State of Wisconsin
Department of Health Services
Tony Evers, Governor
Kirsten L. Johnson, Secretary

December 30, 2024

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

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

Dear Senator Marklein and Representative Born:

Below is the Fiscal Year 25 Quarter 2 (FY 25 Q2) report of expenditures from the opioid settlement dollars received through the National Prescription Opiate Litigation, Case No. MDL 2804 (NPOL).

A. Settlement Funds Received

All Settlement Funds Received		
2022 Total	$	30,704,645.33
2023 Total	$	7,988,983.36
March 2024	$	2,420,613.09
April 2024	$	23,129,138.06
June 2024	$	573,198.29
July 2024	$	10,449,273.93
TOTAL	**$**	**75,265,852.06**

B. Funding Amounts Awarded or Allocated

As of December 11, 2024, DHS has no funding opportunities open for application, no funding opportunities under review, and a cumulative total of $64,391,291 in awards.

Awarded & Allocated Funds:
The following table summarizes the amount of funding DHS awarded by category of use during FY 25 Q2 and cumulatively.

Funding Awards & Allocations by Category			
Category	**Previous Awards**	**FY 25 Q2**	**Cumulative Awards**
TOTAL	**$ 40,241,291**	**$ 24,150,000**	**$ 64,391,291**
Expand Narcan® Direct Program	$ 4,481,674	$ 3,000,000	$ 7,481,674
Establish Fentanyl Test Strips	$ 1,059,617	$ -	$ 1,059,617
Capital Projects	$ 10,000,000	$ 7,700,000	$ 17,700,000
Funding for Tribal Nations	$ 6,000,000	$ 6,000,000	$ 12,000,000
Central Alert System	$ -	$ -	$ -
K-12 Evidence-Based Prevention	$ 1,250,000	$ -	$ 1,250,000
Medication Assisted Treatment	$ 5,500,000	$ -	$ 5,500,000
Room & Board for Residential Treatment	$ 5,000,000	$ 2,750,000	$ 7,750,000
Law Enforcement Agencies	$ 3,000,000	$ 3,000,000	$ 6,000,000
Statewide Prevention	$ 1,750,000	$ -	$ 1,750,000
Hub and Spoke Pilot Program	$ 500,000	$ -	$ 500,000
Substance Use Disorder Treatment Platform	$ 300,000	$ 1,200,000	$ 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 - Electronic Lock Boxes - DOC	$ -	$ 500,000	$ 500,000

Capital Projects
DHS was directed to allocate $7.7 million for projects that would expand prevention, harm reduction, treatment, and recovery services through the construction of new facilities, and to renovate existing facilities to improve services. DHS was required to distribute at least 30% of the funds for projects in counties with fewer than 500,000 residents. A request for applications for this funding was made public in August 2024 with 26 applications received. Awards were made to two agencies: United Community Center and Apricity. The contracting process for this initiative has begun and further details will be shared in future reports. Appendix A lists the awards provided as a part of this application process.

Substance Use Disorder Treatment Platform
DHS was directed to allocate $1.2 million for DHS to provide $300,000 per year for four years, to pay a vendor for collecting and maintaining information regarding substance use disorder treatment providers for the state's substance use disorder treatment platform. A request for applications for this funding was made public in August 2024 with 7 applications received and an award made to RehabPath. The contracting process for this initiative has begun and further details will be shared in future reports.

Opioid Abatement Efforts by Law Enforcement Agencies
DHS was directed to allocate $3 million for distribution to law enforcement agencies, under a competitive grant program, for the following purposes: (a) medication-assisted treatment education and awareness training; (b) community drug disposal programs; (c) treatment of jail inmates with opioid use disorder; and (d) supporting pre-arrest or pre-arraignment diversion and deflection strategies for persons with opioid use disorder or mental health conditions. At least $1 million of this amount was to be reserved for agencies in counties or municipalities with 70,000 or fewer residents. A request for applications for this

funding was made public in August 2024. The contracting process with awarded agencies have begun. Appendix B lists all the awards provided as a part of this application process.

There were insufficient applications that can be awarded to counties or municipalities with 70,000 or fewer residents. There is $80,003 remaining of the $1,000,000 funds to be distributed to law enforcement agencies with 70,000 or fewer residents. A targeted outreach process will be used to identify counties that have a population under 70,000 residents. Contact will be made with these counties to share information regarding available funding and the grant application opportunity. Awardees from this process will be announced in future reports.

Tribal Allocations

DHS was directed to allocate $6 million to federally recognized tribes in Wisconsin, with the requirement that tribes identify strategies across the continuum of prevention, harm reduction, treatment, and recovery for which they plan to use the funds, including culturally relevant strategies to prevent opioid use, promote health, and community practices. A request for applications for this funding was made public in September 2024. Applications were received by and awarded to all 11 federally recognized tribes. The contracting negotiation process for this initiative has begun and further details will be shared in future reports. Award amounts are provided in Appendix C of this report.

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

DHS was directed to allocate $2.75 million to fund room and board costs for Medicaid recipients who receive services under Medicaid's residential substance use disorder treatment program. A request for applications for this funding was made public in September 2024. Applications were awarded to 48 agencies and 4 tribal nations. Appendix D lists all the awards provided as a part of this application process.

Harm Reduction Strategies – Naloxone Direct Program

DHS was directed to fund harm reduction initiatives, including but not limited to programs that DHS currently administers, such as the Naloxone (Narcan®) Direct for distribution of overdose reversal medications. A request for applications for this funding was made public in September 2024 braiding multiple funding sources to include $3 million in NPOL Settlement funds allowing for awards to be made to 139 agencies. Appendix E lists all the awards provided as a part of this application process.

Harm Reduction Strategies – Electronic Lock Boxes

DHS was directed to fund harm reduction initiatives, including but not limited to programs that DHS currently administers. Of the funding for harm reduction strategies, DHS has redirected $500,000 allocated for small facility grant funds to purchase electronic lock boxes for storing and tracking narcotics and has re-allocated those funds towards the Department of Corrections (DOC) to utilize for the same purpose. DHS is actively working with DOC on completing an Interagency Agreement and further details will be shared in future reports.

C. Funding Expenditures

As of December 11, 2024, a total of $15,440,302 in expenditures have been recorded for programs supported with settlement funds; this includes $13,816,666 in reported previous expenditures ($612,727 in additional expenditures posted to FY 25 Q1 after the last report was submitted) and $1,623,636 of expenditures in FY 25 Q2.

Under the state's accounting and contracting systems, in most circumstances, a grantee must report expenditures to the state under its contract. The state then makes payments to the grantee based on those

reported expenses within required timeframes. In some circumstances, a grantee will not report expenditures to the state until the end of the project, requesting a single payment from the state. Once the state makes the payments, expenditures are recorded in the state accounting system for the contract.

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

Expenditures by Category			
Category	**Previously Expended**	**FY 25 Q2 Expenditures**	**Cumulative Expenditures**
TOTAL	**$ 13,816,666**	**$ 1,623,636**	**$ 15,440,302**
Expand Narcan® Direct Program	$ 3,895,136	$ 75,636	$ 3,970,772
Distribute Fentanyl Test Strips	$ 665,412	$ 3,407	$ 668,819
Capital Projects	$ 1,062,539	$ 618,232	$ 1,680,771
Funding for Tribal Nations	$ 2,709,879	$ -	$ 2,709,879
Central Alert System	$ -	$ -	$ -
K-12 Evidence-Based Prevention	$ 197,615	$ -	$ 197,615
Medication Assisted Treatment	$ 1,611,846	$ -	$ 1,611,846
Room and Board for Residential Treatment	$ 1,972,165	$ 663,834	$ 2,635,999
Law Enforcement Agencies	$ 297,370	$ 27,028	$ 324,398
Statewide Prevention	$ 750,000	$ 124,646	$ 874,646
Hub and Spoke Pilot Program	$ 287,845	$ 30,982	$ 318,827
Substance Use Disorder Treatment Platform	$ 299,340	$ -	$ 299,340
Surgical Collaborative of Wisconsin	$ 67,520	$ 79,872	$ 147,392

D. Listing of Individual Recipients of Awarded Funds

Please see Section B and the Appendices for recipients of awarded funds.

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

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

Naloxone (Narcan®) Direct Program
The Naloxone (Narcan®) Direct Program (NDP) provides overdose reversal and life-saving medication to law enforcement agencies, county or municipal health departments, county human services departments, tribal health clinics, syringe access programs, recovery community organizations, and opioid treatment programs.

During the previous three months of reported data (August 2024 – October 2024), the NDP reports training 9,055 people in overdose prevention and naloxone administration and distributing 17,052 Narcan® kits (total of 35,014 doses). NDP agencies reported over 1,507 successful overdose reversals.

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

Regarding the 2024-25 Naloxone (Narcan®) Direct Program funding opportunity noted above in the "*Awarded & Allocated Funds*" section, 51 agencies are supporting their local first responder (EMS and law enforcement) Leave Behind Programs. The total award to these 51 agencies represents 5,903 cases of naloxone. Additionally, DHS plans to release two one-time funding opportunities to support law enforcement (naloxone for agency use and naloxone and fentanyl test strip kits for community distribution) and EMS (naloxone and fentanyl test strip kits) in the near future.

Fentanyl Test Strip Program
During the previous three months of reported data (August 2024 – October 2024), the FTS Law Enforcement reports 4,000 fentanyl test strips (and 0 kits) ordered, distributing 1,609 strips (and 376 kits), and serving an estimated 634 individuals.

Other strategies to expand the Naloxone Direct Program and fentanyl test strip program include the Public Health Vending Machines and the EMS Leave Behind Program.

Public Health Vending Machines (PHVMs) provide Wisconsin an innovative opportunity to protect and promote the health and safety of people who use drugs. Many Wisconsinites do not seek assistance or services for their drug use due to a fear of being recognized, shamed, judged, and arrested. PHVMs, also referred to as harm reduction vending machines, act as a safe haven for people to obtain no-cost, stigma-free preventative health and wellness services. They provide the opportunity for discrete, confidential access to harm reduction tools.

A select number of awarded agencies have continued their PHVM programs for a second year. Agencies report current activities involving publicity (e.g., new webpage development), identifying new program staff, implementing vending machine software training, and replenishing popular materials from existing machines. In its second year, this program is supporting 13 operational PHVM across Wisconsin. Over 22,000 individual supplies were distributed through PHVMs during this quarter. To see the location of PHVM operating in Wisconsin, visit https://www.dhs.wisconsin.gov/opioids/safer-use.htm.

Comments from the PHVM implementors reflect direct impact on their communities. Comments this quarter include, "One survivor who came into access [our organization's] harm reduction services was able to have a transparent conversation about the judgment they feel in the community… The survivor disclosed that they do pick up items for multiple friends they use with to make sure everyone has access to sterile supplies. Creating that relationship with one survivor meant we were able to serve five more people. Through trust and transparency, we will continue to expand the impact of harm reduction services throughout rural Wisconsin." and "We have seen more than double of the items dispensed this reporting period compared to last."

EMS Leave Behind Programs increase access to overdose prevention tools, including naloxone and fentanyl test strip supplies, and is an essential component to reducing overdoses and overdose deaths in Wisconsin. EMS providers across the country and within Wisconsin have instituted public safety-based Leave Behind Programs. Leave Behind Programs allow EMS professionals to distribute, or "leave behind," overdose prevention tools and resources at the scene of care, or after transport to a hospital, with the patient and/or their social networks (family, friends, roommates, etc.). This model presents an innovative opportunity to expand access to life-saving tools for individuals at high risk for overdose and death.

This year, Wisconsin participated in a National Governors Association Learning Collaborative on Expanding the Role of EMS to Prevent Overdose. Wisconsin is using this opportunity to build a statewide support program for EMS agencies implementing a Leave Behind Program – developing training materials, a data collection process, and an evaluation plan. DHS anticipates that by providing the backbone support and essential infrastructure components, additional EMS agencies across Wisconsin will implement Leave Behind Programming.

Previously awarded agencies have successfully concluded their contracts; however, many agencies continue to actively distribute kits in their communities. As noted above, EMS agencies across Wisconsin can and do receive naloxone supplies through their local Naloxone Direct Program partners to assist in building new programs or sustaining active programs. DHS will also be releasing a one-time funding opportunity to support EMS (naloxone and fentanyl test strip kits) soon.

Capital Projects

Community-based providers offering prevention, harm reduction, treatment, and recovery services for individuals with an opioid use disorder were previously invited to apply for funds to support capital projects expanding services in Wisconsin. During the first round of awards, DHS awarded part of this funding for a capital project that supports the expansion of bed capacity for the treatment of pregnant and post-partum women in a family-centered treatment environment and at least $3 million of these funds were awarded to support projects in counties with fewer than 500,000 residents. Two of the three awarded agency contracts remain active at this time. Contracting activities with Lighthouse Recovery Community Center, Inc. in Manitowoc County recently successfully concluded. Information regarding this project can be located in previous quarterly reports.

As noted earlier in this report, the second round of Capital Project funding recently concluded, allocating $7.7 million for projects that would expand prevention, harm reduction, treatment, and recovery services through the construction of new facilities and renovations of existing facilities. Two applications were awarded, and contracting has begun.

First Round Funding:

Arbor Place (Dunn County)

Site work has begun on the construction project. Significant milestones include completion of excavation and demolition, completion of footings and foundation, partial completion of underground work for water and sewer. The project is slightly delayed because of groundwater issues; however, they have been addressed at this time.

Meta House (Milwaukee County)

The past three months have been very eventful for *Project Horizon*. In August, the agency closed on the purchase of the subject property and held a ceremonial groundbreaking event attended by Attorney General Josh Kaul and other public officials. They were able to close on the remaining financing for the project at the end of October and are awaiting one final clearance related to a federal award and are prepared to begin construction shortly thereafter. They anticipate shovels in the ground no later than 1/2/2025, though site preparation work will begin in December.

Second Round Funding:

United Community Center (UCC) (Milwaukee County)

The United Community Center's (UCC) mission is to transform the lives of Hispanics, families, and individuals of all ages across the state by providing quality comprehensive services in education, human services, health, community development and cultural arts. UCC has over four decades of providing evidence-based substance use disorder treatment and critical resources to residents of Milwaukee County, as well as to residents from Waukesha, Dane, Walworth, Racine,

Marathon, Washington, Sheboygan, and Jefferson counties, and collaborating with Tribal Nations. UCC's treatment and harm reduction approach includes peer support groups, individual sessions, case management to address basic needs, perinatal care coordination, HIV and Hepatitis screenings/education and treatment, medication-assisted treatment, and services that are gender-responsive, culturally, and linguistically appropriate trauma-informed. UCC currently operates three residential facilities: one for men and two for women (with family suites to allow for children). UCC plans to expand existing residential treatment bed space, allowing them to serve an additional 90 men annually. By doing so, UCC's team will also expand their existing prevention, harm reduction, treatment, and recovery services as well.

Contracting activities with UCC has begun, to include a timeline and in-depth budget review with the UCC Finance Director. A strategic planning session with UCC Chief Operations Officer & Architect has been held. UCC's Chief Operations Officer has met with the project architect to review the details of the facility's design, timelines, and budget. This strategic meeting set clear goals and ensured alignment with the project's objectives. Ongoing meetings with the architect are planned to ensure the facility layout is designed to respond to the needs of men who will receive care while residing at the home. UCC is on track to meet all major milestones, including groundbreaking to be completed prior to June 2025.

Apricity
With service areas including but not limited to Outagamie County, Northeast Wisconsin and 6 Tribal Nations, Apricity is a peer-led treatment and recovery organization who has served Northeastern Wisconsin for nearly half a century. Apricity provides those impacted by substance use disorders with a full spectrum of care including treatment, employment, and support services in a safe, progressive recovery community. Apricity plans to expand and renovate residential, outpatient, and recovery support services. By adding bed space to existing facilities, Apricity will increase residential capacity enabling the provision of expanded services to individuals with substance use and co-occurring disorders, pregnant and postpartum women (with their children), members of underserved Tribal Nations, and individuals who live at or below poverty level, ultimately providing a seamless continuum of care that fosters long-term recovery and community reintegration.

Contracting with Apricity has begun. Apricity has consulted and held meetings with local commercial developers, architect firms, and construction firms. They have consulted with Capital Project first round grant awardees to discuss progress and recommendations. Apricity has engaged with Gries Architecture and Catalyst Construction for multiple meetings to discuss the project.

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.

As noted earlier in this report, DHS was directed to allocate $6 million in FY 25 to federally recognized tribes in Wisconsin, with the requirement that tribes identify strategies across the continuum of prevention, harm reduction, treatment, and recovery for which they plan to use the funds, including culturally relevant strategies to prevent opioid use, promote health, and community practices. While contracting negotiation with all 11 federally recognized tribal nations are in progress, DHS continues to

provide technical assistance as well as attend and discuss the Opioid Abatement grant at the Tribal State Collaboration for Positive Change (TSCPC) monthly meetings.

Bad River Band of Lake Superior Chippewa – While contracting is in process, the Bad River Band has prioritized cultural healing sessions for the community, specifically focused on healing those directly and indirectly impacted by the opioid crisis.

Forest County Potawatomi - The remaining Peer Specialist positions at Transitional Living were filled in September and October 2024. There were seven clients in the house during this period, with two of the clients graduating. In-house groups have continued during this period, which include an All-recovery meeting and life skills. The house also facilitates a weekly Wellbriety meeting which is aimed at providing the client the opportunity to run meetings themselves. The clients regularly attend local NA meetings during the week. The goal is to have the clients participate in either a meeting or a pro sober, pro social activity every day during the week. There is still a desire to form an alumni group, and planning has begun now that the program is fully staffed. The department is considering starting a family group in the summer based on the Matrix training. This project is still in the early phase and the details are yet to be established. The Tribe is participating in a Transition Team with Jail Administration which is essentially a workgroup to provide inmates with the psychoeducation, support, skill building, and tools to transition successfully when released from jail. Traditional Medicine is held two days a month. In this period, the healers were utilized at 27 different appointments. There was a need in the community to relocate the traditional healing sweat lodges. Sweats are now held the Wednesday that the Traditional Healers are onsite, and 15-25 individuals participate. In early October, the Traditional Healers were onsite to conduct the Fall fast. There were 9 individuals who fasted. The participants enjoyed the experience and were grateful for the opportunity.

Ho-Chunk Nation – Ho-Chunk Nation continues to plan for future project development and program activities while collaborating with DHS on grant objectives and contracting. Updates will be provided in future reporting periods.

Lac Courte Oreilles Band of Lake Superior Chippewa - The Lac Courte Oreilles Tribal Nation Opioid Abatement Efforts Program has made significant changes in the direction of the program during this reporting period to better address the community and program needs. One of the most notable shifts was no longer prioritizing the direct facilitation of detox and treatment placements. Partnering with the LCO Behavioral Health Center's programs and staff to create a standardized procedure for getting individuals in need to detox and treatment has allowed the program to focus on ensuring smoother transitions and consistent support throughout the recovery process by having partnerships and improving internal processes. Key updates include the collaborative work of the intervention specialist and the transitional care coordinator to finalize their policies and procedures with assistance of the program manager, supported by an organizational flow chart. These efforts, in partnership with the Lac Courte Oreilles Bizhiki Wellness Center, have created a streamlined process for program participants, ensuring clear transitions across all stages of care. The updated workflow allows individuals to move seamlessly from intervention points to long-term recovery with clear handoffs between the Tribal Nation Opioid Abatement Efforts Program and the Bizhiki Wellness Center.

The intervention specialist now focuses on guiding participants from intervention points to detox, treatment, sober living, or outpatient services with a warm handoff to the Bizhiki Wellness Center. Meanwhile, the transitional care coordinator receives participants nearing release from treatment or sober living and connects them to long-term support services, such as behavioral health counseling, employment, housing, and education. This ensures that program participants

receive personalized transition plans that promote stability and recovery continuity. To meet the program's evolving needs, the Lead Transitional Care Coordinator was transitioned into an Opioid Abatement Project Manager role. This role provides overall program management and supports the intervention specialist and transitional care coordinator. Additionally, the project manager is overseeing the launch of the men's sober living home.

During this period, considerable progress was made toward opening the men's sober living home. Collaborating with sober living consultants, completion of extensive renovations of the facility, including clearing out old furniture, assembling new furniture, and preparing the facility for Wisconsin DHS registration and Wisconsin Association of Sober Homes (WASH) certification. A director for the home has been hired to continue to hire and train the staff in preparation for opening the men's sober living home by the end of the year. A traditional spirit pole ceremony, open house, and community feast was scheduled for November 1, 2024, with participant interviews/move-in dates set for December 2, 2024. These efforts mark a critical transition from renovations to operational readiness, supported by collaboration with the consultants and the Tribal Nation Opioid Abatement Efforts team.

The agency partnered with the LCO Behavioral Health Center and other grants to host a two-day opioid awareness, prevention, and wellness event in collaboration with Family Circles coordinators Alton "Sonny" Smart and Brian Jackson from the Lac Du Flambeau Reservation. This event featured four key sessions focused on *Good Indian Mental Health Anishinaabe Style* and opioid and substance use prevention:

1. Directors' Meeting: Attended by 53 tribal directors.
2. Open Community Event: Engaged 39 community members.
3. Narcan Training: Provided life-saving training to 16 participants.
4. Youth Assembly: 179 middle and high school students through a back-to-school health and wellness assembly focusing on opioid and substance use prevention.

Additionally, the program has collaborated on a variety of community-focused events, including Narcan® training sessions, painting classes taught by an Indigenous cultural artist, sobriety feasts and walks, and peer support talking circles.

Lac du Flambeau Band of Lake Superior Chippewa – Contract negotiations continue with DHS. Program updates will be provided in future reports.

Menominee Indian Tribe of Wisconsin – Staffing changes have occurred in this reporting period, which include the program director and project manager overseeing this contract recently resigning from their positions. Administration is working quickly to onboard an interim director.

Oneida Nation – The agency has completed the Hazelden MOUD training with 81 participants, which was held in collaboration with the agency's primary care providers, nurses, as well as the staff at BH. The agency implemented MAT at the Oneida community Health Center on 10/1/24. The agency has also been able to create and train the cultural advisors on documenting in the Electronic Medical Record (EMR) to track how many patients are utilizing services. Kunhi-Yo "I'm Healthy" Overdose Awareness Conference was held on 8/29/24.

Red Cliff Band of Lake Superior Chippewa – The Red Cliff Wraparound Care Team is responsible for oversight and implementation of the opioid response efforts. The team consists of Health Administration, Behavioral Health, Wraparound Coordinator, Human/Family Service Administrator, Police Chief, Housing Service Manager and Judge. The team meets bi-weekly to discuss progress and plans.

The MOUD service is functioning and now embedded into the service structure of the Red Cliff Community Health Center. The service availability has been spread to all primary care providers. Services also include connection to wraparound care to ensure other needs are met. The Marriage, Family Licensed Therapist service continues to operate, is well received, and close to capacity. Although, inpatient treatment for opioid use is not a service provided within the Red Cliff service system, Tribal members are referred to outside providers with coordination being conducted at the Tribal level. This includes coordination of availability, payment, transportation, etc.

Also, Tribal Action Plan (TAP) Funds supported the hiring of a consultant to assist with updating the Tribe's Action Plan to address the opioid and other substance use crisis in the community. Activities during the reporting period include re-organization of the service facilitation function, training of Tribal system on wraparound model, monthly data gathering across systems, and initial efforts to establish traditional healing.

Sokaogon Chippewa Community – During this reporting period, the Tribal Nation Opioid Abatement Efforts project has demonstrated progress in addressing opioid use disorder (OUD) within the Sokaogon Chippewa Community and surrounding rural areas. Key accomplishments include the maintenance of the MAT caseload and continued efforts to collaborate with other providers to connect clients with MAT services when direct care was unavailable.

The agency has prioritized access to culturally tailored resources by providing supplies for recovery ceremonies and ensuring naloxone vending machines are restocked weekly. In addition, the agency distributed 50 naloxone kits directly to community members outside of the vending machines.

A significant achievement has been the early development of a community-based recovery program, which is expected to launch in the second quarter of this funding cycle. The agency has also maintained engagement with clients to develop recovery resources tailored to their unique needs. Looking forward, they are preparing to participate in a comprehensive community and tribal health needs assessment in the coming months.

Next steps include continued recruitment efforts for key staff positions, including a MAT provider and support nurse, launching the community-based recovery program, participating in the community and tribal health needs assessment to identify and prioritize client needs, expanding transportation options to ensure access to care for geographically isolated clients, and finalizing and implement training initiatives to foster a more inclusive and supportive care environment.

St. Croix Chippewa Indians of Wisconsin – Progress is being made in the communities with sobriety. The St. Croix Tribe eliminated blood quantum last year, allowing tribal descendants to begin enrolling. These additional tribal members are seeking out services now, and the agency has been able to help more people this year versus previous years.

Grant carryover funds were utilized to continue efforts by the Peer Support Specialists. Funds have been allocated to retain their positions within the tribe. Though the bulk of their funding had been set aside for their positions, there was a portion that had been allocated to continue operational goals and objectives for the grant. This gave them ability to continue efforts in working with clients of the program, conduct both individual and group interactions, participate collaboratively with other programs and support tribal efforts in harm reductions and opioid abatement. With the amount of funding retained in the carryover portion, two peer support specialists are continuing to help clients in various stages of recovery.

The Elder Advisory Board continues to meet and discuss topics related to helping the Opioid Abatement efforts and efforts for the St. Croix Tribal Health Clinic. This board has grown to be a useful tool to the overall Health & Human Services department. Their contributions to helping create culturally appropriate approaches with the community has been immeasurable.

During this reporting period, the Peer Support Specialists continued their efforts in creating and supporting cultural events during the summer and fall seasons. Peer Support Specialists continue to work with Tribal and Local Police, Tribal and County Judges and District Attorneys, local behavioral health departments alongside with clients. The advocacy of the Peer Support Specialists play a vital role with clients. They are working on plans for additional cultural events, including Wild Rice Harvest season. Peer Support Specialists, in addition to their normal responsibilities, began working with clients on crafting the tools required for Wild Rice Harvest, Sage Collection, and the importance of traditional foods. Many of Peer Support Clients have expressed their interest in getting back into their traditional ways with the goal of sustainable recovery from OUD.

Stockbridge-Munsee Community Band of Mohican Indians – No activities were completed as part of this grant as the funds are not available during this reporting period while contract negotiations continue. The executive team has planned the remodel and repurpose of an existing building to be used as a recovery treatment center focused on providing multiple approached to help those with substance use disorders. The Tribe has hired an additional counselor to expand AODA counseling in Behavior Health and expand counseling and prevention activities to school aged children. This project was started in the anticipation that Tribal Nation Opioid Abatement funds will be available to fund the project.

Central Alert System

The overdose alert system, or Wisconsin Suspected Overdose Alerts for Rapid Response (WiSOARR), is a secure web-based application developed and maintained by DHS staff. WiSOARR 1.0 was recently launched statewide at the end of October 2024. At the time of this report, more than 125 organizations have requested and received organizational approval for access to the application for their staff. WiSOARR 1.0 leverages two near-real time data sources – ambulance runs and emergency department visits – for suspected overdose surveillance and anomaly detection. System developments to facilitate user onboarding are currently underway.

To date, three main features were included in WiSOARR 1.0 at launch:

- Mapping and analytics dashboard: Users will be able to visualize approximate locations of overdose events based on filters selected. Basic summary analytics (e.g., overdose counts, demographic information, and time series visualizations) are also available.
- Customized alert configuration module: Users will be able to 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 locally. 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.

Work has also been completed to prepare for integration of data from public safety partners. Law enforcement officers may submit overdose incident information via a specialized form in Badger TraCS. Development of the infrastructure necessary to integrate these two new data sources was completed ahead

of schedule. Onboarding and training of submitting law enforcement agencies will be led by the Department of Justice and will begin at a future date. An inter-divisional communications team implemented a communications plan for the release and long-term support of WiSOARR. Materials include:

- A series of training modules and tutorials to aid users in using the system
- Spike response resources and support
- Communications to external partners upon system go-live
- Spike response coordination technical assistance for end users

Critical security and outage response planning and documentation was completed, and a provisional security certification was granted for the application; this work ensures the protection of data architecture within the system and establishes risks, impacts, and response to potential system outages after go-live. Further progress has also been made to plan for and garner support for the long-term sustainability of WiSOARR; this will ensure the smooth launch and longevity of the application in future years.

K-12 Evidence-Based Substance Use Prevention Curriculums or Programs

The Opioid Prevention Grant Program through the Department of Public Instruction supports initiatives aimed at preventing opioid misuse and addressing unintentional fentanyl exposure. The program also offers training to building capacity for educators and staff delivering evidence-based opioid prevention programming, as well as supporting the adoption and delivery of structured programs addressing substance prevention, tailored to local needs. Lastly, this program also facilitates outreach effort to involve families and communities in opioid prevention awareness and strategies.

DHS had previously allocated $250,000 to the Wisconsin Department of Public Instruction (DPI) for grants related to K-12 evidence-based substance use prevention curriculums or programs. DHS was directed to allocate $1 million in FY 25 NPOL funds to DPI to continue these initiatives. As discussed in the FY 25 Q1 report, DHS contracting with DPI has been completed. DPI will distribute allocated funds to school districts, independent charter schools, tribal schools, and private choice schools to implement evidence-based substance use prevention programming.

DPI released an opportunity for funding applications in September 2024 with closure in October 2024. Applications were received from a variety of eligible entities, including public school districts, tribal schools, private schools, and independent charter schools, representing a wide geographic distribution across the state. Of the 22 applications submitted, 19 were recommended for funding, with requested amounts totaling $670,832. Notably, private and charter schools accounted for 23 percent of applicants, with four receiving funding. A second application round was then initiated, with submissions due by November 15, resulting in 12 additional applications which are currently under review. All awardees will be announced after this final review process is complete.

As mentioned, NPOL settlement allocations to DPI to fund this initiative grew substantially from $250,000 in the first year to $1 million this fiscal year, enabling more schools and districts to implement opioid prevention initiatives. This expansion increased the number of funded applicants and allowed for broader geographic distribution of resources. In addition, the team is looking at other technical assistance support they can provide to school districts with the remaining funding.

Medication-Assisted Treatment

Wisconsin Society of Addiction Medicine (WISAM)

This pilot project is intended to develop telemedicine for Wisconsinites to provide access and induction of buprenorphine products with the use of peer support and recovery coaching. They are working to develop a warm handoff to the WISAM Hotline from the State Opioid Response

(SOR) funded Addiction Recovery Helpline and to community providers within Wisconsin. WISAM is developing processes with the Addiction Recovery Helpline.

There is a plan for WISAM to work on project management with Apricity, a peer recovery coach organization based in Neenah which serves northeast Wisconsin and is expanding to all regions of Wisconsin. Apricity staff have met with the Addiction Recovery Helpline to evaluate the database and to train on data entry. WISAM has engaged with Wisconsin Association for Free and Charitable Clinics (WAFCC) representatives and continues to evaluate their role in the hotline development. WAFCC is the state Association of Free and Charitable Clinics and operates in all regions of Wisconsin. WISAM is also working on developing a buprenorphine directory which will be utilized by hotline staff, and available publicly as appropriate through the Addiction Recovery Helpline online directory.

Milwaukee Health Systems (Eau Claire), Milwaukee Health Systems (Appleton), Quality Addiction Management (Beloit), and Addiction Medical Solutions (Oshkosh)
Agencies are developing mobile Opioid Treatment Program (OTP) units to provide all three forms of FDA approved medications for opioid use disorder, clinical services, and peer support and recovery coach services. These units will also provide overdose prevention and harm reduction supplies including naloxone, fentanyl test strips, and referrals to community services to address the needs of the whole person.

Milwaukee Health Systems (Eau Claire)
The mobile OTP unit was delivered in October 2024. A storage facility has been secured for the mobile OTP. Staff have completed multiple outreach events and public awareness events in Barron County and Chippewa County. A state certification survey was completed in October 2024 and they are currently awaiting DEA Certification. The target service area remains as the Black River Falls and the surrounding communities.

Milwaukee Health Systems (Appleton)
The mobile OTP unit was delivered and a storage facility has been secured for the mobile OTP. A one-year lease has been obtained and executed for the anticipated dispensing location. Staff have completed multiple outreach events and public awareness events in the community. State certification was completed on 8/19/24 and they continue to await DEA certification. The target service area remains Shawano and the surrounding communities.

Quality Addiction Management (Beloit)
The mobile OTP unit has been completed and delivered. A one-year lease has been obtained and executed for the anticipated dispensing location. Staff have completed outreach events and public awareness events in Walworth County and Rock County. State certification was completed in October 2024 and they are currently awaiting DEA certification. The target service area is now Janesville and the surrounding communities.

Addiction Medical Solutions (Oshkosh)
Contracting has been finalized and construction of the physical mobile unit remains in progress with anticipated completion and delivery now in December 2024. State certification will be scheduled upon delivery of the mobile unit. The home location of the unit has moved to AMS Oshkosh, with a new target service area being explored at this time.

Wisconsin Department of Corrections
Through this initiative, DOC will increase access to Medication Assisted Treatment (MAT) to individuals receiving treatment and services at identified Residential Services Programs (RSP) throughout the state. The identified RSPs support the continuation of medications for opioid use disorder for those with an active prescription. Also, at intake, RSP treatment staff will screen clients for opioid treatment needs and refer clients to MOUD services, if they are interested in receiving MOUD services as part of their treatment plan.

During this reporting period, DOC staff shared information about the new funding source with DOC contracted RSP Providers and collaboratively developed a reporting structure. DOC staff continued to work towards finalization of a contract with Addiction Medical Solutions (AMS) to provide mobile MAT services in Winnebago and LaCrosse counties.

DOC staff is working with identified RSPs to develop a projected number of participants as well as reporting procedures to capture the number of individuals screened, assessed, and referred to MOUD services. During this reporting period, 82 clients were assessed for opioid use disorder (OUD), 39 clients were diagnosed with OUD, and 35 clients were maintained on their active MOUD prescriptions or referred to a MOUD provider.

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

AMS, one of the contracted mobile MAT service vendors, projected the number of individuals served per year as 50 – 100. Once the second contracted mobile MAT service vendor, Community Medical Services (CMS), has completed their certification process, these projections will be updated to include those participants. As reported last cycle, CMS has experienced delays with their mobile unit's readiness for certification. A representative of CMS shared plans to reengage with DHS regarding the certification process when the mobile unit is ready to be surveyed.

Recovery-focused housing and access to MOUD are continually identified as gaps in the service array for individuals with OUD under the supervision of DOC; a population extremely vulnerable to overdose, especially with in the first few months post-release from carceral settings. Sadly, lack of access to these vital resources is often a theme in DOC Overdose Fatality Reviews as well. This funding has been critical in continuing to provide access to those most at-risk and supporting them in their recovery journey.

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 more accessible, DHS has now solicited two rounds of 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. Details regarding the second-round awards are noted above in the "*Awarded*

and Allocated" section, as well as Appendix B. During this reporting period (CY 24 July 2024 – September 2024), awarded agencies provided services to 304 people for a total of 7,252 days of service.

Law Enforcement Agencies Opioid Abatement Efforts
Law enforcement agencies are provided funds to support community drug disposal, education on medication assisted treatment, diversion, or deflection programs, or providing medication assisted treatment in jail settings. Existing and new program activities from funding opportunities are noted below.

Ashland County Sheriff's Office – Treatment for Incarcerated Persons with OUD
During this period, the overall progress of the project has been significant. The project has a solid foundation that benefits all participants who are choosing to engage in the programming. Notable developments have occurred, and the framework being created has facilitated active engagement. The collaborative efforts and shared commitment of the team have produced visible outcomes, demonstrating the project's growth.

Columbia County Sheriff's Office – Treatment for Incarcerated Persons with OUD; Community Drug Disposal Programs
The agency is continuing the program and have individuals submitting to participate in the program. The agency is providing medication assisted treatment, counseling, and after care.

Crawford County Sheriff's Office – Community Drug Disposal Programs
With the individual initially identified by the law enforcement agency as the grant administrator leaving his role, the agency had to find new law enforcement staff who will oversee the project. This has been performed and the agency anticipates purchasing the drug drop box soon.

Dane County Sheriff's Office – Treatment for Incarcerated Persons with OUD
Wellpath has started the recruitment efforts for additional staff to assist with the grant initiative, as well as creating a contract with a local Opioid Treatment Program. There are challenges with transporting jail residents to medical appointment for dispensing MOUD. The agency has a meeting scheduled to view mobile OTP unit to determine if those services will work better for the agency and residents. The mobile unit has the ability to come directly to the facility to dispense medications which has the ability to remove transportation barriers.

Dunn County Sheriff's Office – Pre-arrest and Pre-arraignment Deflection Programs
Contract negotiations are ongoing. Program updates and metrics will be shared in future reports.

Eau Claire County Sheriff's Office – Treatment for Incarcerated Persons with OUD; Pre-arrest or Pre-arraignment Deflection Program; Community Drug Disposal Programs
Contracting for new programs are in progress. Program updates and metrics will be shared in future reports.

Jackson County Sheriff's Office – MAT Education & Awareness Training; Pre-arrest or Pre-arraignment Deflection Programs for Persons with OUD; Treatment for Incarcerated Persons with OUD
The agency is in the beginning stages of project implementation for this reporting period. The proposed budget has been finalized and submitted, and contracts are being prepared for signature. Several meetings have been held to formulate a plan of action to implement this project, and quotes for items to be purchased and services to be rendered have been obtained. A permanent drug drop box and drug deactivation kits have not yet been purchased. These items have been identified and will be purchased soon.

Kenosha County Sheriff's Office – Community Drug Disposal Systems; Treatment for Incarcerated Persons with OUD; MAT Education & Awareness Training
Drug deactivation kits were ordered in November. The program start was slightly delayed due to turnover within the finance area, but the program has started to gain momentum, and the agency has recently procured 1,750 units to be deployed in various points of distribution across the community. This includes city/village/town halls, outreach events, and county operated vending machines.

During this reporting period the agency has not utilized grant funding for Treatment for Incarcerated Persons with OUD. The grant will go to the full county board for final approval. Once that occurs, the agency will go live with MAT services.

The agency started a MAT program in November 2019 and have been assisting individuals with substance use disorders since that time in the both the Kenosha County Detention Center and the Pretrial jail located in downtown Kenosha. With this new funding, the agency plans on operating the program similarly to what was done in the past and are hoping to learn new best-practices to make this successful for program participants. The previous program had been very successful and expanded in size; however, the funding came to an end until being awarded this grant.

Madison Police Department – Pre-arrest or Pre-arraignment Deflection Programs for People with OUD; Community Drug Disposal Systems
The Madison Police Department's "Madison Area Recovery Initiative" (MARI) is 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 grant funded MARI PA position made tremendous progress during this reporting period. The MARI PA has been trained on all tasks described in the DHS budget justification and is providing critical support to MPD's MARI program. The new Cognito software platform has now been purchased, installed, and currently being tested. The UW Population Health Institute research partner recently informed the agency that they should be "going live" with the new platform in the next few weeks. The new software will significantly improve both the efficiency and effectiveness of the MARI Resource Team's data collection efforts.

The new MARI "HOPE" kits are now operational. One of the early tasks completed by the MARI PA was the creation of a new logo for the MARI program. That new logo is now printed on the new MARI "HOPE" kits which the MARI Resource Team has begun distribution. The new MARI "HOPE" kits include naloxone, fentanyl and xylazine test strips, CPR masks, sterile rubber gloves, MARI resource card, personal hygiene items and more.

As reported previously, the contracts related to this DHS Opioid Abatement grant have been executed with the below MARI partners:

- UW Population Health Institute – contract for evaluation related services
- Dane County Dept of Human Services – contract for peer support and recovery coaching services. Safe Communities Madison-Dane County is the sub-contracting this work through Dane County Department of Department of Human Services.
- JB Public Safety Consulting LLC – contract for MARI related project coordination.

Marathon County Sheriff's Office – Treatment for Incarcerated Persons with OUD
The program has continued successfully since the new term began on 7/1/24. The agency has made some modifications to processes per DHS recommendations and have gained more clinical input from the OTP. All support services continue to be strong with the exception of Bridge Clinic groups, which are on hold until the awarded funds are received.

Menominee Indian Tribe Police Department – Community Drug Disposal Systems; MAT & Awareness Training
A purchase order has been placed for the 890 deactivation kits and are awaiting delivery. Once the deactivation kits are received, the agency will make them available through the normal course of response, distribution at the community meetings and at the Tribe's General Council schedule for January. A meeting has been scheduled with Fox Valley Technical College in December to discuss the training needs required by the agreement.

Racine County Sheriff's Office – MAT Education & Awareness Training; Treatment for incarcerated persons with OUD
There has been a growing recognition amongst correctional and healthcare staff members of the risks associated with addiction. There has been improved screening and monitoring during the admission process and clarification on the protocols in place for monitoring.

The staffing matrix and extensive daily workload have been found to make it difficult for staff to attend training seminars. The agency also continues to struggle with the ability to obtain a peer counselor. These positions are in high demand and hiring quality candidates is proving to be difficult.

Rhinelander Police Department - Pre-arrest and Pre-arraignment Deflection Programs for people with OUD
Programming began in September 2024. Accomplishments and other relevant metrics will be shared in future reports.

Rock County Sheriff's Office – MAT Education & Awareness Training; Treatment for incarcerated persons with OUD
During this reporting period, agency staff were able to attend a state sponsored conference focusing on mental health and substance use. Staff enjoyed the opportunity to learn about these topics and found the conference to be very helpful. The agency is preparing to go-live with their MOUD program for persons in their care. A partnering agency was recently bought out by another company which has caused some delays; however, the program is anticipated to be up and running in the next reporting period.

Sawyer County Sheriff's Office – Pre-arrest or Pre-arraignment deflection for people with OUD; MAT Education & Awareness Training
The agency was delayed previously due in part to hiring setbacks but have now been able to create a new plan. The agency is hiring three positions by the end of 2024 which include a Coordinated Response Specialist and two Peer Systems Navigators. With the new plan, the agency is hiring directly (rather than utilizing a contracted agency) which will streamline the process. Program updates and metrics will be shared in future reports.

Shawano County Sheriff's Office – Community Drug Disposal Systems
Approximately 4,800 drug deactivation kits were procured during this reporting period. The agency is now working to distribute the kits to local municipalities throughout the county.

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

During this period, the agency selected the Community Resource Specialist. The Officer will formally move into his new role full time on December 11, 2024. He is beginning to reach-out to contacts regarding other programs operating throughout the state, and research various partnerships and area resources. The agency finalized the MOU with Next Steps for Change (NSFC), who is providing the contracted peer support for the program. NSFC conducted training in peer support and referral procedures for all patrol and supervisory staff of the police department. The agency began reimbursing NSFC for their peer support services and data tracking software, as patrol is currently making referrals for peer support. The agency began to purchase equipment for the program, including CPR masks, AED, hygiene kits, Narcan holders for external patrol vests, and the CRS computer. All naloxone holders have been distributed to patrol staff and are in use.

Village of Cottage Grove Police Department – Community Drug Disposal Systems; MAT Education & Awareness Training

The Cottage Grove Police Department has received and installed a Prescription Drug Drop Off Box. The police department has also partnered in a pilot program with the EMS provider, Deer Grove EMS, and have HOPE kits in squads and have also installed an OAK Box in the lobby of the police department next to the drug drop off box. The police department has provided some of the HOPE kits to community members who learned that they were available and requested them. The police department has received education and awareness training through Dane County Public Health.

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

During the reporting period, the program held recruitment efforts for the nurse practitioner position and conducted an interview for one individual. The agency also held regular program implementation and project planning meetings to develop the program and standard operating procedures. The agency also gained contact with a MOUD provider to set up meetings to incorporate services into the jail program. Finally, the agency had meetings with an AODA/mental health clinic to work on the process for them to have the jail licensed as a site for them to provide services.

The program has been using the period of October-December 2024 for program planning and implementation, as the new jail is under construction and expected to open in January or February of 2025. The agency hopes to have all policies and procedures and contracts with service providers in place and have been working on these during this period. Receiving county board approval to hire the Addiction Medicine Nurse Practitioner was a huge success for the program, and they are looking forward to having direct services with the county to support MOUD.

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 noted in FY 25 Q1 reporting, DHS allocated $500,000 to regional centers of the Alliance for Wisconsin Youth for the prevention activities. The contracting process for this initiative has begun with DHS actively working with all three Regional Prevention Centers on plans to distribute $500,000 to community coalitions. The Regional Prevention Centers have submitted work plans and budgets and are developing a menu of activities for community coalitions to apply for funds to support.

Statewide Community-Based Organization for After-School Programming
DHS was directed to complete a second round of funding to Statewide community-based organizations for after-school programming. As noted in the FY 25 Q1 report, contracting was completed earlier this year with the Boys and Girls Club Fox Valley, which represents a network of Boys and Girls Clubs serving more than 70 communities across the state of Wisconsin. Twenty-two locations have now opted in for future programming. This funding supports after-school programming for youth, focused on providing them with information and skills to make healthy decisions through the SMART Moves Program, a program developed by the Boys and Girls Club of America.

During this reporting period all Clubs had the opportunity to receive Opioid Abuse Prevention Program training in-person and/or virtually. Many Clubs started planning their programs and several Clubs started executing the program. The Boys & Girls Club of Sparta completed their program implementation and had 48 youth participate in the program. Fifteen youth completed 11 or more sessions, and 27 youth maintained or improved their healthy decision-making, resilience, and refusal skills as evidenced by the pre and post-tests.

Hub and Spoke Pilot Program
DHS pilots a hub and spoke program approach aimed at treating Wisconsin Medicaid members with substance use disorders and physical and behavioral health issues. The approach is intended to provide ongoing support and care for people in recovery. The Vin Baker Recovery of Milwaukee is one of four sites participating in the pilot program and the only hub site funded by NPOL funds. Vin Baker is the first opioid treatment program facility approved by the city's board of zoning appeals in 30 years.

The Vin Baker Recovery officially opened its doors mid-March 2024 with regular site visits being completed by the Division of Medicaid Services. During this reporting period, Vin Baker Recovery enrolled 34 individuals within Milwaukee County. Vin Baker set up operations in Waukesha County to begin providing services and enrolling members in 2025.

Surgical Collaborative of Wisconsin
The Surgical Collaborative of Wisconsin (SCW) utilizes a comprehensive approach to opioid stewardship that maximizes both safe opioid prescribing and pain management for potentially vulnerable surgical patients. During this reporting period, funds have been used to cover personnel salaries, event expenses for the annual SCW summer meeting in August and purchasing 5,000 Deterra disposal pouches for a new SCW program to prevent the misuse of opioids through at-home destruction and disposal.

SCW's interventions for surgical prescribers aim to address the supply of prescription opioids available for misuse. During this reporting period:

- The Opioid Stewardship for Surgical Patients Initiative was featured at the SCW Annual Summer Meeting on August 10, 2024. A Pain Management Panel consisting of surgical, anesthesia, and medical experts in this field outlined: perioperative pain strategies, current recommendations and adjuncts to opioids, perioperative pain strategies for patients with opioid use disorder (OUD), and risk factors for OUD, how to screen/manage/identify before and after surgery, when/where to refer, and how to counsel if high risk.

- Using prescription fill data from July 2022 to June 2023, SCW created and distributed benchmarked performance reports on post-operative opioid stewardship. These reports describe prescribing guidelines and post-operative opioid fills at the surgeon and hospital level for the following procedures: laparoscopic cholecystectomy, breast procedures, appendectomy, and inguinal hernia repair. By comparing the opioid prescribing for their patients to guidelines and statewide prescribing, SCW surgeons are encouraged to prescribe fewer opioids, leaving less

unused medications in the community for misuse and diversion. These reports were distributed to participating surgeons at the SCW Annual Summer Meeting (August 2024) and at the Wisconsin Surgical Society Fall Conference (November 2024).

• In August 2024, SCW launched an evidence-based education program to prevent the misuse of opioids through patient at-home destruction and disposal: "Eliminating Excess: Safe Medication Disposal". SCW is partnering with Deterra Systems to provide their Drug Deactivation and Disposal Pouch to patients receiving a post-operative opioid prescription for free. Each pouch will have a custom project label with QR code that directs the user to opioid education, information about the program, and a brief user survey. SCW is currently enrolling member surgeons and facilities for this program to distribute pouches and opioid misuse education to their surgical patients.

• Continuing to leverage the SCW infrastructure to improve opioid stewardship for orthopedic procedures by utilizing statewide all-payer claims data to initially analyze perioperative opioid prescriptions for common statewide orthopedic surgeries.

Medical College of Wisconsin – Periscope Project
DHS was directed to allocate $600,000 to support the Medical College of Wisconsin's Periscope Project to provide support and education to medical professionals statewide regarding how to provide evidence-based care for pregnant people who struggle with an opioid use disorder. The Periscope Project focuses on maternal health in three areas (1) real-time perinatal mental health consultations, (2) education and training on screening, diagnosis, and first-line treatment of mental health and substance use disorders in perinatal people, (3) connections to resources supporting perinatal mental health in the community. Contracting has completed and implementation of activities will begin in January 2025.

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

Sincerely,

Kirsten L. Johnson
Secretary-designee

Appendix A: Capital Project Awards

Awards for Capital Projects	
Applicant	**Awarded Amount**
Apricity	$ 4,744,930
United Community Center	$ 2,955,070

Appendix B: Opioid Abatement Efforts for Law Enforcement Agencies Awards

Opioid Abatement Efforts for Law Enforcement	
Applicant	**Awarded Amount**
Columbia County Sheriff's Office	$ 5,000
Dane County Sheriff's Office	$ 247,681
Dunn County Sheriff's Office	$ 250,000
Eau Claire County Sheriff's Office	$ 652,250
Jackson County Sheriff's Department	$ 659,970
Kenosha County Sheriff's Department	$ 175,760
Madison Police Department	$ 249,874
Marathon County Sheriff's Office	$ 398,320
Village of Cottage Grove Police Department	$ 5,000
Wood County Sheriff's Department	$ 276,142

Appendix C: Tribal Nations Opioid Abatement Efforts Awards

Tribal Nations Opioid Abatement Efforts	
Applicant	**Amount of Award**
Bad River Band of Lake Superior Tribe of Chippewa Indians	$549,858
Forest County Potawatomi Community	$528,968
Ho-Chunk Nation	$524,864
Lac Courte Oreilles Band	$547,302
Lac du Flambeau Band	$549,858
Menominee Indian Tribe	$549,858
Oneida Nation	$549,858
Red Cliff Band	$549,858
Sokaogon Chippewa Community	$549,858
St. Croix Chippewa Indians of WI	$549,858
Stockbridge-Munsee Community	$549,858

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

Room and Board Costs for Medicaid Members in Residential Substance Use Disorder Treatment	
Applicant	**Awarded Amount**
Adams County HHSD	$3,004
Ashland County HHS	$19,561
Barron County DHHS	$13,625
Bayfield County DHS	$10,254
Brown County HHSD	$37,366
Calumet County DHHS	$18,435
Chippewa County DHS	$13,165
Clark County CS	$17,553
Columbia County DHHS	$32,731
Crawford County HSD	$10,726
Dane County DHS	$86,901
Dodge County HSHD	$26,395
Door County DHS	$8,751
Douglas County DHHS	$11,932
Dunn County DHS	$84,256
Eau Claire County DHS	$62,320
Fond Du Lac County DCP	$11,899
Green County HSD	$12,104
Green Lake County DHHS	$26,591
Human Service Center	$6,704
Jackson County DHHS	$8,781
Jefferson County HSD	$20,545
Kenosha County DHS	$50,276
Kewaunee County DHS	$8,379
La Crosse County HSD	$73,674
Manitowoc County HSD	$101,018
Menominee County HSD	$53,777
Milwaukee County DHHS	$493,413
Monroe County DHS	$10,949
North Central Health Care	$97,759
Outagamie County DHHS	$48,785
Ozaukee County DHS	$29,143
Pepin County DHS	$8,777
Racine County HSD	$26,814
Richland County HHS	$31,283

Rock County HSD	$98,821
Rusk County HHSD	$6,517
Sauk County DHS	$15,900
Shawano County HSD	$16,386
Sheboygan County HHSD	$56,607
St Croix County DHHS	$18,248
Taylor County HSD	$11,731
Unified Community Service	$44,690
Washington County HSD	$39,762
Waupaca County DHHS	$20,781
Waushara County DHS	$18,993
Winnebago County DHS	$93,104
Wood County DHS	$71,690
Tribal Nations	
Ho-Chunk Nation	$109,863
Lac Courte Oreilles Band	$139,656
Lac du Flambeau Band	$121,035
Saint Croix Chippewa	$57,005

Appendix E: Naloxone (Narcan®) Direct Program Awards*

***This program is supported by braiding multiple funding sources. The chart below displays all awards made this quarter, including those supported with NPOL funds.**

Naloxone (Narcan®) Direct Program Awards			
Agency/Organization	**Cases Awarded**	**Kits Awarded**	**Doses Awarded**
Adams Co Public Health/ HHS	20	240	480
Three Bridges Recovery	50	600	1,200
Vivent Health - Green Bay	100	1,200	2,400
Ashland County Health & Human Services	42	504	1,008
Vivent Health - Superior	24	288	576
Gwayakobimadiziwin - Bad River Harm Reduction	300	3,600	7,200
Barron County Department of Health and Human Services	18	216	432
Vivent Health - Eau Claire	15	180	360
St Croix Tribal Health Clinic	80	960	1,920
Bayfield County Health Department	35	420	840
Red Cliff Community Health Center	150	1,800	3,600
De Pere Health Department	2	24	48
Brown County Public Health	5	60	120
Oneida Behavioral Health	250	3,000	6,000
Green Bay Comprehensive Treatment Center	100	1,200	2,400
Buffalo County Public Health Department	5	60	120
Calumet County Public Health Division	45	540	1,080
Vivent Health-Appleton	30	360	720
Catch the GYST	35	420	840

Chippewa County Department of Public Health	60	720	1,440
Clark County Health Department	24	288	576
Columbia County Health and Human Services-Health Department	25	300	600
Crawford County Health & Human Services	20	240	480
Public Health Madison and Dane County	462	5,544	11,088
Vivent Health - Madison	700	8,400	16,800
Madison Street Medicine	195	2,340	4,680
Tellurian Behavioral Health	24	288	576
CAYA Clinic, Inc	20	240	480
OutReach LGBTQ+ Community Center	120	1,440	2,880
Community Medical Services- Madison	20	240	480
Psychological Addiction Services	12	144	288
Madison East Comprehensive Treatment Center	10	120	240
Dodge County Human Services and Health	20	240	480
Door County Public Health	24	288	576
Dunn County Health Department	20	240	480
Wisconsin Milkweed Alliance, Inc.	50	600	1,200
Eau Claire City-County Health Department	125	1,500	3,000
Eau Claire Comprehensive Treatment Center	30	360	720
Florence County Health Department	10	120	240
Vivent Health - Schofield	15	180	360
Fond du Lac County Health Department	170	2,040	4,080
Community Medical Services- Fond du Lac	35	420	840
Addiction Medical Solutions of Wisconsin - Oshkosh	15	180	360
Amy Gatton (Should be Forest County Public Health)	8	96	192

Sokaogon Chippewa Health Clinic	50	600	1,200
Unified Community Services Grant County	20	240	480
Green County Human Services	70	840	1,680
Green Lake County DHHS	4	48	96
Vivent Health - Beloit	140	1,680	3,360
Ho-Chunk Nation Department of Health	200	2,400	4,800
Iowa County Health Department	12	144	288
Iron County Health Department	20	240	480
Jackson County Public Health	15	180	360
Vivent Health - LaCrosse	22	264	528
Jefferson County Health Department	120	1,440	2,880
Juneau County Health Department	15	180	360
Vivent Health - Kenosha	100	1,200	2,400
Kenosha County Public Health	380	4,560	9,120
Sarah's Hope & Recovery Foundation	50	600	1,200
Southport Lighthouse Recovery Club	50	600	1,200
Kenosha Comprehensive Treatment Center	5	60	120
Kewaunee County Public Health Department	10	120	240
La Crosse County Human Services	5	60	120
AMS of Wisconsin- Onalaska	43	516	1,032
La Crosse County Health Department	90	1,080	2,160
The La Crosse Lighthouse, Inc.	5	60	120
Gundersen Heath System	40	480	960
Lafayette County Human Services Department	3	36	72
North Central Health Care	100	1,200	2,400

Lac Courte Oreilles Bizhiki Wellness Center and MAT Program	100	1,200	2,400
Manitowoc County Human Services	24	288	576
Manitowoc County Health Department	12	144	288
Lighthouse Recovery Community Center	50	600	1,200
Wausau Comprehensive Treatment Center	46	552	1,104
Marinette County Public Health	30	360	720
Biehl Bridges to Recovery	100	1,200	2,400
Unity Recovery Services	48	576	1,152
Marquette County Health Department	20	240	480
United Garden Homes, Inc.	50	600	1,200
Samad's House	174	2,088	4,176
Wisconsin Peer Alliance for Nurses (WisPAN)	24	288	576
Addiction Resource Council, inc.	85	1,020	2,040
Hales Corners Health Department	2	24	48
North Shore Health Department	60	720	1,440
Milwaukee County Behavioral Health Services	615	7,380	14,760
Greendale Public Health Department	12	144	288
Oak Creek Health Department	20	240	480
South Milwaukee/ St. Francis Health Department	60	720	1,440
Wauwatosa Health Department	60	720	1,440
Southwest Suburban Health Department	550	6,600	13,200
City of Milwaukee Health Department	600	7,200	14,400
Franklin Health Department	25	300	600
Cudahy Health Department	50	600	1,200
Vivent Health Milwaukee	90	1,080	2,160

Community Medical Services- West Allis	130	1,560	3,120
Community Medical Services- South Milwaukee	60	720	1,440
10th Street CTC	42	504	1,008
Vin Baker Recovery	10	120	240
Sixteenth Street Community Health Centers	250	3,000	6,000
Community Medical Services- Pewaukee	1,000	12,000	24,000
Oconto County Health and Human Services Public Health Division	50	600	1,200
Milwaukee Health Services System, LLC	4	48	96
Outagamie County Public Health Division	200	2,400	4,800
City of Appleton Health Department	60	720	1,440
Washington Ozaukee Public Health Department	80	960	1,920
Pepin County Health Department	10	120	240
Pierce County Public Health	12	144	288
Polk County Health Department	70	840	1,680
Portage County Health and Human Services - Division of Public Health	130	1,560	3,120
Ok bluff Oxford House	3	36	72
Price County Health and Human Services - Public Health Unit	10	120	240
Racine County HSD	250	3,000	6,000
City of Racine Public Health Department	25	300	600
Racine Comprehensive Treatment Center	20	240	480
Rock County Public Health	150	1,800	3,600
Rusk County Public Health	12	144	288
Public Health Sauk County	250	3,000	6,000
Sawyer County Health and human Services	90	1,080	2,160
Sheboygan County HHSD	120	1,440	2,880

Acadia Sheboygan Comprehensive Treatment Center	33	396	792
St. Croix County Health and Human Services	6	72	144
Wisconsin Voices for Recovery - UW-Madison	200	2,400	4,800
STOCKBRIDGE-MUNSEE COMMUNITY	40	480	960
Taylor County Health Department	5	60	120
Trempealeau County Health Department	20	240	480
RIPple Drug Education & Awareness	24	288	576
Vernon County Health Department	8	96	192
Peter Christensen Health Center	100	1,200	2,400
Vilas County Public Health Department	8	96	192
Walworth County Health and Human Services	60	720	1,440
Washburn County Public Health	10	120	240
Washington County Health & Human Services Department	58	696	1,392
Waukesha County Department of Health and Human Services	209	2,508	5,016
George IV Recovery Fund LLC	50	600	1,200
Waupaca County Public Health	50	600	1,200
Waushara County Health Department	20	240	480
Start Healing Now	70	840	1,680
Winnebago County Public Health	100	1,200	2,400
Wood County Health Department	70	840	1,680
TOTAL	**12,175**	**146,100**	**292,200**
	Cases Awarded	**Kits Awarded (2 doses/kit)**	**Doses Awarded**