

HENNEPIN COUNTY
MINNESOTA

Opioid prevention strategic framework

2018

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Introduction: Hennepin County's health and safety approach to opioid misuse and overdoses

Hennepin County's health and safety approach to opioid misuse and overdoses is founded on evidence-based strategies being implemented across the United States, informed by research, and built on the expertise of a countywide strategic planning workgroup. Successful implementation of the opioid prevention strategic framework will require engagement and collaboration of all Hennepin County elected officials and departments, 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.

The opioid prevention strategic framework has three (3) pillars: primary 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 opioid misuse and overdose deaths.

- **Primary prevention** is focused on preventing further spread of the opioid crisis and contains five (5) priority areas: monitoring and communication; public education and stigma reduction; manage access; safer storage and disposal; and public safety interventions.
- **Response** is focused on averting overdose deaths and contains two (2) priority areas: rescue and harm reduction.
- **Treatment and recovery** is focused on providing evidence-based treatment and recovery services and contains two (2) priority areas: access to treatment and recovery services; and justice-involved supports.

Opioid prevention priorities and current activities

The following is a description of the priority areas in the Opioid Prevention Framework; a listing of current activities by department; and proposed priority area strategies and action items.

Primary Prevention: Prevent further spread of the opioid crisis

Priority area 1: monitoring and communication

Monitoring and communication is a fundamental tool for disease prevention and control in public health. **Tracking, analyzing and sharing timely, comprehensive data** related to population-level opioid use patterns and consequences helps identify the opportunities for intervention. Collaboration and coordination among county, state, and federal governments can strengthen the accuracy and timeliness of reporting.

Current monitoring and communication activities:

- **Department of Community Corrections and Rehabilitation (DOCCR)** tracks client urinalysis data and can report on trends of positive test results.
- **Hennepin County Medical Center (HCMC)** is tracking indicators such as emergency medical services (EMS) calls related to overdoses and naloxone distribution.
- **Human Services** connects with the Minnesota Department of Human Services (DHS), Minnesota Department of Health (MDH), and the federal Substance Abuse and Mental Health Service Administration (SAMHSA) regarding statewide opioid data trends and emerging strategies to address the epidemic.
- **Medical Examiner's (ME) Office** submits monthly opiate/opioid/heroin overdose statistical data for Hennepin, Dakota, and Scott counties to the Hennepin County Sheriff's Office, other law enforcement, US Department of Justice, Attorney General's Office, Minnesota Department of Health (MDH), other agencies, and media. The ME's Office releases drugs, drug paraphernalia, and cell phones to law enforcement at the scene of death to facilitate more rapid law enforcement investigations. The ME's Office also works with local (Hennepin County Communications) and Federal (Drug Enforcement Agency) partners when a new opioid hits the streets (e.g. the introduction of carfentanil in early 2017).
- **Public Health** collaborates with the ME's Office on death data and collaborates with the Minnesota Department of Health (MDH) on best practices for surveillance of opioid injuries and deaths. Public Health also compiles and monitors death certificates, hospitalization data, and state and national reports regarding opioid use. Public Health Advanced Life Support (ALS) Emergency Medical Services (EMS) uses a pain management protocol and tracks the quantity per patient of opioids administered by paramedics.

<p>STRATEGY 1: Develop a system for tracking, analyzing, and sharing timely, comprehensive data to support the opioid prevention framework and develop new strategies.</p>		
<p>Action item: Determine membership and establish a countywide Data Coordination Team to:</p> <ul style="list-style-type: none"> Identify the scope and criteria for data to be included and used for measuring results toward strategic priorities Define indicators/metrics for measuring results toward strategic priorities 	<p>Who: Data planners from Public Health, Medical Examiner, Human Services, Sheriff’s Office, and Hennepin County Medical Center (HCMC)</p> <p>Resources needed: Staff, Outside partner data (MN Hospital Association, treatment centers, etc.)</p>	<p>When: Initiate in 1st Quarter 2018 (ongoing, as needed)</p> <p>Measurement: Metrics established; number of meetings</p>
<p>Action item: Develop a data collection and sharing tool.</p>	<p>Who: IT (lead), Data Coordination Team</p> <p>Resources needed: IT staff, Technology (existing or new), and Funding</p>	<p>When: 1st Quarter 2018 (Request IT project)</p> <p>Measurement: Data collection tool established and operational</p>
<p>Action item: Develop a communication strategy for sharing results with key stakeholders:</p> <ul style="list-style-type: none"> Identify audience(s) Identify key talking points from data Disseminate to target audience 	<p>Who: Communications (lead), Data Coordination Team</p> <p>Resources needed: Staff, Communication platforms</p>	<p>When: 3rd/4th Quarter 2018</p> <p>Measurement: Communications messages disseminated; Number of people reached</p>

Priority area 2: public education and stigma reduction

Public education and stigma reduction messaging to key audiences is widely recognized as a key priority in addressing the opioid crisis. **Educating the public** on opioid use disorder (OUD) - that addiction is a chronic condition, treatment is available, and recovery is possible - will help decrease the stigma associated with addiction. Providing evidence-based and non-stigmatizing information can help people with OUD seek help, rather than feeling shame, embarrassment, and avoiding treatment. Informing the public on Good Samaritan laws can encourage community involvement in preventing

overdose deaths. **Educating patients** on safe use can help increase awareness of the opioid crisis and promote appropriate opioid use. Prevention programming in **healthcare settings, social services agencies, schools, and the broader community can target high-risk groups.**

Current public education and stigma-reduction messaging activities:

- **Department of Community Corrections and Rehabilitations (DOCCR)** trains probation officers on opioid addiction and created a work library for staff on treatment and addictions.
- **District Court** piloted “Chasing the Dragon” at Minnetonka middle and high schools and is exploring expansion to other school districts. District Court also provides education and services around heroin and opioid addiction to Model Drug Court team and participants.
- **Hennepin County Sheriff’s Office (HCSO)** conducts #NOverdose Opioid awareness and outreach programs across the county.
- **Hennepin Health** provides its Medicaid members with information about the risks and appropriate use opioids.
- **NorthPoint Health and Wellness** conducts opioid awareness education for the North Minneapolis community.
- **Public Defender’s Office** educates attorneys and staff on resources available to treat opioid addiction, including medications for opioid use disorder (MOUD), and participates in the Model Drug Court Program and other diversion alternatives.

STRATEGY 2: Increase and coordinate education and stigma reduction messaging to key audiences.		
Action item: Document existing communications plans/campaigns at the local, state, and national level, including efficacy	Who: Communications (lead), Education Campaign Task Force made up of relevant departments/ stakeholders Resources needed: Staff	When: 1 st Quarter 2018 Measurement: Assessment complete
Action item: Develop and implement a communication plan to coordinate existing efforts, identify gaps, and implement new/promising strategies	Who: Communications (lead), Library, and Relevant stakeholders Resources needed: Staff, Communications platform, and Funding	When: 2 nd – 4 th Quarter 2018 Measurement: Communications plan complete; number of communication messages developed; number of people reached

<p>considering the following audiences:</p> <ul style="list-style-type: none"> • General public (e.g. safe storage) • County staff (recognition of overdose, safe handling of needles) • Policy makers • Other external stakeholders (e.g. prescribers, social service agencies, etc.) 		
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Priority area 3: managing access

Managing access to opioids at the medical and dental provider level requires a paradigm shift in pain management. In 2001, pain became the 5th vital sign, along with pulse, blood pressure, respiratory rate, and temperature—measures of patient care management. At the same time, opioids were reported to be safe with low risk for addiction. More than a decade later, the number of opioid prescriptions in the United States has skyrocketed and there’s a national opioid addiction epidemic with overdose deaths escalating rapidly.

The costs associated with this epidemic can be measured in billions of dollars and lives damaged and lost. **Prescriber education on and practice of evidence-based pain management and opioid prescribing guidelines** (excluding end-of-life, palliative care guidelines, and cancer pain) will help curb the number of prescriptions written. Additionally, providers who prescribe opioids are encouraged to review their patients’ prescription history in the **Prescription Monitoring Program (PMP)**, the state’s electronic database. This will help identify patients who are abusing or addicted to opioids. In Minnesota, effective July 1, 2017, registration for the PMP is mandated for prescribers when they renew their licenses. However, use of the PMP remains voluntary, which limits the effectiveness of the PMP.

Current manage access activities

- **Hennepin Health** requires prior authorization for combined opiate prescriptions that exceed recommended daily limits and will limit the quantity of opioids allowed in prescriptions for new users in 2018. Hennepin Health also provides information on best practices in pain management to providers and monitors providers with questionable prescribing practices. Hennepin Health participates in the Restricted Recipient Program, which limits Medicaid enrollees with a history of inappropriate opiate-seeking behavior to a single prescriber and pharmacy who can manage their care.

- **Hennepin County Medical Center** has a number of formal and informal consultation vehicles established to consult with patients and providers on opioid use disorder.
- **NorthPoint Health and Wellness** will conduct an opioid awareness training for providers in 2017.
- **Public Health** ALS Emergency Medical Services (EMS) have reduced the administration of opioids to patients except in specified cases. The goal was to reduce opioids given to drug-seeking patients who call 911. Delaying opioids until the Emergency Room (ER) allows physicians to better assess patient's pain and treatment needs.
- **Veterans Services** coordinates with the Veterans Medical System pain management clinic, which offers non-opioid pain management modalities that include physical therapy and mindfulness training. This has reduced the number of veterans suffering from opioid addictions in the past few years.

STRATEGY 3: Support and obligate providers to use best practice prescribing guidelines (State, CDC AND ICSI)		
Action item: Provide education to County staff with medical prescription authority on adopting best practices guidelines, including new state prescribing guidelines	Who: HCMC (lead), NorthPoint Health and Wellness, Human Services, and Public Health Resources needed: Additional funding for HCMC Addiction Medicine staff to develop curriculum and design education methods	When: 1 st Quarter 2019 Measurement: Opioid prescribing guidelines part of Hennepin County provider orientation.
Action item: Advocate for state-level inclusion of evidence-based non-opioid pain treatment coverage in state-sponsored health plans	Who: Intergovernmental Relations (IGR) Resources needed: TBD. Need input to determine resource requirements.	When: 4 th Quarter 2020 Measurement: Non-opioid pain treatment covered by Medical Assistance
Action item: Lead efforts to integrate PMP into electronic health systems	Who: HCMC Epic working in collaboration with state health information exchange collaborative	When: 4 th Quarter 2020 Measurement: PMP integrated into Hennepin Health Systems electronic health record (Epic)

	<p>Resources needed: TBD. Need input to determine resource requirements.</p>	
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Priority area 4: safe storage and environmentally sound disposal

Safe storage and environmentally sound disposal will help prevent access to opioids by those not prescribed the medication. Frequently, family and friends have easy access to prescription opioids through medicine cabinets and sharing. A majority of persons who misuse opioids go on to use heroin, which is more accessible and less expensive than prescription opioids. Research has shown that adolescents are particularly at risk for misuse and subsequent overdose. Providing patients information on **safe home storage** and the importance of **safe and environmentally sound disposal** of unused medication lowers the risk of those drugs being abused. Informing the public on medicine disposal (medication drop boxes), medication take-back events, and pharmacy-based medication return programs help reduce non-prescribed access to opioid medications.

Current safe storage and disposal activities:

- **Hennepin County Medical Center** plans to install a medicine drop box in 2018. The Sheriff’s Office and Environment and Energy are working with HCMC to install a box in the pharmacy.
- **Hennepin County Sheriff’s Office (HCSO) and Environment and Energy** assists with eleven (11) law enforcement household pharmaceutical take back boxes. HCSO and Environment and Energy also conduct quarterly senior medicine collection events. There are typically thirty-two (32) events per year. HCSO is collaborating with the Brooklyn Center Police Department on installing a medicine drop boxes in 2018.
- **NorthPoint Health and Wellness** plans to install a medicine drop box in the pharmacy lobby in 2018. Environment and Energy will fund the program and assist with implementation.

STRATEGY 4: promote safe storage and safe and environmentally sound disposal		
<p>Action item: Create structure of collaboration among public and private entities</p>	<p>Who: Sheriff’s Office, Environment and Energy, Public Health, and HCMC</p> <p>Resources needed: Staff</p>	<p>When: 2018 – 2019 (on-going)</p> <p>Measurement: Structure created</p>
<p>Action item: Increase medication disposal boxes in the county</p>	<p>Who: Sheriff’s Office, Environment and Energy, Public Health, and HCMC</p>	<p>When: 2018 – 2019</p>

through targeting healthcare facilities and retail pharmacies	Resources needed: Staff, Funding, and Marketing assistance	Measurement: Number of boxes added to system and geographic distribution of boxes
Action item: Provide proper disposal information to residents	Who: Environment and Energy (lead), Sheriff's Office, Public Health, and Communications Resources needed: Staff and Funding	When: Ongoing Measurement: Number of people reached
Action item: Collaborate with the Public Education and Stigma Reduction group to educate patients on safe storage	Who: Communications (lead), Environment and Energy, HC Library, and Relevant stakeholders Resources needed: Staff, Communications platform, and Funding	When: 2 nd – 4 th Quarter 2018 Measurement: Communications plan complete, # communication messages developed, # of people reached
Action item: Explore feasibility of using disposal bags as a supplement to medication drop boxes and identify areas where gaps may exist for safe disposal	Who: Sheriff's Office (lead), Environment and Energy (track data), and Public Health Resources needed: Staff and Funding	When: 1 st – 2 nd Quarter 2018 (initiate pilot project) Measurement: Amount of medication collected. Calculated on a person per pound ratio

Priority area 5: public safety interventions

Public Safety Interventions **reduce illegal distribution and use of opioids**. The objective of the interventions is to effectively respond to, investigate and prosecute opioid overdose related crimes, and seek upward sentencing for opioid dealers.

Current public safety intervention activities:

- **Hennepin County Attorney's Office** aggressively charged and prosecuted Murder in the Third Degree cases and opioid dealers. Moreover, the County Attorney's Office is continuing to develop best practices in investigating and prosecuting overdose related crimes and train law enforcement in the response and investigation of overdose related crimes.

- **Hennepin County Sheriff’s Office** coordinates investigation and information sharing amongst all five Metro area counties through participation in the North Central High Intensity Drug Trafficking Area.

STRATEGY 5: reduce illegal distribution and use of opioids		
Action item: Develop best practices in investigating and prosecuting overdose related crimes	Who: County Attorney’s Office Resources needed: TBD	When: 1 st Quarter, 2018 Measurement: Number of law enforcement training participants
Action item: Develop a diversion court for individuals with a substance use disorder who have been charged with lower-level offenses to ensure they have quick access to treatment and recovery support	Who: Court, Public Defenders Office, County Attorney’s Office, Human Services, Dept. of Community Corrections and Rehabilitation (DOCCR) Resources needed: TBD – Staffing	When: 3 rd Quarter 2018 Measurement: Increase in people involved in drug courts; Reduced recidivism
Action item: Review current probationary practices in drug court to ensure compliance with best practices	Who: DOCCR Resources needed: Existing Resources	When: 3 rd Quarter 2018 Measurement: Implementation of new practices Improved outcomes for drug court participants

Response: avert overdose deaths

Priority area 6: rescue

Rescue strategies are important in averting deaths caused by an opioid overdose. Naloxone (brand name Narcan) among others, is a medication that reverses an overdose caused by an opioid drug (heroin and prescription pain medications). When administered during an overdose, naloxone blocks the effects of opioids on the brain and restores breathing. Naloxone can be administered by injection or intranasal spray.

Minnesota law allows naloxone to be administered by first responders, drug users, families, and friends. It also allows limited immunity to people who witness a drug overdose so they call 911 to save a life.

Increasing naloxone kit access and training more first responders, professionals working in high-risk settings or positions, and community members would result in more lives saved. In 2016, the state passed legislation allowing pharmacists to enter into a written protocol or standing order with a licensed provider to dispense naloxone with the goal of increasing naloxone access.

Priority area 7: harm reduction

Harm reduction strategies, such as **needle/syringe exchange programs**, are an effective tactic for decreasing overdose deaths by providing naloxone kits, overdose prevention education, and information on treatment resources to opioid users. Research indicates that harm reduction strategies also reduce the spread of infectious diseases, such as HIV and Hepatitis B and C.

Current rescue and harm reduction activities:

- **District Court** hosts naloxone training to Model Drug Court Team. The training is provided by the Rummmler Hope Foundation.
- **Hennepin County Medical Center (HCMC)** has established guidelines for naloxone. EPIC has been updated consistent with the guideline thus enabling any provider to place an order.
- **Hennepin Health** provides insurance coverage for naloxone injections.
- **Public Health** offers naloxone training and the Health Care for the Homeless clinics administer naloxone during suspected overdose emergencies and distribute naloxone kits. Mental health and substance abuse services are also provided. The Public Health Clinic provides naloxone and syringe exchange intervention services. The goal of this program is to prevent opioid overdoses and prevent new cases of HIV and Hepatitis B and C by reducing the sharing of used needles. The clinic coordinates the syringe exchange and naloxone distribution with other community-based partners.
- **Public Defender's Office** provides education on medications for opioid use disorder (MOUD) and offers naloxone training.

STRATEGY 6: ensure all first responders, necessary county employees, and targeted stakeholders have access to and are trained to administer naloxone		
Action item: Verify and complete sourcing of naloxone supply for all local law enforcement Hennepin County	Who: Sheriff's Office (lead), Public Health Resources needed: Existing resources	When: 1 st Quarter 2018 Measurement: All county police departments have an initial supply of naloxone
Action item: Identify protocol for initial and follow-up naloxone administration training	Who: Public Health Resources needed: TBD	When: When deemed necessary Measurement: Establish list of personnel required to be trained and maintain certification
Action item: Determine county role in naloxone distribution, funding, sourcing, policy, and training	Who: Public Health Resources needed: TBD	When: When deemed necessary Measurement: County naloxone policy

STRATEGY 7: coordinate county safe syringe services and naloxone distribution		
Action item: Coordinate safe syringe services and naloxone distribution with non-governmental agencies in Hennepin county	Who: Public Health Resources needed: TBD	When: 1 st Quarter 2018 Measurement: List of syringe exchange and naloxone distribution sites; coordinated schedules and a calendar of various sites days/hours to maximize availability; Data is being shared, track amount of syringes exchanged and naloxone distributed.
Action item: Collaborate on drug user education	Who: Public Health Resources needed: TBD	When: 1 st Quarter 2018 Measurement: List community organizations providing these services and list of services available to staff, as needed.
Action item: Monitor innovative practices, including Community Health Injection Locations (CHIL) operating in other jurisdictions	Who: Public Health Resources needed: TBD	When: Ongoing Measurement: Updates on new developments in other jurisdictions

Treatment and recovery: provide evidence-based treatment and recovery services

Priority area 8: access to treatment and recovery services

Access to treatment and recovery services for individuals suffering with an opioid use disorder (OUD) is critical if they are to fully recover and return to leading productive lives. *Substance use disorders (SUD) should be treated and managed like other chronic health conditions, by providing access to the right level of service at the right time in the right setting.*

Using the **Screening, Brief Intervention and Referral to Treatment (SBIRT)** strategy allows health and human service professionals to quickly assess if a patient is misusing opioids, increase patient motivation to seek treatment, and refer the patient to specialized treatment services. **Medications for opioid use disorder (MOUD)** may be needed to help individuals manage withdrawal, reduce cravings, and maintain recovery. The use of MOUD should be considered analogous to taking medication for other chronic conditions, such as diabetes and hypertension. MOUD can be safely used for as long as needed by the individual without causing a new addiction.

Research shows using a holistic approach to treating an OUD that includes **behavioral counseling**, along with medical management tactics, provides the best outcomes. Mental health supports help individuals with co-occurring conditions better manage their addiction. **Recovery services** link individuals being released from prison or from community-based treatment programs with a comprehensive set of services that provide additional ongoing recovery supports. Education, employment, legal, and social services help those recovering from an OUD maintain positive growth and prevent relapse.

Current access to care and recovery services activities:

- **Hennepin Health** provides insurance coverage for a variety of inpatient, outpatient, and pharmaceutical treatment services for its Medicaid members with a substance use disorder (SUD).
- **Hennepin County Medical Center** is expanding access to SUD treatment by increasing the number of providers for MOUD and exploring registered nurse care managers as physician extenders to increase program capacity.
- **Human Services** functions as the chemical health authority for Hennepin County. As such, we oversee the spectrum of SUD services available in Hennepin County and authorize the use of public support for individuals requesting access to the appropriate level of care. Human Services works closely with the state, the legislature and community providers related to the reform of SUD treatment. We operate specialized services targeting high-risk clients, such as Project Child that assists addicted women during pregnancy, Diversion and Recovery Team that targets high

users of emergency room services, and Targeted Case Management for persons under court ordered commitment for addiction. Our area manages approximately 11 million dollars of local funds related to contracted- and non-contracted services.

- **NorthPoint Health and Wellness** offers MOUD for patients with opioid use disorder.
- **Public Defenders Office** provides up-to-date information on treatment and medication options for their clients and resources available to support them in recovery and facilitates access to additional support within the framework of specialty courts and diversion programs.
- **Public Health** refers Healthcare for the Homeless clients to mental health and substance use disorder services.

STRATEGY 8.1: design and implement culturally- and evidence-based interventions by engaging communities disproportionately impacted by the opioid epidemic		
Action item: Use data from opioid-related deaths to gather info on age, race/ethnicity, and geographic area of residency to determine those communities disproportionately impacted	Who: Data Coordination Team (see Monitoring and Communication) Resources needed: Need input from Epidemiology and Assessment to determine resources needed	When: 2 nd Quarter 2018 Measurement: A cumulative monthly report on demographic characteristics of opioid deaths available
Action item: Create an Intervention Design team composed of community members disproportionately impacted	Who: Public Health, Human Services Resources needed: 0.5 Public Health staff 0.5 Office Support staff	When: 3 rd Quarter 2017 Measurement: Intervention Design team has 9 meetings by end of 2018
Action item: Create an advisory committee of health care professionals disproportionately impacted (human services/child protection, public health, medical examiners, emergency medical service responders, addiction medicine physicians, Substance Use Disorder treatment providers) that will report to the Intervention Design team	Who: Public Health, Human Services, HCMC, NorthPoint Health and Wellness Center Courts Resources needed: 0.5 Public Health staff 0.5 Office Support staff	When: 3 rd Quarter 2017 Measurement: Advisory committee has 9 meetings by the end of 2018

<p>STRATEGY #8.2: transform the substance use disorder (sud) treatment system from acute, episodic care to a longitudinal model of care.</p>		
<p>Action item: Implement substance use disorder reform within Hennepin County. This includes:</p> <ul style="list-style-type: none"> • All licensed providers of addiction treatment • Direct access to care and mobility of professional services with tele-medicine options • Ecological model of disease management; science-based public health approach to addiction care • Reimbursable, coordinated support services (preventive care) • Reduced demand on high cost emergency department and crisis services • Support for use of medications for opioid use disorder (MOUD) 	<p>Who: Public Health, Human Services, HCMC, NorthPoint, and Licensed SUD Treatment Providers</p> <p>Resources needed: Health plan participation and partnerships</p> <p>Note: Legislative changes go into effect January 1, 2018. Reimbursement through CMS and health plans expected by July 1, 2018, or upon CMS approval-which ever is later.</p> <p>There is no new funding available through Medicaid until at least the 3rd Quarter of 2018</p>	<p>When: 1st Quarter 2018 (Reform Legislation takes effect); 3rd Quarter 2018 (CMS approval for new Medicaid services - estimated)</p> <p>Measurement: Providers may opt into a waiver demonstration project that would use HEDIS (Healthcare Effectiveness and Data Set) measures. Those measures have not been determined yet.</p>
<p>Action item: Develop and expand Withdrawal Management (detox) services at 1800 Chicago Avenue in compliance with 2017 state statute and Medicaid requirements</p> <ul style="list-style-type: none"> • New services involve enhanced medical care, care coordination, peer support, environmental improvements and person-centered program development 	<p>Who: Health and Human Services</p> <p>Resources needed: Interim funding and support for this program pending our ability to bill Medicaid, health plans, and DHS</p> <p>Note: Potential for Medicaid funding through 1115b Waiver</p>	<p>When: 2nd Quarter 2019 (Legislation takes effect July 1, 2019 or upon CMS approval, whichever is later)</p> <p>Measurement: Program begins to operate like a health care facility, rather than a correctional facility</p>

<ul style="list-style-type: none"> • Emphasis on safe withdrawal from all substances and discharge/transfer planning • Coordination with other services at 1800 Chicago and the community, with direct linkages to KOLA Safe Haven housing program • Potential to better coordinate with HCMC Addiction Medicine • Potential to implement Opioid-Specific program/services • Potential to offer Medications for Opioid Use Disorder (MOUD) • Improved client engagement strategies 	<p>Demonstration Project (DHS) as soon as January, 2019</p>	
<p>Action item: Seek new opioid grant opportunities through state and Federal sources that support evidence-based models of addiction care</p>	<p>Who: Health and Human Services Public Health HCMC</p> <p>Resources needed: Existing resources</p>	<p>When: On-going</p> <p>Measurement: Grant funding received</p>
<p>Action item: Review contracts to ensure appropriate accommodations are in place for people on medications for Opioid Use Disorder (MOUD)</p>	<p>Who: HSPHD Contracting</p> <p>Resources needed: Existing resources</p>	<p>When: 2nd Quarter 2018</p> <p>Measurement: Review of contracts completed and all programs deemed to be in compliance.</p>

Priority Area 9: justice-involved supports

Justice-involved supports address the needs of individuals whose opioid use may have contributed to their criminal behavior. Public safety and human service principles guide the implementation of these strategies to ensure individuals have access to treatment services, maintain their sobriety, and are not at risk for an overdose immediately following release from prison.

Pre-charging interventions are believed to be a promising practice in which law enforcement helps citizens voluntarily seek treatment without the threat of arrest. Post-arrest diversion programs, such as drug courts, are considered an evidence-based practice. These programs offer individuals an opportunity to be diverted from incarceration into highly structured and monitored treatment programs.

Evidence-based practices show that providing **MOUD during incarceration** initiates one component of the treatment process and reduces the risk for relapse to drug use and death from an overdose upon release from prison. While there are a number of promising practices, such as police-initiated diversion and MOUD during incarceration, each strategy carries with it significant public safety and health risks that must be addressed with all partners before implementation.

Current justice-involved support activities:

- **Department of Community Corrections and Rehabilitation (DOCCR)** conducts presentence investigation assessments that include substance use. The assessment results are used to make recommendations to the court to address presenting issues.
- **District Court** staff participate in the Model Drug Court.
- **Hennepin County Attorney's Office** The Hennepin County Justice Partners seek to address the needs and adverse behaviors of individuals whose opioid use has contributed to their criminal behavior in a significant manner. For non-violent, first-time offenders the criminal justice partners are open to exploring creative strategies to eliminate opioid abuse and criminogenic behaviors. (CAO) is committed to furthering the development of best practices in the prosecution of Murder in the Third Degree cases (i.e. overdose death cases) and to continuing efforts for enhanced diversion, as noted in the Prevention Strategies grid, including the expansion of drug court to include a separate diversion Drug Court calendar for high-risk offenders who are charged with 5th degree drug crime and have no prior felony convictions. The CAO also participates in the Model Drug Court with partner agencies to ensure individuals with an Opioid Use Disorder and a previous felony charge are offered treatment and in a diversion program that provides treatment for first-time offenders with fifth degree drug charges.
- **Hennepin County Medical Center** – Partners with the Model Drug Court with an assigned licensed alcohol and drug counselor (LADC) sitting in on drug court meetings and managing offenders referred to HCMC's MOUD program.
- **Hennepin County Sheriff's Office** is implementing, along with Hennepin County Medical Center (HCMC), a program to distribute naloxone to inmates with substance use disorder (as determined by medical staff) upon release.
- **Human Services** is an active participant of the Model Drug Court, DWI Court, Mental Health Criminal Court and HOMES Court working directly with team members and participants to ensure access to treatment and long-term support. Social Workers/Chemical Health Counselors in these areas complete assessments related to mental health, chemical health, and other needs.

They make recommendations and referrals for treatment, as well as provide ongoing support. Human Services is also partnering with the Court and Diversion Solutions on a diversion program for individuals with first-time drug charges. The Social Worker/Chemical Health Counselor completes assessments and makes recommendations and referrals for treatment. Human Services has partnerships with the Sheriff's Office and DOCCR. The Integrated Access Team (IAT) is a team of Social Workers who work closely with the Sheriff's Department, HCMC Jail Medical, courts, and others. Human Services also partners with DOCCR in the Transition from Jail to Community team (TJC). Both of these partnerships allow for collaboration as social workers complete assessments, develop case plans, and work closely with program participants, probation, and other parties.

- **Public Defender's Office** participates in the Model Drug Court with partner agencies to ensure access to treatment and long-term support for opioid use disorder and supports the use of diversion programs that keep individuals with opioid use disorders out of the criminal justice system or programs that offer alternatives to incarceration and criminal records.

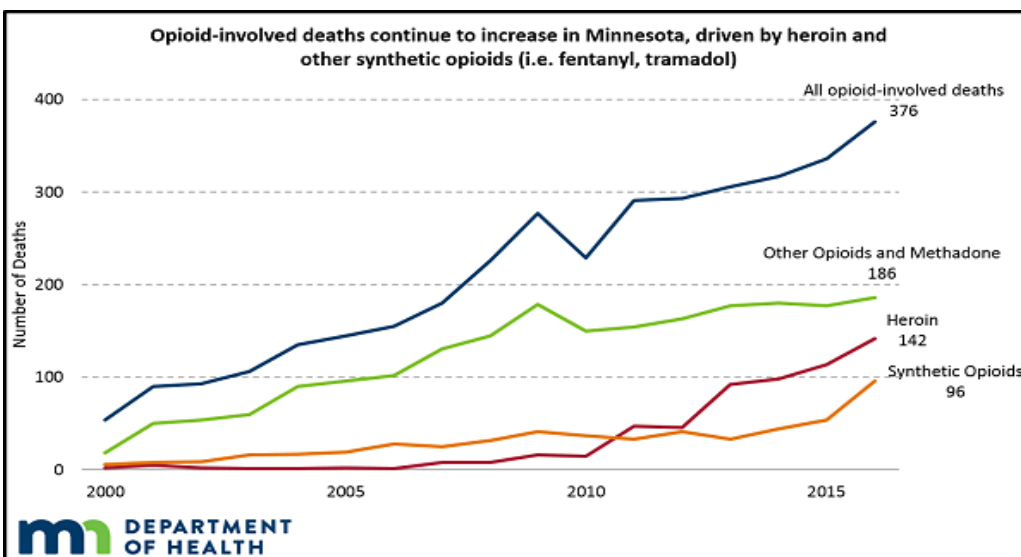
STRATEGY 9: increase treatment options and transition planning in correctional settings		
Action item: Develop a plan including the feasibility and effectiveness for Medications for Opioid Use Disorder (MOUD) during periods of incarceration	Who: Sheriff's Office, Department of Community Corrections and Rehabilitation (DOCCR) Resources needed: TBD	When: 3 rd Quarter 2018 Measurement: Complete Plan
Action item: Expand transition from Jail to Community (TJC) and Integrated Access Team (IAT) to include opioid use disorder target population	Who: Human Services, Public Health, Sheriff's Office, and DOCCR Resources needed: Resources- increased FTE's	When: 1 st Quarter 2019 Measurement: Number served and reduced incarceration, legal activity, increased use of supports
Action item: Establish standards to be used in law enforcement interventions	Who: Criminal Justice Coordinating Committee (CJCC) and Human Services Resources needed: TBD	When: Initiate 2 nd Quarter 2018 Measurement: Standards established and disseminated

Background information

Opioid-Related Deaths are increasing:

The United States is experiencing an epidemic of drug overdose deaths. From 2000 to 2014, the rate of deaths from drug overdoses increased 137 percent, driven in large part by a 200 percent increase in the rate of overdose deaths involving opioids, which includes opioid pain relievers and heroin. According to the Centers for Disease Control and Prevention, overdose deaths have now surpassed auto accidents as a cause of death. In 2000, there were more than 40,000 traffic-related deaths and fewer than 20,000 deaths from drug overdose. On the other hand, there were 43,982 overdose-related deaths and 32,719 traffic fatalities in 2013. In Hennepin County, overdose deaths have overtaken motor vehicles as a cause of death as well, with 202 overdose deaths in 2016 compared with 73 motor vehicle deaths.

In Minnesota, opioid-involved deaths have increased at a similar pace. In 2016, there were 395 total opioid overdose deaths, including 150 deaths involving heroin and 194 deaths involving other opioids, including prescription pain pills, fentanyl, and opioid analogs. Since 2010, deaths from heroin and synthetic opioids have increased rapidly. Many of these deaths involve multiple drug exposures, such as heroin and synthetic opioids, and are counted in each category.



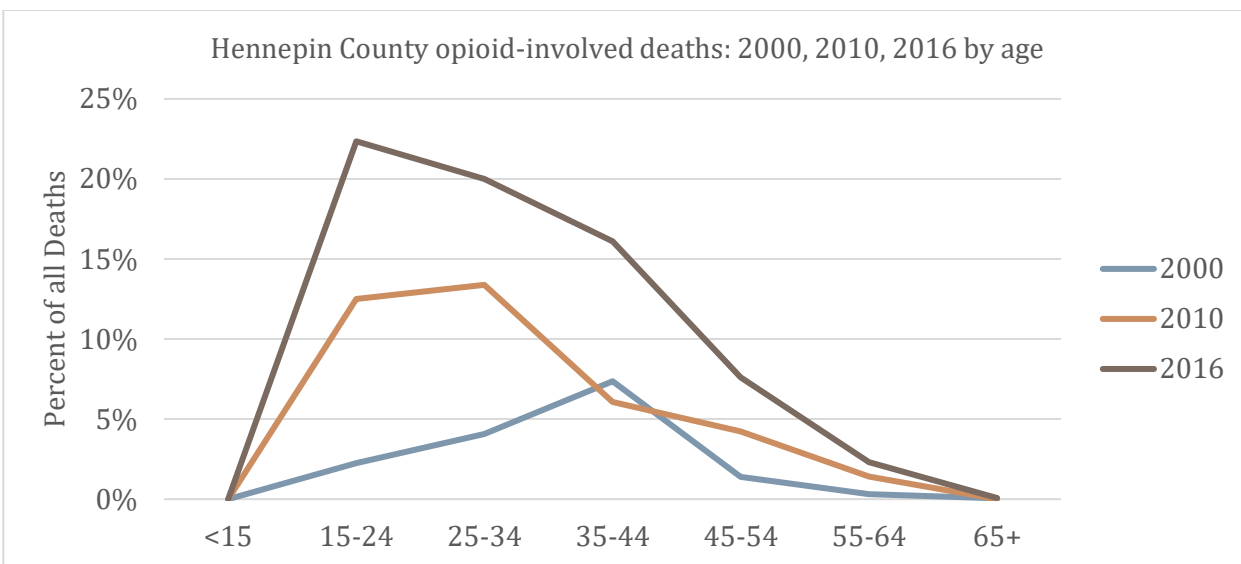
As displayed in the table below, Hennepin County opioid deaths have increased by more than 200 percent between 2007 and 2016, to nearly 150 deaths. Opioid-related deaths that occur in the county (regardless of residence of the decedent) are certified and tracked by the Hennepin County Medical Examiner's (ME) office. The ME tracks these deaths based on a qualitative review of text regarding the cause of death for overdoses that involve heroin or opioids. The Hennepin County Public Health Department also receives information about all deaths to Hennepin County residents from the Minnesota Department of Health. Both sources of mortality data confirm that opioid deaths are an increasing occurrence affecting Hennepin County.

Year	Hennepin County Public Health Data
2007	63
2008	80
2009	74
2010	73
2011	79
2012	97
2013	103
2014	93
2015	104
2016	149
2017 (provisional)	96 (through Oct 2017) 162 (provisional data from Medical Examiner)

Source: 2000-2016 geocoded death records, MDH Center for Health Statistics; 2017 provisional death, MDH Office of Vital Records

Opioid use disproportionately impacts Native Americans and African Americans

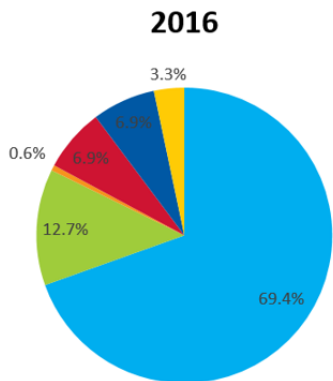
The opioid epidemic touches all of Hennepin County, but some segments of the population and geographic areas are experiencing disproportionately higher rates of overdose deaths. The graph below shows that opioid-involved deaths are occurring more frequently in younger age groups. In 2016, 22 percent of all deaths for people aged 15 to 24, and 20 percent of the deaths for those aged 25 to 34 were caused by opioid overdoses.



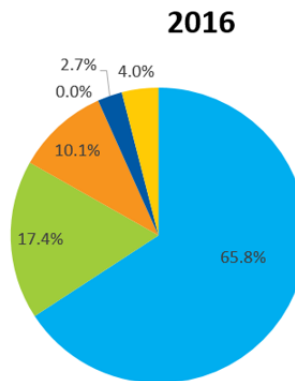
Source: MDH Center for Health Statistics, analyzed by Hennepin County Public Health Assessment Team.

Significant racial disparities are also evident in opioid-related deaths in Minnesota. In 2015, Minnesota had the greatest disparity-rate ratio of deaths due to drug overdose among Native American relative to whites, and African American Minnesotans to white Minnesotans. These rates of disparities—between Native Americans/whites and African Americans/whites—are the greatest rate disparity based on race in the United States. These disparities also exist within Hennepin County, where African Americans and Native Americans are over-represented as a proportion of opioid deaths compared to the overall population. American Indians represent 10.1 percent of deaths from opioids, but only 0.6 percent of the total population, while African Americans represent 17.4 percent of deaths, but only 12.7 percent of the population.

Hennepin County population by race



Hennepin County opioid-involved deaths by race



■ White ■ African American ■ American Indian
■ Asian ■ Hispanic/Latino ■ Two or more races

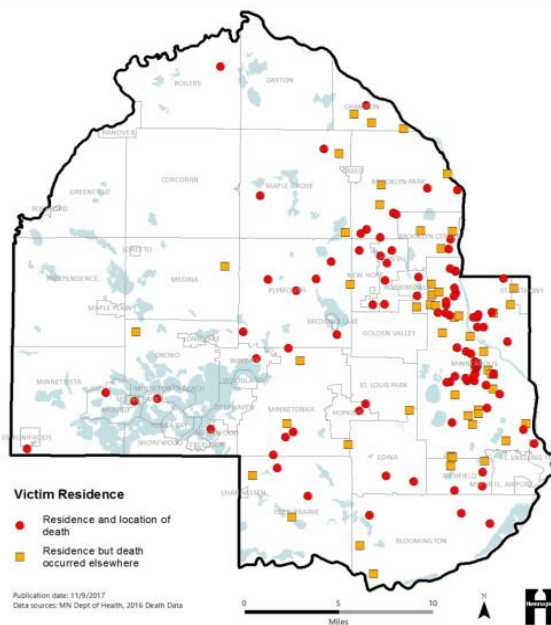
Source: American Community Survey 2016; MDH Center for Health Statistics, analyzed by Hennepin County Public Health Assessment Team.

Geographically, opioid-involved deaths occur across Hennepin County. The map below shows that overdose deaths are concentrated within the City of Minneapolis. Data from inpatient and emergency room hospitalizations across Minnesota suggests that the risk of hospitalization is four-fold higher for people living in the poorest quartile zip codes compared with the highest income quartile zip code.

Prescription drug abuse and the opioid epidemic

Shifts in medical attitudes toward prescription opioids, which were mainly influenced by the pharmaceutical industry, have contributed to this epidemic. 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 released at this time stated that opioid use for controlling chronic pain should be considered a safe practice. This generated

Opioid-involved Deaths 2016 County Resident Deaths



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 six percent increase in the likelihood of an individual receiving an opioid prescription. In 2012, 259 million prescriptions were written for an opioid, or 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 percent of the world's painkillers.

The large amount of prescription opioids in circulation contributes to the opportunity for abuse. Prescribed opioid medications are frequently diverted for nonmedical use. Prescription opioids can be misused by the patient when they are taken in doses other than that prescribed. 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 misuse prescription opioids are using drugs prescribed to someone else.

Other research similarly indicates that the vast majority of heroin users initially used opioid pain relievers and began using heroin when they no longer had legal or illicit access to opioid pills.

It is now well documented through clinical trials that prescription opioids are highly addictive. They 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. Conversely, tolerance to other opioid effects, such as respiratory depression, develops over a longer time period. It is this asymmetry in tolerance that puts an individual at risk for 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 should be approached with the same skill and compassion with which we approach heart disease, diabetes, and cancer.

Opioid use is impacting services

Increases in opioid-related deaths indicate that opioid use is increasing in the community. This has implications for a broad array of services, including routine and emergency healthcare, public health, substance use disorder treatment providers, law enforcement, criminal justice, and others. An example of the stress opioid misuse is placing on the healthcare sector is data from the federal Agency for Healthcare Research and Quality showing that statewide opioid-related emergency room visits increased three-fold between 2005 and 2015.

Another example of the increased opioid-related response is the enrollment in opioid treatment centers, which ranges from 65 to 93 percent of capacity at treatment centers located within Hennepin County.

Treatment Centers in Hennepin County	Capacity	Enrollment as % of capacity
Alliance Clinic LLC	1125	93%
Golden Valley Treatment Services	35	80%
HCMC Addiction Medicine	800	79%
Minneapolis VA Health Care System	75	65%
Specialized Treatment Services - Brooklyn Park	225	82%
Specialized Treatment Services – Central	688	92%
Valhalla Place Inc. - Brooklyn Park	1125	88%

Source: MDH Opioid Dashboard. Data current as of May 25, 2017.

Opioid prevention strategic planning group

Department	Strategic Planning Committee Members
Communications	Kayla Bromelkamp* and Carolyn Marinar*
Community Corrections	Fred Bryan*
Community Works	Rosemary Lavin* and Ryan Gastecki*
County Attorney's Office	Krista White* and Mike Radmer*
Criminal Justice Coordinating Committee	Jill Hermanutz* and Theresa Gilmore (HUP)*
District Court	Brandy Martin
Hennepin Health	Dr. Marc Manley*
Hennepin County Medical Center	Dr. Gavin Bart*
Human Services	Leah Kaiser*, Bob Rohret*, Monique Drier-Sutton*, Brian Morrissey* and Neil Doyle*
Facility Services	Kirk Simmons* and Michael Tupy*
IGR	Kareem Murphy*
Library System	Tammy Wallin*
North Point Health and Wellness	Dr. Deirdre Golden* and Walter Perkins*
Medical Examiner's Office	Dr. Andrew Baker*, Melissa Lallak* and Shawn Wilson
Public Defender	Joelle Sather*
Public Health	Susan Palchick*, Veronica Schulz*, Cathy Stahl*, David Johnson*, Cathy Brunkow*, Andrew Rosa Borges*, Stephanie Able*, Amy Leite-Bennett, Matthew Maxwell*, Kristin Mellstrom*
Public Safety	Marsha Unthank*
Sheriff's Office	Timothy Stout*
*Participated in Strategic Planning Group Facilitators and Administrative Support: Jeremy Gharineh, Anthony Jacques, Amy Nyren, Lynne Penke and Greg Sather.	

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