



Substance Use Prevention, Education, and Recovery Focus Grants Minnesota Statute §342.72

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Minnesota Statute §342.72 Substance Use Prevention, Education, and Recovery Focus Grants Legislative Report

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This legislative report presents a timeline that captures RFP development, the implementation and selection process, and findings from the first four months of grant implementation.

As requested by Minnesota Statute 3.197: This report cost approximately \$3,845 to prepare, including staff time, printing and mailing expenses.

Upon request, this material will be made available in an alternative format such as large print, Braille or audio recording.

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Executive summary

This legislative report provides an update on the implementation of the Substance Use Prevention, Education, and Recovery (SUPER) Focus Grants established in [Minnesota Statutes, section 342.72](https://www.revisor.mn.gov/statutes/cite/342.72) (<https://www.revisor.mn.gov/statutes/cite/342.72>). The report's submission and contents fulfill the reporting requirements in Minn. Stat. §342.72, subdivision 4.

Established through legislation passed in 2023, this competitive grant supports communities in implementing prevention and recovery programs that address substance use, while also helping individuals initiate, stabilize, and sustain long-term recovery from substance misuse, substance use disorders, and co-occurring mental health conditions. Disparities persist across populations in overdose deaths, hospital-treated nonfatal overdoses and substance use rates. In response, the Minnesota Department of Health (MDH) designated a portion of the appropriated funds for communities identified as experiencing these disparities. Priority populations were identified through data analysis that revealed the following communities experiencing disproportionate rates of substance use disorder or overdose: American Indians living in urban settings; individuals impacted by the justice system; Black/African Americans; and youth under age 25. In addition to implementing recovery and prevention activities, organizations also had the option of implementing system change efforts to strengthen or expand substance use treatment and mental health programs which have a bidirectional relationship. A total of \$4,950,000 was appropriated for fiscal year 2025 with decreased amounts available for subsequent fiscal years. About 65% of the appropriated funds were designated for identified priority populations.

The competitive request for proposals (RFP) was released in March 2025. **Over 125 proposals were submitted by local public health, community organizations, and other entities** to provide prevention, harm reduction, treatment, and recovery services as well as system-improvement interventions. **Together, these proposals requested more than 9.7 times the available funding. This overwhelming response underscores the urgent need the grant is designed to help address in Minnesota.**

Through a competitive review process, **15 grantees were selected**. All grantees included at least one prioritized population (individuals impacted by the justice system, Black/African Americans, or Urban American Indians). Other focus populations identified as experiencing disproportionate rates of overdose and/or substance misuse include Asian Americans (including Hmong and Kayin), Latine, LGBTQ+, and individuals in Greater Minnesota. Sixty percent of grantees included a youth component. While some grantees provide services statewide, grantees are located and primarily serve residents in St. Louis, Big Stone, Swift, Kandiyohi, Lac qui Parle, Yellow Medicine, Hennepin, Ramsey, Rice, Freeborn, and Mower Counties. All appropriated funds were awarded, and as of Sept. 30, 2025, about 15% of the awarded funds had been spent.

Based on this timeline, the current legislative report only includes data from the first quarter of grantee implementation (June 1, 2025 – Sept. 30, 2025). In the first quarter of implementation, SUPER Focus grantees **reached over 10,000 individuals (youth and adults) with primary prevention, harm reduction, treatment, and recovery support services**. Primary prevention, which includes addressing shared risk and protective factors (SRPF) such as connection to culture, language and nature, community belonging, and financial stability, was reported as the largest single category of services provided. Additionally, grantees reported strengthening or expanding substance use treatment and mental health programs through system change efforts, meaning work aimed at addressing root causes and improving how services, policies and partnerships function across the

broader system. These efforts included developing community partnerships, creating assessment tools and processes, and investing in culturally specific recovery community organizations and peer specialists. System changes are measured individually by defining success, identifying milestones that can be tracked in progress reports, and, when applicable, documenting measurable outcomes resulting from the change.

Through the first quarter of implementation, key lessons have emerged:

- Allowing applicants to design projects tailored to their organization and community minimizes delays between grant execution and implementation.
- To properly manage a grant program, both monitoring and technical assistance must be provided. To ensure appropriate levels of programmatic support and grant oversight, external vendors are being engaged to deliver technical assistance, while MDH staff continue to oversee grant monitoring requirements.

Future legislative reports will include summative information about this crucial work.

About the SUPER Focus Grant

The purpose of the SUPER Focus Grant is to implement substance misuse prevention, treatment, and recovery efforts in Minnesota. Funding is stipulated to be divided as such: up to 25% may fund treatment initiatives and at least 75% must fund prevention and recovery efforts. Funds for this grant are allocated from [Minnesota Statutes, section 342.72 \(https://www.revisor.mn.gov/statutes/cite/342.72\)](https://www.revisor.mn.gov/statutes/cite/342.72).

Through this grant, communities and organizations will develop, coordinate, and implement a spectrum of substance misuse prevention, recovery, and treatment efforts for their communities. The following communities in Minnesota were identified as priority for this grant based on disproportionate impact of historical and current disenfranchisement policies and subsequent rates of substance use and overdose:

- American Indians living in urban settings
- Individuals impacted by the justice system
- Black/African Americans

Data used to identify priority communities included overdose deaths and nonfatal overdose data maintained by MDH, as well as alcohol and cannabis use rates from the Behavioral Risk Factor Surveillance Survey (BRFSS), the Minnesota Student Survey (MSS), and the 2023 National Survey on Drug Use and Health (NSDUH). Reports show that American Indian and Black or African American adults and youth are more likely than white Minnesotans to use substances such as opioids, alcohol, and cannabis, and are more likely to die from an overdose. Individuals impacted by the justice system, either through direct involvement or through the incarceration of a family member, also experience disproportionately higher rates of substance use and overdose. Incarceration is recognized as an Adverse Childhood Experiences (ACEs) risk factor and has been identified as a programmatic service gap in previous internal evaluations.

Approximately 65% of funds were reserved for the three communities listed, and the remaining funds were allocated for other communities experiencing disproportionate impacts of substance misuse. Additionally, grantees focused on addressing prevention, treatment or recovery among youth under the age of 25 were

prioritized. Communities and identities are layered and multifaceted; grantees were able to select multiple communities of focus in their proposal. Grantees were selected through a competitive review process.

Programming is primarily focused on primary prevention, harm reduction, treatment and recovery activities that assist communities in preventing substance use, and/or initiate, stabilize, and maintain long-term recovery from substance misuse and co-occurring mental health conditions. Additionally, grantees had the option to allocate a portion of their funds toward secondary systems-change activities aimed at implementing, strengthening, or expanding substance use treatment and mental health programs. MDH maintained compliance with this requirement through the applicant review and selection process and by monitoring grant progress to ensure each grantee's budget and spending aligned with these requirements.

What is primary prevention?

Primary prevention aims to prevent disease or injury before it appears, focusing on upstream strategies to prevent harmful exposures from occurring. These include efforts to change or establish structural and systemic conditions to prevent exposures that lead to disease or negative outcomes, alter unhealthy or unsafe behaviors, and increase protective factors or resistance to disease or injury, should exposures occur (Bhushan et al., 2020).

Primary prevention is a part of a framework known as the 'levels of prevention' that focus on the spectrum of strategies to address a health topic. Other levels include secondary (screening or treatment) and tertiary (harm reduction) prevention. For this grant, primary prevention is considered the 'prevention' portion of activities. Secondary and tertiary prevention are aligned respectively with treatment and recovery grant activities.

Other programs within the state enterprise that use primary prevention strategies include but are not limited to the Suicide Prevention program, Shared Risk and Protective Factors grants programs, Department of Human Services Positive Community Norms grants, and the Communities That Care grants program.

Primary prevention efforts, as it pertains to substance use prevention, include supporting mental health, ensuring safe housing, creating opportunities for community connection, and encouraging completion of education endeavors.

MDH seeks to reach the following grant outcomes outlined in the request for proposal:

- Addressing shared risk and protective factors of substance use for the focus communities.
- Implementing sustainable policy, systems, and environmental change addressing substance misuse for the focus communities.
- Decrease of use of substances for the focus communities selected.
- Decrease frequency of use of substances for the focus communities selected.
- Decrease initiation of use of substances for the focus communities selected.
- Increase access to barrier-free resources and support for individuals seeking treatment and/or mental health services from the focus communities.
- Decrease stigma around substance use.
- Decrease stigma around substance treatment and recovery.
- Decrease stigma around mental health conditions.

Current trends in substance misuse and related harms in Minnesota

Substance misuse and related harms continue to affect the lives of all who live in Minnesota. The statute granting MDH authority to distribute funds is established in Chapter 342, which focuses on cannabis regulation. The statute's title uses the broader term "substance use" to acknowledge that prevention, treatment and recovery efforts should address all substances rather than be limited to a single substance. The following data provide a snapshot of current trends in substance misuse and related harms involving drug overdose, cannabis and alcohol in Minnesota. SUPER Focus grant applicants were able to propose projects addressing any or all of these substances to account for polysubstance use. Because the SUPER Focus grants were only recently implemented, as of June 1, 2025, this information should not be interpreted as results of the grants.

Drug overdose

In 2024, Minnesota saw a continued decline in overdose deaths. Synthetic opioids continue to dominate fatal overdoses, with decreases 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. At the same time, these results should not be viewed as a complete picture of the overdose burden in Minnesota, and trends may differ in specific communities, including those disproportionately impacted, where continued and sustained prevention efforts are needed.

Cannabis

Recent changes in adult-use cannabis state laws have brought additional prevention funds, like Minn. Stat. 342.72, as well as increased attention to cannabis use. The *Cannabis Use in Minnesota Report to the Legislature* (Minnesota Department of Health, 2025), provides baseline information to help the Minnesota Legislature and MDH track trends following the legalization of adult cannabis use in 2023. The report identified the following key trends:

- Cannabis use among adults ages 18 and over increased over time, from 6.5% in 2016, to 14.7% in 2023. Heavy cannabis use (20 or more days per month) among adult cannabis users remained relatively steady, with 43.8% of adult users reporting heavy cannabis use in 2023.
- Cannabis use among youth in Minnesota has decreased over time, from 10% of 8th, 9th, and 11th grade students reporting current use in 2013, to 6% of students in 2022.
- Among youth, high schoolers are more likely than middle schoolers to have tried cannabis and to report regularly using cannabis.
- The number of poison control calls related to youth has increased, particularly among calls addressing those under five years old, as have the number of cannabis-related hospital poisonings in this age group.

- The overall prevalence of hospital visits related to cannabis use, abuse, and potential dependence has remained stable over time at approximately 1.6%, however young adults (ages 15-34) have the largest proportion of cannabis-related hospital visits.

There are demographic differences in cannabis use behavior. For example, the 2022 Minnesota Student Survey shows that between groups of race and ethnicity, the prevalence of cannabis use in the prior 30 days was highest among students who identified as American Indian or Alaskan Native (13.2%), Native Hawaiian or Pacific Islander (11.1%), and multiracial (11.1%). Interested readers can find more detailed information and findings from the report at [Cannabis Use in Minnesota Report to the Legislature](https://www.health.state.mn.us/data/mchs/pubs/cannabisuse2025.pdf) (<https://www.health.state.mn.us/data/mchs/pubs/cannabisuse2025.pdf>).

Alcohol

Excessive alcohol use can lead to short-term health and safety issues such as motor vehicle injuries, violence, or alcohol poisoning, as well as chronic diseases such as heart disease, liver disease, and several types of cancer. Between 2016 and 2024, the number of deaths fully attributable to alcohol increased 1.5-fold, rising from 681 to 1,097. Minnesota has one of the highest binge drinking rates among adults in the nation (18.1% in 2024). However, alcohol use has been declining among students in Minnesota, from 17% of students reporting past 30-day alcohol use in 2013 to 9% of students in 2022 (Norman & Gloppen, 2025). For more information, see [Alcohol Data and Reports](https://www.health.state.mn.us/communities/alcohol/data/index.html) (<https://www.health.state.mn.us/communities/alcohol/data/index.html>).

Grant implementation

Timeline for implementation

MDH created the following timeline for developing and implementing the SUPER Focus Grant. The RFP was developed by a newly formed unit in the Injury Prevention and Mental Health (IPMH) Division, the Substance Use Prevention, Education, and Recovery (SUPER) unit. This approach required extensive coordination with other IPMH units involved in RFP development to build a framework for new staff. Based on this timeline, the current legislative report includes only data from the first quarter of grantee implementation (June 1, 2025 – Sept. 30, 2025). The data reflect grantees’ initial activities and efforts to establish the foundations outlined in their applications. As a result, quantitative findings are limited, and the report places greater emphasis on qualitative insights.

Activity	Date
Legislation (chapter 342) initially passed	May 30, 2023
Minn. Statute 342.72 amended assigning MDH grant authority	May 24, 2024
Finalize internal staffing structure and project map	May – June 2024
Recruitment and onboarding of SUPER unit staff (three positions)	May – Dec. 2024
Draft and finalize grant requirements and application process	July 1, 2024 – March 11, 2025
RFP application period opens	March 12, 2025
RFP informal meeting hosted	March 19, 2025
Letter of intent deadline	March 21, 2025
Application deadline	April 11, 2025
Notice of award	April 23, 2025
Grant awards start	June 1, 2025
First quarter grantee report (reporting period July 1- Sept. 30)	Nov. 15, 2025; Oct. 15 annually thereafter
Legislative report	Jan. 15, 2026
Second quarter grantee report (reporting period Oct. 1- Dec. 31)	Jan. 15, 2026; annually thereafter
Third quarter grantee report (reporting period Jan. 1- March 31)	April 15, 2026; annually thereafter
Fourth quarter grantee report (reporting period April 1- June 30)	July 15, 2026; annually thereafter
Grant awards end	June 30, 2029

Summary of applicants

A total of 127 organizations submitted proposals by the application deadline, requesting **more than \$155 million** over the duration of the grant. A diverse array of applicant organizations and proposed projects were presented. All applicants submitted a project proposal that included a narrative, workplan, and budget. Applicants were required to indicate the communities of populations of focus, whether they were focusing on youth, and if their project focused on prevention only or both prevention, and treatment systems. Most applicants not only selected at least one of the prioritized populations of focus, they also selected multiple population categories, highlighting the intersectionality of identities.

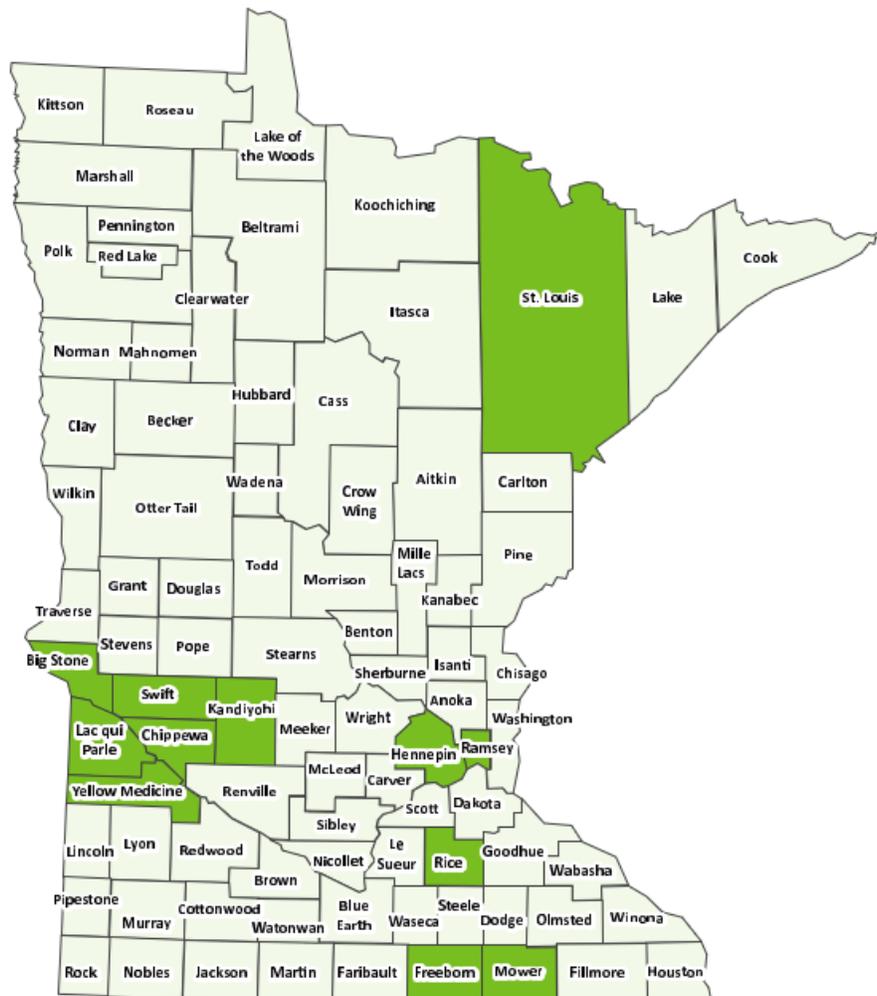
Summary of awardees

Fifteen proposals were awarded funding through a competitive review process. Each application was evaluated by a panel of three reviewers, who scored it based on the applicant's experience and relationship with the selected population, the project's alignment with the RFP's purpose and intended outcomes, and the organization's readiness to carry out the proposed work. Reviewer's average scores, fund-or-do-not-fund recommendations and relevant comments were compiled for the RFP development team. That team developed final recommendations using a decision-making framework that considered not only scores and reviewer recommendations but also the intent of the grant and population needs. Proposed award recommendations were then submitted to MDH leadership for approval. A total of \$4,950,000 was available for fiscal year 2025. A total of \$3,000,000 is available for fiscal year 2026, and \$2,700,000 is available for fiscal years 2027, 2028 and 2029.

Awardees receive varying amounts of funds, ranging from \$125,000 - \$500,000 for fiscal year 2025. For fiscal year 2026 and beyond, a range of \$62,000 - \$470,000 will be allocated annually to grantees.

All grantees included at least one prioritized population (individuals impacted by the justice system, Black/African Americans, or Urban American Indians). Other focus populations identified include Asian Americans (including Hmong and Kayin), Latine, LGBTQ+, and individuals in Greater Minnesota. Sixty percent of grantees included a youth-prioritization component, which is defined as: 1) selecting youth as a population of focus, 2) describing a youth-focused project in the narrative, and 3) including at least one goal with corresponding objectives and activities for youth in the proposed workplan.

SUPER Focus grantees by county



The intention of the SUPER Focus Grant is to ensure awardees are equitably spread across the seven-county metro and Greater Minnesota. This was limited by the decision to allocate funding based on project budget request instead of all grantees receiving the same amount of dollars. The map above is based on the physical locations of organizations as a baseline. Reach is expected to be more expansive as the grant moves further into implementation, and that will be noted in future iterations of this report. The list of funded agencies and their project synopses can be found in Appendix 1 and 2.

Preliminary impacts from the first quarter of implementation

Despite only having available data from the first quarter of implementation, SUPER Focus grantees have already **reached over 10,000 youth and adults with primary prevention, harm reduction, treatment, and recovery support services**. Primary prevention, which includes shared risk and protective factors components such as

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connection to culture, language and nature, community belonging, and financial stability, was reported as the largest single category of services provided.

The following table outlines the number of people served by spectrum of prevention category and provides examples of activities. Potential duplication of people reached is possible as the same individual could participate in multiple activities within a program or participate in activities provided by multiple grantees. Of note, grantees determined which category best fit their program activity; in some cases, the work spanned multiple categories. As prevention categories are grantee-classified, there may be variation across how similar activities are defined. For example, one grantee may have categorized a cultural activity as primary prevention because it was primarily geared towards people who had not yet used substances while another grantee may have categorized a similar cultural activity as simultaneously primary prevention, treatment, and recovery if the activity was inclusive of people who were currently using substances or who had used substances.

Spectrum of prevention category	Number of youth and adults reached in the first quarter of reporting*	Activity examples
Primary prevention (Identified as primary prevention only)	5,920	<ul style="list-style-type: none"> ▪ Full Moon Ceremony including life skills class. ▪ Male to Manhood: Workshops for male mentees providing education on various topics and allowing open discussions. ▪ Group and individual youth support; programming focusing on healthy youth development and leadership with topics that include increasing mental health literacy and positive mental health. ▪ Financial literacy workshops for youth and young adults. ▪ Somali Youth Ambassadors partnership for a 12-video campaign series highlighting destigmatizing and prevention messaging. Two videos aired in the first quarter. ▪ Al Tabiah Nature Club: A club to get young people out into nature and to teach them the art of bow hunting, mushroom foraging and tree planting.
Harm reduction (Identified as harm reduction only)	122	<ul style="list-style-type: none"> ▪ Students trained to use naloxone. ▪ Naloxone community training including fentanyl/xylazine test strip use and overdose prevention resources.

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Spectrum of prevention category	Number of youth and adults reached in the first quarter of reporting*	Activity examples
Treatment (Identified as treatment only)	113	<ul style="list-style-type: none"> ▪ Clinic-based case management, insurance navigation, housing advocacy/placement and job search/placement services to Somali youth who are patients for substance misuse/mental health/pain management. ▪ Assessments for mental health and treatment services.
Recovery (Identified as recovery only)	77	<ul style="list-style-type: none"> ▪ Weekly “Maps to Wellness” and “Brotherhood/Sisterhood Circles” meetings. ▪ Peer-led recovery services for justice-involved individuals in partnership with local jails, diversion programs, and drug courts. ▪ Peer recovery specialists working in partnership with housing linkages and financial assistance programs, establishing referral pathways with recovery residences, transitional housing programs, and local landlords; resources to support move-in costs, deposits, utilities, and related expenses, ensuring participants can access safe and stable housing.
Identified as two or more categories across the spectrum of prevention	4,439	<ul style="list-style-type: none"> ▪ Native young adult’s internship program. ▪ Youth Sweat Lodge ceremony. ▪ Case managers and mentors providing weekly one-on-one support and regular check-ins to help students work toward their long-term goals and offering culturally responsive activities that promote connection and resilience. ▪ Providing health education through community events, including sharing information on reducing substance use with parents and distributing naloxone and testing strips.

*Numbers represent people, not service encounters.

Initial progress towards system change

As described earlier in the report, systems change for this grant is defined as efforts that address the root causes of problems and make large-scale changes to systems to resolve them. Under Minn. Stat. section 342.72,

subdivision 3, a wide range of activities are allowable, including continuing education, culturally specific and culturally responsive services, competency-based training and more. This flexibility allows grantees to tailor their workplans and define success in ways that best meet their community's needs.

Grantees established measurable outcomes related to their specific workplans that were approved by MDH staff. The first year is focused on certifying whether the proposed measurable outcomes are feasible for their activity or if adjustments are necessary. Future legislative reports will include grantee-identified outcomes related to their system change activities. In this first reporting period grantees reported the following preliminary examples of strengthening and expanding substance use treatment and mental health programs:

- Convening community meetings to facilitate cross-sector collaboration, strengthen referral pathways and inform local policy development.
- Establishing formal collaborations with faith-based and youth-serving organizations, embedding recovery-positive language into trusted community settings.
- Developing a health assessment tool and training staff on how to implement it.
- Launching a provider learning collaborative to improve recovery-oriented and culturally responsive care systems.
- Training and investing in culturally specific Recovery Community Organizations and equipping culturally responsive peer specialists.
- Improving internal systems to be more community-responsive and data-informed.

One grantee focused on positive youth development and mentorship grounded in indigenous practices described the impact of their work in the following ways:

“This program takes place in a cultural space. Each group begins with a tobacco ceremony using traditional medicines. This is a meaningful system change as a step to overcome the policies that worked to systematically erase Native people and Native culture. We observed participants feeling confident in practicing culture; for some they grew up practicing culture everyday—for some there were not cultural teachers available and not knowing Native ways was a source of shame. Indigenous People’s Task Force proudly believes ‘culture is prevention.’ The participants in our program are truly breaking cycles of colonization. Now, indigenous systems will be passed on to the youth they lead as interns, and their children as they become parents. The model of this program is also changing the silo and competitive grant system within the Native community. Interns in this program are part of nine different organizations who serve Native clients. The relationship and connection across these organizations is no longer based on competing for the same grant opportunities and resources. We are seeing a changed environment with shared opportunities, sharing achievements and celebrating together.”

Another grantee hosted a series of workshops as part of their grant activities, engaging youth, peer recovery coaches, and providers/clinicians. Below are testimonials shared by participants about their experiences.

“When youth see someone who has lived through these challenges and is still standing, it changes the conversation. Prevention becomes real, not theoretical.”

“[This program] validates lived experience as expertise. It allows peers to lead with honesty, build trust, and support youth before crisis ever happens.”

“This space helped me understand that my experiences matter. I learned that talking about mental health and substance use isn’t a weakness, it’s how we protect ourselves and each other.”

Successful implementation despite significant challenges

Implementing a grant program is not without limitations or challenges, and the SUPER Focus Grant is no exception. The following list highlights challenges MDH staff and grantees have previously experienced or are currently experiencing, along with strategies used to address them.

MDH specific

- The RFP development process required a short timeframe because of staff leading the project needed time for recruitment and onboarding. Staff addressed this challenge by partnering with experienced colleagues in grant development and management, who supported newly onboarded team members.
- The RFP selection process occurred while MDH was navigating the impacts of now-resolved federal funding cuts in March 2025. This period created uncertainty for new staff and limited capacity due to anticipated personnel changes. At the same time, the application drew a high number of submissions, requiring a large pool of reviewers. This demand led to a large-scale collaboration across the agency and the state enterprise, with individuals contributing their expertise as reviewers. Despite these challenges, SUPER Focus Grants were successfully distributed to the community and have already resulted in youth and adults receiving prevention services.
- Hiring pauses caused by funding instability limited staff capacity for executing and monitoring grant agreements. MDH addressed this challenge by using stretch assignments and temporary support from other units within IPMH to assist with grant monitoring during the first year.
- To ensure grantees’ technical assistance needs were met despite limited staff capacity, MDH contracted with an external vendor to temporarily coordinate technical assistance (TA) opportunities during the first year of the grant (Oct. 2025 - June 30, 2026). This partnership is maintained through an interagency agreement with Management Analysis and Development (MAD) at Minnesota Management and Budget (MMB). Monitoring responsibilities are shared by MAD and MDH staff. The vendor is required to complete three deliverables including two grantee gatherings, six hours of webinars and six hours of a community of practice, ensuring grantees have ample opportunities for collaboration, connection and continuing education in an evolving field. TA needs were identified through an initial environmental scan and ongoing feedback collection.

Grantee specific

- Funding instabilities and changes in 2025 affected essential services, housing and basic-needs support for people at risk of substance use or seeking recovery services. Grantees are pursuing innovative solutions to address this strain, with a focus on networks and partnerships, including relationships built among SUPER

Focus grantees. MDH serves as a bridge by helping grantees build connections, hosting an initial in-person two-day kick off meeting, and offering ongoing opportunities for connection through a virtual information-sharing platform and activities coordinated by the external TA vendor.

- Insufficient housing access for justice-impacted people has created challenges for grantees as they begin implementing their programs. MDH continues to connect grantees with partners across the state who may support these efforts and uses the TA vendor to coordinate conversations on this topic.
- Grantees also experienced initial barriers to project grant implementation, including time needed to hire and onboard new staff, establish partnerships and collaboration processes, and develop internal curriculum and systems. MDH grant managers provide guidance to support implementation, offer one-on-one technical assistance and recommend relevant discussion topics for sessions hosted by the TA vendor.

Next steps

MDH recommends continued financial support from the state legislature to sustain this grant program, with a focus on substance use prevention, treatment, and recovery. This ongoing investment is essential to achieving the long-term vision of a thriving, healthy, and vibrant Minnesota for current and future generations.

MDH expects progress on two grant outcomes in the next legislative report:

Grant outcome	Expected Grantee progress towards outcome
Increase access to barrier-free resources and support for individuals seeking treatment and/or mental health services from the focus communities.	Increase the number of trained peer recovery specialists and Recovery Community Organizations (RCOs) in Minnesota.
Addressing shared risk and protective factors of substance use for the focus communities.	Reach 50,000 individuals (youth and adults) through programming, community outreach and education.

SUPER unit implementation milestones to be completed by the next legislative report include:

- Onboard two staff to the SUPER unit to serve as grant managers, providing more comprehensive monitoring, technical assistance and support for grantees. These positions will replace temporary assistance from other units within IPMH.
- Identify programs within MDH and across the state enterprise that align with grantees’ work, strengthening connections and fostering a sense of belonging to help mitigate burden and burnout. This alignment also supports MDH’s ability to sustain efforts during lean fiscal periods.
- Pursue continuous quality improvement by regularly engaging with communities and collecting feedback to strengthen the grant program for future applicants, grantees, and participants.

MDH remains committed to implementing this grant program and maximizing the impact of this statewide investment. Elevating primary prevention as a core strategy for substance use prevention can also help reduce other serious health outcomes, including suicide, violence, and certain chronic diseases.

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(<https://www.samhsa.gov/data/report/2021-2023-nsduh-race-ethnicity-infographic>)

Appendix 1: SUPER Focus grantees

African Immigrants Community Services

Al-Maa'uun

American Indian Family Center

Begin Anew

Center for Global Health Equity Research and Evaluation

Countryside Public Health

Cultural Wellness Center

Essentia Institute of Rural Health

Faribault Public Schools

Hmong American Partnership

Indigenous Peoples Task Force

Karen Organization of Minnesota

Southside Harm Reduction Services

Steve Rummmler HOPE Network

Will Work for Recovery

Appendix 2: Project synopses for SUPER Focus grantees

African Immigrants Community Services (AICS) prioritizes addressing substance use in Black/African American communities experiencing mental health concerns, as well as youth under the age of 25. Activities focus on reducing substance misuse and related harms among Somali and East African refugee youth in the Twin Cities while working to destigmatize treatment and support within the African refugee community. AICS provides culturally responsive prevention outreach and education, trauma-informed mental health care, substance misuse diagnosis and treatment, and comprehensive recovery services for African refugee youth in the Twin Cities. AICS' partner, Shifa Metro Clinic, provides housing advocacy, insurance navigation, and pain-medication management to support ongoing recovery. To further strengthen long-term recovery, AICS assists clients in securing stable employment that includes health insurance benefits. The partner organization, Women's Initiative for Self-Empowerment, provides healthy-relationships programming with a strong focus on preventing sexual assault, dating violence, cyberstalking, and sex trafficking.

Al-Maa'unn prioritizes addressing substance use in North Minneapolis among Black/African Americans, individuals impacted by the justice system, and those with mental health conditions, with an additional focus on youth prevention. Activities focus on reducing the severity and frequency of substance use, increasing engagement in culturally responsive recovery services, expanding access to peer support, clinical referrals, mental health screenings, and reducing stigma surrounding substance use disorders. Efforts also integrate recovery coaching, mental health services, and workforce support through food assistance, housing stability, and mentorship programs.

American Indian Family Center prioritizes addressing substance use in the urban American Indian community, with a focus on youth ages 11-24. Activities center on traditional healing practices, leadership development, peer mentorship, and prevention education, equipping youth with the knowledge, confidence, and support systems they need to thrive. These efforts aim to reduce disparities, strengthen protective factors, and empower young people within the community.

Begin Anew prioritizes addressing substance use in American Indian/Alaskan Native communities, including urban populations, as well as individuals impacted by the justice system. Activities focus on equipping Native American Tribes and organizations with the training and resources necessary to obtain Certified Peer Recovery Specialist (CPRS) certification. The program provides ongoing education courses to strengthen participants' skills in Peer Recovery Support and in working with justice-impacted individuals. Additionally, Begin Anew collaborates with Native American Tribes and organizations to annually train and empower Native American individuals to deliver Peer Recovery Support within their own communities. This comprehensive initiative includes four specialized training courses, each delivered three times throughout the fiscal year.

Center for Global Health Equity Research and Evaluation (CGHERE) prioritizes reducing substance use risk among Black/African American communities, youth, individuals impacted by the justice system, and people with co-occurring mental health needs. CGHERE's work is anchored in ROOTS (Resilience, Outreach, Opportunity, Treatments, and Support), an equity-driven framework designed to expand prevention, early intervention, and recovery supports for historically marginalized populations. Through ROOTS, CGHERE implements culturally grounded and trauma-informed programming that elevates lived experience and community voice. Key activities include mental health and substance use prevention education, behavioral health screenings, peer recovery coach training and deployment, and a coordinated referral and case management system that improves access to treatment and recovery resources. CGHERE also strengthens provider capacity in culturally responsive behavioral health care through training, learning collaboratives, and system navigation support, enhancing the broader ecosystem's readiness to identify and respond to substance use needs. Additionally, CGHERE integrates the Youth Resilience and Empowerment Program, an evidence-informed model that uses storytelling, life skills development, and engagement with family, faith, and community networks to reinforce protective factors and reduce youth vulnerability to substance use.

Countryside Public Health prioritizes addressing substance use among individuals impacted by the justice system across Big Stone, Chippewa, Lac qui Parle, Swift, and Yellow Medicine counties. Activities center on hiring a full-time Prevention Educator to provide care coordination services for incarcerated individuals in Chippewa, Lac qui Parle, Swift, and Yellow Medicine County jails. The Prevention Educator conducts comprehensive assessments and facilitates services such as substance use prevention education, peer support referrals, harm reduction strategies, recovery check-ins, and care planning. Through a person-centered, equity-driven approach,

these efforts promote recovery, reduce overdose deaths, and prevent recidivism, ensuring individuals receive the support needed to navigate their path toward wellness.

Cultural Wellness Center (CWC) prioritizes addressing substance use among Black/African American individuals in St. Paul who are seeking support in their recovery journey. Activities focus on leveraging two longstanding CWC models—Transformational Leadership and Community Caregiving—to strengthen leadership and establish a sustainable community caregiving structure. This initiative engages individuals in recovery through CWC's Community Caregiving System, providing culturally specific wraparound supports that enhance their ability to progress in their path to recovery.

Essentia Institute of Rural Health prioritizes addressing substance use in urban American Indian communities, including youth. Activities focus on reducing substance use among American Indian youth and adults, decreasing health disparities—including overdose rates—and increasing MOUD uptake among those accessing care. Efforts include: (1) supporting and evaluating youth and adult SUD prevention activities and culturally rooted healing events; (2) establishing a multi-directional referral system for urban American Indian individuals in Duluth to improve MOUD uptake and access to community resources; and (3) developing and evaluating four new Cultural Care Specialist roles—three community-based and one hospital-based. These specialists, trained as Community Health Workers (CHWs), help bridge healthcare and community needs, ensuring culturally responsive support.

Faribault Public Schools prioritizes addressing substance use in Black/African American and Hispanic/Latino/a communities, as well as individuals impacted by the justice system. Activities focus on sustaining the Faribault Prevention Partnership for Healthy Youth Coalition and implementing youth- and parent-driven strategies to prevent substance use and health inequities among Somali and Latinx students. Efforts aim to improve health equity indicators, increase youth participation in school programs, address misconceptions about peer substance use, and identify systematic changes to improve outcomes for Latinx and Somali youth. Additionally, formerly incarcerated individuals receive support toward educational attainment and employment success, ultimately reducing recidivism.

Hmong American Partnership (HAP) prioritizes addressing substance use among youth from Asian American and immigrant/refugee communities, as well as individuals impacted by the justice system. Activities focus on reducing risk and strengthening protective factors for youth under 25 in these communities as they navigate substance use disorder and related harms. HAP employs a holistic, trauma-informed approach grounded in the Social Determinants of Health (SDOH) to promote long-term recovery, resilience, and well-being. Efforts include expanding staff training, improving access to culturally responsive support, implementing policy and system changes to mitigate substance misuse, and reducing stigma surrounding treatment and recovery. Additionally, HAP works to increase access to mental health and substance use services while fostering education, skill-building, and supportive relationships to prevent substance misuse and strengthen community resilience.

Indigenous Peoples Task Force prioritizes addressing substance use in urban American Indian and Alaskan Native communities in the Twin Cities metro area. Activities focus on expanding an internship program to train and engage urban Native American young adults as peer advocates through a 38-week program. Participants gain expertise in substance use prevention, develop social support networks within their cohort, earn income to enhance their financial stability, and access vital community resources. They also gain facilitation experience in school settings, helping to bridge the gap in work-readiness opportunities between Native systems and their white counterparts in the Twin Cities. Additionally, peer advocates receive training in mental health coping

strategies, cultural resources, and practices that strengthen positive Native identity. Program components include incorporating practices informed by the SAMHSA Strategic Prevention Framework, along with community assessment activities and outreach initiatives.

Karen Organization of Minnesota prioritizes addressing substance use among Karen and Karenni youth, young adults, and their families impacted by the justice system. Activities center on strengthening prevention, education, and recovery services, expanding case management and mentorship tailored to their unique needs, and increasing access to culturally and linguistically responsive support. Efforts also enhance treatment engagement, wraparound services, and workforce development aligned with LADC and LPCC licensure standards. Key outcomes include reducing substance use initiation among Karen/Karenni youth, improving treatment retention, decreasing overdose rates through education and naloxone distribution, and strengthening system coordination through monthly case meetings with partner agencies.

Southside Harm Reduction Services prioritizes addressing substance use in urban American Indian and Alaskan Native communities, Black/African American communities, individuals impacted by the justice system, and those with mental health conditions. Activities focus on expanding and strengthening linkage-to-care efforts through the Community Hub drop-in center. This includes hiring a dedicated Linkage-to-Care staff member to enhance outreach efforts and connect participants to comprehensive harm reduction services—including syringe services, overdose prevention tools, naloxone, and fentanyl testing strips—as well as substance use prevention, treatment options (MOUD), and supportive services such as healthcare and housing. Through collaborative partnerships, Southside Harm Reduction Services is developing low-barrier programming tailored to the unique needs of communities disproportionately affected by overdose, substance use disorder, and systemic inequities.

Steve Rummier Hope Network (SRHN) prioritizes addressing substance use in youth under the age of 25. Activities focus on developing a youth-centered education curriculum that addresses substance use through an integrated lens of peer support, health literacy, and harm reduction. Additional activities center on direct student outreach and naloxone training to support immediate needs and build relationships for curriculum implementation.

Will Work for Recovery prioritizes addressing substance use among urban American Indian and Alaskan Native communities, Black/African American communities, individuals impacted by the justice system, those with mental health conditions, and young adults ages 18-25. Activities focus on launching The Second Chance Initiative, a peer-led program supporting justice-involved individuals in Hennepin County who are living with substance use and co-occurring mental health disorders. The initiative receives referrals from correctional facilities, transition fairs, and treatment centers, serving individuals with evidence-based recovery support. Services also include one-on-one peer recovery coaching centered on health, home, purpose, and community, as well as access to recovery meetings, employment and healthcare connections, and sober social activities. Participants receive financial assistance for housing and essential needs, such as job interview attire and identification replacement. Additionally, the program provides financial literacy and life skills training to support long-term economic stability and independence.