Mayor's Opioid Taskforce

April 1, 2019

Mayor Jacob Frey
City Hall, Room 331
350 S 5th Street
Minneapolis, MN 55415

Dear Mayor Frey,

In April 2018, a taskforce of city, county and state leaders along with non-profit community partners, health providers, and grassroots advocacy groups was convened around the opioid epidemic. The taskforce's purpose was to collectively work to develop a coordinated plan to reduce opioid abuse, dependence, and overdose in Minneapolis and to address treatment and recovery strategies that are culturally-specific and evidence-based. The charge of the taskforce was to confront the region's growing opioid epidemic, recommend a comprehensive strategy that focuses on action around the areas of prevention, increasing access to treatment on demand, harm reduction, and reducing the number of fatal overdoses. By the end of the first quarter 2019, the task-force will present an opioid action plan to the Mayor and City Council.

As you are aware, one result of the first convening of the Mayor's Multijurisdictional Opioid Taskforce was the formation of four subcommittees. These groups met monthly and focused on a particular aspect of the opioid epidemic. Child Protection and Criminal Justice Reform emphasized recommendations ensuring that justice is equitable and flexible with the child protection and criminal justice systems. The focus of Community Systems Integration was on striving to eliminate the barriers and gaps that prevent a comprehensive community-based approach that honors the dignity of the individuals, families, and communities most impacted by the opioid crisis. The Prevention subcommittee focused on providing a prevention action plan to address addiction using the three areas of prevention - primary, secondary, and tertiary. Lastly, Treatment, Recovery, and Peer Support worked on recommendations that supported eradicating the stigma associated with the disease of addiction and recovery and provide easier access to treatment, recovery services, and ongoing support to Minneapolis residents who are struggling with opioid use and/or misuse.

The City of Minneapolis, Hennepin County, the State of Minnesota, and our nation are reeling from the impact of the opioid epidemic. In Minneapolis, we know that this epidemic is tearing families apart. The National Safety Council earlier this year found that Americans were, for the first time, more likely to die of an opioid overdose than in a car crash, and opioids claim the lives of 174 people per day; that's one every seven minutes. In 2017 there were 162 deaths in Hennepin County alone. The Minneapolis Police Department and Hennepin County Sherriff's office estimate that 85 percent of the overdoses, fatal and non-fatal in Hennepin County are happening in Minneapolis. During the 30-month period of January 2016 – June 2018, Minnesota hospitals experienced at least 1,776 visits by Minneapolis residents that

involved acute drug poisoning associated with the effects of opioids. This is an average of 59 visits per month, up by twenty-three percent from the previous two years.

In May 2016, the Minneapolis Fire Department implemented a policy of equipping firefighters with naloxone. Since then, firefighters have administered the life-saving medicine over 600 times in response to opioid overdoses. In 2018 there were over 950 overdose calls, and between the Minneapolis Police and Fire Departments, naloxone was used over 250 times. Year-to-date, Minneapolis Police have tracked nearly 300 overdose calls, 14 of those resulting in fatalities. The opioid epidemic is one of the deadliest drug overdose crisis in our nation's history.

No corner of the nation is safe from this epidemic – but some communities have been hit harder than others. While research suggests that racial biases and a lack of cultural competency among healthcare providers has contributed to a drug crisis that predominately affects low-income white Americans, racial biases among officials have also contributed to a more compassionate response than historically typical of drug epidemics.

Though it's true that White Americans have seen the most dramatic increase in opioid-related deaths, the opioid crisis has also profoundly affected communities of color. Opioid deaths, in particular heroin overdoses, have nearly doubled among Black Americans since 2000. These deaths have been largely overlooked by the media, and non-white victims of the opioid epidemic are often left out of the conversation. The marginalization of Black people is consistent with a pattern of framing addiction affecting people of color as a pathological shortcoming to be answered by the involvement of the criminal justice system, not treatment.

This is especially and historically true of Black Americans in the 1960s and 1970s, who were severely affected by an opioid epidemic. Many of them were Vietnam Veterans coming home from the war with substance use disorders. Then, little compassion was expressed for those in the grips of a heroin addiction, and what was genuinely an opioid crisis was rarely labeled as such. While opioid abuse has undeniably skyrocketed to never-before-seen levels, failing to acknowledge Black people in the current epidemic while simultaneously describing the current surge in opioid use as a novel crisis erases both the past and present experiences of Black people.

Our City's indigenous population has also been disproportionately impacted. Native American Minnesotans make up approximately one percent of the state's population but nearly sixteen percent of those seeking treatment for opioid abuse. Native Americans in Minnesota are five times more likely to die of an overdose than white Americans. This is the widest race-based disparity of any state in our nation.[1] It is irresponsible to ignore the role that our nation's treatment of Native Americans and the related trauma play in this disparity, both historically and present day. One area where this is becoming more apparent and urgent is in the present-day Child Protection System. In 2016, Native American

[1] Wright, N., Roesler, J. Drug Overdose Deaths among Minnesota Residents, 2000-2016. Saint Paul: Minnesota Department of Health. Report – August 2017. Retrieved from https://www.health.state.mn.us/communities/opioids/documents/2016DrugOverdoseDeathReport_Final.pdf

children were more than 17 times more likely than white children to be removed from their home as a result of parental drug overdose.

This disparity has been seen plainly at the Franklin/Hiawatha homeless encampment in South Minneapolis. The encampment, situated on Dakota land and currently owned by the State of Minnesota, was home to as many as 300 people, the majority of them were Native American. The camp was plagued with drug use, overdoses, and all the harm associated with substance use, poverty, and mental health issues.

Another area that shines a light on the disparity lies in access and availability of mental health and substance abuse programming, especially culturally specific programming. The ratio of American Indian behavioral health providers in the U.S. to the American Indian population nationally is about one to 1000. Less than two percent of all mental and behavioral health providers in Minnesota are American Indian, where over 94 percent of these providers are white. Studies suggest that people often forego treatment for substance use if a program's staff doesn't include staff from a background similar to their own.

This underscores how important leadership is from the Mayor and City of Minneapolis to combatting the opioid epidemic in our communities. We know that you recognize this. We commend you for making this urgent issue a top priority for your administration and for asking us to provide a set of recommendations based on community input to inform your actions around the opioid epidemic.

Thank you for making the opioid epidemic a priority of your administration. And thank you for the honor of serving on your Opioid Taskforce. We also want to thank Laura Newton, Lisa Skjefte, Gavin Bart, Brit Culp, Ryan Kelly, Mary LaGarde, VJ Smith, and Noya Woodrich for serving as co-chairs for their respective subcommittees. Also, thank you to Anna Koelsch for her assistance with the management of the subcommittees and administrative support of the taskforce in developing and synthesizing the recommendations.

Minneapolis
City of Lakes

Mayor's Multi-Jurisdictional Task Force on Opioids – Prevention Subcommittee

Recommendation	Action Step
1. *Primary:* Educate and prevent opioid use	A. Create an education campaign for medical professionals who dispense opioids. B. Create a youth education campaign focused on increasing awareness of drug trends and parental communication and intervention techniques. C. Explore creating a pilot for drug drop boxes in City buildings so that people could safely dispose of opioids. Consider ways to financially incentivize people to use these drop boxes.
2. *Primary:* Cultural teachings and learnings for cultural communities disproportionately affected by opioid overdose	A. Increase funding for peer-to-peer youth prevention that is culturally focused for Minneapolis cultural communities that are disproportionately affected by opioid overdose. B. Increase funding for culturally-specific communications about preventing substance use.
3. *Secondary:* Community navigators with a focus on opioid reduction	A. Create a program modeled after the Next Step program with a focus on people who have overdosed. B. Add a community navigator with a focus on opioid reduction. C. Create and require training for community navigators so that they are equipped to respond to opioid use and overdoses.
4. *Secondary:* Develop shared understanding and common language regarding risk factors, warning signs, and resource/response options	A. Collaborate with city, county, and community to create a City definition of risk factors, protective factors and warning signs. B. Periodically revisit the City's definition of risk factors, protective factors, and warning signs and update them based on the drugs that are popular at any given time. C. Add a component to 311 about reporting opioid overdose and providing information about response options like treatment facilities and counseling.
5. *Tertiary:* Increase barriers to drug dealing	A. Add additional police officers to prioritize drug enforcement. B. Add funding for community/resident patrols.
6. *Tertiary:* Affordable housing with services	A. Create affordable housing that is accessible for people who have used opioids a. Support housing where suboxone is available and provided

	b. Support housing where people can continue to use c. Support housing where families of all types can stay together B. Form a partnership with Hennepin County around affordable housing for people who have used opioids.

Mayor's Multi-Jurisdictional Task Force on Opioids
Treatment, Recovery, and Peer Support Subcommittee

Recommendation	Action Step
1. Expand the availability of MOUD (Medically Assisted Treatment).	A. Fund organizations with the capability of being Medications for Opioid Use Disorder (MOUD) providers. B. Evaluate regulations around who can provide MOUD. C. Research on what the technicalities are and how we can change them. D. In collaboration with county and/or community clinics, support people who are leaving incarceration so that they can continue MOUD after prison/jail.
2. Expand culturally specific treatment, recovery, and peer support.	A. In collaboration with workforce development partners, increase the number of culturally appropriate treatment counselors. B. Promote the idea with Department of Human Services (DHS) that you need to seek out people to do culturally specific work. C. Provide services focused in North Minneapolis. a. Engage neighborhood organizations and North Point to identify needs. Potentially fund a technical assistance provider. b. Help fund community organizations to do the work around opioids. c. Support legislation that would expand treatment availability.
3. Improve the transition from treatment to aftercare.	A. Support the Minnesota Department of Health and Minneapolis Police Department (MPD) to pilot an overdose mortality review process. B. Create clear processes and communication around how to access treatment. This could include training 311 dispatchers to provide resources and support to those calling for information regarding substance use disorder. C. Work with the MPD so that they would provide information about treatment when they administer Narcan.
4. Assist in developing a true peer support model.	A. Collaborate between the city, county and community partners to develop an understanding of what peer support looks like right now, what the needs are, and what could benefit specific populations in Minneapolis.

Mayor's Multi-Jurisdictional Task Force on Opioids – Community Systems Integration Subcommittee

Recommendation	Action Step
1. The lack of workforce is a critical need. The State currently requires that care providers are LADCs (Licensed Alcohol and Drug Counselor), which is restrictive.	A. The City and relevant partners, such as the Association of Minnesota Counties and Minnesota Association of Resources for Recovery and Chemical Health (MAARCH), could advocate to DHS to change the licensing requirements of who can do service, acknowledging that an increase in services available to more people will fail if there isn't workforce available. B. Consider creating a fund at the City that could be used for people to appeal their background studies or have things expunged from their record that may be barriers to employment in high demand positions. This could include funding contractual services focused on legal support. C. Consider new or existing resources to support healing for community leaders who work in and around individuals and communities directly affected by the opioid epidemic. D. Coordinate with DHS on peer navigator qualifications so that they are not overly burdensome, leading to an exacerbation in a lack of workforce.
2. Expand Next Step	A. Hire recovery coaches in hospitals that help patients with warm handoffs to MOUD treatment. Note that this would need to be in conjunction with an LADC who is able to do an Comprehensive Assessment. Consider partnering with the County on their application for a State Opioid Response (SOR) grant. B. Look into creating a program modeled after the Next Step program, a program started by the City of Minneapolis in partnership with Hennepin Healthcare and recently expanded to North Memorial, for the opioid epidemic. Individuals admitted to the emergency department due to drug-related emergency would be connected to culturally competent support and resources including patient recovery for up to one year. For items A and B, consult best practices around hospital-based interventions from the National Institute on Drug Abuse.

3. Consider creating a City-funded public health alert system	A. Create a City-funded public health alert system conducting emergency response that facilitates open flow of communication between non-profits and the City which uses a fact not fear-based message. B. Consider guidelines around drug testing strip use and accessibility. C. Consider having the Mayor make a clear statement messaging the opioid epidemic as a public health emergency. D. Explore establishing a partnership between the Minneapolis Health Department and grassroots organizations to test for the presence of various chemicals. E. Explore establishing a partnership between the MPD and grassroots organizations so that grassroots organizations could provide education and training on drug testing strips. F. Explore policies that decriminalize drug testing strips so that they are not considered as a violation of the drug paraphernalia laws and the county attorneys are not prosecuting drug test strips as a violation of the prohibition on drug paraphernalia.
4. Reduce barriers to housing and challenge discrimination towards individuals with Substance Use Disorder	A. The City should evaluate contracting and vendor criteria to require that those doing business with the City not discriminate against serving individuals with a substance use disorder. For example, the Minneapolis Health Department has master contacts with dozens of social service providers that run the gamut from anything from housing to school-based clinics to social services, etc. B. Additionally, the City should work with housing providers to mitigate risks like, examine a public insurance option for housing providers who are limited by insurers that prevent them from housing those with active substance use disorders. C. Evaluate ordinances that create barriers to accessing and maintain housing, such as Conduct on Premise (currently underway) and any “crime free drug free” ordinances such as the one recently changed by the City of St. Louis Park. D. Prioritize allocation of the City’s Affordable Housing Trust Fund dollars to developers that are instituting a “Housing First” model.
5. Support Hennepin County in providing MOUD in jails and naloxone kit and training upon release	A. Advocate for the County and other partners to continue MOUD when people are incarcerated. B. Advocate for the County and other partners to provide naloxone kits and training for how to use them upon release from incarceration.

Mayor's Multi-Jurisdictional Task Force on Opioids – Child Protection & Criminal Justice Subcommittee

Recommendation	Action Step
1. Design an equity dashboard for child protection that includes the following information: How many kids are in shelters? How long were they in shelters? How many kids in the system are reported missing or runaways or truant? Why were kids removed? Was there an intervention? Disaggregate by race and ethnicity.	A. The City could take an influencer role and devise a statement that Minneapolis will provide opioid data that it owns and collaborate with Hennepin County to provide real time information on children removed from the home. a. Provide data to Metropolitan Urban Indian Directors (MUID) and the MiniMUID Subcommittee on Family Preservation. B. Designate representatives from the City, Hennepin County, and the community to determine the right data questions to shape the dashboard.
2. Increase prevention for mothers at risk of using opioids.	A. Increase funding for programs like Minneapolis American Indian Center's Bright Beginnings program, which could help them hire another staff person B. Fill gaps in funding so that programs are targeted for mothers of children under 3 years old.
3. Take actions to increase cultural training and decrease bias in the child protection system	A. Look at internal processes, procedure, and practices and consider implementing implicit bias training. B. Require bias training for mandated reporters. C. Make peer support trainings culturally appropriate.