

Wood County Opioid Settlement Funding Request for Proposals 2024-2025

The Wood County Board of Supervisors requested the Opioid Task Force determine appropriate uses of Wood County Opioid Settlement funds for opioid abatement purposes such as: enhancing substance use treatment; evaluating and implementing community-based prevention; increasing access to harm reduction resources; and increasing implementation of best practices.

Applicants are encouraged to request no more than \$100,000 per request, with requests of smaller amounts encouraged. Requests can cover the following areas related to opioid use: Prevention, harm reduction, treatment*, recovery, criminal justice, enforcement, community programs, evaluation, communication, and stigma reduction. Examples of evidence-based strategies for each area can be found in *Attachment 1*.

**Wood County has allocated a portion of initial settlement dollars to a Federally Qualified Health Center for primary care, substance use disorder treatment, and dental care. Requests of funding for treatment strategies will not be prioritized in Year 1.*

Eligible applicants include community lead organizations and must be a Wisconsin-based organization within one or more of these categories: Nonprofit, IRS tax exempt, 501(c)(3) organization; nonprofit, IRS tax exempt, 501(c)(6) organization; nonprofit or public 4K-12 school or district; tribal, state or local government entity.

To request Wood County Opioid Settlement funds, complete the following information for project year January 1, 2025 to December 31, 2025. Funding applications are **due August 23, 2024 by 4:59 p.m. CST**. submit the completed [application](#) with an estimated budget to have the request reviewed for consideration. Late requests will not be considered.

Applicants should review the attachments prior to submitting requests to ensure appropriate use of funds ([Exhibit E](#) or [OSPRI Tool](#)). If a funding request does not meet requirements for approved use of funds, the request will be denied. To support proposals in choosing evidence-based approaches to utilizing Opioid Settlement Funds, refer to the [Strategy Briefs by Core Abatement Strategies from the National Association of Counties](#). Applicants should be familiar with [Wisconsin Department of Health Services \(DHS\) plan for Opioid Abatement](#) and not replicate state efforts that Wood County is participating in (e.g. purchasing/distributing NARCAN® and Fentanyl Test Strips, purchasing and placing Public Health Vending Machines, EMS leave-behind programs).

Note: It is important to remember that helping people access resources to meet their health related social needs, such as housing, child care assistance, food assistance, health care access, and transportation, is crucial to assisting individuals and communities harmed by the opioid-related overdose epidemic. Meeting such needs supports and helps facilitate people's entry to and retention in substance use treatment as well as other harm reduction, health, and wellness services.

The Opioid Task Force will score proposals using [criteria](#) that support evidence and best practice.

Those receiving funding will be required to complete quarterly reports. A report template will be provided to recipients. Deadline for spending the award is December 31, 2025.

Questions regarding the use of funds or this funding application may be submitted to Ashley Normington (ashley.normington@woodcountywi.gov).

Letter(s) of Support are strongly encouraged, but not required. Proposals are prohibited from supplanting (using grant funds to pay for ongoing activities already budgeted or for the usual activities assigned to a position) or lobbying activities.

Applicants are strongly encouraged to work with people who use/have used substances. This will be prioritized in the scoring of applications.

Link to application: <https://www.surveymonkey.com/r/LSHMHC>

Attachment 1

Examples of evidence-based requests approved under Exhibit E include:

Prevention:

- Supporting substance use prevention coalition efforts by implementing evidence-informed prevention by following models such as the Strategic Prevention Framework developed by the U.S. Substance Abuse and Mental Health Services Administration (SAMHSA).
- School-based or youth-focused programs or strategies that have demonstrated effectiveness in preventing drug misuse and seem likely to be effective in preventing the uptake and use of opioids.

Harm reduction:

- Expansion of syringe service programs and other harm reduction supply distribution programs such as naloxone.
- Public education relating to immunity and Good Samaritan laws.
- Supporting screening for fentanyl in routine clinical toxicology testing.
- Providing training in harm reduction strategies to health care providers, students, peer recovery coaches, recovery outreach specialists, or other professionals that provide care to persons who use opioids or persons with Opioid Use Disorder (OUD) and any co-occurring Substance Use Disorder (SUD)/Mental Health (MH) conditions.

Recovery:

- Broaden scope of recovery services to include co-occurring Substance Use Disorder (SUD) or mental health conditions.
- Funding and training for first responders to participate in pre-arrest diversion programs, post-overdose response teams, or similar strategies that connect at-risk individuals to behavioral health services and supports.
- Expand [warm hand-off](#) services to transition to recovery services.
- Provide access to housing for people with opioid use disorder and any co-occurring substance use disorder/mental health conditions, including supportive housing, recovery housing, housing assistance programs, training for housing providers, or recovery housing programs that allow or integrate FDA-approved medication with other support services.
- Expand peer support services in new locations (e.g., worksites).

Treatment:

- Provide or support transportation to treatment or recovery programs or services for persons with opioid use disorder and any co-occurring substance use disorder/mental health conditions.
- Provide employment training or educational services for persons in treatment for or recovery from opioid use disorder and any co-occurring substance use disorder/mental health conditions.
- Create or support culturally appropriate services and programs for persons with OUD and any co-occurring SUD/MH conditions, including new Americans.
- Provide treatment to people who are incarcerated.
- Expand access to treatment modalities (e.g. group, Moral Reconciliation Therapy (MRT), contingency management).

Law Enforcement:

- Support pre-arrest or pre-arraignment diversion and deflection strategies for persons with OUD and any co-occurring SUD/MH conditions, such as Angel Programs of the Police Assisted Addiction Recovery Initiative (PAARI), Law Enforcement Assisted Diversion (LEAD) program, or active outreach strategies such as the Drug Abuse Response Team (DART) model.
- Employ substance use professional to work alongside corrections officers or deputies in the field.

Criminal Justice:

- Support treatment and recovery courts that provide evidence-based options for persons with OUD and any co-occurring SUD/MH conditions.
- Support pretrial services that connect individuals with OUD and any co-occurring SUD/MH conditions to evidence-informed treatment, including MAT, and related services.

Community Grants:

- Organizations using evidence-informed practices to support prevention, harm reduction, treatment, and/or recovery efforts requesting funds for approved uses.

Evaluation/Communication/Stigma reduction:

- Ensure funded programs are meeting outcomes and reaching goals.
- Anti-stigma trainings and education.

Examples of practices that lack evidence and effectiveness in preventing, changing behavior, or possibly furthering harms in the opioid crisis that are not encouraged as standalone activities include:

- One-time events/presentations/speakers
- Mock car crashes for high school students
- Campus alcohol/drug bans
- Designated driver promotion programs
- Enhanced enforcement of individuals who use substances