

**Dane County Health and Human Needs Committee –
Opioid Settlement Subcommittee**

Report to Dane County Health and Human Needs Committee

May 2024

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Dear Health and Human Needs Committee Members,

The 2024 adopted operating budget created an Opioid Settlement Subcommittee of the Health and Human Needs (HHN) Committee; to make recommendations for priorities to include in a request for proposals for services to be supported with opioid settlement funds. The subcommittee will have eight (8) members, including the Human Services Director or their designee and the Board of Health Chair or their designee. As Chair of HHN, I appoint the remaining six (6) members, “including three County Board Supervisors, at least one of which will be a member of the HHN Committee, and three stakeholders from the community that come from diverse backgrounds: one person with lived experience of addiction, one person with AODA expertise and a youth voice.” I hereby appoint the following members: Supervisor Rick Rose, Supervisor April Kigeya, Supervisor Jay Brower, Rene Livingston-DeTienne, Joseph Galey, and Sophia Pieton.

Supv. Rick Rose serves on the Public Protection and Judiciary (PPJ) Committee and has generated significant public engagement with the county board on opioid addiction, overdose, and harm reduction. County Board 2nd Vice Chair Supv. April Kigeya also serves on the PPJ Committee, is a member of the African-American Opioid Coalition, and is passionate about treating addiction as a public health issue, not a criminal legal issue. Supv. Jay Brower was a member of the HHN Committee and brings professional experience from representing the interests of working people across Wisconsin, including hospital and long-term care workers to the work of the subcommittee.

Rene Livingston-DeTienne is a substance use counselor and certified peer specialist whose work is heavily grounded in Harm Reduction principles, with special emphasis on cultural humility, equity, belonging, and serving marginalized populations. Joseph Galey is a certified peer specialist, homeless outreach coordinator with Madison Street Medicine, and a person with lived and living experience. Sophia Pieton is a Youth in Government Program participant who has previously served on the HHN committee, is currently serving on PPJ, and is a strong advocate on substance use issues.

The subcommittee will be staffed by the Department of Human Services. The budget legislation requires the subcommittee to make recommendations for \$800,000 in funding for 2024 to HHN no later than April 1st, 2024 and by July 1st of each year for the following budget cycle until the opioid settlement revenue payments are complete and expended. I am requesting that Supervisor Rose call the first meeting, and that Human Services administrative staff work with Supervisor Rose and the subcommittee members to find the first meeting date.

Sincerely,

Supervisor Rick Rose
Area Agency on Aging Board
County Board of Supervisors
(Chair of Subcommittee)

Supervisor April Kigeya
Equal Opportunity Commission
County Board of Supervisors

Aurielle Smith
Board of Health Designee
Public Health Madison and Dane County

Rene Livingston-DeTienne
Citizen Seat
CAYA Clinic, INC.

Joseph Galey
Citizen Seat
Safe Communities of Madison
(Vice Chair of Subcommittee)

Supervisor Jay Brower
Health and Human Needs
County Board of Supervisors

Todd Campbell
Division Administrator
Behavioral Health – Dane County

Sofia Pieton
Youth Governance Program
Student member

Subcommittee Membership

Supervisor Rick Rose, Area Agency on Aging Board of the Dane County Board of Supervisors

Supervisor April Kigeya, Equal Opportunity Commission of the Dane County Board of Supervisors

Supervisor Jay Brower, Health and Human Needs Committee of the Dane County Board of Supervisors

Aurielle Smith, Director of Policy, Planning and Evaluation at Public Health of Madison and Dane County

Joseph Galey, Certified Peer Support Specialist and Recovery Coach of Safe Communities

Rene Livingston-DeTienne, DEIB Program Manager of CAYA Clinic, Inc.

Todd Campbell, Division Administrator of Dane County Behavioral Health

Sofia Pieton, Youth Governance Program (YGP) member

History

Background on the Overdose Crisis

Since 1999, more than one million people have died of a drug overdose in the United States (U.S). The nature of this crisis has evolved rapidly in recent years, with synthetic opioids, such as fentanyl, now dominating the drug supply. Amid an evolving and increasingly life-threatening substance use environment, harm reduction has become a pillar of America's overdose prevention strategy. Harm reduction is an evidence-based approach to engage and meet the needs of people who use drugs. For America's counties, harm reduction complements prevention, treatment and recovery services to create a more holistic and effective system of care.

Introduction to Harm Reduction

The U.S. Substance Abuse and Mental Health Services Administration (SAMHSA) defines harm reduction as “a practical and transformative approach that incorporates community-driven public health strategies”.

– Including prevention, risk reduction, and health promotion – to empower people who use drugs and their families with the choice to live healthier, self-directed, and purpose-filled lives. Harm reduction centers the lived and living experience of people who use drugs, especially those in underserved.

What Would HR Mean for Dane County?

Harm reduction focuses on, among other things: 1) preventing fatal overdose, 2) preventing the spread of infectious disease and 3) providing people who use drugs with opportunities to address their needs on their own terms. HR centers the autonomy of people who use drugs by acknowledging their self-determined hierarchy of needs. Strategies include offering low-barrier access to substance use-related services, such as wound care, safer use equipment and medications for opioid use disorder, as well as responding to needs that may have preceded substance use, such as untreated mental health conditions or loss of permanent housing. These strategies provide connections to care and enable people to pursue positive changes that they identify as priorities.

The Research Behind HR

Decades of research demonstrates that harm reduction improves health outcomes for people who use drugs and benefits the environments of surrounding communities. Studies of communities across the U.S. have found that harm reduction programs effectively link people to

treatment, reduce the spread of infectious diseases and save lives. Examples of the benefits of harm reduction in communities include:

- A study in Seattle, Wash. found that people who participate in HR programs are more than twice as likely to reduce the frequency of their substance use and three and half times more likely to stop using substances entirely compared to those who do not.

- A study of young adults in Rhode Island found that the distribution and use of fentanyl testing strips contributed to safer use and reduced overdose risk.

- Prevention Point, a HR organization operating in Tompkins, Broome and Chenango Counties, N.Y., provides short-term rental assistance as well as Medicaid assistance for individuals with chronic illnesses (including diabetes, hypertension, mental health diagnoses and asthma).

What If There is No Harm Reduction Efforts?

On the other hand, the absence of harm reduction services is associated with negative health outcomes. In Indiana, Massachusetts and West Virginia, local policy restrictions on the operation of HR Centers resulted in outbreaks of hepatitis C and human immunodeficiency virus (HIV). Such outbreaks harm individuals and create significant societal costs, with hepatitis C treatment costing at least \$24,000 and HIV treatment costing \$350,000 over a lifetime.

Presentations

At the January 16, 2024, Subcommittee meeting, the following presentations were given:

- Rick Rose, Subcommittee Chair
Creation and Background of Opioid Settlement Funds
Opioid Death Demographics Reported by DC Medical Examiner and MDCPH

At the January 22, 2024, Subcommittee meeting, the following presentations were given:

- Todd Campbell, Director with DCDHS and Subcommittee Member
Behavioral Health Introduction (DCDHS Behavioral Health)
- Aurielle Smith, Director with MDCPH
Substance Use Prevention/ Harm Reduction (Public Health)

At the January 29, 2024, Subcommittee meeting, the following presentations were given:

- Dr. Elizabeth Salisbury-Afshar, UW Health Systems
Current Research on Harm Reduction and MAT Induction in Incarceration
- Skye Boughman, Community Advocate, ARC
Mother and Baby Safety and Harm Reduction
- Chloe Moore, DCDHS Behavioral Health
Overview of Opiate Settlement Funds
- Carrie Simon, DCDHS
Behavioral Health Resource Center

At the February 5, 2024, Subcommittee meeting, the following presentations were given:

- Samantha Karon, National Association of Counties

Opioid Solutions Center

- Tarah Strangler, OutReach LGBTQ+ Center
Prevention and Harm Reduction Services

At the February 19, 2024, Subcommittee meeting, the following presentations were given:

- Clare Schmidt & Adrienne Hurst, Vital Strategies
Drug Testing in Dane County
- Traci Groll, Director of Horizon High School Director
Education Prevention for Youth
- Damon Terrell, Afro Descendants Men's Collective
Prevention and Harm Reduction Services
- Leah Rolando, Safe Communities
Education Prevention for Youth, in Schools
- Sofia Pieton, Youth in Government Member and Subcommittee Member
High School Experiences and Education Surrounding Drug Use

Recommendations

The Subcommittee recommends to HHN the creation and execution of a holistic Dane County community approach to a centralized Harm Reduction and Prevention Drop-In Center with Drug Checking.

This Center would serve as a hub for community building and healing, safety, and connection by counteracting the isolation and exclusion faced by individuals who have used and are using drugs. The center would incorporate the existing harm reduction services provided by PHMDC (syringe services, distribution of safe smoking supplies, education and distribution of Narcan, distribution of Fentanyl and Xylazine test strips in time), and provide new services in alignment with the national harm reduction framework: drug checking, access to onsite wound care supplies and enhanced overdose education opportunities through connection to peer services. Some of these services would be provided by PHMDC and others would be provided by community non-profits and shareholders who would be selected through the County’s RFP process which would evaluate their abilities, readiness and expertise to serve these needs.

The Center’s mission would immediately serve moms, babies, older black men, queer individuals and others most impacted by the harm caused by the defendants of the opioid settlement. This center would also serve as a safe space for the dual-stigmatized houseless substance user. These folks are at the most risk in Dane County, statistically; however, it would be a center for all.

We propose utilizing the opioid settlement funding to expand the services offered by public health (PHMDC) and to expand the program into a more accessible space that can better uphold the principles of harm reduction. Specifically, we would support a space that allows for the aforementioned services to be conducted while respecting autonomy for the people being served, practices acceptance and hospitality, provides support to individuals on their use and recovery journeys, connects with community, and provides multiple pathways to being well.

In order to fully realize the potential of the recommendation, the sub-committee offers the following generalized budget outline:

Expense	Rationale	Amount
1.0 FTE PH Specialist	This position would support delivering harm reduction services at the drop-in center as	\$95,000

	well as conduct drug checking. Amount estimate includes Salary, Fringe, and Overhead Cost for Position. NOTE: This position would require lived experience as a prerequisite.	
1.0 FTE PH Specialist	This position would support delivering harm reduction services at the drop-in center as well as conduct drug checking. NOTE: This position would require lived experience as a prerequisite.	\$95,000
1.0 FTE Center Administrator	This position will support the day to day operations of the drop in center and will coordinate the activities and services of the center. NOTE: This could be a PH position or be filled through the RFP process. This position would require lived experience as a prerequisite.	\$110,000
1.0 Admin Staff	This position will provide the administrative needs to the center including welcoming those who use the facility, scheduling for the center, and ensuring adequate supplies are kept in stock for the center. NOTE: This could be a PH position or be filled through the RFP process. This position would require lived experience as a prerequisite.	\$75,000
Rent for Facility	A new location for this service would need to be identified. There are some options for rental space. Results from existing assessments done with members of the community would determine the best geographical location for this space to exist. This location would likely be along the East Washington Corridor or on Hayes Road.	\$100,000 (estimate based on area cost)
Furniture and Fixtures	Furniture and Fixtures Estimate	\$45,000

Program Supplies	This includes smoking supplies, Narcan, syringes, wound care supplies, and other harm reduction materials.	\$80,000
Funding for Contracts for Peer Support	To ensure that peer support services could be offered on site during hours of operation.	TBD- Based on current fee for service schedule EST: \$100,000
Funding for Contracts for organizations that support vulnerable groups who can run programming/services out of the space.	To provide engagement opportunities for individuals using the Center. Could include employment workshops, drop-in counseling, warm hand off services, and/or art and music therapy.	TBD EST: \$100,000

The Subcommittee strongly encourages and supports PHMDC in pursuing additional funding opportunities to support the drug checking aspect of this proposal.

Decades of research have shown that some harm reduction strategies provide significant individual and public health benefits, including preventing deaths from overdoses and preventing transmission of infectious diseases among people who use drugs and the larger community. Others reduce emergency department visits and costly healthcare services, while in some cases offering people who use drugs opportunities to connect to SUT (substance use treatment) and other healthcare services in settings relatively free of stigma.

<https://nida.nih.gov/research-topics/harm-reduction#:~:text=Decades%20of%20research%20have%20shown,drugs%20and%20the%20larger%20community>.

Harm reduction encompasses interventions, programs and policies that seek to reduce the health, social and economic harms of drug use to individuals, communities and societies. Europe has been the leader in these efforts and the recent European Drug Report of 2023 includes key data on opioid treatment, Narcan programs, overdose prevention centers and more. https://www.emcdda.europa.eu/publications/european-drug-report/2023/harm-reduction_en

Here are some examples of successful county/community drop-in centers that were looked at in the creation of this recommendation:

The Eastern Band of Cherokee Indians established the Tsalagi Public Health SSP in 2018. In addition to providing access to sterile supplies and naloxone, the SSP has linked nearly 1 in 14 participants to treatment for substance use disorders.

Sonoran Prevention Works (SPW) is a nonprofit harm reduction organization founded by PWUD (people who use drugs). In addition to operating three urban service locations, SPW conducts community-informed outreach programs in Arizona's southern and rural Counties. In 2021, SPW trained over 1,000 individuals in harm reduction best practices for overdose prevention and naloxone administration in Cochise, Graham and Santa Cruz counties and distributed nearly 2,500 naloxone kits in these communities.

Prevention Point Philadelphia is a drop-in harm reduction center in Philadelphia's Kensington neighborhood. In addition to other essential public health services, like access to naloxone and sterile supplies for safer substance use, Prevention Point also offers MOUD (medication for opioid use) treatment onsite.

The North Carolina Harm Reduction Coalition offers mobile SSP services in several North Carolina Counties, expanding access to rural areas of the state where community members face long travel times and other barriers to seeking services often clustered in urban areas.