

Opioid Settlement Assessment Update

Presentation to Stronger Together,
May 8, 2024



**Presented by Liz Radel Freeman,
Contracted Public Health Evaluator**



Agenda

**Opioid Settlement Funding:
Overview and Local
Distribution Plan**

**Opioid Settlement Assessment
Findings**

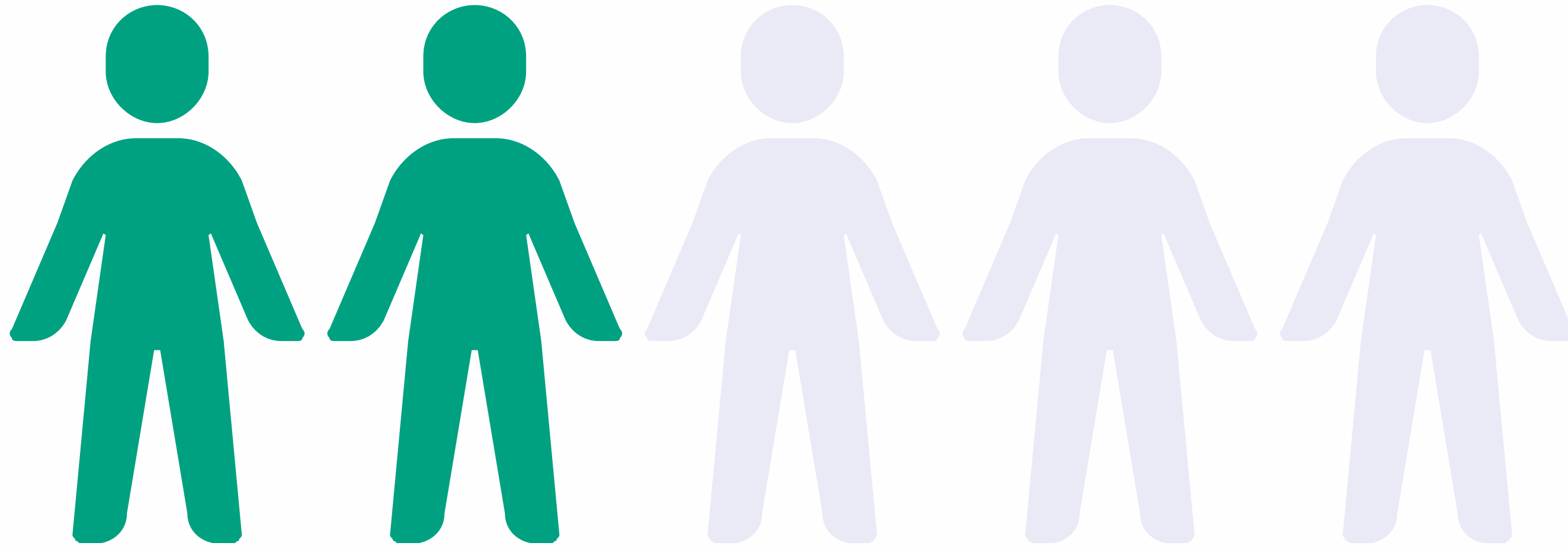
**Discussion and Vote on service
priorities for Opioid
Settlement Spending**



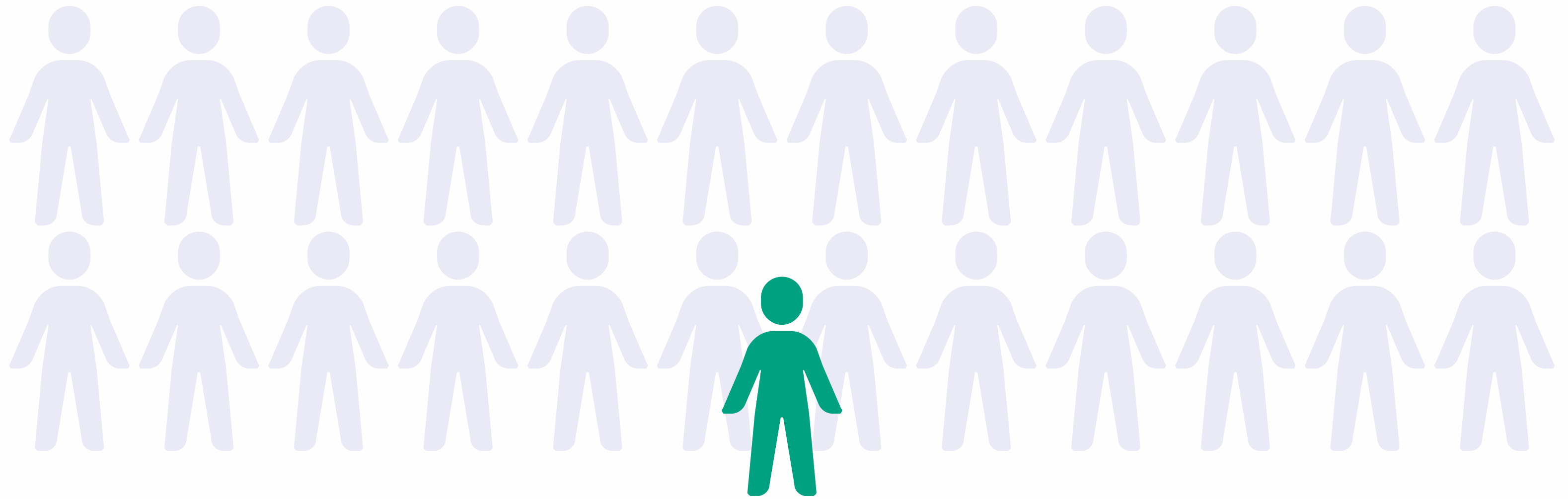
T H A N K Y O U

Centering: Why we are here





Two in five US adults know at least one person who has died of an overdose.



For 1 in 25, the loss of their loved one to an overdose has had an enduring, profound impact on their life.

SAVING

LIVES



About the Opioid Settlement Funding

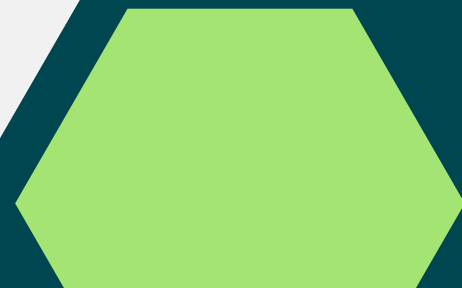
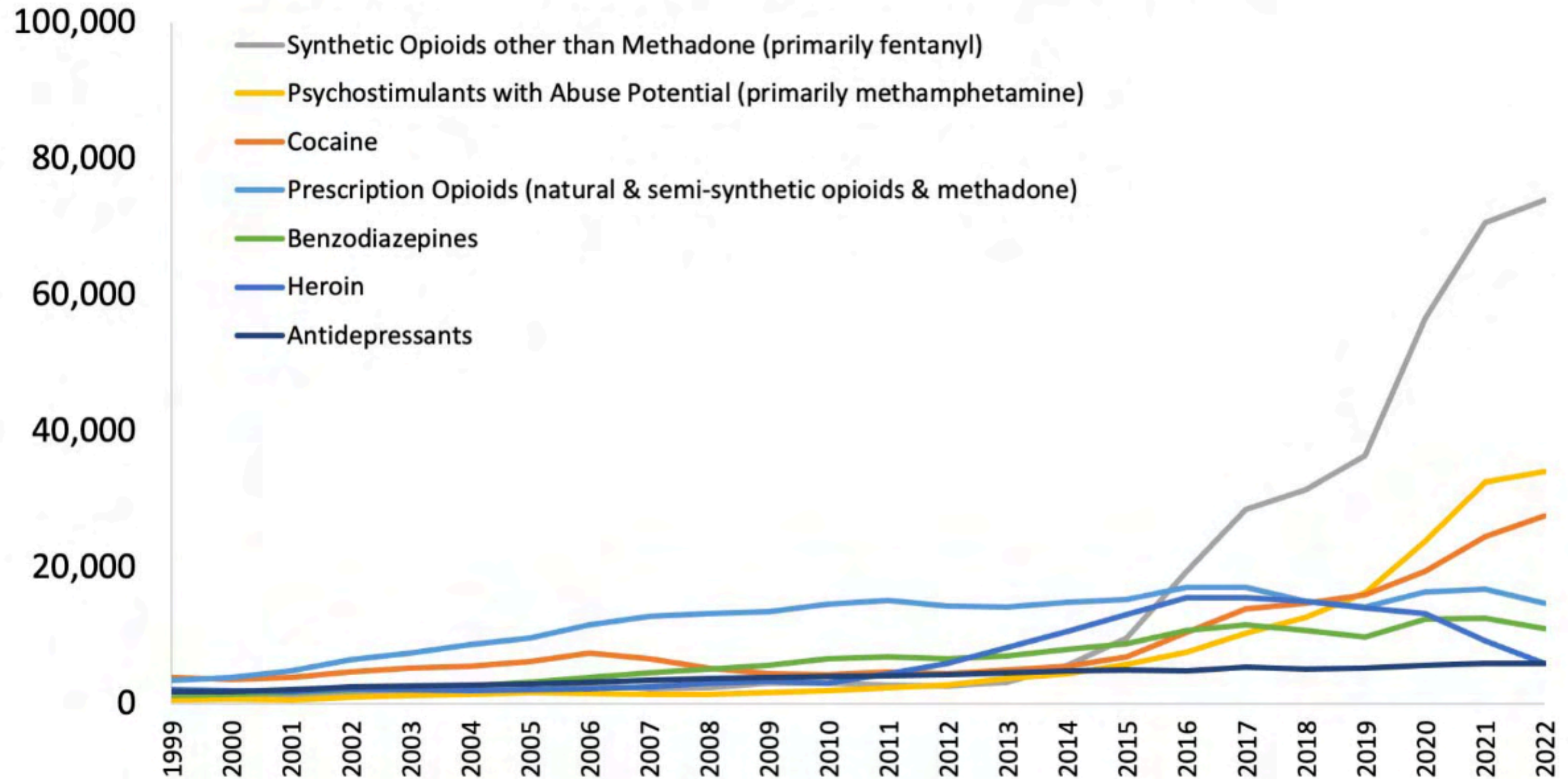


Figure 2. National Drug Overdose Deaths*, Number Among All Ages, 1999-2022



*Includes deaths with underlying causes of unintentional drug poisoning (X40–X44), suicide drug poisoning (X60–X64), homicide drug poisoning (X85), or drug poisoning of undetermined intent (Y10–Y14), as coded in the International Classification of Diseases, 10th Revision. Source: Centers for Disease Control and Prevention, National Center for Health Statistics. Multiple Cause of Death 1999-2022 on CDC WONDER Online Database, released 4/2024.

Opioid Settlement Funding Overview



Multistate settlement agreement of over \$36 billion



Minnesota joined in 2021

Opioid Settlement Funding Overview

Settlement with
manufacturers and
distributors of opioids



Johnson & Johnson

CVS
pharmacy

Walmart 

Walgreens

Opioid Settlement Funding Overview



Within Minnesota, 25% of settlement goes to statewide strategy; 75% goes to counties and cities





**June 30,
2024**

**June 30,
2029**

**July 31,
2038**

Faribault

\$206,000

\$446,000

\$806,000

Martin

\$243,000

\$525,000

\$947,000

Faribault

\$206,000



**\$38K to
\$54K
per year**

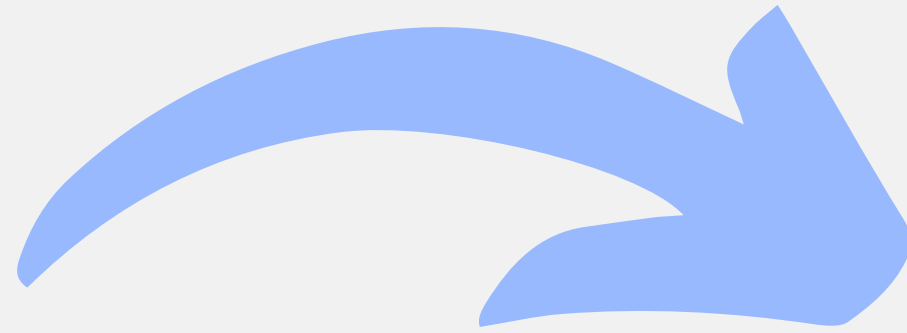
\$446,000



**June 30,
2024**



**June 30,
2029**



Martin

\$243,000



**\$45K to
\$63K
per year**

\$525,000

Opioid Settlement Funding Overview



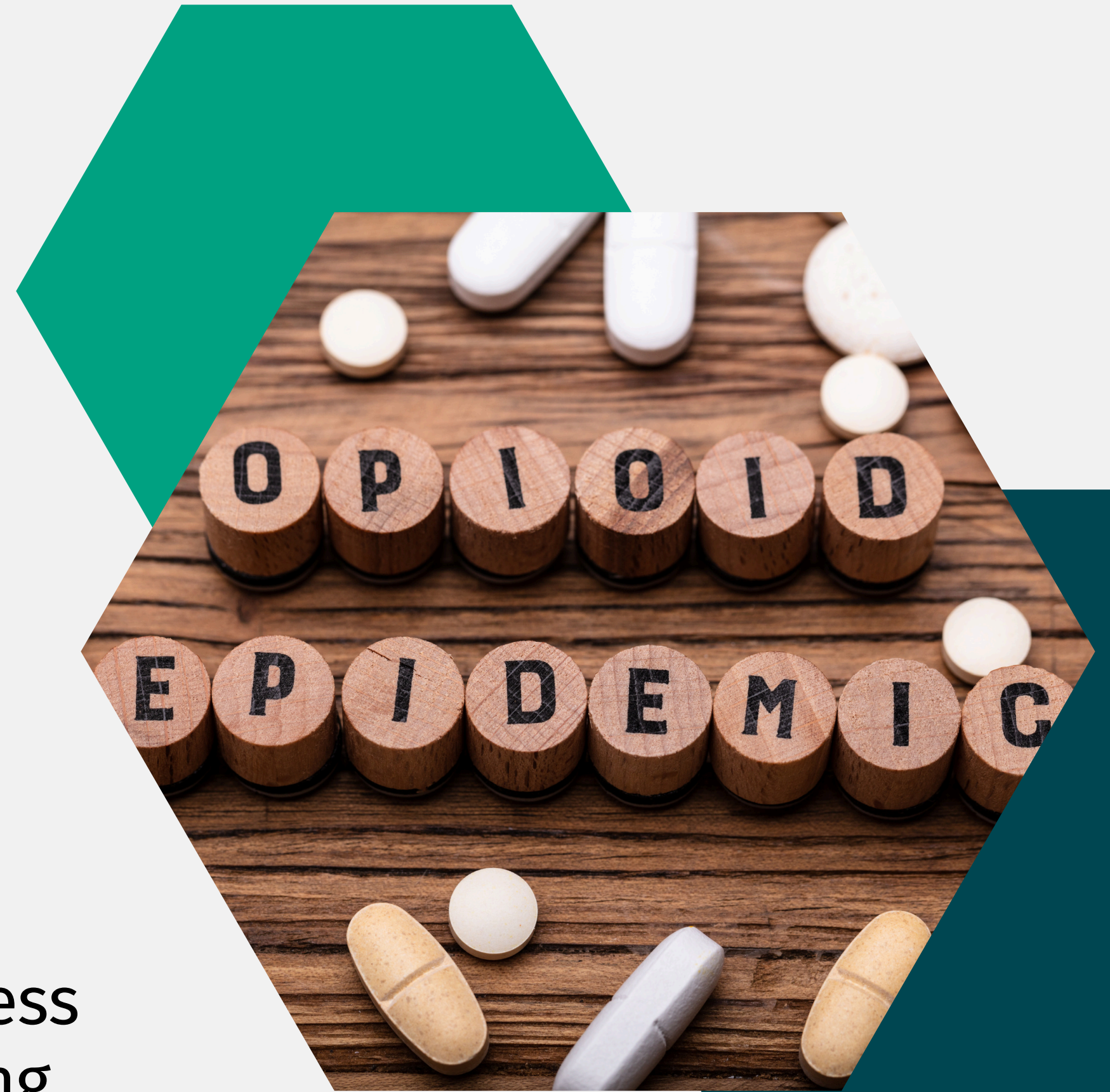
Health & Human Services of Faribault & Martin Counties is named as chief strategist



Funding priorities and budgets managed separately by county

Johns Hopkins Principles of Spending

1. Spend money to save lives.
2. Use evidence to guide spending.
3. Invest in youth prevention.
4. Focus on racial equity.
5. Develop a fair and transparent process for deciding where to spend the funding.



Assessment Overview



Goal of assessment

Using **data** and
gathering
community input
to guide opioid
settlement
spending



Key research questions

What do stakeholders see as
key **funding priorities**?

What **existing efforts** could be
leveraged?



Key stakeholder groups



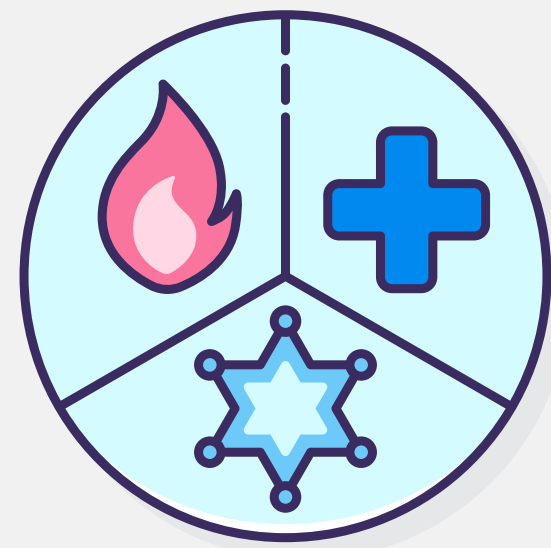
Health and Public Health Professionals



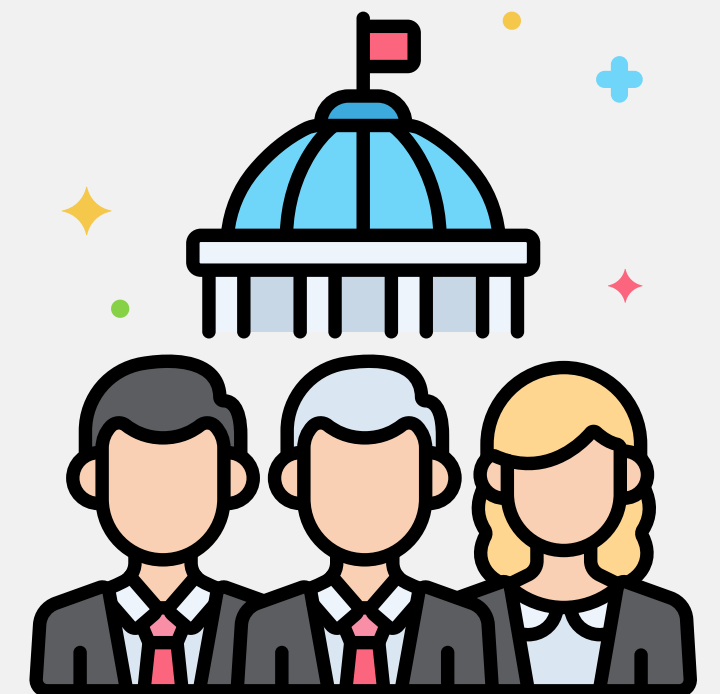
Residents with lived experience



Recovery Specialists



First responders



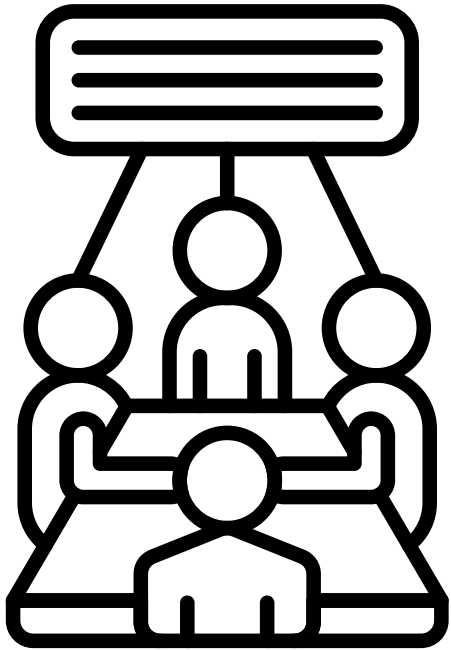
**Elected Officials/
Government workers**

Assessment Methods

Online survey of stakeholders



Community
Listening
Sessions/ Data
Review
Workshops
(2 per county)



Key informant
interviews





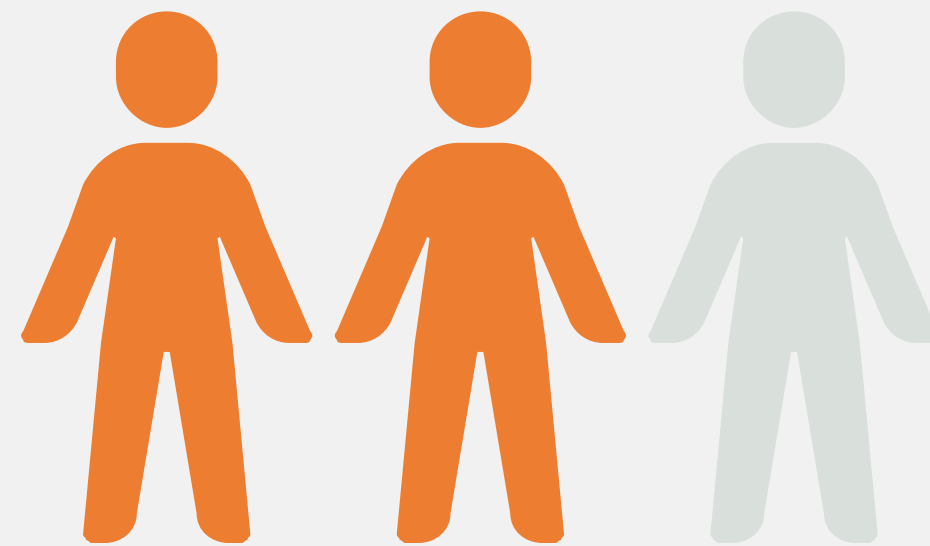
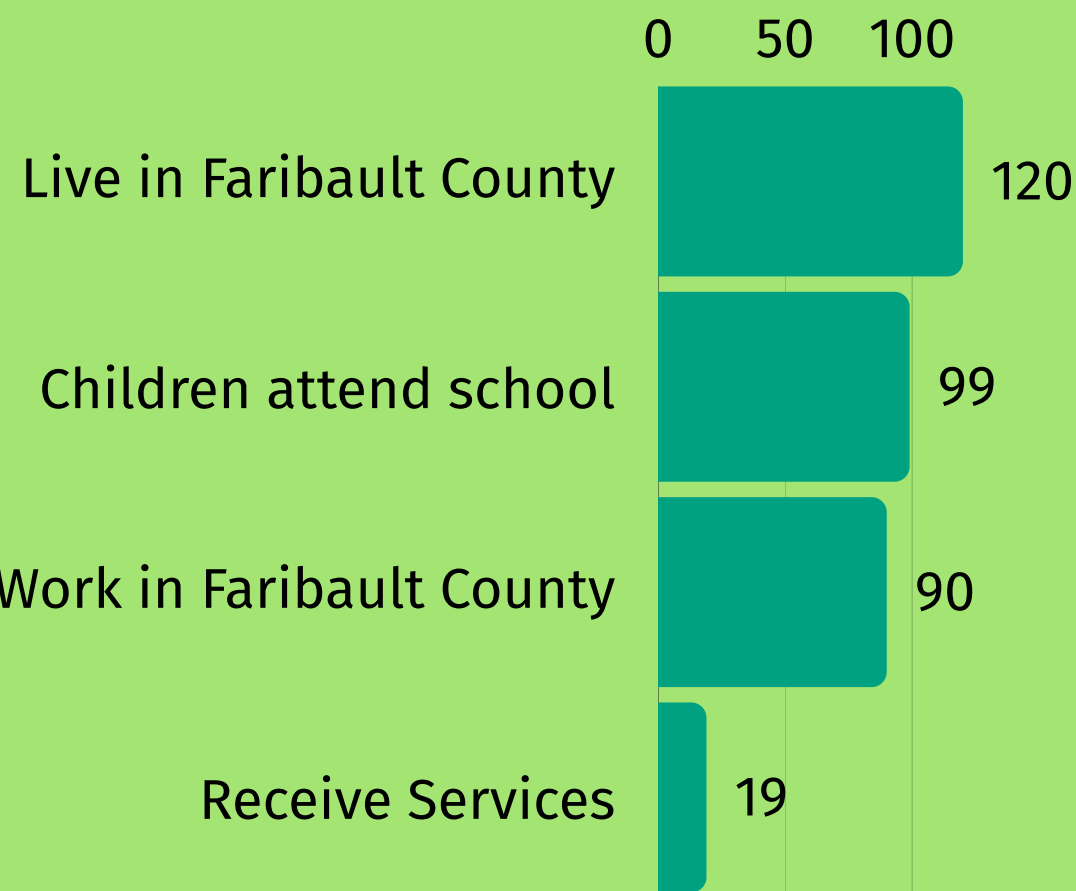
Online Survey



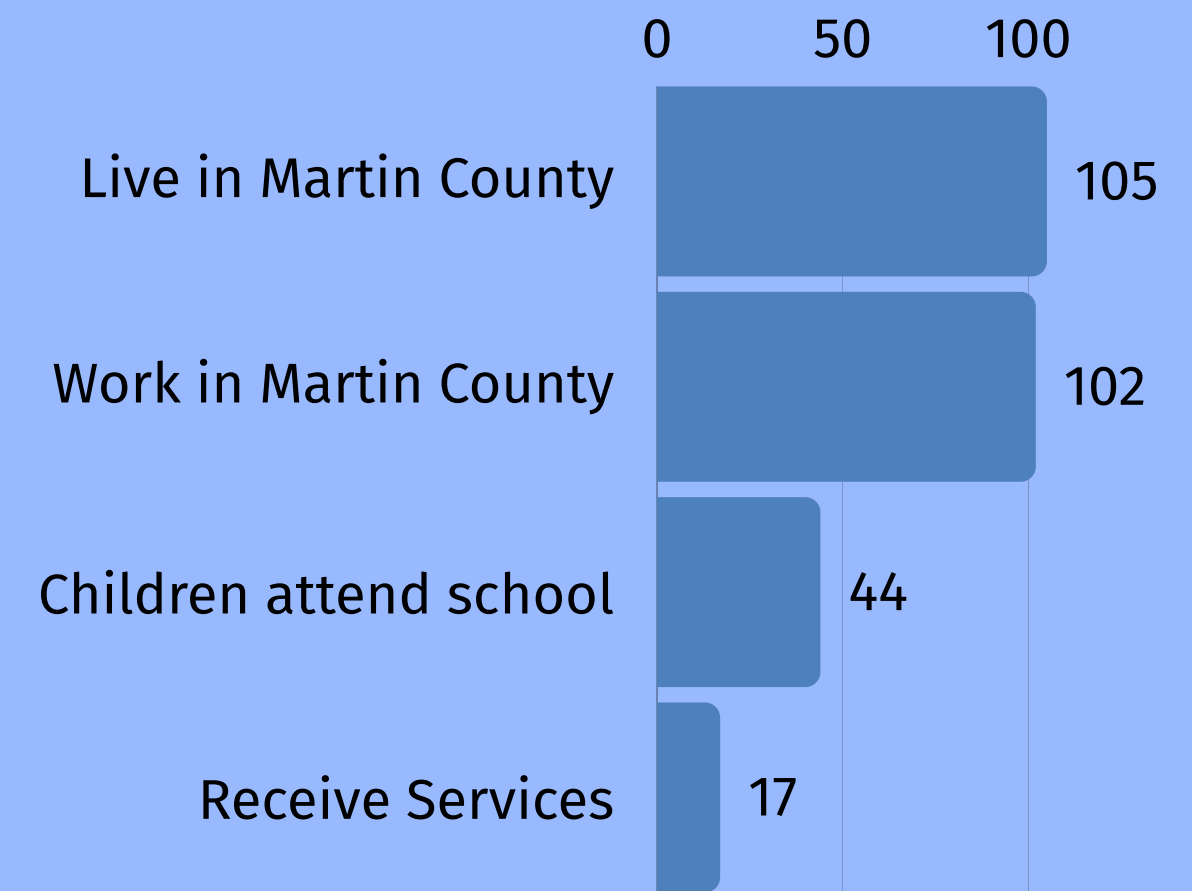
Faribault County 151 respondents

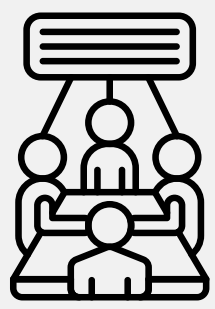
Faribault & Martin Counties

Martin County 140 respondents



Personal experience with SUD





Data Review & Listening Sessions



Faribault County



City Government



Veteran's Services Staff



First Responder Staff

Faribault and Martin Counties



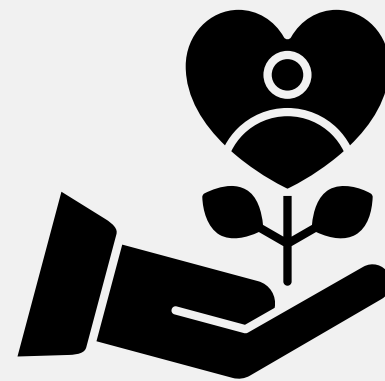
Addiction Recovery Specialists



Education



People with Lived Experience in Substance Use Disorder and Recovery



Nonprofit staff



County Chemical Dependency Staff

Martin County



Treatment Court Staff



Housing Provider



Employment Services Staff



Interviews



Faribault
County

Faribault and Martin Counties

Martin
County



Peer Support
Recovery
Specialists



Child
Protection
Staff



County
Chemical
Dependency
Staff



County
Mental Health
Staff



Corrections
Team

faricARES



Opioid Fund Distribution Plan



Opioid Settlement Fund Distribution Plan



Method

Timing

Opioid Settlement Fund Distribution Plan



Method

Timing



Opioid Settlement Fund Distribution Plan



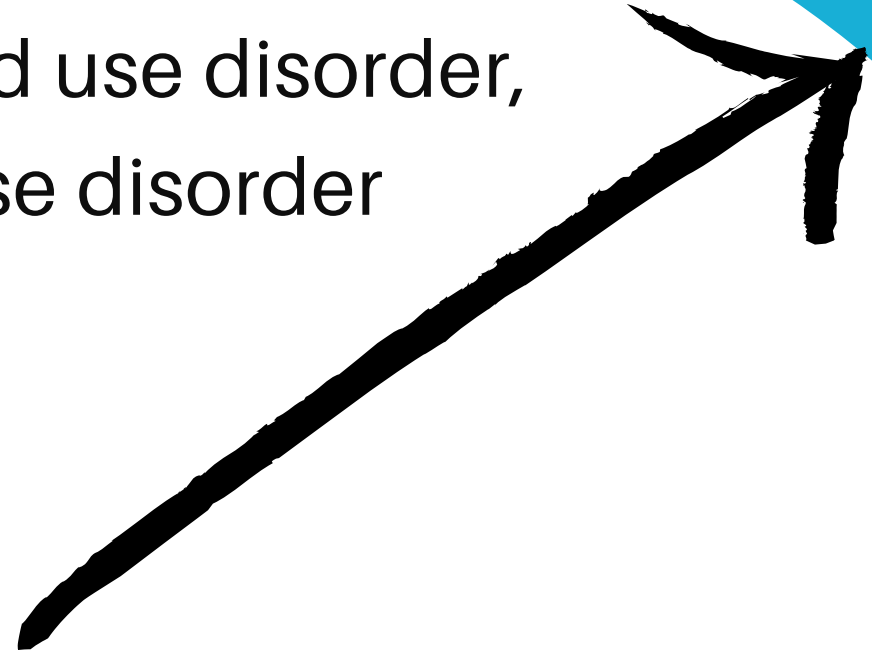
Method

Timing

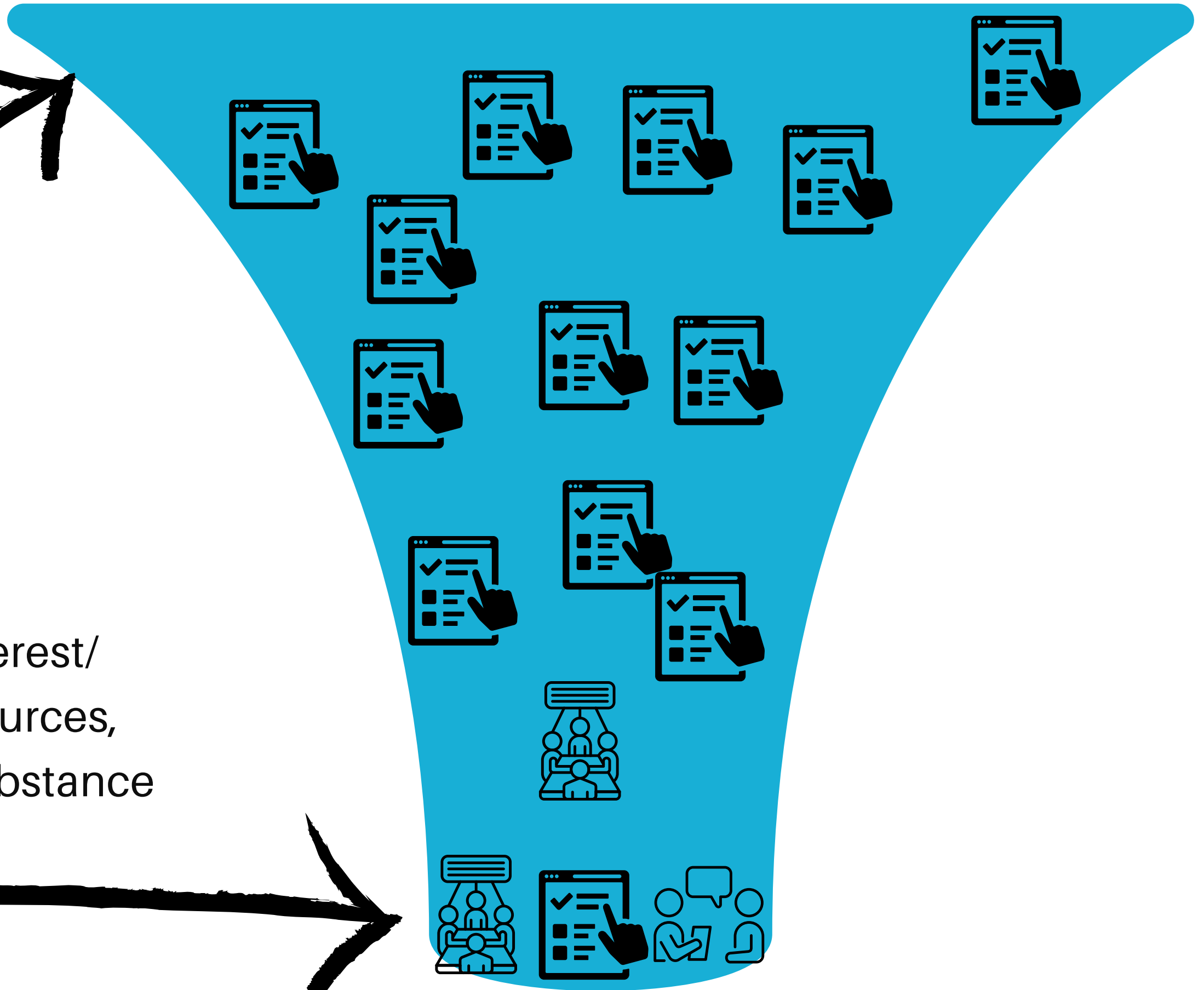


Top Funding
Priorities

Broader knowledge of local resources, opioid use disorder, substance use disorder



More specialized interest/expertise in local resources, opioid use disorder, substance use disorder





Assessment Findings



Opioid

Landscapes





Opioids are NOT currently the drug of choice in Faribault & Martin Counties






**Unintentional
exposure**



**Overdoses
underreported**

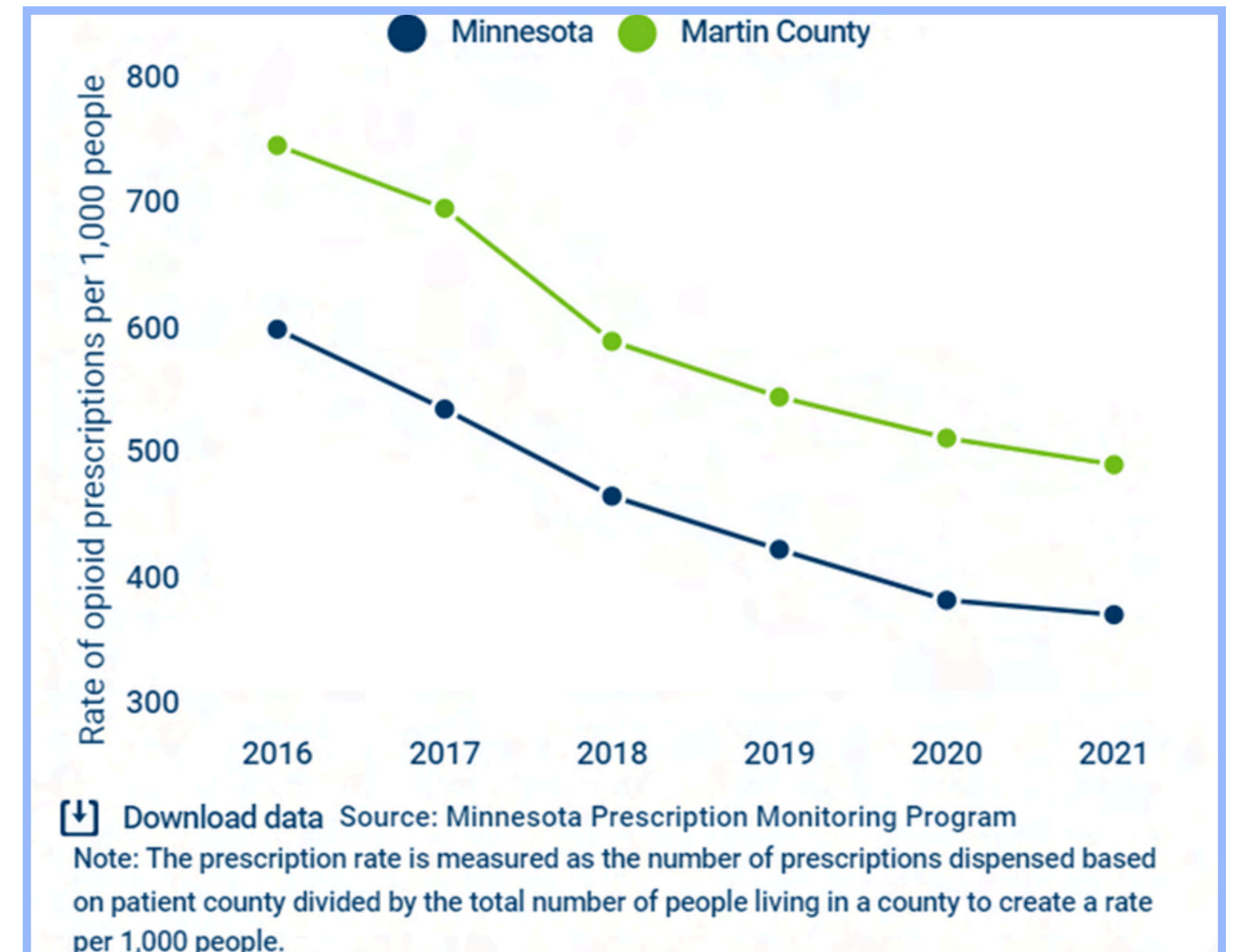
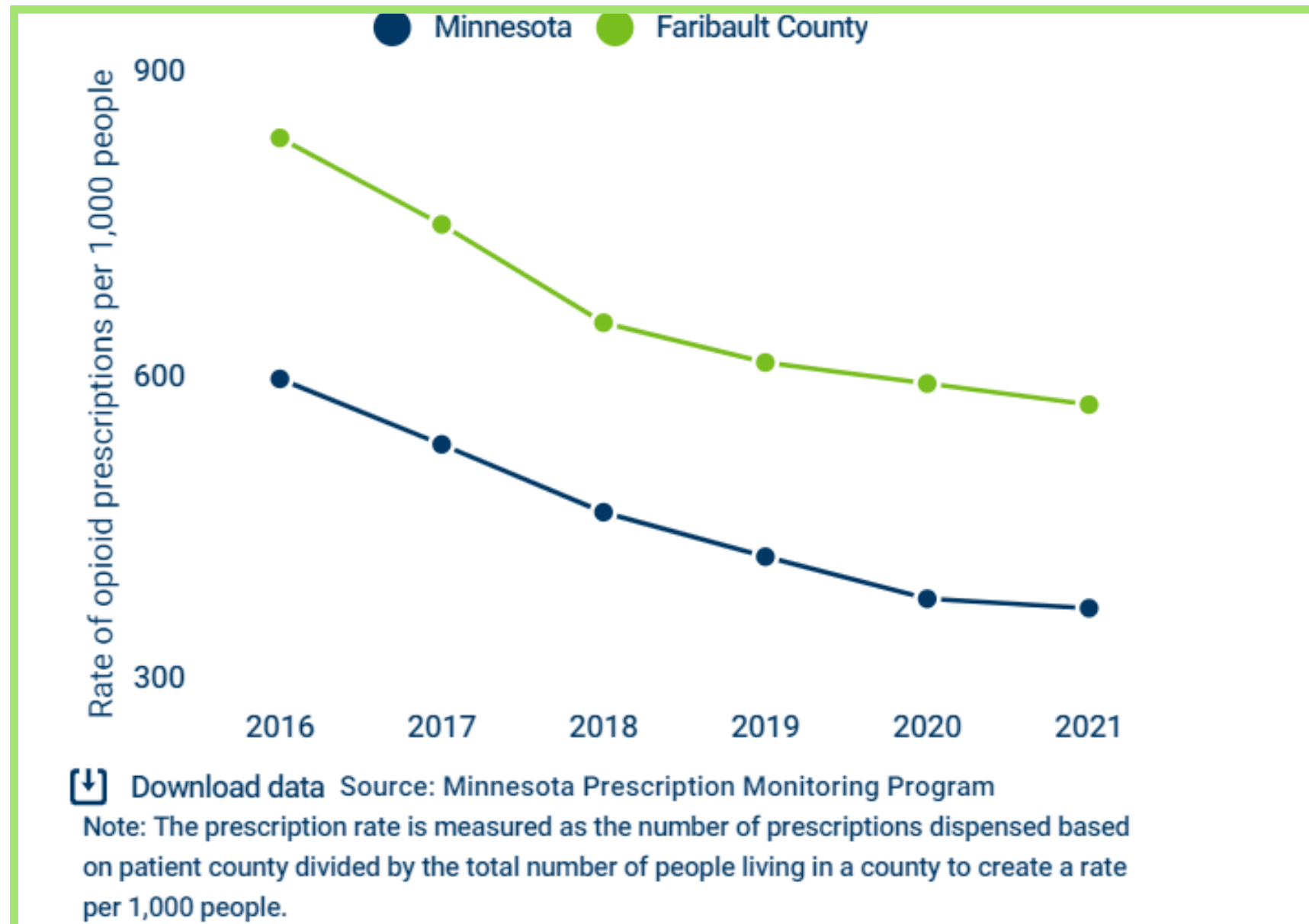


**Some youth
experimenting**





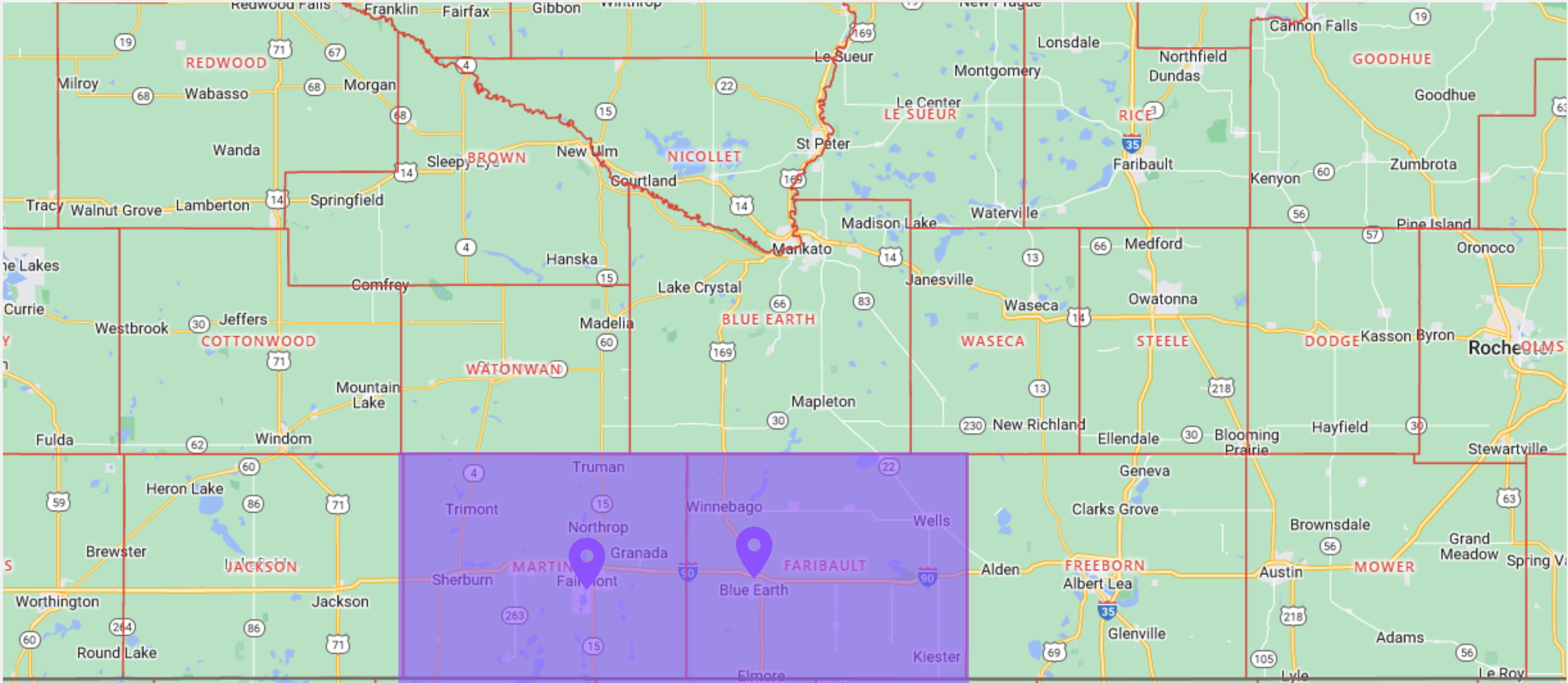
Faribault & Martin Counties have seen a decline in opioid prescriptions since 2016



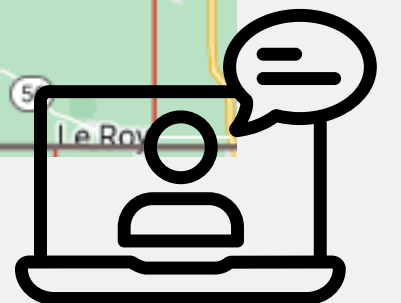
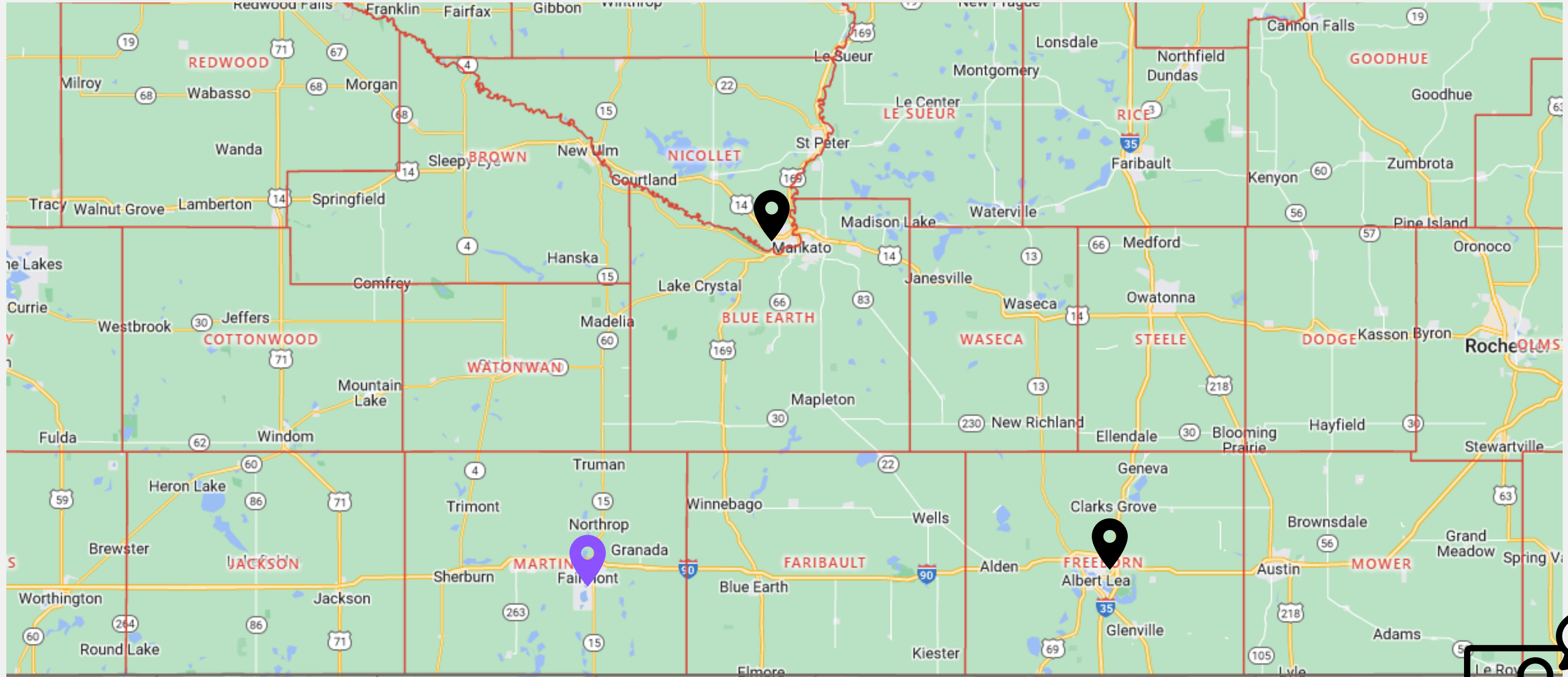
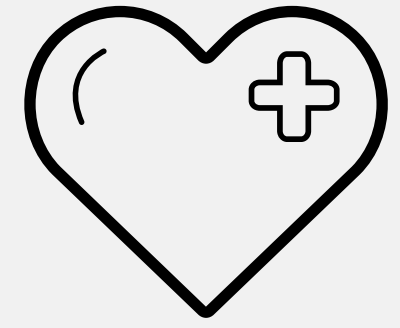
Getting help for Substance Use Disorder in Faribault & Martin Counties



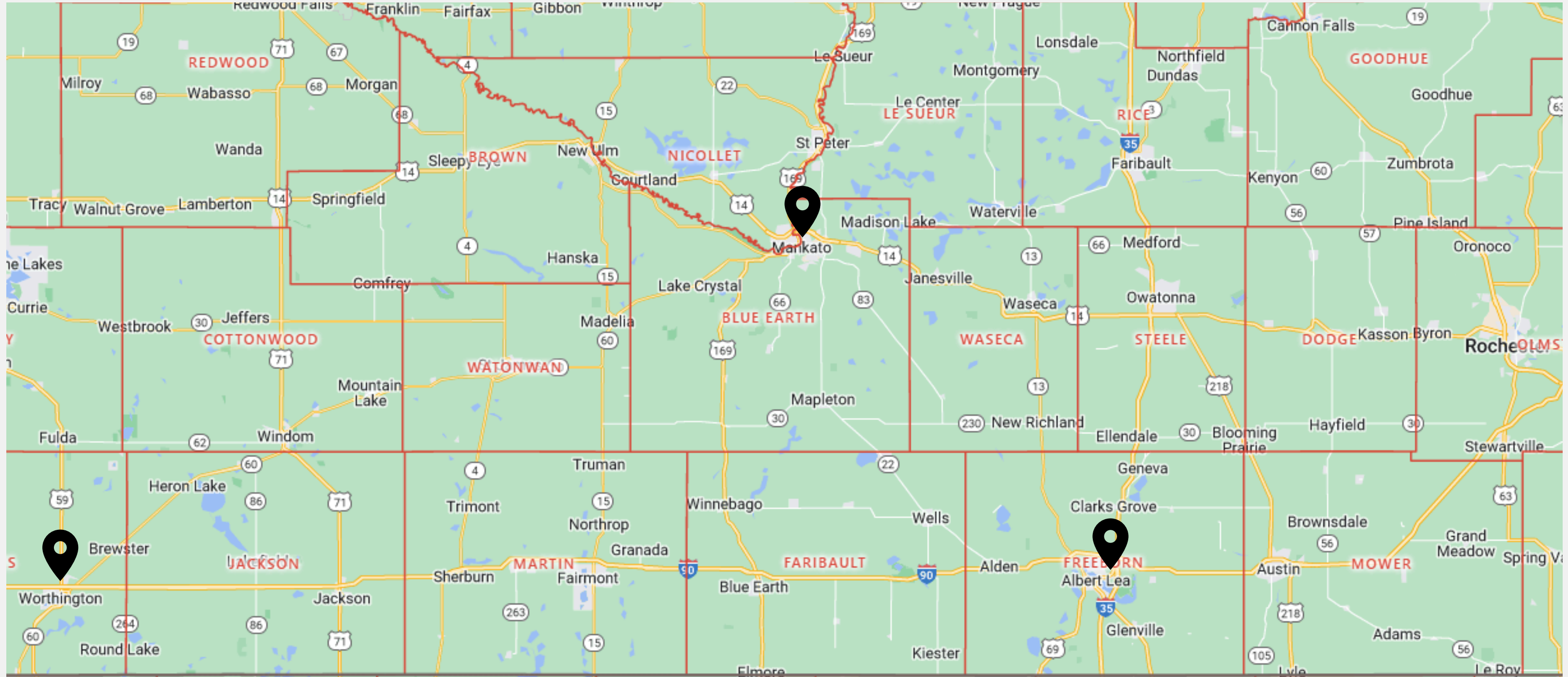
County Chemical Dependency Assessment



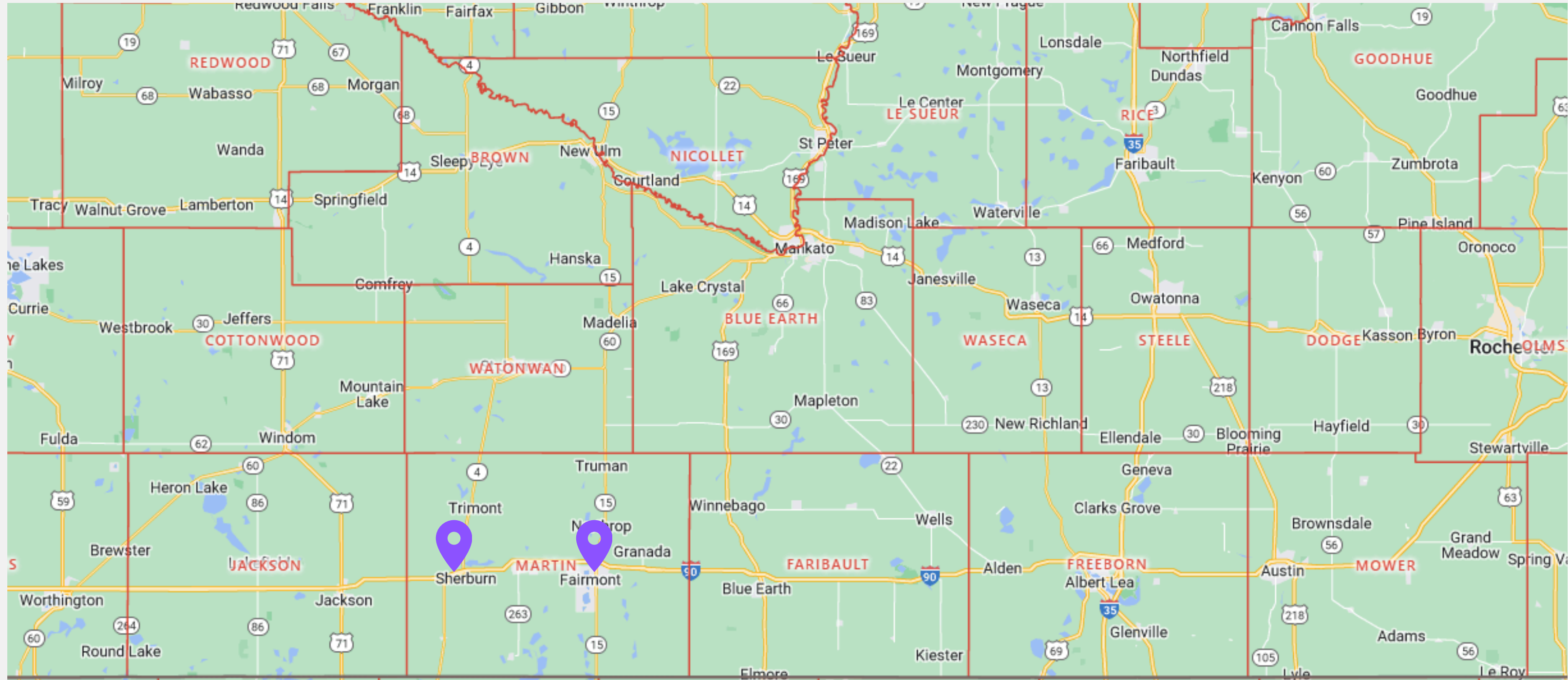
Outpatient Treatment (with medical ride)



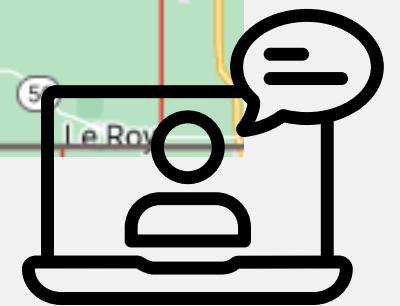
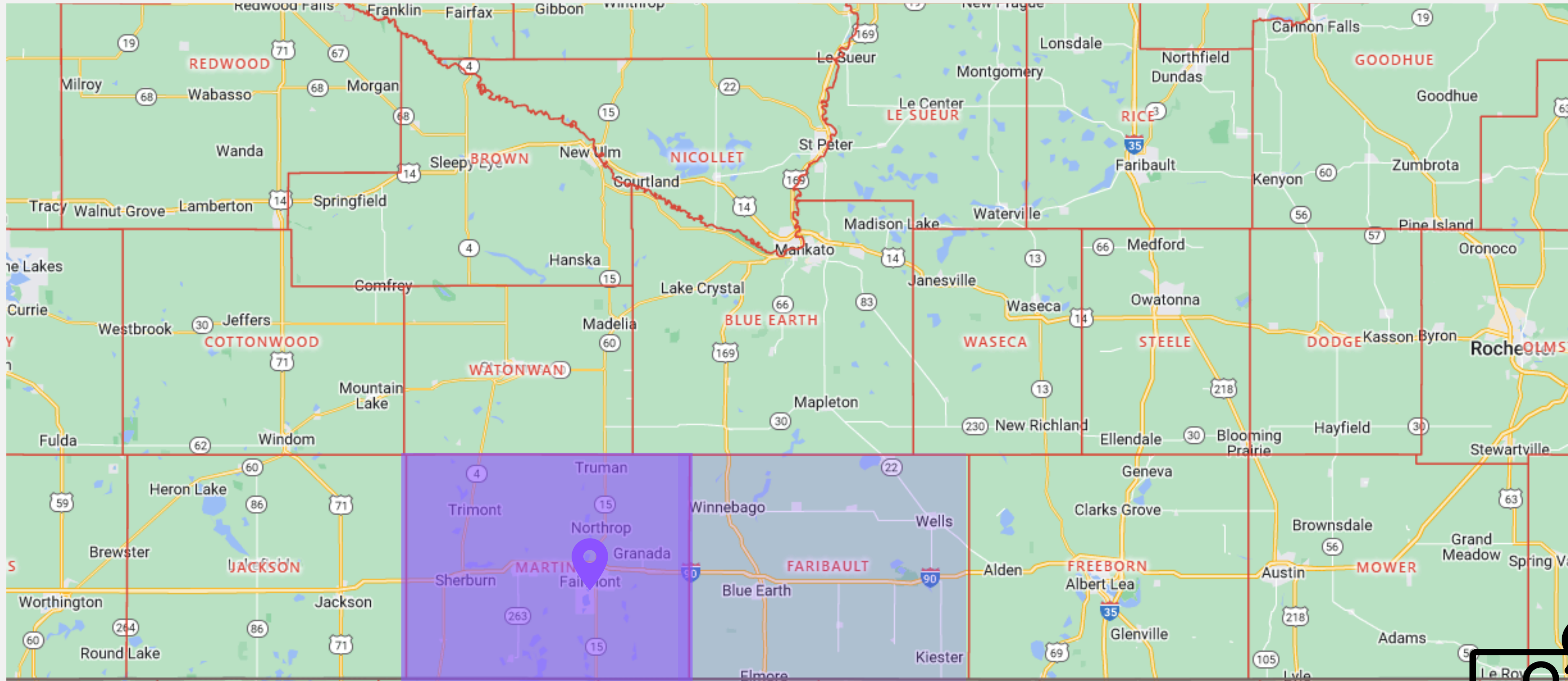
Sober Housing (County Funded) Board and Lodge



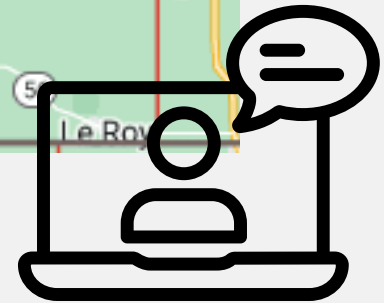
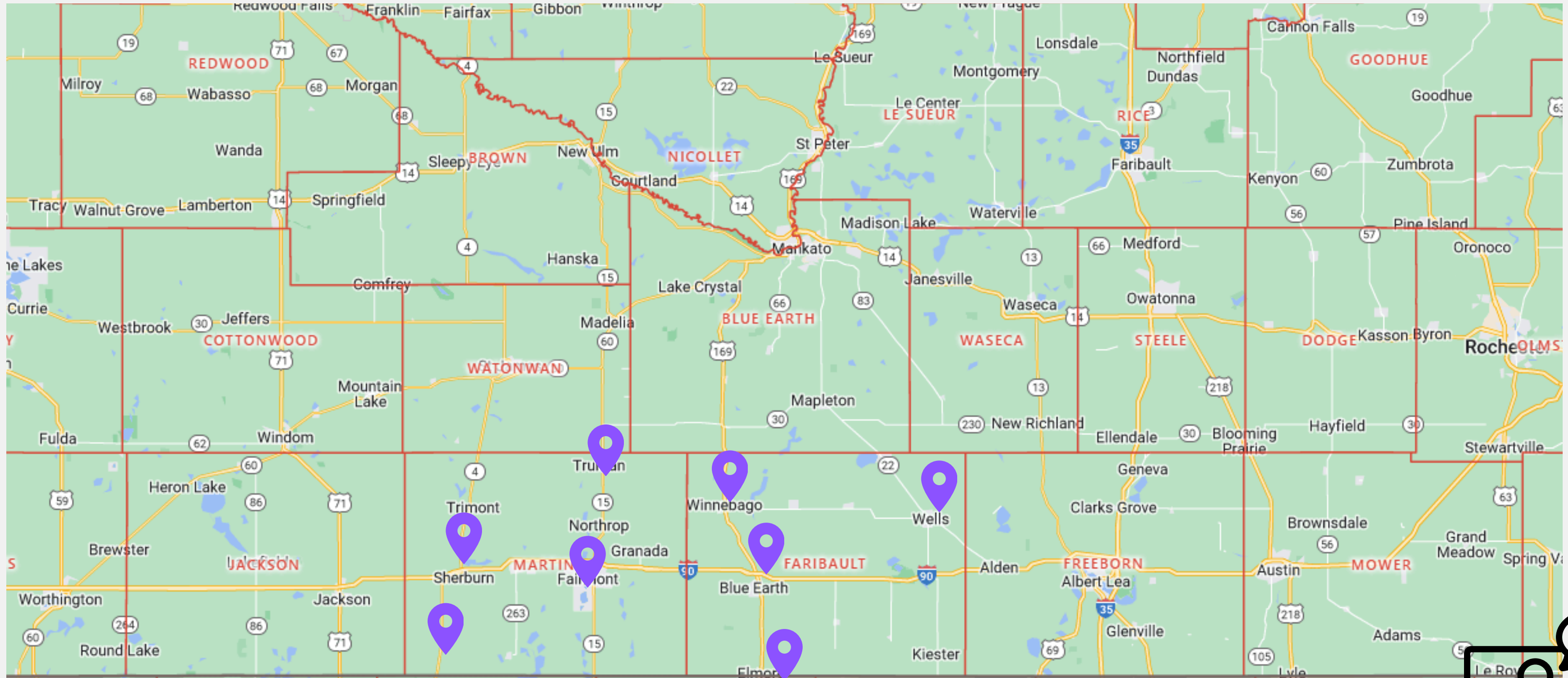
Sober Housing (Non Licensed)



Peer Support Specialists



Recovery Groups



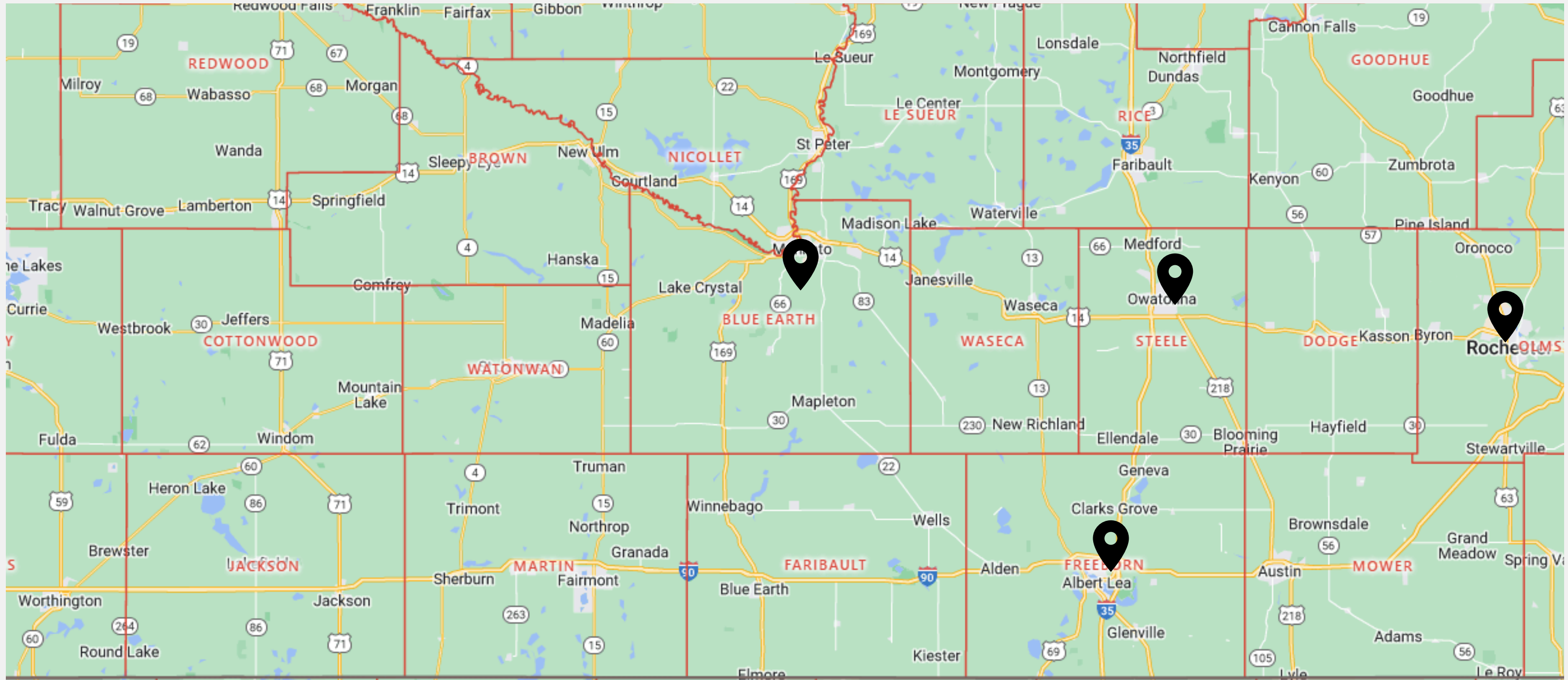
In-patient treatment



Granite Falls




Twin Cities Metro

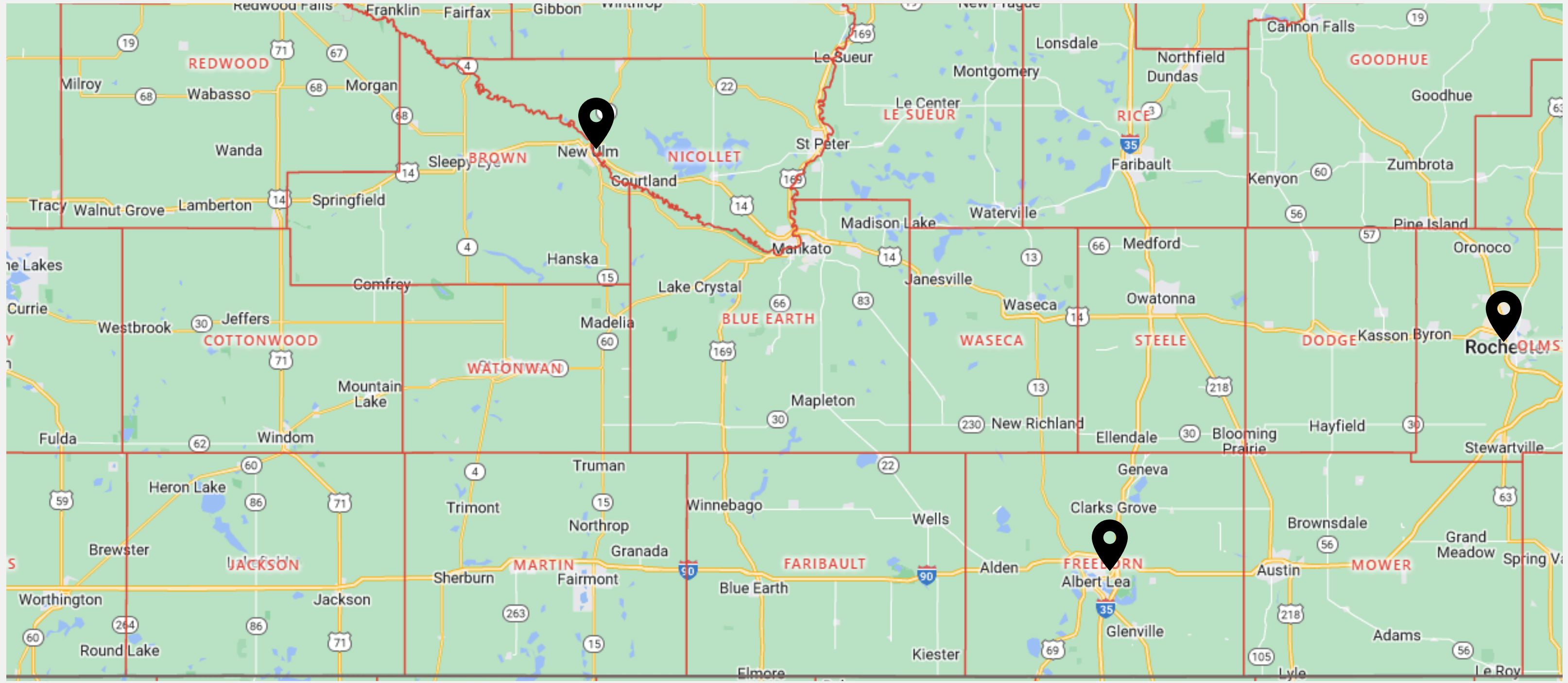


Detox Services




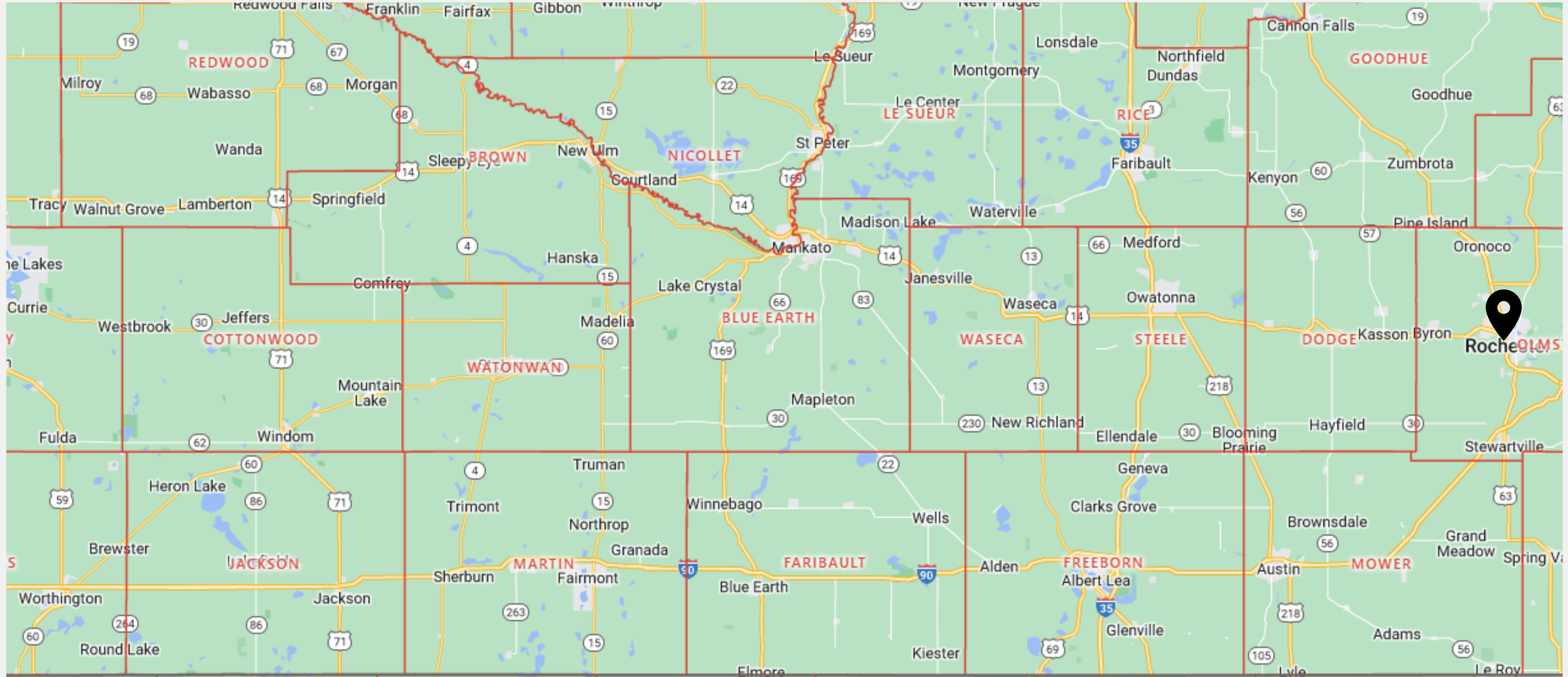
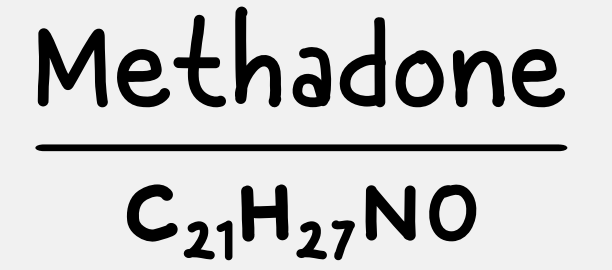
Granite Falls 

 Twin Cities Metro



Methadone Program


 Twin Cities Metro

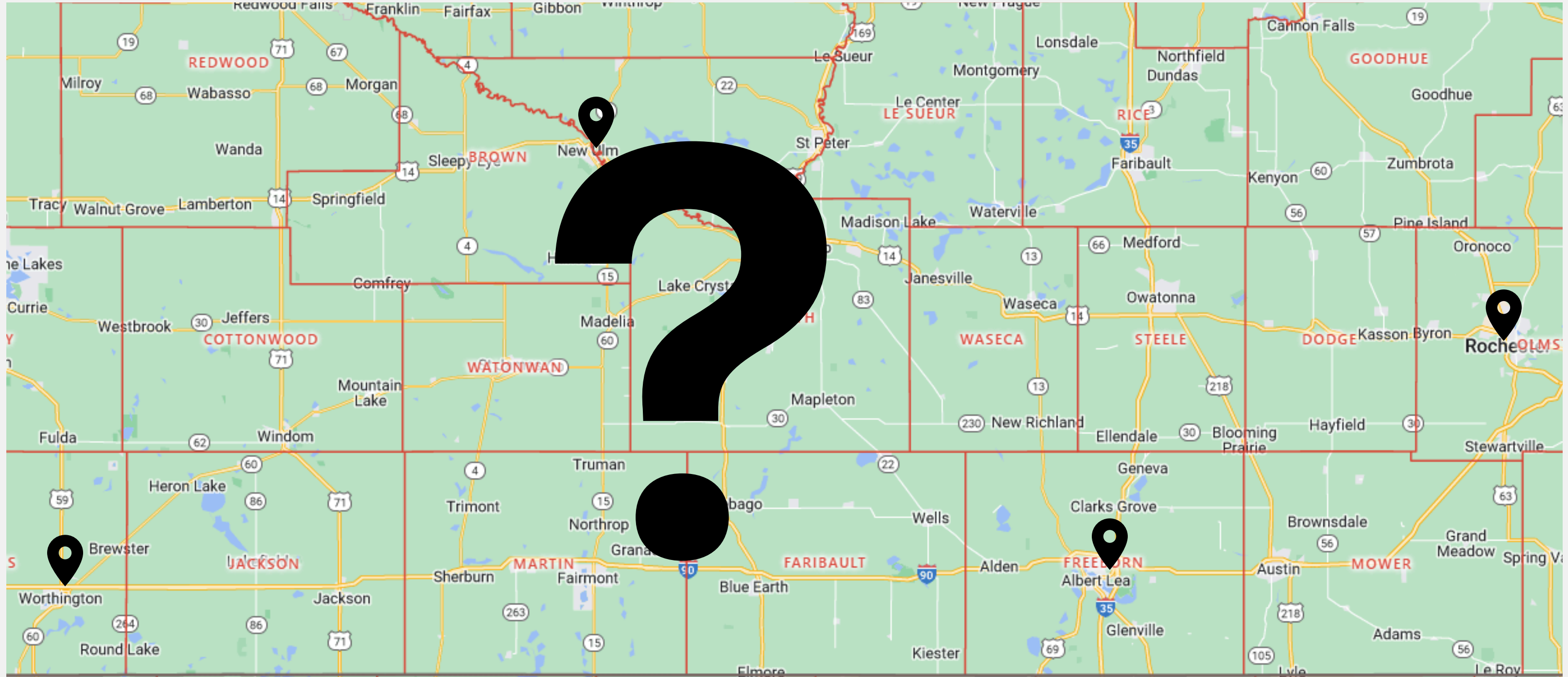


Suboxone Dispensers



Granite Falls 

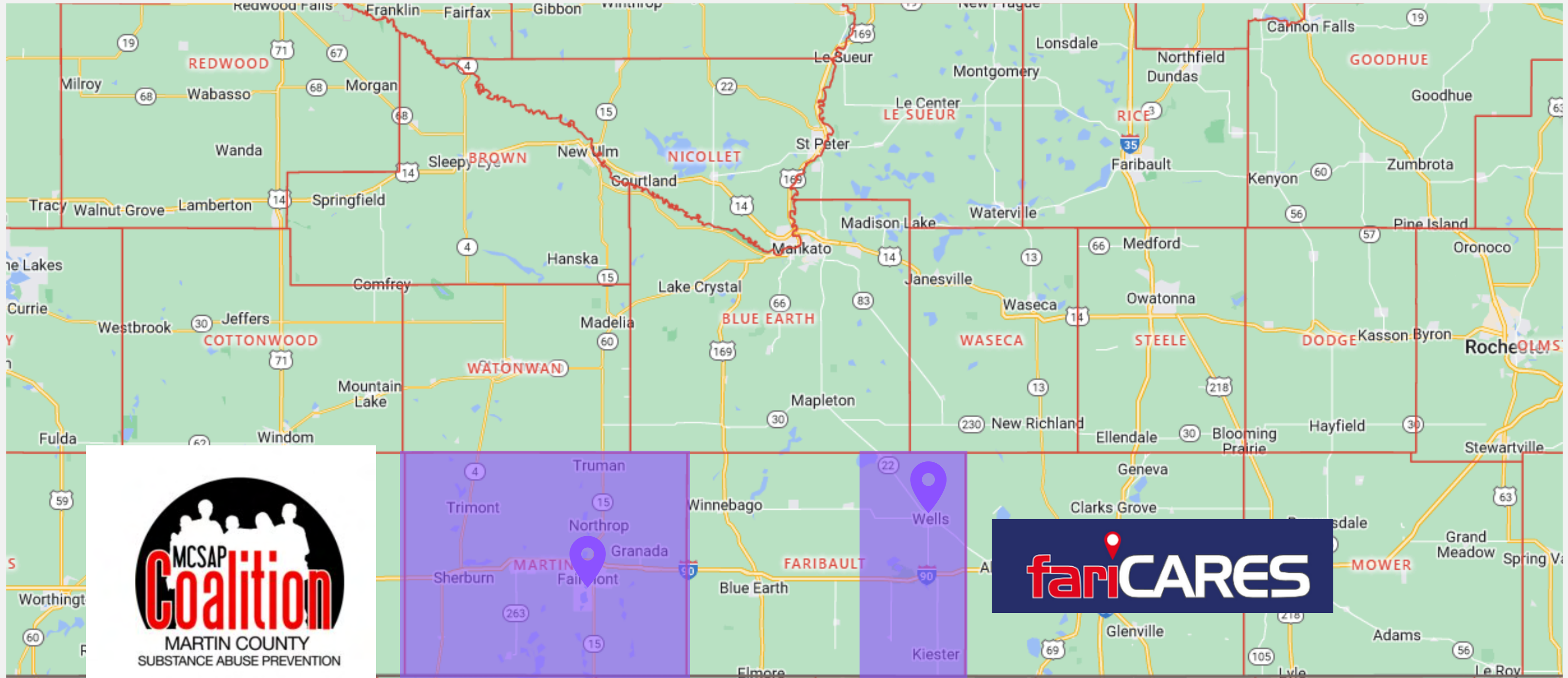
 Twin Cities Metro



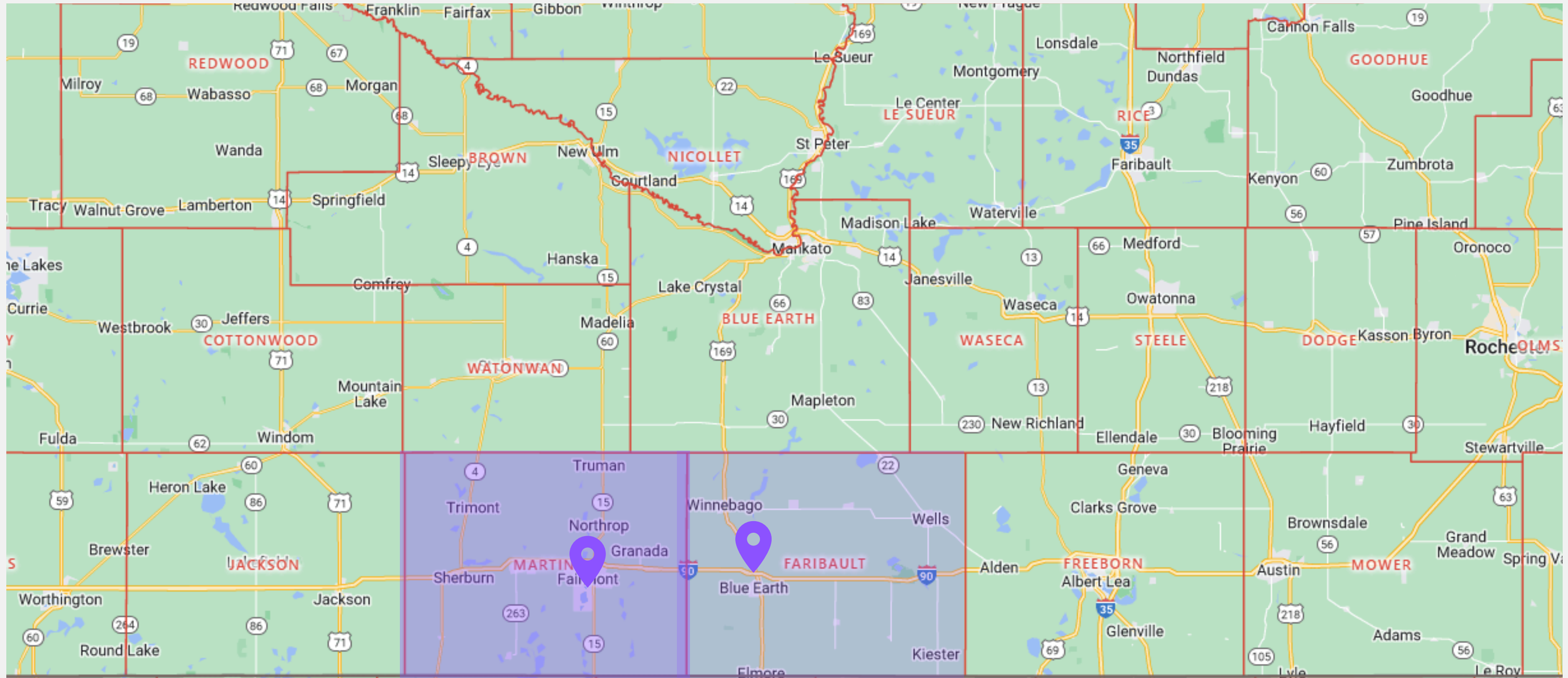
Prevention Efforts in Faribault & Martin Counties



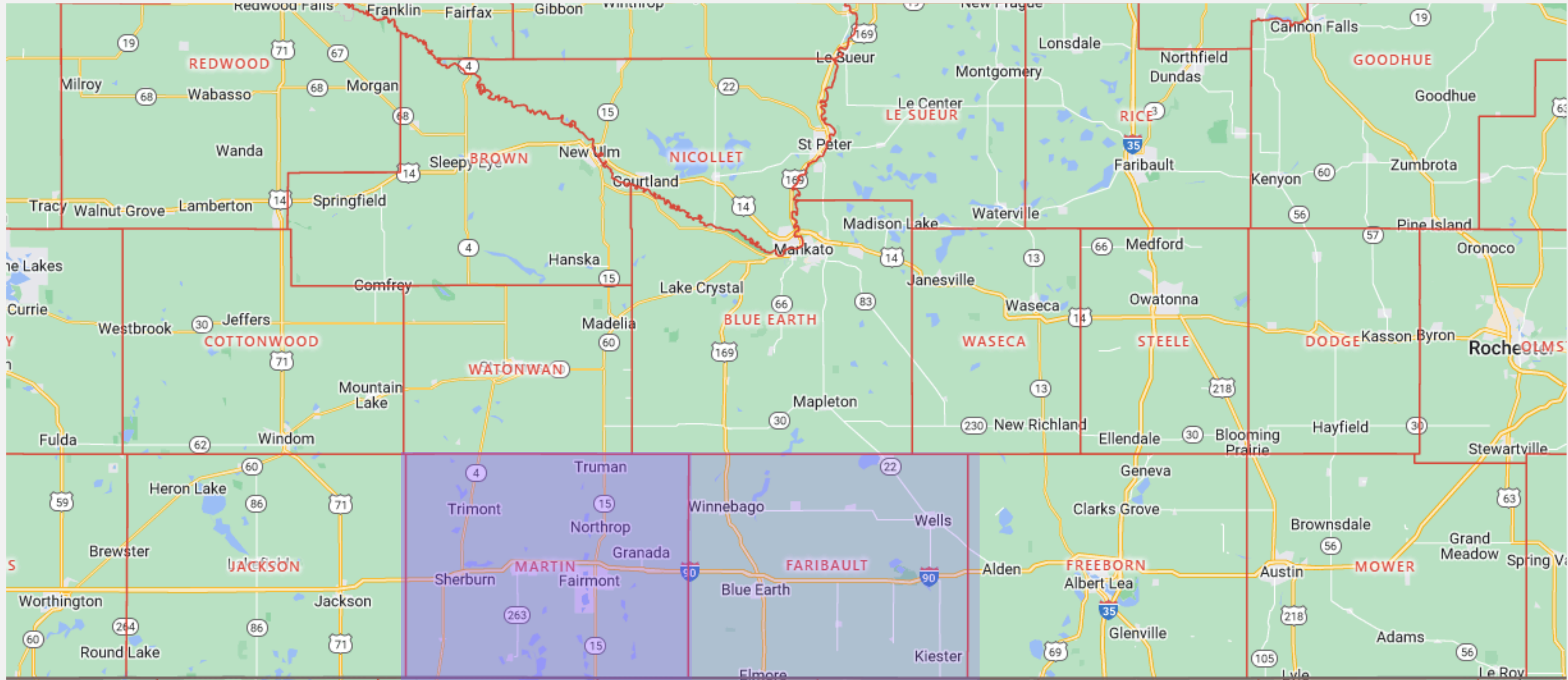
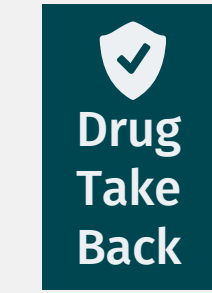
Substance Abuse Prevention Coalitions



Narcan Distribution and Training



Drug Take Back Programs

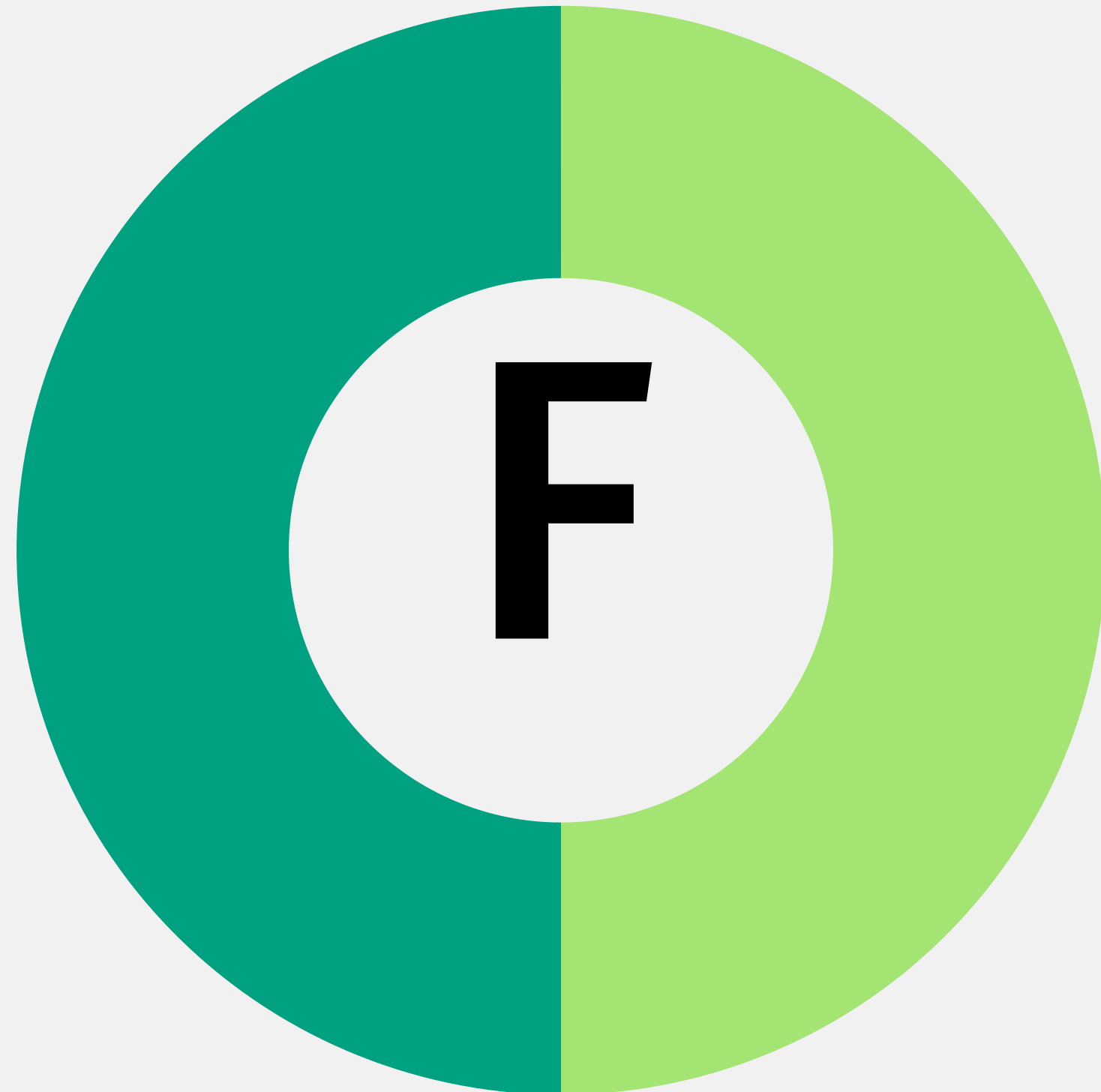


Survey Findings: Community funding priorities

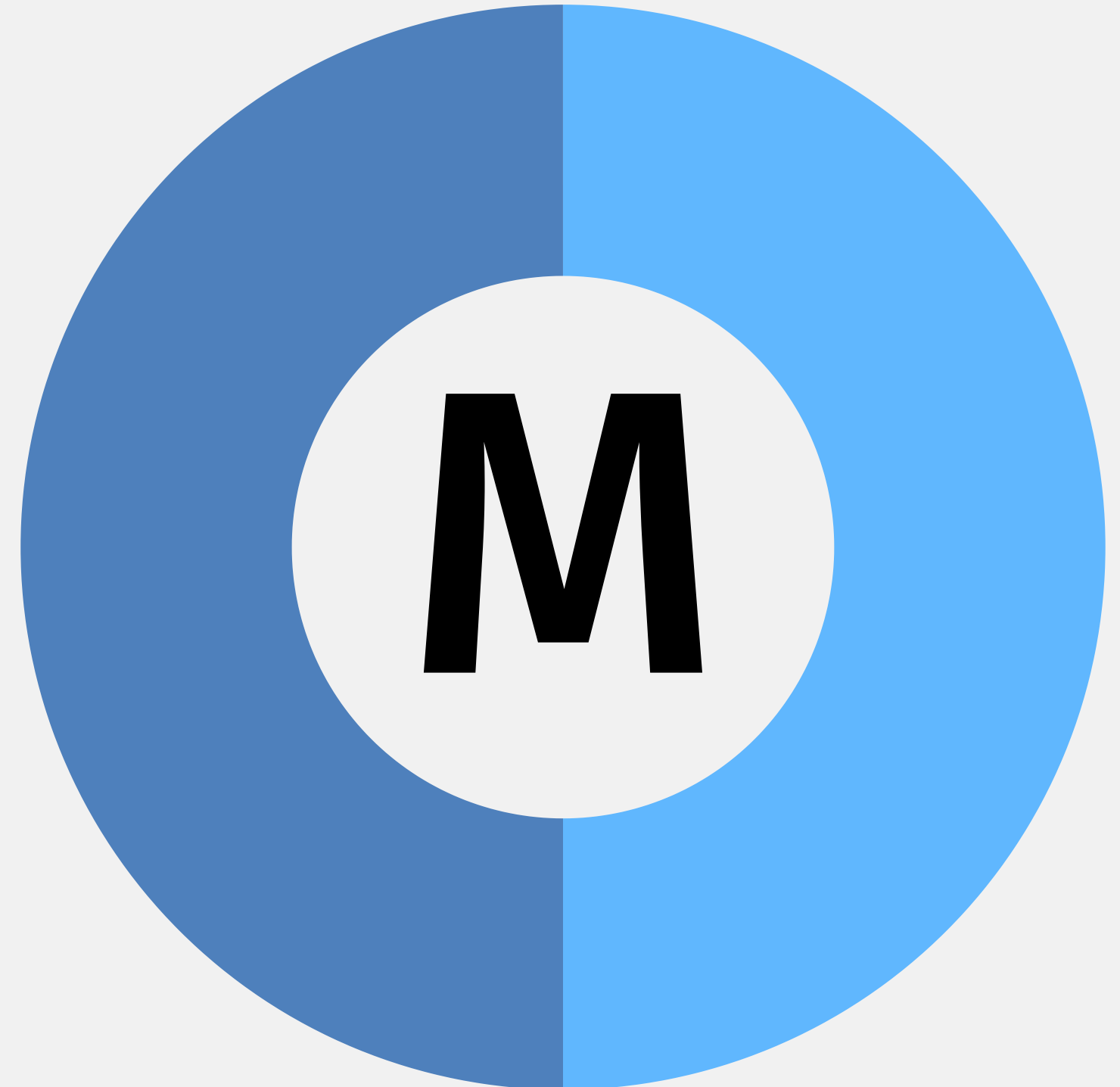


Treatment/ Prevention spending

 Treatment  Prevention



 Treatment  Prevention



Treatment



Treat Opioid Use Disorder



What do you see as the top need or needs within “Treatment: Treat Opioid Use Disorder”



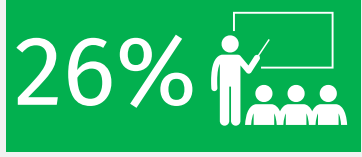
Expand the availability of **detox and withdrawal** management services.



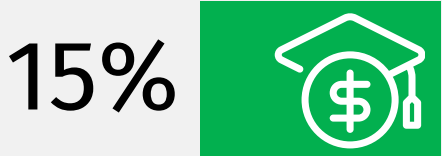
Provide **training and workforce development** for **health care professionals** serving patients with opioid use disorder.



Expand the availability of **mobile interventions** for individuals with opioid use disorder.



Provide training and workforce development scholarships for **addiction specialist professionals**.



Provide **fellowships and/or scholarships** for **addiction specialist professionals**.



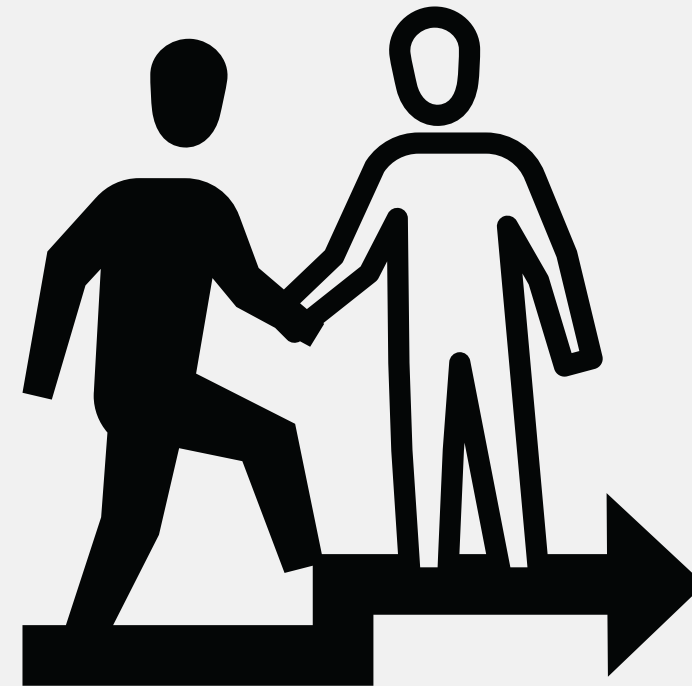
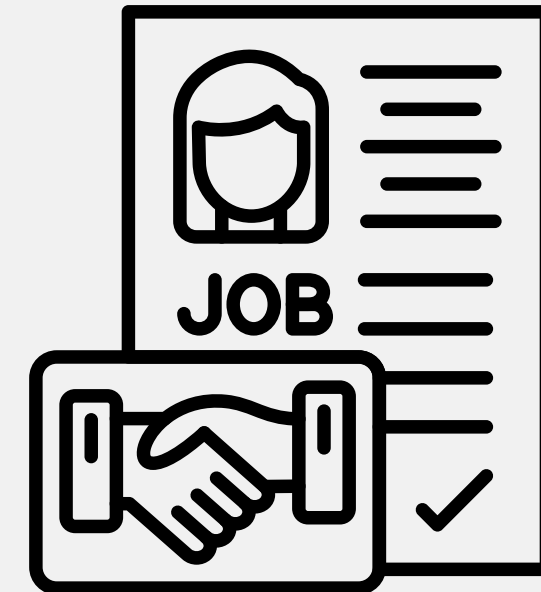
Expand the availability of **medication** for **opioid use disorder**.



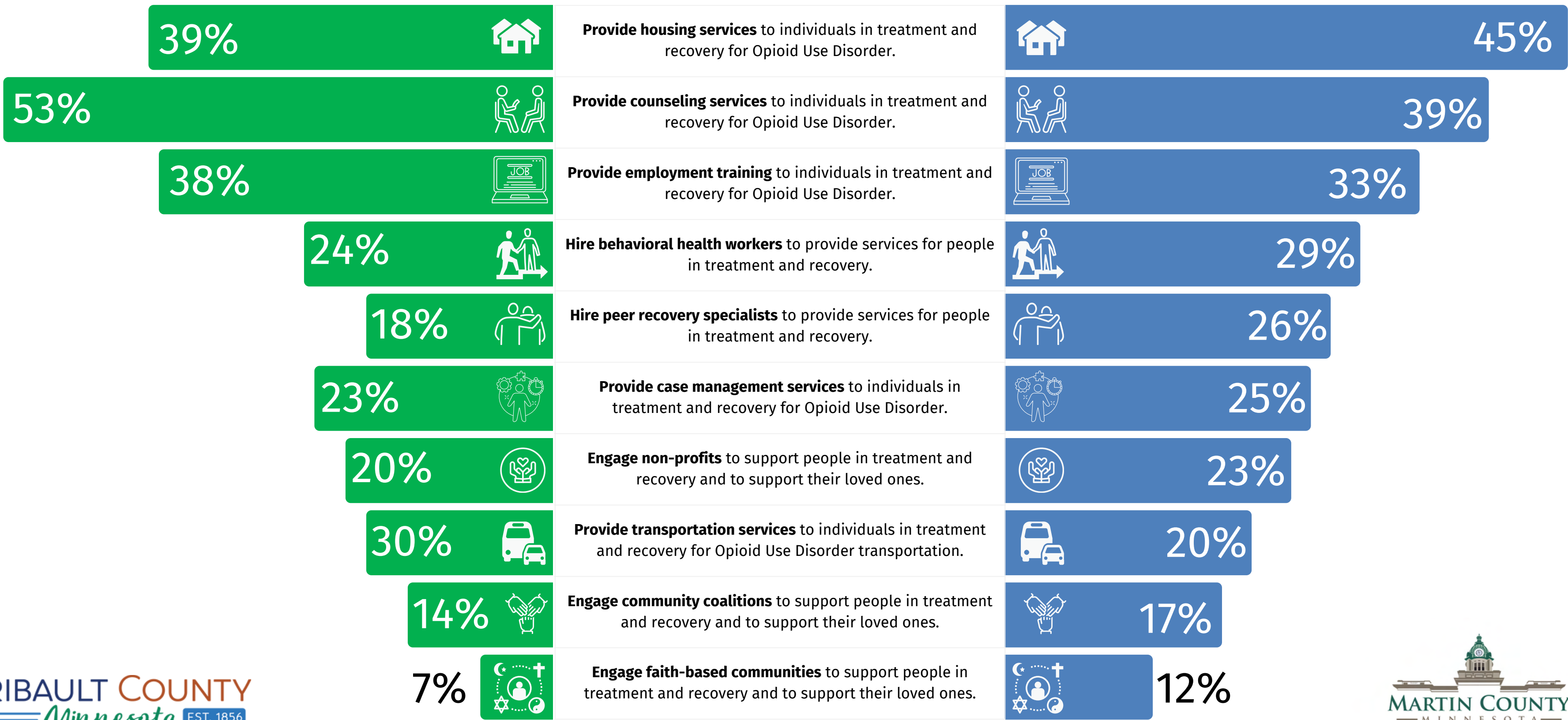
Provide **fellowships and/or scholarships** for **health care professionals** serving patients with opioid use disorder.



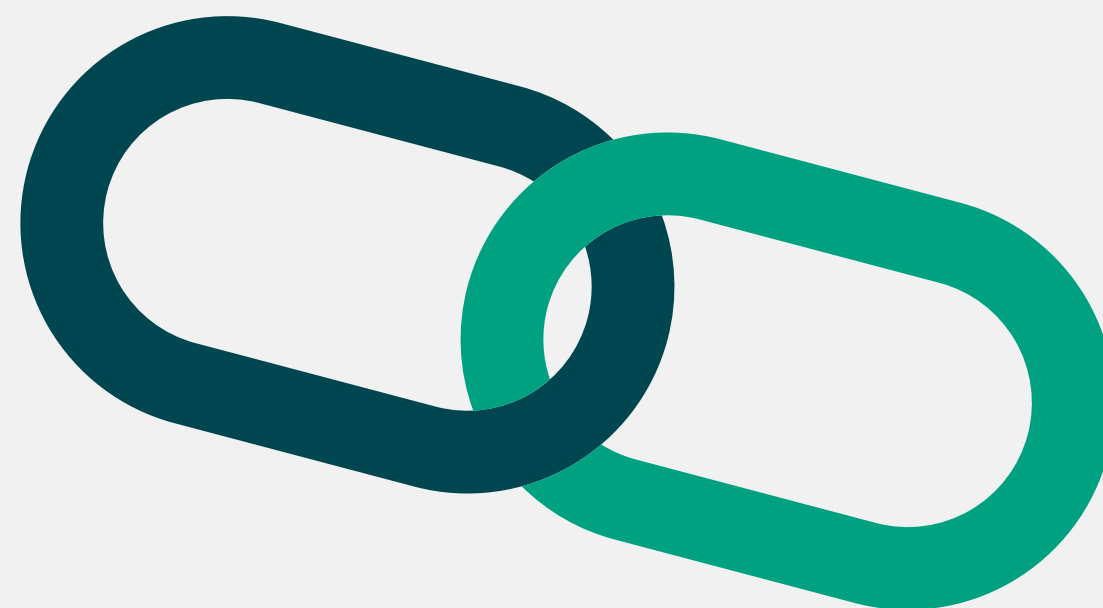
Provide Additional Supports for People in Treatment and Recovery



What do you see as the top need or needs within “Treatment: Provide Additional Supports for People in Treatment and Recovery?”



Connect people to the help they need



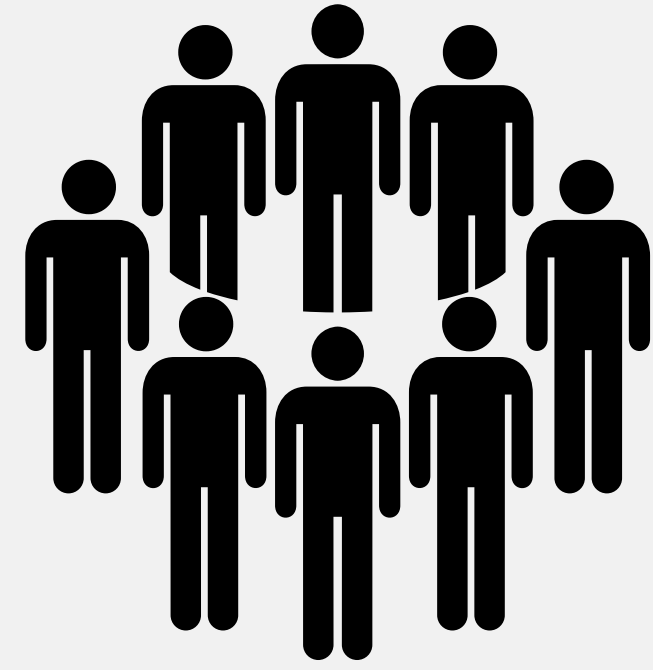
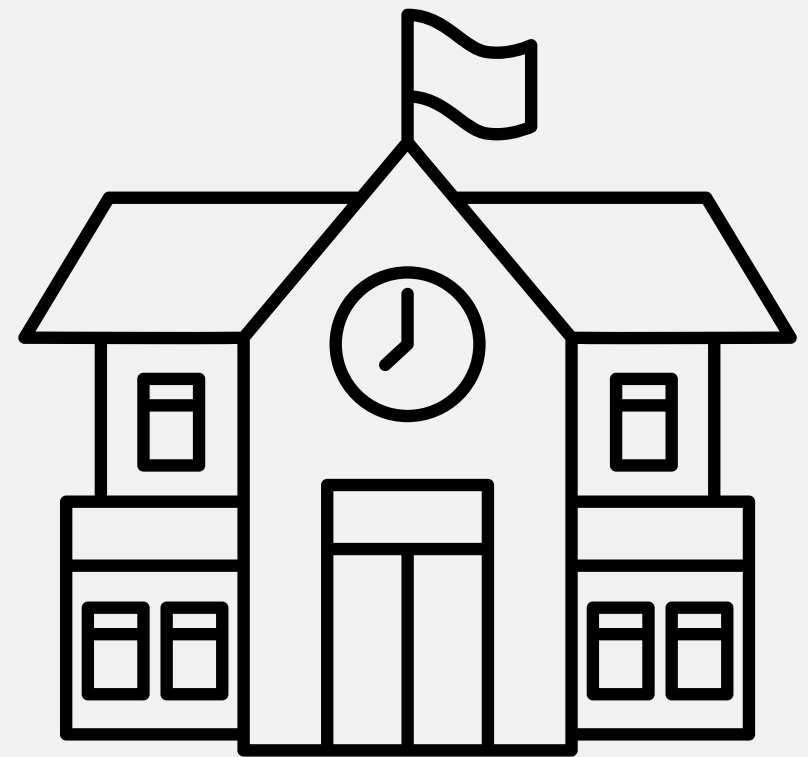
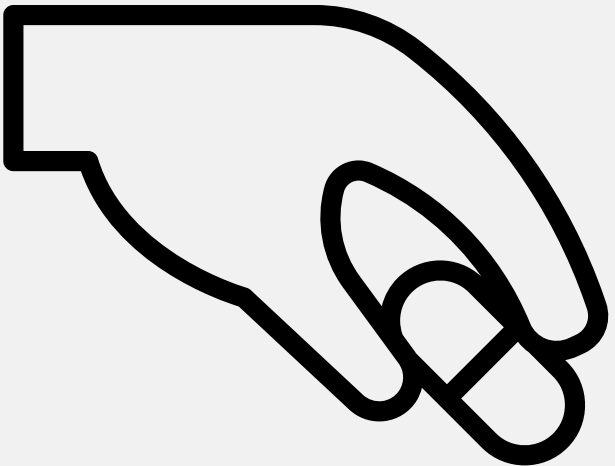
What do you see as the top need or needs within “Treatment: Connect people to the help they need?”



Prevention

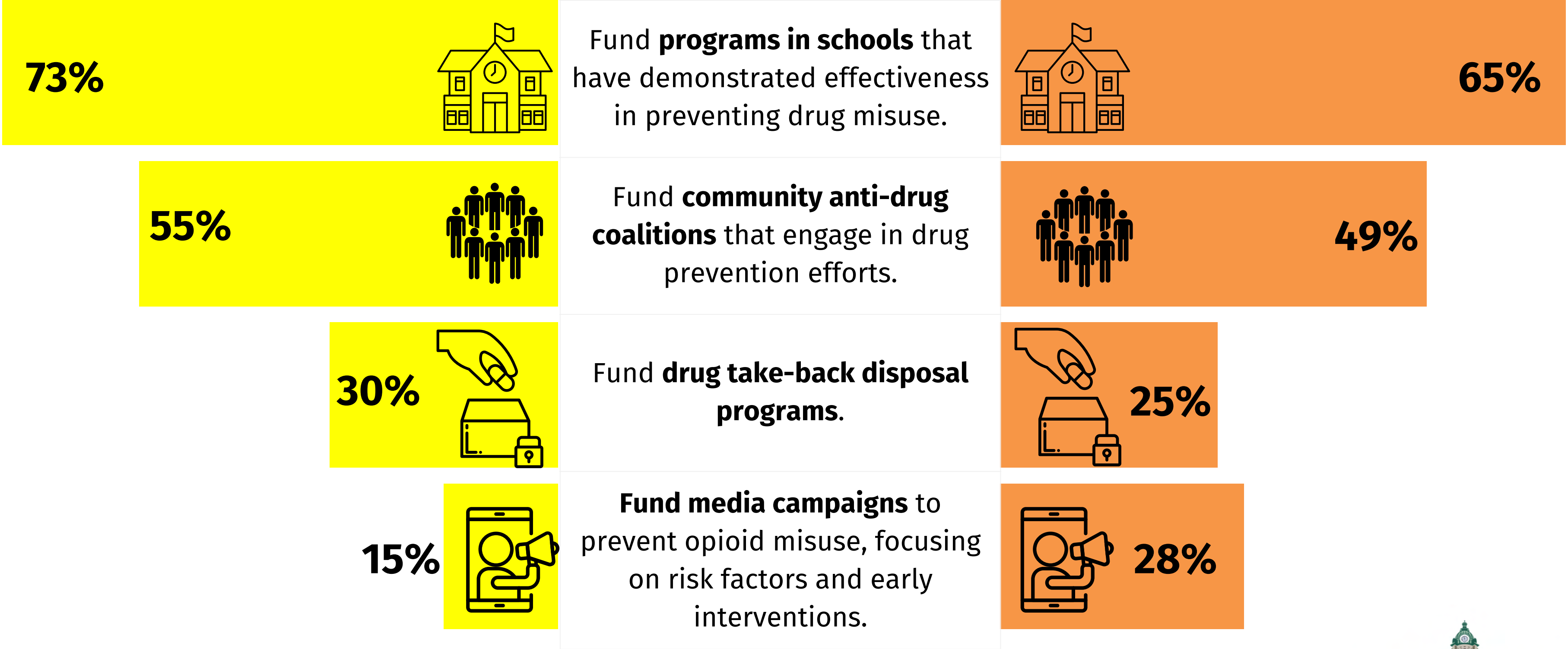


Prevent misuse of opioids



**Drug
Take
Back**

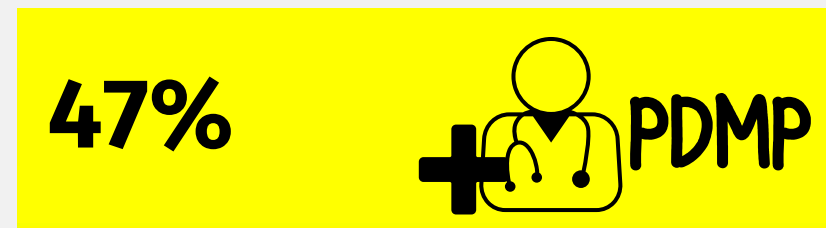
What do you see as the top need or needs within “Prevention: Prevent misuse of opioids?”



Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids



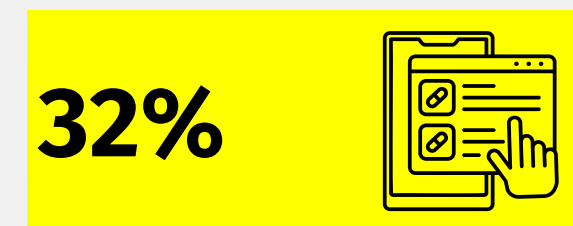
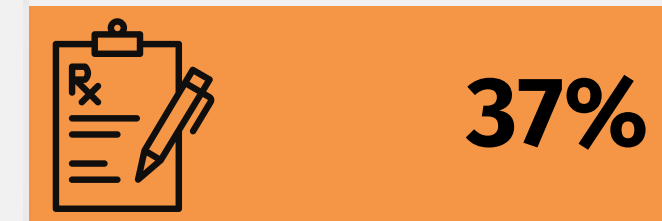
What do you see as the top need or needs within “Prevention: Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids?”



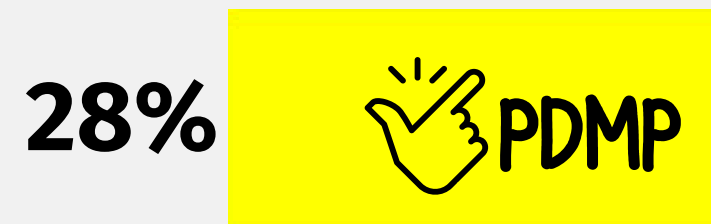
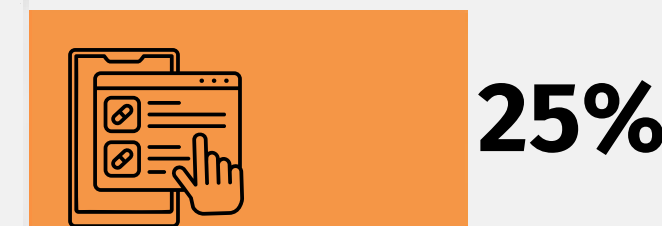
Increase the number of health care providers in the county using **Prescription Drug Monitoring Programs**.



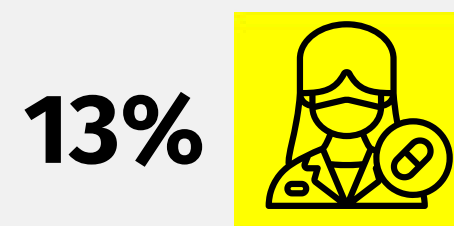
Provide medical provider education and outreach on **best prescribing practices** for opioids.



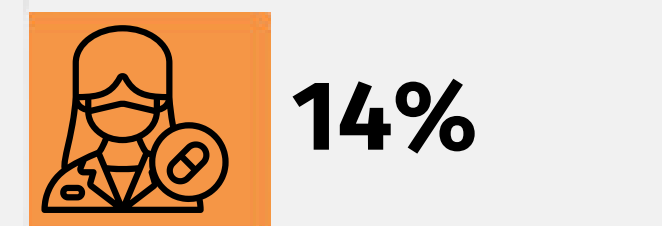
Increase **electronic prescribing** to prevent diversion or forgery.



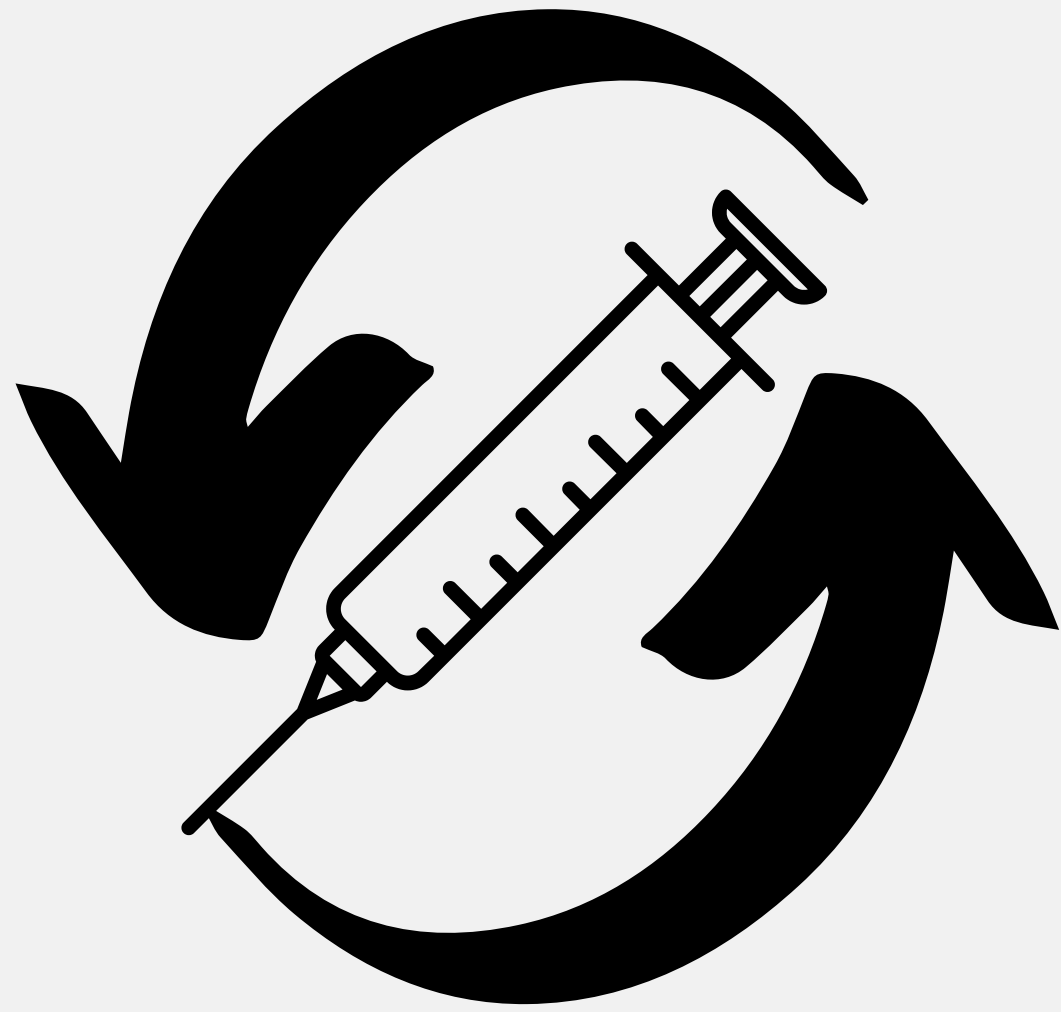
Improve the **ease-of-use of Prescription Drug Monitoring Programs** by prescribers.



Educate dispensers on **appropriate opioid dispensing**.



Prevent opioid deaths and other harms (harm reduction)

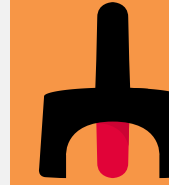


What do you see as the top need or needs within “Prevention: Prevent opioid deaths and other harms?”

60%

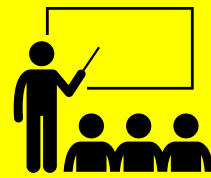


Increased availability and distribution of **naloxone and other drugs to treat overdoses** for first responders, overdose patients, individuals with Opioid Use Disorder and their loved ones, outreach workers, and other members of the general public.

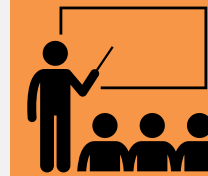


51%

43%



Provide **training in harm reduction strategies** to health care providers, recovery professionals, and others who provide care to people with Opioid Use Disorder.



47%

27%



Public education related to **emergency responses to overdoses**.



36%

19%



Public education related to **Good Samaritan laws**.



16%

14%



Syringe service programs and other evidence-informed programs to reduce harms related to IV drug use, including supplies, peer support services, fentanyl checking, and connections to care.



15%

Qualitative Findings: Pain Points in the System



Lack of insurance coverage



Faribault

Martin

Transportation



Faribault

Martin

Entry point through criminal justice



Faribault

Martin

Limited internet access



Faribault

Martin

Employment



Faribault

Martin

Housing



Faribault

Martin

Lack of Secondary Prevention



Faribault

Martin

Rotating ER doctors



Faribault

~~**Martin**~~

Lack of information about NARCAN



Faribault

Martin

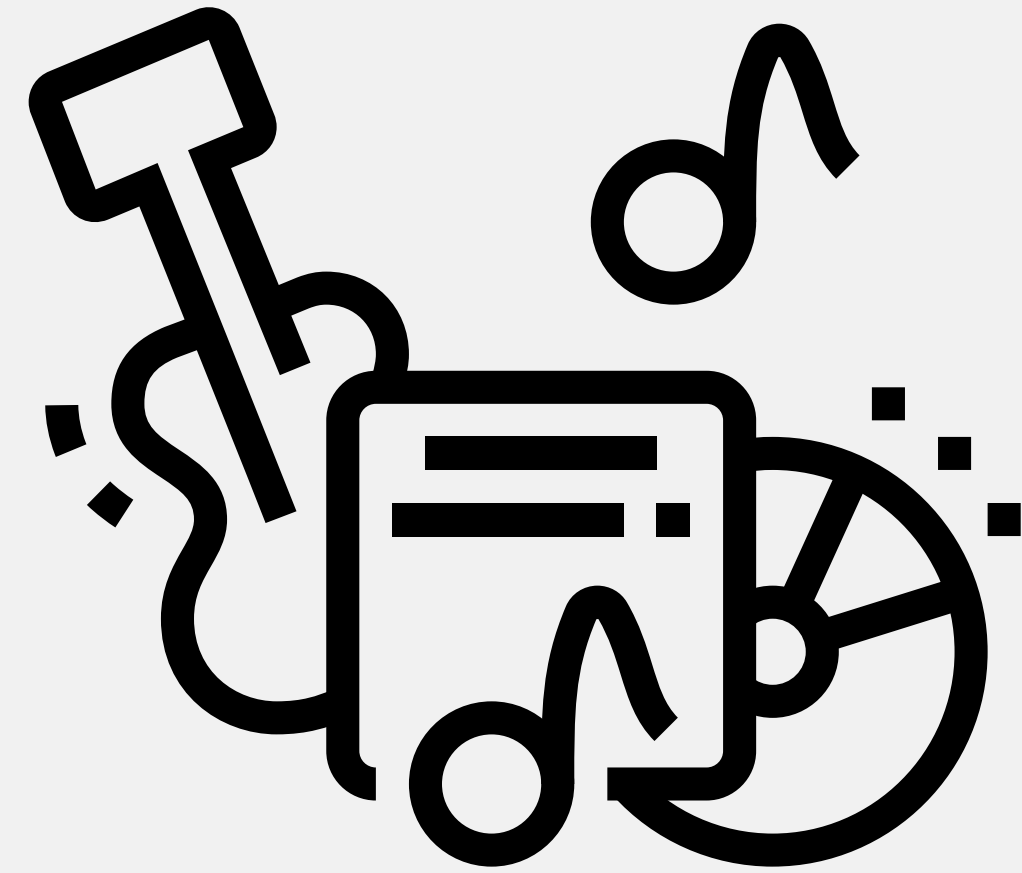
Potential for relapse after treatment court



Faribault

Martin

Sober recreation opportunities



Faribault

Martin

Stronger
Together
Input



Selection considerations



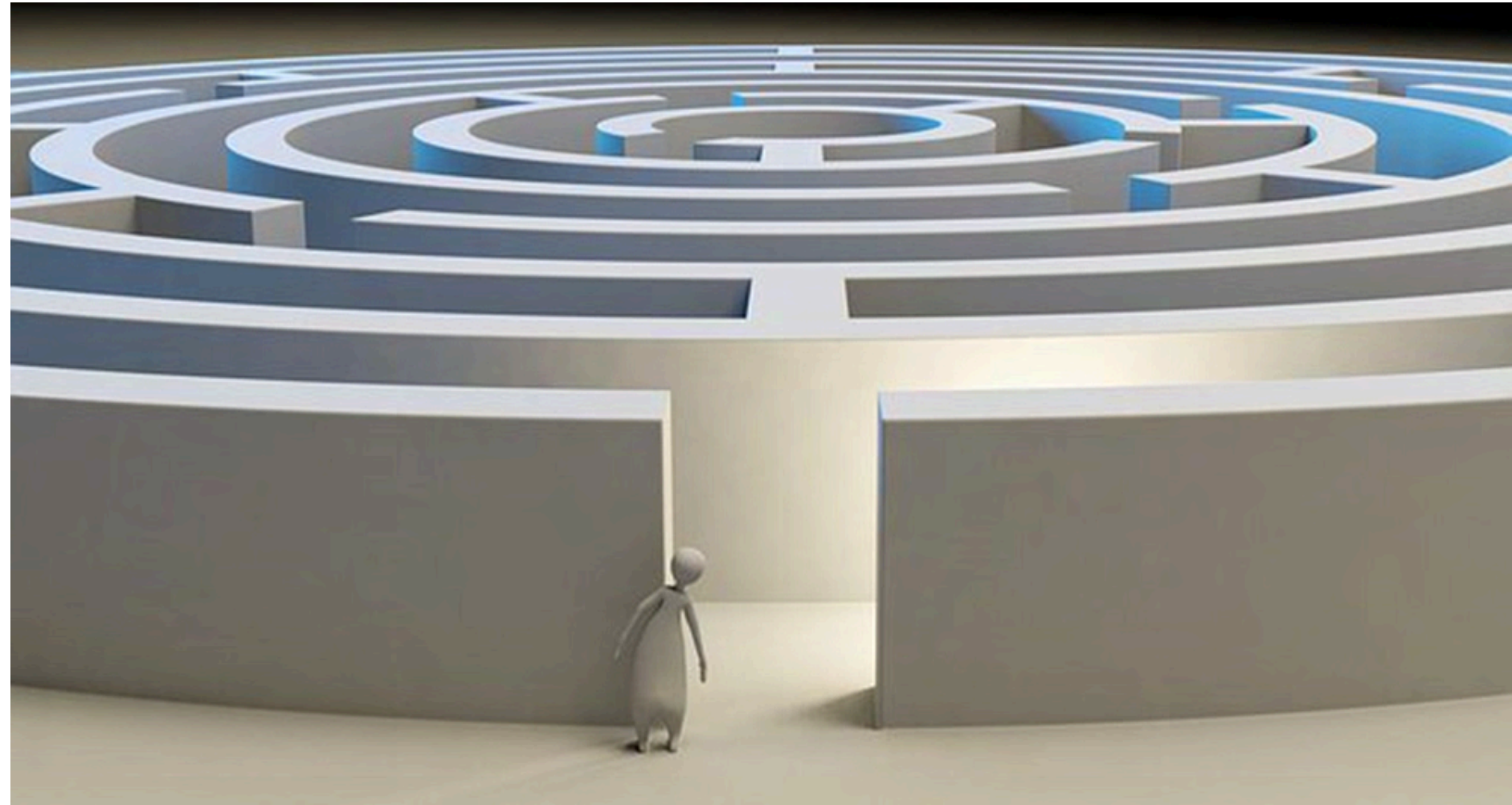
Importance:
How **relevant** is
the strategy for
addressing the
opioid crisis?

Selection considerations



Commitment:
How **enthusiastic** would the community be about implementing the strategy?

Selection considerations



Feasibility:
How **difficult**
would it be to
attain action?

Selection considerations



Cost:
How **expensive** would it be to plan and implement the action?

Selection considerations



Time:

How much **time and effort** would it take to implement the action?

Discussion & Voting





MARTIN COUNTY Minnesota **Treatment Service Priorities**

Connect people to the help they need	Provide Additional Supports for People in Treatment and Recovery	Treat Opioid Use Disorder
1. Within schools , develop and implement programs to screen for opioid use disorder and refer individuals to treatment.	1. Provide housing services to individuals in treatment and recovery for opioid use disorder.	1. Expand the availability of detox and withdrawal management services.
2. Provide training for emergency room personnel regarding opioid overdose patients on post-discharge planning, including "warm hand-off" to community referrals for recovery case management and support services.	2. Provide transportation services to individuals in treatment and recovery for opioid use disorder.	2. Provide training and workforce development for health care professionals serving patients with opioid use disorder.
3. Provide funding for recovery coaches to help connect people to services, supports and connections to care.	3. Provide employment training to individuals in treatment and recovery for opioid use disorder.	3. Expand the availability of medication for opioid use disorder.
4. Provide funding for peer support specialists to help connect people to services, supports and connections to care.	4. Provide case management services to individuals in treatment and recovery for opioid use disorder.	4. Provide training and workforce development for addiction specialist professionals .
5. Within the criminal justice system , develop and implement programs to screen for opioid use disorder and refer individuals to treatment.	5. Provide peer recovery specialists to provide services for people in treatment and recovery.	5. Expand the availability of medication for opioid use disorder.
6. Within the health care system , develop and implement programs to screen for opioid use disorder and refer individuals to treatment.	6. Provide peer recovery specialists to provide services for people in treatment and recovery.	6. Provide training and workforce development for addiction specialist professionals .
7. Identify individuals involved in the criminal justice system with opioid use disorder, and connect those individuals with evidence-informed treatment.	7. Engage faith-based organizations to support people in treatment and recovery and to support their local areas.	7. Provide training and workforce development for addiction specialist professionals .
8. Engage non-profits as a system to support outreach for treatment.	8. Engage community coalitions to support people in treatment and recovery and to support their local areas.	8. Provide training and workforce development for addiction specialist professionals .
9. Within the probation system , develop and implement programs to screen for opioid use disorder and refer individuals to treatment.	9. Engage faith-based communities to support people in treatment and recovery and to support their local areas.	9. Provide training and workforce development for addiction specialist professionals .
10. Engage the faith community as a system to support outreach for treatment.	10. Develop and support best practices for addressing opioid use disorder in the workplace .	10. Provide training and workforce development for addiction specialist professionals .

Martin

MARTIN COUNTY Minnesota **Prevention Service Priorities**

Prevent misuse of opioids	Prevent over-prescribing & ensure appropriate prescribing and dispensing of opioids	Prevent opioid deaths and other harms (harm reduction)
1. Fund programs in schools that have demonstrated effectiveness in preventing drug misuse.	1. Increase the number of health care providers in Martin County using Prescription Drug Monitoring Programs (PDMP) .	1. Increase availability and distribution of naloxone and other drugs to treat overdoses for first responders, community partners, individuals with opioid use disorder and their loved ones, outreach workers, and other members of the general public.
2. Fund community anti-drug coalitions that engage in drug prevention efforts.	2. Provide medical professional education and outreach on best prescribing practices for opioids.	2. Provide raising in harm reduction strategies to reduce drug overdoses, recovery professionals, and others who provide care to people with opioid use disorder.
3. Fund media campaigns to prevent opioid misuse, focusing on risk factors and early interventions.	3. Improve the use of state of Prescription Drug Monitoring Programs by providers.	3. Public education related to emergency responses to overdoses.
4. Fund drug take-back disposal programs .	4. Increase electronic prescribing to prevent diversion or forgery.	4. Public education related to Good Samaritan laws .
	5. Educate dispensers on appropriate opioid dispensing .	5. Springe service programs and other evidence-informed programs to reduce harm related to drug use, including housing, peer support services, harm reduction, and connections to care.



FARIBAUT COUNTY Minnesota **Treatment Service Priorities**

Treat Opioid Use Disorder	Connect people to the help they need	Provide Additional Supports for People in Treatment and Recovery
1. Expand the availability of detox and withdrawal management services.	1. Within the health care system , develop and implement programs to screen for opioid use disorder and refer individuals to treatment.	1. Provide housing services to individuals in treatment and recovery for opioid use disorder.
2. Provide training and workforce development for health care professionals serving patients with opioid use disorder.	2. Provide training for emergency room personnel regarding opioid overdose patients on post-discharge planning, including "warm hand-off" to community referrals for recovery case management and support services.	2. Provide transportation services to individuals in treatment and recovery for opioid use disorder.
3. Expand the availability of medication for opioid use disorder.	3. Provide funding for recovery coaches to help connect people to services, supports and connections to care.	3. Provide employment training to individuals in treatment and recovery for opioid use disorder.
4. Provide training and workforce development for addiction specialist professionals .	4. Provide funding for peer support specialists to help connect people to services, supports and connections to care.	4. Provide case management services to individuals in treatment and recovery for opioid use disorder.
5. Expand the availability of medication for opioid use disorder.	5. Within the criminal justice system , develop and implement programs to screen for opioid use disorder and refer individuals to treatment.	5. Provide peer recovery specialists to provide services for people in treatment and recovery.
6. Provide training and workforce development for addiction specialist professionals .	6. Within the health care system , develop and implement programs to screen for opioid use disorder and refer individuals to treatment.	6. Provide peer recovery specialists to provide services for people in treatment and recovery.
7. Provide training and workforce development for addiction specialist professionals .	7. Identify individuals involved in the criminal justice system with opioid use disorder, and connect those individuals with evidence-informed treatment.	7. Engage faith-based organizations to support people in treatment and recovery and to support their local areas.
8. Provide training and workforce development for addiction specialist professionals .	8. Engage non-profits as a system to support outreach for treatment.	8. Engage community coalitions to support people in treatment and recovery and to support their local areas.
9. Provide training and workforce development for addiction specialist professionals .	9. Develop and support best practices for addressing opioid use disorder in the workplace .	9. Engage faith-based communities to support people in treatment and recovery and to support their local areas.
10. Provide training and workforce development for addiction specialist professionals .		10. Develop and support best practices for addressing opioid use disorder in the workplace .

Faribault

FARIBAUT COUNTY Minnesota **Prevention Service Priorities**

Prevent misuse of opioids	Prevent over-prescribing & ensure appropriate prescribing and dispensing of opioids	Prevent opioid deaths and other harms (harm reduction)
1. Fund programs in schools that have demonstrated effectiveness in preventing drug misuse.	1. Increase the number of health care providers in Faribault County using Prescription Drug Monitoring Programs (PDMP) .	1. Increase availability and distribution of naloxone and other drugs to treat overdoses for first responders, community partners, individuals with opioid use disorder and their loved ones, outreach workers, and other members of the general public.
2. Fund community anti-drug coalitions that engage in drug prevention efforts.	2. Provide medical professional education and outreach on best prescribing practices for opioids.	2. Provide raising in harm reduction strategies to reduce drug overdoses, recovery professionals, and others who provide care to people with opioid use disorder.
3. Fund media campaigns to prevent opioid misuse, focusing on risk factors and early interventions.	3. Improve the use of state of Prescription Drug Monitoring Programs by providers.	3. Public education related to emergency responses to overdoses.
4. Fund drug take-back disposal programs .	4. Increase electronic prescribing to prevent diversion or forgery.	4. Public education related to Good Samaritan laws .
	5. Educate dispensers on appropriate opioid dispensing .	5. Springe service programs and other evidence-informed programs to reduce harm related to drug use, including housing, peer support services, harm reduction, and connections to care.



**Is a service
missing that
you'd like the
group to
consider?**



Selection considerations



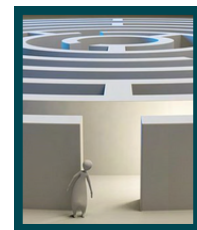
Importance

How **relevant** is the strategy for addressing the opioid crisis?



Commitment

How **enthusiastic** would the community be about implementing the strategy?



Feasibility

How **difficult** would it be to attain action?



Cost

How **expensive** would it be to plan and implement the action?



Time

How much **time and effort** would it take to implement the action?

Thank you!

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