Goodhue County
Minnesota

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)
AGENDA

COUNTY BOARD ROOM
RED WING, MN

OCTOBER 17, 2023
10:30 A.M.

Join on your computer, mobile app or room device

Click here to join the meeting

Meeting ID: 294 677 034 088
Passcode: bNzyTk

Or call in (audio only)

+1 872-240-890,,326762190#

Phone Conference ID: 326 762 190#

1. CALL TO ORDER
2. REVIEW AND APPROVE BOARD MEETING AGENDA:
3. REVIEW AND APPROVE PREVIOUS MEETING MINUTES:

   Documents:

   SEPTEMBER 19 2023 HHS BOARD MINUTES.PDF

4. REVIEW AND APPROVE THE FOLLOWING ITEMS ON THE CONSENT AGENDA:

   a. Child Care Licensure Approvals

      Documents:

      CHILD CARE APPROVALS.PDF

b. MN Family Investment Program (MFIP) Biennial Service Agreement 2024-2025

Documents:

MFIP BIENNIAL SERVICE AGREEMENT.PDF

c. Vacation Accrual Requests

Documents:

VACATION ACCRUAL REQUESTS.PDF

5. ACTION ITEMS:

a. Accounts Payable

Documents:

ACCOUNTS PAYABLE.PDF

6. INFORMATIONAL ITEMS:

a. Goodhue County Opioid Presentation
Laura Sand Prink and Kris Johnson

Documents:

OPIOID SETTLEMENT POWERPOINT PRESENTATION.PDF
FINAL EXECUTIVE SUMMARY-OPIOID SETTLEMENT REPORT.PDF
GOODHUE COUNTY OPIOID SETTLEMENT REPORT.PDF

7. FYI-MONTHLY REPORTS:

a. Child Protection Report

Documents:

CHILD PROTECTION REPORT.PDF

b. HHS Staffing Report

Documents:

HHS STAFFING REPORT.PDF

c. Community Flu Shot Clinics 2023

Documents:

COMMUNITY FLU SHOTS CLINICS 2023.PDF

8. ANNOUNCEMENTS/COMMENTS:

9. ADJOURN
    a. Next HHS Board Meeting Will Be November 21, 2023 At 10:30 AM

PROMOTE, STRENGTHEN, AND PROTECT THE HEALTH OF INDIVIDUALS, FAMILIES, AND COMMUNITIES

GOODHUE COUNTY
HEALTH & HUMAN SERVICES BOARD MEETING
MINUTES OF SEPTEMBER 19, 2023

The Goodhue County Health and Human Services Board convened their regularly scheduled meeting at 11:13 A.M., Tuesday, September 19, 2023, in the Goodhue County Board Room and online via GoToMeeting.

Brad Anderson, Linda Flanders, Todd Greseth, Susan Johnson, Susan Betcher, Jason Majerus, and Nina Pagel

STAFF AND OTHERS PRESENT:

Nina Arneson, Kris Johnson, Mike Zorn, Lisa Woodford, Kayla Matter, and Ruth Greenslade.

AGENDA:

On a motion by L. Flanders and seconded by J. Majerus, the Board approved the September 19, 2023 Agenda.

MEETING MINUTES:

On a motion by S. Betcher and seconded by J. Majerus, the Board approved the Minutes of the H&HS Board Meeting on August 15, 2023.

CONSENT AGENDA:

On a motion by T. Greseth and seconded by S. Johnson, the Board approved all items on the consent agenda.

ACTION ITEMS:

On a motion by L. Flanders and seconded by J. Majerus, the Board approved payment of all accounts as presented.

On a motion by T. Greseth and seconded by L. Flanders, the Board approved the NCT CaseWorks Public Portal contract.

INFORMATIONAL ITEMS:

Foundational Public Health Service presentation given by Ruth Greenslade and Kris Johnson.

Goodhue County Health & Human Services Board
Meeting Minutes of September 19, 2023

FYI & REPORTS:

Child Protection Report
HHS Staffing Report
HHS Trend Report

ANNOUNCEMENTS/COMMENTS:

ADJOURN:

On a motion by N. Pagel and seconded by T. Greseth, the Board approved adjournment of this session of the Health & Human Services Board Meeting at or around 11:59 am.

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (HHS)

REQUEST FOR BOARD ACTION

Requested Board Date:	October 17, 2023	**Staff Lead:**	Katie Quinn
Consent Agenda:	☒ Yes ☐ No	**Attachments:**	☐ Yes ☒ No
Action Requested:	Approve Child Care Licensure Actions		

BACKGROUND:

Child Care Relicensures:

- Dorothy Lodermeier Goodhue

Child Care Licensures:

Number of Licensed Family Child Care Homes: 65

RECOMMENDATION: Goodhue County HHS Department recommends approval of the above.

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)

REQUEST FOR BOARD ACTION

Requested Board Date:	October 17, 2023	**Staff Lead:**	Kathy Rolfer
Consent Agenda:	☒ Yes ☐ No	**Attachments:**	☒ Yes ☐ No
Action Requested:	Approve Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) 2024-2025.		

BACKGROUND:
The Minnesota Family Investment Program (MFIP) is Minnesota's public assistance program for low-income families with children. Federal funding from Temporary Assistance for Needy Families (TANF) block grant is used to fund MFIP at a state level. MFIP provides cash assistance, food support, childcare, health care and employment services assistance to eligible families with children under the age of 18. MFIP recipients are required to participate in work or related activities to maintain eligibility and are subject to a lifetime limit of 60 months of eligibility.

Every other year, counties are required to prepare and submit a biennial BSA for the MFIP program. For this agreement period, Goodhue County's annual allocation is $443,324.00.

RECOMMENDATION: Goodhue County HHS Recommends Approval as Requested.

DEPARTMENT OF HUMAN SERVICES

2024-2025 County and Tribal Nation MFIP Biennial Service Agreement

January 1, 2024 - December 31, 2025

*Required field

Enter the county or tribal nation's unique ID number [redacted]

Contact Information

COUNTY/CONSORTIUM NAME

Goodhue

PLAN YEAR	* CONTACT PERSON	* TITLE
2024-2025	Nina Arneson	Director of Health and Human Services

* ADDRESS	* CITY	* STATE	* ZIP CODE	* PHONE NUMBER
426 West Avenue	Red Wing	MN	55066	651-385-6115

* EMAIL ADDRESS (where correspondence related to this form will be sent)	* CONFIRM EMAIL ADDRESS
nina.arneson@co.goodhue.mn.us	

Note: Please review Bulletin #23-11-02: 2024-2025 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines for more details before you complete this document.

A. Needs Statement

1. Identify challenges in financial assistance that are prohibiting you from properly serving MFIP/DWP families in your community.

Lack of available, quality childcare is keeping families from being able to take advantage of the positive labor market.

It is often a challenge to help MFIP/DWP family members to obtain birth certificates especially from other states. If the family is no longer intact one parent may hold them and not be willing to give to the other parent. Loss of birth certificates, etc. This can add to the time it takes to approve MFIP/DWP to families in need. Having access to other databases such as vital statistics in Minnesota and other states could significantly decrease the amount of time it takes to get MFIP/DWP benefits to families.

9360 characters remaining

2. * Identify challenges in employment services that are prohibiting you from properly serving MFIP/DWP families in your community.

Lack of available, quality childcare is keeping families from being able to take advantage of the positive labor market.

Lack of good, reliable vehicles and the lack of public transportation in our rural regions makes it challenging for our families to engage in employment, and basic education, skills building or higher education.

Cost of housing is prohibitive, forcing families to live where they can find housing which often isn't where the livable wage jobs, childcare and transportation are found.

9488 characters remaining

3. * Identify the strengths in your community that you are most proud of that benefit MFIP/DWP families.

Communication, coordination and collaboration between the county staff and the area service providers is strong. Referrals to partnering agencies help our families receive the unique supports they need as they attend training, build skills and begin employment.

9737 characters remaining

A. Needs Statement (continued)

4. What strengths and resources do you have available to address the needs of your participants?

*Please **check all** the resources available to participants in your service area and check whether the resource is available within MFIP financial or employment services "in-house" or from a partner organization (County/Tribal Nation resources with developed connections to MFIP), and/or an external community resource or both. If you lack the resources in your service area, check the Resource Gaps column. Add any "other" resources that you consider necessary.*

MFIP Resources	Partner Resources	Community Resources	Resource Gaps	
☐	☐	☑	☐	ABE/GED
☐	☑	☑	☐	Adult/elder services
☑	☐	☐	☐	Career planning
☑	☐	☐	☐	Childcare funds
☐	☑	☑	☐	Chemical health services
☑	☐	☐	☐	Computer lab access
☐	☐	☐	☑	Credit counseling/financial literacy
☐	☐	☑	☐	English Language Learner (ELL)
☐	☐	☑	☐	Food shelf
☑	☐	☑	☐	Housing assistance
☑	☐	☐	☐	Job club
☑	☐	☐	☐	Job development
☑	☐	☐	☐	Job placement
☑	☐	☐	☐	Job retention
☑	☐	☐	☐	Job search workshops
☑	☑	☐	☐	Mental health services
☑	☐	☐	☑	On-the-job training program
☑	☐	☐	☐	Post-secondary education planning
☑	☑	☐	☐	Re-entry support
☑	☐	☐	☐	Short-term training
☑	☐	☐	☑	Supported work / paid work experience
☑	☐	☐	☐	Transportation assistance (gas cards, bus cards)
☑	☐	☐	☐	Vehicle repair funds
☐	☑	☐	☐	Veteran Services Support
☑	☐	☐	☐	Volunteer opportunities
☑	☑	☐	☐	Youth program
☐	☑	☐	☐	Other: Dislocated Worker, MN Family Resiliency, SNAP E & T, Adult, P2P via WDI

5. County/Tribal Nation Program Contact Information

Please name contacts for the following programs if different from the contact on the cover page.
You only need to give a person's phone and email once.

* **MFIP EMPLOYMENT SERVICES** STAFF CONTACT NAME	* PHONE NUMBER	* EMAIL ADDRESS
Wanda Jensen	507-292-5166	wjensen@wdimn.org

* **DWP** STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Wanda Jensen	507-292-5166	wjensen@wdimn.org

* **FINANCIAL ASSISTANCE SERVICES** STAFF CONTACT NAME	PHONE NUMBER	EMAIL ADDRESS
Kathy Rolfer	651-385-2005	Kathy.Rolfer@co.goodhue.mn.us

A. Needs Statement (continued)

6. Employment Services Provider(s) Information

MN Statute 256J.50, Subdivision 8: Each county, or group of counties working cooperatively, must make available to participants the choice of at least two employment and training service providers as defined under MN Statute 256J.49, Subdivision 4, except in counties contracting with workforce centers that use multiple employment and training services or that offer multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs.

List your current employment services provider(s) and check the respective box to indicate which population served. If a Workforce Center is the only employment services provider, list the multiple employment and training services among which participants can choose. Section I of this form addresses provider choice.

NAME	ADDRESS
Workforce Development Inc.	2070 College View Road East, Rochester, MN 55904

CONTACT PERSON	PHONE NUMBER	EMAIL
Wanda Jensen	507-292-5166	wjensen@wdimn.org

Population Served ☑ MFIP ES ☑ DWP ES ☑ FSS ☑ Teen Parents ☑ 200% FPG ☑ Other

B. Service Models

Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP)

1. *What strategies do you use for hard-to-engage participants? *Check all that apply.*

- [ ] Home visits
- [x] Sanction outreach services
- [x] Off-site meeting opportunities
- [x] Incentives – specify: Support Services
- [x] Virtual appointments
- [x] Workforce One Connect app
- [ ] Other – specify:

2. *What types of job development do you do? *Check all that apply.*

- [x] Sector job development
- [x] Individual job development
- [x] Other – specify: WDI Outreach Specialist connects with area businesses.

3. * Do you have an ongoing job development partnership or sector based job development with community employers to help participants with employment?

- ( ) No (•) Yes – check all activities employer provides:
- [x] Interview opportunities
- [x] Job skills training
- [x] Job placement
- [x] Job shadowing
- [x] On-site job training
- [x] Work experience
- [x] Helps plan training programs
- [ ] Other – specify:

4. * Do you provide the following services to prepare participants for work?

- ( ) No (•) Yes – check all that apply:
- [x] Transportation
- [x] Soft skills training
- [ ] Financial planning
- [x] Mentoring
- [x] Other – specify: Career planning & Employment plan development

5. * Do you provide job retention services to employed participants while they are receiving MFIP?

- ( ) No (•) Yes – check all that apply and answer the follow up question below:
- [x] Available to assist with issues that develop on the job
- [ ] Financial planning
- [x] Soft skills training
- [ ] Mentoring
- [ ] Transportation
- [ ] Personal contact with the employee HOW OFTEN?
- [ ] Other – specify:

If yes, how long do you provide job retention services?

- ( ) Less than 3 months ( ) 3-6 months (•) 7-12 months ( ) More than one year

6. * Do you provide job advancement services to employed participants?

- ( ) No (•) Yes – check all that apply:
- [x] Career laddering
- [x] Networking
- [x] Coaching/mentoring
- [x] Ongoing job search
- [x] Education/training
- [ ] Other – specify:

7. * Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

- ( ) No (•) Yes – check all that apply:
- [x] Pathways to Prosperity (P2P)
- [ ] Work Keys
- [x] National Career Readiness Certificate (NCRC)
- [x] Other – specify: Strong Interest Inventory

B. Service Models (continued)

Family Stabilization Services (FSS)

1. * Do you have qualified professionals available to assist with FSS cases in your service area who meet the licensure and accreditation requirements below?

○ No ◉ Yes – check all that apply:

- ☑ Licensed physician
- ☑ Physician assistant
- ☑ Advanced practice registered nurse
- ☑ Physical therapist
- ☑ Occupational therapist
- ☑ Licensed social worker
- ☑ Licensed psychologist
- ☑ Certified school psychologist
- ☑ Mental health professional
- ☑ Certified psychometrist
- ☑ Other – specify: Nurses through schools; Women's shelter

2. * Do you make referrals for children of FSS participants?

○ No ◉ Yes – check all that apply:

- ☑ Children's Mental Health Services
- ☑ Public Health Nurse home visiting services
- ☑ Child Wellness Check-ups
- ☑ Women, Infants and Children Program (WIC)
- ☑ Follow Along Program
- ☑ Other – specify: HeadStart, respite care, local preschool & camp scholarship program.

3. * Are any of these services for children offered to non-FSS families?

○ No ◉ Yes

Services for families under 200% of Federal Poverty Guideline (FPG)

1. * Do you serve families not receiving MFIP/DWP that are under 200% of the Federal Poverty Guideline (FPG)?

○ No ◉ Yes

DESCRIBE

Referral to WDI for WIOA services/funding when available. Referrals to other i.e. FHV, WIC, PSOP

2. * Do you provide services to families who have exited MFIP/DWP or families at risk of receiving MFIP or the Diversionary Work Program (DWP), but are under 200% of the Federal Poverty Guideline (FPG)?

○ No ◉ Yes – check all the services that apply:

- ☑ Child care
- ☑ Job retention services
- ☑ GED
- ☑ ABE/ELL classes
- ☑ Job postings
- ☑ Computer lab access
- ☑ Support services
- ☑ Transportation/vehicle repair
- ☑ Other – specify: WIOA co-enrollment opportunities. Referrals to other i.e. FHV, WIC, PSOP

If yes, how long do you provide these services?

○ Up to 3 months ○ 6 months ◉ 12 months ○ Other – specify:

3. * Do you provide services to Non-Custodial Parents (NCPs) that are under 200% of the Federal Poverty Guideline (FPG)?

○ No ◉ Yes

Describe below, including how many NCPs you are currently serving:

0

4. * Describe the process you have in place to verify income below 200% FPG for participants that are not on MFIP or DWP.

When referred to WDI, six months of income detail is collected on the application. This amount x2 gives an annual income figure which is reviewed against the current FPG for eligibility.

B. Service Models (continued)

Minnesota Family Investment Program (MFIP) Services for Teen Parents

1. * Are there specialized workers who work primarily with teens?

○ No ◉ Yes – check all that apply for each age group:

Minors (under age 18)	Age 18/19	
☐	☐	Financial worker
☐	☑	Employment service worker
☑	☑	Social worker
☑	☑	Public health nurse
☐	☐	Child care worker
☑	☑	Child protection worker
☐	☐	Other job role – specify:

2. * Is there a single point of contact for teens, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services? Respond for each age group separately. If yes for an age group, check the one position that serves this function within that age group.

○ No ◉ Yes

Minors (under age 18)	Age 18/19
○ Financial worker	○ Financial worker
◉ Employment service worker	◉ Employment service worker
○ Social worker (Social Services)	○ Social worker (Social Services)
○ Public health nurse	○ Public health nurse
○ Child care worker	○ Child care worker
○ Child protection worker	○ Child protection worker
○ Other job role	○ Other job role

3. *Does your County/Tribal Nation have an active partnership with the local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? *Check one for each age group.*

Minors (under age 18)	Age 18/19
○ Yes, mandatory	○ Yes, mandatory
◉ Yes, voluntary	◉ Yes, voluntary
○ No	○ No

C. Addressing Equity

1. * Describe how you are ensuring your services are inclusive and accessible for all.

We have continued to improve our building with inclusive signage, and access to all.
Continued education, and training provided for staff, including training with Spanish interpreters with role play. Front desk staff have been practicing short phrases in Spanish in order to help applicants and enrollees while they contact the language line. All of staff have been given a copy of the Spanish short phrases as well.

2. * How are you working to advance equity in service delivery in your county/Tribal Nation?

Our service provider, WDI is currently working on the Inclusive Workforce Employer (I/WE) designation. Staff have completed IDI assessments, multiple training sessions on equity, inclusion and respect.

DEI is and has been a major strategic focus for GCHHS including having active HHS Equity and County Equity Committees. This has included many opportunities for training, learning, and cultural engagements. The HHS Values include Tribal Sovereignty as an integral part of our agency values.

3. * Do you provide equity and diversity training for workers?

- ○ No
- ○ Yes, voluntary
- ◉ Yes, mandatory

4. * Do you have culturally specific employment services for different racial/ethnic groups?

◉ No ○ Yes – check all that apply:

- ☐ African American
- ☐ African immigrant
- ☐ American Indian
- ☐ Asian American
- ☐ Asian immigrant
- ☐ Hispanic/Latino
- ☐ Newly arrived immigrant
- ☐ Other – specify:

D. Collaboration and Communication with Others

Workforce One

1. * How many Financial Workers have access to Workforce One?

   6

2. * How many Child Care assistance workers have access to Workforce One?

   1

3. * How many support staff have access to Workforce One?

   0

Workforce One Connect App

1. * Does your county/Tribal Nation have the Workforce One Connect app available to participants?

   ○ No – explain:

   ◉ Yes – indicate which of the following groups are utilizing the app features in Workforce One:

   ☑ Employment services ☑ Financial workers ☑ Child care workers

   ☐ Other – specify:

MAXIS

1. * How many employment services staff have MAXIS access?

   3

2. * How many managers/supervisors have MAXIS access?

   1

3. * Describe the process your service area uses to identify and resolve discrepancies between MAXIS and WF1 data in areas such as Family Stabilization Services coding, employment/hours, sanction status, etc.

   County staff meet regularly with Employment Services staff to do a thorough case reviews and data matching for all open MFIP/DWP cases. They are able to make real-time corrections and update each other on case status.

   The Status Update form is the primary tool used to update parties on changes.

   7698 characters remaining

D. Collaboration and Communication with Others (continued)

Child Care Assistance Program

1. *What strategies does your agency use that involve MFIP and/or Employment Services staff to support timely and consistent receipt of child care assistance through the Child Care Assistance Program? *Check all that apply.*

- [ ] Shared electronic document management system
- [x] Regular case consultation meetings
- [x] Workers with dual MFIP and CCAP role
- [x] Workers with dual Employment Services and CCAP role
- [ ] Specific CCAP workers process MFIP child care cases
- [x] MFIP and/or Employment Services workers receive training related to CCAP
- [x] Communication with CCAP worker via phone, email or fax
- [ ] Use of agency-developed forms or documents
- [x] MFIP and/or Employment Services workers assist families with completing CCAP paperwork (for example, the CCAP application)
- [x] MFIP and/or Employment Services workers have MEC2 Inquiry access
- [ ] Other – specify:

2. * What barriers prevent timeliness?

The complexity of the paperwork can be difficult for the customer.

7933 characters remaining

E. Emergency Services

1. * Does your County/Tribal Nation provide emergency or crisis services from your Consolidated Fund?

○ No ◉ Yes

2. *Submit a copy of your Emergency Assistance policy as an attachment.

Describe any major changes you've made to this policy below.

Revised in 2022 updated the amount that can be issued to equal to (4) times the MFIP transitional cash standard for the assistance unit size.

Added to 50% rule: (k) For this provision only, other expenses that would result in the loss of household income and self-sufficiency may be considered. This may include, but not limited to expenses such as car repairs, car payment and insurance expenses if those expenses are needed to obtain or maintain self-sufficiency, i.e. job search, employment. Other expenses may be considered upon Supervisory approval.

Added to (n) n. Some eligibility requirements may be waived upon Supervisory approval such as in the instance of domestic violence, mental health crisis, etc

Added to II (a) (DHS-5223), or MNbenefits.org

Added to II (e.) During the Cold Weather Rule period (Oct 15th – April 15th), the assistance unit's applicant must show or first make attempt to take advantage of the Cold Weather Rule provisions, if eligible. Verification of ineligibility for the program may be required.

and (f) Verification of payment plan arrangements (and/or subsequent denial) with the utility company may be required.

Added to III (e) For applicants with a written eviction notice, verification of the date of the lease agreement and the issuance date of the threat of eviction notice must be dated prior to the application date.

6628 characters remaining

F. Measures

Performance Measures

Performance-based funding is determined by a service area's annualized Self-Support Index value. Review the information and report links in this section to see the effect of performance on funding and reporting, based on MN Statute 256J.626, Subdivision 7.

Each year a bonus to a service area's Consolidated Fund allocation will be based on its performance on the Self-Support Index in the previous April to March year.

The three-year Self-Support Index (S-SI): This measure starts with all adults receiving MFIP or DWP cash assistance in a quarter and tracks what percentage of them, three years later, are no longer receiving family cash assistance or are working an average of 30 hours a week if still receiving cash assistance. Those who left MFIP after reaching 60 counted months and those who left due to 100 percent sanction are only counted as a success if they worked an average of 30 hours per week in their last month of eligibility or if they began receiving Supplemental Security Income (SSI) after family cash assistance ended. To provide fair comparisons across service areas, DHS calculates a "Range of Expected Performance" for the S-SI that is based on local caseload characteristics and economic conditions. The service area's Self-Support Index value is whether the service area was above, within, or below its expected Range.

The S-SI and Range are annualized for the four quarters in the April through March year ending in the reporting year before the funding year. See the annualized report on the MFIP Reports page on the DHS website for 2023: Minnesota Family Investment Program 2023 Annualized Self-Support Index (state.mn.us). A service area with an annualized S-SI above its customized Range of Expected Performance for 2023 will receive a 2.5 percent bonus added to its Consolidated Fund allocation for calendar year 2024.

Minnesota Family Investment Program 2023 Annualized Self-Support Index (PDF)

If your service area is receiving a bonus, congratulations! Please share a success strategy here:

Not applicable - Goodhue County is "within" S-SI measure.

9941 characters remaining

If your service area performed "above" or "within," you can go to Section G.

If your service area performed "below" for two consecutive years, you will have to **negotiate a multi-year improvement plan** with DHS. If no improvement is shown by the end of the multi-year plan, the next year's allocation must be decreased by 2.5 percent, to remain in effect until the service area performs within or above its Range of Expected Performance.

F. Measures (continued)

Racial/Ethnic Disparities

A racial/ethnic disparity is defined as a one-year Self Support Index that is five or more percentage points lower for a non-white racial/ethnic group than for the white group of MFIP/DWP-eligible adults in the County/Tribal Nation or consortium. The report "Annualized MFIP Performance Measures by Racial/Ethnic or Immigrant Group and by County, County Consortium, and Tribal Provider" is now available at https://public.tableau.com/app/profile/tyler.borgmann/viz/AnnualizedS-SISuccessRatebyRacialEthnicorImmigrantGroup/SSISuccessRateDashboard-intro

To view your agency's measurement, click on the "S-SI Success Rate by Agency" button. This will bring you to the statewide data for 2022. From the first drop down you can select your county, county consortium or Tribal Nation. If you note any groups that are below the line (indicated by a green bar) your county, county consortium or Tribal Nation will answer the next question below:

What strategies and action steps for each of the groups below the disparities reference line do you plan to implement for the coming biennium to reduce these disparities?

GCHHS delivers services to all customers in an inclusive and culturally responsive way through a commitment from all HHS professionals, leadership and board which is reflected in our mission, values, strategic plan, staff training, workforce development, policies and practices. This ensures all HHS customers are served with respect, compassion and excellent services. Our agency places great importance of collaboration, learning from our Tribal community members and customers including learning more about history, trauma, and healing together as a community.

9433 characters remaining

G. Program Monitoring and Compliance

1. *What procedures do you have in place to ensure that program funds are being used appropriately as directed in law? *Check all that apply.*

- [x] Budget control procedures for approving expenditures
- [x] Cash management procedures for ensuring program income is used for permitted activities
- [x] Internal policies around use of funds (i.e. participant support services)
- [ ] Other – specify:

2. *What procedures do you have in place to ensure program policies are followed and applied accurately? *Check all that apply.*

- [x] Case consultation
- [x] Sample case review by supervisors
- [x] Sample case review by lead worker/mentor
- [ ] Sample case reviews by peers
- [ ] Other – specify:

3. Effective August 1st, 2023, counties and Tribal Nations are no longer required to administer random drug tests to MFIP participants who are convicted drug felons but may do so at the county or Tribal Nation's option. If applicable, what procedures/policies do you have in place for administering random drug tests to MFIP participants who are convicted drug felons as allowed by MN Statute 256J.26, Subdivision 1? **Select one.**

- ○ Written policy within the MFIP unit
- ○ Coordination with Corrections
- ○ Currently establishing new policy/procedure(s)
- ○ Other – specify:

Submit a copy of your written policy as an attachment.

H. Administrative Cap Waiver

Minnesota Family Investment Program (MFIP) allows counties to request a waiver of the MFIP administrative cap (currently at 7.5%) for providing supported employment, uncompensated work, or a community work experience program for a major segment of the county's MFIP population. Counties that are operating such a program may request up to 15% administrative costs per MN Statute 256J.626, Subdivision 2.

If your County/Tribal Nation is interested in applying for the waiver for the coming biennium, please complete the following four questions.

1. Describe the activity(s) you will provide.

Not applicable

3985 characters remaining

2. Explain the reasons for the increased administrative cost.

Not applicable

3985 characters remaining

3. Describe the target population and number of people expected to be served.

Not applicable

3985 characters remaining

4. Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

Not applicable

3985 characters remaining

If your County/Tribal Nation is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please click on eDocs to fill out the IPP form. Email the completed form to: Jonathan.Hausman@state.mn.us.

I. Provider Choice

MFIP provisions require counties to provide a choice of at least two employment service providers available to participants unless a workforce center is being utilized (MN Statute 256J.50, Subdivision 8). Counties may request an exception if meeting this requirement results in a financial hardship (MN Statute 256J.50, Subdivision 9).

Does your County/Tribal Nation:

- ○ Have at least two employment and training services providers. Go to Section J.
- ◉ Have a CareerForce center that provides multiple employment and training services, offers multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs. Go to Section J.
- ○ Intend to submit a financial hardship request.

I. Provider Choice (continued)

Financial Hardship Request

A financial hardship is defined as a county's inability to provide the minimum level of service for all programs if a disproportionate amount of the MFIP consolidated fund must be used to cover the costs of purchasing employment services from two providers or the cost of contracting with a workforce center.

To request approval of a financial hardship exception from the choice of provider requirement, please provide the following information.

1. If the County/Triban Nation had a choice of providers in calendar year 2023, describe:
- factors that have changed which indicate a financial hardship,
- why the hardship is expected to continue, and
- the magnitude of the hardship, which makes limiting delivery of employment services the best financial option for the County/Tribal Nation.

2000 characters remaining

2. Summarize options explored by the county, including use of other partners in a workforce center or other community agencies, such as a Community Action Program or a technical college. The summary should also include:
- major factors which prevent the County/Tribal Nation from utilizing these options and include a cost analysis of each option considered; and
- the process used to determine the cost of other options (RFP or other County/Tribal Nation process).

2000 characters remaining

3. If the County/Tribal Nation proposes to directly deliver MFIP employment services, provide a budget and staffing plan that clearly indicates consolidated funds will not be used to supplant County/Tribal Nation funds. The description should include information about what steps will be taken to ensure that staff have the experience and skills to deliver employment services.

2000 characters remaining

Financial Hardship requests will be reviewed by the Department of Human Services (DHS) and the Department of Employment and Economic (DEED) leadership. DHS and DEED will also look at the amount budgeted by the County/Tribal Nation for employment and training during calendar year 2023 and use this amount as a guide to determine whether the amount budgeted by the County/Tribal Nation for calendar year 2024 is reasonable.

If a financial hardship is approved, DHS and DEED will closely monitor County/Tribal Nation programs to ensure outcomes are achieved and services are being delivered consistent with state law. For additional information or if you have questions, please email Pamela McCauley at Pamela.McCauley@state.mn.us.

J. Budget

Click on the link below to review your service area's 2024 MFIP allocation and Federal Funding Sources:

MFIP Consolidated Fund (PDF)

In the budget table below, indicate the amount and percentage for each item listed for the budget line items for calendar years 2024–2025. Also note:

- Refer to the 2024-25 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines Bulletin section, "Allowable Services under MFIP Consolidated Fund."
- Total percent must equal 100.
- Income maintenance administration is reasonable in comparison to the whole budget.
- Ensure the Emergency Assistance/Crisis Services plan is included if funds are allocated.
- All services must be an allowable expenditure under the MFIP Consolidated Fund.
- Allocation amounts must be spent by the end of calendar year, remaining amounts does not roll over into the following year.
- Medical expenditures are NOT allowable.
- Email Arina Preston at Arina.Preston@state.mn.us, if you need assistance or have questions with the budget section.

2024 Budget

Budgeted Amount	Percent	Line Items
70,932.00	16.00%	Employment Services (DWP)
146,297.00	33.00%	Employment Services (MFIP)
33,249.00	7.50%	Emergency Services/Crisis Fund
33,249.00	7.50%	Administration (cap at 7.5% or up to 15% with an approved adminstrative cap waiver)
159,597.00	36.00%	Income Maintenance Administration
	0.00%	Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here)
	0.00%	Under 200% Services
	0.00%	Capital Expenditures
	0.00%	Other:
$443,324.00	**100.00%**	**Total**

2025 Budget

Budgeted Amount	Percent	Line Items
70,932.00	16.00%	Employment Services (DWP)
146,297.00	33.00%	Employment Services (MFIP)
33,249.00	7.50%	Emergency Services/Crisis Fund
33,249.00	7.50%	Administration (cap at 7.5% or up to 15% with an approved adminstrative cap waiver)
159,597.00	36.00%	Income Maintenance Administration
	0.00%	Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here)
	0.00%	Under 200% Services
	0.00%	Capital Expenditures
	0.00%	Other:
$443,324.00	**100.00%**	**Total**

K. Certifications and Assurances

Public Input

* Prior to submission, did the County/Tribal Nation solicit public input for at least 30 days on the contents of the agreement?

○ No ◉ Yes

Was public input received?

○ No ○ Yes

If received but not used, please explain.

4000 characters remaining

K. Certifications and Assurances

Assurances

It is understood and agreed by the County/Tribal Nation board that funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 256J; that the commissioner of the Minnesota Department of Human Services (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of compliance will be available for audit; that the County/Tribal Nation make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the County/Tribal Nation agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Counties and Tribal Nations may use the funds for any allowable expenditures under subdivision 2, including case management outlined in Minnesota Statutes, section 256J.

This allocation is funded with 8% state funds and 92% federal TANF funds and paid quarterly.

Federal funds. Payments are to be made from federal funds. If at any time such funds become unavailable, this CONTRACT shall be terminated immediately upon written notice of such fact by STATE to County/Tribal Nation. In the event of such termination, County/Tribal Nation shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed. An amendment must be executed any time any of the data elements listed in 2 CFR 200.332 and this clause, including the Assistance Listing number, are changed, such as additional funds from the same federal award or additional funds from a different federal award. STATE has determined that County/Tribal Nation is a "contractor" and not a "subrecipient" pursuant to 2 C.F.R section 200.331.

Pass-through requirements. County/Tribal Nation acknowledges that, if it is a subrecipient of federal funds under this CONTRACT, County/Tribal Nation may be subject to certain compliance obligations. County/Tribal Nation can view a table of these obligations in the Health and Human Services Grants Policy Statement,[1] Exhibit 3 on page II-3, in addition to specific public policy requirements related to the federal funds here. To the degree federal funds are used in this contract, STATE and County/Tribal Na Goodhue ~~(Must match the name associated with the Unique Entity Identifier)~~ ~~200.332 (Requirements for pass-through entities) and 2 C.F.R. §§ 200.501-521 (Subpart F – Audit Requirements).~~[2]

1. **County/Tribal Nation:**

2. **County/Tribal Nation Unique Entity Identifer (EUI):**
   25GOO848

   Effective April 4, 2022, the Unique Entity Identifier is the 12 character alphanumeric identifier established and assigned at SAM.gov to uniquely identify business entities and must match County/Tribal Nation name.

3. **Federal Award Identification Number (FAIN)**: 2201MNTANF and 2301MNTANF

4. **Federal Award Date:** October 1, 2022 (projected) (The date of the award to the MN Dept. of Human Services.)

5. **Period of Performance:** January 1, 2024 – December 31, 2025

6. **Budget period start and end date:** January 1, 2024 – December 31, 2025

7. *__Amount of federal funds:__
   A. Total Amount Awarded to DHS for this project: $103,290,000 (projected)
   B. Total Amount Awarded by DHS for this project to County/Tribal Nation named above: $ 407,858.00

8. **Federal Award Project description:** Temporary Assistance for Needy Families (TANF)

9. **Name:**
   A. Federal Awarding Agency: Administration for Children and Families
   B. MN Dept. of Human Services (DHS)
   C. Contact information of DHS's awarding official: Jovon Perry, Jovon.perry@state.mn.us

10. *__Assistance Listings Number & Name__ (formerly known as CFDA No.):
    Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No.:

    NUMBER: 93.558 NAME: Temporary Assistance for Needy Families (TANF)

    Total amount made available at time of disbursement: $ 407,858.00

11. * **Is this federal award related to research and development?** (◉) No ( ) Yes

12. **Indirect Cost Rate for this federal award is:** up to 15% (including if the de minimis rate is charged)

Service Agreement Certification

☐ Checking this box certifies that this 2024 - 2025 MFIP Biennial Service Agreement has been prepared as required and approved by the County/Tribal Nation board(s) under the provisions of Minnesota Statutes, section 256J. In the box below, state the name of the chair of the County/Tribal Nation board of commissioners or authorized designee, their mailing address and the name of the county.

* **DATE OF CERTIFICATION**	* NAME (CHAIR OR DESIGNEE)	* COUNTY/TRIBE

* MAILING ADDRESS	* CITY	* STATE	* ZIP CODE

If your county/tribal agency is unable to complete your BSA by October 15th, 2023, you will need to request an extension by emailing Jonathan.Hausman@state.mn.us. Please provide additional information about why you were not able to compete this form.

Save or Submit

To save your work, click the 'Save Form for Later' button. Your information will be saved, and you may finish the form later.

To submit your information to DHS, click the 'Submit Final Form' button.

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)

REQUEST FOR BOARD ACTION

Requested Board Date:	October 17, 2023	**Staff Lead:**	Nina Arneson
Consent Agenda:	☒ Yes ☐ No	**Attachments:**	☒ Yes ☐ No
Action Requested:	Approve 8 hours of vacation hours per month for Kara Harbaugh and Sarah Matzek, effective as of first day of employment with GCHHS.		

BACKGROUND:

We are pleased to announce that both Sarah Matzek and Kara Harbaugh have accepted the offer to fill a Social Services Supervisor positions at Step 1 on the Goodhue County pay scale. Ms. Harbaugh started on 10-2-2023 and Ms. Matzek will start on 10-16-2023.

During the time of the hire, both requested to accrue 8 hours of vacation time per month, please see attached requests. The HHS department indicated that these requests will be brought forward for HHS Board's consideration.

From Goodhue County Personnel Policy – 7.3 Vacation Leave:

YEARS OF SERVICE	HOURS PER MONTH
0 – 2 Years	6 hours per month
3 – 5 Years	8 hours per month
6 – 9 Years	10 hours per month
10 – 14 Years	12 hours per month
15 Years and over	14 hours per month

RECOMMENDATION: HHS recommends approval as requested.

DATE: 08/23/2023

TO: Goodhue County Board

FROM: Kara Harbaugh, MA, LMFT

SUBECT: Request for vacation accrual increase.

I am requesting an increase of my vacation accrual to reflect my years of service in other public sectors.

With the State of Minnesota, I have over 5 years of recognized public service in the human services field, with a vacation accrual date of 06/24/2018. Based on my years of service, I received 10 hours of vacation leave and 8 hours of sick leave monthly. This was in addition to 12 paid holidays, including a float holiday.

I am requesting to start my employment at Goodhue County with 5 years of service for vacation accrual purposes and a monthly vacation accrual of 8 hours. Thank you in advance for your time and consideration.

Sincerely,

Kara Harbaugh, MA, LMFT

Kara Harbaugh, MA, LMFT

October 5, 2023

Kris Johnson

Goodhue County Health and Human Services

426 West Avenue

Red Wing, MN 55066

Dear Kris,

I am respectfully requesting that consideration be given to adjusting my starting vacation hours, from 6 hours to 8 hours per month.

The basis for this request is that as an employee of St. Croix County for the past 8 years, I am currently earning 8.616 hours of Personal Time Off (PTO) per 80-hour pay period worked (approximately 17 hours per month). The Personal Time Off (PTO) benefit I currently receive combines traditional sick leave, vacation time, as well as a floating holiday into a singular package. This is in addition to receiving 10 paid holidays per year.

If this request were to be approved, my combined Vacation and Sick Leave through Goodhue County would better align with the Personal Time Off (PTO) benefit package that I receive through my employment with St. Croix County.

I appreciate your consideration of this request.

Thank you,

Sarah Matzek

Sarah Matzek

GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)

REQUEST FOR BOARD ACTION

Requested Board Date:	October 17, 2023	**Staff Lead:**	Kayla Matter
Consent Agenda:	☐ Yes ☒ No	**Attachments:**	☐ Yes ☒ No
Action Requested:	Approve September 2023 HHS Warrant Registers		

BACKGROUND:

This is a summary of Goodhue County Health and Human Services Warrant Registers for: September 2023.

	Date of Warrant		Check No. Series		Total Batch	
IFS	September 1, 2023	ACH	41020	41036	$	4,846.78
IFS	September 1, 2023		469721	469762	$	15,825.45
IFS	September 1, 2023		469763	469763	$	33.25
IFS	September 8, 2023	ACH	41107	41119	$	66,858.49
IFS	September 8, 2023		469828	469846	$	18,429.64
IFS	September 15, 2023	ACH	41120	41122	$	628.52
IFS	September 15, 2023		469847	469865	$	81,780.48
IFS	September 22, 2023	ACH	41166	41203	$	59,246.30
IFS	September 22, 2023		469946	470035	$	81,682.48
IFS	September 29, 2023	ACH	41265	41303	$	27,390.27
IFS	September 29, 2023		470082	470141	$	18,790.51
SSIS	September 29, 2023	ACH	41204	41228	$	68,701.81
SSIS	September 29, 2023		464076	464119	$	169,517.64
IFS	September 29, 2023	ACH	41229	41264	$	20,934.84
IFS	September 29, 2023		470075	470081	$	55,243.09
				Total		$689,909.55

RECOMMENDATION: Goodhue County HHS Recommends Approval as Presented.

Promote, Strengthen and Protect the Health
of Individuals, Families and Communities!
Equal Opportunity Employer
www.co.goodhue.mn.us/HHS

OPIOID CRISIS IN GOODHUE COUNTY

A NEEDS ASSESSMENT

Laura Sand Prink, MSW, LGSW

Sand Prink Consulting, LLC

Disclosures and Acknowledgements

Sand Prink Consulting, LLC was hired by Goodhue County Health and Human Services to conduct a needs assessment via community engagement to inform decision-making efforts on how to spend Opioid Settlement funds.

The research goal is to understand the impact of opioids in our Goodhue County communities so that effective strategies can be developed to address current needs and prevent further harm.

Special thanks to all key informant interviewees and focus group participants in this study. Thank you for your honest input and sharing your stories with me.

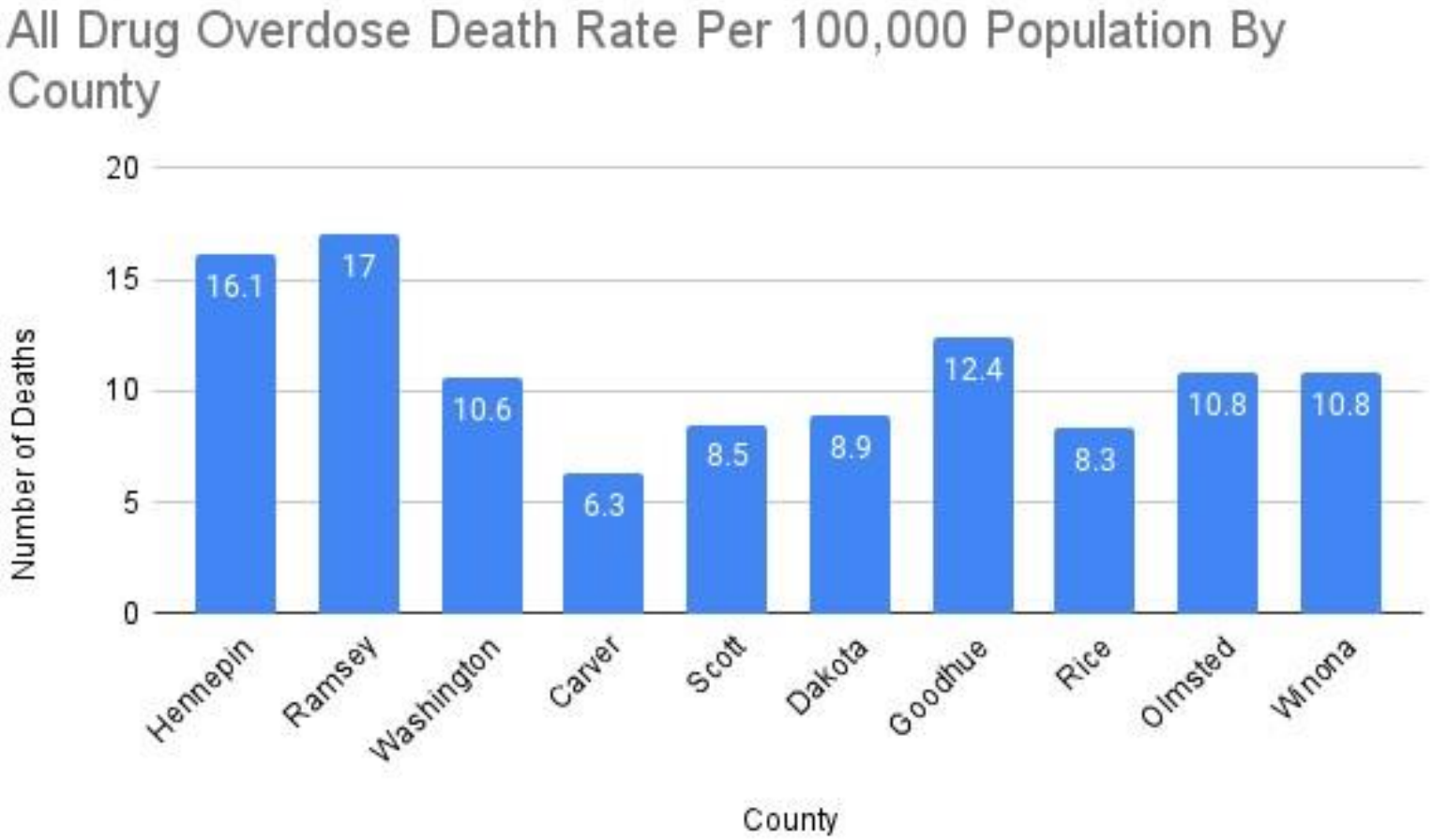
Special thanks to Chinenyenwa Ebelechukwu Jennif Elile, MBBS (Equiv. to MD), PGDip, MPH Candidate, Goodhue County Public Health AmeriCorps Member, for qualitative analysis contributions.

Definition of Opioids

Opiates	*Opioids*
• Natural opioids such as heroin, morphine and codeine.	• ALL natural, semisynthetic and synthetic opioids • Prescription opioids, fentanyl and heroin.

WHAT DOES THE DATA TELL US ABOUT THE OPIOID CRISIS IN GOODHUE COUNTY?

DEATHS BY DRUG OVERDOSES (2016-2019)

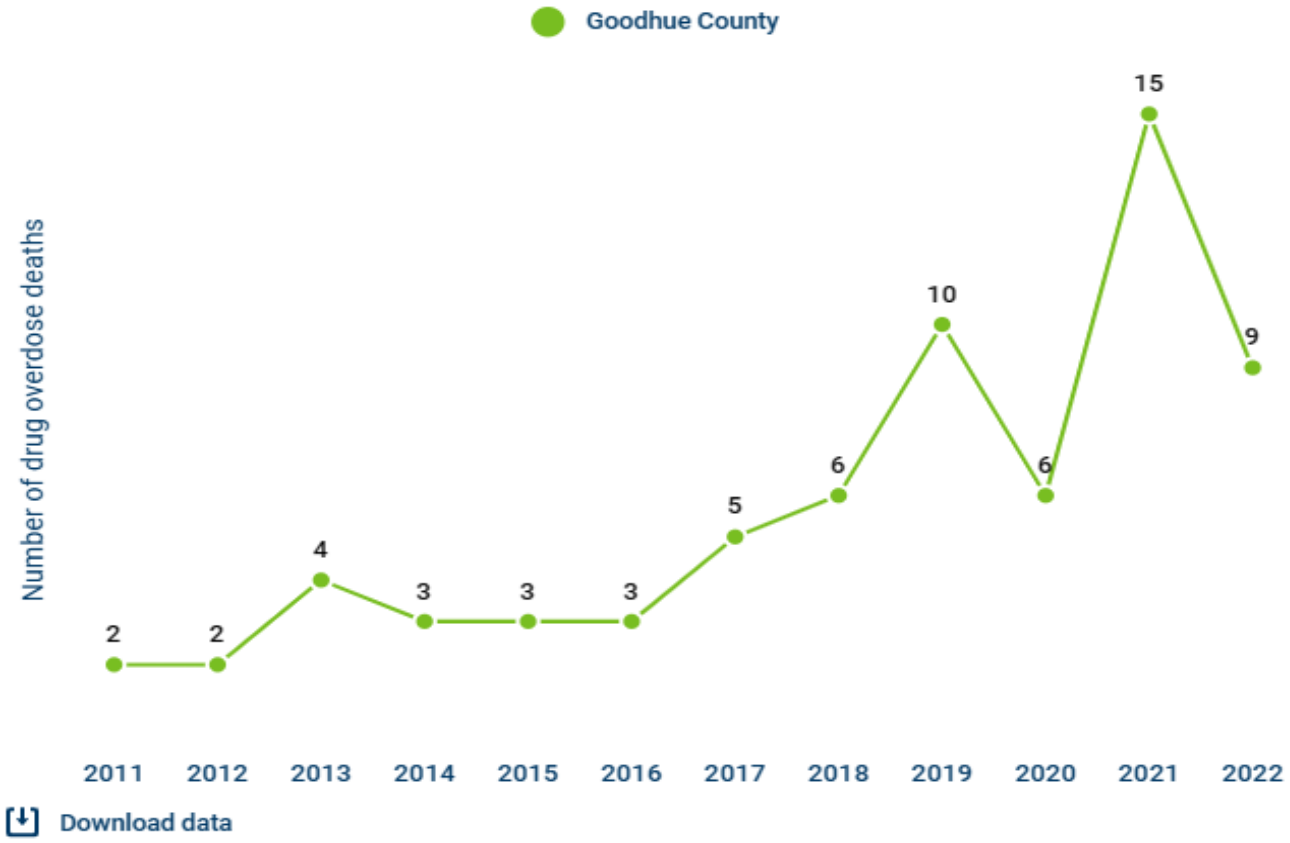


Source: MN Department of Health, Minnesota Injury Data Access (MIDAS), 2023

* All other counties in Southern MN had deaths less than 20 total deaths.

Drug Overdose Deaths

Drug overdose deaths have increased among Goodhue County residents since 2020.

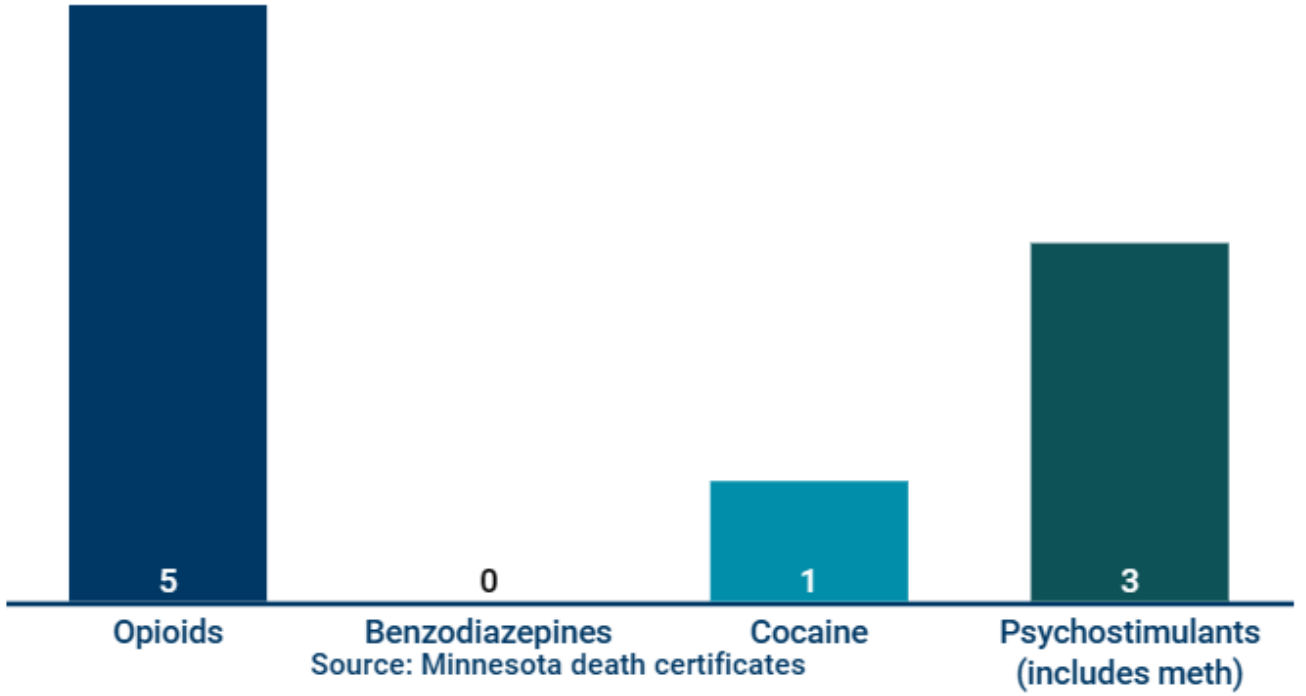


Source: Minnesota death certificates

Source: Goodhue County Substance Use and Overdose Profile-MN Department of Health
https://www.health.state.mn.us/communities/opioids/countyprofiles/goodhue.html

OPIOIDS CONTRIBUTING TO OVERDOSE DEATHS

In 2022, opioids were the drug involved in the greatest number of overdose deaths among Goodhue County residents.



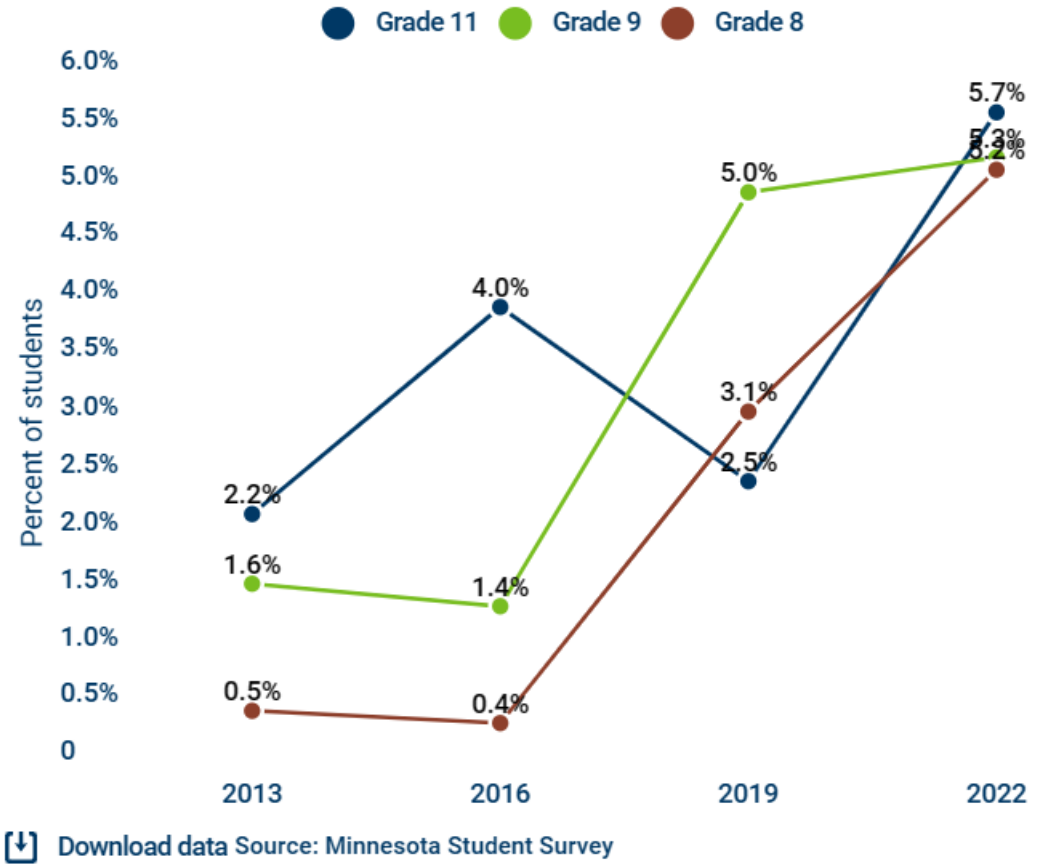
Download data

Note: Opioids includes prescription opioids, heroin, and synthetic opioids. Overdose deaths may involve more than one drug. As a result, the number of deaths associated with each drug type may total more than the number of overdose deaths. They also include unintentional overdoses, suicide, and homicide.

Source: Goodhue County Substance Use and Overdose Profile-MN Department of Health
https://www.health.state.mn.us/communities/opioids/countyprofiles/goodhue.html

Use and Misuse Among Youth

The percentage of students attending schools in Goodhue County that in the past 12 months used prescription pain medications without a prescription or differently than how a doctor intended has increased among 8th, 9th, and 11th graders.

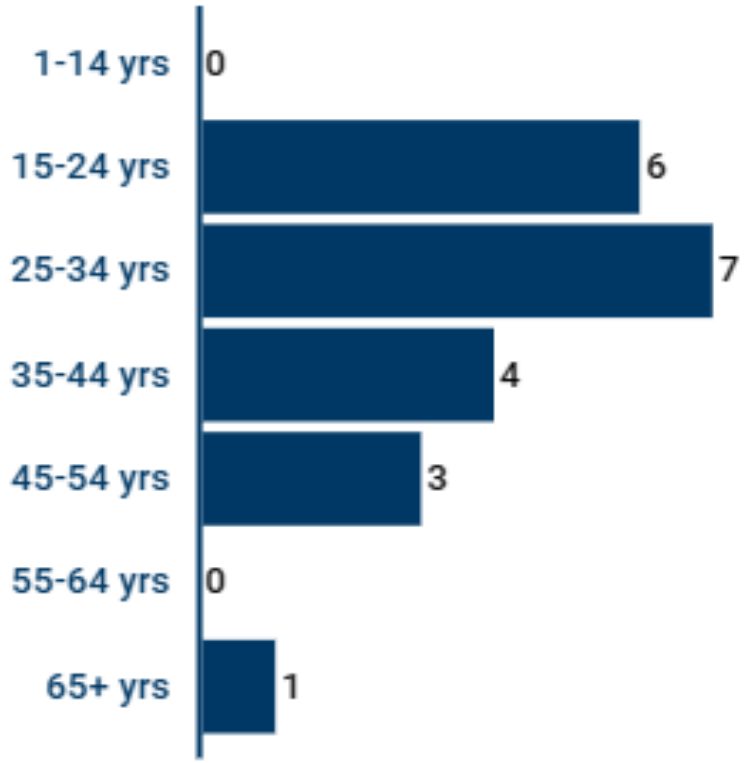


Source: Goodhue County Substance Use and Overdose Profile-MN Department of Health
https://www.health.state.mn.us/communities/opioids/countyprofiles/goodhue.html

YOUTH OPIOID USE

YOUTH OPIOID USE

In 2021, ages 25-34 years had the greatest number of ER visits for opioid-involved overdose among Goodhue County residents.



Download data

Source: Minnesota hospital discharge data

Source: Goodhue County Substance Use and Overdose Profile-MN Department of Health
https://www.health.state.mn.us/communities/opioids/countyprofiles/goodhue.html

METHOD

Stakeholders with Direct/Indirect Lived Experience

Recovery Community Members (13) with prior opioid use

Loved ones of individuals who have used opioids (family, friends)

Parents (4) from separate families who have had one or more children who use(d) opioids.

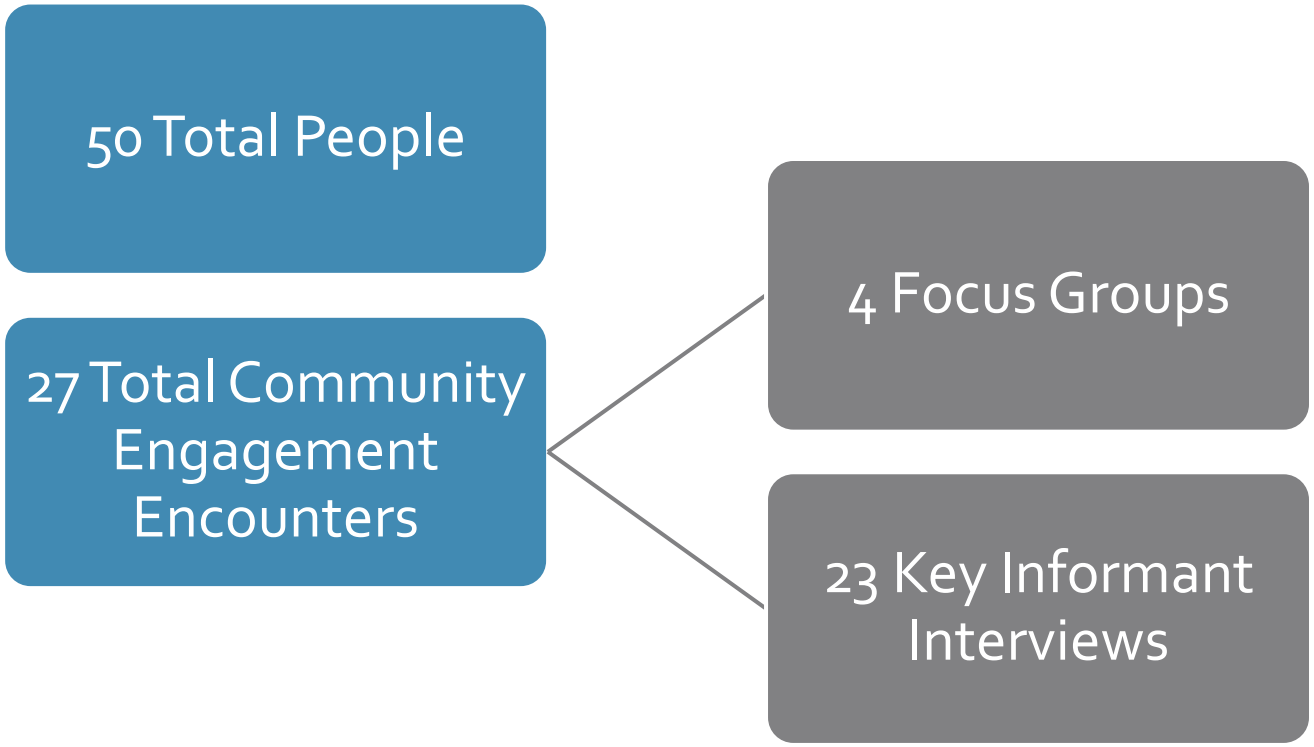
Parents (3) who have lost a child to fatal opioid overdose

- Two youth deaths were recent within last two years.

6 Youth from local nonprofit youth leadership council ages 16 and 17

Stakeholders with Professional Experience

- Chemical Health Treatment
- Mental Health Treatment
- GCHHS Social Workers
- Attorneys
- Public Defender
- Judge
- Probation (Adult and Youth)
- Drug Treatment Court Team
- Law Enforcement
- Narcotics Investigation
- School Resource Officer
- School Staff
- Clergy
- Emergency health Care



Community Engagement

YOUTH FOCUS GROUP

RESULTS

Causes of Opioid Crisis

- Untreated Mental Health
- Big Pharma
- Immature Brains which affects decision-making
- Wide Access to Opioids
- Lack of Chemical Health Education
- Prevalence of ACEs in families

Successful Local Programs

Nothing
Common Ground, Midwest Recovery, Valleyview Treatment Center
AA and NA
Drug Treatment Court
Harm Reduction Strategies (Naloxone, Narcan, Fentanyl Test Strips)
Law Enforcement, ODMAP
Drug take-backs (safe medication disposal programs)
Fernbrook, Hiawatha Valley Mental Health Center, Nystrom, Mayo, Make it Ok program

Barriers and Challenges

- Stigma and NIMBY mentality
- Gaps in service along chemical health continuum of care
- Opioids are widely accessible
- Precluding eligibility criteria
- Denial of problem or lack of readiness to address it
- Lack of felony friendly housing and employment
- Shortage of LADCs

WHO IS AFFECTED BY THE OPIOID CRISIS?

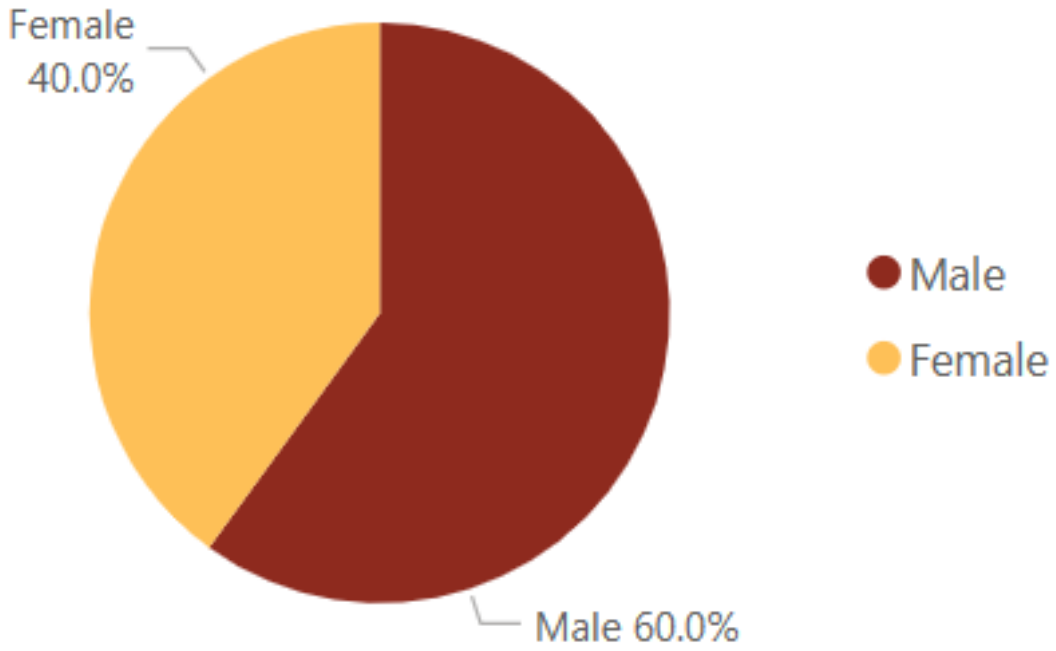
Addiction Doesn’t Discriminate

“The first time I took my son to a methadone clinic in Woodbury, it was very eye opening to me …about how across the board this affects everybody. So there would be cars in the parking lot that are held together by duct tape, and there’d be these brand new really expensive luxury cars. There would be really young people walking in to get methadone and really old people walking in to get methadone. It’s, it just affects so many people way across every part of society. It doesn’t matter, it gets you no matter what your, your status is.”

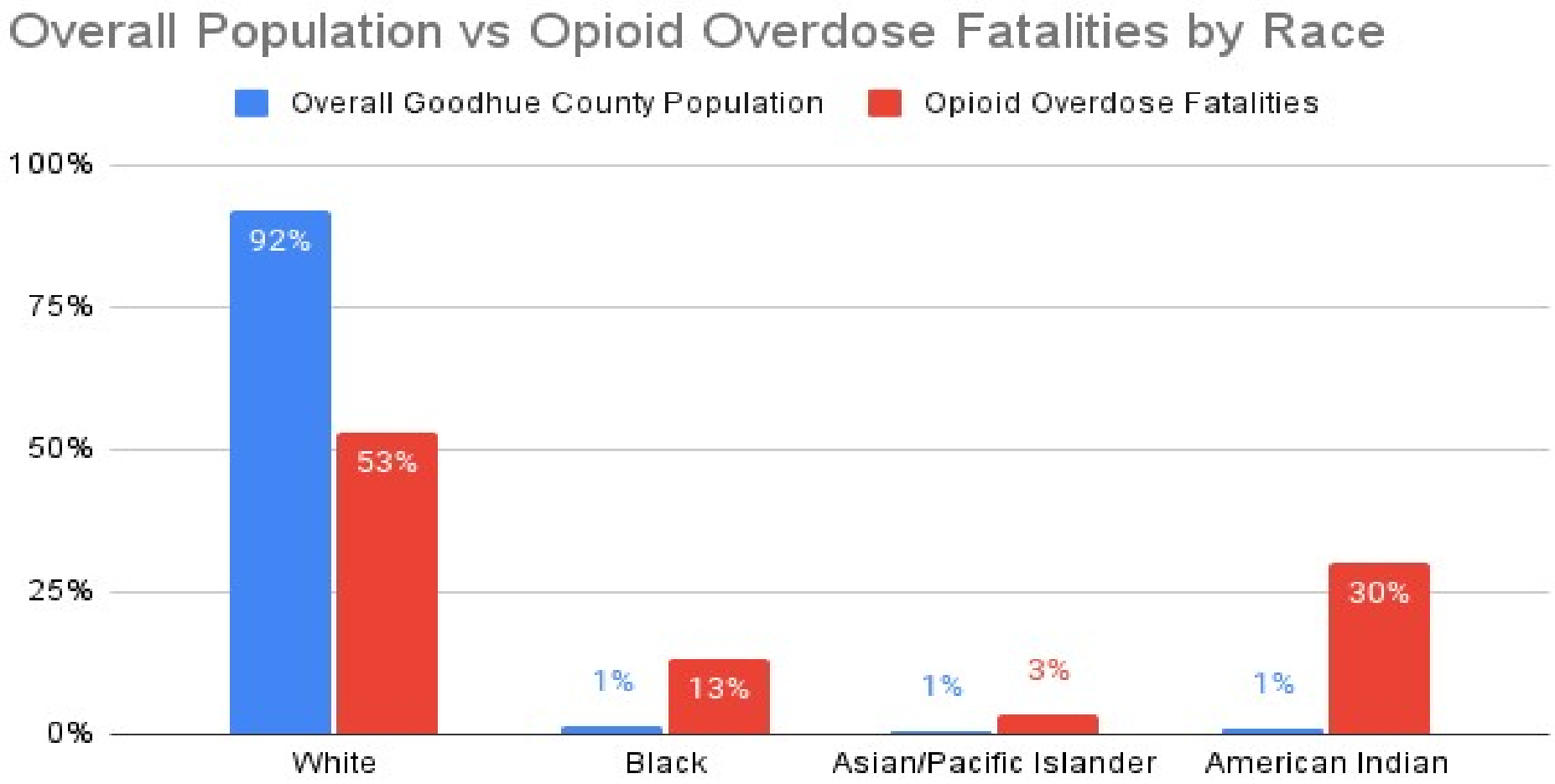
It Can Happen to Anyone

"In Kindergarten at career day you know, nobody stood up and said, 'I wanted to be a heroin addict when I grow up.' It's a lot more subtle than that. Eventually you're done. Just you realize where you're at and you're like, how the hell did I get here? Doesn't matter how strong willed you are or not. You know, a scenario like mine. I cut off my finger in a work accident. Low and behold six months later, I'm a heroin addict."

Percent of Unintentional Opioid Overdose Fatalities for Goodhue County Residents by Gender: 2017-2022



Source: Southeast Minnesota Opioid Profile for Goodhue County residents (2023)



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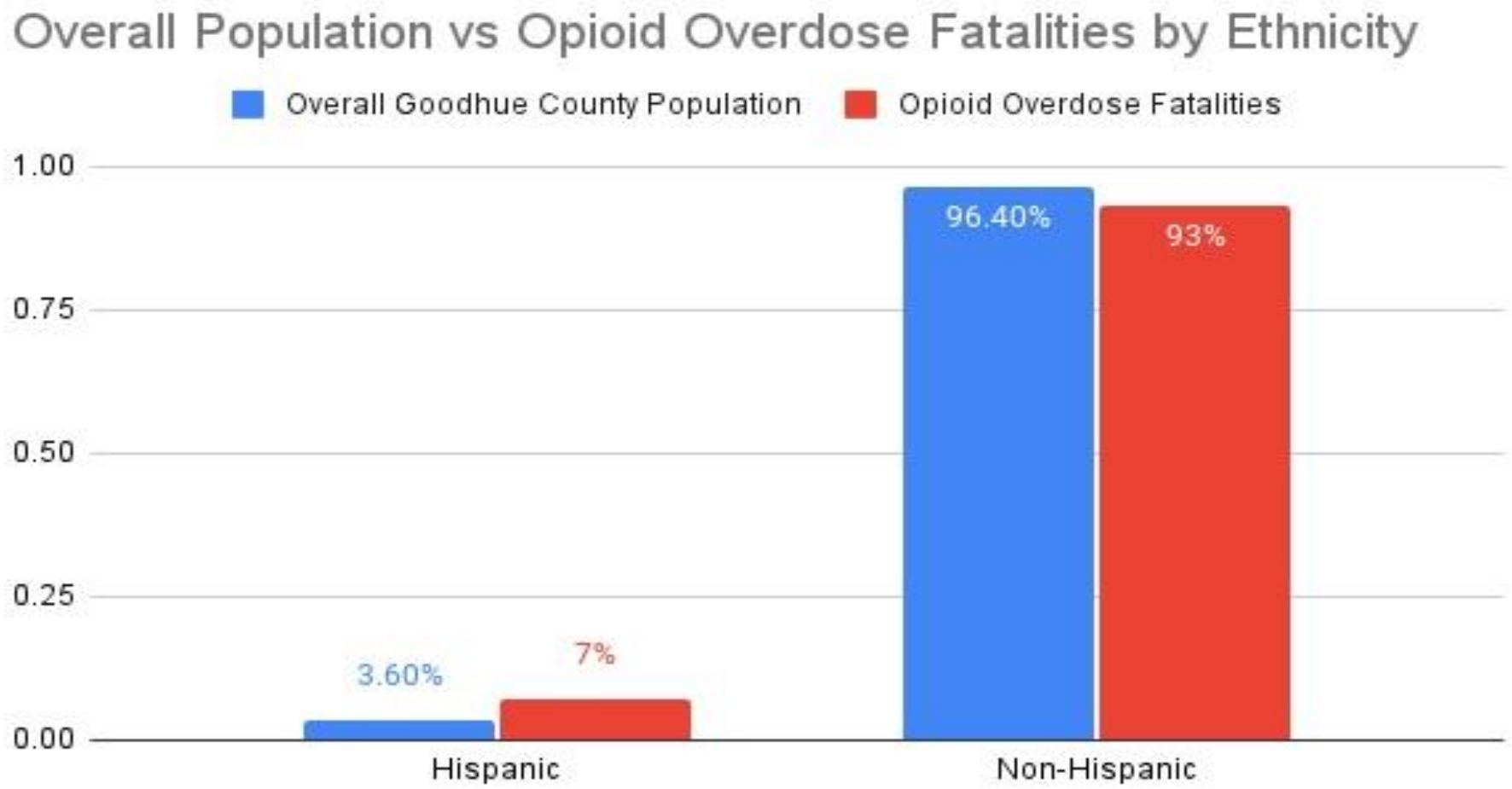
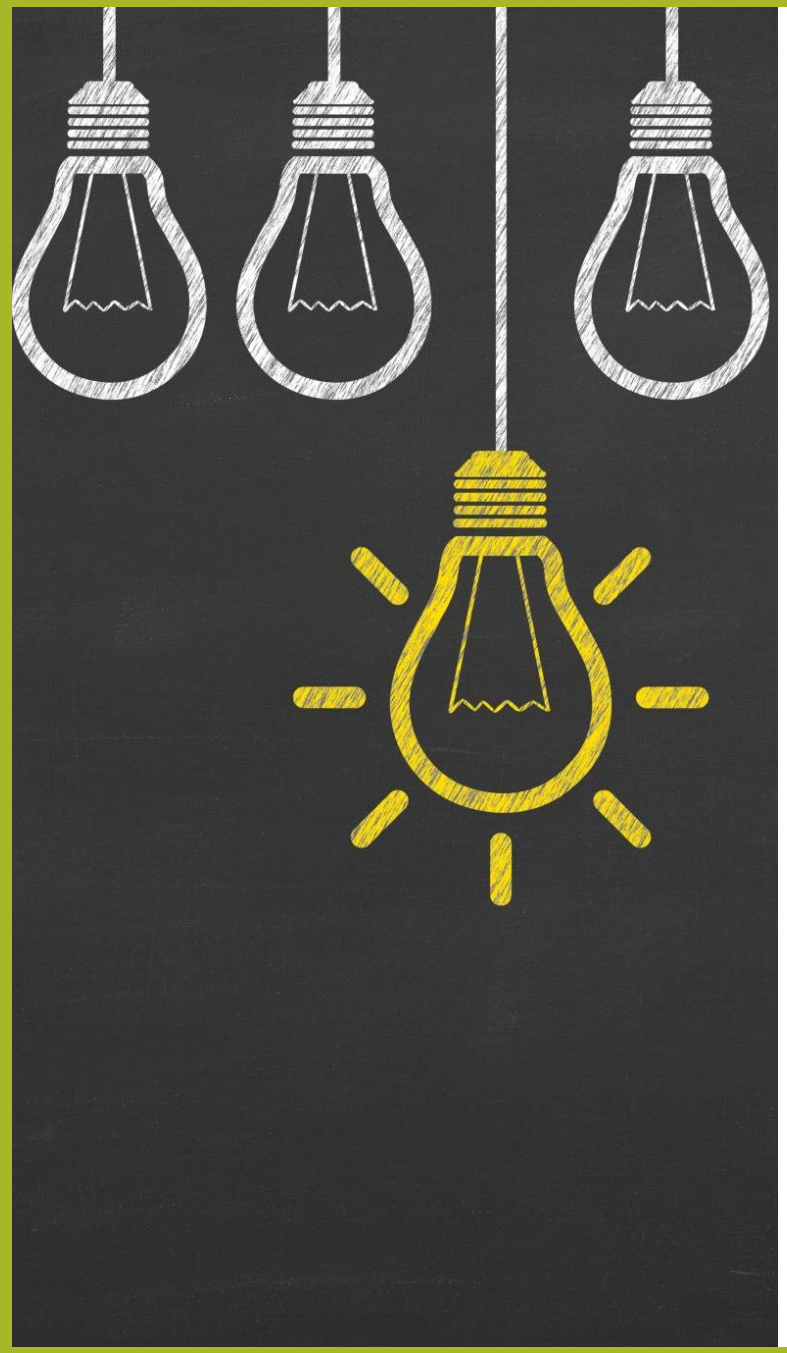


Source: Southeast Minnesota Opioid Profile for Goodhue County residents (2023)

Differences Between Stakeholders

- Harm Reduction
  Fentanyl Test Strips, Naloxone, Narcan
- Incarceration
- Law Enforcement Intervention
- Medication Assisted Therapy (MAT) or Medications for Opioid Use Disorder (MOUD)

THEMES AND RECOMMENDATIONS



Nothing About Us Without Us

Include people with lived experience in the planning, implementation and evaluation of opioid programming.

Youth too!

Focus On Youth Prevention

School-Based LADC

School-Based Youth Leadership Team

Peer Support, Design/Implement Youth Programming, Disseminate resources, etc.

School-Based Curriculum

Engaging, real, start earlier in elementary/middle school, ongoing and consistent through high school, dynamic, testimonials, interactive

Harm Reduction

Provide Access to Narcan, Naloxone, Fentanyl Test Strips

Provide training to support responsible, informed use

Additional Data Tracking and Sharing

Provide baseline and track and evaluate impact over time

Increase number of cross-sector agencies tracking their opioid related data

Share via Advisory Board and Mental Health Chemical Health's Opioid Sub Committee

Inform new necessary strategies to implement

Pivot accordingly based on new data

Examples:

- ODMAP-overdose detection mapping application program
- Fatality Reviews

Increase Community Education and Awareness Building

Spread awareness of existing resources

Address stigma

Educate community about how to help, signs/symptoms, risks, harm reduction strategies, etc.

Fill Local Gaps in Continuum of Care

- Spread awareness of hotlines for help
- Inpatient programs: women, longer duration stays, more beds
- Sober housing-halfway, three-quarter and independent
- Sober fun activities and other opportunities for connections
- Peer Recovery Specialists, Support Groups
- Felony friendly housing and employment

ENHANCE GOODHUE COUNTY TREATMENT COURT AND DIVERSION SERVICES

INCREASE ACCESS TO MENTAL HEALTH CARE

EXPAND ACCESS TO AND AWARENESS OF CREATIVE RECREATIONAL OUTLETS AND ALTERNATIVE MODALITIES FOR SELF-CARE

IT TAKES A VILLAGE

QUESTIONS?

THANK YOU

Laura Sand Prink, MSW, LGSW

sandprinkconsulting@gmail.com

612.483.8307

EXECUTIVE SUMMARY
GOODHUE COUNTY OPIOID SETTLEMENT NEEDS ASSESSMENT

Laura Sand Prink, MSW, LGSW, Sand Prink Consulting, LLC
sandprinkconsulting@gmail.com

Project Goal

Conduct a needs assessment through community engagement efforts to understand the unique impact of opioids in Goodhue County so that effective strategies can be developed to address current, local, prioritized needs and prevent further harm through the utilization of Opioid Settlement funds.

Stakeholders with Lived Experience

13 Recovery Community Members
Several Loved Ones of Individuals Who Have Used Opioids
4 Parents From Separate Families
3 Parents Who Have Lost a Child to Fatal Opioid Overdose
6 Youth

Stakeholders with Professional Experience

Several Chemical & Mental Health Treatment Center Staff, Goodhue County Health and Human Services Social Workers, Attorneys, Public Defender, Judge, Adult and Youth Probation Officers, Drug Treatment Court Team, Law Enforcement, Narcotics Investigator, School Resource Officer, School Staff & Administration, Clergy & Emergency Health Care Staff.

The Problem

- Goodhue County had the highest rate of deaths by drug overdose in all of Southern Minnesota (12.4 per 100,000 population from 2016-2019).
- Opioids are involved in the greatest number of overdose deaths among Goodhue County residents in 2021.
- The number of 8th, 9th, and 11th grade Goodhue County students who have used prescription pain medication without a prescription or differently than doctor's intention has increased since 2019, currently 1 in 20 (5%) students.
- Most alarming, 2 local youth have died from opioid overdose in the last two years.

Sources: MN Department of Health, MN Injury Data Access (2023) and MN Dept. of Health Goodhue County Substance Use and Overdose Profile (2023)

Community Engagement

50 Total People Engaged
4 Focus Groups
23 Key Informant Interviews

Themes and Recommendations

- **Focus on Youth Prevention**
- **Fill Continuum of Care Gaps in Chemical Health Services**
- **Increase access to harm reduction strategies with accompanying education**
- **Connection is needed including support groups & peer recovery specialist help**
- **Expand access to and awareness of creative recreational outlets and alternative modalities for self-care**
- **Increase access to mental health care**
- ***Nothing About Us Without Us*-Include community members with lived experience in the planning, implementation, and evaluation of opioid related programming**
- **Enhance treatment court eligibility criteria**
- **Increase the tracking and sharing of opioid related data**
- **Increase Community Education and Awareness Building**

EXECUTIVE SUMMARY

PERCEIVED CAUSES OF THE OPIOID CRISIS

Untreated mental health, "big pharma," immature brains affecting decision-making, wide access to opioids, lack of chemical health education, and the prevalence of adverse childhood experiences in families.

PERCEIVED BARRIERS

NIMBY-Not in My Backyard Mentality, Lack of Felony Friendly Housing & Employment, Gaps in Service Along Chemical Health Continuum Of Care, Precluding Eligibility Criteria, Lack of Awareness of Resources, Stigma, Fentanyl is Widely Accessible

"I wouldn't wish this on anyone. Ever."

"I've been in therapy since (my child) died and I've had to go through PTSD therapy because the image how (my child) looked kept popping into my head. I don't want that to be my last memory of (my child). The therapy has helped but, a lot of intrusive thoughts, especially in the evening when you're winding down for the day and you're just trying to relax, go to sleep, that I would get like panic attacks and anxiety because those thoughts of how I found (my child) just kept coming and coming in."

ADDICTION DOESN'T DISCRIMINATE

"The first time I took my son to a methadone clinic in Woodbury, it was very eye opening to me ...about how across the board this affects everybody. So there would be cars in the parking lot that are held together by duct tape, and there'd be these brand new really expensive luxury cars. There would be really young people walking in to get methadone and really old people walking in to get methadone. It just affects so many people way across every part of society. It doesn't matter, it gets you no matter what your status is."

IT CAN HAPPEN TO ANYONE

"My introduction to the opioid world was much more subtle I guess. I had a work injury where I cut off a finger and the doctor put me on oxycodone for three months and then took me off cold turkey at the end of it. You know, three or four days later, I felt like I was dying...I knew some other people who had the same pills and I bought some pills from them and low and behold I felt better...a lot of the people that I would hang out with were people that could either get pills for me, or were using pills or other substances themselves. So you know, tolerance starts to build over time. You start going for something stronger. They're like, 'Oh, hey, maybe you should, you know, try heroin that's stronger, you don't need as much.' Then you start taking that, your tolerance continues to build and eventually you're dealing with fentanyl....So yeah, there's many different ways of getting introduced. All over the world, through somebody you know personally or through a work accident. You know, that's the part I think a lot of people don't focus on enough. Is that in kindergarten at career day, nobody stood up and said I wanted to be a heroin addict when I grow up. It's a lot more subtle than that.

Eventually you're done. Just you realize where you're at and you're like, how the hell did I get here? *...Doesn't matter how strong willed you are or not. You know, a scenario like mine. I cut off my finger in a work accident. Low and behold six months later, I'm a heroin addict."*

Opioid Crisis in Goodhue County, Minnesota

A Needs Assessment

Laura Ann Sand Prink, MSW, LGSW

Sand Prink Consulting, LLC

October 2023

Author Note

Disclosures

Sand Prink Consulting, LLC was hired by Goodhue County Health and Human Services to conduct a needs assessment via community engagement. This report is produced for Goodhue County Health and Human Services and Goodhue County Commissioners to inform decision-making efforts on how to spend Opioid Settlement funds.

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Abstract/Executive Summary

The overall purpose of the study was to understand the impact of opioids in our Goodhue County communities so that effective strategies utilizing opioid settlement funds can be developed to address current needs and prevent further harm. To this end, key community stakeholders, including people with direct lived experience and/or service providers who work with people impacted by opioids, were engaged through focus groups and key informant interviews. Major findings, trends, and therefore recommendations identified through this study include:

- the community's priority to focus on prevention, early education, awareness-building
- youth focus
- a need for connection including support groups and peer recovery specialist help
- filling gaps in service that exist along the chemical health treatment continuum of care
- access to harm reduction strategies with accompanying education
- expanding access to and awareness of creative recreational outlets and alternative modalities for self-care
- increasing access to mental health care
- the imperative to include community members with *lived experience* in the planning, implementation, and evaluation of opioid related programming
- enhancing treatment court eligibility criteria
- increasing the tracking and sharing of opioid related data

To supplement the qualitative data gleaned through community engagement efforts, existing regional quantitative data was collected and included within the Appendices to help communicate the status of the opioid crisis in Goodhue County. Local resources already helping to fight the opioid crisis are also compiled within the Appendices.

Opioid Crisis in Goodhue County, Minnesota

The negative impact of opioids is devastating communities across the nation including those in Goodhue County, Minnesota. In comparison to all counties south of the metro in Minnesota from 2016-2019 (including Dakota, Rice, Scott, Olmsted and Winona,) Goodhue County had the highest rate of deaths by drug overdose at 12.4 per 100,000 population. The only two counties with higher rates than Goodhue County in all of the southern half of Minnesota were the two largest metro counties of Hennepin and Ramsey at 16.1 and 17 respectively per 100,000 population during the same time frame (Minnesota Department of Health, Minnesota Injury Data Access, 2023). And according to the Minnesota Department of Health Goodhue County Substance Use and Overdose Profile (2023), "In 2021, opioids were the drug involved in the greatest number of overdose deaths among Goodhue County residents."

Even more alarming is the opioid use among youth in Goodhue County. The number of eighth, ninth and eleventh grade Goodhue County students who have used prescription pain medications without a prescription or differently than the doctor's intention has increased since 2019 (Minnesota Department of Health, Goodhue County Substance Use and Overdose Profile, 2023). The greatest number of emergency room visits for drug overdoses involving opioids amongst Goodhue County residents in 2021 were people between 25 and 34 years of age and the age group with the second highest number of opioid overdoses was 15-24 years of age (Minnesota Department of Health, Goodhue County Substance Use and Overdose Profile, 2023). Most distressing is that two local adolescents from Goodhue County have died from opioid overdose in the last two years.

The detrimental impacts of the opioid crisis are vast and complex, affecting the physical, mental, social-emotional, economic and environmental health of our communities. The ripple

effect not only impacts the individual using opioids, but is far reaching through the individual's personal circle of friends and family, neighborhoods, regions, and the greater society. Addressing the opioid crisis is of vital importance through treatment and prevention in order to save lives, interrupt the expansive ripple effect, and stop further harm to the health of our communities.

Definition of Opioids

It is important to distinguish the meaning of opioids. The terms "opioids" and "opiates" are different although they are often used interchangeably. "Opiates refer to natural opioids such as heroin, morphine and codeine. Opioids refer to *all* natural, semisynthetic, and synthetic opioids" (Centers for Disease Control and Prevention, 2023, Commonly Used Terms | Opioids | CDC) **And, therefore, the term *opioids* was used throughout the study with participants and within this report in reference to all prescription opioids, as well as fentanyl and heroin.**

To provide more background information about opioids, the Center for Disease Control and Prevention (2023) defines the terms in the following manner:

> "Prescription opioids can be prescribed by doctors to treat moderate to severe pain but can also have serious risks and side effects. Common types are oxycodone (OxyContin), hydrocodone (Vicodin), morphine, and methadone. Fentanyl is a synthetic opioid that is up to 50 times stronger than heroin and 100 times stronger than morphine. It is a major contributor to fatal and nonfatal overdoses in the U.S. There are two types of fentanyl: pharmaceutical fentanyl and illegally made fentanyl. Both are considered synthetic opioids. Pharmaceutical fentanyl is prescribed by doctors to treat severe pain, especially after surgery and for advanced-stage cancer. However, most recent cases of fentanyl-related overdose are linked to illegally made fentanyl, which is distributed through illegal drug markets for its heroin-like effect. It is often added to other drugs because of its extreme potency, which makes drugs cheaper, more powerful, more addictive, and more dangerous" (Opioid Basics | Opioids | CDC).

Lastly, the opioid heroin is an illegal and extremely addictive drug extracted from poppy plants.

Purpose

The purpose of the project is to determine how to best use the Opioid Settlement funds to effectively treat and prevent further harm from the opioid crisis. Disbursement of the National Opioid Settlement funds has begun with Minnesota expecting to receive more than $300 million over the next 18 years to help aid the fight against the opioid crisis. According to the Office of the Minnesota Attorney General Keith Ellison (2023), Goodhue County will receive over $2.1 million over 18 years through both the "first wave" distributor and Johnson & Johnson settlement and the "second wave" settlement with Teva, Allergan, Walgreens, Walmart, and CVS (The Office of Minnesota Attorney General, 2023, Fighting the Opioid Epidemic in Minnesota).

Goodhue County Commissioners and Goodhue County Health and Human Services (GCHHS) sought out to hire a consultant, Laura Sand Prink, MSW, LGSW, Sand Prink Consulting, LLC, to conduct a needs assessment through community engagement efforts to understand the unique impact of opioids in Goodhue County so that effective strategies can be developed to address current, local, prioritized needs and prevent further harm through the utilization of Opioid Settlement funds.

Method

Participants

First, it was imperative that the study include the perspectives and input of community members most closely and personally impacted by the opioid crisis, as well as those with professional experience and expertise on the topic. As a result, the prerequisites for participation in this study included direct and/or indirect lived experience and/or work experience with the opioid crisis, as well as being a community member of Goodhue County, defined as either residing within and/or working within Goodhue County. Oftentimes, individual participants

represented several stakeholder groups. For example, several participants had both professional experience and expertise as well as indirect/direct lived experience with opioid use. The study also strived to engage community members representative of a typical cross-section of Goodhue County with different ages and diverse backgrounds.

An initial goal of conducting 10 focus groups and 10 key informant interviews was set. In the end, a total of 50 people were engaged through 27 total community engagement encounters which comprised 4 focus groups and 23 key informant interviews. At this point, data saturation was met.

Thirteen people within the recovery community with prior opioid use participated in the study and were at various stages of recovery and/or sobriety. Parents, family members, friends and loved ones of individuals who have used opioids also participated, including 4 parents from separate families who have had one or more children who use(d) opioids, 3 of whom lost a child to fatal opioid overdose. Two of these youth deaths were recent–within the last two years. It was important to hear directly from local youth as well so six participants were from a local nonprofit youth leadership council and were all 16 or 17 years of age.

The study engaged professionals from various sectors of the community who offered valuable perspectives from their experience with the opioid crisis, including many local chemical health and mental health treatment center staff, Goodhue County Health and Human Services social workers, local staff within the justice system including attorneys, public defender, judge, adult and youth probation officers, and the drug treatment court team, as well as local law enforcement, narcotics investigator, school resource officer, school staff and administration, clergy members, and an emergency health care staff. Many of these professionals also shared

that they knew at least one or more people in their personal network who have been directly impacted by the opioid crisis.

Assessments and Measures

The needs assessment included an initial quantitative data review of existing local statistics on opioids use in Goodhue County, the development of a research plan based on best practices and consultation of experts in the field, and finally conducting key informant interviews and focus groups with stakeholders knowledgeable with the opioid crisis.

The quantitative data review. This review consisted of locating and collecting all available quantitative data sources relative to opioids in Goodhue County. This step of the assessment was included in order to identify what is already known about opioids use in Goodhue County, determine gaps in data to inform areas to strive to seek additional information, and also to help supplement the qualitative data to be gleaned through this community engagement process in order to communicate the story of the opioid crisis in Goodhue County in the most informative, inclusive, and accurate way possible. Data includes but is not limited to drug overdose deaths, opioid prescriptions dispensed, use among youth, substance use disorder treatment, nonfatal overdose, opioid dependence diagnoses, controlled substance offenses charged out through Goodhue County Attorney's Office, and Goodhue County Sheriff's Office opioid related data. In some instances, data can be disaggregated by gender, age, race/ethnicity, geography, and time. The active web links to these data are located in the Appendices of this report in order to provide continuous access to the most current data directly from each source, rather than displaying static charts within the report which become dated quickly.

Research Plan Development. The development of the research plan first consisted of researching best practices, reviewing all documentation provided by Goodhue County Health and

Human Services regarding the Opioid Settlement, and developing a work plan for the needs assessment and community engagement efforts. Lessons learned were also gathered from experts in the opioid treatment and prevention field via consultation with Ashley Anderson, formerly of Healthy Communities Initiative in Northfield (now with Minnesota Department of Health, Overdose Prevention Unit), as well as Lolita Ulloa, Hennepin County Director of System Design, who is leading the administration of opioid settlement funds and programming in Hennepin County.

The Key Informant Interviews. Participation in these one-on-one conversations with Sand Prink Consulting, LLC was completely voluntary. Participants were informed that in no way would their decision about whether or not to participate affect their relationship with Sand Prink Consulting, LLC or Goodhue County Health and Human Services now or in the future. Key Informant Interviews were conducted in a confidential, quiet, neutral space at a time that was convenient to the participant. The participant was given the option of virtual Zoom meetings, in-person meetings at a study room at the public library, the private interview rooms at Goodhue County Health and Human Services building, or other space of their choosing suitable for such interviews.

Consent of each participant was gained prior to participation in the study. For minors under the age of 18, assent of the participant and consent of the legal guardian was obtained. Risks and benefits of participation in the study were shared with participants including the potential for stories involving the use of opioids and its negative effects on people and communities to be emotionally triggering, especially for individuals with personal experience with addiction, use of opioids or fatal loss of a loved one. The researcher strongly encouraged individuals to only participate if they feel safe, secure and confident doing so and have

appropriate resources and support to turn to, if needed, immediately upon completion of the key informant interview or focus group. The benefits of participating include contributing valuable information that can lead to informed decisions about effective programming to implement in the community thus making a real positive impact in the fight against the opioid crisis. A Visa or Target gift card incentive was given to community members with lived experience who participated in the study during their own personal time to compensate and thank them for their time.

Recruitment and referrals were done through simple invitations via phone and email first to local organizations who have professional experience and expertise on the topic. The researcher then asked for their assistance inviting individuals/clients/consumers who may have lived experience and personal interest in participating in the study. An invitation to participate was also shared on social media channels through Goodhue County Health and Human Services, placed on United Way of Goodhue, Wabasha and Pierce Counties weekly E-newsletter and emailed to the professional network of Sand Prink Consulting, LLC all of which successfully assisted with recruitment of participants.

Each Key Informant Interviewee was asked the same questions. Each Key Informant Interview was recorded via Otter AI, a secure online transcription software, which provided recorded audio and real time transcription to ease an accurate recall of content and assist with the qualitative analysis.

Focus Groups. Focus groups were planned with homogenous groups who already had established relationships with their fellow participants. There was a level of familiarity, shared experiences, and common backgrounds. Focus groups were conducted with both people with professional experience as well as lived experience. This allowed for the researcher to dive

deeper into issues affecting these specific populations and achieve greater understanding of their unique experiences. Focus groups each had between five and six participants and were held in a familiar place to them, at a convenient time, in quiet, confidential, accessible rooms. The facilitators encouraged organic conversation with one another which generated valuable input. Refreshments and/or meals were provided to increase comfort, community and as a token of thanks. Again, focus group participants with lived experience, who participated in the study on their own personal time, were thanked and compensated with a Visa or Target gift card. Consent was obtained prior to participation in the focus group. Minors also had their legal guardians provide consent.

Again, risks and benefits of participation in the study were shared with participants in the same manner as during key informant interviews. Each Focus Group followed the same template and asked the same questions. These sessions were also recorded and transcribed through Otter AI software.

Youth Group. A clear theme arose throughout this community engagement process of prioritizing prevention efforts and targeting youth. This is coupled with the fact that there were two recent deaths of local adolescents due to opioid overdose, therefore it was imperative to include the perspective of youth. A focus group was successfully carried out with a local nonprofit's youth leadership council. Obtaining the honest, unfiltered youth voice in addition to their feedback on these specific themes suggested by other participants or stakeholders was the main goal of this final focus group.

Results

Causes of the Opioid Crisis

Understanding the root cause of the issue is essential in order to identify an appropriate strategy to effectively address it. Selected strategies cannot treat symptoms alone, but must also address the underlying causes. Participants shared numerous causes for what they perceived to have induced the opioid crisis including untreated mental health, self-medication of physical and emotional pain, over prescription of opioids by healthcare providers, “big pharma” or the pharmaceutical companies ulterior motives (which resulted in these opioid settlements), peer pressure, boredom, curiosity, impulsivity, immature brains (frontal lobes not fully formed) impacting decision-making, already existing chemical dependency for oneself or an inherited susceptibility, poverty and lack of resources. Previous trauma, ongoing stress, wide accessibility of opioids now than ever before with the increased connectivity via internet, aftermath from Covid 19, lack of programs to address and prevent this issue locally, and looser/delayed/lesser criminal justice penalties were also named as causes of the opioid crisis. Lastly, an injury with subsequent opioid prescription for pain relief can lead to increased risk for abuse, lack of education around chemical health, the fact that everything is laced with fentanyl and its extreme potency, the relentless influx of drug cartels, and a lack of awareness of alternative pain management or coping skills and self care are all causes listed by study participants.

Another cause brought up by several stakeholders was the increased prevalence of detrimental family dynamics. Several stakeholders suggested that certain family stressors or traumatic experiences such as divorce, separation, lack of parental presence, guidance, or supervision all may increase risk of opioid use. This is also known as adverse childhood experiences (ACEs), which “are stressful events occurring in childhood including domestic

violence, parental abandonment through separation or divorce, a parent with a mental health condition, being the victim of abuse (physical, sexual and/or emotional), being the victim of neglect (physical and emotional), a member of the household being in prison, (and) growing up in a household in which there are adults experiencing alcohol and drug use problems" (Public Health Scotland, 2023). Substance Abuse and Mental Health Services Administration's (SAMHSA) Center for the Application of Prevention Technologies reports, "ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse" (SAMSHA, 2023).

Lastly, a lack of felony friendly employment and housing opportunities in the community to support recovery community members who have criminal records to work and maintain stable housing, increases the risk for relapse and the potential for further criminal addictive behavior.

Similar to stakeholder input, Mayo Clinic (2023) reports:

> "Known risk factors of opioid misuse and addiction include poverty, unemployment, family history of substance abuse, personal history of substance abuse, young age, history of criminal activity or legal problems including DUIs, regular contact with high-risk people or high-risk environments, problems with past employers, family members and friends (mental disorder), risk-taking or thrill-seeking behavior, heavy tobacco use, history of severe depression or anxiety, stressful circumstances, (and) prior drug or alcohol rehabilitation." (Mayo Clinic, 2023, How opioid addiction occurs - Mayo Clinic)

Ultimately, the causes mentioned by participants seemed to all fall under the categories of untreated mental health, "big pharma," immature brains affecting decision-making, wide access to drugs, lack of chemical health education, and the prevalence of adverse childhood experiences.

Successful local programs

Understanding what strategies, programs and resources are already successful at effectively addressing the opioid crisis in Goodhue County is also important, similar to asset mapping.

> "Asset mapping refers to the general process of identifying and gathering information about a community's assets. An asset is any resource or strength found already within a community which can be used to uncover effective solutions, to promote social inclusion, and improve the health and well-being of its citizens. Inventorying resources already available makes it easier to coordinate and increase accessibility to care while also providing a framework for effective community planning and development. Knowing what is available can help shape important decisions such (as) how best to allocate finite funding within a rural community." (Rural Health Link, 2023, C4-Toolkit-Community-Asset-Mapping.pdf (ruralhealthlink.org)).

To uncover what the participants perceive as helpful programs in addressing the opioid crisis, they were asked, "*What existing community resources within Goodhue County are already helping to effectively address this issue*?" Participants' responses included: local chemical health treatment centers such as Common Ground, Midwest Recovery, and Valley View Recovery Center. Also mentioned was Goodhue County Treatment Court, which is a therapeutic approach providing services and supervision for individuals increasingly involved with the court system due to issues around their addiction. Also assisting with the fight against the opioid crisis is law enforcement's successful efforts seizing illegal drugs, which directly contributes to reduced access and therefore the prevention of use and overdose. One law enforcement officer interviewed explained the benefit of the use of ODMAP, an online (http://odmap.hidta.org), real-time, overdose detection mapping application, and stated,

> "And then we make an arrest for what we think is involved in the sales and that number significantly drops. So like for example, we had numbers in 2021 that were skyrocketing. We found what we believe to be the source, made an arrest and the numbers went to zero for quite some time. And the number started picking up again, at the beginning of, end of 22 and 2023. We were able to identify the source, made an arrest and the numbers basically went back to zero. So I do think we have the privilege of being a small community. So when somebody does get involved in sales here, having that intervention as quick as possible to stop those drugs from hitting our streets has statistically had a significant impact on overdoses and addiction. Although it's temporary, you know, until somebody else comes along and fills those shoes and it's just keeping that ability to intervene quickly."

Recovery community members mention that the Clay City Alcoholics Anonymous group and also working with Peer Recovery Specialists "who've been there, done that," are both extremely effective because of the accessible, regular, relatable, genuine peer support and accountability provided. In reference to the Clay City AA group, one recovery community member said, "I've been going there for years. And nobody's shunned out because of what you do by any means. Everybody's there to support each other."

Access to harm reduction tools such as Narcan, Naloxone, and Fentanyl Test Strips, can prevent death and overdose. These simple harm reduction tools have given recovery community members another chance at life, treatment and sobriety. According to Substance Abuse and Mental Health Services Administration (SAMHSA) 2023, "Harm reduction is an evidence-based approach that is critical to engaging with people who use drugs and equipping them with life-saving tools and information to create positive change in their lives and potentially save their lives." (Harm Reduction | SAMHSA) When a person overdoses from opioid use, Naloxone can reverse or reduce the possibly fatal effects when either injected or given via nasal spray by a bystander. "Fentanyl test strips are small strips of paper that can detect the presence of fentanyl

in all different kinds of drugs (cocaine, methamphetamine, heroin, etc.) and drug forms (pills, powder, and injectables)" (Centers for Disease Control and Prevention, 2023, Fentanyl Test Strips: A Harm Reduction Strategy (cdc.gov).)

One recovery community member shared support for harm reduction tools stating,

> "You need to be aware of how much dangerous stuff is out there and it's like, you should not do it, but it's like if you are, like, at the very least, like, here's a free test kit, like you should be testing this to see if it's real or not, you know, or is this actually a real prescription opioid or was this manufactured in who knows where and there's fentanyl in it and I, you know, as they said, obviously, the ultimate goal is to not have any kids getting into it, period, but I know that everybody's first the main objective is, you know, to not lose any kids or people in the community…I think that's a very important, you know, step to take would be you know, having easy, cheap or free access to like test kits for that."

Participants who are parents of youth who have used opioids as well as service providers have stated drug take-backs or local medication disposal programs help get prescription medications out of the community, thus reducing chances of misuse and abuse by individuals for whom they are not intended. Several recovery community members shared they readily accessed the prescription medications from a loved one who had leftover medications following a surgical procedure. Local mental health programs such as Fernbrook, Hiawatha Valley Mental Health Center, Nystrom and Associates, Mayo Clinic Health System and Goodhue County's Make it Ok program (which is no longer in existence) were all mentioned as helpful as well. Many participants shared that access to mental health care is extremely important. One youth participant remarked that mental health therapy "is the most helpful thing ever," specifying that "having mental health resources are very valuable to the prevention of drug use."

Lastly, several participants mentioned the importance of community connections and supportive relationships as crucial for prevention and successful recovery and maintaining sobriety. One recovery community member who also works with people in jail said,

> "I tell people that the opposite of addiction is connections. The more good connections you have, the harder it is for you to go back…when you start to use the first thing you do is start disconnecting, you disconnect from, you, after a while you disconnect from your wife, your kids, you disconnect from anybody and everybody that's ever loved you. And then if you're like me, you get thrown in prison. Now you just got disconnected from society itself. So for a lot of people, I'm their first good connection. I try to put them with more good connections."

Several others agreed saying verbatim, "the opposite of addiction is connection." This participant also said, "as a pastor, I can always say that I believe we need more God in our system. You know, but that goes when, when you see 'pastor' in front of my name." Several other lay people also shared the crucial role that church has had in maintaining their sobriety, namely faith in God and the connections provided within a congregation.

Notably, when asked what programs are available in Goodhue County that are already effectively addressing the opioid crisis, several participants, both those with lived experience and those with professional experience said, "nothing." Upon further clarification, there were two different meanings to this same response. Some participants were simply unaware of the local programs that do exist to help community members with chemical health treatment needs. And, two, even the participants who were aware of existing resources claimed that there are significant gaps in service delivery saying "it's not enough," and "it feels like there is nothing" available to help, especially compared to resources available in other counties. One parent whose child died

from opioid overdose remarked, “nothing, to my knowledge,” when asked what resources, if any, specifically in Goodhue County, are helpful in addressing this issue.

Interestingly, several community members in recovery stated that incarceration and/or law enforcement intervention and court orders were what ultimately helped them to successfully get sober. They remarked that they “loved using drugs,” getting high, and did not want to quit. They said they needed to be forced to quit. They needed a “wakeup call.” One recovery community member who had just gotten out of inpatient treatment after being in jail said, “the only way an opioid addict is gonna get sober is from forced help. Or you're at such a horrible place in your life where you're like I can't take anymore.” Another recovery community member shared, “I was a drug addict for over 30 years. It ended when I was sentenced to 110 months in prison for drug charges…if I wouldn’t have gone to prison when I did, I’d be dead right now.”

One person with lived experience stressed the importance of providing therapeutic programming while a person is in jail in order to maintain that sobriety once they get out. She said, “it doesn't help people to just put them in jail and just you know think that just because they've been sober for five months or a year or something like that, that they're going to get out and stay that way. They're going to go back to the same thing *unless* they have other tools.”

Two other participants from the recovery community said getting sober was the result of sheer willpower combined with family and life purpose. One did it for her unborn son. Another did it because he wanted to marry the love of his life who said he must get sober first. Others expressed the need to have something positive to look forward to and keep them busy, namely a job or a nice, safe, stable home.

Additional Opioid Programming Needs

Stakeholders shared that there are not enough local resources available for treatment and prevention of opioid use. It became apparent that there were significant gaps in service that exist, in addition to the need for spreading awareness of what does exist. Participants were asked what additional opioid programs are needed to help the opioid crisis in Goodhue County.

Professionals from chemical health treatment programs described that ideally there would be an entire continuum of care available locally, which would allow individuals to be able to receive appropriate care in a timely, effective, and affordable way no matter the stage someone is at in their use, addiction, or recovery. Every person's pathway through care or their point of entry and exit may look different.

The programming needed as suggested by participants along this continuum of care includes all of the following: from preventative efforts that include programs, education and policies, to low barrier points of entry into treatment such as screening, assessments, 24/7 resource phone lines providing access and assistance navigating help. It also includes emergency chemical health care such as detox, and long-term inpatient programs that have more beds and longer stays than just 30 days, or whatever is determined to be therapeutically necessary, even though insurance companies oftentimes will only pay up to 30 days.

Also, there is a need for more sober housing to transition individuals back into their own environments after completing inpatient programs. Sober housing could include halfway, three quarter, and independent sober housing. These different options have varying levels of structure and independence to help transition someone in the smoothest and most successful way as possible, described by chemical health treatment providers as a "step-down approach." Aftercare options to help support individuals in their continued recovery and sobriety are also needed,

including “sober fun” outings for individuals and their families, one on one support via 24/7 sponsors, peer recovery coaches, case managers, individual counselors, support groups such as Narcotics Anonymous, caregiver support groups for families and friends affected by the opioid crisis, and local programs providing access to Medication Assisted Treatment (MAT) or Medications for Opioid Use Disorder (MOUD).

> “MOUD stands for Medications for Opioid Use Disorder. It’s a term used by addiction and medical professionals… MAT considers medication a short-term intervention. It’s part of a larger treatment approach. By contrast, MOUD uses medication as a stand-alone treatment for opioid addiction. The medication itself may be used for months or years. It’s much like taking heart medication or insulin. The medication helps a person manage triggers and cravings. With this support, a person can make other life changes to help their recovery. The duration of treatment depends on a person’s needs” (Promises Behavioral Health, 2023, Why What We Say Matters: MAT vs MOUD for Addiction Treatment (promises.com)).

Study participants shared that this medication therapy is only available in Rochester or the metro, not locally, so accessing it requires a significant amount of time on a daily basis. They said this then makes maintaining employment challenging and also requires additional resources, for example chauffeurs from local transportation assistance programs, gas, vehicles, and the time investment of accompanying staff or loved ones. One participant said, “I think we travel so far for treatment for a lot of things. I mean, the client I had was in Pine Island, driving all the way to Rochester every day for the methadone treatment to be able to stay sober, or I have a client here in Red Wing drive all the way to Woodbury or whatever for methadone.” Another participant shared how her dad drives her brother every single day at 5:45am from Red Wing to Rochester for his methadone treatment.

More availability of harm reduction tools such as Fentanyl test strips and Narcan and Naloxone is needed to save lives of individuals who overdose. These simple tools are not only for those who may relapse, but also for individuals who use a drug for the first time and overdose. Many participants in this study remarked that "fentanyl is in everything" and "people don't even know it." It was reported that fentanyl has even been found in vape cartridges, marijuana and other drugs and the user had no idea. One parent of a child who died of opioid overdose said, "back in the day, people drank alcohol, maybe smoked weed. And now times have changed and fentanyl is in everything. It's not safe to experiment. Like maybe it was back in the day, that you could try. (Now) you could try it one time and die from that one trial."

One mother of two children with prior opioid use (one of whom died from overdose) shared, "once you find your child is addicted, you know. I had an experience this last year, I was helping some friends try and find services for their child who was addicted to opioids and one of the things that I always highly encourage is have naloxone in your home. Like if you know, even if, even if your child is not addicted, I think this is a good idea. If you have opioids in your home for any reason, have naloxone...because you just don't know who's gonna get into it."

For individuals with felonies on their records, "felony friendly" housing and employment is necessary for recovery community members who desire and are ready to work and maintain their own homes. Lack of appropriate housing and employment are obstacles in the way of these individuals maintaining sobriety, increasing the chance for relapse and further criminal addictive behavior. In regards to the need for more felony friendly housing, one recovery community member who has a felony on his own record said,

> "We need to create more felon friendly housing. I see people that are doing everything they're supposed to be doing. You know, they did their treatment. They went to sober

> living, they got a job, started to get back on their feet again. And now they're ready to take that next step of real life work, you know, living in society and they can't find a place to live. And so where did they go? They go right back to where they came from… I said, look at my wife and I. I'm pretty successful. You know, and I'm not talking rich, but I'm, with life, I'm pretty successful. If we lost our house and had to rent a place, I can't rent a place. I've got, I've got almost 20 years of sobriety, I'm a pastor, I got a credit score of almost 800, I can't rent a place because of that little word behind my name. I would have to move in with my wife and hope I don't get caught. Nobody falls in love quicker than a man that needs a place to live. So he gets tied up with a gal that he probably isn't meant to be with. But she's got living quarters for him. Okay, they're now, they're living together. They have a child. This child wasn't wanted and probably not even ready to have a child. Then something happens. They're not married. He doesn't really live there. Now we got a broken family again. I think felon friendly housing is huge. We need that."

Felony friendly housing and employment can interrupt a negative and costly ripple effect in our community and prevent further crime and family stressors. Another participant with lived and professional experience with the opioid crisis agreed, remarking that if we can provide help for our community members with chemical dependency, our crime rates will go down. This participant said that a local law enforcement officer told him, "that they can relate about 75% of their calls to addiction. They said if you get rid of addiction in the county you could fire three officers and most of it's because of the theft that has to happen to support the habits. The, you know, stealing, credit card fraud, you name it. It's all tied to it. And then there's the violence. There is the paranoia, a lot of the domestics are tied to addiction too." When the researcher asked another law enforcement officer about this specific statistic, he said he thought the number may be more like 90% of calls are associated with addiction.

Many participants stressed the need for more youth programs. One local chemical health provider with a long career referred to the ongoing lack of youth programs in Goodhue County

as “pathetic” and “there’s never been anything.” Several participants suggested adding school-based programming including a Licensed Alcohol and Drug Counselor (LADC) that can be available during school hours. One parent of a child who died from overdose supports this idea and said,

> “I would like to see something maybe at school where the kids were, if it's been identified that a student is having some problems…or doing some drugs that we can get them into a counseling program or treatment program, and it starts at the school… and put some kind of programs in place where we have people that can try to help these kids. Like specifically substance abuse, like, I know that they know kids are using substances at the high school. So let's, let's try to remedy, remedy that, like, have, have people that work at the school to help those kids…like treatment counselors (or LADC).”

Another participant who works in the schools said,

> “One of my dreams that I came up with … is having like an LADC at every school, yeah, I would even say that I was gonna say every higher level school like middle school or high school, but I even think for elementary school is like having a support like that. That's a community support in the school for families or for caregivers. It's such a, it's such a stretch goal, but it would be amazing to see some really specific, like community resources showing up in schools where some of those barriers can be removed.”

Others suggested widening eligibility criteria for existing programming could increase accessibility for many individuals seeking help. For example, several participants with lived experience shared they were told “your drug use is not bad enough yet,” or “you need a court order” or “you don’t meet criteria.” This left individuals feeling like they need to wait until the problem is “really bad,” essentially then it’s “too late.” Recovery community members shared that they wished their own self-advocacy efforts, or the efforts of loved ones around them, could be met with more success and not additional systemic barriers.

In general, there is a need to spread awareness of resources and educate the community about chemical health. To assist with spreading awareness, resources encountered throughout this needs assessment and community engagement process have been compiled within the appendix. Please note this is not exhaustive of all available resources.

Prevention Efforts

After participants were asked what programs, strategies and treatment options are successful for people who are already using opioids, it was important to understand how the community could prevent people from using opioids in the first place. Prevention efforts most suggested by participants include more access to mental health care. One participant with lived experience discussed her main priority by stating,

> "Well, number one is more mental health services. And also, I think earlier intervention. I think these kids are not being taught early enough about the dangers and how serious it is...there's like no mental health services for the teens in this area anymore. There's such a waiting list to even be evaluated at Mayo… They don't even accept clients in Red Wing anymore. And because they're so filled up and then the waiting list for Rochester is astronomical. Like we're talking like a year or more, even get in to see a therapist. So it's no wonder that these kids are self medicating. And, you know, I just don't think they know where to turn."

Participants also suggested more education about diverse outlets, coping strategies, self-care and alternative pain management options such as the availability of art spaces, nature exploration, pet therapy, talk therapy, aromatherapy, nutrition therapy, chromotherapy, breath therapy, equine therapy, instrument libraries, music and beats, and sports.

Also mentioned several times was a safe place to go for youth that is fun as well as increased connections and positive relationships with youth via mentoring. One youth expanded

on the lack of things to do and said, "I only have three places to go in Red Wing…Target, the park or home."

Providing community education about opioids, misuse, signs, symptoms and resources was another theme in terms of prevention efforts. Another prevention effort commonly suggested by participants was educational curriculum in the schools for youth, specifically programming that is begun earlier in elementary or middle school and in a more consistent and regular manner throughout the remainder of secondary school. Participants stressed the importance of the curriculum to be effective, engaging, authentic or "real," relevant to the times, and including testimonials from community members who have experienced the opioid crisis first-hand. One recovery community member stressed the importance of sharing real stories of lived experience with youth in school and said, "I think teaching kids when they're younger …I remember in high school and then there was when we did the health class and the DARE class... they're showing you pictures. Not only that, but the reality of like, *what actually happened*, the sores, and like, how it destroys your life." Another recovery community member expanded on these sentiments by saying, "What they should be showing (in school) is how it can cost someone everything. Everything they once cared about. Completely gone."

Another participant who works in the school discussed the need for prevention programming in the school,

> "Get people in schools to talk about it. I'm of the belief that you have to talk about things, not push them under the rug because that doesn't help. Some people think if you talk about it, it will actually invite it…which I don't agree with that at all. I think we have to talk about this stuff…just the preventative for me is so important. Like getting people into the schools. To talk about it probably would be my thing that we should do. Number one, okay…Programs in the community sometimes I feel like are not very well attended.

> You know, by parents in the evenings or whatever. So I would say that the school stuff is where it needs to start so that kids are hearing it."

The researcher then specifically asked about any potential interest from the school to utilize Opioid Settlement funds for chemical health curriculum. She responded, "100%, we would work that in somehow. That is a great idea."

A theme amongst parents of youth who have used opioids was the case for tighter criminal justice and stiffer penalties for dealers of drugs as a means of preventing access to drugs in general and thus reduction in use and overdose. One parent of a youth who recently died from a fatal opioid overdose shared,

> "I think there should be stiffer penalties for the people selling these pills…like the person that sold (my child) the pills received 81 months from a plea deal, but he's only gonna serve two thirds of that sentence. So he's getting 81 for it was a third degree murder charge, but he got manslaughter second degree, so it's like, it's not enough. I mean, I'm glad he didn't walk free, but it isn't enough. Yeah, he'll be out someday, he'll be able to have a family. I don't get to have grandbabies with my (child)."

Getting feedback directly from youth in regards to prevention was imperative as "youth prevention" was a major theme throughout the study. During the focus group with youth, when asked what the youth opioid use looks like here in Goodhue County, the youth shared that they were aware of opioid use occurring in the schools during school hours, that all age groups of youth are using, and that everything is laced with fentanyl which they believe is definitely causing more overdoses lately. They shared that every year for the last several years, they are aware of either a student dying from overdose or experiencing a nonfatal overdose and being severely affected by drugs.

When asked what prevention efforts are working well in our schools and community to effectively prevent opioid use, several youth said “none” or that they were unaware of any programs. Several shook their heads “no.” One shared that peer to peer informal support was helpful, stating that the youth warn each other about dangers of drugs and/or which drug dealers have the “dirty” fentanyl laced drugs.

When asked what prevention efforts are ineffective, they shared that the only chemical health education the students had was in the required 7th and 10th grade health classes, commenting that it was very brief, lacked details, and skimmed over content without providing any depth. They shared that when a fellow student died from opioids, grief counseling was offered through the school but it was delayed and “too late” as it was provided three or four months after the student died. The youth shared that they feel the subject of youth chemical use is ignored in the school and that it needs to be addressed because it is a current reality.

When asked what would effectively help prevent youth from using opioids, they shared access to free or low cost mental health therapy because it’s so helpful and can prevent self-medication of emotional pain with street drugs/alcohol/opioids. A school-based prevention program, like a youth leadership program, was suggested by one youth and was a very popular idea amongst all youth in attendance. This youth leadership program could be a way for peers to get the word out, express the dangers of using opioids, sit around and talk about their experiences, and provide support to one another as “listening to peers is more helpful than hearing from adults.” One youth shared that it could be held during advisory periods during the school day, use a set curriculum, and be co-facilitated by an adult staff. Another youth shared her recent research findings from a project she did in school about AA (alcoholics anonymous) and the effectiveness of “positive peer pressure” which could be incorporated into this program.

Youth also strongly supported the idea of having a school-based chemical health counselor, or LADC, available. These youth shared that there are teachers and guidance counselors who are trusted adults at school they can go to but that they feel these staff need to be focused on their own jobs and aren't necessarily trained in mental health or chemical health.

Another youth talked about the need for harm reduction approaches for youth who are already using opioids. This youth stated that abstinence only instruction does not work for everyone and compared handing out fentanyl test strips to youth using opioids like giving out condoms to youth having sex. "(It's) something that could help people who are already down that path, right? Because you rather them be like safe doing it, then have them just do it and be unsafe."

Barriers and Challenges

The reality is that any efforts to address the opioid crisis will be met with barriers and challenges. Acknowledging such barriers and being prepared to address them is essential. Barriers and challenges suggested by participants included a lack of funding to pay for new initiatives and a lack of time to spend on efforts to mitigate or prevent the issue. A shortage of Licensed Alcohol and Drug Counselors (LADCs) was a common challenge mentioned by participants who stated there are very few people going into the field due to insufficient compensation in an already stressful job.

Another challenge is the immense stigma people in recovery feel from the community, in addition to the NIMBY mentality (not in my backyard). Participants shared that local chemical health treatment programs have tried to open sober living housing in residential neighborhoods in Red Wing and were met with much resistance from neighbors who showed up to a forum to discuss the possibility. The message given by neighbors as described by study participants who

were also present was “we don’t want them people here” making recovery community members feel like “scum of the Earth.” Another participant discussed stigma stating, “I talk about the fact that there's people in society that don't care about these people. Even though so many of us are touched by addiction and by mental health, still there is this stigma attached to it that you're weak. So we somehow have to, we have to overcome that, that, that barrier, that challenge, and get people to realize that we're all affected by this opioid crisis, whether it's directly or indirectly.”

The existence of NIMBY coupled with landlords who won’t rent to people with felonies creates a major barrier for recovery community members to obtain appropriate housing. It is not uncommon for members of the recovery community to have drug related charges on their records, sometimes felonies, due to criminal addictive behavior. Having landlords who are willing to rent to people with felonies helps people have stable housing thus supporting their chances at staying sober and not turning to use drugs again. If individuals can maintain sobriety then they are not engaging in criminal addictive behavior and communities are safer.

People in the recovery community also shared that they were met with certain eligibility criteria that precluded them from participating in the programs they sought to get themselves into as discussed earlier. Acknowledging one has an issue with chemical use and being ready to seek help is a major feat, or obstacle to overcome, in itself. One recovery community member stated, “For those people who've reached the stage of ‘ok, I'm an addict, I need to deal with this.’ You're literally on your own, you have to do your own research. You have to do all of the programs, do all of the homework yourself. Really, really, really, really, really make an attempt to get in there and you know, even then, half the time we get turned away.”

One recovery community member said that all the hurdles and barriers he met made him want to give up trying to get help saying he often felt like, "f*ck this, I'm going to get high." Another recovery community member shared his struggle of trying to self-advocate for chemical health treatment access,

> "I've never gotten in any like, legal trouble or anything I've like, only been pulled over even a handful of times in my life. When I tried to, I like, I was like, realizing my problem was getting kind of bad, like, maybe seven years ago, eight years ago when I was like, Alright, I've been an addict for like, 10 years…and I had like a newborn son and it was just wild. When I, me and my wife were like, alright, like you need to go get some help. And like, she was never an addict or anything. And then I went to, there's a place above Marie's or whatever. I forget what it's called…But I like called them and they were like, well, you either need to be in like, are you, do you have a referral from the court? Or like, and I was like, I called a few places that gave me similar answers that were kind of like, unless you have like a referral from like, either the courts or medical referral. I was like, because you're just like, okay, get addiction help and maybe you'll get a phone number or maybe it'll link you to like treatment centers, but if you're like at the beginning of like, 'Alright, I'm an addict. I don't know what to do now.' It's sort of like, like this barrier where you don't know what to do and then it sucks that you can't even just call somebody and they're like, 'Alright, here's your plan right now. Like you're not in any trouble. Here's what to do.'"

One single-parent who was interviewed stated she asked for help so many times but couldn't succeed in getting help for her child. She felt this was due to her child's behavior not being "bad enough" for law enforcement intervention, "that there's just a lot that the state or the county can't do" in terms of forcing or mandating help for her child, and the fact that there are a significant lack of available programs for youth locally, which all left this parent feeling helpless. Traumatically, a few weeks after trying to seek treatment, this parent discovered her child's lifeless body, and tried to resuscitate, but the child had died of an opioid overdose. Now the

parent goes to PTSD therapy to deal with intrusive thoughts and the recurring image in her mind of how she found her deceased child and the anxiety and panic attacks that accompany it. This parent shared, “I wouldn’t wish this on anyone. Ever.”

Social policies, agendas, politics and conflicting values regarding chemical use can also be barriers to treatment, recovery and prevention. Many participants also said simply that “it's’ everywhere” meaning that opioids are so readily accessible via a multitude of social media avenues, and the vast majority of street drugs are now laced with Fentanyl which is highly addictive and incredibly potent.

Goodhue County has a treatment court for adults who meet the eligibility requirements which include “felony level crimes, where drugs/alcohol were a substantial factor, felony level probation violations, diagnosis of substance use, moderate to severe, no current or history of violence, must assess as high risk/high need, (and) must enter guilty plea or admit to probation violation” (Goodhue County Treatment Court, Board Presentation, March 16, 2021, 11647 (goodhue.mn.us)). Some critiques given by participants regarding treatment court were that many individuals who could really benefit from treatment court were ineligible due to the participation criteria set forth by the program’s funding. One specific critique was the inability of individuals with a history of violence to participate, since oftentimes criminal addictive behavior can be violent. Having burglaries on one’s record would preclude them from participating in treatment court. Also, sometimes individuals may have issues with addiction but not yet have received felonies on their records yet, and could benefit but are not eligible because not yet considered “high need.” The participants’ reasoning behind that critique is their belief that the program could be very successful for lower level offenders thus assisting before it’s “too late” and even effectively helping to prevent more high-level crimes and harm to themselves and the

community. It shall be noted that participants shared this eligibility criteria is mandated by federal funding and therefore efforts to alter it will be challenging. If additional and/or private funding could be obtained for treatment court, the eligibility guidelines *may* be able to be expanded and include lower level offenders thus helping them earlier in their journey and possibly be preventative.

There is also a drug and alcohol offender class in Goodhue County that is only accessible to youth who have committed a petty offense such as minor consumption, possession of paraphernalia, and/or possession of a small amount. These youth can either pay a $50 fine or they can participate in an informational class. Unless youth who are using opioids have been caught committing a petty offense, they are ineligible for participation in the class.

An individual's denial of the problem or lack of readiness for help can be another barrier. Long waiting lists to get into mental health therapy, namely not enough appointments and not enough providers are also significant barriers.

Ultimately, community members who have used opioids stated they felt that the overall system is not set up in the best possible manner to be a supportive environment conducive for successful recovery due to the multitude of barriers and precluding eligibility criteria that may be mandated by certain funding, laws, or/or policies. Systems level change efforts need to be deployed to create an environment that makes it much easier for individuals to obtain help for addiction.

Populations Most Affected by the Opioid Crisis

The study sought out to determine who is most affected by the opioid crisis in Goodhue County so efforts could target these populations. Participants were asked, "Who is most affected by the opioid crisis?" Most participants responded by saying, "addiction doesn't discriminate,"

suggesting that anyone can fall victim to opioid use and abuse no matter your age, gender, income level, race/ethnicity, etc. One mother expanded on this sentiment by saying,

> "The first time I took my son to a methadone clinic in Woodbury, it was very eye opening to me …about how across the board this affects everybody. So there would be cars in the parking lot that are held together by duct tape, and there'd be these brand new really expensive luxury cars. There would be really young people walking in to get methadone and really old people walking in to get methadone. It's, it just affects so many people way across every part of society. It doesn't matter, it gets you no matter what your, your status is."

Some elaborated further on these sentiments by stating, yes, anyone can become addicted to opioids, however some populations fare better than others in their recovery journey based on their social determinants of health. The Centers for Disease Control and Prevention (2023) states,

> "Social determinants of health (SDOH) are the nonmedical factors that influence health outcomes. They are the conditions in which people are born, grow, work, live and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies, racism, climate change, and political systems"(Centers for Disease Control and Prevention, 2023).

Others suggested that the opioid crisis disproportionately affects males, those living in poverty and Native Americans. Quantitative data on gender and race was retrieved to support two of the three of these sentiments. Of all the unintentional opioid overdose fatalities for Goodhue County residents from 2017 to 2022, 60% were in fact male (Southeast Minnesota Opioid Profile for Goodhue County Residents, 2023). Also, according to the Southeast Minnesota Opioid Profile for Goodhue County residents (2023), between 2017 and 2022, 53% of fatalities from opioid overdose were White, 13.33% Black, 3.33% Asian/Pacific Islander, 30% American Indian, and 93% were non-Hispanic. (Microsoft Power BI (powerbigov.us)). This

compares to the overall population in Goodhue County which is 92% White, 1.3% Black, 0.7% Asian/Pacific Islander, 1% American Indian, and 96.4% non-Hispanic, with 1.6% identifying as some other race and 3.3% two or more races, according to the United States Census Bureau, American Community Survey, 5-Year Estimates for 2017-2021 (www.Redwingreportcard.org, 2023). So, yes, Native Americans are disproportionately affected by the opioid crisis.

More research is needed to determine the relationship between income level and opioid use. However one participant shared his belief that people living in poverty struggle more because they have fewer financial resources. "Middle class people and upper middle class people do have drug problems. They do have addiction to oxycodone, but they have other resources, and they go to Hazelden."

Several participants shared that people exiting longer term stays in inpatient treatment or jail were at an increased risk of fatal overdose if they use opioids upon release. People who have had a period of sobriety may use an amount comparable to previous use before treatment or incarceration, but their tolerance levels decreased significantly during their stay. If they relapse, they are at an increased risk for overdose.

People in the recovery community shared that those with chronic pain and those who had medical procedures who are prescribed opioids afterward to manage pain are both at higher risk for dependence and abuse of opioids. One recovery community member shared how he began using opioids,

> "My introduction to the opioid world was much more subtle I guess. I had a work injury where I cut off a finger and the doctor put me on oxycodone for three months and then took me off cold turkey at the end of it. You know, three or four days later, I felt like I was dying, which I was able to figure out the only difference was I was no longer taking the pills. So I knew some other people who had the same pills and I bought some pills

> from them and low and behold I felt better. So through, through that kind of gateway I suppose I entered into the world of opioids, because then you know a lot of the people that I would hang out with were people that could either get pills for me, or were using pills or other substances themselves. So you know, tolerance starts to build over time. You start going for something stronger. They're like, 'Oh, hey, maybe you should, you know, try heroin that's stronger, you don't need as much.' You know, then you start taking that, your tolerance continues to build and eventually you're dealing with fentanyl. Then you're hanging out with pretty much everybody who's an addict. You don't have any friends that are sober. The thought of having sober friends never even really occurred to me until a couple years ago. So yeah, there's many different ways of getting introduced. All over the world, through somebody you know personally or or through a work accident. You know, that's the part I think a lot of people don't focus on enough. Is that, you know, in kindergarten at career day that you know, nobody stood up and said I wanted to be a heroin addict when I grow up. It's a lot more subtle than that. Eventually you're done. Just you realize where you're at and you're like, how the hell did I get here? … Doesn't matter how strong willed you are or not. You know, a scenario like mine. I cut off my finger in a work accident. Low and behold six months later, I'm a heroin addict."

Prioritizing how to spend Opioid Settlement funds

Given the limited amount of funds that will be available to address the opioid crisis locally, coupled with a multitude of allowable ways to utilize the Opioid Settlement funds, the study sought out to understand the community's priorities. Even when asked specifically by the researcher, very few suggested ways it should not be spent; however, several recovery community members did agree that the thought of spending Opioid Settlement funds on medications and putting that money back into the banks of pharmaceutical companies is an oxymoron. One said, "I would say it's sort of a, it would be a slap in the face, to put this money into, in my opinion, put this money into…other pharmaceutical companies." This was in response to his mixed feelings about the effectiveness of methadone, mistrust of pharmaceutical

companies' intentions, and questions regarding providers' prescribing practices as discussed later in the *differences between stakeholder group*s section of this report.

Nearly all participants focused on ways it should be spent. Prioritizing prevention programming, early education and targeting youth populations were topics nearly all participants agreed upon. In fact, "education" was mentioned in 100% of the interviews. Specific strategies within these priorities included hiring a school-based LADC or youth prevention specialist, providing school based education and curriculum about chemical health, providing training for people working with youth on a daily basis (school staff, youth workers, churches, community recreation, etc), providing education for parents and community members, and establishing a youth leadership team within the school system comprised of youth who would provide peer led prevention education, activities, speakers, support groups, mentoring, and the dissemination of resources.

Lastly, providing a safe, fun, free place for kids to spend time in the community was a common theme suggested by several participants for preventing chemical use amongst youth. One participant said it would be ideal to have a youth drop-in center program in Red Wing that would be a structured place for kids to come and go, with leaders there to support the youth. She explained kids need pro-social activities, a healthy outlet, mentorship, and guidance.

The researcher asked the youth what they ultimately want the decision-makers to know about youth opioid use and prevention efforts. The main points the youth emphasized included:

1. Drug use and addiction does not discriminate. It can affect everyone.
2. Having chemical health education, resources and mental health support are super important in preventing drug use.

3. Allow youth to be involved in the decision-making and guidance of implementation of programs.

4. Provide education/information earlier in youth lives.

5. Peer leadership groups may be the most effective idea as hearing from kids is more effective than hearing from adults.

The researcher asked during the recovery community members' focus group, what they ultimately want the decision-makers to know. They responded, "That we all want the help." Another stated, "Yeah, that we all need the help. Yeah, that it doesn't really matter what stage of our lives we're in and we need the help whether we realize it or not." A third person said, "even when you don't want it. You still need it." Lastly, one said, "I never wanted help. But yeah, definitely needed it…we're humans just like everybody else. We need the help."

Themes

Six main themes arose throughout the community engagement process and include:

1. prevention, early education and building awareness

2. the need for connection including support groups and help from peer recovery specialists

3. filling in the gaps in service along the continuum of care

4. increasing access to mental health

5. providing harm reduction strategies including Narcan/Naloxone

6. expanding access to and awareness of creative, recreational, outlets and alternative modalities for self care or positive things to do in the community.

Discussion

Limitations

As discussed earlier, quantitative data shows that BIPOC community members are disproportionately affected by the opioid crisis. As a result, special efforts were made to understand how the BIPOC (Black, Indigenous, and people of color) community within Goodhue County was impacted by the opioid crisis. The overall participant sample did successfully represent the overall demographics of our Goodhue County communities; however, it did not mirror the racial/ethnic makeup of the population most disproportionately affected by opioid overdose deaths, as suggested by data on deaths by drug overdose from Southeast Minnesota Opioid Profile for Goodhue County residents (2023).

Invitations to participate in the study were shared with two local organizations serving BIPOC community members. In the end, there was no participation directly representative of either organization within the study. To support successful participation of BIPOC communities in future methodology, an anonymous survey in languages spoken by our community members and shared with certain demographics the study strives to engage could be added. Including a disclaimer in invitations that interpreters can be available for the interview might also assist with recruitment efforts. This may eliminate potential barriers to participation. Also, the researcher could establish a stronger relationship within these communities beforehand to build trust and hopefully encourage participation. It is important to note that the deep impact of generations of historical trauma still exists for BIPOC neighbors. There is an ongoing need for continued efforts to repair relationships and establish trust. Lastly, members of the BIPOC community should be included in the interpretation of these results to ensure findings align with their lived

experience. It will also be imperative to include BIPOC community members in the planning and implementation of future opioid programming.

It is also important to note that according to The Office of Minnesota Attorney General website (2023), "Tribal nations have negotiated their own separate settlements" and therefore Prairie Island Indian Community may receive their own Opioid Settlement funds to be used to bolster efforts specifically within their community (The Office of Minnesota Attorney General, 2023, Fighting the Opioid Epidemic in Minnesota (state.mn.us)).

Participation from greater Goodhue County general education school districts in smaller communities outside of Red Wing was also limited. A couple of school personnel assisting with recruitment efforts from these greater Goodhue County schools did mention they themselves were unaware of youth opioid use in their schools or communities, which may suggest why both students/families as well as school personnel in the smaller towns did not participate. Invitations to participate were also shared in the last couple of months of the school year and again during the few weeks leading into the summer season, which are busy times of the year, and therefore potential rationale for why school personnel may not have participated.

It should be noted however that efforts were successful engaging Goodhue County Education District. This school building is physically located in Red Wing, yet is a collaboration representative of six southeastern Minnesota school districts including Kenyon-Wanamingo, Cannon Falls, Goodhue, Lake City, Zumbrota-Mazeppa and Red Wing. Goodhue County Education District also provides River Bluff Education Center which provides specialized educational services, 5 Rivers Online School, and Tower View Alternative Learning High School. As a result, students from across Goodhue County were indeed represented in this particular manner.

Differences between stakeholder groups

Participants from the recovery community and others with indirect lived experience, for example those who have a loved one with Opioid Use Disorder, suggested more often the benefit of and the need for more harm reduction programs and tools compared to other groups interviewed. This group seemed to understand more about what harm reduction is. However, it shall be noted that not all participants were in favor of harm reduction. Some were concerned about the misuse and abuse of such harm reduction tools. One participant said,

> "I kind of go back and forth with Narcan. Like I think it's a good idea for people to be trained in it. But sometimes I think that if the clients who are using have people who have Narcan it's like a free pass for them that hey, these people can bring me back if I overdose because they have Narcan... but four doses of Narcan and you're still not back because you used too much. You know, it's like their safety net, but it's not really a safety net. That's how I feel about Narcan… Yeah, one of my clients had four doses and couldn't bring them back."

There is an imperative for the education of naloxone to accompany its disbursal to encourage responsible use. Even the youth were concerned about people taking advantage of harm reduction tools; however, they still believed they were necessary lifesaving tools in an emergency. One youth elaborated on the need for education about Narcan/Naloxone use by saying, "A way to prevent harm or to like help with that issue that you're talking about is to have like an educational meeting before you get the Narcan. Yeah, so that way, you know, like, how do you use it? What did you use it for like, What are the dangers of taking it without overdosing, like, all of that stuff, so that way, they feel less like, Oh, this is just a fun thing for me to have now. So it can take multiple like instances like brought up as a serious issue like this is how you use it."

Participants, both professionals and those with lived experience, disagreed about incarceration and law enforcement efforts. Some criticized efforts and support decriminalization, and some pleaded for more involvement, tougher penalties, and claimed getting arrested and put in jail "saved my life." Professionals had varying stances from one another, and those with previous opioid use also had varying philosophical stances from one another, interestingly.

Others with lived experience disagreed about the effectiveness of MAT/MOUD. One participant said, "I've been, I've been sober for 50 days. I've been on methadone, off and on methadone for over 12 years. (Withdrawal from methadone is) harder than heroin. And these are programs that are offered to people you know, who are heroin addicts, opioid addicts, by the methadone clinic. You can get methadone or you can get Suboxone…it's the same difference. All you're doing is you're exchanging one crutch for another." Another recovery community member shared how he believed how methadone was unnecessarily prescribed to his fellow peers in treatment explaining, "When I got down to 90 days, before I got out, I was in a treatment program in there and they came in and they were trying to, they were like, well, if you have an opiate addiction we're gonna give you this before you get out, and it didn't make sense to me because I was like, I was like these dudes have been in here for three, four years with nothing, with nothing, and now they're getting out to go back onto the street and you want to start them on methadone, suboxone?" One community member with lived experience expressed her support for a local methadone clinic, but one that's "responsible" stating,

> "If there was like a grant that was given towards this town, I think that it should be used for like a treatment facility or a methadone clinic but but also a methadone clinic that's responsible and that helps people wean themselves off, that UAs and stuff like that, because I know that there's months at a time where my (family member) can go down there and he's not UA'd and he almost like brags about it. And I know that there's, he tells

> me that there's literally people that go in there to like, get that first dose so that when they get higher in the afternoon, like they it's cheaper for them because that first one is free. He said there's literally people that just use it as you know, a place to get high is how he describes it."

Lastly, there was disagreement about the effectiveness of a detox facility. Chemical health treatment providers shared that it serves the immediate purpose of getting someone sober who is in crisis. Recovery community members stated it is not effective at all. One explained, "detox achieves absolutely nothing. All it does is put you in hell through three days to a week, and then lets you back out, and say, go use!" Another agreed and expanded on those sentiments by saying, "they don't work at all."

Recommendations

Nothing about us without us. This sentiment is a slogan used "to communicate the idea that no policy should be decided by any representative without the full and direct participation of members of the group(s) affected by that policy. In its modern form, this often involves national, ethnic, disability-based, or other groups that are often marginalized from political, social, and economic opportunities" (Wikipedia, 2023,Nothing about us without us - Wikipedia). These sentiments were shared loud and clear by Goodhue County youth, members of the recovery community, and also chemical health treatment providers. It is imperative to involve these stakeholders in a collective impact process. There is energy, passion, lived experience, bountiful knowledge, personal investment, and professional expertise to harness within this stakeholder group. This can lead to more effective strategies at reducing opioid use in our community. These stakeholders want to and should be involved in planning, administration, and evaluation of strategies.

An advisory board could be created to include stakeholders from the community engagement process who participated as well as those who weren't able to participate but want to be involved moving forward. Special recruitment efforts should be made to invite even more members of the BIPOC community considering the disproportionate effects of the opioid crisis on these populations. This Advisory Group could include all the diverse perspectives of professionals in the field as well as those with lived experience. It was clear that all stakeholders have a valuable, valid point of view offering insight into this crisis. This will help the group truly meet people wherever they are at in their journey.

Advisory Group tasks could include discussing proposed frameworks for potential programs, pivoting when circumstances arise, assist with developing and facilitating community education and messaging, conduct fatality reviews in order to inform system changes that are necessary, and help with evaluating strategies. An invitation could be extended to all study participants to join the Mental Health Chemical Health Coalition's opioid subgroup as well as additional partners who were not able to participate in study but still wanted to be involved.

Youth participants clearly communicated a strong desire to be included in the decision-making and program development process for youth programs. This key component could be carried out through a Youth Prevention Leadership team, or similar program, within the school system.

Fill Continuum of Care Gaps. There are several possible ways to fill the gaps in the ideal continuum of care locally. They include spreading awareness of hotlines for help, adding a residential inpatient program for females and/or more beds in general for males, and the ability for longer stays past 30 days. Also recommended is more halfway, ¾ and independent living sober houses to transition recovery community members into. Additionally, enhancing or

growing outpatient programs and aftercare services such as NA, support groups, Peer Recovery Specialists, local access to MAT/MOUD, sober fun outings, and adding felony friendly housing and employment opportunities are recommended. Filling *all* of these gaps may not be feasible; nor is there enough funding at this time. Filling any of them would help provide effective treatment options to help more people.

Focus on Youth Prevention. Focusing on youth prevention is a definite priority and can be facilitated through strategies such as establishing a youth leadership team in school, adding a school-based LADC, and/or Prevention Specialist, providing education via an effective, engaging, relevant chemical health curriculum that is started earlier in elementary and/or middle school and used consistently throughout secondary school, and utilizing speakers with first hand experience, and engaging apps with AI aging filters to help communicate the effects of chemical use over time (the latter is an idea recommended by the youth participants in the study). Several curricula, lesson plans, documentaries and activities are available online free of charge for students at various levels. See appendix for some examples. Lots of additional resources exist.

Increased access to mental health would improve outcomes and deter youth from self-medicating their emotional pain with illegal drugs. Mental health and chemical health concerns often coexist and will benefit from approaches that acknowledge and include both. Youth should also be taught alternative modalities for coping and self care, as mentioned earlier in the report. Hosting a Drug Awareness Week could be a good way to engage both students and staff, but could also engage parents and community members if the week's events were open to the public. It would bring acute awareness of the issue and reduce stigma. Make it engaging, authentic, and real, including testimonies from local community members, and disburse resources in a fair style and open forum.

Harm Reduction. Disbursement of harm reduction tools such as Narcan/Naloxone and fentanyl test strips, with accompanying education around safe use is recommended for any organization commonly encountering individuals who may use drugs. Organizations could target harm reduction interventions and deploy Peer Recovery Specialist outreach at high risk sites, as evidenced by real time ODMAP opioid overdose surveillance data. Access to harm reduction tools is necessary in order to truly meet *all* community members where they are at in their own chemical health journey, and to truly and simply save lives.

Enhanced Goodhue County Treatment Court and Diversion Services. Expanding eligibility criteria, if possible, to allow more offenders to participate in and take advantage of the successful treatment court and diversion programming is important. This may require systems change, namely diversifying funding streams and/or changing policy and law, which may be challenging yet would yield positive results in our community.

Additional Data Tracking. Additional data tracking is needed by a wide variety of agencies who experience the impact of opioid use in order to set baselines for initiatives and evaluate impact over time. Continued monitoring of data over time can allow groups to pivot accordingly and inform their programming, policies and procedures based on the changes in data. Not only should individual organizations increase their data tracking, but it's equally important to share their data with other stakeholders to support a collective impact approach.

As discussed earlier, law enforcement is successfully using real time data via ODMAP to monitor and identify influx of drugs and then make arrests which then effectively rid large amounts of narcotics from the drug dealing streams, which in turn effectively prevents opportunity for use and overdose. Another way for other organizations, such as treatment providers, to use the same ODMAP data tracking tool is to administer community-based

interventions and harm reduction outreach by Peer Recovery Support in areas that have seen sharp increases in overdose. This example illustrates the use of one data source, which can subsequently be used in two completely different organizations for both prevention and treatment or harm reduction.

Data can also be used to conduct community-wide overdose fatality reviews in order to understand what led to the individual's overdose death, what could have been done differently, what was helpful, and what new strategies or partnerships could be put in place, etc.

Community Education and Awareness Building. It became apparent that the resources that did exist already to fight the opioid crisis were not well known. Spreading awareness of existing resources is a must so that parents, educators, law enforcement, chemical health treatment center staff, justice department, and nonprofits can quickly refer community members they are concerned about to appropriate help. This could be done via already existing community events and fairs, such as River City Days and/or setting up a newly established Chemical Health Fair. Regular email blasts with resource guides or hotlines could be sent out to stakeholders. Service providers can also make specific efforts to share their resources more widely, and ensure their staff are well-versed in community resources and serve as connectors to service and treatment options.

There was also stigma and misunderstanding about the realities of opioids in our community. Many shared a common concern for the "NIMBY" or "Not in my backyard" mentality held by community members, which is the opposition by residents to new developments in their neighborhood, such as new sober living programs.

Based on their personal experiences, both recovery community members and chemical health treatment providers shared an argument against the NIMBY mentality: individuals

receiving treatment for chemical health are far less likely to engage in risky behavior than those not seeking treatment and thus are less of a threat to the community. Community education would help to spread truth and awareness of resources, how to help, warning signs, etc. See resources in Appendices for ready to use, free toolkits for community education. Some options for specific best practices strategies that fall within each of these overall categories of recommendations can be found in the appendices of this report.

In conclusion, it is evident that the opioid crisis is complex, and no one entity can solve the issue alone in our county. It will take a village. There is an opportunity through the use of the Opioid Settlement funds to implement best practice approaches to make a real difference in the lives of our local community members, which will in turn set off a positive ripple effect improving the physical, mental, social-emotional, economic and environmental health of our entire county, region and beyond.

APPENDIX TABLE OF CONTENTS

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Appendix A: Local Opioid Resources and Best Practices

Common Ground	Commongroundmn.org (651) 347-6500
Midwest Recovery	Midwestrecovery.org (651)846-9010
Valley View Recovery Center	Valleyviewrecovery.com (507) 601-5006
Hiawatha Valley Mental Health Center	Hvmhc.org (651) 327-2270
Fernbrook Family Center	Fernbrook.org (651) 212-7429
Nystrom & Associates	Nystromcounseling.com (651) 977-5001
Naloxone Finder	Knowthedangers.com/naloxone-finder/
Fast Tracker MN-Substance Use Disorder Program Locator	fasttrackermn.org
Goodhue County Treatment Court	Jessica Schumacher-Coordinator jessica.schumacher@co.goodhue.mn.us 651-764-5028
Narcotics Anonymous	Christ Episcopal Church 321 West Avenue Red Wing, MN 55066 Fridays 7pm
MN Department of Human Services and Substance Abuse and Mental Health Services Administration (SAMHSA) : Opioid outreach, education, treatment, resources	Knowthedangers.com
Steve Rummler Hope Network	Steverummlerhopenetwork.org
Change the Outcome-Community Education	www.Changetheoutcome.org

Appendix A: Local Opioid Resources and Best Practices, Continued…

Safe Disposal of Opioids in Goodhue County (Medications and Controlled Substances)	**Goodhue County Law Enforcement Center** (651) 267-2610 430 West 6th Street Red Wing, MN 55066
Safe Disposal of Opioids in Goodhue County (Medications and Controlled Substances)	**Wanamingo City Hall** (651) 267-2621 401 Main Street Wanamingo, MN 55983
Safe Disposal of Opioids in Goodhue County (Medications and Controlled Substances)	**Kenyon Police Department** 507-789-5214 709 2nd Street Kenyon, MN 55946
Safe Disposal of Opioids in Goodhue County (Medications and Controlled Substances)	**Zumbrota Police Department** 651-732-5219 50 West 2nd Street Zumbrota, MN 55992
Safe Disposal of Opioids in Goodhue County (Medications and Controlled Substances)	**Cannon Falls Police Department** 507-263-9323 918 River Road Cannon Falls, MN 55009
University of Minnesota Community Based Opioid Prevention and Education (COPE)	https://Opioid.umn.edu
Southside Harm Reduction Services	https://southsideharmreduction.org
Dose of Reality (Office of MN Attorney General)	https://Doseofreality.mn.gov
Johns Hopkins Bloomberg School of Public Health-Nationally Recognized Guidance for Opioid Settlement Funds	https://opioidprinciples.jhsph.edu
MATTERS Network-Medication for Addiction Treatment and Electronic Referrals	https://mattersnetwork.org
ODMAP-Overdose Detection Mapping Application Program	http://odmap.hidta.org
Mayo Clinic Health System-Psychiatry and Psychology	https://www.mayoclinichealthsystem.org/locations/red-wing/services-and-treatments/psychiatry-and-psychology
Make it Ok	https://makeitok.org

Appendix B

DRUG OVERDOSE DEATHS-MN INJURY DATA ACCESS SYSTEM (MIDAS)
https://www.health.state.mn.us/communities/injury/midas/drugdeath.html

- Drug overdose rates by type of drug, by year, by county, by demographic, compared to state overall

Appendix C

GOODHUE COUNTY SUBSTANCE USE AND OVERDOSE PROFILE-MN DEPARTMENT OF HEALTH
https://www.health.state.mn.us/communities/opioids/countyprofiles/goodhue.html

- Drug overdose deaths by year, by drug
- Emergency room visits for nonfatal opioid overdose by year, by drug, by age, by sex
- Opioid prescriptions dispensed by year, number prescribed by year, rate of healthcare visits for opioid dependence by year
- Use and misuse among youth-percent of students by grade and year using prescriptions differently than how doctor intended
- Substance use disorder treatment admissions by drug, by year

Appendix D

GOODHUE COUNTY COMMUNITY HEALTH NEEDS ASSESSMENT SURVEY SUMMARY 2021
https://co.goodhue.mn.us/DocumentCenter/View/24375/2021-Goodhue-CHNA-Summary

- Health status categories by gender, age, annual household income, history of mental illness, weight status, and convenience sample at GCHHS, CARE Clinic, Food Shelf

Appendix E

NONFATAL DRUG OVERDOSE DASHBOARD
Nonfatal Drug Overdose Dashboard - MN Dept. of Health (state.mn.us)

- Nonfatal drug overdose by type of drug, by type of hospital visit, by year, by county/state/region, by age, by gender, by race/ethnicity, by count (#), by rate per 1,000, by proportions (%)

Appendix F

DRUG AND ALCOHOL ABUSE NORMATIVE EVALUATION SYSTEM REPORT (DAANES)
Substance Use in Minnesota : Data By Location : Goodhue County (sumn.org)

- Substance use by drug, by consequence (probation/arrest/school disciplinary incidents), by intervening variables/perceptions, by substance use treatment admissions, by location (county/region/state), by demographic (grade, gender, race/ethnicity, age, sexual orientation)

Appendix G

MN STUDENT SURVEY DATA-GOODHUE COUNTY 2022
Data Reports and Analytics (mn.gov)

- Numerous indicators including actual substance use/perception of use/consequences of use, by substance (tobacco/vape/alcohol/drugs), by county/school district/state, by year, by grade, by gender, by frequency

Appendix H

GOODHUE COUNTY OPIOID PROFILE-OLMSTED COUNTY PUBLIC HEALTH SERVICES
Powerbigov.us

- Overdose fatalities for Goodhue County residents by year, by drug, by county, gender, race, ethnicity, age
- Nonfatal overdoses by year, by drug, by age, by race, by ethnicity
- Opioid use, abuse, dependence rates by year and rate per 1,000, by county, by region, by gender, by age, by race, by ethnicity
- Opioid prescriptions dispensed, by number, by year, by region/county/state
- Substance use treatment by number of admissions, by year, by drug, by county/region/state
- Overdose fatalities (occurrences within Goodhue County), by age, by year, by drug, by county of residence

Appendix I

MINNESOTA DRUG OVERDOSE AND SUBSTANCE USE SURVEILLANCE ACTIVITY (MNDOSA)
https://www.health.state.mn.us/communities/injury/data/mndosa.html

- Toxicology results from blood/urine samples indicating type of drug or combination of drugs, by year

Appendix J

GOODHUE COUNTY ATTORNEY'S OFFICE

Opioid Statistics July 1, 2022 – August 1, 2023

These numbers represent the number of controlled substance offenses charged out during this time period. Some defendants possessed multiple drugs so each type of drug is included in the below numbers.

- Cocaine – 16
- Fentanyl – 19 (two of these were juveniles)
- Heroin – 16
- Methadone – 3
- Oxycodone – 9 (two of these were juveniles)
- Murder-Sale of Controlled Substance – Fentanyl – 2 (one of these was a juvenile)
- Declines due to Overdose Immunity from Prosecution – 3 (one Cocaine, two Heroin)
- Under Review and not charged yet – 3 (one Oxycodone, one Cocaine, one Heroin)

Appendix K

LAW ENFORCEMENT

- Goodhue County Sheriff's Office
  - Most recent one year: July 11, 2022 thru July 11, 2023, Goodhue County-wide (SO and local PDs)
  - 22 suspected OD's
  - 3 deaths from OD's
  - 12 uses of narcan
  - These overdoses include any type of drug, however a majority of the cases end up involving fentanyl.

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GOODHUE COUNTY
HEALTH & HUMAN SERVICES (GCHHS)

Monthly Update
Child Protection Assessments/Investigations

Month	2021	2022	2023
January	20	16	16
February	17	16	13
March	15	20	18
April	24	19	15
May	26	20	20
June	22	18	17
July	19	16	10
August	17	13	20
September	17	29	13
October	12	23	
November	33	14	
December	23	8	
Total	**245**	**212**	**142**

Goodhue County
Health and Human Services

426 West Avenue
Red Wing, MN 55066
(651) 385-3200 ● Fax (651) 267-4882

TO: Goodhue County Health and Human Services Board

FROM: Nina Arneson, GCHHS Director

DATE: October 17, 2023

RE: 2023 October Staffing Report

Effective Date	Status	Name	Position	Notes
10/2/2023	New	Kara Harbaugh	Social Services Supervisor- Child and Family Unit	
10/16/2023	New	Sarah Matzek	Social Services Supervisor- Adult and Mental Health Unit	
10/30/2023	Backfill	Lisa Richardson	HHS Team Lead	Replacing Kristin Kraabel

2023 GOODHUE COUNTY COMMUNITY FLU SHOT CLINICS

GOODHUE PUBLIC SCHOOLS
MONDAY, OCTOBER 16TH
3:30 PM- 6 PM
510 THIRD AVE, GOODHUE

ZUMBROTA MAZEPPA MIDDLE/HIGH SCHOOL
THURSDAY, NOVEMBER 9TH
3:30 PM - 6 PM
705 MILL ST, ZUMBROTA

GOODHUE COUNTY GOVERNMENT CENTER
THURSDAY, OCTOBER 26
3:30 PM – 7 PM
509 WEST 5TH ST, RED WING

KENYON- WANAMINGO MIDDLE/HIGH SCHOOL
THURSDAY, NOVEMBER 9TH
3:00 PM – 5:30 PM
400 SIXTH ST, KENYON

Register online at:
http://bit.ly/2023GCFLU

SCAN ME

Most types of insurance are accepted.

Children without health insurance may qualify to receive flu vaccination for $20 or less under the Minnesota Vaccine for Children Program (MnVFC).

Adults without acceptable insurance or uninsured pay by credit card, cash, or check.
Flu Shot: $29.90 **Senior Dose: $75** **FluMist: Only available for children under MnVFC**

SpartanNash