



Opioid Abuse Advisory Committee

Meeting #23 Minutes

Virtual Meeting

Wednesday, September 24, 2025

The fall meeting of the Opioid Abuse Advisory Committee was called to order by Advisory Committee Chair Lori Martinec at 1:00 pm. The following members of the Advisory Committee were in attendance: Becky Heisinger, Sara DeCoteau, Erin Miller, John Rounds, Brian Mueller, Mandy Miiller, Jason Foote, Tyler Laetsch, Margaret Hansen, Susan Kornder, Mary Beth Fishback, Joe Kippley, Rep. Taylor Rehfeldt, and Brenna Koedam. Acknowledgement was made of four new members to the Committee: Dr. Shannon Emry with Midwest Street Medicine; Captain Dusty Pelle with Pierre Police Department; Ronald Goodsell, enrolled tribal member of Sisseton Wahpeton Oyate and Founder/Board President for Dakota Plains Transitional Living Centers; and William "Bill" Ryman with Great Plains Indian Health Services.

State and program staff in attendance included: Department of Health (DOH) Secretary Melissa Magstadt, Department of Social Services (DSS) Secretary Matt Althoff, Beth Dokken, Melanie Boetel, Kiley Hump, Melissa DeNoon, Amanda Weinzetl, Michelle Worden, Erin Kinder, Colleen Hannum, Gretchen Stai, Vanessa Barnes, Nicole Schneider, Shaina Smykle, and Rachel Oelmann and Nick Oyen (contracted project supports from Sage Project Consultants, LLC).

Guests included: Dr. Stephen Tamang (Rapid City); Michelle Treasure (Sioux Falls); Angela Kennecke and Valerie Peters (Emily's Hope); Matt Tribble (CDC Foundation); Steve Ardis (Midwest HIDTA); Sandra Melstad (SLM Consulting); Susan Puumala, Viviana Deleon, Minga Vargas (University of South Dakota); and Loretta Bryan (South Dakota Association of Healthcare Organizations, or SDAH0).

Minutes Approval

Minutes of the April 2025 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/programs/avoid-opioid-prescription-addiction/prescription-opioid-abuse-prevention-initiative/>.

Welcome & Initial Comments

Lori Martinec, Opioid Program Director, DOH and Committee Chair welcomed the Advisory Committee members and guests. Introductions followed. Lori relayed administrative updates and time in the agenda planned for open discussion from the public and roundtable sharing among guests and members. Comments among guests will be taken during the public comment time.

Funding Updates

DOH efforts were reported by Lori Martinec. The DOH Opioid Program is funded by the Centers for Disease Control, Overdose Data to Action in States Grant or OD2A-S Grant. DOH is presently in Year 3 of funding through this grant and received full requested funding for a September 1 start date. The current iteration of the grant is a five-year grant cycle (ends in August 2028).

OD2A-S funds support seven different grant strategies for prevention and response to opioid use and misuse. The total annual award for Year 3 is just over \$1.8 million. Surveillance activities account for 34%

of grant funds while prevention activities comprise 66%. Community health worker organizations are contracted under prevention strategies to provide overdose education, naloxone access, and linkage to treatment services in Rapid City, Sioux Falls, and Watertown. Additional partners are being considered to expand this work.

DSS efforts were reported by Brenna Koedam, Chief of Behavioral Health. The State Opioid Response grant funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) remains in place, currently in its fourth iteration (SOR 4) which began September 2024 and will end September 2027. Koedam relayed there were no major changes between required or allowable activities between SOR 3 and SOR 4 with the focus being on supporting treatment and recovery cost assistance for individuals without another payer, and to support related prevention activities.

Opioid Settlement Fund Updates

Brenna Koedam presented an update on behalf of DSS, administrator of the opioid settlement fund. Koedam demonstrated the dashboard during the meeting, available at <https://dss.sd.gov/>, which can be used by stakeholders and the public to understand the projected and received settlement payments to date along with expenditures.

Online Dashboard. The Department of Social Services launched a comprehensive dashboard late August 2025, showing combined statewide and localized settlement shares received to date, with total projected settlement funds extending through 2038. Dashboard features include funds received by quarter, projections by settlement payers and beneficiaries, approved uses categorized by treatment/prevention/other, and detailed statewide share allocations with administrative costs. The Statewide share breakdown includes dollars received, actual expenditures, committed expenditures, and unallocated funds supporting key initiatives. Localized share reporting reflects annual spending data from participating counties, reported as of December 31 of the preceding calendar year. No questions were posed by committee members or guests.

Opioid Needs Assessment Project Update. The bid process, completed in March 2025, resulted in contracts awarded to two entities for the completion of a comprehensive statewide needs assessment and gap analysis. The Steadman Group was contracted for the treatment and recovery components of the assessment. University of South Dakota was contracted for the prevention portion of the needs assessment. Both entities are in progress with their respective data collection plans and are working to compile the required data and deliverables for final report presentation at the March 2026 committee meeting.

New Funding Framework Development. A subcommittee including Erin Miller, Sara DeCoteau, Mandy Müller, Joe Kippley, Lori Martinec, Becky Heisinger, and Brenna Koedam developed a new funding framework to replace the current statewide-share funded Community Grant Program, featuring resource funding up to \$5,000, organizational project funding up to \$50,000, and transformative project funding exceeding \$50,000. The framework broadens the approach to opioid remediation in alignment with the Memorandum of Agreement to include all substance use disorders related to or impacted by opioid use and co-occurring mental health needs. Resource funding aims to provide resources for immediate, short-term needs, with requests reviewed as received. Projects may include equipment purchases, training, or small pilot projects. Organizational funding is similar to the existing Community Grant Program but increases the funding cap from \$35,000 to \$50,000 with structured check-ins, required reporting, and a shortened application process for small to mid-size initiatives. Transformative project funding will support larger scale initiatives exceeding \$50,000 with potential for significant long-term impact including seed funding and capital expenditures. Projects at or around \$1,000,000 are anticipated. Applications for the new funding framework will go live on November 3, 2025, with resource funding

under constant review and transformative projects requiring Expressions of Interest (EOI) reviewed by the full committee. Once an EOI is received by DSS, it will be reviewed and sent out to the full Advisory Committee for comment. EOIs will be expected to identify the problem that opioid settlement funds are being proposed to abate, the proposed solution(s), funding amount needed to effectively solve the problem, identification of how the organization(s) proposing the work will know they are successful in solving the problem, and how the project's efforts will be sustained. All projects are expected to align with the state's [Opioid Strategic Plan](#), align with an approved use of the settlement funds, and not duplicate other initiatives known to be in place. Successful projects will enter a business and operational planning stage with DSS and the Subcommittee in order to finalize implementation details. Subcommittee involvement ensures strategic distribution across the state in order to maximize the impact of the statewide share and avoid concentration in a few large projects. Priority considerations will include collaborative development across sectors, alignment with existing resources, sustainability through Medicaid and other funding sources, data and outcome assurance, and statewide or multi-community reach and impact.

Previous Community Grant awards can be reviewed on the dashboard.

Several questions were posed from committee members relating to the funding framework discussion:

Q: When determining who is eligible for each of these opportunities, is the amount of people in that community taken into consideration? Are awards made on a per capita basis?

A: It is not the intent to award this way, but rather on the project's specific asks and needs.

Q: If a grassroots organization applies (per se one that does not have its own financial controls or is newly formed), are you able to receive that money?

A: Yes; it is possible to apply through a fiscal agent, similar to before.

Q: It was noted that the tribes also received opioid settlement funds; is there anything that would preclude a tribe from applying to this program in addition to their managed funds?

A: No – nothing would preclude a tribe from applying, and in fact, DSS is presenting the funding framework at an upcoming tribal conference to increase awareness and promote access.

Q: What is the anticipated timeline for requests of transformative projects?

A: The application and process will be on the DSS website by November 3. However, DSS is in receipt of several EOIs already and will follow up with each of those entities after today's meeting once that framework is finalized.

Further committee questions were encouraged after the meeting.

Data & Surveillance

Prescription Drug Monitoring Program (PDMP) Updates. Data and program updates were presented by Melissa DeNoon, South Dakota Board of Pharmacy. Of note, the South Dakota PDMP has expanded data sharing partnerships to 41 other state programs including New York and military health systems. The "Date Sold" field became available on patient reports viewed through health system and pharmacy integrations to complement existing written and fill dates. The clinical alerts system shows continued downward trends with 50% reduction in multiple provider episodes, 30% decrease in high morphine milligram equivalent alerts, and declining concurrent opioid-benzodiazepine prescribing since 2018. Schedule II prescriptions show slight increases in oxycodone and all stimulants while hydrocodone with

acetaminophen decreased. Buprenorphine with naloxone prescriptions increased significantly supporting medication for opioid use disorder access expansion following waiver requirement removal. See enclosed slides for additional information and data presented.

Several questions were posed:

Q: Do you monitor the prescribing of suboxone?

A: Yes; those are recorded as a Schedule III drug.

Q: Does this include buprenorphine single agent as well?

A: The slide does not, but the top schedule II drug noted is the combination medication. The ability to query details is available by region upon request.

Q: With suboxone combination increasing, is it a goal to increase that or decrease it? The observation, anecdotally, is that suboxone abuse exists. What approaches could we take to support a non-narcotic way to recovery?

A: Increases are seen as positive as it indicates use as an MOUD. Dr. Tamang with Monument Health offered that buprenorphine to an OUD patient does not cause euphoria; patients do not become high or intoxicated. It is also known that when patients have abused opioids for a long period of time, they have a propensity to relapse for years – buprenorphine is considered a way to manage this chronic condition.

Overdose Death Data and Trends. Data updates presented by Amanda Weinzetl, Epidemiologist with DOH. South Dakota recorded 94 total overdose deaths in 2024 representing 1% decrease from 95 deaths in 2023. Opioid-related deaths decreased 17% while fentanyl-related deaths dropped 28% in the same period. Methamphetamine-related deaths increased 40% showing shifting substance use patterns. Ten-year county analysis from 2015-2024 identifies Roberts, Oglala Lakota, Minnehaha, Beadle, and Pennington counties with highest stable overdose death rates. Demographics show 57% male victims, 69% white and 25% American Indian populations, with American Indians experiencing rates 3.5 times higher than white populations. Provisional 2025 data through the first six months of the year shows 35 overdose deaths compared to 48 in the same 2024 period with increased opioid-related deaths but decreased methamphetamine deaths.

Several questions were posed:

Q: Do you include alcohol in some of these discussions as well, knowing the burden is quite high in this state?

A: For this meeting, deaths attributed to alcohol are not included as part of an overdose death. It is something DOH does look at, however, when prevalence of alcohol-related deaths is being examined. Annual report information is available.

Q: Can these funds [opioid settlement or federal funds] be used to treat alcohol-use disorder?

A: No; the federal funds described by DSS and DOH to this committee cannot be used to treat alcohol-use disorder, however, polysubstance abuse can be addressed for individuals with an opioid or stimulant use disorder. Use of funds for the treatment of polysubstance abuse must align with the approved uses for the opioid settlement funds.

Law Enforcement Data Sharing Initiative. Lori Martinec relayed that DOH partners with Department of Public Safety Fusion Center to provide quarterly regional overdose reports to registered law enforcement officers. Reports include fatal and non-fatal overdose data, EMS call trends, naloxone administration statistics, emergency department visits, and patient demographics for four established regions. Collaboration involves Fusion Center staff, the Overdose Response Strategy team, Attorney General's Division of Criminal Investigation, and DSS prevention staff. Future plans include effectiveness surveys and public data dashboard development to enhance law enforcement utilization of overdose intelligence.

Naloxone Saturation Update. Presented by Colleen Hannum, Epidemiologist with DSS. A visualization of the current naloxone saturation level accounting for distribution of kits in 2025 against the need for naloxone per the saturation model was presented. Current saturation mapping shows counties as oversaturated (requiring no additional kits at this time), mildly unsaturated counties (needing 0-50 kits), and undersaturated counties (requiring 51 or more kits to achieve saturation). Ten priority counties were identified through mixed-method approach considering proportions, rates, and vulnerability factors include Lincoln, Minnehaha, Roberts, Todd, Pennington, Oglala Lakota (oversaturated), Corson and Turner (mildly unsaturated), and Beadle (undersaturated). Distribution data is collected from multiple funding sources including retail pharmacies, SOR-funded initiatives, Settlement funded initiatives (both statewide share and local share), and other community grants. Naloxone kits are considered distributed when taken by individuals. DSS conducts a monthly internal review to guide saturation efforts with partnering agencies including Emily's Hope. The goal is to achieve statewide saturation by year end.

A question was posed:

Q: For counties that are undersaturated, what are the plans to mobilize naloxone distribution to those counties?

A: DSS meets with Emily's Hope on a monthly basis to discuss approaches to each identified county and want to ensure we meet individual county needs. Goal is to have every county be green by the end of the year.

Future Funding Considerations.

Two communities presented initiatives seeking support under the transformative funding opportunity. A brief summary of the requests was provided by Mandy Müller, asking the committee to support earmarking 75% of the state's current and future opioid share for projects in Rapid City and Sioux Falls. Specifically, the request was made for an up or down vote in the meeting to recommend approval of the Rapid City and Sioux Falls proposals to DSS Secretary Matt Althoff, with funds to be distributed over time as community block grants, emphasizing these are settlement dollars meant to address immediate crisis needs. Slides were shared during the meeting.

Rapid City Transformative Project Proposal. Proposal presented by Dr. Stephen Tamang, Director of Addiction Medicine and physician with Monument Health Rapid City Hospital and member of the Rapid City Council. The Rapid City Mayor's office requests \$25,000,000 of funding for a coordinated healthcare-led approach addressing opioid epidemic strain on municipal systems including police, fire, and crisis services. Five major categories anticipated to be funded with this request include a medical-grade detoxification center to replace hospital-based services, a data analytics partnership with the University of South Dakota for improved research and surveillance, workforce development and transition support for siloed service organizations, pass-through grants for community subgroups, and law enforcement equipment including laboratory capacity for fentanyl analog testing. The project aims to coordinate infrastructure between health systems, criminal justice, and municipal government in order to create

evidence-based solutions. Capital investments and operational planning require funding commitments to initiate RFP processes and feasibility studies for large-scale implementation. Dr. Tamang acknowledged that while the request was for 75% of the full statewide share for two communities, and that the intent of those funds is to care for the whole state; however, he felt it was unrealistic to build out infrastructure in every rural community due to workforce challenges and lack of specialized first responders and thereby advocated for an infusion of resources into Rapid City to address the issues presented, managed by municipal government and the health system.

Sioux Falls Transformative Project Proposal. Proposal presented by Joe Kippley, Advisory Committee Member, Public Health Director for the City of Sioux Falls, and member of the Minnehaha County Commission. Similar to Rapid City, the City of Sioux Falls is requesting a community block grant approach to fund a coordinated healthcare-led approach. The request made was for recommendation of \$25,000,000 in statewide share settlement funds payable as received, over time, to the municipality. Mayor Paul TenHaken's office proposes creating a local advisory committee structure to receive and vet requests for the community block grant, each estimated to be \$500,000 or larger to maximize immediate impact. Four priority buckets were requested including funds to support a) existing programming and service providers, building on current infrastructure, b) existing government-based services expanding The Link, a community triage center in Sioux Falls, to version 2.0, c) attraction of new treatment providers not currently serving Sioux Falls, and d) community education about coordinated care systems. The proposed project timeline requests funds be made available to the City within 90 days from funding commitment to project identification.

Block Grant Funding Request Discussion. Following the presentations from Rapid City and Sioux Falls, appreciation for sharing the proposals was provided by Lori Martinec. Mandy Miiller further acknowledged appreciation to the presenters and asked the committee to again consider an up or down vote on both proposals today for recommendation for funding to DSS Secretary Althoff. Lori Martinec responded, saying that the committee is not in a position to vote on these proposals today having just been made aware of them, however additional comments and questions from committee members would be welcome regarding both proposals.

Several committee members raised concerns about committing funds without detailed work plans, timelines, budgets, and specific project planning beyond expression of interest level. Questions were posed around how the projects would coordinate care for individuals residing outside of the city with rural providers, how the findings of the ongoing needs assessment would be integrated into these proposals, what milestones were anticipated and accountability measures to those milestones, and performance measurement requirements for large capital investments. In summary, the following points were made to address the committee's questions specific to the two proposals presented:

- The ask is to earmark 75% of the state opioid share to the projects presented today for Rapid City and Sioux Falls, with the funds to be paid over time as they are received.
- The ask is for a community block grant structure, which allows the local authorities to develop and implement planning within each community with a funding guarantee. Both communities understand they would have capital outlay at the beginning of the projects that may not be reimbursed in the same timeframe as original expenses occur.
- Care coordination for individuals that reside outside of the city would be done similar to how it is done today, via telehealth.
- Infrastructure investments made with these funds as requested would be in Rapid City and Sioux Falls.

- A timeline, milestones, budget, specific planning, or key performance indicators was not provided for either project. It was confirmed in discussion that an up or down vote was being requested absent that information, and that supporting details would be prepared in response to that vote.
- The role of the existing advisory committee along with other statutory limitations were in question should block grant funds be recommended.

Brenna Koedam reiterated that while the needs assessment commissioned by this Advisory Committee is in progress, work can and should still move forward with projects that align with the funding framework in the interim. Both needs assessment contractors have been asked if they can expedite their timelines or at minimum share findings more readily throughout the assessment process in order to inform this dialogue and consideration of funding requests, both now and in the very near future with the launch of the new funding framework in November 2025. Brenna further stated that the intent of the new funding framework is to receive EOIs from local authorities for projects of all sizes, but due to awareness and timing other communities in the state may not have had the opportunity to formulate an EOI for projects of transformative impact. The central region of the state was mentioned, with known gaps in access to services.

In response to the conversation overall, DSS Matt Althoff indicated that he appreciates the intent to localize resources to meet the needs identified. However, he advocated that as the administrator of behavioral health services for the entire state of South Dakota, inclusive of the two cities requesting targeted investments, that DSS is very aware of the tension points and provider network supporting behavioral health care delivery statewide. It was further stated that Rapid City and Sioux Falls presently have a disproportionate amount of resources available to them, and that quality care for substance use disorder is not exclusive to their communities; there are many community-based providers across the state that also can and do provide impact in the area of opioid abatement. Althoff stated that he would not entertain a block grant mechanism and emphasized the need for applicants to clearly name problems and measure success, preferring the proposed tiered framework launching with the endorsement of the Governor's office on November 3, 2025.

In follow-up, Mandy Miiller asked for clarification on timeline for making a decision regarding the proposals presented in the meeting from Rapid City and Sioux Falls. In response, Secretary Althoff reiterated the current statute which advised the Committee's role in providing recommendations and the ultimate decision authority of the DSS Secretary. The request of \$50,000,000 with no detailed scope or information would not be considered in the meeting, and that evaluation of EOIs will happen upon receipt and DSS' and the Committee's goal is to make impactful investments in a timely manner.

Committee & Partner Updates

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

- Melanie Boetel, DSS, talked about potential for the SOR program to merge with block grants. No changes have been made at this time but rule making at the federal level may inform future awards.
- Erin Miller reported that the SD-START program is working with the prison system with reentry services to reduce recidivism rates.
- Becky Heisinger, SDAHO, invited all to attend the SDAHO Annual Convention to be held in the upcoming days, with topics including substance misuse on the agenda.
- DSS shared that Rural Health Transformation dollars presently being pursued by the Governor's office in cooperation with state agencies has the potential to complement the efforts here used

with settlement funds. The RFI has officially closed, however any opioid committee member would be welcome to submit ideas to Secretary Althoff or to Brenna Koedam. Regional meetings will also be held to inform needs.

Public Input

Chair Martinec invited any public comment.

- Susan Puumala, University of South Dakota, mentioned their work in the ongoing opioid needs assessment and provided a heads up that outreach to committee members as stakeholders is forthcoming.
- DOH Secretary Magstadt thanked the committee for its work both now and times past: “We appreciate the committee, the new dashboard, and the thoughtfulness on this funding matrix that shows fairness and equity and transparency and all the things that imply good stewardship of the dollars.” Secretary Magstadt further extended appreciation to the teams from Rapid City and Sioux Falls for the development of their plans and looks forward to seeing how those projects can impact the state.

Closing Remarks

The meeting concluded with a reminder that the next full committee meeting would be held in March 2026 following the completion of the legislative session.