A. Description of the Issue

A.1. Applicant: The City of West Allis Fire Department (WAFD) is submitting this application (*MIH MAT Access Advocate Program (MAAP))* with Research Partners from the Departments of Emergency Medicine and Psychiatry at the Medical College of Wisconsin (MCW).

A.2. MAAP will target Suburban Milwaukee County. Milwaukee County is comprised of 19 municipalities and has a population of 945,726 people [1]. The County spans 1,189 square miles and is geographically fragmented with many small suburban municipalities neighboring the City of Milwaukee. Although the majority of residents with opioid use disorder (OUD) reside in the City of Milwaukee, the opioid epidemic is not restricted to city boundaries. Small suburban municipalities known to have high rates of overdose and OUD related deaths do not have the infrastructure or resources required to address their needs. In many of these suburban communities the death rate of those experiencing OUD is higher per capita than the city. Within Milwaukee County limited community resources exist for combating the opioid crisis. Medication Assisted Treatment (MAT) clinics, and outreach teams often are not accessible because they not located in the suburban communities. With so many people not being able to access the resources they need municipalities have designated Mobile Integrated Health (MIH) Teams. MIH teams are comprised of specially trained paramedics that work to bring resources into the community where they can be made available regardless of an individual's inability to access the healthcare system. MIH teams specialize in healthcare navigation which includes the facilitation of OUD treatment through MAT sites.

A.3. Impact of opioids on Suburban Milwaukee County. Milwaukee County Medical Examiner reports show that the rates of substance use-related deaths continue to rise each year, with an increased rate of 27% in 2020—75% of which were related to fentanyl. The trend has continued into 2021 with an 11% increase in fatalities January to June. Currently there are only

two MIH teams operating in Milwaukee County (City of Milwaukee and WAFD), which leaves 17 municipalities and 351,178 people with minimal resources for combating the crisis.

Ambulance response data provided by the Milwaukee County Office of Emergency Management (OEM) from 2018-2019 suggests that 28% of the OUD related calls for service in the County occurred in municipalities that have limited community resources and no MIH teams in operation. This disparity is echoed by the COSSAP-funded Milwaukee County Overdose Public Health & Safety Team (OD-PHAST; see letter of support [LOS]) which reports that from 2015-2020 on average 25% of the opioid related fatalities occurred in Milwaukee County Suburbs. In 2020 one out of every 592 West Milwaukee municipality residents died from opioids, which is the highest death rate per capita in Milwaukee County, including the City of Milwaukee. Additionally, the West Allis/West Milwaukee Health Department experienced the highest levels of loss in the County with one in every 1395 residents dying from opioid related causes in 2020. Accounting for population, geographic size, and death rate, many of the urban fringe communities are experiencing opioid related loss similar or worse than urban Milwaukee.

A.4. This application responds to Suburban Milwaukee's fiscal and treatment capacity challenges. If funded, this grant will immediately expand the range and capability of the WAFD MIH team to facilitate MIH and MAT services to every Milwaukee County municipality, as well as support the development of training materials to allow for infusion of sustainable MIH practices across the entire County. Surveys of Milwaukee County municipality's opioid epidemic mitigation efforts revealed that each community had significant concerns about the epidemic but due to significant limitations with financial support, outreach resources, actionable data, and access to existing resources they have not been able to provide outreach services.

The State of Wisconsin passed serval pieces of legislation that significantly reduced the amount of financial support that counties and cities would receive from the State, furthermore the policies restricted each municipalities ability to raise taxes or fees which led to increased pressure on their respective budgets [2]. With limited staffing and no financial support Milwaukee County communities have largely relied on grant funding to establish OUD outreach. However, most of the secured grant money has been used to support data analysis initiatives—most of which are targeted at or largely have benefited the City of Milwaukee. While valuable, these efforts do not adequately address the needs of Suburban communities, which continue to endure heavy losses.

Milwaukee's five multi-hospital systems provide a wide range of OUD treatment capability. Some hospital systems that have invested significant effort into establishing opioid treatment programs that are as a result clearly better suited to receive patients with OUDs, but they are not being supported by local Emergency Medical Services (EMS) systems. EMS agencies have not been trained on each hospital; treatment abilities and no transport guidelines exist to direct Patient with OUDs to the hospitals that are better equipped to treat OUD patients.

A.5. MAAP's County-wide goals and service delivery extend beyond single departmental budgets. Milwaukee County includes 15 discrete first responder jurisdictions. Wisconsin's shared revenue distributions have been cut by more than 25%, resulting in a $500,000 reduction in city of West Allis revenue. State restrictions in revenue generation have created an overreliance by first responder departments on grant funding, which is not sustainable. Without changing the way outreach and linkage to MAT is performed the entire County is at risk of not being capable of providing long-term services. WAPD has never had to rely on grant or external funding to provide outreach and aims to utilize COSSAP funding to train all Milwaukee County

municipalities on how to embed effective outreach practices and operating procedures that support patient connection to MAT directly into their existing everyday operations. By the conclusion of this grant each partnering municipality will be capable of providing comprehensive, budget neutral outreach through their Health Departments, Police Departments, Fire Departments, and community partners. MAAP's County-wide goals and estimated required resources exceed what can be devoted by the WAPD without COSSP support. We will, however, leverage other initiatives and grant support being conducted in the area, including Dr. Hernandez-Meier's (Co-I) current SAMHSA State Opioid Response (SOR) ED buprenorphine induction grant (see Section C.3. & budget justification).

A.6. WAFD is submitting to **COSSAP Category** 1b for suburban communities.

B. Project Design and Implementation

B.1. MAAP responds to 4 COSSAP uses (Table 1) to meet the goals and objectives (Table 2). Project Goals outlined in this section will be accomplished according to the attached timeline.

Table 1. COSSAP Allowable Uses that MAAP Responds to and Areas of Activity	
1) Multidisciplinary overdose prevention, response and referral models; 2) facilitation and provision of medication-assisted treatment and peer recovery support services: MIH Service Delivery; Development of a Training; feasibility for buprenorphine in the field.	Goals 1-4
3) Naloxone for first responders: Provision of and training in embedded within First Responder Module developed above; promotion of Narcan Direct Sites	Goal 3
4) Information collection, analysis and dissemination: Incorporation of PatientPing software; Collaboration with COSSAP-funded OD-PHAST.	Goals 1-4

B.1.i. Goal 1 (Objectives 1a-1c) Increase the number of individuals with OUD receiving MAT Expansion MAAP will immediately increase the number of patients with OUD receiving MAT by expanding the response service area of WAFD's MIH to all Suburban Milwaukee.

Evidence based Practice. Services rendered under the WAFD MIH program are evidence-based and have been standardized into formal operating guidelines to ensure measurable and consistent results. WAPD's MIH program is designed to be proactive, comprehensive, and measurable. Each program is built through a strategic planning process which includes formal goals, strategies, and performance benchmarking. All data that is

collected, analyzed, or shared with partners and oversight committees is done so under strict adherence to privacy standards.

Table 2: MAAP Project Goals and Objectives
Goal 1. Increase the number of individuals with OUD receiving MAT
1a. MAAP providers will establish contact with 40% of the Patients with OUD referred to the program each month.
1b. MAAP providers will enroll 25% of the contacted Patients with OUD into MAT services each month.
1c. MAAP providers will distribute Narcan and clean use kits to 90% of contacted patients with OUD who refuse MAT services each month.
1d. Increase EMS transportation of known patients with OUD to Emergency Departments (EDs) offering MAT by 5% annually.
Goal 2. Decrease illicit opioid use and prescription opioid misuse at 6-months
2a. MAAP will establish contact with 50% of program enrollees who are non-compliant with their treatment plan each month
2b. MAAP providers will re-establish MAT services for 25% of program enrollees who have not been compliant with their treatment plan each month.
2c. Illicit opioid drug use and prescription opioid misuse decrease in 50% of program enrollees at a 6-month follow-up.
Goal 3. Increase the number of first responder agencies engaged in connecting those experiencing OUD to MAT and recovery services.
3a. MAAP will provide training, resources and consultation to 33% of Milwaukee County Fire, Police, and Health Departments annually.
3b. MAAP will gain participation of 5 new municipal departments who will connect Patient with OUDs to MAT and recovery services as part of their standard operations annually.
Goal 4. Complete a feasibility and potential pilot study to determine barriers and facilitators to first responders initiating buprenorphine in the field.
4a. MAAP and MCW will deliver a comprehensive policy and scope of practice for Wisconsin informed by other states that currently allow first responders to induce buprenorphine.
4b. MCW will survey leadership at least 50% of Wisconsin and Milwaukee County Fire Departments to assess demand for the ability to provide buprenorphine, as well as perceived barriers and facilitators.
4c. If 4b. demonstrates demand, MAAP and MCW will deliver and potentially pilot a first responder OUD training module to increase patient treatment engagement with MAT, as well as a standard operating protocol for field-administered buprenorphine for OUD and linkage to long-term prescribers.

West Allis MIH. WAFD's MIH team has established an evidence based opioid response program that has effectively reduced the rates of overdose and overdose fatality. This program pairs a Community Paramedic and a certified Peer Recovery Support Specialist who provide targeted outreach and facilitate new enrollments or reengagements to MAT services at the Froedtert Main ED or community-based MAT clinic. The MIH team reaches the OUD population in two ways, real time, 24/7 response to overdose emergencies, and visitation to patients referred to the program from local and regional partners.

Emergency Overdose Response. WAFD's MIH program sends a Community Paramedic to the scene of all overdose incidents in real-time with hopes of connecting the overdose survivor to recovery services. While at the scene of the incident the MIH team also provides education and resources for the Patient with OUD's support network of family and friends, as well as outreach efforts to any other OUD bystander on the scene. Each Patient with OUD also receives a follow-up visit within 24-48 hours after the incident by a MIH Community Paramedic and an OUD Peer Counselor with hopes of connecting the patient to a MAT center.

Transported Patients. If the patient with OUD is transported, they are accompanied by the MIH team and taken to a hospital that can provide buprenorphine with referral to a community-based MAT treatment clinic or other long-term provider. The MIH team works with hospital staff to ensure the patient has a strong understanding of their treatment options and care plan. Prior to discharge the MIH team will establish a follow-up appointment with the patient to help them access their treatment provider for continued care and reduce any existing barriers to healthcare that would hinder their recovery. **Patients Not Transported.** If the patient with OUD is not transported the MIH provider on scene will attempt to connect them to a partnered MAT clinic or hospital via telehealth connection. If the patient is unwilling to accept MAT at the time of service, MIH establishes a follow-up visit with an OUD Peer Counselor 24-48 hours later. Upon follow-up the response team will attempt to connect the patient to MAT and provide basic MIH services. All patients with OUDs who are contacted by MAAP will be provided a variety of harm reduction resources.

WAPD MIH Outcomes. Most opioid response programs across the county do not provide real time response to overdoses and miss the opportunity to build trust and educate patients on the options for recovery and enrollment into MAT. Instead, they only seek to find

Patients with OUD 24-48 hours after a sentinel event—this delay makes it difficult to locate a patient and results in a lower patient contact percentage for the team (typically 50%). As patient contact percentages get lower the rate of enrollment also drops (typically 25%). This trend can be seen locally with the City of Milwaukee Opioid Response Initiative—which does not provide immediate response—reporting that from June of 2019 to June of 2020 they had a 33% contact rate and 35% enrollment rate. Similarly, the City of Ohio's Rapid Response Emergency Addiction Crisis Team (RREACT) reported that their team links 25% of their patients to treatment [3]. Although not clear exactly how successful the RREACT team is at engaging known OUD patients, they did establish contact with 32% of patients with Narcan reversals.

The West Allis MIH team with real time response establishes contact with overdose survivors and any other patients with OUD on scene resulting in a higher contact percentage and because of the increased contact the enrollment rate average is also higher. From January to May of 2021 the West Allis MIH team has been referred or responded to 46 overdose incidents, of which 40 (88%) were met in person and offered MAT enrollment. During this time period 23 (55%) of the 40 people contacted were enrolled and participated in MAT treatment.

Expanding Patient Referral network. To identify and reach patients with OUDs that have not experienced an overdose WAFD relies on internal reporting, and referral from local/regional partners. MAAP will create or connect with each participating municipality's local framework to establish a referral process and connect the local effort to broader regional efforts.

Building a local framework. Following the Cardiff Model, which Dr. Hernandez-Meier (MCW Research Partner) has partnered with the City of West Allis and WAFD to translate to the United States since 2015, the MIH team does not act in place of any given community service, instead they work to tie all available services together to eliminate as many barriers to healthcare

access, and compliance as possible. At the core of the local opioid response are the Fire, Police, and Health departments. These teams are then supported by a variety of other City Departments that include Housing, GIS, and Communications. Through a series of collaborations, the roles and responsibilities of each Department have been clearly identified.

The Health Department analyzes OUD data received from the Police and Fire Departments along with health care risk and demographics to identify which populations or geographical areas of the city require OUD outreach. The Police Department analyzes and shares drug use patterns and trends, requests MIH to all opioid related calls for service, and refers patients with OUDs who are not compliant with court ordered recovery to MIH to get them re-engaged in MAT. The Fire Department responds to referrals from the Health and Police Departments, providing in home consultation and connections to MAT and recovery services.

The team is also supported by a broad network of local coalitions and outreach groups like the Community Alliance Against Drugs (CAAD), West Allis/West Milwaukee Opioid Task Force, Street Angles homeless outreach, Aurora-Advocate Medical Group, Milwaukee VA Hospital, United Migrant Opportunity Services (UMOS), Vivent Health, and others. MAAP will assist with the establishment of similar networks of support in each municipality they serve.

County-wide Network. WAFD MIH team works collaboratively with all other Milwaukee County opioid response stakeholders to ensure the teams' efforts are not redundant or in conflict with another initiative. All of the leading opioid outreach initiatives and agencies operating in Milwaukee County have submitted letters of support for MAAP, including OD-PHASST—a COSSAP-funded broader regional response group which includes stakeholders from the Office of Emergency Management, Milwaukee County Assistant District Attorney, Milwaukee County House of Corrections,—Milwaukee County Opioid Fatality Review,

Milwaukee County Medical Examiner's Office, Milwaukee Fire Department Opioid Response Initiative, and at the State level, the Wisconsin department of Health Services. These agencies serve to reinforce the local response, analyze data, and provide recommendations on best practices. With data sharing, and business associate agreements in place stakeholders like the Assistant DA, House of Corrections, and Medical Examiner's Office can directly refer known Patient with OUDs to local municipalities for MAT connection or re-engagement.

COSSAP investment in MAAP will provide immediate access to these evidence based MIH and other outreach services to over 350,000 Milwaukee County Residents. MAAP hopes to achieve similarly high numbers of patient contacts and enrollment in MAT County-wide, which will reduce overdose, OUD and overall substance misuse. COSSAP funding will also assist MAAP with training these new coverage areas with integrating its innovative service delivery model into their everyday practice (see Goal 3).

B.1.ii. Goal 1 (Objective 1d) Increase EMS transport to MAT-Providing Hospitals. EDs are at times the only interaction with healthcare a person with OUD will have. Taking advantage of the time that a patient with OUD is engaged in the healthcare system is vitally important. As an identified opioid receiving ED, Froedtert Main Hospital, staffed by MCW providers—and facilitated by Dr. Hernandez-Meier—is committed to providing MAT including buprenorphine induction, mental health screening with counseling from an onsite psychiatrist, social services, smoking cessation programs, and warm handoffs to primary care and community MAT clinics for long term treatment of their patients. Additionally, if a MAAP provider working with an OUD patient in the field requires MAT or mental health consultation Froedtert Main ED has the ability to provide those services through telehealth connection.

Most EMS Providers operating in Milwaukee County are not familiar with each ED's capabilities as they pertain to OUD treatment. Current EMS operating guidelines do not provide direction on which hospitals can provide Buprenorphine induction or referral back to community-based MAT. As a result, patients with OUDs are often transported to the closest hospital and not the most appropriate hospital. To increase the rate in which patients with OUDs are transported to hospitals best suited to care for patients with OUDs, MAAP has partnered with the Milwaukee County Medical Director for EMS agencies (Weston, Co-I) to edit existing transportation guidelines to include OUD receiving hospitals. After the changes are made to the operating guideline the County OEM, MAAP will provide EMS providers with updates.

To measure success the County-wide rates of opioid related patients contacted by EMS, the rate of transport, and the rate of transport to an OUD identified hospital will be monitored by the Milwaukee County OEM and reported back to MAAP.

To ensure that OUD patients being transported to the ED are identified as patients needing MAT and recovery services, MAAP will work with Milwaukee County OEM to educate EMS providers on the need to report to ED receiving staff that their patient has OUD treatment needs. MAAP will also work with the Froedtert Main ED staff to ensure that they have an understanding of the MAAP objectives, decreasing illicit opioid drug use and prescription opioid misuse at 6-month follow-up evaluations.

B.1.iv. Goal 2 (Objectives 2a-2c) Treatment Re-engagement and Reduced Substance Use. To ensure patient care plan compliance, MAAP will utilize software called PatientPing which monitors patient healthcare activity across all healthcare systems and alerts an outreach team when a patient accesses care. This alerting system is invaluable in identifying when a patient with OUD is starting to fall out of sobriety. Those experiencing OUD will at times use multiple

healthcare providers to avoid creating a track record of substance misuse. Without software, a provider would have to search a health information exchange or PDMP each day for all their patients to identify the pattern. Patient Ping continuously monitors a roster of patients under a provider's care and sends alerts when activity is noted. With the use of this system, program participant health can be monitored, and any patient believed to be at risk for overdose can be proactively engaged to reinforce their recovery efforts. Patients with OUDs who have been enrolled by MAAP into recovery services and are reported to be non-compliant with their recovery care plan will be engaged by program providers to reconnect them to recovery services.

B.1.v. Goal 3 (Objectives 3a & 3b) Train County First Responders to Link to MAT.

Expanding MAAP across the County in a sustainable way. This program aims to educate police, fire, and health departments in all of the Milwaukee County Suburbs on how they can adopt the West Allis OUD outreach practices into their standard operations which increase the number of people accessing MAT and remaining compliant with their recovery plans. Already, five municipalities which include nine separate Departments have expressed interest having MAAP serve their community and submitted letters of support. When municipal entities within Milwaukee County were surveyed it was clear that one of the greatest hurdles to establishing an OUD outreach program was cost. Each municipality is regularly asked to provide more services with fewer resources. Most OUD outreach teams in operation across the country and in Milwaukee County rely on grant funding to sustain their programs. MAAP aims to remove the financial burden by integrating OUD outreach into the standard operating procedures of community first responders. To accomplish this, MAAP, which is comprised of stakeholders from West Allis, MCW, Froedtert Health, and Community Medical Services, will provide each Milwaukee County suburban municipality's police, fire, and health departments immediate

community paramedic OUD outreach services, training and education (harm reduction techniques, stigma reduction, best practices), physical resources (Naloxone, clean use kits, fentanyl test strips), legal frameworks (data sharing agreements, patient consent forms, patient confidentiality language), documentation practices (necessary for patient follow-up and performance measurements), policies, procedures, and operational guidelines.

How fire departments and EMS providers will be trained. To provide these trainings and services, MAAP will enlist the assistance of the Milwaukee County OEM and MCW are responsible for providing all municipal EMS agencies with services including medical direction, continuing education, continuous quality improvement, and policy and operational guideline development. The existing collaborative relationship of these agencies allows for adoption of OUD outreach practices into the standards of EMS care, training on policy/guideline changes, and the enaction of quality assurance measures to ensure changes have expected results.

Need for Fire be point on data sharing, coordination, and municipal collaboration. Police departments and health departments within Milwaukee County largely operate independent of each other and lack the standardization in practices inherent in the municipal fire departments. This "silo" syndrome is a cultural issue with area police and health departments. Due to increased collaborations, the various fire departments in Milwaukee County have been able to overcome their "silos" and work well across municipal lines. To affect change in operations for these agencies the municipal fire departments will be relied upon to introduce outreach practices and integrate each municipality's police and health department operations to compliment the fire departments OUD outreach efforts (described in, B.1.i.)

Connection to the larger effort. Once each municipality establishes local connections, they will be connected to the larger operating body of opioid fatality reviews, OD-PHAST,

MFD's MORI, House of Corrections, Medical Examiner's Office, MAT clinics, OUD-receiving ED's, community advocate groups, and MIH services that offer comprehensive case management to address socio-economic needs and address underlying opioid misuse triggers. Once connected to the greater regional effort each municipality will have gained the necessary resources and experience to connect OUD patients to community– and hospital-based MAT.

B.1.iv. Goal 4. (Objectives 4a & 4b) First Responder Provision of MAT. Buprenorphine for OUD: One-year mortality rates of patients after ED treatment for nonfatal overdose demonstrated are high, particularly in the first days to one month after discharge [4]. This is despite the wide distribution of naloxone and laws and regulations designed to ensure safe opioid prescribing [4]. Opioid agonist/partial agonist treatment, including methadone and buprenorphine, is the most effective treatment and is associated with individual and societal benefits [5]. Under the Narcotic Addiction Treatment Act of 1974, all practitioners who use narcotic drugs for treating OUD must obtain a separate registration under 21 U.S.C. Section 823(g)(1) or a DATA 2000 Waiver under 21 U.S.C. Section 823(g)(2). Typically, induction (introduction) of buprenorphine is performed within clinical locations where patients are observed for a certain amount of time to ensure that precipitated withdrawal does not occur, and that adequate dosing to treat both withdrawal symptoms and cravings is achieved.

However, there has been increased efforts to provide MAT outside of traditional treatment centers and office settings. On 6/28/2021 the DEA responded to the need for mobile MAT by announcing that registrants qualified to dispense methadone can now provide 'mobile components' to their existing registration [6]. Waivered prescribers engage in unobserved or 'home' buprenorphine induction, during which patients take home the initial doses of buprenorphine after an office visit—which may be common in some clinical practices [7]. There

has been a recent increase in the number of EDs that provide brief MAT with or without long-term referral [5, 7-10] and health systems are likely to increase adoption of such programs in the near future. While ED- and mobile methadone-based MAT programming is beginning to fill initiation gaps, innovative healthcare service delivery models can be utilized to increase access to potentially high-risk populations who are not connected with health care. Additionally, telemedicine is becoming a more frequently utilized modality to address gaps in access to specialized medical care.

Patient-Centered/Personalized Health Delivery Models. Additional life circumstances in a vulnerable population (e.g., undomiciled) may also impact the delivery and effectiveness of SBIRT and other prevention activities [8], which suggests that interventions should be flexible and adaptable to patients' resources. For some initiating MAT in the ED with continuation in primary care may increase treatment retention and reduce opioid use [5]. For other patients, home induction [7] or referral to primary or community care may be more appropriate.

First Responders & MAT: First responders are uniquely positioned to engage patients with MAT, whether it be a warm hand-off to treatment facilities or EDs that initiate MAT, or they themselves initiating treatment. MIH providers in some programs (i.e., MAAP) are available 24/7 and able to discuss MAT with patients shortly after an overdose in the field, ED or elsewhere. This brief window of time may be opportunity for first responders to discuss treatment options and engage a motivated patient with treatment. Importantly, first responders have access to patients who experience an overdose, are revived and refuse transport to an ED—making them potentially the sole advocate for connection to MAT. Additionally, first responders meet patients where they are, whether that be where overdose events occur, in residences or other locations deemed comfortable by the patient, potentially increasing trust and/or engaging

patients with mobility or other circumstances that reduce engagement with traditional health care.

Induction on buprenorphine usually requires assessment of opioid withdrawal, administration of buprenorphine—usually with sublingual Suboxone—and monitoring for negative side effects or requirement of additional doses. These activities are well-within the skill set of trained community paramedics. Indeed, New Jersey has demonstrated feasibility and initial effectiveness of field-initiated buprenorphine induction by EMS first responders with telehealth with medical providers and warm hand-off for long term prescribing [11].

New Jersey required a thorough review of paramedic scope of practice, advocacy for legislative action, development of first responder training and SOPs and engagement of the state Medical Director to facilitate first responder buprenorphine induction. Understanding that state policies vary, and barriers and facilitators differ across jurisdictions, we propose to engage in an investigative policy analysis regarding the current state of first responder ability to provide buprenorphine and survey first responders to assess demand for ability to provide these services. We will also assess barriers and facilitators for these practices to inform an overall action plan to advocate for change in scope of practice.

B.1.iv. Goal 4. (Objective 4c) Policy changes and potential for pilot study. We are working with the Medical Directors of Milwaukee County EMS (Weston, Co-I) and at the state level (see Colella LOS), who will advise the project on any policy, legislative or other considerations for expanding the scope of practice to include first responder ability to dispense and administer buprenorphine. In addition to Dr. Weston, our study team includes Drs. Owen and Alvarez, who will provide medical perspectives to SOP areas related to assessment, prescribing and observation of patients in the field via telehealth. Dr. Owen will provide guidance on directing

patients to EDs offering MAT (e.g., Froedtert). Dr. Alvarez is Director of Integrated Behavioral Health, the main source of long-term buprenorphine prescribing within the entire Froedtert Health System and will assist with developing procedures for warm hand-off to providers and community clinics once first responders provide field-initiated buprenorphine.

Should the feasibility survey, policy analysis and discussions with County and State Medical and EMS Leadership determine few barriers to first responders providing field-initiated buprenorphine introduction, MAAP will pilot the modified policy and scope of practice developed by MAAP and MCW under objective 4.C., with consultation from providers in New Jersey, who are currently providing such services. County and State Medical and EMS leadership have provided letters of support for MAAP and expect that a pilot will be initiated in Wisconsin. A pilot would be a significant step forward for Wisconsin's fight against opioids and carries the potential to significantly reduce the number of opioid related overdoses and opioid related fatalities.

B.2.; Table 3: MAAP Deliverables
Goal 1. Standard EMS operating practice related to prioritizing EDs that provide MAT at point of care. This will be shared with all Suburban First Responder Departments.
Goal 2. SOP and educational material related to how to re-establish patients into MAT or other treatment options – infusion of this information into educational module (Goal 3).
Goal 3. MAAP will deliver a comprehensive training module related to opioid misuse, first responder facilitation of MAT and other treatment options that will be incorporated into the entire Milwaukee County continuing education materials of OEM.
Goal 4. MAAP and MCW will deliver a comprehensive policy and scope of practice analysis for Wisconsin, in comparison to other states. Targeted policy briefs that describe required modifications to current policy and scope of practice in order to facilitate provision of MAT by first responders. Should few barriers be identified, this project will deliver an initial pilot workflow SOP for MIH responders to engage with and deliver MAT, facilitated by telehealth consultation with local MAT providers.

B.3. Address the priority considerations. MAAP is not within priority consideration.

B.4. The MAAP Team will monitor for barriers and leverage County-wide stakeholder support to course correct. Barriers could include inconsistencies in data collection, training, and guideline adoption. We will regularly communicate with OEM to determine level of training uptake across first responder departments. The MAAP team will meet with partnering first

responder departments and conduct reviews of integration of SOP into routine practice. The project has the support of the County and State Medical and EMS Leadership (Weston [Co-I], Colella & Bates see LOS) who will assist with any advocacy or other needs of the MAAP team.

B.5. MAAP's goals and evaluation plan are designed to inform practices at jurisdictional, county, regional and state levels. MAAP's partnering entities will be connected to County, State, and National groups so they can share more information, and examples of best practices. MAAP will provide outcome data to local, state, and national partners.

B.6. MAAP will work closely with partners to provide buprenorphine treatment through innovative service delivery models. While hospital-based initiatives to introduce patients with OUD to treatment are essential, long-term treatment is best provided through outpatient primary care and community-based MAT clinics. This project has several community-based MAT providers committed to providing care, most notably Community Medical Services (CMS; see LOI) which has several locations throughout Milwaukee County and offers comprehensive 24/7 MAT treatment. CMS is also a partnered agency with Dr. Hernandez-Meier's current SAMHSA SOR grant and has the ability to refer patients with OUD who have fallen out of treatment.

B7. MAAP's certified Peer Recovery Specialists. Peer Recovery Specialists working with MAAP have successfully completed a 48-hour certification class conducted by the State of WI. Wisconsin recognizes significant co-occurrence of mental health and substance misuse and offers a certification model that prepares Certified Peer Specialists to provide support to individuals experiencing both. Certified Peer Specialists WI are guided by and expected to work in accordance to a list of Core Competencies, Scope of Practice, and a Code of Ethics [12].

B.8. MAAP will leverage County stakeholders to ensure children impacted by substance abuse receive required services. Children will be served through referral to County

stakeholders while adhering to the requirements outlined under 42 CFR part 2 regulations. Services provided to children from the County will include but not be limited to connection to MAT, counseling, comprehensive socioeconomic support, and recovery services navigation.

C. Capabilities and Competencies

C.1. Management structure. Assistant Chief Schaak (PI) oversees Deputy Chief Suarez del Real (Co-I), who directly oversees the MIH program and providers, including the Project Coordinator Ms. Liska. As described above and in the budget justification, Ms. Liska will provide day-to-day coordination of MAAP with assistance and oversight from the Chiefs.

C.2. MAAP builds on existing collaborations (see LOS), including MCW, Suburban communities, MFD's MORI, State and County EMS Medical Directors, State EMS Section Chief and OEM. WAFD has collaborated with all suburban fire departments in the past, including shared resources and services. Most notably, Milwaukee County fire departments took the lead on the County's COVID emergency response, where leadership from all departments closely collaborated to provide daily, coordinated activities.

C.3. Research Partner has extensive experience. As described in the budget justification, Dr. Hernandez-Meier—the project's main research partner and evaluator—has extensive experience with federal and other research studies, including serving as PI for translating the Cardiff Violence Prevention Model to the United States (2014-IJ-CX-0110, 2016-AJ-BX-K042), and as Site PI and Evaluator on a current COSSAP grant with the West Allis Health Department (2018-AR-BX-K106). She has received two pass-through SAMHSA State Opioid Response (SOR) projects, which developed and is now implementing the novel ED-based buprenorphine induction program at the Froedtert Health system that will collaborate with the MAAP team. Dr. Hernandez-Meier will lead all evaluation aspects, liaise MAAP with Froedtert and lead Goal #4.

C.4. Raechel Liska is a current WAFD MIH provider and **will serve as the Project Coordinator**. She will provide full effort to the project. She will assist with provision of the first responder training, ensure fidelity to the evaluation, directly oversee the Peer Support Specialist and provide direct service (see Lieutenant (MIH) job description in budget justification).

C.5. MAPP is enthusiastic to work with BJA and its evaluators to ensure that the evaluation plan aligns with COSSAP's target outcomes and will participate in any site evaluations.

D. Plan for Collecting the Data Required for this Solicitation's Performance Measures

D.1. Required performance measures. MAAP has reviewed BJA's document entitled "COSSAP Combined Performance Measures" and are prepared to report on all measures.

D.2. WAPD, MAAP, MCW, OD-PHAST and other partners will collect data to determine impact of project activities. MAAP will execute a rigorous and planned evaluation plan aimed at measuring the project's goals and smart objectives described in (see Table 4).

D.3. Evaluation data will be collected via different modalities (e.g., in-person, web platform, telephone) at intake/first client contact, during follow-up contacts and at 6-month post-enrollment. The MAAP will maintain detailed records of clients, contacts, services delivered and other important administrative data which will be heavily utilized for the evaluation plan. PatientPing software will evaluate patient healthcare utilization. Finally, 6-month self-reported substance misuse data will serve as an important source of data for Goal 2. MAAP's broader evaluation plan will include process measures of program activities, including quantity and utilization of harm reduction items provided (e.g., clean use kits, naloxone fentanyl test strips).

Clinical Outcomes. Drs. Weston, Owen and Alvarez will work with Dr. Hernandez-Meier and the MAAP team to ensure that any other clinically relevant outcome measures are incorporated into the evaluation plan, including, but not limited to: overdose, use disorder diagnoses, and substance-related negative health outcomes (e.g., injection-affiliated infections).

MAAP team members will complete the initial and 6-month substance misuse surveys face-to-face with clients in their homes when possible. When not possible, program staff will attempt to complete data collection via telehealth/web (e.g., Zoom) or via telephone. The evaluation plan will include multiple modalities in attempt to achieve high response rates.

Data Analysis. Dr. Hernandez-Meier will lead data analysis. She has extensive methodological and statistics training and routinely performs advanced statistical modeling.

Table 4: MAAP Evaluation Plan
Goal 1. Increase the number of individuals with OUD receiving MAT
1a. This outcome will be assessed with: WAFD and MAAP's referral software tracks the number of referrals and successful contacts. Chart reviews will evaluate if this metric is met.
1b. WAFD and MAAP's patient contact, notes and patient care records will allow the Evaluator to assess the number of patients with OUD were enrolled into MAT each month.
1c. Patient care records within MAAP's service delivery software will track Narcan and use kit distribution.
1d. MAAP's patient care records detail when and where patients are transported based on working assessment diagnoses of OUD. The Evaluator and Coordinator will identify which EDs offer MAT and determine the percentage of OUD transports to MAT-providing EDs.
Goal 2. Decrease illicit opioid drug use and prescription opioid misuse at 6-months
2a. MAAP tracks notes and establishes a long-term patient care record and receives releases of information from patients to communicate with providers involved in the patient's treatment plan (e.g., community treatment organizations, health). PatientPing software also tracks healthcare utilization. The MAAP team will triangulate this information to monitor and determine if patients are compliant with their overall treatment plans across providers. If data indicates that the patient may not be non-compliant, the team will reach out. MAAP notes will establish % of these patients who were contacted.
2b. Like 2a., MAAP and the Evaluator will monitor patient care records to track compliance and re-establishment with MAT services for those who were contacted under 2a.
2c. The team will closely monitor and evaluate the MAAP substance use assessments performed during patient contacts and analyze data for decreases in opioid use over time.
Goal 3. Increase the number of first responder agencies engaged in connecting those experiencing OUD to MAT and recovery services.
3a. The MAAP team and OEM will track how many individuals are provided the educational module and track which departments they are from.
3b. MAAP will track how many new departments begin to provide these new services as part of standard practice.
Goal 4. Complete a feasibility and potential pilot study to determine barriers and facilitators to first responders initiating buprenorphine at point of patient engagement.
4a. A detailed policy analysis document following published guidelines [13] and first responder scope of practice will be performed.
4b. Dr. Hernandez-Meier will work with the Wisconsin EMS Association or the Professional Firefighters of Wisconsin to disseminate and analyze a state-wide survey to assess perceived demand [14] for expansion of service delivery.

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