

AGENDA

Eau Claire County Opioid Settlement Task Force
Tuesday, June 18, 2024, at 10:00 a.m.
Eau Claire County Government Center
721 Oxford Ave., Eau Claire • Room 1301/1302

Join from the meeting link:

<https://eauclairecounty.webex.com/eauclairecounty/j.php?MTID=m072ec105962aa4d447d102eb5390b213>

Join by meeting number:

Meeting number: 2534 747 6608 Password: t4rJ3nUcfK3

Join by phone:

Dial in: 415-655-0001 Access Code: 2534 747 6608

1. Call to order and confirmation of meeting notice by vice-chair, Renee Sommer
2. Roll call
3. Introductions
4. Election of Officers – **Discussion/Action**
5. Public Comment
6. Review and Approval of Minutes – **Discussion/Action**
 - a. April 15, 2024
7. Determine set meeting schedule – **Discussion**
8. Background (orientation/refresher for continuing and new task force members) – **Information/Discussion**
 - a. Included materials:
 - About the Task Force Presentation
 - List of Opioid Remediation Uses
 - Local Opioid Programs
9. Task Force Vacancy - **Discussion**
10. Resolution 24-25/043: Approving the Eau Claire County Opioid Task Force to expend funding a Project Management Position –**Discussion/Action**
11. Finance Report – **Information/Discussion**
12. Future Agenda Items – **Discussion**
13. Announcements - **Information**
14. Adjourn

Prepared by: Samantha Kraegenbrink – Executive Office Administrator

PLEASE NOTE: Upon reasonable notice, efforts will be made to accommodate the needs of individuals with disabilities through sign language, interpreters, remote access, or other auxiliary aids. Contact the clerk of the committee or Administration for assistance at (715) 839-5106. For additional information on ADA requests, contact the County ADA Coordinator at (715) 839-7335, (FAX) (715) 839-1669, TTY: use Relay (711) or by writing to the ADA Coordinator, Human Resources, Eau Claire County Courthouse, 721 Oxford Avenue, Eau Claire, WI 54703.



MINUTES

Eau Claire County Opioid Settlement Task Force
Monday, April 15, 2024, at 5:30 p.m.
Eau Claire County Government Center
721 Oxford Ave., Eau Claire • Room 1301/1302

Present: David Hirsch, Allen Myren, Kimberly Cronk, Lieske Giese, Luke Fedie, Tiana Glenna, Renee Sommer

Others: Samantha Kraegenbrink – Clerk, Kathryn Schauf, Nick Smiar, Peggy O'Halloran, Nick Smiar (County Board Supervisor)

Call to order and confirmation of meeting notice

Chair Hirsch called the meeting to order at 5:30 p.m. and confirmed meeting notice.

Roll call

Roll call is indicated above under present.

Public Comment

No members of the public wished to make comment.

Review and Approval of Minutes from February 6, 2024

Motion by Lieske Giese, seconded by Renee Sommer. No deletions, corrections, or additions. All in favor, minutes approved.

Eau Claire Health Alliance Drug Workgroup Overview by Peggy O'Halloran and Renee Sommer

Peggy O'Halloran and Renee Sommer informed the task force about the Eau Claire Health Alliance Drug Workgroup.

Peer Support Training update from Renee Sommer

Renee Sommer provided an update on the funded Peer Support Training.

Rules of decorum at meetings

Chair Hirsch provided a brief overview of expectations and rules of meeting decorum.

Continuing work of the Opioid Settlement Task Force, County Administrator Kathryn Schauf

Kathryn Schauf provided an overview. The goal is to have the focus on continuing and expanding collaborations.

**Supervisor Myren left at 6:07 p.m.*

Finance Report

The task force reviewed the finance report.

Future Agenda Items

None noted at this time.

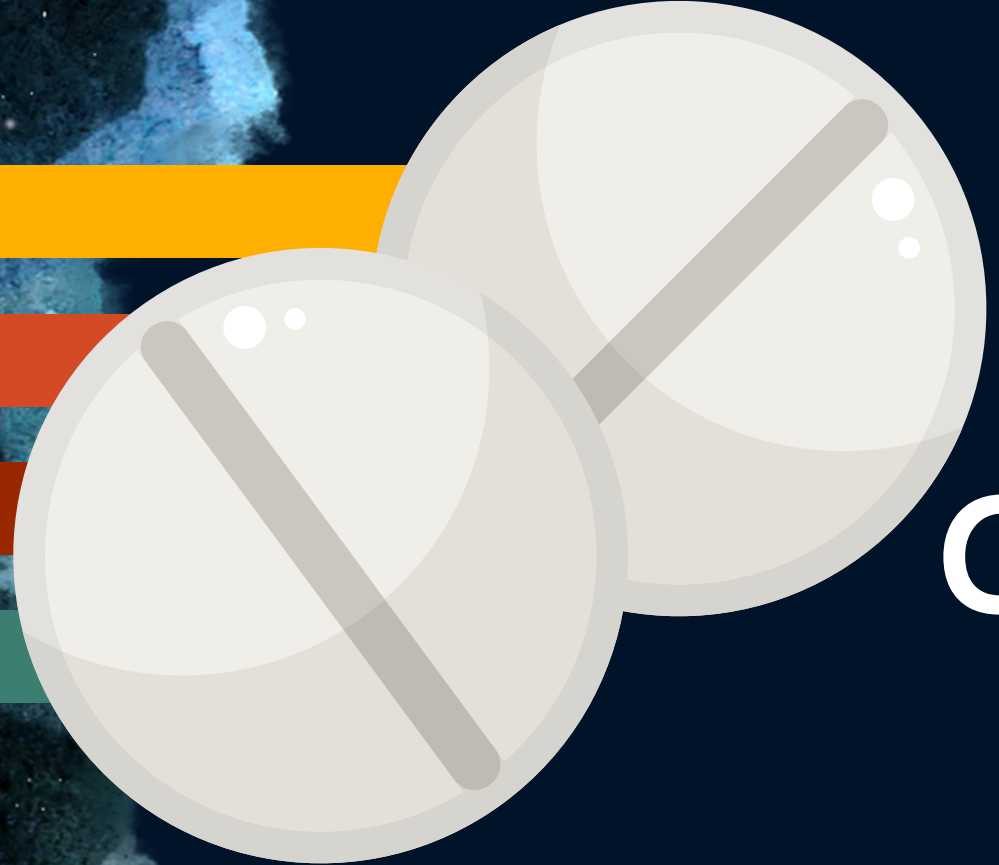
The meeting was adjourned at 6:46 p.m.

Respectfully submitted,

Samantha Kraegenbrink
Executive Office Administrator

EAU CLAIRE COUNTY

OPIOID SETTLEMENT
TASK FORCE



A SUPER BRIEF TIMELINE OF THE CRISIS

The 90s

The beginning...

Pain was declared the 5th vital sign and there was a significant push to treat pain more seriously (which was good). But in the mid-90s Purdue Pharma got OxyContin approved and began deceptive marketing practices which resulted in massive overprescribing.

2000-2020

hits the fan...

The first charges against Purdue get filed in 2007. Some who lost Rx access turned to street drugs. Synthetic opioids start popping up and overdoses increase.

2020-Now

Third Wave & Action

A number of support options and funding has been put in place but often it's not adequate for the need. Communities are fighting on local levels. Lawsuits begin to settle and funds distributed. But people are still struggling with addiction and communities are losing neighbors to addiction.

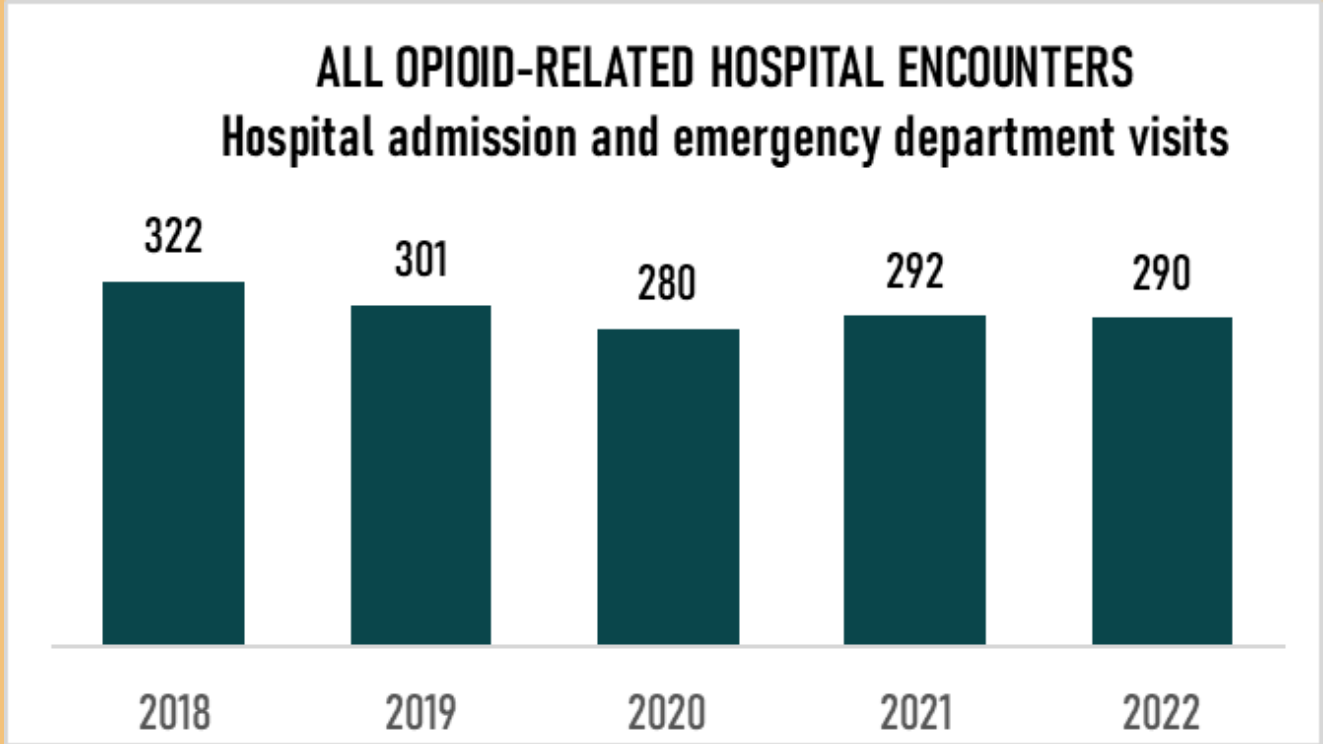
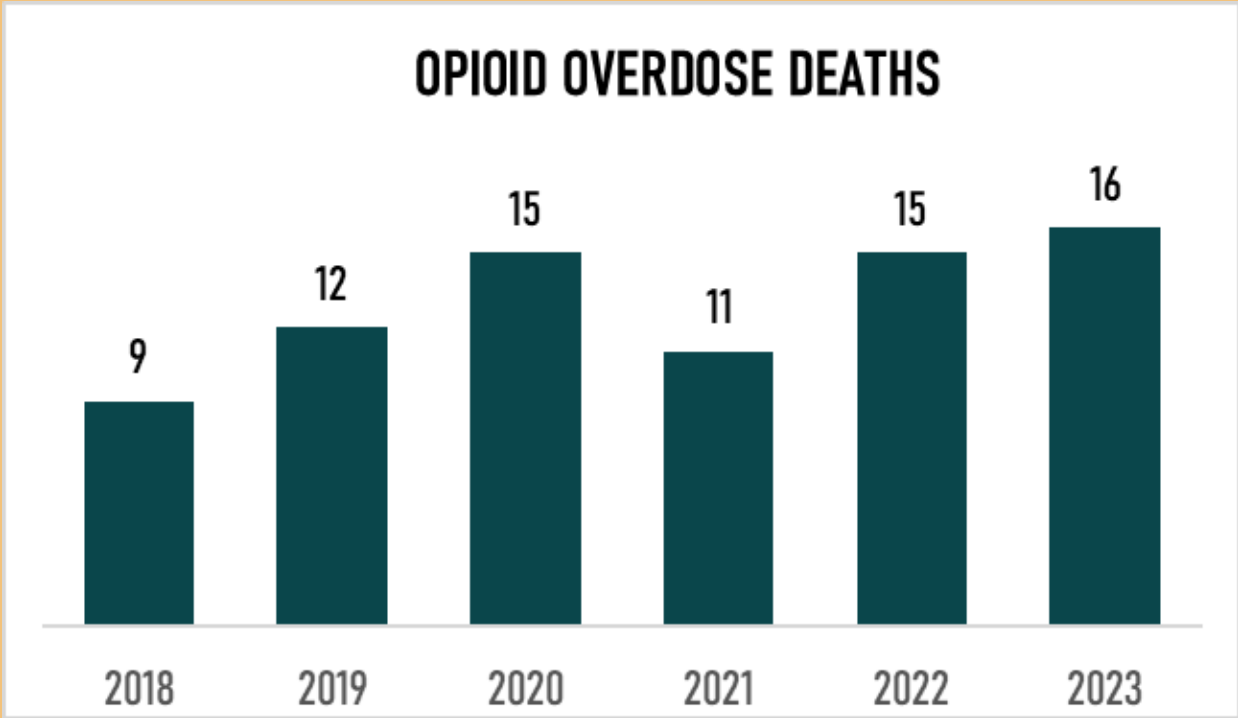
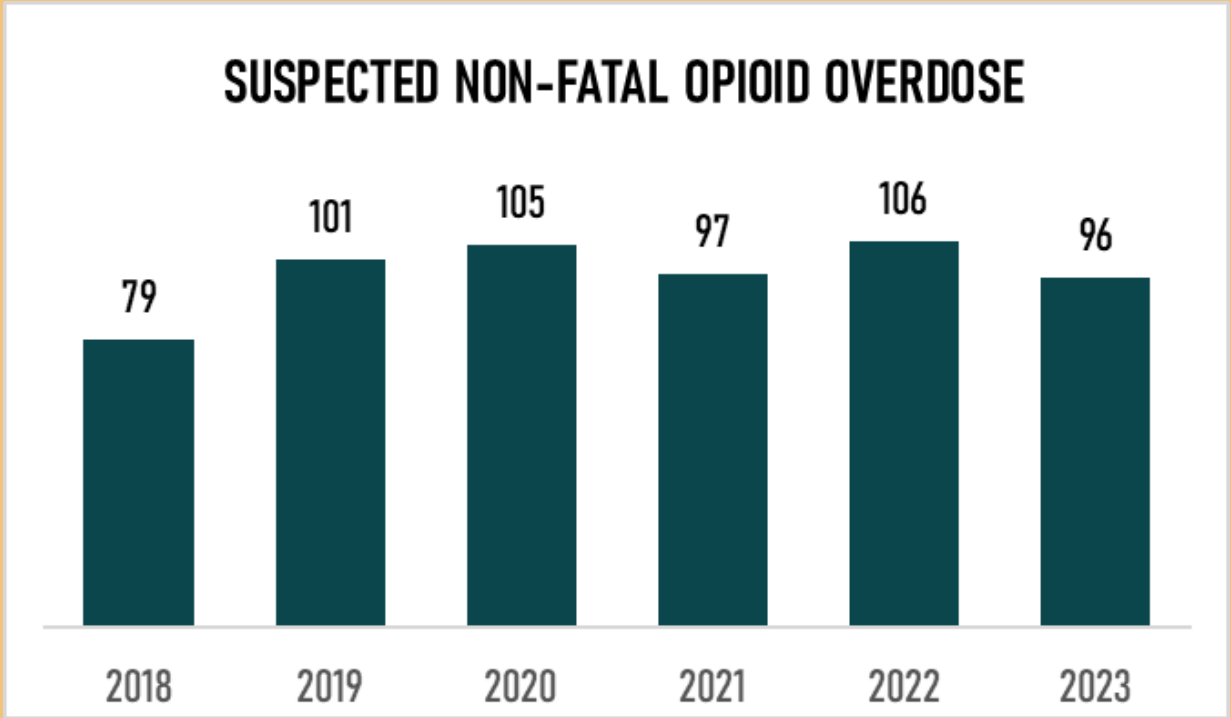
D*rug-Involved Over*dose Deaths

(source: CDC WONDER); Tiktok ID:@thebeautyofdata

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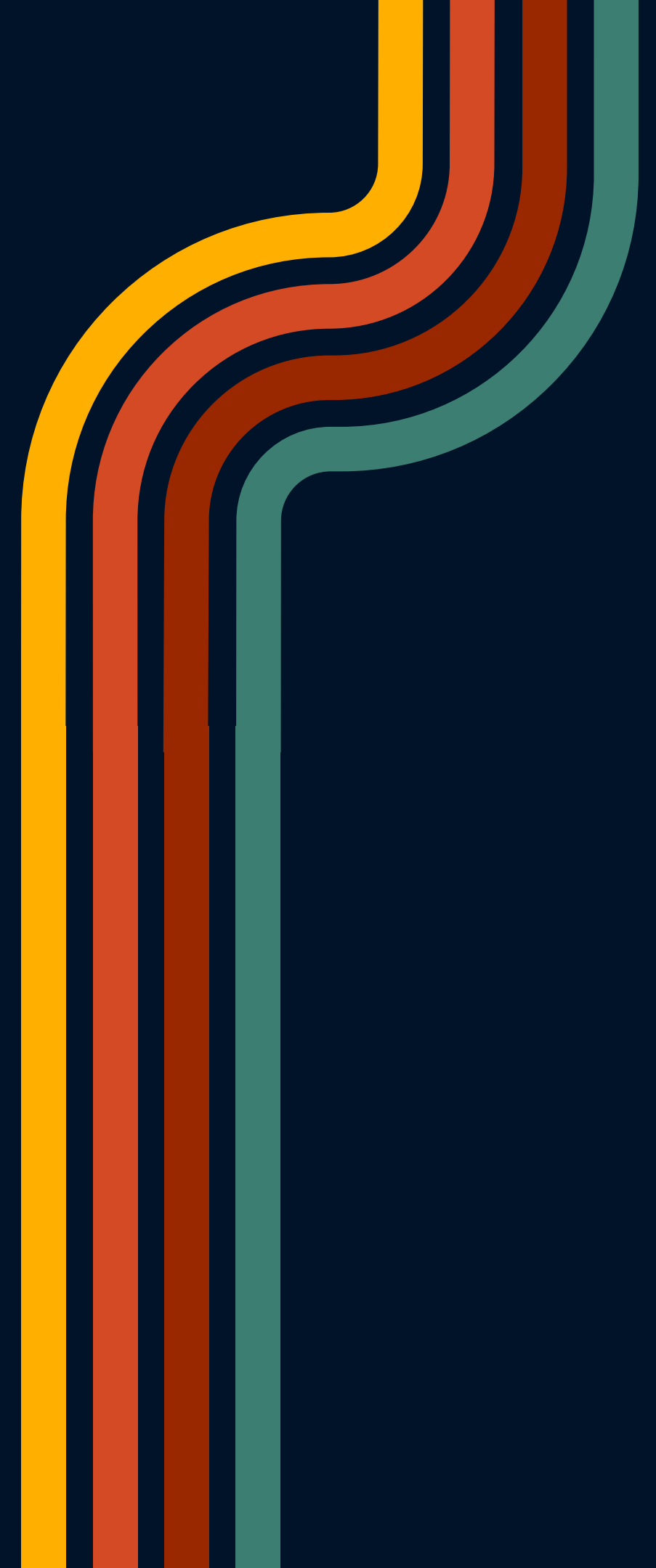
EAU CLAIRE COUNTY DATA



SEPTEMBER 20, 2022

Eau Claire County Board of Supervisors authorized the creation of the Opioid Task Force

Tasked with recommending uses of the settlement funds for community assessment and opioid abatement purposes such as: enhancing addiction treatment; evaluating and implementing community-based prevention; and increasing adoption of best practices.



WHO IS ON IT?

County Board Members:

Supervisor Brett Geboy
Supervisor Allen Myren
Supervisor Christy Tomczak

Public Health

Health Department Director, Lieske Giese

Sheriff's Office

Sheriff Dave Riewestahl

Department of Human Services

Behavioral Health Administrator, Luke Fedie

Criminal Justice System:

Criminal Justice Manager, Tiana Glenna

City of Eau Claire

Project Management Coordinator, Billie Hufford

Citizen Members:

Kerry Bauer
Renee Sommer - Co-Chair
OPEN POSITION



WHAT WE DID FOR THE FIRST YEAR & A HALF

(In roughly 9 meetings...)

- ✓ Lived Experience Panel
- ✓ Community Feedback Survey
- ✓ White Paper Review
- ✓ EC County Jail Listening Sessions
- ✓ Compiling & Reviewing Current Resources & Data
- ✓ Funded Several Small Projects
- ✓ Brainstormed Larger Project Ideas

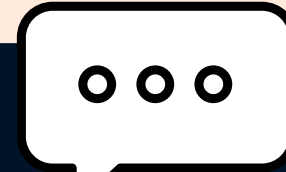


KEY TAKEAWAYS FROM THE

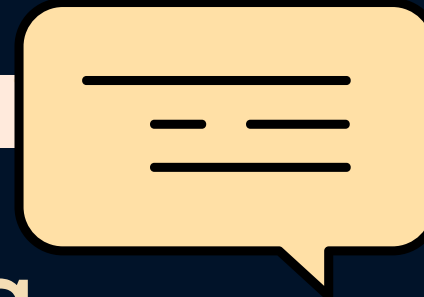
LIVED EXPERIENCE PANEL



Trauma is a gateway drug



Lack of connection/belonging



Addiction can happen to anyone



KEY TAKEAWAYS FROM THE

JAIL LISTENING SESSIONS



Boredom + Barriers = Relapse



Focus is on punishment not rehab



Need more support for families



Breaking up families/Loss of support



APPROVED USES

Schedule A Core Strategies Settling States and Exhibit E Participants may choose from among the abatement strategies listed in Schedule B. However, priority may be given to the following core abatement strategies ("Core Strategies").¹

- Naloxone or other FDA approved overdose reversal drugs
- Medication-Assisted Treatment (MAT)
- Services for Pregnant and Postpartum Women
- Expanding Treatment for Neonatal Abstinence Syndrome
- Expansion of Warm Hand-Off Programs & Recovery Services
- Treatment for Incarcerated Population
- Prevention Programs
- Syringe Service Programs
- Data collection and research



APPROVED USES PT2

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:

- Treatment for OUD (must be evidence-based)
- Support people in treatment and recovery
- Connections to Care
- Address needs of Justice-Involved Persons
- Address the needs of pregnant or parenting women and their families
- Prevent over prescribing & dispensing
- Opioid Misuse Prevention
- Prevent overdose deaths & Harm Reduction
- First Responders
- Leadership/Planning/Coordination
- Training
- Research



WHAT HAVE WE RECOMMENDED SO FAR?



Sharps Disposal in Parks

(\$45,000) Eight sharps disposal containers for initial set up and (\$12,000) One-hundred lock bags and three-hundred lock boxes
(Resolution 23-24/023)

Additional Community Resource Supplies

(\$22,000) One-year supply of two hundred and fifty Narcan units (2 doses/unit), and two hundred and fifty Fentanyl test strips (community use) (Resolution 23-24/024)

MAT Programming in EC County Jail

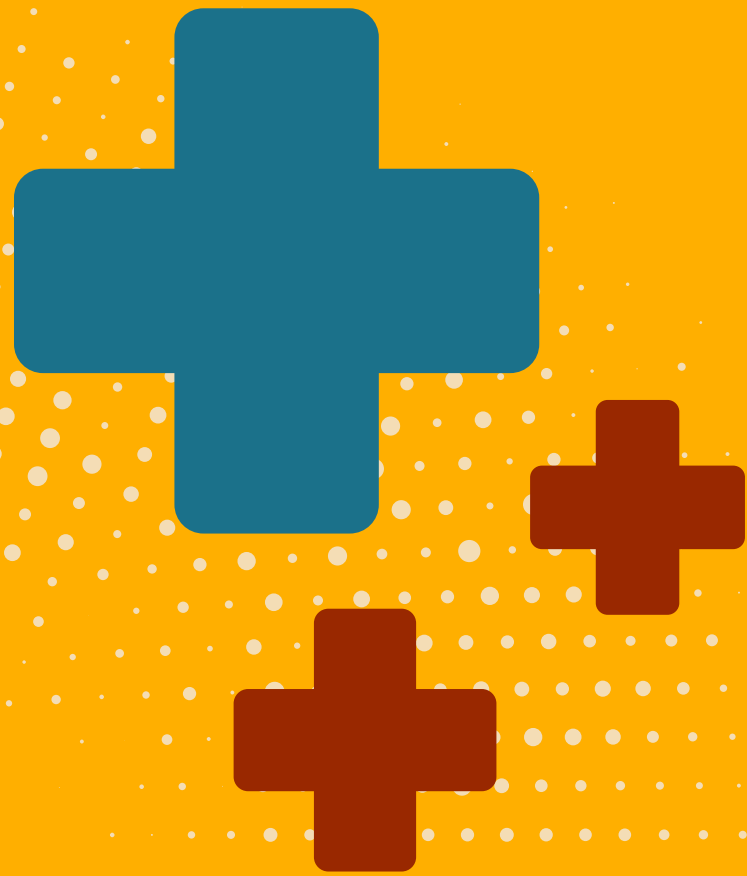
(\$24,000) MAT programming in the Eau Claire County Jail for the duration of one-year, with the evaluation of the program after 9-months by the Eau Claire County Opioid Settlement Task Force (Resolution 23-24/045)

Support Public Health Specialist Role

(\$44,170) Support half (50%) of the cost for the Public Health Specialist in the City-County Health Department to coordinate harm reduction and prevention strategies (Resolution 23-24/066)

Funded an EC County Peer Support Training

(\$14,300) One-time Peer Support Training costs (Resolution 23-24/060)



COMMON POINTS OF DISCUSSION

Education

- Stigma
- Reality of Use
- State of the County
- Available resources
- Data & Statistics
- Narcan/Test Strip Use

Treatment & Support Resources

- Medication Assisted Treatment
- Clinical Therapeutic Supports
- Inpatient Options
- Peer Support
- Harm Reduction

Life in Recovery

- Community Socioeconomic Needs
- Gaps in Recovery Community



QUESTION

TIME!



EXHIBIT E

List of Opioid Remediation Uses

Schedule A Core Strategies

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

- A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**
1. Expand training for first responders, schools, community support groups and families; and
 2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.
- B. **MEDICATION-ASSISTED TREATMENT (“MAT”) DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**
1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;
 2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;
 3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and
 4. Provide treatment and recovery support services such as residential and inpatient treatment, intensive outpatient treatment, outpatient therapy or counseling, and recovery housing that allow or integrate medication and with other support services.

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

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment (“*SBIRT*”) services to non-Medicaid eligible or uninsured pregnant women;
2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for women with co-occurring Opioid Use Disorder (“*OUD*”) and other Substance Use Disorder (“*SUD*”)/Mental Health disorders for uninsured individuals for up to 12 months postpartum; and
3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

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

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

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

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;
2. Expand warm hand-off services to transition to recovery services;
3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;
4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and
5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

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

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA’s “Real Cost” campaign to prevent youth from misusing tobacco);
2. Funding for evidence-based prevention programs in schools;
3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);
4. Funding for community drug disposal programs; and
5. Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

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

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

Schedule B Approved Uses

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

PART ONE: TREATMENT

A. **TREAT OPIOID USE DISORDER (OUD)**

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

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment (“*MAT*”) approved by the U.S. Food and Drug Administration.
2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine (“*ASAM*”) continuum of care for OUD and any co-occurring SUD/MH conditions.
3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including *MAT*, as well as counseling, psychiatric support, and other treatment and recovery support services.
4. Improve oversight of Opioid Treatment Programs (“*OTPs*”) to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.
5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

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

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.
9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.
10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.
11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.
12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 (“*DATA 2000*”) to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.
13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.
14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry’s Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

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

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.
3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.
7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.
8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.
9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.
10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.
11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.
12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.
13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
14. Create and/or support recovery high schools.
15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

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

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

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.
2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.
3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.
4. Purchase automated versions of SBIRT and support ongoing costs of the technology.
5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.
7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.
8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.
9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.
10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.
11. Expand warm hand-off services to transition to recovery services.
12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.
13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.
15. Engage non-profits and the faith community as a system to support outreach for treatment.
16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

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

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:
 1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative (“*PAARP*”);
 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 (“*CTP*”), 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.

Currently available resources across the continuum of care (Eau Claire City-County Health Department, Eau Claire Department of Human Services, Eau Claire Criminal Justice Services)

Prevention projects/programs

- *What do you know about Opioids* workshop – 1.5 hour workshop on what opioids are, local data, signs and symptoms of an overdose, Narcan, local resources
- Community Drug Disposal program: Medication drop box location promotion for EC county (ongoing through video series, advertising/promotion, social media) and Drug Take Back events (April, October)
- Medication safety community education campaign (promotion of videos throughout community – advertising, website, and social media)
- Training for agencies, community members on how to use Naloxone/Narcan
- ECCCHD providing support through grants to implement substance misuse prevention curriculum K-12
- ECCCHD convenes the Eau Claire Health Alliance, Substance Misuse Action Team made up of community partner agencies and individuals to implement evidence-informed prevention efforts
- In progress: Creation of a data dashboard on opioid misuse, overdoses, treatment, program data, etc.; city/county group coming together to discuss sharps disposal in EC county

Prevention gaps: Ongoing funding to support educational campaigns and prevention curriculum in schools including staffing (currently supported through grants); Funding to sustain capacity to collect data and evaluate policies, programs and strategies to address substance use including opioids; funding for sharps disposal options in the community.

Harm reduction resources

- Narcan Direct Program – distribution of Naloxone to agencies and community members in Eau Claire County
- Fentanyl Test Strips Direct Program - distribution of Fentanyl test strips to agencies and community members in Eau Claire County
- Medication lock boxes and lock bags and Detera available at health department
- Overdose Fatality Review Team: Team made up of city/county agencies to review local overdose deaths and identify areas for intervention/prevention
- Overdose Spike Alert program through DHS – EC agencies receive alerts when 2 or more non-fatal overdoses happen in the area to alert agencies to local trends
- In progress: Narcan and FTS distribution at the jail

Harm reduction gap: Narcan and FTS direct limited to agencies who request it and county is awarded limited supply, so there is opportunity to expand; Current funding dependent on state grants for Narcan, FTS and supplies, lockboxes and at-home medication deactivation bags (Detera); Currently not funding quick/rapid response teams, as some communities do related to overdose alerts.

Currently available resources across the continuum of care (Eau Claire City-County Health Department, Eau Claire Department of Human Services, Eau Claire Criminal Justice Services)

Treatment and Recovery Services for persons with OUD and any co-occurring SUD/MH conditions

- Outpatient SUD/MH Treatment ECCDHS (last resort) and community providers
- Inpatient SUD/MH treatment – Area Hospital programs
- Residential SUD/MH treatment – Arbor Place closest, other in-state providers
- Comprehensive Community Services – SUD/MH Recovery-based treatment – MA Only
- Community Support Program – Severe and persistent mental health condition - MA primary
- AA/NA 12-Step type recovery support groups

Diversion and deflection programs for persons with OUD and any co-occurring SUD/MH conditions

- Law Enforcement Co – responder program
 - Provides a clinical response to community members’ mental health and crisis needs when the police department gets called. This allows the opportunity for our community members to have someone trained specifically in the mental health field meet with them face to face when they are having a mental health crisis, offer support in the moment, connect them with longer term resources, and assist them after their crisis subsides.
- BJMHS at the jail
 - The Brief Jail Mental Health Screen (BJMHS) is a powerful booking tool to screen incoming detainees in jails and detention centers for the need for further mental health assessment. This tool is used at the point of booking into the county jail. Information is then shared with the medical and mental health staff to further assess the needs of those scoring high on this tool
- Comprehensive Community Intervention (CCI) group in the jail
 - The CCI group is an internal stakeholder who meet weekly to discuss those who have been booked into the jail and scored high on the BJMHS or are familiar faces to the system. This group is led by two DHS staff who work to address immediate needs of the client and those transitioning out of the jail to warm handoffs for services.
- Diversion
 - The Eau Claire County Pre-Charge Diversion Program is founded on the principle that low-risk individuals are generally self-correcting. By limiting formal intervention, the hope is to limit further involvement in the judicial system and potentially reduce recidivism.
- DAGP-star
 - The Eau Claire County STAR program is a District Attorney sentencing option. Access to this program will only be offered by the Eau Claire County District Attorney’s office through the offer of a DAGP. The primary goal of this program is to avail clients who are suffering from addiction, the opportunity to access treatment and services at no cost. Upon successful completion of the program, clients’ cases will be either dismissed or reduced.

Currently available resources across the continuum of care (Eau Claire City-County Health Department, Eau Claire Department of Human Services, Eau Claire Criminal Justice Services)

- Pretrial monitoring
 - Pretrial is ordered through the courts as a condition of release. Pretrial is at the discretion and order from the court. The program is monitored by Eau Claire County Pretrial Services. Services for higher risk level are monitored at the Community Transition Center.
 - The goal of pretrial monitoring is to follow evidence-based practices in pretrial release and detention, to support the goals of Maximizing public safety, Maximizing court appearance, Maximizing release.
- Community service
 - A Community Service sentence is primarily used for adult criminal offenders as an alternative to incarceration. It addresses the traditional sentencing goals of punishment, reparation, restitution, and rehabilitation while simultaneously benefiting the community, victims and offender.
- Treatment courts
 - Eau Claire County Treatment Courts is a sentencing option for people facing jail or prison time as a result of pending charges or potential probation revocation. Our goals are to:
 - increase public safety by reducing recidivism;
 - improve the behavioral health of participants;
 - promote healthy, intact families; and
 - use justice system resources wisely.
- In progress for review
 - Peer Specialists at 3 levels; Clients who are incarcerated, at hospitals, and with Law enforcement.

Treatment gaps: Providers, MAT, beds, crisis options

Recovery gaps: Peer support, safe sober living options

FACT SHEET for
File No. 24-25/043

Funding Proposal: Project Management Role for Opioid Task Force

Beginning in 2022, the Opioid Task Force was established by the Eau Claire County Board of Supervisors to recommend uses of settlement funds for community assessment and opioid abatement. While the funding requires specific uses, there remains a need to develop a short-term and long-term spending structure for the county. The task force has identified a need for project management to coordinate task force work done to date and use it to develop a framework and plan for disbursement of funds moving forward. To date, \$137,470 of opioid settlement funds received in Eau Claire County have been allocated by the county board upon the recommendation of the Opioid Task Force. There remains \$1,184,591 unallocated dollars in the county opioid settlement fund and anticipation of further funding from future settlements. The Opioid Task Force project management role is proposed over a 6-month period to:

- Review existing documentation (e.g., financial, Eau Claire County white paper, program overview document, state guidance documents, settlement document, taskforce minutes)
- Create summary documents based on review to guide Opioid Task Force discussions about next steps for opioid settlement funding
- Draft framework for Opioid Task Force to use to identify projects and prioritize funding
- Facilitate process with Opioid Task Force to determine sustainable framework and next steps
- Work with Opioid Task Force to create an annual plan and process for funding based on framework
- Work with Opioid Task Force chairperson and team to set agendas and schedule meetings, provide documentation and information for review for meetings, support chairperson with meeting and follow up, provide other staff support to Opioid Task Force as needed.

The task force is requesting funding for 8 hours/week for project management to be conducted by the Public Health Specialist at the Eau Claire City-County Health Department, in the amount of \$8,833.

Fiscal Impact: \$8,833 from the Opioid Settlement funds.

Respectfully submitted,

Peggy O'Halloran
Community Health Promotion Division Manager

4 - APPROVING THE EAU CLAIRE COUNTY OPIOID TASK FORCE TO EXPEND
5 FUNDING A PROJECT MANAGEMENT POSITION -

6 WHEREAS on September 20, 2022, the Eau Claire County Board of Supervisors
7 authorized the creation of the Opioid Task Force, and,

8
9 WHEREAS the task force is tasked with recommending uses of the settlement funds for
10 community assessment and opioid abatement purposes; and,

11
12 WHEREAS the Opioid Task Force has identified a need for project management in order
13 to develop the recommended framework and plan for disbursement of funds; and,

14
15 WHEREAS the Opioid Task Force is recommending to the Eau Claire County Board of
16 Supervisors to approve \$8,833 opioid settlement funds for health department staff to serve as the
17 project manager for the task force for 6 months to:

- 18 • Review existing documentation (e.g., financial, ECC white paper, program overview
- 19 document, state guidance documents, settlement document, taskforce minutes)
- 20 • Create summary documents based on review to guide Opioid Task Force discussions
- 21 about next steps for opioid settlement funding
- 22 • Draft framework for Opioid Task Force to use to identify projects and prioritize funding
- 23 • Facilitate process with Opioid Task Force to determine sustainable framework and next
- 24 steps
- 25 • Work with Opioid Task Force to create an annual plan and process for funding based on
- 26 framework
- 27 • Work with Opioid Task Force chairperson and team to set agendas and schedule
- 28 meetings, provide documentation and information for review for meetings, support
- 29 chairperson with meeting and follow up, provide other staff support to Opioid Task Force
- 30 as needed.

31 NOW THEREFORE BE IT RESOLVED; that the Eau Claire County Board of Supervisors
32 hereby approves funding from the Opioid Settlement fund in the amount of \$8,833 (8
33 hours/week for 6 months of Public Health Specialist position)

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35 ADOPTED:
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1 **Committee on Administration**

2 AYE NAY ABSTAIN

3 _____
4 Supervisor Nancy Coffey

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6 _____
7 Supervisor Connie Russell

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9 _____
10 Supervisor Gerald Wilkie

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12 _____
13 Supervisor Steve Chilson

14

15 _____
16 Supervisor Katherine Schneider

17

18 Dated this _____ day of _____, 2024

19 **Committee on Finance & Budget**

20 AYE NAY ABSTAIN

21 _____
22 Supervisor Dane Zook

23

24 _____
25 Supervisor Stella Pagonis

26

27 _____
28 Supervisor Jim Schumacher

29

30 _____
31 Supervisor Bob Swanson

32

33 _____
34 Supervisor Jim Dunning

Dated this _____ day of _____, 2024

Resolution 24-25/043

SK

Eau Claire County
Fund 203: Opioid Summary
May 31, 2024
at 06.12.24

Resolution	Department/Committee	Program	Funding Source	Funding Allocated	Actual Expenditures			Allocated Funding Remaining
					2023	2024	Total Expenditures	
23-24/023	Opioid Task Force	Sharps Disposal	Settlement Funds	\$ 57,000	\$ 12,000	\$ 21,179	\$ 33,179	\$ 23,821
23-24/024	Opioid Task Force	Test Strips	Settlement Funds	22,000		2,228	2,228	19,772
23-24/060	Opioid Task Force	Peer Support Training	Settlement Funds	14,300		-	-	14,300
23-24/066	Opioid Task Force	50% Public Health Specialist	Settlement Funds	44,170		8,503	8,503	35,667
Total				\$ 137,470	\$ 12,000	\$ 31,911	\$ 43,911	\$ 93,559

SETTLEMENT FUNDS SUMMARY	
Settlement Funds - 2022	\$ 556,133
Settlement Funds - 2023	144,776
Settlement Funds - 2024	565,825 through 05.31.24
Total Settlement Funds Received	\$ 1,266,734
Interest Income - 2022	2,951
Interest Income - 2023	31,408
Interest Income - 2024	20,968 through 05.31.24
Total Interest Income Earned	\$ 55,327
Total Funding Available	\$ 1,322,061
Less: Allocations to Programs (detail above)	\$ (137,470)
Unallocated Funding	\$ 1,184,591