



Legislative Report

Opioid Epidemic Response Advisory Council

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

February 2022

For more information contact:

Minnesota Department of Human Services

Behavioral Health Division

P.O. Box 64981

St. Paul, MN 55164-0981

651-431-2460



For accessible formats of this information or assistance with additional equal access to human services, write to DHS.BHD@state.mn.us, call 651-431-2460, or use your preferred relay service. ADA1 (2-18)

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 Account¹. 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 funding². 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

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

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)

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 benchmarks⁵; 2) Individual Grants update⁶; 3) Assessment of progress toward achieving statewide access to treatment⁷; and 4) Individual grants awarded in Fiscal Year 2022.⁸ 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.

III. Opioid Epidemic Goals, Benchmarks, and Outcomes

A. Requirement in Minn. Stat. 256.042, subd. 1, paragraph 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.

B. Background

This section outlines the proposed goals, measurable outcomes, 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.

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

C. Goals

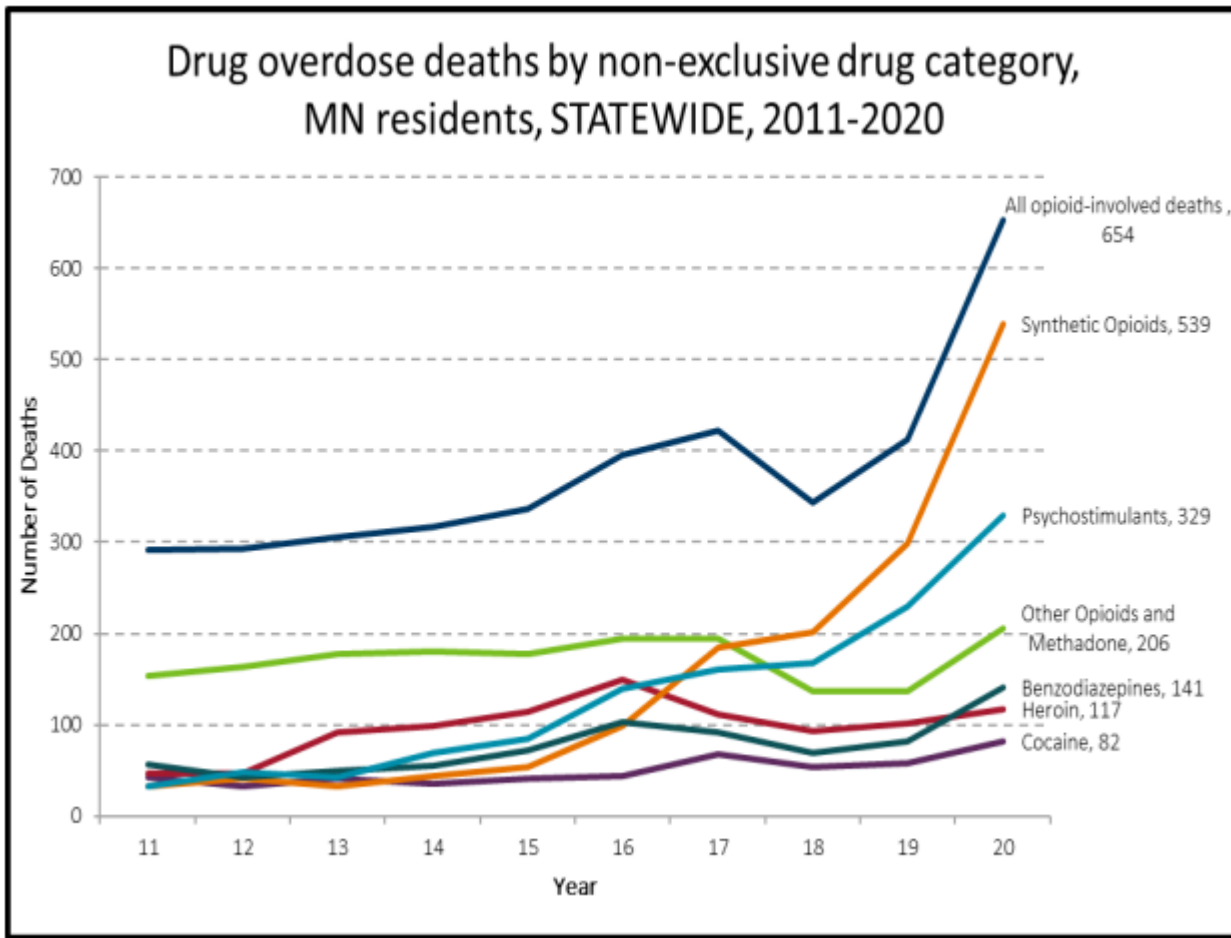
- Increase access to treatment
- Improve retention in care
- Produce measures to assess and protect access to pain medication for those in need
- Reduce unmet need for prevention, treatment, and recovery services
- Reduce opioid overdose-related deaths
- Support a comprehensive response to the opioid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

D. 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

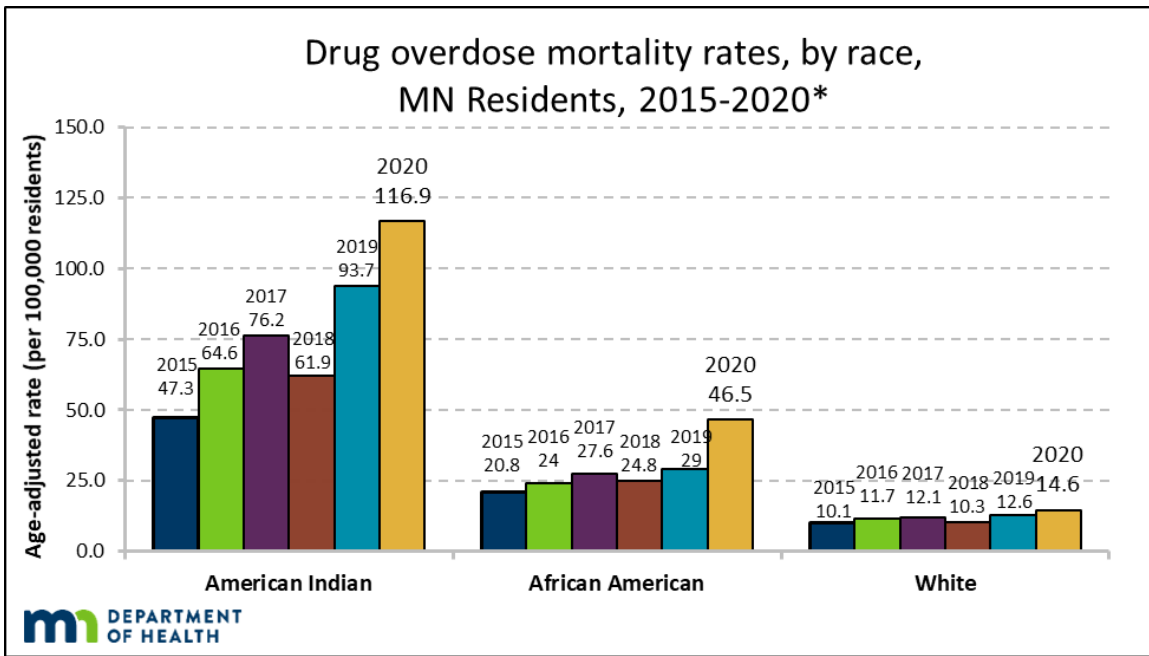


SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2020

*NOTE: 2020 data are preliminary and likely to change when finalized.

NOTE: Drug categories are non-exclusive.

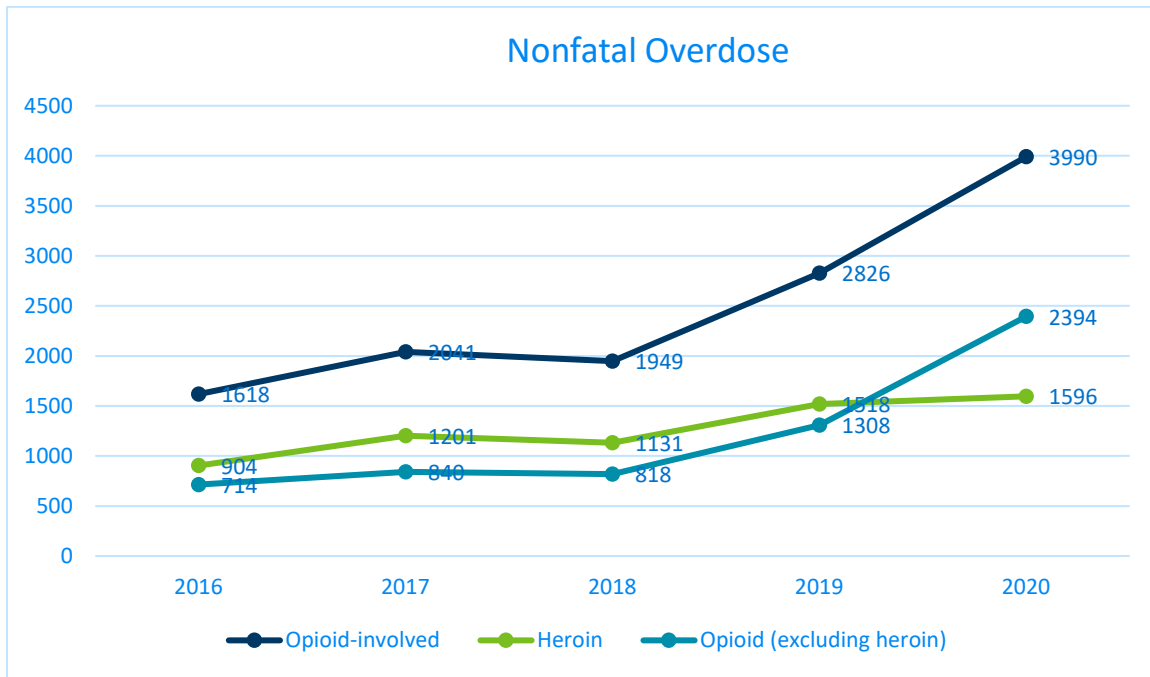
Figure 2. Disparities in overdose deaths



Data source: Minnesota death certificates. Benchmark: 2020.

Nonfatal overdoses

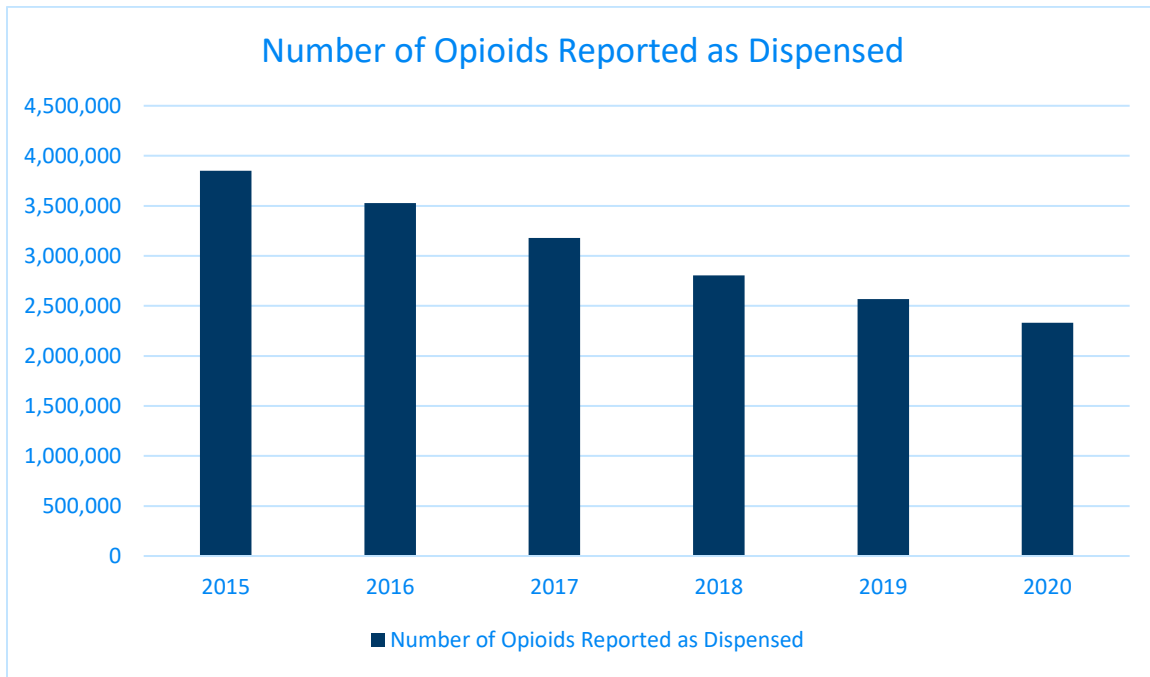
Figure 3. Nonfatal opioid overdoses



Data source: Minnesota hospital discharge data

Opioid prescribing

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

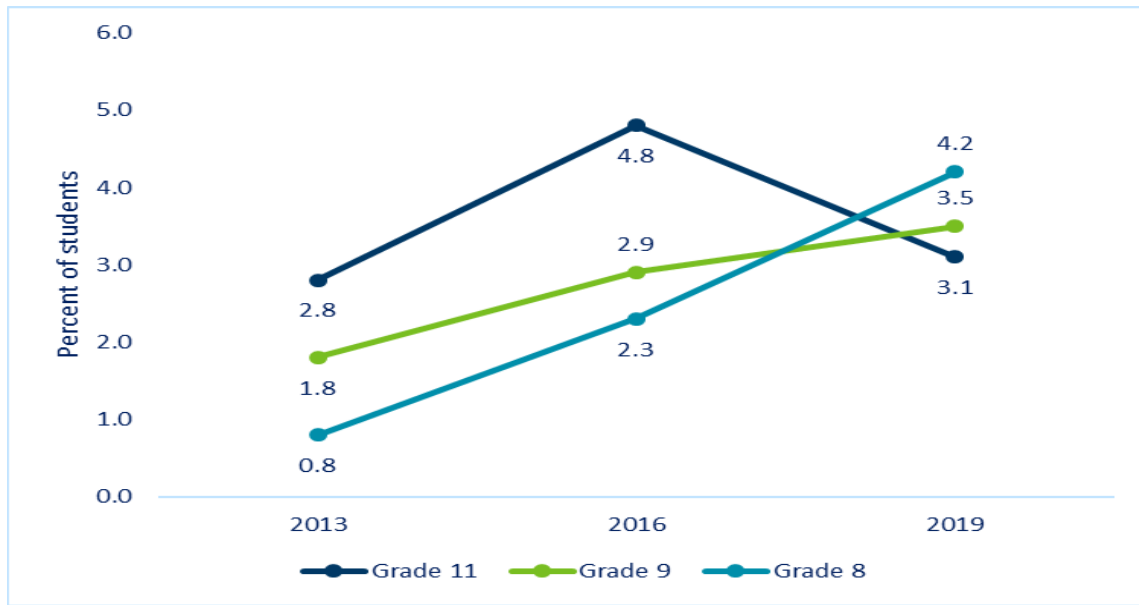


Data source: For county-level prescribing rates, visit the [Minnesota PMP 2020 Annual Report \(PDF\)](#). Rates start on page 15.

Source: Minnesota Board of Pharmacy Prescription Monitoring Program

Youth misuse

Figure 5. Percentage of youth who report using or misusing prescription pain medications

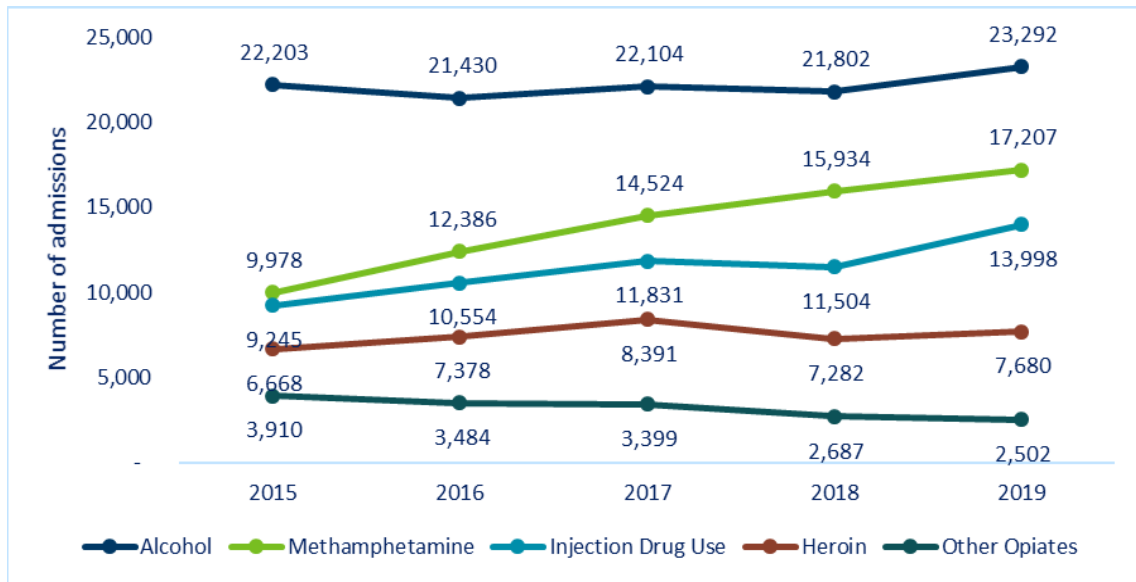


Data source: Minnesota

Student Survey. Benchmark: 2019.

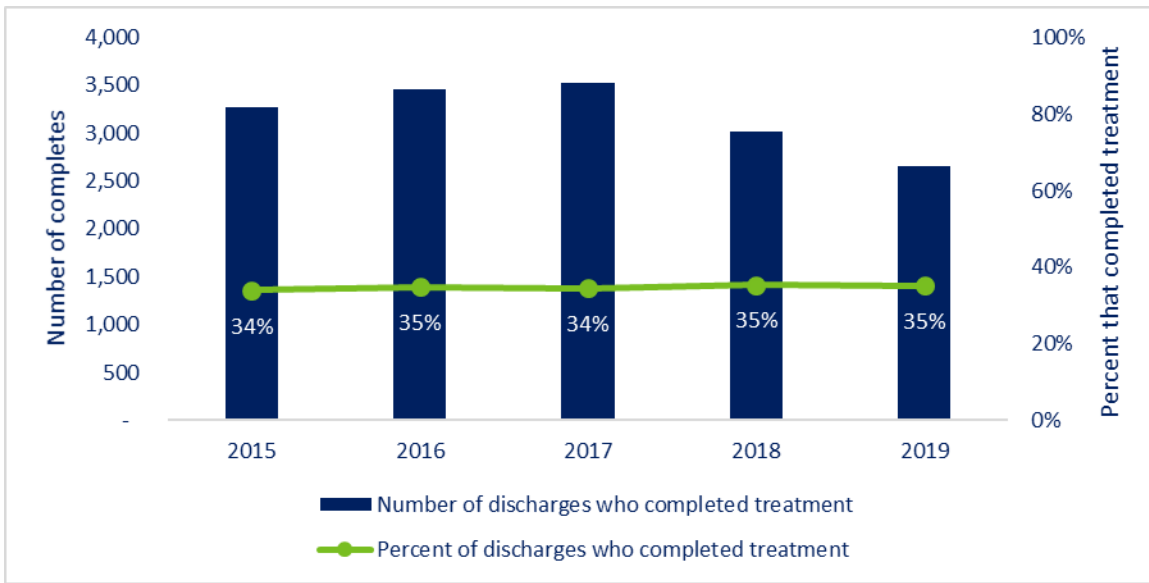
Substance use disorder treatment

Figure 6. Number of substance use disorder treatment admissions



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

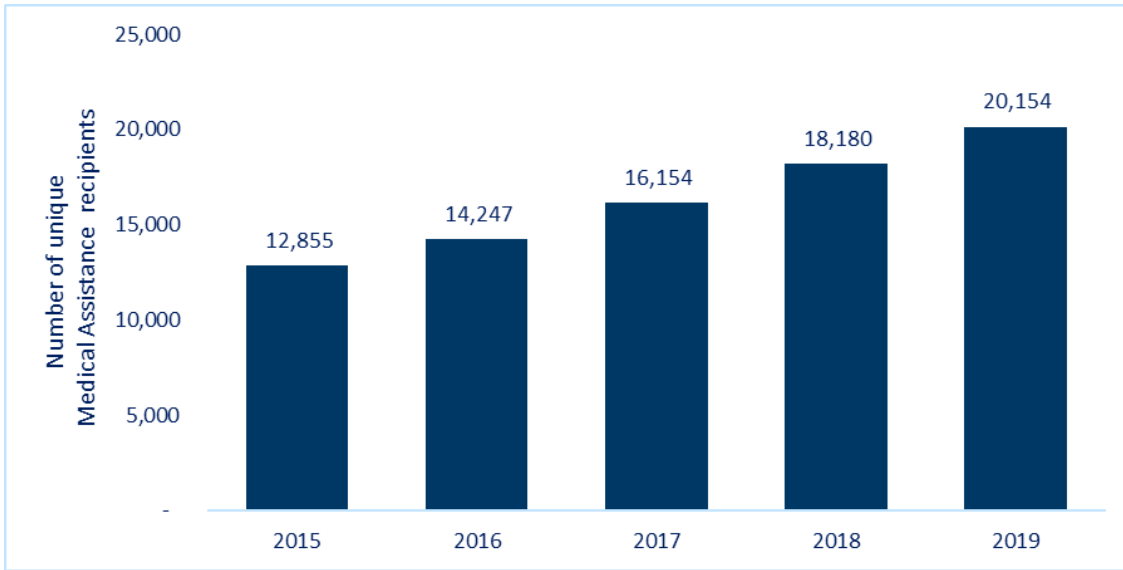
Figure 7. Substance use disorder treatment discharges



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

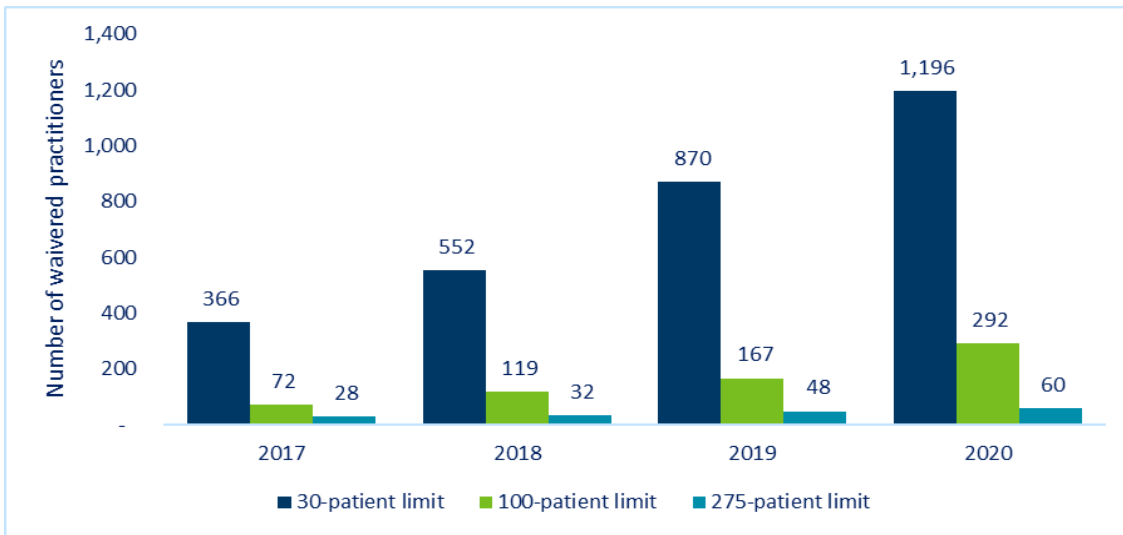
Note: The chart shows data for individuals whose primary abuse problem was opioid use disorder. In addition to “completer,” other discharge status options were “non-completer” or “other.”

Figure 8. Individuals who receive Medication-Assisted Treatment



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

Figure 9. DATA-Waivered providers in Minnesota



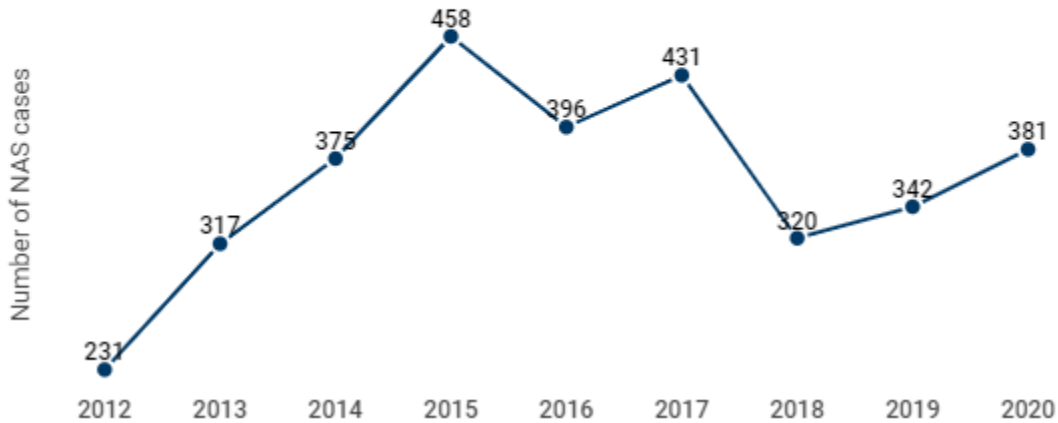
Data source: Controlled Substances Act Registrants Database, Drug Enforcement Administration. Benchmark: 2019. Note: Primary care providers must have a DATA-waiver to administer, dispense, and prescribe buprenorphine. Patient limits are calculated on an annual basis.

Multigenerational effects

Figure 10. Neonatal Abstinence Syndrome cases

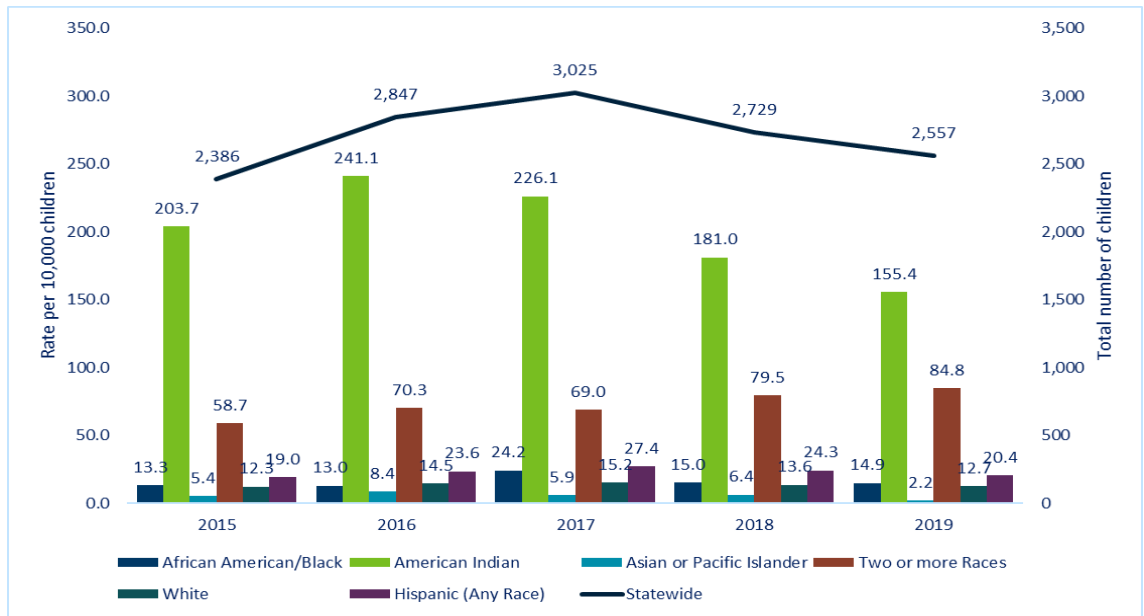
Neonatal Abstinence Syndrome

The number of neonatal abstinence syndrome (NAS) diagnoses increased from 2012-2015, has varied since, and remains higher than in 2012.



Data source: Minnesota hospital discharge data.

Figure 11. 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 \$13,502,000 in licensure and registration fees were collected in the year ending June 30, 2021 for the Opioid Epidemic Response Fund (OERF). 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.

Opioid Epidemic Response Fund Annual Revenue	
Total Revenue (FY21)	\$13,502,000
Direct Appropriation to Department of Human Services (DHS) for Administration Services (M.S. 256.043)	\$249,000
Direct Appropriation to Board of Pharmacy (M.S. 256.043)	\$126,000
Direct Appropriation to Department of Public Safety for Drug Scientists and Supplies (M.S. 256.043)	\$384,000
Direct Appropriation to Department of Public Safety for Special Agents (M.S. 256.043)	\$288,000
Direct Appropriation to DHS for Administration Services (Special Services 2021, Ch. 7, Article 16, Sec. 2)	\$60,000
Direct Appropriation to Minnesota Management and Budget	\$300,000
Direct Appropriation to DHS for Project ECHO Grants	\$400,000
Direct Appropriation to DHS for Overdose Prevention Grant	\$100,000
Direct Appropriation to DHS for Traditional Healing Grants	\$2,000,000
Total Salutatory Appropriations Above	\$3,907,000
Total Net Revenue Available After Salutatory Appropriations	\$9,797,000
50/50 Child Protection obligated amount of the Net Revenue after Statutory Appropriations	\$4,898,410
Amount remaining for Council Grants through RFP	\$4,898,410

B. Grant Appropriations

In accordance with statutory requirements, the Opioid Epidemic Response Advisory Council works with DHS to issue a Request for Proposal (RFP); the Council makes recommendations on grant awards, and DHS awards the grants. On November 1, 2021 DHS published in the State Register, on behalf of the Council, the RFP for grantees to provide opioid use prevention and education training on the treatment of opioid addiction, expansion and enhancement of the continuum of care for opioid-related substance use disorders, and the development of measures to assess and protect

the ability of those who legitimately need prescription pain medications to maintain their quality of life. The request for proposal was for \$4,866,630, which is the amount DHS was told that was available at the time of publishing the request for proposal. The categories available for funding in the RFP were:

- Preventing Opioid Use Disorder
- Harm Reduction and Education on Opioid Overdose
- Training on the Treatment of Opioid Addiction
- Workforce Development
- Expansion and Enhancement of a Continuum of Care for Opioid-Related Substance Use Disorders
- Chronic Pain
- Innovative Response to Minnesota’s Opioid Epidemic

DHS recruited potential reviewers from across the state based on previously established categories of stakeholders representing people of diverse cultural and ethnic backgrounds and statewide geographic representation including greater Minnesota and the metro areas. On December 7, 2021 DHS held an orientation session for the individuals who agreed to be reviewers. Each reviewer signed a conflict of interest form and then was tasked with reading and reviewing 7-8 proposals. The evaluation forms with comments and scores were due by December 13, 2021. The Request for Proposal review meetings occurred on December 13 and 14, 2021. The scores and recommendations were passed on to a small subcommittee of the Opioid Epidemic Response Advisory Council, including 4 voting and 2 non-voting members, to make recommendations to the larger council. The subcommittee abided by the rankings and ratings determined during the review process, and felt the top applicants met the geographic and population mix the council aimed to support in the request for proposal process. On January 7, 2022 the Opioid Epidemic Response Advisory Council reviewed and approved the recommendations of the subcommittee.

The table below provides information on the grant awards and amounts awarded from the Opioid Epidemic Response Advisory Councils request for proposal.

Preventing Opioid Use Disorder; Total Amount Awarded \$762,960.65

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Change the Outcome	They will deliver compelling, fact-based opioid awareness and prevention programming in schools and communities throughout the state. In this model, the messengers are young people, sharing their firsthand experience with opioids and recovery in their own voices.	\$345,069.08	Youth	Statewide
Red Lake	The Red Lake Band of Chippewa Indians, Red Lake Chemical Health Program – Seven Grandfather Teachings will focus efforts on prevention/intervention services and needs of individuals who are at risk of opioid use disorder.	\$417,891.57	American Indian	Red Lake Reservation

Harm Reduction and Education on Opioid Overdose; Total Amount Awarded \$734,078.50

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Southside Harm Reduction	This proposal will provide overdose education and naloxone distribution and syringe service programs among drug users in Minneapolis and the Midway neighborhood of St. Paul, including communities of Indigenous people experiencing unsheltered homelessness in South Minneapolis. Services are also provided via mobile delivery and pop-up events.	\$156,227.00	Homeless, Indigenous People	Metro Area
Steve Rummler	This proposal seeks to extend its overdose prevention training, naloxone and fentanyl strips distribution in targeted rural areas (3 towns in Districts 1, 7 and 8).	\$180,000	Youth, East African, Tribes	Districts 1, 7 and 8
Minnesota Recovery Connection	Minnesota Recovery Connection will reduce the negative consequences associated with opioid and other drug use by training peer recovery specialists, social workers, shelter advocates and other community support providers in harm reduction as a recovery coaching strategy.	\$77,863.50	American Indians, LGBTQ+, homeless and rural Minnesotans	Statewide
City of Minneapolis	The city of Minneapolis will partner with the Native American Community Clinic, Southside Harm Reduction Services, Metro Youth Diversion and Hue-Man to provide distribution of naloxone and training on its administration.	\$319,988	Native American, African American and Somali	Metro

Training on the Treatment of Opioid Addiction; Total Awarded \$537,480.80

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Allina Health	This project seeks to expand the MAT provider base by formalizing and supporting the training of physicians and advanced practice providers to deliver MAT care across Allina Health.	\$189,596	MAT Prescribers	Metro
Stratis Health with Native American Community Clinic	Stratis is partnering with the Native American Community Clinic for this proposed project.	\$347,884.80	Native Americans	Tribes and Tribal Reservation

Workforce Development; Total Awarded \$534,480.80

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Allina Health BIPOC	Allina proposes to address BIPOC disparities by providing a paid internship program for licensed alcohol disorder counselors (LADCs).	\$171,285.60	BIPOC Staffing	Metro but Allina system wide
Bold North Recovery	Bold North Recovery and Consulting proposes to provide peer recovery focused training, supervision and continuing education opportunities.	\$70,600	Peer Recovery	Statewide
Wayside	Wayside proposes to address workforce shortages by 1) creating a Behavioral Health Track and Medical Track for their frontline and entry-level Recovery; 2) creating the internal infrastructure to support employment candidates who are seeking a temporary alcohol and drug counselor permit (ADC-T); and 3) creating a co-occurring internship.	\$315,830.40	Staff Development	Metro

Expansion and Enhancement of a Continuum of Care for Opioid-Related Substance Use Disorders; Total Awarded \$801,672.00

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Anishinaabe Endaad	Anishinaabe Endaad is a culturally specific permanent supportive housing provider that seeks to promote healing and long-term life change in American Indian men by focusing on recovery community and American Indian culture.	\$99,988.00	American Indian, Homeless	Greater Minnesota and metro
Encouraging Leaders	Encouraging Leaders proposes to create Project Bicultural Healthy Living, in collaboration with the Multi-Cultural Community Alliance (MCCA) Coalition, including a wide range of disciplines and cultures to support ex-offenders of color in the Twin Cities.	\$192,000.00	Justice Involved, BIPOC	North Minneapolis
Ramsey County	Saint Paul - Ramsey County Public Health (SPRCPH) Correctional Health Division staff currently provide medical services at the Juvenile Detention Center (JDC), Ramsey County Correctional Facility (RCCF), and the Adult Detention Center (ADC) for justice-involved individuals.	\$509,684.00	Justice Involved, American Indian	Ramsey County

Chronic Pain; Total Awarded \$449,711.65

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Hennepin Healthcare System	Hennepin Healthcare System proposes “Heals on Wheels (HOW)” Integrative Approach to Chronic Pain and Opioid Addiction Program. HOW is designed to improve access to holistic chronic pain treatment strategies as preventative and restorative interventions for people at risk of experiencing Opioid Use Disorder.	\$257,220.00	Chronic Pain Patients	Metro
White Earth Reservation	White Earth Nation’s Noojimo’iwewin Aazhogan (Healing Bridge) program proposes to increase access to holistic treatment for individuals experiencing substance use and mental health issues and/or chronic pain.	\$192,491.65	American Indian	White Earth Reservation

Innovative Response to Minnesota’s Opioid Epidemic; Total Awarded \$1,023,010.40

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Hennepin Healthcare System	Hennepin HealthCare System proposes to develop and deploy an innovative technology assisted care system for patient and provider use in addressing opioid use disorder within its patient population.	\$310,634.40	Underserved and after hours patients	Statewide
Mesabi Range	Mesabi Range proposes to empower 50 individuals from the general population with a diagnosis of opioid use disorder that are in an established healthy recovery lifestyle to expand the workforce in addictions counseling in all areas of Minnesota.	\$543,243.20	Criminal Justice, BIPOC and Low Income	Greater MN - Mesabi
Recovery Alliance Duluth	Recovery Alliance Duluth (RAD) proposes to utilize funding to provide a greater opportunity to create connections with individuals throughout the MN Arrowhead Region. Recovery services and education are relevant across the care continuum and across the grant funding categories.	\$169,132.80	Underserved Individuals	Arrowhead Region

C. Evidence-Based Analysis for Opioid Appropriations

OERAC selected and legislatively appropriated grants

The following table summarizes 17 interventions grantees are undertaking with Opiate Epidemic Response (OER) funds appropriated by the legislature. Of these, 15 recipients are rated as evidence-based (13 proven effective, 2 promising). As a note, there are two separate Project ECHOs listed because they teach providers distinct skillsets. For three services below, MMB has completed or will complete in 2022 a local impact evaluation of impact of the program on the wellbeing of Minnesotans.

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
Project ECHO – Peer recovery + care coordination	1	Proven effective	\$200,000
Project ECHO – Buprenorphine Buprenorphine – Bootcamps	2	Proven effective; MMB evaluation completed	\$212,000
Peer recovery specialists	2	Promising; MMB evaluating	\$100,000
Culturally affirming recovery services	1	Theory-based	\$50,000
Parent Child Assistance Program	1	Theory-based	\$50,000

Definitions of evidence

For more information on these definitions, see <https://mn.gov/mmb/results-first/definitions-of-evidence/>.

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.

V. Statewide Treatment Access Assessment

The four interactive maps below, figures 12-15, 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.¹¹ 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.

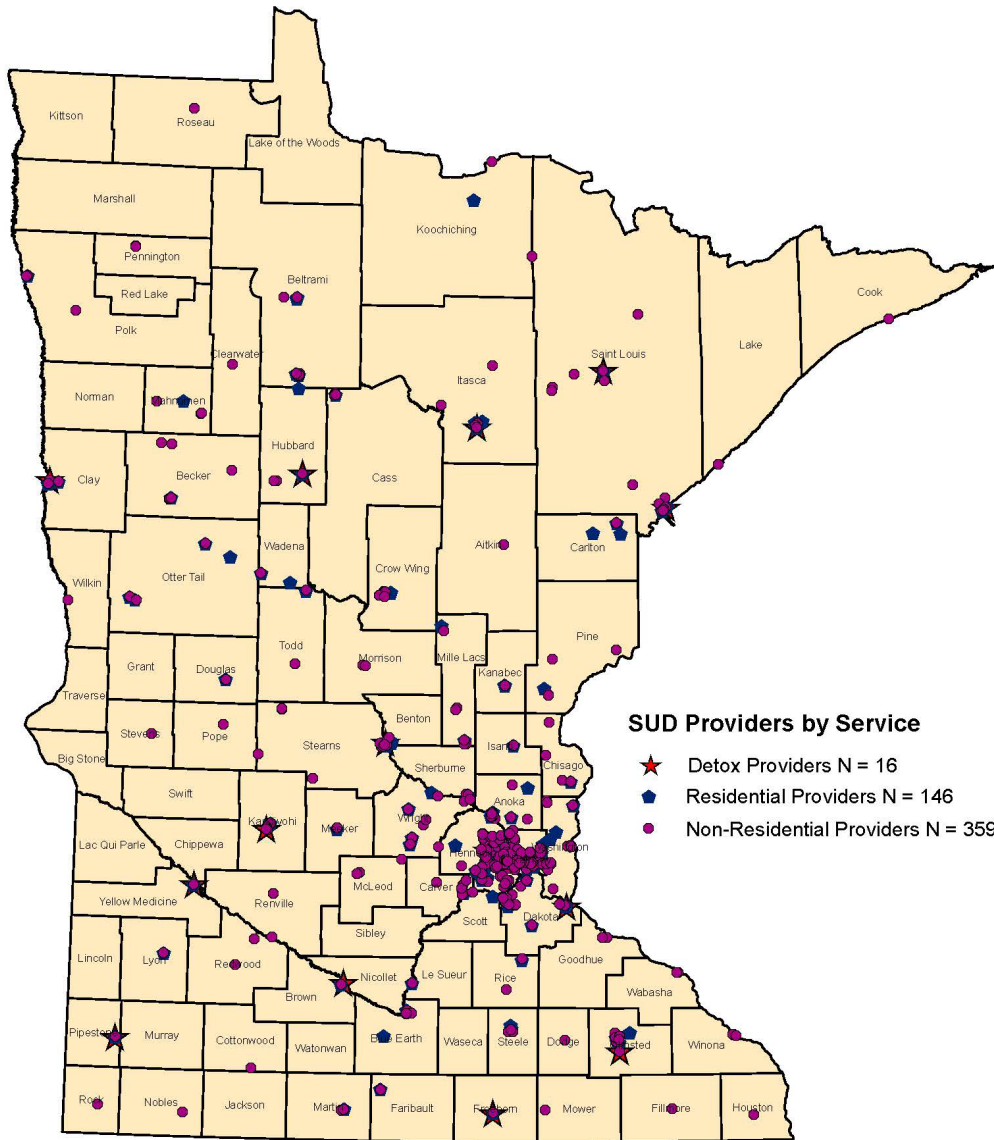
Figures 14 and 15 illustrate the progress with increasing the number of DATA waived providers to administer, dispense and prescribe buprenorphine.¹² The number of counties without a DATA waived provider within the county boundary decreased from 40 to 31 between 2018 and 2020. In addition, during this time period, the number of DATA waived providers increased by 124% or 606 providers.

¹¹ In 2020, methadone providers were added to the dataset. No comparison is available to previous years.

¹² 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).

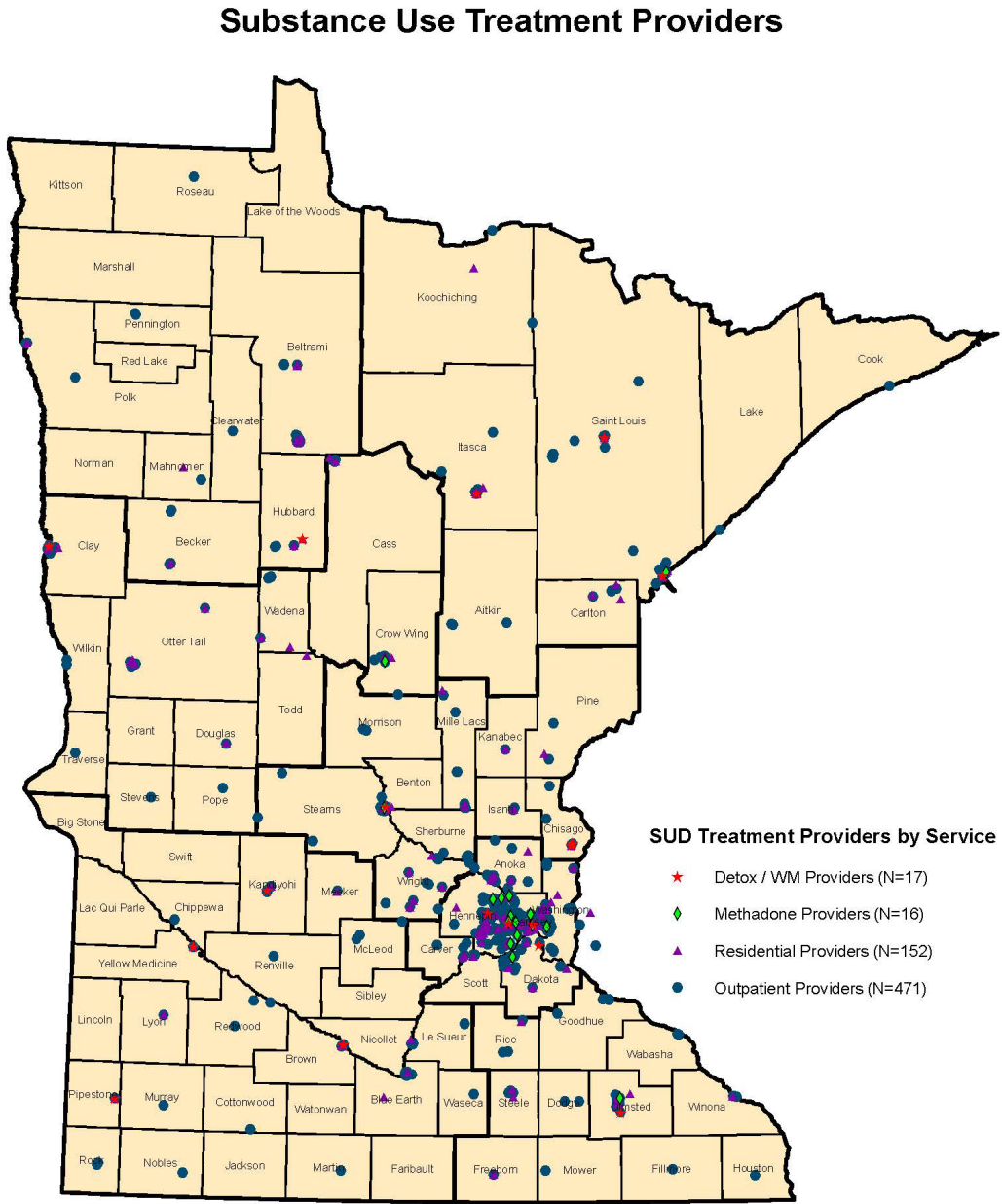
Figure 12. Number of Substance Use Disorder Treatment Providers in each County 2017

Substance Use Disorder Treatment Providers



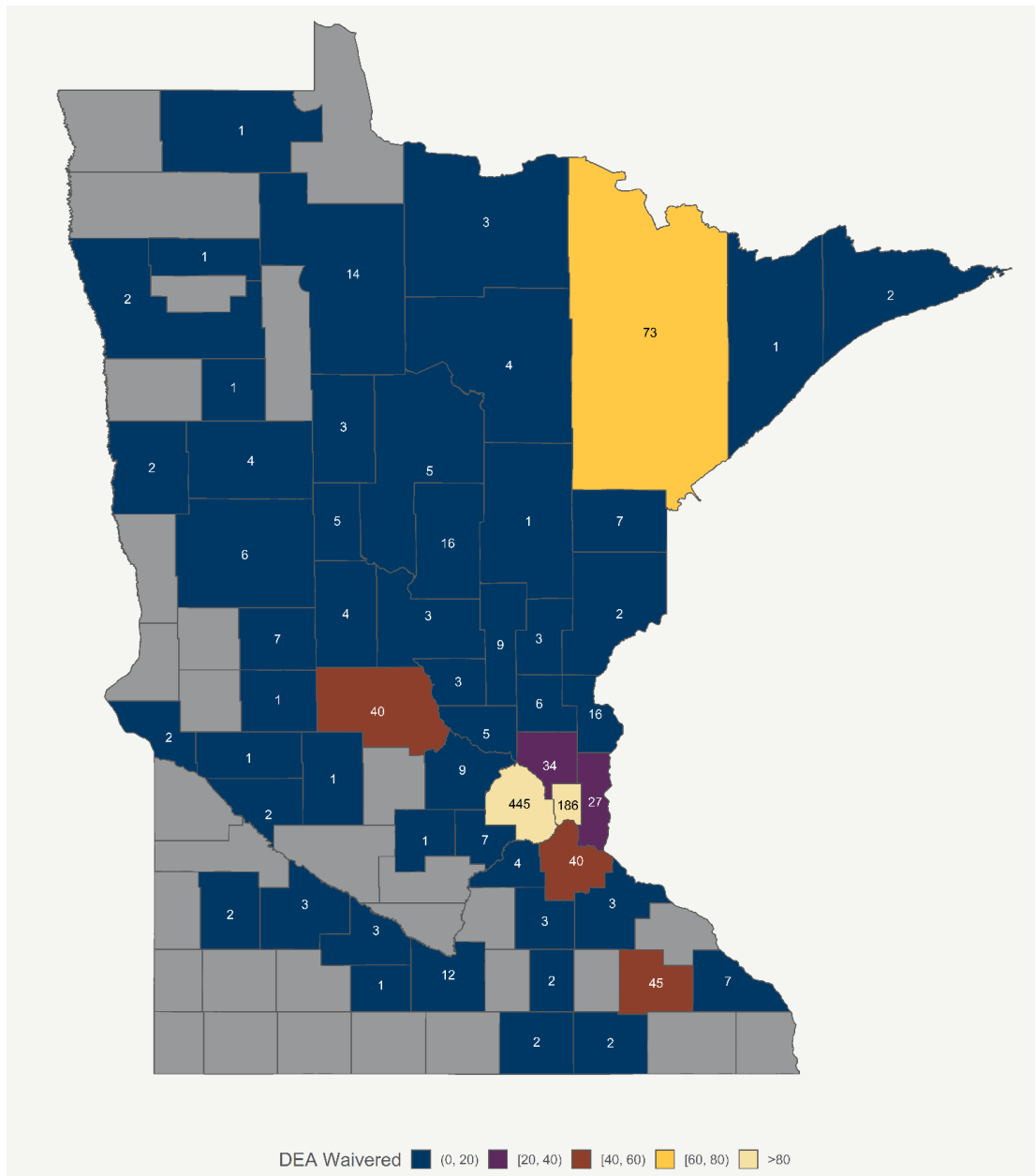
Source: Minnesota Department of Human Services, ADAD, DAANES (5/4/2017)

Figure 13. Number of Substance Use Disorder Treatment Providers in each County 2020



Source: Minnesota Department of Human Services, BHD, DAANES (1/22/2021)

Figure 15. 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 waived providers.

VI. Policy Objectives and Initiatives

The Council developed policy objective and these policy initiatives guided the Council as they developed the request for proposal (RFP) that was published in 2021. They are also intended to inform legislators of policy initiatives that the Council has discussed and will support. The council also discussed some policy objectives for 2022 and beyond. These are policies that the Council feels may need more time to refine or to build support:

- 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

VII. Appendix

Child Support Opiate Epidemic Response Account Allocation

[OPIATE EPIDEMIC RESPONSE ACCOUNT ALLOCATION](#)

[2020 ANNUAL REPORT LINK](#)