

Substance Abuse Prevention and Treatment Block Grant American Rescue Plan Act Funding Plan

Minnesota Department of Human Services

Behavioral Health Division

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Background

Public Law 117-2, the American Rescue Plan Act of 2021 (ARPA), signed by President Biden on March 11, 2021, directed the Substance Abuse and Mental Health Services Administration (SAMHSA) to provide additional funds to support states through Block Grants to address the effects of the COVID -19 pandemic for Americans with mental illness and substance use disorders.

ARPA allocated \$1.5 billion each for Community Mental Health Services Block Grant (MHBG) and Substance Abuse Prevention and Treatment Block (SABG) grants to the states. The Minnesota Department of Human Services (DHS) received a notice of award for an allocated amount of **\$\$19,510,440** through the SABG program to assist in the response to the COVID-19 pandemic from Substance Abuse and Mental Health Services Administration (SAMHSA). This one time grant period is **from September 1, 2021 through September 30, 2025 to expend these funds**. Federal block grant monies are provided to support state priorities and SAMHSA asks that states consider the following in developing an ARPA Funding Plan.

States are required to plan for, expend, and report on the FY 21 SABG ARPA Supplemental Funding based on 42 U.S.C. Chapter 6A, Subchapter XVII, Part B, Subpart II: Block Grants for Prevention and Treatment of Substance Abuse, and 45 CFR, Part 96, Subpart L. Consistent with HHS Disaster Relief Flexibilities, SAMHSA may waive requirements with respect to allowable activities, timelines, or reporting requirements for the SABG as deemed necessary to facilitate a grantee's response to coronavirus. Accordingly, all regular provisions of the statute and regulations pertaining to the SABG are fully applicable to the planning and expenditure of the SABG ARPA Supplemental Funding. This includes, but is not limited to, the definitions, assurances, requirements, and restrictions of the SABG standard funding

The SABG allocation requires states to expend not less than twenty percent (20%) of their total allocation for substance use disorder (SUD) primary prevention services for individuals who do not require treatment for substance abuse, in accordance with 42 USC 300x-22 and 45 CFR 96.124 and 96.125. The SABG allocation also requires "designated states" to expend five percent (5%) of their total allocation for EIS/HIV Services, in accordance with 42 USC 300x-24(b) and 45 CFR 96.128.

The SUD prevention, intervention, treatment, and recovery support services continuum includes various evidence-based services and supports for individuals, families, and communities. Integral to the SABG are its efforts to support health equity through its priority focus on the provision of SUD prevention, treatment, and recovery support services to identified underserved populations. These underserved and marginalized populations include, but are not limited to, pregnant women and women with dependent children; persons who inject drugs; persons using opioids and/or stimulant drugs associated with drug overdoses; persons at risk for HIV, TB, and Hepatitis; persons experiencing homelessness; persons involved in the justice system; persons involved in the child welfare system; Black, Indigenous, and People of Color (BIPOC); LGBTQ individuals; rural populations; and other underserved groups.

SAMHSA recommends states develop, enhance or improve the following through the SABG ARPA funds:

- Develop and expand the use of FDA-approved medications and digital therapeutics as a part of addiction treatment that can provide interactive, evidence-based behavioral therapies for the treatment of opioid use disorders, alcohol use disorders, and tobacco use disorders, along with the implementation of other evidence-based treatments and practices.
- Provide increased access, including same-day or next-day appointments, and low barrier approaches, for those in need of SUD treatment services.

- Direct critical resources in expanding broad-based state and local community strategies and approaches in addressing the drug overdose epidemic, involving SUD prevention, intervention, treatment, and recovery support services.
- Improve information technology infrastructure, including the availability of broadband and cellular technology for providers, especially in rural and frontier areas, and use of GPS to expedite response times and to remotely meet with the individual in need of services.
- The adoption and use of health information technology to improve access to and coordination of SUD prevention, intervention, treatment, and recovery support services and care delivery, consistent with the provisions of HIPAA and 42 CFR, Part 2.
- Advance telehealth opportunities to expand services for hard-to-reach locations, especially rural and frontier areas. Expand technology options for callers, including the use of texting, telephone, and telehealth. Note: States may not use the funds to purchase any items for consumers/clients.
- Enhance the primary prevention infrastructure within your state and communities using the Strategic Prevention Framework planning model and implementing evidence-based practices, the six CSAP prevention strategies with an emphasis on environmental approaches.
- Consider incorporating strategies around adverse childhood experiences to improve substance misuse outcomes among all populations, but especially young adults 18-25 and those over 26 years of age; preventing and reducing marijuana use by youth below the state's legal age of use; and mitigating the impact of increased alcohol access by youth as identified during the COVID-19 pandemic. It is important to identify and address disparities and describe how you are incorporating equitable approaches.
- Support expansion of peer-based recovery support services (e.g. recovery community organizations, recovery community centers, recovery high schools, collegiate recovery programs, recovery residences, alternative peer group programs) to ensure a recovery orientation which expands support networks and recovery services. These programs are helping people sustain their recovery, engaging families and significant others, bridging the gap between treatment and long-term recovery, and supporting people reentering the community from incarceration.

SAMHSA requests that the following information is included when submitting the proposals:

1. Identify the needs and gaps of your state's SUD services continuum, related to developing a comprehensive prevention, intervention, treatment, and recovery support services continuum.
2. Describe how your state's spending plan proposal will address the state's substance use disorder services continuum, including a budget that addresses the needs and gaps related to this continuum.
3. Describe your state's progress in addressing the rising drug overdose rate in many parts of the country, and what steps the state will be taking to improve access to SUD treatment, by improving identification of persons in need, reducing barriers to admission to treatment, and strengthening mechanisms to promote client engagement and retention in SUD treatment and recovery support services.
4. Describe your state's progress in implementing the increased and widespread use of FDA approved medications for the treatment of opioid use disorder, alcohol use disorder, and tobacco use disorder, in combination with other substance use disorder evidence-based treatments and practices.
5. Explain how your state plans to collaborate with other departments or agencies to address the SUD services continuum.
6. Describe how the state plans to use SABG ARPA funding to promote health equity among identified underserved populations, and how it plans to address health disparities in the planning, delivery, and evaluation of SUD prevention, intervention, treatment, and recovery support services.
7. Describe the state's efforts and plans to promote an increased emphasis on the development, delivery, and support of widespread SUD recovery support services, systems, and mechanisms across the state.

8. Describe other state priorities or activities that the state plans to fund during the performance period of September 1, 2021 through September 30, 2025 using ARPA funds.
9. Describe your state plans for enhancing your state’s prevention infrastructure which may include incorporating work around ACEs and improving substance misuse outcomes among young adults and older adults. (Primary Prevention set-aside)
 - a. The impact of increased access to marijuana and the state’s strategies to prevent misuse by the underage population.
 - b. Strategies to reduce the COVID-19 impact of increased alcohol accessibility and misuse.
 - c. How the state is using equitable strategies to reduce disparities in the state’s prevention planning and approaches.
10. Describe how the state will use, or considered, health IT standards if using funds for health IT infrastructure or advancement. This includes a description of standards and, as applicable, conformance to Office of the National Coordinator certification criteria in health IT products used or that will be used to support SUD clinical priorities and interoperable data exchange. States must use standards identified by the Office of the National Coordinator for Health IT in 45 C.F.R. 170 where applicable and also should consider standards identified in the Interoperability Standards Advisory (<https://www.healthit.gov/isa/>), including but not limited to those standards described in the “Allows for the Exchange of State Prescription Drug Monitoring Program (PDMP) Data” section and the “Social Determinants of Health” section.

Primary Prevention

Primary Prevention Needs and Gaps

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in for Primary Prevention Services. We are proposing spending plan with a total of **\$3,902,088** to address these gaps and needs for Primary Prevention Services.

Within Minnesota, Black, Indigenous and People of Color (BIPOC) communities have been hardest hit by COVID-19, experiencing more lives lost and a greater percentage of people losing their jobs and thus experiencing financial distress. Therefore, equity in prevention services to reduce disparities in harms from Substance Use and Abuse, primary prevention knowledge of what works to prevent substance abuse and training access for historically underserved communities, and an increase in prevention services provided by BIPOC communities for BIPOC communities are current needs and gaps that Minnesota is seeking to fill with the proposed spending plan.

Social distancing, while necessary to reduce the spread of COVID-19, can result in people being isolated and lonely. This leads to increased stress, anxiety and drinking of alcohol as well as misuse of substances. Alcohol, nicotine use (vaping most prevalently) and increasingly marijuana are the drugs most used by youth in Minnesota. This has led to an increase in substance use and a decrease in community engagement in primary substance use prevention activities and services. The proposed spending plan for Primary Prevention Services will increase equity by providing training and knowledge transfer opportunities within Minnesota as a flow of resources to communities with the greatest need, specifically for BIPOC community organizations. It will also increase community engagement in local Alcohol, Tobacco, and Other Drugs (ATOD) prevention efforts.

The Minnesota Department of Human Services, Behavioral Health Division, plans to collaborate with the Minnesota Department of Education, Minnesota Department of Health and Minnesota Department of Public Safety to address the identified needs. Since Minnesota formed its State Epidemiological Outcomes Workgroup (SEOW), these four state agencies and other community groups have met monthly to discuss ATOD prevention needs and efforts across Minnesota, along with ways to collaborate and support each other in this important work.

Minnesota's Plans for Enhancing the State's Prevention Infrastructure

The State of Minnesota plans to enhance its primary prevention infrastructure through increased community-level primary prevention grants for BIPOC communities. These will be four year grants that use the Strategic Prevention Framework to assess BIPOC communities' needs, increase their capacity to prevent substance use and abuse, select strategies, implement the selected strategies and evaluate the achieved outcomes for the communities.

These grants will utilize a collective impact approach to involve community members in the work. They will implement all 6 of CSAP's Prevention Strategies: Information Dissemination, Education, Alternative Activities, Problem ID and Referral, Community-Based Process and Environmental Strategies for sustained change at the community level.

The Minnesota Student Survey, which is a census survey of 5th, 8th, 9th and 11th graders, shows youth Marijuana use holding steady. This is likely due to MN not having legalized recreational marijuana use.

Strategies to reduce the impact of COVID-19 of increased alcohol accessibility and misuse will be accessed and addressed by each BIPOC community grant through strategies selected by the community.

Minnesota has Regional Prevention Coordinators that have been trained in Adverse Childhood Experiences (ACEs) impact as well as on the Healthy Outcomes from Positive Experiences (H.O.P.E.) framework for working with communities/Individuals impacted by ACEs.

Minnesota's primary prevention grants start with a focus on what is going right in a community, what are their assets and strengths and then works to build on those, while at the same time not ignoring, but acknowledging and addressing risk factors within a community. Our state has found by focusing on the strengths in a community and what is going well, brings a much greater community involvement with Substance Use/Abuse prevention. In order to make community level (environmental) change in the how a community views and addresses substance use, community involvement is key.

Summary of Proposed Spending Plan

- **\$3,087,152** for Community-Level Primary Prevention grants for BIPOC communities - These grants will implement the Strategic Prevention Framework steps to assess BIPOC communities' needs, increase their capacity to prevent substance use and abuse, Select Strategies, Implement those strategies and evaluate the outcomes for the communities. These grants will implement all 6 of CSAPs Prevention Strategies: Information Dissemination, Education, Alternative Activities, Problem ID & Referral, and Community-Based Process with a focus on Environmental Strategies for sustained change.
- **\$333,077** for 1 Full Time Grant Manager for the grant period
- **\$481,859** for Training & TA for BIPOC Community grants

Pregnant Women Services and Women with Dependent Children

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in for Pregnant Women Services. We are proposing spending plan with a total of **\$4,356,132** to address these gaps and needs for pregnant women services.

There is a need for additional specialized women-specific, family-centered, culturally and trauma-responsive recovery support program for pregnant and parenting women, their children, and families. These additional programs need to be developed and implemented in our state. These services will be for individuals with SUD and MH and their children and families that are also impacted by systemic racism. We will be promoting community participatory research to align with these programs. The following focus populations will be involved the following:

- East African (Somali) women
- Latina women
- Asian women
- Women in rural areas

- LGBTQ, Girls/Young women

Summary of Proposed Spending Plan

- **\$120,000** will focus on a Gaps Needs Analysis that we estimate will cost for the first year
- **\$180,000** will be used to conduct community Participatory Research
- The remaining funds will be used for grant awards to providers in the community to provide services and programs

Substance Use Disorder Treatment Services

Minnesota's Progress in Addressing the Rising Drug Overdoes Rate

In 2012, the state established a comprehensive, multi-agency plan to tackle substance abuse (including opioid abuse), focusing on prevention, treatment, and recovery services. The agencies that developed the statewide strategy guided their work with shared principles of collaboration, community responsiveness, and competency. An executive sponsors group meets quarterly. The group's membership includes the Commissioners of the Minnesota Department of Human Services (chair), Corrections, Education, Health, Public Safety, Labor and Industry, the Governor's policy advisor, Executive Director of Board of Pharmacy and the State Court Administrator.

In 2014, the National Governors Association selected Minnesota as one of six states to participate in a year-long prescription drug abuse academy. This led to the formation of the State Government Opioid Oversight Project (SOOP) with the Minnesota departments of Human Services, Corrections, Education, Health, Labor and Industry, and Public Safety, the State Judicial Branch, Board of Pharmacy, Board of Medical Practice, Board of Dentistry, Board of Nursing, Board of Podiatric Medicine and Veterinary Medicine. The group meets regularly to coordinate opioid-related activities across state government and reports to the executive sponsors group.

With the coordination and collaboration in place the Department of Human Services has been able to be the lead agency in the following initiatives:

- **Substance Use Disorder Reform:** Starting in 2012, the Department of Human Services has been working to streamline and modernize the substance use disorder treatment system in Minnesota. The system is moving away from a focus on responding to acute episodes to a person-centered model of care, with an emphasis on managing substance use disorder as a chronic disease. In 2017, Governor Dayton and the Minnesota Legislature enacted new reforms, removing barriers to access substance abuse treatment for people who use Medical Assistance. The reform package allows patients to more quickly access services, and it adds important services like withdrawal management, care coordination, and peer support.
- **State Targeted Response to the Opioid Crisis:** In spring 2017, divisions within the Department of Human Services and the Department of Health developed a proposal for a comprehensive response to the opioid epidemic, which would include increased prevention, emergency response, and treatment and recovery programs. This coordinated effort led to the selection of over 30 grantees, who will receive over \$10 million in federal funds over the next two years. The grantees meet to share progress and integrate efforts. This has allowed the state to invest in increasing access to naloxone, improvements to the withdrawal management services, recently released from incarceration, early adoption of enacting new substance use disorder reforms, increasing primary prevention efforts, creation of a opioid focused media campaign and the creation of a hub and spoke model for medication assisted treatment prescribers.

- Medication-Assisted Treatment expansion grants: In 2017, Governor Dayton and the Legislature provided \$825,000 for health care providers to purchase direct injectable drugs to treat opioid addiction. Additionally in the fall 2017, the state received \$6 million to expand medication-assisted treatment for the African American community and the American Indian community over three years, working in partnership with tribal governments and healthcare providers.
- Opioid Prescribing Workgroup: The Department of Human Services convenes an advisory group of experts through the Opioid Prescribing Improvement Program that have recommended a statewide opioid prescribing protocol, measures for providers, and quality improvement processes for acute, post-acute, and chronic pain. The workgroup consists of medical professionals, consumers, health care and mental health professionals, law enforcement, and representatives of managed care organizations.
- Increasing integrated care for high-risk pregnancies: In 2015, Governor Dayton and the Minnesota Legislature passed legislation to support five Minnesota tribes in providing prenatal care for women with opioid use disorder and services for infants, including community supports. In 2017, the state issued additional grants to support work by tribal governments and counties in Greater Minnesota and in the Twin Cities metropolitan area.

The Department of Human Services has been able to address the Opioid crisis in Minnesota with the federal funds from the congressional passage of the 2015 Protecting Our Infants Act, the 2016 Comprehensive Addiction and Recovery Act, The 21st Century Cures Act and through the Substance Abuse Prevention and Treatment Federal Block Grant.

The congressional passage of the 2015 Protecting Our Infants Act allowed Minnesota to begin addressing concerns brought forward by tribal entities with the disparities in the number of American Indian babies born dependent on opiates. Minnesota was able to have numerous community and planning meetings with tribal partners within State agencies identified and has begun addressing a number of specific needs, including: earlier identification of women using opiates during pregnancy; better alignment of systems to address this issue efficiently; access to treatment for these women; and a need for community consensus or agreement about what kinds of treatment are appropriate for this population as a result of the Protecting Our Infants Act. The 2016 Comprehensive Addiction and Recovery Act (CARA) has allowed Minnesota to expand access to medication-assisted treatment through the SAMHSA's Medication Assisted Treatment for Prescription Drug and Opioid Addiction (MAT-PDOA). Minnesota received a \$2 million per year; three-year grant was awarded to expand Medication-Assisted Treatment. Minnesota chose to use a multi-prong effort that is being used and finalized to increase state capacity for providing medication-assisted treatment for opioid use disorder by increasing the availability of office-based opioid treatment and the development of collaborative relationships between behavioral health and substance use disorder providers.

The 21st Century Cures Act funding through the State Targeted Response to the Opioid Crisis Grant funding awarded Minnesota \$16.6 million. Minnesota used the funding to award grants to more than 30 agencies across the state including tribal governments, counties and community organizations in an attempt to curb the runaway epidemic of opioid misuse throughout the state. The grants will supplement ongoing proven effective substance use disorder services across Minnesota, as well as offer new and innovative approaches. The grant activities include expanding medication-assisted treatment, making it easier and faster for people to receive a substance use disorder for treatment services, increasing opioid-specific peer recovery and care coordination, piloting the Parent Child Assistance Program, a peer support program for pre- and post-natal mothers, expanding access to naloxone, a drug that serves as an immediate life-saving antidote to opioid overdose, for opioid treatment programs and emergency medical service teams and launching "Fast-Tracker," a website showing real-time treatment bed availability.

Minnesota has been awarded the State Opioid Response Prime, Supplemental and 2020 Grant funding. The Minnesota Department of Human Services has utilized SOR funding to support our state's ongoing opioid prevention, treatment and recovery efforts.

Minnesota has utilized the utilized the funding for the following:

- Medication Assisted Treatment expansion and recovery, including funding for Project Extension for Community Healthcare Outcomes to support high quality Medication Assisted Treatment for OUD in primary care settings, office based opioid treatment, culturally responsive treatment and recovery, integrated community responses
- The development and implementation of peer recovery and other recovery services to ensure individuals in recovery feel safe and supported in their academic pursuits.
- Addressing Workforce Capacity by creation and training mental health workers on Opioid Use Disorder and Substance Use disorder, Providing Substance Abuse Prevention Skills Training (SAPST) curriculum training for post-secondary students on Substance Use Disorder and Opioid Use Disorder by certified training professionals, Vocational Rehabilitation pilots for Opioid Use Disorder to enable individuals with opioid use disorders to develop and implement a process which individuals can work towards returning to the work during/after substance abuse treatment and/or opioid comprehensive assessment training for those seeking to work in underserved areas with priority given to those willing work with opioid dependent populations and rural Minnesota counties.
- Continuation and Expansion of Naloxone Training and Distribution to purchase and distribute Naloxone and train, individuals who do not have access to Naloxone through other publically funded programs.
- Expanding Navigation and Access to Medication Assisted Treatment for fund Opioid Resource Navigators to do street outreach to find individuals dependent on opioids, complete field assessments than refer to Opioid Treatment Programs and/or buprenorphine doctors, provide syringe exchanges, communicable disease testing and education, and Naloxone training and distribution and referral to local social services to sign up for services.

Steps Minnesota will be taking to Improve Access to SUD Treatment

The State of Minnesota is working to improve access to SUD treatment with Substance Use Disorder Reform: The goal of Substance Use Disorder (SUD) reform is to decrease barriers for people seeking SUD treatment services. The Department of Human Services is working to make sure that people get timely access to SUD treatment services and that people have a choice in a continuum of substance use disorder services.

Starting in 2012, the Department of Human Services has been working to streamline and modernize the substance use disorder treatment system in Minnesota. The system is moving away from a focus on responding to acute episodes to a person-centered model of care, with an emphasis on managing substance use disorder as a chronic disease. In 2017, Governor Dayton and the Minnesota Legislature enacted new reforms, removing barriers to access substance abuse treatment for people who use Medical Assistance. The reform package allows patients to more quickly access services, and it adds important services like withdrawal management, care coordination, and peer support. Since then, Minnesota has made several improvements to SUD treatment services. These improvements include expanding services such as withdrawal management, telemedicine, peer services, treatment coordination/care coordination, and comprehensive assessments with the goal of offering individuals more choice in the care they receive across the state.

Minnesota is completing a Substance Use Disorder (SUD) System Reform Federal Demonstration Project that incorporates the American Society of Addiction Medicine (ASAM) criteria to establish specific residential and outpatient levels of care for SUD treatment services under the authority of section 1115(a) of the Social Security

Act. The federal demonstration, through the implementation of ASAM criteria, seeks to enhance evidence-based assessment and placement criteria for the purpose of matching individual risk with the appropriate ASAM level of care. The demonstration also increases standards for treatment coordination to ensure transitions to needed services across a comprehensive continuum of care.

Minnesota’s progress in implementing the increased and widespread use of FDA approved medications for the treatments of Opioid Use Disorder, Alcohol Use Disorder, and Tobacco Use Disorder

Opioid Use Disorder (OUD)

Minnesota has worked hard to increase the utilization of FDA approved medications for the treatment of opioid use disorder in combination with other substance use disorder evidence-based treatments and practices. Access to treatment from 2017 through 2020 has increased. In 2017, 23 counties did not have a provider within the county boundary. In 2020, that number decreased to 13 counties while the number of residential and detox providers have remained relatively stable. However, the number of outpatient/non-residential providers increased by 31% (112) between 2017 and 2020.

Minnesota has also increased the number of DATA waived providers that can administer, dispense and prescribe buprenorphine. The number of counties without a DATA waived provider within the county boundary decreased from 40 to 31 between 2018 and 2020. In addition, during this time period, the number of DATA waived providers increased by 124% or 606 providers.

Minnesota has utilized the State Targeted Response grants, Medication-Assisted Treatment Prescription Drug and Opioid Addiction, State Opioid Response, Substance Use Disorder reform and the 1115 Waiver to train providers on Medication Assisted Treatment and Recovery, expand the number of prescribers and increase access to these evidence based treatments.

Alcohol Use Disorder (AUD)

Minnesota has the substance use disorder portion of its Medicaid benefit in a discrete, behavioral health fund (BHF), used to support treatment for eligible persons with fee-for-service Medicaid coverage. The BHF pays for treatment services and medications provided by opioid treatment programs, while the three FDA-approved medications for treatment of AUD, disulfiram, naltrexone, and acamprosate are all covered under Minnesota’s Medicaid program’s medical benefit. As disulfiram, naltrexone, and acamprosate are part of the medical benefit of all patients covered by Minnesota Medical Assistance, they are available through any prescriber, not only those working through a licensed, opioid treatment program.

To broaden awareness and promotion of client access to the three FDA-approved medications for AUD, Minnesota will communicate with all SUD programs licensed by the Department of Human Services and by the tribal nations located between Minnesota’s borders. The communication will note the programs may contract with a practitioner to prescribe AUD medications and the program may store them for observed self-administration by the client.

Tobacco Use Disorder (TUD)

As a part of the State Targeted Response (STR) grant in 2019 the Behavioral Health Division (BHD) provided approximately \$30,000 of FDA approved NRT's to four Valhalla Opioid Treatment programs to incorporate into treatment.

As a part of the State Opioid Response (SOR) II grant in 2021 BHD has awarded one grant to Mental Health Resources to increase access to NRTs to clients. This grant is awarded to treatment programs currently offering OUD treatment and currently providing commercial tobacco/nicotine treatment to their clients. At least two additional like contracts will be awarded in state fiscal year 2022.

As a part of the SOR II grant in 2021 BHD has awarded one grant to Recovering Hope for the purpose of increasing OUD/ SUD client access to nicotine treatment. The purchase and use of FDA approved medications for the treatment of tobacco use disorder is included in this grant.

Substance Use Disorder Treatment Needs and Gaps

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in for the Substance Use Disorder Treatment System. We are proposing spending plan with a total of **\$10,276,698** to address these gaps and needs for Substance Use Disorder Treatment Services.

School Linked Behavioral Health Grant Program (SABG)

The school-linked behavioral health grant program provides early identification and intervention for students with mental health and substance use disorder needs and builds the capacity of schools to support students with mental health and substance use disorder needs in the classroom. DHS grants support school-linked behavioral health services throughout Minnesota.

These services:

- Increase accessibility for children and youth who are uninsured or underinsured
- Improve clinical and functional outcomes for children and youth with a behavioral health diagnosis
- Improve identification of behavioral health issues for children and youth

Minnesota does not currently have any grants specifically for school-linked substance use disorder treatment or services and there is a large unmet need for mental health and substance use disorder services among children and young adults. School behavioral health services help meet that need. Research has shown that early identification and treatment improves outcomes. Schools are a natural setting to promote student well-being and address both mental health and substance use concerns. Early interventions conducted by comprehensive school-based mental health and substance treatment systems have been associated with enhanced academic performance, decreased need for special education, fewer disciplinary encounters, increased engagement with school, and elevated rates of graduation.

Untreated behavioral health issues are a significant barrier to learning and educational success. Placing children's behavioral health services in schools provides a great opportunity for mental health and substance

use disorder treatment promotion, prevention and early identification and intervention. Schools help reduce barriers such as:

- Financial/insurance
- Childcare
- Transportation
- Employment concerns
- Mistrust/stigma
- Past experiences
- Waiting List/intake process
- Stress

School-linked mental services have proven particularly effective in reaching children who have never accessed mental health services and we anticipate similar results for students with substance use disorders. Many children with serious behavioral health needs are first identified through this program. Community mental health agencies provide mental health professionals and practitioners at schools, with most of their time involved in direct child and family services including assessment and treatment, as well as teacher consultation, care coordination and school-wide trainings. Results include:

- Coordination of care, with services delivered to where the kids are
- Increased access and sustained engagement in treatment
- Evidence-based behavioral health services from highly trained behavioral health professionals, regardless of their insurance status.
- Aligned initiatives with school district's multi-tiered systems of support (MTSS)

Summary of Proposed Spending Plan

- As directed by the Minnesota Legislature in [Minnesota Laws 2021, First Special Session, Chapter 7, Article 11, Section 44](#), our state is allocating a total of \$7,000,000 (\$1.75 million in FY 2022, \$1.75 million in FY 2023, \$1.75 million in FY 2024, and \$1.75 million in FY 2025) for substance use disorder treatment services provided through the school-linked behavioral health grant program under Minnesota Statutes, section 245.4901.
- **For the SABG ARPA spending plan, we are proposing an allocation amount of \$5,554,972 towards this project.**

The newly amended language in Minnesota Statutes, section 245.4901 specifies that allowable grant activities and related expenses may include, but are not limited to:

- Identifying and diagnosing mental health conditions and substance use disorders of students;
- Delivering mental health and substance use disorder treatment and services to students and their families, including via telemedicine;
- Supporting families in meeting their child's needs, including navigating health care, social service, and juvenile justice systems;
- Providing transportation for students receiving school-linked mental behavioral health services when school is not in session (Note: the need to providing transportation is to ensure that services continue even when students are not in school, e.g. summer and holiday breaks. Students are typically transported from home/school to home/school for treatment related services);

- Building the capacity of schools to meet the needs of students with mental health and substance use disorder concerns, including school staff development activities for licensed and non licensed staff; and
- Purchasing equipment, connection charges, on-site coordination, set-up fees, and site fees in order to deliver school-linked mental behavioral health services via telemedicine.

Grantees must provide data to Minnesota Department of Human Services (DHS) for the purpose of evaluating the effectiveness of the school-linked behavioral health grant program. Grantees must obtain all available third-party reimbursement sources as a condition of receiving a grant and must also serve students regardless of health coverage status or ability to pay.

Grantees may include substance use disorder treatment providers licensed under Minnesota Statutes, Chapter 245G and licensed professionals in private practice, which includes alcohol and drug counselors and supervisors of alcohol and drug counselors. Grantees may also include mental health providers who have the capacity to provide substance use disorder services, along with mental health services. Eligible mental health providers include mental health clinics, community mental health centers, providers of children's therapeutic services and supports, and mental health and substance use disorder provider agencies that employ either two mental health professionals or two alcohol and drug counselors. Indian health service facilities or facilities owned and operated by a tribe or tribal organization are also eligible grantees.

Our state department currently collaborates with the Minnesota Department of Education on the school-linked mental health grant program. We plan to continue that partnership and collaboration for school-linked behavioral health grants.

Opiate Epidemic Response Grant Program

Legislation passed in 2019 that created the Opioid Epidemic Response Advisory Council and the Opiate Epidemic Response Account Opioid Epidemic Response Advisory Council is to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota. The bill raises funds from prescribers, drug manufacturers, and distributors to fight the opioid crisis, while creating the Opioid Epidemic Response Advisory Council to oversee the funding. The purpose of the Opioid Epidemic Response Advisory Council is to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota.

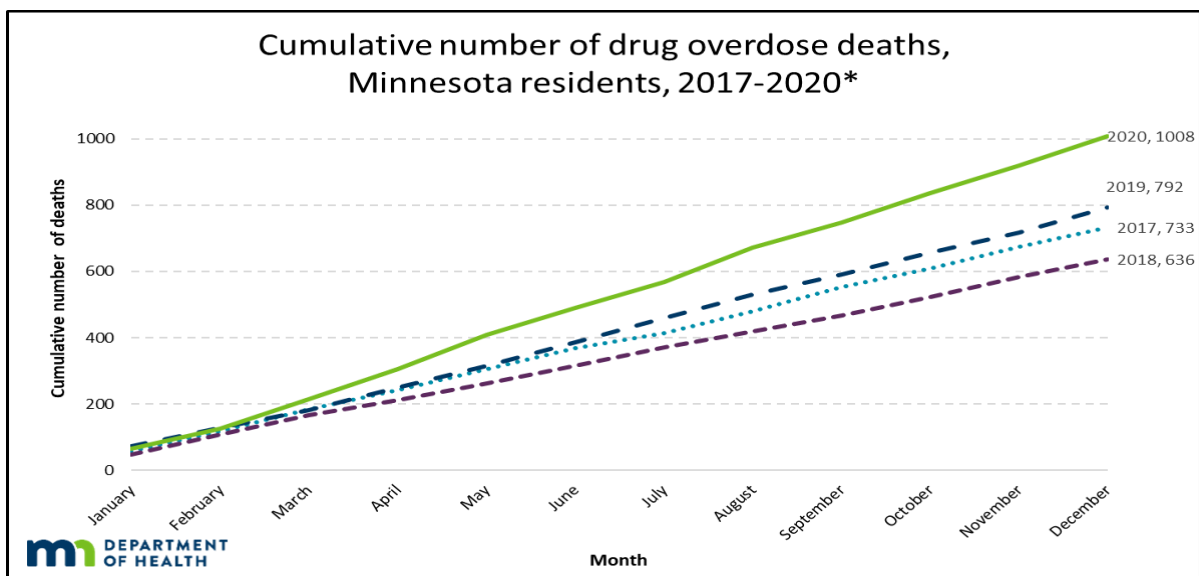
The council is made up of legislators from both bodies, tribal nation and state agency representatives, providers, advocates, and individuals personally impacted by the opioid crisis, as well as representation from law enforcement, social service agencies, and the judicial branch. The commissioner of human services ensures that the council includes geographic, racial, and gender diversity, and that at least one-half of council members appointed by the commissioner reside outside of the seven-county metropolitan area. The council is charged with:

- Reviewing local, state and federal initiatives and activities related to education, prevention, treatment and services for individuals and families experiencing and affected by opioid use disorder;
- Establishing priorities to address the state's opioid epidemic, for the purpose of recommending initiatives to fund;
- Recommending to the commissioner of human services specific projects and initiatives to be funded;
- Ensuring that available funding is allocated to align with other state and federal funding to achieve the greatest impact and ensure a coordinated state effort;

- Consulting with the commissioners of human services, health, and management and budget to develop measurable outcomes to determine the effectiveness of funds allocated; and
- Developing recommendations for an administrative and organizational framework for the allocation, on a sustainable and ongoing basis, of any money collected from the Opiate Epidemic Response Account

The needs and gaps related to Opiate Epidemic Response Advisory Council Grant programs include reducing unmet treatment needs of populations of focus through targeted outreach to culturally responsive OUD clinics and prescribers and individuals identified above. The needs and gaps in Minnesota have only increased in 2020. Drug overdose deaths increased 27% from 2019 to 2020, driven by synthetic opioids (i.e., fentanyl) and psychostimulants (i.e., methamphetamine). Drug overdose death disparities worsened for American Indian and African American Minnesota Residents.

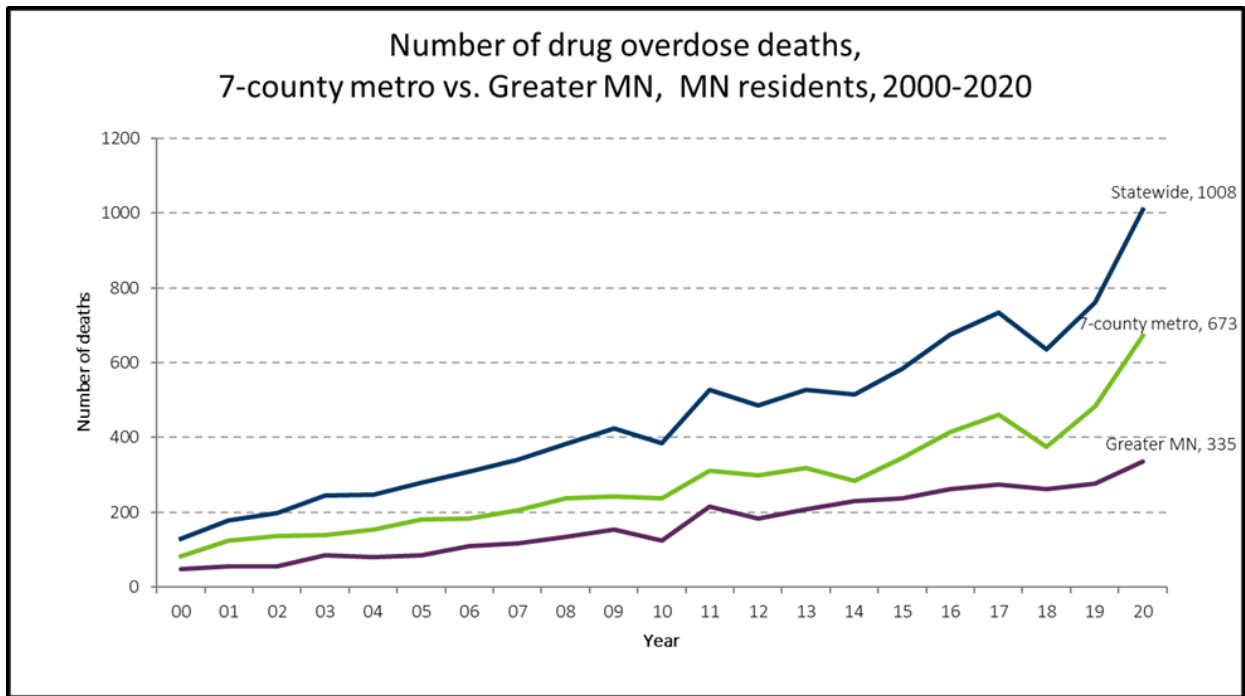
The number of drug overdose deaths in 2020 was higher when compared to 2017-2019



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2017-2020

*NOTE: 2020 data are preliminary and likely to change when finalized.

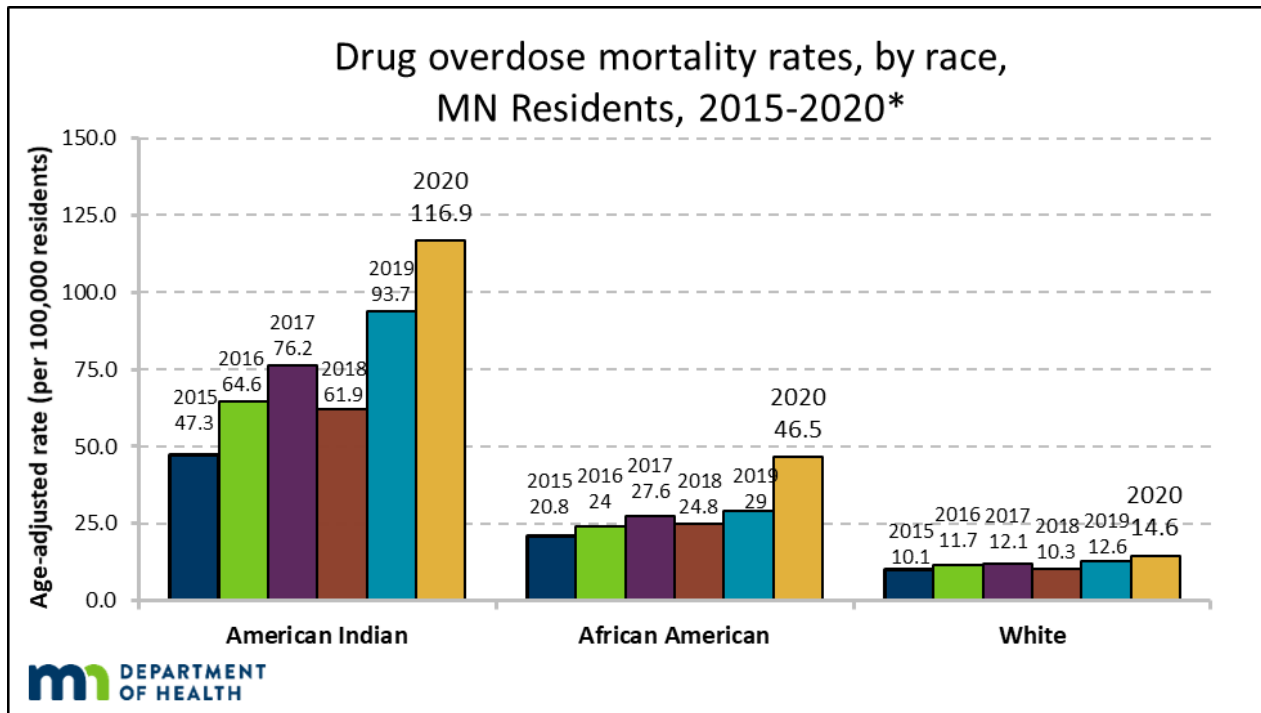
In 2020, there were increase in drug overdose deaths in the Metro and Greater Minnesota, with the gap between the two greatly expanding



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2000-2020

*NOTE: 2020 data are preliminary and likely to change when finalized.

In 2020, the drug overdose mortality rates increased dramatically for American Indian and African American Minnesotans, widening the disparity in drug overdose mortality rates by race



SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2015-2020

*NOTE: 2020 data are preliminary and likely to change when finalized.

The Opioid Epidemic Response Advisory Council Grants will award funds to:

- Increase access to FDA approved Medication Assisted Treatment
- Training on the treatment of opioid addiction
- Increase access to culturally responsive prevention, treatment and recovery services to targeted cultural communities
- Increase access to prevention, education and recovery services for opioid use disorder
- The expansion and enhancement of a continuum of care for opioid-related substance use
- Expand the workforce for counselors, peer recovery support workers and fellowships for addiction medicine providers
- The development of measures to assess and protect the ability of cancer patients and survivors, persons battling life threatening illnesses, persons suffering from severe chronic pain, and persons at the end stages of life, who legitimately need prescription pain medications, to maintain their quality of life by

accessing the needs of individuals described in this clause who are elderly or who reside in underserved or rural areas of the state

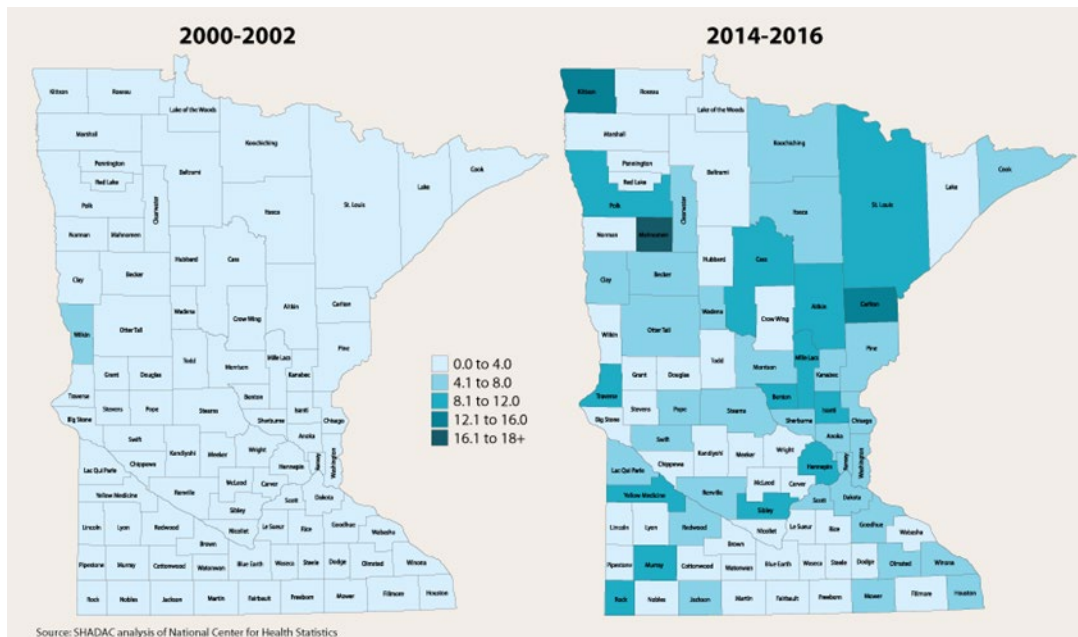
- Reduce opioid overdose-related deaths; and/or
- Innovative Response to Minnesota’s Opioid Epidemic

The population the OERAC grants will provide services to culturally specific populations and individual differences to reach isolated and vulnerable communities. Minnesota’s overall drug overdose mortality rate masks racial disparities. In terms of the National Opioid Overdose deaths, Minnesota has a relatively low drug overdose mortality rate. However, when the mortality rate is divided by race, then the disparity between whites and African Americans, and between whites and American Indians can be seen.

In Minnesota, African Americans make up 7% of the total population and American Indians make up 1.5% of the total population. If only the number of drug overdose deaths was counted, the number would be relatively small in the African American and American Indian populations compared to whites, simply because of the low percentage of the population overall. In 2016, African Americans were two times more likely to die of a drug overdose than whites. In 2016, American Indians were almost six times more likely to die of a drug overdose than whites were. Drug overdose mortality rates increased for all groups, and the race rate disparity increased from 2015 to 2016, the latest year we have data available for.

The disparities in Minnesota are not just limited to race as it has impacts urban and rural displays itself in different ways in urban and rural Minnesota.

Opioid Overdose Death Rates per 100,000 People by Minnesota Counties, 2000-2002 and 2014-2016



Minnesotans identifying as having “individual differences” may also be experiencing disparate opioid overdose deaths however, the data available to distinguish these disparities are limited or not collected.

The purpose of this grant includes reaching underserved and hard to treat populations. Applicants are accordingly expected to include information on diversity and inclusion metrics, expected collaborations, etc. throughout the technical components of their application.

Our state will collaborate with the Opioid Epidemic Advisory Council membership throughout the award process. The membership includes individuals from the Department of Health, Corrections, Minnesota Board of Pharmacy, Minnesota Senate and House of Representatives majority and minority members, MN Ojibwe and Dakota tribal membership, Minnesota Hospital Association, a public member in opioid recovery, Minnesota Medical Association, Local Department of Health, Mental Health Advocate, Alternative Pain Management Therapies, Public member with chronic pain, intractable pain or rare disease or condition, nonprofit organization, sober living program or substance use disorder program representative and a Judge.

Summary of Proposed Spending Plan

- As directed by the Minnesota Legislature in [Minnesota Laws 2021, First Special Session, Chapter 7, Article 11, Section 46](#), our state has allocated a total of \$5,400,000 (\$2,700,000 in fiscal year 2022 and \$2,700,000 in fiscal year 2023) from the substance abuse prevention and treatment block grant amount in the federal fund for grants to be awarded according to the recommendations of the Opiate Epidemic Response Advisory Council under Minnesota Statutes, section 256.042.
- For the SABG ARPA spending plan, we are proposing an allocation amount of \$4,285,264 towards this project.**
- The proposed spending plan will be determined by the Opiate Epidemic Response Advisory Council at an upcoming monthly meeting. It is anticipated that they will award funds by a combination of direct appropriations and request for proposals.

The anticipated key activities include:

Key Activities	Prior to Year 2 09/01/2022 to 08/31/2023				Funding Year 1 09/01/2021 to 08/31/2022				Funding Year 2 09/01/2022 to 08/31/2023				Responsible Staff
	7/13	7/16	7/31	8/20	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Meeting with the Chair and Vice Chair to discuss SABG needs and planning	Yes	No	No	No	No	No	No	No	No	No	No	No	DHS, Opioid Epidemic Chair and Vice Chair
Meeting to discuss the funding and funding requirements with the council	No	Yes	No	No	No	No	No	No	No	No	No	No	DHS, Opioid Epidemic Advisory Council
Council determines how to award the dollars	No	Yes	No	No	No	No	No	No	No	No	No	No	DHS, Opioid Epidemic Advisory Council
Council finalizes funding priorities, plan and activities.	No	No	Yes	No	No	No	No	No	No	No	No	No	DHS, Opioid Epidemic Advisory Council
DHS submits the finalized plan to SABG	No	No	No	Yes	No	No	No	No	No	No	No	No	DHS
Draft contract and/or contract amendments)	No	No	No	Yes	Yes	No	No	No	No	No	No	No	DHS
Draft, publish, and select sub-recipient awardees if council chooses to do a request for proposal process.	No	No	No	No	Yes	Yes	No	No	No	No	No	No	DHS
Draft and execute contracts with awarded sub-recipients from RFP process.	No	No	No	No	Yes	Yes	No	No	No	No	No	No	DHS

Key Activities	Prior to Year 2 09/01/2022 to 08/31/2023				Funding Year 1 09/01/2021 to 08/31/2022				Funding Year 2 09/01/2022 to 08/31/2023				Responsible Staff
	7/13	7/16	7/31	8/20	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Provide training to awardees on data collection requirements.	No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	DHS Data Analyst/Evaluation.
Draft monthly and quarterly reporting tools and provide report training to sub-recipients.	No	No	No	No	Yes	Yes	Yes	No	No	No	No	No	DHS Data Analyst/Evaluation.
Collect quarterly reporting data.	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	DHS Data Analyst/Evaluation.
Provide technical assistance and consultation to sub-recipients regarding EBPs and grant requirements.	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	DHS
Monitor grant expenditures and activities of sub-recipients through site visits, desk audits, and invoice review and approval.	No	No	No	No	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes	DHS Grant Managers
Submit progress report.	No	No	No	No	No	No	Yes	No	No	No	Yes	Yes	DHS

The Opioid Epidemic Response Advisory Council in the anticipated key activities chart above will determine the potential grantees.

Pathfinder Companion Pilot Project

The Pathfinder Pilot Project is a one year pilot project, beginning September 1, 2021, that will monitor and evaluate the effects on treatment outcomes of individuals in substance use disorder recovery using the Pathfinder Companion and Pathfinder Bridge applications in order to determine whether the addition of digital recovery support services alongside traditional methods of recovery treatment improves treatment outcomes. Pathfinder Companion is a telephone-based application which allows individuals in recovery to connect with peers, resources, providers, and others helping with recovery after an individual is discharged from treatment. Pathfinder Bridge is a computer-based application which allows providers to prioritize care, connect directly with patients, and monitor long-term outcomes and recovery effectiveness. This project will be carried out by Anoka County and an academic institution acting as a research partner, in consultation with the North Metro Mental Health Roundtable.

The Pathfinder Pilot Project will determine whether the addition of digital recovery support services alongside traditional methods of recovery treatment improves treatment outcomes. There is a high rate of relapse for individuals with substance use disorders and this project will help determine whether digital recovery support services alongside traditional methods of recovery treatment will help improve treatment outcomes.

Summary of Proposed Spending Plan

- As directed by the Minnesota Legislature in [Minnesota Laws 2021, First Special Session, Chapter 7, Article 11, Sections 41 and 45](#), our state is allocating a total of \$550,000 in state fiscal year 2022 for Pathfinder Pilot Project.
- **For the SABG ARPA spending plan, we are proposing an allocation amount of \$436,462 towards this project.** This is a one-time allocation and is available until January 15, 2023.
- Of this amount, \$200,000 is for the licensed use of the pathfinder companion application for individuals participating in the pilot project and up to \$50,000 is for licensed use of the pathfinder bridge application for providers participating in the project.
- The remainder of the funding is for a grant to Anoka County to conduct a substance use disorder treatment pathfinder companion pilot project. Prior to launching the project, Anoka County must secure the participation of an academic research institution as a research partner and the project must receive approval from the institution's institutional review board. The participating research partner shall design and conduct the program evaluation. Anoka County and the participating research partner, in consultation with the North Metro Mental Health Roundtable, must report to the commissioner of human services and the chairs and ranking minority members of the legislative committees with jurisdiction over substance use disorder treatment by January 15, 2023, on the results of the pilot project.

We plan to partner with Anoka County and a portion of the funding will be for a grant to Anoka County to conduct a substance use disorder treatment pathfinder companion pilot project. Anoka County must secure the participation of an academic research institution as a research partner and the project must receive approval from the institution's institutional review board before launching the pilot project. A portion of the funding is for the licensed use of the pathfinder companion application for individuals participating in the pilot project and for licensed use of the pathfinder bridge application for providers participating in the project.

Summary of Substance Abuse Block Grant ARPA Funding Spending Plan

Total SABG ARPA Grant Award = \$19,510,440

Service and Program Areas	Budgeted Amounts	Approved Amounts
Primary Prevention	\$3,902,088	\$3,902,088
Pregnant Women and Women with Dependent Children Services	\$4,356,132	\$4,356,132
All Other – Treatment \$ 5,554,972 for School Linked Behavioral Health Grant Program (SABG) \$4,285,264 for Opiate Epidemic Response Grants \$436,462 for Pathfinder Pilot Project	\$10,276,698	\$10,276,698
Administration (Excluding Program and Provider Level).	\$975,522	\$975,522