

Agenda and Minutes

Washington County Opioid Settlement Council

Meeting Information

- Date and time: April 17, 2024 (Wednesday) from 4:00 pm to 5:30 pm
- Location: Remote (Microsoft Teams)
- Regular schedule: Council meetings are held on the third Wednesday of each month from 4:00 pm to 5:30 pm. Format alternates between remote and in-person.

Opioid Settlement Council Members

- | | | |
|--|---|--|
| ☒ Emily Brunner | ☒ Josephine Igwacho | ☒ Jay Pernu |
| ☒ Jessica Feider | ☒ Lori Kelley | ☐ Seth Perry |
| ☒ Tara Goebel | ☒ Rose Kosin | ☒ Carla Schweich |
| ☒ Kristi Gullett | ☒ Denise Lasker | ☒ Jamie Steber |
| ☒ Alicia House | ☐ Suzy Oswald | ☐ Luke Wendlandt |

Public Health and Environment (PHE) Chief Strategist Representatives

- Rolando Vera | *Correctional Health Nursing Manager*
- Sean Young-Stephens | *Public Health Program Coordinator*
- Allison Spears | *Office Specialist*

Agenda Items

- Welcome and introductions
- Bylaws and shared agreements
 - Review updated draft of bylaws
 - Collaboratively draft shared agreements
 - Consider a vote to adopt bylaws and/or shared agreements

Council reviewed updated draft of bylaws and collaboratively drafted shared agreements. Members considered whether to formally adopt bylaws and shared agreements. Council was ready to vote to adopt bylaws, but decided shared agreements needed additional refinement. A roll call vote was held, and the Council members present voted unanimously to officially adopt the bylaws. Shared agreements will be revisited at the next Council meeting.

- Opioid settlement topics (presentation from PHE)
 - [Minnesota Opioids State-Subdivision Memorandum of Agreement \(MN MOA\)](#) and reporting requirements
 - Community Input Survey results
- Closing and next steps

In preparation for the next Council meeting, members are asked to spend some time reviewing the Community Input Survey Results and familiarizing themselves with the list of strategies included in the MOA. PHE recommends the [Local Public Health Guide to Spending Opioid Settlement Funds \(Minnesota Department of Health\)](#) as a resource for learning about the strategies (under “Strategy categories” at the bottom of the webpage).

PHE will explore options for a shared file location where Council members can access and collaborate on documents.

Bylaws

Washington County Opioid Settlement Council

Adopted by Council vote on April 17, 2024

Purpose

The Opioid Settlement Council provides leadership and guidance on Washington County's opioid settlement spending.

Membership

Council members are appointed for a two-year term. Term limits are intended to facilitate rotation of Council membership over time, providing opportunities for other interested individuals to contribute to the Council's work. Initial terms at the establishment of the Council may be set at either two or three years to support longevity (as the group is formed) and continuity (via staggered terms).

Per Diem

Council members are eligible for a per diem and mileage reimbursement in accordance with county policy. Council members are considered volunteers, not employees, of Washington County.

Per Diem: \$50 per meeting

Mileage Reimbursement: At the same rate set for county employees

Meetings

Council meetings will occur on a regular schedule and are generally expected to last two hours or less. Meeting materials, including agendas and meeting minutes, will be posted publicly on the county website.

Officers

The Council may, but is not required to, elect a chair and vice-chair to preside at meetings. Officers serve for a one-year term of office and may be elected to a subsequent annual term. Officers will not serve more than two consecutive terms. Termination of Council membership results in automatic vacating of any office that the member holds.

Subcommittees

The Council may establish subcommittees to study a special issue or conduct special projects. Subcommittees will have a specific purpose and will sunset at the conclusion of their charge.

Quorum

One-half of Council members, plus one, shall be considered a quorum for meetings. (If the Council has an odd number of members, a meeting is considered to have a quorum when over 50% of Council members are present.) Meetings can proceed without a quorum, but formal action cannot be taken by the Council without a quorum present.

Conflict of Interest

Council members must disclose to the Council, refrain from participating in discussions, and recuse themselves from voting on any matter in which they may have financial, ethical, or other conflicts of interest. A financial conflict of interest includes a financial association that has the potential to bias or have the appearance of biasing a Council member's actions or decisions.

County Board Expectations

Council members will follow the County Board Statement of Expectations in Washington County Policy #6006 Advisory Board, Commissions, and Committees (included as an appendix at the end of this document). Procedures for the removal of members will be followed as outlined in county policy.

Resources

- [The Principles Quick Guide to Creating a Settlement Council](#), National Association of Counties and Johns Hopkins Bloomberg School of Public Health
- [Minnesota Statute 256.042 OPIATE EPIDEMIC RESPONSE ADVISORY COUNCIL](#)

Appendix: County Board Statement of Expectations (from Washington County Policy #6006 Advisory Board, Commissions, and Committees)

The Washington County Board of Commissioners believes a citizen advisory board, commission, or committee will work most productively when its members are committed, knowledgeable, and work together as a team. The County Board expects its citizen advisory board/commission/committee appointees to:

- 1. Attend a new member orientation, if provided.*
- 2. Commit to regularly attend and actively participate in the advisory board/commission/committee work, including substantive participation in meetings and discussions.*
- 3. Notify the staff liaison, in advance, if unable to attend a meeting.*
- 4. Understand the roles and relationships of the advisory board/commission/committee, staff liaison, County staff, and County Board.*
- 5. Become familiar with the County's and the advisory board's/commission's/committee's role and mission.*
- 6. Stay informed about advisory board/commission/committee matters, prepare themselves for meetings, and review and comment on minutes and reports.*
- 7. Get to know other advisory board/commission/committee members and build a working relationship that contributes to consensus.*
- 8. Conduct themselves in a professional manner.*
- 9. Show respect for and tolerance of differing views and opinions.*
- 10. Reflect the perspectives of the County's diverse constituency in discussions and decision-making processes.*
- 11. Foster a committee environment free from violence, discrimination, and offensive or degrading remarks.*
- 12. Refrain from accepting gifts from individuals or organizations that do business with Washington County in accordance with gift ban laws.*

Shared Agreements

Washington County Opioid Settlement Council

- Attendance is important, commit to being there and commit to participating*
- Listen to understand, not to respond* - we all have something different to offer
- Honor confidentiality*
- Allow space to ask and receive questions
- Be open and respectful to the ideas of others – use respectful language to talk about those impacted
- Speak from your own experience and speak objectively
- Take space/make space – everyone has an equal voice during the meeting
- Have an agenda and stick to it – be efficient
- Share the role/context you're speaking from
- Only one person speaks at once

Community Input Survey Results

Opioid Settlement Funding

Full Report

November 2023



Contents

Introduction.....	3
Respondent Information.....	4
Prioritization of Strategies.....	7
Comments.....	10
Appendices of Comments Grouped by Topic	11
Appendix A: Feedback on Survey	12
Appendix B: Community Impact of Opioid Crisis.....	13
Appendix C: Overall Approach and Priorities	15
Appendix D: Response Strategies and Ideas.....	18

Introduction

Washington County is committed to an opioid settlement funding approach that:

- Embraces a [philosophy of harm reduction](#).
- Takes action on racial and health equity.
- Focuses on the needs of Washington County communities.
- Is grounded in evidence.



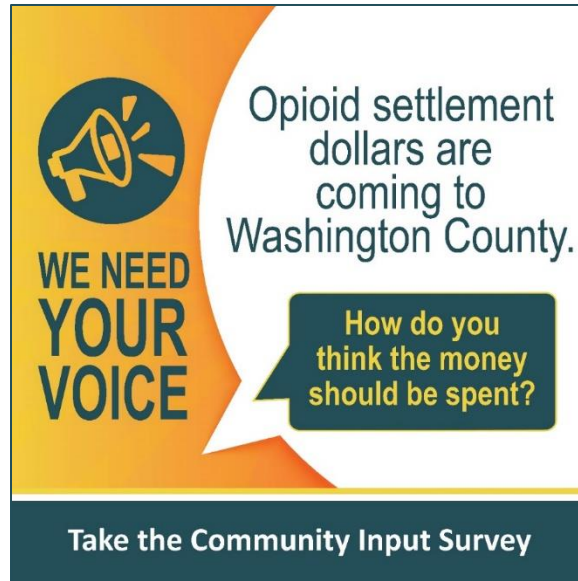
From February to September 2023, Washington County Public Health and Environment (PHE) conducted the *Community Input Survey*. The purpose of the survey was to gather input from community members and relevant professionals in Washington County to inform local planning for opioid settlement funds.

In September and October 2023, PHE used initial survey results to develop structure and process recommendations for how opioid settlement spending decisions will be made. The focused survey results and recommendations were presented at a Washington County Board Workshop on October 24, 2023. The [presentation materials](#) from the workshop are publicly available on the county website.

This report contains the full results from the *Community Input Survey*. PHE is sharing these results publicly in the interest of transparency and openness with partners and the community.

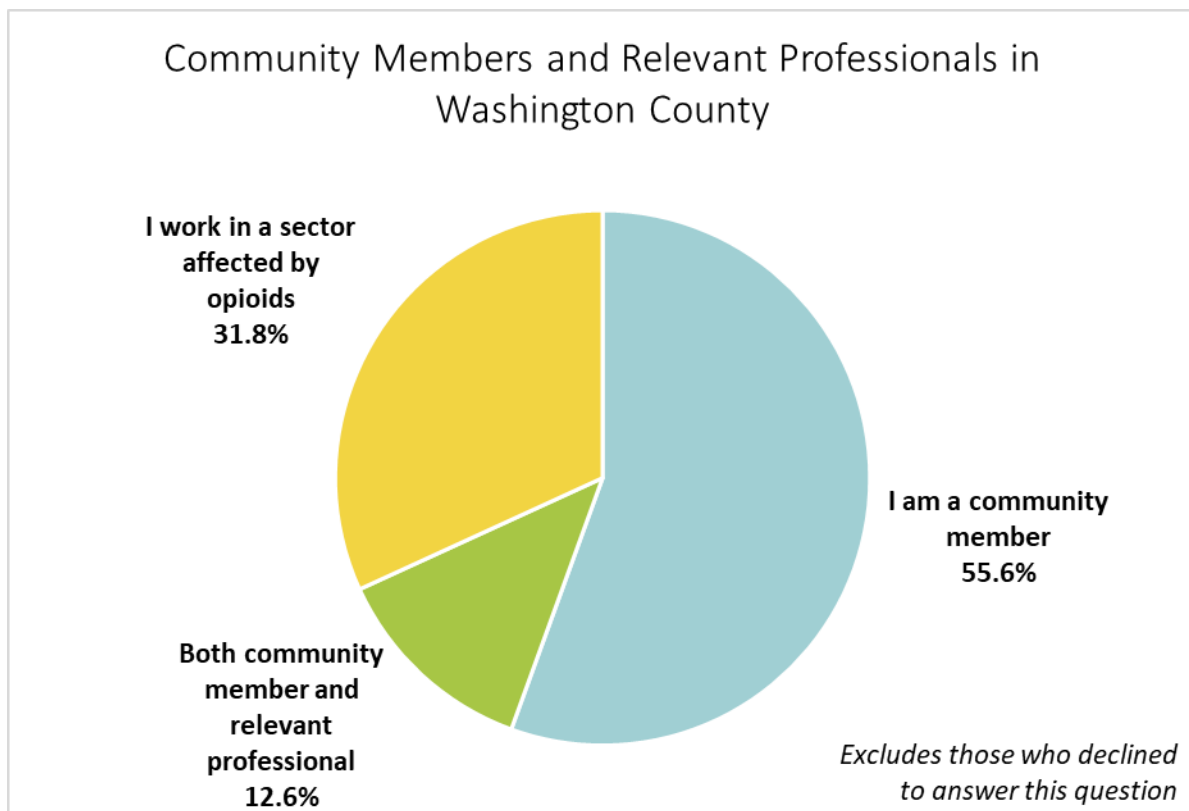
Survey Sections

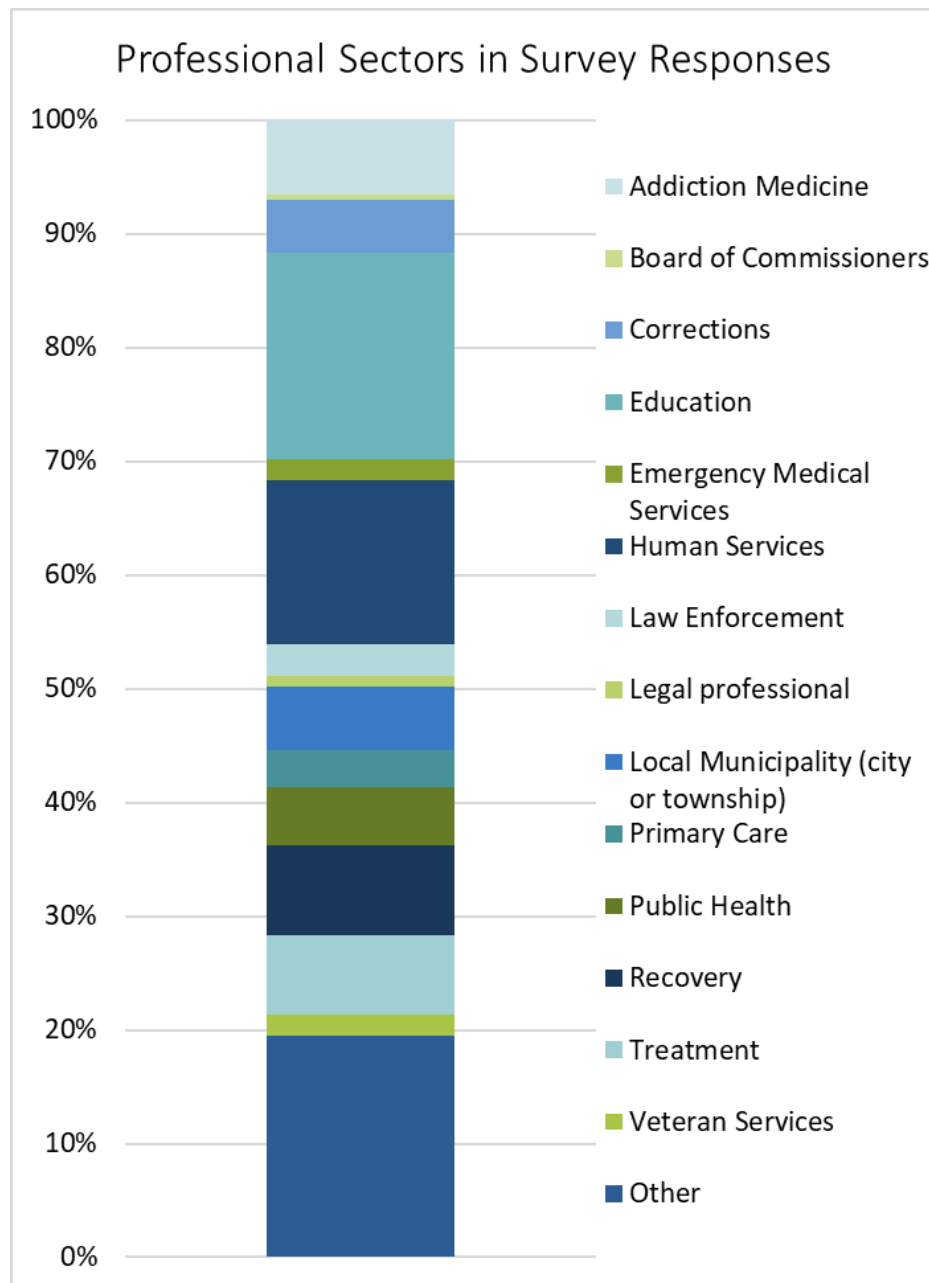
- I. Respondent Information
- II. Prioritization of Strategies
- III. Comments



Respondent Information

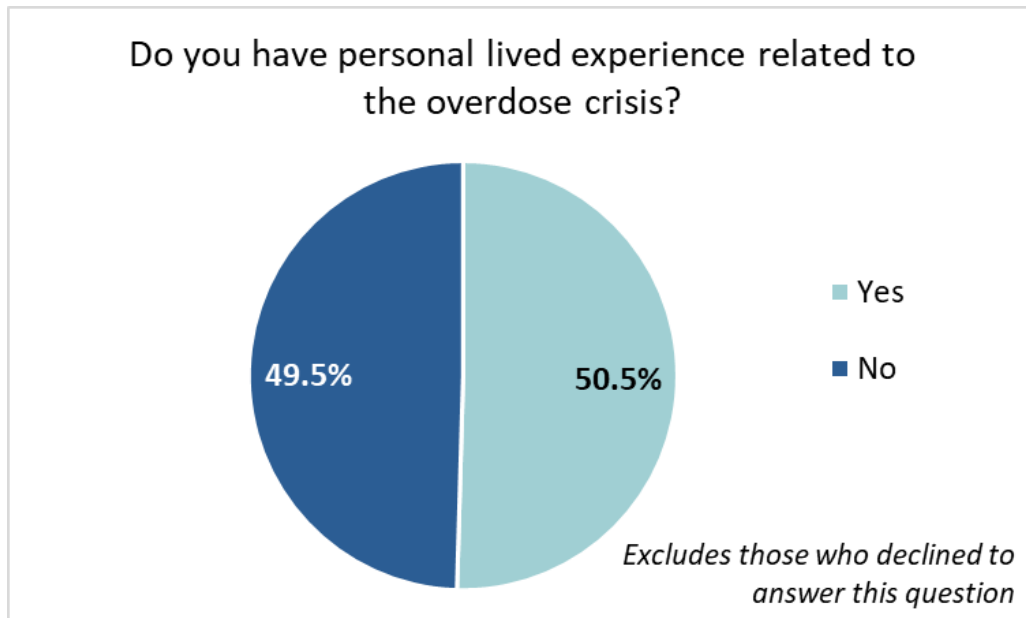
This section of the survey answers the question “Who did we hear from?” A total of 352 survey responses were received. The survey was limited to people with a relationship to Washington County, for example: living, working, receiving services, or delivering services in Washington County. All identities in the survey were self-reported and individuals could identify in more than one group.



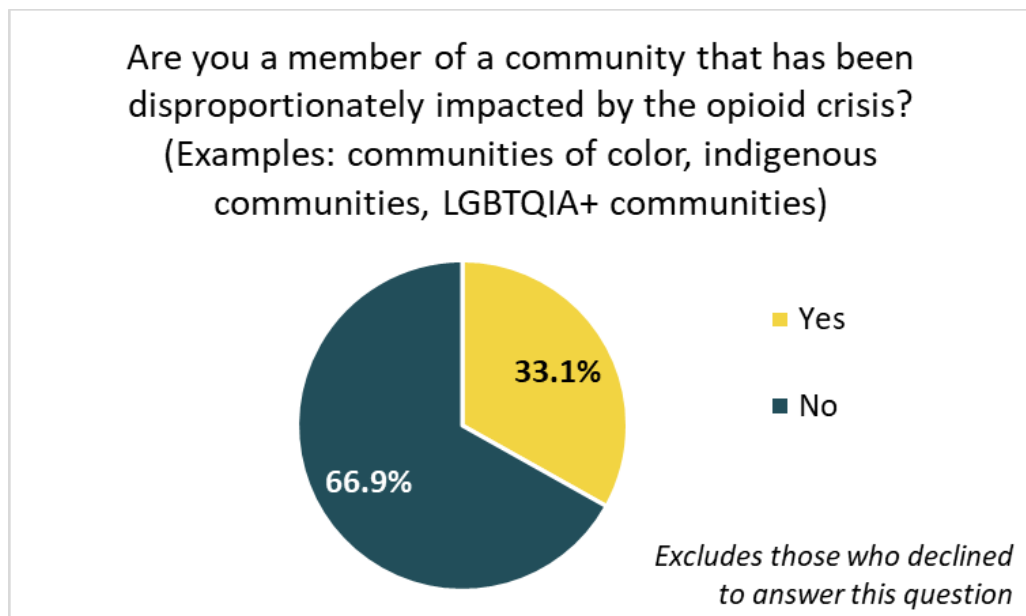


Examples of other work sectors identified by respondents:

- 911 dispatcher
- Crisis services
- Health/wellness agency
- Housing/homelessness services
- Mental health provider
- Pain care nurse
- Religious organization/pastor
- Twelve-step program
- Work with families/parents/youth



Note that “personal lived experience related to the overdose crisis” was not defined in any additional detail in the survey. (The definition was kept broad to protect survey respondents from sharing more information than they would want to share publicly, since survey responses are public data.) As a result, the lived experience represented here might encompass a broad variety of perspectives.



Examples of identities shared in optional follow-up question:

- “Black/African American”
- “Latino Community”
- “Lesbian”
- “Mental health diagnosis/dual diagnosis”
- “Native American/American Indian”
- “Non-citizen”
- “Person with disabilities”
- “Queer”

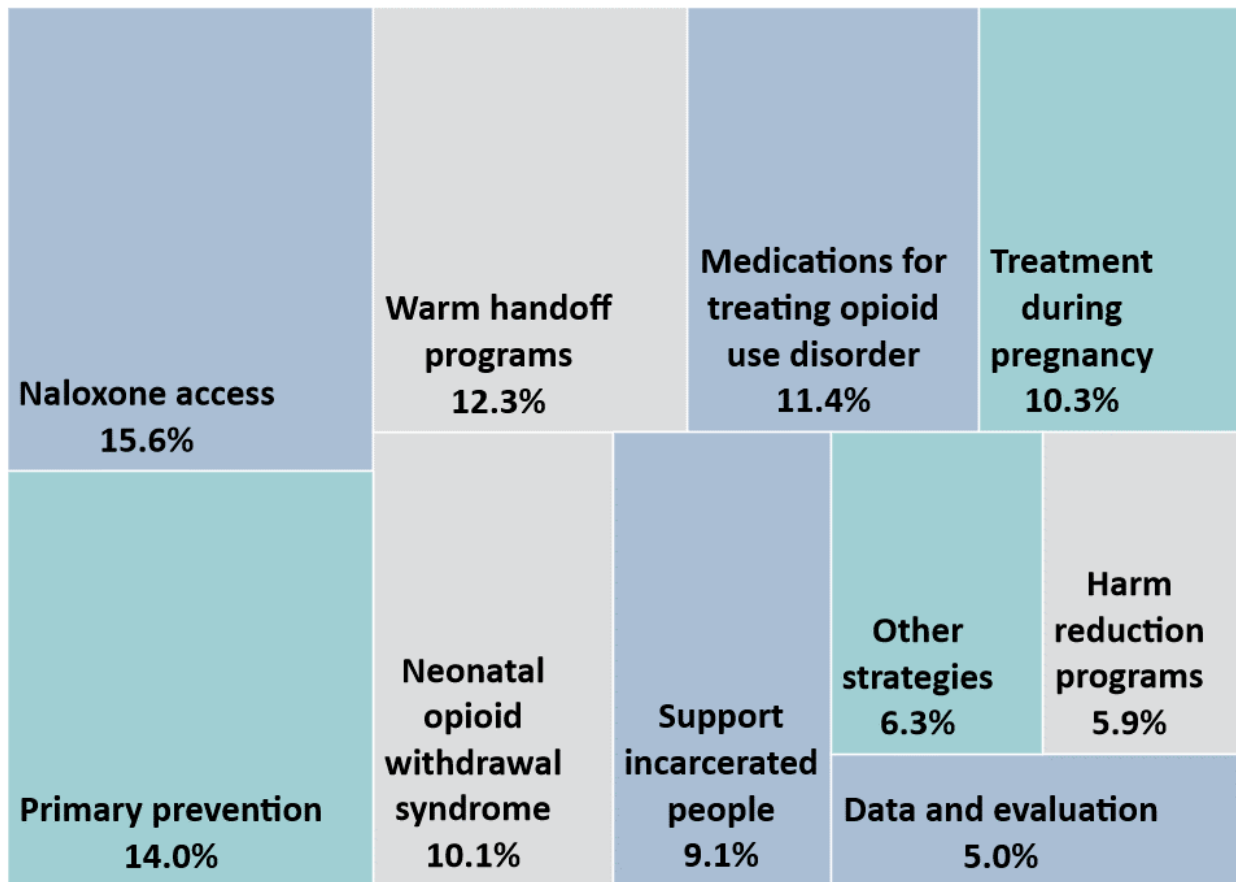
Prioritization of Strategies

In this section of the survey, respondents shared how they would allocate 100 dollars across nine strategies to address the opioid crisis in Washington County over the next five years. The nine strategies included in the survey are listed below.

- Strategy 1: Broaden access to naloxone (overdose reversal drug)
- Strategy 2: Increase access to medications for treating opioid use disorder
- Strategy 3: Provide treatment and supports for opioid use disorder during pregnancy and the postpartum period
- Strategy 4: Expand services for infants who have signs of withdrawal from opioids that they have been exposed to before birth (neonatal opioid withdrawal syndrome)
- Strategy 5: Fund programs that help connect people to holistic recovery services and coordinate transitions between systems, such as a peer navigator program that connects a person to treatment and other services following an emergency response for a non-fatal overdose
- Strategy 6: Improve support for incarcerated people and others who interact with the criminal legal system
- Strategy 7: Enrich prevention strategies such as school- and community-based youth prevention programs
- Strategy 8: Expand harm reduction programs such as comprehensive syringe services programs
- Strategy 9: Support data collection and program evaluation to ensure that implemented strategies are effective and equitable

[See this resource](#) from Johns Hopkins Bloomberg School of Public Health to learn more about these strategies.

Overall Prioritization Results



Highlights and Notes

- Every strategy received support, showing that this is a complex issue that can't be solved with just one or two strategies.
- Note that this section of the survey did not work well for everyone. People with lived experience and people in disproportionately impacted communities were more likely to skip this section and more likely to share a comment.

Prioritization Breakdown by Group

	All groups (weighted equally)	Community members	Relevant professionals	Lived experience	Disproportion- ately impacted
Naloxone access	15.6%	15.7%	14.9%	15.2%	16.8%
Primary prevention	14.0%	14.5%	17.0%	13.1%	11.5%
Warm handoff programs	12.3%	11.9%	13.5%	12.2%	11.8%
Medications for treating opioid use disorder	11.4%	11.0%	11.0%	12.5%	11.2%
Treatment during pregnancy	10.3%	9.8%	9.9%	10.2%	11.1%
Neonatal opioid withdrawal	10.1%	10.3%	10.0%	10.1%	9.8%
Support incarcerated people	9.1%	9.8%	8.2%	9.0%	9.6%
Other strategies	6.3%	7.1%	4.5%	7.0%	6.4%
Harm reduction programs	5.9%	4.9%	6.0%	5.7%	6.9%
Data and evaluation	5.0%	5.0%	5.1%	5.0%	4.9%

Highlights and Notes

- Overall, there was a lot of alignment across the four different groups. Note that some of that alignment can be attributed to the fact that respondents could identify in more than one group.
- The differences between groups likely highlight the differing perspectives and expertise of the people in each group. One strategy – primary prevention – showed a particularly large difference between groups with relevant professionals prioritizing 17.0 percent of funding and people in disproportionately impacted communities prioritizing 11.5 percent. The difference between these groups (5.5 percent) was over double the difference found across any other strategy.

Comments

Trigger Warning

To share people's opinions and voices as directly as possible, we are sharing all the comments we received in survey responses.

Please be aware that:

- Some of the comments contain personal stories from people impacted by the opioid crisis, including losing loved ones to overdose
- Some of the comments contain language that might be stigmatizing or offensive

Methods and Notes

Please note that we are sharing all the comments received in survey responses. Washington County Public Health & Environment is not providing judgements or endorsements on the comments contained in this report. If you'd like to learn more about the strategies that are supported by evidence, refer to the [Opioid Solutions Center](#) from the National Association of Counties (NACo).

It is important to appropriately value the comments if we want to hear from community members who are most significantly impacted by the opioid crisis. All the open response fields in the survey were optional, but many people chose to share comments. People with lived experience and people in disproportionately impacted communities were more likely to skip the prioritization of strategies section and more likely to share a comment.

The comments in this report are organized by topic to make the large volume easier to digest, but the groupings are not perfect. For example, comments from different people supporting the same response strategy might have very different perspectives and intentions. Similarly, the number or length of comments in a group are not a perfect measure of community support. For example, one person might have written only one short comment while another person might have written several paragraphs across different topics. **The best way to understand people's comments is to read the quotes directly,** which can be found in the appendices on pages 12-25.

Some changes were made to the direct quotes for the following reasons. Any added language is indicated with [brackets].

- Any information identifying the person completing the survey was removed.
- To make the quotes easier to read, misspellings and grammatical errors were corrected, and abbreviations were replaced with their full language.
- Medication brand names were replaced by the name of the drug for clarity.
- Some quotes were divided up into multiple parts so they could be included in the applicable topic group.
- A small number of quotes that couldn't be read or understood by the staff compiling this report were removed.

Appendices of Comments Grouped by Topic

Appendix A: Feedback on Survey

Appendix B: Community Impact of Opioid Crisis

Appendix C: Overall Approach and Priorities

Appendix D: Response Strategies and Ideas

Appendix A: Feedback on Survey

Positive feedback

- “I would like to thank [the Washington County] jail MOUD [(Medications for Opioid Use Disorder)] program, it saved my life and [I] am still sober [and receiving] medication for opiates. [Before my time in jail,] I was also treated for overdose in [Washington County] almost not surviving if not for first responders using [naloxone] 2 [times]. I believe in Washington County [Minnesota]. I am forever [grateful]. God bless WCSO [(Washington County Sheriff’s Office)] and Lakeview Hospital and Ems 🙏”
- “It is a huge problem and I’m thankful [you’re] taking it seriously.”
- “Thank you :-)”
- “Thank you all for your work on this!”
- “Thank you for all you are doing to improve services and resources across our county.”
- “Thank you for being thoughtful about what approaches the county will take”
- “Thank you for including us incarcerated individuals who are regularly not allowed a public opinion”
- “Thank you!”
- “Thanks for helping us :)”
- “This is truly a phenomenal and great approach to help the community understand the options and how hard it is to determine what and who gets a cut. Great work!”

Constructive feedback

- “It’s hard to know how much funding to put into each category when I do not know the research/data that supports the priority nor do I know how we are currently spending on each.”
- “Number slider on previous page was extremely difficult to be precise when completing the survey on a cell phone”
- “They all are important. I think you should’ve had us note [what’s] most important 1 through 10.”
- “This survey was very very difficult to navigate and when I wanted to put \$10.00 it went to \$100 and then would not let me change it!!!!!!!!!!!! Definitely not user friendly!!!!!!!!!!!!”

Appendix B: Community Impact of Opioid Crisis

Personal story/experience

- “[I am a] parent of addiction [and a] Grandparent of addiction” “\$100 is not even close. this is an epidemic. I am a counselor and last week lost my grandson at 22 years old to fentanyl. This is not going away but increasing...There is not a person I know that has not been [affected] by this...As a professional that has worked deep in this situation [and as] a parent...I am fed up...Is dealing this drug really a good business plan? Is it really for money? seems to me that killing off your customers has a different objective I am just sick of watching our children be destroyed and buried.”
- “[I have] loved ones & friends that have [passed] from overdose”
- “[I was a] ward of the state of Minnesota as a result from my birth [parents’] overdoses and deaths.”
- “[I] do recreational drug use”
- “[I] was addicted from age 15 to 30 years”
- “A lot of my [loved ones] have [died] or [passed] away [from opioids] – I know one thing if there [was] anything I [could] do to bring them back I would but life is life”
- “I am a parent and healthcare worker that has been affected both personally and through my work. I know this problem has been partially created by our very own government/pharmaceutical greed and it needs to stop.”
- “I am an ex opioid addict & I’ve lived all spectrums”
- “I am from rural [Kentucky] and I experienced the epidemic in the early [2000s]”
- “I have a [32-year-old] nephew who died from fentanyl last year.”
- “I have been in recovery – I have experienced others overdose, I have administered [naloxone] to others and saved lives”
- “I have lost my brother and sisters and mom and dad...Help needed everywhere”
- “I have lost numerous people in my [life] due to opioids Please help save lives”
- “I have personally experienced the ravages of addiction – opioid addiction as well, in my own family, and worked in the area of youth [addiction], and am a registered nurse who has had a lot of interaction with addicted patients.”
- “I was addicted to several prescription drugs given to me freely by the Medical Community. I feel a large part of the problem is the medical community. I have been able to be drug free and Alcohol and tobacco free for over five years only by strict adherence to no drugs unless I feel [my] life [is threatened]. I manage my own pain and emotions now. I have been able to finish a BA and work with children in the community.”
- “I wish my opiate dependence was being addressed. [I’m] currently not on any opiate substitution programs and life is miserable” “[I am] homeless due to prolonged drug use”
- “I’m in recovery myself, and I firmly believe that the opposite of addiction is connection.”
- “Lost many friends to overdosing”
- “My brother overdosed”
- “My cousin died yesterday of overdose this is not ‘imaginary’ to me”

- “My cousin passed away due to overdose related [to] fentanyl and opiates. My [brother’s fiancé] died from an overdose.” “I don’t use it but I’ve seen what [it’s] done and lost many friends and family due to opiates.” “I’ve seen how opiates have [changed] this area [over] the last 20 years”
- “Sister & brothers addicted”

Magnitude of opioid crisis

- “Do your best to save lives because this crisis is out of control.”
- “Drugs kill people”
- “Fuck opioids!”
- “It’s taking over everyone and even if you don’t use it [you’re] going to be [affected somehow] that’s for sure.”
- “People have been overdosing in public”
- “Please help us with this sickening disease. We are dying slowly. Help us overcome the pattern.”
- “Save the world please people are dying!”
- “The whole usa is impacted it’s a national pandemic crisis”
- “There [are a lot of people] on [drugs]”
- “We need more programs to help those who are addicted”
- “While I have not experienced opioid addiction myself, the time I’ve spent in jail has shown me how much it costs the community in crime and jail time. Seems almost everyone [inside] is there either directly or indirectly due to opioid or other drug use.”

Hope for impact of settlement funding

- “I am excited to see the impact of this funding in years to come.”
- “I feel like [there’s] more that could be done but knowing there’s a starting place is awesome. I struggled with this issue of opioids for many years it helps a lot knowing that there will be programs to address this issue.”
- “I would like for anyone with [this] issue to have the opportunity to get help.”
- “I would love to see someone get the help they [need]”
- “Opioids is an epidemic of great magnitude, and I am hopeful this will be saving lives. The ability to make clear that there is a way out and that life is worth living is the difficult part of getting through to an addict. If you look at the [Offender Recovery Program] in Washington County, you can see that by putting people together with other people with the same problem it makes it clearer that there is a solution. Though success can be difficult it still plants the seed to recovery. Good luck.”
- “This is a horrible problem, and I hope this funding will help save a few lives.”

Appendix C: Overall Approach and Priorities

Involve the community

- “[I’m] glad to see the community helping with this issue.”
- “As the program director of a treatment [program] in [Washington County]. I am willing to share information however needed. We can do a coordinated anonymous patient survey if that would be helpful.”
- “I am happy that Washington County is getting community feedback and funding toward this crisis.”
- “I look forward to being part of making an impact.”
- “I would love to be part of a group of people doing outreach in the community to actually make change...I would love to share my story and know there are many others out here that would have similar stories.”
- “It will be important to include people with lived experience on the community advisory group”
- “Maybe seek voluntary anonymous input from folks who attend Narcotics Anonymous groups in Washington County [and so on]”
- “Thank you for allowing people to provide input. good luck :)”
- “Thank you for asking for community support.”
- “Work on more expansions into the community”
- “You can’t help – if you don’t know or live the life of your community”

Focus on prevention

- “Go after the source!”
- “I believe it’s time to focus ‘up river’ rather than ‘down river.’ Start recognizing and putting money into identifying causes. Time to be proactive rather than reactive.”
- “I believe prevention and treatment are among the top ways this money should be used.”
- “Prevention focus – early recognition of ACES [(Adverse Childhood Experiences)], mental health treatment and financial assistance for [mental health] medications to help prevent use of illicit drugs for self medication”
- “Prevention goes a much longer way than reaction.”
- “Primary prevention/upstream interventions needed most before people ever even misuse drugs. Far too much emphasis on harm reduction.”
- “Support Substance Use Disorder (SUD) and Behavioral Health initiatives targeted to address the underlying issues that lead to opioid and other substance abuse.”
- “We must look at the underlying reasons for the [crisis] BEFORE agreeing on policies to fix it. Policies need to be more intentionally directed to the underlying causes: 1. Trauma related issues and resulting mental health issues 2. Pharmaceutical causes 3. Lack of openness to use non-traditional remedies to pain 4. Issues surrounding isolation & social media If we do not address the underlying causes we will continue to simply keep plugging holes in the dam.”

Abstinence-only approach

- “[Buprenorphine] sucks”

- “I do not support ‘harm reduction’. With the onslaught of Fentanyl use even those people that think they are participating in harm reduction are at extremely high risk. It must be abstinence.”
- “I’m a firm believer if you get yourself into an addiction you get yourself out. Handing out [naloxone] is like walking around a school yard handing out lungs and a pack of smokes to kids. Let god sort out the issues, fix the kids”
- “Limit doses of [naloxone] and spend the money on insulin and epi pens. I don’t think [naloxone] should be free to anyone but first responders. If you can afford to overdose, you can afford [naloxone].”
- “Prevention and meds for those who want to [quit] over free [naloxone]”
- “They should not make it safe for people to use these drugs people continue to [overdose] and use drugs because the city [allows] them people that want help go to get help we should invest in treatment”

Focus on harm reduction

- “Harm reduction is necessary and lacking in Washington county. It prevents diseases, overdose, provides access to treatment, and in the end, it saves money on hospital stays and most importantly it saves lives!!!”
- “I think it is really important that we focus on helping those who are currently struggling with addiction, helping them with harm reduction strategies. Our community deserves to have access to these resources like other metro counties. Data supports that those who are in active addiction need to be willing to commit to being sober for treatment to be effective and that is not always the case and therefore we need to help them be as safe as possible while in active addiction.”
- “I would really like to see an emphasis on harm reduction and access to treatment opportunities. Many people who struggle with addiction may go through treatment programs several times before something ‘clicks’ and they are able to maintain sobriety. I think the access to treatment is crucial and reducing harm to those active in their addiction.”

Focus on saving lives

- “First priority needs to be keeping these people alive while we tackle processes for long term improvement and prevention.”
- “I have worked as a therapist at residential substance treatment programs. Keeping people alive is the first [important] step, providing them residential, intensive outpatient, and transitional treatment is the next step.”

Balanced approach/everything needs funding

- “All those programs seem important.”
- “I would make sure resources are allocated to both prevention and recovery efforts – not one side or the other.”
- “People need education, early intervention, treatment options that meet their needs, follow-up peer support, doctors that prescribe medications that work, treatment options while in institutions and assistance with rebuilding their lives. All are necessary.”
- “Please these are all very important maybe no money value is [allotable]”
- “These are all great suggestions. I wish they could all be fully funded.”

- “We need a balanced approach to tackle this particularly devastating class of drugs.”

Fund services not available through other funding sources

- “Be intentional in spending the money on services that aren’t already available through other resources.”
- “I put access to naloxone lower because I have seen this substance become very accessible over the years. I also rated school-based programs lower because I think schools are talking about overdose risks, however people will still choose to use even with this knowledge. I think pregnant addicts, babies affected by opioids, and incarcerated people have less resources in general so I put a higher amount on those items.”

Other comments on overall approach and priorities

- “We should not be afraid to use the approaches to treating and aiding the recovery of opioid addiction for fear of political blowback.”
- “Whatever the research says.”

Appendix D: Response Strategies and Ideas

Treatment and recovery services

Treatment

- “[Recovery] programs I would like to see more in recovery based programs such as [Alcoholics Anonymous]/[Narcotics Anonymous], 12 step programs.”
- “Add more drug counseling programs.”
- “Endow [an] in-patient bed at [a] Treatment Center”
- “I know from experience that jail can be positive given they get enough time to heal, but the risk is high after a short amount of time off the drug, then released, overdose. Personally if [Washington County] is going to spend money on this I would like to see it spent on those who are not safe, not in jail those that need treatment, long term treatment. this is not a 90 [day] treatment process anymore. This is a new animal that kills on purpose! those in jail should be mandated to a long term program or go to jail. We need more monitoring of people when they are out of treatment, mothers with children especially.”
- “I think having access to [opioid] treatment would be the best thing that could happen.”
- “Increase availability of treatment – it is nearly impossible to get someone into treatment without a waitlist. When a user is ready, they are ready, and having a user wait four to six weeks for a spot in a program is unacceptable if we are to seriously combat the issue of addiction in our community.” “Make meaningful and accredited treatment more available.”
- “Long Term treatment that includes housing and job options...1-2 [years]”
- “More money for better/longer inpatient and outpatient programs with sober living in Washington County. There are not enough”
- “More treatment options for all people struggling to recover”
- “There are very few treatment centers for teens, young adults with opioid addiction and those that are available are generally full or have exclusionary criteria that excludes many with the most need.”
- “Treatment options for those who are in active addiction”
- “Treatment”

Surrounding support for people and families affected

- “Add funds to reduce the barriers for those needing to access the above services [such as] Transportation, daycare, technology.”
- “As always, interventions that help mothers and babies always should rank first.”
- “Develop and fund programs that support those who are seeking treatment, but have no means of providing for their dependents. Supporting and providing essential services for [dependents] so a person struggling with opioid use can seek treatment and succeed.”
- “Mothers who are in active addiction also deserve to be at the top of the priority list, with more and more rights being taken away from women every day, pregnant women and mothers deserve to have adequate and ethical support.”
- “Pay bills for mothers doing outpatient treatment” “Help parents going [through] outpatient treatment so they don’t lose everything.”
- “Programs for kids [whose] parents are addicted.”

- “Services for addiction should encompass not only the addicted but their families as well.”

Criminal legal system reform and support for incarcerated people

Less punishment/jail

- “I have quite a story and the very court system that pretended/claimed to want to help my son actually made things 10 times worse.”
- “If you would spend more time on helping people instead of jailing people...”
- “Less punishment. More education & prevention”
- “Lobby for opiate [possessions] to be treatment rather than prison”
- “Make some real changes to the court system, probation, jails, police officers [who] are not helpful”
- “More treatment options [versus] jail time which helps no one. Raise drug amount that equals felony possession.”
- “People need help not Jail. Open up drug court again to more people and more treatment.”
- “Stop treating the sick addict as a criminal & start looking to cut the root issues out of one’s life as [opposed] to just looking at the surface”
- “The county is just a revolving door designed to make people stay in the correctional system. No help. No resources. No hope”

Improve support for incarcerated people, including Medications for Opioid Use Disorder

- “[I] want to get on it But they denied me because I don’t have [an] outdate/But once I get one I’ll leave that day so I’ll be [without].”
- “Catching people where they come into contact with a chunk of time [when] they don’t have a choice is great too so folks who are being held for anything should be targeted as efficiently as possible and [set up] with big picture supports to help from all areas to address barriers to sobriety. identifying support systems for the individual is critical. educating those support systems on realistic ways to help folks that are struggling is also essential. There is so much misinformation out there.”
- “Help people [with] more options like when leaving jail a [buprenorphine] provider.”
- “I feel the jails need to work on mental illness help people find a worker to [support] them when released”
- “I have been trying to get put on it [but] not knowing my outdate is stopping them.”
- “Most people who come to jail that used opioids have [withdrawals], so I would supply something to help them come down!”
- “The status that you are booked under [affects] you getting put on the program. Even though your warrant status can expire [a] couple days after you are booked. You can’t be put on because you have a hold.”
- “They don’t let [anybody] on the [buprenorphine] program here they wait [until] you have [an] out date. So if you come in sick you have to suffer [through] it.”
- “We need to address it as a disease when people want [buprenorphine] in jail not as drug seeking someone in jail that has been opiate dependent for 10 [years] the body doesn’t feel right chemical imbalance I for one [am] one of them”

Education and outreach

Education/information

- “As an elected official and a long time resident of Washington County, it would be very helpful to have published data from public safety that shows the impact of the opioid epidemic in our area. Even if it is general information about drug abuse and overdose issues so we can help the public better understand the current scope of this problem. Thanks!”
- “Community education and outreach”
- “Education is the key to change.”
- “Education to community & everyone (families, government, judges, cops, etc.) about addiction & disease”
- “Education”
- “Education”
- “I am a victim of the opioid crisis and I believe for what [it’s] worth the programs in place work they just need more promotion to get the word out”
- “Increase education on the opioid epidemic to help decrease deaths and overdoses.”
- “Make it easier to get info [on] the crisis”

Education for young people

- “Help educating the youth community to help stop the crisis”
- “Outreach into schools even elementary and colleges. [Outreach] to churches and other organizations” “we want to deter the use as well as save lives, Start educating our children to this, not a dare program but a serious this will kill you conversation. Maybe even a monthly class in the schools that is mandatory. This has to start young to prevent it and more mental health services and support for the young families of addiction. This is a cycle of behaviors I have seen the generational illness.”
- “Teen outreach”
- “We need creative ways to get through to bright, productive young people who believe, ‘It couldn’t happen to me!’”
- “Work with schools and have real life people who have [gone] through treatment talk. Also some skits/acting out performance that are strong and impactful (similar to youth action programs)”

Education for providers

- “[Educate] providers [about] the dangers of the medications they are prescribing. I believe many are still persuaded by pharmaceutical companies.”
- “Make sure physicians are knowledgeable about opioids and prescription responsibility to their patients.”

Mental health

Mental health support

- “I think there needs to be more programs for those suffering with mental health issues. There are no programs for people (they get arrested or brought to hospital for it and then released with nothing). We need to provide more access to support those with mental health issues.

Whether that's free therapy, transportation to and from or someone to hold them accountable daily to get their help."

- "Mental & healthy realization programs"
- "Mental Health awareness, get ahead of the reason to use drugs in the first place."
- "Mental illness"

Youth mental health

- "Investing more thought into mental health issues in general can only help as many people turn to substances to self-medicate an already existing issue. Let's take the mental health of our young people more seriously, which would hopefully help them toward safer ways to cope with their mental health. Start treating the brain like the major organ that it is. For example, if a student takes a leave from school because of a kidney issue, [accommodations] are made, [and so on]. My child had to take a month to go for mental health care and ended up going to [an alternative program] because he could [no] longer keep up at [high school] and I did not even hear back from two of his teachers when I sent an email outlining what he was going through. This is not only my, but other parents personal experiences with how the school deals with mental health when a student is in crisis. I can guarantee if my son had cancer, the school would bend over backwards to help him in any way possible. This district is failing when it comes to the dealing with the mental health of its students. Many of these kids end up using. I think the schools [do] a half-ass job of dealing with the mental health of the students. The programs implemented look good on paper and like we are doing something, but the reality is that only a tiny fraction of students who need help are getting it. The high school has two school psychologists, but they are not for the general school population."
- "Support mental health services [in] our schools for our youth."
- "We need more supports when it comes to youth mental health. If the student [has] behaviors of any kind there are no programs for them and/or their wait list is a year long. Youth [can't] wait that long for support!"

Increase law enforcement and stop drug use

More enforcement/punishment

- "Enforcement of existing laws and increased law enforcement presence as a prevention tool."
- "Fund law enforcement to apprehend the drug seller. Get the drugs out of our communities. Start at the root of the problem...people bringing drugs to our neighborhoods. Enforce stronger punishment for dealers. Make it so people don't want to come here with drugs! Don't make more committees or groups to make sure things are equitable, start doing and making a difference. We're giving people band-aids to fix problems and we need to start at the root of the problems."
- "Increase funding for law enforcement to stop illegal drug usage and arrest drug dealers."
- "Law enforcement training, any additional supports they need They are on the front lines every day"
- "More places to lock them up due to cannabis use and wanting more of a kick"
- "Penalty and jail time for users. Get tough with Users."
- "Put away the Doctors giving out these pills and [buprenorphine]"

- “Tougher sanctions for those who distribute controlled substances, to include physicians who indiscriminately prescribe, as opposed to those who possess.”

Stop drug supply/drug use

- “Ban components that make up opioids” “As long as [it’s] being manufactured [it’s] going to be a problem.”
- “Get rid of all opioids in U.S.”
- “Insist that the federal government close the southern border to stop the flow of drugs”
- “It’s a terrible drug and everything should be done to get rid of it.”
- “Keep drugs off the streets”
- “Protect the border”
- “Removal of fentanyl.”
- “Stop the shipments”
- “They should better regulate the drugs”
- “We need to provide communities that are safe for our children and quit pretending that we cannot come together and stop the drug trafficking.”

Warm handoff programs and post-overdose follow-up

- “Add emergency [options] for [overdose].”
- “Create a bridge program for addicts when making transitions. Example: when they are done with treatment and returning home, being released from jail/prison, getting released from the hospital after any type of medical incident related to their addiction.”
- “In the allocation of dollars exercise, I chose to allocate a large portion of dollars to connection to treatment and medication after an emergency as primary areas that would make a difference. From personal experience with family members and friends, I have seen firsthand what a HUGE gap this is in our healthcare system; and [it] is costing lives because a person leaving the ER is the most vulnerable to relapse and death. Regardless of the substance, people leave the ER with little to NO [follow-up], and no medication to help manage continued withdrawal. Only after multiple trips to the same ER, do people maybe get a social worker that comes in and discusses treatment. Typically, people are given a pamphlet about overdose and the danger of drugs/alcohol, and it is left up to the person to schedule a chemical assessment, research treatment options, and contact their provider (which many don’t have) to [follow up] if they want medication – all of this while in an acute stage of withdrawal when all the brain can think about [is] how to get out of withdrawal. Healthcare professionals in these situations – ERs, jail, and even detox facilities, are ill-equipped and under-staffed to be able to provide the kind of care that is needed to disrupt the cycle of immediate relapse after hospitalization and assist the patient in connecting to continued services that will make a difference in people seeking treatment, and more importantly, prevent people from dying.”
- “People will not quit until they are ready, having someone there to help support them [after] an overdose could be beneficial. But people on [opioids] seem to be most afraid of the Withdrawal and life after. It can take years to come back from an [opioid] addiction, [without] the proper medications and support they will relapse and overdose.”

Naloxone

- “[Naloxone] for our ambulances, police, and fire.”
- “[Naloxone] program would be a great Washington County aid such as naloxone street ambassadors/aids. Door to door street aids who provide [naloxone] to those [with a] need [and/or want]”
- “[Naloxone]”
- “I have seen the miracle of the use of [naloxone] and am a proponent of broadening its use.”
- “I understand that there is an effort to fund nasal naloxone in schools. Could these dollars support that – I don’t recall that schools were part of the settlement agreement (just counties and cities).”
- “Info on [naloxone] awareness” “A lot of people should have knowledge of what & how to use [naloxone]. A lot of lives could be saved if people knew more about [naloxone].”
- “There is a large number that need help. And, only a small number that want help. Spend the money on the people that want help. [Over-the-counter naloxone for] \$88.00 is a second chance tool. [Distribute] the tool with phone/lists of helpful solutions. Packet Included: [naloxone] nasal spray Bottle of water Chocolate bar Bus card/roll of quarters Placard with meeting list/phone numbers”
- “There needs to be so much accessibility to Naloxone in Washington County. And not just access, but affordability.”

Community and youth activities

- “Alternative programs to help keep people engaged in positive activities and off the streets.”
- “Fund programs that are safe risk-taking for young people such as skate parks, rock walls, parkour, zip lines, bungee jumping, trick biking, bike races, sport courts (PREVENTION).”
- “Having block parties.”
- “Support health, well being, and physical activity for all ages and all neighborhoods by supporting a community center.”
- “We need to create and encourage fun, up to date, safe places for kids to hang out! Winter in Minnesota can get boring and long. A youth center can be a starting place to encourage kids and open their eyes to new possibilities and hope in their own lives. They can meet and find friends that are looking for the same thing. Services would be available, led by youth so they can be inspired by their own generation. Guided by professionals in the community, with youth and family input.” “Youth centers, somewhere that is safe, drug free, supports racial/gender differences. To hang out, have fun, has various programs and is led by experienced community members and the youth themselves. Supports all variety of programs for youth to get involved with. Has resources [available] immediately for kids with educated counselors, medical, [and so on].”

Human services staff

- “Funding for the staff determining eligibility for treatment programs, including eligibility specialists, to ensure customers have timely determinations and do not experience gaps in Medicaid services which could impact their ability to access treatment services”

- “Hire staff to provide case management services for substance use like there is for other services such as [Developmental Disabilities], [Mental Health], [Child Protection], [and so on]”
- “Imbed COUNTY social workers with this expertise to work [alongside] city police and city ambulance in response to drug/alcohol crisis calls” “Cities, especially those that filed as a participant for the opioid settlement funds, should have a priority distribution of funds received by the county for such things as [naloxone] supplies for law enforcement and ambulances...and county social workers to work [alongside] public safety at drug/alcohol crisis calls.”
- “It would be nice to see if funds could help with imbedded social workers within police departments.”
- “We would request an imbedded COUNTY social worker to work/be placed in our police department to work alongside our officers and/or fire department (ambulances) on a variety of mental health issues, including drug and alcohol crisis.”

Support for young people exposed to opioids prenatally

- “As someone who works with multiple students who were exposed to drugs/alcohol in utero, I believe we need to provide funding for resources to help [neonates] who are born with exposure to intoxicants.”
- “I have experienced comprehensive support for infants experiencing opiate withdrawal and it appears there is a decent system in place to immediately support these babies and their caregivers during the withdrawal process and throughout infancy. Help Me Grow continues to be a good support for those who are referred and/or qualify (until they are school aged). Long term support is needed once these infants are children or youth and may begin exhibiting behaviors or symptoms that are treated solely has mental health or behavioral, and there are not enough accessible and affordable supports in place to assist families and children/youth that were exposed prenatally.”

Homelessness and housing

- “Help homeless [people]”
- “Homeless”
- “Housing for those who seek to become sober in order to provide them a safe space away from their addictions.”
- “Micro Housing Communities”
- “Provide homeless addicts with housing and support”
- “Solve homelessness in Minnesota If you solve homelessness you could see this problem better and deal with it appropriately.”
- “We need to fund longer stays supportive housing, regardless of criminal history.”

Drug testing

- “Many of the individuals I worked with were initially introduced to opiate use after an unintentional ingestion via another illicit substance (believing they were ingesting something like [alprazolam], or just marijuana). Wondering if there is a way to introduce more funding to provide individuals access to test the substances they are ingesting. I have had 4 clients in 6 years die of opiate overdoses when they were not opiate users, so had no tolerance and also no access to [naloxone] because they did not believe it could be needed, and ingested the

substances believing they were consuming something else. Of those 4 individuals, 3 were under the age of 21, and 1 was a minor.”

- “Testing kits to reduce fentanyl overdoses”

Program evaluation and research

- “Evaluate treatment programs and their success rates. Penalize those programs with the lowest success rates.”
- “Over prescription of medication to youth (ADHD, Pain Medication) should be looked into if there is a correlation to drug use as an adult.”
- “Spend some money on teens but then make Sure the programs are effective as well”
- “Study of the dangers”

Funding directly to community members

- “I [would] like 73% of whatever Washington County receives.”
- “Maybe spend less on a fancy building and more on the families in them!”
- “Why is a whole county getting money not the people in the county” “Bitch give me my money”

Other response strategies and ideas

- “A mobile app for Opiate overdose, crisis, and community support. Using location data, can assist locating services for Overdose, Hospitals, Naloxone, as well as inform and provide recovery and medication or community support”
- “I would have a farm that revolved homeless addicts in to live and work in a completely sober environment”
- “I would like to see small grants available to faith communities in order for local churches to be better equipped for crisis intervention.”
- “Legalize the whole lot of drugs and then tax them to high heavens and use the tax dollars to assist any person suffering from substance use disorder”
- “Make physical therapy the primary entry point for all non emergent musculoskeletal pains. The evidence is robust and convincing that when going to a physical therapist first, the risk of opioid addiction greatly drops. Use the funds to be PROACTIVE rather than reactive.”
- “Reimbursement to victims of opioid related property crimes.” “The majority of the funding should go towards making victims of opioid related property crimes whole. In other words, people like me who have been victims of property crime conducted by thieves raising money for their opioid addiction should be reimbursed.”
- “Safe use sites”
- “Treatment is important and needed, but I encourage (and would like to hear about!) emphasis on innovative, effective prevention strategies, accompanied by the data collection that allows evaluation of effectiveness.”