MARATHON COUNTY
HEALTH AND HUMAN SERVICES COMMITTEE AGENDA

Date & Time of Meeting: **Wednesday, December 6, 2023, at 3:00pm**
Meeting Location: **Courthouse Assembly Room, Courthouse, 500 Forest Street, Wausau WI 54403**
Committee Members: Michelle Van Krey, Chair; Jennifer Aarrestad, Vice-Chair; Ron Covelli, Dennis Gonnering, Donna Krause, Alyson Leahy, Bobby Niemeyer

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

Committee Mission Statement: Provide leadership for the implementation of the strategic plan, monitoring outcomes, reviewing, and recommending to the County Board policies related to health and human services initiatives of Marathon County.

Persons wishing to attend the meeting by phone may call into the **telephone conference beginning five (5) minutes prior to the start time indicated above using the following number:**

Phone#: 1-408-418-9388 Access Code: 146 235 4571

When you enter the telephone conference, **PLEASE PUT YOUR PHONE ON MUTE!**
The meeting will also be broadcasted on Public Access or at https://tinyurl.com/MarathonCountyBoard

1. **Call Meeting to Order**
2. **Pledge of Allegiance**
3. **Public Comment** **(15 Minutes)** (Any person who wishes to address the committee during the "Public Comment" portion of the meetings, must provide his or her name, address, and the topic he or she wishes to present to the Marathon County Clerk, or chair of the committee, no later than five minutes before the start of the meeting. All comments must be germane to a topic within the jurisdiction of the committee.)
4. **Approval of the November 1, 2023, Health, and Human Services Committee Meeting Minutes**
5. **Policy Issues Discussion and Potential Committee Determination**
   A. Consideration of the Opioid Settlement fund deployment recommendations from the Criminal Justice Coordinating Council
6. **Operational Functions Required by Statute, Ordinance, Resolution, or Policy**
   A. Lead Safe Homes Grant
   B. Cooperation Agreement for Community Development Block Grant (CDBG) Program
7. **Educational Presentations and Committee Discussion**
   A. Update regarding recent meeting with local State legislators regarding nursing home supplemental payments and other state funding
   B. Marathon County Radon Mitigation Activities
8. **Next Meeting Date & Time, Announcements and Future Agenda Items**
   A. Committee members are asked to bring ideas for future discussion.
   B. Next meeting: Wednesday, January 3, 2024, at 3:00pm
9. **Adjournment**

*Any Person planning to attend this meeting who needs some type of special accommodation in order to participate should call the County Clerk's Office at 261.1500 or email countyclerk@co.marathon.wi.us one business day before the meeting.

SIGNED s/s Michelle Van Krey
Presiding Officer or Designee

EMAILED TO: Wausau Daily Herald, City Pages, and other Media Groups
EMAILED BY: _____
DATE & TIME: _____

NOTICE POSTED AT THE COURTHOUSE
BY: _____
DATE & TIME: _____

MARATHON COUNTY
HEALTH AND HUMAN SERVICES
COMMITTEE AGENDA WITH MINUTES

Date & Time of Meeting: **Wednesday, November 1, 2023, at 3:00pm**
Meeting Location: **Courthouse Assembly Room, Courthouse, 500 Forest Street, Wausau WI 54403**

Michelle Van Krey	Excused
Jennifer Aarrestad	Present
Ron Covelli	Present
Dennis Gonnering	WebEx
Donna Krause	Present
Alyson Leahy	WebEx
Bobby Niemeyer	Absent

Staff Present:
Others Present:

Meeting Recording

1. **Call Meeting to Order** – Vice-Chair Aarrestad called the meeting to order at 3:00 p.m.
2. **Pledge of Allegiance**
3. **Public Comment -** None
4. **Approval of the October 4, 2023, Health and Human Services Committee Meeting Minutes** (:00.30)
   Motion by Covelli, second by Krause to approve the minutes. Motion carried on voice vote, unanimously.
5. **Policy Issues Discussion and Potential Committee Determination** - None
6. **Operational Functions Required by Statute, Ordinance, Resolution, or Policy**
   A. 2024 85.21 Elderly and Disabled Transportation Grant Application (:01.20)
      Motion made by Covelli, second by Gonnering to forward the Grant Application to the full County Board. Motion carried on voice vote, unanimously.
   B. Resolution supporting Senate Bill 328, Health care price transparency (:06.50)
      Motion made by Covelli, second by Krause to adopt the Resolution supporting Senate Bill 328, and forward to the full County Board. Motion carried on voice vote, unanimously.
   C. Discussion of Human, Resources, Finance, and Property Committee's 2024 Proposed Budget and Possible Recommendations Regarding Modifications – (:29.15)
7. **Educational Presentations and Committee Discussion**
   A. Update regarding Residential Facility Services for the Developmentally Disabled population and Wausau Adult Day Services (ADS) from North Central Health Care (:12.45)
8. **Next Meeting Date & Time, Announcements and Future Agenda Items**
   A. Committee members are asked to bring ideas for future discussion.
   B. Next meeting: Wednesday, December 6, 2023, at 3:00pm
9. **Adjournment**
   Motioned by Covelli, second by Krause to adjourn. Motion Carried on voice vote, unanimously.
   Meeting adjourned at 3:47 p.m.

Minutes Prepared by Kelley Blume, Deputy County Clerk

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.

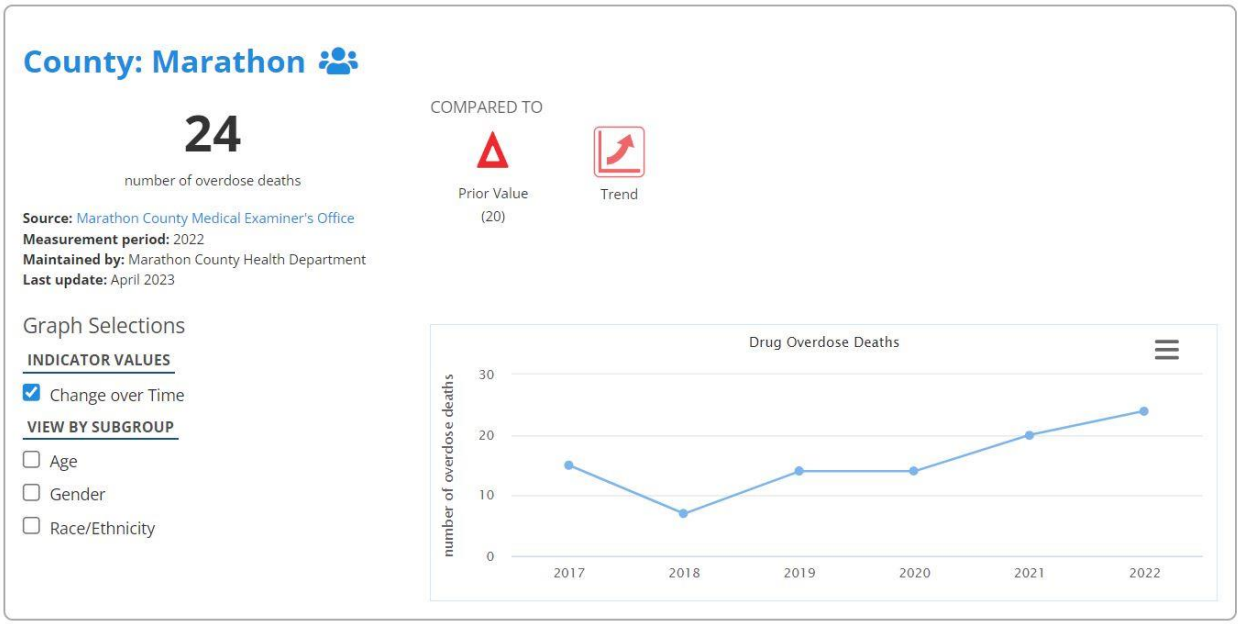
   The CJCC prioritized and selected this indicator because the Wisconsin Department of Health Services, Office of Health Informatics tracks the number of suspected opioid overdoses monthly, giving an accurate and real-time depiction of the impact of suspected opioid overdose on individuals and Emergency 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.

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.

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

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

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

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

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

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

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

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

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

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

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

C. **PREGNANT & POSTPARTUM WOMEN**

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

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

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

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

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

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

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

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

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

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

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

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

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

F. **TREATMENT FOR INCARCERATED POPULATION**

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

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

G. **PREVENTION PROGRAMS**

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

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

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

4. Funding for community drug disposal programs; and

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

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

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

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

Schedule B
Approved Uses

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

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:[15]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

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

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

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

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

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

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

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

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

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

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

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

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

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

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

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

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

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

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

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;

2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

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

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

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

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

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

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

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

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

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

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

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

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

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

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

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

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("*ADAM*") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

LINK TO LEAD SAFE HOMES

https://acrobat.adobe.com/id/urn:aaid:sc:VA6C2:422c3c5b-93cb-401e-bfc0-e50b6bc5c881

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COOPERATION AGREEMENT FOR COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG) PROGRAM

WHEREAS, on September 21, 2021, Marathon County ratified a two-year agreement wherein it joined with the counties of Adams, Green Lake, Juneau, Marathon, Marquette, Portage, Waupaca, Waushara, and Wood in a region known as the Central Wisconsin Housing Region to implement and deliver Community Development Block Grant ("CDBG") housing programs within the geographical boundaries of the region; and

WHEREAS, under that cooperative agreement, Marathon County submitted jointly with the Central Wisconsin Housing Region an application for funds under the CDBG housing program of the Wisconsin Division of Housing (DOH) for the purpose of meeting housing needs within Marathon County; and

WHEREAS, Marathon County and the Central Wisconsin Housing Region entered into a written cooperative agreement with each other to participate in such CDBG program. That agreement affords the option for any member county of the region to automatically renew the agreement for two-year terms, with each member county remaining able to terminate membership in said agreement at each county's convenience; and

WHEREAS, adopting the automatic, two-year renewal option provides Marathon County with a more expedient method for delivering services under the CDBG program without compromising the County's ability to exit the region should it choose to do so; and

WHEREAS, under the agreement, Juneau County acts as the applicant (Lead) and has the ultimate responsibility to assume all obligations under the terms of grant sought, including assuring compliance with all applicable laws and program regulations and performance of all work in accordance with grant contract.

NOW, THEREFORE, BE IT RESOLVED that, pursuant to Wisconsin Statutes Section 66.0301, Marathon County agrees to continue its membership within the Central Wisconsin Housing Region, and Marathon County and the Central Wisconsin Housing Region agree to cooperate in the submission of applications for CDBG funds and agree to cooperate in the implementation of the submitted CDBG program, as approved by the Department of Administration.

NOW, THEREFORE, BE IT FURTHER RESOLVED that said membership shall continue to renew on an automatic basis for two-year terms until Marathon County elects to exit the region or until the agreement is otherwise terminated. Marathon County reserves its right to terminate this agreement and exit the region.

NOW, THEREFORE, BE IT FURTHER RESOLVED that nothing contained in this agreement shall deprive any municipality of any power of zoning, development control or other lawful authority which it presently possesses.

Dated this 21st day of September, 2021.

HEALTH & HUMAN SERVICES COMMITTEE

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Fiscal Impact: None