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**Comprehensive Drug Overdose and Morbidity Prevention Act 144.0528**

**LEGISLATIVE REPORT**

February 28, 2026

**Comprehensive Drug Overdose and Morbidity and Prevention Report to the Legislature  
(Fiscal Year 2025)**

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# Comprehensive Drug Overdose and Morbidity Prevention Report to the Legislature FY25

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## Executive Summary

In 2023, the state legislature passed the Comprehensive Drug Overdose and Morbidity Act (COMPACT) ([Sec. 144.0528 MN Statutes](https://www.revisor.mn.gov/statutes/cite/144.0528)) (<https://www.revisor.mn.gov/statutes/cite/144.0528>) which directed the Commissioner of Health to establish a comprehensive drug overdose and morbidity program to conduct prevention activities, epidemiologic investigations, and evaluation to monitor, address, and prevent drug overdoses statewide through integrated strategies.

Minnesota Department of Health (MDH) met the goals of COMPACT through the collaboration of several divisions and grants that provide critical funding to communities and partners. **The total amount of Fiscal Year 2025 (FY25) COMPACT funds encumbered into grants is \$7,481,908. Funds were distributed across the state to 61 Minnesota organizations** to comprehensively address drug overdose and morbidity in Minnesota. An additional \$748,693 was spent through communications contracts and the direct purchase of supplemental naloxone.

During FY25 (July 1, 2024-June 30, 2025) because of COMPACT funding<sup>1</sup>:

- More than 228,000 people **received primary prevention, harm reduction, treatment, and recovery support services** across Minnesota.
- More than 220,496 doses of **naloxone** were distributed.
- More than 720 community **education events** were held to learn about naloxone, stigma reduction, harm reduction services, and local resources to support basic needs.
- 1,341 professionals received touchpoints of **technical assistance or training** regarding overdose prevention and opioid prescribing best practices for their professional roles across organizations including local public health, multi-sector coalitions, clinics, and employers.

The COMPACT legislation includes eight strategies to be implemented through authorized grants and contracts. Key strategies include access to nonnarcotic pain management services, culturally specific interventions, recovery friendly workplace training and infrastructure, overdose spike detection and identification of substances involved in overdoses, harm reduction and community level care coordination efforts, and clinical and case management supports for pregnant people. Below are selected highlights of strategies and programs funded.

- 11 Tribal Nations received COMPACT funding. Tribal Nations chose activities that were best suited to their communities, ensuring relevancy and usefulness to their unique cultures and community contexts.
- U.S.-born Black/African American communities' interventions connected 50,595 people to naloxone, stigma reduction, community support and basic needs. Culturally specific prevention and intervention methods focused on connection to resources and naloxone access.
- 11,216 unhoused individuals were connected to resources for harm reduction and housing support.

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<sup>1</sup> For indicators on people served, numbers reported include potential duplication across grantee programs.

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- Tackling Overdose with Networks (TOWN) grantees connected communities to clinics and supported internal processes to deliver quality care for 3,377 people with substance use disorder (SUD) and successfully connect them to community support.
- Recovery Friendly Workplaces (RFW) infrastructure was established in Minnesota and aligned with national efforts. Grantees trained 1,190 supervisors, managers, and human resource leaders from 110 organizations to be recovery friendly workplaces and improve employee retention. MDH worked with the Office of Addiction and Recovery to make the State of Minnesota the first state nationally recognized as a Recovery Friendly Workplace.
- Minnesota Drug Overdose and Substance Use Surveillance Activity (MNDOSA) processed 465 samples in FY25 from eight different hospital sites.

In 2024, Minnesota recorded a 26% decrease in drug overdose deaths, dropping from 1,338 to 994 deaths statewide. Greater Minnesota counties saw the largest decrease of 31% (419 to 289 deaths). The metro counties also saw a decrease of 23% (919 to 704 deaths). This downward trend mirrors national patterns. It also suggests that ongoing prevention and harm reduction efforts are contributing to meaningful progress in reducing overdose deaths across Minnesota and beyond.

*“This decline in overdose deaths and hospitalizations shows what can happen when partners come together with a shared goal. This progress is thanks to the collaboration of communities, state and local governments, Tribal Nations, health care providers, and public health and safety. Working together, we have expanded naloxone access and strengthened prevention and recovery supports. But we’re not done. We have to keep the momentum going to further prevent the tragic consequences of fentanyl and other drugs in our communities.” -Minnesota Commissioner of Health Dr. Brooke Cunningham.*

Community knowledge supported effective implementation and increased access to life saving prevention, harm reduction, treatment and recovery care for Minnesotans from all backgrounds. Funding to prevent drug overdose and morbidity, including culturally relevant best practices and recommendations, focused on historically underserved communities. This allowed for training and resources to increase and improve overdose prevention knowledge, skills, and capacity across the state. Continued support for infrastructure to deliver lifesaving education and connection is essential; ongoing efforts and investment will save more lives in Minnesota. More information about Minnesota’s opioid prevention strategies can be found at the [MDH drug overdose prevention website \(https://www.health.mn.gov/communities/overdose/index.html\)](https://www.health.mn.gov/communities/overdose/index.html).

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## Overdoses continue to impact Minnesotans

Substance misuse and related harm continue to affect the lives of all who live in Minnesota. In 2024, Minnesota saw a continued decline in overdose deaths. While synthetic opioids continued to dominate fatal overdoses, fatal overdoses decreased across all opioid categories. For every person who died from a drug overdose in 2024, there were nearly 15 individuals treated for nonfatal overdoses in Minnesota hospitals. From 2023 to 2024, hospital-treated nonfatal overdoses decreased across drug categories, with opioid overdoses reaching their lowest levels since 2018 (DeLaquil & Giesel, 2025). Taken together, the decreases in fatal overdoses and hospital-treated nonfatal overdoses are substantial and consistent with the impact of prevention and harm reduction efforts.

While the epidemic reaches all corners of the state, there are communities in Minnesota that are disproportionately impacted by drug overdose. In 2024, the approximate statewide rate of fatal overdose was 17.3 per 100,000 (this includes people who die in Minnesota but are not residents). The Northeast and Metro regions saw the most significant impact of drug overdose in Minnesota, with overdose mortality rates highest in those regions as compared to others across the state (17.4 and 22.4 per 100,000, respectively).

American Indian and Black/African American residents of Minnesota experience the greatest burden of drug overdose in Minnesota. In 2024, American Indians in Minnesota were more than seven times as likely, and Black/African American people in Minnesota were more than three times as likely, to die from drug overdose than white people in Minnesota. In 2023, the rate of fatal drug overdose among American Indians in Minnesota was the highest American Indian fatal overdose rate in the United States. Other populations in Minnesota at disproportionate risk of drug overdose include justice-involved populations, people experiencing homelessness, and those who use intravenous drugs.

## COMPA legislation seeks to address the impact of overdose

In 2023, the Minnesota Department of Health (MDH) received historic investment in drug overdose prevention through the State Legislature passing the [Comprehensive Drug Overdose and Morbidity Prevention Act \(COMPA\) \(Minnesota Statute 144.0528\)](https://www.revisor.mn.gov/statutes/cite/144.0528) (<https://www.revisor.mn.gov/statutes/cite/144.0528>). While the financial investment was unprecedented, so was the vision that overdose prevention cannot happen in silos. To have a statewide impact, Minnesota must address the opioid epidemic across the continuum of care which includes efforts from multiple divisions in MDH. This report will tell the story of collaboration, integration, innovation, and dedication to meet Minnesotans where they are in their journey with efforts to prevent substance use in the first place, support harm reduction for people who use drugs, create spaces that encourage treatment and recovery, and provide support for evidence-based programming and community-defined evidence practices.

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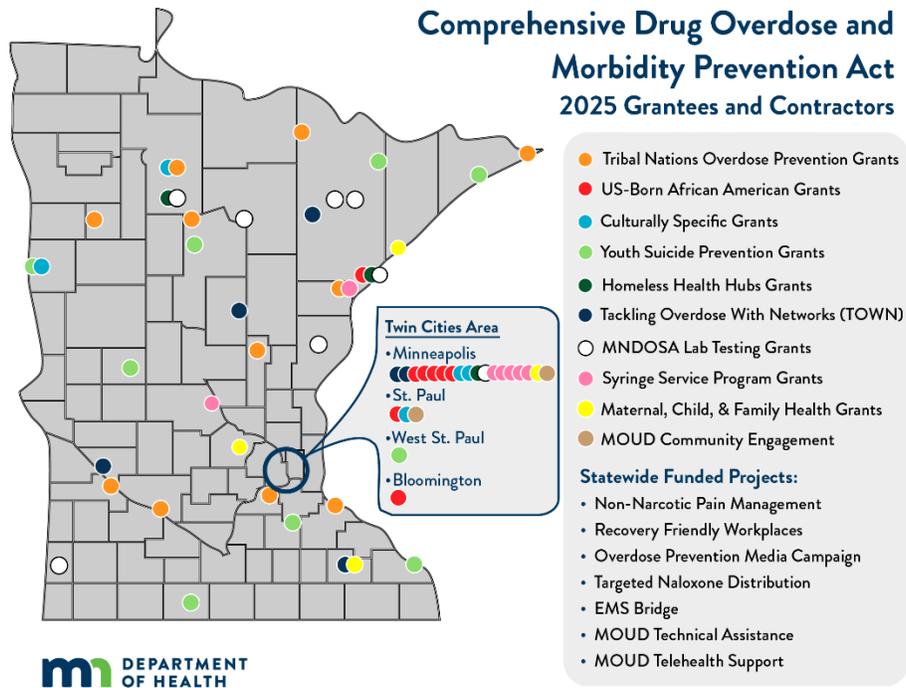
The COMPA legislation identified eight strategies to reduce overdose in Minnesota. COMPA-funded strategies align with each area of the statewide Opioid Response framework: prevention, harm reduction, treatment and recovery. These strategies were implemented through the collaboration of several divisions across MDH (Injury Prevention and Mental Health, Infectious Disease Epidemiology Prevention and Control, the Public Health Lab, Child and Family Health) and grants that provide critical funding to communities and partners in Minnesota. Below are the eight strategies identified and included in the legislation:

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: Promote medication-assisted treatment options; Support programs that provide services in accord with evidence-based care models for mental health and substance abuse disorder; Collaborate with interdisciplinary and professional organizations that focus on quality improvement initiatives related to substance use disorder; and, Implement Substance Use Disorder (SUD)-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: 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 to recommend focused interventions, prevention, and services.

### **Fiscal Year 2025 Progress and Community Stories**

The strategies listed above were operationalized through contracts and grant programs covering both urban and rural areas of the state to reduce the impact of opioids in Minnesota communities. Sixty-one grants were awarded in a wide variety of program areas. These were bolstered by statewide initiatives for communications to increase awareness of resources and public health data gathering efforts to increase real-time monitoring of overdose. The total amount of FY25 COMPA funds encumbered into grants is \$7,481,908. An additional \$748,693 was spent through contracts and the direct purchase of supplemental naloxone.

This map of Minnesota shows the locations of all organizations funded by the Minnesota Comprehensive Drug Overdose and Morbidity Prevention Act. See Appendix A for a list of funded organizations.



This map of Minnesota shows the locations of all organizations funded by the Minnesota Comprehensive Drug Overdose and Morbidity Prevention Act. See Appendix A for list of funded organizations and their locations.

**Table 1. COMPA Programs and Projects**

| Core Strategy   | Corresponding Program Area, Number of Grants and/or Contracts   |
|---|---|
| 1. Advance access to evidence-based nonnarcotic pain management services.   | <ul style="list-style-type: none"> <li>One contract: No Pain MN Non-narcotic pain management promotion</li> </ul>   |
| 2. Implement culturally specific interventions and prevention programs with population and community groups in greatest need, including those who are pregnant and their infants. | <ul style="list-style-type: none"> <li>11 grants provided to Tribal Nations</li> <li>13 grants provided for culturally specific prevention efforts including funding specifically for U.S.-born African American communities</li> <li>10 grants provided for community-based substance misuse and suicide prevention coalition efforts</li> </ul> |
| 3. Enhance overdose prevention and supportive services for people experiencing homelessness.  | <ul style="list-style-type: none"> <li>Seven grants to Syringe Services Programs</li> <li>Three grants to provide Homeless Hubs</li> </ul>  |

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| Core Strategy   | Corresponding Program Area, Number of Grants and/or Contracts   |
|---|---|
| 4. Equip employers to promote health and well-being of employees by addressing substance misuse and drug overdose.  | <ul style="list-style-type: none"> <li>▪ One grant to implement Recovery Friendly Workplace efforts</li> </ul>  |
| 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).   | <ul style="list-style-type: none"> <li>▪ Five grants to support MNDOSA</li> </ul>   |
| 6. Implement Tackling Overdose with Networks (TOWN) community prevention programs.  | <ul style="list-style-type: none"> <li>▪ One grant for the provision of Tele-MOUD</li> <li>▪ One grant to provide technical assistance to clinics</li> <li>▪ Six grants to clinics to implement TOWN</li> <li>▪ One contract: MN Bridge (EMS Bridge)</li> </ul> |
| <p>7. Identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth through multitiered approaches, and</p> <p>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.</p> | <ul style="list-style-type: none"> <li>▪ Four grants addressing strategies 7-8 to implement Maternal Child Health efforts</li> </ul>  |

Below are both description and analysis of the implementation during FY25. The work is organized by data collection and monitoring, prevention, harm reduction, treatment, and recovery.

### Data Collection and Monitoring

MNDOSA tracks the impact of overdoses and substance-related emergency care in Minnesota, helping the state respond quickly and effectively. The system identifies clusters of overdoses, determines which substances are involved, and uses comprehensive testing at the MDH Public Health Laboratory to detect new drugs, unusual clinical presentations, and substances contributing to severe illness or death. MNDOSA data also highlights who is most at risk, guiding focused prevention efforts. In FY25, 465 samples were processed.

*“Users, providers, and law enforcement benefit from real-time data.” – MNDOSA Grantee*

COMPA grantees shared quarterly or biannual reports on numbers served, naloxone distribution, and community activities. For indicators on people served, numbers reported include potential duplication across grantee programs. To gather additional context, MDH staff conducted key informant interviews with grantees; this information is included in the summaries below as well as in strategy-specific reports that will be available on the MDH website. Quotes included in this report are attributed either to specific individuals, organizations, or generally by grant area, as requested by the participating organizations.

## Prevention

Prevention programs use an upstream approach to provide community access to resources and prevent harm before crisis. Strengthening protective factors and community conditions reduces risk and improves long-term opportunities for health. Community- and Tribal-led capacity building sustains primary prevention and advances health equity. Several COMPA strategies cross multiple areas under the framework of primary prevention, harm reduction, treatment, and recovery. This section begins highlighting the work of Tribal Nations which includes strategies to address overdose and promote wellbeing across the spectrum of prevention and care, then continues with a summary of other primary prevention efforts.

### Tribal Nations

COMPA funding supports activities that Tribal Nations determined are best suited to their communities, ensuring relevancy and usefulness to their unique cultures and community contexts and respecting Tribal sovereignty in decision-making. Tribal Nations determined priorities and implementation approaches. The activities implemented were classified by MDH into the following categories: primary and secondary prevention (26%), out-patient and community-based treatment (24% of total funds distributed), peer support programs (22%), administrative functions (13%), residential care (7%), harm reduction (6%), and training programs (2%).

All 11 Tribal Nations participated in the data collection for this report through oral reporting at meetings with Tribal Relations Specialists and other MDH staff, and in some cases at their discretion, through written reports and providing artifacts such as flyers for events.

Below are examples of the activities that Tribal Nations have organized to prevent and mitigate harm from drug overdoses:

- Launched a financially self-sustaining licensed Children’s Therapeutic Services and Supports (CTSS) program that is culturally adapted for Native American youth and their families. This program is currently serving over a dozen schools in the Arrowhead region.
- Developed sober group support systems and peer recovery systems. This includes using group therapy alongside cultural experiences and software applications that support developing social safety networks. Peer recovery specialists play a big role in creating and maintaining these social connections and support for recovery.

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- Provided integrated support to youth and adults at risk of drug overdose or coming out of treatment or incarceration. Integrated supports respond to client need, and include a range of services, such as housing, transportation, reuniting families, assistance getting medical treatment, and more.
- Used a holistic approach for many people who have co-occurring mental health, substance misuse, family disruption, and physical health conditions. Providing medication for Opioid Use Disorders (MOUD) in combination with traditional healing, culture, and integrated support is based on client need.
- Provided community and social connection through cultural calendars and sober and substance-free events. Examples include game nights, history center visits, a Sobriety Feast, a New Year's Powwow, storytelling events, a Recovery Round Dance, Red Dress events, sobriety and mental health education sessions, sidestep socials, commemorative walks, speakers, drumming, pipe ceremonies, healing ceremonies, and sweat lodges.
- Provided cultural connection and mental health support to youth through a school language program reaching Pre-K through high school students across the curriculum.

One Tribal Nation grantee noted that incorporating American Indian traditional cultural practices are critical to support individuals, families, and communities experiencing profound challenges such as the loss of a loved one due to suicide or overdose, family separation, grief, trauma, and other crisis situations. These cultural practices—such as ceremonies, prayer, traditional songs, storytelling, and connection to the land—offer a holistic approach to healing. They provide a sense of belonging, spiritual grounding, and resilience that is deeply rooted in community values and ancestral knowledge. By honoring these traditions, we create spaces where individuals can process grief, restore balance, and strengthen their cultural identity during times of hardship.

### Community Connection and Primary Prevention

Through No Pain MN, communications efforts connect people experiencing pain and their medical providers with evidence-based, non-narcotic pain management options in their local community. In FY25 there were 1,100 visits to the site.

Community-Based Substance Misuse and Suicide Prevention Coalition grantees focus on coalition building and community engagement to identify strategies to address shared risk and protective factors in their communities. In FY25, coalition building grantees held 94 coalition meetings, consistently engaging 221 community members, including school staff, mental health providers and recovery specialists, local public health, juvenile justice, law enforcement, youth, parents, and people with lived experience in recovery.

### Culturally Specific Prevention Programs

Youth mentorship and place-based support are central to prevention, addressing social determinants of health by meeting people where they are and creating stability through housing, basic needs, community connection, and supportive environment. In accordance with grant scope, addressing basic needs is treated as a core prevention strategy that reduces risk and strengthens long-term health outcomes.

Outreach efforts by grantees focused on overdose prevention, harm reduction education, and meeting basic needs through consistent, community-based engagement. Teams hosted dozens of overdose response and naloxone administration trainings for community partners, service providers, schools, correctional settings, faith

communities, and people who use drugs, prioritizing culturally specific and high-risk populations. Extensive tabling, street outreach, and over 360 community events across Minneapolis–St. Paul and Greater Minnesota expanded naloxone access, provided education on overdose prevention, and connected individuals to care, housing, and recovery resources.

Outreach also addressed immediate needs through hot meals, access to showers and hygiene kits, winter survival supplies, access to cooling spaces, traditional sweat lodge events, teaching circles, and youth-focused support, reaching thousands of community members, with significant engagement among Black/African American, Karen, Hmong/SEA, Tribal Nations and unhoused populations. Together, these activities strengthened trust, reduced barriers to care, and increased community capacity to prevent overdose and support recovery.

*“While tabling at events, I would educate people on how to use Naloxone for overdose reversals, and I also handed out a lot of Naloxone at every event.” - Harm Reduction Sisters staff*

## Harm Reduction

Harm reduction programs use a community-driven approach and practical strategies that help minimize the potential negative health impacts associated with drug use. These programs include but are not limited to syringe disposal, access to sterile use equipment, overdose prevention training, infectious disease testing, linkage to care, and access and referral to healthcare. Harm reduction programs empower individuals to take control of their health and well-being, and serve as a pathway to wraparound supports, including treatment and recovery options, while respecting individual choices and autonomy. Harm reduction work is highlighted in this section.

### Naloxone Distribution

Naloxone is a safe medication that can reverse an overdose from opioids, including heroin and fentanyl. COMPA grantees distributed over 220,496 doses during FY25.

Naloxone was distributed through multiple community-based channels, including tabling at events, outreach and street outreach, one-on-one interactions, community and training events, office-based distribution, vending machines, housing lobbies, and direct distribution through community partners. Distribution also occurred through sober homes, statewide shipping, and free access points embedded in community settings.

One Tribal Nation described partnerships grown out of distribution efforts:

*“[Tribal Nation] naloxone distribution efforts have significantly strengthened partnerships between tribal programs, local law enforcement, EMS, and community organizations. Through Narcan pop-ups, vending access points, and outreach events, multiple lives were reported saved within the [Tribal Nation]. The program has helped reduce stigma around overdose response by normalizing naloxone availability at community gatherings, schools, and recovery events. Local residents have shared stories of successfully reversing overdoses thanks to receiving Narcan through these efforts—often in rural or isolated areas where*

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*emergency response times are longer. These efforts have built community confidence and encouraged more residents to carry naloxone and participate in harm reduction education.” - Tribal Nation grantee*

### Culturally Specific Harm Reduction Initiatives

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. COMPA-funded 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 addressed risk and protective factors for other community violence outcomes linked to substance use such as firearm violence and youth violence.

Key efforts included improving access to non-opioid pain management, expanding syringe service programs, advancing culturally specific interventions, providing services for people experiencing homelessness, supporting pregnant and postpartum individuals with substance use disorders, and linkages to care.

The number of people served by these grantees was 50,595, including the distribution of 100,784 naloxone doses and 361 community events held over the year. Several examples of events include tabling at a community event to offer re-entry support for justice impacted families, community peace celebrations, and a youth conversation event about mental health and addiction. There is immense value in having events held in community as it allows a touch point for raising awareness in neighborhoods and building trusting relationships.

*“Building human connections to share resources is everything.” - US Born African American Prevention Grantee*

### Syringe Services Programs

Grants were awarded to expand access to comprehensive syringe services programs (SSPs) for people who inject and/or use drugs, who are also experiencing homelessness and/or housing instability. Consistent access to the comprehensive harm reduction services provided at SSPs is vital for people experiencing homelessness as national and state data indicate that people experiencing homelessness or housing instability are disproportionately impacted by infections, fatal overdose, and other harms that may be related to drug use.

During FY25, grantee staff provided 159,551 touchpoints to deliver harm reduction supplies including safe needle exchanges; 63,405 naloxone doses were distributed. With potential duplication of participants across reporting quarters, 19,141 participants served reported experiencing homelessness or housing instability; 3,008 unduplicated individuals were new participants in FY25. Grantees described the most beneficial aspect of this programming as the time staff must build relationships with people who use drugs while supporting them in navigating harm reduction, clinical care, housing, or treatment services.

COMPA funding has allowed several programs to insert more structure and predictability within a variety of services they were already offering and maximize availability to community members. This is a way to increase access to both supplies and relationships, which often lead to positive outcomes for community members.

*“These things work. Period. Full stop. We see it working. It is working. Saving lives every day!” - John Tribbett, Service Area Director Ending Homelessness Division, Avivo*

### Harm Reduction, Health, and Housing Hubs

The purpose of the harm reduction, health, and housing hub grants is to reduce fatal overdoses through coordinated housing support, harm reduction, social and medical services. Hubs assist with housing stability, harm reduction, and health care. All hubs include a combination of housing and harm reduction services, but grantees have flexibility in determining where and how to offer services. Some hubs provide services within their offices, while others have mobile programs that bring services to people in encampments, transit stations, shelters, day centers, libraries, or other places people experiencing homelessness who use drugs might frequent. The hubs are opportunities to have integrated housing, health, and harm reduction services co-located in accessible settings. The goal is to support organizations with the necessary experiences and expertise to effectively serve people most affected by homelessness and drug-related deaths, specifically Black/African American and American Indian communities. As data on health disparities is uplifted, grantees wanted to emphasize the root causes behind those disparities.

*“We need to challenge the broader system: how do we change the environment to make choices? If you are not employed, how can you get housing? Few employers have tolerance for helping people in recovery or with criminal backgrounds. We need to create more types of housing and supports that go along with it for employment to make the whole thing work. We need to build intermediate and a long-term stabilizing pathway for individuals. Society has made these people invisible.” - Martin Jennings, NWICDC*

In FY25, these three organizations have provided services to 11,216 total participants, including connecting with 2,089 new participants and helping 260 people move into housing and distributing 17,383 naloxone doses. The Hubs have provided resources to help participants with basic needs, resource navigation, and referrals to treatment programs and other specialized services. Examples of services include shelter access and supportive housing, eviction prevention and rental assistance, housing navigation and case management, collaboration with tribal programs, culturally inclusive and holistic support, housing focused outreach in harm reduction spaces, and emergency support during community crises.

### **Treatment**

Investments in TOWN clinics, tele-MOUD, and EMS support are ensuring Minnesotans with opioid use disorder can access medication-assisted treatment quickly, equitably, and consistently to help more people start and stay on the path to recovery. Through frontline provider training, naloxone distribution, and EMS support, we are equipping Minnesota’s healthcare and emergency systems to prevent overdoses and respond effectively when they occur, saving lives and protecting families. Clinical treatment and provider support is highlighted in this section.

### TOWN Clinics -Tackling Overdose with Networks

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The Tackling Overdose with Networks (TOWN) Grant program provides low-barrier access to medication for opioid use disorder (MOUD) and assessment services across Minnesota. The TOWN model built on previous learnings to implement support for clinical capacity and build structures to enhance implementation and outreach. Stratis Health supported implementation through more than 40 instances of technical assistance provided by subject matter experts.

In FY25, the six TOWN sites served 3,377 people in total, including 362 new patients. Grantees reported 1,269 patients having one year or longer adherence to MOUD. There were 111 total providers who were actively prescribing MOUD, which is an increase from 44 in the first quarter of the fiscal year. The total number of people receiving MOUD averaged 844 per quarter, with 90 new MOUD patients added each quarter.

Eight thousand two hundred four (8,204) referrals were made for the areas of need listed below. Reports show that 178 patients successfully completed at least one service referral.

- Health-related social needs (i.e., basic needs resources) (6,936)
- Harm reduction services (434)
- Substance use disorder treatment and recovery services (414)
- Mental health services (259)
- Non-narcotic pain management services (161).

In building a network, TOWN sites connect with community organizations. Grantees reported 33 new community partnerships established in FY25. Examples of the collaboration efforts and new partnerships TOWN site grantees created include:

- Social workers with are working one half-day each week at the clinic. This enables patients to get a warm hand off to the social worker if they need support with basic needs (house, transportation, food etc.).
- Collaboration with a college health center and emergency response team on a university campus continued to grow, expanding the number of naloxone boxes on campus, with plans to place boxes in the residence halls.
- Increased collaboration with community jails.

There were 288 community outreach activities completed across FY25 and along with distributing 10,566 naloxone doses. Events ranged from substance use prevention collaborative meetings, education presentations on substance use for the community, and health fair tabling.

### YourPath Tele-MOUD

YourPath is a Minnesota organization focused on supporting people remotely with substance use disorders through accessible, virtual care. In alignment with the TOWN Clinic Grant program, the YourPath software platform links participants to virtual MOUD services when needed and connects them to local in-person supports for example, peer recovery specialists, until the connection with ongoing clinic-based MOUD and primary care can be made.

In the first year, TOWN clinics have worked to establish technology integration and client coordination logistics. In FY25, YourPath worked with 11 TOWN patients, with the goal of expanding services in the coming year.

### EMS Bridge

An additional strategy to increase access to MOUD was the [EMS Bridge program \(http://www.mnbridge.org/\)](http://www.mnbridge.org/). The website supports frontline responders by providing education and targeted resources for EMS professionals who regularly work with overdose patients, and by training poison control staff on MOUD. In FY25 there were 385 visits to the site. In addition to the materials posted on the website, a Minnesota-specific 24/7 pre-hospital buprenorphine support hotline is available for EMS to call. During FY25, 27 poison control staff were trained to answer the hotline to assist EMS providers.

## **Recovery Support**

COMPA supported initiatives integrate the workplace, family, and community-based recovery supports to reduce stigma, improve access to care, and promote sustainable recovery for individuals and families affected by substance use. Recovery support work is highlighted in this section.

### Harm Reduction, Health, and Housing Hubs Recovery Supports

Connections in the Hubs can support linkages to care, harm reduction, and support recovery as well. The grantees are developing promising new approaches to support the health and wellbeing of people experiencing homelessness. People struggling with sobriety and homelessness described participation in ceremony bringing them hope, helping them process grief, and being an avenue of reconnection to their families and loved ones.

### Reconnecting to Community through Ceremony

Northwest Indian Community Development Center's Oshki Waakaa'igan "New House" housing program and the Ombishkaa "Rising Up" Re-Entry Program have joined forces with The People's Church shelter to establish a community sweat lodge. The sweat lodge ceremonies (called Madoodiswan in Ojibwe) provide an accessible and welcoming space for unhoused individuals seeking a traditional healing experience. This collaboration aims to foster cultural connection and support for those in need, ensuring that the sweat lodge remains a safe and inclusive resource within the community.

To date, the New House program has hosted five sweat lodges with a total of 64 participants. Following the sweats, the New House program has helped several participants get into residential treatment programs and then permanent housing.

### Recovery Friendly Workplaces

Recovery Friendly Workplaces (RFWs) support their employees by recognizing recovery from substance use disorder as a strength, and by being willing to work intentionally with people in recovery. RFWs encourage a healthy and safe environment where employers, employees, and communities can collaborate to create positive change and eliminate barriers for those impacted by substance use and substance use disorder.

In October 2024, Governor Walz signed Executive Order 24-11. This ordered the state to adopt policies and procedures to increase support for employees in recovery. Minnesota secured certification as a Recovery Friendly Workplace, the first state government to earn this designation from the National Recovery Friendly

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Workplace Institute, through a partnership between MDH and the Office of Addiction and Recovery. Efforts continue to create a structure for private businesses to receive similar designation.

The Minnesota Safety Council built infrastructure for statewide efforts to support employers in FY25 and trained 1,190 supervisors, managers, and human resource leaders from 110 organizations. Organizations represented both rural and larger population centers across multiple occupational fields. Training and technical assistance was offered both in person and virtually. Trainers highlighted the return on investment (ROI) for becoming a Recovery Friendly Workplace. It benefits the employer to reframe the issue that it is better to know an employee is struggling with substances and help them and to be able to retain a valuable employee. Messages of the training focused on stigma reduction, empowering managers with language to describe substance use and recovery, as well as increasing employer familiarity with Employee Assistance Programs and community resources for treatment and recovery.

### Enhancing Outcomes for Pregnant Individuals

Four organizations are funded 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 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.

In FY25, 69 pregnant and parenting people received services through the grant, focused on reducing stigma, strengthening referral networks, and providing intensive case management and peer recovery supports to improve outcomes for pregnant and parenting families impacted by substance use.

Grantees approached this work in complementary ways. Wilderness Health assessed clinician attitudes and knowledge, receiving 131 responses from seven different organizations and finding strong interest in tools to support compassionate conversations with patients and ongoing challenges with implicit bias and stigma. Avivo supported 36 pregnant and parenting people by coordinating referrals and wraparound services that promoted parent and child physical, mental, and developmental health. Wright County used a multidisciplinary, voluntary home-visiting model that combined nursing, behavioral health, and recovery supports to address whole-family needs and build stronger community connections. Family Service Rochester's Family Advocacy in Recovery and Restoration (FARR) program provided case management and peer support to pregnant and parenting people, resulting in healthy, full-term, substance-free births and increased access through expanded community-based office locations. Grantees hosted a combined 32 community events attended by 5,297 community members.

Despite these successes, stigma remains a significant barrier to care, slowing referrals and complicating care coordination for pregnant people with substance use disorder. Grantees reported challenges related to insurance gaps, limited prenatal and family care providers, transportation and housing barriers, and the large amount of staff time required to support families with complex needs. Successes were most evident where trust was built with the family and across staff and partners working with the same family. Grantees distributed 4,222 naloxone doses. COMPA funding enabled flexible, community-based approaches that improved access to care,

supported families during critical periods, reduced silos and generated positive ripple effects across local systems.

## Lessons Learned

### Data is a powerful tool to improve clinical care

MNDOSA has proven immensely valuable in directly improving patient care. Because of their participation in MNDOSA, four health care systems across eight emergency departments have been able to collect real-time data and use that to educate patients, medical providers, and law enforcement partners with their findings. This helps providers and responders stay ahead of the curve on emerging substance use trends impacting the community. For example, this system identified a rise in the use of sedatives in combination with other substances used during an overdose, which has impacts on how patients respond to naloxone. This finding resulted in specific education about clinical care for front line workers responding to overdose which in turn resulted in emergency responders and medical providers making informed adjustments to their provision of care. Minnesota's well-equipped Public Health Lab (MN-PHL) made it possible to provide this analysis and respond to Minnesota's emerging substance use needs.

MN-PHL has a strong history of innovation and excellence that has established their national leadership in opioid biosurveillance, with extensive experience conducting biomonitoring studies around the state for a variety of environmental contaminants. The MN-PHL is a Level 1 laboratory within the Center for Disease Control and Prevention's Chemical Laboratory Response Network (LRN-C) and draws on a national network of resources to support public health emergencies. The MN-PHL currently provides qualitative toxicological analysis and is capable of detecting over 1,300 licit and illicit substances. Through the MNDOSA program, these substantial capacities are routinely leveraged to detect unusual and emerging substances in Minnesota's drug supply.

MNDOSA Partners describe the value of the work in the following ways:

*"Users, providers, and law enforcement benefit from real-time data."*

*"MNDOSA is more than data collection—(we're seeing) clinical care benefits from this."*

*"We can accomplish more with MNDOSA."*

*"We are the envy of our colleagues across the nation in this work...Many places model their work to MNDOSA."*

### Learn from community partners and adapt efforts to be culturally responsive

Effective overdose prevention requires evidence-based, culturally grounded strategies that respond to the realities of underserved communities. The strongest approaches begin by meeting people in their situation and recognizing that safety, trust, and stability are essential before any health intervention can take hold. Culturally relevant practices center community wisdom and lived experience, including sustained partnerships with Tribal Nations, trusted engagement with U.S. - born African American communities, and tailored, accessible services for immigrant, rural, and LGBTQ+ populations.

Core best practices include expanding low-barrier access to naloxone and drug-checking tools; providing culturally specific outreach and peer support; integrating basic needs such as housing, food, and safety as harm-reduction work; and maintaining flexible funding and adaptive workplans that can respond to shifts in the drug supply and community conditions. Ultimately, overdose prevention succeeds when systems invest in long-term, community-rooted partnerships and elevate the expertise of those most affected ensuring every intervention is relevant, respectful, and responsive.

## **Addressing Social Determinants of Health Is Prevention and Harm Reduction – housing, food, showers, jobs, transportation, clinical linkage**

Meeting people’s basic needs is foundational to any effective approach to care, harm reduction, or recovery. When individuals are navigating unstable housing, hunger, unsafe environments, or a lack of essential resources, it becomes nearly impossible to focus on health, wellness, or behavior change. A place-based approach recognizes this reality: stability comes first, and from that stability grows trust, engagement, and the capacity to consider care options.

With that trust in place, individuals are more able and willing to explore strategies that reduce harm in their daily lives. They can begin engaging with harm reduction services, learning about safer choices and behaviors, building connections with peer recovery workers or outreach staff, and navigating available resources. Over time, as stability grows and relationships deepen, people have the space to consider additional options including treatment, recovery support, or longer-term care pathways on their own terms and in ways that honor their autonomy.

This progression is not linear for everyone, but the pattern is clear: place-based services that prioritize basic needs create the conditions for trust, and trust creates the conditions for meaningful engagement in harm reduction, care, and recovery. This approach reflects the lived realities of the communities served and emphasizes the need for programs to be responsive to specific needs and contexts.

## **Promote Culturally Specific Lived Experience**

The work presented in this report is grounded in the belief that effective prevention and response efforts must be shaped by the lived experiences of the communities most affected. This includes acknowledging cultural strengths, responding to local priorities, and ensuring that community members and especially those with lived experience are positioned as leaders in shaping solutions. By investing in culturally specific partnerships and approaches, Minnesota is building a system that is more responsive, trusted, and sustainable over time.

A key component of this work is ongoing engagement with Tribal Nations. Relationships with Tribal Nations are strengthened with intentional and respectful communication and collaboration with grantee partners who serve American Indian communities. This includes support for culturally grounded outreach and building meaningful connections that align with each Nation’s priorities. This approach emphasizes reciprocity, respect for sovereignty, and the understanding that Tribal communities hold deep knowledge about what works for their people.

COMPA is expanding support for efforts within the U.S.-born African American community, where familiarity with community norms and lived realities already exist. By working with partners who are embedded within these neighborhoods, social determinants of health and basic needs can be better addressed, which are critical factors that help prevent substance use and strengthen overall wellbeing. Increasing connection to trusted resources is central to this strategy, ensuring that individuals and families can access the support they need at the right time.

Health information and resources are aligned with what community needs are in the present moment across culturally specific community groups. Conditions shift quickly whether due to changes in the drug supply, local events, or emerging community concerns and with support and flexibility, partners are equipped to adapt in real time. This agility allows culturally specific organizations to continue offering accurate, relevant, and trusted information while meeting people where they are.

In rural communities, the challenges look different but are no less urgent. Transportation barriers, long distances to services, and limited availability of basic resources can delay or prevent people from receiving the support they need. To address this, partners invest in peer support roles across organizations, helping retain local staff and improving navigation to care. These roles strengthen coordination and build awareness of available services in regions where resources are often spread thin.

These efforts reflect a comprehensive approach that elevates culturally specific lived experience, strengthens community leadership, and builds systems that can respond quickly and appropriately to changing community needs. This work is essential to preventing drug overdose and morbidity and ultimately creating healthier, more resilient communities across Minnesota.

## Recommendations and Next Steps

- Continue to invest in and expand what is shown to work - meeting people where they are in their recovery journey; for example, through low-barrier MOUD, culturally resonating peer and community support, and hubs to connect people and communities to services.
- Continue to invest in and expand data infrastructure in partnership with the public health lab to improve timely access to emergent substance trends.
- Continue to standardize and improve consistency of data reporting such as standardizing metrics for naloxone distribution in alignment with Office of Addiction and Recovery.
- Where possible and when in alignment with programmatic goals, support grantee flexibility to adapt strategies and interventions to emergent community needs and changing contexts. In accordance with grant scope, allow grantees to address basic needs as a core prevention strategy that reduces risk of overdose and strengthens long-term health outcomes.
- Create infrastructure to gather feedback from partners and community members and address barriers that inhibit community engagement such as clarifying processes for community engagement compensation.

## Resources and Contacts

For further information and additional resources from MDH, please find visit our [overdose prevention website](#)

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<https://www.health.state.mn.us/communities/overdose/prevention/index.html>).

To provide context for this report a list was included of related efforts in Minnesota to reduce the impact of opioid overdose and morbidity.

- [Naloxone Saturation Convening / Minnesota Management and Budget \(MMB\)](https://mn.gov/mmb/oar/naloxone-saturation-convening/) (<https://mn.gov/mmb/oar/naloxone-saturation-convening/>) May 2024
- [Naloxone Saturation Strategy](https://mn.gov/mmb/assets/naloxone-saturation-strategy-2025_tcm1059-671241.pdf) ([https://mn.gov/mmb/assets/naloxone-saturation-strategy-2025\\_tcm1059-671241.pdf](https://mn.gov/mmb/assets/naloxone-saturation-strategy-2025_tcm1059-671241.pdf)) February 2025
- [Legislative Report](https://www.lrl.mn.gov/docs/2025/mandated/250504.pdf) Task Force on Holistic and Effective Responses to Illicit Drug Use (<https://www.lrl.mn.gov/docs/2025/mandated/250504.pdf>) February 2025
- [Evidence-based Approaches to Drug Policy: A Roadmap for Minnesota](https://www.lrl.mn.gov/docs/2025/mandated/250612.pdf), Anne Siegler, DrPH and Ari Edelman McHenry, MPH – (<https://www.lrl.mn.gov/docs/2025/mandated/250612.pdf>) February 2025
- [Equitable Health Care Task Force Seeks Public Comment | Minnesota Medical Association-](https://www.health.state.mn.us/communities/equitablehc/docs/draftrecs.pdf) (<https://www.health.state.mn.us/communities/equitablehc/docs/draftrecs.pdf>) feedback asked for July 2025
- [MOUD in Jails Workgroup - Interim Report to the Subcabinet on Opioids](https://mn.gov/mmb/assets/moud-in-jails-report-2025_tcm1059-706461.pdf) ([https://mn.gov/mmb/assets/moud-in-jails-report-2025\\_tcm1059-706461.pdf](https://mn.gov/mmb/assets/moud-in-jails-report-2025_tcm1059-706461.pdf)) September 2025

External resources available to reduce opioid misuse and overdose in Minnesota include the following:

- Website resource for medical providers: [NOPAIN Minnesota](https://nopainmn.org/) (<https://nopainmn.org/>)
- Website resource for Emergency Medical Service providers: [EMS Bridge](https://www.mnbridge.org/) (<https://www.mnbridge.org/>)
- Telehealth resource – Your Path for 24/7 access to TeleMOUD [Effective, flexible addiction treatment](https://yourpathhealth.org/) (<https://yourpathhealth.org/>)

### Contacts:

- Injury Prevention and Mental Health Division (IPMH): [health.injuryprevention@state.mn.us](mailto:health.injuryprevention@state.mn.us)
- Child and Family Health Division (CFH): [health.cfhcommunications@state.mn.us](mailto:health.cfhcommunications@state.mn.us)
- Infectious Disease Epidemiology, Prevention and Control Division (IDEPC): [IDEPC Comment Form](https://www.health.state.mn.us/about/org/idepc/contact.html) (<https://www.health.state.mn.us/about/org/idepc/contact.html>)

### Works Cited

DeLaquil, M., Giesel, S. (2025) *Statewide Trends in Drug Overdose: Preliminary 2024 Update, Data Brief*. Minnesota Department of Health.

Drug Policy Alliance. (2024, December 16). *Overdose deaths are going down: Health and harm reduction approaches play a big role*. Retrieved from <https://drugpolicy.org/news/overdose-deaths-are-going-down-health-harm-reduction-approaches-play-a-big-role/>

Appendices

Appendix A - COMPA-funded grants and contracts in Fiscal Year 2025

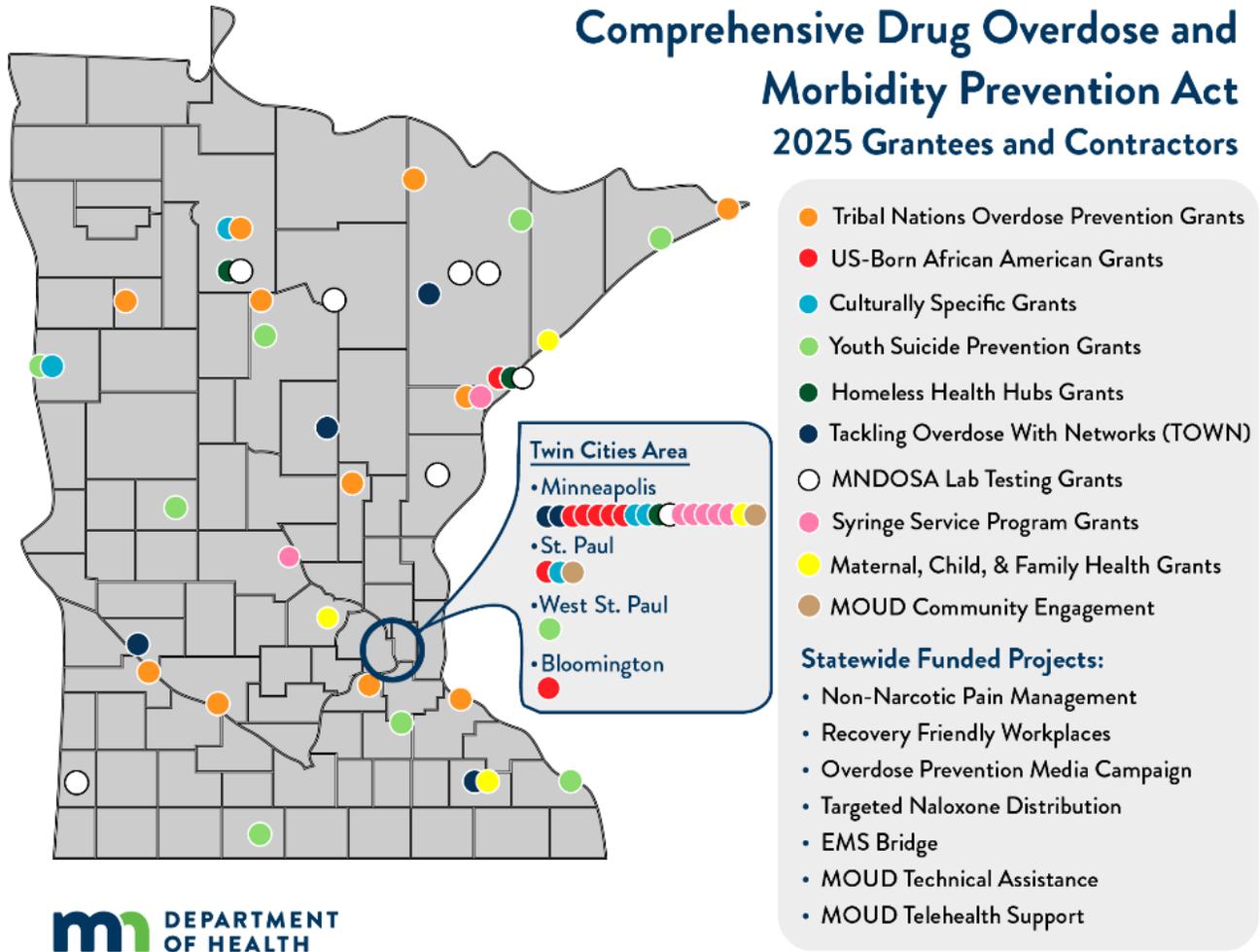


Image description: Comprehensive Drug Overdose and Morbidity Prevention Act 2025 Grantees. Dots marking grantee city locations are in various colors representing grantees on a map of Minnesota. *This map of Minnesota shows the locations of all organizations funded by the Minnesota Comprehensive Drug Overdose and Morbidity Prevention Act. See Appendix A for list of funded organizations.*

**Table 2. COMPA Funded Grants and Contracts in Fiscal Year 2025**

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| <b>Organization</b>                  | <b>Project Area</b>   | <b>Program</b>                                       | <b>Location</b>                      |
|--------------------------------------|---|--|--------------------------------------|
| Hennepin Healthcare                  | Communications contracts  | Non-Narcotic Pain Management; EMS Bridging           | Statewide                            |
| Shakopee Mdewakanton Sioux Community | Tribal Nations  | Tribal Nations focused grants                        | Shakopee Mdewakanton Sioux Community |
| Prairie Island Indian Community      | Tribal Nations  | Tribal Nations focused grants                        | Prairie Island Indian Community      |
| Mille Lacs Band of Ojibwe            | Tribal Nations, additional Naloxone funds   | Tribal Nations focused grants; Naloxone distribution | Mille Lacs Band of Ojibwe            |
| Lower Sioux Indian Community         | Tribal Nations, additional Naloxone funds to Woniya Kini Behavioral Health Services | Tribal Nations focused grants, Naloxone distribution | Lower Sioux Indian Community         |
| Upper Sioux Community                | Tribal Nations  | Tribal Nations focused grants                        | Upper Sioux Community                |
| Bois Forte Band of Chippewa          | Tribal Nations, additional Naloxone funds   | Tribal Nations focused grants; Naloxone distribution | Bois Forte Band of Chippewa          |

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|  |  |   |  |
|--|--|---|--|
| Red Lake Nation                              | Tribal Nations, Culturally Specific Community Programs through ObaaShiing Treatment Center, additional Naloxone funds through Red Lake Chemical Health and ObaaShiing Treatment Center | Tribal Nations focused grants; culturally specific interventions and prevention programs; Naloxone distribution                             | Red Lake Nation                              |
| Grand Portage Band of Lake Superior Chippewa | Tribal Nations, additional Naloxone funds to Grand Portage Human Services  | Tribal Nations focused grants, Naloxone distribution  | Grand Portage Band of Lake Superior Chippewa |
| White Earth Nation                           | Tribal Nations, additional Naloxone funds  | Tribal Nations focused grants; Naloxone distribution  | White Earth Nation                           |
| Leech Lake Band of Ojibwe                    | Tribal Nations   | Tribal Nations focused grants   | Leech Lake Band of Ojibwe                    |
| Fond Du Lac Band of Lake Superior Chippewa   | Tribal Nations, Syringe Services Program, additional Naloxone funds to Tagwii Recovery Center  | Tribal Nations focused grants; enhance overdose prevention and support services for people experiencing homelessness; Naloxone distribution | Fond Du Lac Band of Lake Superior Chippewa   |
| Harm Reduction Sisters                       | U.S.-born African American Community Programs, additional Naloxone funds   | Culturally specific interventions and prevention programs; Naloxone distribution  | St. Louis County                             |

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|                                   |  |  |                 |
|-----------------------------------|--|--|-----------------|
| New Salem Missionary Baptist      | US Born African American Community Programs, additional Naloxone funds | Culturally specific interventions and prevention programs; Naloxone distribution | Hennepin County |
| YouthLink                         | US Born African American Community Programs, additional Naloxone funds | Culturally specific interventions and prevention programs; Naloxone distribution | Hennepin County |
| Alliance Wellness Center          | US Born African American Community Programs, additional Naloxone funds | Culturally specific interventions and prevention programs; Naloxone distribution | Hennepin County |
| Hennepin County                   | US Born African American Community Programs                            | Culturally specific interventions and prevention programs                        | Hennepin County |
| Open Cities Health Center Inc.    | US Born African American Community Programs, additional Naloxone funds | Culturally specific interventions and prevention programs; Naloxone distribution | Ramsey County   |
| Southside Harm Reduction Services | US Born African American Community Programs, additional Naloxone funds | Culturally specific interventions and prevention programs; Naloxone distribution | Hennepin County |

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|                                  |   |  |                  |
|----------------------------------|---|--|------------------|
| Twin Cities Recovery Project     | US Born African American Community Programs, additional Naloxone funds  | culturally specific interventions and prevention programs; Naloxone distribution   | Hennepin County  |
| Wilder Foundation                | Culturally Specific Community Programs, additional Naloxone funds   | Culturally specific interventions and prevention programs; Naloxone distribution   | Ramsey County    |
| Clay County                      | Culturally Specific Community Programs and Youth Substance Misuse and Suicide Prevention, additional Naloxone funds | culturally specific interventions and prevention programs; Community-Based Substance Misuse and Suicide Prevention Coalition Grants; Naloxone distribution | Clay County      |
| Another Chance for Hope          | Culturally Specific Community Programs, additional Naloxone funds   | culturally specific interventions and prevention programs; Naloxone distribution   | Hennepin County  |
| Al-Maa-Uun                       | Culturally Specific Community Programs, additional Naloxone funds   | culturally specific interventions and prevention programs; Naloxone distribution   | Hennepin County  |
| Native American Community Clinic | Homeless Hub, additional Naloxone funds   | Enhance overdose prevention and support services for people experiencing homelessness; Naloxone distribution   | Hennepin County  |
| Churches United in Ministry      | Homeless Hub; additional Naloxone funding   | Enhance overdose prevention and support services for people experiencing homelessness; Naloxone distribution   | St. Louis County |

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|   |  |   |                 |
|---|--|---|-----------------|
| Northwest Indian Community Development Center | Homeless Hub   | Enhance overdose prevention and support services for people experiencing homelessness.  | Beltrami County |
| Neighborhood Health Source                    | Syringe Services Program, Tackling Overdose with Networks, additional Naloxone funds                                 | Enhance overdose prevention and support services for people experiencing homelessness; the TOWN model: increasing access to buprenorphine in primary care clinic settings and increasing community coordination around overdose prevention efforts; Naloxone distribution | Hennepin County |
| Hennepin County - North Point                 | Syringe Services Program, additional Naloxone funds  | Enhance overdose prevention and support services for people experiencing homelessness; Naloxone distribution  | Hennepin County |
| Rural AIDS Action Network (RAAN)              | Syringe Services Program, additional Naloxone funds  | Enhance overdose prevention and support services for people experiencing homelessness; Naloxone distribution  | Stearns County  |
| Avivo   | Syringe Services Program and Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders | Enhance overdose prevention and support services for people experiencing homelessness; Identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth through multitiered approaches                                    | Hennepin County |
| Hennepin County Public Health                 | Syringe Services Program, additional Naloxone funds  | Enhance overdose prevention and support services for people experiencing homelessness; Naloxone distribution  | Hennepin County |
| Southside Harm Reduction Services             | Syringe Services Program   | Enhance overdose prevention and support services for people experiencing homelessness.  | Hennepin County |
| Minnesota Safety Council                      | Recovery Friendly Workplaces   | Equip employers to promote health and well-being of employees by addressing substance misuse and drug overdose  | Statewide       |

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|  |   |   |                  |
|--|---|---|------------------|
| Hennepin Healthcare                              | Minnesota Drug Overdose and Substance Use Surveillance Activity | Outbreak detection and identification of substances involved in overdoses in one Emergency Department   | Hennepin County  |
| Sanford Bemidji                                  | Minnesota Drug Overdose and Substance Use Surveillance Activity | Outbreak detection and identification of substances involved in overdoses in one Emergency Department   | Beltrami County  |
| Essentia Health St. Mary's Medical Center Duluth | Minnesota Drug Overdose and Substance Use Surveillance Activity | Outbreak detection and identification of substances involved in overdoses at five Emergency Departments   | St. Louis County |
| Avera Pipestone County Medical Center            | Minnesota Drug Overdose and Substance Use Surveillance Activity | Outbreak detection and identification of substances involved in overdoses in one Emergency Department   | Pipestone County |
| Minnesota Hospital Association                   | Minnesota Drug Overdose and Substance Use Surveillance Activity | Outbreak detection and identification of substances involved in overdoses in one Emergency Department – funding partner that connects health systems and MDH, promotion and education of MNDOSA | Statewide        |
| CCM Health                                       | Tackling Overdose with Networks                                 | The TOWN model: increasing access to buprenorphine in primary care clinic settings and increasing community coordination around overdose prevention efforts                                     | Chippewa County  |
| Cuyuna Regional Medical Center                   | Tackling Overdose with Networks                                 | clinic sites to implement the TOWN model, increasing access to buprenorphine in primary care clinic settings and increasing community coordination around overdose prevention efforts           | Crow Wing County |

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|   |   |   |                  |
|---|---|---|------------------|
| Fairview Health Services  | Tackling Overdose with Networks   | clinic sites to implement the TOWN model, increasing access to buprenorphine in primary care clinic settings and increasing community coordination around overdose prevention efforts | St. Louis County |
| Olmsted Medical Center  | Tackling Overdose with Networks   | clinic sites to implement the TOWN model, increasing access to buprenorphine in primary care clinic settings and increasing community coordination around overdose prevention efforts | Olmsted County   |
| Regents of the University of Minnesota                              | Tackling Overdose with Networks   | clinic sites to implement the TOWN model, increasing access to buprenorphine in primary care clinic settings and increasing community coordination around overdose prevention efforts | Hennepin County  |
| YourPath  | Tackling Overdose with Networks   | Telehealth Partnership Grant  | Statewide        |
| Stratis Health  | Tackling Overdose with Networks   | Technical Assistance Grants   | Statewide        |
| Family Advocacy in Recovery and Restoration                         | Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders | Identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth through multitiered approaches.                                      | Olmsted County   |
| Wright County Public Health, Central Minnesota Mental Health Center | Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders | Identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth through multitiered approaches.                                      | Wright County    |

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|  |   |   |                                |
|--|---|---|--------------------------------|
| Wilderness: Northeast-St. Louis and Carlton Counties | Enhancing outcomes for pregnant/postpartum families impacted by substance use disorders | Identify, address, and respond to drug overdose and morbidity in those who are pregnant or have just given birth through multitiered approaches | St. Louis and Carlton Counties |
| Hiawatha Valley Mental Health                        | Youth Substance Misuse and Suicide Prevention, additional Naloxone funds                | Community-Based Substance Misuse and Suicide Prevention Coalition Grants; Naloxone distribution   | Winona County                  |
| ISD 0133/Rally                                       | Youth Substance Misuse and Suicide Prevention, additional Naloxone funds                | Community-Based Substance Misuse and Suicide Prevention Coalition Grants; Naloxone distribution   | Cass County                    |
| WellBeing Development                                | Youth Substance Misuse and Suicide Prevention   | Community-Based Substance Misuse and Suicide Prevention Coalition Grants  | St. Louis County               |
| Northfield Healthy Community Initiative              | Youth Substance Misuse and Suicide Prevention, additional Naloxone funds                | Community-Based Substance Misuse and Suicide Prevention Coalition Grants; Naloxone distribution   | Rice County                    |
| Horizon Public Health                                | Youth Substance Use and Suicide Prevention, additional Naloxone funds                   | Community-Based Substance Misuse and Suicide Prevention Coalition Grants; Naloxone distribution   | Douglas County                 |
| Martin County Substance Abuse Prevention             | Youth Substance Use and Suicide Prevention  | Community-Based Substance Misuse and Suicide Prevention Coalition Grants  | Martin County                  |

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|   |   |   |                     |
|---|---|---|---------------------|
| Red Lake Nation-<br>Comp Health Services    | Youth Substance Use<br>and Suicide<br>Prevention                                  | Community-Based Substance Misuse and<br>Suicide Prevention Coalition Grants                           | Red Lake<br>Nation  |
| Cook County of<br>Minnesota                 | Youth Substance Use<br>and Suicide<br>Prevention,<br>additional Naloxone<br>funds | Community-Based Substance Misuse and<br>Suicide Prevention Coalition Grants;<br>Naloxone distribution | Cook County         |
| Dakota County                               | Youth Substance Use<br>and Suicide<br>Prevention,<br>additional Naloxone<br>funds | Community-Based Substance Misuse and<br>Suicide Prevention Coalition Grants;<br>Naloxone distribution | Dakota County       |
| The Aliveness Project                       | Additional Naloxone<br>funds  | Naloxone Distribution   | Hennepin<br>County  |
| Pillsbury United<br>Communities             | Additional Naloxone<br>funds  | Naloxone Distribution   | Hennepin<br>County  |
| Clinic 555                                  | Additional Naloxone<br>funds  | Naloxone Distribution   | Ramsey County       |
| MN Community Care                           | Additional Naloxone<br>funds  | Naloxone Distribution   | Ramsey County       |
| Lake Superior<br>Community Health<br>Center | Additional Naloxone<br>funds  | Naloxone Distribution   | St. Louis<br>County |