



State of Wisconsin  
Department of Health Services

Tony Evers, Governor  
Kirsten L. Johnson, Secretary

June 30, 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 4 (FY 26 Q4) report of expenditures from the opioid settlement dollars received through the National Prescription Opiate Litigation, Case No. MDL 2804 (NPOL).

A. *Settlement Funds Received*

<b>All Settlement Funds Received</b>	
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
May 2026	\$ 2,017,935.80
June 2026	\$ 844,202.86
<b>TOTAL</b>	<b>\$ 92,741,115.91</b>

B. *Funding Amounts Awarded or Allocated*

As of June 30, 2026, DHS has one funding opportunity open for applications, no funding opportunities under review, and a cumulative total of \$86,567,771 in awards and allocations.

**Funding Opportunity Open for Applications:**

The table below summarizes the grant funding opportunities DHS currently has open for applications.

<b>Open Funding Opportunities</b>		
<b>Category</b>	<b>Available Funding</b>	<b>Applications Due</b>
Law Enforcement Opioid Abatement Efforts	\$ 1,000,000	7/10/2026

**Law Enforcement Opioid Abatement Efforts**

During this reporting, DHS allocated \$1 million in NPOL settlement funds to support Law Enforcement agencies to sustain and grow existing strategies which include medications for opioid use disorder (MOUD) services in jails and MOUD education and awareness training for staff in calendar year (CY) 2027. Awards will be shared in future quarterly reports.

**Funding Opportunities Under Review:**

DHS currently 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 Q4 and cumulatively.

<b>Funding Awards &amp; Allocations by Category</b>			
<b>Category</b>	<b>Previous</b>	<b>FY 26 Q4</b>	<b>Cumulative</b>
<b>TOTAL</b>	<b>\$ 84,567,771</b>	<b>\$ 2,000,000</b>	<b>\$ 86,567,771</b>
Naloxone Direct Program Drug Checking Technologies	\$ 9,704,771	\$ -	\$ 9,704,771
Capital Projects	\$ 17,700,000	\$ -	\$ 17,700,000
Funding for Tribal Nations	\$ 21,000,000	\$ -	\$ 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	\$ 1,000,000	\$ 8,000,000
Statewide Prevention	\$ 1,750,000	\$ 1,000,000	\$ 2,750,000
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

**Statewide Prevention**

DHS allocated \$1 million to a community-based organization that serves after-school youth for the purpose of implementing and expanding opioid prevention programs. The organization must use local law enforcement partnerships in its effort to reduce opioid abuse. DHS awarded \$1 million to the Boys and Girls Club Fox Valley, which represents a network of Boys and Girls Clubs that serve more than 70 communities across the state. This funding will support after-school programming for youth focused on providing them information and skills to make healthy decisions through the SMART Moves Program, a program developed by the Boys and Girls Club of America. The contracting process has begun and further details will be shared in future reports.

### Mail Order Overdose Prevention Program

This effort is a subcomponent of the DHS Naloxone Direct Program Drug Checking Technologies program. During previous reporting periods, DHS 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 \$200,000 in opioid settlement funds to sustain a mail order program for overdose prevention supplies. Appendix A lists the awarded agency as a part of this application process.

### Naloxone Direct Program Community Distribution – Overdose Prevention Supplies

During this reporting period, DHS supported three separate funding opportunities to support community overdose prevention supplies: Drug Checking Technologies Program for Naloxone Direct Program Agencies, EMS Leave Behind Program, and Law Enforcement Overdose Prevention Program. Appendix B lists the awarded agencies.

Naloxone Direct Program agencies that meet certain criteria were eligible to apply for the Drug Checking Technologies Program for Naloxone Direct Agencies opportunity to receive drug checking technologies at no cost for community distribution. The drug checking technologies available through this program include fentanyl test strips, fentanyl test strip kits, xylazine test strips, and xylazine test strip kits. DHS awarded supplies to 62 agency applicants for a total of 458 fentanyl test strip cases, 52,362 fentanyl test strip kits, 422 xylazine test strip cases, and 39,867 xylazine test strip kits.

EMS agencies operating leave behind programs were eligible to apply for the EMS Leave Behind Program opportunity to receive fentanyl and xylazine test strip kits at no cost for community distribution. DHS awarded supplies to 11 EMS agency applicants for a total of 6,206 fentanyl test strip kits and 4,123 xylazine test strip kits.

Law Enforcement agencies were eligible to apply for the Law Enforcement Overdose Prevention Program to receive nasal naloxone fentanyl test strip kits, and xylazine test strip kits at no cost. The nasal naloxone may be distributed through leave behind programs or provided by law enforcement when responding to a drug overdose in the community. The fentanyl test strips and xylazine test strips must be distributed to community members and not used for law enforcement activities. DHS awarded supplies to 67 agencies for a total of 642 cases of naloxone (24 doses/case), 1,676 fentanyl test strip kits, and 1,160 xylazine test strip kits.

### Urban Rural Women's Substance Use Treatment Services

In the previous reporting period, DHS allocated \$2 million in NPOL 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. Awarded agencies are shared in Appendix C.

#### **C. Funding Expenditures**

As of June 15, 2026, a total of \$52,594,751 in expenditures have been recorded for programs supported with settlement funds; this includes \$48,254,300 in reported previous expenditures (\$1,442,000 in additional expenditures posted to FY 26 Q3 after the last report was submitted) and \$4,340,451 of expenditures in FY 26 Q4.

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.

<b>Expenditures by Category</b>			
<b>Category</b>	<b>Previously Expended</b>	<b>FY 26 Q4 Expenditures</b>	<b>Cumulative Expenditures</b>
<b>TOTAL</b>	<b>\$ 48,254,300</b>	<b>\$ 4,340,451</b>	<b>\$ 52,594,751</b>
Expand Narcan® Direct Program	\$ 5,321,200	\$ 97,800	\$ 5,419,000
Distribute Fentanyl Test Strips	\$ 673,200	\$ 250,900	\$ 924,100
Capital Projects	\$ 13,910,100	\$ 2,081,600	\$ 15,991,700
Funding for Tribal Nations	\$ 9,129,000	\$ 575,600	\$ 9,704,600
Central Alert System	\$ -	\$ 9,451	\$ 9,451
K-12 Evidence-Based Prevention	\$ 637,400	\$ -	\$ 637,400
Medication Assisted Treatment	\$ 5,225,600	\$ 106,000	\$ 5,331,600
Room and Board for Residential Treatment	\$ 5,477,300	\$ 500,000	\$ 5,977,300
Law Enforcement Agencies	\$ 3,553,000	\$ 478,900	\$ 4,031,900
Statewide After-School Prevention	\$ 1,750,000	\$ -	\$ 1,750,000
Hub and Spoke Pilot Program	\$ 500,000	\$ -	\$ 500,000
Substance Use Disorder Treatment Platform	\$ 599,300	\$ 100,000	\$ 699,300
Surgical Collaborative of Wisconsin	\$ 293,600	\$ -	\$ 293,600
Opioid & Methamphetamine Data System	\$ 145,300	\$ 1,000	\$ 146,300
Community-Based Prevention	\$ 504,800	\$ 139,200	\$ 644,000
Medical College of Wisconsin	\$ 534,500	\$ -	\$ 534,500

**D. Listing of Individual Recipients of Awarded Funds**

Please see Section B and Appendix A, B, and C 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, emergency medical services (EMS), and recovery community organizations. DHS also provides naloxone and drug checking supplies to law enforcement agencies and drug checking supplies to EMS. DHS continues to braid funding sources including settlement funds to allow for awards to support statewide naloxone saturation efforts. Opioid settlement funds solely support drug checking supply distribution.

During this reporting period (February 1 through April 30, 2026), the NDP (including EMS and law enforcement) reports training 7,834 people in overdose prevention and naloxone administration, and distributing 20,394 4mg naloxone kits, 2,052 3mg naloxone kits, and 924 intramuscular naloxone doses (total of 23,370 doses all formulations combined). Agencies reported 414 successful overdose reversals.

Due to data collection limitations, the number of successful overdose reversals is an underreported amount.

In addition to naloxone distribution, law enforcement distributed a total of 121 fentanyl test strip kits (1 strip per kit) and served an estimated 111 individuals through Leave Behind Program services. EMS distributed a total of 1,068 fentanyl test strip kits (1 strip per kit) and served an estimated 352 individuals through Leave Behind Program services.

### **Capital Projects**

Community-based providers offering prevention, overdose prevention, treatment, and recovery services for individuals with opioid use disorder 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.

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

#### **Second Round Funding:**

##### **United Community Center (UCC) (Milwaukee County)**

UCC prepared for the official kickoff of its new men's residential facility, with a public opening held on May 28, 2026. The building is prepared for occupancy; this marks an important step in expanding access to safe, supportive treatment services for the community.

##### **Apricity (Winnebago County)**

Phase 1 and Phase 2 construction were busy throughout this reporting period. Phase 1 has all of the interior and exterior walls in place. Lights on the second floor have been installed. All of exterior siding, brick and roof were completed. All the flooring on the second floor has been completed and walls have been painted. Phase 2 with the administration and women's addition have begun ahead of schedule. All underground work has been completed and 2x4 walls are in place on the first floor. There was a disruption of internet and electricity for periods of time, but staff and clients adjusted safely.

### **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** – The Youth Substance Abuse Prevention (YSAP) kickoff event was successfully held in February after being postponed due to weather-related closures. More than 60 community members attended, including youth, families, and community partners. Collaborating partners set up their own information/activity tables where community members received education about prevention including a table dedicated to overdose reversal and CPR. The event was well received by the Bad River community.

The YSAP advisory board met four times and currently includes youth and YSAP staff. The board is scheduled to meet monthly and serves as a guiding body for program development and implementation. YSAP board members are strongly encouraged to continue outreach to the youth

demographic of the Bad River community. The board plans to continue to meet at varying locations throughout the summer.

The primary challenge during this reporting period was a transition in program leadership and administrative oversight, which required staff to adjust roles and responsibilities while maintaining ongoing project activities. Additionally, the harm reduction program was transitioned from being under the planning department to the Bad River health and wellness center, resulting in changes to structures, policies, and administrative processes. These transitions created temporary delays in project coordination and implementation as staff adapted to new procedures and leadership.

A highlight of the YSAP initiative has been the sustained engagement of youth and community members following the kickoff event. The YSAP advisory board members are helping identify community needs, plan events, and increase youth involvement in prevention efforts.

Additional positive outcomes included a youth spearing event where more than 30 youth attended including neighboring Tribal youth. Attendees actively participated in learning about traditional values around harvesting, our role as human beings and maintaining balance in the ecosystem in addition to traditional harvesting techniques. Twenty youth attended drum practice sessions in the elementary and middle schools, culminating with a powwow at each respected school. Traditional fire teachings were also offered and attended by community members of all ages, with approximately 15 youth attending. These activities have provided culturally grounded opportunities for youth engagement, positive relationship building, and connection to community traditions & culture. All of which create a strong sense of identity and increase resiliency factors, ultimately supporting the goals of substance use prevention.

Services provided for this reporting period include: 115 individuals with recent opioid or stimulant use who received nutrition support and 330 youth enrolled in drug prevention programming.

**Forest County Potawatomi Community (FCPC)** – Progress on the project has been maintained, and new growth has been implemented including a daily schedule of life skills, recovery, budgeting, and cultural classes to help all those served by the program with the tools to maintain stability and sobriety upon completion. They have had 10 clients during this reporting period and more individuals pending for entry.

Some problems they have identified and created plans for mitigation are some new renovations to the facility to make for a more comfortable and functional atmosphere. These renovations include changing entryways to make the facility feel more like a home and a more open concept for the kitchen to provide space for cooking classes and group dining. Along with the renovations, they are also updating all policies and scopes of practices to ensure consistency in services. Additional training and changes in their medication pass system will also provide for a more seamless medication distribution.

Classes consisting of life skills, budgeting, healthy communication, Wellbriety, meal planning, medication management, art, and relapse prevention are provided. All clients attend every class as well as outside recovery meetings nightly. They utilize the clients' free time to achieve personal goals and milestones, to being a contributing member of the community including employment and/or education, obtaining a driver's license with valid insurance and registration, and establishing a stable place of residency upon departure. They have served 9 individuals in this reporting period with three pending for the month of May.

Clients that have left the home continue to positively impact the community, retain their employment, reestablish with children, and attend recovery events and meetings on a regular basis. All goals set for this funding have been met or exceeded.

**Ho-Chunk Nation (HCN)** – The Tribal Nations Opioid Abatement Efforts (TNOAE) project continues to demonstrate strong progress as it approaches the end of the current funding cycle. Program activities have been implemented as planned with consistent service delivery and community engagement. The project is on track for successful completion and remaining efforts remain focused on final implementation and closeout activities.

Administrative and financial processes have entered the final stages, requiring careful reconciliation of expenditures. Efforts are currently focused on ensuring all funds are accurately accounted for and fully utilized in alignment with grant requirements. Staff are actively coordinating final spending and documentation to support timely and compliant closeout.

Hostopi Hoci (Recovery House) served 11 individuals this reporting period. These services include: Wellbriety meetings, Talking Circles, Alcoholics Anonymous (AA), Narcotics Anonymous (NA), SMART Recovery, meditation sessions, crafting activities, cultural and seasonal events (Valentine’s event with Talking Circle and scavenger hunt, spring fling finger weaving), physical wellness activities (volleyball, fitness sessions), nutrition and life skills programming (cooking classes), community engagement events (family supportive housing opening), traditional and cultural activities (maple syrup activity), gardening activities (seed planting), peer support initiatives (Mending Broken Hearts program), and provision of transportation, as well as meals and snacks.

Ho-Chunk continues to roll out and test the “Coyote and Crow Tabletop Role-Playing Game (TTRPG)” Some of the activities include;

- April 2026: Participation in the UW–Madison AISES Indigenous Game Jam (April 10–17, 2026), introducing the Coyote & Crow TTRPG series as an example of indigenous-created gaming.
- April 2026: HCN family game night featuring Coyote & Crow games, fostering community connection and engagement. The Ho-Chunk library is initiating an ongoing Coyote & Crow game program for community members.
- Behavioral health staff conducted local playtesting of a Coyote & Crow storyline developed as a therapeutic engagement tool.

The equine assisted learning program served 14 individuals this reporting period.

All of the projects have generated strong positive outcomes, including increased community engagement, expanded access to recovery-supportive services, and the successful integration of culturally relevant programming into behavioral health initiatives. Participant feedback has been overwhelmingly positive, reflecting meaningful connections to both traditional and innovative recovery approaches.

Importantly, the project has established a solid foundation for continued growth. Community interest and participation indicate sustained momentum, positioning these efforts for long-term impact beyond the current funding cycle.

**Lac Courte Oreilles Band of Lake Superior Chippewa (LCO)** – During this reporting period, the Lac Courte Oreilles Tribal Nation Opioid Abatement Efforts (TNOAE) program focused on sustaining recovery and housing support services while preparing for the closeout of grant-funded activities. All TNOAE funding was fully expended in January 2026, and services are now being supported through Tribal funding to maintain continuity of care for community members.

The Endazhi-noojimong men’s sober living home remained near capacity, serving an average of six to eight participants this quarter and continues to provide structured recovery support through peer accountability, recovery care plans, behavioral health education, 12-step principles, and

Ojibwe cultural practices. Policies and standard operating procedures continue to be updated to improve operations and documentation processes.

The Endazhi-wiidookaazod emergency shelter also operated near full capacity throughout the quarter, continuing to provide temporary shelter, safety, stability, opioid reduction support, and connections to community resources for individuals experiencing homelessness and substance use challenges.

With the exhaustion of TNOAE funding in January 2026, the transitional care coordinator position and TNOAE program services concluded. Program participants were transitioned to peer recovery and comprehensive community services through coordinated referrals with the LCO health center.

The program manager continues oversight of the emergency shelter and men's sober living home under private Tribal funding, including administrative supervision, policy development, operational support, and coordination with community partners.

Collaboration continues with the LCO behavioral health center/Bizhiki wellness center to support overdose prevention, opioid risk reduction, peer recovery services, and community sobriety initiatives. Monthly sobriety feasts, opioid-related meetings/events, and community opioid risk reduction efforts continue as resources allow. Four opioid risk reduction vending machines remain active within the community.

This reporting period 7 individuals received services from the men's sober living program. Fifty-six individuals accessed emergency temporary shelter services.

**Lac du Flambeau Band of Lake Superior Chippewa** – This reporting period they have placed five individuals in sober living facilities. Two staff attended the peer support conference. They completed the purchase of a vending machine that will be supplied with naloxone and hygiene products.

**Menominee Indian Tribe of Wisconsin** – The NPOL funds have allowed them to help their collaborative partner, the Menominee Tribal Clinic, continue to offer and prescribe two forms of FDA approved MOUD, Vivitrol® and Sublocade®. This has historically been an area where the cost of the treatment was an issue but with the help of this funding, this is no longer a barrier.

Another noteworthy area of change has been observed in the community's fatal overdose numbers. In 2023, they had nine, 2022 they had seven, for 2024 one, two for 2025, and currently have zero for 2026.

During this reporting period five individuals received residential services, two received hygiene kits, and 55 people have begun receiving assisted treatment. They participated in three community events, reaching 901 people.

**Oneida Nation** – Reports indicate that 54 persons have completed and 46 persons are actively participating in the medication assisted treatment services (MAT) at the Oneida community health center. The Kunhi-Yo "I'm Healthy" overdose awareness conference planning has begun for August 29, 2026.

The public health vending machines have been delivered and they are in the process of implementation. There are three machines located at behavioral health, health center, and recovery nest. They are developing the marketing campaign, scheduling the kickoff meeting, and obtaining training on the software.

They have also started a partnership with TryCycle Software Solution to be able to provide 24/7 recovery support via a recovery app. The kickoff meeting took place on February 25, 2026. They went live with the Talking Stick app on May 8 and have over 200 downloads of the app. This is a support app run by peers.

This reporting period 80 individuals were provided residential substance use disorder treatment services. One hundred thirty-three people participated in recovery coach services and 46 individuals received assistance with the coordination of their MAT services.

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

- The lead evaluator 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 17 individuals received service facilitation services and naloxone was provided to 27 individuals.

**St. Croix Chippewa Indians of Wisconsin** – At the beginning of the reporting period winter activities were in full swing. Both peer support specialists were actively engaged with clients in both traditional/cultural practices along with supporting clients in the recovery journeys. The Wings of Migizi program has seen an uptick in client contacts and referrals. These newer contacts stemmed from other program sources. Most prominent, however, were clients who have been seen in other programs. St. Croix's reintegration program closed its operations in December of 2025. This program was designed to connect incarcerated individuals who have been released or soon to be released from jails or prison systems with case managers. Although this program served a great purpose for the Tribe, the funding for it was not renewed. Unfortunately, not all clients of the reintegration program qualified for the Wings of Migizi program, however, there were several who did. This created an uptick in services provided by the Wings of Migizi program.

Peer support specialists continue working with clients of the program conducting both individual and group interactions and participating collaboratively with other programs and supported Tribal efforts in harm reduction and opioid abatement. During this reporting period, relationships with related agencies became a priority. The peer support specialists report working more closely with county probation officers, and as a result, they will begin meeting with these county agencies to find ways to support clients.

Aanji-Bimaadiziwin Healing Center during this reporting period has begun to transition into the Tribal clinic's organization. The Tribal clinic is a sister department to the human services department in that they share vision and programming initiatives. This creates a more direct relationship with the Healing Center rather than the agreements held in the past. Clients of the Healing Center will benefit from having direct access to peer support services while at the Healing Center as well as post-graduation from the Healing Center.

Over the course of the year, peer support handed out materials and supported recovery efforts significantly. They have two male peer support specialists who serve in two areas of theory regarding recovery. Peer support specialist one serves as 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, and referrals and introductions to other Tribal and local services. Along with their advocacy, they also 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 supportive program structures. 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 through this grant had been paused for a period. The Tribe itself paused many of these boards throughout for restructuring. Additionally, many members of this board have passed on causing gaps in the services they can provide. However, plans are being developed to reintroduce this effort back to the program and the community.

During this reporting period, 88 individual visits occurred between both peer support specialists, 6 group meetings were held each week, 21 referrals were made for other services, and 10 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 continues to be 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.

Additionally, business requirements for system updates, including a restructuring of the user agreement and onboarding process, have been drafted. Development of these updates will begin in the following reporting period. 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 FY 2024–25, a total of 25 grantees received awards totaling \$811,151. At the end of the grant period, 15 of the 25 grantees had carryover balances totaling \$370,752, which were carried forward into FY 2025–26. To support successful implementation and utilization of available funds, the Wisconsin Department of Public Instruction (DPI) connected with all current grantees to assess program progress, confirm that funds were being expended as planned, and identify any need for additional technical assistance or funding. As part of these discussions, all grantees were offered the opportunity to apply for supplemental funding of \$10,500 per school. Of the 25 eligible schools, 22 elected to apply for the supplemental funding opportunity. Updated applications, including revised work plans and budgets, were collected in December 2025 and reviewed by DPI. Following review of the submissions, updated subaward agreements reflecting the additional funding were issued and shared with participating grantees. Including both carryover funds and supplemental awards, the total funding available in FY 2025–26 was \$594,671.94.

In May 2026, DPI developed and distributed an end-of-year report to all grantees to collect data on implementation progress and gather success stories from participating schools and districts. The report was due on June 5, 2026, and responses will be used to inform program evaluation and highlight outcomes achieved through the grant. Final claims are due June 30, 2026. DPI is in the process of collecting information on successes and positive outcomes as grantees submit their end-of-year reports.

### **Wisconsin Department of Corrections (DOC) Projects**

As discussed in previous reports, with the support of \$500,000 in opioid settlement funding, the Wisconsin Department of Corrections (DOC) will:

- Provide comprehensive Certified Peer Specialist (CPS) supported community reentry services. CPSs will develop pre-release, recovery-focused plans with releasing persons in care who have been identified as at risk for opioid use/overdose, in coordination with Division of Adult Institutions (DAI) treatment staff and the Division of Community Corrections (DCC) agent of record. CPSs will also provide transportation home on the day of release; reinforcing the plan on the drive. CPSs will continue to provide support during the initial return-home timeframe when releasing clients are most at risk of relapse and overdose. DOC is still reviewing this contract and is planning for implementation.
- Provide safe and secure medication storage, including lockable medication carts and wall cabinets, at DAI and Division of Juvenile Corrections (DJC) facilities. Lockable medication storage ensures only authorized DOC staff access controlled prescription medication, reducing the risk of misuse, overdose, and dangerous interactions. DOC completed contracting and began working on implementation.

- Provide access to treatment, counseling, recovery coaching, peer support, and medication through the Winnebago Sobriety, Treatment, Assisted, Recovery (STAR) program for DCC clients residing at the Winnebago County Jail. Program participants live in a “recovery pod” with others actively on their recovery journey. Clinical substance use disorder (SUD) programming is delivered by Winnebago County human services staff. Recovery coaching and treatment groups are delivered by Solutions Recovery. Solutions Recovery coaches all have lived experience with addiction, and most have experienced criminal legal system involvement. In addition to one-on-one coaching and support, the coaches provide treatment groups customized to the needs of the program participants living in the recovery pod. DOC is still reviewing this contract and is planning for implementation.

### **DOC - Medication-Assisted Treatment (MAT)**

During this period, 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. DOC staff continued to meet with DOC contracted mobile unit vendor, Addiction Medical Solutions (AMS), to plan for implementation of the mobile units.

There have been significant delays in implementing mobile MAT services with DOC contracted provider, AMS. DOC staff continued to work collaboratively with AMS during this reporting period despite little substantive progress.

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

During this reporting period, 160 individuals were assessed for opioid use disorder and 78 clients maintained their active MOUD prescriptions or were referred to a MOUD provider.

### **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 solicited applications from Tribal nations and counties for funding 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 (February 1, 2026 through April 30, 2026), awarded agencies provided services to 510 people for a total of 12,411 days of service. This quarter’s average daily cost was \$70.84. The total cost for room and board for individuals on Medicaid with an opioid use disorder (OUD) was \$1,095,328. 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 458. There were 81 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 88 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 are provided funds to support community drug disposal, education on MOUD, diversion or deflection programs, or providing MOUD 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**

They continue to distribute drug deactivation kits through multiple county departments. The drug drop box is accessed daily. 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, Education on MAT**

The Chippewa County Sheriff's Office is actively working to get back to full staff in both the patrol and jail/corrections divisions. Due to reoccurring staff shortages and turnover, they have not been able to utilize the online training courses (operational readiness for police/corrections officers) through UW Stout. Four drug deactivation kits were distributed during this reporting period.

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

Since the new administration has been in place they have been able to adjust their practice with MOUD and are now able to provide more medication options. All services are operational.

Five hundred ninety-two individuals have been screened for an opioid use disorder. Twenty-three individuals enrolled in MOUD treatment. Twenty-four individuals received peer support and case management services. Twenty-three individuals have been discharged from the program due to being released from jail.

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

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

During this reporting period, 517 individuals were screened for an opioid use disorder during intake. Two hundred forty-four people have been enrolled in MOUD treatment, 20 people received peer support services and 160 were provided with case management and/or care coordination services. Ninety-eight individuals were trained in how to administer naloxone and were provided with a two-dose kit when discharged from jail.

### **Dunn County Sheriff's Office – Diversion/Deflection**

The Dunn County behavioral health officer and case worker are continuing to see a steady and increasing flow of referrals from all partners, community members and law enforcement. These referrals usually involve mental health calls that have substance use intertwined. They work with deputies to assist in meeting these community members who continue to have issues or are getting new charges. They have successfully arranged treatment services for many people or helped connect them with support services to assist. This has built rapport with the deputies for the program within the department and command staff. Their case workers are additionally meeting many in the jail to help set up release plans and educate participants on available treatment and support services.

During this reporting period, 79 people were referred to for pre-arrest or pre-arraignment deflection programming. In addition, 47 people were also enrolled in pre-arrest or pre-arraignment deflection programming.

### **Eau Claire County Sheriff's Office – Treatment for People who are Incarcerated with OUD; Diversion/Deflection; Community Drug Disposal**

During this reporting period, the program lost access to staff responsible for collecting, maintaining, and entering data and this has resulted in less time and capacity for all deflection-related data tasks due to staffing shortages. The program also lost support provided by the

criminal justice administrator. As a result, there was an inherent loss of program coordination, like connection to other recovery programs, maintenance of the vehicle designated for deflection case worker use, grant application/reporting, training opportunities, and more. Due to being extremely short-staffed, data has not been entered into REDCap, besides some initial entries made by the data specialist before they left the position. The responsibilities previously held by the criminal justice administrator and data specialist have now fallen upon the recovery and justice supervisor, deflection case worker, and resource specialist.

During this reporting period, 22 people were referred to for pre-arrest or pre-arraignment deflection programming with 26 people being enrolled into the program. Two individuals successfully completed pre-arrest or pre-arraignment deflection programming. Sixteen individuals received peer support services. Five hundred people were screened for OUD.

#### **Iowa County Sheriff's Office – Community Drug Disposal; Education on MAT**

All drug deactivation kits were distributed to community members.

#### **Jackson County Sheriff's Office – Education on MAT; Diversion or Deflection; Treatment for People who are Incarcerated with OUD**

The Jackson County Sheriff's Office continued making measurable progress toward implementation and expansion of opioid abatement initiatives focused on prevention, treatment access, harm reduction, diversion/deflection, and recovery support services. Key project activities during this reporting period included continued development and operation of the jail-based assisted treatment MAT/MOUD program, coordination of community-based treatment and reentry services, ongoing collaboration with behavioral health and medical providers, and continued implementation of pre-arrest/pre-arraignment deflection efforts. The agency also continued community education and overdose prevention efforts through staff training, naloxone access initiatives, and medication disposal programming. Operational coordination between corrections staff, treatment providers, peer support personnel, and community partners continued to strengthen during this reporting period. Processes related to screening, referrals, care coordination, and continuity of care upon release were maintained to ensure continued participant engagement and reduce barriers to treatment access. The agency continues working toward a sustainable and integrated response to opioid use disorder that prioritizes public safety, treatment access, harm reduction, and long-term recovery outcomes.

Challenges during this reporting period primarily involved ongoing coordination associated with implementation and expansion of multiple opioid abatement initiatives simultaneously. Staffing limitations, scheduling coordination among partner agencies/providers, participant engagement barriers, and administrative requirements related to data collection and reporting continued to require significant operational attention while staffing levels continue to be less than optimal. Additional challenges included ensuring continuity of care for incarcerated individuals upon release, transportation and housing barriers impacting treatment engagement, and the complexity of coordinating services across criminal justice, medical, and behavioral health systems.

To address these challenges, the agency continued strengthening partnerships with community providers, refining internal referral and communication processes, expanding cross-disciplinary collaboration, and identifying opportunities to improve participant follow-up and care coordination. The agency also continued evaluating workflow processes to improve program efficiency, data tracking, and long-term sustainability.

Supportive services provided through the program included behavioral health screening, communicable disease screenings, individualized treatment planning, recovery support services, peer support engagement, discharge planning, community treatment referrals, case management/care coordination, overdose education, naloxone education/distribution, and coordination with community-based healthcare and behavioral health providers to support continuity of care following release from custody. The program also includes continued evidence-

based group therapy and recovery support opportunities within the jail setting through community partnerships. Services included cognitive behavioral therapy (CBT)-based group programming provided in partnership with UW-Extension, peer support services provided through Next Steps for Change, and ongoing efforts to approve volunteer background checks to allow 12-step mutual support groups to begin operating within the facility during summer 2026. Additional staff provided supportive interventions may have included mental health services, substance use counseling, medication education, housing/resource referrals, transportation coordination, and linkage to ongoing recovery supports within the community.

Challenges include participant turnover due to varying lengths of incarceration, continuity of care barriers upon release, housing and transportation limitations, and the complexity of coordinating treatment across multiple systems. Despite these challenges, the program continues to demonstrate progress toward increasing treatment access, reducing overdose risk, improving engagement with recovery support, and supporting long-term community stability and public safety outcomes.

The agency is currently engaged in recruitment efforts to fill vacant project employee/case manager positions, which are expected to significantly enhance program capacity and coordination once filled. Increasing staffing levels will support expanded participant engagement, improved care coordination, stronger follow-up services, and increased overall effectiveness across opioid abatement initiatives. Additional support related to workforce development, peer support integration, housing and transportation resource coordination, and long-term funding sustainability would also assist with continued program success.

On April 14, 2026, during an Overdose Prevention Summit, the assistant jail administrator and behavioral health coordinator presented on the implementation of MOUD/MAT programming in a rural jail setting and shared progress related to opioid abatement project initiatives supported through this funding source. The presentation included discussion of early indicators of project effectiveness, implementation strategies, collaboration efforts, and lessons learned during program development and operation. Following their presentation, both staff members remained at the conference throughout the day to participate in additional educational sessions, collaborate with statewide partners, and engage in information sharing related to overdose prevention, correctional healthcare, and evidence-based treatment practices.

During the reporting period, the agency screened 212 people for an opioid use disorder, 7 individuals were enrolled in MAT, and 9 people were trained and received naloxone. Two individuals received peer support services and 36 received case management and/or care coordination services. Five 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**  
Kenosha County experienced an increase in individuals entering incarceration who are actively requesting treatment services, recognizing that the county offers a comprehensive MOUD program. More individuals are engaging in treatment and seeking information about the resources and support available to them during their incarceration. In response to these growing needs, Kenosha County expanded services to include peer support, medication management, telehealth services, and coordination with intensive outpatient programs and therapy providers to ensure continuity of care upon release. While the program continues to evolve and adapt, Kenosha County saw significant growth over the years and believes these efforts contributed to improved engagement and positive outcomes for individuals involved in treatment.

Kenosha County remains committed to providing comprehensive support services to individuals transitioning from custody back into the community and seeking to establish healthier, more stable lifestyles. Re-entry planning and continuity of care are essential components of the county's approach to recovery and long-term success for individuals struggling with substance

use disorder (SUD). The Southport Lighthouse Recovery Community Center in Kenosha offers weekly recovery meetings and peer-driven support services for individuals interested in participating in recovery programming. This program has become a valuable community resource and provides ongoing encouragement, accountability, and support to those working toward sustained recovery. In addition, individuals are connected with local Alcoholics Anonymous (AA) and Narcotics Anonymous (NA) groups, faith-based and church recovery services, and other community support programs available after release. Kenosha County also continues to promote healthier lifestyles through fitness and wellness opportunities for individuals engaged in recovery. Through partnerships with community organizations, including the National Alliance on Mental Illness (NAMI), individuals are encouraged to participate in activities that support both physical well-being and positive community engagement. These collaborative efforts help strengthen recovery outcomes and provide individuals with meaningful support systems as they reintegrate into the community.

Kenosha County operates two jail facilities within the county. At times, programming opportunities at the downtown facility have been more limited compared to those available at the west end facility. Recently, however, the county was able to secure a substance use counselor to provide MOUD services to both male and female individuals housed at the downtown facility. Although peer support services have remained consistently available at the downtown location, the addition of substance use programming and counseling services will further strengthen the county's treatment efforts. This expansion is expected to enhance overall program success and provide additional support to incarcerated individuals struggling with SUD.

Sustainable funding has remained one of the most critical components in maintaining the success of Kenosha County's MOUD program. Currently, the program is supported through grant funding that is scheduled to end on December 31, 2026. Without continued financial support, the county faces significant challenges in sustaining the level of treatment, programming, and re-entry services currently provided to incarcerated individuals struggling with SUD. As the third largest jail system in Wisconsin, with an average population of approximately 750 incarcerated individuals, the demand for treatment and recovery services continues to grow. With only seven months remaining under the current grant, securing additional funding has become essential to ensuring the continuation and expansion of these services. Continued grant support would allow Kenosha County to maintain critical programming, preserve continuity of care, and continue providing individuals suffering from SUD with meaningful opportunities for treatment, recovery, and successful re-entry into the community.

Kenosha County experienced many positive outcomes through the sheriff's department's MAT program. The county, and specifically staff involved in re-entry and treatment coordination, received numerous letters and phone calls from individuals following their release from custody expressing gratitude for the assistance and support they received while incarcerated. Many individuals stated they had never previously received the level of care, guidance, and encouragement offered through Kenosha County's programming and appreciated the genuine commitment to helping them succeed. The sheriff's department remains dedicated to reducing recidivism and addressing the individualized needs of those suffering from SUD by helping provide structure, stability, and access to recovery resources. One of the program's most meaningful success stories involves a woman who was formerly incarcerated within the Kenosha County jail system and participated in treatment and recovery programming. Today, she is employed and now returns to the facility to teach classes and share her personal recovery journey with incarcerated individuals. She openly discusses how her life changed through treatment and support received while involved with the sheriff's department's MOUD program and believes she may not have achieved recovery without those services and opportunities. Success stories such as these continue to motivate staff and reinforce the importance of maintaining and expanding treatment services within the jail system. The sheriff's office remains incredibly proud of the progress many individuals have made and hopes that future funding opportunities will allow these

programs to continue serving individuals suffering from SUD who are seeking to rebuild their lives and become productive members of the community.

During this reporting period, 71 individuals received some form of MOUD, 96 received training on naloxone administration and were given two-dose kits, and 23 people engaged with peer support services. Ninety-six individuals received case management or care coordination services. Every individual who is arrested and brought into the facilities is screened for a substance use disorder.

**La Crosse Sheriff's Department – Community Drug Disposal; Education on MAT**

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 – Diversion/Deflection; Community Drug Disposal**

The Madison Police Department's "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 opioid abatement contract supports several MARI related operational areas.

During this reporting period, 20 individuals were referred for pre-arrest or pre-arraignment diversion programming with 6 enrolling. Six individuals successfully completed the pre-arrest or pre-arraignment deflection program. Nineteen two-dose naloxone kits were distributed to people leaving incarceration. During community outreach activities 221 doses of naloxone and 114 fentanyl and xylazine test strips were distributed to individuals who participated in the events.

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

During this reporting period, the Marathon County Sheriff's Office continued to see a steady increase in the number of individuals being screened and enrolled in the MOUD services intake process. They noted a rise in the number of individuals entering the jail already on MOUD, highlighting the ongoing need for strong continuity of care and coordinated support. Communication with their partners remains strong and effective, allowing them to maintain alignment and address needs quickly. They continue to explore additional opportunities to strengthen and improve the program. One staff completed certification to assist with medication administration. This has allowed them to support the nursing staff more directly, enhance monitoring for diversion, and equally importantly, build stronger rapport with individuals in the program. Administering medication has given them more one-on-one interaction time, helping them get to know each person better and understand their needs more clearly.

During this reporting period, 765 people have been screened for an opioid use disorder, 51 people have been enrolled in MOUD services, 51 people have been trained in naloxone administration and received two-dose kits, 51 people have engaged in peer support services, 55 people have received case management or care coordination services, and 42 people have been discharged because of being released from jail.

**Marquette County Sheriff's Office – Community Drug Disposal**

All three permanent drop boxes have been purchased, installed and are operational. They frequently get positive comments from people utilizing the service.

**Menominee County Sheriff's Office – Community Drug Disposal**

The sheriff's office continues to make meaningful progress in opioid misuse prevention and community outreach. Over 500 drug deactivation pouches were distributed throughout Menominee County in partnership with key community agencies, including the Maehnowesekiyah wellness center, the Menominee Tribal clinic, and the Menominee Tribe's

drug addiction intervention coordinator. Each partner utilized targeted distribution methods to maximize reach, including program-based distribution within the wellness center, outreach at a recovery walk in Shawano, Wisconsin, and placement in community vending machines. In March, the Sheriff's Office collaborated with local agencies to host a youth drug addiction forum for 7<sup>th</sup> through 10<sup>th</sup> grade students, focusing on education and awareness around teen addiction. The event was well attended and positively received, with plans to expand and continue annually. In April, the Sheriff further strengthened prevention efforts by attending the overdose prevention summit in Wausau, Wisconsin, to gain additional insights and strategies to support ongoing community initiatives.

This reporting period 200 drug deactivation pouches were distributed throughout the community.

**Menominee Indian Tribe Police Department – Community Drug Disposal; Education on MAT**

During this time, the department received funding, and the drug deactivation kits were ordered. The product should soon be available to start distributing to the community. They are also working on preparing the officers for the upcoming training that they will attend.

**Racine County Sheriff's Office – Education on MAT; Treatment for People who are Incarcerated with OUD**

Progress on the MAT grant for incarcerated individuals remained steady, with continued efforts focused on supporting inmates through consistent access to treatment and recovery services. While there have been no major changes or new developments during this reporting period, the program continues to make a positive impact by providing ongoing MAT, counseling, and reentry support to individuals in custody. The steady continuation of services has helped maintain stability for participants and supports the overall goal of reducing substance use disorders and improving outcomes for incarcerated individuals.

The jail-based MOUD program continues to show steady success in supporting incarcerated individuals throughout their recovery journey. One of the program's greatest strengths is the consistent engagement provided through our full-time peer support specialist, who maintains regular contact with individuals and helps build trust, support recovery goals, and assist with reentry planning. The program has also continued to successfully provide naloxone distribution and reentry backpacks to individuals upon release, helping improve overdose prevention efforts and support a smoother transition back into the community.

Continued collaboration among correctional staff, treatment providers, and peer support services has helped maintain continuity of care and ensure individuals have access to needed resources. Currently, the program has remained stable with no significant barriers or disruptions in services during the reporting period.

This reporting period, 2,011 individuals were screened for an OUD. One hundred and one individuals enrolled in MAT services, 29 people were trained in how to administer naloxone and were provided a two-dose kit, 86 people received peer support services, all MAT enrollees (101) received case management or care coordination services, and 44 individuals were discharged from the program due to being released from jail.

**Rhinelander Police Department – Diversion/Deflection**

This reporting period the peer recovery coach worked with 81 individuals. They also participated in a sober event for community members and a community clean-up day.

**Rock County Sheriff's Office – Education on MAT; Treatment for People who are Incarcerated with OUD**

During this reporting period, the program began transitioning all persons in their care receiving MOUD to the local opioid treatment program, Comprehensive Treatment Center (CTC). This

transition sets up the MOUD program participants with access to their medication of choice, counseling, nursing support, and a prescriber. Furthermore, this transition will support jail staff in monitoring program compliance and will improve safety within the facility.

Also, during this reporting period, two budget items were approved. The first is the treatment computers, which were budgeted to support the client's ability to access their provider's video visits. These items were purchased during this reporting period. The second project is the MAT room budget. This budget was approved during this reporting period. The goal of this project is to make a more cohesive and effective MOUD program.

The facility began providing access to all three FDA approved MOUD (methadone, naltrexone and buprenorphine) in June 2025. In previous years, their population only had access to Vivitrol (naltrexone). In 2024, they introduced methadone treatment through collaboration with the local clinic. Then finally in 2025, they introduced the buprenorphine injection.

During this reporting period, 917 individuals were screened for an OUD. Thirty-five individuals received MOUD. Thirty-five individuals were trained to administer naloxone and were provided with a two-dose-kit at their discharge. Thirty-five people received case management and/or care coordination. Peer support is voluntary and offered to all participants.

#### **Sawyer County Sheriff's Office – Diversion/Deflection; Education on MAT**

Service delivery has been consistent, mostly within community outreach (pre-arrest or pre-arraignment). Sawyer County hosted four community events, which served a total of 79 individuals.

During this reporting period, five people were referred for pre-arrest or pre-arraignment deflection programming with 21 people being enrolled in the program.

#### **Sparta Police Department – Diversion/Deflection**

During this reporting period, the community resource officer continued to expand awareness of available programming and resources and provided educational outreach to both youth and adults within the community and in neighboring areas. They also participated in the multidisciplinary committee responsible for reviewing overdose deaths. In addition, two members of the department completed Crisis Intervention Team (CIT) training and initiated efforts to establish a CIT team within the agency. They are also scheduled to host CIP training for community partners later this year. Finally, during this period, all members of the patrol division and detective bureau completed the OUD program "Operational Readiness for Police Officers."

The referral data for this reporting period is unavailable due to an unexpected change in tracking responsibilities. Previously, these numbers were recorded by the peer support partner agency. However, during this period challenges with tracking referrals were experienced. As a result, no referral data was collected for this timeframe. Working through these challenges, it now appears more likely that other community resources will be utilized to ensure collaboration and appropriate tracking moving forward.

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 OUD**

The MOUD program continues to operate at full capacity. They identified target populations that allow them to assist those with pressing needs for treatment, without overwhelming the jail schedule or their staff.

With an eye on sustainability, they have been looking at ways to save money without changing the services offered. They worked with a representative from Alkermes to set up an account with

Besse medical to save costs when obtaining Vivitrol® injections in comparison to their previous wholesaler. This leads to around \$400 in savings per dose, which has been incredibly helpful. The jail medical team also worked with them to obtain doses from other facilities that they work with in hopes of making sure that the medication gets used prior to expiration.

Since the implementation of this program (almost one year ago) they have served 198 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.

One thing that has been very interesting to see is how this program is able to fill a gap that was previously missing in the community. During this reporting period they have had two different jail MOUD participants enrolled in adult drug treatment court, and it is very clear that MOUD has played a big role in their early success now that they are back in the community.

During this reporting period, 215 people have been screened for an opioid use disorder, 32 people have been enrolled in MAT services, 6 have been trained on naloxone administration and have been given two-dose kits of naloxone, 24 people engaged in peer support services, and 32 people have received case management or care coordination services.

### **Community-Based Prevention – Competitive Grant Program**

DHS provided 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, resulting in a second contract to expend funds.

#### **Northeastern Wisconsin Area Health Education Center (NEWAHEC)**

They confirmed a trainer for the Safe Zone Training in Early February and scheduled training for May 29 in Fond du Lac, WI. Training was held in-person with an option of virtual for those who could not attend. Also confirmed trainers for the Youth Mental Health First Aid and scheduled virtual training for June 3.

#### **Community Advocates**

They completed the contracting process with local coalition who are working on implementing activities for prevention education in their community. They trained two Mental Health First Aid instructors, their coalition coordinator and county health department public health nurse. They are working to purchase Mental Health First Aid training workbooks and Operation Parent handbooks.

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**

After hiring a new full-time prevention coordinator at the beginning of this year, Arbor Place made progress in their program implementation. They sustained regular after-school prevention programming for middle schoolers in two different school districts and developed a youth council for high school students in three different school districts. The youth council focuses on teaching students' key prevention concepts and examining their external environment for risk and protective factors at an interpersonal and policy level. While much of their programming centers around youth, Arbor Place also conducted prevention education and information dissemination efforts with the community at large, distributing educational materials at multiple health fairs.

### **Forest County Potawatomi Community (FCPC)**

Forest County Potawatomi Community (FCPC) has made significant progress toward project goals, despite a late start due to contracting delays. Community youth coaches are making weekly trips to FCPC schools, delivering lessons, and facilitating discussions on interpersonal conflict, coping strategies, and community connection. The prevention team also began hosting regular substance-free alternative activities for youth, including a trip to a local garden to learn about planting traditional medicine. Using connection to culture as prevention, FCPC provided invaluable learning opportunities for the youth in the community.

### **Hope Council**

Over the first four months of the project period, Hope Council made steady progress toward implementation of the community-based opioid prevention project. Key foundational activities completed during this reporting period include development of the safe medication storage/disposal materials, planning and coordination of youth-focused prevention activities, expansion of community partnerships through the Kenosha County substance abuse coalition prevention subcommittee, and preparation for upcoming community trainings and workshops. Outreach and awareness efforts through community engagement have been productive. A new safe medication storage & disposal program was designed and implemented utilizing a newly formed partnership with Kenosha Area Family & Aging Services, Inc, (KAFASI) through their meals on wheels program. Overall, the project remains on track with the approved work plan timelines and objectives, with major program implementation activities scheduled to continue and expand throughout the remainder of the grant period.

### **United Community Center (UCC)**

The United Community Center made substantial progress toward their goals, particularly in the realms of education and alternative activities. They distributed prevention-based educational materials geared toward both parents and youth at parent/teacher conferences and online via Class Dojo. They have multiple substance-free alternative activities planned for the coming months, primarily serving the youth in their community during the summer months. Additionally, several staff members engaged in elderly care, counseling, and education will receive training for various evidence-based prevention curricula this coming June.

### **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 425 substance use providers are now registered with the platform with 23,926 searches having been completed and 2,359 service connections being made.

### **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 155 perinatal mental health inquiries from health care providers across the state. This included 128 provider-to-provider case consultations and 27 resource connection requests related to perinatal mental health. Among the 82 provider-to-provider consultations where substance use history was known, 11% (nine cases) involved a history of opioid use disorder and 24% (20 cases) involved a history of other substance use disorders. Additionally, 44 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 11 educational sessions on perinatal mental health to a total of 177 Wisconsin health care providers who care for women of reproductive age. Live clinic sessions were taught to clinicians through Sauk County Public Health; Prevent Suicide Coalition, UW Health Family Medicine Residency, Sauk Prairie Continuing Medical Education Series, Wisconsin Association of Perinatal Care: Grand Rounds, Milwaukee School of Engineering (MSOE) Psychiatric Mental Health Nurse Practitioner (PMHNP) Immersion, Marquette University: Certified Nurse Midwifery Program, Mosaic Family Medicine Residency, and Western Wisconsin Health Psychiatric Medication Management Team. In addition, the Periscope team provided education during statewide conferences including, UW-Milwaukee Professional Development Network for Family Support (WCWPDS): Fulfilling the Promise, Wisconsin Nursing Association: Advanced Practice Registered Nurse (APRN) Pharmacology and Clinical Update, Wisconsin Association of Osteopathic Physicians: Annual Spring Conference. Ten sessions included specific content on perinatal opioid use disorder.

The Periscope Project hosted two webinar series during the period to a total of 79 health care participants.

#### 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 48 stigma reduction magnets were distributed to 24 contacts statewide, intended for display in clinic charting rooms. Additionally, 210 postpartum harm reduction cards were shared with 21 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 35% of users who were sent the survey responded. The results show 100% of respondents agreed or strongly agreed that:

1. They were satisfied with their most recent Periscope encounter.
2. Their most recent Periscope encounter helped them to more effectively manage their patient's care.
3. They will incorporate the information learned during their most recent Periscope encounter in the future care of patients.

Thirty-two surveys included positive written in feedback. A few of those are highlighted below:

*"This is an essential state service, up there with snowplows and electricity."* – OB/GYN Physician in Monroe

*"This is a fabulous service, which positively impacts a relatively high risk and complex population. All the physicians I have spoken with have been very knowledgeable, professional, and clearly enjoy what they are doing. Thanks."* – Psychiatry Physician in Waukesha

### **Opioid and Methamphetamine Data Collection and Surveillance System**

DHS allocated \$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. DOA, DHS, DOC, DOJ, DPI, DSPS and the Department of Children and Families (DCF) are working collaboratively on this project.

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. The vendor created the data system, test data were submitted to the User Acceptance Testing (UAT) environment and validated by participating state agencies, and the REDCap project was successfully provided to DHS. Work items outlined in the contract have been executed; DOA communicated the close of AFMC's role on the project on May 26<sup>th</sup>, 2026.

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
- Transition of finalized REDCap project via .xml file to DHS REDCap instance
- An interagency memorandum of understanding (MOU) was signed by collaborating state agencies
- Draft of sustainability plan for future annual deliverables was disseminated for review by collaborating state agencies

### **Urban Rural Women's Substance Use Treatment**

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. Awarded agencies are engaged in the contracting process which include Apricity, Meta House, Waukesha County DHHS, and Wisconsin Community Services. Program updates will be provided in future reports.

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

Sincerely,



Kirsten L. Johnson  
Secretary

**Appendix A: Mail Order Overdose Prevention Program**

<b>Award for Mail Order Overdose Prevention Program</b>	
<b>Agency</b>	<b>Award Amount</b>
Bad River Band of Lake Superior Tribe of Chippewa Indians	\$ 200,000

**Appendix B: Naloxone Direct Program Community Distribution – Overdose Prevention Supplies**

Awards for Drug Checking Technologies Program for Naloxone Direct Program Agencies					
Agency	Tribal Nation/County	FTS Cases	FTS Kits	XTS Cases	XTS Kits
Ashland County Health & Human Services	Ashland County	12	150	12	150
Barron County Department Of Health and Human Services	Barron County	0	100	0	75
Calumet County Public Health	Calumet County	8	2	8	2
Chippewa County Department of Public Health	Chippewa County	0	0	12	0
Public Health Madison and Dane County	Dane County	0	7,500	0	4,600
William S Middleton VA Hospital Harm Reduction Program	Dane County	1	0	1	0
Wisconsin Voices for Recovery	Dane County	0	0	0	500
Door County Public Health	Door County	4	50	4	50
Vivent Health - Green Bay	Door County	0	200	0	100
Vivent Health - Superior	Douglas County	2	0	2	0
Dunn County Health Department	Dunn County	6	0	0	0
Wisconsin Milkweed Alliance, Inc.	Dunn County	5	500	2	200
Eau Claire City-County Health Department	Eau Claire County	0	0	5	0
Vivent Health - Eau Claire	Eau Claire County	24	0	20	0
Fond du Lac County Health Department	Fond du Lac County	0	400	0	400
Unified Community Services - Grant and Iowa Counties	Grant County	0	150	0	150
Green County Human Services	Green County	10	85	7	85
Vivent Health - Madison	Ho-Chunk Nation of Wisconsin	0	300	0	200
Iron County Health Department	Iron County	5	50	0	0
Jackson County Public Health	Jackson County	1	250	1	250
Jefferson County Health Department	Jefferson County	0	0	2	0
Juneau County Health Department	Juneau County	0	500	0	0
Hope Council on Alcohol & Other Drug Abuse, Inc.	Kenosha County	0	500	6	500
Kenosha County Division of Behavioral Health Services	Kenosha County	0	3000	0	3000
La Crosse County	La Crosse County	10	1000	4	100
Vivent Health - LaCrosse	La Crosse County	0	0	25	0
Lac Courte Oreilles Tribal Health Center	Lac Courte Oreilles Band of Lake Superior Chippewa	5	1000	5	1000
Marathon County Health Department	Marathon County	6	0	4	0
North Central Health Care	Marathon County	15	400	15	400
Vivent Health - Wausau	Marathon County	12	0	8	0
Marinette County Public Health	Marinette County	0	1,000	0	100
Marquette County Health Department	Marquette County	0	50	0	50
Menominee Indian Tribe of Wisconsin-Maehnowesekiyah	Menominee County	10	200	10	200
City of Milwaukee Health Department	Milwaukee County	57	9920	30	4800
Milwaukee County	Milwaukee County	0	5500	0	5500
Sixteenth Street Community Health Centers	Milwaukee County	1	2,000	1	2000
South Milwaukee-St. Francis Health Department	Milwaukee County	0	1500	0	500
Southwest Suburban Health Department	Milwaukee County	0	5000	0	5000
Vivent Health Milwaukee	Milwaukee County	0	2500	0	3000
Wauwatosa Health Department	Milwaukee County	3	400	3	400
Wisconsin Peer Alliance for Nurses	Milwaukee County	5	50	5	50
Monroe County Health Department	Monroe County	1	200	0	100
Oconto County Health and Human Services Division of Public Health	Oconto County	1	200	1	100
Oneida Behavioral Health	Oneida Nation	30	30	30	30
Outagamie County Public Health	Outagamie County	1	400	0	200
Vivent Health - Appleton	Outagamie County	22	0	22	0
Polk County Public Health	Polk County	0	300	0	0
City of Racine Public Health Department	Racine County	5	1000	5	500
Racine County HSD	Racine County	90	2000	90	2000
Vivent Health - Kenosha	Racine County	0	100	0	100
Red Cliff Community Health Center	Red Cliff Band of Lake Superior Chippewa	0	300	3	150
Rock County Public Health	Rock County	0	1500	0	200
Vivent Health - Beloit	Rock County	8	0	7	0
Public Health Sauk County	Sauk County	0	500	0	1500
St. Croix County Health and Human Services	St. Croix County	0	100	4	150
Taylor County Health Department	Taylor County	6	50	0	0
Walworth County Health and Human Services	Walworth County	20	0	20	0
Elevate, Inc.	Washington County	0	125	0	125
George IV Recovery Fund LLC	Waukesha County	10	0	0	0
Waukesha County Department of Health and Human Services	Waukesha County	50	0	40	0
Waupaca County Department of Public Health	Waupaca County	5	0	5	50
Waushara County Public Health	Waushara County	1	100	1	100
Wood County Health Department	Wood County	6	1200	2	1200
	<b>TOTAL SUPPLIES</b>	<b>458</b>	<b>52362</b>	<b>422</b>	<b>39867</b>

**Appendix B: Naloxone Direct Program Community Distribution – Overdose Prevention Supplies**

<b>Awards for EMS Leave Behind Programs</b>			
<b>Agency</b>	<b>Tribal Nation/County</b>	<b>FTS Kits</b>	<b>XTS Kits</b>
Greenwood Area Ambulance Service	Clark County	12	24
Dane County EMS	Dane County	5000	3000
Albany Area EMS	Ho-Chunk Nation of Wisconsin	20	20
Russell EMS	Lincoln County	50	40
West Allis Fire Department	Menominee County	550	550
Oak Creek Fire Department	Milwaukee County	50	50
Orange Cross Ambulance, Inc.	Sheboygan County	150	75
Glenwood City Ambulance Service	St. Croix County	12	12
Gundersen Tri County Ambulance	Trempealeau County	150	40
Plum Lake Ambulance	Vilas County	12	12
Waushara County EMS	Waushara County	200	300
	<b>TOTAL SUPPLIES</b>	<b>6206</b>	<b>4123</b>

## Appendix B: Naloxone Direct Program Community Distribution – Overdose Prevention Supplies

Awards for Law Enforcement Agencies - Overdose Prevention Supplies				
Agency	Tribal Nation /County	Naloxone Cases (24 doses /case)	FTS Kits	XTS Kits
La Pointe Police Department	Ashland County	5	10	10
Brown County Sheriff's Office	Brown County	1	0	0
Green Bay Police Department	Brown County	5	0	0
Hobart-Lawrence Police Department	Brown County	6	0	0
Calumet County Sheriff's Office	Calumet County	3	0	0
Cadott Police Department	Chippewa County	2	0	0
City of Neillsville Police Department	Clark County	2	5	5
Crawford County Sheriff's Office	Crawford County	20	0	0
City of Middleton Police Department	Dane County	2	0	0
Dane County Sheriff's Office	Dane County	145	900	400
Madison Police Department	Dane County	102	7	7
Verona Police Department	Dane County	6	0	0
Waunakee Police Department	Dane County	1	1	0
Wisconsin Department of Justice, Division of Criminal Investigation	Dane County	10	0	0
Wisconsin Division of Alcohol Beverages	Dane County	3	0	0
Shorewood Hills Police Department	Dane County	3	1	1
Door County Jail	Door County	6	0	0
Douglas County Sheriff's Office	Douglas County	4	0	0
Dunn County Sheriff's Office	Dunn County	3	0	0
Dunn County Jail	Dunn County	30	99	94
Altoona Police Department	Eau Claire County	1	4	2
UW-Eau Claire Police Department	Eau Claire County	4	50	40
Florence County Sheriff's Office	Florence County	7	30	20
Hartford Township Police Department	Fond du Lac County	3	0	0
North Fond du Lac Police Department	Fond du Lac County	6	50	50
Village of Campbellsport Police Department	Fond du Lac County	2	2	2
Forest County Sheriff's Office	Forest County	12	50	50
Green County Sheriff's Office	Green County	3	0	0
Fort Atkinson Police Department	Jefferson County	3	0	0
Lake Mills Police Department	Jefferson County	1	0	0
Watertown Police Department	Jefferson County	0	0	150
Luxemburg Police Department	Kewaunee County	2	0	0
Merrill Police Department	Lincoln County	3	10	10
Tomahawk Police Department	Lincoln County	2	0	0
St. Nazianz Police Department	Manitowoc County	2	0	0
Stratford Police Department	Marathon County	1	0	0
Franklin Police Department	Milwaukee County	4	0	0
Marquette University Police Department	Milwaukee County	10	50	50
UW-Milwaukee Police Department	Milwaukee County	31	63	0
Wisconsin State Fair Park Police Department	Milwaukee County	2	0	0
Wisconsin State Patrol	Monroe County	1	0	0
Oneida County Sheriff's Office	Oneida County	4	0	0
Grand Chute Police Department	Outagamie County	19	0	0
Seymour Police Department	Outagamie County	1	0	0
City of Mequon Police Department	Ozaukee County	4	0	0
Village of Saukville Police Department	Ozaukee County	3	0	0
Pepin County Sheriff's Office	Pepin County	4	50	50
Pierce County Sheriff's Office	Pierce County	3	0	0
Edgerton Police Department	Rock County	10	48	24
Evansville Police Department	Rock County	5	20	20
Janesville Police Department	Rock County	8	0	0
Sawyer County Sheriff's Office	Sawyer County	27	100	100
Village of Tigerton Police Department	Shawano County	4	1	1
Sheboygan County MEG Unit	Sheboygan County	30	50	0
Sheboygan Falls Police Department	Sheboygan County	3	1	1
Osseo Police Department	Trempealeau County	2	0	0
Westby Police Department	Vernon County	10	50	50
Eagle River Police Department	Vilas County	6	0	0
Bloomfield Police Department	Walworth County	0	1	1
Fontana Police Department	Walworth County	1	0	0
Town of Linn Police Department	Walworth County	2	1	0
Village of Germantown Police Department	Washington County	13	12	12
Town of Brookfield Police Department	Waukesha County	4	10	10
Village of Pewaukee Police Department	Waukesha County	3	0	0
Waupaca County Sheriff's Office	Waupaca County	5	0	0
Waupaca Police Department	Waupaca County	4	0	0
City of Menasha Police Department	Winnebago County	4	0	0
Winnebago County Sheriff's Office	Winnebago County	4	0	0
<b>TOTAL SUPPLIES</b>		<b>642</b>	<b>1676</b>	<b>1160</b>

**Appendix C: Urban Rural Women’s Substance Use Treatment Services**

<b>Award for Urban Rural Women's Substance Use Treatment</b>	
<b>Total</b>	<b>\$2,000,000</b>
<b>Agency</b>	<b>Award Amount</b>
Apricity	\$500,000 total; \$250,000 per year over 2 years
Meta House	\$500,000 total; \$250,000 per year over 2 years
Waukesha County DHHS	\$500,000 total; \$250,000 per year over 2 years
Wisconsin Community Services	\$500,000 total; \$250,000 per year over 2 years