OPIOID SETTLEMENT TOOLKIT

Association *of* Minnesota Counties

November 2022

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INTRODUCTION

In August 2021, the Office of the Minnesota Attorney General joined a $26 billion multistate settlement agreement involving distributors McKesson, Cardinal Health, AmerisourceBergen, and manufacturer Johnson & Johnson. Counties and cities will receive 75% of the funding and 25% will go to the state to be distributed by the Opioid Epidemic Advisory Council. County participation and engagement were essential in all levels of negotiation and planning. This settlement is an 18-year payout; payments from Johnson & Johnson will run through 2031 while payments from the distributors will run through 2038. Tribal governments have their own settlement cases.

Minnesota counties have been on the frontlines of the opioid epidemic as community leaders in public health opioid-use mitigation. By putting funding towards prevention practices, treatment and recovery, harm reduction, law enforcement, or child welfare, Minnesota counties can work towards reducing the devastating impact opioid misuse has had on communities.

OVERVIEW OF THE TOOLKIT

The purpose of this toolkit is to guide counties on how to best spend their opioid settlement funding by promoting promising and proven practices. This toolkit contains explanations on the Johns Hopkins Principles of Funding, the Colorado Blueprint, and details of expense reporting, logistics on the settlement, and implementing a county plan.

OPIOID SETTLEMENT LOGISTICS

Funding Amount

Allocation amounts can be found on the Attorney General's website under Distributions of Opioid Settlement Funds by Subdivision, these amounts were pre-determined by the Opioid Negotiation Class Model reflected in Exhibit B of the MOA.[1] Experts and attorneys representing local governments in the multistate litigation developed the allocation model based on nationally available federal data on opioid use disorder, overdose deaths, and opioid shipments into Minnesota, by region and community. Funding may be carried over from year to year or invested. There is no deadline for spending the entire sum.

Counties are encouraged to take time with stakeholders to develop a strategic plan that will most effectively distribute funding. The MOA allows funding flexibility to partner with cities, other counties, and Tribes on effective strategies. The MOA also allows for 10% of the funding to be used for administrative costs, for more information on what falls under administrative costs please consult your county attorney. The funding must be held in a separate account.

[1] https://www.ag.state.mn.us/opioids/SettlementAllocation.asp

How the Funding Can Be Used

The intended purpose of the settlement is for opioid remediation and abatement uses. The Minnesota State-Local Memorandum of Agreement (MOA) gives a list of such uses located on page 15 of the MOA.[2] These uses consist of treatment, prevention, and other strategies:

Treatment uses include treating opioid use disorder (OUD), supporting individuals in treatment and recovery, connecting citizens with the help they need, addressing the needs of criminal justice-involved persons, and addressing the needs of the perinatal population (including caregivers). For example, expanding telehealth to increase OUD treatment and any co-occurring substance use condition or supporting detoxification and withdrawal management services for people with OUD fall under evidence-based treatment strategies. Counties can promote connections to care by ensuring health care providers are screening for OUD and referring to essential resources when needed.

Prevention measures include ensuring appropriate prescribing and dispensing of opioids, preventing misuse of opioids, and harm reduction. Counties could allocate funding towards Continuing Medical Education on appropriate prescribing of opioids. Prevention of the misuse of opioids may include counties putting funding towards media campaigns to prevent opioid misuse by focusing on risk factors and early interventions. Providing free naloxone, enabling school staff to respond to opioid overdoses, and syringe service programs are all evidence-based strategies that fall under harm reduction.

Other strategies include first responders, developing leadership and planning in this area within the county and community, and conducting postmortem research. Counties could direct funding towards education of law enforcement or other first responders regarding appropriate practices and preventions. Another solution would be creating a dashboard to share reports, recommendations, or plans to spend opioid settlement funds. The funding could go towards staff training and services to improve the capability of the government, community, and non-profit entities to abate the opioid crisis.

[2] https://www.ag.state.mn.us/Opioids/docs/MN_MoA.pdf\

TOOLS FOR OPIOID SETTLEMENT SPENDING

The Johns Hopkins Principles of Spending and Colorado Blueprint were both created to assist with funding strategies. Counties can use both resources to help stay on track with developing opioid funding plans. The Johns Hopkins Principles of Spending can be used by counties to create goals for spending strategies as well as guidelines to keep those goals in mind, these were developed in partnership with the National Association of Counties. The National Association of Counties provides information on approved strategies, a brief history of the opioid settlement, and the Opioid Solutions Leadership Network.[3] The Colorado Blueprint can be used by counties to create buy-in with local partners and as a statewide framework.

Johns Hopkins Principles of Spending

The Johns Hopkins Principles of Spending were created with the intention that states, cities, and counties may want guidance on how to effectively allocate their portion of the opioid settlement funding.[4] Counties will have to make difficult decisions to determine where the funding will have the largest impact. Johns Hopkins created the following principles to follow in making those decisions:

1. **Spend money to save lives.**
   Given the economic downturn, many states and localities will be tempted to use the dollars to fill holes in their budgets rather than expand needed programs. Jurisdictions should use the funds to supplement rather than replace existing spending.

2. **Use evidence to guide spending.**
   At this point in the overdose epidemic, researchers and clinicians have built a substantial body of evidence demonstrating what works and what does not. State and localities should use this information to make funding decisions.

3. **Invest in youth prevention.**
   States and localities should support children, youth, and families by making long-term investments in effective programs and strategies for community college.

4. **Focus on racial equity.**
   States and localities should direct significant funding to communities affected by years of discriminatory policies and now experiencing substantial increases in overdoses.

5. **Develop a fair and transparent process for deciding where to spend the funding.**
   This process should be guided by public health leaders with the active engagement of people and families with lived experience, clinicians, as well as other key groups.

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[3] https://www.naco.org/resources/opioid-solutions-center
[4] https://opioidprinciples.jhsph.edu/implementation-tools/

Colorado Blueprint

The Colorado Blueprint was designed by the State of Colorado in 2020 prior to receiving opioid settlement funding.[5] This blueprint draws on a survey that asks local leaders to prioritize 20 potential investment areas that could be used to address the opioid epidemic. The investment areas are categorized into four buckets that include prevention, treatment and recovery, harm reduction, and criminal justice. In this survey, Colorado leaders were asked how they would spend a hypothetical $100 million over five years to address the opioid epidemic. By having these conversations prior to spending, Colorado is now primed to work with local community leaders to develop the most effective funding strategy.

In alignment with the Johns Hopkins Principles of Spending, the Colorado Blueprint recommends that counties look at strategies working well within their communities, and areas to be strengthened, rather than creating new resources. In addition to this, counties are asked to determine the populations (age, race/ethnicity, income, etc.) that are most in need of these services.

After determining community needs, counties can use the Colorado Blueprint to prioritize the allocation of funds towards mitigation efforts. This blueprint allows key stakeholders to defend prioritizations as well as the opportunity for counties to look at the broad picture of their spending and determine how to streamline funding into the four different domains. This also gives a buy-in opportunity with the community to ensure local leader voices are heard and are part of the solution. Included in the appendix is a funding allocation worksheet from the Colorado Blueprint.

Minnesota counties who have begun their planning have used the Colorado Blueprint to circulate within their communities and advisory councils. Counties distributed the blueprint to key stakeholders such as professionals in the medical field, law enforcement, corrections, and human services, as well as members of the board of commissioners to receive input on priority spending areas. The responses were then used to determine what areas need funding.

Finally, counties can identify next steps by developing strategies to move forward with the funding. The Colorado Blueprint recommends counties determine which agencies have the capacity to spend the money, a timeline to deliver programs and strategies, and who will oversee this work. These considerations are important for the funding to achieve a maximal impact in fighting the opioid epidemic.

[5] https://www.coloradohealthinstitute.org/sites/default/files/file_attachments/Opioid%20Response%20Blueprint%203-24-2020.pdf

IMPLEMENTING A COUNTY STRATEGY PLAN

Determine Who Will Make Decisions

Minnesota counties are beginning to make decisions about spending strategies, this includes who will be making decisions on funding disbursement. Counties may turn over the funding decisions to their health department or may create an advisory council. Regardless of whom counties give authority to, it is important that the body is aware of current trends in local data and align with the Johns Hopkins principles of spending.

Collect Data

The decision-making body should use data that already exists to help make decisions on where the opioid funding would be most impactful. Working with the Drug Overdose Dashboard and local health clinics will ensure counties are getting accurate data on the current trends of opioid use.[6] Hospitals, clinics, and jails can also provide data on how many individuals are screened for OUD. The Opioid Epidemic Response Advisory Council also provides data, resources, and solutions. Counties can collect youth data by partnering with schools and collecting student surveys. Awareness of current trends can assist counties in directing funding towards areas that will have the greatest impact.

Form an Advisory Council

Some Minnesota counites assembled an opioid settlement advisory council as a strategy to determine where to disperse their funds. It is important to have a wide background of community members on these councils. After discussion with counties who have put together their opioid settlement spending councils suggested parties include:

Legal professional	Law Enforcement	Corrections	Public Health
Human Services	Treatment	Recovery[7]	Board of Commissioners
Primary Care	Education	Addiction Medicine	Emergency Medical Services
Veteran Services	Community Member at Large (individual with life experience)	Local Municipality (city or township)	Community member disproportionally affected[8]

[6] https://www.health.state.mn.us/communities/opioids/opioid-dashboard/index.html

[7] *Recovery* could include someone who is in addiction recovery or a recovery professional, but it is important to have someone with lived experience to ground the conversation.

[8] *Communities disproportionately affected* by the opioid epidemic include communities of color, indigenous communities, and LGTBQ+ communities.

Council Advisory Meetings

Council meeting frequencies could vary, however, once per month has been common among counties that have already begun meeting. The meetings are preferably held in-person to encourage engagement and trust among members. Sample agendas are included in the appendix; the first meeting should include time for members to meet each other and familiarize themselves with the opioid epidemic. It is important to create a mission statement at this time to ground the conversation and keep spending on track. Council members can look to the Johns Hopkins Principles of Spending for guidance on developing a mission statement.

Evidence-based Practices

Minnesota Counties can work with Minnesota Department of Health's opioid epidemic response work page to ensure they are working with current trends and evidence-based practices.[9] Collecting data for internal purposes helps counties make funding decisions and keep track of progress and changes. Minnesota counties can then use this data to make measurable outcomes and benchmarks.

The Johns Hopkins Principles of Spending and MOA emphasize the importance of using evidence-based practices. An evidence-based practice uses the integration of research evidence alongside practitioner expertise and the individuals with lived experience. Recipients are also encouraged to support culturally appropriate services and programs for persons with OUD. The Centers for Disease Control and Prevention has published evidence-based strategies including Naloxone distribution, syringe service programs, and screening for fentanyl in routine clinical toxicology testing.[10]

Anticipated Obstacles

Council members should be open to learning about new experiences and data to make the most informed decisions, be familiar with the opioid epidemic trends and data, be champions of the work needed to be done and have time to commit to this process.

When putting together the advisory council it is important to break down barriers and titles at council meetings, everyone should have an equal voice with the same common goal to determine what avenues best aid in the fight against the opioid epidemic.

It will be up to the advisory council to determine how to meet the needs of both rural and urban areas, to do this, it may be helpful to have representation from both rural and urban areas of the county and recognize that different strategies may be needed.

Another anticipated obstacle is members from different backgrounds with different experiences that may not agree on how to best spend the funding. This is where the Colorado Blueprint can assist in prioritization by category and organization. Referring to the Johns Hopkins Principles of Spending and individuals with lived experience can help ground the conversation to keep the goal of opioid misuse mitigation in mind.

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[9] https://mn.gov/mmb/impact-evaluation/projects/opioid-epidemic-response-advisory-council/

[10] https://www.cdc.gov/drugoverdose/pdf/pubs/2018-evidence-based-strategies.pdf

MAXIMIZING FUNDING

Counties Receiving Little Funding

Counties not receiving a large amount of funding year to year are still able to make upstream changes to fight the opioid epidemic. One solution to consider is partnering with neighboring counties, cities, Tribes, and existing coalitions to help support local work. Partnering allows for a pooling of resources that can lead to a wider range of community benefit. A county might collaborate with an encompassed city to create the most impact for both the city and the county.

Counties not receiving a large amount of funding can focus on one key area at a time rather than spreading funding out thinly. This could look like focusing on improving oversight of opioid treatment programs and then moving on to direct attention to public education of the opioid epidemic. Counties in this situation could also consider "takeback days," in which a county sets a day to take back any unused opioids. Investing the money or letting it build up over time will allow counties to bank more funding for larger projects.

Rural counties may also consider applying for the Rural Communities Opioid Response Program grant through the Department of Health and Human Services.[11] This program provides funds of up to $300,000 to support immediate responses grant recipients will implement activities that address their rural counties' most immediate needs related to the drug overdose crisis. All domestic public or private, non-profit, or for-profit entities may apply, including community-based organizations, Tribal organizations, state offices of rural health, or institutions of higher education. Organizations can check their eligibility here, the grant is due January 19, 2023.

REPORTING

Counties are required to submit a brief report annually. The report data is used to inform the public and policymakers on the use of opioid settlement funds by participating governments. The Minnesota Department of Human Services (DHS) will collect, collate, and publicly report this data. The annual reporting will encompass a few basic questions on the expenditures funded with the opioid settlement funds, including details on programs or services drawn from the categories of approved uses.

Reporting will be broken down into three parts. Part I (contact information) and Part II (information on funded service/program) will be filled out if counties spend less than $25,000 of settlement funds on one project in a calendar year. For expenditures of $25,000 or more on one project in that calendar year, the report must include Parts I and II as well as Part III (outcomes) for that activity or service. These thresholds only apply to settlement funds expended, not additional funding on an activity or program drawn from other funding sources. For more information on reporting requirements, please locate the Reporting Addendum in the MOA.[12]

[11] https://www.hrsa.gov/rural-health/opioid-response
[12] https://www.ag.state.mn.us/Opioids/docs/MN_MOA_ReportingAddendum.pdf

APPENDIX

Sample First Meeting Agenda

1. Call to Order
2. Approve Agenda
3. Introductions
    a. Names
    b. Reason for involvement
    c. Personal vision
    d. Meeting etiquette
4. Review of membership materials
5. Background of opioid settlement
6. Primary purpose of the group
    a. Memorandum of Agreement Details
7. Johns Hopkins Principles of Spending
    a. Small group activity to expand on the principles
    b. Report out
8. Other opioid related funding
9. Homework
    a. Deeper dive into data, strategies and best practices for opioid prevention, treatment, and recovery
10. Adjourn

Second Meeting Sample Agenda

1. Call to order
2. Approve agenda
3. Setting the stage
    a. Promising practices and Data Review
4. Breakout into groups to develop community opportunities
    a. Blueprint: sharing promising practices and gaps
    b. Groups: Prevention, criminal justice, treatment and recover, harm reduction (individuals should self-place into groups to best match their background)
5. Coming back together
    a. Review and next steps

Third Meeting Sample Agenda:

1. Call to Order
2. Approve Agenda
3. Welcome and Recap of Work
4. Review Survey Draft
    a. Prevention
    b. Criminal Justice
    c. Treatment and Recovery
    d. Harm Reduction
5. Collect input on coalitions/groups to survey
6. Review and Next Steps

Colorado Blueprint

MOA Approved Usages