



## RACINE COUNTY HUMAN SERVICES DEPARTMENT

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### JOINT MEETING OF THE RACINE COUNTY HEALTH AND HUMAN DEVELOPMENT COMMITTEE & HUMAN SERVICES BOARD

**Monday, November 12, 2018**

**Ives Grove Office Complex – Auditorium**

**14200 Washington Avenue**

**Sturtevant, WI 53177**

**5:00 p.m.**

The above location is handicap accessible. If you have other special needs please contact the Racine County Human Services Department, 1717 Taylor Avenue, Racine, Wisconsin, (262) 638-6646 or for hearing impaired for TTY, TTD/Relay Service 1-800-947-3529.

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### **AGENDA**

1. Call to Order
2. Chairman Comments/Youth In Governance Statement
3. Public Comment Period Not to Exceed Fifteen (15) Minutes (Each Speaker Shall be Allotted a Maximum of Three (3) Minutes). The Speaker Shall Speak on Any Item.
4. Approval of Minutes of September 10, 2018 Joint Meeting of the Racine County Health and Human Development Committee & Human Services Board – **ACTION BY THE BOARD ONLY**
5. Approval of Minutes of October 8, 2018 Joint Meeting of the Racine County Health and Human Development Committee & Human Services Board and Minutes of October 25, 2018 Racine County Health and Human Development Committee Meeting – **ACTION**
6. Resolution by the Health and Human Development Committee Authorizing the Acceptance of a Wisconsin Fast Forward Grant from the Wisconsin Department of Workforce Development and Authorize Multi-Year Contracts with the Training and Outreach Providers – **ACTION BY THE COMMITTEE ONLY**
7. Resolution by the Health and Human Development Committee Authorizing the Application and Acceptance of Brighter Futures Initiative Grant from the Wisconsin Department of Children and Families in the Amount of \$208,670.00 and Authorization of a Multi-Year Contract with Focus on Community – **ACTION BY THE COMMITTEE ONLY**
8. Opioid Treatment – Michelle Goggins
9. Senior Manager of Talent Acquisition/Deputy Position – Hope Otto
10. Budget Priorities Update & Establish 2019 Budget Priorities – Hope Otto
11. Correspondence and Other Business
12. Next Meeting Date – December 10, 2018, 5:00 p.m. – Ives Grove Office Complex, Auditorium
13. Adjournment

Scott Maier, Chairman  
Health and Human Development Committee

**NOTE: If members anticipate needing additional information, please contact Hope Otto or Human Services staff by Monday before noon.**

ACCOUNT NAME	ACCOUNT NUMBER	CURRENT BUDGET	CURRENT BALANCE	TRANSFER	BUDGET AFTER TRANSFER	BALANCE AFTER TRANSFER
<b>HUMAN SERVICES - Workforce Solutions</b>		<b>2018 BUDGET PAGES 35-21</b>				
Intergovernmental Revenues	4309600.301500	(1,833,755)	(1,833,755)	(314,103)	(2,147,858)	(2,147,858)
<b>TOTAL SOURCES</b>				<b>(314,103)</b>		
<b>HUMAN SERVICES - Workforce Solutions</b>		<b>2018 BUDGET PAGES 35-21</b>				
Contracted Services	4309600.404500	1,111,559	1,111,559	314,103	1,425,662	1,425,662
<b>TOTAL USES</b>				<b>314,103</b>		
				<b>0</b>		

**NOTE: Since the award period for this grant runs from 9/20/2018 to 9/30/2020, any unused funds in this project at the end of 2018 will be carried forward into 2019.**

FINANCE COMMITTEE RECOMMENDATION

After reviewing the Resolution/Ordinance and fiscal information supplied, your Finance Committee recommends FOR--AGAINST adoption.  
REASONS

FOR	AGAINST



**Hope M. Otto**  
Human Services Director  
1717 Taylor Ave  
Racine, WI 53403  
262-638-6646  
Hope.ottol@racinecounty.com

November 12, 2018

**TO:** Scott Maier  
Chairman, Health and Human Development Committee

**FROM:** Hope Otto  
Human Services Director

**RE:** Authorize Acceptance of a Wisconsin Fast Forward Grant from DWD,  
and Authorize Multi-Year Contracts with the Training & Outreach  
Providers

The Racine County Human Services Department has been awarded a \$314,103 Worker Training Grant from the Wisconsin Department of Workforce Development (DWD). We are proposing to use these funds to seek-out and train 100+ trainees for future employment in the County, for the period of September 20, 2018 through September 30, 2020.

Racine County is poised to undergo unprecedented job growth. Foxconn, the largest corporate attraction in U.S. history by number of jobs, will create 13,000 openings (WEDC). Racine County will also receive \$10 billion in capital investment to construct and equip Foxconn (WEDC), resulting in ~10,000 on-site construction jobs and thousands more in indirect manufacturing (1,300), transportation (5,000), and healthcare/education (3,000) along with other industries (The Capital Times).

The tremendous jobs influx leaves existing businesses vulnerable to severe labor flight and skills shortages. In response, this grant will crucially upskill residents for legacy businesses to remain staffed and thriving. We will use the funds to contract with several vendors to provide the outreach and training services to train for employment, over the course of the two-year grant period. As such, we are requesting the Racine County Board of Supervisors authorize the acceptance of this grant, and authorize the multi-year contracts with the providers.

Hope Otto  
Human Services Director

ACCOUNT NAME	ACCOUNT NUMBER	CURRENT BUDGET	CURRENT BALANCE	TRANSFER	BUDGET AFTER TRANSFER	BALANCE AFTER TRANSFER
<b>HUMAN SERVICES - Youth &amp; Family</b>		<b>2018 BUDGET PAGES 35-20</b>				
Intergovernmental Revenues	4207200.301500	(4,917,005)	(4,917,005)	(208,670)	(5,125,675)	(5,125,675)
<b>TOTAL SOURCES</b>		<b>(208,670)</b>				
<b>HUMAN SERVICES - Youth &amp; Family</b>		<b>2018 BUDGET PAGES 35-21</b>				
Contracted Services	4207200.404500	1,331,479	1,331,479	208,670	1,540,149	1,540,149
<b>TOTAL USES</b>		<b>208,670</b>				
		<b>0</b>				

**NOTE: Since the award period for this grant runs from 11/01/2018 to 12/31/2019, any unused funds in this project at the end of 2018 will be carried forward into 2019.**

FINANCE COMMITTEE RECOMMENDATION

After reviewing the Resolution/Ordinance and fiscal information supplied, your Finance Committee recommends FOR--AGAINST adoption.

REASONS

FOR	AGAINST

November 12, 2018

TO: Scott Maier  
Chairman, Health and Human Development Committee

FROM: Hope Otto  
Human Services Director

RE: Authorize Acceptance of a Brighter Futures Initiative Grant from DCF,  
and Authorize a Multi-Year Contract with the Service Provider

The Racine County Human Services Department has been awarded a \$208,670 Brighter Futures Initiative Grant from the Wisconsin Department of Children and Families (DCF). We are proposing to use these funds to contract with Focus on Community for their LifeSkills®Training program, for the period of November 01, 2018 through December 31, 2019.

The BFI LifeSkills®Training program would provide community-based prevention services via weekly group services to Racine County middle school youth. The program will serve all children enrolled in the 6<sup>th</sup> and 7<sup>th</sup> grades. The program's prevention focus works to stabilize youth functioning in the school, community and home environments. Services would be delivered in the school setting where the highest level of need is evident.

The LifeSkills®Training program consists of three major components that cover critical domains found to promote drug use. Research has shown that students who develop skills in these three domains are far less likely to engage in a wide range of high-risk behaviors. The three components include:

1. Drug Resistance Skills enables young people to recognize and challenge common misconceptions about tobacco, alcohol, and other drug use. Through coaching and practice the youth learn information and practical ATOD (Alcohol, tobacco and Other Drug use) resistance skills for dealing with peers and media pressure to engage in ATOD use.
2. Personal Self-Management Skills teach students how to examine their self-image and its effects on behavior; set goals and keep track of personal progress; identify everyday decisions and how they may be influenced by others; analyze problem

situations, and consider the consequences of each alternative solution before making decisions; reduce stress and anxiety, and look at personal challenges in a positive light.

3. General Social Skills teach students the necessary skills to overcome shyness, communicate effectively and avoid misunderstandings, initiate and carry out conversations, handle social requests, utilize both verbal and nonverbal assertiveness skills to make or refuse requests, and recognize that they have choices other than aggression or passivity when faced with tough situations.

We will use the funds to contract with Focus on Community to provide the above-mentioned services over the course of the fourteen-month grant period. As such, we are requesting the Racine County Board of Supervisors authorize the acceptance of this grant, and authorize the multi-year contract with the provider.

Hope Otto  
Human Services Director



## OPIOIDS in WISCONSIN AND RACINE COUNTY


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### What are we talking about? Common Opioids

- Oxymorphone
- Hydromorphone (Dilaudid)
- Hydrocodone (Vicodin, Lortab)
- Oxycodone (OxyContin, Percocet)
- Meperidine (Demerol)
- Fentanyl (Sublimaze, Actiq)
- Opium
- Morphine
- Methadone
- Tramadol
- Heroin
- Codeine



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Am. J. Ph.] 7 [December, 1901]

**BAYER Pharmaceutical Products**  
**HEROIN-HYDROCHLORIDE**

is pre-eminently adapted for the manufacture of cough elixirs, cough balsams, cough drops, cough lozenges, and cough medicines of any kind. Price in 1 oz. packages, \$4.85 per ounce; less in larger quantities. The efficient dose being very small (1-18 to 1-24 gr.), it is

**The Cheapest Specific for the Relief of Coughs**  
(In bronchitis, phthisis, whooping cough, etc., etc.)

WRITE FOR LITERATURE TO  
**FARBENFABRIKEN OF ELBERFELD COMPANY**  
SELLING AGENTS  
P. O. Box 2100 40 Stone Street, NEW YORK



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## How did Opioid problem start?

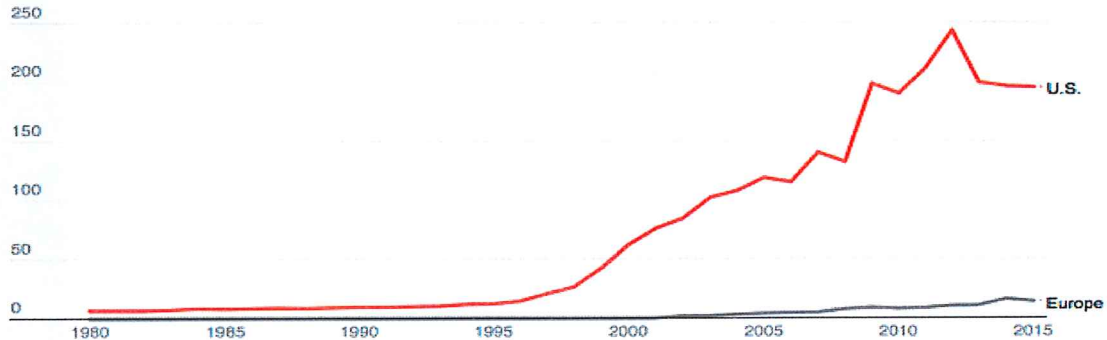
- Heroin was originally developed by Beyer in 1898 and marketed for coughs
- Opioids were initially thought to be non-addictive, effective pain relievers
- Physicians often prescribe opioids to relieve acute pain—from injuries, surgeries, toothaches or other medical and dental procedures—or to alleviate chronic pain.
- Prescriptions increased significantly in the United States over the past two decades. Then the incidence of prescription painkiller abuse increased by more than 400%, from 628,000 initiates in 1990 to 2.7 million in 2000



*In general, these prescription drugs were not thought of as “dangerous” and prescriptions skyrocketed.*

### Oxycodone consumption, mg/capita

Despite a decline in recent years, U.S. per capita opioid consumption remains much higher than oxycodone consumption in Europe.



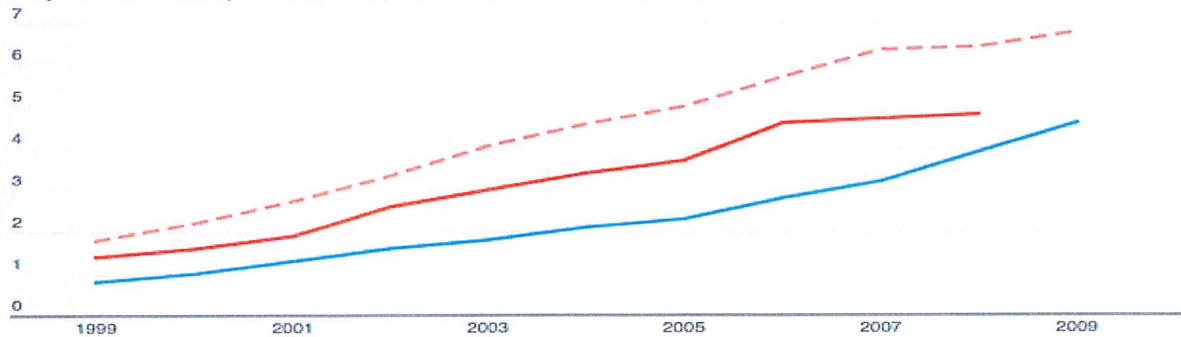
Source: International Narcotics Control Board

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But then, opioid deaths began to increase... and after 20+ years, studies now show that long-term use of opioids for chronic pain is ineffective—and comes with the risk of addiction.

### Opioids on the rise

■ Opioid overdose death per 100,000 ■ Opioid treatment admissions per 10,000 ■ Opioid sales kg/10,000



Source: International Narcotics Control Board

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## How Does an Opioid Work?

When an user takes an opiate, the drug enters the brain through the bloodstream, creating a flood of artificial endorphins and dopamine — neurotransmitters-responsible for feelings of reward, pleasure and satisfaction.

This creates a rush of happiness and euphoria. This high is so unlike any naturally-occurring rush of dopamine or endorphins that the only way a person can experience it again is by using the drug again. After repeated use, however, the brain will stop creating dopamine and endorphins, limiting a person's ability to experience these feelings unless they use opiates.

Because of the strong and desirable feelings that flood the brain, and because they cannot feel pleasure naturally any longer, it is easy to crave an opiate high.



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## Why is it so hard to stop using?

### OPIOIDS CHANGE THE BRAIN

From a clinical standpoint, opioid withdrawal is one of the most powerful factors driving opioid dependence and addictive behaviors.



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## The Brain Changes

- Repeated exposure to escalating dosages of opioids alters the brain so that it functions more or less normally when the drugs are present and abnormally when they are not.
- Two clinically important results of this alteration are opioid tolerance (the need to take higher and higher dosages of drugs to achieve the same opioid effect) and drug dependence (susceptibility to withdrawal symptoms).

## What Does Opioid Withdrawal Feel Like?

Opioid withdrawal symptoms include: restlessness, muscle aches, pain, stiffness, spasms, bone pain, Insomnia, diarrhea, vomiting, cold flashes with goose bumps, involuntary leg movements agitation, anxiety, panic, itching, irritability, rapid heart rate, mild hypertension, runny nose, sweating, shaking flu-like symptoms, fever, yawning, seizures, sleep difficulties, fear, paranoia

Anxiety, depression, mood swings and **cravings can continue for months, most likely up to 2 years.** People in recovery also have an **increased sensitivity to real or imagined pain and are more vulnerable to stressful events.**

The desire to feel “normal” again, to escape this seemingly permanent state of dysphoria, puts addicts at a high risk of relapse, and a high risk of accidental opioid overdose and death.

A user who returns to the same dosage after losing his or her drug tolerance risks respiratory suppression and death.



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## What is different about opioids compared to other drug epidemics?

- Addiction typically starts with prescription drug use.
- Individuals who had access to prescription medications are seeing changes in prescribing practices—either reducing volume of medication or discontinuing the medication.
- When the prescription is eliminated, individuals who are dependent upon opioids begin to seek out other prescribers, and eventually turn to non-legal ways obtaining the prescriptions or use heroin.



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Controlled Substance Prescription Drug Doses Dispensed per Capita for 2018 Q2



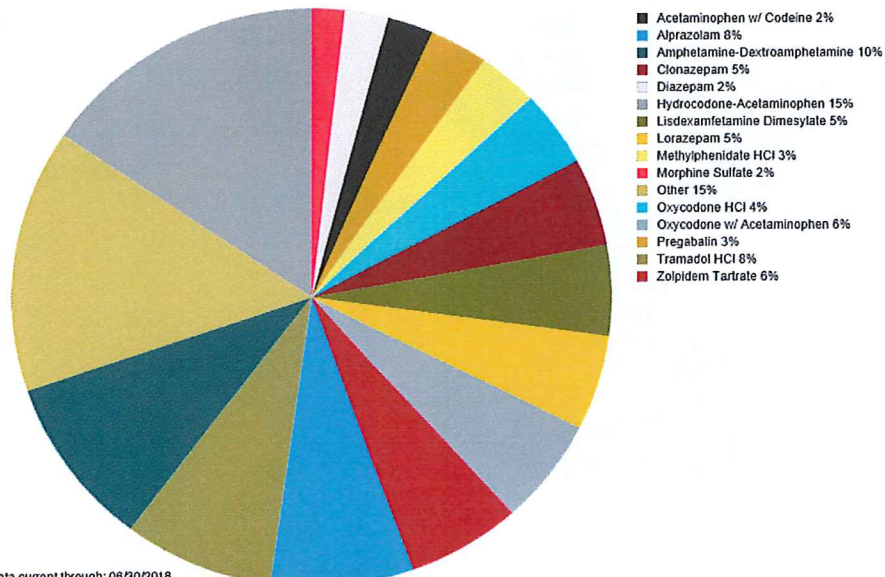
RACINE COUNTY:

18-27 doses per person in Q2

4,807,416 doses for 195,282 people

Data current through: 06/30/2018  
 Disclaimer: The Controlled Substances Board and the Department of Safety and Professional Services make no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the information stored in the PDMP and expressly disclaim liability for errors and omissions in the information.

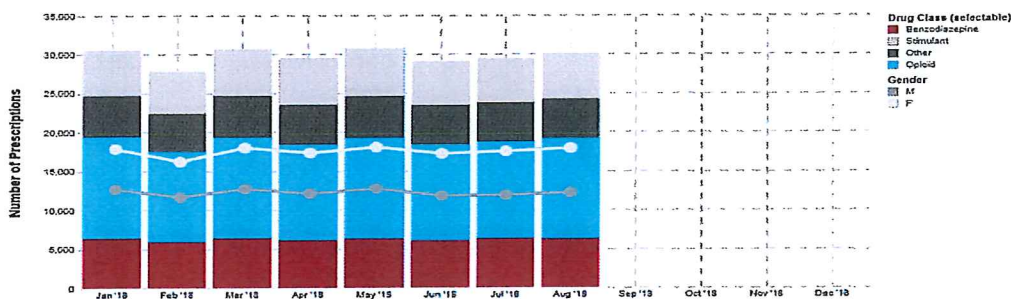
Top 15 Controlled Substance Prescription Drugs Dispensed for RACINE County in 2018 Q2



Data current through: 06/30/2018  
 Disclaimer: The Controlled Substances Board and the Department of Safety and Professional Services make no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the information stored in the PDMP and expressly disclaim liability for errors and omissions in the information.

**WISCONSIN** | ePDMP

Dispensed Controlled Substance Prescriptions by Drug Class Month-Over-Month for RACINE for 2018

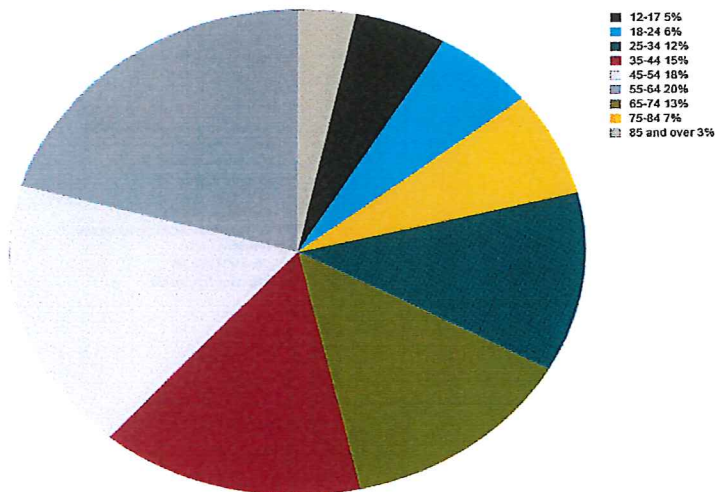


Data current through: 08/31/2018

Disclaimer: The Controlled Substances Board and the Department of Safety and Professional Services make no claims, promises, or guarantees about the accuracy, completeness, or adequacy of the information stored in the PDMP and expressly disclaim liability for errors and omissions in the information.

**WISCONSIN** | ePDMP

Number of Patients with Controlled Substance Prescription Dispensings, by Age and Drug Class for RACINE County and All Drug Class(es) in 2018 Q2

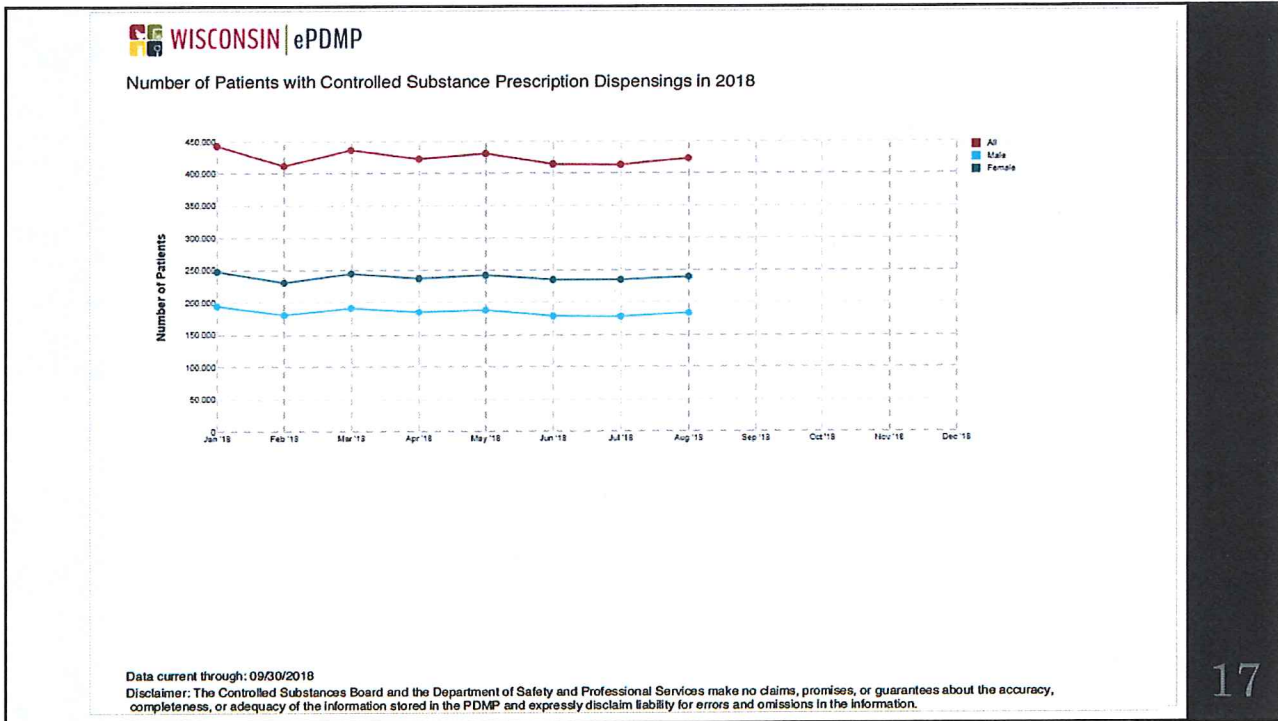


RACINE TOTALS

12-17 YOA: 5%  
 18-44 YOA: 33%  
 45-64 Y OA: 38%  
 65+: 23%

Data current through: 08/30/2018

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## Opioid Morbidity and Mortality in Wisconsin

- Rate of opioid overdose deaths have almost doubled (5.9/100,000 in 2006 to 10.7/100,000 in 2015)
- 63% of opioid related deaths involved Prescription Drugs
- In 2014 alone, there were nearly 3000 hospital encounter for opioid overdose compared to 622 deaths
- Drug overdose is the lead cause of accidental deaths in the US
- Drug overdose was the 2<sup>nd</sup> leading cause of death in WI in 2015 and 70% involved opioids

## Current Treatment Thoughts

- Due to the nature of the brain changes, Medication Assisted Treatment (MAT) is now an expectation
- MAT should be provided for a minimum of a year, but could be needed for the rest of a person's life
- There are currently 3 types of MAT: Buprenorphine (Suboxone), Methadone, and Naltrexone (Vivitrol), all of which are covered by Medicaid



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## Methadone

- How it works – Is an Opioid Agonist – relieves symptoms associated with withdrawal as well as cravings
- Methadone works by changing how the brain and nervous system respond to pain. It lessens the painful symptoms of opiate withdrawal and blocks the euphoric effects of opiate drugs such as heroin, morphine, and codeine, as well as semi-synthetic opioids like oxycodone and hydrocodone.
- Forms: Methadone is offered in pill, liquid, and wafer forms and is taken once a day. Pain relief from a dose of methadone lasts about four to eight hours
- Methadone can only be provided at specialized addiction centers--Racine Comprehensive Treatment Program
- Diversion – When patients are allowed take home doses they may sell their doses.



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## Burprenorphine (Suboxone)

- How it works – is an Opioid Partial Agonist (a substance that fully activates the receptor that it binds to) – Buprenorphine’s partial agonist effect relieves withdrawal symptoms resulting from cessation of opioids.
- Forms: Can be a Sublingual, an implant, or intramuscular – Suboxone (daily sublingual), Subutex (daily sublingual), Bunavail (film administered between the cheek and gum), Zubsolv (sublingual), Probuquine (implant)
- Suboxone has become widely used as a replacement for methadone because it can be prescribed by doctors in their offices
- Prescribers can serve up to 275 people
- Diversion – Often sold on streets to other opioid users to stop withdrawal when opioids cannot be found or afforded



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## Naltrexone (Vivitrol)

- How it works – is an Opioid Antagonist (a substance that binds to a receptor but does not activate and can block the activity of other agonists) – Non-addictive. Non-abusable. Must be opioid free for 7 to 10 days. Relieves cravings.
- Forms – oral or intramuscular- Oral Naltrexone (daily pill), Vivitrol (monthly injection)
- Prescribed By –any individual who is licensed to prescribe medications – in office-based outpatient settings, substance use disorders treatment programs, residential treatment settings, Opioid Treatment Programs, hospitals
- Diversion – Can be used on the street to prevent cravings.



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## What is BHS doing about the opioid crisis?

- In 2018, 20% of the patients served in the clinic are identifying opioid related substance misuse
- There is same day access for treatment Monday-Friday
- Using evidenced based criteria (ASAM) to determine level of care at the time of the assessment
- Using Matrix Curriculum which is evidenced based for opioid treatment
  - CBT – Cognitive Behavioral Therapy
  - Focus on behavior change, lifestyle changes, feelings and drug cessation
  - Focused on the present and immediate future
  - Relapse prevention
  - Emphasis on frequent appointments (changing IOP to more nights per week will fit this) and frequent contacts with consumer (case managers)



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## How is BHS adapting to better serve our community?

- Re-deployment of staff to have added capacity after 5pm M-Th
- Outreach to opioid users within the Racine County jail. Partnership with Racine County Sheriff Department to initiate Vivitrol for individuals exiting the jail
- Opioid Case manager to engage opioid users
- Starting in mid Nov, BHS will begin the first Heroin Anonymous evening meeting
- Starting in Dec 3 BHS will begin the only Intensive Outpatient Patient treatment available in the evening in the county.



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