Opioid Town Hall Meeting
February 09, 2022

Zack Osell: All right let's get started. Thank you all for joining us today for our virtual Town Hall, where we'll be talking about the opioid epidemic. My name is Zack Osell and I'll be moderating today's event. I am a Communication Specialist in the Office of Public Affairs and one of the key responsibilities in my position is stakeholder engagement. Before we get too far into our event, I want to start by letting you all know that we do realize how big of an impact the opioid epidemic has had on many of you and your loved ones. While our presentation today is heavy on data and statistics, we don't want to lose sight of the human element of this issue. We will be taking a moment later on to remember those we've lost, and we will also have a slide at the end with resources for those who have been impacted or who are currently being impacted directly or indirectly by the opioid epidemic.

With that said, I do have a few housekeeping items to go over. First, you should see a question and answer feature near the bottom of your screen today. We will be looking at all questions submitted using this feature throughout the event and we will have time near the end to open up the floor to our panelists to answer some of the questions that we receive. I want to note that today's session will be recorded and shared at a later date for those who are unable to attend today's live event. As we've also done in the past, we will post an FAQ document that will address all the questions we don't get to today.

Here's a quick rundown of what our Town Hall will look like. After opening remarks from Secretary Carr, we will watch a short video from Governor Evers. We will then hear from Paul Krupski from the Department of Health Services, followed by several staff in our Division of Community Corrections about the steps the DOC is taking to combat this epidemic. We will also get to hear from one of DOC's community providers, DOC's Treatment Director for the Division of Adult Institutions, and then a client and drug court treatment participant who will talk about his experiences. The last part of today's webinar will be a live Q&A as I mentioned. We encourage you all to listen closely to what's being presented before submitting you questions, as we will be breaking down a large amount of content. We hopefully will answer some of your questions as we go along. That's all for me, I am now going to hand it off to Secretary Carr.

Secretary Kevin Carr: Thank you Zack. Hello everyone and thank you for joining us. As part of our agency's commitment to transparency and accountability, we continue to hold Town Hall events on a number of timely topics impacting our stakeholders. Today, we will be discussing the opioid crisis in Wisconsin and the impact it has had on our communities and families. I believe everyone here today shares one common goal: to reduce opioid dependency in our state. Today, our panelists will take you through some of the great work they are doing to disrupt the opioid epidemic. While I acknowledge this crisis seems more prevalent than ever, I remain incredibly proud of all the efforts being done throughout our state and within our agency. And I am hopeful you will all support us in our efforts as we continue to tackle this very serious issue.

When a person comes into custody our administration believes we have an opportunity to help them address the issues that led to their incarceration, such as opioid dependency. Knowing that the majority of folks will be returning to their communities on supervision, we are committed to engaging in a coordinated strategy to mitigate opioid dependency on an agency-wide basis. I am extremely excited about our expert panelists here with us today. They are made up of subject matter experts from a number of divisions, agencies and organizations. And I have a deep appreciation for the work they are doing. Tackling the opioid crisis is not glamorous work and it's usually done in less than ideal circumstances with far too little funding. Yet those working the hardest never seem to ask for recognition or praise for their efforts. Instead they are motivated simply by their mission to save lives. Our panelists today certainly fit into this category and I want to thank them for their dedication to this work. From our Division of Community Corrections, we have Assistant Administrator Autumn Lacy, also Program and Policy Analyst Mike Meulemans, Clinical Supervisor Holly Stanelle and Probation and Parole Agent Nicole Schueppert. From our Division of Adult Institutions, with us today is Treatment Director Alisha Kraus. We also are lucky to have a few folks from outside our agency who I would like to thank for joining us: Paul Krupski, Director of Opioid Initiatives for the Wisconsin Department of Health Services, and Amanda Rodriguez,

Community Programs Integration Manager for Community Medical Services. In addition to our expert panelists, we are really fortunate to have Mr. Steven Debar here with us today. Mr. Debar is here to tell his story about his own struggles with addiction and the efforts he has taken and continues to take to live a life free of opioid dependency. Thank you Mr. Debar for sharing your story and assisting us on our journey to understand and help others with opioid dependency.

Now, there is still a lot of work that needs to be done, but I believe we are on the right path. It will take the effort of many people working together to find solutions we need and to save lives. I hope we all can agree to work together on evidence-based efforts that integrate prevention and treatment. We must continue to work with and engage the treatment community as we navigate our way through this crisis as they are truly the experts in this field. So I want to thank you all for being here today and before I hand things over to our panelists, I want to share a brief video message from our Governor. Governor Evers and I have been and will continue to do the right thing for our state in terms of the opioid crisis and I couldn't be more grateful for his support for the work our agency is doing in this area. I hope you enjoy this presentation and I look forward to hearing your questions and feedback. Thank you.

Governor Tony Evers: Hey there folks, Governor Tony Evers here. It is my please to help welcome everyone to the Department of Corrections Town Hall to learn more about how the opioid epidemic is affecting those involved in the justice system and what the DOC is doing to address the epidemic. We know that many Wisconsin residents struggle with substance use and that's a problem that's only gotten worse during this pandemic. We've had some of the worst years on record for overdoses this past two years, and the consequences had been serious and deadly. Opioids have ravaged families and communities across our state and that's why my administration and I have been working to tackle this issue head on.

Last year I proposed significant investments in our behavioral health system as part of my budget. These investments would have expanded access to prevention, intervention, treatment and recovery supports and services for people in communities to get help to folks who need it. Unfortunately, while the legislative did not support our full plan, the final budget I signed earlier this year took steps in the right direction, like Medicaid changes that provide increased reimbursement rates for substance use service providers. In addition, Wisconsin's Department of Health Services has invested in the Real Talks Wisconsin messaging campaign to raise awareness of and prevent substance use. And we have allocated about 47 million dollars in Federal American Rescue Plan Act funds to increase community level supports for people grappling with mental health and substance use challenges. That includes 22 million dollars for substance use prevention and treatment, grants that provide funding directly to counties and tribal communities, expand access to Narcan and expand recovery and peer support services. But much more work remains, including continued conversations like the one here today. The stakes are so high folks, so I want to thank you for taking the time to be here today, as well as Secretary Carr and the DOC for leading this issue and driving efforts to support our neighbors experiencing substance use challenges. Thank you so much.

Zack Osell: All right thank you Secretary Carr and Governor Evers. Our first panelist that we will be presenting today is Paul Krupski who as the Secretary mentioned is the Director of Opioid Initiatives for the Department of Health Services. Paul, I'll let you take over from here.

Paul Krupski: Thank you Zack and thank you Secretary Carr for the opportunity to present here today. And I agree with you wholeheartedly that while the pandemic has created some challenges and some setbacks, I also believe that we are on the right path. We know what works and we'll continue to move down that road together.

So I've been asked to share the current landscape of the opioid epidemic, both nationally and in Wisconsin and I'll provide that overview quickly here this morning. So next slide Zack.

The most recent data available nationally showed that over a 12-month period from April of 2020 to April of 21, there were over a hundred thousand overdose deaths nationally. Unfortunately, this is the most ever that's been experienced over a 12-month timeframe. Next slide.

So what's driving this increase is fentanyl. Ever since fentanyl was introduced presently into the drug supply beginning about four or five years ago, it has really been the driving factor in overdose deaths due to both its potency and also the fact that it is now so widespread, being found in not just heroin but pretty much all substances including cocaine, meth and marijuana. And so you can see here, fentanyl being the brown line on this graph, how it really just follows the overall overdose line, which shows that it's really the driving force behind what's happening across the country today. Next slide.

So just a quick plug that on the Wisconsin DHS website, you can find our opioid data dashboards where we have a ton of information available to everybody, both at the state and county level related to the opioid epidemic. So, nationally and here in Wisconsin you know there's been a significant rise in overdose deaths and you'll see from this graph that Wisconsin has followed the national trend with fentanyl taking over as the leading cause of death, again starting several years ago and now has become clearly the primary cause due to what I shared before with it just being so potent and prevalent throughout the entire drug supply.

So nationally again and in Wisconsin, there has been a significant rise in overdose deaths during the pandemic, so I wanted to also touch base on this for a quick minute. DHS analyst and researchers produced report late last year to try and determine if COVID infections were driving overdose, were driving an increase we are seeing in overdoses. And you can see here on this slide that overdoses did increase as COVID positive cases increase. But as COVID continued to spike throughout the beginning and, and into the fall of 2020, overdoses actually decreased closer to pre-pandemic levels. Next slide.

And similarly, when we look at ambulance runs which is what's shown on this slide, you'll see that there was an initial increase and overall there were still more ambulance runs subject to suspected opioid overdoses. But they also decreased closer to pre-pandemic levels as we moved into the fall of 2020. Still a little bit higher as you can see, nearly 600 versus about 460, but they did decrease as well. So what was drawn from this data again that you can find in the report on the DHS website is that while there's no direct correlation to an increase in COVID infections and an increase in overdoses, we know that there are many, many challenges that individuals and families face that come along with the pandemic, and those struggles can include an increase in stress and anxiety, isolation that individuals experienced as well as those unemployment and financial issues that we know individuals experienced especially at the beginning of the pandemic. So we know that these are the type of factors that can spur more substance use and more overdoses and that is what is likely to have occurred, both in Wisconsin and nationally during this pandemic time period.

So thank you Zack. And the DHS response, oh sorry, and for the DHS response - what we have been doing in this area over the last five to six years is that we have been investing throughout the entire continuum of care. So in areas of prevention, harm reduction, treatment and recovery, what Governor Evers outlined in his welcome video for all of you as well. Just to highlight a few quick things there specifically in the area of harm reduction, one of our real focuses has been increasing the availability and access to Naloxone, specifically Narcan across the state. And we've partnered with about a half a dozen different types of providers to do so, giving them the opportunity to be trained on how to administer Narcan and then provide those trainings in their community and provide those individuals with free Narcan upon completion of the training. Along with this, an increase in excess and retention in retention and treatment services, specifically medication-assisted treatment which is the gold standard form of treatment in care when it comes to individuals who are struggling with opioid use disorder. And I know my DOC colleagues will share a lot more about that and the work that they are doing in MAT space in the institutions. So thank you again for the opportunity to present today and I will pass it back to Zack

Zack Osell: Alright, thanks Paul. Our next panelist today is Dr. Autumn Lacy, who is the Assistant Administrator for DOC's Division of Community Corrections. Autumn I'll let you take over from here.

Autumn Lacy: Alright, good morning. First, I'd like to thank you all. Although I cannot see you, I do see that there is 227 people in attendance. I really want to thank you for your willingness and desire to learn more about the impact and the work being done surrounding the opioid crisis in the Department of Corrections. I also want to thank all the panelists

from DHS, DOC and the community. Our collaborative effort is very important and it has certainly helped us to achieve many goals within our opioid response initiative, that we will be talking about today. I've been really lucky to work with a very talented group as we respond to the opioid crisis. Today, just earlier we heard Paul talk about the overall impact on the community and I'd like to share a little about the impact of the pandemic on the opioid crisis within the DOC population. **(20:31)**

So first we will look at overall opioid overdoses. As you can see, the yellow line is the year before COVID-19 and the blue line is COVID-19 year one. There were 794 opioid overdoses in the first 12 months of the pandemic. That was up from 634 in the prior 12 months. So on average, there was 13.3 more opioid overdoses per month.

And this flag looks at our fatal opioid overdoses during COVID-19. We had 99 fatal opioid overdoses with DOC clients in the first 12 months of the pandemic, and that was up 79 from the prior 12 months. So on average, there was about 1.7 more fatal opioid overdoses per month. With this increase, DOC became very concerned about these trends and wanted to tackle different areas so that we could improve the resources that we have dedicated to the DOC clients.

So I'd like to introduce some of the DOC wide initiatives in response to the growing opioid crisis. The initiatives on the right-hand side that you'll see, those are going to be discussed by the panelists in detail during this presentation, but I also wanted to just briefly touch on the ones on the left. So peer support is something new that we have started to contract with in the Division of Community Corrections. We understand its importance, we've seen the evidence on how much it supports substance use disorder treatment and so we have created contracts and are now putting contracts in place around the state. We also created an opiate history flag in our database so that when a DOC employee is working with somebody who has a high risk of an opiate overdose, they have a flag that shows that can give them a protocol to help that person as they are managing them in supervision.

We've also increased our telehealth, which has been really successful in getting those that have some geographic difficulties or maybe just transportation difficulties, so we've really been able to reach more people with treatment by implementing more telehealth. We've also purchased an application for mobile devices, it's called Core-12 it's from Hazelton. It's built for those that are suffering from opioid use disorder. Basically, it provides 24/7 mobile access to content that is based on current brain research, stages of change, motivational enhancement therapy and cognitive behavioral therapy. This app is available to our agents and they are able to assign it out to any of their clients that they feel may benefit from that.

We have also created overdose response teams in certain areas of our state. These teams are made up of community providers, could be Law Enforcement, EMS, counselors, peer supporters, and the idea of these teams is to get in contact with an individual very shortly after an overdose event to try and connect them to resources in the community and get them on a road to recovery.

Then we have the prescription drug monitoring programs, so that's the program where physicians and pharmacists look at medications or opiates/narcotics that are prescribed to individuals. We have access to that program and we have, oh I'm sorry, staff trained to get into that program and to be able to look at what our clients are being prescribed and what they are using, and we also have created some training so that our staff know what is the importance of looking at this information and how it can help when they are managing their clients on supervision.

Oops, I think I passed the MAT training, we've also created some MAT training. We recognized that there was a gap in knowledge with some of our agents and field staff in what the benefits of MAT were and what some of the options were, so we were lucky enough to get some experts from the community that recorded training for us and all three FDA approved forms of medication assisted treatment, and we have those available so that our staff can access them at any time they feel that they need to.

In addition to all of these initiatives, we also have residential treatment beds in the community that we contract with all over the state, and at this time, we had 241 male residential treatment beds and then we have 127 female residential

treatment beds. So those are available for us for inpatient treatment and provide community options for treatment for our substance use disorder clients.

One last thing I'll note is you heard Paul earlier talk about Naloxone and Narcan. During this presentation, you will hear those words used pretty interchangeably, and just for those that don't know, Naloxone is an opioid antagonist that reverses the effect of an overdose. Narcan, which you hear most about, is one brand name of Naloxone. Next slide.

All right so now I am going to just go in and focus a little more on some initiatives with the Division of Community Corrections within the Department. So during the presentation, you are going to hear from Holly Stanelle, Clinical Supervisor in DCC, Nicole Schueppert, Probation and Parole Agent and Mike Meulemans Program and Policy Analyst.

But before we get started on the initiatives, I just wanted to give some broad information about how DCC is partitioned off with regions. So within the Division of Community Corrections, we have eight regions. As you can see, the bottom each region is a different color, so the very bottom left sort of rose peachy color, that's Region 1 and then you go over to the right, the yellow that's Region 2, that's like Kenosha/Racine area, the orange the small little sliver orange right above is Region 3 that's the Milwaukee area and so forth. You can see kind of see how it's broken down and the reason why I wanted to provide that is because during the presentation, you are going to hear about different efforts that we have implemented in different parts of the state, and we always refer to the region as we do that. So when we refer to region 3, it's the Milwaukee Area, Region 1, Dane County, Rock County Area so just so you can refer back to that map and understand what we are talking about. So with that I will introduce Mike Meulemans. He is a Program and Policy Analyst who has been heavily involved in our medication assisted treatment, a leader in a lot of the initiates that we have created within the division and he will let you know more about our medication assisted treatment program.

Mike Meulemans: Thank you Autumn and thank you for the kind words, welcome everybody. I am not sure if any of you saw the news article from last week but it caught my attention that there are estimates that by the end of this decade, another 1.2 million individuals across the nation are going to experience opioid overdose, a fatal overdose. I just want to reassure that the Wisconsin Department of Corrections is just one of many local, state and federal agencies committed to fighting this epidemic. We, we utilize evidence-based practices and we have a strong commitment to continual quality improvement and as a result of those two practices, we joined our department divisions being the Division of Community Corrections and the Division of Adult Institutions to deliver an MAT service to our correctional population that is both pre and post-release. If we go back to 2015, the department realized and we started noticing an increase in the amount of opioid-related arrests and violations by those under our community supervision. Fortunately, at that time, the state legislature provided funds in the amount of $800,000 dollars to the Department of Corrections to create an opioid response program. After several months of studying other states and even some Wisconsin local government programs, the Wisconsin Department of Corrections, we collectively decided we are going to create our own very unique program. Some of you attending this Town Hall may remember back in 2016 the Department of Corrections pioneered the opioid addiction pilot program in the northeast part of Wisconsin, that's kind of that gold area around Green Bay/Fox Valley. In 2016, we provided our first client naltrexone which has a common street name of Vivitrol. At that time in 2015-2016, our program was one of very few in the nation to provide services to clients releasing from both prison and jail that were under some form of supervision. When we took a look at the programs across the nation, almost all the programs we studied focused solely on those releasing from prison or jail but not both. So in our preparation, we recognized early on the need for increase, that our population had an increased risk of overdose in both of those populations. So we decided to incorporate both those populations, the prison release and jail release individuals into our program.

Our, what I call our program really has four main pillars, and those pillars on the screen you can see are we advocate for the use of medication-assisted treatment. At the time in 2015, we started with the naltrexone. We ask and we required our clients to participate in cognitive behavioral therapy which can include counseling for substance use disorder. We ask our agents and we train our agents in some enhanced supervision strategy so they can deal with the day-to-day activities of our clients. And then we also have an aggressive weekly substance use screening program commonly referred to as urine testing/drug testing.

What's really unique is that we contract for all of our services through the community providers and through those contracts, we ask and we require our clients to or our vendors to screen those clients for insurance so that the DOC funds that $800,000 dollars that I referred to earlier is directly related to filling those gaps for people that don't have insurance or other forms of medical coverage. Next slide Zack. (31:45)

So let's fast forward to today. In 2022, our program has continued to grow and we continue to, to graduate clients who dedicated themselves to sobriety from the powerful opioid use disease. Being very transparent, the path isn't easy for many of them. Some of them have not completed, but for those that have, we truly believe we made their lives better for it. As Zack and Autumn have indicated earlier in this, in this Town Hall, we are going to hear from one of our success stories. As of today, thanks in large part to our Governor and the State Legislature, we secured an additional $400,000 dollars that was provided to the DOC in 2021 to further expand our opioid-related services across the state. Today, the DOC is offering naltrexone pre-released in 12 of our adult institutions and we have either made the services available or at least access to medication-assisted treatment services in all 72 counties. Most importantly in 2021, we made a significant program enhancement where now we are offering all three forms of medication assisted treatment, Methadone, Suboxone, and Naltrexone and other related medicines to all those deemed medically eligible that are currently under community supervision. I'll turn it back over to you Autumn.

Autumn Lacy: Yes, thank you Mike. So one other thing that DOC looked at doing as we are experiencing an increase in overdoses and becoming very concerned was looking at trends in cases of overdosed fatalities. So we reached out to DHS and the Medical College of Wisconsin and asked for some help to set up a DOC Overdose Death Review team. We wanted it to run very similarly to the local community fatality review teams and we were very lucky to get some help in developing that. So with that, we created the DOC team and members of that team include individuals from the Division of Adult Institutions, the Division of Community Corrections, the Division of Juvenile Corrections, Medical College of Wisconsin and we have a community provider as well.

The Overdose Death Review Team meets monthly and each month the goal is to review two cases. We are lucky, again like I said, to have technical assistance and facilitation provided by the Medical College of Wisconsin and the goal of this team is to look at these cases, review facts around each one of those cases and try to identify gaps, gaps in resources, gaps in services, gaps in practices and policies, and then provide recommendations to the DOC Opioid Response Steering Committee. The steering community then becomes responsible for following up on these recommendations. So to date, we've got 34 recommendations that have come out of our reviews and six recommendations have already been completed and practices and policies have been put into place.

So this map here shows our map of, when you look at the red dots, these are where the overdose fatalities occurred. So as we review cases, we really want to get a good cross-reference of geographical areas in the state but also concentrate on the areas that have a higher spike in incidents of overdoses. So this is just a, a view of that and we have reviewed to date 18 cases.

So as Zack said earlier we'd like to take a small break from our presentation. As he said, we, we look a lot at facts and data and science and we think it's also very important to recognize and remember all those that we have lost. I'll tell you it's a really routinely sad report when one of our clients has succumbed to this disease. The impact on those that have worked with them is quite devastating. In addition, we'd like to recognize any other audience members who have experienced this tragic loss in their personal life and their professional life. The panelists and myself will ask for everyone right now to take a moment of silence in memory of those that have been taken way too early.

Autumn Lacy: Thank you. We really do feel it's important to always think about the emotions that are tied into, into this tragic epidemic and the people who are impacted by that. Okay, so getting back to the presentation, I would like to introduce Holly Stanelle. She is the Clinical Supervisor of the Division of Community Corrections and she is going to talk about our Opioid Advisory Team.

Holly Stanelle: Thank you Autumn. As Autumn just mentioned, many recommendations have stemmed from the

Overdose Death Review Team. In an effort to combat the rising opioid fatalities among individuals on supervision and individuals releasing from prison, and as a recommendation from the Overdose Death Review Team, the DOC Opioid Advisory Team was formed. The purpose of this team is to provide support to staff as well as provide further assistance and resource options to persons in our care and on supervision. The team is made up of cross-divisional, cross-agency, and community staff that work together to curb the rising opioid addiction crisis that we face and also provide evidence-based intervention solutions. The DOC Opioid Advisory Team receives referrals from probation and parole agents with difficult opioid related cases, either from a person currently in the community or one that may be releasing from prison. The team reviews and discusses the case with the referring probation and parole agent and provides recommendations and guidance. Feedback that the DOC Opioid Advisory Team has received from probation and parole agents is that it is helpful having so many people willing to provide feedback and suggestions, that they don't feel alone or like an outsider dealing with these struggles with their client, and it's welcoming and informative to staff their cases. As a team, it has been a valuable experience providing collaboration from multi-disciplines to share ideas and provide support to those in need.

The next initiative that I am going to talk about is harm reduction training. As our Opioid Steering Committee was beginning to discuss harm reduction as a whole in our Department, it became clear that there are many longstanding biases and rooted negative beliefs in corrections surrounding harm reduction that we are really up against. The harm reduction workgroup was formed to tackle these obstacles and to provide increased awareness, education, training and support to our staff and clients to have a better impact and outcome as it relates to harm reduction. The harm reduction workgroup developed a training in harm reduction including a general understanding of what harm reduction is, what its goals are, dispelling some of those common misbeliefs and addressing concerns as well as really analyzing the benefits it can provide. It outlined the harm reduction initiatives in Wisconsin DOC and the impact that these initiatives have for clients. This training was presented to DCC leadership and to several DCC probation and parole units across the state. It was recorded and is currently being placed in the DOC's training system for staff to view. This training remains available to any staff and available for presentation to staff when requested by a supervisor. After this training, we implemented a new pilot on harm reduction and Nicole will talk about this next.

Nicole Schueppert: Thank you Holly. Naloxone, which is also called Narcan, is considered a harm-reduction tool used for opioid use. The Department of Corrections has two regions that are participating in a pilot program for the distribution of Narcan. Those regions are four which consist of Door, Brown, Outagamie, Winnebago, Calumet and Kewaunee County and Region 7 which consists of Manitowoc, Fond du Lac, Sheboygan, Waukesha, West Bend and Saukville County. The agents within those offices have been trained and are distributing Narcan when appropriate. Clients with a known opioid history are appropriate for Narcan. Other individuals that may also be appropriate are clients that may be actively using, someone that has reported recent opioid use, a client that has been referred to medication assisted treatment or a client that is being referred to outpatient or inpatient treatment. Next slide please.

As an agent, it is important to discuss the role of Narcan and what it can do for the client. The agent informs the client of what comes in the box of Narcan which is two doses of nasal spray and instructions on how to use it. The agent also discusses the importance of calling 911 if they witness or experience symptoms of an overdose. When a client is given a dose of Narcan for future use, it is important to log this into the inventory sheet. It's also important that the agent docents it in COMPAS, which is our risk needs assessment tool and makes sure the cautionary flag for opioid use is marked. This flag notifies others there's an opioid history. Next slide please.

Narcan does save lives. In 2019, nearly 50,000 people died from an opioid-involved overdose. A study found that bystanders were present in more than one in three overdoses involving opioids. Anyone can carry Narcan. A large-scale national study showed that opioid overdose deaths decreased by 14% in states after they enacted the naloxone access laws. A great way to look at it is carrying Narcan is similar to carrying an EpiPen for an allergy. It is an extra layer of protection in our fight to reduce opioid overdose deaths. Holly will now talk about the naloxone boxes.

Holly Stanelle: Thank you Nicole. As an agency, we continue to work on policies, procedures and various initiatives in response to Wisconsin's opioid epidemic. Recently, our Department became aware of naloxone boxes being used as

another harm-reduction strategy in various states as well as in other public and private agencies throughout Wisconsin. Our harm reduction workgroup has recommended the pilot of these boxes in several of our DCC offices. The next screen is going to show you a picture of what a naloxone box looks like. It is a rescue kit that is used to prevent fatality from an opioid overdose. As you can see, the naloxone box resembles an AD machine that is often found in public buildings. The concept is very similar to place these life-saving devices in common locations for use. The naloxone box contains two doses of Narcan, a rescue breathing apparatus to be used for CPR, a community resource card and instructions for how to reverse a suspected opioid overdose. These boxes are essentially screwed to the walls in the offices and hooked up to Wi-Fi. When the Narcan is taken, the vendor is notified electronically via a sensor in the box. The vendor will then come and replace the Narcan that was taken. Wisconsin DOC is partnering with Wisconsin Voices for Recovery to provide the Narcan and maintain the upkeep of these boxes. The goal is to have these boxes installed and rolled out in March. So in addition to these harm-reduction strategies, we have some initiatives around treatment and support. Mike will talk about this next.

Mike Meulemans: Thank you Holly. We are very excited one of our newer initiatives in the Division of Community Corrections is what we call the Bridging Program. In late 2021, we entered into a contract with Options Treatment Programs of the Fox Valley and through this partnership, they are currently providing support services to our clients who are struggling with current opioid use or maybe they are having thoughts of use or unfortunately recently experienced an overdose event. We called this program the Opioid Bridging Program because as it sounds, it's a program that's helping clients bridge the often-long wait to get into support services and other care services in response to an opioid event. The program works pretty basic. Options Treatment Programs, their staff contacts our client in a very short amount of time after the DOC learns of the opioid event or the overdose. A timely referral to Options Treatment Program by our staff and options puts their support coaches, recovery coaches into action. Our clients participate in a program for about four weeks, maybe a little longer which is until they can get into formal counseling or other supportive services such as mental health, sober living housing, life skills those types of services. Currently, we have about 17 clients in Region 4, which again is that golden color around Fox Valley. We have about 17 clients involved in the program. What we have noticed though is that due to our strong partnership with Options and the overall need of a program like this, we are in the final stages of signing a contract to expand this bridging contract into Waupaca and Waushara counties and we are also looking at several counties to the north and west of Appleton and Green Bay. Next slide please.

We are very excited and at this point we can announce our very first medication assisted treatment conference. The Department of Corrections recognizes that and it goes without saying our staff are our most valuable resource and we need to have a very highly trained staff to continue to deliver services in an effective manner. This is no exception to the MAT services. MAT services are very complicated and complex, so we are looking to do some advanced training for staff. Because of this need and our desire to keep a high-performance staff, we are offering our first DOC conference which we've appropriately titled, Understanding the Road Through Recovery. On April 28, 2022, we are going to be offering this, this conference to all DOC staff in a virtual format. At this time, we have a wide range of speakers, subject matter experts who are respected in their professions. They are going to cover topics including harm reduction strategies, effective use of all forms of MAT, staff wellness, services for addicted pregnant mothers, brain spotting, and as Autumn mentioned earlier, continued advancement of telemedicine for our counseling services. A couple of main principles of this training are to give our staff a fuller awareness and understanding of the Wisconsin opioid epidemic. We also want them to know how to understand strategies to better supervise the persons in our care through the use of MAT and most importantly, we wanted the staff to learn some techniques for them to remain healthy themselves as they supervise these cases and oftentimes go through the trauma of these events with their clients. Back to you Zack.

Zack Osell: Alright, thank you, Mike. our next panelist today is Amanda Rodriguez, who as the Secretary mentioned, is one of many community providers for the DOC. She is a Community Programs and Integration Manager for Community Medical Services. Amanda, you can go ahead whenever you are ready.

Amanda Rodriguez: Thanks Zack. So one of the major partnerships that we have right now with the DOC is the Milwaukee BHD was awarded 1.2 million dollars from the Bureau of Justice Assistance to reduce the offender overdose

deaths that are happening upon release. With that grant, we have teamed up with the Milwaukee House of Corrections, which originally only was supposed to be for House of Corrections, but because of COVID happening, we also had to include Milwaukee County Jail, because that's where the women were being housed. So what that program looks like is what were are calling it is MAT behind the walls, and what that looks like is they have weekly engagement with a therapist from Community Medical Services and we have two peer support specialists that work in that program. So they get to engage with them weekly. The only two medications that we're offering right now is the Buprenorphine which some of you guys may know as Suboxone and Vivitrol. Methadone right now, we are still trying to work out the kinks with, but we are hoping to implement Methadone within the next month. You can go to the next slide.

Of the 91 participants, 58 completed the day of the release survey, so we've partnered up with UW-Milwaukee, and they are in charge of doing all of the surveying. 84.5% indicated that they were, they were completely ready for a change in their life. 98.3% planned to continue to use medication assisted treatment within the community. And I just wanted to point out, not a lot of these participants come to use at Community Medical Services, we set them for whatever is comfortable for them, so if it's an office-based treatment program or if they are going into residential treatment that will continue to offer the Suboxone or Vivitrol or just a private physician, we set them up for whatever success looks like for them. 98.3% planned to continue to see their current peer support specialist. Like I mentioned, we have two amazing peer support specialists, Amy Walinksy and Cassidy Naze, that meets with these individuals every single week. 96.6 plan to continue to see their mental health therapists which right now is Amanda Hanna. 100% will continue to recommend, 100% of individuals will recommend MAT to a friend. That like when I read that I almost wanted to cry. It's just mind blowing. 100% received positive experiences with MAT, and then 94.8% reported they would, they would make the same decision again to try MAT if they were presented it, if they were to come into jail. So it's just these amazing statistics and I can't stress it enough by the amazing individuals that are within this program, and it starts with our amazing rock star, Liz Shorts, she goes by Elizabeth. She works in well path and she talks to all of these individuals. She goes back and forth from house of corrections and the jail and enrolls these individuals into this program, so we are so incredibly grateful to be a part of that team.

Zack Osell: Alright, thanks Amanda. Our next panelist today is Alisha. She serves as Treatment Director within DOC's Division of Adult Institutions. I'll turn it over to you now, Alisha.

Alisha Kraus: Thank you Zack. Good afternoon everyone, I am happy to be here today, so thank you for joining us. Many of our cross-divisional initiatives have already been shared with you earlier in the presentation, so I am going to speak directly about some of the things that we are doing in the Division of Adult Institutions to assist individuals with substance use disorders and at times, more specifically, opioid use disorders.

When an individual first comes into our care, they are assessed and a determination is made on the treatment that would be most beneficial for the person in our care. One of those treatment needs that we assess for is substance use disorder treatment. If the individual is determined to have a substance use disorder and also a need for treatment, they are placed on the waitlist for that treatment program and then eventually enrolled in the treatment program. There are some differences between treatment that's offered in the Wisconsin Women's Correctional System and the men's system, so I am going to just give you kind of a brief overview of what SUD treatment looks like in both of our systems.

So in the Wisconsin Women's Correctional System, if you can go back, thank you Zack, you can see that we have four levels of SUD treatments that someone may be assessed to, to have a need for. The first level SUD one is our least intensive, least amount of dosage treatment provided to individuals who are low risk. SUD 4 is our most intense highest level of dosage treatment provided to individuals who are high risk. And SUD 2 and SUD 3 are in between for those individuals who are found to be moderate risk. You will see a variety of curriculums that are used within our treatment program. We use curriculums that are evidence-based, researched informed and within the women's system, we, we utilize gender-responsive curriculums, so women who are in medium custody, minimum custody, and maximum custody are able to participate and enroll in SUD treatment. And SUD treatment is offered at all three of our female facilities, Taycheedah, Robert E. Ellsworth Correctional Center and the Milwaukee Women's Center.

When we look at SUD treatment in the men's system, you will see some similarities in regards to our treatment kind of being leveled out based on risk level. So again, that SUD 1 is lowest dosage, lowest intensity moving up to SUD 4 highest dosage, highest intensity. Again, you will see some differences in the curriculums that we use, and that is primarily based on gender. Historically in the men's system, we have offered programming, SUD treatment programming, to individuals who are incarcerated at the medium and minimum security levels; however, I am happy to report that we recently have increased our SUD treatment options and individuals now have an opportunity to participate in SUD treatment in maximum custody as well. This really allows us to reach as many individuals as possible prior to their release. When someone is found to have a SUD treatment need, there are three avenues that they can take in DAI to enroll in SUD treatment. If you could move to the next slide please Zack, thank you.

You will see these three options listed out in front of you. We have the Earned Release Program commonly referred to as ERP and the Challenge Incarceration Program commonly referred to as CIP. These program options are driven by statute and a person's eligibility is decided at sentencing by their judge. So if a person is deemed eligible for ERP or CIP, they will receive their SUD treatment when they are enrolled in those programs. If someone is found to not be eligible for ERP or CIP, they would be enrolled in what we call non-ERP SUD treatment or residential SUD treatment. This is the exact same program that somebody who is in ERP would receive from a SUD treatment perspective. The biggest difference is that individuals who are enrolled in non-ERP SUD treatment or residential SUD treatment do not, are not eligible for release at the end of their treatment program. So if somebody is found to have a need, they would be enrolled in one of these three options. As of February 1st, DAI had over 800 individuals enrolled in SUD treatment programming.

One of the new initiatives that we have been working to improve as it was a recommendation that came from the Overdose Risk Overdose Death Review Team was to improve and increase the treatment that we are providing in our restrictive housing units. So currently, we have some sights that are able to offer group treatments to individuals who are housed in restrictive housing serving some disciplinary separation time. They utilize cognitive-based treatment approaches which allow for skill practice and skill building while somebody is serving time in RHU. We are also working to develop a self-study treatment option for individuals who are serving time in RHU. So this would be specifically for individuals who are found guilty of using some form of substances during their incarceration and it is meant to be a treatment option for them while they are serving that time. Both of these treatment options in restricted housing are, can be incentive-based in that if someone chooses to participate in either of the group treatment option or this self-study treatment option, it could lead to some time cut as far as their restrictive housing time, so they may release from restrictive housing early. These options really help to ensure that individuals who are placed in restrictive housing still have options for treatment despite not being able to enroll in formal programming. There is a variety of reasons why somebody who is in RHU would not be able to enroll in formal programming. While in RHU, a lot of that has to do with movement and availability of programs, but these options really make sure that they are still receiving some treatment while they are in RHU.

One of the, the big things that we do to help the individuals in our care is release planning. So release planning for all persons in our care really occurs throughout the individual's entire incarceration and then obviously intensifies as they get closer to their release date. Prior to release, persons in our care are screened for a history of using opioids, you heard about that flag earlier when Dr. Lacy was talking about some of the cross-divisional initiatives. If somebody is screened and found to have a history of using opioids, we place what a call a cautionary flag into their file on our electronic case management database and that way, moving forward, anyone who works with this individual is aware of the potential risks associated with this individual's history of using opioids. The DAI case manager and the DCC agent of record work collaboratively with the person in our care to set up treatment for the individual when they return to the community. Medication assisted treatment options are discussed along with counseling, group treatment options and other resources that are available for them in their community. As stated earlier, several of our DAI sites do offer injectable Naltrexone to individuals prior to their release. This is a voluntary program and if someone chooses to enroll in this program and they do receive the injectable Naltrexone prior to their release, the institution case manager and the DCC agent of record work together to establish continuation of care for the individual so that they can safely continue with treatment when they release from DAI. Persons in our care regardless of their substance using history are enrolled

in Badger Care or Medicaid prior to their release, and for those individuals who are looking to be set up with treatment when they are released, this really does assist in making sure there are no delays or barriers with insurance as, as it relates to getting set up for treatment services, so we find this to be very helpful. And as noted earlier, if the DAI case manager and the DCC agent of record are struggling or running into barriers when they are going through the release planning process for individuals in DAI, they can make a referral to the Opioid Advisory Team. The agent of record would make that referral and this would allow for additional consultation and assistance in that release planning process.

Another recommendation that came out of the Overdose Death Review Team was to provide fentanyl education to individuals in DAI prior to their release. As fentanyl seems to be a factor in the majority of the overdose fatalities that we review, DAI is working to create an education protocol for individuals prior to their release. We are working to provide some component of fentanyl education to individuals who are involved in SUD treatment and also recognize that not every person is involved in SUD treatment as they are preparing to release, so we are also working to make this education available to individuals through their own personal tablets, through some educational devices that we have at our disposal and other means to make sure that everybody is receiving this education prior to their release.

So as you can see there are some significant things happening in DAI as it relates to substance use disorders and opioid use disorders. We are always looking to grow and improve in the services that we are able to provide and I really appreciate the opportunity to speak with you all today. So at this time, I will turn it back over to Zack.

Zack Osell: Alright, thank you Alisha. Next, I want to introduce Mr. Steven Debar who is a community supervision client and treatment court participant. Steven will be sharing some of his personal testimony and experiences with us today. So Steven, I'll give you the floor whenever you are ready.

Steven Debar: Hi, first of all I want to say thank you for asking me to do this and I am not going to sit here and tell you, I am like the epitome of recovery and you know everybody should follow my story and do what I did because I mean it took me forever. I honestly never thought that I would change and yet here I am, I am nervous. This is honestly the first time that I've shared my story with anybody you know I don't, I don't walk into any meetings and lead the way and tell everybody this is what you should do and that I am great so here I am nervous, trying to explain my story.

But I want to let Mike know referring to me as a success story when he was talking honestly helped me sit here and think about what I was going to say and how I was going to go with this. So I guess let's go back. Here I am, 13 years old, 13 years old doing the fun things you know hanging out with my friends, smoking weed, drinking, not thinking anything of it. But most importantly, as that stuff was happening, I realized you know I didn't, I didn't care about getting in trouble for smoking weed, I didn't care about skipping class, I didn't care about running away from home, going to shelter care, doing all this stuff, nothing was becoming a big enough repercussion to me to stop using. And you know, like I said at this time, all I am doing is smoking weed and drinking, but all that's doing is leading me towards these people just like me. People that don't care, people that don't want to go to school, don't want to progress in life and you know, I just realized at that point I, I don't have any empathy, I don't care about hurting people, I don't care about hurting my family.

You know I stole from my family, robbed my family, I burglarized my house once and just none of it was important enough. You know I didn't care, so like I said, all this did was lead me to negative people, and you know, 13 years old, 14 years old getting expelled from my first high school for fighting with people in class, getting expelled from my second high school, you know. I got kicked out of school when I was a sophomore and like I said I, I just didn't care. And now I guess you fast forward 10 years and look at it.

Well, I basically became the epitome of what should be incarcerated you know I, I robbed stores, I hurt people, I didn't care about the community, I didn't care about people's possessions you know if, if I wanted something and I didn't have it, I would take it. And like I said, you look at that 10 years, you go back and I was incarcerated for about a total of seven years, three times in prison, county jail, I was in and out. The guards in these jails knew me by name, knew who I was, every time, "oh Steve's back", you know, and none of that ever became enough for me, I just I didn't care.

So then you look at all the like I said the repercussions that I had, the treatments, the outpatient treatments that I did ever since I was 14 years old. You know I'll be honest. The IOPs and the informational groups that you do in the community, they get you thinking, but at the same time you leave that group at 7:30-8 o'clock at night with a group of individuals who are doing the same stuff you're doing, it doesn't, it didn't help me, none of it. And then so like I said, all I did was run from everything, my emotions, my pain, ran from my house, my family and it just kept driving me to not care about anything. The more you get caught up in it, the more you use, the more you force yourself not to care through addiction. It's not enough, you know I had two kids over a 10-year period or eight-year period and didn't matter, I just kept going and going, digging myself deeper, getting incarcerated, going through treatments and lot of the stuff that was mentioned today was things that I did.

I did ERP in prison, the Earned Release Program and I was great in it, I, I am very personable with people, I can talk to people and so I was great at working with people through that thing and I got, I got released early and what happened, I got out and because I did so good in that, they didn't think I needed really anything for the community. Went right back to using. It didn't matter, you know they are having these outpatient groups that really didn't help me, didn't do anything for me because I just didn't care, I never at that point made the choice to want to change.

So you know through all this, I'm losing family members. One of the, the worst things that happened was about the second time that I got incarcerated for 90 days, I lost my grandfather, and you know, growing up he was probably the most impressionable or had the biggest impression on me and I couldn't even go to his funeral, you know I couldn't, I couldn't tell my grandma I love her and that everything is going to be okay. You know I couldn't, it's just and all that did was drive me into not caring more and more. And you think that a lot of people would be like wow, this is hurting me and I am losing things that I care about, well I didn't care, so I just kept going.

My experience throughout the Department of Corrections wasn't terrible. You know prison, I was a drug addict, so I didn't go to these terrible prisons you know that you hear about, you know, I went to medium or minimum security prisons and honestly in the DOC a minim security prison at the time it feels like a summer camp. You know, you are playing sports, hanging out with people and I guess the worst part about it is being lonely. But I kept the same attitude throughout the entire time I was in prison, I didn't care, I pushed the rules, I ended up in, you know, I ended up in the hole, getting kicked out of certain prisons for, you know, violations and stuff. I don't know if I was muted there for a minute (laughs). Anyway, like I said I just, I kept the same attitude while I was in prison and I didn't care, I pushed the rules, I violated rules and I got kicked out of certain prisons you know, I just became that person that people look at and like I was, I would, I would lead the way in certain situations. I would lead groups of people, oh Steve, Steve will do it, he doesn't care, you know, he'll steal this, take that, I was, like I said the epitome of what should be incarcerated.

You know further down the line, you know, I started realizing I guess I am kind of getting older and, you know, here I sit 29 years old telling my story, I wasn't, I grew up in Appleton, Wisconsin, I was a middle-class kid. I didn't grow up in, you know, the ghetto or a big city or, you know, I didn't have all this crime around me, it was basically just drugs and people wanting to have fun and, you know, their way of having fun was getting high and robbing cars and doing stupid stuff and not thinking anything of it. So like I said, further down the line you know getting older, kind of trying to get myself together, but all I wanted to do to get rid of the fact that I don't care is use heroin. Heroin was my biggest drug of choice you know, and I am, I don't, I am definitely not happy about the stuff that I did, but the reason I guess I was okay with doing it was because I just kept self-medicating more heroin, you know, selling drugs, hurting the community, you know, that stuff.

And so I get to a point where you know in about 2018 is when I first was introduced to inpatient treatment outside of prison. And that was probably the most helpful thing for me. I think, you know, I was listening to everything 241 male beds, 172 female beds, if I were to choose anything or to help anything, I would say that, that number needs to go up. Inpatient treatment was the most helpful thing for me, you know, I was still part of the community but I had this impression right over me and you know I did that, I was clean for quite some time, you know, kind of got the trust back of my family. And then I left that, started going back to my old ways and boom ended up back in prison for another year.

You know, I crashed my car, overdosed on heroin, I've overdosed so many times, I was legally dead for 3 minutes once, and you know, you think that well that should be enough to stop, well I don't, I don't know. It wasn't. So finally, you know, I get to a point where boom I go back to prison for another year and I get out eight days later, what do I do, I overdose on heroin again and then it's like man I need some help, and I had an attorney on the case introduce me to drug court. And honestly, my option was do drug court or go back to prison for 18 months and (laughs) truthfully, I considered going back to prison, as I heard all these bad stories about drug court, about how hard it is and people failing and going back to using, but finally I had some family members talk me into it and so I did it and drug court changed my life. The fact that I had these constant drug tests and all these people like this weekly going in and talking about how I am doing and you know I, I needed that constant pressure over my head to basically keep me from doing stupid stuff and I said at that point, well screw it, I, I don't want to do this anymore and I might just embrace it and I did it.

I got on Vivitrol which has been mentioned many times. Vivitrol was amazing for me at the beginning, you know, it takes away your cravings, you know, that you can't use because you won't feel it and truthfully, I was on Vivitrol once before and I tried to overpower it many times, but it doesn't work, and so Vivitrol was amazing for me. I completed that in 12 months I started, I got introduced to a new probation officer and I think when it comes to the Department of Corrections, the number one focus shouldn't necessarily be on what they do for you while you are incarcerated, but what they do for you while you are in the community and I had, like I said, I got introduced to a new probation officer who was great. She didn't treat me like a criminal, you know. She almost said that I didn't need drug court because I was doing good but you know obviously I did. Like I said, she treated me like a person you know, gave me options, talked to me like I was a person and I think that being at my age like that was probably the most helpful thing, she was a great probation officer. so yeah, like I said, that became the most important thing for me was drug court and constant drug tests, you know, supervised drug tests so you can't really get past. And trust me I've tried to get past those many times before and the outpatient treatments that you do, they don't usually watch you truthfully you can just lie and get through all that stuff which is what I did all the time, just kept lying and lying, running away from stuff but now drug court they make you get a job, you know, be part of the community, go to NA meetings, meet with people who want the same stuff as you and that's what I started doing.

I got back to my old job, had a goal finally to get back to actually got a CDL which I get back soon and I can go back to driving a semi which is probably the most, the biggest thing. I never thought that I would have any type of plans for my future. And I think the craziest part was through all that I, I now have both my children back, one of them I didn't see for eight and a half years. And I met her and I just balled my eyes out because it's like finally once I chose to change, all the stuff became important to me and I, it's crazy. You know, I am so happy with the point I am at today, I've been clean for over a year, you know, I still do NA meetings, I still work with people and talk with people who want the same thing and want to be clean, and I have, you know, two best friends that want the same thing, both completed drug court you, know. I've created such a life for me through, you know, fitness and eating good, I've created such a life for me that it's like almost a polar opposite of what if I would have to go back to using, it's just wouldn't be me anymore.

You know, I still, I know for the rest of my life that I am going to be considered a drug addict and I am, I am okay with that because it's, that was my life for 15 years, you know, using drugs, selling drugs, not caring about anybody. And I guess I am, once I realized that I do have a conscience, it changed me. And I love my family, I love where I am at today, how clean I am, the stuff I do, the fact that I was asked to do this, it, it blows my mind, and like I said I want to thank you guys for offering me this opportunity and hopefully, you know, anything I said you know for the families you have to be tough when it comes to having a family member who is a drug addict. You have to set boundaries and you have to I want to say love them at a distance, you know, coddling and giving them stuff, you know, thinking that oh, as long as they are around, they'll be safe, it's just encouraging them to continue the life that they are doing. You know, I lost a lot of family members but I know that they still loved me and that was probably the most important part. So I guess with all that being said, like I said I want to thank you guys for offering me this opportunity and hopefully something I said helps somebody today.

Zack Osell: Yes, thank you so much for agreeing to be with us today Steven and sharing. I know I can speak for everyone when I say that your story is especially powerful. So again, thank you so much for coming on today.

Steven Debar: I appreciate it, thank you.

Zack Osell: Alright, so in the interest of time, we are now going to transition to the next part of our event, our live Q&A session. We've been reviewing the questions you've submitted using the Q&A feature today and we are now going to take some time to answer those questions here's one final reminder to submit any last-minute questions before the conclusion of today's Town Hall. So I am going to give Autumn a chance to answer our first question. This person asked when and how do you determine if someone needs an opioid history flag? What additional services do they receive if they were flagged?

Autumn Lacy: Yes, thank you. So there are a lot of opportunities for that flag to be presented or, or given to an individual and it depends on whether they are in the Division of Adult Institutions or in the Division of Community Corrections. The team did create a screening so that screening can be utilized at different times. So some of the times that we have trained our staff to utilize that screening is on intake. So if somebody is first meeting with a person that either is going to be supervised in Community Corrections or being admitted to the Division of Adult Institutions, they can use that screening form and decide whether to assign the flag based on the results of that screening form. Other times that can be used is if a person on supervision has admitted to using, maybe has a positive UA for an opiate or has experienced an overdose. So different incidences in the community can kind of prompt the assignment of that opiate history flag.

Also, what kinds of resources are then provided? We are actually working on a structured protocol for our staff to utilize particularly in the community when they are working with someone who has this flag. At this point it's for awareness so that when they see somebody, as we know some of our high-risk situations or if somebody coming out of the county jails, coming out of our adult institutions, that they have awareness that this is a high risk for this person. Our goal is to have a protocol so that we have resources and packages sort of nicely put together so that an agent or any staff that's working with this individual can look down and say okay, I need to talk to them about medication-assisted treatment, I need to look at peer support and see what kind of support we have in the community. So we are still working on that protocol, it was a recommendation from our Overdose Death Review Team so we hope to have that in practice very soon. But at this point we are still, we are doing the screening, we're assigning the flag and just having conversations around that.

Zack Osell: Thanks Autumn. I think this next question is good one for Nicole. This person asked: how does DCC handle clients when they are caught using opioids?

Nicole Schueppert: It is a very good question, and kind of a hard question to answer because it's hard to give a general response on that, because it is all case by case. But I can kind of break it down how I would do that. So if an individual is new to supervision and it's not something that's been disclosed to me prior to their use or in their intake, I will talk with them more about treatment options and medication assisted treatment services. They will also have that opiate flag marked in our COMPAS just so that anybody can look and see that they've had that opiate history. If they have known opioid use and they are already enrolled in programming, we can offer them the MAT services if they have not already been enrolled. And we may set up a meeting with their current treatment provider just to come up with a plan for them to move forward. We can also have discussions with the client about Narcan and if able, provide them with it. In each example, the client can also be referred to additional services, set up with peer support, set up with our bridging program, given information on meetings or have increased testing and meetings with their agent just to make sure that they are getting on the right path.

Zack Osell: Alright great, thanks Nicole. Okay, this next question I think is good for the Secretary, and this question reads: after listening to today's presentation, it's clear DOC's work in regard to the opioid crisis is not yet done. What other resources does the DOC need to expand these efforts?

Secretary Carr: Thanks Zack. That's a great question. First, I want to recognize that resources needed to expand services

is really a much bigger picture than just DOC alone. Nationally, there's a shortage of professionals that can treat substance abuse or substance use disorder. Currently our Division of Community Corrections has only seven staff members in the state that are hired to treat substance use disorder and all other services are contracted with community providers. There are certain parts of the state that lack providers at all, you know, and other parts of the states that don't, other parts of the state that don't have enough providers to meet the need that exists in that given area. DOC could always use more resources for safe, secure and sober housing while awaiting treatment, during treatment and aftercare services. Additionally, we've recognized the need for a mobile MAT service. This service would help break a lot of, break down a lot of barriers we see with our clients participating in MAT. And this is a new concept in the State of Wisconsin and it's just recently being explored, and we hope to, you know, learn a lot more about how to put that in place as we move forward.

Zack Osell: Thanks Secretary. Holly I am going to give you a chance to handle this next question. The question asks, are the Narcan boxes mounted within DCC offices or in the offender's home?

Holly Stanelle: So, the Naloxone boxes are going to be placed in the DCC Unit offices. And then it is free for anybody that happens to be in that lobby area to take and they can take it home with them and utilize it if needed at any time for cases of emergency.

Zack Osell: Alright, Thanks Holly. I know we are running a little bit over but I want to get to a few more questions before we wrap up today. I am going to give Anthony a chance to answer this next question, and the question asks, how much of the DOC population is impacted by opioid misuse or abuse?

Anthony Galston: Yeah, so as of November 2021, we can estimate that you know, about 7% of the DCC population is impacted and that's up from 3.7% in January of 2019. Looking at the DAI population, we are looking at 5.2% in November of 2021 and that's actually slightly down from 6% in January 2019. An issue that we have though is that we have a huge gap in our data so we don't, we don't get hospitalization data or ambulance runs. The only sort of overdose information we have or what clients report themselves or what law enforcement tells us if that overdose also happened to have law enforcement contact. So any sort of misuse or abuse or any sort of history is really dependent on what gets reported to us. So those numbers I just said are probably slightly higher, I don't know how much higher they actually are.

Zack Osell: Great, thanks Anthony. Alisha I am going to give you chance to answer this next one. The question asks, what support do individuals receive for opioid misuse or abuse while incarcerated?

Alisha Kraus: Oh yeah, thank you Zack. So persons in our care can receive support in a variety of different ways from a variety of different sources. First, when individuals first come into our care, like I explained earlier, they are assessed immediately at intake to ensure that any treatment needs that they have are assigned and they can be put on the wait list for those treatment programs. Persons in our care also have access to psychological services and health services throughout their entire incarceration, so if they are interested in meeting with the psychologist during their incarceration or want to meet regularly with a health provider, they have access to those individuals. Persons in our care are also assigned a case manager, whether that's a social worker or a treatment specialist, who work with them to complete goals, get enrolled in treatment, connect with resources inside of the institution as well as outside of the institution. And these case managers also advocate on behalf of their clients for a variety of different reasons. I would also say that persons in our care have access to a variety of different services that may meet their own personal needs, like religious services or support groups that are facilitated by volunteers like AA and NA. When a person in our care is enrolled in treatment program, they are also assigned a clinical substance abuse counselor or substance abuse counselor which provide them support, again working on their treatment goals and helping them prepare for their release. So I am sure that there are some you know supports that I missed, but there, there's a great deal of support that is provided to individuals.

Zack Osell: Okay thanks Alisha. Okay I think we'll wrap up with one final question for the Secretary. And this question asks, does the DOC support all three forms of medication assisted treatment otherwise known as MAT?

Secretary Carr: Thanks Zack. Yes, the DOC supports all three FDA approved medications to treat opioid use disorder. In our adult institutions, people may receive their first injection of naltrexone before they leave us, and with follow-up injections scheduled in the community. In our Division of Community Corrections, however, people may receive treatment with either naltrexone, methadone, or buprenorphine. So, we do support the use of all three medications.

Zack Osell: Alright, thanks for wrapping us up Secretary. Before we end today, I want to note that you can find information about upcoming Town Halls on our DOC Town Hall landing page, that can be found on our public website at DOC.WI.gov/townhalls. Also, here's one final reminder that we will have access to the recording of today's session, transcript and FAQs on our public website for you all to review in the coming weeks. The second half of this slide includes a reminder to any DOC staff who may be watching today about KEPRE, which is a resource that's part of the employee assistance program. We've also listed a few resources from the Department of Health Services for friends and family who have been or are currently being affected by this epidemic. And the very last bullet point lists the phone number for the Wisconsin Addiction Recovery help line for anyone who is in search of treatment services and recovery supports. So, with that I will turn it over to the Secretary to close out our event today.

Secretary Carr: Thank you Zack, and I want to thank all that attended today for taking the time to be here and for your thoughtful comments and questions. We value the feedback and, you know, we like to hear from our stakeholders because it helps us through our jobs better. I want to also thank Governor Evers for his commitment and the collaboration to disrupt the opioid epidemic in our state. As I stated earlier, I am excited about the work we are doing here at the Department of Corrections surrounding this issue. My hope is each of you will leave this town hall today with a better understanding of the crisis in our state and the steps being taken to address this serious issue.

Our agency and the Evers administration are committed to advocating for the resources we need to tackle this issue. We'll continue to look at best practices that balance public safety and accountability with the need to address the underlying factors that lead to criminality such as substance use. We'll continue to seek out opportunities for collaboration with DHS and community-based providers, who specialize in treatment to ensure folks are getting the resources they need to live a life free of dependency. I want to thank all of our amazing panelists for being here today. As usual, they did a great job of dealing with a complex subject and answering your questions in about an hour's time. I especially want to thank Administrator or Assistant Administrator Autumn Lacy for her leadership and direction around these efforts in our agency. Her expertise and dedication are invaluable to the work being done and I couldn't be more grateful to have her on our team. I also want to give a very special thank you to Mr. Debar for sharing his experience with us, I mean, that was extremely powerful and inspiring and good luck to you. Your experience is far more impactful than any presentation or research will ever show because in doing so, you showed the human impact this crisis has. So thank you for agreeing to be here today and congratulations on your success so far, and I wish you the best moving forward and I can't wait to see all that you are going to be able to accomplish.

As always, we have a lot to reflect upon and discuss after this Town Hall. Our agency is committed to transparency, so I will be sure to provide any updates on this subject to the public as they come up. Thank you all. Have a good afternoon and I wish you all good health.