



# Board of County Commissioners Agenda Request

2Y

Agenda Item #

**Requested Meeting Date:** May 13, 2025

**Title of Item:** HOPE Opioid Funding Request

<input type="checkbox"/> REGULAR AGENDA <input checked="" type="checkbox"/> CONSENT AGENDA <input type="checkbox"/> INFORMATION ONLY	<b>Action Requested:</b> <input checked="" type="checkbox"/> Approve/Deny Motion <input type="checkbox"/> Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i>	<input type="checkbox"/> Direction Requested <input type="checkbox"/> Discussion Item <input type="checkbox"/> Hold Public Hearing*
<b>Submitted by:</b> Kelli Crowther, PHN, Opioid Coordinator		<b>Department:</b> H&HS
<b>Presenter (Name and Title):</b>		<b>Estimated Time Needed:</b>
<b>Summary of Issue:</b> Final approval of funding application on behalf of HOPE.  This application was reviewed and unanimously approved by Opioid Subcommittee on April 23th, 2025.  Project: HOPE Empowerment & Support Programs  Overview: HOPE's goal is to assist and support domestic violence victims who are also self-reporting that drug use and addiction(s) are occurring in the household and causing financial and emotional instability. This could be our client and/or a household member that the addiction affects and jeopardizes their well-being, safety, and futures.  HOPE would like to be able to offer direct client assistance for basic needs such as safe shelter (Hotel voucher) until a bed opens in a treatment facility and/or there is a safety relocation plan in place. Incentives (ex: gas cards) to participate in Empowerment Support Group, Jail Support Group, Turning Points Program and the emotional support from advocates providing case management.		
<b>Alternatives, Options, Effects on Others/Comments:</b>		
<b>Recommended Action/Motion:</b> Approve \$20,000 one time payment funded with Opioid Settlement Funds to HOPE.		
<b>Financial Impact:</b> <i>Is there a cost associated with this request?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <i>Please Explain:</i> Opioid Settlement Funds will be used to support this project.		

# Aitkin County Health and Human Services

## Contact:

Please direct all correspondence to the contact information provided below.

**Kelli Crowther, PHN**

Aitkin County Public Health

(218) 927-7267

[kelli.crowther@aitkincountymn.gov](mailto:kelli.crowther@aitkincountymn.gov)



## 2025

## Opioid Settlement (OS) Funding Application

### Section 1: Applicant Information

Date	4/17/2025
Organization Name	HOPE - Healing Opportunity Provided Equally
Street Address	117 2nd St. NW
Mailing Address <i>if different</i>	PO Box 153
City, State, Zip Code	Aitkin, MN 56431
County	Aitkin

Primary Contact	Megan Cummings
Phone	218.927.2327
Email	<a href="mailto:megan@aitkinhope.org">megan@aitkinhope.org</a>

Financial Contact	Megan Cummings
Tax ID/SSN	41-1543099
Phone	218.927.2327
Email	<a href="mailto:megan@aitkinhope.org">megan@aitkinhope.org</a>

Information provided in this application may be used for promotional materials. This includes, but is not limited to: fact sheets, Minnesota Department of Health reports, newsletters, social media posts, and media releases. Additional information may be requested by Aitkin County Public Health e.g. a release might be requested for individuals in photographs.



By checking this box, you acknowledge and accept the statement above.

<b>PROJECT NAME:</b>	HOPE Empowerment & Support Programs
<b>Brief Overview</b> To assist and support domestic violence victims who are also self-reporting that drug use and addiction(s) are occurring in the household and causing financial and emotional instability. This could be our client and/or a household member that the addiction affects and jeopardizes their well-being, safety, and futures.  HOPE would like to be able to offer direct client assistance for basic needs such as safe shelter (Hotel voucher) until a bed opens in a treatment facility and/or there is a safety relocation plan in place. Incentives (ex: gas cards) to participate in Empowerment Support Group, Jail Support Group, Turning Points Program and the emotional support from advocates providing case management.	
<b>Funding Request Amount</b>	\$20,000

## Section 2: Project Category

Each project should fall within one or more of the following mitigation categories. Select one or more of the categories that best match your project.

### Treatment

☒ Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health condition through evidenced based or evidence informed programs or strategies.

Examples may include:

- Treat OUD
- Support People in Recovery
- Connect People who need help connecting to the services they need (connections to care i.e. transportation)
- Address the needs of criminal justice-involved persons
- Address the needs of the perinatal population, caregivers, and families including babies with neonatal opioid withdrawal syndrome
- Medication-assisted treatment (MAT) such as methadone, buprenorphine or naloxone.

### Prevention

☐ Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidenced based or evidenced informed programs. Support efforts to discourage misuse of opioids through evidence based or evidenced informed programs. Examples may include:

- Training for health care providers
- Continuing Medical Education on appropriate prescribing of opioids
- Media campaigns to prevent misuse
- Funding evidence-based prevention programs in schools
- Upstream education on the harm of other addictive and harmful substances such as alcohol, tobacco or marijuana.

### Harm Reduction

☒ Harm reduction is a set of ideas and interventions that seek to reduce the harms associated with both drug use and ineffective, racialized drug policies. Harm reduction stands in stark contrast to a punitive approach to problematic drug use—it is based on acknowledging the dignity and humanity of people who use drugs and bringing them into a community of care in order to minimize negative consequences and promote optimal health and social inclusion. Examples of Harm Reduction may include:

- Support Services for children and families affected by substance use disorders.
- Overdose Prevention including distribution of Narcan, Fentanyl test strips, safe use education materials and increased access to proven effective and promising overdose prevention practices utilized in other counties and states.
- Community education to reduce the stigma around OUD

### Research and Training

☐ Support opioid abatement research and training. Examples may include:

- 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.
- Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
- Research non-opioid treatment of chronic pain.
- Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

## Section 3: Guiding Principles

**Your project will need to be guided by the following five principles set forth by the Johns Hopkins School of Public Health. Please indicate which of these principals apply to your program. You do not have to meet all of the guiding principles.**

- ☒ Spend Money to Save Lives.
  - OS dollars will be used on a specific project and not to fill budget gaps or shortfalls in other programs. OS dollars are being used to expand on an existing evidenced based program or initiative.
- ☒ Use Evidence to Guide Spending
  - There is evidence to support expansion of an existing program. This could include an initiative or program that was not successful but there are learned outcomes that could be successful.
- ☐ Invest in Youth Prevention
  - This program supports, children, youth and families in effective programs.
- ☒ Focus on Racial Equity
  - This program serves a specific demographic or underserved population in our community. Check one.
 

☐ Socioeconomic

☐ Veterans

☒ Other Domestic Violence Victims

☐ Seniors

☒ Homeless

☐ LGBTQ

☐ Youth

☐ Black/Indigenous/People of Color
- ☒ Develop a Fair and Transparent Process for Spending Funds
  - There is a process in place for clear and transparent use of OS dollars

### **Please Note:**

***It is the Applicant's sole responsibility to keep clear and detailed records that demonstrate the OS dollars requested were used for the amount and purpose(s) outlined in the initial application. Aitkin County Public Health and/or the Minnesota Attorney Generals Office, reserves the right to audit the Applicants records at any time without prior notice.***

## Section 4: Work plan and Goals

**Give a detailed description of your project work plan and goal.** List your goals related to the project. Include planned activities to meet these goals, intended timeline and responsible individual(s). Add rows as needed.

### Goals and Work plan for HOPE Empowerment & Support Programs

To assist and support domestic violence victims who are also self-reporting that drug use and addiction(s) are occurring in the household and causing financial and emotional instability. This could be our client and/or a household member that the addiction affects and jeopardizes their well-being, safety, and futures.

HOPE would like to expand our current services to include financial assistance to reduce barriers to clients that are working towards sobriety and recovery from addiction. Currently our funding and program only allows for domestic violence as the priority for financial assistance, in many cases sheltering financial assistance can only be offered to those actively fleeing domestic violence.

This expansion of funding would allow our advocates to assist in more situations to meet the needs of safe housing/shelter, connection to treatment professionals, peer support and access to these services that are free and confidential are lacking and very much needed in Aitkin County.

HOPE's team is trauma informed and trained to offer compassionate and non-judgmental, person-centered services. HOPE has been serving the Aitkin community for 44 years and has established strong community partnerships which would be beneficial and an effective source to bridge the gap in community services to keep victims safe and striving towards sobriety and independence.

In March of 2025, HOPE served sixty-three adults. Eighty-seven percent of those adults have self-report that themselves and/or their partner or child in the home have a current and/or history of drug use and addiction. We know that self-reporting often results in under-reporting as clients fear being judged by employers, child protection services and becoming involved and/or facing criminal complications.

ACTIVITIES TO ACCOMPLISH GOAL(S)	TIMELINE	RESPONSIBLE INDIVIDUAL(S)
HOPE Support Group - Hybrid model (in person/zoom)	Continuous - Wed 8-9:30am	Advocate (Jaime)
Aitkin County Jail - Women's Empowerment Group	Continuous - Tues 1-2pm	Advocate (Darla)

Turning Points Program (16 wks, 2 hrs/wk) Twice/yr	Continuous - Thurs 8-10am	Advocates (Darla/Jaime)
Direct Client Assistance-(shelter,food,utilities)	5/1/25 - 12/31/25	Advocates w/ED approval

## Section 5:Evaluation:

If your request is \$25,000 or more please complete this section. If it is under \$25,000 you do not need to complete this section. What would indicate to you that this project was successful? How will you measure progress or change? Describe your anticipated impact(s). Add rows as needed.

Project Outcomes	How will you measure these changes?	What will you do with these results?

**PROJECT SUSTAINABILITY:** Identify how you will work to sustain the project beyond the initial funding.

If the funding is approved, we would add a few customizations in of our current database for better long term trend evaluations. HOPE uses the electronic database Victim's Assistance Management Systems (VAMS) to track clients, demographics, case notes and all services provided. We would add features specific to addiction and recovery so that we can capture the data for number of individuals and households assisted. It would be our intentions to provide solid and successful reporting data to request future funding from this partnership.

## Section 6: Budget and Funding Request

Please complete the total project funding table below or the attached Excel sheet. You can also attach your own detailed budget.

### Total Project Funding Table

A) How much funding are you requesting from the Aitkin County Opioid Settlement Funds?	\$ 20,000
B) Do you anticipate any additional funding for this project? <i>Include other grants, donations, fundraised amounts, budgeted dollars, etc.</i>	\$
C) How much do you or a partner anticipate contributing in-kind to the project? <i>Include staff/volunteer time, etc.</i>	\$
<b>Total Project Cost</b> (should equal the sum of the 3 lines above)	\$ 20,000

Submit your completed application via email to [kelli.crowther@aitkincountymn.gov](mailto:kelli.crowther@aitkincountymn.gov)  
Please put **OS Application** in the subject line.