DEPARTMENT OF HUMAN SERVICES

Legislative Report

Opioid Epidemic Response Advisory Council

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

February 2025

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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Contents

Executive Summary

In 2019, the Minnesota Legislature established the Opioid Epidemic Response Advisory Council (OERAC) and the Opiate Epidemic Response Account to combat the opioid crisis. OERAC focuses on preventing opioid dependency, enhancing public health awareness, improving treatment accessibility and mitigating the crisis's generational impacts. This report is divided into three sections:

Section one (pages 5-6) of the report details legislative changes affecting OERAC, including funding revisions, council membership adjustments and mandated collaborations with federally recognized tribes. Key legislative updates include new financial appropriations, changes in council composition and the requirement for annual meetings with tribal communities.

Section two (pages 9-16) provides updates on OERAC's goals, outcomes and benchmarks. Highlights include stabilization of drug overdose deaths in 2022, a rise in synthetic opioid and cocaine-involved deaths and disproportionate overdose mortality rates among American Indian and Black Minnesotans. Notably, opioid prescriptions have declined consistently over the past five years. The report also discusses trends in substance use among adolescents, variations in Neonatal Abstinence Syndrome cases and the landscape of substance use disorder treatment, including treatment completion rates and the availability of medication for opioid use disorder (OUD). It also notes the decline in residential treatment providers and the treatment accessibility gap in 24 counties.

Section three (pages 17-32) is an overview of the Opioid Epidemic Response Fund (OERF), detailing its funding sources, expenditures and grant distributions. The report outlines the appropriation of over $20 million to various grantees, categorized by prevention, education, harm reduction, workforce training, care continuum enhancement and innovative strategies. Additionally, it discusses the opioid grants dashboard, a tool for monitoring and guiding investments and enhancing transparency in Minnesota's efforts to address OUD.

The report concludes with OERAC's policy objectives and appropriation recommendations. These include enhancing treatment accessibility, expanding educational initiatives for healthcare providers, supporting traditional healing services, and ensuring sustainable funding for naloxone distribution and chronic pain management. The recommendations aim to align state regulations with federal standards, address adolescent addiction treatment and improve medication access in correctional facilities, among other priorities.

I. Legislation

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

Subdivision 1. Establishment of the advisory council.

(a) 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.

This report consolidates two reports and one set of appropriation recommendations 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 Jan. 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 Mar. 1 of each year.
3. Minn. Stat. § 256.042, subd. 5 requires that the advisory council, in its annual report to the legislature under paragraph (a) due by Jan. 31, 2024, shall include recommendations on whether the appropriations to the specified entities under Laws 2019, chapter 63, should be continued, adjusted or discontinued; whether funding should be appropriated for other purposes related to opioid abuse prevention, education and treatment; and on the appropriate level of funding for existing and new uses.

New Legislation for 2023

In response to the evolving challenges and specific needs arising from the opioid epidemic, particularly among diverse and underrepresented communities, legislation passed by the Minnesota Legislature in 2023 includes significant amendments aimed at enhancing the inclusivity and effectiveness of OERAC. Recognizing the unique impact of the opioid crisis on Minnesota's Tribal Nations and urban American Indian communities, the new legislation mandates annual meetings with each of the 11 federally recognized Minnesota Tribal Nations. The passage of this legislation underscores a commitment to fostering collaboration and understanding of shared issues and priorities. Additionally, the revised council composition mandates that one-third of its members reside outside the seven-county metropolitan area.

Minn. Session Laws 2023, chapter 61, article 5, section 8

Subdivision 1 (9). Meetings with Minnesota Tribal Nations.

(a) meet with each of the 11 federally recognized Minnesota Tribal Nations individually on an annual basis in order to collaborate and communicate on shared issues and priorities.

Subdivision 2. Membership.

(a) The council shall consist of the following 20 voting members, appointed by the commissioner of human services except as otherwise specified, and three nonvoting members:

(13) One member representing an urban American Indian community;

(18b) The commissioner of human services shall coordinate the commissioner's appointments to provide geographic, racial and gender diversity, and shall ensure that at least one-third of council members appointed by the commissioner reside outside of the seven-county metropolitan area. Of the members appointed by the commissioner, to the extent practicable, at least one member must represent a community of color disproportionately affected by the opioid epidemic.

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 collects fees from pharmacists, pharmacies, drug manufacturers, drug wholesalers, and drug distributors to fight the opioid crisis, while creating the Opioid Epidemic Response Advisory Council (OERAC) to oversee the funding[2]. The purpose of the OERAC is to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.[3]

The OERAC is comprised 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 the Minnesota Department of Human Services (DHS) 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:

- Reviews 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.
- Establishes priorities to address the state's opioid epidemic, for the purpose of recommending initiatives to fund.
- Recommends to the Commissioner of Human Services specific projects and initiatives to be funded.
- Ensures that available funding is allocated to align with other state and federal funding to achieve the greatest impact and ensure a coordinated state effort.
- Consults with the commissioners of the Departments of Human Services, Health, and Minnesota Management and Budget to develop measurable outcomes to determine the effectiveness of funds allocated.

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

[2] HF 400

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

- Develops 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 covers the following five reporting 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]

4) Individual grants awarded in Fiscal Year 2024[8]

5) Recommendations on continuance, adjustment or discontinuance of established appropriations[9]

DHS drafted this report in consultation with the OERAC, the Minnesota Management and Budget Department (MMB) and the Minnesota Board of Pharmacy.

DHS distributed a draft report to the full OERAC on Nov. 28, 2023, to review and provide feedback. The OERAC discussed the report at their meeting on Dec. 1, 2023, and provided feedback. The OERAC provided final approval of the report on Jan. 19, 2024.

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

[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

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

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 and proposed benchmarks to meet the goals that the Council 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

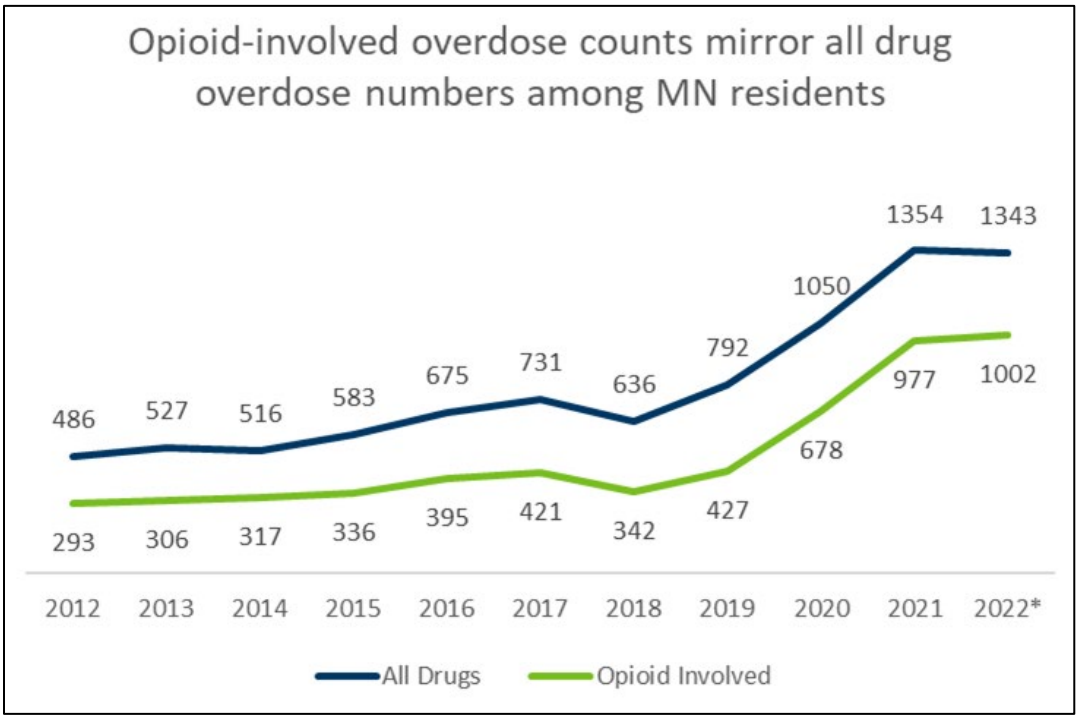
- Increase access to treatment
- Improve retention in care
- Produce measures to assess and protect access to pain medication for those in need
- Reduce unmet need for prevention, treatment and recovery services
- Reduce opioid overdose-related deaths
- Support a comprehensive response to the opioid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

D. Benchmarks and Outcome Measures

The following figures show trends in the selected outcome measures in Minnesota in recent years using the most recently available verified data related to fatal overdoses, nonfatal overdoses, opioid prescribing, youth misuse, substance use disorder treatment and multigenerational effects.

Fatal overdoses

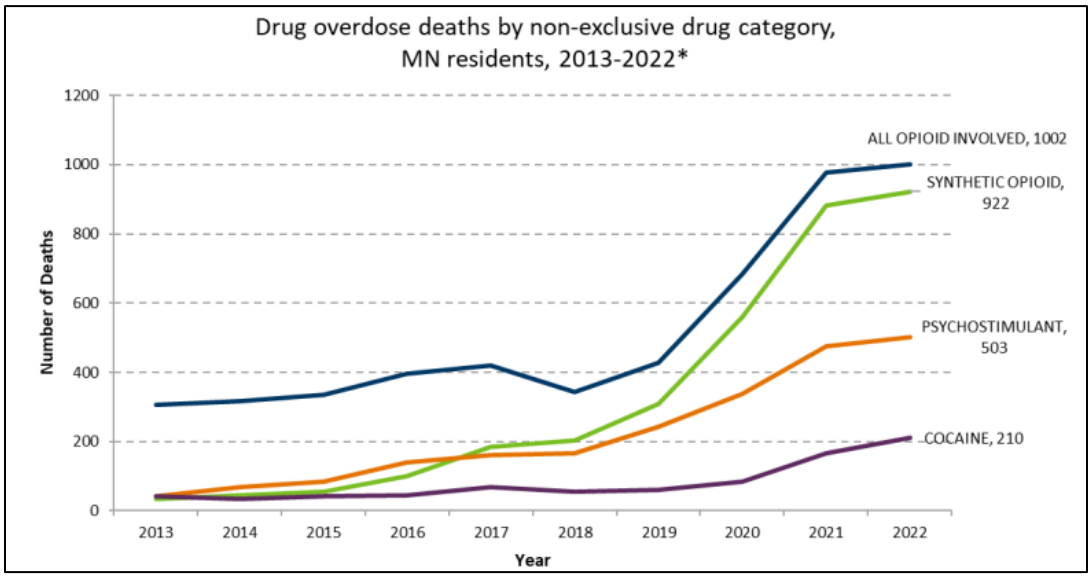
Figure 1a. Number of all drug overdose deaths[10]



Findings: Preliminary data from 2022 suggest that the number of drug overdose deaths remained consistent compared to 2021, reflecting a plateau after multiple years of steep increases.

[10] Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2012-2022.

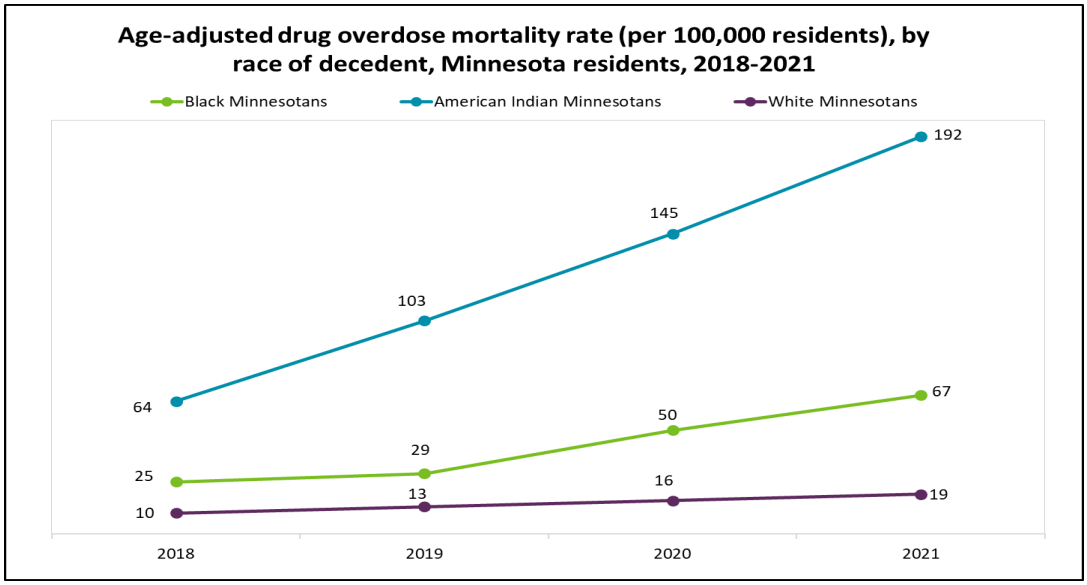
Figure 1b. Number of drug overdose deaths, by non-exclusive drug category[11]



Findings: Preliminary data for 2022 show increases from 2021 for deaths across the four reported drug categories. Cocaine-involved deaths realized the largest increase of any drug category, mirroring trends from other states. In 2022, the incidence of drug overdose deaths reached an all-time high, seemingly linked to the increasing prevalence of synthetic opioids.

[11] Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2013-2022.

Figure 2. Disparities in overdose deaths[12]

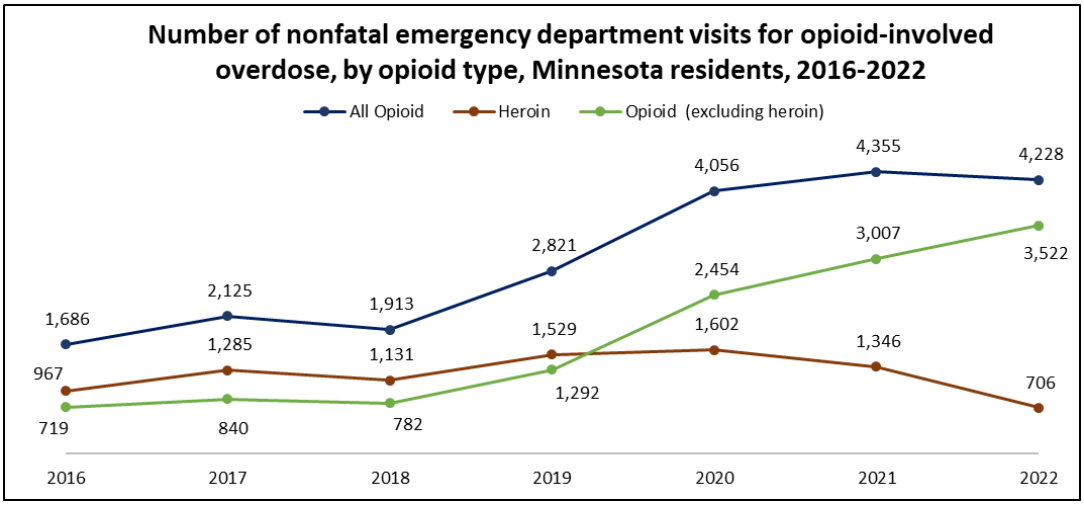


Findings: American Indian Minnesotans experienced a drug overdose mortality rate that was tenfold higher than that of white Minnesotans, while Black Minnesotans faced a threefold higher likelihood of drug overdose death compared to their white counterparts.

[12] Minnesota death certificates, Minnesota Department of Health, 2018-2021. Age-adjusted rates calculated using CDC WONDER.

Nonfatal overdoses

Figure 3. Nonfatal opioid overdoses[13]

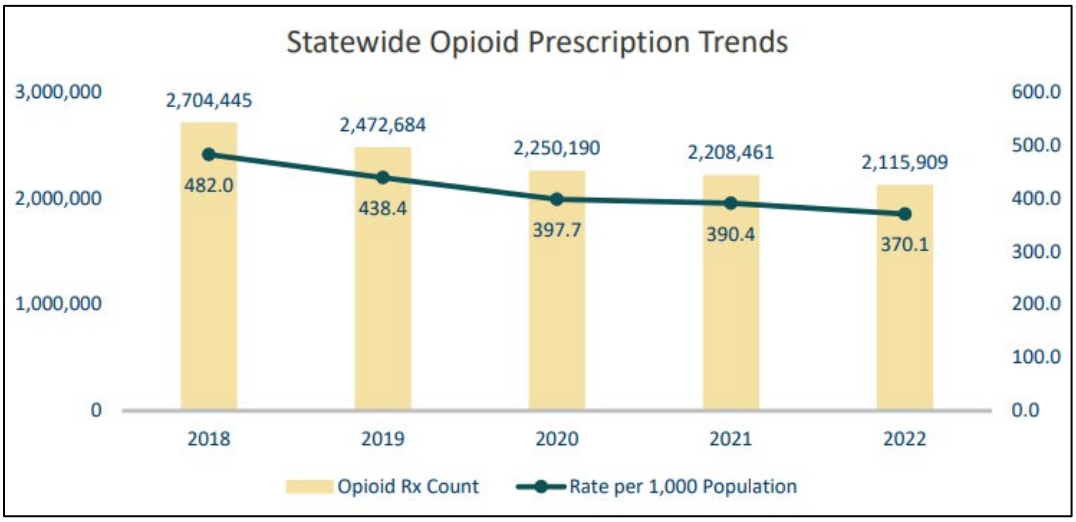


Findings: Nonfatal opioid-related overdose visits to emergency departments maintained a consistent trend from 2021 to 2022. This stability was influenced by a rise in nonfatal overdoses involving opioids other than heroin, contrasting with a decline in nonfatal overdoses linked to heroin.

[13] Minnesota hospital discharge data, Injury and Violence Prevention Section, Minnesota Department of Health, 2016-2022.

Opioid prescribing

Figure 4. Opioid prescriptions and prescription rate per 1,000 MN residents[14][15]



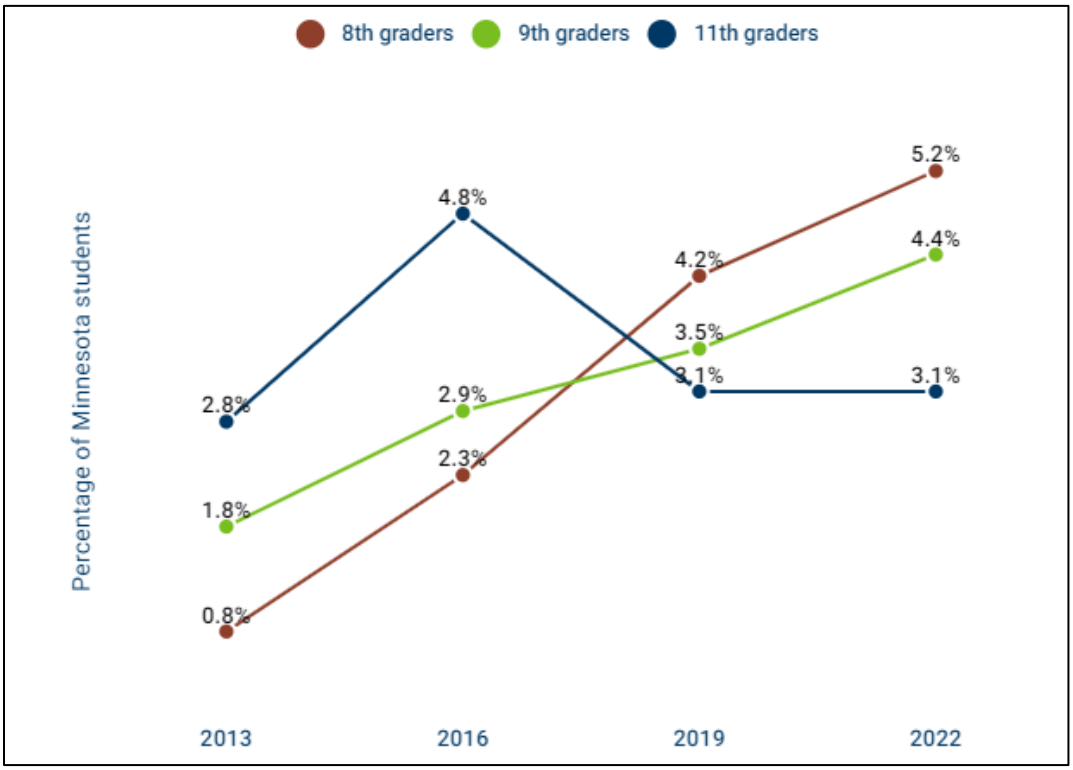
Findings: The number and rate (per 1,000 residents) of opioid prescriptions dispensed in Minnesota has been steadily decreasing.

[14] The opioid prescription count represents the volume of prescriptions dispensed to recipients with a Minnesota address, per the dispensers' records, and is regardless of age or whether Minnesota residents filled opioids.

[15] Prescription Monitoring Program Annual Report 2022, Prescription Monitoring Program, Minnesota Board of Pharmacy, 2018-2022.

Youth misuse

Figure 5. Percentage of youth who report inappropriate use of pain medications[16]

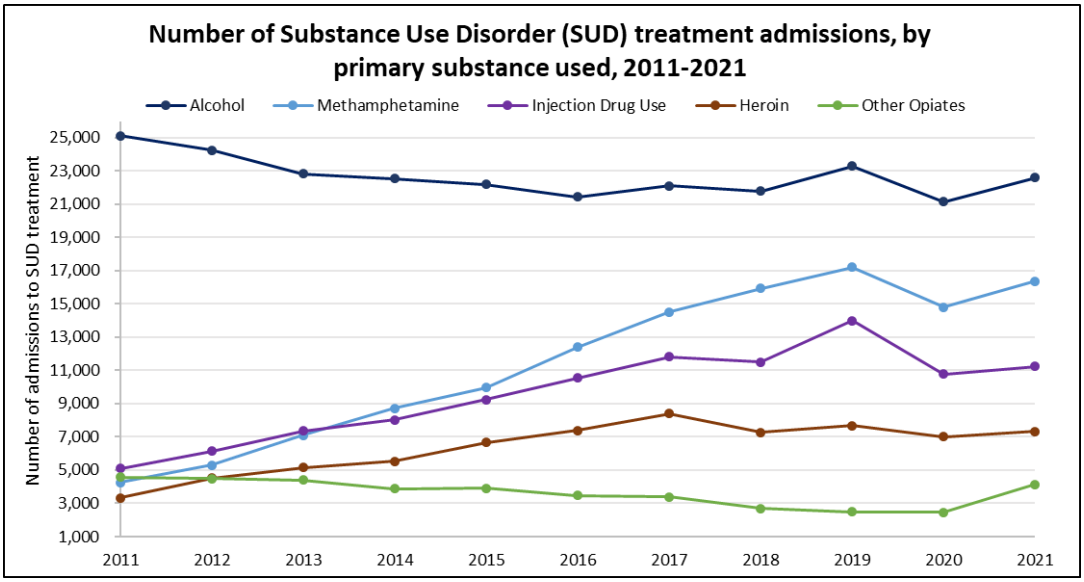


Findings: The percentage of 8th and 9th graders who reported inappropriate use of pain medications (e.g., Oxycontin, Percocet, Vicodin) in the past 12 months has continued to increase. Inappropriate use among 11th graders remained consistent from 2019 to 2022.

[16] Minnesota Student Survey, Minnesota Department of Education, 2013-2022.

Substance use disorder treatment

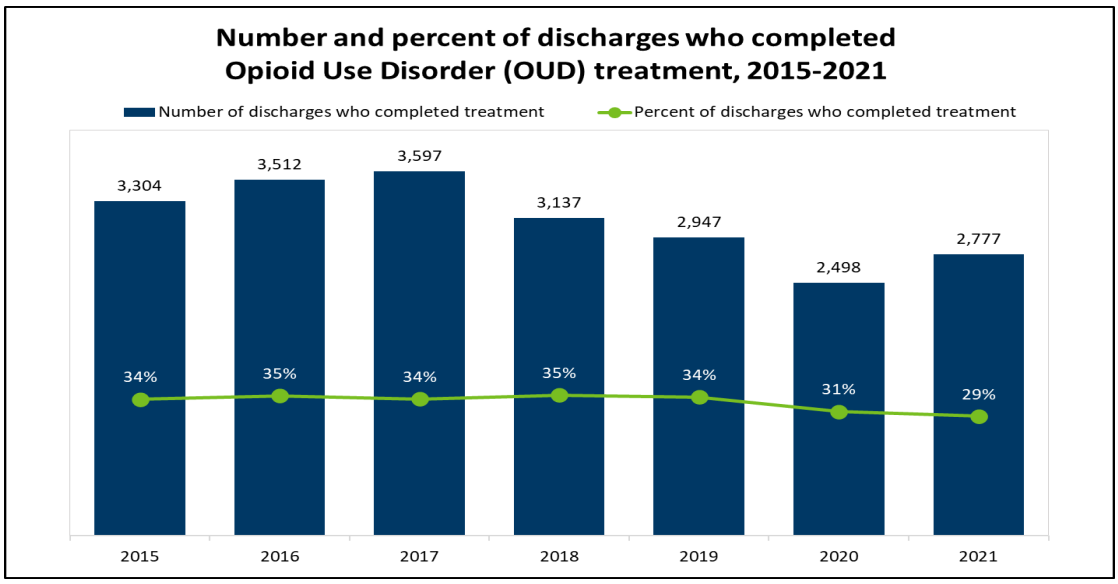
Figure 6. Number of substance use disorder (SUD) treatment admissions[17]



Findings: Among adults in Minnesota seeking treatment for substance use disorder (SUD), alcohol remains the predominant substance used upon admission. Consistent with trends from previous years, methamphetamine ranks as the second most commonly reported substance at the time of admission for SUD treatment.

[17] Drug and Alcohol Abuse Normative Evaluation System (DAANES), Minnesota Department of Human Services, 2011-2021.

Figure 7. Opioid use disorder treatment discharges[18]

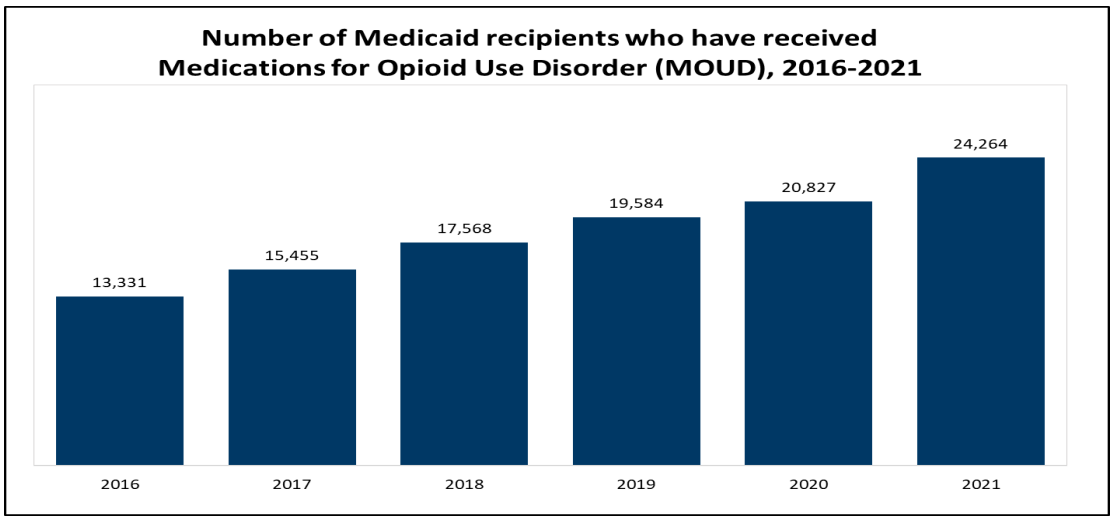


Findings: The number of discharges who completed Opioid Use Disorder (OUD) treatment at discharge has declined. In 2021, only three out of ten discharges had successfully completed OUD treatment.

[18] Data source: 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 8. Individuals who receive Medication for Opioid Use Disorder (MOUD)[19]



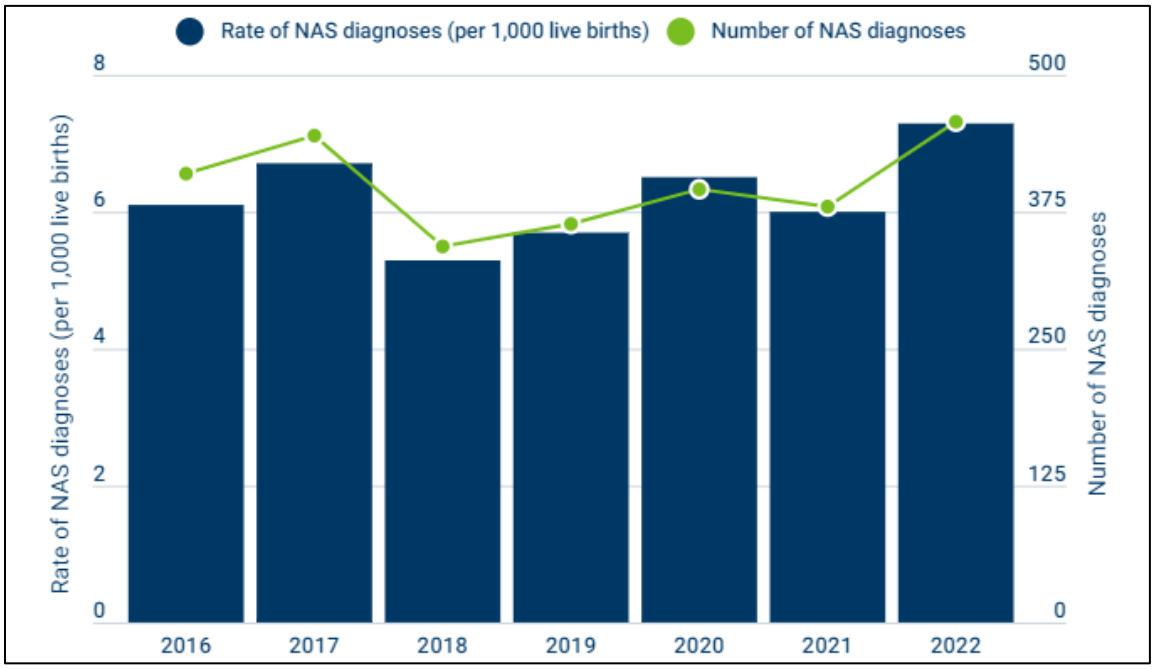
Findings: The number of Minnesota Medicaid recipients who have received Medications for Opioid Use Disorder (MOUD), like buprenorphine, has shown an upward trend.

[19] Drug and Alcohol Abuse Normative Evaluation System (DAANES),

Minnesota Department of Human Services, 2016-2021.

Multigenerational effects

Figure 9. Neonatal Abstinence Syndrome (NAS) cases[20]

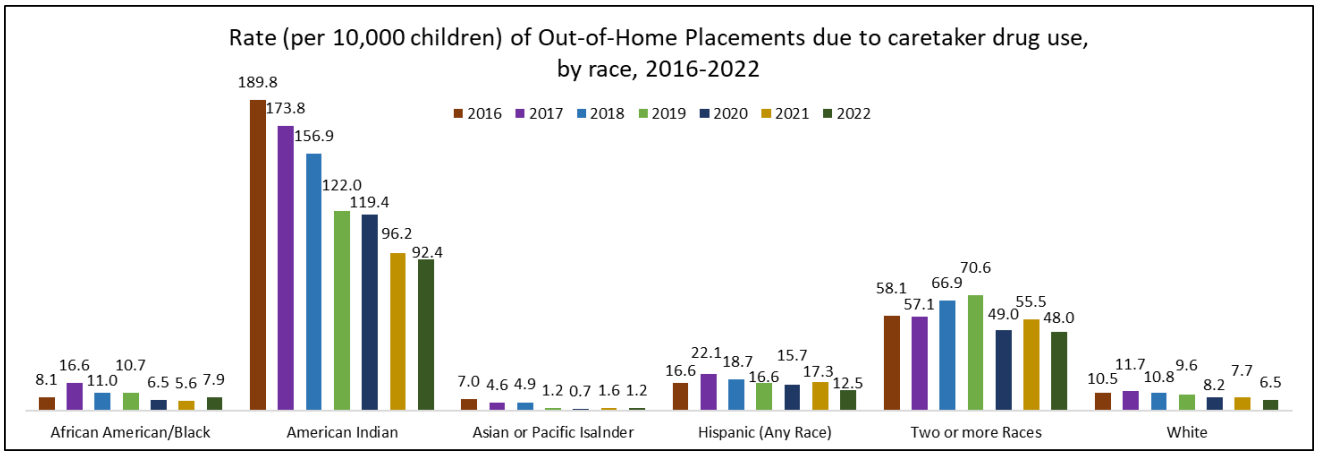


Findings: The frequency of diagnoses for Neonatal Abstinence Syndrome (NAS) has fluctuated since 2016.

[20] Minnesota hospital discharge data, Injury and Violence Prevention Section, Minnesota Department of Health, 2016-2022.

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

Figure 10. Children entering out-of-home care with parental drug use as a reason[21]



Findings: American Indian children face significantly higher odds of being placed in out-of-home placement due to caregiver drug use compared to children of other racial and ethnic backgrounds. Nevertheless, the rate (per 10,000 children) of such placements among American Indian children has been decreasing and is now less than half of what it was in 2016, showing a positive trend.

[21] Social Services Information System (SSIS), Department of Human Services, 2016-2022. 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.

Statewide Treatment Access Assessment

The figures below illustrate changes in treatment access from 2017 through 2023. In 2017, there were 146 residential treatment providers compared to 100 in 2023. This reflects a 68% decrease in residential facilities between 2017 and 2023. Non-residential treatment providers have stagnated. In 2017, there were 359 non-residential providers, compared to 367 in 2023. There were 16 licensed detox providers in 2017, compared to 17 licensed detox providers in 2023. Note that some facilities provide multiple forms of treatment, including residential, non-residential and detox services. Twenty-three counties did not have a treatment provider within the county boundaries in 2017. In 2023, 24 counties did not have a treatment provider located within the county boundaries. This underscores the need for continued concentrated efforts to ensure statewide access to treatment and support of currently operating facilities to maintain active licensure.

Figure 11: Number of SUD Treatment Providers in Each County, 2017[22]

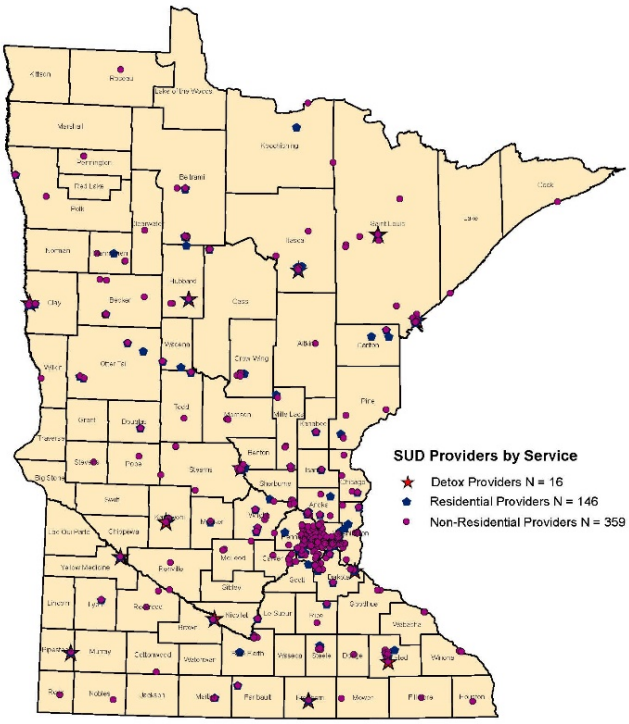
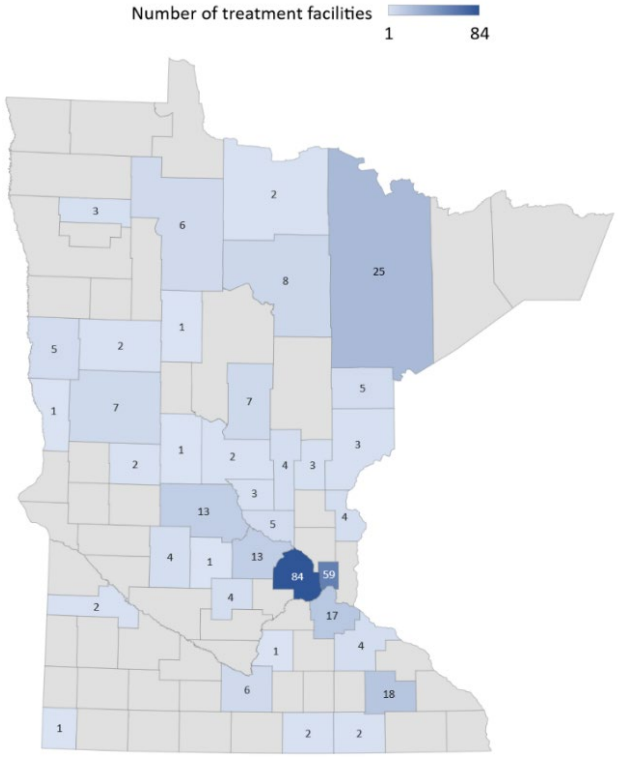


Figure 12: Number of SUD Treatment Providers in Each County, 2023



[22] Minnesota Department of Human Services, ADAD, Drug and Alcohol Abuse Normative Evaluation System (May 4, 2017)

IV. Individual Grants – Status Update

A. Available Funding

The Opioid Epidemic Response Fund (OERF), established by legislation in 2019, was created to manage licensure and registration fees gathered from opioid manufacturers and distributors, as well as appropriations from settlements related to opioids.[23] Once these fees are collected and settlement appropriations are received, Minn. Stat. 256.043, subd. 3 delineates how these funds must be appropriated.[24] Revenue sources for 2023 include licensure and registration fees and opioid settlement funds collected in the fiscal year ending June 30, 2023.

Table 1 below shows the total registration and license fees collected by the Board of Pharmacy, as well as direct appropriations and other obligations for Fiscal Year 2023.

Table 1: Registration and License Fee Account Revenue and Expenditure

Opioid Epidemic Response Fund Registration and License Fee Account

Description	Expenditure	Revenue
Revenue from registration and license fee account (FY23)	--	$14,365,395
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 (MN Laws 2023, Ch 61, sec. 13)	-$60,000	--

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

[24] 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 Registration and License Fee Account

Description	Expenditure	Revenue
Direct Appropriation to Minnesota Management and Budget (M.S. 256.043)	-$300,000	--
Direct Appropriation to DHS for Project ECHO Grants (M.S. 256.043)	-$400,000	--
Direct Appropriation to DHS for Overdose Prevention Grant (M.S. 256.043)	-$100,000	--
Direct Appropriation to DHS for Traditional Healing Grants (M.S. 256.043)	-$2,000,000	--
Total Statutory Appropriations Above	**- $3,919,000**	
Total Net Revenue Available from Registration and License Fee Account After Statutory Appropriations	--	**$10,446,395**
50/50 Child Protection obligated amount of the Net Revenue after Statutory Appropriations	-$5,223,197	--
Distribution to Tribal Social Service Agency Initiative Programs	-$376,000	
Total Net Revenue in Registration and License Fee Account	--	**$4,847,197**

Table 2 below indicates the total revenue and expenditures from settlement funds in FY23. Distributors refers to the collective group of pharmaceutical distributors, pharmacy chains and manufacturers responsible for paying settlements for abatement.

Table 2: Opioid Settlement Account Revenue and Expenditure

Opioid Epidemic Response Fund Annual Revenue

Description	Expenditure	Revenue
McKinsey & Company Settlement	--	$342,000
Johnson & Johnson Settlement	--	$11,036,000
Distributors Settlement	--	$9,144,000
Mallinckrodt Settlement	--	$496,000
Total Revenue Above	--	**$21,018,000**
Distribution to Tribal Social Service Agency Initiative Programs	-$376,000	--
Total Net Revenue in Opioid Settlement Account	**--**	**$20,642,000**

Table 3 describes total net revenue available in the Opioid Epidemic Response Fund from the combined settlement dollars and registration fees after all appropriations for FY23. This reflects a total net revenue of $25,489,197.

Table 3: Registration and License Fee Account Revenue and Expenditure

Opioid Epidemic Response Fund Registration and License Fee Account

Description	Expenditure	Revenue
Net Revenue from Registration and License Fee Account (FY23)	--	$4,847,197
Net Revenue from Opioid Settlement Account (FY23)	--	$20,642,000
Total Net Revenue in Opioid Epidemic Response Fund	--	**$25,489,197**

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 Mar. 17, 2023, the OERAC approved the appropriation of $2,414,284 in SFY 23 revenue to fund a 1-year extension of 15 of the 19 contracts awarded in the SFY 21 Opioid Epidemic Response Services (OERS) RFP. Contracts awarded were recommended based on performance and service need. All contract extensions were to continue activities originally funded, and amendments to extend contracts were executed before July 1, 2023, allowing services to continue uninterrupted up to June 30, 2024.

Additionally, on Mar. 17, 2023, OERAC approved $1,100,000 to be equally distributed across the 11 federally recognized Minnesota Tribes for targeted OUD response services specific to the unique community needs of each tribe. The award is being managed by the Minnesota Department of Health (MDH) with each tribe negotiating their acceptance with MDH and defining funded activities. The OERAC will be updated on negotiations and funded activities and as needed, engaged if any additional decisions or discussions are warranted.

On June 12, 2023, DHS published the state-funded RFP for grantees on the DHS Grants and RFP website[25] and sent notifications of the posting via e-memo. The RFP included $20,649,221 in funding, which is the amount

[25] "Open grants, RFPs and RFIs", Minnesota Department of Human Services: https://mn.gov/dhs/partners-and-providers/grants-rfps/open-rfps/

available to the OERAC from fees and settlement dollars allocated through the OERF. Funding categories included in the RFP included:

- Primary Prevention and Education for opioid-related SUDs
- Secondary Prevention and Harm Reduction for opioid-related SUDs
- Workforce development and training on the treatment of opioid-related SUDs
- Expansion and enhancement of a continuum of care for opioid-related SUDs
- Chronic Pain and Alternative Treatments
- Emerging or Innovative: Strategies and practices aimed at improving the impact of opioid-related SUDs on the state of Minnesota

DHS recruited community 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 Aug. 10, 2023, DHS held an orientation session for selected reviewers. Each reviewer signed a conflict-of-interest acknowledgement and was assigned to read and review four to five proposals. Proposal evaluation forms with the community reviewer comments and scores were due to DHS by Aug. 28, 2023. Request for Proposal community reviewer meetings occurred between Aug. 29 and Sept. 11, 2023. Community reviewer scores and recommendations were passed on to a small subcommittee of the Council, including four voting and one non-voting members, to make recommendations to the larger Council. The subcommittee deliberated and ultimately endorsed the rankings and ratings recommended through the community review process for each of the six established categories. The top applicants in all categories were found to meet the geographic and population goals that the OERAC sought to achieve through the Request for Proposal process. On Sept. 29, 2023, the Council reviewed and approved the recommendations of the subcommittee. The total amount recommended by the Council for grant awards was $20,095,519 for 28 grantees.

At the time of drafting this report, DHS is finalizing contracts with grantees. Once these contracts are complete, details about the grantees selected for funding will be posted on the Opioid Epidemic Response Advisory Council webpage.

C. Evaluation Update

Statute language (256.042 Subd.1 (c))

The Council, in consultation with the commissioner of management and budget, and within available appropriations, shall select from projects awarded grants under section 256.043, subd. 3 and 3a, and municipality projects funded by direct payments received as part of a statewide opioid settlement agreement, 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. Grant proposals and municipality projects that include promising practices or theory-based activities and are selected for an evaluation shall be administered to support the experimental or quasi-experimental evaluation. Grantees and municipalities shall 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 Minnesota Management and Budget's Impact Evaluation website.

Completed projects from previous years

2022

- Evaluation of Peer Recovery support services for substance use disorder – Legislative report
- Evaluation of a Buprenorphine Boot Camp training – Legislative report

2021

- Evaluation of Project ECHO – 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 – Legislative report
- Treating Opioid Use Disorder for criminal-justice-involved individuals – Descriptive analysis

Completed projects in 2023

Access to health care for criminal-justice-involved individuals

Between January 2015 and May 2022, 1,309 individuals succumbed to substance overdoses within one year of their release from jail and prison. This equates to nearly one-fifth of all overdose deaths in Minnesota during that period originating from individuals who were incarcerated within the past year. Access to MOUD can meaningfully reduce misuse and overdoses, but MOUD, like buprenorphine, are often not readily available for individuals during incarceration and post-release.

To identify opportunities to improve the health and wellbeing of criminal-justice involved individuals, MMB conducted an analysis of their health care access and use. This analysis linked correctional records with health

care eligibility and claims data to understand health care use—especially for people with OUD—before and after incarceration.

The results show a nuanced story regarding public health insurance coverage before and after incarceration. For people with coverage before confinement, over half of them keep coverage throughout incarceration and after release. Almost 50 percent of prison entries result in coverage ending during incarceration, whereas less than 20 percent of jail entries result in lapsed coverage. Nearly half of individuals released from incarceration have new coverage within three months of release.

The findings paint a picture about the use of health care, especially MOUD, after confinement. For people with at least one health care claim before confinement, the number of monthly claims falls slightly after release. For people with OUD, however, MOUD claims fall precipitously upon release from both jail and prison, from 10-12 days with a claim per month prior to release to an average of three to six days with a claim post-release. Additionally, while people with OUD go less than a month between MOUD claims before confinement, approximately three to five months pass, on average, between their release date and first MOUD claim. Over a quarter of them have no observed MOUD claims after release.

Opioid grants dashboard: The use of evidence in Minnesota's opioid epidemic response

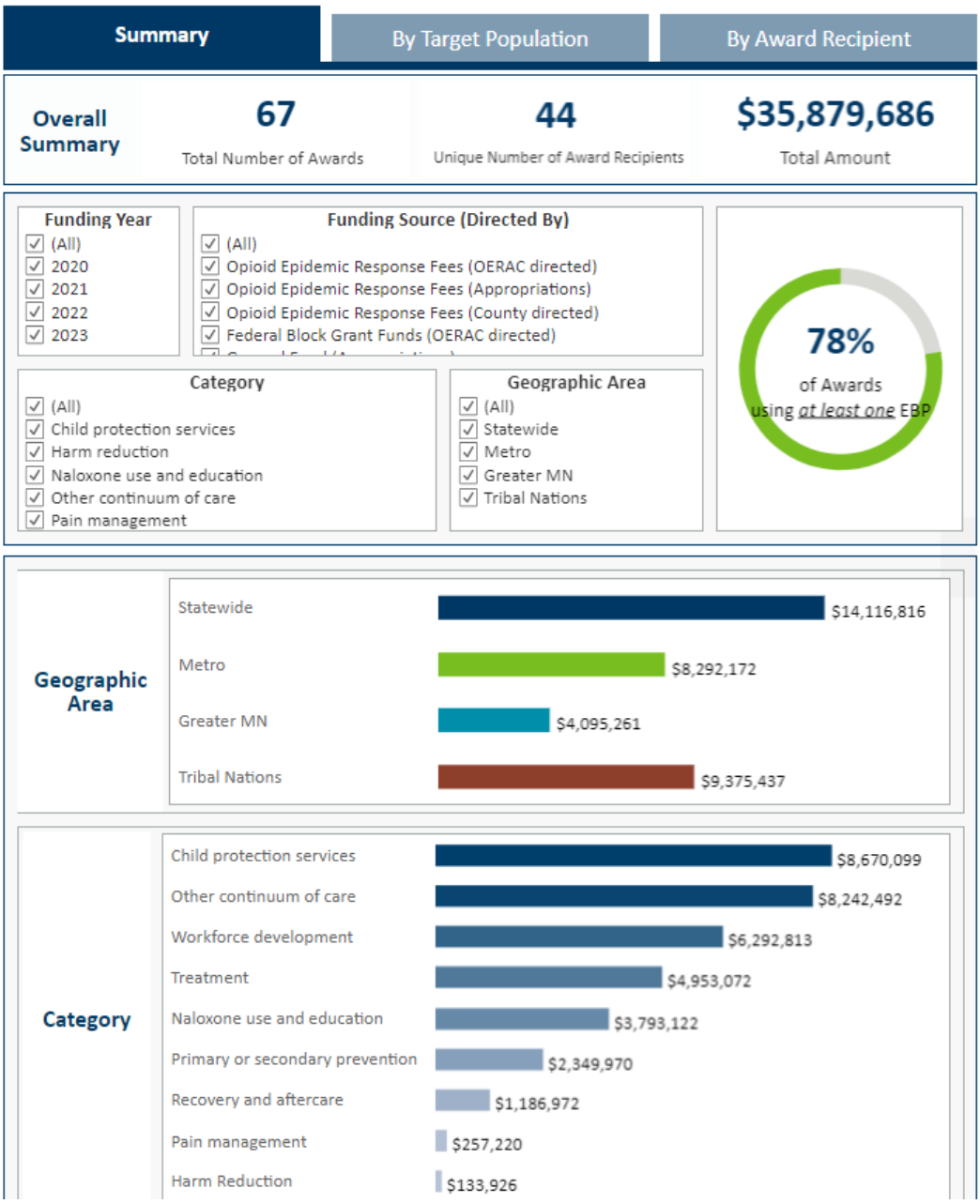
In partnership with DHS and the OERAC, MMB created a dashboard of OERAC grant awards and opioid settlement funds allocated to cities and counties in Minnesota. The dashboard visually represents Minnesota's work to mitigate the harm of opioid use disorder, both to inform future investments by decision-makers and provide transparency to residents. It tracks grants by recipient, services provided, geographic area, target populations, outcomes and the use of evidence-based practices. Users can view grants and settlement projects separately or combined.

In creating the dashboard, MMB worked with DHS to overhaul grantee reporting. This redesign sought to 1) reduce the level of effort for grantees and 2) improve the quality of the data collected. The revised reporting was scheduled to be implemented starting with the October 2023 grant cohort.

Since 2020, OERAC legislation has resulted in approximately $27 million in funding to counties and community organizations through grants and appropriations.[26] These awards fund a variety of services, including prevention, harm reduction, treatment and recovery services, expanding the continuum of care and pain management. Fifty-two of the 67 (78%) grants funded at least one evidence-based service (see Figure 13).

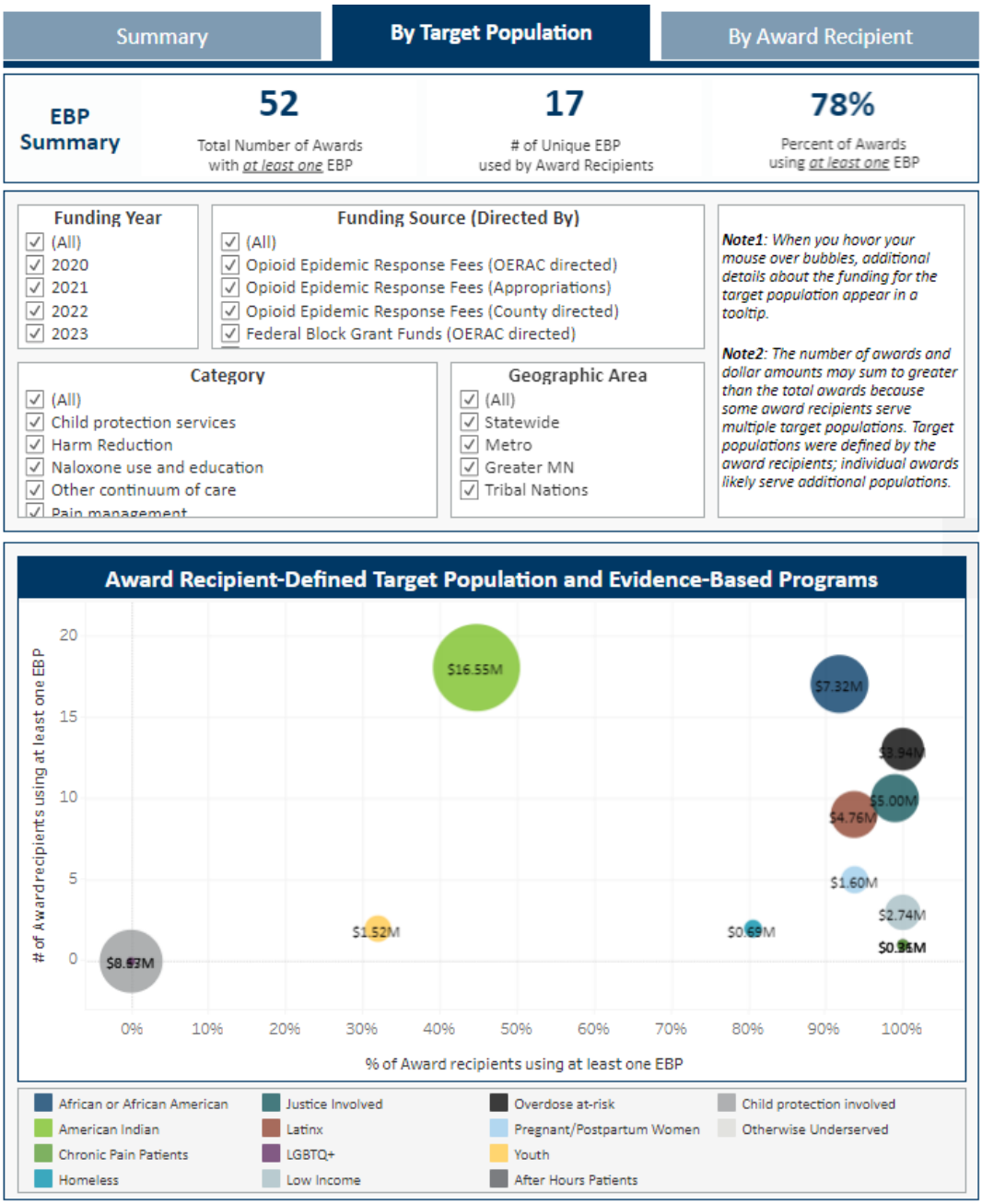
[26] An additional $8,670,099 was distributed among all counties and tribal nations for child protection services.

Figure 13. Overview of OERAC grantee services and evidence-based practices



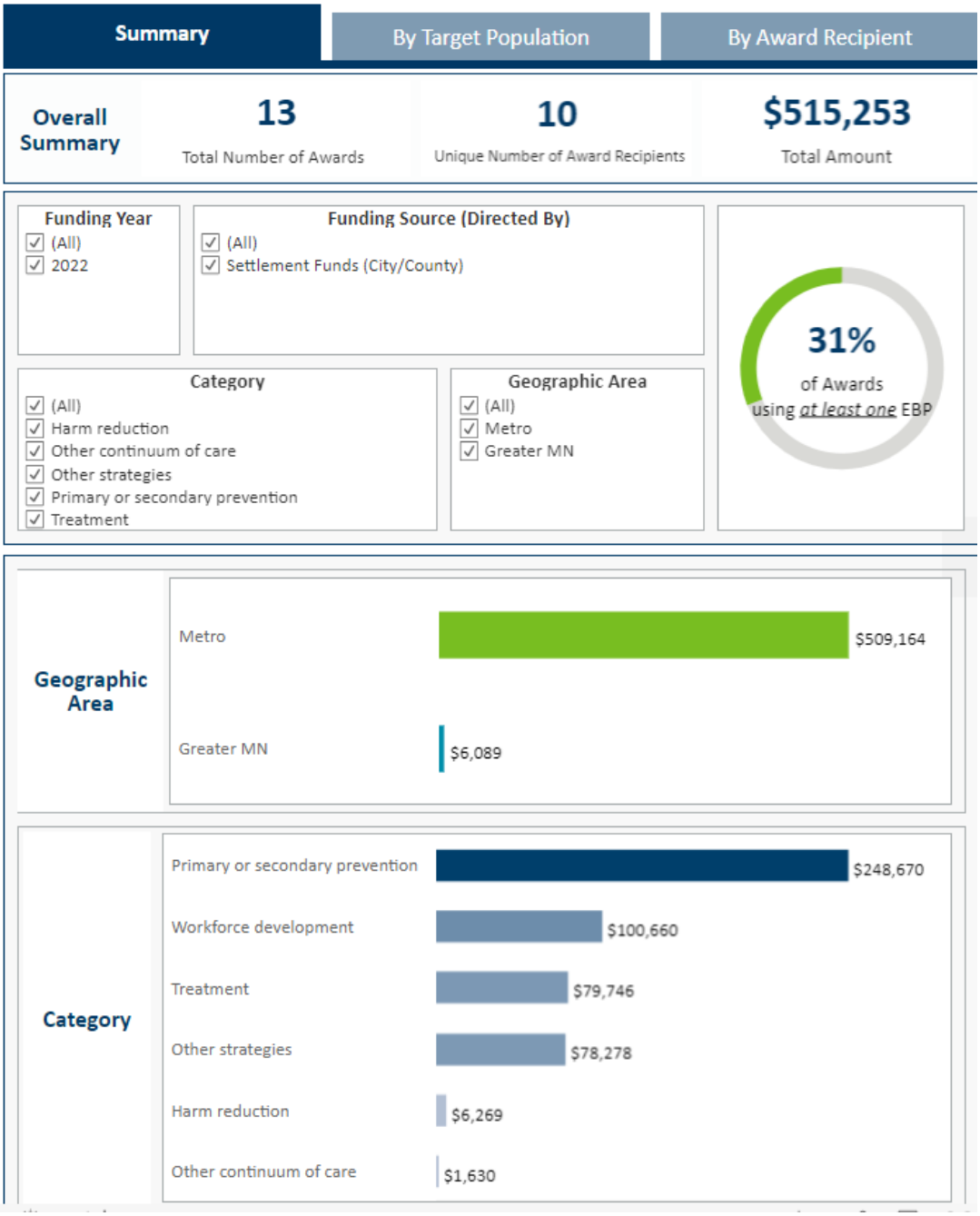
These grants also served a diverse group of Minnesotans with 19% of awards going to Greater Minnesota, 57% targeting BIPOC communities and 4% targeting housing insecure Minnesotans (see Figure 14).

Figure 14. OERAC grantee target populations



In 2022, counties and cities across Minnesota spent a total of $515,253 of their settlement funds on prevention, workforce development, treatment, harm reduction and other opioid abatement strategies. Four of the 13 (31%) award recipients spent at least some funds on evidence-based practices or services (see Figure 15). Counties and cities will report on 2023 settlement spending to DHS in March of 2024; MMB will update the dashboard shortly thereafter.

Figure 15. Opioid settlement spending in 2022



In progress

Continued study of access to health care for criminal-justice-involved individuals

As noted, individuals recently released from incarceration are at extremely high risk for opioid overdose. Access to Medications for Opioid Use Disorder (MOUD) can meaningfully reduce use and overdoses, but MOUD, like buprenorphine, are often not available for individuals in incarceration.

Funding constraints is a significant barrier to MOUD access. This, in part, can be attributed to federal prohibition of Medicaid coverage for individuals in prison or jail, known as the Medicaid Inmate Exclusion policy. As a result of this policy, the state and counties pay for correctional health care using the general fund, county levy funds, and grant funds. This results in wide variation in the equity of access to life-saving health care in jails across Minnesota. For instance, a 2021 survey found only a third of Minnesota's counties consistently screen for opioid use disorder and fewer than half provide lifesaving MOUD in their jails.[27]

MMB is continuing to research the impact of OERAC grants, projects funded through the opioid settlement agreement and other state investments on behavioral health services, especially the use of MOUDs, for criminal-justice involved populations. This includes documenting the current state of health care across Minnesota and how release planning delivery is conducted, as well as evaluating promising models that could be scaled.

Substance use during the perinatal period

Substance use during pregnancy, including the use of opioids, is alarmingly common; data from the Substance Abuse and Mental Health Services Administration (SAMHSA) shows that nearly one in five pregnant individuals used nicotine, alcohol or illicit substances in the past month.[28] Between 2010 and 2017, the number of women with opioid-related diagnoses documented at delivery increased by 131 percent nationally.[29] Substance use in the perinatal period (from conception to one year post-birth) can have serious consequences for mothers and babies, including miscarriage, stillbirth, birth defects, low birth weight, Neonatal Abstinence Syndrome and maternal overdoses and death.

Despite the prevalence of perinatal substance use, it is highly stigmatized. Most ob-gyns are not trained to screen for or treat SUD, and there are many missed opportunities for health care providers to provide support for mothers and their infants.

MMB is scoping a study of perinatal SUD in Minnesota. This will begin with a descriptive analysis of the problem – including the prevalence of SUD and OUD diagnoses among pregnant and post-partum individuals across the state, characteristics of these individuals, the treatment they receive and birth outcomes for mothers and infants. Details will be available in 2024.

Increasing prescribing of Medications for Opioid Use Disorder (MOUD)

Research shows Medications for Opioid Use Disorder (MOUD) are the most effective way to treat individuals with OUD. Most MOUD can be prescribed in primary care settings, giving them the potential to be broadly

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[27] Based on a 2021 MMB survey of Minnesota counties.

[28] Marcela C. Smid & Mishka Terplan, "What obstetrician-gynecologists should know about substance use disorders in the perinatal period," Obstetrics & Gynecology 139, no. 2 (2022), 313-337.

[29] Ashley H. Hirai, Jean Y. Ko, Pamela L. Owens, Carol Stocks, & Stephen W. Patrick, "Neonatal Abstinence Syndrome and maternal opioid-related diagnoses in the US, 2010-2017," JAMA 325, no. 2 (2021), 146-155.

available. In Minnesota, however, there are yawning gaps in access to these medications, especially in rural areas and for BIPOC communities.

In 2023, the federal Drug Enforcement Administration removed the requirement that providers receive a special license to prescribe these medications, referred to as an X-waiver. This removes one barrier to access, but prior research suggests there is a) little awareness of this change among primary care providers and b) providers need connection to training plus organizational and peer support to prescribe these medications appropriately.

To those ends, MMB has proposed an intervention to notify providers about the X-waiver changes and connect them to proven effective resources, including Project ECHO and Buprenorphine Boot Camps. MMB will test and send behaviorally informed letters to providers—varying the language and resources made available—and track in administrative data the impact on MOUD prescribing. To advise and support the work, MMB plans to bring together agencies, boards and provider associations, as well as an academic team they have partnered with on prior prescribing research.

Future project identification

Each year, MMB reviews contracted grants and projects funded through the opioid lawsuit settlements 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, MMB works on two to three evaluations that each take approximately 18 months to complete. To suggest evaluation ideas or learn more, contact resultsmanagement@state.mn.us.

V. Policy Objectives and Appropriation Recommendations

The OERAC developed policy objectives to recommend future consideration of the legislature. The recommendations included in this report are intended to reflect policy initiatives that the Council has discussed and will support. The multidisciplinary composition of the Council ensured a diversity of perspectives and expertise, lending a comprehensive and inclusive approach in formulating the recommendations, fostering well-rounded and informed policy suggestions for legislative deliberation.

- Funding for mobile methadone clinic.
- Funding for remote (rural) methadone clinic.
- Funding for (nurse) care coordinators - in the same style as peer recovery navigators, these professionals help individuals navigate the system and stay connected, but unlike peer recovery navigators, they are more medically savvy in their approach (could be a nurse but does not need to be).
- Adolescent opioid addiction - approval of sublocade (injected monthly buprenorphine) injections in Medicaid for adolescents; leverage adolescent treatment facilities into accepting patients on buprenorphine.
- Harmonize Minnesota rules for 245G programs with Federal regulations; this would include aligning methadone take-out dose schedules to match the current federal extension of take-home dosing that has been in place since COVID. *The 2024 Legislature enacted this recommendation*.
- Encourage all state prisons and jails to provide all FDA-approved medications for OUD as well as programs for transitioning to community services (re-entry) for incarcerated populations. *The 2024 Legislature authorized funding and policy changes to allow medications for OUD and other health care services in jails in prisons as a part of the re-entry waiver.*
- Explicitly affirm that people taking medications used to treat addictions are protected from discrimination under the Americans with Disabilities Act and Fair Housing Act.
- Allow Prescription Drug Monitoring Program (PDMP) to be used for Institutional Review Board (IRB)-approved research, especially when individual patients provide consent.
- Sustainable funding for ECHO projects educating clinicians about opioid use disorder and its treatment and prevention, including alternative medicine, SUD use in pregnancy and related conditions.
- Establish direct appropriations for reimbursing traditional healing and holistic services at the encounter rate.
- Make energy-based services billable.
- To protect and exercise the inherent sovereignty of each Tribal Nation; each Tribe should have the right to decide what services they will employ to best meet their holistic needs of their people.
- The Legislature should reestablish a direct allocation to sustain the statewide Prescription Monitoring Program; this may be an allocation from all state settlement funds or allocation from current license fees collected.
- Increase reimbursement rates for providers that specialize in chronic pain management, excluding non-interventions, ensuring they have adequate compensation for the time necessary to provide comprehensive care to their patients.
- Create a public advertisement campaign focused on high school-aged kids to educate about the use of “percs” and “fentanyl skittles” and other forms of synthetic opioids.

- Support education campaign on the dangers of supplements purchased in retail stores such as kratom, phenibut, tianeptine, Delta 8, GHB, etc. and the impact of polypharmacy with prescription medications.
- Increase job bonding for people who successfully graduate from a treatment court; the person is eligible to be bonded so they can get a job and be insured by the State.
- Provide Peer Recovery Specialist (PRS) services inside jails so that people who are arrested can have access to PRS prior to going to court and perhaps to get support to be released.
- Provide jails with fentanyl test strips/Narcan for people being released from custody.
- Remove prior authorization requirements for MOUD medication and services.
- The Council and the Legislature should endorse the modified Good Samaritan Law language in development by grassroots organizations aimed at updating and broadening protections within the law to promote and incentivize individuals to promptly call 911 during emergencies.
- In alignment with the Minnesota Medical Association's policy and recommendations, the legislature should move to decriminalize "simple possession" of illicit drugs.
- Facilitate access to Hepatitis C treatment by eliminating prior authorization and the need to document engagement in SUD treatment while integrating harm reduction services to support Hepatitis C treatment.