



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

September 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:

I am pleased to submit to you the Fiscal Year 2027 Quarter 1 (FY 27 Q1) report of allocations and expenditures from the opioid settlement dollars received through the National Prescription Opiate Litigation, Case No. MDL 2804 (NPOL).

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

Sincerely,

A handwritten signature in blue ink, reading "Kirsten Johnson".

Kirsten L. Johnson
Secretary-designee



Opioid Settlement Funds Report

FY 2027 Quarter 1

Settlement funds received

Total amounts the Wisconsin Department of Health Services (DHS) has received for the state-managed portion of national prescription opiate litigation (NPOL) settlement funds.

2022: \$30,704,645.33

2023: \$7,988,983.36

2024: \$36,572,223.37

2025: \$14,524,788.48

2026:

- February: \$88,336.71
- May: \$2,017,935.80
- June: \$844,202.86
- July: \$11,976,587.15

Total: \$104,717,703.06

Funding opportunities

As of September 30, 2026, DHS has two funding opportunities open for application, one funding opportunity under review, and a cumulative total of \$93,875,376 in awards and allocations.

Open for applications

The following grant funding opportunities are currently open for applications:

Room and Board Costs for Residential Substance Use Disorder Treatment

Available: \$3.5 million

Due Date: 10/9/2026

During this reporting period, DHS allocated \$3.5 million in FY 2026 and FY 2027 settlement funds to support calendar year (CY) 2027 room and board costs for Medicaid recipients who receive services under Medicaid's residential substance use disorder treatment program. Each

Tribal nation and county has been notified of the amount of funding they are eligible to receive under this funding opportunity. Awards will be shared in future reports.

Family Centered Treatment-Recovery (FCT-R)

Available: \$500,000

Due Date: 12/14/2026

DHS has allocated \$500,000 from FY 2026 and FY 2027 settlement funds to support Tribal Nations, counties, and/or community-based agencies in the implementation of FCT-R. FCT-R is a systems-of-care model that weaves the evidence-based FCT model and best practices in substance use treatment in addressing the underlying family systems and factors contributing to addiction. This funding opportunity is currently accepting applications. Awards will be shared in future reports.

Under review

The following grant funding opportunity is currently under review:

Law Enforcement Opioid Abatement Efforts

Available: \$1 million

Due Date: 7/10/26

DHS had allocated \$1 million in FY 2026 and FY 2027 settlement funds to support Law Enforcement agencies to sustain and grow strategies which include medications for opioid use disorder (MOUD) services in jails and MOUD education and awareness training for staff in CY 2027. Applications are under review and awards will be shared in future reports.

Awards and allocations

Funding Awards & Allocations by Category			
Category	Previous Awards	FY 27 Q1	Cumulative Awards
TOTAL	\$ 86,375,376	\$ 7,500,000	\$ 93,875,376
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	\$ 500,000	\$ 1,750,000
Medication Assisted Treatment	\$ 5,500,000	\$ -	\$ 5,500,000
Room & Board for Residential Treatment	\$ 10,750,000	\$ 3,500,000	\$ 14,250,000
Law Enforcement Agencies	\$ 8,000,000	\$ -	\$ 8,000,000
Statewide Prevention	\$ 2,750,000		\$ 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	\$ 2,000,000
Peer Services in OTP/OBOT & Mobile Units	\$ 820,605	\$ -	\$ 820,605
Urban Rural Women's Substance Use Treatment	\$ 2,000,000	\$ -	\$ 2,000,000
Family Centered Treatment - Recovery	\$ -	\$ 500,000	\$ 500,000
Opioid Impacts on Infants & Toddlers	\$ -	\$ 2,000,000	\$ 2,000,000

*Award amount updated based upon outcome of contract negotiation process

K-12 evidence-based prevention: During this reporting period DHS allocated \$500,000 to the Wisconsin Department of Public Instruction (DPI) for grants related to K-12 evidence-based substance use prevention curriculums or programs. DPI will distribute grants to school districts, independent charter schools, Tribal schools, and private choice schools to implement evidence-based substance use prevention programming. Contracting between DHS and DPI is currently being completed. Details will be shared in future reports.

Community-Based Prevention: In 2025, DHS allocated \$1 million to anti-drug coalitions, nonprofit agencies, Tribal Nations, and faith-based organizations to support prevention programs throughout Wisconsin. Awarded agencies included Arbor Place, Forest County Potawatomi Community, Hope Council, and United Community Center who used 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. DHS is allocating \$1 million from FY 2026 and FY 2027 settlement funds to continue this support. The contracting process for this initiative has begun with details being shared in future reports.

Opioid Epidemic Impacts on Wisconsin Infants and Toddlers: The negative impacts of opioid use continue at high rates across the country. Opioid use during pregnancy puts infants at risk of preterm birth, low birth weight, neonatal abstinence syndrome (NAS) and the potential for neurocognitive, behavioral, and developmental impacts later in life.

In response to these impacts and in alignment with NPOL settlement allowable uses, DHS allocated \$2 million to the Wisconsin Early Intervention, Birth to 3 Program. The Wisconsin Early Intervention Birth to 3 program will provide grant funding support to local Birth to 3 programs around the state of Wisconsin who are providing services to enrolled infants and toddlers and their families experiencing opioid and substance use related impacts. Funds will support services not covered by Medicaid, as well as training for the early intervention workforce. Further details will be shared in future reports.

Funding expenditures

As of September 14, 2026, a total of \$59,035,692 in expenditures have been recorded for programs supported with settlement funds; this includes \$54,245,876 in reported previous expenditures (\$1,651,125 in additional expenditures posted to FY 26 Q4 after the last report was submitted) and \$4,789,816 of expenditures in FY 27 Q1.

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.

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

Expenditures by Category			
Category	Previously Expended	FY 27 Q1 Expenditures	Cumulative Expenditures
TOTAL	\$ 54,245,876	\$ 4,789,816	\$ 59,035,692
Expand Narcan® Direct Program	\$ 6,606,500	\$ -	\$ 6,606,500
Distribute Fentanyl Test Strips	\$ 924,100	\$ -	\$ 924,100
Capital Projects	\$ 15,991,700	\$ 1,708,300	\$ 17,700,000
Funding for Tribal Nations	\$ 9,704,600	\$ 1,023,300	\$ 10,727,900
Central Alert System	\$ 9,676	\$ 30,916	\$ 40,592
K-12 Evidence-Based Prevention	\$ 1,100,300	\$ -	\$ 1,100,300
Medication Assisted Treatment	\$ 5,331,600	\$ -	\$ 5,331,600
Room and Board for Residential Treatment	\$ 5,977,300	\$ 945,000	\$ 6,922,300
Law Enforcement Agencies	\$ 4,031,900	\$ 557,000	\$ 4,588,900
Statewide After-School Prevention	\$ 1,750,000	\$ -	\$ 1,750,000
Hub and Spoke Pilot Program	\$ 500,000	\$ -	\$ 500,000
Substance Use Disorder Treatment Platform	\$ 699,300	\$ -	\$ 699,300
Surgical Collaborative of Wisconsin	\$ 293,600	\$ -	\$ 293,600
Opioid & Methamphetamine Data System	\$ 146,700	\$ 900	\$ 147,600
Community-Based Prevention	\$ 644,100	\$ 285,200	\$ 929,300
Medical College of Wisconsin	\$ 534,500	\$ -	\$ 534,500
Urban Rural Women's Substance Use Treatment	\$ -	\$ 6,200	\$ 6,200
Harm Reduction - DOC	\$ -	\$ 233,000	\$ 233,000

Program accomplishments 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, and 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 service programs, emergency medical services (EMS), law enforcement, and recovery community organizations. DHS continues to braid multiple funding sources including settlement funds to allow for awards to support statewide naloxone saturation efforts. Drug checking supply distribution is fully funded by settlement dollars.

During this reporting period, the NDP (including EMS and law enforcement) reports training 6,486 people in overdose prevention and naloxone administration, and distributing 25,084 4mg naloxone kits, 7,005 3mg naloxone kits, and 3,162 intramuscular naloxone doses (total of 70,502 doses all formulations combined). Agencies reported 328 successful overdose reversals. Due to data collection limitations, the number of successful overdose reversals is an underreported amount.

During the previous three months of reported data, the Community Drug Checking initiative distributed 15,684 fentanyl test strips, 6,972 fentanyl test strip kits, 7,776 xylazine test strips, and 5,299 xylazine test strip kits. Agencies report distributing supplies to 39 partner agencies; in that same period, partner agencies report distributing 10,726 fentanyl test strips, 3,314 fentanyl test strip kits, 4,523 xylazine test strips, and 4,337 xylazine test strip kits. In addition to community agencies, law enforcement distributed a total of 65 fentanyl test strip kits (1 strip per kit) and served an estimated 65 individuals through Leave Behind Program services. EMS distributed a total of 968 fentanyl test strip kits (1 strip per kit) and served an estimated 458 individuals through Leave Behind Program services. Overall, a total of 37,729 fentanyl test strips and 21,935 xylazine test strips were distributed to community members.

Department of Corrections Projects

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 people 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, and reinforce 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.

This reporting period, DOC finalized contract updates with one certified peer specialist community organization to include components necessary for implementation. Additionally, DOC staff continued to prepare for launch by formalizing referral processes, creating informational flyers, readying platforms for data tracking and billing, meeting with DOC treatment staff who will submit referrals, gathering list of individuals who may be eligible for service in coming months, and working with the DOC-contracted telecom provider to enable releasing residents to call their assigned certified peer specialist at no cost to the resident.

- 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.

This reporting period, DOC provided 84 lockable medication carts and one lockable medication cabinet to six maximum security facilities, nine medium security facilities, and 17 minimum security facilities.

- 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.

There have been delays in finalizing the contracts required for implementation, however DOC anticipates the contracts will be finalized in the next reporting period.

Peer Services in Opioid Treatment Programs and Opioid Treatment Program Mobile Unit Maintenance

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

Capital Projects

Community-based providers offering prevention, overdose prevention, treatment, and recovery services for individuals with opioid use disorder (OUD) were previously invited to apply for funds to support capital projects expanding services in Wisconsin. The second round of capital project funding awarded \$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.

Second Round Funding:

United Community Center (UCC) (Milwaukee County)

The new UCC men's residential facility construction is completed. On May 28, UCC hosted a kickoff event. The facility includes newly designed common areas specifically created for group meetings and therapeutic sessions, project events, family visits, and a shared kitchen and dining area that encourages community and connection among residents.

UCC is awaiting final Community-Based Residential Facility (CBRF) licensure from the State of Wisconsin. Upon receipt of licensure, human services staff will initiate client placement for men who are clinically appropriate for residential treatment. This milestone positions the program to expand access to structured, residential substance use disorder services and advance the additional outcomes originally outlined in the proposal for funding.

UCC's men's residential facility project represents a significant investment in their community's ability to address the opioid crisis with compassion, evidence-based treatment, and family-centered care. The purpose of this space is multifaceted: provide safe and supportive housing for individuals undergoing substance use disorder treatment, facilitate group and individual therapy sessions, and host educational workshops aimed at skill-building and building family relationships. Their goal is to create an environment that encourages healing and growth, ultimately helping individuals achieve sustained recovery and improved quality of life.

Apricity (Winnebago County)

Over the past six months, Apricity continued to make great progress on the construction portion of this project. As of the end of June, the first wing is almost completed, with final touches and turnover on July 13. They started limited interior work in the existing building, as they are still operating, in preparation of the renovations needed.

Construction crews have finished the exterior walls for the second wing (Women's Wing and Admin). Interior work will continue for the next few months. Project is projected for completion second quarter of 2027.

Key construction-related milestones have been achieved, including interior fixtures installed, all walls are painted, ceiling grids are in place, lighting installed, kitchen equipment delivered and being set up. Laundry equipment has been ordered. One layer of black top with parking lines has been installed.

The project navigated several construction-related challenges related to weather and supply chain. These challenges have been addressed through revised sequencing and coordination with contractors and staff, and the project continues to move forward.

The community will be impacted by having additional residential treatment beds for both intensive and transitional residential treatment. They will be able to reduce the waiting time for people seeking treatment which will help emergency department usage and stress, as well as shelters and agencies seeking help for their clients. Apricity reports there is noticeable excitement as they engage with more community members on this project. As of May 31, 2026, they have exhausted all grant funding.

Funding for Tribal Nations

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

Bad River Band of Lake Superior Chippewa – This year’s project is focused on a new initiative: Youth Substance Abuse Prevention (YSAP) Programming, which is defined as culturally based, and evidence-backed programs designed to engage youth in positive activities to prevent the onset of substance use disorder at a population scale. This funding supports key staff positions for developing youth substance use prevention programming. During the reporting period, they successfully launched the YSAP Advisory Board and held five meetings with participating youth. These meetings provided an opportunity for youth to share their perspectives, identify areas of interest and need within the community, and contribute to the development of future prevention activities and programming.

The YSAP Advisory Board also played an active role in planning and supporting a youth dance during the reporting period. Staff and youth worked together to help plan and implement the event, with project funding helping to support the activity. The event provided youth with a positive, substance-free social activity and an opportunity to build connections with their peers in a safe and supportive environment. These activities represent initial progress in establishing the YSAP program and creating a youth-driven approach to substance use prevention. Through continued engagement with the Advisory Board, the project will build upon this foundation to develop culturally relevant and meaningful prevention activities that respond to the needs and interests identified by youth.

During this reporting period, the project transitioned under the Bad River Health and Wellness Center. This transition resulted in changes to administrative processes and staffing responsibilities that affected the management and implementation of the funding. Additionally, the supervisor’s position responsible for overseeing the project became vacant during this period and remained open.

Services provided for this reporting period include: 52 individuals with recent opioid or stimulant use who received nutrition support and 85 youth enrolled in drug prevention programming, and five meetings were held with the YSAP Advisory Board.

Forest County Potawatomi Community (FCPC) – All project goals are reportedly being met. FCPC continues to provide necessary resources to combat opioid addiction within their community.

Services provided with this funding include recovery art group, relapse prevention, life skills group, self-esteem group, Wellbriety 12 step group, and one-on-one goal setting. This funding supports the salaries of peer support specialists to facilitate the above-mentioned activities and provides transportation to community events.

Thirteen individuals have been provided with services this reporting period. Sixty-five percent of participants are currently employed, maintaining sobriety, and have successfully reintegrated back into the community as productive members with positive impacts.

Ho-Chunk Nation (HCN) – The project has reportedly proceeded smoothly and without delays. All activities outlined in the 2026–2027 plan are unfolding as anticipated, and programming has remained consistent, uninterrupted, and fully operational. Staff continue to monitor implementation closely to ensure that services remain aligned with project goals and participant needs.

Throughout the reporting period, the project delivered a comprehensive array of recovery-supportive, wellness-focused, cultural, and community-based services. Participation numbers reflect the highest attendance recorded for each recurring activity or event. Core services included transportation, meals, peer support, recovery meetings, wellness practices, cultural engagement, and collaboration with Tribal departments and community partners. These offerings reportedly created a consistent weekly structure that supported routine, stability, and connection to recovery resources.

Recurring services included transportation for up to eight participants; daily breakfast and lunch supporting nutrition and self-care; and multiple recovery-supportive groups including SMART Recovery, Alcoholics Anonymous, Narcotics Anonymous, and Wellbriety with each serving between four and six participants. Wellness activities such as yoga, meditation, physical activity, and gardening provided opportunities for participants to strengthen their physical, emotional, and spiritual well-being. Peer support services consistently engaged eight participants, while collaborations with the Department of Social Services and Clan Mothers supported three participants. Positive Indian Parenting sessions served five participants and reinforced culturally grounded family-strengthening practices.

In addition to recurring programming, the project facilitated a wide range of special events, trainings, and cultural activities. These included the Missing and Murdered Indigenous Women Walk in La Crosse, naloxone training, Question Persuade and Refer (QPR) suicide-prevention training, foraging and fishing outings, craft days, cooking classes, recovery celebrations, and community gatherings. Participation in these events ranged from two to eight individuals, with some trainings including additional staff. These activities reportedly expanded participants' access to cultural practices, community resources, overdose-prevention education, and recovery-supportive environments beyond the day-to-day program structure.

The Ho-Chunk Nation reports this funding generated “meaningful and measurable positive outcomes for participants”. Several individuals achieved major recovery milestones, including sustained sobriety ranging from several months to over one year, successful “phase-ups” in Healing to Wellness Court and Family Treatment Court, and progression to unsupervised visitation with children. Participants reinstated driver’s licenses, obtained vehicles, secured temporary or permanent employment, and completed inpatient treatment before transitioning into sober living environments. Many individuals reportedly demonstrated “increased self-confidence, emotional vulnerability, honesty, and personal responsibility”. Others strengthened their recovery through consistent participation in 12-step meetings, cultural activities, physical exercise, and community events.

Beyond individual achievements, the project strengthened the overall recovery support network available to participants. Funding allowed the program to maintain consistent programming, reduce transportation barriers, and expand access to community resources. Collaboration with Tribal departments and community partners increased opportunities for cultural engagement, wellness activities, and recovery-supportive events. Participants benefited from a reported “safe, supportive environment where they felt comfortable being vulnerable, sharing their experiences, and building meaningful peer relationships”. The project also provided education and training related to overdose prevention, suicide prevention, parenting, and recovery, contributing to participants’ long-term stability and resilience.

Overall, the funding supported a “holistic, culturally grounded approach to recovery that addressed participants’ physical, emotional, spiritual, cultural, and social well-being”. By offering consistent programming and removing barriers to participation, the project has reportedly “helped individuals build confidence, strengthen recovery supports, develop healthier routines, pursue employment, reconnect with family and community, and continue progressing toward long-term recovery”.

Lac Courte Oreilles Band of Lake Superior Chippewa (LCO) – The Lac Courte Oreilles Tribal Nation opioid abatement efforts program funding was fully exhausted in January 2026 and other funding was used to maintain continuity of care for the LCO men’s sober living home and the LCO emergency shelter. Beginning July 1, funding became available again to support these vital programs and address ongoing operational and facility needs.

The Endazhi-noojimong men’s sober living home remained near capacity during the reporting period and served eleven program participants. The program continued to provide a structured and supportive recovery environment focused on peer accountability, individualized recovery care plans, behavioral health education, 12-step principles, and Ojibwe cultural practices.

During this quarter the program continued building on previously established practices by reviewing and strengthening recovery care plans and updating key standard operating procedures, including admission and discharge, relapse recovery, and drug testing procedures. Additional staff training was incorporated to improve consistency and ensure staff are following updated procedures.

Facility improvements also continued during the reporting period. Exterior work included new siding and roof repairs/replacement, with blacktop improvements anticipated as part of the ongoing property improvements with other Tribal funding. Operational communication and accountability were further strengthened through the addition of quarterly team meetings focused on training, weekly house manager meetings, and structured house meetings with agendas. These changes have helped improve communication, clarify expectations, and create greater consistency in day-to-day house operations.

The emergency shelter also operated near full capacity throughout the reporting period. The shelter continued providing temporary housing, safety, stability, opioid risk-reduction support, and connections to community resources for individuals and families experiencing homelessness and substance use challenges. With Tribal funding becoming available again in July, the Tribe is beginning to address needed repairs and renovations to improve the facility and better support the individuals utilizing the shelter. The emergency shelter will be incorporating services from the local health center and behavioral health center to assist guests with support services.

A program assistant manager was added to the staff at the end of April to provide additional support with fiscal and grant management responsibilities, administrative functions, and overall program operations. This addition has helped distribute administrative responsibilities and strengthen the program's capacity to manage ongoing operational and funding requirements.

Beginning in October 2026, the program manager plans to support staffing for the program manager, program assistant manager and both house managers and support operations at both the emergency shelter and men's sober living home.

Collaboration reportedly remained an "important component of program activities during this reporting period". The programs continued working with the LCO Behavioral Health Center/Bizhiki Wellness Center to support overdose prevention, opioid risk reduction, peer recovery, behavioral health services, and community sobriety initiatives.

Monthly sobriety feasts and opioid-related meetings and events continued as resources allowed. These activities provided opportunities for community members to connect with available services, receive information about opioid risk reduction, and participate in culturally supportive recovery activities.

Four public health vending machines also remained active within the community, providing continued access to harm reduction resources with one of the vending machines installed at the emergency shelter.

Throughout the transition from grant funding to private Tribal funding mentioned above, essential shelter and recovery services were maintained without interruption through tribal support. The transition reportedly required additional attention to sustainability, staffing, administrative responsibilities, and prioritization of available resources. With funding becoming available again in July 2026, the focus is shifting toward restoring and strengthening program capacity, addressing facility needs, and establishing a more sustainable approach to continued service delivery.

Three male participants successfully completed the men's sober living home program during the reporting period and graduated with individualized exit plans to support their continued recovery and transition to the next stage of independent living. At the emergency shelter, three males and two females successfully obtained housing during the reporting period. According to LCO, these outcomes "demonstrate the importance

of shelter services, housing navigation, and supportive resources in helping individuals transition toward stability”.

The men’s sober living home served 11 individuals and the emergency shelter served 53 individuals during this reporting period.

Lac du Flambeau Band of Lake Superior Chippewa – During this reporting period, four individuals were supported in sober living facilities and a vending machine that will be supplied with naloxone, drug test strips, and other public health items was purchased.

Menominee Indian Tribe of Wisconsin – During this quarter, Maehnowesekiyah Wellness Center reportedly achieved significant operational milestones across their core community wellness initiatives. The new wellness program began on April 27, 2026, and initiated a “strategic programmatic update to restructure internal care pipelines” to provide services for their clients. One update includes operational continuity of their community overdose prevention supplies which maintains a fully stocked inventory, ensuring direct, 24/7 low-barrier access to vital public health materials and personal hygiene supplies.

Menominee Indian Tribe of Wisconsin also deployed gender-specific hygiene distributions tailored distinctly to the self-care needs of both men and women clients, supplying shampoo, cleansing items, and other personal care supplies. On a cultural front, they officially launched a formal collaboration with “the Regalia Circle.” This intergenerational regalia-making initiative actively engages both youth and adult participants, utilizing traditional craftsmanship, heritage education, and community mentoring to anchor indigenous wellness paradigms within their therapeutic workflows.

Administratively, their staff are reportedly working through comprehensive program updates, updating printed program information flyers to provide “refreshed, plain-language resources and accurate navigation pathways that are physically available to the community”.

To permanently sustain a high-level standard of care, a restructure of their staffing created three new positions: a cultural wellness liaison, office & programs coordinator and a peer transitional specialist. These professionals work directly alongside their clients, providing targeted support and maximizing long-term stabilization outcomes. They also changed the vacant “office manager” position into the “office & programs coordinator.” That position offers direct assistance for the director of wellness programs to gain assistance with grants, gathering data and assist Maehnowesekiyah Wellness Center to become more visible in the community, enhancing services for clients.

Oneida Nation – During this reporting period, the Oneida Nation reported “54 completed and 48 active participants” in the medication assisted treatment services at the Oneida community health center. Also, a restructuring of a patient registration station with behavioral health services has occurred which will “allow a more trauma informed environment while same-day substance use services are provided.

The Oneida Nation reports the public health vending machines were delivered and are in the process of being implemented. The three machines will be located at behavioral health, health center, and recovery nest. A marketing campaign is reportedly being developed. A delay in getting the vending machines connected for data collection was reported; however, that has since been addressed and staff training is scheduled for September 2026.

Oneida Nation reports partnering with TryCycle Software Solution to provide 24/7 recovery support via a recovery app. The "Talking Stick" app went live on May 8 and they have had over 494 downloads of the app since then. This is a support app run by peers.

This reporting period 117 individuals received residential treatment services, 130 received recovery services, and there are 48 active participants receiving medication assisted treatment services. The Kunhi-Yo "I'm Healthy" overdose awareness conference planning for August 29, 2026, occurred during this reporting period as well.

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

- The lead data position which is responsible for data collection/analysis associated with the Tribal action plan.
- The service facilitator trainee position which works within the wrap around care program providing case management/coordination services.
- The social emotional coach position which is located at the Bayfield school. The position provides intervention/connection to services for students/families.
- The youth outreach mentor position which 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.

Red Cliff Band of Lake Superior Chippewa reports the funds were able to support the "Indigenous Evaluation project" which was completed during this reporting period. The project included the development of a framework for collecting data using a consistent survey tool, focus groups, and the ongoing collection of survey data in one central database. Also, despite inpatient substance use treatment for opioid use not being provided within the Red Cliff service system, the funds were able to support coordination of availability, payments, and transportation services during this reporting period.

The funding supported other community and family events as well, including the Annual Mental Health Walk, Red Cliff's Annual Pow Wow, a restock of first aid kits and resources, and general supplies to support substance free-focused events.

During this reporting period 43 individuals received services, naloxone was provided to 93 individuals, and 197 community members attended the family programming event.

St. Croix Chippewa Indians of Wisconsin – At the beginning of this reporting period peer support specialists were actively engaged with clients in both traditional/cultural practices along with supporting clients with recovery services.

A new fiscal year began for the opioid abatement program in July. To date, they report posting and interviewing several candidates for the female peer support specialist position. Newer initiatives are being planned and are starting to take shape. The Wings of Migizi program reportedly created a relationship with local Department of Corrections staff. The goal of this work is to support program clients after their release from incarceration and ensure clients remain in compliance with their assigned release plans.

Peer support specialists have been working on prevention supports in addition to speaking with local agencies such as Northwest Passage. Both peer support specialists continue to host recovery meetings, work with area treatment courts, create culturally relevant pathways to recovery, and support client needs along their journey.

The Aanji-Bimaadiziwin Healing Center continues to be closed. In response, peer support specialists have had to refer clients to other agencies and treatment centers with some of those services being located several hours away and experiencing limited bed availability. However, both specialists are working with clients in finding comprehensive and culturally appropriate treatment.

Peer support specialists reportedly have expanded services to include those being released from incarceration stemming from substance use disorders including opioid related offenses. An informal agreement with local DOC Division of Community Corrections staff has been reached with the goal to aid their case management and help clients with their reentry needs.

Peer support specialists also reportedly continue their efforts in client advocacy. Some of those services include transportation, job coaching, attending court appearances along with clients, and referrals and introductions to other tribal and local services. 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 Vocational Rehabilitation for Native Americans, Tribal Behavioral Health, Aurora Community Services, Tribal Education, and other peer support specialists.

The Elder Advisory Board supported through this grant is operational. This board is looking to revitalize its efforts in supporting the recovery community.

During this reporting period, 70 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 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 central 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, Department of Transportation, and the Department of Safety and Professional Services to ingest data from Badger Traffic and Criminal Software (Badger TraCS) application to facilitate overdose reporting by law enforcement. The WiSOARR user interface reflects the application’s capacity to receive data from law enforcement encounters for overdose, and population of these data awaits launch of the appropriate forms in TraCS. The availability of these data in WiSOARR has been postponed until the launch of relevant data collection forms in Badgers TraCS, which will be released in Fall 2027. Additionally, development of system enhancements, including a restructuring of the user agreement and onboarding process, has begun.

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

DPI collected end-of-year implementation and outcome reports from 16 participating grantees that had carryover funds from the 25 grantees funded the previous year. Grantees reported implementation of a broad range of opioid and substance-use prevention strategies, including evidence-based prevention curricula, student mentoring, social-emotional learning, and early-intervention supports, staff professional development and SBIRT (screening, brief intervention, referral to treatment) training, family and community engagement, peer leadership and student advocacy, and school-based prevention and outreach activities. Several districts also

strengthened partnerships with community agencies, law enforcement, health partners, and other local organizations.

Overall, 11 of the 16 responding grantees reported they completely met their primary objective, while five reported partially meeting their objective. Reported outcomes included increased student participation in prevention programming, improved school connectedness and belonging, stronger protective factors, improved attendance and behavior for some targeted student groups, expanded staff capacity, and increased access to early-intervention and mentoring supports. The following are examples of programs and intervention strategies implemented by grantees to support opioid and substance use prevention:

- Sources of Strength – Implemented peer-to-peer prevention programming, student-led campaigns, staff trainings, and family/community engagement focused on protective factors and substance use prevention.
- C-O-U-S-O-N Framework – Implemented a comprehensive prevention framework that included STAR Scholars, Expanding Our Horizons/Broaden Our Horizons, Project HOPE (Health and Opioid Prevention Education), Exposure to More, and Making Good Choices.
- Targeted mentoring – Provided mentoring and positive adult relationships for student with identified risk factors related to substance misuse, with a focus on healthy decision-making, coping skills, goal setting, and protective factors.
- Botvin Life Skills training – Implemented evidence-based substance use prevention programming, including opioid specific lessons.
- Botvin parent program – Provided parents with strategies to help prevent tobacco and illicit drug use among youth.
- Strengthening Families Program (SFP) – Provided family-focused substance use prevention programming and student/family support.
- Mind Matters – Implemented substance use prevention programming with sixth-grade students.
- INDEPTH and Prime for Life – Implemented targeted substance use prevention interventions.
- SBIRT (Screening, Brief Intervention, and Referral to Treatment) – Trained staff and conducted screening, early intervention, and follow-up for students with potential substance use concerns.
- Student Assistance Programs (SAP) – Provided targeted nicotine cessation and substance use intervention services.
- SAFE (Students Advocating for Excellence) – Supported student-led activities focused on substance misuse prevention, healthy choices, and help-seeking.
- Student-Led Prevention Campaigns – Implemented campaigns focused on opioid/substance use prevention, protective factors, healthy decision-making, and school/community connection.
- Youth Addiction Prevention Forums – Provided students with opioid and substance use prevention education through forums, presentations, and interactive programming.
- Parent/Family Substance Use Prevention Education – Conducted family nights, community presentations, and outreach addressing opioids, fentanyl, vaping, THC, alcohol, and prescription medication misuse.
- Opioid/Substance Use Prevention Curriculum – Developed and integrated opioid-specific and AODA prevention lessons into health and other appropriate instructional settings.

- Staff Training and Professional Development – Provided training on evidence-based substance use prevention, opioid and drug trends, early intervention, positive social norms, anti-stigma messaging, and protective factors.
- Lived-Experience Speakers – Connected youth and staff with individuals with lived experience related to substance use and recovery to promote prevention, hope, and healthy decision-making.
- Positive Social Norming and Prevention Messaging – Used evidence-based messaging to communicate healthy norms around substance use and reinforce that most students do not use substances.
- Overdose Prevention Education – Provided opioid overdose prevention education and related resources to students, staff, families, and community members.

The reports also identified additional locally developed activities, including family nights and community forums, opioid and fentanyl prevention education, student campaigns, transition supports, staff training, community coalition work, cessation programming, and mentoring.

The following totals reflect the 16 end-of-year reports submitted by participating grantees. The measures are reported as submitted and may represent overlapping populations across activities.

- 4,371 students were impacted by new/revised opioid prevention and/or substance use policies.
- 26,724 students were served through the grant.
- 16,358 hours of programming was provided as a result of the grant.
- 12,093 students received classroom instruction from grant-supported curriculum.
- 227 staff were trained and/or provided classroom instruction from grant-supported curriculum.
- 33,237 parents/family members received information on opioid prevention issues.

Grantees described a range of positive outcomes resulting from opioid prevention funding. Key successes included:

- Expanded prevention education: Districts updated or expanded health and substance-use prevention curricula and incorporated opioid and prescription medication misuse prevention into classroom instruction.
- Improved student connectedness and protective factors: Mentoring, social-emotional learning, belonging initiatives, after-school activities, and student leadership opportunities helped strengthen relationships, resilience, school engagement, and access to trusted adults.
- Earlier identification and intervention: SBIRT, mentoring, targeted interventions, and other supports increased districts' capacity to identify concerns earlier and connect students with appropriate services.
- Increased staff capacity: Grant funds supported professional learning and training, including SBIRT, Mental Health First Aid, and other prevention-focused training.
- Family and community engagement: Districts hosted family education events, community forums, parent outreach, and partnerships with local organizations and law enforcement to broaden prevention messaging.

- Student leadership and advocacy: Several districts expanded their peer leadership, student advocacy, Sources of Strength campaigns, and other student-focused prevention activities.
- Sustainability: All 16 responding grantees reported plans to continue grant-supported strategies after the grant period, with eight continuing at full capacity and eight continuing at a reduced level.

Individual success stories also included improved attendance and reductions in behavior incidents among students receiving mentoring, increased belonging scores following student and staff programming; successful implementation of family-centered prevention programming, expanded SBIRT capacity, and student-focused opioid prevention forums developed in partnership with community agencies. Grantees assessed effectiveness using a combination of participation data, student surveys, academic and attendance records, behavioral data, and other local measures.

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 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, awarded agencies provided services to 510 people for a total of 12,357 days of service. This quarter's average daily cost was \$83.76. The total cost for room and board for individuals on Medicaid with an opioid use disorder was \$1,381,936. 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 514. There were 125 individuals who were not on Medicaid but in need of and/or requested funds to cover room and board costs for an opioid use disorder. There were 91 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 medication assisted treatment (MAT), diversion or deflection programs, or providing medication assisted treatment for people with an opioid use disorder (OUD) in jail settings. Existing and new program activities from funding opportunities are noted below.

Calumet – Community Drug Disposal

Drug deactivation kits continue to be distributed through multiple county departments, with 26 having been distributed during this reporting period.

Chippewa County Sheriff's Office – Community Drug Disposal, Education on MAT

The agency reports that staff training efforts continue to occur and that 24 drug deactivation kits were distributed during this reporting period.

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

The agency reports making efforts to adjust their practices with medications for opioid use disorder programming to increase medication options and treatment options. It also reported that additional peer support services have led to an increase in case management.

Four hundred and sixty-three individuals have been screened for an opioid use disorder. Twenty-three individuals enrolled in MAT services. Twenty-six individuals received peer support and case management services. Twenty-six individuals have received case management or care coordination services and two individuals were trained to respond to an opioid overdose and were provided with naloxone.

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

The agency is providing continuation and induction of all three forms of FDA-approved medications to treat opioid use disorder along with support services. They added a MAT registered nurse to second shift to help with coverage.

The agency reports having met with a sales representative for Sublocade®; however, they cannot offer this medication due to cost but are hoping it can be a future option for the program.

During this reporting period, 453 individuals were screened for an opioid use disorder during intake. Two hundred and eleven people have been enrolled in MAT treatment, 37 people received peer support services and 211 were provided with case management and/or care coordination services. Twenty-one individuals were trained on how to administer naloxone and were provided a two-dose kit when discharged from jail.

Dunn County Sheriff's Office – Diversion or Deflection

The agency reports new referrals and follow-ups with community members affected by substance use disorders are continuing and going well. The services reportedly help community members "get connected with treatment services, community support, shelters, and try to help them prioritize next steps in their recovery which vary based on their needs". The agency caseworker assists inmates with substance use disorders to plan and prioritize options for their release based on their needs.

Dunn County Sheriff's Office in collaboration with the Menomonie Police Department report having 285 contacts with people who have a substance use disorder. Twenty-four of those contacts were successfully connected to treatment services.

During this reporting period, 65 people were referred for pre-arrest or pre-arraignment deflection programming. In addition, 30 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 or Deflection; Community Drug Disposal

During this reporting period, 500 individuals were screened for a substance use disorder, 45 people were referred for pre-arrest or pre-arraignment deflection programming with 33 people being enrolled into the program. Five individuals successfully completed pre-arrest or pre-arraignment deflection programming. Twenty individuals received peer support services.

The program continues to address staff capacity issues that affect program coordination, including connections to other recovery programs, maintenance of the vehicle designated for deflection case worker use, grant application/reporting, and training opportunities. The responsibilities previously held by the administrator and data specialist have now fallen upon the recovery and justice supervisor, deflection case worker, and resource specialist.

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 project continued to make "positive progress" during this reporting period, with activity occurring across all four funded areas. The community drug disposal systems project continued to support community access to safe medication disposal resources, including distribution of previously purchased drug deactivation kits to community members. The agency also continued planning and implementation of education and training opportunities for sheriff's office staff, with four staff members scheduled to attend the Substance Use Summit in August 2026.

Deflection initiatives continued to expand during the reporting period. The sheriff's office has updated and revised policies and procedures to further establish and support pre-arrest/pre-arraignment deflection practices, increased public information regarding deflection and planned project activities through the sheriff's office website, and planned and delivered active outreach deflection activities throughout Jackson County during the summer months. These efforts are intended to increase awareness of available resources, reduce stigma, provide earlier connections to treatment and recovery supports, and reduce unnecessary involvement in the criminal justice system when appropriate. Their agency's officer intervention deflection pathway has been utilized this period, with increased engagement and service utilization from participants.

Overall, the project is reportedly "progressing well, and no significant barriers have prevented implementation of the funded activities during this reporting period". As with many jail and community-based initiatives, staffing capacity, competing operational demands, and the coordination of services across multiple systems continue to require

ongoing planning and collaboration. Staffing capacity increased this reporting period as one case manager vacancy was filled. This has helped ensure access to recovery-related services, including MOUD, is maximized for those living with OUD or at risk of opioid overdose.

The agency continues to address these challenges by integrating opioid abatement activities into existing sheriff's office and jail operations, strengthening policies and procedures, coordinating with community treatment and recovery providers, and using grant resources to expand staff training and community outreach. The agency is also continuing to develop and refine deflection processes to support consistent implementation and documentation across participating staff and community partners.

The agency continues to prioritize staff education related to substance use disorders, opioid use disorder, treatment, recovery, and effective law enforcement responses. Staff participation in training is intended to address stigma and bias, strengthen the agency's ability to identify individuals with opioid-related needs, connect individuals with appropriate resources, and support evidence-based responses to substance use and behavioral health concerns. Moreover, the jail plans to host educational and training opportunities for community partners. The community drug disposal project continued to provide an opportunity to increase access to safe medication disposal resources.

During this reporting period, the agency purchased and distributed drug deactivation kits to community members during public outreach events such as the Jackson County Fair, National Night Out, and Community Connect. Continued distribution of these kits helps provide residents with a convenient method for rendering unwanted medications unusable and supports broader efforts to reduce the availability of unused medications that could otherwise be misused or diverted. The agency will continue to promote safe medication disposal and utilize existing inventory of drug deactivation kits to support community education and prevention efforts.

The jail-based MOUD program continued to operate successfully during this reporting period. Individuals with opioid use disorder continued to have access to MOUD in conjunction with behavioral health treatment, peer support, medical care, and care coordination services. The integration of these services allows the program to address both the clinical needs associated with opioid use disorder and the practical barriers that can interfere with successful transition to community-based care. A significant strength of the program is the continued emphasis on continuity of care following release from jail. Care coordination with community providers allows staff to begin addressing treatment and recovery needs prior to release and support connection to community services following incarceration. The agency made continued progress in strengthening and expanding its pre-arrest/pre-arraignment deflection initiatives during this reporting period. Policies and procedures were updated to further formalize deflection practices and establish greater consistency in how deflection opportunities are identified, offered, documented, and coordinated.

The sheriff's office also increased public awareness of deflection initiatives by providing additional information through the agency's website regarding deflection and planned

project activities. In addition, the agency planned and delivered active outreach deflection initiatives throughout Jackson County during the summer months. These activities are intended to increase awareness of available treatment and recovery resources and provide opportunities for individuals with opioid use disorder to access services before their involvement in the criminal justice system escalates. The agency continues to build relationships with community treatment and recovery providers and refine its deflection processes, particularly in the pathway of officer intervention. These efforts support the broader goals of the opioid abatement project by increasing access to treatment, reducing barriers to recovery, promoting public health, and supporting public safety through earlier intervention.

During the reporting period, the agency screened 198 people for an opioid use disorder, 24 individuals were enrolled in MAT, and 14 people were trained and received naloxone. Five individuals received peer support services and 24 received case management and/or care coordination services. Fifteen individuals were discharged from the program due to being released from jail. Seven hundred and twenty-eight drug deactivations kits have been purchased and 28 have been distributed.

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

The Kenosha County Sheriff's Office continues to make progress in providing comprehensive, coordinated substance use disorder treatment and reentry services to individuals in their custody. Individuals are screened at intake for medical, mental health, and substance use concerns. This process allows staff to identify treatment needs early, establish appropriate levels of care, and provide ongoing monitoring and support throughout incarceration.

When an individual is identified as having a substance use disorder, a signed release of information is obtained, when appropriate, to support communication and coordination with community treatment providers. This allows the discharge coordinator to assist with continuity of care, including coordinating treatment and medication management prior to release and reducing potential gaps in services following release.

Individuals who express an interest in initiating MAT while in custody are connected with available treatment services based on their individual needs. The discharge coordinator assists with enrollment and coordination of MAT services, which may include medication management, individual therapy, and intensive outpatient program services. These efforts are intended to establish a continuum of care that begins during incarceration and continues into the community following release.

Kenosha County remains "committed to strengthening and expanding services that support individuals with substance use disorders during incarceration and following their release into the community". Continued collaboration with the DHS and other community partners is reportedly "an important component of maintaining and improving the effectiveness of these efforts".

Kenosha County is also interested in learning more about innovative approaches to medication-assisted treatment, reentry planning, peer support, and continuity of care. The opportunity to learn from other Wisconsin counties and treatment providers allows them to evaluate successful practices and determine how they may be adapted to meet the needs of their local population. They report that the monthly community-of-practice meetings held between the opioid abatement teams are valuable to them and can learn from other counties and discuss successes.

Finally, the agency reports that “continued and sustainable funding remains an important need for the long-term success of the program”. They state maintaining adequate resources will allow the county to “retain qualified providers, sustain MAT and recovery support services, strengthen reentry coordination, and explore opportunities to expand services as needs evolve”.

During this reporting period, 133 individuals received MAT, 96 received training on naloxone administration and were given two-dose kits, and 47 people engaged with peer support services. One hundred thirty-three 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 or Deflection; Community Drug Disposal

The Madison Police Department's "Madison Area Recovery Initiative" (MARI) program continues to be a multi-agency collaboration which seeks to deflect and divert individuals struggling with opioid and other substance use disorder away from the criminal justice system and connect them with treatment, recovery and peer support services. The current contract supports several MARI related operational areas.

During this reporting, it is reported that most aspects of MARI operations continued as planned. Agency efforts to reduce the incidence of overdose continue to show positive trends. In the first six months of 2026, Dane County Emergency Management reported 459 EMS related overdose calls (most occurring in the City of Madison). This is a reported “21% decrease compared to the same six-month (Jan-Jun) period in 2024; and a 26% decrease during the same six-month (Jan-Jun) period in 2023”.

The program continues to work to connect individuals who are eligible for the six-month MARI treatment and recovery program with the MARI assessment hub partner (Tellurian, Inc) in a timely manner. MARI has a nearly 60% success rate of individuals who enroll completing the six-month MARI treatment and recovery program. The main obstacle reported is “getting them connected with the assessment hub at Tellurian”.

Regarding the MARI resource team cadre outreach efforts, they monitor the number of days it takes the team to "attempt a visit" with someone they "find eligible for outreach" (e.g. recent overdose or other substance use related contacted with the police). In June, the average was 4.5 days between the reported incident and the initial visit attempt. The MARI team has determined "this is ideal" and "about as good as they can do". However, in July, the time between incident and initial visit attempt increased past that ideal state. While they report there are "many reasons related to the delay in their process"; they are hopeful July was simply an outlier and they continue to seek improvement in their efforts.

During this reporting period, 23 individuals were referred for pre-arrest or pre-arraignment diversion programming with six enrolling. Seven individuals successfully completed the pre-arrest or pre-arraignment deflection program. The program distributed 199 naloxone kits and 75 fentanyl & xylazine test strips. The MARI team made 84 contacts with people who called 911 for emergency medical services.

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

During this reporting period, the medication for opioid use disorder (MOUD) program remained steady in participant numbers. Since completing their medication-passing certification, they reportedly built "stronger trust with participants, which helped support smoother daily operations and more consistent engagement".

This year has reportedly been "much more stable thanks to the additional funding the program received". While next year's funding remains uncertain, they will continue focusing on consistency and quality in their daily operations.

The agency reports they continue to receive "outstanding" feedback from participants. Many have shared how meaningful the MOUD program has been for them, stating things like:

- "I really appreciate this program. I used to go through full withdrawals every time I came to jail, but now, because of the MOUD program, it has worked wonders and has saved the lives of people who might not be here without it. Thank you and good luck."
- "Since being here in April, I am finally starting to feel like myself again. Maybe recovery is possible, and I know I can do it. Without this program, it might have saved my life. I can say with 100% certainty that without Catherine, Ronda, and some of the COs, I would be back looking for that escape until it was forever."
- "I appreciate you coming in right away after I arrived. It was very helpful."
- "I just want to say thank you for the MOUD program and especially thanks to Catherine. She cares so much about every person's addiction and helps anyone who wants help get connected to programs. She is always responsive and helpful. From day one of my incarceration, she has been able to help me. My family is very happy that I can continue my medications and treatment. I would actually prefer to stay here and not go to prison."

During this reporting period, 837 people have been screened for an opioid use disorder, 66 people have been enrolled in medication assisted treatment services, 66 people have been trained in naloxone administration and received two-dose kits, 60 people have engaged in peer support services, 66 people have received case management or care coordination services, and 51 people have been discharged because of being released from jail.

Marquette County Sheriff's Office – Community Drug Disposal

The agency received two new drug disposal boxes last quarter that were installed in their county. They received positive feedback about all of the boxes they have installed for the community over the past few years because of this funding. The last boxes were put into service in June 2026.

Menominee County Sheriff's Office – Community Drug Disposal

During the summer months, progress has reportedly "picked up due to the number of public events hosted throughout summer". The sheriff's office is on track to successfully complete the grant on time.

The sheriff's office attended many public events from May through July. Booths were open to the public for education and the distribution of drug deactivation kits. The public, including children and adults, were educated on safe ways to properly dispose of unwanted medications. Many kits were distributed along with educational flyers. The sheriff's office continues to offer deactivation kits and educational materials directly from the sheriff's office. The public is receptive of new ways to safely dispose of prescription medications.

The only issue the agency reportedly foresees is training for deputies in opioid education and response. Many trainings do not align with their schedules during the spring and summer with on-going activities the sheriff's office attends.

This reporting period 650 drug deactivation pouches were distributed throughout the community.

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

During this reporting period, drug deactivation kits were ordered and distributed in the community.

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

During this reporting period, the agency continued to move forward and operate successfully without any major changes from the previous quarter. A primary focus has been maintaining a well-rounded program that continues to meet the needs of the inmates. They have continued to provide treatment options, maintain continuity of care, offer full-time peer support for discharge planning, and monitor the program to ensure that services are being provided consistently and in accordance.

The jail-based medication for opioid use disorder (MOUD) program has continued to grow and remain a “strong and well-rounded program” during this reporting period. One of the agency’s reported “biggest successes” has been maintaining consistent access to treatment and continuing to meet the individual needs. Having a program coordinator back in-house has been a reported “positive addition and will allow them to continue building on the established foundation”. They remain focused on providing quality treatment, maintaining continuity of care, and making sure individuals have the support and resources they need both while incarcerated and as they transition to the community.

This reporting period, 1,461 individuals were screened for an OUD. Eighty-six individuals enrolled in MAT services, 13 people were trained how to administer naloxone and were provided a two-dose kit, 45 people received peer support services, all MAT enrollees (86) received case management or care coordination services, and 16 individuals were discharged from the program due to being released from jail.

Rhineland Police Department (RPD)- Diversion or Deflection

The Rhineland Police Department (RPD) assessed the current law enforcement deflection program to identify strengths and areas for improvement and then proposed two opioid abatement strategy updates to enhance outcomes of the program: community outreach and recovery events and recovery engagement and milestone incentives.

RPD supported implementation and participation in multiple recovery-oriented and substance-free community events for individuals and families (i.e. picnics in the park, yoga, movie nights, food wagon, etc.). RPD continues to plan and organize outreach toolkit supplies for promoting connectedness and substance use prevention and recovery. In addition, RPD supports planning and implementation of the Light Up the Night for Recovery event that will take place during September recovery month.

Lastly, the deflection program and peer recovery support services drafted an incentive program aimed at improving engagement in treatment and recovery support services and continues to plan appropriate, recovery-oriented incentives. The goal is to roll out the incentive program in the next quarter.

This reporting period 30 individuals were referred & enrolled in the pre-arrest or pre-arraignment deflection program. Five individuals have successfully completed the program.

Rock County Sheriff’s Office (RCSO) – Education on MAT; Treatment for People who are Incarcerated with OUD

RCSO was able to complete ordering of all the materials approved for the creation of their MAT medical room. This room will aim to improve effectiveness and efficiency of MAT services. RCSO also piloted their moral recognition therapy (MRT) program. This program operates on a cognitive behavioral model. It aims to rewire criminalistic thinking patterns including habitual patterns of addiction. This program has significant data supporting positive outcomes with populations of individuals who struggle with

addiction. Lastly, RCSO began facilitating weekly MOUD check-ins between all involved partners. These weekly check-ins reportedly “supported increased communication and better patient care”.

This reporting period 949 individuals were screened for an OUD. Thirty-seven individuals received medication for OUD. Eighteen individuals were trained to administer naloxone and were provided with a two-dose kit at their discharge. Thirty-seven people received case management and/or care coordination. Peer support is voluntary and offered to all participants and 10 individuals engaged with the services.

Sawyer County Sheriff’s Office – Diversion or Deflection; Education on MAT

During this reporting period, the Sawyer County deflection program continued to make progress in providing individualized support, strengthening pre-arrest alternatives, and expanding community outreach. The peer systems navigator continues to serve as a key point of connection for individuals who may benefit from recovery, behavioral health, and other community-based services. Support is individualized based on participant needs and may include identifying barriers, connecting individuals with appropriate resources, assisting with service navigation, providing ongoing peer support, and maintaining engagement as needs change.

Pre-arrest deflection efforts continue through collaboration with local law enforcement and community partners, providing opportunities to connect individuals with services and support as an alternative to entering the criminal justice system when appropriate. The program continues to strengthen relationships and referral pathways among law enforcement, Justice Point, treatment and recovery providers, and other community resources to support timely intervention and reduce barriers to accessing services.

Community outreach reportedly remains an important component of the deflection program. Staff continue to participate in outreach and overdose prevention efforts, provide information and connections to available resources, and develop pro-social activities that encourage healthy community engagement and recovery-supportive connections. These activities are “intentionally designed to be inclusive and accessible to both program participants and other community members, helping reduce stigma while creating opportunities for positive social interaction”.

Overall, the reporting period focused on maintaining and strengthening the program's continuum of support from early, pre-arrest intervention and connection to services through ongoing peer navigation and community engagement. Continued collaboration with law enforcement and community partners reportedly “remains essential to identifying needs, addressing service gaps, and improving access to individualized support within Sawyer County”.

A major success has been the community response to these efforts. They have experienced increased participation in community outreach and pro-social events, received financial and in-kind donations from local organizations and community members, and have increasingly been invited to present to community groups about deflection, available resources, and the goals of the program. These opportunities

reportedly allow the agency to increase awareness of resources beyond individuals formally referred to the program and help community members better understand how and where to connect someone with assistance.

Their community activities, including bingo, guided Snap Fitness workouts, overdose prevention outreach and distribution, and other pro-social opportunities, have also provided informal and approachable ways for individuals to build healthy connections and engage with program staff and community resources. They believe these activities are “particularly valuable because individuals do not always seek assistance through traditional systems or formal referrals”. Creating visible, welcoming opportunities for engagement allows relationships and trust to develop before a crisis or criminal justice intervention occurs.

The response to their current community fundraising efforts is believed to “further demonstrated this support”. Following a request for gently used clothing and household items for their September 3 community garage sale fundraiser, they received “at least 50 bags and boxes of donated items from community members as of August 28”. Local organizations have also provided financial support, and additional organizations have expressed interest in learning more about the program. This level of participation has reportedly been “encouraging, particularly as they work to sustain outreach activities following the exhaustion of abatement efforts by law enforcement funding”.

During this reporting period, 16 people were referred to for pre-arrest or pre-arraignment deflection programming with 13 people being enrolled in the program.

Sparta Police Department – Diversion or Deflection

Their community resource officer and department continued to provide educational outreach, community support, and resource information throughout the city. They scheduled and promoted upcoming training and worked with the National Alliance on Mental Illness (NAMI) Wisconsin on long-term crisis intervention team (CIT) development.

They continue to face challenges tracking client participation in deflection programming, including enrollment, completion, and withdrawal. The participant data previously monitored through a peer support partner is no longer available and they have not yet established an alternative method to track those numbers after referrals are made.

Wood County Sheriff’s Department – Treatment for Incarcerated Persons with OUD

The agency’s MOUD program continues to operate at full capacity. They are offering all three forms of FDA-approved MOUD. They also continue to prioritize three entry points into the program: those entering the jail with a compliant community prescription, those entering the jail suffering from acute opiate withdrawal, and those with a discharge date that are looking to initiate MOUD treatment prior to leaving the facility. They remain fully staffed at this time.

The agency continued to offer a recovery pod in the Wood County Jail (funded by a Department of Justice grant), discharge planning, a cognitive behavioral group for the general population in the jail, 12-step meetings, overdose prevention kits, and peer support/recovery coaching through Three Bridges Recovery. They also continue to offer coordination of care and individualization. Case management is provided to all MOUD program participants. Those that choose to also participate in the Recovery Pods have exposure to programming from the technical college (including SafeServe certification), the UW-Extension Office, and several other community partners.

To address high demand for services, the case manager had the opportunity to meet with one of the two providers that they primarily use and discuss what could be done to help reduce wait times. They were able to agree on a process to create more predictable timeline for continuum of care appointments.

Their site has had the opportunity to do several presentations at various events regarding their MOUD program. The nurse practitioner and program manager both spoke at the Wisconsin Substance Use Summit, where a significant portion of their presentation discussed MOUD in jails. This was a great opportunity to share Wood County's successes at the state level, and there were several individuals who stayed after to ask questions about the program. They have also done presentations for the Department of Corrections Division of Community Corrections and at a treatment conference in Wausau, while they have done several presentations for the HOPE Consortium of Wisconsin and other entities. Overall, these speaking engagements have been an excellent opportunity to discuss their specific program, as well as the importance of MOUD in general.

During this reporting period, 241 people have been screened for an opioid use disorder, 22 people have been enrolled in MAT services, four have been trained on naloxone administration and have been given two-dose kits of naloxone, 27 people engaged in peer support services, and 27 people have received case management or care coordination services.

Community-Based Prevention – Competitive Grant Program

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

As reported in FY 25 Q1, DHS allocated \$500,000 to Regional Prevention Centers (RPCs) of the Alliance for Wisconsin Youth (AWY) for the prevention activities. RPCs include Northeastern Wisconsin Area Health Education Center (NEWAHEC), Marshfield Clinic, and Community Advocates. Each RPC released funding opportunities for local coalitions to apply for to provide prevention services as noted above. Two RPCs were provided with an additional contractual period to fully expend allocated funds.

Northeastern Wisconsin Area Health Education Center (NEWAHEC)

Youth Mental Health First Aid training was held virtually on June 3, 2026. Seventeen coalitions (14 coalitions were from the original contract) were awarded with 11 of the coalitions attending this training on June 3, 2026, with 16 coalition members in attendance.

Safe Zone Training was held virtually on May 29, 2026. They awarded 17 coalitions (14 coalitions were from their original contract). They had 26 coalition members in attendance.

Community Advocates

Community Advocates completed the contracting process with a local coalition and is working on implementing the Mental Health First Aid (MHFA) training. Their Franklin coalition coordinator and a public health nurse were trained as MHFA instructors. Each instructor will provide two trainings with 25 participants each. They are also in the process of distributing 450 Operation Parent handbooks at parent/teacher conferences within the Franklin School District, National Night Out, tabling at their public library, and local faith groups.

The West Allis West Milwaukee (WAWM) Coalition was awarded funding to order and distribute Operation Parent handbooks. They intend to distribute 200 middle/high school parent handbooks (in English) and 100 in Spanish at Seeds of Health and WAWM schools to parents of incoming freshman and eighth graders. They also plan on distributing 200 Operation Parent Handbooks (faith-based) at Hales Corners Lutheran School, St. Paul's Lutheran School, and at a WAWM Wellness Event.

All funds were spent by the end of the contract period, and reporting was completed.

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

During this reporting period, Arbor Place continued to make strong progress toward implementation of the project work plan. Program activities advanced steadily across core prevention strategies, with several milestones completed ahead of schedule and multiple objectives progressing beyond initial expectations. Staff reportedly strengthened internal implementation processes, improved coordination with school and community collaborators, and continued delivering key program components with consistency and responsiveness. A significant accomplishment this quarter was the planned expansion of the Youth Empowerment Program (YEP) to two additional school districts for fall 2026, increasing the project's reach and supporting broader access to youth-focused prevention programming. Outreach, engagement, and data collection efforts also continued to show measurable gains, helping position the project ahead of projected benchmarks for this phase. Overall, progress this quarter reflects sustained momentum, effective partnership development, and a strong

foundation for meeting, and potentially exceeding, the remaining goals of the project work plan.

Forest County Potawatomi Community (FCPC)

This reporting period, Forest County Potawatomi (FCP) delivered substance use prevention services to Tribal youth in two ways: community youth coaching and providing positive alternative activities. The program director coordinated school-based prevention education in three different school districts, engaging 12-25 youth each week. Every week, youth in these school districts can connect with community youth coaches and learn about positive coping skills, risks of opioid misuse, and connection to culture. Outside of school, FCPC has held 7 alternative events, engaging 38 youth, with several more scheduled for future reporting periods. Through these alternative events, youth have learned about ways to connect with their culture and give back to their community, while utilizing pro-social behaviors and forming valuable connections to positive adult role models. Though experiencing recent staff turnover, , FCPC is confident they will be able to maintain workplan fidelity through the remainder of the contract period.

Hope Council

During this reporting period, Hope Council continued to make strong progress toward implementation of their project. Prevention education and outreach efforts expanded, with opioid prevention materials created and distributed, and continued development of the digital awareness campaign which soft-launched at the end of July. Caregiver education continued through the Trends in Training (TNT) workshop at Kenosha Police Department's Community Day, and youth prevention efforts expanded with the launch of Youth After Hours: Game Night. Community collaboration was strengthened through the May Community Roundtable and ongoing Prevention Subcommittee activities. Preparation also continued for upcoming Mental Health First Aide (MHFA) and Youth Mental Health First Aide (YMHFA) trainings and standardized referral toolkits. Overall, the project continues to progress toward the approved work plan objectives with additional trainings, youth events, and digital prevention efforts scheduled to expand during the next reporting period.

United Community Center (UCC)

United Community Center continues to deliver opioid prevention programming to both youth and older adults in the community. Prevention-based educational messages have been shared with UCC parents through "mass communication", achieving a high number of views. Additionally, opioid safety information successfully reached the older adult population through regular social media posts. One opioid-based educational presentation for adults was held at the UCC auditorium on July 16 with an attendance of six people. Wellness Initiative for Senior Education (WISE) training was completed successfully on June 29 and 30 by three staff who will be working with the elderly population to educate elderly about opioid prevention. UCC hosts regular substance-free alternative events with youth in the community, where they learn about pro-social community involvement, future-planning, and healthy coping skills.

Statewide Prevention

As discussed in the FY 26 Q4 report, 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 completed and program details will be shared in future reports.

Substance Use Disorder Treatment Platform

DHS allocated a total of \$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 438 substance use providers are now registered with the platform with 25,108 searches having been completed and 2,812 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 162 perinatal mental health inquiries from health care providers across the state. This included 134 provider-to-provider case consultations and 28 resource connection requests related to perinatal mental health. Among the 99 provider-to-provider consultations where substance use history was known, 12% (12 cases) involved a history of opioid use disorder and 17% (17 cases) involved a history of other substance use disorders. Additionally, 35 health care providers contacted Periscope for the first time, demonstrating the program's continued expansion and reach across Wisconsin.

The Periscope psychiatry team delivered six educational sessions on perinatal mental health to a total of 85 Wisconsin health care providers who care for women of reproductive age. All six sessions included specific content on perinatal opioid use disorder.

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, intended for display in clinic charting rooms.
- 40 postpartum harm reduction cards were shared statewide, intended for distribution to perinatal patients.

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 59 users who were sent the survey responded. The results show 100% of respondents agreed or strongly agreed that:

- They were "satisfied with their most recent Periscope encounter".

- Their most recent Periscope encounter “helped them to more effectively manage their patient’s care”.
- They will incorporate the information learned during their most recent Periscope encounter in the future care of patients.

Nineteen surveys included positive written in feedback. A couple of those are highlighted below:

"This is an essential state service, up there with snowplows and electricity."

"Every time I called, the consultation is very helpful. I especially appreciate how the psychiatrists are able to clearly explain the rationale for the recommendations in a way that is not intimidating. They are always very encouraging and respectful of your knowledge, scope."

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.

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, the system was tested and validated by participating state agencies, and the REDCap project was successfully delivered 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, 2026. The close of the implementation phase of the project and its transition to DHS for long-term maintenance was officially communicated on July 7, 2026. Beginning with the January 2027 reporting cycle, DHS will be conducting the process to generate the annual report using the new data system. During this reporting period, work completed included:

- Database architecture aligned with statutory requirements, and project’s annual deliverables were reviewed and approved.
- An interagency memorandum of understanding was signed by collaborating state agencies.
- Documentation of workflow for future annual deliverables, roles, and responsibilities was finalized and disseminated.

Urban Rural Women

The purpose of this program is to increase the availability of substance use disorder (SUD) treatment and recovery support services designed for pregnant, and parenting women, including women who are attempting to regain custody of their children, either by establishing new programs or expanding the capacity of existing programs. The grant’s primary focus is to provide comprehensive gender-specific SUD treatment, therapeutic interventions, case management, and recovery support services to pregnant, postpartum, and parenting women, with pregnant women being a priority as indicated in 45 CFR 96.131 and Wis. Stat. § 51.46. The program will provide at minimum SUD services, transportation support, and case management that arranges for primary and prenatal care, primary pediatric care, therapeutic interventions, and childcare for their children per 45 CFR 96.124(e). Urban Rural Women funding correlates with Wis. Stat. §46.975(2)(b).

The Urban Rural Women funding opportunity was awarded to four agencies in February 2026.

Apricity

Apricity assembled a committee to begin their work on this initiative. A counselor has been chosen to take on the lead role for the “circle of parenting instructor and mentor” program. The counselor enrolled in the training which will be completed in the fall of 2026. A brochure is being designed with the focus of pregnant and parenting women. The peer recovery navigator and recovery navigator have begun and are actively meeting with staff to assess client needs and provide support.

Waukesha County

Waukesha County is actively hiring a care coordinator and peer specialist and in the development stage for this program. The psychologist supporting the program is attending the Postpartum Support International Perinatal Mental Health Certification Part One course in August and will work towards the full perinatal mental health credential to appropriately support the participants of this program.

Meta House

During the first month of the grant period, Meta House began implementing the Scaling Expertise for Dual-Generation Substance Use Disorder Services in Southeastern Wisconsin (SEEDS) program, which will expand evidence-based, family-centered care and recovery support for pregnant, postpartum, and parenting women with substance use disorder and co-occurring mental health disorders. Meta House relocated outpatient services as planned to its new campus in May 2026. Staff are preparing for the relocation of the residential treatment program to its new campus in mid-September 2026.

Multidisciplinary teams continued providing integrated treatment, case management, peer and recovery support services, overdose prevention education and naloxone distribution, child and family services, and coordinating care with outside providers. Implementation is proceeding as planned and future updates will include the number of women served and progress toward the program’s established outcomes.

Wisconsin Community Services (WCS)

The Wisconsin Community Services, Inc. (WCS) team is achieving positive success. After the initial month of service, the team has welcomed 26 women and 61 connected children into the program. Their team of peer specialists completed screening and identified case management and recovery navigation needs for 100% of these women and their children. All 26 women were offered overdose prevention materials. Reviewing more long-term data for the project and the women served (from January 1, 2024, through July 31, 2026), the WCS team assisted 96.7% of the pregnant women served in attending their first trimester appointment. For the women who gave birth, 96.2% attended their post-delivery medical appointment within 84 days of their delivery. Their team held a July 2026 recovery skills group and is proud to report that 25 women attended the session.

WCS is working diligently to maintain close working/referral relationships with Meta House, United Community Center, Matt Talbot, Milwaukee County Behavioral Health Services, Advocate Aurora, Froedtert, Ascension, and many other smaller providers and programs (residential providers, sober living, outpatient clinics, medication-assisted treatment providers), all of whom provide critical services to this population being served. WCS is currently working to establish contact with Progressive Community Health Centers' maternal health team as well.