HENNEPIN COUNTY
MINNESOTA

Opioid Stakeholder Engagement Report

2024

Hennepin County Opioid Response
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Executive summary

Our community is facing an opioid crisis. In 2023, more than 10,000 people in Hennepin County were hospitalized due to opioids, and 373 lives were lost to opioid-related overdoses. Hennepin County will receive $70 million over 18 years in settlement funds from pharmaceutical companies and pharmacies. Hennepin County is committed to transparent and public-informed decision-making regarding the use of the opioid settlement funds and our overall strategy to address the opioid crisis.

Hennepin County conducted focus groups and interviews from May through November 2024 to collect input from people living with opioid use disorder (OUD), families, and organizations and service providers who work to address OUD. This information will inform the priorities of Hennepin County's opioid framework and strategic plan.

Objectives

The purpose of the stakeholder engagement process:

- Consult a broad, diverse group of stakeholders to inform the development of a county strategic plan to equitably and sustainably address the opioid crisis.
- Understand the different ways communities, individuals, families, and institutions are affected by the opioid crisis.
- Learn how drug use and current responses to drug use affect communities across the county and how responses and programs can be improved.
- Summarize the key themes found in interviews and focus groups and share with county leadership and the public.

Summary of Findings

Stakeholders highlighted the following themes as priorities:

Populations disproportionately harmed by opioids

People disproportionately harmed by opioids include Black, American Indian, Latino, Asian Americans, and other people of color, youth and young adults, people experiencing homelessness, LGBTQ+ persons, and others adversely affected by poverty or inequality.

Systems and services must effectively meet the growing needs of a diverse population. Important first steps to improving health outcomes for people disproportionately harmed by opioids include: improving access to care, tailoring quality programs and practice to the needs of individuals, and reducing persistent disparities in substance use and mental health services. Reducing disparities requires addressing social determinants of health and promoting culturally and linguistically responsive services.

Prevention

Lack of knowledge about opioids contributes to the continuation and worsening of the opioid crisis. Public education and awareness efforts, with a particular focus on populations disproportionately harmed by OUD, increases knowledge and combats stigma. Sharing information and resources helps identify high-risk behaviors, detect early opioid use, foster understanding, and connect people to care.

Response

Addressing overdoses requires a multifaceted approach that prioritizes harm reduction and life-saving measures, including naloxone distribution. Harm reduction efforts have proven effective and need to be expanded to reduce overdose deaths and improve health outcomes for people with OUD. Emergency response models that refer and rapidly connect people who use drugs to health resources, overdose prevention services, and treatment are also needed.

Treatment and recovery

There is limited access to appropriate treatment options and recovery supports, especially for people who are disproportionately harmed by opioids. Addressing this need requires expanding treatment services that are local, immediate, evidence-based, culturally responsive, and individualized. Integrated and jointly located treatment and mental health services improve outcomes by addressing co-occurring health issues. Expanded recovery services, which incorporate peer and family support, improve long-term health outcomes for people with OUD.

Systemic issues

Gaps in the healthcare system contribute to the ongoing opioid epidemic. Workforce shortages in the healthcare, treatment, and recovery sectors reduce systemwide capacity to provide services. Additional education in trauma-informed, addiction, and mental health care for healthcare providers, first responders, social workers, and other professionals addresses stigma and improves overall health outcomes. Enhanced coordinated care models strengthen the health system response to the opioid crisis and ensure people with OUD receive high-quality, continuous, and comprehensive healthcare.

Next steps

The Opioid Leadership Team will review the themes outlined in this report and use them to inform the opioid strategic plan, including high-level goals and specific strategies. The Opioid Leadership Team will review and prioritize strategies based on needs identified, impact, and sustainability. As Hennepin County allocates settlement funding, determinations will be informed by the stakeholder engagement process described in this report, consideration of emerging needs, and ongoing community engagement over the term of the settlement period.

Key terms and acronyms

Fentanyl: A potent synthetic opioid that is often mixed with other drugs and is a leading cause of opioid overdoses.

Harm reduction: A set of strategies designed to reduce the negative health, social, and legal impacts of drug use without necessarily requiring abstinence.

MAT: Medication-assisted treatment. A treatment approach for opioid use disorder that combines medications with counseling and behavioral therapy to address both the physical and psychological aspects of addiction.

MOUD: Medications for opioid use disorder. Another term for medication-assisted treatment (MAT). This term refers to the class of medications that are FDA-approved for the treatment of opioid use disorder (OUD). They are often used in combination with counseling and other behavioral therapies to provide a whole-patient approach to the treatment of OUD. This class of medications includes buprenorphine, methadone, and naltrexone in different formulations.

Naloxone (brand name Narcan): A medication used to reverse opioid overdoses by temporarily blocking the effects of opioids on the brain. Forms are available that can be injected intramuscularly or sprayed into nostrils.

Opioid: A chemical or drug that interacts with opioid receptors in the brain, impacting pain signals and other brain functions. These can be licit, such as Oxycontin, Vicodin, et al; and illicit, such as heroin and most fentanyl analogues.

Opioid Leadership Team: Hennepin County leaders and staff that coordinate countywide opioid response efforts, evaluate strategies, and make funding recommendations.

OD: Overdose. The ingestion of a substance in quantities large enough to cause life-threatening symptoms, including respiratory depression, coma, or death. Opioid overdoses are typically characterized by stopped or limited breathing, unresponsiveness, and bluish fingertips and lips.

OUD: Opioid use disorder. A medical condition characterized by the compulsive use of opioids despite harmful consequences.

Social determinants of health: The economic and social conditions that influence individual and group differences in health status.

SSP: Syringe service programs. Provide low-barrier access to sterile supplies for safer substance use, naloxone and overdose prevention tools like fentanyl test strips and drug checking services.

SUD: Substance use disorder. The continued use of a substance despite negative consequences. SUDs can range from mild to severe and are characterized by impaired control, social impairment, risky use, tolerance, and withdrawal.

Trauma: Individual trauma results from an event, series of events, or set of circumstances experienced by an individual as physically or emotionally harmful or life-threatening with lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being.

Background

Hennepin County's response and settlement funds

In 2021, nationwide settlements were reached to resolve all opioid litigation brought by states and local subdivisions against pharmaceutical distributors and manufacturers, with subsequent agreements in 2022 against pharmacy chains and additional manufacturers. These historic opioid settlement agreements, which total more than $56 billion, will provide funds to states and local governments to address the crisis in their communities. Hennepin County will receive approximately $70 million dollars over 18 years (2022-2040) in settlement funds. The requirements for receiving and spending these funds are detailed in the settlement agreements, as well as the Minnesota Opioids State-Subdivision Memorandum of Agreement (MOA). This funding has significant potential to address the immediate needs of people affected by opioids while responding to structural barriers.

Hennepin County's opioid framework provides guiding principles to address the opioid crisis. Recognizing that racism has been identified as a public health issue, the framework focuses on disparity reduction and health equity outcomes. The mission statement, guiding principles, and three pillars of prevention, response, treatment and recovery provide the foundation for organizing the county's response efforts.

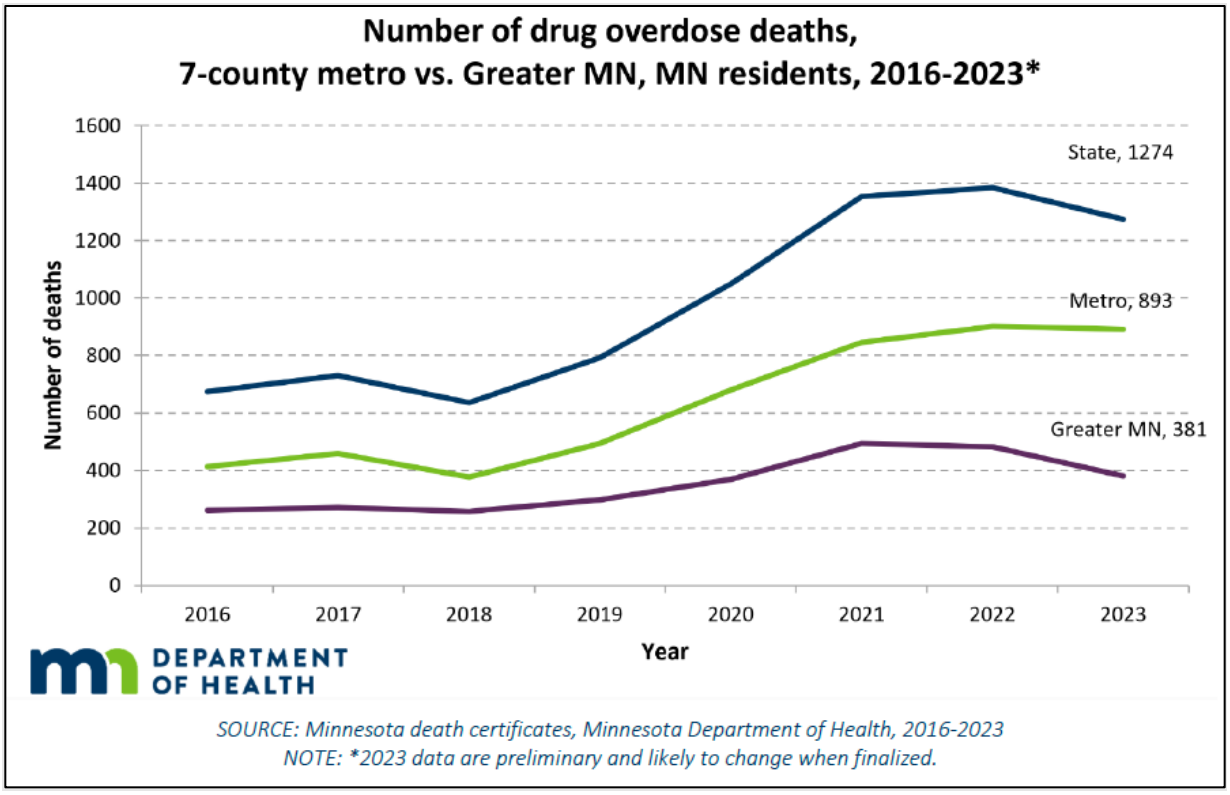
To provide direction and identify priorities for future allocation of settlement funds, Hennepin County elected to conduct stakeholder engagement to inform the strategic planning process. This collaborative process provided opportunities to engage the community – both service providers and those with lived experience – to hear the needs of residents, understand the current service landscape, highlight existing system strengths, and identify system gaps. Our goal is to use this information to make data-informed decisions to expand on existing strategies that are working well and identify new strategies to help close system gaps.

Hennepin County will use this collaborative process to inform an opioid strategic plan. The strategic framework will be a foundation to identify a set of strategies to address the crisis, while offering enough flexibility to adjust as the crisis and community needs evolve.

Impact of the opioid crisis

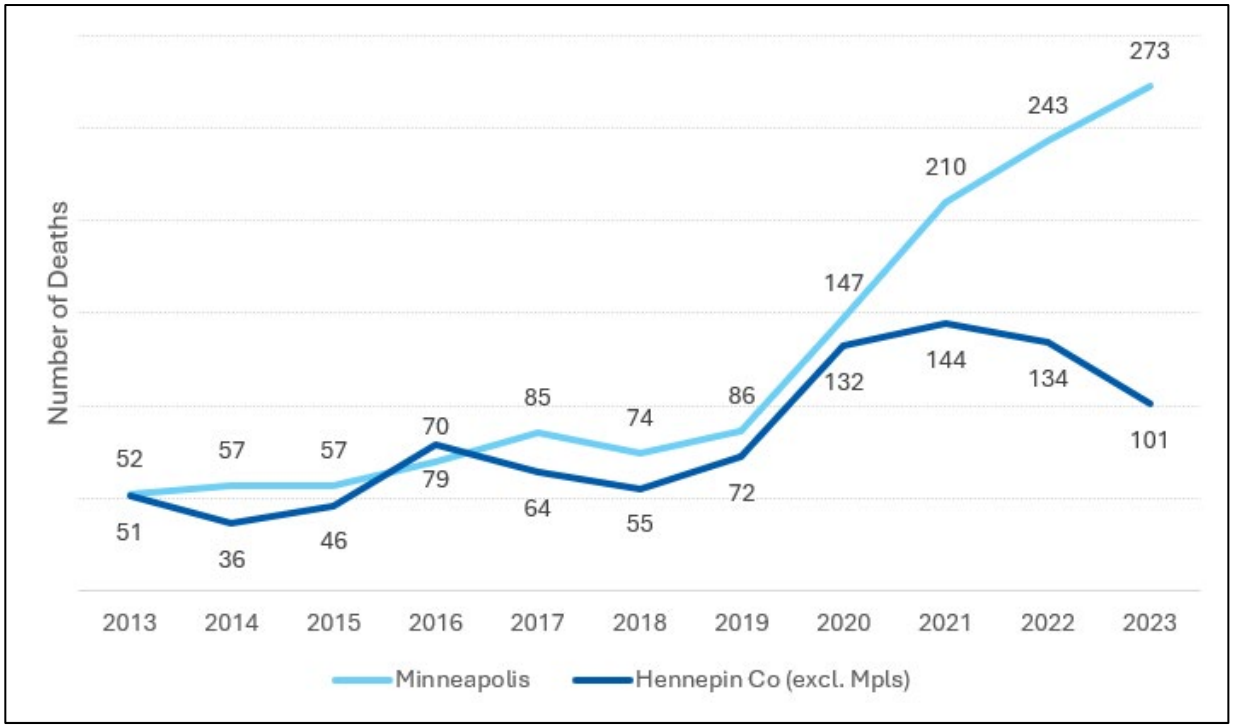
The United States is experiencing a record number of overdose deaths driven by fentanyl. Although opioid-related overdose deaths declined 4% from 2022 to 2023 (84,181 to 81,083), that is still much higher than before fentanyl became widespread.

In Minnesota, opioid-involved deaths are also at record high levels. The Minnesota Department of Health reported an 8% decline in deaths in 2023 (1,031 to 947 deaths), which is the first decline since 2018 (2023 MDH Drug Overdose Prelim Report.pdf). However, the decline was driven by a 21% decrease in rural Minnesota (482 to 381 deaths) while the Twin Cities metro area saw a modest decrease of 1% (902 to 893 deaths).



Preliminary data shows that Hennepin County opioid-related deaths remained steady in 2023 (377 to 373). However, this slight decline was driven by Hennepin County jurisdictions excluding Minneapolis. Minneapolis experienced a 12% increase in overdose deaths from 2022 to 2023 (243 to 272).

Opioid-involved deaths continue to increase in Minneapolis and decline in the rest of Hennepin County

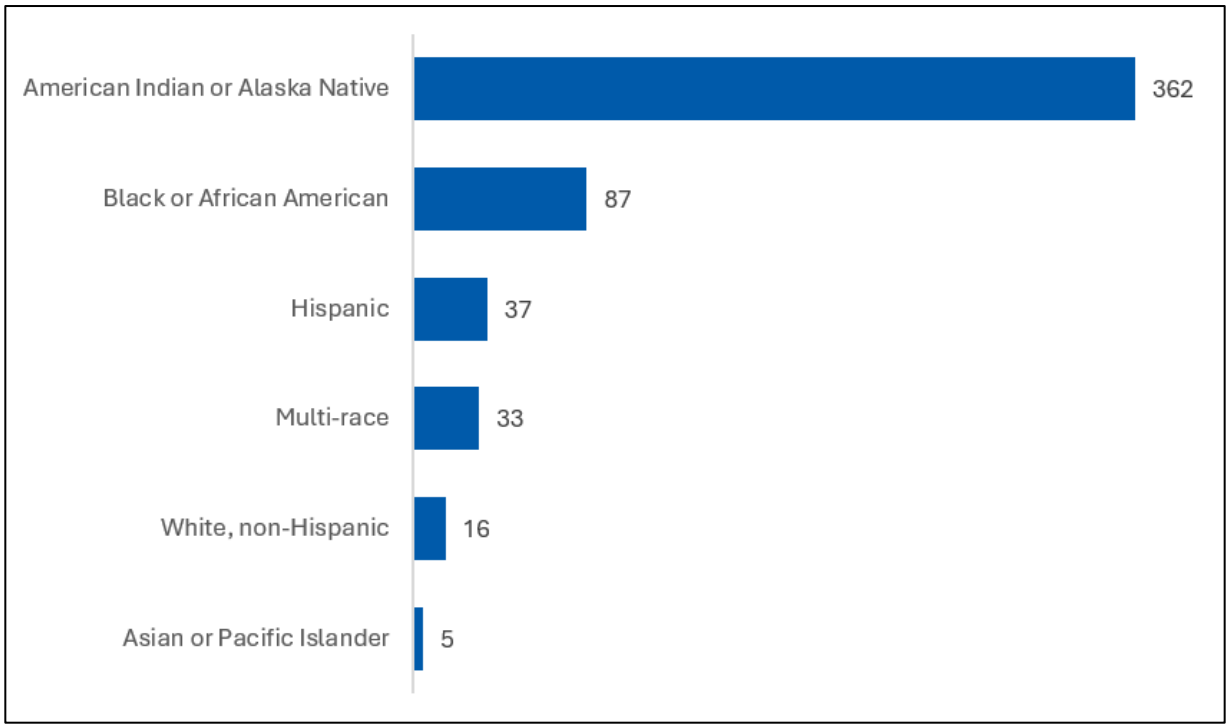


Source: MDH Center for Health Statistics, analyzed by Hennepin County Central Health Analytics Team.

Opioid use disproportionately impacts American Indians and Black/African Americans

The opioid epidemic touches all of Hennepin County, but some segments of the population and geographic areas are experiencing disproportionately higher rates of overdose deaths. In all race/ethnicity groups, men die from opioid-related overdoses more often than women, except for American Indian communities, where women suffer more opioid-related deaths than men. The American Indian population has the highest rate for opioid-related deaths, hospital visits, and prevalence of diagnosed opioid use disorder. While American Indians make up 1% of the population in Hennepin County, they make up 8% of the opioid-related deaths in 2023.

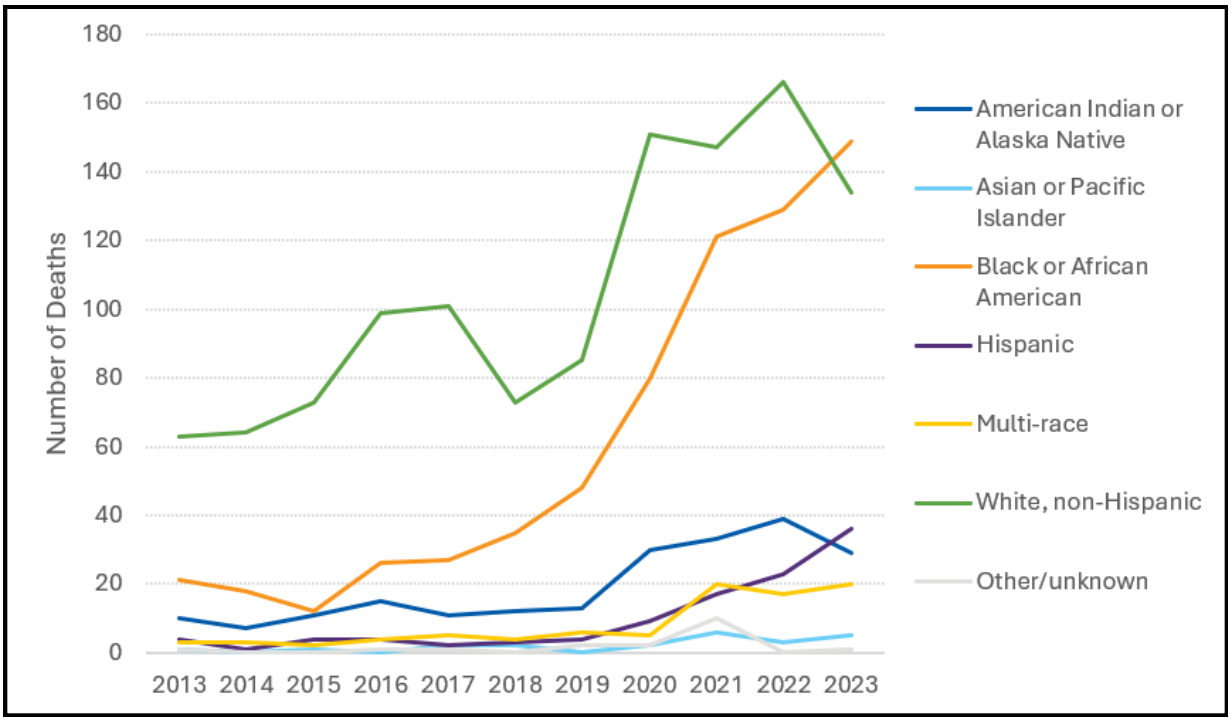
American Indians have the highest rate of opioid deaths per 100,000 residents



Source: MDH Center for Health Statistics, analyzed by Hennepin County Central Health Analytics Team.

Disparities for the Black/African American population in Hennepin County have substantially increased in recent years. Opioid-related deaths and hospital or emergency department visits were higher in 2023 for Black/African Americans than all other races. While Black/African Americans make up 13% of the population in Hennepin County, they make up 40% of the opioid-related deaths in 2023.

Opioid-involved deaths among Black/African Americans surpassed all other races



The four waves of the epidemic

The first wave of the current epidemic began with prescription opioids used for pain treatment. Prior to the early 1980s, prescription opioids were primarily reserved for treating pain caused by cancer and other terminal illnesses. However, a series of pain management studies stated that opioid use for controlling chronic pain should be considered a safe practice. This generated a national discussion in the 1990s about prioritizing pain management for all patients and coincided with a significant increase in opioid prescriptions. Each year between 2000 and 2010 saw a 6% increase in the likelihood of an individual receiving an opioid prescription. In 2012, 259 million opioid prescriptions were written, which was enough for every adult in the United States to have a bottle of pills. Despite having less than 5% of the world's population, the United States uses 80% of the world's prescription opioids.

It is now well documented through clinical trials that prescription opioids are highly addictive. Overly prescribed opioid medications are frequently diverted for nonmedical use. Some individuals who have legitimate prescriptions sell or give away their drugs. Other people acquire prescription drugs by stealing them from relatives and other individuals with legitimate prescriptions. More than 75% of people who use prescription opioids are using drugs prescribed to someone else.

Lawsuits against Purdue Pharma and the Sackler family, along with changes in prescribing practices, limited the amount of prescription opioids making it to the streets. This began the second wave of the

epidemic in 2010 as black tar heroin filled the gap. Research indicates that most heroin users initially used opioid pain relievers and began using heroin when they no longer had legal or illicit access to opioid pills. Injecting heroin increased the risk of overdose and infectious diseases like HIV.

The third and most fatal wave of the opioid epidemic began in 2013 with the introduction of synthetic opioids like fentanyl. Fentanyl and chemicals used to make it are easier and cheaper to get and produce. Fentanyl is also 50 times stronger than heroin and 100 times stronger than morphine, making it much more dangerous and addictive. As fentanyl was introduced into the drug supply, fatal overdoses increased. In the following years, fentanyl caused most drug related deaths.

The drug supply is continually changing with substances like xylazine being added to fentanyl, and fentanyl being added to other drugs like methamphetamine and cocaine. The combination of stimulants, such as methamphetamine and cocaine, with fentanyl contributed to the fourth wave of the opioid epidemic. It has become extremely difficult for users to know what is in their supply and at what concentration.

Opioids work by reducing pain and activating chemical processes in the brain that produce intense feelings of pleasure. Addiction begins to develop in a person when brain cells develop a tolerance to the drug and higher doses are needed to achieve the same pain-killing effect. Intense cravings and a compulsion to use opioids may also be experienced by opioid users. On the other hand, tolerance to other opioid effects, such as respiratory depression, takes longer to develop. This tolerance asymmetry puts an individual at risk of taking an excessive opioid dosage and dying from an overdose.

The Surgeon General's report, "Facing Addiction in America: The Surgeon General's Report on Alcohol, Drugs, and Health," recently stated addiction is not a character flaw but should be considered a chronic illness and approached with the same skill and compassion with which we approach heart disease, diabetes, and cancer.

Social determinants of health

Continued efforts are needed to improve the overall health and wellbeing of people who use drugs, which means addressing systemic issues and the social determinants of health. Some population subgroups are at much higher risk for SUDs. These include Black, American Indian, Latino, Asian American, and other people of color, the LGBTQ+ community, veterans, persons with disabilities, and those experiencing homelessness. This work must be done with an unfailing commitment to reduce the disparities in overdose deaths seen among the Black/African American and American Indian communities.

Initial strategies to address the crisis

The purpose of the initial rounds of settlement funding were to provide immediate resources and services for communities urgently in need, expand existing services and programs, and develop new and innovative programs based on identified gaps and community needs.

Over the past three years Hennepin County allocated settlement funds to address the opioid crisis using a multifaceted approach. From October 2021 through December 2023, the county board

approved $4.4 million for 18 community-based organizations to provide services in the areas of prevention and response. To address disproportionate impacts on certain communities, the primary populations of those contracts included the American Indian, Black/African American, Somali/East African communities, and people experiencing homelessness.

Following evaluation of the first round of community contracts, the county board approved a second round of funding from January 1, 2024, through December 31, 2025. Requests for proposals (RFPs) were solicited for programs operated by non-county organizations. Funds were allocated to 40 community-based organizations, totaling $8.81 million.

Focus areas for this next wave of funding included education, harm reduction, naloxone supplies, pregnant people, research and data, and people experiencing homelessness. In addition, funding was prioritized for communities disproportionately impacted by OUD including the Black/African American, American Indian, Asian American Pacific Islander, Hispanic/Latino, LGBTQ+, Somali/East African, and West African communities. Selected organizations, service areas, and budgets were approved by the board of commissioners.

Approximately $13 million in funding from 2023 through 2025 was distributed to 12 Hennepin County departments to support and enhance new and existing services. The 12 county departments oversee services that include child protection, civil legal representation, housing supports, the medical examiner, jail medical services, public health services, and naloxone purchasing and distribution. Funding for county-operated programs was transferred to departments, and county staff reviewed implementation plans, budgets, and metrics for evaluation. County departments, service areas, and budgets were approved by the board of commissioners.

Hennepin County opioid framework

Background

The opioid framework was established in 2018 by Hennepin County Public Health with direction, support, and authorization from the Hennepin County Board of Commissioners. Recognizing racism as a public health crisis and prioritizing health equity and disparity reduction are foundational principles that guided the development of the framework.

Hennepin County's response to the opioid epidemic is informed by evidence-based strategies, data and research, and the expertise of a county-wide workgroup. Successful implementation of the opioid framework will require engagement and collaboration with people with lived experience, elected officials, local government, the medical and dental community, substance use disorder treatment providers, health insurers, local law enforcement, the judicial system, community-based organizations and the general public.

Three pillars

The opioid framework has three pillars: prevention, response, and treatment and recovery. Under each pillar, priority areas have been identified. Each priority area contains strategies and action items to address the opioid crisis and reduce overdose deaths.

- **Prevention** is focused on preventing further spread of the opioid crisis.
- **Response** is focused on averting overdose deaths.
- **Treatment and recovery** is focused on providing evidence-based treatment and recovery services.

Guiding principles

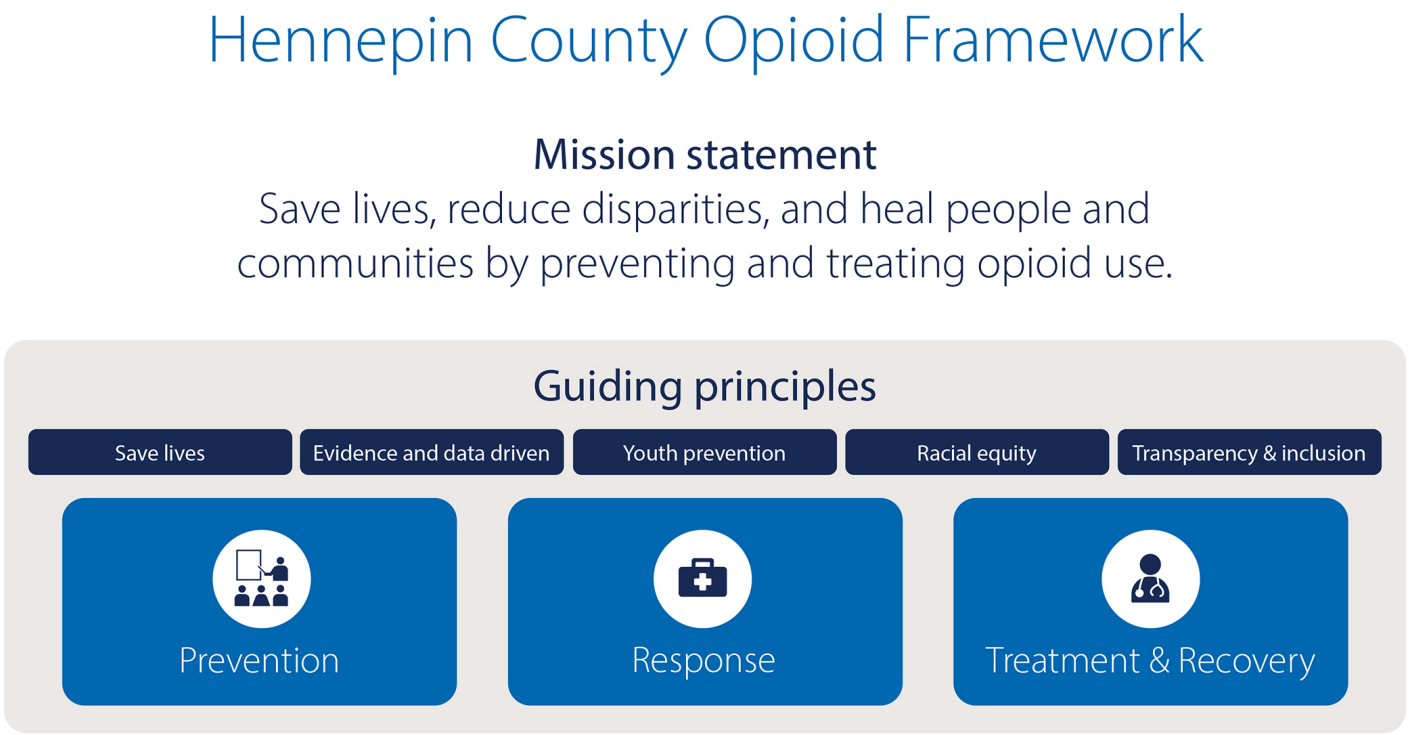
Guiding principles provide direction to effectively invest settlement funding. These principles are adopted from the Johns Hopkins Bloomberg School and Public Health.

- Save lives: Invest in trauma-informed strategies which address stigma and save lives.
- Evidence and data-driven: Use data and evidence to drive decision-making and prioritize effective and sustainable programs.
- Youth prevention: Work upstream to address root causes and build resiliency.
- Racial equity: Direct resources to disproportionately impacted communities, expand culturally responsive services, and eliminate barriers to access.
- Transparency and inclusion: Proactively share information, include community in decision-making, and design person-centered interventions.

Mission statement

A mission statement was developed with input from the Opioid Advisory Committee, people with lived experience, and community partners. The mission serves as a North Star for Hennepin County's opioid response:

- Save lives, reduce disparities, and heal people and communities by preventing and treating opioid use.



Stakeholder input and strategic planning

Why is stakeholder input important?

Stakeholder input is foundational in shaping a comprehensive, effective, and community-driven strategic plan to make progress towards ending the opioid crisis. Feedback from diverse stakeholders gives us a fuller, more-nuanced picture of what is and isn't working in the system to meet the varied needs of our community members. Below is an explanation of how stakeholder input will be used in developing the content and focus for the opioid response strategic plan.

Goals

Goals set the high-level directions in a strategic plan, largely to define areas that need to grow or change to produce desired outcomes, which, in this case, is the end of the opioid crisis. Hennepin County recognizes our role and responsibilities as stewards of local opioid settlement funds. It is of utmost importance that our priorities and decision making reflect the varied needs, priorities, and perspectives of a larger system that includes people with lived experiences, families, communities, experts, and institutions. Stakeholder input also identifies and aligns metrics and targets, which measure progress on goals, with key outcomes and pressing needs. Insights from the stakeholder engagement process are outlined in this report, and the strengths and gaps identified by stakeholders will be used as direct inputs to the goals that guide the direction of response strategies and funding.

Strategies

Engaging a diverse set of stakeholders to develop strategies helps ensure that we are pursuing a comprehensive set of initiatives designed to advance the defined goals by targeting the highest-need populations and most pressing gaps in the service delivery system. Stakeholders, from people with lived experience to people working in large institutions, have different perspectives on gaps and needs based on their own experiences and vantage points, and no individual has a complete picture. By engaging with diverse stakeholders, we can gain a more comprehensive understanding of what specific populations need and what institutions working in a complex service environment need to effect change. The input from stakeholders will directly inform strategies targeted to address pain points in existing service delivery models and expand services to fill gaps that arose from the opioid epidemic.

Support

Stakeholder input plays a crucial role in building support for the strategic plan, which can help steer the efforts of different people and organizations in the same direction to increase our collective impact on ending the opioid crisis. The stakeholder engagement process identified areas of agreement on which to build, and potential concerns or conflicts between stakeholder groups to acknowledge and balance. This process of collaboration and compromise helps drive inclusive decision-making in the strategic plan. Success requires Hennepin County and stakeholder partners to raise awareness, mobilize local

resources, maintain transparency among stakeholders, and ensure accountability for effective implementation.

Equity and inclusion

Diverse stakeholder engagement is necessary to understanding the stories, experiences, and cultural nuances behind the data. By gathering input from diverse communities and those disproportionately harmed by the opioid crisis, the strategic plan is built on an equitable foundation; goals and strategies are designed to meet the distinct needs of populations with the highest rates of opioid use disorder and overdose deaths. This equitable approach will help reduce disparities among groups and improve health outcomes for the community overall. Stakeholder feedback shows how some communities of color disproportionately harmed by the opioid epidemic have unequal access to treatment, harm reduction, and recovery supports and how investing in culturally responsive services could address those inequities. People with lived experience can share their stories on how stigma surrounding opioids created barriers to accessing care, and how education and training for providers could increase access to services. By including these voices, the plan can be more empathetic and inclusive, helping to address inequities and improve access to services for all individuals.

Implementation and evaluation

Healthcare providers, public sector organizations, and community-based organizations all have a role in service delivery and executing specific strategies from the strategic plan. Involving these stakeholders and the people they serve in the planning process fosters better communication, information sharing, and alignment towards shared outcomes in a complex service delivery system. This collaboration and information sharing can lead to more seamless service delivery for residents, reduced duplication of effort, and clearer channels for information dissemination. It also provides ongoing, structured opportunities for stakeholders to build relationships and bring forward emerging risks and opportunities that may impact strategy implementation.

Stakeholders responsible for executing specific strategies in the strategic plan will need to identify metrics and gather quantitative and qualitative data to monitor and evaluate the effectiveness of those strategies. Hennepin County's ongoing community engagement efforts will ensure feedback mechanisms are in place to track progress, identify challenges, adjust the strategic plan, and continue to make funding decisions based on evidence and data.

Sustainability

Sustainable opioid response efforts depend on a sense of shared responsibility and long-term buy-in from stakeholders. Ongoing input from diverse stakeholders ensures that the strategic plan is adaptable to emerging needs, trends, and shifts in public health priorities. The opioid crisis has proven to be persistent and evolving and the needs of response efforts will far exceed the finite settlement funding. Stakeholder engagement, evaluation, and accountability to results will be necessary preconditions to secure the longer-term, flexible funding required to sustain a response effort for as long as it is needed in our communities.

Stakeholder engagement findings

Objectives

- Consult a broad, diverse group of stakeholders to inform the development of a county strategic plan to equitably and sustainably address the opioid crisis.
- Understand the different ways communities, individuals, families, and institutions are affected by the opioid crisis.
- Learn how drug use and current responses to drug use affect communities across the county and how responses and programs can be improved.
- Summarize the key themes found in interviews and focus groups and share with county leadership and the public.

Overview

The stakeholder engagement process brought together diverse members of the community including residents, professionals, and those with lived experience. Hearing the needs of residents, understanding the current services offered and their existing strengths, exploring barriers to accessing care, and considering root causes of addiction and overdose were vital in reaching the goal of utilizing information to make informed decisions.

Twenty-eight (28) focus groups and key informant interviews were held from May 31, 2024, through November 18, 2024. The meetings provided an overview of the engagement process and collected input from practitioners, community members, and other stakeholders. Approximately 243 people from 130 known organizations attended these events. The engagement process also involved one-on-one key stakeholder interviews with people with lived experience, county employees, state agency staff, and professionals and practitioners. The interviews and focus groups contributed to better understanding the experiences and perspectives of individuals impacted by the opioid crisis. This included several focus groups with individuals who currently use or previously used opioids. Each group was asked for feedback on what was working and where they identified gaps or unmet needs. Focus groups were confidential to support open and honest feedback. The engagements were documented to capture key themes and takeaways.

Methodology

Focus groups were identified through analysis conducted by the Opioid Leadership Team and the Office of Outreach and Community Supports. The process for selecting participants for the focus groups and interviews considered: (1) the impact of the opioid crisis on the stakeholder and (2) the demonstration of equity and inclusion in the selection decision. Frontline staff and leadership were invited from community-based and service provider organizations. The selection process also recognized many stakeholders would not fit neatly into categories. For instance, many service providers and practitioners shared lived experience throughout the engagement process. The focus group

protocol and questions were developed by the Opioid Leadership Team and Office of Outreach and Community Supports, in consultation with Hennepin County Public Health.

Focus group and interview participants were invited by email (see Appendix A: Stakeholder Invitation) and sent an Outlook invitation to a Microsoft Teams online meeting. Participants were asked to send a representative if they were unable to attend the scheduled meeting. Focus groups were convened online and most meetings were 60 minutes. People with lived experience were offered compensation to acknowledge their time, expertise, and participation.

All focus groups and interviews followed a similar format: an overview of the county's opioid framework, then discussion. Organizers posed the same 14 questions to each stakeholder group. For each framework pillar (prevention, response, treatment and recovery) facilitators asked what existing services were working well for their community, the nature of gaps and unmet needs, and what success would look like in the future (see Appendix B: Stakeholder Interview Questions). Organizers facilitated dynamically, asking follow-up questions and reflecting with participants. Some groups spent more time discussing certain topics than others.

Notetakers documented the information shared in each focus group and interview. Feedback was not attributed to specific individuals to support open and honest discussion. For each focus group, two staffers coded the discussion content and identified the themes that received the most consensus across participants. Themes were then synthesized into tables organized by strengths and gaps for each of the three pillars.

Below (Table A) is a summary of the focus groups and interviews conducted.

Stakeholder engagement participants

Table A: Stakeholder Engagement

Stakeholder	Number of participants	Participants
Community-based organizations		**Focus group included representatives from the following:**
African American focus	9	• Broadway Family Medicine • Change Starts with Community • Neighborhood HealthSource • Pillsbury United Communities • Twin Cities Recovery Project • Turning Point, Inc.

American Indian focus	3	• Indigenous Peoples Task Force • Little Earth Residents Association • Native American Community Clinic
Asian American Pacific Islander focus	2	• Lao Assistance Center of Minnesota
Hispanic/Latino focus	3	• Community-University Health Care Center • Comunidades Latinas Unidas En Servicio • Hue-Man
Somali/East African focus	12	• Alliance Wellness Center, LLC • Beacon Behavioral Health, LLC • Dar Al Qalam Cultural Center • Daryeel Youth Services • Greater Minneapolis Council of Churches - Access Healing Services • Islamic Association of North America • Metro Youth Diversion Center • Pillsbury United Communities • Somali Community Resettlement Services
Homeless or unsheltered Pregnant and new parents Treatment focus	9	• Agate Housing and Services • Avivo • Minnesota Prevention & Recovery Alliance, LLC • RS Eden • The Aliveness Project, Inc. • Wayside Recovery Center
Youth/education focus	2	• Change the Outcome
Hennepin County leaders/staff		**Focus group was included representatives from the following:**
Administration/Operations	25	• Administration Chiefs & Directors • Audit Compliance Investigation Services • Communications • Contracts • Digital Experience • Emergency Management • Facility Services • Human Resources • Information Technology • Integrated Data and Analytics • Office Of Budget and Finance • Strategic Planning & Initiatives

Disparity Reduction	4	• Climate & Resiliency • Education Support Services • Office of Broadband Digital Inclusion • Disparity Reduction Admin
Health	13	• Healthcare for the Homeless • Hennepin Health • Medical Examiner • NorthPoint Health And Wellness • Public Health
Human Services	13	• Access, Aging & Disability • Behavioral Health • Children and Family Services • Child Support & Well-Being • Financial Administrations • Housing Stability • Internal Services • Veterans Services
Law, Safety, Justice	19	• Adult Representation Services • Department of Community Corrections and Rehabilitation • Hennepin County Attorney's Office • Hennepin County Sheriff's Office • Justice Initiatives & Program Performance • State Functions: Public Defender's Office
OCS/Safe Comms/Library	11	• Library • Office of Outreach & Community Support • Safe Communities
Public Works	4	• Administrations • Environment and Energy • Transportation-Operations • Transit and Mobility
Resident Services	4	• Administration • Assessor's Office • Libraries • Service Centers

City health departments	4	• Bloomington Public Health • City of Edina • Minneapolis Public Health
Fire departments	11	• Bloomington • Brooklyn Center • Eden Prairie • Edina • Excelsior • Golden Valley • Maple Grove • Minneapolis • Richfield
Emergency Medical Services	8	• Hennepin EMS • Metro EMS • MPD Fire • North Memorial EMS • Doctor
Healthcare – Minnesota Electronic Health Record Consortium	22	Focus group included representatives from the MN EHR Consortium, a partnership of health care professionals, researchers, and leaders from Minnesota health systems and statewide health care. The MNHRC Consortium includes: • Allina Health • CentraCare • Children's Hospitals and Clinics of Minnesota • Essentia Health • M Health Fairview • University of Minnesota • HealthPartners • Hennepin Healthcare • Mayo Clinic and Mayo Clinic Health System • North Memorial Health • Sanford Health • Minneapolis VA Health Care System.
People with lived experience – Red Door Clinic	6	Interviews with individuals at the Red Door Clinic.

People with lived experience – Opioid Advisory Committee	11	Focus group included representatives from the Opioid Response Advisory Committee.
Law enforcement	21	Focus group that included representatives from 16 law enforcement agencies across Hennepin County. • Bloomington • Brooklyn Center • Brooklyn Park • Champlin • Corcoran • Dayton • Eden Prairie • Edina • Maple Grove • Minnetonka • Minnetrista • Medina • New Hope • Robbinsdale • Rogers • St. Anthony • St. Louis Park
School nurses	13	Focus group that included school nurses from the 16 school districts in Hennepin County. • Anoka-Hennepin School District • Bloomington Public Schools • Brooklyn Center Public School • Edina School District • Intermediate District 287 • Minneapolis Public Schools • Minnetonka School District • Richfield Public Schools • Robbinsdale Public Schools • St. Anthony-New Brighton School District • Wayzata Public Schools
State of Minnesota	8	Focus group that included representatives from: • Carver County • Department of Homeland Security • Minnesota Department of Health • Minnesota Management and Budget

		• Ramsey County
Syringe service providers	6	Focus group that included harm reductionists from the following: • The Aliveness Project, Inc. • Harm Reduction Sisters • Hennepin Health • Indigenous Peoples Task Force • NorthPoint Health and Wellness • Rainbow Health
Total	**243 people**	**130 organizations**

Stakeholder engagement themes

Feedback was coded and analyzed to identify the top themes that emerged from the focus groups and interviews. This report is not meant to capture all stakeholder feedback, but rather themes that emerged across the groups.

Definitions

The themes in the sub-sections below are organized by populations disproportionately harmed by opioids, and system strengths and gaps.

Populations disproportionately harmed by opioids are groups of people who are more likely to be adversely affected by opioids and face barriers to accessing high-quality opioid services. Certain groups experience disproportionately high rates of OUD, overdose, and negative health outcomes due to social, economic, and systemic factors.

Strengths are identified in this report to describe what an organization, community, or system does well. Strengths can include generally effective services, evidence-based interventions, and promising practices.

Gaps are defined in this report as challenge areas, typically around system coordination or service delivery. Gaps include unmet needs, barriers, or shortcomings that hinder progress or overall success to responding to the opioid crisis.

Please note that themes should not be read as mutually exclusive, as overlap of concepts is unavoidable. Additionally, the delineation of strengths and gaps is not always a clear distinction. For example, a topic could mostly be a strength, but there may still be room for notable improvement. The topics were categorized into strengths and gaps as best as possible. This report does not intend to convey a comprehensive list of all populations disproportionately harmed by opioids, strengths, and gaps; the themes are reflective of the most prevalent stakeholder feedback.

Although specific strategies are not included in the themes outlined in this report, ideas were captured as part of the engagement process and will be considered and evaluated as part of the strategic planning process.

The sections below provide more detail on the recurring themes as described by stakeholders.

Populations disproportionately harmed by opioids

- **Black, American Indian, Latino, Asian Americans, and other people of color**
  Black, American Indian, Latino, Asian Americans, and other people of color are disproportionately harmed by the opioid epidemic. Specifically, people of color are underrepresented in opioid treatment programs and experience historical trauma, stigma, and racial and ethnic discrimination that create barriers to accessing healthcare. Ensuring equitable access to harm reduction, treatment, and recovery services, as well as addressing stigma, is necessary to reduce disparities. Public health strategies should be tailored to meet the diverse needs of different communities, ensure health policies are more inclusive, and distribute resources in a way that addresses inequities.
- **LGBTQ+ community**
  The LGBTQ+ community faces factors, including trauma, stigma, mental health disparities, and discrimination, which create barriers to accessing appropriate services and care. Addressing these gaps requires developing more culturally responsive, inclusive, and affirming healthcare and treatment services.
- **People experiencing homelessness**
  Opioids contribute significantly to the challenges faced by people experiencing homelessness. There are gaps in providing adequate accessible, trauma-informed, and compassionate opioid-related services for this population.
- **People with limited English proficiency (LEP)**
  People with LEP are at heighted risk for OUD due to language barriers, cultural differences, systemic inequities, and fear or distrust of the healthcare system. Educational information and resources require translation into multiple languages. Many harm reduction and treatment services lack bilingual staff or culturally responsive care.
- **People in jails or prisons**
  People in jails or prisons face higher rates of OUD, overdose deaths, and withdrawal complications. People recently released from jail or prison may relapse after being reintroduced to opioids, especially if they developed OUD prior to incarceration. The combination of stress, lack of social support, and inconsistent access to treatment increases OUD and overdose risk.
- **People experiencing mental health disorders**
  People experiencing mental health conditions, such as PTSD, depression, and anxiety, are at a greater risk of OUD. The combination of mental health issues and OUD can worsen both conditions. Without integrated care, mental health issues often go untreated. Collocated mental health and treatment services are limited for people with co-occurring OUD and mental health disorders.
- **Pregnant people and new parents**
  Opioid use during pregnancy poses serious health risks. Pregnant people who use opioids may face stigma, lack access to appropriate prenatal care or treatment services, and avoid seeking care due to fear of judgement or legal consequences. Services and resources for pregnant

people with OUD is limited, especially in communities of color disproportionately impacted by OUD.

- **Youth and young adults**
  Opioid use deeply impacts youth and young adults. Peer pressure, increased stress or trauma, experimentation with drugs, mental health conditions, and access to prescription opioids contribute to high rates of OUD among young people. Youth-focused services, including education, prevention, early intervention, treatment, and community-based support, reduce the risk of young people overdosing or developing an OUD.

Strengths

- **Community engagement in planning**
  Focus groups overwhelmingly expressed appreciation and support for including community voices in the county's opioid planning efforts. A collaborative, community-driven approach fosters trust and transparency and ensures solutions are tailored to the specific needs of the community.
- **Emergency response models**
  Promising emergency response models have emerged to serve people who experience nonfatal overdoses. These models can be strengthened by ensuring people are immediately connected to harm reduction services, treatment, and healthcare services after an emergency incident occurs.
- **Treatment access**
  Treatment options that integrate MOUD are seen as the gold standard for treatment by many healthcare professionals. Although a variety of medications and treatment options are increasingly available, stakeholder feedback reflects services are insufficient to meet the current level of need in the community. Stakeholders identified a need for treatment options that are local, immediate, evidence-based, culturally responsive, and individualized.
- **Harm reduction awareness**
  There is increasing awareness of harm reduction resources among the public. Additionally, there is growing understanding and acknowledgement that harm reduction services reduce the risks and harms related to opioid use while offering a pathway to treatment and other services.
- **Jail medical services**
  The integration of MOUD within the Hennepin County jail is a critical component of providing treatment to people during incarceration. More can be done to ensure people receive continuous care after their release to reduce the risk of overdose, homelessness, or recidivism.
- **Naloxone distribution**
  Naloxone, a life-saving medication that reverses opioid overdoses, is generally available, particularly for at-risk people and communities. More can be done to ensure people are educated about proper use, administering naloxone, and following up with medical services.
- **Telehealth**
  Telehealth models are promising tools to increase access to opioid screening, treatment, and recovery supports. Online platforms can integrate screening tools, monitor for OUD, and

provide recovery supports, especially in rural or underserved areas that do not have easy access to in-person care.

Gaps

- **Basic needs**
  Ensure basic needs, including safety, food, hygiene facilities, and physical and mental health services are met for people who are currently using opioids or who are at high risk of using opioids. The availability and stability of these resources can influence an individual's vulnerability to OUD, overdose, and negative health outcomes. A holistic approach to meet basic needs addresses both the immediate and root causes of the opioid crisis.
- **Care coordination**
  Many people with OUD have difficulty navigating complex healthcare systems. In addition, many healthcare providers work in siloes and may not adequately collaborate with practitioners from other disciplines. The lack of public awareness about harm reduction, treatment, recovery, and medical services and resources also creates barriers for people with OUD to receive the care they need. Complex systems, uncoordinated care, and lack of awareness results in people with OUD who fall through cracks and receive inconsistent access to care. There is a need for holistic, integrated care systems that recognize the interconnectedness of OUD with other social determinants of health.
- **Culturally appropriate and responsive services**
  Focus groups shared cultural beliefs about pain and medication, stigma and substance use, and barriers to treatment access. Different populations may experience opioid use in ways shaped by their unique experiences, such as trauma, social determinants of health, or community-specific drug trends. More services and resources are needed that acknowledge and address unique cultural, social, and historical contexts of individuals to provide effective and equitable care. Opioid response efforts need to recognize and respond to cultural differences and diverse backgrounds and partner with communities to develop culturally responsive solutions to improve outcomes. Culturally responsive services often involve community leaders, family networks, and religious institutions.
- **Early detection**
  Early identification and intervention of opioid use can help prevent the escalation of OUD or overdose. Families, peers, and healthcare providers often lack tools and training to detect opioid use, identify high-risk factors, and connect individuals to care quickly and early.
- **Harm reduction services**
  People who use opioids are at high risk of death, overdose, injury, disease, and other negative health outcomes. Expanded harm reduction services are needed to save lives and address growing community needs. It is important to note that while many focus groups expressed the need to expand harm reduction services, communities who have experienced historical trauma and discrimination expressed wariness regarding certain services and resources; this will be an important consideration for any future strategies.
- **Healthcare and community provider education**

Training for providers ensures healthcare professionals are equipped with the knowledge and skills required to manage and prevent OUD and connect people to effective treatment and recovery services. Education for providers should incorporate compassionate, person-centered, and trauma-informed approaches.

- **Housing support**
  Unstable housing often contributes to the onset and development of OUD. Stable housing can help prevent OUD and improve people's long-term health outcomes. For people with OUD, limited housing options exist to provide a platform for accessing basic needs, treatment, and recovery. Access to safe, stable housing that is integrated with treatment options is a critical component of successful treatment and recovery for people with OUD.
- **Family education and support services**
  Family and community support helps people navigate recovery, rebuild relationships, and reintegrate into communities. There is a shortage of resources and training for family-centered approaches to prevention and recovery. Increased access to family-based education and interventions about the dangers of opioid use can help prevent future use or connect family members to the appropriate care.
- **Mental and behavioral health services**
  Mental and behavioral health issues often contribute to underlying causes of addiction. Many people who use opioids have co-occurring mental health disorders, with each condition exacerbating the other. There is a need for more options that treat mental health issues and substance use disorders in tandem. Treatment and mental health services should be holistic, trauma-informed, integrated, and collocated to improve outcomes.
- **Public education**
  Limited understanding of the risks, misinformation, and stigma associated with OUD increases the risk of use and hinders effective responses to the opioid epidemic. Target audiences for education include the general public, schools and youth, parents and caregivers, and communities disproportionately impacted by OUD.
- **Recovery services**
  Recovery services, which are multifaceted and designed to meet the needs of people with OUD, are critical for long-term recovery and improved health outcomes. Access to comprehensive recovery services that align with the specific needs of people and families is limited.
- **Safe use sites**
  Safe use sites are designated places where people can use drugs under medical supervision and access harm reduction services. There are currently no safe use sites in Hennepin County. Proponents say these spaces reduce overdose deaths, reduce harm, and improve overall health outcomes. Safe use sites remain controversial due to legal barriers, neighborhood opposition, and public and political resistance.
- **Stigma**
  Many people affected by OUD face significant social stigma. Stigma often manifests as negative attitudes, discrimination, and social exclusion, which can exacerbate challenges faced by people with OUD. Stigma towards people who use drugs persists in medical settings, government, schools, social services, and in many communities. Stigma associated with OUD is

consistently named as a barrier to care and discourages people from seeking healthcare, harm reduction, treatment, and recovery services.

- **Supply disruption**
  Opioids enter communities through various pathways, including prescriptions and illicit opioid distribution, and availability can increase the risk of people developing OUD. Supply disruption efforts targeted at illicit opioid markets may reduce local quantities of opioids. While supply-side interventions may reduce the availability of opioids, it often results in unintended consequences, including shifting drug use patterns, fentanyl contamination of the drug supply, and increased overdose risk.
- **Workforce shortages**
  There is a shortage of a qualified, diverse employees for jobs required to respond to the opioid crisis, including healthcare, treatment, recovery, and peer support workers. Education and training gaps, as well as financial constraints, contribute to workforce shortages, reducing the capacity and availability of services for people with OUD.

Stakeholder engagement focus groups

Themes are segmented by focus groups that included representatives from community-based organizations, professionals working in and around the opioid crisis, government organizations, and people with lived experience. This segmentation helps better understand differences and similarities in perspectives between stakeholder groups, particularly between people providing services and people receiving services.

The tables below summarize themes for each of the individual focus groups.

People with lived experience – Opioid Advisory Committee

"People who were incarcerated are not set up when they're out the door."

	Prevention	Response	Treatment and Recovery
Strengths	• Growing awareness of fentanyl • Learn from AIDS epidemic about effective education campaigns and prevention strategies	• Increased funding for harm reduction • Naloxone team walks • Fentanyl test strips	• Availability of MOUD in jail
Gaps/unmet needs	• Expand youth and community education • Address idle time during incarceration: expand education, workforce training • Expand Healthcare for the Homeless	• Overnight response • Safe use sites	• Peer recovery • Enhanced MOUD for incarcerated individuals • Start MOUD treatment immediately in prison setting, not just before discharge • More housing options • 24-hour direct services to treatment and recovery

People with lived experience – Red Door Clinic

"Opioids have killed a lot of people I love."

"When I relapsed, I lost everything. It happened so quickly."

	Prevention	Response	Treatment and Recovery
Strengths	• "Community connection really matters" • "People with family and community don't go hungry"	• "I've seen people's lives saved by Narcan and clean needles" • "I'm treated better at SSPs. They care about me" • Harm reduction is effective, but more is needed • Test strips	• "Housing provided stability, my life was working, and I was getting to my appointments" • Diversion programs: "I could have lost my kid and gone to jail, but instead I went to treatment"
Gaps/unmet needs	• "Stigma is a real killer" • Addressing generational SUD • Expand education on Naloxone usage	• Safe use locations • First responder training: compassionate overdose response • Adress basic needs: "a drinking fountain is a basic need" • Safe shelters: "some people that are trans, or disabled don't feel safe"	• "Psychiatric care is hard to access, it's stigmatized towards addicts" • "Some treatment centers aren't safe, there's drug dealers amongst people recovering" • More treatment options • Training for providers in addiction care • Immediate connection to care: approvals for MOUD can take weeks • Treatment centers that incorporate harm reduction

Community-based organizations: African American focus

"Narcan needs to be as accessible as food."

"PTSD and trauma in the community is causing self-medication through opioids."

	Prevention	Response	Treatment and Recovery
Strengths	• Expansion of trusted messengers and peer support can be effective	• "Integration of more Black peer support models—where individuals with lived experiences provide guidance—can create a safe and understanding environment for those seeking help" • Support and expand harm reduction services	• Integration of mental health and SUD treatment • Expansion of 24/7 treatment services • Training for practitioners
Gaps/unmet needs	• Increase capacity and number of culturally appropriate mental health providers • Stigma in hospital settings • Engagement and education for youth • Train youth to be peer recovery specialists • Collaboration between providers	• Systemic challenges including housing • Community-led harm reduction to reduce stigma and encourage participation • Culturally appropriate services	• Access to affordable, culturally responsive treatment programs • Treatment for youth • Improve connection between treatment and primary care/local clinics • Organize a provider coalition for referrals to services

Community-based organizations: American Indian focus

"Recognize that culture is prevention."

"There is a multigenerational impact: the ripple effect of trauma into the future."

	Prevention	Response	Treatment and Recovery
Strengths	• "Using culture as a catalyst in youth prevention • "The dashboard and alert system is helpful"	• Distribution of naloxone • Reduction of stigma	• Expansion of workshops and informal practices as part of the treatment and recovery process.
Gaps/unmet needs	• "We are struggling to help adults with hopelessness" • "Creating space to share experiences: culturally we need to give and receive in balance" • Expand housing first and shelter models that serve people who are using • Anticipate trends and new drugs entering the community	• Expand culturally responsive harm reduction services • "Trust in cultural practices and fund them" • "Labels on safer use kits: messaging that makes people think" • "More funding flexibility is needed"	• Attract and support employees: higher pay and more training • "Structure of funding doesn't encourage collaboration and partnership between providers"

Community-based organizations: Hispanic/Latino focus

"Younger generations are suffering from social discrimination causing them to turn to drugs."

"Access for all individual regardless of [immigration] status."

	Prevention	Response	Treatment and Recovery
Strengths	• Integration of intimate group settings into programs and services	• Supporting and expanding harm reduction services	• Culturally responsive care
Gaps/unmet needs	• Engagement and education for youth • Services for people with disabilities • Not serving all of Latino/Hispanic community • Language barriers • Community outreach	• Systemic challenges for undocumented individuals • Building relationships with individuals	• Transportation • Treatment accessibility • Long waitlists for treatment • Wrap around services

Community-based organizations: Asian American Pacific Islander focus

"Overdose kits should be available to anyone who wants them."

"We need to do more education especially when there potentially could be language barriers or misunderstanding of what is this drug?"

	Prevention	Response	Treatment and Recovery
Strengths	• Trusted clinics/doctors/teachers • Use educational system in schools to educate about opioids • Utilize intergenerational education to educate about opioids	• Expansion of partnerships with various Asian communities	• Integration of mental health, trauma, SUD treatment
Gaps/unmet needs	• Improve deep conversation and screenings from doctors • Disposal for medication should be easy • Language barriers	• Culturally appropriate harm reduction services • Language barriers	• Transportation • Family-centered care • Traditional/cultural healing practices • Language barriers

Community-based organizations: Somali/East African focus

"Faith-based treatment is working well for men and not so well for women because of stigma and shame."

"Come fix my family member: families are sometimes looking for a quick fix, and this is due to the lack of education on the disease and understanding of it."

	Prevention	Response	Treatment and Recovery
Strengths	• Using cultural practices to educate youth • Delivering education through trusted messengers • Encouraging alternative activities and venues that are drug free (i.e. soccer and basketball leagues)	• "The Narcan availability is very helpful, we are saving lives every week" • "The consistent human connection and relationship building is working."	• "Our community does have so many resources and working together would have such a big impact" • Availability of suboxone • Effectiveness of Methadone clinics
Gaps/unmet needs	• "Parents don't want to speak about drug use. The family name is very important" • Educate parents on impact of opioids on brain function • Utilize different types of media to target parents and youth • Expand school-based workshops and education • Awareness of resources and how to access • Access to housing	• Translated harm reduction resources and supplies in the Somali language • "Understanding how to reduce relapse rates. Finding ways to integrate them back into the community"	• Coordination between treatment providers • Targeted treatment and recovery services for women • "Getting qualified employees and being able to pay competitively" • Criminal records are a barrier for employment for individuals with lived experience

Community-based organizations: Treatment and unhoused focus

"There is a shortage of diverse professionals. We need training to build that workforce.

"Basic needs have got to be met before recovery can even be considered."

	Prevention	Response	Treatment and Recovery
Strengths	• Increased community engagement to decrease stigma (ex. for pregnant women) • Expansion of holistic approaches to family systems (intergenerational change)	• "Bring services to community members" • "Naloxone saves lives but doesn't get at upstream root causes" • "Comprehensive response that meets the acuity of need: basic needs, medical, housing"	• Increase remote and telehealth options • "Build trust to see improved results" • Increase funding for nonbillable work (ex. walk-in counseling center)
Gaps/unmet needs	• "Ask communities impacted by disparities what supports they need and then get out of the way" • Increase services for perinatal women and adolescents	• Address stigma in medical settings including emergency rooms • "Providers need more medical services including detox, withdrawal management, mental health, physical health issues"	• "Positive hand offs between emergency rooms and services" • Develop addiction nursing workforce and training • "Easy access portal: who has openings for treatment? Outreach worker could access in real time" • "Supporting treatment centers with aftercare, continued care"

Community-based organizations: Youth focus

"Don't remove people from treatment programs when they use or have relapse. Hang with them as long as they can continue."

"Meet clients where they're at. The goal is not abstinence."

	Prevention	Response	Treatment and Recovery
Strengths	• "They do surveys in schools and see huge increases in knowledge post programming" • "We do a good job with social/emotional education in early grades but that falls off in favor of educational rigor"	• Increased support of legislation for naloxone to be in every school	
Gaps/unmet needs	• "Develop programs that have age-appropriate conversations with kids" • "Adults are getting in the way of educating young people" • Mandate consistent programming and standardize the message to address stigma • Educate staff in elementary school • Establish consistent data collection and program evaluation	• "Kids need to be educated on how to respond to an overdose" • "Some teachers don't want to administer naloxone and can't identify an overdose" • Address resistance and denial of SUD in schools from administration and staff	• "No transition for young people re-entering school. Assume students coming back from treatment will need supportive staff in schools for the rest of their time in school" • "Warm handoff between residential treatment to outpatient care. Target is having client connected to care provider for a year" • "Antiquated ideas about treatment: 30–90 days of treatment and cured" • Improve care coordination • Increase number of staff with clinical background in schools

Hennepin County: Disparity Reduction departments

"How can we continue investing in systems of recovery that are also supporting people becoming independent."

	Prevention	Response	Treatment and Recovery
Strengths	• Expand services from organizations representing cultural communities	• Expand effective programs such as social workers embedded in law enforcement agencies	• Peer recovery specialists
Gaps/unmet needs	• "Thinking of bringing jobs, green pathways that will eventually help people get on their own two feet and then having a sense of ownership" • Address youth idle time • Incentivize youth engagement and education • Address stigma and shame around drug use • Provide youth employment	• Services for people experiencing homelessness • American Indian communities not well served • Reduce stigma within the community • Accessible drug content checking • Cultural healing spaces • Intercultural engagement	• Intergenerational education and stigma reduction • Family-centered care • Long-term treatment plan

Hennepin County: Admin and Operations

"There's more programs to learn more about it, but I think as it has expanded as an issue affecting the community and individuals in the community that treatment opportunities haven't kept up."

	Prevention	Response	Treatment and Recovery
Strengths	• Youth education • Culturally responsive services • Staff awareness • Controlled quantity of prescriptions • Caregiver support	• Naloxone distribution • Safe use kits • Normalizing opioid conversation	• Providing stable housing • Treating mental health along with addiction • Collaborations with treatment and recovery
Gaps/unmet needs	• Limited drug testing for polysubstance users • More services for youth prevention in schools and community • Stigma reduction • "How do we educate our leaders to recommend resources to make it a part of our culture?" • First generation education • Basic needs	• Medical funding • Building a care management team • Individualized length of care • Outreach to communities • Maintaining contact with individuals that received harm reduction services	• Providing local treatment options • Ease of access • Lack of childcare • Capacity of providers • Long-term wrap around services • Training for doctors to refer and manage patients in treatment

Hennepin County: OCS/Safe Communities/Library

"When kids have really positive things to do and they're their identity is wrapped up in it, they pride themselves in it."

"Trauma that doesn't heal, just transfers. And so we are now seeing this generation of trauma especially in communities of color."

	Prevention	Response	Treatment and Recovery
Strengths	• Building intensive one-on-one mentorship relationships for youth • Engaging activities that bring people together of all ages	• Outreach workers • Naloxone distribution • "Social worker has trusted relationships with individuals. And has access to other resources and can use that trusted relationship to connect to a peer navigator who has different resources." • Culturally specific programming/ restorative practices • Library offering referrals to services • Narcotics Anonymous	• Youth peer recovery specialists
Gaps/unmet needs	• "Traumatized people who might be self-medicating. So now we're really trying to dig to the root" • Incentive programs for youth • Meaningful activities (jobs, workforce development, sports) • Services for people experiencing homelessness • "Equity to sports, equity to school, equity to housing, equity to employment are people just trying to get a grasp on what life is anyway." • "Culture as prevention"	• Harm reduction • Accessible syringe exchange services • Building trusted relationships with individuals	• Focus on long term recovery and expand peer support specialists

Hennepin County: Law, Safety, Justice

"Folks will likely lose their housing, job, and possibly custody of their children in order to access SUD treatment. We need to acknowledge these barriers."

	Prevention	Response	Treatment and Recovery
Strengths	• Expansion of culturally specific education and stigma reduction • Success of alerts from pharmacies • Expansion of drop boxes that are not affiliated with law enforcement • "Best prevention is treatment"	• Distribution of Naloxone • Use of safe use kits • Developing child protection safety plans with parents • Expansion of trauma-informed services	• "MOUD works. We need to educate people to reduce stigma and expand access" • Effectiveness of MOUD in the jail • Increasing access MOUD for drug court participants
Gaps/unmet needs	• Educate with a family-based approach • Coordinate law enforcement across state lines to reduce supply of drugs • Educate parents about safe storage of medication • Expand transitional housing models	• Increase availability of mental health resources, especially for those living in encampments • Address misinformation about the use of naloxone • Incorporate naloxone training into CPR courses • "We cannot stop the flow of fentanyl into communities"	• Increase culturally specific treatment options • "Women don't have the same level of service" • Expand treatment options for families and parents with an infant • Increase resources for pregnant women • Expand access to MOUD • Expand availability of priority treatment beds for acute OUD • Educate psychiatric providers about MOUD • Address staffing shortages in treatment programs

Hennepin County: Health departments

	Prevention	Response	Treatment and Recovery
Strengths		• Naloxone distribution • Street outreach with nurses • Syringe exchange programs	
Gaps/unmet needs	• Address polysubstance users • Need more monitoring and drug checking • Build trust to provide resources • Stigma within the hospital setting • Education and studies on different designer opioids • Addressing home and food stability • Focusing on youth prevention • Need to empower families and communities to create supportive environments • Trauma-informed care • Accessible Health Care for the Homeless • Safe use sites • Insurance	• More programs collaborating to address substance use • "Yes, we need enough funding for naloxone, but not at the expense of other services and resources... " • Focus on individual, religious, cultural responsive approaches	• Access to treatment when people are ready for it • Treatment capacity

Emergency Medical Services

"Responding to each crisis is just a band aid. We're not treating the underlying issue."

"We need a unified approach, shared vision, and priorities to address the crisis."

	Prevention	Response	Treatment and Recovery
Strengths	• Effectiveness of leaving SUD resources with patients at the scene. Referral to community paramedic team (but shortcoming is ability to contact people for follow up) • "The profession is evolving from shame/blame to empathy"	• Expansion of embedded social workers to teams who can respond to OD patients • Improvements in responding to and treating these patients • Increased Narcan availability has caused EMS use of Narcan has dropped. • Increase accessibility of Fentanyl test strips for those that don't want opioids in their drugs	• Expansion of MOUD • Collaboration of community organizations with first responders • Increased access to telehealth models • Continued development of models for EMS to provide MOUD immediately after overdoses
Gaps/unmet needs	• "Immediate needs of ODs being addressed but not addressing the underlying needs (Mental health, trauma, housing)" • Reduce burnout for EMS crews: same areas, same crews, repeated ODs	• "Stabilize people and have a specialty response team show up. Coordinate across the whole county." • Expand mobile care: community health workers that can check on people • "EMS can only transport to ED which isn't the best place for OD patients to go. Connect them to a better place"	• Improve immediate access options to treatment and care when people are ready for it • "In some areas ODs are concentrated and others they aren't: how do we get patients to treatment?" • Address criminalization of buprenorphine

Fire departments

"Narcan is effective but there needs to be follow up."

"Educate hotel staff and other people that are right there when an overdose happens and don't know what to do."

	Prevention	Response	Treatment and Recovery
Strengths	• Education for first responders: amount of education, frequent updates • "Data is powerful in how we make decisions. Are there gaps in how it collected and presented?"	• Distribution of Narcan makes it available and used by the public	• Emphasizing community org outreach in collaboration with fire departments: data shows Safe station program is effective
Gaps/unmet needs	• Use best-practices from prevalent prevention campaigns (drunk driving, anti-smoking) for youth education • Provide education resources in multiple languages • Improve patient education when given prescription medication	• Delivering quality medical care needs to continue and is resource intensive • Educate about purpose and efficacy of naloxone: "what it does and doesn't do." • Address burn out for responders: "they respond every day, and we keep asking them to do more"	• Access to treatment immediately after an overdose • Educate firefighters about addiction as a risk for themselves

Healthcare: MN HER Consortium

"Primary care needs to address opioids and operate in team-based models. We can't think of this crisis in isolation."

"Often unequipped to manage opioid withdrawal. MOUD is started in hospital but don't have good handoff to care the following day. Especially youth in ER with withdrawal."

	Prevention	Response	Treatment and Recovery
Strengths	• Using lessons from tobacco campaigns to educate about opioids • "Students are more knowledgeable about substances out there"	• Distribution of Naloxone	• "Starting to see attitude changes among providers. ER physicians are comfortable starting MOUD. But still a long way away"
Gaps/unmet needs	• Increase in younger kids using opioids and overdosing • "We have infrastructure to give kids opportunities. We need to address idle time with meaningful activities" • Increase in polysubstance use among adolescents • Increase in youth opioid use in social cohorts	• Address the severe impact of OUD on the American Indian population in Minneapolis • Provide resources for increased healthcare for the homeless needs	• Focus on communities not well served • "Warm handoff from initiating MOUD in ER to primary care and ongoing MOUD. Coordination of care, with humanity" • Provide specialized care for adolescents • "Screening for substance use in primary care, before it's a crisis" • "We can treat patients, but we can't impact their community (e.g., friends who use, social groups, suppliers)"

City public health departments

"People are being held hostage in their homes, and so that's really detrimental to the children's growth, so we're just pile it on and have that collateral damage just continue to pile it on."

"When people do become sober and changing their lifestyles some people can't afford to move out of the neighborhood or the situation or support systems that they're in."

	Prevention	Response	Treatment and Recovery
Strengths		• Naloxone distribution • Harm reduction services • Community outreach	• Expanded treatment providers
Gaps/unmet needs	• Youth-based prevention • Community education • Physician education • Community programs center around youth (Boys and Girls Club) • Resources to move away from unsafe housing • Accessible resources for self-care • Expand public service announcements • Access to culturally specific healthcare • "Workforce for behavioral and mental health. There is a demand and access problem for underserved communities"	• Mental health and behavioral support in schools • "Not being able to address all things that communities need, housing mixed with work, transportation, childcare what does support look like to them"	• Treatment center to be held accountable for effective and safe services

Law enforcement

"Law enforcement and EMS are the initial touch point, if there's no one to refer to quickly, the person gets lost."

"The type of issues facing urban, suburban, and rural areas are different and require different solutions."

	Prevention	Response	Treatment and Recovery
Strengths	• Expansion of youth education starting at a young age using relatable, trusted messengers • Expansion of trauma-informed models to family and community education • Using SROs to educate youth in high schools	• Expansion of existing embedded social workers • Building more mental and SUD combined response units • Deployment of naloxone by officers • Expansion of OD follow up models: immediate contact with someone after an OD	• Increase use of available same-day in-patient treatment • Utilizing law enforcement as a partner: referrals to services and resources • Giving social workers time to build trust and connect people to resources

Gaps/unmet needs	• Access to mental healthcare • "Housing affordability: if people can live easier, they'll take more of a part of community activities" • "Lack of accountability and resources for individuals in court system: drug charges are declined, and nobody helps the person" • Enhance partnerships with faith-based and businesses to amplify awareness	• Address lack of coordination between different systems (healthcare, law enforcement, legal, etc.) • Implement a countywide co-responder model • Elevate the importance of family and community support: addresses stigma • Create 24/7 response teams to take over calls that are SUD-related • Provide local and appropriate services for suburban and rural, including home visits	• Expand culturally appropriate education about treatment to address stigma • Provide safe, drug-free housing during treatment • "When individuals are ready to start MOUD, the system needs to be ready immediately to receive them, which means a team needs to be well connected to provide all services" • Expand local treatment services

School nurses

"Help the medical community teams and school teams to have continuity of care and treatment."

"Narcan isn't a struggle for us, the medical response is a well-oiled machine – the gap is more in ongoing support for students."

	Prevention	Response	Treatment and Recovery
Strengths	• Expand chemical health counselors • Enhance social-emotional learning	• Increasing access to Licensed Alcohol and Drug Counselors	• Expansion of Multidisciplinary recovery/chemical dependency team • Creating safety plans for students when there is use at home
Gaps/unmet needs	• Educate youth starting in elementary school, using appropriate resources • Provide and fund standardized continuing education Youth peer education • Increase parent education and awareness • Increase availability of bilingual resources and staff • Provide funding for innovative, school-based approaches • "Students don't feel connected at school. Helping them be involved and connected and motivated"	• "Collaborative approach is needed: team of Chemical advisor, nurse, social worker." • Provide immediate and comprehensive mental health supports to students • Recognize the importance of balancing consequences and providing appropriate resources • "Hard time connecting with families and parents."	• Create more options for adolescent outpatient care • "After or during treatment – sharing of treatment plans is a big secret. After they leave the hospital/medical appointment, how can the nurses support them if they don't know treatment plans?" • Provide resources for school staff wellness

State of Minnesota: DHS, MDH, MMB

"Harm reduction is underfunded, yet SSP users are 4-5 times more likely to pursue treatment."

	Prevention	Response	Treatment and Recovery
Strengths	• Development of youth-led prevention campaigns • Publishing data that is local, granular, and relatable to communities	• "Funding Black, Native American organizations to do culturally specific work in their communities." • Expansion of mobile response facilities • Continue funding community-based programs and SSPs • Supporting trusted messengers to do naloxone education	• "Recognition we need to do MOUD in primary care and reducing stigma with providers." • "Building capacity through practice transformation" • "Prenatal care: people are motivated by their baby."
Gaps/unmet needs	• Increase availability of housing • "Intergenerational SUD: healing, coping skills, culturally specific, address trauma, build protective factors." • Expand activities for youth and young adult engagement • Build relationships with faith-based organizations	• Provide more harm reduction instructions in different languages • Invest in youth-led strategies • Expand harm reduction services in communities disproportionately impacted by OUD • Build capacity for rural SSPs in libraries, jails, emergency rooms. • "Tapping into other disciplines (fire depts doing naloxone and community outreach, county staff that do in-home visits carrying naloxone."	• Address lack of knowledge of MOUD, including buprenorphine, suboxone, and methadone. • "Misinformation around buprenorphine in Black and Indigenous communities"

Syringe service providers

"Harm reduction is treatment."

"Harm reductionists and communities are developing the science – people are developing evidence of the power of syringe coverage, of overdose prevention in community, or relationship-based service."

	Prevention	Response	Treatment and Recovery
Strengths	• "Elevating the voices of people with lived experience to lead." • "Intersection between harm reduction and social determinants is opening funding streams."	• Collaboration between services • "Harm reduction services are creating the conditions for someone to access a wide range of services – and providing the basic human needs are costly." • Expansion of walk-in models to provide critical care • Expansion of mobile care	• Recognition of harm reduction services as a pathway into treatment • Funding relationship-based care is effective, but takes time and resources • Collaboration with clinical/medical health service models
Gaps/unmet needs	• Expand supportive, low-barrier housing • "Stigma of people using opioids and sleeping outside." • "Keeping up with what is in the drug supply. See the effects before we know what it is."	• Focus on disproportionately impacted communities • Support for innovative models of care • Provide resources in multiple languages • Invest in addressing basic needs: "Food is an intervention; It builds bridges with people and make(s) people feel cared for in this fragmented system." • Fund contingency management clinics: 80% of participants are polysubstance users	• Access to low barrier mental health services • Invest in staff to address workforce shortages

Appendix A

Stakeholder email invitation

Dear _____,

The Hennepin County Opioid Leadership Team is developing a comprehensive strategic plan for responding to the opioid crisis in Hennepin County. The strategic plan will provide direction and identify priorities for future funding. As part of this process, we are requesting input from community voices and government partners on strategy and the future allocation of funds.

We will ask stakeholders within the prevention, response and treatment continuum, and those with lived experience, for input about needs/gaps, what approaches have been successful in different communities, and where future rounds of funding and efforts should be prioritized. The information from the focus groups will be collected and analyzed into a report.

As partners in this work, your insight and experience are critical to informing our strategic plan and we invite you to participate in this process.

Please feel free to forward this invitation to a delegate on your behalf if you are unable to attend at this time or who would be better to provide input.

Thank you for considering,

Hennepin County Opioid Leadership Team

Lolita Ulloa, Director of System Design

Julie Bauch, Opioid Response Coordinator

Heather Herrmann, Admin Assistant

Will Christenson, Strategic Planning

Appendix B

Stakeholder interview questions

Introductions

General

1. What are some of the main concerns you have or have observed about how the opioid crisis is unfolding in your community?
2. How has the crisis changed in the recent year and months? What is emerging in the community related to the opioid crisis?

Prevention

3. What ideas do you have about how to prevent or blunt the impact of the opioid crisis?
4. What is working in terms of prevention?
5. What are some gaps? Think about communities not well served or needs not being met by current prevention strategies.
6. Where are there needs for different prevention approaches and strategies? What ideas do you have about how to meet those needs?

Response

7. What ideas do you have about current strategies to respond to individuals impacted by opioids?
8. What is working in terms of response?
9. What are some gaps? Think about communities not well served or needs not being met by current response strategies.
10. Where are there needs for different response approaches and strategies? What ideas do you have about how to meet those needs?

Treatment

11. What ideas do you have about current treatment strategies to respond to individuals impacted by opioids?
12. What is working in terms of treatment?
13. What are some gaps? Think about communities not well served or needs not being met by current treatment strategies.
14. Where are there needs for different treatment approaches and strategies? What ideas do you have about how to meet those needs?

Appendix C

Stakeholder invitations

Stakeholder	Organization/Participants	Invited	Participated
	Community-based organizations		
African American *(Sept. 16, 2024)*	African American Survivor Services	1	0
	Broadway Family Medicine	2	1
	Change Starts with Community	1	1
	Minnesota Overdose Awareness	1	0
	Minnesota Spokesman Recorder	1	0
	Neighborhood Healthsource	2	2
	Pillsbury United Communities	5	2
	Turing Point, Inc.	2	2
	Twin Cities Recovery Project	4	1
	Total	**19**	**9**
American Indian *(Sept. 18, 2024)*	Indigenous Peoples Task Force	2	1
	Little Earth Residents Association	1	1
	Native American Community Clinic	2	1
	Total	**5**	**3**
Asian American Pacific Islander *(Sept. 23, 2024)*	Lao Assistance Center	2	2
	Total	**2**	**2**

Hispanic/ Latino *(Sept. 25, 2024)*	Community-University Health Care Center	2	1
	Comunidades Latinas Unidas En Servicio	3	1
	Hue-Man	1	1
	Total	**6**	**3**
Somali/East African *(Sept. 26, 2024)*	Access Healing Center	2	0
	Alliance Wellness Center, LLC	1	1
	Beacan Behavioral Health, LLC Health	2	1
	Dar Al Qalam Cultural Center	1	0
	Daryeel Youth Services	1	1
	Greater Minneapolis Council of Churches - Access Healing Services	4	3
	Islamic Association of North America	3	3
	Metro Youth Diversion Center	2	1
	Pillsbury United Communities	6	1
	Somali Community Resettlement Services	3	1
	Total	**25**	**12**
West African *(Oct. 7, 2024)*	CANAIR	2	0
	Total	**2**	**0**
Homeless, unsheltered pregnant, new parents treatment *(Oct. 2, 2024)*	Agate Housing and Services	3	2
	Avivo	3	1
	Minnesota Prevention & Recovery Alliance, LLC	3	1
	RS Eden	4	2
	Southside Harm Reduction	3	0
	The Aliveness Project, Inc.	4	1
	Wayside Recovery Center	4	2
	YouthLink	3	0
	Total	**27**	**9**

Youth/ education *(Oct. 9, 2024)*	Bloomington Public School		1	0
	Change the Outcome		2	2
	Steve Rummler HOPE Network		1	0
	The Change INC.		1	0
		Total	**5**	**2**
	Hennepin County Leaders/Staff			
Administration & Operations *(Sept. 6, Sept. 16 & Sept. 24, 2024)*	Administration Chiefs & Directors		11	9
	Audit Compliance Investigation Service		3	3
	Communications		4	3
	Contracts		2	1
	Digital Experience		1	1
	Emergency Management		1	1
	Facility Services		1	1
	Human Resource		2	2
	Information Technology		1	1
	Intergovernmental Relations		1	0
	Integrated Data and Analytics		1	1
	Office Of Budget and Finance		2	1
	Security		1	0
	Strategic Planning & Initiatives		1	1
		Total	**32**	**25**
Disparity Reduction *(Aug. 9 & Sept. 16, 2024)*	Climate & Resiliency		1	1
	Education Support Services		1	1
	Office of Broadband & Digital Inclusion		1	1
	Office of Workforce Development		1	0
	Purchasing & Contract Services		1	1
		Total	**5**	**4**

Health *(Aug. 16 & Sept. 25, 2024)*	Healthcare for the Homeless	4	0
	Hennepin Health	3	1
	Medical Examiner	5	4
	NorthPoint Health & Wellness Center	2	2
	Public Health	10	6
	Total	**24**	**13**
Human Services *(Aug. 28, 2024 & Sept. 17, 2024)*	Access, Aging & Disabilities	2	1
	Behavioral Health	8	3
	Children & Family Services	4	1
	Child Support & Well-Being	4	2
	Economic Supports	1	0
	Financial Administration	1	1
	Healthcare for the Homeless	1	0
	Housing Stability	5	3
	IT	1	0
	Internal Services	1	1
	Veteran Services	1	1
	Total	**29**	**13**
Law Safety and Justice *(Aug. 9 & Sept. 18, 2024)*	Adult Representation Services	2	2
	Department of Community Corrections and Rehabilitations	9	6
	Hennepin County Attorney Office	9	4
	Hennepin County Sheriff's Office	6	5
	Justice Initiatives & Program Performance	1	1
	State Functions: District Court Administrations	1	1
	State Functions: 4th Judicial District	0	0
	State Functions: Public Defender Office	1	0
	Total	**29**	**19**

OCS/Safe Community/ Library *(Sept. 6 & Sept. 16, 2024)*	Library	5	4
	Office of Outreach & Community Support	7	4
	Safe Communities	3	3
	Total	**15**	**11**
Public Works *(Sept. 27, 2024)*	Administration	1	1
	Environment & Energy	1	1
	Transit & Mobility	1	1
	Transportation-Operations	1	1
	Transportation-Project Delivery	1	0
	Total	**5**	**4**
Resident Services *(Sept. 13, 2024)*	Administration	1	1
	Assessor's Office	1	1
	Elections Office	1	0
	Examiner of Titles	1	0
	Libraries	1	1
	Land Information & Tax Services	1	0
	Service Center	1	1
	Total	**7**	**4**
	Other stakeholders		
Health Department Cities *(Sept. 30, 2024)*	Bloomington Public Health	3	2
	City of Edina	1	1
	Minneapolis Public Health	2	1
	Richfield	1	0
	Total	**7**	**4**

Fire Departments *(Oct. 10, 2024)*	Anoka	1	0
	Bloomington	1	1
	Brooklyn Center	2	2
	Brooklyn Park	1	0
	Dayton	1	0
	Eden Prairie	1	1
	Edina	1	1
	Excelsior	1	1
	Golden Valley	1	1
	Hanover	2	0
	Hopkins	1	0
	Long Lake	2	0
	Maple Grove	1	1
	Maple Plain	2	0
	Medicine Lake	1	0
	Minneapolis	2	2
	Minnetonka	2	0
	Mounds	1	0
	Orono	1	0
	Osseo	1	0
	Plymouth	1	0
	Richfield	1	1
	Robbinsdale	2	0
	Rockford	2	0
	Rogers	1	0
	Savage	1	0
	St. Louis Park	1	0
	West Metro	1	0
	Wayzata	1	0
	Total	**37**	**11**
Emergency Medical Services *(Oct. 17, 2024)*	Hennepin EMS	4	2
	Metro EMS	1	1
	MPD Fire	1	1
	North Memorial	2	2
	Doctor	2	2

		Total	**10**	**8**
Healthcare *(Sept. 13, 2024)*	Minnesota Electronic Health Record Consortium		N/A	22
		Total	**N/A**	**22**
People with living experience *(Nov. 18, 2024)*	Volunteered		N/A	6
		Total	**N/A**	**6**
Advisory Committee *(Oct. 24, 2024)*	Volunteered		N/A	11
		Total	**N/A**	**11**
Law Enforcement Lake Area/West *(Sept. 24, 2024)*	Corcoran		1	1
	Dayton		1	1
	Deep Haven		2	0
	Minnetonka		1	1
	Minnetrista		2	2
	Medina		1	1
	Orono		2	0
	Rogers		1	1
	South Lake		2	0
	Wayzata		2	0
Northwest *(Sept. 25, 2024)*	Champlin		1	1
	Crystal		1	0
	Brooklyn Center		2	1
	Brooklyn Park		2	1
	Golden Valley		1	0
	Maple Grove		1	1
	New Hope		2	1
	Osseo		1	0

	Plymouth	3	0
	Robbinsdale	2	1
	Savage	1	0
	St. Anthony	1	1
Southwest	Bloomington	3	2
(Oct 2, 2024)	Eden Prairie	2	2
	Edina	3	2
	Hopkins	1	0
	Minnetonka	1	0
	Richfield	1	0
	St. Louis Park	2	1
	Total	**46**	**21**
School nurses	Anoka Public Schools	1	0
(May 31, 2024)	Anoka-Hennepin School District	2	2
	Bloomington Public Schools	2	1
	Brooklyn Center Public School	1	1
	Eden Perrie School District	1	0
	Edina Schools District	1	1
	Hopkins Public Schools	1	0
	Intermediate District 287	2	1
	Minneapolis Public Schools	1	1
	Minnetonka School District	2	2
	Orono School District	1	0
	Osseo Public Schools	1	0
	Richfield Public Schools	2	1
	Robbinsdale Public Schools	2	1
	Rockford Public Schools	1	0
	St. Anthony-New Brighton School District	1	1
	St. Louis Park Public Schools	2	0
	Wayzata Public Schools	4	1
	Westonka Performing Arts Center	1	0
	Westonka Public Schools	1	0
	Total	**30**	**13**

State of Minnesota *(Sept. 30, 2024)*	Carver County	1	1
	Department of Homeland Security	1	1
	Minnesota Department of Health	3	3
	MN Association of Counties	1	0
	Minnesota Management and Budget	4	2
	OERAC	1	0
	Ramsey County	1	1
	State of MN	1	0
	Total	**13**	**8**
Syringe service providers *(July 10, 2024)*	Aliveness Project	1	1
	Harm Reduction Sister	1	1
	Hennepin Health	1	1
	Indigenous People Task Force	1	1
	Minnesota Department of Health	1	0
	Neighborhood Health	1	0
	NorthPoint Health and Wellness	4	1
	Public Health	1	0
	Rainbow Health	2	1
	Ramsey County	1	0
	Total	**14**	**6**

Grand total:

28 Focus groups held

234 Organizations invited

130 Organizations participated

406 People invited

243 People participated

Acknowledgement

Thank you to the many people from across the county and state who contributed their time, energy, and expertise to the development of this report. Overdose deaths are preventable and opioid use disorder is treatable. As we collectively strive to save lives and reduce disparities, we share your vision of and commitment to a community free of overdoses and overdose deaths and we thank you for your work, dedication, and partnership.

Contact information

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