



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

March 31, 2026

The Honorable Howard L. Marklein, Senate Co-Chair
Joint Committee on Finance
Room 316 East
State Capitol
P.O. Box 7882
Madison, WI 53707

The Honorable Mark Born, Assembly Co-Chair
Joint Committee on Finance
Room 308 East
State Capitol
P.O. Box 8952
Madison, WI 53708

Dear Senator Marklein and Representative Born:

Below is the Fiscal Year 26 Quarter 3 (FY 26 Q3) report of expenditures from the opioid settlement dollars received through the National Prescription Opiate Litigation, Case No. MDL 2804 (NPOL).

A. *Settlement Funds Received*

All Settlement Funds Received	
2022 Total	\$ 30,704,645.33
2023 Total	\$ 7,988,983.36
2024 Total	\$ 36,572,223.37
2025 Total	\$ 14,524,788.48
February 2026	\$ 88,336.71
TOTAL	\$ 89,878,977.25

B. Funding Amounts Awarded or Allocated

As of March 31, 2026, DHS has no funding opportunities open for application, no funding opportunities under review, and a cumulative total of \$84,567,771 in awards and allocations.

Funding Opportunities Under Review:

DHS has no funding opportunities under review.

Awarded & Allocated Funds:

The following table summarizes the amount of funding DHS allocated and awarded by category of use during FY 26 Q3 and cumulatively.

Funding Awards & Allocations by Category			
Category	Previous Awards	FY 26 Q3	Cumulative Awards
TOTAL	\$ 73,367,771	\$ 11,200,000	\$ 84,567,771
Naloxone Direct Program Drug Checking Technologies	\$ 9,504,771	\$ 200,000	\$ 9,704,771
Capital Projects	\$ 17,700,000	\$ -	\$ 17,700,000
Funding for Tribal Nations	\$ 12,000,000	\$ 9,000,000	\$ 21,000,000
Central Alert System	\$ 500,000	\$ -	\$ 500,000
K-12 Evidence-Based Prevention	\$ 1,250,000	\$ -	\$ 1,250,000
Medication Assisted Treatment	\$ 5,500,000	\$ -	\$ 5,500,000
Room & Board for Residential Treatment	\$ 10,750,000	\$ -	\$ 10,750,000
Law Enforcement Agencies	\$ 7,000,000	\$ -	\$ 7,000,000
Statewide Prevention	\$ 1,750,000	\$ -	\$ 1,750,000
Hub and Spoke Pilot Program	\$ 500,000	\$ -	\$ 500,000
Substance Use Disorder Treatment Platform	\$ 1,500,000	\$ -	\$ 1,500,000
Surgical Collaborative of Wisconsin	\$ 300,000	\$ -	\$ 300,000
Community Based Prevention - AWY	\$ 500,000	\$ -	\$ 500,000
Medical College of Wisconsin - Periscope Project	\$ 600,000	\$ -	\$ 600,000
Harm Reduction - DOC	\$ 500,000	\$ -	\$ 500,000
Data Collection & Surveillance System	\$ 1,500,000	\$ -	\$ 1,500,000
Community Based Prevention - Opioid Prevention	\$ 1,000,000	\$ -	\$ 1,000,000
Peer Services in OTP/OBOT & Mobile Units	\$ 1,013,000	\$ -	\$ 1,013,000
Urban Rural Women's Substance Use Treatment	\$ -	\$ 2,000,000	\$ 2,000,000

Room and Board Costs for Medicaid Members with an Opioid Use Disorder or at Risk for an Overdose in Residential Substance Use Disorder Treatment Programs

As reported in the previous quarterly report, DHS allocated \$3 million in SFY 26 NPOL settlement funds to fund room and board costs for Medicaid recipients who receive services under Medicaid’s residential substance use disorder treatment program. Award details can be found in Appendix A.

Law Enforcement Opioid Abatement Efforts

As reported in the previous quarterly report, DHS allocated \$1 million in SFY 26 NPOL settlement funds to support current Law Enforcement Opioid Abatement grantees to sustain and grow existing strategies which include medication-assisted treatment (MAT) services in jails and MAT education and awareness training for staff. Award details can be found in Appendix A.

Mail Order Overdose Prevention Program

During the previous reporting, DHS allocated \$200,000 in NPOL settlement funds and released a funding opportunity to support a Mail Order Overdose Prevention Program that provides overdose prevention supplies including naloxone and drug checking kits through a confidential online ordering platform and discrete mail delivery system. Mail order programs lower barriers to accessing services including cost, transportation, and hours of operation. This program is an opportunity to expand services and prevent overdose deaths in communities that are not otherwise receiving services.

Vital Strategies currently supports the administration of an overdose prevention mail order program in Wisconsin. Vital Strategies’ support for this program is anticipated to end in fall 2026. DHS recognizes

the benefit of reducing barriers to provide access to lifesaving supplies and allocated opioid settlement funds to sustain a mail order program for overdose prevention supplies. Applications for this funding opportunity were reviewed, and award details can be found in Appendix A.

Tribal Allocations

DHS has allocated \$9 million in SFY 26 NPOL settlement funds to federally recognized tribes in Wisconsin. Data continues to show health inequities in Wisconsin related to the opioid epidemic. Opioid-related deaths are disproportionately higher for the Native American population. This allocation includes the requirement that tribes identify strategies across the continuum of prevention, overdose and infectious disease prevention, treatment, and recovery for which they plan to use the funds, including culturally relevant strategies to prevent opioid use, promote health, and community practices. Funds will be distributed evenly amongst all 11 federally recognized tribes. The contracting process has begun and will include an 18-month contract period. Further details and award amounts will be shared in future reports.

Urban Rural Women's Substance Use Treatment Services

DHS has allocated \$2 million in SFY 26 settlement funds to support expansion of Urban Rural Women's Substance Use Treatment services. Pregnant and parenting women with a substance use disorder (SUD) experience significant barriers to accessing evidence-based, gender-responsive SUD services. According to Wisconsin Program Participation System data, the number of pregnant women accessing SUD treatment services has gone down steadily since 2019 while drug overdose deaths among women ages 15-44 have increased since 2020. The Wisconsin Maternal Mortality Review Team (MMRT) found that 50% of all 2016-2019 pregnancy-associated overdose deaths occurred 6-12 months after pregnancy. Critical factors that contributed to death include lack of housing, traumatic events such as miscarriage, lack of education for patients and families around the increased risk of overdose postpartum, and a gap in wraparound care coordination services during times of transition between care facilities or when discharged to home. Further details regarding awarded agencies and award amounts will be shared in future reports.

C. Funding Expenditures

As of March 10, 2026, a total of \$46,812,300 in expenditures have been recorded for programs supported with settlement funds; this includes \$41,164,700 in reported previous expenditures (\$1,188,000 in additional expenditures posted to FY 26 Q2 after the last report was submitted) and \$5,647,600 of expenditures in FY 26 Q3.

Under the state's accounting and contracting systems, in most circumstances, a grantee must report expenditures to the state under its contract. The state then makes payments to the grantee based on those reported expenses within required timeframes. In some circumstances, a grantee will not report expenditures to the state until the end of the project, requesting a single payment from the state. Once the state makes the payments, expenditures are recorded in the state accounting system for the contract.

The fact that a grant may have been approved or awarded does not necessarily mean funds have been expended. DHS does not pre-pay for services supported by these grants. Recipients first incur costs, then submit qualifying expenses to DHS for reimbursement according to the contracted agreement. The terms and conditions of the release of the funds are provided in the signed and executed contracts between DHS and grant awardees. The short timeframe in which DHS has been able to create, open, and award new funding opportunities for partners impacts the ability for those partners to have begun using their awarded funds and invoicing DHS for reimbursement, as many of them have a pending application, just received a notice of award, or are engaged in contract negotiations.

Expenditures by Category			
Category	Previously Expended	FY 26 Q3 Expenditures	Cumulative Expenditures
TOTAL	\$ 41,164,700	\$ 5,647,600	\$ 46,812,300
Expand Narcan® Direct Program	\$ 5,321,200	\$ -	\$ 5,321,200
Distribute Fentanyl Test Strips	\$ 673,200	\$ -	\$ 673,200
Capital Projects	\$ 11,712,200	\$ 1,584,600	\$ 13,296,800
Funding for Tribal Nations	\$ 8,428,900	\$ 593,300	\$ 9,022,200
K-12 Evidence-Based Prevention	\$ 637,400	\$ -	\$ 637,400
Medication Assisted Treatment	\$ 3,179,700	\$ 2,045,900	\$ 5,225,600
Room and Board for Residential Treatment	\$ 4,858,600	\$ 547,100	\$ 5,405,700
Law Enforcement Agencies	\$ 2,254,500	\$ 776,000	\$ 3,030,500
Statewide After-School Prevention	\$ 1,750,000	\$ -	\$ 1,750,000
Hub and Spoke Pilot Program	\$ 500,000	\$ -	\$ 500,000
Substance Use Disorder Treatment Platform	\$ 574,300	\$ 25,000	\$ 599,300
Surgical Collaborative of Wisconsin	\$ 293,600	\$ -	\$ 293,600
Opioid & Methamphetamine Data System	\$ 52,700	\$ -	\$ 52,700
Community-Based Prevention	\$ 449,000	\$ 20,600	\$ 469,600
Medical College of Wisconsin	\$ 479,400	\$ 55,100	\$ 534,500

D. Listing of Individual Recipients of Awarded Funds

Please see Section B and Appendix A for recipients of awarded funds.

E. Program Accomplishments or Other Relevant Metrics Resulting from Awarded Funds

In these quarterly documents, DHS will report on program accomplishments and other relevant metrics as funds are awarded and initiatives implemented. All information provided below reflects the reports received by DHS at the time of writing. DHS continues to work with grantees and any additional information provided will be shared with the Committee in future reports. The following is a summary of program accomplishments and other relevant metrics as of this quarter.

Naloxone Direct Program, Drug Checking & First Responder Overdose Prevention Supplies

The Naloxone Direct Program (NDP) provides naloxone, the overdose reversal and life-saving medication, and drug checking supplies to county or municipal health departments, county human services departments, tribal health clinics, syringe access programs, and recovery community organizations. DHS also provides naloxone and drug checking supplies to law enforcement agencies and emergency medical services (EMS). DHS continues to braid multiple funding sources including settlement funds to allow for awards to support statewide naloxone saturation efforts and drug checking supply distribution.

During this reporting period (November 2025 – January 2026), the NDP (including EMS and law enforcement) reports training 6,112 people in overdose prevention and naloxone administration and distributing 15,786 4mg naloxone kits, 501 3mg naloxone kits, and 1,184 intramuscular naloxone doses (total of 33,758 doses all formulations combined). Agencies reported 478 successful overdose reversals. Due to data collection limitations, the number of successful overdose reversals is an underreported amount.

This reporting period, law enforcement Leave Behind Programs distributed a total of 261 fentanyl test strip kits (1 strip per kit) and served an estimated 261 individuals through Leave Behind Program services. EMS distributed a total of 1,245 fentanyl test strip kits (1 strip per kit) and served an estimated 841 individuals through Leave Behind Program services.

Harm Reduction Strategies – DOC

DHS was directed to fund harm reduction initiatives, including but not limited to programs that DHS currently administers. Of the funding for harm reduction strategies, DHS has allocated \$500,000 to the Department of Corrections for harm reduction strategies to fund the following initiatives: Locked Medication Storage, Peer Supported Comprehensive Reentry, and Sobriety Treatment Assisted

Recovery. DHS is actively working on contracting with DOC on these projects. Further details will be shared in future reports.

Capital Projects

Community-based providers offering prevention, harm reduction, treatment, and recovery services for individuals with an opioid use disorder (OUD) were previously invited to apply for funds to support capital projects expanding services in Wisconsin. During the first round of awards, DHS awarded part of this funding for a capital project that supports the expansion of bed capacity for the treatment of pregnant and post-partum women in a family-centered treatment environment. Two of the three awarded agency contracts currently remain active. Contracting activities with Lighthouse Recovery Community Center, Inc. in Manitowoc County successfully concluded. Information regarding this project can be located in previous quarterly reports.

The second round of Capital Project funding concluded, allocating \$7.7 million for projects that would expand prevention, harm reduction, treatment, and recovery services through the construction of new facilities and renovations of existing facilities. Two applications were awarded, and contracting has completed.

First Round Funding:

Arbor Place (Dunn County)

Prior to the reporting period of **November 1, 2025, to January 31, 2026**, Arbor Place successfully completed construction on its capital project, marking a major milestone for the organization. To celebrate this achievement and introduce the new space to the community, a public open house was held on September 24, 2025, drawing over 200 attendees. The occupancy permit and the DHS 75 license were obtained in early November, and direct delivery of services began in the new unit on November 14, 2025. All grant funds have been expended. No further updates on this project will be provided.

Meta House (Milwaukee County)

At the start of this reporting period, construction of the Meta House campus was approximately 64% complete. By the end of January 2026, construction was approximately 75% complete.

Interior construction continued steadily throughout the reporting period. Drywall installation, taping, and finishing progressed in both the outpatient/administration and inpatient/residential buildings, with several areas moving into final paint stages. Flooring installation began in administrative areas, including carpet tile, and ceramic tile. Installation of casework, doors, and hardware were completed or underway in multiple program and administrative spaces. Mechanical, electrical, plumbing, and fire protection systems advanced through rough-ins and initial finish work. Rooftop units were connected. Painting progressed throughout stairwells, corridors, residential areas, and office spaces.

Exterior work also advanced during this period despite winter conditions. The driveway approach was poured, and clay topping was installed in the courtyard. Brick veneer and masonry work were completed and patched as needed, with exterior caulking continuing. Metal panel installation progressed on multiple elevations of both buildings, and insulation advanced on the inpatient/residential structure. Glazing and curtain wall systems were installed, and parking lot lighting poles were set. Work also continued in the central reception hub, including backfilling, stone placement, slab-on-grade pours, and exterior framing.

Looking ahead, construction activity will continue to focus on interior finishes within the inpatient/residential building, including flooring, paint, casework, and final installations. Work will also continue in the hub area, with remaining structural and exterior elements progressing toward enclosure. Exterior caulking, final metal panel facade installation, and site work will resume as weather allows. The project remains on schedule for completion in Q3 2026 and continues to stay within budget.

Second Round Funding:

United Community Center (UCC) (Milwaukee County)

UCC is making progress toward the construction of its new men's residential facility. Their kickoff is scheduled for May 28, 2026.

Apricity (Winnebago County)

Construction Update: Phase One construction was actively underway throughout this period. Footings and foundation were completed. The new addition was connected underground to the existing building. The project remained approximately three to four months behind schedule due to earlier delays, resulting in added winter construction costs. Room layouts were finalized and electrical and IT needs were identified by room. Wall finishes, flooring, casework, and lighting have been selected. Contracts have been executed for bedroom and office furniture procurement.

Funding for Tribal Nations

DHS is supporting federally recognized Tribal nations in providing a spectrum of strategies across the continuum of care to address their unique conditions; provide programs and activities with minimal demands or barriers for participants, while building upon the strengths of local tribal culture, tradition, and practices; and provide high quality, effective, equitable, understandable, and respectful prevention, harm reduction, treatment, and recovery efforts and services that are responsive to diverse cultural health belief and practices, preferred languages, health literacy, and other communication needs. While contracting with nine federally recognized tribal nations, DHS continues to provide technical assistance and attends the Tribal State Collaboration for Positive Change (TSCPC) monthly meetings.

Bad River Band of Lake Superior Chippewa – This year's project is focused on a new initiative: Youth Substance Abuse Prevention (YSAP) Programming, which is defined as culturally-based, and evidence-backed programs designed to engage youth in positive activities to prevent the onset of substance use disorder. This funding supports key staff positions for developing youth substance use prevention programming. During the reporting period, project staff have been meeting weekly in planning sessions for the development of new programming. They also support youth daily at the Wellness Center and in the local schools for cultural-based and sports-based activities. They had planned a community kickoff event of the YSAP in December, to sign youth and other community members up for the YSAP advisory board and to introduce the community to the YSAP concept. This event was rescheduled to January because of weather closures.

A successful community event to introduce the YSAP concept to the community was held during this reporting period. Sixty-three adults and youth participated in the evening event at the Bad River Wellness Center, which involved visiting activity stations with their family to play team-based games. The stations included: snowsnake (a traditional Ojibwe throwing game), basketball, drug use prevention trivia, GONA table games, seek-and-find in the pool, tug-o-war (parents v. kids), leg wrestling, cornhole and mental health/self-esteem improvement. The stations were staffed by staff from the wellness center, clinic, harm reduction and community members in early recovery. Participants who completed all activity stations received a chance to win a raffle prize. The event was well-received by the community and ten high school students signed up to participate in the advisory board to plan more activities and lead programming on youth substance abuse prevention in the community.

Services provided this reporting period include: 52 individuals with recent opioid or stimulant use who received nutrition support and 85 youth enrolled in drug prevention programming.

Forest County Potawatomi Community (FCPC) – The program is designed to equip individuals with essential life skills that foster independence and encourage successful integration into the community. They provide training in assertiveness to help clients effectively communicate their needs and assert their rights, as well as coping strategies to manage stress and adversity. Nutritional health, cultural competencies, and emotional regulation skills have been at the forefront and clients seem to enjoy it.

They place strong emphasis on developing communication and social skills, as they are essential for building meaningful relationships. To encourage social engagement, they provide transportation services that allow clients to attend various community events. By actively participating in these activities, clients can increase their comfort level within the community and develop a sense of belonging. Their ultimate goal is to empower individuals to become valued and constructive members of society, enriching both their own lives and the broader community. Additionally, they offer support to help individuals identify triggers and cravings in their relapse prevention group. During this reporting period eight individuals were served.

They have had multiple successful graduations from November 1 – January 31. Due to their continuously rising success rates, the relationship with the FCPC Wellness Court Program is soaring. The individuals who graduated during this time remained in recovery and are giving back to their community. The positive outcome is members are being supported in a sober living environment where they are learning to live without substances. The availability to provide this for members is substantial as they have several members that have struggled with addiction for decades now living in a sober home, obtaining employment and being self-sufficient.

Ho-Chunk Nation (HCN) – From November 1, 2025, through January 31, 2026, the project successfully transitioned staffing to tribal nation opioid abatement efforts funding while maintaining seamless service delivery through the Hosti Hopii House team. The Empowering Women program supported 14 participants across Nekoosa, Wittenberg, Wausau, and Keshena, providing specialized support for opioid use disorder (OUD) and other substance use disorders (SUD). By integrating culturally grounded healing with recovery pathways like Wellbriety and SMART Recovery, the initiative addressed the complex needs of those in recovery through a trauma-informed framework.

To bolster long-term sobriety, the project collaborated with the Ho-Chunk Nation Department of Health and Child & Family Services to provide physical wellness, nutritional education, and family-strengthening groups. Staff mitigated relapse risks by securing safe housing and providing transportation to behavioral health and legal appointments. These efforts yielded high impact results, including several participants advancing in the workforce and one individual successfully regaining physical custody of her children, demonstrating the program’s efficacy in fostering stability and recovery from OUD and SUD.

Other updates include the Equine Assisted Learning is planning on having a client service & curriculum sampling in March/April 2026. Indigenous educational and interactive items and suggestions have been delivered to HCN Department of Education, HCN Library, Black River Falls School District, UW-Madison Indigenous Student Center, and behavioral health staff. Minuchin Structure Family Therapy Session Two is setting up a late spring 2026 anticipated delivery period. The Wisconsin Peer Specialist Employment Initiative Indigenous Peer Recovery Specialist Training is finalizing logistical negotiations for an early summer deliver period. HCN behavioral health is collaborating with other HCN agencies to get in on various community events in the coming months.

Lac Courte Oreilles Band of Lake Superior Chippewa (LCO) – During this reporting period, the Lac Courte Oreilles tribal nation opioid abatement efforts (TNOAE) focused on sustaining essential recovery and opioid reduction services while preparing for the conclusion of grant-funded Transitional Coordinated Care services within the TNOAE program.

The final quarter of the TNOAE funding is near completion and will be expended during this period. The program coordinator has worked closely with Tribal leadership and the LCO Health Center to explore long-term sustainability strategies for the Emergency Shelter and the Men’s Sober Living Home. Planning discussions are underway to ensure continuity of critical services for high-risk community members.

Endazhi-noojimong – LCO Men’s Sober Living Home:

The sober living home continues to provide structured recovery support grounded in peer accountability, 12-step principles, behavioral health education, and Ojibwe cultural practices. The home remains near

capacity, supporting eight participants at the end of January. Policies and standard operating procedures continue to be updated to strengthen operational consistency, improve documentation processes, and enhance the phasing up recovery model.

Endazhi-wiidookaazod – LCO Emergency Shelter:

The Emergency Shelter operated near full capacity throughout the quarter, with one guest securing stable housing. Emergency Shelter standard operating procedures were implemented to align services with trauma-informed care and evidence-based harm reduction practices. The shelter continues to prioritize safety, stability and connection to services for individuals experiencing homelessness and substance use challenges.

With the near end of these TNOAE grant funds, the Transitional Care Coordinator position was dissolved this quarter along with the LCO Tribal Nation Opioid Abatement Efforts Program (TNOAE). All remaining TNOAE program participants transitioned to peer recovery services through the LCO Health Center using coordinated warm handoffs. While the TCC services ended under this grant, its impact remains evident through strengthened referral systems and integrated peer support connections within the community.

The program coordinator continues oversight of the Emergency Shelter and Men’s Sober Living Home, continuing administrative supervision, policy updates, operational improvements, and partnership coordination. The program coordinator continues planning with the Tribal leadership and the LCO Health Center for long-term sustainability options. The program coordinator continues active collaboration with the LCO Behavioral Health Center/Bizhiki Wellness Center to support overdose prevention and recovery efforts among high-risk populations.

Ongoing collaborative efforts include monthly sobriety feasts, participation in opioid-related community events/meetings, opioid reduction initiatives, coordination of peer support services and evidence-based and trauma-informed care alignment. Four harm reduction vending machines remain active within the community.

The primary challenge during this reporting period was the near exhaustion of grant funding and the need to transition services while maintaining continuity of care. Efforts remain focused on sustaining essential recovery and housing services while securing sustainable funding.

Services provided and clients served this reporting period:

Service/Program/Activity	Number of People Served
Tribal Nation Opioid Abatement Program Participants	Nov/Dec 16 (12 female, 4 male)
Community Support Outreach Assistance for Individuals at Emergency Shelter	4 (4 female, 0 male)
Endazhi-noojiomg LCO Men’s Sober Living program participants	8 (0 female, 8 male)
LCO Emergency Shelter temporary stay individuals/harm reduction	Nov (9 female, 4 men, 4 children) Dec (8 female, 6 men, 4 children) Jan (8 female, 11 men, 3 children)

This quarter, one male sober living home program participant successfully transitioned out of the program after residing in the sober living home for over one year, demonstrating long-term stability and sustained recovery. Three female guests, including one child at the emergency shelter gained stable housing and moved out of the emergency shelter.

The sober living home continues to support individuals in recovery, and the emergency shelter continues to operate at capacity, providing stability and connection to resources for individuals experiencing homelessness and substance use challenges. Ongoing collaboration with the LCO Health Center includes discussions to provide services within both the shelter and sober living home to improve access to behavioral health, peer recovery, and medical support.

Lac du Flambeau Band of Lake Superior Chippewa – This period funds have been spent on supporting Lac du Flambeau members in sober living facilities. The Lac du Flambeau community’s New Years Eve Sobriety Pow Wow was sponsored with funding from this grant.

The positive outcome is that the members are being supported in a sober living environment where they are learning to live without substances. The availability to provide this to members is substantial as they have several members that have struggled with addiction for decades now living in a sober living home, obtaining employment, and being self-sufficient.

Menominee Indian Tribe of Wisconsin – The opioid abatement funds allowed them to help their collaborative partner, the Menominee Tribal Clinic, continue to prescribe and offer the naltrexone (Vivitrol) and buprenorphine (Sublocade). This removed the historical barrier of the financial burden and cost of treatment.

Another noteworthy area of change has been observed in the community’s fatal overdose numbers. In 2022 they lost seven people, in 2023 they lost nine people, in 2024 they lost one person, in 2025 they lost two people, and they currently have zero deaths in 2026. They report being grateful for this funding, as it has made a tremendous impact on their ability to help those who are struggling with opioid use.

During this reporting period one individual received residential services, six received hygiene kits and 34 people have begun receiving assisted treatment. They hosted one community event (New Year’s Eve Sobriety Pow-Wow).

Oneida Nation - They report 47 completed and 45 active participants in the medication assisted treatment services at the Oneida Community Health Center. The Kunhi-Yo “I’m Healthy” Overdose Awareness Conference planning has begun for August 29, 2026.

They have chosen the vendor for the public health vending machines and are in the process of implementing them. They have designed the outside, ordered the vending machine supplies, developed the layout and marketing campaign.

They have also started a partnership with TryCycle Data Systems to be able to provide 24/7 recovery support via a recovery app. The kickoff meeting is scheduled for February 25, 2026.

Red Cliff Band of Lake Superior Chippewa – The funding supported four positions this reporting period:

- The evaluation/data entry position is responsible for data collection/analysis associated with the Tribal Action Plan.
- The service facilitator trainee position works within the wrap around care program providing case management/coordination services.
- The social emotional coach position is located at the Bayfield School. The position provides intervention/connection to services for students/families.
- The Youth Outreach Mentor position is located at the Noojimo’iwewin Drop-in Center and partially at the Bayfield School. This position provides mentorship to the youth outreach positions and facilitates connection to services for families.

Substance use treatment (inpatient treatment) for opioid use is not a service provided within the Red Cliff service system. Tribal members are referred to outside providers; however, the coordination is conducted at the tribal level. This includes coordination of availability, payment, and transportation.

Work continues for the Indigenous Evaluation project. Over the reporting period, the goal was to create consistency with survey tools used in the community. The tool was developed in the previous period and used during Language Camp. It was used this period for the Women’s Wellness Event.

During this reporting period the following were provided: behavioral health services – two individuals received SUD treatment outside of the community; 14 individuals received service facilitation services; and naloxone was provided to ten individuals.

St. Croix Chippewa Indians of Wisconsin –The Wings of Migizi program is still active and initiatives persist. The hard work and dedication of both St. Croix’s peer specialist continue to have community wide impacts on the region. November is the latter half of the hunting season for the St. Croix Chippewa Indians of Wisconsin. Both peer support specialists report client work on comprehensive processing during the hunting season. Comprehensive processing includes harvesting more than meat from the animal, it includes teaching and using nearly every part of the animal. These teachings show clients the importance of cultivating every resource available not only in harvesting, but also on the significant relevance and applicability in their road to recovery as well. The St. Croix community experienced challenges when Supplemental Nutrition Assistance Program (SNAP) benefits were suspended nationally in November. Though the suspension of these benefits were felt in the community, Tribal members and program staff stepped up to respond. St. Croix responded with community meals and offering traditional harvesting resources to community members. Peer support specialists alongside clients and members took full advantage by harvesting enough resources to supply the community with fresh venison and food for the duration of the suspension of SNAP benefits. This allowed clients of the Wings of Migizi Program to contribute back to the community who support their ongoing recovery efforts.

Peer support specialist supported through funding continue working with clients of the program, conducting both individual and group interactions, participating collaboratively with other programs and supporting Tribal efforts in harm reduction and opioid abatement. Both specialists report various levels of turnover in their client files. Through a formal agreement between the Wings of Migizi Program and the Aanji-Bimaadiziwin Healing Center, efforts continue to increase. Aanji-Bimaadiziwin Healing Center is planning to host a Mending Broken Hearts training facilitated by the Wings of Migizi program, Tribal education, and St. Croix behavioral health staff.

The Mending Broken Hearts programs provide culturally based healing from grief, loss, and intergenerational trauma. Aanji-Bimaadiziwin is a sober living/treatment center where clients often connect with the Wings of Migizi peer support specialists. Peer support specialists continue to work with Tribal and local police, Tribal and county judges, district attorneys and local behavioral health departments alongside with clients. On a positive note, the St. Croix Tribal police department report not responding to overdose calls for service throughout 2025. This statistic demonstrates the positive impact within the St. Croix Tribal community of the combined and collaborative efforts of various teams.

Peer support, over the course of the year handed out and supported recovery efforts significantly. Two male peer support specialists serve in two areas of theory regarding recovery. Peer support specialist “one” serves as a strong advocate to recovery efforts. He is very active in the local recovery community supporting a myriad of recovery meetings both participating in and supporting clients within. Peer recovery specialist “two” takes a culturally traditional approach introducing clients to culturally appropriate activities that support and strengthen recovery efforts. Both take part in culturally appropriate activities and are now preparing for the spring season and into the summer. Peer support specialists continue their efforts in client advocacy. Some of those services have included items such as transportation, job coaching, court appearances along with clients, referrals and introductions to other Tribal and local services. Along with their advocacy, they continue to introduce and encourage client participation in big drum ceremonies, powwows, pipe ceremony, seasonal treaty and ceremonial activities, and all the preparation for these events. Referrals (both formal and informal) have been made to other recovery support systems within the Tribe, county, and other social supports. Some of those include Tribal behavioral health, Aurora community services, Tribal education, Aanji-Bimaadiziwin Healing Center, and other peer support specialists. The elder advisory board supported with these funds paused for a period for restructuring. Additionally, many members of this board have passed on causing gaps in the services they can provide. Plans are being developed to reintroduce this effort back to the program and the community.

Clients continue to rely on peer support specialists in their many stages of recovery. St. Croix Tribal peer support specialists have proven to have significant impacts on the regional community. During this reporting period, one individual, with the help of a peer support specialist, was removed from the tribal banishment list. It takes a significant amount of effort to be banished from the Tribe and to be allowed back. The latter takes even more effort and time to prove that one should be allowed back into Tribal communities. Through extensive combined efforts this individual was welcomed back into Tribal communities through a ceremony in front of leadership and other tribal members. Perry Staples, one of St. Croix's peer specialist, has been receiving more regional attention. He was invited and agreed to speak with some of these agencies, utilizing his expertise. Most recently, the peer specialist shared his story with the Sawyer and Burnett Counties' drug treatment courts.

As a result of grant funding, the Wings of Migizi program helped and continues to help those in every stage of recovery. Many of these interventions cannot be quantified in reportable numbers, but significant impacts occur for those in varying stages of recovery. Some have hit milestones in their recovery by obtaining their driver's license, finding stable housing, engagement with the community, and/or maintained attendance at AA, NA, and other Wellbriety meetings. Peer support specialists continue to provide recovery support to their clients. In their many efforts to get clients to medical appointments, probation appointments, court dates, AODA and behavioral health appointments, they too want to ensure that their services are applied to any who ask and are never left "out of the circle."

During this reporting period, 86 individual visits occurred between both peer support specialists, six group meetings were held each week, 22 referrals were made for other services, and nine individuals were provided with transportation for appointments.

Central Alert System

The overdose alert system, or Wisconsin Suspected Overdose Alerts for Rapid Response (WiSOARR), is a secure web-based application developed and maintained by DHS staff. WiSOARR 1.0 was launched statewide at the end of October 2024. WiSOARR 2.0 was launched at the end of September 2025. At the time of this report, more than 150 organizations have requested and received organizational approval for access to the application for their staff.

WiSOARR leverages two near-real time data sources – ambulance runs and emergency department visits – for suspected overdose surveillance and anomaly detection.

To date, three main features are included in WiSOARR:

- Mapping and analytics dashboard: Users may visualize approximate locations of overdose events based on selected filters. Basic summary analytics (e.g., overdose counts, demographic information, and time series visualizations) are also available.
- Customized alert configuration module: Users may configure "alert profiles", which allow the user to opt in to receive alerts for deviations above a designated threshold based on the number of overdoses captured via a specific data source, time window, and geographical area. A user may create, share, and subscribe to any number of alert profiles. Alerts are disseminated via email and visible within the web application.
- User account administration: User access is provided via discrete user groups, managed at the organization level. The application facilitates the creation of user groups by DHS administrators, assignment of local administrators to create accounts for staff, and maintenance of data use agreements.

In the most recent reporting period, progress has been made in collaboration with the Department of Justice (DOJ), Department of Transportation (DOT), and the Department of Safety and Professional Services (DSPS) to ingest data from Badger Traffic and Criminal Software (Badger TraCS) application to facilitate overdose reporting by law enforcement. The WiSOARR user interface reflects the application's capacity to receive data from law enforcement encounters for overdose, and population of these data awaits launch of the appropriate forms in TraCS.

The WiSOARR project team continues to engage with county-level cross-sector teams and users to provide technical assistance and tailored guidance as teams establish strategic plans for responding to overdose anomalies.

K-12 Evidence-Based Prevention Program

During this quarter, consultants from the Department of Public Instruction supported school districts in completing claims for fiscal year 2025 -26 grant work, connected with current grantees to assess program progress, confirmed whether funds are being spent down as planned, and identified any need for additional support or funding. All grantees were offered the opportunity to apply for supplemental funding of \$10,500 per school. These funds were available from the original grant award allocation.

Out of 25 schools, 22 opted to apply for additional funding. Updated applications, including revised work plans and budgets. Updated subawards were then processed this quarter.

Program metrics throughout the entirety of this program to-date include:

- 32,113 students impacted by new/revised opioid prevention and/or substance use policies
- 13,174 students served by the grant
- 2,922 hours of programming provided
- 8,752 students received classroom instruction from purchased curriculum
- 286 staff trained to provide instruction from the purchased curriculum
- 12,268 parents/family members receiving information on opioid prevention issues

DPI is in the process of collecting information on successes and positive outcomes as grantees submit their end-of-year reports. However, when contacting school districts about the additional carryover funds, administrators shared current programming and support measures are increasing awareness and helping to build support networks for students across Wisconsin. Current grantees were excited to be receiving additional funds to support their efforts.

Medication-Assisted Treatment – Wisconsin Department of Corrections (DOC)

During this period (November 1, 2025 – January 31, 2026), DOC contracted residential service program (RSP) providers continued to screen, assess, and make referrals for clients under the supervision of the WI DOC Division of Community Corrections (DCC) residing at their facilities. Additionally, DOC staff continued to meet with DOC contracted mobile unit vendor, Addiction Medical Solutions (AMS), to plan for implementation of the mobile units.

There has been some progress in certification of the AMS mobile unit, however there are still significant delays in DEA approval. DOC staff continue to work with AMS on pre-launch steps including identifying mobile unit stop locations accessible for individuals under the supervision of the department and providing medications for opioid use disorder (MOUD) education for probation and parole agents.

This funding supports increased access to medication-assisted treatment (MAT) for individuals receiving treatment and services at identified RSPs throughout the state. The identified RSPs support the continuation of medications for opioid use disorder for those with an active prescription. Also, at intake, RSP treatment staff screen clients for opioid treatment needs and refer clients to MOUD services, if they are interested in receiving MOUD as part of their treatment plan.

Additionally, DOC has contracted with community opioid treatment programs (OTPs) to provide mobile MAT services to clients under the supervision of the DCC in underserved areas of the state. The mobile MAT units remove barriers to treatment such as transportation. The services provided through the mobile MAT units include administering and dispensing medications for opioid use treatment, collecting samples for drug testing or analysis, dispensing take-home medications, and providing medical and psychosocial assessments and counseling, when possible.

Though delayed in implementation of service delivery, AMS, one of the contracted mobile MAT service vendors, projected the number of individuals served per year as 50 – 100.

According to the identified RSPs, the clients who received referrals to community MOUD providers reported continued abstinence from illicit substances, lower cravings for substances and completed substance use disorder-specific evidence-based programming, as well as case planning and service coordination (e.g. coordinating client's medication-assisted treatment).

This reporting period 150 individuals were assessed for opioid use disorder and 67 clients maintained their active MOUD prescriptions or were referred to a MOUD provider.

Medication-Assisted Treatment - Peer Services in Opioid Treatment Programs/Office Based Opioid Treatment Programs and Opioid Treatment Program Mobile Unit Maintenance

As discussed in the previous reporting period, DHS provided a funding opportunity to support medications for opioid use disorder (MOUD), reduce barriers to treatment, increase engagement and retention of individuals enrolled in treatment, and improve treatment outcomes through the utilization of peer support services and mobile units. NPOL settlement funds in the amount of \$2 million dollars was made available with a minimum of \$500,000 allocated towards peer services in offices that are certified under Wis. Admin. Code § DHS 75.59, also known as Opioid Treatment Programs (OTP), or offices that are certified under Wis. Admin. Code § DHS 75.60, also known as Office Based Opioid Treatment (OBOT). Funds were also available to support maintenance of mobile medication units. Applicants were eligible to request a maximum of \$25,000 per mobile unit. Mobile units can dispense MOUD and offer related services, expanding access to services in underserved areas such as rural communities, homeless shelters, or carceral settings. Awards were announced in the previous quarter's report and contracting with those awarded agencies continues. Further details will be shared in future reports.

Room and Board Costs for Residential Substance Use Disorder Treatment

Wisconsin Medicaid has offered a residential substance use disorder treatment benefit since February 2021. It provides treatment for youth and adults to promote recovery from substance use disorder and reduce the incidence and duration of institutional care Medicaid members might otherwise need. Federal law prohibits Medicaid from reimbursing for the costs of room and board. Covering the costs of room and board is a barrier to residential substance use disorder treatment for many Medicaid members. To make this benefit accessible, DHS has offered funding to Tribal nations and counties to cover the room and board costs for individuals with an opioid use disorder or at risk for an opioid overdose. This contract operates on a calendar year.

During this reporting period (November 1, 2025 – January 31, 2026), awarded agencies provided services to 470 people for a total of 24,397 days of service. This quarter's average daily cost was \$81.01. The total cost for room and board for individuals on Medicaid with an opioid use disorder (OUD) was \$1,416,757. The number of individuals on Medicaid in need of and/or requested funds to cover room and board costs for any substance use disorder, other than opioid use disorder was 639. There were 39 individuals who were not on Medicaid but in need of and/or requested funds to cover room and board costs for an OUD. There were 81 individuals who were not on Medicaid but in need of and/or requested funds to cover room and board expenses for any other substance use disorder(s), not including an opioid use disorder.

Law Enforcement Agencies Opioid Abatement Efforts

Law enforcement agencies have been provided funds to support community drug disposal, education on medication assisted treatment, diversion, or deflection programs, or providing medication assisted treatment for people with an opioid use disorder (OUD) in jail settings. Existing and new program activities from funding opportunities are noted below.

Calumet – Community Drug Disposal

Their drug drop box was installed in June of 2025 and has been operational since that date. They have distributed 79 deactivation kits for the reporting period and 104 kits for the life of the program. In January they made deactivation kits available at the senior meal sites and as a part of meals on wheels.

Chippewa County Sheriff's Office – Community drug disposal program, Medication-assisted treatment education and awareness training.

The Chippewa County Sheriff's Office is still trying to get back to full staff in both the patrol and jail/corrections divisions. Given the turnover of eight jailer positions in 2025 (six of those were from Aug. 2025 through Nov. 2025) and four open patrol positions (two of which were patrol deputies being promoted to investigators), training had to be more concentrated on the field training aspects of re-filling those positions. Now with most positions being filled, deputies will be able to participate in the UW-Stout online opioid training. Twelve drug deactivation kits were distributed this reporting period.

Columbia County Sheriff's Office – Treatment for People who are Incarcerated with OUD.

Their previous private sector partner Harbor House stopped providing medication-assisted treatment peer support services and the SMART recovery program on January 1, 2026. Knowing services were ending, they put out a request for bids and a new provider, 3 Bridges was selected to continue these services. On January 19, 2026, 3 Bridges began providing medication-assisted treatment peer support and the SMART recovery program.

Five hundred eighty-three individuals have been screened for an opioid use disorder. Twenty-three individuals enrolled in medication-assisted treatment for an opioid use disorder. Twenty-three individuals received peer support and case management services.

Dane County Sheriff's Office – Treatment for People who are Incarcerated with OUD

Participation in the program continues to operate by providing medications, transportation to appointments, and streamlining processes. The team at the Dane County Sheriff's Office collaborates effectively with Wellpath for services.

During this reporting period, 422 individuals were screened for an opioid use disorder during intake. One hundred eighty-eight people have been enrolled in medication-assisted treatment, 54 people received peer support services and 141 were provided case management and/or care coordination services. Ninety-eight individuals were trained in naloxone administration and were provided a two-dose kit when discharged from jail.

Dunn County Sheriff's Office – Pre-arrest and Pre-arraignment Deflection Programs

Since the hiring of their case worker, they have been able to follow up with jail releases regularly for warm handoffs for additional services. They also experienced success with setting up some discharge plans for treatment. Staff have connected multiple people with voluntary and involuntary mental health treatment along with treatment at Hope Gospel Mission and Arbor Place. They have started working on the sheriff's app layout which will be done soon which will add an extra referral resource for the community. The agency continues to lay out guidelines to follow for team members of Project Hope and are in the process of working through collaborative details between Menomonie Police Department and Dunn County. They continue to have monthly oversight meetings with law enforcement leadership. They are currently working to update MOUs, policies and procedures, and to clearly delineate roles and responsibilities with each role (behavioral health officers and case workers) and the Menomonie Police Department and Dunn County Sheriff's Office.

During this reporting period, 61 people were referred for pre-arrest or pre-arraignment deflection programming. In addition, 70 people were also enrolled in pre-arrest or pre-arraignment deflection programming. Twenty-eight individuals were connected to substance use disorder treatment services.

Eau Claire County Sheriff's Office – Treatment for People who are Incarcerated with OUD; Pre-arrest or Pre-arraignment Deflection Program; Community Drug Disposal Programs

A diverse group of Eau Claire County staff attended Police, Treatment, and Community Collaborative (PTACC) International Deflection and Pre-arrest Diversion Summit in New Orleans (Dec 2-4, 2025). During this reporting period, they had a significant staffing setback with their data specialist resigning at the end of December. In addition, their criminal justice services director and data analyst also ended employment with Eau Claire County. They are currently reviewing the vacant positions and expect to

begin the hiring process during the next reporting period. Their deflection case manager has been actively collaborating with the Altoona Police Department and has now started quarterly meeting with Eau Claire Police Department in an effort to bring awareness to the deflection program. During this reporting period, a new day resource center has opened.

The re-launch of self-referral pathway and re-engagement of the community response, officer/first responder referral, and active outreach led to an increase in referrals and admissions to the deflection program. There has also been one recent naloxone plus referral/admission. During this reporting period, there have been strides towards opening the officer/first responder intervention pathways. Additionally, there has been continued engagement and buy-in from Eau Claire Police Department and the district attorney's office. Collaboration with the new case worker has brought fresh ideas, new pathways, and greater consistency in workflows, communication, and program needs. Their outreach efforts have created increased opportunities for training and collaboration with other counties and partner agencies. The case worker's consistent documentation and timely updates have made data capture and reporting significantly more streamlined, positioning the program to demonstrate meaningful progress and outcomes to stakeholders and external partners.

During this reporting period, 6 people were referred for pre-arrest or pre-arraignment deflection programming with 7 people being enrolled into the program. Three individuals successfully completed pre-arrest or pre-arraignment deflection programming. Thirty-one individuals received peer support services and 17 received case management and/or care coordination services.

Iowa County Sheriff's Office – Community drug disposal systems; Medication-assisted treatment education and awareness

This reporting period ten drug deactivation kits were distributed to community members.

Jackson County Sheriff's Office – Medication-Assisted Treatment (MAT) Education & Awareness Training; Pre-arrest or Pre-arraignment Deflection Programs for Persons with Opioid Use Disorder; Treatment for People who are Incarcerated with OUD

The Jackson County Sheriff's Office continues to demonstrate measurable progress in sustaining and strategically expanding its funded initiatives aimed at reducing the impact of the opioid epidemic in Jackson County. Through the implementation of evidence-based interventions, the agency remains committed to improving outcomes for individuals affected by OUD, enhancing public safety, and strengthening community health partnerships. The treatment for people incarcerated with OUD project has successfully maintained continuity of care despite critical staffing vacancies that directly affect program operations. This continuity reflects the team's strong interdepartmental collaboration, commitment to clinical best practices, and shared investment in ensuring access to MAT, behavioral health services, and coordinated reentry planning. While additional project-specific vacancies and broader staffing shortages within the sheriff's office have slowed the pace of expansion for certain program initiatives, the team has remained proactive and solutions-focused. Through cross-training, prioritization of core service components, strengthened community partnerships, and adaptive workflow strategies, staff have continued to advance key project objectives. These efforts demonstrate resilience, fiscal responsibility, and a sustained commitment to long-term systems change. The sheriff's office remains focused on workforce stabilization, strategic recruitment, and program capacity-building to further strengthen implementation efforts and ensure continued progress toward reducing opioid-related harm in Jackson County.

The primary challenge impacting project implementation during this reporting period continues to be staffing shortages and vacancies in key project-supported positions. Adequate personnel capacity is essential to fully operationalize and expand project initiatives. While these workforce limitations have slowed the pace of certain enhancements and expansions, core services have remained intact and operational. To mitigate these impacts, the sheriff's office prioritized continuity of essential services, redistributed responsibilities where feasible, and maintained strong collaboration with clinical and community partners. Leadership remains actively engaged in recruitment and workforce stabilization

efforts to strengthen long-term program sustainability. Despite constraints, the project continues to demonstrate forward movement and measurable service delivery.

Despite staffing limitations, the program has sustained active enrollment and medication access across all three FDA-approved medications for opioid use disorder. The absence of discharges due to program violations reflects strong participant engagement and structured clinical oversight. Continued administration of follow-up naltrexone (Vivitrol) injections for multiple individuals demonstrates treatment adherence and continuity within a correctional setting. The program remains a critical component of the county's overdose prevention and reentry stabilization strategy.

Currently, the program offers the following group programs to participants: Seeking Safety (for men and women) and Midday Mindfulness (for men and women). Through the partnership with UW-Extension, Companions Through the Wilderness and The Gift of Forgiveness (women's and men's groups) are also offered. Twice a week, they are also now offering Sobriety Sisters, a mutual support group, for female participants. They are collaborating with local 12-step programs to further expand mutual support group services. Participants can enroll in Project Proven, which is offered to all incarcerated individuals in the jail. Individual therapy is available to program participants, and this service has been expanded with the addition of a student intern pursuing a master's degree in clinical mental health counseling. For those receiving methadone and buprenorphine, they are provided individual therapy sessions by a substance abuse counselor and have access to the onsite dual diagnosis provider in the jail. Those prescribed naltrexone by the jail medical provider access individual therapy sessions with the dual diagnosis provider in the jail as well. All program participants have access to a case manager who can assist with a wide variety of services aimed at addressing the needs of individuals living with OUD or at risk of opioid overdose. This includes reentry planning services and program referrals.

During the reporting period, the agency screened 162 people for an opioid use disorder, 10 individuals were enrolled in MAT, and eight people were trained and received naloxone. Two individuals received peer support services and 23 received case management and/or care coordination services. Eight individuals were discharged from the program due to being released from jail.

Kenosha County Sheriff's Office – Treatment for People who are Incarcerated with OUD

The Kenosha County Sheriff's Office conducts comprehensive screenings at intake to assess individuals for medical, mental health, and substance use concerns. This process helps identify immediate needs and ensures appropriate care and monitoring while in custody. When an individual is identified as having a substance use disorder, a signed release of information is obtained to facilitate continuity of care. This allows coordination with community providers and helps prevent significant lapses in medication management upon release. When an individual expresses interest in beginning the MAT program while in custody, the discharge coordinator assists the individual into programming by offering medication management, therapy, and intensive outpatient programming.

They offer comprehensive support to individuals preparing for release who are motivated to pursue a healthier and more stable lifestyle outside of the facility. In addition, they provide voucher programs to assist individuals in obtaining clothing and other essential items needed immediately upon release. They also help coordinate access to a wide range of support services and community resources, including treatment referrals, benefits assistance, housing support, and transportation planning. By proactively addressing these critical needs prior to release, they aim to reduce barriers, strengthen community connections, and position individuals for long-term success and stability.

Currently, they are operating with one provider, as their second provider has departed from the office. While this arrangement has continued to meet the needs, the provider is part-time and on-site three days per week. They are actively seeking to add another provider to the team and anticipate filling this role in the near future. Despite the transition, treatment services for individuals have remained seamless, consistent, and of high quality. Additionally, the peer support agency they previously utilized closed in December following the owner's retirement. Fortunately, there were no lapses in peer support services.

They were able to quickly coordinate with another treatment provider that offers peer support and has demonstrated the ability to deliver the same level of quality care to the individuals they serve.

They remain committed to exploring innovative strategies that enhance outcomes for incarcerated individuals, ensuring they have access to comprehensive resources that support a successful transition back into the community. Virtual team meetings continue to serve as a cornerstone of success, fostering collaboration, strengthening partnerships, and creating meaningful opportunities to share ideas and solve problems collectively. Kenosha County places great value on learning from the experiences and successes of other counties across Wisconsin. They are eager to incorporate proven best practices into their own programming to strengthen service delivery and improve long-term outcomes. Sustainable funding will be essential to maintaining and expanding these efforts. Continued investment will directly support the growth and long-term success of their MAT program. They remain dedicated to fostering strong, productive partnerships throughout Wisconsin and look forward to continuing this important collaboration in the years ahead.

During the last reporting period, they experienced several challenges that required immediate attention and coordination. One significant barrier was the unexpected loss of peer support services for the male population. The provider they had been utilizing retired with minimal notice, which resulted in a temporary one-month disruption in services. In response, they quickly identified alternative providers, initiated contract development, and worked closely with corporation counsel to ensure agreements were properly reviewed and executed. Services were reinstated as soon as contracts were finalized, restoring peer support for the individuals participating in MAT. Additionally, they experienced the departure of one of their treatment providers, which temporarily reduced our staffing capacity. They have since stabilized operations and currently have both a treatment provider and peer support services in place to continue delivering MAT services to incarcerated individuals without further interruption. Despite these obstacles, continuity of care has remained a priority, and we have taken proactive steps to strengthen provider stability moving forward.

During this reporting period, 56 individuals received some form of MAT, 40 received training on naloxone administration and were given two dose kits, and 31 people engaged with peer support services. Sixteen individuals received case management or care coordination services.

La Crosse Sheriff's Department – Community drug disposal systems/Education and awareness training regarding medication assisted treatment for opioid use disorder

The La Crosse Sheriff's Department continues to distribute drug deactivation kits through their deputy workforce. Sheriff's department staff attended four training events for a total of 30 hours of education on substance use disorder.

Madison Police Department – Pre-arrest or Pre-arraignment Deflection Programs for People with OUD; Community Drug Disposal Systems

The Madison Police Department's (MPD) "Madison Area Recovery Initiative" (MARI) program continues to be a highly successful, multi-agency collaboration which seeks to deflect and divert individuals struggling with opioid and other substance use disorder away from the criminal justice system and connect them with treatment, recovery and peer support services. The current contract supports a number of MARI related operational areas. Below is a short summary of each operational area funded by the current contract, and a brief report on overall progress during this reporting period expending those funds.

The MARI position assistant (PA) position continues to provide significant support to the MARI program. The MARI PA position on a daily basis continues to:

- Coordinate all daily activities with the full time MPD MARI police officer, supervisory/command staff.
- Review and process MARI pre-arrest diversion and deflection referrals sent by MPD officers or other referral sources.

- Review daily 911 incident data to identify suspected overdose related calls responded to by MPD or Madison Fire Department and determine eligibility for a MARI Resource Team outreach visit.
- Scheduling daily MARI Resource Team cadre and peer support outreach work shifts.
- Prepare and provide briefing information to MARI Resource Team cadre officers and peer support specialists at the beginning of each outreach visit shift.
- Organizes and plans MARI related "tabling" (e.g. resource) events at locations known to be frequented by individuals struggling with OUD or other substance use disorders.
- Daily completes a wide range of data entry and maintenance tasks associated with reporting to MARI program evaluators at the University of Wisconsin, and grant sources.

The MARI program did have a change in command this reporting period as Captain Matt Nordquist was promoted and assigned to oversee MARI and many other programs which fall under the Community Outreach Division of the Madison Police Department.

During this reporting period, 22 individuals were referred for pre-arrest or pre-arraignment diversion programming with 10 enrolling and 159 referred to the deflection program. Of the 159 referred, 154 enrolled. 103 individuals successfully completed the deflection program this reporting period.

Marathon County Sheriff's Office – Treatment for People who are Incarcerated with OUD

During this reporting period, significant progress was made in expanding and sustaining the medication for opioid use disorder (MOUD) program within the jail setting. They increased the number of individuals screened and enrolled in the MOUD services upon intake and strengthened coordination with community providers to ensure seamless transition for participants upon release. Overall, the program has been going very well. They continue to look for new and innovative ways to support the participants as much as possible.

During this reporting period, 736 people have been screened for an opioid use disorder, 55 people have been enrolled in medication assisted treatment services, 55 people have been trained in naloxone administration and received two dose kits, 35 people have engaged in peer support services, 55 people have received case management or care coordination services, and 50 people have been discharged because of being released from jail.

Marquette County Sheriff's Office – Community drug disposal systems

All three permanent drop boxes have been purchased, installed and are operational.

Menominee County Sheriff's Office – Community Drug Disposal Systems

The Menominee County Sheriff's Office has been working with local community organizations on hosting a youth drug addiction prevention forum for 7th through 10th graders in the Menominee Indian School District. This is scheduled for March 2026 and the sheriff's office will be hosting a table to distribute drug deactivation kits and educational materials on the safe disposal of medication.

Menominee Indian Tribe Police Department – Community Drug Disposal Systems; MAT Education & Awareness Training

During this time, contracting has been completed and drug deactivation kits have been ordered. These kits will be made available for community distribution once received. They are also working on preparing the officers for upcoming MOUD-related training.

Racine County Sheriff's Office – MAT Education & Awareness Training; Treatment for People who are Incarcerated with OUD

During this reporting period, they made meaningful progress in strengthening treatment services for individuals who are incarcerated with an opioid use disorder (OUD). Their efforts focused on improving both service delivery and institutional support systems to enhance identification, engagement, and continuity of care. A major advancement was the addition of a full-time peer support provider to the program. This role has significantly improved patient engagement by providing lived-experience support,

increasing trust, and assisting individuals in navigating treatment options. The peer support provider has also helped reinforce recovery-oriented messaging and provided mentorship to participants throughout their treatment process.

They also provided education to correctional officers and nursing staff focused on OUD as a chronic medical condition, the importance of medication for opioid use disorder, stigma reduction, and trauma-informed approaches. As a result, staff awareness and understanding have improved, contributing to a more supportive treatment environment.

Additionally, they enhanced the intake process to better identify individuals with OUD upon entry. Intake protocols were refined to ensure timely screening, acknowledgment of treatment needs, and rapid linkage to appropriate services. These improvements have strengthened early intervention efforts and reduced delays in initiating care. Overall, these initiatives have improved collaboration between custody and health care staff, increased access to evidence-based treatment, and fostered a more supportive and recovery-focused environment within the facility.

Some problems or delays the project experienced relate to putting new procedures and guidelines in place for peer support specialists. While adding peer support is an important step, it has taken time to clearly define their roles, responsibilities, and boundaries within the facility. Staff need additional training to understand how peer specialists fit into the treatment team and how communication should flow between medical, behavioral health, and custody staff. Security clearances and onboarding requirements have also slowed the process. To address this, clearer written guidelines have been created, onboarding steps have been organized, and regular meetings are being held to improve coordination and ensure peer staff are supported in their roles.

At the same time, there has been a growing need for medication-assisted treatment, including methadone and buprenorphine. More individuals are entering the facility on these medications, which is a positive sign that people are seeking help, but it has increased the workload for medical staff. Both medications require daily supervised dosing and require careful monitoring, which takes time and staff resources. This increased need has caused some hurdles. To help manage this, efforts are being made to improve scheduling, flexing coordinator hours and adjusting workflows to make medication distribution more efficient. The facility is also working on improving discharge planning so individuals can continue treatment in the community after release. Overall, while there have been delays and growing demands, steps are being taken to improve processes, support staff, and make sure individuals receive the treatment they need.

This reporting period, 1,838 individuals were screened for an opioid use disorder. 106 individuals have enrolled in MAT services, 45 people were trained on naloxone administration and were provided a two-dose kit, 48 people received peer support services, and all MAT enrollees (106) received case management or care coordination services, 25 individuals were discharged from the program due to being released from jail.

Rhineland Police Department - Pre-arrest and Pre-arraignment Deflection Programs for people with OUD

The Rhineland Police Department continues to enhance awareness of the deflection program and in their work with clients. Progress has been made in communicating with key partners about the services they provide. This reporting period they served 25 individuals in the deflection program.

Rock County Sheriff's Office – MAT Education & Awareness Training; Treatment for People who are Incarcerated with OUD

During this reporting period, the facility was able to provide 46 buprenorphine injections, three naltrexone injections, and 694 methadone doses. Furthermore, the program eliminated barriers to receiving peer support by working with their IT department to allow peer support sessions through the unit tablets. This has reduced scheduling and movement issues within the facility.

This reporting period 970 individuals were screened for an opioid use disorder. Eighty individuals received medication for opioid use disorder. Sixteen individuals were trained to administer naloxone and were provided a two dose-kit at their discharge. Twelve individuals received peer support services and 40 people received case management and/or care coordination.

Sawyer County Sheriff's Office – Pre-arrest or Pre-arraignment deflection for people with OUD; MAT Education & Awareness Training

Deflection in Sawyer County continues to thrive. Their community involvement has been a focus. They offer events for clients, families, and community partners to come together for the purpose of creating supportive networks for anyone that may be struggling and is at risk of being arrested, specifically those with substance-use or mental health related issues. They work directly with law enforcement and other community partners, businesses, consistently.

The program is working hard to continue progress. Community partnerships are a significant part of what is driving their program. Recently, a community member donated \$10,000 to assist in ongoing community efforts. To date, they received donations in the form of venue space, gift cards to assist people with resources, and pro-bono services offered for clients.

During this reporting period, 8 people were referred for pre-arrest or pre-arraignment deflection programming with 26 people being enrolled in the program.

Sparta Police Department – Pre-arrest or Pre-arraignment Deflection Programs for People with OUD

The community resource officer has been in the community building rapport and trust with the community and continues to be a resource and support for local business and residents. They have received very positive feedback from key partners during community meetings. They have also seen success of their program, resulting in fewer contacts with the criminal justice system and recovery progress for clients.

Sixteen people were referred for pre-arrest or pre-arraignment deflection programming, with 11 enrolling.

Wood County Sheriff's Department – Treatment for Incarcerated Persons with Opioid Use Disorder

The medication for opioid use disorder (MOUD) program continues to operate at full capacity. They have been able to continue active community prescriptions upon intake, utilizing MOUD to assist those that enter the jail and are assessed to be experiencing acute opioid withdrawals by their nurse practitioner, and providing medications to those who wish to be medicated prior to release. They continue to communicate with community providers quickly to ensure medication continues prior to withdrawal symptoms presenting for people who are newly in custody. They also continued to foster relationships with outside providers to streamline the reentry referral process. The program allows for acute withdrawal symptoms to safely be managed in-house. Individuals' symptoms are addressed sooner, which results in a timelier transition from holding cells to general population. This is advantageous to the jail because it frees up receiving cells and eases the strain on the jail medical team, as they frequently receive requests from individuals who are actively experiencing withdrawal symptoms. They continue to utilize medication as another modality of treatment in the jail recovery pods as well. That program focuses on working with a small group of male and female inmates who are motivated to address some of their treatment needs while still in custody. The participants in this program regularly choose to engage with the nurse practitioner and enroll in the MOUD program as well.

Since they have been in the new facility and permitted to operate at full capacity, there have been very few problems or delays in the project. Ideally, their goal is to be able to help get everyone on a MOUD that is interested, as soon as they are interested. In the meantime, to safely sustain the program within their resources available, they are prioritizing people with specific needs, and those with clear discharges that have requested access to medication. This ultimately ensures that the appropriate reentry coordination is occurring for everyone.

The biggest need currently is to continue to address the sustainability of the program. They secured county funding for a part-time case manager, which allows them to have one less position that is grant funded. However, they need to continue to make changes to make this sustainable in the event funding opportunities cease to exist. This grant has been incredibly beneficial in the implementation of a program that they can now adjust to best accommodate the needs of their community.

Since the implementation of this program (almost one year ago) they have served 187 unique individuals in the Wood County Jail. They have successfully utilized all three FDA approved medications for opioid use disorder since the start of this program. They continue to coordinate extensively with the Wisconsin Department of Corrections, Division of Community Corrections, correctional staff, and the jail medical team to make sure that they are working with people who need this program most. This level of coordination has allowed them to maximize their scope, while also expediting and streamlining the process of identifying appropriate participants. These things have allowed them to maximize the number of people receiving an opportunity for MOUD treatment, while still working within the parameters set by the jail. This funding supports a nurse practitioner, which has tremendously aided their efforts in this project. Having a nurse practitioner solely responsible for MOUD allows them to make sure that it remains a priority within the medical unit. It allows them to respond quickly to acute situations and to maximize their outreach in general.

In a recent treatment pod graduation two separate graduates included the MOUD program in their closing statements. Both referred to the nurse practitioner as having a major impact on their recovery, and both relayed that receiving MOUD in jail has been instrumental in their recovery journey (and that they imagine it will remain that way post-release). In general, they have been getting a lot of positive feedback concerning the MOUD program from the individuals participating in it. The follow-through with case managers' post-release increased, and they have also received several very positive reviews from past participants (specifically about the case manager and the nurse practitioner). It is very clear that there are people taking this program seriously, and that they feel strongly enough about its impact to reach out and share it with them post release. That is the goal of programs like this: to make a positive impact on those that they work with, and on their ability to be sober and successful after re-entering the community. By accomplishing this goal, they are also positively impacting the community. They have heard no less than four participants in the last two weeks state that MOUD saved their lives and given them hope for sustained sobriety.

In this last reporting period, multiple members of the UW-Extension team have told them how much they enjoy working in jail. One went so far as to say that coordinating with the program has been one of the most enjoyable parts of her job in recent months. That office in general has been asking for access to the population that they have served for several years now. While this grant is not responsible for the recovery pods, there are a number of participants from the MOUD program that are also in that program. All these programs overlap, and they are not sure any of them would be as robust without the others. With jail programming, the sum is oftentimes greater than the individual parts – in that so many treatments related programs create a treatment sub-culture within the jail.

During this reporting period, 194 people have been screened for an opioid use disorder, 55 people have been enrolled in MAT services, nine have been trained on naloxone administration and have been given two dose kits of naloxone, 51 people engaged in peer support services, and 55 people have received case management or care coordination services.

Community-Based Prevention – Competitive Grant Program

DHS was directed to provide grants to anti-drug coalitions, nonprofit agencies, and faith-based organizations to support prevention programs. Agencies can use the funds to support the following activities: drug prevention, evidence-informed prevention, stigma reduction, training in evidence-informed implementation, community-based education or intervention services, programs and curricula to address mental health needs of young people and any other activities permissible under the settlement agreement.

As reported in FY 25 Q1, DHS allocated \$500,000 to Regional Prevention Centers (RPCs) of the Alliance for Wisconsin Youth (AWY) for the prevention activities. RPCs include Northeastern Wisconsin Area Health Education Center (NEWAHEC), Marshfield Clinic, and Community Advocates. Each RPC released funding opportunities for local coalitions to apply for to provide prevention services as noted above. Two of these RPCs ran into challenges during the contract period resulting in not being able to spend all their funds. DHS worked with the RPCs to develop the following plans:

Northeastern Wisconsin Area Health Education Center (NEWAHEC)

NEWAHEC has \$20,895 remaining on their contract and is working with Shelia Michels, a new Youth Mental Health First Aide (YMHFA) trainer in February and plan to host the YMHFA training in May/June. This will be held in southern Dane County, as the coalitions left to do the YMHFA training are from this area of the state. They also met with Dr. Stephanie Hornig-Dismuke, EdD Director of Specialized Services from Family Services of Southern Wisconsin, in February to discuss the Safe Zone training to be held in Fond du Lac (as it is a central point for northeast and southern region coalitions). They have contacted a few locations to see if they are available to accommodate the training in April/May.

Community Advocates

Community Advocates has \$25,527 remaining on their contract and is working with Volition Franklin on updating their workplan to provide substance use prevention education, through parent education handbooks and training toolkits for all school age groups. These will be available in English, Spanish, and Christian versions. They will also work to host their first Mental Health First Aid training in their community.

As reported in FY 26 Q1, community anti-drug coalitions, nonprofit agencies, and faith-based organizations were also invited to apply for funds to support prevention programs throughout Wisconsin. Awarded entities can use the funds to support the following activities: drug prevention; evidence-informed prevention; stigma reduction; training in evidence-informed implementation; community-based education or intervention services; programs and curricula to address mental health needs of young people; or other activities permissible under opioid settlement agreements. Awarded agencies include Arbor Place, Forest County Potawatomi Community, Hope Council, and United Community Center.

Arbor Place

Arbor Place aims to increase protective factors in youth such as resiliency and positive coping mechanisms in youth through a combination of educational programming, emotional support services, and alternative events. Arbor Place has reached out to 11 school districts in Dunn and Pierce Counties with information on prevention programming offered by the agency, including the Youth Empowerment Program. The Botvin Life Skills program is being implemented to 6th, 7th, and 8th grade classes at schools in Dunn and Pierce counties. Additionally, A Prime for Life presentation was given to all 7th graders in Boyceville School District. Arbor Place conducted Youth Empowerment Program sessions every Monday and Tuesday after school in Menomonie and Elk Mound school districts. These sessions focus on building life skills, fostering resilience, and promoting healthy decision making. They have incorporated electronic prevention screeners (eScreeners) on their website to increase accessibility and early identification opportunities. The tool is now ready for use, and promotional materials for it have been created.

Forest County Potawatomi Community (FCPC)

The FCPC aims to use culturally driven, community-based prevention programming to increase social and community connection in youth and positively impact youth decision-making. Contracting continues to occur. Program updates will be provided in future reports.

Hope Council

Through a multi-pronged approach of youth and parent/trusted adult educational programming, the Hope Council aims to improve the mental health indicators of Kenosha County youth and

decrease youth access to illicit substances. Contracting continues to occur. Program updates will be provided in future reports.

United Community Center (UCC)

By providing educational programming for community members of all ages, the UCC aims to increase community awareness of the negative impact of substance misuse, while building positive coping skills in individuals. The project coordinator, in collaboration with the marketing team, created two handouts on opioid prevention to be handed out at a UCC parent/teacher conference scheduled for March 12th. They have also created written communications on "Medication Safety Tips", to be shared with their older adult population via their UCC Elderly Programs Facebook group. Planning has been initiated for a number of substance-free alternative events, including music, dance, and yoga.

Substance Use Disorder Treatment Platform

DHS allocated \$1.2 million, \$300,000 per year for four years, to pay a vendor, RehabPath, for collecting and maintaining information regarding substance use disorder treatment providers for the state's substance use disorder treatment platform. RehabPath reports 359 substance use providers are now registered with the Recovery.com platform with 11,337 searches having been completed and 1,683 service connections being made. Of the providers registered, 204 accept BadgerCare. Twenty-seven facilities provide recovery coach services.

Medical College of Wisconsin – Periscope Project

The Periscope Project is Wisconsin's perinatal psychiatric access program that supports health care providers statewide in addressing the mental health and substance use concerns of expecting and new mothers.

During the three-month reporting period, Periscope responded to 197 perinatal mental health inquiries from health care providers across the state. This included 164 provider-to-provider case consultations and 33 resource connection requests related to perinatal mental health. Among the 119 provider-to-provider consultations where substance use history was known, 8% (nine cases) involved a history of opioid use disorder and 22% (26 cases) involved a history of other substance use disorders. Additionally, 48 health care providers contacted Periscope for the first time, demonstrating the program's continued expansion and reach across Wisconsin.

Education and Outreach:

The Periscope psychiatry team delivered five educational sessions on perinatal mental health to a total of 167 Wisconsin health care providers who care for women of reproductive age. Live clinic sessions were held in Tomah, La Crosse, and Richland Center. In addition, Periscope taught two statewide virtual audiences through the UW Health Physician Assistant training program and the UW Health ACCEPT ECHO series. All five sessions included specific content on perinatal opioid use disorder.

Stigma Reduction and Harm Prevention Materials:

Periscope continued distributing newly developed materials aimed at reducing stigmatizing language among health care providers and raising awareness of harm reduction strategies related to postpartum overdose. During the reporting period 12 stigma reduction magnets were distributed to 12 contacts statewide, intended for display in clinic charting rooms and 210 postpartum harm reduction cards were shared with 14 contacts statewide, intended for distribution to perinatal patients.

Utilizing Provider Satisfaction:

After each provider-to-provider consultation, the utilizing healthcare provider is sent a brief survey to measure satisfaction with the service they received from Periscope. During the reporting period 39% of users who were sent the survey responded. The results show 100% of respondents agreed or strongly agreed that they were satisfied with their most recent Periscope encounter, their most recent Periscope encounter helped them to more effectively manage their patient's care, and they will incorporate the information learned during their most recent Periscope encounter in the future care of patients.

22 surveys included positive written in feedback. A few of those are highlighted below:

“So grateful for Periscope! It was so gratifying to be able to make a complex medication plan for a patient while she was in clinic with me, for an acute need, instead of waiting for her to get into psychiatry. Thanks so much!!!” – Maternal Fetal Medicine Physician in Madison

“I am so thankful for the thorough and prompt response to my inquiry. I will use the information that I received to guide my treatment plan. Thank you for helping me to provide safe, evidence-based care to my pregnant patient.” – Psychiatric Nurse Practitioner in Milwaukee

Opioid and Methamphetamine Data Collection and Surveillance System

DHS was directed to allocate \$1,500,000 to fund substance use data collection, monitoring, and reporting activities needed for the Department of Administration (DOA) to implement the provisions of Wis. Stat. § Chapter 153.85, 153.87, and 153.89.

In 2024, DOA solicited proposals through a Request for Proposal process. In 2025, DOA awarded the Arkansas Foundation for Medical Care (AFMC) to create the Opioid and Methamphetamine Data System. Contracting has been completed, and work has begun. The vendor has created the database and access to the vendor’s test environment for state agencies has been verified. DOA, DHS, Department of Corrections (DOC), Department of Children and Families (DCF), Department of Justice (DOJ), Division of Public Instruction (DPI), and Department of Safety and Professional Services (DSPS) are working collaboratively with AFMC on this project.

During this reporting period, work by the vendor and collaborators continued, including:

- Modifications to database architecture to align with existing data elements and project’s annual deliverables
- Testing and validation of data submission process for state agencies
- Documentation of process for migration of testing environment
- Draft of sustainability plan for future annual deliverables

Please contact me if you have any questions regarding this report.

Sincerely,



Kirsten L. Johnson
Secretary-designee

Appendix A: Room and Board Costs for Medicaid Members with an Opioid Use Disorder or at Risk for an Overdose in Residential Substance Use Disorder Treatment Programs

Room and Board Costs for Medicaid Members with an Opioid Use Disorder in Residential SUD Treatment	
Agency	Awarded Amount
Adams County	\$13,656
Ashland County	\$29,124
Barron County	\$15,170
Bayfield County	\$5,994
Brown County	\$154,610
Buffalo County	\$300
Burnett County	\$10,500
Calumet County	\$1,783
Chippewa County	\$25,433
Clark County	\$8,933
Columbia County	\$30,496
Crawford County	\$3,918
Dane County	\$282,757
Dodge County	\$55,187
Door County	\$2,048
Douglas County	\$31,147
Dunn County	\$4,092
Eau Claire County	\$49,414
Fond du Lac County	\$60,374
Forest County	\$23,710
Grant County	\$9,187
Green County	\$5,778
Green Lake County	\$9,939
Iowa County	\$1,338
Iron County	\$1,043
Jackson County	\$15,840
Jefferson County	\$36,393
Juneau County	\$19,011
Kenosha County	\$115,986
Kewaunee County	\$2,311
La Crosse County	\$67,288
Manitowoc County	\$53,597

Marathon County	\$47,995
Marinette County	\$25,396
Marquette County	\$7,076
Menominee County	\$20,083
Milwaukee County	\$736,812
Monroe County	\$10,949
North Central Health Care	\$30,929
Oconto County	\$12,439
Room and Board Costs for Medicaid Members with an Opioid Use Disorder in Residential SUD Treatment (continued)	
Agency	Awarded Amount
Oneida County	\$15,900
Outagamie County	\$16,386
Ozaukee County	\$56,607
Pierce County	\$18,248
Polk County	\$11,731
Portage County	\$44,690
Price County	\$39,762
Racine County	\$142,744
Richland County	\$7,107
Rock County	\$17,145
Sauk County	\$42,705
Sawyer County	\$14,505
Shawano County	\$19,744
Sheboygan County	\$64,446
St Croix County	\$7,566
Taylor County	\$224
Vernon County	\$6,963
Walworth County	\$49,643
Washburn County	\$4,727
Washington County	\$46,298
Waukesha County	\$124,427
Waupaca County	\$20,663
Waushara County	\$12,532
Winnebago County	\$92,073
Wood County	\$43,770
Lac Courte Oreilles Band	\$18,999
Lac du Flambeau Band	\$18,773
Menominee Indian Tribe	\$19,290
Oneida Nation	\$12,145
Sokaogon Chippewa Community	\$17,025
St. Croix Chippewa Indians	\$17,125
Stockbridge-Munsee Community	\$733

Appendix A: Law Enforcement Opioid Abatement Grants

Awards for Law Enforcement Opioid Abatement Grants			
Agency Name	MOUD education & training for staff	MOUD for incarcerated persons	Total Awarded
Calumet County Sheriff's Office	\$6,833	\$0	\$6,833
Chippewa County Sheriff's Office	\$6,833	\$0	\$6,833
Columbia County Sheriff Department	\$6,833	\$102,000	\$108,833
Dane County Sheriff's Office	\$0	\$102,000	\$102,000
Eau Claire County Sheriff Department	\$6,833	\$102,000	\$108,833
Iowa County Sheriff's Office	\$6,833	\$0	\$6,833
Jackson County Sheriff Dept	\$6,833	\$102,000	\$108,833
Kenosha County Sheriff's Dept	\$0	\$102,000	\$102,000
La Crosse County Sheriff's Office	\$6,833	\$0	\$6,833
Marathon County Sheriff Department	\$6,833	\$102,000	\$108,833
Marquette County Sheriff's Office	\$6,833	\$0	\$6,833
Menominee County Sheriff's Office	\$6,833	\$0	\$6,833
Menominee Indian Tribal Police Department	\$6,833	\$0	\$6,833
Racine County Sheriff's Office	\$0	\$102,000	\$102,000
Rock County Sheriff's Department	\$6,833	\$102,000	\$108,833
Sawyer County Sheriff Department	\$6,833	\$0	\$6,833
Wood County Sheriff's Office	\$0	\$102,000	\$102,000

Appendix A: Mail Order Overdose Prevention Program

Awards for Mail Order Overdose Prevention Program	
Agency	Awarded Amount
Bad River Band of Lake Superior Tribe of Chippewa Indians	\$ 200,000