

RICHLAND COUNTY

Opioid Settlement Funds Use Assessment



SOUTHWESTERN WISCONSIN
REGIONAL PLANNING
COMMISSION

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Introduction

Richland County has been awarded approximately \$489,794.00 as of litigation settled through November, 2022. A portion of the settlement funds was received in 2022, and the projected last payment should be received in 2038 (Appendix A). There may be additional settlement funds as pending litigation gets settled. Eligible uses to address the opioid epidemic include prevention, treatment, and recovery.

This needs assessment defines activities tied to opioid prevention, treatment, and recovery, provides a current inventory of Richland County assets, and identifies service gaps in each category. According to interviewees, this epidemic has affected the region for over 15 years; therefore, it is imperative that funds are used proactively to prevent the loss of any more lives or adverse impacts to people in the region. Richland County decision makers may use this document as a guide to understanding the opportunities and priorities for spending the aforementioned litigation funds and identify opportunities for regional collaboration in addressing the epidemic and its impacts.

There may be an opportunity for county officials to securitize a portion of the settlement funds, which would guarantee receipt of those funds; however, legal counsel will need to determine if securitizing funds is a qualified expenditure based upon final settlement documents. Securitization of funds is the process where interest in receivables are packaged, underwritten, and sold in the form of “asset-backed” securities, essentially, this transfers the risk of ownership to parties more willing or able to manage them.¹ If county officials are able to, and decide to pursue securitizing, they would receive a lesser amount; however, a large portion of the total would be received in the first couple of years, reducing the risk in the event of bankruptcy of one or more of the defendants named in the settlement (Appendix A).

Figure 1. Substance Use Disorder Continuum of Care



Table 1: Richland County current opioid litigation settlement funds

	Net Share (No Securitization)	Approximate Total Funds for Use (Partially Securitized)
Richland County	\$ 489,794.00	\$ 384,492.00

¹ <https://www.occ.treas.gov/topics/supervision-and-examination/capital-markets/financial-markets/securitization/index-securitization.html>

Table 2: Opioid litigation settlement funds payment schedule non-Secure Vs. secure

Year of Distribution	Non-Secure	Secure
2022	\$ 55,081.00	\$ 252,577.00
2023	\$ 29,190.00	\$ 14,290.00
2024	\$ 39,745.00	\$ 21,096.00
2025	\$ 41,628.00	\$ 22,978.00
2026 & 2027	\$ 25,815.00 /year	\$ 7,165.00/year
2028	\$ 29,756.00	\$ 7,822.00
2029 & 2030	\$ 30,695.00 /year	\$ 8,761.00/year
2031	\$ 26,499.00	\$ 8,061.00
2032 - 2038	\$ 22,125.00 /year	\$ 3,688.00/year
Total Settlement	\$ 489,794.00	\$ 384,492.00

To inform the findings of this assessment, the Southwestern Wisconsin Regional Planning Commission (SWWRPC) conducted interviews with fourteen Richland County stakeholders and eight regional and state stakeholders (Appendix B).

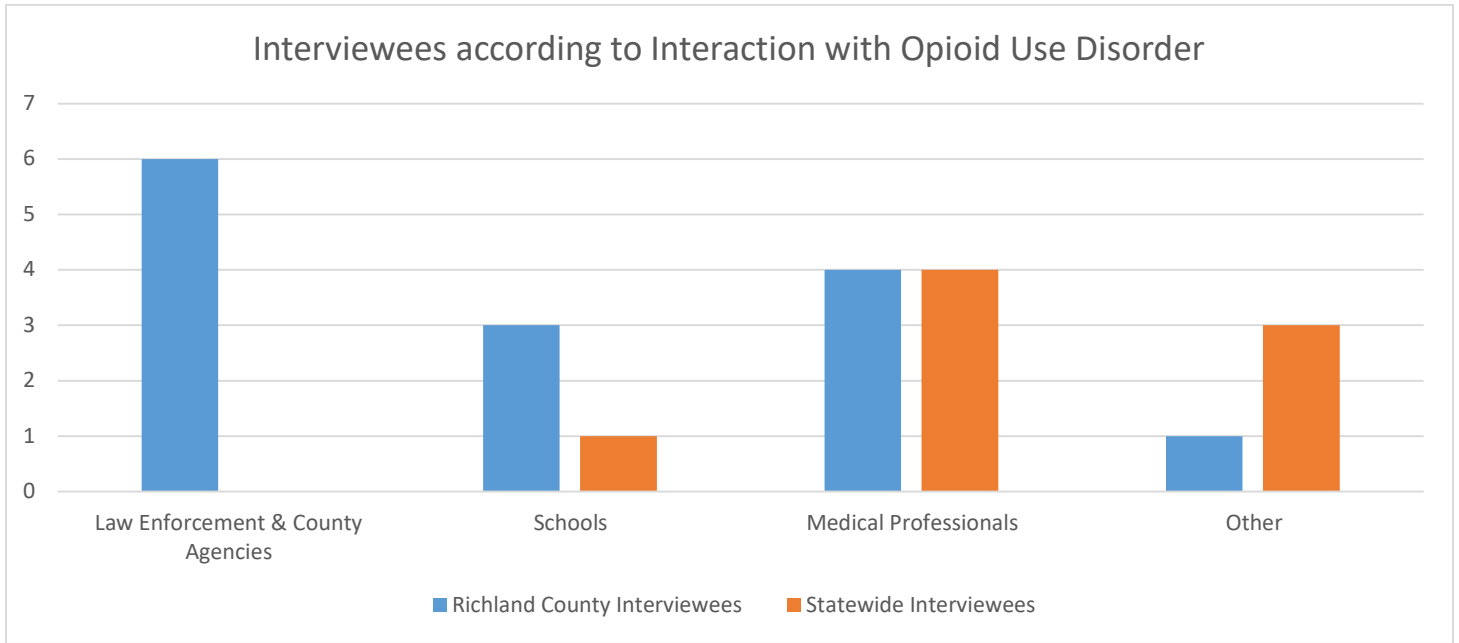
Richland County interviewees:

- Law enforcement or other county officials: Clay Porter, Richland County Sheriff; Jason Pilla, Richland Center Police Detective; Nettie Collins and Sue Barnes, Richland County Jail Sergeants; Roxanne Klubertanz-Gerber, Richland County Aging & Disability Resource Center Manager; and Tricia Clements, Richland County Health & Human Services Director.
- School counselors and administration: Julie Prouty, Ithaca School District Administrator; Betsey Roesler, Richland School District Health & Wellness Coordinator; and Holly Lochner, Richland School District Counselor.
- Medical professionals: Dr. Sue Larson, New Day Counseling; Michelle Farrell, Pharmacist & Owner of Center Pharmacy; Dr. David May, Richland Hospital; and Darin Gudgeon; Richland County EMS Director.
- Others: Tracy Gobin, Symons Rec Center Director.

State and regional interviewees:

- Medical professionals: Jeff Lockhart, Unified Community Services (UCS) Director; Jessie Brogley, UCS AODA Counselor; Dr. Jillian Landeck from UW-Madison Health, Rebecca Steffes, Nurse Manager at Community Connections Free Clinic.
- Education: Melissa Stoner, Prevention and Education Coordinator at UW-Platteville.
- Others: Chris Frakes, Project Director at SWCAP; Ben Miller, Substance Use Diversion and Support Program Case Coordinator in Sauk County, WI; and Paul Krupski, Director of Opioid Initiatives at WI Department of Health Services (DHS).

Table 3: Interviewees by interaction with opioids / opioid use disorder (Richland County and Statewide)



These interviews were complemented by an analysis of quantitative and qualitative data from established sources (Appendix C). Limited quantitative and qualitative data was applied to this local assessment considering relevance. Local law enforcement does not track number of arrests with opioids or other illegal drugs present, number of detainees with drugs present, number of calls where Narcan is used, number of repeat offenders, or how many calls resulted in death due to overdose. It is impossible to determine what measures are successful where local data is not available; therefore, Richland County stakeholder interviews became the primary data source used for this needs assessment. This document provides information through the local close-up lens as identified in the scope of work. For a more in-depth recommendation, a medium and long-range plan identifying what has been successful at the state and federal level may be needed.

Recommendations

The recommendations below are drawn from the Richland County interviews and data analysis conducted as part of this assessment. This identifies how Richland County can most effectively use their settlement funds to combat the opioid epidemic and all fall within the eligible uses of settlement funds. They were developed to ensure county investments do not overlap with state uses of litigation funds in a way that would be unproductive or duplicate efforts. (See Appendix D for uses of State funding).

- **Prevention**

- Assist with implementation of evidence-based prevention efforts in the schools (adolescents through college).
- Expand existing resources with Southwestern Wisconsin Community Action Program (SWCAP) and Pine Counseling Inc. Services:
 - Transportation for educational and outreach events.
 - Coordinate and collaborate education and outreach efforts.
 - Stigma reduction efforts.
 - Mental health capacity.
- Implement community events / programs that encourage positive habits and change social circles, including, but not limited to: exercise facilities, arts programs, educational outreach on “life” skills: cooking, budgeting and spending, stress management, how to find and use existing resources, and positive role model support.

By implementing core strategies, opioid settlement funds can be used to achieve the central goal of the litigation which is to combat the opioid epidemic.

*Prevention
Treatment
Recovery*

- **Treatment**

- Support, enhance, and expand current assets through county agencies, or by regionalizing efforts.
 - Transportation to treatment for individuals and families.
 - Coordination and collaboration of existing resources region-wide.
 - Current all-inclusive resource guide and website for each county in the region.
 - Implement an immediate/real-time treatment option: 24-hour hotline, website with trained professionals, or warmline.
 - Drug Treatment Court and treatment while incarcerated.
 - Peer Support Recovery Groups.
 - Family member resources.
 - Positive role model programs (Big Brother / Big Sister), especially for children when parents are in treatment programs.
 - SWCAP services including transportation.
- Remove or reduce barriers: financial (medical treatment, household expense help, budgeting assistance, etc.), housing (transitional and affordable), employment (access to jobs for those with a criminal history and supplemental income for jobs that do not pay well), childcare (while working, during treatment and recovery meetings, and for respite) for those in treatment, and Language (bilingual documents and resources as needed).

- **Recovery**

- Remove barriers to long-term recovery (as listed above under treatment category).
- Respite care / relief resources.
- Life skills education and guidance.

Prevention

Prevention activities educate and support individuals and communities to reduce the risk that individuals will begin using or misusing opioids; which often leads to the development of substance use disorders (SUD). According to U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), substance use and misuse “can make daily activities difficult and impair a person’s ability to work, interact with family, and fulfill other major life functions. Mental and substance use disorders are among the top conditions that cause disability in the United States.”² Consistent use of evidence-based prevention programs help decrease the number of people suffering from OUD, save lives, and reduce costs of:

- Treatment Programs
- Recovery Options
- Crime
- Lost work productivity
- Healthcare
- Disability payments

Investment in proactive measures would greatly reduce the need for reactive measures. When asked what we need to do differently in fighting the Opioid Epidemic, Nettie Collins, Richland County Jail Sergeant stated, “*We need to start prevention efforts early on, and be consistent when implementing them all the way through the school years.*” Prevention should be used in systems and settings where people of all ages and all backgrounds can be reached. In addition to reaching the general population, specifically designed programs to reach those with higher risk of being affected by OUD are also imperative. According to U.S. Department of Health and Human Services, Substance Abuse and Mental Health Services Administration (SAMHSA), “Prevention and early intervention strategies can reduce the impact of substance use and mental disorders in America.”³

Of the 14 interviewees in Richland County, 86% stated that prevention efforts are necessary in battling the opioid epidemic.

Prevention Assets

While compiling the list of current assets, it became clear that Richland County investment into the Drug Free Communities Project, Richland County Youth Substance Use Coalition, and Richland County Partners for Prevention are valuable in getting ahead of the opioid epidemic. Interviewees identified various prevention programs (Appendix E) throughout the County that include:

- Richland County Partners for Prevention.
 - Prevention programs in the schools, including CounterAct and Dare.
 - Prescription drug safe keeping and disposal.
- Richland County Youth Substance Use Coalition.
- Drug Free Communities Project – Richland County.
- Adolescent programs including SWCAP Birth-3 home visits.
- Peer Support Groups and Community Activities.
- Symons Recreation Center.
- Health care industry has education and training for prescribers and prescription drug tracking through ePDMP.

² <https://www.samhsa.gov/find-help/prevention>

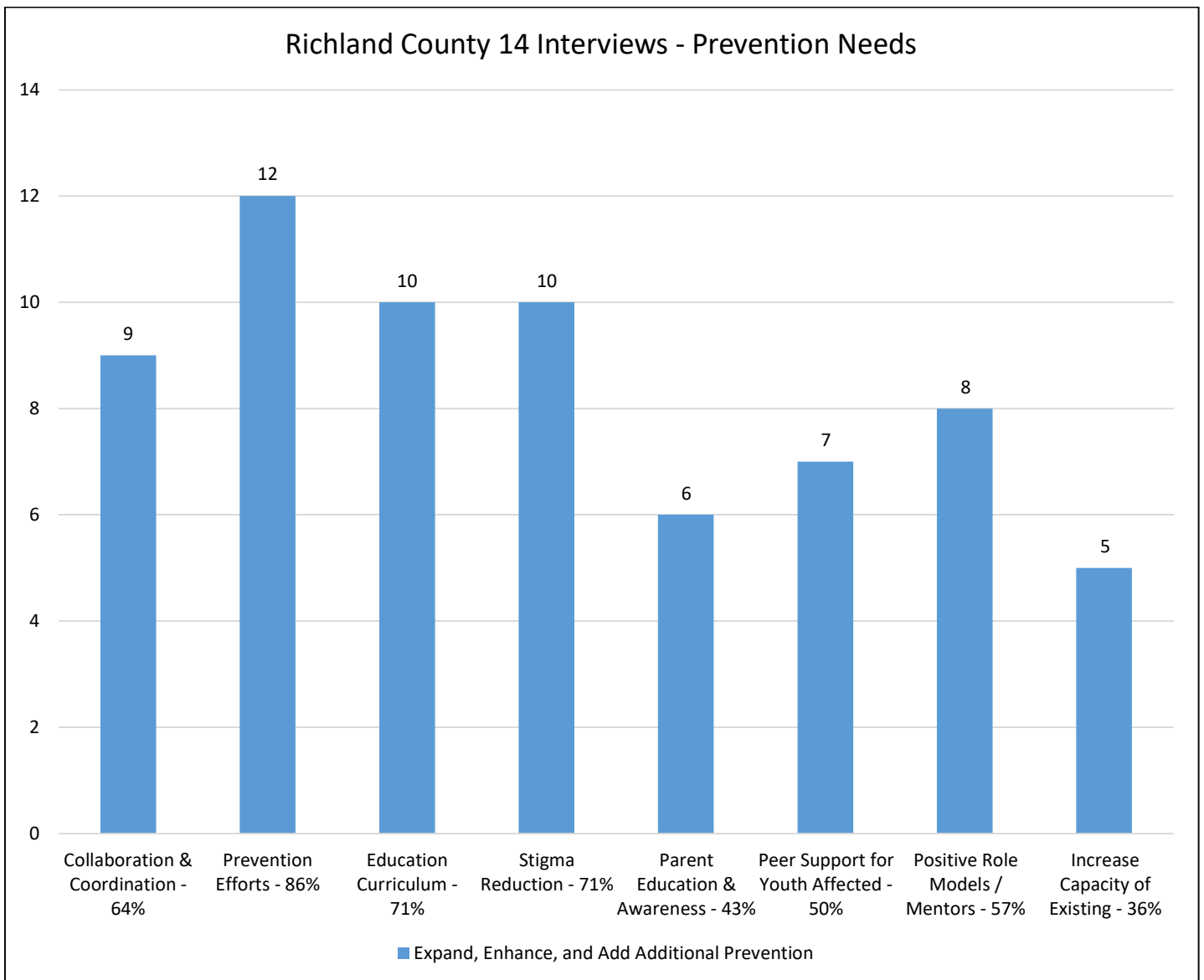
³ <https://www.samhsa.gov/find-help/prevention>

Prevention Needs

While communicating with interviewees, we found that most interviewees are aware of the evidence-based prevention programs in place through Richland County Partners for Prevention; however, there could be more of a coordinated effort so that they become more widely known and accessible, especially since the COVID pandemic. As identified in our recommendation, coordination and collaboration of education and outreach efforts between the existing stakeholders, agencies, and organizations would be beneficial and a good use of the funds. Betsey Roesler, stated, “we need more education, primary prevention, and provider and pharmacist consistency in prevention and follow-up care.” According to 9 of the 14 interviewees in Richland County, prevention efforts in the schools is working; however, we need to make sure that we are consistent and follow-through early-on all the way through college. Sue Larson, stated, “we need to start with prevention and using the upstream model, reach the kids in grade school and continue programs that are age appropriate all the way through school.”

“We need more children and youth programs including prevention, awareness, education, and to provide them with healthier options, for example health and fitness.” – Tracy Gobin, Symon Rec Center Director.

Table 4: Richland County interviewees who mentioned the need for support, enhancement, or additional prevention needs in the county. Fourteen interviewees, some of which mentioned more than one need.



Prevention Recommendation

- Collaboration and Coordination of prevention efforts either by an individual or organization.
 - Expand existing resources provided by Southwestern Wisconsin Community Action Program (SWCAP) and Richland County Health and Human Services (HHS):
 - Transportation for educational and outreach events.
 - Increase capacity of existing programs offered through County Agencies, including HHS and Pine Counseling, Inc.
 - Coordinate and collaborate education and outreach efforts including involvement of individuals who have been through Opioid Use Disorder (OUD) treatment and recovery.
 - Stigma reduction efforts through education and outreach.
 - Up-to-date resource guide, directory, or website where resources can be easily identified.
 - Facility where meetings can be held, resources can be accessible, safe events can take place (similar to YMCA).
 - More evidence-based prevention efforts in the schools (adolescents through college) including crisis intervention.
 - Parent education and awareness events.
 - Positive role models, mentors and peer support for youth (expand or create “big-brother/big-sister”).
 - Implement community events / programs that encourage positive habits and change social circles, including, but not limited to: exercise facilities, arts programs, educational outreach on “life” skills: cooking, budgeting and spending, stress management, how to find and use existing resources, and positive role model support.

“It’s time to shift our focus from behaviors like harmful substance use to the root causes of those behaviors. When we work together to address the underlying, and often interconnected, causes of trauma and its related harms, we take another step closer to preventing public health’s toughest challenges before they can take root.” - WI DHS, Resilient, Moving Prevention Upstream

Treatment

Treatment includes measures to help individuals stop using opioids, stay drug-free, and be productive in the family, at work, and in society. Key principles for effective treatment include:

- Identification of effects on brain function and behavior.
- Quick access to treatment.
- Addressing all of the patient’s needs.

This means not only treating opioid use, but addressing mental disorders and recognizing that no single treatment plan is right for everyone. Evidence-based treatment options for OUD include a combination of therapies and/or services to meet the individual’s needs, including:

- Behavioral counseling
- Evaluation and treatment for co-occurring disorders
- Mental health issues
- Medication Assisted Treatment (MAT)
- Continuing care
- Vocational services or skills training
- Educational services
- Family services
- Legal services

“We need to work together with the jails and medication assisted treatment providers so that we can better help people in treatment.” - Dr. David May, Richland Hospital.

Treatment Assets

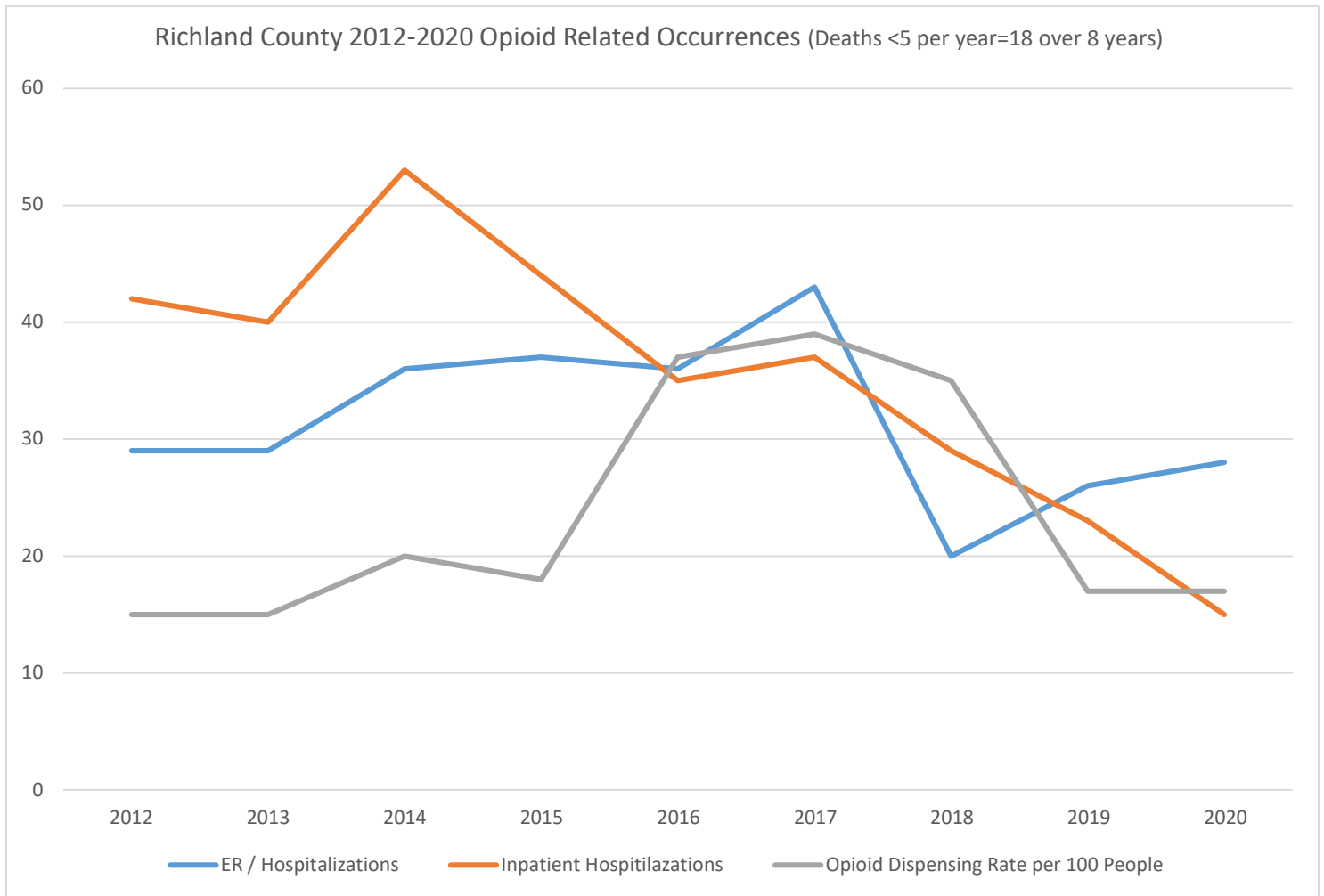
Richland County has some treatment options available through county agencies. These treatment options currently being offered include:

- Health & Human Services
- MAT while incarcerated
- Narcan Direct
- Drug take back boxes and locking storage
- Drug Treatment Court
- Peer Support Groups
- Symons Center

“Need is greater than capacity.” - Chris Frakes, SW CAP Behavioral Health

Reports of Richland County opioid overdose occurrences have ebbed and flowed between 2012 and 2020, with a sharp increase in 2014 and another in 2017. WI DHS reported overdose deaths during this same period were five or less per year with a total of eighteen over the eight-year timeframe (quantitative data for overdose deaths is not available in actual numbers due to privacy laws). This evidence suggests that Richland County should continue investment into existing programs for not only saving lives, but also in reducing the number of occurrences recorded. Since no single treatment option is right for everyone, determining which assets are successful is nearly impossible; therefore, it is imperative to continue investment into existing resources.

Table 5: WI DHS number of reported occurrences from 2012 through 2020 in Richland County, WI.

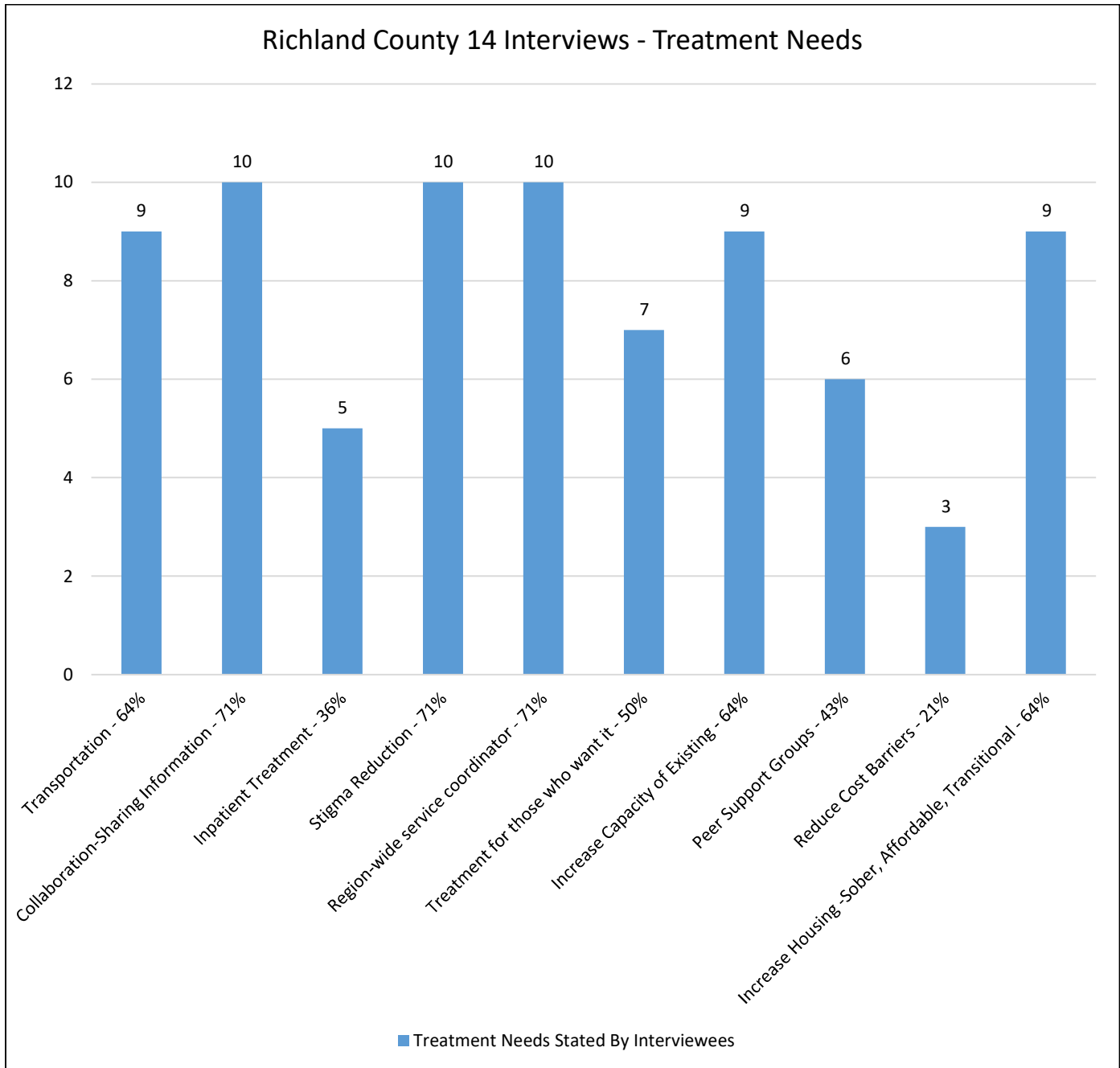


Treatment Needs

While there are some treatment options in Richland County, information gathered from interviews made it clear need exceeds capacity. Enhancement, investment, and support of existing treatment resources is needed along with additional treatment services that would include detox beds or some type of inpatient facility.

"We need to have treatment options available for those that want help when they want it." - Sue Barnes, Richland County Jail Sergeant.

Table 6: Richland County interviewees who mentioned the need for support, enhancement, or additional treatment needs in the county. Fourteen interviewees, some of who mentioned more than one need.



Treatment Recommendation

- Support, enhance, and expand current assets.
 - Increase existing resources through county agencies and Pine Counseling, Inc.
 - Mental health resources and AODA counselors.
 - 24-Hour hotline, or emergency number where people of all ages can call and talk to someone who can provide them with help or resources to help them, or a warmline with trained volunteers.
 - Universal access to health care, including mental health for all.
 - Website for peer support.
 - Respite - Safe place to drop children off for immediate needs.
 - Drug Treatment Court and treatment options while incarcerated.
 - Peer support resources.
 - Family member resources.
 - Positive role model programs (Big Brother / Big Sister), especially for children when parents are in treatment programs.
 - Maximize use of existing community facilities as a resource, i.e., Symons Rec Center.
 - SWCAP services.
 - Transportation to treatment, work, and support groups for individuals and families.
 - Coordination of existing resources throughout Richland County.
 - A person or position tasked with coordinating treatment efforts. Duties may include:
 - Coordination and collaboration of existing resources region-wide: keep updated contact information for resources, coordinate meeting times and locations, communicate information between stakeholders in various fields, ensure information is distributed and other efforts to be determined.
 - Up-to-date resource guide and/or website for existing Richland County resources.
 - Coordinate efforts for treatment options, times, and locations, and maximize use of community facility, Symons Rec Center.
 - Plan community wide education and outreach programs and coordinate transportation efforts.
 - Search for treatment opportunities and funding sources.
- Sober housing, inpatient treatment, or other detox beds or facilities.
- Remove or reduce barriers.
 - Financial (medical treatment, household expense help, budgeting assistance, etc.)
 - Housing (transitional and affordable).
 - Employment (access to jobs for those with a criminal history and supplemental income for jobs that do not pay well).
 - Childcare (while working, during treatment and recovery meetings, and for respite) for those in treatment.
 - Language (bilingual documents and resources as needed).
 - Life skills training including cooking, financial and budgeting assistance, job skills, and child rearing.

For every dollar spent on substance use disorder treatment, \$4 in health care costs and \$7 in criminal justice system costs are saved.
- Surgeon General

Recovery

Returning people to lifestyles that are productive and functioning in their family, workplace, and communities is the key goal for recovery. The first steps to long-lasting recovery are preventing overdose deaths and finding treatment options. The recovery process happens slowly. Even with high quality treatment and medical care, it can take 8-years or longer.⁴ Evidence-based treatment approaches including combining behavioral therapies with medication in a recovery plan to increase the chance of success.

Recovery Assets

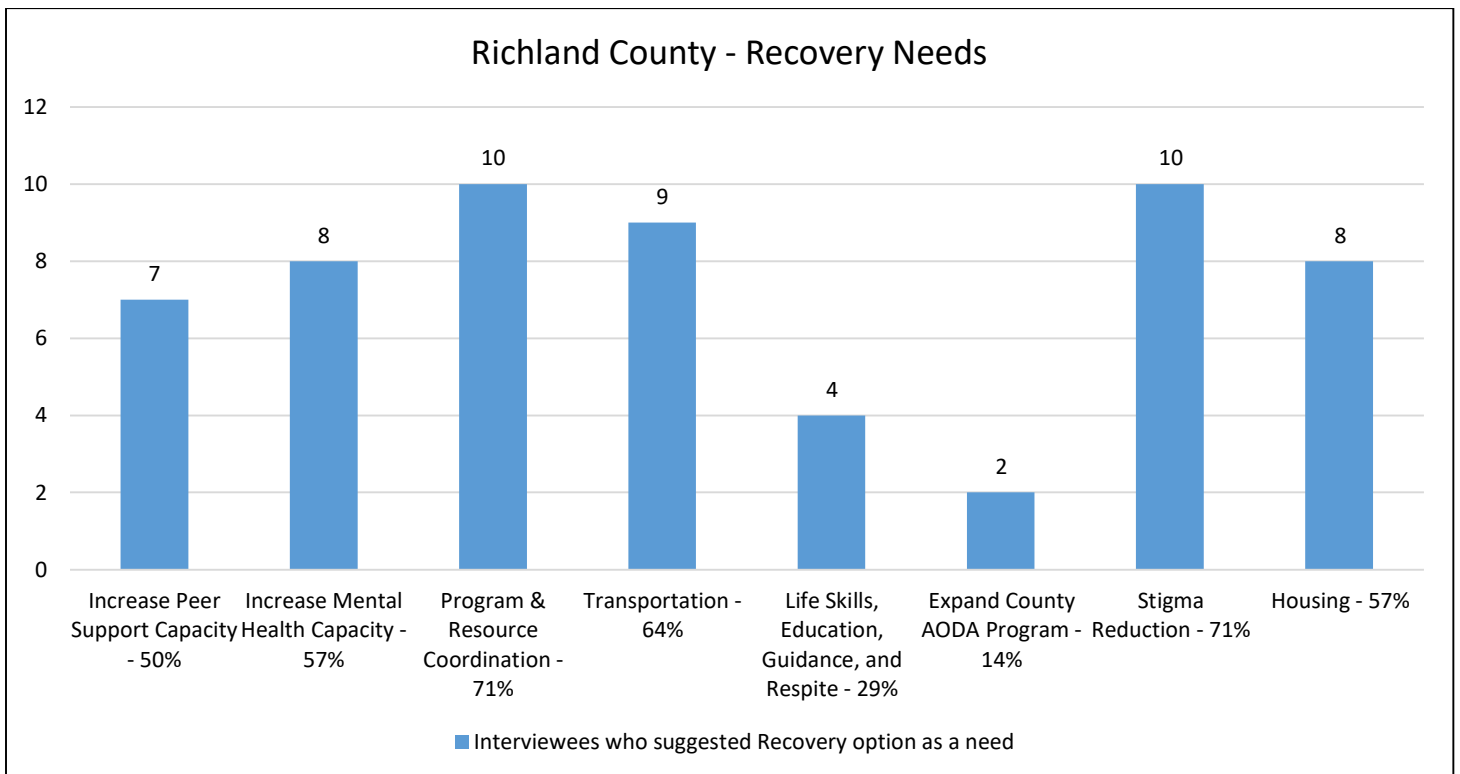
Recovery assistance opportunities are lacking throughout Richland County and the region. Resources in Richland County include:

- SWCAP
 - LIFT program
 - Work 'n Wheels car loans
 - Parenting training
- Symons Rec Center
 - Health & fitness facilities & classes.
 - Safe environment for changing social circles

Recovery Needs

Recovery programs are not the same as treatment programs. It is important to consider long-term recovery programs ensure those who have been successful through treatment have options available to reduce the risk of relapse.

Table 7: Richland County interviewees who mentioned the need for support, enhancement, or additional recovery needs in the county. Fourteen interviewees, some of who mentioned more than one need.



⁴ <https://www.npr.org/2022/01/15/1071282194/addiction-substance-recovery-treatment>

Recovery Recommendation

- Increase capacity of existing county agencies: HHS, AODA, CPS, and Pine Counseling, Inc.
- Remove barriers to long-term recovery.
 - Financial (medical treatment, household expense help, budgeting assistance, etc.).
 - Housing (transitional and affordable).
 - Employment (access to jobs for those with a criminal history and supplemental income for jobs that do not pay well).
 - Stigma reduction efforts.
 - Childcare (while working, during treatment and recovery meetings, and for respite) for those in recovery.
 - Improve transportation options.
 - Increase peer support capacity.
 - Mental health immediate needs.
 - 24-hour hotline, or emergency number where people of all ages can call and talk to someone who can provide them with help or resources to help them.
 - Warmline with trained volunteers to listen.
 - Universal access to health care, including mental health for all.
 - Website for peer support.
- Life skills education and guidance.
 - Cooking.
 - Financial.
 - Job skills.
 - Child rearing.
- Tasking an individual or a position with coordinating treatment efforts throughout Richland County. These duties may include:
 - Coordination and collaboration of existing resources.
 - Up-to-date resource guide and/or website for existing Richland County resources and ensure the information is distributed (on paper and online) so people know what is available, when it is available, and how they can gain access.
 - Coordination effort of recovery options times and locations.
 - Plan community wide education and outreach programs and coordinate transportation efforts.
 - Search for recovery opportunities and funding sources.

"It is too easy for people to go back to normal, and normal may include drug use. We need to have options for them to start over. Once they have gotten some treatment under their belt, we have to ensure that their lives have changed enough by removing the "old normal". – Nettie Collins, Richland County Jail Sergeant

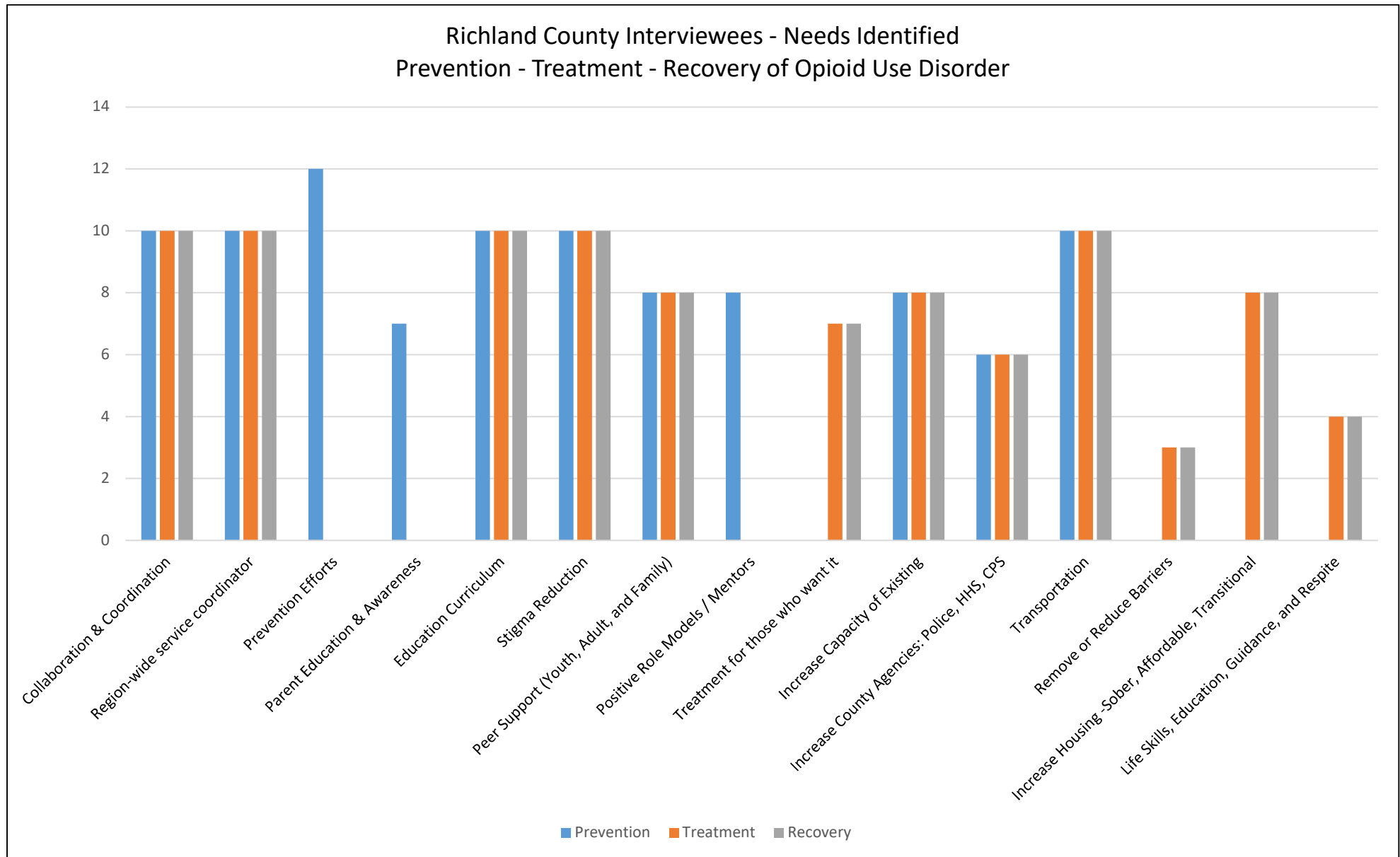
Summary of Community Consensus and Recommendation

Richland County's existing programs and resources are beneficial in battling the epidemic through opioid prevention, treatment, and recovery options; however, there were many gaps identified. If these gaps were filled collaboratively, Richland County would be in better position to battle the epidemic both locally and regionally. It is imperative to invest these funds in a way that Richland County can get ahead of the epidemic by continuing its battle using the downstream approach and focusing on prevention. SWWRPC's recommendation is based upon the knowledge, opinions, and background of the interviewees, complemented by research into evidence-based programs in all three categories from established sources. Investment of litigation dollars should include:

1. Increase capacity of existing services within the designated agencies.
 - a. County Police – expand county police to help aid in prevention efforts, as well as allowing time and resources into investigations of crimes related to opioid use and misuse.
 - b. County Health & Human Services (HHS) – expand agency and staff to increase mental health services including immediate services, i.e., hotline, warmline, website for support services; intensive outpatient services; medication assisted treatment; add facility for inpatient treatment; increase peer support group resources, and others as may be identified by key stakeholders.
 - c. SWCAP – transportation, life skills education and guidance, housing, childcare or respite services, and others as may be identified as funding is secured.
 - d. Education or schools – support and bolster the existing evidence-based prevention programs and stigma reduction efforts by raising awareness through Richland County Partners for Prevention and the school districts within the county.
 - e. Expand programs and services through community centers, i.e., Symons Rec Center.
2. Task a person or a position with coordinating the existing resources either in Richland County, or regionally so that information is more widely available and not in “silos”. Coordination and communication with SWCAP may be necessary in these efforts. Tasks assigned could help accomplish bolstering and enhancing the already in process efforts being made in prevention, treatment and recovery of OUD and could consist of the following:
 - a. Keep resource guides and websites up-to-date with contact information, dates, and times of events, and any other pertinent information.
 - b. Communicate between agencies and follow-up so that all agencies are aware of what is out there, and can direct or guide those seeking help to the appropriate department or agency.
 - c. Look for and secure opportunities as well as funding sources.
 - d. Coordinate prevention efforts in the schools as well as incorporate some parent and family member awareness, education, and outreach efforts.
 - e. Assist with transportation needs by working with people who need transportation as well as agencies tasked with providing the service.
 - f. Incorporate positive role model support systems throughout the county and region.
 - g. Find ways to reduce stigma, i.e., advertising and marketing, outreach, etc.
3. Find ways to help remove or reduce barriers.
 - a. Transportation – increase capacity throughout the county and region.
 - b. Housing – increase transitional, sober, affordable, and workforce housing in the county and region, and add inpatient facilities locally.
 - c. Cost – reduce treatment and recovery costs and assist with cost of living for those who need temporary supplemental resources.
 - d. Childcare – increase childcare resources while working, attending recovery appointments and meetings, and for respite.
 - e. Language – ensure that resources are bilingual as needed.

Investment of funds as listed above will comply with opioid litigation settlement requirements by not only using funds according to regulations, but also, by investing in all three categories, prevention – treatment – recovery, as the best way to get ahead of the opioid epidemic.

Table 8: Richland County interviews identifying the needs by category (prevention, treatment, and recovery) of OUD.



Appendix

Appendix A: Settlement funds

Whether securing funds or not, Richland County will get a settlement payment each year through 2038 unless the defendants lose the ability to pay, i.e., bankruptcy is filed. Any unpaid settlement dollars will be lost at time of bankruptcy. Non-securitized funds means that Richland County will get more settlement funds in total (\$274,284.64) split more evenly over the 16-year period; however, there is risk involved if any of the parties file bankruptcy. Partially securing the funds means that Richland County will receive a larger portion of the funds in the 1st year from a company willing to take the risk, and will receive smaller payments over the next 16-years as long as pharmaceutical’s have the ability to pay. Table 2 below shows how much of the settlement funds will be distributed each year in both scenarios.

Payments will be distributed over a 16-year period as follows:

Table 9: Opioid Litigation Settlement Funds Payment Schedule Non-Secure Vs. Secure

Year of Distribution	Non-Secure	Secure
2022	\$ 55,081.00	\$ 252,577.00
2023	\$ 29,190.00	\$ 14,290.00
2024	\$ 39,745.00	\$ 21,096.00
2025	\$ 41,628.00	\$ 22,978.00
2026 & 2027	\$ 25,815.00 /year	\$ 7,165.00/year
2028	\$ 29,756.00	\$ 7,822.00
2029 & 2030	\$ 30,695.00 /year	\$ 8,761.00/year
2031	\$ 26,499.00	\$ 8,061.00
2032 - 2038	\$ 22,125.00 /year	\$ 3,688.00/year
Total Settlement	\$ 489,794.00	\$ 384,492.00

Table 10: Opioid Litigation Settlement Funds Non-Secure Vs. Secure

	Total Settlement Funds Awarded	Approximate Total Funds for Use (Partially Securitized)
State of WI	\$ 120,000,000.00	
Grant County	\$ 1,118,892.00	\$ 878,327.00
Green County	\$ 1,047,000.00	\$ 821,894.00
Iowa County	\$ 626,854.00	\$ 492,071.00
Lafayette County	\$ 301,068.00	\$ 236,339.00
Richland County	\$ 489,794.00	\$ 384,492.00

Appendix B: Interviewees, questions and answers

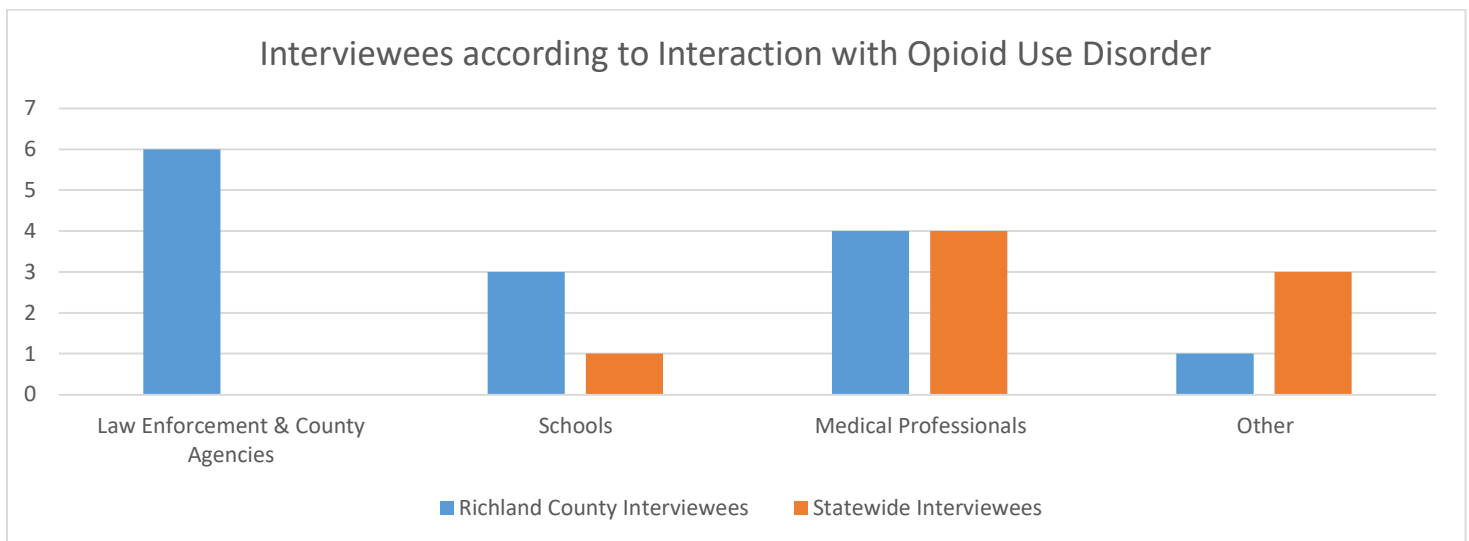
Interviews were conducted via telephone, virtual meeting, or in-person of fourteen individuals throughout Richland County as identified early on by Tricia Clements of Richland County HHS, and others identified during the interview process. Richland County interviewees included:

- Law enforcement or other county officials: Clay Porter, Richland County Sheriff; Jason Pilla, Richland Center Police Detective; Nettie Collins, Richland County Jail Sergeant; Sue Barnes, Richland County Jail Sergeant, Roxanne Klubertanz-Gerber, Richland County Aging & Disability Resource Center Manager; and Tricia Clements, Richland County Health & Human Services Director.
- School counselors and administration: Julie Prouty, Ithaca School District Administrator; Betsey Roesler, Richland School District Health & Wellness Coordinator; and Holly Lochner, Richland School District Counselor.
- Medical professionals: Dr. Sue Larson, New Day Counseling; Michelle Farrell, Pharmacist & Owner Richland Center Pharmacy; Dr. David May, Richland Hospital; and Darin Gudgeon; Richland County EMS Director.
- Others: Tracy Gobin, Symons Rec Center Director.

Statewide and regional interviews were conducted with eight individuals via telephone, virtual meeting, or in-person. State and regional interviewees include:

- Medical professionals: Jeff Lockhart, Unified Community Services (UCS) Director; Jessie Brogley, UCS AODA Counselor; Dr. Jillian Landeck from UW-Madison Health, Rebecca Steffes, Nurse Manager at Community Connections Free Clinic.
- Education: Melissa Stoner, Prevention and Education Coordinator at UW-Platteville.
- Others: Chris Frakes, Project Director at SWCAP; Ben Miller, Substance Use Diversion and Support Program Case Coordinator in Sauk County, WI; and Paul Krupski, Director of Opioid Initiatives at WI Department of Health Services (DHS).

Table 11: Interviewees according to interaction with Opioid Use Disorder – Richland County and statewide.



Interviews lasted between 20 and 45 minutes. 7 open-ended questions were asked, and conversations varied based upon interviewees' interaction with opioids, OUD, or SUD.

Table 12: Interview Questions and Interviewee Answers

What is your interaction with opioids, people with OUD, or those suffering from other SUD?

What is your interaction with Opioids?
Aging and Disability Resource Center (ADRC) for services, meth clinics, local support group, substance abuse counselors - however, there is limited resources and information coming our way.
I have direct contact with opioids as a pharmacist receiving inventory, and both of my pharmacies help with proper storage and disposal of opioids. We have direct interaction with providers, and can assist in identifying the goal and coming up with a medical plan. Pharmacies are required to report within 1 day of dispensing through ePDMP, and we require the person picking up to show their driver's license or other eligible photo id when releasing any opioids.
As the Drug Free Communities Project Coordinator, I focus on youth misuse. I have limited interaction with primary prevention, I believe assessments are needed to determine accessibility, and community mapping is imperative in using the Logic Model for core prevention.
I have been on the Drug Task force for 21 years. Pills started showing up around 2009 - 2010, and within a couple of years, they started using heroin. In 2016, the transition towards meth started. That is about the time that the drug court started.
I help kids whose parents may be suffering from opioid use disorder (OUD) or substance use disorder (SUD).
In the jail, people come in who are in legal trouble, some are withdrawing, or are high when they 1st get here and then start to withdraw shortly after. There are about 25-30 inmates currently who are regular meth/heroin users. Meth has increased as well as suboxone.
I am currently involved in outpatient family medicine, some inpatient treatment, OB care, pediatric hospital work, am a MAT prescriber, and do some alcohol dependency treatment work.
We respond to overdose calls with EMS, investigate crimes linked to drugs, and anything else that comes along with the law enforcement side, so we have quite a bite of interaction with people with OUD or SUD.
I manage the community indoor recreation center (Symons Center) which includes the pool and fitness center. My interaction is with people who have or are battling addiction and have turned it into a positive addiction - health and fitness.
I see patients in my office who are volunteering for treatment, or treatment is ordered through the courts. I see the drug treatment court clients, and others for substance use disorder and opioid use disorder.
I am the service director for ambulance. Our call volume is 1200-1300 calls per year and I would estimate that about 2-3% are opioid related, 5% are other drugs. We administer approximately 90 doses of Narcan per year for overdose calls.
As the Superintendent of Ithaca School District, I do not really have any opioid interaction; however, there are a few students currently whose parents are using meth.

How has the epidemic impacted your position, department, or agency, and when did you first begin to see the impacts of opioids in your region?

How has epidemic impacted department? When did you 1st see signs of impact?

We have an increase in work load with drug related incidents, we see a rise in property crimes linked to drug use, which requires more man hours for investigations. When there is not enough time dedicated to prevention, it reflects in other crime rates.

Prescription pills or opioids were the gateway medication for a lot of people. The opioids led to heroin, which requires significant man power as heroin users start to steal and commit crimes. Heroin OD deaths warrant a death investigation, and those take up a significant amount of time and financial resources.

I noticed the impact at least 5 years ago, when we started to see an increase in patients. The population that is using is difficult to get into treatment, because quitting is so difficult. Most of these people suffering from OUD need residential or inpatient treatment. Inpatient treatment is difficult to get into, most don't accept Medicaid patients, and those that do have an extremely long wait list.

We would say that 25+ years ago, alcohol was the mail drug of choice. In 2009 or so, people would come in on prescription meds and the doctors would prescribe them more when they were in jail; however, through ACH - advanced care health, prescription drug legal access has decreased. About 7-9 years ago, heroin started, and now we are seeing more meth use and abuse. People start with Marijuana, then try ecstasy, then to heroin, then meth, and now fentanyl seems to be the drug of choice.

I have seen increased participation from those dealing with drug and alcohol addiction. The want to change that addiction to a positive addiction which often includes health and fitness. The Symon Rec Center is a drug free environment for people to meet others, change their social circle, and use as their recovery process.

At least 5 years ago, we started noticing the impact due to increase in student absenteeism. We saw the trend is starting in elementary and middle school. These kids have no real guidance at home which makes it difficult and more time consuming for the educators.

There is an evident variation in the way medications are prescribed, especially in facilities not using Epic System. When prescribers use the same software, data is more accessible and usable. When there is a variation in the software, the data is not consistent, and not as easily accessible. In Richland Center, this is more evident than in Boscobel.

I saw signs at least 20 years ago, and the use and misuse gradually increased, which is why we are now in an epidemic. The impact I have witnessed is seeing kids of people who were using 20(+) years ago now using. There is a definite mental impact / emotional drains on staff, and agency wide, there is financial impact, for example the cost of keeping Narcan on the truck.

When prescribing regulations were tightened and physicians and pharmacists began working together to do more monitoring and communicating - scripts decreased, causing the substance abuse and misuse. In 2015-2016, ePDMP was implemented, number of prescriptions issued decreased, and we really began to see the effects of Opioid Addiction.

We have seen an increase in the number of people that need to be chaptered. This creates financial burden on county government, increase in homelessness means more programs and services needed, staff stress and burn-out, community stress, and child abuse and neglect.

Impact on children's thought process - i.e., what should be a positive role model is not looked at as such (Police). We have seen an increase in people and kids with anxiety and depression. We need more funding in schools for mental health resources.

What programs and services are currently being offered? Of those, which ones do you feel are most useful and successful in prevention, treatment, and recovery of OUD?

What Programs / Services are being offered that you find most successful / useful in prevention, treatment, and recovery?

Partners for Prevention, the county jail recently started using the Narcan program and would like to start using Vivitrol to help with treatment while incarcerated. The Drug Treatment Court seems to be successful.

Prevention is the most important and successful in my opinion. Education in schools for students and teachers, the CounterAct program, and educating local law enforcement on what is out there. Ithaca has been more proactive and it is evident in the limited issues we see over there. There are some at Ithaca Schools who are trained in using Narcan. When there is an issue, referrals take a long time since DHHS is short staffed and there is limited accessibility. The dose of reality campaign is proactive, it should have been put out 10 years ago. We can see now that the education piece is taking hold, and we should continue the proactive approach.

Prevention efforts including Partners for Prevention is working. They are a local, active organization that is making progress in educating our youth regarding alcohol abuse, tobacco use, opioids, and other things affecting the region.

Drug Treatment Court seems to be effective, Grant and Iowa counties both have a drug court and sobriety court.

The Symons Rec Center is a service that is successful, and we have area programs who use our facility. The county kinship program and area counselors use the facility, we have a personal trainer who could coordinate with those in jail, and would welcome opportunities and ideas on how we can help or be involved in the solution. Many people see the facility as a way to move people from a negative addiction to a positive addiction, and I have seen first-hand the impact of this.

I run prevention & education campaigns throughout the community, education proper disposal and ensure there are disposal locations available, provide information on not sharing and safe storage at home. These all seem to be beneficial and successful. There are treatment / recovery peer support specialists, and some behavioral health options in the region.

DCF Partners for Prevention offers grant programs through Betsey Roesler. Also, RCCFAC - Richland County Children & Families offers Narcan Training.

Besides the work we do, I am on the Richland County Partners for Prevention Task Force.

I know of the Narcan Direct program, the Public Library has programs, there is the Partners for Prevention, and the Alcohol & Drug Education and leadership in schools is impactful. Richland County is truly lucky to have Jason Pilla, with his passion and heart.

I know of the sober housing in Dodgeville. Richland County, I'm not really sure how treatment is accessed, I know that MAT is readily available, AODA is happening at Pine River Counseling through Sue Larson, there are lockable bags, and SWCAP helps.

Richland County has the Drug Treatment Court, County Behavioral Health, AODA, Pine Counseling, Paquette Center, and brochures with some individual resources.

In the school, we are doing prevention with the 6th Grade Health Class with some education, and then we provide counseling services.

What Programs and Services are needed in the area?

What Programs / Services are needed in the area?

We need more Health & Human (HHS) Services, AODA treatment in jail, more counselors, quicker response time, more education/therapy for inmates, and more space for group meetings/sessions.

We do not have any clean-living facilities. We need resources or information on where to get resources for people, people come looking for help, and we either don't know where to send them, or there is a long wait list, which we then miss our window of opportunity. There is nothing to help the kids of parents who are using. We can charge parents with endangering their children more easily, but there are no resources in DHHS due to lack of staffing, funding, and lack of experience in the agency. Richland County is in transitional time, and the lack of communication and collaboration shows throughout the county. We need to be adequately staffed, and have the funds needed to help people when they need it.

We need some sober living housing, especially for people who are not necessarily "residents" of an area, but could be homeless. Our Intensive Outpatient Programs (IOP) should allow for evening resources, and more aftercare options. Start with prevention 1st and use the upstream model, get kids in grade school and start education on prevention, determine what your local conditions are and address those needs, peer support groups for kids, family support is limited, and this creates a ripple effect.

Get people help that want help, give them something to help them out of "normalcy" or their "regular lives", somewhere for them to go to start over, start a vivitrol program in the jail, or other MAT in jail. Have to start with investing in prevention and be consistent.

Youth & children's programs, prevention and education, and healthier options for kids.

We need more education, primary prevention, provider and pharmacist consistency in prevention and follow-up. Prescription processing communication could be enhanced.

Investment into prevention, including educating people on what should be "normal", because what is normal to some and happening at home, might not be normal or healthy. Tax on alcohol and use the money for prevention and education - similar to what happened with tobacco in the 1970's.

We need treatment facilities and transportation resources.

We need intensive outpatient programs, inpatient treatment facilities, and community-based facilities where people can get away from the drugs and alcohol.

Richland County needs more programs like the Iowa County treatment program, more robust social network, housing, and prevention/education/awareness resources.

We need housing, more counselors, resource information and sharing, collaboration of resources, coordination with for profit businesses and school districts.

Transportation is lacking as well as care for children of parents who are suffering. We (the school staff) are not equipped to handle these children and prevent the bullying - we need to be.

What do we need to do differently in fighting the Opioid Epidemic?

What do we need to do differently?

We need prevention early on. By 5th grade, kids already are exposed and have an idea of what is going on, more in-custody treatment, and more full-time drug investigators.

We need to become proactive rather than reactive, focus on prevention and education, get the schools involved, change what we allow in commercials, make Narcan more available, have local patient rehab facilities for those that want help.

Need to have services for those that want help when they want it, change the stigma of "who" is using, prevention education, and remove cost barriers for people and providers. Insurance is a huge barrier - insurance companies will not credential private therapists stating reasons like "too many therapists covered in the area", we all know that is not true, the need is greater than the capacity.

Start prevention education and efforts early, be consistent in education all the way through school, provide treatment for those that want it rather than those that are court ordered, help people to move away from their "normal", or move out of the area. Those that come back to the area where they used to tend to relapse.

Focus on the kids, and pursue more prevention activities, especially focusing on the youth who view drug use and abuse as "normal" in their daily lives.

Focus on primary prevention, community planning, increase HHS services and provide dollars for prevention. We need to find out why teens are using, and figure out who is using and why. We also need to get ahead for the kids who have parents that are using. There will never be enough funds for treatment and recovery downstream, so if we start putting the resources into upstream - education and prevention - we could get ahead of it. Co-coalitions between opioid, alcohol, other drug use need to happen.

Look at alcohol and drugs co-currently, and start taxing the legal substance to use funds for prevention and education. Educate families and the public - it only takes 1 time use to become addicted, focus on youth prevention, work cooperative and collaboratively with sheriff and other agencies, not enough law enforcement, more providers for youth mental health - such a long wait list that there is nothing for those that need help right away. Ability to do telehealth is crucial and high-speed internet availability in rural areas, especially since there is a lack of transportation.

Find time to work together, there is a disconnect between agencies, groups, and healthcare. There should be a regional coordinator that coordinates the education and outreach.

Invest in prevention to be proactive, change the stigma, and access to a hotline for those emergency situations when someone needs to talk to someone "right now".

Reduce stigma, use evidence-based prevention programs, emergency rooms should be more equipped, we need to have a plan of connection & collaboration, more communication between jails and MAT providers, emergency room access, and emergency room & jail collaboration.

More information locally, sharing resources, sharing information, coordination with for-profit businesses and school districts. Expand behavioral health, add more providers, be more proactive than reactive.

Restrict Access, more education, audience-based education and awareness methods, increase access to mental health and substance abuse.

Do you have any data on Opioid Prevention, Treatment, or Recovery? And if yes, can you please share it with me?

Some interviewees shared information, provided data, or gave names of other people to speak with.

Is there anything else that you would like to add or discuss? Or if you could decide how decision makers utilize these funds, what would you want them to spend the monies on?

Is there anything I missed, or that you want to add?

I would like a study done regarding fitness as a treatment and recovery option, because fitness often turns negative addictions into a positive and then people start becoming addicted to nutrition, and then I see changes in their social circles. We should use our existing resources to provide more opportunities for those that want treatment.

Primary prevention is key to getting in front of this, and we need to continue drug take backs, including providing places for proper disposal and storage of drugs. 9 out of 10 Adults started using as teens; therefore, prevention at that age would be a good start. We need more education around addiction for everyone.

We should be using pharmacies as a resource and partner. Working collaboratively with them to get safe drug disposal in their facilities, help them provide Narcan to those who need it, allow them to get reimbursement for administering Vivitrol would increase the chance of people who need these services can get their hands on them. Pharmacists could be the resource for MAT, as well as safe drug disposal, etc.; currently there is no payment mechanism for us; however, we can partner if the resources could come through the county and state agencies. There are pharmacies within 20 minutes of each other all across the area.

Spend money on social work. Implement nationally known evidence-based prevention at different levels.

Teachers are teaching socio-emotional skills and are not qualified to do that. We need a second step or a committee for children. How do we interrupt the cycle? In rural areas, telehealth is helpful. We need to focus on recovering our children from the pandemic, the gap in education, and the lack of social skills evolving from the last couple of years.

Insurance is a major barrier, it is a struggle for private organizations to get credentialed or be able to accept some insurances because it is all up to the insurance company, and they look at how many providers in the region, rather than what the needs are.

We need more in-custody treatment, drug investigators, and resource officers. Drug trends are cyclical - meth - to cocaine - to prescription Opioids - to Fentanyl and the circle continues. There is only one full-time police department in Richland County and that's Richland Center. The rest of the county is served by Richland County deputies.

Richland-Iowa Counties part of a pilot program; however, DHHS is so short staffed, it is hard to get things done, Richland County needs an AODA counselor. Heroin users seem to be the ones looking for help, we need to get them help when they want it before they make the switch to meth. It seems like most of the help came after the switch to meth from opioids.

We need to have tools in place for that that want to use them, retain those people, and allow them to regain their lives back. There is a disconnect between organizations in communication of what's being done and what should be done. Inmates say that they tried it because they wanted to see what it was like, or they grew up with it and it is "normal" for them. Most of them have been in and out of facilities, have a record and are now unemployable. Their parents are raising their kids, and the families are the ones that need help.

Collaboration of resources and resource guides. We need to change the stigma; people don't want to be addicted; however, the drug becomes their driver as it changes their brain. It is a disease, and we need to remember that.

Appendix C: Sources

Quantitative and qualitative data was used from the following sources:

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Appendix D: State of WI Intended spending

The State of Wisconsin will receive more than \$400 million in opioid litigation settlement funds, \$31 million of that should be received in 2022. WI DHS proposed a plan to spend those funds on July 29, 2022. The Joint Finance Committee revised that plan and approved the final on September 8, 2022. The following table represents the 2022-2023 approved spending of the funds.

Table 10: WI DHS Approved Spending

Amount	Purpose	Reference to Approve Uses	Description	Potential Local Impacts
\$ 3,000,000.00	Expansion of Narcan Direct Program	Core Strategy - A (1 & 2) & Prevention - Part 2 Harm Reduction	Narcan Direct Program	Free Narcan for Community Distribution - Co/Local Health Departments, Tribal Health Clinics, Syringe Access, Community Recovery Organizations, Opioid Treatment Programs, ER Induction Sites, and County Jails
\$ 2,000,000.00	Fentanyl Test Strip Distribution	Prevention - Part 2 - Harm Reduction	Prevent Overdose Deaths and Harm Reduction	Establish a program similar to Narcan Direct creating a mechanism to distribute fentanyl test strips to partner agencies statewide. Disseminate test strips to eligible providers offering preventative and harm reduction services.
\$ 10,000,000.00	Capital Projects - New & Updated Facilities	Core Strategy - B (1-4), Treatment Part 1, Other Strategies Part 3 - Leadership, Planning and Coordination	Ensure everyone has access to treatment and recovery. New & Updated Facilities.	Award 2 or 3 one-time funding grants (competitive), based on demonstrated need, expected number of people served annually, demographics to be served, project readiness & anticipated completion date, and scope of services to be provided. Regions lacking providers will be prioritized.
\$ 6,000,000.00	Tribal Nations Funding	Core Strategy - A (1 & 2) & Prevention - Part 2 Harm Reduction	Federally Recognized Tribes in WI	Grant Funding Opportunity for the continuum of prevention, harm reduction, treatment, and recovery.
\$ 500,000.00	DHS Overdose & Central Alert System	Other Strategies - Part 3 - L. - Research	Enhancing data collection systems	Expansion of the 15-county pilot program currently underway. Allow overdose data collection to be in real-time, and better information for driving data-driven responses.
\$ 250,000.00	K-12 Programs	Core Strategies - B 2, Part 2, Prevention - G-9 - School Based Programs	Aid dollars to LEA (Local Education Agencies) for evidence-based substance use prevention programming implementation	Evidence Based K-12 Curriculums and Programming - Substance Use Prevention Programming.

Amount	Purpose	Reference to Approve Uses	Description	Potential Local Impacts
\$ 2,000,000.00	MAT Expansion	Core Strategies - B - MAT Expansion (Medication-Assisted Treatment)	Support in underserved areas, additional permanent facilities, Further Expand statewide	New MAT providers in underserved areas and support MAT providers previously ineligible.
\$ 2,500,000.00	Substance Abuse Treatment Facilities	Core Strategies - B 4 - Treatment & Recovery support - residential, inpatient, intensive outpatient, ...	Room & Board Costs Coverage	Residential Treatment for SUD (substance use disorder) coverage for Medicaid members filling gap in existing SUD residential treatment.
\$ 3,000,000.00	Law Enforcement Grants (\$1 million for rural communities)	Core Strategies - Prevention Programs and Part 1 Treatment D - Address Needs of Criminal Justice Involved Persons.	Joint Finance Committee Implemented	WI Counties Assoc - \$1 million for communities with populations less than 70,000 for community drug disposal, treatment for inmates, training law enforcement, pre-arrest and pre-arraignment strategies.
\$ 750,000.00	Statewide Community Based Organization (Boys and Girls Club)	Core Strategies-B- Education to school-based and youth-focused programs	Joint Finance Committee Implemented	Implement and expand opioid prevention programs in partnership with law enforcement in an after-school setting.
\$ 1,000,000.00	Hub & Spoke Pilot Program	Core Strategies - Part 1 - Treatment	Integrated Recovery Support Services Benefit.	Create additional "hub" agencies that provide specialized substance use disorder treatment for Medical Assistance (MA) patients. DHS Collaboration with 3 sites - PILOT a new model to treat eligible Badger Care Plus and Medicaid Members with substance use disorders and at least one other health condition

\$31,000,000.00

Appendix E: County & Regional Resources for Richland County Residents

Organization	Contact Info	Description	County / Region
Richland County Health & Human Services	221 W Seminary Street, Richland Center, WI 53581 (608) 647-8821, www.co.richland.wi.us	Dedicated to helping those in Richland County access public resources, which will help them prosper and have more independent, fulfilling lives. These resources are provided to promote health, well-being, and self-sufficiency for all people in Richland County.	Richland
Richland County Partners for Prevention	www.facebook.com/53581RC/ Contact: Betsey Roesler Email: p4preventionrc@gmail.com	Mission: To engage Richland County residents to prevent youth substance use by creating safe and healthy community goals. Goals are to increase community collaboration and to reduce youth substance.	Richland
Richland County Children & Families Advocacy Council - RCCFAC	(608) 649-5968 www.facebook.com/RichlandCountyChildrenandFamilyAdvocacyCouncil/ Email: rccfac123@gmail.com	Promotes public awareness, parent and child education, professional education, and staff development in child abuse/neglect and substance abuse issues within the home and community.	Richland
Richland County Youth Substance Use Coalition	(419)774-0806, jchaya@richlandhealth.org OR (419)774-4754 gdeol@richlandhealth.org	A group of people working together to reduce youth substance use and promote healthy activities.	Richland
Drug Free Communities Program	drugfreerc.com	Richland School District Program involving youth for prevention	Richland
Pine Counseling	204 S Orange Street, Richland Center, WI 53581, (608) 383-1261 www.pinecounseling.com Email: clinic@pinecounseling.com	Not-for-profit organization who provides mental health and substance abuse treatment services to the greater Richland Center area. Long range of services that provide each client with the opportunity to improve their quality of life in support of recovery.	Richland
Pauquette Center	23295 Hwy 14, Richland Center, WI 53581 (608) 524-5151 www.pauquette.com Email: info@pauquette.com	Private practice mental health clinic. Mental health services, including: depression, anxiety, addiction, and more.	Richland
Pamela Nigl, LLC	165 N Central Ave Ste 110, Richland Center, WI 53581 (608) 649-8181 www.panelanigl.com	Private practice mental health clinic. Therapy for adults, teenagers, and children.	Richland

Organization	Contact Info	Description	County / Region
New Day Counseling	130 S Central Ave, Suite 4, Richland Center, WI 53581 (608) 856-5225 www.suelarsonnewday.com	Private practice mental health clinic. Psychotherapy for mental health and drug addiction for individuals 15 and older.	Richland
Southwestern Wisconsin Community Action Program (SWCAP)	149 North Iowa Street, Dodgeville, WI 53533 (608) 935-2326 www.swcap.org email: info@swcap.org	Mitigate the causes and conditions of poverty in Southwestern Wisconsin, building resilience and self-sufficiency by providing supportive services and programs, and by collaborating with partners.	Regional - Grant, Green, Iowa, Lafayette, and Richland
24 Hour Mental Health Crisis Line (UCS)	(800) 362-5717		Regional
SWCAP LIFT Program	138 S. Iowa Street, Dodgeville, WI 53533 (877) 798-5438 www.swcap.org/programs-services/transportation/lift-transportation-service	Provides rides for people in Southwestern Wisconsin that may have temporary or permanent difficulties with transportation. Lift offers rides to and from locations within a day trip of the resident's home.	Regional - Grant, Green, Iowa, Lafayette, and Richland
SWCAP Work 'n Wheels Program	149 North Iowa Street, Dodgeville, WI 53533 (608) 935-2326 www.swcap.org/programs-services/transportation/work-n-wheels-program/ email: info@swcap.org	0% loans for vehicles to get to and from your job if you have a valid driver's license, family meets income qualification requirements, and other conditions may apply.	Regional - Grant, Green, Iowa, Lafayette, and Richland
Narcan Direct	Richland County Police (608)647-2103	Free Narcan after a short training	Richland
Narcan Direct	Area Pharmacies	For Purchase	Regional
Richland Hospital	333 E. 2nd Street, Richland Center, WI (608) 647-6321 www.richlandhospital.com	Health - Hospital & Clinics - Primary & Specialist Care	Iowa & Richland
Suicide Prevention Corporation of Southwest Wisconsin	(800)273-8255 suicide-iowacounty.org spicwi@gmail.com	Prevent suicide through awareness, education, collaboration, and improved access to mental health care.	Regional - Grant, Iowa, Lafayette, and Richland
Neighborhood Health Partners	101 E Fountain Street, Dodgeville, WI 53533 (877)449-7422 www.swcap.org/communityservices/neighborhoodhealth neighborhoodhealth@swcap.org	Community Health Case Management and Reproductive Healthcare Support	Grant, Green, Iowa, Lafayette, and Richland
Sources of Strength	sourcesofstrength.org	Provide the highest quality evidence-based prevention for suicide, bullying, and substance abuse in schools.	Regional

Organization	Contact Info	Description	County / Region
In the Rooms - Online Recovery	intherooms.com	Global Recovery Community	Regional
12 Steps Online Recovery Meetings	12step.org	Global Recovery Community	Regional
SMART Recovery	(608)873-7838 ext. 6 smartrecovery.org	Global Recovery Community	Regional
Alliance on Mental Illness	(800) 950-6264		Statewide
WI Region Narcotics Anonymous	(800) 240-0276		Statewide
Great Rivers 2-1-1	PO Box 426, Onalaska, WI 54650-0426, 2-1-1, OR (800)362-8255 www.greatrivers211.org	Resource Hotline	Statewide
Lutheran Counseling and Family Services of WI	300 North Mayfair Road, Wauwatosa, WI 53213 (414)536-8333 www.lcfswi.org	Mental Health Services - Christian	Statewide
Wisconsin Family Ties	16 N Carroll Street, Suite 640, Madison, WI 53703 (608) 267-6888 www.wifamilyties.org	Resource information for referrals, advocacy, support groups, and family services	Statewide

Appendix F: Definitions

Name	Acronym	Definition
Benzodiazepines	Benzos	Drug that lowers brain activity acting as a sedative that is often used to treat anxiety, insomnia, and other conditions. Psychoactive drugs whose core chemical structure is the fusion of a benzene ring and a diazepine ring. Combining benzodiazepines with opioids increases a person's risk of overdose and death.
Drug Addiction / Opioid Addiction	OUD	Occurs when attempts to cut down or control use are unsuccessful or when use results in social problems and a failure to fulfill obligations at work, school, and home. Opioid Addiction often comes after the person has developed opioid tolerance and dependents, making it physically challenging to stop opioid use and increasing the risk of withdrawal.
Drug Misuse		The use of illegal drugs and/or the use of prescription drugs in a manner other than as directed by a doctor, such as use in greater amounts, more often, or longer than told to take a drug or using someone else's prescription.
Emergency Room	ER	A Hospital Room or area Staffed and Equipped for the Reception and Treatment of Persons requiring immediate medical care.
Fentanyl		Pharmaceutical fentanyl is a synthetic opioid, approved for treating severe pain, typically advanced cancer pain. It is 50 to 100 times more potent than morphine. However, illegally made fentanyl is sold through illicit drug markets for its heroin-like effect, and it is often mixed with heroin or other drugs, such as cocaine, or pressed in to counterfeit prescription pills.
Fentanyl Test Strips		Small Strips of paper that can detect the presence of fentanyl in any drug batch - pills, powder, or injectables. Simple, inexpensive, and evidence-based method of averting drug overdose.
Heroin		An illegal, highly addictive opioid drug processed from morphine and extracted from certain poppy plants.
Illicit Drugs		The nonmedical use of a variety of drugs that are prohibited by law. These drugs can include: amphetamine- type stimulants, marijuana/cannabis, cocaine, heroin, other opioids, and synthetic drugs, such as illicitly manufactured fentanyl (IMF) and ecstasy (MDMA).
Inpatient		A patient who stays in a hospital, receiving lodging and food while receiving treatment.
Medication Assisted Treatment	MAT	The use of medications, in combination with counseling and behavioral therapies, to provide a "whole-patient" approach to treatment of substance use disorders.
Naloxone	Narcan or Evzio	A drug that can reverse the effects of opioid overdose and can be life-saving if administered in time. The drug is sold under the brand name Narcan or Evzio.
Narcan Direct Program		State of WI Program administered by DHS that provides free NARCAN for community distribution. NARCAN is given to agencies that serve people who are using opioids or people who may witness an opioid overdose. Those receiving the free NARCAN must attend a training hosted by a trainer associated with the NARCAN Direct Program Agency. Who can participate: County or Municipal Health Departments, Tribal Health Clinics, Syringe Access Programs, Recovery Community Organizations, Opioid Treatment Programs, Emergency Department Induction Sites, County Jails, and Law Enforcement Agencies for use on calls for service.
Narcotic Drugs	Opioid	Originally referred to any substance that dulled the senses and relieved pain. Some people use the term to refer to all illegal drugs but technically, it refers only to opioids. Opioid is now the preferred term to avoid confusion.

Name	Acronym	Definition
Opioid		Natural, synthetic, or semi-synthetic chemicals that interact with opioid receptors on nerve cells in the body and brain, and reduce the intensity of pain signals and feelings of pain. This class of drugs includes the illegal drug heroin, synthetic opioids such as fentanyl, and pain medications available legally by prescription, such as oxycodone, hydrocodone, codeine, morphine, and many others. Prescription opioids are generally safe when taken for a short time and as directed by a doctor, but because they produce euphoria in addition to pain relief, they can be misused and have addiction potential.
Opioid Use Disorder	OUD	A problematic pattern of opioid use that causes significant impairment or distress. A diagnosis is based on specific criteria such as unsuccessful efforts to cut down or control use, or use resulting in social problems and a failure to fulfill obligations at work, school, or home, among other criteria. Opioid use disorder is preferred over other terms with similar definitions, “opioid abuse or dependence” or “opioid addiction.”
Outpatient		A patient who receives medical treatment without being admitted to a hospital.
Overdose		Injury to the body (poisoning) that happens when a drug is taken in excessive amounts. An overdose can be fatal or nonfatal.
Physical Dependence		Adaptation to a drug that produces symptoms of withdrawal when the drug is stopped.
Prescription Drug Monitoring Programs	PDMPS	State or territorial-run electronic databases that track controlled substance prescriptions. PDMPs help providers identify patients at risk of opioid misuse, opioid use disorder, and/or overdose due to overlapping prescriptions, high dosages, or co-prescribing of opioids with benzodiazepines.
Substance Use Disorder	SUD	Complex condition in which there is uncontrolled use of a substance despite harmful consequences.
Tolerance		Reduced response to a drug with repeated use.