



# MARATHON COUNTY PUBLIC SAFETY COMMITTEE AGENDA

Date & Time of Meeting: **Tuesday, April 11, 2023 at 1:30pm**

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

Committee Members: Matt Bootz, Chair; Jean Maszk, Vice-Chair; Stacey Morache, Allen Opall, Jason Wilhelm, Bruce Lamont, Tim Sondelski

**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 the public safety 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 March 7, 2023, Public Safety Committee Meeting Minutes**
5. **Policy Issues Discussion and Potential Committee Determination**
  - A. Removal of death certificate signing fee from Ordinance
  - B. Opioid Abatement Efforts for Law Enforcement Agencies Grant
6. **Operational Functions Required by Statute, Ordinance, Resolution, or Policy**
7. **Educational Presentations and Committee Discussion**
  - A. GIS Next Generation 911 Grant
  - B. Active Shooter Training
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, May 9, 2023 at 1:30pm
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](mailto:countyclerk@co.marathon.wi.us) one business day before the meeting.

**SIGNED** s/s Matt Bootz  
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 PUBLIC SAFETY COMMITTEE AGENDA WITH MINUTES

Date & Time of Meeting: **Tuesday, March 7, 2023 at 1:30pm**

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

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

Staff Present: Bill Millhausen, Ruth Heinzl, Teresa Wetzsteon, Cary Pallowski, Kelly Schremp, Jessica Blahnik, Michael Puerner, Lance Leonhard, Chris Holman, Phil Rentmeester, David Holcomb

1. **Call Meeting to Order** – Chair Bootz called the meeting to order at 1:31pm
2. **Pledge of Allegiance**
3. **Public Comment-None**
4. **Approval of the February 7, 2023, Public Safety Committee Meeting Minutes**  
Motion by Wilhelm, Second by Morache to approve the minutes. Motion carried on voice vote, unanimously.
5. **Policy Issues Discussion and Potential Committee Determination**
  - A. Consideration to increase Medical Examiner Fee as permitted by State law  
Questions were asked and answered. Motion by Morache, Second by Wilhelm to move consideration to the full board. Motion carried on voice vote unanimously.
6. **Operational Functions Required by Statute, Ordinance, Resolution, or Policy**
  - A. District Attorney's Office Innovative Prosecution Grant  
Motion by Opall, Second by Morache to approve the application of the Innovative prosecution grant.  
Motion carried on voice vote unanimously.
7. **Educational Presentations and Committee Discussion**
  - A. Joint Powers Agreement between Marathon County and City of Wausau for E911/NG911  
County Administrator Leonhard, and Chief Deputy Millhausen provided a brief overview of the Joint Powers Agreement, and any changes that may come.
  - B. Review of past discussions regarding Emergency Medical Service delivery challenges and county role  
Emergency Management Director Phil Rentmeester provided an overview of the changes and challenges from over the last few years. Discussion was had.
  - C. Update on the Youth Detention Center  
Superintendent Cary Pellowski provided statistical updates of the Youth Detention Center from the last calendar year. Discussion was had questions were asked and answered.
8. **Next Meeting Date & Time, Announcements and Future Agenda Items**
  - A. Committee members are asked to bring ideas for future discussion.
    1. Active Shooter Training Refresher
  - B. Next meeting: Tuesday, April 11, 2023 at 1:30pm
9. **Adjournment**  
Motioned by Opall, Second by Morache to adjourn. Motion Carried on voice vote, unanimously.  
Meeting adjourned at 2:26pm

Minutes Prepared by David Holcomb

**ORDINANCE #O-\_\_-23**

**REMOVAL OF DEATH CERTIFICATE SIGNING FEE**

**WHEREAS**, on March 21, 2023, the County Board of Supervisors approved an increase fees collected by the Medical Examiner as follows:

- Cremation Authorization fee: increase from \$250 to \$266.25
- Disinterment Permit fee: increase from \$250 to \$266.25

**WHEREAS**, in reviewing the existing medical examiner fee ordinance, Section 5.30 of Marathon County’s General Code of Ordinances, it was discovered that there is a Death Certificate signing fee included in the ordinance in the amount of \$100; and

**WHEREAS**, this \$100 Death Certificate signing fee did not exist prior to July 14, 2015. Wis. Stat. §§ 59.365(1) and (2) preclude the County from collecting a Death Certificate signing fee if one did not exist prior to July 14, 2015; and

**WHEREAS**, the Marathon County Medical Examiner has not assessed a Death Certificate signing fee due to the existing legislation under Wis. Stat. § 59.365. However, the fee remains listed in the County’s General Code of Ordinances; and

**WHEREAS**, on April 11, 2023, the Public Safety Committee recommended that the Marathon County Board of Supervisors remove the Death Certificate signing fee from the County’s General Code of Ordinances to ensure that the General Code properly reflects the current state of the County’s fee schedule.

**NOW, THEREFORE, BE IT ORDAINED AND RESOLVED** that Section 5.30(1) of the Marathon County General Code of Ordinances is amended as follows:

Sec. 5.30. - Medical examiner fees.

(1) Wis. Statute sections 59.38(1), 59.36 and 69.18(2)(d)2., establish the authority of the Marathon County Board to establish fees for services of the Medical Examiner's Office. Fees shall be established as follows:

- (a) Cremation Authorization Fee: \$266.25
- (b) Disinterment Permit: \$266.25

Dated the 25<sup>th</sup> day of April, 2023.

**PUBLIC SAFETY COMMITTEE**

_____	_____
_____	_____
_____	_____

Fiscal Impact: This ordinance change will have no fiscal impact, as the Medical Examiner has not collected this fee due to overriding state legislation.



## WISCONSIN LEGISLATIVE COUNCIL ACT MEMO

**2015 Wisconsin Act 336**  
[2015 Assembly Bill 662]

**Coroner and Medical Examiner Fees**

### BACKGROUND

#### Moratorium on Coroner or Medical Examiner Fees

Under **prior law**, a county board was required to set the fees for all services rendered by the county's coroner. The fees could not exceed an amount that is reasonably related to the actual and necessary cost of providing the service.

2015 Wisconsin Act 55 ("the 2015-17 Biennial Budget Act") placed a moratorium on increases in various fees related to coroner or medical examiner fees. Specifically, the moratorium, as created by Budget Act 55, prohibited the county board from charging a **funeral home, cemetery, or crematorium** from July 14, 2015, to April 17, 2017, an amount that exceeds the amount that was in effect on April 17, 2015, for any of the following fees:

- Fees for services rendered by a coroner.
- Fees assessed for the signing of a death certificate by a coroner or medical examiner.
- Fees assessed related to transportation services.

Act 55 also provided that after the moratorium is over (i.e., on or after April 18, 2017), if the county board increases the amount of any of the fees specified above, any such increase may not exceed the annual percentage change in the U.S. Consumer Price Index, for the 12 months ending on December 31 of the year before the increase.

#### Funeral Expenses for Recipients of Certain Public Benefits

Under **prior law**, if a recipient of certain public benefits dies and the estate of the deceased recipient is insufficient to pay the funeral, burial, and cemetery expenses of the deceased

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This memo provides a brief description of the Act. For more detailed information, consult the text of the law and related legislative documents at the Legislature's Web site at: <http://www.legis.wisconsin.gov>.

recipient, then the Department of Health Services (DHS) must pay both of the following: (1) the lesser of \$1,000 or the cemetery expenses that are not paid by the estate of the deceased and other persons; and (2) the lesser of \$1,500 or the funeral and burial expenses not paid by the estate of the deceased and other persons. Also, a funeral home, cemetery, or crematorium that receives the payment from DHS is exempt from paying all of the following fees:

- Fees for services rendered by a coroner.
- Fees assessed for the signing of a death certificate by a coroner or medical examiner.
- Fees assessed by a county related to transportation services.

### **2015 WISCONSIN ACT 336**

**2015 Wisconsin Act 336** (“the Act”) makes the following changes to prior law related to the requirement that the county board set coroner fees and the moratorium and subsequent limit to any increase placed upon coroner or medical examiner fees:

- Extends the requirement that a county board set fees for services rendered by a coroner to also apply to all services rendered by a **medical examiner**.
- Provides that the following fees may not be increased during the moratorium, and after the moratorium, any increase must be based upon the annual percentage change in the U.S. Consumer Price Index, as previously described:
  - Fees for services rendered by a coroner or medical examiner.
  - Fees assessed for the signing of a death certificate by a coroner or medical examiner.
  - Fees assessed related to coroner or medical examiner fees.
- Applies both the moratorium and the subsequent limit placed upon an increase in fees to fees charged to **anyone**, not just a funeral home, cemetery, or crematorium.
- Provides an exception to the moratorium and subsequent limit placed upon coroner and medical examiner fees. The exception applies to a county that had been providing coroner or lay medical examiner services meets both of the following requirements: (1) has a population of 300,000 or less; and (2) began providing physician medical examiner services under an intergovernmental agreement after December 31, 2015, and before April 1, 2016. The Act authorizes the board of such a county to do the following without regard to any change in the U.S. Consumer Price Index:
  - To, one time, set the fee assessed for the signing of a death certificate at an amount exceeding the amount that was in effect on April 17, 2015, by not more than \$100.
  - To, one time, set the fee assessed for the issuance of a cremation permit at an amount exceeding the amount that was in effect on April 17, 2015, by not more than \$100.

With respect to funeral expenses for recipients of certain public benefits, **the Act** clarifies that a funeral home, cemetery, or crematorium receiving payment from DHS is exempt from paying fees for services rendered by either a **coroner** or **medical examiner**. The Act specifies that this exemption first applies to fees imposed with respect to an individual receiving funeral, burial, and cemetery expenses aid from DHS who dies on September 1, 2015.

*Effective date:* This Act took effect on April 1, 2016.

*Prepared by:* Melissa Schmidt, Senior Staff Attorney

April 15, 2016

MS:mcm;ksm

# Medical Examiner Fee Elimination

## **Background**

In Wisconsin, State Statute 979.10 outlines that coroners and medical examiners are required to issue a cremation authorization when families choose cremation as the final disposition for their loved one. To do so, they must view the decedent and make personal inquiry into the cause and manner of death. In addition, Department of Health Services, Chapter 135.07 outlines no human remains that are buried may be disturbed, transported, or reinterred unless a disinterment permit is issued by a coroner or medical examiner in the county of which the disinterment is taking place.

Wisconsin State Statutes 59.38(1), 59.36, and 18(2)(d)2 have enlisted the authority of the Marathon County Board of Supervisors to establish fees for services of the Medical Examiner's Office, including cremation authorization and disinterment fees.

In 2015, the Marathon County Board of Supervisors approved a cremation authorization and disinterment permit fee increase from \$175 to \$250. In 2016, the Marathon County Board of Supervisors approved the creation of a death certificate signing fee of \$100. In April 2016, the 2015 Wisconsin Act 336, 2015 Assembly Bill 662 was enacted, which limited the ability of coroners and medical examiner offices to increase fees beyond the December-December consumer price index and does not allow new fees from being created; please see attached document. The legislation was backdated to 2015, so Marathon County had to abolish the death certificate signing fee and is not permitted to establish additional fees beyond the cremation authorization and disinterment permit.

In 2023, Marathon County Board of Supervisors approved a cremation authorization and disinterment permit fee increase from \$250 to \$266.25. On the resolution it listed a death certification signing fee of \$100. Unfortunately, in 2016 the death certification signing fee needed to be abolished due to 2015 Wisconsin Act 336, 2015 Assembly Bill 662.

## **Request**

The Medical Examiner's Office is requesting Marathon County Board of Supervisors to eliminate the Medical Examiner death certification signing fee on the fee resolution, pursuant to the fee limitation as outlined in 2015 Wisconsin Act 336, 2015 Assembly Bill 662.

**Grant Opportunity sponsored by State of Wisconsin – Department of Health Services  
Opioid Abatement Efforts by Law Enforcement Agencies**

Strategy selected: Treatment for people incarcerated with Opioid Use Disorder

To receive funding, we will demonstrate that:

- All new jail residents will be screened for opioid use disorder.
- All new jail residents will be assessed for opioid overdose risk factors and educated on the signs of an opioid overdose.
- All medications for opioid use disorder approved by the Food and Drug Administration will be available (methadone, buprenorphine, naltrexone).
- Certified peer specialists and recovery coaches will be available to support jail residents and staff.
- Staff will coordinate with community partners to ensure releasing jail residents are connected to ongoing care. This work may include scheduling appointments and other facilitation to ensure the releasing jail resident is setup for success.
- Naloxone/NARCAN® will be offered at no cost to all releasing jail residents with opioid use disorder.

Partnership established with Three Bridges Recovery for Peer Support and Recovery Coaching services.

Partnership established with (clinical provider) for assessment process to determine eligibility, (provide methadone), and offer counseling services while incarcerated.

Jail medical staff are trained and licensed to provide buprenorphine and naltrexone.

Grant application deadline May 22, 2023.





Date: March 30, 2023

DCTS Action Memo 2023-07

To: Subscribers of the DCTS Action Memo Email Distribution List

From: Gynger Steele, Administrator

## Request for Applications – Opioid Abatement Efforts by Law Enforcement Agencies

### Summary

This memo outlines a funding opportunity for law enforcement agencies working to address the opioid epidemic in Wisconsin. The deadline to apply for funding to implement one or more of the strategies listed in this memo is 11:59 p.m. May 22, 2023.

### Background

The Wisconsin Department of Health Services (DHS) is using \$3 million of Wisconsin's share of [National Prescription Opiate Litigation settlement funds](#) received in 2022 to support law enforcement agencies. At least \$1 million of this allocation will be designated for law enforcement agencies in counties or municipalities with 70,000 or fewer residents.

DHS intends to support efforts in the following areas:

- Medication-assisted treatment education and awareness training.
- Community drug disposal programs.
- Treatment for people incarcerated with an opioid use disorder.
- Pre-arrest or pre-arraignment deflection programs for people with an opioid use disorder.

Funds may be requested for one, two, three, or all four of the areas listed above.

The National Prescription Opiate Litigation involved drug distributors AmerisourceBergen, Cardinal Health, and McKesson as well as opioid manufacturer Johnson & Johnson.

The funds available through this request for applications must be used on opioid-related efforts and activities that align with the categories listed in "[Exhibit E: List of Opioid Remediation Uses](#)" to the Distributor Master Settlement Agreement and the Johnson & Johnson Master Settlement Agreement.

### Medication-assisted treatment education and awareness training

Medication-assisted treatment combines medicine with counseling or other therapy. The medications work to reduce cravings and most help with withdrawal symptoms. The counseling or therapy helps people change their attitudes and behaviors related to opioid use, prevents a recurrence of opioid use, and keeps people in recovery longer. The medications for opioid use disorder approved by the Food and Drug Administration include methadone, buprenorphine, and naltrexone.

Funding for this strategy can be used to train and educate law enforcement officers and other staff on medication-assisted treatment through contracted presentations by subject matter experts or attendance at Wisconsin conferences or trainings approved by DHS. This funding also can be used for staff coverage, including costs related to backfilling posts and/or overtime to allow staff to attend trainings.

### **Community drug disposal programs**

Community drug disposal programs provide options for safe discarding of unused and expired medications to reduce diversion and protect the environment. Permanent drug drop boxes managed by law enforcement agencies provide an opportunity for community members to dispose their unwanted and expired medications. Prescription drug deactivation units provide people the opportunity to dispose of unwanted and expired medications from their home.

Funding for this strategy can be used to purchase and install a permanent drug drop box and/or to purchase prescription drug deactivation units to be distributed to community members.

### **Treatment for people incarcerated with opioid use disorder**

Withholding evidence-based opioid use disorder treatment for people incarcerated increases risk of death during incarceration and upon release. Studies show providing medication-assisted treatment promotes recovery and reduces drug use, disease rates, and overdose events.

The medications for opioid use disorder approved by the Food and Drug Administration include methadone, buprenorphine, and naltrexone. Methadone is only provided by opioid treatment programs. Opioid treatment programs are certified by DHS and the Substance Abuse and Mental Health Services Administration. They are regulated by the Drug Enforcement Administration. A growing number of correctional settings have either obtained opioid treatment program status or partnered with opioid treatment programs to provide methadone. All practitioners who have a current Drug Enforcement Administration registration that includes Schedule III authority can prescribe buprenorphine for opioid use disorder. Naltrexone can be prescribed by any clinician who is licensed to prescribe medication.

Medication combined with counseling and other supportive services is the most effective approach to promote long-term recovery.

Naloxone or NARCAN<sup>®</sup>, the opioid overdose reversal medication, should be given to all releasing jail residents with opioid use disorder.

Funding for this strategy can be used to support jails in developing and maintaining the infrastructure needed to provide medication-assisted treatment to residents with opioid use disorder. Successful applicants will implement a program using one of the models listed that includes all medications for opioid use disorder approved by the Food and Drug Administration, as well as counseling and other supportive services.

**Model 1:** Off-site medication administration by partner agency(s). Patients are transported to community opioid treatment programs, hospitals, or other medical providers for medication.

**Model 2:** On-site medication administration by partner agency(s) and on-site providers, if available. Methadone provided by a local opioid treatment program. The opioid treatment program also may provide buprenorphine and naltrexone. Correctional health care providers or licensed correctional prescribers could administer naltrexone and buprenorphine on-site.

**Model 3:** Jail becomes a licensed opioid treatment program. The jail obtains an opioid treatment program certification permitting the use of methadone. This status also would allow for the use of buprenorphine and naltrexone. Opioid treatment programs are required to be licensed and certified under [Wis. Admin. Code § DHS 75.50](#) and [Wis Admin. Code § DHS 75.59](#).

To receive funding for this strategy, applicants must demonstrate that:

- All new jail residents will be screened for opioid use disorder.
- All new jail residents will be assessed for opioid overdose risk factors and educated on the signs of an opioid overdose.
- All medications for opioid use disorder approved by the Food and Drug Administration will be available.
- Certified peer specialists and recovery coaches will be available to support jail residents and staff.
- Staff will coordinate with community partners to ensure releasing jail residents are connected to ongoing care. This work may include scheduling appointments and other facilitation to ensure the releasing jail resident is setup for success.
- Naloxone/NARCAN<sup>®</sup> will be offered at no cost to all releasing jail residents with opioid use disorder.

### **Pre-arrest or pre-arraignment deflection programs for people with an opioid use disorder**

There are too many people with opioid use disorder who are entangled in the criminal justice system that should instead be linked to harm reduction services, treatment, recovery support services, housing assistance, and other social services. Pre-arrest or pre-arraignment deflection promote collaborations between the person struggling with an opioid use disorder, the criminal justice system, and community service providers to shift away from traditional criminal justice processing, thereby providing the opportunity to better address the needs of the person. This reduces the impact of opioid use disorder on the person's quality of life and the often-interrelated cycle of opioid use disorder and criminal activity is interrupted.

Funding for this strategy can be used to develop programs that allow people who are using opioids and engaging in illegal behavior to be diverted from the criminal justice system for the purpose of receiving harm reduction, behavioral health, and/or social services in the community.

### **Eligibility for funding**

All Wisconsin law enforcement agencies are eligible to apply for this funding, including tribal police agencies, the State Patrol, county sheriff's offices, municipal police departments, and university police departments.

### **Application design**

All narrative content created for the application must be typed in single-space format using 12-point font. All pages should have one-inch margins. Applications will be reviewed and scored by an evaluation committee based on the criteria listed.

- **Cover page (Pass/Fail):** One page that lists the name of the organization applying for funding with contact information, including the name(s) and contact information for any subcontractor(s), if applicable.
- **Abstract (10 points):** A one page or less summary of the project details.

- **Project narrative:** The maximum length of the project narrative is determined based on the strategies selected by the applicant.
  - **Program design:** Clearly label the strategy or strategies selected. Only respond to the prompts for the strategy or strategies selected. Information related to program design is limited to one page for the medication-assisted treatment education and awareness training strategy, one page for the community drug disposal programs strategy, four pages for the treatment services for people incarcerated with opioid use disorder strategy, and two pages for the pre-arrest or pre-arraignment deflection programs for people with an opioid use disorder strategy.
    - **Medication-assisted treatment education and awareness training (50 points)**  
(up to one page)  
Describe the training plan, including who will provide the training, who will attend the training, and the anticipated outcomes from providing the training.
    - **Community drug disposal programs (50 points):**  
(up to one page)
      - If installing a permanent box, describe the placement and operation, including how the box will be promoted and advertised.
      - If purchasing drug deactivation units, describe the plan for distribution, including the population of focus and any promotion or marketing efforts.
    - **Treatment services for incarcerated people with opioid use disorder (50 points):**  
(up to four pages)
      - Describe the proposed program, including the model being used, setup and intended operation, screening and assessment processes to determine eligibility and when they are conducted, the extent of services provided, and the role of staff and/or contracted partners. Include how the program will ensure best practices integrating counseling services and providing all three medications for opioid use disorder approved by the Food and Drug Administration, overdose prevention training and supplies, peer support services, and comprehensive discharge planning.
      - Identify the goals and objectives of the project. The goals and objectives should be SMART (specific, measurable, attainable, realistic, and time-bound).
      - Describe how program participation will be monitored and who will be responsible for tracking program compliance for participants, including completion and termination requirements, methods to collect feedback from participants, and the approach that will be taken to respond to violations of program requirements.
    - **Pre-arrest or pre-arraignment deflection programs for people with an opioid use disorder (50 points):**  
(up two pages)
      - Describe the structure of the program, including setup and intended operation, referral types and referring agency or agencies, screenings and assessments to determine eligibility and when they are conducted, and the role of the staff.
      - Identify the goals and objectives of the project. The goals and objectives should be SMART (specific, measurable, attainable, realistic, and time-bound).
      - Describe how program participation will be monitored and who will be responsible for tracking program compliance for participants, including completion and termination requirements, methods to collect feedback from participants, and the approach that will be taken to respond to violations of program requirements.

Up two pages is allowed for information on the statement of need; evaluation; diversity, equity, and inclusion; and sustainability.

- **Statement of need (10 points):**
  - Describe the nature and scope of the problem the project(s) will address.
  - Describe any previous or current attempts to address the problem(s) and explain why they did or did not work.
  - Describe any unique factors about your community impacting the problem(s) and the design of this proposed response.
  - Describe the population(s) of focus for the project(s).
- **Evaluation (5 points):** Describe the data collection and evaluation strategies that will be used to determine if the program design and delivery are effective.
- **Diversity, equity, and inclusion (5 points):** Describe how diversity, equity, and inclusion is being considered in each element of the population of focus, statement of need, program design, and evaluation.
- **Sustainability (5 points):** (maximum one page) Describe plans, if any, to continue this work beyond the funding period.

Do not exceed the page limits for the project narrative. Examples of how the page limits apply:

If an applicant selects only the medication-assisted treatment and awareness training strategy, the applicant's project narrative should not exceed three pages—no more than one page for the program design and no more two pages for the statement of need; evaluation; diversity, equity, and inclusion; and sustainability information.

If an applicant selects all four strategies, the applicant's project narrative should not exceed 10 pages—program design information of no more than one page for the medication-assisted treatment education and awareness training strategy, no more than one page for the community drug disposal program strategy, no more than four pages for the treatment services for people incarcerated with opioid use disorder strategy, and no more than two pages for the pre-arrest or pre-arraignment deflection programs for people with an opioid use disorder strategy, as well as no more than two pages for the statement of need; evaluation; diversity, equity, and inclusion; and sustainability information.

- **Contract application (5 points):** Complete the [DCTS Annual Grant/Contract Application: Condensed, F-21276C](#).
- **Budget worksheet (5 points):** Complete the [DCTS Summary Line Item Budget: Condensed, F-01601C](#).
- **Letters of support (Pass/Fail):**
  - **Required:** Letters of support from project partners are required for applicants pursuing funds for the treatment for people incarcerated with an opioid use disorder and pre-arrest or pre-arraignment deflection programs for people with an opioid use disorder. These letters of support can be from the district attorney's office, county sheriff or jail administrator, county criminal justice coordinating council, behavioral health providers, peer support providers, and health care providers.
  - **Not required:** Letters of support are not required for applicants pursuing funds for medication-assisted treatment education and awareness training and the community drug disposal programs.

Letters of support do not count toward page limit restrictions.

## **Funding terms and conditions**

The contract period will be July 1, 2023, through June 30, 2024.

Applicants should plan and budget for one year of funding. Carryover of funds into a second year may be possible based on the availability of funds. Renewal of the contract will be based upon the grantee's satisfactory performance, satisfactory completion of annual deliverables, and audit findings.

Applications should not exceed the maximum amount listed below for the strategy or strategies selected.

- Medication-assisted treatment education and awareness training: Applicants may apply for up to \$10,000.
- Community drug disposal programs: Applicants may apply for \$1,000 for each permanent drug drop box being purchased and installed and/or up to \$900 for every 200 drug deactivation units for community distribution. Grants for this strategy are capped at \$5,000.
- Treatment for people incarcerated with opioid use disorder: Applicants may apply for up to \$400,000.
- Pre-arrest or pre-arraignment deflection programs for people with an opioid use disorder: Applicants may apply for up to \$250,000.

Example of how the grant caps apply:

If an applicant selects the medication-assisted treatment and awareness training strategy and the pre-arrest or pre-arraignment deflection program, the applicant's budget should not exceed \$10,000 for the medication-assisted treatment education and awareness training and \$250,000 for the pre-arrest or pre-arraignment deflection programs for people with an opioid use disorder. The total budget should not exceed \$260,000.

Funding may be used for personnel, employee benefits, travel/training, equipment, supplies and operating expenses, and consultants/contracted services. Funds spent on personnel must be spent hiring new staff, providing coverage (backfilling posts and/or overtime) for training attendance, establishing treatment services, or implementing a peer support network. All expenses must be new and cannot replace existing state or local government funding.

Any equipment purchases of \$5,000 or more must be approved by DHS prior to purchase.

Construction of new buildings, the purchase of vehicles, and the purchase of food are not allowed.

Applications that propose to fund recovery housing must limit this funding to 10 percent of the total budget.

DHS may negotiate the terms of the contract, including the award amount, with the selected applicant(s) prior to entering a contract. If contract negotiations cannot be concluded successfully with a recommended applicant, DHS may terminate contract negotiations with that applicant.

The contracts resulting from this request for applications will be between DHS and the awarded applicant(s). Grantees using subcontractors will be responsible for ensuring subcontractors abide by all terms and conditions of the grant.

There is no match requirement for this grant. Applicants may combine funds provided through this funding opportunity with other funding sources received to achieve projects unobtainable without a braided funding approach. These funds are not allowed to supplant other funding sources.

Grant funds must be used as a payment of last resort. Grantees are responsible for assuring that insurance and other payer options have been exhausted prior to the use of grant funds. Grantees are expected to track and report program income. All program income must be used to enhance or expand the grant-funded project services.

Selected applicants must follow all reporting requirements as defined by DHS. Quarterly reporting requirements will include a summary of expenditures and an account of program accomplishments or other relevant metrics resulting from awarded funds.

### **Application submission**

Completed applications must be emailed to [Bureau of Prevention Treatment and Recovery](#) by 11:59 p.m. May 22, 2023. Completed applications will include the following attachments.

- The narrative covering items listed in the application design section as a PDF or a Microsoft Word document.
- Letters of support (if required) as PDFs or Microsoft Word documents.
- Completed and unprotected [DCTS Annual Grant/Contract Application: Condensed, F-21276C](#).
- Completed and unprotected [DCTS Summary Line Item Budget: Condensed, F-01601](#).

Applicants will receive an email confirming receipt of their application within three business days. If you do not receive an email confirmation within three business days, contact the [Bureau of Prevention Treatment and Recovery](#).

Questions about the terms and conditions of this grant funding opportunity must be submitted by email to the [Bureau of Prevention Treatment and Recovery](#). Answers to the questions will be posted on the [DHS website](#). Questions submitted by phone will not be answered.