



Opioid Abuse Advisory Committee

Meeting #18 Minutes
Thursday, August 24, 2023

In Person and Virtual Meeting
Pierre, SD | Zoom

The 18th 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, Tiffany Wolfgang, Jill Franken, Susan Kornder, Jennifer Ball, Amy Hartman, Erin Miller, John Rounds, Brian Mueller, Charles McGuigan, Representative Taylor Rehfeldt, Jason Jones, and Jason Foote.

State and program staff in attendance included: Beth Dokken, Laura Streich, Mariah Pokorny, Kiley Hump, Melissa DeNoon, Amanda Weinzetl, Jennifer Humphrey, Michelle Worden, Randee Peterson, Shaina Smykle, Gretchen Stai, and Rachel Oelmann and Tyler Franzky (contracted project supports from Sage Project Consultants, LLC).

Guests included: Matt Tribble (CDC Foundation); Meredith Allan (Goldfinch Health); John Greenwood (Goldfinch Health); Susan Puumala, Kevin DeWald, Steve Ardis, Clara Pierskalla, Sen. Sydney Davis, Sandra Melstad (SLM Consulting), Amber Reints (Avera Behavioral Health), and Pam VanMeeteren (Lewis & Clark Behavioral Health Services).

Minutes Approval

Minutes from the January 2023 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, South Dakota Department of Health (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. The Department of Health applied for the second round of OD2A funding and is awaiting official notice of award for those efforts to begin Fall 2023, projected Year 1 funding to be approximately \$1.8 million. Funds dedicated to surveillance activities will be used for an epidemiologist position as well as lab improvements to drug and toxicology infrastructure. Funds will also be used to leverage surveillance to provide monthly data on overdose drug indicators, capturing emergency department visits in the process. A third funded strategy pertains to the continuation of mortality surveillance. Funds dedicated for prevention activities will support continued educational opportunities to clinicians in various settings statewide on best practices for opioid prescribing, screening, diagnosis and linkages to care for opioid use and stimulant use disorder. Funds will continue to support the

Prescription Drug Monitoring Program (PDMP), and continued expansion of the Overdose Detection Mapping Application (ODMAP). Community Health Workers will be leveraged to provide grant funded services to connect people to services and ensure that people who use drugs have access to overdose prevention and reversal tools and treatment options. The AvoidOpioidSD.com website will continue to enhance efforts to bring awareness to Naloxone availability and stigma reduction efforts.

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. Peer support is one specific area we have seen a lot of success in, with the need for supports exceeding SOR dollars. The Division has also leveraged other funding sources for expansion and capacity building in peer support.

South Dakota's Opioid Road Map – Data & Surveillance

Presentation #1: Prevalence Data Update

Presented by 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.

- SD 2nd lowest age adjusted OD death rate.
- SD lowest age-adjusted opioid OD death rate.
- Overall decrease in all drug deaths from 2021-2022.
- No change in opioid-related deaths over last three years.
- Continuing to see increase in fentanyl-related deaths.
- Seeing increase in methamphetamine-related deaths over last three years as well.
- Provisional 2022-2023 OD death counts by drug type were presented by quarter in 2022, with up and down characteristics from quarter to quarter.
- 25-54 age group accounts for 69% of OD deaths in SD.
- Nonfatal data outlined hospitalizations and demographics for opioid use.
- 2021 SUDORS data presented. 43% of deaths by drugs related to any opioid; 58% of OD deaths had at least one opportunity for intervention; 40% involved a potential bystander being present.
- Data Resources page provided.

Question posed by Tiffany Wolfgang – is it fair to say SD is trending in the right direction for OD deaths in comparison to what other states are seeing? Weinzetl said we are seeing a good trend, but too soon to say we are for sure moving in the right direction; however, we are able to note improvements more than other states across the country. Wolfgang acknowledged the efforts of the team in being able to monitor these and other variables presented more regularly, and in more real time, in comparison to previous years. Monthly meetings with the teams at DSS and DOH have led to increased collaboration and data sharing.

Brian Mueller asked about regional data vs. statewide. A county map was provided later on.

Presentation #2: PDMP Information

Presented by Melissa DeNoon, SD Prescription Drug Monitoring Program Director. Comments beyond the information in the slide deck included:

- Goals to improve patient care, identify patients on the path of misuse or abuse to facilitate early intervention, and deter diversion of controlled prescription drugs.
- Data submission compliance, focused on data quality that includes a new inspection audit project and an error report notification rollout to pharmacies when data was not submitted properly.
- PDMP user licensing integration project review is another focus area at this point in time.
- There are current ongoing funding issues with SD's BJA FY 21 Harold Rogers PDMP Grant so a pause needed to be put on some projects, if not a complete sunset on certain projects. Impacted project areas included NarxCare and the Gateway Integration efforts; DeNoon noted, however, that some providers and hospitals opted to pick up the cost directly to keep these tools available.
- Presented metrics for opioid prescriptions across SD patients; there has been a lot of ups and downs dating back to January 2020, but we are now seeing slight decreases in opioid prescriptions, as well as a major decrease in total quantity (about 50% decrease) from 2015 to 2023.
- Top ten controlled substances to SD patients were presented; hydrocodone is the top substance.
- Trending PDMP utilization by SD Prescribers and Pharmacists was presented based on the number of queries that occur; 2/3 of queries promote integration.
- Downward trend in opioid prescription but increase in benzodiazepines and CNS stimulant prescriptions. Adderall is on short list of stimulants gaining popularity.
- MOUD Buprenorphine prescription count experienced gradual increase through Q2 of 2023, dating back to 2020.
- Dialogue between Melissa DeNoon and Tiffany Wolfgang about several topics like Opioid Treatment Program (OTP) requirements, logic behind data visuals, PDMP behaviors, etc.
- 91 receptacle sites participating in 44 SD counties under PharmaDrop drug takeback program; increased from 35 pounds returned to 12,538 between 2017 and 2022.

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. 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 were adopted by the committee for immediate implementation, 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.

Tiffany Wolfgang and Lori Martinec collaboratively broke down the distributor settlement payment 1. Funding buckets that were approved under the distributor settlement include PDMP – controlled substance registry, the program sustainability fund, the overdose follow-up program, and the community grant program.

Brian Mueller proposed a motion to move \$44,000 from PDMP – controlled substance registry project (previously authorized in the January meeting but no longer needed) to the community grant program. The committee voted and approved this motion.

The Committee then walked through the proposed Community Grant Program process, including application questions to be asked and drafted Frequently Asked Questions. Several clarifying questions and decisions were posed to the committee for feedback and actions to take.

On the subject of whether or not to accept applications from out-of-state organizations, several points were raised for consideration.

- Would in-state institutions have the capacity to deliver services in the areas allowed through the MOA? The Committee members collaboratively discussed and felt that there were SD-based organizations working in each area of prevention, treatment, recovery, and response as outlined in the MOA.
- It was suggested that applicants be within our state borders to help statewide organizations work in this area. Several committee members agreed, and noted a partnering company could still come from an in-state organization.
- Brian Mueller proposed a motion to keep applicants limited to state based organizations and then re-assess accordingly. The committee voted and approved this motion.

On the subject of whether or not to require coordination with participating local governments:

- Multiple committee members commented how it can be confusing and/or aggravating when others duplicate work someone is already doing, noting the need for some level of collaboration between parties.
- Brian Mueller asked if there is a clarification factor to the application process if duplication is of concern.
- Taylor Rehfeldt asked about reporting process for duplication accountability and was curious if public could see on an ongoing basis; Tiffany Wolfgang encouraged more sharing of points of contacts when news outlets ask about things like funding allocation.
- Taylor Rehfeldt made a motion that the application encourage not but not require collaboration with those receiving funds at city or county level. The committee voted and a majority approved this motion, with one nay vote.

On the subject of a minimum or maximum grant size:

- Tiffany Wolfgang asked committee members if there should be a minimum or maximum grant amount? Listing a “range” was proposed by Sara DeCoteau. Jason Foote made motion to \$5,000 minimum and Erin Miller proposed amendment to include suggestion range/minimum and leave room for consideration of higher amount.
- A motion made to state minimum of \$5,000 with a recommended range of \$5,000-\$35,000 with room for consideration of higher amounts. The committee voted and approved this motion.

On the subject of scoring and application review:

- Tiffany Wolfgang relayed the need for volunteers to form a sub-group that would be tasked with reviewing applications and making funding recommendation decisions. After a short discussion, the committee agreed with that process and volunteers were requested. Sara DeCoteau offered to join this committee. Wolfgang advised others are welcome to indicate interest in the coming weeks.
- A review and scoring criteria will be developed by the Division of Behavioral Health.
- The Division of Behavioral Health will conduct a screening review of applications received to ensure they meet minimum eligibility criteria, and to vet any known conflicts of interest between Advisory Committee members and the proposed work as well as any known duplication of scope occurring in other areas of opioid prevention, treatment or recovery services.

The committee then discussed Year 2 Distributor settlement funding received in January 2023, after the initial January committee meeting which authorized utilization of the Year 1 settlement funding. A motion was made to allocate the Year 2 Distributor settlement in the same fashion as Year 1 was allocated to the original four project areas. The committee voted and approved this motion.

Lastly, the committee discussed utilization of the April 2023-received Mallinckrodt settlement money. Department of Health presented the committee with a proposal to use the funds to support businesses interested in purchasing Naloxone to store at their worksite in alignment with the intent and terms of HB1162. A motion was made to approve utilization of the full Year 1 Mallinckrodt settlement amount for this purpose, and to add the availability of these funds to the existing Workwell Mental Health Grant program managed by the Department of Health. The committee voted and approved this motion.

Project Updates.

Project updates were then provided by Division of Behavioral Health (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.

Presentation #3: Medication for Opioid Use Disorder in SD: Strategies for Rural & Frontier Communities
Presented by Randee Peterson (Division of Behavioral Health) and Pam VanMeeteren (Lewis & Clark Behavioral Health Services)

- 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.
- Hub & Spoke delivery sites; Lewis & Clark Behavioral Health Services was one of the first partners in this effort, with a primary hub in Yankton, SD. Pam VanMeeteren, DNP discussed areas and approaches to care. Clinical collaboration consultation at spoke sites, as well and discussion of transition/termination services based on patients are services provided by Lewis and Clark. Public education and Narcan distribution are two areas of focus at spoke sites.
- VanMeeteren offered up several points in description of the hub and spoke model created by Lewis & Clark:

- The goal of the program was to work towards having all spoke sites with in-person providers at each partnering site to provide direct access and support in local communities.
- When Lewis & Clark first started the hub and spoke model most service delivery was done via telehealth while capacity for new prescribers at the local levels continued.
- Most all sites now have a waived provider available.
- Part of the treatment approach with clients incorporates not just medication but some component of counseling, case management, peer support, or other supporting services. Lewis & Clark parallels its treatment approach to that extended to other chronic diseases – medication is a critical part of the treatment plan, but other meaningful lifestyle changes go hand in hand in many cases.
- Clients are supported from all over the state, so efforts are made in coordination with aftercare services available in those communities.
- Support for spoke sites includes clinical collaboration and consultation as clients start, as well as when clients transition down in services or have reason to terminate services. There is some consistency across spoke sites in their intake process and continuation of care processes; if individuals are referred between spoke sites they do not have to start a whole new treatment plan or set of expectations.

Presentation #4: OD2A Partnership with Avera Behavioral Health

Program updates specific to the OD2A-funded efforts with Avera Behavioral Health were provided by Kevin DeWald and Amber Reints.

- Continue to expand behavioral health navigation. Navigators are needed for patients, families, and educated providers to work through complex systems.
- Amber Reints walked through the internal support algorithm for mental health services at Avera Behavioral Health.
- Working to simplify access to navigation for providers. Changing Avera website to direct to navigation.
- Amber Reints outlined what the future strategy looks like Avera Behavioral Health meeting patient needs.

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.

- Erin Miller shared that South Dakota State University was awarded additional funding to continue the START SD program efforts.

Public Input

Chair Martinec invited any public comment.

- Meredith Allan and John Greenwood (Goldfinch Health) presented their Billion Pill Pledge. “Prevent the first dose, prevent the overdose.” Shared a 60% increased risk of opioid OD with one prescription, but 625% increased risk of opioid OD with two prescriptions. Presented key aspects of enhanced recovery (prehab, multimodal pain management, minimally invasive surgery, post-surgery support). Presented Billion Pill Pledge Program timeline, as well as results from participating hospitals.

- Senator Sydney Davis introduced herself and explained some of her responsibilities professionally as a CRNA, and her positive experience with the Billion Pill Pledge program. Senator Davis thanked the committee for hearing about the program.

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 likely occur December 2023 or January 2024 and be announced at a later date.