

# La Crosse County Heroin and Other Illicit Drug Task Force

*Recommendations and Report to the La Crosse County Criminal Justice Management Council, Health and Human Services Board, Judiciary and Law Committee, and the La Crosse County Board*

April 16, 2014

For questions regarding this report, please contact: Al Bliss, Health Educator, La Crosse County Health Department [abliss@lacrossecounty.org](mailto:abliss@lacrossecounty.org)

## Acknowledgements

We would like to recognize the following people who have provided information, data or comments on this report.

### Task Force Members

### Title / Organization

Keith Lease, co-chair	Executive Director, Coulee Council on Addictions
Mike Desmond, co-chair	Executive Director, Greater La Crosse Boys and Girls Club of La Crosse
Vicki Burke	La Crosse County Board
Gregg Cleveland	Chief of La Crosse Fire Department
Megan Devore	Deputy Corporation Counsel for La Crosse County
Steve Helgeson	Sheriff, La Crosse County
Monica Kruse	La Crosse County Board
Laura Runchey	AIDS Resource Center of Wisconsin, La Crosse
Shawn Kudron	Captain, La Crosse Police Department
Dean Whiteway, MD	Tomah VA
Tom Tornstrom	Director, Tri-State Ambulance
Emily Whitney, Ph.D	Professor, University of Wisconsin La Crosse
Chris Eberlein, M.D.	Gundersen Health Systems and Tri-State Ambulance Medical Director
Ted Thompson M.D.	Addiction Medical Solutions, Onalaska
Barbara Dalton	Counselor, School District of La Crosse
Emily Lodoen	Community Member
Joe Chilsen	Mayor, City of Onalaska

Report prepared by:

Al Bliss, Health Educator, La Crosse County Health Department, Heroin Task Force Facilitator

Mackenzie Helf, Intern, La Crosse County Health Department

**A special thanks to John Steers, our former Medical Examiner, for the provision of over dose deaths statistics provided to the various task forces including work in alcohol and heroin/opioid/prescription drugs. John recently passed away in February 2014 and has provided a financial donation to go towards the work of the Heroin and Other Illicit Drug Task Force. His widow, Christine Henson, RN announced the gift at the March 27, 2014 Heroin Task Force Meeting. It should be known that John always advocated for addressing the heroin and prescription drug problem that our community and many others face.**

**Thank you John and Christine for all you have done!**

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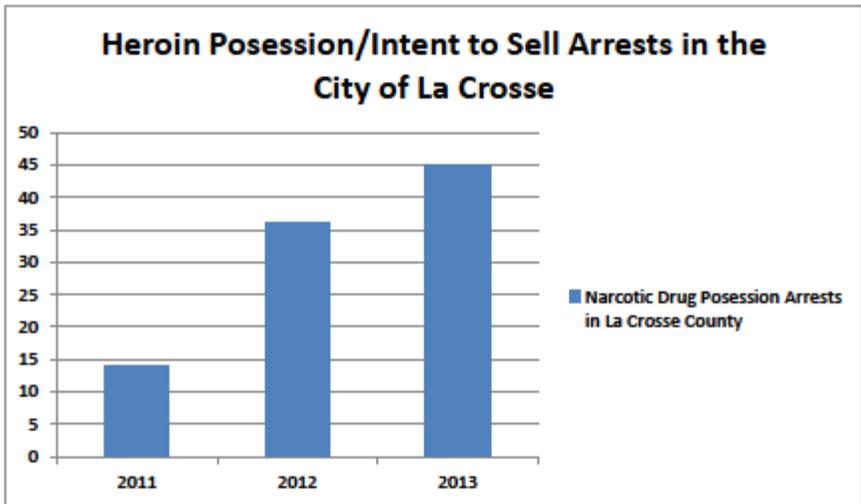
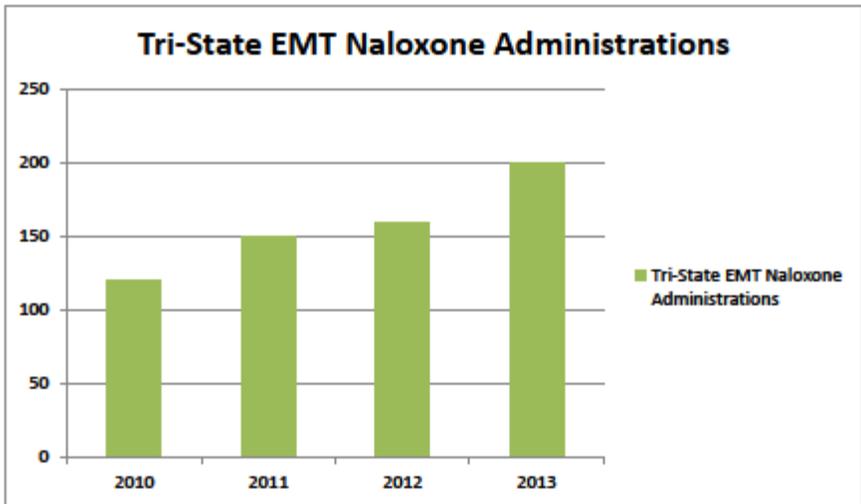
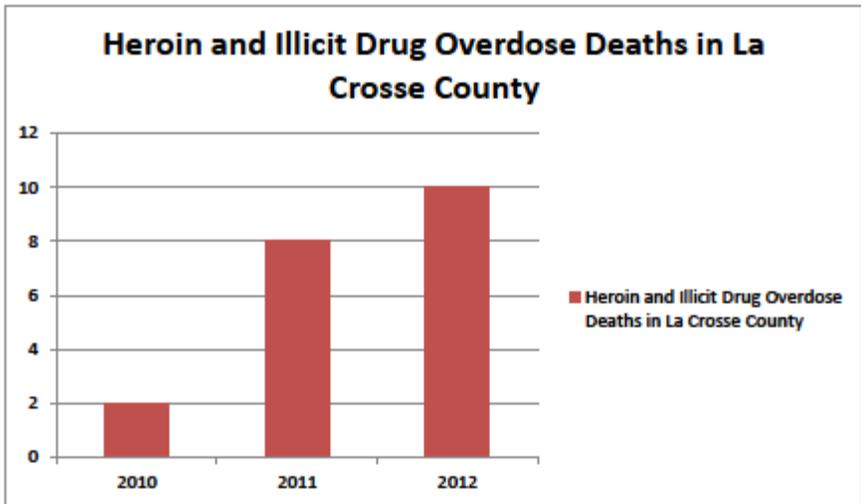
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**Goal:** The goal of this effort is to create a self-sustaining coalition of community stakeholders to identify and implement community-based strategies that reduce the public health burden of heroin and other illicit substance use in La Crosse County, Wisconsin. Priorities included:

1. The formation of a countywide strategic planning task force
2. A comprehensive countywide needs assessment
3. Based upon the needs assessment data, creation of a strategic plan

**Evidence:** Heroin use represents a leading health risk behavior and deadly consequence to the residents living in the City of La Crosse and surrounding communities. Just three years ago, heroin was almost a non-existent issue in the small and safe community of just over 50,000 people bordering the Mississippi River. It has now become one of the city's most pressing issues with 24 overdose deaths documented within the past three years (2010-2013). Hundreds more in the region have escaped a similar fate only because of pre-hospital naloxone administered by emergency medical service (EMS) providers working with Tri - State Ambulance.

- Tri-State EMTs administered Naloxone to over 200 individuals in 2013 with similar numbers in 2012, slightly less in 2011, and approximately 120 in 2010. This represents a 60 percent increase over three years!
- Since 2011, La Crosse Police have arrested 95 individuals for possession of narcotic drugs (heroin) or manufacture/deliver heroin (Internal documentation, La Crosse Police Dept. Captain Shawn Kudron) This has been rising dramatically as in 2011 there were 14 arrests, 2012 = 36 arrests, and in 2013 = 45 arrests
- In La Crosse County, there were two over dose deaths in 2010, 8 deaths in 2011, and 10 deaths in 2012 related to heroin and other illicit drugs.
- In 2012, there were at least 10 additional deaths in La Crosse County due to drug overdose other than by heroin (alcohol, prescription drugs and other drugs).
- AMS or Addiction Medical Solutions in Onalaska, Wisconsin opened in 2012 and serves over 170 clients with their Suboxone program.
- The AIDS Resource Center (ARCW) of La Crosse distributed over 91,809 syringes to people during 2013. They see a monthly average of 173 people per month for their needle exchange program. ARCW of La Crosse also conducts over 700 HIV tests per year, provides referral to treatment, and conducts over 400 Hepatitis C (HCV) tests per year. Almost one in four test positive for HCV.
- The Youth Risk Behavior Survey conducted in La Crosse County in 2013 indicates the following:
  - 1,237 students in 7 public high schools in La Crosse County completed the survey
  - 2.5 percent of students reported using heroin one or more times during their life (Although this percent may seem low, statewide heroin use among 12-17 year olds is up by over 300 percent! (WI Department of Justice, 2013).
  - 16.1 percent of students reported taking a prescription drug (such as OxyContin, Percocet, Vicodin, codeine, Adderall, Ritalin, or Xanax) without a doctor's prescription one or more times during their life
  - Sixteen percent of students reported they were offered, sold, or given an illegal drug by someone on school property during the past 12 months.



In addition to heroin, there is much concern over unintentional overdose deaths caused by other drugs including morphine, cocaine, oxycodone, and prescription medication overuse and misuse. The

decedents ranged in age from 27 to 71 years old; of which five were males and five females. Unintentional opioid-related overdoses and deaths among those ages 20-54 are of greatest concern, according to the Wisconsin Epidemiological Profile on Alcohol and Other Drug Use, 2010. This local experience has begun to mirror the national landscape, as the CDC has now declared drug overdoses to be "epidemic" in scale. Unintentional poisoning, overwhelmingly due to prescription medication overdose, has now surpassed motor vehicle deaths as the leading cause of unintentional injury death in the United States. The economic and health costs of substance abuse in Wisconsin are extensive including the related costs to the community of criminal acts and arrests.

### **The Drug Problem in La Crosse County:**

What are people selling on the streets according to local law enforcement?

- Prescription pills – Oxycodone, Vicodin, Ritalin
- Heroin/ Methamphetamine
- Cocaine/Crack Cocaine
- Marijuana
- MDMA or “Molly”
- K-2/bath Salts

### **Why has Heroin Made Such a Comeback?**

- Heroin is a highly addictive drug derived from morphine
- It is a “downer” or depressant that affects the brain’s pleasure system and interferes with the brain’s ability to perceive pain
- Heroin is a very lucrative venture and is cheap \$40-50 for one point = 1/10 gram (typical daily use is 2 points). In Chicago 28 grams or one ounce can be purchased for \$5,500 and sold in 280 points or 1/10 grams individually = \$14,000.
- Prescription opioid drugs have been on the steady increase

### **What are some of the Other Negative Effects of Heroin?**

- Heroin has different potency levels and is often “cut” many times by dealers so the user never knows how much he/she is getting. Over doses and over dose deaths are common.
- For many, crimes increase to feed their habit
- Police department is overwhelmed in cases (on average, a overdose investigation will take one investigator 10 days)
- The entire community is effected

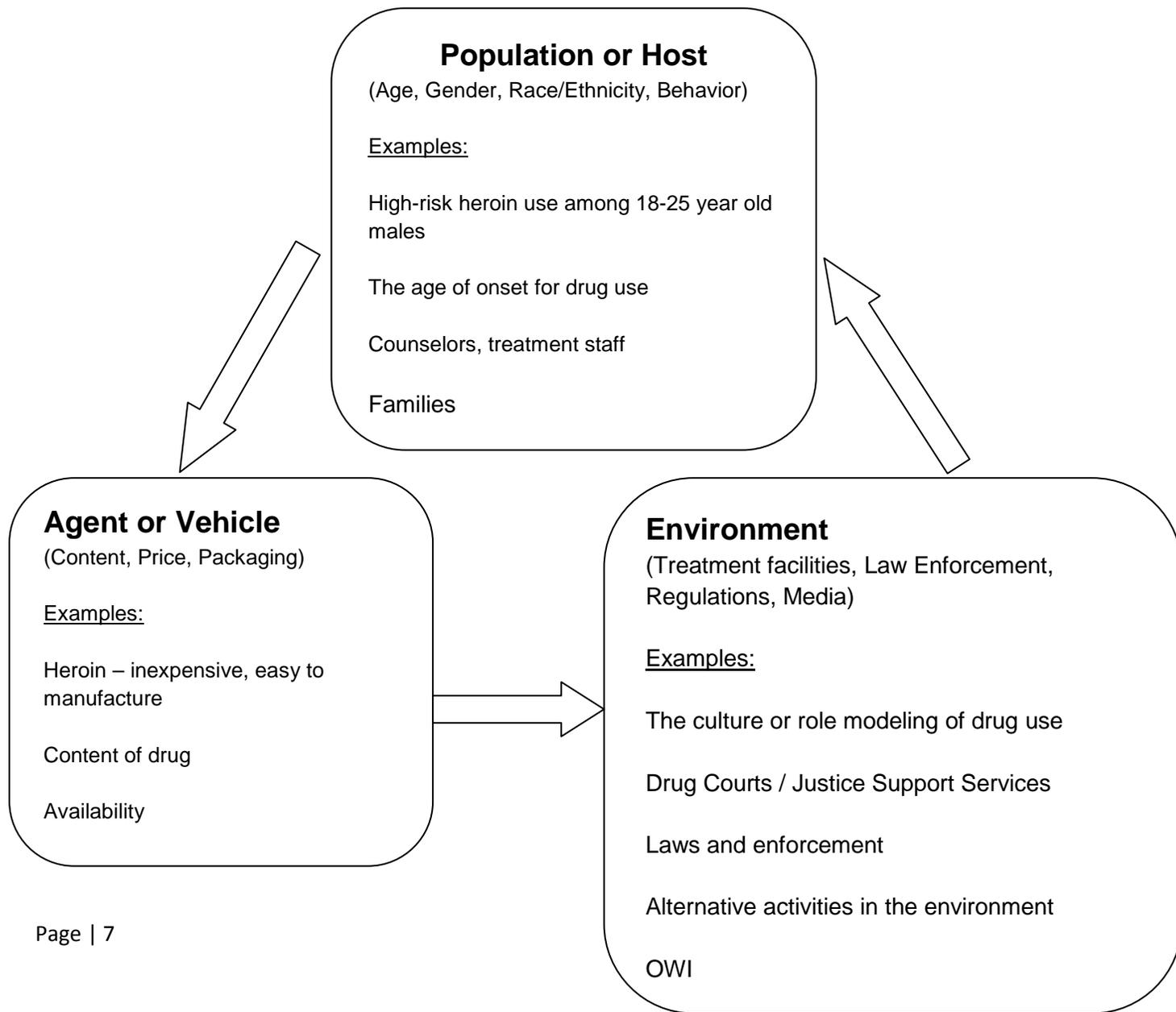
**Target Audience:** Stakeholders and partners have a strong history of collaboration and this will help to ensure continued infrastructure and development of policies, plans and programs that will address the drug related harms in La Crosse County. The La Crosse Police Department estimates that there are 10 to 20 profit-driven dealers in the city, which have spawned hundreds of users. The La Crosse Police Department is over burdened on a daily basis addressing the heroin issues and negative outcomes. Other law enforcement agencies within the community have put heroin at the top of their list for community prevention services. In addition, La Crosse City Police note that they are now frequently tasked to pick up and dispose of needles and syringes left at walkways, beaches and on public property. Improper disposal and use of needles poses threat of Hepatitis, HIV, and bacterial infections to the entire community. Injection drug use is a risk factor for HIV, hepatitis B and C, infectious endocarditis, and overdose mortality for the individual user. It also constitutes a serious public health and social problem.

**Background of Task Force:**

The La Crosse County Criminal Justice Management Council (CJMC) had recognized the need for addressing the heroin epidemic in La Crosse during early 2013, and had approached the La Crosse County Health Department to intervene it as a public health problem. In June 2013, the CJMC sponsored a community town hall meeting with over 65 participants who concluded that a task force was needed to address the heroin epidemic in La Crosse County. Contributing factors such as an over burdened law enforcement, court system, over dose deaths, hundreds of Naloxone administrations per year, thefts, crimes and many other negative outcomes warranted a different approach.

The public health model is designed to address the environmental, agent (e.g. heroin, the drug) and host (e.g. the heroin user). In the United States, the “War on Drugs” approach has not been effective. Local work needs to be accomplished within municipalities, townships and villages. Heroin does not discriminate against the user or the community, and nationwide is an epidemic. Some states have had promising approaches including New York and other counties have used this model as well. The task force reviewed all strategies, and the recommendations were made based on evidence of effectiveness, if it was a good fit for the community, if the community was ready to address the issue, and if it was believed to have communitywide support.

## The Public Health Model



The task force hired a part-time facilitator for day-to-day work priorities for six months at ten hours per week. A health educator was funded through the La Crosse County Health Department. The facilitator's main duties included:

### TASKS/RESPONSIBILITIES:

#### **1. Coalition development, identify partners, members, and recruitment (Sep-Oct 2013)**

- a. Recruited 17 task force members and met every two weeks beginning Oct 10, 2013
- b. Recruited an additional 21 other community members to participate in task force meetings
- c. Total task force participants is 68 (avg. participation at meetings = 25 including media)

#### **2. Assessment and asset inventory of current services (Sep-Dec 2013)**

- Complete asset inventory of La Crosse County community resources including treatment, prevention, programs and other services related to heroin and other illicit drugs. Distributed asset list to the task force, media, and other agencies including adding the asset list on La Crosse County website.

#### **3. Organize, plan and take coalition meeting minutes and summarize strategy sessions.**

#### **4. Identify key leaders, partners and other collaborators within the community(Sep-Dec 2013)**

#### **5. Educate coalition and partners about promising practices and evidence based strategies (e.g. promising practices: needle exchange program, continue Justice Sanctions/Drug Court, and provide recommendations / summarize from other experts within the community and statewide/national experts)(Oct-Feb 2014)**

Recruited and invited the following 18 guest presenters to provide training and technical assistance to the task force:

- Cheryl Wittke, Executive Director, Safe Communities, Madison
- Emily Lodeon, Task Force Member and Representing People in Recovery
- Lisa Bullard-Cawthorne, Dane Co Public Health, Madison (Safe Communities)
- Dean Whiteway, MD, VA Tomah, Presentation on Prescription Drugs
- Tom Tornstrom and Chris Eberlein, MD, Tri State Ambulance – Narcan and Overdoses
- Lt. Dan Kloss, Narcotics, La Crosse Police (current drug problems and trends in La Crosse)
- Chief Tom Molitor, Green Bay Police (shared their heroin coalition strategies)
- Laura Runchey, AIDS Resource Center of WI (ARCW), Safe Needle Exchange Program
- Scott Stokes, ARCW, Executive Director, co-presented with Laura Runchey
- Ted Thompson, MD and Pat Ruda of AMS (Addiction Medical Solutions) discussed treatment for heroin and opioids.
- Representative John Nygren – presented on his 4 heroin bills
- Senator Jennifer Shilling
- Representative Lee Nerison

- Loren Carrell and Lisa Meyer, pharmacists from Gundersen Health System to discuss medication drop boxes and PDMPs (Prescription Drug Monitoring Programs)
- Ryan Yakowicz, DDS., Needs for dental association and clients, assist in planning

**6. Assist coalition to establish 4-6 strategies to address addictions issues (Jan-Feb 2014)**

Develop logic model road maps and identify seven focus areas for the task force including:

- Reduce Access to Drugs
- Substance Abuse Prevention
- Reduce Inappropriate Prescription Drug Use
- Improve Overdose Interventions
- Improve Mental Health Care
- Early Intervention to Treatment and Recovery
- Funding and Sustainability

**7. Coordinate media contacts/person and messages/inform community about important updates (disseminate assessment and asset report to assist navigation of programs and policies)(ongoing as necessary)**

**8. Coordinate up to date information for elected officials and the community(ongoing)**

**9. Assist in sustaining coalition and identifying funds / grants(as soon as possible)**

**10. Assist in program evaluation, report and overall outcomes (Feb. 2014)**

The task force met biweekly between October 2013 through March 2014 to assess, develop strategies based upon a needs assessment in La Crosse County, and to provide these recommendations to the La Crosse County Criminal Justice Management Council. The task force was able to complete the request and even able to begin implementation of several strategies including:

- Adding permanent medication drop boxes in the City of La Crosse and County at two sites with potential to add three more municipalities. Anticipated date for drop box availability July 1, 2014.
- Creation of an “asset list” of resources for prevention, treatment, speakers, web links and more, which can be found on the La Crosse County website: [www.co.la-crosse.wi.us](http://www.co.la-crosse.wi.us)
- Speakers bureau / town hall forums and community presentations
- Media coverage on awareness, prevention and treatment
- Collaborations among new partners and improved communication among other department
- Firefighters in La Crosse carry Narcan and administer to those who overdose
- Began feedback survey implementation among K-12 schools

Sustainability of the task force is also being addressed since it will take time to accomplish the recommendations. The strategies were categorized by short (less than 6 months), intermediate (6-12 months) and long term goals (great than 1 year).

**Organizational Capacity and Partnerships:** La Crosse County Health Department (LCHD) will collaborate with key organizations to create a countywide infrastructure to support a coalition addressing the serious public health problem and by targeting strategies to reduce fatal overdoses and hundreds of non-fatal overdose harms. Community partners shall include City of La Crosse Police Department, La Crosse County Chemical Health and Justice Sanctions, Coulee Council on Addictions, CESA #4, AIDS Resource Center of Wisconsin, and UW La Crosse Health Education Department. Other stakeholders and potential coalition members include La Crosse County Medical Examiner's Office, Tri-State Ambulance, La Crosse County District Attorney and Judicial Offices, 2 Medical Institutions, La Crosse County Sheriff's Department and other law enforcement agencies. The role of LCHD will be to facilitate the administrative roles of fiscal agent and coalition management, collection of needs assessment data, interviews and day-to-day duties coordinating the coalition.

The La Crosse Police Department has three full-time members dedicated to drug enforcement, and it is also a leading member of a five-county Metropolitan Enforcement Group that seeks to pool their resources and coordination of operations. The La Crosse County Sheriff's Department is also a funded key player in the MEG Unit. Additional law enforcement agency roles will include providing updated reports on drug related crimes and complaints and suggestions for improving policies, programs and practices within the communities of La Crosse County. Law enforcement will also serve on the coalition.

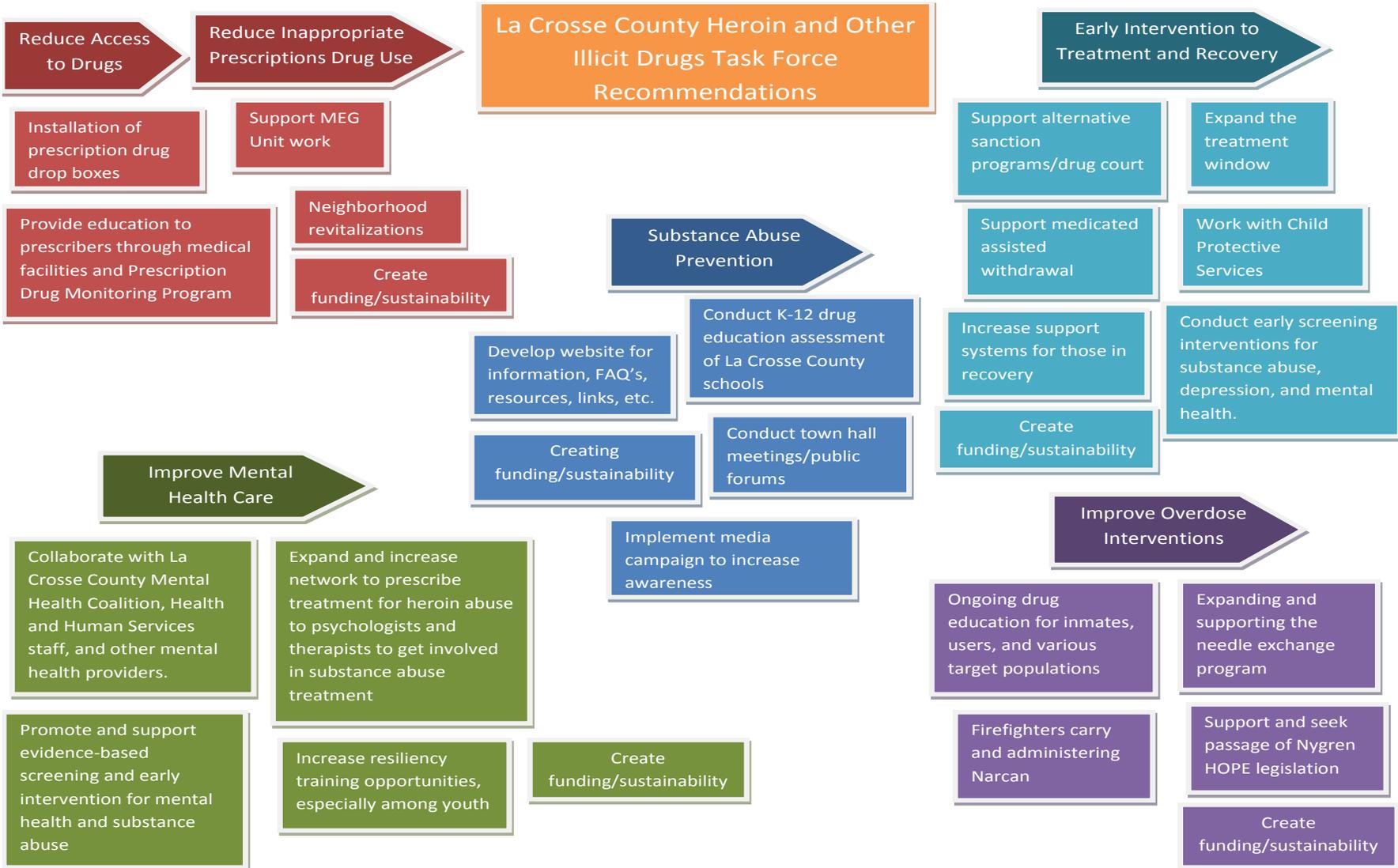
**Evidence for Project Activities:** Evidence for project activities and intervention effectiveness is missing from the What Works Database ([whatworksforhealth.wisc.edu](http://whatworksforhealth.wisc.edu)). However, our coalition will consider the Strategic Plan developed by the National Institute on Drug Abuse ([www.drugabuse.gov](http://www.drugabuse.gov)) NIH Publication Number 10-6119, Printed September 2010. This strategic plan identifies crosscutting priorities to address health disparities related to drug abuse and its consequences and identifying other health conditions that interact with drug abuse and addiction. The innovative approach will differ in that of domestic drug policy in the United States and many other countries that have largely been founded on the belief that arrests deter crime and drug use. A community approach with all key stakeholders collaborating and accessing programs, policies and practices will engage and move a community with a major drug problem to a community that is healthier and safer for everyone. Some of the issues to be explored include the cost of incarceration and its effectiveness, enacting the Len Bias' reckless homicide prosecutions, syringe exchange programs, safe injection facilities, substitution treatment, decriminalization, and expansion of drug court access to those with heroin and other opiate dependencies. Coalitions have shown to be an innovative way to bring a community together to address an issue. While our area has a coalition to address alcohol and tobacco, and prior to the Heroin Task Force, we did not have a means of bringing the community together to address heroin and other drugs. By forming the task force and partnership, we will be able to address the issue through prevention programming and at the policy level. The success of the task force would affect the population's health by sharing and disseminating results of the assessment to raise community awareness of the problem. We will then guide the selection of programs that are most relevant to the community's needs. For example, the AIDS Resource Center of Wisconsin in La Crosse sees approximately 100 people per month in their syringe exchange program. This program would bring capacity for the coalition to provide further recommendations on harm reduction strategies and enrolling participants into other effective approaches.

**Measure of Success:** Project success will be demonstrated by the development of the strategic community plan to identify the specific drug problems in our community. It will also measure the increase in building of capacity among the partners and community members. We will develop the strategies, review existing programs and policies, and collect ongoing assessments to evaluate the effectiveness of prevention strategies. Key informant interview and focus group data will assist in evaluating the successes, challenges and outcomes of the project. The coalition will collect drug related arrests, drug

related ER visits, number of overdoses, deaths and other behaviors related to heroin and opiate drug abuse. We will also gather key informant interviews from law enforcement, judicial systems, treatment professionals, schools, businesses and other sectors impacted, focus group key findings, poison control center information, community perceptions, knowledge, attitudes and behaviors. The partnership successes, challenges and outcomes will be measured through pre and post surveys of coalition partners and all stakeholders. The differences in capacity, membership, and stakeholders will define process outcomes.

**Alignment with Wisconsin Partnership Program’s Guiding Principles, Mission and Vision, and the State Health Plan:** No community in Wisconsin is immune from heroin and other substance abuse problems. The vision of the Healthiest Wisconsin 2020 “Everyone living longer, better” reflects our project’s goal as on average, the heroin user loses up to 18.3 years of potential life (Booth et al., 1991, <http://www.ncbi.nlm.nih.gov/pmc/articles/PMC2039886/>). Substance abuse contributes to a wide array of negative burdens including cardiovascular conditions, pregnancy complications, teenage pregnancy, HIV and STDs, domestic violence, child abuse, motor vehicle crashes, homicide and suicides (Healthy People 2020). All of the guiding principles; prevention, partnership, enhancement, responsiveness, effectiveness and sustainability would be addressed through the coalition and identified partners experience in La Crosse County. Seeking the task force partnership would contribute to the findings and potential for replication and dissemination to other Wisconsin communities. The partners also leverage and enhance resources to sustain the coalition long-term thus enabling the reduction of the negative impact that substance abuse has on our community. This project aligns with the State Health Plan’s major objectives including the Health Focus Area Alcohol and other drug use **Objective 1:** By 2020, reduce unhealthy and risky alcohol and other drug use by changing attitudes, knowledge, and policies, and by supporting services for prevention, screening, intervention, treatment and recovery and **Objective 2:** By 2020, assure access to culturally appropriate and comprehensive prevention, intervention, treatment, recovery support and ancillary services for underserved and socially disadvantaged populations who are at higher risk for unhealthy and risky alcohol and other drug use.

# Recommendations



# RECOMMENDATIONS

## La Crosse County Heroin and Other Illicit Drug Task Force Strategic Plan 2014-2017

### Summary of Objectives

**Note: This is a “living document” that will change as new information and new leadership become available. Dates and activities are estimates and may change.**

### Overarching Goal

Reduce heroin, opioids, and prescription drug overdose deaths in La Crosse County

### Goals 1 & 2

Reduce Access to Drugs

Reduce Inappropriate Prescription Drug Use

<b>Coalition Objective</b> (Use SMART criteria)	<b>Activities / Timeline / Lead Agency or Individual Responsible</b>	<b>Outcomes and Measure of Success</b>
1. By December 31, 2014, at least two municipalities in La Crosse County will have installed an operational prescription drop box.	<ul style="list-style-type: none"> <li>a. Meet with staff from CESA#4 regarding Drug Free Communities grant support for drop box.</li> <li>b. Review DEA requirements for drop box with Randy Nedrelo of La Crosse County Household Hazardous Materials (HHM) and meet with co-chairs of HTF, CESA staff, law enforcement and other city officials.</li> <li>c. Meet with City of La Crosse Police Dept. to discuss implementation of drop box approval, requirements, protocol, disposal and installation.</li> <li>d. Meet with other city officials and law enforcement to discuss adoption of permanent drop boxes.</li> <li>e. Develop coordinated media and community awareness about permanent drop boxes and proper usage/disposal.</li> </ul>	County and municipalities commit to adopt drop boxes in at least two communities.

<p>2. Support MEG (Multi-jurisdictional Enforcement Group) Unit work</p>	<ul style="list-style-type: none"> <li>a. HTF draft letter to La Crosse County Board to financially support / increase funding to the MEG Unit for continued drug investigations</li> <li>b. MEG Units continue shared information to coordinate drug and crime investigations</li> </ul>	<p>Letter of support, advocate for increase of MEG Unit funding, MEG Unit budget commitment / increase, and outcomes of MEG Unit investigations</p>
<p>3. Provide education to prescribers through medical facilities and the PDMP (Prescription Description Drug Monitoring Program)</p>	<ul style="list-style-type: none"> <li>a. Provide training to all prescribers in La Crosse County.</li> <li>b. Support passage of HOPE Nygren legislation on PDMP</li> <li>c. Electronic health record and data sharing</li> </ul>	<p>Double prescription drug monitoring provider participation to 16-20%.  Have 90% of providers registered using PDMP</p>
<p>4. Revitalize neighborhood watches and get involved in the City of La Crosse Neighborhood Services Team on addressing issues related to heroin and other illicit drugs</p>	<ul style="list-style-type: none"> <li>a. Coordinate education and awareness with hotel owners, property owners, other vacant property owners and homeowners for drug and other crime trafficking. Provide training, awareness and motivation to the La Crosse County community and to involved agencies such as fire dept, health dept, etc. Coordinate training with law enforcement / MEG Unit, fire department and health department and other agencies.</li> </ul>	<p>Number of trainings, names of property owners, hotel owners and others trained. Training materials on file and outcomes from increased revitalization of neighborhood watches.</p>
<p>5. Create funding/sustainability</p>		

**Overarching Goal**

Reduce heroin, opioids, and prescription drug overdose deaths in La Crosse County

**Goal 3**

Substance Abuse Prevention

<b>Coalition Objective</b> (Use SMART criteria)	<b>Activities / Timeline / Lead Agency or Individual Responsible</b>	<b>Outcomes and Measure of Success</b>
<p>1. Implement media campaign to increase awareness about heroin, opioids, other illicit drugs and dangers of prescription drug misuse, drop boxes, needle exchange programs, Narcan and over dose, treatment, Justice Services (Drug Court) and all other services related to substance abuse in La Crosse County.</p>	<ul style="list-style-type: none"><li>a. Designation of media spokes persons and schedule of ongoing media campaign messages, information, resources and stories.</li><li>b. Conduct press conferences and interviews, editorial board meetings, letters to the editor, and op-ed pieces with particular focus on early fall and graduation times for increased media coverage.</li><li>c. Utilize internet for media advocacy support and increase knowledge about policies, programs, services to reduce access to drugs through Face book, MySpace, You Tube, on-line campus newsletters, University and College websites, work with employers, and healthcare organizations.</li><li>d. Additional steps for media advocacy will include:<ul style="list-style-type: none"><li>1. Monitoring media for coverage of relative topics</li><li>2. Identify and disseminate interest news stories related to reducing access to drugs that support public health policies</li><li>3. Respond to journalist' inquires and information requests</li><li>4. Supply access to experts who can assist journalists</li><li>5. Prepare press releases and background papers</li><li>6. Arrange press conferences and media coverage interviews</li><li>7. Plan a media diary; identify specific date of coverage, summary of story, etc.</li><li>8. Respond to misleading items in the media. Speak publicly on reducing access to drugs and search for new angles on stories, new spokespersons and organizations to back and publically speak for the policy (recruit a wide variety of professionals and organizations to support public health policy.</li></ul></li></ul>	<p>Media count and coverage of stories, media messages and information, increased community awareness of services, drug prevalence rate decrease, increase use of drop boxes, Narcan distribution (by Tri- State Ambulance, firefighters, ARCW needle exchange program, training and presentation completed by organizations and individuals, and actual media campaign budget and results of ongoing implementation.</p>

<p>2. Conduct assessment of drug education needs (toolkits) of K-12 school staff in La Crosse County Schools including principals, school counselors, police liaison officers, at-risk coordinators and other staff.</p>	<p>a. Meet with school district principals/staff to seek permission to collect feedback from school counselors, police liaison officers, teachers, principals and others.  b. Develop survey questions  c. Conduct face to face interviews  d. Report findings</p>	<p>K-12 assessment inventory and results; key findings and recommendations. Adoption of recommendations of programs, policies and practices.  Community perception survey, YRBS and other results.</p>
<p>3. Conduct town hall meetings and public forums with all La Crosse County municipalities</p>		<p>Dates and outcomes from town hall meetings, number in attendance, involvement from community organizations and individuals, partnerships created and sharing of information and resources</p>
<p>4. Develop website for information, FAQ's, resources, tools, links, speakers</p>		<p>Increased public awareness of prevention, treatment and services.</p>
<p>5. Create funding/sustainability</p>		

## Overarching Goal

Reduce heroin, opioids, and prescription drug overdose deaths in La Crosse County

### Goal 4

Early Intervention to Treatment and Recovery

<b>Coalition Objective</b> (Use SMART criteria)	<b>Activities / Timeline / Lead Agency or Individual Responsible</b>	<b>Outcomes and Measure of Success</b>
1. Support alternative sanction programs/drug court	a. HTF write letters of support to advocate for alternative programs such as the Second Chance Program.	Increased assistance, awareness, and knowledge of employment for those in recovery and those released from incarceration.
2. Work with Child Protective Services	b. Collaborate with Child Protective Services staff	
3. Expand the treatment window	c. Support medicated assisted withdrawal	Improved recovery outcomes (reduce relapse and drug use, increased employment, increased positive productivity among those in recovery, decrease in crimes and other negative drug related outcomes)
4. Conduct early screening interventions for substance abuse, depression, and mental health.	d. Consider exploring UWL Student Health Center to conduct screenings. e. Target college students from Viterbo, UWL, WTC, and Globe University.	Prevention of drug use and early intervention of prevention and treatment, making recovery more likely.
5. Increase support systems for those in recovery.		

6. Support medicated assisted withdrawal		
7. Create funding/sustainability		

**Overarching Goal**

Reduce heroin, opioids, and prescription drug overdose deaths in La Crosse County

**Goal 5**

Improve Mental Health care

<b>Coalition Objective</b> (Use SMART criteria)	<b>Activities / Timeline / Lead Agency or Individual Responsible</b>	<b>Outcomes and Measure of Success</b>
1. By December 31, 2014, provide and enhance heroin and illicit drug training cross training and collaboration with La Crosse County Mental Health Coalition, Health and Human Services staff and other mental health providers and clinicians. Training may include focus on prescription medications and over doses, encouraging clients to dispose of unused medications, and educating family and other members about the warnings of heroin, other illicit drugs and substances. Provide educational messages for the mental health care community, which will be accomplished through intersecting with public health networks, professional associations, newsletters, and lunch and learn opportunities,	a.	Meeting dates, names of those in attendance, and outcomes from collaborations and cross training, new programs, changes, policies or practices developed.
2. Increase resiliency training opportunities especially among youth		

<p>3. Promote and support evidence-based screening and early intervention for mental health and substance abuse.</p>	<ul style="list-style-type: none"> <li>b. Increase adoption and reimbursement of SBIRT (Screening, Brief Intervention and Referral to Treatment) billing codes by commercial and public insurance plans, including Medicaid.</li> <li>c. Expand the provision of SBIRT services by training more health providers so they are skilled in offering these services.</li> </ul>	<p>Increased use of SBIRT services. Number of health providers trained in SBIRT, including MI or motivational interviewing.</p>
<p>4. Expand and increase the network to prescribe treatment for heroin abuse and provide new opportunities for psychologists and therapists to get involved in pharmacotherapy-based substance abuse treatment.</p>		<p>Expansion of network, number of new opportunities for psychologists and therapists to get involved in pharmacotherapy-based substance abuse treatment.</p>
<p>5. Create funding/sustainability</p>		

## Overarching Goal

Reduce heroin, opioids, and prescription drug overdose deaths in La Crosse County

### Goal 6

Improve Overdose Interventions

<b>Coalition Objective</b> (Use SMART criteria)	<b>Activities / Timeline / Lead Agency or Individual Responsible</b>	<b>Outcomes and Measure of Success</b>
1. Narcan	<ul style="list-style-type: none"><li>a. The County Sheriff, La Crosse PD, and other law enforcement agencies will actively participate in carrying Narcan.</li><li>d. Provide training to law enforcement agencies on proper administration of Narcan.</li></ul>	Reduce the number of deaths due to heroin overdose in La Crosse County.
2. Educating inmates, users, and various target populations in the community.	<ul style="list-style-type: none"><li>e. Ongoing drug education available to meet the different needs of inmates.</li><li>f. Provide Narcan education for inmates and users.</li><li>g. Identify other at risk populations to target in the community.</li><li>h. Provide additional overdose preventions to various target populations.</li></ul>	Prevention of reoccurring drug use and reducing the number of overdoses and deaths due to heroin in La Crosse County.
3. Support and seek passage of Nygren HOPE legislation.	<ul style="list-style-type: none"><li>i. Senator Nygren presented HOPE legislation on January 30<sup>th</sup> task force meeting.</li><li>j. Senator Jennifer Schilling, Representative Lee Nerison, and Representative Jill Billings have support for the bill.</li><li>k. The task force wrote a letter of support for the HOPE legislation.</li></ul>	Reduce heroin overdoses and death throughout Wisconsin.
4. Explore expanding and supporting the needle exchange program.	<ul style="list-style-type: none"><li>l. Acquiring funding for more kits.</li><li>m. Providing more Narcan training for needle exchange users.</li></ul>	
5. Create funding/sustainability		

**Next Steps:**

Additional funding: The task force will seek funding from a variety of resources including local foundations, state and federal level funds. In addition, the Task Force recommends that at a minimum, that La Crosse County maintains a facilitator at for at least 15 hours per week to carry out the task force's top 3-5 recommendations.

**Contacts:**

Heroin Task Force Facilitator:

Al Bliss, Health Educator  
La Crosse County Health Department  
300 N 4<sup>th</sup> Street  
La Crosse, WI 54601  
Phone 608/ 789-4820  
Email: [abliss@lacrossecounty.org](mailto:abliss@lacrossecounty.org)

Co-Chairs:

Keith Lease, Co-Chair, Executive Director Coulee Council on Addictions  
608)784-6302, [keith@couleecouncil.org](mailto:keith@couleecouncil.org)

Mike Desmond, Co-Chair, Executive Director Boys and Girls Club La Crosse  
(608)784-3735, [mike.desmond@bgcgl.org](mailto:mike.desmond@bgcgl.org)

# La Crosse County Heroin and Illicit Drug Task Force Members and Participants

## Task Force Members

## Title / Organization

Keith Lease, co-chair	Executive Director, Coulee Council on Addictions
Mike Desmond, co-chair	Executive Director, Greater La Crosse Boys and Girls Club of La Crosse
Vicki Burke	La Crosse County Board
Gregg Cleveland	Chief of La Crosse Fire Department
Megan Devore	Deputy Corporation Council, La Crosse County
Steve Helgeson	Sheriff, La Crosse County
Monica Kruse	La Crosse County Board
Laura Runchey	AIDS Resource Center of Wisconsin, La Crosse
Shawn Kudron	Captain, La Crosse Police Department
Dean Whiteway, MD	Tomah VA
Tom Tornstrom	Director, Tri-State Ambulance
Emily Whitney, Ph.D	Professor, University of Wisconsin La Crosse
Chris Eberlein, M.D.	Gundersen Health Systems
Ted Thompson M.D.	Addiction Medical Solutions, Onalaska
Barbara Dalton	Counselor, School District of La Crosse
Emily Lodoen	Community Member
Joe Chilsen	Mayor, City of Onalaska

La Crosse Tribune	
Other Media	
Mike Kiefer	La Crosse County Jail
Dennis Montabon	Criminal Justice Management Council, former Circuit Court Judge
Jane Klekamp	Justice Sanctions, La Crosse County
Al Bliss	Health Educator and Heroin Task Force Support Staff , La Crosse County Health Dept.
Rebecca Pein	
Jason Bertrand	Wellness Coordinator, UW La Crosse
Tim Candahl	Medical Examiner, La Crosse County
Heather Roellig	
Jason Melby	Captain, La Crosse Police Dept.
Ge Vang	Western Technical College
Pat Hogan	Lt., La Crosse Police Dept.
Robert Lawrence	Capt., La Crosse Police Dept.
Tom Johnson	La Crosse County Sheriff's Dept. – MEG Unit (Metropolitan Enforcement Group)
Robert Walensky	
Jodi Widuch	Family Resources
Rachel Garbers	Gundersen Health System
Duane Teschler	
Natalie Carlisle	Drug Free Communities, Monroe County
Anne Jungen	Reporter, La Crosse Tribune
Mark Taylor	

Bob Bablitch	Gundersen Health Systems
William Bucknam, MD	Gundersen Health System
Bruce Kerr, MD	Gundersen Health System
Rita Von Haden	Coulee Council on Addictions
County Board Chair	Tara Johnson
County Administrator	Steve O'Malley
County Clerk	Amy Twitchell
Corporation Counsel	
Human Services	Renee Weston
Health Department	Doug Mormann, MPH, Health Director
Facilities	
Medical Examiner	Tim Candahl
<b>OTHERS CONT.</b>	
Steve Pearson	
Mackenzie Helf	Health Education Intern, La Crosse County Health Dept
Pat Ruda	Addiction Medical Solutions
Bridget Todd	
Mary Jacobson	
David Hill	
Thomas Harris	
Mickey Collins	
Karin Johnson	La Crosse County Board
Michael Dreyer	
Rita Zindorf	
Terrie Hoffmann	Community member
Rhonda Olafson	Community member
Lacie Ketelhut	CESA #4
Tracy Herlitzke	CESA #4
Quinn Devlin	CESA #4
Eric Tempelis	
Jason Larsen	United Way
Jamie Korn	United Way
Jon Meiman, MD	
Jenn Timm	Supervisor, Integrated Health Recovery Services, La Crosse County
Erica Wherry	Hiawatha Valley Mental Health
Bev Trussoni	Social Service Specialist, La Crosse County
Loren Carrell	Pharmacist, Gundersen Health System
Lisa Meyer	Pharmacist, Gundersen Health System
Ryan Yakowicz	DDS
Karen Roellich, RN	Executive Director, Spring Brook Assisted Living