

STEELE COUNTY

OPIOID FUNDING PRIORITIZATION

Steele County Public Health sought public input utilizing a Funding Prioritization Survey from May 10th, 2023-October 1st, 2023. The data is presented below and will be used to inform decision-making on funding distribution.

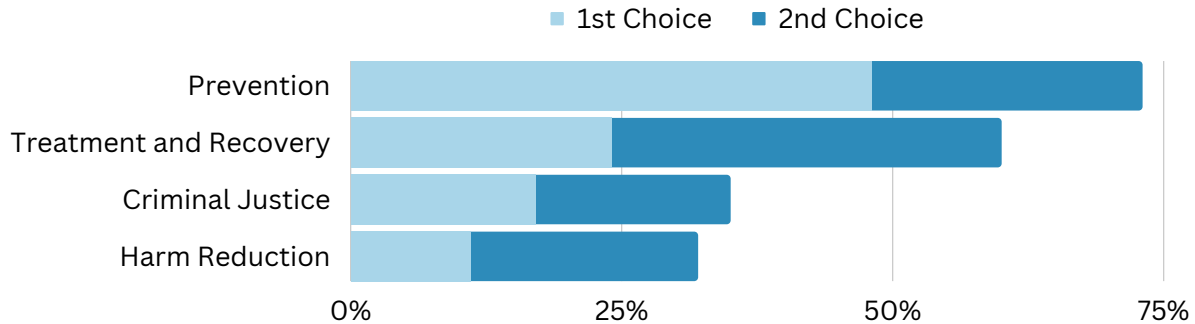


Report by:
Steele County Public Health



OVERALL BREAKDOWN

Four main categories have been identified to help address the opioid epidemic. Please rank each category in order of importance.



270 Surveys Analyzed

AGGREGATE ANALYSIS

The highest ranked funding category was Prevention, followed by Treatment & Recovery, Criminal Justice, and lastly Harm Reduction.

Steele County will receive between \$1.4 and 1.5 million dollars from the National Opioid Settlement. All respondents had a relationship to Steele County (living, working, providing/receiving services, etc.). 11% of respondents identified as part of a community disproportionately impacted by the opioid epidemic (communities of color, indigenous communities, LGBTQIA+ communities), and 25% reported having personal lived experience with the opioid crisis. **The survey was completed by 270 individuals.**

For more information on the opioid settlement and Steele County's plans, visit the Opioid Response Initiative page at https://www.steelecountymn.gov/public_health/opioid_response_initiative.php or scan the QR code.



PREVENTION

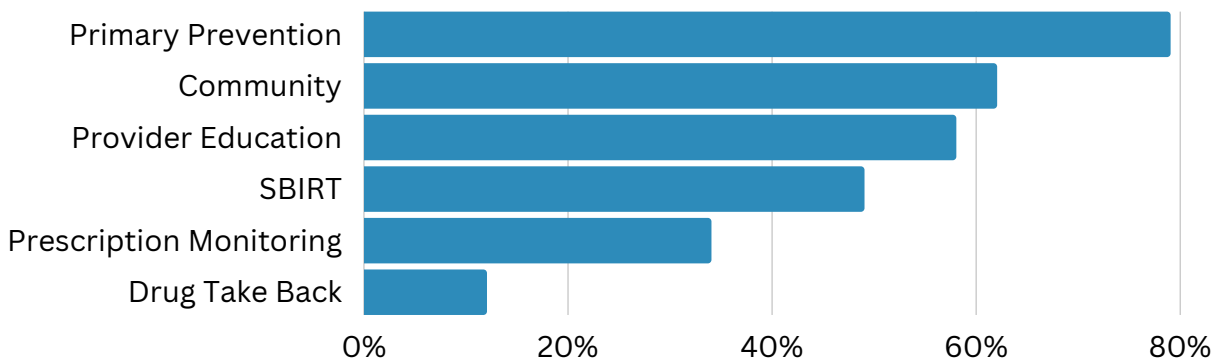
Participants were asked to rank the below Prevention programs in order of importance. The efforts indicated with a 1, 2, or 3 were considered high priorities, and the combined percentage of high priorities for each program are shown below. The category of Prevention overall was identified as the most important to allocate funds to.

1. Prevention

2. Treatment & Recovery

3. Criminal Justice

4. Harm Reduction



- **Primary Prevention:** Programs and strategies shown to prevent drug use, including family and youth programs, as well as adult education programs and public education campaigns.
- **Community:** Funding for schools, childcare, family services, and job training to prevent drug use.
- **Provider Education:** Training for health care providers on non-opioid pain treatment, non-addictive ways to treat chronic pain, and the safest ways to prescribe opioids.
- **Screening, Brief Intervention, and Referral to Treatment (SBIRT):** Training and funding to use screening tools to identify substance use, offer ways to prevent substance use disorder, and refer to treatment.
- **Prescription Monitoring:** Improve and increase use of Minnesota's Prescription Drug Monitoring Program (PDMP). This system is used by health care providers to track controlled substance prescriptions.
- **Drug Take Back:** Expand drug take-back programs in pharmacies and distribute safe storage containers.

TREATMENT AND RECOVERY

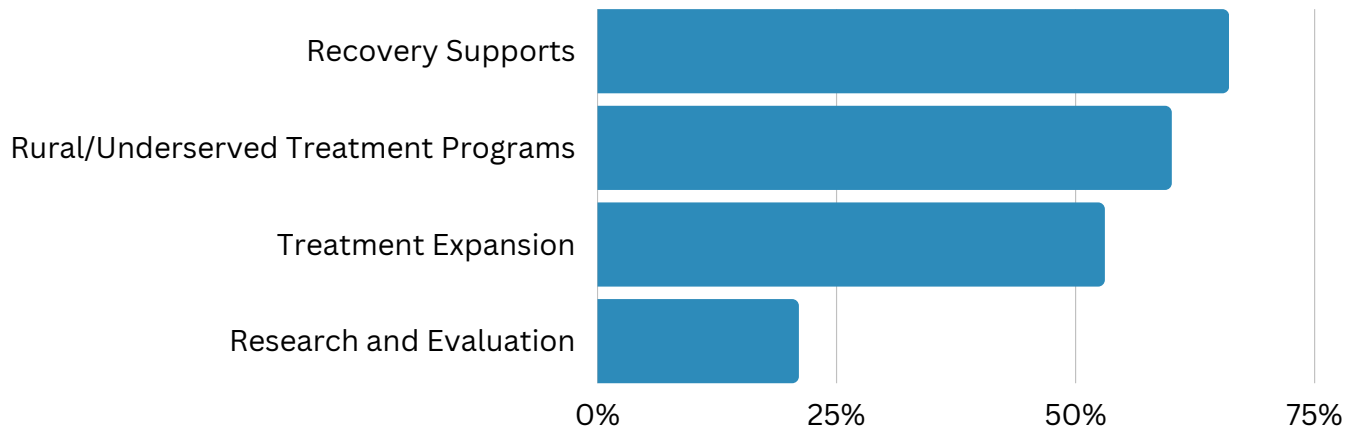
Participants were asked to rank the below Treatment and Recovery programs in order of importance. The efforts indicated with a 1 or 2 were considered high priorities, and the combined percentage of high priorities for each program are shown below. The category of Treatment and Recovery overall was identified as the second most important to allocate funds to.

1. Prevention

2. Treatment & Recovery

3. Criminal Justice

4. Harm Reduction



- **Recovery Supports:** Programs that promote recovery, like access to housing and healthcare, employment and job training, and peer support programs.
- **Rural/Underserved Treatment Programs:** Expand treatment options in rural and underserved areas, including mobile programs and telehealth/telemedicine programs.
- **Treatment Expansion:** Expand substance use disorder treatment, i.e. detox, inpatient/residential and outpatient treatment, and medications for opioid use disorder.
- **Research and Evaluation:** Funding to research different treatments, evaluate treatment and recovery programs, and research the impact of policy changes on drug use/overdoses.

CRIMINAL JUSTICE

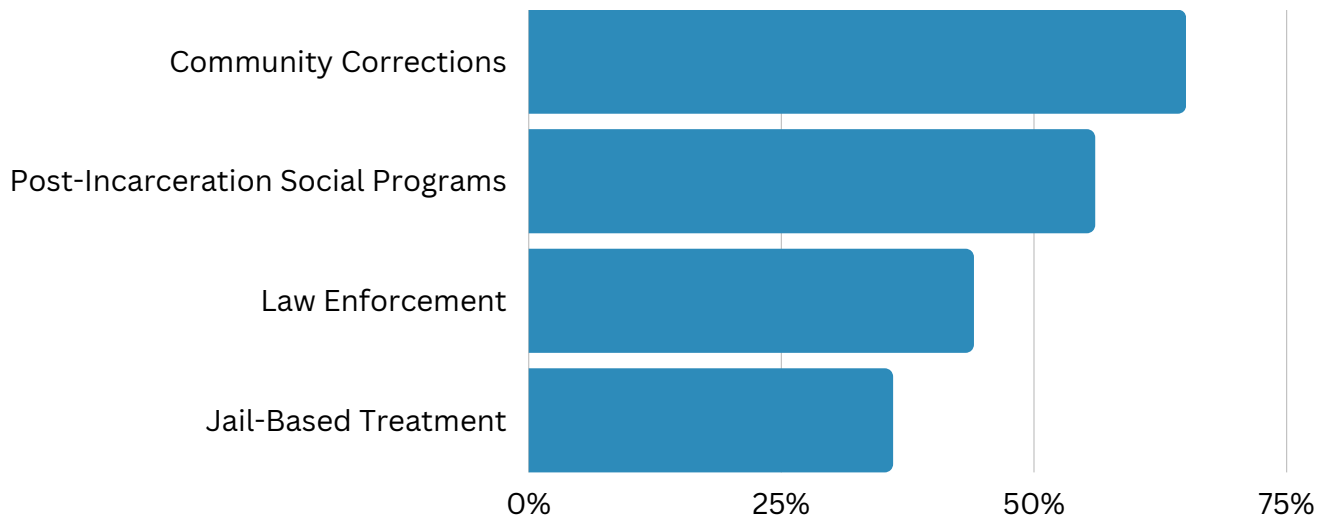
Participants were asked to rank the below Criminal Justice programs in order of importance. The efforts indicated with a 1 or 2 were considered high priorities, and the combined percentage of high priorities for each program are shown below. The category of Criminal Justice overall was identified as the third most important to allocate funds to.

1. Prevention

2. Treatment & Recovery

3. Criminal Justice

4. Harm Reduction



- **Community Corrections:** Develop or expand drug or family courts and other law enforcement programs that help people using drugs find treatment and stay in the community.
- **Post-Incarceration Social Programs:** Programs that help people recovering from substance use disorders reunite with their communities following jail/prison time.
- **Law Enforcement:** Funding and training for local police, drug task forces, and efforts that prevent illegal drugs from getting to their destination.
- **Jail-Based Treatment:** Expand addiction treatment in jails and prisons.

HARM REDUCTION

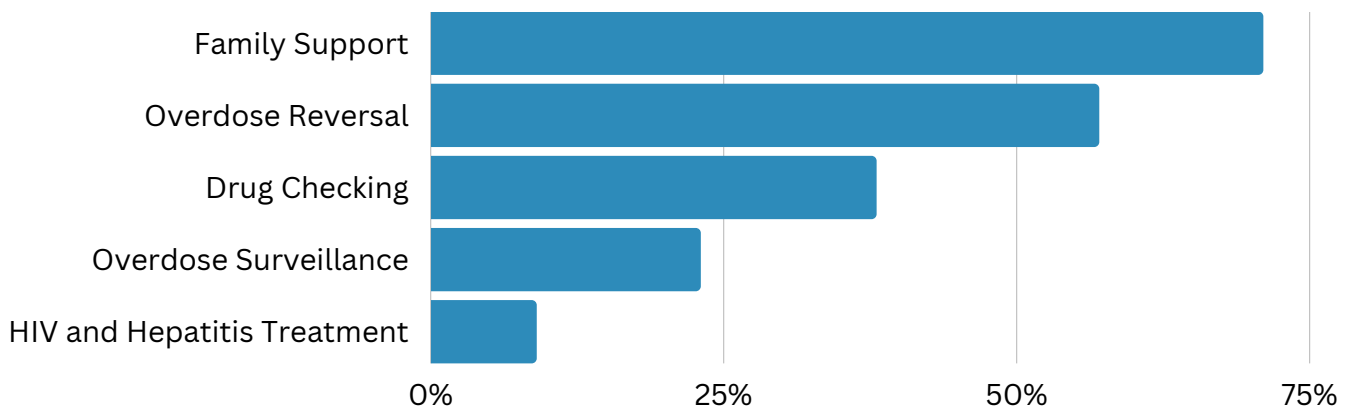
1. Prevention

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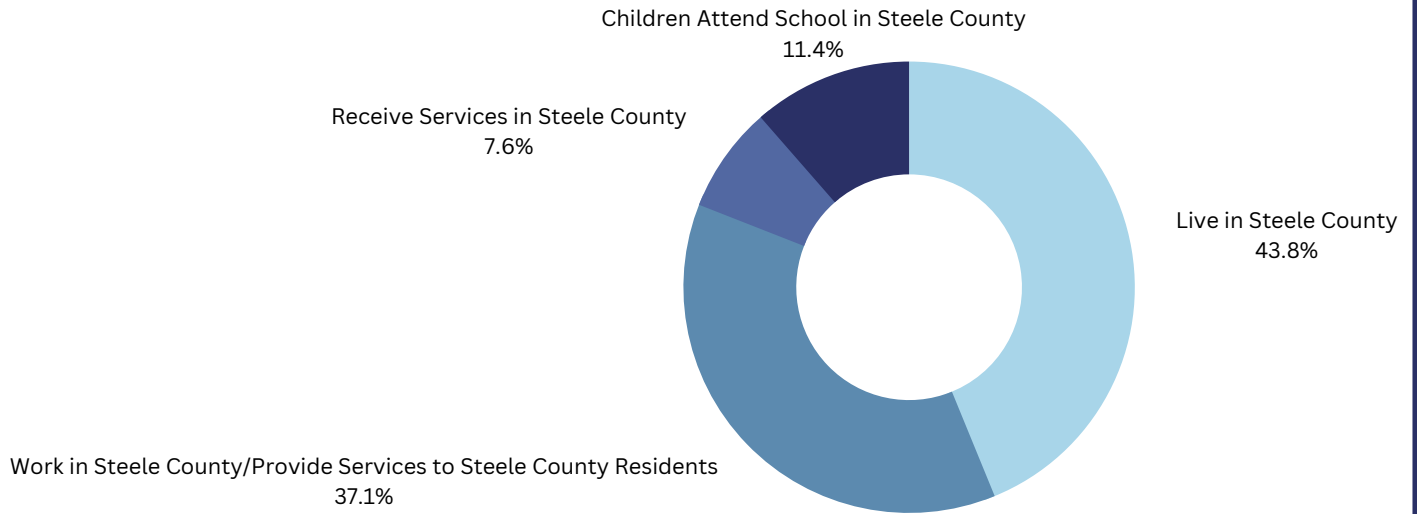
4. Harm Reduction

Participants were asked to rank the below Harm Reduction programs in order of importance. The efforts indicated with a 1 or 2 were considered high priorities, and the combined percentage of high priorities for each program are shown below. The category of Harm Reduction overall was identified as the second most important to allocate funds to.

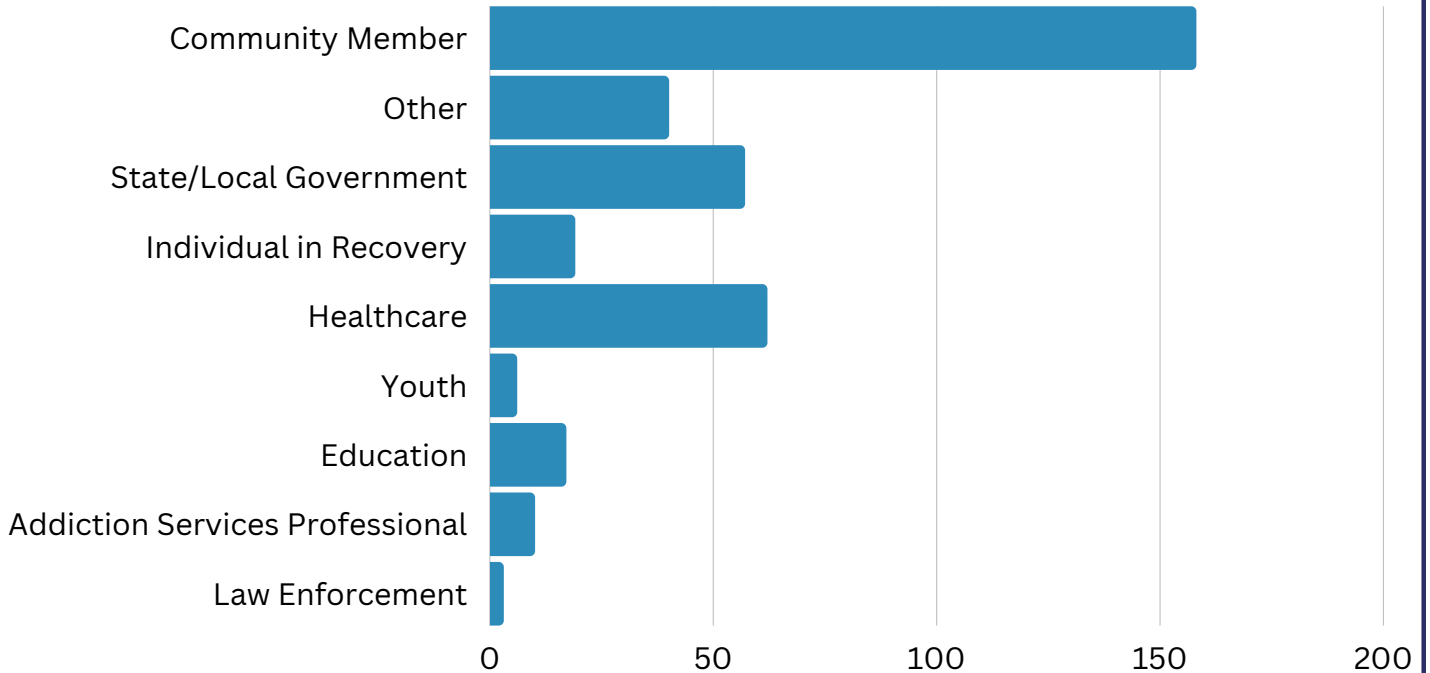


- **Family Support:** Support services for children and families affected by substance use disorders, including training for professionals such as teachers, law enforcement, and others.
- **Overdose Reversal:** Increase availability of naloxone and training on how to give naloxone.
- **Drug Checking:** Distribute test strips for fentanyl, plus other drug-checking services.
- **Overdose Surveillance:** Track drug-related death and overdoses. Funding for law enforcement, medical examiners, and coroners to improve accuracy and timeliness of autopsy drug-testing.
- **HIV and Hepatitis Treatment:** Screening, early detection, vaccines, and treatments for HIV, hepatitis, and other medical issues that may occur among people who use drugs.

RELATIONSHIP TO STEELE COUNTY

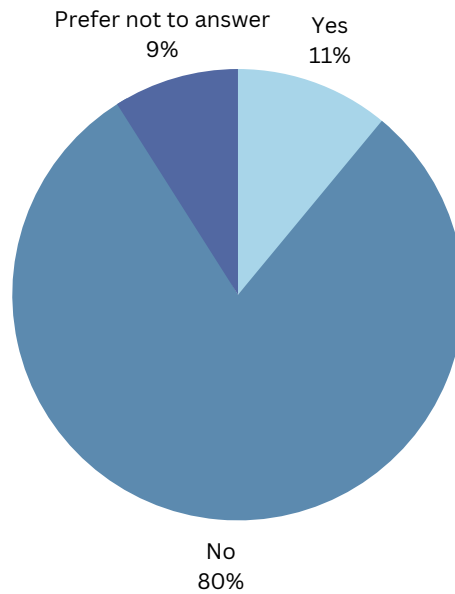


SECTOR BREAKDOWN

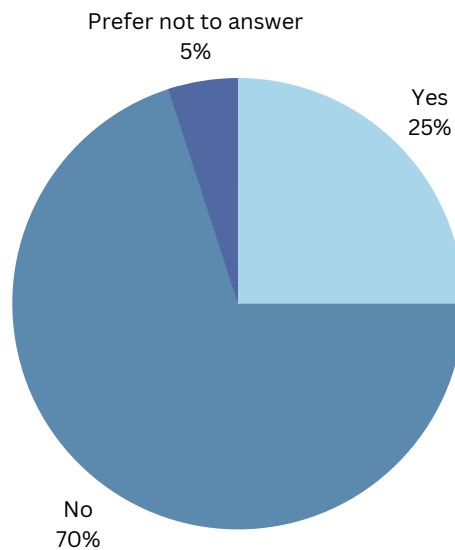


PARTICIPANT BREAKDOWN

Are you a member of a community that has been disproportionately impacted by the opioid crisis? (Examples: communities of color, indigenous communities, LGBTQIA+ communities)



Do you have personal lived experience related to the opioid crisis?



ADDITIONAL FEEDBACK

Is there any additional information or feedback you would like to share? (sample of feedback)

- We need to expand medication assisted treatment and support to those in recovery.
- Prevention is the key.
- Restorative, education, prevention and harm reduction are key factors with our youth. Less punitive reactions such as school suspensions and more positive restorative programs in our schools to help our youth while they are developing and growing into adults. Not just service based but positive youth programs, that can help lower income youth access positive influences to grow into successful adults.
- There needs to be more funds for people who can't afford treatment but also aren't low enough income for MA. More support and resources to help people who don't want to lose their job while they are in treatment as this makes them too scared to go to treatment. There needs to be more therapy in treatment as well.
- While not an option listed, I think one of the key harm reduction options should be Housing (affordable, stable housing is a significant factor in reducing use.)
- The road to recovery is long, very expensive and very bumpy. If we can place resources in preventing the journey of addiction, it is a more efficient use of the limited resources we have for individuals and their family members and friends.
- Programs to promote healthy lifestyles for children of those whose lives have been adversely affected by drugs and overdose. To encourage a break in the cycle, children end up in the system, and already have two strikes against them.
- We are in need of funding for drug treatment programs. That includes educating, recruiting, and retaining staff for such programs.
- More available places to safely rid of unwanted medication other than the police station. Many people feel police station is not safe and/or has stigma towards law enforcement.
- Increasing harm reduction/education to public in this community is greatly needed and destigmatize SUD/Mental health issues.
- There are not enough mental health professionals or in patient drug treatment facilities in our county or surrounding counties. It would be great to increase the number of mental health professionals to help do assessments and evaluations in a more timely manner.
- Drug court saved my life and countless others. They deserve funding.
- If teens had a safe place to go in Owatonna after school, that might help. A rec center or club where they could work on homework, play video games, play sports, and stay out of trouble.
- We need to focus on prevention and helping people recover, not just throwing them in jail.
- It's important that we are not recreating the wheel. There are many effective strategies that have been proven successful but need funding to implement.

WHAT'S NEXT FOR STEELE COUNTY OPIOID SETTLEMENT FUNDING?

Planning Timeline



2ND QUARTER 2023

- Expand on initial internal data and resource gathering and continue meeting with key community partners.

4TH QUARTER 2023

- Review and share data from community survey and community meetings. Develop funding structure and processes guided by results.

3RD QUARTER 2023

- Gather broader community feedback on funding priorities via a county-wide survey; begin to develop an opioid response strategic framework.

1ST QUARTER 2024

- Establish an advisory council/coalition and a formal structure for settlement fund distribution.