CHIPPEWA COUNTY

LEGAL & LAW ENFORCEMENT COMMITTEE

REGULAR MEETING

MAY 19, 2025

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:00 PM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Brian Flynn	Chippewa County	District 18, Vice-Chair	Present	
Charles Bomar	Chippewa County	District 12	Present	
Peter Gehring	Chippewa County	District 4	Present	
Darren Kirby	Chippewa County	District 5	Present	

Others Present: Curt Dutton, James Maki, Travis Hakes
Recorder: Amanda Richardson

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

4. CONSENT AGENDA

Motion (Bomar/Kirby) to approve the consent agenda as presented. All Supervisors present voting Aye. Motion carried.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Charles Bomar, District 12
SECONDER:	Darren Kirby, District 5
AYES:	Flynn, Bomar, Gehring, Kirby

1. Approve the Agenda

2. Approve the Minutes

   Legal & Law Enforcement Committee - Regular Meeting - Mar 17, 2025 4:00 PM

3. Schedule Next Meeting Date - July 21, 2025 4:00 PM

5. REPORTS

1. Opioid Fund Request - James Maki
   Jail Captain James Maki presented the Opioid Funds request for AODA classes for 2026. Maki stated the classes are going well with most inmates participating in the program. After discussion the committee unanimously supported the request to send to the County Administrator for approval. (Copy on file)
   Maki showed the savings so far from the switch of medication vendors and stated he is also looking into working with the kitchen vendor to lower meal costs. (Copy on file)

Maki stated effective 05/18/2025 they will no longer be getting commissions from inmate phone calls due to a FCC ruling which will result in a loss of revenue of approximately $5,000 and in return paying $382 per month for recording software.
Maki stated they utilize the Literacy Chippewa Valley program to help teach inmates the skills they need once released into the public. Due to a grant that was received, they will not have to pay for those services which will save the department approximately $11,000.
Maki went over current staffing levels and new hires as well as the two students graduating from the CVTC Criminal Justice Program that are enrolled in the sponsorship program with Chippewa County.

2. Immigration Policy - Curt Dutton

Chief Deputy Curt Dutton presented the committee with the Chippewa County policy on Immigration violations. Dutton stated they do not pick up anyone on immigration status alone. If there is an arrest and question if here illegally, they can contact immigration.
Supervisor Gehring questioned if someone has personal knowledge of an illegal person, what would be the process. Dutton stated they must commit a crime. Once they are booked, they have 48 hours to be able to check. They are not able to hold anyone based on immigration status unless they have an Immigration Detainer Notice of Action form (I247A) from the Department of Homeland Security form. (Copy on File)
Supervisor Gehring questioned if we will be assisting ICE. Dutton stated we will provide assistance to ICE as in traffic control or peace keeping but will not actively go out to check status on anyone.

3. Sheriff's Report - Travis Hakes

Chief Deputy Curt Dutton stated they normally build 4 squad cars per year but ended up with 6 this year. Since Covid, prices on parts have increased causing then to be over budget between four and seven thousand.
Dutton stated the funds requested for the 2026 CIP budget to purchase new tasers will now not adequately fund to completely replace the old tasers due to the company changing plans. They will now be doing two phases with phase one in 2026 and phase two in 2027. The company will still supply all of the tasers, however if the second phase does not pass we will have to send them back.
Supervisor Gehring questioned if there were any competing taser companies but Dutton stated its very minimal and when they do come along they don't stay in business for long.
Dutton stated due to the current Emergency Management Director on deployment, they are working on finding someone who is able to take on that role in his absence.
Dutton spoke on the two graduates they sponsored from the CVTC Criminal Justice program. They were officially hired by the County about a year ago. Supervisor Gehring asked if they are paid an hourly wage while attending school while an employee and Dutton stated yes they are paid a training wage.
Dutton stated due to a recent retirement they now have one opening in dispatch.

6. BUSINESS ITEMS

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

Supervisor Gehring requested a discussion at the next meeting on the definition of the Sheriffs Report and the Sheriff giving the report.

8. ADJOURN

Motion Bomar/Gehring to adjourn. Carried by Roll Call. All members present voting Aye. Meeting adjourned at 4:55 pm.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Charles Bomar, District 12
SECONDER:	Peter Gehring, District 4
AYES:	Flynn, Bomar, Gehring, Kirby

CHIPPEWA COUNTY

LEGAL & LAW ENFORCEMENT COMMITTEE

REGULAR MEETING

MARCH 17, 2025

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:00 PM

1. CALL TO ORDER

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Dean Mueller	Chippewa County	District 20, Chair	Present	
Brian Flynn	Chippewa County	District 18, Vice-Chair	Present	
Charles Bomar	Chippewa County	District 12	Present	
Peter Gehring	Chippewa County	District 4	Present	
Darren Kirby	Chippewa County	District 5	Present	

Others Present: Curt Dutton, James Maki and Nathan Liedl
Recorder: Amanda Richardson

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

4. CONSENT AGENDA

Motion (Flynn/Bomar) to approve the consent agenda as presented. Carried by Roll Call. All Supervisors present voting Aye. Motion carried.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Brian Flynn, District 18, Vice-Chair
SECONDER:	Charles Bomar, District 12
AYES:	Mueller, Flynn, Bomar, Gehring, Kirby

1. Approve the Agenda

2. Approve the Minutes

   Legal & Law Enforcement Committee - Regular Meeting - Jan 27, 2025 4:00 PM

3. Schedule Next Meeting Date - May 19th, 2025 4:00pm

5. REPORTS

1. T-CPR Grant - Tamee Foldy/Curt Dutton
   Chief Deputy, Curt Dutton, informed the committee of a $10,000 T-CPR (telephonic cardiopulmonary resuscitation) grant approval that was submitted by Emergency Communications Director, Tamee Foldy. This grant will be used to support the cost of training all of the officers in administering telephonic CPR.
   Supervisor Kirby questioned if there was a time limit this had to be completed by. Dutton stated they have until July to complete.
   Supervisor Gehring stated on record to congratulate Foldy on applying and getting the grant approval.

6. BUSINESS ITEMS

1. Res. 12-25: Resolution Urging Governor Evers and the State of Wisconsin to Support County Circuit Courts in the 2025-2027 Biennial State Budget - Nathan Liedl

   Clerk of Court, Nathan Liedl, requested the committees support in forwarding the resolution to the County Board. Liedl stated the Wisconsin Counties Association (WCA) along with the Wisconsin Clerk of Court Association (WCCA) are working in collaboration on increasing the Circuit Court Cost appropriation as the County contributions have increased significantly compared to the States appropriations. Liedl stated last year Chippewa County was $70,000 over budget and is looking for support from the Chippewa County Board of Supervisors for WCCA and WCA in their efforts to increase the Circuit Court Cost Appropriation by $70 million for the 2025-2027 Wisconsin Biennial State Budget.

   Motion (Gehring/Kirby) to forward to the County Board. Carried by Roll Call. All Supervisors present voting Aye. Motion carried.

RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]**	**Next: 4/15/2025 6:00 PM**
MOVER:	Peter Gehring, District 4	
SECONDER:	Darren Kirby, District 5	
AYES:	Mueller, Flynn, Bomar, Gehring, Kirby	

7. AGENDA ITEMS FOR FUTURE CONSIDERATION

Supervisor Bomar stated he was asked if he knew of any statistics on Immigration and Customs Enforcement (ICE) detainment's from Chippewa County. Chief Dutton stated he can provide a report for them at the next meeting.

8. ADJOURN

Motion (Gehring/Bomar) to adjourn. Carried by Roll Call. All Supervisors present voting Aye. Meeting adjourned at 4:17 pm.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Peter Gehring, District 4
SECONDER:	Charles Bomar, District 12
AYES:	Mueller, Flynn, Bomar, Gehring, Kirby

Chippewa County Sheriff's Office

Travis Hakes, Sheriff *Curt Dutton, Chief Deputy*

Highlights/Accomplishment

Opioid Fund Request approval for AODA class for inmates. This has been working great for 2025 and would like to continue for 2026. AODA classes cost approximately $29,432.00/year

Last year the jail switched medication vendors to save money on inmate medication. While we have not compared the medication that was ordered last year to the medication that was ordered this year, we have observed significant savings.

Effective 5/18/2025, the jail will no longer be receiving commissions on inmate phone calls due to an FCC ruling. The jail went from receiving about $5,000/ in revenue to paying $382.00/month for the ability to record inmate phone calls.

I am working with the kitchen vendor Summit to lower inmate meal costs and increase revenue for inmate canteen.

Statistics:

Staffing Levels: The jail currently has 2 jailer vacancies and one starting on 5/27/2025. We have 3 backgrounds out for new hires.

Priorities

Maintain and train staff.

32 East Spruce Street Chippewa Falls, WI 54729-2542
Phone: (715) 726-7701 FAX: (715) 723-6471

Chippewa County Sheriff's Office

Travis Hakes, Sheriff *Curt Dutton, Chief Deputy*

Work with new communication vendor for easier transition.

2024	DIAMOND	2025	WESTWOOD
JAN	$12,337.37	JAN	$2,856.80
FEB	$7,488.88	FEB	$3,258.75
MAR	$8,350.99	MAR	$1,785.73
APR	$9,203.26	APR	
MAY	$24,546.25	MAY	
JUN	$10,248.98	JUN	
JUL	$7,863.85	JUL	
AUG	$7,068.97	AUG	
SEP	$7,371.55	SEP	
OCT	$13,895.40	OCT	
NOV	$11,909.05	NOV	
DEC	$3,874.09	DEC	
	$124,158.64		**$7,901.28**

32 East Spruce Street Chippewa Falls, WI 54729-2542
Phone: (715) 726-7701 FAX: (715) 723-6471

Opioid Fund Request Form

- **All programs/projects must be requested by April 15th each year** in order to be considered for an approved program/project for the following calendar/budget year.
- If the CA supports the project after the initial review, then DH have 60 days to complete Section 3 and review it with the policy committee to get their feedback. The completed Opioid Fund Request Form, with the committee feedback, is then submitted back to the CA to be incorporated into the next year's budget by June 15th.
- **All training requests may be requested throughout the year but must be approved by the CA**.
  * Each individual attending training must complete an Opioid Fund Request Form.
- The following documents are attached for reference when completing this form:
  * Exhibit E – List of Opioid Remediation Uses – Schedule A: Core Strategies
  * Exhibit E – List of Opioid Remediation Uses – Schedule B: Approved Uses

SECTION 1 – To Be Completed by DH Before Submitting to the CA for Initial Review

Project Requester/Department: Captain Maki-Sheriff's Office-Jail Division Date: 3/12/2025

Identify the Budget Year Funds are Requested For: 2026

Name of Opioid Program/Project/Training: AODA class for inmates

☐ New Program ☒ Reoccurring Opioid Program *(identify below)* ☐ Expansion of Existing Program *(identify below)*

Identify: Opioid funds were provided for 2025 AODA classes for inmates. Requesting this program to continue in 2026

Estimated Start Date of Project: January 2026 Estimated Date of Completion: December 2026

☐ Training Request Date of Training: _____ Location of Training: _____

Identify the Core Strategy from Schedule A: *(see Exhibit E – List of Opioid Remediation Uses)*

☐ Naloxone or Other FDA-Approved Drug to Reverse Opioid Overdoses
☐ Medication-Assisted Treatment ("MAT") Distribution and Other Opioid Related Treatment
☐ Pregnant & Postpartum Women
☐ Expanding Treatment for Neonatal Abstinence Syndrome ("NAS")
☐ Expansion of Warm Hands-Off Programs and Recovery Services
☒ Treatment for Incarcerated Population
☐ Prevention Programs
☐ Expanding Syringe Service Programs
☐ Evidence-Based Data Collection & Research Analyzing the Effectiveness of Abatement Strategies w/in the State

Identify the Approved Use from Schedule B: *(see Exhibit E – List of Opioid Remediation Uses)*

☐ Treat Opioid Use Disorder (OUD)
☐ Support People in Treatment and Recovery
☐ Connect People Who Need Help to the Help They Need (Connections to Care)
☐ Address the Needs of Criminal Justice-Involved Persons
☐ Address Needs of Pregnant/Parenting Women & Their Families, Including Babies with Neonatal Abstinence Syndrome
☐ Prevent Over-Prescribing and Ensure Appropriate Prescribing and Dispensing of Opioids
☐ Prevent Misuse of Opioids
☐ Prevent Overdose Deaths and Other Harm (Harm Reduction)
☐ First Responders
☐ Leadership, Planning and Coordination
☐ Training
☐ Research

List the Subcategory as Shown in Exhibit E:
Note: The Subcategories are the numbered items listed under the Core Strategies from Schedule A or the Approved Uses from Schedule B

F. TREATMENT FOR INCARCERATED POPULATION 2. Increase funding for jails to provide treatment to inmates with OUD.

Description – *Provide an explanation about what the program/project/training entails.*

AODA is an important class and well participated in by the inmate population. Not having this class available to the inmate population is detrimental to the possible recovery or education needed to prevent relapse when the person is released from custody.
I have reached out to fill this gap of treatment only to find that the costs of these programs are not something our budget can afford. The going rate is $283.00/hr per group. If there were two groups a week, one male and one female, this would be about $29,432 per year.

How does this program/project/training help with the Opioid use abatement efforts in Chippewa County?

This program provides the necessary resources and education to help inmates in recovery as well as attempt to prevent relapse once the person is released from custody.

Has this program/project/training utilized Opioid funds in the previous year? ☒ Yes ☐ No
If yes, then identify some of the measurable impacts the program/project/training has had on abatement efforts.

The money provided for 2025 has allowed Chippewa County Jail to increase the number of AODA hours for the inmates. The jail is currently providing one male and one female class a week and is well received/participated.

Estimated Annual Cost of Program/Project/Training: $ 29,432

Amount of Annual Chippewa County Opioid Funds Requested: $ 29,432

Will matching funds be used by another organization/municipality? ☐ Yes ☒ No
If yes, identify who and amount: _____

Is there a current program/service that will no longer be offered? ☒ Yes ☐ No
If yes, please identify the program, costs and revenue source of the current program.

AODA services will be limited due to not having budgeted funds to provide the program to the inmates. Opioid funds were used last year to support this program. Prior to last year, the services were provided by LE Philips at a substantial discount. The budgeted funds were only $5,000/year. This would only allow 17 sessions a year at the current hourly rate. LE Philips has closed leaving very few options to support this program.

Are you able to manage and implement this new program/project/training with existing staff within your department?
☒ Yes ☐ No
If yes, how many staffing hours annually are anticipated? This is coordinated by our program deputy.

If no, are you able to contract with an organization/individual to provide the service? ☐ Yes ☐ No

Return completed form to the County Administrator

Captain James Maki
Signature of Project Requester/Department Head

3/12/2025
Date

SECTION 2 – To Be Completed by the County Administrator

☒ Approved for Committee Review and Feedback ☐ Denied ☐ More Information Needed
☐ Training Approved – Committee Review Not Needed

Total Amount of Chippewa County Opioid Funds Recommended by County Administrator: $ 29,432.00

Lori Zwiefelhofer (CA Vacancy)
County Administrator

04/19/2025
Date

Comments:

This Opioid request can be forwarded to your policy committee. Remember this year is unique because the new County Administrator, Andy Albarado, will have final approval after your policy committee review of this request.

SECTION 3 – Additional Action and/or Comments from Committee

Note: It should be emphasized to the Policy Committee that not all programs/projects may be approved due to the limited funds available in the Opioid Abatement Account.

Committee Meeting Date: _____ ☐ Approved ☐ Denied ☐ More Information Needed

Department Head Recommended Ranking: _____ Committee Approved Ranking: _____

Total Amount of Chippewa County Opioid Funds Approved by Committee: $_____

Comments:

- Submit completed form back to the County Administrator after policy committee has reviewed/approved by June 15th.

EXHIBIT E

List of Opioid Remediation Uses

Schedule A
Core Strategies

States and Qualifying Block Grantees shall choose from among the abatement strategies listed in Schedule B. However, priority shall be given to the following core abatement strategies ("*Core Strategies*").[14]

A. **NALOXONE OR OTHER FDA-APPROVED DRUG TO REVERSE OPIOID OVERDOSES**

1. Expand training for first responders, schools, community support groups and families; and

2. Increase distribution to individuals who are uninsured or whose insurance does not cover the needed service.

B. **MEDICATION-ASSISTED TREATMENT ("*MAT*") DISTRIBUTION AND OTHER OPIOID-RELATED TREATMENT**

1. Increase distribution of MAT to individuals who are uninsured or whose insurance does not cover the needed service;

2. Provide education to school-based and youth-focused programs that discourage or prevent misuse;

3. Provide MAT education and awareness training to healthcare providers, EMTs, law enforcement, and other first responders; and

4. 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 and with other support services.

[14] As used in this Schedule A, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

C. **PREGNANT & POSTPARTUM WOMEN**

1. Expand Screening, Brief Intervention, and Referral to Treatment ("*SBIRT*") services to non-Medicaid eligible or uninsured pregnant women;

2. 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; and

3. Provide comprehensive wrap-around services to individuals with OUD, including housing, transportation, job placement/training, and childcare.

D. **EXPANDING TREATMENT FOR NEONATAL ABSTINENCE SYNDROME ("*NAS*")**

1. Expand comprehensive evidence-based and recovery support for NAS babies;

2. Expand services for better continuum of care with infant-need dyad; and

3. Expand long-term treatment and services for medical monitoring of NAS babies and their families.

E. **EXPANSION OF WARM HAND-OFF PROGRAMS AND RECOVERY SERVICES**

1. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments;

2. Expand warm hand-off services to transition to recovery services;

3. Broaden scope of recovery services to include co-occurring SUD or mental health conditions;

4. Provide comprehensive wrap-around services to individuals in recovery, including housing, transportation, job placement/training, and childcare; and

5. Hire additional social workers or other behavioral health workers to facilitate expansions above.

F. **TREATMENT FOR INCARCERATED POPULATION**

1. 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; and

2. Increase funding for jails to provide treatment to inmates with OUD.

G. **PREVENTION PROGRAMS**

1. Funding for media campaigns to prevent opioid use (similar to the FDA's "Real Cost" campaign to prevent youth from misusing tobacco);

2. Funding for evidence-based prevention programs in schools;

3. Funding for medical provider education and outreach regarding best prescribing practices for opioids consistent with the 2016 CDC guidelines, including providers at hospitals (academic detailing);

4. Funding for community drug disposal programs; and

5. 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.

H. **EXPANDING SYRINGE SERVICE PROGRAMS**

1. 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.

I. **EVIDENCE-BASED DATA COLLECTION AND RESEARCH ANALYZING THE EFFECTIVENESS OF THE ABATEMENT STRATEGIES WITHIN THE STATE**

Schedule B
Approved Uses

Support treatment of Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder or Mental Health (SUD/MH) conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

PART ONE: TREATMENT

A. TREAT OPIOID USE DISORDER (OUD)

Support treatment of Opioid Use Disorder ("*OUD*") and any co-occurring Substance Use Disorder or Mental Health ("*SUD/MH*") conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:[15]

1. Expand availability of treatment for OUD and any co-occurring SUD/MH conditions, including all forms of Medication-Assisted Treatment ("*MAT*") approved by the U.S. Food and Drug Administration.

2. Support and reimburse evidence-based services that adhere to the American Society of Addiction Medicine ("*ASAM*") continuum of care for OUD and any co-occurring SUD/MH conditions.

3. Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MH conditions, including MAT, as well as counseling, psychiatric support, and other treatment and recovery support services.

4. Improve oversight of Opioid Treatment Programs ("*OTPs*") to assure evidence-based or evidence-informed practices such as adequate methadone dosing and low threshold approaches to treatment.

5. Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.

6. Provide treatment of trauma for individuals with OUD (*e.g.*, violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (*e.g.*, surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.

7. Support evidence-based withdrawal management services for people with OUD and any co-occurring mental health conditions.

[15] As used in this Schedule B, words like "expand," "fund," "provide" or the like shall not indicate a preference for new or existing programs.

8. Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telementoring to assist community-based providers in rural or underserved areas.

9. Support workforce development for addiction professionals who work with persons with OUD and any co-occurring SUD/MH conditions.

10. Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments.

11. Offer scholarships and supports for behavioral health practitioners or workers involved in addressing OUD and any co-occurring SUD/MH or mental health conditions, including, but not limited to, training, scholarships, fellowships, loan repayment programs, or other incentives for providers to work in rural or underserved areas.

12. Provide funding and training for clinicians to obtain a waiver under the federal Drug Addiction Treatment Act of 2000 ("*DATA 2000*") to prescribe MAT for OUD, and provide technical assistance and professional support to clinicians who have obtained a DATA 2000 waiver.

13. Disseminate of web-based training curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service–Opioids web-based training curriculum and motivational interviewing.

14. Develop and disseminate new curricula, such as the American Academy of Addiction Psychiatry's Provider Clinical Support Service for Medication–Assisted Treatment.

B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY

Support people in recovery from OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the programs or strategies that:

1. Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.

2. Provide the full continuum of care of treatment and recovery services for OUD and any co-occurring SUD/MH conditions, including supportive housing, peer support services and counseling, community navigators, case management, and connections to community-based services.

3. Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions.

4. Provide access to housing for people with OUD and any co-occurring SUD/MH conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved mediation with other support services.

5. Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.

6. Support or expand peer-recovery centers, which may include support groups, social events, computer access, or other services for persons with OUD and any co-occurring SUD/MH conditions.

7. Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions.

8. Provide employment training or educational services for persons in treatment for or recovery from OUD and any co-occurring SUD/MH conditions.

9. Identify successful recovery programs such as physician, pilot, and college recovery programs, and provide support and technical assistance to increase the number and capacity of high-quality programs to help those in recovery.

10. Engage non-profits, faith-based communities, and community coalitions to support people in treatment and recovery and to support family members in their efforts to support the person with OUD in the family.

11. Provide training and development of procedures for government staff to appropriately interact and provide social and other services to individuals with or in recovery from OUD, including reducing stigma.

12. Support stigma reduction efforts regarding treatment and support for persons with OUD, including reducing the stigma on effective treatment.

13. Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.

14. Create and/or support recovery high schools.

15. Hire or train behavioral health workers to provide or expand any of the services or supports listed above.

C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)

Provide connections to care for people who have—or are at risk of developing—OUD and any co-occurring SUD/MH conditions through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment.

2. Fund SBIRT programs to reduce the transition from use to disorders, including SBIRT services to pregnant women who are uninsured or not eligible for Medicaid.

3. Provide training and long-term implementation of SBIRT in key systems (health, schools, colleges, criminal justice, and probation), with a focus on youth and young adults when transition from misuse to opioid disorder is common.

4. Purchase automated versions of SBIRT and support ongoing costs of the technology.

5. Expand services such as navigators and on-call teams to begin MAT in hospital emergency departments.

6. Provide training for emergency room personnel treating opioid overdose patients on post-discharge planning, including community referrals for MAT, recovery case management or support services.

7. Support hospital programs that transition persons with OUD and any co-occurring SUD/MH conditions, or persons who have experienced an opioid overdose, into clinically appropriate follow-up care through a bridge clinic or similar approach.

8. Support crisis stabilization centers that serve as an alternative to hospital emergency departments for persons with OUD and any co-occurring SUD/MH conditions or persons that have experienced an opioid overdose.

9. Support the work of Emergency Medical Systems, including peer support specialists, to connect individuals to treatment or other appropriate services following an opioid overdose or other opioid-related adverse event.

10. Provide funding for peer support specialists or recovery coaches in emergency departments, detox facilities, recovery centers, recovery housing, or similar settings; offer services, supports, or connections to care to persons with OUD and any co-occurring SUD/MH conditions or to persons who have experienced an opioid overdose.

11. Expand warm hand-off services to transition to recovery services.

12. Create or support school-based contacts that parents can engage with to seek immediate treatment services for their child; and support prevention, intervention, treatment, and recovery programs focused on young people.

13. Develop and support best practices on addressing OUD in the workplace.

14. Support assistance programs for health care providers with OUD.

15. Engage non-profits and the faith community as a system to support outreach for treatment.

16. Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions.

D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS

Address the needs of persons with OUD and any co-occurring SUD/MH conditions who are involved in, are at risk of becoming involved in, or are transitioning out of the criminal justice system through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, including established strategies such as:

    1. Self-referral strategies such as the Angel Programs or the Police Assisted Addiction Recovery Initiative ("*PAARI*");

    2. Active outreach strategies such as the Drug Abuse Response Team ("*DART*") model;

    3. "Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;

    4. Officer prevention strategies, such as the Law Enforcement Assisted Diversion ("*LEAD*") model;

    5. Officer intervention strategies such as the Leon County, Florida Adult Civil Citation Network or the Chicago Westside Narcotics Diversion to Treatment Initiative; or

    6. Co-responder and/or alternative responder models to address OUD-related 911 calls with greater SUD expertise.

2. Support pre-trial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

3. Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.

4. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are incarcerated in jail or prison.

5. Provide evidence-informed treatment, including MAT, recovery support, harm reduction, or other appropriate services to individuals with OUD and any co-occurring SUD/MH conditions who are leaving jail or prison or have recently left jail or prison, are on probation or parole, are under community corrections supervision, or are in re-entry programs or facilities.

6. Support critical time interventions ("*CTI*"), particularly for individuals living with dual-diagnosis OUD/serious mental illness, and services for individuals who face immediate risks and service needs and risks upon release from correctional settings.

7. Provide training on best practices for addressing the needs of criminal justice-involved persons with OUD and any co-occurring SUD/MH conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.

E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME

Address the needs of pregnant or parenting women with OUD and any co-occurring SUD/MH conditions, and the needs of their families, including babies with neonatal abstinence syndrome ("*NAS*"), through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, those that:

1. Support evidence-based or evidence-informed treatment, including MAT, recovery services and supports, and prevention services for pregnant women—or women who could become pregnant—who have OUD and any co-occurring SUD/MH conditions, and other measures to educate and provide support to families affected by Neonatal Abstinence Syndrome.

2. Expand comprehensive evidence-based treatment and recovery services, including MAT, for uninsured women with OUD and any co-occurring SUD/MH conditions for up to 12 months postpartum.

3. Provide training for obstetricians or other healthcare personnel who work with pregnant women and their families regarding treatment of OUD and any co-occurring SUD/MH conditions.

4. Expand comprehensive evidence-based treatment and recovery support for NAS babies; expand services for better continuum of care with infant-need dyad; and expand long-term treatment and services for medical monitoring of NAS babies and their families.

5. Provide training to health care providers who work with pregnant or parenting women on best practices for compliance with federal requirements that children born with NAS get referred to appropriate services and receive a plan of safe care.

6. Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.

7. Provide enhanced family support and child care services for parents with OUD and any co-occurring SUD/MH conditions.

8. Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.

9. Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.

10. Provide support for Children's Services—Fund additional positions and services, including supportive housing and other residential services, relating to children being removed from the home and/or placed in foster care due to custodial opioid use.

PART TWO: PREVENTION

F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS

Support efforts to prevent over-prescribing and ensure appropriate prescribing and dispensing of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding medical provider education and outreach regarding best prescribing practices for opioids consistent with the Guidelines for Prescribing Opioids for Chronic Pain from the U.S. Centers for Disease Control and Prevention, including providers at hospitals (academic detailing).

2. Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.

3. Continuing Medical Education (CME) on appropriate prescribing of opioids.

4. Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain.

5. Supporting enhancements or improvements to Prescription Drug Monitoring Programs ("*PDMPs*"), including, but not limited to, improvements that:

1. Increase the number of prescribers using PDMPs;

2. Improve point-of-care decision-making by increasing the quantity, quality, or format of data available to prescribers using PDMPs, by improving the interface that prescribers use to access PDMP data, or both; or

3. Enable states to use PDMP data in support of surveillance or intervention strategies, including MAT referrals and follow-up for individuals identified within PDMP data as likely to experience OUD in a manner that complies with all relevant privacy and security laws and rules.

6. Ensuring PDMPs incorporate available overdose/naloxone deployment data, including the United States Department of Transportation's Emergency Medical Technician overdose database in a manner that complies with all relevant privacy and security laws and rules.

7. Increasing electronic prescribing to prevent diversion or forgery.

8. Educating dispensers on appropriate opioid dispensing.

G. PREVENT MISUSE OF OPIOIDS

Support efforts to discourage or prevent misuse of opioids through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Funding media campaigns to prevent opioid misuse.

2. Corrective advertising or affirmative public education campaigns based on evidence.

3. Public education relating to drug disposal.

4. Drug take-back disposal or destruction programs.

5. Funding community anti-drug coalitions that engage in drug prevention efforts.

6. Supporting community coalitions in implementing evidence-informed prevention, such as reduced social access and physical access, stigma reduction—including staffing, educational campaigns, support for people in treatment or recovery, or training of coalitions in evidence-informed implementation, including the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration ("*SAMHSA*").

7. Engaging non-profits and faith-based communities as systems to support prevention.

8. Funding evidence-based prevention programs in schools or evidence-informed school and community education programs and campaigns for students, families, school employees, school athletic programs, parent-teacher and student associations, and others.

9. School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

10. Create or support community-based education or intervention services for families, youth, and adolescents at risk for OUD and any co-occurring SUD/MH conditions.

11. Support evidence-informed programs or curricula to address mental health needs of young people who may be at risk of misusing opioids or other drugs, including emotional modulation and resilience skills.

12. Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.

H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)

Support efforts to prevent or reduce overdose deaths or other opioid-related harms through evidence-based or evidence-informed programs or strategies that may include, but are not limited to, the following:

1. Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public.

2. Public health entities providing free naloxone to anyone in the community.

3. Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public.

4. Enabling school nurses and other school staff to respond to opioid overdoses, and provide them with naloxone, training, and support.

5. Expanding, improving, or developing data tracking software and applications for overdoses/naloxone revivals.

6. Public education relating to emergency responses to overdoses.

7. Public education relating to immunity and Good Samaritan laws.

8. Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.

9. Syringe service programs and other evidence-informed programs to reduce harms associated with intravenous drug use, including supplies, staffing, space, peer support services, referrals to treatment, fentanyl checking, connections to care, and the full range of harm reduction and treatment services provided by these programs.

10. Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.

11. Supporting mobile units that offer or provide referrals to harm reduction services, treatment, recovery supports, health care, or other appropriate services to persons that use opioids or persons with OUD and any co-occurring SUD/MH conditions.

12. Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with OUD and any co-occurring SUD/MH conditions.

13. Supporting screening for fentanyl in routine clinical toxicology testing.

PART THREE: OTHER STRATEGIES

I. FIRST RESPONDERS

In addition to items in section C, D and H relating to first responders, support the following:

1. Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.

2. Provision of wellness and support services for first responders and others who experience secondary trauma associated with opioid-related emergency events.

J. LEADERSHIP, PLANNING AND COORDINATION

Support efforts to provide leadership, planning, coordination, facilitations, training and technical assistance to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, the following:

1. Statewide, regional, local or community regional planning to identify root causes of addiction and overdose, goals for reducing harms related to the opioid epidemic, and areas and populations with the greatest needs for treatment

intervention services, and to support training and technical assistance and other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

2. A dashboard to (a) share reports, recommendations, or plans to spend opioid settlement funds; (b) to show how opioid settlement funds have been spent; (c) to report program or strategy outcomes; or (d) to track, share or visualize key opioid- or health-related indicators and supports as identified through collaborative statewide, regional, local or community processes.

3. Invest in infrastructure or staffing at government or not-for-profit agencies to support collaborative, cross-system coordination with the purpose of preventing overprescribing, opioid misuse, or opioid overdoses, treating those with OUD and any co-occurring SUD/MH conditions, supporting them in treatment or recovery, connecting them to care, or implementing other strategies to abate the opioid epidemic described in this opioid abatement strategy list.

4. Provide resources to staff government oversight and management of opioid abatement programs.

K. TRAINING

In addition to the training referred to throughout this document, support training to abate the opioid epidemic through activities, programs, or strategies that may include, but are not limited to, those that:

1. Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.

2. Support infrastructure and staffing for collaborative cross-system coordination to prevent opioid misuse, prevent overdoses, and treat those with OUD and any co-occurring SUD/MH conditions, or implement other strategies to abate the opioid epidemic described in this opioid abatement strategy list (*e.g.*, health care, primary care, pharmacies, PDMPs, etc.).

L. RESEARCH

Support opioid abatement research that may include, but is not limited to, the following:

1. Monitoring, surveillance, data collection and evaluation of programs and strategies described in this opioid abatement strategy list.

2. Research non-opioid treatment of chronic pain.

3. Research on improved service delivery for modalities such as SBIRT that demonstrate promising but mixed results in populations vulnerable to opioid use disorders.

4. Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.

5. Research on innovative supply-side enforcement efforts such as improved detection of mail-based delivery of synthetic opioids.

6. Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (*e.g.*, Hawaii HOPE and Dakota 24/7).

7. Epidemiological surveillance of OUD-related behaviors in critical populations, including individuals entering the criminal justice system, including, but not limited to approaches modeled on the Arrestee Drug Abuse Monitoring ("*ADAM*") system.

8. Qualitative and quantitative research regarding public health risks and harm reduction opportunities within illicit drug markets, including surveys of market participants who sell or distribute illicit opioids.

9. Geospatial analysis of access barriers to MAT and their association with treatment engagement and treatment outcomes.

Immigration Violations

427.1 PURPOSE AND SCOPE

The purpose of this policy is to provide guidelines to members of the Chippewa County Sheriff Office relating to immigration and interacting with federal immigration officials.

427.2 POLICY

It is the policy of the Chippewa County Sheriff Office that all members make personal and professional commitments to equal enforcement of the law and equal service to the public. Confidence in this commitment will increase the effectiveness of this office in protecting and serving the entire community and recognizing the dignity of all persons, regardless of their national origin or immigration status.

427.3 VICTIMS AND WITNESSES

To encourage crime reporting and cooperation in the investigation of criminal activity, all individuals, regardless of their immigration status, must feel secure that contacting or being addressed by members of law enforcement will not automatically lead to immigration inquiry and/or deportation. While it may be necessary to determine the identity of a victim or witness, members shall treat all individuals equally and not in any way that would violate the United States or Wisconsin constitutions.

427.4 DETENTIONS

A deputy should not detain any individual, for any length of time, for a civil violation of federal immigration laws or a related civil warrant.

A deputy who has a reasonable suspicion that an individual already lawfully contacted or detained has committed a criminal violation of federal immigration law may detain the person for a reasonable period of time in order to contact federal immigration officials to verify whether an immigration violation is a federal civil violation or a criminal violation. If the violation is a criminal violation, the deputy may continue to detain the person for a reasonable period of time if requested by federal immigration officials (8 USC § 1357(g)(10)). No individual who is otherwise ready to be released should continue to be detained only because questions about the individual's status are unresolved.

If the deputy has facts that establish probable cause to believe that a person already lawfully detained has committed a criminal immigration offense, he/she may continue the detention and may request a federal immigration official to respond to the location to take custody of the detained person (8 USC § 1357(g)(10)).

A deputy is encouraged to forgo detentions made solely on the basis of a misdemeanor offense when time limitations, availability of personnel, issues of officer safety, communication capabilities, or the potential to obstruct a separate investigation outweigh the need for the detention.

A deputy should notify a supervisor as soon as practicable whenever an individual is being detained for a criminal immigration violation.

427.4.1 SUPERVISOR RESPONSIBILITIES

When notified that a deputy has detained a person and established probable cause to believe the person has violated a criminal immigration offense, the supervisor should determine whether it is appropriate to:

(a) Transfer the person to federal authorities.

(b) Lawfully arrest the person for a criminal offense or pursuant to a judicial warrant (see the Law Enforcement Authority Policy).

427.5 ARREST NOTIFICATION TO IMMIGRATION AND CUSTOMS ENFORCEMENT

Generally, a deputy should not notify federal immigration officials when booking arrestees at a jail facility. Any required notification will be handled according to jail operation procedures. No individual who is otherwise ready to be released should continue to be detained solely for the purpose of notification.

427.6 FEDERAL REQUESTS FOR ASSISTANCE

Requests by federal immigration officials for assistance from this office should be directed to a supervisor. The Office may provide available support services, such as traffic control or peacekeeping efforts.

427.7 INFORMATION SHARING

No member of this office will prohibit, or in any way restrict, any other member from doing any of the following regarding the citizenship or immigration status, lawful or unlawful, of any individual (8 USC § 1373):

(a) Sending information to, or requesting or receiving such information from federal immigration officials

(b) Maintaining such information in office records

(c) Exchanging such information with any other federal, state, or local government entity

427.7.1 IMMIGRATION DETAINERS

No individual should be held based solely on a federal immigration detainer under 8 CFR 287.7 unless the person has been charged with a federal crime or the detainer is accompanied by a warrant, affidavit of probable cause, or removal order. Notification to the federal authority issuing the detainer should be made prior to the release.

427.8 U VISA AND T VISA NONIMMIGRANT STATUS

Under certain circumstances, federal law allows temporary immigration benefits, known as a U visa, to victims and witnesses of certain qualifying crimes (8 USC § 1101(a)(15)(U)).

Similar immigration protection, known as a T visa, is available for certain qualifying victims of human trafficking (8 USC § 1101(a)(15)(T)).

Any request for assistance in applying for U visa or T visa status should be forwarded in a timely manner to the Investigation Unit supervisor assigned to oversee the handling of any related case. The Investigation Unit supervisor should:

(a) Consult with the assigned investigator to determine the current status of any related case and whether further documentation is warranted.

(b) Contact the appropriate prosecutor assigned to the case, if applicable, to ensure the certification or declaration has not already been completed and whether a certification or declaration is warranted.

(c) Address the request and complete the certification or declaration, if appropriate, in a timely manner.

    1. The instructions for completing certification and declaration forms can be found on the U.S. Department of Homeland Security (DHS) website.

(d) Ensure that any decision to complete, or not complete, a certification or declaration form is documented in the case file and forwarded to the appropriate prosecutor. Include a copy of any completed form in the case file.

DEPARTMENT OF HOMELAND SECURITY

IMMIGRATION DETAINER - NOTICE OF ACTION

Subject ID: Event #:	File No: Date:

TO: (Name and Title of Institution - OR Any Subsequent Law Enforcement Agency)	FROM: (Department of Homeland Security Office Address)

Name of Alien: _____

Date of Birth: _____ Citizenship: _____ Sex: _____

1. DHS HAS DETERMINED THAT PROBABLE CAUSE EXISTS THAT THE SUBJECT IS A REMOVABLE ALIEN. THIS DETERMINATION IS BASED ON *(complete box 1 or 2).*

- ☐ A final order of removal against the alien;
- ☐ The pendency of ongoing removal proceedings against the alien;
- ☐ Biometric confirmation of the alien's identity and a records check of federal databases that affirmatively indicate, by themselves or in addition to other reliable information, that the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law; and/or
- ☐ Statements made by the alien to an immigration officer and/or other reliable evidence that affirmatively indicate the alien either lacks immigration status or notwithstanding such status is removable under U.S. immigration law.

2. DHS TRANSFERRED THE ALIEN TO YOUR CUSTODY FOR A PROCEEDING OR INVESTIGATION *(complete box 1 or 2).*

- ☐ Upon completion of the proceeding or investigation for which the alien was transferred to your custody, DHS intends to resume custody of the alien to complete processing and/or make an admissibility determination.

IT IS THEREFORE REQUESTED THAT YOU:

- **Notify DHS** as early as practicable (at least 48 hours, if possible) before the alien is released from your custody. Please notify DHS by calling ☐ U.S. Immigration and Customs Enforcement (ICE) or ☐ U.S. Customs and Border Protection (CBP) at _____. If you cannot reach an official at the number(s) provided, please contact the Law Enforcement Support Center at: (802) 872-6020.
- **Maintain custody** of the alien for a period **NOT TO EXCEED 48 HOURS** beyond the time when he/she would otherwise have been released from your custody to allow DHS to assume custody. The alien **must be served with a copy of this form** for the detainer to take effect. This detainer arises from DHS authorities and should not impact decisions about the alien's bail, rehabilitation, parole, release, diversion, custody classification, work, quarter assignments, or other matters
- Relay this detainer to any other law enforcement agency to which you transfer custody of the alien.
- Notify this office in the event of the alien's death, hospitalization or transfer to another institution.

☐ If checked: please cancel the detainer related to this alien previously submitted to you on _____ (date).

_____ _____

(Name and title of Immigration Officer) (Signature of Immigration Officer) (Sign in ink)

Notice: If the alien may be the victim of a crime or you want the alien to remain in the United States for a law enforcement purpose, notify the ICE Law Enforcement Support Center at (802) 872-6020. You may also call this number if you have any other questions or concerns about this matter.

TO BE COMPLETED BY THE LAW ENFORCEMENT AGENCY CURRENTLY HOLDING THE ALIEN WHO IS THE SUBJECT OF THIS NOTICE:

Please provide the information below, sign, and return to DHS by mailing, emailing or faxing a copy to _____ .

Local Booking/Inmate #: _____ Estimated release date/time: _____

Date of latest criminal charge/conviction: _____ Last offense charged/conviction: _____

This form was served upon the alien on _____ , in the following manner:

☐ in person ☐ by inmate mail delivery ☐ other (please specify): _____

_____ _____

(Name and title of Officer) (Signature of Officer) (Sign in ink)

NOTICE TO THE DETAINEE

The Department of Homeland Security (DHS) has placed an immigration detainer on you. An immigration detainer is a notice to a law enforcement agency that DHS intends to assume custody of you (after you otherwise would be released from custody) because there is probable cause that you are subject to removal from the United States under federal immigration law. DHS has requested that the law enforcement agency that is currently detaining you maintain custody of you for a period not to exceed 48 hours beyond the time when you would have been released based on your criminal charges or convictions. **If DHS does not take you into custody during this additional 48 hour period, you should contact your custodian** (the agency that is holding you now) to inquire about your release. **If you believe you are a United States citizen or the victim of a crime, please advise DHS by calling the ICE Law Enforcement Support Center toll free at (855) 448-6903.**

NOTIFICACIÓN A LA PERSONA DETENIDA

El Departamento de Seguridad Nacional (DHS) le ha puesto una retención de inmigración. Una retención de inmigración es un aviso a una agencia de la ley que DHS tiene la intención de asumir la custodia de usted (después de lo contrario, usted sería puesto en libertad de la custodia) porque hay causa probable que usted está sujeto a que lo expulsen de los Estados Unidos bajo la ley de inmigración federal. DHS ha solicitado que la agencia de la ley que le tiene detenido actualmente mantenga custodia de usted por un periodo de tiempo que no exceda de 48 horas más del tiempo original que habría sido puesto en libertad en base a los cargos judiciales o a sus antecedentes penales. **Si DHS no le pone en custodia durante este periodo adicional de 48 horas, usted debe de contactarse con su custodio** (la agencia que le tiene detenido en este momento) para preguntar acerca de su liberación. **Si usted cree que es un ciudadano de los Estados Unidos o la víctima de un crimen, por favor avise al DHS llamando gratuitamente al Centro de Apoyo a la Aplicación de la Ley ICE al (855) 448-6903.**

AVIS AU DETENU OU À LA DÉTENUE

Le Département de la Sécurité Intérieure (DHS) a placé un dépositaire d'immigration sur vous. Un dépositaire d'immigration est un avis à une agence de force de l'ordre que le DHS a l'intention de vous prendre en garde à vue (après celà vous pourrez par ailleurs être remis en liberté) parce qu'il y a une cause probable que vous soyez sujet à expulsion des États-Unis en vertu de la loi fédérale sur l'immigration. Le DHS a demandé que l'agence de force de l'ordre qui vous détient actuellement puisse vous maintenir en garde pendant une période ne devant pas dépasser 48 heures au-delà du temps après lequel vous auriez été libéré en se basant sur vos accusations criminelles ou condamnations. **Si le DHS ne vous prenne pas en garde à vue au cours de cette période supplémentaire de 48 heures, vous devez contacter votre gardien (ne)** (l'agence qui vous détient maintenant) pour vous renseigner sur votre libération. **Si vous croyez que vous êtes un citoyen ou une citoyenne des États-Unis ou une victime d'un crime, s'il vous plaît aviser le DHS en appelant gratuitement le centre d'assistance de force de l'ordre de l'ICE au (855) 448-6903**

NOTIFICAÇÃO AO DETENTO

O Departamento de Segurança Nacional (DHS) expediu um mandado de detenção migratória contra você. Um mandado de detenção migratória é uma notificação feita à uma agência de segurança pública que o DHS tem a intenção de assumir a sua custódia (após a qual você, caso contrário, seria liberado da custódia) porque existe causa provável que você está sujeito a ser removido dos Estados Unidos de acordo com a lei federal de imigração. ODHS solicitou à agência de segurança pública onde você está atualmente detido para manter a sua guarda por um período de no máximo 48 horas além do tempo que você teria sido liberado com base nas suas acusações ou condenações criminais. **Se o DHS não leva-lo sob custódia durante este período adicional de 48 horas, você deve entrar em contato com quem tiver a sua custódia** (a agência onde você está atualmente detido) para perguntar a respeito da sua liberação. **Se você acredita ser um cidadão dos Estados Unidos ou a vítima de um crime, por favor informe ao DHS através de uma ligação gratuita ao Centro de Suporte de Segurança Pública do Serviço de Imigração e Alfândega (ICE) pelo telefone (855) 448-6903.**

THÔNG BÁO CHO NGƯỜI BỊ GIAM

Bộ Nội An (DHS) đã ra lệnh giam giữ di trú đối với quý vị. Giam giữ di trú là một thông báo cho cơ quan công lực rằng Bộ Nội An sẽ đảm đương việc lưu giữ quý vị (sau khi quý vị được thả ra) bởi có lý do khả tín quý vị là đối tượng bị trục xuất khỏi Hoa Kỳ theo luật di trú liên bang. Sau khi quý vị đã thi hành đầy đủ thời gian của bản án dựa trên các tội phạm hay các kết án, thay vì được thả tự do, Bộ Nội An đã yêu cầu cơ quan công lực giữ quý vị lại thêm không quá 48 tiếng đồng hồ nữa. Nếu Bộ Nội An không đến bắt quý vị sau 48 tiếng đồng hồ phụ trội đó, quý vị cần liên lạc với cơ quan hiện đang giam giữ quý vị để tham khảo về việc trả tự do cho quý vị. Nếu quý vị là công dân Hoa Kỳ hay tin rằng mình là nạn nhân của một tội ác, xin vui lòng báo cho Bộ Nội An bằng cách gọi số điện thoại miễn phí 1(855) 448-6903 cho Trung Tâm Hỗ Trợ Cơ Quan Công Lực Di Trú.

被拘留者通知書

國土安全部(Department of Homeland Security，簡稱DHS)已經對你發出移民拘留令。移民拘留令為一給予執法機構的通知書，闡明DHS意欲獲取對你的羈押權(若非有此羈押權，你將會被釋放)；因為根據聯邦移民法例，並基於合理的原由，你將會被遞解離美國國境。DHS亦已要求現正拘留你的執法機構，在你因受到刑事檢控或定罪後，而在本應被釋放的程序下，繼續對你作出不超過四十八小時的監管。若你在這附加的四十八小時內，仍未及移交至**DHS**的監管下，你應當聯絡你的監管人(即現正監管你的機構)查詢有關你釋放的事宜。若你認為你是美國公民或為罪案受害者，請致電**ICE**執法部支援中心**(Law Enforcement Support Center)**知會**DHS**，免費電話號碼：**(855)448-6903**。

8 CFR § 236.6 Information regarding detainees.

No person, including any state or local government entity or any privately operated detention facility, that houses, maintains, provides services to, or otherwise holds any detainee on behalf of the Service (whether by contract or otherwise), and no other person who by virtue of any official or contractual relationship with such person obtains information relating to any detainee, shall disclose or otherwise permit to be made public the name of, or other information relating to, such detainee. Such information shall be under the control of the Service and shall be subject to public disclosure only pursuant to the provisions of applicable federal laws, regulations and executive orders. Insofar as any documents or other records contain such information, such documents shall not be public records. This section applies to all persons and information identified or described in it, regardless of when such persons obtained such information, and applies to all requests for public disclosure of such information, including requests that are the subject of proceedings pending as of April 17, 2002.

19.36 Limitations upon access and withholding.

(1) APPLICATION OF OTHER LAWS. Any record which is specifically exempted from disclosure by state or federal law or authorized to be exempted from disclosure by state law is exempt from disclosure under s. 19.35 (1), except that any portion of that record which contains public information is open to public inspection as provided in sub. (6).

(2) LAW ENFORCEMENT RECORDS. Except as otherwise provided by law, whenever federal law or regulations require or as a condition to receipt of aids by this state require that any record relating to investigative information obtained for law enforcement purposes be withheld from public access, then that information is exempt from disclosure under s. 19.35 (1).

Under subs. (1) and (2), any record specifically exempted from disclosure pursuant to federal law also is exempt from disclosure under Wisconsin law. Federal regulations preclude release of any information pertaining to individuals detained in a state or local facility, and federal immigration detainer (I−247) forms contain only such information. Read together, subs. (1) and (2) and 8 CFR 236.6 exempt I−247 forms from release under Wisconsin public records law, and the forms are not subject to common−law exemptions or the public interest balancing test. Voces De La Frontera, Inc. v. Clarke, 2017 WI 16, 373 Wis. 2d 348, 891 N.W.2d 803, 15−1152.

Chippewa County Sheriff's Office

Travis Hakes, Sheriff *Curt Dutton, Chief Deputy*

Sheriff's Report – May 2025

Budget

Squad builds – Prior to my tenure as Sheriff our necessary costs to build a patrol vehicle had exceeded the amount funded in our budget. We have worked towards ways to lower the builds. We are unable to build more cars with the funds budgeted.

Taser CIP – The $135,000 requested for a 2026, CIP will not adequately purchase the tasers we need to completely replace our old Tasers. We will need $278,956.80 to complete this project. This is in part due to the discontinuation of a program from Axon. Our plan will be to replace the tasers in 2026 and request the remaining funds in 2027. If the funds are not approved by the board in 2027, we will have to return tasers.

Jail

Staffing has been on a positive trend. As of this statement, we have two openings for full-time and one LESB recruit Deputy graduating this month to join us; Aiden Nibblett. With the Badger State Sheriff's donation we were able to order a radio frequency repeater, a WRAP cart, and a new pepper ball launcher. These items will increase the safety of our facility and were things we are grateful we were able to get without impact to the budget. Cpt Maki has been doing a fantastic job on contract reviews.

E.M.

Director Thibodeaux is extended on his FEMA deployment. His work duties are being distributed among the 911 GIS Coordinator and LTE support staff (Keith and Carrie). As of June 1st, I will assume the supervisory functions of the Division as we back fill the workload.

Field

Anthony Villapando and Jonah Mueller are planning to graduate from LESB Academy with Aiden in May. We recently hired Nathan Smart from Jackson County Sheriff's Office. This fills all of our full-time field services positions. We should consider having an additional "Recruit Deputy" position within our ranks so we can stay proactive on being fully staffed AND fully trained. We have a contract with Lafayette we will be looking into fulfilling more as our staff completes field training.

Dispatch

Due to the collaborative efforts, and the internal changes made; I am honored to report that we have one full-time opening. Bennett is back from his military service, and we're grateful he's returned. Sandy Davis will be retiring in June and we will miss her dearly.

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