

Minnesota's

OPIOID ACTION PLAN



ABOUT THIS ACTION PLAN

This Action Plan is an overview of state government’s actions to address the opioid epidemic—state agencies are working collaboratively with other partners to develop a comprehensive strategic plan. You can learn more about those efforts by visiting the websites listed in the Resources section of this Action Plan on page 35.

This Action Plan is a joint product of agencies that lead the State of Minnesota’s actions to address the opioid epidemic: Minnesota Department of Health, Minnesota Department of Human Services, Minnesota Department of Corrections, and Minnesota Department of Public Safety. This Action Plan also details the state’s organizational approach to this public health crisis. Management Analysis and Development, a management consulting group housed in Minnesota Management and Budget, compiled information from these agencies and facilitated discussions with leaders and policy experts to develop the content in this Action Plan.

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MESSAGE FROM GOVERNOR MARK DAYTON

Every year, thousands of Minnesotans become addicted to opioids, and hundreds of them lose their lives due to their addictions. This epidemic has devastated individual lives, families, schools, and entire communities.

The Minnesota Opioid Action Plan was developed in partnership with law enforcement officials, health care providers, community organizations, and in consultation with our federal counterparts. The Action Plan outlines new strategies that state government and local partners can implement to curb opioid abuse and save lives everywhere in our state.

Our Administration has already taken aggressive steps to reduce the flow of illicit opioids, improve treatment options, and support the people and areas affected. But we must do far more to save lives and reduce the terrible harm to our communities.



We must take decisive action in this Legislative Session to reduce abuses and to ensure that all Minnesotans suffering from these addictions receive the treatment and support they need. I look forward to working with the Legislature to enact these broadly-supported and urgently-needed initiatives.

Sincerely,

A handwritten signature in black ink that reads "Mark Dayton". The signature is stylized and fluid, written in a cursive-like script.

Mark Dayton
Governor

THE STATE OF MINNESOTA'S GOAL

Our focus on opioids

Opioids¹ can be an important tool to relieve pain—but opioids also can be misused. People can become dependent or addicted to opioids, and misuse of opioids can lead to dangerous and deadly overdoses. The dramatic increase in deaths associated with opioid abuse in recent years is a public health crisis: from 1999 to 2015, the number of deaths involving opioid drugs quadrupled in the United States to over 30,000 in 2015.² Minnesota's death rates are lower than many other states, but opioids are a significant problem in Minnesota.

Opioid misuse is harming Minnesota communities: people are dying from overdoses, children are being separated from their parents, law enforcement officers are at risk, treatment providers and community organizations are under-resourced, and communities and families are suffering.

The opioid epidemic in Minnesota requires special attention, but state leaders, local officials, and community organizations have noted connections in problems such as suicide, homicide, and substance abuse. There are even deeper root causes of social determinants of health that could be addressed through comprehensive prevention efforts. Integration of our efforts (state agencies, local government, community organizations, and providers) and attention to collective impact will be critical as we address these problems.

We are focused now on actions that will address the opioid epidemic, and we do so within our existing work on substance abuse and other public health issues. You can learn more about the State of Minnesota's work in these areas by visiting the websites listed in the Resources section on page **Error! Bookmark not defined.** of this report.

Our two-part goal: Save lives, prevent harm

Our two-part goal is to save lives and prevent harm caused by opioids in Minnesota. Saving lives and preventing harm means taking positive action on several levels at the same time: for individuals, communities, and the state as a whole. We're taking action along a whole continuum to prevent misuse and addiction, to respond to emergency situations, to increase and improve treatment and recovery programs, and to enforce the law. To save lives and prevent harm, we're working across state government, continuing our current work and expanding our collaborative efforts. We'll need to expand our efforts inside state government and with other partners, and we'll need support from the Minnesota Legislature to succeed.

¹ The term "opioids" includes a range of substances that act on the brain's opioid receptors: natural (opium), semi-synthetic (hydrocodone, oxycodone), and synthetic (fentanyl, fentanyl analogs).

² Data from Centers for Disease Control, <https://www.cdc.gov/drugoverdose/data/statedeaths.html>.

To monitor our progress, we'll track key population indicators. In the next section, we outline those data points and trends that tell a lot about the opioid epidemic in Minnesota.

Later sections of this report describe how we're providing leadership on opioids, our current actions, and our future plans.

CURRENT TRENDS, TURNING THE CURVE

We can track our impact on the opioid epidemic in Minnesota by tracking key statewide indicators. State government programs and policies aren't the only relevant factors in these trends, but we know our work must contribute to positive changes (that is, to turn the data curve in a better direction) in these areas:

- **Opioid overdose deaths:** We want to see these numbers go down over time, so that we move towards zero deaths due to opioids. (Go to page 7 for more information about this indicator.)
- **Disparities in overdose deaths for African Americans and American Indians:** We want to see the overall numbers of deaths in all communities go down, and we want disparities to be reduced and eliminated (Go to page 8 for more information about this indicator.)
- **Opioid prescribing rates:** We want to see these numbers go down over time as providers and patients use alternatives to opioids whenever possible. (Go to page 9 for more information about this indicator.)
- **Heroin and prescription drug arrests:** We want to see these numbers go up initially as law enforcement officials get dangerous substances out of communities, but we ultimately want to see these numbers go down as fewer people use these substances. (Go to page 10 for more information about this indicator.)
- **Out of home placements connected to opioid misuse:** We want to see these numbers go down as fewer families are disrupted due to opioid misuse. (Go to page 11 for more information on this indicator.)

Opioid overdose deaths³

Death is the most visible harm associated with the opioid epidemic. Opioid overdose deaths continue to rise in Minnesota. Prescription opioids account for the greatest number of overdose deaths in Minnesota, but since 2010, heroin-involved deaths have increased in Minnesota; between 2015 and 2016, fentanyl-involved deaths have increased. In 2016, there were:

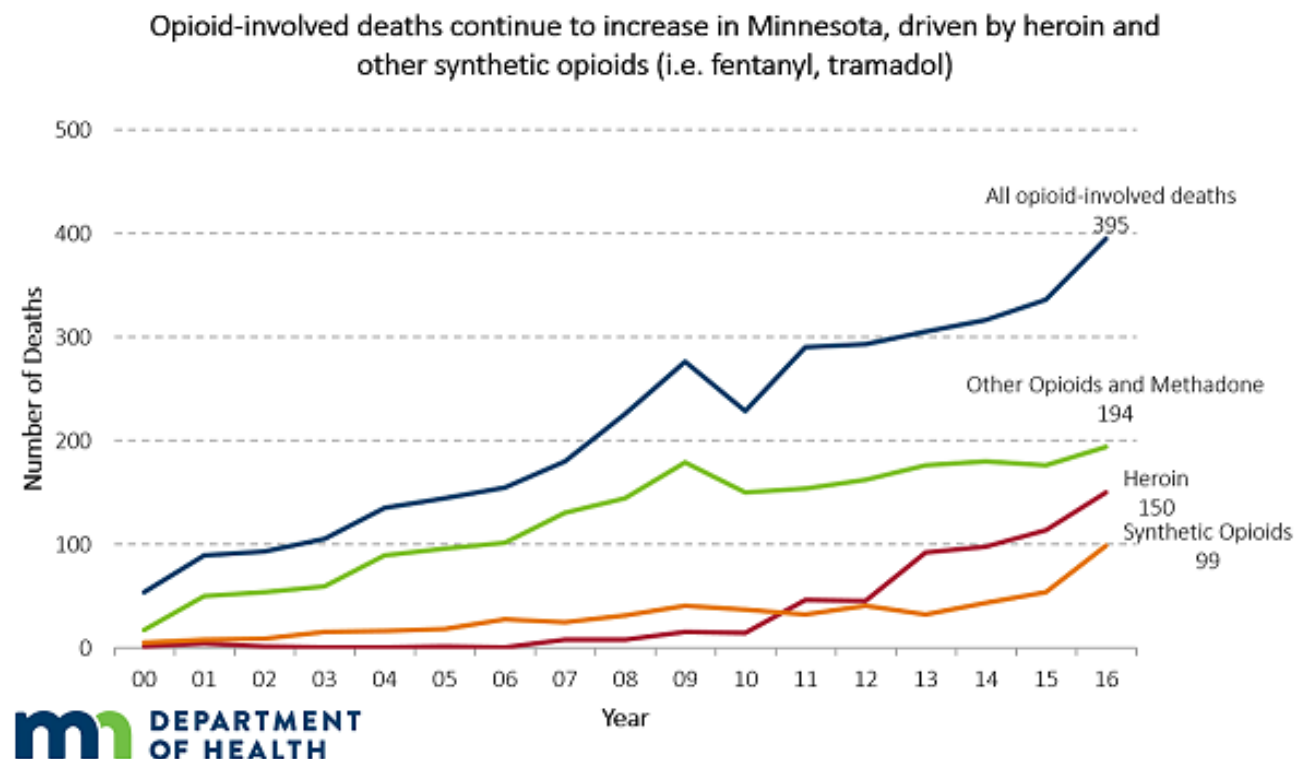
- 395 total opioid overdose deaths—an 18% increase since 2015.
- 194 overdose deaths that involved prescription opioids.
- 150 overdose deaths that involved heroin.

The chart below shows the increase in opioid-involved overdose deaths in Minnesota. The dark blue line shows the number of all opioid overdose deaths (395 in 2016). The green line shows the number of deaths due to commonly prescribed opioids such as codeine, oxycodone, and methadone (194 in 2016). The red line shows the number of heroin overdoses (150 in 2016) and the orange line shows the number of deaths from a broad

³ Data in this section is from the state's opioid dashboard, located here:

<http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/>

category of synthetic opioids (99 in 2016). (*Note: The detailed death counts add up to more than 395 because some deaths involve multiple drugs and the drug categories are not mutually exclusive—each death is counted only once in the total.*)



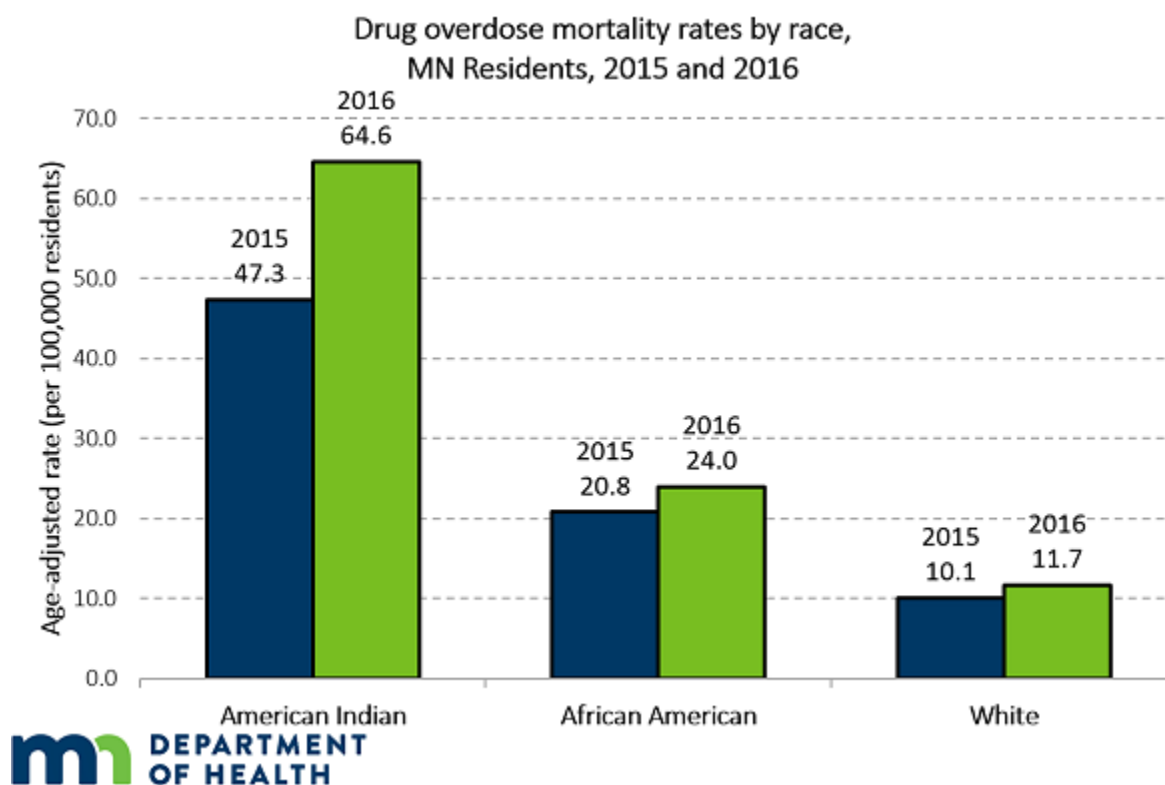
Disparities in overdose deaths⁴

Opioids and other drugs have been especially harmful in tribal communities and communities of color in Minnesota. In 2015, American Indian Minnesotans were five times more likely to die from a drug overdose than white Minnesotans, and African American Minnesotans were two times more likely to die from a drug overdose than white Minnesotans. Both of these rate disparities—between American Indians/whites and African Americans/whites—are highest rates of such disparities in the United States.

Final 2016 data show the disparities have continued and worsened. While the white drug overdose mortality rate increased from 10.1 to 11.7 per 100,000 white residents, the American Indian mortality rate increased from 47.3 per 100,000 residents to 64.6 per 100,000 residents, and the African American rate increased from 20.8 per 100,000 residents to 24.0 per 100,000 residents (the chart below shows this data). Although national 2016

⁴ Data in this section is from the state's opioid dashboard, located here: <http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/>

mortality data are not yet available, Minnesota's racial disparity rates for overdose deaths are likely to remain among the highest in the United States.



**Note: Above graph is for all drug overdoses, including opioids, methadone, heroin, synthetic opioids, cocaine, psychostimulants, and benzodiazepines*

Opioid prescribing rates

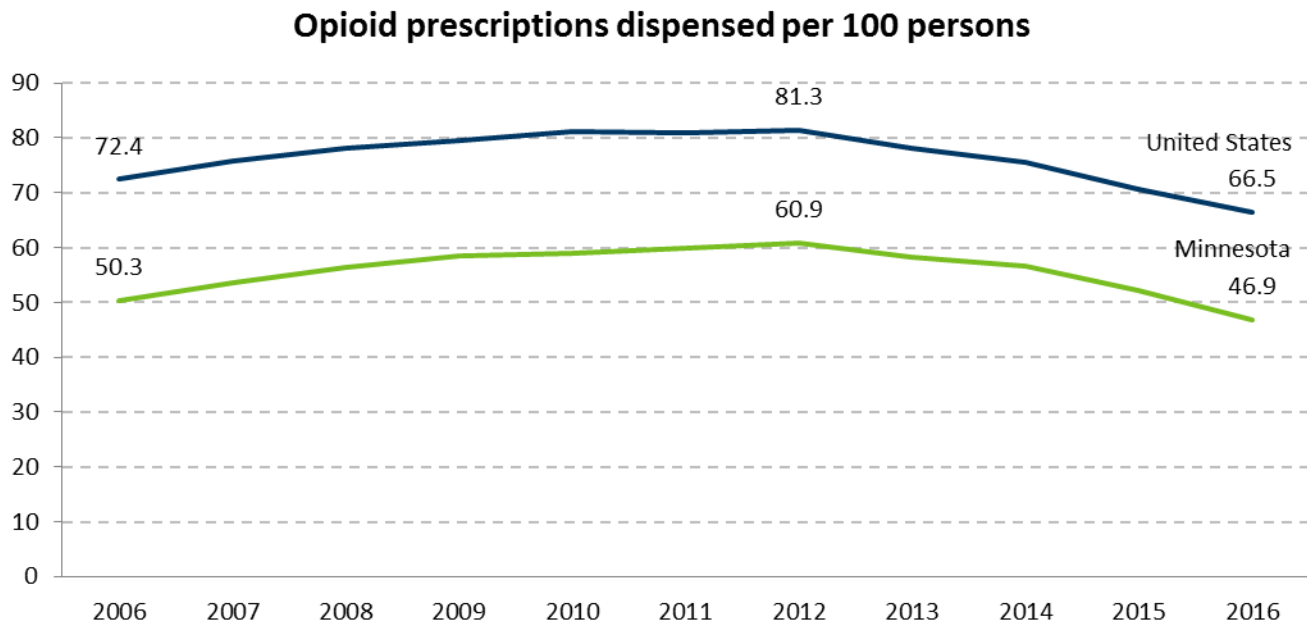
Opioids come from several sources: (1) prescriptions written to a patient, (2) unused prescriptions shared with family and friends, (3) unused or diverted prescriptions sold on the street, (4) counterfeit prescriptions manufactured at pill mills, and (5) heroin and other illicit substances.

In Minnesota, more than 3.5 million opioid prescriptions were reported as dispensed in 2016. The top three most frequently prescribed opioids were hydrocodone/acetaminophen, oxycodone, and tramadol. There was roughly an 8.6% reduction in opioid prescriptions dispensed from 2015 to 2016.⁵

⁵ Data in this section is from the state's opioid dashboard, located here:

<http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/> Data is reported through the Prescription Monitoring Program, which may be incomplete—read more about data limitations here: <http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/#NumberPrescriptions>

Opioid prescribing rates increased in Minnesota and nationally from 2006 to 2012, and have been declining since then, as shown in the chart below. In Minnesota in 2012, there were about 61 opioid prescriptions for every 100 people; in 2016, there were about 47 prescriptions for every 100 people.⁶



By working with providers and providing information to the public, we hope to reduce the number of opioid prescriptions.

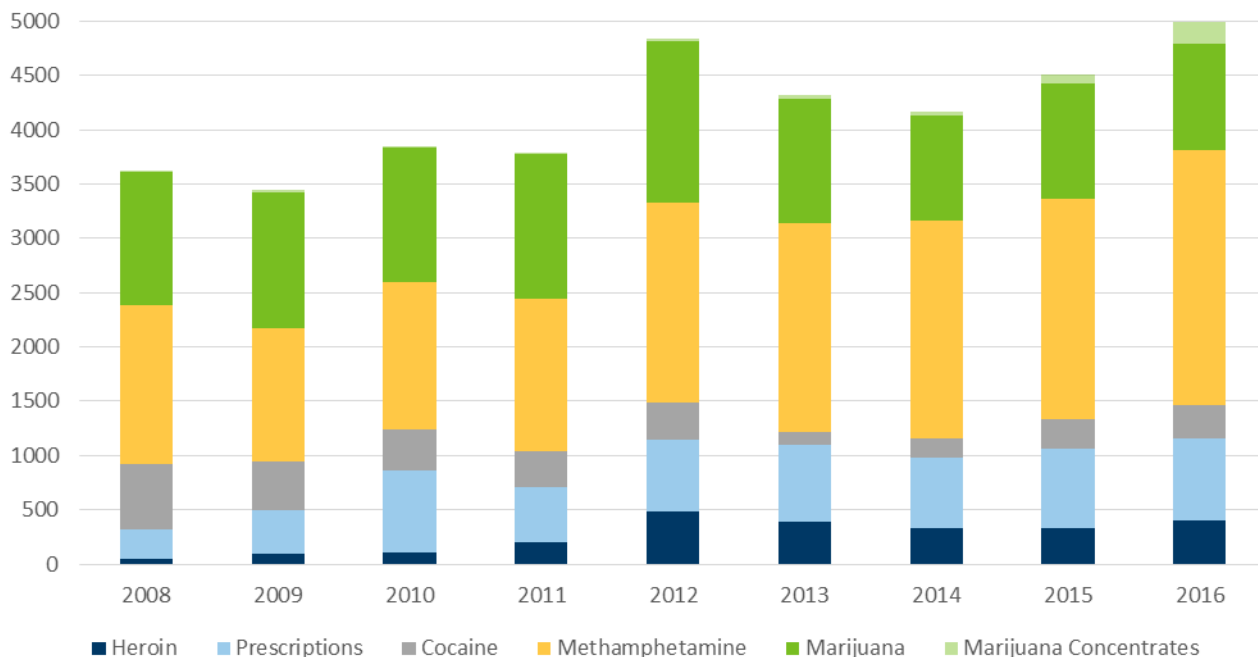
Heroin and prescription drug arrests

As described above, one of the ways that people can access opioids is through illegal sources—whether using illegal drugs like heroin or illegally distributed prescription medication. Law enforcement officials are working to get these illegal drugs out of Minnesota’s communities. We’d like to see the number of people arrested for opioid use go down eventually as fewer people illegally use these dangerous substances, but for now one of our key indicators is the number of arrests for heroin and prescription drugs. By focusing on this indicator, we aren’t implying that all people who are arrested should be put in jail or prison—on the contrary, some of the efforts described in this report are intended to keep people in their communities and homes while they move toward recovery.

⁶ Data in this section and in the chart below is from the Centers for Disease Control.
<https://www.cdc.gov/drugoverdose/maps/rxrate-maps.html>

The chart below shows the number of arrests by type of drug. These data are for arrests made by Violent Crime Enforcement Teams, which cover 70 of Minnesota’s 87 counties.⁷ The number of arrests for heroin and prescription drugs has increased markedly since 2008 (not all prescription drug arrests are related to opioids), as have the number of arrests for methamphetamines. In 2008, there were 50 arrests involving heroin and 268 for prescription drugs; in 2016, there were 406 arrests involving heroin and 749 arrests for prescription drugs.⁸

Number of arrests by Violent Crimes Enforcement Teams



Out of home placements

Moving children into foster homes is a significant harm caused by the opioid epidemic—when parents are unable to care for their children due to opioid use disorder, or when children born with neonatal abstinence syndrome need extra care, officials must step in to protect children. This type of significant adversity in childhood can lead to problems in later life, including substance abuse (contributing to cycles of substance abuse and related trauma over generations). Children are much more likely to need the intervention of government child protective services if their parents are chemically dependent or if they were exposed to opioids prenatally. In an analysis of 103,127 children age 0-3 enrolled in Medicaid during 2012, those who had a chemically dependent parent were 2.4 times more likely to be involved in child protection. This was the strongest risk

⁷ Hennepin County, a major population area, is one the counties not covered by VCET data. Statewide data is not readily available for this indicator.

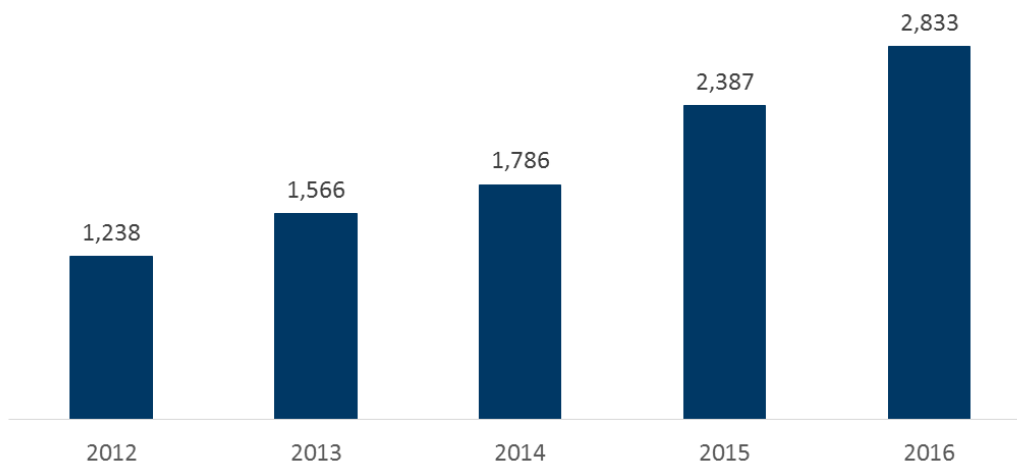
⁸ Data supplied by Minnesota Department of Public Safety/Office of Justice Programs.

factor. The second strongest risk factor was newborn opioid exposure: children who were exposed to opiates prenatally were 1.5 times more likely to be involved in child protection.⁹

We know that out of home placements are often in the best interest of the child, but we want to see the number of these placements go down as there are more opportunities for treatment and recovery, and as fewer people have opioid use disorder.

The chart below shows that the number of children entering care (that is, children being removed from their homes for their protection) due to parental drug use has increased from about 1,200 in 2012 to about 2,800 in 2016, an increase of 128%.¹⁰ Though the data are for all types of drugs, other trends suggest that these increases are due primarily to opioids and methamphetamines.

Number of children entering care - drug use as a reason



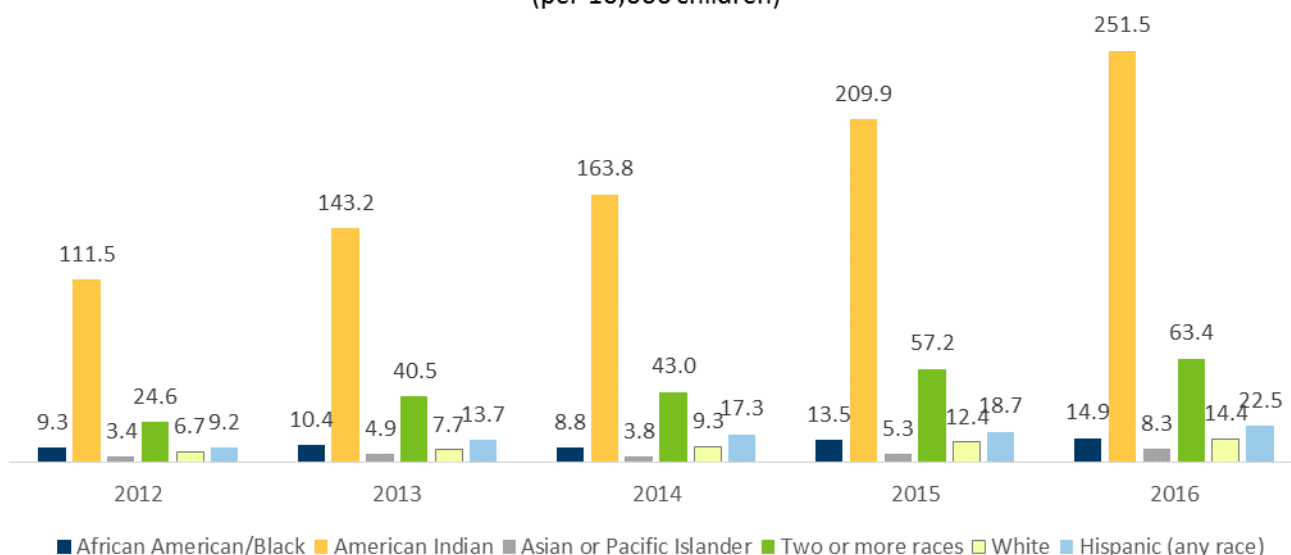
This problem is particularly prevalent in communities of color and tribal communities in Minnesota. Children from these communities, particularly American Indian children, were disproportionately more likely to have parental drug abuse listed as at least one of the factors contributing to their removal. For example, in 2016, American Indian children were more than 17 times more likely than white children to be removed from their home as a result of parental drug abuse.¹¹ The chart below shows these trends over the past five years.

⁹ Data and analysis from the Minnesota Department of Human Services.

¹⁰ Data and analysis from Minnesota Department of Human Services, Minnesota's Social Service Information System (SSIS) – children placed into care, parental drug use noted as at least one reason.

¹¹ Data and analysis from Minnesota Department of Human Services, Minnesota's Social Service Information System (SSIS) – children placed into care, parental drug use noted as at least one reason. Child population data is from U.S Census American FactFinder.

Children entering care - drug use as a reason
(per 10,000 children)



STATE GOVERNMENT'S ACTIONS

We know what it takes to respond to this epidemic, and we're taking action. We enforce the law and implement policy, and we also convene partners, develop and share knowledge, support local innovation, and collaborate to maximize our efforts.

Specific information on our current and planned actions is in each section below. In general, our actions include these types of efforts:¹²

- Prevention
 - Engaging health care providers to improve how opioids are prescribed and used
 - Building capacity, coordinating our efforts, and sharing information to maximize our impact
 - Getting the right information and resources to the public
- Emergency response
 - Removing barriers to responding to overdoses
 - Increasing access to Naloxone (also known as Narcan)
- Treatment and recovery
 - Streamlining and modernizing the state's substance use disorder treatment system
 - Deploying state efforts and resources where they can have the most impact
- Law enforcement
 - Integrating our work

¹² Some efforts don't fit neatly into these categories. For example, some grant-funded programs provide both prevention and treatment services.

- Increasing access to treatment

PREVENTION

Keeping people from misusing opioids is the most fundamental way to save lives and reduce harm. Prevention efforts happen on multiple levels, and state agencies play an important role. This section highlights some of the state's efforts to prevent opioid misuse and abuse. Public health and substance abuse experts say that the biggest impact on preventing substance abuse and related harms (suicide, violence, crime) is to address the root causes of these problems by improving population health, reducing risks and promoting resiliency, and strengthening communities.

Engaging health care providers to improve how opioids are prescribed and used

Convening experts to improve prescription practices through the Opioid Prescribing Improvement Program:

Many prescribing practices for opioids exceed the dose and duration needed to manage pain. Variation in prescribing practices is significant. Overprescribing opioids contributes to the development of chronic opioid users, some of whom go on to have opioid use disorder. In 2015, the Minnesota Legislature established an Opioid Prescribing Improvement Program at the Department of Human Services. This program includes the Opioid Prescribing Workgroup, bringing together an advisory group of consumers, health care and mental health professionals, law enforcement, and representatives of managed care organizations. The group developed statewide guidelines on appropriate opioid prescribing for acute pain, post-acute pain, and chronic pain. The group is also developing resources for providers to communicate with patients about pain management, and they are implementing an opioid prescribing quality improvement program that will work with Medicaid prescribers to stop dangerous practices.

Tracking prescriptions and taking action through the Prescription Monitoring Program (PMP):

The PMP at the Board of Pharmacy allows prescribers and pharmacies to view controlled substance prescription history for individual patients. As of July 2017, prescribers and pharmacists are required to register and maintain a PMP user account. The Board of Pharmacy is sending alerts to prescribers and pharmacies about individuals who, based on PMP data, may be “doctor shopping.” The Board of Pharmacy is exploring new ways to streamline use of the PMP by incorporating data into health system electronic medical records. All of the state’s health licensing boards are working to increase the number of providers and pharmacies who are using the system.

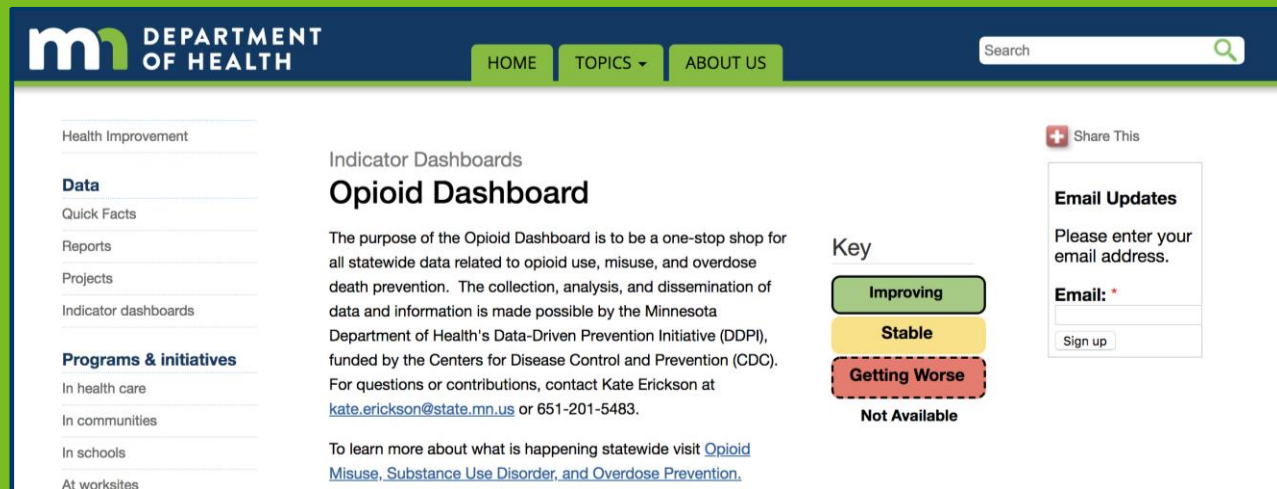
Limiting opioid prescriptions; providing guidance to providers:

In 2017, Governor Dayton and the Minnesota Legislature passed a law that limits opioids to a four-day supply for certain situations of dental or ophthalmic pain (the law allows health care providers to use their judgment if they determine that a larger quantity is needed). The state’s health licensing boards are developing resources for providers that are consistent with the Opioid Prescribing Workgroup. For example, the Minnesota Board of Dentistry issued a statement on safe prescribing practices, including advice and resources.

Established rules to support good prescribing practices: In 2016, the Department of Labor and Industry put rules into effect governing long-term opioid use by injured workers. Studies show that many injured workers are at higher risk for opioid addiction because of the comparatively higher amount prescribed and their length of use. These opioid rules were the first in the nation to govern prescribing practices for injured workers. Department of Labor and Industry’s consulting physicians and its Medical Review Board (composed of health care practitioners) collaborated for two years to develop these rules.

Health systems reducing opioid prescribing rates

Health systems across Minnesota are engaged with state government in reducing opioid prescribing rates. One effort at the Mayo Clinic addresses post-operative opioid prescribing following common elective procedures. Mayo Clinic researchers analyzed opioids prescribed at discharge across three Mayo Clinic locations. The study compared current opioid prescription doses to the 200 morphine milligram equivalence (MME) dose recommendation developed for the Opioid Prescribing Improvement Program. The study found that of the 7,181 patients who received opioids, the median amount prescribed was 375 MME.¹ Mayo Clinic’s Opioid Stewardship Program Oversight Group is using this research to guide institution-wide improvement efforts. The goal is the best possible outcome for patients with minimal exposure to opioids.



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Indicator Dashboards

Opioid Dashboard

The purpose of the Opioid Dashboard is to be a one-stop shop for all statewide data related to opioid use, misuse, and overdose death prevention. The collection, analysis, and dissemination of data and information is made possible by the Minnesota Department of Health's Data-Driven Prevention Initiative (DDPI), funded by the Centers for Disease Control and Prevention (CDC). For questions or contributions, contact Kate Erickson at kate.erickson@state.mn.us or 651-201-5483.

To learn more about what is happening statewide visit [Opioid Misuse, Substance Use Disorder, and Overdose Prevention](#).

Key

- Improving
- Stable
- Getting Worse
- Not Available

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Increased data transparency and availability

Minnesota launched the Opioid Dashboard as a one-stop shop for opioid related data and information. The Opioid Dashboard includes indicators about opioid overdose death, nonfatal overdose, use, misuse, substance use disorder, prescribing practices, supply, diversion, harm reduction, co-occurring conditions, and social determinants of health. The Opioid Dashboard integrates numerous sources of data and makes it more transparent and available to the entire state. The Opioid Dashboard allows for data-driven decision-making and shares information about upstream actions and promising practices

Building prevention capacity, coordinating our efforts, and sharing information to maximize our impact

State agencies and boards regularly work together to identify ways to coordinate funding and resources. This section highlights current efforts.

Providing access to meaningful, reliable data: To make good decisions about responses to the opioid epidemic, policy makers and program managers need access to reliable data about the scope of the problem—especially how opioids affect different populations and communities. The Department of Health launched an Opioid Dashboard in fall 2017. The dashboard is a one-stop-shop for data about the opioid epidemic in Minnesota, with information about opioid overdose deaths, substance use disorder, prescribing practices, co-occurring conditions, and other important data. The site also includes analysis of the data and links to resources on prevention.

Building capacity of health care and other service providers through opioid abuse prevention pilot projects: Prevention efforts need to be tailored to communities and audiences, and the state can support innovation by

funding a variety of projects. In 2017, Governor Dayton and the Minnesota Legislature provided a \$1 million one-time appropriation to build on a successful treatment approach, establishing opioid abuse prevention pilot projects in Minnesota. This grant will build capacity among health care and other service providers to prevent opioid addiction and treat it early in local communities, especially in rural Minnesota. The 2017 Health and Human Services budget also included a \$1 million one-time investment for a chronic pain rehabilitation therapy demonstration project, which helps provide alternatives to opioids for Medicaid recipients with chronic pain.

Pine River-Backus Family Center brings opioid prevention to Cass Lake

The Pine River-Backus Family Center is coordinating an effort to reduce the abuse of prescription drugs in Cass County. Department of Human Service data shows Cass County to have higher rates of opioid use and abuse compared to the rest of the state. Pine River-Backus Family Center will focus on areas with the highest needs, bringing prevention education and activities to schools, communities, and parents. Six school districts have agreed to work with the Pine River-Backus Family Center to help prevent and reduce prescription drug misuse and abuse, raise awareness about the dangers of sharing medications, and raise community awareness about the problem of opioids. The Department of Human Services provided the funds to the Pine River-Backus Family Center from the federal Strategic Prevention Framework for Prescription Drugs grant, a \$1.5 million, five-year federal grant designed to prevent and reduce opioid abuse and reduce opioid overdoses.

Leech Lake Band of Ojibwe works to end prescription abuse

American Indian students reported the highest rates of prescription drug misuse in 2016. The Leech Lake Band of Ojibwe is working to prevent and reduce opioid misuse and abuse with a federal Strategic Prevention Framework Prescription Drug Prevention Project grant through the Department of Human Services. The grant is designed to raise awareness about the dangers of prescription drug misuse among youth by bringing opioid abuse prevention activities and education to schools, communities and parents. The Leech Lake Band of Ojibwe is also working to educate providers about the risks of overprescribing and to raise community awareness about the dangers of sharing medications.

Getting the right information and resources to the public

Awareness campaigns and educational materials: State agencies are working collaboratively to develop and distribute information to the public:

- The Departments of Health and Education developed tailored educational materials for parents about the risks of opioid use and misuse.
- The Department of Public Safety launched a public awareness video and resource guide for parents.

- The Department of Public Safety collaborated with the Department of Health to share law enforcement and public health data in order to identify new trends to educate and inform the public about dangerous substances.
- The Department of Human Services is creating an educational marketing campaign directed to health care providers about how to communicate with patients about the safe use of opioids to treat pain and for pain management.
- The Department of Human Services (through a grant under Minnesota’s State Targeted Response to the Opioid Epidemic¹³) is funding a statewide “Know the Dangers” media campaign, which will increase awareness and understanding of opioid abuse and offer information and overdose intervention resources to potential and current opioid users.

Warning labels: In 2017, Governor Dayton and the Minnesota Legislature passed a law requiring opioid prescriptions to contain a label that says, “Caution: Opioid: Risk of overdose and addiction.” This type of labeling alerts consumers to the potential dangers of their medication.

Drop-off sites for opioids: When people are prescribed more opioids than they need, they end up with excess medication; if opioids are kept in people’s homes, they can be misused. Making it easy for people to dispose of extra opioids safely is an important part of prevention. In 2016, the Governor Dayton and the Minnesota Legislature passed a law allowing any Minnesota pharmacy to be a drop-off site for unused prescriptions, including opioids. Additionally, the Minnesota Pollution Control Agency develops resources and educational materials on safe disposal, including Earth 911, which displays drop-box locations.

New initiatives to expand prevention

Prevention has to be a focus of Minnesota’s response to the opioid epidemic, and we need to work on multiple levels: working to address the root causes of substance abuse; providing accurate information for the general public; educating prescribers and patients about the risks of opioids and alternative approaches to pain management; ensuring safe disposal; and monitoring prescriptions and prescribers. Collaboration and integration of prevention efforts is a priority. Although specific drug prevention strategies are needed, our experience as a state and as a nation has shown that today’s popular or available drug may easily give way to a new danger. While we focus on opioids, we will stay aware of other conditions affecting Minnesota’s communities.

¹³ The sections on *New funding to address the opioid crisis* on page 21 and on *Working groups and partnerships* on page 28 describes these grants, and there are examples of these grants throughout this report . You can also read the state’s full project narrative here: https://mn.gov/dhs/assets/mn-opioid-str-project-narrative-april-2017_tcm1053-289624.pdf

Legislative proposals: provide funds to support local prevention efforts; reduce over-prescribing of opioids

Governor Dayton proposes over \$6 million in ongoing funding for prevention initiatives, including new funding for local prevention efforts and improvements to the prescription monitoring program:

Provide funds to support local prevention efforts: Governor Dayton proposes \$5 million in annual funding to support local prevention efforts. This proposal gets funding into communities, tailoring prevention efforts so they have the biggest impact. Grants would be targeted to areas and populations of greatest need, such as American Indian communities and tribal governments, veterans, recently incarcerated individuals, and communities with significant child protection needs. Grantees could use funds to focus on locally defined needs, with prevention broadly defined. As examples, funds could be used to develop community-based prevention strategies in Greater Minnesota, or funds could be used to develop culture-strengthening prevention initiatives in American Indian communities. The state would issue specific grants to tribal governments to prevent and address opioid abuse.

Improve and enhance the Prescription Monitoring Program (PMP) to reduce opioid over-prescribing: This proposal helps prevent over-prescription of opioids by improving the PMP. The proposal would provide funding to build interoperability between the PMP and electronic health records so that providers can check the PMP in a more streamlined way. With these enhancements, the Department of Human Services could also use PMP data to enforce existing law regarding dispensing controlled substances to Medical Assistance and MinnesotaCare enrollees.

State government: new prevention initiatives

In state government, we can take the actions described below within existing funding and statutory authority, but the extent of these initiatives will be limited by available resources. We are continuing to develop these initiatives and expand our efforts in the coming months. Our current plans include:

- **Increase public understanding of the danger of opioids.** We'll be consistent and clear in our communication with the public about opioids, building awareness about how limiting opioid prescriptions is beneficial to communities and increasing understanding about how dangerous opioids can be by thoroughly studying all fatal and nonfatal overdoses.
- **Share consistent information about safe disposal; increase the number of drop boxes.** We can help reduce the amount of opioid prescriptions in people's homes by making it easier for them to find places to drop off unneeded medication.
- **Share prescribing guidelines widely.** We can reduce the amount of over-prescribing of opioids by disseminating the Opioid Prescribing work group guidelines widely. The guidelines provide accurate information and advice to providers to prevent unnecessary opioid use and potential addiction.
- **Intervene to help young people avoid and recover from opioid abuse.** We will encourage use of evidence-based practices such as Screening, Brief Intervention, and Referral to Treatment (SBIRT) to identify young people at risk of opioid use disorder (whether they are currently using opioids or are at risk) and intervene.

- **Expand our e-health efforts to improve prevention and response to the opioid epidemic:** Governor Dayton asked the e-Health Advisory Committee to develop recommendations for improvements to the state's e-health system. (Read more about the group on page 34). We can start some of those initiatives right away: we can continue and expand our coordinated work on health information exchange, and we can develop consistent information on e-health and opioids (such as use-cases) to share with providers. We'll need funding and legislative approval for other important e-Health work, as outlined in the advisory committee's recommendations.

EMERGENCY RESPONSE

In the opioid epidemic, any Minnesotan may become a first responder. A person using opioids may overdose, and quick action can save their life. The state's main focus in this area is increasing access to Naloxone (also known as Narcan). Naloxone is a proven lifesaving medication that reverses the effects of an opioid during an overdose. Anyone can administer Naloxone, and it has no abuse potential.

Removing barriers to responding to overdoses

Allowing more people to administer Naloxone: In 2014, Governor Dayton and the Minnesota Legislature enacted "Steve's Law," which allows non-health care providers to administer Naloxone. The law also provided immunity from criminal and civil charges if an individual (such as a friend or family member, or the person experiencing the overdose) seeks emergency medical assistance in the case of a drug overdose.

Increasing access to Naloxone and syringe exchange

Distributing Naloxone to emergency medical services: In 2017, the Minnesota Department of Health (MDH) received a federal grant (\$300,000 per year) that will provide funding for the eight emergency medical services regions statewide to purchase Naloxone.

Syringe services—getting resources and information into communities

MDH has partially funded a small number of syringe services projects (SSPs) for several years in Duluth, the Twin Cities, and on the White Earth reservation. MDH will fund five projects in 2018–2022 in the Twin Cities with an American Indian focus, one in Duluth and three others in the metro area. In 2015, the three partially funded SSPs had: 18,396 exchanges; 595,803 used syringes collected; and 646,206 clean syringes distributed. All projects provided naloxone and overdose prevention education with over 255 reported reversals. They distributed 2,912 doses. There is also an ongoing syphilis outbreak that is associated with substance use (including opioids) in Greater Minnesota. SSPs help respond to this outbreak by providing rapid syphilis, HIV, and HCV testing and prevention education, reducing disease transmission, and providing linkage to treatment.

Increasing access to Naloxone in rural and tribal communities: Through the State Targeted Response grants, organizations are expanding distribution efforts in Greater Minnesota and in tribal communities. The Department of Human Services issued grants that will support organizations and communities with the greatest need, including Brainerd, the Iron Range, White Earth, Duluth and St. Louis County, and St. Cloud. (The grants also support expanded access in the Twin Cities metropolitan area.)

Allowing people to get Naloxone at pharmacies: As of January 2017, Minnesota allows pharmacies to dispense Naloxone to anyone who is at risk for, or knows someone who is at risk for, an opioid overdose.

New initiatives to expand emergency response

Our priority is to get life-saving medication into the hands of people who can help someone who has overdosed. While we focus on this issue, we must remember that we need to do more than revive individuals and send them on their way—we have to make sure a person who survives an overdose has access to treatment and recovery services.

Legislative proposal: expand Naloxone availability and access to save lives

Expand Naloxone availability and access to save lives: Governor Dayton proposes \$1 million of new funding annually to expand Naloxone availability and access. This proposal funds training for all first responders (as defined in Minnesota Statutes 144.7401) across Minnesota in coordination with the regional directors of the Emergency Medical System. Along with the training provided to all county, municipal, tribal, and state law enforcement personnel, other first responders include fire, EMS, jail, prison, and probation staff members. This proposal will fund purchase of injection or inhalation Naloxone kits. This funding will also allow the Minnesota Department of Human Services to immediately address overdose deaths with local EMS providers.

Naloxone becomes available at Minnesota pharmacies

Minnesota passed the Naloxone protocol, which allows any pharmacy that participates in the protocol to dispense Naloxone (also known as Narcan) to anyone who is at risk for, or knows someone who is at risk for, an opioid overdose. The Naloxone protocol: (1) allowed pharmacies to easily dispense Naloxone, (2) increased access to Naloxone for those Minnesotans who don't have or don't engage with primary care, and (3) created a way that Naloxone can be obtained for someone else, so family members, friends, and community members can be prepared in an emergency.

State government: new emergency response initiatives

In state government, we can take the actions described below within existing funding and statutory authority, but the extent of these initiatives will be limited by available resources. We are continuing to develop these initiatives and expand our efforts in the coming months. Our current plans include:

- **Develop a way to track opioid overdoses by tracking Naloxone use; communicate information to communities and officials.** By sharing information in real-time about when naloxone is used to treat an overdose, law enforcement, emergency medical systems, and local medical entities can identify hot spots of dangerous opioids. Members of the public and community organizations can use this information to understand where dangerous illicit opioids are present in their communities.
- **Connect emergency response to support and services for people who overdose.** We will develop information, guidance, and program components to provide wrap-around services for people who received naloxone. Approaches may include providing referral to peer recovery support after an emergency medical services call, providing immediate support in emergency departments, and providing access to medication-assisted treatment in the emergency department.

TREATMENT AND RECOVERY

State agencies play a strong role in supporting innovation, directing state resources to needed areas, and ensuring that the state's most vulnerable populations have access to treatment and recovery services and supports.

Streamlining and modernizing the state's substance use disorder treatment system

Reforming the state's substance use disorder treatment system: Starting in 2012, the Department of Human Services has been working to streamline and modernize the substance use disorder treatment system in Minnesota. The system is moving away from a focus on responding to acute episodes to a person-centered model of care, with an emphasis on managing substance use disorder as a chronic disease. In 2017, Governor Dayton and the Minnesota Legislature enacted new reforms, removing barriers to access substance abuse treatment for people who use Medical Assistance. The reform package allows patients to more quickly access services, and it adds important services like withdrawal management, care coordination, and peer support.

Helping people move quickly through complex systems: Through State Targeted Response grants, the state is funding additional peer recovery and assessment staff in community organizations to help people move quickly into publicly funded treatment programs.

Improving child protection

In Minnesota, the most effective collaborative care models integrate multidisciplinary supports and services, culturally-based treatment for substance use disorder, and high quality prenatal, postpartum, and pediatric care. These programs have demonstrated that infant health and child protection outcomes can be significantly improved through proactive, intensively coordinated interventions.



For example, the Pregnant Native American's Opioid Addiction Services collaboration is a partnership of front-line care providers in Hennepin County that works with other organizations to provide highly effective care to pregnant Native American women affected by opioid addiction. Partners include staff at the Indian Health Board, Hennepin County Medical Center, and Hennepin County's Project CHILD. They work together to fill gaps in the health care system by connecting women with evidence-based care, case management, and culturally appropriate support. Their efforts have resulted in over 95 percent of the women they serve maintaining custody of their newborns. This partnership strengthens women, families, and the entire Native American community.

Watch a video about this partnership here:
<https://youtu.be/E1zle-pqpAg>



The White Earth MOMS Program is another example: This program is an innovative response to the opioid epidemic impacting pregnant Native mothers and their babies on the White Earth Nation that includes a culturally-specific holistic treatment program. The White Earth MOMS (Maternal Outreach and Mitigation Services) Program for pregnant and parenting mothers and their partners provides daily outpatient substance use disorder treatment, mental health services, prenatal care by registered nurses, culturally-based services, traditional spiritual healing, and medication-assisted therapy, along with childcare. Work by the multidisciplinary team has led to a significant reduction in the number of babies born with neonatal opioid withdrawal syndrome.

Watch a video about this program here:
<https://youtu.be/CCDanlFBqtQ?list=PLKdIRbjdm>

Deploying state efforts and resources where they can have the most impact

Expanding Medication-Assisted Treatment (MAT) for opioids: More individuals need opioid use disorder treatment, including MAT, but access to treatment has not kept up with the demand. In 2017, Governor Dayton and the Legislature provided \$825,000 for health care providers to purchase direct injectable drugs to treat opioid addiction. As described in the section below on working groups and partnerships, the Department of Human Services has also received a \$6 million MAT expansion grant to expand access to MAT in partnership with the Red Lake Nation, the White Earth Nation, and Fairview Health Services. Recently released State Targeted Response grants also expand access to MAT through detox programs in Northeastern Minnesota and Clay County.

Increasing integrated care for high-risk pregnancies: Opioid abuse can have significant effects on pregnant women and their children, including neonatal abstinence syndrome. In 2015, Governor Dayton and the Minnesota Legislature passed legislation to support five Minnesota tribes in providing prenatal care for women with opioid use disorder and services for infants, including community supports. In 2017, the state issued additional grants to support work by tribal governments and counties in Greater Minnesota and in the Twin Cities metropolitan area.

Providing resources to medical practitioners: For many healthcare providers who are not used to treating patients with substance use disorders, the opioid epidemic presents new challenges. Funds from the State Targeted Response grants program are supporting providers to expand the Extension for Community Healthcare Outcomes (ECHO) infrastructure. ECHO sites across Minnesota engage medical practitioners in collaborative learning sessions, where participants discuss patient needs and evidence-based assessment and management approaches. The ultimate goal of these sessions is to empower general medical practices to bring quality evidence-based care to their patients.

Enhancing care coordination and innovative, culturally supportive practices: Minnesota communities have many traditions and approaches to healing. The State Targeted Response grant program is supporting organizations focused on American Indian and Southeast Asian communities, increasing access to assessment, collaborative treatment, and innovative recovery approaches.

Improving access to recovery programming in schools: Students need to continue their education while in treatment and recovery. Grants through the Minnesota Department of Education help schools provide substance abuse recovery services.

New funding to address the opioid crisis

In summer 2017, the federal government awarded Minnesota a two-year, \$10.6 million State Targeted Response to the Opioid Crisis grant to increase access to treatment, reduce unmet treatment need, reduce opioid overdose-related deaths, and reduce disparities in tribal communities and communities of color. The state received additional federal funding through other sources, bringing the total of additional funding available to over \$16 million over the next two to three years.

The Department of Human Services used these funds to issue grants to organizations to supplement ongoing proven effective substance use disorder services across Minnesota, as well as offer new and innovative approaches. The grants aim to address the opioid crisis through prevention, treatment, and recovery programs for substance use disorder, including prescription opioids and illicit drugs such as heroin.

The grants will supplement ongoing proven effective substance use disorder services across Minnesota, as well as offer new and innovative approaches. Grant activities will include:

- Expanding medication-assisted treatment, in both the number of providers and their geographic reach.
- Increasing access to medication-assisted treatment that combines behavioral therapy and medications to treat substance use disorders
- Making it easier and faster for people to receive a substance use disorder for treatment services.
- Increasing opioid-specific peer recovery and care coordination
- Piloting the Parent Child Assistance Program, a peer support program for pre- and post-natal mothers
- Expanding access to naloxone, a drug that serves as an immediate life-saving antidote to opioid overdose, for opioid treatment programs and emergency medical service teams
- Launching “Fast-Tracker,” a website showing real-time treatment bed availability.

For example, Wayside Recovery Center in St. Louis Park received \$721,800 to expand their peer recovery program, create a program that offers a bridge for women coming out of incarceration, and serve as a consultation hub that will enhance training for medical professionals to treat people with opioid use disorders. Dr. Jessie Everts, Vice President of Clinical Programs, remarked that the grants “will allow us to reach even more women and give them the access to treatment they need. We need to offer them a variety of resources and tools, because recovery looks different to everyone.”

New initiatives to expand treatment and recovery efforts

The state's grant programs provide critical support to community organizations and healthcare providers, but these funds are limited. Our efforts to acknowledge and respond to co-occurring mental health and substance use disorder concerns in our service delivery system are ongoing. We need to continue increasing access to treatment and recovery services across the state, and we need to ensure that healthcare providers have access to the information and resources they need.

Legislative proposals: treatment and recovery initiatives

Governor Dayton proposes over \$2 million in new funding annually for treatment and recovery initiatives, including local community integration to improve treatment response and an expanded approach to increasing timely access to treatment:

Expand local community integration to improve the treatment response to the opioid crisis: This proposal will expand the scope, geographic reach, and longevity of the integrated opioid intervention model to additional communities and additional focus areas. For this work, the state's partners include community social service, treatment providers, law enforcement, child protection, and medical care providers. These focus areas include:

- Opportunities to integrate medical and child protection care of pregnant women with opioid use disorder and their infants
- Optimal integrated chronic pain management for individuals with complex behavioral or cultural needs
- Integration of care for people involved in the criminal and juvenile justice system
- Local capacity building for integrated substance use reform including early access to medication-assisted treatment.

Increase timely access to treatment: This proposal will expedite access to substance use disorder treatment services. Providers will be able to increase use of a screening tool known as SBIRT (Screening, Brief Intervention, and Referral to Treatment) to establish medical necessity for treatment services while a comprehensive

One family's story: Casey Jo Schulte

Casey Jo Schulte was a nursing student at North Dakota State when she was diagnosed with Crohn's Disease. Over a three-year period, her physicians prescribed her opioids to relieve pain associated with the disease and a related surgery. When her doctor tapered her medication aggressively, Casey began using heroin to manage withdrawal symptoms.

Casey's family knew that she would need help recovering from opioid addiction, but they weren't able to find a treatment program that could monitor her illness and help her manage withdrawal. As her mom remembers, "I could not find any places that would take her, and honestly I didn't even know where to start looking. There was no 'list' of treatment centers or 'how to' manual of getting your child help. No treatment centers near our home in Montevideo had the resources we needed for her to get well. I was finally able to get her into a program in Minneapolis, she was due to arrive there the day after she was found dead."

assessment of a person's needs is underway. This will facilitate timely access to high-quality, evidence-based care for people with opioid use disorders and other substance use disorders while reducing barriers to accessing that care.

State government: new treatment and recovery initiatives

In state government, we can take the actions described below within existing funding and statutory authority, but the extent of these initiatives will be limited by available resources. We are continuing to develop these initiatives and expand our efforts in the coming months. Our current plans include:

- **Keep families affected by opioids together as much as possible.** Expand existing work on neonatal abstinence syndrome. For example, include child protection and family courts directly in this work. By intentionally bringing these organizations into the discussion, we will increase integration of services to families who are involved in the child protection service because of opioids. We expect that these efforts will increase early identification of pregnant women with opioid use disorder, decrease out of home placements, and decrease the amount of time infants have to spend in hospitals.
- **Use data to ensure that people have access to quality treatment options.** Currently, the state does not collect data on outcomes achieved by chemical dependency programs licensed by the Department of Human Services, so there are no consistent means to evaluate quality treatment and care. We will determine what resources are needed to develop, implement, and use metrics, with a focus on medication-assisted treatment. These metrics will be used to improve treatment outcomes, provide consumers and payors the information they need to make decisions, and develop tailored education efforts.

LAW ENFORCEMENT

Law enforcement is an important part of the state's actions to address the opioid epidemic—law enforcement officers can be the first responders for people who are misusing or abusing opioids, and officers need resources to both enforce the law and to connect people with services. This section highlights some of the state's efforts in this area, much of which is in partnership with local law enforcement.

Integrating our work

Connecting health and law enforcement: In 2016, Minnesota participated in a National Governors Association (NGA) program focused on coordinating public safety and public health data on opioid overdoses. The Department of Human Services supports a collaborative effort in Greater Minnesota between a healthcare organization and local law enforcement to encourage people to seek treatment (the section to the [right/left] on Morrison County Accountable Community for Health describes this initiative in more detail).

Supporting multijurisdictional task forces: The Department of Public Safety provides grants and technical assistance to Violent Crime Enforcement Task Forces (VCETs) that address narcotics, gang, and related violent crime. These task forces aim to identify and arrest the most serious law violators. They also enhance the amount of law enforcement expertise available statewide for complex investigations that cross jurisdictional boundaries.

Providing accurate information on controlled substances: The Department of Public Safety's Bureau of Criminal Apprehension tests evidence that may contain controlled substances. This forensic testing helps local law enforcement, prosecutors, and the courts investigate cases and make sound decisions in cases involving opioids and other substances.



State grants support innovation: Morrison County Accountable Community for Health

An initiative focused on innovative and collaborative solutions to confront opioid abuse in Morrison County. Partners include St. Gabriel's Health, Morrison County Public Health and Social Services, and South Country Health Alliance. Using a multi-disciplinary care coordination model, this project delivers patient-centered care for individuals taking multiple prescription opioids. It also includes a community prescription drug task force focused on improving communication and collaboration. This work has resulted in better patient outcomes, reduced medical assistance pharmacy claims saving millions of dollars, consistent prescribing practices, and increased access to disposal for unused medications.

You can watch a video about this effort here:
<https://youtu.be/5mZgGRETl2A?list=PLKdIRbjdmxgeHWw4hZSX4K8v3kVQ4dm8h>

State and local collaboration gets dangerous drugs out of communities

In spring 2017, officials in the Grand Forks, North Dakota area learned about an increase in opioid overdoses. In March, officers connected to the Pine to Prairie VCET in Northwestern Minnesota seized unknown blue pills which looked like opiates. The BCA crime lab determined that the pills contained fentanyl. The BCA forwarded information about these pills and potential dangers to other law enforcement agencies in the area. A Joint Powers Agreement between Minnesota and North Dakota allowed investigators to make drug buys, conduct surveillance, and serve search warrants on both sides of the Red River. The VCET officers recovered over 500 pills. Officers learned that the pills had been purchased over the internet, and the case investigation expanded beyond the Upper Midwest. After the five arrests associated with this case, there were no additional overdoses connected to these pills in Minnesota. The case is ongoing and more arrests are anticipated.

Increasing access to treatment

Helping offenders access treatment and recovery services: The Department of Corrections has an action plan to increase access to treatment for offenders, including identifying offenders with opioid use disorder, developing and implementing release plans (including access to Medication-Assisted Treatment), educating staff and offenders on treatment, and gathering and analyzing data on treatment. The Department of Corrections recently developed a strategic plan to expand access to medication-assisted treatment for people involved in the criminal justice system.

Focusing treatment efforts on underserved populations in the criminal justice system: Through the state's targeted grant program, organizations are providing outreach and treatment to populations that may not be reached through conventional approaches. For example, a treatment program focuses on outreach, assessments, and transition care coordination for those women who are pregnant, post-partum, or parenting as they transition from incarceration into treatment.

More resources are needed to support offenders returning to the community

Continuity of care is essential for offenders with substance use disorders. While prison-based treatment is effective and helps reduce recidivism, connecting offenders to community-based treatment programs is critical in relapse prevention. This is especially true for offenders using medication-assisted treatment or MAT. Connecting offenders to community-based resources can only be done through comprehensive release planning. The Department of Corrections' current resources for this type of work are limited. With additional release planners, we could identify community-based treatment resources and connect offenders returning to the community.

Supporting drug courts across the state: Drug courts¹⁴ in Minnesota are currently supported by federal and state funding through the Minnesota Judicial Branch, the Departments of Human Services and Public Safety, and county governments. Drug courts also receive in-kind support through local governments and the private sector. As noted in a 2016 report by the National Center for State Courts, the variation and instability of funding is a challenge for drug courts.¹⁵ The Judicial Branch is working to stabilize funding for drug courts and to develop a predictable, equitable funding system to support drug courts across Minnesota.

Leech Lake Band of Ojibwe helps people recently released from prison stay off drugs

The Department of Human Services is working with the Leech Lake Band of Ojibwe to support people who have recently been released from prison. With the help of a State Targeted Response to the Opioid Crisis grant from DHS, the Leech Lake Band of Ojibwe's Ahnji Be Mah Diz Halfway House in Cass Lake will work to reduce recidivism and re-offense among Native American offenders that have a history of opioid misuse. Ahnji Be Mah Diz will provide care coordination in a transitional housing setting to help clients successfully transition from correctional facilities back to their communities. Clients will develop individual treatment plans, set employment goals, and work on strategies for long-term housing. At Ahnji Be Mah Diz (Ojibwe language meaning "change your way of life"), clients will have access to a network of culturally specific social support and community wellness programs that will aid in their successful transition back into the community.

New initiatives to expand law enforcement efforts

There are two primary areas where we plan to focus our efforts: providing resources to help local law enforcement and ensuring that people in the criminal and juvenile justice system have access to treatment and recovery services. We also plan to increase access to Naloxone to law enforcement agents, investigators, and officers.

Legislative proposals: increase capacity to support law enforcement, the criminal justice system, and corrections

Governor Dayton proposes about \$2 million in new funding annually to increase the state's capacity to support law enforcement, the criminal justice system, and corrections:

¹⁴ Treatment courts (also known as drug courts) are an approach where the courts work closely with criminal justice system and social service professionals to encourage offenders to seek treatment. More information is available at <http://www.mncourts.gov/Help-Topics/Treatment-Courts.aspx>

¹⁵ The full report is available here: <https://ncsc.contentdm.oclc.org/digital/collection/spcts/id/303>

- **Increase capacity at the Bureau of Criminal Apprehension to support local law enforcement and the criminal justice system:** This proposal would increase the number of drug scientists at the Bureau of Criminal Apprehension drug chemistry lab to reduce the turnaround time for drug evidence examination. This proposal would also increase the number of Bureau of Criminal Apprehension drug investigators to support the work of tribal nations and federal Drug Enforcement Agency prescription diversion efforts.
- **Increase capacity at the Department of Corrections to improve access to appropriate treatment and to ensure continuity of care:** This proposal would add staff and increase services to help offenders be more successful as they return to the community. The Department of Corrections would also increase access to medication-assisted treatment for individuals in correctional facilities, focusing on the Native American Population at the Minnesota Correctional Facility-Shakopee.

State government: new law enforcement initiatives

In state government, we can take the actions described below within existing funding and statutory authority, but the extent of these initiatives will be limited by available resources. We are continuing to develop these initiatives and expand our efforts in the coming months. Our current plans include:

- **Expand awareness of best practices across all levels of the criminal justice system:** We will identify respected proponents and model programs to share with courts, attorneys, probation officers, jail officials, and community corrections programs. We'll focus on best practices, such as integration of services and use of medication-assisted treatment.
- **Educate professionals about the value of medication-assisted treatment in county jails and state correctional facilities.** By facilitating educational presentations and providing information, we will decrease the stigma associated medication-assisted treatment in county jails and state prisons.

LEADERSHIP ON OPIOIDS

The State of Minnesota is both a leader and a partner in addressing the opioid epidemic. We're using existing collaborative efforts, and we're forming new collaborations with partners inside and outside of government. Our actions to respond to this epidemic must be well integrated with the work of other organizations and levels of government. This section highlights current leadership and collaboration efforts.

Executive leadership on opioids: Minnesota State Substance Abuse Strategy

In 2012, the state established a comprehensive, multi-agency plan to tackle substance abuse (including opioid abuse), focusing on prevention, treatment, and recovery services. The agencies that developed the statewide strategy guided their work with shared principles of collaboration, community responsiveness, and competency. Key elements of the strategy:

- Through a closely coordinated multi-agency, multi-faceted approach, the Minnesota State Substance Abuse Strategy tackles substance abuse and addiction to achieve a healthier, safer, and stronger Minnesota.
- The strategy seeks to better align resources with long-term goals and proven strategies that effectively reduce alcohol and illicit drug abuse and consequences.
- The strategy contains short-term recommendations to address issues of immediate priority, as well as recommendations to decrease all substance abuse and addiction over the longer term. These long-term recommendations encompass prevention, intervention, treatment, recovery support services, public safety, research, data monitoring, and evaluation.

An executive sponsors group meets quarterly. The group's membership includes:

- Commissioner of the Minnesota Department of Human Services (chair)
- Commissioner of the Minnesota Department of Corrections
- Commissioner of the Minnesota Department of Education
- Commissioner of the Minnesota Department of Health
- Commissioner of the Minnesota Department of Public Safety
- Commissioner of the Minnesota Department of Labor and Industry
- Governor's policy advisor
- Executive Director of Board of Pharmacy
- State Court Administrator

The State Government Opioid Oversight Project (described below) reports regularly to the executive sponsors group.

State Government Opioid Oversight Project (SOOP)

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

In addition to regular SOOP meetings, members of SOOP connect often to coordinate efforts and leverage each other's expertise. As examples, the health licensing boards are coordinating efforts to provide guidance and resources to providers, and the departments of Human Services, Health, and Public Safety have collaborated on grant proposals. In 2017, SOOP members collaboratively decided how to allocate federal State Targeted Response dollars most effectively.

SOOP works to coordinate eight strategies to address the opioid epidemic.¹⁶

¹⁶ You can read more about SOOPs work by visiting this website

<http://www.health.state.mn.us/divs/healthimprovement/working-together/state-plans/opioidstateplan.html>

- Neonatal Abstinence Syndrome (NAS)
- Medication-Assisted Treatment (MAT)
- Increasing access to Naloxone
- Opioid Prescribing Practices
- Prescription Monitoring Program (PMP)
- Primary Prevention
- Safe Disposal
- Justice Involved Populations

Many of these efforts described in the previous parts of this report are led by members of SOOP.

SOOP strategic planning

In addition to the ideas and efforts described in this action plan, SOOP is engaged in developing a comprehensive strategic plan. Strategic planning work is spearheaded by the Minnesota Department of Human Services in collaboration with the Minnesota Department of Health's data-driven prevention initiative.

The strategic plan will include these elements:¹⁷

- Primary prevention and public health
- Prescription drug overdose and heroin overdose death prevention
- Emergency response
- Intervention and treatment

As part of the strategic planning process, SOOP will develop an interagency grant matrix to assess resources across the state, and they will focus on integrating statewide efforts, including established workgroups and publications.

Working groups and partnerships

The State of Minnesota's action on the opioid epidemic involves people and organizations outside of state government—agencies are using existing and new working groups and partnerships to develop ideas, implement plans, and coordinate effort. These partnerships include formal working groups, like the ones described below, but they also include informal partnerships and conversations with grantees, healthcare providers, local and federal government agencies, and community organizations.

Some examples of working groups and partnerships that engage external partners in substance use or opioid-specific activities:

- **State Targeted Response to the Opioid Crisis:** In spring 2017, divisions within the Department of Human Services and the Department of Health developed a proposal for a comprehensive response to the opioid epidemic, which would include increased prevention, emergency response, and treatment and

¹⁷ More information about SOOP and the state's strategic plan is located here

<http://www.health.state.mn.us/divs/healthimprovement/working-together/state-plans/opioidstateplan.html>

recovery programs. This coordinated effort led to the selection of over 30 grantees, who will receive over \$10 million in federal funds over the next two years. The grantees meet to share progress and integrate efforts. These grantees will provide insight and information to the state in informal and formal evaluations.

- **Medication-Assisted Treatment expansion grants:** In the fall 2017, the state received \$6 million to expand medication-assisted treatment for the African American community and the American Indian community over three years, working in partnership with tribal governments and healthcare providers.
- **Strategic Prevention Framework for Prescription Drugs:** The Department of Human Services convenes an advisory committee to help guide the selection, implementation, and evaluation of effective, culturally appropriate, and sustainable prevention activities. State agencies, providers, prevention coordinators, and other grantees participate in the working group.
- **Opioid Prescribing Workgroup:** The Department of Human Services convenes an advisory group of experts through the Opioid Prescribing Improvement Program that recommends statewide opioid prescribing protocol, measures for providers, and quality improvement processes for acute, post-acute, and chronic pain. The workgroup consists of medical professionals, consumers, health care and mental health professionals, law enforcement, and representatives of managed care organizations.
- **Citizen Advisory Council:** The Citizen Advisory Council advises the Department of Human Services on alcohol and other drug dependency and abuse. The council is composed of 10 members: five members are individuals whose interests or training are in the field of alcohol dependency and abuse, and five members have interests or training in the field of dependency and abuse of drugs other than alcohol.
- **American Indian Advisory Council:** The Department of Human Services convenes an American Indian Advisory Council consisting of 11 tribal and 6 urban representatives. The council advocates for quality chemical dependency prevention, intervention, treatment, rehabilitation, follow-up, and evaluation for American Indian people who reside in Minnesota who are affected by the disease of alcoholism and/or drug abuse or dependency.
- **Minnesota e-Health Advisory Committee:** The e-Health Advisory Committee advises the Minnesota Department of Health on strategies and policies to accelerate the adoption and use of health information technology to improve health care quality, increase patient safety and health equity, reduce health care costs, and improve public health. The committee has 25 members representing consumers, health care providers, state government, health care purchasers, and others. It recently submitted a series of recommendations to Governor Dayton for using health information technology to prevent and respond to opioid misuse and overdose.

RESOURCES

This report is a high-level summary of the state's work to address the opioid epidemic. For additional information, visit these resources:

Minnesota State Substance Abuse Strategy <https://edocs.dhs.state.mn.us/lfserver/Public/DHS-6543-ENG>

Minnesota State Targeted Response to the Opioid Crisis Project Narrative April 2017
https://mn.gov/dhs/assets/mn-opioid-str-project-narrative-april-2017_tcm1053-289624.pdf

Opioid Dashboard <http://www.health.state.mn.us/divs/healthimprovement/opioid-dashboard/index.html>

Opioid Misuse, Substance Use Disorder, and Overdose Prevention
<http://www.health.state.mn.us/divs/healthimprovement/working-together/state-plans/opioidstateplan.html>

Social Determinants of Health <http://www.health.state.mn.us/divs/chs/healthequity/guide/sdoh.html>

Substance Abuse <https://mn.gov/dhs/people-we-serve/adults/health-care/substance-abuse/>