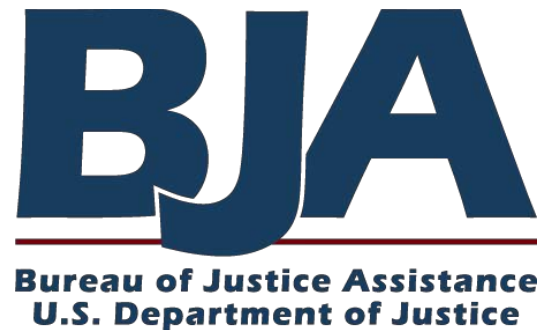


Madison Addiction Recovery Initiative:

Dane County Chiefs of Police Association
Presentation, Thursday, March 12th, 2020



US DOJ BJA-SPI Grant Award
#2016-WY-BX-004



DEPARTMENT OF
**Family Medicine and
Community Health**
UNIVERSITY OF WISCONSIN
SCHOOL OF MEDICINE AND PUBLIC HEALTH

Contracted to provide
project evaluation



Provides technical
assistance and
assessment center
contract management



Contracted to serve as
the assessment center
and supervise
recovery coaches



Public Health
MADISON & DANE COUNTY

Provides technical
assistance and project
oversight

Safe Communities

MADISON-DANE COUNTY



Contracted to provide
project coordination

MARI Operations Team



Dane County DISTRICT ATTORNEY'S OFFICE

215 S. Hamilton St. # 3000 Madison, WI 53703-3297
Tel/TTY: (608) 266-4211 Fax: (608) 267-2545 Email: danecoda@da.wi.gov



City of Madison CITY ATTORNEY



**City of Madison
Fire Department**



Dane County EMS Providers



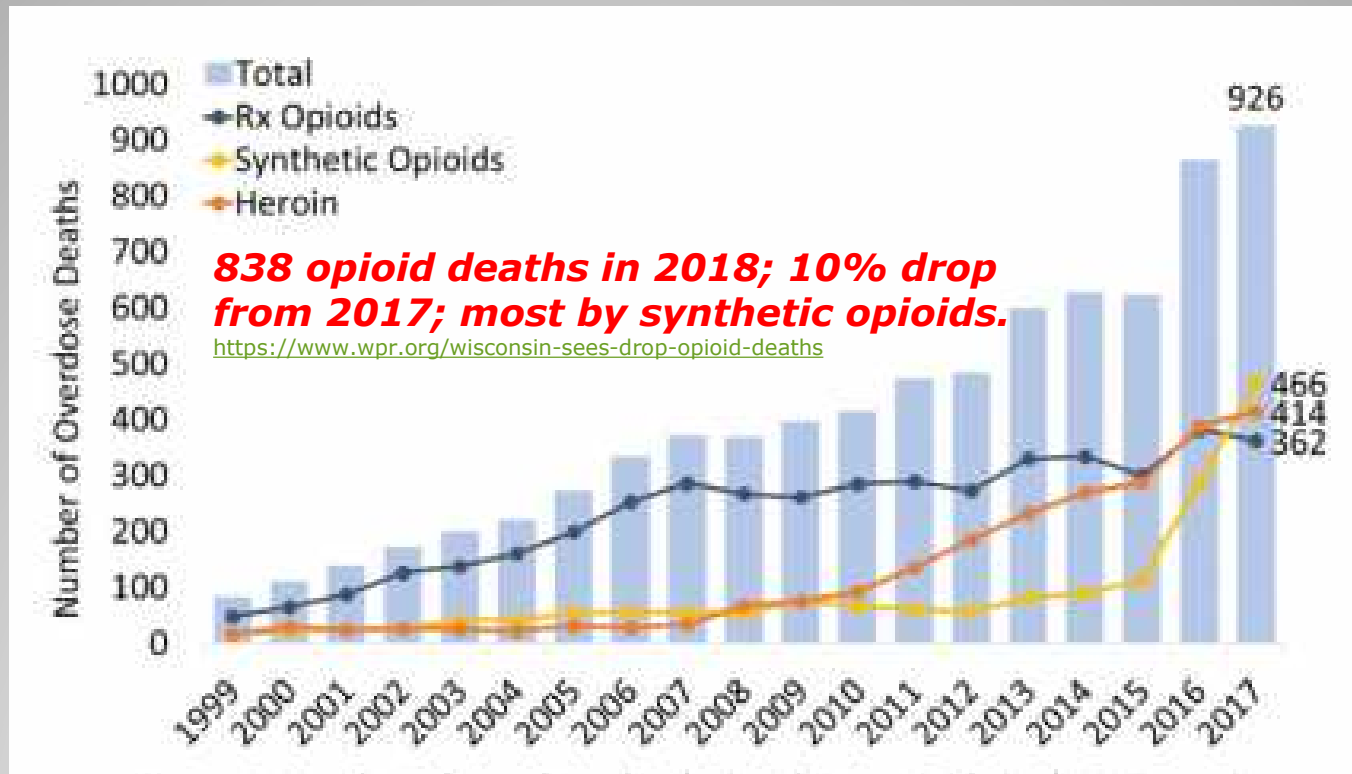
**WISCONSIN DEPARTMENT
of HEALTH SERVICES**



Dane County Treatment Providers

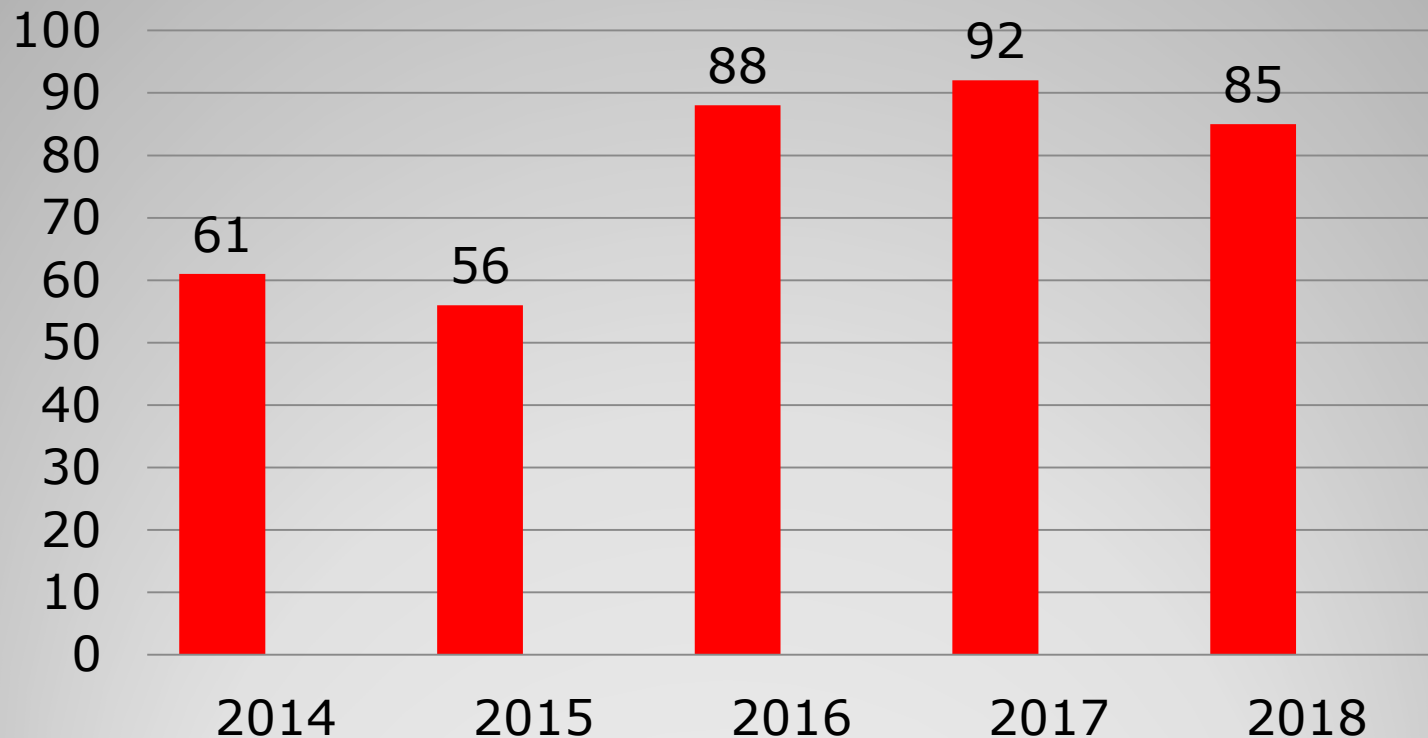
Other Collaborators

Wisconsin All Opioid Related Deaths 1999 - 2018



Data Source: National Center for Disease Control
<https://wonder.cdc.gov/>

Dane County All Opioid Deaths 2014 - 2018



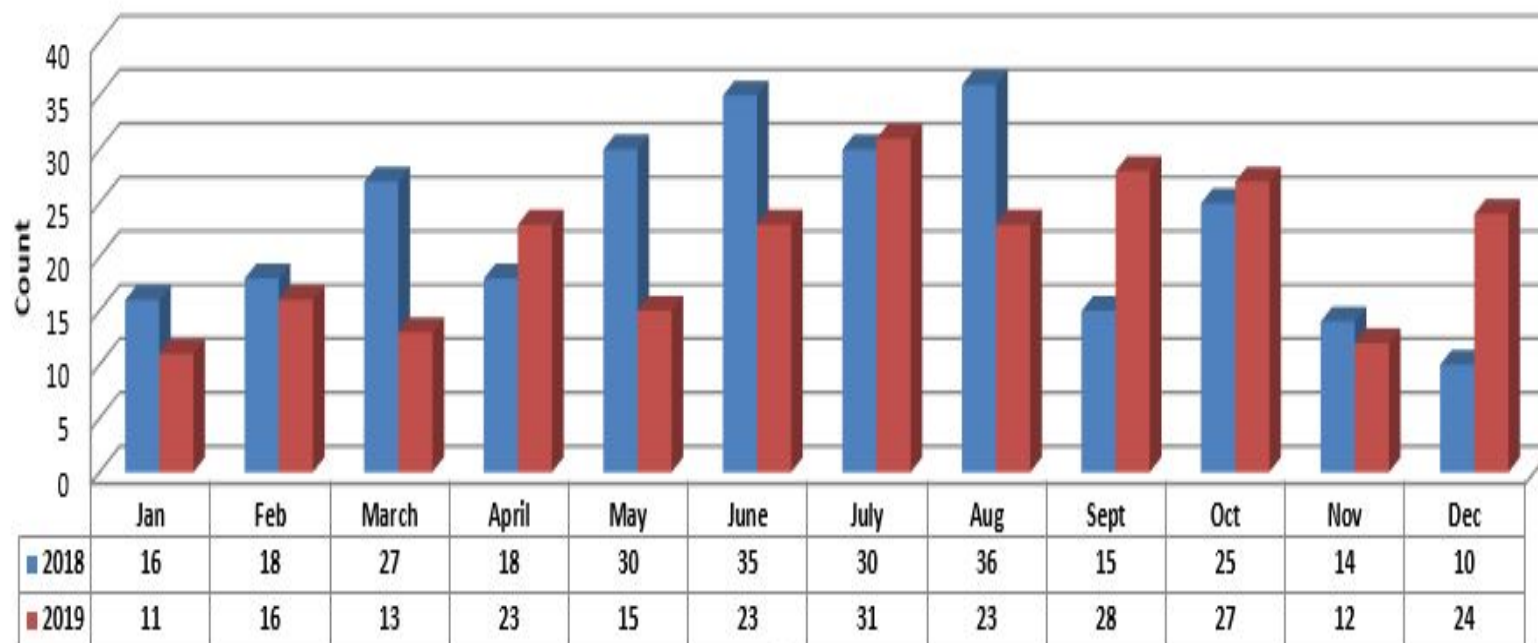
Data Source: Wisconsin Dept. of Health Services

<https://www.dhs.wisconsin.gov/opioids/deaths-county.htm>



MPD Overdose Calls for Service 2018 – 2019

Opioid Overdoses by Month

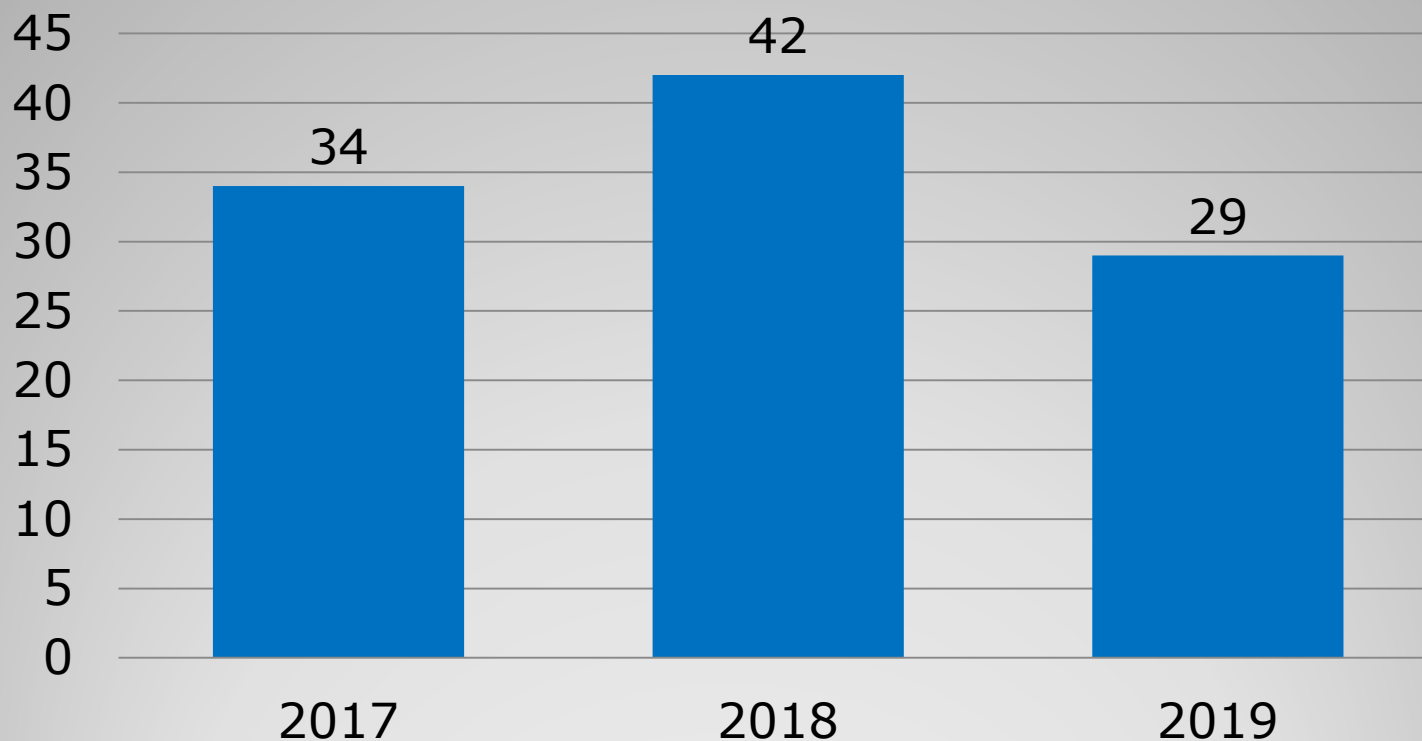


2018 Total = 275

2019 Total = 246



MPD Opioid Related Fatalities 2017 - 2019



Data Source: MPD Criminal Intelligence Section

*** Four MARI related deaths (3 "Did Not Call"; 1 "Completer").**

2019 Madison Police Department Responses to Heroin Overdoses

LEGEND

Location Type

▲ Public

● Private residence

Concentration of Incidents

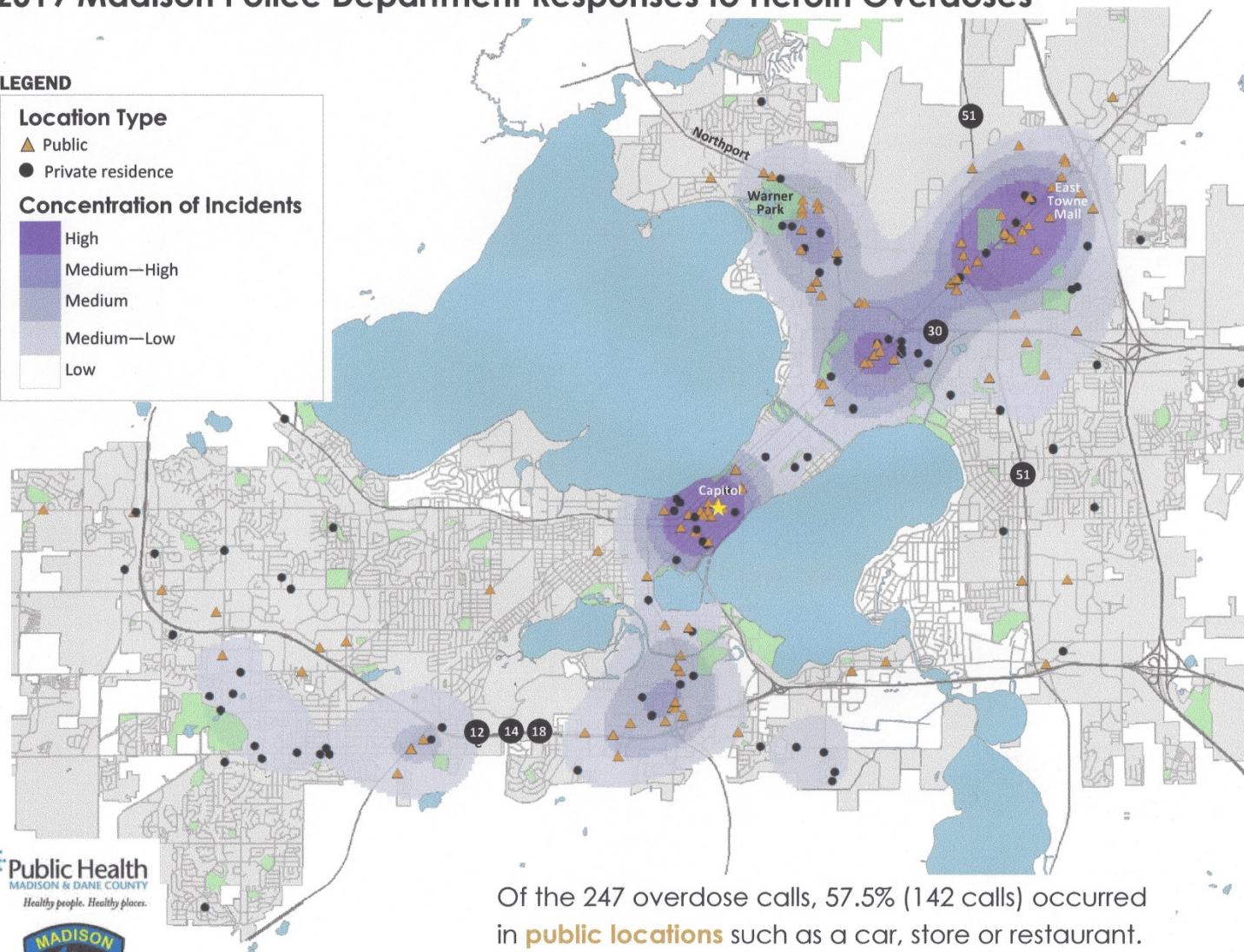
High

Medium—High

Medium

Medium—Low

Low

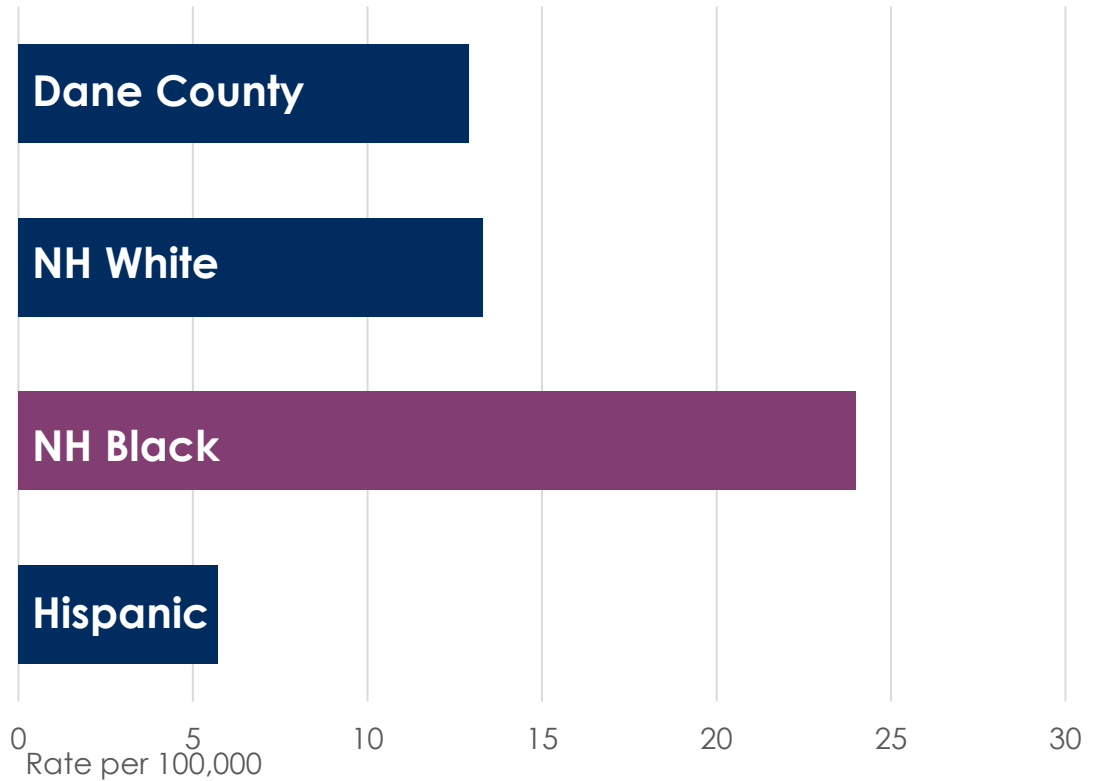


 **Public Health**
MADISON & DANE COUNTY
Healthy people. Healthy places.



Of the 247 overdose calls, 57.5% (142 calls) occurred in **public locations** such as a car, store or restaurant.

Opioid mortality rates are nearly **two times as high** among Black Dane County residents compared to White residents.



2012-2016

DATA SOURCE: Wisconsin Dept. of Health Services, Division of Public Health, Office of Health Informatics. Wisconsin Interactive Statistics on Health (WISH) data query system, <https://www.dhs.wisconsin.gov/wish/index.htm>, Opioid-Related Hospital Encounters Module.

MARI is Pre Arrest Diversion Program based on successful, evidence based initiatives in other cities which have resulted in reduced instances of overdose, substance abuse, crime & recidivism.

MARI offenders are “referred” by LE officers to the MARI Assessment Hub for formal, clinical assessment of their addiction & provided a treatment plan.

What is MARI ?

- If a referred MARI offender remains compliant with their treatment plan for SIX months after their offense date, all pending charges are withdrawn by LE.

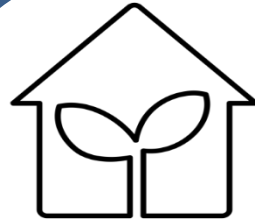


What is MARI success?

Madison Addiction Recovery Initiative



Crime: Law enforcement



Assessment

- **Counselor:** assess, refer to treatment
- **Recovery coach:** link to assessment and treatment



Addiction treatment



No criminal charges



Completed 6-month MARI: criminal charges are voided

45056		WISCONSIN UNIFORM MISDEMEANOR CITATION						
Name - First		M.I.	Last		Address (Residence)	Post Office	State	Zip
Birthdate	Sex	Race	Eyes	Hair	Weight	Height	Telephone Number ()	
YOU ARE HEREBY DIRECTED TO APPEAR IN THE CIRCUIT COURT FOR _____ COUNTY, For your initial appearance in connection with the violation of:						PLACE TO APPEAR		
						Location:		
Wis. Stats. Section			Time of Violation			WHEN TO APPEAR		
Place of Violation			Date of Violation			Date	Time	Rm. or Br.
Describe Violation/State Facts:					Property and/or Other Persons Involved:			
► Note: A summons or warrant may be issued for nonappearance.								
I have received a copy of this citation.				Name of issuing officer (Print)			Department Telephone No.	
Signature of Person Cited				Signature			Date	Department

GF-119, 9/84

DEFENDANT COPY

MPD Misdemeanor Citation

You are Notified to Appear

Appearance Required: **YES** Date **APRIL-2-2020** Time **08:30 AM**
DANE COUNTY CIRCUIT COURT - INTAKE
215 S HAMILTON ST RM 1A
MADISON, WI 53703

Form No. and Version CT CITATION NO.
MUNI 0405 1234XXZXX
Juvenile DEPOSIT Cash- Card
\$0.00 N N
Court Use

Defendant (Last Name, First, Middle), Street Address, P.O. Box, City, State, Zip

DOE, JOHN, JAMES

1234 THIS WAY
ANYWHEREWI
51234

Birth Date Sex Race
01/01/1900 M W

HT WT Hair Eyes
510 200 LBS BROWN BLUE

Driver License/Identification Card Number State Exp. Yr.
D123-4567-1234-56 WI 2025

Other Identification Number ID Type

License Plate Number Plate Type State Exp. Yr.

Defendant Telephone Number

Name and Address of Parent/Guardian/Legal Custodian
(If minor defendant)

Telephone Number of Parent/Guardian/Legal Custodian

Plaintiff
STATE OF WISCONSIN

Ordinance Violated

Violation Description

POSSESS SCHEDULE I AND II NARCOTICS

Ordinance Description

Week Day Date Time
SUNDAY 03/01/2020 09:15 PM

From/AT Hwy No. and/or Street Name

1234 MAIN ST

County

DANE - 13

City/Village/Town

DANE - XX, TOWN

Adopting State Statute

961.41(3G)(AM)

Agency Space

DCSO CASE #20XXXXXX

MARI PROGRAM

Officer Name

DEPUTY

Date Citation Served, Method

03/01/2020 IN PERSON

Residence Contact Name Age

Officer ID Department

XXXX DANE COUNTY SHERIFF

(If left with person at defendant's address)

INSTRUCTIONS - READ CAREFULLY

MANDATORY APPEARANCE? If your citation is marked as a mandatory court appearance, you MUST appear in court. The appearance not mandatory instructions do not apply to you.

APPEARANCE NOT MANDATORY?
IF YOU WISH TO DISPUTE THE CITATION, you must either appear in court or enter a not guilty plea by mail prior to your court date. You may do so even if you have already paid the deposit or posted a bond. Please include either:

- a photocopy of your citation, OR
- your correct name and mailing address, citation number, court appearance date listed on the citation, offense, and arresting police agency.

These should be mailed to the court address written under YOU ARE NOTIFIED TO APPEAR. The court will schedule another court date and/or a trial before a judge without a jury.

IF YOU DO NOT WISH TO DISPUTE THE CITATION, simply mail in the deposit amount on the citation by the court date, with a statement saying you do not wish to contest the citation. Please include either:

- a photocopy of your citation, OR
- your correct name and mailing address, citation number, court appearance date listed on the citation, offense, and arresting police agency.

Make check payable to the clerk of court and mail it to the court address written under YOU ARE NOTIFIED TO APPEAR. You do not need to appear. The court will either:

- accept your nonappearance as a plea of no contest, find you guilty and keep the deposit amount as payment for your citation; OR
- decline to accept the deposit and order you to appear in court by summons or warrant.

IF YOU DO NOTHING, the court may either:

- issue a warrant for your arrest, OR
- issue a summons for you to appear in court, OR
- find you guilty for failing to appear in court and order you to pay the forfeiture and costs imposed by the court.

**WISCONSIN NON TRAFFIC
CITATION AND COMPLAINT**

DCSO TraCS Citation



CITY OF MADISON POLICE DEPARTMENT



MADISON ADDICTION RECOVERY INITIATIVE

MFO CASE #		DATE OF OFFENSE	
IF YOU ANSWER YES TO ALL, COMPLETE THE FORM AND ROUTE TO MPD MARI COORDINATOR <input type="checkbox"/> YES <input type="checkbox"/> NO The offense being considered is included in the MARI Eligible Offense List.* <input type="checkbox"/> YES <input type="checkbox"/> NO The offense is being committed in relation to the person's drug use / disease of addiction. <input type="checkbox"/> YES <input type="checkbox"/> NO Today's incident does not involve violence or threat of violence toward others. <input type="checkbox"/> YES <input type="checkbox"/> NO The subject is an adult.			
NAME	DOB	GENDER	RACE
HEIGHT	WEIGHT	EYES	HAIR
ADDRESS			
PHONE	EMAIL		
ANSWER ALL 4 QUESTIONS			
1. No history of violence in the last 3 years.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE	
2. Not actively on probation or parole.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE	
3. Either not currently on bail, or they are on bail for an Approved MARI Bail List offense*	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE	
4. Has ties to Madison or Dane County	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE	
If you selected "ELIGIBLE" for all four questions, did you offer a MARI referral?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
If not, why not?			
Did the person accept the MARI referral?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
Reason given, if any:			
MARI LAW ENFORCEMENT REFERRAL ACCEPTANCE			
I, _____, understand that I have been contacted by the Madison Police Department reference a violation of Wisconsin State Law or City of Madison Ordinance. I agree to be referred to the Madison Addiction Recovery Initiative (MARI) program in order to enter into treatment. I agree to go to meet with the Program Coordinator/Addiction Counselor as part of this referral. I understand because of my participation in the MARI program the Madison Police Department will not refer my current offense to prosecuting agencies at this time. If I successfully complete the six-month program and commit no further offenses, the current offense will then be disregarded permanently. I understand that if I do not successfully complete the program, the Madison Police Department will refer the original charges to the Dane County District Attorney's Office or the Madison City Attorney's Office for prosecution.			
SIGNATURE OF PARTICIPANT		DATE	
DISPOSITION			
<input type="checkbox"/> Muni Cite & Release	<input type="checkbox"/> Misd Cite & Release	<input type="checkbox"/> Booked in PSB	<input type="checkbox"/> Release w/o Charge
OFFICER NAME	SN	DATE COMPLETED	
MARI LAW SELF REFERRAL: COMPLETE ONLY THE FOLLOWING FIELDS: CASE #, DATE, NAME, ADDRESS, PHONE, EMAIL, OFFICER NAME/ID			
On _____ at _____ I was contacted by _____ who expressed an interest in entering the Madison Addiction Recovery Initiative (MARI) program. I supplied him/her with the necessary MARI contact information. There was no violation of any Wisconsin Statutes or City of Madison Ordinances and there was no law enforcement investigation. This referral is not in relation to a violation of Wisconsin Statutes or City of Madison Ordinances or a law enforcement investigation. The person was provided the MARI information.			

WHITE COPY - REFERRED PERSON

PINK COPY - MPD

*SEE BACK OF FORM

211 S CARROLL ST MADISON WI 53703

www.madisonpolice.com

Rev. 08/23/2017 MARI.docx

MADISON ADDICTION RECOVERY INITIATIVE

CITY OF MADISON POLICE DEPARTMENT

MARI REFERRAL (THERE IS A CHARGE)

You have been contacted by the Madison Police Department in reference to an offense that involves or is related to addiction and have been identified as a person who may benefit from participating in the Madison Addiction Recovery Initiative (MARI) program. MARI assists people with addiction issues who have committed low level offenses by deferring criminal charges in place of treatment. The process is as follows:

- Officer has contact with you at the scene of the incident. During the investigation, the officer will speak to you and determine if you are eligible to participate in the MARI program.
- Once it is determined you may be eligible for the MARI program, you will need to sign this form before the referral can be made. The process of signing the form and the phone call to Connections Counseling needs to take place within 72 hours.

By signing this form, you have expressed your interest in obtaining treatment for your addiction in place of being charged criminally for the offense in which you were contacted by MPD.

- You must call Connections Counseling within 72 hours to set up an appointment to meet with their intake counselor. That number is (608) 233-2100 ext. 2017. Failure to call and/or meet with Connections Counseling will result in this charge being referred to the District Attorney's Office or City Attorney's Office for prosecution.
- Connections Counseling will then work with you in setting up your treatment plan and you will begin your journey to recovery and a fresh start!

Should you have any questions about the MARI process or any charges that may be deferred, please contact the Madison Police Department MARI Coordinator at (608) 261-8591.

SELF REFERRAL TO TREATMENT (NO CHARGES)

If you have questions about accessing treatment, please call Dane County Department Human Services 608-242-6437.

Should you have any questions about the MARI process, please contact the Madison Police Department MARI Coordinator at (608) 261-8591.

211 S CARROLL ST MADISON WI 53703

www.madisonpolice.com

MARI.docx

Current MARI Referral Form



CITY OF MADISON POLICE DEPARTMENT

CONNECTIONS
COUNSELING LLC
together we recover

MADISON ADDICTION RECOVERY INITIATIVE

MPD CASE #		DATE OF OFFENSE	
------------	--	-----------------	--

IF YOU ANSWER YES TO ALL, COMPLETE THE FORM AND ROUTE TO MPD MARI COORDINATOR

<input type="checkbox"/> YES	<input type="checkbox"/> NO	The offense being considered is included in the MARI Eligible Offense List. *(see reverse of pink page)
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The offense is being committed in relation to the person's drug use/disease of addiction.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	Today's incident does not involve violence or threat of violence toward others.
<input type="checkbox"/> YES	<input type="checkbox"/> NO	The subject is an adult.

REFERRED INDIVIDUAL

NAME	DOB	GENDER	RACE
ADDRESS			
PHONE	EMAIL		

OFFICER ANSWERS BOTH QUESTIONS (if yes, person is eligible)

1. Resides in or has some residential ties to Dane County.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE
2. Not actively on probation or parole.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE

MARI LAW ENFORCEMENT REFERRAL ACCEPTANCE

I understand that I have been contacted by the Madison Police Department reference a violation of Wisconsin State Law or City of Madison Ordinance. I agree to be referred to the Madison Addiction Recovery Initiative (MARI) program in order to enter into treatment. I agree to go to meet with the Program Coordinator/Addiction Counselor as part of this referral. I understand because of my participation in the MARI program the Madison Police Department will not refer my current offense to prosecuting agencies at this time. If I successfully complete the six-month program and commit no further offenses, the current offense will then be disregarded permanently. I understand that if I do not successfully complete the program, the Madison Police Department will refer the original charges to the Dane County District Attorney's Office or the Madison City Attorney's Office for prosecution.

SIGNATURE OF PARTICIPANT	DATE
--------------------------	------

PERSON REFUSED REFERRAL

<input type="checkbox"/> YES	Reason if given:
------------------------------	------------------

DISPOSITION (check one)

<input type="checkbox"/> Misdemeanor Cite & Release	<input type="checkbox"/> Muni Cite and Release	<input type="checkbox"/> Booked In PSB	<input type="checkbox"/> SELF REFERRAL
OFFICER NAME	IBM	DATE	

MARI COORDINATOR USE ONLY

1. History of violence in the last three years.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE
2. Disqualifying bail conditions.	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> NOT ELIGIBLE

Charges related to referral:

MARI LE SELF REFERRAL

Officer completes case #, date, name, address, phone, email, disposition (check self referral), officer name and IBM. Form serves as report.

On today's date, I was contacted by the referred individual who expressed an interest in entering the Madison Addiction Recovery Initiative (MARI) program. I supplied him/her with the necessary MARI contact information. There was no violation of any Wisconsin Statutes or City of Madison Ordinances and there was no law enforcement investigation. This referral is not in relation to a violation of Wisconsin Statutes or City of Madison Ordinances or a law enforcement investigation. The person was directed to call Dane County Human Services at 608-242-6437.

WHITE COPY - REFERRED PERSON

PINK COPY - MPD

*SEE BACK OF FORM

211 S-CARROLL ST MADISON WI 53703

www.madisonpolice.com

Rev. 10/19/2019-MARI.docx

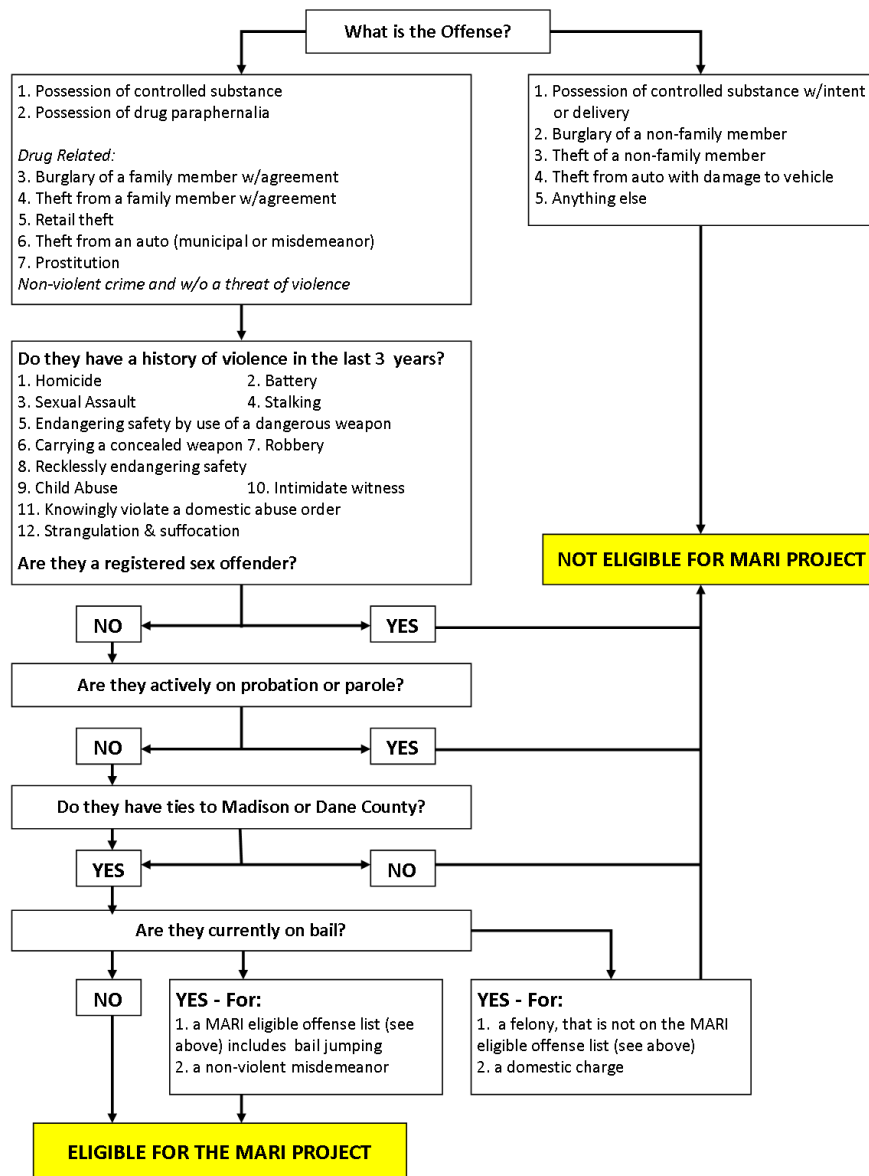
MARI LE Referral Acceptance

I _____ understand that I have been contacted by the Madison Police Department reference a violation of Wisconsin State Law or City of Madison Ordinance. I agree to be referred to the Madison Addiction Recovery Initiative (MARI) program in order to enter into treatment. I agree to go to meet with the Program Coordinator/Addiction Counselor as part of this referral. I understand because of my participation in the MARI program the Madison Police Department will not refer my current offense to prosecuting agencies at this time. If I successfully complete the six-month program and commit no further offenses, the current offense will then be disregarded permanently. I understand that if I do not successfully complete the program, the Madison Police Department will refer the original charges to the Dane County District Attorney's Office or the Madison City Attorney's Office for prosecution.

Signature of Participant:

Date:

MARI LE Referral Acceptance





Connections Counseling LLC
5005 University Ave, Ste 100, Madison, WI, 53705
Phone #: 608-233-2100, Fax #: 608-233-2101

MARI Program ROI

AUTHORIZATION OF DISCLOSURE OF MEDICAL INFORMATION

1. Patient Information

Name: **Test Test** Patient DOB: **2014-04-02**

2. Type of Information to be released is:

- Information needed to monitor your compliance to MARI program, your care plan and recommendations of Connections staff and treatment providers
- Clinical assessment documentation including diagnoses, level of biosocial severity and function and received treatment type
- Verbal communication between Connections staff, MARI diversion partners named in section 4 below and your treatment provider including discussions regarding the above topics.

3. Records disclosed From/To:

Connections Counseling, LLC, 5005 University Ave, Ste 100, Madison, WI 53705

4. Records disclosed To/From multiple parties supporting MARI diversion program:

1. **Madison Police Department**, 211 S. Carroll St, Madison, WI 53703, ph: 608.255.2345
2. **Safe Communities**, P.O. Box 6652, Madison, WI 53716-0652 ph 608.441.3060
3. **Dane County Dept of Human Services**, 1202 Northport Dr, Madison, WI 53704 ph 608.242.6488

5. Purpose or need for disclosure.

MARI Recovery Diversion Program coordination, administration and compliance

6. Duration: This authorization will remain in effect for 1 year (365 days) from date of signature below unless revoked via written request. Revocation must be faxed or delivered via US mail to Connections Counseling LLC, Attn: MARI Medical Records, 5005 University Ave Ste 100, Madison, WI 53705 or fax 608.233.2101:

I understand that my mental health and/or alcohol/drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol/Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act (HIPAA) of 1996, 45 C.F.R. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. This Disclosure Authorization is specifically intended to include any references to diagnosis, testing, and/or treatments, including, mental health services and alcohol/drug services. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it, including provision of health care services requiring subsequent disclosure to effect payment. Unauthorized re-disclosure by recipient is prohibited, but may be a potential risk. I understand that I do not have to sign this authorization in order to receive health care benefits, except for health care services necessary to create an assessment or report for disclosure to the recipient identified in this authorization. In any event, this authorization expires automatically as follows: 1 year from patient's authorization and signature or immediately after the patient's revocation of authorization.

Patient Signature:

Date :

https://dcaest.dcloudemr.com/ehr/interface/main/main_screen.php?site=connections#?main=forms/newpatient/new.php?autoloaded=1&calenc=&nam... 1/2

2. Type of Information to be released is:

- Information needed to monitor your compliance to MARI program, your care plan and recommendations of Connections staff and treatment providers
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3. **Dane County Dept of Human Services**, 1202 Northport Dr, Madison, WI 53704 ph 608.242.6488

5. Purpose or need for disclosure.

MARI Recovery Diversion Program coordination, administration and compliance

Current MARI ROI Form

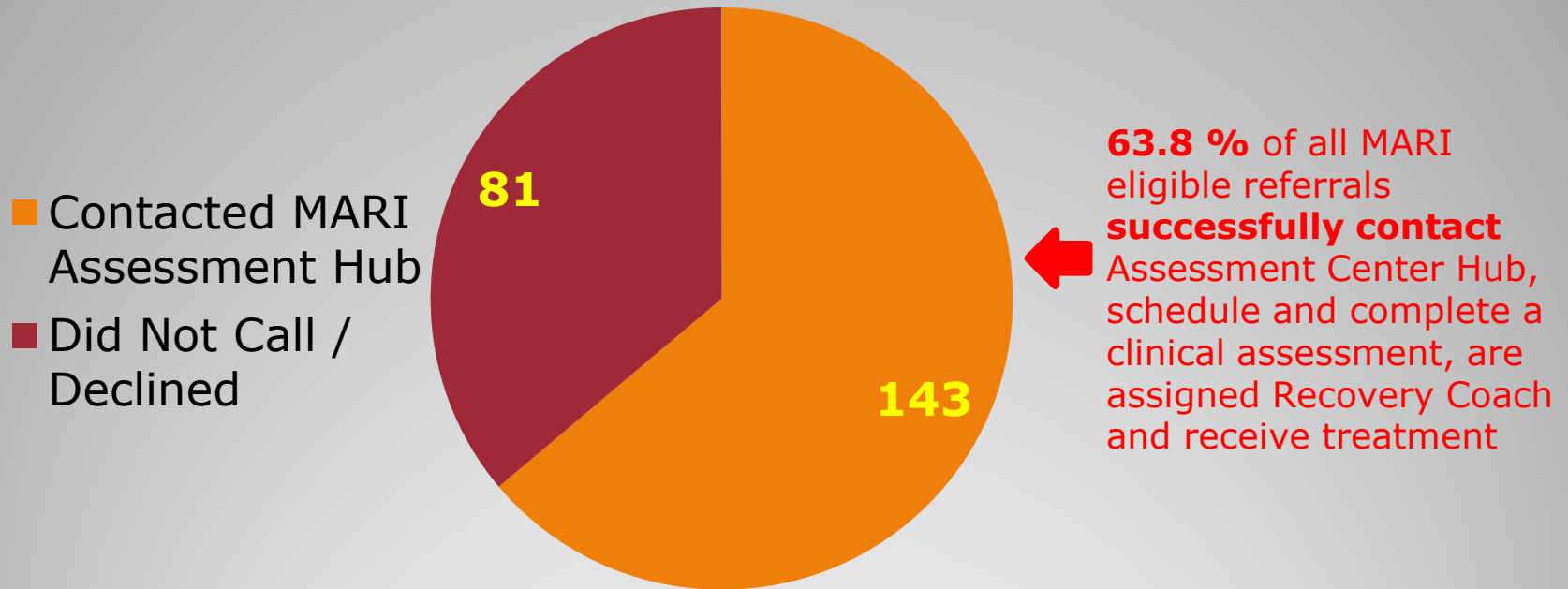
- **Planning phase** (Oct 2016 – Aug 2017)
- **Spring In-Service MARI Training** (April-June 2017)
 - *One hour presentation from person living w/ addiction.*
 - *One hour overview of proposed MARI implementation.*
- **MARI “Go Live” Date** (September 1, 2017)
 - *Chief Koval video & Briefing Training*
- **On going evaluation process:**
 - Monthly MARI Operations Team meetings.
 - Weekly MARI Participant Referral meetings.
- **MPD MARI officer survey** (May-June 2018).
- **Process improvements & re-training** (Sept 2018).
- **Preliminary Evaluation Results** - UW Department of Family Medicine (June 2019). BJA Grant Extension.

MPD MARI Implementation

- **Over 280** total MARI referrals by officers since Sept 2017
- **56** MARI referrals ruled “not eligible” for MARI.
- **224** MARI eligible referrals sent to assessment center hub.
- **143** offenders contact hub, assigned Recovery Coach, complete clinical assessment & received treatment plan.
- **70** MARI offenders have successfully completed SIX months compliance with treatment plan. **30** currently participating in MARI and compliant with treatment.
- **43** offenders have been “Discharged Unsuccessful” from MARI program and charges sent to DA/CA Office.
- **81** MARI eligible offenders were referred assessment center hub and either “Did Not Call” or declined to participate in MARI when later contacted.
- **12** MARI referrals from Dane County Sherriff’s Office.

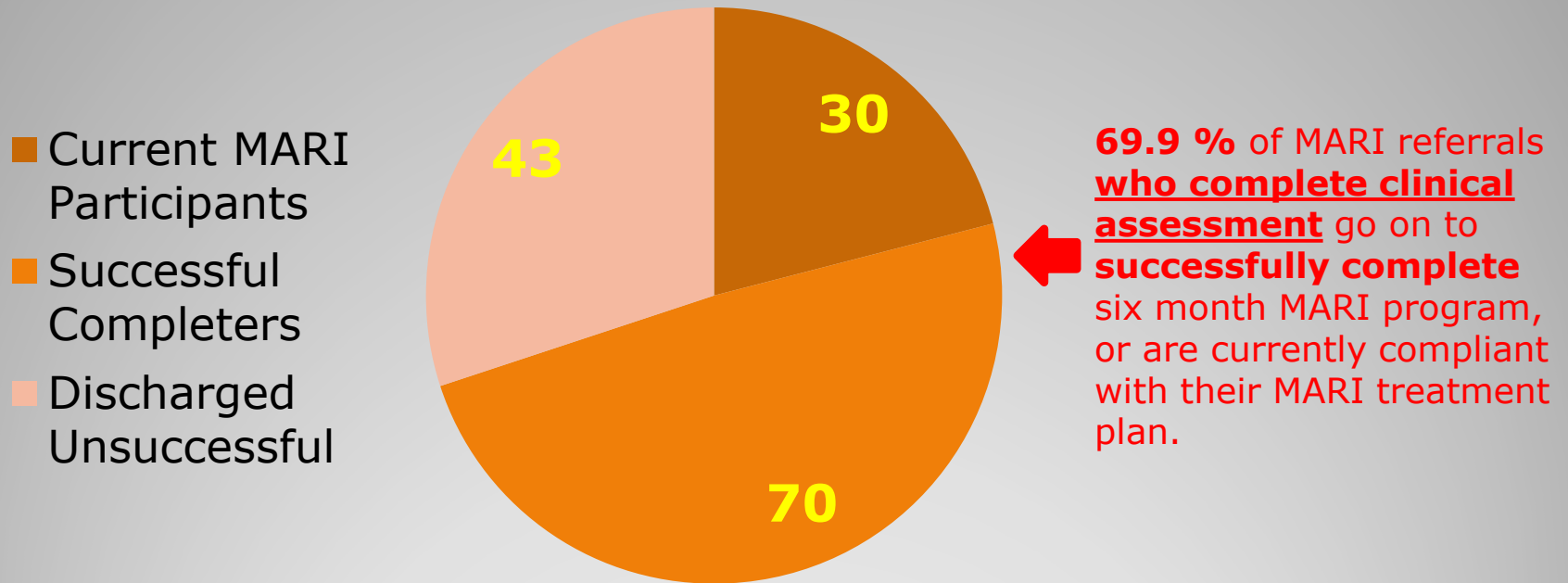
MARI Results (as of 03/05/20)

MARI Eligible Referrals (N=224)



MARI Results (as of 03/05/20)

MARI Program Participants (N=143)



MARI Results (as of 03/05/20)

- **New DOJ "*Pathways to Recovery*" COAP Grant**
 - Three year \$1,200,000 grant (2019-AR-BX-K032)
 - Expands MARI to other LE agencies (Madison AREA Addiction Recovery Initiative or MAARI).
 - Incorporates Self Referral (Safe Stations), active community outreach, "Naloxone Plus" and Quick Response Teams.
 - Grant helps fund numerous positions over 3 years:
 - MPD Addiction Resource Officer
 - MPD Data Analyst
 - Dane County Public Health Project Coordinator
 - MFD Community Paramedic Position
 - Dane County Human Services Peer Support Coordinator & MAARI Recovery Coaches.
 - Project evaluation by UW Population Health Institute.

MAARI – Madison AREA Addiction Recovery Initiative

- MAARI Expansion to other Dane County LE agencies
- Madison Police Department MARI coordinator:
 - PO Bernie Albright BAlbright@cityofmadison.com
- Dane County Sheriff's Office MARI coordinator:
 - Lt. Gordon Bahler Bahler@danesherriff.com
- Dane County Human Services implementation of Universal Access Center (summer 2020). Contact = Carrie Simon.
- Create Dane County Chief's "Work Group" or MAARI sub-committee to explore Fall 2020 implementation ?!?!
- MAARI implementation & technical assistance available from Safe Communities Madison-Dane County through 09/30/20.

**Next steps & resources for local
LE in Dane County...**

Madison Police Department

Captain Matt Tye, MTye@cityofmadison.com

Officer Bernie Albright, BAlbright@cityofmadison.com

Connections Counseling, LLC

Kim Hurd, Kim.Hurd@connections counseling.com

Public Health Madison & Dane County

Sarah Johnson, SJohnson@publichealthmdc.com

Dane County Department of Human Service

Christine Taylor, Taylor.Christine@countyofdane.com

UW Department of Family Medicine (now Penn State)

Dr. Aleksandra Zgierska, Aezgierska@gmail.com

Safe Communities/Project Coordinator

Joe Balles, joseph.balles@gmail.com

MARI Operations Team