Attendees:

Members:

Malissa Burnette, Pine to Prairie Drug Task Force Commander, Greg Widseth, Shayla Solberg, Elizabeth Boucher, Laura DeLage, Kelsey Helgeson, Jake Dahle, Cassie Heide, Jodi Ramberg, Darin Selzler, Shannon Kronlund, Marley Melbye, Catherine Johnson, Abdi Duale, Jennifer Berhow, Jackie Hanson, Dr. Sens

Chief Strategist – Polk County Public Health

Sarah Shimek, Kirsten Fagerlund, Sarah Reese

Guests:

Mary Lyon, Mary DeLaquil

1. Welcome and Introductions (Sarah S.) – Meeting Guidelines reviewed from the December meeting.
   a. All members have an equal voice - Opportunity to speak, vote, agree or disagree during the meetings.
   b. Speak from your own experience- Includes personal and professional experience.
   c. Acknowledge complexity of opioid misuse - Avoid using generalizations about people who are using drugs. Request that members work outside of the meetings to learn more about opioid/drug use stigma.
2. Review and Approval of 12/9 Mtg Minutes (Sarah S.) - Reviewed and no recommended changes. These will be posted on the Polk County Opioid Advisory Council Meeting.
3. Data Presentation by Mary DeLaquil, Fatal Overdose Epidemiologist at MN Dept of Health *(Slide show attached.)*
   Death Cert Overdose Data for Polk County (2016-2022- Q1/Q2)- 25 overdose deaths in PC or among PC residents (death elsewhere); 17 of 25 (68%) of the deaths *involved opioids* - 8 (1/3 – non-opioid- most of them were attributed to Meth toxicity)
   - Age Range 15-63 years of age (typical breakdown compared to state) (25-34 is highest burden statewide- like Polk 20-39 y/o)
   - Race breakdown American Indian – 1, Unknown – 4, White – 12
   - Death certs/limitations -examples: lack detailed toxicology data (mixed drug seen across the state, won't list all the drugs); lack detailed circumstantial information; information on homeless population is limited
   - Race data variables changed nationally in 2022 affecting trendlines (National Center for Health Statistics / changed variables)

- MN Resident / ND Death – Death cert - where you are pronounced deceased, overdoses – usually at the site they are found. PC Public Health follow-up conversation with Dr. Sens about MN Residents with ND death certificate.
- MN Death Certs (STEVE), neighboring states share out of state deaths (but not included in MN data)

SUDORS – State Unintentional Drug Overdose Reporting System, since July 2017, provide circumstantial and granular overdose mortality data to assist data-driven case reviews, prevention efforts, policy proposals and grant writing. De-identified case level data on all unintentional occurrent overdose deaths in MN starting in 2019. Doesn't include suicide OD – separate reporting.

2019-2021 – 4 deaths in 2019 – no opioids, 2020 – 4 deaths – 2 opioids involved, 2021- 5 deaths – all 5 opioid involved; 2021 deaths – at least 1 bystander present (Note: CDC definition – broad definition of bystander)

Law enforcement/DTF and EMS - Carry Narcan, several deployments, helpful tool to saving lives

Crookston Ambulance – working on variance with regulatory body to allow EMT's to administer Narcan among other medications.

Non-fatal overdoses in MN – MIDAS non-fatal dashboard (Trends Over Time)- public dashboard, updated dashboard coming soon (Polk - 12 – 2021, 12 – 2020, 7 – 2019) – *MN Hospital Association* (data source). All residents that lived in PC- female, white, 65-69 old res experienced the greatest # of nonfatal opioid related non-fatal overdoses in 2016-2022. (All drugs – female, white, 30-34 y/o). Contact Shelbi G @ MDH for more info.

All data sources have limitations. Hence why we look at trend and real time data to help tell a fuller story behind the data. – Other local data – 1) Ambulance - EPCR Patient Care Report – Narcan administered (any cardiac, unknown); rural settings – administer Narcan and typically transport. 2) LE used to be required to report to MDH every Narcan deployment b/c they were on a grant. When the grant ended, this data is no longer reported to MDH. 3) HIDA ODMAP is utilized in Polk County. Useful, real-time data, clusters – inform response. DTF will provide a ODMAP demo at the next meeting.

4. Mary Lyon, AmeriCore PH Core, Association of MN Counties- Funding Logistics – Treatment, Recovery, Criminal Justice Involved individuals, Prenatal care, Prevention

5. Greg Widseth, PC Attorney – Starting 5th term. Seeing less cases of prescribed opioids and more involving synthetic opioids (specifically, M30 pills). Meth is rampant – seems to lead to other drugs. Opportunities – 1) Need more public education – extent of the local problem. 2) Need greater treatment options. 3) More timely interventions. Individuals are being charged and released – get another charge before the initial charges are resolved. We can't prosecute our way out of this problem.

6. Break

7. 3 Sisters (Sarah R)

    The Three Sisters – A prevention parable tells the story of three sisters who were taking a walk along a river. As they turned a corner, they saw babies in the river. One sister swooped the babies out of the water. The second sister jumped into the river and showed the babies how to swim. The third sister ran upstream to see why the babies were falling into the river.

    We need all three sisters. If we only respond to emergencies, we never address the root causes of the problem. If we only address the root causes, we are missing the emergencies that are currently happening. All the sisters must work together, simultaneously.

    The first sister is emergency response – she saves lives.
    The second sister is intervention and treatment – she addresses harms that have already happened.
    The third sister is primary prevention and public health – she looks at the conditions that create health.

8. CADCA (Sarah R) - Community Anti-Drug Coalitions of America, Seven Strategies for Community Change.

    Seven methods that can bring about community change have been adopted as a useful framework by CADCA's Institute. Each of these strategies represents a key element to build and maintain a healthy community. In the planning process, utilize all seven strategies to be as comprehensive as possible to achieve population-level change. When focusing on implementation of environmental strategies, consider the types of information, skill-building and support activities necessary to move your interventions forward. You will see that the strategies overlap and reinforce each other.

    The first three strategies—provide information, enhance skills, and provide support—assist in educating the public, raising awareness and helping individuals make healthy choices. Generally, they affect small numbers of individuals and are too weak to impact the community at large. These strategies often are necessary if you are working in a community where denial of and limited knowledge about the current problem is prevalent. But they can provide initial information necessary to bring a community together around an issue. Since the first three of the seven strategies focus on impacting individuals, they have obvious limitations and probably will not, by themselves, achieve measurable change in substance abuse rates in your community. However, the last four strategies are environmental in nature and when utilized in a multi-strategy plan can form the basis of a comprehensive approach along with the first three.

CADCA's 7 Strategies for Community Change:

Individual Change Strategies
1. Providing Information
2. Building Skills
3. Providing Support

Environmental Change Strategies
1. Enhancing Access/Reducing Barriers
2. Changing Consequences (Incentives/Disincentives)
3. Physical Design
4. Modifying/Changing Policy

Individual Change Strategies
1. PROVIDING INFORMATION – Educational presentations, workshops, or other data presentations (e.g., public announcements, brochures, community meetings or social media).
2. BUILDING SKILLS – Workshops or other activities designed to increase the skills of participants, members and staff needed to achieve population-level outcomes (e.g., training, technical assistance, distance learning, strategic planning retreats and curricula development).
3. PROVIDING SUPPORT – Creating opportunities to support people to participate in activities that reduce risk or enhance protection (e.g., providing alternative activities, mentoring, referrals, support groups or clubs).
Environmental Change Strategies
4. ENHANCING ACCESS/REDUCING BARRIERS – Improving systems and processes to increase the ease, ability, and opportunity to utilize those systems and services (e.g., ensuring childcare, transportation, safety, special needs and cultural and language sensitivity).
5. CHANGING CONSEQUENCES (INCENTIVES/DISINCENTIVES) – Increasing or decreasing the probability of a specific behavior that reduces risk or enhances protection by altering the consequences for performing that behavior (e.g., increasing public recognition for deserved behavior, individual and business rewards, scholarships, citations, fines, or revocations/loss of privileges).
6. PHYSICAL DESIGN – Changing the physical design or structure of the environment to reduce risk or enhance protection (e.g., parks, landscapes, signage, lighting, or outlet density).
7. MODIFYING/CHANGING POLICY – Formal change in written procedures, by-laws, proclamations, rules or laws with written documentation and/or voting procedures (e.g., workplace initiatives, law enforcement procedures and practices, public policy actions and systems change within government, communities and organizations).

9. Prevention Efforts/Group Share (Amanda) –
   Introduction to Jamboard.
   1) What are you/we currently doing for prevention in Polk County?
   2) What are we missing? What are our gaps in Polk County? Where are our opportunities?
   Acknowledge that responses are not all encompassing.
   Jamboard responses attached.
10. Action Steps for Next Mtg – Treatment Discussion
    Sought feedback from members about virtual format and use of Jamboard.
11. Next Mtg Feb 8 from 10-12, Virtual
12. Other
13. Adjournment at 12 (noon)

Overview of Opioid-involved Overdoses in POLK County, Death Certificates, SUDORS and Hospital Data
January 11, 2023

Mary DeLaquil, MPH

- **25 overdose deaths in Polk county or among Polk County residents (death may have been elsewhere in MN)**

- **17 of 25 (68%) of the deaths involved opioids**

- **Opioid-involved death data specifics--**

- **8 were Female and 9 male**

- **Manner of Death**
  - **2 suicides**
  - **15 accidents**

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Opioid-involved Data for Polk County 2016 -2022:Q1Q2

- **Age Range 15 – 63 years of age**

- **Age Groups**   **Race Breakdown**

  - **<20 years -   2 deaths**   American Indian -1
  - **20-29 years - 5 deaths**   Unknown - 4
  - **30-39 years - 4 deaths**   White - 12
  - **40-49 years - 3 deaths**
  - **50-59 years - 1 death**
 - **60+ years -   2 deaths**

Limitations of Death Certificate as a data source

- Data available several months after death -time is needed for ME/C to do death investigations

- Death certificates lack detailed toxicology data

  - ~13% of deathsstatewide lack specific drug information in 2021

- Death certificates lack detailed circumstance information

- Information on Homeless population is limited

- Race data variables changed nationally in 2022 affecting future trendlines

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About the SUDORS system

- **Purpose – provide circumstantial and granular overdose mortality data to assist data-driven case reviews, prevention efforts, policy proposals and grant writing**

- **State Unintentional Drug Overdose Reporting System (SUDORS) has been active in Minnesota since July 2017 (opioid-involved only until 2019)**

- **SUDORS now includes de-identified case level data on <u>all</u> unintentional occurrent overdose deaths in Minnesota starting in 2019**

- **Undetermined OD cases are shared by the SUDORS and the Violent Death Reporting System (VDRS) – both projects share the same CDC system. Suicidal OD are not included in this data for this presentaiton**

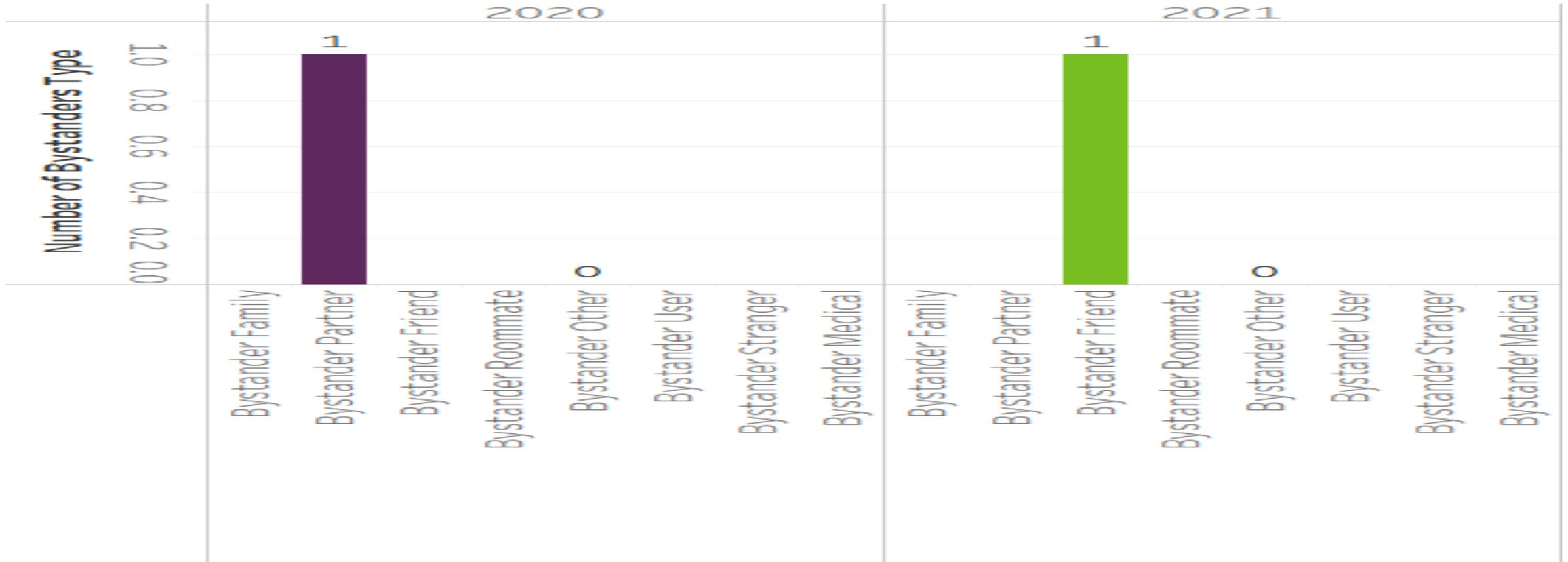- **The MDH SUDORS web site is the portal for dissemination of state level SUDORS information.** https://www.health.state.mn.us/communities/opioids/data/sudors.html
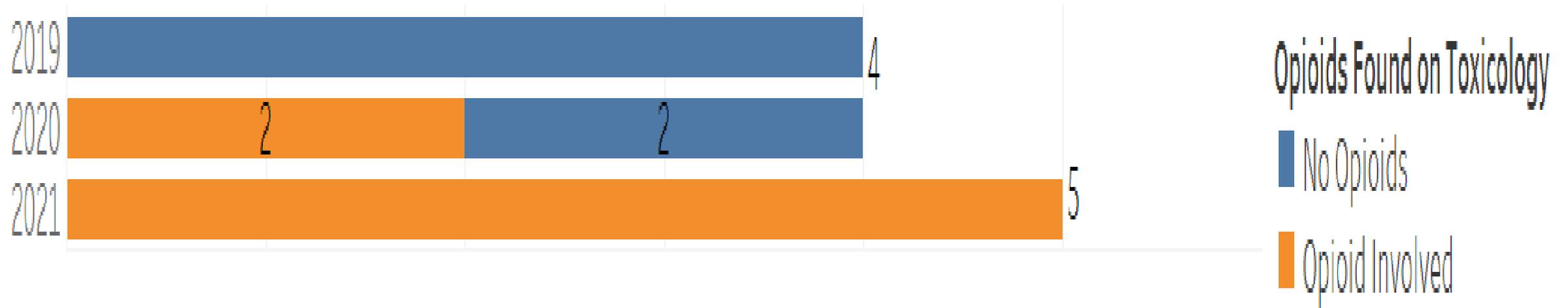
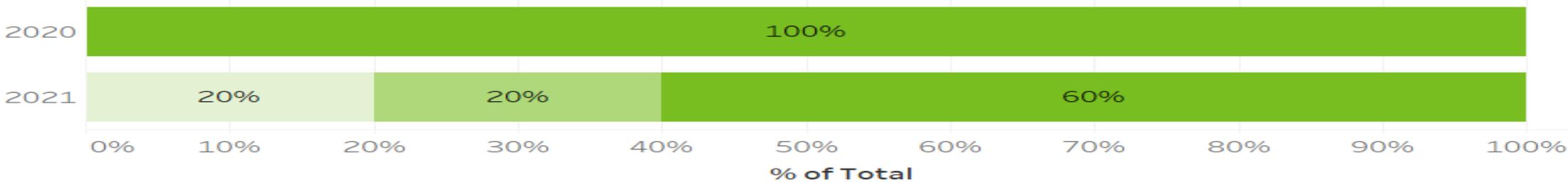# The percentage of bystanders present for opioid-involved overdose deaths in Polk County Increased
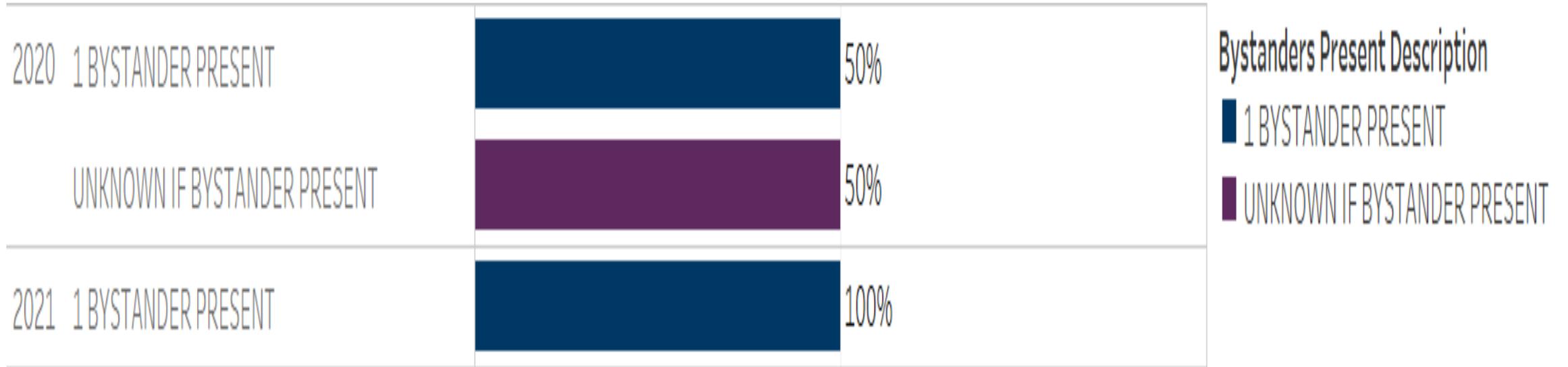
The type of bystander who was present at opioid-involved overdose deaths in Polk County Increased

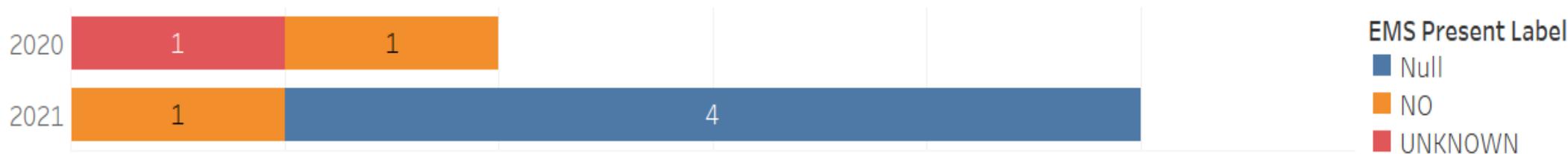# Location type of Opioid-involved Overdoses for Polk County

SOURCE: SUDORS, Minnesota Department of Health, 2019-2021

Responses to opioid involved Overdoses, Polk County, 2019-2020

Number of deaths where Naloxone Administered

2020	1

Were first responders present?

	EMS Present Label
2020	1 (UNKNOWN) / 1 (NO)
2021	1 (NO) / 4 (Null)

EMS Present Label
- Null
- NO
- UNKNOWN

SOURCE: SUDORS, Minnesota Department of Health, 2019-2021

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Incident of Previous Overdose for Opioid-involved Polk County for Intervention opportunities

Previous Overdose Description
- NO PREVIOUS OVERDOSE REPORTED
- PREVIOUS OD, TIMING UNKNOWN

2020: 1 | 1
2021: 1

Treatment?

2020	NO EVIDENCE OF TREATMENT	
2021	NO EVIDENCE OF TREATMENT	

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Limitations of SUDORS data

Only cases that meet the SUDORS inclusion definition are included, therefore it is possible that not all Accidental OD deaths are present in the analysis

The SUDORS Codebook is not publicly available. Please check with your SUDORS state administrator for variable definitions if needed.

Bystanders are defined as any person eleven years of older present at the location

SUDORS has 600+ variables but not every question can be answered. Only data present in the records can be abstracted

Due to the above, undercounts for many circumstantial variables can be assumed.

- Live demo of the upcoming MIDAS non-fatal dashboard.

- Questions about non-fatal overdose data can be sent directly to

- Giesel, Shelbi (MDH)   at   Shelbi.Giesel@state.mn.us

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Thank You!

Please reach out with any questions or data requests

Mary DeLaquil

mary.delaquil@state.mn.us

What are you currently doing for prevention in Polk County for your agency?

POLK COUNTY

OPIOID SETTLEMENT ADVISORY COUNCIL

P2P tries to respond to every OD to develop leads and identify sources (supply reduction)

EGFPD, CPD, and P2P have Narcan

Crox PD: Drug take back box and staff education

Crox PD: Participate in community drug take back programs

PC Environmental Services - dispose meds through garbage using particular process is in place

P2P DTF has 10 drug take-back boxes throughout our region. 578 lbs disposed in 2022

UMC - goal for this year is to equip and train public safety officers with Narcan to reduce response time on campus

Medical Examiner

treatment of SUD and mental health and work on early identification

Medication Assisted Treatment

Drug testing

screen and assessment of SUD and refer and treat

Recovery Peer Specialist-Supporting people working on recovery-Alluma

-Opioid Workgroup (previous)- stakeholders / -Dedicated funding for staff - ATOD prevention / Radio PSA's / Social Media messages / Staff ATOD training

Home Care/Assisted Living:Educating clients on opioids and controlled drugs. Implemented locked boxes in clients' homes who administer their own medications.

TOGETHER WE CAN *prevent and stop opioid misuse and opioid use disorder.*

P2P utilizing ODMAP to add to national statistics and keep up with current OD trends.

P2P is launching a new Tip411 anonymous tip system this month. App Store: P2PTip or text "P2PTip" to 847411

Social media posts related to drug take back locations in all Polk County - happening regularly

P2P DTF does drug talks to educate

North Star Summer program

Improve self status / resilience to minimize need for stimulants

Girls self-image

Data review - data driven decisions; public policy review

ODMap - realtime data

community education opportunities about SUD and Mental health

United Way: learning everything I can right now.

I think anything that we can do to create connection is prevention. I think of our home visiting programs, family events, etc.

creating a church environment that is open to everyone and all

Crookston Ambulance-Trend data on our Naloxone usage. -Use non-narcotic pain management when possible.

UMC - campus data collection on all drug use, low use rates

Early Childhood Summit/ECI focus on partner sharing/childcare providers/resilence/ACES

UMC - many wellbeing initiatives, early identification strategies for students, suicide prevention initiatives

Healthier Fosston - Group related to wellness efforts in Fosston platform for information sharing

programs to help individuals become safe and secure. such as rental assistance, homeless programs, energy assistance and more

options for natural stores for pain relief options rather than resorting to prescriptions

PCPH have established Youth Advisory Board for input and impact. Continued discussions on mental wellbeing. Training on changing the narrative re: mental wellbeing/suic

What are we missing? What are our gaps in Polk County? Where are our opportunities?

POLK COUNTY
OPIOID SETTLEMENT ADVISORY COUNCIL

making it easy to dispose Rx's (ex. having the dispose Rx packets to give people when they get their meds) they might have barriers to going to drug take back places

More takeback locations and promotion of them

Faith partners

establishing mechanisms for putting the opioid dollars to work

Prescribers or pharmacists on the advisory council?

Racial representation – how do use rates compare? How do arrest rates compare?

Gaps in ND data from Altru/Sanford health systems

Do our providers at Riverview, Altru use SBIRT for substance use? (Note- PH has made request of local health systems to gather this and alike information. Stay tuned.)

Timely access to treatment option (including funding options)

Ability for quicker CD Assessments, so people don't lose strenght

Treatment opportunities closer to home-I know this has been mentioned.

Greater resources for pre-trial and post-sentencing supervision and access to services.

Lack of patrol officers will lead to reduction in Task Force Officers

Are our laws and policies too focused on punitive measures (e.g. prosecuting homicide for person who sold on accidental overdose)?

Possibly free treatment options(staff that has had prior drug use is beneficial, easier to relate to)

People who want to get into treatment are waiting weeks for a facility to have an open bed/depending on their insurance.

behavioral health access both inpatient and outpatient

Drug court similar to DUI court

Are we using restorative justice practices for non-violent drug offenses?

Increased School Counsellor and SRO availability in schools

TOGETHER WE CAN *prevent and stop opioid misuse and opioid use disorder.*