

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

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*Report to Dane County Health and Human Needs Committee*

*Presented: July 2024*

*Topic: 2025 Recommendation*

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## Subcommittee Creation

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.

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 Kigeza, 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.

### **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.

### **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 *May 20, 2024*, Subcommittee meeting, the following presentations were given:

- Todd Campbell, Division Administrator with DCDHS and Subcommittee member  
State of Wisconsin Overview for 2025
- Rick Rose, Dane County Supervisor and Subcommittee Chair  
Health and Human Needs overview and scope of work for 2025
- Aurielle Smith, Director of Policy, Planning and Evaluation at Public Health Madison and Subcommittee member  
Public Health Overview for 2025
- Rick Rose and Joseph Galey, Subcommittee Chair and Vice Chair  
Reviewed progress in 2024 and goals for 2025

At the *June 10, 2024*, Subcommittee meeting, the following presentations were given:

- Julia Olsen, Public Health Supervisor at Public Health Madison  
Lethal Death Report from Public Health of Madison and Dane County
- Kailey Peterson, Dane County Emergency Management Services  
Opioid Efforts within Dane County Emergency Services
- Capt. Jan Tetzlaff, Dane County Sherriff's Office  
Medicated Assisted Treatment Program at the Dane County Jails
- Shane Gibson, Wellpath Regional Director  
Medication Assisted Treatment Services provided to Dane County Sherriff's Office

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

- Lee Ann Slaughterbeck and Jamie Bevel of Stage Analytics,  
Community Abatement Resources Economic Solutions (CARES)

## Recommendations

### New Programs, Highest Priority

- Drop in Harm Reduction and Prevention Center, continuation, meeting the needs of those most impacted (presently moms and babies, older black men, LGBTQI+ identifying persons) This includes supportive programs for Dane County families impacted by the Opioid Crisis through a loved one.
- Drug Testing - equipment and staffing
- Data Analysis of Outcomes for all programs funded by settlement dollars

### Continuing Programs, High Priority

- Peer Support/Recovery Coaching
- African American Opioid Coalition - harm reduction and outreach
- Opioid Overdose Prevention Position at OutReach
- School-based Harm Reduction Curriculum
- Medication Assisted Treatment (MAT) for adult Dane County residents of the Dane County Jail

### Continuing Programs, Lower Priority

- Outpatient individual and group therapy for uninsured adult Dane County residents with opioid use disorder (currently through Journey Mental Health Center)
- Withdrawal management for adult Dane County residents (currently through Tellurian Treatment Readiness Center)
- OAK Boxes, Harm Reduction supplies (can be funded through grants, state, etc.)

### Under Consideration

- Overdose Prevention Center (OPC), awaiting findings from PHMDC
- Mobile Harm Reduction Services

### Under Consideration (Low Priority)

- Drug Court, in RFP process

In addition to the listed budget recommendations, the Health and Human Needs Sub-committee voted to recommend the following priorities be adopted when considering future policy and legislation.

- 1) Current policy should focus on increasing/expanding harm reduction services to reduce harms related to drug use in our community and improve Health and Wellness for people who use drugs (PWUD).
- 2) Work to reduce the stigma and increase education around those with living and lived experience of drug use in order to foster public engagement in solutions.
- 3) Strive to move current and future legislation toward legalization of drug paraphernalia and drug users, and towards evidence-based treatment and multiple pathways to recovery.
- 4) Recognize the overdose epidemic as a serious public health threat, and continue to fund, improve, and expand public health services including harm reduction and multiple treatment pathways for PWUD.
- 5) Continue the Opioid Settlement Subcommittee in its current format and incorporate citizen input into Opioid Settlement priorities. In addition, we recommend public hearings, including city and municipality participation, to include the voices of those from affected communities, including PWUD and houseless communities.
- 6) Develop and implement policies that emphasize quantitative and qualitative outcome measurement requirements (built into RFPs and required of all stakeholders.)
- 7) Remain flexible and open-minded in enacting policies and legislation concerning the overdose epidemic and PWUD. Be appropriately responsive in pursuing innovative treatment or emerging evidence-based programming.

In closing, the Opioid Settlement committee encourages the County Board to hold the lives of PWUD in the highest regard as valued members of this city, state, and country. We with lived and living experience appreciate both the chance to service the Opioid Settlement Committee and our own community. We believe that the work we have accomplished as a committee is building bridges and making a difference in the lives of this community, and we thank you for this opportunity.