Opioid Abuse Advisory Committee

Meeting #16 Minutes   **In Person Meeting – MacKay Building | Pierre, SD**
Wednesday, August 24, 2022   **and via Zoom Video Conference**

The 16th meeting of the Opioid Abuse Advisory Committee was called to order by Advisory Committee Chair Lori Martinec at 10:00 am CT. The following members of the Advisory Committee were in attendance: Becky Heisinger, Sara DeCoteau, Margaret Hansen, Amy Hartman, Tiffany Wolfgang, Tom Deadrick, Kristen Carter, Kari Shanard-Koenders, Representative Taylor Rehfeldt, Erin Miller, Tosa Two Heart, Jennifer Ball, Jill Franken, Susan Kornder, Mary Beth Fishback, Jason Jones, Jason Foote, and Brian Mueller.

State and program staff in attendance included: Laura Ringling, Laura Streich, Beth Dokken, Melissa DeNoon, Amanda Weinzetl, Jennifer Humphrey, Melanie Boetel, and Rachel Oelmann and Nick Oyen (contracted project supports from Sage Project Consultants, LLC).

Guests included: Susan Puumala and Minga Vargas (University of South Dakota); Sandra Melstad (SLM Consulting); and Arielle Zients (Kaiser Health News).

Minutes Approval
Minutes from the January 7, 2022, committee meeting were approved and published in January 2022. Minutes from the special meeting held July 1, 2022, to discuss the opioid settlement dollars were approved and published in July 2022.

Meeting slides and handouts/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.
Lori Martinec reported that the South Dakota Department of Health Opioid Program is funded by the Centers for Disease Control, Overdose Data to Action Grant (OD2A), currently in year 3 with funds being extended for a supplementary Year 4 starting this fall. OD2A funds support nine different strategies for prevention and response to opioid abuse and misuse. As the Grant Title "Overdose Data to Action" denotes, the collection and analysis of data drives the actions taken in implementing prevention and response programs through grant funded activities.

One of the surveillance activities that is currently funded is the collection and dissemination of emergency department data on suspected overdoses through the DOSE Report. Another surveillance activity that is funded is the collection and dissemination of drug overdose death circumstances through

the State Unintentional Drug Overdose Reporting System or SUDORS report. Analysis of this data allows for informed decision making on where additional resources may be needed to address overdose issues affecting certain age groups, races or regions of the state.

Some of the prevention activities include supporting costs to maintain several enhancements to the Prescription Drug Monitoring Program, and coaches for the Communities that Care program, both of which were reported on later in the meeting. Prevention activities also include expenses for contracted SDAHO staff to roll out the Emergency Department Toolkit that offers resources to support medical staff working with patients with Opioid Use Disorder. Other activities include support for alternative pain management activities through a contract with SDSU Extension as well as the behavioral health navigation program that is implemented at Avera Behavioral Health. A major part of the prevention activities through the OD2A
funds is implemented through the AvoidOpioid website and social media campaign that are shared with the Department of Social Services. All of the materials, media posts and radio and TV broadcasting
brings awareness of the dangers of prescription and illicit drugs to targeted audiences across the state.

The Department of Health anticipates that a second round of OD2A funding will be available for states following the completion of this initial grant period.

Department of Social Services efforts reported by Tiffany Wolfgang, Division Director for Behavioral Health, began with updates on the State Opioid Response (SOR 2) grant which runs through Sept 29, 2022. The SOR grant has recently been granted a No Cost Extension which will carry the award for another 12 months (no additional funding). The next iteration of the SOR grant (SOR 3) is anticipated to begin October 2022. The Division submitted its application for those funds this summer, official notice of award pending. Funding for both grants is from the Substance Abuse and Mental Health Services Administration (SAMHSA). 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. Wolfgang relayed that, ideally, future dollars dedicated for stimulant or opioid use be incorporated into the block grant formulary long-term (also managed by SAMHSA).

Becky Heisinger inquired how the overlap between the SOR 2 and SOR 3 is balanced, and what projects are unique to each. Wolfgang relayed that the SOR 3 grant is being leveraged to primarily cover treatment and recovery cost assistance needs, and that the No Cost Extension is being used to extend the timeline for capacity building and other special projects including but not limited to permanent take back receptacle refills, expanded recovery home start-up costs, and continued training in early intervention programming.

Presentations

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

Presentation #1: Prevalence Data Updates

Amanda Weinzetl, Injury Prevention Epidemiologist with SD DOH, reported information on all drug related deaths and those directly attributed to opioids. Comments beyond the information in the slide deck included:

- South Dakota had the 2nd lowest age-adjusted rate of drug overdose death per 2021 provisional data.
- Notable increases in deaths related to fentanyl have been observed in the past 10 years (4 deaths in 2011 compared to 29 deaths in 2021).

- American Indian overdose rates are 2.5 times higher than White race rates in South Dakota (2011-2020).
- Slight decrease was observed in nonfatal overdose hospitalizations in the recent year (2021) with the highest incidence of emergency department visits related to overdose being in 2018.
- Nonfatal emergency department / hospital (overdose) visits are greatest amongst those aged 15-24.

Weinzetl encouraged the committee to visit the Data Dashboard on AvoidOpioidSD.com for regular data updates. Wolfgang inquired about methamphetamine related deaths and if those deaths were related directly to methamphetamine or if other drugs (e.g., fentanyl) were involved; Weinzetl indicated these numbers reflect all deaths with methamphetamine involved. Tom Deadrick asked about whether or not the age breakdown could be distilled further, particularly if the 15-24 age group could be broken down to identify impact among high school students and post-secondary students, acknowledging that each age demographic may have different intervention approaches. Weinzetl offered to look into the data to identify if it could be broken down further and report back. Martinec noted that DOH efforts have been focused in recent months on increasing awareness among high school and college-aged individuals through targeted media resources and welcomed feedback and insight from the Committee on those and future targeted interventions for this age group.

Presentation #2: 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:
- Reported that nearly 100% of pharmacies are in compliance with the data reporting requirements associated with the PDMP, and concerted efforts are being made internally to help pharmacies enter accurate information and comply with all levels of reporting.
- Continue to leverage SOR funding for the permanent takeback receptacle project.
- Continue to leverage OD2A funding for several PDMP platform enhancements and enhanced reporting and analytic capabilities for the PDMP.
- PDMP utilization measured by total queries performed has doubled over the past 4 years, and currently nearly two-thirds of all queries are performed using Gateway integrations (in workflow, one click access through electronic medical record systems and pharmacy management systems).
- Overall trend lines for all three metrics measured for opioid prescriptions to SD patients are decreasing and there have been significant decreases in each metric as compared to 2015 data.
- Dispensation data for benzodiazepines, opioids, and for central nervous system (CNS) stimulants were reviewed; while prescription count dispensed for benzodiazepines and opioids have decreased over time (past 3 years), prescription count dispensed for CNS stimulants has increased.
- The PharmaDrop drug take-back program remains active Board of Pharmacy grant funding initiated the program by placing 15 receptacles beginning in 2017. Since then, the program has expanded to 84 receptacles statewide. Most are located in retail pharmacies.

Tom Deadrick asked if PDMP monitoring included only controlled substances, or if other medication types were included. Statutorily, the PDMP is used for controlled substances.

Laura Ringling asked what the process is for med waste disposal following placement in a receptacle; DeNoon relayed that the receptacles are ordered from Trilogy Med Waste. Pharmacy staff then check the

box and once full the liner is sealed with a serialized zip tie , and then sent back to Trilogy for incineration. Once the products are incinerated, a report is provided back to the pharmacy.

Jennifer Ball inquired as to utilization of buprenorphine in state and if that could be tracked or monitored in the PDMP; DeNoon reported it is not currently included in the reports, but she will add to future reports.

Presentation #3: Opioid Settlement Fund Overview & Status Update
Presented by Tiffany Wolfgang. An initial update was provided in July 2022 to the Committee regarding the opioid settlement funds by Laura Ringling. Building on that, Wolfgang reported that the Johnson & Johnson related settlement is providing approximately $54 million to South Dakota over the next 18 years. The Memorandum of Agreement outlines the allocations for both the statewide share, to be managed by Department of Social Services (DSS), and the city/county share. Year 1 allocation is estimated to be $1.2 million for the statewide share. Letters to the partnering counties and cities are being sent this week along with the MOA for their review. The letter asks for who the point of contact is for that county or city, and then the DSS team will work with them to get their review and signature on the MOA. Once fully signed, funds will be distributed by the State Auditor office to partnering jurisdictions. The role of the committee was also reviewed; reference slides for specific notes.

Question was posed by Arielle Zionts regarding the composition of the committee; Wolfgang relayed high level composition and advised the MOA outlines the specific membership considerations.

Kari Shanard-Koenders asked if there would be an application process for ideas submitted to the committee for consideration; Wolfgang advised that the committee will be charged with deciding how best to distribute funds and the priority areas but that an application process is not planned at this time. Jill Franken asked to clarify whether or not the committee is responsible for any oversight of the non-statewide share funds; Wolfgang noted that there are reporting requirements of the counties and cities to the committee for use of funds, but utilization of the dollars at the local level is to be determined by the municipality or county in alignment with the terms of the MOA, and not guided by the committee. Franken further asked if there was any expectation for engagement of the committee with local municipalities; Laura Ringling relayed that the committee is focused on the statewide share, and there is no expectation of the committee to work with the local communities involved but that committee members could, at their discretion, contribute to local planning efforts. Tom Deadrick advised further that there is to be a process for interaction with and feedback from the local communities regarding the local need for abatement efforts and advised that some guidelines be crafted to charter the committee expectations and roles/responsibilities. The MOA, per Ringling, guides and describes what the committee is and what is charged with but doesn't serve as a governing document. A governing document will be developed in the coming months and reviewed at the next committee meeting.

Question was posed in further discussion regarding timing of the funds flowing to the state; Laura Ringling advised it is contingent on getting the MOA processed, and then connection with the national fund distributor will be made to work for distribution of the funds.

An additional question was posed by Arielle Zionts about inclusion of tribal community needs in the use of the statewide share, acknowledging that tribes and tribal health organizations participating in the opioid litigation brought forth separately will be receiving settlement distribution as well. Wolfgang advised that the scope of the statewide share will be inclusive of all areas of South Dakota, similar to how the SOR and OD2A grants are currently managed, and not targeted to any one population or area but rather open to all based on needs identified.

Presentation #4: Overdose Response Strategy

Presented by Matt Tribble, Public Health Analyst with the CDC Foundation. Refer to slides for specific information relayed. Comments beyond the information in the slide deck included:

- Question posed by Tiffany Wolfgang regarding responsible party for local implementation of response efforts for information obtained using ODMAP, a free, web-based tool providing near real-time surveillance of suspected overdose events. Tribble relayed that ODMAP is a tool typically first used by law enforcement and first responders. If an overdose spike alert hits, users of the tool will receive the alert and then disperse information to other community stakeholders from there. Laura Streich, DOH, relayed that the Department of Health is hoping to provide technical assistance to communities in developing response protocols and response supports; there may be opportunities for funding in future months/years to support these initiatives at the local level.

Presentation #5: Treatment and Recovery Supports Update

Wolfgang provided an overview of current treatment and recovery support services contracted for cost assistance and supporting services, funded by the SOR program. Refer to the slides for specifics shared. The contracts and providers discussed are only those using SOR funds for treatment cost assistance for clients; there are other agencies that actively provide MAT/MOUD (Medication Assisted Treatment/Medications for Opioid Use Disorder) or recovery support services beyond this group.

Additional material was presented by Edward Smith and Lora Griffin on behalf of Oxford House. Two staff are working on the SOR-funded program in South Dakota. In addition to the homes described, an additional home will be opening in October 2022 in Pennington County for women and children. Expansion efforts were initially targeted to urban areas and now are expanding to more rural communities, with possibly several homes opening up in the Eagle Butte, SD area in the future. The model is unique in several ways: all pathways to recovery are embraced, education coordination is provided in each house, homes are MAT/MOUD friendly, and homes are self-governed. Expansion efforts are currently limited to real estate availability. More information on the Oxford House model can be found at https://www.oxfordhouse.org/. Real-time vacancy information nationwide, searchable by state and city, can be found at https://www.oxfordvacancies.com/.

Several questions were posed by Arielle Zionts.

- Can individuals be participating in MAT/MOUD while in the homes? Yes – absolutely.
- Do you see individuals from rural areas move to urban areas to live in a recovery home? Yes – some individuals have chosen to relocate to have the opportunity to live in an Oxford Home.

Lori Martinec asked if a community identifies they'd like to open an Oxford House, what are the next steps, or what criteria is needed. Ed Smith noted that Oxford House will first survey the area in terms of employment opportunities, housing availability, and other components that make members successful. Homes are set up with sustainability in mind and support mechanisms (e.g., access to employment, access to basic services) need to be available.

Presentation #6 – Reducing Illicit Supply - Safe Medication Storage or Disposal

Presented by Betsy Schuster with the Helpline Center. Refer to the slides for specifics shared.

- Schuster highlighted a new option available for organizations to request an order of multiple medication lock boxes, now online at https://helplinecenter.jotform.com/alex.pool/organization-lock-box-request. Tracking of individual distribution is done by the organization and reported back to the Helpline for program outcome tracking purposes.

- Schuster further discussed safe at home medication disposal options available. DisposeRx requests are not as common as the medication lock boxes, and opportunity exists to promote it more. Question posed by Lora Griffin on if the DisposeRx packets can be used to neutralize street drugs; answer was unknown at the time of the meeting but it was noted more information is available on https://disposerx.com/

Substance use care coordination information as well as request forms for safe medication disposal and storage options can be obtained at https://www.avoidopioidsd.com/take-action/medication-lock-boxes/ or at https://www.helplinecenter.org/support-programs/opioid-care-coordination/. All requests are handled by the Helpline Center.

Wolfgang relayed that the ultimate goal of the afore-mentioned projects is to remove barriers to treatment and recovery supports, and to provide a safe place for individuals to ask questions on how to seek help for themselves or their loved ones.

Presentation #7 – Prevention and Early Identification: Communities that Care
Presented by Liz Marso, Healthy Communities Coordinator, Department of Health. Refer to the slides for specifics shared. Comments beyond the information in the slide deck included the following:
- The Communities that Care (CTC) model was developed by the University of Washington. The model was adopted three years ago by the Department of Health as an evidence-based approach to reducing the impacts of substance use in South Dakota communities.
- The five-phase program is designed to be completed by a community over the span of several years.
- The 2022-2024 cohort is already actively developing community coalition groups.
- Jason Jones, Chief of Police from Pierre, relayed that the Pierre/Ft. Pierre CTC efforts were built off of a Mental Health Task Force originally created to identify issues and build solutions for the community. He relayed that at a recent meeting, results were shared from the youth survey and the response rate was lower than anticipated largely due to the parental sign-off requirement for survey administration and asked as to if there were opportunities to increase survey participation. Marso noted that program staff are working with the schools to identify alternate approaches to increase response. It is unclear if the limitations for survey opt-in / parental consent for surveys apply to youth-serving organizations, following question from Susan Puumula on ability for communities to use that as an alternate approach.

Wolfgang asked if the communities have experienced any barriers to implementation, and if so, what those barriers are. Marso relayed that getting a facilitator on staff within each local community, coupled with access to the schools and launch of the program during the pandemic (lack of in person collaboration) have been issues.

Marso elaborated that once the CTC model is fully implemented, communities will have identified top risk areas for their community to work on and can then select programs that are tested and effective in addressing those risk areas. The community would work to implement those programs, re-administer the youth survey for program monitoring and outcome assessment, and then adjust as they continue. Department of Health funding is being leveraged to build capacity and support initial onboarding of the community facilitator, but it is anticipated that communities will continue this effort for years to come once established in that community. Cheyenne River is an example of a community that has moved through the phases, just recently entering phase 5. Success is attributed to quick implementation of the

survey through school/community partnership, and a passionate champion as their community facilitator. Cheyenne River has applied for and received additional outside funding to keep this program going.

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.

- Jason Foote, Yankton Police Department, advised the Yankton community is hosting their second meeting for the Communities That Care process tomorrow. From the police department standpoint, they are actively working to build opportunities to better connect with the community.
- Becky Heisinger, South Dakota Association of Healthcare Organizations (SDAHO), noted that the SDAHO Annual Conference is coming up September 21-22. The ED Toolkit (previously presented to the committee – see January 2022 meeting minutes) will be featured at a session during the conference.
- Kari Shanard-Koenders, SD Board of Pharmacy, has attended several conferences of late, and observed that stigma associated with MOUD remains high among pharmacies and pharmacists. Efforts are underway to give pharmacists the right tools to help speak to individuals impacted by OUD, and considerations are being made to potential expansion of the statewide standing order to reduce barriers to access and ease administration for pharmacists. An idea brought forth observed in another state (Ohio) was co-location of NALOXBOXs (https://naloxbox.org/) or equivalent emergency access boxes holding NARCAN (an intranasal, easy to administer opioid overdose reversal agent) with AEDs to increase access.
- Susan Kornder, Director of Northeastern Mental Health Center, relayed that communication on MAT services is ongoing and continued prevention efforts to young adults, including mental health and suicide.
- Erin Miller, SDSU, relayed that they have two active grants from HRSA on Substance Use Disorder. The first program, focused on Opioid Use Disorder, is targeted to Brookings, Hughes and Codington County. The second program is focused on Stimulant Use Disorder in four target counties. Current efforts include conducting an anti-stigma survey to narrow targeted messaging in the geographic catchment area. Additionally, SDSU will be hosting another boot camp targeted to providers to learn more about MAT.
- Dr. Ball relayed recent news coverage on the utilization of fentanyl test strips and perceived illegality.
- Representative Taylor Rehfeldt, Assistant Director for the Nurse Anesthetist Program, and legislator, expressed interest in learning more about harm reduction approaches and will follow-up with further conversation with committee members as needed.

Public Input

Arielle Zionts posed several questions.

- Is MAT allowable in the prisons? Tiffany Wolfgang relayed that several jails are supporting access to MAT as previously discussed, and that MAT is also available in the prison system.
- The second question related to drug court protocols in recommending MAT was directed to the Unified Judicial System.

Closing Remarks

No additional remarks or questions were posed. The next meeting will be held winter of 2022/2023. Meeting was adjourned.