2026 Opioid Settlement Funding Request Instructions

Douglas, Grant, Pope, Stevens, & Traverse County

Summary Information:

Funding Title	Opioid Settlement Funding - 2026
Questions/Agency Contact	Amy Reineke, Horizon Public Health 809 Elm Street, Suite 1200 Alexandria, MN 56308 amyr@horizonphmn.gov/ 320-762-3079
Funding available as of May 2026:	Douglas: $274,670.54 Grant: $52,221.98 Pope: $128,796.18 Stevens: $71,138.19 Traverse: $51,950.52
Indirect Costs	Administrative costs (direct and indirect) are expected to be a small portion of the overall program budget (10% or less).
Due Date	June 15th, 2026, 4:30PM

Overview:

Minnesotans have been significantly impacted by the opioid epidemic, as well as related harms from alcohol, other drugs, and suicide. These impacts extend beyond deaths and include hospitalizations, injuries, and Adverse Childhood Experiences (ACEs). These preventable harms are closely tied to the overall health and prosperity of communities.

On August 20, 2021, the Minnesota Attorney General's Office joined a historic $26 billion multi-state settlement with pharmaceutical distributors and opioid manufacturers. This settlement will provide over $535 million to Minnesota counties and cities over 18 years. Additional information is available through the Minnesota Attorney General's Office. Minnesota-specific opioid data, including overdose deaths, hospital visits, prescription rates, and substance use disorder prevalence, can be found on the Minnesota Department of Health opioid dashboard.

Under the Minnesota Opioids State-Subdivision Memorandum of Agreement (MOA), local public health departments serve as Chief Strategists. Their role includes guiding local governments in the use of opioid settlement funds, convening multi-sector partners, aligning efforts with Community Health Assessments and Improvement Plans, promoting evidence-informed and community-driven strategies, consulting with municipalities, and collaborating with law enforcement when appropriate.

Purpose for Funding Application:

The purpose of this application is to identify qualified organizations to implement opioid response strategies, including prevention, treatment, recovery, and harm reduction. Priority will be given to projects that demonstrate high impact, particularly in communities disproportionately affected by the opioid crisis.

Funding Requirements:

For a full list of eligible activities, refer to the Minnesota Opioids State-Subdivision Memorandum of Agreement.

Selected organizations will be required to:

- Implement an opioid response project (prevention, treatment, recovery, and/or harm reduction).
- Submit an annual Project Summary Report that includes:
    - Update organization contact information
    - A summary of how funds were used.
    - Measurable outcomes and impact.

Applicants are encouraged to propose projects that align with local priorities and clearly identified community needs (see SWOT Analysis).

Opioid Funding Priorities: Based on community input, Advisory Council discussions, and Task Force decisions, below are the top funding priorities for 2026. Applicants should align proposals with these priorities.

Top Funding Priorities:

1. Mental Health & Treatment Access: Expand access & increase workforce capacity
2. Youth Prevention: Address substance use & early education, Support school & community-based prevention programs
3. Community Education & Awareness: Increase understanding of use and resources, Provide education
4. Family & Parent Support: Strengthen parenting skills and family engagement, Support early intervention through family-based approaches
5. Housing & Stability: support individuals in recovery with stable housing, address barriers that impact long-term recovery
6. Access to Services: Improve transportation and connections to care, strengthen coordination between community services
7. Sustainable, High-Impact Projects: Focus on direct services over administrative costs, Demonstrate measurable outcomes and long-term impact

Goal: Projects that save lives, prevent substance use, and strengthen our communities.

Eligibility:

Applicants may request funding from one or more counties using a single application. Each county will independently review the application and make its own funding decision. Funding approvals may vary by county. Applicants must serve residents in the county where services will be provided.

Eligible applicants include:

- Non-profit and for-profit organizations
- Government entities
- Faith-based organizations
- Businesses
- Healthcare organizations
- Schools and Youth programs
- Neighborhood or community-based organizations
- Organizations servicing specific cultural, affinity, or geographic populations.

Additional requirements:

- Grant funds are not transferable to another entity.
- Applicants must disclose any known or anticipated organizational changes (e.g., mergers, acquisitions, legal status changes).

Allowable Expenses:

Funds may be used for costs directly related to approved project activities, including:

- Staffing and benefits
- Training, conferences, and professional development related to the project
- Capital improvements or construction
- Travel (transportation, lodging, meals) tied to project activities
- Printing and copying
- Outreach, education, and communication materials
- Equipment necessary for the project
- Youth or community stipends
- Event-related costs (must demonstrate how the event supports broader program goals and community impact)
- Other expenses that clearly support project goals

Questions on eligibility, application, or other topics related to this can be directed to Amy Reineke, Horizon Public Health, amyr@horizonphmn.gov, 320-762-3079.

Review and Selection Process:

Applications will be accepted annually and reviewed through a competitive process.
Scoring Rubric: Applications will be scored based on the following criteria:

Category	Points	What reviewers look for
Strategy Alignment	20	Clear connection to MOA strategies and allowable uses
Impact & Outcomes	20	Meaningful, measurable outcomes and community impact
Community & Equity	20	Focus on priority populations, barriers, and stigma
Feasibility & Work plan	15	Realistic timeline, clear activities, strong coordination
Organizational Capacity	10	Experience and ability to implement project
Sustainability	10	Plan beyond funding period
Budget & Justification	5	Reasonable, clear, and aligned with activities
Total	**100**	

Step 1: Initial Review
The County-level Opioid Taskforce will review applications for eligibility, alignment, impact, and sustainability. Applicants may be contacted for additional information.

- *Douglas, Grant, & Pope County only:* Following Task Force review, and prior to making a formal recommendation to the County Board, applications will be reviewed at a County-level Board work session. These work sessions allow for additional questions, clarification, and review of compliance, reporting, and auditing requirements before advancing to a formal Board meeting.

Step 2: Recommendation & Board Review
Following Task Force review and, where applicable, County-level Board work session review, recommended applications will be presented to the respective County Board of Commissioners at a scheduled board meeting. The County Board will review each recommendation and make final funding decisions and formal approvals.

Step 3: Final Decision & Notification
Applicants will be notified of approval or denial following final decisions by the County Board of Commissioners. Approved applicants will work collaboratively with the appropriate county contact to finalize implementation details, including project scope, timelines, reporting expectations, and execution of a formal agreement. A W-9 and detailed invoice must be submitted prior to the release of funds.

- *Douglas County Only:* As part of the onboarding process, newly awarded applicants shall meet with Douglas County Finance staff for a required onboarding meeting. This meeting will provide guidance on reimbursement procedures, reporting expectations, and overall grant administration requirements.

County Rights:

The County reserves the right to:

- Determine whether applications meet established criteria
- Request clarification or additional information
- Negotiate pricing and/or terms
- Reject any or all applications
- Waive irregularities or informalities
- Amend or cancel the RFP at any time
- Award funding to multiple applicants
- Issue reimbursement to a vendor that did not apply

Key Terms and Conditions:

- All awards are subject to the terms of the opioid settlement agreements and applicable program requirements.
- The County retains sole discretion in approving applications.
- Award recipients must cooperate with all reporting, documentation, and verification requests.
- Misrepresentation or failure to comply may result in repayment of funds and associated costs.
- Final approval is required by the respective County Board of Commissioners.
- All expenditures must comply with reporting requirements.
- A formal agreement must be carried out prior to funding.
- Annual reporting is required for all funded projects.

OPIOID SETTLEMENT APPLICATION 2026

Application Checklist

- ✓ Read MOA Exhibit A (page 13-25)
- ✓ Confirm eligibility
- ✓ Identify strategy/category
- ✓ Prepare work plan and budget
- ✓ Complete all sections below
- ✓ *Douglas County Only*; Include Required Insurance Coverage Form (page 26)

Applicant Information

Organization Name:

Address:

Website (if available):

Contact Name/Title:

Email:

Phone:

Project Name:

County(ies) where you are requesting funding (check all that apply):

☐ Douglas ☐ Grant ☐ Pope ☐ Stevens ☐ Traverse

***Submit one application, even if requesting funding from multiple counties. Each county will review the application and make an independent funding decision.*

Total Amount Requested: $

Section A: Organization Overview (Not to exceed 1 page)

Provide a brief overview of your organization, including your mission, current work, and relevant experience with opioid or substance use efforts. Also describe any other funding that supports or is being pursued for this project (including source, amount, and status).

Section B: Project Narrative (Not to exceed 3 pages)

Applications will be evaluated based on alignment with opioid settlement strategies, expected impact, focus on priority populations, feasibility, and sustainability.

Describe your proposed project, including:

- **Project overview**: Strategy/category addressed, key activities, and timeline
    - See page 13 to select strategy/category address

- **Implementation and impact**: How the project will be carried out, expected outcomes, staffing, and any subcontractors (if applicable).

- **Community and equity**: Populations to be served, how priority populations are included, and how barriers and stigma will be addressed

- **Need and justification**: The community need being addressed and how that need was identified

- **Sustainability**: How the project will be sustained beyond the funding period.

Section C: Work plan

The work plan should clearly align with the project narrative, including activities, timeline, and expected outcomes. Applicants are encouraged to include 2–5 objectives. (add additional lines if needed)

Objective	Action Step	By When	Milestone	Lead	Partners

Section D: Budget

The budget should align with the project narrative and work plan. All requested costs must directly support proposed activities. Provide a summary of project costs in chart below:

Salaries & Benefits	$
Contractual (if applicable)	$
Travel	$
Supplies	$
Other	$
Total	**$**

Budget Narrative:

In the table below, provide a detailed explanation of each budget category listed above. The budget narrative should clearly describe how costs were calculated and how they support the proposed project.

For each category, include:

- What does the cost include (e.g., staff roles, supplies, services)
- How the cost was calculated (e.g., hourly rate × hours, quantity × cost per unit)
- How the cost supports project activities and goals

Additional guidance:

- Salaries & Benefits: Include position titles, percentage of time dedicated to the project, and rate of pay.
- Contractual Services: Describe services provided, by whom, and how costs were determined.
- Travel: Specify purpose, number of trips, and estimated costs (mileage, lodging, etc.).
- Operating Supplies: List of key items and estimated costs.
- Other: Clearly explain any expenses not included above.

All costs must be **reasonable, necessary, and directly related to the project**.

Salaries and Benefits
Contractual Services
Travel
Operating Supplies
Other

EXHIBIT A

List of Opioid Remediation Uses

Settlement fund recipients shall choose from among abatement strategies, including but not limited to those listed in this Exhibit. The programs and strategies listed in this Exhibit are not exclusive, and fund recipients shall have flexibility to modify their abatement approach as needed and as new uses are discovered.

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs[5] or strategies that may include, but are not limited to, those that:[6]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication for Opioid Use Disorder ("MOUD")[7] approved by the U.S. Food and Drug Administration, including by making capital expenditures to purchase, rehabilitate, or expand facilities that offer treatment.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MOUD, as well as counseling, psychiatric support, and other treatment and recovery support services.

[5] Use of the terms "evidence-based," "evidence-informed," or "best practices" shall not limit the ability of recipients to fund innovative services or those built on culturally specific needs. Rather, recipients are encouraged to support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions.

[6] As used in this Exhibit, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

[7] Historically, pharmacological treatment for opioid use disorder was referred to as "Medication-Assisted Treatment" ("MAT"). It has recently been determined that the better term is "Medication for Opioid Use Disorder" ("MOUD"). This Exhibit will use "MOUD" going forward. Use of the term MOUD is not intended to and shall in no way limit abatement programs or strategies now or into the future as new strategies and terminology evolve.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support detoxification (detox) and withdrawal management services for people with OUD and any co-occurring SUD/MH conditions, including but not limited to medical detox, referral to treatment, or connections to other services or supports.

8. Provide training on MOUD for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH or mental health conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, licensed mental health counselors, and other mental and behavioral health practitioners or workers, including peer recovery coaches, peer recovery supports, and treatment coordinators, involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, continuing education, licensing fees, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MOUD for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including but not limited to new Americans, African Americans, and American Indians.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund Screening, Brief Intervention and Referral to Treatment ("SBIRT") programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MOUD in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MOUD, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MOUD, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF THE PERINATAL POPULATION, CAREGIVERS, AND FAMILIES, INCLUDING BABIES WITH NEONATAL OPIOID WITHDRAWAL SYNDROME.

Address the needs of the perinatal population and caregivers with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal opioid withdrawal syndrome ("*NOWS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MOUD, recovery services and supports, and prevention services for the perinatal population—or individuals who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to caregivers and families affected by Neonatal Opioid Withdrawal Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MOUD, for uninsured individuals with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with the perinatal population and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NOWS babies; expand services for better continuum of care with infant-caregiver dyad; and expand long-term treatment and services for medical monitoring of NOWS babies and their caregivers and families.

5. Provide training to health care providers who work with the perinatal population and caregivers on best practices for compliance with federal requirements that children born with NOWS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for caregivers with OUD and any co-occurring SUD/MH conditions, emphasizing the desire to keep families together.

7. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

8. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

9. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children

being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

    1. Increase the number of prescribers using PDMPs;

    2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

    3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MOUD referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse, including but not limited to focusing on risk factors and early interventions.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health

workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Law enforcement expenditures related to the opioid epidemic.

2. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

3. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

5. Support multidisciplinary collaborative approaches consisting of, but not limited to, public health, public safety, behavioral health, harm reduction, and others at the state, regional, local, nonprofit, and community level to maximize collective impact.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("*ADAM*") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MOUD and their association with treatment engagement and treatment outcomes.

M. POST-MORTEM

1. Toxicology tests for the range of opioids, including synthetic opioids, seen in overdose deaths as well as newly evolving synthetic opioids infiltrating the drug supply.

2. Toxicology method development and method validation for the range of synthetic opioids observed now and in the future, including the cost of installation, maintenance, repairs and training of capital equipment.

3. Autopsies in cases of overdose deaths resulting from opioids and synthetic opioids.

4. Additional storage space/facilities for bodies directly related to opioid or synthetic opioid related deaths.

5. Comprehensive death investigations for individuals where a death is caused by or suspected to have been caused by an opioid or synthetic opioid overdose, whether intentional or accidental (overdose fatality reviews).

6. Indigent burial for unclaimed remains resulting from overdose deaths.

7. Navigation-to-care services for individuals with opioid use disorder who are encountered by the medical examiner's office as either family and/or social network members of decedents dying of opioid overdose.

8. Epidemiologic data management and reporting to public health and public safety stakeholders regarding opioid overdose fatalities.

NOTICE TO APPLICANTS – DOUGLAS COUNTY REQUIRED INSURANCE COVERAGE:
Please refer to the grant contract/agreement for further details.

To receive grant funding, all applicants must carry and maintain appropriate insurance coverage for the duration of their contract or project. This requirement helps protect both the applicant (Contractor) and the Agency from claims or damages that may arise from work performed under the grant.

Applicants are responsible for ensuring that they—and any independent contractors they hire—maintain the insurance coverage listed below. Proof of coverage will be required. Coverage must remain active until all work funded by the grant is fully completed.

The coverage requirements below may be met when used in conjunction with an umbrella policy.

1. General Liability Insurance

- Personal injury claims, including accidental death
- Property damage resulting from project operations

Minimum coverage limits:

- 2,000,000 Aggregate
- 2,000,000 Products and Completed Operations Aggregate
- 1,500,000 Personal Injury & Advertising Injury
- 1,500,000 Each Occurrence
- 100,000 Fire Damage
- 5,000 Medical Expense

Additional requirements:

- Policy must be written on an **occurrence** basis (not claims-made)
- Coverage must be sufficient for indemnity purposes as required in the contract
- Independent contractors must show proof of equivalent coverage

2. Worker's Compensation Coverage: Minimum limits shall be:

- Bodily Injury by Accident: $500,000.00 each Accident
- Bodily Injury by Disease: $500,000.00 each Employee
- Bodily Injury by Disease: $500,000.00 Policy Limit

3. **Automobile Liability Coverage:** Minimum limits shall be:

- Bodily Injury: $1,500,000 per person / $1,500,000 per occurrence
- Property Damage: $1,500,000 per occurrence, or a combined single limit of $1,500,000 per occurrence.

Additional requirements:

- Auto coverage should include: Any Auto, including Hired and Non-Owned.

If you have questions about this form, please contact:
Lee Katzmarek, Douglas County Coordinator/HR Director; 320-762-3873/ leek@co.douglas.mn.us