

# OPIOID STEERING COMMITTEE

**Location:** LEC, EOC Conference room  
**Date:** 7/8/24  
**Time:** 2:00 PM  
**Co-Chair:** Amy Bowles  
**CO-Chair:** Monica Thul

---

## Agenda items

1. Meeting called to order at 2:05pm
  - a. In attendance: Amy Bowles, Carissa Golden, David Lazella, Jeff Lind, Amanda Sachau, David Hanson, Dr. Joseph Corser, Joe Beaudreau, Sheriff Jason Riggs, Selena Beasley, Jenny Vance
  - b. Absent: Melinda Broden, Joe Kleszyk, Commissioner Joe Gould, Jennifer Greenleaf
2. Welcome and Updates
  - a. Reviewed Mission Statement, June meeting was cancelled
  - b. RFP and budget updates – See attached letter from AMC, celebration on Beltrami County’s recognition
3. Action Items
  - a. Committee Next Steps – Awardees as guest speakers and Fall Listening Sessions
    - (a) Locations to host – different from last year? Different time of day?
      - (i) Ideas: Add a survey, offer a day and evening session, The Bridge or the Boys and Girls Club, BSU – one out of town, and end of October (alcohol awareness month), consider input from the Community Health Assessment (see attached advertisement) – please share the survey – not limited to a Beltrami County zip code
  - b. Next RFP to be released in January 2025 with intent to award up to \$70,000
  - c. SUD campaign – focus on a population, start small with actionable items, update on work being done, plans, and marketing contract.
  - d. Website –making a list of community resources for the additional tab?
4. Next meetings –
  - a. Next County meeting August 12, 2024 – focus: review of membership
  - b. Next Full group (17 members) meeting September 9, 2024

Action items	Owner(s)	Deadline	Status
Present at CHB	Amy	7/18/23	Complete, moved to BC Board Meetings
Application for SC	Amy	7/20/23	Sent to team for review
Advertise	Committee	7/20/23	See Spread sheet
Review Applications	Committee	8/14/23	Present at meeting
Review Financials	Committee	8/14/23	Presentation by Amy and Josh
Contact Chosen Applicants	Amy	9/11/23	2 <sup>nd</sup> round, community members
Present Allocation of Funds to BC Board	Amy	9/5/23	Submit work bill for work session
Update in County Newsletter	Amy	TBD – Will submit each quarter as requested	Sent to Diane 8/16/23
Posting of Meeting Minutes	Amy	TBD – Working with Diane	Delay due to new website
Opioid Summit	Committee	Red Lake hosted Twice	Several Committee Members Attended
Community Learning Sessions	Committee	10/24 and 10/30	Beltrami Electric and Black Duck Golf Course
BC Board Presentation	Amy	9/18/23	Committee members and approval of allocation of funds
Review Community Input from Learning Session	Committee	11/13/23	Continue in 2024
Creation and Release of RFP	Committee	1/17/24	Amy will present to board 1/16/24

Review RFP	Committee	3/11/24	Amy to send final RFP and RFP applications to all board members by 3/1/24
Present RFP funding to Board	Amy	4/16/24	Amy to present which applicants will receive funding at 4/16/24 county board meeting
Draft, approval, signed Contracts	Amy, David, Awardees	7/2/24 Board meeting	Go live 7/2/2024
2024 Community Listening Sessions	Steering Committee	TBD	Finalize locations and times at July meeting
Invite Awardees to Committee Meetings	Amy, Committee	TBD	Complete by end of year
Create a Community Resource page on Opioid Website	Amanda, Joe, Jenny V	TBD	TBD
SUD Campaign	Committee	TBD	TBD

### **Minnesota Counties and the National Opioid Settlement**

Minnesota counties are on the frontline of the opioid epidemic, providing public services that save lives and support recovery. Our 911 call centers and county-run crisis lines are the first to receive calls for help when an overdose happens. Our first responders, and front-line staff are often the first to arrive on the scene to stabilize the crisis and offer support. Our local crisis centers serve as safe places before, during and after a behavioral health crisis to access services, treatment and immediate and ongoing care. Funding from the national opioid settlements presents an opportunity for counties to sustain and strengthen our response to the ongoing opioid epidemic. The Association of Minnesota Counties (AMC) supports the existing statute and allocation formula for the Opioid Settlement Funds as established by the 2022 Memorandum of Agreement (MOA) and corresponding legislation (SF 4025).

#### **Minnesota's Landscape**

Minnesota local governments (including counties) began receiving opioid settlement funding in the fall of 2022 that will continue through 2038. The payment schedule is reliant on the national settlement administrators with limited local control, thus limiting local ability to anticipate funding, which has been a factor in disbursement of funds. Based on the opioid settlement funding formula established by the national settlement, the amount available for each county to dedicate to remediation, abatement and prevention efforts differs dramatically. Populous counties like Hennepin are slated to receive significant funding over the course of the 18-year settlement, while smaller counties like Brown County will receive limited funding with each settlement payment – emphasizing the importance of working locally to identify strategies that are sustainable, engage community and address local needs. As recommended by the [Johns Hopkins Principles for the Opioid Settlement](#), the report released by the Minnesota Office of Management and Budget (MMB) showcases the work of counties to thoughtfully plan and engage at the local level, before dedicating funding.

*Wright County has been paving the way by being one of the first counties to establish an Opioid Advisory Council with community partners to determine a framework for dedicating funding and designing an RFP process. In 2023, Wright County went through an RFP process that obligates \$500,000 of their funds in 2023 and their grantees will have the rest of 2024 to finish their projects. “We most certainly need to save lives and we need to also look to how we use this opportunity to turn the course of the opioid epidemic. These funds provide the opportunity to fund programs that have the biggest return on investment, primary prevention programs, especially those focused on our youth, that interrupt the cycle of addiction and overdose in community.” -Sarah Grossheusch, Wright County Public Health Director*

As indicated in the report, almost \$1.25 million dollars of local government spending went towards of leadership, planning, and coordination. AMC anticipates the 2025 report will indicate increased programmatic and initiative funding. Notably, 17 local governments enlisted the help of AmeriCorps Public Health Corps members to work on opioid settlement related projects.

### **Background: The National Opioid Settlement and Minnesota**

In response to the over 3,000 lawsuits states and jurisdictions brought against opioid manufacturers and distributors, settlements were reached with the three largest pharmaceutical distributors - McKesson, Cardinal Health, and AmerisourceBergen – and with the manufacturer Johnson & Johnson in early summer of 2021, with additional manufacturers and distributors continuing to reach agreement. Nationally, distributors are expected to pay out a maximum of \$21 billion over 18 years, with Johnson and Johnson expected to pay out a maximum of \$5 billion over 9 years. Additional funds may be available after remaining distributors and manufacturers reach agreements or settle bankruptcy claims, though the majority of the funding available will originate through the three largest distributors. To unlock funding from the settlement, local governments and state agencies across the nation worked with their corresponding attorney generals to reach intrastate agreements on how the funds would be utilized. Lawyers for American Indian Tribal Nations brought suits and [successfully negotiated settlements](#) available for federally recognized Tribal Nations.

After reaching a Minnesota [intrastate agreement](#) in late 2021 that all 87 counties and 143 qualifying cities agreed to and passage of [SF 4025](#) in 2022, state and local governments (cities, counties, townships and school boards) began receiving Opioid Settlement funds in the fall of 2022. The intrastate agreement and corresponding statute authorizes 75% of the funding be directed to local government with the remaining 25% being directed to the Opioid Epidemic Response Advisory Council (OERAC). Notably, the statute designated public health as the local chief strategist and clarified how settlement funds must be utilized. In accordance with the [intrastate agreement](#) that all 87 counties and 143 cities signed, the funds must be utilized for opioid use disorder and substance use disorder prevention, remediation, and abatement efforts.

### **Minnesota Counties and the Opioid Settlement**

In the fall of 2022, the Association of Minnesota Counties in conjunction with the Local Public Health Association (LPHA) implemented a learning collaborative and employed an AmeriCorps Public Health Corps member to support counties in evidence informed strategies, utilizing tools made available through the [National Association of Counties \(NACo\)](#) Opioid Solutions Center, the Minnesota Department of Health (MDH), the Minnesota Department of Human Services (DHS) and federal partners such as Substance Abuse and Mental Health Services Administration (SAMHSA). While we face a crisis – nationally and within Minnesota – [Johns Hopkins’ Opioid Settlement Principles](#) and the [Colorado Blueprint](#) tools stressed the importance of taking the time to plan and engage local stakeholders to ensure that strategies adopted will be sustainable, while also working to provide critical, foundational support for ongoing prevention efforts that in the long term will reduce the need for crises interventions. Minnesota adopted this strategy, knowing that this once in a generation opportunity will need to be sustained.

With public health leading the way, public health directors across the state began convening and planning with their communities – providing critical information and developing buy in to inform strategies of where and how the funds should be directed. The 2023 data captured in this round of reporting reflects that many of the 87 counties took time to convene, engage and listen to their

communities about how best to dedicate funding and sustain efforts at the local level that best met local need. The experiences of two counties illustrate this thoughtful approach:

*After approximately an 18-month planning period, St. Louis County reported dedicating 100% of their settlement funds in 2023. According to the report, most of their spending has gone towards awarding RFP grantees across a wide range of treatment, prevention, harm reduction and community outreach and engagement programs. They utilized both the Johns Hopkins Principles and the experience of Colorado to inform their approach, which involved designing and implementing a community council to inform a community-based granting process. St. Louis County developed an [Opioid Remediation Settlement Funds Blueprint](#) for other Minnesota Counties to use.*

*Beltrami County received \$82,346 and spent 94% of that amount in 2023. The county utilized this funding to support the RESET program to prevent individuals from returning to the jail (100% of the people enrolled in the program had or have used opioids). The funding also supports the development and ongoing support of a Steering Committee, with the purpose of gathering feedback and fostering engagement with the community.*

*Hennepin County has received \$10,331,571 since inception of opioid settlement dollars in October 2022 through December 2023. In 2023, Hennepin County spent \$2,411,438 to support 17 community organizations that provide opioid-related prevention and response services primarily to the American Indian, African American, unsheltered homeless, and Somali/East African populations, spanning 10 of the 13 approved strategies in the [Minnesota Opioids State-Subdivision Memorandum of Agreement](#). This 2023 figure was also able to support two distinct county-provided services to Hennepin County residents. Looking forward to 2024-2025, Hennepin County has taken a two-pronged approach in spending: 1) fully executed contracts to 41 organizations for community-provided services, and 2) support and spending for 12 county-provided services.*

### Closing

In closing, Minnesota's Opioid Settlement provides a once in a generation opportunity to address the needs of individuals and families facing substance use disorder, while working in tandem to invest in community-based prevention efforts that will reduce the need for costly, crisis interventions in the long term. Success in this endeavor will require thoughtful attention, engagement with communities and individuals with lived experience, partnership with our state partners and the fortitude to stay the course – letting local experts put the dollars to work in communities throughout the state. As a county administered system, Minnesota's counties and local government entities are best positioned to identify and respond to local needs in a timely manner.

For more information – please contact [Angie Thies](#) – Child Wellbeing Policy Analyst

# Beltrami Community Health Board: Community Health Assessment

**YOUR VOICE AND INFORMATION MATTERS**



<https://www.surveymonkey.com/r/Beltrami2024CHA>



Please fill out Beltrami County's Community Health Assessment Survey!

**Return by Mail or in Person:**

Beltrami County Public Health  
616 America Ave NW, Suite 130  
Bemidji, MN 56601

**Return by Email:**

[public.health@co.beltrami.mn.us](mailto:public.health@co.beltrami.mn.us)

**Thank you for your time and input!**

\* 1. What are the top three (3) most important factors when you think of a "healthy community?"

- Access to healthcare
- Community engagement
- Community leadership
- Diversity, equity, and inclusion
- Economic opportunity
- Education
- Environment
- Family life
- Food security
- Housing
- Medical health
- Recreational activities
- Safety and security
- Spiritual wellness
- Transportation
- Other (please specify)



\* 2. What top three (3) factors do you feel are **positively** affecting the health of Beltrami County?

- Access to healthcare
- Community engagement
- Community leadership
- Diversity, equity, and inclusion
- Economic opportunity
- Education
- Environment
- Family life
- Food security
- Housing
- Medical health
- Recreational activities
- Safety and security
- Spiritual wellness
- Transportation
- Other (please specify)

\* 3. What top three (3) factors do you feel are **negatively** affecting the health of Beltrami County?

- Access to healthcare
- Chemical dependency
- Community engagement
- Community leadership
- Diversity, equity, and inclusion
- Economic opportunity
- Education
- Environment
- Family life
- Food security
- Housing
- Medical health
- Preparedness for emergencies
- Recreational activities
- Safety and security
- Spiritual wellness
- Transportation
- Other (please specify)

\* 4. How would you rate the overall health of Beltrami County?

- Very healthy
- Healthy
- Somewhat healthy
- Somewhat unhealthy
- Unhealthy
- Very unhealthy

Optional: provide explanation for your answer

\* 5. If Beltrami County were to have a community emergency, what top three (3) emergencies would **you** feel most prepared for?

- Communicable disease outbreak
- Economic depression
- Flood
- Fire
- Hazardous material release (e.g. train derailment, pipeline, semitruck crash)
- Ice or snowstorm
- Long term power outage
- Mass violence event (e.g. shooting, bombing, terrorism)
- Tornado
- Other (please specify)

6. Do you have any specific ideas to help improve the overall health and wellbeing of Beltrami County?

7. What is your age?

- 13 to 17
- 18 to 24
- 25 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 to 74
- 75 or older

8. What is your gender?

- Female
- Male
- Prefer not to answer
- Gender preference

9. What is your total household income?

- Less than \$20,000
- \$20,000 to \$34,999
- \$35,000 to \$49,999
- \$50,000 to \$74,999
- \$75,000 to \$99,999
- \$100,000 to \$149,999
- \$150,000 or More

10. Which race/ethnicity best describes you?  
(Please choose only one.)

- American Indian or Alaskan Native
- Asian / Pacific Islander
- Black or African American
- Hispanic or Latino
- White / Caucasian
- Multiple ethnicity / Other (please specify)