DEPARTMENT OF HUMAN SERVICES

Legislative Report

Opioid Epidemic Response Advisory Council

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

August 2023

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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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Contents

I. Executive Summary

The Minnesota Legislature established the Opioid Epidemic Response Advisory Council (OERAC) and the Opiate Epidemic Response Account in 2019. The aims of OERAC are to bolster opioid dependency prevention and public health awareness, increase access to treatment services, and examine and respond to the multigenerational impacts of the opioid epidemic. These aims will be accomplished by developing goals, measurable outcomes, and benchmarks to meet these goals.

In this annual report we:

- Introduce the Opioid Epidemic Response Advisory Council and the Opiate Epidemic Response Fund (OERF).
- Provide a status update on the goals, outcomes, and benchmarks of OERAC and OERF.
- Share information about available funding.
- Share information on the grant awards and amounts awarded from the Council's request for proposal.
- Provide policy recommendations for consideration by the Legislature.

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 calendar year to the chairs and ranking minority members of the legislative committees with jurisdiction over health and human services policy and finance, by December 1 of each year, beginning December 1, 2022. This paragraph expires upon the expiration of the advisory council.

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. The report shall include information about the individual projects that receive grants, the municipality projects funded by direct payments received as part of a statewide opioid settlement agreement, and the overall role of the project in addressing the opioid addiction and overdose epidemic in Minnesota. The report must describe the grantees and municipalities 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, 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.

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

[2] HF 400

[3] Minn. Stat. 256.042

The responsibilities include:

- 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.
- 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]

The 2022 Legislature made significant changes related to the opioid fund and related requirements to implement the Minnesota Opioids State-Subdivision Memorandum of agreement and Reporting and Compliance Addendum, enabling payments arising from (1) national litigation and settlement agreements with pharmaceutical companies and distributors Johnson & Johnson, AmerisourceBergen, Cardinal Health, and McKesson; and (2) bankruptcy resolutions concerning Purdue Pharma and Mallinckrodt. These provisions pave the way for 75% of settlement monies to flow directly to counties and cities for opioid abatement and the remaining 25% of monies to flow into the newly established state settlement account, to be used for administrative funding, tribal child protection activities, and grant awards specified by the Opiate Epidemic Response Advisory Council (OERAC). More specifically, the provisions do the following:

- Establish two new accounts within the opiate fund: a registration and license fee and settlement account;
- Eliminate the separate account where settlement funds were previously "held" until reaching a statutorily required accumulation amount/timeline;
- Specify that both monies received by the state or directly allocated to local governments are counted toward determining the $250M fee reduction/release threshold;
- Extend the fee sunset date from 2024 to 2031;
- Enact a claims bar, so local governments cannot file future claims or enforce pending claims;
- Specify reporting requirements for local governments in receipt of settlement dollars; and
- Specify DHS administrative funding including new funding to manage OERAC grants and to comply with reporting requirements.

See Laws of Minnesota 2022, Chapter 53.

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

B. Purpose of Report

This report consolidates two reports required in statute:

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, measurable 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 December 1 of each year, beginning December 1, 2022.

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 awarded in Fiscal Year 2023.[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 June 14, 2023, to review and provide feedback. The Council discussed the report at their meeting on June 16, 2023, and provided feedback. The Council provided final approval of the report on June 16, 2023.

[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, 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.

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 1a. Number of all drug overdose deaths

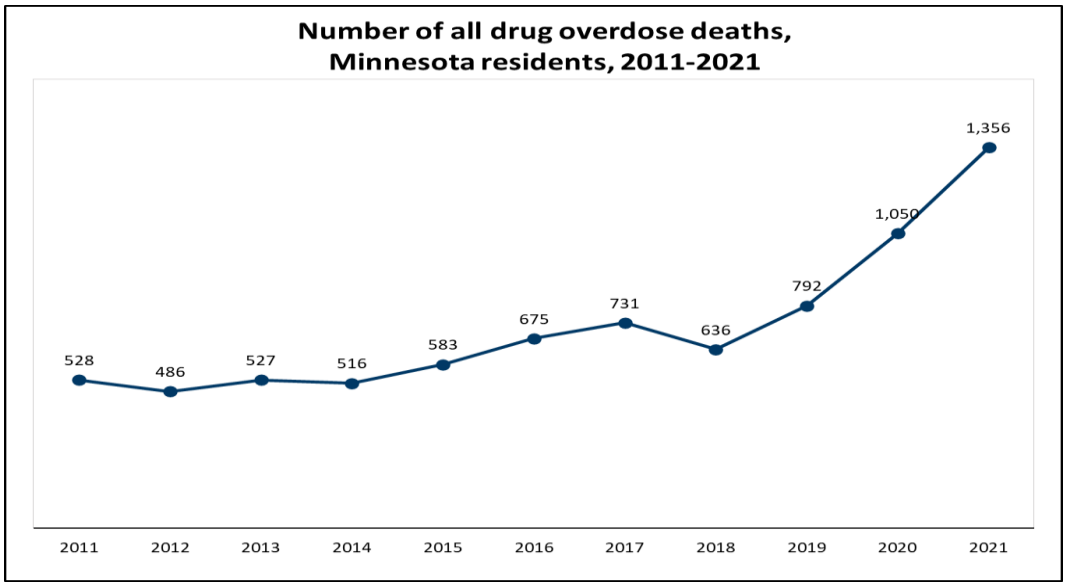
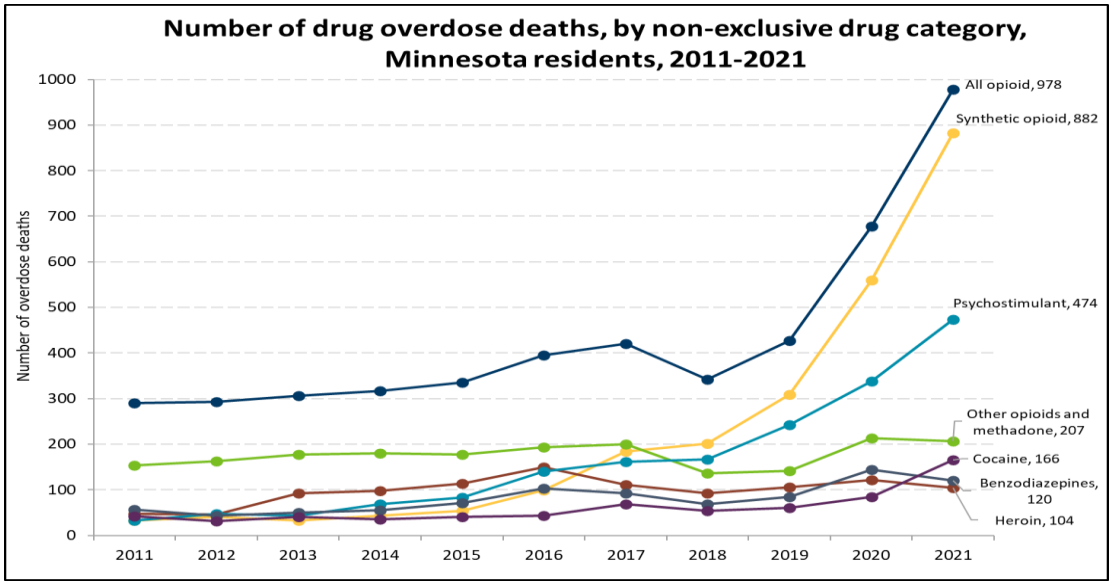
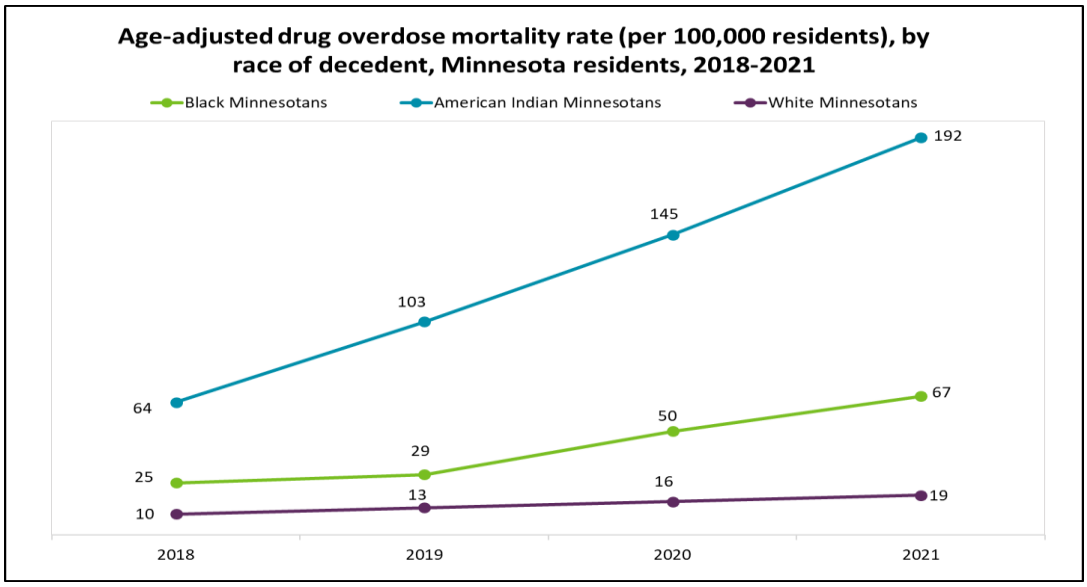


Figure 1b. Number of drug overdose deaths, by non-exclusive drug category.



Findings: The number of drug overdose deaths in 2021 was the highest annual number ever recorded which is appears to be directly correlated with the rising prevalence of synthetic opioids.

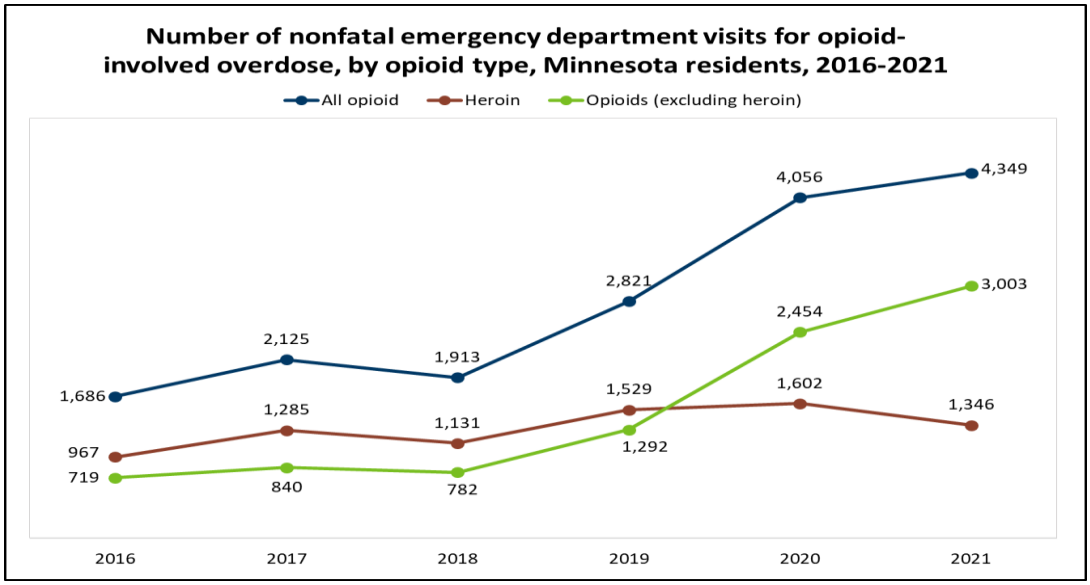
Figure 2. Disparities in overdose deaths



Findings: American Indian Minnesotans were ten times as likely to die from a drug overdose than white Minnesotans. Black Minnesotans were three times as likely to die from a drug overdose than white Minnesotans.

Nonfatal overdoses

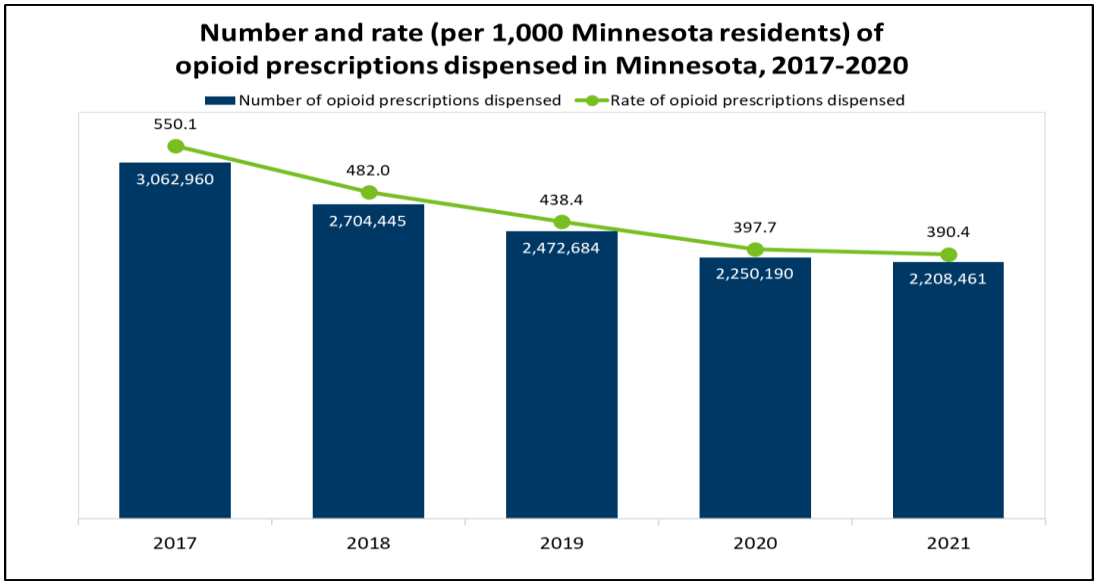
Figure 3. Nonfatal opioid overdoses



Findings: Nonfatal emergency department visits for opioid-involved overdose continued to increase from 2020 to 2021. This increase was driven by nonfatal overdoses involving opioids other than heroin, whereas nonfatal overdoses involving heroin decreased.

Opioid prescribing

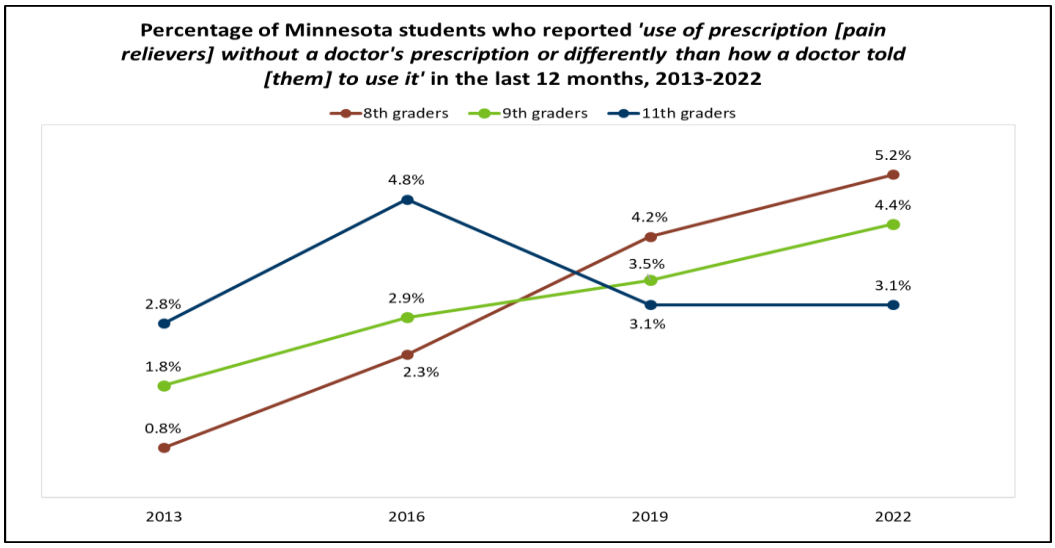
Figure 4. Opioid prescriptions and prescription rate per 1,000 MN residents



Findings: The number and rate (per 1,000 residents) of opioid prescriptions dispensed in Minnesota has been steadily decreasing since 2017

Youth misuse

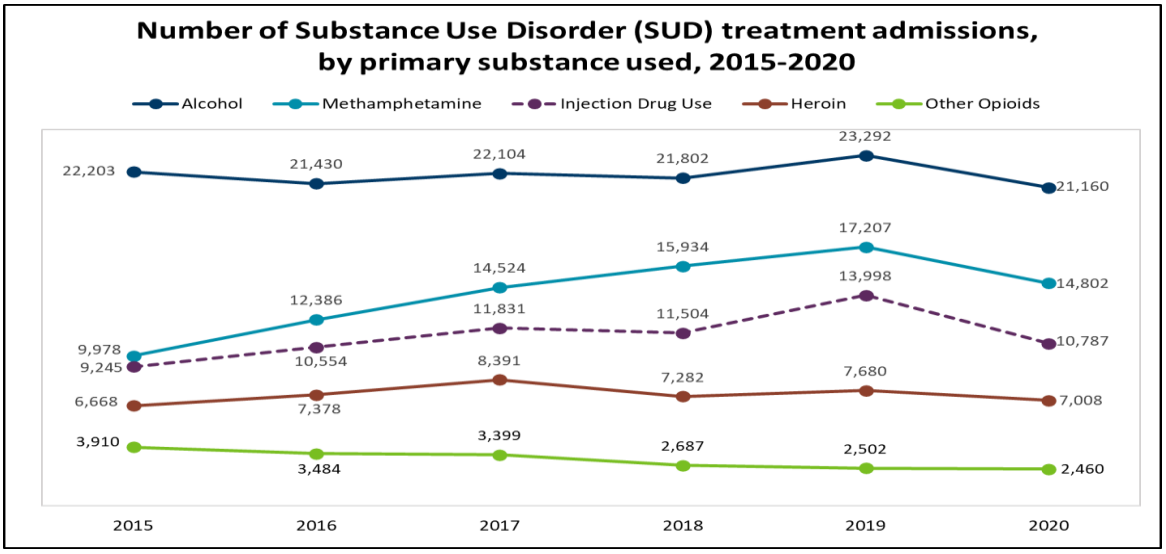
Figure 5. Percentage of youth who report using or misusing prescription pain medications



Findings: The percentage of 8th and 9th graders who reported inappropriate use of pain medications (e.g., Oxycontin, Percocet, Vicodin) in the past 12 months has continued to increase. Inappropriate use among 11th graders remained steady from 2019 to 2022.

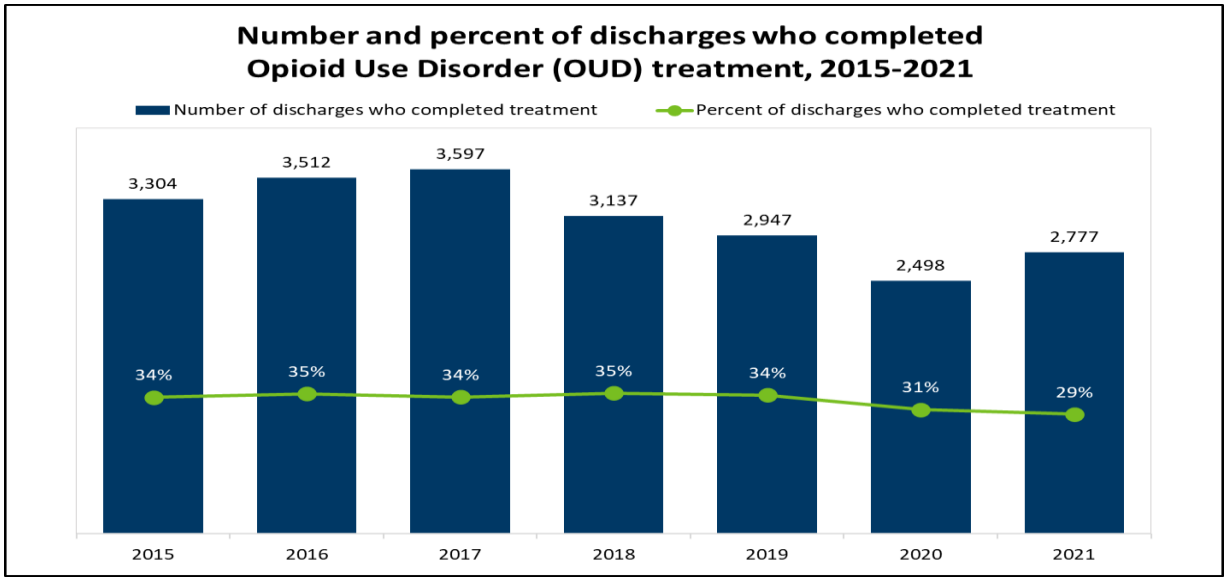
Substance use disorder treatment

Figure 6. Number of substance use disorder treatment admissions



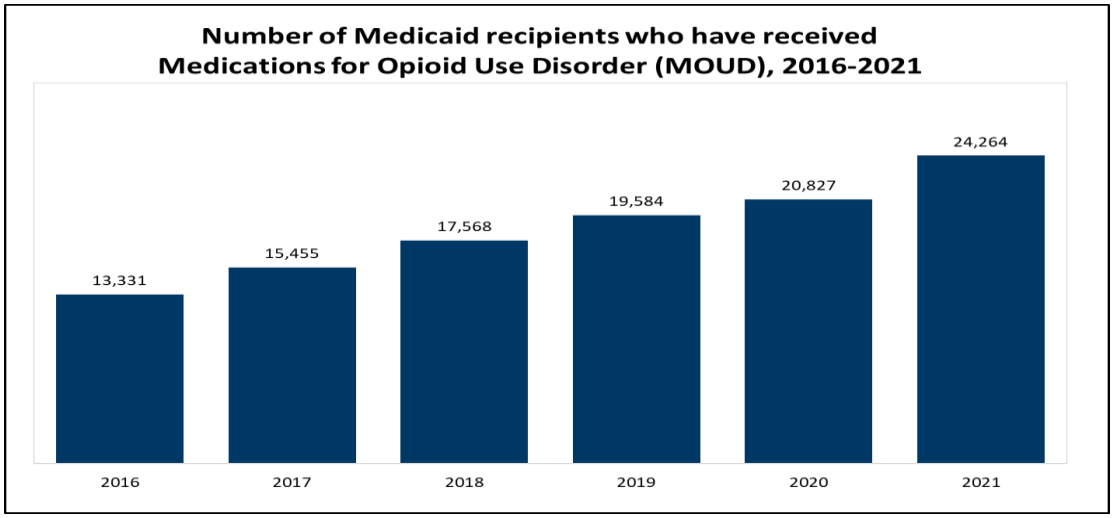
Findings: Among adult Minnesotans, alcohol remains the primary substance used at the time of admission to substance use disorder (SUD) treatment. In 2020, methamphetamine was the second leading substance used at the time of admission for SUD treatment.

Figure 7. Substance use disorder treatment discharges



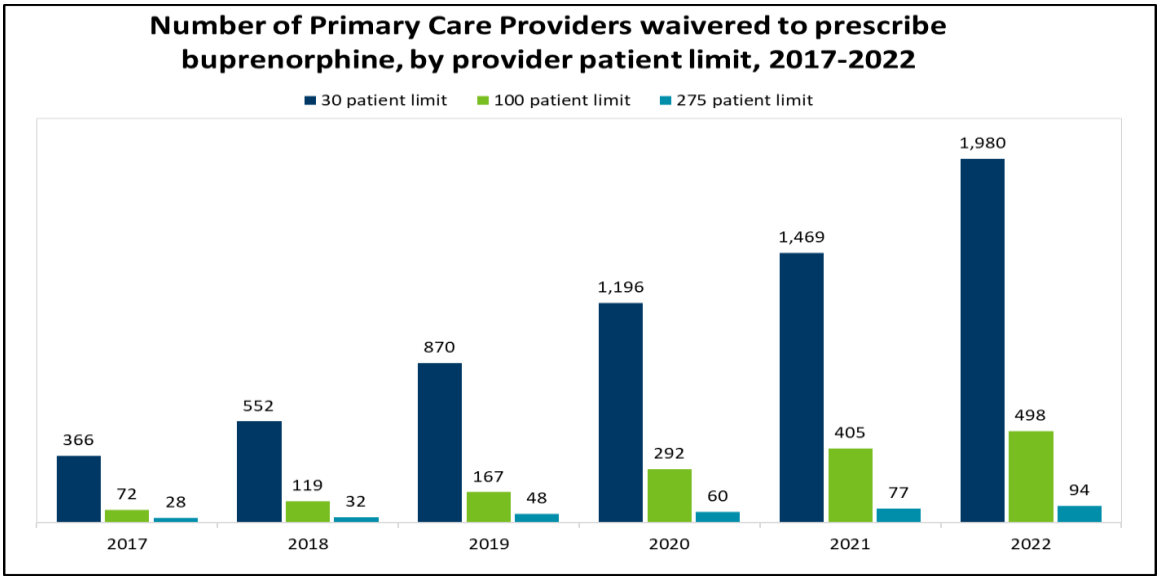
Findings: The number of discharges who completed Opioid Use Disorder (OUD) treatment at discharge has been decreasing. In 2021, three out of ten discharges had completed OUD treatment.

Figure 8. Individuals who receive Medication-Assisted Treatment



Findings: The number of Medicaid recipients who have received Medications for Opioid Use Disorder (MOUD), like buprenorphine, has been increasing.

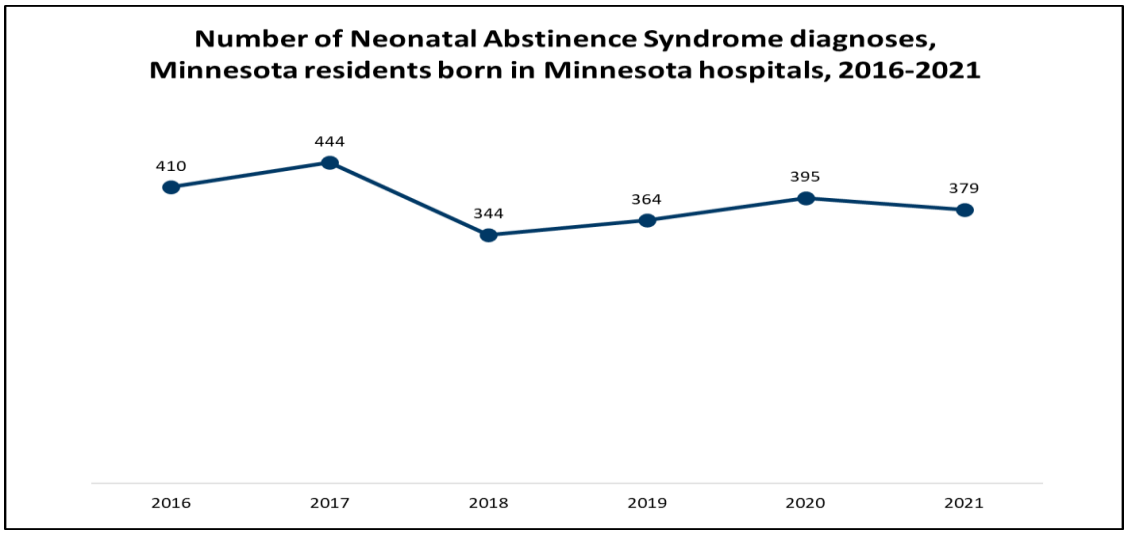
Figure 9. DATA-Waivered providers in Minnesota



Findings: The number of Primary Care Providers (PCPs) who can administer, dispense, and prescribe buprenorphine to treat OUD has continued to increase.

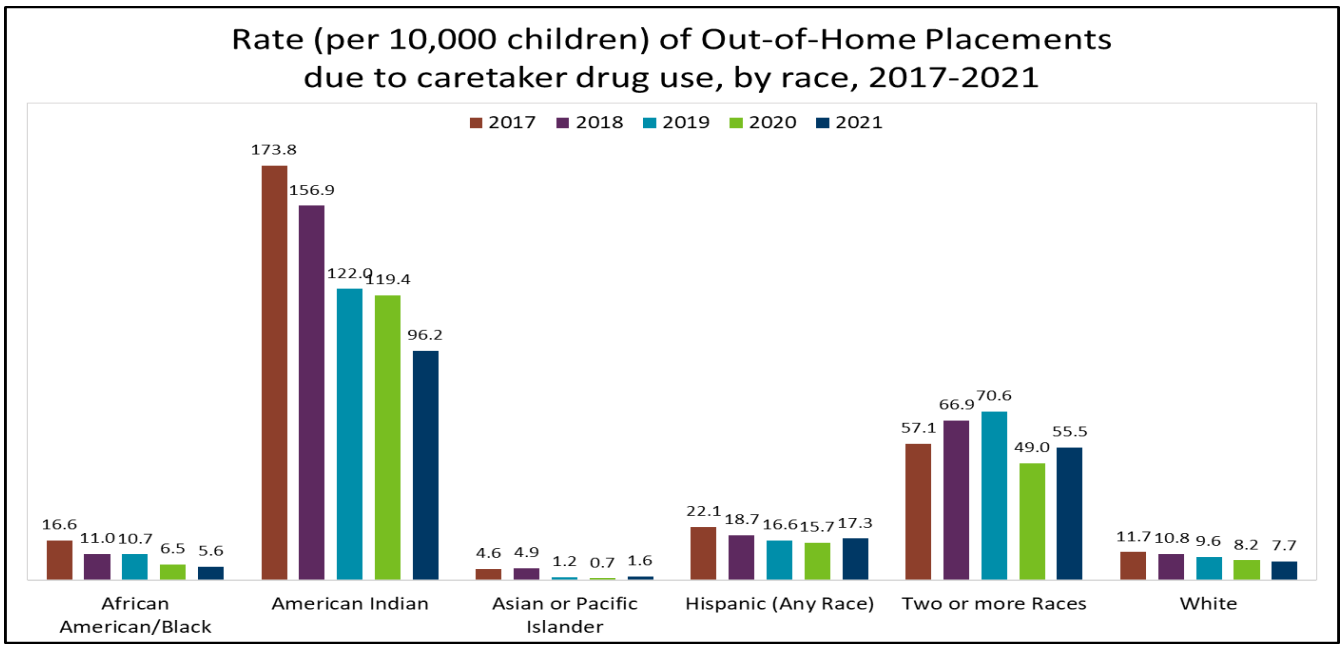
Multigenerational effects

Figure 10. Neonatal Abstinence Syndrome cases



Findings: The number of Neonatal Abstinence Syndrome (NAS) diagnoses has varied since 2016.

Figure 11. Children entering out-of-home care with parental drug use as a reason



Findings: American Indian children continue to be substantially more likely to enter an out-of-home placement due to caregiver drug use than children of other race and ethnic groups. However, the rate (per 10,000

children) of out-of-home placements due to caregiver drug use among American Indian children has been trending lower and is nearly half the rate seen in 2017.

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] Revenue sources for 2022 include licensure and registration fees collected in the year ending June 30, 2022, as well as funds from the Substance Abuse Block Grant (SABG) derived from federal funds received under the Consolidated Appropriations Act (CAA) and American Rescue Plan Act (ARPA). The table below provides the total fees collected, as well as direct appropriations and other obligations for Fiscal Year 2022.

Opioid Epidemic Response Fund Annual Revenue

Description	Expenditure	Revenue
Total Revenue (FY22)		$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	

[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.

Description	Expenditure	Revenue
Direct Appropriation to DHS for Overdose Prevention Grant	-$100,000	
Direct Appropriation to DHS for Traditional Healing Grants	-$2,000,000	
Total Statutory Appropriations Above	**- $3,907,000**	
Total Net Revenue Available After Statutory 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**

Substance Abuse Block Grant Fund OERAC Obligation	
Consolidated Appropriations Act- East African Specific	$500,000
Consolidated Appropriations Act- General	$1,114,736
American Rescue Plan Act	$618,598

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 April 18, 2022, DHS published in the Minnesota State Register, on behalf of the Council, the federal SABG funded RFP for grantees to provide evidence-based opioid response services for primary prevention and opioid overdose prevention and training and awareness for opioid use disorder, workforce development and training on the treatment of opioid addiction, expansion and enhancement of a continuum of care for opioid related substance use disorders, and innovative evidence base opioid initiatives. The request for proposal was for $5,700,00, which is the amount available to OERAC via SABG funds allocated by DHS. The categories available for funding in the RFP were:

- Primary prevention and opioid overdose prevention and training and awareness for Opioid Use Disorder
- Workforce development and training on the treatment of opioid addiction
- Expansion and Enhancement of a Continuum of Care for Opioid-Related Substance Use Disorders
- Innovative Category

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 June 7, 2022, 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 6-8 proposals. The evaluation forms with comments and scores were due by June 22, 2022. The Request for Proposal review meetings occurred on June 22, 23, and 24, 2022. The scores and recommendations were passed on to a small subcommittee of the Council, including 2 voting and 1 non-voting members, to make recommendations to the larger council. The subcommittee abided by the rankings and ratings determined during the review process for the Primary Prevention, Workforce Development, and Expansion and Enhancement of Continuum of Care categories. However, the subcommittee determined that the Innovative category proposals were a better fit in the Primary Prevention category and the funding that was allocated to the Innovative category was moved into the Primary Prevention category. The top applicants in the three remaining categories funded were determined to meet the geographic and population mix that the council aimed to support in the request for proposal process. On July 15, 2022, the Council reviewed and approved the recommendations of the subcommittee.

The table below provides information on the grant awards and amounts awarded from the Council's request for proposal.

Primary prevention and opioid overdose prevention and training and awareness for OUD: Total Amount Awarded $1,500,000

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Pillsbury United Communities	Three core components of services include: 1) multi-tiered outreach, 2) culturally-informed prevention models and referrals and 3) naloxone kit training and distribution. Multi-tiered outreach will include broad outreach, relationship-based outreach, and a mass media campaign all targeting the children and families at the highest risk in Phillips and Cedar Riverside.	$300,000	East African and Latin Immigrants	Metro- Phillips and Cedar Riverside
Steve Rummler HOPE Network	Statewide media campaign, with the goal of informing and educating the public on the dangers of illicitly manufactured fentanyl, and of its expanding risk beyond the immediate sphere of individuals with a diagnosed OUD. A portion of the funding will also support the distribution of additional overdose prevention resources to the target audiences of the campaign, including fentanyl test strips and the overdose reversal medication naloxone.	$300,000	Age 13-18, BIPOC, and individuals in active use	Statewide
Neighborhood Health Source	Train peer educators representative of communities being served to provide education to prevent and reduce harm of OUD. Efforts will include media campaign,	$300,000	Latinx, West African, and African American	Metro

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
	direct education, and provision of naloxone and fentanyl test strips.			
Rural AIDS Action Network (RAAN)	Naloxone distribution-continuation of existing practices to target rural communities throughout Minnesota.	$300,000	American Indian and Justice Involved	Greater MN
Niyyah Recovery	Reduce stigma of OUD within East African community via several outreach campaign strategies, including: community based media outlets, social media platforms, and in-person outreach/tabling at community businesses and events.	$300,000	East African	Statewide

Workforce development and training on the treatment of opioid addiction; Total Amount Awarded $1,398,320

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Minnesota Certification Board	Culturally specific training and credentialing for Peer Support Specialists across state with a diverse set of cultural competency training.	$509,379	Native American, Karen, Hmong, Latina/o, African American, multi-racial communities, Criminal Justice	Statewide
Minnesota Hospital Association	Provide rural physicians/hospital networks with buprenorphine waiver training and alternative to opioid prescribing training.	$360,994	Rural/ Greater MN	Rural/ Greater MN
Neighborhood Health Source	Increase capacity to serve community by adding 1 FTE Behavioral Health Therapist and increase FTE capacity for Peer Recovery Coaching by .5 FTE.	$216,628	Latinx, West African, and African American	Metro

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Hennepin Health System	Goal 1: Build workforce capacity and knowledge of best practice recommendations for treatment of perinatal substance use disorders, including opioid use disorder; Goal 2: Increase the number obstetric care providers who prescribe MOUD throughout the state; Goal 3: Evaluation of educational activities.	$311,320	Perinatal w/ BIPOC focus	Metro-Hennepin County

Expansion and enhancement of a continuum of care for opioid related SUD: Total Awarded $1,398,320

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
Rice County	Develop formal partnerships to ensure target population is receiving coordinated care/services, MAT, treatment, and harm reduction services.	$334,009	East African	Rice County
RS Eden	RS EDEN requests funding for the expansion of our Recovery Services continuum of care to help people with opioid-related substance use disorders make the challenging transition from initial outreach and assessment to structured treatment. RS EDEN will fill that gap by adding a 245F DHS certification to provide clinically monitored Withdrawal Management (WM) alongside comprehensive and immediate access to medication-assisted treatment (MAT).	$1,187,395	African American, American Indian, multi-racial, justice involved, economic disadvantaged, and other disparite populations	Twin Cities Metro
St. Joseph Medical Center	Improve the continuum of care for individuals with OUD and other SUDs, from outreach through follow-up, encompassing diverse community settings such as primary care clinics, emergency departments (EDs), jails, public health organizations, behavioral health treatment programs, women's shelters, and recovery programs and communities.	$564,519	American Indian, Low Income, Justice Involved, Parenting/ Pregnant women	Cass and Crow Wing County
Wayside Recovery Center	Break down barriers to accessing care and ensure the continuity of MAT services for clients discharging from our residential treatment by expanding our services to include outpatient MAT Services with care coordination and wraparound recovery	$686,744	African American Women, Pregnant and Parenting Women	Metro

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
	services. In addition, these services focus on addressing disparities experienced by African American women with SUD and women who are pregnant and parenting.			

Innovative Category: Total Awarded $0

Grantee Name	Brief Description of Service	Amount Awarded	Populations Served	Geographical Location Served
No awards given for Innovative category. Original $500,000 allocated to Innovative category was moved to Primary Prevention category.				

All contracts that were derived from the federally funded evidence-based opioid response services RFP administered through OERAC were fully executed October 1, 2022, and have begun work.

April 1, 2022, all contracts were fully executed for the OERAC RFP referenced in Legislative Report: Opioid Epidemic Response Advisory Council - Grant Award Update & Evidence-Based Analysis of Opioid Legislative Appropriations (mn.gov).

C. Evaluation Update

Authorizing statutory language in Minn. Stat. 256.042, subdivision 1, paragraph (c)

"The council, in consultation with the commissioner of Management and Budget, and within available appropriations, shall select from the awarded grants projects that include promising practices or theory-based activities for which the commissioner of management and budget shall conduct evaluations using experimental or quasi-experimental design. Grants awarded to proposals that include promising practices or theory-based activities and that are selected for an evaluation shall be administered to support the experimental or quasi-experimental evaluation and require grantees to collect and report information that is needed to complete the evaluation. The commissioner of management and budget, under section 15.08, may obtain additional relevant data to support the experimental or quasi-experimental evaluation studies."

A link to all analysis completed this year can be found on MMB's Impact Evaluation website.

Completed projects from previous years

- Evaluation of Project ECHO (completed 2021) – Legislative report; Accepted as a Peer-reviewed article in 2022 in JAMA: Health Forum
- Evaluation of Minnesota's early opioid policy response to curtail opioid prescribing (completed 2021) – Legislative report
- Treating Opioid Use Disorder for criminal-justice-involved individuals (completed 2021) – Descriptive analysis

Completed projects in 2022

Evaluation of Peer Recovery Support Services for Substance Use Disorder

Substance use disorder (SUD) remains one of the most persistent public health challenges across the nation and in Minnesota. In 2021, nearly 1,300 Minnesotans died of a drug overdose, making this the leading cause of injury deaths in the state. One intervention to help people with SUD is peer recovery services (PRS). PRS is a form of non-clinical support by which trained individuals who are more established in recovery come alongside people currently in the recovery journey and provide guidance in the treatment process, help in accessing resources, and offer an empathetic ear. In combination with other services in the continuum of care, PRS seeks to reduce harm from disordered use.

In 2018, Minnesota made PRS for SUD a Medicaid (MA)-reimbursable service. While prior literature demonstrates promising effects of PRS for SUD, especially in treatment retention and participant experience, most studies evaluated PRS in limited settings, rather than in a large-scale implementation.

Our study estimated the causal impact of MA-reimbursable PRS for SUD on treatment, overdose, mortality, access to care, housing, and child welfare. We used administrative data to compare outcomes for people who participated in PRS through MA with similar eligible SUD patients who did not use PRS, over the course of a year.

Overall, we found evidence of a system that may not be fully built; PRS leads to positive results but has not produced all the benefits stakeholders expect or desire. In particular:

- Patients with at least one PRS session were more likely to complete outpatient treatment in the follow-up year than comparison patients. At the end of follow-up, PRS patients were 61% (95% confidence interval [CI]: 14%, 127%) more likely to complete outpatient than the comparison group.
- PRS patients were also more likely to visit a physician's office for medical care than comparison patients. In the first quarter of follow-up, 73% (95% CI: 70%, 76%) of PRS patients visited a physician's office compared to just 62% (95% CI: 59%, 66%) of comparison patients. This statistically significant difference was limited to the first quarter of follow-up.
- We found no impact of PRS on diagnosed non-fatal overdose, all-cause mortality, inpatient treatment admission, housing instability, or child welfare maltreatment reports.
- The impact of PRS for patients with sustained participation was similar to the overall impact for all participants.
- We found no differences in the impact of PRS across race, sex, opioid use status, or geography.

While PRS shows promise in improving treatment retention and access to care, we did not find benefits of PRS for other desired outcomes stakeholders identified. We discuss potential reason for this, including the wide variation in PRS delivery and the need for improved training, mentoring, and supports for peers and participants. These evidence-informed lessons have the potential to improve PRS's impact. We end by noting the need for more data collection and further qualitative and quantitative study. More information about the project and full report is available on MMB's Impact Evaluation website.

Evaluation of Buprenorphine Boot Camp

Medications for opioid use disorder, like buprenorphine, are important tools for treating opioid addiction. Buprenorphine can be prescribed in primary care settings and has the potential to greatly expand the availability of this life-saving treatment. However, only a small percentage of primary care providers in Minnesota have the necessary training and administrative supports to offer buprenorphine in their clinics.

Minnesota's state government is investing in multiple efforts to expand capacity for treating opioid use disorder, including a program called Buprenorphine Boot Camp, a 1.5-day in-person training for healthcare providers to learn how to set up a successful buprenorphine program. This Boot Camp was developed in response to interest from the provider community and designed for care teams (prescribers, nurses, and clinic administrators) to develop the full range of supports needed to operate a buprenorphine program.

The goals of Boot Camp were to increase a) the number of prescribers with the required federal waiver to prescribe buprenorphine, and b) the number of patients receiving buprenorphine for opioid use disorder. The purpose of this study was to learn whether these goals were met, compared to what would have happened in the absence of Boot Camp, referred to business-as-usual.

This study used Medicaid claims data to compare, over the course of 18 months, providers who attended Boot Camp (N = 125) and like providers who did not attend Boot Camp (N = 250). The results show that attending

Boot Camp led to statistically and practically significant increases in waivers and buprenorphine prescribing. We find:

- Attending Boot Camp resulted in a 37%-point increase in waivers over 15 months compared to providers who did not attend.
- Eighteen months after Boot Camp, attendees increased their buprenorphine prescribing to patients with a history of opioid use disorder by 6.8% points.
- In an exploratory analysis, both Boot Camp and ECHO (a separate "hub-and-spoke" program that offers weekly virtual sessions on opioid-related topics) had separate effects on waivers and buprenorphine prescribing, suggesting that both are beneficial, and the two programs complement each other.

The positive impacts on waivers and buprenorphine provide strong evidence that a brief, focused training like Boot Camp is an effective way to train primary care providers in prescribing buprenorphine in the community. This kind of training program, implemented within a robust continuum of care, could be expanded to further curb the harmful effects of the opioid epidemic. More information about the project and full report is available on MMB's Impact Evaluation website.

In progress

Access to health care for criminal-justice-involved individuals

People who suffer from opioid use disorder (OUD) are five times more likely than others to be involved with the criminal justice system, and in Minnesota drug overdoses have accounted for one in three deaths within a year of release for those who serve time in a correctional facility. This means that Minnesotans who suffer from OUD are both more likely to have involvement with the criminal justice system, and subsequently to experience an overdose, injury, or death after returning to the community.

A key facet of this problem is inconsistent access to life saving drugs and healthcare, both during confinement and upon release. In a recent survey of county correctional facilities, MMB found that nearly half of respondent facilities did not administer medications for opioid use disorder (MOUD) to their population, and 70% of respondents either did not screen new admissions for OUD or were unsure if screenings were conducted. Even when individuals are provided medication during their confinement, federal law prohibits the use of federal funds to pay for healthcare. A consequence of this is that individuals who rely on state or federal medical assistance have their existing coverage suspended or revoked when they enter confinement. These individuals must undergo a re-application process for benefits after they exit the system before they can obtain treatment for their disorder.

MMB is currently partnering with DHS, the Department of Corrections, and counties on a study of historical administrative data on healthcare access and criminal justice involvement to examine how jail and prison can affect Minnesotans' ability to access healthcare (particularly MOUD) for treatment and management of OUD. In spite of federal restrictions, states have flexibility to determine how eligibility for state and federal programs is affected by confinement. The Bridging Benefits Program and the state's shortened re-application process for people who spend fewer than 365 days in jail are examples of beneficial programs already in place. The work in

progress will aim to provide valuable insights that can inform future changes that may improve public safety and help save lives for a vulnerable section of the population.

Group medical visits for chronic pain

Chronic pain affects nearly 1 in 5 Americans, and current medical treatments for chronic pain consist mainly of pain medications and physical therapy. This approach does not always treat the "whole person," and leaves out other alternative therapies like mindfulness, acupuncture, yoga, and other non-pharmaceutical approaches. While these complementary services hold promise, they are often not accessible to individuals who are uninsured or under-insured. One possible solution is group medical visits (GMVs), a clinic-based intervention that aims to improve patient health by combining clinical care, health education, mindfulness programs, group exercise, and peer support. GMVs often involve a team of providers treating multiple patients with the same chronic condition together, as a group. GMVs often offer follow-up care or management for conditions like back pain, arthritis, diabetes, and even mental health issues such as depression. GMVs offer a potentially more affordable option that can incorporate a variety of therapies.

There have been a number of high-quality impact evaluations of GMVs for other chronic conditions, such as diabetes, that have shown GMVs are an effective way to improve outcomes. However, the research on GMVs specifically for chronic pain is sparse. MMB is considering a project, in partnership with Hennepin Healthcare, to understand the impact of GMV for patients with chronic pain. MMB is in the process of scoping the study and drafting data sharing agreements. We will have more details in 2023.

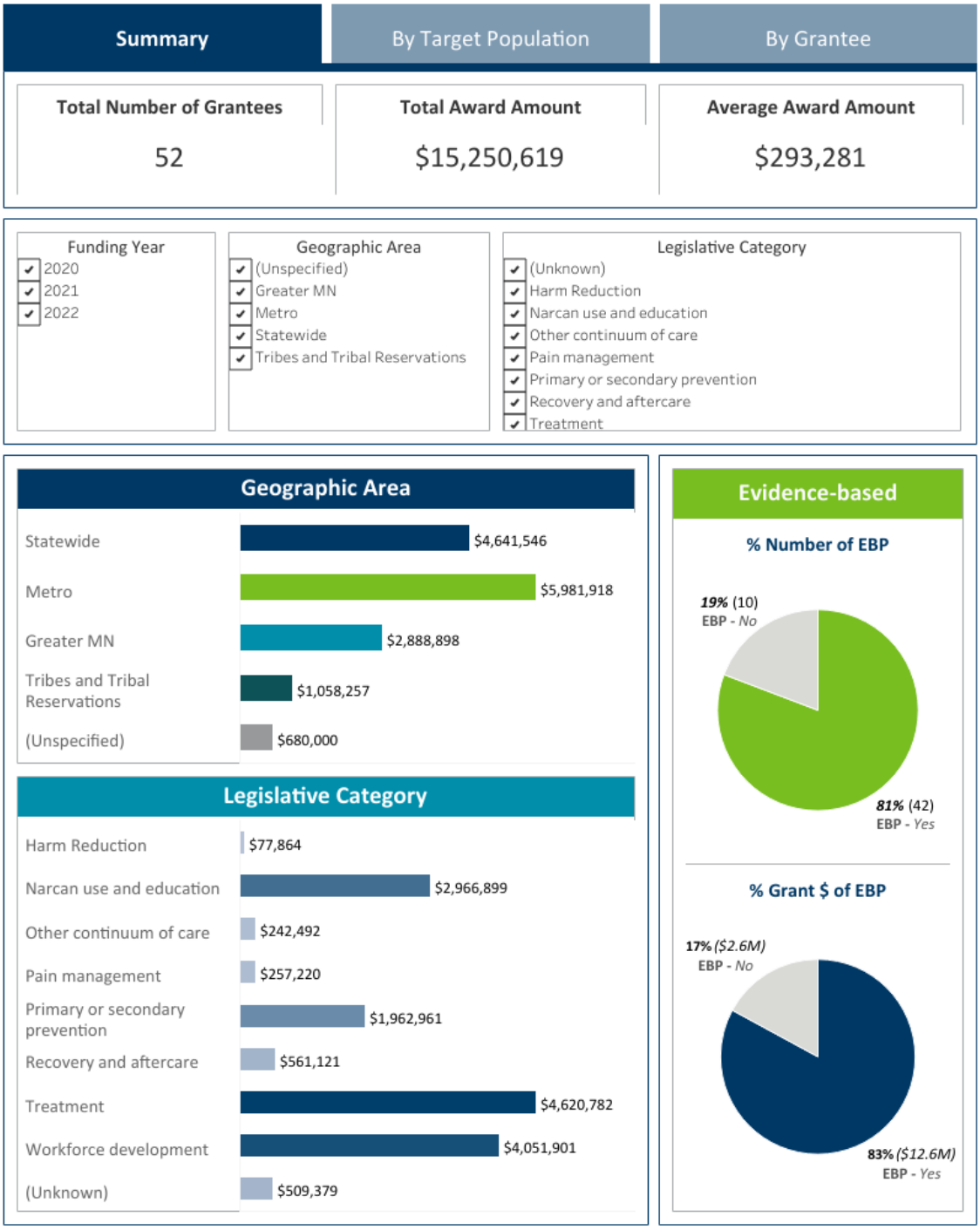
Future project identification

Each year, MMB reviews contracted grants to identify future evaluations. These evaluations will be designed to examine how effective the services are at achieving the intended outcomes, and potentially to understand for whom the services are most effective. In a typical year, we work on 2-3 evaluations that each take approximately 18 months to complete.

MMB plans to continue to conduct impact evaluations for funding administered by the state's Opioid Epidemic Response fund and from the opioid lawsuit settlements (new for 2023). To suggest evaluation ideas or learn more, contact ResultsFirstMN@state.mn.us.

Use of evidence in grants

The Opioid Epidemic Advisory committee cares deeply about the efficient and effective allocation of limited funding. For that reason, the committee closely considers the existing evidence of efficacy. Since 2020, 42 of the 52 (83%) grants included spending that went to at least one evidence-based practice or service. In 2022, that figure dipped a small amount to 5 of 9 grants (69%).



The committee is also careful to ensure funding is going to a range of novel projects. The committee often takes the first investment on a new idea, which could lead to learning and scaling of the projects that work. In 2022, grants target homelessness (1), low-income populations (2), justice involved (3), American Indian communities (4), Latinx communities (5), and African American communities (7).

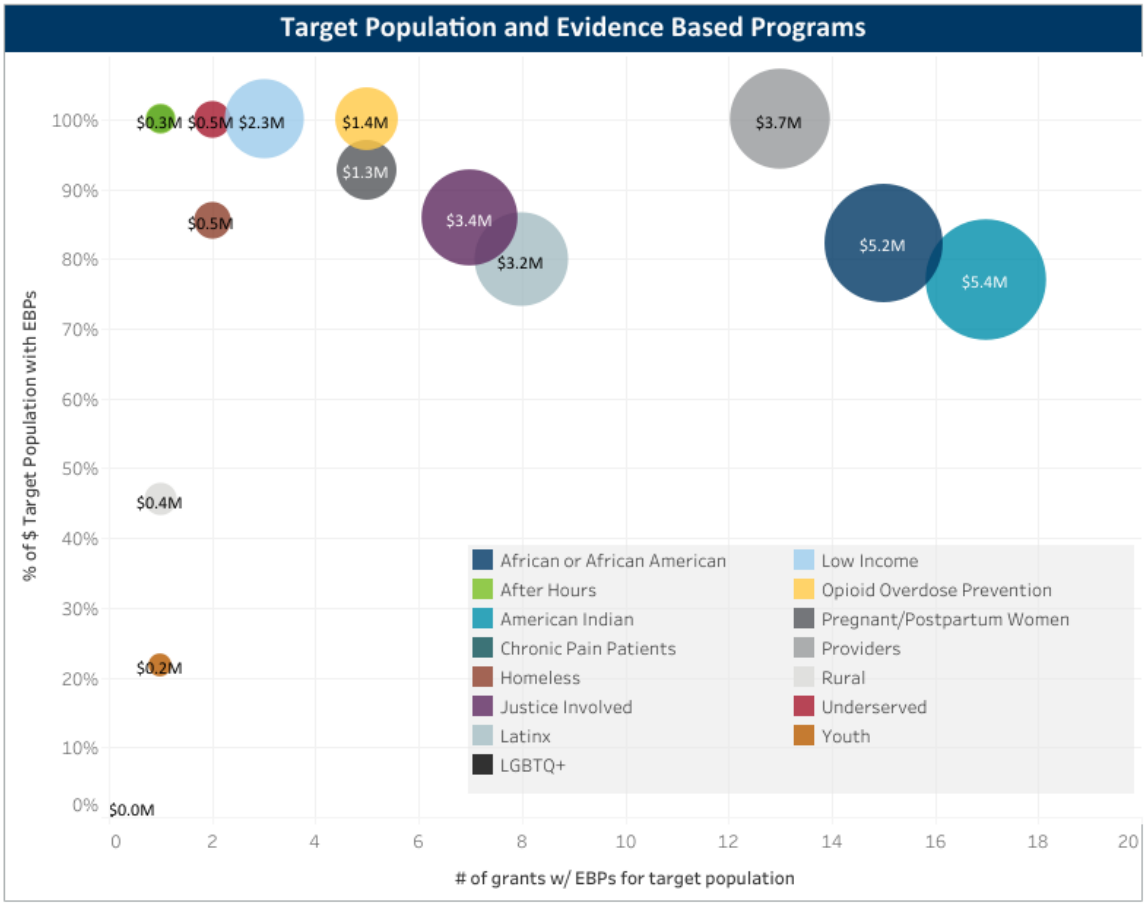
Summary | **By Target Population** | By Grantee

Total Number of Grants with EBP	Total Award $ for EBPs	Percent of Award $ going to EBPs
42	$12,646,929	83%

Funding Year
- ☑ 2020
- ☑ 2021
- ☑ 2022

Geographic Area
- ☑ (Unspecified)
- ☑ Greater MN
- ☑ Metro
- ☑ Statewide
- ☑ Tribes and Tribal Reservations

Legislative Category
- ☑ (Unknown)
- ☑ Harm Reduction
- ☑ Narcan use and education
- ☑ Other continuum of care
- ☑ Pain management
- ☑ Primary or secondary prevention
- ☑ Recovery and aftercare
- ☑ Treatment



V. Statewide Treatment Access Assessment

The four maps below, figures 12-15, illustrate the progress made in treatment access from 2017 through 2022. 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 and remains at 13 counties in 2022. The number of detox or withdrawal management facilities increased from 16 to 19 since 2017. While the number of residential providers has remained relatively stable, there has been a steady increase in the number of outpatient/non-residential providers which has grown by 46% (164) between 2017 and 2022.

Figures 14 and 15 illustrate the progress with increasing the number of DATA waivered providers to administer, dispense and prescribe buprenorphine.[12] 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.

[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

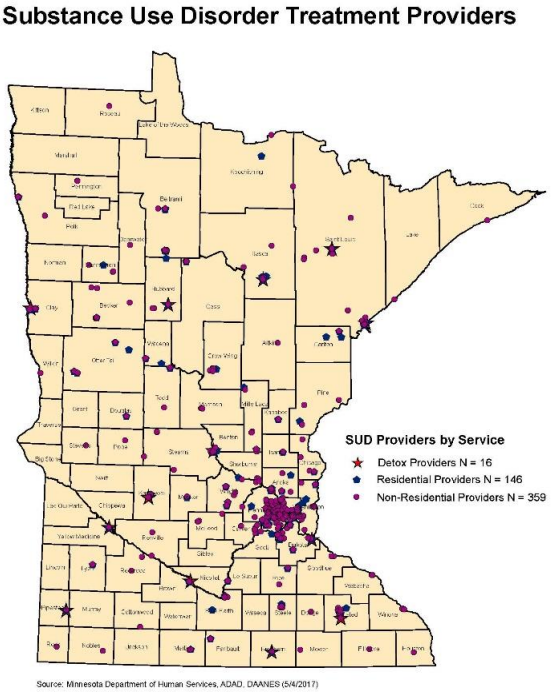


Figure 13. Number of Substance Use Disorder Treatment Providers in each County 2022

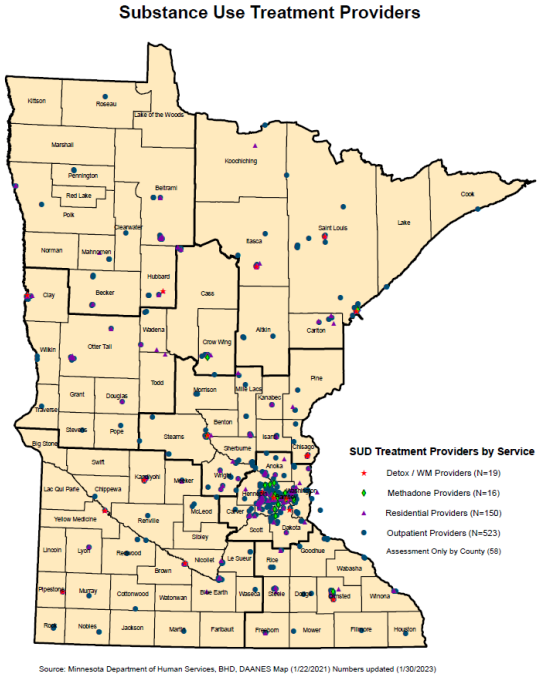


Figure 14. Number of DATA-waivered providers in each county, 2018

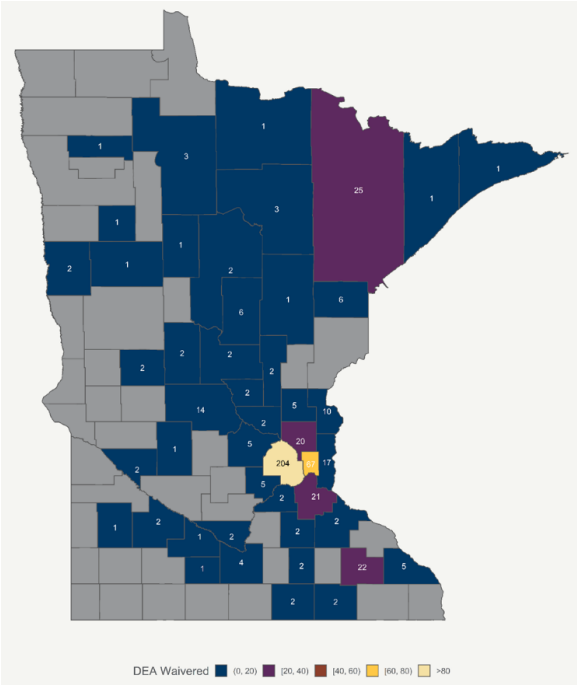
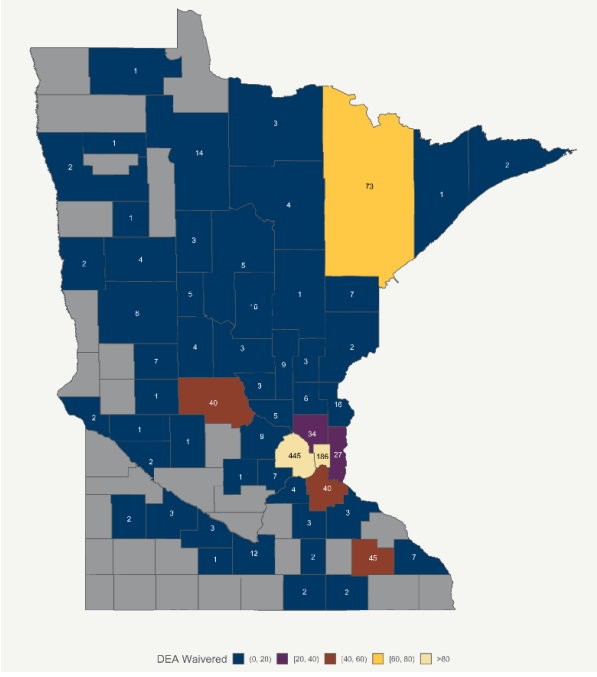


Figure 15. Number of DATA-waivered providers in each county, 2020



VI. Policy Objectives and Initiatives Recommendations

The Council developed policy objectives and these policy initiatives guided the Council as they developed the request for proposal (RFP) that was published in 2022. 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 2023 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 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.

VII. Data Sources

Figure 1a - Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2021.

Figure 1b - Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2011-2021.

Figure 2 - Minnesota death certificates, Minnesota Department of Health, 2018-2021. Age-adjusted rates calculated using CDC WONDER.

Figure 3 - Minnesota hospital discharge data, Injury and Violence Prevention Section, Minnesota Department of Health, 2016-2021.

Figure 4 - Prescription Monitoring Annual Report 2021, Prescription Monitoring Program, Minnesota Board of Pharmacy, 2017-2021.

Figure 5 - Minnesota Student Survey, Minnesota Department of Education, 2013-2022.

Figure 6 - Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2015-2020.

Figure 7 - Data source: Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2015-2020.

Figure 8 - Drug and Alcohol Abuse Normative Evaluation System (DAANES),
Minnesota Department of Human Services, 2015-2021.

Note: Data is shown for individuals whose primary concern at time of admission was opioid use disorder. In addition to 'completers,' or those whose provider initiated or approved discharge, there were the categories of 'non-completers' and 'others' which represents those who did not complete treatment for various reasons including leaving treatment without staff approval, transfers to other programs, or incarceration.

Figure 9 - Minnesota Department of Human Services, 2016-2021

Note: MOUD include buprenorphine, naltrexone, and/or methadone. The data is based on individuals who received publicly funded health care coverage through Medical Assistance (Medicaid) or MinnesotaCare. Approximately 20% of Minnesota's population was covered by one of these two health care programs in 2020. The data does not represent the population of the entire state. This specific population is shown solely because of data availability; private insurance claims were not available for analysis.

Figure 10 - Minnesota hospital discharge data, Injury and Violence Prevention Section, Minnesota Department of Health, 2016-2021.

NOTE: Due to some data quality issues that were discovered over the past year that have impacted counts of NAS diagnoses – this is why you will see slightly different historical numbers than the data shared for the previous legislative report.

Figure 11 - Social Services Information System (SSIS), Department of Human Services, 2017-2021. To calculate rates, population estimates were obtained from the Census Bureau.

Note: Counts are the number of episodes that were opened during the calendar year; the same child may experience one or more episodes in a year. Due to technical difficulties, these numbers may vary slightly from other reports on placement data where reporting is limited to AFCARS placements. We are working to reconcile this. If you have questions about any discrepancies, please contact ResultsFirstMN@state.mn.us.