit the client. 9) When the program is ending for participants begin introducing them to other Behavioral Health Service provided at AIFC to ensure participants have a care team supporting their sobriety.	$50,000
Community Health Worker Alliance	Create the Community Health Worker (CHW) Mother's Recovery Program for Support Specialists (PSS) and Community Health Workers (CHW) across Minnesota in a CHW Mother's Recovery Training Program.	Train 50 Peer Support Specialists (PSS) and Community Health Workers (CHW) across Minnesota in a CHW Mother's Recovery Training Program.	$50,000

Vendor	Activities/Services	Goals	Amount
Native American Community Clinic	Identify, assess and admit more community members with opioid addiction to Medication Assisted Treatment (MAT) at Native American Community Clinic. Expand MAT program and improve access, engagement, and retention in MAT program and integrated NACC services.	1) Identify, assess and admit more community members with opioid addiction to Medication Assisted Treatment (MAT) at Native American Community Clinic. 2) Expand MAT program and improve access, engagement, and retention in MAT program and integrated NACC services.	$130,000

C. Evidence-Based Analysis for Opioid Appropriations

Since the Council and DHS were unable to issue grant awards in fiscal year 2020, Minnesota Management and Budget (MMB) did not evaluate promising practices and theory-based projects, as required by law. [15] Instead, MMB provided an analysis of opioid direct appropriations for implementation of evidence-based practices.

The following table summarizes 17 interventions supplemental direct appropriation grantees are undertaking with funds allocated by the Council and appropriated by the legislature last session. Of these, 12 recipients are rated as evidence-based (10 proven effective, 2 promising). As a note, there are two separate Project ECHOs[16] listed because they teach providers distinct skillsets. For three services below, MMB is exploring the potential to, or actively undertaking an evaluation of, the impact of the program on the wellbeing of Minnesotans. This includes a current study, in partnership with Hennepin Health, St. Gabriel's, and other stakeholders, of Project ECHO.

Activities or intervention model	# of grantees	Level of Evidence	Amount
Identification, referrals, and access to MAT	5	Proven Effective	$720,000
Naloxone kits and related training	3	Proven Effective	$1,101,000
OB-MAT expansion and recovery resources	2	Proven Effective	$280,000
Peer Recovery Specialists	2	Promising; MMB reviewing potential to evaluate	$100,000
Culturally affirming recovery services	1	Theory-based	$50,000

[15] Minn. Stat. 256.042, subd. 5

[16] Project ECHO (Extension for Community Healthcare Outcomes) - The Project ECHO model is described on the University of New Mexico School of Medicine's Project ECHO website.

Activities or intervention model	# of grantees	Level of Evidence	Amount
Project ECHO - Peer recovery + care coordination	1	Theory-based	$200,000
Project ECHO – Buprenorphine	2	Theory-based; MMB evaluating	$212,000
Parent Child Assistance Program	1	Theory-based; MMB reviewing potential to evaluate	$50,000

The Centers for Disease Control and Prevention and The Pew Charitable Trusts, as well as opioid epidemic response statute, define the levels of evidence MMB employs. These definitions prioritize experimental and quasi-experimental design studies that can assess the effect of an investment and net of a counterfactual (i.e., what would have happened in the program's absence). While MMB recognizes there are other valuable ways of knowing, these definitions offer a common reference point.

Impact on outcomes	Definitions
Proven Effective	Service or practice offers a high level of research on effectiveness for at least one outcome of interest. This is determined through multiple qualifying evaluations outside of Minnesota or one or more qualifying local evaluation. Qualifying evaluations use experimental or quasi-experimental designs.
Promising	A service or practice has some research demonstrating effectiveness for at least one outcome of interest. Qualifying evaluations use rigorously implemented experimental or quasi-experimental designs.
Theory Based	Service or practice has either no research on effectiveness or research designs that do not meet the above standards. This ranking is neutral. Services may move up to Promising or Proven Effective after research reveals their causal impact on measured outcomes.
No Effect	A service or practice rated No Effect has no impact on the measured outcome or outcomes of interest. Qualifying evaluations use experimental or quasi-experimental designs.

D. Other Opioid Epidemic Evaluations

Due to the shortfall in funds in the Opiate Epidemic Response Account in 2020, Minnesota Management and Budget (MMB) did not conduct any experimental or quasi-experimental evaluation studies.[17] However, the MMB Results Management team, over the past year, has been working on three evaluations related to the opioid epidemic in Minnesota. Each of these projects is summarized below.

Evaluation of Project ECHO

In partnership with DHS and program sites, MMB has been working to design an impact evaluation of Project ECHO (Extension for Community Healthcare Outcomes). Project ECHO is designed to expand access to specialty care, particularly in rural areas, through learning and guided practice for primary health care providers. Each ECHO consists of a "hub" where specialists work in an interdisciplinary team and "spokes" (e.g., rural providers) who connect to the hub through regular videoconferences for didactic and case-based learning. Opioid-focused ECHOs can support primary care practitioners by providing education and mentoring around prescribing buprenorphine for opioid use disorder (OUD), monitoring patients with OUD, tapering opioid prescriptions, coordinating with addiction treatment programs, and providing other supports.

MMB's evaluation includes two opioid-focused ECHO programs funded by the Opioid Epidemic Response account, one at Hennepin HealthCare and one at St. Gabriel's. These ECHO hubs are focused on increasing the number of primary care providers who can prescribe buprenorphine and reducing opioid prescribing. The evaluation will compare the prescribing practices of providers who attended one or more ECHO sessions to those of well-matched providers who did not attend ECHO. It will also examine whether patients who have a visit with an ECHO provider are more or less likely to a) visit the ER for a non-fatal opioid overdose, b) receive a prescription for buprenorphine, or c) receive an opioid prescription, compared to patients who did not visit with an ECHO provider.

To date, MMB's work on this project has included: conducting a literature review, identifying key outcomes of interest for the evaluation, developing the research questions and study design, gathering input from stakeholders, and gaining access to and expertise in the relevant administrative datasets. We anticipate finalizing and publishing the findings later in 2021.

Minnesota's early opioid policy response: Impact of policies to curtail opioid prescribing

In recent years, Minnesota joined many states in passing laws designed to address the opioid epidemic. These laws include limiting opioid prescribing (e.g., for initial prescriptions to treat acute pain, or for certain patient types) and laws that require providers to check the Prescription Monitoring Program (PMP) before prescribing opioids. MMB's analysis uses comparison states to understand the independent impact of these two types of policies, prescribing limits and mandatory review of PMPs, on the number and strength of opioids prescribed by

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[17] Minn. Stat. 256.042, Subd. 7(c)

Medicaid recipients and fatal opioid overdoses. The analysis examines the effects of these policies across all states, as well as for Minnesota specifically. MMB anticipates finalizing and releasing the findings later in 2021.

Peer recovery services for substance use disorder

MMB is currently exploring the feasibility and utility of evaluating the impact of peer recovery services for substance use disorders on outcomes such as retention in treatment, relapse, and overdose. As of 2018, peer recovery services are reimbursable by Medicaid and the Consolidated Chemical Dependency Treatment Fund (CCDTF). The existing research suggests that peer services are a promising practice, but more evidence is needed to establish the services as "proven effective." Over the coming months, the team will learn more about how peer recovery services are implemented in Minnesota, what administrative data are available, and whether it is possible to design an analysis that can tease apart the unique impact of peers on the relevant outcomes.

V. Statewide Treatment Access Assessment

The four interactive maps below, figures 14-17, illustrate the progress made in treatment access from 2017 through 2020. The first two interactive maps show the total number of substance use disorder providers, including detoxification, residential, and outpatient providers.[18] In 2017, 23 counties did not have a provider within the county boundary. In 2020, that number decreased to 13 counties while the number of residential and detox providers have remained relatively stable. However, the number of outpatient/non-residential providers increased by 31% (112) between 2017 and 2020.

Figures 16 and 17 illustrate the progress with increasing the number of DATA waivered providers to administer, dispense and prescribe buprenorphine.[19] The number of counties without a DATA waivered provider within the county boundary decreased from 40 to 31 between 2018 and 2020. In addition, during this time period, the number of DATA waivered providers increased by 124% or 606 providers.

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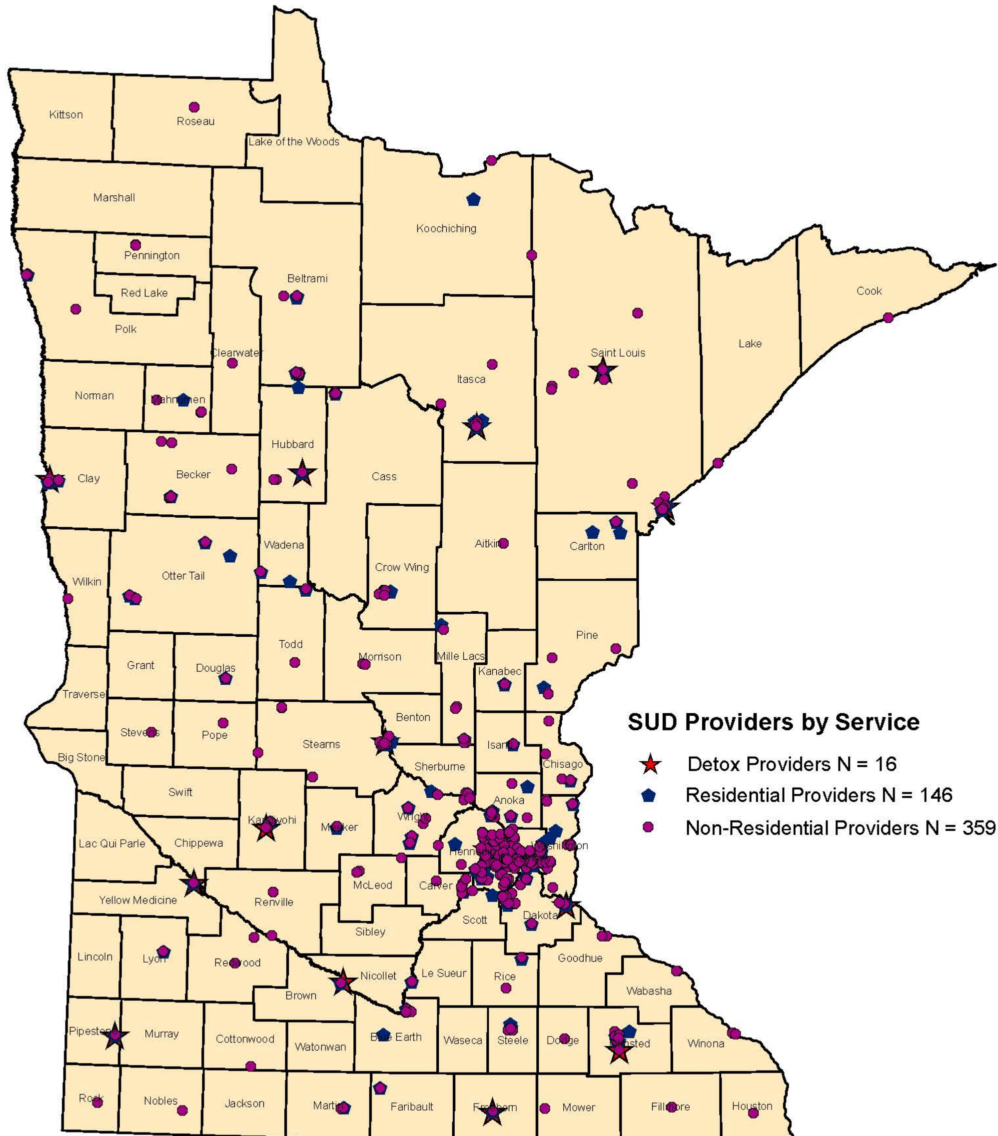
[18] In 2020, methadone providers were added to the dataset. No comparison is available to previous years.

[19] The Drug Addiction Treatment Act of 2000 (DATA 2000) allows the expansion of qualified practitioners to offer buprenorphine, a medication approved by the Food and Drug Administration (FDA), for the treatment of opioid use disorder (OUD).

Figure 14. Number of Substance Use Disorder Treatment Providers in each County 2017

Substance Use Disorder Treatment Providers



Source: Minnesota Department of Human Services, ADAD, DAANES (5/4/2017)

Figure 15. Number of Substance Use Disorder Treatment Providers in each County 2020

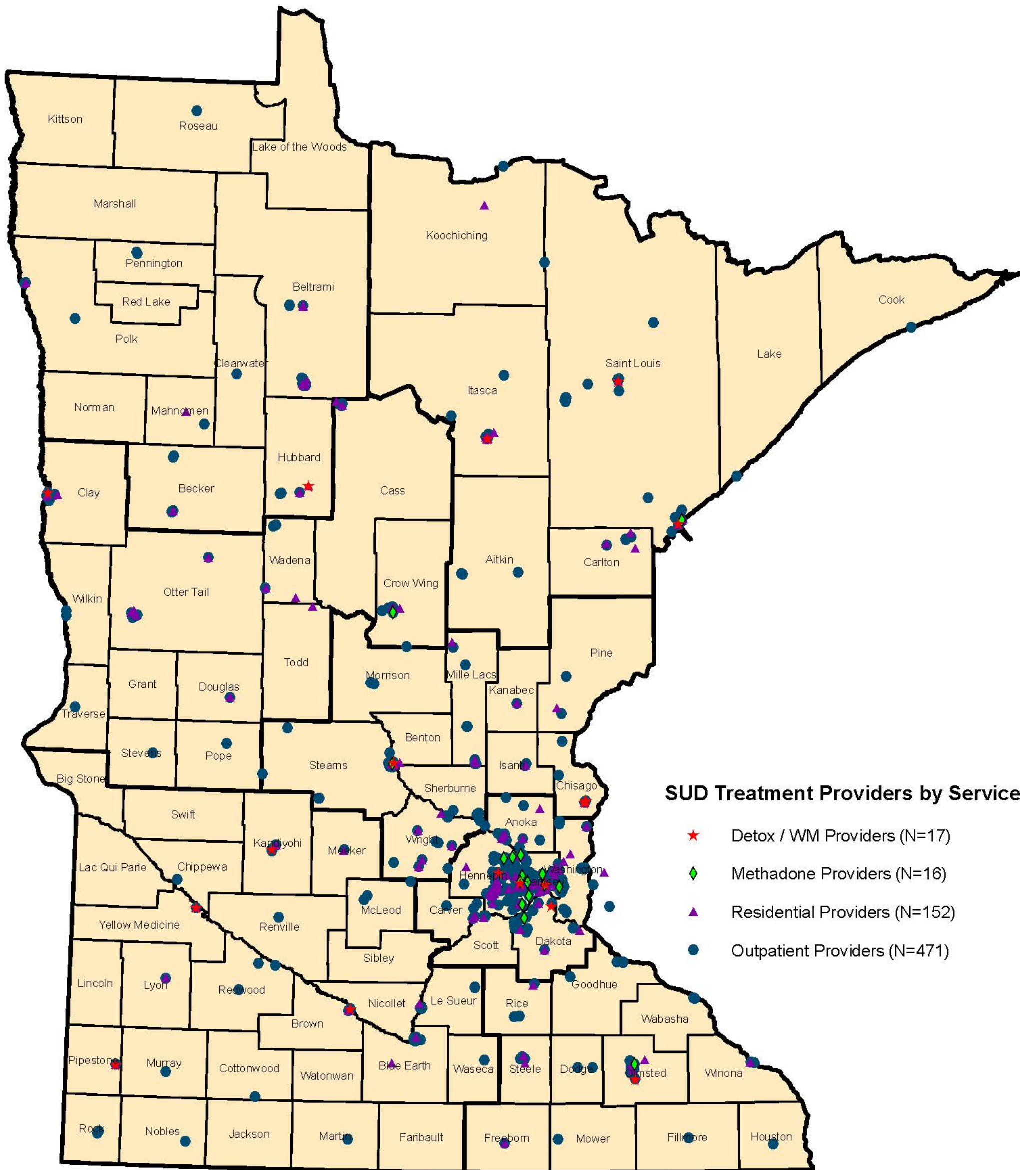
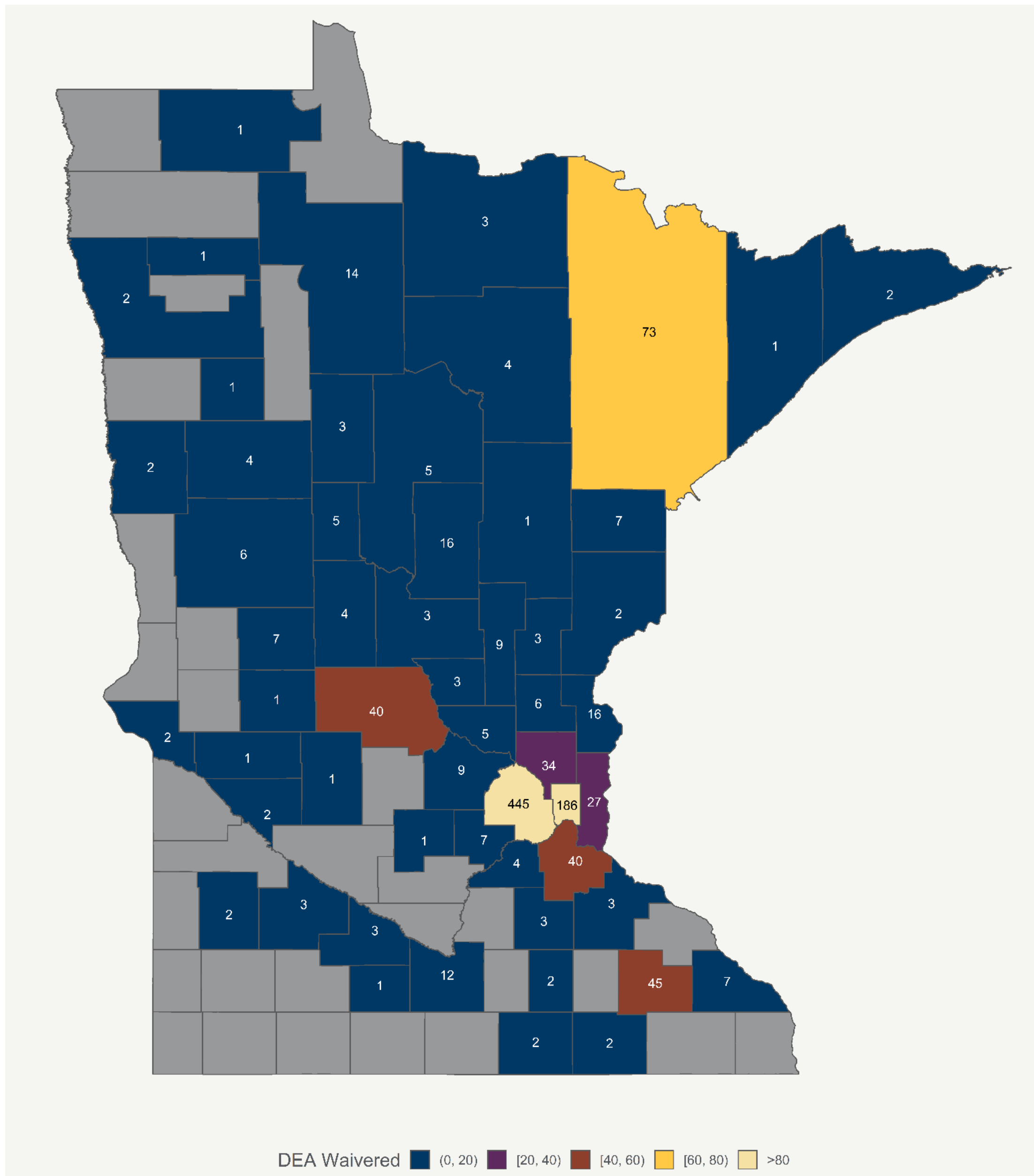


Figure 16. Number of DATA-waivered providers in each county, 2018

Source: Controlled Substances Act (CSA) Registrants database, Drug Enforcement Agency. Includes all providers with an active DATA waiver in Quarter 1 of 2018 (a total of 488 providers). Gray counties had 0 waivered providers.

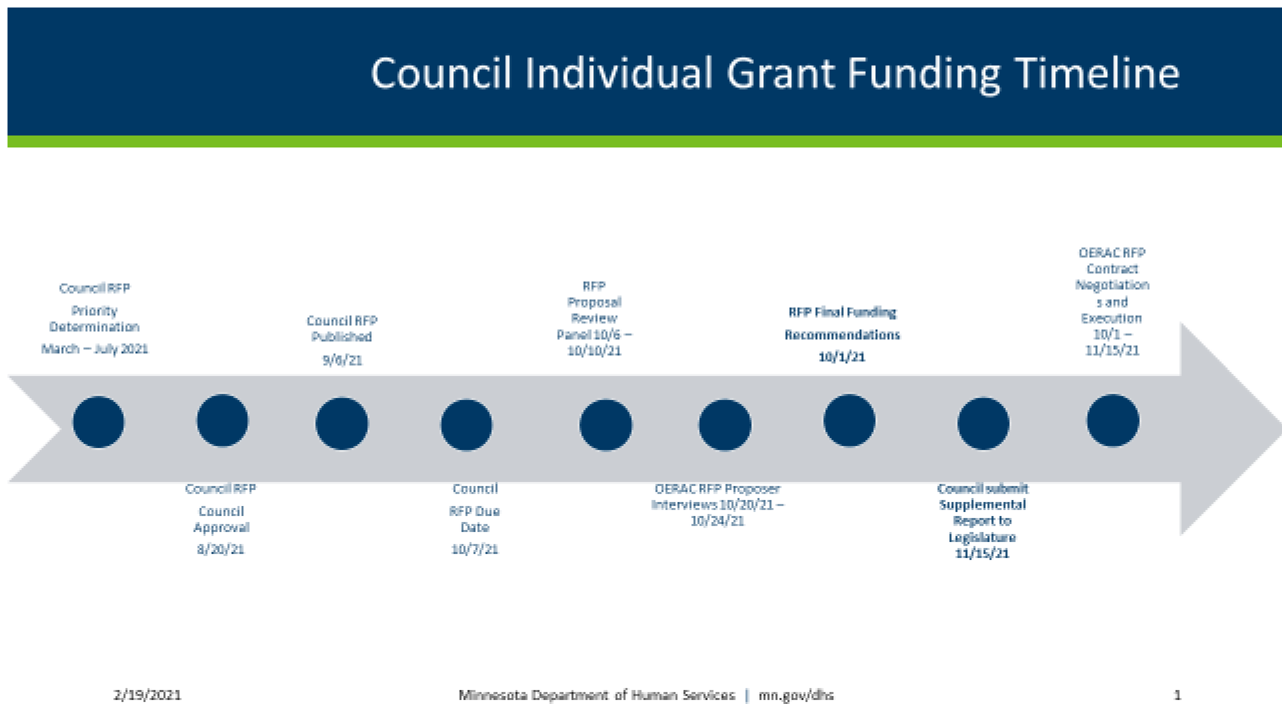
Figure 17. Number of DATA-waivered providers in each county, 2020



Source: Controlled Substances Act (CSA) Registrants database, Drug Enforcement Agency. Includes all providers with an active DATA waiver in Quarter 1 of 2020 (a total of 1,094 providers). Gray counties had 0 waivered providers.

VI. Individual Grants – Fiscal Year 2022 Awards

According to statute, each year the commissioner of human services must report the grants proposed by the Council to be awarded for the upcoming fiscal year to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance by March 1.[20] Due to the timing of manufacturer and distributor fee collection, the commissioner of human services is unable to provide proposed grants for FY22 by the March 1 deadline. The Council will know the amount of fees collected for FY22 by July 2021. Due to this timing issue, the Council has developed the following timeline for individual grant awards. The commissioner of human services will provide a supplemental report by November 15, 2021 to the Legislature indicating the FY22 grant awards.



In addition, the Council has developed policy objectives. These policy initiatives will guide the Council as they develop the request for proposal (RFP) to be published in September 2021. They are also intended to inform legislators of policy initiatives that the Council has discussed and will support. There are five bills that the Council is supporting for FY 2021:

- HF 19/SF 61: Buy and bill legislation for injectable medications for substance use disorders. Necessitating a buy and bill process for these costly medications, as MN Medicaid does, inhibits the use of these medications by some practices and in some populations.

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[20] Minn. Stat. 256.042, subd. 4

- HF 928/SF 1142: Policies that would decriminalize possession of needles and syringes.
- HF 648: A bill that would prohibit insurance companies from limiting the number of urine drug screens that a patient can have in a year. Urine drug screens are an important tool in treatment of substance use disorders, but they can be costly for patients and treatment centers if they're not reimbursed fairly.
- HF 652/SF 837: A bill that will prohibit life insurance companies from turning people down based on the fact that they have filled a prescription for the overdose prevention drug, naloxone. This practice discourages the possession and use of this life saving medication.
- A bill that would prohibit revocations of probation and supervised release for drug use alone.

The council also discussed some policy objectives for FY 22 and beyond. These are policies that the Council feels may need more time to refine or to build support:

- HF 1283/SF 1139: Reimbursement reform for board certified addiction medicine physicians, licensed alcohol and drug counselors and certified peer recovery specialists, including reimbursement in alternative payment models, such as block funding
- Reimbursement reform for alternative medicine practices for chronic pain
- Reimbursement reform for family centered therapies
- Reimbursement reform for Screening, Brief Intervention and Referral to Treatment (SBIRT) in key systems, such as schools, colleges and correctional facilities
- Public funding to support the University of Minnesota's addiction medicine fellowship program and other professional workforce development programs
- Licensing the regulation of sober living facilities
- Addressing the lack of access to health care after release from incarceration, as well as the lack of access to CCDTF funds after release
- Policies that support equitable access to sober housing to those with felony histories, enhanced rates/incentives for programs willing to work with those with felony histories
- Policies that promote physician/medical provider education on pain management and alternative strategies
- Improving the Minnesota Student Survey to accurately reflect drug use trends and understand the effects of trauma/ACEs on youth
- Policies that improve technological access to telehealth, such as border to border broadband access
- Allowing the reimbursement for telemedicine policies, created for COVID, to remain permanent