Community Needs Assessment: Opioid Epidemic Framework

Executive Summary

Dane County is undertaking a comprehensive assessment of its opioid response system to identify unmet needs, understand strengths and gaps across prevention, harm reduction, treatment, recovery, healthcare, and criminal justice systems, and establish shared priorities to guide Opioid Settlement investments and long-term strategic planning.

This Community Needs Assessment (CNA), conducted alongside a parallel Systems Analysis, will provide the County with a unified strategic roadmap to strengthen cross-system coordination, improve service access and quality, reduce opioid-related harms, and ensure future investments are data-driven, equitable, and aligned with the nine-core Opioid Settlement Abatement strategies.

Background and Rationale

The CNA and Systems Analysis together will enable the County to:

- Prioritize Opioid Settlement investments across the nine abatement strategies.
- Identify the most urgent service gaps and unmet needs across the continuum.
- Determine which geographic areas, populations, and systems experience the greatest disparities.
- Identify which County systems require capacity building, structural improvements, new partnerships, or policy change.
- Develop a structured and transparent process for future funding cycles and RFP releases.
- Understand where current funding is insufficient, duplicative, or unstable.
- Align County strategies with evidence-based best practices, community priorities, and OFR findings.

These decisions form the foundation for Dane County's long-term opioid strategic plan.

Purpose and Intended Outcomes

The purpose of the Community Needs Assessment is to provide a comprehensive understanding of opioid-related needs, system performance, community priorities, funding gaps, and structural barriers in Dane County.

Intended outcomes include:

- A full needs assessment grounded in community voice, lived experience, and epidemiological data.
- A systems analysis that evaluates system functioning, provider capacity, referral pathways, funding sustainability, and policy barriers.
- Integrated findings that link community needs and system constraints to strategic priorities.
- A shared set of County-wide strategic goals related to prevention, harm reduction, treatment, recovery, incarceration-related care, and overdose response.
- A formal Opioid Settlement investment framework that connects findings to allowable spending categories.
- Clear recommendations for implementation, evaluation, and sustainability.

Governance and Project Roles

Effective coordination and clarity of responsibilities are essential for the success of this initiative.

Project Ownership

- Opioid Settlement Coordinator
- Dane County Department of Human Services
- Public Health Madison & Dane County
- OFR Initiative Coordinator

Deliverable Ownership

Final CNA will be owned by the Opiate Settlement Coordinator and the System Analysis owned by Public Health with review and oversight from the Opioid Settlement Need Subcommittee.

Core Staff Team
A dedicated cross-agency team will assist in providing feedback on the development and implementation of all project components:

- Opioid Settlement Coordinator (lead)
- Public Health epidemiologists
- OFR Coordinator + OFR team
- DHS program and contract staff
- Emergency Management data leads
- Community engagement staff

- Advisors with lived and living experience

Alignment With the Nine Opioid Abatement Strategies

All elements of the CNA and Systems Analysis will be organized explicitly around the nine Opioid Settlement Abatement Strategies outlined in Schedule E.

This structure ensures findings directly support funding decisions and highlight County strengths, gaps, and opportunities within each allowed category.

Special attention will be given to expanding the Prevention section to include primary prevention, youth prevention systems, and community prevention infrastructure—areas currently underdeveloped locally and nationally.

Expanded Prevention Section

Prevention is one of the core abatement strategies and will receive expanded focus, including:

- Youth prevention programs and school-based initiatives.
- Evidence-based early intervention supports.
- Upstream factors such as trauma, housing instability, and economic insecurity.
- Community prevention coalitions and infrastructure.
- Prevention workforce capacity.
- Public education and stigma reduction campaigns.

This expansion will ensure prevention is represented as a foundational part of the County's strategy, not solely an add-on to treatment and harm reduction.

Systems Mapping

A comprehensive systems map will be developed to visualize how Dane County’s opioid response system functions across:

- Prevention
- Harm reduction
- Treatment
- Recovery support
- Healthcare
- Criminal justice and incarceration-related care
- Community support systems

The map will include provider types, geographic distribution, referral pathways, eligibility, service capacity, and known bottlenecks.

This becomes a critical operational resource far beyond the CNA itself.

Funding Landscape and Sustainability Analysis

To inform strategic investment, the CNA will include a full analysis of opioid-related funding streams, including:

- Federal grants
- State grants
- Medicaid reimbursement
- County and municipal funding
- State settlement dollars
- Dane County settlement dollars
- Philanthropic contributions

This review will identify duplication, sustainability concerns, funding cliffs, gaps across the continuum, and opportunities for braiding or layering funding.

Policy and Operational Barriers Review

A review of relevant policies, procedures, and operational structures will help identify barriers that limit implementation of evidence-based strategies.

The review will include:

- Local ordinances
- Agency-level policies
- Operational protocols within healthcare, criminal justice, and public safety systems
- Barriers to harm reduction implementation
- Data-sharing limitations
- Readiness to administer Settlement funds

This will support the development of a more solidified policy agenda for the Subcommittee and County.

Integration With OFR Systems Analysis

The CNA and the OFR Systems Analysis will be organized as two complementary workstreams within a single strategic initiative:

Workstream 1 – Community Needs Assessment

- Community engagement
- Surveys and focus groups
- Key informant interviews
- Lived and living experience
- Community priorities and service gaps

Workstream 2 – Systems Analysis

- Systems mapping
- Funding landscape
- Policy review
- Provider engagement
- Capacity assessment
- Cross-system coordination

The two workstreams overlap in epidemiology, evidence review, and root cause analysis, and will converge into:

- Integrated findings
- Gap and opportunity analysis
- Shared strategic priorities
- Investment framework
- Implementation and evaluation plan

This integration strengthens collaboration and ensures alignment across systems.

The structured 12-month calendar below outlines the proposed community needs assessment framework, organized into logical, action-oriented phases.

In **Red you will find extra notes and items that have been added in.
**All Recommendation presented by Elizabeth Salisbuy-Afshar are included in this document

Recommendation presented by Elizabeth Salisbuy-Afshar

Recommendation: Conduct a Comprehensive Opioid-Related Needs Assessment to Inform Strategic Investment Decisions

I recommend that the Dane County Opioid Settlement Subcommittee prioritize development of a comprehensive, data-driven opioid-related needs assessment to guide decision-making about future investments. Given the scope of opioid- and polysubstance related harms in the county and the responsibility to deploy resources strategically, a shared, up-to-date understanding of current needs, service gaps, and inequities is essential before determining funding priorities.

A comprehensive needs assessment would allow the subcommittee to:

- Identify which populations and geographic areas experience the greatest burden of opioid-related harm
- Understand where existing systems are insufficient or misaligned with need
- Avoid duplication of services and investments
- Ensure future funding decisions are evidence-based, equitable, and aligned with allowable opioid settlement spending categories

Recommended Scope and Data Categories

To meaningfully inform prioritization and allocation decisions, the needs assessment should include the following specific categories of data.

1. **Epidemiology and Burden of Harm**

- Opioid-related EMS calls, including geography and demographics
- Trends in opioid-related emergency department visits and hospitalizations, including geographic distribution and patient demographics
- Disparities by municipality, ZIP code, or census tract, and by race/ethnicity, age, and gender

For opioid overdose decedents, the assessment should specifically include:

- Demographics: age, race/ethnicity, gender, and housing status
- Geographic distribution
- Percentage with at least one EMS call in the prior year

- Percentage with at least one emergency department visit in the prior year
- Percentage released from jail or prison in the prior year
- Substances involved in overdoses (e.g., fentanyl, heroin, prescription opioids, polysubstance use)

This information is critical for identifying missed intervention opportunities and informing upstream prevention and linkage strategies.

2. **Treatment Access and Capacity**

- Availability of medications for opioid use disorder (MOUD) across settings, including:
    - Primary care
    - Specialty addiction treatment
    - Emergency departments
    - Hospital-based addiction consult teams
    - EMS/fire department
    - Dane County Jail and WI DOC
- Wait times for MOUD initiation and continuity of care
- Availability of residential treatment, and outpatient services
- Insurance acceptance (Medicaid, Medicare, uninsured)
- Workforce capacity and shortages, including prescribers, counselors, and peer support staff

3. **Harm Reduction and Overdose Prevention**

- Naloxone availability and distribution points, including geographic gaps based on known prevalence of need (i.e. EMS calls and fatal overdose distribution)
- Syringe service program (SSP) availability and utilization
- Access to safer-use supplies by geography
- Drug checking availability
- Post-overdose outreach and linkage-to-care programs

4. **Recovery Support and Social Determinants**

   - Data-informed estimates of housing instability and homelessness among people who use opioids in Dane County
   - Availability of recovery support services in Dane County:
     - Peer support
     - Recovery housing support
     - Employment support
     - Re-entry support for individuals leaving incarceration
   - Gaps in transportation, childcare, and other barriers to engagement in treatment and recovery services

5. **Criminal Legal System Interface**

   - Estimated prevalence of opioid use disorder among individuals incarcerated at Dane County Jail
   - Initiation and continuity of MOUD among individuals with OUD incarcerated in Dane County Jail and linkage to continuity upon release
   - Utilization of MOUD among Dane County drug court participants with OUD
   - Diversion programs and alternatives to incarceration with any available data on linkage to care
   - Coordination and data-sharing between criminal legal, healthcare, and community based systems

6. **Community and Lived Experience Perspectives**

   - Input from people with lived and living experience of substance use
   - Perspectives from family members, harm reduction organizations, treatment providers, and community leaders
   - Identification of unmet needs and service gaps not captured in administrative data

Deliverables

The final report should include:

- A clear summary of priority needs and service gaps
- Geographic and population-specific analyses
- Identification of short-, medium-, and long-term opportunities for intervention
- A clear linkage between identified needs and allowable opioid settlement spending categories to support future funding decisions

Capacity and Implementation Considerations

If existing local or state governmental entities do not have sufficient capacity to conduct this assessment in a timely and comprehensive manner, I recommend that the subcommittee consider commissioning an external organization to lead and coordinate the assessment in close partnership with local governmental entities. Collaboration with county and municipal agencies will be essential to ensure access to high-quality administrative data, appropriate interpretation of findings, and alignment with ongoing initiatives. The resulting report should be completed within six months and made publicly available to promote transparency, shared understanding, and accountability. A well designed, publicly accessible needs assessment will provide a critical foundation for responsible, data-driven, and impactful use of opioid settlement resources.

Timeline

Phase 1: Planning & Design (Months 1–3)

- **Month 1: Team & Scope**
    - Team Lead: Opioid Settlement Coordinator
    - Partners:
        - Individuals with lived and living experience
        - Public Health
        - ME's Office
        - Human Services
        - Emergency Management
        - Sheriff Dept.
        - DOC
        - DA's office

        - Community Agencies/ Contracted
        - City Alderman
        - Tribes
    - Geographic or demographic scope of assessment: Dane County
    - Engage key stakeholders—including residents, community leaders, and local organizations—early in the process to foster trust and authentic, community-led solutions
- **Month 2: Secondary Data Gathering**
    - Collect existing quantitative data. (Can be delivered at any time during the process and can come in as chunks which is currently what is mapped out)
        - Naloxone Saturation Tool- WI-DHS
    - Pull local statistics from the Public Health Madison & Dane County Data hub and the U.S. Census Bureau to map baseline demographics and health disparities. (Can be delivered in chunks or parts at different points in time for the identified areas, which you can see visually mapped out throughout time frame)

- **Month 3: Design Methodology**
    - Develop primary data collection tools. Draft your surveys, focus group questions, and interview guides.
    - Determine how and when to hold community listening sessions or public forums.

Key Area	Specific Area	Data Source	Department	Timeline	Phase
Epidemiology and Burden of Harm	Opioid-related EMS calls, including geography and demographics	WARDS data / Emergency Management data	Public Health and Emergency Management	Months 2-3	Phase 1: Planning & Design
Epidemiology and Burden of Harm	Trends in opioid-related ED visits and hospitalizations	WISOARR and Essences	Public Health and Emergency Management	Months 2-3	Phase 1: Planning & Design
Epidemiology and Burden of Harm	Disparities by geography and demographics	WISOARR, Essences, EMS calls	Public Health and Emergency Management	Months 2-3	Phase 1: Planning & Design
Treatment Access and Capacity	EMS/Fire	Emergency Management data	Emergency Management	Months 2-3	Phase 1: Planning & Design

Treatment Access and Capacity	Dane County Jail + DOC	Sheriff, Probation/Parole	Sheriff Dept & DOC	Months 2-3	Phase 1: Planning & Design
Harm Reduction and Overdose Prevention	Naloxone availability + gaps	WI-DHS Naloxone Direct, saturation tool	Emergency Mgmt, Public Health	Months 2-3	Phase 1: Planning & Design
Harm Reduction and Overdose Prevention	SSP availability and utilization	Public Health + Vivent	Public Health + Vivent	Months 2-3	Phase 1: Planning & Design
Harm Reduction and Overdose Prevention	Safer-use supply access	WI-DHS tool + PH locations	WI-DHS + Public Health	Months 2-3	Phase 1: Planning & Design
Harm Reduction and Overdose Prevention	Drug checking availability	WI-DHS mapping tool	Public Health	Months 2-3	Phase 1: Planning & Design
Recovery Support and Social Determinants	Housing instability	DHS Housing, PIT Count	DC DHS	Months 2-3	Phase 1: Planning & Design
Criminal Legal System Interface	Jail OUD prevalence	Spillman, Wellpath	Jail, Wellpath	Months 2-3	Phase 1: Planning & Design
Criminal Legal System Interface	Jail MOUD initiation & continuity	Spillman	Jail, Wellpath	Months 2-3	Phase 1: Planning & Design

Phase 2: Engagement & Data Collection (Months 4–7)

- **Month 4: Launch Surveys (primary data collection)**
  - Distribute community and stakeholder surveys (online and on paper). Consider utilizing local libraries and community centers in Dane County, prioritizing based on the **Naloxone Saturation data/ Overdose Death Data**
  - Asset mapping
  - Contract review

Key Area	Specific Area	Data Source	Department	Timeline	Phase
Treatment Access and Capacity	MOUD - Primary Care	Focus groups, surveys, FQHC	DC DHS	Month 4	Phase 2: Engagement & Data Collection

Treatment Access and Capacity	MOUD - Specialty addiction treatment	Clinic data, focus groups	DC DHS	Month 4	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	MOUD - Emergency Departments	Survey + Focus Groups	Hospitals	Month 4	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	Hospital addiction consult teams	Survey + Focus Groups	Hospitals	Month 4	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	MOUD wait times	Surveys + FG + Contract review	DC DHS	Month 4	Phase 2: Engagement & Data Collection

Key Area	Specific Area	Data Source	Department	Timeline	Phase
Treatment Access and Capacity	Residential + outpatient availability	Surveys + FG + Contracts	DC DHS	Months 4-7	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	Insurance acceptance	Surveys + FG + Contracts	DC DHS	Months 4-7	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	Workforce shortages	Surveys + FG + Contracts	DC DHS	Months 4-7	Phase 2: Engagement & Data Collection
Recovery Support and Social Determinants	Peer support	Contracts, Medicaid, focus groups, survey	DC DHS	Months 4-7	Phase 2: Engagement & Data Collection
Recovery Support and Social Determinants	Recovery housing	Contracts, WI-DHS	DC DHS	Months 4-7	Phase 2: Engagement & Data Collection
Recovery Support and Social Determinants	Employment support	Workforce center	DC DHS	Months 4-7	Phase 2: Engagement & Data Collection

Criminal Legal System Interface	Drug court MOUD	Protect	DA Office, Drug Court	Months 4-7	Phase 2: Engagement & Data Collection
Criminal Legal System Interface	Diversion programming	Protect, JusticePoint	JusticePoint, DA	Months 4-7	Phase 2: Engagement & Data Collection

- **Month 5: Focus Groups & Interviews**
    - Conduct focus groups, key informant interviews, and stakeholder discussions. Be sure to capture the voices of underrepresented groups in the community.
        - Will include incentive of $25.00 per person for attending and participating in focus groups

Key Area	Specific Area	Data Source	Department	Timeline	Phase
Harm Reduction and Overdose Prevention	Post-overdose outreach	EMS, MARI	EM + DHS + MARI	Month 5	Phase 2: Engagement & Data Collection
Recovery Support and Social Determinants	Re-entry support	DOC, Jail discharge	Sheriff, Wellpath	Month 5	Phase 2: Engagement & Data Collection
Recovery Support and Social Determinants	Transportation, childcare barriers	Focus groups, surveys	DC DHS	Month 5	Phase 2: Engagement & Data Collection
Community and Lived Experience Perspectives	Lived experience input	Focus groups, interviews	Opiate Settlement Coordinator	Month 5	Phase 2: Engagement & Data Collection
Community and Lived Experience Perspectives	Family + providers + harm reduction perspectives	Focus groups, interviews	Opiate Settlement Coordinator	Month 5	Phase 2: Engagement & Data Collection
Community and Lived Experience Perspectives	Unmet needs & service gaps	Focus groups, interviews	Opiate Settlement Coordinator	Month 5	Phase 2: Engagement & Data Collection

- **Months 6–7: Wrap Up Data Collection**
    - Close surveys.
    - Clean, compile, and organize all primary and secondary data into baseline reports.

Key Area	Specific Area	Data Source	Department	Timeline	Phase
Treatment Access and Capacity	Contract Mapping	PPS, Medicaid, contracts	DC DHS	Months 6-7	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	Full ASAM Continuum	PPS, Medicaid, contracts	DC DHS	Months 6-7	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	Medicaid/Medicare acceptance	Medicaid data	DC DHS	Months 6-7	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	Residential Room & Board Funding	PPS, Medicaid, contracts	DC DHS	Months 6-7	Phase 2: Engagement & Data Collection
Harm Reduction and Overdose Prevention	Harm reduction contract review	Contract mapping	DC DHS	Months 6-7	Phase 2: Engagement & Data Collection

Phase 3: Analysis & Prioritization (Months 8–10)

- **Month 8: Data Analysis**
  - Analyze survey responses, interview notes, and secondary data to identify key trends, service gaps, and top community needs.
  - Analyze contract mapping data and best practices

Key Area	Specific Area	Data Source	Department	Timeline	Phase
Epidemiology and Burden of Harm	Decedent demographics	OFR and MEs data, Vital Records	Public health/ OFR Coordinator	Month 8	Phase 3: Analysis & Prioritization
Epidemiology and Burden of Harm	Decedent geographic distribution	OFR and MEs data, Naloxone Saturation Tool	Public health/ OFR Coordinator	Month 8	Phase 3: Analysis & Prioritization
Epidemiology and Burden of Harm	Decedent prior EMS call	OFR and MEs data	Public health/ OFR Coordinator	Month 8	Phase 3: Analysis & Prioritization

Epidemiology and Burden of Harm	Decedent prior ED visit	OFR and MEs data	Public health/ OFR Coordinator	Month 8	Phase 3: Analysis & Prioritization
Epidemiology and Burden of Harm	Decedent released from jail/prison	OFR and MEs data	Public health/ OFR Coordinator	Month 8	Phase 3: Analysis & Prioritization
Criminal Legal System Interface	Cross-system data sharing	Spillman, Wellpath	Jail, Wellpath	Month 8	Phase 3: Analysis & Prioritization

- **Months 9–10: Prioritization**
    - Share findings with key stakeholders, community members, and leadership.
    - Facilitate prioritization sessions to narrow down the top 3–5 needs the community will focus on.
        - Facilitate a Prioritization matrix planning session to develop a consensus

Phase 4: Reporting & Action Planning (Months 11–12)

- **Month 11: Draft the Report**
    - Write the comprehensive CNA report. Make sure to detail methodology, the data collected, identified gaps, and the prioritization process.
- **Month 12: Approval & Publication**
    - Present the final CNA report to Health and Human Needs Committee - Opioid Settlement Subcommittee
    - Publish the report to Dane County's website and share it with community partners and survey participants.

Full Data Table:

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Epidemiology and Burden of Harm	Opioid-related EMS calls, including geography and demographics	WARDS data / Emergency Management data	Public Health and Emergency Management	Months 2-3	Phase 1: Planning & Design
Epidemiology and Burden of Harm	Trends in opioid-related ED visits and hospitalizations	WISOARR and Essences	Public Health and Emergency Management	Months 2-3	Phase 1: Planning & Design
Epidemiology and Burden of Harm	Disparities by geography and demographics	WISOARR, Essences, EMS calls	Public Health and Emergency Management	Months 2-3	Phase 1: Planning & Design
Treatment Access and Capacity	EMS/Fire	Emergency Management data	Emergency Management	Months 2-3	Phase 1: Planning & Design
Treatment Access and Capacity	Dane County Jail + DOC	Sheriff, Probation/Parole	Sheriff Dept & DOC	Months 2-3	Phase 1: Planning & Design
Harm Reduction and Overdose Prevention	Naloxone availability + gaps	WI-DHS Naloxone Direct, saturation tool	Emergency Mgmt, Public Health	Months 2-3	Phase 1: Planning & Design
Harm Reduction and Overdose Prevention	SSP availability and utilization	Public Health + Vivent	Public Health + Vivent	Months 2-3	Phase 1: Planning & Design

Key Area	Specific Area	Data Source	Department	Timeline	Phase
Harm Reduction and Overdose Prevention	Safer-use supply access	WI-DHS tool + PH locations	WI-DHS + Public Health	Months 2-3	Phase 1: Planning & Design
Harm Reduction and Overdose Prevention	Drug checking availability	WI-DHS mapping tool	Public Health	Months 2-3	Phase 1: Planning & Design
Recovery Support and Social Determinants	Housing instability	DHS Housing, PIT Count	DC DHS	Months 2-3	Phase 1: Planning & Design
Criminal Legal System Interface	Jail OUD prevalence	Spillman, Wellpath	Jail, Wellpath	Months 2-3	Phase 1: Planning & Design
Criminal Legal System Interface	Jail MOUD initiation & continuity	Spillman	Jail, Wellpath	Months 2-3	Phase 1: Planning & Design
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Treatment Access and Capacity	MOUD - Specialty addiction treatment	Clinic data, focus groups	DC DHS	Month 4	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	MOUD - Emergency Departments	Survey + Focus Groups	Hospitals	Month 4	Phase 2: Engagement & Data Collection

Key Area	Specific Area	Data Source	Department	Timeline	Phase
Treatment Access and Capacity	Hospital addiction consult teams	Survey + Focus Groups	Hospitals	Month 4	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	MOUD wait times	Surveys + FG + Contract review	DC DHS	Month 4	Phase 2: Engagement & Data Collection
Harm Reduction and Overdose Prevention	Post-overdose outreach	EMS, MARI	EM + DHS + MARI	Month 5	Phase 2: Engagement & Data Collection
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Criminal Legal System Interface	Diversion programming	Protect, JusticePoint	JusticePoint, DA	Months 4-7	Phase 2: Engagement & Data Collection

Key Area	Specific Area	Data Source	Department	Timeline	Phase
Treatment Access and Capacity	Contract Mapping	PPS, Medicaid, contracts	DC DHS	Months 6-7	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	Full ASAM Continuum	PPS, Medicaid, contracts	DC DHS	Months 6-7	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	Medicaid/Medicare acceptance	Medicaid data	DC DHS	Months 6-7	Phase 2: Engagement & Data Collection
Treatment Access and Capacity	Residential Room & Board Funding	PPS, Medicaid, contracts	DC DHS	Months 6-7	Phase 2: Engagement & Data Collection
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Epidemiology and Burden of Harm	Decedent demographics	OFR and MEs data, Vital Records	Public Health/ OFR Coordinator	Month 8	Phase 3: Analysis & Prioritization
Epidemiology and Burden of Harm	Decedent geographic distribution	OFR and MEs data, Naloxone Saturation Tool	Public Health/ OFR Coordinator	Month 8	Phase 3: Analysis & Prioritization
Epidemiology and Burden of Harm	Decedent prior EMS call	OFR and MEs data	Public Health/ OFR Coordinator	Month 8	Phase 3: Analysis & Prioritization

Key Area	Specific Area	Data Source	Department	Timeline	Phase
Epidemiology and Burden of Harm	Decedent prior ED visit	OFR and MEs data	Public Health/ OFR Coordinator	Month 8	Phase 3: Analysis & Prioritization
Epidemiology and Burden of Harm	Decedent released from jail/prison	OFR and MEs data	Public Health/ OFR Coordinator	Month 8	Phase 3: Analysis & Prioritization
Criminal Legal System Interface	Cross-system data sharing	Spillman, Wellpath	Jail, Wellpath	Month 8	Phase 3: Analysis & Prioritization

Appendix A
Budget

Budget Line	Description	Amount
Incentive	Incentive at $25 per person 200 people max	$5,000.00
Printing	Printing estimate one sided 8x10 color copies for 200	$150.00
Operating/ Outreach	social media posts etc. on PH and DHS social media	$100.00
	Total	**$5,250.00**