Overdose Fatality Review

WAUKESHA COUNTY

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2025 Priority Recommendations

"Together, we can prevent substance related deaths"

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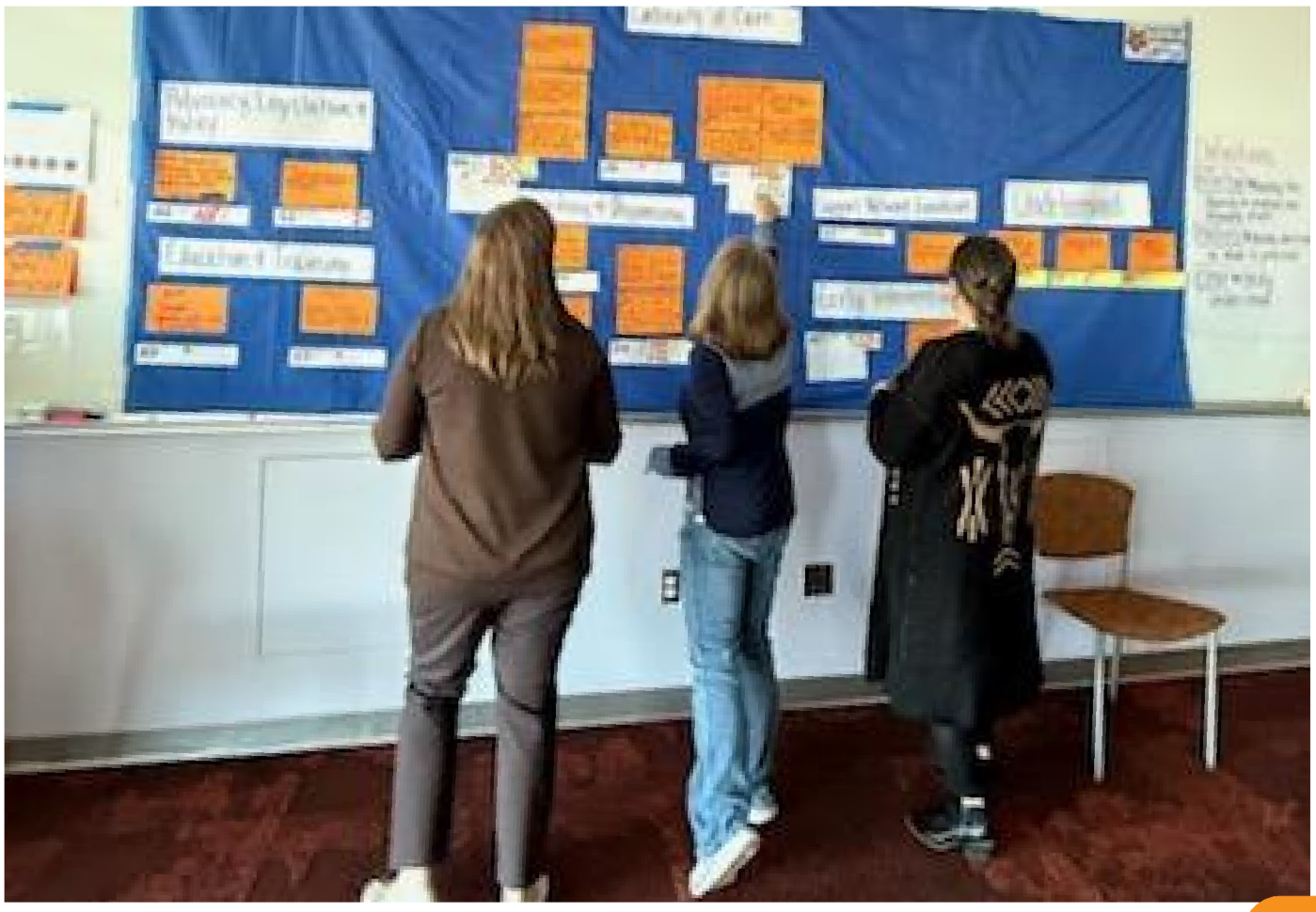
Activities Summary

On December 4, 2024, the Overdose Fatality Review Steering Committee convened for the first time, ever. During their time together they completed an Eisenhower matrix in an effort to prioritize recommendations proposed by the Core OFR team. Based on the results of that matrices, it was determined that the role of prioritizing recommendations was more aptly determined by the Core OFR team given their proximity to contextual data.

Therefore, on March 20, 2025, Waukesha County Public Health convened the first Overdose Fatality Review (OFR) "Recommendations Workshop" with the Core team.

The objective of the workshop was to distill down from 88 proposed recommendations to the top recommendations most likely to realistically and effectively reduce substance related deaths in the Waukesha County community.

This report serves to inform our stakeholders of the workshop activities and methods, priorities and suggested actions to reach these priorities.



2025 Priorities

1. In an emergency department, hospital, etc have an intervention to use Medications for Opioid Use Disorder following an overdose and access to more treatment, connections of services upon release.

2. Better discharge planning for carceral and healthcare settings including finding best fit & confirmed appointment date upon discharge for follow up care.

3. Establish a health alert network in collaboration with community partners.

4. Emergently prioritize buprenorphine in carceral settings and continue treatment after release. Explore opportunities with long acting buprenorphine as a strategy to make that easier.

5. Discharge from carceral settings with narcan.

6. Advocate for automatic enrollment in benefits upon discharge from an institution.

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Suggested Actions

- Advocate for policy support and resource allocation to implement the priorities.
- Lead, invest in and promote cross-collaborative initiatives that align with these priorities.
- Engage leaders, community members, people with lived and living experience, and private sectors to expand resources and drive innovation.
- Foster partnerships and strengthen coalitions within the community to broaden the impact of these priorities.
- Secure and leverage technology to enhance project management, data driven decision making and communication.
- Utilize available toolkits and evidence-based practices to guide implementation based on proven methodologies within local contexts.
- Explore inter-institutional agreements between organizations to improve gaps in care.
- Develop a framework for monitoring the implementation and effectiveness of the priority recommendations, providing regular reports to stakeholders.
- Create a feedback mechanism for continual opportunity to refine and optimize implementation and strategic methods.

Conclusion

By combining action and investments around these top 6 priorities, local leaders, coalition partners and steering committee members can contribute to a planful and purposeful implementation of the top priorities with the goal of effectively reducing and preventing substance related deaths in Waukesha County.

Structure & Methods

Participants

Multidisciplinary representatives included Lake Country Fire, Medical Examiner's Office, NAMI Southeast Wisconsin, Optum Insight, ProHealth Care, School District of Waukesha, Sixteenth Street Community Health Center, The Salvation Army, Vivent Health, Wisconsin Community Services, Wisconsin Department of Corrections, Waukesha County Department of Health and Human Services, and Waukesha County Public Health.

Methods

The workshop utilized facilitation methods designed to pool ideas, elicit collective wisdom and experience, value input, manage complex information and sustain community development.

Process

The workshop was facilitated using a 4 step funneling process. The team was asked to apply the adjectives "realistic," "effective," and "clear" to filter recommendations.

Activities included individual reflections, small group discussion and large group deliberations to reach a joint consensus.

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Gratitude

Special thanks to our Core OFR team who made our first recommendations workshop a success.

Matt Haerter & Tesla
Lake Country Fire

Sunnie Hirschfield
NAMI Southeast Wisconsin

Colleen Allen
Optum Insight

Jessica Knipfer
ProHealth Care

Jody Ebbinger Bentley
School District of Waukesha

Abby Gorecki
Sixteenth Street Community Health Centers

Matricia Patterson
The Salvation Army

Matt Shea
Village of Hartland Police Department

Ramon Martinez
Vivent Health

Felicia Behnke Shaw
Waukesha County Department of Health and Human Services

Lauren Koster
Waukesha County Department of Health and Human Services

Rebecca Luczaj
Waukesha County Department of Health and Human Services

Lisa Roberts, Vice Chair
Waukesha County Department of Health and Human Services

Kris Klenz
Waukesha County Medical Examiner's Office

Ashley Koscik, Secretary
Waukesha County Public Health

Ben Jones, Chair
Waukesha County Public Health

Courtney Nathan
Waukesha County Public Health

Frances Thomas
Waukesha County Public Health

Stephanie Engle
Waukesha County Public Health

Denise Rawski
Wisconsin Community Services

Karen Sharp
Wisconsin Department of Corrections

Questions or Comments?
Stephanie Engle, OFR Coordinator
sengle@waukeshacounty.gov

APPENDIX
OFR Core Proposed Recommendations
March 2024 – January 2025

2. Implement free Naloxone distribution in Hospitals.
3. Explore or research ketamine treatment for pain or pain alternatives (acupuncture, dry needling, homeopathic).
4. Naloxone in gas stations, etc.
5. Promote Buprenorphine in Hospitals, inspired by UW Madison model. Similar to injectable.
6. Facilitate access to peer support for overdose survivors.
7. Establish harm reduction kit distribution guidelines.
8. Encourage cross-agency collaboration for harm reduction.
9. Education on current ED discharge policy.
10. Educate landlords on harm reduction strategies.
11. Advocate for safe consumption sites and decriminalization.
12. Conduct campaigns to understand housing impact.
13. Increase communication with Justice Services.
14. Explore or research MOUD induction in the ED.
15. Stigma reduction training for ED doctors and healthcare workers.
16. Induce long acting injectable in ED (buprenorphine) – change model.
17. Policy change – Chapter 51.15 (forced hospitalization with medication to overdose victims).

    Helping low motivation individuals. System not currently set up for that.
18. Support systems once someone gets through legal systems. After drug treatment.
19. Peer support for people on probation.
20. Increase education on stimulant use to healthcare workers.
21. Expand informal support systems.
22. Support system in child custody battle – peer support.
23. Data development for Drug Treatment Court to voluntary support.
24. Informal support – Brave App (similar to Never Use Alone but calls emergency contacts).
25. Uplift Wisconsin warmline.
26. Public Health needs access to PDMP – Policy.
27. NOK interview – Release.
28. Workflow of prescribers – people don’t get cut off. Coordination with pain management

    subscribers for pain management plans. Education & coordination with prescribers.
29. Omni Channel Naloxone Distribution Information.
30. Signs and symptoms of an overdose handout – education with family.
31. Develop a Narcan Education handout – following all substance related events.

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32. Analyze substance related data by substance class.
33. Probation and parole – offer family education to the home person is being released to.
34. Evaluate availability and efficacy of treatment available in jails and prisons.
35. Education and connection to peer support – stigma around treatment.
36. Explore how accessible treatment is and what barriers exist.
37. Outreach to people who no call no show to appointments.
38. Increase grief support to family following a substance related death.
39. Expand support to the bereaved.
40. Increase cross-county collaboration to support grieving families.
41. Establish formalized support groups for the bereaved.
42. Increase access to diversion programs.
43. Explore what psychosocioemotional supports and resources are available in family court for minors whose parents are divorcing.
44. Data for people with divorced or parents with divorce and correlation to overdose in Waukesha County.
45. Establish a health alert network in collaboration with community partners.
46. Increase testing, monitoring and surveillance of the drug supply in collaboration with community partners at state and local levels.
47. Policy change for Chapter 51 to take into account – homelessness, suicidal ideation, etc. legal system.
48. Advocate for automatic enrollment in benefits upon discharge from an institution.
49. Expand Handle with Care Program.
50. Establish prevention and AODA resources across Waukesha County for school systems.
51. Psychological evaluation and parent education or school assessments for minors – utilize state standardized testing.
52. Require implementation of mental health providers in all schools.
53. Groups in the jails and jail social workers.
54. Emergently prioritize buprenorphine in carceral settings and continue treatment after release. Explore opportunities with long acting buprenorphine as a strategy to make that easier.
55. Better discharge planning for carceral and healthcare settings including finding best fit & confirmed appointment date upon discharge for follow up care.
56. Discharge with more than 5 days of actual/physical mental health meds.
57. Discharge from carceral settings with Narcan.
58. Navigating a way for clients to apply for health insurance upon discharge.

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59. When someone is discharging from any setting (across systems of care including carceral, treatment, etc.), work with families to support and educate to ensure home environment is safe (safety check).
60. Get mental health meds while incarcerated.
61. Increase support for victims of Domestic Violence and other crimes.
62. If Buprenorphine is dispensed in the jail it should be entered in the PDMP.
63. Easily accessible fentanyl test strips in bars and other settings where there is a high likelihood of substance use.
64. Medicaid waiver from the state to provide Medicaid while incarcerated.
65. Support to align with current opioid prescribing guidelines including Pain management system, shorter prescription, weaning off opioids.
66. In an emergency department, hospital, etc. have an intervention to use Medications for Opioid Use Disorder following an overdose and access to more treatment, connections to services upon release.
67. Explore how to infuse information from outside agencies to bring forth to OFR.
68. Access to information of state benefits and/or private health insurance for OFR.
69. Multidisciplinary interventions to avoid premature cessation of MOUD.
70. Looking at our response to sentinel overdose events.
71. Looking at our communities response to sentinel overdose events.
72. Comparing our sentinel response to other best practices.
73. Intentional navigation services post overdose release from the ED.
74. Educating providers on urine drug screenings if prescribing controlled substances and being able to interpret correctly.
75. Explore expanding MOUs with other counties for OWI treatment court and drug treatment court (surrounding counties)-DA.
76. Introduce 1, 3, 6 month follow up post programming.
77. Promoting never use alone and the brave app, as well as 988.
78. Increase access to transportation.
79. Treating alcohol use disorder as an overdose prevention strategy.
80. Expand the criteria for follow up after hospital discharge for patients with substance use disorders.
81. Standardize destigmatizing language in professions that might interact with people experiencing mental health or SUD.
82. Expand mental health services in the jail.

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83. Increase medication availability within the jail for behavioral health on what contract can prescribe. Policy change. I.E Antidepressant medication Research and Expanding the formularies available.
84. More providers in the jail behavioral health and treatment providers.
85. Discharge planning.
86. Affordable housing.
87. A place for sober living around here connected to or not connected to treatment.
88. Help for chronic pain, pain psychologists… education for improved referrals.
89. Expand case conferencing by exploring an MOU to share case details more effectively.