



# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

## Opioid Advisory Council

### Minutes

Friday, July 11, 2025

9:00-11:00 am

Blaine Human Service Center, Room 2402

**Mission:** To improve health, save lives, and reduce the impact caused by opioids and other substances in Anoka County by managing opioid settlement funding and supporting strategic partnerships.

**Vision:** All Anoka County residents and partners are supported, engaged, and prepared to overcome the opioid crisis and meet the challenges related to substance use in the community.

**Called to Order** by Patti Constant, Senior Program Specialist – Opioids, at 9:03am

**Present:** Musab Adam, Joe Amerman, Amanda Amundson (Begin Anew, rep. Justin McNeal), Katherine Cole, Patti Constant, Quita Curtis, Troy Friesen, Diana Hoffman, Krista Johnson, Tim Kizer, Corey Kohan, Lori Lachner, Chris McCook, Randi Prebil, Megan Schueller, Derek Schuldt, Lacey Towe, Joshua VanHeuveln, Carrie Wood

**Absent:** George Borrell, Reysel Castillo, Susan Ferron, Ryan George, Christina Lefkowich, Sam Martinez, Peggy McNabb, Justin McNeal, Molly Nee, Nancy Norman, Jess VanKuyk, Nicholas Warnke

#### Virtual

**Attendees:** Samantha Guthman, Melissa Olsen

**Guests:** Janessa Hubbard, PHES Sr Administrative Assistant, Minute Taker

#### 1. Welcome, Introductions, Moment of Grounding, and Approvals

- Patti welcomed everyone to today's meeting of the Opioid Advisory Council.
- A moment of silence was observed to honor all the people that we have lost to deaths of despair (including suicide, drug overdose, & alcoholism), all of those currently struggling with behavioral health challenges (substance use disorders, mental illness), those who are bravely walking the recovery path, and all the families, friends, community members, and supports that are impacted. Thank you for helping us to remember why we are here.
- A reminder from Patti: Every single person in this room brings a unique piece of knowledge, information, and experience. Everyone has a unique role. Every perspective helps provide a piece of a bigger picture – no one is more important than another.
- This is also a field FILLED with acronyms. We become comfortable in 'our little piece of the





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puzzle' and think everyone shares that knowledge. I invite and encourage each of you to question/ask when things are unclear. We do NOT, nor should we, all come with the same background information, so we need to feel comfortable questioning/asking.

Please feel comfortable using AcroKnock... if you hear someone using an acronym or language that you are not familiar with, please knock three times – it's a gentle/friendly reminder to us all.

- Self-introductions were made along with each member giving an idea of a speaker or presenter they would be interested in for the October 4<sup>th</sup> event.
  - **Troy Friesen:** A hospital Social Worker- How do they deal with a patient who comes in with substance use disorder and where do they refer that person?
  - **Chris McCook:** Second Troy's idea.
  - **Amanda Amundson:** Anoka County Drug Task Force to gain their approach and trends with fentanyl dealers.
  - **Derek Schuldt:** Second Troy's idea to find loophole for resources. To discuss every step of the patient's process. Where are we falling short in the county to provide money and fill in the gaps?
  - **Tim Kizer:** -A presenter who can share the process from street level all the way up to rehab services including first responders to help fill in some of those gaps. There has been mixings of Fentanyl and animal tranquilizers. Kirk Hughes does presentations on poisons, drug mixing and information surrounding those topics.
  - **Diana Hoffman:** A panel of individuals; looking for 3 lived-experience speakers. This is also a larger space for more vendors.
  - **Joshua VanHeuveln:** Someone from a city who has created a program that's been successful. The online Cahoot model could be used as a model during a presentation with the audience.
  - **Lori Lachner:** Someone who is actively using. Possibly a judge that has seen the help that's out there for an active user. What can we do to help them?
  - **Lacey Towe:** Reach out to pathologist as potential speaker who can go more into depth about mixing illicit substances, toxicology reports and trends.
  - **Musab Adam:** MAD DADS of Minneapolis, there are 50 chapters all over the country. Support people that come from addiction, jail, gang members, and felons who help them with credit building, job searches, and schooling.
  - **Krista Johnson:** Seeing the cycle of people overdosing into the ER and back to streets again, figuring out those gaps. David from Street Level Ministries is a possibility. Need the start to finish points, to pick patient up at the door to bring them to recovery. Good for people who don't know what that fast-track system looks like to be able to direct them and tell them next steps. NorthStar Regional- If you call, they get you in treatment today. Outreach community members.
  - **Katherine Cole:** Nothing additional.
  - **Corey Kohan:** Invite the Anoka County Drug Court. A judge can speak about the program with other team members. There is no judicial member on this council; might be able to extend the invite to this meeting?





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- **Carrie Wood:** Identify who attends these events; families or people with addiction? Who is your audience and cater to what their needs would be. Find presenters who can speak to the audience on a personal level and take something away from it.
  - **Megan Schueller:** Finding those overlaps and gaps.
  - **Joe Amerman:** All of the above and Diana's panel idea.
  - **Quita Curtis:** Lacey at the Medical Examiners building. Have speakers from Canvas Health, Mobile Crisis Services or a street outreach member.
  - **Janessa Hubbard:** A family member who has lost someone to substance abuse or currently going through it now with a family member.
  - **Randi Prebil:** Visual map of the different types of drugs and how they are using them together and how that effects treatment.
- 
- Motion to approve the June 13, 2025, Advisory Council meeting minutes by Derek Schuldt. Second by Corey Kohan. Motion carried.
  
  - Motion to approve the July 11, 2025, Advisory Council meeting agenda by Krista. Second by Musab. Motion carried.

## 2. Community and County Updates / Patti Constant

- Patti called on members to share on upcoming events, opportunities, trends or issues you are seeing, etc. What should this group be aware of? What do we need to know?
  - Amanda Amundson and her team had a Sober Pride Tent at the Twin Cities Pride Parade. Proud that they gave out all naloxone and fentanyl kits as well as Steve Rummeler going through all of theirs. Team found that people are intimidated and get hung up on the steps of how to administer naloxone even with the sample skin to show them how. How do we simplify to make it less intimidating? Sober Housing Issue due to legislative changes: Users are stating that they are better off in-patient than out as there is only so much sober living and what GRH will pay.
  
  - Musab Adam provided an overview of MAD DADS and how they partner with GRH to offer a free year of housing. If a patient messes up in treatment, they get kicked out. GRH and MAD DADS partner up to get people treatment. They can also pick up people anywhere in the county but must be willing to go. MAD DADS has many connections to help get people in right direction. If there are landlords that are not doing anything with their 4-5 homes, GRH can fund their mortgage, and clients don't have to pay for one year.

Quita Curtis adds that yes, landlords have partnered with GRH to help bridge and connect people. She recommends shopping around with GRH and see who the team can work with. For events, the idea of passing out kid friendly items.

Patti then mentions Night to Unite event and getting flyers to Quita for upcoming



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events. Quita will connect with Columbia Heights partners as well.

- Carrie provided an overview of the jail portal and mentions they were able to secure enough naloxone that 80 individual county employees have started carrying them in their uniforms to provide immediate response while back up responders grab the other two to three doses as they arrive since it takes more than one dose to get an individual out of an overdose. There are naloxone informational posters hanging in the lobby and families or individuals can come up to the window and ask for naloxone. Received permission in liaison with Hennepin County law enforcement to come in and provide training starting with a stigma survey, Narcan distribution, and what they want to know more about. A lot of education and prevention has been happening at the jail. Minnesota Recovery Connection reached out and plans to start attending weekly as they currently come monthly to give peer support for after they get out. Looking for them to give knowledge and resources to current inmates. Would like to offer the new social worker with case management and connect with resources in the community as well as work alongside Megan's social worker. Started kits in June with statistics showing that some individuals are refusing to take any and want to know why they are refusing. There might be a fear of giving Narcan as drug trends change quickly and the use of mixing. Never thought fentanyl would be so pivotal.

Tim mentions Xylazine (a "tranq") and how there is no naloxone preventative for what they are cutting it with. What's next on the curve is cannabis being legal; there is nothing they are cutting it with, but people are getting the pens that contain high THC levels. Tim also mentions giving out stickers at the Night to Unite event.

- Megan states that Rickki started on June 16<sup>th</sup>. She works with patrol and investigations units as needed and will help cover the Anoka County sheriff's office.
- Patti's Updates
  - Tri-folded brochures at events are not being taken unless it was given to them. Just recreated as an infographic that has naloxone locations and medication drop off sites.
  - The Library Program from mid-April to mid-June gave out 228 nasal naloxone, 233 intermuscular and 220 test strips.
  - Legislative change that will affect ODMaps. Made an effort to partner with medical examiner's office and certain counties to track where fatal and non-fatal overdoses are taking place and enter that information into a database. Working on utilizing a background system so that emergency room data can be automatically entered into OD maps. This will help with spikes or pockets of areas that are trending. Officers will still be able to enter for those NOT transported to ER and there will be a deduplication stage, so we won't get double entries.
  - We do have a table at the Anoka County Fair is on July 23<sup>rd</sup> from 11am to 9pm.





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## 3. Revisiting our Prevention and Naloxone Priorities Discussion / Patti Constant

- **What did we prioritize?**
  - Putting items into quadrants; Low Priority, Low-hanging Fruit, Best Bets, and Moonshots. Please see attachment.
  
- **Where are we now?**
  - Offer naloxone trainings at events, hand-outs, first responders' education programs, table at the county fair, parents' night out at schools, social media presence, and programs and funds for clinics.
  - CMA training module is in progress. Unclear if it includes pharmacists or not.
  - Working with libraries about kick off events for public knowledge around the September timeframe.
  - Beginning the process of including Blaine Human Service Center (BHSC) and other county buildings to have naloxone at front desk. Slow growing pilot program coming to get some staff trained and able to provide leave behind Naloxone.
  - Krista went on the portal and received two cases but can only stock for in-house, not for distribution. Can only stock 8-10 boxes per house. Meraki will take any expired Naloxone and give it to streets as even when they are expired, they still work.
  
- **What has changed?**
  - Carrie states now that the RFP grant has been awarded, no one was informed or consulted with jail employees of grant information, or its intent since it was awarded.
  
- **What are we missing?**

Purchasing/Distribution:

  - Idea of local bail bonds being distributors when people who are released see them. Carrie notes that bail bond representatives are not present when inmates are released. They meet with them when they are still in custody.
  - The Cannabis Ordinance only applies to Townships and cities that have been delegated to us.





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- Consultation with the Risk and Attorney's office has occurred, and they support Human Service employees be trained to carry and leave behind Naloxone. Program areas within Social Services will serve as a pilot program. Coordinated efforts are occurring to establish the infrastructure needed to role out the pilot.
- Public Health was approved as part of a pilot to have access to Portal Naloxone. As we determine needs and clarify our process with that Naloxone, it will become clearer. The hope/intention is that groups/orgs that need some few here and there, we can provide that. If groups need it on a more regular basis, our hope is to get them their own access to the portal. Need support to assist getting information out to law enforcement and fire departments so they are aware. There should be no reason for them to not have access and allocations to the portal as it is important to have immediate access, even on the fire trucks. The team can reach out to DHS.
- Outside temperature-controlled naloxone boxes.

## Prevention/Awareness:

- Highlight smoke shops, especially the one right next to the jail where a lot of people go after getting released. This could be a good way to target audience for harm reduction. The shops that sell the glass pieces are locations that we want to really make sure we target. Giving them naloxone, flyers and or a Steve Rummmler cards would be helpful as well. The Hide Away in Coon Rapids is also another "head shop."

Troy shares his difficulties of going into some of the shops as the owners aren't in and the employees working that day don't know a lot of information.

Tim mentions for Troy to go to the city and ask for licensed smoke and cannabis shops. Tim also states that bars with pull-tabs have gambling addiction flyers for help posted, so it should be the same for naloxone postings and information.

- If one was to google "Naloxone by me" would these local libraries or what would come up? The team is unaware if that is the case but know the libraries are listed on the Steve Rummmler's map. Krista brings awareness that libraries don't mention or announce that they are a Naloxone Access Point on their website. Right now, it's by word of mouth; how else is this information getting out?

Randi shares that there was no stigma involved on the libraries end but that this area was overlooked, and we will explore this idea with the libraries.

- Pilot programming for those to carry or keep in the county "as needed". Steve Law would cover for a "Leave behind." Received confirmation from attorneys and safety, still working on piloting and where it's needed first.



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## Training/Education:

- We have families inquiring about naloxone but don't know how to use it. Educating on the "hot spot" locations, where there are gaps, and what naloxone is. Getting people in the service/public industry (gas stations, bars, etc.) knowledgeable and trained through an in-person or formal setting.
  - Less is more. Something short and getting to the point. Something catchy like a "grab and go" and a training less than 10 minutes. A lot of the flyers and posters that are being put up has a lot of information and data. Suggest a scan and train type situation.
  - Tim will forward Patti the upcoming fire chief meeting that will take place in July to present to the members.
- **October 4<sup>th</sup> Opioid Event at Spring Lake Park High School:**
    - Last year there was a mix of attendees including school nurses, community members, people in recovery or currently using. We hope that we can entice teachers to encourage students to come this year. Vendors, 3 speakers, and a panel of lived experiences. Speakers will have 45 minutes. Separate space for naloxone station where there will be training, information and distribution. Working on "Save the Date" cards.
    - Gauge the student population. Hope for Youth as a younger speaker for those targeted audiences. Keep people engaged with "on the spot" hands-on education. The speakers should go first and be able to interact with attendees at the end of their presentation. Food is a must and helps keep people engaged.
    - If the event can also flow outside, speakers who are done presenting and are now interacting with the attendees, can be outside with music or art that can be displayed. Envisioning something similar to a Minneapolis block party with services like haircuts, pictures, and outside entertainment. The thought of a panel rather than just individuals with lots of time allows for more information in a shorter amount of time and the opportunity for people to connect with those speakers after the fact. A "Knowledge Café" that takes 10 mins of highlights so people can have naloxone training or recap. Once speakers are selected, get the information out through cards and social media to grab those audiences and people who might follow them. Speakers can also share their cards with family, friends and social media. Creating Tik Tok videos to get the younger generations involved. Speakers should get 100-200 business type cards to hand out to give to family/friends etc. to encourage more attendees.





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- Have a “meet and great” with speakers or lived experiences. Give them that hope to leave with. Possibly having bounce houses, etc. for younger audiences.
- The Minnesota Walk for Recovery event that takes place on September 13<sup>th</sup> from 10am-3pm at the capital would be a great opportunity to get information out about the October 4<sup>th</sup> event. Suggestion of the ACOSI logo on t-shirts if people from the committee attend the Walk for Recovery event and for other events. This would help share/solidify our identity and efforts.

#### 4. Closing

- Will start the next meeting with the prevention items from the Priorities Discussion handout.
- Thank you. I appreciate you being here today.
- Next Meeting -- Friday, August 8, 2025, 9-11:00 am, Blaine Human Service Center, Room 2402.

**Adjourn 10:53am**

**Patti Constant**  
Senior Program Specialist

**Randi Prebil**  
Assistant Director  
PHES

**Janessa Hubbard**  
Senior Administrative Assistant  
PHES

**Approved: 7-18-2025**





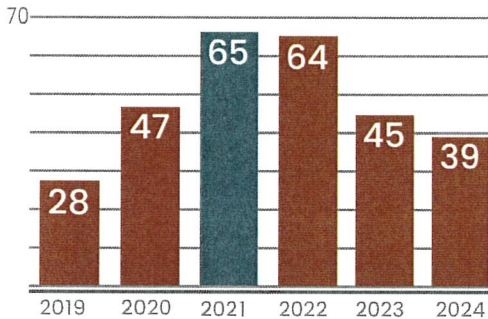
“ ”

“What he thought was a painkiller was laced with fentanyl, and after just one dose it took over his life.”

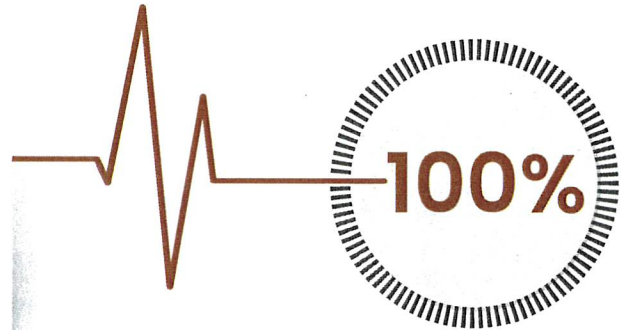
-Anoka County resident

## OPIOIDS IMPACT In Anoka County

### OPIOID-RELATED DEATHS



### FENTANYL-RELATED DEATHS



For every overdose fatality,



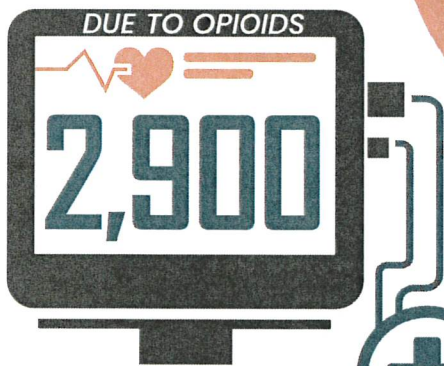
**13** non-fatal overdoses occur.  
*(estimated)*

All **39** deaths in 2024 involved **fentanyl**

“I have been to more funerals than my parents. I have seen the sadness in my friends’ parents’ eyes, and it doesn’t go away.”

-Anoka County resident

### HOSPITAL/ER VISITS DUE TO OPIOIDS



2024



AGE

**45-64** largest group affected

### OUR RESPONSE

**20+** naloxone access sites



\$1 million in community grants to prevent overdose

**1,000+**

free naloxone kits

#### CONTACT:

Patti Constant, Senior Program Manager  
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public.health.opioids@anokacountymn.gov



anokacountymn.gov/acosi

## FREE NALOXONE

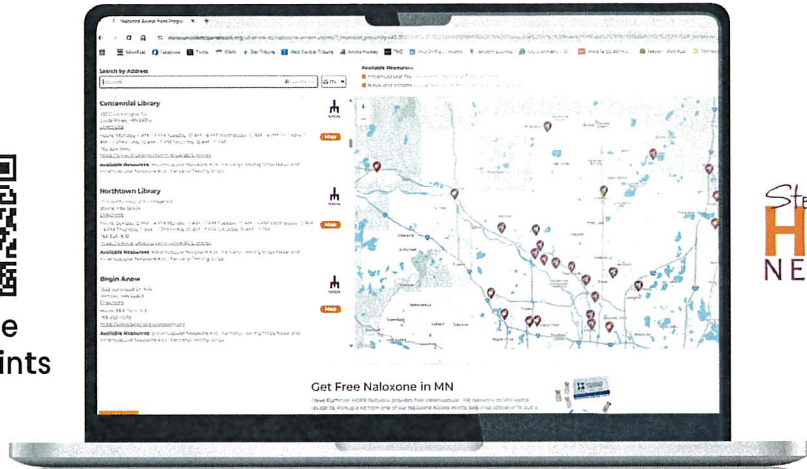


Naloxone can reverse an opioid overdose in as little as 2-5 minutes.

Free naloxone is available at all Anoka County Libraries and other convenient locations in your community.



Naloxone Access Points



Steve Rummel  
**HOPE**  
NETWORK.

Scan the code or go to [steверummelhopenetwork.org](http://steверummelhopenetwork.org) for the most up-to-date locations and hours, and overdose response training opportunities.

## RX DISPOSAL



Help fight prescription drug abuse.

Clean out your medicine cabinet and drop off your unused medications for disposal.

Free • Anonymous • No Questions Asked



**2/3** of people who misused prescription painkillers got them from a friend or family member.

Prescription Drug Takeback Sites



[anokacountymn.gov/2930](http://anokacountymn.gov/2930)

Please call the location directly to confirm hours.



ANOKA COUNTY  
OPIOID SOLUTIONS INITIATIVE

Improving health, saving lives, and reducing the impact caused by opioids and other substances in Anoka County.



Anoka County  
PUBLIC HEALTH

## Naloxone

### **Low Priority: Low impact and low feasibility**

None in this category!

### **Low-hanging Fruit: Lower impact, but feasible**

#### PROGRAMS AND ACTIVITIES:

- Offer training during National Night Out.

#### AWARENESS/PREVENTION CAMPAIGNS:

- How do we get buy-in from the community? Find creative ways to get people's attention.
- Create a handout to share information in the community. Have first responders talk about opioid use.
- Could we add educational items at the county fair or parent nights at schools?
- Could we integrate opioid education into DARE programs or other school settings? (Might be better to have conversations with students about the dangers of opioid use at various ages.) How do we get advocates involved in this?
- Use social media to share short videos featuring local individuals who have been saved by naloxone. Personal stories make an impact.

#### SERVICES/SUPPORT:

- Allocate funds to clinics/pharmacies.

### **Best Bets: High Impact and feasible**

#### PURCHASING/DISTRIBUTION:

- Purchase naloxone for county departments that would otherwise need to use their own budgets. Consider frequency and cost.
- Provide naloxone at reentry; ensure training is also included.

#### PREVENTION/AWARENESS CAMPAIGNS:

- Emphasize that the leading cause of death after leaving jail is overdose due to lowered tolerance. Promote "Do not use alone" messaging.
- Create a marketing kit: audio, video, social media, and StoryCorps-style content.
  - Explore partnerships with influencers or professional athletes to promote the message.
  - Create templates to streamline and reuse messages.

#### TRAINING/EDUCATION:

- Provide training on naloxone use (types, education, and aftermath).
- Co-locate trainings with CPR and Stop the Bleed programs.
- Develop person-centered trainings. Evaluate to ensure participants are getting what they need.

## **Moonshots: High Impact, but not immediately feasible**

### TRAINING/EDUCATION:

- Train prescribers and pharmacists on overdose and withdrawal education (even if naloxone is not being dispensed).
  - How do we make this happen? Start conversations with Allina and the Pharmacy Board.
- Focus on reinforcing regulations rather than just training.
  - Include Deterra bags and consider clinic-based videos to help educate patients.

### PREVENTION/AWARENESS CAMPAIGNS:

- Promote benefits and access to naloxone. Educate the public that providing naloxone is not the same as promoting drug use.
  - Use messages like:
    - “Overdose doesn’t have to be the end.”
    - “We can’t give up on them.”
    - “Everyone deserves a second chance.”
  - Post messaging in Human Services buildings.
  - Create “champions” to help reduce stigma. Emotional connection is key.
  - Invest in professional marketing and social media campaigns.
  - Leverage influencers and professional athletes to promote messages.
  - Develop reusable message templates.
- Create a Community Response Team linked with PulsePoint.
  - Recruit and train peer support volunteers—especially those with lived experience.
  - These peers could also lead education efforts.
  - Consider a mobile peer support team.

### PURCHASING/DISTRIBUTION:

- Equip county staff with naloxone. Clarify intended use: for staff safety, community distribution, or field response.
- Fund Community-Based Organizations (CBOs) to increase access.
  - This could improve trust and comfort in the community.
  - Nasal naloxone should be prioritized for community use.
  - Consider a bulk purchase of naloxone for CBO distribution.

- Create an application process for requesting supply, including how it will be used and how much is needed.
- Bulk purchasing could make free distribution possible.
- Explore naloxone vending machines or NaloxBoxes (note: boxes need temperature control).
- Create a dedicated staffing position/team for naloxone efforts in Anoka County.
- Distribute naloxone in frequently visited locations, such as next to AEDs.
- Provide access in county offices.

Uncategorized:

- Develop internal county policy for safety/risk management related to naloxone and overdose response. Requires top-down support.

**Unsorted Ideas:**

- Increase access points.
- Co-locate distribution sites.
- Explore alternative solutions.

## Prevention

### Low Priority: Low impact and low feasibility

#### Low-hanging Fruit: Lower impact, but feasible

##### AWARENESS / PREVENTION

- Bathroom/locker room ads to educate

##### SERVICES / SUPPORTS

- Conduct school surveys to identify gaps and needs
- Review school health profiles

### Best Bets: High Impact and feasible

##### AWARENESS / PREVENTION

- Sponsor a video from a person in recovery sharing what helped or what would have helped; create a CEU training around this
- Participate in Learning Community Project ECHO
- Educate the public on non-opioid options for pain management
- Media Campaigns:
  - Create an app
  - Share personal stories (storytelling)
  - Address stigma
  - Educate on risks
  - Create a Jeopardy-style game with prizes
  - Create or purchase a video game to help students navigate high school
  - Partner with influencers (e.g., Timberwolves, Vikings – both have request forms); offer payment for promotional videos

##### SERVICES / SUPPORTS

- Collaborate with school districts to promote recovery ambassadors
- Place LADCs with mental health training in schools
- Hold conversations with schools to assess current efforts and areas of need
- Support state chemical health groups in schools

- Proactively reach out to schools
- Partner with Child & Family Councils to pursue grant funding

#### PROGRAMS/ACTIVITIES

- Promote alternative therapies (e.g., yoga, mindfulness, art therapy)

#### UNCATEGORIZED

- how to get education to peds (Pediatricians?) doctors about anxiety and depress
- Who is the best person to train young people:
- training in peer trainers (40 hours of training), working in sober houses,
- Need everyone to be trained (first responders, trained individuals, and peers)
- Need to be community based, cannot be an outside. 6th to 12th. Should be someone they relate to.
- Know the truth, is a program that goes into high school. Keep it real, and teachers will leave room. want to share experience
- Give kids choices because we don't want to pick a lane for them.
- social media is key
- Create a conference that gives CEU and community resources

### **Moonshots: High Impact, but not immediately feasible**

#### POLICY / SYSTEMS CHANGE

- Advocate for changes in insurance policies and drug formularies
  - Explore options at the county level through Human Services
  - Improve access to effective non-opioid pain medications for state-funded cases
  - Collaborate with legislators to advance these changes in future sessions

#### TRAINING / EDUCATION

- Provide privacy in education settings for students
- Train providers to screen for risk factors, discuss tolerance, and use stigma-free language
- Educate providers on prevention strategies and upstream solutions
- Address harmful social trends influencing youth behavior
- Assess what dentists and doctors are promoting for pain management
- Ensure all providers can prescribe Suboxone
- Educate on best practices and address cultural bias in prescribing
- Promote alternatives such as Buprenorphine (note: often requires prior authorization) and Ibuprofen
- Address concerns around profit-driven care vs. patient-centered care
- Reassess patient-controlled Suboxone dosing protocols
- Address the misconception that MAT is simply replacing one drug with another

#### AWARENESS / PREVENTION

- Promote full transparency on how to safely withdraw from opioids

- Educate youth who have not used in a while to go slow and use lower doses
- Place educational materials in restaurant bathrooms

#### PROGRAMS / ACTIVITIES

- Expand school-based prevention programs
- Develop campaigns targeted to specific student populations
- Conduct market trend analysis for each school to tailor strategies
- Sponsor school events and host lunch-period education tables
- Train high school students to speak at other schools

#### Unsorted:

#### PROGRAMS / ACTIVITIES

- Partner with the Minnesota State High School League (MSHSL)
- Promote healthy youth development
- Offer prosocial community activities

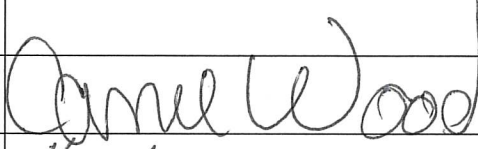

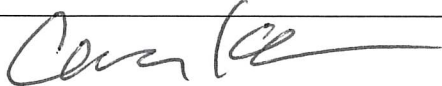

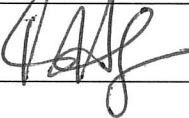
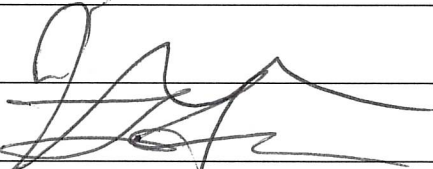


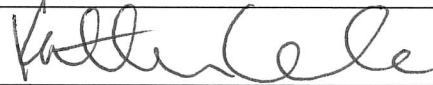



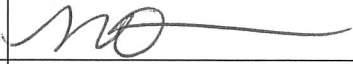
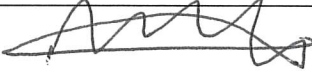
#### SERVICES / SUPPORTS

- Expand mental health supports
- Place prevention staff in schools
- Support early intervention programs
- Enhance the Prescription Drug Monitoring Program (PDMP)

#### AWARENESS / PREVENTION

- Address stigma
  - Educate on risks
  - Incorporate storytelling
-

## Anoka County Opioid Advisory Council Meeting Sign-In / July 11, 2025

Name	Signature	Representing
Angel Marshal		Community Member
Carrie Wood		Operations Lieutenant, Anoka County Jail / Sheriff's Office
Chris McCook		Associate Health Education Specialist / Anoka County Public Health & AmeriCorps
Christina Lefkowich		Director of Treatment Service, Riverplace Counseling Center
Corey Kohan		Senior Manager, Rum River Campus Anoka County Community Corrections
Derek Schuldt		Narcotics and Violent Crime Lieutenant, Anoka County Sheriff's Office
Diana Hoffman		Senior Social Worker, Anoka County Social Services and Behavioral Health
George Borrell		Director, Anoka County Social Services and Behavioral Health
Jess VanKuyk		Senior Manager, Anoka County Children and Family Services
Joshua VanHeuveln		Chemical Health Professional, Anoka-Hennepin Schools
Joe Amerman		Cannabis Planner / Anoka County Public Health
Justin McNeal		Executive Director, Begin Anew Recovery
Katherine Cole		Supervisor, Anoka County Public Health Budget and Technology
Krista Johnson		Owner/Operator, Meraki Recovery Housing
Lacey Towe		Forensic Technician, Midwest Medical Examiner's Office
Lori Lachner		Community Member
Megan Schueller		Supervisor, Anoka County Behavioral Health and Substance Use Disorder
Melissa Olsen	virtual	Treatment Director Specialized Treatment Services, Inc.
Molly Nee		Senior Communications Specialist, Anoka County
Musab Adam		Director of Community Relations, Access Healing Center
Nancy Norman		Anoka County Attorney's Office
Nicholas Warnke		Community Member
	CONTINUED	



Meeting Name	Meeting Start Time	Meeting End Time	Display Name	First Name	Last Name	Role	Attendee Email	Join Time	Leave Time	Attendance Duration	Connection Type	Session Name
Chris McCook's Personal Room	2025-07-11 08:40:20	2025-07-11 10:53:37	BHSC-RM2003-HS	BHSC-RM2003-HS	BHSC-RM2003-HS	attendee	3651b192-3c70-4007-a2df-4b8835c6e686@rooms.webex.com	2025-07-11 08:40:19	2025-07-11 10:53:36	134 mins	Video app	Chris McCook's Personal Room
Chris McCook's Personal Room	2025-07-11 08:40:20	2025-07-11 10:53:37	Chris McCook	Chris	McCook	host	chris.mccook@sanokcountymn.gov	2025-07-11 08:40:29	2025-07-11 10:53:36	134 mins	Desktop app	Chris McCook's Personal Room
Chris McCook's Personal Room	2025-07-11 08:40:20	2025-07-11 10:53:37	Melissa Olsen	N/A	N/A	attendee	eeb12e6c-4020-4162-b43c-9491acdfae8a@guest.webex.localhost	2025-07-11 09:01:56	2025-07-11 10:53:21	112 mins	Web app	Chris McCook's Personal Room
Chris McCook's Personal Room	2025-07-11 08:40:20	2025-07-11 10:53:37	Sam Guthman	N/A	N/A	attendee	3d6eb741-70df-4889-b184-01a408718c55@guest.webex.localhost	2025-07-11 08:58:44	2025-07-11 10:53:32	115 mins	Web app	Chris McCook's Personal Room



# ANOKA COUNTY OPIOID SOLUTIONS INITIATIVE

## Opioid Advisory Council Agenda

Friday, July 11, 2025

9:00-11:00 am

Blaine Human Service Center, Room 2402

***Mission:** To improve health, save lives, and reduce the impact caused by opioids and other substances in Anoka County by managing opioid settlement funding and supporting strategic partnerships.*

***Vision:** All Anoka County residents and partners are supported, engaged, and prepared to overcome the opioid crisis and meet the challenges related to substance use in the community.*

### Call to Order

1. **Welcome, Moment of Grounding, Introductions, and Approvals**
  - 6-13-2025 Meeting Minutes
  - 7-11-2025 Meeting Agenda
2. **Community and County Updates**
3. **Revisiting our Prevention and Naloxone Priorities Discussion**
  - What did we prioritize?
  - Where are we now?
  - What has changed?
  - What are we missing?
4. **Closing**

