



The State of Minnesota was awarded \$16.6 million in grants to combat the state’s opioid crisis.

These funds were used to make grants to more than 30 agencies over two to three years across including tribal governments, counties and community organizations. The grants aim to address the opioid crisis through prevention, treatment and recovery programs for substance use disorder, including prescription opioids and illicit drugs such as heroin.

Grants to the community:

Expanded Medically-Assisted Treatment Services grants (\$6 million over three years)

3-year federal grant to expand access to medication-assisted treatment (MAT) in order to decrease the ongoing epidemic of opioid use and its terrible cost to individuals, families and communities.

Vendor Name	Project Category	Total contract amount annually
White Earth Nation	MAT	\$609,392/year
Red Lake Nation	MAT	\$499,815/year
Fairview Health Services	MAT	\$470,793/year



State Targeted Response to the Opioid Crisis grants (\$10.6 million over 2 years)

The state is releasing grants to community agencies aimed at addressing the opioid crisis through prevention, increasing access to treatment, and reducing opioid overdose related deaths. Additional grants are being finalized.

Vendor Name	Project Category	Total Contract Amount over two years	Description
Minnesota Department of Health (statewide)	Naloxone Distribution	\$300,000	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.
Rural AIDS Action Network (statewide)	Naloxone Distribution	\$249,986	The Rural AIDS Action Network (RAAN) will provide syringe exchange services and naloxone training and distribution to community members and professionals.
The Steve Rummmler HOPE Network (statewide)	Naloxone Distribution	\$200,000	The Steve Rummmler HOPE Network will provide training and naloxone kits to any individual or group in need, including hospitals and healthcare agencies, first responders, treatment centers, sober living facilities, treatment court and the public. The Steve Rummmler 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, Mahnomen, Hennepin and neighboring regions.

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Meridian (greater Metro)	Naloxone Distribution	\$399,860	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.
Mille Lacs Band of Ojibwe	ICHiRP	\$75,000	The Integrated Care for High Risk Pregnancies (ICHiRP) 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.
Leech Lake Band of Ojibwe		\$150,000	
Red Lake Nation		\$150,000	
White Earth Nation		\$150,000	
American Indian Family Center (Ramsey County)	Parent Child Assistance Program (PCAP)	\$54,400	The projects will train and hire 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: <ul style="list-style-type: none"> 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
Fond du Lac Band of Ojibwe Human Services (Carlton and St. Louis Counties)		\$57,400	

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Hope House of Itasca County (Itasca, St. Louis Counties and Leech Lake Reservation)		\$59,200	<ul style="list-style-type: none"> To link mothers to community resources that will help them build and maintain healthy, independent family lives, and to prevent alcohol and drugs from affecting the future births of children.
Journey Home (St. Cloud Hospital Recovery Plus) (Statewide)		\$110,000	
Meeker-McLeod-Sibley (MMS) Counties Human Services (Meeker, McLeod and Sibley Counties)		\$57,400	
Perspectives, Inc. (Metro)		\$59,800	
Resource, Inc. (Metro)		\$73,000	

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RS Eden, Inc. (Metro)		\$66,600	
Ramsey County Mothers First (Ramsey)		\$74,000	
St. Stephens Human Services (Kateri Residence) (Hennepin)		\$54,600	
Wayside Recovery Center (statewide)		\$71,200	
Wellcome Manor Family Services (statewide)		\$62,400	
Hennepin County Medical Center (statewide)	Extension for Community Healthcare Outcomes (ECHO) Hub	\$1,025,000	The Hennepin County Medical Center (HCMC), 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

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			<p>and management of patients with opioid use disorders and associated comorbidities. 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. 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.</p>
<p>Wayside Recovery Center (statewide)</p>	<p>Extension for Community Healthcare Outcomes (ECHO) Hub</p> <p>Peer Recovery</p> <p>Recently Released from Incarceration</p>	<p>\$295,669</p> <p>\$236,131</p> <p>\$118,800</p> <p>TOTAL \$650,600</p>	<p>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.</p> <p>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.</p> <p>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.</p>

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Unity Family Healthcare d/b/a St. Gabriel's Health (statewide)	Extension for Community Healthcare Outcomes (ECHO) Hub	\$293,331	CHI St. Gabriel's Health will provide expertise and experience on best practices in addressing opioid use disorder in the family practice setting.
Native American Community Clinic (greater Metro)	Office Based Opioid Treatment (OBOT)	\$125,000	<p>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.</p> <p>NACC will develop a syringe exchange program in partnership with the community organization. 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.</p>
	Innovation	\$5,000 TOTAL \$130,000	

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Dakota Communities (contract with the Upper Sioux)	Rule 25 Assessments	\$142,269	<p>Purpose is to improve in the following: 1) decrease opioid-related criminal incidents; 2) decrease rates of prenatal opioid-exposure; 3) decrease deaths due to opioid/heroin overdose; and 4) decrease out of home placements due to opioids. The long-term vision for this project is that Dakota communities will achieve healthier families and reduce fiscal impact on community structures and systems.</p> <p>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.</p>
	Care Coordination	\$142,669	
	Innovative	\$270,000	
	TOTAL	\$554,938	
Wilder Recovery Services (Metro)	Care Coordination	\$96,800	<p>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.</p>
	Peer Recovery	\$27,869	
	TOTAL	\$124,669	

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			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.
Mille Lacs Band of Ojibwe	Care Coordination Innovative	\$197,531 \$50,000 TOTAL \$247,531	<p>The Mille Lacs Band of Ojibwe (MLBO) Nenda-Noojimig (“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 (OUD). 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 related to OUD.</p> <p>The program will undertake an assessment to develop a blueprint for opioid community response that will create an action plan on how to implement strategies to decrease the burden of opioid misuse, abuse and overdose in the MLBO community, address public awareness, provider education, and access to treatment.</p>
Minnesota Indian Women’s Resource Center (Metro)	Care Coordination	\$93,075	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

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			which is an avenue for women to develop and maintain relationships with other sober women in the community.
Recovery is Happening (11 SE Minnesota Counties)	Peer Recovery Rule 25 Assessments	\$261,000 \$157,731 TOTAL \$418,731	<p>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. The peer recovery specialists will attend medicated assisted recovery implementation team training. The training will teach the implementation team how to replicate the medicated assisted recovery model at RIH, including peer recovery support and education about medication-assisted treatment and recovery.</p> <p>RIH will employ a full-time Rule 25 assessor to provide substance use disorder assessment at RIH, as well as off campus by appointment to meet individuals where they are 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.</p>
St. Louis County	Detox	\$300,000	The Opioid Withdrawal Management Unit (OWMU) is a six bed, continuum of care unit embedded within the Center for Alcohol and

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	<p>Naloxone</p> <p>Office Based Opioid Treatment (OBOT)</p>	<p>\$150,000</p> <p>\$225,000</p> <p>TOTAL of \$675,000</p>	<p>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.</p> <p>Activities to expand access to naloxone within the Carlton and St. Louis county communities include 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 eliminating the barrier of people driving over 100 miles one way in order to get to the Duluth RAAN office for these life-saving services.</p> <p>The OBOT (office-based opioid treatment) project is embedded in a treatment continuum including an OWMU, ClearPath MAT (medication-assisted treatment) Clinic, and Center for Alcohol and Drug Treatment 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 recover. 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</p>

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			unmet treatment needs contributing to overdoses in Northeastern Minnesota.
Clay County	Detox	\$300,000	The Clay County Detox will be hiring a full time care coordinator who will serve opioid use disorder clients and assist them with successful transitions for a continuum of care. Referral and assistance to access medication-assisted treatment will begin within the first 48 hours of admission to the detox facility and 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.
Minnesota Mental Health Community Foundation (statewide)	Fast Tracker	\$134,125	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.
Minnesota Hospital Association (statewide)	Innovative	\$50,000	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

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			early identification, and share best practices in NAS treatment to help hospitals and health systems make decisions about treatment.
Leech Lake Band of Ojibwe	Recently released	\$264,000	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.