# Becker County Human Services

712 Minnesota Avenue • Detroit Lakes, MN 56501

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*Adult Services* *Administration* *Child & Family Services* *Child Support Services*

*Public Health* *Financial Services* *Behavioral Health*


Dear Applicant,

Thank you for your interest in applying for the Becker County Opioid Settlement Funds**.** This RFP application period is open from **November 1, 2026, to January 31, 2027.** To ensure your application can be reviewed, all required sections and supporting documents **must** be complete and submitted together. Incomplete applications will not be processed.

**Application Checklist:**

_____ **Applicant Information**

_____ **Organizational Overview**

_____ **Project Narrative**

_____ **Opioid Epidemic Response Grant Workplan**

_____ **Opioid Epidemic Response Grant Budget and Budget**

_____ **Letters of Commitment**

- A letter of commitment is required from each key partner identified in your application, including those referenced in the narrative and workplan.
- Multiple letters may be required if multiple partners are involved.
  - *Example:* If your proposal includes services from XYZ Consulting, a letter of commitment from that consultant must be included and clearly aligned with the proposal.

_____**Copy of the Applicant's Insurance Policy** or **Insurance Waiver Request**

_____**Current W-9 Form**

Please submit your completed applications and supporting documents to christy.ramsey@co.becker.mn.us.

If you have any questions, please contact Christy Ramsey email at christy.ramsey@co.becker.mn.us or by phone at 218-847-5628 ext 5329.

Sincerely,

*Amanda Kumpula*

Amanda Kumpula
Becker County Public Health Supervisor

## Overview

Minnesotans have been significantly impacted by the opioid epidemic, with overdose deaths reaching historic levels during the COVID-19 pandemic. According to the Minnesota Department of Health, opioid-involved overdose deaths increased from 421 in 2019 to 690 in 2020 and peaked at 1,039 deaths in 2022. Although deaths have declined in recent years, Minnesota recorded 1,011 opioid-involved overdose deaths in 2023 and 678 in 2024, demonstrating that the opioid crisis continues to impact individuals, families, and communities across the state.

Racial disparities also remain a significant concern. In 2024, American Indian Minnesotans were seven times more likely to die from a drug overdose than White Minnesotans, while African American Minnesotans were three times more likely to die from a drug overdose. These disparities highlight the continued need for accessible, evidence-based prevention, treatment, harm reduction, and recovery efforts, including in rural communities such as Becker County.

Additional data on the opioid epidemic in Becker County and Minnesota can be found on the Minnesota Department of Health's Opioid Dashboard. The dashboard provides information on overdose deaths, opioid-related hospital visits, opioid prescriptions dispensed, substance use disorder, and other measures, including county-level data.

The Minnesota Attorney General's Office joined historic multibillion-dollar, multistate opioid settlement agreements with pharmaceutical distributors, manufacturers, and pharmacies. These settlement funds provide an opportunity for communities to address the ongoing impacts of the opioid epidemic through prevention, treatment, harm reduction, and recovery efforts.

According to the Minnesota Opioid State Sub-Division Memorandum of Agreement, Public Health departments shall serve as the lead agency and Chief Strategist to identify, collaborate, and respond to local issues as Local Governments decide how to leverage and disburse Opioid Settlement Funds.

## Purpose of RFP

The purpose of this Request for Proposals (RFP) is to identify qualified organizations to respond to the opioid crisis through opioid epidemic response strategies, including prevention, treatment, recovery, and harm reduction. The goal of this approach is to fund projects in Becker County that will have a high impact, particularly for Becker County communities most disproportionately impacted by the opioid crisis. This service

area includes all territories of Becker County including those on the White Earth Reservation.

**Funding Requirements**

Selected organizations will receive funding to complete the following activities:

- Implement an opioid epidemic response project, including prevention, treatment, recovery, and harm reduction strategies.
- Complete a yearly Project Summary Report, including updated organization contact information, an account of the use of funds, and a description of outcomes.
- Present report and outcomes to the Becker County Opioid Settlement Advisory Council at least once during the funding period.
- This current Request for Funding Proposal (RFP) will be no more than a duration of one year.

**Application Scoring Criteria**

The only applications considered by the Application Review Team are ones that contain all elements listed below:

- Applicant Information
- Organization Overview
- Project Narrative
- Opioid Epidemic Response Grant Workplan
- Opioid Epidemic Response Grant Budget and Budget Narrative
- Letters of Commitment, if relevant. For more information see page 5.
    - A letter of commitment is required from each key partner identified in your application, including those referenced in the narrative and workplan.
    - Multiple letters may be required if multiple partners are involved.
        - *Example:* If your proposal includes services from XYZ Consulting, a letter of commitment from that consultant must be included and clearly aligned with the proposal.
- Additional Required Attachments:
    - Copy of applicant's insurance policy or waiver request
    - W-9

Selected applicants will be those that most clearly detail the following:

- A clear, comprehensive, culturally relevant, and high-impact plan for addressing the chosen opioid abatement strategies
- Financial responsibility and capacity to meet funding requirements

Prior to entering the review process, applications will be reviewed to determine whether they meet the requirements outlined in this application. Submissions that meet all requirements will then be scored by an Application Review Team consisting of 5-8 reviewers. Each application is reviewed and scored out of 80 by each reviewer, and the average composite of the scores becomes the application's final score. Using the application's final review score, considerations from the Application Review Team, and the availability of funds, the Director of Human Services will make a recommendation to the Becker County Board of Commissioners regarding what proposals to fund. All final grant award decisions will be made by Becker County Board of Commissioners.

**Contract Agreement**

The selected proposal, along with the Requested Funding Proposal (RFP) and any counter proposal will be incorporated into a formal agreement after potential negotiations. It is the intent of Becker County to award contract(s) for a term of up to 12 months.

**Rejection of Proposals**

Becker County does not promise to accept the lowest cost proposal and specifically reserves the right to reject any or all proposals, to waive any formal proposal requirements, to investigate the qualifications and experience of any Applicant, to reject any provisions in any proposal, to obtain new proposals, to negotiate the requested services and contract terms with any Applicant. Incomplete proposals and proposals not sufficiently detailed or not in acceptable form may be returned for completion or may be rejected by Becker County.

## Letter of Commitment Requirements

A **Letter of Commitment** is required only for key project partners who will provide services, activities, or resources beyond their normal scope of work as part of the proposed project.

The letter must identify the partner's specific role or responsibilities and confirm their commitment to fulfilling those obligations within the Request for Proposal (RFP) timeframe, should the project receive funding.

### When a Letter of Commitment Is NOT Required

A Letter of Commitment is not required for partners providing routine services or general support that fall within their existing operations.
Examples include:

- **Advertising and Outreach:** Listing in a local newspaper or on a radio station for standard advertising or routine outreach activities.
- **Existing Services:** Referring individuals to services or programs already offered by an organization as part of its regular operations.

### When a Letter of Commitment IS Required

A Letter of Commitment is required when a partner agrees to provide specific services, activities, or resources directly related to the proposed project that extend beyond their normal scope of work.

Examples include:

- **Dedicated Staff Time:** A service provider committing staff time to deliver opioid-specific programming as part of the project.
- **Specialized Services:** An organization agreeing to provide specialized services or programming developed specifically for the project.
- **Targeted Outreach:** A partner committing to outreach activities specifically designed to support the project's goals.
- **Data Sharing or Project Deliverables:** An organization agreeing to provide project-specific data sharing, dedicated programming, or other defined deliverables.

### General Guideline

A Letter of Commitment is not required for general support or routine services. However, if a partner is committing to a specific role, responsibility, or deliverable directly related to the proposed project, a Letter of Commitment is required.

| Organizational Overview (10 points) | | | |
|---|---|---|---|
| Legal Name: | | | |
| Address: | | | |
| Website: | | | |
| How did you hear about the RFP? | | | |
| Contact Name: | | Contact Email: | |
| | | Contact Phone: | |
| Director Name: | | Director Email: | |
| | | Director Phone: | |
| Financial Contact Name: | | Contact Email: | |
| | | Contact Phone: | |

1. Briefly describe the history of the organization and the current staff, leadership, and board (if applicable). Describe the organization's major areas of current work, as well as the organization's mission, vision, and/or values. Include details regarding the organization's experience with opioid/substance use prevention, treatment, recovery, and harm reduction.

2. Describe the community(ies) the organization serves, including demographics and aspects of diversity such as age, race, ethnicity, gender, socioeconomic status, culture, religion, and sexual orientation. Describe how the community(ies) is represented in decision-making for the organization.

## Project Narrative (40 Points):

State which category, subcategory(ies), and abatement strategy(ies) (from Exhibit A of the Minnesota Opioids State-Subdivision Memorandum of Agreement) the project addresses. *Each project proposal can only address one category but may address multiple subcategories and abatement strategies.*

**Select one Category:**

☐ Treatment ☐ Prevention ☐ Other

Please select your **Treatment** subcategory(ies)

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| ☐ | Treat Opioid Use Disorder (OUD) |
| ☐ | Support People in Treatment and Recovery |
| ☐ | Connect People Who Need Help to the Help They Need (Connections to Care) |
| ☐ | Address the Needs of Criminal Justice Involved Persons |

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| ☐ | Address the Needs of the Perinatal Population, Caregivers, and Families, Including Babies With Neonatal Opioid Withdrawal Syndrome |

Please select your **Treat Opioid Use Disorder (OUD)** abatement strategy(ies)

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| ☐ | 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. |
| ☐ | Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("ASAM") continuum of care for OUD and any cooccurring SUD/MH conditions. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH or mental health conditions. |
| ☐ | Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments. |
| ☐ | 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 |

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

Please select your **Support People in Treatment and Recovery** strategy(ies)

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| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions. |
| ☐ | 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. |
| ☐ | Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions. |
| ☐ | Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions. |

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| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment. |
| ☐ | 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. |
| ☐ | Create and/or support recovery high schools. |
| ☐ | Hire or train behavioral health workers to provide or expand any of the services or supports listed above. |

Please select your **Connect People Who Need Help They Need (Connections to Care)** strategy(ies)

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| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | Purchase automated versions of SBIRT and support ongoing costs of the technology. |
| ☐ | Expand services such as navigators and on-call teams to begin MOUD in hospital emergency departments. |
| ☐ | 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. |
| ☐ | 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. |

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| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | Expand warm hand-off services to transition to recovery services. |
| ☐ | 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. |
| ☐ | Develop and support best practices on addressing OUD in the workplace. |
| ☐ | Support assistance programs for health care providers with OUD. |
| ☐ | 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. |

Please select your **Address the Needs of Criminal Justice-Involved Persons** strategy(ies)

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| ☐ | Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies. |
| ☐ | Support pre-trial services that connect individuals with OUD and any cooccurring SUD/MH conditions to evidence-informed treatment, including MOUD, and related services. |
| ☐ | Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions. |
| ☐ | Provide evidence-informed treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring SUD/MH conditions who are incarcerated in jail or prison. |
| ☐ | Provide evidence-informed treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any cooccurring 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. |
| ☐ | 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. |

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| ☐ | 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. |

Please select your **Address the Needs of the Perinatal Population, Caregivers, and Families, including Babies with Neonatal Opioid Withdrawal Syndrome** strategy(ies)

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| ☐ | 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. |
| ☐ | 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. |
| ☐ | Provide training for obstetricians or other healthcare personnel who work with the perinatal population and their families regarding treatment of OUD and any cooccurring SUD/MH conditions. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | Provide child and family support for caregivers with OUD and any co-occurring SUD/MH conditions, emphasizing the desire to keep families together. |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |

Please select your **Prevention** subcategory(ies)

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| ☐ | Prevent over-prescribing and ensure appropriate prescribing and dispending of opioids. |
| ☐ | Prevent misuse of Opioids |
| ☐ | Prevent overdose deaths and other harms (harm reduction) |

Please select your **Prevent Over-Prescribing and Ensure Prescribing and Dispensing of Opioids** strategies**.**

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| ☐ | 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). |
| ☐ | Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids. |
| ☐ | Continuing Medical Education (CME) on appropriate prescribing of opioids. |
| ☐ | Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain. |
| ☐ | Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*") |
| ☐ | 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. |
| ☐ | Increasing electronic prescribing to prevent diversion or forgery. |
| ☐ | Educating dispensers on appropriate opioid dispensing. |

Please select your **Prevent Misuse of Opioids** strategies**.**

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| ☐ | Funding media campaigns to prevent opioid misuse, including but not limited to focusing on risk factors and early interventions. |
| ☐ | Corrective advertising or affirmative public education campaigns based on evidence. |
| ☐ | Public education relating to drug disposal. |
| ☐ | Drug take-back disposal or destruction programs. |
| ☐ | Funding community anti-drug coalitions that engage in drug prevention efforts. |
| ☐ | 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*"). |

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

Please select your **Prevent Overdose Deaths and Other Harms (harm reduction)** strategies**.**

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| ☐ | 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. |
| ☐ | Public health entities providing free naloxone to anyone in the community. |
| ☐ | 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. |
| ☐ | Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support. |
| ☐ | Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals. |
| ☐ | Public education relating to emergency responses to overdoses. |
| ☐ | Public education relating to immunity and Good Samaritan laws. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws. |
| ☐ | 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. |
| ☐ | Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use. |

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| ☐ | 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. |
| ☐ | 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 cooccurring SUD/MH conditions. |
| ☐ | Supporting screening for fentanyl in routine clinical toxicology testing. |
| ☐ | Supporting screening for fentanyl in routine clinical toxicology testing. |

Please select your **Other Strategies** subcategory(ies)

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|---|---|---|---|---|
| ☐ First Responders | ☐ Leadership, Planning, and Coordination | ☐ Training | ☐ Research | ☐ Post-Mortem |

Please select your **First Responders** strategies**.**

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| ☐ | Law enforcement expenditures related to the opioid epidemic. |
| ☐ | Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs. |
| ☐ | Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events. |

Please select your **Leadership, Planning, and Coordination** strategies**.**

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| ☐ | 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. |
| ☐ | 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. |
| ☐ | 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. |

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

Please select your **Training** strategies**.**

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| ☐ | 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. |
| ☐ | Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any cooccurring 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.). |

Please select your Research strategies.

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| ☐ | Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list. |
| ☐ | Research non-opioid treatment of chronic pain. |
| ☐ | Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders. |
| ☐ | Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips. |
| ☐ | Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids. |
| ☐ | 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). |
| ☐ | 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. |
| ☐ | 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. |
| ☐ | Geospatial analysis of access barriers to MOUD and their association with treatment engagement and treatment outcomes. |

Please select your **Post-Mortem** strategies**.**

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|---|---|
| ☐ | 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. |
| ☐ | 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. |
| ☐ | Autopsies in cases of overdose deaths resulting from opioids and synthetic opioids. |
| ☐ | Additional storage space/facilities for bodies directly related to opioid or synthetic opioid related deaths. |
| ☐ | 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). |
| ☐ | Indigent burial for unclaimed remains resulting from overdose deaths. |
| ☐ | 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. |
| ☐ | Epidemiologic data management and reporting to public health and public safety stakeholders regarding opioid overdose fatalities. |

1. Describe how you plan to address the abatement strategy(ies). Share the project, including timeline, high-level overview of implementation and evaluation steps, and intended outcomes. Describe how the project addresses opioid use disorder (OUD)-related stigma.

2. Describe the community(ies) the project is proposing to engage (both demographically and geographically). How are communities that are most at risk or impacted by OUD considered in this project? How does your project address potential barriers to accessing your programming?

3. Describe how the proposed project will meet community needs. How were those needs identified? How does your project support those most disproportionately impacted by the opioid epidemic? How will you ensure this program is culturally, linguistically, and developmentally appropriate for the proposed community(ies)?

4. What is the level of staffing for the project? Ensure accountability to carry out work plan activities and maintain overall support and coordination of the work. If planning to use subcontractors, please describe their responsibilities in carrying out grant activities.

5. How will this project be sustainable beyond the proposed funding period?

# Opioid Epidemic Response Grant Workplan (20 points):

- Applicant must include at least one objective with action steps for each abatement strategy chosen in the project proposal.
- Applicants may add/remove abatement strategies and related objectives and action steps from the template as appropriate to their proposal.
- All objectives must be measurable and include a specific target date (i.e., 06/30/24) by when the objective will be accomplished, as well as how much change will occur (i.e., increase/decrease) and the population addressed (i.e., youth ages 12-17). For further counsel on how to write objectives and action steps, please visit the Minnesota Department of Health.

**Abatement Strategy 1**: _____

Objective 1: _____

Timeframe: _____

| **Action Steps** Activities, steps, or processes to achieve objective | **By When** | **Milestone** How will you know the activity has been accomplished | **Lead Agency** | **Key Partners** Individuals or organizations helping to implement action steps |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Objective 2: _____

**Timeframe:** _____

| **Action Steps**<br>Activities, steps, or processes to achieve objective | **By When** | **Milestone**<br>How will you know the activity has been accomplished | **Lead Agency** | **Key Partners**<br>Individuals or organizations helping to implement action steps |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

**Abatement Strategy 2 : _____**

Objective 1: _____

Timeframe: _____

| **Action Steps**<br>Activities, steps, or processes to achieve objective | **By When** | **Milestone**<br>How will you know the activity has been accomplished | **Lead Agency** | **Key Partners**<br>Individuals or organizations helping to implement action steps |
|---|---|---|---|---|
| | | | | |
| | | | | |

| **Action Steps**<br>Activities, steps, or processes to achieve objective | **By When** | **Milestone**<br>How will you know the activity has been accomplished | **Lead Agency** | **Key Partners**<br>Individuals or organizations helping to implement action steps |
|---|---|---|---|---|
| | | | | |
| | | | | |

Objective 2: _____

Timeframe: _____

| **Action Steps**<br>Activities, steps, or processes to achieve objective | **By When** | **Milestone**<br>How will you know the activity has been accomplished | **Lead Agency** | **Key Partners**<br>Individuals or organizations helping to implement action steps |
|---|---|---|---|---|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

# Grant Budget Plan (10 points)

## OPIOID EPIDEMIC RESPONSE GRANT BUDGET INSTRUCTIONS

Fill in the following yellow fields:

- the date,
- organization name
- phone number
- email

In the "Budget Category" section, fill out all yellow fields with the dollar amount spent in each category.

- **Complete all yellow fields**, even if the answer is $0.

## BUDGET NARRATIVE

### Salaries and Benefits

In this section:

- List the individual(s) in your organization who will be paid to work on this project.
    - Include each individual's:
        - title
        - project job duties
        - FTE on the project (hours/week)
        - Salary and benefits that would be paid for by this grant

### Contractual Services

In this section:

- Identify contracts that will be used to complete the activities in the workplan.
- For **EACH** contractor, include:
    - Their name (if known, or write "TBD")
    - Their scope of work related to the grant project duties
    - The total amount to be paid

### Travel

In this section:

- Describe who is traveling and for what purpose.
    - Include travel expenses (transportation, lodging, meals) for project-related meetings, trainings, and conferences.
- Ensure the travel is addressed in the workplan.

### Operating Supplies

In this section:

- List the expenses related to internal supplies and equipment.

- Supplies and equipment purchased through contractors should be included in the "Contractual Services" section.

## Other

In this section:

- Describe expenses not covered in all other sections.
- Include how each expense contributes to carrying out the workplan.

## ELIGIBLE EXPENSES

- Staffing and benefits
- Staff time to attend conferences, events, and trainings that link to project
- Capital improvements or construction projects
- Transportation, lodging, meals, and other travel costs that link to project
- Printing and copying
- Education and informational campaigns/outreach materials
- Equipment needed for project
- Youth/ community member stipends

## INELIGIBLE EXPENSES

- Direct lobbying expenses

# Opioid Epidemic Response Grant Budget

| | |
|---|---|
| Date | |
| Organization Name | |
| Phone Number | |
| Email | |
| **Total Amount Requested** | $ |

| **Budget Category** | |
|---|---|
| Salaries & Benefits | $ |
| Contractual Services | $ |
| Travel | $ |
| Operating Supplies | $ |
| Other | $ |
| **TOTAL** | $ |

| Budget Narrative |
| --- |
| Salaries and Benefits |
| |
| Contractual Services |
| |
| Travel |
| |
| Operating Supplies |
| |
| Other |
| |