

# IOWA COUNTY

## Opioioid Settlement Funds Use Assessment



SOUTHWESTERN WISCONSIN  
**REGIONAL PLANNING**  
COMMISSION



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# Introduction

Iowa County has been awarded approximately \$626,854.00 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. Current eligible uses include prevention, treatment, and recovery to address the opioid epidemic.

This needs assessment defines activities tied to opioid prevention, treatment, and recovery and provides a current inventory of Iowa County assets and 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. Iowa 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.<sup>1</sup> 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: Iowa County current opioid litigation settlement funds

	Net Share (No Securitization)	Approximate Total Funds for Use (Partially Securitized)
Iowa County	\$ 626,854.00	\$ 492,071.00

<sup>1</sup> <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	\$ 70,493.00	\$ 323,251.00
2023	\$ 37,358.00	\$ 18,288.00
2024	\$ 50,867.00	\$ 26,999.00
2025	\$ 53,276.00	\$ 29,408.00
2026 & 2027	\$ 33,038.00 /year	\$ 9,170.00/year
2028	\$ 38,083.00	\$ 10,011.00
2029 & 2030	\$ 39,284.00 /year	\$ 11,212.00/year
2031	\$ 33,914.00	\$ 10,317.00
2032 - 2038	\$ 28,317.00 /year	\$ 4,719.00/year
<b>Total Settlement</b>	<b>\$ 626,854.00</b>	<b>\$ 492,071.00</b>

To inform the findings of this assessment, the Southwestern Wisconsin Regional Planning Commission (SWWRPC) conducted interviews with twenty-three Iowa County stakeholders and 8 regional and state stakeholders (Appendix B).

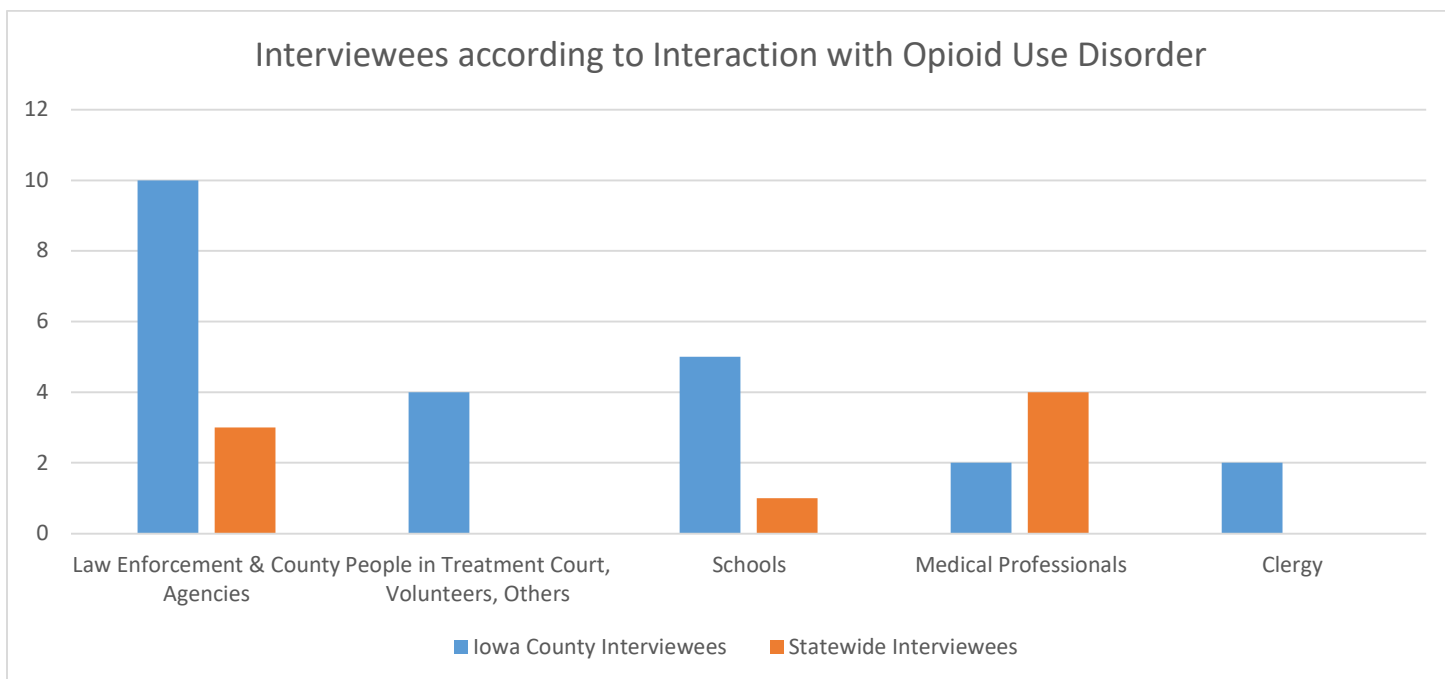
Iowa County interviewees:

- Law enforcement or other county officials: Mike Peterson, Iowa County Jail Administrator; Melissa Peterson, Iowa County Treatment Court Coordinator; Rick Severson, Iowa County Deputy; Joan Davis and Justin O'Brien, Iowa County Supervisors; Ruth Schriefer, Iowa County Extension; Debbie Siegenthaler, Iowa County Health Department; Matt Allan, Iowa County Judge; Tom Slaney, Iowa County Social Services Director; and Tim S., Iowa County Children and Family Unit Manager.
- People with Opioid Use Disorder (OUD) or family members of those with OUD: Treatment Court #1 and Treatment Court #2 (joint session at Unified Community Services (UCS) with Jessie Brogley).
- School counselors and administration: Ryan Bohnsack, Dodgeville High School Principal; Erika Brunson, Mineral Point Middle and High School Counselor, Dani Robb, Mineral Point School District Social/Emotional Learning Coach; Matt Austin, Mineral Point High School Principal; and Angela Schulting, Barneveld School Guidance Counselor.
- Medical professionals: Dr. Aaron Dunn at SSM Health and Nicole Vondrum, Emergency Room Nurse at Upland Hills.
- Clergy: Jim Droste, Pastor at Dodgeville United Methodist Church and Bill VanWagner, Reverend at St. Joseph Parish in Dodgeville.
- Community volunteers or others involved: Laura Blalock from Iowa County Family Resource Center and Bruce Paul, interested citizen.

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 (Iowa 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, Iowa 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 Iowa County interviews and data analysis conducted as part of this assessment. This identifies how Iowa 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 provided to Southwestern Wisconsin Community Action Program (SWCAP) and Unified Community Services (UCS):
  - Transportation for educational and outreach events.
  - Coordinate and collaborate education and outreach efforts.
  - Stigma reduction efforts.
- 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.

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*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*

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- **Treatment**

- Support, enhance, and expand current assets.
  - Transportation to treatment for individuals and families.
  - Coordination and collaboration of existing resources region-wide.
  - Ensure all-inclusive resource guide and website is up-to-date, locally and regionally if possible.
  - Implement an immediate/real-time treatment option: 24-hour hotline, website with trained professionals.
  - 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.
  - Sober Housing.
  - SWCAP and UCS.
- 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.”<sup>2</sup> Consistent use of evidence-based prevention programs can 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, Melissa Peterson stated, “We need to form community connections and invest in education and prevention to get ahead of the epidemic. We need to ensure that kids never start using.” 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.”<sup>3</sup>

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*Of the 23 interviewees in Iowa County, 78% stated that we need to be more proactive in battling the epidemic.*

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## Prevention Assets

While compiling the list of current assets, it became clear that Iowa County has invested in programs and has more proactive outreach than the other four counties in the region. Interviewees identified various prevention programs (Appendix E) throughout the County that include:

- Iowa County Sheriff’s Department partnership with the schools through the DARE program and resource officer
- Stigma reduction effort and educational outreach: Roads to Recovery videos
- Prescription drug safe keeping and disposal
- Adolescent programs including SWCAP Birth-3 home visits, and Mineral Point School Sources of Strength and Resiliency Program and therapy dog
- Peer Support Groups and Community Activities
  - Group meetings
  - Family Resource Center of Iowa County
  - Feeding Friends
- Health care industry has education and training for prescribers and prescription drug tracking through ePDMP

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

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

## Prevention Needs

While communicating with interviewees, we found that most of the evidence-based prevention programs in place were not as widely known or as accessible as they could be. 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. Ryan Bohnsack, Dodgeville High School Principal, stated, “we don’t currently have programs available like the larger communities, so we need to be communicating and collaborating more information on what we do have. We have kids in our high school who need service hours. With limited facilities and information on area organizations, it is difficult to find resources where they can help.” According to 4 of the 5 school interviewees in Iowa County, lack of coordinated effort between agencies is causing loss of trust amongst school-aged children.

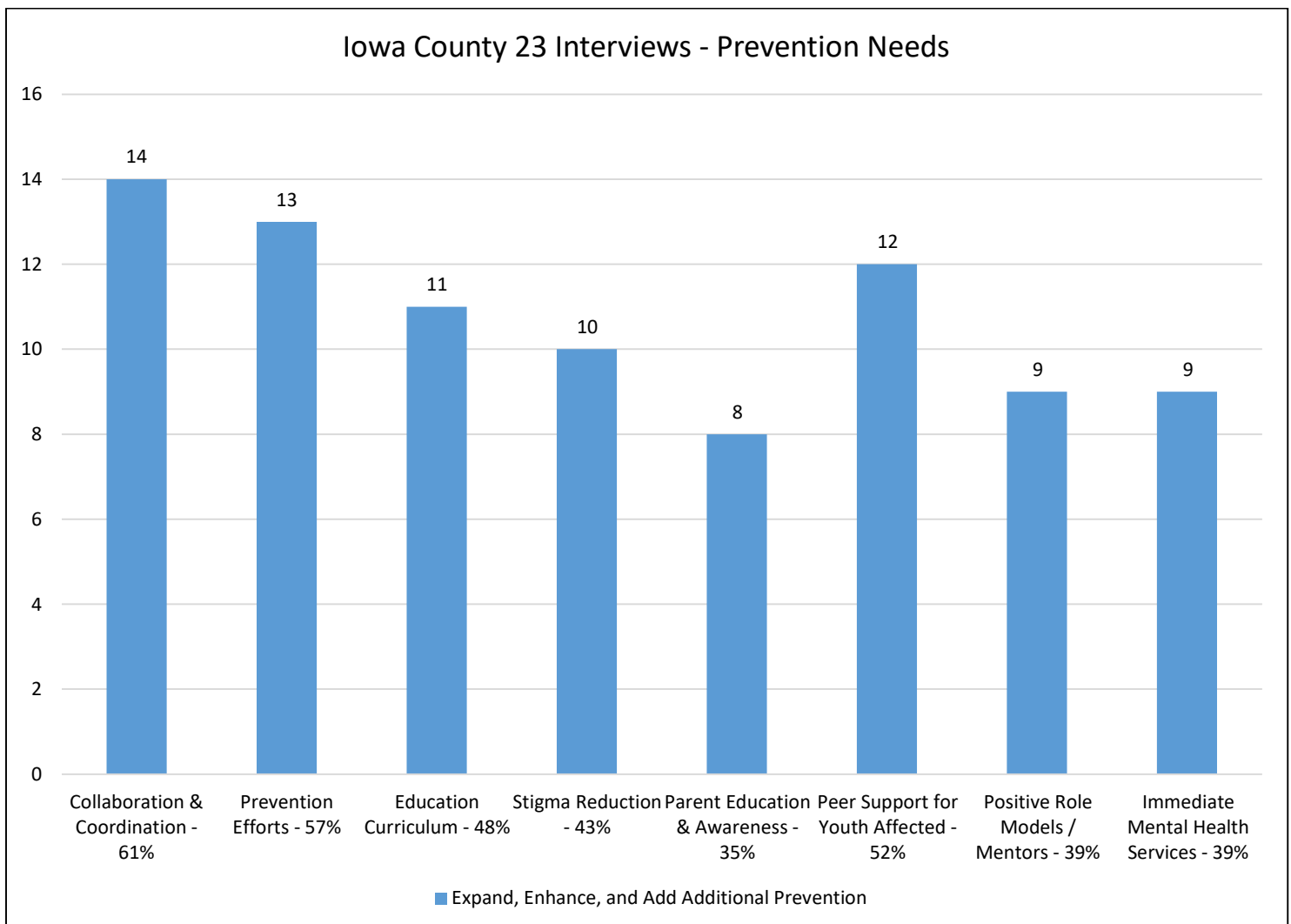
Erika Brunson, Mineral Point School Counselor, stated, “We need to have a plan for handling crisis situations. What happens when a child’s parents get arrested for drug abuse, and they have nowhere to go after school? The school lacks information and resources to help the child find where they are supposed to go, how to get there, or what immediate resources are available to them. There is often a 2–3-week lag in response from Child Protective Services, and a 3-4 week wait on an appointment with UCS.”

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*“We need to pour our resources into the kids to get ahead of the epidemic.” - Matt Austin, Mineral Point Principal*

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Table 4: Iowa County interviewees who mentioned the need for support, enhancement, or additional prevention needs in the county. Twenty-three 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 Unified Community Services (UCS):
    - Transportation for educational and outreach events.
    - Coordinate and collaborate education and outreach efforts including involvement of individuals who have been through 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).
  - 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.
  - Access to immediate mental health resources.
    - “Instant” talk therapy program or “Warmline”.
    - Universal access to health care, including mental health.

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*“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*

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# 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

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*"There is a small window of time to catch people when they want treatment, and we must implement urgent action to take advantage of that period of time."*  
**Dr. Aaron Dunn, SSM Health**

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## Treatment Assets

Iowa County stakeholders and interested citizens have worked together to offer a wide array of treatment options. These treatment options currently being offered include:

- Iowa County
  - MAT while incarcerated
  - Medical and mental health services while incarcerated
  - Narcan Direct
  - Drug take back boxes and locking storage
  - Drug Treatment Court
  - Accountability through probation and parole
  - Fentanyl test strip distribution
- UCS
  - Intensive Outpatient Treatment (IOP)
- SWCAP
  - Transportation options
- Others
  - Sober living, Opportunity House
  - Peer support groups
  - MAT providers
  - Free Clinic
  - Family Resource Center of Iowa County programs, i.e., Parent Café
  - Safe community events, i.e., Feeding Friends.

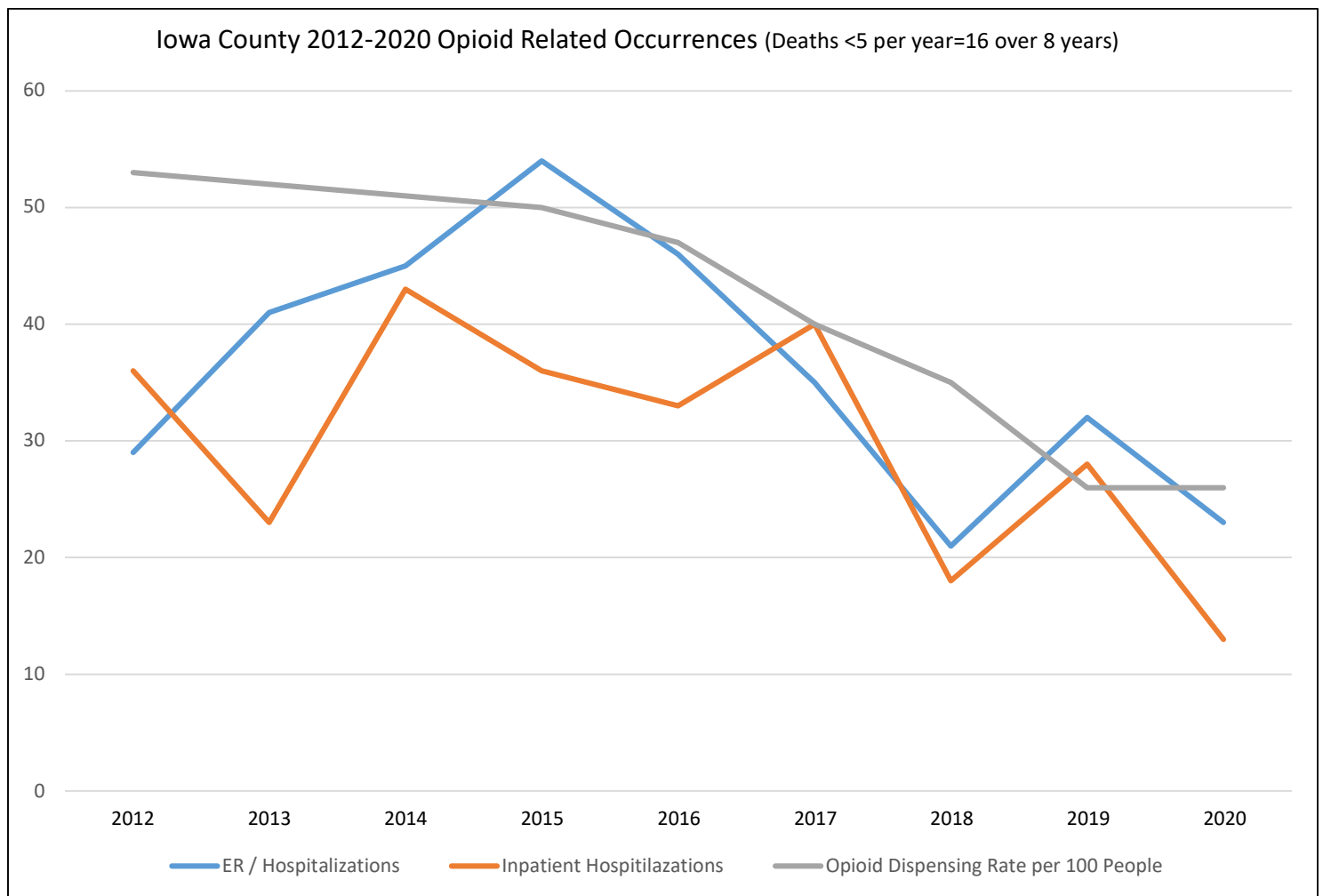
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*"Need is greater than capacity."* -  
**Chris Frakes, SW CAP Behavioral Health**

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Reports of Iowa County opioid overdose occurrences have decreased between 2012 and 2020. WI DHS reported overdose deaths during this same period were 5 or less per year with a total of 16 over the 8-year timeframe (quantitative data for overdose deaths is not available in actual numbers due to privacy laws). This evidence suggests that continued investment in these programs will continue to be beneficial in 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 Iowa County, WI.

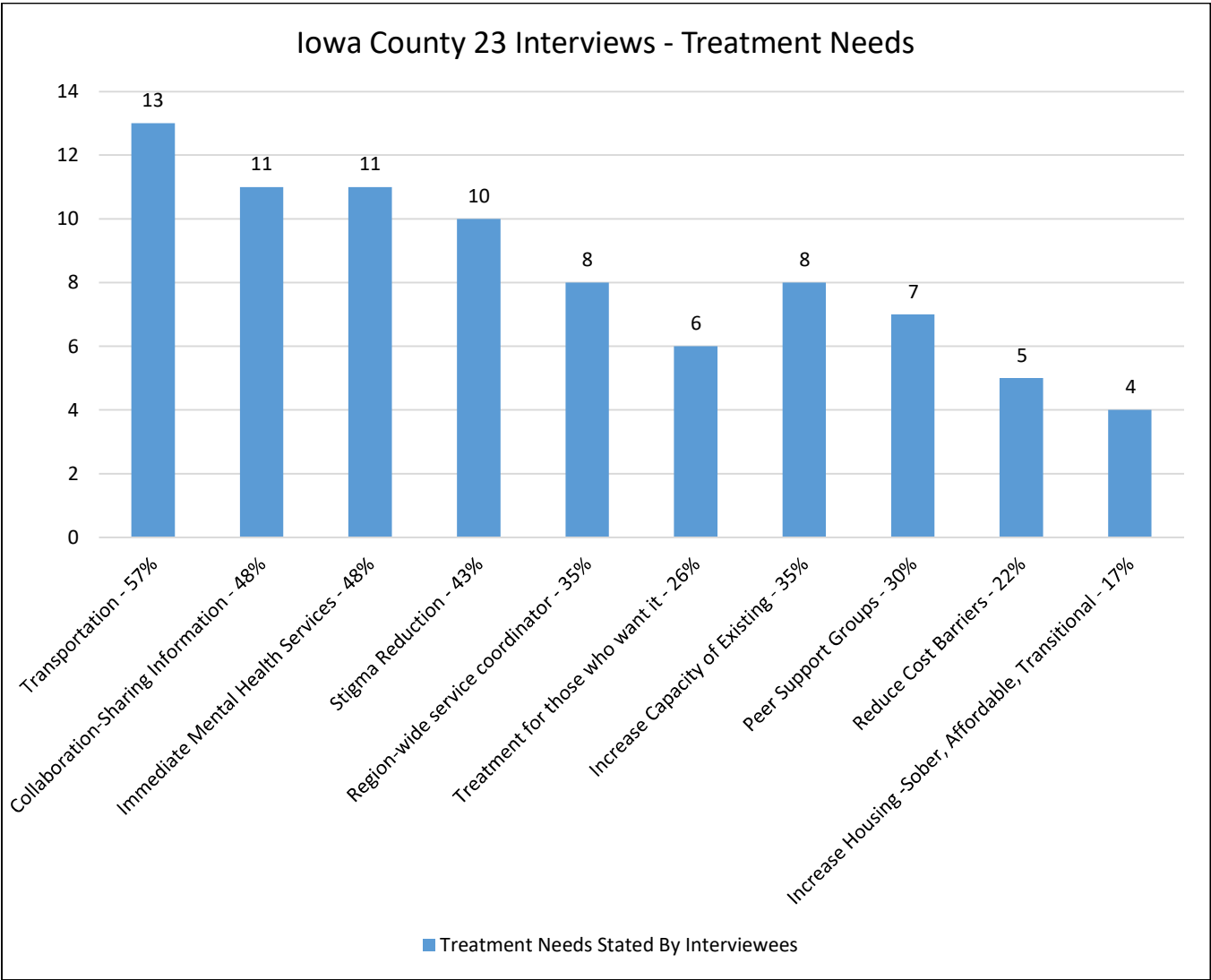


# Treatment Needs

*"I am in treatment court and meeting the mandatory requirements, like having a job, a place to live, and attending meetings in the middle of the day are nearly impossible, especially without a driver's license or vehicle. In order to meet these requirements, I need transportation, and there are many others like me, in the same boat."*  
**Iowa County Treatment Court participant**

While there is a wide array of treatment options in Iowa County, information gathered from interviews made it clear that not all populations are being served and services specific to Iowa County residents are not easily identifiable. Enhancement, investment, and support of existing treatment resources is needed along with an additional treatment service that would include detox beds or some type of inpatient facility.

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





## Treatment Recommendation

- Support, enhance, and expand current assets.
  - Coordination and collaboration of existing resources throughout Iowa 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 additional efforts to be determined.
      - Up-to-date resource guide and/or website for existing Iowa County resources.
      - Coordinate efforts for treatment options, times, and locations.
      - Plan community wide education and outreach programs and coordinate transportation efforts.
      - Compile list of programs and services available 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.
      - Search for treatment opportunities and funding sources.
  - 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.
    - Respite - Safe place to drop children off for immediate needs.
  - Drug Treatment Court and treatment 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.
    - Facilities where meetings can be held.
  - Sober Housing.
  - SWCAP services.
    - Transportation to treatment, work, and support groups for individuals and families.
  - UCS services.
    - Intensive outpatient.
    - MAT services both for incarcerated individuals and non-incarcerated.
    - Counseling and AODA services.
- 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).

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*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

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- Life skills training.
  - Cooking.
  - Financial.
  - Job skills.
  - Child rearing.

# 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.<sup>4</sup> Evidence-based treatment approaches including combining behavioral therapies with medication in a recovery plan to increase the chance of success.

## Recovery Assets

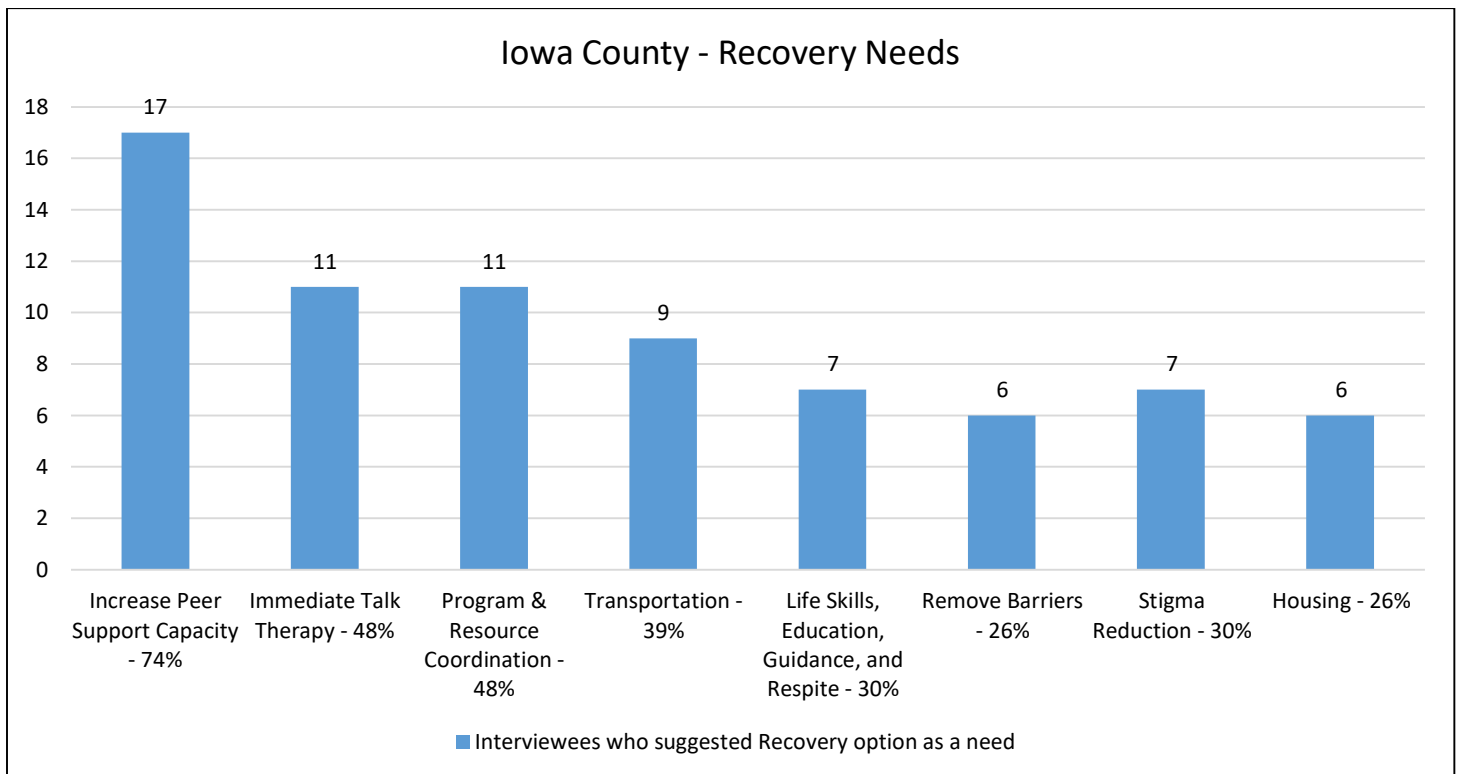
Recovery assistance opportunities are lacking throughout Iowa County and the region. Current Resources found in Iowa County are provided by regional providers

- SWCAP
  - LIFT program
  - Work 'n Wheels car loans
  - Parenting training
- UCS
  - Mental health services
  - SMART Recovery
- Family Resource Center of Iowa County

## 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: Iowa County interviewees who mentioned the need for support, enhancement, or additional recovery needs in the county. Twenty-three interviewees, some of who mentioned more than one need.



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

## Recovery Recommendation

- 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).
  - 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 Iowa County. These duties may include:
  - Coordination and collaboration of existing resources.
  - Up-to-date resource guide and/or website for existing Iowa 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.

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*When someone is having a difficult time and they have to deal with life, for example: kids, bills, schoolwork, etc., and they feel like they can't manage without the drug, they need respite. We need to have somewhere for them to take their kids or a safe place for them to remove themselves from their current situation and access immediate help. - Jessie Brogley, Unified Community Services*

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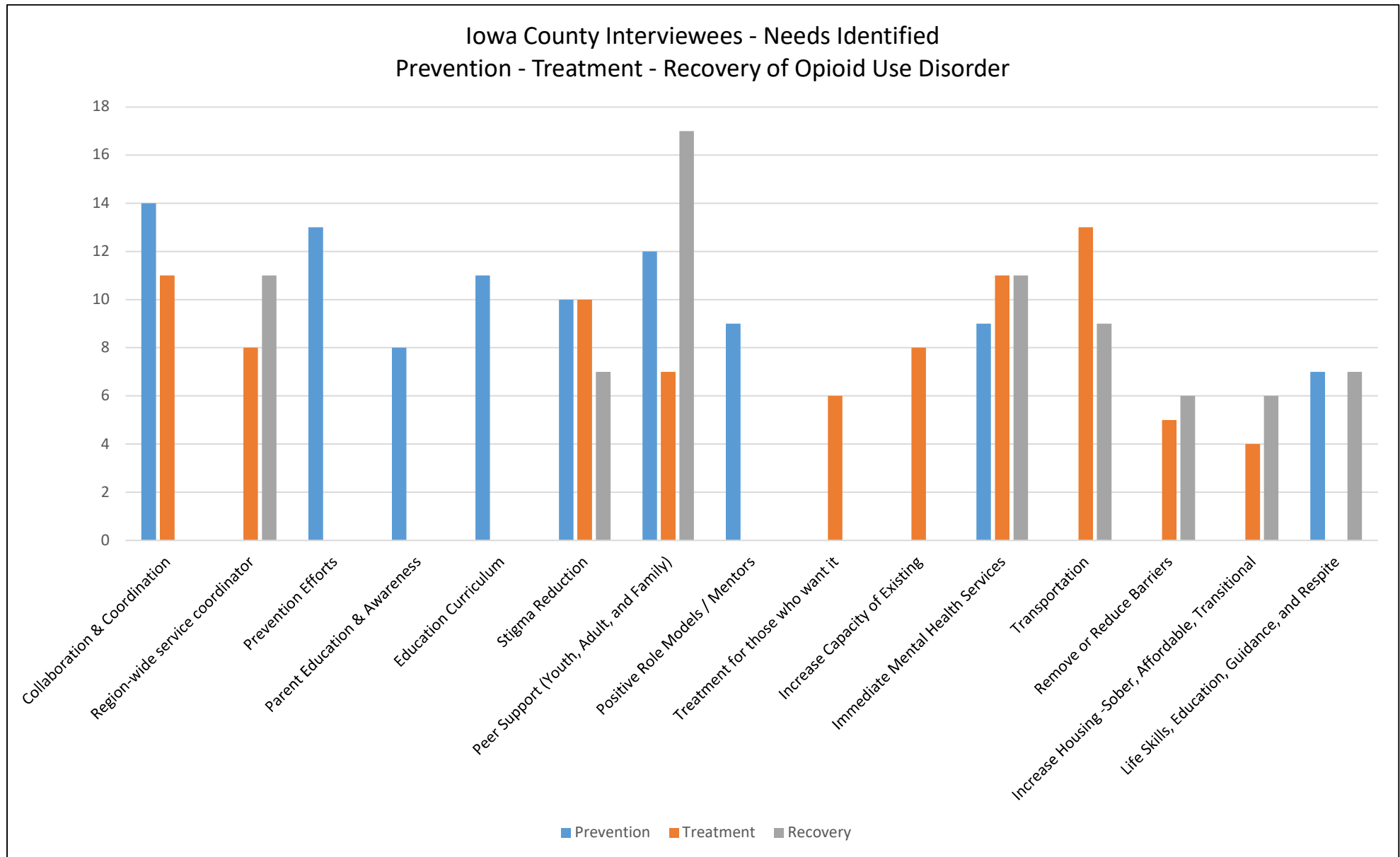
# Summary of Community Consensus and Recommendation

Iowa County's existing programs and resources prove that leadership has taken opioid prevention, treatment, and recovery seriously; however, there were gaps identified as a result of the interviews. If these gaps were filled collaboratively, Iowa County could be successful in battling the epidemic both locally and regionally. During this study, it was realized that while there are key programs and services in place, it is imperative to invest these funds in a way that Iowa County will get ahead of the epidemic. 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. Task a person or a position with coordinating the existing resources either in Iowa County, or regionally so that information is more widely available and not in "silos". Coordination and communication with UCS and 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.
2. Increase capacity of existing services within the designated agencies.
  - a. UCS – 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 as funding is available.
  - b. SWCAP – transportation, life skills education and guidance, housing, childcare or respite services, and others as may be identified as funding is secured.
  - c. Education or schools – evidence-based prevention programs, stigma reduction efforts, raise awareness, and help for those who want it.
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: Iowa County needs by category (prevention, treatment, and recovery) of OUD identified by Iowa County interviewees.



# Appendix

## Appendix A: Settlement funds

Whether securing funds or not, Iowa County will get a settlement payment each year through 2038 unless pharmaceutical loses 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 Iowa County will get more settlement funds in total (\$351,038.24) 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 Iowa County will receive a larger portion of the funds in the 1<sup>st</sup> 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	\$ 70,493.00	\$ 323,251.00
2023	\$ 37,358.00	\$ 18,288.00
2024	\$ 50,867.00	\$ 26,999.00
2025	\$ 53,276.00	\$ 29,408.00
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2031	\$ 33,914.00	\$ 10,317.00
2032 - 2038	\$ 28,317.00 /year	\$ 4,719.00/year
<b>Total Settlement</b>	<b>\$ 626,854.00</b>	<b>\$ 492,071.00</b>

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

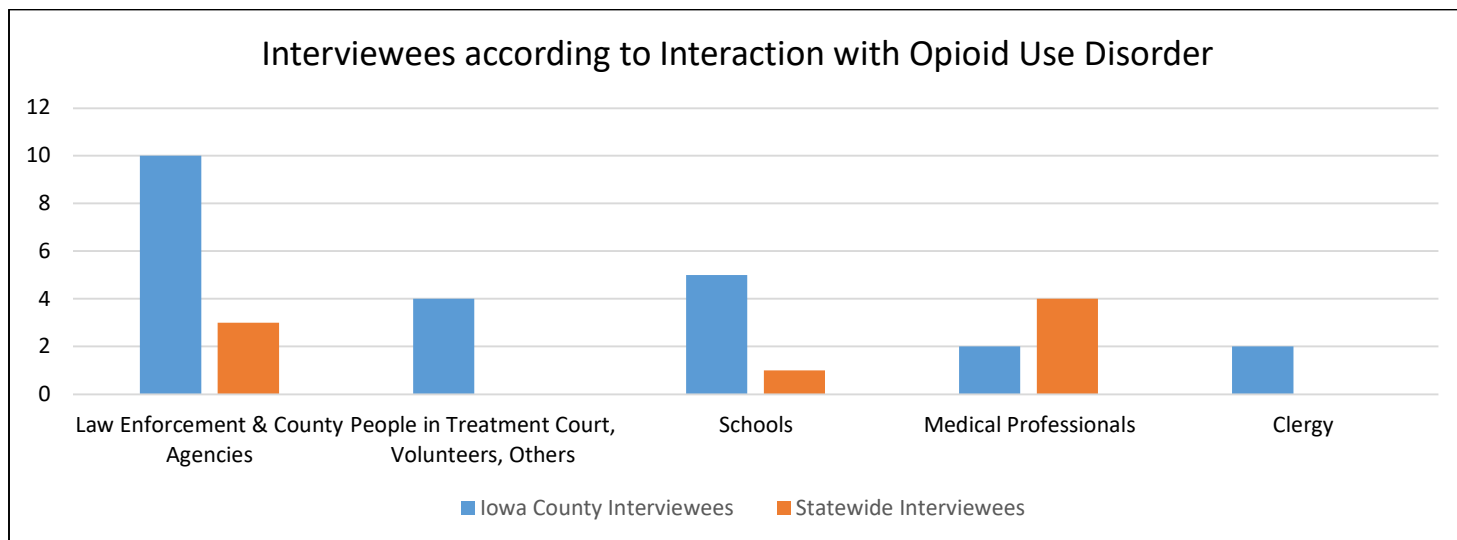
	Total Settlement Funds Awarded	Approximate Total Funds for Use (Partially Securitized)
State of WI	\$ 120,000,000.00	
Grant County	\$ 1,118,892.00	\$ 878,327.00
Green County	\$ 1,047,000.00	\$ 821,894.00
<b>Iowa County</b>	<b>\$ 626,854.00</b>	<b>\$ 492,071.00</b>
Lafayette County	\$ 301,068.00	\$ 236,339.00
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 twenty-three individuals throughout Iowa County as identified early on by members of the Opioid Task Force. Iowa County interviewees included:

- Law enforcement or other county officials: Mike Peterson, Iowa County Jail Administrator; Melissa Peterson, Iowa County Treatment Court Coordinator; Rick Severson, Iowa County Deputy; Joan Davis and Justin O'Brien, Iowa County Supervisors; Ruth Schriefer, Iowa County Extension; Debbie Siegenthaler, Iowa County Health Department; Matt Allan, Iowa County Judge; Tom Slaney, Iowa County Social Services Director; and Tim S., Iowa County Children and Family Unit Manager.
- People with Opioid Use Disorder (OUD) or family members of those with OUD: Treatment Court #1 and Treatment Court #2 (joint session at Unified Community Services (UCS) with Jessie Brogley).
- School counselors and administration: Ryan Bohnsack, Dodgeville High School Principal; Erika Brunson, Mineral Point Middle and High School Counselor, Dani Robb, Mineral Point School District Social/Emotional Learning Coach; Matt Austin, Mineral Point High School Principal; and Angela Schulting, Barneveld School Guidance Counselor.
- Medical professionals: Dr. Aaron Dunn at SSM Health and Nicole Vondrum, Emergency Room Nurse at Upland Hills.
- Clergy: Jim Droste, Pastor at Dodgeville United Methodist Church and Bill VanWagner, Reverend at St. Joseph Parish in Dodgeville.
- Community volunteers or others involved: Laura Blalock from Iowa County Family Resource Center and Bruce Paul, interested citizen.

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



Statewide and regional interviews were conducted with 8 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).



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?

I can think of about four Students who have significant use or are in a home with significant use of drugs of some kind. Opioids are sporadic, and it is difficult to determine exactly what is being used and when.
In Iowa County of the families we serve, 70% or more have some type of OUD or SUD in the family. These diseases usually tie directly to lack of appropriate child care, which is why we have to get involved, to protect the kids.
As a teacher, I interacted with children coming from homes where opioids were being used.
My career began when pain was the 5th vital sign. This is when opioids started being used as a tool to help patients control their pain. As more research was done, providers were given additional education and better data for chronic pain patients, which ultimately led to our realization that opioids were addictive and there needed to be some control over the prescriptions being issued. The prescribing database was created and shared amongst providers giving us more control over the management of opioid prescriptions. The main limiting factor is communication across state lines.
I have direct interaction with users through my task force interaction, I investigate OD cases resulting in death, and even those who are being saved using Narcan. My work is trying to find the source of the drugs.
I don't see it much in school, but know that it is in the community. I hear about it from students and others in the community.
I don't really see it much, but hear it is out there. I do financial coaching, get referrals, provide education and resources, and while there is an awareness in my department, we do not really have much interaction with those suffering from OUD.
I have been the Drug Treatment Court Program Director since 2015.
I see it in the workplace as an Emergency Room Nurse. Some patients come in during the withdrawal phase, but most have pain complaints and are medicine seeking. It is tracked better now, at least within state lines.
Most of the people I interact with have used opioids. It started prior to 2015 as this is when we began treatment court in Iowa County. Opioids used to be the culprit most the time, now methamphetamines have come back. The majority of cases are where prescription drug use led to other drug use. I would suggest that it almost always starts with pills or opioids.
I do not have a lot of interaction directly, but indirectly with budgeting for the agency and as overseer of what we are spending money on. There are a lot of financial resources tied to opioid use disorder as well as other drugs. It is costly to put kids in foster care and when parents are using, the kids could be in foster care for long periods of time.
I haven't seen much if any opioid issues in the school, we have more issues with alcohol and vaping.
I'm not really engaged in this at this time due to COVID and the number of resources and time that has been tied to that. There were some needs cited in the recent community health needs assessment related to opioid use and misuse.
I work for Iowa County Family Resource Center, run the Parent Café, and other community-based programs. Most of the programs we run are grant funded.
Personally, I had a family member who suffered from OUD and there was one member in the Parish who has also fallen prey to OUD.
There are prescription narcotic issues in both Dodgeville and Mineral Point schools; however, Dodgeville has more use than Mineral Point. In Mineral Point, we have no real concern with student use at this time and I believe it is primarily due to our current programs in place, including Sources of Strength. In Dodgeville, active student opioid use is an issue. Both districts have children whose parents are using; however, Mineral point has less than Dodgeville.
I received some with shoulder surgery about 4 years ago and did not like them. I was given plenty of information with them.
Through the jail, I am interacting with people who have been arrested and are on something. Often, they end up spending a portion of their time detoxing while incarcerated. We do not have the space or resources for detox beds, and it makes incarceration of these individuals tough.
I Used to be on the County Board, I started going to meetings at Upland Hills because I am passionate about helping people. I am part of or have been involved with the following: WI Youth Alliance, Roads to Recovery Videos, and I have a Granddaughter with mental health issues who was prescribed the wrong medications.
I work with people in need of assistance/help through my ministry with Iowa County Law Enforcement Center.

**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?**

During my tenure, I have noticed that kids growing up with parents who were using are now using.

Our programs are aiding people in treatment in recovery; however, it is difficult to pinpoint the best time to reach people for treatment.

Unified Community Services Board and Jeff Lockhart have been great sources of information and have made sure to keep the county board informed. I think we need more training for law enforcement including the use and administration of Narcan, as well as training on how to better handle those with OUD.

There needs to be more community awareness. Our church doesn't necessarily see it 1st hand; therefore, it is not as personalized among the congregation because drug abuse does not typically affect their everyday living. Now that I am more involved in the community and events, I am more aware of the impacts of OUD and the prevalence of substance abuse in the area.

The epidemic started in 2012 before I started my career here. Overdose deaths are usually a couple per year; however, over the last few years Narcan has helped to reduce the number of occurrences resulting in death. The impact I see is the strain on our resources and time. Any death investigation is treated like a homicide, which requires additional training, financial resources, and time to investigate.

No direct impact personally. The Drug Court creation is in response to the issue, and now there are 2 events for mental health awareness.

We see major impacts in our field, including: student impact, mental health needs, bullying, extra support services needed, children growing up in homes with addicts often develop mental health disorders, basic needs are being deprived, personal securities are in question, and children are traumatized. Kids are coming to school exhausted - socially, emotionally, physically, tired, unable to concentrate or focus.

There are challenges with how to properly and effectively handle children that are dealing with these issues at home. Drug use and abuse makes coming to school more challenging for kids. We have to remember that their life experiences are different, so school experience is also different for them. We have to be aware of this and learn new techniques to help them.

N/A

I first saw signs back in 2013. Opioid Use was the driving factor for when treatment court started in 2015.

N/A

The increase in heroin deaths sparked the realization that opioids were linked to addiction and heroin use about 10 years ago. At that time, medical assisted treatment or addiction treatment was for addiction clinics, not primary care physicians. Now that trend has changed, especially in rural areas where there are no addiction clinics, primary care physicians have to take on the role of treatment providers.

We have seen an increase in work load since the epidemic. In 2009 or so, the Opioid pain medication seekers started to come to the emergency rooms. Prior to that, alcohol was the drug of choice. People hop around; however, for those using EPIC and PDMP, it is tracked better, but the med seekers know which hospitals use which software and who will prescribe for them.

About 10 years ago, we realized an increase in child abuse referrals. This increase caused an influx in our case loads, ultimately affecting the annual expenditures of the agency. Cases are more complex when drugs are involved; therefore, they take more time and financial resources.

It is important to remember that the current drugs being used are debilitating and life changing; whereas, prior to opioids, heroin, methamphetamines, and now fentanyl, people could use drugs like alcohol, cocaine, marijuana, etc. and still function. Today's drugs actually change brain function; therefore, people are unable to function in daily life including jobs, taking care of their children, paying bills, etc.

There is definite impact on the children in society. What I wonder is that when their parents are in treatment, what is happening to the kids, where are they going, and what are they doing?

Opioid use costs us in the jail more time, more resources, and has a definite impact on staffs' mental health.

I have seen an effect on school aged children, they are academically behind due to lack of instability and structure at home. We had a home in town that was raided while child was getting ready for school, and the child was dropped off at school by police. The trauma suffered has had a real negative impact on the child.

My role was created to address epidemic through the court system. There was an increase in crimes including theft, burglary, bad checks, and forgery, and we knew we needed to get in front of the crime by addressing the cause.

I really do not have any interactions with opioid use disorder, and am not really seeing anything in the district at this time. Our latest Youth Risk Behavior Assessment (YRBS) showed 0 interactions with Opioids from students.

**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?**

Nothing has been truly successful. The school resource officer is positive and helps build positive relationships. Building relationships is key, and having the school resource officer helps establish that. The DARE program has started recently, and hopefully that will have some impact. Programs and services that I am aware of currently include: Iowa County Substance Abuse Prevention Group, Drug Treatment Court, Road to Recovery Videos, and small group settings.

Family Resource Center of Iowa County has programs like the Parent Café. SWCAP has home visits from Birth to 3, child development programs, the car seat program, WIC, and referrals to other agencies.

Some of the resources that I am aware of include: SWCAP, drug treatment court, safe houses, and the recovery committee.

I am aware of the drug treatment court, Opportunity House, Silver Lining Program, Grant County Homeless Program for Families, and Feeding Friends on Wednesday evenings.

The program that come to mind are Unified Counseling and Badgercare Insurance Coverage.

Resources currently being offered include: Community Connections, Ridgeway Community Center, Ridgeway Library, Dodgeville Library, Ridgeway AA, Opportunity House, Narcan Direct, and programs and services by Ruth Schriefer.

Successful prevention includes resiliency skill building, it teaches kids how to handle situations. The Sources of Strength program, DARE program, and School Liaison are valuable and successful also.

There are not enough prevention resources. For treatment, we have The Drug Treatment Court and the Recovery house, and some organizations from outside Iowa County that come in like Orion Family Services and Foundations, and the In-home family therapy out of Madison and Belleville. I'm not sure about recovery programs.

Currently there is the prevention task force; however, I am unsure how active they have been since COVID. We need more prevention resources. We have some family resources including Orion Family Services and Foundations and some in-home family out of Belleville and Madison. Also, there is the recovery house and treatment court in Iowa County.

In Iowa County, we have the drug treatment court, Parent Café, drug take back boxes and lock boxes, recovery house, roads to recovery videos, support groups, and others. Mike and Melissa Peterson do a lot with treatment programs.

Treatment court, Parent Café, drug take back boxes and lock boxes, recovery house, roads to recovery videos, support groups, and treatment while incarcerated including mental health services through Unified.

Our Health class provides some educational resources, the counseling team is available and have good connections with the kids. We have really spent time and energy on building relationships and are starting to share resources across the school districts for example the DARE Program. We have a school resource officer with a therapy dog. We have found that it really helps form connections and connect positively. It is paid for through fund 80.

Intensive Outpatient (IOP) services started at Unified as a group about 3-4 years ago, Opportunity House is a valuable resource; while there are no treatment options in the house, it connects people to resources. It was used for all female at 1st, and now is 4-female, 4-male. We also have sober living, the free clinic, and the Lift Program. Treatment court was selected as a proven program and funded through a grant opportunity.

Drug treatment court, prevention committee, intervention programs, Unified counseling is a great resource, they just need more capacity.

We need more prevention efforts. Currently there is effective education for prescribers, ability to track prescriptions, prescriber and pharmacy communication and collaboration, addiction counseling, sober houses, and medication assisted treatment options. The intent is good, and we are slowly making progress.

Pre-pandemic services were more available. The use of suboxone, Unified and AODA counseling are successful, but the wait times are long and there are not enough providers. We can get people in under psychiatric; however, this presents some challenges as well.

Drug treatment court, and drug and alcohol prevention programs.

SMART Recovery, MAT including Vivitrol, co-occurring disorder treatment, treatment court, IOP, relapse prevention group, HOPE Haven and ARC Program.

Oregon Mental Health comes into school for counseling services when needed.

## What Programs and Services are needed in the area?

### What Programs / Services are needed in the area?

We need more opportunities for students connecting with adults. The road to recovery videos affected some students negatively. We need youth peer groups and positive youth-adult relationships. Find ways to be preventative, and put the group together more by including the school, hospital, police, substance abuse, social services, and other prevention groups. Connect with kids and parents in 3-4-5th grade, older kids are too late to make the initial connections. Relationships should already be established by the time they are teenagers, at that time, we need to make sure the relationships continue. Programs in larger communities like Madison and Milwaukee are not available here, how can we establish programs like those here? I think we need more collaboration across the region and it has to be a coordinated effort.

We need more things like Parent Café, something for the kids while parents are in peer support groups, and more child/youth programs.

We need more law enforcement training and staff, recovery options, educational resources, medical resources. If we could find a way to reduce triggers and availability, perhaps by helping with mental illness and domestic issues. People need a place to go instead of going back to where they were using or their triggers are.

In our rural communities, what do we do for people transitioning in between jobs, homes, etc.? They have no place to go, and there are no services for single men. We really need opportunities for subsidized housing with accountability, and access to mental health resources.

People need to get in somewhere when they want it and need it, and there is no availability right away. We need baseline mental health help, education, and walk-in programs. Chapter 51 takes too many resources - time and money.

People need access to help sooner. We also need to increase capacity of peer support, counselors, and mental health workers.

Al-ateen, youth peer support, kids need help transitioning from home to "normalcy" in the school. What they are seeing at home is "normal" to them, and they struggle with the difference in normal at home vs. normal at school. We need someone in the school for the education piece because our time is spent "putting out fires". There has to be an educational shift and we need to look at it from the academic perspective - Bottom of pyramid - education/instruction, 2nd level in pyramid is support, and the 3rd level is for the few that need 1 on 1 individual support.

We need more positive role models who can make a positive impact. It would be nice to have some type of kids' hotline, provide somewhere for kids to have peer support and address their mental health needs. Sometimes they need immediate help and there seems to be no resources for kids. We need to figure out what are common practices, and where are the places people should go. Some resources that help guide educators to get people the help they desire or need.

We need youth mental health services. SWCAP focus more on younger children, and we need something for school ages. We also need support for family or others involved, for example, grandparents, aunts, uncles, siblings.

Serenity House was started pre-COVID and then nothing has transpired, we need to get that going. We need more community support and peer support programs. We should invest in "Smart Recovery" programs, housing resources to address the limited affordable housing in the area, transportation, and something similar to "Mission Village".

There is limited access to mental health providers, direct care/treatment facilities, youth education, and suicide prevention. We need more help for people in crisis mode.

We need to have resources for urgent access to catch people in the small window of opportunity when they want help. They can get some Emergency Room Counseling, which is the same day, but that is limited and there should be somewhere for them to get immediate service because moments of clarity are very brief sometimes. We need more providers to do MAT, remove financial barriers to access to treatment, and reduce the cost of vivitrol so that it is a feasible option.

We need rehabilitation facilities. Currently people have to get in trouble to get help, so we should find ways to get help to the ones who want it. Invest more resources into prevention. Push early in school and keep pushing beyond high school. Drug court is successful a small portion of the time; however, people have to get in trouble before they can receive services. Coming out of the pandemic, there are not as many services as there were pre-pandemic.

We need to be more proactive. On the front end, we need educational programs for youth prevention, youth peer support, and support for adults without worry of police intervention.

We need residential treatment, sober housing/living, affordable housing, job services, life skills training including financial training, money management, and job skills.

Invest in prevention efforts, and increase capacity of mental health to treat anxiety, stress, and depression.

We should put more resources into Unified Community Services. They are not as accessible as they were 10 years ago, which is likely caused by staffing shortages and funding. The need is greater than capacity. An updated resource guide would be great, not only in the county, but region wide for programs available, more transportation resources like LIFT, county taxi, and ADRC.

We need more options for AODA Therapy. Iowa County has the worst ratio of therapists per capita - like 1900 to 1. We need inpatient treatment, to increase capacity of intensive outpatient, more transportation resources, and child care or respite care for individuals suffering.

We need to invest in evidence-based prevention programs, youth peer support, and something for the kids to do that is positive while parents are going through treatment.

Increase capacity of existing resources.

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

### What do we need to do differently?

Hold safe events for kids, keep the youth active, and establish healthy adult-youth relationships.

Easier access to treatment, reduce cost barriers to treatment, have safe community events, more in prevention and recovery, and better collaboration and communication between agencies. Parents who are using has to be reported right away, and services need to be brought in.

There are too few safe places, and all are for individuals only. What happens to the families or kids?

We need to help the ones who want help early on, and view the epidemic as a serious mental health issue. Currently, there is no autopsy requirement; therefore, actual data is impossible to get.

There is a disconnect between schools and Unified and counselors, we need to collaborate more. The Narcan implant is good or 2-3 months seems to be successful when used. I think we need to do DNA testing to match medications based upon our DNA and what is best for us as individuals.

We need to look at it from the educational model. We should be putting resources into the education piece and stigma reduction. People have to feel safe to admit they have a problem. They need access to good affordable health care. Collaboration and communication between various agencies would be beneficial. We need to know where to go, who to send people to, and how to get services for those that need immediate help. How can we support/serve our families? Youth CCS facilitators - cannot take 1-3 weeks for initial contact like it currently does.

We need to put resources into our kids, share community resources better, and establish more positive relationships. Better collaboration and communication are needed between agencies and stakeholders.

Not Sure

Education and prevention, community connections, more prevention in way of youth programs, resources for kids, and Mission Village.

Make prevention the priority, use evidence-based models, adequate housing, job placement, and help people in crisis mode. Need more information on who's engaged? Whose doing work? And who wants to be involved?

Coordinated effort of treatment, universal access to Narcan, needle exchange programs, invest in prevention and harm reduction, remove financial barriers to treatment and recovery, remove all barriers to get addicts to "Buy-in", treat all people with humanity and stop stereotyping, accept the fact that people are using, focus on harm reduction for those using, educate people to know their source, and help people channel addictive tendencies into something positive.

More education, more reality doses as a form of education and awareness, and more services to family of addicts.

Change stigma, be honest and vulnerable about the disease, education and awareness on the distinct categories - don't make it so broad or the same as alcohol education, stop production and import of manufactured and other drugs coming into country, and get to root of problem. Where is the access? Create a greater awareness, and educate on the effects of drugs and how they alter the brain.

More education - start with the schools. Difficult to undo what has been done, so let's prevent it from going any further.

Reducing prescriptions has helped a lot along with implementation of the ePDMP. We need to bring more public awareness to the forefront and reduce the stigma. People need to understand it is a disease, and a debilitating one!

I feel like there is something we are missing; we need to find that and focus on preventing any more.

A lot of what we are doing is working, it is just a slow process with very small success rates. Keep investing into existing.

Stigma reduction efforts, don't just lock people up, have treatment and recovery plans and options available for them, we are headed in the right direction, just need to keep moving forward and investing in it. Focus on health aspect versus the legal aspect.

Prevention and education based on today's world.

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

Some interviewees shared leads that were followed up on and relative data is found throughout this document.

**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?**

How old do people have to be to purchase over the counter (OTC) Cannabis gummies? How are the kids getting synthetic THC, and others? If someone is willing to take something to "feel differently", even alcohol, then they are willing to try anything that is mind altering, we need to address this.

Lack of Medication Assisted Treatment Providers is not a cost issue, the training takes a few hours; however, there is no incentive for the additional responsibility and liability. Licensed providers can only provide treatment for up to 30 people per year, people receiving treatment require extra monitoring, the stereotypes of users deter some, and there are some logistics when dealing with people who are suffering, for example, they don't show up for appointments, they can be deceptive, manipulative, have other mental health issues which can be cause for concern of safety of staff. The doctor-patient relationship takes additional work.

Look at it from an academic perspective and use that model. The counselors are putting out fires rather than doing the 1 on 1's that they should be doing, and there is not enough time to do the education piece that gets to the larger group. We need a plan of what to do in crisis situations. We need someone in the schools for education and up to date information on the education and proven methods.

Mental health counselors and educators for prevention are the needs. Bill Ottoway and Tony Hoffman are two speakers who have really been influential here. We need to have more real-life stories from those who have walked in those shoes.

Make sure to speak with Melissa Peterson, Drug Treatment Court Coordinator, and find out information on play groups / parent cafes.

Talk to Jeff and Juanita Star XXX-XXX-XXXX, they have had some family experience with addiction.

Get people help when they want it, and ensure where children are being placed is a positive situation, don't just place them with "other family" members.

COVID has caused limited connections; therefore, we need to get new people up to speed, network more, and re-establish relationships.

We need to invest more money into treatment and recovery courts as they are proven to be beneficial and they change participants perception of the criminal justice system.

We need to address childcare and respite care. Our kids need positive role models and peer support.

Increase local treatment options.

Peer Support Programs - Who is the best / trustworthy person in their lives, who is someone who has walked in their shoes, what is their role, and how are they involved?



## Appendix C: Sources

Quantitative and qualitative data was used from the following sources:

Behavioral Health County Resource Guides. Retrieved from: <a href="https://behavioralhealthpartnership.org/county-resources/">https://behavioralhealthpartnership.org/county-resources/</a>
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WI Dept of Health Services. Dose of Reality: Opioids in Wisconsin. Retrieved from <a href="https://www.dhs.wisconsin.gov/opioids/index.htm">https://www.dhs.wisconsin.gov/opioids/index.htm</a>

## 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

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**\$31,000,000.00**

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## Appendix E: County & Regional Resources for Iowa Co. Residents

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
County Agency	Iowa County Aging & Disability Resource Center	303 W Chapel Street	Dodgeville, WI 53533	(608) 930-9835	adrcswwi.org/about/iowa-county		adrc@iowacounty.org	County agency dedicated to providing older adults and people with physical or developmental/intellectual disabilities with the resources needed to live with dignity and security, and achieve maximum independence and quality of life.	Iowa
County Agency	Iowa County Department of Social Services & Child Protective Services	303 W Chapel Street	Dodgeville, WI 53533	(608) 930-9801	iowacounty.org	Tom Slaney, Director		County agency that is committed to assisting individuals and families identify areas of need and equip them with necessary skills and tools to become safe, healthy, and self-sufficient.	Iowa
County Agency	Iowa County Probation and Parole	1109 Professional Drive	Dodgeville, WI 53533	(608) 935-3104	doj.state.wi.us/ocvs.safe-home			County agency tasked with monitoring people who have been released from jail or prison and are on extended supervision. Probation and Parole agents ensure individuals released meet conditions set forth by the judge.	Iowa

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
County Agency	Treatment Court - Iowa County	222 North Iowa Street	Dodgeville, WI 53533	(608) 935-0343	<a href="http://www.iowacounty.org">www.iowacounty.org</a>	Melissa Peterson	<a href="mailto:dtc@iowacounty.org">dtc@iowacounty.org</a>	Drug Treatment Court is specifically designed and staffed to handle cases involving drug offenses through an intensive judicially monitored program of substance abuse treatment, rehabilitation services, and community supervision.	Iowa
County Agency Program	Narcan Direct - Free	Grant County - Unified Community Services - (608)723-6357	Green County Human Services - (608) 328-9393	Iowa County Unified Community Services - (608)935-2776	Richland County Sheriffs Dept - (608)647-2103			Provide Free Narcan after a short training.	Regional
County Agency Program	Narcan Direct - Insurance Paid or Self Pay							Narcan available if prescribed by physician and covered under insurance.	Regional
Regional Agency	Southwestern Wisconsin Community Action Program (SWCAP)	149 N. Iowa Street	Dodgeville, WI 53533	(608) 935-2326	swcap.org		<a href="mailto:info@swcap.org">info@swcap.org</a>	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

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Regional Agency	Southwestern Wisconsin Community Action Program (SWCAP) LIFT Program	138 S Iowa Street	Dodgeville, WI 53533	(877) 798-5438	swcap.org			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
Regional Agency	SWCAP Work 'n Wheels Program	149 N. Iowa Street	Dodgeville, WI 53533	(608) 935-2326 Ext. 220	swcap.org		<a href="mailto:wnw@swcap.org">wnw@swcap.org</a>	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
Regional Agency	Unified Community Services	200 W Alona Lane	Lancaster, WI 53813	(608) 723-6357 OR Crisis: (800)362-5717	unified.co.grant.wi.gov			Contributing to the development of healthier individuals, families and communities within Grant and Iowa Counties by providing mental health, substance abuse, and developmental disabilities services.	Grant
Regional Agency	Unified Community Services (UCS)	1122 Professional Drive	Dodgeville, WI 53533	(608) 935-2776 OR Crisis: (800) 362-5717	unified.co.grant.wi.gov			Contributing to the development of healthier individuals, families and communities within Grant and Iowa Counties by providing mental health, substance abuse, and developmental disabilities services.	Grant, Iowa, and Lafayette



Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Health-care	Community Connections Free Clinic	101 E Fountain Street	Dodgeville, WI 53533	(608) 930-2232	ccfcwi.org	Aaron Dunn, Medical Director		Non-profit organization whose mission is to provide basic health care for those who cannot afford or access medical services in Iowa County and surrounding areas. We believe that together, we can eliminate the obstacles to health care in our community, one patient at a time.	Grant & Iowa
Health-care	Richland Hospital	333 E 2nd Street	Richland Center, WI 53581	(608) 647-6321	richlandhospital.com			Healthcare organization providing services: general family medicine, many specialties, therapy and wellness, and others found in detail on their website.	Iowa & Richland
Health-care	Southwest Health	1400 Eastside Road	Platteville, WI 53818	(608) 348-2331	southwesthealth.org			Not-for-profit community health care provider in Platteville and Cuba City.	Grant & Iowa
Health-care	Upland Hills Health	800 Compassion Way	Dodgeville, WI 53533	(608) 930-8000	uplandhillshhealth.org			Health - Hospital & Clinics	Grant & Iowa
Mental Health	24 Hour Mental Health Crisis Line (UCS)			(800) 362-5717				Crisis line where someone answers 24-hours a day and can either listen, or direct someone to where they need to go for help if necessary.	Regional
Mental Health	CWM Counseling	530 S Water Street, Suite #3	Platteville, WI 53818	(608) 348-5088	cwmcounseling.com		<a href="mailto:cwmcounseling@gmail.com">cwmcounseling@gmail.com</a>	Mental Health Clinic	Grant & Iowa

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Mental Health	Lutheran Counseling and Family Services of WI	3800 N Mayfair Road	Wauwatosa, WI 53213	(414) 536-8333	lcfswi.org	Carol F., CEO		Non-profit, state licensed outpatient mental health care agency. Services include: Counseling services, adoption services, in-school counseling, and alcohol and drug counseling.	Regional
Mental Health	NAMI Southwestern Wisconsin (National Alliance on Mental Health)	PO Box 274	Boscobel, WI 53805	(608) 485-1437 OR (608) 391-0794	southwesternwi.wix.com/nami		<a href="mailto:swwi.nami@gmail.com">swwi.nami@gmail.com</a>	NAMI envisions a world where all people affected by mental illness live healthy, fulfilling lives supported by a community that cares. They provide advocacy, education, support, and public awareness so that all individuals and families affected by mental illness can build better lives.	Grant & Iowa
Mental Health	Oregon Mental Health Services	101 E Fountain Street #2	Dodgeville, WI 53533	(608) 930-8181	oregonmentalhealthservices.com			Private mental health clinic located in Dodgeville. Mission is to provide effective, confidential treatment for children, teens, families, and adults.	Iowa
Mental Health	Platteville Family Resource Center	1075 N Elm Street	Platteville, WI 53818	(608) 348-4060	plattevillefamily.com			Counseling center committed to compassionate, confidential, and quality treatment of mental health challenges.	Regional - Grant, Iowa, and Lafayette

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Mental Health	Upland Counseling Associates	1118 Professional Drive	Dodgeville, WI 53533	(608) 935-2838	uplandscounseling.com		uca@uplandscounseling.com	Outpatient mental health clinic located in Dodgeville. Clinicians work with children, adolescents and adults in individual, family and group therapy.	Iowa
Mental Health	WKM Psychology Clinics	6058 S Chestnut Street, Suite #100	Platteville, WI 53818	(608) 342-4853	wkmpsychologyclinics.com			Mental Health Clinic	Grant & Iowa
Comm	Lutheran Social Services	414 S Iowa Street	Dodgeville, WI 53533	(608) 935-9235	lsswis.org			Wide range of services including alcohol and drug treatment, family preservation services, and counseling	Regional
Comm. Housing	Mission Village of Dodgeville, WI	200 Colin Drive	Dodgeville, WI 53533	(608) 341-6449	missionvillageofdodgeville.com			Spacious 2- & 3-bedroom cottage-style homes that promote a high-quality, relaxing lifestyle.	Iowa
Comm. Org	5-Door Recovery / Hope Haven	810 W Olin Avenue	Madison, WI 53715	(608) 827-9170	catholiccharitiesofmadison.org/5-door-recovery			Residential Treatment Program for adults living with substance use disorder.	Regional

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Comm. Org	ARC Wisconsin	PO Box 824, 1715 Linnerud Drive	Sun Prairie, WI 53590	(608) 301-5336	arcwi.org			The Arc Wisconsin advocates for and with people with intellectual and development disabilities (I/DD) and their families to improve their quality of life; and to increase their full inclusion in all aspects of community throughout their lifetimes.	Regional
Comm. Org	Family Advocates	138 S Iowa Street	Dodgeville, WI 53533	(608) 778-8714	familyadv.org		800-924-2624 - 24 Hr. helpline	Prevention and intervention services for victims of domestic, child and elder abuse in Grant, Iowa, and Lafayette Counties.	Iowa
Comm. Org	Family Promise of Grant County	333 W Cherry Street	Lancaster, WI 53813	(608) 723-3355	facebook.com/familypromise		<a href="mailto:familypromisegrant@grantcountyiowa.com">familypromisegrant@grantcountyiowa.com</a>	Serving families who are experiencing or at risk of homelessness through a community-based approach.	Grant, Iowa, Lafayette, and Richland
Comm. Org	Family Resource Center of Iowa County	201 S. Iowa Street	Dodgeville, WI 53533	(608) 935-7300	facebook.com/partnerwithparents		partnerwithparents@gmail.com	A non-profit organization that provides a nurturing environment where families are strengthened by empowering parents and children through education and connection with the community. Parent Café, Community Baby Shower, etc.	Iowa

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Comm. Org	Feeding Friends	Dodgeville United Methodist Church, 327 N Iowa Street	Dodgeville, WI 53533	(608) 935-5451	dodgevilleu mc.org			A safe community event that welcomes all to join us on Wednesday's starting at 4:00 pm, with meal served at 5:00 pm.	Iowa
Comm. Org	Neighborhood Health Partners	101 E Fountain Street	Dodgeville, WI 53533	(877) 449-7422	swcap.org		<a href="mailto:neighborhoodhealth@swcap.org">neighborhoodhealth@swcap.org</a>	Community Health Case Management and Reproductive Healthcare Support	Grant, Green, Iowa, Lafayette, and Richland
Comm. Org	Suicide Prevention Corporation of Southwest Wisconsin			(800) 273-8255	<a href="http://www.suicideprevention-iowacountywi.org">www.suicideprevention-iowacountywi.org</a>		<a href="mailto:spcicwi@gmail.com">spcicwi@gmail.com</a>	Prevent suicide through awareness, education, collaboration, and improved access to mental health care.	Regional - Grant, Iowa, Lafayette, and Richland
Comm. Org	Wisconsin Family Ties	16 N Carroll Street, Suite 640	Madison, WI 53703	(608) 267-6888	<a href="http://www.wifamilyties.org">www.wifamilyties.org</a>			Resource information for referrals, advocacy, support groups, and family services.	Regional
Peer Support	12 Steps Online Recovery Meetings							Global Recovery Community	Regional

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Peer Support	In the Rooms - Online Recovery				www.intherooms.com			Free online recovery tool that offers 130 weekly online meetings for those recovering from addiction and related issues. 12-Step, non-12-step, wellness and mental health modalities.	Regional
Peer Support	Narcotics Anonymous	401 N Union Street	Dodgeville, WI 53533	(920) 232-9615	wisconsinna.org		wrsc@wisconsin.org	Narcotics Anonymous is a nonprofit fellowship or society of men and women for whom drugs had become a major problem.	Iowa
Peer Support	National Alliance on Mental Health - NAMI			(800) 950-6264		Chat: nami.org/help	<a href="https://www.nami.org/help">helpline @nami.org</a>	Free Nationwide peer-support service providing information, resource referrals, and support to people living with a mental health condition, their family members and caregivers, mental health providers and the public.	Regional
Peer Support	SMART Recovery			(608) 873-7838 ext. 6	<a href="http://www.smartrecovery.org">www.smartrecovery.org</a>			Free and available global recovery community	Regional
Peer Support	WI Region Narcotics Anonymous			(800) 240-0276	wisconsinna.org			Web resource for people interested in the fellowship of Narcotics Anonymous (NA) so that no addict seeking recovery need die from the horrors of addiction.	Regional



Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Prevent	All-Star	4377 Federal Drive	Greensboro, NC 27410	(336) 601-9909	<a href="http://allstarsprevention.org">allstarsprevention.org</a>	William B. Hansen	<a href="mailto:allstarsprevention1@gmail.com">allstarsprevention1@gmail.com</a>	Continuum of prevention programs, for grades 4-12, designed to delay the onset of risky behaviors with adolescents. Highly engaging, student-centered and fun approach, coupled with highly effective parent/adult component.	Regional
Prevent	Choose Love	PO Box 605	Newton, Connecticut 06470		<a href="http://chooselove-movement.org">chooselove-movement.org</a>		<a href="http://chooselove-movement.org/contact/">chooselove-movement.org/contact/</a>	No-cost, next generation social and emotional learning (SEL) and character education program for Pre-K through 12th grades, designed to teach students, educators, and staff how to choose love in any circumstance thereby creating a safer, more connected school culture.	Regional
Prevent	CounterAct				<a href="https://www.hazelden.org/HAZ_MEDICA/scopseq_counteract.pdf">https://www.hazelden.org/HAZ_MEDICA/scopseq_counteract.pdf</a>			6-Session curriculum designed to involve police officers, schools, and families in preventing children from using alcohol or other drugs and helping children avoid using violence as a means of solving problems.	Regional

Type	Name	Address	City, State, Zip	Phone	Website	Contact	Email	Description	County
Prevent	Positive Behavior Intervention & Supports (PBIS)				<a href="http://pbis.org">pbis.org</a>			Positive Behavioral Interventions and Supports is an evidence-based three-tiered framework to improve and integrate all of the data, systems, and practices affecting student outcomes every day.	Regional
Prevent	SAEBERS				<a href="https://fastbridge.illuminateed.com">https://fastbridge.illuminateed.com</a>			Social, Academic, and Emotional Behavior Risk Screener. Norm-referenced tool for screening all students to identify those at risk for social-emotional behavior problems.	Regional
Prevent	Second Step			(800) 634-4449 ext. 1	secondstep.org		<a href="mailto:support@secondstep.org">support@secondstep.org</a>	A holistic approach to building supportive communities for every child through social-emotional learning.	Regional
Prevent	Sources of Strength	PO Box 27032	Lakewood, CO 80227	(800) 273-8255	<a href="http://www.sourcesofstrength.org">www.sourcesofstrength.org</a>	<a href="mailto:jaymie@sourcesofstrength.org">jaymie@sourcesofstrength.org</a>	<a href="mailto:cody@sourcesofstrength.org">cody@sourcesofstrength.org</a>	Provide the highest quality evidence-based prevention for suicide, bullying, and substance abuse in schools.	Regional

## 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	OD	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.