

2025 Budget Recommendations: Opioid Settlement Subcommittee to HHN Committee

Approach and Context

These recommendations are informed by a review of past funding decisions (over the Subcommittee's first year) and Schedule E of the Wisconsin Opioid Settlement Agreement, which outlines categories and rules for expenditure. They are also informed by the county's Opioid Settlement Budget, public hearings and testimonies, and historical funding within the county through grants, public dollars and settlement funding.

- **Working Document:** The Subcommittee co-chairs developed a two-tab document to guide discussions:
 - **"Approved Uses" Tab:** Details eligible spending categories (e.g., harm reduction, treatment, prevention, recovery support, other remediations) with specific examples.
 - **"Core Strategies" Tab:** Lists potential strategies and subcategories derived from the settlement agreement.
- **Intended Use:** This document and Schedule E served as the framework for identifying spending priorities and ensuring alignment with settlement requirements.

Tab A: Schedule E Approved Uses

- **Treatment:**
 - Evidence-based addiction treatment (medication-assisted treatment, counseling, behavioral therapies).
 - Expanding treatment capacity.
 - Improving access to treatment.
 - Support services for individuals in treatment (housing, transportation, childcare).
- **Prevention:**
 - Public awareness campaigns about opioid risks.
 - Prescription drug monitoring programs (PDMPs).
 - Safe prescribing practices education for healthcare providers.
 - School-based prevention programs.
 - Early intervention programs.
- **Harm Reduction:**

- Syringe services programs.
- Naloxone distribution and training.
- Fentanyl test strip distribution.
- Safe consumption sites (where legally permissible).
- **Recovery Support:**
 - Recovery housing.
 - Peer support services.
 - Employment and job training for individuals in recovery.
 - Family support services.
- **Criminal Justice System Initiatives:**
 - Drug courts.
 - Diversion programs.
 - Medication-assisted treatment in correctional settings.
 - Re-entry support for individuals with opioid use disorder.
- **Other Remediation Uses:**
 - Data collection and analysis on the opioid crisis.
 - Research related to opioid addiction and its treatment.
 - Support for children and families affected by the opioid crisis.
 - Addressing the needs of underserved populations.

Tab B: Schedule E Core Strategies

- **Naloxone or other FDA-Approved Drug to Reverse Opioid Overdoses**
 - Expand training for first responders, schools, community groups, and families.
 - Increase distribution to individuals who are uninsured or whose insurance doesn't cover the needed service.
- **Medication-Assisted Treatment ("MAT") Distribution and other Opioid-Related Treatment**
 - Increase distribution to individuals who are uninsured or whose insurance doesn't cover the needed service.
 - Provide education to school-based and youth-focused programs that discourage or prevent misuse.
 - Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and others.
 - 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 with other support services.
- **Pregnant & Postpartum Women**

- Expand Screening, Brief Intervention, and Referral to Treatment (“SBIRT”) services to non-Medicaid eligible or uninsured pregnant women.
- 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.
- Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.
- **Expanding Treatment for Neonatal Abstinence Syndrome (“NAS”)**
 - Expand comprehensive evidence-based and recovery support for NAS babies.
 - Expand services for better continuum of care with infant-need dyad.
 - Expand long-term treatment and services for medical monitoring of NAS babies and their families.
- **Expansion of Warm Hand-Off Programs and Recovery Services**
 - Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.
 - Expand warm hand-off services to transition to recovery services.
 - Broaden scope of recovery services to include co-occurring SUD or mental health conditions.
 - Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare.
 - Hire additional social workers or other behavioral health workers to facilitate expansions above.
- **Treatment for Incarcerated Populations**
 - 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.
 - Increase funding for jails to provide treatment to inmates with OUD.
- **Prevention Programs**
 - Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco).
 - Funding for evidence-based prevention programs in schools.

- Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with CDC guidelines, including providers at hospitals (academic detailing).
- Funding for community drug disposal programs.
- 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.
- Funding with a focus on interventions that have an evidence base showing efficacy in reducing the development of OUD and reducing opioid overdose/death.
- **Expanding Syringe Service Programs**
 - 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.
- **Evidence-Based Data Collection and Research Analyzing the Effectiveness of the Abatement Strategies within the State**
 - *Reference:* <https://www.wisopioidabatement.com/about/>
 - *Reference:* <https://www.naco.org/program/opioid-solutions-leadership-network>

Overall Recommendations

The Subcommittee recommends the following guiding principles for opioid settlement fund allocation:

- **Integrated Approach:** Categories in Schedule E (harm reduction, prevention, treatment, recovery) are recognized as overlapping and should not be strictly siloed.
- **Community Alignment:** Current and planned investments, particularly the drop-in/harm reduction center, broadly reflect existing community and public input.
- **Harm Reduction Center Development:** The full definition, implementation, and measurable outcomes for the harm reduction center are still being determined and require careful planning and input. Recommendations for this should be provided *before* the Request for Proposal (RFP) is issued by Public Health and *after* the OPC Study is presented to the Subcommittee by/through Public Health

- **Equity and Access:** Decision-making must center on marginalized groups. Equity and access, especially for traditionally underserved populations (e.g., homeless, Black men, people with lived experience, LGBTQ+, pregnant/parenting adults), must remain a guiding principle.
- **Data-Driven Processes:** There is a critical need for improved processes to:
 - Develop priority areas and subsequent calls for proposals.
 - Efficiently analyze available data (overdose, treatment, harm reduction service utilization)
 - Streamline the process of reviewing efficacy of programs funded
 - Therefore, the subcommittee will work on a recommendation of what this process should look like and include
 - Efficiently analyze available data (overdose, treatment, harm reduction service utilization)
- **Operational Capacity:** The existing committee is unlikely to efficiently create and monitor these systems without dedicated paid staff (part-time or full-time). Systems are also needed to track fund utilization and measure community impact. It is our recommendation to have a parttime or fulltime position created within the county to work with the many partners and pieces to funding and policy.
- **Urgency, Flexibility, and Sustainability:** We must emphasize the need for these qualities in fund allocation and investments and call for Efficient analyzation of available data (overdose, treatment, harm reduction service utilization).
- **Balanced Perspective:** We must recognize the importance of balancing subjective input (stories/needs of affected individuals) with objective criteria (fiscal/legal standards, available data/trends).
- **Community Drug Checking:** Acknowledge the importance and effectiveness of comprehensive community drug checking initiatives and continue to work on making this a reality in our county.

The Subcommittee recommends we be aware and follow these guidelines in making decisions around settlement dollar use:

- **Avoid Singular Focus:** Guard against concentrating solely on one strategy.
- **Comprehensive Approach:** Recognize and value all aspects of the continuum of care: harm reduction, prevention, treatment (especially low-barrier and accessible models), and recovery.
- **Convergent Goals:** Seek strategies that honor overlapping goals and specifically support marginalized groups requiring accessible treatment.

Immediate Recommendations

The Subcommittee puts forth the following immediate recommendations

- **A. Request for Data Collection and Gap Analysis:**

- **Data Availability:** Available data (e.g., fatal overdose reviews from the medical examiner, public health surveys, Human Services funding and requests, resource center needs) should be provided to the Subcommittee and a consortium of relevant organizations as soon as possible.
- **Collaborative Mapping:** Streamline collaboration with Public Health (PH), Human Services (HHS), and community partners to map the current service landscape and identify true unmet needs based on data.

- **B. Operational Bandwidth and Need for Dedicated Staffing:**

- **Problem Identified:** Current administrative and strategic capacity (primarily committee members and administrative staff) is insufficient for the complex, ongoing management of large, multi-year settlement funds.
- **Broader Concern:** Without dedicated structure and support, there is a significant risk of process slowdowns, less informed funding allocation, reduced alignment with existing state/county initiatives, and diminished oversight and monitoring of settlement investments.
- **Proposed Solutions:**
 - **Dedicated Staffing:** Consider hiring at least a half-time staff person specifically for opioid settlement processes (e.g., data collation, RFP management, reporting, strategic alignment).
 - **Best Practices:** Incorporate best practices from other counties/jurisdictions (through NACo) regarding staffing and organizational structure.
 - **Placement of Staffing:** The position should not be housed under Public Health or Health and Human Services and rather be under the Controller's office as the Subcommittee is responsible for allocation of funds

■ **Creation and Implementation of a Short-Term Grant**

Program for Immediate Needs: Staffing and the Subcommittee should make a priority of funding through creating a shorter-term grant program to complement the annual recommendations made to HHN with the following considerations:

- **Clarity & Procedure:** Establish and publicly disseminate clear procedures for application, evaluation, and approval of organizations seeking funding.
- **Structured Cycles:** Implement regular cycles for proposal acceptance (e.g., monthly, quarterly) with defined guardrails (e.g., application length, alignment with categories, budget limits) and clear feedback/reporting timelines (e.g., 3 or 6 months).
- **Accessibility & Equity:** Ensure the process is simple and equitable.
- **Evidence-Based Allocation:** Avoid "earmarking" funds. Instead, use evidence-based criteria and open RFPs (similar to the harm reduction center process) to determine allocations.

Future Subcommittee Focus and Direction

The Subcommittee's future focus will shift towards:

- **Oversight:** Of settlement funds and their use
- **Accountability:** Of the county government to adhere to the settlement agreement as it relates to use of funds
- **Community Forum and Engagement:** Build on public input and engagement by residents and community partners alike
- **Process Reform:** Explore alternatives for process reform, including application cycles, community and data-informed identification of funding priority areas, funding oversight and reporting mechanisms, data reviews, and enhanced public transparency and participation.