



Metropolitan Urban Indian Directors

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Opioid Unsheltered  
Subcommittee

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# Welcome to Our Work

In the Summer of 2018, in the heart of the Minneapolis Urban Indian community, we saw an unexpected event when a collection of relatives living in tents set up their homes on a dilapidated street section along Minnesota’s State Highway 55. The Wall of Forgotten Natives, what this area later became known as, grew to over 300 tents with a disproportionate population of the encampment being Native Americans. The growth and intensity of this little city overwhelmed systems that were unable to cope with the variety of needs for the people at “The Wall.” The community stepped up, at all levels, to try and support our relatives. Individuals, groups, and Native-serving organizations under the umbrella of the Metropolitan Urban Indian Directors (MUID) adapted our already insignificant resources to support our relatives.

Through their occupation of the Wall of Forgotten Natives, this formerly invisible population became a painfully visible example of our systemic failures. We learned to engage our relatives at The Wall in a culturally comfortable, reciprocal way. We learned exactly what our relatives are seeking to live more sustainable, fulfilled lives. We learned that our community is powerful when we stand together to protect each other. And we learned that once again, the system failed Native people by not having a plan or dedicated resources to respond to this crisis.

As winter approached in 2018, many of us worried about what would happen to our relatives at “The Wall.” At the urging of two Elders, Rev. Marlene Helgemo & Mike Goze, we convened a community group to make a winter plan. We met at All Nations Indian Church. This group later grew formally into the Metropolitan Urban Indian Directors (MUID) Subcommittee on Unsheltered & Opioid Use, or ‘Un/Op’ for short. We work collaboratively across sectors to design short, mid, and long-term strategies to support our relatives to live safe and fulfilled lives. The Subcommittee has met continuously, even through COVID, and has grown to a robust attendance of cross-sector workers, community members, agency representatives and other resource holders. Our work has expanded to begin investigating further related issues like commercial sexual exploitation, other chemical use, and community safety.

This report includes almost seven years of the community’s best thinking. It recommends that we prioritize reconnecting our relatives to their cultures, customs, and spiritualities as a crucial early step to healing. This report recommends putting resources in the hands of those doing the work at the community level. We know we can collectively do better than we are doing today and every new day strives towards a healthier, more vibrant future. We are just at the start of this journey we are now on together.



**Robert Lilligren**  
White Earth Ojibwe  
Chair, MUID Unsheltered/Opioid  
Subcommittee | President and Chief  
Executive Officer, Native American  
Community Development Institute

# Executive Summary

## Wall of Forgotten Natives

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In 2018, one of the largest homeless encampments in the history of the state of Minnesota developed along State Highway 55 in the heart of Minneapolis' American Indian Cultural Corridor. The encampment grew to over 300 unsheltered residents with many of the residents being Native Americans. The site became known as "The Wall of Forgotten Natives". With vehicles on the highway continuously passing by the unsheltered residents and their voices being drowned out by highway noise, the sight of the encampment was a poignant reminder of how struggling Native Americans are ignored, silenced, and forgotten. Within the encampment, the number of overdose deaths due to opioids were spiking at an alarming rate with Native Americans having the highest fatality rate. While the encampment received a lot of visual attention due to its exposed location, the encampment experienced very little solution-based action from city leadership when it came to addressing the opioid deaths and unsheltered homelessness dangers. The American Indian Cultural Corridor community witnessed how city leadership and government interventions were failing to effectively end what was collectively deemed a crisis, injustice, and ongoing tragedy. Despite the community's and local organizations' lack of resources for combating the overwhelming co-occurring issues of unsheltered homelessness and opioid addiction, individuals, groups, and organizations still banded together to share their limited resources and capacity in order to help struggling Native relatives overcome.

## MUID

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Nearly 30 years ago, the Metropolitan of Urban Indian Directors (MUID) network was formed by Executive Directors of Native American organizations throughout the Twin Cities to better support each other's efforts in providing services to the urban Indian community. Today, the work of MUID is supported by a Memorandum of Understanding with the City of Minneapolis and a Memorandum of Agreement with Minneapolis Public Schools. MUID comprises 26 Native-serving Minneapolis member organizations, 7 Native-serving St. Paul organizations, and 6 office member organizations.

In 2019 throughout The Wall of Forgotten Natives crisis, MUID and allied organizations convened on how to properly serve and support Native relatives experiencing homelessness. The THEO (They Help Each Other & We Help Them) Report highlighted community support, creating opportunities for individual healing, increasing stakeholder partnership, and eliminating systemic and racist barriers for Native Americans trying to achieve stable housing.

## Un/Op Committee

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The MUID Unsheltered/Opioid (Un/Op) Subcommittee was officially formed in 2022 as a direct response to developing solutions for the needs of unsheltered and opioid using Native relatives. The Subcommittee works under MUID's network and in partnership with community-based organizations, government partners, and Native relatives impacted by opioid use and/or unsheltered homelessness. These partnerships leverage resources to meet the prevention and service needs of the community. The Un/Op Subcommittee consists of Native-led organizations; city, county, and state departments, agencies, and representatives; Native relatives with lived experience or currently experiencing unsheltered homelessness and/or opioid addiction; service providers; and community members.

## Vision Statement

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Our community is significant, sovereign, and sacred. We envision a sober, healthy and thriving Native community. We envision a traditional, culturally grounded, person centered whole family approach to a sober, healthy, thriving Native community that is built through partnerships rooted in Indigenous wisdom. We work to eliminate substance use by restoring balance across mind, body, spirit, in a community where all relatives are housed and supported. We honor traditional knowledge. We welcome our people home with care. We pride ourselves on lateral kindness, not blame - choosing abundance over scarcity, unity over division and having love and understanding restore us. We commit to measurable, culturally grounded outcomes.

## Allies Statement

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### Allies are Non-Native individuals and organizations that:

1. Are present emotionally, mentally, socially, spiritually and financially when meeting with Native organizations and their representatives
2. Operate with integrity by being trustworthy in their words and actions
3. Value listening and place Native American voices at the center of their discussions and deliberations
4. Continuously seek to understand the diverse Native American worldviews and situations
5. Use their expertise and power to champion Native American interests
6. Challenge systemic norms and influence new, equitable systems
7. Liaise among and between Native and non-Native peoples

### 1 Are present emotionally, mentally, and socially when meeting with Native organizations and their representatives

- » Come to Native spaces and places because they can, not because they must (A)
- » Recognize that they are entering into Native American culture and will try, to the best of their ability, to operate according to that culture's values, norms, and customs
- » Recognize that they are allowed to be in the space by the permission of the Native American community
- » Recognize that they are there for the good of the Native American community, not their own good
- » Show up consistently, not only when it is convenient or when they can benefit
- » Accept the lessons and wisdom that the Native American community can pass on through its experience and wisdom

### 2 Operate with integrity by being trustworthy in the words and actions

- » Believe in the worth of the Native American community and culture and values its well-being
- » Recognize that the Native American community has historical reasons to distrust pledges made by non-Native communities
- » Make commitments only if they can accomplish them
- » Abide by the agreements that they make
- » Recognize their own limitations and biases
- » Open to learning new ways of being, thinking, and doing
- » Accept correction and direction with an open mind and a non-defensive attitude
- » Give and share credit
- » Be consistently present

**3 Value listening and place Native American voices at the center of their discussions and deliberations**

- » Let Native people speak first, especially the elders
- » Be a listener more than a talker
- » Follow Native leadership
- » Understand that Native culture values stories more than explanations

**4 Continuously seek to understand the Native American worldview and situation**

- » Recognize that the Native American worldview is distinct and often opposed to the dominant western worldview
- » Understand that solutions are discovered by those in relationship, not negotiated by those in power
- » Accept that words are sacred and hold power on their own
- » Agree that theory and learning without action lack meaning
- » Focus on responsibilities more than rights
- » Resolve conflicts by establishing community and discovering mutually acceptable paths forward, not by determining winners and losers
- » Learn about Native American history, culture, beliefs, struggle, and hardship
- » Attend events outside of a “primary objective” to learn more about culture

**5 Use their expertise and power to champion Native American interests**

- » Assist in efforts that benefit the Native American community
- » Use whatever power and expertise they have to move the collective vision of the Native American community forward
- » Help create visibility and support for the Native community, and build the community

- » Advocate for Native Americans in their absence, but never speak for them
- » Connect the Native community to people and resources that will benefit it
- » Use their power to grow a collective that includes Natives and allies
- » Create critical mass for Native concerns
- » Connect Native American individuals and organizations with financial and material resources to advance their projects

**6 Challenge systemic norms and influence new, equitable systems**

- » Affirm that the Native community has the knowledge, wisdom and abilities to promote its own wellbeing; it does not need caregivers
- » Operate using Native values and customs
- » Ask questions without making assumptions when they do not understand or are confused by the actions or decisions of the Native community
- » Directly challenging systemic racism and colonization
- » Influencing systems to become more open to Native and other non-dominant cultures
- » Willing to advocate and relinquish systemic or individual power to the community
- » Build coalitions to share power

**7 Liaise among and between Native and non-Native peoples**

- » Help other non-Native individuals and organizations connect with and understand the Native community
- » Educate others about Native history, culture, and current dynamics
- » Amplify the messages of the Native community
- » Connect the Native community and its resources (knowledge, history, abilities, resources) with the non-Native community and its resources

## How to be a Good Relative

### Meeting: Ground rules - How we are interacting in the meeting

- » We will speak from the heart with transparency, mindfulness, and empathy
- » We will come with an open mind and be intentional, we will seek to understand with active listening, and we will work collectively to have clear communication
- » We will make space for the positive and extend grace, respect, persistence, and patience
- » We will put our relatives first, authentically, with integrity, and with humility
- » We will express passion and understand it is not anger nor hostility
- » We will create a welcoming space, a place of learning, where laughter is medicine, and a space where we understand and respect each other roles
- » We will focus on holistic approaches, that are solution based, and that are trauma informed, and we understand that more than one approach can work

### Work: Approach to the work we are doing together

- » In prayer
- » Praying ways
- » Culture (just tradish)
- » Traditional practices
- » Five (5) to stay alive - Max 5 topics per category to stay focused
- » Focus on a few goals that cover all aspects of our work - homeless, usage, and housing Social justice
- » Mind, body, spirit
- » Resources should follow the person
- » Healing
- » Persistence
- » Active listening to understand
- » Inclusivity

### Being a Good Relative includes:

- » **Opening Prayer**
- » **Space** – Sage and tobacco are available for offerings
- » **Fire** – Fire is available for offerings



### Un/Op Subcommittee Goals:

- » Coordinate partnerships with stakeholders to meet emergent needs.
- » Work collaboratively in identifying best practices.
- » Identify policy initiatives that affect our relatives.
- » Work on short, mid, and long-term solutions to the unsheltered homelessness and opioid epidemic.

### Un/Op Committee Recommendations

The recommendations given in this report are the result of collaborative efforts between the Un/Op Subcommittee, stakeholders, and Native community. The recommendations are divided into three categories: policy, community, and practice.

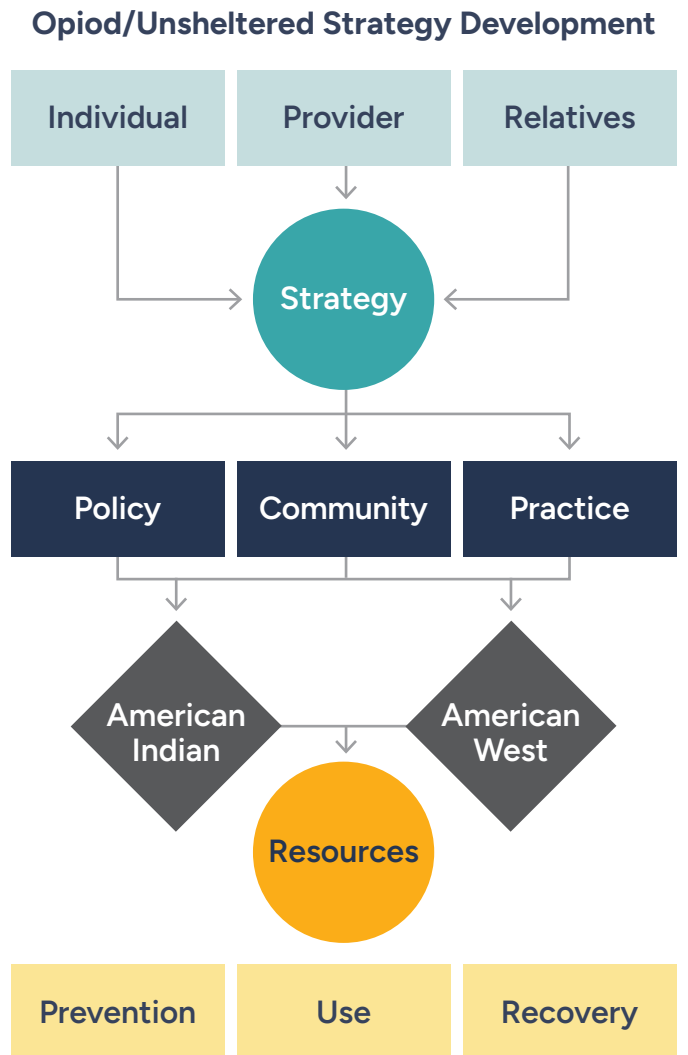
- » **Policy** recommendations seek to change, influence, and/or create institutional change to better support the urban Indian community.
- » **Community** recommendations aim to strengthen partnerships among community members, community organizations, tribal partners, and stakeholders to develop campaigns and opportunities for healthier changes in the community.
- » **Practice** recommendations work to meet the identified needs of our Native relatives experiencing unsheltered homelessness and opioid use.

These recommendations were informed by Native relative and organization surveys conducted by the Subcommittee in 2022 through 2024, focus group sessions in collaboration with the City of Minneapolis and Hearth Connections conducted in 2023, and the aforementioned THEO Report. These recommendations serve as groundwork strategies to begin solving the co-occurring issues of unsheltered homelessness and opioid addiction affecting Native Americans. Many of the recommendations detailed in this report are currently operationalized, in practice, and in development for the Twin Cities urban Indian community. The Un/Op Subcommittee hopes these recommendations can serve as a framework for solution-based, community-informed action.

Figure 1: MUID Un/Op Committee – How we get it done



Figure 2: MUID Strategy



## Key Un/Op Subcommittee Recommendations:

**1 Culture is cure and prevention.**

Increasing access to and opportunity for more cultural engagement and enrichment supports Native relatives on their healing journey.

**2 Our frontline workers need more support.**

Increasing funding for Native-serving organizations helps them deepen and broaden their impact working with, supporting, and serving Native relatives.

**3 Build a healing space.**

Fund and build a culturally-grounded, Native operated treatment facility that includes transitional housing options and recovery treatment programs.

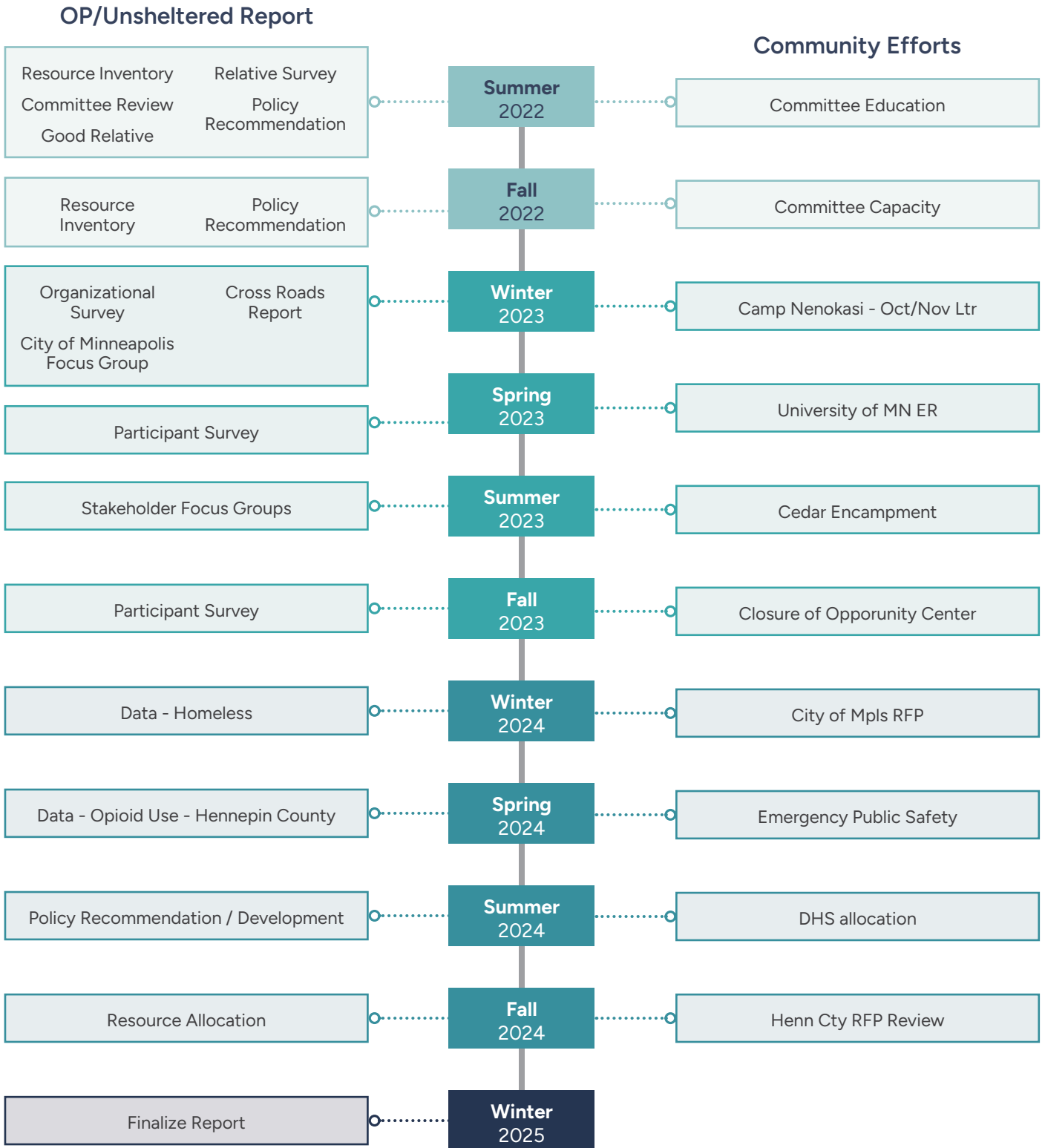
**4 We are stronger together.**

Strengthen partnerships between community, organizations, and stakeholders across sectors through collective action and common understanding.

**Figure 4:** The Rhythms of MUID Opioid/Unsheltered Community Planning



**Figure 5: Timeline – Where We’ve Been**



# Wall of Forgotten Natives Relatives Take A Stand

The Wall of Forgotten Natives crisis in 2018 brought regional and national attention to systemic failures, which the Native community deemed as yet another ongoing aftermath of colonization and centuries of harmful government practices towards Native Americans. The encampment faced difficult public health conditions, multiple deaths, and fires. Before the Un/Op Subcommittee was officially formed and local organizations banded together to help, Native relatives at the encampment took the first stand at bringing awareness to the issues happening at The Wall. Native relatives were holding protests and speaking engagements at the encampment to publicly declare that “We Are Still Here”.

MUID and the Un/Op Subcommittee would not have been able to carry out the work that is now being done in combatting the co-occurring issues of unsheltered homelessness and opioid use were it not for the bravery and outspokenness of our Native relatives. The government and public sector systems of Minneapolis are still trying to reckon with the intersectional factors and colonial legacy that contributed to the dire state at The Wall. This report contributes to that reckoning. This report would not have been possible without our Native relatives taking a stand.



Photo credit: Heidi Inman - Photography



Photo credit: Heidi Inman - Photography

# Strategy Development THEO Report

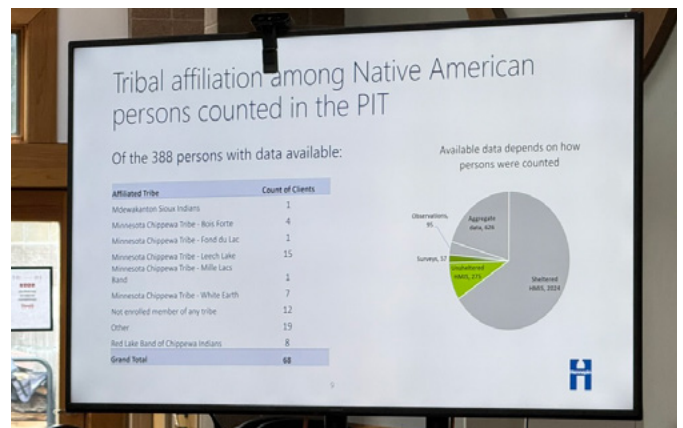
## Introduction

In 2019, the Metropolitan Urban Indian Directors (MUID) members and partner organizations convened for formal strategic planning sessions to organize a systems-focused effort to respond to the needs of Native relatives experiencing unsheltered homelessness in Minneapolis. Results from these convenings were drafted into what would become the “THEO (They Help Each Other) & We Help Them Report”, or THEO Report for short.

The THEO Report is the foundational document for MUID that served as the touchstone for strategic planning efforts, implementation of key strategies, and eventual development of Un/Op Subcommittee recommendations. The findings and key strategies in the THEO Report support the current work of the Subcommittee.

## Background

During the strategic planning sessions, participants developed action plans that could be taken over the next two years to launch and deliver the community’s vision for health, healing, desirable housing, and providing necessary support services for Native relatives experiencing unsheltered homelessness. The group developed the action plans into implementable strategies that are detailed below. MUID and later the Un/Op Subcommittee implemented these strategies into Policy, Community, and Practice Recommendations for organizations, stakeholders, and other communities seeking to help their Native relatives overcome unsheltered homelessness.



## Key Strategies

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### 1 Organize coalitions of stakeholders and trusted partners to revisit priorities of unsheltered homelessness and help advance the community vision.

- » Formalize a coalition of stakeholders across sectors.
- » Build trusted partnerships.
- » Convene a forum of allies and partners – both established and potential.
- » Revisit priorities (unsheltered homelessness).
- » Support the continued convening of resources and solutions for a shared community vision.

### 2 Develop a formal and informal education plan of an accurate understanding of our history.

- » Create ways to educate policy-makers, the general public, and the philanthropy community.
- » Create a curriculum that includes accurate Native history and contemporary Indigenous issues.
- » Partner with schools to improve curriculum.
- » Invest support in new leadership to educate and promote the shared community vision.
- » Develop a shared understanding of Native American history.

### 3 Create and promote sustainable outreach for public awareness of community vision.

- » Create a weekly community newsletter.
- » Share information from THEO Report with stakeholders.
- » Identify and promote Native success stories.
- » Convene a series of public meetings to raise awareness of unsheltered homelessness affecting Native relatives.

- » Document the reality of navigating systems.
- » Update data collection: census, homelessness, unemployed, needed medical care.
- » Lift up Native artists and musicians involved in outreach efforts.

### 4 Create and designate opportunities for new Native leadership at decision-making tables.

- » Establish the Governor's Council on Native American Affairs.
- » Opportunities to educate, share, and be present.
- » Encourage Native people in public service – create "Emily's List"<sup>1</sup> to support them.
- » Designate two Native community liaisons to share, educate and speak out (and represent) on homelessness, health and wellness.
- » Support Native entrepreneurship.
- » Develop long-term funding sources – 20 Year plan.
- » Recognize and implement multiple solutions for issues.
- » Explore TIF (Tribal Incentive Funds) and other public sources for Native specific jobs and programs.

### 5 Define and strengthen relationships of MUID and Tribes to help meet the need of our shared population

- » Regular meetings of Tribal and Urban Leadership.
- » Activate MUID and Tribes to strengthen partners on a new Memorandum of Understanding.
- » Invest in the health and well-being of our people: spiritual, mental, physical, emotional.

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<sup>1</sup> Emily's List is a political action effort. See [emilyslist.org](http://emilyslist.org) for more information.

# Policy Recommendations

## Introduction

The policy strategies recommended by the Un/Op Subcommittee seek to change, influence, and/or create institutional change to better support the Urban Indian community in countering opioid use and delivering stable housing solutions.

Key stakeholders involved in implementing these policy strategy recommendations include Native American Service Providers, Native American Organizations, Tribal Governments, City of Minneapolis, City of St. Paul, Hennepin County, Ramsey County, State of Minnesota, Metropolitan Council and Metropolitan Transit, Law Enforcement Agencies, and the Minneapolis Police Department.

The Subcommittee identified **8 policy strategies** that are culturally-grounded, community-informed, and evidence-based. These policy strategies were developed as a framework for systemic change that could be undertaken by individuals, communities, organizations, and at any level throughout public institutional efforts.

Each strategy includes short-term (6 months - 1 year) change goals, mid-term (1 - 3 year) change goals, and long-term (3+ year) change goals.

### Strategy #1: Fund and build a culturally-grounded, Native operated treatment facility.

**Background:** The biggest barrier in progressing with the establishment of a culturally-grounded, Native operated treatment facility is the lack of directed resources.

#### Un/Op Subcommittee Justification:

- » A significant majority of Native relatives experiencing opioid and unsheltered homelessness obstacles are interested in achieving sobriety.<sup>1</sup>
- » Cultural connection and access can help reduce harms and address addiction, physical health, and mental health issues.
- » Native people respond better to other Native people in outreach and care, which highlights the need for the envisioned facility to be Native operated.

Currently there is no treatment facility envisioned like this in existence in the Twin Cities. It is therefore important to develop and advance a plan and vision for constructing a culturally-grounded treatment facility that is Native operated. This envisioned facility includes transitional housing options for

unsheltered Native relatives and recovery treatment programs for opioid using Native relatives. The Subcommittee advocates for direct funding of this facility to be supported by stakeholders.

**Short-term goals:** Identify and name project partners, architects, and developers; Conduct funding feasibility research for the project; Identify and secure sources for funding; Plan facility schematics and develop project budget; Gain approval for progressing the project to the next stage.

**Mid-term goals:** Facility construction timeline established; Estimate soft costs of the project; Continue to secure funds.

**Long-term goals:** Construction of new facility; Implement and expand services for the community through the facility and its programs.

<sup>1</sup> See "Survey 2022 Fall/2023 Winter Survey"

## Strategy #2: Increase funding for service providers from local Native organizations working with Native Americans experiencing substance use disorder and unsheltered homelessness.

**Background:** A history of violent colonialism against Native Americans created systems of inequality and cycles of abuse that have impacted the community from one generation to the next, leading to the current problems of substance abuse and unsheltered homelessness afflicting the Native community.

### Un/Op Subcommittee Justification:

- » There are limited resources for service providers working with Native Americans to provide them with proper and appropriate care. Therefore, it is important to educate, share knowledge, and inform funding agencies of the need for increased, direct funding for service providers from local Native organizations working with substance abuse and unsheltered relatives.
- » Supporting service providers in integrating cultural connection and implementing cultural models of healing is a treatment strategy that needs increased funding for Native Americans experiencing unsheltered homelessness and substance use.

**Short-term goals:** Work with community, stakeholders and funders to understand that substance abuse within the Native American population is a cause and consequence of intergenerational trauma.

**Mid-term goals:** Develop community wide education programs on substance abuse causes and prevention; Identify and secure funds to support service providers integrating cultural connection and develop culturally-grounded treatment methods.

**Long-term goals:** Gather data on success and improvements of culturally-based treatment strategies from service providers; Secure ongoing funding for treatment strategies.



*“The work of MUID, and especially this Subcommittee, is so critical to the health and success of our community. It’s been especially gratifying to see how the subcommittee seeking short, mid, and long-term ways to better support our relatives has already resulted in more coordinated efforts that better leverage existing resources.”*

– Christine McDonald (Lac Courte Oreilles Band of Lake Superior Chippewa),  
American Indian Community Specialist, City of Minneapolis



### Strategy #3: Increase funding for opioid prevention strategies for Native Americans.

**Background:** There remain few evidence-based, culturally-grounded, and community-informed prevention intervention strategies for Native Americans.

#### **Un/Op Subcommittee Justification:**

- » Native American populations are disproportionately burdened by opioid misuse, overdose, and death.<sup>2</sup>
- » Increase funding and stakeholder investment in developing evidence-based, culturally-grounded, and community-informed opioid use prevention strategies for Native Americans.
- » Increase, support, and sustain the use of Suboxone practiced by outreach organizations as we help Native relatives in their beginning stages of recovery from opioid dependence.

**Short-term goals:** Create a new MUID subcommittee to identify short, mid, and long-term resources in partnership with Native organizations and stakeholders to achieve the goals of preventing, treating, and recovering from substance use disorders within the Native community.

**Mid-term goals:** Native organizations will provide and continue to offer and expand evidence-based strategies for preventing opioid overdose such as: Targeted Naloxone distribution; Medication-Assisted Treatment (MAT1); Academic detailing best practices and evidence based strategies; Eliminating prior-authorization requirements for medications for opioid use disorder; Screening for fentanyl in routine clinical toxicology testing; 911 Good Samaritan Laws; Naloxone distribution in treatment centers and criminal justice settings; MAT1 in criminal justice settings and upon release; Initiating buprenorphine-based MAT in emergency departments; syringe services programs. Develop culturally-based prevention strategies with service providers and Native organizations to enhance evidence-based prevention strategies.

**Long-term goals:** Gather data on success and improvements of culturally-based prevention strategies. Secure ongoing funding for prevention strategies.

<sup>2</sup> See <https://www.health.state.mn.us/communities/opioids/opioid-dashboard/index.html>

**Strategy #4: Organize a formal alliance of stakeholders and organization partners to support long-term prevention and treatment strategies and solutions for unsheltered homelessness and opioid use.**

**Background:** Partnerships, commitments, and funding continue to be the biggest barrier in identifying, securing, and sustaining resources to support long-term solutions to the unmet needs of our Native relatives in the areas of stable housing, mental health, and opioid addiction.

**Un/Op Subcommittee Justification:**

- » Increase funding for Basic Prevention Strategies which promote tiered, multidisciplinary prevention activities ranging from population-level strategies to targeted interventions aimed at high-risk individuals.
- » Develop and fund a Meaningful Community Standard of Safety and Security Action Plan amongst organizations and stakeholders.
- » Organizing coalitions of stakeholders & trusted organizational partners to revisit priorities and advance the vision of the community.<sup>3</sup>

**Short-term goals:** Formalize alliance; Establish a collective understanding of the co-occurring issues of unsheltered homelessness and opioid addiction for the alliance group; Confirm action steps to change systems failing to address the multifaceted barriers of addiction and homelessness with Native

relatives; Assess existing system strengths and resources (people, programs, policies, equipment, and events) related to prevention and treatment of unsheltered homelessness and opioid use; Identify gaps in existing services; Collaborate with stakeholders to identify urgent and emerging opioid use issues to fund immediately.

**Mid-term goals:** Develop a comprehensive and coordinated alliance strategy that contains goals, anticipated outcomes, activities, responsibilities, and assessments; Coordinate existing and emerging resources amongst alliance partners.

**Long-term goals:** Gather data on success and improvements of formal alliance collaboration advancing long-term solutions; Secure ongoing funding for alliance group to further develop long-term solutions.

<sup>3</sup> See "Theo Report"

## Strategy #5: Strengthen systemic, cross-sector integration of homelessness efforts and opioid use.

**Background:** Systemic racism and oppression keep barriers high for Native Americans seeking to overcome substance abuse and unsheltered homelessness.

### Un/Op Subcommittee Justification:

- » Communities, individuals, and stakeholders work together to create “Open Valve for Opportunities” in order to make empowered choices to change how systems see our Native relatives.<sup>4</sup>
- » No community has sufficient capacity in their housing/homelessness and addiction/treatment sectors to address the magnitude of need in helping Native relatives and solving the co-occurring issues of addiction and unsheltered homelessness.<sup>5</sup>

<sup>4</sup> See “Theo Report”

<sup>5</sup> See “Focus Group Overview - City of Minneapolis and Good Hearth”

**Short-term goals:** Designate paid Native community liaisons to share, educate, speak out, and represent on unsheltered homelessness and opioid addiction.

**Mid-term goals:** Strengthen relationships between MUID & tribes to meet and further identify the needs of our shared population.

**Long-term goals:** Document reality of navigating systems for Native Americans seeking to overcome struggles and draft into a deliverable format for organization partners and stakeholders.

## Strategy #6: Address safety issues for Native women.

**Background:** Through community engagement, planning, and data driven decisions, Native American women have been identified as being the population most impacted by unsheltered homelessness and are experiencing the highest rate of opioid related deaths in Minnesota.

### Un/Op Subcommittee Justification:

- » Housing advocates and providers continue to identify Native American women and children as needing homeless services.
- » Opioid/Substance use advocates and providers have identified that Native American women experience the highest rate of opioid related deaths in Minnesota.

**Short-term goals:** Create a working group that can work with Minnesota Women’s Sexual Assault Coalition and relevant agencies and taskforces; Understand a federal and state definition of sex trafficking; Develop description and mapping

of intersections of unhoused homelessness and substance addiction.

**Mid-term goals:** Draft awareness campaigns/public education, connecting names to cases for forward movement; Identify sex traffickers and coordinated plan to address their arrest through prosecution; Offer community-wide training for professionals working in the Native American community.

**Long-term goals:** Support an ongoing coordinated response plan for Twin Cities. Continue generating support and resources for organizations and efforts directly addressing safety issues for Native women.

**Strategy #7: Necessary to have real-time data because the co-occurring issues of unsheltered homelessness and opioid use are impacted by further intersectional issues and data trends shift quickly.**

**Background:** The Un/Op Subcommittee has identified a planning need to regularly review existing data related to Native Americans experiencing unsheltered homelessness and Native Americans impacted by opioid use.

**Un/Op Subcommittee Justification:**

- » Housing data and opioid data systems are managed by distinct systems.
- » Integrating this data will assist with real time planning needs in the community.
- » Integrated data will assist partners in identifying the parts of the community impacted to be more precise.
- » This effort has identified that Native women are highly highly impacted and we now need strategies that target the high rates of overdose/deaths/trafficking of Native women in South Minneapolis.

**Short-term goals:** Map out the data sources and any issues in data-collected (i.e. self-reporting and subjectivity of “Indigenous” and the implications of the interventions and preventions); Begin identifying funding resources and key holders of this responsibility.

**Mid-term goals:** Create a workable, ongoing plan to have a coordinated and real-time dashboard across several dimensions; Identify who will be monitoring, assessing, and sharing that data back to the Un/Op Subcommittee, MUID, and community at-large.

**Long-term goals:** Assess successes and improvements on data sources, data collection, and data distribution efforts.

## Strategy #8: Develop, formalize, and deliver a community engagement plan for working with Native relatives that can be distributed to cross-sector partners.

**Background:** Developing a community engagement plan for working with Native relatives allows for Native voices, experiences, and stories to be heard and validated.

### Un/Op Subcommittee Justification:

- » **Engage encampments.** The value of having a culturally informed community engagement plan offers cross-sector partners better approaches for reaching Native relatives and delivering services.
- » **Offer more sober community events.** By offering more sober community events, this kind of engagement will help community members heal while still being in community and support them to stay on the path of healing.
- » **Stop enabling drug use.** Implement community campaigns against drug use and include campaign models as part of the community engagement plan.

**Short-term goals:** Develop and coordinate cross-sector plan to work with existing encampments to identify issues, concerns, and ways to approach

change; Outreach directly to the people struggling; Include accessibility of cultural and spiritual engagement as part of the community plan; Host regular events between partners and collaborators to identify goals, scope, and impact of implemented community engagement plan; Plan a campaign that first seeks to understand the messages that exist around usage, especially intergenerationally and messaging that targets youth.

**Mid-term goals:** Secure resources to sustain long-term community engagement efforts; embed community engagement plan into organizational work plans with cross-sector partners.

**Long-term goals:** Develop integrated training so that community messages are reinforced across organizations, programs, and schools. Gather data on success and improvements of implementing the community engagement plan.



# Community Recommendations

## Introduction

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The community strategies recommended by the Un/Op Subcommittee aim to work with community members, community organizations, tribal partners, and stakeholders to coordinate services, share resources, and strengthen partnerships in countering opioid use and delivering stable housing solutions. These community strategies were informed by community members and Native relatives with lived experience of unsheltered homelessness and opioid use.

Key stakeholders involved in implementing these community strategy recommendations include Minnesota Indian Women’s Resource Center (MIWRC),

American Indian Community Development Corporation (AICDC), Native American Community Development Institute (NACDI), Indigenous Peoples Task Force (IPTF), All Nations Church, and all Metropolitan Urban Indian Directors (MUID) network organizations.

The Subcommittee identified **6 community strategies** that can be implemented immediately by tribal communities, community members, organizations, and identified stakeholders committed to eliminating opioid use and reducing rates of unsheltered homelessness for Native relatives.

“

*“I work doing outreach to our unsheltered and substance-using relatives every day. I have faced many of the same challenges as the people I serve. This unsheltered/opioid subcommittee has been a place to share what I know to build a better system to support our relatives into safer, more rewarding and sustainable lives.”*

– Vinnie Dionne (Turtle Mountain Band of Chippewa)

”

## 6 Community Strategies

<b>Strategy #1:</b> Develop a broader ongoing harm reduction strategy.	<b>Background:</b> In order to develop a broader ongoing harm reduction strategy, we must continue outreach efforts with Native relatives to better understand how to help those struggling and to expand upon existing harm reduction strategies. This would allow for better informed approaches in developing a more culturally-responsive harm reduction strategy.
<b>Strategy #2:</b> Develop and commit to a community promise.	<b>Background:</b> It is important for the community to collectively say drug use is not okay and to stop normalizing drug use. Developing and committing to this promise aims to reduce the prevalence and presence of drug use in the community.
<b>Strategy #3:</b> Community campaigns to stop enabling drug use.	<b>Background:</b> As part of the community promise to reject drug use, developing campaign actions to further broaden the impact and reach of this shift in community culture will assist in implementing a no tolerance agreement.
<b>Strategy #4:</b> Offer more sober community events.	<b>Background:</b> Creating opportunity for more sober community events supports the community promise and allows for Native relatives to gather in healthier ways. In order to offer more sober community events, it will be important to identify and secure resources that can help fund these healing gatherings.
<b>Strategy #5:</b> Community responsibility and accountability.	<b>Background:</b> The community must take responsibility and accountability for substance use disorder and unsheltered homeless. There needs to be community responsibility for creating safe spaces for individuals to share their stories.
<b>Strategy #6:</b> Increase engagement with encampments.	<b>Background:</b> Have stakeholders work with existing encampments on identifying issues, concerns, and ways to approach healthier change and provide Native relatives with cultural and spiritual engagement opportunities.

# Practice Recommendations

## Introduction

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The practice strategies recommended by the Un/Op Subcommittee work to meet the identified needs of our Native relatives experiencing unsheltered homelessness and opioid use. These needs are informed by our multi-jurisdictional outreach workers engaging with The Wall of Forgotten Natives encampment population. These engagement efforts are comprehensive and culturally specific; holistic; and wrap around services that include identification of encampments, needs of encampments, and coordination of services to encampments such as Harm Reduction services.

Many of the practice strategy recommendations listed below are operationalized by the following organizations our outreach workers are from: Little Earth, Minnesota Indian Women’s Resource Center (MIWRC), Native American Community Development Institute (NACDI), Indigenous Peoples Task Force (IPTF), American Indian Community Development Corporation (AICDC), American Indian Movement (AIM) Minneapolis, Neighborhood House, Southside Harm Reduction Services, North Point Health, Peace House Community, Sanctuary Supply Depot, Street Works Outreach Collaborative, The Aliveness Project, Agate Housing & Services, and Avivo.

Outreach workers are continuously engaged with our Native relatives to report new findings in helping alleviate barriers associated with unsheltered homelessness and opioid use. The outreach workers’ engagement better informs the development and implementation of prevention and treatment strategies that are culturally-grounded, community-informed, and evidence-based.

Key stakeholders involved in further operationalizing these practice strategy recommendations include the aforementioned Outreach Organizations, Spiritual Health Workers, and Housing Officials and Agencies.

The Subcommittee identified **12 practice strategies** that can be implemented immediately by organizations and service providers aimed at helping Native relatives experiencing unsheltered homelessness and opioid use.

“

*“I greatly appreciate and am honored to be part of the MUID subcommittee on unsheltered and opioid issues. As a harm reduction coordinator, I work directly with our relatives experiencing these challenges every day. It is rewarding to carry their voices into work that can help build stronger supports for our community.”*

– Melissa Kirby, Harm Reduction Coordinator, Indigenous Peoples Task Force

”

## 12 Practice Strategies

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- 1 Provide space and resources for proper hygiene.
- 2 Provide cultural opportunities for “washing off” spiritually and emotionally i.e. smudging and talking circles.
- 3 Community events for relatives who are experiencing opioid use and/or being unsheltered
- 4 Work to change how agencies view Native families through partnership of Native American organizations working alongside agencies that work within the Native American community.
- 5 Campaign to stop enabling drug use.
- 6 Family supports - Identify ways in which Native American families who have a family member that is experiencing being unsheltered or in active use are able to access resources, connection, and support while caring for children or elderly relatives.
- 7 Provide training and certification for workers unfamiliar in working with Native relatives experiencing substance use disorder and/or homelessness.
- 8 Support organizations that prioritize Native-led outreach efforts with Native relatives.
- 9 Engage in ongoing interviews with Native relatives.
- 10 Develop community based culturally specific approaches
- 11 Develop and continuously update an accessible database of matrix of providers that can be used across all outreach organizations.
- 12 Enabling - Cultural value - Boundary setting. Develop what these definitions mean for the Native American community whose core value is taking care of family and community.

# Relative Survey

**Survey Period:** September 2023 to March 2024

**Survey Response:** 81 responses

## Survey Summary

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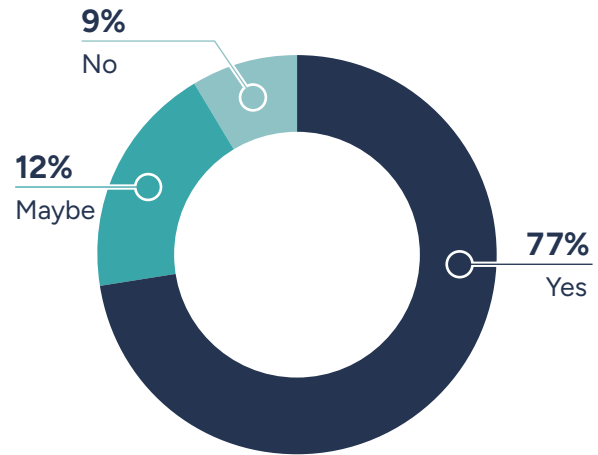
The survey questions were developed by the MUID Opioid/Unsheltered Thursday planning committee and at the MUID Opioid/Unsheltered Wednesday meeting in August and September 2023. The survey was done during the time the committee was doing a resource inventory of organizations doing work in substance use disorder, housing, and homelessness. The survey was sent out to the e-mail list of participants of the committee. The link was shared by the committee participants to encourage a broader response. The summaries include:

- » Interviewing Outreach Organization
- » Interviewee Age - How old are you?
- » Interviewee Tribe - Are you enrolled in a federally recognized tribe?
- » What tribe are you enrolled in?
- » Are you interested in getting sober?
- » What would help you to get clean, seek recovery, or with your healing?
- » What organizations have helped you or continue to help you?
- » Who do you feel supported by? (Example, family, friends, tribe)
- » How?
- » If all harm reduction stopped (naloxone distribution, sterile syringes, outreach...) do you think that would make you go to treatment quicker?
- » How did you become unsheltered (homeless)?
- » Is there anything that may help you that hasn't been done before? (Example, Treatment provider - Housing - )
- » What are some of your immediate goals?
- » What do you think will help you with your immediate goals?
- » What type of shelter would you consider going to? (Storage, 24/7, pets, own room)
- » What types of things does this housing need for you to stay - Storage, 24/7, pets, own room?
- » What is the one resource that would help you most today?
- » What does help look like to you?
- » Can you provide examples of when you were disappointed with receiving help/services? What caused this dissatisfaction?

## Interviewing Outreach Organization

Interviewing Organization	Count
Indigenous Peoples Task Force	29
Minnesota Indian Women's Resource Center	30
NACDI	22
<b>Grand Total</b>	<b>81</b>

## Are you interested in getting sober?



## What would help you to get clean, seek recovery, or with your healing?

### Sobriety & Recovery (36 mentions)

- » Access to treatment (inpatient, outpatient, traditional, culturally specific)
- » Programs with medication support (e.g., Suboxone)
- » Harm reduction, step-down programs, ongoing connection to recovery services

### Community & Support (21 mentions)

- » Supportive friends, mentors, and sober community
- » Spiritual advisors and elder-led circles
- » Peer support and just "having someone who cares"

### Housing (20 mentions)

- » Stable, supportive, or sober housing
- » A place to call their own, free from unsafe environments

### Family & Children (15 mentions)

- » Reuniting with kids or being present for grandchildren
- » Having babies with them in treatment
- » Healing family relationships

### Health & Wellness (7 mentions)

- » Physical healing (e.g., managing withdrawal, chronic pain, cancer)
- » Mental health support and managing emotions

### Employment & Routine: Jobs, GED, and having a schedule

- » Relocation: Getting away from toxic environments or starting over somewhere new
- » Legal Help: Support for past charges or navigating the system
- » Cultural Connection: Returning to roots, drum circles, spiritual names, community teachings

## What organizations have helped you or continue to help you?

Organization	Count
Minnesota Indian Women’s Resource Center (MIWRC)	12
Waite House	3
Indigenous Peoples Task Force (IPTF)	3
St. Stephen’s Human Services	2
Holy Rosary Catholic Church	2
All Nations Indian Church	2
All Nations Indian Church	2
Native American Community Clinic (NACC)	2
mct	2
MIWRC	2
dawn I	1
MIWRC	1
MIWRC Drop-In	1
family services	1
KOLA Drop-In Center, American Indian Community Development Corporation (AICDC)	1
“Healthcare for the homeless.”	1
“Pride on Bloomington & Lake Street.”	1
Park Avenue Center	1
“Mostly all Native resources on the southside. They tend to show a different way to help each other with what they want/need.”	1
MIWRC & rl clinic	1
MIWRC Drop-In	1
“The kola shelter & the kola clinic.”	1
Minneapolis Public Library	1
NACC Harm Reduction & IPTF Harm Reduction	1

Camp Nenookaasi Encampment	1
KOLA Drop-In Center, American Indian Community Development Corporation (AICDC)	1
Southside Harm Reduction Services and KOLA	1
Avivo	1
this one	1
“IHB (Indian Health Board of Minneapolis) crisis center and my parole officer.”	1
IPTF, NAAC, and Park Avenue Center	1
Child Protective Services and MIWRC	1
Native American Community Development Institute (NACDI)	1
American Indian Movement (AIM)	1
Hennepin Health Addiction Program	1
Housing stabilization program	1
“NAAC and IPTF family partnership program”	1
“None, [I’m] not asking right now.”	1
IPTF and IHB	1
Division of Indian Work (DIW) Minneapolis	1
“Homeward Bound. They help me and my boyfriend stay warm when we have no place to go.”	1
American Indian Community Development Corporation (AICDC)	1
Jules Fairbanks Recovery Services	1
“IPTF but I stopped going due to distance because I moved back to Mille Lacs with my grandma.”	1
“NAAC for exchange services and medical.”	1

IPTF, Jules Fairbanks Recovery Services, and Community-University Health Care Center (CUHCC)	1
IPTF and MIWRC	1
"Homeward Bound helped me and the drop-in centers are still helping me."	1
NACDI temporary food shelf	1
MIWRC, All Nations Indian Church, and Minneapolis American Indian Center	1
wrsc	1

MIWRC and Hennepin County Project CHILD	1
MIWRC and NACDI	1
Supplemental Nutrition Assistance Program (SNAP), ga, gra	1
IPTF and MIWRC	1
IPTF and IHB	1
Helix Health and Housing Services, MIWRC, and Encampment	1
Avivo	1

## How?

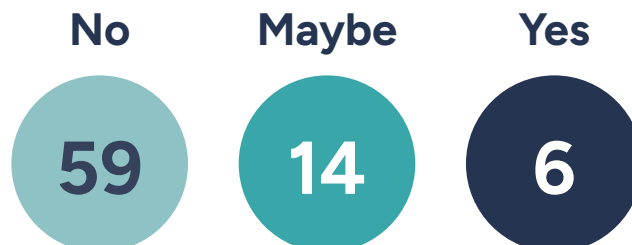
### Analysis

- » Practical Support – 30 (clothes, shelter, food, help, etc.)
- » Emotional Support – 19 (love, motivation, encouragement, etc.)
- » Relational Support – 11 (checking in, calling, being present)
- » Spiritual Support – 8 (prayers, ceremonies, smudging)
- » No Support – 3

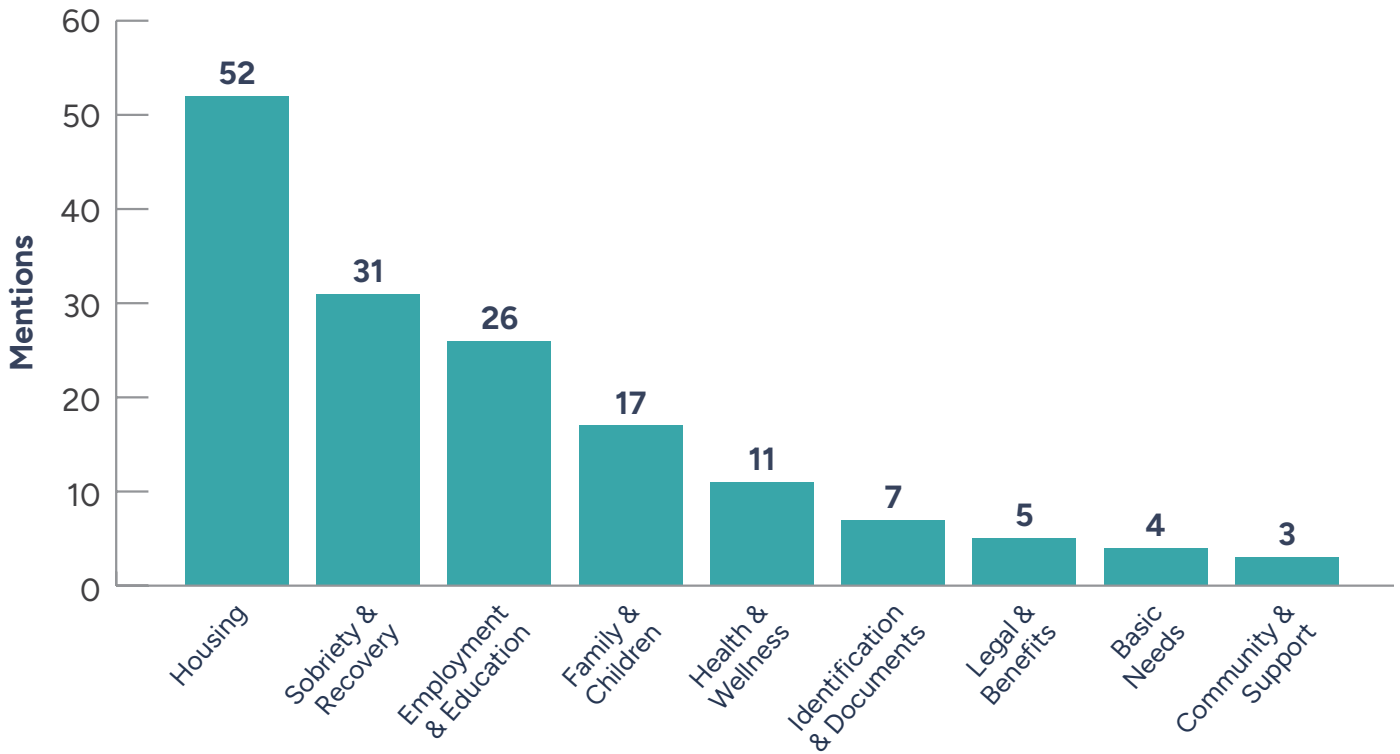
### Analysis

- » Personal Relationships (e.g. family, friends): 89 sources but no direct effect labels matched (suggests they mostly provide emotional/practical support not labeled as such in the effects set).
- » Emotional Support: 30 mentions as an effect, though not named as a source.
- » Community & Cultural Support: 16 sources, 8 effects.
- » No Support: Seen in both sets — 14 sources, 3 effects.
- » Services & Programs: 6 sources, not directly linked to effects in this breakdown.

If all harm reduction stopped (naloxone distribution, sterile syringes, outreach...) do you think that would make you go to treatment quicker?



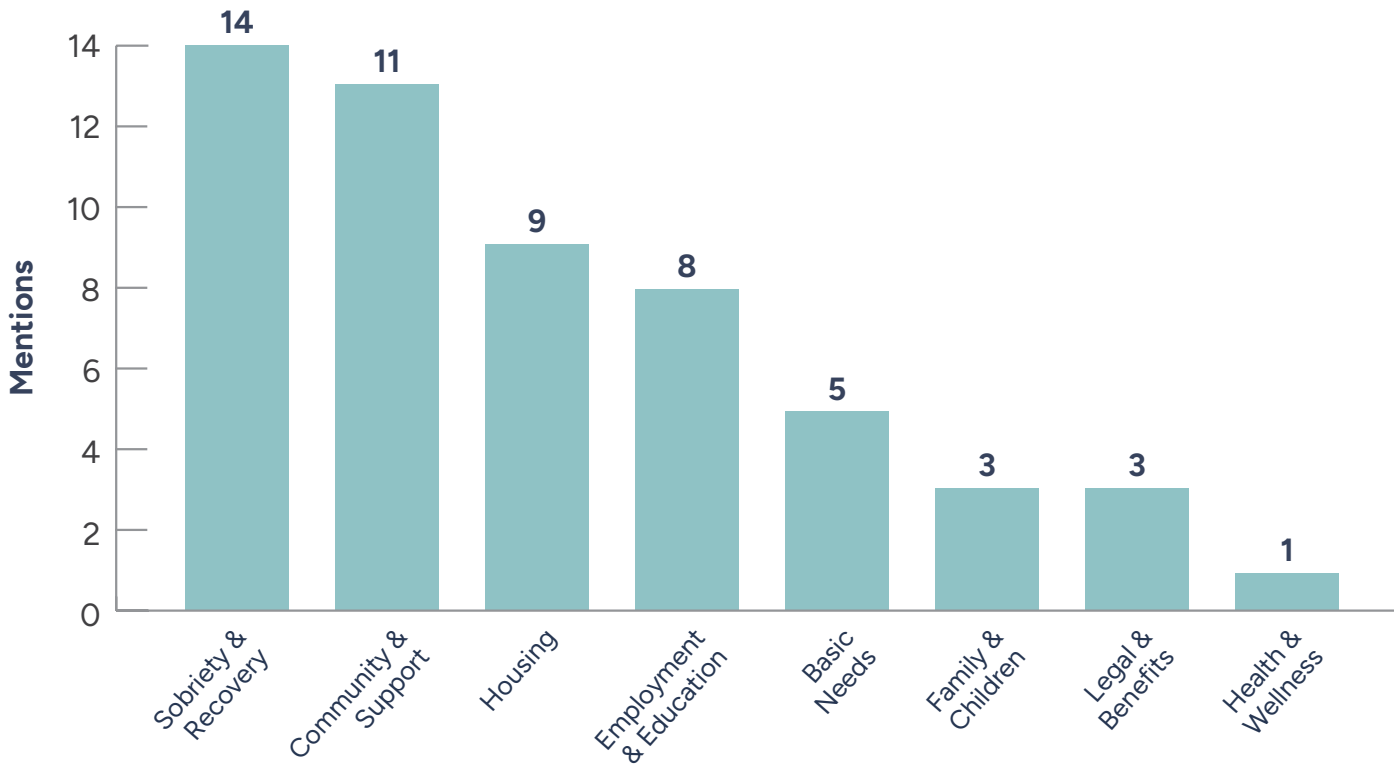
## What are some of your immediate goals?



### Top themes

- » Housing is the top priority, showing up more than 50 times.
- » Sobriety & Recovery and Employment & Education are also highly recurring themes.
- » Many people also focus on reconnecting with family, especially children.
- » Health & Wellness, including mental health, shows up consistently.
- » Other themes like legal issues, basic needs (e.g., food, phone), and support networks are less frequent but still significant.

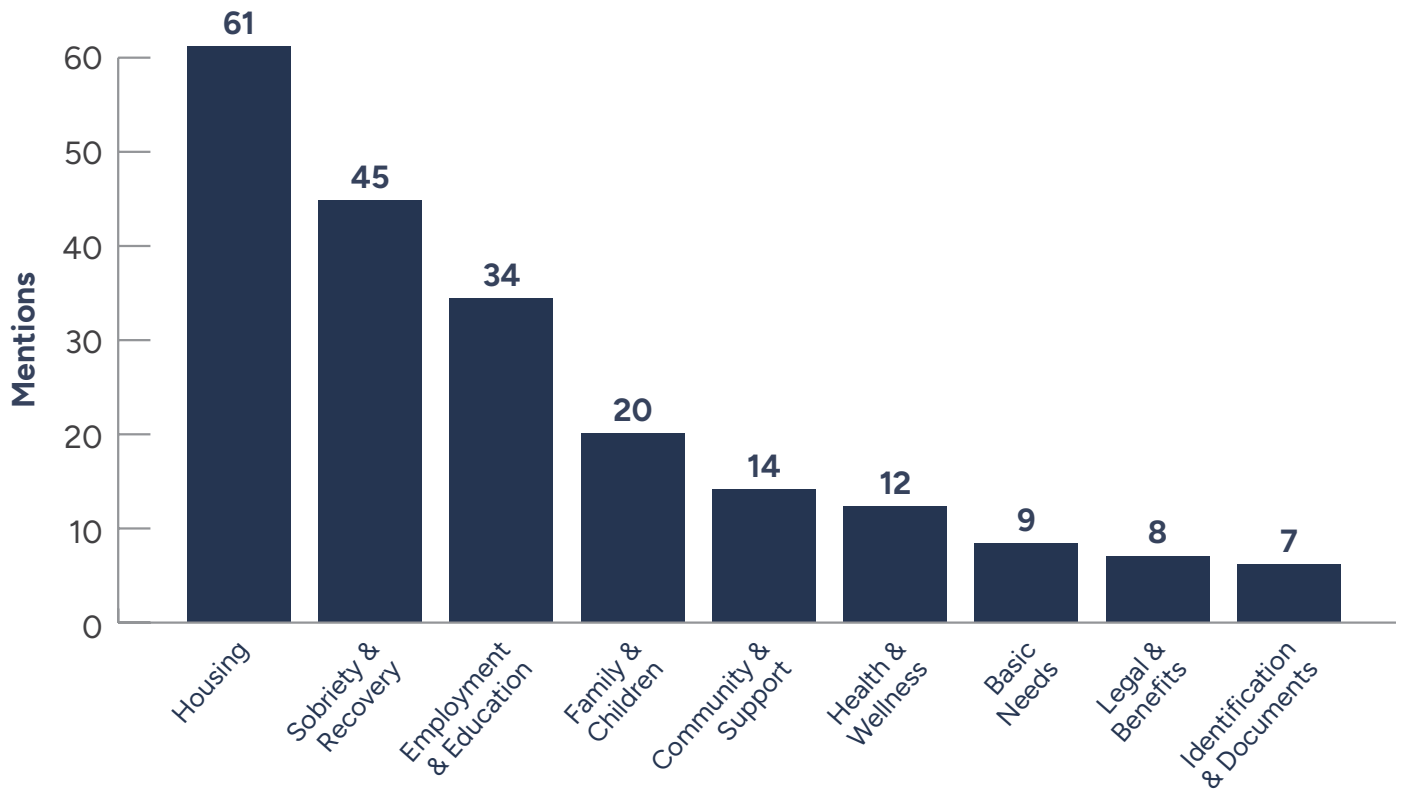
## What do you think will help you with your immediate goals?



### Top themes

- » Sobriety & Recovery – This continues to be the most mentioned need.
- » Community & Support – Many highlighted the importance of people and programs that provide encouragement and accountability.
- » Housing – Still a critical need, but not as dominant in this specific set.
- » Employment & Education – Job-seeking, staying in school, and following through with applications came up often.
- » Basic Needs – Transportation, phones, and money are vital support tools.
- » With both sets of responses combined, the most pressing needs and goals
- » Housing – Continues to be the most frequently mentioned priority.
- » Sobriety & Recovery – Many are focused on getting sober and staying in recovery programs.
- » Employment & Education – Finding jobs, continuing school, or earning a GED are key goals.
- » Family & Children – Reuniting with or supporting family, especially children, remains critical.
- » Community & Support – People want connection through peers, mentors, or social workers.
- » Health & Wellness, Basic Needs, and Legal Support also appear regularly but less often.

## What are some of your immediate goals?



### Top themes

- » Housing – Continues to be the most frequently mentioned priority.
- » Sobriety & Recovery – Many are focused on getting sober and staying in recovery programs.
- » Employment & Education – Finding jobs, continuing school, or earning a GED are key goals.
- » Family & Children – Reuniting with or supporting family, especially children, remains critical.
- » Community & Support – People want connection through peers, mentors, or social workers.
- » Health & Wellness, Basic Needs, and Legal Support also appear regularly but less often.

# 2022 Fall / 2023 Winter Relative Survey

**Survey Period:** September 2022 to March 2023

**Survey Response:** 24 responses

## Survey Summary

The survey questions were developed by the MUID Opioid/Unsheltered Thursday planning committee and at the MUID Opioid/Unsheltered Wednesday meeting in August and September 2022. The survey was done during the time the committee was doing a resource inventory of organizations doing work in substance use disorder, housing, and homelessness. The survey was sent out to the e-mail list of participants of the committee. The link was shared by the committee participants to encourage a broader response. The summaries include:

### Tribe

75% of the respondents were enrolled members of a tribe. Tribes included: Boise Forte, La Courte Oreilles, Leech Lake, Mille Lacs, Red Lake, Rosebud Sioux, Sisseton Wahpeton, Standing Rock, White Earth

### Age

67% of respondents are under the age of 39.

### Do you feel safe?

42% reported NO, 21% MAYBE, 8% SOMETIMES, 29% YES

### How did you become unsheltered (homeless)?

Addiction 41%, 32% Resources, 14% Behavior, 5% Legal, 5% Divorce, 5% Disability

### How would you describe being unsheltered?

Lack of stability, Fear and Danger, Loneliness and Isolation, Hopelessness and Despair, Physical and Emotional Struggles

### What organizations have helped you or continue to help you?

Top 3 include MIWRC, Indigenous Peoples Task Force, Southside Harm Reduction

### What kinds of drugs do you use?

Meth, Fentanyl, Marijuana, Heroin, Alcohol were listed most commonly

### Who do you feel supported by?

A combination of Friends / Family / Community was reported by 33% of people interviewed with the types of support being family and social support, struggles with substance use and recovery, emotional and mental health support, survival and basic needs.

### Are you interested in getting sober?

60% reported they are interested and 17% reported maybe.

### Is there anything that may help you that hasn't been done before?

This text reflects deep struggles with addiction, the need for effective treatment, and a lack of stability and support.

### What are some of your immediate goals?

Housing and stability, employment and financial independence, sobriety and recovery, family and reunification, daily survival and safety.

### What do you think will help you with your immediate goals?

Employment and financial stability, sobriety and recovery, housing and stability, support and community, overcoming isolation and uncertainty, daily structure and person growth.

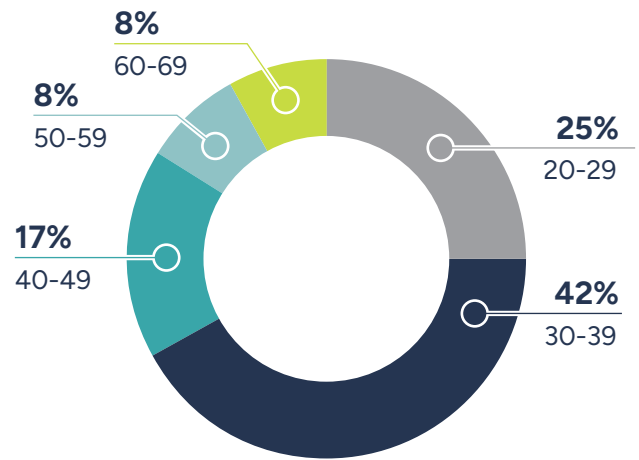
### If you are interested in knowing more about the survey, then we'll need a way to get a hold of you?

60% provided contact information for additional follow up.

## Tribe

Tribe	Count of Tribe
Boise Forte	1
La Courte Oreilles	1
Leech Lake	3
Mille Lacs	2
None	6
Red Lake	7
Rosebud Sioux	1
Sisseton Wahpeton	1
Standing Rock	1
White Earth	1
<b>Grand Total</b>	<b>24</b>

## Age

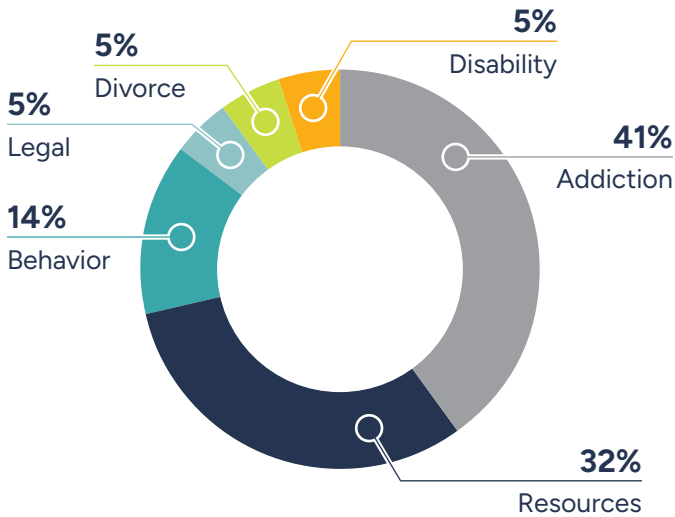


## Do you feel safe?

(If the answer is no) What would help you feel safe?

Do you feel safe?	Count
<b>No</b>	<b>10</b>
<i>a place of my own.</i>	1
<i>getting in someplace warm, not having to worry about getting hurt or jumped.</i>	1
<i>having a shelter a door i can lock.</i>	1
<i>if I had a home</i>	1
<i>More police</i>	1
<i>More police patrols &amp; enforcement when it comes to well known crime areas</i>	1
<i>Own home</i>	1
<i>permanent housing</i>	1
<i>Stopped being followed</i>	1
<i>(blank)</i>	1
<b>Maybe</b>	<b>5</b>
<i>carrying mace.</i>	1
<i>Housing</i>	1
<i>More help for the homeless</i>	1
<i>More Housing for the people.</i>	1
<i>(blank)</i>	1
<b>Sometimes</b>	<b>2</b>
<i>having my own place</i>	1
<i>not sure.</i>	1
<b>Yes</b>	<b>7</b>
<i>yes</i>	1
<i>(blank)</i>	6
<b>Grand Total</b>	<b>24</b>

## How did you become unsheltered (homeless)?



## Cause given for becoming unsheltered/Homeless

### Addiction:

- » addiction
- » Alcohol
- » drug use
- » Drugs, Alcohol
- » Kicked out&drug addiction
- » mom kicked me out for not continuing school, age 19.
- » My girlfriend cheated on me&took my kids also my addiction
- » using drugs
- » using drugs more. it became more regular. instead of recreational.

### Resources:

- » I had no place to go.
- » Lease got terminated
- » mother was dying. got a rent in late.
- » moved out voluntarily.
- » moving state to state. no money for deposits.
- » my grandpa passed away. we lived in elder housing. we were told we had to move out immiadantly.
- » sister lost her house.

### Behavior:

- » doing the things I do I kind of have a problem with authority.
- » I got kicked out
- » Relationship

## How would you describe being unsheltered?

### 1. Homelessness & Lack of Stability

- » *“Not having a key, no place to go home to and be free.”*
- » *“Not having my own place.”*
- » *“Would rather sleep in a tent than a shelter.”*

### 2. Fear & Danger

- » *“Crime, shooting, bad neighborhoods.”*
- » *“Dreadful and terrifying. Scared because it’s starting to get dark.”*
- » *“Unsafe.”*

### 3. Loneliness & Isolation

- » *“Lonely.”*
- » *“Lots of walking. Making sure to not bother the neighbors.”*
- » *“Not being expected to be any place at any time.”*

### 4. Hopelessness & Despair

- » *“Scary and lonely. Hopeless.”*
- » *“Nothing fun.”*
- » *“Miserable.”*

### 5. Physical & Emotional Struggles

- » *“Cold, always busy, sad, and depressing.”*
- » *“Lack of cleanliness, lack of sleep. Makes me unhappy.”*
- » *“Struggling with addiction kind of puts me out on the streets.”*

## What organizations have helped you or continue to help you?

(Open ended)

Organizations	Count
Minnesota Indian Women’s Resource Center (MIWRC)	5
Indigenous Peoples Task Force	5
Southside Harm Reduction	4
None	3
St Stevens	2
The Peace House	2
Church	2
Avivo	2
Simpson	1
Salvation Army	1
Emergency Assistance	1
Navigation Center	1
Section 8	1
The Branch	1
Healthcare for the Homeless	1
Homeward Bound	1
Native American Community Clinic (NACC)	1
Higher Ground	1
Tubman	1
Project for Pride and Living (PPL)	1
RS Eden	1
<b>Grand Total</b>	<b>38</b>

## What kinds of drugs do you use?

(Open ended)

Drug Type	Count
Meth	14
Fentanyl	8
Marijuana	6
Heroin	6
Alcohol	5
Ecstasy	1
Percocet	1
Cocaine	1
<b>Grand Total</b>	<b>42</b>

## Who do you feel supported by?

Who do you feel supported by?	Count
Family / Friends / Community	8
Friends / Community	4
Friends	2
Family	2
Family / Community	2
Family / Friends	2
Community	1
None	1
Family	1
<b>Grand Total</b>	<b>23</b>

## (If applicable) What types of support do you receive from family?

- » Money, food, temporary housing and clothes
- » Check ins , resources
- » Encouraging
- » Children, encouragement
- » Affection and food
- » Love, encouragement & comfort
- » time spent with my kids.
- » my sister and my niece are the only ones that help me.
- » Don't have much family.
- » all aspects I feel supported by my husband
- » when I'm in need.
- » my son is in treatment. one friend.
- » emotional support and mental support.
- » emotional.
- » guidance sometimes they help with essentials and help with treatment as well.

## (If applicable) What types of support do you receive from friends?

- » Being there
- » Encouragement
- » Money, conversation and time spent
- » they have places to let you shower and wash clothes.
- » Sometimes food and clothing
- » I don't have friends.
- » they watch over me to make sure I'm safe. they don't let anything bad happen to me.
- » help each get drugs
- » help me stay sometimes.

## (If applicable) What types of support do you receive from the community?

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- » *Parenting class at the Indian center, therapy, encouragement with sobriety*
- » *food, hygiene supply's caned heat blankets'hats and scarves.*
- » *Food and drinks*
- » *clean needles.*
- » *getting smoking supply's.*
- » *some programs that have events.*
- » *free food.*

## Combined - Friends / Family / Community

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### 1. Family & Social Support

- » *"Time spent with my kids."*
- » *"My sister and my niece are the only ones that help me."*
- » *"All aspects I feel supported by my husband."*
- » *"My son is in treatment. One friend."*

### 2. Struggles with Substance Use & Recovery

- » *"Drug support."*
- » *"They support my use, what I can do for them."*
- » *"Positive words of encouragement."*

### 3. Emotional & Mental Health Support

- » *"Encouragement."*
- » *"Emotional support and mental support."*
- » *"Moral support."*
- » *"Guidance, sometimes they help with essentials and help with treatment as well."*

### 4. Survival & Basic Needs

- » *"Food stamps from the county."*
- » *"Only support from my case manager."*
- » *"Some meals sometimes."*
- » *"Not much of anything, a meal here and there."*
- » *"Churches with coats and meals."*
- » *"Shelters and places to eat, clinics, and gatherings."*

### 5. Uncertainty & Limited Resources

- » *"Nothing."*
- » *"No idea."*
- » *"Depends on who you call your friends. Take them as they come."*

## Are you interested in getting sober?

Is there anything that may help you that hasn't been done before?

Are you interested in getting sober?	Count
<b>Yes</b>	<b>10</b>
A job	1
currently in treatment.	1
having a place and responsibilities.	1
methadone	1
methadone may help but suboxone won't help.	1
No	4
No	1
not sure.	1
not sure. open to ideas.	1
Treatment support	1
trying to get help with getting off opioids.	1
<b>Maybe</b>	<b>4</b>
feels like theres nothing to help me get off fentanyl	1
I don't know	1
I don't think so.	1
no. i feel helpless.	1
<b>No</b>	<b>6</b>
I don't know. I feel like I was helped in prison because I couldnt get drugs in there.	1
I'm not sure,	1
No	2
No.	2
<b>Grand Total</b>	<b>24</b>

## Is there anything that may help you that hasn't been done before?

**Summary:** This text reflects deep struggles with addiction, the need for effective treatment, and a lack of stability and support.

### 1. Addiction & Dependence

- » "Feels like there's nothing to help me get off fentanyl."
- » "Trying to get help with getting off opioids."
- » "Methadone may help but Suboxone won't help."

### 2. Struggles with Recovery & Treatment

- » "Currently in treatment."
- » "I feel helpless."
- » "I was helped in prison because I couldn't get drugs in there."

### 3. Lack of Support & Resources

- » Repeated responses of "No" (indicating a lack of support, treatment options, or stability).
- » "A job" (suggesting employment as a stabilizing factor but possibly unavailable).
- » "Having a place and responsibilities" (highlighting the importance of stability in recovery).

### 4. Uncertainty & Hopelessness

- » "I don't know."
- » "Not sure, open to ideas."
- » "I don't think so."

## What organizations have helped or continue to help you?

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- » *Minnesota Indian Women's Resource Center (6)*
- » *Southside Harm Reduction (4)*
- » *Indigenous Peoples Task Force (4)*
- » *Waite house (2)*
- » *Project for Pride and Living (PPL) (2)*
- » *Native American Community Clinic (2)*
- » *Avivo*
- » *Eden house*

## What are some of your immediate goals?

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### 1. Housing & Stability

- » *"Find housing."*
- » *"Getting stable housing."*
- » *"Application for housing completed and followed through."*
- » *"A place to sleep."*
- » *"Groups find a shelter."*

### 2. Employment & Financial Independence

- » *"Getting a job and/or going back to school."*
- » *"Job and stay sober."*
- » *"Earn some money."*
- » *"Get a job and save up money for deposit and first month's rent."*
- » *"Job searching."*

### 3. Sobriety & Recovery

- » *"Keep housing, try to stay sober."*
- » *"Sobriety and housing."*
- » *"To get sober."*
- » *"Stop using drugs."*

### 4. Family & Reunification

- » *"Go back to work & kids back in life."*
- » *"Working with CPS to get my kids back."*
- » *Education & Self-Improvement*
- » *"Go back to school."*

### 5. Daily Survival & Safety

- » *"Trying to stay safe and get high and mind my business."*
- » *"Finding shelter for the day."*
- » *"Food."*

## What do you think will help you with your immediate goals?

### 1. Employment & Financial Stability

- » "A job."
- » "Follow through with application."
- » "Continue filling out applications and taking it one day at a time."
- » "Job and income and support."

### 2. Sobriety & Recovery

- » "Get sober."
- » "Sobriety first."
- » "Go to detox."
- » "Methadone and it's just hard to go through the withdrawals."
- » "Finding the resources and treatment program."
- » "Housing – NA meetings."

### 3. Housing & Stability

- » "Housing and/or a safe place to stay."
- » "Housing for me and my family."
- » "Having housing that helps couples."

### 4. Support & Community

- » "Support."
- » "More support."
- » "People."
- » "Friends that are doing the same."
- » "Groups, counseling, and mental health."
- » "Keep in contact."
- » "Not be afraid to ask for help."

### 5. Overcoming Isolation & Uncertainty

- » "Hard to say. Being alone out here."
- » "I don't know. I guess I have to wait on that."

### 6. Daily Structure & Personal Growth

- » "Everyday activity."
- » "Self-motivation."

If you are interested in knowing more about the survey then we'll need a way to get a hold of you - Telephone # or e-mail?

60% provided contact info



# Organizational Survey

**Survey Period:** July 2022 – December 2022

**Survey Response:** 28 responses

## Survey Summary

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The survey questions were developed by the MUID Opioid/Unsheltered Thursday planning committee and at the MUID Opioid/Unsheltered Wednesday meeting in June and July 2022. The survey was done during the time the committee was doing a resource inventory of organizations doing work in substance use disorder, housing, and homelessness. The survey was sent out to the e-mail list of participants of the committee. The link was shared by the committee participants to encourage a broader response. The summaries include:

### **Question - How was your involvement with the committee been beneficial to you?**

Overall, the themes emphasize the value of community-driven spaces for networking, learning, resource sharing, and advocacy, while also highlighting challenges in maintaining engagement and ensuring tangible benefits for all participants.

### **Question – How has the involvement with the committee been beneficial to your organization?**

Overall, the content highlights the value of collaboration, resource-sharing, and advocacy in addressing community needs and making systemic changes for a more inclusive and effective support network.

### **Question – How are the meetings productive to you?**

Overall, the meetings are valuable for networking, learning, and collaboration, but effectiveness is dependent on active participation and strategic focus. There is a desire for more structured, solution-oriented discussions while maintaining the support and knowledge-sharing aspects.

### **Question – Do you have suggestions on the format of the meetings?**

Overall, the participants want meetings to be more structured, solution-focused, and efficient with clear agendas, shorter durations, and concrete action steps. While some prefer virtual meetings for accessibility, others want a return to in-person gatherings, making a hybrid approach ideal. Maintaining broad participation is valued, but there's a need for better organization to reduce distractions and maximize impact.

### **Question – Do you have any suggestions on the work we do as a committee?**

Overall, Participants want less talk, more action, particularly in housing solutions, policy advocacy, and harm reduction strategies. There's a strong push for clear action plans, subcommittees, and better coordination of resources to avoid redundancy. Transparency, community representation, and collaboration with state agencies are seen as key to making meaningful progress.

### **Question – How has COVID affected your capacity to participate?**

Overall, COVID-19 significantly disrupted engagement, service delivery, and meeting effectiveness, creating mixed experiences with remote meetings. While Zoom expanded accessibility, it also limited action and trust-building. There is a desire to return to in-person meetings but concerns about health and fatigue remain.

## How has your involvement with the committee been beneficial to you?

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### 1. Networking & Connection

- » The platform enables individuals to connect with other organizations working in the community.
- » Provides a space to share information, learn from others, and stay in the loop.
- » Helps build professional and personal networks.

### 2. Support & Knowledge Sharing

- » Acts as a supportive environment for people doing challenging community work.
- » Facilitates dialogue about mental health services, legal processes, and community needs.
- » Offers updates on cultural events and available community support.

### 3. Strategic Impact & Awareness

- » Helps inform strategies to address community needs and identify gaps.
- » Keeps individuals aware of broader community issues, philanthropic efforts, and public sector developments.
- » Encourages emerging leadership and elevates community voices.

### 4. Commitment & Challenges

- » Some individuals feel highly engaged and find the space valuable.
- » Others have reduced involvement or find less relevance as their work focus shifts.
- » A few mention working for free and highlight the need for better support.

### 5. Sense of Purpose & Advocacy

- » Many see their participation as a way to contribute to positive change.

- » There's a shared sentiment of teamwork in addressing community challenges.
- » The group fosters a humane perspective, emphasizing service to people as "relatives" rather than "clients."

## How has the involvement with the committee been beneficial to your organization?

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### 1. Bridging Gaps & Expanding Outreach

- » Participation has helped organizations reach Native partners and historically underserved communities.
- » Increased awareness of available resources for community members.

### 2. Networking & Collaboration

- » Opportunities to connect with organizations, employees, and community leaders.
- » Helps to align efforts and leverage resources efficiently.

### 3. Awareness & Information Sharing

- » Raising awareness of critical issues like the opioid epidemic.
- » Keeping tribes and organizations informed about ongoing issues affecting their communities.
- » Sharing real-time information with leadership to guide decision-making.

### 4. Advocacy & Policy Influence

- » Helps participants better advocate for community needs in policy and resource discussions.
- » Involvement influences systemic change, such as through Policy, Systems, and Environmental (PSE) work.

### 5. Community Support & Service Impact

- » Supports the creation of safe spaces for healing.
- » Provides insights into mental health services, legal processes, and civil commitments.

- » Directly impacts housing solutions—one shelter housed 130 people in a year despite being the smallest in Minneapolis.

## 6. Empowerment & Recognition

- » Individuals feel empowered to make a difference within their organizations and communities.
- » The work done at the community level is gaining recognition from larger institutions (e.g., universities, funders).

## How are meetings productive to you?

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### 1. Community Engagement & Networking

- » Connecting with community partners and learning about their efforts.
- » Opportunities to collaborate and support each other's work.
- » Helps break out of everyday thinking by exposing participants to new perspectives.

### 2. Access to Information & Resources

- » Learning about resources that would otherwise be unknown.
- » Receiving real-time updates on community issues and efforts.
- » Gaining insights into the needs of the unsheltered and available services.

### 3. Meeting Productivity & Effectiveness

- » Meetings were initially more productive with higher engagement.
- » Productivity decreased with remote/Zoom meetings, shifting focus to support rather than solutions.
- » Meetings are most valuable when they focus on actionable strategies (short-term, mid-term, long-term).
- » Presentations from professionals are particularly helpful.

## 4. Involvement & Participation

- » Engagement leads to more benefits—"what you put in, you get back."
- » Some attendees have reduced participation over time or have been inactive.
- » When attendees are engaged and fully participate, meetings are more effective.

## 5. Strategic Impact & Motivation

- » Helps individuals and organizations understand where to place their focus.
- » Motivates and drives community-based work and coordinated efforts.
- » Assists in identifying gaps in services and areas for improvement.

## 6. Challenges & Areas for Improvement

- » Some feel meetings get stuck on the same issues without forward movement.
- » Remote meetings reduced engagement and focus on strategic solutions.

## Do you have any suggestions on the format of the meetings?

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- » *Sometimes it feels like there are no conclusions, just verbalizing and no solutions.*
- » *I have a little bit of trouble coming to the meetings when they are as long as they are and at the time they are. For me personally it would be helpful if they were 1 hour long and started on the hour but that just fits my schedule better so it's a small suggestion*
- » *Working in focused ways in breakout groups on concrete short-term, mid-term, long-term strategies and solutions.*
- » *Less time spent on introductions. Return to in person as soon as public health guidelines allow.*
- » *Agendas planned and sent out prior to the meetings, keeping the meetings virtual, having a specific topic*

- » *I like the hybrid meetings just because we are still in a state of emergency with covid and i have a sick son that i am able to join meetings without having to actually be there*
- » *it would be important to have the meetings in person when COVID is not so prevalent.*
- » *It is important that all are welcomed but it is very distracting when people come in and out of the meeting from different organizations.*
- » *more solution focused than problem. we have talked about the problem forever*
- » *It was great when ALL orgs joined the meeting because it was a community wide update. This helped because I had the info so I was able to pass along updates to others in the community.*

## Do you have any suggestions on the work we do as a committee?

- » *Push for more housing. Easy to say, hard to do. What kind of housing would the unsheltered accept?*
- » *You might be doing this but - I wonder if looking more at policy and wanted policy changes might be helpful or having more people come in, like from mdh or wherever to talk about best practices*
- » *Re-commit to working on actionable solutions.*
- » *Connecting with Minnesota Interagency Council on Homelessness (MICH) on contributing to the state's strategic planning for homelessness.*
- » *Continue the push to help homeless and opioid users and focus issues into a work plan.*
- » *Update the community regularly - could be through posting meeting notes and announcements on the MUID website*
- » *as I become more involved I may ideas that will benefit but right now I dont*
- » *allow some representatives from the unsheltered and use opioids to be a part of sharing their truths of why they are in the situation they are in, without being stigmatized, and to allow them the autonomy to speak freely so that we understand better where they are.*

- » *keep doing a great job.*
- » *They have seemed to have struggled*
- » *Work on pathways to long -term recovery- a pipeline with existing resources to support. Identify gaps and apply for funding to address gaps.*
- » *Re-define harm reduction and what that means for the AI community in Minneapolis. working together to maximize resources and not duplication of services.*
- » *Define what is an Indian serving organization and develop guidelines/educate funders about what this means ask them to consider implementing in their funding processes*
- » *Agencies that continuously show up to apply for joint funding/project effort. Coordinate.*
- » *Develop recommendations for policing/diversion related drug use to MPD and OVP*
- » *Resource mapping project*
- » *Solutions and moving forward with them together*
- » *There's so much work we need to touch upon as a community that there's never enough time to discuss everything but we try. I haven't been to the meetings in a while but it was always helpful when state agencies joined as well. We knew their updates and and they knew our barriers.*
- » *Maybe get sub committees on projects*

## How has COVID affected your capacity to participate?

### 1. Impact of COVID-19 on Participation

- » *Many found remote participation less effective and engaging.*
- » *COVID caused disruptions in meeting quality and action-taking.*
- » *Some are hesitant to return to in-person meetings due to health concerns.*
- » *Fatigue and other responsibilities have affected involvement.*

## 2. Shift in Engagement Due to Remote Meetings

- » Zoom has made meetings accessible to a broader group but has limited concrete action.
- » Some appreciate the flexibility of Zoom, while others feel disconnected.
- » A few individuals adapted well due to access to technology.

## 3. Volunteer & Resource Constraints

- » Limited availability of volunteers has impacted participation.
- » Organizations had to scale back services, especially for the unsheltered, due to COVID.

## 4. Challenges in Rebuilding Trust & Collaboration

- » Remote interactions have made it harder to build trust and reach consensus.
- » Some feel a loss of deeper engagement that in-person meetings provided.

## 5. Varied Perspectives on Remote vs. In-Person Meetings

- » Some prefer in-person meetings for effectiveness.
- » Others are cautious about in-person participation due to health concerns.
- » A few found Zoom beneficial for staying connected despite restrictions.

## Unique Organizational Responses

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- » Hennepin County Healthcare for the Homeless
- » University of Minnesota /CUHCC
- » City of Minneapolis
- » White Earth Nation
- » Bois Forte Reservation Urban Office
- » Peace House Community
- » Southside Harm Reduction Services
- » The Real Mpls and MN350 Mutual Aid
- » Native American Community Development Institute
- » Division of Indian Work
- » Hennepin County
- » Gichiotwaa Kateri
- » Hennepin County Attorney's Office
- » Indigenous Peoples Task Force
- » Minneapolis American Indian Center
- » Indian health board
- » City Of Minneapolis
- » Little Earth Protectors
- » Consulting business -The Missing Peace
- » Minnesota Indian Women's Resource Center
- » University of Minnesota Extension
- » South Side Harm Reduction
- » Metro Transit Police Department

# Focus Group Overview

## City of Minneapolis | Hearth Connection

### Introduction

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The Un/Op Subcommittee conducted collective conversations, i.e. focus groups, with Subcommittee members, community members and organization partners in collaboration with the City of Minneapolis and Hearth Connection in 2023. These focus groups helped gather more information for understanding the co-occurring issues of unsheltered homelessness and opioid use affecting Native relatives and what strategic efforts can be further developed and which cross-sector partnerships can be further strengthened. The information gathered from these focus groups better informed the recommendations presented in this report.

The Hearth Connection focus group prioritized identifying policy strategies to help Native relatives overcome unsheltered homelessness. The main policy strategies identified from this focus group revealed the need for increased funding for achieving affordable and stable housing solutions, create more streamlined responses to homelessness that reduce systemic barriers, and invest in properly supporting frontline staff.

The City of Minneapolis focus group revealed deeper complexities of unsheltered homelessness and opioid use such as human trafficking being a closely related issue occurring alongside opioid and other substance use. The focus group aimed to generate a comprehensive understanding of the intersection between human trafficking and substance use in order to identify policy strategies to help Native relatives overcome substance use and eliminate human trafficking in the community. The main policy strategies identified from this focus group include creating a paid community advisory board to assist with advocacy, disseminating information to the community and amongst stakeholders, and policy changes; strengthen stakeholder partnership and their involvement with the community; and create 'hot spot' area focus groups to assist with gathering human trafficking and substance abuse data in "real-time" so that accurate data can be used to further influence policy changes.



## City of Minneapolis

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### Background

In 2023, individuals with lived experience, service providers, and policymakers gathered to generate a comprehensive understanding of the intersection between human trafficking and substance use within the Native community in Minneapolis and identify policy strategies to eliminate human trafficking amidst substance use. The Op/Un Subcommittee developed questions and facilitated discussion for this focus group. The key findings from this effort were used to further develop “Policy Recommendations” that are detailed in this report.

### Key Findings

- » Cultural competence from service providers and trauma-informed care must be leveraged to create policy changes that benefit Native people.
- » Create an inclusive environment by extending equal partnership and involvement to communities and community leaders in addressing substance abuse and human trafficking.
- » Collaboration requires transparency and meaningful conversations with clear action steps with accountability.
- » Creating a paid community advisory board can be leveraged to assist with advocacy and policy changes and identify prevention strategies. The advisory committee will also help disseminate information to the community.
- » Expand stakeholder input to service providers and create a system allowing enterprise-wide feedback.
- » The creation of specific ‘hot spot’ area focus groups will assist with gathering information and relevant data in “real-time.”
- » There needs to be increased prevention efforts.
- » The Native community also requires collaboration with other groups and meaningful engagement, not exploitation.

## Hearth Connection

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### Background

The Un/Op Subcommittee collaborated with Hearth Connection in 2023 for a series of focus groups that included Subcommittee members and stakeholders to identify policy strategies aimed at helping Native relatives overcome unsheltered homelessness. Hearth Connection is a St. Paul-based organization that works to connect partners and providers to better support people experiencing unsheltered homelessness and substance use barriers. Hearth Connection helped the Subcommittee distinguish major policy strategy themes as a result of the focus group convenings. The key findings from this effort were used to further develop “Policy Recommendations” that are detailed in this report.

### Key Findings

- » Find ways to increase funding for achieving affordable and stable housing solutions for Native relatives. Develop and maintain affordable housing that meets both demand and people’s needs. Address policies and systems that contribute to the gap between income and affordability of housing.
- » Create a streamlined, comprehensive, holistic response to homelessness to reduce unnecessary systems complexities.
- » Invest in and support the staff who provide critical frontline services for Native relatives. Staff are the backbone of the network of services and support.
- » Develop strategies and solutions for unsheltered homelessness that are “people-focused”. It is important to remember the individual experience of battling unsheltered homelessness is unique and requires individualized care. Each person has their own story and needs. Use an equity lens and trauma-informed approach to determine and meet individuals’ needs in achieving solutions.

# Data on Homelessness

	<b>Sheltered<sup>1</sup></b> spent at least one night in Hennepin County Emergency Shelter		<b>Unsheltered<sup>2</sup></b> enrolled in a Street Outreach project and had a Current Living Situation (CLS) recorded as 'unsheltered' within 30 days
	<b>People in Families</b>	<b>Single Adults</b>	<b>Single Adults</b>
Jan-24	1805	1768	318
Feb-24	1649	1876	298
Mar-24	1420	1661	325
Apr-24	1300	1468	297
May-24	1178	1462	327
Jun-24	1135	1445	324
Jul-24	976	1254	383
Aug-24	1003	1319	375*
Sep-24	989	1234	297*
Oct-24	1070	1262	468*
Nov-24	947	1300	431*
Dec-24	896	1424	439*
<b>% that identify as American Indian/ Native American</b>	<b>8%</b>	<b>14%</b>	<b>26%</b>

\*due to missing data because of HMIS transition, total is estimate based on percentage difference in total SO enrollments

<sup>1</sup> Is living in a publicly or privately operated shelter designated to provide temporary living arrangements (including congregate shelters, transitional housing, and hotels and motels paid for by charitable organizations or by federal, state and local government programs) per [CoC and ESG Homeless Eligibility - Category 1: Literally Homeless - HUD Exchange](#)

<sup>2</sup> Has a primary nighttime residence that is a public or private place not meant for human habitation per [CoC and ESG Homeless Eligibility - Category 1: Literally Homeless - HUD Exchange](#)

# Opioid Use

On a single night in January 2024, more than 9,201 persons were homeless in Minnesota which was a 9.6% increase from the previous year. Persons who are American Indian, Black, and Latino continue to be overrepresented in the population experiencing homelessness. The gap is widening for American Indians and Latinos. Unsheltered homelessness grew more than sheltered homelessness across the state, especially.



**For current MN Dash to End Homelessness Data:**

<https://www.hmismn.org/news/meet-the-mn-dash-to-end-homelessness>

## Hennepin County Summary

Minnesota has seen a significant decrease in opioid-involved overdose deaths and nonfatal overdoses from 2023 to 2024. The decline is attributed to expanded access to the overdose-reversing medication naloxone, stronger prevention efforts, and enhanced recovery support services.

In Minnesota, American Indian people and African American people experience higher rates of opioid-related deaths and hospitalizations.

These differences are influenced by disparities in the social determinants of health, such as housing, food, healthcare, and economic well-being.

### Key Statistics (2023 to 2024)

**Overall Overdose Deaths:** A 26% decrease in total drug overdose deaths was observed across the state.

**Geographic Trends:** The decrease was seen in both the Metro area (23% decrease in deaths) and Greater Minnesota (31% decrease in deaths).



**For current State of Minnesota Drug Overdose Data:**

<https://www.health.state.mn.us/communities/overdose/data/index.html>



**For current State of Minnesota Data Drug Overdose Deaths:**

<https://www.health.state.mn.us/communities/injury/midas/drugdeath.html>

Hennepin County is facing an opioid crisis. In 2023, more than 10,000 emergency room or hospital visits involved opioids, and 373 lives were lost to opioid-related overdoses. A big reason for the rise in these deaths is the spread of fentanyl and fentanyl-laced drugs. Fentanyl is involved in over 95% of opioid-related deaths in Hennepin County.



**For current Hennepin County data regarding Opioid-related deaths:**

<https://app.powerbigov.us/view?r=eyJrjoiZTUONWNhYjYtYz-BiYiOONjdiLTkzMmMtnZlM2FiNDN-IzdjliwidCI6IjhhZWZkZjlmLTg3ODAt-NDZiZi04Zml3LTRjOTI0NjUzYThiZS9>



**For current Hennepin County data regarding Opioid-related hospital and emergency visits:**

<https://app.powerbigov.us/view?r=eyJrjoiZGNkZGI5YTItMzkyYS00NT-kyLThkYTA0ODhiZjVkdjlmLTg3ODAt-NDZiZi04Zml3LTRjOTI0NjUzYThiZS9>



**For current data regarding Health trends across communities in Minnesota (HTAC):**

<https://mnehrconsortium.org/health-trends-across-communities-minnesota>

# Funders and Partners

## Funders

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- » Church of Gichitwaa Kateri
- » Hennepin County Opioid Response
- » Homelessness, Housing, and Support Services Administration (HHSSA) of the Minnesota Department of Human Services
- » University of Minnesota’s Medical Discovery Team on Addiction

## Partner Organizations

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- » Agate Housing & Services
- » All Nations Church
- » American Indian Community Development Corporation (AICDC)
- » American Indian Movement (AIM) Minneapolis
- » Avivo
- » Hearth Connection
- » Indigenous Peoples Task Force (IPTF)
- » Little Earth Housing Association
- » Minnesota Indian Women’s Resource Center (MIWRC)
- » Native American Community Development Institute (NACDI)
- » Neighborhood House
- » North Point Health
- » Peace House Community
- » Sanctuary Supply Depot
- » Southside Harm Reduction Services
- » Street Works Outreach Collaborative
- » The Aliveness Project



**MUIDMN.ORG**

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**Learn more about the Opioid  
Unsheltered Subcommittee at**  
[muidmn.org/unsheltered/opioid](https://muidmn.org/unsheltered/opioid)

