

# **Memo for OERAC: Mapping Opioid Harms, Services, and Spending in Minnesota**

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## Overview

The national opioid settlements provide state and local governments a unique opportunity to make strategic long-term investments to address the harms caused by the opioid epidemic. To make best use of available funding, Minnesota has prioritized using data to guide spending. To those ends, this aims to identify underserved areas and populations with high needs, as well as advancing evidence-based practices that are proven to reduce deaths, reduce opioid misuse, and connecting people to the help they need.

This document is meant to provide OERAC and partners with objective data that can be used to inform decisions about resource allocations. It highlights geographic variation in 1) the effects of the opioid epidemic across the state, 2) the availability of services, and 3) current funding for opioid-related harms. It presents a selected set of maps and data intended to be used with other community and expert knowledge about local context and needs.

## Opioid Epidemic Response Spending Dashboard: 2024 Update

The [Opioid Epidemic Response Spending dashboard](#) provides a snapshot into Minnesota's investments to mitigate the harm of the opioid epidemic. It is updated annually and includes multiple funding sources, including 1) Opiate Epidemic Response fees, 2) statewide opioid epidemic settlement agreement funding (both county/city and state) and 3) appropriations directed by the state to tribal nations and other organizations. Information on grants is collected from grant applications and biannual grantee reports. Counties and cities report settlement spending for each calendar year to DHS using an online survey. In partnership with DHS, MMB Results Management staff collate the data, assess each service for evidence and produce the dashboard.

### County and city spending

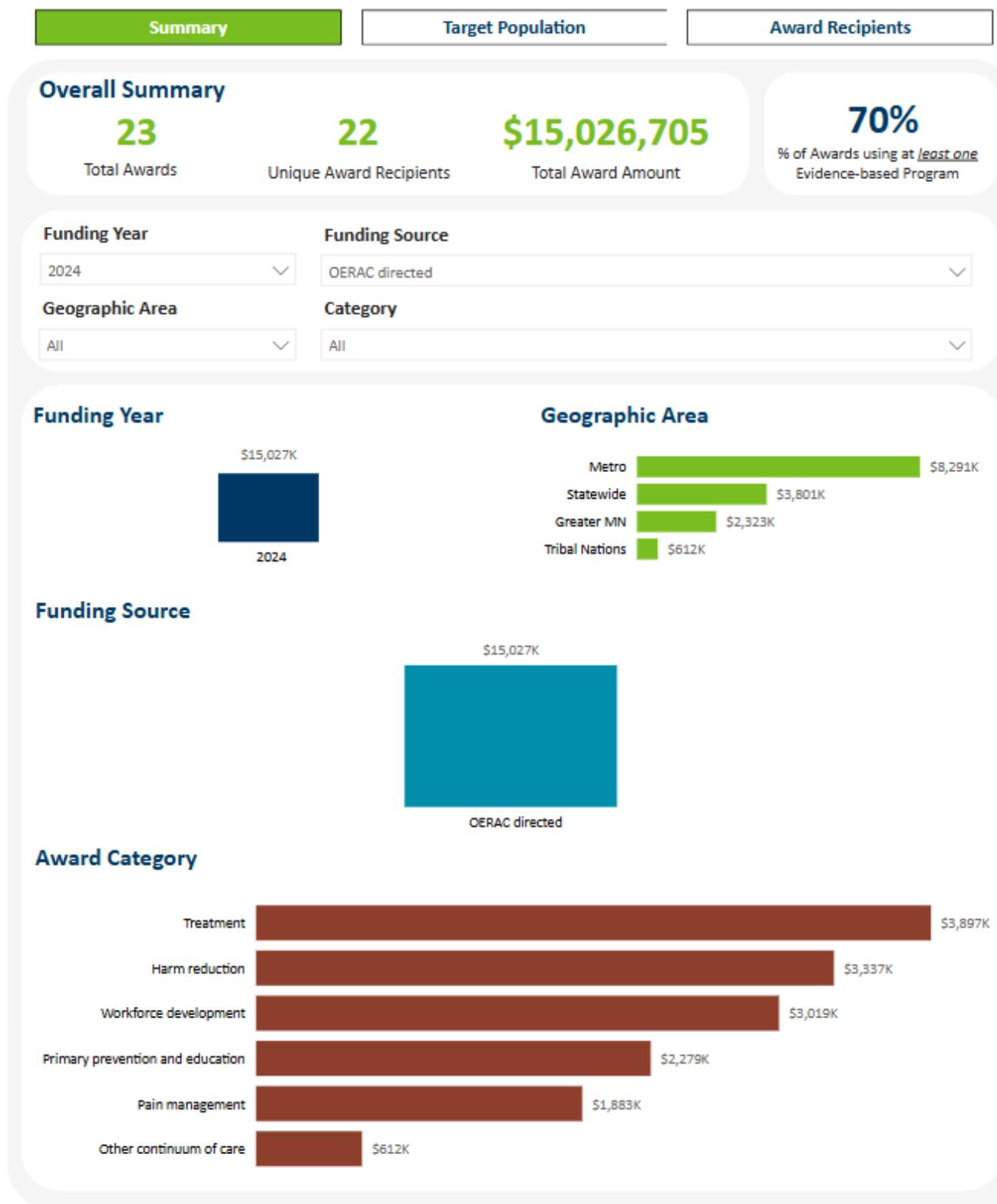
In calendar year 2024, counties and cities spent a total of \$17,370,156 from their opioid settlement funds. A total of 54% was spent on treatment, 21% on prevention (includes harm reduction), and 24% on other strategies. Approximately 43% of the county and city spending in 2024 was on evidence-based programs, such as increasing access to MOUDs, peer recovery services, motivational interviewing, and SBIRT.

There is wide variation in how counties and cities approach spending the funds. They can carry over funding from year to year and there is no deadline for spending. Some have spent nearly all of the payouts they have received, while others have not spent any of the funds yet. Some encumbered funds in 2024 (e.g., via an RFP) but did not actually transfer any funds by December 31, 2024; those expenses will show up in the 2025 data.

### State spending

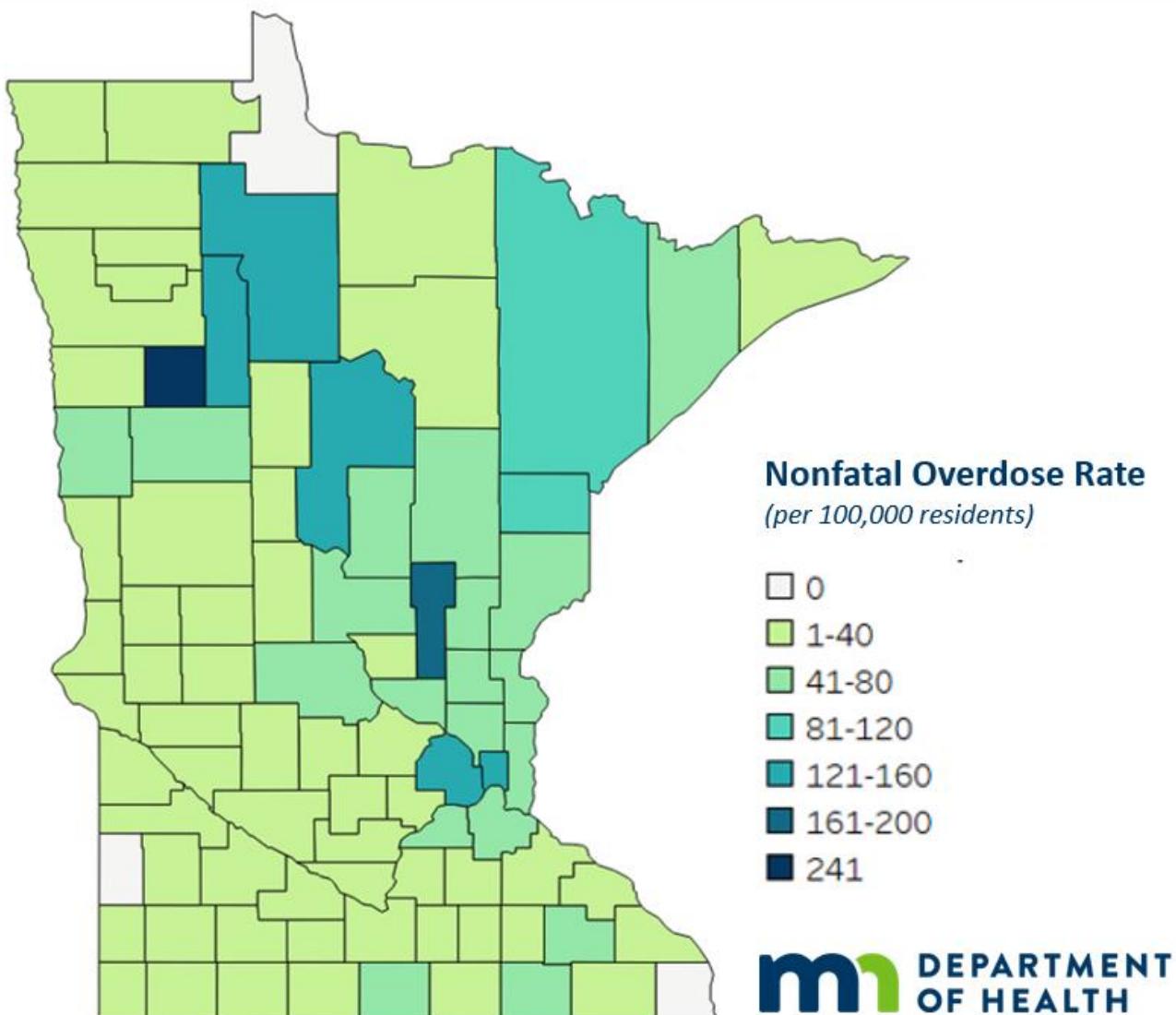
In 2024, OERAC awarded 23 grants using a combination of fees and the state's share of the opioid settlement. They allocated a total of \$15,026,705 to be spent over roughly 3.5 years. A total of 26% was spent on treatment, 22% on harm reduction, 20% on workforce development, 17% on alternative treatments for pain, and 15% on primary prevention. 70% of the grants included at least one evidence-based program, such as increasing MOUD, naloxone paired with referrals to treatment, and sector-based workforce initiatives.

Figure 1. Screenshot of updated [Opioid Epidemic Response Spending dashboard](#)



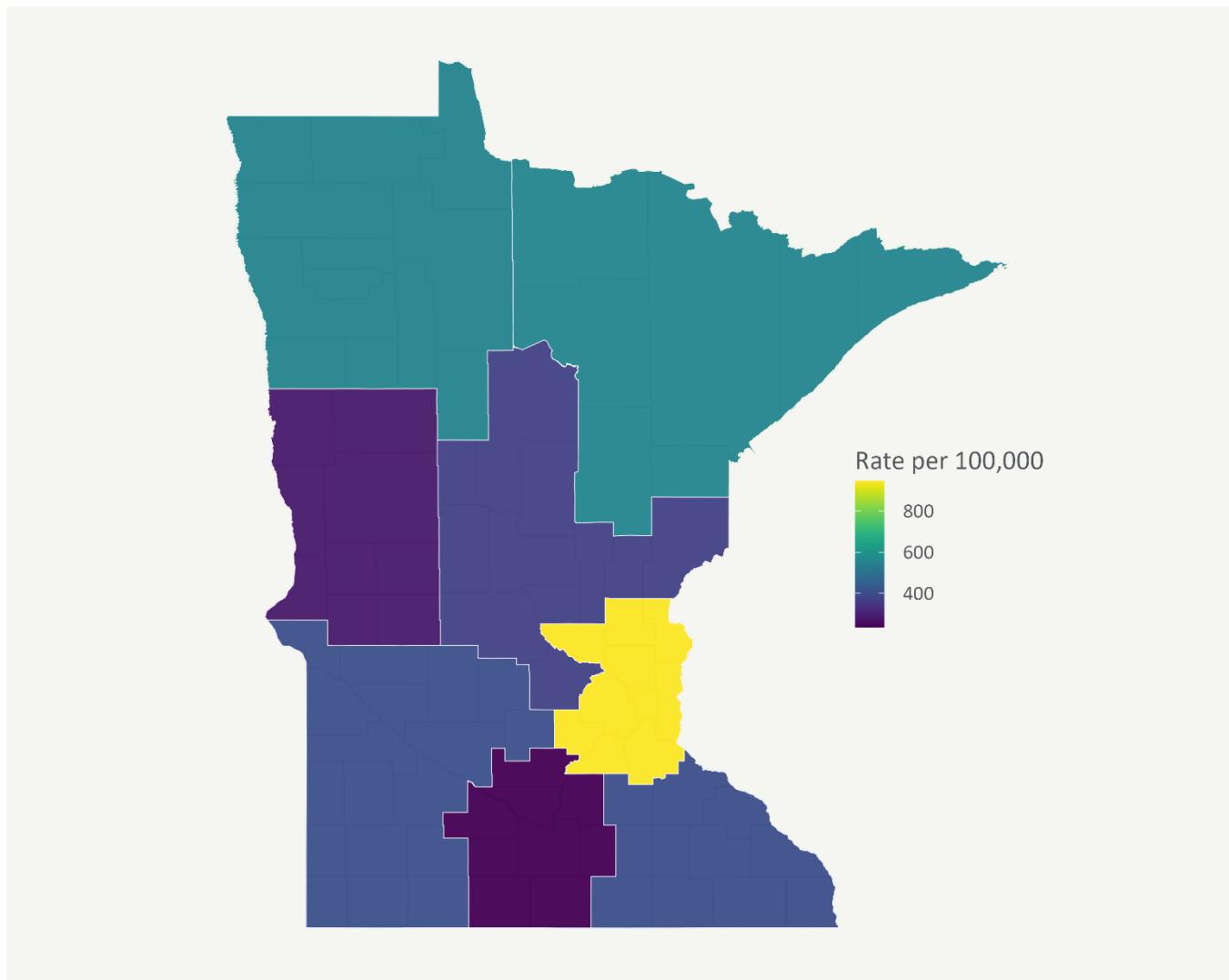
## Maps

Figure 2. Nonfatal opioid overdoses, per 100,000 population



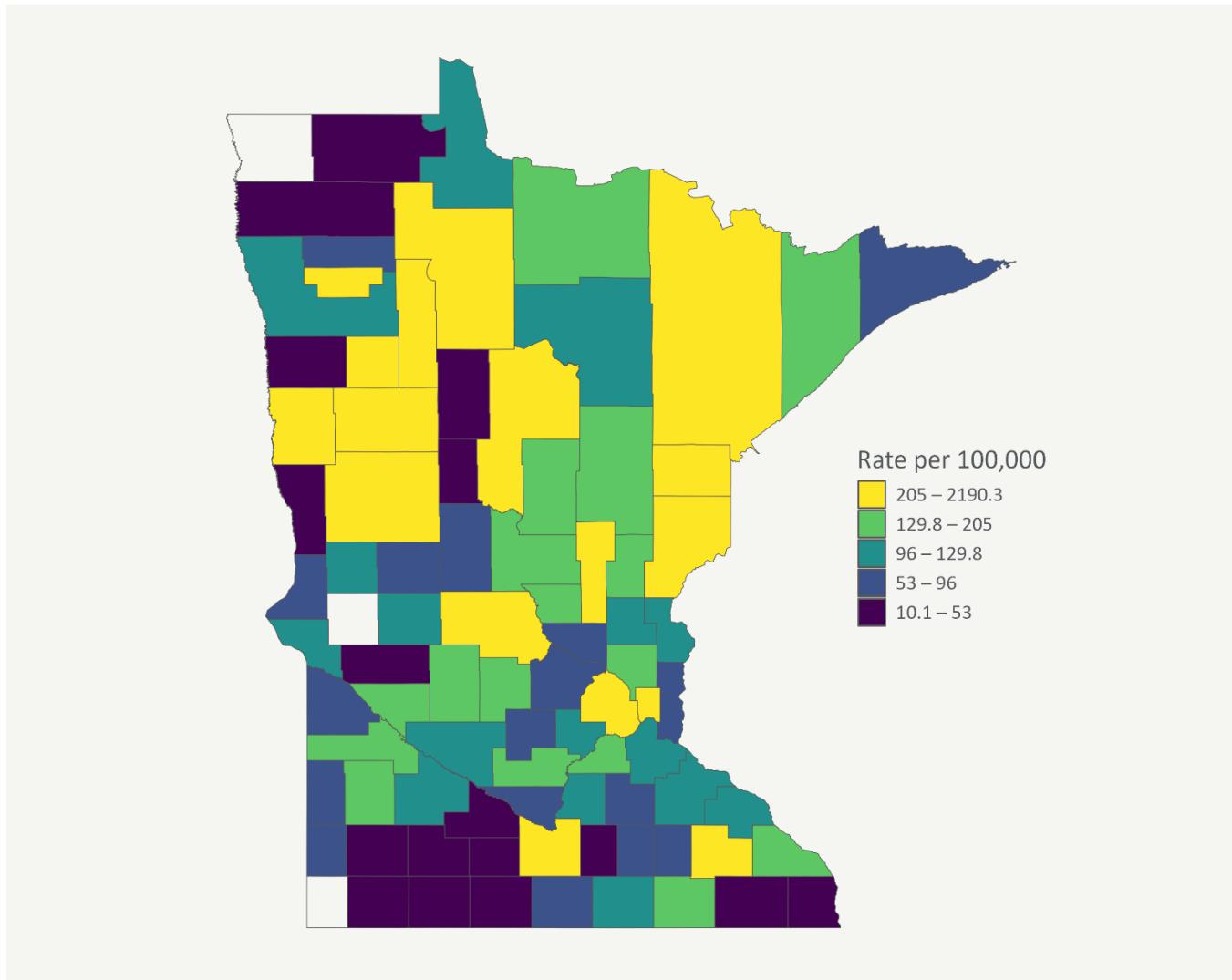
Data notes: Data from 2022-2024; Rate per 100,000 residents, age-adjusted. Gray counties had zero recorded nonfatal opioid overdoses treated at Minnesota or North Dakota hospitals among Minnesota residents.

Figure 3. Naloxone administration by EMS, per 100,000 population



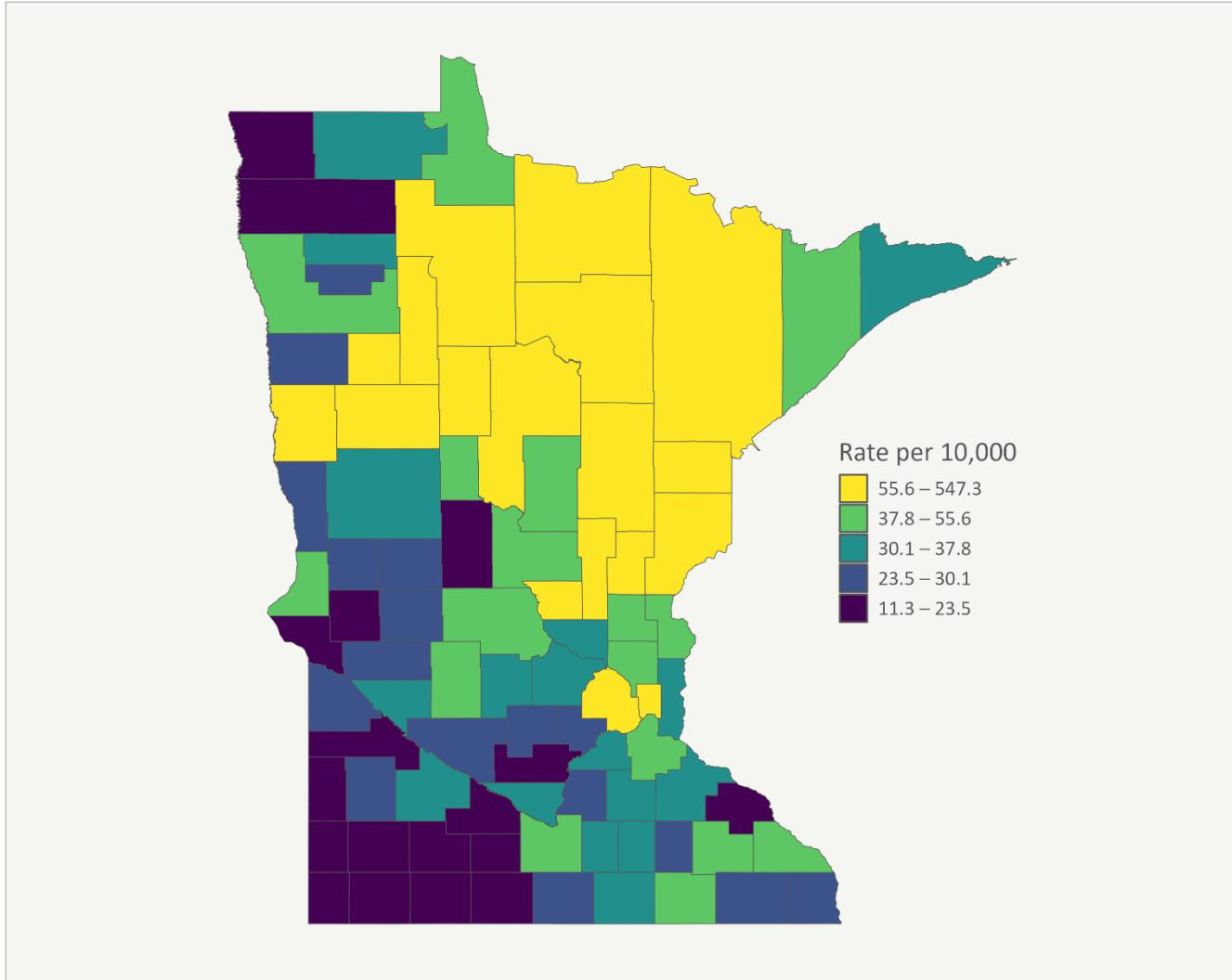
Data notes: Calendar year 2024. Aggregated at EMS region.

Figure 4. SUD treatment admissions for opioids, per 100,000 population



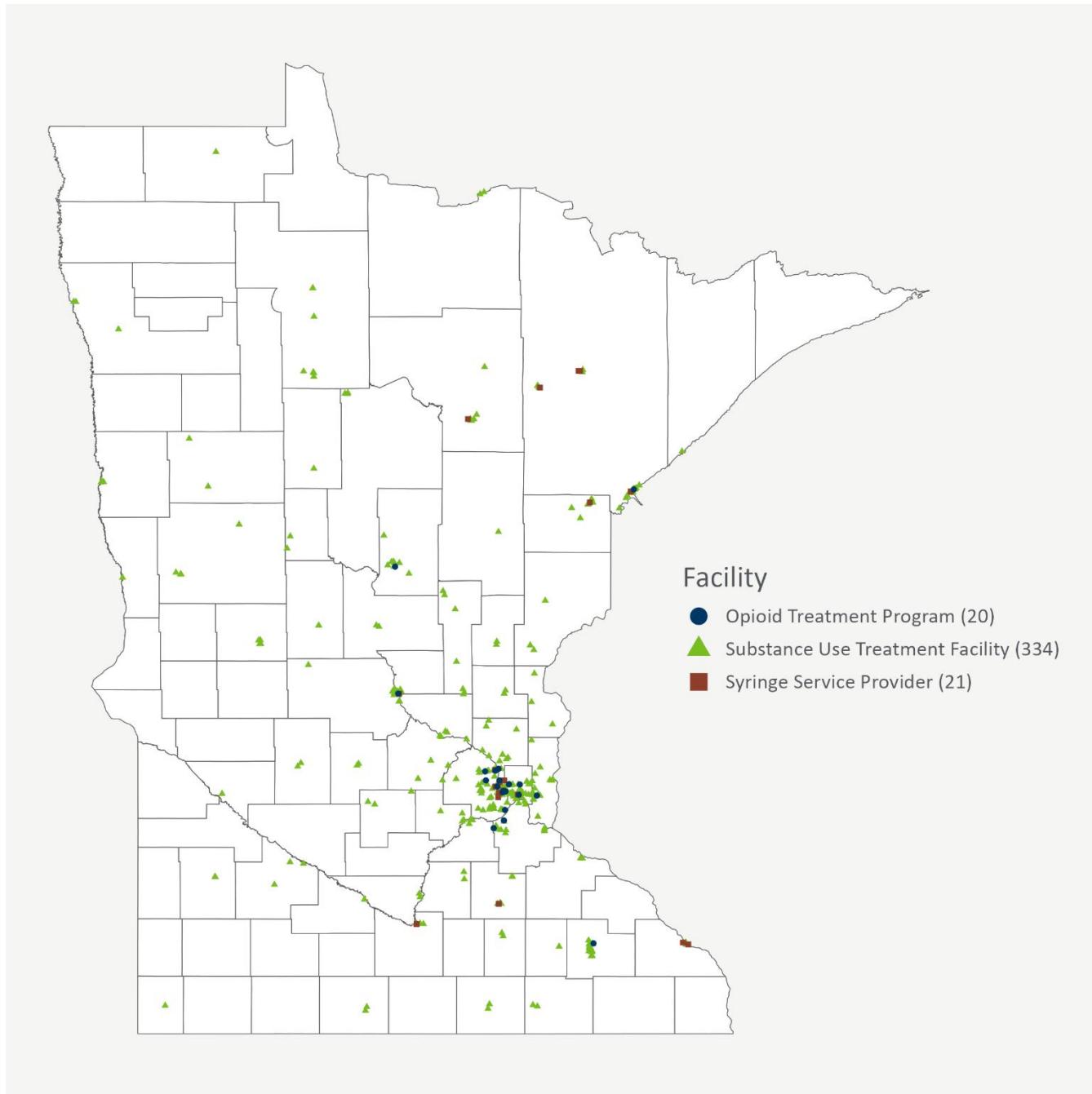
Data notes: Data from calendar year 2024, DAANES. Treatment admissions are when any opioid is indicated as primary, secondary, or tertiary reason for admission. County is determined by the individual's county of residence. Gray counties had zero treatment admissions for opioids.

Figure 5. MOUD dispensed, per 10,000 population



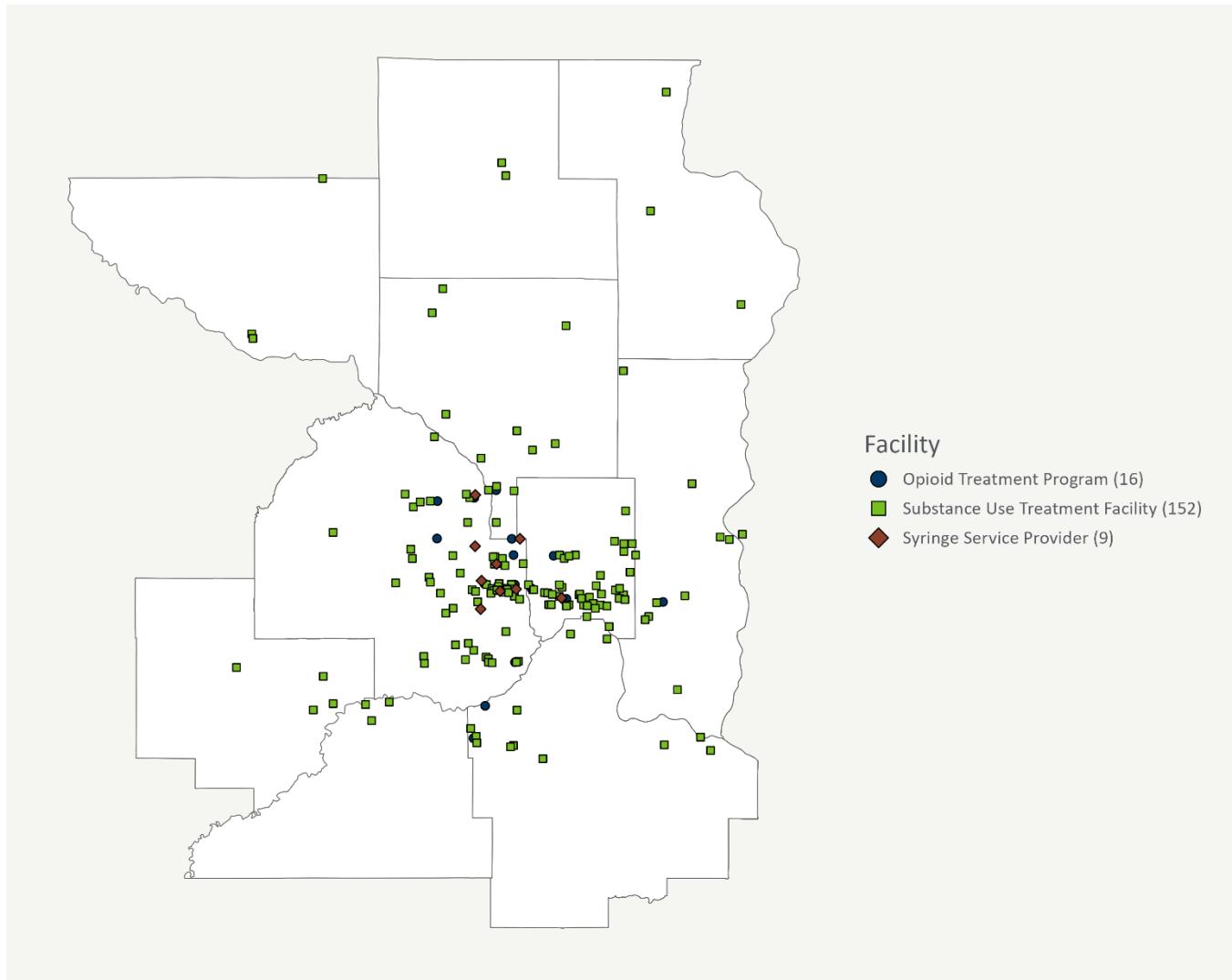
Data notes: Data from FY 2024 is based on Minnesota Health Care Program claims for buprenorphine and/or naltrexone.

Figure 6. Opioid Treatment Programs, SUD treatment facilities, and syringe services programs



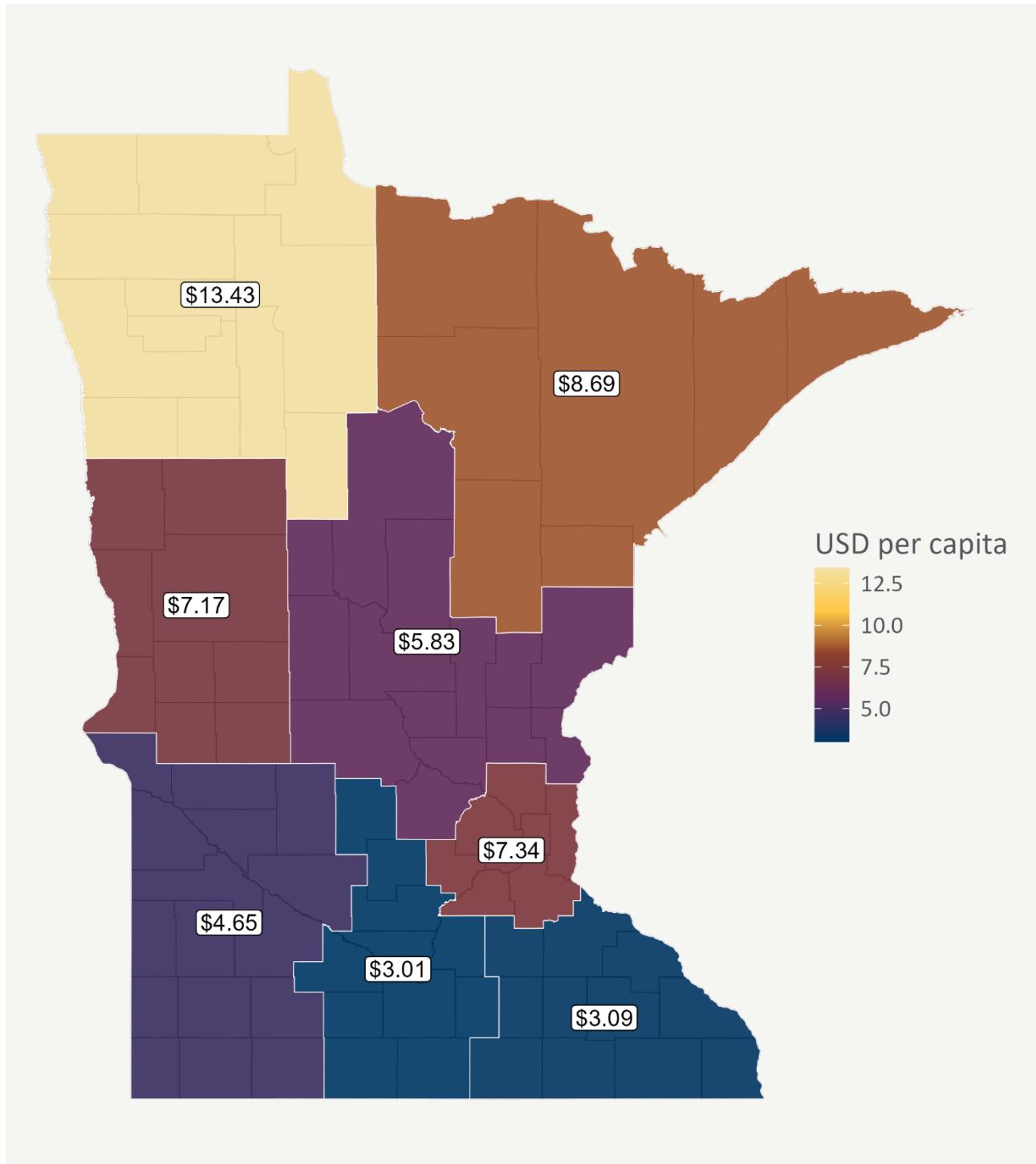
Data notes: OTP and SSP locations came from MN-specific sources. SUD treatment facilities were identified through [SAMHSA's Treatment Locator](#). SUD facilities identified via provider self-report and likely underestimate the true number of facilities in the state.

Figure 7. Nine-county metro area: Opioid Treatment Programs, SUD treatment facilities, and syringe services programs



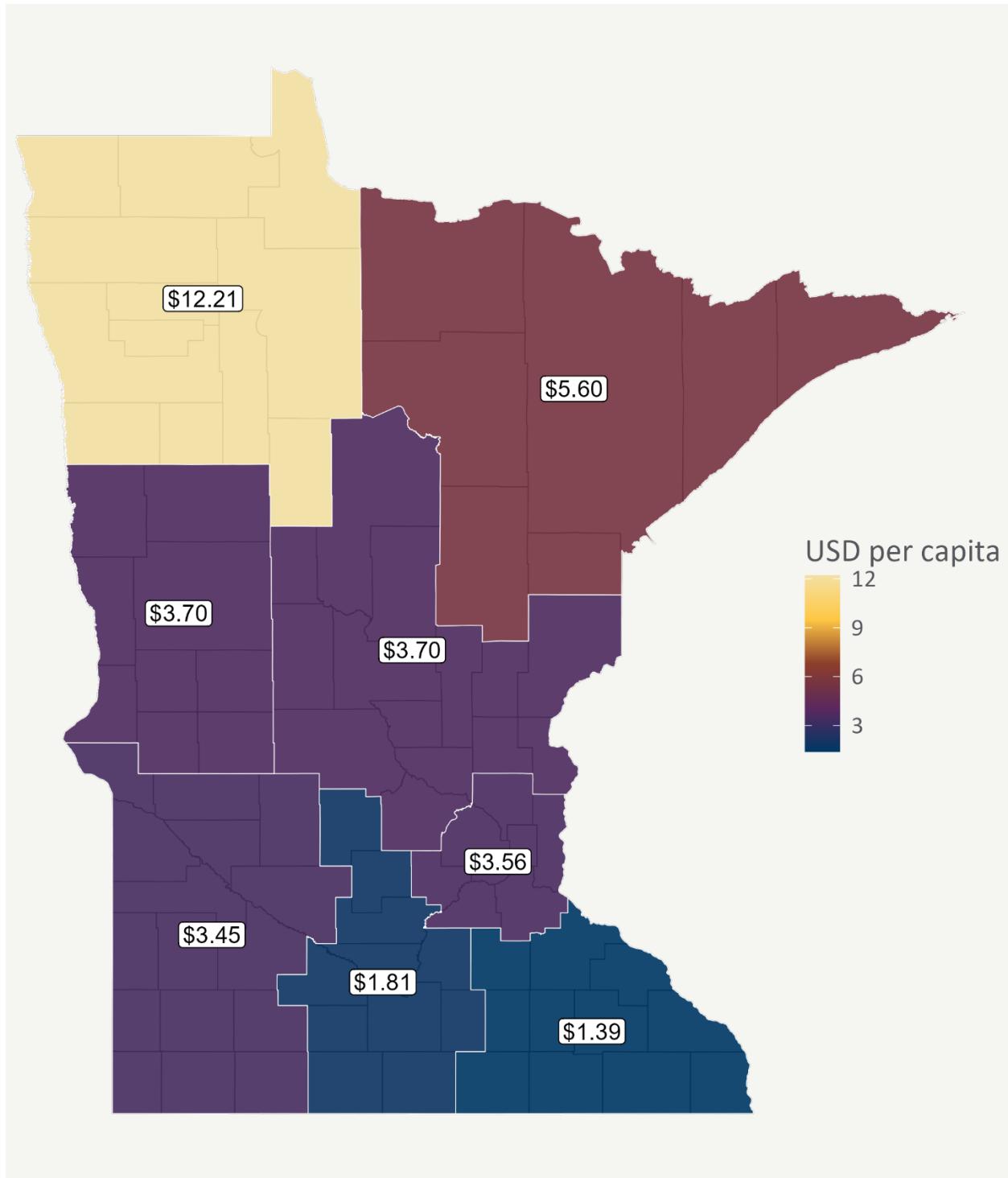
Data notes: OTP and SSP locations came from MN-specific sources. SUD treatment facilities were identified through [SAMHSA's Treatment Locator](#). SUD facilities identified via provider self-report and likely underestimate the true number of facilities in the state.

Figure 8. Dollars spent per person in calendar year 2024 (INCLUDES county/city settlement spending)



Data notes: Includes spending via OERAC grants, county/city settlement funds, child welfare appropriations, and appropriations to tribal nations and urban Indian communities. Aggregated at State Community Health Services Advisory Committee (SCHSAC) region.

Figure 9. Dollars spent per person in calendar year 2024 (EXCLUDES county/city settlement spending)



Data notes: Includes spending via OERAC grants, child welfare appropriations, and appropriations to tribal nations and urban Indian communities. Aggregated at State Community Health Services Advisory Committee (SCHSAC) region.

## MMB's Impact Evaluation Team

MMB's Impact Evaluation unit is a team of data and social scientists that rigorously evaluates state investments and policies to find what works and what does not. We prioritize working with agencies and partners to identify and answer pressing questions and creating evidence that is rigorous, relevant, and used by policymakers.

For more information or to learn about current and future areas of study, please visit <https://mn.gov/mmb/impact-evaluation> or contact [ResultsManagement@state.mn.us](mailto:ResultsManagement@state.mn.us).