

# Substance use disorder

HENNEPIN COUNTY  
MINNESOTA

## Adequately fund essential substance use services

Minnesota saw a record number of overdose deaths in 2021 at 1,286, a 22% increase from 2020. More than 8% of the adult population lives with substance use disorder (SUD), yet only a fraction of them – 10% – access supports. For Hennepin, that means of the 80,000 adults living with SUD, only 8,000 receive supports.

The State Legislature must supplement the valuable local investments residents and local government make in critical SUD services, including an increased investment in harm reduction practices to better address residents' critical needs, particularly in BIPOC communities that face stark disparities. Between 2019 and 2020, overdose death rates increased by 44% and 39% among non-Hispanic Black and non-Hispanic American Indian or Alaska Native persons, respectively.

There are significant gaps in funding the behavioral health system that are filled by county property taxes. Hennepin County Behavioral Health alone paid more than \$4 million for substance use supports in 2022.

Accordingly, Hennepin County urges the Minnesota Legislature to:

- Hold the administrative Behavioral Health Fund (BHF) funding formula constant so counties and Tribal Nations do not receive decreased allocations; and identify an updated formula that does not result in any counties or Tribal Nations losing funds
- Remove the 22% county share for the Behavioral Health Fund
- Expand MA vendor eligibility for peer recovery services to counties
- Expand eligibility for school-linked SUD grants beyond 245g licensed providers
- Increase local funding for SUD services

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## Additional investment in substance use needs

Across the different types of disorders, the need for treatment was greatest among males aged 18-24, Indigenous people, and those with no health insurance. Individuals with SUD are often caught up in deep-end systems such as jails and hospitals. Sufficient funding for comprehensive SUD services can prevent further overdose deaths and expensive, deep-end systems involvement.

**The Behavioral Health Fund (BHF)** is intended to cover uninsured or under-insured persons who meet income limits so they can access needed withdrawal management or SUD treatment services and to cover room and board costs that are not covered by MA. Hennepin County received an administrative allowance of \$558,441 in 2022 (a decrease of \$241,559 from previous year), while paying \$1.5 million in local shares for 2022.

If **general adult-use cannabis legislation** passes, revenue generated should be allocated to cover the costs associated with consumption<sup>1</sup>. Estimates for potential revenue for Minnesota are approximately \$122 million annually. Minnesota should look to other states and utilize no less than 20% to fund programs for substance abuse, recovery, and prevention.<sup>2</sup> An equitable funding formula to distribute across counties should take into consideration population, disparities, and access.

## Peer supports

Following the State Legislature's action in 2017, many steps have advanced SUD reform, yet the infrastructure and related billing of peer recovery specialists limits counties' ability to bring this service to fruition<sup>3</sup>. Peer supports as MA billable for counties would allow county-staffed teams to robustly utilize these proven supports and better complement the impactful work done in communities. Research boasts improved relationships with providers and social supports, increased satisfaction with treatment supports, reduced rates of relapse, and increase treatment retention when working with a peer recovery specialist.

## Substance use supports for youth

Current landscape indicates youth in need of supports with SUD has grown, in part due to:

- increased visibility of use among young people as well as recent legislative change to allow the sale of some cannabis products<sup>4</sup> and
- increased fentanyl overdose deaths which tripled among teens yet surged five-fold among Black teens between 2020-2022.<sup>5</sup>

Currently, few providers in Hennepin serve youth and some do not take MA. Legislation that guides treatment programming for youth almost entirely mimics that for adults despite the differences in how youth engage with and benefit from treatment. An approach that incorporates adolescent brain science, positive youth development, peer support, and other elements unique to young people is essential. The Legislature should expand funding to include approaches that are responsive to the needs of young people.

The growing needs of diverse communities require strong partnerships between state, counties and providers for effective service interventions. The current limitations of our system exacerbate challenges for residents and create a loop for those with the most complex and acute needs. Counties must have the flexibility to administer resources to achieve effective solutions for all residents. In Minnesota, Indigenous peoples are seven times more likely to die from a drug overdose as white people; and Black/African American residents are twice as likely. If shifts in funding are addressed by the legislature, counties can fund upstream and culturally responsive services that work for residents of all ages and backgrounds.

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<sup>1</sup> [Recreational Marijuana Tax Revenue by State | Tax Foundation](#)

<sup>2</sup> [Cannabis Taxes | Urban Institute](#)

<sup>3</sup> Reif S, Braude L, Lyman DR, Dougherty RH, Daniels AS, Ghose SS, Salim O, Delphin-Rittmon ME. Peer recovery support for individuals with substance use disorders: assessing the evidence. *Psychiatr Serv.* 2014 Jul;65(7):853-61. doi: 10.1176/appi.ps.201400047. PMID: 24838535.

<sup>4</sup> [Sec. 151.72 MN Statutes](#)

<sup>5</sup> [Fentanyl deaths on the rise among teens—especially Black teens | News | Harvard T.H. Chan School of Public Health](#)

