

# Substance Abuse Prevention and Treatment Block Grant COVID-19 Supplement Relief Funding Proposal Plan

Minnesota Department of Human Services

Behavioral Health Division

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# Background

The Coronavirus Response and Relief Supplement Appropriations Act, 2021 [P.L. 116-260] appropriated an additional \$1.65 billion to states through the Substance Abuse Prevention and Treatment Block Grant (SABG) program to assist in response to the COVID-19 pandemic. The SABG program is designed to provide funds to States, Territories, and one Indian Tribe for the purpose of planning, implementing, and evaluating activities to prevent and treat substance use disorder (SUD). The Minnesota Department of Human Services (DHS), Behavioral Health Division received a notice of award for an allocated amount of **\$22,591,036** through the SABG program to assist in the response to the COVID-19 pandemic from the Substance Abuse and Mental Health Services Administration (SAMHSA). This one time grant period is from March 15, 2021 through March 14, 2023.

SAMHSA has guided states to use this supplemental COVID-19 Relief funding to:

- promote effective planning, monitoring, and oversight of efforts to deliver SUD prevention, intervention, treatment, and recovery services;
- promote support for providers;
- maximize efficiency by leveraging the current infrastructure and capacity; and
- address local SUD related needs during the COVID pandemic.

SAMHSA requests that the following information to be included when submitting the SABG COVID-19 supplemental funding plan proposal:

1. Identify the needs and gaps of your state's SUD prevention, treatment, and recovery services systems in the context of COVID-19.
2. Describe how your state's spending plan proposal addresses the needs and gaps, including gaps in equity.
3. If your state plans to utilize the funds for crisis services, describe how the state will advance the development of crisis services based on the *National Guidelines for Behavioral Health Crisis Care: Best Practice Toolkit*.
4. If your state plans to utilize the funds for OUD, AUD, and/or TUD MAT services, describe how the state will implement these evidence-based services. Please reference the SAMHSA Evidence-based Practices Resource Center when considering selection of appropriate services.
5. Explain how your state plans to collaborate with other departments or agencies to address the identified needs.
6. If your state plans to utilize any of the waiver provisions listed above, please explain how your state will implement them with these funds and how the waiver will facilitate the state's response to COVID-19 pandemic and its deleterious impacts. (These waivers are only applicable to these COVID Relief supplemental funds and not to the standard SABG funds). Grantees will be required to provide documentation and track use of such waivers.
7. If your state plans to make provider stabilization payments, the proposal must include at a minimum the following:
  - a. The period that the payments will be made available i.e., start date and end date.
  - b. The total proposed amount of COVID-19 Relief funds for this purpose.
  - c. The methodology for determining support/stabilization payments.

- d. Provider eligibility criteria (e.g., need based).
  - e. Provider request approach/procedure.
8. If states plan to use COVID-19 Relief funds for targeted housing costs, the proposal must include at a minimum the following:
- a. The proposed amount of award amount for this purpose.
  - b. Methodology for determining rental and security deposit payments.
  - c. Eligibility criteria for payment of rent or security deposit.
  - d. Proposed approach/procedures for individuals to request rental assistance.

# Substance Use Disorder System Needs and Gaps

## Primary Prevention

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in its Substance Use Disorder Primary Prevention system in the context of Covid-19. We are proposing spending plan with a total of **\$4,804,339** to address SUD Primary Prevention Services needs and gaps.

Within Minnesota, Black, Indigenous People of Color (BIPOC) have been hardest hit by COVID-19, experiencing more lives lost and a greater percentage of people losing their jobs and experiencing financial distress. Thus equity in prevention services to reduce disparities in harms from Substance Use and Abuse, primary prevention knowledge/training access for underserved communities, knowledge or what works to prevent substance abuse in BIPOC communities and an increase in prevention services provided by BIPOC communities for BIPOC communities are current needs and gaps 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 which leads to increased stress, anxiety and drinking of alcohol or misuse of substances. Alcohol, nicotine 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/services.

The proposed spending plan for Primary Prevention Service will increase equity in primary prevention services within MN by providing training and knowledge transfer opportunities across MN at no cost to attend and provide funding specifically for BIPOC community organizations to increase community engagement in local ATOD prevention efforts.

### Summary of Proposed Spending Plan

- **\$260,000 for 1 FTE Human Services Supervisor 3.** We need to hire staff to provide day-to-day supervision, coaching, and guidance to the Promotion, Prevention and Early Intervention team that is currently comprised of eight staff positions.
- **\$200,000 for 1 FTE to work on SUMN.org:** Keeping the website data up-to-date, filling data requests from communities, etc. We are proposing on increase existing MPRC Contract and collaborating with Association for Nonsmokers-MN - MN Prevention Resource Center for this work.
- **\$2,066,132 for ATOD Prevention Grants for BIPOC communities** - 8 grants at \$180,000/yr for 18 months. To start Sept. 15, 2021 for culturally specific agencies
- **\$240,000 for 1 FTE Grant Manager.** We will need to administer numerous primary prevention contracts, and need additional staff to help with the oversight/management of these new primary prevention grant contracts.
- **\$347,207 for Training & TA for BIPOC Community grants to increase existing PT contract.**

- **\$50,000 for Training on diversity and inclusion for Substance Abuse Prevention professionals and community members** to increase existing RPC contract with Association for Nonsmokers-MN-Reg 7 RPC
- **\$945,000 to Fund 3 additional PCN Grantees** from RFP that is out right now
- **\$210,000 for Training/TA for additional PCN Grantees** to increase existing PT contract
- **\$30,000 to pay for the registration cost so that the Program Sharing conference is free in Oct. 2021 and Oct. 2022.** We are proposing increasing the existing contract with the Association for Nonsmokers-MN - MN Prevention Resource Center.
- **\$6,000 for the Jason Anderson Lets Talk Series** - provide twice by March 14, 2023. We are proposing increasing existing RPC contract with Family Center – Reg 3 RPC
- **\$90,000 for RPCs trained to review Coalition Functioning survey results and create recommendation for coalitions;** RPCs better trained to help coalitions with coalition evaluation work, templates created for the reports on the Survey Results. We are proposing increasing existing RPC contract with the Association for Nonsmokers-MN - Reg 7 RPC.
- **\$14,000 to Provide PCN 101 & 102 Training for Substance Abuse prevention professionals** in MN twice by March 14, 2023 - we are proposing increasing existing RPC contract with Parenting Resource Center - Region 6 RPC.
- **\$30,000 for Strengths Finders Training for PCN Grantees + 2 Strength Finders trainings per Region/yr for substance abuse prevention professionals** - we are proposing increasing existing RPC contract with Pine River-Backus Family Center - Reg 3 RPC.
- **\$40,000 for SAPST/ETHICS registration waivers** - we are proposing increasing existing RPC contract with Parenting Resource Center - Region 6 RPC.
- **\$60,000 for Funding for Ripple Effects Mapping with community coalitions;** the RPCs can do the facilitating of the meetings and will outsource the actual map making – we are proposing an increase in existing RPC contact with Carlton-Cook-Lake-St Louis Community Health Board - Reg 2 RPC
- **\$16,000 to Host follow up sessions** with the most popular sessions at the Oct. 2021 and Oct. 2022 Program Sharing Conference – we are proposing an increasing existing contracts with Association for Nonsmokers-MN - MN Prevention Resource Center.
- **\$200,000 for Statewide Marijuana Education Campaign** – we are proposing increasing existing contract with Russel Herder.

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 efforts across Minnesota and ways we can collaborate and support each other in this important work.

## Pregnant Women Services

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in for Pregnant Women Services in the context of Covid-19. We are proposing spending plan with a total of **\$4,450,000** to address SUD Primary Prevention Services needs and gaps.

There is a lack of resources to adequately serve pregnant and parenting women in need of community-based crisis services in Minnesota. Pregnant and/or parenting, especially Black and Indigenous women of color who experience a mental health crisis and/or substance use emergency have few options but to seek care in an emergency room, a setting that is usually inappropriate for such a situation. Last year, was especially challenging due to the overwhelming use of the emergency room for those presenting with symptoms and seeking care for COVID-19 becomes a crisis.

For over ten years, the Minnesota Department of Human Services, Behavioral Health Division (formerly known as Alcohol and Drug Abuse Division) has contracted with providers varying from ten to twelve across the state to provide treatment support and recovery services for pregnant and parenting women who have substance use disorders, and their families. Through this initiative, known as Women's Recovery Services (WRS), a total of ultimately 12 grantees provided comprehensive, gender-specific, family-centered services for the clients in their care.

Services offered to program participants through the WRS initiative varied somewhat across sites, but generally included services and supports related to:

- treatment and recovery
- basic needs and daily living
- mental and physical health
- parenting

Of these providers, most of the treatment providers offered:

- intensive residential and outpatient SUD treatment
- mental health therapy
- primary care, urgent care and Medication Assisted Treatment (MAT) services
- long-term supportive housing
- recovery supports including case management
- peer support services

Now, during the times of the COVID-19 pandemic and social unrest due to the tragic killing of George Floyd and others, it is even more evident that there is a mental and substance use disorder epidemic in our communities, especially in our BIPOC communities, and if the aftermath is left untreated, it will have lasting catastrophic effects and outcomes for generations.

### **Summary of Proposed Spending Plan**

**\$4,150,000 to create regional Women Recovery Services Hubs and expand the current Women Recovery Services Program**



- WRC's goal is to create regional hubs to provide and or expand the services of the WRS providers to offer crisis services comprehensively to address the crisis and or provide the right level of care and access that could even prevent it before it becomes a crisis.
- In addition to the ongoing, comprehensive, treatment and recovery support, wrap around services being provided, these regional hubs will offer mobile and community-based services by having same day access/crisis services, enrollment in the Minnesota Encounter Alert System (MN EAS) to receive alerts for individuals who have been admitted, discharged or transferred from hospitals, emergency departments, or other provider organization in real time; creating a Crisis Response Team to effectively and timely address the complexity and capacity of the community's urgent behavioral health needs; respite care for the woman or increase access to respite care; and launching a peer support warm line. COVID-19 resources will be developed and distributed within or throughout each regional hub site.
- Pilot the regional expansion (3-4 sites) of crisis mental health and Substance use disorder (MH/SUD) supports by growing mobile and community based services through further development of same day access/crisis services. This would support grantee agency enrollment in the Minnesota Encounter Alert System (MN EAS) such that funded agencies would receive alerts for individuals who have been admitted, discharged or transferred from hospitals, emergency departments, or other provider organization in real time.
  - Evaluation and data collection could be incorporated into the existing process for WRS grant
  - Additional FTE staff to manage this proposed program and expansion of existing WRS program

### **\$300,000 Pilot R3 Model for Pregnant Women and Women with Dependent Children**

- Parental substance use disorder is among the most common reasons families become involved in the child welfare system. Child welfare jurisdictions are increasingly turning to interventions that use recovery coaches in their efforts to improve access to and engagement in treatment and recovery support services, with the goal of improving parental recovery and child welfare outcomes. Yet, there is limited evidence on the effectiveness of these interventions.
- The state of Minnesota can implement R3 model to serve women in recovery who have children in child welfare system. This is a long term initiative. R3 is a long-term initiative of the Administration for Children and Families (ACF) authorized under the SUPPORT for Patients and Communities Act. (Section 8082 of the 2018 Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment (SUPPORT) for Patients and Communities Act). Its goals are to replicate promising family recovery and reunification interventions that use recovery coaches, and conduct an impact and implementation evaluation to build evidence that meets the standards of the Title IV-E Prevention Services.
- Our state can implement this model with the counties and tribal nations with maximum number of OHP for children due to parental substance use issues; review it in the context of Peer Support Specialists and Family Peer Specialists (both reimbursed by MA) and explore possible addition into our already existing services. Besides building sustainability at Medicaid level, this project will help to provide prevention based services under Family First Title IV-E.

### **Proposed Activities and Programs:**

- Family Recovery and Reunification Program (FRRP; developed by Treatment Alternatives for Safe Communities)
- Parent Mentor Program (PMP; developed by Morrison Child and Family Services)
- Sobriety Treatment and Recovery Teams (START)
- \$100,000.00 for evaluation and documentation of sustainability plan.

The Minnesota Department of Human Services, Behavioral Health Division, plans to collaborate with the Children Family Services Administration at the Minnesota Department of Human Services.

## Substance Use Disorder Intervention, Treatment, and Recovery

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in its Substance Use Disorder, Intervention, Treatment, and Recovery Systems in the context of Covid-19. We are proposing to spend a total of **\$ 12,366,145** in the following areas:

Within the SUD intervention, treatment, and recovery services in Minnesota Black Indigenous People of Color (BIPOC) communities have been impacted disproportionately by substance use disorder and the impacts of COVID-19. The needs and gaps that have been identified in this area are:

- Increasing culturally specific and relevant substance use disorder Intervention, Treatment, and Recovery Supports and Services
- Workforce Development and Trainings for Providers of SUD Intervention, Treatment, and Recovery Services
- Increasing substance use disorder crisis services and supports
- Need to address gaps in equity

### American Indian Substance Use Disorder Services

To address the health disparity and inequities caused by COVID-19 within the American Indian Tribal Nations and Communities in the substance use disorder treatment system, **we are proposing \$4,440,000 of the SABG COVID Relief funding towards culturally specific and relevant programs and services.**

#### Summary of Proposed Spending Plan

**\$2,000,000 for culturally Specific SUD Treatment Services for American Indian Tribes to assist families and children experiencing substance use disorder**

- White Earth, Red Lake and Leech Lake have all declared Opioid Epidemic State of Emergencies and COVID-19 has caused tribal programming to shut down or run at a diminished capacities. Services affected includes SUD Treatment Services, SUD Assessments, Peer Support Services and Prevention Programming. The disparity rates of overdose is five times that of other Minnesotans.
- Program funding for tribal nations has also not seen any rates of increases in over a decade and has also been able to keep up with inflation and the extreme rates of SUD Use increase. A recent study has shown that in the NW MN experiences a major disparity in unemployment rate (pre-pandemic) and we expect this has compounded this unemployment disparity rates as well. Funds will go to help build services in SUD Treatment and Prevention Service to combat high rates of disparities across the health spectrum.
- State of MN Department of Human Services will work with the American Indian Advisory Council, which is an appointed state governing body created by MN Statue to monitor emerging trends and gaps and how to meet the needs of the American Indian Tribal communities in MN.
- We are proposing these funds to be sole sourced to the following Tribal Nations - Red Lake, White Earth, Leech Lake, Bois Forte, Grand Portage, Mille Lac Band Ojibwe, Fond du Lac, Upper Sioux Community, Lower Sioux Community, Prairie Island Indian Community

**\$2,000,000 for cultural specific SUD treatment programs, prevention, and support to elders in American India Communities**

- Programming has been shut down or running at diminished capacities to meet the needs of community. Due to COVID the state shut down caused service shortages in SUD Treatment Services, SUD Assessments, Peer Support Services and Prevention Programming. The disparity rates of overdose is five times that of other Minnesotans. MN Metro areas also have experienced affordable housing shortages and this only exasperated the problem. MN American Indian Urban Organizations were left having to expend limited resources to meet the extreme and dire needs of the unsheltered population especially during MN’s cold and harsh winters which caused overcrowding and encampments, which is not favorable for keeping the COVID transmission rate low.
- Program funds will be used to fund positions that can help curb rates of overdose, homelessness, and SUD related issues. These funds will also help build up programming to meet the unique cultural needs of American Indians. State of MN Department of Human Services will work with American Indian Tribal Nations and MN American Indian Urban Organizations to monitor emerging trends and gaps and how to meet the needs of the American Indian Urban communities in MN.

**\$180,000 for Administrative Support for the American Indian Section of the Behavioral Health Division**

- The Behavioral Health Division, American Indian Section, SUD area had 19 (nineteen) grants split between 2.0 FTEs. A 1.0 FTE position was vacated and COVID-19 caused the MN State hiring freeze, therefore leaving the 1.0 FTE to oversee the 19 (nineteen) grants individually. COVID Relief Funds added 5 (five) grants and another 1 (one) State Opioid Response (A.I. Workforce development) Grant was added to this total.
- There are also 10 (ten) tribal administration allowance grants that were going to be lost, so the 1.0 FTE also took responsibility for these as well, bringing the total grant oversight for the 1.0 FTE to 35 (thirty-five) grants. In addition, the 1.0FTE was assigned to oversee the

licensing for 47 (forty-seven) American Indian Treatment Programs. These funds will temporarily hire a 1.5FTE to administer grants, RFPs, and other duties as assigned, to help MN DHS AI Section Program Director. This position will work within DHS, MN American Indian Communities, and with the American Indian Advisory Council.

### **\$260,000 for peer recovery support workforce infrastructure development to meet the needs of the American Indian communities and Tribal Nations**

- Upper Midwest Indian Council on Addictive Disorder (UMICAD) trains and prepares the MN American Indian Workforce to meet the unique needs of American Indian Communities and Tribal Nations across the region. This training is essential to keeping a strong and robust workforce to combat the high rates of SUD occurrence across nearly all demographics in our state’s American Indian Communities. These dollars will help fill the gaps that exist between providing the unique services needed and the high rates of SUD in A.I. Communities in MN. There will be collaboration with Tribal Nations in the region, Minnesota Department of Human Services, American Indian Advisory Council on CD, UMICAD Advisory Board, and Northwest Indian Community Development Center, who we are proposing to be the sole source grantee, to act as the fiscal agent.

### **East African Culturally Specific and Appropriate Opioid Services**

East African communities have been affected considerably by opioid use disorder. Disparities persist during the COVID-19 pandemic, and the East African community has been particularly effected by the COVID-19 pandemic, from an economic and health standpoint. The community is served well by culturally specific services in order to increase access and effectiveness. These initiatives will increase services and also outreach to increase participation in treatment. We are proposing a total of **\$760,000** for these services and plan to collaborate with Alliance Wellness and Center Ka Joog Crown Medical on this initiative.

### **Summary of Proposed Spending Plan**

#### **\$500,000 for East African Culturally Appropriate Opioid Services to increase services and outreach to increase participation in Treatment**

- East African culturally appropriate prevention, treatment, and recovery services - increase access to culturally appropriate prevention, treatment, and recovery services. These services must align with federal CLAS (Culturally and Linguistically Appropriate Health Services) standards for East Africans with opioid use disorder.
- East African culturally appropriate outreach and access services – provide culturally appropriate outreach and access services in the East African community through outreach navigators and peer recovery specialists. These services will increase understanding, acceptance

and access to culturally appropriate opioid use disorder treatment and recovery services. These services can be sustained with continuing opioid funding through state opioid response (SOR) and Opioid emergency response advisory council (OERAC).

### **\$260,000 for East African Opioid Services Cultural Competent FTE Staff**

- The additional funding for this program will need to be managed

### **Cultural and Ethnic Minority Infrastructure Grant (CEMIG)**

Health inequities, including mental health and substance use disorder, continue to affect certain communities Minnesota. It has been found that one solution to this is to offer services that acknowledge and support the needs of people in a culturally-specific, trauma-informed way. Due to the COVID-19 pandemic, culturally specific providers in our state are experiencing increased numbers of individuals with co-occurring substance use and mental health disorders seeking services. **We are proposing a total of \$1,686,593 to expand our current CEMIG program and fund additional capacity building for integrated services delivery. We are proposing to fund a total of \$3,426,593 for this program split between the SABG COVID Relief Funds and the MHBG COVID Relief Funds. We plan to continue to working with our current CEMIG grantees for this initiative.**

#### **Summary of Proposed Spending Plan**

##### **CEMIG Program provides the following:**

- Provide culturally-specific, trauma-informed mental health and substance use disorder services within targeted cultural and minority communities in Minnesota, and
- Expand these services by increasing the number of licensed mental health professionals and licensed alcohol and drug counselors, as well as other behavioral health supports such as Peer/Family Specialists and Recovery Peer Specialists, from ethnic and cultural minority communities. Populations of focus for CEMIG include individuals with SMI, SED and SUD from the following communities:
  - African
  - African American
  - American Indian
  - Hispanic, Latino
  - Asian
  - Immigrants
  - Refugees
  - Lesbian Gay Bi-sexual Transgender Queer (LGBTQ+)

**Proposed activities for additional capacity building for integrated services delivery:**

- For SUD providers to expand mental health capacity- fund the hiring of licensed mental health professionals of color for two years. These clinicians will deliver culturally congruent direct services and provide clinical supervision to clinical trainees seeking to complete supervised experience needed for licensure.
- For Mental Health providers to expand substance use disorder capacity- fund the hiring of licensed alcohol and drug abuse counselors (LADCs) of color. These LADC will deliver culturally-congruent direct services.
- For already-SUD-MH integrated providers-fund the hiring of clinical positions for integrated model to increase capacity in order to meet the increased demand for two years at the rate

**Housing Stabilization Funds for American Indian Communities**

American Indian communities have been disproportionality effected by COVID-19. There has been an increase in death, mental health issues, suicide, overdoses and opioid misuse, food insecurity, out of home placements, homelessness, loss of employment and income since the start of COVID-19. The jobs that are available are low- wage jobs and the housing costs are rising. The recent pipeline approval has also increased the rent significantly. The public housing facility that is available in this area has a waiting list. All other housing have private landlords and they set their rental prices. These housing stabilization funds will assist in reducing out of home placements for kids, reduce homelessness and encourage people to participate in behavior health programs and services without stress of how they will feed their families, pay their rent and contact their sponsors. We are proposing a total amount of for **\$250,000** for targeted housing costs for persons in recovery and plan to collaborate with Northwest Indian Community Development Center for this proposed initiative.

**Summary of Proposed Spending Plan**

- **Methodology for determining rental and security deposit payments**
  - Participants are required to produce a signed copy of their lease to qualify for rental payments. A signed letter from their landlord includes the amount of the security deposit will need to be produced for security deposit payment. Participants qualify for up to \$2,500 in either rent or security deposit payments. We will serve at least at 20 program participants per year.
- **Proposed eligibility criteria for payment of rent or security deposit**
  - Program participants will meet the income requirements of 200% of the federal poverty line, they are participating in family stabilization/ behavioral health activities and following their individual service plan, and be effected by COVID-19.
- **Proposed approach/procedures for individuals to request rental assistance.**
  - Program participants must meet with a program coordinator to determine eligibility and to remain eligible they must be in contact with the program coordinator once a month and participate in program objective
- **Additional Activities**
  - Emergency/transitional housing
  - Other non-housing support services

- Staffing

## **Opiate Epidemic Response Grant Program**

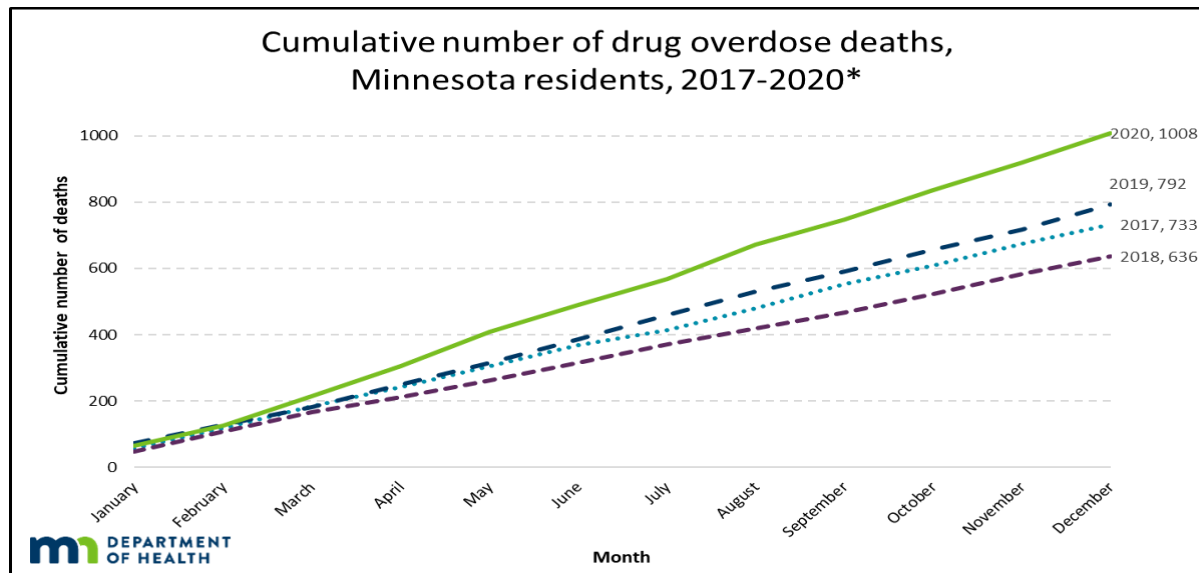
Legislation passed in 2019 that created the Opioid Epidemic Response Advisory Council and the Opiate Epidemic Response Account. The Opioid Epidemic Response Advisory Council is to develop and implement a comprehensive and effective statewide effort to address the opioid addiction and overdose epidemic in Minnesota. The 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

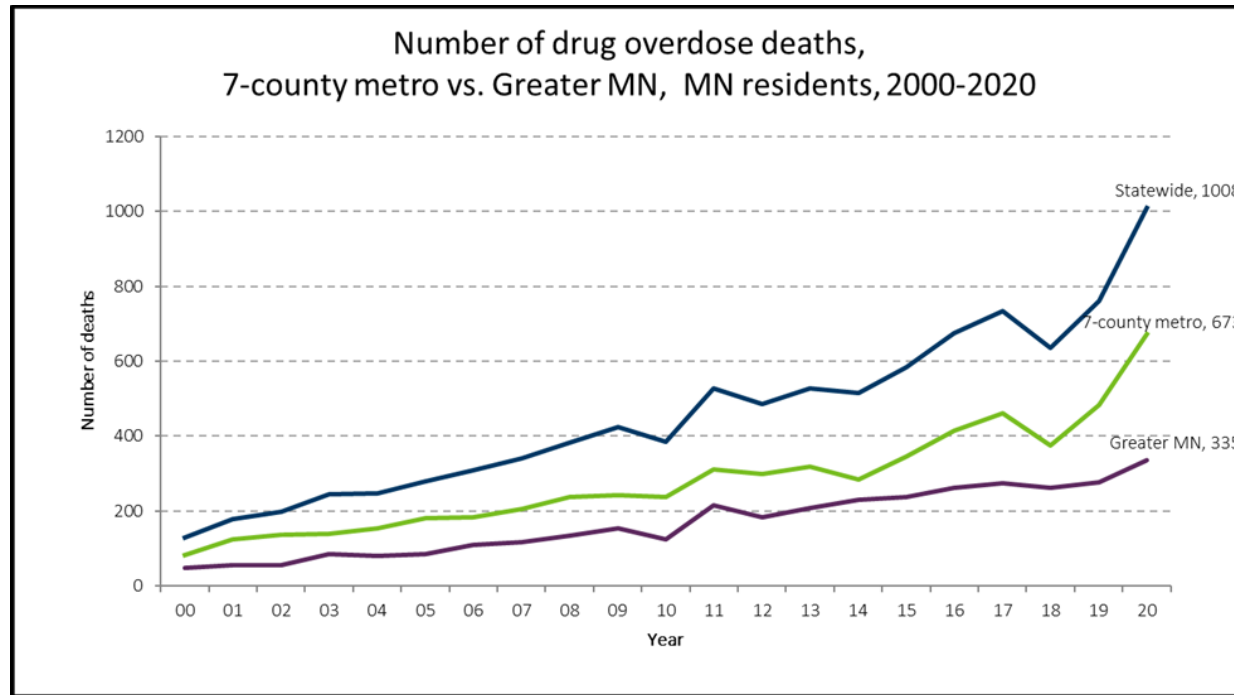


SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2017-2020

\*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

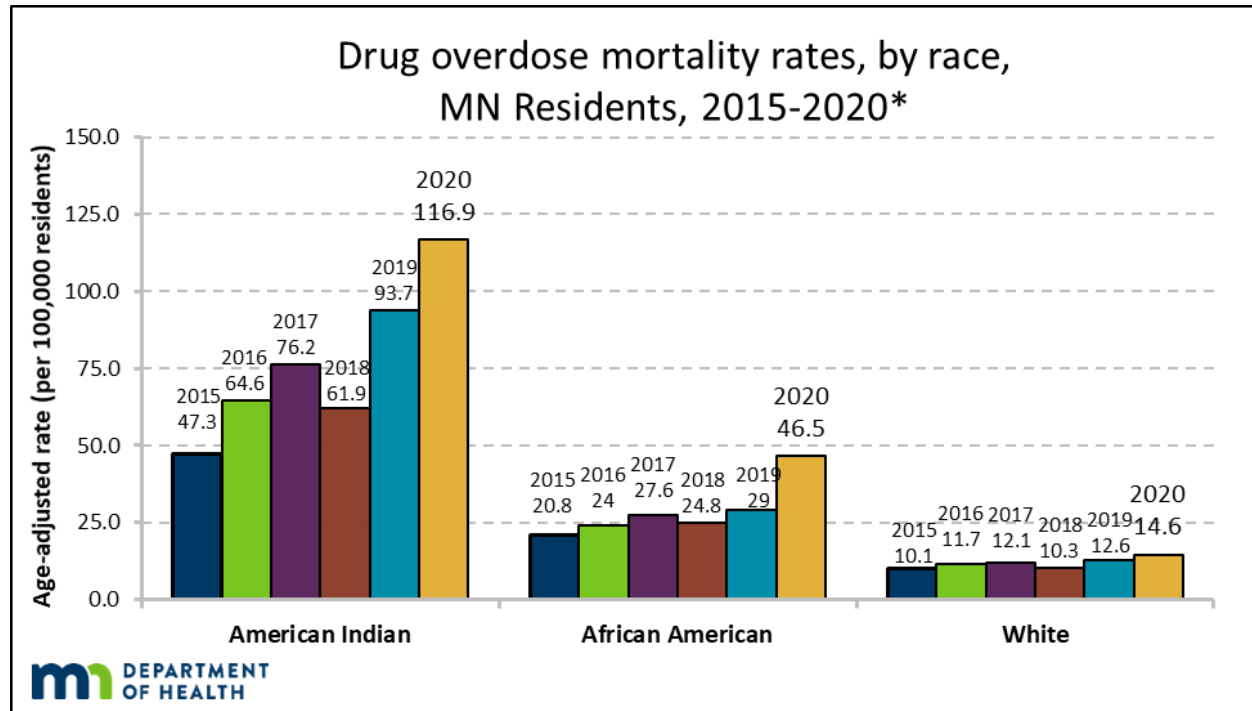




SOURCE: Minnesota death certificates, Injury and Violence Prevention Section, Minnesota Department of Health, 2000-2020

\*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

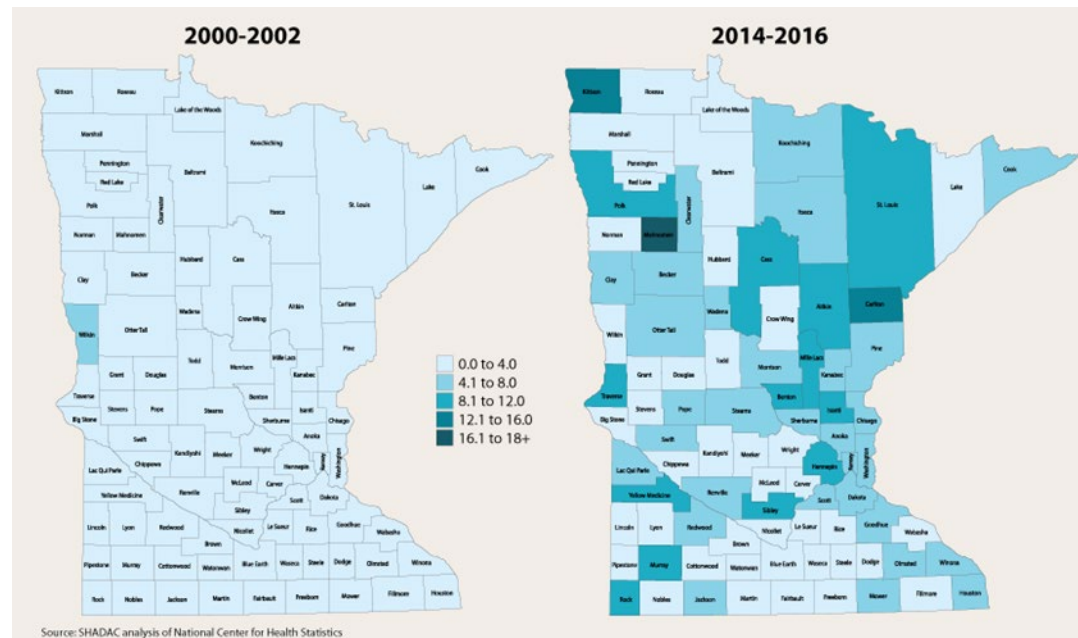
- Innovative Response to Minnesota’s Opioid Epidemic

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 COVID-19 Supplement Funds (CAA) spending plan, we are proposing an allocation amount of \$1,114,736 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

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	
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
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.

## 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 COVID-19 Supplemental Funds (CAA) spending plan, we are proposing an allocation amount of \$1,445,028 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.

### **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 COVID-19 Supplement Funds (CAA) spending plan, we are proposing an allocation amount of \$113,538 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.

## **Workforce Development and Trainings for Providers of SUD Intervention, Treatment, and Recovery**

Overdose deaths and rates of substance use disorder have increased during the COVID-19 pandemic due to factors related to social isolation and fear of infection. Studies show that individuals receiving services that are assessed and placed in the appropriate level of care at the onset of treatment are more likely to complete treatment and have better long-term outcomes. Providing comprehensive and up to date trainings will assist substance use disorder providers and clinicians in conducting assessments and recommending placements that are aligned with evidence-based standards. Additionally, it will assist clinicians in ensuring that individuals receive the right treatment at the right time, and supports the state's efforts in developing a standardized direct access to treatment assessment process as part of SUD System Reform. We are proposing a total amount of \$181,250 Workforce Development and Trainings.

### **Summary of Proposed Spending Plan**

#### **\$50,000 to Expand American Society of Addiction Medicine (ASAM) Training for SUD Providers**

Minnesota's 1115 SUD System Reform federal demonstration project is required to implement the ASAM Criteria's multi-dimensional biopsychosocial assessment to determine client placements in treatment. We are proposing to expand ASAM training to support assessment and placement for SUD/Co-occurring treatment for all SUD providers, including 1115 waiver participants by increase existing contracts with Great Lakes ATTC in partnership with UN Reno's Center for the Application of Substance Abuse Technologies (CSAT)

This funding would allow the state and its partners to expand the training to include more focused curriculum on assessments and placements and continuum of care services like Screening, Brief Intervention, and Referral to Treatment (SBIRT) and peer recovery supports. SBIRT and peer recovery support services could be utilized for clients that are not ready to engage in traditional treatment models but are in a stage of change where less intense services on either end of the care continuum may be appropriate. The first round

of ASAM training lasted 6 months and has been well received by the participants. This funding would add additional ASAM foundational and enhanced training offerings as well as the assessment and placement and service focused trainings described above. These trainings will help educate and prepare clinicians for engaging and placing clients in treatment using an evidence-based industry standard that has been shown to improve outcomes for people with SUD. We are proposing to increase our existing contract before July 2021 and continue to work with Great Lakes ATTC in partnership with UN Reno's Center for the Application of Substance Abuse Technologies (CSAT) to provide these trainings

### **\$13,000 for Peer Specialist Trainings for CCBHC and 1115 providers**

Recovery Peer Specialist, Peer Specialist, and Family Peer Specialist are an important part of our mental health, substance use disorder and behavioral service systems. There is a need to provide and increase peer specialist trainings for Certified Community Behavioral Health Clinics (CCBHC) and 1115 providers to enhance the services for individuals with co-occurring substance use and mental health disorders are receiving and support them in their journey in recovery. We are proposing to fund a total of \$25,000 for this services split between the SABG COVID Relief Funds (\$13,000) and the MHBG COVID Relief Funds (12,000).

### **\$118,250 Increase trainings for providers that supports enhanced mental health and Substance Use Disorder Services**

The COVID-19 pandemic, has increased the number of individuals with co-occurring substance use and mental health disorders seeking services. Culturally specific providers need trainings that supports enhanced mental health and substance use disorder response and services. We are proposing to fund this initiative with both SABG COVID Relief Funds and the MHBG COVID Relief Funds. We are planning to work with African American Child Wellness Institute for the following:

#### **\$31,500 Mental Health First Aid for Police, Parents & Individuals in recovery that are of African Descent**

This training covers Mental Health and Substance Use Disorder and will be held 2 times per year.

#### **\$86,750 for Workforce Development for Community Organizations and Mental Health and Substance Use Providers serving African American and African Born Populations**

Trainings, staff development, and supervision program will be provide to community organizations and providers providing services to African American and African born populations. This will reduce shortages in the workforce, increase the number of licensed individuals within the African American and African immigrant communities and increase the number of supervisors and address the disparities in terms of licensure.

## Crisis Services

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following needs and gaps in its Crisis Services in the context of Covid-19. We are proposing on spending a total of **\$ 435,000** for crisis programs and services related to substance use and co-occurring disorder needs from the SABG COVID Relief Funds. Individuals in the State of Minnesota are experiencing crisis and this has been exasperated due to COVID- 19. The Minnesota Department of Human Services, Behavioral Health Division along with advocates and providers have identified a need to ensure our state’s crisis system is sustainable and has the ability to meet the statewide needs. We are proposing the following crisis services.

### Summary of Proposed Spending Plan

#### **\$210,000 for African American Community Crisis & Referral line for COVID19 and Integrated Mental Health and Substance Use Disorder Services**

Culturally Specific providers are experiencing an increased numbers of individuals in crisis with co-occurring substance use and mental health disorders during the COVID pandemic. Disparities continue to persist during the COVID-19 pandemic, especially within the African American and African Decent community. This service for African American Community focuses on crisis and referral link for COVID-19 and Integrated Mental Health and Substance Use Disorder Services. Mental Health and Substance Use Disorder Providers of African descent and culturally specific mental health and substance use disorder providers will serve individuals with mental illness, substance use disorder, and co-occurring disorders that are from diverse communities and cultures and are experiencing crisis. We are planning to fund a total of \$420,000 for this services split between the SABG COVID Relief Funds (\$210,000) and the MHBG COVID Relief Funds (\$210,000). We are planning to work with African American Child Wellness Institute for this initiative.

Crisis Support teams will facilitate the following:

- real-time technical assistance.
- emergency response to critical client care needs
- linkage to care
- evidence based practices to utilize in individual real time response
- substance use disorder recovery and mental health resources
- information sharing, resources
- community activities

#### **\$225,000 for to Address Crisis Services Needs**

In 2020, communities in Minnesota have experienced events and trauma in their community related to the COVID-19 pandemic and equity and racial disparity issues. It is estimated as high as 50% of the individuals the metro area is supporting are living with co-occurring mental health and substance use disorders. COVID-19 has had a negative impact on people's wellbeing and these services will be critical to decreasing long term hospital stays. Individuals receiving services in the metro area experience 56% fewer emergency room visits, and 40% fewer days at Regional Treatment Centers.

The services will be for Adult Mental Health Targeted Case Management for individuals who are not insured. The funds will allow continuation of support needed through case management services for individuals who do not have an insurance options. As our data indicates, case management plays a critical role in helping people maintain community tenure, reduce hospital use, and subsequently reducing inequitable access to care.

We are planning to fund a total of \$450,000 to address crisis services needs split between the SABG COVID Relief Funds (\$225,000) and the MHBG COVID Relief Funds (\$225,000).

## Addressing Gaps in Equity

The Minnesota Department of Human Services, Behavioral Health Division, has identified the following additional gaps in equity. We are proposing on spending a total of **\$1,700,000** to address equity related gaps in our system from the SABG COVID Supplement Funds. Over the last year, the communities most impacted by COVID-19 are Black, Indigenous, and People of Color (BIPOC). They are most likely to suffer mental health crisis and substance use brought on by financial stress, illness of themselves or family, and general isolation. In addition, BIPOC individuals experiencing serious mental illness (SMI), severe emotional disturbance (SED), and substance use disorder already experience social isolation and are easily overlooked by the health and human services systems. BIPOC individuals have been under-served by the pandemic response due to long entrenched social and systemic issues.

### Summary of Proposed Spending Plan

#### **\$400,000 for Implementing the Results of the Equity Measures**

Good quality quantitative and qualitative data is needed to address issues of equity in terms of COVID-19 and mental health, substance use disorder and behavioral health services. The Minnesota Department of Human Services, Behavioral Health Division beginning to build its capacity to operationalize data collection and evaluation efforts that will better measure results and outcomes focused on equity in mental health, substance use disorder and behavioral health. The Behavioral Health Division Data Team will soon begin a process (informed by the technical assistance funding) to establish baselines, set goals, and develop tools and processes to better capture needs and service gaps for the underserved, lower socio-economic groups, and communities-of-color and American Indians.

This effort will likely include the identification of specific indicators to measure program and policy progress towards behavioral health equity for the purposes of continuous improvement and transformational change.

**Possible activities include:**

- Gaps analysis/needs assessment of specific mental health services for BIPOC communities color
- On-going qualitative data collection activities such as focus groups, program follow-up surveys, and key informant interviews
- On-going and regular stakeholder and community engagement efforts that involve deep community involvement and input that are not merely transactional in nature
- A web-based data dashboard specifically focused on charting our division's progress towards racial equity by the various mental health, substance use disorder, and behavioral health services and grant programs it manages.

**\$800,000 for expanding Minnesota Survey on Adult Substance Use (MNSASU) to include Serious Mental Illness (SMI)**

Statewide survey, among a representative sample of adults, in the state of Minnesota with some oversamples for hard to reach subgroups will allow estimating treatment and service need for substance use disorder and serious mental illness, not only for statewide but also for various subpopulations across race/ethnicity, gender and age. In addition, treatment needs can be estimated across prevention regions and at county level. The latest data set for estimating SUD treatment need was collected in 2014/2015. It is critical to have more current data, considering the disparity in the impact of Covid-19. The impact of COVID-19 differs across various sub-populations and it may have increased the disparity of health and well-being. To be able to provide mental health, substance use disorder, and behavioral health services more equitably and efficiently it is critical to have an accurate and up-to-date estimate for treatment need for SUD and SMI, not only for statewide but also for sub-populations and county level. We are proposing to fund a total of \$1,600,000 for this project split between the SABG COVID Relief Funds and the MHBG COVID Relief Funds.

**\$500,000 to Support Mental Health and Substance Use Disorder Providers Serving BIPOC and Underserved Communities**

BIPOC communities and BIPOC providers have been disproportionately affected by COVID-19. Disparities in these groups continue to increase in the state of Minnesota. We have identified a need for providing additional supports to our state's BIPOC providers and providers that are focused on serving BIPOC and underserved communities. With additional support and resources for these providers, services and supports for individuals experiencing mental health, substance use disorder, and co-occurring will enhance and disparity related issues will decrease. We are proposing to fund a total of \$1,000,000 for this services split between the SABG COVID Relief Funds and the MHBG COVID Relief Funds.

**\$240,000 for Behavioral Health Planning Council (BHPC) Lead**

The Minnesota Behavioral Health Planning Council (BHPC) is an integrated mental health and substance use disorder council that reviews, monitors, evaluates, and advises on the Minnesota Department of Human Services, Behavioral Health Division regarding Minnesota's Combined Mental Health and Substance Abuse Block Grants. Minnesota's Behavioral Health Planning Council is required through the [Federal Public Health and Welfare Act, Chapter 6A](#). The BHPC has been without sufficient leadership and administration from the Behavioral Health Division due to COVID-19 having impacted our budget to hire staffing. We need to hire for this position as it is important than ever given the influx of Mental Health Block Grant and Substance Abuse Block Grant funding, we have received from SAMHSA, that the BHPC will have to review, monitor, evaluate and advise on.

**Fiscal Year 2021 Table 2 – State Agency Planned Expenditure - SABG COVID Supplement Funds**

FY2021 Table 2 -State Agency Planned Expenditure - SABG COVID Supplement Funds								
Planning Period Start Date:		3/15/2021		Planning Period End Date:		3/14/2023		
Activity (See instructions for using Row 1.)	A. SA Block Grant	B. MH Block Grant	C. Medicaid (Federal, State, and Local)	D. Other Federal Funds (e.g., ACF (TANF), CDC, CMS (Medicare) SAMHSA, etc.)	E. State Funds	F. Local Funds (excluding local Medicaid)	G. Other	H. COVID Supplement Funds
1. Substance Abuse Prevention and Treatment (a +b)								16,816,145
a. Pregnant Women and Women with Dependent Children								4,450,000
b. All Other - Treatment								12,366,145
2. Primary Prevention								4,804,339
a. Substance Abuse Primary Prevention								4,804,339
b. Mental Health Primary Prevention*								
3. Evidenced Based Practices for Early Serious Mental Illness including First Episode Psychosis (10% of the state's total MHBG award)**								
4. Tuberculosis Services								
5. HIV Early Intervention Services**								
6. State Hospital								
7. Other 24 Hour Care								
8. Ambulatory/Community Non-24 Hour Care								
9. Administration (Excluding Program and Provider Level).								970,552
10. Crisis Services								
<b>11. SABG Total</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>22,591,036</b>

## SABG COVID-19 Supplement Proposal and Plan Revision Request

SABG COVID Supplement Relief Proposal Plan Section	SABG Originally Submitted Proposed Ideas	SABG Requested Revisions and Changes	Revisions and responses to requested revisions and changes
<p><b>American Indian Substance Use Disorder Services</b></p>	<p>Originally submitted language didn't change.</p>	<p>The amount funded to this proposed idea has changed from \$5,440,000 to \$4,440,000.</p>	<p>To address the health disparity and inequities caused by COVID-19 within the American Indian Tribal Nations and Communities in the substance use disorder treatment system, we are proposing \$4,440,000 of the SABG COVID Relief funding towards culturally specific and relevant programs and services.</p>
<p><b>Opioid Warmline</b></p>	<p>During COVID, opioid overdoses significantly increased in Minnesota. The state has seen a 30% increase in overdose deaths as the result of the opioid epidemic. Individuals were not able to gather in supportive groups due to risk of infections which has left individuals more individuals vulnerable to the risks of addiction including death. The Minnesota Department of Human Services, Behavioral Health Division has identified a need for an Opioid Warmline that will have a telephone, text messaging, and web capability to respond to questions</p>	<p>This proposed idea has been replaced by the Opiate Epidemic Response Grant Program.</p> <p>Note: The Behavioral Health Division will work with the Opiate Epidemic Response Advisory Council to proposed and inform them about the original proposed idea of the Opioid Warmline and work with the advisory council to see if they would like to implement</p>	<p>As directed by the Minnesota Legislature in <a href="#">Minnesota Laws 2021, First Special Session, Chapter 7, Article 11, Section 46</a>, 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</p>



<b>SABG COVID Supplement Relief Proposal Plan Section</b>	<b>SABG Originally Submitted Proposed Ideas</b>	<b>SABG Requested Revisions and Changes</b>	<b>Revisions and responses to requested revisions and changes</b>
	<p>regarding Opioid Use Disorder, stimulant misuse, and other use disorders and refer individuals to culturally responsive and evidence-based clinics and prescribers. Currently, the state does not have after hour call support for opioid related issues that individuals, families, or providers experience on evenings and weekends.</p> <p>Summary of Proposed Spending Plan</p> <p>We are proposing a total amount of \$1,000,000 from our SABG COVID Relief fund to start a state wide Opioid Warmline. We plan to collaborate with Sage Prairie on this initiative</p>	<p>this proposed idea with the allocated funds to the Opiate Epidemic Response Grant Program.</p>	<p>Council under Minnesota Statutes, section 256.042.</p> <p>For the SABG COVID-19 Supplement Funds (CAA) spending plan, we are proposing an allocation amount of \$1,114,736 towards this project.</p> <p>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</p>
<b>Cultural and Ethnic Minority Infrastructure Grant (CEMIG)</b>	<p>Originally submitted language didn't change.</p>	<p>Change in the total amount proposed for this project was made. This change doesn't impact the amount from the MHBG but does impact the amount from SABG COVID-19 Relief Funds.</p>	<p>We are proposing to fund a total of \$3,426,593 for this program split between the SABG COVID Relief Funds and the MHBG COVID Relief Funds. We plan to continue to working with our current CEMIG grantees for this initiative.</p>

SABG COVID Supplement Relief Proposal Plan Section	SABG Originally Submitted Proposed Ideas	SABG Requested Revisions and Changes	Revisions and responses to requested revisions and changes
			A total of \$673,302 was reduced from the SABG COVID-19 Supplement funding.
<p><b>School Linked Behavioral Health Grant Program (SABG)</b></p>	<p>This is a new proposed idea that was submitted.</p>	<p>This is a new proposed idea that was submitted.</p>	<p>As directed by the Minnesota Legislature in <a href="#">Minnesota Laws 2021, First Special Session, Chapter 7, Article 11, Section 44</a>, 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.</p> <p>For the SABG COVID-19 Supplemental Funds (CAA) spending plan, we are proposing an allocation amount of \$1,445,028 towards this project.</p> <p>See pages 22- 24 for full details.</p>

SABG COVID Supplement Relief Proposal Plan Section	SABG Originally Submitted Proposed Ideas	SABG Requested Revisions and Changes	Revisions and responses to requested revisions and changes
<p><b>Pathfinder Companion Pilot Project</b></p>	<p>This is a new proposed idea that was submitted.</p>	<p>This is a new proposed idea that was submitted.</p>	<p>As directed by the Minnesota Legislature in <a href="#">Minnesota Laws 2021, First Special Session, Chapter 7, Article 11, Sections 41 and 45</a>, our state is allocating a total of \$550,000 in state fiscal year 2022 for Pathfinder Pilot Project.</p> <p>For the SABG COVID-19 Supplement Funds (CAA) spending plan, we are proposing an allocation amount of \$113,538 towards this project. This is a one-time allocation and is available until January 15, 2023.</p> <p>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.</p> <p>The remainder of the funding is for a grant to Anoka County to conduct a substance use disorder</p>

SABG COVID Supplement Relief Proposal Plan Section	SABG Originally Submitted Proposed Ideas	SABG Requested Revisions and Changes	Revisions and responses to requested revisions and changes
			<p>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.</p> <p>See paged 24 – 25 for full details.</p>

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<b>Crisis Services</b>	<p>\$225,000 for to Address Crisis Services Needs</p> <p>In 2020, Hennepin County has experienced events and trauma in their community related to the COVID-19 pandemic and equity and racial disparity issues. It is estimated as high as 50% of the individuals the county is supporting are living with co-occurring substance use disorders. In 2020, Hennepin County spent \$619,000 above what was budgeted to pay for services to people who were uninsured in the community. COVID-19 has had a negative impact on people’s wellbeing and these services will be critical to decreasing long term hospital stays. Individuals receiving services in the Hennepin County system experience 56% fewer emergency room visits, and 40% fewer days at Regional Treatment Centers. We are planning to fund a total of \$450,000 to address crisis services needs split between the SABG COVID Relief Funds (\$225,000) and the MHBG COVID Relief Funds (\$225,000). We are planning to collaborate with Hennepin County for this initiative.</p>	<p>Needed to make an update on the MHBG COVID-19 Supplement Proposal and Spending Plan. Since this is a split funded project, the updated language needed to be reelected in this spending plan.</p>	<p>\$225,000 for to Address Crisis Services Needs</p> <p>In 2020, communities in Minnesota have experienced events and trauma in their community related to the COVID-19 pandemic and equity and racial disparity issues. It is estimated as high as 50% of the individuals the metro area is supporting are living with co-occurring mental health and substance use disorders. COVID-19 has had a negative impact on people’s wellbeing and these services will be critical to decreasing long term hospital stays. Individuals receiving services in the metro area experience 56% fewer emergency room visits, and 40% fewer days at Regional Treatment Centers.</p> <p>The services will be for Adult Mental Health Targeted Case Management for individuals who</p>

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			<p>are not insured. The funds will allow continuation of support needed through case management services for individuals who do not have an insurance options. As our data indicates, case management plays a critical role in helping people maintain community tenure, reduce hospital use, and subsequently reducing inequitable access to care.</p> <p>We are planning to fund a total of \$450,000 to address crisis services needs split between the SABG COVID Relief Funds (\$225,000) and the MHBG COVID Relief Funds (\$225,000).</p>