

Program Narrative

A. Description of the Issue

Applicant Agency

The applicant agency is the Hennepin County Sheriff's Office (HCSO).

Communities included in the proposed program, including the population of the proposed service area.

Hennepin County, Minnesota is the State's largest and most populous county that spans across 600 square miles, with nearly 1.3 million residents. More than 1 in 5 Minnesotans live in Hennepin County which accounts for over 22% of the state's population and is the 34th most populated county in the nation. The City of Minneapolis is the county seat of Hennepin County. Minneapolis is the largest city in Minnesota and accounts for 37% of the Hennepin County population of 1.25 million.

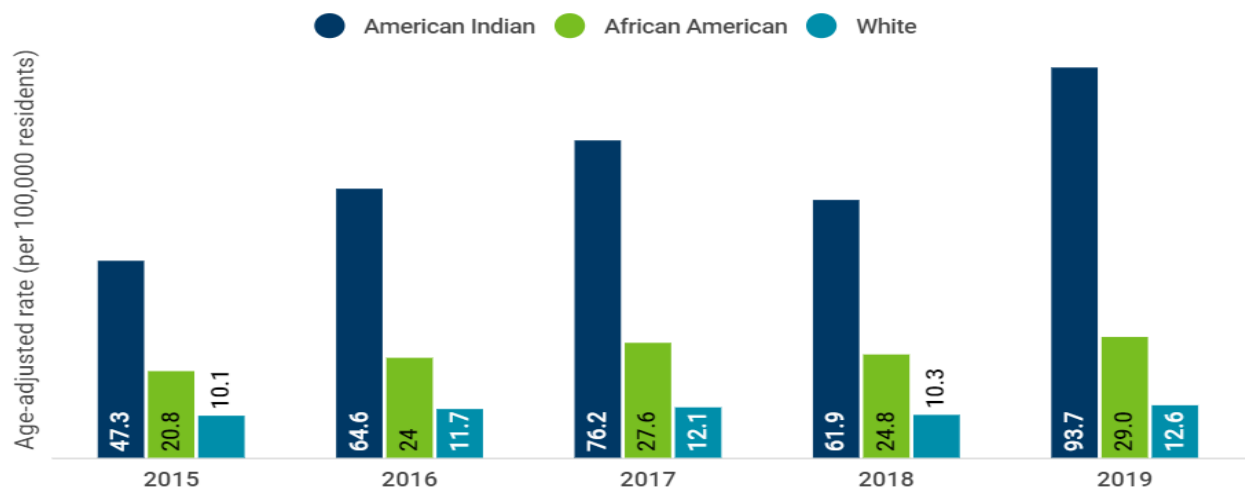
Document the impact of opioids, stimulants, and other illicit drugs within the proposed service area.

A record number of Hennepin County residents fatally overdosed from opioids or methamphetamines in 2020, with an alarming spike in deaths from fentanyl, a powerful synthetic painkiller that can be lethal. Hennepin County recorded 285 opioid-related deaths for the year, with nearly all involving at least trace amounts of fentanyl. That is up from 170 opioid deaths the year before. Methamphetamine overdoses reached a record 116 in the county last year.

The rising number of deaths in Hennepin County mirrors a broader trend statewide. Opioid-related overdose deaths spiked in 2020, killing 739 people. Methamphetamine use surged during the pandemic because the drug is more accessible and cheaper to buy and the fear of COVID-19 has prevented many people from seeking treatment.

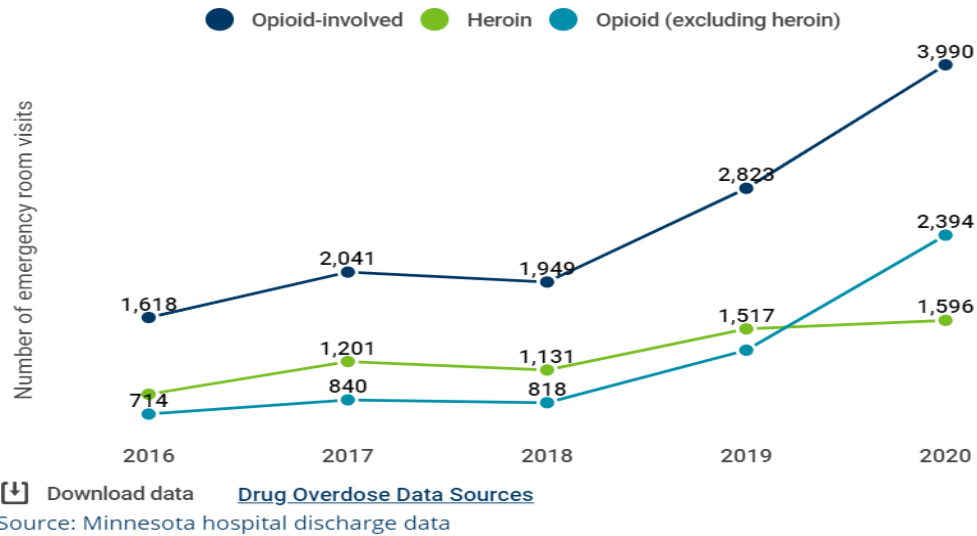
Two demographics in Minneapolis have been particularly impacted by the opioid crisis. The first is the American Indian population. The three-year average (2016-2018) mortality rate of opioid-contributed overdose among American Indians (136 deaths per 100,000 persons) is almost seven times as high as that of the city-wide rate for Minneapolis (20 deaths per 100,000 persons). This gap is widened when compared to mortality among white counterparts (16 deaths per 100,000 persons). This represents a stark ratio of 8.5 to 1, meaning that there are roughly nine indigenous people who died from opioid-related overdose for every one white resident who died from the same cause. The second demographic disproportionately impacted by the crisis is the African American community. The mortality rate among African American residents (31 deaths per 100,000 persons) nearly doubles that of the white population. See *Figure 1*.

Figure 1: Overdoses by Race



Download data [Drug Overdose Data Sources](#)
 Source: Minnesota death certificates

Emergency room visits for opioid-involved overdose also substantially increased for all drug categories from 2019 to 2020, excluding heroin which remained stable. See *Figure 2*.



In a study exploring the rate of opioid-related deaths following release from correctional facilities performed by Hennepin County Public Health and the Office of Enterprise Analytics, findings revealed that nearly 30% of opioid-related deaths in Hennepin County (71/252) and across Minnesota (228/775) occurred within one year of release from incarceration. Subsequently, Hennepin County correctional facilities are frequently where deaths related to opioids among Hennepin County and Minnesota residents occur. Among Hennepin County residents, 18% of opioid-related deaths (46/252) occurred within one year of release from the Hennepin County Adult Detention Center (ADC) or Adult Corrections Facility (ACF). Among all opioid-related deaths in Minnesota, nearly 1 in 10 (67/775) were released from a Hennepin County facility in the year before death. Among deaths following ADC involvement, 81% had at least one ADC booking of 24 hours or longer.

Identify any specific challenges motivating the applicant’s interest to apply for this grant.

Based on the data above, the HCSO can play a significant role in reducing opioid-related deaths. The HCSO operates a 24/7, 365-day, pre-trial adult detention center in Minneapolis. With over

420 deputies, support staff, and medical staff, the HCSO Adult Detention Center (ADC) books into custody over 30,000 inmates annually with the average length of stay resulting in 10 days. On an average day (2019), there are nearly 100 inmates booked into our facility.

Sheriff David P. Hutchinson has developed the Survival Through Overdose Prevention (STOP) strategy to fight the deadly epidemic. The STOP strategy is a multi-pronged approach to address the opioid epidemic. This includes strategies that keep drugs out of the wrong hands, treating those with opioid use disorder in the jails, and using tools to prevent fatal overdoses. A summary of the STOP components that occur in the jail and in the community are outlined below, along with additional needs:

In the Jail

The jail medical team is trained to recognize and treat patients affected by opioid use disorder.

- A jail physician and nurse are embedded in the jail to treat inmates for opioid addiction.
- Incoming inmates are screened for opioid use disorder upon entering the jail and are given appropriate treatment as needed.
- Hennepin County offers medication assisted treatment. In 2020, 2,113 patients were provided MAT while in custody.
- Before an inmate is discharged from the Hennepin County Jail, they meet with a nurse coordinator to connect them with community clinics and on-going care.

Additional Needs: Discharge planning is a critical component of care coordination for individuals at high risk for overdose. In addition to the work of the nurse coordinator, we believe it is also critical to include supports and services through the addition of a peer recovery support program. Peer programs have demonstrated positive outcomes in a variety of contexts, including supporting individuals during reentry.

Medicine Disposal and Naloxone Access

The HCSO is committed to reducing the likelihood of dangerous drugs getting into the hands of the wrong people. In 2018, about 2 million Americans misused prescription pain relievers for the first time. Flushing medication or throwing it in the trash is damages our natural environment. Proper storage and disposal of medication is a critical component of addressing the opioid epidemic. Most prescription drug abusers say that they obtained their supply of prescription medications from friends and family. Properly disposing of prescription medication, such as opioids, can significantly decrease the likelihood of individuals having access to these highly addictive drugs. The STOP initiative recognizes proper disposal is a critical component of addressing the opioid epidemic.

In the Community

- For the last several years, the HCSO has worked with pharmacy partners like Walgreens and Hy-Vee to collect unused prescription drugs across Hennepin County.
- On April, 27, 2019, deputies and volunteers collected 51 boxes of unused medications, weighing a total of 478 pounds.

Additional Needs: During the pandemic, no drug take-back events were scheduled. In 2020, Sheriff Hutchinson and his department were able to pivot to continue community outreach. One new effort involved purchasing drug disposal bags and mailing them to people in Hennepin County who want a safe way to dispose of unwanted or expired medications. Medication disposal bags allow people to easily dispose of their old medications safely. Medication gets placed into the disposal bag, the resident adds water, shakes, and places the bag in the trash. The Sheriff's Office also started providing online trainings on how to properly administer naloxone to someone experiencing an overdose. When community members complete the online training session, HCSO mails them a Narcan kit *at no charge* to them. Funding for the medication disposal bags and naloxone was provided through grants from the Hennepin County Sheriff

Foundation and the RX Abuse Leadership Initiative of Minnesota. This proposed project expands this additional effort and would allow for the purchase of additional drug disposal bags and naloxone for community distribution.

Explain the inability to fund the proposed program without federal assistance and describe any existing funding or resources that are being leveraged to support the proposed program.

The pandemic has created uncertainty in our state and local budgets. As an example, in 2019, Minnesota passed the Opioid Epidemic Response Law which was expected to raise \$20 million to fight the opioid crisis through increased annual registration costs for companies that make and distribute prescription painkillers to up to \$250,000. Those fees should have totaled \$20 million in 2020. However, the state Board of Pharmacy collected just \$12 million, as some companies failed to pay. Several stopped doing business in the state rather than pay the fees, while others asked for extensions because of COVID-19's economic strain. This general uncertainty makes funding new local initiatives challenging this year. This project leverages initial grant funding that supported the purchase of medication disposal bags and naloxone.

Identify whether the application is for Subcategory 1a, 1b, or 1c.

The HCSO is applying under COSSAP Subcategory 1a as the project will service an urban area or large county with a population greater than 500,000.

B. Project Design and Implementation

Describe how the proposed project addresses one or more of the allowable uses and describe, in detail, how the project will be implemented.

The proposed project will address the following allowable use of funding in Category 1:

- Implement identifiable and accessible take-back programs for unused controlled substances.

- Implement evidence-based treatment as well as recovery support services including transitional or recovery housing and peer recovery support services.

Describe which areas the proposed project will address.

Objective 1: Implement identifiable and accessible take-back programs for unused controlled substances.

The HCSO, in partnership with Bold North Recovery and Consulting, will conduct community outreach and education twice per month with residents at various community events, beginning in month two of the project. A total of 24 community events will be held each year of the life of the grant. Emphasis will be placed on reaching populations disproportionately impacted by drug overdoses. The outreach opportunities will vary by setting and will include a) distribution of medication disposal bags; b) distribution of naloxone; c) education about the dangers of opioids, signs of addiction, treatment options, and the proper administration of naloxone (Narcan®).

These trainings will be open to all and will primarily be taught in person, but also may occur online. These trainings will be offered free of cost to community members. The goal is to equip hundreds of individuals with the ability to quickly help save a life of someone experiencing an overdose emergency. Randy Anderson, the founder of Bold North Recovery and Consulting and a person in long-term recovery, will serve as the trainer and outreach coordinator for these events.

The HCSO will also rent space to place a booth at the state fair once a year to connect with members of the public, including populations that may be harder to reach at traditional community events. At the booth, deputies will help residents locate medication disposal box locations nearest them, provide drug disposal pouches, and provide a connection to resources critical to the community member.

Objective 2: Implement peer recovery support and expand other recovery supports available in the HCSO Adult Detention Center.

Peer recovery support: In many communities, including Hennepin County, the pandemic has increased interest in providing virtual services. These virtual services can be incorporated into a continuum of care that are available for detention residents who prefer this mode of service delivery. To begin the implementation of virtual peer recovery support services in Hennepin County, the Sheriff's Office will partner with Heritage Health Solutions to pilot Heritage CARES. Heritage CARES provides virtual peer coaching support that is available 24/7. Peer support specialists will play a critical role in helping residents transition from the detention center program to the community, serving as a role model for recovery and wellness, modeling self-advocacy, and sharing effective and positive strategies for developing coping skills and wellness tools.

The HCSO will execute the contract with Heritage Health Solutions in month 3 of the grant award and Heritage Health Solutions will provide training to the key detention staff on virtual peer recovery in month 4 or 5 of the grant award. Referrals for peer services will begin in month 5 of the grant award. Individuals may begin Heritage CARES upon referral whether they have already transitioned to the community or are still in the detention center awaiting release. Virtual recovery support operates in the same fashion as traditional peer recovery support. The peer support providers are certified peer recovery specialists and are persons with lived experience. Peer support will be delivered telephonically or by using video, an iPad, or a smartphone. Virtual peer support became the norm during the pandemic and is an effective long-term solution for individuals whose schedules or preferences are more compatible with virtual services delivery. It is anticipated that virtual peer recovery support will be provided for up to 145 detention center residents per year for 4 months on average.

FreeWriters Classes: As noted previously, the jail medical team is trained to recognize and treat patients affected by opioid use disorder. A jail physician and nurse are embedded in the jail to treat inmates for opioid addiction and the jail has a robust medication assisted treatment program serving 2,113 per year. In addition to medical services, a large focus of our jail operation is to help support our inmates during their time of incarceration by providing access to critical education, program-based learning, and resources to ensure the successful re-integration to society. This portion of our services is led by teams of deputies, a chaplain, Minneapolis Public School Teachers, and over 120 volunteers.

The HCSO, in partnership with Nate Johnson (Executive Director of FreeWriters MN). will offer weekly FreeWriter classes to inmates. The majority of FreeWriters instructors are in long-term recovery from addiction, and begin each class discussing how a regular free-writing practice can be part of a sobriety maintenance programs. Free-writing is timed, improvisational, nonstop writing. In FreeWriters classes, the instructor selects a prompt ("a safe place" or "who I am" or "what I think," for example) and starts a five-minute timer. Then the instructor and students write about whatever comes to mind, pens moving the whole time. When the clock stops, all are invited to read their work aloud, after which the instructor and fellow students provide positive feedback and encouragement.

The FreeWriters approach helps inmate-students express their feelings and release their emotions in a safe and healthy way; it helps them better understand themselves and their fellow students; and it helps them see that they already possess the talent and the will to choose a more rewarding life. In FreeWriters classes, individuals who are in custody a chance for creative expression, self-reflection, and training in writing and public speaking.

Describe the deliverables to be produced.

The HCSO will produce the following deliverables:

- Implement the proposed project within six months of the award.
- Conduct 24 outreach/community education sessions, distributing 1,200 drug disposal pouches throughout the life of the grant and 2,499 naloxone kits.
- Provide virtual peer recovery support services for up to 435 residents throughout the term of the grant award as they transition from the detention facility to community.
- Conduct weekly FreeWriters courses to reduce stress and other emotions in a safe and healthy way.

If applicable, address the priority considerations.

Building trust within the community: In 2013, the HCSO created a Community Engagement Team (CET), which consist of the Sheriff and civilian community liaisons who bring different perspectives and diverse backgrounds to provide a better overall experience for the citizens of Hennepin County. CET leads the Sheriff's Office efforts to build communities of trust among multi-cultural communities. The team interacts with residents in several world languages. Our CET members provide outreach to many different diverse communities. We meet with residents at businesses, schools, and community events. Residents also enjoy visiting Sheriff's Office facilities to learn about our work during culturally-specific One Day Citizen Academies. The CET and residents identify public safety concerns and collaborate on proactive solutions.

As stated in the Task Force on 21st Century Policing; "Trust and legitimacy grow from positive interactions based on more than just enforcement interactions. Law enforcement agencies can achieve trust and legitimacy by establishing a positive presence at community activities and

events, participating in proactive problem solving, and ensuring that communities have a voice and seat at the table working with officers.”

The HCSO has proactively worked to address opioid use disorders a. The HCSO partners with area organizations such as athletic teams to host special events to help educate community members about the opioid epidemic and what they can do to help prevent future opioid abuse. In the past, the HCSO has hosted special events with the Minnesota Twins and Minnesota Vikings. The HCSO is also partnering with area schools to host drug prevention and education town hall meetings for parents, guardians, grandparents, caregivers, and teachers. Speakers discuss current drug trends and dangers, and ways to prevent drug abuse. Finally, Sheriff Hutchinson and members of the HCSO speak to community organizations on a regular basis about the opioid epidemic, current drug dangers, trends, and prevention.

Finally, in 2015, Minneapolis was selected as one of six pilot sites for the national Initiative for Building Community Trust and Justice, a project to improve relationships and increase trust between communities and the criminal justice system and advance the public and scholarly understandings of the issues contributing to those relationships. In collaboration with the U.S. Department of Justice, the National Initiative was coordinated by the National Network for Safe Communities at John Jay College of Criminal Justice, with partnership from the Justice Collaboratory at Yale Law School, the Center for Policing Equity at John Jay College and UCLA, and the Urban Institute.

Describe any potential barriers to implementing the project and the strategies that will be used to overcome those barriers.

No barriers to implementation are anticipated, as this project is an expansion of an established

program to serve a broader population. Strategies used to address potential barriers include ongoing monitoring, which has been successfully used in the past to address barriers as they arise. The project team will meet monthly during the first quarter of implementation and quarterly thereafter to review project performance, monitor coordination between entities, and, consequently, make recommendations for project modifications. Reentry from incarceration is a notoriously challenging time, particularly for detention residents who have been in custody for significant period of time. These barriers include lack of identification, benefits, transportation, housing, health care, employment, and connection to a network of individuals supportive of recovery. By providing peer recovery support services during the transition period, it is expected that these barriers will be addressed that would otherwise potentially derail the success of the proposed project.

If an evaluation is proposed, articulate how it will provide meaningful insights into solving local, state, or regional challenges while contributing to the national body of knowledge with respect to best practices.

A program evaluation is not a component of the proposed initiative.

If the proposed project involves the delivery of MAT, please specify which forms of MAT will be provided and describe the coordination between in-custody and community-based treatment.

MAT is available in the jail in all three forms but is not a focus of this proposal.

If the proposed project involves supporting peer recovery services, describe the type of peer training offered (formal/informal), the type of training certification peers will possess, the peer supervision structure, and the manner in which peer support services will be evaluated and measured.

All Heritage CARES peer coaches are certified in their home state. The coaching center is headquartered in South Carolina, and the name of that certification is Certified Peer Support

Specialist (CPSS). These peers are certified by the state certification board called Addiction Professionals of South Carolina (APSC). Certification is verified on all employees. Since Heritage Cares utilizes a telehealth model and the reach is national, Heritage CARES also requires certification at the national level through the National Association of Alcohol and Drug Abuse Counselors (NAADAC) (www.naadac.org). Heritage CARES has its own internal training academy via NAADAC and is an approved NAADAC educational provider. Heritage CARES ensures baseline training and continuing education are readily available. Heritage CARES coaches must also complete two additional training courses and internal certifications:

- Assertive Community Engagement (ACE) certification: This is a 24-hour certification specific to the delivery of the assertive community engagement model.
- Family Recovery Coach certification: This is a 16-hour certification necessary for work with families.

Quality assurance and quality improvement are accomplished via a very rigorous supervision process. All peers are supervised by experienced clinicians and meet at least two times per week for case review and supervisory support. In addition, clinicians are on-call to respond to coaching emergencies that arise.

If the proposed project involves serving children impacted by substance abuse, describe the types of services to be provided.

This project does not involve serving children.

C. Capabilities and Competencies

Describe the management structure and staffing.

The HCSO operates one of the state's largest 911 dispatch centers, covering 41 public safety agencies and taking over 250,000 emergency calls, annually. HCSO provides public safety

services to 45 cities or towns and employs over 800 full time employees, and 300 Special Deputies and volunteers in statutorily mandated operations in the following 10 divisions: 911/Dispatch, Patrol, Forensic Sciences Lab, Investigations/Detectives, Warrants, Jail, Court Security, Community Outreach, Criminal Intelligence, and Civil Process.

Mr. Dillon Gherna, the Public Initiatives Coordinator, will provide leadership and management support for this grant. Mr. Gherna has previously supervised grants and is experienced at ensuring reporting is completed in a timely fashion. The subawards under this project will be monitored by Mr. Gherna. David Rice, serves as the Fiscal Administrator in the Finance Department. His responsibilities include overseeing financial management of contractual agreements, grant awards, and sub-awards. He will be responsible for all of the financial reporting.

Identify the key person (or people) responsible for carrying out program or project activities.

Mr. Dillon Gherna serves as the Public Initiatives Coordinator within the Hennepin County Sheriff's Office. His most recent efforts have expanded access to safe drug disposal, advanced the Sheriff Office's role in restorative justice programs, secured grant funding to reduce the economic burden on taxpayers, organized town hall events to engage with the Sheriff, and other important initiatives county-wide.

In addition to the Project Coordinator, the grant will support three subcontract to include a subcontract with Heritage Health Solutions for peer recovery services, FreeWriters MN for FreeWriter courses, and Bold North Recovery and Consulting for community outreach. The attached *project timeline* indicates each project objective, activity, expected completion date, and responsible person or organization.

Demonstrate the capability to implement the project successfully.

The HCSO has extensive experience managing grants and subawards. The Sheriff's Office currently manages various state, federal, and private foundation grant funding awards. The Project Coordinator will be responsible for monitoring the activities of subrecipients to ensure that subaward project objectives are completed and that all funds are used for authorized purposes in compliance with applicable laws, regulations, and provisions of the prime contracts or grant agreements. Efficient, accurate accounting and budget reporting are essential in contract management, and the Sheriff's Office has an established history of managing grant-funded contracts.

The fiscal management tools used by Hennepin County and the Sheriff's Office includes a financial management system that permits rigorous tracking of expenditures by task and funding stream. Detailed accounting codes are assigned for every type of expenditure, which in turn permits highly accurate, detailed cost tracking and vouchering by activity. The system also allows a comparison of actual expenditures or outlays with budgeted amounts for each award and subaward and ensures that Federal cost principles, agency regulations, and the terms of grant and subgrant agreements are followed in determining the reasonableness, allowability, and allocability of costs. We are also able to support accounting records with source documentation (e.g., canceled checks, paid bills, payrolls, time and attendance records, and contract and subgrant award documents) and monitor the cash drawdowns by subrecipients to assure that they conform substantially to the same standards of timing and amount as apply to advances to the direct recipient.

Identify each partner agency that has demonstrated commitment to this effort via an interagency agreement or letter of support.

The HCSO will partner with Nate Johnson, Executive Director of FreeWriters MN, to offer the FreeWriter classes. The HCSO will partner with Bold North Recovery and Consulting to conduct community education and Narcan/naloxone training sessions twice per month with residents all throughout Hennepin County. Both partners have provided letters of support for this initiative.

Describe any previous collaboration that will help to achieve the objectives and existing partnership agreements.

The HCSO has worked closely with pharmacy partners like Walgreens and Hy-Vee to collect unused prescription drugs across Hennepin County. The HCSO is currently collaborating with Deterra to obtain medication disposal bags.

Describe the project coordinator position.

Dillon Gherna, the Public Initiatives Coordinator for HCSO, will serve as the Project Coordinator. This position will be housed within the Hennepin County Sheriff's Office. He will dedicate 10% of his time on this project. The Project Coordinator will oversee the day-to-day operations of the project, complete the programmatic reporting and performance measure reporting, and work closely with the financial team to ensure that the financial reports are submitted in a timely fashion. Finally, the Project Coordinator will monitor the subawards.

Indicate a willingness to work closely with an evaluator who may conduct a site-specific or cross-site evaluation in future years.

The HCSO agrees to work closely with an evaluator identified by BJA who may conduct a site-specific or cross-site evaluations in future years.

D. Plan for Collecting the Data Required for this Solicitation's Performance Measures

Describe who will be responsible for collecting and reporting the required performance

measures.

The Project Coordinator will be responsible for collecting and reporting the required performance measures. The Project Coordinator will work with Heritage Health Solutions, the FreeWriter Program Instructors, and the Community Outreach Specialist to ensure that systems are in place to track the BJA-required performance measures. It is anticipated that the majority of data will be tracked via spreadsheets or billing records. The Project Coordinator will provide training to ensure that the measures are collected uniformly.

Additional performance metrics that will be used to assess the project’s effectiveness and the process for collecting the information, including who will be responsible and how data will be collected

No additional performance measures, beyond those required by BJA for the COSSAP program, are proposed.

Discuss what data sources will be used and any legal, policy, or other barriers to gaining access to the data and how those barriers will be addressed.

The following data sources will be used to collect the performance data:

Data	Data Source
Number of community outreach events held.	Records maintained by the Community Outreach Specialist.
Number of drug disposal bags and naloxone kits distributed.	Records maintained by the Community Outreach Consultant.
Number of FreeWriter classes held, and number of class participants.	Spreadsheet maintained by FreeWriter instructors.
Number of peer recovery support sessions.	Heritage Health Solutions billing records and reports.

There are no legal, policy, and other barriers anticipated as no health information protected by HIPAA or 42 CFR Part 2 will be collected.