



Opioid Abuse Advisory Committee

Meeting #17 Minutes
Friday, January 6, 2023

Virtual Meeting
via Zoom Video Conference

The 17th meeting of the Opioid Abuse Advisory Committee was called to order by Advisory Committee Chair Lori Martinec at 9:00 am CT. The following members of the Advisory Committee were in attendance: Becky Heisinger, Sara DeCoteau, Margaret Hansen, Tiffany Wolfgang, Kristen Carter, Dayle Knutson, Kari Shanard-Koenders, Representative Taylor Rehfeldt, Tosa Two Heart, Jennifer Ball, Brian Mueller, Jill Franken, Susan Kornder, Mary Beth Fishback, Jason Jones, and Jason Foote.

State and program staff in attendance included: Laura Ringling, Laura Streich, Beth Dokken, Kiley Hump, Melissa DeNoon, Amanda Weinzetl, Jennifer Humphrey, Melanie Boetel, Michelle Worden, Tiffany Glaser, Randee Peterson, Shaina Smykle, Gretchen Stai, Marty Link, and Rachel Oelmann and Nick Oyen (contracted project supports from Sage Project Consultants, LLC).

Guests included: Matt Tribble (CDC Foundation); Holly Riker (Imagine Agency / Hot Pink Ink); Meredith Allen (Goldfinch Health); Erin Davis; John Greenwood (Goldfinch Health); Susan Puumala, Nathaniel Steinlicht, Minga Vargas (University of South Dakota); Sandra Melstad (SLM Consulting); and Arielle Zions (Kaiser Health News).

Minutes Approval

Minutes from the August 2022 committee meeting were approved and published in the same month. Meeting slides, handouts, and other supporting materials presented are available at <https://doh.sd.gov/news/opioid.aspx>.

Welcome & Initial Comments

Lori Martinec, Opioid Program Director, South Dakota Department of Health (SD DOH) and Committee Chair welcomed the Advisory Committee members and guests. Introductions followed.

Funding Updates.

The South Dakota Department of Health Opioid Program is funded by the Centers for Disease Control (CDC) Overdose Data to Action Grant (OD2A), currently in Year 4 of 4 of its funding cycle. The total Year 4 Award was \$2,422,603. OD2A funds support nine different grant strategies for prevention and response to opioid abuse and misuse in South Dakota. The grant strategies are a combination of programs and activities that are classified as either being a surveillance type of activity or a prevention activity. Funds used for surveillance personnel, services and supplies make up about 34% of the overall grant funds awarded. Funds used for prevention personnel, services and supplies make up the remaining 66% of the overall grant funds awarded. CDC has indicated there will be another round of OD2A funding (5 year timeframe), but little is known about what the required or allowable activities of that funding will be.

Department of Social Services efforts were reported by Tiffany Wolfgang, Chief of Behavioral Health Services. The State Opioid Response grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) remains in place, currently in its third iteration (SOR 3) which began September 29, 2022. A No Cost Extension associated with SOR 2 funding is also active through September 28, 2023, to allow for completion of those planned activities. Wolfgang relayed updates on utilization of the SOR dollars, including funding for initiatives such as recovery home expansion, peer coaching services, treatment supports, and prevention efforts.

Rep. Rehfeldt inquired about historical use of SOR funding to support prevention-related grants that had an associated application process for community use, and if that opportunity still exists. Wolfgang acknowledged that the prevention “mini-grant” process was available throughout the first 3.5 years of federal opioid funding but that it was no longer an actively funded program within the SOR budget. Wolfgang advised that the upcoming discussion on the use of settlement funds may include opportunity to consider a similar program in the future.

Presentations

South Dakota’s Opioid Road Map – Data & Surveillance.

Presentation #1: Prescription Drug Monitoring Program Update

Presented by Melissa DeNoon, R.Ph., SD Prescription Drug Monitoring Program (PDMP) Director. Refer to slides for specific information relayed. Comments beyond the information in the slide deck included:

- Interstate Data Sharing is currently active with 39 other PDMPs including all neighbor states.
- Current program focus is on data submission compliance in alignment with South Dakota rules, which requires upload of information from pharmacies within 24 hours. Added focus is being placed on data integrity, evaluated through an internal audit, which has yielded favorable results.
- 2021 BJA Harold Rogers PDMP Enhancement Grant was awarded, budget approval pending. The budget included support for data integration enhancements associated with the PDMP, made available currently at no cost to end users. Future utilization of the enhanced reporting is subject to identifying alternative funds outside of the BJA grant award.
- Clinical alert trends were reviewed; DeNoon relayed that the Clinical Alerts package, covered by the OD2A grant funds, provides prescribers with awareness of prescribing thresholds as they develop treatment plans for their patients.
- Prescription count in 2015 was 709,814, which has significantly reduced to 431,888 in 2022.
- Two-thirds of all inquiries to the PDMP are done via integration with provider medical record systems (commonly called the Gateway Integration Project).

Question posed by Arielle Zions – have opioid prescriptions decreased past pre-opioid crisis concerns? DeNoon reported that the trends continue to decrease. Data prior to 2012 is not readily available to provide long-term comparisons, but trends do continue to decrease per DeNoon and Shanard-Koenders.

Sara Decoteau noted that if the role of this Committee is to recommend use of the settlement funding, it would be important to use that to continue the enhanced accessibility of the PDMP system features as we have them. Kristen Carter noted the efficiency of being able to use the PDMP and integration capacity is very helpful for pharmacists and saves considerable time in utilization. Jennifer Ball further stated that point and noted that physicians and pharmacists readily use the integration capacity and it is beneficial to clinic workflow.

Presentation #2: Prevalence Data Updates

Amanda Weinzetl, Injury Prevention Epidemiologist with DOH, reported information on all drug related deaths and those directly attributed to opioids. All information shared in the slides are available on avoidopioidsd.com. National SUDORS data is also available on the CDC's website: cdc.gov/drug-overdose/fatal/dashboard.

Comments beyond the information in the slide deck included:

- Rep. Rehfeldt inquired as to the data regarding drug overdose deaths with a documented potential bystander present; Amanda noted that the degree to which a particular life-saving event could have impacted that death are not known, but rather that the death itself occurred with the potential for a bystander to intervene in any manner (e.g., administration of overdose reversal medication, contact to emergency services, transport to a hospital).
- Kari Shanard-Koenders inquired as to the breakdown of illicit versus prescription opioids and acknowledged the advancement of this data availability and reporting over the years, remarking it is helpful in managing all prevention and response systems statewide.
- Trends in drug related deaths are trending below 2021 deaths, noting the data is provisional. Wolfgang noted that this is the key metric program staff monitor to see if all the prevention, treatment, and recovery support efforts are moving the trend in the right direction. Laura Streich reported that the provisional drug related deaths by drug type is highlighted on avoidopioidsd.com and readily available; it is updated as soon as data is released and anticipate provisional data for Q4 2022 to be released very soon. Wolfgang reiterated that the availability of as close-to-real-time data as possible has been a fantastic resource.

Project updates were then provided by Division of Behavioral Health Director Melanie Boetel (DSS) in the areas funded by the State Opioid Response grant, including treatment services, access to Naloxone, and expanded recovery housing efforts in recent months.

- Medication for Opioid Use Disorder (MOUD) partners and the hubs and spokes supported through SOR funding were reviewed, noting that a large portion of the state has accessible MOUD services. A key priority of the SOR program is to continually evaluate access to services and ensure that expansion is supported, reducing barriers for individuals to access MOUD treatment.
- Boetel reported on Naloxone access routes available statewide for emergency services, other organizations, and individuals or persons in a position to assist. Access to Naloxone continues to be a key priority of the SOR funding. Technical assistance and sharing of best practices across other states nationwide is ongoing in an effort to maximize our national use and distribution of Naloxone.
- Recovery home expansion efforts were discussed, noting that vacancy information for Oxford Homes statewide continue to be available in real-time on oxfordvacancies.com.

Additional program updates specific to the media campaign were provided by Holly Riker. While the core marketing objectives have not changed since the beginning of the campaign, Riker noted that the messaging continually evolves and is customized to target audiences as needed.

- Law enforcement outreach was a key focus in 2022; discussions were facilitated with law enforcement to get their input and feedback on materials that could be beneficial in their response to overdose- or drug-related incidents. In result, content was developed (print materials and radio) that speaks to illicit drugs and counterfeit pills. Resources include pre-

assembled packets and localized radio spots featuring local law enforcement. Web content has been updated to provide additional and new content in support of these messages.

- Updates to web copy also included defining what “opioid misuse” really means, emphasizing how medications not prescribed to you are simply not safe, and providing awareness on commonly misused prescriptions, what happens if those drugs are mixed with alcohol or other drugs, and what to do if individuals or a friend or loved one are at risk. Several other additional content areas including safe medication disposal and how to reverse an overdose were updated in recent months and reviewed for the committee; all updates can be reviewed at avoidopioidsd.com.
- Dayle Knutson inquired as to if the fentanyl outreach campaign efforts on radio included tribal radio stations; Holly Riker reported that the toolkit will be distributed widely and that all stations will be if not already provided with the existing radio spots for use or the opportunity to customize them.

Legislative Updates

Representative Taylor Rehfeldt provided update on several bills she is sponsoring this upcoming session related to opioids.

- House Bill 1041 will be presented by Representative Rehfeldt and Senator Nesiba to provide an exception to the definition of drug paraphernalia. Jennifer Ball inquired as to if it would be specific to fentanyl test strips or any drug testing strips. Rep. Rehfeldt and Dr. Ball plan to follow up on language and scope in consultation with the Department of Health.
- Legislation is anticipated to be brought forth by the National Harm Reduction Coalition pertaining to pharmacists and the use of hypodermic needles. Kari Shanard-Koenders noted she had heard some updates on this bill; this has come up on a federal level with noted concerns around liability. More information may be available if and when legislation is officially proposed.
- House Bill 1044 will be presented by Representative Rehfeldt and Senator Tobin to make an appropriation to fund scholarships for individuals entering the behavioral health field.

Other areas of inquiry include reducing barriers to Naloxone access for facilities, such as recovery homes.

Opioid Settlement Fund Overview & Status Update

Introduction and current status of the settlements funding overview provided by Tiffany Wolfgang. Of note, an additional settlement is forthcoming – the Janssen settlement – with preliminary estimates of the total Year 1 funding to be \$2 million. Wolfgang noted the terms of the Janssen settlement align with the established Memorandum of Agreement (MOA) governing the National Opioid Settlement which involved Johnson & Johnson, among others. Information on the settlements which South Dakota is party to in this regard is available at <https://dss.sd.gov/behavioralhealth/grantinfo.aspx>.

Wolfgang reviewed the role of the committee as outlined in the MOA. Laura Ringling provided additional updates. All of the settlements are structured in the same way as the Distributor settlement, which is ideal in that the same parameters and terms apply across the full funding that may be available. Bylaws have been drafted for the committee to consider, including the name of the committee (organization), the group’s purpose, the membership as its outlined in the MOA, how vacancies are filled, how meetings are held, process for handling conflicts of interest, and the role of agencies (Department of Social Services, Department of Health, Attorney General’s Office) in the organization. Laura Ringling relayed that the Attorney General’s Office will be making a new appointee for the committee and subsequent meetings. The draft bylaws will be shared electronically with committee

members for review, and discussion and decision on adoption of bylaws will be added to the summer committee meeting.

An additional five settlements are being considered by the Attorney General's Office, including Teva, Allergan, Walmart, Walgreens, and CVS.

Wolfgang then provided a review of the four-fold strategy proposed by both Department of Social Services and Department of Health, including support for the PDMP, implementation of an opioid overdose follow-up program, a mini-grant process for communities or organizations to request funding for localized needs, and establishing a fund for continuation of key state level efforts should federal funding lapse or change in scope, in recognition that there are no other existing budget sources available.

DeNoon asked if funds for the PDMP in the proposed strategy were inclusive of the takeback program efforts also managed by the Board of Pharmacy; Wolfgang advised that at this time those funds are supported through SOR grant funding and not included in this approach.

Susan Kornder expressed support for the strategies proposed, particularly the development of an overdose follow-up program.

Sara DeCoteau advised that should an overdose follow-up program pilot program be pursued that it be a stipulation of successful offerors from a Request for Proposal (RFP) process to develop a toolkit and share those resources during and upon completion of the program for other communities to use.

Becky Heisinger asked how an overdose follow-up program would differ from other work ongoing, and how the staffing in a rural setting in particular would be supported and sustained. Wolfgang and Martinec provided additional context in how other state examples and models were being utilized and noted that each community's response may look different based on the services available in their areas and partnerships established. The overdose response would be ideally community-focused, and offerors in an RFP process as proposed would be given requirements and parameters around which to respond.

Wolfgang then asked for feedback specific to the community-based funding; Rep. Rehfeldt appreciated the involvement of the committee in that process to allow for flexibility in funding. Kari Shanard-Koenders then requested Settlement funds to support PDMP integration enhancements that had been discussed earlier in the meeting.

Following a request for an additional comment from Chair Martinec, a motion was made by Rep. Taylor Rehfeldt to approve the original four-point proposal for Year 1 funding associated with the statewide share of the National Opioid Settlement that was presented by Tiffany Wolfgang. The motion was seconded by Susan Kornder. A voice vote was called; motion passed with Committee Member Tiffany Wolfgang abstaining from voting.

DSS will review the recommendations from the committee with the Joint Committee on Appropriations during its hearing in January.

Committee & Partner Updates

Lori Martinec encouraged partners to share about public awareness efforts ongoing at local communities, as well as any upcoming events or conferences going on for the group's awareness.

- Sara DeCoteau reported that through a clinic established in partnership with a MOUD provider, servicing 20 patients currently with capacity to 100. The new tribally operated MOUD clinic is providing face to face services and has both face to face and telehealth services available. Narcan distribution is also a focus, and
- Sara DeCoteau also reported that the SAMHSA treatment locator is at times not up to date and recognized that the burden for update is on the provider, making that list not as useful as it could be.
- Dr. Ball asked about the development of the naloxone distribution and saturation plan; SOR Coordinator Rachel Oelmann relayed that the plan was drafted in alignment with the requirements set forth by SAMHSA as a condition of the SOR 3 grant application process.
- Data on non-fatal opioid overdoses naloxone use, and time to EMS, can be accessed at NEMESIS (<https://nemsis.org/opioid-overdose-tracker/>).

Public Input

Chair Martinec invited any public comment; no comments provided.

Closing Remarks

Chair Martinec thanked the committee and guests for their time and attention today and invited continued collaboration in all areas presented. The next meeting will happen this summer and be scheduled at a later date.