



Dakota County

Community Services Committee of the Whole

Agenda

Tuesday, January 14, 2025

1:00 PM

Conference Room 3A, Administration Center, Hastings

If you wish to speak to an agenda item or an item not on the agenda, please notify the Clerk to the Board via email at CountyAdmin@co.dakota.mn.us. Emails must be received by 7:30am on the day of the meeting. Instructions on how to participate will be sent to anyone interested.

1. Call to Order and Roll Call

Note: Any action taken by this Committee of the Whole constitutes a recommendation to the County Board.

2. Audience

Anyone in the audience wishing to address the Committee on an item not on the Agenda or an item on the Consent Agenda may send comments to CountyAdmin@co.dakota.mn.us and instructions will be given to participate during the meeting. Verbal comments are limited to five minutes.

3. Approval of Agenda (Additions/Corrections/Deletions)

3.1 Approval of Agenda (Additions/Corrections/Deletions)

4. Consent Agenda

4.1 Approval of Minutes of Meeting Held on November 19, 2024

4.2 *Public Health* - Authorization To Accept Additional Grant Funds From Minnesota Department Of Health For Children And Youth With Special Health Needs Program And Execute Grant Amendment

4.3 *Public Health* - Authorization To Accept Minnesota Department Of Health Cannabis And Substance Use Prevention Grant Funds, Execute Grant Agreement, Add 1.0 Grant-Funded Full-Time Equivalent, And Amend 2025 Public Health Budget

4.4 *Public Health* - Authorization To Execute Joint Powers Agreement With Intermediate School District 917 For Smoke-Free Mentoring Cohort

- 4.5 *Social Services-Housing & Community Resources* - Authorization To Apply For Minnesota Department Of Human Services Community Living Infrastructure Grant Funds For Dakota County And Regional Metro Counties, Accept Grant Funds, Execute Grant Agreement, Execute Contracts With Vendors, And Amend 2025 Social Services Budget
- 4.6 *Social Services-Housing & Community Resources* - Authorization To Submit Grant Application To Minnesota Housing Finance Agency For Family Homelessness Prevention And Assistance Program Funds, Accept Grant Funds, Execute Grant Agreement And Related Contracts, And Amend 2025 Social Services Budget

5. Regular Agenda

- 5.1 *Public Health* - Authorization To Execute A Contract With Lionheart Wellness And Recovery Using Opioid Settlement Funds
- 5.2 *Public Health* - Authorization To Execute A Contract With Gateway Recovery Center Using Opioid Settlement Funds
- 5.3 *Public Health* - Authorization To Execute A Contract With Thrive! Family Recovery Services Using Opioid Settlement Funds
- 5.4 *Public Health* - Authorization To Execute A Contract With Minnesota Recovery Connection Using Opioid Settlement Funds
- 5.5 *Public Health* - Authorization To Execute A Contract With Wayside Recovery Center Using Opioid Settlement Funds

6. Community Services Director's Report

7. Future Agenda Items

8. Adjournment

- 8.1 Adjournment

**For more information please call 651-554-5742.
Committee of the Whole agendas are available online at
<https://www.co.dakota.mn.us/Government/BoardMeetings/Pages/default.aspx>
Public Comment can be sent to CountyAdmin@co.dakota.mn.us**



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-4022

Agenda #: 3.1

Meeting Date: 1/14/2025

Approval of Agenda (Additions/Corrections/Deletions)



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-4023

Agenda #: 4.1

Meeting Date: 1/14/2025

Approval of Minutes of Meeting Held on November 19, 2024



Dakota County

Community Services Committee of the Whole

Minutes

Tuesday, October 22, 2024

1:00 PM

Conference Room 3A, Administration
Center, Hastings

1. Call To Order And Roll Call

Present: Commissioner Slavik, Commissioner Atkins, Chairperson Halverson, Commissioner Droste, Commissioner Workman and Commissioner Holberg

Absent: Commissioner Hamann-Roland

Also in attendance were Heidi Welsch, County Manager; Lucie O'Neill, Assistant County Attorney; Marti Fischbach, Community Services Division Director; Jeni Reynolds, Sr. Administrative Coordinator to the Board; and Colleen Collette, Administrative Coordinator (attended via Zoom).

The meeting was called to order at 1:00 p.m. by the Chair, Commissioner Laurie Halverson.

The audio of this meeting is available upon request.

2. Audience

Chair, Commissioner Laurie Halverson, asked if there was anyone in the audience who wished to address the Community Services Committee on an item not on the agenda or an item on the consent agenda. No one came forward and no comments were submitted to CountyAdmin@co.dakota.mn.us.

3. Approval Of Agenda (Additions/Corrections/Deletions)

3.1 Approval Of Agenda (Additions/Corrections/Deletions)

Motion: William Droste

Second: Mike Slavik

On a motion by Commissioner Droste, seconded by Commissioner Slavik, the agenda was unanimously approved. The motion carried unanimously.

Ayes: 6

4. Consent Agenda

Motion: Joe Atkins

Second: William Droste

On a motion by Commissioner Atkins, seconded by Commissioner Droste, the consent agenda was unanimously approved as follows:

4.1 Approval Of Minutes Of Meeting Held On September 17, 2024

Motion: Joe Atkins

Second: William Droste

4.2 Authorization To Execute Agreement With University Of Minnesota For Local Extension Programming And Employing Extension Staff

Motion: Joe Atkins

Second: William Droste

WHEREAS, on January 1, 2004, the University of Minnesota (U of M) Extension deployed a new model for Extension programming; and

WHEREAS, Extension Regional Offices were established throughout the state (one of those located in Farmington at the Dakota County Extension and Conservation Center) and local Extension offices were established in counties where customized local programs, services, and positions are funded with county dollars; and

WHEREAS, this arrangement provided counties more choices in local Extension programming and increased accountability from Extension for its work; and

WHEREAS, since 2004, the Dakota County Extension Committee has recommended programming, and based on current community need, continues to recommend that local programming be offered for the following areas: Extension Educator, 4-H Youth Development and Horticulture/Master Gardener; and

WHEREAS, by Resolution No. 22-124 (March 15, 2022), the Dakota County Board of Commissioners authorized the Physical Development Director to execute an agreement with the U of M for the support of the Dakota County Master Gardener (DCMG) program, including \$90,000 for a 1.0 full-time equivalent (FTE) position responsible for managing Dakota County plant production and DCMG program activities and \$5,500 in in-kind support for DCMG program activities; and

WHEREAS, by Resolution No. 23-528 (November 28, 2023), the DCMG, a volunteer program of the U of M Extension, authorized re-establishing a formal partnership with the County focused on expanding their plant production efforts and associated public services regarding horticulture and environmental stewardship; and

WHEREAS, to establish consistency for the rates charged for these local Extension program positions, the U of M works with the Association of Minnesota Counties (AMC), and the AMC sub-committee for Extension, to establish statewide costs; and

WHEREAS, staff is recommending a three-year agreement with a cost of \$463,750 for 2025, \$477,625 for 2026, and \$491,975 for 2027, for a total not to

exceed amount of \$1,433,350; and

WHEREAS, Minn. Stat. §§ 38.34-38.37 authorizes a board of county commissioners to incur expenses and spend money for county Extension work, states that money in the county Extension fund appropriated by the county board be paid out by orders of the U of M Dean of Extension, and provides that Extension education and program staff must be U of M employees employed according to U of M personnel procedures; and

WHEREAS, this agreement includes salary and fringe benefits for the local programming positions, all travel (mileage, meals and lodging), in-service training and professional development, program supervision, and payroll and accounting services provided by the U of M; and

WHEREAS, all program staff will continue to be U of M employees; and

WHEREAS, the County will provide support for these positions such as office space, telephone, computer, email, support staff, and other general office supplies; and

WHEREAS, all services will be provided exclusively in Dakota County.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute an agreement with the University of Minnesota for local Extension programming and employing Extension staff in an amount not to exceed \$1,433,350, effective January 1, 2025 through December 31, 2027; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said agreement/contract, consistent with the amount budgeted, to alter the agreement/contract amount and the agreement/contract term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form.

This item was approved and recommended for action by the Board of Commissioners on 10/29/2024.

4.3 Authorization To Accept Minnesota Department Of Human Services Children's Mental Health Screening Grant Funds And Execute Grant Agreement

Motion: Joe Atkins

Second: William Droste

WHEREAS, in 2003, the Minnesota Legislature added mental health screening requirements to Minnesota Statutes to include children's mental health screening for specific Child Welfare and Juvenile Justice populations; and

WHEREAS, the purpose of the children's mental health screening within the child welfare and juvenile justice populations is to integrate mental health into

current practices and to promote earlier mental health identification and intervention; and

WHEREAS, early identification of mental illness followed by the appropriate intervention and treatment may prevent years of disability and provide improved outcomes for children and their families; and

WHEREAS, focusing on these at-risk populations, and particularly the uninsured and underinsured, grant funding can provide mental health treatment for children who would not otherwise receive these services; and

WHEREAS, children's mental health screenings facilitate referral of children for further testing and treatment using standardized effective mental health screening instruments; and

WHEREAS, the breakdown of the total \$413,911 grant allocation is as follows:

Child Welfare	\$123,319
Juvenile Justice	\$290,592

; and

WHEREAS, staff recommends the County Board authorizes acceptance of the grant funds in the amount of \$413,911 and execution of the grant agreement for the period of January 1, 2025 through December 31, 2025.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to accept the Minnesota Department of Human Services Children's Mental Health Screening grant award of \$413,911 and execute a grant agreement for the period of January 1, 2025 through December 31, 2025, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney's Office as to form.

This item was approved and recommended for action by the Board of Commissioners on 10/29/2024.

4.4 Authorization To Execute Contracts For Children And Family In-Home And Community-Based Services

Motion: Joe Atkins

Second: William Droste

WHEREAS, the work of Children and Family Services requires access to

in-home and community-based services for children, youth, and families, whether in addressing child protection issues, children's mental health needs, truancy, or youth transitioning from the foster care system; and

WHEREAS, the juvenile protection provisions of the Juvenile Court Act, Minn. Stat. Ch. 260C, reference child protection case plan services and the need for county social services agencies to provide support and services to prevent out-of-home placement, and to assist in family reunification following children being in out-of-home placement; and

WHEREAS, Behavioral Dimensions Inc. currently provides Intensive Behavioral Specialist programming for Dakota County children who meet Severe Emotional Disturbance (SED) eligibility, up to age 18, who have frequent behavioral health crises and are unable to access most services due to frequent and/or severe episodes of unsafe behavior; and

WHEREAS, Lopno and Associates currently provides Psychological Evaluations for Dakota County children who have an open Children and Family Services case and cannot access a complete psychological evaluation through their health plans; and

WHEREAS, staff is requesting a contract with Behavioral Dimensions Inc. for Behavioral Specialist programming for a not to exceed amount of \$200,000, effective January 1, 2025 through December 31, 2026; and

WHEREAS, staff is requesting a contract with Lopno and Associates for Psychological Evaluations for a not to exceed amount of \$180,000, effective January 1, 2025 through December 31, 2026.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a contract for Behavioral Specialist programming with Behavioral Dimensions Inc. in a not to exceed amount of \$200,000 for the period of January 1, 2025 through December 31, 2026, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a contract for Psychological Evaluations services with Lopno and Associates in a not to exceed amount of \$180,000 for the period of January 1, 2025 through December 31, 2026, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contracts, consistent with the amounts budgeted, to alter the contract amounts and the contract terms up to one year after initial expiration dates, consistent with County contracting policies, subject to approval

by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contracts shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

This item was approved and recommended for action by the Board of Commissioners on 10/29/2024.

5. Regular Agenda

5.1 Update On Affordable Housing Aid Spending Options, And Authorization To Allocate Local Affordable Housing Aid to Emergency Rental Assistance And Amend 2024 Social Services Budget

Motion: Mary Liz Holberg

Second: Joe Atkins

The following staff presented on this item and stood for questions: Marti Fischbach, Community Services Division Director; Heidi Welsch, County Manager; and Tony Schertler, Executive Director, Dakota County Community Development Agency. Staff was given direction to work into the Social Services 2025 budget approximately half of the State and Local Affordable Housing Aid funds and develop a model that sets a percentage for building and preserving housing through the Dakota County Community Development Agency (CDA) versus prevention and provide outcomes and results data in conjunction with the CDA work in this area.

A motion and second were made based on amended resolution language. The language was amended and approved as follows:

WHEREAS, in 2021, the Dakota County Board of Commissioners reconvened the Housing Leadership Workgroup to assess the outcomes of the County's Housing Business Plan and make recommendations for future housing initiatives and investments in Dakota County; and

WHEREAS, the workgroup was made up of faith leaders, law enforcement, people who have experienced homelessness, nonprofit partners, Dakota County Commissioners, and staff from the Dakota County Community Development Agency (CDA) and the County; and

WHEREAS, the workgroup recommended investments in three main areas to support the next phase of the Dakota County Housing Business Plan: shelter, homelessness prevention, and affordable housing; and

WHEREAS, staff presented these recommendations to the County Board on October 19, 2021, and staff returned to the County Board throughout 2022 and 2023 with additional information and further defined recommendations in each of the three investment areas; and

WHEREAS, the 2024 County Budget included initial investments utilizing the new State and Local Affordable Housing Aid, including Emergency Rental Assistance, Apartment Services, Prevention and Navigation Services, Family Voucher Program, and Permanent Supportive Housing and Rapid Re-Housing Services; and

WHEREAS, on March 27, 2024, Community Services and the CDA proposed an expanded set of Affordable Housing Aid investments during a Board Workshop and the County Board requested that additional eligible activities that can be launched quickly be brought back for formal consideration; and

WHEREAS, on April 16, 2024, Community Services proposed expansion of the Emergency Rental Assistance program by adding \$1,500,000 to the 2024 Social Services Budget; and

WHEREAS, by Resolution No. 24-215 (April 23, 2024), the Dakota County Board of Commissioners authorized \$428,000 of Affordable Housing Aid funds be allocated toward emergency rental assistance and requested that staff return after the legislative session ends to provide an update on Affordable Housing Aid uses and propose eligible activities that can be launched quickly; and

WHEREAS, on July 23, 2024, Community Services presented updates to Affordable Housing Aid statute language and a plan for the 2025 budget as co-developed by Dakota County Community Services and the Dakota County CDA; and

WHEREAS, this plan is based on the Housing Business Plan recommendations and priorities and is built in the 2025 county budget proposal; and

WHEREAS, by Resolution No. 24-379 (July 30, 2024), staff also received authorization to accept the State and Local Affordable Housing Aid funds in 2024 and a portion of these funds were built into the 2024 Social Services Budget and are currently being spent; and

WHEREAS, there continues to be an immediate need for Emergency Rental Assistance funding to support the Housing Clinic at Eviction Court and Social Services' Prevention Services and Navigation Team for prevention assistance prior to an eviction filing and Social Services is requesting an additional \$355,000 in funding for 2024; and

WHEREAS, it is a Board Priority for Community Services and the Dakota County CDA to develop a 5-year plan for allocating Affordable Housing Aid in alignment with Dakota County's Housing Business Plan and this presentation will continue the Affordable Housing Aid discussion; and

WHEREAS, policy direction provided by the Board in this meeting will serve as the basis for 2025 budget development.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to allocate up to \$355,000 one-time additional Affordable Housing Aid funds towards emergency rental assistance; and

BE IT FURTHER RESOLVED, That the 2024 Social Services Budget is hereby amended as follows:

Expense

Emergency Rental Assistance	<u>\$355,000</u>
Total Expense	\$355,000

Revenue

Affordable Housing Aid	<u>\$355,000</u>
Total Revenue	\$355,000

This item was approved and recommended for action by the Board of Commissioners on 10/29/2024.

Ayes: 6

5.2 Update And Direction On Adult Emergency Shelter Services And Project Planning

Marti Fischbach, Community Services Division Director, and Heidi Welsch, County Manager, presented on this item and stood for questions. This item was on the agenda for informational purposes only. The Committee, unanimously, did give staff direction to pursue a long-term, 3 - 5 year, contract for shelter space and develop a plan to increase staffing hours, which would address the need for more on-site staff outside of usual County business hours.

Information only; no action requested.

6. Community Services Director's Report

Marti Fischbach, Community Services Division Director, referred the Committee to the written report that was provided.

7. Future Agenda Items

Though this may not be a future agenda item, a Commissioner asked if the Disability Advisory Council and/or the Communications department could develop a plan to ensure that standard communications for public meetings include an option to request American Sign Language services.

8. Adjournment

8.1 Adjournment

Motion: Mike Slavik

Second: William Droste

On a motion by Commissioner Mike Slavik, seconded by Commissioner William Droste, the meeting was adjourned at 3:06 p.m.

Ayes: 6

Respectfully submitted,

Colleen Collette, Administrative Coordinator
Community Services Division

DRAFT



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-4046

Agenda #: 4.2

Meeting Date: 1/14/2025

DEPARTMENT: Public Health

FILE TYPE: Consent Action

TITLE

Authorization To Accept Additional Grant Funds From Minnesota Department Of Health For Children And Youth With Special Health Needs Program And Execute Grant Amendment

PURPOSE/ACTION REQUESTED

Authorize acceptance of additional grant funds from the Minnesota Department of Health (MDH) for Children and Youth with Special Health Needs (CYSHN) program and execution of grant amendment.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

Dakota County Public Health has provided follow-up services for children and youth with special health needs since 2011. Follow-up services include providing consultation, resources, and education to families who have a child with suspected or confirmed hearing loss, or a child with an identified birth defect that is known to hinder growth and development. Children enrolled in this program are identified through newborn screening with the goal being to detect disabling conditions early allowing for early intervention. Follow-up services are funded through the CYSHN from MDH.

By Resolution No. 21-584 (December 17, 2021), the County Board of Commissioners approved grant funds from MDH for the CYSHN program in the amount of \$125,000 effective January 1, 2022 through December 31, 2026.

Dakota County Public Health has provided early intervention services through the Follow Along Program (FAP) since 2002. FAP is a program that identifies young children at risk for developmental and social-emotional concerns through screening and provides connections to developmental activities and appropriate resources and services to support overall health and well-being. FAP services are currently funded through the Title V Social Security Act; Maternal and Child Health Block grant.

Effective October 1, 2024, the FAP grant funding is being moved from the Title V Social Security Act; Maternal and Child Health Block grant to the CYSHN grant.

MDH is allocating additional grant funds for the CYSHN program in the estimated amount of \$31,725 effective October,1 2024 through December 31, 2026.

OUTCOMES

How much? In 2023, Public Health received 125 referrals for the CYSHN program. In 2023, the FAP program received 112 referrals resulting in 549 actively enrolled children in FAP.

How well? In 2023, Public Health staff provided over 155 consultations with the referred families.

Is anyone better off? 100 percent of families referred to the CYSHN program and FAP received information about family home visiting services, early intervention, and other programs to support achieving optimal growth and development.

RECOMMENDATION

Staff recommends authorization to accept the additional grant funds from MDH for the CYSHN program in the estimated amount of \$31,725, effective October 1, 2024 through December 31, 2026, and execute the grant amendment.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost associated with this grant. The grant funds are included in the 2025 Public Health Budget.

- None Current budget Other
 Amendment Requested New FTE(s) requested

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, Dakota County Public Health has provided follow-up services for children and youth with special health needs since 2011; and

WHEREAS, follow-up services include providing consultation, resources, and education to families who have a child with suspected or confirmed hearing loss, or a child with an identified birth defect that is known to hinder growth and development; and

WHEREAS, children enrolled in this program are identified through newborn screening with the goal being to detect disabling conditions early allowing for early intervention; and

WHEREAS, follow-up services are funded through the Children and Youth with Special Health Needs grant (CYSHN) from the Minnesota Department of Health (MDH); and

WHEREAS, by Resolution No. 21-584 (December 17, 2021), the County Board of Commissioners approved grant funds from MDH for the CYSHN program in the amount of \$125,000 effective January 1, 2022 through December 31, 2026; and

WHEREAS, Dakota County Public Health has provided early intervention services through the Follow Along Program (FAP) since 2002; and

WHEREAS, FAP is a program that identifies young children at risk for developmental and social-emotional concerns through screening and provides connections to developmental activities and appropriate resources and services to support overall health and well-being; and

WHEREAS, FAP services are currently funded through the Title V Social Security Act; Maternal and Child Health Block grant; and

WHEREAS, effective October 1, 2024, the FAP grant funding is being moved from the Title V Social Security Act; Maternal and Child Health Block grant to the CYSHN grant; and

WHEREAS, MDH is allocating additional grant funds for the CYSHN program in the estimated amount of \$31,725, effective October, 1 2024 through December 31, 2026.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to accept the grant funds in the amount of \$31,725 and execute the Children and Youth with Special Health Needs grant amendment for the period of October 1, 2024 through December 31, 2026, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney's Office as to form.

PREVIOUS BOARD ACTION

21-584; 12/17/2021

ATTACHMENTS

None

BOARD GOALS

- | | |
|---|---|
| <input checked="" type="checkbox"/> A Great Place to Live | <input type="checkbox"/> A Healthy Environment |
| <input type="checkbox"/> A Successful Place for Business and Jobs | <input type="checkbox"/> Excellence in Public Service |

CONTACTS

Department Head: Coral Ripplinger
Author: Tracy Howard



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-4060

Agenda #: 4.3

Meeting Date: 1/14/2025

DEPARTMENT: Public Health

FILE TYPE: Consent Action

TITLE

Authorization To Accept Minnesota Department Of Health Cannabis And Substance Use Prevention Grant Funds, Execute Grant Agreement, Add 1.0 Grant-Funded Full-Time Equivalent, And Amend 2025 Public Health Budget

PURPOSE/ACTION REQUESTED

Authorize acceptance of the Minnesota Department of Health (MDH) Cannabis and Substance Use Prevention (CSUP) grant funds, execution of the grant agreement, addition of 1.0 grant-funded full-time equivalent (FTE), and amendment to the 2025 Public Health Budget.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

During the 2023 legislative session, local and tribal public health agencies in Minnesota were allocated ongoing funding focused on cannabis prevention beginning in state fiscal year (SFY) 2025 (Chapter 121 - MN Laws; Article 1). When the cannabis conference report passed, it contained language changing how local and tribal cannabis funding could be spent (Chapter 121 - MN Laws; Article 3). Eligible uses of the funds include prevention of use of other substances, including cannabis.

In October 2024, Public Health was notified by MDH of a CSUP grant allocation of \$283,568 for the period of November 1, 2024 through October 31, 2025. These grant funds were awarded to all Community Health Boards throughout the state to create prevention, education, and recovery programs focusing on substance misuse prevention and treatment options, with the main focus on primary prevention of substance use/misuse (Attachment: Grant Guide).

Public Health plans to utilize these grant funds to support the salary and benefits of a 1.0 grant-funded full-time equivalent Substance Use Prevention Specialist. Additionally, these grant funds will support 0.5 of the 1.0 full-time equivalent Public Health Supervisor for Substance Use Prevention that was approved through the 2025 budget process. These positions will create infrastructure to support a substance use prevention program that can respond to the growing needs in the community.

OUTCOMES

How Much?

Hire a 1.0 grant-funded FTE Substance Use Prevention Specialist and a 0.5 of a 1.0 FTE Public Health Supervisor to develop a comprehensive and effective prevention approach for cannabis and substance misuse.

How Well?

Staff will develop evaluation measures to determine effectiveness of workplan deliverables. Strategic adjustments to these efforts will be determined through the evaluation process and continued improvement measures will be implemented to meet the needs.

Are we better off?

The Substance Use Prevention Specialist and Public Health Supervisor will partner with the Public Health Epidemiologist to develop outcome measures as the grant workplan is developed and data points are recorded.

RECOMMENDATION

Staff recommends authorization to accept MDH CSUP grant funds in the amount of \$283,568 for state FY 2025, execute the grant agreement with MDH, add 1.0 grant-funded FTE, and amend the 2025 Public Health Budget.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost anticipated as a result of this action. The 2025 Public Health Budget is requested to be amended to add the anticipated grant award of \$283,568. Included in this request is funding for a 1.0 new, grant-funded FTE. This position is contingent upon the availability of grant funding.

- None
- Current budget
- Other
- Amendment Requested
- New FTE(s) requested

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, during the 2023 legislative session, local and tribal public health agencies in Minnesota were allocated ongoing funding focused on cannabis prevention beginning in state fiscal year (SFY) 2025 (Chapter 121 - MN Laws; Article 1); and

WHEREAS, when the cannabis conference report passed, it contained language changing how local and tribal cannabis funding could be spent (Chapter 121 - MN Laws; Article 3); and

WHEREAS, eligible uses of the funds include prevention of use of other substances, including cannabis; and

WHEREAS, in October 2024, Public Health was notified by the Minnesota Department of Health

(MDH) of a Cannabis and Substance Use Prevention (CSUP) grant allocation of \$283,568 for the period of November 1, 2024 through October 31, 2025; and

WHEREAS, these grant funds were awarded to all Community Health Boards throughout the state to create prevention, education, and recovery programs focusing on substance misuse prevention and treatment options, with the main focus on primary prevention of substance use/misuse; and

WHEREAS, Public Health plans to utilize these grant funds to support the salary and benefits of a 1.0 grant-funded full-time equivalent Substance Use Prevention Specialist; and

WHEREAS, in addition, these grant funds will support 0.5 of the 1.0 full-time equivalent Public Health Supervisor for Substance Use Prevention that was approved through the 2025 budget process; and

WHEREAS, these positions will create infrastructure to support a substance use prevention program that can respond to the growing needs in the community.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to accept the grant funds and execute the Cannabis and Substance Use Prevention grant agreement for the period of November 1, 2024 through October 31, 2025, for a total grant amount of \$283,568, subject to approval by the County Attorney’s Office as to form; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to add a 1.0 grant-funded, full-time equivalent (FTE) position; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney’s Office as to form ; and

BE IT FURTHER RESOLVED, That the 2025 Public Health Budget is hereby amended as follows:

Expense

Staff Expense 1.0 FTE	\$130,631
Program Expense	<u>\$ 46,796</u>
Total Expenses	\$177,157

Revenue

Public Health Grant	(\$80,632)
Fund Balance (Indirect)	(\$25,779)
Substance Use Prevention Grant	<u>\$283,568</u>
Total Revenues	\$177,157

PREVIOUS BOARD ACTION

None.

ATTACHMENTS

Attachment: Grant Guide

BOARD GOALS

- A Great Place to Live
- A Successful Place for Business and Jobs
- A Healthy Environment
- Excellence in Public Service

CONTACTS

Department Head: Coral Ripplinger

Author: Erin Carder



This document will be updated on an ongoing basis. Check frequently for updates.

Cannabis and Substance Use Prevention Grant

GUIDE UPDATED: OCTOBER 23, 2024

Table of Contents

Cannabis and Substance Use Prevention Grant	1
Purpose of this document.....	2
Source of funding.....	2
Funding formula.....	2
Workplan and budget	2
Grant cycle and invoicing.....	3
Grant cycle	3
Invoice.....	3
Invoice frequency.....	3
Expenditure tracking.....	3
Reporting.....	4
Grantee duties	4
Overall use of funds	6
Cannabis and substance use prevention best practice	6
Ask yourself.....	6
Allowable and unallowable expenses.....	7
Allowable expenses.....	7
Unallowable expenses	7
Frequently asked questions.....	8

Purpose of this document

The purpose of this document is to provide information on the Cannabis and Substance Use Prevention Grant funding. It is intended to be a source of information regarding funding, invoicing, reporting, initial grant workplans and activities, and basic expenditure questions. **This is a living document – as the program develops this document will be updated and sent to grantees.** If you do not see the information you need, contact the MDH Office of Statewide Health Improvement Initiatives at health.csup.MDH@state.mn.us.

Source of funding

Funding for the Cannabis and Substance Use Prevention Grant comes from the state general fund (i.e., state tax dollars). During the 2023 legislative session, local and tribal public health agencies in Minnesota were given ongoing funding focused on cannabis prevention beginning in FY25 (Chapter 121 - MN Laws; Article 1). When the Cannabis conference report passed it contained language changing how the local and tribal cannabis funding could be spent (Chapter 121 - MN Laws; Article 3). Eligible uses of the funds include prevention of use of other substances, including cannabis, using the following language: *"The commissioner of health shall distribute grants to local health departments and Tribal health departments for the departments to create prevention, education, and recovery programs focusing on substance misuse prevention and treatment options. The programs must include specific cannabis-related initiatives."* It also makes similar changes to MDH's youth prevention focused funding to expand use to additional substance prevention. To implement this new funding, the Minnesota Department of Health (MDH) is building out a new Cannabis and Substance Use Prevention Grant Program within the Office of Statewide Health Improvement Initiatives (OSHII).

Funding formula

Built of the work of SCHSAC to develop formulas for the Response and Sustainability Grant and Foundational Public Health Responsibility funds, the formula used to distribute the Cannabis and Substance Use Prevention funds will ensure every CHB have a sizeable base; take into account social vulnerability and population size; and account for the need for coordination across counties:

- Base annual funding of \$70,000 to each community health board
- Allocate a \$5000 per county allotment for multi-county CHBs
- Allocate 75% of the remaining funding to population
- Allocate 25% of the remaining funding to SVI county ranking

Workplan and budget

Community health boards will be required to submit a workplan identifying planned activities and budget for the Cannabis and Substance Use Prevention Grant. Basic initial directions on this workplan and budget is outlined in this document below. The workplan asks for the community health board's proposed activities related to cannabis and substance use prevention. Community health boards can choose to address any or all Cannabis and Substance Use Prevention areas.

Grant cycle and invoicing

Grant cycle

Timeline reflects FY2025 Cannabis and Substance Use Prevention Grant cycle and carry-forward timeline. Cannabis and Substance Use Prevention Grant funds remaining as of June 30, 2025, may be carried forward; however, these carry-forward funds must be spent by June 30, 2026.

Invoice

The invoice for reimbursement of Cannabis and Substance Use Prevention Grant expenditures will be provided upon execution of the grant. Please reach out to health.csup.MDH@state.mn.us if a new invoice template is needed.

Invoice frequency

Invoicing can occur quarterly or monthly (as determined by the community health board). Invoices are due within 30 days after the end of the invoice period.

Invoices submitted quarterly are on the following schedule:

- January 1 to March 31 due April 30
- April 1 to June 30 due July 31st
- July 1 to September 30 due October 31
- October 1 to December 31 due January 31

Expenditure tracking

Cannabis and Substance Use Prevention Grant funds should be managed and accounted for as a unique funding source. Expenditures should be tracked according to standard expenditure categories as describe below.

Expenditure Categories:

- **Salary and fringe:** All employee time spent on Cannabis and Substance Use Prevention Grant activities supported by these funds.
- **Contractual:** All contracted activities supported by these funds. This should include: description of contracted services; contractor/consultant's name; length of contracted services; and contracted services budget allocation. Subcontracts over \$5,000 require approval from the Minnesota Department of Health.
- **In-state travel:** All in-state travel is supported by these funds. Travel and subsistence expenses must fall within the following guidelines outlined in the Master Grant Agreement according to the current "Commissioner's Plan."
- **Supplies and equipment:** Purchases of needed supplies to carry out the Cannabis and Substance Use Prevention Grant activities. Equipment is defined as tangible, non-expendable personal property that has a useful life of more than one year AND an acquisition cost of \$5,000 or more per unit. Equipment over \$5,000 requires prior written approval from the Minnesota Department of Health.

- **Other:** This category contains items not included in the previous budget categories.
- **Indirect Cost Rate:** If Grantee does not have a federally approved indirect cost rate agreement, MDH will accept an indirect rate of up to 10 percent of the total direct charges.

Reporting

Community health boards will be required to report quarterly on their grant activities. This reporting will be done in REDCap or other reporting mechanism as identified by OSHII CSUP grant managers.

Grantee duties

Below are the duties for the Foundational Public Health Responsibilities Grant:

The purpose of this funding is to support the implementation of Cannabis and Substance Use Prevention Grant responsibilities by community health boards (grantees). The Cannabis and Substance Use Prevention Grant Program will use Cannabis dollars to provide funding and guidance to local public health and tribal public health on best practices for substance use prevention. The Cannabis funds shall be used to prevent use of other substances, including cannabis, using the following language: *"The commissioner of health shall distribute grants to local health departments and Tribal health departments for the departments to create prevention, education, and recovery programs focusing on substance misuse prevention and treatment options. The programs must include specific cannabis-related initiatives."*

This funding must be used to fulfill Cannabis and Substance Use Prevention Grant responsibilities as defined by the Minnesota Department of Health.

Based on statutory language (MS 144.197 subd. 4) grantees may focus on a broad range of substance types, but cannabis must be included. The main focus must be on primary prevention of substance use/misuse. These funds may not be used for treatment and recovery service provision, but they may be used to promote linkage to services, for example implementing screening, brief intervention, and referral to treatment.

More details on the cannabis and substance use prevention and education and examples of the work supported by these funds will be forthcoming. Grantees are encouraged to review resources available:

- MDH Cannabis Use in Minnesota – Baseline Assessment July 2024: [Cannabis Use in Minnesota: Baseline Assessment \(Legislative Report, 2024\) \(state.mn.us\)](https://state.mn.us/cannabis-use-in-minnesota-baseline-assessment-legislative-report-2024)
- National Academies: Cannabis Policy Impacts Public Health and Health Equity: <https://nap.nationalacademies.org/catalog/27766/cannabis-policy-impacts-public-health-and-health-equity>
- CDC Cannabis and Public Health: [About Cannabis | Cannabis and Public Health | CDC](https://www.cdc.gov/cannabis/public-health/)
- UMN School of Public Health: Cannabis Research Center: [Cannabis Research Center - Research Centers - School of Public Health - University of Minnesota \(umn.edu\)](https://www.soph.umn.edu/cannabis-research-center/)

Duties:

1. Designate CSUP project coordinator.

2. Designate a CSUP staff person to facilitate evaluation tasks and communicate with MDH. evaluation staff and contractors.
3. Grantee shall complete, and update as necessary, proposed activities and a workplan for Minnesota Department of Health (MDH) approval in the attached workplan template. This workplan will assure compliance with funding requirements. Any changes made to the original proposal must be reviewed and approved by MDH. Workplan should include a theory of change or outcomes goals language.
 - a. First 90 days – proposed activities related to the start-up of this new grant program. Hiring staff, reviewing local data and assessing the landscape to understand needs related to Cannabis and Substance Misuse in grantee’s jurisdiction. Meet with assigned MDH Grants Manager (TBD). Participate in on-boarding grant activities as communicated by MDH.
 - b. First 180 days – In addition to start-up activities listed above, grantee will participate in required trainings and workshops to develop their capacity, skills, and understanding of best practice in substance use prevention as well as develop localized workplans and logic models to represent use of their new funding.
 - c. Ongoing workplans and activities will be updated as grantee develops community strategies to address Cannabis/Substance Use Prevention in their jurisdiction.
4. Grantee shall develop a theory of change and/or logic model that defines project goals, objectives, and activities, to inform evaluation efforts. *More detail will be provided and grantee will be supported in the development of their theory of change and/or logic model in the first half of calendar year 2025.*
5. Be sure to include the required activities and deliverables in the workplan:
 - a. Initial goals and objectives (if known) with activities to meet each.
 - b. Development and submission of at least one (1) success story annually. Success stories will highlight best practices from the program and activities. Specific guidelines and instructions will be determined and provided by MDH to grantees after funding has been awarded.
 - c. Evaluation reporting – more information forthcoming.
 - d. Initial workplan and deliverables should span the first 90 days of the grant (November 1, 2024-January 30, 2025)
6. If available include baseline measurements for all activities.
7. Participate in site visits and grant reconciliation processes with MDH.
8. Participate in regularly scheduled calls and meetings with MDH.

9. Participate in MDH-sponsored technical assistance calls, webinars, and trainings.
10. Participate in all required evaluation activities and complete progress and evaluation reports as requested by MDH.
11. Annually or on the timeline determined by MDH, the Grantee shall complete a proposed budget and submit to MDH. The budget and any subsequent changes made to the budget must be reviewed and approved by MDH.
12. Grantee shall provide requested financial and programmatic reporting information by the dates provided to them by MDH to meet funding reporting and monitoring requirements.

Overall use of funds

MDH will fund evidence-based, evidence-informed, or promising practices in cannabis and substance use education, prevention, and PSE.

Cannabis and substance use prevention best practice

Grantees will be required to include a theory of change in their workplan narrative, and are encouraged to use the Strategic Prevention Framework (SPF; <https://pttcnetwork.org/the-strategic-prevention-framework-spf/>) and socio-ecological model ([Primary, Secondary, and Tertiary Prevention of Substance Use Disorders through Socioecological Strategies - National Academy of Medicine \(nam.edu\)](https://www.nam.edu/primary-secondary-and-tertiary-prevention-of-substance-use-disorders-through-socioecological-strategies)).

Substance use prevention requires understanding multiple factors that influence individual choices and behaviors. The socio-ecological model guides assessment of a range of factors that influence substance use and can help identify substance use prevention strategies at different levels of ecology. The SPF is a data-driven planning process that leads organizations through assessment, capacity, planning, implementation, and evaluation steps. It is a fluid, cyclical process grounded in cultural competency and sustainability. Using data can inform planning, identify priority populations or geographic areas, and ensure strong evaluation to track changes over time.

Ask yourself

Community health boards are expected to use discretion in determining whether an expense is allowable using Cannabis & Substance Use Prevention funding. To guide this decision-making process, grantees could use the following questions:

- Best practice is to look at your mission: Does the activity align with the mission of your organization?
- Does the use of the funding meet the legislative intent of the funding?
- Does the activity have an impact on the broader populations vs. serving an individual?
- Is the item or request included in your approved budget?
- Is the cost of the activity reasonable, cost efficient, and necessary?
- Is it a good use of public funds? Would the activity be perceived by the public, potential critics, community leaders, decision makers and partners, in a positive manner?
- Does the work align with the community health board's strategic plans?

- Is the workplan clear and feasible, and does it integrate sustainability planning?
- Does the logic model describe how the goals and objectives will be met?

Allowable and unallowable expenses

Allowable expenses

Please note equipment over \$5,000 requires prior written approval from the Minnesota Department of Health.

- Costs associated with attending in-state or out-of-state conferences or trainings related to CSUP. This may include travel costs and registration fees. Out-of-state travel requires prior approval. Travel costs must align with the current [State of Minnesota Commissioner's Plan](#).
- Electronics – computers, monitors, laptops
- Electronics that support CSUP is an allowable cost. CSUP can only cover the amount of the cost equivalent to the percentage that it is used for CSUP. For example, if a computer is used by staff that is .5 FTE in CSUP, you can include 50% of the costs.
- Office furniture
 - Desks, office chairs
 - CSUP can only cover the amount of the cost equivalent to the percentage that it is used for CSUP. For example, if the office furniture is used by staff that is .25 FTE in CSUP, you can include 25% of the costs.

Unallowable expenses

Please note these are examples of **unallowable** expenses and is not an exhaustive list.

- Capital improvements, including construction costs and renovation costs
- Childcare or after school care
- Costs associated with providing direct services to individuals
- Individual treatment
- Purchase of Naloxone
- Filing cabinets
- Food purchased for meetings that do not have a direct and clear connection to CSUP
- Generators
- Health screening supplies and associated costs
- Incentives – gift cards, gas cards
- Lead test kits
- Mileage/travel expenses that support direct client services
- Radon test kits

- Refrigerators/freezers
- Travel outside of the United States
- Vaccinations
- Vehicles (including costs associated with the purchase, maintenance, and/or retrofitting)
- Water test kits
- Lobbying activities.

MDH reserves the right to seek clarification regarding a budget item or deny requests for any item listed in the budget that is deemed unnecessary for the implementation of the project.

Frequently asked questions

This section will be updated as questions come in.

10/23/2024

To obtain this information in a different format, email: health.csup.MDH@state.mn.us.



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3958

Agenda #: 4.4

Meeting Date: 1/14/2025

DEPARTMENT: Public Health

FILE TYPE: Consent Information

TITLE

Authorization To Execute Joint Powers Agreement With Intermediate School District 917 For Smoke-Free Mentoring Cohort

PURPOSE/ACTION REQUESTED

Authorize execution of joint powers agreement (JPA) with Intermediate School District (ISD) 917 for Smoke-Free Mentoring Cohort.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

Dakota County Public Health (Public Health) has over a decade of working with local school districts in Dakota County through the Minnesota Department of Health (MDH) Statewide Health Improvement Partnership (SHIP). SHIP supports community-driven solutions to expand opportunities for active living, healthy eating, commercial tobacco-free living, and preventing chronic disease. One effective strategy supported by SHIP is collaborating with school districts to develop smoke-free peer mentoring programs. Public Health contracts with the Minnesota Tobacco Free Alliance (TFA) to oversee these peer-mentoring cohorts, train youth in vaping prevention best practices as part of school engagement tactics, and work on school policies that positively impact student health. TFA supports youth in being empowered to take ownership in preventing vaping among their peers and practice leadership skills in the community.

Under Minn. Stat. §471.59, subd.1, two or more governmental units may enter into an agreement to cooperatively exercise any power common to the contracting Parties, and one of the participating governmental units may exercise one of its powers on behalf of the other governmental units. Therefore, staff is requesting to enter into a JPA with ISD 917 (Attachment: Joint Powers Agreement with ISD 917) for Smoke-Free Mentoring Cohort.

OUTCOMES

How much: The school districts will work with TFA consultants to support the development of one youth-led peer mentoring group in ISD 917.

How well: TFA will help ISD 917 develop their youth-led group with the goal of sustainability: By increasing their infrastructure, capacity and visibility in the community, prevention of vaping among youth and teens will be supported.

Is anyone better off: A former community partner, Eagan High School, now has a trained group of youth who bring that training to 6th graders in the district as part of health education classes. This allows high schoolers to be mentors to younger students who may be positively influenced by vaping education. This successful model will be replicated for ISD 917 with that same goal of youth-driven engagement.

RECOMMENDATION

Staff recommends authorization to enter into a JPA with ISD 917 to continue the work of the smoke-free peer mentoring cohort overseen by TFA.

EXPLANATION OF FISCAL/FTE IMPACTS

There is \$0 cost to the County as it is completely funded through the MDH SHIP grant, which is included in the 2025 Public Health Budget.

- None Current budget Other
 Amendment Requested New FTE(s) requested

RESOLUTION

WHEREAS, Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, Dakota County Public Health (Public Health) has over a decade of working with local school districts in Dakota County through the Minnesota Department of Health (MDH) Statewide Health Improvement Partnership (SHIP); and

WHEREAS, SHIP supports community-driven solutions to expand opportunities for active living, healthy eating, commercial tobacco-free living, and preventing chronic disease; and

WHEREAS, one effective strategy supported by SHIP is collaborating with school districts to develop smoke-free peer mentoring programs; and

WHEREAS, Public Health contracts with the Minnesota Tobacco Free Alliance (TFA) to oversee these peer-mentoring cohorts, train youth in vaping prevention best practices as part of school engagement tactics, and work on school policies that positively impact student health; and

WHEREAS, TFA supports youth in being empowered to take ownership in preventing vaping among their peers and practice leadership skills in the community; and

WHEREAS, under Minn. Stat. §471.59, subd.1, two or more governmental units may enter into an

agreement to cooperatively exercise any power common to the contracting Parties, and one of the participating governmental units may exercise one of its powers on behalf of the other governmental units; and

WHEREAS, staff is requesting to enter into a JPA with Intermediate School District 917 for Smoke-Free Mentoring Cohort.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a joint powers agreement with Intermediate School District 917 for the purpose of the Smoke-Free Mentoring Cohort for the term upon execution of the joint powers agreement through October 31, 2025.

PREVIOUS BOARD ACTION

None.

ATTACHMENTS

Attachment: Joint Powers Agreement with ISD 917

BOARD GOALS

- | | |
|---|---|
| <input checked="" type="checkbox"/> A Great Place to Live | <input checked="" type="checkbox"/> A Healthy Environment |
| <input type="checkbox"/> A Successful Place for Business and Jobs | <input type="checkbox"/> Excellence in Public Service |

CONTACTS

Department Head: Coral Ripplinger
Author: Alex Groten

**JOINT POWERS AGREEMENT FOR SMOKE FREE COHORT SERVICES
BETWEEN THE COUNTY OF DAKOTA AND
INDEPENDENT SCHOOL DISTRICT 917**

This Joint Powers Agreement (“Agreement”) is entered into by and between the County of Dakota, a political subdivision of the State of Minnesota, by and through its Department of Public Health, and Independent School District 917, 1300 145th St. E., Rosemount, MN 55068 (“School District” or “Contractor”), by and through their respective governing bodies.

RECITALS

WHEREAS, the County and the School District are governmental units as that term is defined in Minn. Stat. §471.59;

WHEREAS, under Minn. Stat. §471.59, subd.1, two or more governmental units may enter into an agreement to cooperatively exercise any power common to the contracting Parties, and one of the participating governmental units may exercise one of its powers on behalf of the other governmental units;

WHEREAS, the County has received a grant of monies from the State of Minnesota acting through the Minnesota Department of Health Grant Project Agreement No. 183510 for implementation of the County’s Statewide Health Improvement Program (“SHIP”), including smoke free cohort services;

WHEREAS, the County is permitted to provide services using its SHIP funds and the County has solicited and considered applications from entities for use of such funds; and

WHEREAS, the County has agreed to provide School District with smoke free cohort services outlined in Exhibit 2, Service Grid, using SHIP funds.

NOW, THEREFORE, in consideration of the mutual promises and covenants herein, the County and School District hereby agree as follows:

1. Effective Date. This Agreement is dependent on the approval and execution of a contract between the County and Tobacco Free Alliance (TFA) to provide smoke free cohort services to the School District. To the extent such contract has been executed, the effective date of this Agreement shall be the date the last party executes this Agreement. County will provide a copy of its contract with TFA to School District upon request.
2. Purpose. The purpose of this Agreement is for Dakota County, through its contract with Tobacco Free Alliance (TFA), to provide smoke free cohort services at School District locations. All services provided by the County and TFA are described in Exhibit 2, Service Grid.
3. School District obligations under State Contracts. The grant funds utilized to pay TFA for services it will provide School District hereunder are subject to the terms and conditions contained in both the Master Grant Contract between Dakota County and the State of Minnesota dated September 18, 2019, as may be periodically amended, and the SHIP Grant Project Agreement between the Dakota County Community Health Board and the State of Minnesota dated October 1, 2020, as may be periodically amended, including amendments dated August 23, 2021 and October 18, 2022.(“State Contracts”). School District agrees to comply with all terms

and conditions contained in such contracts that are applicable to the County to the extent that they are applicable to the activities described in the Service Grid. County will provide copies of these contracts to School District upon request.

4. County Obligations. The County, through its contractual relationship with TFA, agrees to provide services to the School District described in Exhibit 2 from the Effective Date through 10/31/2025.
5. Authorized Representatives. The following named persons are designated as the Authorized Representatives of the parties for purposes of this Agreement. These persons have authority to bind the party they represent and to consent to modifications, except that the Authorized Representatives shall have only authority specifically granted by their respective governing boards. Notice required to be provided pursuant this Agreement shall be provided to the following named persons and addresses unless otherwise stated in this Agreement, or in a modification to this Agreement.

The County's Authorized Representative is:
Marti Fischbach, Community Services Director
Telephone: 651-554-5742
Email: Marti.Fischbach@co.dakota.mn.us

Mary Kreger, or his/her successor, has the responsibility to monitor the School District's performance pursuant to this Agreement and the authority to approve invoices submitted for reimbursement.

The School District's Authorized Representative is:
Don Budach, 200 W. Burnsville Pkwy., Burnsville, MN 55337
Telephone: 651-423-8229
Email: don.budach@isd917.org

The parties shall provide written notification to each other of any change to the Authorized Representative. Such written notification shall be effective to change the designated liaison under this Agreement, without necessitating an amendment of this Agreement.

6. Assignment. The School District may neither assign nor transfer any rights or obligations under this Agreement without the prior consent of the County and a fully executed assignment agreement, executed by the County and the School District.
7. Indemnification. If permitted by the law governing the powers of public school districts, School District agrees to indemnify the County, its officers, employees, agents, and others acting on its behalf and to hold them harmless and defend and protect them from and against any and all loss, damage, liability, cost and expense, specifically including reasonable attorneys' fees and other costs and expenses of defense, for any actions, claims or proceedings of any sort which are caused by any act or omission of School District, its officers, employees, agents, subcontractors, invitees, or any other person(s) or entity(ies) for whose acts or omissions School District may be legally responsible. Nothing herein shall be construed as a waiver by School District of any of the immunities or limitations of liability to which it may be entitled pursuant to Minn. Stat. Ch. 466 or any other statute or law.

8. Insurance Terms. In order to protect itself and to protect the County under the indemnity provisions set forth above, School District shall, at its expense, procure and maintain policies of insurance covering the term of this Agreement. All retentions and deductibles under such policies shall be paid by the School District.
9. Audit. The School District shall maintain books, records, documents and other evidence pertaining to the costs or expenses associated with the work performed pursuant to this Agreement. Upon request the School District shall allow the County, Legislative Auditor or the State Auditor to inspect, audit, copy or abstract all of the books, records, papers or other documents relevant to this Agreement. The School District shall use generally accepted accounting principles in the maintenance of such books and records, and shall retain all of such books, records, documents and other evidence for a period of six (6) years from the date of the completion of the activities funded by this Agreement.
10. Data Practices. The School District agrees with respect to any data that it possesses regarding the Agreement to comply with all of the provisions of the Minnesota Government Data Practices Act contained in Minnesota Statutes Chapter 13, as the same may be amended from time to time.
11. Relationship of the Parties. Nothing contained in this Agreement is intended or should be construed as creating or establishing the relationship of co-partners or joint ventures between the County and the School District, nor shall the County be considered or deemed to be an agent, representative or employee of the School District in the performance of this Agreement. Personnel of the School District or other persons while engaging in the performance of this Agreement shall not be considered employees of the County and shall not be entitled to any compensation, rights or benefits of any kind whatsoever.
12. Governing Law, Jurisdiction and Venue. Minnesota law, without regard to its choice-of-law provisions, governs this Agreement. Venue for all legal proceedings arising out of this Agreement, or its breach, must be with the appropriate state court with competent jurisdiction in Dakota County.
13. Compliance with Law. The School District agrees to conduct its work under this Agreement in compliance with all applicable provisions of federal, state, and local laws, ordinances, or regulations, and further agrees to comply with the Standard Assurances attached as Exhibit 1 except to the extent that select assurances do not otherwise apply to public school districts. The School District is responsible for obtaining and complying with all federal, state, or local permits, licenses, and authorizations necessary for performing the work.
14. Default and Remedies.
 - (a) Events of Default. The following shall, unless waived in writing by the County, constitute an event of default under this Agreement: If the School District fails to fully comply with any material provision, term, or condition contained in this Agreement.
 - (b) Notice of Event of Default and Opportunity to Cure. Upon the County's giving the School District written notice of an event of default, the School District shall have thirty (30) calendar days in which to cure such event of default, or such longer period of time as may be reasonably necessary so long as the School District is using its best efforts to cure and is making reasonable progress in curing such events of default (the "Cure Period"). In no event shall the Cure Period

for any event of default exceed two (2) months. Within ten (10) calendar days after receipt of notice of an event of default, the School District shall propose in writing the actions that the School District proposes to take and the schedule required to cure the event of default.

(c) Remedies. Upon the School District's failure to cure an event of default within the Cure Period, the County may enforce any or all of the following remedies, as applicable:

- (1) The County may refrain from disbursing the grant monies; provided, however, the County may make such a disbursement after the occurrence of an event of default without thereby waiving its rights and remedies hereunder.
- (2) The County may enforce any additional remedies it may have in law or equity.
- (3) The County may terminate this Agreement and its obligation to provide funds under this Agreement for cause by providing thirty (30) days' written notice to the School District. Such notice to terminate for cause shall specify the circumstances warranting termination of the Agreement. Cause shall be a material breach of this Agreement and any supplemental agreement or modification to this Agreement or an event of default. Notice of Termination shall be made by certified mail or personal delivery to the Authorized Representative of the other Party. For purposes of termination and default, all days are calendar days.

15. Non-Appropriation. Notwithstanding any provision of this Agreement to the contrary, this Agreement may be terminated immediately by either the County or the School District in the event sufficient funds from the County, School District, State, or Federal sources are not appropriated, obtained and continued at least the level relied on for the funding of this Agreement, and the non-appropriation of funds did not result from any act or bad faith on the part of the party terminating the Agreement.

16. Special Conditions. The School District understands and agrees that it will perform the work contemplated by this Agreement in such a way as to comply with and enable the County to comply with all of the requirements imposed upon the County in the State Contracts, including but not limited to the following:

- (a) Any publicity given to the activities occurring as a result of this Agreement, including notices, informational pamphlets, press releases, research, reports, signs and similar public notices shall identify that it is "Supported by the Statewide Health Improvement Partnership, Minnesota Department of Health and Dakota County Public Health Department" and shall not be released unless approved in writing by these entities' authorized representatives.
- (b) If permitted by the law governing the powers of public school districts, the School District shall indemnify, save and hold the Department, its representatives and employees harmless from any and all claims or causes of action, including reasonable attorney fees incurred by the Department, arising from the performance of the activities funded by this Agreement by the School District or its agents or employees.
- (c) The School District, by executing this Agreement, grants to the Department a perpetual, irrevocable, no-fee right and license to make, have made, reproduce, modify, distribute, perform and otherwise use the Materials provided by TFA for any and all purposes, in all forms and manners that the Department, in its sole discretion, deems appropriate.

(d) Any employees or agents of TFA who have contact with School District students must undergo criminal/maltreatment background studies pursuant to Minn. Stat. § 123B.03 and 299C.60 et. seq. The School District will complete the criminal/maltreatment background study through its Human Resources Department. The School District has the right to refuse assigned TFA personnel based upon the results of the criminal/maltreatment background study.

17. Exhibits. The following exhibits are attached to and incorporated within this Subgrant Agreement except insofar as the Standard Assurances contains provisions not otherwise applicable to public school districts.

- Exhibit 1: Standard Assurances;
- Exhibit 2: Service Grid;

18. Waiver. If the County fails to enforce any provision of this Agreement, that failure shall not result in a waiver of the right to enforce the same or another provision of this Agreement.

19. Complete Agreement. This Agreement and Exhibits contain all negotiations and agreements between the County and the School District. Any amendment to this Agreement must be in writing and executed by the County and the School District. No other understanding regarding this Agreement, whether written or oral, may be used to bind either party. In the event of a conflict between the terms of any Exhibit and the body of this Agreement, this Agreement shall control.

IN WITNESS WHEREOF, the parties have executed this Agreement on the dates indicated below.

Approved as to form:

COUNTY OF DAKOTA

Assistant County Attorney/Date
KS-24-

By: _____

Title: _____

Date: _____

Dakota County Contract _____
Dakota County BR 24-____

INDEPENDENT SCHOOL DISTRICT 917

School District Board
Resolution number/date: _____

By: _____

Title: _____

Date: _____

**EXHIBIT 1
STANDARD ASSURANCES**

1. **NON-DISCRIMINATION.** During the performance of this Contract, the Contractor shall not unlawfully discriminate against any employee or applicant for employment because the person is a member of a protected class under, and as defined by, federal law or Minnesota state law including, but not limited to, race, color, creed, religion, sex, gender, gender identity, pregnancy, national origin, disability, sexual orientation, age, familial status, marital status, veteran's status, or public assistance status. The Contractor will take affirmative action to ensure that applicants are employed and that employees are treated during employment without unlawful discrimination.. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices which set forth the provisions of this nondiscrimination clause.

The Contractor will, in all solicitations or advertisements for employees placed by or on behalf of Contractor, state that all qualified applicants will receive consideration for employment without regard to race, creed, color, religion, sex, national origin, disability, sexual orientation, age, marital status, veteran's status, or public assistance status.

No funds received under this Contract shall be used to provide religious or sectarian training or services.

The Contractor shall comply with any applicable federal or state law regarding non-discrimination. The following list includes, but is not meant to limit, laws which may be applicable:

A. The Equal Employment Opportunity Act of 1972, as amended, 42 U.S.C. § 2000e *et seq.* which prohibits discrimination in employment because of race, color, religion, sex, or national origin.

B. Equal Employment Opportunity-Executive Order No.11246, 30 FR 12319, signed September 24, 1965, as amended, which is incorporated herein by reference, and prohibits discrimination by U.S. Government contractors and subcontractors because of race, color, religion, sex, or national origin.

C. The Rehabilitation Act of 1973, as amended, 29 U.S.C. § 701 *et seq.* and 45 C.F.R. 84.3 (J) and (K) implementing Sec. 504 of the Act which prohibits discrimination against qualified handicapped persons in the access to or participation in federally-funded services or employment.

D. The Age Discrimination in Employment Act of 1967, 29 U.S.C. § 621 *et seq.* as amended, and Minn. Stat. § 181.81, which generally prohibit discrimination because of age.

E. The Equal Pay Act of 1963, as amended, 29 U.S.C. § 206(d), which provides that an employer may not discriminate on the basis of sex by paying employees of different sexes differently for the same work.

F. Minn. Stat. Ch. 363A, as amended, which generally prohibits discrimination because of race, color, creed, religion, national origin, sex, marital status, status with regard to public assistance, disability, sexual orientation, or age.

G. Minn. Stat. § 181.59 which prohibits discrimination against any person by reason of race, creed, or color in any state or political subdivision contract for materials, supplies, or construction. Violation of this section is a misdemeanor and any second or subsequent violation of these terms may be cause for forfeiture of all sums due under the Contract.

H. Americans with Disabilities Act of 1990, 42 U.S.C. §§ 12101 through 12213, 47 U.S.C. §§ 225, 611, with regulations at 29 C.F.R. § 1630, which prohibits discrimination against qualified individuals on the basis of a disability in term, condition, or privilege of employment.

I. Title VI of the Civil Rights Act of 1964, 42 U.S.C. 2000d, *et seq.* and including 45 CFR Part 80, prohibits recipients, including their contractors and subcontractors, of federal financial assistance from discriminating on the basis of race, color or national origin which includes not discriminating against those persons with limited English proficiency.

J. The Pregnancy Discrimination Act of 1978, which amended Title VII of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000e *et seq.* which prohibits discrimination on the basis of pregnancy, childbirth, or related medical conditions.

K. Equal Protection of the Laws for Faith-based and Community Organizations-Executive Order No. 13279, signed December 12, 2002 and as amended May 3, 2018. Prohibits discrimination against grant seeking organizations on the basis of religion in the administration or distribution of federal financial assistance under social service programs, including grants and loans.

L. Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended, 38 U.S.C. 4212, with regulations at 41 C.F.R. Part 60-250, which prohibits discrimination in employment against protected veterans.

2. **DATA PRIVACY.** For purposes of this Contract, all data created, collected, received, stored, used, maintained, or disseminated by Contractor in the performance of this Contract are subject to the requirements of the Minnesota Government Data Practices Act, Minn. Stat. Ch. 13, (“MGDPA”) and the Minnesota Rules implementing the MGDPA. Contractor must comply with the MGDPA as if it were a governmental entity. The remedies in Minn. Stat. § 13.08 apply to the Contractor. Contractor does not have a duty to provide access to public data to a data requestor if the public data are available from the County, except as required by the terms of this Contract. If Contractor is a subrecipient of federal grant funds under this Contract, it will comply with the federal requirements for the safeguarding of protected personally identifiable information (“Protected PII”) as required in the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, 2 CFR Part 200, and the County Protected PII procedures, which are available upon request. Additionally, Contractor must comply with any other applicable laws on data privacy. All subcontracts shall contain the same or similar data practices compliance requirements.

3. **RECORDS DISCLOSURE/RETENTION.** Contractor's bonds, records, documents, papers, accounting procedures and practices, and other evidences relevant to this Contract are subject to the examination, duplication, transcription, and audit by the County and either the Legislative or State Auditor, pursuant to Minn. Stat. § 16C.05, subd. 5. Such evidences are also subject to review by the Comptroller General of the United States, or a duly authorized representative, if federal funds are used for any work under this Contract. The Contractor agrees to maintain such evidences for a period of six (6) years from the date services or payment were last provided or made or longer if any audit in progress requires a longer retention period.

4. **WORKER HEALTH, SAFETY AND TRAINING.** Contractor shall be solely responsible for the health and safety of its employees in connection with the work performed under this Contract. Contractor shall make arrangements to ensure the health and safety of all subcontractors and other persons who may perform work in connection with this Contract. Contractor shall ensure all personnel of Contractor and subcontractors are properly trained and supervised and, when applicable, duly licensed or certified appropriate to the tasks engaged in under this Contract. Each Contractor shall comply with federal, state, and local occupational safety and health standards, regulations, and rules promulgated pursuant to the Occupational Health and Safety Act which are applicable to the work to be performed by Contractor.

5. **PROHIBITED TELLECOMMUNICATIONS EQUIPMENT/SERVICES.** If Contractor is a subrecipient of federal grant funds under this Contract, Contractor certifies that, consistent with Section 889 of the John S. McCain National Defense Authorization Act for Fiscal Year 2019, Pub. L. 115-232 (Aug. 13, 2018) (the “Act”), and 2 CFR § 200.216, Contractor will not use funding covered by this Contract to procure or obtain, or to extend, renew, or enter into any contract to procure or obtain, any equipment, system, or service that uses "covered telecommunications equipment or services" (as that term is defined in Section 889 of the Act) as a substantial or essential component of any system or as critical technology as part of any system. Contractor will include this certification as a flow down clause in any agreement related to this Contract.

6. **CONTRACTOR GOOD STANDING.** If Contractor is not an individual, Contractor must be registered to do business in Minnesota with the Office of the Minnesota Secretary of State and shall maintain an active/in good standing status with the Office of the Minnesota Secretary of State, and shall notify County of any changes in status within five calendar days of such change. Business entities formed under the laws of a jurisdiction other than Minnesota must maintain a certificate of authority (foreign corporations, limited liability companies, limited partnerships, and limited liability limited partnerships), or a statement of foreign qualification (foreign limited liability partnerships), or a statement of partnership authority (general partnerships). See Minn. Stat. §§ 303.03 (corporations); 322C.0802 (limited liability companies); 321.0902 and 321.0907 (foreign limited partnership); 321.0102(7) (foreign limited liability limited partnerships); 323A.1102(a) (foreign limited liability partnership); 321.0902 and 321.0907 (foreign general partnerships).

7. **CONTRACTOR DEBARMENT, SUSPENSION, AND RESPONSIBILITY CERTIFICATION.** Federal Regulation 45 CFR 92.35 prohibits the State/Agency from purchasing goods or services with federal money from vendors who have been suspended or debarred by the federal government. Similarly, Minn. Stat. § 16C.03, subd. 2 provides the Commissioner of Administration with the authority to debar and suspend vendors who seek to contract with the State/Agency. Vendors may be suspended or debarred when it is determined, through a duly authorized hearing process, that they have abused the public trust in a serious manner.

By signing this Contract, the Contractor certifies that it and its principals* and employees:

A. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from transacting business by or with any federal, state, or local governmental department or agency; and

B. Have not within a three (3) year period preceding this Contract: 1) been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction or contract; 2) violated any federal or state antitrust statutes; or 3) committed embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

C. Are not presently indicted or otherwise criminally or civilly charged by a governmental entity for: 1) commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, state, or local) transaction; 2) violating any federal or state antitrust statutes; or 3) committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property; and

D. Are not aware of any information and possess no knowledge that any subcontractor(s) that will perform work pursuant to this Contract are in violation of any of the certifications set forth above; and

E. Shall immediately give written notice to the Authorized Representative should Contractor come under investigation for allegations of fraud or a criminal offense in connection with obtaining, or performing a public (federal, state, or local government) transaction; violating any federal or state antitrust statutes; or committing embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.

*"Principals" for the purposes of this certification means officers; directors; owners; partners; and persons having primary management or supervisory responsibilities within a business entity (e.g. general manager; plant manager; head of a subsidiary, division, or business segment and similar positions).

8. **HEALTH DATA PRIVACY.** When applicable to the Contractor's duties under this Contract, the Contractor agrees to comply with the requirements of the Health Insurance Portability and Accountability Act (HIPAA), the Health Information Technology for Economic and Clinical Health Act (HITECH), Minnesota Health Records Act, and any other applicable health data laws, rules, standards, and requirements in effect during the term of this Contract.

9. **APPEALS.** The Contractor shall assist the County in complying with the provisions of Minn. Stat. § 256.045, Administrative and Judicial Review of Human Services Matters, if applicable.

10. **REPORTING.** Contractor shall comply with the provisions of the "Child Abuse Reporting Act", Minn. Stat. § 626.556, as amended, and the "Vulnerable Adult Reporting Act", Minn. Stat. § 626.557, as amended, and any rules promulgated by the Minnesota Department of Human Services, implementing such Acts.

11. **PSYCHOTHERAPISTS.** Contractor has and shall continue to comply with the provisions of Minn. Stat. Ch. 604, as amended, with regard to any currently or formerly employed psychotherapists and/or applicants for psychotherapist positions.

12. **EXCLUDED MEDICAL ASSISTANCE PROVIDERS.** By signing this contract, Provider certifies that it is not excluded. 42 U.S.C. § 1397 *et seq.* (subch. XX) of the Social Security Act.

13. **MDHS THIRD-PARTY BENEFICIARY.** The following applies to contracts related to adult mental health services; see Minn. Stat. § 245.466, subd. 2. Contractor acknowledges and agrees that the Minnesota Department of Human Services is a third-party beneficiary and as a third-party beneficiary, is an affected party under this Contract. Contractor specifically acknowledges and agrees that the Minnesota Department of Human Services has standing to and may take any appropriate administrative action or sue Contractor for any appropriate relief in law or equity, including, but not limited to, rescission, damages, or specific performance of all or any part of the Contract between the County Board and Contractor. Contractor specifically acknowledges that the County Board and the Minnesota Department of Human Services are entitled to and may recover from Contractor reasonable attorneys' fees and costs and disbursements associated with any action taken under this paragraph that is successfully maintained. This provision shall not be construed to limit the rights of any party to the Contract or any other third

14. party beneficiary, nor shall it be construed as a waiver of immunity under the Eleventh Amendment to the United States Constitution or any other waiver of immunity. (Minn. Stat. § 245.466, subd. 3; Minn. R. 9525.1870, subp. 2).

Directions for Online Access to Excluded Providers

To ensure compliance with this regulation, identification of excluded entities and individuals can be found on the Office of Inspector General (OIG) website at https://oig.hhs.gov/exclusions/exclusions_list.asp

Attycv/Exh SA (Rev. 1-23)

EXHIBIT 2 – Service Grid

Dakota County’s Statewide Health Improvement Partnership (SHIP) Workplan with Tobacco Free Alliance
 February 1, 2025 – October 31, 2025

Work Plan One: School policy and TA support to DCPH Liaison and staff		
Time Frame: 2/25-10/25	Contractor Activities	Desired Outcome
	<p>1. Continue to work in collaboration with DCPH staff to:</p> <ul style="list-style-type: none"> Identify needs and interest in updating commercial tobacco-related discipline policies to include non-punitive alternatives to suspension in at least two additional school districts, using school district policy database created. <p>Activities may include:</p> <ul style="list-style-type: none"> Meet with school staff (social workers, nurses, school safety officers) within districts to identify needs and gaps Provide cessation resources to school nurses for students AND staff Educate school board and/or district wellness committees on best practices for this issue including alternatives to suspension Work with interested school districts to update tobacco-related discipline policy to include non-punitive alternative penalties. <p>2. Provide TA as needed on tobacco-related PSE change options support as agreed upon between Dakota County and TFA</p>	<p>School district policies have been reviewed and assessed.</p> <p>At least 2 educational presentations have been conducted on best practice non-punitive alternatives to suspension.</p> <p>Met with at least one appropriate group identified in suggested activities for at least one DC school district to assess interest in creating non-punitive discipline alternatives to tobacco possession.</p> <p>At least one district expressed interest in updating its tobacco-related discipline policy or tobacco-free campus policy; regular meetings were held with district decision makers to determine specific needs, strategies and goals; non-punitive alternative penalty best practice language, as identified by Public Health Law Center, was provided; and education and policy awareness was provided to the district community.</p>

Work Plan Two: Vaping prevention efforts at Hastings Middle School		
Time frame	Contractor Activities	Desired Outcome
2/25-10/25	<p>Continue working with identified students and staff to discuss needs and ideas, and work together to inform direction of the work, timeline, and activities to set the stage for PSE change opportunities. Youth leaders will be engaged in all aspects of creating the work including issue identification and goal setting, problem solving, and shared decision making as part of infrastructure building.</p>	<p>Group has identified needs and ideas and has created a roadmap to inform direction of work, timeline, and activities for tobacco prevention education and tobacco prevention PSE change.</p> <p>Activities are identified and dates for tobacco prevention presentations and educational opportunities confirmed.</p>

Work Plan Four: Vaping prevention efforts at DCALS North (ISD 917)		
Time frame	Contractor Activities	Desired Outcome
2/25-5/25	Work with DCALS North to discuss needs and lay the foundation to create an official vaping prevention peer-to-peer education program for the 2025-2026 school year.	An official program is created and a DCALS staff person is identified to help facilitate the project. Needs are identified and a roadmap is created to inform direction of work, timeline, and activities for tobacco prevention education and tobacco prevention PSE change.
2/25-5/25	TFA staff will provide vaping prevention education to classes as identified by DCALS North.	Dates for vaping prevention classroom presentations are conducted. Number of students reached tbd by DCALS North staff.



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-4047

Agenda #: 4.5

Meeting Date: 1/14/2025

DEPARTMENT: Social Services

FILE TYPE: Consent Action

TITLE

Authorization To Apply For Minnesota Department Of Human Services Community Living Infrastructure Grant Funds For Dakota County And Regional Metro Counties, Accept Grant Funds, Execute Grant Agreement, Execute Contracts With Vendors, And Amend 2025 Social Services Budget

PURPOSE/ACTION REQUESTED

Authorize application of a grant proposal to the Minnesota Department of Human Services (DHS) for Community Living Infrastructure (CLI) grant, and if awarded, authorize acceptance of grant funds and execution of grant agreement for Dakota County and on behalf of the Metro Area Housing Coordinating Board (MAHCB), execution of contracts for services, and amendment to the 2025 Social Services Budget.

SUMMARY

In 2017, the Minnesota Legislature added language to the Minnesota Housing Support Act (Chapter 256I) to increase opportunities for Minnesotans with disabilities to live in the community. The housing package included grant funding aimed at developing and supporting CLI throughout the State. The funding covers initiatives in three categories: 1) Outreach services to connect homeless individuals to housing, medical supports, employment and community resources; 2) Housing Resource Specialist services to assist individuals with obtaining required documentation so they can access housing; and 3) Administration and monitoring of the Housing Support program in order to monitor quality of services, increase efficiencies and build capacity to expand.

By Resolution No. 21-261 (May 18, 2021), the County Board approved the two renewal applications to DHS for the grant period of July 1, 2021 through June 30, 2023, in the amount of \$310,580 for Dakota County and \$379,415 for the MAHCB and the two contracts were executed with Ally Supportive Services, LLC for street outreach services and with Mental Health Resources (MHR) on behalf of MAHCB for administration of the Housing Support Program in the Regional Metro Counties.

By Resolution No. 23-280 (June 20, 2023), the County Board authorized an amendment to the current Dakota County grant agreement by adding CLI grant funds to Dakota County in the amount of \$231,966 for a total not to exceed amount of \$542,546 and extending the term of the grant agreement to June 30, 2025.

OUTCOMES

Dakota Contract Outcomes:

1. Number of clients served (**How much?**)

- a. Number of referrals and referral source
- b. Number of unduplicated clients
- c. Type of referrals provided
- d. Basic demographics of clients (age, race, family status)
- 2. Process measures (**How well?**)
 - a. Type of services provided
 - b. Length of time from referral to housing
- 3. Outcomes (**Is anyone better off?**)
 - a. 100 percent of eligible people receive a Housing Assessment
 - b. 100 percent of people receive follow-up services regularly until connected to housing or other services

MHR Outcomes:

- 1. Number of Clients (**How much?**):
 - a. Number served
 - b. Basic demographics of clients (age, self-identified race, family status)
 - c. Data from service providers
- 2. Process Measures (**How well?**)
 - a. Type of services provided
 - b. Length of time from referral to housing
- 3. Outcomes (**Is anyone better off?**)
 - a. Number of households who obtain housing
 - b. Length of time in housing
 - c. Barriers and successes

RECOMMENDATION

Staff recommends authorization to apply for CLI grant funds from DHS on behalf of Dakota County and MAHCB, and if received, accept grant funds from DHS on behalf of Dakota County and MAHCB, execute grant agreements, execute contracts, and amend the 2025 Social Services Budget in a combined amount up to \$870,000 for the period of July 1, 2025 through June 30, 2027.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost anticipated as a result of this action. The 2025 Social Services Budget is requested to be amended to add the grant funds in the combined amount up to \$870,000. The remaining funds will be included in future budgets. The contracts shall contain a provision that allows the County to immediately terminate the contracts in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

- None
- Current budget
- Other
- Amendment Requested
- New FTE(s) requested

RESOLUTION

WHEREAS, in 2017, the Minnesota Legislature added language to the Minnesota Housing Support Act (Chapter 256I) to increase opportunities for Minnesotans with disabilities to live in the community; and

WHEREAS, the housing package included grant funding aimed at developing and supporting

Community Living Infrastructure (CLI) throughout the State; and

WHEREAS, the funding covers initiatives in three categories: 1) Outreach services to connect homeless individuals to housing, medical supports, employment and community resources; 2) Housing Resource Specialist services to assist individuals with obtaining required documentation so they can access housing; and 3) Administration and monitoring of the Housing Support program in order to monitor quality of services, increase efficiencies and build capacity to expand; and

WHEREAS, by Resolution No. 21-261 (May 18, 2021), the County Board approved the two renewal applications to the Minnesota Department of Human Services (DHS) for the grant period of July 1, 2021 through June 30, 2023, in the amount of \$310,580 for Dakota County and \$379,415 for the Metro Area Housing Coordinating Board (MAHCB) and the two contracts were executed with Ally Supportive Services, LLC for street outreach services and with Mental Health Resources (MHR) on behalf of MAHCB for administration of the Housing Support Program in the Regional Metro Counties; and

WHEREAS, by Resolution No. 23-280 (June 20, 2023), the County Board authorized an amendment to the current Dakota County grant agreement by adding CLI grant funds to Dakota County in the amount of \$231,966 for a total not to exceed amount of \$542,546 and extending the term of the grant agreement to June 30, 2025; and

WHEREAS, staff recommends authorization to apply for CLI grant funds from DHS on behalf of Dakota County and MAHCB, and if received, accept grant funds from DHS on behalf of Dakota County and MAHCB, execute grant agreements, execute contracts, and amend the 2025 Social Services Budget in a combined amount up to \$870,000 for the period of July 1, 2025 through June 30, 2027.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the submission of the Community Living Infrastructure grant application to the Minnesota Department of Human Services (DHS) on behalf of Dakota County, and if awarded, authorizes the Community Services Director to accept Community Living Infrastructure grant funds and execute the grant agreement for Dakota County in an amount up to \$400,000 for the period of July 1, 2025 through June 30, 2027; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the submission of the Community Living Infrastructure grant application to DHS, and if awarded, authorizes the Community Services Director to accept Community Living Infrastructure grant funds and execute the grant agreement on behalf of the Metro Area Housing Coordinating Board in an amount up to \$470,000 for the period of July 1, 2025 through June 30, 2027; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to contract with selected vendors in a not to exceed combined total contracts amount of up to \$870,000 for the period of July 1, 2025 through June 30, 2027, subject to approval by the County Attorney’s Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contracts, consistent with the amount budgeted, to alter the contracts amount and the contracts term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney’s Office as to form; and

BE IT FURTHER RESOLVED, That the contracts shall contain a provision that allows the County to immediately terminate the contracts in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due; and

BE IT FURTHER RESOLVED, That the 2025 Social Services Budget is hereby amended as follows:

Revenue

DHS CLI Grant	<u>\$870,000</u>
Total Revenue	\$870,000

Expense

DHS CLI Expense	<u>\$870,000</u>
Total Expense	\$870,000

PREVIOUS BOARD ACTION

21-261; 5/18/21
23-280; 6/20/23

ATTACHMENTS

None.

BOARD GOALS

- A Great Place to Live
- A Healthy Environment
- A Successful Place for Business and Jobs
- Excellence in Public Service

CONTACTS

Department Head: Emily Schug
Author: Steve Thronson



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3963

Agenda #: 4.6

Meeting Date: 1/14/2025

DEPARTMENT: Social Services

FILE TYPE: Consent Action

TITLE

Authorization To Submit Grant Application To Minnesota Housing Finance Agency For Family Homelessness Prevention And Assistance Program Funds, Accept Grant Funds, Execute Grant Agreement And Related Contracts, And Amend 2025 Social Services Budget

PURPOSE/ACTION REQUESTED

Authorize submission of a Family Homelessness Prevention and Assistance Program (FHPAP) grant application to the Minnesota Housing Finance Agency, and, if awarded, authorize acceptance of grant funds, execution of the grant agreement and related contracts, and amendment to the 2025 Social Services Budget.

SUMMARY

The Minnesota Legislature established FHPAP in 1993 to assist families with children, youth and single adults who are homeless or are at imminent risk of homelessness. By Minn. Stat. § 462A.204, FHPAP grant funding must be administered by counties in the metro area who, in turn, may sub-grant some or all funds to other entities. Funding is awarded through a competitive grant application process with predetermined criteria in four categories: planning, project design, program capacity/performance and need.

Minnesota Statute also requires the establishment of an advisory committee to assist in preparing the project proposal and the design, implementation, and evaluation of the project. The Dakota County Affordable Housing Coalition (AHC) acts as the FHPAP Advisory Committee, and a community-based subcommittee has been established by the AHC to help inform project direction and priorities.

Dakota County has received FHPAP grant funds for the past 20 years. By Resolution No. 23-164 (April 25, 2023), the Dakota County Board of Commissioners approved submission of an application for a FHPAP grant in an amount up to \$5,200,000, and, if awarded, authorized subcontracting with three vendors for a combined total of up to \$5,200,000 for Young Men's Christian Association (YMCA), Scott-Carver-Dakota Community Action Partnership Agency (CAP) and with 360 Communities for the period of October 1, 2023 through September 30, 2025.

A request for proposals for subcontractors was issued on February 7, 2023, as required by county procurement policies. Three responses were received and three subgrantees, CAP, 360 Communities and the YMCA were selected to serve homeless and at-risk families, single adults, and youth (Attachment: Solicitation Summary).

For the upcoming biennium, staff requests authorization to submit a grant application to the

Minnesota Housing Finance Agency for the FHPAP grant in the amount up to \$4,500,000. This amount includes up to \$4,500,000 for the three recommended contracted subgrantees and up to 15 percent for administrative costs for the period of October 1, 2025 through September 30, 2027.

If awarded, staff recommends execution of contracts with the YMCA, CAP and 360 Communities for a combined total amount not to exceed \$4,500,000, for the period of October 1, 2025 through September 30, 2027.

OUTCOMES

See Attachment: Outcomes, for details

RECOMMENDATION

Staff recommends that the Dakota County Board of Commissioners authorizes submission of a FHPAP grant application to the Minnesota Housing Finance Agency, and, if awarded, authorizes acceptance of grant funds, execution of the grant agreement and related contracts for services in the not to exceed contract amounts listed in the Resolution, and an amendment to the 2025 Social Services Budget.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost anticipated as a result of this action. Authorization is requested to amend the 2025 Social Services Budget by \$4,500,000 to reflect the revenues and expenses associated with the grant.

- None
- Current budget
- Other
- Amendment Requested
- New FTE(s) requested

RESOLUTION

WHEREAS, the Minnesota Legislature established Family Homelessness Prevention and Assistance Program (FHPAP) in 1993 to assist families with children, youth and single adults who are homeless or are at imminent risk of homelessness; and

WHEREAS, by Minn. Stat. § 462A.204, FHPAP grant funding must be administered by counties in the metro area who, in turn, may sub-grant some or all funds to other entities; and

WHEREAS, funding is awarded through a competitive grant application process with predetermined criteria in four categories: planning, project design, program capacity/performance and need; and

WHEREAS, Minnesota Statute also requires the establishment of an advisory committee to assist in preparing the project proposal and the design, implementation and evaluation of the project; and

WHEREAS, the Dakota County Affordable Housing Coalition (AHC) acts as the FHPAP Advisory Committee and a community-based subcommittee has been established by the AHC to help inform project direction and priorities; and

WHEREAS, Dakota County has received these grant funds for the past 20 years; and

WHEREAS, by Resolution No. 23-164 (April 25, 2023), the Dakota County Board of Commissioners approved submission of an application for a FHPAP grant in an amount up to \$5,200,000, and, if

awarded, authorized subcontracting with three vendors for a combined total of up to \$5,200,000 for Young Men's Christian Association (YMCA), Scott-Carver-Dakota Community Action Partnership Agency (CAP) and with 360 Communities for the period of October 1, 2023 through September 30, 2025; and

WHEREAS, a request for proposals for subcontractors was issued on February 7, 2023, as required by county procurement policies; and

WHEREAS, three responses were received and three subgrantees, CAP, 360 Communities and the YMCA were selected to serve homeless and at-risk families, single adults and youth; and

WHEREAS, for the upcoming biennium, staff requests authorization to submit a grant application to the Minnesota Housing Finance Agency for the FHPAP grant in the amount up to \$4,500,000; and

WHEREAS, this amount includes a combined total up to \$4,500,000 for the three recommended contracted subgrantees and up to 15 percent for administrative costs for the period of October 1, 2025 through September 30, 2027; and

WHEREAS, if awarded, staff recommends execution of contracts with the YMCA, CAP and 360 Communities for a combined total amount not to exceed \$4,500,000, for the period of October 1, 2025 through September 30, 2027.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the submission of a Family Homelessness Prevention and Assistance Program (FHPAP) grant application to the Minnesota Housing Finance Agency in the amount of \$4,500,000 for the period of October 1, 2025 through September 30, 2027; and

BE IT FURTHER RESOLVED, That, if awarded, the Dakota County Board of Commissioners hereby authorizes the Community Services Director to accept grant funds and execute a grant agreement with the Minnesota Housing Finance Agency in the amount awarded for the period of October 1, 2025 through September 30, 2027, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That unless the grant program requirements change, the Community Services Director is hereby authorized to amend the grant to extend the grant term up to two years after initial expiration date, accept additional grant funds, and continue grant-funded full-time equivalents, consistent with County contracting policies, and inclusion of grant funds in future yearly Recommended and Approved Budgets, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That, if awarded, the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute contracts with the Young Men's Christian Association, the Scott-Carver-Dakota Community Action Partnership Agency, and with 360 Communities in a combined total not to exceed \$4,500,000 for the period of October 1, 2025 through September 30, 2027, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contracts, consistent with the amount budgeted, to alter the contract amounts and the contract

terms up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contracts shall contain a provision that allows the County to immediately terminate the contracts in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due; and

BE IT FURTHER RESOLVED, That, if awarded, the 2025 Social Services Budget is hereby amended as follows:

Expense

Social Services Budget	<u>\$4,500,000</u>
Total Expense	\$4,500,000

Revenue

FHPAP Grant	<u>\$4,500,000</u>
Total Revenue	\$4,500,000

PREVIOUS BOARD ACTION

23-164; 4/25/23

ATTACHMENTS

Attachment: Solicitation Summary

Attachment: Outcomes

BOARD GOALS

- | | |
|---|---|
| <input checked="" type="checkbox"/> A Great Place to Live | <input type="checkbox"/> A Healthy Environment |
| <input type="checkbox"/> A Successful Place for Business and Jobs | <input type="checkbox"/> Excellence in Public Service |

CONTACTS

Department Head: Emily Schug

Author: Rebecca Bowers

Outcomes

FHPAP proposed services to be provided during the period of October 1, 2025 through September 30, 2027:

	Proposed Outcomes
Funding distribution	Financial Assistance: 55% Admin: up to 15% Services: 30%
How much?	Scott-Carver-Dakota Community Action Partnership Agency (CAP) to serve up to 162 households (all populations) with prevention services and direct assistance. 360 Communities to serve up to 262 households (all populations) with prevention services and direct assistance. YMCA to serve up to 30 youth households (singles and families) with prevention services and direct assistance.
How well?	FHPAP services will be provided to: <ul style="list-style-type: none"> • Prevent homelessness by stabilizing households at risk of homelessness • Rehouse those experiencing homelessness • Eliminate repeat episodes of homelessness
Is anyone better off?	Outcome measures: 85% housed at program exit 5% returns to shelter



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3996

Agenda #: 5.1

Meeting Date: 1/14/2025

DEPARTMENT: Public Health

FILE TYPE: Regular Action

TITLE

Authorization To Execute A Contract With Lionheart Wellness And Recovery Using Opioid Settlement Funds

PURPOSE/ACTION REQUESTED

Authorize execution of a contract with Lionheart Wellness and Recovery using opioid settlement funds.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

Minnesota was part of a multi-state \$46.6-billion-dollar lawsuit against opioid manufacturers and distributors. Dakota County is expected to receive \$9,127,527.20 in the first settlement and \$7,429,374.49 in the second settlement over a 19-year period.

By Resolution No. 23-277 (June 13, 2023), the Dakota Board of Commissioners authorized the formation of the Opioid Response Advisory Committee (ORAC) to assist in distributing part of the Opioid Settlement Funds. This committee includes 17 voting members, including 7 appointed members with lived experience, 4 members from local government, 3 members from the healthcare field, and 3 members from community organizations. Additionally, 4 non-voting Dakota County Staff attend meetings regularly. On May 7, 2024, a six-member subcommittee was formed to assist with the writing and scoring of the Dakota County Opioid Epidemic Response Services Project Request For Proposal (RFP). This subcommittee includes 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government.

On August 22, 2024, the Dakota County Opioid Epidemic Response Services Project RFP was posted for 29 days. Nineteen proposals were received from vendors with a variety of the abatement strategies listed in the Opioid Memorandum of Agreement (MOA) Exhibit A, including Treatment, Prevention and Other Strategies (Attachment: Amended MOA Exhibit A). The subcommittee reviewed and scored the proposals and selected five vendors (Attachment: Solicitation Summary and Attachment: Solicitation Summary Supplement) to enter into contracts for the term of January 1, 2025 through December 31, 2025.

On December 3, 2024, the ORAC approved the subcommittee’s RFP process and affirmed the decision to ask the Dakota Board of Commissioners to authorize each of the five contracts with the selected vendors (Attachment: ORAC December 3, 2024 Minutes). ORAC committee member Tiffany Neuharth is employed by Lionheart Wellness and Recovery and did not participate on the subcommittee and abstained from the committee vote.

The ORAC recommends that the Dakota Board of Commissioners authorize a contract with the following vendor:

Lionheart Wellness and Recovery

- **Proposed Strategies:**
 - Expand trauma-responsive, evidence-based, co-occurring treatment for adolescents.
 - Increase accessibility to Medication for Opioid Use Disorder for adolescents.
 - Provide holistic support to adolescents with Opioid Use Disorder and/or Mental Health conditions and their families.
- **MOA Exhibit A Strategies: A.1, A.3, and A.6**
 - **A.1:** Expand availability of treatment for Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions, including all forms of Medication for Opioid Use Disorder (“MOUD”) approved by the U.S. Food and Drug Administration, including by making capital expenditures to purchase, rehabilitate, or expand facilities that offer treatment.
 - **A.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.
 - **A.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.
- **Not to Exceed Dollar Amount: \$75,000.**

OUTCOMES

How much?

The allocated \$75,000 will provide Lionheart Wellness and Recovery funding for innovative projects to respond to the opioid crisis in Dakota County.

How well?

Public Health, in partnership with ORAC, will assure that the recipient provides services through opioid epidemic response strategies, including prevention, treatment and recovery, harm reduction, and continuing care.

Is anyone better off?

Lionheart Wellness and Recovery will be required to report outcome data to Public Health and ORAC to assure that the funded strategies have a high impact, particularly from Dakota County communities

most disproportionately impacted by the opioid crisis.

RECOMMENDATION

Staff recommends authorization to execute a contract with Lionheart Wellness and Recovery in a contract amount not to exceed \$75,000 for the period of January 1, 2025 through December 31, 2025.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost as a result of this action. Funding for the contract is included in the 2025 Public Health Budget. The contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

- None
- Current budget
- Other
- Amendment Requested
- New FTE(s) requested

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, Minnesota was part of a multi-state \$46.6-billion-dollar lawsuit against opioid manufacturers and distributors; and

WHEREAS, Dakota County will receive \$9,127,527.20 in the first settlement and \$7,429,374.49 in the second settlement over a 19-year period; and

WHEREAS, by Resolution No. 23-277 (June 13, 2023), the Dakota Board of Commissioners authorized the formation of the Opioid Response Advisory Committee (ORAC) to assist in distributing part of the Opioid Settlement Funds; and

WHEREAS, this committee includes 17 voting members, including 7 appointed members with lived experience, 4 members from local government, 3 members from the healthcare field, and 3 members from community organizations; additionally, 4 non-voting Dakota County Staff attend meetings regularly; and

WHEREAS, on May 7, 2024, the ORAC created a subcommittee to assist with the writing and scoring of the Dakota County Opioid Epidemic Response Services Project Request For Proposal (RFP); and

WHEREAS, this subcommittee included 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government; and

WHEREAS, on August 22, 2024, the Dakota County Opioid Epidemic Response Services Project RFP was posted for 29 days, which resulted in nineteen proposals received from vendors with a

variety of the abatement strategies listed in the Opioid Memorandum of Agreement (MOA) Exhibit A, including Treatment, Prevention and Other Strategies; and

WHEREAS, the subcommittee reviewed and scored the proposals and selected vendors to contract with at the amounts listed in the Resolution for the period of January 1, 2025 through December 31, 2025; and

WHEREAS, on December 3, 2024, the ORAC approved the subcommittee's RFP process and affirmed the decision to ask the Dakota Board of Commissioners to authorize each of the five contracts with the selected vendors; and

WHEREAS, advisory committee member Tiffany Neuharth is employed by Lionheart Wellness and Recovery and did not participate on the subcommittee and abstained from the committee vote; and

WHEREAS, the ORAC recommends that the Dakota Board of Commissioners authorize a contract with the following vendor based on the following:

Lionheart Wellness and Recovery

- **Proposed Strategy:**
 - Expand trauma-responsive, evidence-based, co-occurring treatment for adolescents.
 - Increase accessibility to Medication for Opioid Use Disorder for adolescents.
 - Provide holistic support to adolescents with Opioid Use Disorder and/or Mental Health conditions and their families.
- **MOA Exhibit A Strategies: A.1, A.3, and A.6**
 - **A.1:** Expand availability of treatment for Opioid Use Disorder ("OUD") and any co-occurring Substance Use Disorder or Mental Health ("SUD/MH") conditions, including all forms of Medication for Opioid Use Disorder ("MOUD") approved by the U.S. Food and Drug Administration, including by making capital expenditures to purchase, rehabilitate, or expand facilities that offer treatment.
 - **A.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.
 - **A.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.
- **Not to Exceed Dollar Amount: \$75,000.**

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a contract with Lionheart Wellness and Recovery in a contract not to exceed amount of \$75,000, for the term of January 1, 2025 through December 31, 2025, to expand trauma-responsive, evidence-based, co-occurring treatment for adolescents, to increase accessibility to Medication for Opioid Use Disorder for adolescents, and to

provide holistic support to adolescents with Opioid Use Disorder and/or Mental Health conditions and their families in accordance with the Opioid Memorandum of Agreement Exhibit A strategy items A.1, A.3, and A.6, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contract, consistent with the amount budgeted, to alter the contract amount and the contract term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

PREVIOUS BOARD ACTION

23-277; 06/13/23

ATTACHMENTS

Attachment: Amended MOA Exhibit A

Attachment: Solicitation Summary

Attachment: Solicitation Summary Supplement

Attachment: ORAC December 3, 2024 Minutes

Attachment: Presentation Slides

BOARD GOALS

A Great Place to Live

A Successful Place for Business and Jobs

A Healthy Environment

Excellence in Public Service

CONTACTS

Department Head: Coral Ripplinger

Author: Erin Carder

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 programs⁵ 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 (“*PAARP*”);

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 (“*CTP*”), 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.

Solicitation Summary

Date of Solicitation: August 22nd, 2024

Number of Proposals Received: 19

Review Team Agencies: Review Team included 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government, 3 members from Dakota County (Erin Carder, James Johnson, Gina Pistulka).

Services Description: In the summer of 2021, national settlements were reached with opioid distributors McKesson, Cardinal Health, and AmerisourceBergen and opioid manufacturer Johnson & Johnson. The Minnesota Memorandum of Agreement governs how Minnesota will distribute the nearly \$300 million that Minnesota could receive of the total settlement amount over an 18-year period to support state and local efforts to combat the opioid epidemic. Dakota County is expected to receive the 6th largest settlement in the state, approximately \$16 million over 18 years. The purpose of this Request for Proposals (RFP) is to identify qualified organizations to respond to the opioid crisis in Dakota County through opioid epidemic response strategies, including prevention, treatment and recovery, harm reduction, and continuing care.

Primary Deliverables: The goal of this approach is to fund innovative projects in Dakota County that will have a high impact, particularly from Dakota County communities most disproportionately impacted by the opioid crisis. Projects that are in alignment with the opioid remediation strategies identified in the Minnesota Memorandum of Agreement, Exhibit A, will be prioritized. The service area includes all territories within the geographical bounds of Dakota County.

Solicitation Selection Criteria:

- The project goals fit with the stated purpose of the award and are related to opioid epidemic response strategies, as identified in the Minnesota Memorandum of Agreement, Exhibit A, including prevention, treatment and recovery, harm reduction, or continuing care.
- The application describes how the proposed project will prioritize an innovative and/or evidence-based approach to address the opioid crisis.
- The proposed project is scalable and replicable.
- Project success is defined, and a clear communication method of project means, methods, and outcomes back to the County and Opioid Response Advisory Committee is planned.

Non-Collusion & Conflict of Interest: The Opioid Response Advisory Committee created a subcommittee to author the RFP process and select the contracted vendors to provide the services. They did this in order to avoid any potential conflict of interest in the process. Additionally, there were two members of the subcommittee whose agency submitted proposals, so those two members were removed from the selection subcommittee.

It was determined that 7 of the 19 proposals received, may have a conflict of interest. As we narrowed the pool to 8 finalists, 5 of those had a potential conflict of interest.

Of the 5 we are recommending contracting with, 3 remain where there is potential conflict of interest, either at the Opioid Response Advisory Committee, or sit on the Dakota County Board of Commissioners, or have Dakota County Staff on their board.

As the selection subcommittee reviewed the proposals, they felt the potential conflicts of interest were not of concern due to 1) the individuals identified as being a potential conflict of interest are not the staff actually doing the direct services or 2) in these cases these agencies are one of very few providing these specific services with best proposed strategies, or 3) agency is providing specific work in a specific area identified as being very high need.

Evaluation Results: After a thorough review, the review panel recommended to award contracts with: LionHeart Wellness & Recovery (\$75,000), Gateway Recovery Center (\$32,293), Wayside Recovery Center (\$100,000), Thrive Family Recovery Resources (\$93,707), and MN Recovery Connection (\$89,000).

Rationale of Recommended Vendor: The panel recommended five vendors to the board to award contracts to, these vendors were chosen by top scores and a variety of services and strategies in the Opioid Settlement MOA (Treatment, Prevention and Continuing Care).

Dakota County Opioid Epidemic Response Services

Scoring Rubric

INSTRUCTIONS:

1. Select a score (available from 1-5, 5 being high) from the dropdown menu
2. Save spreadsheet with your name on it
3. Email to Jenn Jech no later than end of day **Wednesday October 2nd**

1. Adherence to RFP Instructions	VALUE
Timeliness - Arrived by deadline receives all points	5
Completeness - Completed required documents receives all points, including Exhibit 1, Exhibit 2, Avaluation Questions and no more than 20 pages.	5
Overall Quality & Level of Professionalism - Technically compliant and attractive receives all points	5
Overall Response - Overall quality very high receives all points	5
2. Evaluation Questions	VALUE
Will the proposed project service Dakota County residents?	5
Amount you are requesting	5
State which category, subcategory and abatement strategies the project addresses	5
Please provide name, education, background experience, and other qualifications of person or persons who will provide the services indicated in this proposal and oversight of the proposed project.	5
Provide a description of the project and the focus population (or community) including the goal, why this project is needed, AND your proposed approach and activities to accomplish your goal. Note: You may include steps and/or due dates.	5
Describe your current staff capacity to meet the priority area selected. If your organization does not have the current capacity, describe how you plan to increase capacity to meet your proposed workplan.	5
Describe the target audience for your project including the estimated number of individuals or community members that would be impacted?	5
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?	5
Describe how the proposed project will prioritize an innovative and/or evidence-based approach to address the opioid crisis.	5
Describe how this project could be scaled and/or replicated based on community needs and the availability of funding.	5
How will you communicate the project means, methods, and outcomes to the County and the Opioid Response Advisory Committee?	5
How will you know if this project is successful?	5
How will this project be sustainable beyond the proposed funding period?	5
3. Project Understanding	VALUE
Overall Comprehension of Project Objectives	5
Understanding of the Business Requirements	5
Total Scores	95



Meeting Minutes: Dakota County Opioid Response Advisory Committee

Date: Tuesday, December 3, 2024
Minutes prepared by: Elizabeth Unten
Location: Dakota County Northern Service Center

Attendance

- Voting Member
 - Maria Anderson
 - Michael Beltowsky
 - Jennifer Denmark
 - Luke Hellier
 - Hanna Kazempour
 - Dr. Seema Maddali
 - Q Mursal
 - Tiffany Neuharth
 - Bridgette Norring
 - Bryan Schowalter
 - Cara Schulz
 - Jacqueline Young

Absent: Marcus Blue, Nate Burkett, and Terry Johnson

- Non-Voting Members
 - Coral Ripplinger, Director, Public Health
 - Erin Carder, Deputy Director, Public Health
 - James Johnson Jr.
 - Jen Jech
 - Geri Thostenson
 - Elizabeth Unten

Decisions Made

- The committee voted to affirm the RFP Subcommittee's selection process and agree to submission of the subcommittee's recommendations to the County Board.

Agenda

- Call to Order

- Approval of the Agenda
- Approval of November Minutes
- Strategic Planning
- RFP Discussion and Approval
- Public Comment
- Adjourn

Next Meeting

Date: Tuesday, January 7, 2024

Time: 3:00 pm

Location: Dakota County Northern Service Center, Room 520

Meeting Notes

Per Diem Requests

Eligible committee members who opted to receive a per diem received request to sign.

Approval of the Agenda

Motion to approve agenda. Made by: Cara Schulz Seconded by: Bryan Schowalter Result: motion passed approved by unanimous consent.

Approval of Minutes

Motion to approve the September meeting minutes. Made by: Cara Schulz Seconded by: Bryan Schowalter Result: motion passed approved by unanimous consent.

Strategic Plan

Matt Giljahn and Jess Luce facilitated a strategic planning exercise with the committee. Each member was asked to develop a list of 8-10 items they would like the Opioid Response Advisory Committee to accomplish over the next two years. From their lists, members identified 3-4 key priorities they felt were most important to achieve. Matt and Jess will compile all submitted ideas on individual cards, which will be used in a clustering activity during the next strategic planning session. This activity will help the committee organize and prioritize goals. The strategic planning process will extend over the next 2-3 meetings.

RFP Discussion and Approval

Erin Carder opened the discussion on the RFP process followed by the Opioid Response Advisory Committee (ORAC). The RFP proposals selected by the subcommittee were initially planned to be presented at the November CSC agenda but were postponed to January's CSC meeting.

Erin read aloud the conflict-of-interest statement from the ORAC bylaws and provided a summary of the solicitation process. In May 2024, an RFP subcommittee was appointed by ORAC, and the draft RFP was approved in July 2024. The committee has \$390,000 in community-designated funds allocated by the County Board through the 2024 budget process to distribute within Dakota County. A total of 19 proposals were submitted by community partners to address community needs. After careful evaluation, the subcommittee members are recommending five vendors based on their scoring and the variety of services and strategies

outlined in the Memorandum of Agreement (MoA). Erin shared a brief description of the selected vendor recommendations.

The committee discussed various aspects of vendor selection, including a prevention-focused approach, support for both adult and adolescent populations, and gender-specific care providers. Questions were raised regarding the scoring rubric and the method used to score all 19 applications. The subcommittee clarified that one of the evaluation criteria used was whether services would be offered within Dakota County or benefit Dakota County residents and support both adolescents and adults without gender-specific limitations. Additionally, the selected vendors will be required to submit feedback and documentation on the outcomes of their programs funded by the grant.

The committee also expressed interest in holding open discussions about the RFP process for future solicitations. Coral Ripplinger noted that she would follow-up with the County Attorney's Office to receive guidance on what RFP data can be shared in public meetings and whether the committee can hold closed sessions for future RFP discussions. The committee strategic planning process will help align the goals of the whole committee and support ongoing work.

Motion:

Affirm the RFP Subcommittee's selection process and agree to submit the subcommittee's recommendations to the County Board.

Made by: Jennifer Denmark

Seconded by: Bryan Schowalter

Result: Motion carried with 6 yes votes, 1 no vote, and 4 abstentions.

Maria Anderson	Abstain
Michael Beltowsky	Abstain
Jennifer Denmark	Yes
Luke Hellier	Absent
Hanna Kazempour	Abstain
Dr. Seema Maddali	Yes

Q Mursal	Yes
Tiffany Neuharth	Abstain
Bridgette Norring	Yes
Bryan Schowalter	Yes
Cara Schulz	No
Jacqueline Young	Yes

Public Comment

Two members of the public attended the meeting, no comments.

Adjourn

A motion to adjourn the meeting. Made by: Michael Beltowsky Seconded by: Cara Schulz Result: approved by unanimous consent.

Please sign by your name for attendance December 2024 Meeting

		Agenda	Minutes	RFP	Adjourn	
	Moved	Cara	Cara	Jennifer	Michael	
	2nd	Bryan	Bryan	Bryan	Cara	
Name	Title					

Please sign for attendance:

	Maria Anderson	Lived Experience <i>virtual</i>	yea	yea	Abstain	yea	
<i>Michael Beltowsky</i>	Michael Beltowsky	Healthcare	yea	yea	Abstain	yea	
	Marcus Blue	Healthcare					
	Nate Burkett	Local Government					
<i>Jennifer Denmark</i>	Jennifer Denmark	Lived Experience	yea	yea	yea	yea	
	Luke Hellier	Local Government <i>virtual</i>	yea	yea	sen	sen	
	Terry Johnson	Local Government					
<i>Hanna Kazempour</i>	Hanna Kazempour	Community Partners	yea	yea	Abstain	yea	
<i>Dr. Seema Maddali</i>	Dr. Seema Maddali	Healthcare	yea	yea	yea	yea	
<i>Q Mursal</i>	Q Mursal	Community Partners	yea	yea	yea	yea	
<i>Tiffany Neuharth</i>	Tiffany Neuharth	Lived Experience	yea	yea	Abstain	yea	
<i>Bridgette Norring</i>	Bridgette Norring	Community Partners	yea	yea	yea	yea	
<i>Bryan Schowalter</i>	Bryan Schowalter	Local Government	yea	yea	yea	yea	
<i>Cara Schulz</i>	Cara Schulz	Lived Experience	yea	yea	nay	yea	
<i>Jacqueline Young</i>	Jacqueline Young	Lived Experience	yea	yea	yea	yea	



Opioid Epidemic Response Services Project

Coral Ripplinger, Public Health Director
Erin Carder, Public Health Deputy Director

1

Agenda



UPDATES



SOLICITATION
SUMMARY



RECOMMENDED
VENDORS



QUESTIONS AND
DISCUSSION

2

Annual Cities Meeting

26 attendees

- Local government & law enforcement
- Healthcare
- Education
- Community members
- Press

3

Opioid Response Advisory Committee

The Dakota County Opioid Response Advisory Committee supports the development of a comprehensive and effective countywide response to the opioid crisis. It provides recommendations to the county board on the use of Opioid Settlement Funds for external projects and initiatives.

Membership

17 members

1 resident with lived experience/district

3 health care representatives

3 community partners

4 local government staff members

Lived experience includes:

- People who have used one or more illicit opioids and who are currently in recovery
- Individuals who use prescription opioids for chronic pain management
- Family and friends who have been impacted by the opioid crisis

Vacancies

Districts 2 & 6

4

Opioid Response Advisory Committee - Roster



Name	Representing	Term
Bridgette Norring	Community Partner	12/31/2025
Q Mursal	Community Partner	12/31/2025
Hanna Kazempour	Community Partner	12/31/2025
Dr. Seema Maddali	Health Care	12/31/2025
Marcus Blue	Health Care	12/31/2025
Michael Beltowsky	Health Care	12/31/2025
Tiffany Neuharth	Lived Experience - District 1	12/31/2025
VACANT	Lived Experience - District 2	12/31/2025
Maria Anderson	Lived Experience - District 3	12/31/2025
Jacqueline Young	Lived Experience - District 4	12/31/2025
Cara Schulz	Lived Experience - District 5	12/31/2025
VACANT	Lived Experience - District 6	12/31/2025
Jennifer Denmark	Lived Experience - District 7	12/31/2025
Luke Hellier	City	12/31/2025
Nate Burkett	City	12/31/2025
Terry Johnson	Fire	12/31/2025
Bryan Schowalter	Police	12/31/2025

5

Funding Update



	Projected Revenue	Actual Revenue	One-time Expenses	Annual Expenses	Total Expenses	Total Remaining Balance
2022	\$1,919,533	\$1,919,533	\$0	\$0	\$0	\$1,919,533
2023	\$2,148,442	\$476,429	\$0	\$66,632	\$66,632	\$2,329,330
2024	\$766,842	\$2,900,127	\$800,998 Projected	\$579,002 Projected	\$1,380,000 Projected	\$3,849,457
2025	TBD	TBD	TBD	\$708,125.42 Projected	TBD	TBD
Totals	\$4,834,817	\$5,296,089	\$800,998 Projected	\$1,353,759.42 Projected	TBD	TBD

6

2024 Budget



INTERNAL

Current Programming	\$325,000
New Programming	\$254,002

EXTERNAL

Community Designated	\$390,000
City Designated	\$195,000
School Designated	\$80,000

Unassigned Funds	\$135,998
-------------------------	-----------

TOTAL \$1,380,000

7

Opioid Strategy Survey Results



TOP 3 STRATEGIES FOR EACH AREA

PREVENTION AND EDUCATION

- 1▶ School and youth focused tactics (15%)
- 2▶ Mental health and trauma practices (9%)
- 3▶ Healthcare and prescriber education (8%)

TREATMENT, RECOVERY, AND HARM REDUCTION

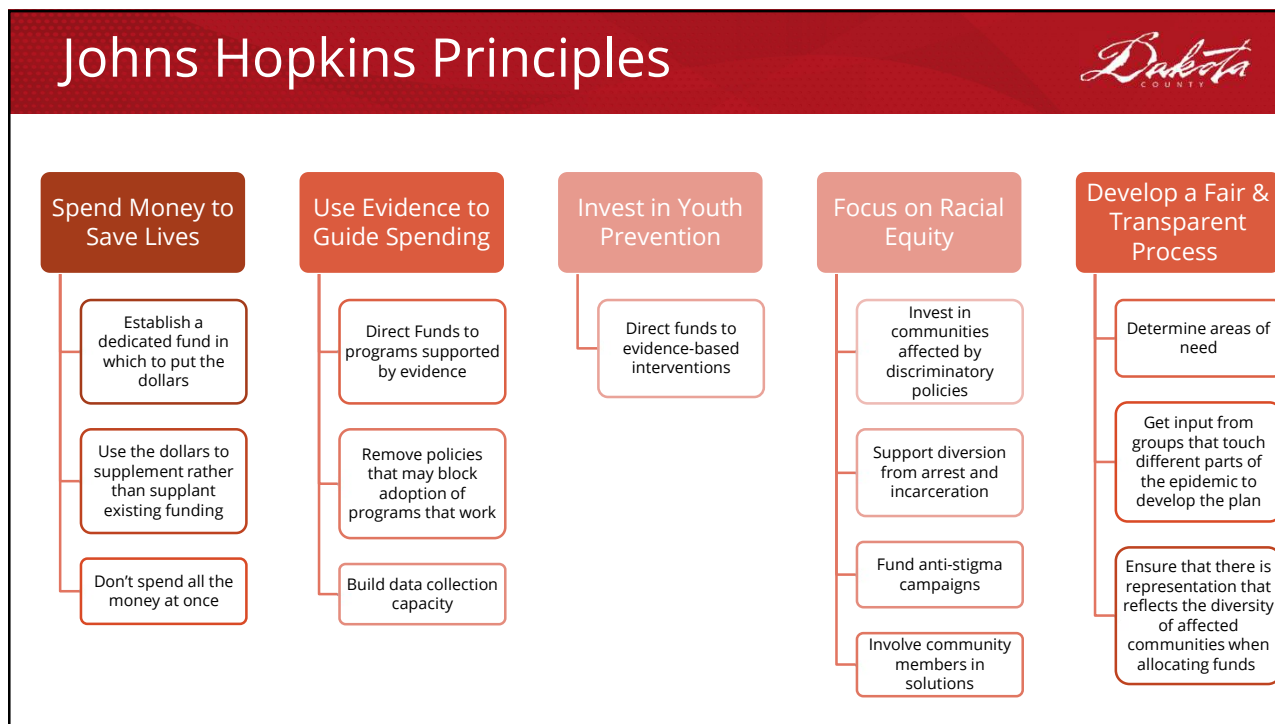
- 1▶ Treatment access and system navigation (27%)
- 2▶ Naloxone access and substance testing (23%)
- 3▶ Treatment alternatives (2%)

ENFORCEMENT AND LEGAL ACTION

- 1▶ Increased enforcement (40%)
- 2▶ Other legal action (19%)
- 3▶ Decreased enforcement (15%)

8

Johns Hopkins Principles



9

Solicitation Summary



Purpose and Scope:

To identify qualified organizations to respond to the opioid crisis in Dakota County through opioid epidemic response strategies, including **prevention, treatment and recovery, harm reduction, and continuing care**. The goal of this approach is to fund **innovative projects** in Dakota County that will have a **high impact**, particularly from Dakota County communities most disproportionately impacted by the opioid crisis. The service area includes all territories within the geographical bounds of Dakota County.

10

Solicitation Committee



Appointed May 7, 2024, by the Opioid Response Advisory Committee

Solicitation Committee Members:

- 2 members with lived experience
- 1 member from healthcare
- 1 member from local government
- 2 community partners
- Public Health staff liaisons



11

Proposal Summaries



Vendor	Brief Proposal Description
Ally Supportive Services	Harm reduction through Trusted Messengers
ARCpoint Labs	Drug testing and related data reporting and analysis
Change the Outcome	Educational programming for youth, educators, and community members
Frazier Wellness Services	Holistic treatment & recovery services for criminal justice involved males
Gateway Recovery Center	Transportation services for those seeking treatment & withdrawal management
Iconic Consulting Services	Empower at-risk families with education, harm reduction strategies, and resources
Lionheart Wellness and Recovery	Trauma-responsive, co-occurring treatment services for adolescents with Substance Use Disorder and mental health conditions & their families
Minnesota Recovery Connection	Culturally appropriate harm reduction education and long-term behavioral health & wellness for the Latine population suffering from OUD

12

Proposal Summaries (continued)



Vendor	Brief Proposal Description
Minnesota Somali Community Center	Addiction Outreach Program serving the East African population
New Season Treatment Center	Medication-assisted Treatment for Opioid Use Disorder patients without health insurance
Recovery Road	Harm reduction training for professionals, residents, and communities
Rise Up Recovery	Establish & expand recovery support services for youth and their families
Sage Health Clinic	Rapid induction of buprenorphine and expansion of injectable buprenorphine
South Metro Community Services	Digital outreach and provision of harm reduction tools targeting youth
Supportable	Software development for the transfer of patient data to treatment providers and other services
The Katallasso Group	Restorative family mediation using a Parent Line app
The Well Treehouse Network	Truancy prevention program
Thrive Family Recovery Services	Establish a family resource center for families impacted by Opioid Use Disorder
Wayside Recovery Center	Care coordination for justice involved individuals

13

Lionheart Wellness and Recovery \$75,000



Strategies	Project Description
Expand availability of treatment for OUD and any co-occurring SUD/MH conditions.	The goal of this project is to expand trauma-responsive, evidence-based, co-occurring treatment services for adolescents with Substance Use Disorders (SUD), Opioid Use Disorders (OUD), and mental health (MH) conditions in Dakota County. We aim to increase accessibility to Medication for Opioid Use Disorder (MOUD) for adolescents receiving outpatient treatment and provide holistic support to both adolescents and their families.
Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, as well as other treatment & recovery support services.	
Provide treatment of trauma for individuals with OUD and family members.	

14

Gateway Recovery Center \$32,293



Strategies	Project Description
<p>Access to care: support detox and withdrawal management services for people with OUD and any co-occurring SUD/MH conditions, or connections to other services or supports.</p> <p>Transportation: Provide or support transportation to treatment or recovery services for persons with OUD and any co-occurring SUD/MH conditions.</p>	<p>This project aims to provide transportation services for individuals with limited access to care at Withdrawal Management facilities in Dakota County.</p> <p>The program addresses barriers faced by individuals without personal transportation, family support, or access to emergency medical cabs due to Medicaid denials or insufficient coverage. Currently over 50% of clients at Gateway have Opioid Use Disorder (OUD) and this project aims to create fewer barriers for admission, which gets clients into care and reduces the risk of overdose.</p>

15

Thrive Family Recovery Services \$93,707



Strategies	Project Description
<p>Provide treatment of trauma for individuals with OUD and family members.</p> <p>Provide the full continuum of community support services to individuals and family members impacted by OUD and any co-occurring SUD/MH conditions.</p> <p>Engage community partners to support people in treatment & recovery and to support family members.</p>	<p>Thrive! Family Recovery Resources (Thrive) proposes to establish a family resource center to support families impacted by Opioid Use Disorder (OUD) in Dakota County. The goal of this project is to support families affected by OUD by providing them with resources, education, peer support, and actionable solutions that improve both the family's well-being and their loved one's recovery outcomes.</p>

16

Minnesota Recovery Connection \$89,000



Strategies	Project Description
<p>Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions.</p> <p>Training and education regarding naloxone and other drugs that treat overdoses.</p>	<p>Through this project, Minnesota Recovery Connection (MRC) will accomplish two primary goals:</p> <p>1) the improvement of cross-cultural long-term behavioral health and wellness for the Latine population in Dakota county suffering from opioid use disorder (OUD) and connecting them to programming and providing continuing care through peer support and recovery groups.</p> <p>2) provide harm reduction education and Culturally and Linguistically Appropriate Services (CLAS) standards in accordance with the National CLAS standards. In addition, MRC will conduct workshops in Dakota county that inform the Latine community of available services that support recovery from OUD and its accompanying negative consequences.</p>

17

Wayside Recovery Center \$100,000



Strategies	Project Description
<p>Address the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions.</p>	<p>The goal of this project is to address the needs of adults with OUD and any co-occurring SUD/MH conditions who are involved in, becoming involved in, or transitioning out of the criminal justice system in Dakota County through case consultation, comprehensive assessment, care coordination, and linkage to evidence-based treatment options that support long term recovery and reduction of involvement in the criminal justice system.</p>

18

Summary of Recommendations



Vendor	NTE Amount	Brief Description	MoA Strategy	Average Score
Lionheart Wellness & Recovery	\$75,000	Co-occurring treatment and holistic care for adolescents and families	A.1 A.3 A.6	95
Gateway Recovery Center	\$32,293	Transportation to withdrawal management facilities	A.7 B.7	90
Thrive Family Recovery Services	\$93,707	Establishment of a Family Resource Center for families impacted by co-occurring conditions	A.6 B.1 B.2 B.5 B.10	91
MN Recovery Connection	\$89,000	Culturally-specific harm reduction education & continuing care	B.13 H.3	87
Wayside Recovery Center	\$100,000	Care coordination for justice-involved adults with co-occurring conditions	D.4 D.5	90

19

Recommendation



Staff recommends authorization to execute contracts with the selected vendors at the amounts and rates listed in the Resolutions for the period of January 1, 2025 through December 31, 2025.

20



Questions and Discussion

Thank you!



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3997

Agenda #: 5.2

Meeting Date: 1/14/2025

DEPARTMENT: Public Health

FILE TYPE: Regular Action

TITLE

Authorization To Execute A Contract With Gateway Recovery Center Using Opioid Settlement Funds

PURPOSE/ACTION REQUESTED

Authorize execution of a contract with Gateway Recovery Center using opioid settlement funds.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

Minnesota was part of a multi-state \$46.6-billion-dollar lawsuit against opioid manufacturers and distributors. Dakota County is expected to receive \$9,127,527.20 in the first settlement and \$7,429,374.49 in the second settlement over a 19-year period.

By Resolution No. 23-277 (June 13, 2023), the Dakota Board of Commissioners authorized the formation of the Opioid Response Advisory Committee (ORAC) to assist in distributing part of the Opioid Settlement Funds. This committee includes 17 voting members, including 7 appointed members with lived experience, 4 members from local government, 3 members from the healthcare field, and 3 members from community organizations. Additionally, 4 non-voting Dakota County Staff attend meetings regularly. On May 7, 2024, a 6-member subcommittee was formed to assist with the writing and scoring of the Dakota County Opioid Epidemic Response Services Project Request For Proposal (RFP). This subcommittee includes 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government.

On August 22, 2024, the Dakota County Opioid Epidemic Response Services Project RFP was posted for 29 days. Nineteen proposals were received from vendors with a variety of the abatement strategies listed in the Opioid Memorandum of Agreement (MOA) Exhibit A, including Treatment, Prevention and Other Strategies (Attachment: Amended MOA Exhibit A). The subcommittee reviewed and scored the proposals and selected five vendors (Attachment: Solicitation Summary and Attachment: Solicitation Summary Supplement) to enter into contracts for the term of January 1, 2025 through December 31, 2025.

On December 3, 2024, the ORAC approved the subcommittee's RFP process and affirmed the

decision to ask the Dakota Board of Commissioners to authorize each of the five contracts with the selected vendors (Attachment: ORAC December 3, 2024 Minutes). ORAC committee member Michael Beltowsky is employed by Gateway Recovery Center and did not participate on the subcommittee and abstained from the committee vote.

The ORAC recommends that the Dakota Board of Commissioners authorize a contract with the following vendor:

Gateway Recovery Center

- **Proposed Strategy:**
 - Provide transportation services for individuals with limited access to care at Withdrawal Management facilities.
- **MOA Exhibit A Strategies:** Items A.7 and B.7
 - **A.7:** Support detoxification (detox) and withdrawal management services for people with Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions, including but not limited to medical detox, referral to treatment, or connections to other services or supports.
 - **B.7:** Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
- **Not to Exceed Dollar Amount:** \$32,293.

OUTCOMES

How much?

The allocated \$32,293 will provide Gateway Recover Center funding for innovative projects to respond to the opioid crisis in Dakota County.

How well?

Public Health, in partnership with ORAC, will assure that the recipient provides services through opioid epidemic response strategies, including prevention, treatment and recovery, harm reduction, and continuing care.

Is anyone better off?

Gateway Recovery Center will be required to report outcome data to Public Health and ORAC to assure that the funded strategies have a high impact, particularly from Dakota County communities most disproportionately impacted by the opioid crisis.

RECOMMENDATION

Staff recommends authorization to execute a contract with Gateway Recovery Center in a contract amount not to exceed \$32,293 for the period of January 1, 2025 through December 31, 2025.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost as a result of this action. Funding for the contract is included in the 2025 Public Health Budget. The contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources

are not appropriated at a level sufficient to allow payment of the amounts due.

- None Current budget Other
 Amendment Requested New FTE(s) requested

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, Minnesota was part of a multi-state 46.6-billion-dollar lawsuit against opioid manufacturers and distributors; and

WHEREAS, Dakota County will receive \$9,127,527.20 in the first settlement and \$7,429,374.49 in the second settlement over a 19-year period; and

WHEREAS, by Resolution No. 23-277 (June 13, 2023), the Dakota Board of Commissioners authorized the formation of the Opioid Response Advisory Committee (ORAC) to assist in distributing part of the Opioid Settlement Funds; and

WHEREAS, this committee includes 17 voting members, including 7 appointed members with lived experience, 4 members from local government, 3 members from the healthcare field, and 3 members from community organizations; additionally, 4 non-voting Dakota County Staff attend meetings regularly; and

WHEREAS, on May 7, 2024, the ORAC created a subcommittee to assist with the writing and scoring of the Dakota County Opioid Epidemic Response Services Project Request For Proposal (RFP); and

WHEREAS, this committee included 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government; and

WHEREAS, on August 22, 2024, the Dakota County Opioid Epidemic Response Services Project RFP was posted for 29 days, which resulted in nineteen proposals received from vendors with a variety of the abatement strategies listed in the Opioid Memorandum of Agreement (MOA) Exhibit A, including Treatment, Prevention and Other Strategies; and

WHEREAS, the subcommittee reviewed and scored the proposals and selected vendors to contract with at the amounts listed in the Resolution for the period of January 1, 2025 through December 31, 2025; and

WHEREAS, on December 3, 2024, the ORAC approved the subcommittee’s RFP process and affirmed the decision to ask the Dakota Board of Commissioners to authorize each of the five contracts with the selected vendors; and

WHEREAS, advisory committee member Michael Beltowsky is employed by Gateway Recovery Center and did not participate on the subcommittee and abstained from the committee vote; and

WHEREAS, the ORAC recommends that the Dakota Board of Commissioners authorizes a contract with the following vendor based on the following:

Gateway Recovery Center

- **Proposed Strategy:**
 - Provide transportation services for individuals with limited access to care at withdrawal management facilities.
- **MOA Exhibit A Strategies:** Items A.7 and B.7
 - **A.7:** Support detoxification (detox) and withdrawal management services for people with Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions, including but not limited to medical detox, referral to treatment, or connections to other services or supports.
 - **B.7:** Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
- **Not to Exceed Dollar Amount:** \$32,293.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a contract with Gateway Recovery Center in a not to exceed contract amount of \$32,293 to provide transportation services for individuals with limited access to care at withdrawal management facilities in accordance with the Opioid Memorandum of Agreement Exhibit A strategy items A.7 and B.7, for the term of January 1, 2025 through December 31, 2025; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contract, consistent with the amount budgeted, to alter the contract amount and the contract term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

PREVIOUS BOARD ACTION

23-277; 06/13/23

ATTACHMENTS

Attachment: Amended MOA Exhibit A, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Solicitation Summary, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Solicitation Summary Supplement, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: ORAC December 3, 2024 Minutes, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Presentation Slides, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

BOARD GOALS

- | | |
|---|---|
| <input checked="" type="checkbox"/> A Great Place to Live | <input type="checkbox"/> A Healthy Environment |
| <input type="checkbox"/> A Successful Place for Business and Jobs | <input type="checkbox"/> Excellence in Public Service |

CONTACTS

Department Head: Coral Ripplinger

Author: Erin Carder



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3999

Agenda #: 5.3

Meeting Date: 1/14/2025

DEPARTMENT: Public Health

FILE TYPE: Regular Action

TITLE

Authorization To Execute A Contract With Thrive! Family Recovery Services Using Opioid Settlement Funds

PURPOSE/ACTION REQUESTED

Authorize execution of a contract with Thrive! Family Recovery Services using opioid settlement funds.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

Minnesota was part of a multi-state \$46.6-billion-dollar lawsuit against opioid manufacturers and distributors. Dakota County is expected to receive \$9,127,527.20 in the first settlement and \$7,429,374.49 in the second settlement over a 19-year period.

By Resolution No. 23-277 (June 13, 2023), the Dakota Board of Commissioners authorized the formation of the Opioid Response Advisory Committee (ORAC) to assist in distributing part of the Opioid Settlement Funds. This committee includes 17 voting members, including 7 appointed members with lived experience, 4 members from local government, 3 members from the healthcare field, and 3 members from community organizations. Additionally, 4 non-voting Dakota County Staff attend meetings regularly. On May 7, 2024, a 6-member subcommittee was formed to assist with the writing and scoring of the Dakota County Opioid Epidemic Response Services Project Request For Proposal (RFP). This subcommittee included 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government.

On August 22, 2024, the Dakota County Opioid Epidemic Response Services Project RFP was posted for 29 days. Nineteen proposals were received from vendors with a variety of the abatement strategies listed in the Opioid Memorandum of Agreement (MOA) Exhibit A, including Treatment, Prevention and Other Strategies (Attachment: Amended MOA Exhibit A). The subcommittee reviewed and scored the proposals and selected five vendors (Attachment: Solicitation Summary and Attachment: Solicitation Summary Supplement) to enter into contracts for the term of January 1, 2025 through December 31, 2025.

On December 3, 2024, the ORAC approved the subcommittee's RFP process and affirmed the decision to ask the Dakota Board of Commissioners to authorize each of the five contracts with the selected vendors (Attachment: ORAC December 3, 2024 Minutes).

The ORAC recommends that the Dakota Board of Commissioners authorize a contract with the following vendor:

Thrive! Family Recovery Services

- **Proposed Strategy:**
 - Establish a family resource center to support families impacted by Opioid Use Disorder.
- **MOA Exhibit A Strategies:** Items A.6, B.1, B.2, B.5, and B.10
 - **A.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.
 - **B.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.
 - **B.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.
 - **B.5:** Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
 - **B.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.
- **Not to Exceed Dollar Amount:** \$93,707.

OUTCOMES

How much?

The allocated \$93,707 will provide Thrive! Family Recovery Services funding for innovative projects to respond to the opioid crisis in Dakota County.

How well?

Public Health, in partnership with ORAC, will assure that the recipient provides services through opioid epidemic response strategies, including prevention, treatment and recovery, harm reduction, and continuing care.

Is anyone better off?

Thrive! Family Recovery Services will be required to report outcome data to Public Health and ORAC to assure that the funded strategies have a high impact, particularly from Dakota County communities most disproportionately impacted by the opioid crisis.

RECOMMENDATION

Staff recommends authorization to execute a contract with Thrive! Family Recovery Services in a contract amount not to exceed \$93,707 for the period of January 1, 2025 through December 31, 2025.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost as a result of this action. Funding for the contract is included in the 2025 Public Health Budget. The contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

- None Current budget Other
 Amendment Requested New FTE(s) requested

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, Minnesota was part of a multi-state \$46.6-billion-dollar lawsuit against opioid manufacturers and distributors; and

WHEREAS, Dakota County will receive \$9,127,527.20 in the first settlement and \$7,429,374.49 in the second settlement over a 19-year period; and

WHEREAS, by Resolution No. 23-277 (June 13, 2023), the Dakota Board of Commissioners authorized the formation of the Opioid Response Advisory Committee (ORAC) to assist in distributing part of the Opioid Settlement Funds; and

WHEREAS, this committee includes 17 voting members, including 7 appointed members with lived experience, 4 members from local government, 3 members from the healthcare field, and 3 members from community organizations; additionally, 4 non-voting Dakota County Staff attend meetings regularly; and

WHEREAS, on May 7, 2024, the ORAC created a subcommittee to assist with the writing and scoring of the Dakota County Opioid Epidemic Response Services Project Request For Proposal (RFP); and

WHEREAS, this committee included 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government; and

WHEREAS, on August 22, 2024, the Dakota County Opioid Epidemic Response Services Project RFP was posted for 29 days, which resulted in nineteen proposals received from vendors with a variety of the abatement strategies listed in the Opioid Memorandum of Agreement (MOA) Exhibit A, including Treatment, Prevention and Other Strategies; and

WHEREAS, the subcommittee reviewed and scored the proposals and selected vendors to contract with at the amounts listed in the Resolution for the period of January 1, 2025 through December 31, 2025; and

WHEREAS, on December 3, 2024, the ORAC approved the subcommittee's RFP process and affirmed the decision to ask the Dakota Board of Commissioners to authorize each of the five contracts with the selected vendors; and

WHEREAS, the ORAC recommends that the Dakota Board of Commissioners authorize a contract with the following vendor based on the following:

Thrive! Family Recovery Services

- **Proposed Strategy:**
 - Establish a family resource center to support families impacted by Opioid Use Disorder.
- **MOA Exhibit A Strategies:** Items A.6, B.1, B.2, B.5, and B.10
 - **A.6:** Provide treatment of trauma for individuals with Opioid Use Disorder ("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.
 - **B.1:** Provide comprehensive wrap-around services to individuals with OUD and any co-occurring Substance Use Disorder or Mental Health ("SUD/MH") conditions, including housing, transportation, education, job placement, job training, or childcare.
 - **B.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.
 - **B.5:** Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
 - **B.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.
- **Not to Exceed Dollar Amount:** \$93,707.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a contract with Thrive! Family Recovery Services in a contract not to exceed amount of \$93,707, for the term of January 1, 2025 through December 31, 2025, to establish a family resource center to support families impacted by Opioid Use Disorder in accordance with the Opioid Memorandum of Agreement Exhibit A strategy items A.6, B.1, B.2, B.5, and B.10, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contract, consistent with the amount budgeted, to alter the contract amount and the contract term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

PREVIOUS BOARD ACTION

23-277; 06/13/23

ATTACHMENTS

Attachment: Amended MOA Exhibit A, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Solicitation Summary, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Solicitation Summary Supplement, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: ORAC December 3, 2024 Minutes, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Presentation Slides, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

BOARD GOALS

- | | |
|---|---|
| <input checked="" type="checkbox"/> A Great Place to Live | <input type="checkbox"/> A Healthy Environment |
| <input type="checkbox"/> A Successful Place for Business and Jobs | <input type="checkbox"/> Excellence in Public Service |

CONTACTS

Department Head: Coral Ripplinger
Author: Erin Carder



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-4000

Agenda #: 5.4

Meeting Date: 1/14/2025

DEPARTMENT: Public Health

FILE TYPE: Regular Action

TITLE

Authorization To Execute A Contract With Minnesota Recovery Connection Using Opioid Settlement Funds

PURPOSE/ACTION REQUESTED

Authorize execution of a contract with Minnesota Recovery Connection using opioid settlement funds.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

Minnesota was part of a multi-state \$46.6-billion-dollar lawsuit against opioid manufacturers and distributors. Dakota County is expected to receive \$9,127,527.20 in the first settlement and \$7,429,374.49 in the second settlement over a 19-year period.

By Resolution No. 23-277 (June 13, 2023), the Dakota Board of Commissioners authorized the formation of the Opioid Response Advisory Committee (ORAC) to assist in distributing part of the Opioid Settlement Funds. This committee includes 17 voting members, including 7 appointed members with lived experience, 4 members from local government, 3 members from the healthcare field, and 3 members from community organizations. Additionally, 4 non-voting Dakota County Staff attend meetings regularly. On May 7, 2024, a 6-member subcommittee was formed to assist with the writing and scoring of the Dakota County Opioid Epidemic Response Services Project Request For Proposal (RFP). This subcommittee included 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government.

On August 22, 2024, the Dakota County Opioid Epidemic Response Services Project RFP was posted for 29 days. Nineteen proposals were received from vendors with a variety of the abatement strategies listed in the Opioid Memorandum of Agreement (MOA) Exhibit A, including Treatment, Prevention and Other Strategies (Attachment: Amended MOA Exhibit A). The subcommittee reviewed and scored the proposals and selected five vendors (Attachment: Solicitation Summary and Attachment: Solicitation Summary Supplement) to enter into contracts for the term of January 1, 2025 through December 31, 2025.

On December 3, 2024, the ORAC approved the subcommittee's RFP process and affirmed the decision to ask the Dakota Board of Commissioners to authorize each of the five contracts with the selected vendors (Attachment: ORAC December 3, 2024 Minutes).

The ORAC recommends that the Dakota Board of Commissioners authorize a contract with the following vendor:

Minnesota Recovery Connection

- **Proposed Strategies:**
 - Provide culturally appropriate long-term behavioral health and wellness for the Latin population suffering from Opioid Use Disorder.
 - Provide harm reduction education in accordance with Culturally and Linguistically Appropriate (CLAS) standards.
- **MOA Exhibit A Strategies: B.13 and H.3**
 - **B.13:** Create or support culturally appropriate services and programs for persons with Opioid Use Disorder ("OUD") and any co-occurring Substance Use Disorder or Mental Health ("SUD/MH") conditions, including but not limited to new Americans, African Americans, and American Indians.
 - **H.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.
- **Not to Exceed Dollar Amount:** \$89,000.

OUTCOMES

How much?

The allocated \$89,000 will provide Minnesota Recovery Connection funding for innovative projects to respond to the opioid crisis in Dakota County.

How well?

Public Health, in partnership with ORAC, will assure that the recipient provides services through opioid epidemic response strategies, including prevention, treatment and recovery, harm reduction, and continuing care.

Is anyone better off?

Minnesota Recovery Connection will be required to report outcome data to Public Health and ORAC to assure that the funded strategies have a high impact, particularly from Dakota County communities most disproportionately impacted by the opioid crisis.

RECOMMENDATION

Staff recommends authorization to execute a contract with Minnesota Recovery Connection in a contract amount not to exceed \$89,000 for the period of January 1, 2025 through December 31, 2025.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost as a result of this action. Funding for the contract is included in the 2025 Public Health Budget. The contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

- None Current budget Other
 Amendment Requested New FTE(s) requested

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, Minnesota was part of a multi-state \$46.6-billion-dollar lawsuit against opioid manufacturers and distributors; and

WHEREAS, Dakota County will receive \$9,127,527.20 in the first settlement and \$7,429,374.49 in the second settlement over a 19-year period; and

WHEREAS, by Resolution No. 23-277 (June 13, 2023), the Dakota Board of Commissioners authorized the formation of the Opioid Response Advisory Committee (ORAC) to assist in distributing part of the Opioid Settlement Funds; and

WHEREAS, this committee includes 17 voting members, including 7 appointed members with lived experience, 4 members from local government, 3 members from the healthcare field, and 3 members from community organizations; additionally, 4 non-voting Dakota County Staff attend meetings regularly; and

WHEREAS, on May 7, 2024, the ORAC created a subcommittee to assist with the writing and scoring of the Dakota County Opioid Epidemic Response Services Project Request For Proposal (RFP); and

WHEREAS, this committee included 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government; and

WHEREAS, on August 22, 2024, the Dakota County Opioid Epidemic Response Services Project RFP was posted for 29 days, which resulted in nineteen proposals received from vendors with a variety of the abatement strategies listed in the Opioid Memorandum of Agreement (MOA) Exhibit A, including Treatment, Prevention and Other Strategies; and

WHEREAS, the subcommittee reviewed and scored the proposals and selected vendors to contract with at the amounts listed in the Resolution for the period of January 1, 2025 through December 31, 2025; and

WHEREAS, on December 3, 2024, the ORAC approved the subcommittee's RFP process and affirmed the decision to ask the Dakota Board of Commissioners to authorize each of the five contracts with the selected vendors; and

WHEREAS, the ORAC recommends that the Dakota Board of Commissioners authorize a contract with the following vendor based on the following:

Minnesota Recovery Connection

- **Proposed Strategies:**
 - Provide culturally appropriate long-term behavioral health and wellness for the Latine population suffering from Opioid Use Disorder.
 - Provide harm reduction education in accordance with Culturally and Linguistically Appropriate (CLAS) standards.
- **MOA Exhibit A Strategies: B.13 and H.3**
 - **B.13:** Create or support culturally appropriate services and programs for persons with Opioid Use Disorder ("OUD") and any co-occurring Substance Use Disorder or Mental Health ("SUD/MH") conditions, including but not limited to new Americans, African Americans, and American Indians.
 - **H.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.
- **Not to Exceed Dollar Amount: \$89,000.**

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a contract with Minnesota Recovery Connection in a contract not to exceed amount of \$89,000, for the term of January 1, 2025 through December 31, 2025, to provide culturally appropriate long-term behavioral health and wellness for the Latine population suffering from Opioid Use Disorder and to provide harm reduction education in accordance with Culturally and Linguistically Appropriate standards, in accordance with the Opioid Memorandum of Agreement Exhibit A strategy items B.13 and H.3, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contract, consistent with the amount budgeted, to alter the contract amount and the contract term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

PREVIOUS BOARD ACTION 23-277; 06/13/23

ATTACHMENTS

Attachment: Amended MOA Exhibit A, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Solicitation Summary, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Solicitation Summary Supplement, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: ORAC December 3, 2024 Minutes, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Presentation Slides, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

BOARD GOALS

- | | |
|---|---|
| <input checked="" type="checkbox"/> A Great Place to Live | <input type="checkbox"/> A Healthy Environment |
| <input type="checkbox"/> A Successful Place for Business and Jobs | <input type="checkbox"/> Excellence in Public Service |

CONTACTS

Department Head: Coral Ripplinger

Author: Erin Carder



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-3998

Agenda #: 5.5

Meeting Date: 1/14/2025

DEPARTMENT: Public Health

FILE TYPE: Regular Action

TITLE

Authorization To Execute A Contract With Wayside Recovery Center Using Opioid Settlement Funds

PURPOSE/ACTION REQUESTED

Authorize execution of a contract with Wayside Recovery Center using opioid settlement funds.

SUMMARY

Pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents.

Minnesota was part of a multi-state \$46.6-billion-dollar lawsuit against opioid manufacturers and distributors. Dakota County is expected to receive \$9,127,527.20 in the first settlement and \$7,429,374.49 in the second settlement over a 19-year period.

By Resolution No. 23-277 (June 13, 2023), the Dakota Board of Commissioners authorized the formation of the Opioid Response Advisory Committee (ORAC) to assist in distributing part of the Opioid Settlement Funds. This committee includes 17 voting members, including 7 appointed members with lived experience, 4 members from local government, 3 members from the healthcare field, and 3 members from community organizations. Additionally, 4 non-voting Dakota County Staff attend meetings regularly. On May 7, 2024, a 6-member subcommittee was formed to assist with the writing and scoring of the Dakota County Opioid Epidemic Response Services Project Request For Proposal (RFP). This subcommittee included 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government.

On August 22, 2024, the Dakota County Opioid Epidemic Response Services Project RFP was posted for 29 days. Nineteen proposals were received from vendors with a variety of the abatement strategies listed in the Opioid Memorandum of Agreement (MOA) Exhibit A, including Treatment, Prevention and Other Strategies (Attachment: Amended MOA Exhibit A). The subcommittee reviewed and scored the proposals and selected five vendors (Attachment: Solicitation Summary and Attachment: Solicitation Summary Supplement) to enter into contracts for the term of January 1, 2025 through December 31, 2025.

On December 3, 2024, the ORAC approved the subcommittee's RFP process and affirmed the

decision to ask the Dakota Board of Commissioners to authorize each of the five contracts with the selected vendors (Attachment: ORAC December 3, 2024 Minutes).

The ORAC recommends that the Dakota Board of Commissioners authorize a contract with the following vendor:

Wayside Recovery Center

- **Proposed Strategy:**
 - Support individuals who are involved in or transitioning out of the criminal justice system in Dakota County through case consultation, comprehensive assessment, care coordination, and linkage to treatment.
- **MOA Exhibit A Strategies:** Items D.4 and D.5
 - **D.4:** Provide evidence-informed treatment, including Medication for Opioid Use Disorder (“MOUD”), recovery support, harm reduction, or other appropriate services to individuals with Opioid Use Disorder (“OUD”) and any co-occurring Substance Use Disorder or Mental Health (“SUD/MH”) conditions who are incarcerated in jail or prison.
 - **D.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.
- **Not to Exceed Dollar Amount:** \$100,000.

Commissioner Laurie Halverson (“Commissioner Halverson”), Community Corrections Director Suwana Kirkland (“Director Kirkland”), and Employment & Economic Assistance Director Nadir Abdi (“Director Abdi”) are board members of Wayside Recovery Center. However, Commissioner Halverson may abstain from voting on the resolution, and the contract, if awarded, will not be under the purview of Director Kirkland or Director Abdi for any decision-making.

OUTCOMES

How much?

The allocated \$100,000 will provide Wayside Recovery Center funding for innovative projects to respond to the opioid crisis in Dakota County.

How well?

Public Health, in partnership with ORAC, will assure that the recipient provides services through opioid epidemic response strategies, including prevention, treatment and recovery, harm reduction, and continuing care.

Is anyone better off?

Wayside Recovery Center will be required to report outcome data to Public Health and ORAC to assure that the funded strategies have a high impact, particularly from Dakota County communities most disproportionately impacted by the opioid crisis.

RECOMMENDATION

Staff recommends authorization to execute a contract with Wayside Recovery Center in a contract amount not to exceed \$100,000 for the period of January 1, 2025 through December 31, 2025.

EXPLANATION OF FISCAL/FTE IMPACTS

There is a \$0 net County cost as a result of this action. Funding for the contract is included in the 2025 Public Health Budget. The contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

- None Current budget Other
 Amendment Requested New FTE(s) requested

RESOLUTION

WHEREAS, pursuant to Minn. Stat. § 375A.04, the Dakota County Board of Commissioners is, and performs the duties and exercises the powers of, a community health board under Minn. Stat. ch. 145A, and is required to govern and administer those functions as fully as other Dakota County functions, including the responsibility to prevent disease and to promote and protect the public health of Dakota County residents; and

WHEREAS, Minnesota was part of a multi-state \$46.6-billion-dollar lawsuit against opioid manufacturers and distributors; and

WHEREAS, Dakota County will receive \$9,127,527.20 in the first settlement and \$7,429,374.49 in the second settlement over a 19-year period; and

WHEREAS, by Resolution No. 23-277 (June 13, 2023), the Dakota Board of Commissioners authorized the formation of the Opioid Response Advisory Committee (ORAC) to assist in distributing part of the Opioid Settlement Funds; and

WHEREAS, this committee includes 17 voting members, including 7 appointed members with lived experience, 4 members from local government, 3 members from the healthcare field, and 3 members from community organizations; additionally, 4 non-voting Dakota County Staff attend meetings regularly; and

WHEREAS, on May 7, 2024, the ORAC created a subcommittee to assist with the writing and scoring of the Dakota County Opioid Epidemic Response Services Project Request For Proposal (RFP); and

WHEREAS, this committee includes 1 member from healthcare, 2 members with lived experience, 2 members from community partners and 1 member from local government; and

WHEREAS, on August 22, 2024, the Dakota County Opioid Epidemic Response Services Project RFP was posted for 29 days, which resulted in nineteen proposals received from vendors with a variety of the abatement strategies listed in the Opioid Memorandum of Agreement (MOA) Exhibit A, including Treatment, Prevention and Other Strategies; and

WHEREAS, the subcommittee reviewed and scored the proposals and selected vendors to contract with at the amounts listed in the Resolution for the period of January 1, 2025 through December 31, 2025; and

WHEREAS, on December 3, 2024, the ORAC approved the subcommittee's RFP process and affirmed the decision to ask the Dakota Board of Commissioners to authorize each of the five contracts with the selected vendors; and

WHEREAS, the ORAC recommends that the Dakota Board of Commissioners authorize a contract with the following vendor:

Wayside Recovery Center

- **Proposed Strategy:**
 - Support individuals who are involved in or transitioning out of the criminal justice system in Dakota County through case consultation, comprehensive assessment, care coordination, and linkage to treatment.
- **MOA Exhibit A Strategies:** Items D.4 and D.5
 - **D.4:** Provide evidence-informed treatment, including Medication for Opioid Use Disorder ("MOUD"), recovery support, harm reduction, or other appropriate services to individuals with Opioid Use Disorder ("OUD") and any co-occurring Substance Use Disorder or Mental Health ("SUD/MH") conditions who are incarcerated in jail or prison.
 - **D.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.
- **Not to Exceed Dollar Amount:** \$100,000

; and

WHEREAS, while Commissioner Laurie Halverson ("Commissioner Halvorson"), Community Corrections Director Suwana Kirkland ("Director Kirkland"), and Employment & Economic Assistance Director Nadir Abdi ("Director Abdi") are board members of Wayside Recovery Center, Commissioner Halverson abstained from voting on the resolution and the contract will not be under the purview of Director Kirkland or Director Abdi for any decision-making.

NOW, THEREFORE, BE IT RESOLVED, That the Dakota County Board of Commissioners hereby authorizes the Community Services Director to execute a contract with Wayside Recovery Center in the not to exceed amount of \$100,000, for the term of January 1, 2025 through December 31, 2025 to support individuals who are involved in or transitioning out of the criminal justice system in Dakota County through case consultation, comprehensive assessment, care coordination, and linkage to treatment, in accordance with the Opioid Memorandum of Agreement Exhibit A strategy items D.4 and D5., subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the Community Services Director is hereby authorized to amend said contract, consistent with the amount budgeted, to alter the contract amount and the contract term up to one year after initial expiration date, consistent with County contracting policies, subject to approval by the County Attorney's Office as to form; and

BE IT FURTHER RESOLVED, That the contract shall contain a provision that allows the County to immediately terminate the contract in the event sufficient funds from county, state, or federal sources are not appropriated at a level sufficient to allow payment of the amounts due.

PREVIOUS BOARD ACTION

23-277; 06/13/23

ATTACHMENTS

Attachment: Amended MOA Exhibit A, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Solicitation Summary, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Solicitation Summary Supplement, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: ORAC December 3, 2024 Minutes, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

Attachment: Presentation Slides, as attached to item 5.1 on Community Services Committee of the Whole, January 14, 2025, Agenda

BOARD GOALS

A Great Place to Live

A Healthy Environment

A Successful Place for Business and Jobs

Excellence in Public Service

CONTACTS

Department Head: Coral Ripplinger

Author: Erin Carder



Community Services Committee of the Whole

Request for Board Action

Item Number: DC-4024

Agenda #: 8.1

Meeting Date: 1/14/2025

Adjournment