



Board of County Commissioners Agenda Request

2M
Agenda Item #

Requested Meeting Date: October 28, 2025

Title of Item: Robert Nelson- Chemical Use Assessment- Opioid Funding Request

☐ REGULAR AGENDA ☒ CONSENT AGENDA ☐ INFORMATION ONLY	Action Requested: ☒ Approve/Deny Motion ☐ Adopt Resolution (attach draft) <i>*provide copy of hearing notice that was published</i> ☐ Direction Requested ☐ Discussion Item ☐ Hold Public Hearing*	
Submitted by: Paula Arimborgo		Department: H&HS Administration
Presenter (Name and Title): Kelli Crowther, PHN, Opioid Coordinator or Erin Melz, PH Supervisor		Estimated Time Needed: 0
Summary of Issue: Final approval of funding application on behalf of Robert Nelson, LADC. This application was reviewed and unanimously approved by the Opioid Subcommittee on October 7th, 2025. Project: Robert Nelson- Comprehensive Substance Use Disorder Assessments Overview: This project will retain in-person, face-to-face substance use disorder (SUD) assessments for Aitkin County residents, whether incarcerated or not, during the credentialing period. Funding will provide short-term support for assessments while credentialing with DHS and insurance providers is completed.		
Alternatives, Options, Effects on Others/Comments:		
Recommended Action/Motion: Approve up to \$5,000 invoiced monthly over the next 6 months for payment of completed assessments at \$175 per assessment funded with Opioid Settlement Funds to Robert Nelson.		
Financial Impact: <i>Is there a cost associated with this request?</i> ☐ Yes ☒ No <i>What is the total cost, with tax and shipping? \$</i> <i>Is this budgeted?</i> ☐ Yes ☒ No <i>Please Explain:</i> Opioid Settlement Funds will be used to support this project.		

Aitkin County Health and Human Services

Contact:

Please direct all correspondence to the contact information below.

Kelli Crowther, PHN
Aitkin County Public Health
(218) 927-7267
Kelli.crowther@aitkincountymn.gov



Public Health
Prevent Promote Protect
Aitkin County

2025

Opioid Settlement (OS) Funding Application

Section 1: Applicant Information

Date	9-18-2025
Organization Name	Robert D. Nelson
Street Address	14040 48th St.
Mailing Address if different	
City, State, Zip Code	Tamarack, MN 55787
County	Aitkin

Primary Contact	Robert Nelson
Phone	218-392-0052
Email	rnelsonpap@gmail.com

Financial Contact	Robert D. Nelson
Tax ID/SSN	469-62-6241
Phone	218-392-0052
Email	rnelsonpap@gmail.com

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

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

PROJECT NAME:	<Replace text with your project name>
Brief Overview <Give a brief overview of your project including how funds would be used. If your request is over \$25,000 provide a brief description of the desired outcome or goal of your project.>	
Funding Request	<Replace with amount of OS dollars you are requesting.>

Section 2: Project Category

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

☒ Treatment

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

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

☒ Prevention

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

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

☐ Harm Reduction

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

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

☐ Research and Training

Support opioid abatement research and training. Examples may include:

- Funding for staff training or networking programs and services to improve the capability of government, community, and not for profit entities to abate the opioid crisis.
- Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
- Research non-opioid treatment of chronic pain.
- Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

Section 3: Guiding Principles

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

☒ Spend Money to Save Lives.

- OS dollars will be used on a specific project and not to fill budget gaps or shortfalls in other programs. OS dollars are being used to expand on an existing evidenced based program or initiative.

☐ Use Evidence to Guide Spending

- There is evidence to support expansion of an existing program. This could include an initiative or program that was not successful but there are learned outcomes that could be successful.

☐ Invest in Youth Prevention

- This program supports, children, youth and families in effective programs.

☒ Focus on Racial Equity

- This program serves a specific demographic or underserved population in our community. Check one.

☒ Socioeconomic

☒ Veterans

☐ Other _____

☒ Seniors

☒ Homeless

☒ LGBTQ

☐ Youth

☒ Black/Indigenous/People of Color

☒ Develop a Fair and Transparent Process for Spending Funds

- There is a process in place for clear and transparent use of OS dollars

Please Note:

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

Section 4: Work plan and Goals

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

<Replace this text with project detail and goals.>

Maintain face to face CURA in the Arthur Jail.
I believe one on one meetings to be better for client rather than video/Zoom. I believe the personal connection is important for clients ongoing recovery.
I will be submitting to state my credentialing info to be able to ^{bill} them directly. This process along w/ same for Insurance Companies should be completed within 3 months.

ACTIVITIES TO ACCOMPLISH GOAL(S)	TIMELINE	RESPONSIBLE INDIVIDUAL(S)

Section 5:Evaluation:

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

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

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

<Replace this text with your narrative.>

Section 6: Budget and Funding Request

Please complete the total project funding table below. *If line A is an overall cost please include an itemized list totaling the cost. You can also attach your own detailed budget.*

Total Project Funding Table

A) How much funding are you requesting from the Aitkin County Opioid Settlement Funds?	\$ 5,000
B) Do you anticipate any additional funding for this project? <i>Include other grants, donations, fundraised amounts, budgeted dollars, etc.</i>	\$ _____
C) How much do you or a partner anticipate contributing in-kind to the project? <i>Include staff/volunteer time, etc.</i>	\$ _____
Total Project Cost <i>(should equal the sum of the 3 lines above)</i>	\$ 0 5,000

Submit your completed application via email to kelli.crowther@aitkincountymn.gov
Please put OS Application in the subject line.

Opioid Settlement Funding Application

Project Name: Aitkin County Jail CUA

Funds will be used to pay for CUA in the Aitkin Jail. Each assessmet cost is \$175.
The total cost are not exceed \$5000.