

Opioid Settlement Subcommittee Meeting

Feb 23, 2026

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.