DEPARTMENT OF HUMAN SERVICES

Step 2: Identify the unmet service needs and critical gaps within the current system

Narrative Question: This step should identify the unmet service needs and critical gaps in the state's current systems, as well as the data sources used to identify the needs and gaps of the required populations relevant to each block grant within the state's behavioral health system, including for other populations identified by the state as a priority. This step should also address how the state plans to meet the unmet service needs and gaps. The state's priorities and goals must be supported by data-driven processes. This could include data that is available through a number of different sources such as SAMHSA's National Survey on Drug Use and Health (NSDUH), Treatment Episode Data Set (TEDS), National Survey of Substance Use Disorder Treatment Services (N-SSATS), the Behavioral Health Barometer, **Behavioral Risk Factor Surveillance System (BRFSS)**, **Youth Risk Behavior Surveillance System (YRBSS)**, the **Uniform Reporting System** (URS), and state data. Those states that have a State Epidemiological and Outcomes Workgroup (SEOW) should describe its composition and contribution to the process for primary prevention and treatment planning. States with current Partnership for Success discretionary grants are required to have an active SEOW.

This narrative must include a discussion of the unmet service needs and critical gaps in the current system regarding the MHBG and SUPTRS BG priority populations, as well as a discussion of the unmet service needs and critical gaps in the current system for underserved communities, as defined under **EO 13985**. States are encouraged to refer to the **IOM reports**, *Race, Ethnicity, and Language Data: Standardization for Health Care Quality Improvement* and ***The Health of Lesbian, Gay, Bisexual, and Transgender People: Building a Foundation for Better Understanding***[1] in developing this narrative.

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Minnesota relies on information from multiple local and national sources to guide behavioral health priorities for SUD (substance use disorders) and mental health interventions. These include a variety of national and local surveys and surveillance activities.

As circumstances, technology, and methods change, sources are updated, added or removed as appropriate. This has been particularly the case in 2022 and 2023, as the landscape of mental health and SUD services is currently undergoing dynamic change in Minnesota.

Three factors will heavily influence Minnesota's SUD and MN priorities for 2024:

1. changes in service utilization and population behaviors brought about by the COIVD-19 pandemic,
2. workforce shortage issues, pre-dating but exacerbated by the COVID-19 pandemic, and
3. wide-ranging changes enacted by the Minnesota Legislature in the 2022-2023 legislative session, many of which focus on public health and human service priorities. These include efforts to increase accessibility and equity in the delivery of mental health and SUD services.

Preliminary Analysis 1: The impact of COVID-19 on SUD and MH service use by at-risk populations

Changes in how people access SUD and Mental Health services

The way people in Minnesota used local mental health and SUD services changed significantly with the onset of the COVID-19 pandemic. Prior to the COVID-19 pandemic, a large portion of Minnesota residents needing mental health and SUD interventions utilized fee-for-service programs delivered at the county level. Use of these services had been going up for years and projections were that service utilization would continue to increase.

Instead, fee-for-service county mental health and substance use disorder treatment program usage decreased significantly between 2019 and 2021, and while recovering somewhat is not projected to return to pre-COVID levels during 2023.

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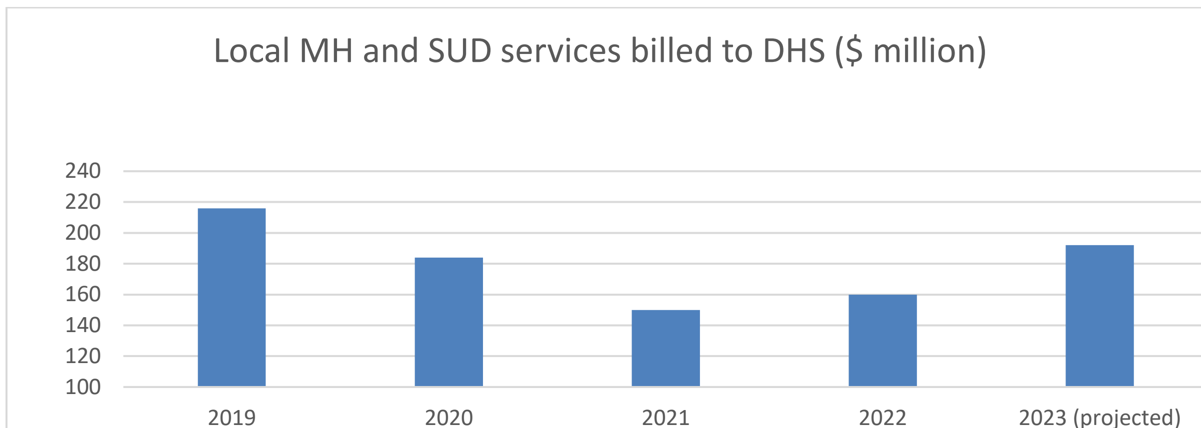

Social distancing and service shutdowns reduced the overall usage of these services and, more significantly, some of the measures put in place to respond to the COVID-19 public health emergency enabled more Minnesotans to access managed care services from late 2020 until early 2023, contributing to the reduction in usage of fee-for-service programs.

While improved access to managed care is of great benefit to clients and overall public health, this has created some challenges for evaluating usage of SUD and mental health service. Service usage is one factor traditionally used to identify service needs and gaps. Because of the way these services are paid for and documented, information available to DHS about patient use of managed care services is much less recent and not as completed as data on client use of county-level services. With the expiration of the COVID-19 Public Health Emergency declaration, the Minnesota Legislature passed public option access to *Minnesota Care* in order to ensure people who were receiving managed care under the emergency declaration would continue to do so. This will increase the availability of affordable mental health and SUD services for thousands of Minnesotans, including undocumented residents, in order to address *unmet needs* for managed care.

Preliminary Analysis 2: Workforce Challenges

Minnesota has been experiencing a severe workforce shortage, especially in mental health direct care and treatment providers. This impacts both past service utilization and realistic expectations for 2024 SUD and MH service goals and represents an ***unmet need*** that the state will be trying to address. According to the February 2023 Minnesota Management and Budget's Economic and Budget Forecast, Minnesota's labor force has fallen by 90,000 since the start of the pandemic in February 2020. Minnesota has one of the tightest labor markets in the country with the fourth lowest unemployment rate. There are two open positions for every unemployed individual.

As calculated by HRSA (Health Resources and Services Administration) the Mental Health Care *Health Professional Shortage Area* (HPSA) quotient for Minnesota is 27.3%, with 105 additional practitioners needed. *See Table below.*

Minnesota Mental Health Professional Shortage Area (HSPA), September 2022	**NOTE: Percent of need met is defined as the ratio of available psychiatrists to the number needed to eliminate the HPSA designation. Calculations are based on the number of psychiatrists and do not generally include other mental health professionals*
Total Mental Health Care HPSA Designations	133
Total Population of Designated HPSAs	2,414,871
Percent of Need Met	27.3%
Practioners Needed to Remove HPSA Designation	105

**Table Source: Bureau of Health Workforce, Health Resources and Services Administration, Designated Health Professional Shortage Area Statistics as of September 30, 2023.*

In Minnesota, as of March 2023, the number one "occupation in demand" is Registered Nurse, a profession with a projected growth rate of 6.6% over the next ten years. Mental Health and Substance Abuse Social Workers are #52 on this list, due to the comparatively smaller number of positions required to match statewide need. However, demand in this category is expected to exceed the demand for registered nurses, with a 7.6% expected increase over the next ten years.
https://apps.deed.state.mn.us/lmi/oid/Results_9Columns.aspx

To address this, DHS has increased active recruiting of mental health direct care workers and professionals. See the DHS direct care workforce recruitment portal: https://mn.gov/dhs/partners-and-providers/news-initiatives-reports-workgroups/long-term-services-and-supports/workforce/

Expectations for SUD and MH priorities in 2024, and probably for a few years beyond, will need to take into account the limiting factor presented by workforce challenges. Additional recruiting, increased availability of telehealth services and other delivery models intended to make more efficient use of a limited workforce, and even the use of medical AI (artificial intelligence) applications may help Minnesota and other jurisdictions overcome workforce challenges, but at this point it is impossible to factor all of these possibilities into a needs and gaps analysis in any practical manner.

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Preliminary Analysis 3: New priorities for increased delivery of SUD and MH services to at-risk persons, as established by the 2023 Minnesota Legislative Session

At the end of the most recent legislative session, Minnesota passed a $6.2 billion two-year health and human services budget, which includes increased funding for mental health services; the creation of a state Department for Children, Youth and Families; and a proposal to allow undocumented residents to enroll in the state's publicly subsidized health insurance, known as *MinnesotaCare*. The expansion of *MinnesotaCare* will grant access to the more than 40,000 undocumented people estimated to live in Minnesota and who meet the program's requirements. The majority of priorities and objectives are encompassed in an omnibus health and human services bill passed by the legislature – SF2995. Some of the highlights from this legislation which will have an impact on future MH and SUD services in Minnesota include:

- COVID-19 emergency access services continued until July 1, 2025, including allowing telemedicine alternative for school-linked mental health services and intermediate school district mental health services.
- **COMPREHENSIVE DRUG OVERDOSE AND MORBIDITY PREVENTION ACT**
    - as of August 01, 2023, local districts and charter schools are mandated to have a minimum of two doses of naloxone available at each school building. The Minnesota Department of Health will identify sources of nasally administered naloxone and video training materials, and any school employee authorized by a health care professional may administer the medicine
    - implement culturally specific interventions and prevention programs with populations and community groups with greatest *unmet need* for substance abuse services, including those who are pregnant and their infants
    - enhance overdose prevention and supportive services for people experiencing homelessness.
    - identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth
    - developing or providing culturally and linguistically appropriate drug overdose and morbidity prevention and services, and programs that target and serve historically underserved communities
    - working collaboratively with sovereign Tribal nations…and other entities to implement substance misuse and drug overdose prevention strategies within their communities
- **ADOLESCENT MENTAL HEALTH PROMOTION**
    - Statutes were amended to allow minors 16 years of age or older to give effective consent for nonresidential mental health services, with the consent of no other person required
    - Additional grant funds were allocated for programs to increase protective actors for mental well-being and decrease disparities in rates of mental health issues among adolescent populations… (including) grants to community-based organizations to facilitate mental health promotion programs for adolescents, particularly those from populations that report higher rates of specific *unmet needs* for mental health services.

- **OTHER CORE IMPROVEMENTS OF MENTAL HEALTH AND SUBSTANCE USE DISORDER PREVENTION AND SERVICES**
  - Overall SUD and mental health grant processes will be updated to increase accessibility to "metro and rural community and faith-based organizations serving populations of color, American Indians, LGBTQIA+ communities, and those with disabilities in Minnesota" who have been disproportionately facing *unmet needs* for health services, and other inequities.
  - Establishing the TASK FORCE ON PREGNANCY HEALTH AND SUBSTANCE USE DISORDERS.
  - The process for CERTIFICATION OF COMMUNITY BEHAVIORAL HEALTH CLINICS (CCBHCs) was amended to require "*community needs assessment and the staffing plan that are consistent with the most recently issued CCBHC Certification Criteria published by SAMHSA*"
  - The establishment of a CULTURAL AND ETHNIC MINORITY INFRASTRUCTURE GRANT PROGRAM focused on increasing mental health and substance use treatment services that are provided by and/or culturally appropriate for individuals from cultural and ethnic minority populations, including individuals who are lesbian, gay, bisexual, transgender, or queer and from cultural and ethnic minority populations
  - The establishment of a CULTURAL COMMUNICATIONS PROGRAM in the MN Department of Health, to improve communication with and services for populations "that include limited English proficient (LEP) populations, refugees, immigrant communities, American Indians, populations of color, LGBTQ+ populations, persons who are deaf, deafblind, or hard of hearing and who use American Sign Language, and people living with disabilities.
  - " The establishment of a HEALTH PROFESSIONAL EDUCATION LOAN FORGIVENESS program for "...mental health professionals, and alcohol and drug counselors agreeing to practice in designated rural areas… or specializing in the area of pediatric psychiatry."
- Also passed in 2023 was a bill legalizing recreational cannabis use, which included the creation of an *Office of Cannabis Management* to regulate cannabis and take enforcement actions and creating and funding programs to combat cannabis abuse. The bill puts in place initial safeguards to prevent use among minors, including:
  - Cannabis and hemp-derived products can't be made to look like lollipops or ice cream.
  - Packaging can't show pictures or illustrations of fictional people, animals or fruit.
  - Packaging can't duplicate that of items usually marketed to children.
  - Advertising to audiences of people under 21 is prohibited.
  - No one under 21 could work in a cannabis business, and
  - A strict age verification processes will be required for purchases.

The changes listed above represent a sample of statutory and state funding efforts established to enhance the provision and availability of culturally and linguistically appropriate SUD and mental health services for all Minnesotans over the next two years. The Minnesota Legislature in 2023 took leadership on SUD and mental health issues in a way they had never done in the past. Admittedly the wide scope of the changes introduced in this legislation, while positive and historically robust effort to address *unmet needs* for SUD and mental health service statewide, creates a new environment in which the SAMHSA block grants subrecipients will operate. The traditional ways in which DHS has evaluated service needs and gaps has much less relevance, and it is hard to imagine how a realistic needs and gaps analysis could be developed in this dynamic situation, especially in the time between the end of the 2023 Legislative session on 06/22/2023 and the due date for this application.

The next two years will be spent implementing and evaluating these ambitious efforts. Minnesota DHS looks forward to our next reporting opportunity, when we can hopefully share the positive outcomes due to our providers and community-based organizations putting the priorities of the Legislature into action, and how SAMHSA block grant subrecipients participated and enhanced those activities.

Data sources used to identify needs and gaps:

Summarized below is a sample of some of the resources consulted by DHS to identify needs and gaps in availability of SUD and mental health services. As discussed above, this list should not be viewed as all-inclusive but as a representative sample of the type, scope and breadth of information sources DHS took into consideration.

The *Minnesota Student Survey* (MSS) is used to inform prevention and treatment needs for adolescents in the state.

The *Minnesota Survey on Adult Substance Use* (MNSASU) are utilized to help estimate prevention needs for adolescents and adults, respectively.

Data from the most recent (2021) *National Survey on Drug Use and Health* (NSDUH) is also consulted during the process of setting goals and priorities for SUD services in Minnesota.

Treatment funding decisions also use information from the *Drug and Alcohol Abuse Normative Evaluation System* (DAANES) concerning treatment placements, and state demographer information is used to estimate distribution of populations in risk categories.

Finally, the program periodically reviews data from Minnesota Department of Health (MDH) *Minnesota Drug Overdose and Substance Use Surveillance Activity* (MNDOSA) and reports from national authorities such as the Kaiser Family Foundation (KFF). National data sources such as SAMHSA's *National Substance Use and Mental Health Services Survey* are consulted to further inform SUD planning and priorities for Minnesota and to assess how state priorities compare and contrast with national SUD and MH priorities.

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Analysis of Data on Mental Health and SUD Services Gaps and Needs for 2024:

Many Minnesotans in need of mental health care or substance use treatment are unable to access it in a timely manner due to economic barriers, specifically lack of access to managed health care. Additional difficulties can be presented due to provider shortages, particularly in rural areas. When services are accessed, there is no consistent guarantee that even well-intentioned efforts are culturally or linguistically appropriate for the clients being served. And unfortunately, systemic barriers still prevent some members of racial, ethnic, and religious minority populations, and members of the LGBTQ+ community, from getting the services they need. These limitations are not unique to Minnesota, being consistent with obstacles identified nationwide.

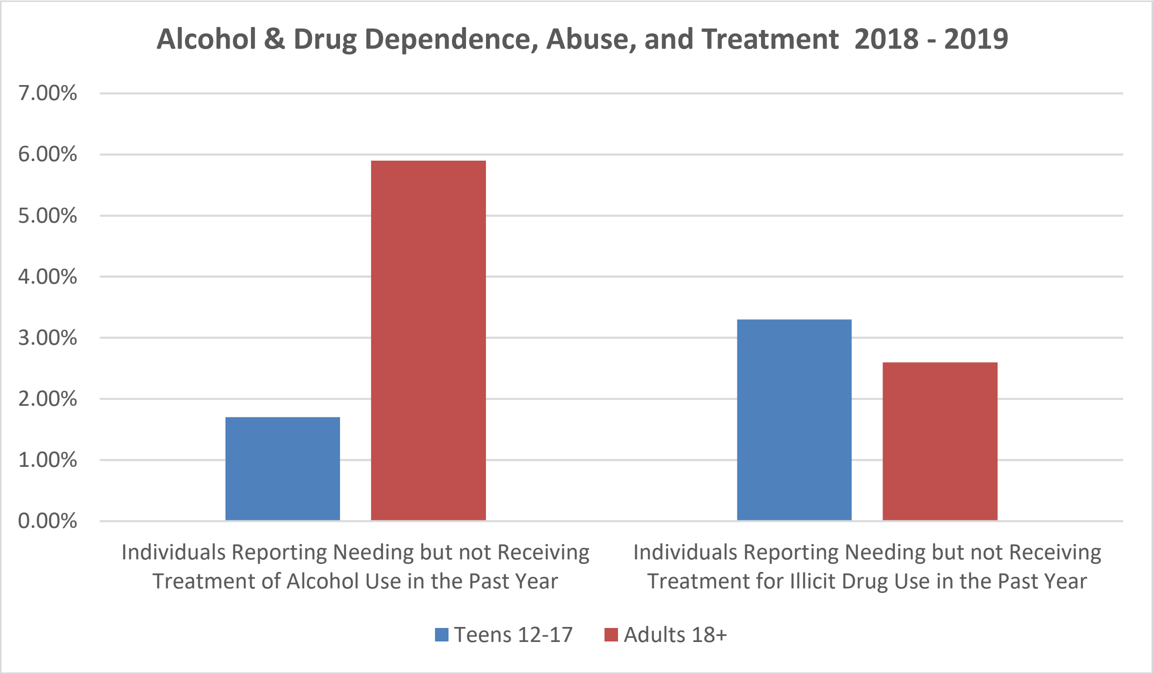
Unmet need refers to a person having a perceived or recommended need for mental health or SUD treatment or counseling but not receiving care. Among adults who need mental health or substance use care, some groups are more likely to face barriers to accessing care, including uninsured people, underinsured people, and communities of color.

Share of Adults Reporting Symptoms of Anxiety and/or Depressive Disorder Who Had an Unmet Need for Counseling or Therapy, April 27 to May 9, 2022

NOTE: Adults (ages 18+) having symptoms of anxiety or depressive disorder were determined based on having a score of 3 or more on the Patient Health Questionnaire (PHQ-2) and/or Generalized Anxiety Disorder (GAD-2) scale; and reported needing but not receiving counseling or therapy in the past four weeks.
SOURCE: KFF analysis of U.S. Census Bureau, Household Pulse Survey, 2023

As shown in the figure below, an analysis of the Household Pulse Survey conducted by the Kaiser Family Foundation (KFF) in May 2022 showed that among adults in Minnesota who reported experiencing symptoms of anxiety and/or depressive disorder, 30.6% reported needing counseling or therapy but not receiving it in the past four weeks, compared to the U.S. average of 28.2%.

Additional analysis by KFF showed that a greater number of adults reported needing but being unable to access alcohol-related SUD services, while teens 12-17 were more likely to report unable to access needed SUD services related to use of drugs other than alcohol. (“illicit drugs”)



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A more detailed breakdown of Minnesota adults reporting mental health issues in 2018 – 2019 (the most recent period for which data is available) comes from SAMHSA's *National Survey on Drug Use and Health:*

Mental Health Data for Minnesota, 2018 – 2019	Percent
Adults reporting any mental illness in the past year	20.5%
Adults reporting serious mental illness in the past year	4.9%
Adults reporting unmet need for mental health treatment	5.3%
Adults with mild mental illness in the past year who did not receive treatment	61.0%
Adults with moderate mental illness in the past year who did not receive treatment	36.2%
Adults with serious mental illness in the past year who did not receive treatment	26.8%

**Table Source: Substance Abuse and Mental Health Services Administration (SAMHSA), Center for Behavioral Health Statistics and Quality, National Survey on Drug Use and Health (NSDUH), 2018 and 2019.*

Additional detailed data on mental health needs and access in Minnesota comes from the 2019-2020 Mental Health Grants legislative report. This report was developed by the DHS Behavioral Health Division, and evaluates programs funded under Minnesota Statutes, section 245.4661, subdivision 10 and Minnesota Statutes, section 245.4889, subdivision 3. This report was requested on a biennial basis by the legislature for both adult mental health grants (MS 245.4661) and children's mental health grants (MS 245.4991).

Information in this report is often analyzed based on Minnesota's *Behavioral Health Service Regions*. Regional coordination of SUD and MH services allows for more effective planning and delivery of services that are appropriate for the various populations across the state.

For the 2021 – 2022 report, Minnesota's nineteen Adult Mental Health Initiatives (AMHI) providers were surveyed about service needs. Following the categories of needs and barriers established in the 2015 GAPS Analysis of adult mental health services, providers were asked to rank their top seven service seeds and top seven service barriers. This information is presented below based on the percentage out of 19 possible respondents who identified the need or barrier, and the present of regions from which at least one respondent identified the need or barrier.

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Top Service Needs, 2020	Number of Respondents	Percent of Regions
Permanent supportive housing	13	68%
Inpatient adult psychiatry beds	10	53%
Crisis stabilization – residential	10	53%
Complex needs with multiple diagnosis and chronicity	10	53%
Availability of psychiatric prescribers	9	47%
Intensive Residential Treatment Services (IRTS)	7	37%
Non-Medical Transportation	6	32%
Mobile mental health crisis response	6	32%
MH services offered in adult correctional settings	5	26%
Assertive Community Treatment (ACT)	5	26%

Top Barrier to Receiving Services, 2020	Number of Respondents	Percent of Regions
Lack of housing	18	95%
Access to transportation	18	95%
Geographic location of providers/distance to services	13	68%
Funding availability or Medicaid coverage of service	11	58%
Capacity to access service/navigate system	11	58%
Lack of subsidized housing for felons	9	47%
Eligibility restrictions (i.e., qualifying criteria)	9	47%
Stigma	8	42%
Cultural responsiveness of service providers	7	37%
Cost of service (e.g., high co-pays)	7	37%
Requirements to prove eligibility	6	32%
Lack of psychiatric services	6	32%

Services listed by less than 25% of AMHIs include Adult Rehabilitative Mental Health Services (ARMHS), drop-in centers, medical transportation, foster care, behavioral programming, transition age services,

psychological testing, case management, adult day treatment, respite care, independent living training, ER referral to outpatient, and therapy for eating disorders.

Barriers listed by less than 25% of AMHIs include requirements to prove eligibility, lack of psychiatric services, long waiting times, lack of awareness of available services, inconvenient service hours, caregiver and/or family issues, and lack of interest in available services.

Minnesota Department of Health data on suicide

Suicide is a serious and growing public health concern across the United States and in Minnesota. The number of suicide deaths and the suicide rate in Minnesota has increased consistently for 20 years. Minnesota Department of Health (MDH) data shows**:**

- From 2016 through 2020, there were more than 10,000 hospital visits for self-harm injuries (i.e., suicide attempts) in Minnesota, and those were mostly among people ages 10-24, predominantly females.
- Each year about 75-80% of suicide deaths are among males.
- Each year about 50% of suicide deaths are the result of a firearm injury. Suicide usually represents 70-80% of all firearm deaths.

Minnesota *Mental Health Legislative Network* 2022 Report

The Minnesota *Mental Health Legislative Network* (MHLN) is a broad coalition of approximate fifty mental health professionals, researchers and providers that advocates for a statewide mental health system that is of high quality, accessible and has stable funding. The organizations in the MHLN all work together to create visibility on mental health issues.

The group's 2022 report outlines data-supported priority needs for mental health services in Minnesota which include:

- Expand the mental health workforce and improve access to culturally appropriate services
- Ensure access to mental health crisis services
- Stabilize and increase access to effective mental health care throughout the state by increasing rates and funding, and eliminating barriers to development
- Expand access to intensive treatment and supports
- Provide support and education that support children

Many of actions of the 2023 Legislature are meant to address one or more of these and other needs identified by the MHLN.

2022 Minnesota Student Survey

The *Minnesota Student Survey* (MSS) is a statewide, census like survey conducted every three years among all public-school students in grades 5, 8, 9 and 11. The latest MSS survey was completed in 2022. Some key findings from the survey related to the mental health and SUD service needs of youth included:

- **Mental health issues continue to rise -** Students participating in the survey reported greater struggles with mental health, such as depression and anxiety, than at any other time since the survey was fist conducted in 1989. This result saw the continuation of an upward trend, with

29% of students reporting long-term (lasting six months or longer) mental health problems compared to 23% in 2019 and 18% in 2016.

- **Reduction in youth tobacco use -** Student smoking rates have fallen to an all-time low across all grades. For example, 2% of ninth graders reported smoking cigarettes in 2022, compared to the historical high of 20% in 2001. Students also curbed e-cigarette use, which had skyrocketed between 2016 and 2019. Fourteen percent of Minnesota 11th graders reported using an e-cigarette in the past 30 days, compared with 26% in 2019 and 17% in 2016. Use among eighth graders in 2022 fell back to the 2016 rate of 6%, compared with 11% in 2019.

Table XX. Percentage of students who reported vaping in the past 30 days

	2016	2019	2022
Grade 8	6%	11%	6%
Grade 9	9%	16%	7%
Grade 11	17%	26%	14%

- ***Youth Alcohol Use*** As has been the case in previous years, the most common intoxicant used by young people in Minnesota is alcohol. Students responding to the 2022 survey reports a reduction in alcohol use in 2022, continuing a trend that has been observed over the last ten years among students surveyed.

Table XX. Percentage of students who reported drinking in the past 30 days

	2013	2016	2019	2022
Grade 8	9%	8%	8%	5%
Grade 9	15%	11%	12%	7%
Grade 11	28%	25%	22%	17%

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- *Youth Misuse of Prescription Drugs* - Youth in the 8th, 9th and 11th grades taking the 2022 survey were asked "*During the last 30 days, on how many days did you use prescription drugs without a doctor's prescription or differently than how a doctor told you to use it?*" Of those responding, 2% - 3% had used prescription drugs in this way on at least one occasion. Follow-up questions found while more youth reported using pain relievers such as OxyContin, Percocet, Vicodin or others, the most frequently misused drugs were ADHD or ADD drugs. This is the only category of prescription drug where any students reported use more than 20 times in the past 12 months. The very small percentage of youth reporting improper use of prescription drugs makes it difficult to draw any strong conclusions from this information. Other surveys or data efforts which focus on this youth behavior may provide a better picture of youth risks in Minnesota.

2019 Minnesota HIV Strategy: EndHIV and September 2022 Addendum

The Minnesota Department of Health has a comprehensive plan for outreach to *persons who inject drugs* (PWID) which includes prevention of HIV and other infectious diseases as well as providing harm reduction, syringe service programs (SSP), naloxone and overdose reversal training for providers and peers, and referral to SUD services and support for PWID participating in SUD programs. This plan was developed with input of the Minnesota HIV Community Planning Group and follows the guidelines established by the US Centers for Disease Control and Prevention (CDC) and the Health Resources and Services Administration (HRSA).

The priorities of the 2019 Minnesota HIV Strategy (EndHIV) and its September 2022 addendum include:

- Stabilize housing for PWID and others at risk for HIV
- Support for continued delivery and expansion of harm reduction services
- Increased attention to basic needs of clients through service collaboration
- Service providers and staff reflective of the communities they are serving
- Promotion of health equity and reduction in health disparities
- Retention in care for persons living with HIV

Minnesota's plan defines "Harm Reduction" and "Syringe Service Programs (SSP)" as umbrella terms for services to clients who use injection drugs, including hormones. Most syringe services programs offer other prevention materials (e.g., alcohol swabs, vials of sterile water, condoms) and services, such as education, on safer injection practices and wound care; overdose prevention; referral to substance use disorder treatment programs including medication-assisted treatment; and counseling and testing for HIV and hepatitis C.

Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA)

In 2017, the Minnesota Department of Health (MDH) launched the Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA) project to track cases of substance misuse that resulted in hospitalization in near real time. (Note: MNDOSA does not collect data on cases of intentional overdose or solely alcohol misuse.) Toxicology testing is rarely performed for overdoses that are treated in hospitals. MNDOSA provides hospitals with the opportunity to send biological samples to the MDH Public Health Laboratory for more detailed toxicology testing. This helps to identify substances used in

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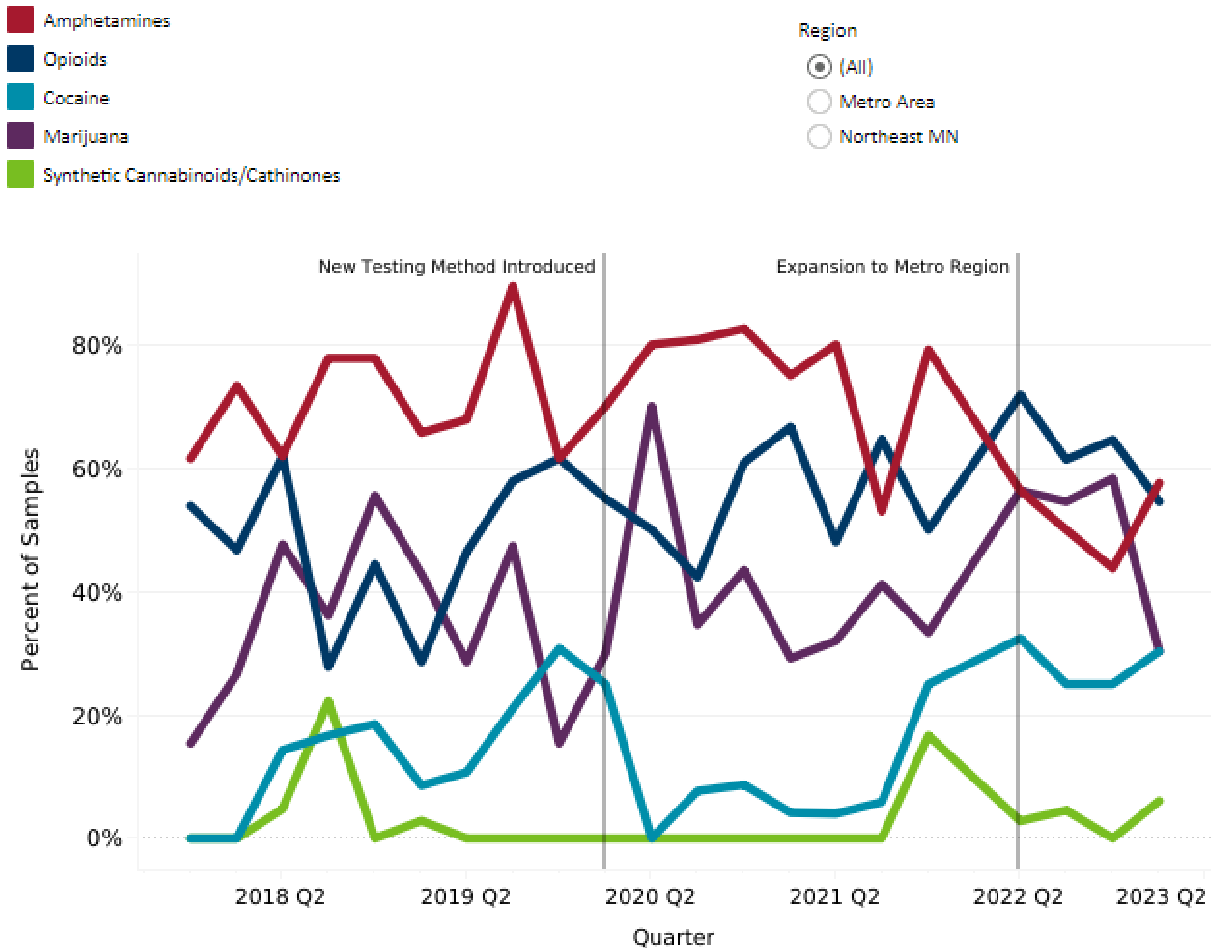
severe or unusual cases. In these cases, MDH collects data on the circumstances and risk factors involved in the reported case.

Table XX: Drugs use as tracked through MNDOSA

Opioids, Amphetamines, Cocaine, Marijuana, and Synthetic Cannabinoids/Cathinones Detection by Quarter



**More information about MNDOSA can be found at* [*https://www.health.state.mn.us/communities/injury/data/mndosa.html*](https://www.health.state.mn.us/communities/injury/data/mndosa.html)

MNDOSA currently operates in five Essentia Health sites in Northeast Minnesota and in the Hennepin County Medical Center in the Twin Cities Metro area.

Comprehensive testing can identify what combinations of drugs (such as opioid and stimulants) are present at the time a person is treated at a hospital. Results reflect a snapshot of the substances in a person's system at the time they were hospitalized. These findings may not show which substances were directly involved in the person's overdose. This testing provides accurate information on what substances people are using. This is compared to what they believe they are using.

The most common substances detected through MNDOSA are amphetamines. This corresponds with the drug of choice patterns as tracked by DAANES (See below).

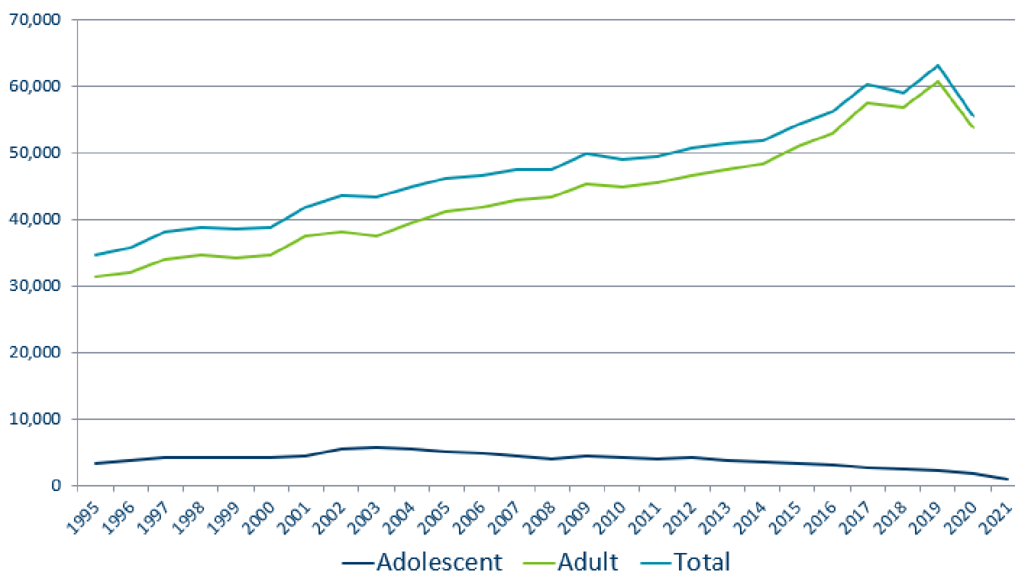
Drug and Alcohol Abuse Normative Evaluation System (DAANES)

The Drug and Alcohol Abuse Normative Evaluation System (DAANES) has been designed to provide policymakers, planners, service providers and others in Minnesota with access to current information about chemical dependency treatment activities across the continuum of care. The Department of Human Services is required by statute to collect sufficient information to evaluate the efficiency and effectiveness of treatment for chemical dependency. In addition, DAANES is used to fulfill SAMHSA's mandatory reporting requirements through the National Outcomes Measurements (NOMs) monitoring system. All treatment providers who receive any state or federal funds report on this system for all treatment admissions regardless of funding source. In Minnesota, DAANES is used to meet both state and federal reporting requirements.

<u>SUD Treatment Admissions</u>

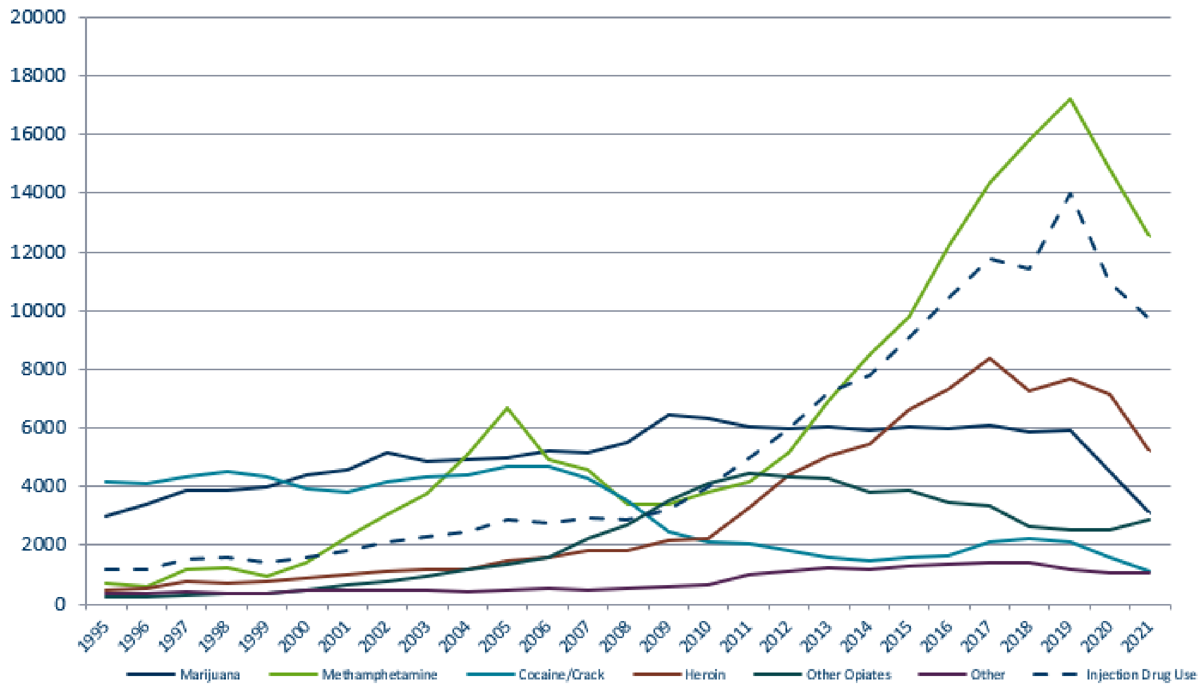
As reported in DAANES, there has been a steady upward trend in SUD service admissions over the past 25 years. A dip in reported service usage coincided with the COVID-19 pandemic. Use of SUD services by adolescents showed a slight decrease in the five years prior to COVID. As noted above, adolescents were more likely to report ***unmet need*** for SUD services than adults.

SUD Treatment Admissions CY1995 – CY2021



Source: Minnesota Department of Human Services, BHD, DAANES (11/1/2021)

Primary Substance at Admission to SUD Treatment Services for Adults CY1995 - CY2021



* Alcohol not included in chart

Source: Minnesota Department of Human Services, BHD, DAANES (11/1/2021)

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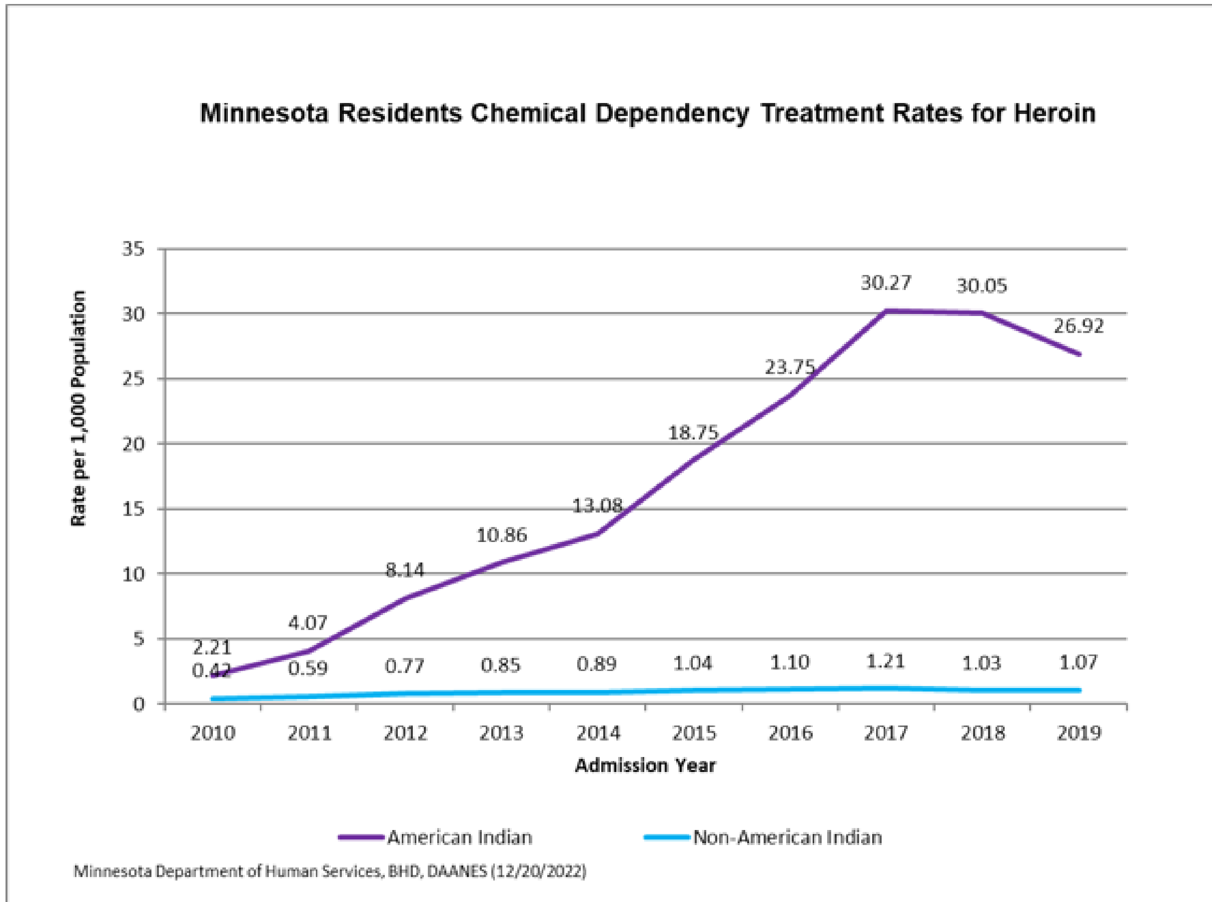
A breakdown of DAANES data on primary substance use ("drug of choice") as reported by individuals at time of admission to SUD services shows the vast majority of clients report alcohol use as primary. When alcohol is excluded, clear trends in drug use can be shown. Consistent with the information provided in MNDOSA, methamphetamine use is a significant factor, equaling or exceeding the amount of reported opiate use. As has been in the case with other available data, there is a slight decrease in reports during the time period when the COVID-19 pandemic was most active.

Another multi-year trend identified in DAANES is a significant increase in admissions for heroin-related SUD services over the last ten years. This increase has been almost entirely driven by increased numbers of American Indians entering chemical dependency treatment for heroin. Rates have increased from approximately 2 per 100,000 to almost 30 per 100,000 individuals between 2010 and 2019. Non-Indian residents rate of treatment have hovered around 1 per 100,000 for the past several years.



The information in DAANES underscore three potential SUD needs in Minnesota –

- Consistent with the information found in MNDOSA, methamphetamine use is a persistent and significant challenge in Minnesota, and additional efforts may need to be considered to address this,
- When considering the analysis provided by Kaiser Family Foundation, adolescents are more likely to report unmet SUD service needs then adults while DAANES reports a decrease in reported adolescent admissions to SUD services. Availability of youth-oriented SUD services needs to be examined to identify what can be done to make services more available to this population,
- Ensuring culturally appropriate and accessible chemical dependency services for heroin are available to American Indian populations must be a priority. Collaboration between tribal governments, community members and local health providers should be developed or maintained.

Minnesota Cultural Communities

Minnesota has always been thought of as a racially homogenous state. However, in recent years, the state's population has become more diverse. From 2000 to 2010, there was an increase in the Hispanic population by 74.5%. The state also has a high percentage of Asian American residents, ranking 14th in terms of the overall percentage of Asians when compared to the total population. In addition to the increase in Hispanics, the state has also seen an increase in immigration of Somalis, Vietnamese and Hmong. However, non-Hispanic whites are still the majority, with 72.33% of births being to non-Hispanic white parents, according to data from 2011. (Data analysis by World Population Review - https://worldpopulationreview.com/)

CULTURAL COMMUNITY	POPULATION
Minnesota	**5,670,472**
White non-Hispanic	4,440,675
African American	243,669
Mexican	213,268
Native American	162,840
Hmong	94,310
Somali	86,610
Indian	53,651
Chinese	43,721
Ethiopian	38,307
Vietnamese	32,150
Korean	28,084
Filipino	23,307
Liberian	21,397
Ukrainian	19,838
Puerto Rican	19,753
Kenyan	17,175
Burmese	15,938
Ecuadorian	15,589
Lao (non-Hmong)	15,507

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Nigerian	15,344
Salvadoran	15,146
Guatemalan	13,393
Japanese	12,560
Cambodian	11,920
Cuban	10,002
Colombian	8,168
Lebanese	7,134
Thai	5,740

Minnesota's native American Indian communities

In Minnesota, there are seven Anishinaabe (Chippewa, Ojibwe) reservations and four Dakota (Sioux) communities. Recent census data (2018) indicates that American Indians make up 1.1% of Minnesota's total population.

While some of the population live on one of the eleven American Indian tribal areas throughout the state, the population is also spread across Minnesota. American Indians are the only racial/ethnic group in the state where most of the population lives outside of the seven-county Twin Cities metro area. While one reservation is located within the seven-county metro area, most are located outside. Of those who identify as American Indian alone, only 31.3% live in the Twin Cities metro area, 68.7% live in the remaining 80 counties in Greater Minnesota, where Minnesota American Indian reservations are also located. In addition, the proportion of people identifying as American Indian alone living in the Twin Cities metro has decreased by 33.8% since 1990.

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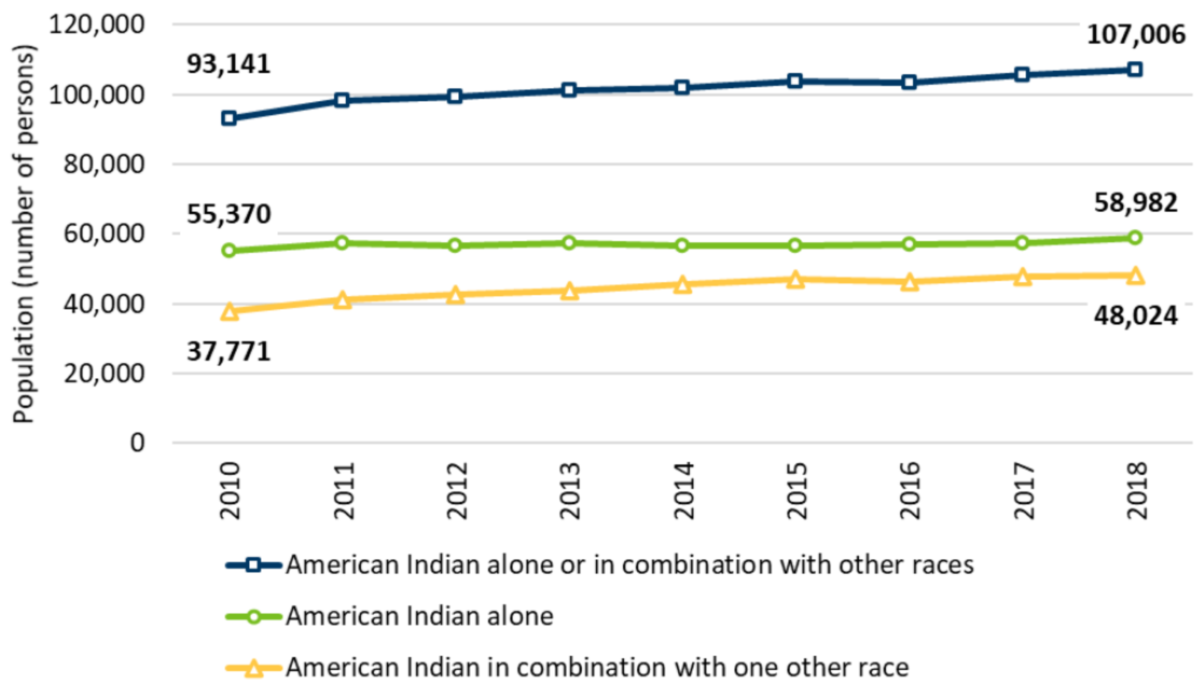
Population of all American Indians in Minnesota, 2010 – 2018



**Minnesota Department of Health* *Demographic trends: American Indian health status in Minnesota.*
https://www.health.state.mn.us/communities/equity/reports/maihsr01demographics_report.pdf

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Minnesota Faith Group Demographics

As per the Pew Research Center 2014 *Religious Landscape Study*, the majority (74%) of Minnesotans surveyed identify as Christian. The largest Christian denomination in Minnesota is Protestant (50%) followed by Roman Catholic (22%) with 1% identifying as Mormons. Eastern Orthodoxy, Jehovah's Witnesses, and other smaller denominations make up the remaining Christian individuals.

A substantial number of Minnesotans, 20%, identify as unaffiliated which includes agnostic, atheist, or "nothing in particular."

The remaining 5% of Minnesotans identify with non-Christian faiths, including Hinduism, Buddhism, Judaism (Jewish), Islam, and other smaller faith groups including traditional American Indian Native faith practices.

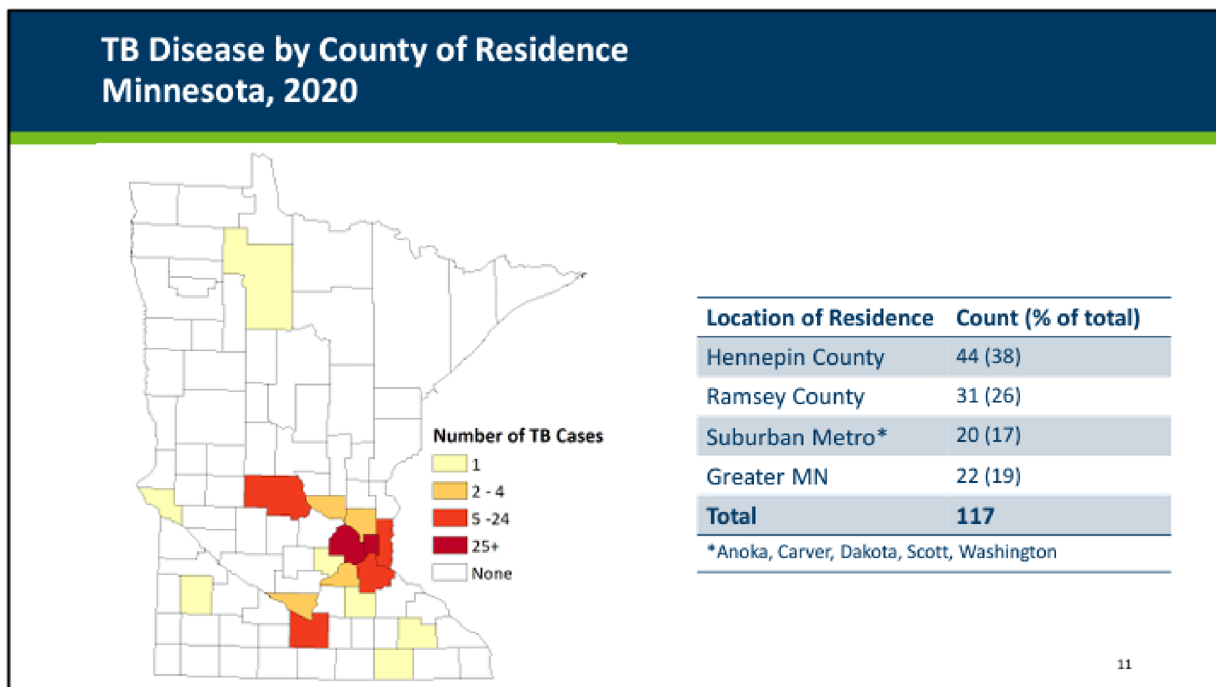
Religion/Faith Affiliation	Percentage
Christianity	**74%**
– Protestantism	– 50%
– Roman Catholicism	– 22%
– Mormonism	– 1%
– Eastern Orthodoxy	– <1%
– Jehovah's Witnesses	– <1%

– Other Christian	– 1%
Unaffiliated	20%
Other Religion	5%
Judaism	– 1%
Islam	– 1%
Buddhism	– <1%
Hinduism	– <1%
Other religions	2%
"Don't Know"	1%

Since the 1990s, the religious share of Christians has decreased, while Hinduism, Buddhism, Islam, Sikhism, and other religions have spread, mainly from immigration.

Minnesota Department of Health (MDH) – Tuberculosis (TB) Surveillance

The MDH TB Prevention and Control Program collaborates with clinicians and local health departments to ensure that persons with TB receive effective and timely treatment and that contact investigations are performed to minimize the spread of TB. The program prepares quarterly and annual reports summarizing the demographic and clinical characteristics of the cases of TB disease reported in Minnesota. These reports describe the epidemiology of TB in Minnesota, including the incidence of TB disease by county, age, race/ethnicity, country of origin, drug susceptibility patterns, and other factors.



As seen in the map above, the majority of new TB cases were found in the southeast corner of the state, largely centered around the Minneapolis – St. Paul metropolitan area.

The distribution of risk factors for TB infection differs greatly by place of birth, though patient can have multiple TB risk factors. Patients born in the US were more likely to have been a contact to an infectious TB patient within the past 2 years, have a history of travel to a TB endemic area, a history of substance use, experienced homelessness within the year prior to TB diagnosis, been incarcerated within the last 5 years or at time of diagnosis, and resided in a long-term care facility at the time of diagnosis. Non-US-born cases, on the other hand, were more likely to be co-infected with HIV and more likely to have worked in a healthcare setting in the year preceding their diagnosis, though no cases among healthcare personnel were attributed to occupational exposure.

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Substance Use Disorder and Mental Health Service Priorities for 2024 and 2025

Priority populations for SUDs:

- Pregnant Women and Women with Dependent Children
- Persons Who Inject Drugs (PWID), including PWID at risk for HIV and tuberculosis
- Individuals in Need of Primary Substance Use Prevention

Priority populations for Mental Health Services:

- Adults 18 years or older with a serious mental illness as defined by the DSM
    - With a priority on those experiencing First Episode Psychosis (FEP)
- Children under 18 years old with serious emotional disturbances as defined by DSM

Other at-risk populations -

- racial and ethnic communities
- members of religious minorities
- LGBTQ+ populations
- persons living with disabilities
- persons who live in rural areas
- persons facing economic barriers to service access (e.g., uninsured or underinsured)

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Space reserved for narrative presentation of data shown in WebBGAS Table

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SUBSTANCE USE DISORDERS

Priority Population	Data Sources	Other inputs	Primary Challenges	Key Priority Areas
Pregnant Women and Women with Dependent Children	*National Survey on Drug Use and Health* (NSDUH) *Drug and Alcohol Abuse Normative Evaluation System* (DAANES)	Legislatively established *Task Force on Pregnancy Health and Substance Use Disorders* Legislative priority to "identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth."	Fear of legal repercussions presents barrier to treatment access; treatment facilities lack essential needed services (childcare, etc.); inadequate or unavailable prenatal care in communities most impacted; lack of sympathetic providers, particularly lack of female providers.	P1: Preventing Overdose P3: Promoting Resilience and Emotional Health for Children, Youth and Families P4: Integrating Behavioral and Physical Health Care P5: Strengthening the Behavioral Health Workforce
Persons Who Inject Drugs (PWID), including PWID at risk for HIV and tuberculosis	*Minnesota Survey on Adult Substance Use* (MNSASU) *Drug and Alcohol Abuse Normative Evaluation System* (DAANES) *Minnesota Drug Overdose and Substance Use Surveillance Activity* (MNDOSA), SAMHSA's *National Substance Use and Mental Health Services Survey* Minnesota Dept of Health *EndHIV Plan 2109* and addenda	Legislative priority to "enhance overdose prevention and supportive services for people experiencing homelessness." *Minnesota Dept of Health TB Surveillance Report*	Lack of housing and treatment options in many areas; issues of stigma and legality of some drug use activity; places most in need of service availability (local and state corrections, homeless shelters, etc.) often do not have services; increase in use and overdose incidents, drug adulteration w/ other substances (fentanyl, xylazine), overall resources are not keeping up with the need. Lack of knowledgeable providers	P1: Preventing Overdose P2: Enhancing Access to Suicide Prevention and Crisis Care P4: Integrating Behavioral and Physical Health Care P5: Strengthening the Behavioral Health Workforce

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Priority Population	Data Sources	Other inputs	Primary Challenges	Key Priority Areas
Individuals in Need of Primary Substance Use Prevention	*Minnesota Survey on Adult Substance Use* (MNSASU) *Minnesota Student Survey* (MSS) *National Survey on Drug Use and Health* (NSDUH) *Drug and Alcohol Abuse Normative Evaluation System* (DAANES) *Minnesota Drug Overdose and Substance Use Surveillance Activity* (MNDOSA),	Kaiser Family Foundation *State Health Facts* database report	School-age populations can be difficult to reach; low perception of risk among youth and young adults; too many youth and young adults living with undiagnosed mental health issues engaging in self-medication;	P1: Preventing Overdose P3: Promoting Resilience and Emotional Health for Children, Youth and Families

MENTAL HEALTH

Priority Population	Data Sources	Other inputs	Primary Challenges	Key Priority Areas
Adults 18 years or older with a serious mental illness	SAMHSA's *National Substance Use and Mental Health Services Survey* Minnesota DHS *2019-2020 Mental Health Grants* legislative report	Kaiser Family Foundation *State Health Facts* database report	Lack of housing for this population; few transportation options to access services; difficulty navigating service system; funding & cost issues; shortage of qualified providers	P2: Enhancing Access to Suicide Prevention and Crisis Care P5: Strengthening the Behavioral Health Workforce

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Priority Population	Data Sources	Other inputs	Primary Challenges	Key Priority Areas
	Minnesota *Mental Health Legislative Network 2022 Report*			
Persons experiencing *First Episode Psychosis (FEP)*	SAMHSA's *National Substance Use and Mental Health Services Survey* Minnesota *Mental Health Legislative Network 2022 Report*	*MN Statutes, Section 245.4905* - FIRST EPISODE OF PSYCHOSIS GRANT PROGRAM	Providers not skilled in identification of 1st episode; episodes go undiagnosed for long period of time; referrals to comprehensive services delayed;	P2: Enhancing Access to Suicide Prevention and Crisis Care P3: Promoting Resilience and Emotional Health for Children, Youth and Families
Children under 18 years old with serious emotional disturbance	*Minnesota Student Survey* (MSS) SAMHSA's *National Substance Use and Mental Health Services Survey* Minnesota *Mental Health Legislative Network 2022 Report*	Kaiser Family Foundation *State Health Facts* database report	Most K-12 schools lack needed MH resources; lack of providers with youth treatment expertise; parental permission needed for care of minors, privacy issues as care often done on parent's health plan or insurance	P3: Promoting Resilience and Emotional Health for Children, Youth and Families P5: Strengthening the Behavioral Health Workforce

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COMMUNITIES FACING HEALTH DISPARITIES

Priority Population	Data Sources	Other inputs	Primary Challenges	Key Priority Areas
Racial and ethnic communities	Minnesota Student Survey (MSS) SAMHSA's *National Substance Use and Mental Health Services Survey* US Census Data analysis by Minnesota Compass (https://www.mncompass.org/)	Legislative priority for the *Cultural and Ethnic Minority Infrastructure* grants and for the *Cultural Communications Program* at the Dept of Health.	Scarcity of non-English language SUD and MH services; immigration status of some community members;	P2: Enhancing Access to Suicide Prevention and Crisis Care P3: Promoting Resilience and Emotional Health for Children, Youth and Families P5: Strengthening the Behavioral Health Workforce
Members of religious minorities	Pew Research Center 2014 *Religious Landscape Study*			
LGBTQ+ populations	Minnesota Student Survey (MSS) National Survey on Drug Use and Health (NSDUH) SAMHSA's *National Substance Use and Mental Health Services Survey*	Legislative priority for the *Cultural and Ethnic Minority Infrastructure* grants and for the *Cultural Communications Program* at the Dept of Health.	Lack of providers with expertise in this community; community very diverse in culture, language & age; religious-affiliated health systems may not want to provide services; active stigma against the community in recent years	P4: Integrating Behavioral and Physical Health Care P5: Strengthening the Behavioral Health Workforce
Persons living with disabilities		Legislative priority for the *Cultural and Ethnic Minority Infrastructure* grants and for		

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Priority Population	Data Sources	Other inputs	Primary Challenges	Key Priority Areas
		the *Cultural Communications Program* at the Dept of Health.		
Persons who live in rural areas	Minnesota *Mental Health Legislative Network 2022 Report* Minnesota Survey on Adult Substance Use (MNSASU) *Minnesota Student Survey* (MSS)	Legislature established *Health Professional Education Loan Forgiveness* program for "...mental health professionals, and alcohol and drug counselors agreeing to practice in designated rural areas… or specializing in the area of pediatric psychiatry."	Large areas to cover with limited resources, limited transportation options Shortage of adequate telehealth technology Extensive and growing medical staff shortages due to retirements and workers relocating	P2: Enhancing Access to Suicide Prevention and Crisis Care P5: Strengthening the Behavioral Health Workforce
Persons facing economic barriers to service access (uninsured or underinsured)	Minnesota Survey on Adult Substance Use (MNSASU) *Minnesota Student Survey* (MSS) Minnesota *Mental Health Legislative Network 2022 Report* Minnesota DHS *2019-2020 Mental Health Grants* legislative report	Legislative priority to use state resources to expand health care access and continue access recently available due to COVID-19 response	Inconsistent enforcement of the Affordable Care Act (ACA) requirements for coverage of mental health and substance use disorder treatment. Few transportation options to access affordable services, Difficulty navigating service system	P2: Enhancing Access to Suicide Prevention and Crisis Care

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Space reserved for Conclusion of section (one page summary)

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