



COUNTY OF KENDALL, ILLINOIS
FINANCE AND BUDGET
Kendall County Office Building, 111 W. Fox Street
County Board Rm 210; Yorkville
Thursday, April 27, 2023 at 4:00 p.m.
MEETING AGENDA

- 1. Call to Order**
- 2. Roll Call:** Scott Gengler (Chairman), Brian DeBolt, Matt Kellogg, Seth Wormley, Jason Peterson
- 3. *MOTION (VV) Approval of Agenda**
- 4. *MOTION (RC) Approval of Claims**
- 5. Committee Reports and Updates**
- 6. New Committee Business**
 - A. *MOTION VV: Request for monthly report from payroll for all headcount changes, job title changes, and pay rate changes.
 - B. *MOTION VV: Approval of County credit card for Leslie Johnson, Human Resources Director, \$5,000 limit
 - C. *MOTION (Fwd to CB) VV: Review, Discussion and Approval of Senior Tax Levy Recommendation for Senior Levy Applications
 - D. *Discussion: Opioid Settlement Status 1Q 2023 Filing
 - E. *Discussion: Opioid Fund Applications
 - F. *Discussion: ARPA Treasury Reporting Status 1Q 2023 Filing
 - G. *Discussion: ARPA FY23-FY24
- 7. Old Committee Business**
- 8. Public Comment**
- 9. Executive Session**
- 10. Items for Committee of the Whole**
- 11. Action Items for County Board**
- 12. Adjournment**

If special accommodations or arrangements are needed to attend this County meeting, please contact the Administration Office at 630-553-4171, a minimum of 24-hours prior to the meeting time

Opioid Settlement Fund Quarterly Financial Report¹

Name of County or Municipality: County of Kendall

Name and Title of Person Completing this Form: Jennifer Breault, Budget and Finance Analyst

If Outside Counsel, Accounting Firm or other Organization is Completing this Form List Name of Organization: N/A

Contact Phone Number: 630-553-4171

Contact Email Address: kcadmin@kendallcountyil.gov

Total Opioid Settlement Funds Received as of Q 1 Year 2023:² 159,925.80

Total Opioid Settlement Funds Expended as of Q 1 Year 2023:³ 0

Itemization of Payments Received in Q 1 Year 2023:

Payment Date	Payment Amount	Source of Payment ⁴
2/15/2023	159,925.80	Check #21062

TOTAL: 159,925.80

¹ Please submit this report on a quarterly basis, within 30 days of the end of each calendar year quarter, starting with the first quarter in which you receive any payment pursuant to a national opioid settlement. Please submit the report even if your unit of local government does not receive any new payments or make any new expenditures within a given quarter, indicating "none," where appropriate. Should you require additional space, please feel free to attach additional entries in a separate document.

² This is meant to capture a running total of all payments received to date from any of the national opioid settlements, inclusive of the quarter for which you are currently reporting.

³ This is meant to capture a running total of all expenditures to date of monies received from any of the national opioid settlements, inclusive of the quarter for which you are currently reporting.

⁴ Please identify the settlement under which each payment was made (e.g., "Distributor Year 1"). The wire transfers themselves may only generically identify the payment as coming from the National Opioid Settlements Fund. However, after a wire transfer is made, you should receive an email confirmation from the Settlement Administrator that will include information on the source of each payment.

Itemization of Approved Abatement Program Expenditures for Q 1 Year 2023:

Core Strategies and/or Approved Use Section ⁵	Core Strategies and/or Approved Use Subsection ⁶	Description of Use	Amount Expended
			None

TOTAL: 0

⁵ For the list of approved core strategies and opioid remediation uses please see Exhibit B to the Illinois Opioid Allocation Agreement: <https://nationalopioidsettlement.com/wp-content/uploads/2022/01/Illinois-Opioid-Allocation-Agreement-Fully-Executed.pdf>. Sections are identified with letters in Exhibit B. Please pick the Section that you determine to be most relevant to the use of the funds. You can list more than one Section, if applicable. The identified Section(s) can come from Schedule A, Schedule B, or both.

⁶ For the list of approved core strategies and opioid remediation uses please see Exhibit B to the Illinois Opioid Allocation Agreement: <https://nationalopioidsettlement.com/wp-content/uploads/2022/01/Illinois-Opioid-Allocation-Agreement-Fully-Executed.pdf>. Subsections are identified with numbers in Exhibit B. Please pick the Subsection that you determine to be most relevant to the use of the funds. You can list more than one Subsection, if applicable. The identified Subsection(s) can come from Schedule A, Schedule B, or both

Itemization of Any Non-Abatement Expenditures for Q1 Year 20²³:⁷

Description of Use	Amount Expended

TOTAL: 0

By signing below I warrant that all information provided in this form is true and correct and that I have the necessary authority to sign and submit this form on behalf of the above entity.

SIGNATURE: Scott Koepfel Digitally signed by Scott Koepfel
Date: 2023.04.12 09:23:22 -05'00' DATE: 4/12/2023

Please email executed forms to opioidreporting@ilag.gov

⁷ Certain settlements require 100% of monies go to approved abatement uses and all settlements require that specified percentages go to approved abatement uses. Use of monies for non-abatement purposes is generally disfavored and must be reported (and such reports are to be made public). If you use any settlement monies for non-abatement purposes, including for reimbursement of past opioid remediation costs and/or attorney's fees, please disclose that here. Please note that you only need to account for monies directly received by your unit of local government; monies that are held back from your direct payment, due to a common benefit award or backstop agreement, and transferred directly to an attorney need not be accounted for here.

Opioid Application
Project Application Internal

- 1. Date: 03/31/23
- 2. Applicant Name: Jason D. Majer
- 3. Department: Kendall County Public Defe

4. Budget

Overall Budget

0	A. Treat Opioid Use Disorder (OUD)
0	B. Support People in Treatment and Recovery
0	C. Connect People Who Need Help To The Help They Need (Connections To Care)
0	D. Address The Needs of Criminal Justice-Involved Persons
0	E. Address The Needs Of Pregnant Or Parenting Women And Their families, Including Babies With Neonatal Abstinence Syndrome
0	F. Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids
0	G. Prevent Misuse of Opioids
0	H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
0	I. First Responders
0	J. Leadership, Planning and Coordination
6000	K. Training
0	L. Research
<u>6,000.00</u>	TOTAL

Opioid Application
Project Application Internal

Opioid Approved Uses:		
1. Treatment		
A. <u>TREAT OPIOID USE DISORDER (OUD)</u>		
<i>Budget</i>		<i>Description</i>
	1	Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MR conditions, including MAT, as well as counseling, psychiatric support, and other treatment
	2	Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
	3	Provide treatment of trauma for individuals with OUD (<i>e.g.</i> , violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (<i>e.g.</i> , surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
	4	Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telemonitoring to assist community-based providers in rural or underserved areas
	5	Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments
B. <u>SUPPORT PEOPLE IN TREATMENT AND RECOVERY</u>		
	1	Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
	2	Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions
	3	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
	4	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions
C. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>		
	1	Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment

Opioid Application
Project Application Internal

	2	Support assistance programs for health care providers with OUD.
	3	Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions
	<u>D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS</u>	
	1	Active outreach strategies such as the Drug Abuse Response Team
	2	"Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
	3	Provide training on best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MR conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.
	<u>E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</u>	
	1	Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
	2	Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions
	3	Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
	4	Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
2. Prevention		
	<u>F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS</u>	
	1	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
	2	Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain

Opioid Application
Project Application Internal

	<u>G. PREVENT MISUSE OF OPIOIDS</u>	
	1	Funding media campaigns to prevent opioid misuse.
	2	Public education relating to drug disposal.
	3	Drug take-back disposal or destruction programs.
	4	Funding community anti-drug coalitions that engage in drug prevention efforts.
	5	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
	<u>H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)</u>	
	1	Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public
	2	Public health entities providing free naloxone to anyone in the community.
	3	Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public
	4	Public education relating to emergency responses to overdoses.
	5	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
	6	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
3. Other Strategies		
	<u>I. FIRST RESPONDERS</u>	
	1	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
	<u>J. LEADERSHIP, PLANNING AND COORDINATION</u>	
	1	Provide resources to staff government oversight and management of opioid abatement programs.

Opioid Application
Project Application Internal

	<u>K. TRAINING</u>	
6,000.00	1	Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
	<u>L. RESARCH</u>	
	1	Research non-opioid treatment of chronic pain
	2	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
	3	Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (<i>e.g.</i> , Hawaii HOPE and Dakota 24/7).

5. Brief description of recipient's approach on how they would use the opioid funds.

If the Public Defender's office were to receive a portion of the opioid funds, we would use the funds to help with training and education of Attorneys for Drug Court and Mental Health Court Services, to ensure that the individuals that are using these services are properly taught and legally counseled on how to cope with drug and mental health struggles, to hopefully ensure that there is not a relapse. To be able to ensure that the individuals are receiving the best legal advice and education, the Public Defender's Office would also like to use a portion of the opioid funds to allow an additional Attorney to travel to the National Association of Drug Court Professionals Seminar that is held every year.

Opioid Application
Project Application Internal

- 1. Date: 04/20/23
- 2. Applicant Name: Eric C. Weis - State's Attorney
- 3. Department: Kendall County State's Attorney

4. Budget

Overall Budget

0	A. Treat Opioid Use Disorder (OUD)
0	B. Support People in Treatment and Recovery
0	C. Connect People Who Need Help To The Help They Need (Connections To Care)
25,000	D. Address The Needs of Criminal Justice-Involved Persons
0	E. Address The Needs Of Pregnant Or Parenting Women And Their families, Including Babies With Neonatal Abstinence Syndrome
0	F. Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids
0	G. Prevent Misuse of Opioids
0	H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
0	I. First Responders
0	J. Leadership, Planning and Coordination
3500	K. Training
0	L. Research
<u>28,500.00</u>	TOTAL

Opioid Application
Project Application Internal

Opioid Approved Uses:		
1. Treatment		
<u>A. TREAT OPIOID USE DISORDER (OUD)</u>		
<i>Budget</i>		<i>Description</i>
	1	Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MR conditions, including MAT, as well as counseling, psychiatric support, and other treatment
	2	Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
	3	Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
	4	Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telemonitoring to assist community-based providers in rural or underserved areas
	5	Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments
<u>B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY</u>		
	1	Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
	2	Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions
	3	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
	4	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions
<u>C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>		
	1	Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment

Opioid Application
Project Application Internal

	2	Support assistance programs for health care providers with OUD.
	3	Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions
	<u>D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS</u>	
25,000.00	1	Active outreach strategies such as the Drug Abuse Response Team
	2	"Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
	3	Provide training on best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MR conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.
	<u>E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</u>	
	1	Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
	2	Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions
	3	Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
	4	Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
2. Prevention		
	<u>F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS</u>	
	1	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
	2	Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain

Opioid Application
Project Application Internal

	<u>G. PREVENT MISUSE OF OPIOIDS</u>	
	1	Funding media campaigns to prevent opioid misuse.
	2	Public education relating to drug disposal.
	3	Drug take-back disposal or destruction programs.
	4	Funding community anti-drug coalitions that engage in drug prevention efforts.
	5	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
	<u>H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)</u>	
	1	Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public
	2	Public health entities providing free naloxone to anyone in the community.
	3	Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public
	4	Public education relating to emergency responses to overdoses.
	5	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
	6	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
3. Other Strategies		
	<u>I. FIRST RESPONDERS</u>	
	1	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
	<u>J. LEADERSHIP, PLANNING AND COORDINATION</u>	
	1	Provide resources to staff government oversight and management of opioid abatement programs.

**Opioid Application
Project Application Internal**

	<u>K. TRAINING</u>	
3,500.00	1	Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
	<u>L. RESARCH</u>	
	1	Research non-opioid treatment of chronic pain
	2	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
	3	Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (<i>e.g.</i> , Hawaii HOPE and Dakota 24/7).

5. Brief description of recipient's approach on how they would use the opioid funds.

D1 - Active outreach strategies/ training on best practices for addressing the needs.

The Kendall County State's Attorney's Office is seeing a growing number of cases we are prosecuting as it relates to drug overdoses. We prosecute the individuals that provide the drugs to the victims. The surviving family members after an overdose, deserve the same rights as the victim who is now deceased. A specially trained advocate is needed to make sure the family understands what is going on in the criminal justice system for these types of offenses. That advocate needs specialized training to make sure we are doing everything possible and getting the appropriate help for the surviving family members.

In addition, this same specially trained advocate would work with the Kendall County Children's Advocacy Center's (CAC) youth victims and the adult victims of sexual assaults, human trafficking and egregious violent acts. As you know, victims of these types of offenses are at a higher risk of getting involved in substance abuse to kill the pain of the trauma they have been subject to. This advocate would not just be there for the victim after a case is filed in the court system, but they would be with them from the beginning of the investigation and every step thereafter. This advocate would also follow

D1 - Active outreach strategies/ training on best practices for addressing the needs.

The Kendall County State's Attorney's Office is seeing a growing number of cases we are prosecuting as it relates to drug overdoses. We prosecute the individuals that provide the drugs to the victims. The surviving family members after an overdose, deserve the same rights as the victim who is now deceased. A specially trained advocate is needed to make sure the family understands what is going on in the criminal justice system for these types of offenses. That advocate needs specialized training to make sure we are doing everything possible and getting the appropriate help for the surviving family members.

In addition, this same specially trained advocate would work with the Kendall County Children's Advocacy Center's (CAC) youth victims and the adult victims of sexual assaults, human trafficking and egregious violent acts. As you know, victims of these types of offenses are at a higher risk of getting involved in substance abuse to kill the pain of the trauma they have been subject to. This advocate would not just be there for the victim after a case is filed in the court system, but they would be with them from the beginning of the investigation and every step thereafter. This advocate would also follow up with the victim after the case is closed or the investigation is closes with no charges. These victims deserves an advocate support system that will not only guide them through the judicial process, but advocate for them and get them the additional help and guidance needed to reduce the risk of them getting involved in illegal substances.

This portion of the grant (D1 and 3) would be used to hire an victim advocate and provide training in dealing with OUD/SUD and MD conditions.

K1 - Funding to pay for membership to the National Association of Drug Court Professionals, and to attend their annual conference, which provides much needed training to address the Opioid crisis.

Opioid Application
Project Application Internal

1. Date: 04/18/23
2. Applicant Name: Alice Elliott
3. Department: Probation/Court Services

4. Budget

	Overall Budget
0	A. Treat Opioid Use Disorder (OUD)
47,000	B. Support People in Treatment and Recovery
0	C. Connect People Who Need Help To The Help They Need (Connections To Care)
10,000	D. Address The Needs of Criminal Justice-Involved Persons
0	E. Address The Needs Of Pregnant Or Parenting Women And Their families, Including Babies With Neonatal Abstinence Syndrome
0	F. Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids
0	G. Prevent Misuse of Opioids
0	H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
0	I. First Responders
0	J. Leadership, Planning and Coordination
0	K. Training
0	L. Research
<u>57,000.00</u>	TOTAL

Opioid Application
Project Application Internal

Opioid Approved Uses:		
1. Treatment		
A. <u>TREAT OPIOID USE DISORDER (OUD)</u>		
<i>Budget</i>		<i>Description</i>
	1	Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MR conditions, including MAT, as well as counseling, psychiatric support, and other treatment
	2	Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
	3	Provide treatment of trauma for individuals with OUD (<i>e.g.</i> , violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (<i>e.g.</i> , surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
	4	Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telemonitoring to assist community-based providers in rural or underserved areas
	5	Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments
B. <u>SUPPORT PEOPLE IN TREATMENT AND RECOVERY</u>		
10,000.00	1	Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
37,000.00	2	Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions
	3	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
	4	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions
C. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>		
	1	Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment

Opioid Application
Project Application Internal

	2	Support assistance programs for health care providers with OUD.
	3	Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions
	<u>D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS</u>	
	1	Active outreach strategies such as the Drug Abuse Response Team
	2	"Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
10,000.00	3	Provide training on best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MR conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.
	<u>E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</u>	
	1	Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
	2	Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions
	3	Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
	4	Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
2. Prevention		
	<u>F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS</u>	
	1	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
	2	Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain

Opioid Application
Project Application Internal

	<u>G. PREVENT MISUSE OF OPIOIDS</u>	
	1	Funding media campaigns to prevent opioid misuse.
	2	Public education relating to drug disposal.
	3	Drug take-back disposal or destruction programs.
	4	Funding community anti-drug coalitions that engage in drug prevention efforts.
	5	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
	<u>H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)</u>	
	1	Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public
	2	Public health entities providing free naloxone to anyone in the community.
	3	Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public
	4	Public education relating to emergency responses to overdoses.
	5	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
	6	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
3. Other Strategies		
	<u>I. FIRST RESPONDERS</u>	
	1	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
	<u>J. LEADERSHIP, PLANNING AND COORDINATION</u>	
	1	Provide resources to staff government oversight and management of opioid abatement programs.

**Opioid Application
Project Application Internal**

	<u>K. TRAINING</u>	
	1	Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
	<u>L. RESARCH</u>	
	1	Research non-opioid treatment of chronic pain
	2	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
	3	Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (<i>e.g.</i> , Hawaii HOPE and Dakota 24/7).

5. Brief description of recipient’s approach on how they would use the opioid funds.

As the community corrections agency for Kendall County, it is not uncommon to have individuals that struggle with an opioid addiction, but their charges do not rise to the level that a term in the Illinois Department of Corrections would be warranted. Therefore, they are not eligible for Drug Court and instead would be placed on a standard probation term. Providing the proper level of treatment and supports in the community is not without its challenges as many of our clients have limited financial and emotional supports due to poverty, lack of stable employment and having burned bridges with their families. There are many barriers that impede the ability for success when a client starts down the road of recovery. The funding we are seeking would be to address some of these barriers, obtain timely treatment and to educate system players regarding the impact trauma has on the success or failure of a client.

B- Support People in Treatment:

1- We are requesting \$10,000 to be used for individuals that are stepping down from inpatient services and seeking stable housing or are in intensive outpatient and need assistance with transportation. The funding would be used to purchase UBER rides to and from treatment (Medically Assisted Treatment MAT), individual and group therapy, and recovery support

Kendall County Court Services- Application for use of Opioid Funding

As the community corrections agency for Kendall County, it is not uncommon to have individuals that struggle with an opioid addiction, but their charges do not rise to the level that a term in the Illinois Department of Corrections would be warranted. Therefore, they are not eligible for Drug Court and instead would be placed on a standard probation term. Providing the proper level of treatment and supports in the community is not without its challenges as many of our clients have limited financial and emotional supports due to poverty, lack of stable employment and having burned bridges with their families. There are many barriers that impede the ability for success when a client starts down the road of recovery. The funding we are seeking would be to address some of these barriers, obtain timely treatment and to educate system players regarding the impact trauma has on the success or failure of a client.

B- Support People in Treatment:

1. We are requesting **\$10,000** to be used for individuals that are stepping down from inpatient services and seeking stable housing or are in intensive outpatient and need assistance with transportation. The funding would be used to purchase UBER rides to and from treatment (Medically Assisted Treatment-MAT), individual and group therapy and recovery support treatment. Additionally, when individuals come out of inpatient, they typically will attend an Intensive Outpatient Program which is often time close to the facility and not always near their home. Some funding may be used to provide hotel stay near the facility for the Intensive all-day treatment programs. Emergency hotels would also be used when a client is not able to get treatment until the following day but they do not have safe housing for the night. Additionally, when stepping down from a halfway house and procuring their own apartment, assistance is needed for security deposit or paying outstanding balances on utilities from a prior rental. This ensures the client is supported during the early stages of recovery.
2. We are requesting **\$37,000** for residential treatment services for one person that does not have private insurance and though eligible for Medicaid, the wait for a Medicaid bed is several months out. A typical 5-day detox is approximately \$1500 per day. This is followed by 30 days of residential inpatient treatment with a \$950 per day cost. The ability to get into treatment right away while motivation is high but the wait for a Medicaid bed is long is a must if the client is to have a chance of success.

D. 3 Address the needs of criminal justice involved persons.

Over 90 % of the individuals with an opioid addiction have 2 or more incidents of trauma in their history. It is not uncommon for the addiction to be a result of years of trying to mask the pain from the trauma. Often the criminal justice system unknowingly contributes to the trauma and increases risk of harm for the individual and community. It is through education and training we learn of the best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MR conditions. We are requesting **\$10,000** to send a team of 4 comprised of the various system players (law enforcement, correctional, or judicial, treatment provider, etc.) to "How Being Trauma-Informed Improves Criminal Justice System Responses". The GAINS Center has developed training for criminal justice professionals to raise awareness about trauma and its effects. "How Being Trauma-Informed

Improves Criminal Justice System Responses” is a half-day training for criminal justice professionals to:

- *Increase understanding and awareness of the impact of trauma
- *Develop trauma-informed responses
- *Provide strategies for developing and implementing trauma-informed policies

This highly interactive training is specifically tailored to community-based criminal justice professionals, including police officers, community corrections personnel, and court personnel. Once the team is trained, they would provide the training for multidisciplinary teams throughout the county. Increase understanding and awareness of the impact of trauma Develop trauma-informed responses Provide strategies for developing and implementing trauma-informed policies This highly interactive training is specifically tailored to community-based criminal justice professionals, including police officers, community corrections personnel, and court personnel.

Opioid Application
Project Application Internal

- 1. Date: 04/06/23
- 2. Applicant Name: Jeanne Russo
- 3. Department: Sheriff's Office/Corrections

4. Budget

Overall Budget

0	A. Treat Opioid Use Disorder (OUD)
0	B. Support People in Treatment and Recovery
0	C. Connect People Who Need Help To The Help They Need (Connections To Care)
0	D. Address The Needs of Criminal Justice-Involved Persons
0	E. Address The Needs Of Pregnant Or Parenting Women And Their families, Including Babies With Neonatal Abstinence Syndrome
0	F. Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids
0	G. Prevent Misuse of Opioids
13,000	H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
0	I. First Responders
0	J. Leadership, Planning and Coordination
0	K. Training
0	L. Research
<u>13,000.00</u>	TOTAL

Opioid Application
Project Application Internal

Opioid Approved Uses:		
1. Treatment		
<u>A. TREAT OPIOID USE DISORDER (OUD)</u>		
<i>Budget</i>		<i>Description</i>
	1	Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MR conditions, including MAT, as well as counseling, psychiatric support, and other treatment
	2	Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
	3	Provide treatment of trauma for individuals with OUD (e.g., violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (e.g., surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
	4	Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telemonitoring to assist community-based providers in rural or underserved areas
	5	Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments
<u>B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY</u>		
	1	Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
	2	Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions
	3	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
	4	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions
<u>C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>		
	1	Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment

Opioid Application
Project Application Internal

	2	Support assistance programs for health care providers with OUD.
	3	Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions
	<u>D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS</u>	
	1	Active outreach strategies such as the Drug Abuse Response Team
	2	"Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
	3	Provide training on best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MR conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.
	<u>E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</u>	
	1	Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
	2	Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions
	3	Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
	4	Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
2. Prevention		
	<u>F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS</u>	
	1	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
	2	Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain

Opioid Application
Project Application Internal

	<u>G. PREVENT MISUSE OF OPIOIDS</u>	
	1	Funding media campaigns to prevent opioid misuse.
	2	Public education relating to drug disposal.
	3	Drug take-back disposal or destruction programs.
	4	Funding community anti-drug coalitions that engage in drug prevention efforts.
	5	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
	<u>H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)</u>	
	1	Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public
	2	Public health entities providing free naloxone to anyone in the community.
	3	Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public
	4	Public education relating to emergency responses to overdoses.
	5	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
13,000.00	6	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
3. Other Strategies		
	<u>I. FIRST RESPONDERS</u>	
	1	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
	<u>J. LEADERSHIP, PLANNING AND COORDINATION</u>	
	1	Provide resources to staff government oversight and management of opioid abatement programs.

**Opioid Application
Project Application Internal**

	<u>K. TRAINING</u>	
	1	Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
	<u>L. RESARCH</u>	
	1	Research non-opioid treatment of chronic pain
	2	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
	3	Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (<i>e.g.</i> , Hawaii HOPE and Dakota 24/7).

5. Brief description of recipient's approach on how they would use the opioid funds.

The medication to treat HIV is extremely expensive. The Sheriff's office has spent \$12, 826.00 average per year in 2020, 2021 and 2022. We have an obligation to provide treatment to people in our custody who are HIV positive as a result of their addiction. We would like to offset the cost to the County with funds from this settlement.

The Sheriff's Office is also obligated to provide HIV testing to any person in custody who requests testing. If we were able to offset the cost of testing supplies with money from this settlement, we would be able to promote the availability of testing more aggressively with the long term goal of preventing the spread of HIV in our community.

**Opioid Application
Project Application Internal**

- 1. Date: 04/06/23
- 2. Applicant Name: Levi Gotte
- 3. Department: Kendall Coroner

4. Budget

Overall Budget

0	A. Treat Opioid Use Disorder (OUD)
0	B. Support People in Treatment and Recovery
0	C. Connect People Who Need Help To The Help They Need (Connections To Care)
0	D. Address The Needs of Criminal Justice-Involved Persons
0	E. Address The Needs Of Pregnant Or Parenting Women And Their families, Including Babies With Neonatal Abstinence Syndrome
0	F. Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids
17,000	G. Prevent Misuse of Opioids
0	H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
1,000	I. First Responders
0	J. Leadership, Planning and Coordination
0	K. Training
0	L. Research
<u>18,000.00</u>	TOTAL

Opioid Application
Project Application Internal

Opioid Approved Uses:		
1. Treatment		
A. <u>TREAT OPIOID USE DISORDER (OUD)</u>		
<i>Budget</i>		<i>Description</i>
	1	Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MR conditions, including MAT, as well as counseling, psychiatric support, and other treatment
	2	Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
	3	Provide treatment of trauma for individuals with OUD (<i>e.g.</i> , violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (<i>e.g.</i> , surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
	4	Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telemonitoring to assist community-based providers in rural or underserved areas
	5	Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments
B. <u>SUPPORT PEOPLE IN TREATMENT AND RECOVERY</u>		
	1	Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
	2	Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions
	3	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
	4	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions
C. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>		
	1	Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment

Opioid Application
Project Application Internal

	2	Support assistance programs for health care providers with OUD.
	3	Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions
	<u>D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS</u>	
	1	Active outreach strategies such as the Drug Abuse Response Team
	2	"Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
	3	Provide training on best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MR conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.
	<u>E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</u>	
	1	Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
	2	Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions
	3	Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
	4	Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
2. Prevention		
	<u>F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS</u>	
	1	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
	2	Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain

Opioid Application
Project Application Internal

	<u>G. PREVENT MISUSE OF OPIOIDS</u>	
1,000.00	1	Funding media campaigns to prevent opioid misuse.
1,000.00	2	Public education relating to drug disposal.
15,000.00	3	Drug take-back disposal or destruction programs.
	4	Funding community anti-drug coalitions that engage in drug prevention efforts.
	5	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
	<u>H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)</u>	
	1	Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public
	2	Public health entities providing free naloxone to anyone in the community.
	3	Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public
	4	Public education relating to emergency responses to overdoses.
	5	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
	6	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
3. Other Strategies		
	<u>I. FIRST RESPONDERS</u>	
1,000.00	1	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
	<u>J. LEADERSHIP, PLANNING AND COORDINATION</u>	
	1	Provide resources to staff government oversight and management of opioid abatement programs.

**Opioid Application
Project Application Internal**

1. Date: 04/16/23
2. Applicant Name: Melissa Moore
3. Department: Kendall County Judiciary

4. Budget

Overall Budget	
0	A. Treat Opioid Use Disorder (OUD)
26,400	B. Support People in Treatment and Recovery
0	C. Connect People Who Need Help To The Help They Need (Connections To Care)
5,000	D. Address The Needs of Criminal Justice-Involved Persons
0	E. Address The Needs Of Pregnant Or Parenting Women And Their families, Including Babies With Neonatal Abstinence Syndrome
0	F. Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids
0	G. Prevent Misuse of Opioids
0	H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
0	I. First Responders
0	J. Leadership, Planning and Coordination
0	K. Training
0	L. Research
<u>31,400.00</u>	TOTAL

Opioid Application
Project Application Internal

Opioid Approved Uses:		
1. Treatment		
<u>A. TREAT OPIOID USE DISORDER (OUD)</u>		
<i>Budget</i>		<i>Description</i>
	1	Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MR conditions, including MAT, as well as counseling, psychiatric support, and other treatment
	2	Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
	3	Provide treatment of trauma for individuals with OUD (<i>e.g.</i> , violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (<i>e.g.</i> , surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
	4	Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telemonitoring to assist community-based providers in rural or underserved areas
	5	Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments
<u>B. SUPPORT PEOPLE IN TREATMENT AND RECOVERY</u>		
2,400.00	1	Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
24,000.00	2	Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions
	3	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
	4	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions
<u>C. CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>		
	1	Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment

Opioid Application
Project Application Internal

	2	Support assistance programs for health care providers with OUD.
	3	Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions
	<u>D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS</u>	
	1	Active outreach strategies such as the Drug Abuse Response Team
	2	"Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
5,000.00	3	Provide training on best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MR conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.
	<u>E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIRFAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</u>	
	1	Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
	2	Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions
	3	Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
	4	Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
2. Prevention		
	<u>F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS</u>	
	1	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
	2	Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain

Opioid Application
Project Application Internal

	<u>G. PREVENT MISUSE OF OPIOIDS</u>	
	1	Funding media campaigns to prevent opioid misuse.
	2	Public education relating to drug disposal.
	3	Drug take-back disposal or destruction programs.
	4	Funding community anti-drug coalitions that engage in drug prevention efforts.
	5	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
	<u>H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)</u>	
	1	Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public
	2	Public health entities providing free naloxone to anyone in the community.
	3	Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public
	4	Public education relating to emergency responses to overdoses.
	5	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
	6	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
3. Other Strategies		
	<u>I. FIRST RESPONDERS</u>	
	1	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
	<u>J. LEADERSHIP, PLANNING AND COORDINATION</u>	
	1	Provide resources to staff government oversight and management of opioid abatement programs.

**Opioid Application
Project Application Internal**

	<u>K. TRAINING</u>	
	1	Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
	<u>L. RESARCH</u>	
	1	Research non-opioid treatment of chronic pain
	2	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
	3	Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (<i>e.g.</i> , Hawaii HOPE and Dakota 24/7).

5. Brief description of recipient's approach on how they would use the opioid funds.

The Kendall County Judiciary operates an adult drug court program and mental health court program with a veteran's treatment court track, to address the treatment and recovery related needs of individuals with opioid use disorder and co-occurring disorders. Access to these funds would allow us to fund inpatient substance use disorder treatment for individuals who's insurance will not cover the needed level of care. Note that efforts are always made to use the individual's insurance, or sign them up for insurance if they don't have any, before these funds would be used. Additionally, funds would be used to help program participants pay for the beginning of their stay in sober recovery housing while they transition to finding work and being able to make ongoing payments on their own. Lastly, we would like to use funds to cover training expenses for the Problem Solving Court Judge and clinician so the team can continue to implement best practices, including effective motivational interviewing practices into the operation of our Problem Solving Court programs.

**Opioid Application
Project Application Internal**

	<u>K. TRAINING</u>	
	1	Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
	<u>L. RESARCH</u>	
	1	Research non-opioid treatment of chronic pain
	2	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
	3	Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (<i>e.g.</i> , Hawaii HOPE and Dakota 24/7).

5. Brief description of recipient’s approach on how they would use the opioid funds.

We currently work with community groups on education/ presentations on opioid misuse and diversion We also frequently interact with residents who possess opioid medications which need to be destroyed to prevent abuse by non-prescribed individuals. We are a participant in the DEA's National Take Back Initiative and currently run semi-annual prescription drug take-back events in addition to our ongoing year-round take-back offerings. Our offerings differ from other local options due to the fact that we accept liquids, aerosols, and medical sharps in addition to pills (medical sharps were incorporated into the program due to common use of IV needles in drug use (both illicit and prescription)). Funds would be applied to strengthening our media outreach on diversion and take-back programs (print, social media ads, etc.) under G-1 and G-2, defray costs of our existing programs (staff time, supplies, logistics) under G-3, and to expand our year-round take-back efforts (addition of secure drop boxes for prescriptions at multiple locations throughout the county, sharps drop box, signage, etc.) under G-3. We would also be able to develop first-responder specific training for handling of opioid-type drugs as well as response to overdose (CPR/Narcan), as our staff is familiar with proper handling due to the nature of our work (I-1).

**Opioid Application
Project Application Internal**

1. Date: 04/26/23
2. Applicant Name: Kendall County Health Dept
3. Department: Health Department

4. Budget

Overall Budget	
12,300	A. Treat Opioid Use Disorder (OUD)
0	B. Support People in Treatment and Recovery
0	C. Connect People Who Need Help To The Help They Need (Connections To Care)
9,000	D. Address The Needs of Criminal Justice-Involved Persons
0	E. Address The Needs Of Pregnant Or Parenting Women And Their families, Including Babies With Neonatal Abstinence Syndrome
0	F. Prevent Over-Prescribing And Ensure Appropriate Prescribing And Dispensing Of Opioids
25,700	G. Prevent Misuse of Opioids
10,700	H. Prevent Overdose Deaths and Other Harms (Harm Reduction)
0	I. First Responders
0	J. Leadership, Planning and Coordination
0	K. Training
0	L. Research
<u>57,700.00</u>	TOTAL

Opioid Application
Project Application Internal

Opioid Approved Uses:		
1. Treatment		
A. <u>TREAT OPIOID USE DISORDER (OUD)</u>		
<i>Budget</i>		<i>Description</i>
	1	Expand telehealth to increase access to treatment for OUD and any co-occurring SUD/MR conditions, including MAT, as well as counseling, psychiatric support, and other treatment
	2	Support mobile intervention, treatment, and recovery services, offered by qualified professionals and service providers, such as peer recovery coaches, for persons with OUD and any co-occurring SUD/MH conditions and for persons who have experienced an opioid overdose.
12,300.00	3	Provide treatment of trauma for individuals with OUD (<i>e.g.</i> , violence, sexual assault, human trafficking, or adverse childhood experiences) and family members (<i>e.g.</i> , surviving family members after an overdose or overdose fatality), and training of health care personnel to identify and address such trauma.
	4	Provide training on MAT for health care providers, first responders, students, or other supporting professionals, such as peer recovery coaches or recovery outreach specialists, including telemonitoring to assist community-based providers in rural or underserved areas
	5	Offer fellowships for addiction medicine specialists for direct patient care, instructors, and clinical research for treatments
B. <u>SUPPORT PEOPLE IN TREATMENT AND RECOVERY</u>		
	1	Provide comprehensive wrap-around services to individuals with OUD and any co-occurring SUD/MH conditions, including housing, transportation, education, job placement, job training, or childcare.
	2	Provide counseling, peer-support, recovery case management and residential treatment with access to medications for those who need it to persons with OUD and any co-occurring SUD/MH conditions
	3	Provide community support services, including social and legal services, to assist in deinstitutionalizing persons with OUD and any co-occurring SUD/MH conditions.
	4	Provide or support transportation to treatment or recovery programs or services for persons with OUD and any co-occurring SUD/MH conditions
C. <u>CONNECT PEOPLE WHO NEED HELP TO THE HELP THEY NEED (CONNECTIONS TO CARE)</u>		
	1	Ensure that health care providers are screening for OUD and other risk factors and know how to appropriately counsel and treat (or refer if necessary) a patient for OUD treatment

Opioid Application
Project Application Internal

	2	Support assistance programs for health care providers with OUD.
	3	Support centralized call centers that provide information and connections to appropriate services and supports for persons with OUD and any co-occurring SUD/MH conditions
	<u>D. ADDRESS THE NEEDS OF CRIMINAL JUSTICE-INVOLVED PERSONS</u>	
	1	Active outreach strategies such as the Drug Abuse Response Team
9,000.00	2	"Naloxone Plus" strategies, which work to ensure that individuals who have received naloxone to reverse the effects of an overdose are then linked to treatment programs or other appropriate services;
	3	Provide training on best practices for addressing the needs of criminal justice involved persons with OUD and any co-occurring SUD/MR conditions to law enforcement, correctional, or judicial personnel or to providers of treatment, recovery, harm reduction, case management, or other services offered in connection with any of the strategies described in this section.
	<u>E. ADDRESS THE NEEDS OF PREGNANT OR PARENTING WOMEN AND THEIR FAMILIES, INCLUDING BABIES WITH NEONATAL ABSTINENCE SYNDROME</u>	
	1	Provide child and family supports for parenting women with OUD and any co-occurring SUD/MH conditions.
	2	Provide enhanced family support and childcare services for parents with OUD and any co-occurring SUD/MH conditions
	3	Provide enhanced support for children and family members suffering trauma as a result of addiction in the family; and offer trauma-informed behavioral health treatment for adverse childhood events.
	4	Offer home-based wrap-around services to persons with OUD and any co-occurring SUD/MH conditions, including, but not limited to, parent skills training.
2. Prevention		
	<u>F. PREVENT OVER-PRESCRIBING AND ENSURE APPROPRIATE PRESCRIBING AND DISPENSING OF OPIOIDS</u>	
	1	Training for health care providers regarding safe and responsible opioid prescribing, dosing, and tapering patients off opioids.
	2	Providing Support for non-opioid pain treatment alternatives, including training providers to offer or refer to multi-modal, evidence-informed treatment of pain

Opioid Application
Project Application Internal

	<u>G. PREVENT MISUSE OF OPIOIDS</u>	
9,200.00	1	Funding media campaigns to prevent opioid misuse.
	2	Public education relating to drug disposal.
16,500.00	3	Drug take-back disposal or destruction programs.
	4	Funding community anti-drug coalitions that engage in drug prevention efforts.
	5	Support greater access to mental health services and supports for young people, including services and supports provided by school nurses, behavioral health workers or other school staff, to address mental health needs in young people that (when not properly addressed) increase the risk of opioid or another drug misuse.
	<u>H. PREVENT OVERDOSE DEATHS AND OTHER HARMS (HARM REDUCTION)</u>	
2,600.00	1	Increased availability and distribution of naloxone and other drugs that treat overdoses for first responders, overdose patients, individuals with OUD and their friends and family members, schools, community navigators and outreach workers, persons being released from jail or prison, or other members of the general public
	2	Public health entities providing free naloxone to anyone in the community.
	3	Training and education regarding naloxone and other drugs that treat overdoses for first responders, overdose patients, patients taking opioids, families, schools, community support groups, and other members of the general public
8,100.00	4	Public education relating to emergency responses to overdoses.
	5	Educating first responders regarding the existence and operation of immunity and Good Samaritan laws.
	6	Expanding access to testing and treatment for infectious diseases such as HIV and Hepatitis C resulting from intravenous opioid use.
3. Other Strategies		
	<u>I. FIRST RESPONDERS</u>	
	1	Education of law enforcement or other first responders regarding appropriate practices and precautions when dealing with fentanyl or other drugs.
	<u>J. LEADERSHIP, PLANNING AND COORDINATION</u>	
	1	Provide resources to staff government oversight and management of opioid abatement programs.

**Opioid Application
Project Application Internal**

	<u>K. TRAINING</u>	
	1	Provide funding for staff training or networking programs and services to improve the capability of government, community, and not-for-profit entities to abate the opioid crisis.
	<u>L. RESARCH</u>	
	1	Research non-opioid treatment of chronic pain
	2	Research on novel harm reduction and prevention efforts such as the provision of fentanyl test strips.
	3	Expanded research on swift/certain/fair models to reduce and deter opioid misuse within criminal justice populations that build upon promising approaches used to address other substances (<i>e.g.</i> , Hawaii HOPE and Dakota 24/7).

5. Brief description of recipient’s approach on how they would use the opioid funds.

The Health Department is honored to have this opportunity to educate our residents on prevention, and to be able to provide intervention and treatment related to Opioid Use Disorder (OUD). The deliverables behind these funds will provide hope, and an increased understanding that there are life-saving measures available to save a loved one or a complete stranger.

A.3. OUD affects not only the individual using opioids but their entire family. Unfortunately, overdoses due to opioid use (intentional or unintentional) continue to rise. Surviving family members are then left to deal with a range of emotions and often feel alone. Having support groups available to address the needs (grief, loss, bereavement) of the surviving family members is critical to the overall recovery of the family. Our plan to use the opioid funds is to train Health Department (KCHD) mental health staff to be able to facilitate both an adult support group and a child/teen support group as well as to purchase any materials that are needed for the groups. KCHD will also continue to engage staff in internal trainings surrounding trauma treatment and cultural competency. We would also use opioid funds to provide snacks for the participants of the groups.

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D.2. The Health Department will work closely with our local law enforcement, emergency medical services, and health care providers to ensure all those that have received naloxone to reverse the effects of an overdose are provided an Opioid Emergency Kit that contains naloxone, proper medication disposal packets, magnets with crisis numbers, and informational brochures outlining the steps to access substance misuse treatment into their lives. This kit will also be given to family members and friends to aid in the intervention. It is the aim of the Health Department to treat those rescued by naloxone by expediting the intake process into services, without there being a wait time. We understand the quicker they receive treatment, the higher the rate of success.

G.1. The Health Department is well-versed in media campaigns and one for OUD would be no different. It is our goal to reach out to households through post card mailers, high school sport booster programs, gas pumps, movie theatres, and restaurants/businesses in Kendall County to share educational and preventative information about OUD signs, symptoms, availability of naloxone and substance misuse treatment referrals. Furthermore, we would create a web page dedicated to OUD and a listing of where to get free naloxone and all pertinent educational information.

G.3. As a treatment provider, the Health Department is at the forefront in the fight against prescription drug misuse. By purchasing Deterra's drug deactivation product, we will assist our clients and community in preventing misuse and increasing diversion. This product will also be part of the Opioid Emergency Kits and free to our community when we hand out naloxone.

H.1. Harm reduction is critical when it comes to OUD. The timeliness of naloxone dispensing is of the essence. The Health Department would like to purchase high visibility, non-locking metal cabinets to be placed throughout Kendall County that contain quick access to naloxone, alongside emergency self-help

numbers, and substance misuse treatment information. These cabinets will be provided to businesses located in high traffic areas for them to install and maintain, such as libraries and food pantries. Much like an AED cabinet, this Overdose Emergency Cabinet has the propensity to save lives.

H.2. The Health Department is poised to provide free naloxone to anyone in the county of Kendall. We see many different residents for many different reasons; therefore, our department is a natural place to disburse naloxone. The availability of free naloxone at our department will be heavily emphasized throughout our media campaign to ensure that the public is aware that it is available for free with no questions asked.

H.4. Throughout our media campaign the department will educate the public on the importance of quick responses to overdoses. The media campaign will map the Overdose Emergency Cabinets, so the public clearly understands where to go after business hours, on weekends, and on holidays for free naloxone.

Expenses include Personnel, Fringe, Supplies (office supplies, snacks for participants, printing, mailing, magnets, metal cabinets, overdose kits, educational items, drug disposal kits, etc.), Contractual Services (media campaigns), Mileage, Rent, Training, and Indirect Costs (10%).



[Introduction/Bulk Templates](#)

[Recipient Profile](#)

[Project Overview](#)

[Subrecipients/Beneficiaries/Contractors](#)

[Subawards/Direct Payments](#)

[Expenditures](#)

[Recipient Specific](#)

[Certification](#)

Certification

Review

Total Obligations:
\$19,269,050.34

Total Expenditures:
\$9,900,247.68

Total Number of Projects: 88
Total Number of Subawards: 10
Total Number of Expenditures: 256

Project Overview Status

	Project Status	Obligation Status	Expenditure Status
Complete	88	88	88
Incomplete	0	0	0

Statement

I certify that the information provided is accurate and complete after reasonable inquiry of people, systems, and other information available to the SLFRF recipient. The undersigned acknowledges that any materially false, fictitious, fraudulent statement, or representation (or concealment or omission of a material fact) in this submission may be the subject of criminal prosecution under the False Statements Accountability Act of 1996, as amended, 18 USC 1001, and also may subject me and the SLFRF Recipient to civil penalties, damages, and administrative remedies for false claims or otherwise (including under 31 USC 3729 et seq.) The undersigned is an authorized representative of the SLFRF Recipient with authority to make the above certifications and representations on behalf of the SLFRF Recipient.

By signing this report, the Authorized Representative for Reporting acknowledges in accordance with 31 CFR 35.4(c) that recipients shall provide to the Secretary periodic reports providing detailed accounting of the uses of funds, as applicable, all modifications to a State's or Territory's tax revenue sources, and such other information as the Secretary may require for the administration of this program. In addition to regular reporting requirements, the Secretary may request other additional information as may be necessary or appropriate, including as may be necessary to prevent evasions of the requirements of this program. False statements or claims made to the Secretary may result in criminal, civil, or administrative sanctions, including fines, imprisonment, civil damages and penalties, debarment from participating in Federal awards or contracts, and/or any other remedy available by law.

Name of Submitted User

The information for the currently signed in user will populate as the Authorizer of this submittal. Only those in Role of Authorized Representative for Reporting or Authorized Representative on the Submission record will have access to Certify and Submit.

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Status
Submitted

Report Name
SLT-3551 - P&E Report - Q1 2023

Report Type
Project and Expenditure Report

Report Period
Quarter 1 2023 (January-March)

Reporting Period Start Date
1/1/2023

Reporting Period End Date
3/31/2023

Submission Deadline
4/30/2023 11:59 PM

Allocated Amount
\$25,054,795.00

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