

ADDITIONS/REVISIONS/CORRECTIONS

**Regular Meeting
March 21, 2023**

Corrections:

- A. Consent Agenda Item 3.A.i - Excluded Bingo Permit Application – Correction of year of events to reflect **2023**.
- B. Regular Agenda Item 2 – Child Abuse Prevention Month
Correction of Resolution number to reflect **2023-19**.



AGENDA

***PINE COUNTY BOARD OF COMMISSIONERS
REGULAR MEETING***

District 1	Commissioner Hallan
District 2	Commissioner Mohr
District 3	Commissioner Lovgren
District 4	Commissioner Waldhalm
District 5	Commissioner Ludwig

Tuesday, March 21, 2023, 10:00 a.m.
North Pine Government Center
1602 Hwy 23 No.
Sandstone, Minnesota

Notice of Participation via Interactive Technology

Pine County Commissioner JJ Waldhalm will be attending the Pine County Board of Commissioners Regular Meeting on Tuesday, March 21, 2023 at 10:00 a.m. via interactive technology, pursuant to Minnesota Statute 13D.02. Commissioner Waldhalm will be seen and heard at the meeting via electronic means at 904 Calle Cruz Roja, Barrio Obrero, Arecibo, PR, a location which is open and accessible to the public.

Click the link on the county website (www.co.pine.mn.us) for more information and to watch a live stream broadcast of the meeting. Click [here](#) to request to participate in public forum prior to the meeting.

- A) Call meeting to order.
- B) Pledge of Allegiance
- C) Public Forum. Members of the public are invited to speak. After being recognized by the Chair, each speaker should state his/her name and limit comments to three (3) minutes.
- D) Adopt Agenda
- E) Approve the following Minutes for publication:
 - March 7, 2023 Regular County Board Meeting and Summary
 - March 14, 2023 Special Meeting-Committee of the Whole
- F) Minutes of Boards, Committees and Correspondence
 - Minnesota Management & Budget Notification of Compliance with Local Government Pay Equity Act – March 10, 2023
- G) Approve Consent Items

CONSENT AGENDA

The consent agenda is voted on without any discussion. Any commissioner may request an item be removed and added to the regular agenda.

1. **Review February, 2023 Cash Balance (attached)**

Fund	February 28, 2022	February 28, 2023	Increase/Decrease
General Fund	4,462,588	4,662,992	200,404
Health and Human Services Fund	2,346,262	3,097,523	751,261
Road and Bridge Fund	2,817,201	3,285,113	467,912
Opioid Settlement	0	254,694	254,694
COVID Relief	2,503,513	3,365,683	862,170
Land	2,461,114	2,691,411	230,297
Self Insurance	501,726	501,497	(229.48)
TOTAL (inc non-major funds)	17,387,406	20,278,010	2,890,604

2. **February 2023 Disbursements/Claims Over \$2,000 (attached)**

Consider approval of the February 2023 disbursements including the individual listing of claims over \$2,000, and 510 claims under \$2,000 or not needing approval totaling \$439,535.95.

3. **Applications**

Consider approval of the following applications:

A. **Excluded Bingo Permit**

- i. Pathfinder Village – St. Croix Owner Association to conduct bingo on May 27, July 1, August 5, and September 2, 203 at Pathfinder Village, 49200 State Highway 48, Hinckley, Minnesota (Clover Township). Authorize Auditor-Treasurer to sign application.

4. **Pine County Commissioners' Expense Claim Forms**

Review and consider approval of commissioner expense claim forms.

5. **Donations**

Consider acceptance of the following donations:

- A. \$9,160 donation from the Pine County Veterans Council for the remaining balance owing on the purchase of a new veterans' van.

6. **New Hire**

- A. Consider approval to hire Marady Koland as a case aide, effective March 22, 2023, \$20.57 per hour, Grade 5, Step 2.

REGULAR AGENDA

1. **Personnel Committee Report** (Minutes attached)

The Personnel Committee met on March 13, 2023. The Personnel Committee made the following recommendations:

A. **Veterans Services**

- i. Acknowledge the resignation of part-time Veterans Service Officer Michael Harshman, effective February 22, 2023. The position and job description are currently in review and will be brought back at a later date for approval and backfill.

B. Sheriff's Office

- i. Acknowledge the resignation of Deputy Brandon Sell, effective March 9, 2023, and approve backfill of the position and any subsequent vacancies that may occur due to internal promotion or lateral transfer.

C. Sheriff's Office - Corrections

- i. Acknowledge the resignation of Corrections Officer Arianne Grubbs, effective February 25, 2023, and approve backfill of the position and any subsequent vacancies that may occur due to internal promotion or lateral transfer.

2. **Child Abuse Prevention Month**

Consider approval of Resolution 2023-19 proclaiming April 2023 as Child Abuse Prevention Month in Pine County. Authorize Board Chair and County Administrator to sign.

3. **2022 Presentation of Out-of-Home Placement Report**

Out-of-Home Placement presentation by Probation Director Terry Fawcett.

4. **Pine City Township Subdivision and Platting Ordinance**

Consider approval of the following:

- A. Resolution 2023-06, acknowledging that the Township Platting and Subdivision Ordinance contains regulations at least as restrictive as Pine County. Authorize Board Chair and County Administrator to sign.
- B. Memorandum of Understanding Between Pine County and Pine City Township Regarding Zoning, Land Subdivision and Platting and Other Official Controls in Pine City Township, pending final review by the Township Board of Supervisors and Pine County Attorney.

5. **Opioid Settlement Update**

Consider approval of the following and authorize Board Chair and County Administrator to sign.

- A. Amended State Subdivision Agreement, Participation Agreement and Release, Execution of Documents

Resolution 2023-21 approving the Amended State Subdivision Agreement; approve the Participation Agreement and Release with each party; and authorize Reese Frederickson and other staff to execute all documents necessary to ensure Pine County's participation in the settlements.

- B. Use of Opioid Settlement Funds

Resolution 2023-18 Authorizing the Expenditure of a Portion of the Opioid Lawsuit Settlement Funds.

6. **Commissioner Updates**

Kettle River Policy Committee
Chemical Health Coalition
Central Minnesota Jobs and Training Service
East Central Solid Waste Commission
East Central Regional Library Trustees Board
Arrowhead Counties Association
Mille Lacs Band of Ojibwe meeting
Lakes & Pines Community Action Council
Other

7. **Other**

8. Upcoming Meetings (Subject to Change) – Contact the hosting organization to confirm meeting time and location.

- a. Pine County Board Meeting, Tuesday, March 21, 2023, 10:00 a.m., North Pine Government Center, 1602 Hwy. 23 No., Sandstone, Minnesota
- b. NLX, Wednesday, March 22, 2023, 10:00 a.m.
- c. Pine County Housing and Redevelopment Authority / Economic Development Authority, Wednesday, March 22, 2023, 1:00 p.m., North Pine Government Center, 1602 Hwy 23 No., Sandstone, Minnesota
- d. State Community Health Services Executive Committee, Thursday, March 23, 2023, 9:00 a.m., Virtual
- e. Snake River Watershed Management Board, Monday, March 27, 2023, 9:00 a.m., Kanabec County Courthouse, 317 Maple Avenue East, Mora, Minnesota
- f. Snake River Watershed Policy Committee, Monday, March 27, 2023, 9:30 a.m., Kanabec County Courthouse, 317 Maple Avenue East, Mora, Minnesota
- g. Pine City Fiber Joint Powers Board Meeting, Monday, March 27, 2023, 3:00 p.m., Board Room, Courthouse, Pine City, Minnesota
- h. Technology Committee, Tuesday, March 28, 2023, 9:00 a.m., Commissioner Conference Room, Courthouse, Pine City, Minnesota
- i. Meeting with staff from Senator Smith’s Office, Board Room, Courthouse, Pine City, Minnesota.
- j. Central Regional EMS, Friday, March 31, 2023, 10:00 a.m., Stearns County Service Center, Waite Park, Minnesota
- k. Student Government Day, Tuesday, April 4, 2023
- l. Pine County Board Meeting, Tuesday, April 4, 2023, 10:00 a.m., Board Room, Courthouse, Pine City, Minnesota

9. Adjourn

**MINUTES
OF THE
PINE COUNTY BOARD MEETING
Regular Meeting**

Tuesday, March 7, 2023 - 10:00 a.m.

Board Room, Courthouse, 635 Northridge Drive NW, Pine City, Minnesota

Chair Hallan called the meeting to order at 10:00 a.m.

Present were Commissioners Josh Mohr, Terry Lovgren, and Matt Ludwig. Also present was County Administrator David Minke and County Attorney Reese Frederickson. Due to an out-of-town commitment, Commissioner J.J. Waldhalm joined the meeting via interactive technology, pursuant to Minnesota Statute 13D.02. Commissioner Waldhalm was seen and heard at the meeting via electronic means, at 904 Calle Cruz Roja, Barrio Obrero, Arecibo PR, a location open and accessible to the public.

The meeting was live streamed on YouTube.

The Pledge of Allegiance was said.

Chair Hallan called for public comment. There was no public comment.

Chair Hallan requested the following additions to the agenda:

- A. Consent Agenda Item 6.B – Training: Consider approval to attend the AMC Leadership Summit, March 29-31, 2023 for any commissioner desiring to attend. Registration: \$400 (includes meals); Lodging: \$475.46 total lodging cost.
- B. Consent Agenda Item 6.C – Training: Consider approval to attend the 2023 National Association of Counties (NACo) annual conference and exposition, July 21-24, 2023 for any commissioner desiring to attend in Travis County (Austin) Texas. Early bird registration \$530. Travel, meals and lodging costs to be determined.

Motion by Commissioner Ludwig to adopt the amended Agenda. Second by Commissioner Mohr. A Roll Call vote was called by Chair Hallan: District 5-Commissioner Ludwig/Aye; District 1-Chair Hallan/Aye; District 2-Commissioner Mohr/Aye; District 3-Commissioner Lovgren/Aye; District 4-Commissioner Waldhalm/Aye. Motion carried 5-0.

Motion by Commissioner Lovgren to approve the Minutes of the February 21, 2023 regular county board meeting and Summary for publication. Second by Commissioner Mohr. A Roll Call vote was called by Chair Hallan: District 1-Chair Hallan/Aye; District 2-Commissioner Mohr/Aye; District 3-Commissioner Lovgren/Aye; District 4-Commissioner Waldhalm/Aye; District 5-Commissioner Ludwig/Aye. Motion carried 5-0.

Minutes of Boards, Committees and Correspondence

Pine County Land Surveyor Monthly Report – January, 2023

Pine County Historical Society correspondence – February 13, 2023

Motion by Commissioner Ludwig to acknowledge the Minutes of Boards, Committees and Correspondence. Second by Commissioner Lovgren. A Roll Call vote was called by Chair Hallan: District 2-Commissioner Mohr/Aye; District 3-Commissioner Lovgren/Aye; District 4-

Commissioner Waldhalm/Aye; District 5-Commissioner Ludwig/Aye; District 1-Chair Hallan/Aye. Motion carried 5-0.

Motion by Commissioner Lovgren to approve the amended Consent Agenda. Second by Commissioner Ludwig. A Roll Call vote was called by Chair Hallan: District 3-Commissioner Lovgren/Aye; District 4-Commissioner Waldhalm/Aye; District 5-Commissioner Ludwig/Aye; District 1-Chair Hallan; District 2-Commissioner Mohr/Aye. Motion carried 5-0.

CONSENT AGENDA

1. **Solid Waste Management Facility License-Recycling Facility License**
Approve the 2023 Solid Waste Management Facility License-Recycling Facility License for Jones Construction Services.
2. **Septic Fix-Up Special Assessments**
Approve Resolution 2023-12 extending a special assessment as follows:
Edward L. Egdorf and Sherry A. Egdorf (fka Sherry Feela), PID 28.0522.003, \$1,037.33, beginning in 2024 for one year at 3% interest.
Authorize Board Chair/Vice Chair and County Administrator to sign.
3. **Pine County Commissioners' Expense Claim Form**
Approve commissioners' expense claim form.
4. **2022 Gas Tax Distribution**
Approve the 2022 gas tax distribution to townships.
5. **New Hire**
Approve the hiring of:
 - A. Eligibility Worker Jennifer Rowland, effective March 13, 2023, \$20.90 per hour, Grade 6, Step 1.
 - B. Part-time Corrections Officer Kayla McKinney, effective March 8, 2023, \$23.16 per hour, Grade 7, Step 1.
 - C. Full-time Corrections Officer Matt Yerke, effective March 8, 2023, \$23.16 per hour, Grade 7, Step 1.
6. **Training**
Approve the attendance at the following training:
 - A. County Veterans Service Officer Mindy Sandell to attend the Minnesota Association of County Veterans Service Officers Conference April 19-20, 2023 in St. Cloud, Minnesota. Lodging: \$125, Travel: \$100. Total cost: \$225.
 - B. Any commissioner desiring to attend the AMC Leadership Summit, March 29-31, 2023, at Nisswa, Minnesota. Registration: \$400 (includes meals); Lodging: \$475.46 total lodging cost.
 - C. Any commissioner desiring to attend the 2023 National Association of Counties (NACo) annual conference and exposition, July 21-24, 2023 in Travis County (Austin) Texas. Early bird registration \$530. Travel, meals and lodging to be determined.

REGULAR AGENDA

1. Recognition of Retirement – Jennifer Christensen

The board recognized the retirement of Senior Property Appraiser Jennifer Christensen and her 30+ years of service to Pine County.

2. Snake River Watershed Update

Land and Resources Manager Caleb Anderson stated the Minnesota Board of Water and Soil Resources has approved the Snake River Comprehensive Watershed Management Plan and the plan is being brought forward to local government units within the watershed for approval. Anderson stated the plan will replace the Pine County Water Plan within the Snake River Watershed.

Commissioner Lovgren provided an update on the Snake River 1W1P policy meeting stating the Policy Committee recommended a Joint Powers structure to include the four soil and water conservation districts and four counties as voting members. That vote carried 6-0 with Mille Lacs County and Kanabec SWCD members absent. If a joint powers is formed to implement the 1W1P plan, the Snake River Watershed Management Board may not be needed and could consider dissolving. County Administrator Minke stated the Snake River Watershed Management Board has approximately \$300,000 of funds as a result of the annual contributions from the counties. Future discussions will be held as to future Snake River Watershed Management Board.

Motion by Commissioner Lovgren to approve Resolution 2023-17 adopting the Snake River Comprehensive Management Plan and authorize Board Chair and County Administrator to sign. Second by Commissioner Mohr. A Roll Call vote was called by Chair Hallan: District 4-Commissioner Waldhalm/Aye; District 5-Commissioner Ludwig/Aye; District 1-Chair Hallan/Aye; District 2-Commissioner Mohr/Aye; District 3-Commissioner Lovgren/Aye. Motion carried 5-0.

3. Commissioner Updates

Arrowhead Counties Association Legislative Dinner – cancelled due to inclement weather.

Association of Minnesota Counties Legislative Conference: Due to inclement weather, the

AMC Legislative Conference was held electronically. Topics of discussion included payment in lieu of taxes, transportation, Indian Child Welfare Act, Health & Human Services/mental health, Family Resource Centers, probation funding, county program aid, ARMOUR funding, and public safety. Administrator Minke recently became aware of a bill that would change the Public Employment Labor Relations Act (PELRA) to make a staffing ratio a term and condition of employment.

Association of Minnesota Counties Board of Directors Meeting: Chair Hallan stated this was an overview of the Legislative Conference.

NLX - cancelled

Pine County Housing and Redevelopment Authority / Economic Development Authority – cancelled due to inclement weather.

State Community Health Services Advisory Committee (SCHSAC): Commissioner Lovgren stated Minnesota Department of Health Commissioner Dr. Brooke Cunningham was introduced.

Snake River Watershed Management Board – discussed at Regular Agenda #1 above.

Snake River Watershed Policy Committee – discussed at Regular Agenda #1 above.

East Central Regional Development Commission: cancelled due to inclement weather.

Lakes and Pines Community Action Council Board Training: Chair Hallan stated this was a great training for experienced and new board members.

Pine City Fiber Network Joint Powers Board: Chair Hallan stated the Fiber Network Joint Powers Board has not met for several years and there is currently a desire by Pine City to have the board meet. The Joint Powers Agreement provides for appointment of a county representative to the Fiber Network Joint Powers Board.

Motion by Commissioner Lovgren to appointment Chair Hallan as a representative to the Pine City Fiber Network Joint Powers Board. Second by Commissioner Ludwig.

Chair Hallan asked Commissioner Lovgren if she would be interested in being the alternate representative to the Fiber Network Joint Powers Board.

Commissioner Lovgren amended her motion to include herself as the alternate representative to the Pine City Fiber Network Joint Powers Board. Second by Commissioner Ludwig. A Roll Call vote was called by Chair Hallan: District 5-Commissioner Ludwig/Aye; District 1-Chair Hallan/Aye; District 2-Commissioner Mohr/Aye; District 3-Commissioner Lovgren/Aye; District 4-Commissioner Waldhalm/Aye. Motion carried 5-0.

Other

Land Advisory Committee meeting: Commissioner Ludwig stated the Land Advisory Committee met on March 1, 2023 and an update will be given at the Special Meeting-Committee of the Whole meeting on March 14, 2023.

Using Labor Market Information to Inform Workforce Strategy: Commissioner Lovgren attended and gave an overview of workforce shortages and impacts to Minnesota's labor markets.

4. **Other**
None.

5. **Upcoming Meetings**
Upcoming meetings were reviewed.

6. **Adjourn**
With no further business, Chair Hallan adjourned the meeting at 10:57 a.m. The next regular meeting of the county board is scheduled for Tuesday, March 21, 2023 at 10:00 a.m., North Pine Government Center, 1602 Hwy 23 No., Sandstone, Minnesota.

Stephen M. Hallan, Chair
Pine County Board of Commissioners

David J. Minke, Administrator
Clerk to County Board of Commissioners

**SUMMARY
OF
MINUTES
OF THE
PINE COUNTY BOARD MEETING
Regular Meeting**

Tuesday, March 7, 2023 - 10:00 a.m.

Board Room, Courthouse, 635 Northridge Drive NW, Pine City, Minnesota

Chair Hallan called the meeting to order at 10:00 a.m.

Present were Commissioners Josh Mohr, Terry Lovgren, and Matt Ludwig. Also present was County Administrator David Minke and County Attorney Reese Frederickson. Due to an out-of-town commitment, Commissioner J.J. Waldhalm joined the meeting via interactive technology, pursuant to Minnesota Statute 13D.02. Commissioner Waldhalm was seen and heard at the meeting via electronic means, at 904 Calle Cruz Roja, Barrio Obrero, Arecibo PR, a location open and accessible to the public.

The meeting was live streamed on YouTube.

The Pledge of Allegiance was said.

Chair Hallan called for public comment. There was no public comment.

Motion by Commissioner Ludwig to adopt the amended Agenda. Second by Commissioner Mohr. A Roll Call vote was called by Chair Hallan. Motion carried 5-0.

Motion by Commissioner Lovgren to approve the Minutes of the February 21, 2023 regular county board meeting and Summary for publication. Second by Commissioner Mohr. A Roll Call vote was called by Chair Hallan. Motion carried 5-0.

Motion by Commissioner Ludwig to acknowledge the Minutes of Boards, Committees and Correspondence. Second by Commissioner Lovgren. A Roll Call vote was called by Chair Hallan. Motion carried 5-0.

Motion by Commissioner Lovgren to approve the amended Consent Agenda. Second by Commissioner Ludwig. A Roll Call vote was called by Chair Hallan. Motion carried 5-0.

Approve the 2023 Solid Waste Management Facility License-Recycling Facility License for Jones Construction Services.

Approve Resolution 2023-12 extending a special assessment as follows:

Edward L. Egdorf and Sherry A. Egdorf (fka Sherry Feela), PID 28.0522.003, \$1,037.33, beginning in 2024 for one year at 3% interest.

Review and consider approval of commissioners' expense claim form.

Approve the 2022 gas tax distribution to townships.

Approve the hiring of:

- A. Eligibility Worker Jennifer Rowland, effective March 13, 2023, \$20.90 per hour, Grade 6, Step 1.
- B. Part-time Corrections Officer Kayla McKinney, effective March 8, 2023, \$23.16 per hour, Grade 7, Step 1.
- C. Full-time Corrections Officer Matt Yerke, effective March 8, 2023, \$23.16 per hour, Grade 7, Step 1.

Approve the attendance at the following training:

- A. County Veterans Service Officer Mindy Sandell to attend the Minnesota Association of County Veterans Service Officers Conference. Total cost: \$225.
- B. Any commissioner desiring to attend the AMC Leadership Summit. Total cost: \$875.
- C. Any commissioner desiring to attend the 2023 National Association of Counties (NACo) annual conference and exposition. Early bird registration \$530. Travel, meals and lodging to be determined.

Motion by Commissioner Lovgren to approve Resolution 2023-17 adopting the Snake River Comprehensive Management Plan. Second by Commissioner Mohr. A Roll Call vote was called by Chair Hallan. Motion carried 5-0.

Motion by Commissioner Lovgren to appointment Chair Hallan as a representative to the Pine City Fiber Network Joint Powers Board. Second by Commissioner Ludwig.
Commissioner Lovgren amended her motion to include herself as the alternate representative to the Pine City Fiber Network Joint Powers Board. Second by Commissioner Ludwig. A Roll Call vote was called by Chair Hallan. Motion carried 5-0.

With no further business, Chair Hallan adjourned the meeting at 10:57 a.m. The next regular meeting of the county board is scheduled for Tuesday, March 21, 2023 at 10:00 a.m., North Pine Government Center, 1602 Hwy 23 No., Sandstone, Minnesota.

Stephen M. Hallan, Chair
Pine County Board of Commissions

David J. Minke, Administrator
Clerk to County Board of Commissioners

The full text of the board's Minutes are available at the County Administrator's Office and the county's website (www.co.pine.mn.us). Copies may also be requested from the administrator's office.

**MINUTES
OF
PINE COUNTY BOARD MEETING
SPECIAL MEETING-COMMITTEE OF THE WHOLE**

March 14, 2023 – 9:00 a.m.

**Board Room, Pine County Courthouse
635 Northridge Drive NW
Pine City, Minnesota**

Chair Steve Hallan called the meeting to order at 9:00 a.m. Present were Commissioners Josh Mohr, Terry Lovgren and Matt Ludwig. Also present was County Administrator David Minke. Due to an out-of-town commitment, Commissioner J.J. Waldhalm joined the meeting via interactive technology, pursuant to Minnesota Statute 13D.02. Commissioner Waldhalm was seen and heard at the meeting via electronic means and participated from 904 Calle Cruz Roja, Barrio Obrero, Arecibo, PR, a location open and accessible to the public.

Others Present / In Person: John Shardlow, Stantec Consulting; Hinckley Planning & Zoning Administrator Mark Perry; Hinckley Mayor Don Zeman; Bruno Mayor Douglas Blechinger; Jerry Krueger, Bruno township resident; Pine County Economic Development Coordinator Lezlie Sauter; Pine County Land Commissioner/Forester Greg Beck; Pine County Auditor-Treasurer Kelly Schroeder; and Pine County Land and Resources Manager Caleb Anderson.

Others Present / Via Electronic Means

Beth Gruber, Mille Lacs Corporate Ventures Director of Planning & Community Engagement; Jeanette Swenson, Bruno City Clerk/Treasurer; Pine County Public Works/County Engineer Mark LeBrun; Pine County Attorney Reese Frederickson; and Pine County Probation Director Terry Fawcett.

The meeting was live streamed on YouTube.

The Pledge of Allegiance was said.

1. I-35 (Hinckley) Traffic and Tribal Economy Business Park Feasibility Study

John Shardlow, Stantec Consulting, reviewed the traffic study and feasibility study prepared by Stantec for Mille Lacs Corporate Ventures in cooperation with Pine County and the City of Hinckley, for the proposed business park located south of TH48 and east of Interstate 35. The report provided information relating to the planning process and included analysis of traffic conditions, alternative access improvements, cost estimates, and recommendations for next steps and implementation plans. Discussion took place regarding water and sewer infrastructure, and grants and funding opportunities. Beth Gruber, MLCV, stated this project is in the very early information-gathering stage and is a long-term project. Hinckley Mayor Zeman stated the City of Hinckley is supportive of the project moving forward.

2. Recycling and Solid Waste Management

Land and Resources Manager Caleb Anderson provided an overview of the county recycling options and cost. Discussion was held whether to (1) continue with the five recycling sites, (2) eliminate the Bruno recycling site, (3) contract with another recycling hauler to service the Bruno site, or (4) expand curbside pickup.

The consensus of the board was to continue through the remainder of 2023 with the county's recycling contractor, Cloquet Riverside Recycling, including recycling at the Bruno site. This action will result in the contract being about \$31,000 over budget. The recycling program will be revisited as part of the 2024 budget process.

3. Land Advisory Committee Report

County Forester/Land Commissioner Greg Beck stated the Land Advisory Committee met March 1, 2023 and recommended approval of the following resolutions and authorization for the Board Chair and County Administrator to sign:

A. 2023 Tax Forfeit Land Classification (Non Conservation)

Resolution 2023-13 to classify identified lands as non-conservation lands, allow the distribution of lands to local government for review, and requests approval from the Minnesota DNR for the sale of identified parcels of non-conservation lands.

B. Withdraw of Previously Offered Land Auction Parcels

Resolution 2023-14 to allow Pine County to withdraw from sale all unsold parcels of land from past tax-forfeit public land auctions, including the September 16, 2022 tax forfeit land auction, as well all those unsold parcels that were offered at auction and limited to adjoining landowners.

C. Homestead Property Repurchase and Contract Reinstatement Deadline

Resolution 2023-15 to establish that all application requests and for repurchases and contract reinstatements must be submitted to the Pine County Auditor's Office by a deadline of July 25, 2023. After July 25, 2023, no written application request for the repurchase or contract reinstatement will be accepted for those lands to be conveyed, sold, or offered at auction in the year 2023.

Beck stated Memorial Forests land was discussed, and reviewed the five criteria for consideration of acreage for memorial forest eligibility.

- Large acreage
- Timber/resource potential
- Management access
- Environmental uniqueness
- Public recreation value

Commissioner Waldhalm stated his connectivity and the audio was not good at his location and would like to discuss Land Committee recommendations when he is able to attend in-person county board meetings.

Motion by Commissioner Lovgren to approve Resolution 2023-13/Tax Forfeit Land Classification, Resolution 2023-14/Withdraw of Previously Offered Land Parcels, and Resolution 2023-15/Homestead Property Repurchase and Contract Reinstatement Deadline. Second by Commissioner Ludwig. A Roll Call vote was called by Chair Hallan: District 2-Commissioner Mohr/Aye; District 3-Commissioner Lovgren/Aye; District 4-Commissioner Waldhalm/Abstain; District 5-Commissioner Ludwig/Aye; District 1-Chair Hallan/Aye. Motion carried 4-0. Commissioner Waldhalm abstained from voting.

D. Set Aside of Tax Forfeit/Timber Sale Revenues

County Auditor-Treasurer Kelly Schroeder reviewed the breakdown of the restricted funds and balances within the land department, stating the percentage for each fund remain unchanged from last year. The resolution sets aside:

- five percent (5%) of tax forfeit land sale revenues for the purposes of blight clean up,

- five percent (5%) of tax forfeit land sale and timber sale revenues for purposes of timber development, and
- twenty percent (20%) of tax forfeit land sale and timber sale revenues for the purposes of acquisition and maintenance of county parks or recreational areas.

Motion by Commissioner Lovgren to approve Resolution 2023-16 for Set Aside of Tax Forfeit/Timber Sale Revenues. Second by Commissioner Mohr. A Roll Call vote was called by Chair Hallan: District 2-Commissioner Mohr/Aye; District 3-Commissioner Lovgren/Aye; District 4-Commissioner Waldhalm/Abstain; District 5-Commissioner Ludwig/Aye; District 1-Chair Hallan/Aye. Motion carried 4-0. Commissioner Waldhalm abstained from voting.

E. Easement on the Abandoned Dosey Town Road

County Forester/Land Commissioner Greg Beck explained the request by Tim Gohla for a non-exclusive public easement across Memorial Forest land in New Dosey Township, which easement would be over an abandoned town road.

It was the consensus of the board that Resolution 2023-20 granting a nonexclusive public easement be brought back before the board for consideration after review of the easement legal description by the County Land Surveyor.

Chair Hallan called a recess at 11:25 a.m.

The county board meeting reconvened at 11:32 a.m.

4. County Board Strategic Planning Review

Economic Development Coordinator Lezlie Sauter reviewed the strategic planning process, identifying that long-term objectives and strategic actions should be added to the board's strategic plan. The board requested a special meeting / Committee of the Whole be scheduled to discuss goals and identified topics to be discussed, and requested that department heads be invited to identify areas of need within their departments and that Lezlie prepare a survey for commissioners prior to the special meeting.

With no other business, the meeting was adjourned at 12:15 p.m.

Stephen M. Hallan, Chair
Pine County Board of Commissioners

David J. Minke, County Administrator
Clerk to County Board

March 10, 2023

Local Government Official
Pine County
Suite 200
635 Northridge Drive NW
Pine City, MN 55063

Dear Local Government Official:

Congratulations! I am very pleased to send you the attached notification of compliance with the Local Government Pay Equity Act. Since the law was passed in 1984, jurisdictions have worked diligently to meet compliance requirements and your work is to be commended.

Minnesota Rules Chapter 3920 specifies the procedure and criteria for measuring compliance and your jurisdiction's results are attached. You may find a copy of our "Guide to Understanding Pay Equity Compliance" and other resources on our Local Government Pay Equity webpage at: <https://mn.gov/mmb/employee-relations/compensation/laws/local-gov/local-gov-pay-equity/>.

This notice and results of the compliance review are public information and must be supplied upon request to any interested party.

If you have questions or need assistance, please contact Dominique Murray at (651) 259-3805, or by email: pay.equity@state.mn.us

Again, congratulations on your achievement!

Sincerely,
Dominique Murray
Pay Equity Coordinator



Notice of Pay Equity Compliance

Presented to

Pine County

For successfully meeting the requirements of the Local Government Pay Equity Act M.S. 471.991 - 471.999 and Minnesota rules Chapter 3920. This notice is a result of an official review of your 2023 pay equity report by Minnesota Management & Budget.

Your cooperation in complying with the local government pay equity requirements is greatly appreciated.

March 10, 2023

Date

A handwritten signature in black ink, reading 'Jim Schowalter'.

Jim Schowalter, Commissioner



AGENDA REQUEST FORM

Date of Meeting: March 21, 2023

- County Board**
 - Consent Agenda**
 - Regular Agenda** 5 mins. ___ 10 mins. ___ 15 mins. ___ Other ___
- Personnel Committee**
- Other** _____

Agenda Item: February 2023 Cash Balance

Department: Auditor-Treasurer

Kelly M. Shea
Department Head signature

Background information on Item:

February 2023 Cash Balance Report

Action Requested:

None- informational purposes only.

Financial Impact:

N/A

TREASURER'S CASH TRIAL BALANCE COMPARISON

YEAR-TO-YEAR COMPARISON

FUND	February 2022 BALANCE	February 2023 BALANCE	DIFFERENCE
1 - GENERAL	4,462,587.72	4,662,991.67	200,403.95
12 - H&HS	2,346,262.11	3,097,522.84	751,260.73
13 - ROAD & BRIDGE	2,817,201.25	3,285,113.25	467,912.00
17 - OPIOID SETTLEMENT	0.00	254,694.20	254,694.20
19 - COVID RELIEF	2,503,512.93	3,365,682.51	862,169.58
22 - LAND	2,461,114.43	2,691,411.26	230,296.83
60 - SELF INSURANCE	501,726.22	501,496.74	(229.48)
TOTAL (incl non-major funds)	\$17,387,406.21	\$20,278,009.82	\$2,890,603.61

The increase in the Road & Bridge fund is project related.

The increase in COVID Relief Fund is due to receiving the 2nd tranch of ARPA Funds.

MONTH-TO-MONTH COMPARISON

FUND	January 2022 BALANCE	February 2023 BALANCE	DIFFERENCE
1 - GENERAL	6,083,124.36	4,662,991.67	(1,420,132.69)
12 - H&HS	2,920,330.50	3,097,522.84	177,192.34
13 - ROAD & BRIDGE	1,006,479.48	3,285,113.25	2,278,633.77
17 - OPIOID SETTLEMENT	254,694.20	254,694.20	0.00
19 - COVID RELIEF	3,396,399.06	3,365,682.51	(30,716.55)
22 - LAND	2,716,411.78	2,691,411.26	(25,000.52)
60 - SELF INSURANCE	436,762.97	501,496.74	64,733.77
TOTAL (incl non-major funds)	\$18,638,721.74	\$20,278,009.82	\$1,639,288.08

The decrease in the General fund is to be expected as minimal revenue are received during the month; however normal expenses and payroll.

The Road & Bridge Fund saw a large increase; however, this is due to the receipt of the state aid.

The self-insurance fund continued to rebound from 2022; however, this is due to the lag in claim

***** Pine County *****



TREASURER'S CASH TRIAL BALANCE

As of 02/2023

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
1 General Revenue Fund	7,128,620.64			
Receipts		318,171.70	715,141.61	
Disbursements		568,038.04-	1,669,323.25-	
Payroll		1,163,977.91-	2,456,595.98-	
Journal Entries		6,288.44-	697,581.12	
Settlement		0.00	247,567.53	
Fund Total		1,420,132.69-	2,465,628.97-	4,662,991.67
12 Health & Human Services 420 H&HS-Income Maintenance	2,498,667.45			
Receipts		352,161.68	423,694.83	
Disbursements		82,083.61-	183,711.10-	
Payroll		192,746.81-	398,924.89-	
Journal Entries		0.00	21,194.32	
Dept Total		77,331.26	137,746.84-	2,360,920.61
12 Health & Human Services 430 H&HS-Social Services	601,215.04-			
Receipts		502,141.45	753,565.34	
Disbursements		21,986.92-	77,233.48-	
SSIS		184,184.05-	337,469.45-	
Payroll		299,298.13-	642,754.96-	
Journal Entries		1,683.38	47,254.42	
Dept Total		1,644.27-	256,638.13-	857,853.17-
12 Health & Human Services 440 Childrens Collaborative (H&HS)	0.00			
Dept Total		0.00	0.00	0.00
12 Health & Human Services 481 Public Health (H&HS)	1,194,801.71			
Receipts		202,096.72	324,971.87	
Disbursements		20,115.03-	49,030.20-	
Payroll		105,727.09-	218,732.44-	
Journal Entries		0.00	2,695.85	

HHS TOTAL:
\$3,097,522.84

***** Pine County *****



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TREASURER'S CASH TRIAL BALANCE

As of 02/2023

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Dept Total		76,254.60	59,905.08	1,254,706.79
Fund Total	3,092,254.12	151,941.59	334,479.89-	2,757,774.23
13 Road & Bridge Fund	1,475,062.66			
Receipts		2,768,404.08	2,933,854.25	
Disbursements		275,323.81-	711,267.08-	
Payroll		213,639.50-	447,127.90-	
Journal Entries		807.00-	1,614.00-	
Settlement		0.00	36,205.32	
Fund Total		2,278,633.77	1,810,050.59	3,285,113.25
14 Ditch Maintenance (Sr) Fund	32,422.85			
Fund Total		0.00	0.00	32,422.85
17 Opioid Settlement Funds	246,251.99			
Receipts		0.00	8,442.21	
Fund Total		0.00	8,442.21	254,694.20
19 COVID-19 Relief Fund	4,111,074.59			
Receipts		729.00	10,729.00	
Disbursements		22,729.94-	117,146.38-	
Payroll		9,325.63-	18,579.41-	
Journal Entries		610.02	620,395.29-	
Fund Total		30,716.55-	745,392.08-	3,365,682.51
22 Land Management Fund	2,802,077.68			
Receipts		21,245.17	47,961.32	

***** Pine County *****



TREASURER'S CASH TRIAL BALANCE

As of 02/2023

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Disbursements		29,334.20-	36,432.69-	
Payroll		16,911.49-	32,195.05-	
Journal Entries		0.00	90,000.00-	
Fund Total		25,000.52-	110,666.42-	2,691,411.26
24 SSTS Upgrades	196,769.72			
Receipts		192.00	225,774.00	
Disbursements		0.00	83,950.00-	
Fund Total		192.00	141,824.00	338,593.72
29 Children's Collab (H&Hs) Agency Fund	440	Childrens Collaborative (H&HS)		
	218,863.02			
Receipts		38,530.00	38,530.00	
Disbursements		0.00	25,284.72-	
Journal Entries		34.79	75.11	
Dept Total		38,564.79	13,320.39	232,183.41
Fund Total	218,863.02	38,564.79	13,320.39	232,183.41
31 GO Capital Improvement-Capital Projects	50,002.07-			
Receipts		0.00	50,002.07	
Fund Total		0.00	50,002.07	0.00
37 County Railroad Authority	5,055.07			
Fund Total		0.00	0.00	5,055.07
38 Building Fund	225,226.61			
Disbursements		14,332.36-	14,332.36-	
Settlement		0.00	469.83	

***** Pine County *****



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TREASURER'S CASH TRIAL BALANCE

As of 02/2023

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Fund Total		14,332.36-	13,862.53-	211,364.08
39 2015A G.O. Jail Bonds				
	1,569,069.96			
Disbursements		0.00	964,750.00-	
Settlement		0.00	20,748.53	
Fund Total		0.00	944,001.47-	625,068.49
40 2020A G.O. Refunding Courthouse Bonds				
	1,394,661.00			
Disbursements		0.00	879,570.00-	
Settlement		0.00	17,760.75	
Fund Total		0.00	861,809.25-	532,851.75
41 2017A G.O. CIP Bonds				
	133,749.33			
Disbursements		0.00	282,656.25-	
Settlement		0.00	5,919.97	
Fund Total		0.00	276,736.28-	142,986.95-
43 Equipment Fund				
	52,103.83			
Settlement		0.00	482.38	
Fund Total		0.00	482.38	52,586.21
44 Election Equipment				
	58,255.02			
Receipts		8.41	8.41	
Disbursements		960.05-	960.05-	
Settlement		0.00	1,569.82	
Fund Total		951.64-	618.18	58,873.20

***** Pine County *****



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TREASURER'S CASH TRIAL BALANCE

As of 02/2023

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
60 County Self Insurance	271,214.61			
Receipts		332,461.69	674,851.52	
Disbursements		268,626.25-	446,366.05-	
Journal Entries		898.33	1,796.66	
Fund Total		64,733.77	230,282.13	501,496.74
76 Group Health Ins Fund 5/1/95 (Gen)	569,429.51-			
Receipts		92,626.72	272,931.95	
Disbursements		108,362.41-	304,170.38-	
Journal Entries		6,504.10	13,008.20	
Fund Total		9,231.59-	18,230.23-	587,659.74-
80 County Collections Agency Fund	23,734.82			
Receipts		530,854.25	538,665.53	
Disbursements		6,545.50-	16,450.29-	
Fund Total		524,308.75	522,215.24	545,950.06
82 Taxes And Penalties Agency Fund	903,772.45			
Receipts		139,158.24	525,024.19	
Disbursements		3,908.00-	393,570.87-	
Journal Entries		0.00	68,899.16-	
Settlement		0.00	330,724.13-	
Fund Total		135,250.24	268,169.97-	635,602.48
84 East Central Drug Task Force Agency Fund	110,427.93			
Receipts		0.00	41,605.64	
Disbursements		39,705.64-	39,705.64-	
Journal Entries		951.80-	951.80-	

***** Pine County *****



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TREASURER'S CASH TRIAL BALANCE

As of 02/2023

<u>Fund</u>	<u>Beginning Balance</u>	<u>This Month</u>	<u>YTD</u>	<u>Current Balance</u>
Fund Total		40,657.44-	948.20	111,376.13
89 H & Hs Collections Agency Fund	801	Non-Departmental		
	34,637.17			
Receipts		16,644.46	103,777.38	
Disbursements		28,399.22-	29,290.07-	
Journal Entries		1,559.28-	1,559.28-	
Dept Total		13,314.04-	72,928.03	107,565.20
Fund Total	34,637.17	13,314.04-	72,928.03	107,565.20
All Funds	23,465,873.49			
Receipts		5,315,425.57	7,689,531.12	
Disbursements		1,490,450.98-	6,325,200.86-	
SSIS		184,184.05-	337,469.45-	
Payroll		2,001,626.56-	4,214,910.63-	
Journal Entries		124.10	186.15	
Total		1,639,288.08	3,187,863.67-	20,278,009.82



AGENDA REQUEST FORM

Date of Meeting: March 21, 2023

- County Board**
- Consent Agenda**
- Regular Agenda** 5 mins. ___ 10 mins. ___ 15 mins. ___ Other ___
- Personnel Committee**
- Other** _____

Agenda Item: February 2023 Disbursements/Claims Over \$2,000

Department: Auditor-Treasurer

Kelly M. Shea
Department Head signature

Background information on Item:

The attached report shows the totals for all disbursements paid in February 2023 (\$1,674,635.03) by fund. There were 608 total claims, 98 claims that were over \$2,000 to be approved and are individually detailed on the separate listing, and 510 claims under \$2,000 or not needing approval totaling \$439,535.95.

Action Requested:

Consider approving February 2023 disbursements including the individual listing of claims over \$2,000, and 510 claims under \$2,000 or not needing approval totaling of \$439,535.95.

Financial Impact:

N/A

DISBURSEMENTS JOURNAL REPORT G/L Months: 02/2023 - 02/2023

RECAP BY FUND

FUND	AMOUNT	NAME
1	568,038.04	GENERAL REVENUE FUND
12	308,369.61	HEALTH & HUMAN SERVICES
13	275,323.81	ROAD & BRIDGE FUND
19	22,729.94	COVID-19 RELIEF FUND
22	29,334.20	LAND MANAGEMENT FUND
38	14,332.36	BUILDING FUND
44	960.05	ELECTION EQUIPMENT
60	268,626.25	COUNTY SELF INSURANCE
76	108,362.41	GROUP HEALTH INS FUND 5/1/95 (GEN)
80	6,545.50	COUNTY COLLECTIONS AGENCY FUND
82	3,908.00	TAXES AND PENALTIES AGENCY FUND
84	39,705.64	EAST CENTRAL DRUG TASK FORCE AGENCY F
89	28,399.22	H & HS COLLECTIONS AGENCY FUND
	1,674,635.03	Total Disbursements

RECAP BY TYPE

TYPE	AMOUNT	NAME
1	1,393,842.55	AUD
2	282,206.56	COM
3	1,414.08 -	MVC
	1,674,635.03	Total Disbursements

FUND	DATE	VENDOR	AMOUNT
General	2/10/2023	Advanced Correctional Healthcare, Inc	29,698.57
General	2/17/2023	AIR PURIFICATION & ENERGY CONS INC	3,820.91
General	2/3/2023	Aml Cleaning Service, Inc	4,000.00
General	2/17/2023	Anderson Electric	18,434.93
General	2/17/2023	ANOKA COUNTY TREASURY OFFICE	12,875.00
General	2/17/2023	CIT	5,920.00
General	2/10/2023	CLOQUET RIVERSIDE RECYCLING, INC	10,000.00
General	2/3/2023	DIAMOND DRUGS INC	2,749.55
General	2/3/2023	East Central Energy Of Braham	12,100.64
General	2/17/2023	ENVIRONMENTAL SYSTEMS RESEARCH INSTITUTE	16,651.00
General	2/3/2023	FERGUSON SAFETY PRODUCTS	2,227.89
General	2/3/2023	G&N Enterprises	3,347.00
General	2/24/2023	Interstate Power Systems Inc	2,672.00
General	2/24/2023	KRONOS SAASHR INC	2,652.19
General	2/3/2023	LOFFLER COMPANIES-131511	3,368.57
General	2/17/2023	MAPPINGSOLUTIONS	5,730.00
General	2/17/2023	MINNESOTA ENERGY RESOURCES CORP	10,813.51
General	2/3/2023	MINNESOTA POWER	2,249.84
General	2/10/2023	MINNESOTA POWER	2,099.92
General	2/17/2023	MISSISSIPPI HEADWATERS BOARD	2,000.00
General	2/3/2023	MN SHERIFFS ASSOCIATION	8,825.42
General	2/3/2023	Northland Business Systems	3,402.25
General	2/17/2023	OFFICE OF MN.IT SERVICES	5,124.08
General	2/17/2023	OWENS COMPANIES INC	10,385.25
General	2/24/2023	PDQ.COM CORPORATION	4,200.00
General	2/10/2023	PREMIER SEALCOATING & SNOW REMOVAL	5,350.00
General	2/3/2023	Reliance Systems	2,122.50
General	2/10/2023	Reliance Systems	2,000.00
General	2/10/2023	SHI INTERNATIONAL CORP	118,924.80
General	2/3/2023	SUMMIT FOOD SERVICE MANAGEMENT LLC	23,589.66
General	2/17/2023	SUMMIT FOOD SERVICE MANAGEMENT LLC	5,283.42
General	2/3/2023	TYLER TECHNOLOGIES INC	5,518.74
General	2/10/2023	TYLER TECHNOLOGIES INC	49,151.00
General	2/3/2023	VC3 INC	7,225.00
General	2/24/2023	Verizon Wireless	10,703.00
General	2/3/2023	WELIA HEALTH	10,892.69
HHS	2/24/2023	Anoka Co Juv Ctr Main Res	11,005.00
HHS	2/24/2023	Anoka Co Juv Ctr-Shelter & Dia	5,605.00
HHS	2/3/2023	Central Mn Council On Aging	2,534.00
HHS	2/17/2023	Central Mn Jobs & Training Services	16,412.19
HHS	2/3/2023	Champ Software Inc	13,122.00
HHS	2/24/2023	DHS State Operated Services	23,560.00
HHS	2/3/2023	Family Pathways - North Branch	4,270.00
HHS	2/10/2023	Fieldstone Apartments LLP	3,240.00
HHS	2/17/2023	Mille Lacs Band Family Services	9,039.53
HHS	2/17/2023	Nexus-Kindred Family Healing	8,445.28

HHS	2/3/2023	North Homes Inc	11,748.14
HHS	2/10/2023	Solid Oak Financial Services, LLC	3,905.00
HHS	2/17/2023	Village Ranch Residential Facility	9,338.74
HHS	2/10/2023	WILLOW WINDS APARTMENTS	2,865.00
R&B	2/17/2023	Arlen Krantz Ford Inc	8,469.20
R&B	2/3/2023	Askov Deep Rock	4,140.64
R&B	2/24/2023	Askov Deep Rock	7,864.95
R&B	2/3/2023	Beaudry Oil & Propane	25,015.68
R&B	2/17/2023	Beaudry Oil & Propane	24,970.16
R&B	2/3/2023	BONKS SAND & GRAVEL	8,027.50
R&B	2/10/2023	Cavallin Inc	2,440.80
R&B	2/10/2023	Chamberlain Oil Co.,Inc	2,835.54
R&B	2/17/2023	COMPASS MINERALS AMERICA	34,605.87
R&B	2/24/2023	COMPASS MINERALS AMERICA	11,118.44
R&B	2/17/2023	DLT SOLUTIONS LLC	6,162.75
R&B	2/24/2023	FLEETPRIDE	2,147.82
R&B	2/3/2023	Hopkins Sand & Gravel Inc	17,852.71
R&B	2/10/2023	JONES CONSTRUCTION SERVICES INC	9,762.50
R&B	2/24/2023	Kris Engineering, Inc	9,362.16
R&B	2/24/2023	LITTLE FALLS MACHINE INC	2,799.11
R&B	2/10/2023	MINNESOTA ENERGY RESOURCES CORP	4,453.59
R&B	2/24/2023	Mn Petroleum Services, Inc	2,050.00
R&B	2/10/2023	Nuss Truck Group Inc	41,751.79
R&B	2/10/2023	Rabe Excavating, LLC	3,420.00
R&B	2/3/2023	Sandstone Napa	2,262.56
R&B	2/3/2023	SWATMOD LLC	17,764.00
COVID RELIEF	2/17/2023	LHB INC	7,456.70
COVID RELIEF	2/3/2023	Regents Of The U Of Mn	10,165.56
LAND	2/3/2023	MPJ ENTERPRISES LLC	8,810.00
LAND	2/3/2023	Roberts Excavating	11,475.00
LAND	2/17/2023	Roberts Excavating	2,375.00
LAND	2/17/2023	Todd Elliott Excavating	5,080.00
BUILDING	2/10/2023	BLAINE LOCK & SAFE INC	5,160.00
BUILDING	2/3/2023	Minnesota Elevator, Inc	9,172.36
SELF INSURANCE	2/3/2023	BlueCross BlueShield of Minnesota-VOID	15,949.36
SELF INSURANCE	2/10/2023	BlueCross BlueShield of Minnesota-VOID	80,642.93
SELF INSURANCE	2/17/2023	BlueCross BlueShield of Minnesota-VOID	75,440.41
SELF INSURANCE	2/24/2023	BlueCross BlueShield of Minnesota-VOID	51,666.60
SELF INSURANCE	2/3/2023	UNITEDHEALTH GROUP - VOID	14,755.18
SELF INSURANCE	2/10/2023	UNITEDHEALTH GROUP - VOID	6,225.52
SELF INSURANCE	2/17/2023	UNITEDHEALTH GROUP - VOID	10,696.97
SELF INSURANCE	2/24/2023	UNITEDHEALTH GROUP - VOID	13,249.28
GROUP INSURANCE	2/24/2023	GUARDIAN	8,781.42
GROUP INSURANCE	2/3/2023	MEDICAREBLUE RX	6,160.50
GROUP INSURANCE	2/24/2023	MEDICAREBLUE RX	6,160.50
GROUP INSURANCE	2/3/2023	MEDSURETY, LLC -VOID	4,824.68
GROUP INSURANCE	2/10/2023	MEDSURETY, LLC -VOID	3,996.63

GROUP INSURANCE	2/17/2023	MEDSURETY, LLC -VOID	4,999.92
GROUP INSURANCE	2/24/2023	MEDSURETY, LLC -VOID	4,313.68
GROUP INSURANCE	2/3/2023	Mn Life Insurance Company	4,678.90
GROUP INSURANCE	2/3/2023	TEAMSTERS JOINT COUNCIL 32	57,957.00
GROUP INSURANCE	2/24/2023	TEAMSTERS JOINT COUNCIL 32	4,428.00



AGENDA REQUEST FORM

Date of Meeting: March 21, 2023

- County Board**
 - Consent Agenda**
 - Regular Agenda** 5 mins. ___ 10 mins. ___ 15 mins. ___ Other ___
- Personnel Committee**
- Other** _____

Agenda Item: Application for Excluded Bingo Permit

Department: Auditor-Treasurer


 Department Head signature

Background information on Item:

Application for Excluded Permit from the Pathfinder Village – St. Croix Owner Association to conduct Bingo on May 27, July 1, August 5, and September 2, 2023 at Pathfinder Village, 49200 State Highway 48, Hinckley MN (Clover Township).

Action Requested:

Acknowledge Application and authorize County Auditor-Treasurer to sign the application.

Financial Impact:

N/A

PINE COUNTY EXPENSE CLAIM FORM

This form is to be utilized to claim any other expenses not related to mileage. Expenses are to be claimed in accordance with Pine County on travel and other reimbursements. Original receipts must be attached or the claim will not be reimbursed. There must be the signature of the claimant and the claimant supervisor or department head indicating the expense was authorized.

EMPLOYEES NAME: Joshua Mohr

MONTH February 2022

Date	Per Diem	Meals	Lodging	Tuition and or books	Other	Purpose and description of expense	Account #
2/7/2023	\$100					Board meeting, Pine City	
2/9/2023	\$100					Law Library, Virtually	
2/13/2023	\$100					Personal committee, Pine City	
2/21/2023	\$100					Board Meeting, Sandstone	

ORIGINAL RECEIPTS MUST BE ATTACHED TO OBTAIN REIMBURSEMENT. ALL CLAIMS MUST BE AUTHORIZED BY SUPERVISOR, DEPARTMENT HEAD OR COUNTY BOARD IN ACCORDANCE WITH COUNTY POLICY. NO UNAUTHORIZED CLAIM WILL BE REIMBURSED

Date	Begin Odometer	End Odometer	Total Miles	Home Odometer	1st Stop Odometer	Last Stop Odometer	Home Odometer	Total Miles	Amount Paid	Destination and purpose of expense
			0						\$ -	
			0						\$ -	
			0						\$ -	
			0						\$ -	
			0						\$ -	
			0						\$ -	
			0						\$ -	
			0					0	\$ -	
TOTAL									\$ -	

Account # 01-005-000-0000-6334 rate 0.585

YOU MUST FILL IN ODOMETER READINGS OR YOU WILL NOT BE REIMBURSED

I declare under the penalties of law that the account, claim and/or demand is just and correct and that no part of it has been paid


Employee Signature

Authorized Signature

Department Head Signature

PINE COUNTY EXPENSE CLAIM FORM

Expenses are to be claimed in accordance with Pine County Personnel Policy on travel and other reimbursements. Original receipts must be attached or the claim will not be reimbursed. There must be the signature of the claimant and the claimant's supervisor or department head indicating the expense was authorized. NO UNAUTHORIZED CLAIM WILL BE REIMBURSED.

TERRY LOVGREN

MONTH: February 2023

Page 1 of 2

Vendor#: 30301 Employee#: 155

Date	Per Diem	Meals	Lodging	Parking	Other	Purpose and description of expense	Account #
02.01.23	\$100					Echo - rural MN adults opioid abuse	01-005-6111
02.02.23	\$100					Project Rise	01-005-6111
02.03.23	\$100					Insurance	01-005-6111
02.06.23	\$100					Leg Updates, AMC	01-005-6111
02.07.23	\$100					County Board	01-005-6111
02.08.23	\$100					Women Commissioner Coffee, SCHSAC & Echo	01-005-6111
02.09.23	\$100					Extension	01-005-6111
02.10.23	\$100					CMJT	01-005-6111
02.13.23	\$100					Library	01-005-6111
02.14.23	\$100					Childcare	01-005-6111
02.21.23	\$100					County Board	01-005-6111

	Beginning Odometer	Ending Odometer	Total Miles	Mileage Rate	Amount Paid	Destination and purpose of expense	Account #
02.07.23			28.7	\$0.655	\$18.80	County Board - Pine City	01-005-6334
02.09.23			28.7	\$0.655	\$18.80	Extension - Pine City	01-005-6334
02.21.23			25.7	\$0.655	\$16.83	County Board - Sandstone	01-005-6334
02.21.23			28.7	\$0.655	\$18.80	Pine City - sign tobacco license	01-005-6334
02.27.23			44.9	\$0.655	\$29.41	Snake River - Mora	01-005-6334
							01-005-6334
							01-005-6334
					\$102.64		

YOU MUST FILL IN ODOMETER READINGS. IF ODOMETER READINGS ARE NOT PROVIDED a printout of the start and ending location of each destination and mileage as calculated by such programs as "Map Quest" will be acceptable.

If this expense reimbursement request includes personal automobile mileage my submission affirms that I possess a current valid driver's license and appropriate motor vehicle insurance.

I declare under the penalties of law that the account, claim and/or demand is just and correct and that no part of it has been paid.

Commissioner Signature

see next page

Authorized Signature



AGENDA REQUEST FORM

Date of Meeting: March 21, 2023

- County Board**
- Consent Agenda**
- Regular Agenda** 5 mins. ___ 10 mins. ___ 15 mins. ___ Other ___
- Personnel Committee**
- Other** _____

Agenda Item: Veterans Donation

Department: Auditor-Treasurer



 Department Head signature

Background information on Item:

A donation has been received to cover the remaining balance of the recently purchased veteran's van. The van was be purchased 100% through donations and trade-ins of two existing vans.

Action Requested:

Consider accepting the \$9,160 donation from the Pine County Veteran's Council for the purchase of a new veteran's van.

Financial Impact:

N/A



AGENDA REQUEST FORM

Date of Meeting: 03/21/2023

- County Board**
 - Consent Agenda
 - Regular Agenda
- Personnel Committee
- Other _____

5 mins. 10 mins. 15 mins. Other

Agenda Item: Approve new hire

Department: HHS

Rebecca Foss

Department Head signature

Background information on Item:

HHS recently held interviews for a case aide position, which was left vacant because of an internal promotion. The position was offered to and accepted by Marady Koland, contingent on board approval. If approved, Marady would begin her employment with Pine County on March 22, at Grade 5, Step 2 (\$20.57/hour).

Action Requested:

Approve Marady Koland's employment with Pine County as a case aide, effective March 22 at Grade 5, Step 2 (\$20.57/hour).

Financial Impact:

The position is in the 2023 HHS budget.

PINE COUNTY PERSONNEL COMMITTEE

March 13, 2023 – 9:00 a.m.

**Board Room, Pine City Courthouse
Pine City, Minnesota**

Members present: Commissioner Matt Ludwig and Commissioner Josh Mohr.

Others present: County Administrator David Minke, County Attorney Reese Frederickson, County Sheriff Jeff Nelson, Jail Administrator Rodney Williamson, Child Support Supervisor Jodi Blesener, Human Resources Manager Jackie Koivisto, Human Resources Generalist Jen Frederickson

1. Commissioner Ludwig called the meeting to order at 9:07 a.m.
2. **Motion** by Commissioner Mohr to approve the Minutes of the February 13, 2023, Personnel Committee meeting. Second by Commissioner Ludwig. Motion carried 2-0.
3. **Motion** by Commissioner Ludwig to approve the March 13, 2023, agenda. Second by Commissioner Mohr. Motion carried 2-0.
4. Health and Human Services
 - a. Child Support Supervisor Jodi Blesener announced the resignation of part-time Veterans Service Officer Michael Harshman, effective February 22, 2023. The position and job description are currently in review and will be brought back at a later date for approval and backfill.

Motion by Commissioner Mohr to acknowledge the resignation of part-time Veterans Service Officer Michael Harshman, effective February 22, 2023. Second by Commissioner Ludwig. Motion carried 2-0.

5. Sheriff's Office
 - a. County Sheriff Jeff Nelson announced the resignation of Deputy Brandon Sell, effective March 9, 2023, and requested approval to backfill the position and subsequent vacancies that may occur due to internal promotion or lateral transfer. The position is a Grade 10 with a minimum starting wage of \$27.19/hour and is contained in the 2023 Sheriff's Office budget.

Motion by Commissioner Ludwig to acknowledge the resignation of Deputy Brandon Sell, effective March 9, 2023, and approve backfill of the position and any subsequent vacancies that may occur due to internal promotion or lateral transfer. The position is a Grade 10 with a minimum starting salary of \$27.19/hour and is contained in the 2023 Sheriff's Office budget. Second by Commissioner Mohr. Motion carried 2-0.

6. Sheriff's Office
 - a. County Sheriff Jeff Nelson announced the resignation of Corrections Officer Arianne Grubbs, effective February 25, 2023, and requested approval to backfill the position and subsequent vacancies that may occur due to internal promotion or lateral transfer. The position is a Grade 7 with a minimum starting wage of \$23.16/hour and is contained in the 2023 Corrections budget.

Motion by Commissioner Mohr to acknowledge the resignation of Corrections Officer Arianne Grubbs, effective February 25, 2023, and approve backfill of the position and any subsequent vacancies that may occur due to internal promotion or lateral transfer. The position is a Grade 7 with a minimum starting salary of \$23.16/hour and is contained in the 2023 Corrections budget. Second by Commissioner Ludwig. Motion carried 2-0.

7. Employee Retention

Human Resources Manager Jackie Koivisto presented two different opportunities Human Resources uses to gauge employee satisfaction and gather input.

a. Exit interviews

- These interviews take place when an employee is leaving Pine County.
- Past interviews have shown employees leaving the county for jobs in other counties/organizations, or they are simply leaving the field they are working in for another field. Many departments including Corrections and Health & Human Services involve workplace stress and/or burnout due to the nature of the work, which also adds to turnover.

b. Stay interviews

- These are structured discussions to learn specific actions that can be taken to strengthen employee engagement and retention.
- These five question interviews take place with a current employee in a conversational style meeting.

8. With no further business, the meeting was adjourned at 9:36 a.m.



AGENDA REQUEST FORM

Date of Meeting: _____

- County Board**
 - Consent Agenda
 - Regular Agenda 5 mins. ___ 10 mins. ___ 15 mins. ___ Other ___
- Personnel Committee**
- Other** _____

Agenda Item: _____

Department: _____

Rebecca Foss

Department Head signature

Background information on Item:

Action Requested:

Financial Impact:

Pine County Resolution 2023–18

**Proclamation to Designate April 2023 as
CHILD ABUSE PREVENTION MONTH in Pine County**

WHEREAS, in calendar year 2022, 857 reports were made to Pine County Child Protective Services; and

WHEREAS, child abuse and neglect is a serious problem affecting every segment of our community, and finding solutions requires input and action from everyone; and

WHEREAS, our children are our most valuable resources and will shape the future of Pine County; and

WHEREAS, child abuse can have long-term psychological, emotional, and physical effects that have lasting consequences for victims of abuse; and

WHEREAS, protective factors are conditions that reduce or eliminate risk and promote the social, emotional, and developmental well-being of children; and

WHEREAS, effective child abuse prevention activities succeed because of the partnerships created between child welfare professionals, education, health, community- and faith-based organizations, businesses, law enforcement agencies, and families; and

WHEREAS, communities must make every effort to promote programs and activities that create strong and thriving children and families; and

WHEREAS, we acknowledge that we must work together as a community to increase awareness about child abuse and contribute to promote the social and emotional well-being of children and families in a safe, stable, and nurturing environment; and

WHEREAS, prevention remains the best defense for our children and families.

NOW, THEREFORE, BE IT RESOLVED The Pine County Board of Commissioners, do hereby proclaim April 2023 as CHILD ABUSE PREVENTION MONTH in Pine County and urge all citizens to recognize this month by dedicating ourselves to the task of improving the quality of life for all children and families.

Dated this 21st day of March, 2023.

Stephen M. Hallan, Board Chair
Pine County Board of Commissioners

ATTEST:

David J. Minke
County Administrator



AGENDA REQUEST FORM

Date of Meeting: March 21st, 2023

- County Board**
 - Consent Agenda
 - Regular Agenda
- 5 mins 10 mins 15 mins Other
- Personnel Committee**
- Other** _____

Agenda Item: Presentation of Out of Home Placement Report

Department: Probation

Terry Fawcett
Department Head signature

Background information on Item:

Probation Director Terry Fawcett will present the data on Out of Home Placements for 2022 in the Probation Department.

Action Requested:

Information Only

Financial Impact:

None



PROBATION

JUVENILE PLACEMENTS

2022 Report

Terry Fawcett, Probation Director

INTRODUCTION

In making placement decisions all the factors must be taken into consideration. A recommendation is made by the Probation Agent, supported by the Pre-Placement Screening Team, and ordered by the Court where the placement decision is ultimately made:

- Public Safety
- Accountability
- Rehabilitation
- Least restrictive alternative
- Closest to Home
- Cost effective
- Transitional services
- Best interest of the child

When making detention recommendations, a Risk Assessment Instrument (RAI) is used to determine the appropriate level of care for a juvenile offender and evaluates a juvenile offender's risk to public safety and the risk that the juvenile offender will not appear in court.

Placement Reduction Strategies

COMMUNITY-BASED in place/progress

- Mental Health Screening
- Mental Health – Psychological, Psychosexual evaluations, Children's Mental Health Case Management
- Electronic Monitoring - GPS
- Outpatient Programming, i.e., sex offender, day treatment, chemical dependency
- C-5 Restorative Justice (pre-charge diversion/deferred adjudication/condition of probation, Re-entry/transition)
- Truancy Court hearings held in schools
- Interagency Truancy Subcommittee
- Cultural Community Coach (Children's Cabinet)
- Juvenile Cog Skills/Decision Points
- Project R.I.S.E.
- Co-located services in school(s)
- Risk Assessment Instrument (RAI)
- Evening Reporting Center
- Equine Assisted Learning/Equine Therapy
- P.A.T.H.S. Restorative Justice Circles
- Partnership with JDAI (Juvenile Detention Alternatives Initiative)
- Crossover Youth work (needs improvement)

2022 HHS Budget for Probation Cases

2022 Probation Budget: \$321,000 2022 Actual: \$378,278

Revenue/Parental fees \$ 22,365

(Over budget by \$57,278)

Overall HHS out-of-home placement costs:

2022 Budget \$1,434,000 2022 Actual \$1,480,355

2022 Budget Busters

(\$ 20,000 or more per juvenile)

- Commission of a heinous crime
- Sex offenders who need treatment
- Those that are chronic serious offenders
- Those who have co-occurring disorders

(See detailed report)

2022 BUDGET BUSTERS

Cost	Placement days	Age	Juvenile dynamics-	Offense	Comm. District
\$ 94,135	365	16	Placement carried over from 2021. Multiple community-based services attempted, parents unable to cope; dysfunctional family relationships, assaultive behavior directed toward parents; complex mental health issues. Placement located 136 miles from home.	Domestic Assaults	2
\$ 79,663	271	17	Placement carried over from 2021. Bright, strong-willed, parents unable to control, truancy, lack of academic progress despite potential, history of failed placements, runaway; impulsive, complex mental health issues, difficulty getting along with peers; noncompliant on EHM. Placement located 155 miles from home. Successful reentry to the community/home; ERC transition	Burglary 1 st Degree, Theft of Motor Vehicle, Fleeing a Peace Officer	1
\$ 56,543	206 (+159 HHS)	15	Complex mental health and behavior issues, perpetrator of familial sexual offense, years of HHS involvement and services; in placement full year but initial placement through HHS; failed out of two less restrictive treatment programs. Placement located 80 miles from home.	Criminal Sexual Conduct	5
\$ 40,725	140 (29 days EHM)	17	Mental health and chemical dependency not adequately addressed in the community, truancy, low self-esteem, anger issues, assaultive behavior, parent unable to control; noncompliant on EHM. Placement located 191 miles from home.	Domestic Assaults	3
<u>TOTAL</u> \$ 271,066	<u>Total Days</u> 982				

Highlights:

- The number of “budget busters” (juvenile placements exceeding \$20,000) remained at four in 2022.
- These four juveniles represent 11% of the number of youths placed and 71.7% of the total cost of probation placements in 2022.
- Average cost per day of “budget buster” placements was \$276.
- Commonality – trauma history, early child protection/HHS involvement, mental health diagnoses, family inability to address issues, truancy/poor academic progress
- Placement programs located long distance from family, increases barriers for family to remain connected/involved in programming

Top Placements Used by Pine County Probation in 2022 and Services Utilized

East Central Regional Juvenile Center: secure detention, secure 70/90 program with CD outpatient treatment program

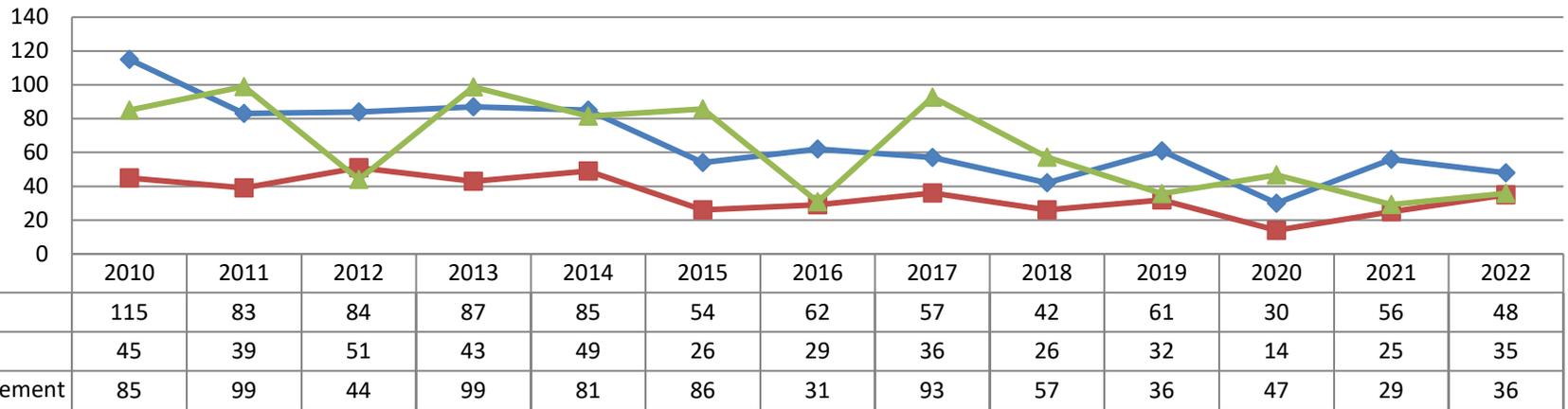
Anoka County Nonsecure and Secure Programs: non-secure detention, sexual offender treatment program

Village Ranch Hutch House: residential independent living skills program

Northwest Minnesota Juvenile Center: culturally based residential treatment program.

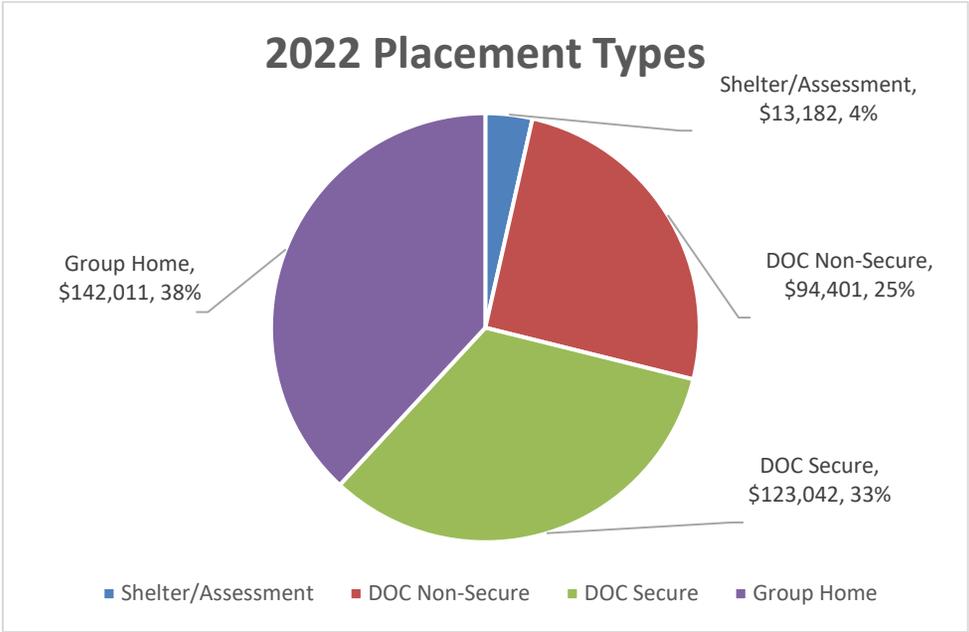
*Considering use of Boys Town, Nebraska

Annual Juvenile Placements



Highlights:

- There were fewer placement occurrences in 2022, but a greater number of youths placed.
- The average length of placement increased over the prior three years; however, it is 63% lower than the average since 1996, indicating continued effort to reduce long-term placements.
- There were 1257 placement days in 2022:
 - 4 youths used 982 days.
 - 31 youths used 275 placement days, or an average length of placement of 9 days.
- Use of alternatives such as Risk Assessment Instrument, Electronic Home Monitoring, Evening Reporting Center contribute to decreased use of long-term placements.



DOC Secure

Secure Detention (ECRJJC)

Secure Programs

- Secure Detention
- ECRJC consequence
- 70/90 CD Program
- ACS Sex Offender program

DOC NonSecure

Non Secure Detention (Anoka County NSP)

Residential Programs

- Anoka County NSP Sex Offender program
- Northwestern MN Juvenile Center

Group Home

Nonsecure residential Rule 8

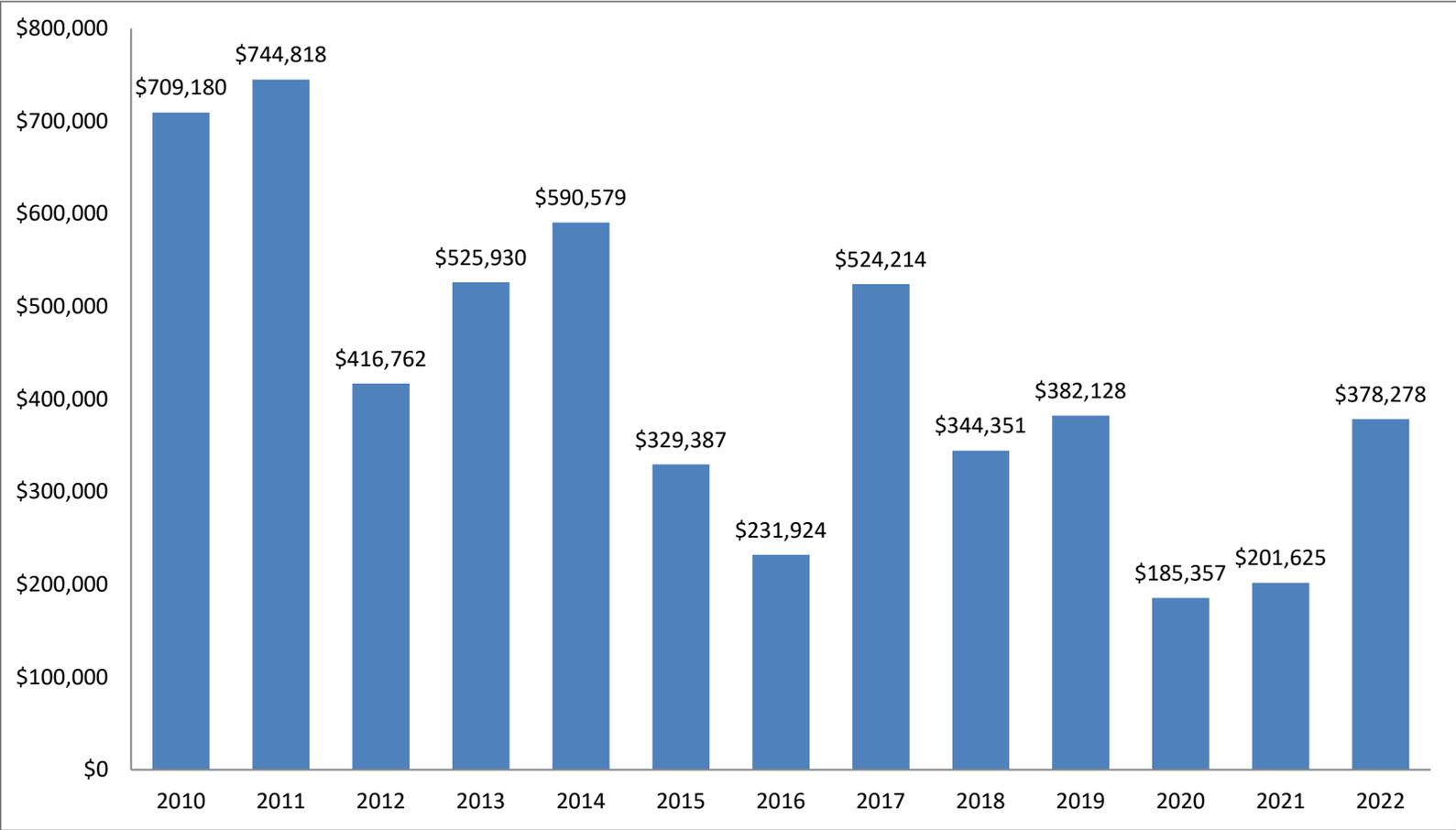
- Village Ranch Hutchinson House
- Heartland Girls Ranch
- Prairie Lakes Boys Group Home

Shelter/Assessment

Nonsecure

- Anoka County NSP
- North Homes/Itaskin Center Eval Program

Pine County Probation Placement Expenditures 2010-2022



Use of East Central Regional Juvenile Center

Pine County has been a Joint Powers member county since the facility was built in 1997. We contributed detention grant dollars that were designated to Pine County at that time.

ECRJC Benefits:

- 1) We have an investment in facility (reserves)
- 2) Diversified programs (short-term continuum)
- 3) Willingness to develop programs to fill needs
- 4) Quality programs
- 5) Closest facility to us, less law enforcement travel
- 6) Limited resources outside of RJC – now 19 Members in the JPA
- 7) Closest secure detention facility for families
- 8) Long-term perspective
- 9) Given priority for other Anoka juvenile center program beds (Anoka Co Secure, Non-Secure)

Current RJC Reserves		
Insurance	\$54,056.00	Static
Operational	\$552,730.34	Fluid
Capital Reserve	\$1,294,559	Fluid

Insurance always remains at current level as it covers the \$50G deductible

Operational is specific to a bed usage shortfall = budget deficit

Capital is specific to physical plant related issues.

- Member counties billed monthly for contracted beds at \$285.00/day.
- Reconciliation projected budget surplus of \$96,363.17
- Members voted on 2/2/2023 to transfer projected surplus funds into Capital Reserve fund.

Budget Impactors:

- New Member counties: Crow Wing, McLeod, Olmsted and Dodge/Waseca/Steele (MN Prairie County Alliance)
- 30 non-member counties and US Marshals purchased 3,138 bed days at \$340/day in 2022 which brought in \$1,066,920 in revenue.
- Average Daily Population was 36.91, exceeding the goal of 31.00 beds per day.

ECRJC Beds Used in 2022

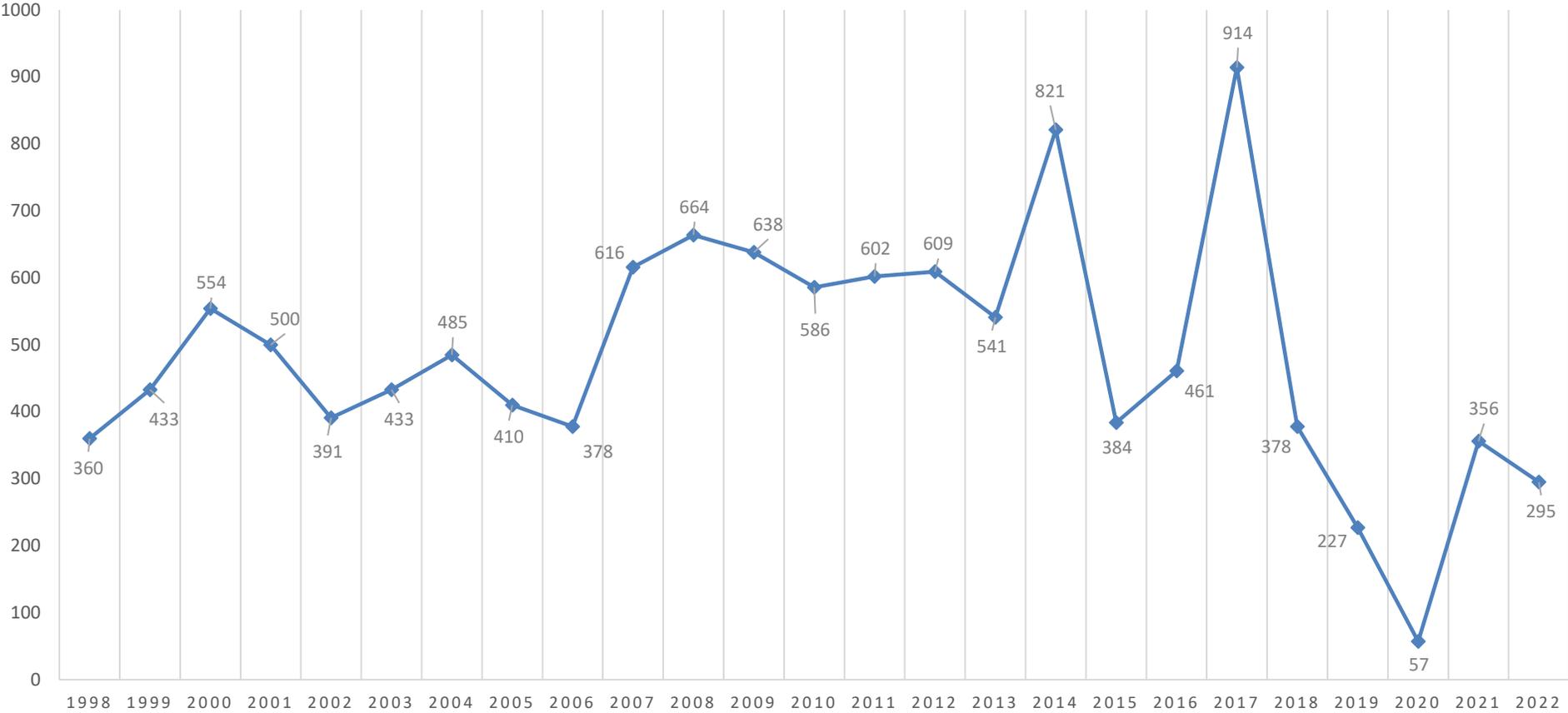
January 1, 2022 - December 31, 2022

Pine County (1 bed)

Total Days Used = 295 (under-utilized 70 Days)

ECRJc BED DAYS USED 1998-2022

PINE COUNTY ANNUAL CONTRACT: 365 DAYS

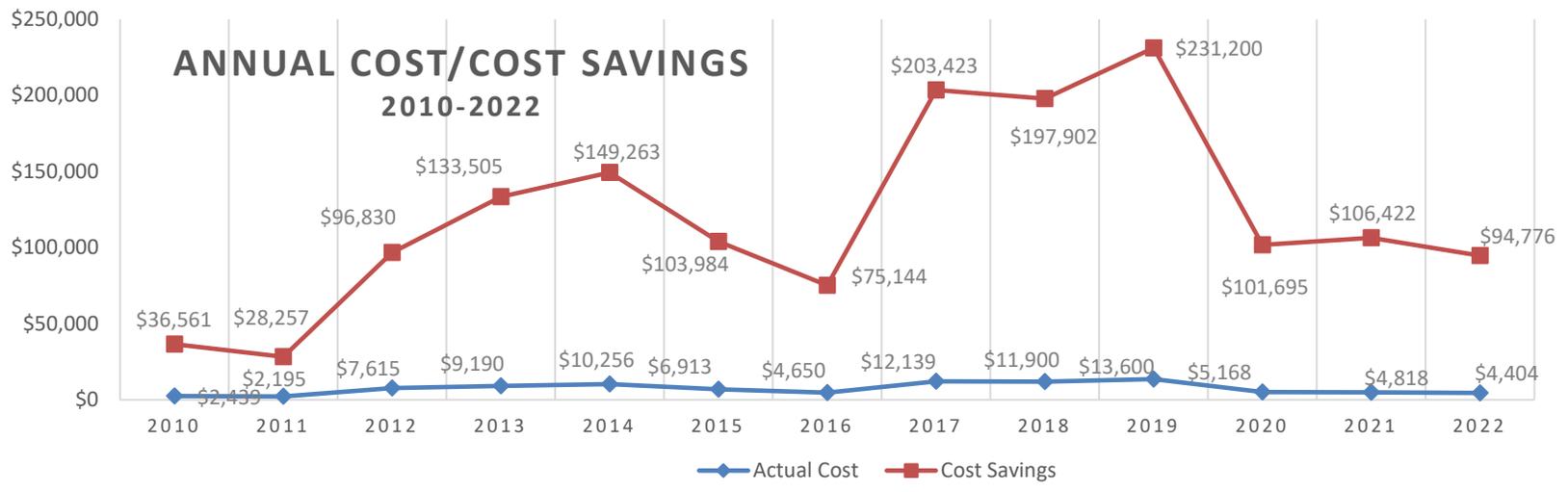
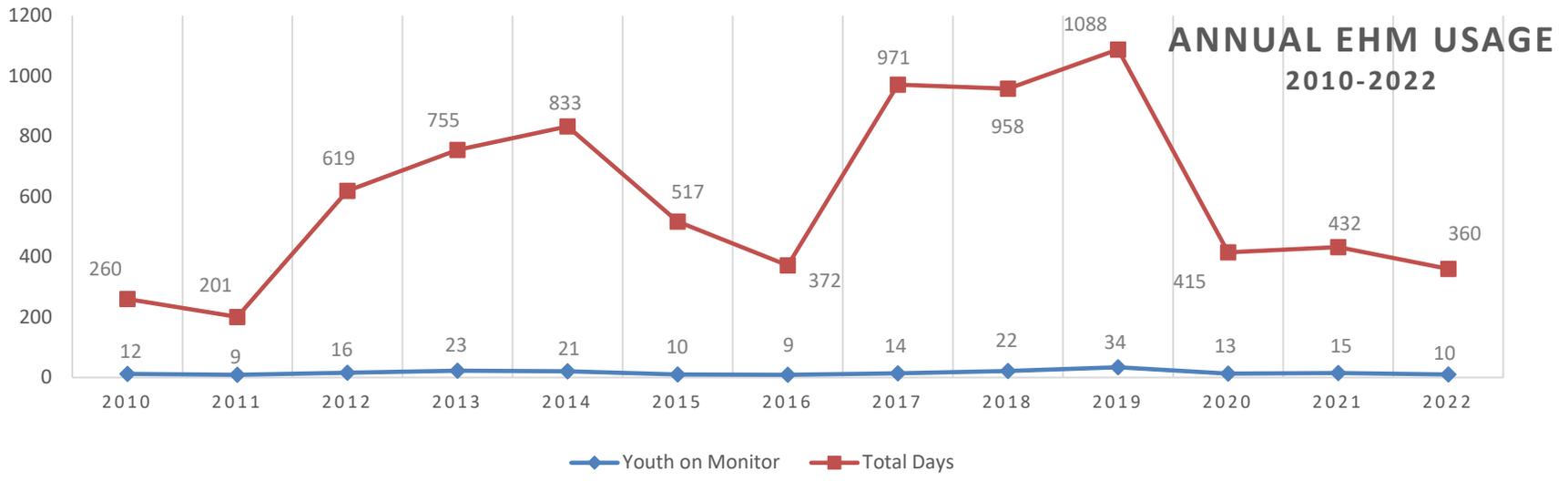


ECRJc bed utilization in 2022 was at 81% of the contracted usage of one bed day per day annually.

Use of a risk assessment tool, electronic home monitoring/house arrest, and nonsecure detention as a less-restrictive alternative help reduce over reliance on secure detention.

Community Alternatives

Juvenile Electronic Monitoring



Average Days per Youth in 2022: 41
Total cost savings since 2003 implementation: \$1,730,612

2022 Program Cost: \$ 4404

Evening Reporting Center

MISSION:

The Pine County Evening Reporting Center (ERC) is a place where at-risk youth can develop socially, emotionally, and educationally while remaining in their home and community.

VISION:

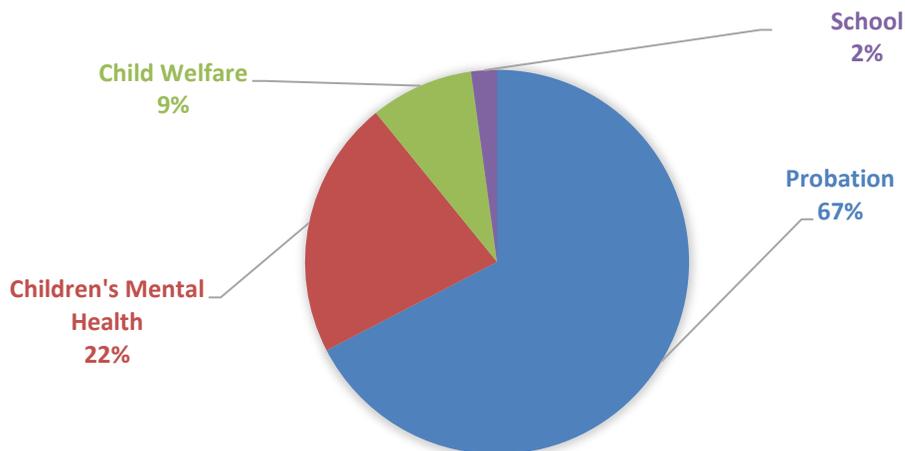
To work with at-risk youth in their community versus in detention or residential treatment. The ERC will look to provide services and programs that include, but are not limited to, mental health, medical/physical health, chemical dependency, targeted case management, behavior management, education (tutoring/literacy), family engagement, restorative justice, recreational and pro-social activities, cultural guidance/ spirituality, mindfulness, nutrition, independent living skills, and development of protective factors.

GOALS:

Reduce repeat offending behaviors and promote public safety while supporting youth and providing community-based services.

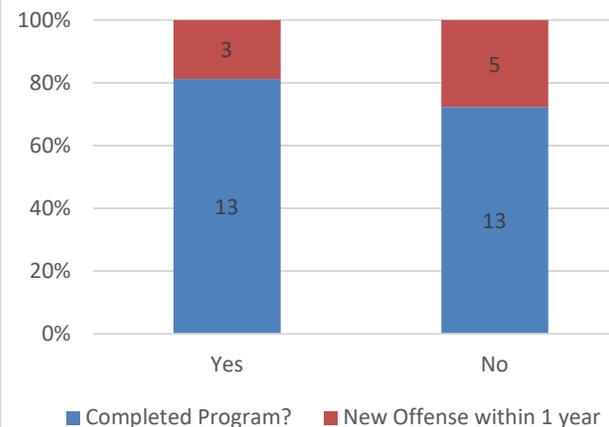
ERC REFERRAL SOURCE

THROUGH 12/31/2022



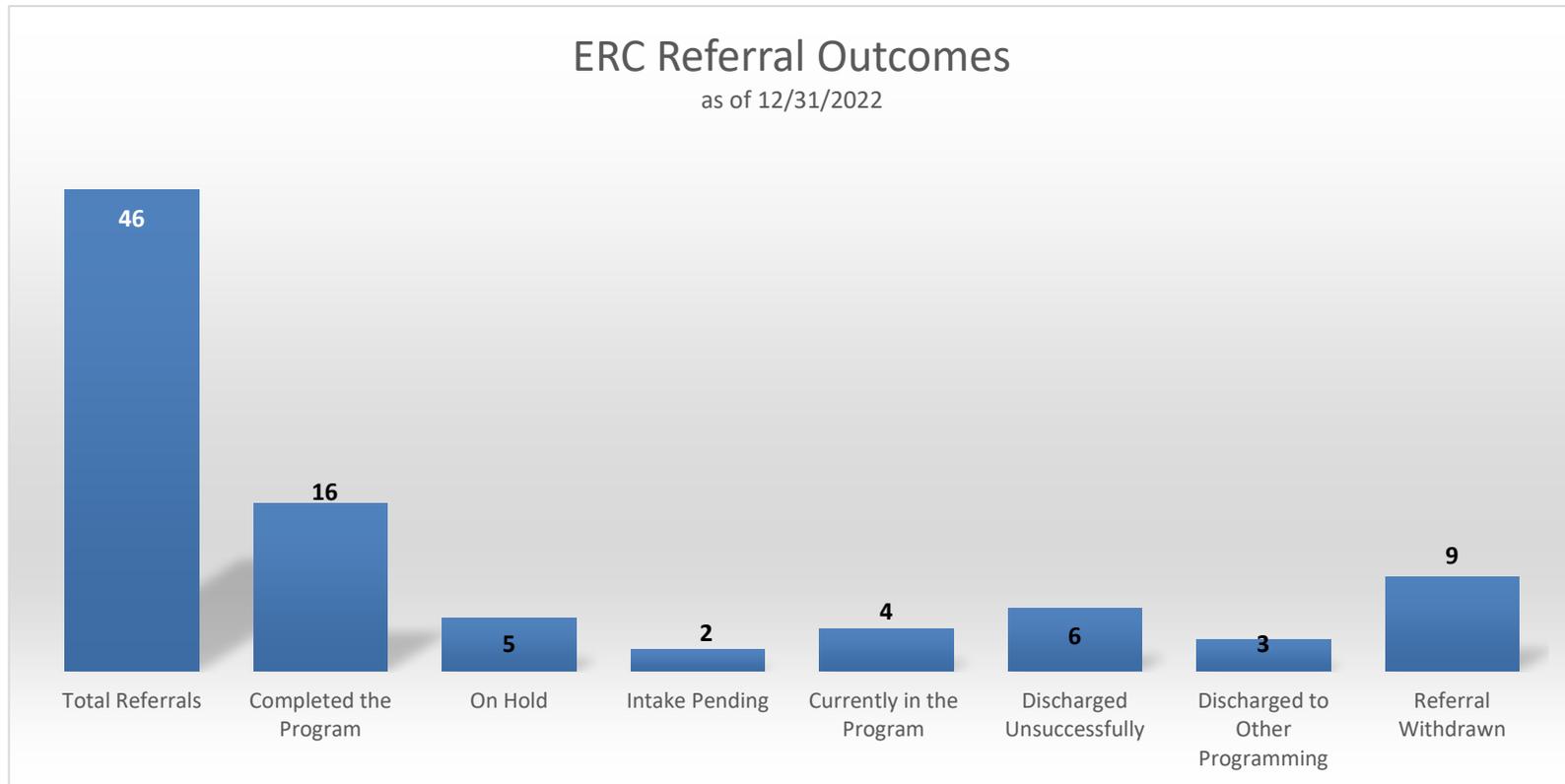
ERC Completion and Recidivism

10/1/19 through 12/31/2022



ERC Referral Outcomes

as of 12/31/2022



2022 HIGHLIGHTS:

- Resumed full in-person programming three evenings per week.
- More diverse referrals = need for creative programming to adjust to meet individualized needs of participants
- Launched the Vaping Intervention Program
- Use of a Risk/Needs Assessment Tool that also guides case planning, goal setting, and identification of protective factors.

Two-Year Byrne Justice Assistance Grant Award \$ 351,942

Community Alternative Budget

In 2019 a new budget line was created to fund a wide range of activities and services aimed to provide intervention and prevention to reduce out of home placement by:

- building competencies in youth and families
- exposing youth to prosocial activities that youth may not have the opportunity to participate in otherwise
- mentoring
- tailoring to youth's risk and needs
- providing incentives as positive reinforcement

Activities include:

- Transportation
- Recreational Activities
- Equine Assisted Learning/Equine Therapy – now incorporated into Restorative Justice programming.
- Incentives
- Driver's Education

2022 Budget: \$ 10,000



COUNTY BOARD AGENDA REQUEST

Date of Meeting: March 21, 2023

Consent Agenda Regular Agenda

Item Title: Pine City Township Subdivision and Platting Ordinance

Department: Planning & Zoning

Caleb Anderson

Department Head / Sponsor signature

Background information on Item:

In January 2022 Pine City Township adopted a moratorium, temporarily prohibiting land subdivisions in order for the township to conduct a study on the issue and develop an ordinance.

Pine City Township has since completed a draft of its subdivision and platting ordinance. Section 1.04 of the Pine County Subdivision and Platting Ordinance requires that the county review any proposed township ordinance, regulating land subdivisions, and affirm that it contains regulations at least as restrictive as the county. On January 26, 2023 the Pine County Zoning Board recommended that the Pine County Board of Commissioners adopt a resolution affirming that the township ordinance is as restrictive as the county ordinance.

The Minnesota Department of Natural Resources identified several issues that need to be clarified between the county and the township.

Under the township ordinance, the township will approve subdivisions within the shoreland area, but permitting of structures will remain a county responsibility. Additionally, the county’s enrollment in the National Flood Insurance Program requires that the county approve land subdivisions within the 100 year floodplain.

Minnesota Statute 505.03 requires the county board approve plats in towns of less than 5,000 people. Pine City Township population is 1,398.

Because the township’s proposed ordinance affects County statutory obligations, the County has proposed that a Memorandum of Understanding be entered, which defines the roles of the township and county to ensure that the county can meet its statutory obligations. This MOU will help ensure that land subdivision applications be reviewed efficiently.

Action Requested:

Authorize County Board chair to:

- 1.) Approve Resolution 2023-06, acknowledging that the Township Platting and Subdivision Ordinance contains regulations at least as restrictive as Pine County.
- 2.) Approve a Memorandum of Understanding Between Pine County and Pine City Township Regarding Zoning, Land Subdivision and Platting and Other Official Controls in Pine City Township, pending final review by the Township Board of Supervisors and Pine County Attorney.

Budget Impact:

None

**PINE COUNTY RESOLUTION ACKNOWLEDGING
PINE CITY TOWNSHIP
SUBDIVISION AND PLATTING ORDINANCE**

Resolution 2023-06

WHEREAS, Pine County adopted the Pine County Subdivision and Platting Ordinance on May 5, 2015 for the purposes described in Section 1.02 of said ordinance;

WHEREAS, Section 1.04 of the Pine County Subdivision and Platting Ordinance states that said Ordinance shall not apply to areas within a township which has adopted subdivision and platting regulations, as authorized by Minnesota Statute 394.33 Subd.1; and

WHEREAS, the Pine County Zoning Board has issued findings, upon request of the township, which affirm that the Pine City Township Subdivision and Platting Ordinance contains regulations and requirements at least as restrictive as those in the Pine County Subdivision and Platting Ordinance.

NOW, THEREFORE, BE IT RESOLVED, that the Pine County Board of Commissioners acknowledges that the Pine City Township Subdivision and Platting Ordinance contains regulations and requirements at least as restrictive as those contained within the Pine County Subdivision and Platting Ordinance, on this date, March 21, 2023.

Stephen M. Hallan, Chair
Pine County Board of Commissioners

ATTEST:

David J. Minke, Administrator
Clerk to the Pine County Board of Commissioners



DEPARTMENT OF PLANNING, ZONING, AND SOLID WASTE
1610 Hwy 23 North • Sandstone, MN • 55072
320-216-4220 • (800) 450-7463 ext. 4220 • Fax (320) 216-4244

**Pine City Township Subdivision and Platting Ordinance
Findings of the Pine County Zoning Board, 01/26/2023**

Background

The Pine County Subdivision and Platting Ordinance, Section 1.04, requires the Pine County Planning Commission and Pine County Board of Commissioners to affirm that a proposed township ordinance regulating subdivisions of land contains regulations as restrictive as the Pine County Subdivision and Platting Ordinance and that County control of subdivision and platting is not necessary in that township.

Zoning Board Findings- Issued 01/26/2023

- 1.) On 11/15/2022 Pine City Township submitted a draft township subdivision and platting ordinance to the County. On 12/19/2023 the Pine County Zoning Board adopted findings identifying five elements of the proposed Pine City Subdivision and Platting Ordinance, which were less restrictive than the County ordinance and four additional points of consideration for the township.
- 2.) On 01/11/2023 Pine City Township submitted a revised draft ordinance. The County Zoning Board finds that the revised ordinance contains regulations as restrictive as the Pine County Subdivision and Platting Ordinance.
- 3.) The County Zoning Board affirms, as stated on 12/19/22, its recommendation that the township ordinance contain its road specifications for newly constructed roads in development proposals, as included in the Pine County Subdivision and Platting Ordinance. The County Zoning Board acknowledges that the Township intends to do so.
- 4.) The County Zoning Board acknowledges the Township's intent to enter a Memorandum of Agreement delineating the responsibilities of the Township and County for approving development proposals and encourages that said Memorandum be approved by both entities.
- 5.) The County Zoning Board recommends that the Pine County Board of Commissioners adopt a formal resolution affirming that the Pine City Township Subdivision and Platting Ordinance contains, at a minimum, regulations and requirements at least as restrictive as those contained in the Pine County Subdivision and Platting Ordinance and that County control of subdivision and platting is not necessary in Pine City Township.

Les Orvis

Zoning Board Chair

Nancy Rys

Zoning Board Secretary

MEMORANDUM OF UNDERSTANDING BETWEEN PINE COUNTY AND PINE CITY TOWNSHIP REGARDING ZONING, SUBDIVISION AND PLATTING AND OTHER OFFICIAL CONTROLS IN PINE CITY TOWNSHIP

This Memorandum of Understanding ("MOU") is entered into by and between Pine County ("County"), a political subdivision of the State of Minnesota, and Pine City Township ("Town"), a Minnesota public corporation, regarding the administration of zoning, subdivision and platting and other official controls in the Town.

RECITALS

- A. The County has adopted a number of ordinances regulating zoning, subdivision and platting within the County, including the Pine County Zoning Ordinance, the Pine County Shoreland Management Ordinance, the Pine County Floodplain Management Ordinance and the Pine County Subdivision and Platting Ordinance (collectively, the "County Official Controls");
- B. The Town has adopted a Comprehensive Plan and has also adopting zoning regulations and official controls in the Pine City Township Zoning Ordinance ("Town Zoning Ordinance");
- C. Section 1.04 D. of the Pine County Subdivision and Platting Ordinance provides that the ordinance "shall not apply to areas within the jurisdiction of a township which has adopted subdivision and platting regulations, as authorized by Minnesota Statute 394.33, Subd. 1. subject to the following: 1. The township shall request that the Planning Commission review its ordinance to determine if it contains, at a minimum, regulations and requirements at least as restrictive as those contained in this Ordinance.";
- D. Concurrently with this MOU and subject to the County's review, the Town intends to adopt a Subdivision and Platting Ordinance applicable to all areas of the Town, including shoreland areas;
- E. Pine City Township is not enrolled independently in the National Flood Insurance Program. The Township is included in Pine County's enrollment in said program. Pursuant to program requirements, Pine County has a MN DNR approved Floodplain Management Ordinance, which includes requirements for newly subdivided property in floodplain area. The Township has not adopted those requirements;
- F. The Town's Zoning Ordinance and proposed Subdivision and Platting Ordinance do not adopt, nor shall they be construed as adopting, any portion of the County's shoreland regulations, other than subdivision and platting regulations, and the Town is not assuming any responsibility for the administration or enforcement of those regulations. The Town shall only be responsible for administering and enforcing the provisions of the Town Zoning Ordinance and Subdivision and Platting Ordinance;
- G. With the exception of subdivision and platting as set forth in the Town Subdivision and Platting Ordinance, those portions of the Township designated as shoreland or floodplain areas according to the applicable FEMA maps shall be regulated by the County pursuant to its applicable ordinances and any permits required under the County's ordinances shall be obtained from the County;

- H. MN Statute 505.03 Subdivision 1 provides that in towns of less than 5,000 people the board of county commissioners must approve plats.
- I. Minnesota Statutes, section 394.33, subdivision 1 provides that once a county has adopted official controls, no township shall enact or enforce official controls inconsistent with or less restrictive than the standards prescribed in the official controls adopted by the county; The County and Town recognize the importance of cooperating on land use issues in order to: promote and protect the public health, safety, welfare and morals; promote and provide for the orderly development of agricultural, residential, commercial, industrial, recreational and public areas and land uses; preserve agricultural land and animal agriculture; conserve natural and scenic areas; conserve natural resources and open space; and provide official controls to implement the goals and policies of the comprehensive plan; and
- J. The County and Township desire to enter into this MOU in order to (1) promote cooperation, consistency, and coordination in the administration of zoning, subdivision and platting regulations within the Town, (2) to ensure mutual understanding of the respective roles and responsibilities of each of the parties to this MOU related to the administration and enforcement of zoning, subdivision and platting regulations and (3) to clarify and streamline the permitting process and to avoid duplication and additional burden upon County and Town applicants.

AGREEMENT

In consideration of the mutual promises and agreements made herein, the parties hereby agree as follows:

1. Administration and Enforcement of the Town Official Controls. The Town hereby agrees to administer and enforce the Town's Zoning Ordinance and Subdivision and Platting Ordinance ("Town Official Controls") as set forth in the applicable ordinances. The Town shall perform all duties and activities necessary to properly administer and enforce the Town Official Controls in a manner at least as restrictive and effective as the County Official Controls, including, but not limited to, receiving and reviewing applications, conducting necessary hearings, inspection and enforcement. The County agrees that it will not establish a duplicate public hearing process for considering applications submitted pursuant to the Town Official Controls. The County will remain as an approval entity of all platted subdivisions pursuant to MN 505.03 Subd 1. The County retains its discretion to assert its ordinance subdivision requirements within the shoreland and floodplain ordinances as well as the requirements of MN Chapter 505, or any other relevant controls adopted by the county.
2. Administration and Enforcement of the County Official Controls. The County hereby agrees to administer and enforce the County Official Controls as set forth in the applicable ordinances, particularly the County Shoreland Management Ordinance and Floodplain Management Ordinance. As provided in the Pine City Township Subdivision and Platting Ordinance, the County will have opportunity to submit comments to the Township on land subdivisions impacting shorelands and floodplains. As required in MN Statute 505.03, the County will remain a party granting final approval of final plat applications along with the Township. The County recognizes the Township as the

primary review party of all application but maintains the authority to withhold approval of subdivision applications pursuant to County Ordinance requirements. The County shall perform all duties and activities necessary to properly administer and enforce the County Official Controls, including, but not limited to, receiving and reviewing applications, conducting necessary hearings, inspection and enforcement. The Town agrees that it will not establish a duplicate or additional process for considering applications submitted pursuant to the County Official Controls in shoreland areas, excluding subdivision and platting applications, which will be processed by the Town in accordance with the Town Subdivision and Platting Ordinance. Shoreland and floodplain permits and zoning requests administered and enforced by the County include, but are not limited to, conditional use permits, interim use permits, variances, shoreland zoning amendments, and shoreland alteration permits within shoreland and floodplain areas.

3. Notice to Applicants. If an applicant submits an application to the County or the Town that must be processed by the other party, the applicant will be notified that the application must be withdrawn and submitted to the appropriate party.
4. Stricter Regulations. The Town may adopt, as part of the Town Official Controls, now and in the future, zoning, subdivision and platting regulations which impose stricter regulations than those contained within the County Official Controls. The parties understand that future changes to the County Official Controls or the Town Official Controls may necessitate changes to the MOU and the parties agree to communicate about proposed amendments and to work in good faith to identify and promptly make any changes to this MOU that may be required.
5. Notice of Text Amendments. The Town and the County shall notify the other party prior to holding a public hearing on any amendments to their respective official controls.
6. Fee Schedule. The Town and the County shall each adopt a schedule of zoning, subdivision and platting related fees applicable to their respective jurisdictions. The Town and the County shall retain all fees related to requests submitted in accordance with their respective ordinances and fee schedules.
7. Effective Date and Term. This MOU shall be effective as of the effective date of the Town's Subdivision and Platting Ordinance. The MOU shall continue in effect unless terminated as described in Section 8 of this MOU.
8. Termination. This MOU may be terminated by mutual written agreement or by either party upon submitting at least a 180-day written notice of termination to the other party. If the reason for termination is the other party's breach of any term or condition of this MOU, this MOU may be terminated upon 60 days' written notice if the other party fails to correct the breach within the 60-day notice period.
9. Miscellaneous.
 - a. Counterparts. The MOU may be executed in counterparts, each of which shall be deemed to be an original, but all of which, taken together, shall constitute one and the same agreement.
 - b. Entire Agreement This MOU constitutes the entire agreement between the parties

with respect to the subject matter herein and fully supersedes all prior written or oral agreements between the parties with respect to such matters. No other agreement, statement, or promise made by either party and no amendment, modification, or other change of any provision of this MOU shall be effective unless in writing signed by both parties.

IN WITNESS THEREOF, the parties have entered into this MOU effective as of the date indicated above.

Approved on the ____ day of _____ 2023.

PINE COUNTY

Steve Hallan, Chairperson
Pine County Board of Commissioners

Attest: _____
David Minke, Pine County Administrator/Clerk

Approved on the ____ day of _____ 2023.

PINE CITY TOWNSHIP

_____, Chairperson
Pine City Township Board of Supervisors

Attest: _____
Tammy Carlson, Town Clerk



COUNTY BOARD AGENDA REQUEST

Date of Meeting: March 21, 2023

Consent Agenda Regular Agenda

Item Title: State Opioid Lawsuit Settlements with Allergan, CVS, Teva, Walgreens, and Walmart

Department: Administration

Department Head / Sponsor signature

Background information on Item:

Five new proposed national opioid settlements have been reached. The Minnesota settlements include Teva, Allergan, CVS, Walgreens, and Walmart. These settlements are structured similar to the ones approved by the county board in December 2022. The attached resolution approves the participation form, release of claims, and the Amended Minnesota Opioids State Subdivision Memorandum of Agreement. (Amended MOA). The Amended MOA is the same as the MOA approved by the county board in December 2022, but is updated to include the additional five settlements. The Amended MOA is also written to apply to future opioid settlements.

The actual amount of funds distributed will not be known until after the settlements are completely finalized. A best-case estimate of funds from the various settlements is below. The five included in Resolution 2023-21 are in bold.

Settlement Name	National Total	Duration	Pine County's Portion	Received as of 3-14-23
McKesson, Cardinal Health, AmerisourceBergen*	\$26 Billion	18 years	\$1,259,083.30	\$83,418.87
Janssen		9 years		\$162,883.12
Mallinckrodt (NOAT II) - Bankruptcy	\$1.7 Billion	7 years		\$8,442.21
Purdue - Bankruptcy	\$4.325 billion	9 years		
Teva	\$4.25 Billion	13 years	\$198,702.00	
Allergan	\$2.37 Billion	7 years	\$109,459.00	
CVS	\$5 Billion	10 years	\$243,034.00	
Walgreens	\$5.7 Billion	15 years	\$264,274.00	
Walmart	\$3.1 Billion	6 years	\$137,627.00	
Endo	\$450 Million	10 years		
McKinsey & Company	\$573 million	4 years		
*Known as the "Distributors" Settlement		TOTALS	\$2,212,179.30	\$254,744.20

The county must sign off on the settlement before April 18, 2023.

Action Requested:

Approve Resolution 2023-21 which (1) approves the Amended State Subdivision Agreement, (2) approve the Participation Agreement and Release with each party, and (3) authorizes County Attorney Reese Frederickson and other staff to execute all documents necessary to ensure Pine County's participation in the settlements.

Resolution 2023-21
of the
Pine County Board of Commissioners

A Resolution Approving the Amendments to the Minnesota Opioids State Subdivision Memorandum of Agreement and Authorizing Signatures

WHEREAS, the State of Minnesota and numerous Minnesota cities and counties are engaged in nationwide civil litigation against opioid supply chain participants related to the opioid crisis;

WHEREAS, the Minnesota Attorney General has signed on to multistate settlement agreements with several opioid supply chain participants including Allergan, CVS, Teva, Walgreens, and Walmart and those settlement agreements are still subject to sign-on by local governments and final agreement by the companies and approval by the courts;

WHEREAS, April 18, 2023 is the deadline for a sufficient number of Minnesota cities and counties to sign on to the multistate settlement agreements and failure to timely sign on may diminish the amount of funds available to all Minnesota jurisdictions; and

WHEREAS, The Attorney General, State of Minnesota, and representatives of local governments have reached agreement on the intrastate allocation of these settlement funds and the permissible uses of these funds as recorded in the Minnesota Opioids State-Subdivision Memorandum of Agreement, as amended (the “State-Subdivision Agreement”).

NOW, THEREFORE, BE IT RESOLVED Pine County approves the State-Subdivision Agreement as amended to include the multistate agreements with manufacturers Teva Pharmaceuticals and Allergan plc, and pharmacies Walmart Inc., CVS Health Corp., and Walgreens Boots Alliance Inc. as well as any future multistate settlement agreements relating to the opioids litigation. Pine County Supports and opts into the multistate settlements with Teva Pharmaceuticals, Allergan plc, Walmart Inc., CVS Health Corp., and Walgreens Boots Alliances Inc.

BE IT FURTHER RESOLVED Pine County Attorney Reese Frederickson and other staff are authorized to execute all documents necessary to ensure Pine County participation in the multistate settlement agreements, including the Participation Agreement and accompanying Release.

Approved this 21st day of March, 2023

Stephen M. Hallan, Chair
County Board of Commissioners

ATTEST:

David J. Minke, Administrator
Clerk to Board of Commissioners

AMENDED MINNESOTA OPIOIDS STATE-SUBDIVISION MEMORANDUM OF AGREEMENT

WHEREAS, the State of Minnesota, Minnesota counties and cities, and their people have been harmed by misconduct committed by certain entities that engage in or have engaged in the manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic;

WHEREAS, certain Minnesota counties and cities, through their counsel, and the State, through its Attorney General, are separately engaged in ongoing investigations, litigation, and settlement discussions seeking to hold opioid manufacturers and distributors accountable for the damage caused by their misconduct;

WHEREAS, the State and Local Governments share a common desire to abate and alleviate the impacts of the misconduct described above throughout Minnesota;

WHEREAS, while the State and Local Governments recognize the sums which may be available from the aforementioned litigation will likely be insufficient to fully abate the public health crisis caused by the opioid epidemic, they share a common interest in dedicating the most resources possible to the abatement effort;

WHEREAS, the investigations and litigation with ~~Johnson & Johnson, AmerisourceBergen, Cardinal Health, and McKesson~~ several companies have resulted in National Settlement Agreements with those companies, which the State has already committed to join;

WHEREAS, Minnesota's share of settlement funds from the National Settlement Agreements will be maximized only if all Minnesota counties, and cities of a certain size, participate in the settlements;

WHEREAS, the National Settlement Agreements will set a default allocation between each state and its political subdivisions unless they enter into a state-specific agreement regarding the distribution and use of settlement amounts;

WHEREAS, this Amended Memorandum of Agreement is intended to facilitate compliance by the State and by the Local Governments with the terms of the National Settlement Agreements and is intended to serve as a State-Subdivision Agreement under the National Settlement Agreements;

WHEREAS, this Amended Memorandum of Agreement is also intended to serve as a State-Subdivision Agreement under resolutions of claims concerning alleged misconduct in the manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic entered in bankruptcy court that provide for payments (including payments through a trust) to both the State and Minnesota counties and cities and allow for the allocation between a state and its political subdivisions to be set through a state-specific agreement; and

WHEREAS, specifically, this Amended Memorandum of Agreement is intended to serve under the Bankruptcy Resolutions concerning Purdue Pharma ~~and~~, Mallinckrodt, and Endo as a qualifying Statewide Abatement Agreement.

I. Definitions

As used in this MOA (including the preamble above):

“Approved Uses” shall mean forward-looking strategies, programming, and services to abate the opioid epidemic that fall within the list of uses on **Exhibit A**. Consistent with the terms of the National Settlement Agreements and Bankruptcy Resolutions, “Approved Uses” shall include the reasonable administrative expenses associated with overseeing and administering Opioid Settlement Funds. Reimbursement by the State or Local Governments for past expenses are not Approved Uses.

“Backstop Fund” is defined in Section VI.B below.

“Bankruptcy Defendants” mean any Opioid Supply Chain Participants that have filed for federal bankruptcy protection, including, but not limited to, Purdue Pharma L.P. and, Mallinckrodt plc, and Endo International plc.

“Bankruptcy Resolution(s)” means resolutions of claims concerning alleged misconduct in manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic by the Bankruptcy Defendants entered in bankruptcy court that provide for payments (including payments through a trust) to both the State and Minnesota counties and municipalities and allow for the allocation between the state and its political subdivisions to be set through a state-specific agreement.

“Counsel” is defined in Section VI.B below.

“County Area” shall mean a county in the State of Minnesota plus the Local Governments, or portion of any Local Government, within that county.

“Governing Body” means (1) for a county, the county commissioners of the county, and (2) for a municipality, the elected city council or the equivalent legislative body for the municipality.

“Legislative Modification” is defined in Section II.C below.

“Litigating Local Governments” mean a Local Government that filed an opioid lawsuit(s) on or before December 3, 2021, as defined in Section VI.B below.

“Local Abatement Funds” are defined in Section II.B below.

“Local Government” means all ~~counties and cities~~ Minnesota political subdivisions within the geographic boundaries of the state of Minnesota.

“MDL Matter” means the matter captioned *In re National Prescription Opiate Litigation*, MDL 2804, pending in the United States District Court for the Northern District of Ohio.

“Memorandum of Agreement” or “MOA” means this agreement, the Amended Minnesota Opioids State-Subdivision Memorandum of Agreement.

“National Settlement Agreements” means ~~the~~ a national opioid settlement agreements with the Parties and one or ~~all of the Settling Defendants~~ more Opioid Supply Chain Participants concerning alleged misconduct in manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic, which includes structural or payment provisions requiring or anticipating the participation of both the State and its political subdivisions in the national opioid settlement agreement and allows for the allocation of Opioid Settlement Funds between the State and its political subdivisions to be set through a state-specific agreement.

“Opioid Settlement Funds” shall mean all funds allocated by the National Settlement Agreements and any Bankruptcy Resolutions to the State and Local Governments for purposes of opioid remediation activities or restitution, as well as any repayment of those funds and any interest or investment earnings that may accrue as those funds are temporarily held before being expended on opioid remediation strategies.

“Opioid Supply Chain Participants” means entities that engage in, ~~or~~ have engaged in, or have provided consultation services regarding the manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic, including, but not limited to, Janssen, AmerisourceBergen, Cardinal Health, McKesson, Teva Pharmaceuticals, Allergan plc, CVS Health Corporation, Walgreens Boots Alliance, Inc., and Walmart Inc. “Opioid Supply Chain Participants” also means all ~~including their subsidiaries, affiliates,~~ officers, directors, employees, or agents of such entities, acting in their capacity as such.

“Parties” means the State and the Participating Local Governments.

“Participating Local Government” means a ~~county or city~~ political subdivision within the geographic boundaries of the State of Minnesota that has signed this Memorandum of Agreement and has executed a release of claims ~~with the Settling Defendants~~ by signing on to the National Settlement Agreements. For the avoidance of doubt, a Local Government must sign this MOA to become a “Participating Local Government.”

“Region” is defined in Section II.H below.

~~“Settling Defendants” means Johnson & Johnson, AmerisourceBergen, Cardinal Health, and McKesson, as well as their subsidiaries, affiliates, officers, and directors named in a National Settlement Agreement.~~

“State” means the State of Minnesota by and through its Attorney General, Keith Ellison.

“State Abatement Fund” is defined in Section II.B below.

II. Allocation of Settlement Proceeds

- A. Method of distribution. Pursuant to the National Settlement Agreements and any Bankruptcy Resolutions, Opioid Settlement Funds shall be distributed directly to the State and directly to Participating Local Governments in such proportions and for such uses as set forth in this MOA, provided Opioid Settlement Funds shall not be considered funds of the State or any Participating Local Government unless and until such time as each ~~annual~~ distribution is made.
- B. Overall allocation of funds. Opioid Settlement Funds will be initially allocated as follows: (i) 25% directly to the State (“State Abatement Fund”), and (ii) 75% directly to abatement funds established by Participating Local Governments (“Local Abatement Funds”). This initial allocation is subject to modification by Sections II.F, II.G, and II.H, below.
- C. Statutory change.
1. The Parties agree to work together in good faith to propose and lobby for legislation in the 2022 Minnesota legislative session to modify the distribution of the State’s Opiate Epidemic Response Fund under Minnesota Statutes section 256.043, subd. 3(d), so that “50 percent of the remaining amount” is no longer appropriated to county social services, as related to Opioid Settlement Funds that are ultimately placed into the Minnesota Opiate Epidemic Response Fund (“Legislative Modification”).¹ Such efforts include, but are not limited to, providing testimony and letters in support of the Legislative Modification.
 2. It is the intent of the Parties that the Legislative Modification would affect only the county share under section 256.043, subd. 3(d), and would not impact the provision of funds to tribal social service agencies. Further, it is the intent of the Parties that the Legislative Modification would relate only to disposition of Opioid Settlement Funds and is not predicated on a change to the distribution of the Board of Pharmacy fee revenue that is deposited into the Opiate Epidemic Response Fund.
- D. Bill Drafting Workgroup. The Parties will work together to convene a Bill Drafting Workgroup to recommend draft legislation to achieve this Legislative Modification. The Workgroup will meet as often as practicable in December 2021 and January 2022 until recommended language is completed. Invitations to participate in the group shall be extended to the League of Minnesota Cities, the Association of Minnesota Counties, the Coalition of Greater Minnesota Cities, state agencies, the Governor’s Office, the Attorney General’s Office, the Opioid Epidemic Response Advisory Council, the Revisor’s Office, and Minnesota tribal representatives. The Workgroup will host meetings with Members of

¹ It is the intent of the Parties that counties will continue to fund child protection services for children and families who are affected by addiction, in compliance with the Approved Uses in **Exhibit A**.

the Minnesota House of Representatives and Minnesota Senate who have been involved in this matter to assist in crafting a bill draft.

- E. No payments until August 1, 2022. The Parties agree to take all steps necessary to ensure that any Opioid Settlement Funds ready for distribution directly to the State and Participating Local Governments under the National Settlement Agreements or Bankruptcy Resolutions are not actually distributed to the Parties until on or after August 1, 2022, in order to allow the Parties to pursue legislative change that would take effect before the Opioid Settlement Funds are received by the Parties. Such steps may include, but are not limited to, the Attorney General's Office delaying its filing of Consent Judgments in Minnesota state court memorializing the National Settlement Agreements. This provision will cease to apply upon the effective date of the Legislative Modification described above, if that date is prior to August 1, 2022.
- F. Effect of no statutory change by August 1, 2022. If the Legislative Modification described above does not take effect by August 1, 2022, the allocation between the Parties set forth in Section II.B shall be modified as follows: (i) 40% directly to the State Abatement Fund, and (ii) 60% to Local Abatement Funds. The Parties further agree to discuss potential amendment of this MOA if such legislation does not timely go into effect in accordance with this paragraph.
- G. Effect of later statutory change. If the Legislative Modification described above takes effect after August 1, 2022, the allocation between the Parties will be modified as follows: (i) 25% directly to the State Abatement Fund, and (ii) 75% to Local Abatement Funds.
- H. Effect of partial statutory change. If any legislative action otherwise modifies or diminishes the direct allocation of Opioid Settlement Funds to Participating Local Governments so that as a result the Participating Local Governments would receive less than 75 percent of the Opioid Settlement Funds (inclusive of amounts received by counties per statutory appropriation through the Minnesota Opiate Epidemic Response Fund), then the allocation set forth in Section II.B will be modified to ensure Participating Local Governments receive 75% of the Opioid Settlement Funds.
- I. Participating Local Governments receiving payments. The proportions set forth in **Exhibit B** provide for payments directly to: (i) all Minnesota counties; and (ii) all Minnesota cities that (a) have a population of more than 30,000, based on the United States Census Bureau's Vintage 2019 population totals, (b) have funded or otherwise managed an established health care or treatment infrastructure (e.g., health department or similar agency), or (c) have initiated litigation against ~~the Settling Defendants~~ AmerisourceBergen, Cardinal Health, McKesson, or Janssen as of December 3, 2021.
- J. Allocation of funds between Participating Local Governments. The Local Abatement Funds shall be allocated to Participating Local Governments in such proportions as set forth in **Exhibit B**, attached hereto and incorporated herein by reference, which is based

upon the MDL Matter's Opioid Negotiation Class Model.² The proportions shall not change based on population changes during the term of the MOA. However, to the extent required by the terms of the National Settlement Agreements, the proportions set forth in **Exhibit B** must be adjusted: (i) to provide no payment from the National Settlement Agreements to any listed county or municipality that does not participate in the National Settlement Agreements; and (ii) to provide a reduced payment from the National Settlement Agreements to any listed county or city that signs on to the National Settlement Agreements after the Initial Participation Date.

- K. Redistribution in certain situations. In the event a Participating Local Government merges, dissolves, or ceases to exist, the allocation percentage for that Participating Local Government shall be redistributed equitably based on the composition of the successor Local Government. In the event an allocation to a Local Government cannot be paid to the Local Government, such unpaid allocations will be allocated to Local Abatement Funds and be distributed in such proportions as set forth in Exhibit B.
- L. City may direct payments to county. Any city allocated a share may elect to have its full share or a portion of its full share of current or future annual distributions of settlement funds instead directed to the county or counties in which it is located, so long as that county or counties are Participating Local Governments[s]. ~~Such an election must be made by January 1 each year to apply to the following fiscal year.~~ If a city is located in more than one county, the city's funds will be directed based on the MDL Matter's Opioid Negotiation Class Model.

III. Special Revenue Fund

- A. Creation of special revenue fund. Every Participating Local Government receiving Opioid Settlement Funds through direct distribution shall create a separate special revenue fund, as described below, that is designated for the receipt and expenditure of Opioid Settlement Funds.
- B. Procedures for special revenue fund. Funds in this special revenue fund shall not be commingled with any other money or funds of the Participating Local Government. The funds in the special revenue fund shall not be used for any loans or pledge of assets, unless the loan or pledge is for an Approved Use. Participating Local Governments may not assign to another entity their rights to receive payments of Opioid Settlement Funds or their responsibilities for funding decisions, except as provided in Section II.L.

² More specifically, the proportions in Exhibit B were created based on Exhibit G to the National Settlement Agreements, which in turn was based on the MDL Matter's allocation criteria. Cities under 30,000 in population that had shares under the Exhibit G default allocation were removed and their shares were proportionally reallocated amongst the remaining subdivisions.

C. Process for drawing from special revenue funds.

1. Opioid Settlement Funds can be used for a purpose when the Governing Body includes in its budget or passes a separate resolution authorizing the expenditure of a stated amount of Opioid Settlement Funds for that purpose or those purposes during a specified period of time.
2. The budget or resolution must (i) indicate that it is an authorization for expenditures of opioid settlement funds; (ii) state the specific strategy or strategies the county or city intends to fund, using the item letter and/or number in **Exhibit A** to identify each funded strategy, if applicable; and (iii) state the amount dedicated to each strategy for a stated period of time.

D. Local government grantmaking. Participating Local Governments may make contracts with or grants to a nonprofit, charity, or other entity with Opioid Settlement Funds.

E. Interest earned on special revenue fund. The funds in the special revenue fund may be invested, consistent with the investment limitations for local governments, and may be placed in an interest-bearing bank account. Any interest earned on the special revenue funds must be used in a way that is consistent with this MOA.

IV. Opioid Remediation Activities

A. Limitation on use of funds. This MOA requires that Opioid Settlement Funds be utilized only for future opioid remediation activities, and Parties shall expend Opioid Settlement Funds only for Approved Uses and for expenditures incurred after the effective date of this MOA, unless execution of the National Settlement Agreements requires a later date. Opioid Settlement Funds cannot be used to pay litigation costs, expenses, or attorney fees arising from the enforcement of legal claims related to the opioid epidemic, except for the portion of Opioid Settlement Funds that comprise the Backstop Fund described in Section VI. For the avoidance of doubt, counsel for Litigating Local Governments may recover litigation costs, expenses, or attorney fees from the common benefit, contingency fee, and cost funds established in the National Settlement Agreements, as well as the Backstop Fund described in Section VI.

B. Public health departments as Chief Strategists. For Participating Local Governments that have public health departments, the public health departments shall serve as the lead agency and Chief Strategist to identify, collaborate, and respond to local issues as Local Governments decide how to leverage and disburse Opioid Settlement Funds. In their role as Chief Strategist, public health departments will convene multi-sector meetings and lead efforts that build upon local efforts like Community Health Assessments and Community Health Improvement Plans, while fostering community focused and collaborative evidence-informed approaches that prevent and address addiction across the areas of public health, human services, and public safety. Chief Strategists should consult with municipalities located within their county in the development of any Community Health

Assessment, and are encouraged to collaborate with law enforcement agencies in the county where appropriate.

- C. Administrative expenses. Reasonable administrative costs for the State or Local Government to administer its allocation of the Opioid Settlement Funds shall not exceed actual costs, 10% of the relevant allocation of the Opioid Settlement Funds, or any administrative expense limitation imposed by the National Settlement Agreements or Bankruptcy Resolution, whichever is less.
- D. Regions. Two or more Participating Local Governments may at their discretion form a new group or utilize an existing group (“Region”) to pool their respective shares of settlement funds and make joint spending decisions. Participating Local Governments may choose to create a Region or utilize an existing Region under a joint exercise of powers under Minn. Stat. § 471.59.
- E. Consultation and partnerships.
 - 1. Each county receiving Opioid Settlement Funds must consult annually with the municipalities in the county regarding future use of the settlement funds in the county, including by holding an annual meeting with all municipalities in the county in order to receive input as to proposed uses of the Opioid Settlement Funds and to encourage collaboration between Local Governments both within and beyond the county. These meetings shall be open to the public.
 - 2. Participating Local Governments within the same County Area have a duty to regularly consult with each other to coordinate spending priorities.
 - 3. Participating Local Governments can form partnerships at the local level whereby Participating Local Governments dedicate a portion of their Opioid Settlement Funds to support city- or community-based work with local stakeholders and partners within the Approved Uses.
- F. Collaboration. The State and Participating Local Governments must collaborate to promote effective use of Opioid Settlement Funds, including through the sharing of expertise, training, and technical assistance. They will also coordinate with trusted partners, including community stakeholders, to collect and share information about successful regional and other high-impact strategies and opioid treatment programs.

V. Reporting and Compliance

- A. Construction of reporting and compliance provisions. Reporting and compliance requirements will be developed and mutually agreed upon by the Parties, utilizing the recommendations provided by the Advisory Panel to the Attorney General on Distribution and Allocation of Opioid Settlement Funds.

B. Reporting Workgroup. The Parties will work together to establish a Reporting Workgroup that includes representatives of the Attorney General’s Office, state stakeholders, and city and county representatives, who will meet on a regular basis to develop reporting and compliance recommendations. The Reporting Workgroup must produce a set of reporting and compliance measures by June 1, 2022. Such reporting and compliance measures will be effective once approved by representatives of the Attorney General’s Office, the Governor’s Office, the Association of Minnesota Counties, and the League of Minnesota Cities that are on the Workgroup.

C. Application of Reporting Addendum and State Law. The requirements of the Reporting and Compliance Addendum agreed to by the Minnesota Governor’s Office, the Minnesota Attorney General’s Office, the Association of Minnesota Counties, the League of Minnesota Cities, and members of the Minnesota Opioid Epidemic Response Advisory Council, as well as the requirements of Minnesota Statutes section 256.042, subdivision 5(d), apply to Local Governments receiving Opioid Settlement Funds under National Settlement Agreements and Bankruptcy Resolutions within the scope of this MOA.

VI. Backstop Fund

- A. **National Attorney Fee Fund.** ~~When the~~ National Settlement Agreements provide for the payment of all or a portion of the attorney fees and costs owed by Litigating Local Governments to private attorneys specifically retained to file suit in the opioid litigation (“National Attorney Fee Fund”), ~~t-~~The Parties acknowledge that the National Settlement Agreements may provide for a portion of the attorney fees of Litigating Local Governments.
- B. **Backstop Fund and Waiver of Contingency Fee.** The Parties agree that the Participating Local Governments will create a supplemental attorney fees fund (the “Backstop Fund”) to be used to compensate private attorneys (“Counsel”) for Local Governments that filed opioid lawsuits on or before December 3, 2021 (“Litigating Local Governments”). By order³ dated August 6, 2021, Judge Polster capped all applicable contingent fee agreements at 15%. Judge Polster’s 15% cap does not limit fees from the National Attorney Fee Fund or from any state backstop fund for attorney fees, but private attorneys for local governments must waive their contingent fee agreements to receive payment from the National Attorney Fee Fund. Judge Polster recognized that a state backstop fund can be designed to incentivize private attorneys to waive their right to enforce contingent fee agreements and instead apply to the National Attorney Fee Fund, with the goals of achieving greater subdivision participation and higher ultimate payouts to both states and local governments. Accordingly, in order to seek payment from the Backstop Fund, Counsel must agree to waive their contingency fee agreements relating to these National Settlement Agreements and first apply to the National Attorney Fee Fund.

³ Order, In re: Nat’l Prescription Opiate Litig., Case No. 17-MD-02804, Doc. No. 3814 (N.D. Ohio August 6, 2021).

- C. Backstop Fund Source. The Backstop Fund will be funded by seven percent (7%) of the share of each payment made to the Local Abatement Funds from the National Settlement Agreements (annual or otherwise), based upon the initial allocation of 25% directly to the State Abatement Fund and 75% directly to Local Abatement Funds, and will not include payments resulting from the Purdue, ~~or~~ Mallinckrodt, or Endo Bankruptcies. In the event that the initial allocation is modified pursuant to Section II.F. above, then the Backstop Fund will be funded by 8.75% of the share of each payment made to the Local Abatement Funds from the National Settlement Agreements (annual or otherwise), based upon the modified allocation of 40% directly to the State Abatement Fund and 60% directly to the Local Abatement Funds, and will not include payments resulting from the Purdue, ~~or~~ Mallinckrodt, or Endo Bankruptcies. In the event that the allocation is modified pursuant to Section II.G. or Section II.H. above, back to an allocation of 25% directly to the State Abatement Fund and 75% directly to Local Abatement Funds, then the Backstop Fund will be funded by 7% of the share of each payment made to the Local Abatement Funds from the National Settlement Agreements (annual or otherwise), and will not include payments resulting from the Purdue, ~~or~~ Mallinckrodt, or Endo Bankruptcies.
- D. Backstop Fund Payment Cap. Any attorney fees paid from the Backstop Fund, together with any compensation received from the National Settlement Agreements' Contingency Fee Fund, shall not exceed 15% of the total gross recovery of the Litigating Local Governments' share of funds from the National Settlement Agreements. To avoid doubt, in no instance will Counsel receive more than 15% of the amount paid to their respective Litigating Local Government client(s) when taking into account what private attorneys receive from both the Backstop Fund and any fees received from the National Settlement Agreements' Contingency Fee Fund.
- E. Requirements to Seek Payment from Backstop Fund. A private attorney may seek payment from the Backstop Fund in the event that funds received by Counsel from the National Settlement Agreements' Contingency Fee Fund are insufficient to cover the amount that would be due to Counsel under any contingency fee agreement with a Litigating Local Government based on any recovery Litigating Local Governments receive from the National Settlement Agreements. Before seeking any payment from the Backstop Fund, private attorneys must certify that they first sought fees from the National Settlement Agreements' Contingency Fee Fund, and must certify that they agreed to accept the maximum fees payments awarded to them. Nothing in this Section, or in the terms of this Agreement, shall be construed as a waiver of fees, contractual or otherwise, with respect to fees that may be recovered under a contingency fee agreement or otherwise from other past or future settlements, verdicts, or recoveries related to the opioid litigation.
- F. Special Master. A special master will administer the Backstop Fund, including overseeing any distribution, evaluating the requests of Counsel for payment, and determining the appropriate amount of any payment from the Backstop Fund. The special master will be selected jointly by the Minnesota Attorney General and the Hennepin County Attorney, and will be one of the following individuals: Hon. Jeffrey Keyes, Hon. David Lillehaug; or Hon. Jack Van de North. The special master will be compensated from the Backstop Fund. In the event that a successor special master is needed, the Minnesota Attorney General and the Hennepin County Attorney will jointly select the successor special master

from the above-listed individuals. If none of the above-listed individuals is available to serve as the successor special master, then the Minnesota Attorney General and the Hennepin County Attorney will jointly select a successor special master from a list of individuals that is agreed upon between the Minnesota Attorney General, the Hennepin County Attorney, and Counsel.

- G. Special Master Determinations. The special master will determine the amount and timing of any payment to Counsel from the Backstop Fund. The special master shall make one determination regarding payment of attorney fees to Counsel, which will apply through the term of the recovery from the National Settlement Agreements. In making such determinations, the special master shall consider the amounts that have been or will be received by the private attorney's firm from the National Settlement Agreements' Contingency Fee Fund relating to Litigating Local Governments; the contingency fee contracts; the dollar amount of recovery for Counsel's respective clients who are Litigating Local Governments; the Backstop Fund Payment Cap above; the complexity of the legal issues involved in the opioid litigation; work done to directly benefit the Local Governments within the State of Minnesota; and the principles set forth in the Minnesota Rules of Professional Conduct, including the reasonable and contingency fee principles of Rule 1.5. In the interest of transparency, Counsel shall provide information in their initial fee application about the total amount of fees that Counsel have received or will receive from the National Attorney Fee Fund related to the Litigating Local Governments.
- H. Special Master Proceedings. Counsel seeking payment from the Backstop Fund may also provide written submissions to the special master, which may include declarations from counsel, summaries relating to the factors described above, and/or attestation regarding total payments awarded or anticipated from the National Settlement Agreements' Contingency Fee Fund. Private attorneys shall not be required to disclose work product, proprietary or confidential information, including but not limited to detailed billing or lodestar records. To the extent that counsel rely upon written submissions to support their application to the special master, the special master will incorporate said submission or summary into the record. Any proceedings before the special master and documents filed with the special master shall be public, and the special master's determinations regarding any payment from the Backstop Funds shall be transparent, public, final, and not appealable.
- I. Distribution of Any Excess Funds. To the extent the special master determines that the Backstop Fund exceeds the amount necessary for payment to Counsel, the special master shall distribute any excess amount to Participating Local Governments according to the percentages set forth in **Exhibit B**.
- J. Term. The Backstop Fund will be administered for (a) the length of the National Litigation Settlement Agreements' payments; or (b) until all Counsel for Litigating Local Governments have either (i) received payments equal to the Backstop Fund Payment Cap above or (ii) received the full amount determined by the special master; whichever occurs first.

- K. No State Funds Toward Attorney Fees. For the avoidance of doubt, no portion of the State Abatement Fund will be used to fund the Backstop Fund or in any other way to fund any Litigating Local Government's attorney fees and expenses. Any funds that the State receives from the National Settlement Agreements as attorney fees and costs or in lieu of attorney fees and costs, including the Additional Restitution Amounts, will be treated as State Abatement Funds.

VII. General Terms

A. Scope of agreement.

1. This MOA applies to ~~all settlements under~~ the National Settlement Agreements ~~with Settling Defendants~~ and the Bankruptcy Resolutions ~~with Bankruptcy Defendants~~.⁴

2. This MOA will also apply to future National Settlement Agreements and Bankruptcy Resolutions with Opioid Supply Chain Participants that include structural or payment provisions requiring or anticipating the participation of both the State and its political subdivisions, and allows for the allocation between the State and its political subdivisions to be set through a state-specific agreement.

- ~~2.3. The Parties agree to discuss the use, as the Parties may deem appropriate in the future, of the settlement terms set out herein (after any necessary amendments) for resolutions with Opioid Supply Chain Participants not covered by the National Settlement Agreements or a Bankruptcy Resolution.~~ The Parties acknowledge that this MOA does not excuse any requirements placed upon them by the terms of the National Settlement Agreements or any Bankruptcy Resolution, except to the extent those terms allow for a State-Subdivision Agreement to do so.

B. When MOA takes effect.

1. This MOA shall become effective at the time a sufficient number of Local Governments have joined the MOA to qualify this MOA as a State-Subdivision Agreement under the National Settlement Agreements or as a Statewide Abatement Agreement under any Bankruptcy Resolution. If this MOA does not thereby qualify as a State-Subdivision Agreement or Statewide Abatement Agreement, this MOA will have no effect.
2. The Parties may conditionally agree to sign on to the MOA through a letter of intent, resolution, or similar written statement, declaration, or pronouncement declaring their intent to sign on to the MOA if the threshold for Party participation in a specific Settlement is achieved.

⁴ For the avoidance of doubt, this includes settlements reached with AmerisourceBergen, Cardinal Health, ~~and McKesson, and Janssen,~~ Teva Pharmaceuticals, Allergan plc, CVS Health Corporation, Walgreens Boots Alliance, Inc., and Walmart Inc., and Bankruptcy Resolutions involving Purdue Pharma L.P., ~~and Mallinckrodt plc,~~ and Endo International plc.

C. Dispute resolution.

1. If any Party believes another Party has violated the terms of this MOA, the alleging Party may seek to enforce the terms of this MOA in Ramsey County District Court, provided the alleging Party first provides notice to the alleged offending Party of the alleged violation and a reasonable opportunity to cure the alleged violation.
2. If a Party believes another Party, Region, or individual involved in the receipt, distribution, or administration of Opioid Settlement Funds has violated any applicable ethics codes or rules, a complaint shall be lodged with the appropriate forum for handling such matters.
3. If a Party believes another Party, Region, or individual involved in the receipt, distribution, or administration of Opioid Settlement Funds violated any Minnesota criminal law, such conduct shall be reported to the appropriate criminal authorities.

D. Amendments. The Parties agree to make such amendments as necessary to implement the intent of this MOA.

E. Applicable law and venue. Unless otherwise required by the National Settlement Agreements or a Bankruptcy Resolution, this MOA, including any issues related to interpretation or enforcement, is governed by the laws of the State of Minnesota. Any action related to the provisions of this MOA must be adjudicated by the Ramsey County District Court. If any provision of this MOA is held invalid by any court of competent jurisdiction, this invalidity does not affect any other provision which can be given effect without the invalid provision.

F. Relationship of this MOA to other agreements and resolutions. All Parties acknowledge and agree that the National Settlement Agreements will require a Participating Local Government to release all its claims as provided in the National Settlement Agreements against the Settling Defendants to receive direct allocation of Opioid Settlement Funds. All Parties further acknowledge and agree that based on the terms of the National Settlement Agreements, a Participating Local Government may receive funds through this MOA only after complying with all requirements set forth in the National Settlement Agreements to release its claims. This MOA is not a promise from any Party that any National Settlement Agreements or Bankruptcy Resolution will be finalized or executed.

G. When MOA is no longer in effect. This MOA is effective until one year after the last date on which any Opioid Settlement Funds are being spent by the Parties pursuant to the National Settlement Agreements and any Bankruptcy Resolution.

H. No waiver for failure to exercise. The failure of a Party to exercise any rights under this MOA will not be deemed to be a waiver of any right or any future rights.

- I. No effect on authority of Parties. Nothing in this MOA should be construed to limit the power or authority of the State of Minnesota, the Attorney General, or the Local Governments, except as expressly set forth herein.

- J. Signing and execution. This MOA may be executed in counterparts, each of which constitutes an original, and all of which constitute one and the same agreement. This MOA may be executed by facsimile or electronic copy in any image format. Each Party represents that all procedures necessary to authorize such Party's execution of this MOA have been performed and that the person signing for such Party has been authorized to execute the MOA in an official capacity that binds the Party.

This **Amended** Minnesota Opioids State-Subdivision Memorandum of Agreement is signed

this ___ day of _____, _____ by:

Name and Title: _____

On behalf of: _____

EXHIBIT A

List of Opioid Remediation Uses

Settlement fund recipients shall choose from among abatement strategies, including but not limited to those listed in this Exhibit. The programs and strategies listed in this Exhibit are not exclusive, and fund recipients shall have flexibility to modify their abatement approach as needed and as new uses are discovered.

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“*OUD*”) and any co-occurring Substance Use Disorder or Mental Health (“*SUD/MH*”) conditions through evidence-based or evidence-informed programs⁵ or strategies that may include, but are not limited to, those that:⁶

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication for Opioid Use Disorder (“*MOUD*”)⁷ approved by the U.S. Food and Drug Administration, [including by making capital expenditures to purchase, rehabilitate, or expand facilities that offer treatment.](#)
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“*ASAM*”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including *MOUD*, as well as counseling, psychiatric support, and other treatment and recovery support services.

⁵ Use of the terms “evidence-based,” “evidence-informed,” or “best practices” shall not limit the ability of recipients to fund innovative services or those built on culturally specific needs. Rather, recipients are encouraged to support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions.

⁶ As used in this Exhibit, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

⁷ Historically, pharmacological treatment for opioid use disorder was referred to as “Medication-Assisted Treatment” (“*MAT*”). It has recently been determined that the better term is “Medication for Opioid Use Disorder” (“*MOUD*”). This Exhibit will use “*MOUD*” going forward. Use of the term *MOUD* is not intended to and shall in no way limit abatement programs or strategies now or into the future as new strategies and terminology evolve.

4. Improve oversight of Opioid Treatment Programs (“OTPs”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support detoxification (detox) and withdrawal management services for people with OUD and any co-occurring SUD/MH conditions, including but not limited to medical detox, referral to treatment, or connections to other services or supports.
8. Provide training on MOUD for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH or mental health conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, licensed mental health counselors, and other mental and behavioral health practitioners or workers, including peer recovery coaches, peer recovery supports, and treatment coordinators, involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, continuing education, licensing fees, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“DATA 2000”) to prescribe MOUD for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication-Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including but not limited to new Americans, African Americans, and American Indians.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)**

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund Screening, Brief Intervention and Referral to Treatment (“SBIRT”) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MOUD in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MOUD, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARP*”);

2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;
 3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MOUD, and related services.
 3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
 4. Provide evidence-informed treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
 5. Provide evidence-informed treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
 6. Support critical time interventions (“*CTP*”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
 7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF THE PERINATAL POPULATION, CAREGIVERS, AND FAMILIES, INCLUDING BABIES WITH NEONATAL OPIOID WITHDRAWAL SYNDROME.

Address the needs of the perinatal population and caregivers with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal opioid withdrawal syndrome (“*NOWS*”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MOUD, recovery services and supports, and prevention services for the perinatal population—or individuals who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to caregivers and families affected by Neonatal Opioid Withdrawal Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MOUD, for uninsured individuals with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with the perinatal population and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for *NOWS* babies; expand services for better continuum of care with infant-caregiver dyad; and expand long-term treatment and services for medical monitoring of *NOWS* babies and their caregivers and families.
5. Provide training to health care providers who work with the perinatal population and caregivers on best practices for compliance with federal requirements that children born with *NOWS* get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for caregivers with OUD and any co-occurring SUD/MH conditions, emphasizing the desire to keep families together.
7. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
8. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
9. Provide support for Children’s Services—Fund additional positions and services, including supportive housing and other residential services, relating to children

being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“PDMPs”), including, but not limited to, improvements that:
 1. Increase the number of prescribers using PDMPs;
 2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or
 3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MOUD referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse, including but not limited to focusing on risk factors and early interventions.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health

workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Law enforcement expenditures related to the opioid epidemic.
2. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
3. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.
5. Support multidisciplinary collaborative approaches consisting of, but not limited to, public health, public safety, behavioral health, harm reduction, and others at the state, regional, local, nonprofit, and community level to maximize collective impact.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MOUD and their association with treatment engagement and treatment outcomes.

M. POST-MORTEM

1. Toxicology tests for the range of opioids, including synthetic opioids, seen in overdose deaths as well as newly evolving synthetic opioids infiltrating the drug supply.
2. Toxicology method development and method validation for the range of synthetic opioids observed now and in the future, including the cost of installation, maintenance, repairs and training of capital equipment.
3. Autopsies in cases of overdose deaths resulting from opioids and synthetic opioids.
4. Additional storage space/facilities for bodies directly related to opioid or synthetic opioid related deaths.
5. Comprehensive death investigations for individuals where a death is caused by or suspected to have been caused by an opioid or synthetic opioid overdose, whether intentional or accidental (overdose fatality reviews).
6. Indigent burial for unclaimed remains resulting from overdose deaths.
7. Navigation-to-care services for individuals with opioid use disorder who are encountered by the medical examiner’s office as either family and/or social network members of decedents dying of opioid overdose.
8. Epidemiologic data management and reporting to public health and public safety stakeholders regarding opioid overdose fatalities.

EXHIBIT B**Local Abatement Funds Allocation**

Subdivision	Allocation Percentage
AITKIN COUNTY	0.5760578506020%
Andover city	0.1364919450741%
ANOKA COUNTY	5.0386504680954%
Apple Valley city	0.2990817344560%
BECKER COUNTY	0.6619330684437%
BELTRAMI COUNTY	0.7640787092763%
BENTON COUNTY	0.6440948102319%
BIG STONE COUNTY	0.1194868774775%
Blaine city	0.4249516912759%
Bloomington city	0.4900195550092%
BLUE EARTH COUNTY	0.6635420704652%
Brooklyn Center city	0.1413853902225%
Brooklyn Park city	0.2804136234778%
BROWN COUNTY	0.3325325415732%
Burnsville city	0.5135361296508%
CARLTON COUNTY	0.9839591749060%
CARVER COUNTY	1.1452829659572%
CASS COUNTY	0.8895681513437%
CHIPPEWA COUNTY	0.2092611794436%
CHISAGO COUNTY	0.9950193750117%
CLAY COUNTY	0.9428475281726%
CLEARWATER COUNTY	0.1858592042741%
COOK COUNTY	0.1074594959729%
Coon Rapids city	0.5772642444915%
Cottage Grove city	0.2810994719143%
COTTONWOOD COUNTY	0.1739065270025%
CROW WING COUNTY	1.1394859174804%
DAKOTA COUNTY	4.4207140602835%
DODGE COUNTY	0.2213963257778%
DOUGLAS COUNTY	0.6021779472345%
Duluth city	1.1502115379896%
Eagan city	0.3657951576014%
Eden Prairie city	0.2552171572659%
Edina city	0.1973054822135%
FARIBAULT COUNTY	0.2169409335358%
FILLMORE COUNTY	0.2329591105316%
FREEBORN COUNTY	0.3507169823793%
GOODHUE COUNTY	0.5616542387089%

Subdivision	Allocation Percentage
GRANT COUNTY	0.0764556498477%
HENNEPIN COUNTY	19.0624622261821%
HOUSTON COUNTY	0.3099019273452%
HUBBARD COUNTY	0.4582368775192%
Inver Grove Heights city	0.2193400520297%
ISANTI COUNTY	0.7712992707537%
ITASCA COUNTY	1.1406408131328%
JACKSON COUNTY	0.1408950443531%
KANABEC COUNTY	0.3078966749987%
KANDIYOHI COUNTY	0.1581167542252%
KITTSOON COUNTY	0.0812834506382%
KOOCHICHING COUNTY	0.2612581865885%
LAC QUI PARLE COUNTY	0.0985665133485%
LAKE COUNTY	0.1827750320696%
LAKE OF THE WOODS COUNTY	0.1123105027592%
Lakeville city	0.2822249627090%
LE SUEUR COUNTY	0.3225703347466%
LINCOLN COUNTY	0.1091919983965%
LYON COUNTY	0.2935118186364%
MAHNOMEN COUNTY	0.1416417687922%
Mankato city	0.3698584320930%
Maple Grove city	0.1814019046900%
Maplewood city	0.1875101678223%
MARSHALL COUNTY	0.1296352091057%
MARTIN COUNTY	0.2543064014046%
MCLEOD COUNTY	0.1247104517575%
MEEKER COUNTY	0.3744031515243%
MILLE LACS COUNTY	0.9301506695846%
Minneapolis city	4.8777618689374%
Minnetonka city	0.1967231070869%
Moorhead city	0.4337377037965%
MORRISON COUNTY	0.7178981419196%
MOWER COUNTY	0.5801769148506%
MURRAY COUNTY	0.1348775389165%
NICOLLET COUNTY	0.1572381052896%
NOBLES COUNTY	0.1562005111775%
NORMAN COUNTY	0.1087596675165%
North St. Paul city	0.0575844069340%
OLMSTED COUNTY	1.9236715094724%
OTTER TAIL COUNTY	0.8336175418789%
PENNINGTON COUNTY	0.3082576394945%
PINE COUNTY	0.5671222706703%

Subdivision	Allocation Percentage
PIPESTONE COUNTY	0.1535154503112%
Plymouth city	0.1762541472591%
POLK COUNTY	0.8654291473909%
POPE COUNTY	0.1870129873102%
Proctor city	0.0214374127881%
RAMSEY COUNTY	7.1081424150498%
RED LAKE COUNTY	0.0532649128178%
REDWOOD COUNTY	0.2809842366614%
RENVILLE COUNTY	0.2706888807449%
RICE COUNTY	0.2674764397830%
Richfield city	0.2534018444052%
Rochester city	0.7363082848763%
ROCK COUNTY	0.2043437335735%
ROSEAU COUNTY	0.2517872793025%
Roseville city	0.1721905548771%
Savage city	0.1883576635033%
SCOTT COUNTY	1.3274301645797%
Shakopee city	0.2879873611373%
SHERBURNE COUNTY	1.2543449471994%
SIBLEY COUNTY	0.2393480708456%
ST LOUIS COUNTY	4.7407767169807%
St. Cloud city	0.7330089009029%
St. Louis Park city	0.1476314588229%
St. Paul city	3.7475206797569%
STEARNS COUNTY	2.4158085321227%
STEELE COUNTY	0.3969975262520%
STEVENS COUNTY	0.1439474275223%
SWIFT COUNTY	0.1344167568499%
TODD COUNTY	0.4180909816781%
TRAVERSE COUNTY	0.0903964133868%
WABASHA COUNTY	0.3103038996965%
WADENA COUNTY	0.2644094336575%
WASECA COUNTY	0.2857912156338%
WASHINGTON COUNTY	3.0852862512586%
WATONWAN COUNTY	0.1475626355615%
WILKIN COUNTY	0.0937962507119%
WINONA COUNTY	0.7755267356126%
Woodbury city	0.4677270171716%
WRIGHT COUNTY	1.6985269385427%
YELLOW MEDICINE COUNTY	0.1742264836427%

EXHIBIT K
Subdivision and Special District Settlement Participation Form

Will your subdivision or special district be signing the settlement participation forms for the Allergan and Teva Settlements at this time?

Yes No

Governmental Entity: Pine County	State: MN
Authorized Signatory:	
Address 1:	
Address 2:	
City, State, Zip:	
Phone:	
Email:	

The governmental entity identified above (“*Governmental Entity*”), in order to obtain and in consideration for the benefits provided to the Governmental Entity pursuant to the Agreement dated November 22, 2022 (“*Allergan Settlement*”), and acting through the undersigned authorized official, hereby elects to participate in the Allergan Settlement, release all Released Claims against all Released Entities, and agrees as follows.

1. The Governmental Entity is aware of and has reviewed the Allergan Settlement, understands that all terms in this Election and Release have the meanings defined therein, and agrees that by this Election, the Governmental Entity elects to participate in the Allergan Settlement as provided therein.
2. Following the execution of this Settlement Participation Form, the Governmental Entity shall comply with Section III.B of the Allergan Settlement regarding Cessation of Litigation Activities.
3. The Governmental Entity shall, within fourteen (14) days of the Reference Date and prior to the filing of the Consent Judgment, file a request to dismiss with prejudice any Released Claims that it has filed. With respect to any Released Claims pending in *In re National Prescription Opiate Litigation*, MDL No. 2804, the Governmental Entity authorizes the MDL Plaintiffs’ Executive Committee to execute and file on behalf of the Governmental Entity a Stipulation of Dismissal With Prejudice substantially in the form found at <https://nationalopiodsettlement.com>.
4. The Governmental Entity agrees to the terms of the Allergan Settlement pertaining to Subdivisions and Special Districts as defined therein.
5. By agreeing to the terms of the Allergan Settlement and becoming a Releasor, the Governmental Entity is entitled to the benefits provided therein, including, if applicable, monetary payments beginning after the Effective Date.
6. The Governmental Entity agrees to use any monies it receives through the Allergan Settlement solely for the purposes provided therein.



7. The Governmental Entity submits to the jurisdiction of the court in the Governmental Entity's state where the Consent Judgment is filed for purposes limited to that court's role as provided in, and for resolving disputes to the extent provided in, the Allergan Settlement.
8. The Governmental Entity has the right to enforce the Allergan Settlement as provided therein.
9. The Governmental Entity, as a Participating Subdivision or Participating Special District, hereby becomes a Releasor for all purposes in the Allergan Settlement, including, but not limited to, all provisions of **Section V (Release)**, and along with all departments, agencies, divisions, boards, commissions, Subdivisions, districts, instrumentalities of any kind and attorneys, and any person in their official capacity whether elected or appointed to serve any of the foregoing and any agency, person, or other entity claiming by or through any of the foregoing, and any other entity identified in the definition of Releasor, provides for a release to the fullest extent of its authority. As a Releasor, the Governmental Entity hereby absolutely, unconditionally, and irrevocably covenants not to bring, file, or claim, or to cause, assist in bringing, or permit to be brought, filed, or claimed, or to otherwise seek to establish liability for any Released Claims against any Released Entity in any forum whatsoever. The releases provided for in the Allergan Settlement are intended to be broad and shall be interpreted so as to give the Released Entities the broadest possible bar against any liability relating in any way to Released Claims and extend to the full extent of the power of the Governmental Entity to release claims. The Allergan Settlement shall be a complete bar to any Released Claim.
10. The Governmental Entity hereby takes on all rights and obligations of a Participating Subdivision or Participating Special District as set forth in the Allergan Settlement.
11. In connection with the releases provided for in the Allergan Settlement, each Governmental Entity expressly waives, releases, and forever discharges any and all provisions, rights, and benefits conferred by any law of any state or territory of the United States or other jurisdiction, or principle of common law, which is similar, comparable, or equivalent to § 1542 of the California Civil Code, which reads:

General Release; extent. A general release does not extend to claims that the creditor or releasing party does not know or suspect to exist in his or her favor at the time of executing the release that, if known by him or her, would have materially affected his or her settlement with the debtor or released party.

A Releasor may hereafter discover facts other than or different from those which it knows, believes, or assumes to be true with respect to the Released Claims, but each Governmental Entity hereby expressly waives and fully, finally, and forever settles, releases and discharges, upon the Effective Date, any and all Released Claims that may exist as of such date but which Releasors do not know or suspect to exist, whether through ignorance, oversight, error, negligence or through no fault whatsoever, and which, if known, would materially affect the Governmental Entities' decision to participate in the Allergan Settlement.

12. Nothing herein is intended to modify in any way the terms of the Allergan Settlement, to which the Governmental Entity hereby agrees. To the extent this Settlement Participation Form is interpreted differently from the Allergan Settlement in any respect, the Allergan Settlement controls.



I have all necessary power and authorization to execute this Settlement Participation Form on behalf of the Governmental Entity.

Signature: _____

Name: _____

Title: _____

Date: _____





AGENDA REQUEST FORM

Date of Meeting: 03/21/2023

- County Board**
 - Consent Agenda
 - Regular Agenda
- 5 mins. 10 mins. 15 mins. Other
- Personnel Committee**
- Other** _____

Agenda Item: Approve resolution authorizing use of opioid settlement funds

Department: PCSO/HHS

Rebecca Foss

Department Head signature

Background information on Item:

On December 21, 2021, the Pine County Board of Commissioners unanimously passed Resolution 2021-81, a resolution authorizing county staff to execute all necessary documents to ensure county participation in the multistate settlements relating to opioid distributors and manufacturers, and in the Minnesota Opioids State-Subdivision Memorandum of Agreement.

Pine County has begun receiving the opioid lawsuit settlement funds. In order to use the funds, the local governing body has to approve the expenditures of the settlement funds. Attached is Resolution 2023-18 for the county board's consideration, which outlines proposed uses for a portion of the funds. Pine County HHS and the Pine County Sheriff's Office will be available to provide information on the current events related to substance use concerns, and will provide information on the proposed strategies that will be utilized with the use of the funds.

Action Requested:

Authorize the County Board Chair and the County Administrator to sign resolution 2023-18.

Financial Impact:

If approved, the lawsuit settlement funds will be used to provide community prevention and education, along with providing targeted interventions to individuals who are interfacing with law enforcement due to substance use concerns.

Pine County Resolution 2023–18

**RESOLUTION AUTHORIZING THE EXPENDITURES OF A PORTION OF THE
OPIOID LAWSUIT SETTLEMENT FUNDS**

WHEREAS, On December 21, 2021, the Pine County Board of Commissioners unanimously passed Resolution 2021-81, a resolution authorizing county staff to execute all necessary documents to ensure county participation in the multistate settlements relating to opioid distributors and manufacturers;

WHEREAS, opioid settlement funds must be used for authorized purposes and must be approved by the Governing Body through its budget or a separate resolution authorizing the expenditure;

WHEREAS, public health serves as the lead agency and Chief Strategist and the Pine County Chemical Health Coalition was identified as an advisory council to implement the opioid settlement agreements;

WHEREAS, after collaboration and consultation with the Pine County Chemical Health Coalition, law enforcement, and other community partners, Pine County Public Health has identified two approved uses of the funds; and

WHEREAS, the Pine County Chemical Health Coalition has expressed support for this request to use some of the settlement funds as recommended by Public Health.

NOW, THEREFORE, BE IT RESOLVED The Pine County Board of Commissioners, do hereby approve the use of the opioid settlement funds from the Distributors and the Johnson and Johnson settlements as follows: \$54,750 to expend on justice-involved strategies (Section D) for calendar year 2023 and \$6,510 for Community Education (Section H) for calendar year 2023.

Approved this 21st day of March, 2023.

Stephen M. Hallan, Board Chair
Pine County Board of Commissioners

ATTEST:

David J. Minke
County Administrator

Request for funding **Opioid Lawsuit** **Settlement**

Created By : Rebecca Foss and Samantha Lo



● Background

On December 21, 2021, the Pine County Board of Commissioners **unanimously passed** Resolution 2021-81, a resolution authorizing county staff to execute all necessary documents to ensure county participation in the multistate settlements relating to opioid distributors and manufacturers, and in the Minnesota Opioids State-Subdivision Memorandum of Agreement and declaring support for an amendment to Minn. Stat. § 256.043, subd. 3(d).



● Background

Directly quoting the MOA: “The State of Minnesota, Minnesota counties and cities, and their people have been harmed by misconduct committed by certain entities that engage in or have engaged in the manufacture, marketing, promotion, distribution, or dispensing of an opioid analgesic.”

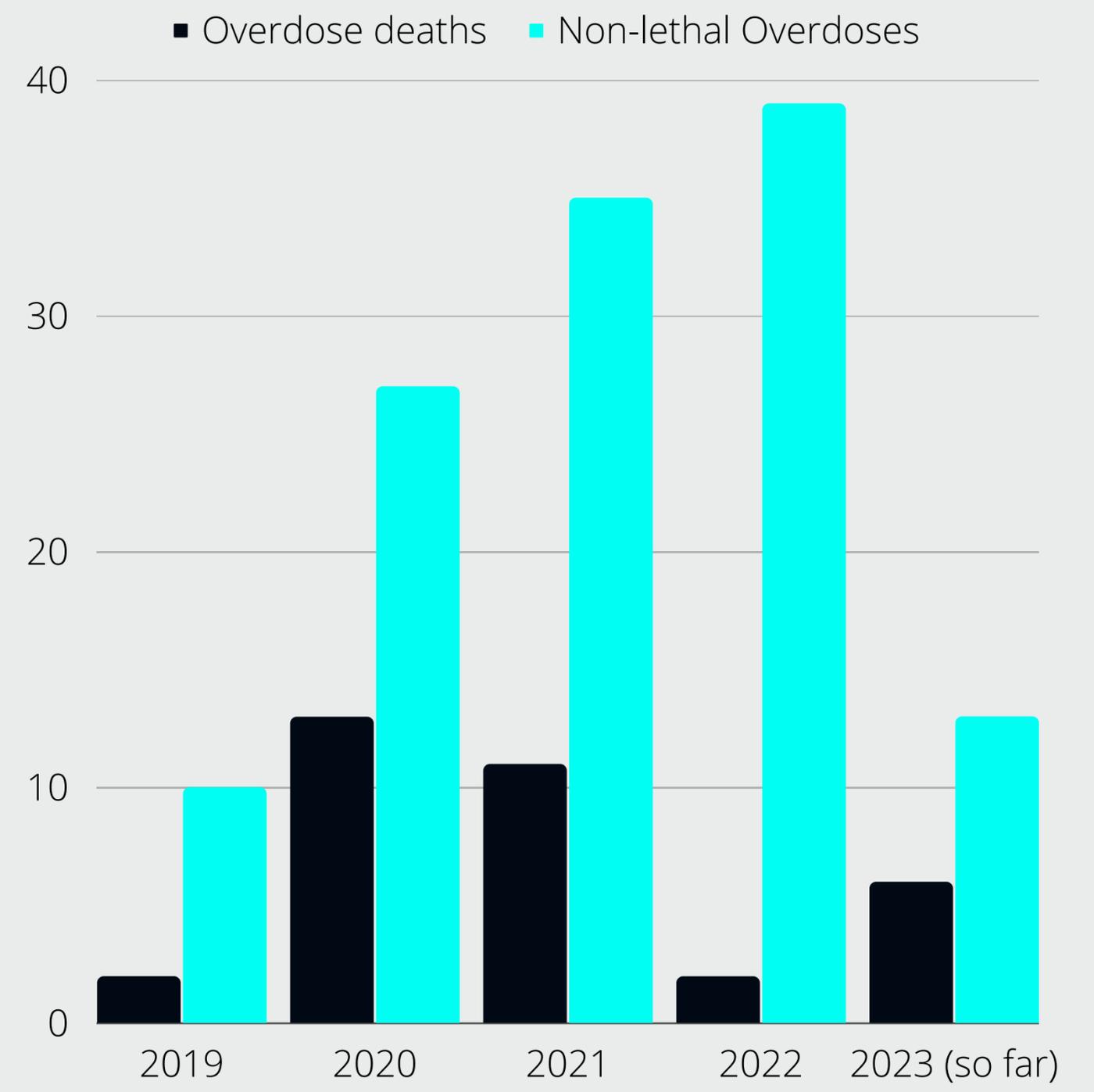




● Current Data

The 6 overdose deaths in the first two months of 2023 surpasses the overdose deaths for all of 2022.

41 out of 50 children (82%) in placement through HHS or MLBO have parents who wrestle with substance abuse.





● Funding

Different lawsuit settlements have different timelines and amounts. Timelines currently range from 11 to 18 years of funding. More settlements have yet to be decided.

As of 02/28/2023, the lawsuit funding balance is \$254,694.20



● Funding

The Pine County Chemical Health Coalition is serving as an advisory committee to the County Board and serves as one platform where community partners can bring ideas for using funds/vet ideas that may align with use of opioid funds.

*Commissioners Ludwig and Lovgren are members of the Chemical Health Coalition



● Public Health as Chief Strategist

Per the MOA: The public health department shall serve as the **lead agency and Chief Strategist** to identify, collaborate, and respond to local issues as the Local Governments decide how to leverage and disburse opioid settlement funds... encouraged to collaborate with law enforcement agencies in the county where appropriate.

● Approved Uses

Approved uses shall mean **forward-
looking strategies** (emphasis added), programming and services to abate the opioid epidemic that fall within the list of uses on Exhibit A”.

Also includes reasonable administrative costs associated with administering funds.

● Treatment

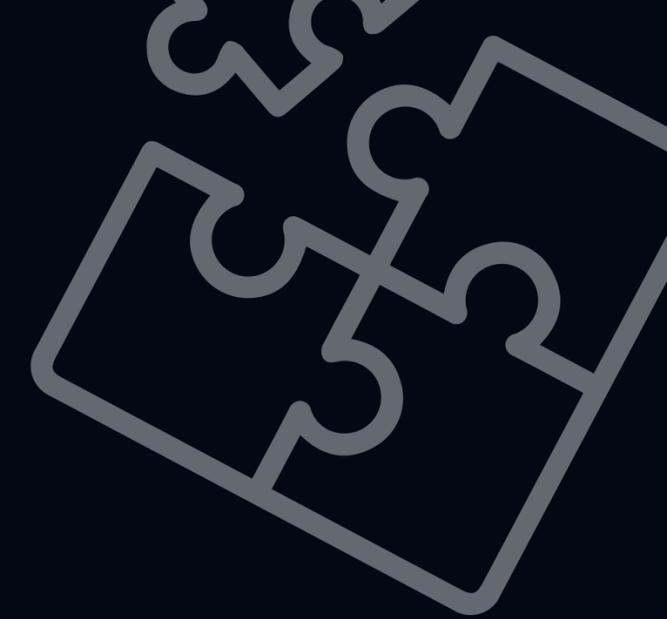
Treatment, support people in recovery, connections to resources/care, address needs of criminal justice-involved people, address needs of perinatal population, caregivers and families, etc.

● Prevention

Prevent overprescribing, prevent misuse of opioids, prevent overdose deaths and other harms, etc.

● Other

Leadership, planning, coordination, training, research, responding to secondary trauma for first responders, etc.



Drawing Funds

1

County Board includes in its budget or pass a separate resolution.

2

The resolution must indicate that it is an authorization for expenditures of opioid settlement funds.

3

Must state the specific strategies the county intends to fund, citing Exhibit A from the MOA. Must also state the amount dedicated to each strategy for a period of time.



● **Strategy 1: "Treatment"
– Criminal justice-
involved (section D)**

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies.

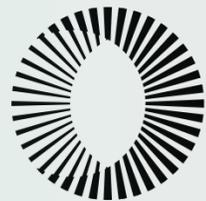
Part 1: Support pre-arrest or pre-arraignment diversion and deflection strategies, including..."Naloxone plus" like strategies.



Pre-arrest



Jail



**Community
Education**



Media



Strategy 1: "Treatment" – Criminal justice- involved (section D)

What this would look like in Pine:

- A person overdoses and law enforcement respond.
- Person lives.
- Law enforcement sends overdose referral to HHS for outreach, connection to services, and support instead of arrest.

The goal is to support the person where they're at and prevent deaths.



● **Strategy 1: "Treatment"
– Criminal justice-
involved (section D)**

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies.

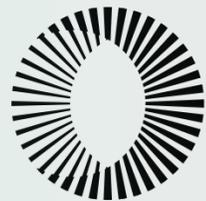
Part 2: Provide evidence-informed treatment, including MOUD recovery support, harm reduction or other appropriate services to individuals with OUD and other co-occurring SUD/MH conditions who are incarcerated or are leaving jail or prison or have recently left jail or prison.



Pre-arrest



Jail



**Community
Education**



Media



Strategy 2: "Treatment" – Criminal justice- involved (section D)

What this would look like in Pine:

- Work with jail staff to enhance intake screening and education on substance use.
- Provide resources and enhanced support upon discharge.

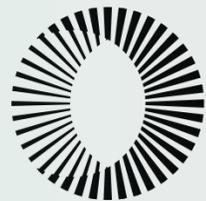
The goal is to support the person where they're at and prevent deaths.



Pre-arrest



Jail



**Community
Education**



Media



Strategy 3: "Prevention" **– prevent overdose deaths (section H)**

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies, including:

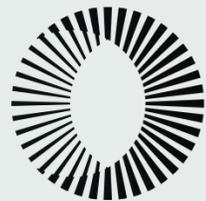
- Public education
- Media campaign



Pre-arrest



Jail



**Community
Education**



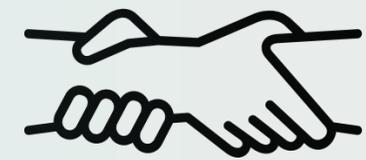
Media



Strategy 3: "Prevention" **- prevent overdose deaths (section H)**

What this would look like in Pine County:

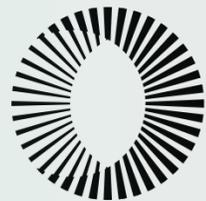
- Community Education event in Hinckley to provide education on substance use, overdose prevention, resources, etc.
- Social media education campaign
- Working with other media sources to provide prevention education.



Pre-arrest



Jail



**Community
Education**



Media



Total Request for Funding

1. Treatment (pre-arrest and jail): **\$54,750** for staffing and supplies
2. Prevention (Community Education and media): **\$6,510** for staffing and supplies

Staffing will cover time needed to actually DO things – provide the outreach and support for individuals pre-arrest and incarcerated. Coordinate educational event and media education. Collaborate with other sectors.



Questions?

Thank you!

EXHIBIT A

List of Opioid Remediation Uses

Settlement fund recipients shall choose from among abatement strategies, including but not limited to those listed in this Exhibit. The programs and strategies listed in this Exhibit are not exclusive, and fund recipients shall have flexibility to modify their abatement approach as needed and as new uses are discovered.

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder (“*OUD*”) and any co-occurring Substance Use Disorder or Mental Health (“*SUD/MH*”) conditions through evidence-based or evidence-informed programs⁵ or strategies that may include, but are not limited to, those that:⁶

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication for Opioid Use Disorder (“*MOUD*”)⁷ approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“*ASAM*”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including *MOUD*, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“*OTPs*”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

⁵ Use of the terms “evidence-based,” “evidence-informed,” or “best practices” shall not limit the ability of recipients to fund innovative services or those built on culturally specific needs. Rather, recipients are encouraged to support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions.

⁶ As used in this Exhibit, words like “expand,” “fund,” “provide” or the like shall not indicate a preference for new or existing programs.

⁷ Historically, pharmacological treatment for opioid use disorder was referred to as “Medication-Assisted Treatment” (“*MAT*”). It has recently been determined that the better term is “Medication for Opioid Use Disorder” (“*MOUD*”). This Exhibit will use “*MOUD*” going forward. Use of the term *MOUD* is not intended to and shall in no way limit abatement programs or strategies now or into the future as new strategies and terminology evolve.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support detoxification (detox) and withdrawal management services for people with OUD and any co-occurring SUD/MH conditions, including but not limited to medical detox, referral to treatment, or connections to other services or supports.
8. Provide training on MOUD for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH or mental health conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for certified addiction counselors, licensed alcohol and drug counselors, licensed clinical social workers, licensed mental health counselors, and other mental and behavioral health practitioners or workers, including peer recovery coaches, peer recovery supports, and treatment coordinators, involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, continuing education, licensing fees, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“*DATA 2000*”) to prescribe MOUD for OUD, and provide technical assistance and professional support to clinicians who have obtained a *DATA 2000* waiver.
13. Dissemination of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.
4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including but not limited to new Americans, African Americans, and American Indians.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

**C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED
(CONNECTIONS TO CARE)**

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund Screening, Brief Intervention and Referral to Treatment (“SBIRT”) programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MOUD in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MOUD, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.
14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAAR*”);
 2. Active outreach strategies such as the Drug Abuse Response Team (“*DART*”) model;

3. “Naloxone Plus” strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
 4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion (“*LEAD*”) model;
 5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or
 6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.
2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MOUD, and related services.
 3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
 4. Provide evidence-informed treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.
 5. Provide evidence-informed treatment, including MOUD, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.
 6. Support critical time interventions (“*CTI*”), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.
 7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF THE PERINATAL POPULATION, CAREGIVERS, AND FAMILIES, INCLUDING BABIES WITH NEONATAL OPIOID WITHDRAWAL SYNDROME.

Address the needs of the perinatal population and caregivers with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with

neonatal opioid withdrawal syndrome (“*NOWS*”), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MOUD, recovery services and supports, and prevention services for the perinatal population—or individuals who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to caregivers and families affected by Neonatal Opioid Withdrawal Syndrome.
2. Expand comprehensive evidence-based treatment and recovery services, including MOUD, for uninsured individuals with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.
3. Provide training for obstetricians or other healthcare personnel who work with the perinatal population and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.
4. Expand comprehensive evidence-based treatment and recovery support for *NOWS* babies; expand services for better continuum of care with infant-caregiver dyad; and expand long-term treatment and services for medical monitoring of *NOWS* babies and their caregivers and families.
5. Provide training to health care providers who work with the perinatal population and caregivers on best practices for compliance with federal requirements that children born with *NOWS* get referred to appropriate services and receive a plan of safe care.
6. Provide child and family supports for caregivers with OUD and any co-occurring SUD/MH conditions, emphasizing the desire to keep families together.
7. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
8. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
9. Provide support for Children’s Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).
2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
3. Continuing Medical Education (CME) on appropriate prescribing of opioids.
4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.
5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs (“*PDMPs*”), including, but not limited to, improvements that:
 1. Increase the number of prescribers using *PDMPs*;
 2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using *PDMPs*, by improving the interface that prescribers use to access *PDMP* data, or both; or
 3. Enable states to use *PDMP* data in support of surveillance or intervention strategies, including *MOUD* referrals and follow-up for individuals identified within *PDMP* data as likely to experience *OUD* in a manner that complies with all relevant privacy and security laws and rules.
6. Ensuring *PDMPs* incorporate available overdose/naloxone deployment data, including the United States Department of Transportation’s Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.
7. Increasing electronic prescribing to prevent diversion or forgery.
8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse, including but not limited to focusing on risk factors and early interventions.
2. Corrective advertising or affirmative public education campaigns based on evidence.
3. Public education relating to drug disposal.
4. Drug take-back disposal or destruction programs.
5. Funding community anti-drug coalitions that engage in drug prevention efforts.
6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (“SAMHSA”).
7. Engaging non-profits and faith-based communities as systems to support prevention.
8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.
9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.
10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.
11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.
12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health

workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.
2. Public health entities providing free naloxone to anyone in the community.
3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.
4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.
5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.
6. Public education relating to emergency responses to overdoses.
7. Public education relating to immunity and Good Samaritan laws.
8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.
10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.
13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Law enforcement expenditures related to the opioid epidemic.
2. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
3. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.
2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.
3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.
5. Support multidisciplinary collaborative approaches consisting of, but not limited to, public health, public safety, behavioral health, harm reduction, and others at the state, regional, local, nonprofit, and community level to maximize collective impact.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.
2. Research non-opioid treatment of chronic pain.
3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.
4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.
6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring (“ADAM”) system.
8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.
9. Geospatial analysis of access barriers to MOUD and their association with treatment engagement and treatment outcomes.

M. POST-MORTEM

1. Toxicology tests for the range of opioids, including synthetic opioids, seen in overdose deaths as well as newly evolving synthetic opioids infiltrating the drug supply.
2. Toxicology method development and method validation for the range of synthetic opioids observed now and in the future, including the cost of installation, maintenance, repairs and training of capital equipment.
3. Autopsies in cases of overdose deaths resulting from opioids and synthetic opioids.
4. Additional storage space/facilities for bodies directly related to opioid or synthetic opioid related deaths.
5. Comprehensive death investigations for individuals where a death is caused by or suspected to have been caused by an opioid or synthetic opioid overdose, whether intentional or accidental (overdose fatality reviews).
6. Indigent burial for unclaimed remains resulting from overdose deaths.
7. Navigation-to-care services for individuals with opioid use disorder who are encountered by the medical examiner’s office as either family and/or social network members of decedents dying of opioid overdose.
8. Epidemiologic data management and reporting to public health and public safety stakeholders regarding opioid overdose fatalities.