



Comprehensive Drug Overdose Prevention and Morbidity

LEGISLATIVE REPORT

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Comprehensive Drug Overdose and Morbidity Prevention Legislative Report

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Introduction

The drug overdose epidemic continues to affect the lives of Minnesotans. In 2021, an average of nearly four Minnesotans died each day from a drug overdose, with the total number of drug overdose deaths increasing 29% from 2020. Moreover, for every one drug overdose death, there were 13 nonfatal hospital-treated drug overdoses. The continued increase in drug overdose deaths was driven by synthetic opioids and stimulants. Deaths involving synthetic opioids, including fentanyl and fentanyl analogs, increased 57% from 2020 to 2021 and were involved in 90% of all opioid-involved deaths. Over that same period, the number of deaths involving cocaine and psychostimulants increased 94% and 40%, respectively. Polysubstance use is another driving factor of the broadening epidemic in Minnesota. In 2021, 38% of drug overdose deaths involved both an opioid and a stimulant, most commonly fentanyl and methamphetamine. Toxicology testing completed on a subset of drug-related emergency department visits, including nonfatal overdose, highlight the significant role of polysubstance use in nonfatal drug-related events as well. In 2022, nearly three out of four samples included two or more substances and more than half (51%) of samples tested positive for both an opioid and a stimulant.

While the epidemic reaches all corners of the state, there are communities in Minnesota that are disproportionately impacted by drug overdose. In 2021, the statewide rate of fatal overdose was 23.8 per 100,000 residents. The Northwest, Northeast, and Metro regions saw the most significant impact of drug overdose in Minnesota, with overdose mortality rates higher than the state rate (34.8, 27.1, and 26.5 per 100,000, respectively). Many governmental policies and institutional practices were built on the exploitation and segregation of people of color from opportunities to gain education, own property, and establish wealth through intergenerational attainment of education, property, and savings. The impacts of explicit legislation mandating and enforcing segregation, such as the Jim Crows laws, racial covenants, and residential redlining are seen today in the health and well-being of non-white communities. These injustices continue to result in disparities today, including disparities in overdose rates (Diamond, 2021) (Solomon, Maxwell, & Castro, 2019). American Indian and Black/African American residents of Minnesota experience the greatest burden of drug overdose in Minnesota. In 2021, American Indian residents were ten times more likely, and Black residents were more than three times as likely, to die from drug overdose than white residents. In 2021, the rate of fatal drug overdose among American Indians in Minnesota was the highest American Indian fatal overdose rate in the United States. American Indian and Black/African American communities have the highest rate of nonfatal hospital-treated drug overdose among all racial groups. Other populations in Minnesota at disproportionate risk of drug overdose include justice-involved populations, people experiencing homelessness, and those who use intravenous drugs.

In 2023, The Minnesota Department of Health (MDH) received historic investment in drug overdose prevention through the State Legislature's passing of the Comprehensive Drug Overdose Prevention and Morbidity Act (COMPA) (Minnesota Statute 144.0528). While the financial investment was unprecedented, so was the vision that overdose prevention cannot happen in silos; in order to have a statewide impact, we must address the opioid epidemic across the continuum of care which includes efforts from multiple divisions in MDH using a health equity lens. This report will tell the story of collaboration, integration, innovation, and dedication to meet Minnesotans where they are in their recovery journey with efforts to prevent substance use in the first place, support harm reduction for people who use drugs, create spaces that encourage recovery, and provide support for evidence-based programming and community-defined evidence practices.

Initiative Goals

MDH has identified several initiative goals that fulfill the requirements of the Comprehensive Drug Overdose Prevention and Morbidity Act. These goals will be reached through the collaboration of several divisions across MDH and a number of grants that provide critical funding to communities and partners in MN.

Initiative Goals

1. Advance access to evidence-based nonnarcotic pain management services.
2. Implement culturally specific interventions and prevention programs with population and community groups in greatest need, including those who are pregnant and their infants.
3. Enhance overdose prevention and supportive services for people experiencing homelessness.
4. Equip employers to promote health and well-being of employees by addressing substance misuse and drug overdose.
5. Improve outbreak detection and identification of substances involved in overdoses through the expansion of the Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA).
6. Implement Tackling Overdose With Networks (TOWN) community prevention programs.
7. Identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth through multitiered approaches that may:
 - a. Promote medication-assisted treatment options.
 - b. Support programs that provide services in accord with evidence-based care models for mental health and substance abuse disorder.
 - c. Collaborate with interdisciplinary and professional organizations that focus on quality improvement initiatives related to substance use disorder.
 - d. Implement substance use disorder-related recommendations from the maternal mortality review committee, as appropriate.
8. Design a system to assess, address, and prevent the impacts of drug overdose and morbidity on those who are pregnant, their infants, and children. Specifically, the commissioner of health may:
 - a. Inform health care providers and the public of the prevalence, risks, conditions, and treatments associated with substance use disorders involving or affecting pregnancies, infants, and children; and
 - b. Identify communities, families, infants, and children affected by substance use disorder in order to recommend focused interventions, prevention, and services.

Accomplishments

The work outlined in the Comprehensive Drug Overdose Prevention and Morbidity Act blends work that has been successfully implemented by MDH and partners in the past and important work that has been requested by stakeholders and partners. Much of the work in the first half of Year 1 has been reestablishing relationships with partners of the original work, assessing how to best build on successes and expand impact. MDH has been intentional in working with stakeholders to design opportunities with the best probability of success. This has included community engagement, data analysis, and internal deliberation among divisions to ensure we build on success and support productive innovation.

The Comprehensive Drug Overdose Prevention and Morbidity Act is changing the way we do substance use and misuse prevention work. MDH has established the Substance Misuse Prevention Collaboration, which brings together representatives from across the agency every month. The MDH Substance Misuse Prevention Collaboration exists to foster collaboration and facilitate communications across Divisions, Sections, and Programs at MDH working to prevent and respond to substance misuse, substance use disorder, and drug overdose prevention. The collaboration addresses the full continuum of substance use from primary prevention to recovery support for all substances, including, but not limited to, alcohol, tobacco, opioids, cannabis, and psychedelic substances. The collaboration creates a network across the agency to increase awareness and opportunity for collaborative communications and initiatives.

The Comprehensive Drug Overdose Prevention and Morbidity Act identifies eight main strategies to address the opioid epidemic and substance use and misuse.

1. **Advance access to evidence-based nonnarcotic pain management services (NNPM):** In 2021, Hennepin Healthcare created an interactive website with the location and availability of evidence based NNPM services in Minnesota, the NO PAIN MN services and modalities network. Building on this important resource and service provided uniquely by Hennepin Healthcare, MDH (Injury and Violence Prevention Section (IVPS) of the Health Promotion and Chronic Disease Division) is entering into a partnership with Hennepin Healthcare to continue and update this work and expand awareness of the NO PAIN MN online directory.
2. **Implement culturally specific interventions and prevention programs with populations and community groups in greatest need, including those who are pregnant and their infants:**
 - a. **Tribal Nations focused grants:** MDH (IVPS and the Office of American Indian Health) is working to formulate Tribal Grant Agreements with each of the 11 Tribal Nations to provide grants for Tribal-led initiatives to address the overdose epidemic that is disproportionately impacting American Indian communities. In discussions with representatives of Tribal Nations at the American Indian SUD Summit, it was determined that the RFP process does not reflect the relationship that must exist between MDH and the 11 Sovereign Nations that exist within the borders of Minnesota. These grants will be distributed simultaneously with funding through OERAC, offering an opportunity to create culturally specific, Tribal-led solutions addressing root causes of the overdose epidemic. We understand that each Tribe has unique traditions and practices that are proven to impact their community and this grant program is designed to provide the power and resources to meet their needs.
 - b. **Culturally specific grants:** Cultural groups within Minnesota have unique strengths and assets along with specific risks and underlying factors that may contribute to higher death rates and greater

numbers of overdoses. MDH (IVPS) has released an RFP to fund programs to reduce overdose rates through culturally informed and community-led initiatives focused on reduction of stigma, increased awareness about overdose and prevention methods, naloxone distribution, and impact risk and protective factors for other community violence outcomes such as firearm violence and youth violence. Grants will fund projects that address Opioid Use Disorder (OUD), Stimulant Use Disorder, and other polysubstance use and prevent overdose using culturally specific methods and strategies with leadership and/or input from people that identify as members of that cultural group. Funded projects may include initiatives that bring together faith leaders (including traditional healers) to work with their communities to prevent overdose, increase social connectedness, decrease cultural and intergenerational stigma around substance use and opioid use disorder, and raise awareness of culturally specific overdose education. Initiatives intentionally designed to serve U.S. born African Americans will receive preference for approximately 75% of the funding available. The remaining funds are available to initiatives intentionally designed to serve other culturally specific populations in Minnesota.

- c. **Communications campaign to counter stigma:** MDH (IVPS) is working on a media campaign that aims to reduce overdose deaths and enhance substance use prevention efforts through the creation and implementation of a comprehensive media campaign. The proposed campaign will focus on the following topic areas: 1) culturally specific overdose prevention messaging, 2) youth overdose prevention, and 3) stigma and mental health messaging. The desired outcome of the campaign is to help prevent overdoses and mitigate the harms associated with substance misuse by: 1) spreading awareness of existing resources available to the public, 2) reducing stigma associated with seeking help, and 3) empowering individuals to prevent the harms associated with substance use and make healthy choices.

3. Enhance overdose prevention and support services for people experiencing homelessness.

- a. **Harm Reduction, Health, and Housing Hubs.** MDH (Infectious Disease Epidemiology, Prevention and Control (IDEPC) Division and IVPS) has released an RFP to fund harm reduction, health, and housing hubs. The purpose of these grants is to reduce fatal overdoses through coordinated housing, harm reduction, social and medical services. Applicants are asked to propose hubs that will assist with housing stability, harm reduction, and health care. All hubs will need to include a combination of housing and harm reduction services, but grantees have flexibility in determining where and how to offer services. Hubs could provide mobile services in encampments, transit stations, libraries, or other places people experiencing homelessness who use drugs might frequent. They could focus on bringing harm reduction and medical services to people using emergency shelters, victim service or safe harbor programs, day centers, or transitional or supportive housing. The hubs could be opportunities to have housing and harm reduction services co-located in treatment or health care settings. Our goal is to support organizations with the necessary experiences and expertise to effectively serve people most affected by homelessness and drug-related deaths, specifically African American and American Indian communities. The Harm Reduction, Health, and Housing Hubs RFP closed on Jan. 31, 2024. MDH received 22 applications requesting more than \$6.5 million in annual funding. Currently MDH is reviewing applicants and aims to award three (3) grants with an estimated start date of April 1, 2024.
- b. **Syringe Service Programs Serving People Experiencing Homelessness and/or Housing Instability.** MDH (IDEPC) additionally released an RFP to expand access to comprehensive syringe services programs (SSPs) for people who inject and/or use drugs (PWID/PWUD), who are also people experiencing homelessness and/or housing instability (PEH/PEHI). Services delivered under this funding will contribute to achieving important goals and priorities of a variety of national, state, and local strategies and frameworks for infectious disease and overdose prevention and response. Consistent access to the comprehensive harm reduction services provided at SSPs is vital for people

experiencing homelessness as national and state data indicate that PEH/PEHI are disproportionately impacted by infections, fatal overdose, and other harms that may be related to drug use. This grant opportunity will improve access to the myriad of services encompassed in a full-spectrum syringe services program. This RFP was first published in November 2023 with 11 applications submitted. External reviews of the applications have been completed and applications will be reviewed internally to be completed in mid-February. Funds are granted through a competitive process to agencies proposing expansion of current SSP programming or establishment of new SSP programming with a highlight of populations disproportionately impacted, specifically African American and American Indian communities. Six grants will be awarded.

4. **Equip employers to promote health and well-being of employees by addressing substance misuse and drug overdose.** MDH (IVPS) is in the development stage of an RFP to support statewide exploration of Recovery Friendly Workplace policies and procedures. Minnesota will join other states across the country in using a framework developed by the U.S. Department of Labor and implemented in multiple states to support Recovery Friendly Workplaces. In Phase 1, funding will be provided to: 1) explore the implementation of a variety of strategies to make workplaces supportive of people in recovery; 2) assess the readiness-level of workplaces in Minnesota; and 3) explore opportunities for expansion and sustainability of these models. This work will inform recommendations on how to support statewide expansion of recovery friendly workplace models with policy and programs using a health equity lens.
5. **Improve outbreak detection and identification of substances involved in overdoses through the expansion of the Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA).** In 2017, MDH (Public Health Laboratory and IVPS) launched the Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA) project to track cases of substance misuse that resulted in hospitalization in near real time. Toxicology testing is rarely performed for overdoses that are treated in hospitals. MNDOSA provides hospitals with the opportunity to send biological samples to the MDH Public Health Laboratory for more detailed toxicology testing. This helps to identify substances used in severe or unusual cases. In these cases, MDH collects data on the circumstances and risk factors involved in the reported case. Historically, MDH has worked with two hospital systems to collect specimens and report on drug presence and emerging substances in Minnesota. In the first half of Year 1, MDH has expanded to one additional site, Sanford Bemidji Medical Center. MDH's Public Health Laboratory is building capacity by adding additional instrumentation and staff to aid in the near real time detection of substances. By the end of Year 1, the laboratory will have two instruments and 4 staff members in place to analyze samples for the additional sample volume. Year 1 will also bring on the Minnesota Hospital Association to develop and execute a communications campaign to engage, educate, and recruit an additional five hospitals, and negotiate data sharing and grant agreements for MNDOSA participation, expanding the program to eight total hospitals representing each region of the state, by the end of Year 2. Hospitals have the opportunity to receive funding for participation in MNDOSA, to help address staffing or infrastructure needs which prevented prior participation.
6. **Implement Tackling Overdose With Networks (TOWN) community prevention programs.**
 - a. **TOWN Grants.** MDH (IVPS) has released an RFP to recruit four sites to implement the TOWN model. These grants will fund clinic sites to implement the TOWN model for four years, increasing access to buprenorphine in primary care clinic settings and increasing community coordination around overdose prevention efforts. To meet the disparate needs across the state, grantees will include at least one clinic from the following geographic regions with high rates of overdose: Northwest Minnesota, Northeast Minnesota, and the Twin Cities Metro Area. For more information about the TOWN Model, see here: [Tackling Overdose with Networks \(TOWN\) \(https://www.health.state.mn.us/communities/opioids/mnresponse/town.html\)](https://www.health.state.mn.us/communities/opioids/mnresponse/town.html). Grantees must accomplish the following in order to remain true to the intention and model of TOWN:

- i. Identify a primary care clinic with documented administrative and leadership support for implementing the TOWN model.
 - ii. Identify a community organization that can increase community coordination of overdose prevention efforts and coordinate referral partnerships across systems (i.e., local jails, social services, drug court, local public health, peer recovery etc.).
 - iii. Determine which organization (either the community organization or the clinic) is the fiscal host. The fiscal host will enter into a grant agreement with MDH which will outline the activities and budgets of each organization in their budgets and workplans submitted to MDH.
 - iv. Designate a care coordinator within the primary care clinic to support patients receiving buprenorphine (facilitate referrals to peer recovery, low threshold telehealth MOUD provider, and other services as needed to address social determinants of health, etc.).
 - v. Designate a provider champion within the clinic who can train clinicians and staff on prescribing buprenorphine and best practices.
 - vi. Increase the number of providers who prescribe buprenorphine within the clinic and/or health system.
 - vii. Increase referral pathways within hospital systems (i.e., emergency departments, surgical units, OB/GYN) and external services (i.e., jails) for patients with OUD on MOUD.
 - viii. Participate in technical assistance activities; the primary care clinic providers and care coordinator will receive ongoing technical assistance from a TA provider (chosen via Category 3).
 - ix. Develop workflows to connect patients to telehealth MOUD bridging provider (chosen via Category 4), when needed.
 - x. Participate in program evaluation efforts, including documentation of telehealth MOUD provider pilot initiative in collaboration with the organization chosen in Category 4.
- b. Technical Assistance Grants.** A related grant opportunity has also been released to award two grantees funding to provide technical assistance to the four TOWN sites awarded grants to implement the TOWN model. This technical assistance will be provided by a licensed Minnesota physician(s), nurse practitioner(s), physician's assistant(s), or an advanced practice registered nurse(s). TA will include but not be limited to: fielding clinical questions, ongoing training, coaching, academic detailing, buprenorphine initiation and maintenance, pain management, withdrawal, troubleshooting, stigma, naloxone, performance measurements, and clinic protocols and procedures. These providers will lead the virtual bi-weekly, one hour, TOWN care coordinator meetings; provide a site visit at each of the TOWN primary care clinics per year for up to three hours to assess current overdose prevention activities, prescribing practices, policies and procedures, stigma, naloxone access, hospital protocols and referral process, and make recommendations for enhancing or improving access to MOUD within the clinic and/or health system; and provide ad hoc clinical support to the TOWN program and program grant manager (presentations, consultations, materials development, and review, etc.) up to six times per year.
- c. Telehealth Partnership Grant.** In order to fill a documented gap in the original TOWN model and enhance the probability of successfully serving Minnesotans with SUD and OUD, a third funding opportunity has been released to support an entity to provide short-term low threshold telehealth access to MOUD bridging for patients of the TOWN clinics. This entity will provide low threshold access to comprehensive assessments for patients of the clinics and develop workflows to connect patients back to the TOWN primary care clinic for ongoing care.
- d. Minnesota Community-Based Substance Misuse and Suicide Prevention Coalition Grants.** This RFP, which closes on March 11, 2024, requests applications to form community-based substance misuse and suicide prevention coalitions in Minnesota, which will serve the needs of Minnesotans at risk of substance misuse and suicide, with a specific focus on youth. The applicant will develop a data driven plan to decrease substance misuse and suicidal experiences for youth, ages 10-24. This will be done by coordinating a multi-sector coalition, that will develop a plan to address shared risk and protective

factors for substance misuse and suicidal experiences. MDH is expecting to award up to 12 grants with work starting in early summer of 2024.

7. **Identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth through multitiered approaches.** MDH’s Child and Family Health Division has developed an RFP for qualified organizations to identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth and their infants through multitiered approaches. Tiers may include initiatives to: (i) promote medication-assisted treatment options; (ii) support programs that provide services in accord with evidence-based care models for mental health and substance use disorder; (iii) collaborate with interdisciplinary and professional organizations that focus on quality improvement initiatives related to substance use disorder; and (iv) implement substance use disorder-related recommendations from the maternal mortality review committee, as appropriate. The final draft RFP is in review and will be released in February 2024.
8. **System to address impact of drug overdose and morbidity on those who are pregnant, their infants, and children.** When finalized, this system will inform health care providers and the public of the prevalence, risks, conditions, and treatments associated with substance use disorders involving or affecting pregnancies, infants, and children; and identify communities, families, infants, and children affected by substance use disorder in order to recommend focused interventions, prevention, and services.

Evaluation and Measurement

All grant programs funded by the Comprehensive Drug Overdose and Morbidity Prevention Act will track the following for subsequent reports:

- Expenditure of funds authorized.
- The number of organizations receiving grant money.
- The number of individuals served by the grant programs.
- A description and analysis of the practices implemented by program grantees.
- Best practices recommendations to prevent drug overdose and morbidity, including culturally relevant best practices and recommendations focused on historically underserved communities.

In addition to this data, grant programs are working with Minnesota Management and Budget (MMB) to design evaluation plans for grant programs that total \$750,000 or more. These reports are crafted in consultation with MMB evaluators and in partnership with MDH staff. This activity has been beneficial to define impact and process indicators that will enrich the narrative of the Comprehensive Drug Overdose and Morbidity Prevention Act and its presence across Minnesota. Each Consultation Measures Agreement includes goals, objectives, performance measures, data collection plans, and future plans.

As these grant programs proceed and as more initiatives take shape, MDH will use available data sources, including but not limited to the Minnesota All Payer Claims Database (MN APCD), the Minnesota Behavioral Risk Factor Surveillance System (BRFSS), the Minnesota Student Survey, vital records, hospitalization data, syndromic surveillance, and the Minnesota Electronic Health Record Consortium to track overdose rates, substance use prevention efforts, and other trends in health to explore the statewide and regional impact of these initiatives.

Resources and Contacts

- Website: [Drug Overdose Prevention - MN Dept. of Health \(state.mn.us\)](https://www.health.state.mn.us/communities/opioids/prevention/index.html)
(<https://www.health.state.mn.us/communities/opioids/prevention/index.html>)
- Contacts:
 - Injury and Violence Prevention Section (IVPS): health.injuryprevention@state.mn.us
 - Child and Family Health Division (CFH): health.cfhcommunications@state.mn.us
 - Infectious Disease Epidemiology, Prevention and Control Division (IDEPC): [IDEPC Comment Form](#)

Works Cited

Diamond, C. (2021). *Preventing Injury and Violence in Minnesota: A State Plan to Prevent Injury*. Minnesota Department of Health.

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