

## Opioid Remediation Committee Meeting Minutes

Wednesday, June 1<sup>st</sup>, 2022

4:00 PM – 5:30 PM

**SLC Staff Present:** *Jana Blomberg, Molly Cooper, Linnea Mirsch*

**Members Present:** *Greg Anderson, Laura Bennett, Joseph Bianco, Heather Blue, Pat Conway, Melissa Dybvig, Beth Elstad, Jennifer Garbow, Ashley Grimm, Brandon Hankey, Bryan Johnson, Sherry Johnson, Danielle Jones, Kim Maki, Jessica McCarthy-Nickila, Branden Mattson, Jeff Polcher, Lisa Prusak, Susan Purchase, Allison Vanneste, Verne Wagner*

**Others Present:** *NA*

**Members Absent:** *Katie Bauman, Elisabeth Bilden, Patrick Boyle, Mike Jugovich, Ross Litman*

The meeting began with comments regarding initial impressions of the first draft of the survey that was sent out for the Committee's review. A small discussion took place regarding the concern of having to assign dollar amounts without knowledge of the budget. It was suggested that they consider assigning priority instead. In addition, there were concerns about the survey being too generic. Jana Blomberg and Linnea Mirsch responded that the intent of the survey is a way to distinguish priority as modeled from the Colorado Blueprint and that prioritization may imply that funds will only be used for one thing. This is not the intention; however, it is also understood that they can't fund a hundred different programs. The feedback provided at this meeting will be reviewed, allowed for great discussion and adjustments to the survey.

The Committee transitioned to the [Jamboard](#) to review each section and the following feedback was noted:

### Prevention

- With the School Education & Training category maybe start with focus prevention efforts on students of all ages and continue with the strategy proposed.
- Categorize by level of prevention as well as target audience and note if an evidence-based model.
- Partnerships with colleges to build up the workforce to have a better understanding of SUD/continuum of care.
- Collaborate with other efforts such as HRSA grant in Bois Forte and the work happening there with traditional Native games, storytelling, etc.
- I think curriculum that includes adverse childhood experiences, and the correlation with substance use. It starts early!
- Substance use screening for adolescents in primary health care – SBIRT
- Provide definition of what prevention means.
- Never blame and shame; correct the misconception of who is actually using; PCN work.
- Prevention groups/education and outreach to children in foster care whose primary reason for placement is parental substance use.
- Would the stigma reduction include the positive behavioral norms work? Making it clear to students that most students aren't using, etc.
- Recovery is prevention - sustaining recovery (RAD)
- ACES/Healthy Positive Outcomes

- Benefits of medical cannabis
- Additional outreach to the Indian Education person at schools.

#### Criminal Justice

- Medication referral, first appointments, Narcan upon release.
- Transition services for folks being release into the community.
- The MN DOC does have release planners - and if someone has h/o opioid use disorder - that individual is started on Buprenophine prior to release and released with Narcan.
- Continued care for folks after release.
- Housing – need for creating more units; cheaper ways to construct affordable housing; supportive housing; safe housing model; be watchful of an abstinent based mindset; education around expectations of housing.
- Short term/intermediate/long term goals
- Naloxone training for family members of incarcerated patients upon release.
- Support housing providers with syringe exchange and/or disposal and information to reduce stigma and support recovery.

#### Treatment & Recovery

- Residential treatment for locally pregnant moms/moms with kids.
- Need for behavioral health treatment across the board/lack of access.
- Increase inclusions of MOUD in primary care rather than MOUD prescribing silos. Reduce stigma as OUC can be seen as another chronic health condition.
- Need for additional residential treatment programs in the north
- Gender specific programming
- Workforce support/expansion through community college program etc.
- In Ely area, need additional LADC resources.
- MAT should be allowed in inpatient/outpatient treatment programs
- Housing fully staffed with license professionals partnering with employers to find jobs
- Staffing shortages are a barrier.
- Transportation to access services.
- Fund housing staff to pursue LADCs or livable wage to improve retention (and access to existing housing opportunities).
- Education/Media campaign as stigma in healthcare is a huge barrier to care both for OUD and all other conditions.
- Expand drop boxes - having at sheriff's department isn't the greatest option for some.

Jennifer Garbow will be sharing video on housing supports, food, etc. (robust broad supports). Molly Cooper will be sharing these with the Committee as they become available.

#### Harm Reduction

- Restart community presentations, trainings, and education about resources available and education for community members.
- Narcan trainings for wide distribution.
- Involve the news media as a partner specifically on fentanyl.
- Harm reduction sisters provides pop-up health events in summer months, the first one is June 7<sup>th</sup>. We provide overdose education, HIV & Hep C testing.
- Expand harm reduction education – schools, churches, all avenues; include information specifically on fentanyl and other substances laced with fentanyl.

- Highlight the committee and work being done.
- Safe storage of medications/Rx
- Safe disposal – specifically of prescription medication
- Evidence-based models around employer outreach and support of employees in harm reduction, access to treatment and recover supports.
- Stigma reduction - at micro and macro level
  - Stigma reduction methods/models: Shatterproof, words matter pledge, individual agencies are working on this, billboards, community leaders address the issue/talk publicly (not just elected officials)

The final slide in the Jamboard focused on the goal of getting a broad prospective from coalitions and community providers in each of the four categories. Committee members were tasked with adding suggestions to the current list that was shown. Below is the final list of suggestions:

- Community Solutions & Subcommittees (CSSUR)
- CAPE Coalition & Subcommittees
- Mesabi and Ely Behavioral Networks
- Ely Prevention and Recovery Coalition (EPARC)
- Bridging Health Duluth
- Positive Community Norms (PCN) Youth Group (CORE)
- Local Advisory Committees (LAC's) - North & South
- AICHO
- 12 Step groups
- Health Realizations
  - Richard Howell
- October Allen, Grace Place
- Driving for Safe Communities' Coalition
- CADT Clientele
- Incentive Participation
- Social Media
- North Star Families Program
- Lincoln Park Children & Families Collaborative
- Drug court participants input
- Posters asking for input to shar with treatment providers and MAT programs handing out surveys
- RAD – Peer work in the community trainings
- Mental health providers
- SURT could ask participants to complete a survey if they were comfortable. Incentives are always a perk.
- Amber Wing youth and providers
- Emergency departments; outreach to complete survey.
- Maternal Child Health Nurses
- Delivery methods - onsite, social media, in person, be mindful of not always asking the same people; hold an input session/workshop to have the ability to expand on their responses; focus groups/listening sessions; survey to RAAN clients; family members.
- Should the survey responses be noted by geography (north vs south; rural vs Duluth)? By zip code? How to capture this?
- Tribal nation offices

- It's also important to keep in mind that in 2021, of the 356 total reported non-fatal overdoses in SLC, 295 were within the city of Duluth, with 61 outside of the city limits. Of the 42 fatalities, 35 were in the city limits with 7 in greater SLC. This goes along with national trends of opioids being more common in urban areas.

Linnea Mirsch provided a [link](#) to the State Attorney General Office which provides an overview of information on fighting the opioid epidemic in Minnesota which includes information on Tribal settlements.

As the meeting wrapped up, Jana Blomberg discussed their intent to review all the feedback which will be used to make changes to the survey. Once that is completed, the survey will go out to the group one more time for review via email since the group does not meet again until September. The results will be compiled and provided to the Committee for discussion at the September meeting.