

Opioid Settlement Advisory Council of Cottonwood and Jackson Counties

Opioid/Substance Use Community Needs Data Report



Background:

Minnesotans have suffered tremendously from the opioid epidemic. In response, Minnesota has joined a multi-state effort to hold pharmaceutical companies accountable for their role in the opioid epidemic, securing significant settlement funds to address the crisis within the state. Minnesota is expected to receive over \$633 million in settlement funds over an extended period (through 2038).

Jackson and Cottonwood Counties are expected to receive over \$1.1 million of these funds to be used on local activities targeting the opioid crisis and other co-occurring substance use and mental health needs.

A local Opioid Settlement Advisory Council (OSAC) has been created to oversee the distribution of the funds in Jackson and Cottonwood Counties.

The council has representation from multiple sectors such as healthcare, education, law enforcement, addiction treatment/recovery, EMS, community members with lived experience of addiction, and more.

The first task of the council was to learn about the needs of the community. This report summarizes the results of a 3 month local assessment led by Des Moines Valley Health and Human Services public health staff. It will be used to advise the Jackson/Cottonwood County Government as to how to most effectively, efficiently, and equitably spend the funds to mitigate the effects of opioid and substance use in our community.

*Together We
Can Make a
Difference*

In this report you can expect:

Substance Use
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Collection

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Next Steps and
Evidence-Based
Strategies

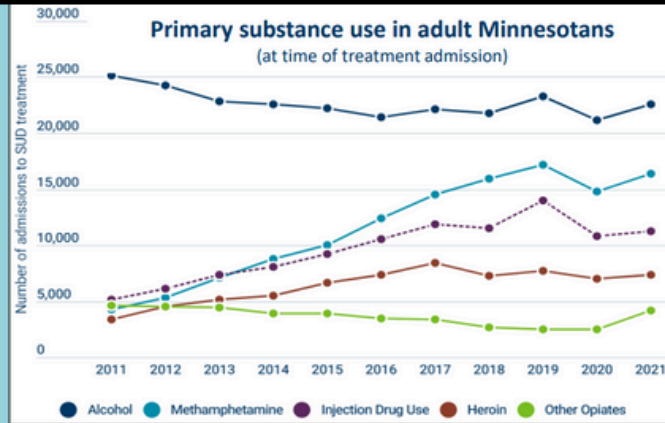
Minnesota/U.S. Data

In 2023 48.5 million Americans (17% of people) experience substance use disorder in the last year.

In addition to the physical, emotional and social impact, it has tremendous financial costs.

Excessive drinking alone cost Minnesotans \$7.85B in 2019 through loss of productivity, healthcare and other costs

Source: study by MN Dept. of Health

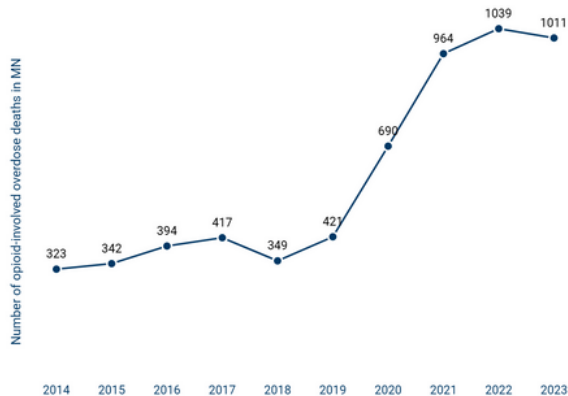


Source: Minnesota Department of Human Services Drug and Alcohol Abuse Normative Evaluation system (DAANES)

In 2022, about 62,000 people were admitted to Substance Use Disorder treatment programs.

Opioid Overdose Deaths

The number of opioid-involved drug overdose deaths in 2023 decreased for the first time in five years.



In Minnesota, Opioid overdose deaths increased by 43% from 2020 to 2022.

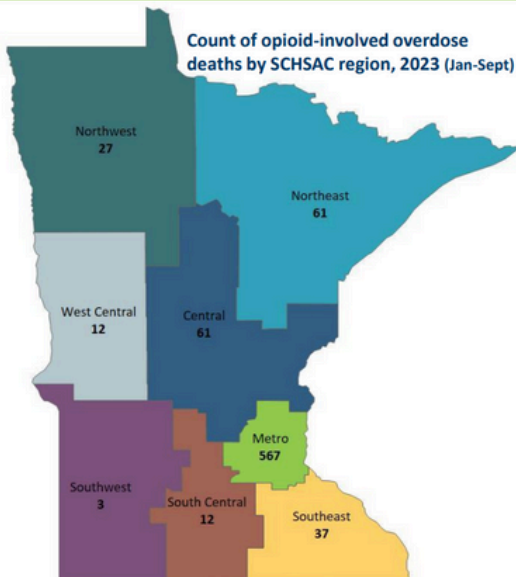
- In 2023 and 2024 overdose deaths began to decline for the first time in 5 years.

Substance Use Disorder Treatment

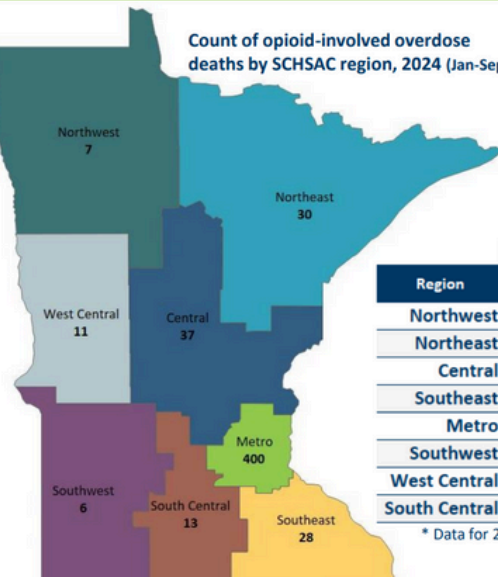
Only 1 in 10 people with a substance use disorder receive treatment in the U.S.



Count of opioid-involved overdose deaths by SCHSAC region, 2023 (Jan-Sept)



Count of opioid-involved overdose deaths by SCHSAC region, 2024 (Jan-Sept)



Region	(Jan-Sept)			% change 2022-2024
	2022	2023	2024	
Northwest	24	27	7	-70.8%
North Central	55	61	30	-45.5%
Central	65	61	37	-43.1%
Southeast	49	37	28	-42.9%
Metro	534	567	400	-25.1%
Southwest	7	3	6	-14.3%
West Central	12	12	11	-8.3%
South Central	13	12	13	0.0%

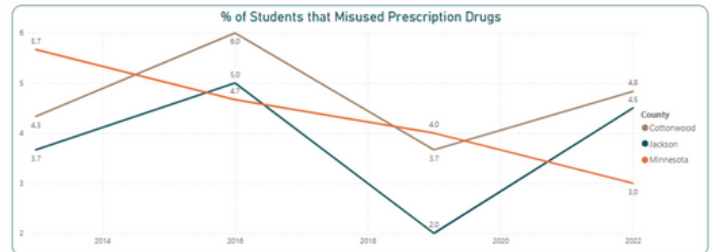
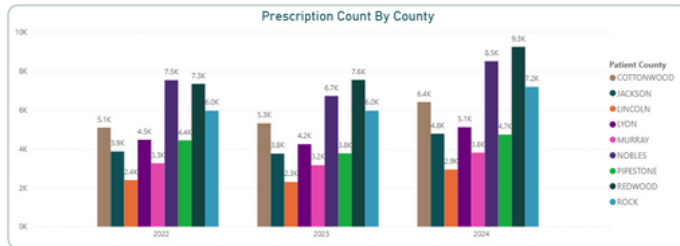
* Data for 2024 is preliminary and likely to change as cases are finalized.

Source: Minnesota Death Certificates, Injury and Violence Prevention Section, MDH

Substance Use in Jackson and Cottonwood Counties

Local data on substance use was compiled using the Minnesota Department of Health's (MDH) databases, the Minnesota Student Survey, & the Drug & Alcohol Abuse Normative Evaluation System (DAANES). This allows us to look at & compare our substance use statistics with our region & state averages to get a picture of where we stand.

Prescription Drug Use



Regional MDH Prescription Monitoring

The Prescription Monitoring Program system compiles information from all pharmacies and prescribers, for the purpose of promoting public health and welfare by detecting diversion, abuse, and misuse for the prescription medications classified as controlled substances under the Minnesota statutes.

Prescription counts continue to increase from year to year, with the largest jump being from 2023 to 2024.

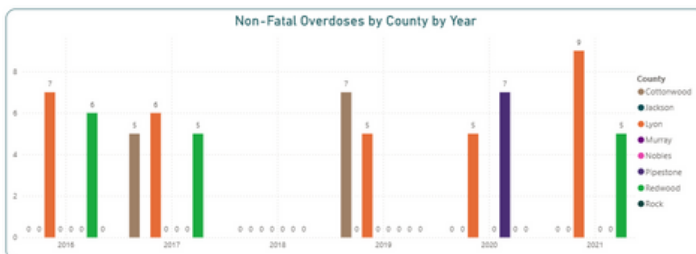
Cottonwood & Jackson both increased by roughly 1,000 prescriptions in the last year, averaging roughly 1 prescription per two people within our jurisdiction.

Youth Prescription Drug Data

The Minnesota Student Survey includes grades 8th, 9th, & 11th. The results displayed are averaged between the grades & genders.

Between 2-6% of students in Cottonwood & Jackson school districts reported misusing prescription drugs over the past 10 years. In 2019, Cottonwood & Jackson were below the state average but saw an increase from 2019 to 2022, while the state average continued to decline.

Overdose Data

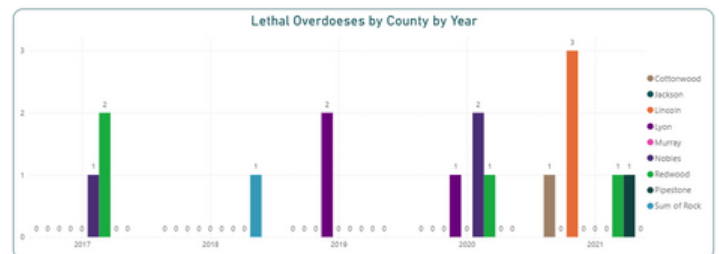


Regional Non-Fatal Overdoses

Data for overdoses are censored if they are below 5 for that year. This means for Cottonwood overdoses between 2016 & 2021 could be anywhere from 12-32. For Jackson this could be between 0-30.

Regionally, Lyon County consistently has the most non-fatal overdoses.

The last 3 years have seen consistent non-fatal overdoses, neither increasing or decreasing



Lethal Overdoses by County

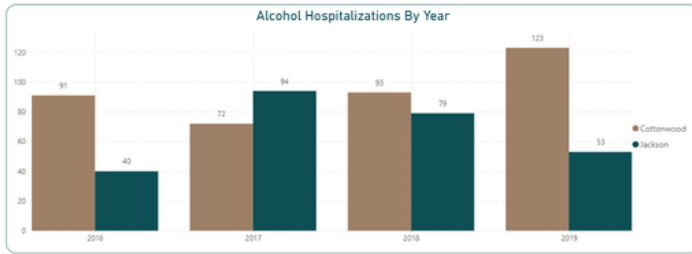
Data displayed in this graph is for Opioids/prescriptions only.

Between the years 2017 & 2021, Cottonwood had 1 overdose & Jackson had 0.

Regionally, there were a total of 16 overdoses.

Alcohol Use Data & Statistics

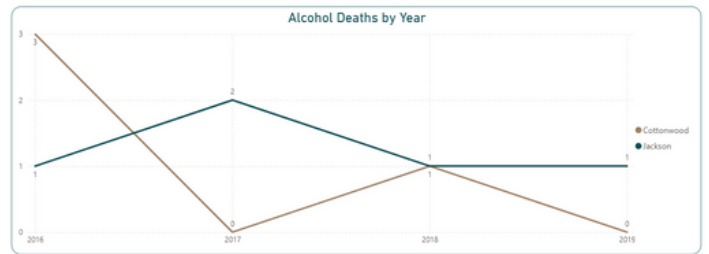
Excessive drinking has a large health and economic impact on Cottonwood and Jackson Counties.



Alcohol Hospitalizations by Year

This graph includes all hospitalizations that were related to alcohol, it would **not** include hospitalizations related to long term alcohol consumption

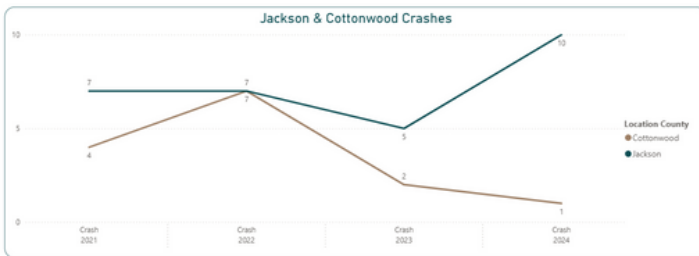
- From 2016 to 2019 Jackson had a total of 266 hospitalizations & Cottonwood had 379



Alcohol Related Deaths by Year

This graph includes all deaths directly contributed to excessive alcohol consumption

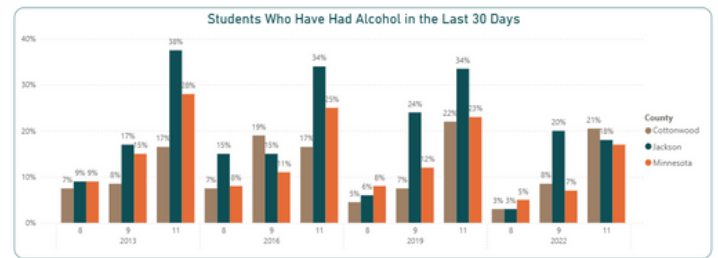
- Between 2016 and 2019 Cottonwood had 4 deaths and Jackson had 5



Alcohol Related Car Crashes

This graph includes all crashes where the driver was under the influence of alcohol.

- Jackson averages about 7 DWI crashes per year while Cottonwood averages about 3.5



MSS Alcohol Data

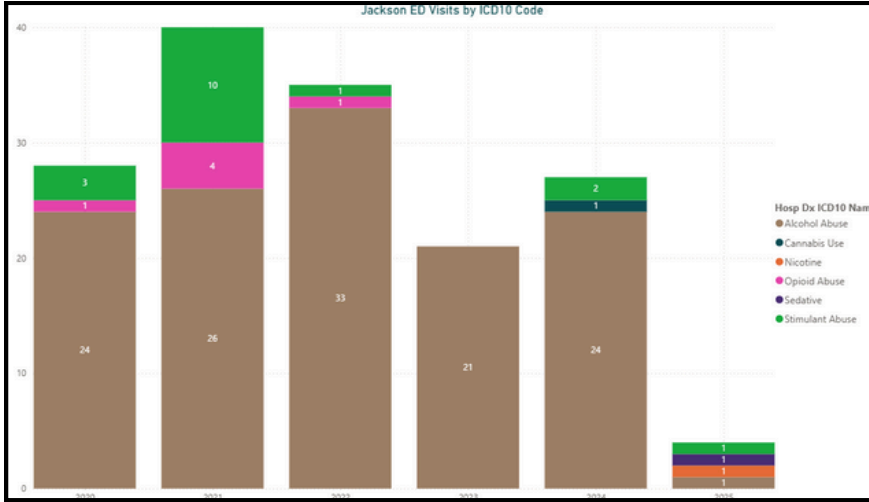
The Minnesota Student Survey includes grades 8th, 9th, & 11th. The results displayed are averaged between men & women.

- Jackson is well above the state average for 11th graders
- Cottonwood trends on par or slightly below the state average
- As a whole, underage drinking seems to be slowly declining

Estimated Cost due to Excessive Drinking, 2019						
Location	Binge Drinking Prevalence	Cost per Person	Total Cost	Productivity loss cost	Other Societal Costs	Healthcare costs
Cottonwood	21.30%	\$788	\$8,828,000	\$6,089,000	\$1,463,000	\$1,276,000
Jackson	24.20%	\$917	\$9,028,000	\$6,079,000	\$1,461,000	\$1,488,000
State of MN	20.70%	\$1,383	\$7,851,447,000	\$5,592,691,000	\$1,343,583,000	\$915,173,000

Local Community Partner Data

In this section we will explore data collected by our local partners. Our partners have boots on the ground & work closely with the people that represent the numbers on these graphs. This data will help us corroborate the secondary data findings that we explored in the previous section.



Sanford Jackson Emergency Department

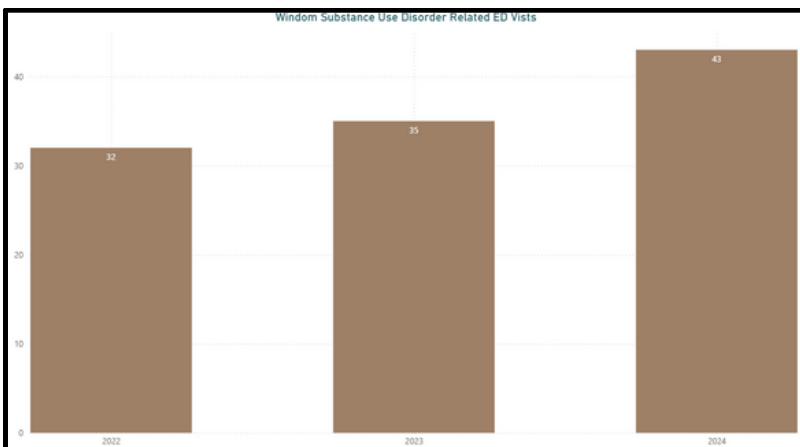
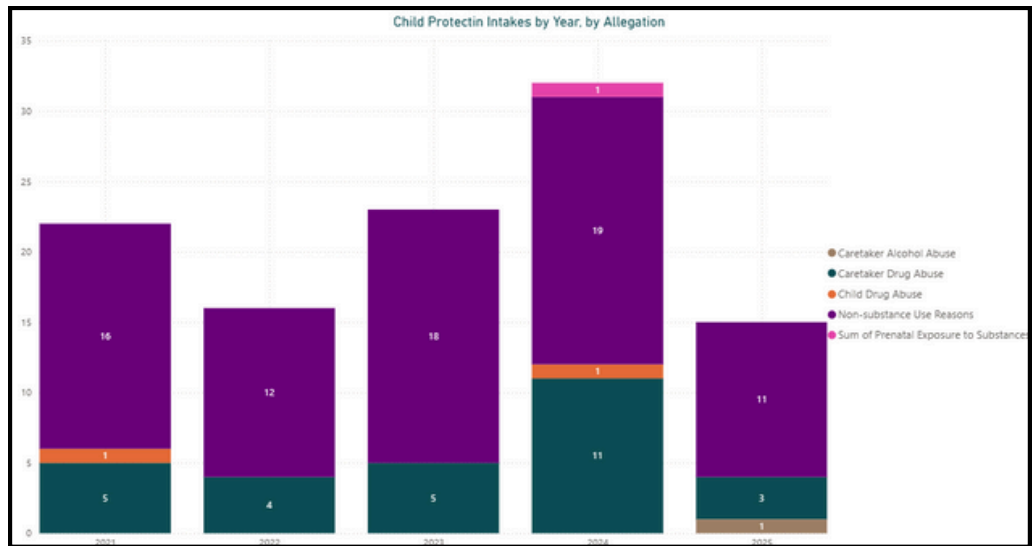
Reflecting similar findings as the secondary data, the vast majority of drug related emergency room visits were alcohol related.

The second most popular drug abuse was stimulants

Opioids had a total of 6 emergency room visits since 2020.

Child Protection Intake Data

Approximately one out of every four reports to child protection were related to caretaker drug abuse.



Windom Area Health Emergency Department

The last few years have seen an incline in substance use related mental health visits. Total visits between 2022 & 2024 related to substance use disorder total 110

Local Prescription Drop Boxes

There are four locations in Jackson and Cottonwood Counties for residents to drop off unused prescription medications.

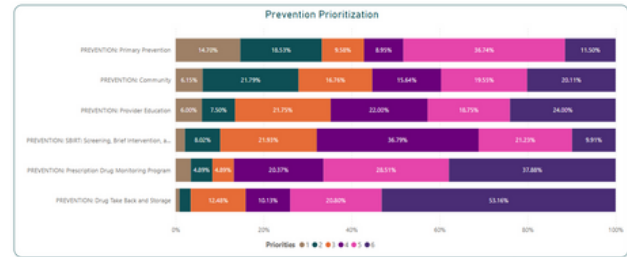
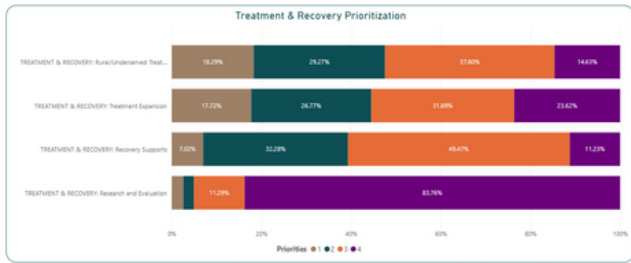
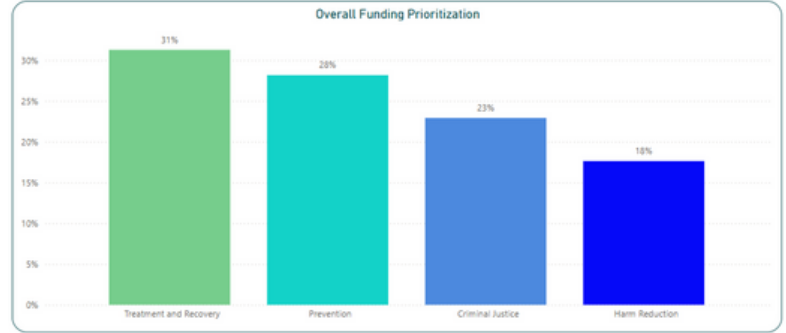


Community Input Survey

In summer of 2025 we put out a Community Input Survey looking to collect the communities' opinions on where the Opioid funding would be best utilized. In total we received 97 responses. Of these 97 responses 8 were incomplete and had to be discarded. That left us with 89 total surveys that we analyzed. The respondents were asked to rank 4 overarching categories: Harm Reduction, Prevention, Criminal Justice, & Recovery & Treatment. Each overarching category also had a handful of subcategories that the respondents were asked to rank. Below you will find the compiled data that we pulled from this survey.

Overall Survey Results

Each respondent was asked to allocate a percentage to each category (0%-100%). All responses were then averaged to give us the following percentages & order of priority from our communities perspective:



Treatment & Recovery Prioritization



Prevention Prioritization

Rural/Underserved Treatment Programs: Expand treatment options in rural and underserved areas, including mobile programs and telehealth/telemedicine programs.

Treatment Expansion: Expand substance use disorder treatment, i.e., detox, inpatient/residential and outpatient treatment, and medications for opioid use disorder.

Recovery Supports: Programs that promote recovery, like access to housing and health care, employment and job training, and peer support programs.

Research & Evaluation: Funding to research different treatments, evaluate treatment and recovery programs, and research the impact of policy changes on drug use/overdoses

Primary Prevention: Programs and strategies shown to prevent drug use, including family and youth programs, that promote healthy behavior and relationships and reduce risk factors, as well as adult education programs and public education campaigns.

Community: Funding for schools, child care, family services, and job training to prevent drug use.

Provider Education: Training for health care providers on non-opioid pain treatment, non-addictive ways to treat chronic pain, and the safest ways to prescribe opioids.

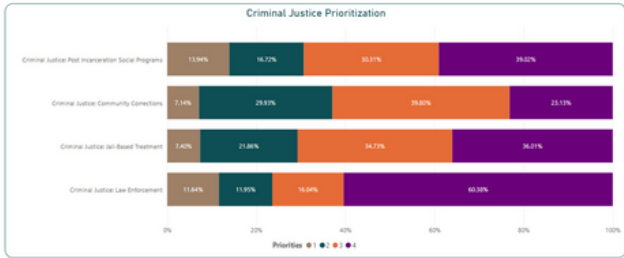
SBIRT: Training and funding to use screening tools to identify substance use, offer ways to prevent substance use disorder, and refer to treatment.

Prescription Drug Monitoring Program: Improve and increase use of Minnesota's Prescription Drug Monitoring Program (PDMP). This system is used by health care providers to track controlled substance prescriptions, identify prescribing trends, and prevent overprescribing.

Drug Take Back & Storage: Expand drug take-back programs to allow drugs and medications to be returned to any pharmacy on any day and distribute safe storage containers for prescription drugs at home.

Community Input Survey Cont.

Criminal Justice Prioritization



1. Post Incarceration Social Programs
2. Community Corrections
3. Jail-Based Treatment
4. Law Enforcement

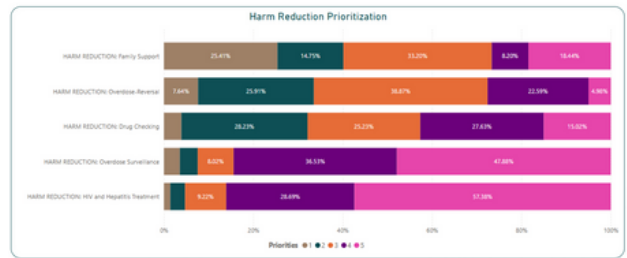
Post-Incarceration Social Programs: Programs that help people recovering from substance use disorders reunite with their communities following jail/prison time.

Community Corrections: Develop or expand drug or family courts and other law enforcement programs that help people using drugs find treatment and stay in the community.

Jail-Based Treatment: Expand addiction treatment in jails and prisons.

Law Enforcement: Funding and training for local police, drug task forces, and efforts that prevent illegal drugs from getting to their destination.

Harm Reduction Prioritization



1. Family Support
2. Overdose-Reversal
3. Drug Checking
4. Overdose Surveillance
5. HIV & Hepatitis Treatment

Family Support: Support services for children and families affected by substance use disorders, including training for professionals such as teachers, law enforcement, and others.

Overdose Reversal: Increase availability of naloxone and training on how to give naloxone.

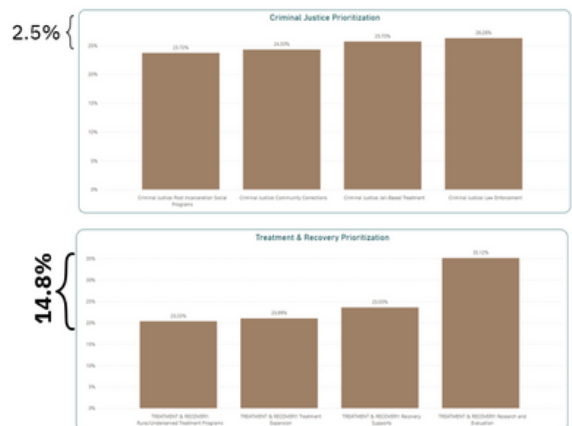
Drug Checking: Distribute test strips for fentanyl, plus other drug-checking services.

SBIRT: Training and funding to use screening tools to identify substance use, offer ways to prevent substance use disorder, and refer to treatment.

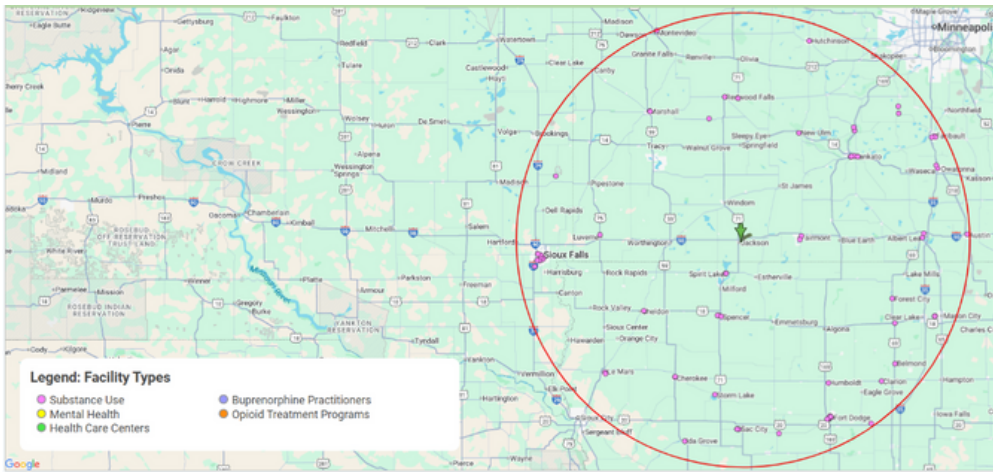
Overdose Surveillance: Track drug-related death and overdoses. Funding for law enforcement, medical examiners, and coroners to improve accuracy and timeliness of autopsy drug-testing.

HIV & Hepatitis Treatment: Screening, early detection, vaccines, and treatment for HIV, hepatitis, and other medical issues that may occur among people who use drugs.

This community input survey was pivotal to understanding what our community considers important to them. However, it is also important to remember that all these categories were within a 2.5%-15% difference between the first & last chosen priority area. As a community we want everything that was listed above and more, but this survey will help us align with where we might want to look first, not the only place that we should look.



Asset Map



findtreatment.gov

Jackson Asset Map

Red circle represents 100 mile radius

Sioux Falls was the only place with an Opioid Treatment Program within a 100 mile radius

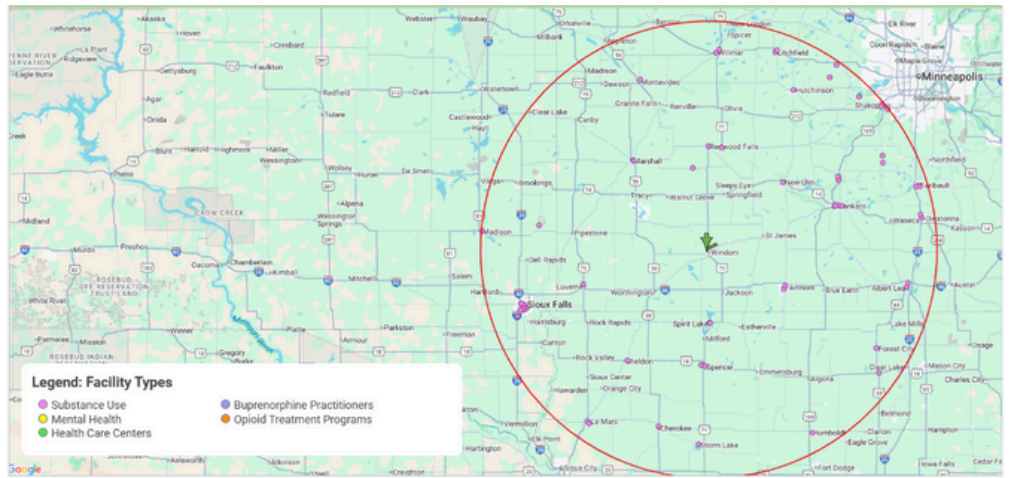
Only includes facilities listed on findtreatment.gov

Windom Asset Map

Red circle represents 100 mile radius

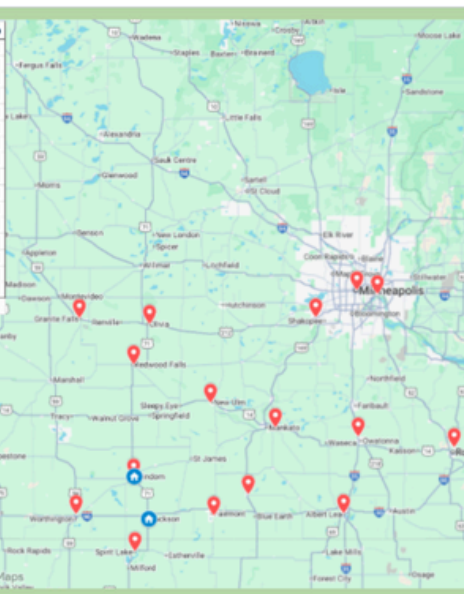
Sioux Falls was the only place with an Opioid Treatment Program within a 100 mile radius

Only includes facilities listed on findtreatment.gov



findtreatment.gov

City	Outpatient Options	Inpatient Options	Sober Living	Opioid Detox	Methadone	Suboxone
Albert Lea	2	1	1			1
Chaska	5	3	3			
Farmort	2	1	1			1
Granite Falls	1	1	1			
Marshall	11	6				2
New Ulm	2	1				
Owatonna	3	2	2			2
Rochester	14	8	8		1	3
Minneapolis	85	42	20	9	7	13
Saint Paul	74	41	14	10	3	8
Winnipeg	1					
Worthington	1					
Olivus	1	1		1		
Rockwood falls	1	1				
Spirit Lake	3	1				
Sioux Falls	17	4	5	4	1	1
Totals	223	113	55	24	12	31



Combined Asset Map

*Only includes facilities listed on drugrehabus.org

Agape Counseling Center, LLC in Windom provides outpatient treatment and recovery services locally.

Nearly all Opioid Detox & Methadone treatment locations are in the Twin Cities.

Drugrehabus.org

Focus Groups and Informant Interviews



Digging Deeper into Community Needs for Substance Use Disorder

Members from the Opioid Settlement Advisory Council met with key groups and individuals in the community to gather more in-depth information about the needs in our community for substance use disorder.

Participants

The following groups/individuals were involved in interviews:

- DVHHS social workers and public health staff
- Lakefield Law Enforcement
- Sanford Jackson Health
- Windom Area Health
- Narcotics Anonymous Group
- Individuals/family members with lived experience with addiction

Process

For each focus group or interview, the Colorado Blueprint survey format was used as a guide for the discussions.

Participants were asked to look through evidence-based strategies in 4 target areas: Prevention, Treatment/Recovery, Criminal Justice, and Harm Reduction. For each area, participants were asked to consider strengths, weaknesses and opportunities available in our local community.

Notes were taken during the meetings, and themes/takeaways were identified.

Highlighted Themes

High need for gap funding to eliminate barriers for Treatment and Recovery

SUD services are limited and challenges navigating the services available can derail a person's path to recovery

Prevention is a priority area, particularly amongst youth

Agape Counseling Center is a heavily utilized resource and strength in our community

Interactions with healthcare, law enforcement, and child protection services are high impact spaces for seeking treatment - how these interactions play out can make a difference

Local support is needed for families and loved ones impacted by substance use

Priorities Identified by Focus Groups and Interviews

#1 Treatment Expansion: (Treatment and Recovery) + Rural/Underserved Treatment Programs: Expand substance use disorder treatment, ie. detox, inpatient/residential and outpatient treatment, and medications for opioid use disorder.

- Treatment is hard to find/navigate, far away (transportation barrier)
- Treatment is expensive - even when it is available (gap in ability to pay for tx, loss of wages during tx, continued bills during tx, etc)
- No local capacity for MOUD
- Agape is viewed as a strength - utilized for outpatient, chemical assess, groups, and community navigating

#2 Recovery Supports:

Programs that promote recovery, like access to housing and health care, employment and job training, and peer support programs.

- Peer groups are important. NA and AA groups.
- Lack of support for families and kids of people with SUD - ie Al-anon

#3 Primary Prevention +Community Prevention:

Funding for schools, child care, family services, and job training to prevent drug use.:

Programs and strategies shown to prevent drug use, including family and youth programs, that promote healthy behavior and relationships and reduce risk factors, as well as adult education programs and public education campaigns.

- PATH viewed as a resource at JCC
- Youth prevention programs main priority

#4 Overdose-reversal:

Increase availability of naloxone and training on how to give naloxone.

- Available in ER, EMS, Schools, Law Enforcement. Less available to general public and populations at greatest risk

#5 Jail-Based Treatment:

Expand addiction treatment in jails

6 Provider Education:

Training for health care providers on non-opioid pain treatment, non-addictive ways to treat chronic pain, and the safest ways to prescribe opioids.

#7 Corrections:

Develop or expand drug or family courts and other law enforcement programs that help people using drugs find treatment and stay in the community

- Drug court was brought up as a big factor in sobriety, however when asked directly if funding should go to drug court, the answer was "no - there are other places that need funding more" and "transportation is the main barrier"

Guiding Principles and Evidence Based Strategies

Johns Hopkins 5 Guiding Principles to Opioid Settlement Allocation

#1 Spend the Money to Save Lives

#2 Use Evidence to Guide Spending

#3 Invest in Youth Prevention

#4 Focus on Racial Equity

#5 Develop a fair and transparent process for deciding where to spend the funding.

Here's what's next for the Opioid Settlement in Jackson and Cottonwood

The Opioid Settlement Advisory Council is grateful to the many community members that contributed by taking the survey, attending a focus group, or by providing local data.

The council will be using this information to prioritize funding initiatives that will have the greatest local impact. The council will also be using the Johns Hopkins Guiding Principles to spending opioid settlement funds. A Request for Proposals will be released in the near future for local organizations, non-profits and businesses to apply for funding. All projects and initiatives must fall within the Minnesota Opioids State-Subdivision Memorandum of Agreement.

This is an opportunity for the community to come together to provide needed support to people impacted by substance use disorder.

