CHIPPEWA COUNTY

EXECUTIVE COMMITTEE

REGULAR MEETING

DECEMBER 20, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:00 PM

1. CALL TO ORDER

Chair Gullickson called the meeting to order at 4:00 p.m.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Dean Gullickson	Chippewa County	District 5 (Chair)	Present	
Ken Schmitt	Chippewa County	District 3 (Vice-Chair)	Late	4:15 PM
Harold Steele	Chippewa County	District 2	Present	
Glen Sikorski	Chippewa County	District 6	Present	
Jason Bergeron	Chippewa County	District 7	Present	

Others Present: Randy Scholz, Traci Bremness, Lori Zwiefelhofer, Toni Hohlfelder, Andy Bauer

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

4. CONSENT AGENDA

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Glen Sikorski, District 6
SECONDER:	Jason Bergeron, District 7
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron

1. Approve the Agenda

2. Approve the Minutes

   Executive Committee - Regular Meeting - Dec 6, 2022 4:00 PM

3. Schedule Next Meeting Date - January 3, 2022

5. REPORTS

6. BUSINESS ITEMS

1. Resolution to Approve Guidelines and Procedures for Allocating Opioid Settlement Funds - Randy Scholz
   Scholz was notified last Friday the state is still working on the criteria for securitization. He was also notified there is another round of settlements so we will be receiving more opioid funds. He will share more details once we receive that information. The proposed guidelines for using opioid funds indicate it will be handled during the budget process. Scholz explained that we can't displace current funding. Therefore, we can't use opioid funds for an existing project. It needs to be a new project or an addition to

an existing project.

Steele commented that he would like the County Board to approve projects/programs before the budget is presented in November. Bergeron wants to make sure the committees review the proposals first before they go to the County Board. Steele would also like a report that goes to the County Board indicating what programs worked and which ones didn't.

Scholz suggested providing a report to the County Board in May of what was submitted. That feedback could then go to the committees for consideration when they review the proposals.

The committee was ok with adding a new item after #4 as follows: "A report will be given to the County Board annually in May with the recommendations from the Opioid Workgroup."

Motion (Steele/Sikorski) to forward to the CB as amended. Carried 5-0.

RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]**	**Next: 1/10/2023 6:00 PM**
MOVER:	Harold Steele, District 2	
SECONDER:	Glen Sikorski, District 6	
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron	

2. Ordinance to Amend Chapter 2, Division III. Appointed Officials Enumerated and Section 2-226. Emergency Management Director of the Chippewa County Code of Ordinances - Randy Scholz
Scholz explained this ordinance codifies what the County Board decided last month when they approved the consolidation. This position will no longer be appointed by the County Board.

RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]**	**Next: 1/10/2023 6:00 PM**
MOVER:	Harold Steele, District 2	
SECONDER:	Ken Schmitt, District 3 (Vice-Chair)	
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron	

7. UPDATES, ANNOUNCEMENTS, AND CORRESPONDENCE

A. County Board Chair Report

B. County Administrator Operation Report

8. AGENDA ITEMS FOR FUTURE CONSIDERATION

9. ADJOURN

The meeting adjourned at 4:43 p.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Jason Bergeron, District 7
SECONDER:	Ken Schmitt, District 3 (Vice-Chair)
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron

CHIPPEWA COUNTY

EXECUTIVE COMMITTEE

REGULAR MEETING

DECEMBER 6, 2022

CHIPPEWA COUNTY COURTHOUSE, RM 302

4:00 PM

1. CALL TO ORDER

Chair Gullickson called the meeting to order at 4:00 p.m.

2. ROLL CALL

Attendee Name	Organization	Title	Status	Arrived
Dean Gullickson	Chippewa County	District 5 (Chair)	Present	
Ken Schmitt	Chippewa County	District 3 (Vice-Chair)	Present	
Harold Steele	Chippewa County	District 2	Present	
Glen Sikorski	Chippewa County	District 6	Present	
Jason Bergeron	Chippewa County	District 7	Present	

Others Present: Randy Scholz, Traci Bremness, Toni Hohlfelder, Lori Zwiefelhofer, Andy Bauer, Todd Pauls

3. MEMBERS OF THE PUBLIC WISHING TO BE HEARD

John Anderson expressed some concerns with the Emergency Management consolidation. He has been a member of the LEPC for 30 years and has been the chairman for the past 20 years. This department works with a lot of stakeholder groups and they have not been involved or informed of this proposal. He would like the committee to hold off on this for a little bit so the county can research it more. He thinks losing the autonomy of an independent department can have consequences and he wants the committee to review it before making a decision.

4. CONSENT AGENDA

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Glen Sikorski, District 6
SECONDER:	Harold Steele, District 2
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron

1. Approve the Agenda

2. Approve the Minutes

   Executive Committee - Regular Meeting - Nov 15, 2022 4:00 PM

3. Schedule Next Meeting Date - December 20, 2022

5. REPORTS

1. Standardize Agenda Packets for All Committee Meetings - Buck Steele
   Supervisor Steele expressed some concerns with committee agenda packets. The committees are not consistent with including information in the agenda packet and sometimes the minutes say “material is on

file". That makes it difficult for members to be prepared for the meeting when the information is not available and for other County Board Supervisors who are not on the committee, but want to follow the topics, to understand what is going on. This also helps the meetings go faster. Steele also requested that more information be included in the Economic Development agenda packets including more information from the CCEDC Director, rather than just a verbal report. Scholz explained the contract with CCEDC says their report can be verbal so the contract will need to be revised.

The committee agreed to have the County Board Chair send a letter to Department Heads and meeting clerks reminding them the expectation is that every agenda item will have information and/or an attachment in the agenda packet prior to the meeting. If something is handed out or revised at the meeting, then that information needs to be included with the minute packet.

RESULT:	**DISCUSSED**

6. BUSINESS ITEMS

1. Resolution to Approve the 2023-2025 Collective Bargaining Agreement Between Chippewa County and the Wisconsin Professional Police Association – Randy Scholz
   Hohlfelder reviewed the 2023-2025 collective bargaining agreement as agreed to during negotiations.

RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]**	**Next: 12/13/2022 6:00 PM**
MOVER:	Harold Steele, District 2	
SECONDER:	Ken Schmitt, District 3 (Vice-Chair)	
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron	

2. Resolution to Authorize Use of American Rescue Plan Act Funds to Pay Wisconsin Professional Police Association Bargaining Unit Employee Longevity Rewards – Randy Scholz
   Scholz explained this resolution will allow the County to use ARPA funds for WPPA employees who had missed anniversary dates. This is consistent with the other resolution the County Board approved for the general employees.

RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]**	**Next: 12/13/2022 6:00 PM**
MOVER:	Harold Steele, District 2	
SECONDER:	Glen Sikorski, District 6	
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron	

3. Resolution to Authorize the Sale of Two Small Parcels of Property and to Grant Two Temporary Limited Easements to the City of Chippewa Falls for the Mill and Overlay of State Highway 124 and Improvement of the Curb Ramps – Randy Scholz

RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]**	**Next: 12/13/2022 6:00 PM**
MOVER:	Glen Sikorski, District 6	
SECONDER:	Ken Schmitt, District 3 (Vice-Chair)	
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron	

4. Resolution to Reorganize the Emergency Management Department Underneath the Sheriff's Department – Randy Scholz

Scholz explained he talked to the current Sheriff and incoming Sheriff about this and they are both in favor of it. He reached out to other counties and it varies from county to county based on what is best for each organization. The reason he is requesting this consolidation is the physical location. There is a close working relationship with dispatch and the Sheriff's Department. He feels the Chief Deputy is better equipped to supervise this area and manage the position. They placed this on the wage scale and aligned it with similar positions in the county. There is a cost savings but the recommendation is to use those funds for the employees in 911 to retain them. He would recommend this consolidation despite the increase for 911. The only change that people will see is that this person will no longer be a Department Head. The outside agencies shouldn't see anything different from their perspective. The Legal and Law Enforcement Committee was supportive of the resolution.

Gullickson attended the Legal and Law Enforcement Committee meeting. There was a lady present from the state who expressed some concerns with the pay. The other issue is the last agency that hired an Emergency Management Director went through six applicants before they found someone. He wants to make sure we are competitive.

Scholz commented this will be part of our market analysis so if something needs to be adjusted, we can address it then.

RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]**	**Next: 12/13/2022 6:00 PM**
MOVER:	Jason Bergeron, District 7	
SECONDER:	Ken Schmitt, District 3 (Vice-Chair)	
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron	

5. Review the Process and Timeline for the County Administrator's Performance Evaluation – Toni Hohlfelder

Hohlfelder reviewed the process and timeline for the County Administrator's performance evaluation. This is the same process that has been used for years.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Ken Schmitt, District 3 (Vice-Chair)
SECONDER:	Jason Bergeron, District 7
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron

6. Human Resources Policy Manual Revisions for Holidays – Toni Hohlfelder

Hohlfelder reviewed revisions to the holiday policy.

RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]**	**Next: 12/13/2022 6:00 PM**
MOVER:	Jason Bergeron, District 7	
SECONDER:	Harold Steele, District 2	
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron	

7. UPDATES, ANNOUNCEMENTS, AND CORRESPONDENCE

A. County Board Chair Report

B. County Administrator Operation Report

1. Update on 2023 Health Insurance Premiums – Randy Scholz
   Scholz gave an update on the 2023 health insurance premiums. See memo on file. There were no changes from what the County Board approved during the budget process.

RESULT:	**REVIEWED**	**Next: 12/13/2022 6:00 PM**

2. Update on Employee Engagement – Randy Scholz
   Scholz and Hohlfelder gave an update on the 2022 employee engagement survey results.

RESULT:	**REVIEWED**	**Next: 12/13/2022 6:00 PM**

3. Update on the Firearms Range Closure - Randy Scholz & Larry Ritzinger
   Scholz gave an update on the Public Firearms range closure.

RESULT:	**REVIEWED**	**Next: 12/13/2022 6:00 PM**

8. AGENDA ITEMS FOR FUTURE CONSIDERATION

Gullickson is gathering information on our EMS services county wide.

9. ADJOURN

The meeting adjourned at 6:01 p.m.

RESULT:	**APPROVED [UNANIMOUS]**
MOVER:	Harold Steele, District 2
SECONDER:	Ken Schmitt, District 3 (Vice-Chair)
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron

Minutes Acceptance: Minutes of Dec 6, 2022 4:00 PM (Consent Agenda)

STATEMENT OF EXPLANATION

Resolution No. 01 - 23

RESOLUTION TO APPROVE GUIDELINES AND PROCEDURES FOR ALLOCATING OPIOID SETTLEMENT FUNDS - RANDY SCHOLZ

Passage of this resolution will adopt the attached *Guidelines & Procedures for Allocating Opioid Funds* document. These guidelines and procedures are intended to ensure that the use of the Opioid Litigation Settlement Funds is consistent with the terms of the settlement and Wisconsin law. These funds may only be expended for opioid abatement. The purpose of the document is to set out the criteria that Chippewa County will follow for utilizing National Opioid Settlement Funds. Also attached to this resolution is the proposed *Opioid Fund Request Form* that will need to be completed for any applicant that requests opioid abatement funding.

Chippewa County will receive approximately $1.96 million of the litigation settlement from the Distributors and Johnson & Johnson. It is expected that Chippewa County will receive future settlement proceeds from other defendants in the ongoing opioid litigation.

Resolution No. 01 - 23

RESOLUTION TO APPROVE GUIDELINES AND PROCEDURES FOR ALLOCATING OPIOID SETTLEMENT FUNDS - RANDY SCHOLZ

WHEREAS, in 2017, Chippewa County joined other Wisconsin counties and other municipalities across the country as a plaintiff in litigation against opioid manufacturers, distributors and retailers; and

WHEREAS, Chippewa County has begun to receive funds from the National Opioid Settlements with the Distributors and Johnson & Johnson; and

WHEREAS, Chippewa County is expected to receive approximately $1.96 million from these opioid litigation settlements, as well as additional funds from future settlements with other opioid litigation defendants whose cases are still pending; and

WHEREAS, the terms of the National Opioid Settlements and Wisconsin legislation enacted to specifically address opioid litigation settlement funds require that the settlement funds be deposited into an "Opioid Abatement Account" and said funds can only be used for purposes related to opioid abatement; and

WHEREAS, the County Administrator and his team have developed the attached *Guidelines & Procedures for Allocating Opioid Funds* document to set out the criteria that Chippewa County will follow for utilization of opioid settlement funds; and

WHEREAS, the County Administrator is recommending that the *Guidelines & Procedures for Allocating Opioid Funds* be approved to authorize the criteria for use of opioid settlement funds; and

WHEREAS, as part of the *Guidelines*, the County Administrator is recommending the following criteria for the allocation of Opioid Litigation Settlement funds:

1. The funds shall be allocated for projects/programs that comply with the List of Opioid Remediation Uses in the attached *Opioid Fund Request Form* and the 2021 Wisconsin Act 57;
2. The funds may be allocated for current or new projects/programs that are evidenced based, measurable, and proven to be effective in reducing addiction;
3. The funds shall never be allocated in a way that will increase future operational cost; and

WHEREAS, the County Administrator is also recommending that the attached *Opioid Fund Request Form* be required to be completed by any applicant requesting opioid settlement funds for opioid abatement projects;

NOW, THEREFORE BE IT RESOLVED, that the Chippewa County Board of Supervisors hereby approves the attached document titled *Guidelines & Procedures for Allocating Opioid Funds*; and

BE IT FURTHER RESOLVED, that the County Board also approves the attached *Opioid Fund Request Form* as is or as may be amended by the County Administrator and said Form shall be completed by any applicant requesting Opioid Litigation Settlement funds for opioid abatement projects.

Forwarded to the County Board by the Executive Committee.

FINANCIAL IMPACT:

There is no fiscal impact by passage of this resolution.

12/20/2022	**Executive Committee**	
RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]**	**Next: 1/10/2023 6:00 PM**
MOVER:	Harold Steele, District 2	
SECONDER:	Glen Sikorski, District 6	
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron	

Approved as to Form:

Todd A. Pauls
Todd A. Pauls, Corporation Counsel 12/9/2022

Lori Zwiefelhofer
Lori Zwiefelhofer, Finance Director 12/9/2022

Randy B. Scholz
Randy B. Scholz, County Administrator 12/9/2022

National Opioid Litigation Settlement
Guidelines & Procedures for Allocating Opioid Funds

Background: As indicated in Resolution 54-21, Chippewa County is expected to receive about $1.96 million from the Opioid settlement with the Distributors and Johnson & Johnson with about 20% of that amount reduced for legal fees. The estimated amount we expect to receive for these two settlements is around $1.5 million. As a result of WI legislation, Chippewa County will receive 70% and the State will receive 30%. Cases are still pending with the opioid manufacturers and retailers. The payments from J&J will begin in 2022 and continue over nine years. The payments from the Distributors will also begin in 2022 and continue over a total of 18 years.

Securitization: Both J&J and the Distributor payments can be securitized. Securitization is an opportunity for counties to receive the settlement funds sooner, thus providing more up-front funds for counties to truly tackle abatement. With securitization, it means to convert (an asset, especially a loan) into marketable securities, typically for the purpose of raising cash by selling them to other investors. The recommendation from the Wisconsin Counties Association (WCA) is to only securitize the Distributor settlement. The reasons are that the Distributor payments go out longer, are a larger dollar amount, and the credit quality of the Distributors are lower than that of J&J (Aaa). If the Chippewa County Board decides to securitize the Distributor payments, then a resolution will be required at a later date to authorize that.

Use of Funds: Per the settlement agreement, the funds will be deposited into a segregated account (the "Opioid Abatement Account – Fund 233") and may be expended only for approved uses of opioid abatement as provided in the settlement agreement. **Refer to Exhibit E – List of Opioid Remediation Uses.**

Purpose of this Policy Document

The purpose of this document is to have the County Board approve the criteria that Chippewa County will follow for utilizing National Opioid Settlement funds. The criteria established by the County Board will need to be in compliance with Exhibit E – List of Opioid Remediation Uses and the 2021 Wisconsin Act 57 reporting guidelines. The document will also identify the procedure that Chippewa County will use to allocate the funds.

Process for Approving the Criteria for Utilizing Opioid Funds

The County Administrator will ensure the criteria complies with Exhibit E – List of Opioid Remediation Uses (see attached) and the 2021 Wisconsin Act 57 (see attached) reporting guidelines. The County Administrator will provide the guidelines and procedures to the Executive Committee to review and discuss. The Executive Committee will then recommend the guidelines and procedures to the County Board for approval.

County Administrator's Recommendation on Criteria for Utilizing Opioid Funds

1. The funds shall be allocated for projects/programs that comply with Exhibit E – List of Opioid Remediation Uses and the 2021 Wisconsin Act 57.

2. The funds may be allocated for current or new projects/programs that are evidenced based, measurable, and proven to be effective in reducing addiction.

3. The funds shall never be allocated in a way that will increase future operational cost.

County Administrator's Recommendation on the Procedure to Allocate Opioid Funds

1. The Chippewa County Board will decide whether to receive the opioid funds by Securitization (obtain funds sooner) or obtain them over the full eighteen (18) year time period. The timing for the Securitization option is contingent upon when the Wisconsin Counties Association provides that option and timeline to all of the counties.

2. The County Administrator will establish an Opioid Workgroup comprised of individuals from the departments listed below. The Workgroup will provide the County Administrator with an understanding of programs/services that are currently offered in Chippewa County that address the opioid abatement efforts. The Workgroup will also provide recommendations for new or expanded programs/projects that meet the settlement criteria for utilizing the opioid funds. The Opioid Workgroup will meet as many times as needed to assist the County Administrator with developing the first proposed plan.

   Opioid Workgroup
   - County Administrator (lead)
   - Assistant to the County Administrator (note taker & organizer)
   - DOA – Finance Division
   - DOA – Corporation Counsel Division
   - DOA – Criminal Justice Services Division
   - Human Services Department
   - Public Health Department
   - Sheriff's Department/Jail

3. Requests and approval to utilize opioid funds will occur annually during the normal budget process.

4. All departments requesting to use opioid funds will need to fill out an "Opioid Fund Request Form" (see attached). The form will need to be completed and reviewed with the policy committee each year by June 15th in order for the funds to be approved and allocated in the next year's budget.

5. The County Administrator will provide a report to the County Board annually in May with the recommendations from the Opioid Workgroup.

6. The County Administrator will review all Opioid Fund Request Forms and the policy committee feedback prior to determining what programs/services/projects will be incorporated into the next year's proposed budget.

7. The first utilization of opioid funds is anticipated to occur with the 2024 budget.

8. There will be a limited amount of opioid funds available each year. Opioid funds received in one budget year cannot be expended until the subsequent budget year as documented by the approved annual county budget or County Board resolution. (For example, revenues received in 2022 won't be utilized until 2024 since there is no guarantee of receiving the funds.)

9. In the event a request to use Opioid funds is received outside of the normal budget process, the County Administrator will bring a separate resolution to the Executive Committee and County Board for consideration and approval.

10. Opioid funds will be deposited into a segregated account (the "Opioid Abatement Account – Fund 233") and may be expended only for approved uses of opioid abatement as provided in the settlement agreement.

12. The County Administrator will include the opioid abatement programs/services/projects as part of the next year's proposed county budget presentation that is presented to the Executive Committee and County Board for approval.

13. The financial updates for Opioid funds will be included with the County financial reports that are provided by the Finance Director to the County Board on a quarterly basis. Also as required in Act 57, annually a report must be submitted to the Department of Justice and Joint Committee on Finance.

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.
- 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: _____ Date: _____

Identify the Budget Year Funds are Requested For: _____

Name of Opioid Program/Project: _____

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

Identify: _____

Estimated Start Date of Project: _____ Estimated Date of Completion: _____

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

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

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

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

Estimated Annual Cost of Program/Project: $ _____

Amount of Annual Chippewa County Opioid Funds Requested: $_____

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.

Are you able to manage and implement this new program/project with existing staff within your department?
☐ Yes ☐ No
If yes, how many staffing hours annually are anticipated? _____

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

Return completed form to the County Administrator

_____ _____
Signature of Project Requester/Department Head Date

SECTION 2 – To Be Completed by the County Administrator

☐ Approved for Committee Review and Feedback ☐ Denied ☐ More Information Needed

Total Amount of Chippewa County Opioid Funds Recommended by County Administrator: $_____

_____ _____

County Administrator Date

Comments: _____

_____

_____

_____

_____

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.

STATEMENT OF EXPLANATION

Ordinance No. 01 - 23

ORDINANCE TO AMEND CHAPTER 2, DIVISION III. APPOINTED OFFICIALS ENUMERATED AND SECTION 2-226. EMERGENCY MANAGEMENT DIRECTOR OF THE CHIPPEWA COUNTY CODE OF ORDINANCES - FIRST READING - RANDY SCHOLZ

On December 13, 2022, the County Board approved Resolution No. 64-22 to consolidate the Emergency Management Department into the Sheriff's Department and thereby change the Emergency Management Director from a department head position that reports directly to the County Administrator to a management position that reports directly to the Chief Deputy.

Passage of these ordinance amendments would remove the Emergency Management Director from the list of County department heads under Chapter 2, Division 3 who are appointed by the County Administrator, delete reference to appointment of the Emergency Management Director by the County Administrator under Sec. 2-226 and formally designate the Emergency Management Director as the County's head of emergency management pursuant to Wis. Stat. §323.14(1).

Ordinance No. 01 - 23

ORDINANCE TO AMEND CHAPTER 2, DIVISION III. APPOINTED OFFICIALS ENUMERATED AND SECTION 2-226. EMERGENCY MANAGEMENT DIRECTOR OF THE CHIPPEWA COUNTY CODE OF ORDINANCES - FIRST READING - RANDY SCHOLZ

SEE ATTACHMENT

FINANCIAL IMPACT:

There is no fiscal impact by passage of these ordinance amendments.

12/20/2022	**Executive Committee**
RESULT:	**FORWARD TO COUNTY BOARD [UNANIMOUS]** **Next: 1/10/2023 6:00 PM**
MOVER:	Harold Steele, District 2
SECONDER:	Ken Schmitt, District 3 (Vice-Chair)
AYES:	Gullickson, Schmitt, Steele, Sikorski, Bergeron

Approved as to Form:

Todd A. Pauls
Todd A. Pauls, Corporation Counsel 12/9/2022

Lori Zwiefelhofer
Lori Zwiefelhofer, Finance Director 12/9/2022

Randy B. Scholz
Randy B. Scholz, County Administrator 12/9/2022

ORDINANCE TO AMEND CHAPTER 2, DIVISION III. APPOINTED OFFICIALS ENUMERATED AND SECTION 2-226. EMERGENCY MANAGEMENT DIRECTOR OF THE CHIPPEWA COUNTY CODE OF ORDINANCES

1. That Chapter 2, Division III. Appointed Officials Enumerated and Section 2-226. Emergency Management Director of the Chippewa County Code of Ordinances are hereby amended as follows:

Chapter 2. GENERAL GOVERNMENT AND ADMINISTRATION

ADMINISTRATION

ARTICLE I. OFFICERS AND EMPLOYEES

DIVISION III. APPOINTED OFFICIALS ENUMERATED.

The following are the county appointed officials who are appointed in the manner and for the term indicated and all positions appointed by the Administrator are subject to County Board confirmation:

TABLE INSET:

	Official	How Appointed	Term
(1)	County Administrator	County Board	Indef.
(2)	Child Support Director	County Administrator	Indef.
(3)	Corporation Counsel	County Administrator	Indef.
(4)	County Health Officer/ Public Health Director	County Administrator	Indef.
(5)	Criminal Justice Services Director	County Administrator	Indef.
(6)	Director of Land Conservation and Forest Management	County Administrator	Indef.
~~(7)~~	~~Emergency Management Director~~	~~County Administrator~~	~~Indef.~~
(8)	Facilities and Parks Director	County Administrator	Indef.
(9)	Family Court Commissioner	Circuit Court Judges	1 year
(10)	Finance Director	County Administrator	Indef.
(11)	Highway Commissioner	County Administrator	Indef.
(12)	Human Resources Director	County Administrator	Indef.
(13)	Human Services Director	County Administrator	Indef.
(14)	Information Technology Director	County Administrator	Indef.
(15)	Planning and Zoning Administrator / Land Information Officer	County Administrator	Indef.
(16)	Register in Probate	Circuit Court Judges (subject to County Board confirmation)	Indef.
(17)	Veteran's Service Officer	County Administrator	Indef.

(Ord. No. 11-19, 11-12-2019)

Sec. 2-226. Emergency Management Director.

~~(a) *Appointment and term*. The Emergency Management Director shall be appointed by the County Administrator for an indefinite term, subject to County Board confirmation.~~ The Emergency

Management Director is hereby designated as the County's head of emergency management pursuant to Wis. Stat. §323.14(1).

~~(b) *Powers and duties*. The Emergency Management Director shall have the powers and duties as set out in state statutes and county ordinances.~~

2. That these ordinance revisions shall take effect upon passage and publication.

Forwarded to the County Board by the Executive Committee.