



State of Wisconsin
Department of Health Services

Tony Evers, Governor
Kirsten L. Johnson, Secretary

March 31, 2025

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 3 (FY 25 Q3) report of expenditures from the opioid settlement dollars received through the National Prescription Opiate Litigation, Case No. MDL 2804 (NPOL).

A. Settlement Funds Received

| All Settlement Funds Received | |
|-------------------------------|-------------------------|
| 2022 Total | \$ 30,704,645.33 |
| 2023 Total | \$ 7,988,983.36 |
| 2024 Total | \$ 36,572,223.37 |
| January 2025 | \$ 88,336.71 |
| TOTAL | \$ 75,354,188.77 |

B. Funding Amounts Awarded or Allocated

As of March 17, 2025, DHS has no funding opportunities open for application, no funding opportunities under review, and a cumulative total of \$66,391,291 in awards.

Awarded & Allocated Funds:

The following table summarizes the amount of funding DHS awarded by category of use during FY 25 Q3 and cumulatively.

| Funding Awards & Allocations by Category | | | |
|---|------------------------|---------------------|--------------------------|
| Category | Previous Awards | FY 25 Q3 | Cumulative Awards |
| TOTAL | \$ 64,391,291 | \$ 2,000,000 | \$ 66,391,291 |
| Expand Narcan® Direct Program | \$ 7,481,674 | \$ - | \$ 7,481,674 |
| Establish Fentanyl Test Strips | \$ 1,059,617 | \$ - | \$ 1,059,617 |
| Capital Projects | \$ 17,700,000 | \$ - | \$ 17,700,000 |
| Funding for Tribal Nations | \$ 12,000,000 | \$ - | \$ 12,000,000 |
| Central Alert System | \$ - | \$ 500,000 | \$ 500,000 |
| K-12 Evidence-Based Prevention | \$ 1,250,000 | \$ - | \$ 1,250,000 |
| Medication Assisted Treatment | \$ 5,500,000 | \$ - | \$ 5,500,000 |
| Room & Board for Residential Treatment | \$ 7,750,000 | \$ - | \$ 7,750,000 |
| Law Enforcement Agencies | \$ 6,000,000 | \$ - | \$ 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 | \$ 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 - Electronic Lock Boxes - DOC | \$ 500,000 | \$ - | \$ 500,000 |
| Data Collection & Surveillance System | \$ - | \$ 1,500,000 | \$ 1,500,000 |

Central Alert System Allocation

DHS allocated \$500,000 to fund improvements for the central alert system, creating a near-real-time overdose surveillance and alert system for use by counties, tribes, and other providers statewide. In addition, DHS used this funding to upgrade the prescription drug monitoring program (PDMP) administered by the Department of Safety and Professional Services.

DHS uses braiding funding sources to support the development and implementation of WiSOARR. Funds continue to be drawn from American Rescue Plan Act (ARPA) funds which are set to expire in September 2025. Thereafter, DHS will begin utilizing settlement funds to continue this project, and therefore, has allocated \$500,000.

Data Collection & Surveillance System

DHS allocated \$1,500,000 to fund substance use data collection, monitoring, and reporting activities needed for the Department of Administration to implement the provisions of 2021 Act 181. Further details will be provided in future reports.

K-12 Evidence-Based Prevention Program

As discussed in FY 25 Q1 reporting, DHS allocated \$1 million from the FY 25 settlement plan to the Wisconsin Department of Public Instruction (DPI) for grants related to K-12 evidence-based substance use prevention curriculums or programs. DHS allocated these funds for DPI to distribute to school districts, independent charter schools, tribal schools, and private choice schools to implement evidence-based substance use prevention programming.

During this reporting period, the Department of Public Instruction (DPI) team successfully completed two rounds of competitive applications, resulting in 25 districts and schools being recommended for funding. The first round included 22 applications being received, with 19 being recommended totaling \$670,832 in funding. The second round included 12 applications being received, with 6 being recommended totaling \$140,319 in funding. Internal approvals for the 2024-25 grant cycle have been secured and all grant awards have been issued. The \$1 million allocation for this initiative was noted in the FY 25 Q1 “Funding Awards and Allocations by Category” reporting at the time of the Interagency Agreement with DPI, and therefore, no further changes will occur to the totals noted above. Appendix A lists DPI’s awards provided as a part of both application processes.

C. Funding Expenditures

As of March 17, 2025, a total of \$20,488,474 in expenditures have been recorded for programs supported with settlement funds; this includes \$17,040,431 in reported previous expenditures (\$1,600,129 in additional expenditures posted to FY 25 Q2 after the last report was submitted) and \$3,448,043 of expenditures in FY 25 Q3.

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

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

| Expenditures by Category | | | |
|---|----------------------------|------------------------------|--------------------------------|
| Category | Previously Expended | FY 25 Q3 Expenditures | Cumulative Expenditures |
| TOTAL | \$ 17,040,431 | \$ 3,448,043 | \$ 20,488,474 |
| Expand Narcan® Direct Program | \$ 4,019,876 | \$ 119,369 | \$ 4,139,244 |
| Distribute Fentanyl Test Strips | \$ 668,819 | \$ 1,792 | \$ 670,611 |
| Capital Projects | \$ 3,017,691 | \$ 1,389,358 | \$ 4,407,049 |
| Funding for Tribal Nations | \$ 2,717,106 | \$ - | \$ 2,717,106 |
| Central Alert System | \$ - | \$ - | \$ - |
| K-12 Evidence-Based Prevention | \$ 197,615 | \$ - | \$ 197,615 |
| Medication Assisted Treatment | \$ 1,611,846 | \$ 815,408 | \$ 2,427,254 |
| Room and Board for Residential Treatment | \$ 2,803,103 | \$ 346,872 | \$ 3,149,975 |
| Law Enforcement Agencies | \$ 349,439 | \$ 323,319 | \$ 672,758 |
| Statewide Prevention | \$ 874,646 | \$ 315,696 | \$ 1,190,342 |
| Hub and Spoke Pilot Program | \$ 318,827 | \$ 57,184 | \$ 376,011 |
| Substance Use Disorder Treatment Platform | \$ 299,340 | \$ - | \$ 299,340 |
| Surgical Collaborative of Wisconsin | \$ 162,124 | \$ 29,045 | \$ 191,169 |
| Community-Based Prevention | \$ - | \$ 50,000 | \$ 50,000 |

D. Listing of Individual Recipients of Awarded Funds

Appendix A lists awards made by the Department of Public Instruction as a part of the K-12 Evidence-Based Prevention application processes.

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. DHS continues to braid multiple funding sources including settlement funds to allow for awards to support statewide naloxone saturation efforts.

During the previous three months of reported data (November 2024 – January 2025), the NDP reports training 5,921 people in overdose prevention and naloxone administration and distributing 16,112 Narcan® kits (total of 32,224 doses). NDP agencies reported over 2,111 successful overdose reversals. Due to data collection limitations, the number of successful overdose reversals is underreported.

As noted in previous reports, 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 test strips for community distribution) and EMS (naloxone and fentanyl test strip kits) soon.

Fentanyl Test Strip Program

During the previous three months of reported data (November 2024 – January 2025), the FTS Law Enforcement reports 0 fentanyl test strips (and 0 kits) ordered, distributing 897 strips (and 227 kits), and serving an estimated 634 individuals. FTS order numbers are low due to all orders having been placed in the prior quarter. As mentioned above, additional funding opportunities to support law enforcement and EMS will be forthcoming soon.

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.

Awarded agencies who have carryover funds continue their PHVM programs for a second year. Agencies report current activities involving publicity (e.g., public service announcements), navigating impacts of federal funding restrictions, and replenishing popular materials from existing machines. In this reporting period, this program was supporting 17 operational PHVM across Wisconsin. To see the location of these and all the other PHVM operating in Wisconsin, visit <https://www.dhs.wisconsin.gov/opioids/safer->

use.htm. Over 50,000 individual supplies were distributed from PHVMs during this quarter, including more than 10,000 fentanyl test strips or naloxone items.

Comments from the PHVM implementors reflect direct impact on their communities. Comments this quarter include reports of increased community interest and increased distribution compared to previous months, and that “Uptake of [naloxone] and fentanyl test strips was expanded as a result of the addition of two vending machines in our county.”

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.

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.

Harm Reduction Strategies – Electronic Lock Boxes

DHS is funding harm reduction initiatives, including but not limited to programs that DHS currently administers. Of the funding for harm reduction strategies, DHS has allocated \$500,000 to purchase electronic lock boxes for storing and tracking narcotics at the Department of Corrections (DOC). DHS is actively working with DOC on completing an Interagency Agreement and further details will be shared in future reports.

Capital Projects

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

The second round of Capital Project funding 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 completed.

First Round Funding:

Arbor Place (Dunn County)

Construction during this reporting period has been transformative. At the beginning of the project, footings were complete, but no building had yet taken shape. More recently, the building has all exterior walls up, a partial roof on, and most windows in place. Interior walls are framed up on the first level and partial framing is complete on the second level.

Meta House (Milwaukee County)

Meta House has made significant progress during this reporting period. Following the property acquisition in August 2024, a ceremonial groundbreaking was held and attended by key state and local officials. By late 2024, financing was secured, environmental approvals from HRSA were obtained, and construction preparations began. Despite initial delays due to cold weather, construction is now underway, with foundation footings placed and steel framing ordered. The project remains on track for mid-2026 completion, with a phased occupancy, prioritizing administrative and outpatient services by June 2026. Meta House is proactively engaging with state agencies to streamline licensure requirements for a timely opening. Once fully operational, the new 100,000-square-foot facility will significantly expand Meta House's impact, increasing inpatient treatment capacity to 100 beds and allowing for an estimated 390 women and 420 children to receive comprehensive, gender-responsive, family-centered treatment annually by 2028.

Second Round Funding:

United Community Center (UCC) (Milwaukee County)

UCC is making progress toward the construction launch of its new men's residential facility. Milder weather is eagerly anticipated to allow for construction to begin, with plans to break ground in Spring 2025. During this reporting period, UCC had invested additional funds to advance the design phase with architects, ensuring a strong timeline is in place to complete the project.

Apricity

Apricity continues to work with Gries Architecture for design of the campus to include working on multiple iterations. A civil engineering firm has been chosen who has connected with the Town of Grand Chute regarding this project. Catalyst Construction held tour of the current facility with mechanical, electrical, and plumbing contractors to begin the bidding process for the project. Apricity staff meet with the project team listed above every other week to discuss updates, deadlines, and assignments. The Grand Chute fire department has approved the access and layout of the property. A focus group with staff/former clients on design of building was held and a kitchen design firm and interior design firm have been hired.

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 all 11 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 – During contracting, 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. The agency has planned to hire new positions with this funding to work on critical needs related to youth drug prevention, improving nutrition for individuals impacted by the opioid crisis and improving communications systems internally. This work is on hold until funding is secured. Services provided during this reporting period include but are not limited to: Community-based peer support – 1,850 people served; Individuals trained in overdose reversal – 355 people served; Received naloxone kit at no cost –

550 people served; Traditional medicine sessions (Sweat lodge, shake tent, individual consultations) – 105 people served.

Forest County Potawatomi - The Transitional Living Center (TLC) continues to make exciting progress. The tribal nation had three TLC residents complete the program and graduate, with two more participants expected to graduate within the next month. A total of five residents participated in TLC programming during this reporting period. Traditional Medicine has provided multiple one-on-ones, conducted Sweat Lodges, and held Fasting Camps for TLC residents. The Traditional Medicine Healer served eight people for one-on-ones and held three sweat lodges with a total of 39 participants.

Ho-Chunk Nation – The tribal nation is in the planning stages for the implementation of the grant. During the interim, the tribal nation has identified the needs within the grant that includes training, travel, and supplies that need to be purchased. Trainings include the Mental Health Conference in Oklahoma, White Bison trainings in Colorado and Oklahoma, and the virtual/online family therapy training for Behavioral Health staff.

Lac Courte Oreilles Band of Lake Superior Chippewa - The Lac Courte Oreilles Tribal Nation Opioid Abatement Efforts Program achieved a significant milestone this quarter with the grand opening of the “Endazhi-noojimong” (Ojibwe for "Our Place of Recovery"), the Lac Courte Oreilles Men’s Sober Living Home. This accomplishment reflects the hard work and dedication of the small team, alongside support from several tribal programs. The process involved clearing out an entire house filled with old, deteriorated furniture, undertaking extensive cleaning during renovations, and assembling all the new furniture and accessories. This heartfelt and transformative renovation has been a deeply meaningful achievement for everyone involved.

The men’s sober living home opened on December 2, 2024, with 4 sober living home program participants enrolled throughout the month. Several applications have been screened and the program will continue to take in participants until the house is full and in full operation. These efforts mark a critical transition from renovations to operational readiness, supported by collaboration with many entities and programs on our reservation.

The intervention specialist has focused on interventions at the local jail and working with the Bizhiki Wellness Center (behavioral health) in focusing on guiding program participants from intervention points to detox, treatment, sober living, or outpatient services with a warm handoff to the Bizhiki Wellness Center. The transitional care coordinator is working closely with program participants in creating a plan of care with all program participants receiving personalized transition plans that continue to promote stability and recovery continuity. The Program Coordinator supervises the men’s sober living home house manager and staff since it opened in the beginning of December of 2024, and will continue to work with consultants to ensure the necessary training and operations that will follow state guidelines and other professional sober living home organizations to ensure quality care. There is no longer a director at the men’s sober living home and the program coordinator has stepped in to assist the current house manager in a larger role. The project coordinator is also helping restructure the LCO Emergency Shelter and supervising the House Manager to establish harm reduction in our community with homelessness and emergency temporary stay and overnights in our community emergency shelter. This is an ongoing project in its beginning stages.

An active partnership remains in place with the LCO Behavioral Health Center/Bizhiki Wellness Center by participating in monthly sobriety feasts, grant meetings, and prevention coalition meetings. The tribal nation has actively participated in over three community events focused on

opioid prevention and awareness in collaboration with LCO Behavioral Health. Several programs have distributed drug testing kits, Narcan, and over 200 resource directories to enhance community support. These collaborative efforts strengthen community support for program staff and participants in the Tribal Nation Opioid Abatement Efforts program, as well as for the staff and program participants of the LCO Men's Sober Living Home and Emergency Shelter. Together, they continue to promote recovery, harm reduction, and evidence-based practices across all programs.

Lac du Flambeau Band of Lake Superior Chippewa – There has been no progress to report during period due to contracting continuing to occur. Program updates will be provided in future reports.

Menominee Indian Tribe of Wisconsin – The Maehnowesekiyah Wellness Center (MWC) first worked to identify gaps internally, later working with the Menominee Tribe's Drug Abuse Intervention Team to determine additional needs County-wide. This team approach has allowed for MWC to focus on larger areas of concern and push work forward with the assistance of individuals throughout multiple services areas. MWC was able to support its working relationship with the Menominee Tribal Clinic by providing critical funds for Vivitrol shots. Other partnership building activities will include Oximeters/Portable Oxygen Cylinders and Child/Family Prevention Kits for Law Enforcement, as well as support of the Tribal Beading Circle. Additionally, MWC plans to use funds to train staff.

Oneida Nation- While awaiting funding, Medication Assisted Treatment at the Oneida community Health Center began implementation in October 2024. Forty-seven participants have been served with 19 still participating. Twenty-five people received residential treatment services, and 102 persons received Recovery Coach services during this reporting period. Kunhi-Yo "I'm Healthy" Overdose Awareness Conference planning has begun for August 2025.

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 grant funding supported one position during the reporting period. This position is responsible for data collection/analysis associated with the Tribal Action Plan. This data is used to drive decision making and identifying gaps/challenges in the system.

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

Significant positive outcomes during this reporting period were related to use of project funds to build capacity. Funds were utilized to build new programming in MOUD and Marriage, Family Therapy. The funding also provides critical resources for those experiencing opioid use disorder. A barrier to treatment is often the fragmented eligibility and payment sources; however, this funding expedites the process for providing financial resources when an individual needs treatment.

Sokaogon Chippewa Community- During this reporting period, the Tribal Nation Opioid Abatement Efforts project was able to maintain services and foster partnerships to address opioid use disorder (OUD) within the Sokaogon Chippewa Community and surrounding rural areas.

The clinic successfully maintained its existing Medication-Assisted Treatment (MAT) caseload. One client has established care with a telehealth MAT provider and efforts are underway to create a direct referral and reimbursement pathway with WebMD. Future clients will have the option to utilize this referral source as it becomes operational. Additionally, previous external MAT providers have reached capacity and are no longer accepting new clients. Regular coordination with tribal health, dental, pharmacy, and primary care ensured a more integrated approach to client care.

Weekly restocking of naloxone vending machines continued with additional community awareness efforts aimed at increasing distribution and accessibility. There were at least two documented overdose reversals during the reporting period.

The development of a culturally responsive community-based recovery program remains in progress, with the launch delayed due to staffing limitations and current staff capacity for program development. Efforts have been made to explore additional grant opportunities to fund new positions for this program, as well as potential contracting options instead of hiring full-time employees. The program is still expected to launch before the end of the program year. There is a continued provision of culturally relevant recovery resources, including access to traditional healing practices and materials for ceremonies.

Transportation options for clients seeking inpatient treatment have been established through the reorganization of existing tribal assets, eliminating the need for additional costs. Gas cards are also available to support family members transporting clients. At the current time, transportation needs are being met, but additional resources may be required if demand increases.

St. Croix Chippewa Indians of Wisconsin - Carryover funds continue to support efforts made by the Peer Support Specialists. Funds have been allocated to retain their positions within the tribe. This gave them ability to continue 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 funds retained in the carryover portion, two peer support specialists are continuing to help clients in various stages of recovery. The agency currently does not host a Female Peer Support Specialist. In the next phase of this funding, they have made modifications in the budget to be able hire and provide services for the Female Population. Any time a Female requests services, referrals are generally made out to appropriate supportive Services such as Behavioral Health.

Though no longer financially supported through the grant, 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. Furthermore, Elders in the Advisory Board have committed to being referred to for spiritual guidance. Some of the board members have testified to late night calls and referrals to supportive services such as Behavioral Health or Peer Support Specialists.

During this reporting period the Peer Support Specialists continued their efforts in creating and supporting cultural events typical with the for the Winter and Spring 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. They've also starting work on plans for the late Winter and early Spring seasons, which are typically time to create Dark Houses and spear fish and prepping for Sugarbush and Spring Spearing seasons. Peer Support Specialists, in addition to their normal responsibilities, began on working with clients on crafting the tools required for the upcoming spring culturally based activities. Many of the Peer Support Clients, especially those in the early stages of recovery, have expressed their interest in getting back into their traditional ways with the goal of sustainable recovery from OUD.

The Cultural Advisory Board continues to meet and discuss issues related to Opioid Abatement and Prevention tying in Ojibwe Cultural aspects into programing. Some members of the Cultural Advisory Board are also members who continue to lead drum teachings within the St. Croix Communities instilling the motto "Culture is Prevention". Many of the clients the Peer Support Specialists are actively working on recovery efforts in conjunction with culturally appropriate activities. Drum Groups, Traditional Teachings, Language revitalizations efforts, and seasonal activities continue to flourish as a result of the "Wings of Migizi" program supported in part by the settlement grant funds.

More than 45 units of Naloxone have been handed out through the Peer Support Specialists in efforts to support harm reduction. More than 60 referrals (both formal and informal) have been made to support systems within the Tribe, County and Other supportive program structures. Some of those referrals include VERNA, Tribal Behavioral Health, Aurora Community Services, Tribal Education, Aanji-Bimaadiziwin Healing Center and other Peer Support Specialists.

Stockbridge-Munsee Community Band of Mohican Indians - Planning activities primarily took place during this reporting period. The Tribe hired a Licensed Professional Counselor (LPC) to provide in-school counseling including substance use disorder counseling. The Tribe made progress on a memorandum of understanding to offer in-school counseling at Bowler School. The Stockbridge-Munsee Health and Wellness Center continues to provide behavioral health services including substance use counseling. Counseling service through the Behavioral Health department served 228 unique patients in 341 encounters.

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, 145 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 may 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 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.

Since the application's launch, the next phase of development has been planned and documented. With the assistance of a temporary business analyst, business requirements for these enhancements have been documented and preparations for development of designated future enhancements are underway. Future enhancements anticipated to-date include:

- Updates and refinements to user interface on map page
- Functionality to improve and streamline workflows for DHS administration:
 - Streamlined UI for managing access requests and user group onboarding
 - User event logging
 - Mechanism for content management (i.e., training, tutorials, and resources)
- Spike response coordination across user groups

The WiSOARR project team has also been engaged with several county-level cross-sector teams to provide technical assistance and tailored guidance as teams establish strategic plans for responding to overdose spikes. Lastly, further progress has also been made to plan and garner support for the long-term sustainability of WiSOARR to ensure the longevity of the application support operations in future years.

K-12 Evidence-Based Prevention Program

During this reporting period, the Department of Public Instruction (DPI) team successfully completed two rounds of competitive applications, resulting in 25 districts and schools being recommended for funding. Internal approvals for the 2024-25 grant cycle have been secured, and all grant awards have been issued. Grant implementation is now underway, with a mid-year check-in scheduled for early April and an end-of-year report planned for June. The successful completion of the 2024-25 grant competition and issuance of grant awards marks a significant achievement for DPI. With implementation now underway, these funds are enabling districts and schools to launch critical initiatives aimed at improving student well-being. Additionally, DPI's proactive collaboration with DHS to allow for carryover funding provides districts with increased flexibility, ensuring that they can make meaningful progress despite the shortened implementation timeline. This strategic approach supports long-term sustainability and maximizes the impact of the funds on student health and well-being.

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. Travel plan and staff training updates are needed. They are also 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 in August 2024, 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 is in place and mobile unit has been delivered. 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. AMS is in discussions with the Department of Corrections as an option for deployment.

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 period, DOC contracted Residential Service Program (RSP) Providers continued to screen, assess, and make referrals for clients under the supervision of the WI DOC Division of Community Corrections (DCC) residing at their facilities. Additionally, DOC staff met with DOC

contracted mobile unit vendor, Addiction Medical Solutions (AMS), to provide input on the route for the mobile MAT services in Winnebago and La Crosse counties, potentially including a DCC unit office which would provide an efficient referral pathway and warm hand-off for clients.

During this period, the number of clients assessed for opioid use disorder (OUD) was 20, the number of clients diagnosed with OUD was 20, and the number of clients maintained on their active MOUD prescriptions or referred to a MOUD provider was 11.

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.

Though delayed in implementation of service delivery, AMS, one of the contracted mobile MAT service vendors, projected the number of individuals served per year as 50 – 100. Once the second contracted mobile MAT service vendor's (CMS) certification process is completed these projections will be updated to include those participants.

One DOC DCC metric has shown a substantial decline in overdoses and overdose deaths from 2023 to 2024 for individuals on community supervision, as mirrored in the state and national data. Resources like recovery-focused housing and access to MOUD, in addition to greater availability of harm reduction supplies like naloxone and peer support specialist services, all contribute to a more supportive recovery community for those who struggle with opioid use disorder. As studies have shown, the risk of overdose for individuals releasing from incarcerated settings is overwhelmingly greater than someone in the general population. This funding continues to provide access to those at highest risk and support them in their recovery journey in our communities.

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 three 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. During this reporting period (CY 24 October 2024 – December 2024), awarded agencies provided services to 288 people for a total of 7,126 days of service. This quarter's average daily cost rose to \$97.67 which is a significant increase in comparison to \$73.33 in CY 23.

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

Significant progress was achieved within the program during this period, including several successful transitions to residential treatment and Medication-Assisted Treatment (MAT) programs. Participants initiated referrals to connect with various peer-mentored services, including the Comprehensive Community Program. Individuals who engaged with peer services to establish connections with external resources prior to their release from incarceration have reported greater confidence in themselves and their release plans. This engagement has facilitated successful transitions for participants into residential treatment facilities upon their release. The agency has made significant strides in ensuring that participants are seamlessly connected to MAT programs upon reintegration to the community.

Columbia County Sheriff's Office – Treatment for Incarcerated Persons with OUD; Community Drug Disposal Programs

The agency is continuing their efforts and have individuals submitting requests to participate in the program. The agency is providing Medication-Assisted Treatment (MAT), counseling, and after care. The agency is starting the purchase process for 5,000 drug deactivation kits as well.

Crawford County Sheriff's Office – Community Drug Disposal Programs

With the proposed grant administrator leaving his role, the agency had to find new law enforcement staff to oversee the project. This has been completed and the agency anticipates purchasing the drug drop box soon.

Dane County Sheriff's Office – Treatment for Incarcerated Persons with OUD

Wellpath has an agreement with Acadia to have methadone delivered to the jail. Dane County Sheriff's Office has implemented a policy that all jail residents who are on methadone when coming to jail will have their treatment continued. This initially caused an increase in external transports. There are three Opioid Treatment Programs in Madison. Wellpath, along with the other two providers will have treatment transferred to Acadia for the duration of the person's incarceration. In December the new continuation policy went into effect and a day treatment program for people incarcerated with an opioid-use disorder began serving jail residents.

Wellpath has recruited for the .5 Nurse Practitioner position and has identified a person to hire for the role once the grant contract and contract addendum for medical services is approved. Dane County Sheriff's Office has selected a deputy to serve as the MAT deputy and the person will be starting before the end of March. A Medical Liaison Lieutenant and MAT deputies attended training provided by Rock County related to substance use disorders and MAT.

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

The Dunn County Jail MAT Coordinator continues to offer medicated treatment in the Dunn County Jail and has had multiple individuals in the program completing classes and treatment sessions. There is also coordination of navigating funding for individuals once released from jail to help lower the risk of re-offending or overdosing.

Behavioral Health Officer's (BHOs) continue to get referrals from City of Menomonie Officers and Dunn County Sheriff's Deputies regarding subjects they have interacted with or arrested to complete follow up to assist them in moving toward treatment or assistance. This has been the most time consuming; assisting with follow up and helping to coordinate treatment or organize options/programs available to the person to help support them in not re-offending or offending can take large amounts of time but is also rewarding.

The Peer Support program (Kaleidoscope) has also expanded into the county area communities to be of assistance in helping community members move toward sobriety. They assist with running

support groups, providing certified peer support services, and harm reduction support to help people move toward sobriety. Satellite offices were opened in Elk Mound and Boyceville. Collaboration meetings ongoing with the city and county leadership to enhance law enforcement deflection and diversion efforts with Opioid Abatement Funds. This is a multi-agency effort with multiple funding streams with Dunn County Criminal Justice Collaborating Council oversight. The pre-arrest or pre-arraignment deflection program launched with the Dunn County Sheriff's Office joining in the City of Menomonie's Project Hope in 2023. Project Hope is a law enforcement led deflection and diversion program initiated by the City of Menomonie in 2022. The Sheriff's Office and the City of Menomonie Police Department both have full time Behavioral Health Officers (BHO) who staff the deflection and diversion program. As the program has continued to evolve, the needs have changed and this Opioid Abatement funds will assist greatly in those efforts to include hiring of a case worker/social worker and increasing the peer support services.

Drug disposals continue to be used by individuals in the community and are available at the Police and Sheriff's Office, as well as the Fire Departments.

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

The agency purchased 1,120 medium drug deactivation kits arriving which arrived in January 2025. The agency will begin distributing the deactivation kits during the next reporting period.

The deflection program closed out its first graduate and maintained support for additional individuals. This graduate assisted the agency to examine the entire process and ensure that procedures are developed for every step of the process. Time was spent further developing and updating policies and procedures for the deflection program during this reporting period.

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

To date, many of the agency's officers have completed the Overdose Lifeline online training that was assigned to them. The Overdose Lifeline train-the-trainer training has also been completed by the staff members assigned to complete this training, and future trainings have been scheduled for them to deliver the training in February. Since completing the trainings from Overdose Lifeline, the agency is starting to see Law Enforcement officers ask more questions about SUD and use greater discretion when encountering individuals in the community. More, the justice system appears to be working more efficiently as a multidisciplinary team. There has been a noticeable increase in the use of alternative programs and services aimed at decreasing incarceration and increasing access to medical treatment for individuals who are using drugs. The agency attributes this to the increased education and awareness that has been gained and the conversations that have been initiated around the topic, thanks, in part, to the funding provided through this grant.

Deflection efforts continue to move forward despite the limited availability of staff. The agency has engaged in active outreach and prevention deflection efforts as well as continued distribution of harm reduction kits with self-referral information included in the kits.

Within the jail, treatment services for people diagnosed with OUD or those who are at risk of opioid overdose continue to have access to MOUD. The jail has transitioned to a new medical provider. While navigating this change had initially been challenging and caused some disruption to continuity of care, it has proven to be an overall positive change. The new medical provider is supportive of the treatment efforts, including initiating and continuing MOUD for individuals in

the agency's care. More, the agency received an application for the vacant Peer Support position, and an interview was conducted with the candidate near the end of January.

Another success the agency has observed with the people who have been incarcerated is the number of individuals who continued MOUD and other services that were initiated while incarcerated. This has led to decreased reincarceration of the individuals who are known to frequently return to jail and, for some who have been rearrested, have been able to continue their MOUD and other services with little to no interruption to their care.

The agency has not yet ordered the drug drop box or drug deactivation kits. The goal is to place the order for these items as soon as is feasible.

Kenosha County Sheriff's Office – Community Drug Disposal Systems; Treatment for Incarcerated Persons with OUD; MAT Education & Awareness Training

The Kenosha County Sheriff's Office initially took a gradual approach to implementing treatment, focusing on engaging both inmates and providers in programming. Once individuals were eligible for participation, they met with providers for screening to determine the most effective course of treatment. This process helped identify the appropriate form of the three accepted medications, ensuring successful treatment for incarcerated individuals.

During the reporting period, the Sheriff's Department worked on finalizing contracts with providers to maintain support systems for individuals enrolled in the jail's MAT treatment program. To date, most providers have signed and returned their contracts, allowing services to commence. Before the agency can start case management, they are waiting on contracts to be completed so they can have counseling sessions with licensed therapist begin via tele-health services.

The agency is continuously exploring new ideas to enhance the success of incarcerated individuals in the agency's care. To date, the agency has partnered with various community organizations to provide support, including access to medication, treatment appointments, healthcare benefits, and telehealth visits with healthcare providers. Additionally, peer support services are offered to individuals before their release to help ensure a smooth transition back into the community.

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" 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 current DHS Opioid Abatement grant to MPD supports the below listed aspects of the MARI program.

The DHS 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 used by MPD staff and the UW Population Health Institute research partner. The agency went "live" on December 1, 2024. The Cognito software platform is already improving both the efficiency and effectiveness of the MARI Resource Team's data collection efforts.

The new MARI "HOPE" kits have been deployed for several months now. The MARI "HOPE" kits continue to 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 has been signed.
- Dane County Dept of Human Services – contract for peer support and recovery coaching services has been signed. Safe Communities Madison-Dane County is the sub-contracting this work through DCDHS.
- JB Public Safety Consulting LLC – contract for MARI related project coordination services has been signed.

The agency is currently working with Kwik Trips corporate office for a \$10,000 ad purchase where a 15 second MARI video will play on Kwik Trip gas pumps in Dane County for a several week period this spring. MPD MARI staff will be working with Madison City Channel staff to produce "B Roll" for the video during March, editing in April, and a product delivered to Kwik Trip by May 1, 2025. MPD MARI staff recently created a new MARI brochure. It is currently being reviewed by the MARI partners. Final updates will be made in the next month and new color brochures printed likely in early April.

During this reporting period, 13 pre-arrest diversion referrals were identified or received directly from officers by the MPD MARI referral team. Eleven referrals were forwarded to the DCDHS Treatment Readiness Center for OUD/SUD clinical assessment. Four referrals successfully made contact, completed their ASAM clinical assessment and signed a six-month MARI Pre-Arrest Diversion Treatment Plan. During this reporting period, only 2 persons were discharged from the MARI programs as unsuccessful when it was determined they were no longer engaged in treatment or recovery. At the end of this reporting period, the agency had 9 MARI participants; 7 of whom were "active and engaged" and 2 were struggling with their engagement but still in the MARI program.

Since September 2020, 99 MARI referrals have become program participants by completing OUD/SUD clinical assessment and signing a 6-month MARI pre-arrest diversion treatment plan. Twenty-nine of those were unsuccessfully discharged from the MARI program for failure to remain engaged in their treatment plan and recovery and sixty-one successfully completed their six-month MARI pre-arrest diversion treatment plan. Nine currently are actively engaged in MARI.

Marathon County Sheriff's Office – Treatment for Incarcerated Persons with OUD

The contract was signed on 1/6/25. This has allowed the agency to officially update their MOUs and have decided to partner with the Seeking Safety facilitator. Seeking Safety groups are set to begin on in February 2025. All other programming and support have continued successfully.

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

Six officers have completed the MAT training. Approximately 1,218 drug deactivation kits were purchased during this reporting period and 800 were distributed to community members.

Chief Tourtillott attended a Christmas program for elders where he explained the drug deactivation kits and how to use them. The elders were excited about them, and he handed out approximately 500 kits to the many elders and community members that were present.

Racine County Sheriff's Office – MAT Education & Awareness Training; Treatment for incarcerated persons with OUD

The agency believes the biggest success is identifying individuals in need of MAT immediately upon incarceration. This helps with safe and successful treatment and healthier outcomes from the beginning of their time in Racine County's care. Approximately 1,465 people have been screened for opioid use disorder and approximately 79 persons have been enrolled in medication-assisted treatment for opioid use disorder program.

Peer support services have been provided to 16 person and approximately 32 persons have received case management or care coordination services during this reporting period. Monthly, all in-house individuals who receive methadone receive 1-to-1 peer specialist visits. Racine County also has a new program to help incarcerated Veterans with housing, obtaining jobs, and following up with healthcare once they are released.

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

Recovery coach services have been acquired with grant funding. The Community Response team is now formed and working well together. The Recovery Coach is currently working with over 25 individuals and the agency is looking for ways to increase capacity. There are currently 25 persons enrolled in pre-arrest or pre-arraignment deflection programming. The agency purchased gas cards to provide to individuals to get to meetings, treatment, appointments, and work.

Rock County Sheriff's Office – MAT Education & Awareness Training; Treatment for incarcerated persons with OUD

The MOUD program continues to have some setbacks; however, has overcome a major obstacle and are on their final steps to begin ordering medications to provide continuation of MOUD. There have been 828 persons screened for on opioid use disorder and 24 persons enrolled in medication-assisted treatment for opioid use disorder program. Twenty-two persons received case management or care coordination services during this reporting period as well.

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

Sawyer County has made significant progress in this period and since the beginning of the of implementation of Opioid Abatement Efforts by Law Enforcement Agencies grant. The agency hired two Peer Systems Navigators and have one Coordinator working on planning efforts. Coordination efforts have been made to arrange for a training scheduled with Law Enforcement and collaborating agencies on 3/12 & 3/13. Materials to support new hires have been purchased as well.

Shawano County Sheriff's Office – Community Drug Disposal Systems

Approximately 4,800 drug deactivation kits were procured as a part of this grant funding with the agency having distributed 2,500 kits to local municipalities throughout the county.

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

In the last two weeks of December through January the Community Resource Officer position was established. Progress has been made to define the basis of the position and its reach within the community. Two meetings with Next Steps for Change took place and a pathway for collaboration was discussed. Several resource outreach meetings were held with resource providers (Human Services, Health Services, Drug Court, DA's Office, MC Treatment office, and Clean Slate Treatment La Crosse) to discuss how they can partner with the program. The collaboration project was named: R.I.S.E (Recovery Initiative through Support and Education). The logo and branding are still in the works. The agency is working to implement a client management software to house intake forms and notes on participants in the program. A website may be an additional facet to explore for information and resources partnered with RISE.

The agency established partnerships with two agencies that will provide MAT and therapy within one week of referral. Two other partnerships were established for outpatient therapy and additional peer support.

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

The agency is advertising the drug drop box and are active in participating in the Drug Take Back Days where they will be handing out the Detera Drug Deactivation kits.

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

This reporting period is one of change and growth for Wood County. The MAT nurse practitioner position was filled. The day that position was filled, the Criminal Justice Coordinator provided their notice. A new criminal justice coordinator started in January. A meeting was held with DHS grantor staff to make introductions and discuss the grant expectations. December was spent developing relationships with the Sheriff, Chief Deputy, Jail administration and their staff. Contracts/MOUs were discussed with Wausau Comprehensive Treatment Center for methadone, with Opportunity for Hope to provide onsite AODA/mental health assessments, individual and group counseling, and with Three Bridges Recovery for recovery coaching, peer support specialists, and SMART Recovery groups.

By the end of January, all contracts/MOUs were in place. Work is moving ahead with implementation of the electronic medical record. Wood County IT staff assigned a project manager, and they are working with CorEMR to keep the project moving forward. Work is ongoing with Southern Health Partners to develop the onsite MAT program. Meetings were held to discuss collaboration between the medical staff and the MAT Nurse Practitioner. Onsite buprenorphine induction is new for Wood County. Processes and protocols are nearing completion. Arrangements for pharmacy supply has been initiated. Injectable forms of buprenorphine are new to Southern Health Partners. The Nurse Practitioner will help develop this protocol and process as well.

The biggest success story of this period was the continuation of methadone for a woman who was pregnant. She was an established patient with a local provider and was able to be dosed the day she entered custody. Working with the clinic, a prescription was sent to a local pharmacy for the next day's dose and the staff from the clinic was able to deliver a 14-day supply once the exception was approved by the state Opioid Treatment Authority. She never missed a dose of her medication, and her counseling was continued via telehealth. There is continuity of care for her case. The beauty of having multiple funding streams is the ability to build a comprehensive treatment program that appears seamless to the program participant.

A Department of Justice grant is funding two residential treatment pods and Recovery Coaches and Peer Support Specialists are also funded by three funding streams as well.

Community-Based Prevention – Competitive Grant Program

DHS is providing 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 (AWY) for the prevention activities. Contracts with the three AWY Regional Prevention Centers have been fully executed. Each regional prevention center is soliciting applications from local coalitions to apply for a portion of these funds in support of a menu of strategies coalitions may select from:

- Northeastern Wisconsin Area Health Education Center (NEWAHEC)
 - Fostering Health Youth project and training
 - Youth Mental Health First Aid training
 - Safe Zone training
- Community Advocates
 - Training opportunities with various evidence-informed programs (such as Botvin LifeSkills provider training and Youth Mental Health First Aid instructor training)
 - Community-based education or intervention services
 - Programs and curricula to address youth mental health
- Marshfield Clinic
 - Implement stigma reduction campaign “Harm Reduction Saves Lives”
 - Conduct harm reduction efforts (purchase/disseminate naloxone, purchase/disseminate naloxone boxes, sharps disposal event/unit)

Statewide Community-Based Organization for After-School Programming

DHS completed 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 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 completed a mid-year check in. This was completed in early December. Clubs reported their progress with the Opioid Abuse Prevention Program, including but not limited to reporting start dates, scheduled start dates, hours completed, estimated current participants, and they also had the opportunity to receive additional implementation training. The December check-in estimated there to be 840 current participants in the program, with 3,771 program hours completed. For the Clubs that have completed the program in its entirety, there are 124 participant completers. Ninety youth completed 11 or more sessions, and 97 youth maintained or improved their healthy decision-making, resilience, and refusal skills as evidenced by the pre and post-test.

Mid-year success story examples include:

Submitted By: The Boys & Girls Clubs of West-Central Wisconsin

“Recently, we've received the unfortunate news that the health class for our middle school community has been slashed due to funding issues. In a world where our children are constantly faced with tough decisions, I am profoundly grateful that we can cover crucial topics like making smart choices regarding drugs and alcohol at the Club. It fills me with hope to see them deeply engaged in our discussions about community support and discovering resources they never knew existed during our opioid prevention program. Their eagerness to learn is truly inspiring! Together, we've fostered a nurturing environment where our teens feel safe to approach trusted adults, freely seeking answers about drugs and alcohol, armed with facts and devoid of fear or judgment. This kind of open dialogue is more than necessary; it's a lifeline, and I am passionately committed to nurturing it.”

Submitted By: The Woodland Boys & Girls Club

“When running the Opioid Abuse Prevention program, we have noticed how big a problem we all face in this era. We have collaborated with other youth facilities, school districts and parents. We managed to be able to get the information to both parents and youth in our community. With the help of the Program O.A.K the roots of recovery, we were able to collaborate and place a Narcan box in each school and youth facility. Not only did we place items that could save a life, but we also took it a step further and gave instructions and training to parents and youth. The Opioid Abuse Prevention Program is a great success. In conclusion our Woodland Boys & Girls Club Staff would like to say a huge thank you for helping us take a step forward by introducing us to this curriculum.”

Submitted By: The Boys & Girls Clubs of Dane County

“JT, a 4th grader, was beginning to face pressures from his friends and media influences about smoking, drinking, and relationships. Through the program, JT participated in discussions and role-playing activities that helped him build confidence and practice important skills like saying “no” to peer pressure and making responsible decisions. One of the most powerful moments for JT was during a role-playing exercise, where he practiced refusing substances like alcohol and cigarettes. “I used to be scared to say no, but after the practice, I felt like I could do it for real,” JT said. As the program continued, JT became more assertive and began using his new skills at school and home. He also shared what he was learning with his friends, helping them understand how to make healthier choices too. By the end of the program, JT felt empowered to stand up for himself and resist negative influences, setting him on a path toward a brighter future. SMART Moves not only helped JT make better decisions but also gave him the confidence to lead by example and inspire others.”

Substance Use Disorder Treatment Platform

DHS allocated \$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 is being finalized and further details will be shared in future reports.

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 opioid settlement 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 4 individuals within Milwaukee County and served a total of 32 members. Vin Baker was scheduled to start serving members in Waukesha County; however, due to staffing changes within their Milwaukee County location, services in Waukesha County are postponed.

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

- 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 Detera Systems to provide their Drug Deactivation and Disposal Pouch to patients receiving a post-operative opioid prescription for free. 5,000 pouches were purchased and labeled with a custom 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 date, SCW has distributed 2,750 disposal pouches to 11 facilities. SCW has one facility that has requested another shipment of 250 pouches and 12 additional facilities pending sign up. The 11 participating facilities are located in 8 different counties: Door County, Sauk County, Dane County, La Crosse County, Wood County, Marathon County, Milwaukee County, and Barron County.
- The SCW team attended the 2024 WSS Fall Conference to connect with surgeons and quality leaders. SCW Executive Director, Dr. Elise Lawson, presented to 132 attendees and promoted the ongoing statewide disposal pouch distribution project. SCW hosted an SCW luncheon with 16 surgeons representing UW Health, MCW, Gundersen, ThedaCare, St. Croix Health, Black River Memorial, and Marshfield. During the luncheon, SCW distributed opioid prescribing reports and provided guidance on their interpretation and implementation to reduce postoperative opioid prescribing. Additionally, an SCW vendor table was staffed throughout the two-day event to highlight our work, distributing newly created opioid prescribing cards, and enrolling participants in the disposal pouch project.
- Using prescription fill data from July 2022 to June 2023, SCW created and distributed benchmarked performance reports on post-operative opioid stewardship to participating surgeons at the Wisconsin Surgical Society Fall Conference (November 2024). 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.
- SCW is developing a quick reference guide outlining Medications for Opioid Use Disorder (MOUD). This guide will provide specific information for perioperative management and at discharge. SCW aims to release this guide to SCW surgeons in Spring 2025.
- SCW continues to leverage the SCW infrastructure to improve opioid stewardship for orthopedic procedures by utilizing statewide all-payer claims data to analyze perioperative opioid prescriptions for common orthopedic procedures across the state. The goal is to evaluate current practice patterns

and compare them with national standards to provide surgeon education to reduce over-prescribing. SCW has previously demonstrated success doing this in the general surgery space.

Medical College of Wisconsin – Periscope Project

DHS allocated \$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.

This funding supports and enhances the Periscope Project, a perinatal specialty program that provides education, resources, and perinatal psychiatric teleconsultation for medical professionals. This project will work to reduce stigma, inform of best practices, and improve the quality of maternal healthcare provided to pregnant and postpartum women those who struggle with Opioid Use Disorders statewide.

During this reporting period, provider-to-provider consultations and provider education commenced. Periscope responded to 154 perinatal mental health consultations from Wisconsin health care providers. This includes 30 new health care providers who used the Periscope consultation service for the first time. Periscope's psychiatry team taught six perinatal mental health educational presentations to roughly 145 clinicians across the state. Four of the 6 included specific content related to perinatal opioid use disorder.

Periscope met with leaders and discussed ways they can work together without duplicating efforts. Memorandums of Understanding (MOUs) have been drafted for future collaboration with Wisconsin Connect, UW ACCEPT Project ECHO, and Wisconsin Association of Perinatal Care (WAPC). As a part of the MOU with Wisconsin Connect, Dr. Hovis will be a presenter at the Opioids, Stimulants, and Trauma conference in May 2025, discussing ways medical professionals interact with women with opioid use disorder from preconception to pregnancy to the postpartum period and neonatal care.

The Periscope team has created stigma reduction materials including a magnet intended for health care providers caring for perinatal patients focusing on language. They have also created a card intended to be shared with birthing hospitals with the goal to be shared with postpartum patients. This public awareness card draws attention to changes in tolerance due to pregnancy with the goal of reducing postpartum overdose. These documents are in the last phase of approval before printing and distributing.

Rural outreach is projected in the future. In January, the support from the Western Regional Coordinator from WI Child Psychiatry Consultation Program (WI CPCP) was enlisted. This team member, located in Eau Claire County, has been compiling a list of outreach targets focusing on underserved counties and rural areas and has begun outreach activities.

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

Sincerely,

A handwritten signature in blue ink that reads "Kirsten Johnson". The signature is fluid and cursive, with a long horizontal flourish extending to the right.

Kirsten L. Johnson
Secretary-designee

Appendix A: K-12 Evidence-Based Prevention Program - DPI Application Awards

| DPI Application Awards for K-12 Evidence-Based Prevention Programs | |
|---|-----------------------|
| Agency | Awarded Amount |
| Appleton Area School District | \$50,000 |
| Beloit School District | \$50,000 |
| Dept. of Corrections - DJC | \$3,679 |
| Eastbrook Academy, Inc. | \$25,000 |
| Eau Claire Area School District | \$50,000 |
| Elkorn Area School District | \$50,000 |
| Horizon High | \$25,000 |
| Hudson School District | \$27,153 |
| Lomira School District | \$25,000 |
| Menominee Indian School District | \$25,000 |
| Milwaukee Public School District | \$50,000 |
| North Crawford School District | \$30,000 |
| Oregon School District | \$50,000 |
| Oshkosh Area School District | \$35,000 |
| Plum City School District | \$25,000 |
| Superior School District | \$50,000 |
| United Community Center Inc. | \$25,000 |
| UP Christian Academy | \$25,000 |
| West Bend School District | \$50,000 |
| Ellsworth Community School District | \$25,000 |
| Franklin Public School District | \$10,319 |
| Greendale School District | \$30,000 |
| Lodi School District | \$25,000 |
| Osseo-Fairchild School District | \$25,000 |
| Trevor-Wilmot Consolidated Grade School | \$25,000 |