CRIMINAL JUSTICE COORDINATING COUNCIL
AMENDED AGENDA

Date & Time of Meeting: **Thursday, June 15, 2023, at 8:00 a.m. – 9:30 am**

Meeting Location**: Courthouse Assembly Room, (B105), Courthouse, 500 Forest Street, Wausau WI**

Council Members: Chair Suzanne O'Neill, Vice Chair Kurt Gibbs, Lance Leonhard, Matt Bootz, Michelle Van Krey Chad Billeb, Ben Bliven, Theresa Wetzsteon, Kelly Schremp, Kat Yanke, Cati Denfeld-Quiros, Gary Olsen, Christa Jensen, Jane Graham Jennings, Kenneth Grams, Yauo Yang, Daniel Tyler, Liberty Heidmann.

Marathon County Mission Statement: *Marathon County Government serves people by leading, coordinating, and providing county, regional, and statewide initiatives. It directly or in cooperation with other public and private partners provides services and creates opportunities that make Marathon County and the surrounding area a preferred place to live, work, visit, and do business. (Last updated: 12-20-05)*

Council Mission Statement: *To improve the administration of justice and promote public safety through community collaboration, planning, research, education, and systemwide coordination of criminal justice initiatives.*

1. **Call Meeting to Order**
2. **Public Comment** *(not to exceed 15 minutes)*
3. **Approval of the May 18, 2023, CJCC Meeting Minutes**
4. **Operational functions required by bylaws.**
5. **Operations Issues**
6. **Policy Issues for Discussion and Potential Council Action**
   - A. Continuation of Facilitated discussion regarding usage of Opioid Settlement Funds: Refining of Strategies, determining timeline and organization responsible for implementing strategies.
   - B. OWI Court Transition – Laura Yarie
7. **Educational Presentations/Outcome Monitoring Report**
   - A. Update on Defense Attorney White Paper - Judge O'Neill
   - B. 2023 CJCC Work Plan - Lance Leonhard
8. **Adjournment**

**Any person planning to attend this meeting who needs some type of special accommodation to participate should call the County Clerk's Office at 261-1500 or e-mail countyclerk@co.marathon.wi.us one business day before the meeting*

SIGNED: /s/, Judge Suzanne O'Neill
Presiding Officer or Designee

EMAILED TO: Wausau Daily Herald, City Pages, and other Media Groups
EMAILED BY: Toshia Ranallo
DATE & TIME: June 13, 2023, at 2:15 p.m.

NOTICE POSTED AT COURTHOUSE
BY: Toshia Ranallo
DATE & TIME: June 13, 2023, at 2:15 p.m.

MARATHON COUNTY

CRIMINAL JUSTICE COORDINATING COUNCIL MINUTES

Thursday, May 18, 2023, at 8:00 a.m. – 9:30 am
Courthouse Assembly Room, (B105), Courthouse, 500 Forest Street, Wausau WI

Members	Present/Web-Phone	Absent
Chair Suzanne O'Neill	X	
Vice Chair Kurt Gibbs	X	
Lance Leonhard	X	
Matt Bootz		X
Michelle Van Krey	X	
Chad Billeb	X	
Ben Bliven	X (designee Todd Baeten)	
Theresa Wetzsteon	X	
Kelly Schremp	X	
Kat Yanke	X	
Cati Denfeld-Quiros	X	
Vicki Tylka	X	
Christa Jensen	X	
Jane Graham Jennings	X	
Daniel Tyler		X
Yauo Yang	X	
Liberty Heidmann	X	

Also present: Aaron Ruff, Amanda Ostrowski, Jenna Flynn, Hannah Schommer, Nikki Delatolas, Ashley Bores, Laura Yarie, Sandra LaDu, Lee Shipway.

1. **Call Meeting to Order**
   The meeting was called to order Judge O'Neill at 8:00 a.m.

2. **Public Comment** *(not to exceed 15 minutes)*
   No public comment is received.

3. **Approval of the Minutes of the April 20, 2023, CJCC meeting**
   MOTION BY LEONHARD, SECOND BY DENFELD-QUIROS TO APPROVE THE APRIL 20, 2023, CJCC MEETING MINUTES. MOTION CARRIED.

4. **Policy Issues for Discussion and Potential Council Action-** Facilitated Discussion Regarding usage of Opioid Settlement Funds- By Marathon County Health Department.

Discussion*:*

Group participates in process to determine recommendations for use of Opioid Settlement Funds. Review of last months work. Desired result : Marathon County residents are free from the physical, emotional, social, and economic impacts of opioid misuse. Impacts on drug endangered children, incarceration rates and Narcan use. Selected Indicator Options: Narcan use on ambulance calls, Narcan distribution, drug overdose deaths, non- fatal overdoses (suspected opioid). Discussion on how to track and what data is available. Placing of approved interventions on the Influence Matrix. Evaluation of driving factors: The amount of influence the factor has on the indicator and our ability to influence the factor.

Action:

None Taken

***Follow Up*:**

Continuing Facilitated Discussion June 15, 2023, CJCC Meeting.

5. **Educational Presentations/Outcome Monitoring Reports -** NONE

6. **Adjournment**
   MOTION BY LEONHARD, SECOND BY BILLEB TO ADJOURN THE MEETING AT 9:30 A.M. MOTION CARRIED.

From: Jenna Flynn <Jenna.Flynn@co.marathon.wi.us>
Sent: Friday, May 19, 2023 1:15 PM
To: Toshia Ranallo <Toshia.Ranallo@co.marathon.wi.us>; Laura Yarie <Laura.Yarie@co.marathon.wi.us>
Cc: Hannah Schommer <Hannah.Schommer@co.marathon.wi.us>; Aaron Ruff <Aaron.Ruff@co.marathon.wi.us>
Subject: Criminal Justice Coordinating Council Follow-Up Info | May Meeting
Importance: High

Greetings CJCC members,

Great work at the 5/18 meeting. We look forward to moving further along the Results Based Accountability Framework next month to determine the best use of opioid litigation settlement funds for Marathon County. Facilitators want to ensure all members have information we referenced during the May meeting.

1. **The May Presentation & Progress PDF is attached, you will see what the group has already accomplished and where you're headed in June**
2. **It was shared that the Department of Health Services posts a Suspected Opioid Overdose Report from ambulance runs monthly, the most recent report can be found HERE on page 10**
3. **These monthly reports were combined to feature annual data for Suspected Opioid Overdose on Marathon County Pulse which can be found HERE**
4. **The group worked through a process to determine which factors from Exhibit E (attached) will have the biggest impact on opioid overdose in our community and the highest ability to influence. Those factors are below. This is where the group will pick up next month. To best prepare, facilitators recommend skimming the strategies or numbers for the factors listed below. For example, for Schedule A, Factor B, we would recommend reviewing the 4 strategies listed below on page 1.**

Schedule A
Factor B: Medication-Assisted Treatment ("MAT") distribution and other opioid-related treatment
Factor F: Treatment for incarcerated population

Schedule B
Factor A: Treat opioid use disorder (OUD)
Factor B: Support people in treatment and recovery
Factor D: Address the needs of criminal justice-involved persons
Factor G: Prevent misuse of opioids

Please reach out if you have any questions or concerns.

Sincerely,
Jenna Flynn

Jenna Flynn, MPH, CHES
Marathon County Health Department
1000 Lake View Drive, Wausau, WI 54403
715-261-1931
jenna.flynn@co.marathon.wi.us

Determining the Use of Opioid Litigation Settlement Funds

Using the Results Based Accountability Framework

Jenna Flynn, MPH, CHES

Hannah Schommer, BS, CHES

MARATHON COUNTY

Welcome

MARATHON COUNTY

Timeline

	Date	Deliverable(s)
✓	March 16, 2023	Director of Community Health Improvement for Marathon County Health Department will share the project charter, timeline, and RBA framework with members of the CJCC.
✓	April 20, 2023	Health Educators facilitate the crafting of the Result and selecting the Indicator(s).
	May 18, 2023	Health Educators facilitate the evaluation of Strategies from 'Exhibit E' document by completing the Driving Factor Matrix.
	June 15, 2023	Health Educators facilitate the refining of Strategies, determining timeline and organization responsible for implementing the Strategy(ies).
	July 20, 2023	TBD
	August 17, 2023	TBD

May Meeting Purpose

Review April accomplishments and unfinished business, and move further along the Results Based Accountability Framework by completing the evaluation of Strategies from 'Exhibit E' by completing the Driving Factor Matrix.

Let's Review

- Selected Result: Marathon County residents are free from the physical, emotional, social, and economic impacts of opioid misuse.
- F/U: Drug Endangered Children
- F/U: Incarceration
- F/U: Narcan
- Selected Indicators Options:

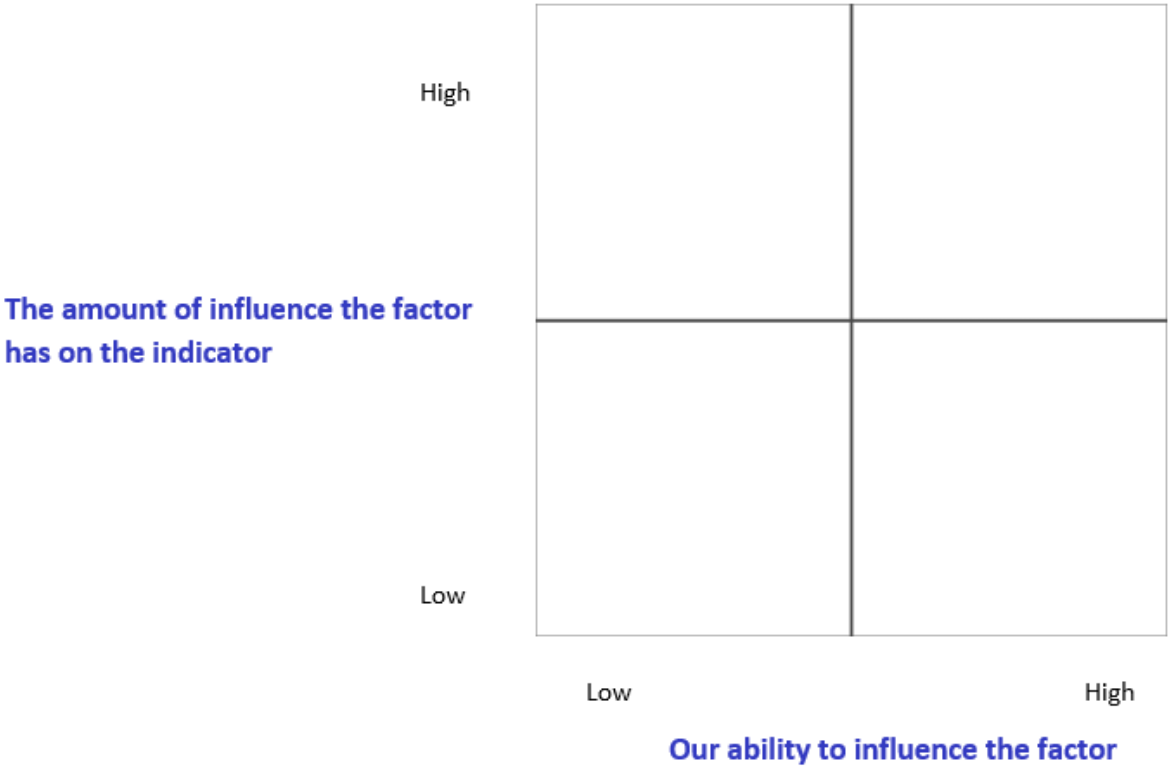
Result: Marathon County residents are free from the physical, emotional, social, and economic impacts of opioid misuse.

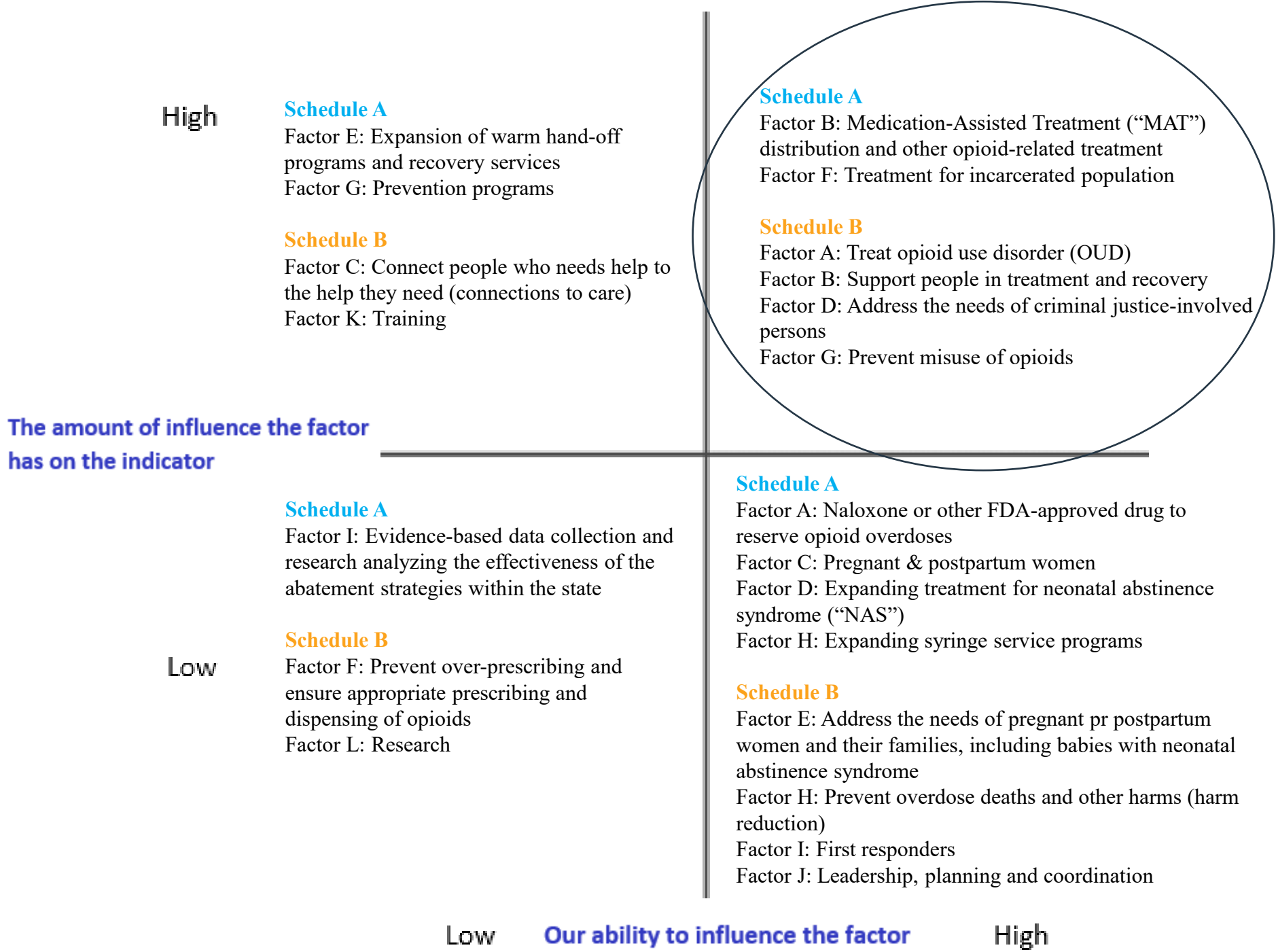
Indicator	Communication Power	Proxy Power	Data Power
Drug Overdose Deaths due to Opioid (ME)	H	L	H
Non-fatal Overdoses (DHS) Suspected Opioid Overdoses (WI Ambulance Run Reports/DHS)	H	M	H

Influence Matrix

Driving Factors

Identify the impact of your factors on the Indicator by considering: "Does the factor have a high or low influence the indicator?" And, "Do we have a high or low ability to influence the factor?"




High
Schedule A
Factor E: Expansion of warm hand-off programs and recovery services
Factor G: Prevention programs
Schedule B
Factor C: Connect people who needs help to the help they need (connections to care)
Factor K: Training
Schedule A
Factor B: Medication-Assisted Treatment ("MAT") distribution and other opioid-related treatment
Factor F: Treatment for incarcerated population
Schedule B
Factor A: Treat opioid use disorder (OUD)
Factor B: Support people in treatment and recovery
Factor D: Address the needs of criminal justice-involved persons
Factor G: Prevent misuse of opioids
The amount of influence the factor has on the indicator
Schedule A
Factor I: Evidence-based data collection and research analyzing the effectiveness of the abatement strategies within the state
Schedule B
Factor F: Prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids
Factor L: Research
Low
Schedule A
Factor A: Naloxone or other FDA-approved drug to reserve opioid overdoses
Factor C: Pregnant & postpartum women
Factor D: Expanding treatment for neonatal abstinence syndrome ("NAS")
Factor H: Expanding syringe service programs
Schedule B
Factor E: Address the needs of pregnant pr postpartum women and their families, including babies with neonatal abstinence syndrome
Factor H: Prevent overdose deaths and other harms (harm reduction)
Factor I: First responders
Factor J: Leadership, planning and coordination
Low
Our ability to influence the factor
High

Next Steps

- Reconvene June 15

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

[14] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder ("*OUD*") and other Substance Use Disorder ("*SUD*")/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")**

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. Provide evidence-based treatment and recovery support, including MAT for persons with OUD and co-occurring SUD/MH disorders within and transitioning out of the criminal justice system; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. Provide comprehensive syringe services programs with more wrap-around services, including linkage to OUD treatment, access to sterile syringes and linkage to care and treatment of infectious diseases.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B
Approved Uses

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 programs or strategies that may include, but are not limited to, the following:

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 programs or strategies that may include, but are not limited to, those that:[15]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") 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 MAT, 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. 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 evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

[15] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT 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 conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers 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, 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 MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate 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 mediation 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 new Americans.

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 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 MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, 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 ("*PAARI*");

    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 MAT, 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 MAT, 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 MAT, 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 PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), 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 MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women 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 pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. 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.

9. 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.

10. 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 MAT 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.

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. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. 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.

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 MAT and their association with treatment engagement and treatment outcomes.

CJCC 2023 Workplan

1. **Major Goal/Task: Whitepaper Regarding Defense Attorney Recruitment**

Action Steps (What steps are needed to reach the goal/complete the task)	**When** (Completion date/time)	**Who**	**Cost** (What costs are involved)	**Tracking** (How/when will we monitor progress?)
Convene Work Group	**May 31, 2023**	**Judge O'Neill**	**None**	**June CJCC Report**
CJCC Group Discussion on Work Group Ideas	**June 15, 2023**	**CJCC/ Judge O'Neill**	**None**	**Agenda Item**
Public Safety Presentation	**July 11, 2023**	**Judge O'Neill**	**None**	**Agenda Item**
Final Recommendation	**July 31, 2023**	**Judge O'Neill**	**None**	**Submitted to Lance**

2. **Major Goal/Task: Create Recommendations Regarding Use of Opioid Funding**

Action Steps (What steps are needed to reach the goal/complete the task)	**When** (Completion date/time)	**Who**	**Cost** (What costs are involved)	**Tracking** (How/when will we monitor progress?)
MCHD will share the project charter, timeline, and RBA framework with the CJCC	**March 16, 2023**	**MCHD Staff**	**None**	**Agenda Item for CJCC**
Health Educators facilitate the	**April 20, 2023**	**MCHD**	**None**	**Agenda Item for CJCC**

crafting of the Result and selecting of indicator(s).		**Staff/CJCC**		
Health Educators facilitate the evaluation of Strategies from "Exhibit E" document by completing the Driving Factor Matrix	**May 18, 2023**	**MCHD Staff/CJCC**	**None**	**Agenda Item for CJCC**
Health Educators facilitate the refining of Strategies, determining timeline and organization responsible for implementing the strategy(ies)	**June 15, 2023**	**MCHD Staff/ CJCC**	**None**	**Agenda Item for CJCC**
Chair of CJCC presents recommended Strategy(ies) to the Marathon County Board of Supervisors.	**July 2023**	**Suzanne O'Neill**	**None**	**Lance to get on July schedule**
Health Educators work with County Administrator to identify Performance Measure Strategies.	**August 2023**	**Lance Leonhard/ MCHD Staff**	**None**	**MCHD Staff to Schedule with Administration**

3. **Major Goal/Task: Completion of RFP Process and Vendor Selection for Justice Programs**

Action Steps (What steps are needed to reach the goal/complete the task)	**When** (Completion date/time)	**Who**	**Cost** (What costs are involved)	**Tracking** (How/when will we monitor progress?)
Convene a group of System Stakeholders for feedback and to draft the RFP for Justice Programs	January 2023	Laura Yarie	None	Report to Lance
Ensure final approval of draft RFP for posting.	March 31, 2023	Laura Yarie	None	Toshia to publish
Facilitate a Mandatory Pre-proposal Meeting.	May 19, 2023	Laura Yarie	None	Document in RFP/Set Room time and day.
Submit answers to all vendor questions via email.	May 26, 2023	Laura Yarie	None	Notice to vendors in RFP
Final receipt of vendor proposals	June 2, 2023 3:00pm	Laura Yarie/Admin	None	Time and date stamp
Schedule and facilitate Vendor interviews.	June 19th-23rd 2023	Laura Yarie/Stakeholders	None	Dates in RFP
Schedule and facilitate evaluation of vendors.	June 23rd-30th	Laura Yarie/Stakeholders	None	Dates in RRP
Vendor Contract award and negotiations.	July 2023	County Administration	None	Dates in RFP
Contract(s) for 2024 Justice Programs to begin.	January 2, 2024	Laura Yarie/vendors and stakeholders	None	Contract in place.

4. **Major Goal/Task: Data Officer Position Hired**

Action Steps (What steps are needed to reach the goal/complete the task)	**When** (Completion date/time)	**Who**	**Cost** (What costs are involved)	**Tracking** (How/when will we monitor progress?)
Post Data Officer Position	**May 15, 2023**	**Lance Leonhard/Employee Resources**	**Employee Resources ?**	**Laura to follow up**
Hiring Process for Data Officer Position completed.	**July 1, 2023**	**Employee Resources/ Admin**	**Employee Resources/Budget**	**Laura / Lance to track**
Data Officer start date.	**July 15, 2023**	**Employee Resources**	**Justice Programs Budget**	**Lance / Laura to track**
Data Officer appointed EBDM Work Group Chair	**January 2024**	**Suzanne O'Neill**	**None**	**Agenda Item**

5. **Major Goal/Task: Juvenile Justice Back to School Refresher Presentation to the CJCC**

Action Steps (What steps are needed to reach the goal/complete the task)	**When** (Completion date/time)	**Who**	**Cost** (What costs are involved)	**Tracking** (How/when will we monitor progress?)
Reach out to Christa Jensen regarding planning for a Juvenile Justice Family Services Presentation.	**July 10, 2023**	**Laura**	**None**	**Tickled on Calendar**
Presentation planning and preparation	**August 2023**	**MCDSS / Laura/Stakeholder input.**	**None**	**Laura to follow up with Christa and staff.**
Presentation to the CJCC as a back-to-school refresher. Existing programs, Truancy Court	**September 21, 2023**	**MCSS Staff**	**None**	**Agenda Item for Sept CJCC**