



Attendees:

Members:

Malissa Burnette, James Tadman, Elizabeth Boucher, Darin Selzler, Marley Melbye, Andrew Larson, Jodi Ramberg, Naomi Hagen, Kelsey Helgeson, Molly Paulsrud, Jacob Dahle, Shannon Kronlund, Laura DeLage, Catherine Johnson, Kelly Black, Greg Widseth, Jennifer Berhow, Jodi Ramberg, Katelyn Sander, Mary Sens, Jacqueline Hanson, Cassie Heide

Chief Strategist – Polk County Public Health

Sarah Shimek, Kirsten Fagerlund, Sarah Reese, Taylor Hasick

Speakers:

Pine to Prairie Drug Task Force Commander, MN Counterdrug Analyst, Carrie Danielson, Kelly Black

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1. Welcome and Introductions (Sarah S.)
 2. Review and Approval of 1/11 Mtg Minutes (Sarah S.) - Reviewed and no recommended changes.
 3. Pine to Prairie Drug Task Force – ODMAP Presentation (slideshow attached)
 - a. Mission of the Pine to Prairie DTF
 - b. Introduction video – What is ODMAP
 - i. <https://youtu.be/KjSMlpXxhYc>
 - c. Map of overdoses, can be accessed by law enforcement, EMS, or any related agency
 - i. Show whether OD was fatal, if Narcan was used (and how many doses)
 - d. 7,504 overdoses in February so far, Narcan used in 3,610 of the cases
 - i. 96 in Minnesota in February (6 in last 24 hours), 9 fatal, Narcan used in 38 cases
 - e. ODMAP only shows age and gender to give overview of who is using
 - f. Can use ODMAP for more drugs, not just to map opioids
 - g. Mapping Data
 - i. Age, gender, primary suspected drug
 - ii. Agency entering the OD
 - iii. Was Naloxone administered, who administered, was it left behind
 - h. Odmap.org
 - i. Contact Us link
 - i. Questions:
 - i. Who is entering information in Polk County? Just Pine to Prairie DTF
 - ii. They enter data for eight counties in NW Minnesota
 - iii. Self-filtering: not putting in suicide attempts, accidental OD of prescribed medicines, flags to avoid double-reporting
 4. Review of Prevention Jamboard from 1/11 meeting (Sarah S.)
 - a. Additions: Abstinence-only programs lead to higher risk of death by overdose (Jodi R.)



Polk County Opioid Settlement Advisory Council Minutes

February 8, 2023 | 10 a.m.-12:00 p.m. | Virtual

5. Carrie Danielson, Essentia Health
 - a. Suboxone and Vivitrol in treatment for opioid dependence
 - b. Treatment anecdote – pregnant woman, starting program to use Suboxone for treatment
 - i. Stopped requesting Fentanyl within two days of starting Suboxone
 - c. Work with White Earth MOMS program and ICW
 - d. Smart Recovery – 4 point program
 - i. Building motivation, coping with urges, managing thoughts/feelings/behaviors, living a balanced life
 - ii. There is a program specifically for teens, meetings for family/friends
 - iii. 42 people enrolled, did not do any advertising to get people enrolled
 - iv. Anecdote – Amish woman, can use just the booklet
 1. Adaptable programming and meetings for different cases
6. Naomi Hagen, Kelly Black – Essentia Health Opioid Stewardship Program Overview (slides attached)
 - a. Integrated healthcare system across ND, MN, WI
 - b. Renewal of Public Health Emergency Declaration for Opioids
 - c. Essentia started their collective community response in 2013, prescribing guidelines in 2017, provider opioid education program in 2019
 - d. Focus topics: reduce the supply of opioids, treat pain differently, address addiction
 - i. Educating patients, change prescribing patterns, train future clinicians
 - ii. Inpatient risk assessments, multidisciplinary pain clinics, integrative therapies
 - iii. Embedded addiction resources, population health approach to ID patients at high risk for addiction
 - e. Pharmacy services: PDMP, disposal, Naloxone/Narcan, syringe access program, tapering program
 - f. MOUD at Essentia Health
 - i. \$4 million in Opioid Response Grants awarded
 - ii. MOUD workflows, Epic tools, patient education
 - iii. Ongoing provider education and mentorship (ECHO sessions)
 - iv. 24/7 referral line 833-677-1262
 - g. Removal of DATA Waiver (X-Waiver)
 - h. Advanced Addiction Medicine Training Cohort
 - i. 12 providers working toward board certification in addiction medicine
7. Healthcare Partners Environmental Scan (Sarah R.)
 - a. Slides attached
 - b. Aggregate data on what four area health systems are doing for prevention, treatment, recovery, and harm reduction
 - i. Altru, Sanford, Essentia, Riverview
8. Treatment Efforts/Group Share (Taylor) – Reminders on Jamboard.
 - 1) What are you/we currently doing for treatment in Polk County?
 - 2) What are we missing? What are our gaps in Polk County? Where are our opportunities?
 - 3) Opportunities to share treatment experiencesJamboard responses attached.



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9. Financial Update: have received \$388,663.61
 - a. Received \$1.9 million over 18 years with the majority disbursed in the first 5 years
 - b. Other pharmaceutical companies may be added to the settlement
10. Next Mtg March 8 from 10-12, Virtual
11. HW: same group sharing exercise around recovery at the March mtg
12. Adjournment at 12 (noon)

Healthcare Partners - Environmental Scan

Collect, organize, and analyze information to look for current resources/strategies, educate decision making, opportunities to address the opioid epidemic in the future and improve health outcomes.

Prevention - Healthcare Workforce

- **Screening, Brief Intervention, and Referral to Treatment (SBIRT)** - All health systems utilize workforce training and funding to implement evidence-based secondary prevention approaches that identify and intervene with problematic use, abuse, and dependence on substances.
 - Not all clinics purchase/have built in automated versions of SBIRT and support ongoing costs of the technology.
 - *"A registry report is generated for anyone falling outside of our set parameter. Those patients are set up on a regulated opioid contract with their provider."*
- **Prescription Drug Monitoring Program** - All health systems (MN Stat 152.126)
- **Provider Education** - All systems offer trainings for practitioners on non-opioid pain treatments, nonaddictive chronic pain therapies, and guidelines for opioid prescribing best practices.
 - *"Limited training has been completed; some providers seek their own continuing education on these topics and some provided by facility. Some board certifications require this education."*
- 2 out of 3 systems disseminate web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service-Opioids web-based training curriculum and motivational interviewing.
- Scholarships for workforce development for addiction professionals were not widespread.

- **Primary Prevention** – Examples of primary prevention work across health systems were varied.
 - *Naloxone distribution*
 - *NAS screening*
 - *Participation in the DHS Opioid Improvement Project*
 - *"Majority of controlled substance prescribing is e-prescribing"*
 - *Prescribing defaults and monitoring for quantity/dosage*

All of the health systems refer to local partners for drug take back/storage.

"No, we guide them to the Sheriff's office or City office for disposal."

"Not currently onsite; work with other county resources."

Treatment and Recovery

Questions asked of each health system on treatment and recovery	
Substance Use Disorder Treatment Expansion - do you offer detox, inpatient/residential and outpatient treatment, and medication-assisted treatment?	2 out of 3 reported yes.
Do you provide funding and training for clinicians to obtain a waiver under the Federal Drug Addiction Treatment Act of 2000 ("DATA 2000") to prescribe MOUD for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver?	3 of 4 reported yes, 1 reported unknown. Note: Removal of DATA Waiver (X-Waiver) Requirement (1/12/2023)
Do you offer or connect people with OUD/co-occurring SUD/MD conditions, for detoxification (detox) and withdrawal management services - including but not limited to medical detox, referral to treatment, or connections to other services or supports?	4 out of 4 reported yes.
Do you screen for fentanyl in targeted ED and/or routine clinical toxicology testing?	3 of 4 reported yes. One reported "not routine".
Do you offer screening and/or treatment for OUD and any co-occurring SUD/MH conditions, including all forms of MOUD approved by the U.S. Food and Drug Administration?	3 of 4 reported yes, 1 of 4 reported "in process".
Do you have personnel (ER/Hospital) that provide warm hand off services to transition to addiction / recovery services?	1 of 3 reported yes.
If applicable, do you have a policy/procedure/practice for oversight of OTPs to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.	0 reported yes.

Treatment and Recovery

Questions asked of each health system on treatment and recovery	
Have you created or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including but not limited to new Americans, African Americans, and American Indians?	3 of 3 reported yes.
Recovery Supports - connect to employment/job training, community supports, peer supports?	2 of 3 reported yes.
Rural/Frontier and Underserved Treatment Programs- mobile program? Telehealth/telemedicine programs?	1 of 3 reported yes.
Do you offer telehealth to increase access to treatment for OUD and any cooccurring SUD/MH condition, including MOUD, as well as counseling, psychiatric support, and other treatment and recovery support services?	2 of 4 reported yes.

Fentanyl is not in our routine screening but is available to be ordered as a separate test.

We use the Smart Recovery Program education and guidance. We plan to start in-house group discussions

We have two contracted recovery support individuals and provide scholarships for others to be trained.

All staff have attended and follow cultural appropriate training to attend to the special needs of the population we serve.

Harm Reduction + Funding

- **HIV and Hepatitis Treatment** - All health systems offer screening, early detection, vaccines, and treatment for HIV, hepatitis, and other medical issues occurring among people who inject drugs.
- **Overdose-Reversal Drugs** - Trend of Naloxone distribution and training
 - *"Yes, [Naloxone] on hand and online education to all medical staff"*
 - *"Yes; not 100% standardized. All staff have gone through OD-Reversal Drug Training at outpatient services."*
- Opioid-specific/related funding was not universal across the board. One health system provided information on this.
 - *"We did have some grant \$ that we used to purchase the Smart Recovery materials and staff time for efforts in our MOUD program and recovery."*

What are you currently doing for treatment in Polk County in your agency?

Supporting MOUD and SMART recovery program, facilitating distribution of education & tools. Enhancing EMR to help prescribers with dosing limits

RiverView Recovery

Assessing financial eligibility to receive free SUD treatment through the Behavioral Health Fund within MN.

Low intensity SUD OP tx. , IOP, MAT (Suboxone and Vivitrol), Assessments, have mental health professional on DUI court,

Providing resource/referral—treatment options locally.

Chemical Dependency Education Program

Assisting through lived experiences

Outreach with concerned family members to assist in intervening and providing referrals.

Financially responsible to pay for detox services (sliding fee scale). Refer to detox services—encourage LE and ED to access detox services.

IOP, low intensity programming, assessments, MAT (Suboxone and Vivitrol).

Working on implementing MAT within our facility

Reducing drug supply to make it easier for those in treatment to be more successful

Medical Examiner - families, associate referral only

Carey Guides have individual lessons that speak to substance use.

Supporting through constant active recovery

Drug talks for treatment centers to show current trends

Brief Alcohol Screening and Intervention for College Students (BASICS) and Cannabis Screening and Intervention for College Students (CASICS)

IOP Intense Outpatient

Assisting through acute withdrawal

Referring people to therapy that is backed by science such as Cognitive behavioral therapy in our county.

Providing mental health/treatment information to all confidential informants

Sisters Home by St. Cloud

Screening and Brief Intervention Referral to Treatment (SBIRT) for all college students coming in for counseling and health services

Individual substance use counseling for college students

Introducing people to the criminal justice system so they are mandated to get treatment

DUI Court

TOGETHER WE CAN *prevent and stop opioid misuse and opioid use disorder.*

What are we missing? What are our gaps in Polk County? Where are our opportunities?



TOGETHER WE CAN *prevent and stop opioid misuse and opioid use disorder.*

Opportunity to share treatment experiences?

Bad example:
"I met my new dealer at treatment"

Not enough people with actual experience in addiction, it's a lot of people who know the book portion of addiction instead of what it is like to be addicted

Didn't completely meet my needs as it was more centered around alcohol instead of Meth

[treatment center] is a disaster and no one from the region recommends it.

"There's no where around here to get help."

Agree, [treatment center] is a disaster

Have heard of successes with Suboxone.

[Healthcare system] iop worked very well for me, went through 3 different people leading group, 1st 2 were great, last one made me want to leave, not personable or educated

Clients respond well to harm reduction goals. Aligning with clients rather than probation agents is important

"When I went to prison and had time to actually clean up, it turned my life around and the treatment available in prison was the only way I was ever going to treatment."

Treatment providers recommend higher level of care than needed because it pays more (example, IOP pays more than outpatient)

Professionals who do not recognize their racism

Professionals not acknowledging the racist beginnings and massive failure of the War on Drugs

Past experience with [program] was positive.

TOGETHER WE CAN *prevent and stop opioid misuse and opioid use disorder.*