



MARATHON COUNTY PUBLIC SAFETY COMMITTEE AGENDA WITH MINUTES

Date & Time of Meeting: **Tuesday, September 12, 2023 at 1:30pm**

Meeting Location: **Courthouse Assembly Room, Courthouse, 500 Forest Street, Wausau WI 54403**

Matt Bootz	Present
Jean Maszk	Present
Bruce Lamont	Excused
Stacey Morache	Present
Allen Opall	Present
Tim Sondelski	Present
Jason Wilhelm	Present

Staff Present: Chad Billeb, Sandra La Du, Lance Leonhard, Chris Holman, David Holcomb

Others Present: Kurt Gibbs

1. **Call Meeting to Order** – Chair Bootz called the meeting to order at 1:30pm
2. **Pledge of Allegiance**
3. **Public Comment** – None
4. **Approval of the August 8, 2023, Public Safety Committee Meeting Minutes**
Motion by Morache, Second by Wilhelm to approve the minutes. Motion carried on voice vote, unanimously.
5. **Policy Issues Discussion and Potential Committee Determination**
 - A. Authorizing the Expenditure of ARPA Funds for Phase II Design Services for Regional Forensic Science Center project.
Deputy County Administrator Chris Holman presented this resolution for Committee determination.- Questions were asked and answered. Motion by Morache, second by Maszk to approve and forward this resolution to Human Resources, Finance, & Property Committee and full County Board for consideration. Motion carried on voice vote unanimously.
6. **Operational Functions Required by Statute, Ordinance, Resolution, or Policy** – None
7. **Educational Presentations and Committee Discussion**
 - A. Update from the Sheriff's Office on budget preparations
County Sheriff Chad Billeb and County Administrator Lance Leonhard provide an update on the current budget preparation for the Sheriff department. Discussion was had, questions were asked and answered.
 - B. Regional Forensic Science Center update
Deputy Administrator Holman gave a brief update on the current status of the Regional Forensic Science Center project and the next steps to be taken. Questions were asked and answered.
 - C. Jail Kitchen update
Deputy Administrator Holman provided an update and next steps for the current Jail Kitchen project.
8. **Next Meeting Date & Time, Announcements and Future Agenda Items**
 - A. Committee members are asked to bring ideas for future discussion.
 - B. Next meeting: Tuesday, October 10, 2023 at 1:30pm
9. **Adjournment**
Motioned by Maszk, Second by Morache to adjourn. Motion Carried on voice vote, unanimously.
Meeting adjourned at 2:25pm

Minutes Prepared by David Holcomb

CLERK OF COURTS

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget
Fund: 101 - General Fund			
REVENUES			
State Grants - General Government	-	462,942	462,942
Law and Ordinance Violations	288,745	130,000	130,000
Municipal Court Penalties & Forfeit	7,535	394,933	394,933
License & Permit Violation Penalty	-	80	80
Court Fees and Costs	1,378,857	750,183	750,183
Employer Share of Insurance	39,427	-	-
Employee Share of Insurance	3,989	-	-
Local Department Charges Internal Service Fund	113	-	-
Other Services to State Government	18,520	196,985	196,985
Local Department Charges	-	10,346	10,346
Interest Income	78,386	151,443	151,443
Other Miscellaneous Revenues	3	-	-
Refund of Expenditures	105	-	-
REVENUES TOTAL	1,815,680	2,096,912	2,096,912
EXPENSES			
Salaries and Wages	1,138,669	1,824,928	1,828,320
Salaries - PC/Network	165	-	-
Other Special Pay	10,297	-	-
Social Security	82,531	142,787	139,867
Retirement Employers Share	66,600	122,485	124,175
Dental Insurance	8,616	13,871	11,921
Life Insurance	422	952	6,929
Workers Compensation	1,674	1,883	1,080
Unemployment Compensation	-	1,864	1,828
Other Employer Contributions	27,253	25,168	18,252
Health Insurance	316,681	551,836	524,404
Mediation and Study Services	300	10,000	10,000
Legal Services	661,762	600,000	600,000
Other Professional Services	15,999	41,000	41,000
Psych Services and Evaluations	111,488	150,000	150,000
Sheriff Processing Fees	-	100	-
Machinery/Equipment Maintenance Services	-	500	500
Building Equipment Maintenance Services	-	-	-
Court Reporter	3,414	5,000	5,000
Technology Services	11,476	17,120	17,120
Transcription Services	840	-	-
Process Services	-	-	100
Other Special Services	22	115,000	115,000
Interpreting/Translation Services	56,423	-	-
Jury Fees	30,593	65,000	65,000
Witness Fees	1,861	5,000	5,000
Officer Fees	-	15,000	15,000
Temporary Staffing Services	-	1,500	1,500
Time System Fees	1,500	-	-

Copier Charges	3,390	-	-
Printing and Forms	3,656	10,000	10,000
Small Office Equipment	-	1,100	1,100
Office Supplies	9,750	20,000	20,000
Books & Directories	-	500	500
Subscriptions	18,105	22,000	22,000
Membership Dues	596	1,500	1,500
Registration Fees/tuition	1,260	800	800
Personal Auto Mileage	530	1,500	1,500
Commercial Travel	60	-	-
Meals	81	300	300
Lodging	270	1,000	1,000
Parking	-	3,000	3,000
EXPENSES TOTAL	2,586,282	3,772,694	3,743,695
REVENUE GRAND TOTALS:	1,815,680	2,096,912	2,096,912
EXPENSE GRAND TOTALS:	2,586,282	3,772,694	3,743,695
NET GRAND TOTALS:	(770,602)	(1,675,782)	(1,646,783)

DISTRICT ATTORNEY

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget
Fund: 101 - General Fund			
REVENUES			
Municipal Court Penalties & Forfeit	21,602	-	20,000
Certified Copies	96,006	-	200,000
Court Fees and Costs	18,000	-	35,000
Other General Government Fees	-	225,000	-
Employer Share of Insurance	14,837	-	-
Employee Share of Insurance	1,465	-	-
Local Department Charges Internal Service Fund	117	-	-
Human Services	562	2,500	-
Other Services to Local Governments	12,074	15,000	15,000
Other Miscellaneous Revenues	2,250	-	-
REVENUES TOTAL	166,912	242,500	270,000
EXPENSES			
Salaries and Wages	543,218	787,481	795,515
Overtime	5,141	-	-
Other Special Pay	5,275	-	-
Social Security	40,501	61,585	60,857
Retirement Employers Share	27,347	47,076	52,687
Dental Insurance	3,227	5,125	5,169
Life Insurance	195	301	2,381
Workers Compensation	1,740	2,485	2,186
Unemployment Compensation	-	806	796
Other Employer Contributions	9,858	10,306	8,654
Health Insurance	123,374	190,896	194,902
Legal Services	53	1,000	1,000
Other Professional Services	785	5,000	1,500
Telephone, Internet and Cable	4,413	7,200	8,200
Machinery/Equipment Maintenance Services	110	4,000	725
Transcription Services	20,770	15,000	15,000
Investigation Services	833	1,500	1,500
Process Services	3,527	1,000	1,000
Interpreting/Translation Services	5,564	-	5,000
Jury Fees	2,524	1,000	1,000
Witness Fees	5,656	1,000	1,000
Copier Charges	2,342	-	3,500
Printing and Forms	77	5,000	500
Small Office Equipment	3,233	2,500	2,500
Software - IT	42	-	100
Equipment & Supplies - IT	2,212	-	2,000
Office Supplies	4,930	9,000	10,000
Books & Directories	164	500	500
Subscriptions	1,738	-	1,700
Membership Dues	7,876	7,000	7,500
Registration Fees/tuition	3,100	5,000	15,000
Personal Auto Mileage	790	2,000	2,000

Commercial Travel	1,344	2,500	2,750
Meals	1,348	2,500	2,000
Lodging	1,214	5,000	5,000
Meeting Expenses	2,500	-	2,700
Tool Allowance-Employees	45	-	-
Parking	-	100	100
Furniture, Fixtures and Equipment	5,458	-	3,750
EXPENSES TOTAL	842,521	1,183,861	1,220,672
REVENUE GRAND TOTALS:	166,912	242,500	270,000
EXPENSE GRAND TOTALS:	842,521	1,183,861	1,220,672
NET GRAND TOTALS:	(675,609)	(941,361)	(950,672)

DISTRICT ATTORNEY

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget	
Fund: 291 - Grants Fund				
REVENUES				Column1
General Property Taxes	-	192,829	-	
Federal Grants - General Government	-		63,569	
Federal Grants - Other Federal Payments	-	56,846	-	
State Grants - General Government	5,854	85,000	85,000	
Municipal Court Penalties & Forfeit	2,374	20,000	-	
Employer Share of Insurance	768	-	-	
Employee Share of Insurance	104	-	-	
Local Department Charges Internal Service Fund	32	-	-	
REVENUES TOTAL	9,132	354,675	148,569	
EXPENSES				Column1
Salaries and Wages	80,927	201,263	108,605	
Overtime	166	-	-	
Other Special Pay	330	42,488	100	
Social Security	6,013	15,400	8,308	
Retirement Employers Share	4,384	13,687	7,494	
Dental Insurance	745	2,643	820	
Life Insurance	31	65	418	
Workers Compensation	490	861	361	
Unemployment Compensation	-	202	109	
Other Employer Contributions	1,574	2,957	1,174	
Health Insurance	5,786	55,401	21,180	
Telephone, Internet and Cable	217	1,000	-	
Machinery/Equipment Maintenance Services	-	300	-	
Printing and Forms	407	500	-	
Office Supplies	281	1,400	-	
Membership Dues	-	200	-	
Registration Fees/tuition	1,920	11,355	-	
Personal Auto Mileage	236	500	-	
Commercial Travel	972	250	-	
Meals	334	200	-	
Lodging	1,972	500	-	
Meeting Expenses	322	-	-	
Tool Allowance-Employees	98	-	-	
Other Supplies	-	3,503	-	
EXPENSES TOTAL	107,205	354,675	148,569	
REVENUE GRAND TOTALS:	9,132	354,675	148,569	
EXPENSE GRAND TOTALS:	107,205	354,675	148,569	
NET GRAND TOTALS:	(98,073)	-	-	

EMERGENCY GOVERNMENT

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget
Fund: 101 - General Fund			
REVENUES			
State Grants - Emergency Government Planning	1,285	-	-
Other General Government Fees	400	-	-
Local Department Charges Internal Service Fund	0	-	-
REVENUES TOTAL	1,685	-	-
EXPENSES			
Salaries and Wages	34,931	7,950	72,491
Other Special Pay	395	-	-
Social Security	2,600	609	5,546
Retirement Employers Share	2,270	-	5,002
Dental Insurance	148	-	394
Life Insurance	31	-	279
Workers Compensation	370	101	928
Unemployment Compensation	-	8	72
Other Employer Contributions	544	-	410
Health Insurance	6,535	-	17,244
Other Professional Services	-	20,000	20,000
Telephone, Internet and Cable	89	-	-
Motor Vehicles Repairs Services	146	5,000	5,000
Technology Services	-	5,300	-
Fire Protection	-	1,000	1,000
Copier Charges	620	-	1,250
Sundry Contractual Services	-	-	6,450
Small Office Equipment	-	2,000	-
Office Supplies	42	1,000	3,100
Membership Dues	-	250	650
Registration Fees/tuition	315	850	2,975
Personal Auto Mileage	94	100	550
Commercial Travel	30	-	900
Meals	-	250	-
Lodging	-	400	-
Lab and Medical Supplies	-	2,850	-
Gasoline and Diesel Fuel	-	700	400
Gasoline Fuel	-	-	825
Other Supplies	1,001	12,500	18,000
Insurance Auto Liability Premium	-	4,500	4,500
Dental Insurance Premium	8	-	-
Health Insurance Premium	368	-	-
Life Insurance Premium	2	-	-
EXPENSES TOTAL	50,537	65,368	167,965
REVENUE GRAND TOTALS:	1,685	-	-
EXPENSE GRAND TOTALS:	50,537	65,368	167,965
NET GRAND TOTALS:	(48,852)	(65,368)	(167,965)

EMERGENCY GOVERNMENT

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget
Fund: 291 - Grants Fund			
REVENUES			
General Property Taxes	-	91,115	-
Federal Grants - Other Public Safety	-	-	8,000
Federal Grants - Other Federal Payments	71,956	105,520	90,718
State Grants - Emergency Government Planning	21,956	54,646	44,130
State Grants - Other Public Safety	-	-	10,000
Employer Share of Insurance	3,660	-	-
Employee Share of Insurance	367	-	-
Local Department Charges Internal Service Fund	74	-	-
Local Department Charges	-	10,000	10,248
Other Miscellaneous Revenues	-	2,360	-
REVENUES TOTAL	98,013	263,641	163,096
EXPENSES			
Salaries and Wages	62,116	167,329	97,063
Other Special Pay	849	-	-
Social Security	4,589	12,690	7,425
Retirement Employers Share	4,071	11,335	6,138
Dental Insurance	480	930	917
Life Insurance	47	110	343
Workers Compensation	639	2,055	1,139
Unemployment Compensation	-	159	97
Other Employer Contributions	542	1,806	683
Health Insurance	16,664	25,092	31,292
Other Professional Services	-	8,000	-
Telephone, Internet and Cable	5,543	100	-
Contractor Services	-	-	8,000
Sundry Contractual Services	12,831	13,640	-
Postage and Courier	-	100	-
Printing and Forms	275	-	-
Office Supplies	-	515	-
Registration Fees/tuition	675	475	-
Personal Auto Mileage	440	125	-
Commercial Travel	294	-	-
Meals	-	235	-
Lodging	180	260	-
Other Supplies	-	12,025	10,000
Gasoline and Diesel Fuel	-	300	-
Gasoline Fuel	494	-	-
Dental Insurance Premium	(45)	-	-
Health Insurance Premium	(2,001)	-	-
Life Insurance Premium	(10)	-	-
Direct Payments	-	6,361	-
EXPENSES TOTAL	108,673	263,641	163,096
REVENUE GRAND TOTALS:	98,013	263,641	163,096

EXPENSE GRAND TOTALS:

108,673

263,641

163,096

NET GRAND TOTALS:

(10,661)

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MEDICAL EXAMINER

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget
Fund: 101 - General Fund			
REVENUES			
General Government	164,624	-	-
Other General Government Fees	6,300	290,000	310,000
Employer Share of Insurance	3,101	-	-
Employee Share of Insurance	405	-	-
Local Department Charges Internal Service Fund	176	-	-
REVENUES TOTAL	174,607	290,000	310,000
EXPENSES			
Salaries and Wages	247,306	362,004	401,867
Overtime	309	1,039	67,486
Special Activity Pay	-	-	37,500
On Call Pay	9,206	24,950	-
Other Special Pay	661	-	10,000
Social Security	19,408	28,638	35,905
Retirement Employers Share	14,536	23,307	30,399
Dental Insurance	693	859	894
Life Insurance	41	71	1,385
Workers Compensation	2,598	4,685	5,419
Unemployment Compensation	-	387	469
Other Employer Contributions	4,851	3,910	2,685
Health Insurance	18,840	36,934	27,126
Other Professional Services	-	5,000	5,000
Telephone, Internet and Cable	1,157	2,500	2,500
Indigent/Funeral Home Fees	2,400	9,300	9,300
Technology Services	4,717	8,000	7,000
Pathology Services	58,017	135,000	135,000
Copier Charges	562	-	300
Printing and Forms	-	1,000	1,000
Small Office Equipment	156	3,000	3,000
Office Supplies	340	2,500	2,500
Publication Of Legal Notices	-	-	200
Membership Dues	-	1,000	700
Registration Fees/tuition	375	4,500	4,500
Personal Auto Mileage	259	1,200	1,200
Commercial Travel	-	1,500	1,500
Meals	-	900	900
Lodging	-	3,000	3,000
Meeting Expenses	270	800	800
Lab and Medical Supplies	214	3,500	3,500
Clothing and Uniforms	-	1,200	1,500
Gasoline and Diesel Fuel	3,077	8,000	8,000
Gasoline Fuel	550	-	-
Motor Vehicle Fluids - Oil, Grease, Antifreeze, Windshield W	41	800	800
Motor Vehicle Parts & Supplies	573	2,500	1,500
Tires & Tubes	-	-	1,000

Radio Parts & Supplies	-	-	500
Insurance Auto Liability Premium	-	1,800	1,800
EXPENSES TOTAL	391,156	683,784	818,136
REVENUE GRAND TOTALS:	174,607	290,000	310,000
EXPENSE GRAND TOTALS:	391,156	683,784	818,136
NET GRAND TOTALS:	(216,549)	(393,784)	(508,136)

MEDICAL EXAMINER

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget
Fund: 291 - Grants Fund			
REVENUES			
Federal Grants - Health	11,095	-	-
State Grants - General Government	-	256,000	37,266
REVENUES TOTAL	11,095	256,000	37,266
EXPENSES			
Salaries and Wages	3,020	19,000	7,279
Social Security	231	2,505	557
Retirement Employers Share	204	1,362	502
Dental Insurance	-	29	19
Life Insurance	-	4	-
Workers Compensation	27	243	90
Unemployment Compensation	-	20	7
Other Employer Contributions	3	213	45
Health Insurance	424	1,124	767
Contractual Services	-	-	28,000
Pathology Services	3,083	10,500	-
Printing and Forms	56	1,500	-
Small Office Equipment	-	190,000	-
Office Supplies	-	5,800	-
Membership Dues	120	120	-
Registration Fees/tuition	1,050	5,500	-
Employee Auto Allowance	24	-	-
Personal Auto Mileage	280	1,900	-
Commercial Travel	104	1,610	-
Meals	300	2,400	-
Lodging	1,143	4,500	-
Meeting Expenses	305	270	-
Lab and Medical Supplies	126	5,800	-
Educational Supplies	75	-	-
Technology Supplies	2,450	-	-
Gasoline and Diesel Fuel	177	1,600	-
EXPENSES TOTAL	13,202	256,000	37,266
REVENUE GRAND TOTALS:	11,095	256,000	37,266
EXPENSE GRAND TOTALS:	13,202	256,000	37,266
NET GRAND TOTALS:	(2,107)	-	-

SHERIFF'S OFFICE

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget
Fund: 101 - General Fund			
REVENUES			
Federal Grants - Other Federal Payments	707	-	-
State Grants - Other Law Enforcement	8,191	-	-
Law and Ordinance Violations	-	-	140,000
Parking Violations	215	5,000	5,000
License & Permit Violation Penalty	75,482	140,000	-
Police Photo Copy Fees	76,010	466,661	-
Board of Prisoners	266,732	547,250	540,500
Other Public Safety Fees	36,223	80,000	388,000
Employer Share of Insurance	223,053	-	-
Employee Share of Insurance	22,485	-	-
Local Department Charges Internal Service Fund	10,334	-	-
Public Safety Law Enforcement Services - Other Local Governr	834,212	-	1,497,660
Other Services to Local Governments	-	982,000	-
Sale of Law Enforcement Equipment and Property	4,740	-	-
Sale of Recyclable Materials	1,285	-	-
Donations from Private Organizations or Individuals	20,699	37,500	37,500
Other Miscellaneous Revenues	39,586	96,000	45,000
Transfer from the General Fund	-	420,242	250,012
Transfer from Enterprise Fund	-	-	105,000
REVENUES TOTAL	1,619,955	2,774,653	3,008,672
EXPENSES			
Salaries and Wages	7,760,071	12,638,930	13,120,415
Overtime	1,025,561	894,113	768,308
Shift Differential	120,040	72,844	36,879
Special Activity Pay	66,335	475,065	74,324
On Call Pay	6,593	9,363	24,163
Uniform Allowance	36,821	81,850	80,950
Other Special Pay	53,012	(192,400)	-
Social Security	666,903	1,100,357	1,058,476
Retirement Employers Share	759,588	1,407,323	1,455,628
Dental Insurance	58,124	94,045	99,471
Life Insurance	2,448	4,876	36,721
Workers Compensation	165,838	129,743	120,043
Unemployment Compensation	(3)	14,383	13,230
Other Employer Contributions	307,526	161,259	107,796
Medicare	-	-	10,841
Health Insurance	1,870,340	3,251,107	3,458,310
Medical and Dental Services	842,625	1,394,000	1,428,500
Financial, Banking and Investment Services	260	2,000	2,000
Other Professional Services	76,621	175,770	177,451
Environmental Testing Services - Non-Capital	-	26,949	-
Psych Services and Evaluations	300	-	15,000
Fees & Permits	317	-	-
Natural / Propane Gas	1,508	2,300	4,000

Telephone, Internet and Cable	18,111	50,000	28,560
Motor Vehicles Repairs Services	36,966	67,000	75,000
Towing & Storage Services	3,706	3,000	3,700
Machinery/Equipment Maintenance Services	22,999	91,100	91,100
Building Repair & Maintenance Services	-	300,000	178,652
Hardware and Software Maintenance Services	60,019	-	-
Temporary Staffing Services	3,128	15,000	18,000
Food Services	495,332	879,844	800,300
Uniform Repair Services	449	-	750
IT - Equipment and Hardware	130	-	500
Transcription Services	2,704	-	7,200
Investigation Services	30,521	50,000	50,000
Interpreting/Translation Services	7,893	6,000	16,000
Board and Committee Members	-	1,000	1,000
Technology Services	124,428	129,200	125,000
Ambulance Clinic/Hospital	-	6,500	6,500
Radio Services	474,593	555,000	855,000
Time System Fees	11,169	17,460	17,460
Copier Charges	9,638	-	17,000
Boarding Prisoners	567,658	657,000	600,000
Electronic Monitor - Prisoners	50,771	92,500	97,600
Recycling Collection and Disposal	656	-	1,320
Sundry Contractual Services	182	-	-
Postage and Courier	11	-	300
Printing and Forms	3,442	17,553	5,440
Small Office Equipment	36,193	96,810	105,410
Software - IT	48,984	-	122,772
Equipment & Supplies - IT	1,336	-	-
Office Supplies	18,165	159,632	39,729
Books & Directories	42	1,000	-
Subscriptions	31,298	34,700	34,300
Membership Dues	1,715	3,570	3,550
Registration Fees/tuition	7,876	35,950	33,870
Advertising	242	1,500	6,000
Employee Auto Allowance	-	-	100
Personal Auto Mileage	644	700	600
Other Transportation Costs	-	1,200	-
Commercial Travel	22,358	17,400	21,100
Meals	11,698	25,841	28,150
Lodging	11,693	37,400	37,200
Meeting Expenses	3,053	3,845	4,795
Lab and Medical Supplies	5,874	17,413	17,400
Food Supplies	129	500	500
Household and Janitorial Supplies	41,094	62,063	62,050
Recreation Supplies	46	400	400
Clothing and Uniforms	34,903	27,850	43,615
Tool Allowance-Employees	54	-	-
Badge Leather Goods	3,005	5,800	7,000
Sheriff Ballistic Vests	21,624	28,000	30,000
Sheriff Tasers	2,013	15,000	15,000
Mobile Subscriptions & Equipment	30,332	80,000	87,000

Squad/Body Cameras	163,415	160,000	165,000
Educational Supplies	1,435	30,000	2,100
Weapon and Firearm Supplies	39,423	43,950	44,000
Technology Supplies	187	-	3,400
Gasoline and Diesel Fuel	189,710	350,000	350,000
Motor Vehicle Fluids - Oil, Grease, Antifreeze, Windshield W	5,500	5,500	8,000
Motor Vehicle Parts & Supplies	24,006	28,700	33,000
Tires & Tubes	27,888	30,000	35,100
Explosives	-	3,000	3,000
Consumable Tools/Supplies	1,354	4,450	4,200
Shop Equipment-Tools-Supplies	2,896	4,750	5,325
Machinery and Equipment Parts	46	-	-
Radio Parts & Supplies	31	-	-
Plumbing and Electrical Supplies	57	-	-
Laundry	26,149	31,250	31,750
Vehicle Registration	2,369	1,700	1,700
Reimbursement For Lost Property	-	250	250
Other Supplies	73,204	151,318	151,750
Insurance Equipment Premium	-	400	-
Insurance General Liability	150	-	-
Prizes/Awards	-	1,000	1,000
Drug Grant-Personal Reimbursement	(1,376)	-	-
Furniture, Fixtures and Equipment	11,642	-	-
Other Capital Equipment-Rolling Stock	-	2,000	-
Motor Vehicles - Law Enforcement	9,099	-	9,100
EXPENSES TOTAL	16,656,885	26,186,876	26,638,105
REVENUE GRAND TOTALS:	1,619,955	2,774,653	3,008,672
EXPENSE GRAND TOTALS:	16,656,885	26,186,876	26,638,105
NET GRAND TOTALS:	(15,036,930)	(23,412,223)	(23,629,433)

SHERIFF'S OFFICE

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget
Fund: 291 - Grants Fund			
REVENUES			
Federal Grants - Law Enforcement	134,115	336,071	468,222
Federal Grants - Other Public Safety	125,444	164,638	-
Federal Grants - Other Federal Payments	12,141	1,862,500	25,000
State Grants Law Enforcement Improvement	-	47,500	22,000
State Grants - Water Patrol	-	20,000	-
State Grants - Other Law Enforcement	11,705	75,177	18,177
State Grants - Other Public Safety	48,300	48,300	197,813
State Grants - Health	44	-	-
Law and Ordinance Violations	22,971	-	-
Transfer from the General Fund	-	141,171	181,455
REVENUES TOTAL	354,720	2,695,357	912,667
EXPENSES			
Salaries and Wages	25,206	2,852	20,642
Overtime	49,593	152,723	139,342
Social Security	214	-	9,919
Retirement Employers Share	289	-	-
Workers Compensation	43	-	-
Unemployment Compensation	3	-	-
Medicare	-	-	2,320
Food Services	12,141	12,500	25,000
Other Professional Services	38,895	1,972,859	285,660
Machinery/Equipment Maintenance Services	-	6,000	6,250
County Network Support	-	28,800	-
Small Office Equipment	2,498	58,933	45,232
Software - IT	9,000	-	16,490
Equipment & Supplies - IT	9,654	-	-
Office Supplies	-	24,500	83,614
Registration Fees/tuition	16,978	25,120	26,300
Commercial Travel	1,294	10,168	24,525
Meals	2,108	2,017	100
Lodging	1,823	5,400	3,900
Clothing and Uniforms	1,641	1,381	-
Badge Leather Goods	1,453	-	-
Sheriff Ballistic Vests	3,786	10,500	-
Educational Supplies	-	20,238	13,748
Gasoline and Diesel Fuel	68,183	300	-
Consumable Tools/Supplies	14	100	-
Shop Equipment-Tools-Supplies	26,186	50,675	-
Other Supplies	29,827	156,560	128,502
Direct Payments	-	25,000	-
Grants & Donations Other	4,194	-	39,900
Drug Grant-Personal Reimbursement	1,376	22,223	22,223
Grant-Overtime Reimbursement	-	8,000	16,000
Furniture/Equipment-LawEnforcement	25,125	25,125	-

Other Capital Equipment	-	70,382	3,000
Other Capital Equipment-Rolling Stock	-	3,000	-
EXPENSES TOTAL	331,523	2,695,357	912,667
REVENUE GRAND TOTALS:	354,720	2,695,357	912,667
EXPENSE GRAND TOTALS:	331,523	2,695,357	912,667
NET GRAND TOTALS:	23,197	-	-

2024 Budget “Clean Up” Amendments from Departments

Clerk of Courts-Fees and Legal Costs

Medical Examiner-Personnel Costs

CLERK OF COURTS

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget	
Fund: 101 - General Fund				
REVENUES				Column1
State Grants - General Government	-	462,942	462,942	
Law and Ordinance Violations	288,745	130,000	130,000	
Municipal Court Penalties & Forfeit	7,535	394,933	394,933	
License & Permit Violation Penalty	-	80	80	
Court Fees and Costs	1,378,857	750,183	900,183	Increase fees to estimate
Employer Share of Insurance	39,427	-	-	
Employee Share of Insurance	3,989	-	-	
Local Department Charges Internal Service Fur	113	-	-	
Other Services to State Government	18,520	196,985	196,985	
Local Department Charges	-	10,346	10,346	
Interest Income	78,386	151,443	151,443	
Other Miscellaneous Revenues	3	-	-	
Refund of Expenditures	105	-	-	
REVENUES TOTAL	1,815,680	2,096,912	2,246,912	

EXPENSES				Column1
Salaries and Wages	1,138,669	1,824,928	1,828,320	
Salaries - PC/Network	165	-	-	
Other Special Pay	10,297	-	-	
Social Security	82,531	142,787	139,867	
Retirement Employers Share	66,600	122,485	124,175	
Dental Insurance	8,616	13,871	11,921	
Life Insurance	422	952	6,929	
Workers Compensation	1,674	1,883	1,080	
Unemployment Compensation	-	1,864	1,828	
Other Employer Contributions	27,253	25,168	18,252	
Health Insurance	316,681	551,836	524,404	
Mediation and Study Services	300	10,000	10,000	
Legal Services	661,762	600,000	750,000	Increase exp to estimate
Other Professional Services	15,999	41,000	41,000	
Psych Services and Evaluations	111,488	150,000	150,000	
Sheriff Processing Fees	-	100	-	
Machinery/Equipment Maintenance Services	-	500	500	
Building Equipment Maintenance Services	-	-	-	
Court Reporter	3,414	5,000	5,000	
Technology Services	11,476	17,120	17,120	
Transcription Services	840	-	-	
Process Services	-	-	100	
Other Special Services	22	115,000	115,000	
Interpreting/Translation Services	56,423	-	-	
Jury Fees	30,593	65,000	65,000	
Witness Fees	1,861	5,000	5,000	
Officer Fees	-	15,000	15,000	
Temporary Staffing Services	-	1,500	1,500	
Time System Fees	1,500	-	-	
Copier Charges	3,390	-	-	
Printing and Forms	3,656	10,000	10,000	
Small Office Equipment	-	1,100	1,100	
Office Supplies	9,750	20,000	20,000	
Books & Directories	-	500	500	
Subscriptions	18,105	22,000	22,000	

Membership Dues	596	1,500	1,500
Registration Fees/tuition	1,260	800	800
Personal Auto Mileage	530	1,500	1,500
Commercial Travel	60	-	-
Meals	81	300	300
Lodging	270	1,000	1,000
Parking	-	3,000	3,000
EXPENSES TOTAL	2,586,282	3,772,694	3,893,695
REVENUE GRAND TOTALS:	1,815,680	2,096,912	2,246,912
EXPENSE GRAND TOTALS:	2,586,282	3,772,694	3,893,695
NET GRAND TOTALS:	(770,602)	(1,675,782)	(1,646,783)

MEDICAL EXAMINER

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget
Fund: 101 - General Fund			
REVENUES			
General Government	164,624	-	-
Other General Government Fees	6,300	290,000	310,000
Employer Share of Insurance	3,101	-	-
Employee Share of Insurance	405	-	-
Local Department Charges Internal Service Fund	176	-	-
REVENUES TOTAL	174,607	290,000	310,000

EXPENSES

Account Description	2023 (mid-Sept.) Actuals	2023 Amended Budget	2024 Requested Budget	
Salaries and Wages	247,306	362,004	401,867	Column1
Overtime	309	1,039	2,000	Should Be \$2,000 reduce \$65,486
Special Activity Pay	-	-	20,000	Should Be \$20,000 reduce \$17,500
On Call Pay	9,206	24,950	-	Move to FCM for Increase in Utilities-Water \$62,986
Other Special Pay	661	-	10,000	
Social Security	19,408	28,638	35,905	
Retirement Employers Share	14,536	23,307	30,399	
Dental Insurance	693	859	894	
Life Insurance	41	71	1,385	
Workers Compensation	2,598	4,685	5,419	
Unemployment Compensation	-	387	469	
Other Employer Contributions	4,851	3,910	2,685	
Health Insurance	18,840	36,934	47,126	Should be \$47,126 Increase \$20,000
Other Professional Services	-	5,000	5,000	
Telephone, Internet and Cable	1,157	2,500	2,500	
Indigent/Funeral Home Fees	2,400	9,300	9,300	
Technology Services	4,717	8,000	7,000	
Pathology Services	58,017	135,000	135,000	
Copier Charges	562	-	300	
Printing and Forms	-	1,000	1,000	
Small Office Equipment	156	3,000	3,000	
Office Supplies	340	2,500	2,500	
Publication Of Legal Notices	-	-	200	
Membership Dues	-	1,000	700	
Registration Fees/tuition	375	4,500	4,500	
Personal Auto Mileage	259	1,200	1,200	
Commercial Travel	-	1,500	1,500	
Meals	-	900	900	
Lodging	-	3,000	3,000	
Meeting Expenses	270	800	800	
Lab and Medical Supplies	214	3,500	3,500	
Clothing and Uniforms	-	1,200	1,500	
Gasoline and Diesel Fuel	3,077	8,000	8,000	
Gasoline Fuel	550	-	-	
Motor Vehicle Fluids - Oil, Grease, Antifreeze, Windshi	41	800	800	
Motor Vehicle Parts & Supplies	573	2,500	1,500	
Tires & Tubes	-	-	1,000	
Radio Parts & Supplies	-	-	500	
Insurance Auto Liability Premium	-	1,800	1,800	
EXPENSES TOTAL	391,156	683,784	755,150	
REVENUE GRAND TOTALS:	174,607	290,000	310,000	
EXPENSE GRAND TOTALS:	391,156	683,784	755,150	
NET GRAND TOTALS:	(216,549)	(393,784)	(445,150)	

FEMA Awards \$2.9 Million Grant to Village of Spencer

Release Date: May 13, 2020

CHICAGO – The U.S. Department of Homeland Security’s Federal Emergency Management Agency (FEMA) has released \$2,926,153 in Pre-Disaster Mitigation (PDM) funds to the Village of Spencer, for the construction of a safe room at the Village of Spencer High School.

“The Pre-Disaster Mitigation grant program enables communities to implement critical mitigation measures to reduce or eliminate the risk of loss of life and property,” said James K. Joseph, regional administrator, FEMA Region V. “This project will give the community a safe room that can be used to protect residents in Spencer during times of severe weather.”

“We are excited about these funds and the support it will provide,” said Dr. Darrell L. Williams, Wisconsin Emergency Management administrator. “We are grateful to FEMA for their continued support!”

HMGP provides grants to state and local governments to implement long-term hazard mitigation measures. Through PDM, FEMA will pay 90 percent of the \$3,251,281 eligible project cost. The remaining 10 percent of the funds, \$325,128 will be provided by the Spencer School District.

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FEMA

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FEMA's mission is helping people before, during and after disasters.

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FEMA

**From: Parks, Recreation & Forestry
Emergency Management**

**TO: Public Safety Committee
Human Resources, Finance and Property Committee**

AGENDA SUMMARY

Discussion and Possible Action Accepting State-Local Hazard Mitigation Grant Program Assistance

Every year, tornadoes and other extreme windstorms cause numerous injuries and deaths in the United States. In the Marathon County Hazard Mitigation Plan that was updated in 2022, tornadoes and high winds were identified in the top three hazards likely to impact Marathon County. Federal Emergency Management Agency (FEMA) and its partner in Wisconsin, Wisconsin Emergency Management, help protect people from severe wind events by promoting safe rooms. A safe room can be constructed or installed on a property to serve a residence or within the community to serve a larger number of people. FEMA and WEM have made grants available for all aspects of saferooms from the feasibility and design to construction. The Parks, Recreation & Forestry Department in partnership with Emergency Management worked with WEM to apply for a grant to complete a project scoping activity to determine the location, cost effectiveness, and the design of a future community safe room.

The County received notification that the grant application was awarded in the amount of \$300,000 in which \$225,000 is from FEMA, \$37,500 is from WEM and a required local match of \$37,500. The total grant award of \$300,000 will be utilized for the feasibility study, design, site testing, public outreach and a cost-benefit analysis. The County already planned to conduct a feasibility study for the ice arena which could serve a dual purpose as a saferoom. The \$32,500 secured of non-levy funds to complete the study meets a portion of the local match and in-kind services in the amount of \$5,000 will fulfill the required local match requiring no additional county funding. This project could be similar to the Forensic Science Center by providing a valuable service to the community, enhance the uses of the facility and reduce the costs to the taxpayers. Conducting the project scoping project does not obligate the county to construct the facility. Additional State-Local Hazard Mitigation Grants are available for construction if or when that phase would occur.

The closest saferoom is in the Village of Spencer. The Spencer school district was awarded just under \$3 Million in 2019 towards an addition to their high school that they were planning to build as part of a successful referendum. The grant award allowed them to complete the saferoom and utilize the approved referendum funding for other critical district needs. The addition includes a gymnasium and fitness center and also serves as the community's saferoom. The FEMA press release is included in the packet.

On October 3, 2023, the Park Commission and the Environmental Resources Committee unanimously voted in favor of accepting the State-Local Hazard Mitigation Grant Program Assistance Agreement. The Public Safety Committee and the Human Resources, Finance and Property Committee is asked to recommend the acceptance of the State-Local Hazard Mitigation Grant Program Assistance Agreement to the County Board for the project scoping activity for providing a saferoom to the citizens of Marathon County.

Safe Rooms: Saving Lives When Tornadoes and High Winds Strike

INTRODUCTION

Community resilience is the ability of a community to prepare for anticipated hazards, adapt to changing conditions, and withstand and recover rapidly from disruptions. Activities such as disaster preparedness include hazard mitigation planning and reducing community stressors and impacts from disasters.

Local hazard mitigation plans form the foundation of a community's long-term strategy to reduce disaster losses and break the cycle of disaster damage, reconstruction, and repetitive damage. The Federal Emergency Management Agency (FEMA) supports local mitigation planning to foster partnerships among all levels of government, to develop and strengthen non-governmental and private partnerships, to reduce the costs associated with disaster response and recovery by promoting mitigation activities, and to promote more disaster-resilient and sustainable communities. A hazard mitigation plan creates the framework for state, local (counties and incorporated municipalities), tribal, and U.S. territorial governments to engage in hazard mitigation planning to receive certain types of non-emergency disasters. The development of the Marathon County All-Hazards Mitigation Plan 2022 fulfilled the federal requirement to update a local hazard mitigation plan every five years.

Every year, tornadoes and other extreme windstorms cause numerous injuries and deaths in the United States. In the Marathon County Hazard Mitigation Plan, tornadoes and high winds were identified in the top three hazards likely to impact Marathon County. See rankings below:

1. **Tornado**
2. Winter Storm / Extreme Cold
3. Thunderstorm / **High Wind** / Hail / Lightning

While we cannot stop these storms from occurring, we can respond by understanding the hazards and carefully planning to protect ourselves from their effects. FEMA and its partners, such as Wisconsin Emergency Management, help protect people from severe wind events by promoting safe rooms.

FEMA provides guidance and best practices on safe room design and construction, participates in safe room-related standards and building code development, provides funding for safe rooms, and monitors a safe room helpline to answer safe room-related technical questions.

FEMA's Safe Room Activities

Providing guidance and best practices on safe room design and construction

A safe room is a storm shelter specifically designed to meet FEMA Funding Criteria and provide near-absolute protection in extreme wind events, including tornadoes and hurricanes. A safe room can be constructed or installed on a property to serve a residence or within the community to serve a larger number of people. FEMA produces technical publications, fact sheets, and training materials for engineers, architects, building officials, and prospective safe room owners on the design, construction, operations, and maintenance of safe rooms. To be considered a safe room, the structure must be designed and constructed to the guidelines specified in FEMA P-361, *Safe Rooms for Tornadoes and Hurricanes: Guidance for Community and Residential Safe Rooms*.

Participating in safe room-related standard and building code development

FEMA works with the International Code Council® and National Storm Shelter Association to improve the storm shelter standard, *Standard for the Design and Construction of Storm Shelters* (ICC 500). FEMA also recommends building code updates to improve the construction of and access to storm shelters and safe rooms for vulnerable populations.

Providing funds for safe rooms

The federal government makes funds available to construct residential and community safe rooms. FEMA provides hazard mitigation funding to eligible states, tribes, and territories that provide funding to local governments to assist in reducing overall risk to people and property. FEMA's grant programs to fund eligible safe room projects include the Hazard Mitigation Grant Program (HMGP) and Building Resilient Infrastructure and Communities (BRIC) program.



An above-ground residential safe room that was in the garage of a home hit by an EF5 tornado in Joplin, Missouri (2011). This saferoom was built to meet FEMA guidance, which offers near-absolute life-safety protection, so the occupants were unharmed even though their house was destroyed.

Safe Rooms: Saving Lives When Tornadoes and Hurricanes Strike

Release Date: Jun 10, 2021

Every year, tornadoes, hurricanes, and other extreme windstorms cause numerous injuries and deaths in the United States. While we cannot stop these storms from occurring, we can respond by understanding the hazards and carefully planning to protect ourselves from their effects. FEMA and its partners help protect people from severe wind events through promoting safe rooms. FEMA provides guidance and best practices on safe room design and construction, participates in safe room-related standard and building code development, provides funding for safe rooms and monitors a safe room helpline to answer safe room-related technical questions.

Summary of FEMA's Safe Room Activities

Providing guidance and best practices on safe room design and construction

FEMA produces technical publications, fact sheets, and training materials for engineers, architects, building officials, and prospective safe room owners on the design, construction, operations, and maintenance of safe rooms (<https://www.fema.gov/emergency-managers/risk-management/safe-rooms/resources>). A safe room is a storm shelter specifically designed to meet FEMA Funding Criteria and provide near-absolute protection in extreme wind events, including tornadoes and hurricanes. To be considered a safe room, the structure must be designed and constructed to the guidelines specified in FEMA P-361, *Safe Rooms for Tornadoes and Hurricanes: Guidance for Community and Residential Safe Rooms*. A safe room can be constructed or installed on a property to serve a residence or within the community to serve a larger number of people.

Participating in safe room-related standard and building code development



FEMA works with its partners in resiliency, the International Code Council® (ICC®) and National Storm Shelter Association (NSSA®) to improve the storm shelter standard, *Standard for the Design and Construction of Storm Shelters* (ICC 500). FEMA also recommends building code updates to improve construction of and access to storm shelters and safe rooms for vulnerable populations.

Providing funds for safe rooms

The federal government makes funds available to construct residential and community safe rooms. FEMA provides hazard mitigation funding to eligible states, tribes and territories that provide funding to local governments to assist in reducing overall risk to people and property. FEMA's grant programs to fund eligible safe room projects include the Hazard Mitigation Grant Program (HMGP) and Building Resilient Infrastructure and Communities (BRIC) program. Funding may also be available from other sources such as the U.S. Department of Housing and Urban Development's Community Development Block Grant Funds and Federal Housing Administration Mortgage-Insured Financing. You can find more information about various funding opportunities on the [Safe Room Funding webpage](#).

Assessing damage caused by extreme wind events

After severe tornadoes, large tornado outbreaks, or hurricanes, FEMA may send a Mitigation Assessment Team (MAT) to assess the performance of affected buildings and develop recommendations for reducing injuries and loss of life following future events. Recommendations and findings have helped inform FEMA safe room guidance over the years. MATs are composed of subject matter experts and professionals from government agencies and private firms, including structural engineers, wind engineers, architects, building code officials and emergency planners. More information, as well as publications, can be found on the [Mitigation Assessment Team webpage](#).

Answering questions from the public, industry, and government

FEMA hosts the Safe Room Helpline, responding to inquiries concerning FEMA's safe room publications and guidance. Inquiries can be sent to Saferoom@fema.dhs.gov or made by calling 866-927-2104.



FEMA



An above-ground residential safe room that was in the garage of a home hit by an EF5 tornado in Joplin, Missouri (2011). This saferoom was built to meet FEMA guidance, which offers near-absolute life-safety protection, so the occupants were unharmed even though their house was destroyed.



FEMA

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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 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 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 (“*PAARF*”);
 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 (“*CTT*”), 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.

Determining the Use of Opioid Litigation Settlement Funds

Using the Results-Based Accountability Framework

Marathon County Criminal Justice Coordinating Council



As of August 2, 2023, Marathon County has received a total of **\$698,139.58** of settlement payments with an additional projected allocation of **\$2,154,259.02** over the next 15 years.

Full payment breakdown in report.



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	Health Educators facilitate the refining of Strategies.
August 17, 2023	Health Educators facilitate the ranking of Strategies.

CJCC Participants

- Suzanne O'Neill, Branch 1 Judge, Chair
- Kurt Gibbs, Chair of Marathon County Board of Supervisors, Vice Chair
- Matt Bootz, Chair of Public Safety Committee
- Michelle Van Krey, Chair of Health & Human Services Committee
- Matt Barnes, Deputy Chief, Wausau Police Department
- Todd Baeten, Patrol Captain, Wausau Police Department
- Kathryn Yanke, Public Defender's Office Manager
- Chad Billeb, Marathon County Sheriff
- Laura Yarie, Justice System Coordinator
- Theresa Wetzsteon, Marathon County District Attorney
- Ruth Heinzl, Diversion Coordinator, Marathon County District Attorney's Office
- Nikki Delatolas, Diversion Specialist, Marathon County District Attorney's Office
- Lee Shipway, Interim Executive Director, Peaceful Solutions Counseling
- Lance Leonhard, Marathon County Administrator
- Kelly Schremp, Marathon County Clerk of Court
- Cati Denfeld-Quiros, Department of Corrections local officer supervisor
- Christa Jensen, Department of Social Services Director
- Vicki Tylka, North Central Health Care Managing Director of Community Programs
- Jane Graham-Jennings, The Women's Community Executive Director
- Laura Scudiere, Marathon County Health Officer
- Yaou Yang, Citizen Representative
- Liberty Heidmann – Citizen Representative
- Daniel Tyler – Citizen Representative

Results-Based Accountability Framework

Result

The end conditions of wellbeing for populations in a geographic area

Indicator

Data used to measure the result

Factor Analysis

Determine what key driving factors will make the most difference moving the indicators

Strategy

What works to improve the indicators

Results Based Accountability Framework

Result

The end conditions of wellbeing for populations in a geographic area

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

Results Based Accountability Framework

Indicator

Data used to measure the result

Suspected Opioid Overdoses

(WI Ambulance Run Report/DHS)

Drug Overdose Deaths due to Opioid

(Medical Examiner's Office)

Number of Suspected Opioid Overdoses

Measurement Period: 2022

The number of suspected opioid overdose cases in Marathon County as determined by Wisconsin ambulance run reports.

County: Marathon

78

number of suspected opioid overdoses

COMPARED TO



Prior Value
(62)



Trend

Source: Office of Health Informatics, Wisconsin Department of Health Services Data: Wisconsin Ambulance Run Data System (WARDS)

Measurement period: 2022

Maintained by: Marathon County Health Department

Last update: May 2023

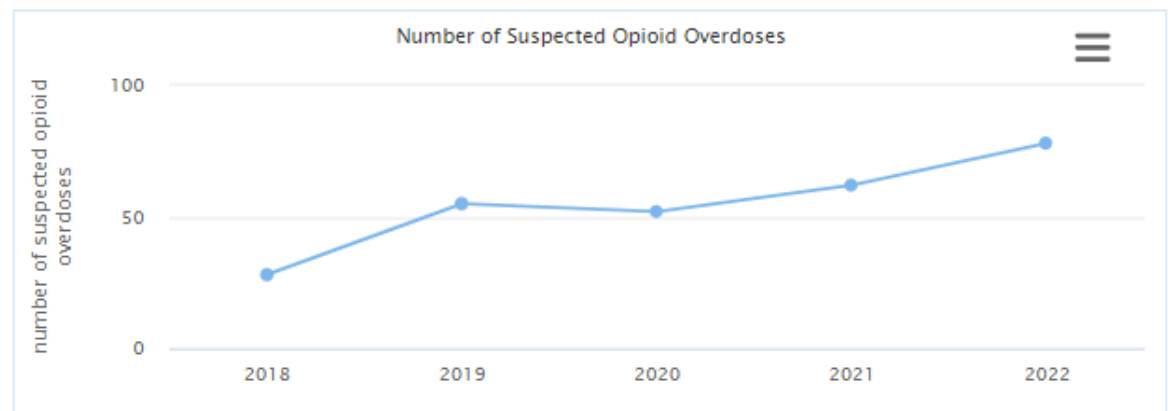
Graph Selections

INDICATOR VALUES

Change over Time

VIEW BY SUBGROUP

- Age
- Gender
- Race/Ethnicity



Drug Overdose Deaths

Measurement Period: 2022

The number of drug poisoning (overdose) deaths in Marathon County.

County: Marathon

24

number of overdose deaths

Source: Marathon County Medical Examiner's Office

Measurement period: 2022

Maintained by: Marathon County Health Department

Last update: April 2023

COMPARED TO



Prior Value
(20)



Trend

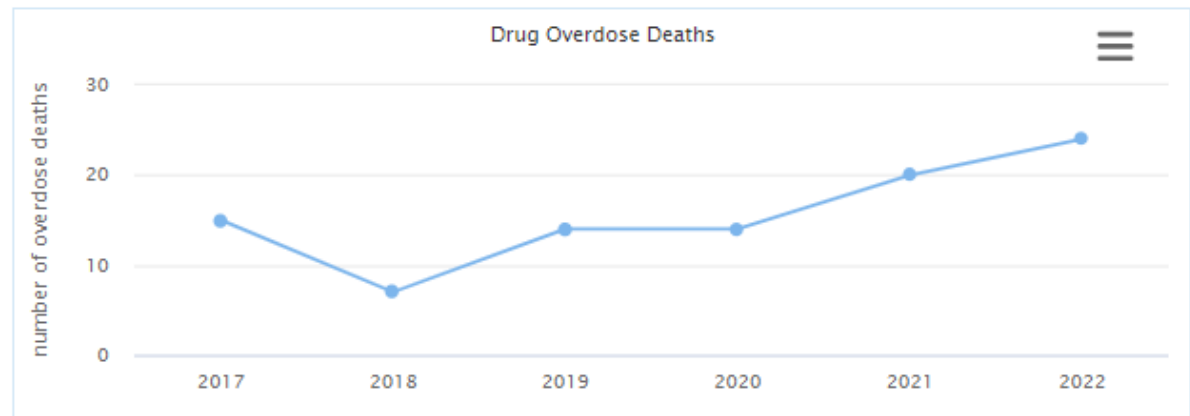
Graph Selections

INDICATOR VALUES

Change over Time

VIEW BY SUBGROUP

- Age
- Gender
- Race/Ethnicity



Results Based Accountability Framework

Factor Analysis

Determine what key driving factors will make the most difference moving the indicators

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

From Exhibit E: List of Opioid Remediation Uses

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

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

Low

Our ability to influence the factor

High

Results Based Accountability Framework

Strategies

What works to improve the indicators

HIGH

1. Conduct gap analysis assessment of the continuum of care for prevention, treatment, and recovery in Marathon County.
2. Expand Marathon County Sheriff's Office deflection program and Wausau Police Department's Police Assisted Addiction Recovery Initiative (PAARI) to route low-level drug offenders to treatment instead of the criminal justice system.

MEDIUM

3. Expand Medication Assisted Treatment (MAT) in the Marathon County Jail by creating a full-time case manager to oversee the program.
4. Provide stable, sober housing in Marathon County.
5. Expand the number of MAT providers in Marathon County by providing fellowships for addiction counselors, offering scholarships and support for workers in MAT, and providing funding and training for clinicians to obtain waiver under the Federal Drug Addiction Treatment Act.
6. Explore a co-responder model (like CART or chaplain program) that pairs a law enforcement officer with a therapist to address OUD/SUD-related calls.
7. Support early intervention programs for at-risk students in Marathon County school districts.

LOW

8. Support and expand peer recovery coaches/specialists in Marathon County.
9. Explore a community-wide “Naloxone Plus” strategy, 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.



Determining the Use of Opioid Litigation Settlement Funds

Using the Results-Based Accountability Framework

Marathon County Criminal Justice Coordinating Council

Opioid Litigation Settlement Funds in Marathon County

On October 17, 2017 the Marathon County Board of Supervisors passed Resolution #R-73-17 Approval of Execution of Engagement Letter to Join Other Wisconsin Counties in a Lawsuit Against Pharmaceutical Companies to Recover Costs Incurred by Marathon County Due to the Opioid Epidemic (see attached).

On February 25, 2022, the Wisconsin Department of Justice announced final approval of an agreement with the nation's three major pharmaceutical distributors (Cardinal, McKesson, and AmerisourceBergen) and Johnson & Johnson. Payments from the distributors will continue for 18 years. Payments from Johnson & Johnson will continue for nine years.

Wisconsin is due to receive more than \$400 million in total funding. 2021 Wisconsin Act 57 requires that the 87 local governments that participated in this litigation receive 70 percent of the funds, with the state receiving 30 percent of the funds. This means that the local governments will share \$280 million and the state will receive \$120 million, as well as \$9.6 million in additional restitution.

To learn more about Dose of Reality: Opioid Settlement Funds in Wisconsin, visit <https://www.dhs.wisconsin.gov/opioids/settlement-funds.htm>

Marathon County Payments & Projections

As of August 2, 2023, Marathon County has received a total of **\$698,139.58** of settlement payments with an additional projected allocation of **\$2,154,259.02** over the next 15 years.

Amount Received					
	Payment	Allocation	Amount Paid	Status	Date
1	Distributor Payment 1	\$98,255.53	\$98,255.53	Paid	8/31/2022
2	Distributor Payment 2	\$103,261.77	\$103,261.77	Paid	10/17/2022
3	Distributor Payment 3	\$103,261.77	\$103,261.77	Paid	8/2/2023
4	Janssen Payment 1	\$34,979.60	\$34,979.60	Paid	11/30/2022
5	Janssen Payment 2	\$81,608.11	\$81,608.11	Paid	11/30/2022
6	Janssen Payment 3	\$65,317.32	\$65,317.32	Paid	11/30/2022
7	Janssen Payment 4	\$100,292.22	\$100,292.22	Paid	11/30/2022
8	Janssen Payment 5	\$111,163.26	\$111,163.26	Paid	11/30/2022
Total Received			\$698,139.58		
Projected Allocations					
	Payment Type	Projected Allocation Amount			
1	Distributor Projected Payment 4 (July, 2024)	\$129,246.73			
2	Distributor Projected Payment 5 (July, 2025)	\$129,246.73			
3	Distributor Projected Payment 6 (July, 2026)	\$129,246.73			
4	Distributor Projected Payment 7 (July, 2027)	\$129,246.73			
5	Distributor Projected Payment 8 (July, 2028)	\$152,009.73			
6	Distributor Projected Payment 9 (July, 2029)	\$152,009.73			
7	Distributor Projected Payment 10 (July, 2030)	\$152,009.73			
8	Distributor Projected Payment 11 (July, 2031)	\$127,779.52			
9	Distributor Projected Payment 12 (July, 2032)	\$127,779.52			
10	Distributor Projected Payment 13 (July, 2033)	\$127,779.52			
11	Distributor Projected Payment 14 (July, 2034)	\$127,779.52			
12	Distributor Projected Payment 15 (July, 2035)	\$127,779.52			
13	Distributor Projected Payment 16 (July, 2036)	\$127,779.52			
14	Distributor Projected Payment 17 (July, 2037)	\$127,779.52			
15	Distributor Projected Payment 18 (July, 2038)	\$127,779.52			
Total Distributor Projected Payments		\$1,995,252.27			
1	Janssen Projected Payment 6 (June, 2026)	\$19,839.89			
2	Janssen Projected Payment 7 (June, 2027)	\$19,839.89			
3	Janssen Projected Payment 8 (June, 2028)	\$19,839.89			
4	Janssen Projected Payment 9 (June, 2029)	\$25,259.65			
5	Janssen Projected Payment 10 (June, 2030)	\$25,259.65			
6	Janssen Projected Payment 11 (June, 2031)	\$25,259.65			
Total Janssen Projected Payments		\$135,298.62			
1	Mallinckrodt Projected Payment	\$23,708.13			
Total Projected Payments		\$2,154,259.02			

Prioritization Process

The Criminal Justice Coordinating Council (CJCC) has been tasked with determining recommendations for how Opioid Litigation Settlement Funds should be utilized in Marathon County. The principal mission of the CJCC is to improve the administration of justice and promote public safety through community collaboration, planning, research, education, and system-wide coordination of criminal justice initiatives. The CJCC's prioritization process included representatives from law enforcement, human services, public health, the justice system, and the community.

The CJCC's work was guided by *Exhibit E: List of Opioid Remediation Uses* (see attached), a settlement document that contains a non-exhaustive list of Opioid Remediation Strategies that can guide states and political subdivisions in the spending of settlement funds. These funds can be used for a wide variety of opioid prevention, treatment, and recovery strategies that are listed in the settlement (Exhibit E).

Public Health Educators with the Marathon County Health Department facilitated five meetings using the Results-Based Accountability (RBA) Framework, an evidence-based decision-making model to determine a Result, select Indicators, and rank Strategies for how Marathon County government will utilize Opioid Litigation Settlement Funds in Marathon County.

Criminal Justice Coordinating Council (CJCC) prioritization process meeting participants:

- Suzanne O'Neill, Branch 1 Judge, Chair
- Kurt Gibbs, Chair of Marathon County Board of Supervisors, Vice Chair
- Matt Bootz, Chair of Public Safety Committee
- Michelle Van Krey, Chair of Health & Human Services Committee
- Matt Barnes, Deputy Chief, Wausau Police Department
- Todd Baeten, Patrol Captain, Wausau Police Department
- Kathryn Yanke, Public Defender's Office Manager
- Chad Billeb, Marathon County Sheriff
- Laura Yarie, Justice System Coordinator
- Theresa Wetzsteon, Marathon County District Attorney
- Ruth Heinzl, Diversion Coordinator, Marathon County District Attorney's Office
- Nikki Delatolas, Diversion Specialist, Marathon County District Attorney's Office
- Lee Shipway, Interim Executive Director, Peaceful Solutions Counseling
- Lance Leonhard, Marathon County Administrator
- Kelly Schremp, Marathon County Clerk of Court
- Cati Denfeld-Quiros, Department of Corrections local officer supervisor
- Christa Jensen, Department of Social Services Director
- Vicki Tylka, North Central Health Care Managing Director of Community Programs
- Jane Graham-Jennings, The Women's Community Executive Director
- Laura Scudiere, Marathon County Health Officer
- Yaou Yang, Citizen Representative
- Liberty Heidmann – Citizen Representative
- Daniel Tyler – Citizen Representative

Timeline

Meeting Date	Deliverables
April 20, 2023	Health Educators facilitated the crafting of the Result and selecting of the Indicators.
May 18, 2023	Health Educators facilitated the evaluation of factors from 'Exhibit E' document by completing the Driving Factor Matrix.
June 15, 2023	Health Educators facilitated the refining of Strategies.
July 20, 2023	Health Educators facilitated the refining of Strategies.
August 17, 2023	Health Educators facilitated the ranking of strategies, determining timeline and organization responsible for implementing the Strategies.

Using the Results-Based Accountability (RBA) Framework

Results-Based Accountability (RBA) is a systematic framework that emphasizes achieving desired outcomes and continuously measuring progress toward those outcomes. It helps clarify the result we want to achieve, track our performance through data indicators, and, most importantly, improve our effectiveness in creating positive change.

By utilizing RBA, the aim is to:

- **Clarify Objectives:** Clearly define the intended results and the impact to be achieved, making it easier for everyone to understand the shared purpose. This is identified below as our "Result".
- **Measurable Outcomes:** Set specific, measurable indicators to track progress and determine whether the desired impact is achieved.
- **Informed Decision-Making:** Use data and evidence to make informed decisions, ensuring our efforts are focused on what works and adjusting strategies when necessary.
- **Transparency and Accountability:** Communicate results transparently, both internally and externally, and hold accountability for achieving the outcomes set.

Result

The end conditions of wellbeing in a geographic area

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

Indicators

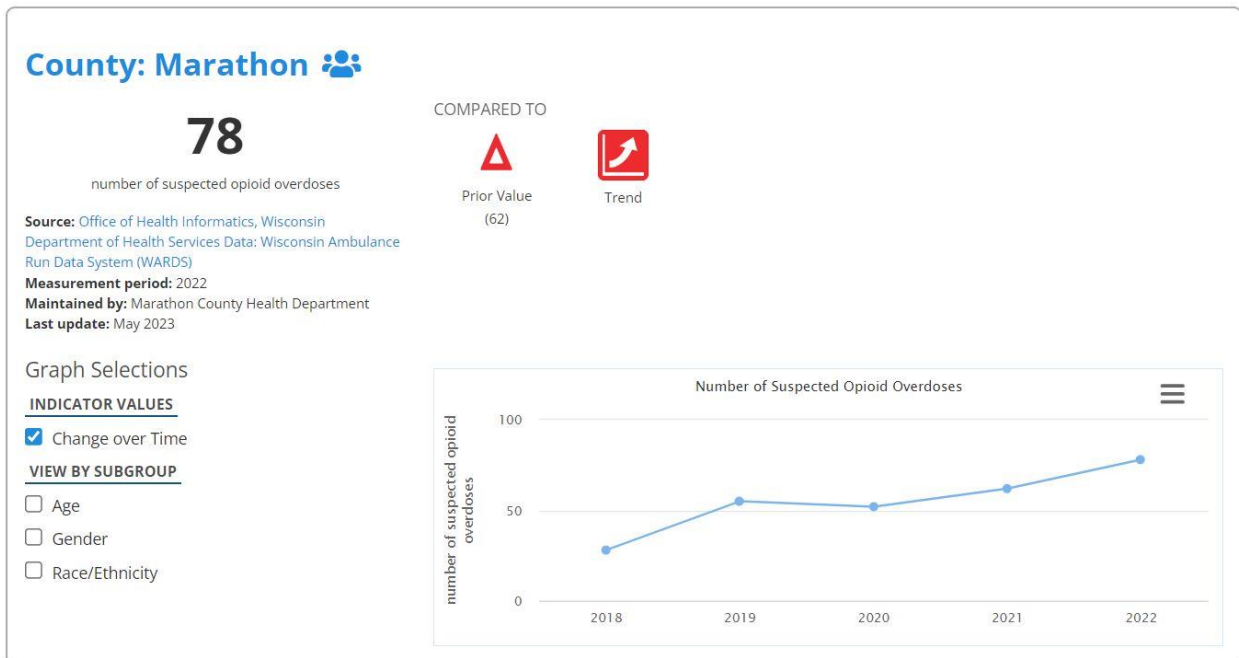
Data used to measure the result

1. [Number of Suspected Opioid Overdoses](#) (Click to view on Marathon County Pulse)

This indicator is a measure of the number of suspected opioid overdose cases in Marathon County as determined by Wisconsin ambulance run reports.

The CJCC prioritized and selected this indicator because the Wisconsin Department of Health Services, Office of Health Informatics tracks the number of suspected opioid overdoses monthly, giving an accurate and real-time depiction of the impact of suspected opioid overdose on individuals and Emergency Medical Services (EMS) in Wisconsin counties. There is also breakout data available for age, gender, and race/ethnicity.

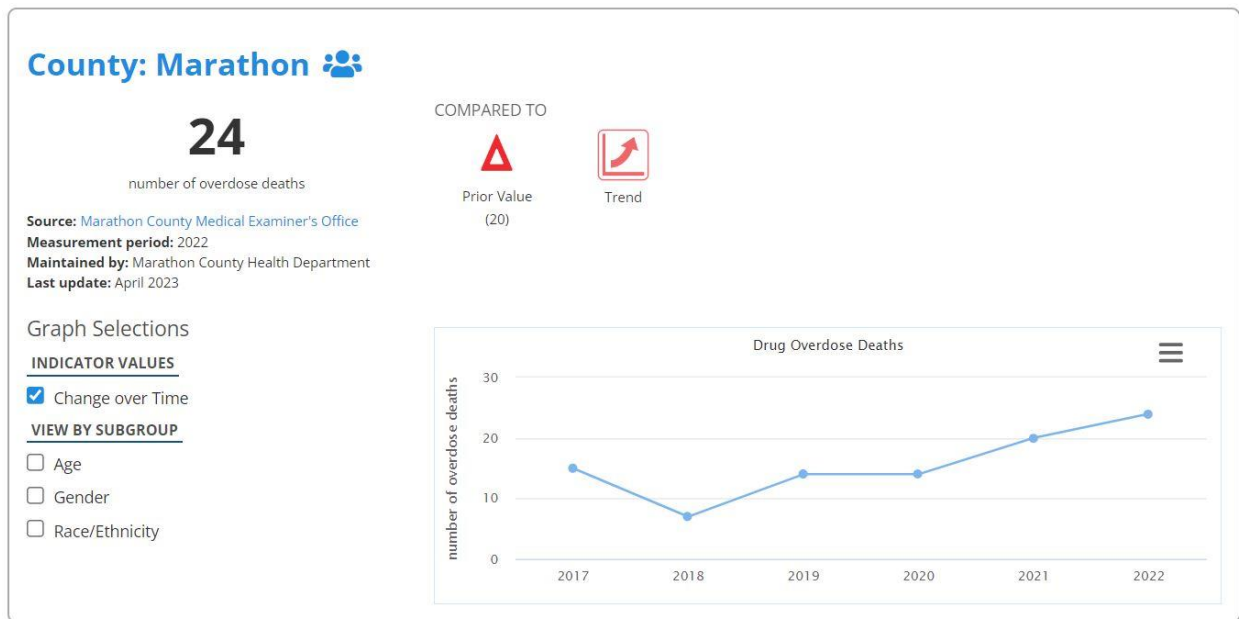
Suspected opioid overdoses have been increasing significantly in Marathon County from 2018 to 2022. Reducing the number of suspected opioid overdoses in Marathon County will have an impact on achieving the Result.



2. [Drug Overdose Deaths](#) (Click to view on Marathon County Pulse)

The CJCC prioritized and selected this indicator because drug overdose deaths are preventable and have profound impacts on individuals, families, and community resources.

Drug overdose deaths in Marathon County have continued to rise from 2017 to 2022. Reducing the number of drug overdose deaths in Marathon County will have an impact on achieving the Result.



Factor Analysis

Determine what key driving factors will make the most difference moving the indicators

Below are the key driving factors from *Exhibit E: List of Opioid Remediation Uses* that the CJCC prioritized as having the biggest impact on the indicators.

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

Strategies

What works to improve the indicators

Utilizing *Exhibit E: List of Opioid Remediation Use*, CJCC members developed strategies for each key driving factor and refined them with following RBA Framework criteria:

- **Specific:** Describe specifically how this strategy will contribute to the Result.
- **Scale:** What scale is necessary to move a Key Driving Factor at a population-level?
- **Measurable:** How will you measure the success of the Strategy? Consider how much, how well, and is anyone better off?
- **Agreed Upon:** Who has vetted, agreed upon already, or will need to agree on it?
- **Relevant:** Which Key Driving Factor does this target? What data or evidence base led you to choose this?
- **Time-bound:** When will you begin the Strategy? What milestones will there be?

Strategies were then ranked as **High/Medium/Low** using the following attributes:

- **Leverage:** How much of a difference will this strategy make on the Result and Indicators?
- **Reach:** Is this strategy feasible? Can this be done? Is this affordable/sustainable? Will this positively impact tax levy spending?
- **Values:** Is this strategy consistent with personal and Marathon County community values? Is this a role for Marathon County government?
- **Specificity:** Is this strategy specific enough to implement?

Strategies in Rank Order:

*Please note: Strategy #2 and Strategy #3 were ranked High and Medium, but additional funding has already been secured to carry out each strategy. Both strategies were assessed by the group as having high influence on the Indicators and are anticipated to play significant roles in Marathon County's overall plan to achieve the Result.

High:

1. Conduct gap analysis assessment of the continuum of care for treatment and recovery in Marathon County.
2. *Expand Marathon County Sheriff's Office deflection program and Wausau Police Department's Police Assisted Addiction Recovery Initiative (PAARI) to route low-level drug offenders to treatment instead of the criminal justice system. *(Additional funding already secured)*

Medium:

3. *Expand Medication Assisted Treatment (MAT) in the Marathon County Jail by creating a full-time case manager to oversee the program. *(Additional funding already secured)*
4. Provide stable, sober housing in Marathon County.
5. Expand the number of MAT providers in Marathon County by providing fellowships for addiction counselors, offering scholarships and support for workers in MAT, and providing funding and training for clinicians to obtain waiver under the Federal Drug Addiction Treatment Act.

6. Explore a co-responder model (like CART or chaplain program) that pairs a law enforcement officer with and therapist to address OUD/SUD-related calls.
7. Support early intervention programs for at-risk students in Marathon County school districts.

Low:

8. Support and expand peer recovery coaching in Marathon County.
9. Explore a community-wide “Naloxone Plus” strategy, 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.

Strategy Descriptions:

Strategy 1:

Conduct gap analysis assessment of the continuum of care for treatment and recovery in Marathon County.

Summary:

Implementation Steps:

1. Map out current resources along the treatment continuum of care.
 - a. Identify gaps, opportunities, and funding recommendations.
2. Assessment of success of our existing models and evidence-based practices.
3. Create recommended scope (i.e. treatment level) and model of practice (i.e. total sobriety).
4. Implement strategies.

Funding Considerations:

Hire facilitator or consultant to conduct gap analysis assessment. Estimated cost of \$50,000 - \$200,000.

Strategy 2:

Expand Marathon County Sheriff’s Office deflection program and Wausau Police Department’s Police Assisted Addiction Recovery Initiative (PAARI) to route low-level drug offenders to treatment instead of the criminal justice system.

Progress could be measured by number of individuals that complete programming.

Summary:

Deflection and PAARI have started, and systems are in place, but work is needed to maximize each program. Case management for the MCSO’s deflection program will be transferred to the DA’s Office for case management.

Funding Secured:

The Marathon County Sheriff’s Office has submitted a modification to the Deflection Grant seeking for \$384,740 for the program period 04/01/2022 to 09/30/2024. That modification is currently under review. The previously awarded amount was \$134,740 for a program period of 04/01/022 to 09/30/2023.

Strategy 3:

Expand Medication Assisted Treatment (MAT) in the Marathon County Jail by creating a full-time case manager to oversee the program.

Full-time position assigned to the jail could be:

- NCHC Social Worker or Therapist
- Public Health Nurse

Progress could be measured by the hiring of a case manager, and number of individuals that complete MAT.

Summary:

The Marathon County Jail provides MAT already, but program expansion is needed to have a greater impact and outcomes. Strengthening the continuum of care with counseling that supports treatment and wraparound services for incarcerated individuals is key. NCHC needs to be a key partner for “hand-off” after an individual is released from jail.

Funding Secured:

The Marathon County Sheriff’s Office has a \$214,625 grant funding from the Wisconsin Department of Health Services to support MAT in the jail.

Strategy 4:

Provide stable, sober housing in Marathon County.

Summary:

Support current sober housing facilities (NCHC Hope House, Gospel TLC, Catholic Charities, Bridget Street Mission, ATTIC Correctional Services). Expand sober housing by engaging additional non-profits into our area (ie. Apricity). Determine what organization will lead these efforts.

Progress can be measured through number of sober housing slots, number of individuals that transition out of sober housing.

Funding Considerations:

Determine funding needs for current sober housing facilities.

Strategy 5:

Expand the number of MAT providers in Marathon County by providing fellowships for addiction counselors, offering scholarships and support for workers in MAT, and providing funding and training for clinicians to obtain waiver under the Federal Drug Addiction Treatment Act.

Progress can be measured by the number of MAT providers.

Summary:

Current MAT providers include Wausau Comprehensive Treatment Center and Aspirus.

Funding Considerations:

Determine funding needs for current MAT providers.

Strategy 6:

Explore a co-responder model (like CART or chaplain program) that pairs a law enforcement officer with and therapist to address OUD/SUD-related calls.

Strategy 7:

Support early intervention programs for at-risk students in Marathon County school districts.

Summary:

Need input from school districts and truancy court system on what gaps exist for at-risk youth and where funding could be used to support early intervention. Youth in Marathon County are experiencing trauma that does not meet the criteria to be considered abuse/neglect, meaning they are not eligible for intervention from Social Services.

Funding Considerations:

Determine what supports and resources are currently provided through Mirror Image Supervision Services, LLC for students in Marathon County school districts.

Strategy 8:

Support and expand peer recovery coaches/specialists in Marathon County.

Summary:

There are two types of certified peer specialists in Wisconsin. Certified peer specialist is an individual with experience in the mental health and substance use services system trained to provide support to others struggling to find a path to recovery. Certified parent peer specialist is an individual with experience raising a child with behavioral health challenges trained to use their experience navigating services in support of other parents.

Funding Considerations:

Determine what organizations have funding and resources to support peer recovery specialists.

Strategy 9:

Explore a community-wide “Naloxone Plus” strategy, 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.

Summary:

Progress could be measured by referrals to treatment after overdose. Provide education at public health vending machines and naloxone drop boxes. Determine what supports overdose patients in hospital settings receive for resources/treatment. Determine what organization will lead these efforts.

Results-Based Accountability

RESULTS



The end conditions of well-being for populations in a geographic area

The responsibility of partnerships

INDICATORS



How we measure these conditions

Baselines are what the measures show about where we've been and where we're headed

Turn the Curve is what success looks like if we do better than the baseline

From Talk to Action

For Communities, Cities, Counties, States and Nations

The step-by-step process starts with a group of partners who wish to improve the quality of life in the community.

Step 1: What are the quality of life conditions we want for the children, adults, and families who live in our community?

Step 2: What would these conditions look like if we could see or experience them?

Step 3: How can we measure these conditions?

Step 4: How are we doing on the most important measures?

Step 5: Who are the partners that have a role to play in doing better?

Step 6: What works to do better, including no-cost and low-cost ideas.

Step 7: What do we propose we do?

Repeat these steps each time you meet. The steps can be done in any order as long as you do them all.

STRATEGIES



What works to improve these conditions

PERFORMANCE MEASURES



How we know if programs & agencies are working effectively

Begin with sorting the Strategy's performance measures into 3 common-sense, plain language categories:

- * How much did we do?
- * How well did we do it?
- * Is anyone better off?

From Talk to Action

For Programs, Agencies, and Service Systems

The step-by-step process starts with a manager or a group of managers who care about the quality of their services.

Step 1: Who are our customers?

Step 2: How can we measure if our customers are better off?

Step 3: How can we measure if we're delivering services well?

Step 4: How are we doing on the most important measures?

Step 5: Who are the partners that have a role to play in doing better?

Step 6: What works to do better, including no-cost and low-cost ideas.

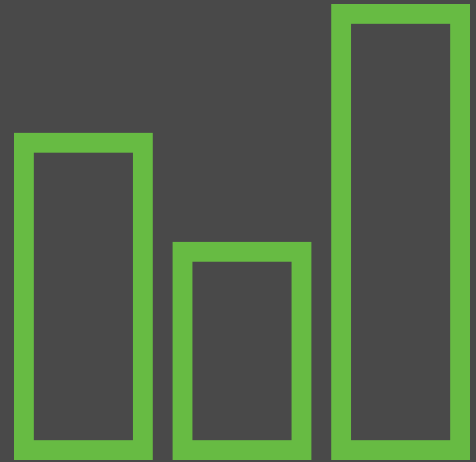
Step 7: What do we propose we do?

Repeat these steps each time you meet. The steps can be done in any order as long as you do them all.

Results-Based Accountability

Basic Ideas

- * RBA organizes the work of programs, agencies, communities, cities, counties and states around the end conditions we seek for those who live in our community and those receiving service
- * Starts with ends, work backward to means:
 - * What do we want?
 - * How will we recognize it?
 - * What will it take to get there?
- * Use plain language, not jargon
- * Use data to drive decision-making
- * Use data to gauge success
- * Involve a broad set of partners
- * Get from talk to action as quickly as possible



"We cannot fool ourselves by taking a collection of actions that sound good and hoping for the best."

Results Based Accountability means that we have set out to make a change, not by chance, but by choice. And the deliberate nature of this work is different. And it requires a different way of thinking about and organizing the work. We must make the best choices possible for indicators. We must strive to get better indicators over time. We must recognize that baselines are the only real business-like way to measure change for the better or worse. We must work to understand why the baselines look the way they do so that we can target our efforts most effectively. We must bring in partners, public and private, parents and youth, to contribute their wisdom and where possible, their resources.

We must struggle to find the things that actually work to make change at the population. This means we must search for things that have worked in other places and search deep in ourselves and our community for things we think will work here. We must not accept the easy or politically correct answers, but test everything by whether it will make a difference here. And we must get started taking action. We must take those steps that can be taken easily and inexpensively first, and gather resources to take the harder and more expensive actions as soon as we can. We must track our progress and be honest with ourselves about whether we are in fact making a difference. We must make changes and improvements to our plan over time. And if we do all this well, we must celebrate and share credit. And then we get back to doing more...

WHEREAS, the Public Safety Committee of the Marathon County Board of Supervisors expressed a desire that the Judges memorialize their continued commitment to pursue operational improvements before passing a resolution in support of a sixth judgeship.

NOW THEREFORE BE IT HEREBY AGREED BY THE UNDERSIGNED THAT:

1. This Memorandum of Understanding is effective and operational upon the approval by the Marathon County Board of Supervisors of a resolution in support of a Sixth Marathon County Circuit Court Judgeship.
2. The Judges agree to continue to work with the Marathon Board of Supervisors, through Marathon County Administration, to develop a plan to reorganize court operations and staffing to, within reasonable limits, promote efficiency and minimize the workload demands to ancillary court-related departments.
3. County Administration agrees to offer continuous improvement educational programming and resources to the Judges and judicial staff to assist in the development of plans that aim to improve court processes and work product quality, and collaborate with the Judges and judicial staff in scheduling said programming and improvement events such that it is practicable for the Judges and judicial staff to participate
4. The Judges agree that they and judicial staff will participate in continuous improvement educational programming and events that are offered by County Administration and designed to improve court processes and work product quality, and further agree to collaborate with County Administration and other county departments to implement the above plan.
5. The parties agree to continue to regularly review progress, evaluate effectiveness, and adjust plans as necessary.
6. All Parties understand and agree that the Judges retain their constitutional authority to administer the court system.

Discussion: Chairperson Gibbs thanked the judges for working with the county on a memorandum of understanding, committing to look at processes to minimize the impact on other county offices.

Action: **MOTION BY ROSENBERG, SECOND BY MCEWEN TO ADOPT THE RESOLUTION. MOTION CARRIED ON A ROLL CALL VOTE, 33 – 0.**

Follow Through: None stated, see resolution.

RESOLUTION #R-73-17

**Approval of Execution of Engagement Letter to Join Other Wisconsin Counties
in a Lawsuit Against Pharmaceutical Companies to Recover Costs Incurred
by Marathon County Due to the Opioid Epidemic**

WHEREAS, Marathon County (“County”) is concerned with the recent rapid rise in troubles among County citizens, residents, and visitors in relation to problems arising out of the use, abuse and overuse of opioid medications, which according to certain studies, impacts millions of people across the country; and

WHEREAS, issues and concerns surrounding opioid use, abuse and overuse by citizens, residents and visitors are not unique to County and are, in fact, issues and concerns shared by all other counties in Wisconsin and, for that matter, states and counties across the country, as has been well documented through various reports and publications, and is commonly referred to as the Opioid Epidemic (“Opioid Epidemic”); and

WHEREAS, the societal costs associated with the Opioid Epidemic are staggering and, according to the Centers for Disease Control and Prevention, amount to over \$75 billion annually; and

WHEREAS, the National Institute for Health has identified the manufacturers of certain of the opioid medications as being directly responsible for the rapid rise of the Opioid Epidemic by virtue of their aggressive and, according to some, unlawful and unethical marketing practices; and

WHEREAS, certain of the opioid manufacturers have faced civil and criminal liability for their actions that relate directly to the rise of the Opioid Epidemic; and

WHEREAS, County has spent millions in unexpected and unbudgeted time and resources in its programs and services related to the Opioid Epidemic; and

WHEREAS, County is responsible for a multitude of programs and services, all of which require County to expend resources generated through state and federal aid, property tax levy, fees and other permissible revenue sources; and

WHEREAS, County's provision of programs and services becomes more difficult every year because the costs associated with providing the Opioid Epidemic programs and services continue to rise, yet County's ability to generate revenue is limited by strict levy limit caps and stagnant or declining state and federal aid to County; and

WHEREAS, all sums that County expends in addressing, combatting and otherwise dealing with the Opioid Epidemic are sums that cannot be used for other critical programs and services that County provides to County citizens, residents and visitors; and

WHEREAS, County has been informed that numerous counties and states across the country have filed or intend to file lawsuits against certain of the opioid manufacturers in an effort to force the persons and entities responsible for the Opioid Epidemic to assume financial responsibility for the costs associated with addressing, combatting and otherwise dealing with the Opioid Epidemic; and

WHEREAS, County has engaged in discussions with representatives of the law firms of von Briesen & Roper, s.c., Crueger Dickinson LLC and Simmons Hanly Conroy LLC (the "Law Firms") related to the potential for County to pursue certain legal claims against certain opioid manufacturers; and

WHEREAS, County has been informed that the Law Firms have the requisite skill, experience and wherewithal to prosecute legal claims against certain of the opioid manufacturers on behalf of public entities seeking to hold them responsible for the Opioid Epidemic; and

WHEREAS, the Law Firms have proposed that County engage the Law Firms to prosecute the aforementioned claims on a contingent fee basis whereby the Law Firms would not be compensated unless County receives a financial benefit as a result of the proposed claims and the Law Firms would advance all claim-related costs and expenses associated with the claims; and

WHEREAS, all of the costs and expenses associated with the claims against certain of the opioid manufacturers would be borne by the Law Firms; and

WHEREAS, the Law Firms have prepared an engagement letter, which is attached to this Resolution ("Engagement Letter") specifying the terms and conditions under which the Law Firms would provide legal services to County and otherwise consistent with the terms of this Resolution; and

WHEREAS, County is informed that the Wisconsin Counties Association has engaged in extensive discussions with the Law Firms and has expressed a desire to assist the Law Firms, County and other counties in the prosecution of claims against certain of the opioid manufacturers; and

WHEREAS, County would participate in the prosecution of the claim(s) contemplated in this Resolution and the Engagement Letter by providing information and materials to the Law Firms and, as appropriate, the Wisconsin Counties Association as needed; and

WHEREAS, County believes it to be in the best interest of County, its citizens, residents, visitors and taxpayers to join with other counties in and outside Wisconsin in pursuit of claims against certain of the opioid manufacturers, all upon the terms and conditions set forth in the Engagement Letter; and

WHEREAS, by pursuing the claims against certain of the opioid manufacturers, County is attempting to hold those persons and entities that had a significant role in the creation of the Opioid Epidemic responsible for the financial costs assumed by County and other public agencies across the country in dealing with the Opioid Epidemic; and

WHEREAS, on October 10, 2017, the Marathon County Health and Human Services Committee met to discuss whether to join other Wisconsin counties in commencing this litigation and voted to recommend that the County Board authorize execution of the Engagement Letter with the proviso that any proceeds shall be placed in a segregated account to be subject to distribution criteria to be established by the Board after funds have been received.

NOW, THEREFORE, BE IT RESOLVED by the Board of Supervisors for the County of Marathon that the Board hereby authorizes and agrees to be bound by the attached Engagement Letter and directs the County Administrator to execute the Engagement Letter on behalf of the County.

BE IT FURTHER RESOLVED that Marathon County shall endeavor to faithfully perform all actions required of County in relation to the claims contemplated herein and in the Engagement Letter and hereby directs all County personnel to cooperate with and assist the Law Firms in relation thereto.

BE IT FINALLY RESOLVED that any proceeds realized by Marathon County as a result of this action shall be placed in a segregated account subject to distribution criteria to be established by the Board after funds have been received.

The County Clerk shall forward a copy of this Resolution, together with the signed Engagement Letter, to the Wisconsin Counties Association, 22 E. Mifflin Street, Suite 900, Madison, Wisconsin, 53703.

Respectfully submitted this 17th day of October, 2017.

FISCAL IMPACT: No additional funding has been budgeted to support this litigation at this time. Performance of actions required by and cooperation with the Law Firms, discussed above, will involve a substantial investment of staff time to respond to the need for information and to quantify Marathon County's damages.

CORPORATION COUNSEL NOTE: Execution of this Engagement Letter for professional attorney services is permissible without competitive procurement, pursuant to §3.105 (a) 2. Gen. Code Ord. The Engagement letter provides for representation in an individual court action on a contingent fee basis, without upfront litigation retainer, fees or costs, except as provided above.

HEALTH AND HUMAN SERVICES COMMITTEE

Discussion:

- Where is the personal responsibility? Am against the resolution.
- The drug companies used unethical tactics and withheld information.
- There should be more people listed on this lawsuit.
- Physicians were misled to overprescribe for pain management.
- The opioid epidemic is causing increased costs for jails, child protective services, and drug abuse counseling.
- This lawsuit won't put pharmaceutical companies out of business but it will provide consequences.

Action: **MOTION BY TREMELLING, SECOND BY HOOGENDYK TO ADOPT THE RESOLUTION. MOTION CARRIED ON A ROLL CALL VOTE AS FOLLOWS:**

AYE: Abitz, Beastro, Bootz, Buttke, Cihlar, Drabek, Durham, Fifrick, Gibbs, Guild, Hoogendyk, Kellbach, Langenhahn, Maszk, McEwen, Nutting, Opall, Peek, Quamme, Robinson, Rosenberg, Schlei, R. Seefeldt, Seubert, Stark, Tremelling, VanRyn, Voll, Wegner, Xiong - 30.

NAY: Gumz, Schaefer, Zriny - 3.

Follow Through: None stated, see resolution.

ANNOUNCEMENTS

Sandi Cihlar distributed a letter Chairperson Gibbs sent to the Assembly Committee on Labor regarding Assembly Bill 499 which proposes changes to Metallic Mining laws in the State of Wisconsin. She stated the proposed changes in AB 499 would have implications for the Town of Easton. Supervisor Schlei urged Board members to contact their legislators as well.

FEMA Awards \$2.9 Million Grant to Village of Spencer

By Sierra Rehm May 13, 2020



By Sarah McGrew

SPENCER, WI (WAOW) - The Village of Spencer has received a \$2.9 million grant from the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA).

The grant is Pre-Distaster Mitigation (PDM) funds, and is intended for the construction of a safe room at the Village of Spencer High School.

"We are excited about these funds and the support it will provide," said Dr. Darrell L. Williams, Wisconsin Emergency Management administrator in a news release. "We are grateful to FEMA for their continued support!"

FEMA will pay for 90 percent of the project, and the school district will pay for the remaining 10 percent.

"It will also serve the district and the community as a gymnasium," Spencer Public School District Administrator Mike Endreas said. "In addition to that we added a community fitness center. That'll be added to that structure as well."

Endreas said the space will help protect the 700+ students in the district, as well as residents in the area that don't have a basement or other safe tornado shelters within their homes in the case of a storm.

Construction is expected to begin sometime in the summer of 2020. It should take about a year to finish.

Spencer Awarded \$2.9 Million Grant for High School Safe Room

By News Desk - May 13, 2020

A rendering of the dome project for School District of Spencer.

Spencer, WI (OnFocus) The Village of Spencer is the recipient of \$2,926,153 in Pre-Disaster Mitigation (PDM) funds through the U.S. Department of Homeland Security's Federal Emergency Management Agency (FEMA).

The funds are for the construction of a 28,850 square-foot, dome-shaped safe room at Spencer High School, which can be used during times of severe weather by the community.

"We are excited about these funds and the support it will provide," said Dr. Darrell L. Williams, Wisconsin Emergency Management administrator, in a release. "We are grateful to FEMA for their continued support!"

The grant covers 90 percent of the \$3,251,281 eligible project cost, of which the Spencer School District will pay \$325,128.

The allocated funds were greater than expected by the district a year ago and will have a significant impact on school improvements, which were approved through a referendum last April.

"It was a nice surprise," said District Administrator Mike Endreas.

Now that the grant dollars are allocated, the district will be able to proceed with the construction process, since it would otherwise have defaulted on the grant if work was completed. The dome will include a new gym and music rooms as part of the planned expansion.

Construction will begin mid-to-late summer, according to Endreas, with the goal of completion by the 2021-22 school year.

The grant money will also free up funds for additional projects, including bathroom renovations, upgrading the original elevator, and enclosing an unused outdoor area at the elementary school.

<http://focusonmarshfield.com/spencer-school-district-proposes-improvements-through-referendum/>

Author: [News Desk](#)

This piece was posted by our news team! Contact us or submit stories at news@onfocus.news.

Marathon County OWI/Alcohol Treatment Court:

OWI Court has been successful in helping individuals who struggle with alcohol or drug dependency since being established in 2011. Initially, OWI Court served offenders who were convicted with felony 4th, 5th, or 6th Operating While Intoxicated offenses. Treatment Courts are best suited for our high risk/high need populations. A team of professionals collaborate to help participants lead successful and sober lives by using highly structured treatment and educational programming, offering incentives when meeting benchmarks or goals, and teaching accountability of actions when making poor decisions or choices. Accountability is measured through on-going drug and alcohol testing, regular counseling, case management, and probation appointments, and, at minimum, bi-weekly court appearances. Participants are also required to seek or obtain employment or volunteerism throughout their time in the program. All participants, unless facing extenuating circumstances, are required to have maintained at least part-time employment (no less than 20 hours per week) in order to graduate.

Our overall success has been remarkable in comparison to other similar programs in the state.

Some key highlights are:

1. To date, we have served 109 individuals. Of those, 92 successfully graduated from the program, 13 were terminated from the program, 1 was discharged administratively, 3 are currently participating.
 - a. 87.62% success rate compared to statewide treatment court average of 48.6%
 - b. 12.38% termination rate compared to statewide treatment court average of 47.2%.
 - c. OWI re-offense rate following graduation: 1 year = 1.1%, 2 years = 4.5%, 3 year = 8.0%
 - d. 17 of the 92 successful graduates have had a new OWI arrest since 2012. = 18.5%
 - e. Marathon County OWI Treatment Court participants had an almost 8 in 9 chance of graduation compared to the statewide treatment court average of not even 1 in 2*.
2. On average, participants can expect to participate in OWI Court approximately 18 months. The minimum time to complete the program is currently 14 months.
3. OWI Court follows the National Drug Court model and its 10 key components. OWI Court meets each of the 17 Wisconsin Treatment Court Standards and utilizes evidence-based policies and procedures.
4. We are currently working on expanding/modifying the population our program serves in efforts to maximize services to individuals facing felony charges who also struggle with Alcohol Use Disorders.
5. At the state level, the BJIA TAD report presents evidence that the ratio of benefits to cost for treatment courts is \$4.17 or that the Wisconsin criminal justice system receives a benefit of \$4.17 for \$1 spent on treatment courts.

Total admissions since 2011:

3 active participants

2 accepted and pending sentencing

92 graduated participants

13 terminated participants

1 administrative discharge

109 Total admissions (Plus an additional two acceptances pending sentencing)

Drug Recovery Court Program-

The Marathon County Drug Recovery Court began in March 2018. This is a Department of Justice Treatment Alternatives and Diversion (TAD) grant funded program that serves high risk, high need defendants facing a prison sentence for felony drug or drug related charges. The program is sentenced as a condition of probation with an imposed and stayed prison sentence pending successful completion of the program. Services are provided based on the National Drug Court Model including all 10 key components of evidence-based programming including:

The program serves up to 25 participants at a time and has a minimum phase system of 14 months. Participants receive case management, sober housing, intensive AODA and mental health treatment services based on assessed need, access to medication assisted treatment, day reporting supervision and support from a team of stakeholders within the justice system. The program stresses rewarding positive behavior while providing immediate sanctions for violating program rules. Treatment and accountability work together to improve participant outcomes. During each phase of the program, there is a minimum number of sobriety days required in order to advance to the next phase with many of the participants exceeding these minimum requirements have having much longer-term sobriety.

Some key highlights are:

1. To date, we have served 84 individuals. Of those, 36 successfully graduated from the program, 28 were terminated from the program, 1 was discharged administratively, 19 are currently participating.
 - a. 56.3% success rate compared to statewide treatment court average of 48.6%
 - b. 33.3% termination rate compared to statewide treatment court average of 47.2%.
2. The percentage of people charged with a new crime 3 years post-graduation is 36% compared to the statewide average of 45.1%.
3. The average length of stay in the program is 482 days.
4. The Drug Recovery Court follows the National Drug Court model and its 10 key components and meets each of the 17 Wisconsin Treatment Court Standards.
5. The program gives priority to participants with children. 56 minor children have been impacted by Marathon County Drug Recovery Court. 28 minor children were living in an out of home placement (not with either parent). 34 children were reunited or allowed to remain with a parent. 18 children were able to establish regular contact with their parents. 6 drug free babies have been born to program participants and remain in parental care.
6. Only 3 of 36 participating graduates were employed upon entrance to the program. Upon graduation 33 of the 36 graduates were employed and 3 were receiving disability payments while engaging in at least 20 hours of community service each week.
7. At the state level, the BJA TAD report presents evidence that the ratio of benefits to cost for treatment courts is \$4.17 or that the Wisconsin criminal justice system receives a benefit of \$4.17 for \$1 spent on treatment courts.

Total admissions since 2018:

19 active participants
36 graduated participants
28 terminated participants
1 administrative discharge

84 Total admissions

SSTOP/OAR Program-

Defendants with 2nd or 3rd offense Operating While Intoxicated, Operating after Revocation or Operating Without License are served by this program. The purpose of this program is to increase compliance with the mandatory State of Wisconsin Traffic Safety Assessment in order to have repeat offenders begin appropriate treatment interventions in a timely manner. Completion of the assessment and treatment process is required to reinstate driving privileges after an OWI conviction in Wisconsin. Successful completion of the assessment and treatment process is designed to reduce the likelihood of repeat OWI offenses. A reduction in re-offense rates saves taxpayer costs related to future criminal prosecution and incarceration. Services include case management, coordination of traffic safety requirements, presentence supervision with day reporting, compliance reporting, referral for treatment services and Victim Impact Panel participation. For OWI offenses, referrals come from Marathon County Courts as a condition of bond. Participants who volunteer to participate in assessment and treatment prior to conviction receive a reduction in their jail sentence and fines.

Operating after Revocation / Operating Without License referrals have historically been received from the Marathon County DA's office through deferred prosecution agreements (DPA) or deferred entry of judgement agreements (DEOJ). Case managers work with participants to identify and resolve the existing barriers to reinstating their driving privileges. Defendants that successfully obtain a driver's license are not prosecuted for an OAR offense.

OWI SSTOP Statistics (as of Oct. 1st, 2023): Total OWI Referred to SSTOP in 2023: 94 clients (30 active clients rolled over from prev. year)

- **79 Participants Served this year as of October 1, 2023.**
- **8 Currently Eligible Pending Referrals / Various Stages of Intake**
- **33 Actively Participating**

- **38 Total Completions for the year**
 - 22 Successful Completions.
 - 4 Unsuccessful Completions.
 - 12 Not Sentenced to SSTOP Following Pretrial Participation.
- **45 Ineligible to Participate**
 - 8 Had Previously Participated/Ineligible Offense.
 - 11 Opted not to Participate.
 - 26 Ineligible Due to Out of County Residency.
- 77% of Successful Completions obtained a license upon completion.
- 33% Not Sentenced to finish SSTOP had obtained a license.
- 46 Participants have obtained a valid license as of October 1, 2023.

2023 OAR/OWL Program Information (as of Oct. 1st, 2023): Total OAR/OWL referred in 2023: 52 clients (31 active clients rolled over from previous year)

- **76 Participants Served this year as of October 1, 2023**
- **9 Current Eligible Referrals**
- **39 Actively Participating.**
- **28 Total Completions for the Year.**
 - 16 Successfully Completed. (9 Obtained a Valid License. 7 Completed but non-Citizen.)
 - 12 Unsuccessfully Completed (8 DPA terminations, 3 non-compliance, 1 death.)
- **7 Ineligible/Denied** (5 live out of County, 2 withdrew due to reinstatement expense.)

Pretrial Assessment and Case Management Program-

The Marathon County Pretrial Assessor is funded through a Department of Justice grant. Marathon County is one of seven counties that agreed to participate in a pilot project with the DOJ and the National Institute of Corrections. Implementation of the Public Safety Assessment (PSA) was identified as a priority through involvement in the Evidence Based Decision Making (EBDM) Initiative. In custody defendants presenting for their initial appearance are assessed using the PSA. Assessment results are used to help inform judges regarding the likelihood a defendant will fail to appear or commit a new offense while on bond awaiting resolution of a criminal case. Assessment results are shared with the prosecution, defense, and judiciary prior to a defendant's initial appearance. The PSA is an actuarial evidence-based tool used to inform bond release decisions. Use of an evidence-based assessment tool in addition to professional judgement when making bond/release decisions is shown to improve outcomes compared to professional judgement alone.

Pretrial case management assists defendants to improve court appearance rates and to reduce pretrial misconduct. Case management includes court reminder texts and calls, drug testing, case management based on risk level, face to face and alternate contacts, and referral for services. Case management is ordered based on the PSA score and report. Supervision of the pretrial period begins at initial appearance and ends upon resolution of the criminal case. Pretrial programming is being developed and implemented based on the State of Wisconsin Pilot requirements.

- 3648 Public Safety Assessments completed since implementation of the program June 21, 2021
- 1185 Public Safety Assessments completed as of October 1, 2023
- 201 defendants (Level 2, 3 and 4) are currently receiving case management services.
- 70% of those referred to Pretrial Case Management were released pending case disposition.
- Appearance Rate for case managed defendants is 89.5% (The percentage of released defendants who make all scheduled court appearances pending case disposition.
- Re-offense Rate of those actively Case Managed is 17.45% (The percentage of released defendants who are charged with a new offense)

2022 PRETRIAL DATA

	TOTAL ASSESSMENTS	REFERRED TO PRETRIAL	RELEASED FROM CUSTODY	ADMITTED FOR CASE MANAGEMENT
LEVEL 1	463	0	N/A	N/A
LEVEL 2	289	236	164	127
LEVEL 3	164	121	106	67
LEVEL 4	584	398	262	204
TOTAL	1500	755	532	398

Diversion Programs-(Diversion, DV-VIP Diversion and VIP-Diversion)

The Marathon County Court Diversion Program was developed to divert appropriate defendants away from formal criminal justice supervision. Participants can avoid criminal charges and/ or felony convictions if they agree to and complete customized diversion agreements that address individual needs in hopes to reduce future recidivism. Program referrals are sent from the Diversion Coordinator within the District Attorney's office. Two types of cases are referred including: deferred prosecution agreements and deferred entry of judgment agreements. Assessments and case management services are delivered to participants referred. The Diversion Case manager develops individual case plans, monitors program agreements, and communicates with the Diversion Coordinator, Courts, and defense attorneys.

For VIP Diversions referrals are received from the Diversion Coordinator within the District Attorney's Office for 1st time, misdemeanor offenses. Clients complete an assessment, and if appropriate, volunteer for participation in the program. Clients enter a plea of guilty or no contest and agree to a Deferred Entry of Judgment or agree to a Deferred Prosecution Agreement (DPA). Clients participate in and engage with case management, various educational groups, perform community service and may participate in Day Report Programming. Clients are referred to community resources to address other needs as applicable. Upon program completion of the VIP program, the participant receives reduced or dismissed charges or is never charged. Participants that fail to complete program requirements are sentenced for their crime or are formally charged following failure of a DPA.

The Diversion Coordinator in the District Attorney's office refers clients with first time minimal level domestic charges to the DV-VIP program. Clients are assessed for their appropriateness, and if accepted begin programming. This is a voluntary program, similar to the Volunteer in Probation Program, where the District Attorney enters a deferred entry of judgement and charges are reduced or dismissed if the participant completes the program. Participants engage in domestic violence programming through the SAFE Program provided by Peaceful Solutions Counseling. Individuals that fail to complete programming are sentenced for their crime.

*Note: Numbers below are for ATTIC Contracted Services. The District Attorney's office has 2 full-time Diversion Coordinators that also case manage individuals with diversion agreements.

- 228 clients admitted to Diversion Programs in 2022 (VIP-75, DV-VIP- 77, Diversion-76)
- Average length of stay in Diversion Programming- 278 days.
- Diversion agreement completion rate- 76%
- 7% of diversion agreements required an extension in 2022.

Community Service Program -

Program participants work on supervised work crews to provide community service. Referrals come from The Department of Corrections and Treatment Courts. Typical reasons for referral include working off fines, completing community service in lieu of jail time, community service court ordered as part of a sentence or as a treatment court sanction in lieu of jail. Community service is provided to a number of sites throughout Marathon County. All sites must be either non-profit or governmental agencies. Some sites include the Salvation Army, Goodwill, Neighbor's Place, Alano Club, parks, and area churches. The work community service clients perform depends on the needs of the individual site. Many times, community service is used to help treatment court participants gain structured work experience and time management skills.

- 64 participants were admitted into Community Service in 2022.
- 10,205 service hours to the community in 2022.
- 23 host agencies received service in 2022.
- 70% of those ordered to Community Service successfully completed.
- 844 jail days saved in 2022.
- Minimum wage value of service hours completed in 2022. \$73,986.25

FUNDING FOR 2024 BY PROPOSAL SERVICE AREA – ATTIC CONTRACT

Treatment courts and Treatment Services (Drug Court, Alcohol Court, shared DOC Case Management and Treatment Services, Day Report Services, Community Service, Justice System Assessments)

***\$789,962.00** (\$238,950 DOC funding, \$150,000 TAD Grant, \$401,012 tax levy)

Pretrial Assessment and Case Management (1 FT Assessor and 3 FT Case Managers)

***\$312,396** (\$98,630 DOJ grant, \$213,766 tax levy)

Diversion Programs (Diversion, SSTOP, VIP, and DV-VIP) – Contracted Employees Only

***267,833** (\$267,833 tax levy)