

State of Wisconsin

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Joint Committee on Finance

MEMORANDUM

To: Members
Joint Committee on Finance

From: Senator Alberta Darling
Representative John Nygren

Date: April 17, 2017

Re: s. 16.515/16.505(2), Stats. Request

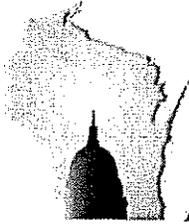
Attached is a copy of a request from the Department of Administration, received April 17, 2017, pursuant to s. 16.515/16.505(2), Stats., on behalf of the Department of Justice.

Please review the material and notify **Senator Darling** or **Representative Nygren** no later than **Thursday, May 4, 2017**, if you have any concerns about the request or if you would like the Committee to meet formally to consider it.

Also, please contact us if you need further information.

Attachments

AD:JN;jm



**WISCONSIN DEPARTMENT OF
ADMINISTRATION**

SCOTT WALKER
GOVERNOR
SCOTT A. NEITZEL
SECRETARY
Office of the Secretary
Post Office Box 7864
Madison, WI 53707-7864
Voice (608) 266-1741
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Date: April 13, 2017
To: The Honorable Alberta Darling, Co-Chair
Joint Committee on Finance
The Honorable John Nygren, Co-Chair
Joint Committee on Finance
From: Scott A. Neitzel, Secretary
Department of Administration
Subject: s. 16.515/16.505(2) Request(s)

APR 17 2017
Jt. Finance

Enclosed are request(s) that have been approved by this department under the authority granted in s. 16.515 and s. 16.505(2). The explanation for each request is included in the attached materials. Listed below is a summary of each item:

<u>AGENCY</u>	<u>DESCRIPTION</u>	<u>2015-16 AMOUNT</u>	<u>FTE</u>	<u>2016-17 AMOUNT</u>	<u>FTE</u>
DOJ 20.455(2)(k)	Interagency and intra- agency assistance				1.0*

*Project position ending 04/14/2020.

As provided in s. 16.515, the request(s) will be approved on May 4, 2017, unless we are notified prior to that time that the Joint Committee on Finance wishes to meet in formal session about any of the requests.

Please contact Kirsten Grinde at 266-1353, or the analyst who reviewed the request in the Division of Executive Budget and Finance, if you have any additional questions.

Attachments

Date: April 4, 2017
To: Waylon Hurlburt
From: Andrew Potts
Subject: Section 16.505(2) Request

Attached is a s. 16.505(2) request analysis for your approval and processing. Listed below is a summary of each item:

DOA RECOMMENDATION:

<u>AGENCY</u>	<u>DESCRIPTION</u>	<u>2015-16</u>		<u>2016-17</u>	
		<u>AMOUNT</u>	<u>FTE</u>	<u>AMOUNT</u>	<u>FTE</u>
DOJ 20.455(2)(k)	Interagency and intra-agency assistance				1.0*

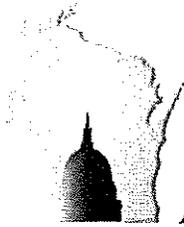
* Project position ending 04/14/2020.

AGENCY REQUEST:

<u>AGENCY</u>	<u>DESCRIPTION</u>	<u>2015-16</u>		<u>2016-17</u>	
		<u>AMOUNT</u>	<u>FTE</u>	<u>AMOUNT</u>	<u>FTE</u>
DOJ 20.455(2)(k)	Interagency and intra-agency assistance				1.0*

* 3-year project position.

WRH APPROVAL WRA (FORWARD TO GAIL TAPPEN)



**WISCONSIN DEPARTMENT OF
ADMINISTRATION**

SCOTT WALKER
GOVERNOR
SCOTT A. NEITZEL
SECRETARY

Division of Executive Budget and Finance
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Date: April 4, 2017

To: Scott A. Neitzel, Secretary
Department of Administration

From: Andrew R. Potts
Executive Policy and Budget Analyst

Subject: Request under s. 16.505(2) from the Department of Justice to create position authority for 1.0 FTE project position.

Request:

The Department of Justice requests the creation of 1.0 FTE three-year project position to collect and analyze criminal data related to drug overdose deaths.

Revenue Sources for Appropriation(s):

The revenue source for the position is a transfer from the Department of Health Services via the interagency and intra-agency assistance appropriation under s. 20.455(2)(k). The appropriation is a program revenue, all moneys received appropriation, and any expenditure authority adjustments will be handled administratively. The Department of Health Services funding is derived from a federal grant from the Centers for Disease Control.

Background:

Wisconsin and the rest of the nation are in the midst of an opioid abuse epidemic. Opioids are synthetic or naturally-derived substances that bind with opioid receptors in the brain to block pain. At high levels, opioids can cause an overdose which leads to severe respiratory depression and possibly death. According to the Department of Justice, an average of 91 Americans die each day from overdoses of prescription opioids and heroin.

The Centers for Disease Control awarded the Department of Health Services' Division of Public Health a Prescription Drug Overdose: Prevention for States program supplement grant in the amount of \$876,000 annually for three years. Prescription Drug Overdose: Prevention for States is a program that is designed to provide state health departments with resources and support needed to prevent prescription drug overdoses. Under the program, 29 states have received grant funding, with grant awards between \$750,000 and \$1,000,000 annually.

Analysis:

On September 22, 2016, the Governor signed Executive Order #214, which established the Governor's Task Force on Opioid Abuse. The task force was directed to gather data and develop recommendations on how best to handle Wisconsin's opioid epidemic. On 2016, the task force released its report of recommendations to the Governor, titled Combating Opioid Abuse. Among its recommendations, the report stated, "[d]ata is a key to seriously tackling any statewide issue." The report recommended the creation of a data analysis center staffed by 3.0 FTE positions to track and analyze data related to opioids. The Department of Justice has indicated that most of this work can be performed by existing departmental personnel using base resources; however, the department would need an additional 1.0 FTE project data analyst position to fully implement the report's recommendation. Without the creation of this new position, the department believes that it will not be able to perform other critical data analytical support on programs such as the treatment, alternatives and diversion program and the frequent sobriety testing pilot program.

The 1.0 FTE project data analyst project position would collect and analyze criminal justice data, collaborate with the Department of Health Services, and collaborate with law enforcement entities. As previously mentioned, the Centers for Disease Control awarded the Department of Health Services a grant in the amount of \$876,000 annually for three years. The Department of Health Services is in the process of establishing a contract to support the data collection efforts of the Department of Justice with approximately \$250,000 of the Centers for Disease Control grant dollars. The goal of the contract is to "build the capacity to establish sustainable, regional overdose death reviews in local communities across the state to improve information sharing across sectors, and develop and implement prevention and intervention strategies to prevent overdose death." The proposed contract between the Department of Justice and the Department of Health Services includes \$85,334 annually to fund the 1.0 FTE data analyst project position.

The breakdown of costs for the 1.0 FTE data analyst project position is as follows:

Budget Category	Annual Amount
Salary	\$60,320
Fringe Benefits	\$23,688
Supplies and Services	\$1,224
Travel	\$102
Total	\$85,334

The Department of Safety and Professional Services and the Controlled Substances Board operate the Prescription Drug Monitoring Program (PDMP). The monitoring program is a computer database system that records prescriptions for monitored prescription drugs. After dispensing a controlled substance, a pharmacist or medical

Scott A. Neitzel, Secretary
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practitioner must submit prescription information to PDMP no later than 11:59 p.m., of the next business day. The original intent of PDMP was to prevent drug addicts from "doctor shopping," by providing medical professionals with an easily accessible list of individuals who have been prescribed controlled substances.

Additional data collection requirements are included in 2015 Wisconsin Act 268. Act 268 requires a law enforcement officer who encounters a suspected criminal violation involving a controlled substance, receives a report of a stolen controlled substance, or encounters an opioid-related overdose or death to collect the following information:

- The name and birth date of the person involved in the violation, theft, overdose or death;
- The name of the person to whom the controlled substance were prescribed;
- The name of the prescribing medical practitioner;
- The prescription number; and
- The name of the controlled substance.

The information collected by the law enforcement officer must be submitted to his or her employing law enforcement agency. The law enforcement agency must provide the information to PDMP. If the law enforcement agency determines that submitting the information would interfere with an active criminal investigation, the agency may delay submitting the information until the investigation concludes. The Department of Safety and Professional Services may share the submitted information via PDMP with any to relevant medical practitioners, pharmacists or other entities entitled to view PDMP records. The Department of Justice has indicated that the requested position will not directly interact with PDMP, but that the department will seek access to data generated by PDMP.

The Centers for Disease Control Prescription Drug Overdose: Prevention for States program supplement grant has been awarded to Wisconsin for the next three years. The department has indicated that it does not know if funding will continue after the initial three-year period; however, the department also indicated that the Centers for Disease Control will likely continue to offer funds to combat prescription drug overdoses. At this point the department is seeking a three-year project position, but may seek an extension of the project term or conversion to a permanent position at the end of the three years.

Recommendation:

Approve the request for the creation of a 1.0 FTE three-year project position, ending April 14, 2020, within the Department of Justice.



STATE OF WISCONSIN
DEPARTMENT OF JUSTICE

BRAD D. SCHIMEL
ATTORNEY GENERAL

Paul Connell
Deputy Attorney General

17 West Main Street
P.O. Box 7857
Madison, WI 53707-7857

February 6, 2017

Mr. Waylon Hurlburt, Administrator
Division of Executive Budget and Finance
Department of Administration
101 East Wilson Street, 10th Floor
Madison, WI 53702

Dear Mr. Hurlburt:

Under Wis. Stat. § 16.505(2), the Department of Justice requests 1.0 full-time equivalent (FTE) project program revenue position in the law enforcement services interagency and intra-agency assistance appropriation under § 20.455(2)(k). The position will be funded for three years by a federal grant awarded by the Centers for Disease Control to collect and analyze criminal justice data in support of an initiative to reduce prescription drug overdose deaths in Wisconsin.

Background

According to the Centers for Disease Control (CDC), the United States is in the midst of an opioid overdose epidemic. On average, 91 Americans die each day from overdoses of prescription opioids and heroin, and the number of deaths from prescription opioid use, including oxycodone, hydrocodone and methadone, have more than quadrupled since 1999.¹

The Wisconsin Department of Health Services (DHS) was awarded a three-year CDC grant for a multi-agency, multi-disciplinary project to establish sustainable, regional overdose fatality reviews in communities throughout the state to prevent overdose deaths through improved information sharing across sectors and the development and implementation of prevention and intervention strategies. Under the grant, the Department of Justice (DOJ) will work cooperatively with the DHS, local agencies, and staff from the University of Wisconsin and Medical College of Wisconsin to establish and support the regional opiate fatality reviews.

1. CDC. Wide-ranging online data for epidemiologic research (WONDER). Atlanta, GA: CDC, National Center for Health Statistics; 2016. Available at <http://wonder.cdc.gov>.

10.8

Specifically, DOJ personnel will:

- Coordinate and integrate timely sharing of public safety information, including real-time data sharing with the High Intensity Drug Trafficking Area (HIDTA) taskforce;
- Analyze and disseminate statewide data and recommendations;
- Encourage public safety investment and participation throughout the state with existing DOJ partners, including law enforcement agencies and Criminal Justice Coordinating Councils;
- Leverage existing partnerships and infrastructure associated with the Treatment Alternatives and Diversion programs (TAD) to assist in the implementation of recommendations developed from the reviews;
- Provide information from DOJ and HIDTA taskforce investigations on people, places and types of opioids involved in the reviewed deaths, and
- Distribute subgrants to local jurisdictions to coordinate fatality review team development, monthly death reviews, data entry and information sharing.

The majority of this effort will be performed by existing DOJ personnel using base resources. However, the department will need an additional 1.0 FTE project analyst position for the three-year term of the grant to collect and analyze criminal justice data, collaborate with DHS analysts on identifying data linkages, develop data briefs for use by state and local organizations, track data and recommendations from reviews, and liaise with local law enforcement agencies, TAD programs, and Criminal Justice Coordinating Councils. This work cannot be performed by existing staff without reducing essential analytical support to other high priority and cost-effective diversion initiatives, including the TAD programs and frequent sobriety testing pilot program.

The final report of the Governor's Task Force on Opioid Abuse² notes that, "data is a key to seriously tackling any statewide issue" and recommends funding 3.0 FTE data analyst positions to develop data to inform the state's needs assessment and statewide strategic plan and for distribution to local governments, law enforcement agencies, community coalitions, hospitals and service providers to improve the targeting of resources. This position will support those critical activities using federal funding to ensure efforts to address the opiate epidemic are based on effective, measurable strategies and a timely and accurate understanding of the challenges.

Revenue Source

The grant was awarded to the Department of Health Services, which will reimburse the Department of Justice for costs incurred in support of the grant, including \$85,334 per year for a data analyst. The budget will be determined annually under a contract between the DHS and DOJ.

2. Governor's Task Force on Opioid Abuse. Combating Opioid Abuse. Madison, WI. 2016. Available at <https://hope.wi.gov/Documents/ReportOnCombatingOpioidAbuse.pdf>.

The department's interagency and intra-agency assistance appropriation under Wis. Stat. § 20.455(2)(k) is a continuing program-revenue services appropriation used to support law enforcement assistance activities funded by revenues received from other state agencies or from other programs within the department.

Thank you for your consideration of this request. If you have questions or require additional information, please contact Michelle Gauger at gaugermc@doj.state.wi.us or (608) 267-6714.

Sincerely,

A handwritten signature in cursive script that reads "Bonnie L. Cyganek".

Bonnie L. Cyganek, Administrator
Division of Management Services

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Project Narrative

This Supplemental grant proposes to further the work of the CDC PDO PFS grant **Strategy 2: Community or Insurer/Health System Interventions** in three ways: a) Multi-Agency Opioid Overdose Reviews; b) Health Care System Approach; and c) Expansion of the Academic Detailing Model.

A: Multi-Agency Opioid Fatality Reviews

Background and Understanding

Kenosha County, ranked as having the highest opioid overdose death rate in the state, uses an adult death review process to provide context and drive action pertaining to their two leading causes of death – suicide and drug overdose. Deaths are reviewed quarterly, and members of the multi-disciplinary review team in Kenosha are the key leaders for the planned coalition building and prevention work, as one of the pilot areas in PFS grant. The City of Milwaukee has a Homicide Review Commission (MHRC) that facilitates real-time information sharing around violent deaths in a trusted forum to elicit agency and system change. The MHRC is made up of criminal justice professionals, community service providers, public health professionals, public officials, and residents to exchange information regarding the city's homicides and near fatal shootings and to identify methods of prevention. Through this process, trends, gaps, and deficits within the already existing systems and programs designed to prevent and reduce violence are identified, and recommendations are made to strengthen these systems and programs. The MHRC will be used as a model for the Opioid Overdose Death Reviews (ODRs).

Overdose deaths are a multifaceted issue requiring a coordinated, multi-sector response. We are proposing to build upon the extensive experience of the Kenosha Adult Fatality Review's (KFR) focus on opioid overdose deaths and the Milwaukee Homicide Review Commission (MHRC) model to develop multi-agency opioid overdose death reviews. These reviews will include cross sector participation (public health, public safety, emergency medical services, medical examiner, poison control, physicians, pharmacies, etc.); coordinate and integrate timely information sharing between public health and public safety (within 30 days of event); coordinate and integrate real-time data sharing with High Intensity Drug Trafficking Areas (HITDA) for emerging hotspots and deployment of prevention strategies; facilitate the identification of system issues and gaps; examine agency-specific and system policy and procedure to improve efficiencies and effectiveness; supplement overdose death surveillance data from death certificates, other data from Wisconsin (WI) Office of Health Informatics (OHI) enhanced surveillance system, medical examiner/coroner reports and provide data to WI Violent Death Reporting System (WVDRS); provide context to the surveillance data; and develop innovative prevention and intervention strategies.

Per the Supplemental FOA, CDC supports the establishment of collaborative overdose fatality review teams to identify overdose risk factors and missed opportunities for prevention, and mentions the importance of coordinating with HITDAs to utilize law enforcement/seizure data for better identification of target areas in local communities.

Goals and Evaluation Objectives

The overall goal is to establish sustainable, overdose death reviews in local communities across the state to better understand the context and take immediate action to prevent future overdose deaths. Objectives are listed in the work plan.

Methods and Approach

The first six months will be devoted to the development of template materials to assist with the process of initiating and running an ODR, tracking mechanisms and structure for implementing recommendations, and sharing information and experience with DHS and Wisconsin Department of Justice (DOJ). ODRs will be conducted in Kenosha and Milwaukee by mid-Year 1. The ODRs will roll out in two additional communities in the latter half of Year 1. The communities will be selected based on need, interest, and commitment to implement. In Years 2 and 3, template materials will be refined and an additional four communities annually will be recruited to conduct ODRs. Local community death data will be provided directly to the WVDRS. The additional data and recommendations developed out of the ODRs will be forwarded to DHS and DOJ for statewide analysis, dissemination, and policy development. Developing a strong partnership between DHS and DOJ is critical to addressing the opioid epidemic in Wisconsin. The Attorney General will assist with garnering public safety participation and data across the state. There are many bureaus, labs, and programs within DOJ that have an important role to play in reducing opioid overdose deaths. Specific to this project, DOJ funds the state-funded Treatment Alternative and Diversion (TAD) Program which provides state funding to develop and implement alternatives to incarceration for non-violent offenders who abuse drugs or alcohol. Counties receive TAD funds from stakeholder oversight committees to develop comprehensive and holistic approaches for treating eligible offenders. Through the state budget process, the TAD Program has increased their annual budget, with an additional \$2 million in 2016, further expanding evidence-based practices to additional counties throughout the state. DHS will leverage the TAD Program and the existing partnerships between DOJ and DHS, as a potential funding mechanism for ODR sustainability. The TAD coordinating committees in each funded community can serve as the local leadership teams to assist in the implementation of recommendations developed out of the ODRs. Division of Criminal Investigation's leadership is part of the HITDA Board and their investigators could take an active role in the ODRs providing valuable information on the people, places, and type of opioid involved in deaths reviewed. DOJ's Bureau of Justice Information and Analysis, Crime Labs, Division of Law Enforcement Services, Training and Standards Bureau, and State Prosecutor's Education and Training will also be key partners. The DOJ is committed to the development of ODRs statewide and will contribute \$70,000 in support beginning July 1, 2016 to begin the process of developing template materials for ODRs. There is also the potential for them to contribute in Years 2 and 3. Data sources include: Medical Examiner/Coroner death reports, OHI, law enforcement and WVDRS. Key indicators for each of the objectives are listed in the work plan. Potential limitations include consistent reporting of data across local communities.

Management and Staffing

Supplemental Project Coordinator: In collaboration with the PDO PfS team—Coordinator, Outreach Specialist, Communications Specialist and Epidemiologist, a Supplemental Project Coordinator will be contracted through the University of WI Population Health Institute to provide oversight of this project along with the MCW-Health Care Systems (MCW-HCS) project described later in this document. Through a contract with Medical College of Wisconsin (MCW)-ODRs, a **Training and Technical Assistance (TTA) Provider (.6 FTE):** Mallory O'Brien, PhD, will assist with the facilitation of the death review in each community (first six months) and then assist each community in identifying the appropriate agency to facilitate reviews and data

collection, while continuing to provide ongoing guidance. In Years 2 and 3, the TTA provider will assist four additional communities per year in the development and implementation of ODRs. Dr. O'Brien has extensive experience with the NVDRS and death reviews. Department of Justice will hire an **Analyst** who will assist with access to, collection, and analysis of criminal justice data; collaborate with DHS OHI for possible data linkages; development of data briefs for state and local consumption; maintain tracking system of data developed out of reviews and recommendations made; and act as liaison with local law enforcement agencies, Treatment Alternatives and Diversion (TAD) Programs and Criminal Justice Coordinating Councils (CJCCs). Monies will be distributed by DOJ to local jurisdictions (4 each year over the 3 year grant cycle) to coordinate ODR team development and monthly ODRs. They will coordinate and assure data entry and provide data to the WVDRS and OHI as appropriate. They will be provided a coding manual and trained on the NVDRS overdose module variables and entry into the WVDRS. **WVDRS Program Coordinator (.1 FTE in-kind):** Brittany Grogan will provide training on the overdose module variables to each ODR Coordinator. Ms. Grogan is the WVDRS Coordinator for over one year and has over four years of experience accessing, collecting, linking, editing, managing, and analyzing death surveillance information.

3. WORK PLAN

Strategy A: MCW--Opioid Death Reviews

Timeline	Objective	Activities	Indicator/Measure
Goal: Build the capacity to establish sustainable, regional overdose death reviews statewide to improve information sharing across sectors, develop and implement prevention and intervention strategies to reduce overdose death.			
09/01/16-8/31/19	Develop a training curriculum to expand reviews statewide.	Based on best practices in Kenosha and Milwaukee, build off of MHRC training curriculum, manual and materials.	Completed Manual and training materials
11/01/16-02/28/17	Develop a template data collection tool and protocol for information sharing for between public health and public safety agencies	Review best practices from KFR and MHRC processes/protocols for data collection tool. Determine additional information available through partners; develop tool to collect data to supplement CDC NVDRS module.	Data collection tool and protocol developed
01/01/17-8/31/19	Improve timely data sharing on overdose deaths between public health and public safety agencies	Identify appropriate agencies to participate in ODRs. Review data sharing requirements. Develop protocols for information sharing. Review HITDA, TAD and CJCC counties to determine readiness to participate in reviews.	# of public health and public safety agencies committed & sharing data
01/01/17-8/31/19	Develop framework and infrastructure for implementation of strategies regionally and statewide	Through focus groups with HITDA, TAD, CJCCs and WI CJCC, determine framework and infrastructure for development and implementation of ODR recommendations.	Implementation plan
01/01/17-8/31/19	Convene sustainable ODRs in 4 counties	Train and pilot ODRs in Kenosha and Milwaukee. Select 2 additional counties based on readiness, commitment and overdose rates, train counties, and conduct initial ODRs.	Reviews convened; supplemental data captured; recommendations developed and implemented

**CONTRACT NAME: Department of Justice – Overdose Fatality Reviews (OFR)
(9/2016 – 8/2017 - \$254,044)**

Goal: Build the capacity to establish sustainable, regional overdose death reviews in local communities across the state to improve information sharing across sectors, and develop and implement prevention and intervention strategies to prevent overdose death.

TIMELINE	OBJECTIVE AND TASKS	DELIVERABLES
Complete by March 30, 2017	Develop a training curriculum, based on training materials and manual used with Kenosha County SDART and Milwaukee Homicide Review to expand OFRs statewide	Completed manual and training materials
Complete by February 28, 2017	Review other models and adapt a data collection tool and protocol for information sharing between partner agencies and WVDRS	Data collection tool and protocol developed
Ongoing	Liaise with local law enforcement and High Intensity Drug Trafficking Areas (HIDTA)	Local law enforcement, including drug task force on OFR team
By March 30, 2017	Hire analyst at DOJ: <ul style="list-style-type: none"> Assist with access to, collection and analysis of criminal justice data, and collaborate with DHS OHI for data linkage 	Analyst hired
Ongoing	Set up & maintain tracking system of data collected out of OFRs, in collaboration with WVDRS	<ul style="list-style-type: none"> Tracking system for data capture Template reports developed
Ongoing	Develop framework and infrastructure for sharing recommendations and implementation of strategies locally, regionally or statewide	<ul style="list-style-type: none"> Infrastructure for sharing recommendations Implementation plans
Ongoing	Facilitate the initial formation of monthly fatality review team, set up processes to maintain regular reviews, and provide training and ongoing guidance	<ul style="list-style-type: none"> Training provided Overdose fatality review (OFR) formed OFRs are ongoing
Milwaukee, Kenosha and 3 rd community by March 30, 2017	Contract with local entity to facilitate OFR and capture data	Person(s) identified for communities to facilitate group and collect data
Complete by June 30, 2017	Identify and recruit agencies to participate in the OFRs at the pilot sites	List of multidisciplinary county-wide partners for each pilot community

Ongoing	Facilitate local OFR and provide OFR review data and recommendations to DHS & DOJ [\$ 100,000 – Year 1]	<ul style="list-style-type: none"> • OFRs convened • Public health and public safety agencies committed and sharing data • Recommendations made to partners, DHS & DOJ
Quarterly	Develop local data briefs for local partners	Data briefs developed by local community
Quarterly	Ongoing monitoring of progress and evaluation	Submit quarterly reflection and progress reports
June 30, 2017	Determine criteria and select communities for year 2	

BUDGET BREAKDOWN:

Budget Category	Data Analyst	TTA Provider	Local Communities	Total
Salaries (1 FTE)	\$60,320	\$ 83,844		\$ 144,164
Fringe Benefits (39.27%)	\$23,688	\$ 20,123		\$ 43,811
Supplies	\$ 1,224			\$1,224
Travel	\$ 102	\$ 6,120		\$ 6,222
Total Direct Costs	\$85,334	\$110,087		\$195,421
Indirect Costs	0	\$ 28,623		\$28,623
Contracts			\$100,000	\$100,000
Total Project Costs	\$85,334	\$138,710	\$ 100,000	\$324,044
		- \$70,000		- \$70,000
	\$85,334	\$ 68,710	\$100,000	\$ 254,044