



MINUTES
Health and Human Services Board
 Government Center, Conf. Room A&B
 Balsam Lake, WI 54810
 10:00 a.m. Tuesday, October 10, 2017

Meeting called to order by Chair Bonneprise @ 10:00 a.m.
 Members present

Attendee Name	Title	Status
John Bonneprise	Chair	Present
Joe Demulling	Vice Chair	Present
Jim Edgell	Supervisor	Present
Doug Route	Supervisor	Present
Mike Prichard	Supervisor	Present
William Alleva	Citizen	Present
Vacant	Citizen	
Pamela DeShaw	Citizen	Present
Dr. Arne Lagus	Citizen	Present

Also present Marilyn Blake, Deputy County Clerk; Gretchen Sampson, Community Services Director; Dana Frey, County Administrator; Jeff Fuge, Corporation Counsel; Tonya Eichelt, Business and Operations Manager; Lisa Lavassear, Behavior Health Director; Brian Kaczmarek, Public Health Director and press

Approval of Agenda- Chair Bonneprise called for a motion to approve agenda. **Motion** (Alleva/DeShaw) to approve agenda. **Motion carried** by unanimous voice vote.

Approval of Minutes- Chair Bonneprise called for a motion to approve the minutes of the September 12, 2017 meeting. **Motion** (Edgell/ Route) to approve the minutes. **Motion carried** by unanimous voice vote.

Public Comment – None

Ms. Sampson introduced Brian Kaczmarek as the new Public Health Director. He had been in Public Health Preparedness. The board welcomed him to his new position.

Action Items

Mr. Frey explained the need for the HHS Technical Amendments to the budget. Chair Bonneprise called for a motion to approve the budget amendments. **Motion** (Alleva/Demulling) to approve and to send to the County Board recommending adoption. There was discussion. **Motion carried** by unanimous voice vote.

Mr. Fuge spoke to Resolution 72-17, Authorizing Involvement in Opioid Litigation, and what it could mean to Polk County. Chair Bonneprise called for a motion to approve. **Motion** (Lagus/Alleva) for the HHS Board to approve Resolution 72-17 and forward it to the County Board recommending adoption. There was discussion. **Motion carried** on a voice vote of 6 to 2 with “No” votes by Route and Prichard.

Discussion Items

Ms. Sampson advised the HHS Board that she had received an e-mail from Dr. Markert stating he had moved to Minnesota and that he resigned from the HHS Board. An appointment to fill the vacancy will be made through the normal appointment process and Ms. Sampson and Mr. Frey will review the applications with Mr. Frey will making the final appointment.

Motion (Alleva/Prichard) directing Director Sampson to draft a letter of appreciation for his service to Dr. Markert and have the BHHS sign it and forward it to the County Board asking Supervisors to sign and forward on to Dr. Markert. **Motion carried** by unanimous voice vote.

The October Legislative Event was cancelled.

A break was taken from 11:00 am to 11:10 am

Ms. Sampson discussed a webinar she had watched on October 5, 2017 presented by NALBOH (National Association of Local Boards of Health) which was about creating healthier communities. She provided handouts to the board with printouts of all of the slides and explained to them how they could go online and watch the webinar. It has suggestions for things board members could do outside of their board duties.

Heather Russo and Jaimie Weness gave an informal presentation on drug endangered children and how the CPS program works. They talked about the problems in Polk County and related that out of all the referrals they act upon and take into the Child Protection Service program about 45 per cent are related to drug or alcohol abuse by the parents or caregivers. Chair Bonneprise thanked them for their informative presentation.

Next meeting date is November 7, 2017 @ 10:00 a.m. (One week earlier due to County Board Meeting the same date)

Future Agenda Items:

Treatment Court from CJCC Information

Update regarding appointment to fill vacancy created by Dr. Markert's resignation

Motion (Prichard/Lagus) to adjourn. Chairman Bonneprise declared the meeting adjourned at 11:45 a.m.

Respectfully Submitted,
Marilyn Blake
Deputy County Clerk



POLK COUNTY, WISCONSIN

WWW.CO.POLK.WI.US

Sharon Jorgenson, County Clerk
100 Polk Plaza, Suite 110, Balsam Lake, WI 54810
Phone (715) 485-9226 Email Sharon.Jorgenson @co.polk.wi.us

***AMENDED* AGENDA AND NOTICE OF MEETING**

BOARD OF HEALTH AND HUMAN SERVICES

Government Center, 100 Polk County Plaza, Balsam Lake, WI 54810

Conference Room A&B

Tuesday, October 10, 2017 at 10:00 a.m.

A quorum of the County Board may be present

Materials: September 12, 2017 Minutes

- | | | |
|-------|--|------------------|
| 10:00 | 1. Call to order | Chair Bonneprise |
| | A. Approval of agenda | |
| | B. Approval of minutes for September 12, 2017 | |
| 10:05 | 2. Public comment (3 minutes) | |
| 10:10 | 3. Announcements and committee information | Dana Frey |
| | A. Introduction of new PH Director | |
| 10:20 | 4. Action Items | |
| | A. Budget amendments | Dana Frey |
| | B. *Recommendation on Proposed Resolution | Jeff Fuge |
| | Authorizing Involvement in Opioid Litigation | |
| 10:55 | 5. Discussion Items | |
| | A. Resignation of Board member Dave Markert | Gretchen Sampson |
| | B. October Legislative Event cancelled | |
| | C. NALBOH webinar: Creating Healthier Communities (Oct. 5) | |
| 11:10 | 6. Informational Presentations | |
| | A. Drug Endangered Children Presentation | TBD |
| 11:45 | 7. Adjourn | |

Items on the agenda not necessarily presented in the order listed. This meeting is open to the public according to Wisconsin State Statute 19.83. Persons with disabilities wishing to attend and/or participate are asked to notify the County Clerk's office (715-485-9226) at least 24 hours in advance of the scheduled meeting time so all reasonable accommodations can be made. Requests are confidential.

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Polk County Health and Human Services Board

Government Center, Conf. Room A&B

Balsam Lake, WI 54810

10:00 a.m. Tuesday, September 12, 2017

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Attendee Name	Title	Status
John Bonneprise	Chair	Present
Joe Demulling	Vice Chair	Present
Jim Edgell	Supervisor	Present
Doug Route	Supervisor	Present
Mike Prichard	Supervisor	Present
William Alleva	Citizen	Present
Dr. David Markert	Citizen	Absent
Pamela DeShaw	Citizen	Present
Dr. Arne Lagus	Citizen	Present

Also present Sharon Jorgenson, County Clerk; Gretchen Sampson, Administrator, Community Services Division; Lisa Lavoisier, Behavioral Health Director; Tonya Eichelt, Business & Finance Operations Director; Judge Jeffery Anderson, Branch 2 Circuit Court Judge; Michelle Gullickson, CJCC Coordinator; John Dinnies, Medical Examiner; and Dana Frey, County Administrator.

Approval of Agenda-Chair Bonneprise called for a motion to approve agenda. **Motion/Second by (Demulling/Route)** to approve agenda. The **motion carried by unanimous voice vote.**

Approval of Minutes- Chair Bonneprise called for a motion to approve the minutes of the August 8th, 2017 meeting. **Motion/Second by (Route/DeShaw)** to approve the minutes. The **motion carried by unanimous voice vote.**

Public Comment – Time was given for public comment. No public comment was received.

Discussion Items

Board received announcements from Administrator Frey regarding budget structure and process. Board received budget presentation and information from Administrator Frey. County Board members may propose amendments to budget, preferably in committee for recommendation to County Board. Timeline for budget process: October 10 Health & Human Services Board votes on amendments discussed and any additional amendments offered, October 17th Board Meeting County Board considers all amendments, November 14th budget is finalized and levy set for 2018.

Board received update from Ms. Sampson regarding communicable disease surveillance and control program reporting through electronic program WEDSS – Wisconsin Electronic Disease Surveillance System. Board received Cumulative Report on numbers of confirmed or probable diseases reported January through June 2017.

Board received information from Gretchen Sampson regarding 2017 Work Plan: upcoming agenda items - annual budget amendments in October. Board received general staffing information and updates, including Health Director interviews scheduled for September 20, 2017.

Board received information/presentation from Judge Jeffery Anderson regarding the Criminal Justice Collaborating Council. Board was introduced to Criminal Justice Collaborating Council (CJCC) Coordinator; Michelle Gullickson informed of duties of her position and programs she is working with.

Board received informational hand-out detailing statistics of annual caseload/deaths and presentation from John Dinnies, Medical Examiner regarding the role of the medical examiner.

Future Agenda items:

October – Annual budget amendments, Drug Endangered Children (DEC) presentation

November – Finalize Budget, Legislative event report, if applicable

December – Work plan for 2018, Update on Division Strategic Plan Progress.

Next meeting date is Tuesday, October 10, 2017 at 10:00 A.M.

Motion/Second by (Edgell/Lagus)to adjourn. Motion carried by unanimous voice vote. Chair Bonneprise declared meeting adjourned at 11:56 a.m.

Respectfully submitted

Sharon E. Jorgenson
Polk County Clerk

Department of Public Health

Gretchen Sampson, Director/Health Officer

DEPARTMENT REVENUE AND EXPENDITURES BY ECONOMIC CLASSIFICATION

	2016 Actual	2017 Budget	2018 Projected Budget	2018 Estimated Budget	Difference
Revenue					
General Property Tax	858,010	986,005	1,024,037	1,012,544	(11,493)
State Aids	1,071,243	957,377	764,732	748,203	(16,529)
License & Fees		45,000	45,000	50,000	5,000
Public Charge for Services	531,666	596,918	594,874	593,859	(1,015)
Intergovernmental Revenue	8,758				-
Other Financing Sources	-	-			-
Total Revenue	2,469,678	2,585,300	2,428,643	2,404,606	(24,037)
Expense					
Operating Expense	7,859	6,742	6,742	7,057	315
Personnel Services	1,856,853	1,952,052	2,004,573	1,975,975	(28,598)
Contractual Services	365,394	421,526	253,356	246,246	(7,111)
Supplies & Expenses	222,965	180,964	140,469	150,076	9,607
Fixed Charges	14,133	22,717	22,202	23,952	1,750
Grants, Contributions, Indem	15,076	1,300	1,300	1,300	-
Capital Outlay	-	-			-
Total Expenditures	2,482,281	2,585,300	2,428,643	2,404,606	(24,037)
Net Revenue and Expenditures	(12,602)	-	-	0	

Explanations for changes in Budget Amounts are as follows:

REVENUES:

General Property Tax	Increase in levy
Other Taxes	
State Aids	Reduction in grant revenue
Public Charge for Services	Increase in Medical Examiner Fees
Intergovernmental Revenue	Reduction in revenue/fees
Misc Revenue	

EXPENSES:

Operating Expense	increase in expenses for Bioterrorism
Personnel Services	staffing changes
Contractual Services	reduction in expenses and changes to IT Global Hardware and Computer Repair and Replace
Supplies & Expenses	Increase in operating expenses
Fixed Charges	Increase in state license fee
Grants, Contributions, Indem	
Capital Outlay	
Cost Reallocation	

EMPLOYMENT BY JOB CLASSIFICATION

	2016 Budget	2017 Budget	2018 Budget	2019 Budget
FTE Employees				
Officials/Administrators	1	1.6	1.6	1.6
Professionals	15.1	13.61	13.62	13.62
Technicians/Para-Professionals	0.45	0.32	0.32	0.32
Administrative Support	6.95	7.05	7.05	7.05
First/Mid Level Officials and Managers		1	1	1
Skilled Craft/Service Maintenance	0	0	0	0
Total	23.5	23.58	23.59	23.59

Golden Age Manor

Dana Reese, Administrator

DEPARTMENT REVENUE AND EXPENDITURES BY ECONOMIC CLASSIFICATION					
	2016 Actual	2017 Budget	2018 Estimated Budget	2019 Estimated Budget	Difference
Revenue					
Public Charge for Services	8,055,140	8,362,136	8,362,136	8,376,149	14,013
Total Revenue	8,055,140	8,362,136	8,362,136	8,376,149	14,013
Expense					
Operating Expenses	1,845,107	1,860,596	1,860,596	1,851,596	(9,000)
Personnel Services	5,917,158	6,054,977	6,054,977	6,054,977	-
Contractual Services	44,240	44,904	44,904	58,917	14,013
Supplies & Expenses	5,967	2,865	2,865	2,865	-
Fixed Charges	43,252	43,117	43,117	43,117	-
Capital Outlay	-	200,000	200,000	200,000	-
Cost Reallocation	130,682	155,677	155,677	164,677	9,000
Total Expenditures	7,986,406	8,362,136	8,362,136	8,376,149	14,013
Net Revenue and Expenditures	68,734	-	-	(0)	

Explanations for changes in Budget Amounts are as follows:

REVENUES:

General Property Tax	
Other Taxes	
State Aids	
Public Charge for Services	Increase in private pay revenues
Intergovernmental Revenue	
Misc Revenue	

EXPENSES:

Operating Expense	expense moved to asset fund
Personnel Services	
Contractual Services	Increase in Global Hardware and reduction in Computer Repair and Replace
Supplies & Expenses	
Fixed Charges	
Grants, Contributions, Indem	
Capital Outlay	
Cost Reallocation	Expense moved to asset fund

EMPLOYMENT BY JOB CLASSIFICATION

	2016 Budget	2017 Budget	2018 Budget	2019 Budget
FTE Employees				
Officials/Administrators	1	1	1	1
Professionals	9	9	9	9
Technicians/Para-Professionals	21.6	21.6	21.6	21.6
Administrative Support	4.2	4.2	4.2	4.2
Skilled Craft/Service Maintenance	74.05	74.05	74.05	74.05
Total	109.85	109.85	109.85	109.85

Department of Veterans Service Office

Rick Gates, Polk County Veteran Officer

DEPARTMENT REVENUE AND EXPENDITURES BY ECONOMIC CLASSIFICATION

	2016 Actual	2017 Budget	2018 Projected Budget	2018 Estimated Budget	Difference
Revenue					
General Property Tax	159,294	163,266	167,313	168,712	1,399
State Aids	16,433	14,000	14,000	14,000	-
Other Financing Sources		25,803			-
Total Revenue	175,727	203,069	181,313	182,712	1,399
Expense					
Personnel Services	137,188	140,160	144,031	143,756	(275)
Contractual Services	4,203	3,178	3,226	4,901	1,675
Supplies & Expenses	13,486	16,928	17,056	17,055	(1)
Grants, Contributions, Indem	20,713	17,000	17,000	17,000	-
Cost Reallocation		25,803			-
Total Expenditures	175,591	203,069	181,313	182,712	1,399
Net Revenue and Expenditures	137	-	-	-	-

Explanations for changes in Budget Amounts are as follows:

REVENUES:

General Property Tax	Increase in levy to cover Computer Repair/Replace and IT Global Hardware expense increases
Other Taxes	
State Aids	
Public Charge for Services	
Intergovernmental Revenue	
Misc Revenue	

EXPENSES:

Personnel Services	Staffing changes
Contractual Services	Increase in IT Global Hardware and Computer repair/replace
Supplies & Expenses	
Fixed Charges	
Grants, Contributions, Indem	
Capital Outlay	
Cost Reallocation	

EMPLOYMENT BY JOB CLASSIFICATION

	2016 Budget	2017 Budget	2018 Budget	2019 Budget
FTE Employees				
Officials/Administrators	1	1	1	1
Administrative Support	1	1	1	1
Total	2	2	2	2

Department of Human Services

Gretchen Sampson, Community Services Director

DEPARTMENT REVENUE AND EXPENDITURES BY ECONOMIC CLASSIFICATION					
	2016 Actual	2017 Budget	2018 Projected Budget	2018 Working Budget	Difference
Revenue					
General Property Tax	3,885,545	3,620,540	3,803,190	3,908,255	105,065
State Aids	4,183,381	4,735,866	4,746,918	4,744,273	(2,645)
Public Charge for Services	1,156,972	909,949	911,496	878,925	(32,571)
Other Financing Sources	28,333	30,000	30,000	30,000	-
Total Revenue	9,254,231	9,296,355	9,491,604	9,561,453	69,849
Expense					
Operating Expense	312624.06				
Personnel Services	4,741,833	5,154,418	5,289,114	5,197,830	(91,284)
Contractual Services	3,387,267	3,099,406	3,165,470	3,368,757	203,287
Supplies & Expenses	163,843	344,810	350,058	324,056	(26,002)
Fixed Charges	232,253	260,550	260,550	243,918	(16,632)
Grants, Contributions, Indem	416,412	426,892	426,412	426,892	480
Capital Outlay		10,279			-
Cost Reallocation	-	-	-	-	-
Total Expenditures	8,941,607	9,296,355	9,491,604	9,561,453	69,849
Net Revenue and Expenditures	312,624	-	(0)		

Explanations for changes in Budget Amounts are as follows:

REVENUES:

General Property Tax	Increase in levy
Other Taxes	Reduction in grant revenue
State Aids	reduction in public charge for service revenue
Public Charge for Services	
Intergovernmental Revenue	
Misc Revenue	

EXPENSES:

Personnel Services	Staffing changes
Contractual Services	Increase in other professional services, changes to IT Global Hardware and Compter Repair and Replace
Supplies & Expenses	reduction in expenses
Fixed Charges	
Grants, Contributions, Indem	expense added to Incentives line item
Capital Outlay	
Cost Reallocation	

EMPLOYMENT BY JOB CLASSIFICATION

	2016 Budget	2017 Budget	2018 Budget	2019 Budget
FTE Employees				
Officials/Administrators ¹	1	1	1	1
Professionals	37	33	33	33
Technicians/Para-Professionals	1	1	1	1
First/Mid Level Officials and Managers		4	4	4
Administrative Support	25	25	25	25
Skilled Craft/Service Maintenance	2	2	2	2
Total	66	66	66	66

**Polk County Community Services Division
2018 Budget Analysis
September 12, 2017**

Behavioral Health Department

Program	2018 Budget	2017 Budget	Change	2018 Levy	2017 Levy	Change in Levy	Significant Changes to Budget
AODA	\$455,415.00	\$446,004.74	\$9,410.26	\$220,190.00	\$13,476.74	\$206,713.26	Decreased Revenues: Intoxicated Driver Program (\$107,375); Medicaid (\$32,800); WIMCR cost report revenue (\$17,809); 2017 first budget and not sure of revenue split between AODA/Outpatient Clinic
CCS	\$200,558.00	\$197,228.78	\$3,329.22	\$0.00	\$65,207.78	(\$65,207.78)	Medicaid revenue and WIMCR should support program
Crisis	\$542,200.00	\$582,129.00	(\$39,929.00)	\$395,973.00	\$255,404.00	\$140,569.00	Increased Placement costs: Winnebago +\$112,000; Mendota +\$37,280; Decreased revenues: WIMCR (\$14,442); MA - (\$16,776)
Outpatient Clinic	\$1,238,875.00	\$1,305,640.60	(\$66,765.60)	\$286,604.00	\$339,666.60	(\$53,062.60)	Increased Revenues: MA +\$42,183; Private Insurance +\$44,350; Staffing: Moved support staff position from this budget to DCF professional position; filled vacant outpatient therapist position to increase billable services
Community Support Program	\$523,928.00	\$1,017,391.96	(\$493,463.96)	\$292,222.00	\$744,132.96	(\$451,910.96)	Split budget into 2 (created Case Mgmt Budget)
Case Management	\$495,918.00	\$0.00	\$495,918.00	\$301,350.00	\$0.00	\$301,350.00	Separate budget starting in 2018
Adult Protection	\$600,821.00	\$600,644.81	\$176.19	\$9,993.00	\$10,486.81	(\$493.81)	Moved APS program from DCF to Behavioral Health for 2018
Mental Health Block Grant	\$17,164.00	\$17,164.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Community MH Grant	\$137,286.00	\$137,286.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant (helps pay for adult placement costs)
Substance Abuse Prevention	\$68,628.00	\$68,628.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Meth Grant	\$60,000.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
TAD Grant	\$66,300.00	\$66,300.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant (Case Manager for Treatment Court)
Elder Abuse Grant	\$18,024.00	\$18,024.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant (moved from DCF to BH)
Alzheimer Grant	\$21,902.00	\$21,902.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant (moved from DCF to BH)
Dementia Crisis Innovaton	\$30,243.00	\$0.00	\$30,243.00	\$0.00	\$0.00	\$0.00	18 month grant 07/01/17 to 12/31/18 (NEW)
Total Behavioral Health Dept	4,477,267.00	4,538,343.89	(\$61,081.89)	1,506,332.00	1,428,374.89	77,957.11	

Department of Children and Families

Program	2018 Budget	2017 Budget	Change	2018 Levy	2017 Levy	Change in Levy	Significant Changes to Budget
DCF	\$2,144,810.34	\$1,950,268.48	\$194,541.86	\$1,451,105.00	\$1,276,314.48	\$174,790.52	Added Supervisor in 2017; Filled support staff positions; Increased health insurance costs (\$53,582)
Economic Support	\$1,005,235.32	\$1,152,587.00	(\$147,351.68)	\$124,457.32	\$321,605.00	(\$197,147.68)	Moved remaining ES MOE to DCF
Juvenile Justice	\$1,339,718.00	\$1,072,195.63	\$267,522.37	\$819,375.00	\$594,245.63	\$225,129.37	Projecting placements up \$223,253 (trend data)
Kinship Care Benefits	\$94,495.00	\$94,495.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Kinship Care Assessment	\$7,610.00	\$7,610.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Safe & Stable Families	\$42,827.00	\$42,827.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Children's Waiver (CLTS)	\$171,299.78	\$166,953.00	\$4,346.78	\$0.00	\$0.00	\$0.00	Grant/Case management
Children's COP	\$127,245.00	\$127,245.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
WHEAP (Energy Assist)	\$83,861.00	\$83,861.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Community Intervention	\$7,090.00	\$7,090.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
CST	\$60,000.00	\$60,000.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Total DCF	\$5,084,191.44	\$4,765,132.11	\$319,059.33	\$2,394,937.32	\$2,192,165.11	\$202,772.21	
Grant Total BH/DCF	\$9,561,453.44	\$9,303,476.00	\$257,977.44	\$3,901,269.32	\$3,620,540.00	\$280,729.32	

Public Health Department

Program	2018 Budget	2017 Budget	Change	2018 Levy	2017 Levy	Change in Levy	Significant Changes to Budget
General Public Health	\$929,010.00	\$900,145.00	\$28,865.00	\$777,128.00	\$857,932.00	(\$80,804.00)	Division Director now elim from this budget
Birth to 3	\$273,761.00	\$268,933.00	\$4,828.00	\$132,562.00	\$128,073.00	\$4,489.00	No major changes in staffing/revenues
Environmental Health	\$226,898.00	\$224,856.00	\$2,042.00	\$0.00	\$0.00	\$0.00	Now doing all retail establishments (formerly Arg)

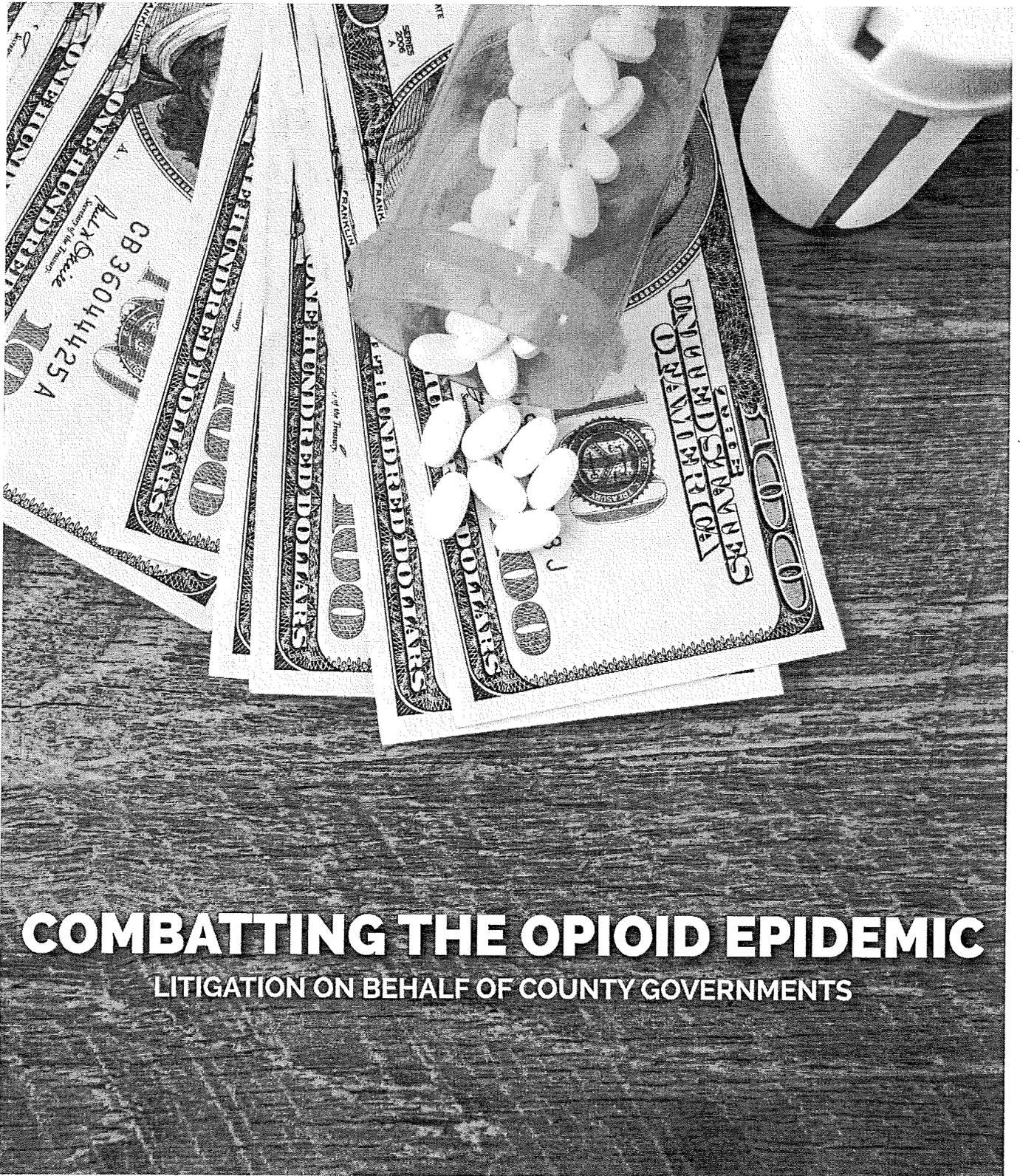
Radon	\$9,600.00	\$9,135.00	\$465.00	\$0.00	\$0.00	\$0.00	Grant
Prenatal Care Coordination	\$40,478.00	\$45,321.00	(\$4,843.00)	\$0.00	\$0.00	\$0.00	Health Insurance savings on employee
Reproductive Health	\$124,928.00	\$125,266.00	(\$338.00)	\$0.00	\$0.00	\$0.00	Grant and fees support program
WIC	\$189,955.00	\$189,955.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Fit Families	\$18,292.00	\$17,933.00	\$359.00	\$0.00	\$0.00	\$0.00	Grant
Immunization	\$46,629.00	\$48,255.00	(\$1,626.00)	\$0.00	\$0.00	\$0.00	Self supporting program with Flu fees
Immunization Grant	\$12,476.00	\$12,476.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Well Woman Program	\$58,253.00	\$58,253.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Lead	\$4,593.00	\$4,593.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Maternal Child Health	\$18,038.00	\$18,038.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Prevention	\$7,103.00	\$7,103.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
Local Planning	\$35,093.00	\$33,318.00	\$1,775.00	\$0.00	\$0.00	\$0.00	Grant
PH Readiness Consortium	\$117,609.00	\$111,658.00	\$5,951.00	\$0.00	\$0.00	\$0.00	Grant
MIC Tobacco	\$139,035.00	\$139,035.00	\$0.00	\$0.00	\$0.00	\$0.00	Grant
WHEPP	\$0.00	\$164,500.00	(\$164,500.00)	\$0.00	\$0.00	\$0.00	Discontinued being Fiscal Agent per admin request
RTAC	\$0.00	\$42,315.00	(\$42,315.00)	\$0.00	\$0.00	\$0.00	Discontinued being Fiscal Agent per admin request
Total Public Health	\$2,251,751.00	\$2,421,088.00	(\$169,337.00)	\$909,690.00	\$986,005.00	(\$76,315.00)	
Medical Examiner Total	\$152,853.00	\$156,293.00	(\$3,380.00)	\$102,853.00	\$111,233.00	(\$8,380.00)	Less time for Deputy MEs than budgeted; increased revenues.
Grant Total Division	\$11,966,057.44	\$11,880,797.00	\$85,260.44	\$4,913,812.32	\$4,717,778.00	\$196,034.32	



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COMBATting THE OPIOID EPIDEMIC

LITIGATION ON BEHALF OF COUNTY GOVERNMENTS

THE OPIOID EPIDEMIC: A PUBLIC HEALTH CRISIS

Opioid addiction and abuse have reached epidemic levels over the past decade. Indeed, on March 22, 2016, the FDA recognized opioid abuse as a "public health crisis" that has a "profound impact on individuals, families and communities across our country."¹

In the last decade, the epidemic has exploded. From 1999 to 2013 the amount of opioids dispensed in the United States quadrupled.

In 2013, nearly 207 million opioid prescriptions were written. A year later, that number grew to 259 million.

Those sales are big business for the pharmaceutical companies that manufacture and sell opioids including Purdue, Teva, Janssen, Cephalon and Endo (referred to as "Pharma"). In 2015 alone, the sale of opioids generated nearly \$10 Billion in revenue for Pharma.

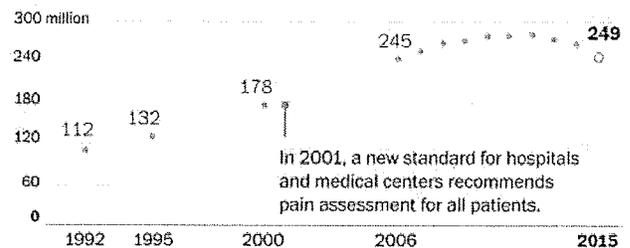
Sales and profits have grown dramatically over the past several decades.

4X From 1999 to 2013, the amount of prescription opioids dispensed in the U.S. nearly quadrupled.

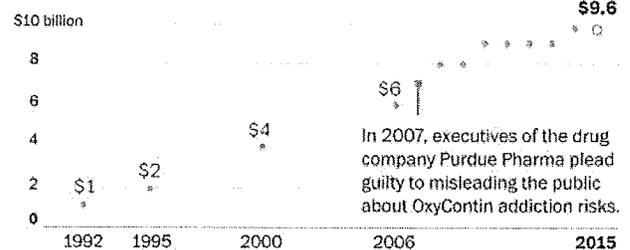
Tracking opioid use and sales

The opioid-drug market has grown dramatically over the past 25 years.

Total prescriptions filled in the United States



Total U.S. sales



Source: IMS Health²

THE WASHINGTON POST

¹ <http://www.fda.gov/newsevents/newsroom/pressannouncements/ucm491739.htm>

² https://www.washingtonpost.com/national/the-drug-industrys-answer-to-opioid-addiction-more-pills/2016/10/15/181a529c-8ae4-11e6-bf0-d53f592f176e_story.html?utm_term=.2d1327bf59ae

This spike in sales has had devastating and catastrophic effects. 2015 Data from the National Survey on Drug Use and Health showed that in the year 2013 over a third of the people in the United States had used prescription opioids with a significant number suffering from addiction as a result.

As described below, these dramatically increased sales and the spike in abuse and resultant deaths directly corresponds to Pharma's decision to market opioids for long-term use despite their known addictive effects.

37.8% Americans used prescription opioids
(91.8 MILLION PEOPLE)

4.7% misused them
(11.5 MILLION PEOPLE)

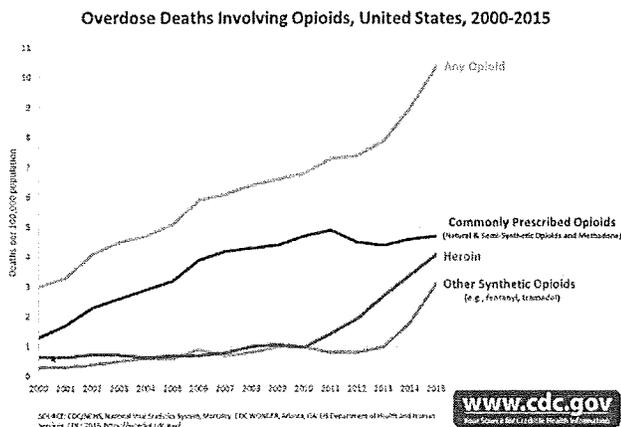
.8% had a use disorder
(1.9 MILLION PEOPLE)

PHARMA'S ROLE IN CREATING THE OPIOID EPIDEMIC

Opioids were historically used to provide effective treatment for short-term pain management. Controlled studies of the safety and efficacy of opioids were limited to short-term use. Pharma knew the limitations of the controlled studies. However, Pharma knew that profits could sky rocket if they were able to market and sell opioids for long-term use, including to treat chronic pain. In order to expand their market and achieve a dramatic increase in profits, Pharma decided to create a false marketing campaign designed to give the medical community and the public the false impression that opioids were safe and efficacious for long-term use. This false marketing campaign began in the late 90s, but exponentially increased starting in about 2006 and continues to the present.

Pharma was successful.

Additionally, deaths from opioids dramatically spiked with increased sales:



SINCE 1999

Prescription sales of opioids have **quadrupled**

IN 2010

254 million opioid prescriptions were written

IN 2013

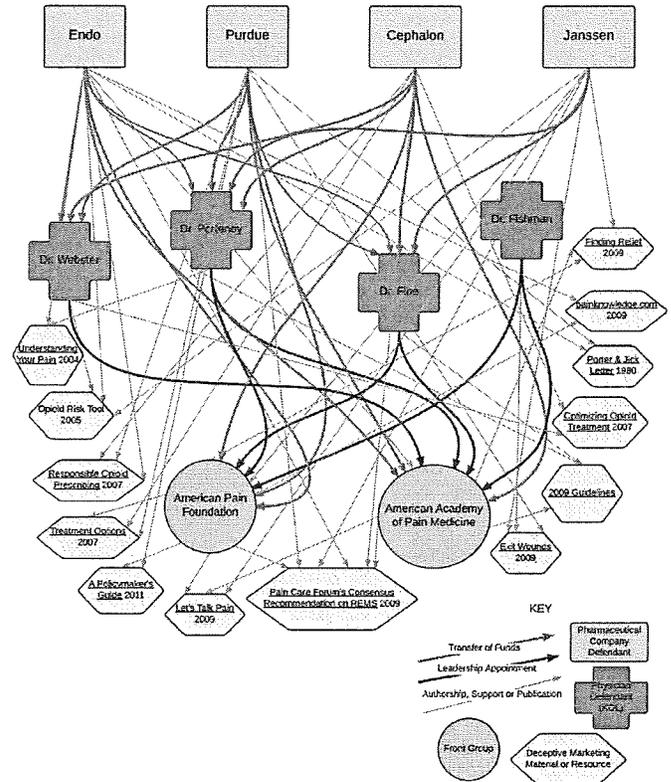
37.4% of the population had been prescribed Opioids

The result was a public health crisis that has had a profound impact on individuals, families and communities across the country.

The National Institute for Health ("NIH") identified Pharma as directly responsible for this crisis. In 2015, the NIH found that "several factors are likely to have contributed to the current prescription drug abuse problem. They include drastic increases in the number of prescriptions written and dispensed, greater social acceptability for using medications for different purposes, and *aggressive marketing by pharmaceutical companies.*"³

That "aggressive marketing campaign" included distorting medical and public perception of existing scientific data to create the false impression that opioids were safe and efficacious for long-term use. To accomplish this, Pharma poured money into generating articles, continuing education courses, sales groups and advocacy groups to create a phony "consensus" supporting the long-term use of opioids. Pharma and a select group of doctors and "front groups" banded together to create false legitimacy and the impression that these drugs were safe and efficacious for long-term use.

The following graphic depicts how this worked:



County of Suffolk v. Purdue Pharm L.P. et al, Case No. NYSCEF 613760/2016, Doc. No. 2, Ex. A.

WHY DID PHARMA DO THIS?

The answer is simple. Pharma made blockbuster profits. In 2012 alone, Pharma raked in \$8 Billion from the sale of opioids. Purdue alone made \$3.1 Billion from the sale of the opioid Oxycontin.

91 Americans die every day from an **opioid overdose** (that includes prescription opioids and heroin).

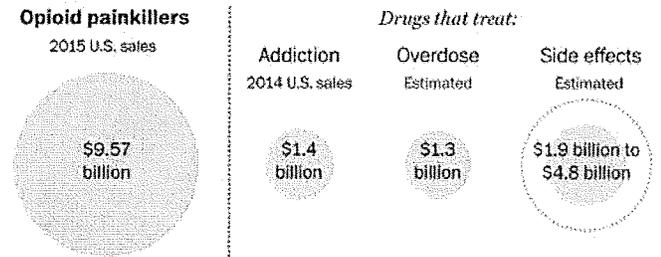
³ <https://www.drugabuse.gov/about-nida/legislative-activities/testimony-to-congress/2016/americas-addiction-to-opioids-heroin-prescription-drug-abuse>



Not only has the Pharma industry profited from selling opioids but companies have also profited from treating the effects. As illustrated in a recent Washington Post article, the profits have been enormous:

Drugs to treat the effects of drugs

The nearly \$9.6 billion industry around opioid pain management has begotten a number of new billion-dollar markets for addiction, overdose and side effects such as constipation.



Sources: IMS Health, Credence Research, Transparency Market Research, One Equity Research⁴

THE WASHINGTON POST

COUNTIES BEAR THE COSTS

While Pharma was raking in profits, county governments have been forced to spend a significant amount of money combatting this epidemic. Costs to counties include health care costs, addiction and treatment costs, social costs, programming, training and education costs, criminal justice and victimization costs and lost productivity.

COUNTIES AND STATES FILE LAWSUITS

A number of government entities have brought litigation against the Pharma companies for their role in creating the Opioid Epidemic. This includes the State of Kentucky, the State of Ohio, the City of Chicago and counties in New York, West Virginia and Illinois. More and more cases are filed every week. A chart summarizing the current litigation is attached in the Appendix hereto (Tab 1). Additionally, major news outlets have

been covering the opioid epidemic and resulting litigation. (Several recent examples have been included in the attached Appendix, Tab 2).

HOLDING PHARMA ACCOUNTABLE: CLAIMS

Lawsuits seek to hold opioid manufacturers accountable for the costs communities incur as a result of the opioid epidemic.

Lawsuits have alleged that Pharma and a select group of doctors worked together to create a false impression of the safety and efficacy of opioids for long term use. Allegations are that Pharma and the doctors misled the medical community and consumers into believing that opioids were non-addictive and were a viable option for treatment of chronic pain. Legal claims have included:

- Misrepresentation
- Consumer Fraud/Violation of Consumer Protection Statutes
- False Advertising
- Nuisance
- Civil RICO

Different cases have taken different approaches, but the facts and allegations are similar. A sample of one of the Complaints, filed by Suffolk County, New York is included in the attached Appendix (Tab 3).

⁴ https://www.washingtonpost.com/national/the-drug-industrys-answer-to-opioid-addiction-more-pills/2016/10/15/181a529c-8ae4-11e6-bff0-d53f592f176e_story.html?utm_term=.2d1327bf59ae



WHAT ARE THE DOLLAR FIGURES?

While it is still early in the investigation into the exact costs to counties, states and municipalities, costs of the Opioid Epidemic are staggering. Indeed, in 2016 researchers from the CDC estimated the annual economic burden of prescription opioid abuse in the U.S. at \$78.4 Billion. The study further broke down this cost as follows:



While the CDC study did not attempt to estimate damages to county governments, the economic impact is significant and, to date, unreimbursed by Pharma.

⁵ Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Medical Care*, October 2016, 54(10): 901 – 906.



FREQUENTLY ASKED QUESTIONS



WHAT IS THE OPIOID LITIGATION AND WHY DOES IT AFFECT COUNTIES?

State and local governments around the country have begun to file lawsuits against several major manufacturers (Purdue, Janssen, Endo, Cephalon and others) (referred to as "Pharma") for their role in creating the Opioid Epidemic. These manufacturers flooded the market with highly addictive drugs, claiming they were safe and efficacious for long term use, manufactured studies to support these false claims and knowingly misrepresented the addictive nature of these drugs. As a result of these misrepresentations, millions of Americans lives have been impacted or destroyed (commonly referred to as the "Opioid Epidemic"). The Opioid Epidemic has in turn imposed huge costs on both county and state governments around the country including health care costs, substance abuse, treatment and prevention costs, criminal justice costs and productivity costs.



WHAT IS THE ECONOMIC IMPACT OF THE OPIOID EPIDEMIC?

While it is still early in the investigation, studies have analyzed the economic impact of the Opioid Epidemic. In the most recent major study, published in 2016 by CDC researchers, the annual estimated economic burden of prescription opioid abuse in the United States was determined to be \$78.4 Billion. Of that number the economic impact broke down as follows:

LOST PRODUCTIVITY

\$42 Billion (53.3%)

HEALTH INSURANCE

\$26.1 Billion (33.3%)

CRIMINAL JUSTICE

\$7.6 Billion (9.7%)

SUBSTANCE ABUSE TREATMENT

\$2.8 Billion (3.6%)

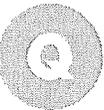
Predictably, as the epidemic has worsened, so has the economic burden. Indeed, a similar study in 2007 found the annual economic impact was \$55.7 Billion. And a recent 2017 study funded by the U.S. Department of Health and Human Services found that more than one third of U.S. civilian, noninstitutionalized adults reported prescription opioid use, with substantial numbers reporting misuse and use disorders. As the problem has worsened since 2013, it is expected that the impact has correspondingly worsened.

6 Florence CS, Zhou C, Luo F, Xu L. The Economic Burden of Prescription Opioid Overdose, Abuse, and Dependence in the United States, 2013. *Medical Care*, October 2016, 54(10): 901 – 906.



WHAT IS THE GOAL OF THE OPIOID LITIGATION?

To hold Pharma responsible for their role in creating the Opioid Epidemic and to return to the counties the money spent battling the epidemic and the expense of other critical programming. While it is unrealistic to think that the lawsuit will solve the problem, Pharma should be responsible for funding solutions to a problem they created.



WHAT KINDS OF COSTS WOULD A LAWSUIT SEEK TO RECOVER?

The counties would seek repayment for the costs they have expended related to the Opioid Epidemic. Those costs include but are not limited to:

- County funded healthcare costs for employees and dependents related to opioid addiction, substance abuse treatment, hospitalizations, etc.
- County funded programs for residents for prevention, treatment, health visits, substance abuse programs etc.
- Criminal Justice and law enforcement costs associated with opioids
- Loss of county employee productivity related to opioid abuse and addiction
- General societal mayhem and opioid related death costs



WHAT IS THE REASON THE COUNTIES SHOULD GET INVOLVED IN THE OPIOID LITIGATION?

The only way to recover any of the significant costs the counties have faced as a result of Pharma's role in the Opioid Epidemic is to bring suit. Any county that does not get involved risks receiving no recovery. While recovery in this type of litigation is not certain, one certain way to get nothing is to stay out of the litigation.



WHAT IF THE COUNTIES DO NOT GET INVOLVED?

Counties who do not get involved will not get a recovery in the event that there is one.



WHO WILL PAY FOR THE LITIGATION?

The counties will not be asked to bear the costs of the Opioid Litigation. The law firms proposing to represent the counties will work on a contingent fee basis (only getting paid out of a portion of the recovery if there is one) and bearing all costs of the litigation.



WHAT WILL BE EXPECTED OF A COUNTY BRINGING SUIT?

Counties bringing suit will be expected to participate in some significant ways, the most major of which is document collecting and information gathering to support the county's claim for costs associated with the Opioid Epidemic. The team of private attorneys will work on site with county employees to help identify, gather and assemble this information; however, county employee time will also be necessary. Affected departments will likely be Health and Human Services, Human Resources, Medical Examiner/Coroner, District Attorney's Office, Office of the Sheriff, Circuit Courts, Department of Administration.



**WHAT IS THE REASON TO COORDINATE EFFORTS
ACROSS COUNTIES IN THE LITIGATION?**

It will be very important to coordinate efforts both among counties in each state and between counties nationally. Government entities will face a well-financed, well-funded and coordinated defense from Pharma. Unless a critical mass of counties not only file suit and coordinate efforts, it is a safe bet that Pharma will simply continue to fight each individual case without contemplating a resolution.



**WILL THE STATE BE INVOLVED AND HOW WILL
THAT IMPACT THE COUNTIES AND THEIR ABILITY
TO RECOVER?**

The State of Ohio has brought suit and other states are contemplating suit. It is safe to assume that state governments will bring similar suits. The states and counties will have separate damages, however, and the counties should be able to recover even if the states bring suit. As the tobacco litigation demonstrated, there is no reason to expect that the counties can simply let the states file suit and wait for their portion of the states' recovery. The best way for the counties to protect their interests is to pursue their own litigation.



CATEGORIES OF INFORMATION SUPPORTING COUNTY COSTS

**COUNTY DEPARTMENT
OF HEALTH AND HUMAN
SERVICES/SOCIAL
SERVICES/COMMUNITY
PROGRAMS**

Information regarding child welfare costs; out of home placements; community education; outreach and prevention; opioid abuse treatment; education of medical professionals; and costs associated with such programs.

Information regarding county funded (for residents/indigents) opioid-related office visits, toxicology screenings, inpatient therapy, medical claims, medical diagnosis, pharmacy claims, emergency department visits, emergency department claims, opioid treatment programs; days missed from work for opiate treatment or offenses, prescription drug plans, mental health screenings, mental health hospital visits, mental health diagnosis and Medicaid claims. Information regarding opiate treatment programs, funding for opiate treatment programs, inpatient and outpatient treatment data, cost of drugs for opiate treatment programs, insurance information for treatment and relapse information. Information from delinquency and court services regarding opioid-related interventions and programs designed to curb or prevent opioid use.

**DEPARTMENT OF HUMAN
RESOURCES**

Information regarding county funded employee opioid-related office visits, toxicology screenings, inpatient therapy, medical claims, medical diagnosis, pharmacy claims, emergency department visits, emergency department claims, opioid treatment programs; days missed from work for opiate treatment or offenses, prescription drug plans, mental health screenings, mental health hospital visits, mental health diagnosis

Information regarding county employees' opioid-related disability claims, funding used for substance abuse, workers compensation claims, and mental health treatment.

**MEDICAL EXAMINER/
CORONER**

Information regarding the number of opioid overdose deaths, costs associated with those deaths.

JUSTICE SYSTEM IMPACTS

Information regarding the prosecution of opioid-related crimes committed within the county and the impacts on the justice system.



**OFFICE OF THE SHERIFF/
COUNTY JAIL**

Information regarding opioid-related arrests and charges, illegal trafficking data, prescription-related DWI's, incarceration records, probation records, drug court data, sheriff/deputy overtime data regarding opioid-related offenses, data from Narcan program, sheriff/data resources data dedicated to heroin epidemic including prevention, emergency dispatch data, repeat offender data, involuntary treatment programs, emergency dispatch data. Information regarding costs associated with housing inmates with addiction arrests, requiring addiction treatment programs.

**DEPARTMENT OF
ADMINISTRATION**

Information regarding costs associated with expenditures incurred, or resources allocated, to combat opioid addiction or abuse.

**COUNTY-OWNED
HOSPITALS/NURSING
HOMES**

Information regarding costs of opioid treatment at county-owned hospitals and nursing homes.



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