



Minnesota
Minnesota Department of Safety Bureau of Criminal Apprehension
Linkage to Care Across Minnesota

10/01/19 Grant Start → 09/30/22 Grant End

Overview

In Minnesota, drug overdose fatalities increased 3 percent from 2016 to 2017 (675 deaths to 694). Overdose deaths are not equal across age groups, genders, geography, and cultures in Minnesota. The highest drug overdose rates have moved to younger age groups. Other differences persist by gender and geography. American Indians in Minnesota have the highest rate of drug overdose deaths (primarily from opiates) in the nation. In 2016, among all states and territories, Minnesota had the highest-ranked age-adjusted disparity rate ratio of deaths due to drug overdose among American Indians/Alaska Natives relative to whites and the fifth-highest disparity rate ratio among blacks relative to whites. Although death is the most visible outcome, increasing substance use and abuse have a great impact on families, school systems, employers, law enforcement, and communities. Associated injury and violence also result in millions of dollars in hospital visits and rehabilitative drug treatment. Opioid-related hospital treatment (including emergency department (ED)

treatment and in-patient hospitalization) has been increasing since 2001 and has doubled since 2005. In Minnesota in 2009, opioid hospital treatments surpassed those for heart attack and stroke.

Grant Focus

- Expand law enforcement diversion and first-responder models that connect individuals to substance abuse treatment and recovery support services.
- Expand peer support services and recovery housing.
- Increase access to naloxone.
- Link data sets to identify trends and focus resources.
- Expand models of public health, behavioral health, and public safety information sharing and collaboration at state and local levels.
- Build capacity in underserved regions impacted by the opioid epidemic.
- Educate public safety and criminal justice stakeholders about substance abuse.

Program Approach

Through this grant, Minnesota is pursuing three categories of evidence-based prevention initiatives that build on the state's current work. This funding opportunity increases Minnesota's capacity to evaluate prevention initiatives that are succeeding and to implement new promising strategies that are currently missing in Minnesota.

Category 1: Establish six geographically defined sites across Minnesota to implement the following:

- In partner EDs, provide peer recovery specialist services to nonfatal drug overdose patients to decrease overdose fatalities, increase access to recovery support services, and decrease emergency department recidivism.
- Provide substance use disorder treatment and recovery support linkage with partnering emergency medical services agencies (e.g., providing naloxone to individuals at the scene of an overdose and making home visits to provide individuals with treatment linkage services).
- Establish overdose fatality review teams in each regional site to review overdose deaths with the intent of identifying new prevention strategies.

Category 2: Enhance six Minnesota Department of Health (MDH)-funded syringe services programs by equipping each with naloxone to distribute to people who use opioids and substances that may be cut with opioids.

Category 3: Enhance and evaluate eight ongoing MDH-funded opioid overdose prevention pilot projects.

- Minnesota will implement a mixed-methods evaluation using outcome indicators collected by MDH and partners to explore the extent to which the additional funding affects short- and long-term outcomes and whether initial effects are sustained. In addition to existing quantitative MDH data, qualitative data will be collected in the form of semistructured interviews and community reports from each site.
- Information will be used to develop a manual of policies, procedures, forms, and other materials that can be distributed to others.

Project Partners

- Minnesota Department of Health
- Regional emergency medical services
- Minnesota Community Health Boards and tribes

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