

HENNEPIN COUNTY

MINNESOTA

PRELIMINARY COMMITTEE AGENDA

HEALTH COMMITTEE
TUESDAY, APRIL 21, 2026
1:30 PM

Chair: Angela Conley, District 4
ViceChair: Kevin Anderson, District 7
Members: Jeff Lunde, District 1
Irene Fernando, District 2
Marion Greene, District 3
Debbie Goettel, District 5
Heather Edelson, District 6

1. Minutes from Previous Meeting

1.A. March 24, 2026 Meeting Minutes

Attachments: [HE-COMMITTEEMINUTES-24-Mar-2026](#)

2. New Business

Routine Items

2.A. [26-0151](#)

Amd 5 to Agmt A2110766 with DHS for naloxone training and naloxone kit distribution services, allowing for adjustments to budget line items and attachment name, no change to term or amt

2.B. [26-0152](#)

Amd 2 to Agmt A2312011 with DHS for Opioid Response Services for the HCH Program, allowing for adjustments to budget line items and attachment name, no change to term or amt

2.C. [26-0153](#)

Amd 1 to Agmt A2513160 with the City of Minneapolis, to receive funding for programs and services, ext end date to 12/31/28, incr NTE by \$4,020,000 for a new total NTE of \$4,770,000

HENNEPIN COUNTY

300 South Sixth Street
Minneapolis, MN
55487-0240

MINNESOTA

Board Action Request

TMP-26-0346

Item Description:

March 24, 2026 Meeting Minutes

HENNEPIN COUNTY

MINNESOTA

COMMITTEE MINUTES

HEALTH COMMITTEE

TUESDAY, MARCH 24, 2026
1:30 PM

Chair: Angela Conley, District 4
ViceChair: Kevin Anderson, District 7
Members: Jeff Lunde, District 1
Irene Fernando, District 2
Marion Greene, District 3
Debbie Goettel, District 5
Heather Edelson, District 6

Commissioner Angela Conley, Chair, called the meeting of the Health Committee for Tuesday, March 24, 2024 to order at 3:36 p.m.

Present: Commissioner Angela Conley, Commissioner Heather Edelson, Commissioner Jeff Lunde, Commissioner Irene Fernando and Commissioner Kevin Anderson

Absent: Commissioner Marion Greene and Commissioner Debbie Goettel

1. Minutes from Previous Meeting

1.A. March 10, 2026 Meeting Minutes

APPROVE

Commissioner Irene Fernando moved, seconded by Commissioner Jeff Lunde, to approve the Minutes.

Aye: Commissioner Conley, Commissioner Edelson, Commissioner Lunde, Commissioner Fernando and Commissioner Anderson

Absent: Commissioner Greene and Commissioner Goettel

2. New Business

Routine Items

2.A. [26-0108](#)

Amd 4 to Agmt A177032 with Availity LLC, to provide electronic data interchange transactions services, 08/01/17-07/31/29, incr NTE by \$126,000 for a new total NTE of \$258,000

CONSENT

Commissioner Jeff Lunde moved, seconded by Commissioner Irene Fernando, to approve the Resolution.

Aye: Commissioner Conley, Commissioner Edelson, Commissioner Lunde, Commissioner Fernando and Commissioner Anderson

Absent: Commissioner Greene and Commissioner Goettel

2.B. [26-0109](#)

Agmt A2513067 through HRSA for the Ryan White HIV/AIDS Program Part A Emergency Relief Project grant, 03/01/26-02/28/27, \$1,680,991 (recv)

CONSENT

Commissioner Jeff Lunde moved, seconded by Commissioner Irene Fernando, to approve the Resolution.

Aye: Commissioner Conley, Commissioner Edelson, Commissioner Lunde, Commissioner Fernando and Commissioner Anderson

Absent: Commissioner Greene and Commissioner Goettel

There being no further business, the Health Committee for Tuesday, March 24, 2026 was declared adjourned at 3:37 p.m.

Maria Rose
Clerk to the County Board

MINNESOTA

Board Action Request

26-0151

Item Description:

Amd 5 to Agmt A2110766 with DHS for naloxone training and naloxone kit distribution services, allowing for adjustments to budget line items and attachment name, no change to term or amt

Resolution:

BE IT RESOLVED, that Amendment 5 to Agreement A2110766 with the Minnesota Department of Human Services (DHS) for naloxone training and naloxone kit distribution services through the Public Health Clinic (PHC), allowing for adjustments to budget line items within the agreement funding periods and attachment name, with no changes to the term or amount be approved; that the Chair of the Board be authorized to sign the amendment on behalf of the county; and that the Controller be authorized to accept and disburse funds as directed; and

BE IT FURTHER RESOLVED, that sponsorship and acceptance of grant funding for this program by the Hennepin County Board of Commissioners does not imply a continued funding commitment by Hennepin County for this program if grant funds become no longer available; and

BE IT FURTHER RESOLVED, that acceptance of this award in no way reflects acceptance of terms or conditions that are legally unenforceable against Hennepin County.

Background:

Through resolutions 21-0282, 23-0010, and 25-0071 the Board accepted \$3,765,072 receivable from DHS for the Public Health Clinic (PHC) to assist in providing targeted training and distribution of naloxone in accordance with the Substance Abuse and Mental Health Service Administration to prevent opioid overdose and reduce harms associated with opioid use. These funds have also provided for the launch of a low barrier Medication for Opioid Use Disorder (MOUD) program in the PHC by providing funding for several key staff positions. Through resolutions 22-0354 and 23-0447 the Board approved adjustments to budget line items within the agreement funding periods and attachment names, with no changes to the term or funding amount. Resolution 23-0447 also added 4 full time equivalent (FTE) positions. Through resolutions 23-0010 and 25-0071 the Board approved extending the agreement end date through September 29, 2024 and June 30, 2027, respectively.

State Opioid Response (SOR) SFY26 Funds for the Public Health Clinic:

- Support three Nurse Practitioners, two Registered Nurses and one Community-Based Nursing Supervisor, totaling 3.93 FTEs.

Workplan goals are the following:

- Naloxone program has adequate, appropriate supplies to prevent opioid overdose and reduce harms associated with opioid use.
- Hennepin County residents with OUD will have adequate access to naloxone, education, and resources.
- Reduce opioid overdose deaths for Hennepin County residents with OUD.
- Naloxone program coordinator & RDC providers possess up-to-date and culturally informed naloxone

and overdose prevention training.

- Increase access to naloxone and other relevant services, and MOUD for communities in need in the metro area.
- Provide care for people with OUD, including buprenorphine treatment.
- Persons with OUD have access to accessible and affordable MOUD (buprenorphine).
- Streamline connections to mental health and behavioral health services.
- Monitor Data trends actively to assess for barriers and gaps to care for MOUD.
- Engage in focused quality improvement.

Accomplishments in SFY25:

- There were 131 initial patient visits with 138 patients completing 642 follow-up visits related to MOUD.
- Distributed over 6,700 doses of naloxone (both nasal and intramuscular).
- Patients self-reported reversing 1,481 overdoses with Hennepin County administered kits.
- Distributed fentanyl and xylazine test strips during 1,377 encounters and 865 distinct clients.
- Trained 199 individuals in key community sectors (e.g., family members, peers, military, criminal justice, community groups, and coalitions) on recognizing an opioid overdose and appropriate use of opioid overdose reversal medications.
- There were 304 unduplicated individuals who received treatment services for opioid use disorder (OUD).
- Served 441 unique patients in the MOUD program, totaling 1,481 visits.
- Distributed 110,000 syringes and safely discarded 30,000 syringes.

This request supports disparity elimination in the health domain by prioritizing lifesaving medication and education to American Indian residents and families who are disproportionately affected by the opioid epidemic and opioid use disorder.

APEX Information:

Fund: 20

Department ID: 531099

Project ID: 1007045

Revenue Account: 42067

Recommendation from County Administrator: Recommend Approval

Board Action Request

26-0152

Item Description:

Amd 2 to Agmt A2312011 with DHS for Opioid Response Services for the HCH Program, allowing for adjustments to budget line items and attachment name, no change to term or amt

Resolution:

BE IT RESOLVED, that amendment 2 to Agreement A2312011 with the Minnesota Department of Human Services (DHS) for Opioid Response Services for the Health Care for the Homeless (HCH) program, allowing for adjustments to budget line items within the agreement funding periods and attachment name, with no changes to the term or amount be approved; that the Chair of the Board be authorized to sign the amendment on behalf of the county; and that the Controller be authorized to accept and disburse funds as directed; and

BE IT FURTHER RESOLVED, that sponsorship and acceptance of grant funding for this program by the Hennepin County Board of Commissioners does not imply a continued funding commitment by Hennepin County for this program if grant funds become no longer available; and

BE IT FURTHER RESOLVED, that acceptance of this award in no way reflects acceptance of terms or conditions that are legally unenforceable against Hennepin County.

Background:

Through resolution 23-0449 and 25-0070 the Board accepted \$2,845,934 receivable from DHS for the HCH program. This funding was for the provision of Medications for Opioid Use Disorder (MOUD) services to all persons experiencing homelessness and opioid addiction with specific outreach and retention services for American Indians experiencing homelessness and opioid addiction. Through resolution 23-0449 the Board approved the addition of 4 full time equivalent (FTE) positions. Through resolution 25-0070 the Board approved extending the agreement end date through September 29, 2027.

Grant funding makes it possible for HCH staff to continue to work within the mobile outreach program's on-demand treatment system, meaning patients can receive services at multiple walk-in clinics without an appointment or be seen at a shelter, on the street, and other locations that works best for everyone. The HCH MOUD program has a robust low-barrier approach locating and working with people who do not have identification, addresses, or housing. The HCH MOUD program uses a harm reduction model of care and ensures people living with Opioid Use Disorder have harm reduction supplies ensuring safe use and overdose prevention.

State Opioid Response (SOR) SFY26 Funds for Health Care for the Homeless:

-Support one Nurse Practitioner, one Registered Nurse and one Community-Based Nursing Supervisor, totaling 2.70 FTEs.

Workplan goals are the following:

- Reduce the unmet medication for opioid disorder (MOUD) needs of those experiencing homelessness and opioid use disorder (OUD).
- Address the mental health, substance use disorder (SUD) needs of those experiencing homelessness and opioid addiction.
- Improve the overall health of the homeless community with OUD and comorbidities.
- Reduce opioid overdose deaths for those experiencing homelessness and opioid addiction.
- Monitor data trends, engage in equity-focused quality improvement.

Accomplishments in SFY25:

- Served primarily Native American patients out of Kola Drop-in Clinic, as well as on Street Outreach.
- Approximately 64% of patients seen on Street Outreach identify as American Indian or Alaska Native, 25% identify as African American, and 57% identify as female.
- Many patients are also impacted by drug related infectious diseases in which HCH provides care for in combination with their substance use specific medications that they receive from our providers.
- Distributed over 8,900 doses of naloxone (both nasal and intramuscular).
- HCH partners with the Mobile Health Initiative, Native American Community Clinic, and -Southside Harm Reduction to provide harm reduction education, resources and clinical/MOUD support to clients experiencing unsheltered homelessness, primarily in the East Philips and West Philips neighborhoods.
- HCH regularly provides harm reduction resources and services as partner sites, Avivo Villages, Bimosedda, and Peace House.
- Provided a refreshed Narcan training to HCH outreach staff, including ordering ambu bags for our outreach team to ensure that rescue breathing is part of our overdose response.
- Due to the changes in the drug supply and an increase of sedatives in the drug supply, HCH modified their naloxone training and conversations to include respiration support. The sedatives do not respond to naloxone and so supportive rescue breathing is really important.
- There were 224 unduplicated individuals who received treatment services for opioid use disorder (OUD).
- Served 587 unique patients in the MOUD program, totaling 1,364 visits.
- Distributed over 82,000 syringes.

This request supports disparity elimination in the health domain by targeting lifesaving medication and education to American Indian residents and families who are disproportionately affected by the opioid epidemic and opioid use disorder and experiencing homelessness.

APEX Coding:

Fund: 20

Department ID: 532099

Project ID: 1008484

Revenue Account: 42067

Recommendation from County Administrator: Recommend Approval

MINNESOTA

Board Action Request

26-0153

Item Description:

Amd 1 to Agmt A2513160 with the City of Minneapolis, to receive funding for programs and services, ext end date to 12/31/28, incr NTE by \$4,020,000 for a new total NTE of \$4,770,000

Resolution:

BE IT RESOLVED, that Amendment 1 to Agreement A2513160 Master Grant Contract with the City of Minneapolis to receive funding for programs and services, extending the end date to December 31st, 2028 and increasing the contract amount by \$4,020,000 to a new not to exceed total of \$4,770,000 be approved; and that the Chair of the Board be authorized to sign the Amendment on behalf of the county; and

BE IT FURTHER RESOLVED, that acceptance of this award in no way reflects acceptance of terms or conditions that are legally unenforceable against Hennepin County.

Background:

To streamline the contract process between the City of Minneapolis and the various departments within the county that perform human and social services, medical/health services, and employment and training, a Master Grant Contract was developed for receivables from the City of Minneapolis for the period January 1, 2003 through December 31, 2007, later extended through December 31, 2010, then through December 31, 2015, then through December 31, 2020, then through December 31, 2025, and now through December 31, 2028.

Hennepin County Public Health has received funding for various programs and services through individual Fund Availability Notices with the City of Minneapolis. Funding usually involves pass-through of federal or state dollars.

Through resolution 25-0443 R1 the Board approved the Master Grant Contract with the City of Minneapolis for the period January 1, 2026 through December 31, 2028, and delegated approval of subsequent Fund Availability Notices to the County Administrator. Hennepin County Public Health is seeking approval of Amendment 1 to Agreement A2513160 on behalf of all Hennepin County departments that may receive funding through the City of Minneapolis. This amendment increases the Master Grant Contract NTE to \$4,770,000, which can then be awarded to Hennepin County programs through Fund Availability Notices. These Fund Availability Notices will outline the agreements between the various county departments and the City of Minneapolis. The city and the county will mutually agree upon the individual Fund Availability Notices, and the County Attorney's Office will review each one prior to County Administrator approval. The benefits of this system include reducing the number of agreements for board approval and a swifter approval process for the Fund Availability Notices.

26-0153

This request supports disparity elimination in the health domain by allowing for funding to provide staffing and resources in an expedient manner to serve community needs.

Recommendation from County Administrator: Recommend Approval