

By topic:

State Targeted Response to the Opioid Crisis grants

The state has awarded grants to community agencies aimed at addressing the opioid crisis through prevention, increasing access to treatment, and reducing opioid overdose related deaths.

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Naloxone Distribution

\$300,000 Minnesota Department of Health (statewide)

The Minnesota Department of Health will provide Minnesota’s eight regional Emergency Medical Service (EMS) programs with funds to purchase opiate antagonists. EMS and law enforcement officers will be trained in the recognition, response and treatment of drug overdose.

\$249,986 Rural AIDS Action Network (statewide)

The Rural AIDS Action Network will provide syringe exchange services and naloxone training and distribution to community members and professionals.

\$200,000 The Steve Rumlmer HOPE Network (statewide)

The Steve Rumlmer HOPE Network will educate and provide opioid overdose rescue kits to populations and regions of Minnesota identified as Minnesota’s potential opioid service gaps. Some of the counties scheduled in this initiative include Beltrami, Stearns, Dakota, Washington, Nobles, Carlton, St. Louis, Crow Wing, Polk, Roseau, Clearwater, Cass, Mahnommen, Hennepin and neighboring regions.

\$399,860 Meridian (statewide)

Valhalla Place will target high-risk active opioid users, along with their friends and families, to provide education about opioid overdose and train them to use Naloxone to reverse an opioid overdose. Naloxone kits will be distributed through syringe exchange programs, community outreach agencies, Native American/Tribal organizations and substance use disorder treatment programs to promote access to treatment whenever possible.

\$150,000 St. Louis County

Activities to expand access to naloxone within the Carlton and St. Louis county communities. This includes partnering with UMD College of Pharmacy and the Rural AIDS Action Network (RAAN) to train prescribers, pharmacists, student leaders, local coalitions and drug court participants and their families in the distribution and use of naloxone. In addition, RAAN and Carlton and St. Louis counties will deliver naloxone directly to opioid users in rural Northern Carlton and St. Louis counties as well as clean syringe exchange and HIV HEP-C testing.

Integrated Care for High Risk Pregnancies (ICiRP)

\$75: Mille Lacs Band of Ojibwe

\$150: Leech Lake Band of Ojibwe

\$150: Red Lake Nation

\$150: White Earth Nation

ICiRP supports programs targeted at opiate use during pregnancy. The grant supports planning, system development and integration of medical, chemical dependency, public health, social services and child welfare. Additional funds have been added to support the training and hiring of paraprofessionals to the care team. These workers will have knowledge and skills related to peer recovery support, maternity care, system navigation and advocacy.

Parent Child Assistance Program (PCAP)

\$54,400 American Indian Family Center (Ramsey County)

\$57,400 Fond du Lac Band of Ojibwe Human Services (Carlton and St. Louis Counties)

\$59,200 Hope House of Itasca County (Itasca, St. Louis Counties and Leech Lake Reservation)

\$110,000 Journey Home (St. Cloud Hospital Recovery Plus), (Statewide)

\$57,400 Meeker-McLeod-Sibley Counties Human Services (Meeker, McLeod and Sibley Counties)

\$59,800 Perspectives, Inc. (Metro)

\$73,000 Resource, Inc. (Metro)

\$66,600 RS Eden, Inc. (Metro)

\$74,000 Ramsey County Mothers First (Ramsey)

\$71,200 Wayside Recovery Center (statewide)

\$62,400 Wellcome Manor Family Services (statewide)

PCAP links mothers to community resources to help them build and maintain healthy, independent family lives and to prevent alcohol and drugs from affecting the future births of children. The projects hire and train paraprofessional maternal outreach workers cross-trained in

recovery support. These workers will be added to programs supported by Women’s Recovery Services, a DHS grant program. The care model is inspired by the Parent Child Assistance Program, which is an evidence-based approach whose goals are to: Assist substance-abusing pregnant and parenting mothers in obtaining substance use disorder treatment, staying in recovery, and resolving myriad complex problems related to their substance abuse

Community health worker mother’s recovery training

\$140,000 Northwest Indian Community Development Center (NWIDC)

The NWIDC will train workers hired by five tribes to become certified as Peer Recovery Support Specialists, design culturally appropriate training for a paraprofessional-level position providing integrated supportive services to pregnant and newly parenting women, support the tribal sanctioning process needed for tribal recognition of this paraprofessional maternal support worker, and cross-train the certified Peer Recovery Support Specialists with the additional knowledge and skills identified for the maternal support worker role.

\$80,000 Minnesota Community Health Worker Alliance

The Minnesota Community Health Worker Alliance will offer community health worker training to paraprofessionals who are providing support to high risk pregnant and newly-parenting women, develop and deliver specialized maternal health training to better equip paraprofessionals for their roles, orient supervisors to the community health worker role and effective integration in team-based recovery services, and prepare recommendations on training needs.

Extension for Community Healthcare Outcomes (ECHO) Hub

\$295,669 Wayside Recovery Center (statewide)

Wayside will serve as a Project ECHO hub, providing capacity and competency building regarding best practices that best serve pregnant, post-partum and parenting women struggling with opioid dependence.

\$293,331 Unity Family Healthcare dba St. Gabriel’s Health (statewide)

CHI St. Gabriel’s Health will provide expertise and experience on best practices in addressing opioid use disorder in the family practice setting.

\$1,025,000 Hennepin County Medical Center

The Hennepin County Medical Center, Division of Addiction Medicine, will serve as Minnesota’s Project ECHO hub. Along with other ECHO sites throughout Minnesota, HCMC will engage Minnesota’s medical communities in a series of learning collaboratives via videoconference “clinics” focusing on evidence-based assessment and management of patients with opioid use disorders and associated comorbidities. Clinics will be case-driven with brief didactics on high yield topics. The teaching faculty and audience will be multidisciplinary and work together to discuss patient needs within the context of effective, patient-centric models of health care delivery based on local resources. HCMC will assist community providers in the stabilization of

their patients through education, consultation, and direct care with the ultimate goal of empowering general medical practices to bring quality evidence-based care to their patients.

Peer Recovery

\$236,131 Wayside Recovery Center (statewide)

Wayside Recovery Center will increase their Peer Recovery services to assist with transitions between levels of care, better integration into community life, be supported, and engage in long-term relationships with Wayside in order to achieve a sustainable future on the recovery journey.

\$27,869 Wilder Recovery Services (Metro)

Peer Recovery services will offer one-on-one support to clients with an opioid use disorder in both the outpatient treatment program and aftercare groups. The peer will provide non-clinical services such as mentorship and peer support; destigmatize the process of addiction, treatment and recovery; and support the care coordinator and client in completing community referrals and recovery goals such as housing, employment, education, and basic needs.

\$261,000 Recovery is Happening (11 SE Minnesota Counties)

Recovery is Happening (RIH) will hire two peer recovery specialists to assist clients suffering from opioid use disorder. The peer recovery specialists will help provide a comprehensive approach to recovery by replacing referrals to treatment with accompaniment and support. The peer accompanies the individual to every needed appointment and ensures that all providers are working together to provide appropriate services directed at achieving long-term recovery.

Recently Released from Incarceration

\$118,800 Wayside Recovery Center (statewide)

Women who are pregnant, post-partum or parenting who are also incarcerated and need opioid-based treatment options many times fall through the cracks. Wayside will offer treatment and recovery liaisons who will go into the community and offer out-reach, assessments, and transition care coordination for those women coming straight from incarceration into treatment.

\$264,000 Leech Lake Band of Ojibwe

The Leech Lake Band of Ojibwe's AHNJI-BII-MAH-DIZ Halfway House in Cass Lake will reduce recidivism and re-offense among Native American offenders that have a history of opioid misuse. AHNJI-BII-MAH-DIZ will provide care coordination in a transitional housing setting to help clients successfully transition from correctional facilities back to their communities. Clients will develop individual treatment plans, set employment goals and work on strategies for long-term housing. At AHNJI-BII-MAH-DIZ clients will have access to a network of social support and community wellness programs that will aid in their successful transition back into the community.

Office Based Opioid Treatment (OBOT)

\$125,000 Native American Community Clinic (greater Metro)

Native American Community Clinic (NACC) will increase access to opioid-related treatment and improve retention in care through the expansion of their medically assisted treatment program. NACC plans to train a provider for the addition of one new office based opioid treatment provider to prescribe buprenorphine/naloxone to increase their capability of prescribing to 130 patients. NACC will build on its comprehensive program with Minneapolis-based White Earth Substance Abuse Treatment Program to screen and to provide intake, daily dosing, nurse care coordination and recovery services (counseling at NACC and recovery groups at White Earth). NACC will prioritize American Indian pregnant women for the program.

\$400,000 Broadway Family Medicine

University of Minnesota and the Broadway Family Medicine (BFM) faculty will work to strengthen existing Medication Assisted Treatment (MAT) services which involve improving the behavioral health component for MAT services. These services will increase the number of trained providers at BFM, bolster competence and confidence of all faculty preceptors and improve clinic processes for MAT. In addition, BFM will build an integrated MAT and addiction medicine training program within primary care at the University of Minnesota Department of Family Medicine and Community Health. BFM will create an infrastructure and interdisciplinary model in which OUD can be treated effectively in primary care. In doing so, they will expand the number of providers with competence, experience, confidence and access to supervision in providing MAT and preventing OUD.

\$225,000 St. Louis County

The OBOT project is embedded in a treatment continuum including an OWMU, ClearPath MAT Clinic, and CADT Rule 31 outpatient treatment. The OBOT project will offer an array of options entirely driven by a holistic and individualized care plan with the ability to respond to a wide range of patient severity, complexity, motivation to change and recovery capital. The OBOT project will work to recruit additional waived physicians and will maintain a support system for physicians and their patients as needed. The OBOT project will reduce unmet treatment needs contributing to overdoses in Northeastern Minnesota.

Access to treatment

Fast Tracker

\$134,125 Minnesota Mental Health Community Foundation (statewide)

Fast-Tracker is an online, searchable database of substance use disorder and opioid use disorder treatment programs and resources. The Minnesota Mental Health Community Foundation's Fast-TrackerMNSUD.org will offer searchers information about programs, availability, services offered, and special aspects of each program. Emergency contacts and information about life-saving resources are available on every page online anytime. Fast-TrackerMnSUD.org is also a resource for information.

Detox

\$300,000 St. Louis County

The Opioid Withdrawal Management Unit (OWMU) is a six bed, continuum of care unit embedded within the Center for Alcohol and Drug Treatment Detox Unit providing a medically supervised environment for opioid withdrawal including Methadone or Suboxone. Expected length of stay is 3-5 days. Once stable, patients are referred to an appropriate level of care. The OWMU provides immediate access to an array of treatment services for opioid overdose survivors removing the barrier of wait times that often result in fatal overdoses.

\$300,000 Clay County

The Clay County Detox will hire a care coordinator who will serve opioid use disorder clients and assist them with successful transitions for a continuum of care. Referral and assistance to medication-assisted treatment will begin within the first 48 hours of admission to the detox facility. The coordinator will identify referring, treatment and support agencies in the county and surrounding communities. The care coordinator will integrate person centered planning as a key component for discharge planning.

Care Coordination

\$142,669 Dakota Communities (contract with the Upper Sioux)

The project goal is to develop and finalize a collaborative Tribal business plan that innovatively provides pre-treatment, treatment, and post-treatment options that more effectively respond to the opioid crisis within the four Dakota communities. This goal will be accomplished through three aims: 1) Design a comprehensive culturally-appropriate chemical use assessment tool that more accurately determines root causes and culturally-based treatment options 2) Develop and finalize a sustainable business plan, including strategy and implementation with benchmarks and required resources for a collaborative healing center and transitional housing facility, and 3) Design a collaborative approach to care coordination utilizing the existing tribal resources and expertise within the Dakota communities.

\$96,800 Wilder Recovery Services (Metro)

Wilder Recovery Services will offer bilingual, bicultural care coordination services to clients in its outpatient treatment program, which specializes in serving clients from Southeast Asian backgrounds with dual diagnosis mental health and substance use disorders. The primary goal of care coordination is supporting the whole-client, whole-family recovery journey, all from a culturally-affirming and responsive lens while building an active continuum of care relationships with other providers and support services in the state of Minnesota.

\$197,531 Mille Lacs Band of Ojibwe

The Mille Lacs Band of Ojibwe (MLBO) Nenda-Noojimidig (“Those ones who seek healing”) Mino Gigizheb (“It is a good morning”) Program will integrate a coordinated plan of care for Native American Indian community members, aged 18 or older, who self-identify as experiencing opioid use disorder. The program will provide long-term coordinated care through improving

access to culturally specific opioid disorder treatment, decreasing the current gaps in unmet treatment needs and reducing opioid related deaths through increased prevention, treatment and recovery efforts.

\$93,075 Minnesota Indian Women’s Resource Center (Metro)

Nokomis Endaad, of the Minnesota Indian Women’s Resource Center, will provide care coordination to clients who have mental health, housing or medical needs, in addition to economic assistance and life skills support. Included is their weekly Women’s Sobriety Support group, which is an avenue for women to develop and maintain relationships with other sober women in the community.

Rule 25 assessments

\$157,731 Recovery is Happening (11 SE Minnesota Counties)

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\$142,269 Dakota Communities (contract with the Upper Sioux)

Recovery is Happening (RIH) will employ a full-time Rule 25 assessor to provide substance use disorder assessment at RIH, as well as off campus by appointment in the entire southeastern Minnesota region. Further, the assessor will be available for outreach in adult detention centers, detox centers and hospitals to facilitate urgent evaluations for those incarcerated or on commitment with opioid use disorder. This will remove administrative hurdles, allowing for immediate connection with a recovery community, peer recovery specialists, medicated assisted recovery groups, intensive long-term outpatient treatment, housing and more.

Prevention

SPF-Rx

\$500,000 Leech Lake Band of Ojibwe &

\$990,537 Pine River-Backus School

The MN SPF Rx project is designed to raise awareness about the risks of sharing medications and promote collaboration between states/tribes and pharmaceutical and medical communities in order to understand the risks of overprescribing to youth ages 12-17 and adults 18 years of age and older. The MN SPF Rx project will enable Minnesota to work with communities to develop and implement prevention strategies at the local level.

In addition, the MN SPF Rx project seeks to address behavioral health disparities among racial and ethnic minorities through strategies to decrease the differences in access, service use, and outcomes among the racial and ethnic minority populations.

\$600,000 Russell Herder

Design an engagement campaign for at-risk communities in order to drive awareness of opioid abuse and offer informational and overdose intervention resources to potential and current opioid users. The campaign will seek to reach those who are using or at risk (most specifically, American Indian and African American youth and adults, the LGBT community, and at risk women, parenting and pregnant), as well as those able to influence preventative action and treatment.

\$100,000 Weber Shandwick

Weber Shandwick will develop, test and finalize a physician education communications campaign about the appropriate use of opioids to treat pain. The project aims to empower physicians to address this critical issue with their patients and bring about positive change with the opioid epidemic.

Innovation grants

\$5000 Native American Community Clinic (greater Metro)

Native American Community Clinic (NACC) will develop a syringe exchange program in partnership with the community. The syringe exchange program will greatly decrease the risk for transmission of blood borne pathogens (HIV, Hepatitis C) as well as provide an opportunity for nurse triage, overdose prevention education with naloxone, and referral and linkage to critical health resources. Under this community partnership, NACC will provide sterile needles, syringes and biohazard sharps removal. NACC will provide in-kind registered nurse and community health worker time to assist in staffing of the syringe exchange.

\$270,000 Dakota Communities (contract with the Upper Sioux)

The project goal is to develop and finalize a collaborative Tribal business plan that innovatively provides pre-treatment, treatment and post-treatment options that more effectively respond to the opioid crisis within the four Dakota communities. This goal will be accomplished through three aims: 1) Design a comprehensive culturally-appropriate chemical use assessment tool that more accurately determines root causes and culturally-based treatment options 2) Develop and finalize a sustainable business plan, including strategy and implementation with benchmarks and required resources for a collaborative healing center and transitional housing facility, and 3) Design a collaborative approach to care coordination utilizing the existing tribal resources and expertise within the Dakota communities.

\$50,000 Mille Lacs Band of Ojibwe

The program will develop a blueprint for an opioid community response and action plan to decrease the burden of opioid misuse, abuse and overdose in the MLBO community, as well as address public awareness, provider education, and access to treatment.

\$50,000 Minnesota Hospital Association (statewide)

The Minnesota Hospital Association Neonatal Abstinence Syndrome (NAS) subgroup will develop a roadmap to better identify, screen and treat NAS. The roadmap will be based on published literature and evidence based best practices, incorporating expert feedback from obstetricians, perinatologists and neonatologists in partnership with patients and multi-disciplinary leaders. The roadmap will help medical professionals identify opioid addiction early during pregnancy to increase the number of women accessing appropriate treatment before giving birth, guide providers to newborn assessment tools to help with early identification, and share best practices in NAS treatment to help hospitals and health systems make decisions about treatment.

\$250,000 Broadway Family Medicine

Build an integrated MAT and addiction medicine training program within primary care at the University of Minnesota Department of Family Medicine and Community Health, which is the main training site for primary care providers in the state. They will create an infrastructure and interdisciplinary model in which opioid use disorder can be treated effectively in primary care. In doing so, they will expand the number of providers with competence, experience, confidence and access to supervision in providing MAT and preventing opioid use disorder.